DUMFRIES AND GALLOWAY NHS BOARD

Agenda and notice for meeting on Monday 2 June, 2014 at 10 am.

VENUE: Conference Room, Crichton Hall, Dumfries

Jeff Ace
Chief Executive

AGENDA

41 Chairman’s Opening Remarks

42 Apologies for absence

43 Declarations of Interest

This item gives members the opportunity to declare an interest in any of the items appearing on today’s agenda.

44 Minute of the Meeting held on 12 May 2014

The Board is asked to approve the minute of the meeting held on 12 May 2014.

Page 4

45 Matters Arising

INVOLVING PEOPLE, IMPROVING QUALITY

46 Improving Safety, Reducing Harm

This report advises Board of progress with the implementation of the Maternity and Children’s Quality Improvement Collaborative in NHS Dumfries and Galloway.

Page 21

47 Patient Experience Report

This paper advises Board of organisational activity recorded through complaint and feedback processes for March 2014. The Board has commenced a detailed review of its complaint handling and feedback system and processes.

Page 34

NOT PROTECTIVELY MARKED
48 Prevention and Control of Infection

This paper is compiled using a standard template from Scottish Government Health and Social Care Directorate to provide information to the Board and the general public in a format that facilitates comparison with other NHS Boards in Scotland.

Page 41

ITEMS OF GOVERNANCE

49 Code of Corporate Governance

This paper presents the revised Code of Corporate Governance for which endorsement is sought. The review is undertaken on an annual basis to ensure the Code of Corporate Governance meets the requirements of good governance.

Page 56

ITEMS OF PERFORMANCE / DELIVERY

50 Financial Performance: 2014 / 2015 Month 1 Report

This report provides an initial update on the 2014 / 2015 year and the initial position for month 1 (April).

Page 243

51 Performance Report

This report provides information on the level of clinical activity and access times achieved within services to 30 April 2014, highlights data on efficiency of clinical services as measured against clinical efficiency targets, summarises a wider range of activity and provides data on bed occupancy throughout the system.

Page 251

ITEMS FOR APPROVAL / DISCUSSION

52 Adult Health and Social Care Integration Model for Dumfries and Galloway

The Chief Executive will provide a verbal update on the adult health and social care integration model for Dumfries and Galloway.

verbal update

53 Keep Well Annual Report

The Keep Well project, which is a person centred anticipatory care service, continues to be successfully delivered throughout the region. This paper presents the 2013 / 2014 Annual Report.

Page 273

NOT PROTECTIVELY MARKED
This paper provides Members with a briefing on a range of health and partnership related issues.

ITEMS FOR NOTING

55  Minute of the Healthcare Governance Committee held on 3 March 2014

The minute of the Healthcare Governance Committee held on 3 March 2014 is presented to Board.

56  Note of the Person Centred Health and Care Committee held on 20 February 2014

The note of the Person Centred Health and Care Committee held on 20 February 2014 is presented to Board.

57  Date of Next Meeting

The next formal meeting of the NHS Board will be held on Monday 4 August, 2014.

58  Any Other Competent Business

Members should notify the Corporate Business Manager of any items of business not on the agenda that they wish to raise prior to the commencement of Board Business at 10 am.
1 Chairman’s Opening Remarks

The Chairman welcomed everyone to the May meeting and extended a particular welcome to Graham Stewart, Deputy Director of Finance.

The Chairman reminded colleagues that he had advised at the last meeting that the recruitment campaign for non executive members had begun. The Chairman was delighted to report that following a range of recruitment initiatives including community meetings, there were 106 high quality applications for the posts. This is evidence of a real interest in the work of the Board and it behoves colleagues to ensure that this engagement with our communities is continued. The Chairman indicated at the last meeting that he was optimistic that new Board Members could be in place by April but that had not been realised, although the interview stage was now complete. The Chairman also wished to bring to colleagues attention that progress was being made in respect of the Chair’s position and indeed it was expected that the second stage of the assessment process would be undertaken the following day. This should give Members some assurance that progress was being made to move the Board out of the transitional phase and the Chairman expressed his appreciation for the tolerance, patience and flexibility that had been shown in recent months.

The Chairman then drew Members’ attention to two reports received since the last meeting. Firstly, the Board had received a report on Joint Services for Children and Young People which followed an inspection by the Care Inspectorate into the multi-agency services that are delivered by the Community Planning Partnership of which the Board is a member. The report identified a number of unacceptable weaknesses in the partnership process. This led to immediate action being taken, including the appointment of an independent chair of the Child Protection Committee. The Chairman added that he was satisfied that there was a strong commitment to addressing and rectifying all of the concerns noted and that there was a robust action plan in place.

The second report highlighted was the Healthcare Environment Inspectorate report, following the unannounced visit to Dumfries and Galloway Royal Infirmary, which was published on 10 March. Colleagues will recall that the Chief Executive noted verbally the inspection and preliminary findings at the last meeting. This report highlighted, in particular, a number of issues relating to the Intensive Care Unit and it was noted that immediate remedial action was put in place. A longer term action plan was placed before, and accepted by, the Healthcare Governance Committee on 7 May.

2 Apologies

There were no apologies.

3 Declarations of Interest

The Chairman reminded Members that this item gave the opportunity for any interests to be declared.

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There were no interests declared.

4 Minute of the Meeting held on 3 February 2014

The minute of the meeting held on 3 February 2014 was approved as an accurate record.

5 Matters Arising

There were no matters arising.

6 Improving Safety, Reducing Harm

The Nurse Director presented the regular report with regard to patient safety activity and focused on activity in primary care. The Board has entered into a three year Local Enhanced Service agreement to support implementation and monitoring of the improvement journey. Three local learning events have taken place in the last twelve months to ensure practices are comfortable with what is expected of them.

The Chairman added that the move to patient safety in primary care had been discussed at the last two Healthcare Governance Committee meetings.

In response to comment, Members were advised:-

- Warfarin management has been included as the drug is more widely used than previously and whilst the majority of patients are well managed some are less so. The recommendation is that if patients are not managed well consideration should be given to an alternative medication which is 36 times the price, which is an extremely significant difference;
- patient safety collaboratives are used to have initial engagement and consider which bundles to follow; and
- the next report that focuses on the patient safety in primary care programme will have run-charts to enable understanding of the data. There are some issues nationally on data collection but local data will be shared.

The Board, following discussion,

- noted the report.

7 Patient Experience Report

The Nurse Director presented the regular report in relation to patient experience which contained detail in relation to complaints, correspondence with the Scottish Public Services Ombudsman (SPSO) and current Patient Opinion posts.

The Nurse Director advised that compliance in the recent quarter in relation to twenty-day response has fallen significantly and, indeed, in February was only 17% and cumulatively 32%. This has been discussed at Healthcare
Governance committee but Members will agree it is unacceptable. The twenty day target is either met or responses are over thirty days so the target is not simply being missed by a few days. These complaints appear to be complex and require response from a number of staff. The Nurse Director had made a commitment that the next report to Healthcare Governance Committee in July would show a significant improvement and committed to take an action plan to that committee noting the glitches and what is being done to fix these and ensure improvement. The Nurse Director made that same commitment to Board for August. Members should also note that along with all other Boards in Scotland the three most common themes are clinical treatment, staff communication and staff attitude and behaviour. A significant improvement with regard to clinical treatment had been made approximately six months ago but there has been an increase in the last six months; the complaints can range from the wait for an out-patient appointment to clinical treatment.

In response to comment, Members were advised:-

- a number of contributory factors may be impacting on performance and it is important to get underneath and understand what these are;
- 60% of complaints are in relation to acute services and, for example, is that due to the busy-ness of the service;
- a piece of work has started to understand what has led to these complaints not being responded to within the twenty day target;
- there have been some changes to the process within the last six to eight months, such as more face to face interactions and sharing draft responses with senior staff prior to posting. These things may have contributed to the process slowing down and it is important to remap the process to achieve 70%;
- the two pronged approach will include a new process and how to manage complaints in real time;
- the 70% target is designed to recognise that the complexity of some complaints will mean they are not closed within twenty days;
- the single performance measure of time taken to complete a response may give a distorted view and we should find out how complainants feel at the end of the process; and
- complaints have a whole range of perceptions and human actions and we need to work to satisfy the complainant and learn from the complaints.

The Board, following discussion,

- noted the report.

8 Prevention and Control of Infection

The Nurse Director presented the report which detailed information in relation to Staphylococcus aureus bacteraemia (SAB) and at this time there is not confidence that the HEAT (health improvement, efficiency, access, treatment) target will be met. The CDI (Clostridium difficile infection) remains achievable.

With reference to the Health Environment Inspectorate (HEI) report, the routine
follow up meeting took place last week and a significant amount of work went in to that. Across the rest of the hospital the inspectors found that patients were being managed appropriately and staff were fully aware of their responsibilities. Work is in play to ensure we are learning from and reducing SABs. The rate would appear to be falling again but the Nurse Director noted that two data points may not represent a trend. A SAB summit has been called by Scottish Government to ensure that Boards get together and hear and learn from each other.

The Chief Executive reiterated that the HEAT target is for performance for the twelve months to March 2015 so the year being monitored has just started. The issue is ‘how do we drive down our HAI (healthcare acquired infection) to the lowest possible level’? There have been internal and external reviews and all have reported support for our processes, ensuring we are tackling SABs and CDI in appropriate ways, commensurate with activity elsewhere. We are unable to evidence on last year’s performance that this year we will be able to achieve the target. This is a very high risk HEAT target for the Board; from a patient safety perspective the key is to drive infection down as far as possible. There were times in 2013 / 2014 when our SAB was the lowest in any mainland Board and this is proving that Scotland is challenged to deliver.

In response to comment, Members were advised:-
- at this point in time there are some recruitment issues that the team are managing but no resource issues;
- a range of clinical teams look at individual patients who have experienced a SAB and there is a root cause analysis on each one;
- Health Protection Scotland (HPS) have reviewed our activity and had no new ideas to suggest; and
- broadly speaking there are two reasons why we might have SAB infection and only one of these is due to the practice of the hospital. There is a lot of infection in the community and you would expect, therefore, that all Boards are dealing with this and that is the case.

The Board, following discussion,
- noted the report.

9 NHS Lanarkshire Rapid Review: NHS Dumfries and Galloway Position

The Nurse Director presented the paper reminding Members that the NHS Lanarkshire Independent Rapid Review in to acute services was triggered in August 2013 by the publication of the HSMR (Hospital Standardised Mortality Ratio) for January to March 2013, highlighting a trend from 2012. In light of this the Cabinet Secretary commissioned Health Protection Scotland (HPS) to undertake the rapid review. The review purely focused on factors that could have impacted on HSMR and only looked at acute care.

The Nurse Director advised that the report had been reviewed to consider any learning for Dumfries and Galloway; a number of recommendations were not applicable locally. The report and the Dumfries and Galloway position have
been discussed in detail at the Healthcare Governance Committee with agreement that specific pieces of work will go back to Healthcare Governance Committee and Staff Governance Committee.

Mrs Cossar advised that the Dumfries and Galloway position was discussed at the Area Clinical Forum and members were keen to be involved in the development and ratification of protocols and any developments going forward. The Medical Director commented that he was happy to further increase the membership of the Area Clinical Action Committee to ensure it was as inclusive as possible.

Mr Beattie reported that the paper was due to be considered at the Area Partnership Forum where issues such as skill mix would be discussed.

The Board, following discussion,
- noted the report.

10 Equality Outcomes Monitoring – Year One Update

The Workforce Director presented the paper which provided an update on progress on the equality outcomes agreed by Board last year. The equality outcomes were developed as a result of new legislation which required the Board to set four year outcomes which not only considered equality across the whole piece, including patients and the public, but assisted the Board on its journey to eliminate discrimination, advance equality of opportunity and foster good relations. The paper and the narrative demonstrate the positive progress already made against the various outcome goals set with our partners.

The Workforce Director acknowledged that there is still much to do and one of the key issues highlighted is the use of data, understanding our community and therefore being able to make a positive impact.

In response to comment, Members were advised:—
- work to date provides a degree of confidence that the Board is making sufficient progress to meet the four year target;
- some of the work in respect of data issues is being managed nationally but there is optimism that it will be introduced within the timeframe;
- learning from the first year demonstrates that some of the outcome targets set were perhaps too broad and therefore difficult to achieve and measure; and
- the Focus Group will work to understand what that means and what is required to ensure achievement.

The Board, following discussion,
- noted the report and acknowledged progress.

11 Property and Asset Management Strategy 2014 Update

The Chief Operating Officer introduced the paper reminding Members that the
Board was required to submit a property and asset management strategy and provide an update on an annual basis.

Mr Bryson thanked Members for taking the time to look at the document which was the fourth iteration of the strategy; the team have tried to keep it fresh and introduce new themes and topics. This year has also seen the start of looking at master planning across the estate. The document is presented to inform and give information on the clinical strategy.

The Chief Executive added that this is the template on which big development capital cases take place and presents an opportunity for Members who wish to explore the strategy. Individual business cases will essentially be brought to Board in the context of the strategy presented.

In response to comment, Members were advised that the service dictates property and the purpose of the document is to allow Members to understand all of the estate across the region. The valuation clearly takes into account the physical condition, how it complies with statutory requirements etc and the master planning exercise will link with other strands of work such as Putting You First.

Mr Campbell expressed concern around the acute services redevelopment, whether the cottage hospital structure was adequate to support the service in future, work around carers and the various strands of work not moving quickly enough.

The Chief Executive advised that the acute services redevelopment has the potential for more beds than the current hospital; it is planned to open on four beds less but there is potential for a further ten beds. The existing facility has substantial maintenance issues and that is essentially why a new build became better value; the existing hospital, with the exception of Cresswell, has no viable future. A lot of clinical pathway redesign is required to deliver the type of services people have told us they want in the community network.

The Chief Operating Officer acknowledged the question in respect of what the cottage hospital bed base will look like in future. Step down arrangements in Lower Nithsdale are provided at Allanbank and there is work required to move forward the clinical and service change programme looking at those pathways, the bed base and the delivery of those beds. This will be brought back to Board as the programme develops.

The Board, following discussion,

• approved the updated strategy.

12 Procurement Strategy

The Director of Finance presented the updated strategy which pulls together the various strands of procurement for the Board and puts in context all of the relevant governance and regulations. The strategy forms the basis for
performance management of procurement as an organisation over the next five years. Updates on the strategy and performance will be presented to the Performance Committee. There are a number of pieces of work in procurement over the next twelve months. We have achieved a 10% improvement in compliance but there is a need to aspire higher. There is new legislation in 2016 which looks at more sustainable procurement and increasing social benefit clauses such as apprentices. The legislation also looks at ways of smaller firms not being disadvantaged by national procurement strategy.

In response to comment, Members were advised:
- the Infection Control Team will be involved in procurement decisions;
- a suite of documentation sits underneath this strategy, for example Standing Financial Instructions, Scheme of Delegation;
- a lot of work has been undertaken to ensure colleagues are engaged and able to provide feedback; and
- procurement is driven by legislation and circulars but there is flexibility if there is best value elsewhere – for example the mobile ‘phone contract, we could have got a better deal nationally but the service was not good locally. Savings have been made but they may have been greater at a national level.

The Director of Finance suggested that more detail be brought to Board on where there were opportunities; the Board welcomed the suggestion.

The Board, following discussion,
- endorsed and approved the strategy.

13 Risk Management Strategy

The Nurse Director presented the strategy for approval and advised that it had been through a raft of consultations, Area Partnership Forum, Area Clinical Forum, management boards, Healthcare Governance Committee and the Audit and Risk Committee. The annual risk report will enable the Board to demonstrate performance against the risk management strategy, the current annual risk report is currently in draft. Internal Audit has reviewed the strategy and made a number of comments which were taken cognisance of.

Mrs Cossar commented that discussion on the strategy is a useful tool in supporting clinicians to think much wider than clinical risks.

The Board, following discussion,
- approved the strategy.

14 Financial Performance: 12 Months to 31 March 2014

The Director of Finance presented the paper and advised that the figures are subject to external audit review. The Board has a statutory target to break even and a requirement to deliver at least 3% efficiencies. The Board has achieved an underspend in excess of £3m and the support from the wider
organisation for delivering this, despite the challenges over the last year, was acknowledged.

The Director of Finance highlighted a number of areas including:

• the efficiencies delivered – ½m delivered non-recurrently in year but absolutely clear that the directorates have recurring plans;
• the risks within acute services – small overspend at year end but increased levels of activity and the variable costs such as surgical consumables;
• increase in nursing and medical pay costs over the last few months to support the increased demand;
• increased level of locum spend; and
• year end prescribing showing an overspend, primarily due to changes to the discount rates.

In summary, the Director of Finance confirmed that the financial position and targets had been delivered, subject to audit. The Board remains in a strong financial position as it moves into 2014/2015. The Director of Finance also thanked the directorates, particularly the Chief Operating Officer and General Managers, for their support.

In response to comment, Members were advised that the spend on locums was clearly a best value issue, if the staffing establishment was up to complement the Board would spend less. There is a concern in terms of the impact on service in having such a significant percentage of our senior medical posts vacant – consultant vacancies are running at 22%. As we move forward and look at future service redesign there is a need for real engagement from clinicians and that long term look can be more difficult for locum posts.

The Board, following discussion,

• noted the report; and
• congratulated the finance team and other staff for supporting delivery of the financial targets.

15 Capital Performance 2013/2014

The Director of Finance presented the paper and highlighted:

• the capital plan was delivered within the allocation set subject to external audit;
• the update on progress with a range of developments currently being undertaken, specifically Dalbeattie and Dunscore primary care centres, the redevelopment of acute services, estate work and the new prescribing system; and
• the capital receipt due in last week of March has now been received and the team have managed that over year end.

The Chief Executive commented that this was an excellent report and noted the imminent Dalbeattie and Dunscore projects, both having been on the agenda for many years. These developments remove a significant amount of backlog.
maintenance from the Board.

The Director of Finance suggested that a visit to the new facilities be organised following handover of the properties.

The Board, following discussion,
• noted the delivery of the capital plan.

16 Performance Report

The Chief Operating Officer presented the regular report which advised how the system is performing and highlighted a number of areas including:-

• the reduction in Treatment Time Guarantee (TTG) breaches in March, although this remains a significant challenge;
• the focus on addressing the TTG breaches with the general manager spending some dedicated time along with the patient access team to devise the plan for backlog and the move in to balance;
• the reasons for breaches including consultant sickness, theatre capacity and orthopaedic ward closure;
• the challenge of diagnostic breaches, in the main in CT and MRI performance. Extended capacity being considered for both due to the increase in demand;
• performance in relation to the Accident and Emergency (A&E) 4-hour target – March performance was 96.7%;
• the rolling twelve month A&E target is now above 95% - improvement work now impacting but not complacent;
• the A&E attendance target changed during the course of the year and was just missed at end of March;
• the A&E campaign has now been launched and attracting some national interest;
• a psychologist now working with colleagues in A&E to address the issue of regular attendance and to signpost those individuals to appropriate services;
• developing the second round of the local unscheduled care action plan; and
• the detail around clinical efficiency targets – a number of targets are at amber and need to be reviewed with the whole system performance.

The Medical Director advised that the Royal College of Ophthalmologists are visiting to give advice on how we might improve ophthalmology review appointments. GPs have some concern that the A&E campaign will result in more activity to them and work is ongoing to improve access to GP practice, not necessarily face to face appointments. It is possible to make improvement on A&E attendances by improving what GPs have to offer.

The Chief Executive commented that the Medical Director had alluded to A&E attendance being a problem that needs to be fixed in terms of working with colleagues in primary care, community pharmacies etc., and also informing people on how best to use our services. People’s proximity to an A&E is a

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factor in how often they use the department. The communication is an unusual one and engaged the clinical team in A&E who want to help fix this challenge.

The Chief Operating Officer advised that a number of staff across the hospital have worked incredibly hard to try to deliver these targets and acknowledged the concern expressed. The Radiology Manager is looking at demand and capacity issues in order to know if additional staff are required. There is a clear impact on diagnostic services with increased activity in theatre hospital wards etc.

The Chief Executive commented that Dumfries and Galloway has just about the lowest emergency admission per head of population in mainland Scotland; this is not a broken piece of our health service but a high performing part of the service supported by GPs and others. Dumfries and Galloway faces the same demographic and workforce challenges as others across Scotland. Pointing people to the right service is an important part of this work but should not be confused simply with the use of GPs.

The Board, following discussion,
- noted the report.

17 Putting You First Annual Report 2013 / 2014

The Director of Public Health introduced the paper and noted the criticism levelled at the programme and the delays in making things happen. There is a dilemma between spending money quickly on services thought to be a good idea versus spending money taking in to account the views of patients, staff and communities to try and spend it in a way to achieve change. This year’s annual report demonstrates that we are spending the money we were supposed to be spending by and large on delivering changes that support patients and staff.

Ms Owen advised that this was the third annual report and the past year had seen a significant focus on the delivery of testing different changes which are now operating across the region. A significant amount of time has been spent in the last year with groups in the Stewartry and Wigtownshire spreading the programme. It has taken time to get staff to trust each other and to break down some of the barriers, both within health and across the partnership. People now have a greater understanding of what each other do on a day to day basis and seeing what they can do more effectively. The focus for the coming year is around looking at those tests, doing some robust analysis in terms of ‘are they better than what we have just now’. Some of the tests have not worked in the way anticipated but have still delivered some benefits and learning. Close links are being made with the unscheduled care plan, particularly in relation to step-up / step-down and linking with the clinical services change strategy. The programme is also linking closely with the integration agenda. This is the last year of the Change Fund from Scottish Government, the programme runs in to March 2016 but the funding finishes in March 2015. We are entering a transition period when we will start to collapse the workstreams and move to a locality / community focus.
In response to comment, Members were advised:
- the programme board will review what should and should not be spread;
- the programme board has been looking at single point of contact for falls with no injury and looking to spread across the region;
- communication logs have been tested in Forth Valley so that everyone who visits the home leaves a note in the log; and
- PYF being soft money, some of the tests can’t be spread without departments agreeing to the ongoing funding of some of these things.

The Board, following discussion,
- noted the annual report.


The Director of Finance presented the paper which has been considered and approved at Performance Committee in March, highlighting a number of areas including:-
- the Board has received Scottish Government approval of the plan;
- there is an increase in allocation of 2.5% for 2014 / 2015;
- the Change Fund will morph in to the Integration Fund from 2015 / 2016 and detailed guidance on how that resource can be allocated is awaited;
- the Board is going in to 2014 / 2015 in financial balance and the breakeven position is reflected in the plan signed off;
- efficiency savings equate to £7.8m;
- there remains a challenge in ensuring all efficiencies are recurring efficiencies; and
- the year ahead will be an incredibly difficult one with a number of risks and challenges.

In response to comment, the Director of Finance advised that £7.5m is required to deliver cash efficiencies and the Board is also in the unique position of saving for the new hospital. The Scottish Government target is to delivery 3% and the Board is working with both of these challenges; that is what the Board is signing up to with this financial plan.

The Board, following discussion,
- noted the report.

Mr Nicholson left the meeting at 12 noon.


The Director of Finance presented this paper and commented that the challenge over the next two years is particularly difficult, in terms of both revenue and capital. There are indications that the capital position may improve after 2016 / 2017. The plan focused on completion of some of the big schemes being undertaken, for example the Dalbeattie and Dunscore primary care centres. There is also preparation for the new hospital development including the roundabout, road works and some of the utilities to get the site ready. This
leaves funding for the rolling programme of estates and also funding for the normal equipment replacement. There is a small amount for developments, around £1m, and the first call will be on the Women and Children’s Hub; this will come to Board in the next few months. Prioritisation of the programme is in early June and details on where that resource will be invested in the coming year will be brought to Board.

The Board,
• noted the report.

20 Scheme of Delegation

The Director of Finance presented the Scheme of Delegation, the overarching governance document which describes how the Board delegates responsibilities to various officers. The Scheme is normally updated on an annual basis and reviewed in line with changes in legislation, good practice etc. The Director of Finance highlighted the changes and clarifications and sought Board’s approval.

The Board,
• approved the updated Scheme of Delegation.

21 2014 / 2015 Final Local Delivery Plan Submission

The Chief Operating Officer presented the paper which had previously been presented to the Performance Committee for final approval and represents the delivery contract between the Board and Scottish Government. In previous years the Local Delivery Plan (LDP) was simply a compilation of delivery trajectories and risk narrative. This version has changed significantly and is a much wider document with five key elements:-

• Improvement and Co-production Plan;
• Community Planning Partnership Statement;
• Strategic Assessment of Primary Care;
• HEAT Risk Management Plans and Delivery Trajectories; and
• Workforce Planning.

The production of the document has involved all of the directors and preparation of each of the sections has included ensuring that there are links in to the strategic documents that the Board works with. There is absolute clarity that the strategic priorities are the same in each of the documents.

The Board
• approved the report.

22 Acute Services Redevelopment Update

The Chief Operating Office presented an update on progress and advised that six rounds of competitive dialogue with the bidders have now been completed and they have been invited to submit final tenders. The Project Team will review the final tenders which will also be assessed by the Scottish Futures...
Trust (SFT). This key stage review by SFT assesses the Board’s readiness to close off the competitive dialogue and invite bidders to bid their final tenders for the hospital. It is anticipated that the key stage review will be completed by the beginning of June. Final tenders will be reviewed over the summer months and the Board will still be on track to announce the preferred bidder by September. The project is absolutely staying on programme in terms of competitive dialogue, key stage review and invitation to submit tenders. There has been some activity around the site and there are now signs erected highlighting where the new hospital is going to be and marks the commencement of some of the enabling works to the site. The award of the contract on the road-works required is expected in the next few weeks and Members will then start to see some activity and changes on the road network. This is in line with the enabling works being completed by December so that when the Board reaches final close, the bidder will be able to start construction work early next year.

The Chief Operating Officer also advised Members that there remains some discussion around bed numbers and she, along with the Chief Executive and Medical Director, is meeting with the physicians next week. GPs received a presentation last week. Bed numbers in the new hospital and assumption on lengths of stay present some significant challenges as we move forward to make sure we make changes to pathways etc. Those discussions are ongoing and that work will be ongoing over the next couple of years.

The Chief Executive commented that the four contracts awarded to date around the enabling works have all been awarded locally and is the start of the local impact this project should generate for the region.

The Board

• noted the verbal update.

23 Core Values for NHS Dumfries and Galloway

The Workforce Director presented the paper, a culmination of a significant piece of work with the Area Clinical Forum and Area Partnership Forum. The purpose of the paper was to bring forward for discussion and agreement a framework of articulated core values which the whole organisation can demonstrate in all the work and activities it undertakes. The core values have been developed in partnership and consulted upon widely; the Workforce Director acknowledged the input and feedback gained through the consultation which was extremely valuable in giving support and fair and open challenge to the organisation. The document reflects the need not only to say but to live the values and embed them in everything we do. In developing these values it is really felt that these represent the feedback and staff voice in relation to the culture of our organisation that all our staff would wish to work in, promote and be proud of. The core values will underpin the organisational purpose and enable us to adopt consistently behaviours that align with our strategy. In adopting these core values we are acknowledging and supporting day one of the cultural journey across the organisation that we will all set out to live and

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deliver.

Mr Beattie commented that he was delighted to have been involved in this and would like to see it go further with integration and be adopted by the Board’s partners. The standards are a must to be taken forward as well as the partnership working that needs to take place.

Mrs Cossar supported the comment and reported that the Area Clinical Forum were very happy to be involved in this and supported the brief ‘snappy’ commentary.

The Board, following discussion,
- agreed the core values for NHS Dumfries and Galloway; and
- accepted their individual and corporate responsibilities.

24 Public Health Designation of Competent Person

The Director of Public Health presented the paper and advised Members that the Public Health Scotland Act required the Board to have a number of designated competent persons. The Director of Public Health advised he was satisfied that the two staff members put forward have sufficient experience, knowledge and skill to be approved as competent persons.

The Board
- approved the designation of the two Competent Persons.

25 Board Briefing

The Chief Executive presented the paper and highlighted the success of IDEAS (Interventions for Dementia: Education, Assessment and Support) team in winning the Practice Excellence Award across all categories for Practice of the Year; the main focus of the team is to work with the Care Homes and partners across the region. Their work was demonstrated through the annual review and really is ground breaking.

The Chief Executive also advised Members that notification had been received from Scottish Government that the Board would not have a Ministerial Annual Review again this year as it was comfortable with the Board’s level of performance. We are, however, required to organise our own review which will be a similar format to last year. The review is confirmed as 30 June for which we will organise as a series of presentations from the Chairman.

The Board
- noted the Briefing.

26 Minute of the Audit and Risk Committee held on 10 February 2014

The Board
- noted the minute of the Audit and Risk Committee held on 10 February
27 Draft Minute of the Audit and Risk Committee held on 27 March 2014

The Board
  • noted the draft minute of the Audit and Risk Committee held on 27 March 2014.

28 Minute of the Performance Committee held on 17 January 2014

The Board
  • noted the minute of the Performance Committee held on 17 January 2014.

29 Draft Minute of the Performance Committee held on 24 March 2014

The Board
  • noted the draft minute of the Performance Committee held on 24 March 2014.

30 Minute of the Healthcare Governance Committee held on 8 January 2014

The Board
  • noted the minute of the Healthcare Governance Committee held on 8 January 2014.

31 Minute of the Person Centred Health and Care Committee held on 12 December 2013

The Board
  • noted the minute of the Person Centred Health and Care Committee held on 12 December 2013.

32 Minute of the Area Clinical Forum held on 22 January 2014

The Board
  • noted the minute of the Area Clinical Forum held on 22 January 2014.

33 Minute of the Area Clinical Forum held on 26 March 2014

The Board
  • noted the minute of the Area Clinical Forum held on 26 March 2014.

34 Date of Next Meeting

The next formal meeting of the NHS Board will be held on Monday 2 June, 2014.

NOT PROTECTIVELY MARKED
Any Other Competent Business

There was no other competent business.
2 June 2014

IMPROVING SAFETY, REDUCING HARM

Maternity and Children’s Quality Improvement Collaborative

Author: Maureen Stevenson, Manager-Patient Safety and Improvement Team

Sponsoring Director: Hazel Borland, Nurse Director

Date: 20 May 2014

RECOMMENDATION

The Board is asked to note progress with implementation of Maternity and Children’s’ Quality Improvement Collaborative in NHS Dumfries and Galloway.

SUMMARY

The Maternity and Children Quality Improvement Collaborative (MCQIC) encompasses the maternity, neonatal and paediatric safety programmes.

The overall aim is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies and families in Scotland. MCQIC was launched in March 2013 and is a programme of quality improvement that will run until December 2015.

KEY MESSAGES

- Each of the programmes is at a different stage of development.
- Building will and challenging traditional ways of working has been challenging in some areas and has slowed progress.
- Building capacity and capability to coach Improvement Science is crucial to sustaining and spreading improvement.
- Measurement and data management for each of these programmes requires strengthening.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>Carbon Monoxide</td>
</tr>
<tr>
<td>DGRI</td>
<td>Dumfries and Galloway Royal Infirmary</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>HIS</td>
<td>Health care Improvement Scotland</td>
</tr>
<tr>
<td>MCQIC</td>
<td>Maternity and Children’s Quality Improvement Collaborative</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary Team</td>
</tr>
<tr>
<td>MT</td>
<td>Management Team</td>
</tr>
<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
</tr>
<tr>
<td>PEWS</td>
<td>Paediatric Early Warning System</td>
</tr>
<tr>
<td>PVC</td>
<td>Peripheral Venous Cannula</td>
</tr>
<tr>
<td>SPSP</td>
<td>Scottish Patient Safety Programme</td>
</tr>
<tr>
<td>Policy / Strategy Implications</td>
<td>Delivering against The Quality Strategy</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Staffing Implications</td>
<td>Encouraging staff across NHS Dumfries and Galloway to take forward learning from patient safety activities</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>None at this time</td>
</tr>
<tr>
<td>Consultation</td>
<td>No consultation required at this time as this is a nationally agreed programme</td>
</tr>
<tr>
<td>Consultation with Professional Committees</td>
<td>Not Required</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Patient safety and risk management are connected activities. Improving patient safety reduces the risk to patients, staff and the organisation</td>
</tr>
</tbody>
</table>
| Best Value                    | Vision and Leadership:  
|                               | ▪ Commitment and leadership  
|                               | ▪ Sound governance at strategic and operational level  
| Sustainability                | ▪ A contribution to sustainable development |
| Sustainability                | Embedding continuous improvement enables us to ensure sustainability and reliability of processes and outcomes for patients |
| Compliance with Corporate Objectives | Corporate Objective 2 |
| Single Outcome Agreement (SOA) | Improving patient safety within acute services impacts on keeping our population safe |
| Impact Assessment             | *No Equality Impact Assessment required as this is a programme that impacts on all patients receiving care and treatment.* |
1. Introduction

The Maternity and Children’s Quality Improvement Collaborative (MCQIC) was launched in March 2013 and forms one of four safety programmes hosted by Healthcare Improvement (HIS) Scotland. It brings together the previous strands of work in maternity, paediatrics and neonatal care under one umbrella recognising the interdependencies.

The ambition for MCQIC is set out in an overarching Driver Diagram attached at Appendix 1 with the specifics for each strand described below.

The Maternity Care strand aims to support clinical teams in Scotland to improve the quality and safety of maternity healthcare. The overall aims of the Maternity Care strand are to:

- increase the percentage of women satisfied with their experience of maternity care to > 95% by 2015; and
- reduce the incidence of avoidable harm in women and babies by 30% by 2015.

Avoidable harm is defined by the further sub aims to:

- reduce stillbirths and neonatal mortality by 15%;
- reduce severe post-partum haemorrhage by 30%;
- reduce the incidence of non-medically indicated elective deliveries prior to 39 weeks gestation by 30%;
- offer all women carbon monoxide (CO) monitoring at the booking for antenatal care appointment;
- refer 90% of women who have raised CO levels or who are smokers to smoking cessation services; and
- provide a tailored package of antenatal care to all women who continue to smoke during pregnancy.

The Neonatal Care strand forms part of the Maternity & Children Quality Improvement Collaborative (MCQIC).

The key objective of the Neonatal Care strand is to achieve a 30% reduction in avoidable harm in Neonatal Services by December 2015 by seeking to reduce:

- harm from mechanical ventilation;
- harm from invasive lines;
- harm from high risk medicines;
- harm from transitions of care; and
- undetected deterioration,

and also to:

- increase natural feeding; and
- ensure service user engagement.
The Paediatric Safety Programme was established in summer 2009. This programme has been aligned and integrated with the Scottish Patient Safety Programme to develop a sustainable infrastructure for quality improvement throughout NHS boards in Scotland.

The key objective of the Paediatric Care strand is to reduce avoidable harm by 30% by December 2015.

The areas of focus for paediatric care are:

- Serious safety events;
- Ventilator assisted pneumonia;
- Central venous catheter blood stream infection;
- Unplanned admission to intensive care;
- Medicines harm; and
- Child protection harm.

To support the reduction of harm in acute care settings for adolescents, children and infants, there is also a focus on the identification and appropriate treatment of the deteriorating patient, the development of a national Paediatric Early Warning Score (PEWS), and the development of a sepsis bundle.

One of the mechanisms used to demonstrate harm reduction is the Paediatric Serious Harm Key Indicator. This involves case note review and clinical discussion of findings.

2. Progress to date

Maternity:
A Maternity Champion (2 days/week), funded by the Scottish Government, has been appointed to support this work locally. The Maternity Champion reports to a Maternity Safety Steering Group, chaired by the Head of Midwifery and supported by the Clinical Lead.

To date the work in Maternity has focused on building will and local knowledge and understanding of improvement methodology.

Clinical engagement has been challenging but a local learning set in February has helped to stimulate support.

Work is underway in the following areas:
- Implementation of Medical Early Warning System (MEWS) to support the recognition of deterioration;
- Sepsis recognition and response;
- The use of Carbon Monoxide monitoring;
- Safety Briefings; and
- Normothermia for newborn infants

Progress has been slow, largely due to lack of will and inexperience in using improvement methodology.
Support is being provided from the Patient Safety and Improvement Team.

**Areas of Work**

- **Sepsis in Obstetrics**

  A small team have redesigned the Sepsis Screening tool to make it more appropriate for a Maternity setting. These are to be tested with staff to identify which works best over the coming weeks.

- **Safety Briefings**

  These were started in September 2013 with a burst of enthusiasm. Over the coming months this waned but has steadily climbed to 90% compliance in the last few months. Compliance with core content of the brief is at 95%.

  However, it was identified that some core staff were not attending so it was decided to add core staff attending as a measure (see Fig 1 below). The Maternity Champion and the Patient Team are working to identify ways to improve compliance, including sharing this information with the staff groupings.

  Fig 1. shows a bar chart for core staff attending the briefs.

![Percentage of Safety briefs attended by various Core staff members](image)

Fig 2. shows the balanced scorecards for both the birthing suite and the Maternity Unit for their compliance with Hand Hygiene measures and the PVC bundle. Action for these measures requires support from both the Patient Safety Team and Infection Control.
### Fig 2. Birthing Suite Balanced Scorecard

<table>
<thead>
<tr>
<th>Measure</th>
<th>Summary</th>
<th>Target</th>
<th>Status</th>
<th>Started Auditing</th>
<th>Latest Data</th>
<th>Performance Score</th>
<th>Previous Month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td>Hand Hygiene opportunities taken</td>
<td>95%</td>
<td><strong>A</strong></td>
<td><strong>Oct-13</strong></td>
<td><strong>Apr-14</strong></td>
<td>100%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>Opportunities with correct technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PVC</strong></td>
<td>Dressing date &amp; time of insertion</td>
<td>95%</td>
<td><strong>A</strong></td>
<td>Oct-13</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Insertion of PVC necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bundle started on insertion or asap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chart completed daily from insertion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PVC in situ for &gt;72 hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 elements of infection control PVC optimal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cresswell Maternity Balanced Scorecard

<table>
<thead>
<tr>
<th>Measure</th>
<th>Summary</th>
<th>Target</th>
<th>Status</th>
<th>Started Auditing</th>
<th>Latest Data</th>
<th>Performance Score</th>
<th>Previous Month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hand Hygiene</strong></td>
<td>Hand Hygiene opportunities taken</td>
<td>95%</td>
<td><strong>R</strong></td>
<td><strong>Dec-13</strong></td>
<td><strong>Apr-14</strong></td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Opportunities with correct technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PVC</strong></td>
<td>Dressing date &amp; time of insertion</td>
<td>95%</td>
<td><strong>R</strong></td>
<td>Apr-14</td>
<td>Apr-14</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>Insertion of PVC necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bundle started on insertion or asap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chart completed daily on insertion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PVC in situ &gt;72 hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 elements of infection control PVC optimal</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Green (G)** Implemented and on target with reliable practise (6 consecutive data above points at target) *Based on monthly data

**Amber (A)** Implemented and achieving target

**Red (R)** Implemented and not achieving target

**Grey (GR)** No data

**Testing (T)** Testing

**NOT PROTECTIVELY MARKED**
Neonatal:
The neonatal workstream is overseen by a national clinical reference group with
input from all Boards. NHS Dumfries and Galloway has a Midwife Practitioner on
this group who is working with the Clinical Lead and the neonatal team locally.
This is a very new workstream, launched in April 2014.

The National Team have been working with the local neonatal teams to identify
their priority areas of work from the neonatal driver diagram to start their quality
improvement journey. Part of this work has involved the development of an Excel
spreadsheet to facilitate data collation locally and data return to the national team.
We expect this to be received locally within the next few weeks.

In the meantime the team are currently working on:

- Reducing harm from high risk medications. They are currently
  implementing a Gentamicin bundle;
- PVC insertion and maintenance; and
- Neonatal Passports: a booklet given to families when a baby comes into the
  unit, giving information on; who I am, what I need and how you can help me.
  This is developed with families.

Support is provided from the Patient Safety & Improvement Team.

Fig 3 below shows the Balanced Scorecard for Neonatal Unit showing data for their
excellent compliance with Hand Hygiene Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Summary</th>
<th>Target</th>
<th>Status</th>
<th>Started Auditing</th>
<th>Latest Data</th>
<th>Performance Score</th>
<th>Previous Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>Hand Hygiene opportunities taken</td>
<td>95%</td>
<td>A</td>
<td>Dec-13</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Opportunities with correct technique</td>
<td></td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
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<th>Latest Data</th>
<th>Performance Score</th>
<th>Previous Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>Hand Hygiene opportunities taken</td>
<td>95%</td>
<td>A</td>
<td>Dec-13</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Opportunities with correct technique</td>
<td></td>
<td>A</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Paediatrics:**

Our local Paediatric team’s involvement in Patient Safety predates the national
programme. Inspired by the Adult Safety Programme they have been working on
elements of Patient Safety since 2008.
Fig 4 shows their Balanced Scorecard for their Observation, Safety Briefings and PVC bundle all of which are above the goal of 95%.
## Fig 4 SPSP Balanced Scorecard - Ward 15

<table>
<thead>
<tr>
<th>Measure</th>
<th>Summary</th>
<th>Target</th>
<th>Status</th>
<th>Started Auditing</th>
<th>Latest Data</th>
<th>Performance Score</th>
<th>Previous Month</th>
<th>Actions</th>
<th>Our Improvement Goal</th>
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<tr>
<td>Observations</td>
<td>Respiratory rate documented</td>
<td>95%</td>
<td>A</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work of breathing documented</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SaO2 documented</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxygen documented</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature documented</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capillary Refill</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heart Rate</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAWS score documented</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PAWS score accurate</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Score of 3 or above with intervention documented</td>
<td>A</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number with the correct chart for age of child</td>
<td>G</td>
<td>Apr-09</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Briefings</td>
<td>Number of days a safety briefing was undertaken</td>
<td>95%</td>
<td>A</td>
<td>Jul-10</td>
<td>Mar-14</td>
<td>no data</td>
<td>100%</td>
<td>No data</td>
<td>Apr-14</td>
</tr>
<tr>
<td>PVC Bundle</td>
<td>Chart completed daily from insertion</td>
<td>95%</td>
<td>A</td>
<td>Sep-11</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 elements of infection control PVC optimal</td>
<td>95%</td>
<td>A</td>
<td>Sep-11</td>
<td>Apr-14</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Performance Score

- **Green (G)**: Implemented and on target with reliable practise (6 consecutive data above points at target) *Based on monthly data*
- **Amber (A)**: Implemented and achieving target
- **Red (R)**: Implemented and not achieving target
- **Grey (GR)**: No data
- **Testing (T)**: Testing

*NOT PROTECTIVELY MARKED*
Other Patient Safety work happening on the Paediatric Ward includes:

- **Paediatric Early Warning score (PEWS)**

  Developed and tested in DGRI, this has been a big success ensuring the early detection of the deteriorating patient. The work was presented in Copenhagen in 2010 and is now formally implemented in 5 EU countries. There is a national early warning score now being developed and DGRI will be a test area when the chart has been agreed. This will ensure safer shared care and transfer of patients.

- **Safety Huddles**

  Designed to reduce harm by improving communication and team working.

  Safety huddles are now happening pre and post ward round in ward 15, with an additional huddle now being tested at 3pm. The team are working to improve the quality of the information shared so that the Ward Round is more effective and a better experience for the patient and family.

- **Ward Rounds**

  The Ward Round and medical handover process has recently been inconsistent and unstructured. A Senior Charge Nurse and Paediatric Consultant have been working on improving the process. The team are now in the 6th week of testing (8th May 2014) and so far feedback has been very positive. Checklist tools are being adapted and tested and safety huddles are being integrated into this process. It is hoped that data collected will start to show that Ward Rounds are taking less time and are a better experience for the patients and their families.

- **Patient and family experience**

  We are currently testing ‘Listening to me’, a semi structured tool that families are encouraged to complete.

  The aim of this is to clearly identify patient and family concerns and worries and ensure they feel involved in the care of their child.

- **‘What Matters To Me’**

  This initiative was developed by a nurse in Yorkhill Children’s Hospital, Glasgow and aims to uncover and address what really matters to children and young people during their hospital stay. Children complete a picture or write down the things that matter to them; such as having their favourite teddy when they wake up from an operation or making sure everyone knows they don't like blackcurrant juice. These are simple things that make a big difference to children during their stay in hospital. Our play specialist carries this out at the surgical pre assessment clinic and the tool is put at the very front of the child’s notes so it is the first thing the admitting nurse sees. This has opened up
communication and helps put children and families at ease during a very potentially stressful time.

This work is being spread to all admissions to the ward, the play staff are leading on this.

- Case note reviews

We are currently reviewing case notes from May 2013. The process needs more structure and better MDT involvement. The Senior Charge Nurse is leading the current process with 2 ward staff nurses and this will expand to the wider MDT.

This process provides data for both the Ward team and the Paediatric Serious Harm Index which is reported nationally. Over the last year there have been no serious patient safety incidents on Ward 15.

3. Developing Local Capacity and Capability:

A limited number of people from our Board are able to attend National Learning Events. We have therefore committed to delivering local learning events a minimum of twice yearly with ongoing support from the Maternity Champion (2 days/week) and the Safety & Improvement Team.

MCQIC local event -
A local learning event was held on 19 February 2014 and proved very successful. Over 50 delegates attended and left refreshed and enthused. The support team are visiting areas to facilitate improvements and coach staff in the action period and another event is planned for autumn 2014.

Five clinicians involved with MCQIC undertook a two day improvement skills master class in data and measurement run jointly by NES and NHS Dumfries and Galloway.

4. Data and Measurement

The data systems to support the MCQIC are at an early stage of development and need significant work to integrate them with our local safety and improvement portal. In the meantime teams are reporting progress on excel spreadsheets. This work is scheduled for June but may be influenced by national data reporting requirements.

5. Conclusions and Recommendations

Each of the strands of the MCQIC programme is at a different stage of development / maturity and as such requires differing levels of support and encouragement.

Leadership, both clinical and managerial is vital to ensure this work is given the recognition and importance it deserves.
Improvement Science is new to many in the clinical teams we seek to involve and this has proved challenging to engage the will beyond a few enthusiastic individuals. The local learning event has engaged a wider group and teams have begun to form around the key topic areas, these teams need to be encouraged and supported.

Measurement is an important aspect of quality improvement and we are working with the local and national teams to ensure that it is easy to collect, that the teams understand what the data is telling them but more importantly that they can link this to the improvements they are testing and the goals they have set.
RECOMMENDATION

The Board is asked to note organisational activity recorded through complaint and feedback processes. To note the commencement of a review of the complaint handling and feedback processes and the development of quality improvement plans for upheld complaints.

SUMMARY

This paper includes report on organisational activity recorded through complaint and feedback processes for March 2014.

Key messages:

- The Boards has commenced a detailed review of its complaint handling and feedback systems and processes. This review is being overseen by the Healthcare Governance Committee.

- Quality improvement plans for upheld complaints will be developed to ensure improvement and learning takes place.

GLOSSARY OF TERMS

SPSO Scottish Public Service Ombudsman
## MONITORING FORM

<table>
<thead>
<tr>
<th>Policy / Strategy</th>
<th>Healthcare Quality Strategy</th>
<th>Complaints Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Implications</td>
<td>Ensuring staff learn from patient feedback in relation to issues raised.</td>
<td></td>
</tr>
<tr>
<td>Financial Implications</td>
<td>Not required</td>
<td></td>
</tr>
<tr>
<td>Consultation / Consideration</td>
<td>Not required</td>
<td></td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Actions from feedback followed through and reported to General Managers and Nurse Managers who have a responsibility to take account of any associated risk.</td>
<td></td>
</tr>
<tr>
<td>Sustainability</td>
<td>Not required</td>
<td></td>
</tr>
<tr>
<td>Compliance with Corporate Objectives</td>
<td>To promote and embed continuous improvement by connecting a range of quality and safety activities to deliver the highest quality of service across NHS Dumfries and Galloway</td>
<td></td>
</tr>
<tr>
<td>Single Outcome Agreement (SOA)</td>
<td>Health inequalities</td>
<td></td>
</tr>
<tr>
<td>Best Value</td>
<td>Commitment and leadership Accountability Responsiveness and consultation Joint Working</td>
<td></td>
</tr>
</tbody>
</table>

Impact Assessment

*Not undertaken as learning from patient feedback applies to all users*
1. Introduction

This report provides summary statistics and commentary on complaints and feedback processes for March 2014. It looks at complaints received at Local Resolution and by the Scottish Public Services Ombudsman (SPSO), feedback from Patient Opinion and identifies areas of improvement and ongoing development.

The NHS Scotland ‘Can I help you?’ guidance outlines the Boards requirements with respect to feedback, comments, concerns and complaints. The Patient Rights (Scotland) Directions 2012 advise that the Board prepare a quarterly report on feedback, comments, concerns and complaints. As a complete set of quarterly data is unavailable for this Board meeting this report at summarises the data available for March 2014.

1.1 Complaints

Table 1 provides a summary of the number of formal complaints received in March 2014. Thereafter, the figures included in this table refer to completed complaints and the associated outcomes.

<table>
<thead>
<tr>
<th>Table 1 Formal Complaints Data for March 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints received</td>
</tr>
<tr>
<td>Complaints acknowledged in 3 working days</td>
</tr>
<tr>
<td>Complaints completed in 20 working days</td>
</tr>
<tr>
<td>Complaints not completed in 20 working days</td>
</tr>
<tr>
<td>Complaints still ongoing</td>
</tr>
<tr>
<td>Complaints withdrawn</td>
</tr>
<tr>
<td>Complaints transferred to another department</td>
</tr>
</tbody>
</table>

The national target for acknowledging complaints within 3 working days is 95%. In March, the Board acknowledged 94% of complaints within this timescale. The national target for response time for complaints received and completed is 70% within 20 working days. The target response time achieved for March fell significantly short of this at 23%. Figure 1 summaries the level of activity for all complaints received from March 2012 to March 2014.
In response to the poor performance against the 20 day complaint completion target the Boards has commenced a detailed review of the complaint handling and feedback systems and processes. The review will be used to guide the redesign of current complaint and feedback governance and assurance arrangements. This process is being overseen by the Healthcare Governance Committee. In addition, a complainant survey and a peer review process are being developed to provide qualitative and quantitative feedback on how the Board is dealing with their complaints from the complainant’s perspective. This programme of work will highlight areas of positive performance and areas for improvement using a set of good practice standards.

1.2 Breakdown of Complaint Categories

The top three categories of complaint received for March remain consistent with previous months and relate to clinical treatment, staff communication (oral) and staff attitude and behaviour. Table 2 and Figure 2 provide a breakdown of the areas attracting most complaints. In March, staff communication (oral) has increased from 4 complaints in February to 9 in March. These are consistent with national themes, both in Scotland and the UK.

**Table 2 Complaint Categories**

<table>
<thead>
<tr>
<th>Category</th>
<th>Mar</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Clinical Treatment</td>
<td>12</td>
<td>39%</td>
</tr>
<tr>
<td>Staff communication (oral)</td>
<td>9</td>
<td>29%</td>
</tr>
<tr>
<td>Staff attitude and behaviour</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
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</table>
To ensure learning from feedback and complaints is embedded across the organisation's quality improvement plans for all upheld complaints are to be developed.

**Table 3 Complaints by Directorate**

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<thead>
<tr>
<th>Directorate</th>
<th>Mar 2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services</td>
<td>22</td>
<td>70%</td>
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<tr>
<td>Corporate</td>
<td>3</td>
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<tr>
<td>PCCD West</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Women and Children's Services</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Mental Health, Learning Disability, Psychology</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PCCD East</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Diagnostics</td>
<td>0</td>
<td></td>
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<tr>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 shows that the majority of complaints originate within Acute Services. This is to be expected as the majority of in-patient contact occurs within this directorate.

1.4 Scottish Public Services Ombudsman

Individuals who are dissatisfied with NHS Dumfries and Galloway’s complaint handling or response can refer their complaint, for further investigation to the Scottish Public Services Ombudsman (SPSO). In March the Board received notification that 3 complaints were under investigation by the SPSO. The SPSO will
advise on completion of their processes of any actions required in relation to these cases.

In addition the Board received a decision letter in March from the SPSO and was advised that the complaint was not upheld. The SPSO has however made one recommendation. The recommendation relates to keeping patients informed of any delays relating to the completion of medical questionnaires requested by the DVLA. This recommendation has been incorporated into the “guide to working practice” and disseminated to all relevant secretarial and administrative staff currently working in the Acute and Diagnostics Directorate. The SPSO have confirmed that this action satisfies the requirements of the recommendation and has closed the case.

2. Reports to the Procurator Fiscal

There have been no complaints reported to the Procurator Fiscal in this reporting period. The Medical Director meets with the Procurator Fiscal regularly with regard to any other issues or cases out with complaints.

3. Feedback - Patient Opinion

One of the most effective ways to improve the experience of health and care services is to capture feedback from the patients, services users, carers and relatives. Patient Opinion is an online approach, actively supported by Scottish Government, which enables the public to provide and view feedback on the services they have received. In March 2014, 2 stories have been posted on the Patient Opinion website about care experiences at NHS Dumfries and Galloway. Both of these stories were very positive. All of the stories and their responses can be reviewed in full by visiting www.patientopinion.org.uk.

3. CONCLUSION

The Board is asked to note organisational activity recorded through complaint and feedback processes. To note the commencement of a review of the complaint handling and feedback processes and the development of quality improvement plans for upheld complaints.
Appendix 1

Complaint Response Times

![Graph showing complaint response times acknowledged in 3 working days, with data points for each month from November 2011 to March 2014.]

![Graph showing complaint response times responded in 26 working days, with data points for each month from January 2012 to March 2014.]

![Bar chart showing complaint response times for October 2013 to March 2014, with bars for each month indicating the number of complaints within different time frames (0-20, 21-25, 26-30, 31+ days).]
RECOMMENDATION

The Board is asked to consider this healthcare associated infection report.

SUMMARY

This report is compiled using a standard template from SGHSCD to provide information to the NHS board and general public in a format that facilitates comparison with other NHS boards in Scotland. This paper is placed on the public website following discussion at Board.

The following information is included in this report:

- *Clostridium difficile* infections
- *Staphylococcus aureus* bacteraemia (SAB)
- Hand Hygiene
- Cleanliness

This important topic is also discussed in detail at the Healthcare Governance Committee at each meeting.

Key messages:

- The HEAT target for a reduction in *Staphylococcus aureus* bacteraemia (SAB) remains a challenge across NHS boards in Scotland. There is an encouraging downward trend seen over the past three months in NHS Dumfries and Galloway.
- The *Clostridium difficile* infection HEAT target remains achievable and there has been a reduction in cases since December.
- To celebrate World Health Organisation hand hygiene day, members of the infection control public involvement group raised hand hygiene awareness amongst visitors at DGRI. A staff focused campaign to raise awareness of the correct hand hygiene products and action to be taken in the event of skin problems, was launched in collaboration with Occupational Health and the Infection Control Team.
### GLOSSARY

- Clostridium difficile Infection (CDI)
- Community Acquired Infection (CAI)
- Healthcare Environment Inspectorate (HEI)
- Healthcare Associated Infection (HAI)
- Health Protection Scotland (HPS)
- Infection Control Team (ICT)
- Infection Control Public Involvement Group (ICPIG)
- Meticillin Sensitive Staphylococcus Aureus (MSSA)
- Meticillin Resistant Staphylococcus Aureus (MRSA)
- Staphylococcus aureus bacteraemia (SAB)
## MONITORING FORM

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<thead>
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<th>Healthcare Quality Strategy</th>
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<td><strong>Financial Implications</strong></td>
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<td><strong>Consultation</strong></td>
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<tr>
<td><strong>Consultation with Professional Committees</strong></td>
<td>Update paper only. Contents are agenda items for discussion at PCCD and HMG and SCN meetings Also presented to APF at each meeting.</td>
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<tr>
<td><strong>Risk Assessment</strong></td>
<td>Addressed through the corporate risk register</td>
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<td><strong>Best Value</strong></td>
<td>Governance and Accountability</td>
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<tr>
<td></td>
<td>• sound governance at a strategic and operational level</td>
</tr>
<tr>
<td><strong>Sustainability</strong></td>
<td>Fewer infections will reduce bed occupancy and use of resources</td>
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<tr>
<td><strong>Compliance with Corporate Objectives</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Single Outcome Agreement (SOA)</strong></td>
<td>Keeping the population safe</td>
</tr>
<tr>
<td><strong>Impact Assessment</strong></td>
<td>Not required. Update paper only</td>
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NHS Dumfries and Galloway
Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the ‘Healthcare Associated Infection Report Cards’ in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines

- The HEAT target for a reduction in Staphylococcus aureus bacteraemia (SAB) remains a challenge across NHS boards in Scotland. There is an encouraging downward trend seen over the past three months in NHS Dumfries and Galloway.

- The Clostridium difficile infection HEAT target remains achievable and there has been a reduction in cases since December.

- To celebrate World Health Organisation hand hygiene day, members of the infection control public involvement group raised hand hygiene awareness amongst visitors at DGRI. A staff focused campaign to raise awareness of the correct hand hygiene products and action to be taken in the event of skin problems, was launched in collaboration with Occupational Health and the Infection Control Team.
1. *Staphylococcus aureus* (including MRSA)

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:


The Board will be aware that cases of *Staphylococcus aureus* bacteramia have not been falling as expected by Scottish Government across Scotland. A national SAB summit has been called for 21st May and the HEI Exec Lead, Infection Control Doctor and Infection Control Manager will attend.

Whilst performance last year to March 2014 was disappointing, performance to the year 2015 is what will contribute to HEAT target measurement. The graph below illustrates a downward trend which is encouraging however, based on pure numbers of cases to date; NHS Dumfries & Galloway have already had one quarter of the cases we would expect if we were to meet the HEAT target.

**Figure 1**

![NHS D&G Monthly SAB performance](http://example.com/graph.png)

The rolling quarterly average graph below presents a less encouraging picture. However, the next board paper will include the quarter March to June and we anticipate a downward turn towards the HEAT target based on the last three data points shown in figure.

NOT PROTECTIVELY MARKED
2. Clostridium difficile

*Clostridium difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:


It is pleasing to report the fourth data point on a downward trajectory illustrated by figure 3. However, the spike in infection rates at the end of 2013 (figure 3) has adversely affected our rolling quarterly average (figure 4). It is anticipated that this also will demonstrate a downward turn when updated based on March to June data.

Figure 3
3. Hand Hygiene

Hand hygiene data is collected and entered by wards and departments following the Scottish Patient Safety Programme methodology. The detail for this element of the report is included in the report cards as the appendix to this report.

This is quality assured by the Infection Control Team and if an area fails to report their data, this is subject to scrutiny by the Hospital Management Board.

Recent monitoring visits have highlighted some non-compliance with dress code which adversely affects ability to perform hand hygiene. This is included the wearing of wrist watches in clinical areas and long sleeves. This has been brought to the attention of the Associate Medical Directors and others and has been addressed.

Following the recent HEI inspection where inappropriate hand hygiene products were found in clinical areas an awareness raising campaign has been held in collaboration with occupational health to ensure that staff are aware of the hand hygiene products that should be used and action to be taken should they experience a skin problem.
Gayle Carruthers, ICT Secretary, Jim Stuart, ICPIG Chair, Sofie Singh, ICN, Jackie Machling, ICPIG Deputy Chair

To celebrate the World Health Organisation hand hygiene day, members of the Infection Control Public Involvement Group offered visitors to DGRI the opportunity to test their own hand hygiene technique using a ‘glow box’. They also asked them to complete a survey which asked the following questions.

- Do you have confidence in the cleanliness of this hospital? 89% said yes
- Would you feel confident to ask a member of staff to use the hand rub or wash their hands if they had not done so? 79% said yes
- As a visitor, have you been made aware of your role in preventing infection— e.g. not sitting on a bed, not using the patient toilet, hand hygiene? 57% said yes
- Do you think patient safety is a priority for NHS Dumfries & Galloway? 93% said yes

These encouraging responses have been fed back to members of staff. However, this survey demonstrates that there is still more to do to make visitors aware of the part they play in reducing the risk of cross infection.

4. Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

http://www.hfs.scot.nhs.uk/online-services/publications/hai/

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

http://www.nhshealthquality.org/nhsqis/6710.140.1366.html

Assessment of the cleanliness of the healthcare environment is undertaken by the domestic service team and includes regular peer review. Peer reviewers include members...
of the Infection Control Public Involvement Group, Infection Control Nurses and NHS
Board members. Results are included in the report cards in the appendix to this report

Following the HEI inspection in January 2014 a full review of the application of the National
Cleaning Specification has been undertaken by the Infection Control Manager and the
Area Domestic Services Manager. The Infection Control and Healthcare Governance
Committees are seeking assurance with regard to cleaning practices.

5. HEI Inspection report

The Board will be aware of the report on the unannounced inspection of DGRI published
on 10 March 2014 and of the detailed action plan compiled to address the requirements
and recommendations identified by the inspectors. As is usual, the inspectors have
requested an update on the action plan to be provided 16 weeks post inspection. This is
being completed at the time of writing and all actions planned have been taken.
The following section is a series of ‘Report Cards’ that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* bloodstream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outside of hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

**Understanding the Report Cards – Infection Case Numbers**

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

- **Clostridium difficile**: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)
- **Staphylococcus aureus**: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)
- **MRSA**: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=1)

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

**Targets**

There are national targets associated with reductions in C.diff and SABs. More information on these can be found on the Scotland Performs website:

[http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance](http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance)

**Understanding the Report Cards – Hand Hygiene Compliance**

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

**Understanding the Report Cards – Cleaning Compliance**

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:


**Understanding the Report Cards – ‘Out of Hospital Infections’**

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.


NHS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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<tr>
<th></th>
<th></th>
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<tbody>
<tr>
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<tr>
<td>MSSA</td>
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Clostridium difficile infection monthly case numbers

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Cleaning Compliance (%)

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<td>96.6</td>
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Estates Monitoring Compliance (%)

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NOT PROTECTIVELY MARKED
## Scottish Patient Safety Programme - Hand Hygiene Compliance April 2014

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The mandatory requirement for hand hygiene opportunities is 20 per month. Wards entering less than 5 opportunities per month.
# NHS Hospital Report Card - DGRI

## Staphylococcus aureus Bacteraemia Monthly Case Numbers

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## Clostridium difficile Infection Monthly Case Numbers

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## Cleaning Compliance (%)

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## Estates Monitoring Compliance (%)

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**Staphylococcus aureus** bacteraemia monthly case numbers

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**Clostridium difficile** infection monthly case numbers

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**Cleaning Compliance (%)**

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NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:
- Annan Hospital
- Castle Douglas
- Kirkcudbright
- Lochmaben
- Moffat
- Newton Stewart
- Thomas Hope
- Thornhill
- Allanbank

**Staphylococcus aureus** bacteraemia monthly case numbers

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**Clostridium difficile** infection monthly case numbers

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NHS OUT OF HOSPITAL REPORT CARD

**Staphylococcus aureus** bacteraemia monthly case numbers

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**Clostridium difficile** infection monthly case numbers

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NOT PROTECTIVELY MARKED
DUMFRIES and GALLOWAY NHS BOARD

2 June 2014

Code of Corporate Governance

**Author:** Jennifer Wilson, Corporate Business Manager  
**Sponsoring Director:** Jeff Ace, Chief Executive

**Date:** 15 May 2014

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**RECOMMENDATION**

The Board is asked to endorse the revised Code of Corporate Governance.

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**SUMMARY**

The Code of Corporate Governance has been reviewed to meet the requirements of good governance and to ensure it remains relevant and current.

**Key Messages:**

The review demonstrates and supports good governance.

---

**GLOSSARY OF TERMS**

The Code – Code of Corporate Governance
## MONITORING FORM

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<thead>
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<th>Ensures compliance with regulations / best practice.</th>
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<td><strong>Financial Implications</strong></td>
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<tr>
<td><strong>Compliance with Corporate Objectives</strong></td>
<td>Corporate Objective 7</td>
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<tr>
<td><strong>Single Outcome Agreement (SOA)</strong></td>
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<tr>
<td><strong>Best Value</strong></td>
<td>Commitment and leadership. Sound governance at a strategic and operational level. Accountability.</td>
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**NOT PROTECTIVELY MARKED**
Introduction

The Code of Corporate Governance (referred to as the Code) was the subject of a major review in May 2010 to bring together a number of governance documents into a single reference document. Since that time the Code has been reviewed on an annual basis and amendments made to ensure it remains current.

Review

The current review includes revision of the Standing Financial Instructions, the inclusion of the Scheme of Delegation and the revised Code of Conduct for Members. The document will be made available on both the intranet and the Board’s website; this complies with the Freedom of Information (Scotland) Act 2002 and the Guide to Information available through the Model Publication Scheme 2014.

The amendments to the Code are listed below.

<table>
<thead>
<tr>
<th>Index</th>
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</thead>
<tbody>
<tr>
<td>Section E</td>
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<td>Section F</td>
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### Section A: 3 How Committees and Committee meetings must be organised

| Para 11 (a) | Audit Committee renamed Audit and Risk Committee |
| Para 12.1 | Amendment to Non Executive Membership of committees to reflect reduced number of Board Members following termination of Pilot Elected Board. |
| Para 13.2 | Amendment to quorum of committees to reflect reduced number of Board Members. |

### Section B: Members Code of Conduct

The Model Code of Conduct for Members of Devolved Public Bodies was amended and re-launched by Scottish Government in February 2014. The amended code has been included in the Code.

### Section C: Standards of Business Conduct for NHS Staff

Para 10.3 This addition refers to the Bribery Act 2010 which came in to force on 1 July 2011.

### Section E: Standing Financial Instructions

Revised Standing Financial Instructions approved at the Audit and Risk Committee on 27 March 2014

### Section F: Health Board Elections

Section removed following the termination of the Pilot Elected Health Board on 31 December 2013

NOT PROTECTIVELY MARKED
### Section F: Scheme of Delegation

<p>| | Inclusion of the Scheme of Delegation approved at Board on 12 May 2014. |</p>
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Introduction

Section A  How business is organised (Standing Orders)
This section explains how the business of Dumfries and Galloway NHS Board and its Committees is organised.

Section B  Members’ Code of Conduct
This section is for Members of Dumfries and Galloway NHS Board and its Committees and details how they should conduct themselves in undertaking their duties.

Section C  Standards of Business Conduct for NHS staff
This section is for all staff to ensure they are aware of their duties in situations where there may be conflict between their private interests and their NHS duties.

Section D  Fraud Policy and Action Plan
This section explains how staff must deal with suspected fraud.

Section E  Standing Financial Instructions
This section explains how staff will control the financial affairs of NHS Dumfries and Galloway and ensure proper standards of financial conduct.

Section F  Scheme of Delegation
This section provides detail on areas of delegated responsibility and supports the Standing Financial Instructions in ensuring proper standards of financial conduct.

Code of Corporate Governance
May 2014

Working together to deliver better health, better healthcare
Introduction
Introduction

1 Code of Corporate Governance

The Code of Corporate Governance includes the following sections:
Section A: How business is organised
Section B: Members Code of Conduct
Section C: Standards of Business Conduct for NHS Staff
Section D: Fraud Policy and Action Plan
Section E: Standing Financial Instructions and Scheme of Delegation

The Board keeps the Code of Corporate Governance under review and will undertake a comprehensive review at least every two years.

2 Dumfries and Galloway NHS Board

Dumfries and Galloway NHS Board (the Board) is a strategic body, accountable to the Scottish Government Health and Social Care Directorate and to Scottish Ministers for the functions and performance of NHS Dumfries and Galloway. The Board consists of the Chair, Non Executive and Executive Members appointed by the Scottish Ministers to constitute Dumfries and Galloway NHS Board.

The Board will not concern itself with day-to-day operational matters, except where they have an impact on the overall performance of the system.

The overall purpose of Dumfries and Galloway Board is
• to deliver excellent care that is person-centred, safe, effective, efficient and reliable.
• to reduce health inequalities across Dumfries and Galloway.

Our Outcomes:
• Improved outcomes for patients that reflect learning from patient experience in order to ensure a person-centred focus is maintained.
• Improved staff experience; and health and wellbeing of staff.
• The delivery of continuous quality improvement and sustainability through services that are effective and efficient.
• All children have the best possible start in life through a variety of interventions, sometimes targeted at vulnerable groups.
• A population in Dumfries and Galloway who are enabled and assisted to have more control over all aspects of their life, health and wellbeing.
The Role of the Board is
- to improve and protect the health of local people;
- to improve health services for local people;
- to focus clearly on health outcomes and people’s experience of NHS Dumfries and Galloway;
- to promote joint health and community planning by working closely with our partners and other local organisations;
- to be accountable for the performance of NHS Dumfries and Galloway as a whole; and
- to involve the public in the design and delivery of healthcare services.

The functions of the Board are
- strategy development;
- resource allocation to address local priorities;
- to oversee implementation of the Local Delivery Plan; and
- to manage the performance of NHS Dumfries and Galloway, including risk management.

Responsibilities of Members of Dumfries and Galloway NHS Board include
- shared responsibility for the discharge of the functions of the Board;
- independent judgement on issues of strategy, performance management, key appointments and accountability to Scottish Ministers and to the local community; and
- responsibility for the overall performance of NHS Dumfries and Galloway.

3 Definitions

Any expressions to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

The Accountable Officer is the Chief Executive of NHS Dumfries and Galloway, who is responsible to the Scottish Parliament for the economical efficient and effective use of resources. The Chief Executive of NHS Dumfries and Galloway is also accountable to the Board for clinical and staff governance. This is a legal appointment made by the Principal Accountable Officer of the Scottish Government.

The Act means the National Health Service (Scotland) Act 1978 as amended.

The 2001 Regulations means the Health Board’s (Membership and Procedure) (Scotland) Regulations 2001.

The 1960 Act means the Public Bodies (Admission to Meetings) Act 1960 as amended.
**Board Executive Member** or ‘Executive’ means the Chief Executive, the Director of Finance, the Director of Public Health, the Nurse Director and the Medical Director. There are also two stakeholder Members – the Chair of the Area Clinical Forum and the Chair of the Area Partnership Forum. All other Members are Non Executive Members. (This distinction is made for the purposes of defining the numbers of Non Executive Members who are members of Committees or other working groups.)

**Budget** means money proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Board.

**Chair** means the person appointed by the Scottish Ministers to lead the Board and to ensure that it successfully discharges its responsibility for the Board as a whole. The Chair of a Committee is responsible for fulfilling the duties of a Chair in relation to that Committee only.

**Chief Executive** means the Accountable Officer of NHS Dumfries and Galloway.

**Committee** means a Committee established by the Board and includes ‘Sub Committee’.

**Committee Members** are people formally appointed by the Board to sit on or to chair specific committees. All references to members of a committee are as ‘committee member’ and when the reference is to a member of the Board it is ‘Board Member’.

**Contract** includes any arrangement including an NHS Contract.

**Co-opted Member** is an individual, not being a Member of the Board, who is appointed to serve on a Committee of the Board.

**Lay Member** is an individual, not being an employee of the Board, who is appointed to serve on a Committee of the Board.

**Director of Finance** means the Chief Finance Officer of the Board.

**Member** means a person appointed as a Member of the Board by Scottish Ministers and who is not disqualified from membership. This definition includes the Chair, Executive and Non Executive Members. (Health Boards Membership and Procedure (Scotland) Regulations 2001)

**Meeting** means a meeting of the Board or of any Committee.

**Nominated Officer** means an officer charged with the responsibility for discharging specific tasks within the Code of Corporate Governance.

*Working together to deliver better health, better healthcare*
Scottish Executive means the Scottish Government and is its legal name.

SFIs mean Standing Financial Instructions.

Vice Chair means the Non Executive Member appointed by the Board to take on the Chair’s duties if the Chair is absent for any reason.

4 Corporate Governance

Corporate Governance is the term used to describe our overall control system. It details how we direct and control our functions and how we relate to our communities and covers the following dimensions:

- service delivery arrangements;
- structures and processes;
- risk management and internal control; and
- standards of conduct.

Dumfries and Galloway NHS Board is responsible for

- giving leadership and strategic direction;
- putting in place controls to safeguard public resources;
- supervising the overall management of its activities; and
- reporting on management and performance.

5 Conduct, accountability and openness

Members of Dumfries and Galloway NHS Board are required to comply with the Members' Code of Conduct and the Standards of Business Conduct for NHS staff.

Board Members and staff are expected to promote and support the principles in the Members' Code of Conduct and to promote by their own personal conduct the values of

- duty;
- selflessness;
- integrity;
- objectivity;
- accountability and stewardship;
- openness;
- honesty;
- leadership; and
- respect.

Give Respect Get Respect is a national dignity at work programme which has been adopted by the Board and is a key tool for the delivery of continuous
improvement in our Staff Governance Standards and Dignity at Work. The five building blocks to promote respect in the workplace are

- partnership;
- understanding;
- relations;
- environment; and
- leadership.

6 Understanding our responsibilities arising from the Code of Corporate Governance

It is the duty of the Chair and the Chief Executive to ensure that Board Members and staff understand their responsibilities. Board Members and Managers shall receive copies of the Code of Corporate Governance and the Corporate Business Manager will maintain a list of managers to whom the Code of Corporate Governance has been issued. Managers are responsible for ensuring their staff understand their responsibilities.

7 Endowment Funds

The principles of this Code of Corporate Governance apply equally to Members of Dumfries and Galloway NHS Board who have distinct legal responsibilities as Trustees of the Endowment Funds. Any Member may opt not to be a Trustee of the Endowment Funds.

8 Advisory and other Committees

The principles of this Code of Corporate Governance apply equally to all NHS Dumfries and Galloway’s Advisory Committees and all committees and groups which report directly to a Dumfries and Galloway NHS Board Committee.

9 Review

The Board will keep the Code of Corporate Governance under review and undertake a comprehensive review at least every two years. The Board may, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure and business of the Board and of any Committee. The Audit Committee is responsible for advising the Board on these matters.

10 Feedback

NHS Dumfries and Galloway wishes to improve continuously and reviews the Code of Corporate Governance regularly. To ensure that this Code remains relevant, we would be happy to hear from you with regard to new operational
procedures, changes to legislation, confusion regarding the interpretation of
statements or any other matter connected with the Code.
Comments and suggestions for improvement are most welcome and should be
sent to:

Corporate Business Manager
NHS Dumfries and Galloway
Crichton Hall
Bankend Road
Dumfries
DG1 4TG
Telephone: 01387 272702
Fax: 01387 252375
e-mail: jennifer.wilson3@nhs.net
Section A

How business is organised
Section A:

1: How business is organised

This section explains how the business of Dumfries and Galloway NHS Board and its Committees is organised.

1 The Board and its Committees (diagram)

2 How Board meetings must be organised

15 Calling and Notice of Meetings of the Board
15 Appointment of Chair of Dumfries and Galloway NHS Board
16 Appointment of Vice Chair of Dumfries and Galloway NHS Board
16 Duties of Chair and Vice Chair
17 Quorum
17 Human Rights
17 Order of Business
18 Order of Debate
18 Time allowed for speaking during formal debate
18 Amendments
18 Voting
18 Conflict of Interest
19 Submission of Papers
20 Alteration of revocation of previous decision
20 Suspension of Standing Orders
20 Admission of Public and Press
20 Code of Conduct for Members
21 Suspension of Members from meeting
21 Minutes, Agendas and Papers
23 Records Management

3 How Committee meetings must be organised

25 Establishing Committees
25 Process for the Appointment of Non Executive Members and Chairs to Board Committees
25 Duties of Chair of a Committee
26 Membership
26 Membership of Committees due to office held
27 Calling and Notice of Meetings of Committees
27 Functioning of Committee
28 Minutes
28 Frequency of Meetings
28 Delegation
29 Committees
29 Non Executive Membership
29 Quorum
30 Role and Function
30 Audit and Risk Committee
31 Healthcare Governance Committee
32 Performance Committee
32 Staff Governance Committee
33 Remuneration Sub Committee
33 Community Health and Social Care Board
34 Area Drug and Therapeutics Committee
34 Pharmacy Practices Committee
34 Public Health Committee
DUMFRIES AND GALLOWAY NHS BOARD

**Purpose:**
- to deliver excellent care that is person-centred, safe, effective, efficient and reliable;
- to reduce health inequalities across Dumfries and Galloway;

**Role:**
- to improve and protect the health of local people;
- to focus clearly on health outcomes and people’s experience of NHS Dumfries and Galloway;
- to promote joint health and community planning by working closely with our partners and other local organisations;
- to be accountable for the performance of NHS Dumfries and Galloway; and
- to involve the public in the design and delivery of health services.

**Function:**
- strategy development;
- resource allocation to address local priorities;
- oversee implementation of the Local Delivery Plan; and
- performance management of NHS Dumfries and Galloway including risk management.

**STANDING COMMITTEES**

- **Audit and Risk**
  Assures the Board that risk and change in risk is monitored, oversees the Board’s Internal Control Systems, reviews the role, function and performance of the Internal Audit Service, review external arrangements and reviews and monitors adherence to the Board’s Financial Instructions and Standing Orders.

- **Performance**
  Will look in detail at plans to achieve financial balance, revenue and capital plans, endowment plans, performance against the Local Delivery Plan / HEAT targets and review outcomes from Board investment decisions.

- **Healthcare Governance**
  Assures the Board that appropriate systems and structures are in place to manage a range of governance and quality matters.

- **Staff Governance**
  Advises the Board on its responsibility, accountability and performance against the NHS Scotland Staff Governance Standard, addressing the issues of policy, targets and organisational effectiveness.

- **Public Health Committee**
  Provides assurance to Board that colleagues work to ensure public health policies address health inequalities at a local level, support early intervention and build individual and community resilience.

- **Management Team**
  Has responsibility for ensuring the Board meets its obligations across a range of activities including civil contingency planning, health and safety, patient safety and risk, HAI and healthcare governance.

- **Pharmacy Practices Committee**
  Considers, on behalf of the Board, a competent application from person(s) seeking to establish a new pharmacy within the Board area.

- **Family Health Services Disciplinary Committee**
  As part of a national consortium will consider a referral from the Central Disciplinary Unit that alleges a practitioner from another health board area has failed to comply with his or her terms of service.

- **Area Drug and Therapeutic Committee**

- **Remuneration Sub Committee**

- **Mental Health Management Board**

- **Hospital Management Board**

- **Primary and Community Care Management Board**

**Working together to deliver better health, better healthcare**
Section A:

2: How Board meetings must be organised

How Board meetings must be organised

This section regulates how the meetings and proceedings of the Board will be conducted and is referred to as ‘Standing Orders’. The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 confirms the matters to be included in the Standing Orders; this is attached for reference at annex 1 of this section. The following is NHS Dumfries and Galloway’s practical application of these Regulations.

1 Calling and Notice of Meetings of the Board

1.1 Meetings of the Board shall be held on the first Monday of the month unless otherwise specified by the Chair and that person shall be responsible for convening the meeting.

1.2 The Chair may call an extra-ordinary meeting of the Board at any time.

1.3 Ordinary meetings of the Board will be held in accordance with the timetable approved by the Board. Meetings of the Board will normally be held every second month. In any event, there will be at least six Board meetings every year.

1.4 A meeting of the Board may be called if one third of the Members make the request in writing. If the Chair does not call a meeting within seven days of the request, the Members who signed the request may call the meeting provided that only the requested business is transacted.

1.5 The notice (agenda and papers) must be distributed to each Member seven days before the date of the meeting, other than in exceptional circumstances when notice must be given of when the papers will be delivered. The notice (agenda and papers) will specify the time, place and business to be transacted.

1.6 The schedule of ordinary Board meetings for the forthcoming fiscal year (April to March), including the time and place, will be published on the Board’s website, within Board premises and through a range of public venues.

1.7 Lack of service of the notice on any Member shall not affect the validity of a Board meeting.

2 Appointment of Chair of Dumfries and Galloway NHS Board

2.1 The Chair is appointed by the Cabinet Secretary for Health and Wellbeing.
The regulations governing the period of terms of office and the termination or suspension of office of the Chair are contained in the National Health Services (Scotland) Act 1978.

3  Appointment of Vice Chair of Dumfries and Galloway NHS Board

3.1 To enable the business of the Board to be conducted in the absence of the Chair, a Non Executive Member who is not an NHS employee or an independent Primary Care Contractor (for example Employee Director or Chair of the Area Clinical Forum) shall be invited to take on the role as Vice Chair by the Chairman. The Vice Chair will normally hold office for two years, provided that the individual's membership of the Board continues throughout that period.

3.2 The Vice Chair may resign from the office at any time by giving notice in writing to the Chair. The Chairman may appoint another Non Executive Member as Vice Chair as set out in 3.1.

3.3 Where the Chair of the Board has ceased to hold office or has been unable to perform their duties as Chair, owing to illness, absence or any other cause, the Vice Chair shall take the place of the Chair in the conduct of the business of the Board and references to the Chair shall be taken to include references to the Vice Chair.

4  Duties of Chair and Vice Chair

4.1 At every meeting of the Board the Chair shall preside. If the Chair is absent the Vice Chair shall preside. If the Chair and Vice Chair are both absent, the Members present shall select a Non Executive Member to act as Chair for that meeting.

4.2 It shall by the duty of the Chair
   • to ensure that Standing Orders are observed and to facilitate a culture of transparency, consensus and compromise;
   • to preserve order and ensure that any member wishing to speak is given due opportunity to do so;
   • to call members to speak according to the order in which they caught their attention; and
   • to decide all matters of order, competence and relevance.

4.3 The Chief Executive or Corporate Business Manager shall draw the attention of the Chair to any apparent breach of the terms of these Standing Orders.

4.4 The decision of the Chair on all matters referred to in this Standing Order shall be final and shall not be open to question or discussion in any meeting of the
Board.

4.5 Deference shall at all times be paid to the authority of the Chair. When the Chair commences speaking they shall be heard without interruption.

5 Quorum

5.1 No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least eight members who shall be the Chairman, two Executive Members and five others.

5.2 If a quorum is not present ten minutes after the time specified for the start of a meeting of the Board the Chair, subject to the business to be conducted, will determine if the meeting should continue and any decision ratified thereafter.

6 Human Rights

6.1 If the business before the Board involved the determination of a person’s individual civil rights and obligations, no member shall participate in the taking of a decision on an item of business unless they have been present during consideration of the whole item, including where the item of business was discussed at a previous meeting. (Article 6 of the European Convention of Human Rights.)

7 Order of Business

7.1 For ordinary meetings of the Board, the business shown on the agenda shall normally proceed in the following order:-
- Business determined by the Chair to be a matter of urgency by reason of special circumstances;
- Apologies for Absence;
- Declarations of Interest;
- Minute of Board Meeting;
- Matters Arising;
- General Business;
- Items for Noting
- Any Other Competent Business (items of which due notice has been given);

7.2 No item of business shall be transacted at a meeting of the Board, unless either:-
- It is included on the agenda which has been published in advance;
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances.
8  Order of Debate

8.1 Any Board Member wishing to speak shall indicate this by raised hand and, when called upon, shall address the Chair and restrict their remarks to the matter being discussed.

9  Time allowed for speaking during formal debate

9.1 The Chair is entitled to decide the time that members may be allowed to speak on any one issue.

10 Amendments

10.1 Following discussion of an item of business on the agenda a Member may seek an amendment to the recommendation(s). The Chairman and Chief Executive shall decide if that amendment is relevant and has merit. If the amendment is deemed to have merit, the recommendation(s) as set out in the paper and the amendment shall be read out and Board Members shall then consider both the recommendation and the amendment.

11 Voting

11.1 If a vote is required every question coming or arising before the Board shall be determined by a majority of the Members present and voting. Majority agreement may be reached by a consensus without a formal vote but at the request of a member a formal vote will be taken.

11.2 In the case of an equality of votes, the Chair shall have a second or a casting vote.

11.3 Where a formal vote is taken, this shall be done by a show of hands except:

- where the members present agree unanimously that it be taken by a roll call.
- where the members present resolve by simple majority that it be taken by secret ballot.

11.4 Immediately before any vote is taken, the question on which the vote is to be held shall be read out. Thereafter, no-one shall interrupt the proceedings until the result of the vote has been announced.

12 Conflict of Interest

12.1 If a Board Member, or associate of theirs, has any interest, direct or indirect, in any contract or proposed contract or other matter, they shall disclose the fact, and shall not take part in the consideration and discussion of the contract, proposed contract, or other matter or vote on any question with
respect to it.

12.2 The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by this regulation in any case in which it appears to them in the interests of the health service that the disability should be removed.

12.3 A member or associate of theirs shall not be treated as having an interest in any contract, proposed contract or other matter if the interest is so remote or insignificant that they cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

12.4 A member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A member should consider whether agendas for meetings raise any issue of declaration of interest. The declaration must be made as soon as practicable at a meeting where that interest arises. If the need for a declaration of interest is identified only when a particular matter is being discussed a member must declare the interest as soon as they realise it is necessary.

12.5 The oral declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words ‘I declare an interest’. The statement must be sufficiently informative to enable those at the meeting to understand the nature of the interest but need not give a detailed description of the interest.

13 Submission of Papers

13.1 Papers shall be submitted by the Directors or other Senior Managers when requested, or when, in the professional opinion of such an individual, a paper is required to enable compliance with any statute, regulation or Ministerial Direction, or other rule of law, or where the demands of the service under their control require. All papers must have a completed monitoring form.

13.2 Any paper to be submitted shall be provided not later than sixteen days prior to the meeting of the Board to the Corporate Business Manager. The Director of Finance should be consulted on all proposals with significant financial implications. No paper with significant financial implications should be presented at a meeting when this has not been done. Any observations by those Directors or other Senior Managers on matters within their professional remit shall be incorporated into the paper.

13.3 Only those papers which require a decision to be taken by the Board, or are necessary to enable the Board to discharge its business or exercise its monitoring role, will normally be included on the agenda. It shall be
delegated to the Corporate Business Manager in conjunction with the Chair to make the final determination on whether or not an item of business should be included on an Agenda.

13.4 All papers requiring decisions will be submitted in writing. Verbal reports will only be accepted in exceptional circumstances.

14 Alteration or revocation of previous decision

14.1 A decision shall not be altered or revoked within a period of six months from the date of such decision being taken.

14.2 Where the Chair rules that a material change of circumstances has occurred to such extent that it is appropriate for the issues to be reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from a recommendation to that effect by an Executive Member or other senior manager in a formal paper.

14.3 This does not apply to the progression of an issue on which a decision is required.

15 Suspension of Standing Orders

15.1 So far as it is consistent with any statutory provisions, any one or more of the Standing Orders may be suspended at any meeting, but only as regards the business at such meeting, provided that two-thirds of the members present so decide.

16 Admission of Public and Press

16.1 Members of staff, the public and representatives of the press will be admitted to ordinary meetings of the NHS Board but will not be permitted to take part in discussion.

16.2 The Board may exclude staff, the public and press while considering any matter that is confidential.

16.3 Members of staff, the public and representatives of the press admitted to the Board meeting shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board.

16.4 Members of staff, the public and press should leave when the Board meeting moves into reserved business.

17 Code of Conduct for Members

17.1 All those who are appointed as Members of the Board must comply with the
Code of Conduct for Members as incorporated into the Code of Corporate Governance and approved by the Scottish Executive.

17.2 For the purposes of monitoring compliance with the Code of Conduct for Members, the Corporate Business Manager has been designated Standards Officer.

17.3 Board Members having any doubts about the relevance of a particular interest should discuss the matter with the Corporate Business Manager.

17.4 Board Members should declare on appointment any material or relevant interest and such interests should be recorded in the Board Minute. Any changes should be declared and recorded when they occur. Interests shall also be entered into a register that is available to the public, details of which will be disclosed on the Board’s website. Arrangements for viewing the register shall also be publicised.

18 Suspension of Members from Meeting.

18.1 If any Board Member disregards the authority of the Chair, obstructs the meeting or, in the opinion of the Chair, acts in an offensive manner at a meeting, the Chair may suspend the Member for the remainder of the meeting.

18.2 A Member, who has been suspended in terms of this Standing Order, shall not re-enter the meeting room except with the consent of the Chair.

19 Minutes, Agendas and Papers

19.1 The Corporate Business Manager is responsible for ensuring that a Minute of the proceedings of a meeting of the Board, including any decision or resolution made at that meeting, shall be drawn up. The Minute shall be submitted to the next meeting of the Board for approval by Members as a record of the meeting subject to any amendments proposed by Members and shall be signed by the person presiding at that meeting. The same shall apply to the Lead of each Committee.

19.2 The names of Members present at a meeting of the Board shall be recorded in the Minute, together with the apologies for absence from any member. Apologies should be advised by telephone or e-mail to the Corporate Business Manager and a record of attendance shall be kept.

19.3 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created it should be assumed that what is recorded will be made available to the public. The Minute of the Board Meeting, once approved,
shall be placed on the Board’s intranet and website.

19.4 The contents of a Minute will depend upon the purpose of the meeting. If the meeting agrees actions they will be recorded and include
- A description of the task, including any phases and reporting requirements;
- The person accepting responsibility to undertake the task;
- The time limits associated with the task, its phases and agreed reporting.

19.5 The Board agenda should normally be divided into two sections:
- Open Business, where there would be no issue about the release of information; and
- Private Business, where access is restricted and where information would not be routinely released.

19.6 There will be circumstances where some information is not appropriate for inclusion in the Minute of a meeting. The basis for exclusion will rely on the Exemptions specified in the Freedom of Information (Scotland) Act 2002.

In these circumstances, the information should be excluded from the Minute and placed in a separate document. The separate document, Private Minute, should be referred to in the Minute.

The Private Minute will be clearly marked and the exemption being relied upon will be recorded against each item recorded in the Private Minute.

19.7 Consideration will have to be given to recording individual items of Private Business separately where there are timing issues. Some information will be sensitive for longer than other information or may not be suitable for publication at all. For example, some policy decisions might be sensitive while they are being considered, but that sensitivity declines once the decision is announced. Information relating to security arrangements may remain sensitive for many years. There will be some Private Business that will remain confidential indefinitely, such as information on individual disciplinary matters etc.


20.1 All the exceptions operate in different ways, and when applying the individual exemptions, we may need to consider the following factors:
- The content of the information;
- The effect that disclosure would have;
- The source of the information;
- The purpose for which the information was recorded.
The Act also recognises that the disclosure of certain categories of information may, at the time of the request, be harmful to the wider public interest, for example:

- Where disclosure might be harmful to an important public interest, such as national security or international relations;
- Where disclosure is prohibited by statute;
- Where responding to the request might involve providing personal information;
- Where disclosure might breach a duty of confidentiality.

Because the Act strikes a balance between different and important interests, a decision to withhold or release information will require careful consideration. Access to information legislation is about providing the framework within which decisions can be made on where the balance of public interest lies on the release or withholding of information on the merits of each case. The Act contains a number of exemptions to the general right of access. The exemptions ensure that decisions to release or withhold information are taken with the interest of the public as a whole firmly to the fore.

There are two types of exemption under the Freedom of Information (Scotland) Act 2002.

**Absolute Exemptions:** if an absolute exemption applied, there is no obligation under the Act to consider the request for information further.

**Qualified Exemptions:** are subject to the public interest test. Qualified exemptions do not justify withholding information unless following a proper assessment the balance of the public interest comes down against disclosure.

20.2 Further information on Absolute and Qualified Exemptions can be obtained from the Corporate Business Manager whose remit includes Freedom of Information.

21 **Records Management**

21.1 Under the Freedom of Information (Scotland) Act 2002, NHS Dumfries and Galloway must have comprehensive records management systems and process in place.

The management, retention and disposal of administrative records are set out in the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012.
Section A:

3: How Committees and Committee meetings must be organised

How Committees and Committee meetings must be organised

This section regulates how the meetings and proceedings of the Committees of the Board will be organised and continues the ‘Standing Orders’.

1 Establishing Committees

1.1 The Board shall create such Committees, as are required by statute, guidance and regulation and Ministerial direction and as are necessary for the economical, efficient and effective governance of its business.

1.2 The Board shall delegate to such Committees those matters it considers appropriate. The matters delegated shall be set out in the Terms of Reference of those Committees.

2 Process for the Appointment of Non Executive Members and Chairs to Board Committees

2.1 Chair of a Board Committee will be by invitation of the Board Chair. The invitation shall be made in writing and will be for a period of two years. In the case of Members of the Board this shall be dependent upon their continuing membership of the Board.

2.2 Membership of Board Committees will be by invitation of the Board Chair. The invitation shall be made in writing.

2.3 By virtue of their appointment the Chair of the Board is an ex officio member of all Committees except the Audit Committee.

3 Duties of Chair of a Committee

3.1 At every meeting of a Committee the Chair shall preside. If the Chair is absent the Members present shall select a Non Executive Member to act as Chair for that meeting.

3.2 It shall by the duty of the Chair

- to ensure that Standing Orders are observed and to facilitate a culture of transparency, consensus and compromise;
- to preserve order and ensure that any member wishing to speak is given due opportunity to do so;
- to call members to speak according to the order in which they caught their attention; and
• to decide all matters of order, competence and relevance.

3.3 The Lead Director or Committee Support Officer shall draw the attention of the Chair to any apparent breach of the terms of these Standing Orders.

3.4 Deference shall at all times be paid to the authority of the Chair. When the Chair commences speaking they shall be heard without interruption.

4 Membership

4.1 Any Committee, shall include at least one Non Executive Member of the Board, and may include persons, who are co-opted, and may consist wholly or partly of Members of the Board.

4.2 In determining the membership of Committees, the Board shall have due regard to its role, remit and accountability requirements. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:

• Audit Committee – Chair of the Board
• Remuneration Sub Committee – any Executive Member

4.3 The Chair of the Board has the power to vary the membership of Committees at any time provided that:

• In any case this is not contrary to statute, regulation or Direction by Scottish Ministers;
• Each Member of the Board is afforded proper opportunity to serve on Committees

4.4 The person appointed as Chair of Committee shall usually be a Non Executive Member of the Board and only in exceptional circumstances shall the Chair of the Board appoint a Chair of a Committee who is not a Non Executive Member, such circumstances will be recorded appropriately.

4.5 Casual vacancies occurring in any Committee shall be filled as soon as possible by the Chair of the Board after the vacancy takes place.

5 Membership of Committees due to office held

Dumfries and Galloway NHS Board Chair
All Committees except Audit Committee

Employee Director
Staff Governance Committee
Remuneration Sub Committee

Chair of the Area Clinical Forum
Healthcare Governance Committee

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6 Calling and Notice of Meetings of Committees

6.1 Committee meetings shall be held in accordance with the timetable approved annually.

6.2 The Chair of a Committee may call a meeting of that Committee at any time or when required to do so by the Board.

6.3 Before a Committee meeting a notice (agenda and papers) specifying the time, place and business to be transacted, shall be delivered to every member of the Committee or sent by post to the home of every member of the Committee or sent by e-mail if requested.

6.4 Lack of service of the notice on any Member shall not affect the validity of a meeting.

6.5 Special meetings of Committees shall be held on the dates and times that the Chairs of those Committees determine. A special meeting of a Committee shall only consider the business requested.

6.6 It is within the discretion of the Chair of any Committee to cancel, advance or postpone an ordinary meeting if there is a good reason for doing so.

7 Functioning of Committee

7.1 An Executive Member or another specified Lead Officer and a Committee Support Officer shall be appointed to support the functioning of each Committee.

7.2 Committees may seek the approval of the Board to appoint Sub-Committees for such purposes as may be necessary.

7.3 An Executive Member or another specified Lead Officer and a Committee Support Officer shall be appointed to support the functioning of each Sub-Committee.

7.4 Where the functions of the Board are being carried out by Committees, the membership, including those co-opted members who are not members of the Board, is deemed to be acting on behalf of the Board.

7.5 During intervals between meetings of Committees, the Chair of a Committee shall, in conjunction with the Chief Executive and the Lead Officer concerned, have powers to deal with matters of urgency which fall within the terms of reference of the Committee and require a decision which would normally be taken by the Committee. All decisions so taken shall be reported to the next full meeting of the relevant Committee. It shall be for
the Chair of the Committee, in consultation with the Chief Executive and Lead Officer concerned, to determine whether a matter is urgent in terms of this Standing Order.

8 Minutes

8.1 The Minute of each Committee of the Board shall be submitted as soon as is practicable to an ordinary meeting of the Board for information and for the consideration of any recommendations having been made by the Committee concerned.

8.2 The Minute of each Committee shall also be submitted to the next meeting for approval as a correct record and signed by the Chair.

8.3 Minutes of the proceedings at a meeting of a Special Committee shall be made but these proceedings may be reported to the Board or to any Committee of the Board either by the Minute or in a report from the Special Committee as may be considered appropriate.

9 Frequency of Meetings

9.1 The Committees of the Board shall meet no fewer than four times a year.

10 Delegation

10.1 Each Committee shall have delegated authority to determine any matter within its role and function.

10.2 Committees shall conduct their business within their role and function, and in exercising their authority, shall do so in accordance with the following provisions. However, in relation to any matter either not specifically referred to in the role and function, or in this Standing Order, it shall be competent for the Committee, whose remit the matter most closely resembles, to consider such matter and to make any appropriate recommendations to the Board.

10.3 Committees must conduct all business in accordance with NHS Dumfries and Galloway policies and the Code of Corporate Governance.

10.4 The Board may deal with any matter falling within the role and function of any Committee without the requirement of receiving a report or Minute of that Committee referring to that matter.

10.5 The Board may at any time, vary, add to, restrict or recall any reference or delegation to any Committee. Specific direction by the Board in relation to the remit of a Committee shall take precedence over the terms of any provision in the role and function.
10.6 If a matter is of common or joint interest to a number of Committees, and is a delegated matter, no action shall be taken until all Committees have considered the matter.

10.7 In the event of a disagreement between Committees in respect of any such proposal or recommendation, which falls within the delegated authority of one Committee, the decision of that Committee shall prevail. If the matter is referred but not delegated to any Committee, a report summarising the views of the various Committees shall be prepared by the appropriate Director or Senior Manager and shall appear as an item of business on the agenda of the next convenient meeting of the Board.

11 Committees

a) Audit and Risk Committee
b) Healthcare Governance Committee
c) Performance Committee
d) Staff Governance Committee
e) Remuneration Sub Committee
f) Community Health and Social Care Partnership Board
g) Area Drug and Therapeutics Committee
h) Pharmacy Practices Committee
i) Public Health Committee

12 Non Executive Membership

12.1 Each Committee will have a minimum number of Non Executive Members which includes those Non Executive Members who are members due to the office they hold.

- Audit and Risk Committee 5
- Community Health and Social Care Partnership Board 5
- Consultant Appointments Committee 1
- Healthcare Governance Committee 5
- Pharmacy Practices Committee 1
- Performance Committee 5
- Public Health Committee 5
- Remuneration Sub Committee 5
- Staff Governance Committee 5

13 Quorum

13.1 The number of Non Executive Members required for the Committees to be quorate is advised in the Terms of Reference of each Committee.
13.2 The quorum for Committees shall be as follows:

<table>
<thead>
<tr>
<th></th>
<th>Committee Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Audit and Risk Committee</td>
<td>Chair and two members.</td>
</tr>
<tr>
<td>b.</td>
<td>Healthcare Governance Committee</td>
<td>Four members including the Chair, two Non Executive Members and one Lay Member.</td>
</tr>
<tr>
<td>c.</td>
<td>Performance Committee</td>
<td>Four members including the Chair, two Non Executive Members and one Executive Member.</td>
</tr>
<tr>
<td>d.</td>
<td>Staff Governance Committee</td>
<td>Four members including the Chair.</td>
</tr>
<tr>
<td>e.</td>
<td>Remuneration Sub Committee</td>
<td>Four members including the Chair.</td>
</tr>
<tr>
<td>f.</td>
<td>Community Health and Social Care Partnership Board</td>
<td>Three Elected Members and three NHS members including the Chief Executive.</td>
</tr>
<tr>
<td>g.</td>
<td>Area Drug and Therapeutics Committee</td>
<td>Six members.</td>
</tr>
<tr>
<td>h.</td>
<td>Pharmacy Practices Committee</td>
<td>Five members including one non-contractor pharmacist, one contractor pharmacist and two Lay Members.</td>
</tr>
<tr>
<td>i.</td>
<td>Public Health Committee</td>
<td>Three members, including the chair, two of whom shall be non executive members.</td>
</tr>
</tbody>
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14 Role and Function

a) Audit and Risk Committee

The Audit Committee shall gain assurance that risk and change in risk is being monitored and

- Approve the strategic processes for risk, control and governance and the Statement on Internal Control;
- Monitor financial risk management to the Audit Committee.
- Approve changes to Standing Financial Instructions.
- Approve changes to bank account signatories.
- Consider a risk register at each meeting and the Corporate Risk Register at least once a year.
- Gain assurance that financial risk and change in risk are being monitored.
- Oversee the Board’s Internal Control Systems and financial risk by means of:
  - Reviewing the Board’s systems of Internal Control;
  - Evaluating the environment, in which, the internal controls work; and
  - Evaluating the decision making process of the Board.
- Keep under review the role, function and performance of the Board’s Internal Audit service, by means of:
o Regular review of the Internal Audit Strategy and Plan;
o Receiving copies of all Limited Assurance Internal Audit reports;
o Reviewing action taken by the Chief Executive and others on audit recommendations and;
o Reviewing the annual report of the Chief Internal Auditor.

- Keep under review the External Audit arrangements, by means of:
o Reviewing the external audit strategy and plan;
o Holding discussions at appropriate intervals with external auditors; and
o Reviewing the external audit management letters on annual accounts.

- Keep under review and monitor adherence to the Board’s Standing Financial Instructions and Standing Orders, by means of:
o Reviewing all proposed changes to Standing Financial Instructions and Standing Orders;
o Examining the circumstances associated with each occasion when Standing Orders are waived or Standing Financial Instructions set aside, and;
o The accounting policies, the accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified and management’s letter of representation to the external auditors; and
o Anti-fraud policies, whistle blowing processes and arrangements for special investigations.

b) Healthcare Governance Committee

The Healthcare Governance Committee shall provide assurance to the Board that appropriate systems and structures are in place to effectively manage:

- clinical governance;
- non-financial risk management;
- external audit performance review (clinical);
- healthcare acquired infection;
- patient feedback (including complaints);
- adverse incidents;
- patient safety;
- quality improvement;
- public protection; and
- information governance / assurance.

The Healthcare Governance Committee will have the following groups / committees reporting to it:

- Infection Control Committee
- Blood Transfusion Committee
- Quality and Patient Safety Leadership Group
- Healthcare Scientist Forum

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• Health Child Protection Committee
• Health Adult Support and Protection Committee
• Board Donation Committee
• Resuscitation Committee
• Information Governance / Assurance Committee

The Healthcare Governance Committee will not consider operational matters relating to these activities but will receive regular reports highlighting areas of risk and actions being taken to address these.

The Healthcare Governance Committee will also review major reports into NHS system failings to identify the implications for locally provided services and to endorse action plans for correcting any perceived deficiencies. The Committee will then monitor progress.

c) Performance Committee

The Performance Committee will look in detail at
• Plans to achieve financial balance
• Revenue & Capital Plans
• Performance against Local Delivery Plan / HEAT targets;
• Outcomes from Board investment decisions;
• Achievement of Efficiency targets;
• Board’s Strategic Plans including ‘Putting You First’.

In addition the Committee has a specific role in relation to the Acute Services Redevelopment Project being procured through the Non Profit Distributing financing model, in accordance with the updated Scheme of Delegation March 2012.

d) Staff Governance Committee

The Staff Governance Committee shall
• agree, monitor and review objectives to improve the standards of Staff Governance in the light of national and local priorities together with the results of the Staff Survey and the Staff Governance Action Plan
• ensure appropriate structures and processes are in place in relation to Staff Governance matters to provide assurance to the Board
• oversee the development, delivery and monitoring of the Staff Governance elements of the Local Delivery Plan
• exercise delegated authority on behalf of Dumfries & Galloway NHS Board for matters relevant to the Committee’s role and remit
• ensure there is adequate communications between the Committee Partnership arrangements and staff to support delivery of the Staff Governance Standards

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• hold a bi-annual forum in conjunction with Area Partnership Forum to support developments and achievements in Staff Governance Standards and stimulate engagement by Staff in Corporate Goals and Objectives

The Staff Governance Committee will have the following groups / committees reporting to it

• Remuneration Sub Committee

e) Remuneration Sub Committee

The Remuneration Sub Committee shall:

• agree all the terms and conditions of employment of Executive Directors, including
  ➢ job description
  ➢ job evaluation
  ➢ terms of employment
  ➢ basic pay
  ➢ performance pay and bonuses (individual and team)
  ➢ benefits (including pension, removal arrangements and cars)

• agreeing objectives and performance ratings annually in accordance with SGH&SCD direction

• ensuring that effective arrangements are in place for carrying out the above functions in respect of all other senior officers

• conducting a regular review of the board’s policy for the remuneration and performance assessment of Executive Directors and other Senior Managers in the light of guidance issued by the SGHD

• approve the arrangements to award discretionary points and or bonuses to any staff groups with entitlements

f) Community Health and Social Care Partnership Board

The Community Health and Social Care Partnership Board shall:

• Ensure that the provision of Community Health and Social Care Services contributes to the delivery of the priorities of both organisations and as agreed and set out in the Community Plan, Corporate Plan and Single Outcome Agreement.

• Meet statutory responsibilities of both the NHS and the Council.

• Meet national policy objectives in a local context.

• Deliver outcomes which support and improve the health, wellbeing and ability to live independently, according to their aspirations, of those requiring Community Health and Social Care Services.

• Ensure that the Partnership is planning for the future demands arising from demographic challenges and changes in the expectations of service users and their carers.

• Ensure that services are delivered in an equitable manner, address
inequalities and meet the needs of Dumfries and Galloway’s rural and dispersed population.

- Ensure sound financial management and Best Value.
- Ensure the joint vision and any future developments in services is supported by effective involvement and consultation with relevant stakeholders, particularly those people who use services or may use services in the future and their carers. The current standards for Community Engagement will underpin joint service planning and delivery.

g) Area Drug and Therapeutics Committee

The Area Drug and Therapeutics Committee shall:
- Manage the introduction of new drugs
- Reduce inequalities in access to medicines
- Agree, set and manage prescribing budgets in primary and secondary care with input from the Primary and Community Care Management Group and the Hospital Management Group
- Improve access to medicines
- Improve the use of medicines
- Improve outcomes
- Minimise harm from medicines
- Reduce waste
- Review service delivery

The Area Drug and Therapeutics Committee will have the following groups / committees reporting to it:
- Exceptional Prescribing Panel
- The Prescribing Support Team
- The Antibiotic Management Team

h) Pharmacy Practices Committee

The Pharmacy Practices Committee shall:
- Consider, on behalf of the Board, a competent application from person(s) seeking to establish a new pharmacy within the Board’s area
- Consider a new Pharmacy Contract

i) Public Health Committee

The Public Health Committee shall provide assurance to the NHS Board, patients, public, clinical staff and managers that colleagues work to ensure public health policies:
- address health inequalities at a local level;
- support early intervention as set out in Scottish Government policy, for example ‘Equally Well’, ‘Early Years Framework’, ‘Achieving our

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Potential;

• give every child the best start in life and promote the best possible health and wellbeing;
• older and vulnerable adults will be supported to improve their health;
• build individual and community resilience; and
• protect and sustain our environment and promote Dumfries and Galloway as a carbon neutral region.
Section A:

Annex 1:

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001
2001 No. 302

NATIONAL HEALTH SERVICE

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001

Made 6th September 2001
Laid before the Scottish Parliament 7th September 2001
Coming into force 28th September 2001

ARRANGEMENT OF REGULATIONS

PART I
GENERAL

1. Citation, commencement and interpretation

PART II
MEMBERSHIP

2. Appointment and term of office
3. University members
4. Remuneration of members
5. Resignation and removal of members
6. Disqualification
7. Appointment and powers of vice-chairperson

PART III
PROCEEDINGS

8. Meetings and minutes
9. Standing orders
10. Appointment and functions of committees
11. Conflict of interest
PART IV
MISCELLANEOUS

12. Revocations

SCHEDULE: Meetings and proceedings of the Board and committees

The Scottish Ministers, in exercise of the powers conferred by sections 2(10), 105(7) and 108(1) of, and by paragraphs 2A, 4, 6 and 11 of Schedule 1 to the National Health Service (Scotland) Act 1978(a), and of all other powers enabling them in that behalf, hereby make the following Regulations:

PART I
GENERAL

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 and shall come into force on 28th September 2001.

(2) In these Regulations, unless the context otherwise requires—
   “the 1997 Act” means the National Health Service Act 1977(b);
   “the Act” means the National Health Service (Scotland) Act 1978;
   “Board” means a Health Board constituted under section 2(1) of the Act;
   “the Charity Commissioners” means the Charity Commissioners constituted in accordance with section 1 of the Charities Act 1993(c);
   “Chief Officer” means the person or persons holding the post of Chief Executive;
   “committee” means a committee of a Board and includes “sub-committee”
   “contract” includes any arrangement including a NHS contract;
   “health service body” means a person or body specified in section 17A(2) of the Act(d);
   “meeting” means a meeting of the Board or of any committee;
   “member” means a member of a Board and includes the chairperson;
   “NHS trust” means a National Health Service trust established under section 12A of the Act(e).

(3) A reference in these Regulations to a numbered regulation is to the regulation bearing that number in these Regulations and a reference in a regulation to a numbered paragraph is to the paragraph bearing that number in that regulation and a reference to the Schedule is to the Schedule to these Regulations.

(a) 1978 c.29; section 105(7), which was amended by the Health Services Act 1980 (c.53) (“the 1980 Act”), Schedule 6, paragraph 5(1)(a) and Schedule 7 and by the Health and Social Services and Social Security Adjudications Act 1983 (c.41) (“the 1983 Act”), Schedule 9, paragraph 34, contains provisions relevant to the exercise of the statutory powers under which these Regulations are made; section 105(1) contains definitions of “prescribed” and “regulations” relevant to the exercise of the statutory powers under which these Regulations are made; paragraph 3A of Schedule 1 was inserted by the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), Schedule 5, paragraph 2; paragraph 4 of Schedule 1 was amended by the 1990 Act, Schedule 5, paragraph 3, and paragraph 11 of Schedule 1 was amended by the 1980 Act, Schedule 6, paragraph 7 and Schedule 7 and by the 1990 Act, Schedule 5, paragraph 7. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

(b) 1977 c.49.

(c) 1993 c.10.

(d) Section 17A(2) was inserted by the 1980 Act, section 30 and amended by the Health Act 1999 (c.8), Schedule 1.

(e) Section 17A was inserted by the 1990 Act, section 31 and amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 46 and by the Health Act 1999 (c.8), sections 46 and 48 and Schedule 4, paragraph 45.
PART II
MEMBERSHIP

Appointment and term of office

2.—(1) All members shall be appointed by the Scottish Ministers.

(2) The term of office of the members shall, subject to regulation 5, be for such period as the Scottish Ministers shall specify on making the appointment.

(3) After the expiration of a term of office a member shall, subject to regulation 6, be eligible for re-appointment.

University members

3. For the purposes of paragraph 2A of Schedule 1 to the Act(a) the Boards in which at least one of the persons appointed to be chairperson or a member must hold a post in a university with a medical or dental school are the Boards in Grampian, Greater Glasgow, Lothian and Tayside.

Remuneration of members

4. Remuneration may be paid, in accordance with such determination as may be made by the Scottish Ministers, under paragraph 4 of Schedule 1 to the Act(b), to the chairperson, a member appointed under paragraph 2A of Schedule 1 to the Act holding a post in a university and any of the other members, except any members holding the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Resignation and removal of members

5.—(1) A member may resign office at any time during the period of appointment by giving notice in writing to the Scottish Ministers to this effect.

(2) If the Scottish Ministers consider that it is not in the interests of the health service that a member of a Board should continue to hold that office they may forthwith terminate that person's appointment.

(3) If a member has not attended any meeting of the Board, or of any committee of which they are a member, for a period of six consecutive months, the Scottish Ministers shall forthwith terminate that person's appointment unless the Scottish Ministers are satisfied that—

(a) the absence was due to illness or other reasonable cause; and

(b) the member will be able to attend meetings within such period as the Scottish Ministers consider reasonable.

(4) Where a member who was appointed for the purposes of paragraph 2A of Schedule 1 to the Act ceases to hold the post in a university with a medical or dental school, which was held at the time of appointment for those purposes, the Scottish Ministers may terminate the appointment of that person as a member.

(5) Where any member becomes disqualified in terms of regulation 6 that member shall forthwith cease to be a member.

Disqualification

6.—(1) Subject to paragraphs (2) and (3), a person shall be disqualified for being a member, if—

(a) they have, within the period of five years immediately preceding the proposed date of appointment, been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;

(b) their estate has been sequestrated in Scotland or they have otherwise been adjudged bankrupt elsewhere than in Scotland, they have granted a trust deed for the benefit of

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(a) Paragraph 2A was inserted by the 1990 Act, Schedule 5, paragraph 2.
(b) Paragraph 4 was amended by the 1990 Act, Schedule 5, paragraph 3.
their creditors or entered into any arrangement with their creditors, or a curator bonis or judicial factor has been appointed over their affairs;

(c) they have resigned or been removed or been dismissed, otherwise than by reason of redundancy, from any paid employment or office with a health service body;

(d) they are a person whose appointment as the chairperson, member or director of a health service body has been terminated other than by the expiration of their term of office;

(e) they are a chairperson, member, director or employee of a health service body;

(f) they have had their name removed, by a direction under section 29 of the Act(a), from any list prepared under Part II of the Act and have not subsequently had their name included in such a list;

(g) they are a person whose name has been included in any list prepared under Part II of the Act, and whose name has been withdrawn from the list on their own application;

(h) they have had their name removed, by a direction under section 46 of the 1977 Act(b) from any list prepared under Part II of the 1977 Act and have not subsequently had their name included in such a list;

(i) they are a person whose name has been included in any list prepared under Part II of the 1977 Act, and whose name has been withdrawn from the list on their own application;

(j) they are a person who is subject to a disqualification order under the Company Directors Disqualification Act 1986(c); or

(k) they are a person who has been removed from the position of trustee of a charity, whether by the court or by the Charity Commissioner.

(2) For the purpose of paragraph (1)–

(a) the disqualification attaching to a person whose estate has been sequestrated shall cease if and when–

(i) the sequestration of their estate is recalled or reduced; or

(ii) the sequestration is discharged;

(b) the disqualification attaching to a person by reason of their having been adjudged bankrupt shall cease if and when–

(i) the bankruptcy is annulled; or

(ii) they are discharged;

(c) the disqualification attaching to a person in relation to whose estate a judicial factor has been appointed shall cease if and when–

(i) that appointment is recalled; or

(ii) the judicial factor is discharged;

(d) the disqualification attaching to a person who has granted a trust deed or entered into an arrangement with their creditors shall cease if and when that person pays their creditors in full or on the expiry of five years from the date of their granting the deed or entering into the arrangement.

(3) The Scottish Ministers may direct that in relation to any individual person or Board any disqualification so directed shall not apply in relation thereto.

(4) For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

Appointment and powers of vice-chairperson

7.—(1) For the purpose of enabling the business of a Board to be conducted in the absence of the chairperson, each Board shall appoint a member who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust to be vice-chairperson and any person so appointed shall, so long as they remain a member of the Board, hold office as vice-chairperson for such period as the Board may decide.

(a) Section 29 was amended by the Health and Social Security Act 1984 (c.46), Schedule 8 and by the National Health Service (Amendment) Act 1995 (c.31), section 7 and the Schedule.

(b) Section 46 was amended by the Health Authorities Act 1995 (c.17), Schedule 1 and the National Health Service (Amendment) Act 1995 (c.31), sections 1, 2 and 3.

(c) 1986 c.46.
(2) Any member so appointed may at any time resign from the office of vice-chairperson by giving notice in writing to the chairperson and the members may appoint another member as vice-chairperson in accordance with paragraph (1).

(3) Where the chairperson of a Board has died or has ceased to hold office of where that person has been unable to perform their duties as chairperson owing to illness, absence from Scotland or any other cause, the vice-chairperson shall take the place of the chairperson in the conduct of the business of the Board and references to the chairperson shall, so long as there is no chairperson able to perform their duties, be taken to include references to the vice-chairperson.

PART III
PROCEEDINGS

Meetings and minutes

8.—(1) The meetings and proceedings of the Board shall be conducted in accordance with standing orders made pursuant to regulation 9.

(2) At every meeting of a Board, the chairperson, if present, shall preside.

(3) If the chairperson is absent from any meeting, the vice-chairperson, if present, shall preside, and if the chairperson and vice-chairperson are both absent, the members present at the meeting shall elect from among themselves a person, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, to act as chairperson for that meeting.

(4) All acts of, and all questions coming and arising before, a Board shall be done and decided by a majority of the members of the Board present and voting at a meeting of the Board and, in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote.

(5) The proceedings of a Board or of any committee shall not be invalidated by any vacancy in its membership or by any defect in the appointment of any member of such committee.

Standing orders

9.—(1) Subject to paragraph (2) and to such directions as may be given by the Scottish Ministers, each Board shall make, and may vary and revoke, standing orders for the regulation of the procedure and business of the Board and of any committee.

(2) Standing Orders under paragraph (1) should include the matters set out in the Schedule.

Appointment and functions of committees

10.—(1) A Board may, and if so directed by the Scottish Ministers shall, appoint committees for such purposes as the Board may determine, subject to such restrictions or conditions as the Board may think fit, or as the Scottish Ministers may direct.

(2) Any committee, but not including any sub-committee, appointed under paragraph (1) shall include at least one member of the Board and may include persons, including trustees of a NHS trust, who are co-opted, and may consist wholly or partly of members of the Board.

(3) Any sub-committee appointed under paragraph (1) may include persons who are co-opted and may consist wholly or partly of members of the Board or wholly of persons who are not members of the Board.

Conflict of interest

11.—(1) Subject to such exceptions and qualifications as may, with the approval of the Scottish Ministers, be specified in standing orders, if a member, or associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract (not being a contract for the provision of any of the services mentioned in Part II of the Act) or other matter, and that member is present at a meeting of the Board or of a committee at which the contract or other matter is the subject of consideration, they shall at the meeting, and as soon as practicable after its
commencement, disclose the fact, and shall not take part in the consideration and discussion of, the contract, proposed contract or other matter or vote on any question with respect to it.

(2) The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by this regulation in any case in which it appears to them in the interests of the health service that the disability should be removed.

(3) Any remuneration, compensation or allowances payable to a chairperson or other member by virtue of paragraphs 4, 5 or 13 of Schedule 1 to the Act shall not be treated as a pecuniary interest for the purpose of this regulation.

(4) A member shall not be treated as having an interest in any contract, proposed contract or other matter by reason only that they, or an associate of theirs, has an interest in any company, body or person which is so remote or insignificant that they cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

(5) This regulation applies to a committee as it applies to the Board and applies to any member of any such committee (whether or not they are also a member of the Board) as it applies to a member of the Board.

(6) For the purposes of this regulation, the word "associate" has the meaning given by section 74 of the Bankruptcy (Scotland) Act 1985(a).

PART IV
MISCELLANEOUS

Revocations

12. The following Regulations are hereby revoked:--
(a) the Health Boards (Membership and Procedure) (No. 2) Regulations 1991(b)
(b) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993(e)
(c) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998(d)
(d) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999(e).

SUSAN C DEACON
A member of the Scottish Executive

St Andrew's House,
Edinburgh
6th September 2001

(a) 1985 c.66. Section 74 was amended by the Bankruptcy (Scotland) Regulations 1985 (S.I. 1985/1925), regulation 11.
(b) S.I. 1991/809.
(c) S.I. 1993/1615.
(d) S.I. 1998/1459.
(e) S.I. 1999/132.
SCHEDULE

MATTERS TO BE INCLUDED IN STANDING ORDERS REGULATING MEETINGS AND PROCEEDINGS OF THE BOARD AND COMMITTEES

Calling meetings

1.—(1) The first meeting of the Board shall be held on such day and at such place as may be fixed by the chairperson and that person shall be responsible for convening the meeting.

(2) The chairperson may call a meeting of the Board at any time and the chairperson of a committee may call a meeting of that committee at any time or and shall call a meeting when required to do so by the Board.

(3) If the chairperson refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of members, has been presented to the chairperson or if, without so refusing, the chairperson does not call a meeting within 7 days after such requisition has been presented, those members who presented the requisition may forthwith call a meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

Notice of Meetings

2.—(1) Before each meeting of the Board, a notice of the meeting, specifying the time, place and business proposed to be transacted at it and signed by the chairperson, or by a member authorised by the chairperson to sign on that person's behalf, shall be delivered to every member or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting.

(2) Lack of service of the notice on any member shall not affect the validity of a meeting.

(3) In the case of a meeting of the Board called by members in default of the chairperson, the notice shall be signed by those members who requisitioned the meeting in accordance with paragraph 1(5).

Conflict of interests

3.—(1) A member shall be excluded from a meeting of the Board or committee in accordance with regulation 11 while any contract, proposed contract, or other matter in which they or an associate of theirs has an interest is under consideration.

(2) The exceptions and qualifications referred to in regulation 11(1) shall be specified.

Quorum

4. No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least one third of the whole number of members including at least two members who do not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Conduct of meetings

5.—(1) At any meeting of a committee the chairperson of that committee, if present, shall preside.

(2) If both the chairperson and vice-chairperson (if any) are absent from a meeting of the Board a member, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, chosen at the meeting by the members present shall preside.

(3) If both the chairperson and vice-chairperson (if any) of a committee are absent from a meeting of that committee a member of the committee chosen at the meeting by the other members present shall preside.
(4) If it is necessary or expedient to do so a meeting may be adjourned to another day, time and place.

Voting

6. Every question at a meeting shall be determined by a majority of the votes of the members present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

Records

7.-(1) The names of the members present at a meeting shall be recorded.

(2) The minutes of the proceedings of a meeting including any decision or resolution made at that meeting shall be drawn up and submitted to the next ensuing meeting for agreement after which they will be signed by the person presiding at that meeting.

Suspension and disqualification

8. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations supersede and revoke the Health Boards (Membership and Procedure) (No. 2) Regulations 1991 ("the 1991 Regulations") and their amendments, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998 and the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999.

The Regulations, make provision in relation to Boards established under the National Health Service (Scotland) Act 1978 as to the membership and procedure of these Boards.

Regulation 2 makes provision with regard to the terms of office of members of Boards and regulation 3 makes provision for those Boards which must have at least one member who holds a post in a University with a medical or a dental school.

Regulation 4 deals with the remuneration of the members of Boards and regulation 5 with their resignation and removal from office.

Regulation 6 provides for the circumstances in which a person may be disqualified from membership of a Board. Regulation 7 deals with the appointment of a vice-chairperson of committees and sub-committees of Boards.

In Part III there are various provisions with regard to procedure including provisions as to the meetings of the Boards. Regulation 9 makes provision for standing orders regulating the procedure of meetings of Boards and of committees and sub-committees. Regulation 10 makes provision about the appointment and functions of committees. Regulation 11 makes provision with regard to conflict of interest.

Regulation 12 revokes the 1991 Regulations and all amending instruments as mentioned above which provided for membership and procedure of Boards referred to above.

The Schedule sets out the detail of the matters that must be included in the standing orders made pursuant to regulation 9.
2001 No. 302

NATIONAL HEALTH SERVICE

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001
Section B

Members Code of Conduct
## Code of Conduct

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to the Code of Conduct</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Appointment to the Boards of Public Bodies</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Guidance on the Code of Conduct</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Enforcement</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Key Principles of the Code of Conduct</td>
<td>45</td>
</tr>
<tr>
<td>3</td>
<td>General Conduct</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Relationship with Employees of Dumfries and Galloway NHS Board</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Relationship with Board Members and Employees of the Public Body</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Remuneration, Allowances and Expenses</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Bribery</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Gifts and Hospitality</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Confidentiality Requirements</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Use of Public Body Facilities</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Appointment to Partner Organisations</td>
<td>49</td>
</tr>
<tr>
<td>4</td>
<td>Registration of Interests</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Category One: Remuneration</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Category Two: Related Undertakings</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Category Three: Contracts</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Category Four: Houses, Land and Buildings</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Category Five: Interest in Shares and Securities</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Category Six: Gifts and Hospitality</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Category Seven: Non Financial Interests</td>
<td>52</td>
</tr>
</tbody>
</table>

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Section 5:  *Declaration of Interests*  

- General  
- Interests which Require Declaration  
- Your Financial Interests  
- Your Non-Financial Interests  
- The Financial Interests of Other Persons  
- The Non-Financial Interests of Other Persons  
- Making a Declaration  
- Frequent Declaration of Interests  
- Dispensations  
- Effect of Declaration  

Section 6:  *Lobbying and Access to Members of Public Bodies*  

- Introduction  
- Rules and Guidance  

**Annexes**  

**Annex A**  *Sanctions Available to the Standards Commission for Breach of Code*  

**Annex B**  *Definitions*
Section 1  Introduction to the Code of Conduct

1.1  The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties for Dumfries and Galloway Health Board. You must meet those expectations by ensuring that your conduct is above reproach.

1.2  The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for new Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland to oversee the new framework and deal with alleged breaches of the codes.

1.3  The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. This Model Code for members was first introduced in 2002 and has now been revised following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

1.4  As a member of a public body, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Model Code of Conduct.
Appointments to the Boards of Public Bodies

1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board (if appropriate) will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.

1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Code of Conduct

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the Board. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.
Enforcement

1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and the sanctions that shall be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in Annex A. Special provisions apply in respect of employee and ex-officio members of the Board.

Section 2 Key Principles of the Code of Conduct

2.1 The general principles upon which this Code of Conduct are based are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that Dumfries and Galloway Health Board uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests
relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership**
You have a duty to promote and support these principles by leadership and example, to maintain and strengthen the public’s trust and confidence in the integrity of the public body and its members in conducting public business.

**Respect**
You must respect fellow members of Dumfries and Galloway Health Board and employees of the Board and the role they play, treating them with courtesy at all times. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of the Board.

2.2 You should apply the principles of this Code to your dealings with fellow members of Dumfries and Galloway NHS Board, its employees and other stakeholders. Similarly you should also observe the principles of this code in dealings with the public when performing duties as a member of the Board.

Section 3  **General Conduct**

**Relationship with Employees of Dumfries and Galloway NHS Board**

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the Board.

3.2 You must respect the chair, your colleagues and employees of the Board in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

**Relationships with Board Members and Employees of the Board (including those employed by contractors providing services)**

3.3 You will treat your fellow board members and any staff employed by the Board with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in the organisation. The Board should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the Board in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

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**Remuneration, Allowances and Expenses**

3.4 You must comply with any rules of the Board regarding remuneration, allowance and expenses.

**Bribery**

3.5 The Bribery Act 2010 came into force on 1 July 2011 and makes it a criminal offence to take part in active bribery (making a bribe) or passive bribery (receiving a bribe) (definitions below).

   a) Active Bribery: Section 1 of the Act makes it an offence for a person to offer, give or promise to give a financial or other advantage to another individual in exchange for improperly performing a relevant function or activity.

   b) Passive Bribery: Section 2 of the Act makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity.

3.6 You must be committed to the prevention of bribery and all forms of corruption. NHS Dumfries and Galloway operate a zero tolerance approach to bribery committed by any person it employs and any person who provides services for or on behalf of NHS Dumfries and Galloway. Any allegation of bribery by a Board Member or employee of NHS Dumfries and Galloway will be investigated in accordance with relevant processes and procedures and may be reported to the authorities as appropriate.

3.7 NHS Dumfries and Galloway will always act with integrity, transparency and honesty. You must be committed to the prevention of bribery in recognition of the importance of maintaining the reputation of NHS Dumfries and Galloway and the confidence of the public, partner organisations and other stakeholders.

**Gifts and Hospitality**

3.8 You must never accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership by which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cot below that generally charged to members of the public.

3.8 You must never ask for gifts or hospitality.
3.9 You are personally responsible for your decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in Dumfries and Galloway Health Board. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character or inexpensive seasonal gifts such as a calendar or diary, or other simple items of office equipment, the value of which must not exceed £25;

(b) normal hospitality associated with your duties and which would reasonably be regarded as inappropriate to refuse; or

(c) gifts received on behalf of Dumfries and Galloway Health Board.

3.10 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of the Board then, as a general rule, you should ensure that your body pays for the cost of the visit.

3.11 You must not accept repeated hospitality or repeated gifts from the same source.

3.12 You must record details of any gifts and hospitality received and the record must be made available for public inspection. You must also declare any gifts or hospitality declined.

Confidentiality Requirements

3.14 There may be times when you will be required to treat discussions, documents or other information relating to the work of Dumfries and Galloway Health Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. There are provisions in legislation on the categories of confidential and exempt information and you must always respect and comply with the requirement to keep such information private.

3.15 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purpose of personal or financial gain, or used in such a way as to bring Dumfries and Galloway Health Board into disrepute.

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Use of Public Body Facilities

3.16 Members of Dumfries and Galloway NHS Board must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services, etc must be in accordance with Dumfries and Galloway Health Board policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the Board.

Appointment to Partner Organisations

3.17 You may be appointed, or nominated by Dumfries and Galloway health Board as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.18 Members who become directors of companies as nominees of their Board will assume personal responsibilities under the Companies Act. It is possible that conflicts of interest can arise for such members between the company and the Board. It is your responsibility to take advice on your responsibilities to the Board and to the company. This will include questions of declarations of interest.

Section 4 Registration of Interests

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the Dumfries and Galloway Health Board Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations (SSI – The Ethical Standards in Public Life et (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, a amended) describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interest of your spouse or cohabitee.
Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:
   - employed;
   - self-employed;
   - the holder of an office;
   - a director of an undertaking;
   - a partner in a firm; or
   - undertaking a trade, profession or vocation or any other work.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration – declared under category one; and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

**Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with Dumfries and Galloway Health Board of which you are a member:

   (i) under which goods or services are to be provided, or works are to be executed; and
   (ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

**Category Four: Houses, Land and Buildings**

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of Dumfries and Galloway Health Board.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making. If in doubt, you may consult with the Standards Commission.

**Category Five: Interest in Shares and Securities**

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the Board to which you are appointed and (b) the nominal value of the shares is:

   (i) greater than 1% of the issued share capital of the company or other body; or
   (ii) greater than £25,000.
Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount of value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection and will be published in compliance with the Board’s Freedom of Information (Scotland) Act 2002 Model Publication Scheme. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of Dumfries and Galloway Health Board. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trade unions and voluntary organisations, are registered and described.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making. If in doubt, you may consult with the Standards Commission.

Section 5 Declaration of Interests

General

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of Dumfries and Galloway Health Board. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in Dumfries and Galloway Health Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must...
consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of the Board.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. You may also seek advice from the Standards Commission. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair.

5.5 As a member of the Board you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, that nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your Board and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared, if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons required you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of the Board. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether
taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

**Your Financial Interests**

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code).

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

**Your Non-Financial Interests**

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (non financial interests) of Section 4 of the Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

**The Financial Interests of Other Persons**

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a cohabitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remuneration member or director;

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(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from who you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt to task the defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the Board and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(vii) a spouse, a civil partner or a cohabitee;
(viii) a close relative, close friend or close associate;
(ix) an employer or a partner in a firm;
(x) a body (or subsidiary or parent of a body) of which you are a remuneration member or director;
(xi) a person from whom you have received a registerable gift or registerable hospitality;
(xii) a person from who you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is
5.14 The oral statement of declaration of interest should identify the item of items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

**Frequent Declarations of Interest**

5.15 Public confidence in the Board is damaged by perception that decisions taken by the Board are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

**Dispensations**

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before the Board and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

**Effect of Declaration**

5.18 Declaring a financial interest has the effect of prohibiting any participation in discussion and voting. A declaration of a non-financial interest involves a further exercise of judgement on your part. You must consider the relationship between the interests which have been declared and the particular matter to be considered and relevant individual circumstances surrounding the particular matter.

5.19 In the final analysis the conclusive test is whether, in the particular circumstances of the item of business, and knowing all the relevant facts, a member of the public acting reasonably would consider that you might be influenced by the interest in your role as a member of Dumfries and Galloway NHS Board and that it would therefore be wrong to take part in any discussion or decision-making. If you, in conscience, believe that your
continued presence would not fall foul of this objective test, then declaring
an interest will not preclude your involvement in discussion or voting. If you
are not confident about the application of this objective yardstick, you must
play no part in discussion and must leave the meeting room until discussion
of the particular item is concluded.

Section 6 Lobbying and Access to Members of Public Bodies

Introduction

6.1 In order for Dumfries and Galloway Health Board to fulfil its commitment to
being open and accessible, it needs to encourage participation by
organisations and individuals in the decision-making process. Clearly
however, the desire to involve the public and other interest groups in the
decision-making process must take account of the need to ensure
transparency and probity in the way in which Dumfries and Galloway Health
Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by
a wide range of organisations and individuals in order to perform your
duties effectively. Some of these organisations and individuals will make
their views known directly to individual members. The rules in this Code set
out how you should conduct yourself in your contacts with those who would
seek to influence you. They are designed to encourage proper interaction
between members of the board, those they represent and interest groups.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that
lobbies do anything which contravenes this Code or any other relevant rule
of the Board or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who
lobbies, act in any way which could bring discredit upon the Board.

6.5 The public must be assured that no person or organisation will gain better
access to or treatment by you as a result of employing a company or
individual to lobby on a fee basis on their behalf. You must not, therefore,
offer or accord any preferential access or treatment to those lobbying on a
fee basis on behalf of clients compared with that which you accord any
other person or organisation who lobbies or approaches you. Nor should
those lobbying on a fee basis on behalf of clients be given to understand
that preferential access or treatment, compared to that accorded to any
other person or organisation, might be forthcoming from another member of
Dumfries and Galloway NHS Board.

6.6 Before taking any action as a result of being lobbied, you should seek to
satisfy yourself about the identity of the person or organisation that is
lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation;

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the Board and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the Board, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of Dumfries and Galloway NHS Board.

6.9 The members Code should be read in conjunction with Standing Financial Instructions of Dumfries and Galloway Health Board.
SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
   i) all meetings of Dumfries and Galloway NHS Board;
   ii) all meetings of one or more committees or sub-committees of Dumfries and Galloway NHS Board;
   iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member’s entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of Dumfries and Galloway NHS Board for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of Dumfries and Galloway NHS Board be reduced, or not paid.

Where the Standards Commission disqualifies a member of Dumfries and Galloway NHS Board, it may go on to impose the following further sanctions:

(a) where the member of Dumfries and Galloway NHS Board is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from Dumfries and Galloway NHS Board and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members’ code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

Full details of the sanctions are set out in Section 19 of the Act.

Special provisions do apply in respect of employee and ex-officio members.
ANNEX B

DEFINITIONS

1. “Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

2. Undertaking” means:
   (a) a body corporate or partnership; or
   (b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

3. “Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

4. “Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the voting rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the voting rights in the undertaking.

5. “Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

6. “Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

7. “A person” means a single individual or legal person and includes a group of companies.

8. “Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

9. “Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

10. “Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

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Section C

Standards of Business Conduct for NHS Staff
Standards of Business Conduct for NHS Staff

Contents

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>64</td>
</tr>
<tr>
<td>2</td>
<td>Principles of Conduct within NHS Dumfries and Galloway</td>
<td>64</td>
</tr>
<tr>
<td>3</td>
<td>Action for Managers</td>
<td>64</td>
</tr>
<tr>
<td>4</td>
<td>Private Practice</td>
<td>65</td>
</tr>
<tr>
<td>5</td>
<td>Intellectual Property Rights</td>
<td>65</td>
</tr>
<tr>
<td>6</td>
<td>Commercial Sponsorship</td>
<td>65</td>
</tr>
<tr>
<td>7</td>
<td>Casual Gifts and Hospitality</td>
<td>66</td>
</tr>
<tr>
<td>8</td>
<td>Bribery</td>
<td>66</td>
</tr>
<tr>
<td>9</td>
<td>Outside Interests and Employment</td>
<td>67</td>
</tr>
<tr>
<td>10</td>
<td>Remedies</td>
<td>67</td>
</tr>
<tr>
<td>11</td>
<td>Guidance for Staff</td>
<td>67</td>
</tr>
<tr>
<td>12</td>
<td>Distribution</td>
<td>68</td>
</tr>
<tr>
<td>13</td>
<td>Register of Hospitality and Interests for Staff other than Board Members</td>
<td>68</td>
</tr>
<tr>
<td>14</td>
<td>Contact Point for Further Guidance</td>
<td>68</td>
</tr>
<tr>
<td>15</td>
<td>Induction of New Employees</td>
<td>68</td>
</tr>
<tr>
<td>16</td>
<td>Specific Guidance for Individual Groups of Staff</td>
<td>69</td>
</tr>
<tr>
<td>17</td>
<td>Review Process</td>
<td>69</td>
</tr>
</tbody>
</table>
1 Introduction

1.1 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion. It is an offence under the Prevention of Corruption Act 1906 and 1916 for any employee to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or corruptly showing favour, or disfavour, in the handling of contracts. MEL (1994) 48 details the principles for codes of conduct and accountability in situations where there is potential conflict between the private interests of NHS staff and their NHS duties and requires the establishment of a local code of conduct.

1.2 The purpose of this Code is to ensure that all NHS employees in Dumfries and Galloway are aware of their duties under the MEL and to protect them from situations where they may be placed in a real or apparent conflict of interest.

2 Principles of Conduct within NHS Dumfries and Galloway

2.1 Employees are expected to:
   • ensure that the interest of patients remain paramount at all times;
   • be impartial and honest in the conduct of their official business; and
   • use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

2.2 It is also the responsibility of staff to ensure that they do not:
   • abuse their official position for personal gain or to the benefit of their family or friends;
   • undertake outside employment that could compromise their NHS duties; or
   • seek to advantage or further their private business or interest in the course of their official duties.

2.3 Staff must protect themselves and NHS Dumfries and Galloway from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of this Code.

3 Actions for Managers

3.1 Managers must adhere to this guidance and ensure that their staff are aware of and comply with this Code.

3.2 In regard to contract awards, favouritism should not be shown in awarding contracts.
3.3 Where an interest, hospitality or relevant outside employment is declared to a manager, they must record that declaration in the employee’s personal file together with any instructions issued to the member of staff in relation to the declaration. All declarations of interest should be notified to the Board Administrator.

3.4 Managers should consider whether outside employment declared by employees is likely to conflict with their NHS work or be detrimental to it; generally, directorship of, or work with, an identified NHS supplier.

4 **Private Practice**

4.1 Private practice for medical staff is subject to the conditions contained within the new Consultant’s Contract Appendix 8.

4.2 Other staff may undertake private practice or work for outside agencies provided they do not do so within the time they are contracted for the NHS and they observe the conditions detailed in this guidance.

5 **Intellectual Property Rights**

5.1 In certain circumstances innovative and research work undertaken by staff gives rise to intellectual property rights which can be to the advantage of both the Board and the member of staff. Any such work should therefore be declared to the Chief Executive before it is undertaken so that these rights can be protected.

6 **Commercial Sponsorship**

6.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable but only where the employee seeks permission in advance and the employer is satisfied that the acceptance will not compromise purchasing decisions in any way. This includes all costs associated with the event if they are provided by the ‘sponsor’. Acceptance of such sponsorship should be declared as in 3 above.

6.2 Normally the relevant Head of Department should give permission and in the case of consultant staff this should be discussed with the Medical Director or Medical Director – Acute Services.

6.3 Normally the relevant Head of Department should give permission and in the case of consultant staff this should be discussed with the Medical Director or Medical Director – Acute Services.

6.4 On occasions when NHS employers consider it necessary for staff advising on the purchasing of equipment to expect to see such equipment in
operation in other parts of the country (or exceptionally overseas) the employer will meet the cost to avoid putting in jeopardy the integrity of subsequent purchasing decisions.

6.5 Companies may, for example, offer to sponsor wholly or partially a post. The employer will not enter into such an arrangement unless it is made abundantly clear to the company concerned that sponsorship will have no effect on the purchasing decision within NHS Dumfries and Galloway.

6.6 Under no circumstances should any employee agree to linked deals where sponsorship is linked to the purchase of a particular product or to supply from particular sources.

7 Casual Gifts and Hospitality

7.1 Gifts which could place an individual in a position of conflict between their private interests and that required in the execution of their NHS duties should be politely but firmly declined. MEL (1994) 48 provides that staff may accept gifts of low intrinsic value or small tokens of gratitude (such as diaries or calendars). If in doubt, staff must contact their line manager before acceptance. Gifts declined must also be declared.

7.2 Staff may accept modest hospitality provided that it is normal and reasonable in the circumstances, eg lunches in the course of working visits may be acceptable, though it should be similar to the scale of hospitality which the NHS as an employer would be likely to offer. If in doubt, staff should seek advice from their line manager. All hospitality accepted by NHS employees must be declared to their line manager and notified as 3 above.

7.3 It is not necessary to declare hospitality received as part of the normal programme of a course or conference.

8 Bribery

8.1 The Bribery Act 2010 came into force on 1 July 2011 and makes it a criminal offence to take part in active bribery (making a bribe) or passive bribery (receiving a bribe) (definitions below).

   a) Active Bribery: Section 1 of the Act makes it an offence for a person to offer, give or promise to give a financial or other advantage to another individual in exchange for improperly performing a relevant function or activity.

   b) Passive Bribery: Section 2 of the Act makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity.
8.2 You must be committed to the prevention of bribery and all forms of corruption. NHS Dumfries and Galloway operate a zero tolerance approach to bribery committed by any person it employs and any person who provides services for or on behalf of NHS Dumfries and Galloway. Any allegation of bribery by a Board Member or employee of NHS Dumfries and Galloway will be investigated in accordance with relevant processes and procedures and may be reported to the authorities as appropriate.

8.3 NHS Dumfries and Galloway will always act with integrity, transparency and honesty. You must be committed to the prevention of bribery in recognition of the importance of maintaining the reputation of NHS Dumfries and Galloway and the confidence of the public, partner organisations and other stakeholders.

9 Outside Interests and Employment

9.1 Outside interests include directorships, ownership, part ownership or material shareholdings in companies, business or consultancies likely to seek to do business with the NHS. These should be declared to the individual’s line manager as should the interests of a spouse / partner or close relative.

9.2 It is also possible that a conflict of interest may arise as a result of an employee accepting an outside post, eg with a company that does business with the NHS. Where there is any doubt, the employee must seek advice from their manager before accepting any outside post.

10 Remedies

10.1 Managers or staff who fail to comply with the guidance detailed in this Code could be subject, following full investigation, to disciplinary action up to and including dismissal. If through their actions or omissions managers or staff are found to be in contravention of this Code or, indeed, their legal responsibilities then NHS Dumfries and Galloway reserves the right to take legal action if necessary.

11 Guidance for Staff

11.1 Staff should

• make sure that they understand the details of this policy and consult their line manager if they are unsure;
• make sure that they are not in a position where private interest and NHS duties conflict;
• declare to an appropriate line manager or executive director any relevant interest;
• seek the permission of the appropriate line manager or executive
director prior to taking on outside work if there is conflict of interests; and

• obtain permission from their appropriate line manager or executive director before accepting commercial sponsorship.

11.2 Staff should not

• accept any gifts, inducements or inappropriate hospitality which will place the individual in a position of conflict between their private interest and that required of their NHS duties;
• unfairly advantage one competitor over another or show favouritism in awarding contracts; or
• misuse or make available official ‘commercial – in confidence’ information.

12 Distribution

12.1 This Code is applicable to every NHS Dumfries and Galloway employee and therefore all staff should be aware of its content.

13 Register of Hospitality and Interests for Staff other than Board Members

13.1 The Corporate Business Manager will hold a central register of Gifts and Hospitality for all staff.

13.2 The form to register Gifts and Hospitality will be posted on the intranet for ease of access.

13.3 Access to this register will be restricted to senior officers and internal and external audit. The Register may also be the subject of FOI requests.

13.4 At least annually, an officer identified by the Director of Finance will review the register.

14 Contact Point for Further Guidance

14.1 A copy of this Code will be posted on the intranet and can be obtained from the Corporate Business Manager who will provide advice and guidance on its interpretation.

14.2 A summary leaflet entitled ‘Code of Corporate Governance’ will be included in the induction pack.

15 Induction of New Employees

15.1 All new staff will be made aware of the ‘Code of Corporate Governance’ at induction and will be provided with a summary leaflet as in 13.2
16 **Specific Guidance**

16.1 Additional guidance is available on Joint Working between NHSScotland and the Pharmaceutical Industry (A Common Understanding).

17 **Review Process**

17.1 The Code will be reviewed annually or as requested by the APF.
Section D

Fraud Policy and Fraud Action Plan
# CONTENTS

## PART 1 – FRAUD POLICY

1. Introduction .................................................. 74
2. Public Service Values ........................................ 75
3. The Board’s Policy on Fraud and Corruption .......... 75
4. Public Interest Disclosure Act 1998 ..................... 76
5. Scottish Government Guidance ......................... 77
6. Regulation Of Investigatory Powers (Scotland) Act 2000 78
7. Instructions to Staff .......................................... 78
8. Summarised roles and responsibilities ................. 79
9. Key contacts .................................................. 81

## PART 2 – FRAUD ACTION PLAN

1. Introduction .................................................. 82
2. Reporting Fraud and Corruption ......................... 82
3. Investigating Fraud and Corruption .................... 83
4. Reporting to the Procurator Fiscal ...................... 86
5. Discipline or Civil recovery ............................... 86
6. Involvement of the CFS in Disciplinary/Civil Recovery cases 87
7. Civil Law Remedies ......................................... 87
8. Other issues for consideration ........................... 88

## APPENDICES

Appendix A Relevant Guidance and Legislation ........... 90
Appendix B List of Specified Offences ...................... 92
Appendix C Fraud Roles and Responsibilities .............. 93
Appendix D Guidance to Staff on Fraud (Induction handout) 97
PART 1 - FRAUD POLICY

1. Introduction

1.1 One of the basic underlying principles of public sector organisations is being able to demonstrate the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk of theft, dishonesty, fraud and similar illegal acts, e.g. damage to Board property, and are aware of the means of enforcing the rules against these acts.

1.2 NHS Scotland’s policy on countering fraud and other irregularities was originally laid out in The Strategy to Combat NHS Fraud in Scotland - CEL 3 (2008) with further detail in the Partnership Agreement with NHS Boards and the Memorandum of Understanding between Internal Audit Teams and NHSScotland Counter Fraud Services (CFS). This update to the policy gives consideration to the most recent guidance received on fraud and financial crime, CEL 11 (2013) – Strategy to combat financial crime in NHS Scotland. The original CEL remains in force and is supported by the new guidance which focuses on “Tone from the Top” and also revises the roles and responsibilities of the Fraud Liaison Officer and other officers within the Board.

Full details of the many pieces of guidance and legislation that relate to NHSScotland can be found at Appendix A.

1.3 Counter Fraud Services (CFS) was created specifically to assist all NHSScotland Boards in their efforts to reduce losses through fraud and corruption. This document sets out NHSScotland’s fraud policy and action plan to achieve such a reduction. The Board recognises that every pound of fraud prevented or recovered means increased funding for patient care.

1.4 This document is intended to provide detailed direction and help to those Board staff who have suspicions or find themselves dealing with suspected theft, fraud or corruption. It sets out a framework, which centres on immediate discussions and agreement with CFS in respect of how each case will be taken forward. On behalf of the Board, CFS will consider investigating “Specified Offences” which have the potential for criminal prosecution and Board staff need to be aware of the many options, and of their responsibilities in the event that a criminal prosecution is not the chosen route. Specified Offences are listed at Appendix B.

1.5 This policy and action plan are intended to be an integral part of the Board’s overall counter fraud, anti-bribery and corruption strategy.
2. Public Service Values

2.1 In order to safeguard the public interest and at the same time ensure the proper stewardship of public funds, it is essential that the three public service values of accountability, probity and openness underpin the behaviours and actions of all those who work in NHS Dumfries and Galloway.

**Accountability**
Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety, and professional codes of conduct.

**Probity**
Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.

**Openness**
The organisation’s activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

All those who work in the organisation should be aware of, and act in accordance with, these values.

2.2 The Board will therefore foster a culture which promotes these values as it seeks to prevent and to expose fraudulent activity and the misuse of resources. There are a number of controls in place to regulate and monitor the conduct of the Board’s business, namely:

- Standing Orders,
- Standing Financial Instructions (SFIs),
- operational and departmental policies and procedures,
- internal audit, and
- external audit

A requirement of higher level guidance is that we formulate robust protocols in order to ensure a prompt, measured and appropriate response to alleged, suspected or detected fraud or misappropriation, or other financial misconduct.

3. The Board’s Policy on Fraud and Corruption

3.1 The Board is committed to the original NHSScotland Strategy on Countering Fraud and Corruption - CEL 03(2008) and the more recent Strategy to combat Financial Crime in NHSScotland – CEL 11(2013). This is supported by commitment to the public service values outlined above and maintaining an honest, open and well-intentioned culture within the organisation, so as to
best fulfil the objectives of the Board and of the NHS. It is therefore committed to the elimination of any fraud within the Board, to the rigorous investigation of any such cases, and where fraud or other criminal act is proven, to ensure that those perpetrating fraud are appropriately dealt with. The Board will also take appropriate steps to recover any assets lost as a result of fraud.

3.2 The Board wishes to encourage anyone having suspicions of theft, dishonesty, corruption or fraud to report them without delay. The Board’s Whistleblowing Policy will be rigorously enforced, in order that all members of staff can be confident that they will not suffer in any way as a result of reporting suspicions held in good faith i.e., suspicions other than those that are raised maliciously.

3.3 The Board has procedures in place in the form of Standing Orders, Standing Financial Instructions and procedure notes, designed to minimise the likelihood of the Board being a victim of fraud. This Fraud Policy and Action Plan is to be followed in the event of suspected fraud being reported and is supplemented with a guidance notes issued to all staff during induction.

3.4 The Board will nominate a Board member as a Counter Fraud Champion, who will work with CFS on an annual proactive plan and report on detected fraud in line with appropriate Scottish Government guidance to maximise shared learning and deterrence.


4.1 As noted above, the Board will maintain an honest and open culture and wishes to encourage anyone having suspicions of theft, dishonesty, corruption or fraud to report them without delay. The Board has a Whistleblowing policy in place which provides for a secure environment for staff, practitioners and patients to report suspected frauds.

4.2 Further information is also available on the Public Concern at Work website – www.pcau.org.uk

4.3 The Fraud Liaison Officer (FLO) is authorised to receive enquiries from staff confidentially and anonymously and, where appropriate to report the matter to CFS, the Director of Finance and/or the Chair of the Audit Committee.

4.4 The Board’s Appointed (External) Auditors are also authorised to receive enquiries and to report on these as above.
5. **Scottish Government Guidance**

5.1 The Board has signed a Partnership Agreement with CFS, which outlines what must happen in the event of a fraud or other irregularity being discovered, and what the Board and CFS will do to actively counter the threat of fraud and corruption. These documents endorse the public service values of accountability, probity and openness.

5.2 The Scottish Government guidance on financial control procedures when criminal offences are suspected is provided within CEL 3(2008), specifically:

- in cases of theft, where there are reasonable grounds for thinking that an item of property, including cash, has been stolen, the Director of Finance should report the details to the police.
- in cases of suspected fraud, embezzlement, corruption and other financial irregularities, preliminary enquiries should be carried out as quickly as possible. Restitution of funds or property is not a reason for withholding information or failing to report the facts. Within two working days of the FLO establishing the facts that give reasonable grounds for suspecting fraud, including fraud involving endowment or patient funds, CFS must be contacted to discuss whether the best course of action is for the case to be taken forward criminally and/or through discipline and/or civil recovery.
- where preliminary investigations suggest that prima facie grounds exist for believing that a criminal offence has been committed, the Board and CFS must decide if criminal prosecution would be an appropriate route. The norm is that all such cases should be considered for reporting to the procurator fiscal; however where both the Board and CFS agree it is not in the public interest, generally on the grounds of low value, the case may be taken forward through discipline and/or civil recovery routes.
- The Board and CFS must be prepared to justify all such decisions to the appointed auditor. Breach of trust must be taken into account in these considerations, meaning that being of low value does not automatically preclude a case from being notified to the procurator fiscal. Where there is doubt as to whether a prima facie case for prosecution exists, the CFS will contact the appropriate procurator fiscal or Crown Office to obtain advice.
- In all cases, CFS should be contacted before any overt action is taken which may alert suspects and trigger the destruction or removal of evidence or the dispersement of assets. This includes taking action to stop a loss or tighten controls.
- Where Boards and the CFS are undertaking pro-active exercises in areas of known fraud risk, officers and directors must provide assistance and such data as is required to ensure the success of these operations.

6.1 The use of covert surveillance or covert human intelligence sources by public authorities is strictly limited by the provisions of the Regulation of Investigatory Powers (Scotland) Act 2000 (RIPSA). NHS National Services Scotland is the only NHS Board which is a named authority under RIPSA and, as such, only the Director of CFS and the Head of Investigations can authorise the use of any form of surveillance and the use of covert human intelligence sources (CHIS) in NHSScotland.

6.2 Where appropriate CFS will authorise and conduct directed surveillance and the use of CHIS on behalf of the Board. Where the Board are considering surveillance or the use of a CHIS in cases which do not involve fraud or other financial irregularities, such as public or staff safety or the prevention of disorder, they should contact the appropriate public body as outlined in HDL 30 (2003). This will normally be the relevant police force.

7. **Instructions to Staff**

7.1 All employees should be assured that there will be no recriminations against staff who report suspicions held in good faith. Victimising or deterring staff from reporting concerns is a serious disciplinary matter. Any contravention of this policy should be reported to the Chief Executive or Chair of the Audit Committee. Equally, however, abuse of the process by raising malicious allegations would, if proven, be regarded as a disciplinary matter.

7.2 If you believe you have good reason to suspect a colleague, patient or other person of fraud or an offence involving the Board or a serious infringement of Board or NHS rules you should discuss it in the first place with your manager.

7.3 If you have suspicions about the actions of your manager, such that you suspect that manager of involvement of fraud, then you have a choice of:

- going to the next more senior person in your department or directorate;
- reporting the matter confidentially with the FLO;
- reporting the matter directly to the Director of Finance.

Further choices for staff are:

- to follow the guidance within the Board’s Whistleblowing Policy where fraud may not be the only concern
- to use the Counter Fraud Services (CFS) Fraud Reporting Line 08000 151628 or report suspicions (anonymously if desired) through the CFS Website - [www.cfs.scot.nhs.uk](http://www.cfs.scot.nhs.uk)
• if you are concerned about speaking to another member of staff you 
could ask for advice first from the charity “Public Concern at Work” 
through the Confidential Alert Line on 0800 008 6112. They provide 
independent and confidential advice and can also be reached on 0207 
404 6609.

7.4 The FLO liaises with CFS during the initial stages of a referral prior to any 
decision being made regarding the requirement for a full investigation on the 
part of CFS.

7.5 It should be noted that CFS have investigatory powers and rights that are not 
held within the Board and it is therefore recommended that discussions with 
the FLO and CFS take place prior to any actions being taken by the Board 
such as suspension of staff which may impact on an investigation.

7.6 Under no circumstances should staff speak to representatives of the press, 
radio, TV or other third party unless expressly authorised by the Chief 
Executive.

7.7 Please be aware that time may be of the utmost importance to ensure that the 
Board does not continue to suffer a loss.

8. Summarised roles and responsibilities

8.1 A full list of roles and responsibilities in relation to fraud is attached in 
Appendix C. These are summarised below.

8.2 As Accountable Officer, the Chief Executive has the responsibility, in its 
broadest terms, for countering fraud. The Chief Executive may delegate the 
day-to-day responsibility for the management of individual cases to the 
Board’s Director of Finance and Fraud Liaison Officer.

8.3 The Board’s Counter Fraud Champion will support the Chief Executive in this 
role by heightening fraud awareness and ensuring the effectiveness of 
counter fraud efforts is measured.

8.4 The Fraud Liaison Officer will discuss each relevant case with CFS and 
decide if there is a potential for criminal prosecution, or disciplinary and/or civil 
action. If the former, then CFS will undertake the investigation, on behalf of, 
and in co-operation with, the Board. This will not preclude the Board taking 
disciplinary and/or civil action however that could only occur with agreement 
from CFS and potentially the relevant procurator fiscal. Any investigation will 
be carried out by CFS in accordance with the CFS Partnership Agreement 
with the Board in direct consultation with the FLO. In cases where the FLO 
and CFS cannot agree on a course of action, the Accountable Officer shall 
make a decision based on the facts presented.
8.5 Where CFS is undertaking a case on behalf of the Board no further action shall be taken by the Director of Finance, the FLO, the Workforce Director, or any other Board officer without consultation with CFS. This is necessary to maintain the integrity of the investigation. Where it is agreed that the Board shall commence an internal enquiry with a view to disciplinary proceedings and/or civil recovery, if at any stage it becomes apparent that a Specified Offence may have taken place, the investigation must be halted and CFS consulted.

8.6 Regardless of whether the investigation is carried out with a view to criminal prosecution, or disciplinary/civil recovery, all staff are under a duty to refrain from taking any direct action with regard to the enquiry without first consulting the FLO or the CFS Investigating Officer.

8.7 The **Workforce Director or nominated Human Resources Manager** shall ensure that those involved in the investigation are advised in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as required. All HR staff should be familiar with the "Tackling NHS fraud" training DVD and ensure that advice that they give is consistent with this. Induction training within the Board will also include a general overview of fraud. The document "Guidance to staff on fraud Appendix D will be distributed to staff at induction.

8.9 CFS, in conjunction with the Board, must deliver such publicity campaigns, staff induction information and fraud awareness presentations, as to allow the Board to fulfil its obligation in countering fraud.

8.10 Finally, all staff have a duty to protect the assets of the Board. Assets include information, intellectual property and goodwill as well as cash and physical property.
9. Key contacts in relation to fraud issues are as follows:

**Director of Finance**

Katy Lewis  
Finance Directorate  
High West  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387 244035)  
Internal: 34035  
E-mail: katy.lewis@nhs.net

**Chief Executive**

Jeff Ace  
Chief Executive’s Office  
Mid North  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387) 272701  
Internal: 32701  
E-mail: jeff.ace@nhs.net

**Fraud Liaison Officer**

Julie Watters  
Chief Internal Auditor  
Internal Audit  
Cree North  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387) 244355  
Internal: 34355  
Email: julie.watters@nhs.net

**Counter Fraud Champion**

Katy Lewis  
Director of Finance  
Finance Directorate  
High West  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387 244035)  
Internal: 34035  
E-mail: katy.lewis@nhs.net

**Counter Fraud Services**

Counter Fraud Services  
Earlston House  
Almondvale Business Park  
Almondvale Way  
Livingston  
EH54 6GA

Telephone: 01506 705 200  
Fax: 01506 465 182  
Fraud Hotline: 08000 15 16 28  
Website: [www.cfs.scot.nhs.uk](http://www.cfs.scot.nhs.uk)

**External Auditors**

PricewaterhouseCoopers LLP  
141 Bothwell Street  
Glasgow  
G2 7EQ

Telephone: +44 (0)141 355 4000  
Fax: +44 (0)141 355 4005  
Website: [www.pwc.co.uk](http://www.pwc.co.uk)
PART 2 - FRAUD ACTION PLAN

1. Introduction

1.1 The following sections describe NHS Dumfries and Galloway’s (the Board) intended response to a reported suspicion of fraud, theft or corruption. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate an informed initial decision, whilst ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different; therefore the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

2. Reporting Fraud and Corruption

2.1 These procedures are intended to reassure members of staff who might be worried about their concerns not being properly investigated or being discriminated against for having raised their concerns.

2.2 Where an employee of the Board has grounds to suspect that fraud or corruption has occurred, he should report his concerns without delay. Time may be of the utmost importance; delay may result in further loss to the Board or may allow evidence to be destroyed.

2.3 In the first instance employees should report their concerns or suspicions to their head of department. If the suspicions seem well founded, the head of department will inform the Fraud Liaison Officer (FLO) who is authorised to deal with such matters. The FLO will inform the Director of Finance.

2.5 Where an employee is uneasy about discussing their concern with his head of department or the FLO, the employee may use the CFS Fraud Reporting Hotline 08000 15 16 28, or report his suspicions through the CFS Website (anonymously if desired). NHSScotland has introduced a Confidential Alert Line for all issues where staff may want to report a concern. The number is 0800 008 6112. Alternatively, the employee may choose instead to contact the charity “Public Concern at Work” on 020 7404 6609 or via their website, who would offer the employee advice on how to proceed. These alternatives should be considered by staff based on the nature of the concern and do not override options laid out in the Board’s Whistleblowing Policy.

2.6 Where an employee’s suspicions are in respect of an Executive Director, the matter should be reported to the Chairman of the Board. If required, the employee may seek the assistance of the FLO in reporting to the Chairman. This facility can be accessed by a member of staff at any stage.

2.7 The FLO is responsible for the management of complaints/queries received
by the Board relating to Primary Care Practitioners – GP’s, dentists, opticians and pharmacists. All concerns or suspicions in respect of Primary Care Practitioners should be reported to the FLO who will discuss these matters with the Head of Primary Care Development and advise the Director of Finance where fraud or corruption has occurred or is suspected.

2.8 Where in the legitimate course of their duties, an employee has access to documents or other evidence which supports their suspicions; these should if possible be made available to the officer to whom the concerns are being reported. Employees should not jeopardise their own position or risk alerting a suspected fraudster by attempting to obtain evidence which is not normally and/or readily available to them.

2.9 The investigation of fraud usually requires specialist skills and training. Under no circumstances therefore, should employees attempt to carry out any further investigations before reporting their suspicions.

2.10 Where suspicions of fraud arise in the course of internal audit work, the Chief Internal Auditor will immediately notify the FLO (if not the same person), and the Director of Finance or nominated officer in his absence. If the nature of the suspicions is such that it is not appropriate to report to the Director of Finance, the Chief Internal Auditor will advise the Chairman of the Board.

2.11 In accordance with the Accounts Commission Code of Audit Practice, the external auditor should report suspected fraud or corruption to the Director of Finance and Fraud Liaison Officer.

2.12 The Partnership Agreement places a duty on the FLO to notify CFS of all relevant cases.

3. Investigation of Fraud and Corruption

3.1 The nature of fraud can vary considerably and each investigation may require its own unique approach to meet the particular circumstances which prevail. This Plan does not therefore set out to prescribe a detailed programme of action which should be applied in every investigation into suspected fraud. Instead, it highlights the issues which need to be considered when planning an investigation.

3.2 The FLO will discuss each relevant case with CFS and review the potential for a criminal prosecution, or disciplinary and/or civil action. If the former, then CFS will undertake the investigation, on behalf of and in co-operation with, the Board. This will not preclude the Board taking disciplinary and/or civil action; however that could only occur with agreement from CFS and potentially the relevant Procurator Fiscal.

Working together to deliver better health, better healthcare
3.3 In cases where the FLO and CFS cannot agree on a course of action, the Accountable Officer shall make a decision based on the facts presented.

3.4 Where CFS is undertaking a case on behalf of the Board no further action shall be taken by the Director of Finance, the FLO, the Workforce Director, or any other Board officer without consultation with CFS. This is necessary to maintain the integrity of the investigation.

3.5 Where it is agreed that the Board shall commence an internal enquiry with a view to disciplinary proceedings and/or civil recovery, if at any stage it becomes apparent that a Specified Offence may have taken place, the investigation must be halted and CFS consulted.

3.6 The investigation of fraud can quickly consume significant resources. It is important therefore to ensure that the investigation is properly managed.

   (i) The Director of Finance should approve the objectives of the investigation.

   (ii) The Director of Finance should agree the scope and timing of the investigation.

   (iii) The Director of Finance should approve the resources which will be available for the investigation. These should be appropriate to the nature of the fraud and the likelihood of a positive outcome. This is especially relevant where there is a risk that investigation of fraud may impact on completion of the annual audit plan.

   (iv) The Director of Finance should ensure that the resources used are monitored against the agreed budget.

   (v) Although an investigation into an alleged fraud may not lead to criminal proceedings, it could still result in disciplinary action, as this requires a lesser burden of proof. The final fraud investigation report may be tabled as evidence at a disciplinary hearing if one is necessary.

3.7 The officer appointed by the Director of Finance to oversee the investigation should maintain a diary of events. This should give a detailed explanation of each action and event in the course of the investigation. In particular,

   - details should be recorded of all telephone calls, faxes, electronic mail and communication by any other means;
   - a formal record should be made of all interviews and meetings;
   - there should be a clear record of where, when and how documents and other evidence were obtained.
3.8 In addition, a considerable time can elapse between the start and conclusion of an investigation and between the completed investigation and any sanction being applied. It is important therefore that to aid recall, all relevant details are recorded timeously in the diary of events.

3.9 The originals of relevant documents and records should be impounded at the start of the investigation to prevent them being altered to conceal the fraud. These should be logged in such a way to facilitate the identification of the source, nature and purpose of each.

3.10 Regardless of whether the investigation is carried out with a view to criminal prosecution, or disciplinary/civil recovery, all staff are under a duty to refrain from taking any direct action with regard to the enquiry without first consulting the FLO or the CFS Officer in Charge.

3.11 The Workforce Director (or appropriate member of the HR team) shall ensure that those involved in the investigation are advised in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as required.

3.12 There exists a Memorandum of Understanding between NHSScotland Internal Audit Teams and CFS, which sets out a framework for the co-operation and collaboration between both parties on the deterrence, prevention, detection and investigation of fraud. In addition, there is also a similar Memorandum of Understanding between NHSScotland Human Resources Teams and CFS.

3.13 The Director of Finance will ensure that any lessons learned from a case of fraud are converted into an action plan to prevent a similar occurrence in future.

3.14 It may be the case that preliminary enquiries do not reveal prima facie grounds for believing that a criminal offence has occurred and that such grounds only emerge at a later stage of an investigation. For example, although in preliminary discussions with the CFS, this question may appear to have been answered, in some cases this question may be asked more than once during an investigation. In practice it may not be obvious that a criminal act has taken place. However, if at any time during the investigation, a criminal act is believed to have occurred the agreed procedure involving the CFS must be invoked.

3.15 The procedures that will be followed by the CFS in all investigations are detailed in the Partnership Agreement.
4. Reporting to the Procurator Fiscal

4.1 Circular *HDL (2002) 23* states that “Where preliminary investigations suggest that prima facie grounds exist for thinking that a criminal offence has been committed, the appropriate Procurator Fiscal must be notified without delay….” Therefore, where such grounds exist, CFS will be under a duty to take the case forward and to report those facts of which it is made aware, on the Board’s behalf, to the Procurator Fiscal.

4.2 Where CFS has been in contact with a Procurator Fiscal for an application for a search warrant or Proceeds of Crime Act application etc., control of the case effectively passes to the Procurator Fiscal, who may demand a report on the outcome to be submitted whether or not the Board or CFS wish it.

5. Discipline or Civil Recovery

5.1 Where, following consultation between the Board and CFS, an investigation limited to disciplinary/civil recovery action appears appropriate; the following sections outline the actions to be followed.

5.2 Where the allegation is in respect of an employee, the Director of Finance/Fraud Liaison Officer will seek advice from the Workforce Director on whether to suspend a suspected employee or redeploy them temporarily at another site.

5.3 Where the allegation is in respect of a director, the Chair of the Audit Committee/Chairman of the Board will involve the Workforce Director, where appropriate, in making any decision regarding suspension. When taking action to suspend an employee or director it is important to communicate the reason for taking the action.

5.4 The person should be advised that they will receive full pay whilst on suspension, and should not return to the workplace nor contact their colleagues about the allegations until such time as allowed to do so by their employer. A review of the suspension will be undertaken in line with current HR guidance. The individual will be informed of the outcome of the review.

5.5 The Board’s disciplinary procedures must be followed in any disciplinary action taken by the Board towards an employee (including dismissal). This may involve the Investigation Manager in reporting formally the results of the investigation and recommending a disciplinary hearing to consider the facts.

5.6 Under UK employment legislation dismissal must be for a “fair” reason. The manner of dismissal must also be reasonable and the procedure fair. It is therefore important that no employee should be dismissed without close consultation with the Workforce Director and in compliance with the Board’s
disciplinary procedures. In these circumstances the Workforce Director will take into consideration guidance provided by the Central Legal Office.

5.7 The Workforce Director should be consulted about the subsequent provision of references for employees who have been dismissed or who have resigned following suspicions of a fraud.

6. Involvement of the CFS in Disciplinary/Civil Recovery cases

6.1 The Board/CFS Partnership Agreement outlines where it may be possible to utilise some of the work carried out by the CFS in a criminal case for disciplinary or civil recovery proceedings. This will always be subject to approval from the relevant procurator fiscal and may require advice from the Central Legal Office.

6.2 Due to the nature of the allegation, suspension of the individual may be deemed inappropriate, e.g. it would alert the suspect and as such may lead to the destruction and removal of evidence, no action to inform the suspect that an investigation was taking place should be taken. This decision should be taken early in the process, following CFS advice on whether their input will be of benefit, and prior to any investigation being carried out.

6.3 Subject to those caveats, the work done by CFS, particularly with respect to witness and suspect interviews, could reduce the work required by the Board’s investigation team.

6.4 Criminal law may impose sanctions on the accused for causing loss, while civil law may assist the Board to recover its loss. Subject to CFS obtaining approval from the procurator fiscal concerned, there is no reason why the criminal prosecution and civil process cannot be taken at the same time if the evidence supports such action. The Partnership Agreement sets out the processes for “triple tracking” whereby Criminal, Disciplinary and Recovery processes can be initiated at the same time.

7. Civil Law Remedies

The following is a brief description of some of the more common civil law remedies. It is not comprehensive and legal advice should be sought from the Central Legal Office before action is taken.

- **Monies had and received**
  The claim will refer to funds of the pursuer, which have been ‘had and received’ by the defender at the pursuer’s expense - and will seek their recovery.
- **Interest**
  The pursuer may be entitled to interest on the amount lost, and there are claims for interest under court rules and statute.

- **Interdict, Arrestment or Inhibition**
  In some cases a court order can be used to freeze the assets of a person suspected of fraud or a person who has been convicted of a criminal offence in respect of their fraudulent activity. These procedures can be used to prevent the disposal of assets of the accused or defender.

- **Damages for deceit**
  A defender may become liable to the pursuer for damages arising out of the act, and if the pursuer can establish this liability he is entitled to be put back into the position that he would have been in if the act had not been committed. If successful, this claim may result in the award of damages beyond mere recovery of assets stolen.

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8. **Other issues for consideration**

8.1 **Internal Communication**

The Director of Finance/FLO shall inform and consult the Chief Executive at the first opportunity in all cases of suspected fraud or where the incident may lead to adverse publicity. The FLO shall notify the Audit Committee of all frauds discovered and also of all losses arising from any criminal or suspected offences.

This plan is communicated to all staff via the Board’s Intranet site. All aspects of fraud awareness education and support are cascaded to staff at Induction via the Guidance to Staff on Fraud document attached at Appendix D

8.2 **Response to media enquiries**

Where a particular case of fraud attracts enquiries from the media, all employees of the Board should be fully aware of the importance of avoiding issuing any statements which may be regarded as prejudicial to the outcome of criminal proceedings.

Under no circumstances should a member of staff speak or write to representatives of the press, TV or radio, about a suspected fraud, corruption or other irregularity without the express authority of the Chief Executive, the Director of Finance or the Chairman of the Board in liaison with Crown Authorities. Statements to the media in respect of alleged fraud or corruption will normally be made via the Chief Executive.
8.3 Register of Fraud and Financial Irregularity

The FLO will maintain a Register of Fraud and Financial Irregularity which will contain details of all reported suspicions, including those dismissed as being unfounded. The Register will also contain details of the actions taken in respect of each matter reported and the conclusions reached. The FLO will ensure that the Register is held securely at all times, with access restricted to the Director of Finance, Chief Executive, Chairman of the Audit Committee and the Chairman of the Board.

8.4 Losses and Compensations Register

Guidance on losses and special payments is provided in Circulars 1985(GEN)17 and HDL23 (2002). This has been further expanded on with the issue of CEL 10 (2010) Enhanced Reporting of Fraud.

The delegated limits and processes for approving the writing off of losses and special payments are detailed in the Board’s Standing Financial Instructions and Scheme of Delegation.
Relevant Fraud Guidance and Legislation

<table>
<thead>
<tr>
<th>Reference</th>
<th>Name of Publication</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>CEL (2012)</td>
<td>Partnership agreement between NHSScotland Counter Fraud Services and NHS Boards and Special Health Boards</td>
<td>27/04/2012</td>
</tr>
<tr>
<td>CEL(2009)18</td>
<td>Partnership agreement between NHSScotland Counter Fraud Services and NHS Boards and Special Health Boards</td>
<td>05/05/2009</td>
</tr>
<tr>
<td>CEL(2008)44</td>
<td>Revised form SFR 18: enhanced reporting of NHS frauds and attempted frauds</td>
<td>09/10/2008</td>
</tr>
<tr>
<td>CEL(2008)18</td>
<td>National Fraud Initiative (NFI)</td>
<td>04/04/2008</td>
</tr>
<tr>
<td>CEL(2008)15</td>
<td>Primary medical services: payment verification procedures</td>
<td>20/03/2008</td>
</tr>
<tr>
<td>CEL(2008)03</td>
<td>Strategy to combat NHS fraud in Scotland</td>
<td>28/01/2008</td>
</tr>
<tr>
<td>CEL(2007)16</td>
<td>Safer management of controlled drugs: private requisition forms for schedules 1, 2 and 3 controlled drugs</td>
<td>06/11/2007</td>
</tr>
<tr>
<td>CEL(2007)12</td>
<td>Family health services: payment verification procedures</td>
<td>04/10/2007</td>
</tr>
<tr>
<td>HDL(2005)05</td>
<td>Tackling fraud in NHSScotland: joint action programme: financial control: procedure where criminal offences are suspected</td>
<td>16/02/2005</td>
</tr>
<tr>
<td>Document Code</td>
<td>Title</td>
<td>Date</td>
</tr>
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<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>HDL(2002)23</td>
<td>Financial control: procedure where criminal offences are suspected</td>
<td>05/04/2002</td>
</tr>
<tr>
<td>MEL(2000)28</td>
<td>Tackling family health service fraud: integrated programme of action: establishment of family health services Fraud Investigation Unit (FIU)</td>
<td>18/05/2000</td>
</tr>
</tbody>
</table>

**Legislation**

<table>
<thead>
<tr>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation of Investigatory Powers (Scotland) Act 2000</td>
</tr>
<tr>
<td>Public Interest Disclosure Act 1998</td>
</tr>
</tbody>
</table>

**Other Guidance**

<table>
<thead>
<tr>
<th>Memorandum of Understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFS and NHSScotland Human Resources Teams</td>
</tr>
<tr>
<td>CFS and Association of Chief Police Officers (ACPOS)</td>
</tr>
<tr>
<td>CFS and Internal Audit teams</td>
</tr>
</tbody>
</table>
NHSScotland
National Services Scotland - Counter Fraud Services

List of Specified Offences

The remit of Counter Fraud Services (CFS) is limited to matters of loss by theft, dishonesty, deception and/or manipulation of documents/records where there is a loss to NHSScotland. The following is a list of offences which, following the consultation process, CFS may investigate:

- Falsehood, Fraud and Wilful Imposition;
- Embezzlement;
- Corruption;
- Theft by fraud;
- Theft by omission;
- Other financial irregularities involving dishonesty or deception such as timesheet irregularities, sick leave irregularities, failure to declare gifts, breaches of NHS Circulars or Standing Financial Instructions or other accounting irregularities.

This list is not exclusive, but contains only examples of the type of offence that may attract a CFS investigation.

In exceptional circumstances, or in the interest of the Service, but always as directed by the Accountable Officer, CFS will investigate the alleged commission of any of the specified offences where there is no direct loss to NHS funds e.g. patient or endowment funds. However, the employing NHS Board must intend to report the matter to the Police or the Procurator Fiscal in order to seek criminal proceedings.

Where an employee has been accused of theft, which does not involve the type of offences listed above, the matter will be reported to the Police or Procurator Fiscal, and any investigation is to be left up to the Police, in accordance with current practice.
FRAUD ROLES AND RESPONSIBILITIES

Members of Staff
- to protect the assets of the Board
- to report in confidence any reasonable suspicion of fraud or misappropriation as appropriate
- to co-operate in any investigation
- to maintain confidentiality and not divulge any information to a third party

Heads of Department
- to assess the risk of fraud within their areas of responsibility and to encourage staff to review controls and systems in order to identify vulnerable areas
- to develop and maintain effective controls to prevent or detect fraud or misappropriation
- to encourage staff with any reasonable suspicions of fraud or misappropriation to report the matter
- to reassure members of staff they will in no way suffer as a result of reporting reasonably held suspicions
- to ensure that they do not divulge information to a third party and ensure that staff are aware of the same
- to report to the Director of Finance or FLO any suspicion of fraud or misappropriation
- to co-operate with CFS on any investigation
- to liaise with the appropriate Workforce Business Partner regarding any possible resort to the Disciplinary Procedure and where applicable, initiate disciplinary action.
- to secure locally held documentation likely to be required in an investigation
- to not confront/interview persons likely to be responsible for committing a Specified Offence

Director of Finance
- to assume overall responsibility for investigations, liaising as appropriate with Heads of Department, Internal Audit, Police and Management Executive
- to refer timeously to the Chief Internal Auditor regarding investigations
- to agree the scope and timescale for any investigation
- to keep the Chief Executive informed of issues, and discuss management of the case as appropriate
- to inform the CFS and make full use of their expertise and resources in countering fraud and investigating Specified Offences
- to maintain a record of any suspected or actual fraud or misappropriation and action taken
- to pursue recovery of losses
to ensure compliance with Standing Financial Instructions regarding the reporting and recovery of losses

- to review internal controls in the light of the conclusions of any investigation

**Board Members**

Should make themselves available to discuss in confidence with members of staff any reasonably held suspicions regarding fraud or misappropriation and should convey to the Director of Finance the details of any suspected fraud or misappropriation

**Counter Fraud Champion - Updated Roles And Responsibilities – CEL 11(2013)**

1. **Raising the Profile of Counter Fraud Initiatives and Publicity.**

   The CFC should be in a position to gauge the level of understanding of financial crime in the organisation. If the level is low, the Champion should work with the board communications team to think of imaginative ways to promote fraud awareness. The Champion should also liaise with CFS to seek ideas, and mediums, to explain the message, utilising existing initiatives.

2. **Make Regular Reports and/or presentations to the Audit Committee**

   The Champion must be an Executive Director/Non Executive Director who is a regular attendee at the Audit Committee. This means that they will have a direct influence on the agenda when fraud is discussed, and can highlight gaps in the counter fraud regime.

3. **Involvement in Counter Fraud Initiatives.**

   The Champion should have oversight of and, where possible be involved in, any initiatives being considered by the NHS Body for deterring and disabling fraud.

4. **Monitor the degree to which recommendations resulting from investigations by CFS have been implemented within his/her organisation and take steps to ensure full compliance.**

   This is an important responsibility, and may well be the task of others within a Body. However, it should be the role of the Champion to enquire as to whom that responsibility is placed and make it their duty to ensure that matters resulting from investigations are being addressed. Again, this is best facilitated by the Champion being a member of the Audit Committee, but if the Champion is of sufficient seniority, then questions can still be asked as to the compliance with fraud investigation outcomes.
5. Relationship with FLO.

The FLO is the key, day-to-day link with CFS. All matters relating to any fraud investigation and counter fraud initiatives within NHS Bodies, comes through that portal. It is therefore important that the Champion knows who the FLO is, and offers support as necessary. The FLO and the Champion should certainly meet up to discuss ongoing cases and counter-fraud initiatives. Particularly important will be the need to spot any gaps in policy or counter-fraud awareness regimes and work closely to brief the Executive Management Team.

6. Relationship with Director Human Resources.

The Champion should make it known to the Director of HR that he/she is in place, and able to assist with promoting an anti-fraud culture in the organisation. In particular, the Champion should support the use of training tools developed in conjunction with HR Directors and their Teams; including the Counter Fraud DVD and the eLearning package.

7. Relationship with Head of Communications.

The Champion should be alive to any communication going to staff which involves counter-fraud messages. Ideally, the Champion should be involved in the drafting of any communication. The Champion should also be advised, in advance, of any media coverage resulting form successful prosecutions.

8. Relationship with Employee Director.

Encountering fraud in any organisation is stressful for staff. The Champion should therefore liaise with the body’s Employee Director and work together to promote a safe environment for staff who report, or are witnesses in, any fraud investigation.

9. Relationship with CFS.

CFS exists to support any NHS Scotland Body in countering fraud. The Champion should feel free to contact CFS at any time to seek general advice on policy and policy implementation. Care should be taken not to obstruct the duties of the FLO, but this can be resolved through close working relationships with FLOs. The Champion will have access to the CFS Secure Website, so that general information can be accessed. The Champion should also attend an introductory briefing with CFS at the beginning of their tenure.

Fraud Liaison Officer - Updated Roles And Responsibilities– CEL 11(2013)

1. Acting as Lead Conduit between CFS and the Health Board.
   The FLO is the key first point-of-contact between CFS and the Board, relating to specific cases.
2. Responsible for receiving information about suspected frauds, within their organisation, from staff or others and passing such information to CFS.

In line with the Partnership Agreement, the FLO is the key channel for communication of fraud to CFS.

3. Responsible for facilitating investigations in their organisations and liaison between CFS and those within the Board whose interests are closely linked to any fraud referral to CFS.

As summed up in the Board Partnership Agreement with CFS.

4. Responsible for briefing the Chief Executive and other senior Board Executives on specific cases.

So that the tone from the top can be maintained, the FLO will have the responsibility to keep all senior managers (including the Chief Executive) fully briefed on any current cases.

5. Working with HR Department.

Responsible for working with HR Director to ensure that staff governance is observed and particularly timing of actions which may involve staff.

6. Ensuring that Audit & Risk Committees are kept informed.

Working with principal executive officers responsible for conduct of the Audit Committee, to ensure the Committee is properly briefed on fraud matters.

7. Facilitating Deterrence and Awareness Initiatives.

Support CFS, national proactive initiatives to raise awareness by facilitating communications with the relevant Board officers (e.g. CFC, HR Directors, Learning & Development Leads, Communications Manager, etc).

Chief Internal Auditor

- ensure that audit plan coverage includes areas where independent assurances are required on systems of internal control in place to prevent fraud
GUIDANCE TO STAFF ON FRAUD

This document provides an introduction to the Board’s policy on fraud and gives advice to employees in dealing with fraud or suspected fraud or other illegal acts involving dishonesty or damage to Board property.

All staff have a responsibility to protect the assets of the Board.

1. Public Service Values

The three fundamental public service values underpinning all NHS and public sector work, specified by the NHS Code of Conduct, are:

Accountability: Everything done by those who work in the organisation must be able to withstand public and parliamentary scrutiny.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness: The organisation’s activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

2. The Board’s Policy

The Board is absolutely committed to maintaining an honest, open and well-intentioned culture within the organisation, so as best to fulfil the objectives of the Board and of the NHS. It is therefore committed to the elimination of any fraud within the Board, to the rigorous investigation of any such cases, and where fraud or other criminal act is proven to ensure that those perpetrating fraud are appropriately dealt with. The Board will also take appropriate steps to recover any assets lost as a result of fraud.

The Board wishes to encourage anyone having suspicions of fraud to report them. The Board’s policy, which will be rigorously enforced, is that no employee should suffer as a result of reporting suspicions held in good faith.

The Board has therefore set in place procedures (in the form of Standing Orders, Standing Financial Instructions and procedure notes) designed to minimise the likelihood of the Board being a victim of fraud, a Fraud Policy...
and Response plan to be followed in the event of suspected fraud being reported and these guidance notes issued to all staff.

3. Instructions to Staff

You should be assured that there will be no recriminations against staff who report suspicions held in good faith. Victimising or deterring staff from reporting concerns is a serious disciplinary matter. Any contravention of this policy should be reported to the Chief Executive or Chair of the Audit Committee. Equally, however, abuse of the process by raising malicious allegations would, if proven, be regarded as a disciplinary matter.

If you believe you have good reason to suspect a colleague, patient or other person of fraud or an offence involving the Board or a serious infringement of Board or NHS rules you should discuss it in the first place with your manager.

Examples could include theft of Board property, abuse of Board property or deception or falsification of records (e.g. fraudulent time or expense claims).

If you have suspicions about the actions of your manager, such that you suspect that manager of involvement of fraud, then you have a choice of:

- going to the next more senior person in your department or directorate;
- discussing the matter confidentially with the Fraud Liaison Officer;
- reporting the matter directly to the Fraud Liaison Officer.

Further choices for staff are:

- to follow the guidance within the Board’s Whistleblowing policy where fraud may not be the only concern
- you may use the Counter Fraud Services (CFS) Fraud Reporting Line 08000 151628 or report your suspicions (anonymously if desired) through the CFS Website - www.cfs.scot.nhs.uk
- if you are concerned about speaking to another member of staff you could ask for advice first from the charity “Public Concern at Work” through the Confidential Alert Line on 0800 008 6112. They provide independent and confidential advice and can also be reached on 0207 404 6609.

The Chief Internal Auditor is currently the Fraud Liaison Officer (FLO) for the Board and as such liaises with CFS during the initial stages of a referral prior to any decision being made regarding the requirement for a full investigation on the part of CFS.
It should be noted that CFS have investigatory powers and rights that are not held within the Board and it is therefore recommended that discussions with the FLO and CFS take place prior to any actions being taken by the Board such as suspension of staff which may impact on an investigation.

Under no circumstances should staff speak to representatives of the press, radio, TV or other third party unless expressly authorised by the Chief Executive.

Please be aware that time may be of the utmost importance to ensure that the Board does not continue to suffer a loss.

Relevant contacts are as follows:

**Director of Finance**

Katy Lewis  
Finance Directorate  
High West  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387 244035)  
Internal: 34035

E-mail: katy.lewis@nhs.net

**Chief Executive**

Jeff Ace  
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Dumfries  
DG1 4TG

Direct Dial: (01387) 272701  
Internal: 32701

E-mail: jeff.ace@nhs.net

**Fraud Liaison Officer**

Julie Watters  
Chief Internal Auditor  
Internal Audit  
Cree North  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387) 244355  
Internal: 34355

Email: julie.watters@nhs.net

**Counter Fraud Champion**

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Director of Finance  
Finance Directorate  
High West  
Crichton Hall  
Dumfries  
DG1 4TG

Direct Dial: (01387 244035)  
Internal: 34035

E-mail: katy.lewis@nhs.net
Counter Fraud Services

Counter Fraud Services
Earlston House
Almondvale Business Park
Almondvale Way
Livingston
EH54 6GA

Telephone: 01506 705 200
Fax: 01506 465 182
Fraud Hotline: 08000 15 16 28

Website: www.cfs.scot.nhs.uk

External Auditors

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141 Bothwell Street
Glasgow
G2 7EQ

Telephone: + 44 (0)141 355 4000
Fax: +44 (0)141 355 4005

Website: www.pwc.co.uk
Section E

Standing Financial Instructions
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Instructions and Responsibilities of Officers</td>
<td>104</td>
</tr>
<tr>
<td>2. Financial Planning, Budgets and Budgetary Control</td>
<td>107</td>
</tr>
<tr>
<td>3. Service Agreements and Patient Services for D&amp;G residents</td>
<td>110</td>
</tr>
<tr>
<td>4. Services provided to patients from other Health Board areas</td>
<td>111</td>
</tr>
<tr>
<td>5. Annual Accounts and Reports</td>
<td>113</td>
</tr>
<tr>
<td>6. Risk Management and Insurance</td>
<td>115</td>
</tr>
<tr>
<td>7. Banking Arrangements</td>
<td>117</td>
</tr>
<tr>
<td>8. Treasury Management and External Borrowing</td>
<td>119</td>
</tr>
<tr>
<td>10. Collection and Banking of Income</td>
<td>123</td>
</tr>
<tr>
<td>11. Payment of Staff</td>
<td>124</td>
</tr>
<tr>
<td>12. Purchase of Supplies and Services</td>
<td>126</td>
</tr>
<tr>
<td>13. Payment of Accounts</td>
<td>134</td>
</tr>
<tr>
<td>14. Control and Safekeeping of Cash, Cheques and Orders</td>
<td>136</td>
</tr>
<tr>
<td>15. Purchasing, Recording, Disposal and Security of Fixed Assets</td>
<td>138</td>
</tr>
<tr>
<td>16. Condemnations, Losses and Special Payments</td>
<td>141</td>
</tr>
<tr>
<td>17. Financial Irregularity – Theft, Fraud and Bribery</td>
<td>142</td>
</tr>
<tr>
<td>18. Information Technology and Services</td>
<td>145</td>
</tr>
<tr>
<td>19. Endowment Funds</td>
<td>147</td>
</tr>
<tr>
<td>20. Internal Audit</td>
<td>149</td>
</tr>
<tr>
<td>21. Patients’ Property</td>
<td>152</td>
</tr>
<tr>
<td>22. Primary Care Payments</td>
<td>154</td>
</tr>
</tbody>
</table>

*Working together to deliver better health, better healthcare*
Section 1: General Instructions and Responsibilities of Officers

These Standing Financial Instructions represent the major principles for the planning and control of the financial functions of the NHS in Dumfries and Galloway (henceforth “DGHB”). Day to day operating financial procedures shall be determined and implemented within Directorates in accordance with these Instructions.

This March 2014 revision supersedes all previous versions.

A General Instructions

1.1 These Standing Financial Instructions (SFI’s) are issued in accordance with the requirements of the National Health Service (Financial Provisions) (Scotland) and are developed and supported through appropriate guidance as issued by the Scottish Government.

1.2 The purpose of the Standing Financial Instructions is to ensure that the Board, its officers and staff maintain control over the financial planning, budgeting and monitoring of resources available. Such control shall be conducted with due regard to the principles of value for money and the continuance of propriety and security.

1.3 These Standing Financial Instructions shall not be altered in any way without the written approval of the Director of Finance.

1.4 The Director of Finance shall require any officer or member of staff to maintain proper financial records and to discharge his duties satisfactorily.

1.5 All staff are severally and collectively responsible for the security of the property of DGHB, for avoiding loss, for economy and efficiency in the use of resources, and for conformity with the requirements of these Instructions, and other financial procedures which the Director of Finance may issue.

1.6 Wherever the title Chief Executive, Director of Finance or other nominated officer is used in these Instructions, it shall be deemed to include such other delegated officers who have been duly authorised to represent them.

1.7 In reading these Instructions the following points must be noted:

   a) ‘Board’ means the Board of DGHB;

   b) ‘Budget’ means an amount of resources expressed in financial terms of income or expenditure proposed by the Board for the purpose of carrying out all or part of the functions of DGHB over a specific period or periods of time;

   c) ‘Chief Executive’ means the Chief Officer of DGHB;

   d) ‘Director of Finance’ means the chief financial officer and treasurer of DGHB.

   e) ‘SGHSCD’ means Scottish Government Health and Social Care Directorates.
f) Where appropriate, terms used in these instructions shall have the same meaning as ascribed in the National Health Service and Community Care Act 1990.

1.8 References in these Instructions to ‘officer’ shall be deemed to apply to all members of staff.

1.9 All references in these Instructions to the masculine gender shall be read as equally applicable to the female gender.

1.10 Any loss or misappropriation of property or money or any other impropriety, whether known or suspected, must be reported as soon as is practical to the Director of Finance. The Director of Finance will be responsible for maintaining a Register of Losses and reporting these annually to the SGHSCD in the prescribed format.

1.11 Any neglect or refusal to carry out Standing Financial Instructions shall be reported to the Director of Finance who may discuss the matter with the Chief Executive, Departmental Head, Internal Audit or Counter Fraud Services as appropriate.

1.12 Confidentiality:

a) All officers and staff shall be bound to observe strict codes of confidentiality regarding any information obtained during their duties for DGHB.

b) Areas requiring maximum confidentiality which handle patient details or other highly sensitive material shall be maintained in accordance with guidance issued by the Scottish Office in NHS Circular MEL (1992)(42), MEL (1994)(100), with protocols devised by the Caldicott Guardian appointed under the terms of NHS Circular MEL (1999)(19) and the Data Protection Act 1998. The confidentiality rights of patients are detailed in the April 2007 revision of the “Confidentiality – it’s your right” guide.

c) Any breach of confidentiality will be subject to immediate disciplinary action.

1.13 The SFI’s detail the financial responsibilities, policies and procedures to be adopted by DGHB and should be read in conjunction with the Standing Orders (SO’s) of the Board. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the Boards detailed corporate policy documents, financial procedures and any departmental procedural notes. The user of these SFI’s should be familiar with, and comply with, the provisions of the Boards SO’s. Staff should ensure that any changes in procedure resulting from the issue of Scotland Government circulars e.g. CELs, HDLs etc. should be implemented immediately as they may only be reflected in these SFI’s when reviewed and updated.

Working together to deliver better health, better healthcare
B Responsibilities of Officers

1.14 The Chief Executive shall be responsible for the implementation of DGHB’s financial policies and for co-ordinating any corrective action necessary to further these policies, after taking account of advice given by the Director of Finance on all such matters. The Director of Finance shall be accountable to the Board for this advice.

1.15 It is the responsibility of all senior officers to ensure that existing staff and all new employees are informed of their responsibilities within these Instructions.

1.16 The Board shall delegate its executive responsibility for the performance of its functions to the Chief Executive. The Board shall exercise financial supervision and control by requiring the submission and approval of business plans and budgets, by defining and approving essential features of financial arrangements in respect of important procedures and financial systems (including the need to obtain value for money), and by defining specific responsibilities placed on officers.

1.17 So far as is possible, the Chief Executive and Director of Finance should delegate their detailed responsibilities but retain their overall accountability. The extent of delegation should be kept under review by the Board.

1.18 Without prejudice to any other functions of officers of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its officers; the design, implementation and supervision of systems of financial control; and the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.

1.19 The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these instructions. Any officer carrying out a finance function shall maintain such records as the Director of Finance shall require, and discharge those duties and keep those records to the satisfaction of the Director of Finance.

1.20 Any contractor, employee of a contractor or agency worker, who is empowered by DGHB to commit the Board to expenditure, or who is authorised to obtain income, should be covered by these instructions. It is the responsibility of the Chief Executive or delegated officer to ensure that such persons are made aware of this.

1.21 Should any difficulties arise regarding the interpretation or application of any of the SFI’s then the advice of the Director of Finance, or his appointed delegate, must be sought before acting.

1.22 FAILURE TO COMPLY WITH STANDING FINANCIAL INSTRUCTIONS MAY RESULT IN DISCIPLINARY ACTION BEING TAKEN WHICH COULD RESULT IN DISMISSAL.
SECTION 2:  FINANCIAL PLANNING, BUDGETS AND BUDGETARY CONTROL

A  Planning

2.1 The Chief Executive with the assistance of the Director of Finance and other Directors shall compile and submit to the Board and the Scottish Government financial plans in accordance with the guidance issued by the Scottish Government.

2.2 The Director of Finance shall ensure that:

   a) Adequate statistical and financial systems are in place to monitor and control all expenditure and facilitate the compilation of estimates, forecasts and investigations as may be required from time to time. He shall compile and submit to the Board such financial estimates and forecasts, on both revenue and capital items, as may be required. As a consequence the Director of Finance shall have right of access to all budget holders on budgetary related matters.

   b) Officers provide him with all financial, statistical and other relevant information as necessary for the compilation of such estimates and forecasts.

   c) The Chief Executive and the Board are informed of the financial consequences of changes in policy, pay awards, trends and efficiency programmes which may affect budgets or projections and shall advise on the financial and economic aspects of future plans and projects.

2.3 The Director of Finance will on a regular basis review the basis and assumptions used for distributing allocations and ensure that these are reasonable, realistic and secure. Prior to the start of each financial year he will submit to the Board for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve and regularly update the Board on significant changes to the initial allocation and the uses of such funds.

C  Budgets

2.4 The Director of Finance shall, on behalf of the Chief Executive, prepare and submit budgets within the limits of available funds and facilitate the compilation of estimates, forecasts and investigations as may be required from time to time. The Director of Finance will review the bases and assumptions used to prepare the budget and advise the Board whether they are realistic.

2.5 The Chief Executive may, within budgetary limits approved by the Board, delegate responsibility for a budget or a part of a budget to directors to permit the performance of defined activities. The directors may further delegate responsibility in consultation with the Director of Finance. The terms of delegation shall include a clear definition of individual and group responsibilities for control of expenditure, exercise of virement (which is the re-allocation of budgets between or within departments), achievement of planned levels of service and the provision of regular reports upon the discharge of these delegated functions to the Chief Executive.
a) The Chief Executive shall not exceed the budgetary or virement limits set by the Board.

b) Officers shall not exceed the budgetary limits set for them by the Chief Executive.

c) The Chief Executive may vary the budgetary limit of an officer within the overall budgetary and virement limits of the Board.

2.6 The Chief Executive may delegate the day to day operation of a budget to an employee of an organisation other than DGHB, although there must still be a designated officer within DGHB who retains ultimate accountability for over or under spends or breaches of SFI’s. The Director of Finance shall draw up appropriate procedures for such delegation including provision for the authorisation of purchase orders and invoices. In such circumstances the budget must be operated under the terms of these SFI’s.

2.7 Any budgeted funds not required for their designated purpose shall revert to the immediate control of the Chief Executive, unless covered by delegated powers of virement and any substantial funds arising from failure or delay in the implementation of plans approved by the Board, shall be reported to the Board by the Director of Finance, together with the Chief Executive’s advice on the use of such funds.

2.8 Expenditure requirements for which no provision has been made in an approved budget and not subject to funding under the delegated powers of virement shall be reported to the Board by the Director of Finance together with the Chief Executive’s advice on the availability of funds to meet such expenditure.

2.8 The Director of Finance shall be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the Board to fulfil its statutory responsibilities.

2.9 Funding identified by SGHSCD as ring-fenced for specific purposes must only be used for projects aligned to the SGHSCD guidelines.

D Control and Reporting

2.10 The Director of Finance shall devise and maintain a system of budgetary control and all managers whom the Board may empower to engage staff or otherwise incur expenditure, collect or generate income, shall comply with the requirements of those systems. The systems of budgetary control shall incorporate the reporting of, and investigation into financial, workload, or manpower variances from budget.

2.11 The Director of Finance shall be responsible for providing budgetary information and advice to enable the Chief Executive and other operational managers to carry out their budgetary responsibilities and for issuing to all relevant staff, rules and
procedures governing the operation of budgets. Performance reviews based on these reports will be carried out on a regular basis across all budget holders.

2.12 The Director of Finance shall provide the Board or Performance Committee on an agreed cyclical basis a report showing:

a) the income and expenditure of DGHB for the financial year to date in comparison with the corresponding proportions of the approved budget to date

b) any further information to enable the Board to determine any necessary corrective action to bring departmental finances into line.

c) a year end forecast of the Board's expected financial position on a quarterly basis.

2.13 The Director of Finance shall:

a) Implement and maintain adequate systems to ensure that the Board can identify, implement and monitor opportunities for cost improvements and increased income generation.

b) Monitor the use of delegated budgets to ensure that financial control is maintained and that the Board's plans and policies are implemented.
Section 3: Service Agreements and Patient Services required by D&G residents

3.1 The Chief Executive, in conjunction with the Director of Finance, shall be responsible for ensuring that adequate funds are available to pay for services as may be required from NHS facilities outwith Dumfries & Galloway and where appropriate with private or voluntary sector providers. Where non-NHS providers are utilised European Union and UK legislation and the requirements of the Scottish Procurement Policy Handbook must be followed.

3.2 The Chief Executive, in conjunction with the Director of Finance, is responsible for ensuring that service agreements are placed with due regard to the principles of value for money.

3.3 The Director of Finance shall be responsible for drawing up and agreeing the financial details contained in NHS service agreements.

3.4 The Director of Finance shall be responsible for maintaining a system for the payment of service agreements in accordance with agreement terms.

3.5 The Director of Finance shall be responsible for establishing arrangements for the handling of unplanned patient activity (UNPAC's) payments which are financially secure and in accordance with guidance from the SGHSCD.

3.6 The cost of treating Dumfries & Galloway residents outside Scotland, not covered by service agreements, shall be covered by Non Contract Activity (NCA) arrangements or by the Specialised Services Arrangements, as advised by the SGHSCD.

3.7 The Chief Executive and Caldicott Guardian shall be responsible for ensuring that all systems operate in a way to maintain the confidentiality of patient information.

3.8 A list of DGHB officers who are authorised to sign service agreements, service agreement payments, NCA payments, NCA authorisations, UNPAC’s authorisations and UNPAC’s payments should be approved by the Board and be strictly adhered to on all occasions.
SECTION 4: SERVICES PROVIDED TO PATIENTS FROM OTHER HEALTH BOARD AREAS

A General Responsibilities

4.1 The Director of Finance shall be responsible for establishing NHS service agreements for the provision of services to other health bodies in accordance with the business plan. These service agreements signify agreement of the level of income necessary to provide the services required by the health board in each financial year.

4.2 Where the Director of Finance does not consider it necessary or practical to enter into a service agreement with a particular health board, any treatment required by patients residing in that health board’s area will be invoiced treated as “unplanned patient activity” (UNPAC’s).

4.3 The cost of treating patients resident outside Scotland, not covered by service agreements, shall be covered by the Non Contract Activity (NCA) arrangements as advised by the SGHSCD.

4.4 Under the national health services (Charges to overseas Visitors) (Scotland) Regulations 1989, people who are not ordinarily resident in the UK are, in the main liable to be charged for any hospital treatment they receive. It is the legal duty of NHS D&G to establish whether charges for the provision of NHS health care should be applied, if so, to recover such charges.

B Specific Responsibilities

4.5 The Director of Finance shall be responsible for introducing arrangements/systems for ensuring that as a minimum, information in the appropriate nationally agreed minimum data set is available to support service agreements with Health Boards. The Director of Finance shall ensure that all arrangements/systems operate in a way to maintain the confidentiality of patient information.

4.6 The Director of Finance shall be responsible for:

   a) Drawing up and agreeing the financial details contained in all NHS service agreements entered into by DGHB.

   b) Ensuring that the costing of all NHS service agreements is in accordance with any guidance provided by the Scottish Government.

   c) Ensuring that all patient related costs incurred by DGHB for patients resident outside of the area are recovered through service agreements, unplanned activity and Non Contract Activity arrangements.

   d) Establish all arrangements for identifying and gaining approval, where required, for referrals under service agreements, unplanned activity and Non Contract Activity.
e) Ensuring that all invoices to Health Boards are sent out in accordance with the terms of the relevant service agreement, or in line with UNPAC and NCA arrangements.
SECTION 5: ANNUAL ACCOUNTS AND REPORTS

5.1 NHS Dumfries & Galloway is required, under the National Health Service (Scotland) Act 1978, to prepare and submit Annual Accounts by the date advised by SGHSCD to Scottish Ministers.

5.2 The Annual Accounts shall comply with:

- Accounting and disclosure requirements of the Companies Act;
- International Financial Reporting Standards (as adopted by the European Union), in so far as they are appropriate to the NHS and remain in force for the financial year for which the accounts are to be prepared;

5.3 The Annual Accounts shall comprise of:

- Directors report;
- Operating and Financial review;
- Remuneration report;
- Statement of Health Board Members and Chief Executives responsibilities;
- Governance statement;
- Independent Auditors report
- Statement of Comprehensive Net Expenditure and Summary of Resource Outturn;
- Balance Sheet;
- Cash Flow statement;
- Statement of changes in Taxpayers Equity;
- Accounting Policies and Notes to the Accounts as may be necessary.

5.4 The Annual Accounts shall give a true and fair view of the operating costs, changes in taxpayers equity, balance sheet and cash flow statement. The Annual Accounts will be prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

5.5 The Annual Accounts shall also contain any disclosure and accounting requirements which Scottish Ministers may issue from time to time.

5.6 The Director of Finance shall ensure that proper accounting records are maintained which allow timeous preparation of Annual Accounts in accordance with the timetable laid down by SGHSCD.

5.7 The Annual Accounts and Returns shall be prepared in accordance with all statutory and regulatory requirements and be supported by appropriate accounting records and working papers.

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5.8 External auditors shall be appointed by the Auditor General for Scotland. The Director of Finance will agree with the external auditors a timetable for the production, audit and adoption of the Annual Accounts. The timetable shall be consistent with the requirements of SGHSCD for submission of the Annual Accounts to the Scottish Ministers.

5.9 Annual Accounts shall be prepared in accordance with the relevant Accounts Directions and Manuals issued by SGHSCD.

5.10 The Chief Executive shall be responsible for the preparation of a Governance Statement in respect of NHS Dumfries & Galloway and in so doing shall seek appropriate assurance, including that of the Head of Internal Audit, with regard to:

- Internal control
- Governance
- Best value
- Risk assessment

5.11 The Annual Accounts of NHS Dumfries & Galloway shall be reviewed by the Audit and Risk Committee, which has responsibility for recommending adoption of the Annual Accounts by the NHS Dumfries & Galloway Board.

5.12 Following the formal approval of the motion to adopt the Annual Accounts by NHS Dumfries & Galloway Board the Annual Accounts shall be certified by the Chief Executive, Chairperson, Director of Finance and external Auditors prior to their formal submission to the Scottish Ministers.

5.13 The Director of Finance shall be responsible for the preparation and submission of any financial returns during each year to SGHSCD in a format and frequency as so determined.
SECTION 6: RISK MANAGEMENT & INSURANCE

6.1 The Chief Executive shall ensure that the Board has a programme of risk management which will be approved and monitored by the Board.

6.2 The programme of risk management shall include:

a) a process for identifying and quantifying risks and potential liabilities;

b) engendering among all levels of staff a positive attitude towards the control of risk;

c) the implementation of a programme of risk awareness training;

d) management processes to ensure that all significant risks and potential liabilities are addressed, including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk; All significant risk and action taken to manage the risks will be reported to the Risk Management Steering Group;

e) the maintenance of an organisation wide risk register;

f) contingency plans to offset the impact of adverse events;

g) audit arrangements including internal audit, clinical audit, health and safety review;

h) arrangements to review and report the risk management programme;

i) a process whereby the risk management plans are measured against compliance with QIS standards;

j) a clear indication of which risks are/shall be insured.

6.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of risk management arrangements in the organisation as required by current guidance on the Statement on Internal Control within the annual accounts.

6.4 In the case of Partnership Working with other agencies, the NHS Dumfries and Galloway risk management framework will be shared to identify and quantify the individual risks, particularly where responsibility cannot be assigned to an individual partner. In the particular case of NHS and Councils jointly managed services, each partner’s risk management and insurance arrangements will be taken into account when identifying and quantifying risks associated with the provision of such jointly managed services and associated with the delegation of the management of a partner’s financial resources. Where conflicts occur between these two sets of arrangements each partner’s Director of Finance will be required to agree a course of action to resolve the conflict.

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6.5 The Board shall decide if all insurance either through CNORIS/commercial insurance or self-insurance covers NHS Dumfries and Galloway for the risk areas (clinical, property and employers/third party liability).

6.6 There are occasions where commercial insurance arrangements will be required e.g. motor vehicles owned by NHS Dumfries and Galloway including third party liability arising from their use, Private Finance Initiatives where the consortium have a commercial insurance arrangement, income generation arrangements but the CNORIS coverage should be checked prior to entering into any commercial coverage.

6.7 The Director of Finance shall ensure that insurance arrangements exist in accordance with the risk management programme and that the procedures are documented.
SECTION 7: BANKING ARRANGEMENTS

7.1 The Director of Finance shall advise the Board upon the provision of banking services in accordance with guidance issued by the Directorate of Finance of the SGHSCD.

7.2 The Director of Finance shall be responsible for establishing one or more bank accounts under the Government Banking Service arrangements:
   a) into which all credits or payments by the Scottish Government are to be made;
   b) into which other NHS bodies are advised to lodge funds due;
   c) from which all payments to NHS bodies or other Government Bodies are made;
   d) into which any other credit may be made;
   e) from which any other payment may be made;

7.3 In the operation of all bank accounts, the Director of Finance shall ensure:
   a) that payments authorised to be made from such an account do not exceed the amount credited or to be credited to the account;
   b) the nomination by the Board, of officers including the Director of Finance who are empowered to authorise the issue of cheques, to sign cheques and other monetary instruments;
   c) cheque authorisation limits are held within section 11.20 of the scheme of delegation.

7.4 All funds shall be held in accounts in the name of DGHB. No officer other than the Director of Finance shall open any bank account in the name of DGHB.

7.5 The Director of Finance shall advise the nominated bankers of any alterations in the condition of operation of accounts that may be required by financial regulations of the Health Service or by resolution of the Board as may be necessary.

7.6 The balances of commercial accounts holding public funds shall be maintained at the lowest practicable levels with a maximum credit balance of £50,000 on the last working day of the month allowing for unpresented cheques or other outstanding debits. The main account shall not be permitted to be overdrawn.

7.7 The Director of Finance shall be responsible for authorising the application and use of government procurement credit card.
7.8 The Audit and Risk Committee shall nominate officers including the Director of Finance who are empowered to sign cheques or other specific banking instruments and the Audit and Risk Committee shall set the limits for such authorisations.

7.9 Payments drawn on commercial bank accounts shall be made as follows:

   a) electronic fund transfers where security procedures have been approved by the Director of Finance;
   
   b) manually produced or purchase ledger system generated cheques as authorised by the Director of Finance.

7.10 All cheques shall be treated as Financial Controlled Stationery, in the charge of a duly designated officer controlling their issue.

7.11 Where required, other bank accounts shall be funded by electronic transfers drawn on the main bank account, processed by two authorised users of the account and signed by a person as nominated by the Board.

7.12 Any person authorised to sign cheques drawn on a specified bank shall be responsible for ensuring that properly documented evidence is available before the cheque is signed. No officer shall sign or be obliged to sign any cheque or banking instrument until he is fully satisfied that it is properly evidenced and authorised.

7.13 Maintenance and regular independent reconciliations should be completed. Petty cash floats should be controlled in accordance with procedure issued to each holder of petty cash.
SECTION 8:  TREASURY MANAGEMENT AND EXTERNAL BORROWING

A  Treasury Management Policy and Procedures

8.1 All funds should be held in non-interest bearing bank accounts. Funds held on behalf of other bodies may however be subject to separate banking arrangements depending on the grant conditions.

B  External Borrowing

8.2 The Director of Finance shall ensure that the bank accounts of DGHB do not go overdrawn.
SECTION 9: INCOME: SYSTEMS, INCOME GENERATION, AND DETAILED INCOME PROCEDURES

9.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording, invoicing and collection of all monies due, including the creation of a register for regular income, which shall incorporate the principles of internal check and separation of duties.

9.2 All officers shall inform the Director of Finance of money owing to DGHB arising from transactions which they initiate including all contracts, leases, tenancy agreements and private patient undertakings. The Director of Finance shall approve income generation or cost recovery contracts with financial implications in excess of £30,000.

Responsibility for arranging the level of rentals for newly acquired property and for reviewing rental and other charges regularly shall rest upon the Director of Finance in accordance with the SGHSCD property transactions manual. The Director of Finance shall be consulted about the pricing of goods and services offered for sale.

9.3 The Director of Finance shall ensure that appropriate systems exist for the recovery of outstanding debts.

9.4 Income not recovered shall be dealt with in accordance with Section 16 of these SFI’s regarding Condemnations, Losses and Special Payments.

9.5 Income Generation Schemes

9.5.1 All schemes must comply with MEL (2000) 13: “Fund Raising, Income Generation and Sponsorship with NHS Scotland". Before allowing commercial occupancy of any premises or area of DGHB, the Chief Executive shall ensure that:

(a) Notification had been given to the Director of Finance of any potential occupant of DGHB’s premises so that a full and thorough check could be completed on the financial viability of the applicant based on the full facts of the proposed occupancy.

Such notification should include a projection of all known costs which are to be invoiced to the applicant including services such as electricity and water.

Local investigations into the commercial credibility of the applicant should be undertaken where applicable.

No entry should be granted to an applicant until a report is received by the Chief Executive on his financial viability.

(b) Any agreed costs for improvements were included in the initial projection of known expenditure and preferably recouped before the
occupancy commences or an agreed repayment schedule prepared for inclusion in the lease.

(c) A schedule of all costs including the rental were included into the lease and an agreed payment schedule specified which adequately covers the projection of costs over the lease period.

(d) Clauses must have been agreed and included in the lease for action to be taken in the event of non-payment including terms for charging interest on overdue accounts and the rights to evict and sue the occupant.

(e) Department managers must notify the Revenue Section of the Finance Department immediately if a recharge is to be invoiced to tenants for services such as electricity and provide all the necessary information concerning the charge to enable an account to be raised.

(f) A separate electricity meter should have been installed for the occupant if the consumption is substantial and if the installation would not reduce any benefits which might in certain circumstances accrue to DGHB.

(g) All terms and conditions of a legally binding lease or agreement for the occupancy shall have been agreed and the documents signed before the occupant is allowed entry to the premises.

9.5.2 In operating Income Generation Schemes, the Director of Finance shall ensure that there are systems in place to identify all costs and revenues attributed to each scheme and that proper financial assessments and controls are operated for each scheme and that the chain of reporting is clearly established and followed.

9.5.3 In addition to established procedures for debt recovery the Director of Finance shall receive notification if a debtor in excess of £10,000 has become more than 3 months overdue in payments.

9.6 Detailed Income Procedures

The majority of instructions for the collection of income in DGHB from specific areas and departments shall be included in departmental procedures. Because of their value or vulnerability the procedures for the following areas are detailed below:

9.6.1 Meals

Each Hospital will record the revenue for meals through the use of a modern cash register.

The Cash Register will be cleared after lunch each weekday by the officer delegated such duties and Dining-Room Supervisor (where applicable), the takings will then be recorded in the book kept for this purpose and each entry will be initialled by both persons. Any discrepancy between the cash collected and
the amount shown on the till roll will also be shown in this book.

Any individual variation from the method of collection above must be authorised by a responsible officer.

9.6.2 Functions

Any request by staff or outside groups to hold a function in hospital premises should be referred to the appropriate Catering Officer who will be responsible for obtaining authority for the function, for issuing the necessary instructions regarding supply of foodstuffs etc. and for informing the Finance Department of the appropriate details for the account to be raised, in accordance with agreed Board procedures.

It will be the responsibility of catering management and the Director of Finance to calculate and notify the inclusive charge to be levied against those attending the function so that all out-goings are recovered.

9.6.3 Telephone Kiosks and Vending Machines

The officer delegated to undertake the duties of cashier will ensure that telephone kiosks and vending machines are emptied at least once every two months and that keys are held in the safe when not in use. Two persons will be used for this exercise and the Record book of Collection signed by both parties.

9.6.4 Foreign currency

All income transactions should be conducted in sterling.
SECTION 10: COLLECTION AND BANKING OF INCOME

A  Collection of Income

10.1 The Director of Finance will prepare and maintain a list of all sources from which income regularly arises.

10.2 When income becomes due, the revenue section within the Finance Department will raise the invoice in accordance with the debtors procedure.

10.3 Electronic receipt of income BACS, credit & debit card receipts are identified through the daily bank transaction download and allocated to the appropriate debtor or financial code.

10.4 All cheques received within the Finance Department are recorded daily on an Excel document. All cheques are banked and processed through the appropriate financial system on a daily basis.

10.5 When cash is received an official pre-numbered receipt is issued, this is signed by a member of staff and all cash income is banked on a daily basis.

10.6 All receipt books or other means of officially acknowledging or recording amounts received or receivable, shall be in a form approved by the Director of Finance. Such stationery shall be ordered and controlled by him and subject to the same precautions as are applied to cash.

B  Banking of Income

10.7 All moneys received must be banked into the appropriate bank accounts of DGHB without undue delay. If monies must be retained overnight they must be securely locked up.

10.8 The completed bank pay-in slips will be presented to another officer, who will ensure that the compilation of the pay-in slip agrees with the details shown for the Bills Collection Sheet or similar sheet. The pay-in slip will be initialled by the officer concerned to show that it has been so checked.

10.9 The Director of Finance or his authorised deputy shall prescribe the system for the transporting of cash and un-issued cheques.
SECTION 11: PAYMENT OF STAFF

A Payment of Staff

11.1 The engagement of staff may only be undertaken within the arrangements set out in DGHB’s scheme of budget delegation. The re-grading of staff must proceed through the appropriate organisational arrangements for re-grading.

11.2 The Workforce Directorate shall issue each employee with a contract which shall comply with current employment legislation and be in the form approved by the Board.

11.3 A Staff Engagement Form, and such other documents as the Director of Finance may require shall be sent to the Pay Office, upon the employee commencing duty.

11.4 A Notice of Termination Form and such other documents as required by the Director of Finance shall be submitted to the Pay Office in the prescribed form as soon as resignation date has been agreed upon and preferably one month before the agreed date under normal circumstances for monthly paid staff. For weekly staff, as soon as a date is known and at least one week before that date. If leaving on retirement a minimum of four months’ notice is required. Where an employee fails to report for duty in circumstances which suggest that he has left without notice the Director of Finance shall be informed immediately.

11.5 A Notice of Changes Form shall be sent to the Pay Office upon the effective date of any change in the state of employment or personal circumstances of an employee being known.

11.6 All time records, duty sheets, and other pay records and notifications, whether electronic or paper, shall be in a form approved by the Director of Finance and shall be certified and submitted in accordance with his instructions.

11.7 The Remuneration Committee shall agree all terms and conditions of employment of Executive Members of the Board and ensure that effective arrangements are in place for carrying out this function in respect of other senior managers.

11.8 The Director of Finance shall be responsible for verifying that the rate of pay and relevant conditions of service of all staff are in accordance with the proper compilation of the payroll and for payments made. The Workforce Director has responsibility for verifying pay and Terms & Conditions, in accordance with national and / or local agreements.

11.9 The Director of Finance shall determine the dates on which the payment of salaries and wages are to be made, having regard to the general rule that it is undesirable to make payments in advance.

11.10 All employees shall be paid by bank electronic transfer (BACS), unless otherwise agreed by the Director of Finance.

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11.11 It is the duty of each member of staff to check each payslip they receive and to advise Line Manager or Payroll department if they have been overpaid, if they have any queries or identified any irregularities. Any irregularities must be reported immediately to allow for any potential overpayment to be corrected, in accordance with overpayment of salaries and wages guidelines.

11.12 The Director of Finance will ensure that an adequate system of internal checking is being operated to provide delegation of duty in preparing and processing payroll.

B Staff Bonuses and Benefits

11.13 The Chief Executive will ensure that schemes of delegation are in place so that staff benefits, resulting from employment, are accrued to the employee as intended by the employer. In particular:

   a. Performance payments will only be made to employees in accordance with their terms of employment; ad hoc cash bonuses to staff cannot be paid.

   b. Leased car arrangements within DGHB will be based on the appropriate national staff policy and in accordance with a scheme approved by the Board.

   c. Token gifts of low value to individuals in recognition of special efforts or long service are allowable.

   d. Guidance will be issued to staff with regard to the acceptance of gifts or benefits from a third party resulting from their employment. Further information is detailed in Section 16 of this document.

C Exceptional payments to staff

11.14 Cash payments or pay advances will only be made to staff in exceptional circumstances approved by the Director of Finance, or his deputy.
SECTION 12: PURCHASE OF SUPPLIES AND SERVICES

A General Principles

12.1 No orders should be placed unless there is an approved budget with funds available to meet the order. In purchasing supplies and services, officers should ensure the principles of Best Value are adhered to. This includes ensuring the products meet appropriate standards and if in doubt should seek advice from the appropriate authority such as the Medical Physics Department or the Infection Control Team. Through reference with the Procurement Department, purchases of items should be assessed with respect to any additional related costs that may arise from the purchase of such item. For example – Information Technology support costs; maintenance costs; staff user training costs; cleaning costs and equipment required for this process. Such review will ensure that the budget holder has assessed the full financial; Health and Safety and Infection Control implications associated with the items being purchased.

12.2 Wherever the item is of the type handled by the Procurement Department, the preferred route is that approved users of an eProcurement system may requisition goods electronically of a type and value according to predefined workflow and levels of authority. By exception, orders can be made on official order forms through the Procurement Department.

12.3 With the exception of orders raised electronically through an eProcurement system all orders should be made in writing. Where a funding commitment is made verbally by an authorised budget holder (a contribution to a national project agreed at a committee meeting for example) it should be backed up immediately in writing either by a copy of the minute or official letter or memorandum.

12.4 Where a recurring commitment is entered into by an authorised officer they shall ensure that the lifetime value of the contract falls within the delegated authority limits for special transactions which will be issued from time to time by the Finance Director and that it is the lifetime value of the contract which establishes the procurement route as detailed below in section 12.33. They are responsible for maintaining proper documentation to allow the scope of DGHB’s commitment to be ascertained at any time and for notifying the relevant Divisional Finance Manager of any changes needed to financial estimates to reflect the financial implications.

12.5 Where supplies and services of the type and quantity required are available on a National Category A (Scottish Government hosted) or Category B (NHS Scotland hosted) contract, the order must be placed with a supplier designated in that contract. Only in exceptional circumstances and only with the authority of a Director, shall supplies and services available on National Contract be ordered outwith the relevant contract.

12.6 If supplies are not available from a contracted supplier, the procedures for competitive tendering and quotations shall be followed in order to maximise value for money for the relevant Department and for DGHB [Section 12 (D) of Working together to deliver better health, better healthcare]
these Instructions]. This may also be the case where the National Contract is in the form of a framework agreement with a number of suppliers and a mini-tender evaluation is required to establish DGHB’s preferred supplier(s).

12.7 Officers in charge of Departments shall be responsible for the supply and safe custody of all items under their control and for the prevention of loss of waste, deterioration, theft or fire. For further guidance please see Section 16: Condemnations, Losses and Special Payments

12.8 Officers ordering goods from suppliers or requisitioning goods from stores shall be responsible for ensuring that such purchases and requisitions are limited to quantities actually required for consumption or use within a reasonable period. If stocks are to be maintained, they shall be kept to a minimum acceptable level. Goods nearing their “use by” date should be referred to the Procurement Department to ascertain whether any other department could utilise these before their expiry date.

12.9 Whenever possible supplies should be ordered through the purchasing system. Petty cash floats should be used minimally to purchase supplies. These should be recorded and reimbursed in line with the petty cash procedures.

12.10 CEL 05 (2012) - Key Procurement Principles was issued to all Health Boards on the 1st March 2012, the overall purpose being to refresh the guidance issued within HDL(2006)39 and to clearly mandate to all Health Boards with respect to the use of national, regional and local contracts where such contracts exist. In addition to this, the CEL provides a series of supporting principles which should be adopted by all Health Boards in order to support the aim of achieving best value from procurement activity. The key principles are contained within the ‘Key Procurement Principles’ procedure. All staff involved in procurement activity should ensure that compliance with these principles is adopted and evidenced. This includes procurement activity within Estates, Pharmacy, General Supplies, Catering and IM&T.

12.11 Procurement of Management Consultancy Services is subject to separate guidance although the Procurement element is consistent with the purchase of supplies and services. This is contained in the procedure, ‘Procurement of Management Consultancy Services’.

B Requisitions and Orders

12.12 Approved users of an eProcurement system must be authorised in respect of workflow and levels of authority with a central register kept by the eProcurement Systems Administrator. In accordance with the Boards Computer Usage Policy it is a disciplinary offence for an authorised user to give logon or password details to anyone else. Requisition books shall only be issued to and signed by officers so authorised by the Director of Finance. Lists of authorised officers shall be maintained for management control purposes and copies supplied to the Director of Finance.

12.13 Requisitions for those supplies and services of a type handled by the
Procurement Department, Stores or the National Distribution Centre should be passed to the Procurement Department.

12.14 Official Orders shall only be issued by the eProcurement system, or Procurement Department, Pharmacy Department, Catering Department, Estates Department or by any other which has been authorised by the Director of Finance to operate its own official order pad.

12.15 No goods, services or works, other than works and services executed in accordance with a contract, imposed charges such as rates or purchases from petty cash, shall be ordered except on an official order and regular contractors shall be notified that they should not accept orders unless on an official form. Verbal orders shall be issued only by an officer designated by the Chief Executive and only in cases of emergency or urgent necessity. These shall be confirmed by an official order issued no later than the next working day clearly marked "Confirmation Order".

12.16 Official orders placed by the Procurement Department shall be in a form approved by the Director of Finance and shall include such information concerning prices or costs as he or she may require. The order shall incorporate an obligation on the contractor to comply with the conditions stipulated in writing on or with the order as regards delivery, carriage, documentation, variations, etc.

12.17 Details of all requisitions and orders placed should be available to the Director of Finance either in paper form or accessible through a computerised purchase ledger or eProcurement system.

12.18 Orders shall not be placed in a manner devised to circumvent the financial limits specified by the Board.

12.19 Goods, e.g. medical equipment, shall not be taken on trial or loan in circumstances that could commit the Board to a future uncompetitive purchase.

12.20 No order shall be issued for any item or items for which an offer of gifts, reward or benefit has been made to staff, other than:

a. isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

b. conventional hospitality provided it is normal and reasonable in the circumstances, such as lunches in the course of working visits.

A benefit to staff should be taken to include the ordering of goods for personal use in such a way as to take advantage of DGHB’s discounts or other privileged purchasing arrangements. Visits may not be made by officers at the suppliers’ expense to inspect equipment etc. without the prior approval of the Chief Executive or Director of Finance.
C Stores and Stock Control

12.21 All stock records in the Controlled Stores or in Departments shall comply with such systems of control as the Director of Finance instructs.

12.22 The overall control of stock shall be the responsibility of the Chief Executive or such other officer as may be designated by him. The Scheme of Delegation outlines the principle officer with identified responsibility. The Chief Executive shall be responsible for ensuring that stocks are kept at a minimum, consistent with good working practice.

12.23 Systems and procedures for the ordering, receipt and issue of goods from the stores shall be controlled by the designated officer and shall be approved by the Director of Finance.

12.24 The responsibility of security arrangements and the custody of keys for all stock locations shall be clearly defined in writing by the designated officer. Where possible stocks shall be marked as NHS property. Designated officers should ensure that all stock locations are subject to appropriate security and stock control processes.

12.25 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in stock at least once a year or by perpetual checks in main stores. A physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance or his representative and internal and/or external Auditors shall be invited to attend. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiencies revealed on stocktaking shall be reported to the Director of Finance immediately and he may investigate as necessary.

12.26 On completion of the annual stock valuation, the Director of Finance should receive appropriate confirmation from designated officers with respect to compliance with stock control procedures. Where a complete system of stock control is not justified, alternative arrangements shall require the approval of the Director of Finance.

12.27 The designated officer shall be responsible for a system, approved by the Director of Finance for the identification of excess stock, for a review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable articles. The designated officer shall report to the Chief Executive any evidence of significant over-stocking and of any negligence or malpractice.

12.28 Breakages and other losses of goods in stock shall be recorded as they occur and a summary shall be presented to the Director of Finance at regular intervals. Tolerance limits shall be established for all stocks subject to unavoidable loss, e.g. shrinkage in the case of certain foodstuffs and natural deterioration of certain goods.
12.29 Valuation of Stock and Work in Progress

(a) Stock shall be valued as directed by the Annual Accounts Manual. Any deviations from the process as directed per the Manual should be communicated to the Director of Finance with appropriate supporting reasoning.

(b) For manufactured finished stock direct overheads should be included in the valuation.

(c) Work in progress shall be valued at the cost of the direct materials plus the conversion costs incurred to bring the goods up to their degree of completion at the time of the valuation.

(d) The basis of valuation shall be clearly indicated on returns or accounts.

12.30 Stocks which have deteriorated, or are not usable for any other reason for their intended purposes, or may become obsolete, shall be written down to their net realisable value. The write down shall be approved by the Director of Finance, Chief Executive or SGHSCD as detailed in the scheme of delegation.

D Competitive Tenders, Quotations and Contracts

General Principles

12.31 The Board is required under NHS Regulations to ensure that no advantage shall be granted to any prospective supplier of goods or services which could hinder fair competition or diminish the policy of value for money which should be followed consistently by DGHB.

12.32 All delegated officers responsible for processing Competitive Tenders, Quotations and Contracts on behalf of DGHB must use Electronic Portals approved by Procurement department. Funding must be approved prior to any undertaking of the Tender, Quotation process.

12.33 Prior to any Tender or Quotation process beginning, a paper must be produced (ranging from an SBAR to a full Business Case or Strategy) that sets out the rationale for the proposed purchase of goods or services. The Procurement Department must then be consulted to advise which Procurement Route should be adhered to.

12.34 The Chief Executive shall devise and maintain procedures to secure fair competition between all firms or persons invited to quote or tender for goods or services. These procedures should be in line with current Scottish Government guidelines.

12.35 The Chief Executive shall ensure that a Register of Declaration of Pecuniary Interests is maintained and reported to the Audit and Risk Committee on an annual basis. It will be the responsibility of individual officers to declare any financial or other interest in any contract which they have direct involvement.
12.36 The Chief Executive shall prescribe standard conditions of contract appropriate to each class of supplies/services and for the execution of all work. Appropriate conditions shall be incorporated into the contract.

12.37 Contracts for building and engineering work that have been approved by the Board as suitable for procurement through this method, can be procured in accordance with Framework Scotland guidance.

Obligation to Obtain Competitive Quotations or Competitive Tenders

12.38 Competitive quotations or competitive tenders shall be invited for the purchase of supplies, services or for disposals if:

a. the supplies or services are not available on a National Contract or from the National Distribution Centre;

b. the supply or disposal (See scheme of delegation for disposals) has not been arranged through National Services Scotland or other agency approved by the Board;

c. the supply is for goods or services other than of a special or bespoke nature or in an emergency. (In that instance authority to purchase without a quotation or tender shall be authorised by the Director of Finance and confirmed in writing. All such approvals shall be formally reported to the Audit and Risk Committee);

d. for competitive quotations, the original quotation is more than three months old and

e. the supply falls within the financial limits set out on section 12.39 below.

12.39 The procedures to be followed are dependent on the nature and value of the supply and are set out in the table below. In the case of quotations or tenders a minimum of three must be sought.

Supplies and Services other than Building or Emergency Work

<table>
<thead>
<tr>
<th>Value</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £1,000</td>
<td>Verbal Quotation</td>
</tr>
<tr>
<td>£1,000 – £5,000</td>
<td>Written quotation by letter, email or fax</td>
</tr>
<tr>
<td>£5,000</td>
<td>Competitive Quotations</td>
</tr>
<tr>
<td>£50,000</td>
<td>Competitive Tenders</td>
</tr>
</tbody>
</table>

Working together to deliver better health, better healthcare
Building and Engineering Works

<table>
<thead>
<tr>
<th>Value</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to £5,000</td>
<td>Jobbing Basis</td>
</tr>
<tr>
<td>£5,000</td>
<td>-</td>
</tr>
<tr>
<td>£50,000</td>
<td>Competitive Quotations</td>
</tr>
<tr>
<td>Over £50,000</td>
<td>Competitive Tenders</td>
</tr>
</tbody>
</table>

**Note:** Where the contract is to supply goods or services over an extended period, it is the lifetime value of the contract not the annual value which determines which limits apply. In addition, where at the outset there is reasonable knowledge that the successful bidder may be asked to carry out follow up work, it is the potential value of work which should be used to assess which limits apply.

12.40 Tenders for Building and Engineering Work

The procedure and conditions of tendering for building and engineering works over £50,000 shall be in accordance with the regulations and guidance issued by the SGHSCD. Works estimated to cost less than £5,000 shall be carried out on a job basis by contractors who are on jobbing lists negotiated by DGHB or by a priced quotation. Every contract for building and engineering which exceeds the sum of £250,000 shall be executed as a deed.

All tenders with an anticipated value over £50,000 and Competitive Quotations from £5,000 up to £50,000 must be advertised on the Public Contracts Scotland advertising Portal.

12.41 Frameworks Scotland

The ability to waive formal tendering procedures is limited to occasions where the supply is proposed under a special arrangement negotiated by the Scottish Government, such as the Frameworks Scotland methodology, in which event the said special arrangements must be complied with.

Projects under this route, generally greater than £5 million in value, avoid the requirement for a formal tendering process as this has already been undertaken in arriving at the key Principal Supply Chain Partners (PSCPs) and Professional Services Contracts (PSCs).

When the Frameworks Scotland process was established an invitation was made through the Official Journal of the European Union (OJEU) and other means to interested parties. From an initial response of fourteen PSCP and seventy-three PSC applicants, a rigorous selection process was conducted incorporating:

- price
- quality of design and workmanship
- experience within the sector etc.
In addition a full cost benchmarking exercise was undertaken to ensure that pricing for individual projects followed an agreed process. In this way DGHB should achieve value for money from its chosen building contractor or PSC. The decision as to which PSCP or PSC DGHB invites to undertake work under the Framework will depend on a whole range of individual factors specified by DGHB with the costing process already agreed.

12.42 The procedures for Competitive Tenders and Competitive Quotations are contained within the ‘Competitive Tenders and Competitive Quotations Procedure’ and are mandatory.

12.43 The Chief Executive shall submit a quarterly report to the Audit Committee of all competitive tenders over £50,000 which have been accepted and render such information concerning the tenders as may be required by the Board. In any instances where a tender other than the lowest one has been accepted or when the total value exceeds £250,000 this should be formally recorded in the Audit Committee Minutes which will be made available to the next Board meeting.

**European Union Directives**

12.44 All competitive purchasing exercises shall be operated in accordance with any relevant EU/ WTO directives as may be in force, in particular the requirement to publish all tenders above a certain value in the Official Journal of the European Union (OJEU). Procurement Officers should be consulted in any case where a Department has any doubt regarding the EU/WTO directives in the tendering process.

**Procurement Reform (Scotland) Bill**

12.45 The Procurement Reform (Scotland) Bill was introduced to the Scottish Parliament in October 2013. It aims to establish a national legislative framework for public procurement that supports Scotland's economic growth by delivering social and environmental benefits, supporting innovation and promoting public procurement processes and systems which are transparent, streamlined, standardised, proportionate, fair and business friendly. When the legislation is enacted, these procedures will be updated to reflect the requirements contained within the general duties.

**Scottish Public Policy Handbook**

12.46 All purchasing must be undertaken within the guidelines of the above document produced by the Public Procurement Reform Programme.
Section 13: Payment of Accounts

13.1 The Director of Finance shall be responsible for the prompt payment of accounts and claims. The term 'payment' includes any arrangements established within the NHS to settle payments upon a non-cash basis. Payment of service agreement invoices shall be in accordance with agreement terms, or otherwise, in accordance with national guidance. Current guidance is the aspiration to a 10-day target for paying bills to businesses in Scotland. NHS Dumfries & Galloway have this aspiration above and beyond the contractual commitment to pay suppliers within 30 days.

13.2 All officers shall inform the Director of Finance promptly of all money payable by DGHB arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions. To assist financial control, a register of regular payments should be maintained.

13.3 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all accounts payable by DGHB.

13.4 The Director of Finance shall ensure that there is an adequate system in place at each location of DGHB for the receipt of goods.

13.5 Where an officer certifying accounts relies upon officers to carry out preliminary checking he shall, wherever possible, ensure that those who check delivery or execution of work act independently of those who have placed orders and negotiated prices and terms. The receipting of goods ordered through an eProcurement system will normally be done by the requisitioner of these goods.

13.6 In the case of contracts for building and engineering works which require payment to be made on account during progress of the works the Director of Finance shall make payment on receipt of a certificate from the appropriate technical consultant or officer. Without prejudice to the responsibility of any consultant, or works officer appointed to a particular building or engineering contract, a contractors account shall be subjected to such financial examination by the Director of Finance and such general examination by the works officer as may be considered necessary, before the person responsible to DGHB for the contract issues the final certificate. To assist financial control, a contracts register should be established.

13.7 Any payments in advance for goods and services shall only be permitted in exceptional circumstances and specifically at the discretion and with the authority of the Director of Finance who shall make appropriate arrangements such as bonding to minimise the risk to DGHB.

13.8 Suppliers' statements for goods and services purchased shall be checked for invoices outwith payment terms each month within the Creditors Department.
13.9 The Director of Finance shall maintain an authorised signatory database which shows individuals signing rights for payment for goods or services. In accordance with authorised signatory procedure.

13.10 Request for payment for goods and services should only be authorised after the authorised signatory or, in the case of matched orders, the Creditors Accounts Assistant, has satisfied themselves that the invoice is in accordance with the terms of the order, in terms or price, quantity and quality, and that the goods and services have been delivered.
SECTION 14: CONTROL AND SAFEKEEPING OF CASH, CHEQUES AND ORDERS

A Safekeeping of Cash and Cheques

14.1 All officers whose duty is to collect or hold cash shall be provided with a safe or a lockable cash box which will normally be deposited in a safe. The officer concerned shall hold only one key and all duplicates shall be lodged with DGHB’s bankers or such other officer authorised by the Director of Finance and suitable receipts obtained.

14.2 When a transfer of responsibility for the contents of the safe or cash box is required by reason of illness, holidays, rotation of duties etc., an inventory of the contents must be taken and then recorded on a daily reconciliation sheet or by another approved method. A similar signed inventory will be carried out and a record retained when a transfer back is required.

14.3 The amount of cash held overnight in a safe must be kept to a minimum and where night safe facilities are available these must be used.

14.4 Access to the safe must be restricted to the key-holder who must have the keys in his possession at all times.

14.5 A record of all the contents of safes not in daily use will be maintained by the key-holder in a place other than the safe itself.

14.6 A list of keys deposited in the bank must be held by the Director of Finance.

B Cash in Transit

14.7 An able bodied escort will be provided at all times for any member of staff carrying in excess of £1,000 cash for any purpose inside or outside Board premises. This instruction is raised for the safety and protection of the individual as well as for the security of the Boards money. Routes used and times of trips must be varied.

14.8 Where the sum of money being transported is substantial, special arrangements must be made, possibly seeking police advice and guidance, and transport used at all times.

C Petty Cash and Travel Expenses

14.9 The Director of Finance will retain written certificates for all imprests and sub-imprests.

14.10 Imprest Certificates must be renewed annually and the number of imprests must be kept to a minimum.

14.11 The cashing of cheques, postal orders, etc. out of income or petty cash for employees or any other person is prohibited as is the holding of IOUs or unauthorised advances from petty cash.
14.12 Cash will be held in a secure place at all times and reconciled daily when in use with a record being maintained of the reconciliation. When not in use the cash balance will be checked weekly.

14.13 Payment of travelling expenses, to out-patients and escorts of patients, made in cash at the time of attendance at Clinics, will be paid in accordance with the instructions issued by the Scottish Government.

D Cheques and Postal Orders

14.14 All unused cheques and other orders shall be subject to the same security precautions as are applied to cash.

14.15 Staff shall be informed in writing on appointment, of their responsibilities and duties for the collection, handling or disbursement of cash, cheques, etc.

14.16 The use of cheques which require an electronic signature included shall be subject to such special security precautions as may be required from time to time by the Director of Finance.

14.17 Any loss or shortfall of cash, cheques, or other negotiable instruments, however occasioned, shall be reported immediately in accordance with the agreed procedure for reporting losses.

14.18 When a cheque has been reported missing, a request is made to the bank to stop payment on the transaction before the issue of a duplicate cheque.

14.19 No alterations shall be permitted on issued cheques. If any alteration is necessary the original cheque will be cancelled, duly noted and retained, and a new cheque will be issued.
SECTION 15: PURCHASING, RECORDING, DISPOSAL AND SECURITY OF FIXED ASSETS

A Purchasing and Recording

15.1 The Chief Executive shall ensure that there is an adequate approved process in place for determining capital expenditure priorities and the effect of each proposal upon business plans. The Board’s annual expenditure must be in line with the Capital Resource Limit agreed by the SGHSCD. This figure includes assets financed by Exchequer, Endowment funds or donations.

15.2 The Director of Finance shall be satisfied that every capital expenditure proposal meets the following criteria:

a. Potential benefits have been evaluated and compared with known costs;


c. Supports the current local delivery plan incorporated into the South West Hub initiative as controlled by the Scottish Futures Trust. Appropriate supporting documentation and approval of such schemes through the Board being in place.

15.3 In the case of large capital schemes a system shall be established for progressing each scheme and authorising necessary payments up to completion. Provision should be made for regular reporting of actual expenditure against authorisation of capital expenditure.

15.4 Consideration should be made at an early stage as to the appropriate procurement route for a capital scheme and whether the Framework Scotland methodology is suitable. In addition to this methodology, the creation of the South West Hub gives Health Board members a further procurement vehicle with respect to fixed asset procurement.

15.5 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

15.6 The overall control of fixed assets shall be the responsibility of the Chief Executive advised by the Director of Finance.

15.7 The Director of Finance shall maintain an asset register which records capital assets, either individually or as part of a larger project, which have a value in excess of £5,000 or other such level as the SGHSCD may decide. Detailed guidance on capitalisation of fixed assets is given in the Scottish Government Capital Accounting Manual. This register will be utilised to prepare asset valuations and calculate capital charges.
15.8 A fixed asset control procedure shall be approved by the Director of Finance which shall make provision for:

a) recording managerial responsibility for each asset;

b) identification of additions and disposals;

c) notification of transfers;

d) periodic verification of the existence of, condition of, and title to assets recorded.

15.9 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

a) properly authorised and approved agreements, architects’ certificates, suppliers’ invoices and other documentary evidence in respect of purchases from third parties;

b) stores requisitions and wages records for own materials and labour including appropriate overheads;

c) lease agreements in respect of assets held under a finance lease or PFI arrangement and capitalised.

15.10 The Director of Finance shall maintain procedures for reconciling balances on fixed assets accounts on ledgers against balances on fixed asset registers.

15.11 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Finance.

B Acquisition and Disposal of Land and Buildings

15.12 All acquisitions and disposals of land or buildings shall be conducted by the Board in accordance with the NHS property transactions handbook 2000 (updated 2011)

15.13 All lease or rental of land and buildings shall be conducted by the Chief Executive or his deputy in accordance to the NHS property transactions handbook 2000 (updated 2011)

C Disposal of Assets

15.14 The Estates Department shall ensure that appropriate systems and procedures are maintained for the disposal of assets. Section 16 (B) of these Instructions cover condemnations.

15.15 Where assets surplus to requirement have a potential resale value the Estates Department should advise on the most economically advantageous route.
15.16  Where the expected disposal value of assets exceeds £5,000 the intention to dispose of an asset must be advertised and written offers sought. The procedures set out in section 12.38 and 12.39 of these Standing Financial Instructions should be complied with.

15.17  Section 4.15 of the Capital Investment Guidance explains the procedures to be followed when disposing of any surplus assets with the exception of land and buildings.

D  Security of Assets

15.18  Each employee has a responsibility to exercise a duty of care over the assets of DGHB and it shall be the responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS assets. Any persistent or substantial breach of agreed security practice shall be reported to the Chief Executive.

15.19  The Director of Finance shall be responsible for the definition of items of equipment to be controlled and, wherever practicable, items of equipment shall be marked as DGHB property. Items to be controlled shall be recorded and updated in an appropriate register and these shall include all capital assets.

15.20  The form of record and method of updating shall be as approved by the Chief Executive as advised by the Director of Finance and it shall include separate record(s) for equipment on loan from suppliers.

15.21  The up-to-date maintenance and annual checking of asset records shall be the responsibility of designated budget holders for all items which were purchased for, or transferred into, their department.

15.22  All discrepancies found on checking the records shall be notified to the appropriate departmental head and to the Director of Finance, who may also undertake such other independent checks as he considers necessary.

15.23  Registers shall be maintained to record all controlled items issued to individuals, and where practicable, receipts shall be obtained.

15.24  Records shall also be maintained and receipts obtained for:

   a) equipment on loan to patients; and

   b) all contents of furnished lettings.

15.25  Any damage to DGHB's premises, vehicles and equipment or any loss of equipment or supplies shall be reported by staff in accordance with the agreed procedure for reporting losses (guidance under Section 16).

15.26  On the closure of a ward or department, a check, as in paragraph 15.5, shall be carried out and a designated officer shall certify a list of items held showing eventual disposal.
SECTION 16: CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

A  Losses and Special Payments

16.1  Any officer discovering or suspecting a loss of any kind must directly notify his head of department, who will immediately, or without undue delay dependent on the seriousness of the loss, inform the Director of Finance. Where a criminal offence is suspected, the Fraud Policy must be applied.

16.2  The Director of Finance shall notify SGHSCD of all discovered frauds and any loss arising from criminal or suspected offences perpetrated by the Board’s employees; Circular CEL10(2010) refers. Enhanced Reporting of Fraud.

16.3  The SGHSCD has delegated authority to the Health Board to write-off losses and make special payments up to certain limits as set out in the CEL10(2010). For payments to be made above the level specified SGHSCD authority must be obtained.

16.4  The Board in turn will delegate responsibility to the Chief Executive and Director of Finance to approve write-off and authorise special payments up to the units specified in the Scheme of Delegation

16.5  The Director of Finance shall maintain a losses and compensation register in which details of all losses shall be recorded when they are known. Write-off action shall be recorded against each entry in the register. The register will form the basis of the SFR 18 return, which is included in the Annual Accounts.

16.6  Losses will be recorded on the electronic risk management system (DATIX) that will enable trend analysis reporting.

16.7  The Director of Finance shall be authorised to take any necessary steps to safeguard the interests of the Board in bankruptcies, company liquidations and receiverships.

B  Condemnations

16.8  All unserviceable articles shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Director of Finance. A record in a form approved by the Director of Finance shall be kept of all articles submitted for condemnation and the condemning officer shall indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Director of Finance.

16.9  The condemning officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who shall take appropriate action. Where there are reasonable grounds to suspect that a criminal offence has been committed, action shall proceed as in Section 16.
A Introduction

17.1 Employees of public bodies are expected to conduct themselves in accordance with the standards set out in the 'Ethical Standards in Public Life (Scotland) Bill'. The Board has signed a Partnership Agreement with NHS Scotland Counter Fraud Services (CFS), which outlines what must happen in the event of a fraud or other irregularity being discovered, and what the Board and CFS will do to actively counter the threat of fraud and corruption. These documents endorse the public service values of accountability, probity and openness.

17.2 This Standing Financial Instruction is intended to provide a brief overview of requirements for fraud and other financial irregularity. The Board’s Fraud Policy and Fraud Response Plan as approved by the Audit and Risk Committee provides direction and support to officers and directors who may find themselves dealing with cases of suspected theft, fraud and corruption. The Fraud Policy was updated in June 2013 to reflect guidance received from the SGHSCD through CEL 11 (2013) - Strategy to combat financial crime in NHS Scotland. Where this Standing Financial Instruction does not specifically cover an issue the Fraud Policy and Response Plan should be referred and adhered to.

B Discovery of suspicious circumstances

17.3 The Instructions in this Section refer to action to be taken when a financial irregularity is suspected.

17.4 Any member of staff suspecting fraud or misappropriation of monies should inform one of the following persons:

- Their Head of Department
- An Executive Director
- A Non-Executive Director
- Fraud Liaison Officer (Chief Internal Auditor)

That individual will, if satisfied the suspicions are well founded, advise the Director of Finance.

17.5 If the matter concerns an Executive Director then it should be reported to the Chairman, Vice Chairman of the Board, or the Chair of the Audit and Risk Committee who will discuss matters with the Fraud Liaison Officer and Counter Fraud Services before agreeing the most appropriate course of action.

17.6 Should an employee have concerns and feel they are unable to speak to another member of staff they may either:

- use the Counter Fraud Services (CFS) Fraud Reporting Line 08000 151628 or report suspicions (anonymously if desired) through the CFS Website - www.cfs.scot.nhs.uk, or
• ask for advice from the charity “Public Concern at Work” (Tel 0207 404 6609). They can provide independent and professional support and advice to any employee with a concern.

17.7 If a concern is raised internally the Director of Finance will, as appropriate:

• discuss matters with the Chief Internal Auditor (Fraud Liaison Officer),
• inform the Chief Executive,
• inform the appropriate Head of Department/Executive Director,
• advise the Chief Executive and Chairman of any suspected substantial fraud or misappropriation, and
• inform, as deemed appropriate, the Police, Counter Fraud Services (CFS) and the Appointed Auditor.

17.8 Where preliminary investigations suggest that *prima facie* grounds exist for believing that an offence has been committed, CFS will undertake the investigation, on behalf of, and in co-operation of the Board. At all stages the Fraud Liaison Officer (Chief Internal Auditor) will be kept informed of developments on such cases.

The investigation and subsequent action will be carried out by CFS in accordance with the CFS Partnership Agreement with Health Boards in direct consultation with the Fraud Liaison Officer.

17.9 In cases where the evidence suggests that the alleged offence relates to theft, without any fraudulent element, the case will be referred to the Police, as opposed to CFS who do not investigate the crime of theft.

C Taking Action

17.10 Once the circumstances are known, the Director of Finance will take immediate steps to ensure that so far as possible these do not recur. In cases of fraud, the Fraud Liaison Officer will first consult with CFS as to whether proposed action would prove prejudicial to the effective prosecution of the case. CFS can advise on suitability and feasibility of concurrent criminal, disciplinary and recovery actions.

In the event of a difference of opinion between the Director of Finance and CFS, the Chief Executive will have the final decision.

17.11 It will be necessary to identify any defects in the control systems, which may have enabled the initial loss to occur, and to decide on any measures to prevent recurrence.

17.12 Any losses will be reported in accordance with the relevant section of the Board’s Standing Financial Instructions and appropriate Scottish Government guidance.

17.13 CEL 10 (2010) relates to Enhanced Fraud Reporting and should be followed. While normally there is no requirement to report individual cases to the

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SGHSCD there may be occasions where the nature and scale of the alleged offence or the position of the person or persons involved, could give rise to national or local controversy and publicity. Moreover, there may be cases where the alleged fraud appears to have been of a particularly ingenious nature or where it concerns an organisation which other health bodies have dealings with or any unusual or significant incidents involving patients’ or endowment funds. In such cases, the SGHSCD must be notified of the main circumstance of the case at the same time as an approach is made to CFS.

17.14 Where the publicity surrounding a particular case of alleged financial irregularity attracts enquiries from the press or other media, the Chief Executive should ensure that the relevant officials are fully aware of the importance of avoiding issuing any statements, which may be regarded as prejudicial to the outcome of criminal proceedings.

17.15 The Chief Executive as Accountable Officer should decide on the suitability of inclusion of material fraud issues within the Governance Statement.

D Bribery

17.16 The Bribery Act 2010 has brought further obligations on NHS Dumfries and Galloway and its staff.

17.17 NHS Dumfries and Galloway operates a zero tolerance approach to bribery, whether direct or indirect, by, or of, its staff, agents or external consultants or any persons or entities acting for it or on its behalf. The Board is committed to implementing and enforcing effective systems throughout NHS Dumfries and Galloway to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010.

17.18 NHS Dumfries and Galloway will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement. We reserve the right to terminate contractual arrangements with any third parties acting for, or on behalf of, NHS Dumfries and Galloway with immediate effect where there is evidence that they have committed acts of bribery.

17.19 The success of NHS Dumfries and Galloway anti-bribery measures depends on all employees, and those acting for NHS Dumfries and Galloway, playing their part in helping to detect and eradicate bribery. Therefore all employees and others acting for, or on behalf of NHS Dumfries and Galloway are encouraged to report any suspected bribery in accordance with Section D of the Code of Corporate Governance – Fraud Policy and Action Plan.

17.20 Where there are grounds to suspect that bribery has occurred a response shall be initiated as per section 3 of the Fraud Policy and Action Plan contained within section D of the Code of Corporate Governance.
SECTION 18: INFORMATION TECHNOLOGY AND SERVICES

18.1 The Director of Finance shall be primarily responsible for the accuracy and security of the computerised financial data of DGHB and as such he shall:

a) Devise and implement any necessary procedures to ensure adequate protection of DGHB’s data, programs and computer hardware for which he is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998.

b) Ensure that adequate controls exist over data entry, processing, storage transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.

c) Be satisfied that adequate controls exist such that the computer operation is separated from development, maintenance and amendment.

d) Ensure that an adequate management (audit) trail exists through the computerised system.

e) Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another NHS Board or any other agency, assurances of adequacy will be obtained from them prior to implementation.

f) Arrange that contracts for computer services for financial applications with another NHS Board or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

18.2 Where another NHS Board or any other agency provides a computer service for financial applications, the Director of Finance shall periodically seek assurances that adequate controls outlined above are in operation.

18.3 The Director of Finance shall ensure that adequate controls exist to maintain the security, privacy, accuracy and completeness of financial data sent over transmission networks.

18.4 Where computer systems have an impact on corporate financial systems the Director of Finance shall satisfy himself that:

a) systems acquisition, development and maintenance are in line with corporate policies such as Information Technology Strategy;

b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists.
18.5 The Director of Finance shall be satisfied that sufficient computer audit coverage on equipment and systems throughout DGBH is being carried out.
SECTION 19: ENDOWMENT FUNDS

19.1 Endowment funds are held on trust by DGHB for the proper control and management of legacies, bequests or donations to hospitals or departments. Management of funds is covered by the National Health Service Act 1977 as amended and associated earlier legislation (the post 1948 fund).

19.2 Detailed Governance and operating instructions are contained in the Endowment Funds – Charter and Standing Orders and Endowment Funds Operating procedures. Both documents can be found on Hippo under Finance.

19.3 The Director of Finance shall maintain such accounts and records as may be necessary to record and protect all transactions and funds of DGHB as Trustees of non-exchequer funds, including an Investments Register. These accounts and records should be maintained in accordance with legislative requirements, Statement of Principles for Financial Reporting Interpretation for Public Benefit Entities and any Directions of the First Minister.

19.4 All gifts, donations and proceeds of fundraising activities which are intended for endowments shall be banked directly to the endowments’ bank account.

19.5 All gifts accepted shall be received and held in the name of DGHB and administered in accordance with DGHB’s Endowment charter and standing orders and operating procedures, subject to the terms of specific funds. As DGHB can accept gifts for the purpose of the charity which is the advancement of health, managers shall, in the cases of doubt, consult the Director of Finance before accepting any gifts. Any gift over the value £30,000 can only be accepted by the trustees. Advice to the trustees on the financial implications of fundraising activities by outside bodies or organisations shall be given only by the Director of Finance. Guidance on the acceptance of charitable donations is given in CEL 40 (2009).

19.6 The Director of Finance shall be required to advise the trustees on the financial implications of any proposals for fundraising activities which the Board may initiate, sponsor or approve.

19.7 The Director of Finance shall be kept informed of all enquiries regarding legacies and shall keep an appropriate record. After the death of a testator all correspondence concerning a legacy shall be dealt with on behalf of the Board by the Director of Finance who alone shall be empowered to give an executor a good discharge.

19.8 Endowment funds shall be invested by the Director of Finance in accordance with the funds policy, which should be reviewed on a regular basis, and subject to statutory requirements.

19.9 All property deeds shall be deposited either with DGHB’s bankers, an approved investment advisor, or in a safe, or a compartment within a safe, to which only the Director of Finance or his authorised deputy will have access. Stocks and shares are now dealt with under the paperless Crest system via our investment.
advisor’s nominee account. Transactions and closing balances relative to our investments are communicated quarterly.

19.10 Expenditure of any trust funds shall be in accordance with the endowment fund operating procedures. Any single item of expenditure over £30,000 must be approved by the trustees.

19.11 Where it becomes necessary for DGHB to obtain grant of probate, or to make application for grant of letters of administration, in order to obtain a legacy due to DGHB under the terms of a will, the Director of Finance shall be DGHB’s nominee for the purpose.

19.12 Regular statements of movements and balances on Endowment Funds will be issued by the Director of Finance to departments.

19.13 Each year the books of account, investment ledger, bank statements and relative vouchers will be passed to an external auditor for confirmation of the annual published accounts in line with the Charities Accounts (Scotland) Regulations 2006.

19.14 Where satisfied, the Trustees Board shall approve the audited annual endowment accounts and the forward plans for any endowment expenditure.
SECTION 20: INTERNAL AUDIT

20.1 The purpose of Internal Audit is to provide an objective evaluation of and opinion on the adequacy and effectiveness of governance, risk management and control. The role of Internal Audit and scope of activities are as set out in the Public Sector Internal Audit Standards adopted by Scottish Government and NHS Scotland in April 2013.

20.2 Internal Audit operates in accordance with the Definition of Internal Auditing, Code of Ethics and Standards set out in the Public Sector Internal Audit Standards. These provide a clear description of Internal Audits assurance and consulting role. Any deviations from the standards will be reported to the Audit and Risk Committee, and significant deviations will be considered for inclusion in the Governance Statement.

20.3 In accordance with the Standards, the purpose, authority and responsibility of the internal audit activity is formally defined in an Audit Charter, which has been approved through Audit and Risk Committee.

20.4 Internal Audit should fulfil its objectives by the systematic, disciplined review and evaluation of risk management, control and governance processes to:

a) Establish and monitor the achievement of the organisation’s objectives;
b) Identify, assess and manage the risks to achieving the organisation’s objectives;
c) Advise on, formulate and evaluate policy within the responsibilities of the Accountable Officer and the Board;
d) Ensure the economical, effective and efficient use of resources;
e) Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations;
f) Safeguard the organisation’s assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
g) Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

20.5 The Director of Finance shall be responsible for ensuring that there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources by the establishment of an adequate internal audit function headed by a Chief Internal Auditor of sufficient status.

20.6 The Chief Internal Auditor will be selected and appointed by a panel chaired by a non-executive director, preferably the Chair of the Audit and Risk Committee. The Chair of the Audit and Risk Committee will approve the composition of the panel and the Audit and Risk Committee will approve the appointment.

20.7 The Chief Internal Auditor is responsible for appointing members of the Internal Audit team. The Chief Internal Auditor will appoint appropriate individuals to ensure skills and experience are continually introduced and developed within the section. The Chief Internal Auditor will ensure that staff maintain professionalism...
and that there are adequate resources to deliver Internal Audits assurance and consulting services.

20.8 While maintaining independence, the Chief Internal Auditor shall report managerially and professionally to the Director of Finance, who will undertake the Chief Internal Auditor’s performance appraisal. Every year, the Chief Executive, Director of Finance and Chief Internal Auditor will review the management reporting line to confirm that Internal Audit’s independence remains intact. The results of the review will be reported to the Audit and Risk Committee. If necessary, the Chief Internal Auditor’s management reporting line will be revised to ensure independence is maintained.

20.9 The Chief Internal Auditor has direct access and freedom to report to the Audit and Risk Committee, Chief Executive, Chairman and the Board. Within this right, the Chief Internal Auditor has freedom to meet in private with the Chair of the Audit and Risk Committee, notwithstanding the need to meet formally on an annual basis.

20.10 The Chief Internal Auditor shall prepare and submit annually a risk-based audit plan for approval by the Board, through the Audit and Risk Committee. This will indicate the extent of audit cover proposed and will provide a detailed plan for the forthcoming year with an indication of the audit planning approach and rationale to be used for following years.

20.11 To ensure audit’s focus on appropriate areas, where possible scopes will be jointly agreed with managers, although Internal Audit has the right to determine audit scopes, perform work and issue reports free from interference. In particular, Internal Audit has the right to issue reports without necessarily obtaining agreement or approval from directors or operational managers.

20.12 Internal Audit is entitled, without necessarily giving prior notice, to require and receive:

   a) access to and, if required, possession of all records, documents, correspondence and information relating to any transactions or matters, financial or non-financial. This includes documents of a confidential nature;
   b) access at all reasonable times to any land, premises or employee of the Board;
   c) the production or identification of any cash, stores or other property of the Board under an employee’s control; and
   d) explanations concerning any matter under investigation or review.

20.13 Management Team and departmental managers are responsible for the implementation and operation of satisfactory systems and procedures that impact on financial systems, taking guidance from the Director of Finance, as appropriate.

20.14 Directors and operational managers are required to respond fully to the preliminary audit report within one month of the issue date. Responses should be presented within the Management Action Plan at the end of the report.
Managers are encouraged to discuss feasible actions with Internal Audit to agree a mutually acceptable outcome. If an appropriate response is not received, Internal Audit can deem the preliminary audit report and audit recommendations as being fully accepted.

20.15 Directors and operational managers must address issues raised in audit reports by the agreed target dates. Internal Audit will follow-up on the completion of management actions and report to Audit and Risk Committee on progress on their implementation. Failure to complete agreed actions or take remedial action on time shall be reported to the Audit and Risk Committee and Chief Executive. Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation on the objectivity and independence of the audit, the Chief Internal Auditor shall have access to report direct to the Chair of the Audit and Risk Committee.

20.16 In addition to the appropriate directors and operational managers, Internal Audit will issue copies of final audit reports to the Chief Executive and the Boards External Auditors.

20.17 In addition to standard audit reports the Chief Internal Auditor shall report regularly to the Audit and Risk Committee as appointed by the Board on the extent of audit cover achieved, providing a summary of audit activity during the report period, detailing the degree of achievement of the approved plan and the assurances gained from the work undertaken.

20.18 The Chief Internal Auditor will normally attend Audit and Risk Committee meetings to present reports for consideration.

20.19 The Chief Internal Auditor shall prepare an annual report to be considered by the Audit and Risk Committee. The annual report will provide confirmation that:

a) adequate and effective internal controls were in place throughout the year;

b) the Chief Executive as Accountable Officer has implemented a governance framework sufficient to discharge the responsibilities of this role; and

c) the internal audit plan has been delivered in line with the Public Sector Internal Audit Standards.

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SECTION 21: PATIENTS’ PROPERTY

21.1 DGHB has a responsibility to provide safe custody for money and other personal property handed in by patients, in the possession of unconscious or confused patients or found in the possession of patients dying in hospital or dead on arrival.

21.2 Staff, on appointment, shall be informed in writing of their responsibilities and duties for the administration of the property of patients.

21.3 In the case of adults with incapacity, the Adults with Incapacity (Scotland) Act 2007 will be complied with by staff.

21.4 The accounts and records of Patients’ Funds shall be subject to an External Audit each year.

21.5 Patients shall be warned that DGHB cannot accept responsibility for patients’ cash and valuables unless such cash and valuables are deposited with DGHB for safe custody. If cash and valuables are so deposited, an official receipt will be made out and this receipt must be produced when the cash and valuables are handed back to the patient or patients' representative. Notices to this effect should be displayed at appropriate points throughout DGHB. Patients' relatives or representatives should be encouraged, with the patient's consent, to take cash and valuables away whenever possible.

21.6 The Director of Finance shall ensure that detailed written instructions are provided on the collection, custody, investment, recording, safekeeping and disposal of patients’ property for all staff whose duty it is to administer in any way the property of patients. The said instructions shall cover the necessary arrangements for withdrawal of cash or disbursement of money held in accounts of patients who are incapable of handling their own financial affairs. The instructions shall be in compliance with the Adults with Incapacity (Scotland) Act 2007.

21.7 Patients' income, including pensions and allowances shall be dealt with in accordance with current Department of Health and Department for Work and Pensions’ instructions. For long stay patients, the Chief Executive shall ensure that positive action is taken to use their funds effectively.

21.8 Bank or Building Society accounts for patients' money shall be opened and operated under arrangements agreed by the Director of Finance.

21.9 A patient's property sheet, in a form determined by the Director of Finance, shall be maintained in wards for each patient and full records will be kept by the Patients' Funds Office.

21.10 Property which has been handed in for safe custody shall be returned to the patient when required and the return shall be receipted by the patient or guardian as appropriate and witnessed.

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21.11 The disposal of property of deceased patients shall be effected by the officer who has been responsible for its security. Such disposal shall be in accordance with the written instruction issued by the Director of Finance and referred to in paragraph 21.3 above; and in particular where cash or valuables have been deposited for safe custody they shall only be released after written authority has been given by the Director of Finance. Such authority shall include details of the lawful kin or other person entitled to the cash and valuables in question.

21.12 In all cases where property, including cash and valuables, of a deceased patient is of a total value of more than £5,000 (or such amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965), the production of probate or letters of administration shall be required before any of the property is released. Where the total value of the property is £5,000 or less, forms of indemnity shall be obtained.

21.13 Any funeral expenses necessarily borne by DGHB are a first charge on a deceased person’s estate. Where arrangements for burial or cremation are not made privately any cash of the estate held by DGHB may be appropriated towards funeral expenses, upon the authorisation of the Director of Finance. No other expenses or debts shall be discharged out of the estate of a deceased patient.
SECTION 22: PRIMARY CARE PAYMENTS

22.1 In accordance with SGHSCD Arrangements, the Practitioner Services Division (PSD) of National Services Scotland (NSS) is the payments agency for all Family Health Service (FHS) contractor payments. This will cover:

- GMS Cash Limited;
- Prescribing/Dispensing;
- FHS Non-cash Limited;

22.2 The Director of Finance is responsible for entering into a partnership agreement with PSD covering the validation, payment, monitoring and reporting responsibilities and the provisions of an audit service by NSS internal and external auditors.

22.3 The Director of Finance shall approve additions to, and deletions from, approved lists of contracts against pre-determined criteria within prescribed timescales.

22.4 The Chief Executive shall:

- Ensure that lists of all contracts for which DGHB is responsible are maintained in an up-to-date condition;
- Ensure systems are in place to deal with applications, resignation etc within appropriate terms and conditions.

22.5 The Director of Finance shall ensure that systems are in place, either locally or specified in the service agreement, to provide assurance that:

- Only contractors who are included on DGHB’s approved lists receive payments;
- Regular independent verification of claims is undertaken to confirm that rules have been correctly and consistently applied;
- Arrangements are in place to identify contractors receiving exceptionally high or low payments and in such circumstances ensure that a report is received after investigation;
- Payments made by the NSS are monitored and reported along with other expenditure information to the Board and that payments reconcile and agree to the payment data;
- Payments on behalf made by the NSS are based on pre-payment authorisation;
- Reconciliations and cash adjustments for cross boundary flow expenditure is undertaken;

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• All potential instances of fraud in relation to their practitioners are followed up.

22.6 To meet these requirements the Director of Finance will establish Financial Operating Procedures which are subject to regular review in the light of additional guidance and SGHSCD guidance.

22.7 The Director of Finance will ensure that budgets are prepared annually for all Primary Care Payments and that appropriate budgetary control procedures are applied. In the case of non cash limited payments these budgets will be indicative only.

22.8 The Director of Finance shall prepare a virement policy, specifically relating to Primary Care Payments conforming to Scottish Government guidelines on transfers of budgets between categories and all virements will be undertaken in accordance with this.

22.9 The Director of Finance shall periodically assess the accuracy with which the NSS makes payments to DGHB’s independent medical, dental, pharmaceutical, and ophthalmic practitioners and report this to appropriate managers within DGHB or the Scottish Government.
Section F

Scheme of Delegation
1. Scheme of Delegation arising from Standing Orders

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Maintenance of Register of Board Members Interests</td>
<td>Corporate Business Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Maintenance of Register of gifts/hospitality and interest in contracts.</td>
<td>Chief Executive</td>
<td>Corporate Business Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Execution of documents on behalf of Scottish Ministers relating to property transactions.</td>
<td>Chief Executive and Director of Finance</td>
<td></td>
<td></td>
<td>All signatures to be in accordance with the Property Transactions Manual.</td>
</tr>
<tr>
<td>1.4 Update and changes to Standing Orders.</td>
<td>NHS Board</td>
<td></td>
<td></td>
<td>All changes must be approved by NHS Board.</td>
</tr>
<tr>
<td>1.5 Responsibility for preparation and update of Scheme of Delegation.</td>
<td>Chief Executive</td>
<td>Director of Finance</td>
<td></td>
<td>Board approval required.</td>
</tr>
<tr>
<td>1.6 Responsibility for preparation and update of Standing Financial Instructions.</td>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td></td>
<td>Audit and Risk Committee approval required.</td>
</tr>
</tbody>
</table>
## 2 Corporate Governance – arising from Standing Financial Instructions

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
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<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 System for funding decisions and business planning.</td>
<td>Director of Finance</td>
<td>N/A</td>
<td></td>
<td>In accordance with Standing Financial Instructions</td>
</tr>
<tr>
<td>2.2 Preparation of Financial Plans</td>
<td>Director of Finance</td>
<td>To be specifically nominated in event of extended absence</td>
<td>NHS Board Revenue Resource Limit</td>
<td>Approval required by NHS Board</td>
</tr>
<tr>
<td>2.3 Preparation of Capital Plan</td>
<td>Director of Finance</td>
<td>To be specifically nominated in event of extended absence</td>
<td>As per Capital Plan</td>
<td>Approval required by NHS Board</td>
</tr>
<tr>
<td>2.4 Preparation of Business Cases</td>
<td>Chief Operating Officer/ Executive Lead as appropriate</td>
<td>General Manager</td>
<td>Limit as per Capital Plan</td>
<td>Approval by Management Team/ Local Capital Investment Group and onward approval in accordance with capital policies and SG guidance</td>
</tr>
<tr>
<td>2.5 Business Cases up to £500k</td>
<td>Chief Executive / Chief Operating Officer / Director of Finance</td>
<td></td>
<td>Limit as per Capital Plan</td>
<td>Local Capital Investment Group. All business cases should be considered by HMB/ PCMB and MHMB prior to submission to CIG</td>
</tr>
<tr>
<td>2.6 Business Cases between £500k and within delegated limit of £1m</td>
<td>Local Capital Investment Group/ Management Team (as required)</td>
<td></td>
<td>Limit as per Capital Plan</td>
<td>Approval by NHS Board</td>
</tr>
<tr>
<td>2.7 Business Cases above delegated limit of £1m (both OBC and FBC approval)</td>
<td>Local Capital Investment Group/ Management Team</td>
<td></td>
<td>Limit as per Capital Plan</td>
<td>Approval by NHS Board and Scottish Government Health Department CIG</td>
</tr>
<tr>
<td>2.8 Approval of 5 year Capital and Revenue Plans</td>
<td>NHS Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.9 Land and Buildings purchase, sale or acquisition</td>
<td>NHS Board</td>
<td></td>
<td>Chief Executive can sign paperwork</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2.10 Management of buildings and land</td>
<td>Chief Operating Officer</td>
<td>General Manager</td>
<td></td>
<td>In accordance with the property transactions handbook.</td>
</tr>
<tr>
<td>2.11 Framework Scotland</td>
<td>NHS Board</td>
<td></td>
<td></td>
<td>The initial approval of whether a scheme is suitable for the application of the Framework Scotland methodology to a construction project is a decision which is reserved for Board following review by NHS Dumfries and Galloway’s Capital Investment Group who will scrutinise the proposal.</td>
</tr>
<tr>
<td>2.12 Southwest Hub</td>
<td>NHS Board</td>
<td></td>
<td></td>
<td>The Initial approval of whether a scheme is suitable for the application of the design, build, finance and maintain or design and build methodology to a construction project is a decision which is reserved for Board following review by NHS Dumfries and Galloway’s Capital Investment Group who will scrutinise the proposal.</td>
</tr>
<tr>
<td>2.13 Post Project Evaluation</td>
<td></td>
<td></td>
<td>£1.5m</td>
<td>Approval required through local CIG for onward circulation to NHS Board/Performance Committee.</td>
</tr>
<tr>
<td>Planning and Monitoring PPE for Capital Projects</td>
<td>Local CIG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Mandatory</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

_D Dumfries & Galloway NHS Board_  
_SCHEME OF DELEGATION_  

_Working together to deliver better health, better healthcare_  

219
### DUMFRIES & GALLOWAY NHS BOARD
### SCHEME OF DELEGATION

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Local arrangements</td>
<td>Director of Finance</td>
<td>Local CIG</td>
<td>&lt; £0.5m</td>
<td>As governed by the SCIM, for capital projects between £1.5m and £5m an annual summary report must be submitted to the SGCPAMD by 30th June. For capital projects in excess of £5m PPE reports must be submitted directly to the SGCPAMD. SCIM guidance promotes best practice in the PPE of all capital projects. Approval by local CIG based on nature of project and onward approval in accordance with capital policies and SCIM post project evaluation guidance. Approval required through local CIG, but in condensed PPE format for onward circulation to NHS Board/ Performance Committee.</td>
</tr>
</tbody>
</table>

2.14 Budget Setting for NHS Board

<table>
<thead>
<tr>
<th>Delegated to/ Lead Director</th>
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<th>Financial Value £'m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Finance</td>
<td>Deputy Director of Finance/ Divisional Finance Managers</td>
<td>Limit as set in context of agreed Financial Plan</td>
<td></td>
</tr>
</tbody>
</table>

2.15 Financial Systems and Operating Procedures

<table>
<thead>
<tr>
<th>Delegated to/ Lead Director</th>
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<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.16 Authority to commit expenditure for which no provision has been made in approved plans/budgets</td>
<td>Chief Executive or Director of Finance</td>
<td>Director of Finance &amp; Chief Executive</td>
<td>&lt; £0.5m</td>
<td>Subject to confirmation of revenue affordability and reporting items above £0.5m to the Board.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Board</td>
<td>&gt; £0.5m</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;£1m</td>
<td></td>
</tr>
<tr>
<td>2.17 Financial Monitoring System</td>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td>N/A</td>
<td>Subject to appointment of Bankers by Board.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Subject to review of national arrangements.</td>
</tr>
<tr>
<td>2.18 Maintenance/Operation of Bank Accounts</td>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Subject to appointment of Bankers by Board.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Subject to review of national arrangements.</td>
</tr>
<tr>
<td>2.19 Annual Accounts signatories</td>
<td>Chief Executive and Director of Finance</td>
<td>N/A</td>
<td>N/A</td>
<td>In accordance with Scottish Accounts Manual.</td>
</tr>
<tr>
<td>2.20 Audit Certificate</td>
<td>Appointed Auditors</td>
<td>N/A</td>
<td></td>
<td>In accordance with Scottish Accounts Manual.</td>
</tr>
<tr>
<td>2.21 Preparation of Governance Statement</td>
<td>Chief Executive</td>
<td>Director of Finance</td>
<td>N/A</td>
<td>In accordance with Scottish Accounts Manual.</td>
</tr>
<tr>
<td>2.22 Performance Management Reporting Arrangement</td>
<td>Chief Operating Officer</td>
<td>N/A</td>
<td></td>
<td>Per SGHSCD guidance.</td>
</tr>
<tr>
<td>2.23 Losses and Special Payments including clinical claims/ other settlements (legal claims)</td>
<td>See details in section 12</td>
<td></td>
<td></td>
<td>Per SGHSCD guidance.</td>
</tr>
<tr>
<td>2.24 Preparation of Local Delivery Plan</td>
<td>Chief Operating Officer / Director of Finance (financial plan)</td>
<td>Efficiency &amp; Productivity Manager</td>
<td></td>
<td>Supported by financial plan prepared by Director of Finance</td>
</tr>
<tr>
<td>2.25 Preparation of Corporate Objectives</td>
<td>Chief Executive</td>
<td>N/A</td>
<td></td>
<td>Per SGHSCD guidance.</td>
</tr>
</tbody>
</table>

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<tr>
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<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.26 Non Profit Distributing Capital Projects</td>
<td>NHS Director (Board/ Performance Committee)</td>
<td></td>
<td></td>
<td>In line with approvals process outlined table 2, see page 21.</td>
</tr>
<tr>
<td>Area of Responsibility/Duties Delegated</td>
<td>Delegated to/ Lead Director</td>
<td>Authorised Deputy</td>
<td>Financial Value £’m</td>
<td>Constraints/Reference</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>3.1 Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies.</td>
<td>Medical Director</td>
<td>Associate Medical Director</td>
<td>N/A</td>
<td>Ethics Committee approval required</td>
</tr>
<tr>
<td>3.2 Preparation of Patients Complaints Policy.</td>
<td>Executive Nurse Director</td>
<td>Associate Director of AHPs</td>
<td>N/A</td>
<td>Healthcare Governance Committee</td>
</tr>
<tr>
<td>3.3 Monitoring arrangements and reporting of complaints.</td>
<td>Executive Nurse Director</td>
<td>Associate Director of AHPs – Lead for Patient Experience</td>
<td>N/A</td>
<td>Healthcare Governance Committee</td>
</tr>
<tr>
<td>3.4 Compliance and adherence to national standards in healthcare acquired infection.</td>
<td>Executive Nurse Director</td>
<td>Infection Control Manager</td>
<td></td>
<td>Link to Healthcare Governance and Infection Control Committee.</td>
</tr>
<tr>
<td>3.5 Compliance and adherence to national standards in decontamination.</td>
<td>Executive Nurse Director</td>
<td>Infection Control Manager/General Manager Operational Services</td>
<td></td>
<td>Link to Healthcare Governance and Infection Control Committee.</td>
</tr>
</tbody>
</table>
## 4 Staff Governance

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Implementation of Staff Governance Standards.</td>
<td>Workforce Director</td>
<td>Deputy Director for Human Resources and Staff Governance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Preparation of Human Resources Plan, policy and strategy.</td>
<td>Workforce Director</td>
<td>Deputy Director for Human Resources and Staff Governance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Preparation of Human Resources policies and procedures.</td>
<td>Workforce Director</td>
<td>Deputy Director for Human Resources and Staff Governance</td>
<td></td>
<td>Approval required through Area Partnership Forum</td>
</tr>
<tr>
<td>4.4 Preparation of Contracts of Employment.</td>
<td>Workforce Director</td>
<td>Deputy Director for Human Resources and Staff Governance</td>
<td></td>
<td>Compliance with current legislation and agreed terms and conditions</td>
</tr>
<tr>
<td>4.5 Executive and Senior Manager pay – implementation of terms and condition/ performance pay.</td>
<td>Workforce Director</td>
<td></td>
<td></td>
<td>Compliance with current legislation and agreed terms and conditions. Requires approval by Remuneration Committee.</td>
</tr>
</tbody>
</table>
## 5 Risk Management

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Preparation of Risk Management Strategy</td>
<td>Executive Nurse Director</td>
<td>Associate Nurse Director</td>
<td>N/A</td>
<td>NHS HIS Clinical Governance and Risk Management Standards</td>
</tr>
<tr>
<td>5.2 Preparation and Management of Corporate Risk Register</td>
<td>Chief Executive</td>
<td>Nurse Director</td>
<td>N/A</td>
<td>NHS QIS Clinical Governance and Risk Management Standards</td>
</tr>
<tr>
<td>5.3 Policies and Procedures</td>
<td>Chief Executive</td>
<td>Nurse Director</td>
<td>N/A</td>
<td>Regional Multi-agency Child Protection Committee</td>
</tr>
<tr>
<td>Child Protection Policies</td>
<td>Medical Director</td>
<td>Chief Pharmacist</td>
<td>N/A</td>
<td>As per resource constraints of Prescribing Management Board</td>
</tr>
<tr>
<td>Prescribing Policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4 Health and Safety – staff</td>
<td>Chief Executive</td>
<td>Workforce Director</td>
<td>N/A</td>
<td>Area Partnership Forum</td>
</tr>
<tr>
<td>5.5 Health and Safety - buildings</td>
<td>Chief Executive</td>
<td>Chief Operating Officer</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5.6 Fire Safety</td>
<td>Chief Executive</td>
<td>Chief Operating Officer</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
### 6 Access

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value (£m)</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Waiting Times.</td>
<td>Chief Operating Officer</td>
<td>General Manager – Acute &amp; Diagnostics</td>
<td>N/A</td>
<td>Within overall budgetary limits.</td>
</tr>
<tr>
<td>6.2 Public Information on access to services.</td>
<td>Chief Operating Officer</td>
<td>Patient Experience and Communications Manager</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6.3 Procedure for patients who wish to appeal against clinical decisions on their continuing care.</td>
<td>Medical Director</td>
<td>Associate Medical Director (Medical)</td>
<td>N/A</td>
<td>CEL 6(2008)</td>
</tr>
</tbody>
</table>

### 7 Person Centred Health and Care

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value (£m)</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Designated Director for Person Centred Health and Care</td>
<td>Executive Director</td>
<td>Nurse</td>
<td>Associate Director for AHPs</td>
<td>Healthcare Governance Committee</td>
</tr>
<tr>
<td>7.2 Compliance with guidelines on Chaplaincy and Spiritual Care strategy implementation.</td>
<td>Executive Director</td>
<td>Nurse</td>
<td>Associate Director for AHPs</td>
<td>Spiritual Care Committee</td>
</tr>
</tbody>
</table>

### 8 Health Promotion and Education

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value (£m)</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1 Health Education and health Promotion Strategies.</td>
<td>Director of Public Health</td>
<td>Consultant in Public Health Medicine</td>
<td>N/A</td>
<td>Link to Primary and Community Care Directorates</td>
</tr>
<tr>
<td>8.2 Public Health information dissemination.</td>
<td>Director of Public Health</td>
<td>Consultant in Public Health Medicine</td>
<td>N/A</td>
<td>Link to Primary and Community Care Directorates</td>
</tr>
</tbody>
</table>
## 9 Information Governance

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 Responsibility for Information Management Systems &amp; Strategy.</td>
<td>Medical Director</td>
<td>General Manager – eHealth</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9.2 Clinical Responsibility for IM&amp;T Strategy.</td>
<td>Medical Director</td>
<td>E Health Clinical Lead</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9.3 Data Protection Act.</td>
<td>Medical Director</td>
<td>General Manager – eHealth</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9.4 Caldicott Guardian.</td>
<td>Medical Director</td>
<td>Director of Public Health</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>9.5 Freedom of Information Policy.</td>
<td>Chief Executive</td>
<td>Head of Communications</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

## 10 Emergency and Continuity Planning

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1 Preparation and maintenance of a comprehensive Emergency Plan.</td>
<td>Chief Executive</td>
<td>Emergency Planning Manager</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>10.2 Preparation and maintenance of a Business Continuity Plans.</td>
<td>Chief Executive</td>
<td>Chief Operating Officer</td>
<td>N/A</td>
<td>All directors have responsibility for their area of the business</td>
</tr>
</tbody>
</table>

*Working together to deliver better health, better healthcare*
### 11 Scheme of Delegation - Operational Activities

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tender - Issue of tender documents – items supplied under normal circumstances.</td>
<td>Procurement Senior Lead</td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Tender - Issue of tender documents – other services.</td>
<td>Relevant Manager</td>
<td></td>
<td></td>
<td>Includes IT &amp; Estates</td>
</tr>
<tr>
<td>Tender - Return of tender documents.</td>
<td>Corporate Business Manager</td>
<td></td>
<td></td>
<td>Secure arrangements for receiving storing and opening tender documents.</td>
</tr>
<tr>
<td>Tender - Recommendation for acceptance.</td>
<td>Corporate Business Manager</td>
<td></td>
<td></td>
<td>Any Director not wishing to accept the lowest tender is required to let the Corporate Business Manager know in writing which tender has been accepted and the reasons why and also the reasons why the lowest tender has not been accepted. In all cases this will be reported to the Board’s Audit and Risk Committee at the next available meeting.</td>
</tr>
<tr>
<td>Tender - Authorise post tender negotiation.</td>
<td>Chief Executive and Director of Finance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tender - Undertake post tender negotiation.</td>
<td>Relevant Manager &amp; Corporate Business Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tender - Reporting to Board.</td>
<td>Director of Finance</td>
<td></td>
<td>&gt;£250,000</td>
<td>Quarterly reporting</td>
</tr>
</tbody>
</table>

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*Working together to deliver better health, better healthcare*
# DUMFRIES & GALLOWAY NHS BOARD
## SCHEME OF DELEGATION

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.8 Contract documents signed under deed.</td>
<td>Minimum two Board members</td>
<td></td>
<td></td>
<td>The deed, whether or not signed under the Board’s seal, must be entered into an appropriate record.</td>
</tr>
<tr>
<td>11.9 Signing of Documents</td>
<td>Relevant Manager</td>
<td></td>
<td>&lt; £250,000</td>
<td>Subject to previous agreed business case and within delegated limits</td>
</tr>
<tr>
<td>11.10 Signing of Documents</td>
<td>Chief Executive</td>
<td>Director of Finance</td>
<td>£250,000</td>
<td></td>
</tr>
<tr>
<td><strong>Contracting for Patient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.11 All patient services that are required are available.</td>
<td>Chief Executive and Finance Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.12 Approval of Exceptional Referrals including Non Contracted Activity and Unplanned Activity.</td>
<td>Medical Director</td>
<td>Consultant in Public Health Medicine</td>
<td></td>
<td>Where other agreements do not exist, must be within the budgets approved by the Board.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The Medical Director chairs the Exceptional Referral Panel which meets to approve all cases.</td>
</tr>
<tr>
<td>11.13 Signing of Documents • Services Level Agreements with Health Boards/Trusts</td>
<td>Director of Finance</td>
<td>Other authorised approvers as delegated</td>
<td></td>
<td>Authorised approvers list held within Finance Directorate</td>
</tr>
<tr>
<td>11.14 Waiting list initiative agreements with private providers.</td>
<td>Chief Operating Officer</td>
<td>General Manager – Acute &amp; Diagnostics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.15 Resource Transfer Agreements.</td>
<td>Chief Executive</td>
<td>Director of Finance</td>
<td></td>
<td>In accordance with appropriate guidance.</td>
</tr>
<tr>
<td>11.16 Regional Planning Group Decisions.</td>
<td>Chief Executive</td>
<td></td>
<td></td>
<td>* See note below</td>
</tr>
</tbody>
</table>

*Working together to deliver better health, better healthcare*
## Delegation of Budgets

11.17 **Patients Travel including ex gratia claims**  
- **Delegated to/ Lead Director**: Director of Finance  
- **Authorised Deputy**: Deputy Director of Finance, Finance Manager  
- **Financial Value**: In line with NHS travel scheme and local policy.

11.18 **Delegation of directorate budgets.**  
- **Directors**  
- **Designated Officers**  
- **Constraints/Reference**: With the approval of the Director of Finance.

11.19 **Virement of Budget between approved Operational Budgets.**  
- **Budget holder's discretion and in agreement with the Divisional Finance Manager**  
- **Agreement of the relevant director and Director of Finance**  
- **Financial Value**: Up to £25k

11.20 **Virement of Budget**  
- **Chief Executive/ Director of Finance**  
- **Constraints/Reference**: The Director of Finance has overall responsibility for authorising virements between budget headings following approval of the financial plan by the Board.

## Operation of Bank Accounts and Funds

11.21 **Operation of bank accounts and detailed financial systems.**  
- **Director of Finance**  
- **Deputy Director of Finance**

11.22 **Authorised bank signatories.**  
- **Director of Finance**  
- **Designated Officers**  
- **Constraints/Reference**: Additions to the list of authorised signatories require authorisation of the Audit and Risk Committee. The Director of Finance may delete all or part of an authorised signatory list.
### Area of Responsibility/Duties Delegated

<table>
<thead>
<tr>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11.23 Cheque signatories – Exchequer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Payments up to £5k</td>
<td>Any one authorised signatory</td>
<td>&lt; £5k</td>
<td>As approved by Audit and Risk Committee.</td>
</tr>
<tr>
<td>b) Payments in excess £5k</td>
<td>Two authorised signatories</td>
<td>&gt; £5k</td>
<td></td>
</tr>
<tr>
<td><strong>11.24 Cheque Signatories – Patient Funds and Endowments</strong></td>
<td>Any one authorised signatory</td>
<td>&lt; £1,000</td>
<td>As approved by the Audit and Risk Committee.</td>
</tr>
<tr>
<td>Payments &lt; £1,000</td>
<td>Any two authorised signatories</td>
<td>&gt; £1,000</td>
<td></td>
</tr>
<tr>
<td>Payments &gt; £1,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.25 Setting of Fees and Charges Private patients, overseas visitors, income generation and other patient related services</strong></td>
<td>Chief Operating Officer and appropriate General Manager</td>
<td>Deputy Director of Finance</td>
<td>In conjunction with Finance Manager.</td>
</tr>
<tr>
<td><strong>11.26 Management of non-exchequer funds (endowments)</strong></td>
<td>Director of Finance</td>
<td>Investment Advisors</td>
<td>As approved by the Audit and Risk Committee.</td>
</tr>
<tr>
<td><strong>11.27 Endowments</strong></td>
<td>Director of Finance</td>
<td>Trustee’s Fund Holder</td>
<td>Income &gt; £30,000</td>
</tr>
<tr>
<td>a) Income &gt; £30,000</td>
<td>Trustees</td>
<td>Expenditure &lt; £30,000</td>
<td>In exceptional circumstances the Chief Executive and Director of Finance can sign on behalf of the Trustee’s. This must be subsequently ratified by the Trustee’s at a future meeting</td>
</tr>
<tr>
<td>b) Expenditure &lt; £30,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Expenditure &gt; £30,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ordering of Supplies/Goods</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.28 Lease Car Contracts</strong></td>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td>Finance Manager signs off lease car value for money as compared to travel.</td>
</tr>
<tr>
<td><strong>11.29 Equipment Maintenance Contracts</strong></td>
<td>Budget holder</td>
<td></td>
<td>Subject to containment within delegated budget</td>
</tr>
</tbody>
</table>
### DUMFRIES & GALLOWAY NHS BOARD
### SCHEME OF DELEGATION

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.30 PFI/PPP/NPD arrangements</td>
<td>Chief Executive</td>
<td></td>
<td></td>
<td>All approvals for such arrangements must be subject to a business case to demonstrate value for money and be approved by the Board.</td>
</tr>
<tr>
<td></td>
<td>Director of Finance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.31 Operating Leases for Equipment and vehicle</td>
<td>Chief Executive</td>
<td></td>
<td>Lifetime value over £1m</td>
<td>In all cases option appraisal, VFM and affordability calculation must be completed in accordance with appropriate guidance.</td>
</tr>
<tr>
<td></td>
<td>Director of Finance</td>
<td></td>
<td>Lifetime value over £100k</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Budget Holder (with agreement of Divisional Finance Manager)</td>
<td></td>
<td>Lifetime value under £100k</td>
<td></td>
</tr>
<tr>
<td>11.32 Equipment Purchase Contracts</td>
<td>Chief Operating Officer/ Director of Finance</td>
<td></td>
<td></td>
<td>All equipment must be agreed as part of the equipment replacement programme through local CIG. Emergency replacements can be agreed by the Director of Finance.</td>
</tr>
<tr>
<td>11.33 Property Leases</td>
<td>Chief Executive or Director of Finance</td>
<td>Chief Operating Officer</td>
<td></td>
<td>All property leases must be considered and approved by local CIG.</td>
</tr>
<tr>
<td>11.34 Funding Offers for GP premises developments (reimbursement)</td>
<td>Chief Executive or Chief Operating Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Area of Responsibility/Duties Delegated

<table>
<thead>
<tr>
<th>Area of Responsibility/Duties Delegated</th>
<th>Delegated to/ Lead Director</th>
<th>Authorised Deputy</th>
<th>Financial Value £’m</th>
<th>Constraints/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.35 GP Improvement Grants</td>
<td>Primary and Community Care Management Board</td>
<td>Deputy Director of Finance Primary Care Development Manager</td>
<td>Grants up to £10k to be agreed by Deputy Director of Finance</td>
<td>Grants must be within budgetary limits.</td>
</tr>
<tr>
<td>11.36 Contracts for the supply of service by NHS D&amp;G to non NHS organisations</td>
<td>General Manager</td>
<td></td>
<td></td>
<td>In agreement with Divisional Finance Manager</td>
</tr>
<tr>
<td>11.37 Computerised financial data</td>
<td>Director of Finance</td>
<td>Deputy Director of Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.38 Insurance</td>
<td>Director of Finance</td>
<td></td>
<td>CNORIS and all other insurance matters</td>
<td></td>
</tr>
<tr>
<td>11.39 Car Lease Scheme</td>
<td>Workforce Director and Director of Finance</td>
<td></td>
<td>In accordance with the guidelines issued by the Scottish Government. New arrangements should be approved by the Remuneration Sub Committee of the Staff Governance Committee.</td>
<td></td>
</tr>
<tr>
<td>11.40 Stock Control</td>
<td>Director of Finance</td>
<td>Designated Officer</td>
<td>Finance maintain a list of key contacts who are responsible for stock control within their department</td>
<td></td>
</tr>
<tr>
<td>11.41 Disposal of Assets</td>
<td>Director of Finance</td>
<td>Head of Estates and Property</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The Chief Executive will have authority (which may be delegated on a case by case basis) to commit the Board to the decisions of a Regional Planning Group acting in accordance with HDL (2004)46 and its own agreed constitution and procedures. In exercising this authority, the Chief Executive will, wherever possible:

* Working together to deliver better health, better healthcare
bring to the Board, in advance of a Regional Planning Group decision, any issue which, had it been a purely local issue, would be of such financial magnitude or service impact, that it would have been a decision reserved for the Board. This is to ensure that on matters of strategic importance, the views of the full Board can be represented, via the Chief Executive, to the Regional Planning Group.

communicate to the next available Board any Regional Planning decision which cannot be covered by approved budgets or reserves.
## 12 Scheme of Delegation – Losses and Special Payments

<table>
<thead>
<tr>
<th>Item No</th>
<th>Category</th>
<th>Delegated Authority (per case) £</th>
<th>Audit and Risk Committee and SGHSCD</th>
<th>Chief Executive and Director of Finance</th>
<th>Corporate Business Manager/ Deputy Director of Finance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theft/Arson/Wilful Damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Stores/Procurement</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Equipment</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Contracts</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Payroll</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Buildings &amp; Fixtures</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fraud/Embezzlement/Corruption/Theft (where documentation has been falsified), &amp; attempts to perpetrate any of these activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Cash</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Stores/Procurement</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Equipment</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Contracts</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Payroll</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Other</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Nugatory &amp; Fruitless Payments</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Claims Abandoned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Private Accommodation</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td>Road Traffic Acts</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td>Other</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stores Losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Incidents of Service:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td></td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flood</td>
<td></td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td></td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Deterioration in Store</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Stocktaking Discrepancies</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item No</td>
<td>Category</td>
<td>Delegated Authority (per case) £</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit and Risk Committee and SGHSCD</td>
<td>Chief Executive and Director of Finance</td>
<td>Corporate Business Manager/ Deputy Director of Finance</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Other Causes</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td><strong>Losses of Furniture &amp; Equipment and Bedding and Linen in circulation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fire</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flood</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Disclosed at Physical Check</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Other Causes</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Compensation Payments - legal obligation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Clinical</td>
<td>&gt; 250,000</td>
<td>250,000</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Non Clinical</td>
<td>&gt; 100,000</td>
<td>100,000</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td><strong>Ex-gratia Payments</strong></td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Compensation Payments - Ex Gratia - Clinical</td>
<td>&gt; 250,000</td>
<td>250,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Compensation Payments - Ex Gratia - Non Clinical</td>
<td>&gt; 100,000</td>
<td>100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Compensation Payments - Ex Gratia - Financial Loss</td>
<td>&gt; 15,000</td>
<td>25,000</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Other Payments</td>
<td>&gt; 2,500</td>
<td>2,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td><strong>Damage to Buildings and Fixtures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incidents of Service:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fire</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Flood</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Causes</td>
<td>&gt; 30,000</td>
<td>30,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Extra-Statutory &amp; Extra-Regulatory Payments</td>
<td>Nil</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Gifts in Cash or Kind</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Other Losses</td>
<td>&gt; 15,000</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule of Decisions Reserved for Full Board

The following items may only be approved by decision of the full Board:

a) all strategic plans relating to Dumfries and Galloway wide services or major service changes proposed for locality services;
b) the annual revenue budget and five year financial plan;
c) Board Standing Orders;
d) the establishment, terms of reference, reporting arrangements and membership of Board Committees;
e) the 5 year capital plan, the annual capital budget, and individual business cases over £500,000;
f) acquisition and disposal of any land and property by DGHB and recommendations to the Scottish Government relating to the closure or change of use of hospitals. The Board delegates authority to the Chief Executive or Finance Director to authorise any leases in and out where the annual rental does not exceed £50k per annum and the lifetime lease cost does not exceed £200k; following approval by Capital Investment Group

g) approval of expenditure over £30,000 from endowment funds;
h) decisions regarding investment policy and discharge of the Boards responsibilities as Trustees;
i) annual report and annual accounts.
j) Scheme of Delegation (SoD)
k) the Performance Committee will have deferred authority from the Board to approve time critical issues that fall outwith the bi-monthly Board meeting cycle.
l) Approval of financial close and sign up to a PFI/ NPD contract or variation.

Authority Delegated to Board Committees

Audit and Risk Committee:

- Approval of all Audit Plans, including those submitted by Audit Scotland.
- Monitoring of financial risk management to the Audit and Risk Committee.
- Approval of changes to Standing Financial Instructions.
- Approval of changes to bank account signatories
- Overall audit arrangements.

Advisory Appointments Committees:

- Authority to make appointments, with decisions being reported to the next available Board meeting.

Performance Committee

- Approval of stages for Non Profit Distributing Capital Scheme in accordance with NHS Dumfries and Galloway Scheme of Delegation.

Working together to deliver better health, better healthcare
• Deferred authority from the Board to approve time critical issues that fall outwith the bi-monthly Board meeting cycle.

Staff Governance Committee/Remuneration Committee:
• Decisions relating to Executive and Senior Managers’ pay, in line with extant Scottish Government guidance and direction.

Mental Health (Care and Treatment) (Scotland) Act 2003:
• Approval of Medical Practitioners for the purposes of the Mental Health (Care and Treatment) (Scotland) Act 2003 is delegated to the Director of Public Health.

Scheme of Delegation arising from Extraordinary Events
Where an urgent decision is required that cannot, without loss to the organisation, wait until the next Board but is outwith the normal delegated limits the Chief Executive will consult with the Chairman. The Chairman, having regard to the materiality of the issue will recommend one of the following courses of action:

- call a Special Board meeting or;
- telephone consultation with the required number of Board members or;
- Chairman’s action on the matter.

Where a decision is reached either through chairman’s action or telephone consultation with a limited number of Board members the matter will be presented to the next available Board for ratification.

Schedule of Nominated Deputies
Under normal circumstances the following deputising arrangements would be in place. Under special circumstances the Director/senior manager may nominate a different deputy.

Table 2

<table>
<thead>
<tr>
<th>Director/ Senior Manager</th>
<th>Authorised Deputy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Director of Finance</td>
<td>Deputy Director of Finance – Financial Management / Deputy Director of Finance – Governance and Financial Accounting</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>General Manager – as appropriate</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>Consultant in Public Health Medicine</td>
</tr>
<tr>
<td>Corporate Business Manager</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Associate Medical Director</td>
</tr>
<tr>
<td>Executive Nurse Director</td>
<td>Associate Nurse Director/ Associate Director for AHPs/ Infection Control</td>
</tr>
</tbody>
</table>

Working together to deliver better health, better healthcare
<table>
<thead>
<tr>
<th>Role</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/Nurse Consultant for Child Protection</td>
<td></td>
</tr>
<tr>
<td>Workforce Director</td>
<td>Deputy Director for Human Resources and Staff Governance</td>
</tr>
</tbody>
</table>

*Working together to deliver better health, better healthcare*
Acute Service Redevelopment Project – Scheme of Delegation

Non Profit Distributing Capital Schemes

In accordance with Scottish Government Capital Investment Guidance for the development of capital projects, the Board can seek approval to progress a capital scheme through the Non Profit Distributing financing approach. The agreed key milestones for the Acute Services Redevelopment Project are:

Table 3

<table>
<thead>
<tr>
<th>Ref</th>
<th>Key Decision</th>
<th>Approving Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agree Project Governance and position within overall Board Governance structure</td>
<td>To be approved by Project Board and submitted to NHS Board for final approval and included in the scheme of delegation</td>
</tr>
<tr>
<td>2</td>
<td>Site Selection</td>
<td>NHS D&amp;G Board for approval</td>
</tr>
<tr>
<td>3</td>
<td>Agree Missives</td>
<td>NHS D&amp;G Board for approval prior to OBC</td>
</tr>
<tr>
<td>4</td>
<td>Cresswell Services</td>
<td>NHS D&amp;G Board for approval prior to OBC</td>
</tr>
<tr>
<td>5</td>
<td>Reference Design</td>
<td>Project Board for approval prior to OBC</td>
</tr>
<tr>
<td>6</td>
<td>SFT Independent Design Review</td>
<td>SFT for approval, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>7</td>
<td>Planning In Principle Application</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>8</td>
<td>NHS Scotland Design Assessment Process</td>
<td>HFS/A+D Scotland for approval prior to OBC</td>
</tr>
<tr>
<td>9</td>
<td>Determination of Planning In Principle Application</td>
<td>D&amp;G Planning Committee</td>
</tr>
<tr>
<td>10</td>
<td>OBC approval</td>
<td>NHS D&amp;G Board for approval prior to submission to Scottish Government for approval at CIG</td>
</tr>
<tr>
<td>11</td>
<td>Conclude Purchase of Site</td>
<td>NHS D&amp;G Board for approval</td>
</tr>
<tr>
<td>12</td>
<td>Cresswell PFI contract variation</td>
<td>NHS D&amp;G Board for approval</td>
</tr>
<tr>
<td>13</td>
<td>Procurement Strategy</td>
<td>Project Board for approval</td>
</tr>
<tr>
<td>14</td>
<td>Risk Management Strategy</td>
<td>Project Board for approval</td>
</tr>
<tr>
<td>15</td>
<td>Benefits Management Strategy (including Benefits Realisation Plan)</td>
<td>Project Board for approval</td>
</tr>
<tr>
<td>16</td>
<td>Enabling Works Packages</td>
<td>Approval of enabling works packages subject to normal Board approval processes. To be considered by Project Board and approved at NHS Board as appropriate.</td>
</tr>
<tr>
<td>17</td>
<td>Approval of all procurement evaluation criteria and documentation</td>
<td>Project Board for approval</td>
</tr>
</tbody>
</table>

Working together to deliver better health, better healthcare
<table>
<thead>
<tr>
<th>Ref</th>
<th>Key Decision</th>
<th>Approving Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Pre-Qualification Questionnaire (including evaluation criteria)</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>19</td>
<td>Information Memorandum</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>20</td>
<td>SFT Pre-OJEU Key Stage Review</td>
<td>SFT for approval, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>21</td>
<td>PIN Notice</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>22</td>
<td>OJEU Notice</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>23</td>
<td>Selection of three bidders following PQQ evaluation</td>
<td>Performance Committee for scrutiny and approval</td>
</tr>
<tr>
<td>24</td>
<td>SFT Pre-Issue of Invitation to Participate in Dialogue Key Stage Review</td>
<td>SFT for approval, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>25</td>
<td>Invitation to Participate in Dialogue (agreement of evaluation criteria)</td>
<td>Project Board for approval</td>
</tr>
<tr>
<td>26</td>
<td>Invitation to Participate in Dialogue (issue of invitation)</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>27</td>
<td>Deselection of 3 bidders to 2 bidders</td>
<td>Project Board and Performance Committee for scrutiny and approval</td>
</tr>
<tr>
<td>28</td>
<td>SFT Pre-Close of Competitive Dialogue</td>
<td>SFT for approval, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>29</td>
<td>Close of Dialogue and Invitation to submit Final Bid (ITSFB)</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>30</td>
<td>SFT Pre-Appointment of Preferred Bidder Key Stage Review</td>
<td>SFT for approval, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>31</td>
<td>Preferred Bidder Appointment</td>
<td>Performance Committee for scrutiny and approval</td>
</tr>
<tr>
<td>32</td>
<td>Project Specific Staff Consultations and possible TUPE transfers</td>
<td>Performance Committee for scrutiny and review</td>
</tr>
<tr>
<td>33</td>
<td>Full Business Case approval</td>
<td>NHS D&amp;G Board for approval prior to submission to Scottish Government for approval at CIG</td>
</tr>
<tr>
<td>34</td>
<td>SFT Pre-Financial Close Key Stage Review</td>
<td>SFT, Project Board to review and scrutinise outcome and ensure actions implemented</td>
</tr>
<tr>
<td>35</td>
<td>Financial Close</td>
<td>NHS D&amp;G Board for approval</td>
</tr>
<tr>
<td>36</td>
<td>Project Agreement</td>
<td>NHS D&amp;G Board for approval</td>
</tr>
<tr>
<td>37</td>
<td>Construction Handover</td>
<td>Project Board for scrutiny and review</td>
</tr>
<tr>
<td>38</td>
<td>Completion of Board’s Commissioning (commencement of use by patients)</td>
<td>Project Board for information</td>
</tr>
<tr>
<td>39</td>
<td>Post Project Evaluation Report</td>
<td>Performance Committee for scrutiny and review</td>
</tr>
<tr>
<td>40</td>
<td>Operational Phase Governance arrangements (review and refresh)</td>
<td>Performance Committee for Approval of revised SoD</td>
</tr>
</tbody>
</table>

*Working together to deliver better health, better healthcare*
<table>
<thead>
<tr>
<th>Ref</th>
<th>Key Decision</th>
<th>Approving Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>End of Operational Phase (review and refresh of project governance arrangements as this phase is approached)</td>
<td>Performance Committee for Approval of revised SoD and Governance arrangement</td>
</tr>
</tbody>
</table>
DUMFRIES and GALLOWAY NHS BOARD

2 June 2014

Financial Performance: 2014/15 Month 1 Report

Author: Jennifer Watt
Interim Deputy Director of Finance

Sponsoring Director: Katy Lewis
Director of Finance

Date: 19 May 2014

RECOMMENDATION

The Board is asked to discuss and consider this paper and note the financial position presented for the month 1 of the 2014/15 financial year.

SUMMARY

This report provides an initial update on the 2014/15 year and the initial position for April 2014 (month 1).

Key Message

The Board has a statutory financial target to deliver a breakeven position against its Revenue Resource Limit (RRL). The Board has carried forward £3m of funding from 2013/14. This, along with the £4m from 2012/13, will be drawn down in future years to support the Acute Services Redevelopment Project transitional costs. The financial position presented reflects the initial revenue resource limit set by the Scottish Government which is in line with the LDP.

GLOSSARY OF TERMS

CRES  Cash Releasing Efficiency Scheme
YTD  Year To Date
RRL  Revenue Resource Limit
SGHD  Scottish Government Health Department
IM&T  Information Management and Technology
PFI  Private Finance Initiative
WTR  Working Time Regulations
UNPACS  Unplanned Activity
SMC  Scottish Medical Consortium
ADTC  Area Drugs and Therapeutics Committee
CNORIS  Clinical Negligence Scheme Contributions

NOT PROTECTIVELY MARKED
## MONITORING FORM

<table>
<thead>
<tr>
<th>Policy / Strategy Implications</th>
<th>Supports agreed financial strategy in Local Delivery Plan</th>
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</thead>
<tbody>
<tr>
<td>Staffing Implications</td>
<td>Not required</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>Financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle</td>
</tr>
<tr>
<td>Consultation / Consideration</td>
<td>Board Management Group</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Financial Risks included in paper</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Financial plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES.</td>
</tr>
</tbody>
</table>
| Compliance with Corporate Objectives | 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.  
To meet and where possible exceed Scottish Government goals and targets for NHS Scotland. |
| Single Outcome Agreement (SOA) | Not required                                           |
| Best Value                     | This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources. |
| Impact Assessment              | Not required                                           |

NOT PROTECTIVELY MARKED
Summary Update Month 1 2014/15

1. NHS Dumfries and Galloway have a statutory financial target to deliver a breakeven position against its Revenue Resource Limit (RRL). The current forecast is to have a breakeven position (zero carry forward) at the end of 2014/15. The £3m carry forward from 2013/14 will not be used in 2014/15 but retained for future years, along with the £4m from 2012/13, to support the transitional costs associated with the new DGRI. Appendix 1 details the initial RRL data from SG along with anticipated allocations for 2014/15.

2. The draft month one position is now available and overall NHS Dumfries and Galloway is reporting an under spend of £193k to date based on one month’s information to 30th April 2014. Whilst this presents a positive position it is still at an early stage in the year and as we progress through the first quarter we will get a more robust understanding of the financial position for 2014/15. A detailed schedule is provided at Appendix 2 which shows the current under/overspends position by directorate.

3. Budget letters have been issued to all General Managers and Directors advising them of their budgets for 2014/15 and their associated responsibilities. This confirms their base budget position as agreed in the opening financial plan, adjusted for the Cash Releasing Efficiency Target (CRES).

Efficiency Savings

4. The Board’s financial plan identifies the requirement to deliver recurring cash efficiencies of £7.79m which includes productivity savings of £0.29m to achieve financial balance. Development of efficiency plans for 2014/15 has been progressing and recurring schemes to the value of £7.59m have been indentified and are being progressed.

5. Both the in year gap (£200k) and the recurrent gap (£600k) remains a risk and is the focus of forthcoming CRES workshops along with early planning for future years. The recurrent gap has reduced by £290k since the March Performance Committee with improvements from both within Operational Directorates and Corporate departments.

6. Risk analysis of the deliverability of the current plan shows that 33.4% of schemes are high risk, 24.1% are medium risk and 44.5% are low risk.

7. The opening budgets have been issued net of the CRES. It is essential that the monitoring and phasing of CRES achievement throughout the year is robust in order that cost pressures are not understated during the year. This is kept under continuous review.
Financial Risks

8. Whilst the financial plan for 2014/15 reflects known financial risks, these will continue to be monitored and reviewed through the financial reporting cycle. Finance reports will be presented to Management Team, Performance Committee and Board, and the Quarter One and Mid Year Review process will provide an update of the forecast financial position for 2014/15.

9. The financial plan requires the delivery of recurring efficiencies of £7.79m to achieve financial balance for 2014/15. This will be challenging and remains the biggest financial risk.
### Revenue Resource Analysis

**At 30th April 2014**

<table>
<thead>
<tr>
<th>Allocation Date</th>
<th>Baseline Recurring £000s</th>
<th>Earmarked Recurring £000s</th>
<th>Non Recurring £000s</th>
<th>Non Core £000s</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Allocation as at 1st April 2014 (Baseline)</td>
<td>259,723</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>259,723</td>
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<td>Total Revenue Allocation (excl FHS)</td>
<td>259,723</td>
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## Appendix 2

### NHS Dumfries and Galloway

#### Operating Directorates

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<th>Non Pay Ytd</th>
<th>Income Ytd</th>
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<th>Actual</th>
<th>Variance</th>
<th>Budget</th>
<th>Actual</th>
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<td>3  1  1</td>
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### NHS DUMFRIES AND GALLOWAY

#### EXPENDITURE ANALYSIS

1 Month Ended 30 April 2014

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<th>Income Ytd Actual Variance Budget</th>
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<td>799</td>
<td>25</td>
<td>(204)</td>
<td>620</td>
<td>67</td>
<td>65</td>
<td>2</td>
<td>1</td>
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<tr>
<td>W&amp;C Management &amp; Governance</td>
<td>653</td>
<td>354</td>
<td>(28)</td>
<td>271</td>
<td>43</td>
<td>45</td>
<td>(1)</td>
<td>1</td>
</tr>
<tr>
<td>W&amp;C Medical</td>
<td>3,650</td>
<td>64</td>
<td>(2)</td>
<td>3,915</td>
<td>321</td>
<td>333</td>
<td>(11)</td>
<td>5</td>
</tr>
<tr>
<td>W&amp;C Ward</td>
<td>1,409</td>
<td>194</td>
<td>(2)</td>
<td>1,600</td>
<td>119</td>
<td>106</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td><strong>Corporate Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Corporate Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive</td>
<td>299</td>
<td>953</td>
<td>1,252</td>
<td>1,252</td>
<td>25</td>
<td>20</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Chief Operating Officer</td>
<td>125</td>
<td>26</td>
<td>(3)</td>
<td>128</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Dir Nursing, Midwifery &amp; Ahp's</td>
<td>1,784</td>
<td>332</td>
<td>(98)</td>
<td>2,090</td>
<td>149</td>
<td>154</td>
<td>(5)</td>
<td>32</td>
</tr>
<tr>
<td>Finance Directorate</td>
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<td>(86)</td>
<td>2,806</td>
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<td>184</td>
<td>8</td>
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<tr>
<td>Medical Director</td>
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<td>5,620</td>
<td>(879)</td>
<td>12,553</td>
<td>681</td>
<td>676</td>
<td>5</td>
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</tr>
<tr>
<td>Non Recurring Projects</td>
<td>172</td>
<td>61</td>
<td>(9)</td>
<td>233</td>
<td>14</td>
<td>14</td>
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<td>1,088</td>
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<td>220</td>
<td>196</td>
<td>24</td>
<td>66</td>
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<tr>
<td>Strategic Planning</td>
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<td>607</td>
<td>(86)</td>
<td>2,711</td>
<td>74</td>
<td>73</td>
<td>1</td>
<td>166</td>
</tr>
<tr>
<td>Workforce Directorate</td>
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<td>1,793</td>
<td>(216)</td>
<td>1,779</td>
<td>138</td>
<td>135</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td><strong>Strategic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Core Expenditure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Core Expenditure</td>
<td>1,199</td>
<td>77,115</td>
<td>(9,548)</td>
<td>88,662</td>
<td>100</td>
<td>104</td>
<td>(4)</td>
<td>5,620</td>
</tr>
<tr>
<td><strong>Non Core Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Budgets</strong></td>
<td>150,704</td>
<td>155,144</td>
<td>(17,128)</td>
<td>288,720</td>
<td>12,730</td>
<td>12,440</td>
<td>291</td>
<td>12,259</td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>3,623</td>
<td>36,245</td>
<td>39,867</td>
<td>39,867</td>
<td>391</td>
<td>390</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Reserves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>154,327</td>
<td>191,359</td>
<td>(17,128)</td>
<td>328,588</td>
<td>12,730</td>
<td>12,440</td>
<td>291</td>
<td>12,259</td>
</tr>
</tbody>
</table>
# Efficiency Delivery Plan 2014-15

Position at 30th April 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>Forecast Savings Plan</th>
<th>In Year 2014-15</th>
<th>Full Year Recurring 2015-16</th>
<th>CRES GAP In Year 2014-15</th>
<th>Recurring 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Divisions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Services &amp; Diagnostics</td>
<td>988,000</td>
<td>988,000</td>
<td>988,000</td>
<td>0</td>
<td>-193,000</td>
</tr>
<tr>
<td>Mental Health Directorate</td>
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<td>529,000</td>
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<td>0</td>
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<td>Operational Services</td>
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<td>455,000</td>
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<tr>
<td>Primary and Community Care Directorate</td>
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<td>663,000</td>
<td>663,000</td>
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<td>0</td>
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<td>Womens and Children</td>
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<td>365,000</td>
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<td>0</td>
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<td><strong>3,000,000</strong></td>
<td><strong>3,000,000</strong></td>
<td><strong>0</strong></td>
<td><strong>-353,000</strong></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Executive &amp; Chief Operating Officer</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Finance Directorate</td>
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<td>82,000</td>
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<td>0</td>
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<td>Medical Director</td>
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<td>92,000</td>
<td>92,000</td>
<td>0</td>
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<td>Medical Director: eHealth</td>
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<td>117,000</td>
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<td>Director of Nursing</td>
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<td>58,000</td>
<td>58,000</td>
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<td>Public Health</td>
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<td>69,000</td>
<td>69,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strategic Planning</td>
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<td>29,000</td>
<td>29,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Workforce Directorate</td>
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<td>52,000</td>
<td>52,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Corporate Total</strong></td>
<td><strong>514,000</strong></td>
<td><strong>514,000</strong></td>
<td><strong>514,000</strong></td>
<td><strong>0</strong></td>
<td><strong>-46,828</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy &amp; Prescribing (Primary &amp; Secondary care drugs)</td>
<td>2,500,000</td>
<td>2,500,000</td>
<td>2,300,000</td>
<td>-200,000</td>
<td>-200,000</td>
</tr>
<tr>
<td>Procurement Contractual</td>
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<td>300,000</td>
<td>300,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Depreciation (assumed)</td>
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<td>159,000</td>
<td>159,000</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Review of Central Reserves</td>
<td>250,000</td>
<td>250,000</td>
<td>250,000</td>
<td>0</td>
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<td>Externals</td>
<td>500,000</td>
<td>500,000</td>
<td>500,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prior Year: Over-achievement against £7.5m Plan</td>
<td>277,000</td>
<td>277,000</td>
<td>277,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Other Total</strong></td>
<td><strong>3,986,000</strong></td>
<td><strong>3,986,000</strong></td>
<td><strong>3,786,000</strong></td>
<td><strong>-200,000</strong></td>
<td><strong>-200,000</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,500,000</strong></td>
<td><strong>7,500,000</strong></td>
<td><strong>7,300,000</strong></td>
<td><strong>-200,000</strong></td>
<td><strong>-599,828</strong></td>
</tr>
<tr>
<td>Productivity Savings</td>
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<td>290,000</td>
<td>290,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Combined Total</strong></td>
<td><strong>7,790,000</strong></td>
<td><strong>7,790,000</strong></td>
<td><strong>7,590,000</strong></td>
<td><strong>-200,000</strong></td>
<td><strong>-599,828</strong></td>
</tr>
</tbody>
</table>
DUMFRIES and GALLOWAY NHS BOARD

2 June 2014

Performance Report

Author: Chris Sanderson
Efficiency & Productivity Manager

Sponsoring Director: Julie White
Chief Operating Officer

Date: 21 May 2014

RECOMMENDATION

The Board is asked to discuss and note the contents of this report.

SUMMARY

This report is split into three sections. Section 1 provides information on the level of clinical activity and access times achieved within services to 30th April 2014. Section 2 highlights data on efficiency of clinical services as measured against clinical efficiency targets. Finally, section 3 summarises a wider range of activity and provides data on bed occupancy throughout the system.

Key Messages:

The month of April 2014 has seen a slight increase in breaches of the inpatient treatment time guarantee and the 12 week outpatient standard. Breaches of the internal 4 week target for diagnostic tests have also increased due to some capacity issues with MRI scanning. The 18 week referral to treatment standard and cancer waits targets continue to be met (with the exception of the 62 day cancer target in month), and we have exceeded the interim target for Emergency Department 4hour performance.

Unfortunately we have just missed the HEAT target for reductions in Emergency Department attendances despite a programme of counter-measures as part of our unscheduled care action plan.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAT</td>
<td>Health Improvement, Efficiency, Access and Treatment Quality and Patient Experience</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>BADS</td>
<td>British Association of Day Surgery</td>
</tr>
<tr>
<td>DNA</td>
<td>Did not attend</td>
</tr>
<tr>
<td>TTG</td>
<td>84 Day Treatment Time Guarantee</td>
</tr>
<tr>
<td>AMU</td>
<td>Acute Medical Unit</td>
</tr>
<tr>
<td>ISD</td>
<td>Information Services Division</td>
</tr>
<tr>
<td>QoF</td>
<td>Quality Outcome Framework</td>
</tr>
<tr>
<td>DGRI</td>
<td>Dumfries and Galloway Royal Infirmary</td>
</tr>
<tr>
<td>GCH</td>
<td>Galloway Community Hospital</td>
</tr>
<tr>
<td>LDP</td>
<td>Local Delivery Plan</td>
</tr>
<tr>
<td>LUCAP</td>
<td>Local Unscheduled Care Action Plan</td>
</tr>
<tr>
<td>INR</td>
<td>International Normalised Ratio</td>
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</table>
## MONITORING FORM

<table>
<thead>
<tr>
<th>Policy / Strategy</th>
<th>Waiting Times</th>
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<tbody>
<tr>
<td>Staffing Implications</td>
<td>Additional demand may impact on staffing levels, however this is managed within the operational teams.</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>Discussed with Director of Finance and Chief Operating Officer</td>
</tr>
<tr>
<td>Consultation / Consideration</td>
<td>As above</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Sustainability</td>
<td>A risk assessment has been undertaken with regards overdue return appointments. This was assessed initially as high but control measures are now in place and this currently remains assessed as medium.</td>
</tr>
<tr>
<td>Compliance with Corporate Objectives</td>
<td>Complies with</td>
</tr>
<tr>
<td></td>
<td>• to deliver excellent care that is person-centred, safe, effective, efficient and reliable.</td>
</tr>
<tr>
<td></td>
<td>• to reduce health inequalities across Dumfries and Galloway.</td>
</tr>
<tr>
<td>Single Outcome Agreement (SOA)</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Best Value</td>
<td>Complies with key principles:</td>
</tr>
<tr>
<td></td>
<td>• Commitment and leadership</td>
</tr>
<tr>
<td></td>
<td>• Sound governance at a strategic, financial and operational level</td>
</tr>
<tr>
<td></td>
<td>• Sound management of resources</td>
</tr>
<tr>
<td></td>
<td>• Use of review and option appraisal</td>
</tr>
<tr>
<td>Impact Assessment</td>
<td>Not Required</td>
</tr>
</tbody>
</table>
1. CURRENT POSITION AGAINST ACCESS TARGETS

Appendix 1 shows the status of patients treated in the month of April 2014 under the 84 day Treatment Time Guarantee (TTG). The appendix also shows waiting times for ‘stage of treatment’ targets at 30th April 2014 for out-patient appointments and key diagnostic tests which the Scottish Government continue to monitor us on.

Please note that this data is provisional management information from our patient administration system and due to administrative delays in recording clinical outcomes, particularly in relation to in-patient episodes, it is estimated that the reported position may not include all episodes due to missing outcomes at the time the report is run. Information Services estimate that this may represent approximately 1% of the final published data and so, this must be borne in mind when interpreting the report.

In-patients/Day Cases

There were 855 in-patients / day cases in the month of April and of these, there were 16 TTG breaches (1.9%). The patients have been informed in writing. The 12 month rolling trend is shown in the table below.

Trend

There have now been a total of 129 TTG breaches since October 2012 when the legal guarantee came into place. During this time, a total of 14,880 patients have been treated, with TTG breaches representing 0.87% of this total.

The service is now moving towards an internal standard of 9 weeks to improve the achievement of the 12 week target. By booking to 9 weeks this will provide a 3 week window to cope with any unforeseen circumstances.

Note: Current Scottish Government guidelines mean that a TTG breach is recognised on the day that the patient is treated, beyond the 84 day guarantee period. As the Performance Report cycle has to cut off at every month end and report the position at the last day of each month a scenario can arise whereby the 84 day period can have elapsed but the patient has not received treatment until into the next reporting month. The reporting convention is therefore that patients who breach the TTG will be reported against the month in which they were actually treated.
Out-patients

At the end of month snapshot, there were 5,327 people waiting for a consultant-led new out-patient appointment. Of this total there were 93 breaches (1.7%) of the 12 week out-patient standard.

Analysis

The 93 breaches occurred across a number of specialties. More detail on the reasons for breaches is available via management information and can be discussed in private with Board members.

Trend

![Outpatients 12 Week Breach Trend](image)

Diagnostics

At the month end snapshot, there were 1,496 patients waiting to undergo diagnostic tests. Of this total, there were 138 breaches of the 4 week internally set treatment standard (9.2%). We operate and report to a 4 week standard for diagnostic tests, although the national target we are held accountable for is 6 weeks. Against the national 6 week target there were 59 breaches (3.9%).

Trend

![Diagnostics 4 Week Breach Trend](image)

The 138 breaches of the 4 week internally set target occurred predominantly within MRI which are largely attributable to an increase in referrals to the service in February/March and are as a result of capacity issues.
In order to improve performance against this target Radiology are working towards extending the working day. At the moment the department is working extended days when there is sufficient staff available to do so. This is dependent upon staff working beyond their contracted hours and in addition to their on-call commitments; or the use of agency staff, when available. A longer term solution is dependent upon funding and recruitment of new graduates in the summer.

**Cancer Treatment**

**Monthly Trend – management information**

<table>
<thead>
<tr>
<th>Most recent period of measurement</th>
<th>Waiting Time Standard</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2014 (Management Information)</td>
<td>31 days from decision to treat to first cancer treatment</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>62 days from urgent referral with a suspicion of cancer to first cancer treatment</td>
<td>95%</td>
<td>89.7%</td>
</tr>
</tbody>
</table>

**Cancer Waits 12 Month Rolling Performance**

Analysis

The most recent monthly position for the month of March in isolation showed performance above target at 100% for the 31 day. Against the 62 day standard, performance dropped to 89.7% with the Urology specialty delivered via NHS Lothian being the cause of the in-month dip in performance. The chart shows that cancer waiting time performance has been very strong since August 2013 for both targets apart from the latest dip for the 62 day target.
### 18 Week Referral to Treatment Standard

<table>
<thead>
<tr>
<th>Measure</th>
<th>Period</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked Pathways</td>
<td>April 2014</td>
<td>90%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Performance</td>
<td>April 2014</td>
<td>90%</td>
<td>94.6%</td>
</tr>
</tbody>
</table>

#### Analysis

Both linked pathways and performance have been consistently above the 90% target for the last 12 months although recent performance has been affected by a short term capacity issue in orthopaedics.

An action plan has been developed to maximise 18 week compliance which includes a rolling programme of training for medical secretaries and the Patient Access Team. The training is initially aimed at improving the use of the “Unique Care Pathway Number” which support our ability to measure the ‘linked pathways’ and prioritising areas which will deliver the biggest improvement in performance.

**Note:** The 18 week standard is different to the Treatment Time Guarantee and also the out-patient and diagnostic ‘stage of treatment’ standards in that it is a measure of the whole pathway from referral up to the point the patient is treated. The target is 90% for both measures (90% for Performance and Linked Pathways).

‘Linked Pathways’ is a measure of the percentage of patient journeys for which we have data relating to the entire journey or pathway from referral to treatment. ‘Performance’ measures the percentage of complete journeys which have taken no more than 18 weeks to complete.

The “Unique Care Pathway Number” is a unique identifier allocated to new referrals to a consultant led service, to enable identification of patient pathways.
Emergency Department (ED) Performance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Most recent period of measurement</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendances per 100k population (rolling 12 month average)</td>
<td>March 2014</td>
<td>2,529 by March 2014</td>
<td>2,566</td>
</tr>
<tr>
<td>% of ED waits under 4 hours</td>
<td>March 2014</td>
<td>95%*</td>
<td>95.7%</td>
</tr>
</tbody>
</table>

*A new ED 4 hour compliance HEAT target was brought in as of April 2013. The HEAT Standard of 98% remains in place*

ED Attendances – Trend

Unfortunately, we did not achieve the HEAT target at the end of March 2014 as our 12 month rolling average attendances per 100,000 population 2,558 against a target of 2,529 (a variance of 1.2%). In April our performance is 2,566 attendances per 100,000 population (12 month average)

ED Attendances - Analysis

A number of actions continue to be progressed under the General Manager responsible for the Local Unscheduled Care Action Plan (LUCAP):

- Focus on reducing ED attendance which is a major part of QIP/QoF.
- The communications team are working with the Emergency Department on a new media campaign to rebrand the Emergency Department. The “Meet ED” campaign delivers education on appropriate use of the department and where care for other conditions can be accessed. The advert launched with a Roadshow in the Loreburn Centre at the end of April following the launch of the new NHS 24 111 number.
- Improving the management of repeat attendees to the emergency department. The GPs are informed of patients who attend the ED on a regular basis and are asked to review the patient’s needs and consider a multi-disciplinary group
approach to try to address the underlying problem. Also a new psychologist, recruited in December, is now spending a day a week working with the ED team on their approaches to the management of these complex patients. This will be multi stranded and will include the development of skills in communication and approach tailored for these individuals which does not reinforce the pattern of repeat attending and also agreeing a multidisciplinary management plan. A multidisciplinary “frequent attendee” group has been convened and includes representation from mental health, substance misuse, ED and psychology teams.

- Performance is fed back to the department each month.
- Under the ‘Developing Effective, Efficient Care Pathways’ workstream of our Putting You First programme, a study is underway to determine if having Allied Health Professionals in the ED will reduce the number of avoidable or inappropriate admissions.

ED 4 Hour Performance – Trend

<table>
<thead>
<tr>
<th>% ED +4 Hour Waits - 12 Month Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>May-13</td>
</tr>
<tr>
<td>Jun-13</td>
</tr>
<tr>
<td>Jul-13</td>
</tr>
<tr>
<td>Aug-13</td>
</tr>
<tr>
<td>Sep-13</td>
</tr>
<tr>
<td>Oct-13</td>
</tr>
<tr>
<td>Nov-13</td>
</tr>
<tr>
<td>Dec-13</td>
</tr>
<tr>
<td>Jan-14</td>
</tr>
<tr>
<td>Feb-14</td>
</tr>
<tr>
<td>Mar-14</td>
</tr>
<tr>
<td>Apr-14</td>
</tr>
</tbody>
</table>

ED 4 Hour Performance - Analysis

In the last 12 months, A&E 4 hour performance is beginning to stabilise around the current 95% performance target. Our local Unscheduled Care action plan contains a number of measures aimed at pushing this on to the 98% level which will become the new target after September 2014.

Breach Reasons

There were 169 four hour breaches in April compared with 130 in March. Breach reasons are shown in the table below
Ongoing management actions continue to address performance include:

1. An alert escalation process as follows:
   - More than 2.5 hours: Capacity / Site manager (this is being reinforced)
   - More than 4.5 hours: On-call duty manager
   - More than 7.5 hours: On-call duty Director
   - More than 10 hours: Chief Executive

2. There has been an improvement in performance and a reduction in variation across all flows of patients through the emergency department as a result of improvement initiatives.

3. Flow 1 – the minor injuries flow. This is the largest flow of patients through the emergency department
   a. There has been an increase in nursing resource in minor injuries area during our busy periods of Saturday, Sunday and Monday evenings.
   b. An educational advert (Meet Ed) to support members of the public to use the emergency department correctly was launched on the 29th April.

4. Flow 2 – this is the flow of patients who attend the emergency department and after a period of investigation are discharged home or transferred to another hospital. Improvement here is as a consequence of improvements within medical and surgical admission flow meaning that more patients are admitted in a timely way and therefore freeing resource for improvement in the management of these patients

5. Flow 3 – this is the second largest flow of patients and represents those patients who are admitted to medicine, psychiatry and paediatrics. Of these groups the
most significant against the target is the medical flow. In addition to initiatives already in place March saw the introduction of a pilot of seven day discharges whereby the existing weekend OT and Physiotherapist was augmented by the introduction of an additional medical middle grade doctor and social work. The initial analysis of this data is very promising and so we plan to re-run the pilot for a three month period to allow more informed decision making regarding potential future models.

6. Flow 4 – the surgical flow continues to sustain improvement as a result of the introduction if the Surgical Assessment Unit however recently there has been the introduction of a day of surgery admission area which reduces the number of patients requiring to be allocated a bed within the ward prior to going to theatre and thus reducing pressure on beds in the morning prior to discharges leaving the ward.

7. Overall flow is dependent in great part upon bed availability and flow of patients through DGRI. The bed meetings continue to be well attended and successful in improving the overall management of the bed base.

8. The introduction of the Electronic Whiteboards within the wards to support information sharing between professions and an at a glance view of progress will support improved discharge planning.

9. Access to timely transport to support the conveyance of patients to cottage hospitals and home has sometimes proven challenging. NHS Dumfries and Galloway is working with both the Red Cross Ambulance and an independent company to support time transport when the Scottish Ambulance Service has no available capacity.

10. An initial meeting with Scottish Ambulance Service to explore ways to improve our joint working around access to transport for discharge is planned for early May.

11. Detailed breach analysis by breach being undertaken by the Emergency Department commenced on 7th November. This captures the multiplicity of reasons for the breaches and allows a more focused improvement programme to be developed.

12. The fourth capacity manager post ensures we can provide consistent support from Monday to Sunday, covering early and late shifts. Potential changes within the overall team mean that we are now exploring the opportunity to extend access to capacity management across all shifts including overnight.

Local Unscheduled Care Action Plan (LUCAP)

The Scottish Government launched a National Programme for Unscheduled Care in 2013. This programme is being supported by the Unscheduled Care Expert Group, which includes representation from across the NHS and the Royal Colleges. As part of this programme NHS Boards have been asked to develop Local Unscheduled Care Action Plans (LUCAP’s) to improve their capacity and flow and to help sustain Emergency Access performance.

NOT PROTECTIVELY MARKED
Page 11 of 22
The LUCAP is due to be updated with the introduction of LUCAP 2 which focuses upon a whole system approach to the management of unscheduled care. A small multiagency group has been convened to agree priorities and write the plan due for submission in May 14. Delivery of this plan will be overseen by the Unscheduled Care / Winter Planning Group which is chaired by the Chief Operating Officer and brings together a multi-disciplinary group who can take forward the required actions.

**Delayed Discharge Performance**

The chart below shows delayed discharges over the last 12 months expressed as bed days lost.

![Bed Days lost to Delayed Discharge](chart)

Delayed Discharges are discussed on a monthly basis at the Unscheduled Care / Winter Planning Group meeting chaired by the Chief Operating Officer and including all of the key stakeholders who influence delayed discharge performance. Priority actions include:

- Revised Scottish Government Choice guidance was published January 2014. Implementation is now being progressed in partnership locally as a matter of urgency.
- Work is being undertaken to improve flows within DGRI and out to Cottage Hospitals, for example, the implementation of the admission, transfer and discharge policy, the introduction of an additional capacity manager to address internal delays in patient journeys.
- Review of care package capacity and positioning of the STARS re-ablement team and the Dumfries Hub.
- Discussions with commissioning colleagues regarding capacity in rural areas
As part of our commitment to meeting the recommendations of the recent internal audit into management of waiting times, we are developing a suite of indicators to allow executive and non-executive directors to challenge board performance.

The range of information is now quite extensive, however within this report we have focused on the high level trend data. We intend to bring a separate paper on a regular basis to Board / Board Performance Committee which will cover this area in more depth.

The following charts show the extent to which patient unavailability is being recorded within inpatients, diagnostics (scopes) and outpatients and includes a breakdown of the reasons for unavailability.

Percentage unavailable in all specialties - 12 months to Apr. 2014

In-patients

Diagnostics (Scopes)
New Out-patients

Numbers unavailable, with reason breakdown - 12 months to Apr. 2014

Inpatients

Diagnostics (Scopes)
2. CURRENT PERFORMANCE AGAINST CLINICAL EFFICIENCY TARGETS

The table below shows the current performance against our internal clinical efficiency targets.

These targets are part of a number of measures which are actively monitored by the Area Clinical Activity Committee (ACAC) which has a remit to reduce clinical activity where appropriate, reduce wasteful activity by clinicians, reduce patient harm for reasons of patient benefit, and cost reduction and reduce individual variation in clinician activity where this results in reduced productivity overall.

<table>
<thead>
<tr>
<th>Efficiency Targets</th>
<th>Internal Target</th>
<th>Actual Performance (Apr.)</th>
<th>RAG Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Case rates (BADS procedures)</td>
<td>81.5%</td>
<td>79.3%</td>
<td>Amber</td>
</tr>
<tr>
<td>Non elective In-patients Average Length of Stay (days)</td>
<td>8.0</td>
<td>7.4</td>
<td>Green</td>
</tr>
<tr>
<td>Review per new out-patient attendance (ratio)</td>
<td>1.9</td>
<td>2.3 (year to date)</td>
<td>Amber</td>
</tr>
<tr>
<td>Out-patient DNA rates</td>
<td>New 4.8%</td>
<td>5.1% (year to date)</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>Return TBC</td>
<td>6.5% (year to date)</td>
<td>TBC</td>
</tr>
<tr>
<td>Pre-operative Length of Stay (days)</td>
<td>0.58</td>
<td>0.23 (March data)</td>
<td>Green</td>
</tr>
<tr>
<td>Elective Operations cancelled by Theatre</td>
<td>7%</td>
<td>8.9%</td>
<td>Amber</td>
</tr>
<tr>
<td>No of Sleepers</td>
<td>TBC</td>
<td>471</td>
<td>TBC</td>
</tr>
</tbody>
</table>

- ALOS based on all non routine episodes and not completed hospital stays
- Pre-operative LOS is for elective surgical procedures.
- Cancelled Operations on Mon-Fri scheduled morning / afternoon sessions
Elective Cancellations

There were 124 elective cancellations in the month of April. This represented 8.9% of the planned elective programme in month. Further analysis shows that 43% of cancellations were scope procedures (e.g. Endoscopy, Colonoscopy, Cystoscopy and Sigmoidoscopy). Within the scope cancellations, 50% are cancelled due to “Patient not fit/prepared" and 26% due to “DNA/Patient Refusal”

These procedures are not pre-assessed but we continue to look at reasons for scope cancellations. The recent introduction of a new more effective preparation for bowel prep has reduced the number of cancellations due to further prep being required and an audit of reasons for cancellation suggested that only 1 patient had been cancelled due to poorly managed INR levels. The reminder system now contacts patients on the Scope list confirm their attendance in an attempt to reduce DNAs.

The following chart shows the trend over the last 12 months.

![Elective Cancellations Trend (rolling 12 months)](chart)

The data continues to be shared at the Theatre Users Group where the agenda has been focussed on theatre efficiency with a particular emphasis on turnaround times between patients which will help to reduce the number of cancellations. The patient access team are also currently working with the day surgery team on how to reduce the DNAs and the patient refusal.

Recent benchmarking data shows that NHS Dumfries & Galloway was placed 4th best amongst the Scottish Boards in terms of percentage of elective cancellations. Performance ranged from 4.9% to 20.2% so our current performance would indicate that we are not an outlier, however the local team are not complacent and recognise that there is significant room for improvement.
3. ACTIVITY

The activity tables below show year to date activity levels to the month of April 2014 v April 2013 across a range of measures.

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Fin Year to April 2013</th>
<th>Fin Year to Apr 2014</th>
<th>% Change</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Attendances (Planned)</td>
<td>164</td>
<td>162</td>
<td>-1.2%</td>
<td>EDIS</td>
</tr>
<tr>
<td>A&amp;E Attendances (Unscheduled)</td>
<td>3,817</td>
<td>3,951</td>
<td>3.5%</td>
<td>EDIS</td>
</tr>
<tr>
<td>Births</td>
<td>106</td>
<td>106</td>
<td>0.0%</td>
<td>Scottish Birth Record</td>
</tr>
<tr>
<td>Obstetric Admissions</td>
<td>131</td>
<td>140</td>
<td>6.9%</td>
<td>Topas</td>
</tr>
<tr>
<td>Elective Daycases</td>
<td>1,088</td>
<td>1,112</td>
<td>2.2%</td>
<td>Topas</td>
</tr>
<tr>
<td>Elective Inpatients</td>
<td>303</td>
<td>345</td>
<td>13.9%</td>
<td>Topas</td>
</tr>
<tr>
<td>New Outpatient (Dr-Led) All Booked Slots</td>
<td>3,459</td>
<td>3,465</td>
<td>0.2%</td>
<td>Topas</td>
</tr>
<tr>
<td>New Outpatient (Dr-Led) DNAs</td>
<td>195</td>
<td>176</td>
<td>-9.7%</td>
<td>Topas</td>
</tr>
<tr>
<td>Non-Elective Admissions (excluding Mental Health)</td>
<td>1,395</td>
<td>1,389</td>
<td>-0.4%</td>
<td>Topas</td>
</tr>
<tr>
<td>Return Outpatient (Dr-Led) All Booked Slots</td>
<td>7,929</td>
<td>7,896</td>
<td>-0.4%</td>
<td>Topas</td>
</tr>
<tr>
<td>Return Outpatient (Dr-Led) DNAs</td>
<td>548</td>
<td>503</td>
<td>-8.2%</td>
<td>Topas</td>
</tr>
<tr>
<td>Radiology (GP referral based activity)</td>
<td>1,447</td>
<td>1,679</td>
<td>16.0%</td>
<td>RIS</td>
</tr>
<tr>
<td>Mental Health Admissions</td>
<td>106</td>
<td>122</td>
<td>15.1%</td>
<td>Topas</td>
</tr>
</tbody>
</table>

Occupied Beds

<table>
<thead>
<tr>
<th>Ward Set Description</th>
<th>Fin Year to Apr 2013</th>
<th>Fin Year to Apr 2014</th>
<th>% Change</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>3,291</td>
<td>3,076</td>
<td>-6.5%</td>
<td>Topas</td>
</tr>
<tr>
<td>DGRI Day Surgery</td>
<td>259</td>
<td>313</td>
<td>20.8%</td>
<td>Topas</td>
</tr>
<tr>
<td>DGRI Main Wards (not 17)</td>
<td>7,716</td>
<td>7,675</td>
<td>-0.5%</td>
<td>Topas</td>
</tr>
<tr>
<td>External eg GJ, Carrick Glen</td>
<td>55</td>
<td>40</td>
<td>-27.3%</td>
<td>Topas</td>
</tr>
<tr>
<td>Galloway</td>
<td>1,097</td>
<td>1,073</td>
<td>-2.2%</td>
<td>Topas</td>
</tr>
<tr>
<td>Maternity</td>
<td>409</td>
<td>289</td>
<td>-29.3%</td>
<td>Topas</td>
</tr>
<tr>
<td>Clencoch</td>
<td>0</td>
<td>2</td>
<td>-</td>
<td>Topas</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2,080</td>
<td>2,362</td>
<td>13.6%</td>
<td>Topas</td>
</tr>
</tbody>
</table>

Return Out-patient Appointments

At the end of April 2014, there were 6,513 patients waiting to come in for a Doctor-led return out-patient appointment, of which 1,306 were in the ‘Before Latest Date’ category. Appendix 2 contains a chart showing a full specialty breakdown for the month of February. The following chart and table shows the trend in the last 12 months.
## Monthly Return Appointments

<table>
<thead>
<tr>
<th>Month</th>
<th>Before Latest Date</th>
<th>0-6 Weeks</th>
<th>6-9 Weeks</th>
<th>9-12 Weeks</th>
<th>12+ Weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2013</td>
<td>1,482</td>
<td>2,062</td>
<td>599</td>
<td>420</td>
<td>1,151</td>
<td>5,714</td>
</tr>
<tr>
<td>Jun 2013</td>
<td>1,551</td>
<td>2,039</td>
<td>613</td>
<td>433</td>
<td>1,196</td>
<td>5,832</td>
</tr>
<tr>
<td>July 2013</td>
<td>1,602</td>
<td>2,038</td>
<td>597</td>
<td>463</td>
<td>1,122</td>
<td>5,822</td>
</tr>
<tr>
<td>Aug 2013</td>
<td>1,565</td>
<td>1,869</td>
<td>570</td>
<td>407</td>
<td>1,258</td>
<td>5,669</td>
</tr>
<tr>
<td>Sep 2013</td>
<td>1,592</td>
<td>1,701</td>
<td>448</td>
<td>311</td>
<td>1,146</td>
<td>5,198</td>
</tr>
<tr>
<td>Oct 2013</td>
<td>1,534</td>
<td>1,807</td>
<td>453</td>
<td>380</td>
<td>1,263</td>
<td>5,433</td>
</tr>
<tr>
<td>Nov 2013</td>
<td>1,586</td>
<td>2,119</td>
<td>617</td>
<td>426</td>
<td>1,157</td>
<td>6,085</td>
</tr>
<tr>
<td>Dec 2013</td>
<td>1,597</td>
<td>2,463</td>
<td>680</td>
<td>447</td>
<td>1,529</td>
<td>6,716</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>1,236</td>
<td>1,940</td>
<td>689</td>
<td>456</td>
<td>1,550</td>
<td>5,871</td>
</tr>
<tr>
<td>Feb 2014</td>
<td>1,481</td>
<td>2,167</td>
<td>656</td>
<td>556</td>
<td>1,774</td>
<td>6,634</td>
</tr>
<tr>
<td>Mar 2014</td>
<td>1,306</td>
<td>2,190</td>
<td>588</td>
<td>569</td>
<td>1,860</td>
<td>6,513</td>
</tr>
<tr>
<td>Apr 2014</td>
<td>1,409</td>
<td>2,074</td>
<td>743</td>
<td>526</td>
<td>1,980</td>
<td>6,732</td>
</tr>
</tbody>
</table>

**Note:** Patients are given a ‘ticket’ for their return appointment with a target date. The appointment itself should be in a window within a tolerance of 5% before the target date (the earliest date) and 15% after the target date (the latest date). The term ‘before latest date’ is a reference to the latest date of the window as previously described. 0-6 weeks and beyond refer to those waiting in excess of the latest date of the tolerance window.

The five highest impacting specialties in terms of +12 week waits beyond the tolerance window are Ophthalmology, Urology, Orthopaedics, Neurology, and ENT. The following actions are being taken to reduce these backlogs:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ophthalmology</strong></td>
<td>When the returns are broken down and analysed, one of the highest impacting areas is joint orthoptics and ophthalmology consultant led appointments. We are currently working on the joint orthoptics and consultant-led appointments and have implemented extra clinics in the month of May to tackle this. Pressure still remains in paediatric and plastics sub specialties. We are awaiting the output of an invited review of the service, which initial indications suggest opportunities around multi-disciplinary working. A full action plan will be developed on receipt of report.</td>
</tr>
<tr>
<td><strong>Urology</strong></td>
<td>We now have a full complement of substantive consultants in post who are committed to working with us to address the current backlog. We are in the process of linking with our GP colleagues to review patients waiting for return appointments to ensure effective use of our capacity.</td>
</tr>
<tr>
<td><strong>Orthopaedics</strong></td>
<td>Work is on going with the orthopaedic team to reduce the return waiting list and hope to see an improvement within the next few months. The introduction of the virtual fracture clinic has released nursing capacity to support this work further resulting in a transfer of workload from medical staff.</td>
</tr>
<tr>
<td><strong>ENT</strong></td>
<td>We are reviewing the future model for this service given medical recruitment challenges. In the interim we are working with current team to plan for approach to backlog.</td>
</tr>
</tbody>
</table>
Following a recent meeting with the Gastroenterology team we are moving towards a different model of management of stable patients with Coeliac Disease and Inflammatory Bowel Disease where the wider multidisciplinary team will support the onwards management of these individuals and refer for consultant opinion where necessary. The senior clinicians are currently reviewing their waiting lists and will discharge to new models of care as appropriate.

4. Conclusions

The month of April 2014 has seen a slight increase in breaches of the inpatient treatment time guarantee and the 12 week outpatient standard. Breaches of the internal 4 week target for diagnostic tests have also increased due to some capacity issues with MRI scanning. The 18 week referral to treatment standard and cancer waits targets continue to be met (with the exception of the 62 day cancer target in month), and we have exceeded the interim target for Emergency Department 4hour performance.

Unfortunately we have just missed the HEAT target for reductions in Emergency Department attendances despite a programme of counter-measures as part of our unscheduled care action plan.
APPENDIX 1 – WAITING TIMES POSITION AT 30th April 2014

In-patients / Day Cases treated - TTG in month calculation at month end

<table>
<thead>
<tr>
<th>Specialty</th>
<th>0-6 Weeks</th>
<th>6-9 Weeks</th>
<th>9-12 Weeks</th>
<th>12+ Weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>5</td>
<td>7</td>
<td>8</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Cardiology</td>
<td>13</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Community Dental</td>
<td>4</td>
<td>7</td>
<td>12</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Ear Nose &amp; Throat</td>
<td>21</td>
<td>3</td>
<td>43</td>
<td>4</td>
<td>71</td>
</tr>
<tr>
<td>Gastro-Enterology</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>General Medicine</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>General Surgery</td>
<td>85</td>
<td>32</td>
<td>93</td>
<td>4</td>
<td>214</td>
</tr>
<tr>
<td>Geriatric medicine</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>GP-Acute</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>27</td>
<td>12</td>
<td>13</td>
<td>1</td>
<td>53</td>
</tr>
<tr>
<td>Haematology</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Medical Paediatrics</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>75</td>
<td>28</td>
<td>33</td>
<td>4</td>
<td>140</td>
</tr>
<tr>
<td>Oral - MaxFac</td>
<td>38</td>
<td>10</td>
<td>64</td>
<td>2</td>
<td>114</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>26</td>
<td>29</td>
<td>95</td>
<td>1</td>
<td>151</td>
</tr>
<tr>
<td>Urology</td>
<td>26</td>
<td>17</td>
<td>18</td>
<td>0</td>
<td>61</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>342</strong></td>
<td><strong>134</strong></td>
<td><strong>363</strong></td>
<td><strong>16</strong></td>
<td><strong>855</strong></td>
</tr>
</tbody>
</table>

% Breach 1.9%

Diagnostics waiting list analysis – end of month snapshot

Internal 4 Week Target

<table>
<thead>
<tr>
<th>Specialty</th>
<th>0-4 Weeks</th>
<th>&gt; 4 weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>96</td>
<td>0</td>
<td>96</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>74</td>
<td>6</td>
<td>80</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>174</td>
<td>0</td>
<td>174</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>CT Scans</td>
<td>208</td>
<td>2</td>
<td>210</td>
</tr>
<tr>
<td>MRI</td>
<td>224</td>
<td>129</td>
<td>353</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>566</td>
<td>0</td>
<td>566</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1358</strong></td>
<td><strong>138</strong></td>
<td><strong>1496</strong></td>
</tr>
</tbody>
</table>

% 4 wk Breach 9.2%

National 6 Week Target

<table>
<thead>
<tr>
<th>Specialty</th>
<th>0-6 Weeks</th>
<th>&gt; 6 weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
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<td>0</td>
<td>96</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>79</td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>174</td>
<td>0</td>
<td>174</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>CT Scans</td>
<td>210</td>
<td>0</td>
<td>210</td>
</tr>
<tr>
<td>MRI</td>
<td>296</td>
<td>57</td>
<td>353</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>566</td>
<td>0</td>
<td>566</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1437</strong></td>
<td><strong>59</strong></td>
<td><strong>1496</strong></td>
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</tbody>
</table>

% 6 wk Breach 3.9%
### Out-patients waiting list analysis – end of month snapshot

<table>
<thead>
<tr>
<th>Specialty</th>
<th>0-6 Weeks</th>
<th>6-9 Weeks</th>
<th>9-12 Weeks</th>
<th>12+ Weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>65</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>91</td>
</tr>
<tr>
<td>Cardiology</td>
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<td>60</td>
<td>39</td>
<td>0</td>
<td>294</td>
</tr>
<tr>
<td>Clinical Chemistry</td>
<td>40</td>
<td>5</td>
<td>0</td>
<td>7</td>
<td>52</td>
</tr>
<tr>
<td>Clinical Oncology</td>
<td>15</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Communicable Diseases</td>
<td>5</td>
<td>1</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Dermatology</td>
<td>228</td>
<td>79</td>
<td>19</td>
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<td>330</td>
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<tr>
<td>Diabetes</td>
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<td>1</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Ear Nose &amp; Throat</td>
<td>258</td>
<td>41</td>
<td>27</td>
<td>6</td>
<td>332</td>
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<tr>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Endocrinology &amp; Diabetes</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<td>7</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>5</td>
<td>572</td>
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<td>0</td>
<td>44</td>
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<tr>
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<td>267</td>
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<tr>
<td>Haematology</td>
<td>22</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Medical Paediatrics</td>
<td>136</td>
<td>32</td>
<td>8</td>
<td>3</td>
<td>179</td>
</tr>
<tr>
<td>Nephrology</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Neurology</td>
<td>75</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>90</td>
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<tr>
<td>Ophthalmology</td>
<td>423</td>
<td>125</td>
<td>96</td>
<td>22</td>
<td>666</td>
</tr>
<tr>
<td>Oral - MaxFac</td>
<td>216</td>
<td>39</td>
<td>19</td>
<td>3</td>
<td>277</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>70</td>
<td>32</td>
<td>42</td>
<td>17</td>
<td>161</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>786</td>
<td>172</td>
<td>62</td>
<td>24</td>
<td>1044</td>
</tr>
<tr>
<td>Palliative Medicine</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Rehabilitation Medicine</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
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<td>27</td>
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<td>0</td>
<td>96</td>
</tr>
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<td>106</td>
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<td>0</td>
<td>128</td>
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<tr>
<td>Urology</td>
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<td>68</td>
<td>55</td>
<td>0</td>
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</tr>
<tr>
<td>Vascular Surgery</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td>3856</td>
<td>939</td>
<td>439</td>
<td>93</td>
<td>5327</td>
</tr>
</tbody>
</table>

% Breach: 1.7%
### APPENDIX 2 - Out-patient Return Appointments (Dr. Led) waiting list

Based on April 2014 month end ‘snapshot’

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Before Latest Date</th>
<th>0-6 Weeks Beyond Latest Date</th>
<th>6-9 Weeks Beyond Latest Date</th>
<th>9-12 Weeks Beyond Latest Date</th>
<th>12+ Weeks Beyond Latest Date</th>
<th>Total Beyond Latest Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>168</td>
<td>468</td>
<td>169</td>
<td>87</td>
<td>413</td>
<td>1,137</td>
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<tr>
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<td>133</td>
<td>259</td>
<td>130</td>
<td>136</td>
<td>339</td>
<td>864</td>
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<tr>
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<td>109</td>
<td>154</td>
<td>69</td>
<td>49</td>
<td>173</td>
<td>445</td>
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<tr>
<td>Ear Nose &amp; Throat</td>
<td>106</td>
<td>165</td>
<td>79</td>
<td>52</td>
<td>148</td>
<td>444</td>
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<td>141</td>
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<td>146</td>
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<tr>
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<td>78</td>
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<td>54</td>
<td>216</td>
<td>365</td>
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<tr>
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<td>60</td>
<td>30</td>
<td>22</td>
<td>298</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>74</td>
<td>97</td>
<td>23</td>
<td>11</td>
<td>86</td>
<td>217</td>
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<td>20</td>
<td>96</td>
<td>199</td>
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<td>20</td>
<td>14</td>
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<td>190</td>
</tr>
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<td>3</td>
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<td>11</td>
<td>52</td>
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<td>14</td>
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<td>0</td>
<td>22</td>
<td>37</td>
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<td>34</td>
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<tr>
<td>Adolescent Psychiatry</td>
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<td>0</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Endocrinology &amp; Diabetes</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>General Medicine</td>
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<td>13</td>
<td>0</td>
<td>0</td>
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<td>13</td>
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<td>Learning Disability</td>
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<td>Haematology</td>
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<td>0</td>
<td>1</td>
<td>4</td>
</tr>
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<td>Nephrology</td>
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<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
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<td>Clinical Psychology</td>
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<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Rehabilitation Medicine</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics Antenatal</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1,409</td>
<td>2,074</td>
<td>743</td>
<td>526</td>
<td>1,980</td>
<td>5,323</td>
</tr>
</tbody>
</table>

**Note:** Patients are given a ‘ticket’ for their return appointment with a target date. The appointment itself should be in a window within a tolerance of 5% before the target date (the earliest date) and 15% after the target date (the latest date). The term ‘before latest date’ is a reference to the latest date of the window as previously described. 0-6 weeks and beyond refer to those waiting in excess of the latest date of the tolerance window.
DUMFRIES and GALLOWAY NHS BOARD

2 June 2014

Keep Well Annual Report

Authors: Ananda Allan, Carol Stewart

Sponsoring Director: Dr D Cox

Date: 15th May 2014

RECOMMENDATION

The Board is asked to

- Note the continued success in the delivery of the Keep Well Programme across the region;
- Discuss and endorse the value of the Carers and Criminal Justice Pilot projects;
- Note the change in guidance from Scottish Government regarding Keep Well; and
- Ask the Director of Finance to factor in to the Board's future financial plans the need for sustainable funding for Keep Well including the Carers and Criminal justice projects.

SUMMARY

The Keep Well project continues to be successfully delivered throughout the region. It is an excellent person centred anticipatory care service for clients delivered by highly skilled staff and has become an enabler for much wider and highly valued work on the reduction of health inequalities and the delivery of person centred care.

The two pilot projects are evaluating well. Early analysis shows that they are delivering their aims and objectives, working to reduce health inequalities with two of our most vulnerable groups. Sustainable recurring funding is required to continue to run these projects post April 2015.

Government has decided to disinvest in Keep Well over the next few years, with all funding discontinuing by April 2017. Government expects that NHS Boards will prioritise locally in terms of services to be retained through existing resources. Funding is required to meet the shortfall in the allocation provided by government in 2014/15, 2015/16 and 2016/17. From April 2017 sustainable funding is required to continue the service.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>DGWS</td>
<td>Dumfries &amp; Galloway Wellbeing Score</td>
</tr>
<tr>
<td>HADS</td>
<td>Hospital Anxiety and Depression Score</td>
</tr>
<tr>
<td>LES</td>
<td>Local Enhanced Service</td>
</tr>
<tr>
<td>LTTF</td>
<td>Living Life to the Full</td>
</tr>
<tr>
<td>QOF</td>
<td>Quality Outcomes Framework</td>
</tr>
<tr>
<td>SIMD09</td>
<td>Scottish Index of Multiple Deprivation(yyyy)</td>
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<tr>
<td>WEMWBS</td>
<td>Warwick-Edinburgh Mental Well-being Scale</td>
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### MONITORING FORM

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<thead>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing Implications</td>
<td>Short term implications - Two short term pilot projects: Carers Project, ends April 2015, 1 nurse, 1 health coach and one (part time) administrator. Criminal Justice Project, ends April 2015, 1 nurse.</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>Yes please see body of the paper</td>
</tr>
<tr>
<td>Consultation / Consideration</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Previous risk assessments carried out, new assessment planned</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Compliance with Corporate Objectives</td>
<td>1,3,4 and 5</td>
</tr>
<tr>
<td>Single Outcome Agreement (SOA)</td>
<td>Keep Well is an action in the Single Outcome Agreement priorities. The Carers Project is an action in the Single Outcome Agreement priorities The Criminal Justice Project is an action in the Single Outcome Agreement priorities</td>
</tr>
<tr>
<td>Best Value</td>
<td>Effective Partnerships - joint working, responsiveness and consultation</td>
</tr>
<tr>
<td>Impact Assessment</td>
<td>There has been full Impact Assessment on the Keep Well Programme. The work of DG Health and Wellbeing takes a whole population approach to health and wellbeing while also targeting those most in need as appropriate.</td>
</tr>
</tbody>
</table>
1. Introduction

Following two previous papers submitted to the Public Health Committee in December 2011 and March 2012, in which a future financial deficit was highlighted, the Public Health Committee requested a further more detailed paper. Due to uncertainty of the direction from Government regarding the future of Keep Well the paper was postponed until a decision had been confirmed.

This paper reports on the activity of the general Keep Well Programme 2013/14, informs the Board of the progress of the two pilot projects, Carers Project and Criminal Justice project and details the changes in Government direction for Keep Well, including the future financial implications.

2. Keep Well

In the financial year 2013/14 the general Keep Well team saw 955 clients across the region in venues that were close to and most suitable for the client. These included Third sector premises, workplaces, community venues and the client’s home.

A small proportion of these clients had already been diagnosed by their GP with an underlying condition, which indicates that the majority were suitable for participating in the programme, see table 1.

Table 1: Pre-existing conditions (can overlap)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP diagnosed CHD</td>
<td>16</td>
<td>1.7%</td>
</tr>
<tr>
<td>GP diagnosed DM</td>
<td>31</td>
<td>3.3%</td>
</tr>
<tr>
<td>GP diagnosed Hypertension</td>
<td>72</td>
<td>7.6%</td>
</tr>
<tr>
<td>GP diagnosed CVA</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>GP diagnosed TIA</td>
<td>10</td>
<td>1.1%</td>
</tr>
<tr>
<td>Already on statin</td>
<td>69</td>
<td>7.3%</td>
</tr>
<tr>
<td>None of the above</td>
<td>839</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

The Keep Well team identified a wide range of clinical cardiovascular risk factors, shown below in table 2.

Table 2: Clinical risk factors (can overlap)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol &gt;6.4</td>
<td>132</td>
<td>14%</td>
</tr>
<tr>
<td>Blood ratio &gt;6</td>
<td>32</td>
<td>3%</td>
</tr>
<tr>
<td>High BP (even after retest/24hr cuff)</td>
<td>164</td>
<td>17%</td>
</tr>
<tr>
<td>Obesity (BMI &gt;30)</td>
<td>289</td>
<td>30.6%</td>
</tr>
<tr>
<td>High hip-waist ratio</td>
<td>561</td>
<td>54.0%</td>
</tr>
<tr>
<td>Poor diet</td>
<td>136</td>
<td>14.3%</td>
</tr>
<tr>
<td>Smokers</td>
<td>200</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

NOT PROTECTIVELY MARKED
To ensure that we are screening the right people, we monitor the various eligibility criteria (social, health and wellbeing) for each client screened. Some clients might have risk factors for only one component, but many have risks factors for two components or all three. We have shown (figure 1) how all these risk factors overlap in the Keep Well client group. More than half of all participants have risk factors in all three risk areas.

Figure 1: Risk factors for Keep Well Clients

<table>
<thead>
<tr>
<th></th>
<th>All Participants</th>
<th>Carers Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge drinking</td>
<td>146 (15.4%)</td>
<td></td>
</tr>
<tr>
<td>Clinically low levels of wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Males)</td>
<td>97 (34.3%)</td>
<td></td>
</tr>
<tr>
<td>(Females)</td>
<td>216 (39.7%)</td>
<td></td>
</tr>
</tbody>
</table>

In the diagrams we see that the most common risk factors in Keep well clients are **Health factors**, such as: high ASSIGN score and the individual health risks required to generate an assumptive ASSIGN score; family history of heart disease and diabetes, smokers, high cholesterol ratio and obesity.

**Social factors** are also very common: living in a deprived area, being an unpaid carer, benefit claimants (including disability), in low paid employment, housing in council tax band A/B, learning disability, black and minority ethnic groups, gypsy/travellers, offenders, homeless and those suffering substance misuse are all included. Where we have picked out carers specifically in figure 1b, the diagram illustrates the other remaining social factors.

The **Wellbeing factors** are defined as mental health markers including WEMWEBS, HADS anxiety and depression scores, the D&G wellbeing tool and also personal circumstances such as recent bereavement, redundancy or history of abuse. This is a less common risk factor, but this is partly due to some reluctance to complete the tool in clients with low literacy levels. However, low wellbeing is still evident in more than half of all Keep Well clients, and is more common than in the general population. There are a higher proportion of carers with wellbeing issues, as we will highlight below.
For both males and females clinical levels of low wellbeing are more common than the general population. Figure 2 illustrates that many of these are statistically significantly more common. 40% of women and 34% of men in the Keep Well programme this year had some measure of clinically low wellbeing recorded.

If a health issue is identified during a Keep Well Health check, e.g. high cholesterol, the patient is advised to make an appointment to see their GP; the GP is also notified via e-mail. It is not currently possible to determine how many clients go back to their GP for ongoing management but the team make a large number of onward referrals.

Table 3: Onwards referrals from Keep Well (can overlap)

<table>
<thead>
<tr>
<th>Offered:</th>
<th>Accepted:</th>
<th>Declined:</th>
<th>Considering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ref back to GP</td>
<td>172</td>
<td>139</td>
<td>2</td>
</tr>
<tr>
<td>Nursing follow-up</td>
<td>860</td>
<td>347</td>
<td>512</td>
</tr>
<tr>
<td>Royal Prince’s Trust for Carers</td>
<td>58</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Building Healthy Communities</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Coaching: Living Life to the Full</td>
<td>333</td>
<td>173</td>
<td>135</td>
</tr>
<tr>
<td>Coaching: Weight</td>
<td>275</td>
<td>73</td>
<td>196</td>
</tr>
<tr>
<td>Coaching: Living Life</td>
<td>59</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>194</td>
<td>26</td>
<td>168</td>
</tr>
<tr>
<td>Other</td>
<td>56</td>
<td>31</td>
<td>19</td>
</tr>
</tbody>
</table>

Furthermore, by looking at the PIS prescribing system we have determined where a proportion of Keep Well clients have gone on to have newly issued prescriptions in the 3 months following their initial Keep Well check. One in
16 clients aged 45 or over went on to have a new prescription in one of the
BNF sub chapters shown below.

Figure 3: New Prescriptions in the 3 Months Following Health Check

3. Carers Pilot Project

As part of the consultation for the D&G Carer’s Strategy 2012 it was identified
by Carers outwith the Keep Well age group that they strongly felt that they
required a Keep Well type service. As supporting carers is a strategic priority
for the Change Fund a bid was submitted to Putting You First applying for
funding for a short term (eighteen month) pilot project. The bid was approved.

The underlying ethos of the project is to support carers to identify and address
their health and wellbeing needs so that they are more able to cope with their
own life and that of the person who they care for. Many of the people being
cared for have complex needs including dementia or long term mental health
issues. Carers often also have complex health and wellbeing needs and
these often take second place to the needs of the cared-for person.

In 2013/14 there were 255 clients seen who identified as unpaid carers. The
Carers project itself commenced in July 2013. The project works in very close
partnership with carers’ organisations.

From our early analysis, evaluation and feedback from the Carers and Partner
Organisations (appendix 1) the project appears to be successful in delivering
its outcomes to date. Our data is confirming that the Carers who have been
recruited to the project do have significantly poorer mental health and
wellbeing compared to the general population (figure 4); they also have
poorer personal freedom, health, relaxation time, resilience and financial
security (figure 5).
As illustrated previously for the Keep Well population, for both male and female carers, clinical levels of low wellbeing are more common than in the general population. However, Figure 4 illustrates that 51% of female carers and 42% of male carers in the Keep Well programme had some measure of clinically low wellbeing recorded. (These were 40% and 34% respectively for the wider Keep Well population.)

The following figures illustrate the 10 sub-domains from the DGWS tool. Where the lines are within the green zone, this indicates the same or better wellbeing as the general public. Any points outside the green area are worse than average; the further away, the worse they are.

Note in particular that the Carer scores are generally worse than the general Keep Well scores and while affection and safety are good, freedom and resilience are particularly bad.

Figure 5: Sub-domains from the Dumfries & Galloway Wellbeing Scale tool
At the end of the financial year 66 Carers were either seeing a Health Coach or have been discharged after the Health Coach Intervention. Early analysis also indicates that Carers require more Health Coach sessions than the general population; this will need to be taken into account for future funding. We are in the process of evaluating the outcomes of the intervention, which will be reported in a future paper.

Non recurring funding has been secured to continue the Carers project until 31st March 2015

4. Criminal Justice Project

A combination of social, economic and cultural factors mean that community managed offenders often face higher levels of health inequalities than the general population. The specific health needs of offenders are wide ranging and include higher levels of mental health issues, drug and alcohol dependency, poor physical health and higher levels of risk taking behaviours. Close working with the Criminal Justice department identified that Community Managed Offenders (including those out with the Keep Well age group) may benefit from a Keep Well type service.

A bid was successfully submitted to the Alcohol and Drugs Partnership to fund a one year pilot project.

The aims of the pilot are to -

- To improve the health and well being of community managed offenders
- To reduce health inequalities
- Improve resilience and coping mechanisms to support individuals to make positive health choices and restrain from risk taking behaviour such as alcohol/drugs use
- Reduce the prevalence of re-offending

Since the project commenced in September 2014, 125 people on a community Payback Order have been seen for a Health Check. The project works very closely with the Criminal Justice department and other public and third sector organisations. One of the objectives of the project is to ‘remove barriers to accessing services through referrals to partner agencies and outside organisations as required’. If a health issue is identified during a Keep Well Health check e.g. previously unrecognised drug or alcohol issues, the client is referred to the appropriate agency (figure 6).

The project has also been working closely with the hospital Blood Borne Virus team and Sexual Health Services. Clients who are high risk and have not previously been tested are offered testing for blood borne viruses (figure 7).
We are in the process of evaluating other outcomes of the intervention, which will be reported in a future paper.

We are awaiting confirmation that non-recurring funding has been secured to continue the project until 31st March 2015.

5. Government Direction and Financial Position

On the 13th December 2013 a letter was received by the Chief Executive from Sir Harry Burns. The letter stated –

“There is clearly some success with Keep Well, particularly when it comes to reaching and engaging with people who are less likely to see their GPs in areas of socio-economic deprivation. Although there is positive work..."
happening as a result of Keep Well locally, the difficulty is gaining a national picture in terms of medium and long term outcomes and effectiveness.

A decision has been made to gradually decrease the current level of central funding provided by the Scottish Government with a view to disinvesting by 2017. The expectation is that NHS Boards will prioritise locally in terms of services to be retained through existing resources.

The current level of central funding at £11 million will be sustained for 2014-15 to give NHS Boards an opportunity to plan ahead. This will be reduced to £7 million in 2015-16 and to £3 million in 2016-17, thereafter the funds will cease. Individual Board allocations will be re-calculated from 2015”.

It is estimated that as of April 2015 Keep Well will have a non recurring carry forward of approximately £95000, which can be used in the short term to bridge the developing funding gap.

6. Conclusion

The Keep Well project continues to be successfully delivered throughout the region. It is an excellent person centred anticipatory care service for clients delivered by highly skilled staff and has become an enabler for much wider and highly valued work on the reduction of health inequalities and the delivery of person centred care.

The programme helps our Board to deliver on key policy objectives relating to health inequalities and a shift towards early intervention and prevention. It provides support for those at high risk of CVD to reduce that risk, but it also addresses many other areas such as poor mental health and wellbeing and signposting to other services.

The two pilot projects are evaluating well. Early analysis shows that they are delivering their aims and objectives, working to reduce health inequalities with two of our most vulnerable groups. Sustainable recurring funding is required to continue to run these projects post April 2012.

Government has decided to disinvest in Keep Well over the next few years with all funding discontinuing by 2017. Government expects that NHS Boards will prioritise locally in terms of services to be retained through existing resources. Funding is required to meet the shortfall in the allocation provided by government in 2014/15, 2015/16 and 2016/17. From April 2017 sustainable funding is required to continue the service.
Appendices

Appendix 1

Examples of evaluation from Carers

Nursing Quotes:

“The amount of information provided and the health check itself covered much more than I expected. Therefore, identifying illnesses my own GP had not checked for i.e. Diabetes.”

“The nurse was an attentive and caring listener. She could see that I was apprehensive about the meeting – I didn’t feel that I was eligible and I was concerned that I might have become emotional while recollecting events. Thank you, I was reassured and now feel supported by the service.”

“I feel the inclusion of the wellbeing and mental health scales gave a better holistic view of health. I knew I felt / feel stressed and this verified it for me – with the opportunity now for health coaching.”

“I have very little spare time so it’s valuable and wondered if this would be worth it. It was - thank you!”

“Joanne was brilliant, lovely engaging smile that put me at ease. I genuinely thought my results might have been higher due to my weight. Joanne has given me the confidence within myself to reduce my weight and I cannot wait to meet my Health Coach.”

“I am normally too busy to think of my own health. I care for both my parents and visit the local surgery regularly – making another appointment for me never enters my mind.”

Health Coaching Quotes:

“They treated me as an individual, not as a number. Very competent and effective.”

“The meetings were very relaxed and helped me feel confident and was able to discuss anything.”

“Very helpful – a chance to look at the bigger picture.”

“Thanks for your help, such a comfort to know you were there.”

“Very relaxing, very understanding and everything was excellent.”

Feedback from Partnership Agencies:

“I was referred to the Keep Well team by the Carers Centre Manager after a difficult summer. I found the initial home visit extremely helpful and more importantly non-
judgemental. I was then referred for some self help session, using the ‘little books’ as a guide. The outcome for me has been literally life changing; helping me put things into perspective and find healthy coping mechanisms. I want to thank the team and Claudine for getting me back on track and living life to the full! Thank you” – Feedback from a Carer to Claudine Brindle, Princes Royal Trust for Carers who informed us

“I just wanted to say a huge 'Thank you' to you Joanne for advising the health check for my partner. He had this on ‘date omitted’ and thoroughly enjoyed it. He also felt a huge sense of relief to know that a referral has been made for Living Life to the Full. Thank you so much, this has been a huge relief to me that ‘name omitted’ will now hopefully get the help he requires” – Feedback from Social Services
DUMFRIES and GALLOWAY NHS BOARD

2 June 2014

BOARD BRIEFING

Author: Rachel Hinchliffe, Communications Assistant
Sponsoring Director: Jeff Ace, Chief Executive

Date: June 2014

RECOMMENDATION

The Board is asked to
• note the briefing.

SUMMARY

CONTENTS
Putting You First Update
Castle Douglas Hospital Celebration
Dalbeattie’s Got the Lot!
New appointments

REGULAR FEATURES
Retirals
New from the Scottish Executive including CELs
Current Consultations
Chief Executive’s Diary
Chairman’s Diary

Key Messages:

GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>CEL</td>
<td>Chief Executive Letter</td>
</tr>
<tr>
<td>MRSA</td>
<td>Meticillin Resistant Staphylococcus Aureus</td>
</tr>
<tr>
<td>PYF</td>
<td>Putting You First</td>
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### MONITORING FORM

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<td>Policy / Strategy</td>
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<td>Staffing Implications</td>
<td>None</td>
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<tr>
<td>Financial Implications</td>
<td>None</td>
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<td>Consultation / Consideration</td>
<td>None. However, Briefing is populated with items of interest provided by any member of staff.</td>
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<td>Sustainability</td>
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<td>Single Outcome Agreement (SOA)</td>
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<tr>
<td>Best Value</td>
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<td>Impact Assessment</td>
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**NOT PROTECTIVELY MARKED**
Putting You First

**Wigtownshire Community Engagement**
Putting You First is now supporting tests of change across the region and the steering group for Wigtownshire has been formed. One of the first tasks the group decided on was to conduct engagement sessions within the community and at the Accident and Emergency department in the Galloway Community hospital.

The sessions will run until June and will be used to provide a focus and priorities for future PYF activities in the area. As of the Thursday 11 May over 150 questionnaires have been completed. The group hopes to get 300 or more responses to be able to provide a clear picture of the priorities for the locality.

**Visits by Carlisle Councillors**
Representatives from Cumbria County Council visited the region on Thursday 1 May.
Council members heard from lead partners involved in delivering Telecare and Telehealth services across Dumfries and Galloway.
They were briefed on a range of projects and will add the innovation in Dumfries and Galloway to a scrutiny report they are preparing. They hope this report will inform good practice in Cumbria.

**Castle Douglas Hospital Celebration**
On the 24th March 2014 Castle Douglas Hospital Team celebrated with tea and cake their ongoing success with providing High Quality, Safe and Effective Patient Care. This includes one year (365 days) without receiving a complaint; 1291 days without an acquired clostridium difficile case in the hospital; 850 days without an acquired MRSA case in the hospital and 266 days since a ward acquired pressure ulcer.
Invited guests included Alice Wilson, Associate Director of Nursing and Mhairi Hastings Nurse Manager.

**Dalbeattie's Got the Lot!**
Dalbeattie is a place that has a lot going on. Dalbeattie's Got the Lot! Event provided an opportunity for publicising services for local people about what is happening as well as finding out about new initiatives.

The event held on 20 May in Dalbeattie Town Hall held a range of activities, provided an opportunity to feedback and meet people who work in the Dalbeattie area and find out what's on offer.

The event was organised by Stewartry Health and Wellbeing Partnership. Third Sector First, Timebanking, NHS Health Improvement, Let's Cook, Smoking Matters, Putting You First, and Community Learning and Development will be there and more will be confirmed soon.

**NOT PROTECTIVELY MARKED**
New appointments
Information Management and Technology
Kevin Rooney: Senior IT Project Manager
Margaret Simpson: Appointed Head of Health Records
Kirsty Stewart: IT Project Manager

Workforce
Wendy Copeland - Workforce Development Partner
Maria Cleary. - Workforce Development Partner

Retirement
Gordon Weymss - Senior Salaried Dentist at Galloway Community Hospital in Stranraer, retired from clinical duties at the end of March 2014. He joined the Community Dental Service at the beginning of 2006, in the old Garrick Hospital in Stranraer, having previously been in general dental practice in Hanover Street in Stranraer for many years. His role in the Galloway included management of anxious adults and children, including with the use of general anaesthetic and IV sedation. Colleagues arranged an informal farewell get-together in Stranraer on the evening of Friday 23rd May.
**New from Scottish Executive Health Department**

<table>
<thead>
<tr>
<th>PCA(D)5: AMENDMENT NO. 126, STATEMENT OF DENTAL REMUNERATION:</th>
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<tbody>
<tr>
<td>The amendment shall not affect any rights or liabilities acquired or incurred under or by virtue of any provision of the Statement of Dental Remuneration amended or replaced by this amendment.</td>
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<table>
<thead>
<tr>
<th>CEL 9: Transforming Outpatient Services (TOPS) : Change Package - Getting patients on the right pathway through transforming Community Allied Health Professional (AHPs) MSK services:</th>
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<tbody>
<tr>
<td>TOPS Leads are asked by 13th June 2014, to work with local MSK Leads to complete the enclosed assessment of stage of implementation.</td>
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</table>

<table>
<thead>
<tr>
<th>PCA(P)8: Community Pharmacist: Supplementary and Independent Prescribing Clinics: Funding for 2014-15:</th>
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</thead>
<tbody>
<tr>
<td>This Circular advises of funding available to NHS Boards for the provision of community pharmacist supplementary and independent prescribing clinics for 2014-15.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>CEL 10: Code of Practice – Provision of Information for Postgraduate Medical Training:</th>
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</thead>
<tbody>
<tr>
<td>Following discussions between NHS Education for Scotland (NES), MSG and the BMA’s Scottish Junior Doctors Committee a revised Code of Practice has been agreed. The previous version issued under CEL 17 (2011) is replaced and a copy of the revised code is attached at Annex A.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>PCA(P)9: Public Health Service Poster Campaigns 2014/15:</th>
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</thead>
<tbody>
<tr>
<td>Further to circular PCA (P) (2014) 6 this circular informs NHS Boards and community pharmacy contractors of further Public Health Service (PHS) poster campaign topics for 2014/15.</td>
</tr>
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## Consultations

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<tr>
<td>Scottish Government</td>
<td>MANAGING HEALTH AT WORK and PROMOTING ATTENDANCE – PIN POLICY – CONSULTATION(S)</td>
<td>07/07/2014</td>
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<tr>
<td>Healthcare Improvement Scotland</td>
<td>Draft antimicrobial wound dressings protocol for public consultation</td>
<td>03/05/2014</td>
</tr>
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<td></td>
<td><em>No Response Submitted</em></td>
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</tr>
<tr>
<td>Scottish Government</td>
<td>WOMEN ON BOARD: QUALITY THROUGH DIVERSITY CONSULTATION</td>
<td>05/05/2014</td>
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<tr>
<td></td>
<td><em>No Response Submitted</em></td>
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<tr>
<td>Scottish Government</td>
<td>Consultation on the Regulations and Orders associated with the Public Bodies (Joint Working) (Scotland) Act 2014</td>
<td>01/08/2014</td>
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<tr>
<td>Scottish Government</td>
<td>Consultation on Proposed Amendments to SCIM</td>
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### Chief Executive’s Diary
**Key Events**

<table>
<thead>
<tr>
<th>June</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Management Team</td>
</tr>
<tr>
<td>3&amp;4</td>
<td>NHS Scotland Event</td>
</tr>
<tr>
<td>5</td>
<td>DGRI Redevelopment Project Board</td>
</tr>
<tr>
<td>6</td>
<td>Strategic Partnership</td>
</tr>
<tr>
<td>10</td>
<td>SPSP Fellowship World Cafe Invite</td>
</tr>
<tr>
<td>11</td>
<td>NHS Chief Executives</td>
</tr>
</tbody>
</table>

### Chairman’s Diary
**Key Events**

<table>
<thead>
<tr>
<th>June</th>
<th>Event Description</th>
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<tr>
<td>3&amp;4</td>
<td>NHS Scotland Event</td>
</tr>
<tr>
<td>6</td>
<td>Strategic Partnership</td>
</tr>
</tbody>
</table>

### Chief Executive Appointments to Regional and National Groups

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**NOT PROTECTIVELY MARKED**
1. **Apologies for Absence**
   Apologies as noted above.

2. **Declarations of Interest**
   There were no declarations of interest.

3. **Minute of the meeting held on 8 January 2014**
   Approved with the following amendments.

   Page 5, Item 10, second line should read “reduction” and not “deduction”.

4. **Matters Arising**

4.1 **HSMR Update**
   Page 5, Item 10, the Chair questioned the wording used in the last sentence of the second paragraph. The Medical Director highlighted a media debate on HSMRs and how they can be influenced by statistics rather than care provided in hospitals and explained that he felt the wording was not quite right. The Medical Director explained that the most recent HSMR figures, issued on 25 February 2014, show the NHS Dumfries and Galloway figure as 0.88% which
is our lowest rate for a number of years. The Chief Executive commented that the whole of Scotland has seen a reduction.

5. Action List
Updated action list tabled. The Nurse Director noted that the Scottish Patient Safety Programme Mental Health Update had been deferred to the May meeting due to the number of items on today’s agenda.

STANDING ITEMS

6. H.A.I. Update
The Infection Control Manager presented a detailed paper outlining the actions taken to address C.Diff and SAB HEAT targets. She explained that, as discussed at the March Committee meeting, the targets for 2015 remain very vulnerable although she was pleased to report that there was a slight reduction in the C.Diff figure for last month. She explained that Health Protection Scotland (HPS) are not concerned about our C.Diff rate and with regard to SABs we are struggling with the same challenges as the rest of Scotland. HPS have been invited to meet with appropriate staff, on 10 March 2014, to go through our plans and actions in detail to see if there is anything we are missing.

The Infection Control Manager highlighted a recent Norovirus infection in January. She explained that the outbreak, of no more than ten days duration, was contained to one ward due to the infection control precautions applied by staff and the support provided from management. She explained that our ward closure rate is one of the shortest in Scotland and looked on as an example of best practice.

In response to the Chair asking about the HPS visit, the Nurse Director explained that we have actively paid attention to our local trajectories towards achieving the HEAT targets and, with still a year to go to meet them, we have invited HPS down to look at our plans. This will be a focussed meeting with some support from HPS (two or three of their senior team are attending). Feedback will be taken to the Infection Control Committee on 18 March 2014.

In response to a Non Executive Director highlighting the conclusion and asking what was meant by “there is clearly much work still to be done”, the Infection Control Manager explained that this is about keeping the current work ongoing. We need to ensure that cleaning, hand hygiene, standard infection control precautions and antibiotic audits are happening routinely. We have made massive improvements in the past couple of years and the C.Diff figures are the lowest we have ever had but we are being challenged by the Scottish Government to reach even lower figures and further reduce harm to patients.

The Chief Executive highlighted previous campaigns to encourage the general public in hand hygiene and asked if there was any mileage in this approach. The Infection Control Manager agreed that she thought there was, highlighting Hand Hygiene Day on 5 May 2014, explaining that we have a range of promotion materials, supported by the “OK to Ask” tagline, to raise awareness.
The Committee:

• Noted the report

7. **Scottish Patient Safety Programme – Primary Care (SPSP-PC)**

The Medical Director presented the paper highlighting the progress of the SPSP-PC in its aim to reduce the number of events which could cause avoidable harm from healthcare delivered in primary care settings. He highlighted:

- The Practice Safety Culture Assessment which is going ahead in all practices.
- Warfarin Management developed to improve the reliability of processes. The Local Enhanced Service requires practices to provide monthly progress report.

The Medical Director explained that it is too early to report results as the programme only started in September 2013 and staff are currently addressing some of the problems and making improvements.

The Lead Clinician, Primary Care, noted that the Practice Managers find this programme useful, but highlighted some difficulties around the Trigger Tools, Warfarin management and the confusing computer system. A brief discussion on the use of Warfarin and the financial implications of moving to the new anticoagulants took place.

The Committee:

• Noted progress

8. **Patient Stories**

The Nurse Director explained the Committee had requested discussions at the Person Centred Health and Care Committee (PCH&CC) on 20 February 2014, to take forward a piece of work and the Patient Experience Lead would provide feedback.

The Nurse Director presented a very positive patient story in relation to care provided in one of the cottage hospitals. In discussion it was noted that the patient had been a nurse and perhaps it was due to their high level of knowledge and experience that made them more able to acknowledge what staff are doing, or perhaps due to that knowledge they were able to articulate in a way that ensured they got what they needed.

The Patient Experience Lead highlighted discussion at the PCH&CC around the potential for:

- Digital stories
- Testing Student nurses on placement to collect patient stories
- Establishing a Citizen’s Panel to specifically look at complaints – has been a successful method in Canada.

The Chair requested that this piece of work be addressed as a framework and updates be submitted to the Committee. He commented that the Panel was an interesting idea. A Non Executive Member liked the idea of Student Nurses being involved and there was good potential for lots of learning from this. The
Nurse Director explained that in addition to these formal methods; there will be times when a patient, or a family member, feels able to come directly to the Committee to tell their story and we should feel comfortable about this, taking it as an opportunity rather than having one at every meeting.

The Committee:
- Noted the Patient Story and work that is clearly being done around this
- Update at a future meeting

9. **Patient Experience Report**

The Patient Experience Lead presented the paper highlighting:
- Scottish Health Council (SHC) Review of NHS Boards’ Annual Reporting on Feedback, Comments, Concerns and Complaints 2013/13. She explained that the Cabinet Secretary had tasked the SHC to visit all Boards to discuss the complaints process and they had visited NHS Dumfries and Galloway on 21 February 2014. A report will be issued in due course.
- Public Partnership Forum – in the process of undertaking discussions with different agencies to broaden the Forum beyond the NHS.

Discussion around closed complaints/concerns and the associated outcomes, actions and lessons learned. The Lead Clinician, Primary Care, noted that the Out of Hours Service in not a walk-in service and this needs to be emphasised. The Nurse Director highlighted the breadth and variety of the complaints/comments received explaining that we always apologise along the lines of “sorry you were not satisfied”. She explained that we are sometimes not communicating things properly and will pick up the issue that the Out of Hours Service is not a walk-in service. Lay member suggested including the use of pharmacies in this issue as many people do not use their local pharmacies before visiting their GP or coming to the hospital. The Medical Director agreed with this comment, suggesting that NHS 24 should be referring patients to pharmacies in the first instance, explaining that a high percentage of patients attending A&E do not receive any treatment.

The Chair asked, as the underlying issue in this paper, if the Committee was confident that people are getting the opportunity to feed back and we are moving in the direction of developing a type of relationship.

The Committee:
- Noted the paper

**INTERNAL REPORTS**

10. **Scottish Prison Healthcare Update**

The Service Manager presented the paper explaining that it is now two years since the transfer of the service to the NHS and highlighted the changes to the skill mix of the team and the change in prison population resulting in a higher addiction problem. She explained that the NHS is working with the Scottish Prison Service (SPS) to deliver a health improvement plan with the key message being that prisoners should have access to healthcare the same as anyone else.
The Service Manager highlighted a change in the complaints system within the SPS which had resulted in a rise in the number of complaints received. This was due to changes in the tick-box forms given to prisoners and has been amended with SPS staff now looking for local resolution before reaching the final step of prisoners making a complaint. This is the same as in NHS services.

In response to a question around the future plans, the Service Manager explained that the joint NHS/SPS Health Improvement Group had been established with an action plan in place to address the significant challenges in providing healthcare for prisoners. She highlighted improvements around having Out-Patient Clinics within the prison supported by telehealth facilities and explained that the dental service has improved and is looking into the possibility of providing an ophthalmic service. The Service Manager explained that the main challenge is around where people have had treatment started in prison and that this continues when they are liberated. Patients need more help to develop healthy behaviour, especially around drug and alcohol addictions.

The Chair raised the issue of end of life care and patient dignity and the Service Manager assured him that work is being done around this with the Palliative Care Nurse Manager.

In response to the Chief Executive asking if there were any implications for us in terms of delivering health and social care the Service Manager explained that the SPS acknowledge that they have responsibility for this service which has not been provided before and will have to purchase this.

The Chief Executive asked for a brief update on Forensic Services for people in police custody and the Service Manager highlighted a change in indemnity payments for all Health Boards for any GP providing healthcare in police custody with four Forensic Medical Examiners in post. The Chief Executive commented on the significant achievement that the Service Manager and her team have handled. He explained that an IT system to provide records for people in police custody is to be implemented and, in response to a question, confirmed that the police will not have access to health records.

In response to a question around ring-fenced finance the Chief Executive explained that whilst there was an element of overspend when the budget transferred but we are now in a position where we are close to breaking even.

The Committee:
- Noted progress

11. **Disposal of Pregnancy Loss up to and Including 23 weeks and 6 days**
The Nurse Director presented the paper highlighting the CMO letter received in August 2012 and the clear guidance that this should be implemented, with a follow-up letter received in August 2013. She explained that, although there had been some local challenges, we have now worked through these and have confirmed that NHS Dumfries and Galloway is fully compliant with this guidance.
The Committee:
- Noted the paper

12. **Cardiology Review Report**
The Medical Director presented the paper outlining the future development of Cardiology Services. He highlighted the main recommendations of the review:
- Stop angiograms locally and develop alternatives that are non-invasive
- Direct access to echocardiography for Primary Care
- Local service for insertion of pacemakers will continue
- Management of Acute MI: Potential link with the Cumberland Royal Infirmary, Carlisle – currently evaluating costs and benefits of this.

The Medical Director commented that this was a useful report that gives clarity around what we should be doing although implementation is fraught with difficulties.

The Lead Clinician, Primary Care, asked for reassurance that if we are not doing angiograms in Dumfries that local people are seen as quickly as Glasgow people and not waiting several days. He commented that there should not be a big demand for echocardiography as being triaged by cardiologist should not increase the number.

The Committee:
- Noted the report

13. **Healthcare Governance Corporate Risk Register Report**
The Nurse Director presented the paper noting that each Board governance committee is required to review their relevant risks regularly. The Medical Director highlighted the financial risk to the organisation that the cost of new drugs exceeds planning assumptions. The following points were highlighted in discussion:
- Cost of the drugs – some will do patients no good at all
- Postcode lottery - treatment for some and not for others
- Scottish Medicine Consortium was set up to address prescribing and worked well. Was seen as a good system and copied by other countries.
- Small number of patients on very high costs drugs

The Nurse Director explained that the full Risk Register is presented to the Audit and Risk Committee routinely and to the Board on a less frequent basis.

The Committee:
- Noted the report

14. **NHS Lanarkshire Review – Dumfries and Galloway Position**
The Nurse Director presented the paper explaining that the Cabinet Secretary had requested a review, focussed on acute services across three hospitals, in light of mortality data published in August 2013. The Nurse Director explained that we have looked at the recommendations from this report and the paper highlights the position in NHS Dumfries and Galloway. She highlighted the structure of the review team and how the review was undertaken, noting that
the key notes are around nurse and medical staffing, quality of care and using workforce tools. There are a range of other recommendations that do not apply to NHS Dumfries and Galloway but the Nurse Director explained that we can take additional learning from the review and pick up lessons we can address. In response to the Chief Executive asking about the timescale for the NHS Lanarkshire response to the review, the Nurse Director explained that this was expected by the Cabinet Secretary by the end of March 2014.

A Non Executive Member highlighted serious concerns about medical staff vacancies, noting that NHS Lanarkshire had been criticised for having a consultant vacancy rate which is less than NHS Dumfries and Galloway’s. He explained that he realised that recruitment is very difficult but this is a significant problem. The Chair explained that one of our actions is for the Staff Governance Committee to look at the recruitment plan and we have mechanisms for assurance that we are doing what we can. The Chief Executive agreed that this situation is very frail.

The Nurse Director highlighted Recommendation 10 regarding nursing workforce tools, which have been mandated by the Cabinet Secretary, and the Staff Governance Committee receiving papers to provide assurance with regard to usage and resulting actions. She asked if this was the right place and should this assurance not come to this Committee. The Chair suggested reports come to this Committee and Staff Governance.

A Non Executive Director noted that it was clear that improved quality of care is dependent on all stakeholders working together and asked what we were doing about this and the Nurse Director explained that NHS Lanarkshire was working across three acute settings but we are in one setting and able to work together. The Non Executive Member asked if we had learned from this report and the Nurse Director explained that the action plan demonstrated our learning. She highlighted engagement with the Leadership Team explaining that one of our key successes over recent years has been the Leadership Walkrounds where the staff have direct access to the senior leaders of the organisation.

The Chair suggested using the report in terms of the new Non Executive Members induction session as there are lots of issues. The Chief Executive agreed noting that this could be linked with the Francis Report. The Nurse Director noted that the report would also go to the Area Clinical Forum and the Area Partnership Forum.

The Committee:
- Noted the report

EXTERNAL REPORTS

Nil.
ITEMS FOR NOTING

15. **Minutes of the Adult Protection Committee – 22 January 2014**
The minutes of the Adult Protection Committee held on 22 January 2014 were noted.

16. **Minutes of the Board Donation Committee – 24 September 2014**
The minutes of the Board Donation Committee held on 24 September 2013 were noted.

The Consultant Microbiologist raised the issue of corneal retrieval. The Infection Control Manager explained that the Non Executive Director has agreed to raise this issue with the Medical Director.

17. **Minutes of the Health Child Protection Committee – 11 December 2013**
The minutes of the Health Child Protection Committee held on 11 December 2013 were noted.

18. **Minutes of the Healthcare Scientists Advisory Committee – 29 October 2013**
The minutes of the Healthcare Scientists Advisory Committee held on 29 October 2013 were noted.

19. **Minutes of the Infection Control Committee – 23 December 2013**
The minutes of the Infection Control Committee held on 23 December 2013 were noted.

20. **Minutes of the Resuscitation Committee – 10 December 2013**
The minutes of the Resuscitation Committee held on 10 December 2013 were noted.

21. **Minutes of the Hospital Transfusion Committee – 25 September 2013**
The minutes of the Hospital Transfusion Committee held on 25 September 2013 were noted.

22. **Any Other Competent Business**

HEI Inspection
The Nurse Director explained that there had been an unannounced inspection of DGRI on 15 and 16 January and a return visit the following week as the inspection team had concerns around one of the clinical areas. A draft report for factual accuracy has been signed off and returned to HEI. The final report is due for publication on Monday 10 March 2014 and will come to the May 2014 Committee meeting. The Nurse Director explained that this will be a challenging report for the Board and was drawing this to the Committee’s attention. The Chief Executive explained that this would be a negative report that will say the Intensive Therapy Unit was dirty and staff did not follow the required standards of infection control. He explained that this is a unique report for NHS Dumfries and Galloway and will attract significant criticism and a degree of media interest. The Chief Executive explained that on the follow-up visit the Inspectors had been impressed by the actions taken by our multi-
disciplinary team in such a short time. The Nurse Director explained that the key issue is how we support staff when the report is published and also to remember that the ITU patient safety outcome data is very good.

The Committee:
- Report to the May 2014 meeting

**Children's Services Inspection**
The Nurse Director explained that the inspection is now complete and the report will be published in April 2014 and will come to the May 2014 meeting. The Chief Executive explained that there had been an interesting framework for this Inspection which included Health, Social Work, Education and the Police. He explained that this may be a challenging report and will contain a series of standard recommendations for improvement around aspects of corporate Children’s Services, although a limited number of them will relate to health specifically.

**Date of Next Meeting**
Wednesday 7 May 2014, 9.30 am, New Board Room, Crichton Hall.
1. Apologies for Absence
   Noted

2. Declarations of Interest
   There were no declarations of interest intimated.

3. Note of the previous committee meeting held on 12 December 2013
   The note of the meeting held on 12 December was approved subject to
   minor amendment.

4. Matters Arising
   a) CEL 2010 27 Provision of Single Room Accommodation and Bed
      Spacing
      Members noted the paper.
STANDING ITEMS

5. Spiritual Care

The Nurse Director informed members that although the job description had been completed there were still problems in getting the post of Spiritual Care Lead banded appropriately and according to the responsibilities. She said that there have been several meetings to discuss the post and role, but there appear to be difficulties in understanding that the post is not solely a chaplaincy role and the post holder will operate at a more strategic level than that of a hospital chaplain. Interests have been expressed about the post and Hazel is keen not to lose the interest.

Caroline Sharp offered support and assistance to navigate the job evaluation process.

Douglas Irving commented that it was sad that the new spiritual care agenda for the Board had been delayed because this process had taken so long to complete.

6. Patient Experience

6.1 Patient Stories
Hazel Dykes reported that as patient stories had been taken to the Healthcare Governance Committee for over a year there was now a need to decide how to take things forward.

During this time the stories taken to the Healthcare Governance Committee have been selected from patient/family complaints, with time spent speaking to patients and expanding their stories, but it has been recognised that a more structured way of gathering a broader range of stories has the potential to be more beneficial.

Hazel D explained that identifying different ways of capturing stories and can be challenging and at the last Healthcare Governance Committee it was agreed to demit the responsibility of gathering patient stories to this committee (PCHCC).

Yvonne Christley commented that currently there is not the expertise within the Board to capture digital stories but funding is available to fill this gap and Yvonne is pursuing this. Consideration is also being given to establishing a Citizen Panel, designed to structure responses that would link to improvement.

Derek Cox informed members that a Story Dialogue Conference will take place in Dumfries on 25 April 2014. This is being designed to capture views of children, young people and families in order to inform the development of Dumfries and Galloway next Integrated Childrens’ Service Plan. Over 100 people are expected to attend including
children, parents, nursing and care staff. Following the conference, the stories will be turned into action plans. Although the conference is principally for managers responsible for shaping future services, any interested PCHCC members would be welcome to join.

6.2 Patient Experience

The Nurse Director explained the potential to test with a number of SCNs, various ways of how to proactively gather patients’ stories at the point of care. Patient stories were not just about complaints, but hearing about different patient experiences from a number of perspectives.

At the Board level there is an expectation of hearing patients’ stories with a focus on listening to the stories and experiences. Currently these stories have been taken to the Healthcare Governance Committee (where Non Executive Members and lay members are present) for discussion.

Yvonne Christley plans to test student nurses becoming more involved in encouraging patients to share stories; as the students interact well and often have different relationships with patients. Yvonne confirmed that UWS had already been approached and discussions were at an early stage.

Ken Donaldson spoke about the Patient Experience and Learning Group within Acute Services that meets weekly to discuss complaints and good stories. He also explained that he has met with 5/6 families recently and all are keen that their stories are used and there is learning from them.

Ken asked members to note that the next Enhanced Patient Experience event will take place in April and this programme will include input from patients’ stories and involve and include complainants and family. A session on Value Based Reflective Practice will take place in the afternoon of the event.

Paul Lyttle noted that the main focus of discussions had been looking at complaints and questioned where is the counter balance and how is good feedback gathered?

Yvonne Christley responded that currently the Patient Opinion website provided good / positive feedback and captured the good stories that are then shared with staff. All clinical areas also get a range of compliment letters that we are trying to capture.

The Nurse Director noted that there were some good examples of pieces of work already being undertaken and a number of ways of working together. She was confident that we were now beginning to build a portfolio of methods around gathering patient stories and now needed strong structures to be put in place for patients and families and for staff.
7. **Building Community Resilience**

Derek Cox spoke of how community resilience that it was important this was developed at an early stage. At present almost everything is being done with integration in mind and a key part of integration will be community resilience and flexibility. How community resilience fits with reducing reoffending opportunities to work with partner groups is also being looked at.

Canon Paisley said that discussions have already taken place with Yvonne Christley and Joanna Kennedy who has been contracted to build communities of practice and with resources drawn from the community, is building a link with the local authority through community learning and development.

Canon Paisley also spoke about developing Chaplaincy listening and asked for support from this committee to pursue this area further. Members agreed that support should be given for this.

8. **THEME: STAFF EXPERIENCE**

8.1 Staff Survey

The Workforce Director presented the local findings of the last staff survey and although the analysis is still on-going, wanted to have the opportunity to take committee members through some of the results currently available as she has a particular interest in the staff dimension of patient experience.

Caroline said that she and Jeff Ace are currently taking the results out to staff across the region and showing the developmental work being undertaken. Caroline also commented that the survey will be used to build and improve staff experience. An action plan has still to be developed together with Area Partnership Forum and other staff need to be involved and included.

The analysis of data collected can be done in different ways e.g. Groups or directorates. Caroline is looking at the high level of neutral answers to try to identify what needs to happen to move these neutral answers into the positive areas. Reactions from staff have been positive with staff being interested and reflections have been interesting. There was now a need to transfer this to improving things and teams are being encouraged to identify areas that could make a difference.

*Presentation* (previously circulated)

Caroline explained that this was an anonymous national survey and participants can’t be identified. The survey was conducted by a 3rd party and is designed for staff to feedback on their experiences of working for
the organisation.

The national uptake figure across all Boards was 28%. Although there has been some disappointment in the local uptake (from 37% of staff participating previously, down to 36% for the current one) it was thought that this may be due to the survey being done electronically.

Dumfries and Galloway appears to have done better than other Boards in many areas with the response to staff being involved in decision making being particularly favourable and the figures about staff being subjected to bullying and harassment was significantly lower than NHS Scotland as a whole.

The sample profile for Dumfries and Galloway respondents is slightly different to that for NHSScotland respondents as a whole. Within NHS Dumfries and Galloway a higher proportion of respondents were part-time, female and belonged to the nursing/midwifery staff group, who account for 50% of staff.

Another key finding locally has been the commitment from staff to go the extra mile if necessary.

Questions relating to ‘Overall Experience’ and to the ‘Appropriately Trained and Developed’ Staff Governance dimension were answered most positively by NHS Dumfries and Galloway respondents. Questions relating to the ‘Involved in Decisions’ and ‘Provided with a Continuously Improving and Safe Working Environment’ dimensions were answered least positively.

Moira commented that some comparisons would be difficult to make as other Board areas had different hospitals that staff could work in.

Caroline had noted that some respondents stated they did not report incidents of bullying and harassment. Derek and Caroline are doing a significant piece of work to encourage the reporting of these incidents and HR is working with directorates to identify areas for improvement.

Caroline informed members that although this survey took place 5 months ago, another survey will be coming out in the Autumn of 2014. Moira commented that the process of feedback and responses needs to be slicker in order to mean anything to staff.

Jimmy commented that some staff did not feel well informed around the areas of the new build hospital and integration of health and social services, with many staff saying they were feeling uncertain and threatened during this massive change in clinical services.

Douglas asked to what extent do staff influence policy and decision making within the organisation and are they encouraged to participate? Derek said that he had analysed some data that had shown that staff

...
feel that they can influence decisions, although the data has highlighted that some doctors feel that they do not have that influence.

8.2 National Self Experience Project: iMatter
Caroline explained that ‘iMatter’ is a national staff experience measurement and improvement diagnostic tool and has been developed by Scottish Government in partnership with the service. The diagnostic tool and improvement approach is now ready to be rolled out, and NHS Dumfries and Galloway is planning a two year phased implementation programme, commencing Autumn 2014. The implementation programme will be overseen by the Area Partnership Forum, as part of the Boards Staff Governance Action plan 2014 – 2016.

Members of the Workforce Directorate met with the Staff Experience programme lead on Wednesday 5 February to commence the planning for the implementation of iMatter across NHS Dumfries and Galloway.

Caroline distributed examples the diagnostic questionnaire and of a mock analysis and explained that this programme was about developing ways of measuring staff experience and was now moving from a pilot phase and being rolled out to other Board areas.

The questionnaire, which has been validated by UWS, has been designed by staff and the group that developed it believe that the questions are more meaningful and purposeful.

NHS Dumfries and Galloway have provisionally committed to commencing the roll out of the iMatter diagnostic tool from September 2014, on a phased basis, over a two year timeframe. The Area Partnership Forum will approve the implementation programme once it has been worked up in further detail.

The Chair commented that the pictorial was easily defined and easily focused and should be more effective.

9. Any Other Business

a) Staff Assaults
Douglas Irving commented about an article in some of today’s newspapers about assaults on NHS staff and questioned what the policy was for NHS Dumfries and Galloway regarding this.

The Workforce Director responded that there was a zero tolerance policy within the organisation and that the organisation actively supports staff who wish to pursue matters through the courts. The Area Partnership Forum has had sessions with the Procurator Fiscal to learn about processes and how support is given to staff.

b) Support Groups
Douglas Irving asked what support groups were available for patients
and if there was a register of these groups. Yvonne said that this was currently a piece of work in hand and the Nurse Director commented that the specialty clinics would know what support groups were available for their patients. Hazel Dykes also pointed out that the ALISS website was an established website that supports self management groups etc. and had useful information.

10. **Date of Next Meeting: Wednesday 9th April at 14.00**