

## DUMFRIES AND GALLOWAY NHS BOARD



Agenda and notice for meeting on Monday 2 November 2009  
at 1.30pm

VENUE: DOUGLAS ARMS HOTEL, CASTLE DOUGLAS

John Burns  
Chief Executive

### AGENDA

1 Apologies for absence

2 Declarations of Interest

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

3 Minute of the Meeting held on 5 October 2009

*The Board is asked to approve the minute of the meeting held on 5 October 2009.*

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4 Matters Arising

#### INVOLVING PEOPLE, IMPROVING QUALITY

5 Patient Safety

*The spread of the patient safety programme continues through NHS Dumfries and Galloway and this report notes progress to date.*

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6 Patient Experience: Reporting Period September 2009

*This paper summarises progress being made in the Better Together – Patient Experience Programme, including the national draft survey results and the Dumfries and Galloway Patient Experience Volunteering Project.*

Page 23

7 Prevention and Control of Infection

*This paper is the routine monthly report on specific aspects of infection control.*

Page 28

- 8 Local Supervising Authority Annual Report to the Nursing and Midwifery Council 2008 / 2009

*This report provides detail on how the statutory requirements for supervision of all midwives and midwifery practice were being met in Dumfries and Galloway during 2008/09.*

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#### **ITEMS OF GOVERNANCE**

- 9 Draft Audit Committee Minute of the Meeting held on 25 September 2009

*The draft minute of the Audit Committee meeting held on 25 September is presented to Board.*

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#### **ITEMS OF STRATEGY**

- 10 Clinical Services Strategy

*A verbal update will be provided.*

#### **ITEMS OF PERFORMANCE / DELIVERY**

- 11 Financial Performance: 6 Months to 30 September 2009

*This report advises of the financial position for the six months to 30 September 2009.*

*Page 110*

- 12 Access and Activity Report

*This report provides information on the level of clinical activity and access times achieved within services to 30 September 2009. It also highlights data on efficiency of clinical services as measured against current HEAT targets.*

*Page 119*

- 13 Mid Year HEAT Summary

*Page 127*

#### **ITEMS FOR APPROVAL**

- 14 Board Briefing

*This paper provides Members with a briefing on a range of health and partnership related issues.*

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**EMBARGOED UNTIL 1.30 pm Monday 2 November, 2009**

15 Any Other Competent Business

*Members should notify the Board Administrator of any items of business not on the agenda that they wish to raise prior to the commencement of Board Business at 1.30 pm.*

16 Date of Next Meeting

*The next meeting of the NHS Board is Monday 7 December, 2009.*

## DUMFRIES AND GALLOWAY NHS BOARD

Minute of the meeting Dumfries and Galloway NHS Board held on 5 October 2009.



Minute Nos: 176 - 195

### **Present**

Mr M Keggans	Chairman
Mr J Burns	Chief Executive
Mr J Ace	Director of Health Services
Mrs H Borland	Nurse Director
Mrs H Brash	Non Executive Member
Dr A Cameron	Medical Director
Mr A Campbell	Non Executive Member (left at 2.25pm)
Mrs H Dykes	Chair of Area Clinical Forum
Mr E Hunter	Non Executive Member
Mr A Johnston	Non Executive Member
Mr D Lockhart	Employee Director
Mr C Marriott	Director of Finance
Dr R Park	Non Executive Member
Ms C Sharp	Director of HR and Workforce Strategy

### **Apologies**

Dr D Cox	Director of Public Health
Mr I Hyslop	Non Executive Member
Mr K Warford	Vice Chairman

### **Attending**

Mr J Glover	Head of Communications
Mrs H Newport	
Mrs J Wilson	Board Administrator

## Chairman's Opening Remarks

The Chairman welcomed everyone to the October meeting of the Board and noted the series of very useful meetings throughout the morning, both in Stranraer and Newton Stewart Hospital. Thanks were offered to all staff who had given time during the morning to meet with Members.

### 176 Apologies

Apologies as noted above.

### 177 Declarations of Interest

There were no declarations of interest.

### 178 Minute of the Meeting held on 7 September, 2009

The Minute of the meeting held on 7 September 2009 was agreed as an accurate record.

### 179 Matters Arising

#### Accelerated Implementation of the Public Health Etc (Scotland) Act 2008

The Chief Executive presented this item and reminded Members that as well as the shift in competent persons there was also the issue of compensation for those being held from their place of work. The issue of insurance is still being explored but on reviewing the history of compensation the level of claims seems to be minimal. In terms of the financial exposure there does not appear to be a significant risk.

The Director of Finance advised that in discussion with colleagues it was felt that the Board should accept the risk.

The Board

- noted the verbal update; and
- agreed to accept the financial risk.

### 180 Patient Safety

The Nurse Director presented the routine update on patient safety and advised that the focus of the programme nationally is within acute care and acute hospitals. Members will be aware that the programme is also being rolled out to community hospitals; the Galloway Community Hospital and Newton Stewart Hospital are participating in the bundles and the different ways of practicing that are relevant to the patients they care for. Medicine reconciliation has been tested and implemented and surgical pauses have been introduced in the Galloway Community Hospital. In order to provide

support across the region and link to safe and effective medicines management, the Antimicrobial Team have appointed an antimicrobial nurse; the postholder is only recently in post and a direct impact is not yet demonstrated. Learning Set 4 was held in Community Hospitals last week and significant improvements are now being demonstrated. The Community Hospitals have all agreed a six month improvement plan and this will be monitored by management teams. The National Programme has announced a paediatric programme commencing in the Autumn and the staff in Ward 15 at Dumfries and Galloway Royal Infirmary have been pivotal in that work.

Mr Hunter noted that previous reports had an interesting trajectory against the Institute of Healthcare Improvement (IHI) expectations but this had been omitted from this report. The Nurse Director advised that the assessment in July was 2.5, the data collection issue had been resolved and there are ongoing discussions with national leads.

Mr Hunter commented that a number of Non Executive Members would be happy to participate in some of the walkrounds as this supported their understanding. The Nurse Director advised Members that the leadership walkrounds were currently being reviewed and that this would be taken into consideration.

The Board

- noted progress.

#### 181 Patient Experience: Reporting Period August 2009

The Nurse Director presented the routine report which focused on the Better Together Patient Experience Programme and compliance with patient feedback timescales. Dumfries and Galloway was one of the three pilot Boards for the patient survey as part of the Better Together Programme; this was now completed and the report awaited. A national GP survey is being taken forward as part of the same programme and it is anticipated that this will be rolled out nationally in the Autumn.

In respect of patient experience feedback, during July and August there were seventeen complaints and twenty formal letters of appreciation in relation to staff and services. There is very high consistency in acknowledging complaint letters in three working days. At the September Board meeting a 100% response rate was reported, this has dipped to 88% compliance and a target of 95% has been set locally. This will be reported to Board on a monthly basis. The service is still being streamlined and small steps of change are being tested. Issues which the Scottish Public Services Ombudsman (SPSO) highlighted in his September commentary, none of which are in respect of Dumfries and Galloway, are all issues with action plans in place locally. The Board is not currently in communication with the Procurator Fiscal on any complaints and is in communication with the SPSO on one case.

The Chief Executive noted that the SPSO's report highlighted recurring themes over the last two to three years around communication, clinical treatment and

record keeping and enquired if the specific learning had been reviewed and taken into consideration. The Nurse Director confirmed that the Patient Services Team look at each issue and these are reported to the Quality Improvement Working Group and the Healthcare Governance Committee.

The Chief Executive enquired if the Patient Services Team was doing enough in sharing best practice across the organisation. The Nurse Director suggested that this could be better and that this would be taken forward by the team.

The Board

- noted the report.

## 182 Prevention and Control of Infection

### MRSA Screening Programme Update

The Nurse Director presented the monthly update which, on this occasion, focused on the MRSA (Meticillin Resistant Staphylococcus Aureus) screening programme rolling out nationally. Members were reminded that the Board has a 30% HEAT (Health improvement, Efficiency, Access and Treatment) target reduction for MRSA and MSSA (Meticillin Sensitive Staphylococcus Aureus) and the implementation of the screening programme will assist that achievement. MRSA originates from the 1950s when there was a national increase and is not a new issue. A number of patient groups are actively screened including MRSA positive patients, patients from outwith the region, patients from nursing homes, pre-assessment patients, patients with a break in the skin or any wound and those with an active skin condition such as psoriasis or eczema. Clinical infection with MRSA occurs either from the patient's own resident MRSA or from cross-infection from one person to another. Many people may carry MRSA in their nose or on their skin; however, this does not necessarily mean that they are infected with MRSA. National screening tells us that 7½% of patients admitted to hospital are already compromised and screening is to ensure that those patients are captured and provided treatment to ensure we do not allow cross infection. The next step is to implement the national screening programme which has been tested in three Boards. There has been a number of recommendations from that pilot, however it did not support universal screening and has allowed Health Protection Scotland to provide much more active advice to Boards. Screening practices will be changed based on that evidence with guidance to a single nasal swab and, if positive, swabs will be increased. This will be implemented from January and a steering group has been established to take this forward. Boards are required to report to the Scottish Government in relation to implementation. The average number of MRSA infections has already reduced with the screening currently in place and a further improvement is expected.

Patient safety work in Newton Stewart Hospital has been in relation to hand hygiene with compliance achieving 100% over the last three months. Newton Stewart Hospital is involving patients in ensuring that staff and patients wash their hands with graphs on the wall with key messages. The staff at Newton

Stewart Hospital are to be commended for the way in which they have involved patients. Galloway Community Hospital has also achieved 100% in hand hygiene compliance.

Mr Hunter noted the target of 30% reduction in the incidence of MRSA and enquired where the Board sat on that scale. The Nurse Director confirmed that this was on trajectory at the moment although proving to be challenging.

The Chief Executive reminded Members that the 30% reduction is not just MRSA but also MSSA and it was important not to become complacent if only considering the trajectory. It is helpful to see the Staphylococcus aureus bacteraemia trend but it also useful to see MRSA and MSSA separately. There is Scottish Government funding for the screening programme and following submission of a bid the Board has secured £92k to support the programme. The Chief Executive advised Members that, along with the Nurse Director, he would visit every community hospital and every ward across Dumfries and Galloway to understand some of the challenges at practice level and to hear first hand from staff. The visit to Newton Stewart Hospital was very positive and the level of infection control standards was very encouraging. There are some challenges with the estate and it is important to make these connections.

The Board

- noted the update on the MRSA screening programme in NHS Dumfries and Galloway.

183 Draft Healthcare Governance Committee Minute 23 September 2009

Mrs Brash presented the draft minute of the Healthcare Governance Committee meeting held on 23 September and paid tribute to Mrs Newberry and Mr Copland, two lay members who had recently retired.

The Board

- noted the draft minute of the Healthcare Governance Committee meeting held on 23 September 2009.

184 Draft Staff Governance Committee Minute 7 September 2009

Mr Campbell presented the draft minute of the Staff Governance Committee meeting held on 7 September; no issues were highlighted.

The Board

- noted the draft minute of the Staff Governance Committee meeting held on 7 September 2009.

185 Clinical Services Strategy Formal Consultation on Options

The Chief Executive presented this item which provided a summary of the pre-consultation engagement with our communities over the last two years. From March of this year there has not been the opportunity for a great deal of

discussion with our communities and we now need to raise awareness and interest in the communities to participate in the consultation process. The case for change has been summarised and, importantly, on page 4 we have restated the fixed points raised previously as part of the pre-engagement process. Picking up on one of the recommendations from the Independent Scrutiny Panel (ISP) a summary rationale has been set out. Turning to the ISP, the report has been gone into in some detail; some of the points overlap but the thirty-two points have been summarised to ensure there is a robust audit trail. It is important to state clearly how the work of the ISP has been addressed. Set out in the paper, is the proposal for Board to move from five to three options and the suggestion to move to a preferred option. That move to a preferred option is important so there is clarity and no ambiguity about the importance of clinical services in the future being of the highest possible level. Whatever the outcome of this consultation, change will not happen tomorrow and there will be an opportunity to take forward clinical services changes before there is any change to infrastructure. There are two key elements around capital requirement, the largest single capital being the redevelopment of Dumfries and Galloway Royal Infirmary which sits within this clinical services strategy and, of course, the revenue challenge that needs to be met going forward. Three other elements were highlighted in terms of supporting work:-

- workforce and understanding the workforce model;
- transport, which is challenging in an area with our geography; and
- the use of telemedicine.

The Chief Executive thanked the team who have produced a comprehensive set of draft consultation papers. The ISP were clear that the Board should go out to the public with a lot of information and detail. The team prepared the papers on that basis but these were then rejected by the Scottish Health Council (SHC) for being overly detailed and not such that the public could understand them. The team have re-drafted the documents and the SHC have now approved these as suitable for consultation. A range of other pieces of information will be developed and we will commit to develop information that is asked for. Subject to agreement today, letters will be issued to all our statutory bodies for consultation, all our community councils and others we are already engaged with. There is an absolute commitment to getting as broad a range of views and to engage as widely as possible. A leaflet will be delivered to every household in Dumfries and Galloway with basic information on how to get involved in the process as well as a comprehensive advertising campaign across the region which will advertise a whole suite of engagement.

Mr Hunter expressed concern regarding a preferred option and the reasons for this were discussed.

Mr Campbell raised the issue of finance and the Board's confidence that this would be available. The Director of Finance reassured Members that staff were working closely with the Scottish Government. The revenue costs will be substantial for the size of the organisation and this has been taken into account in the five year financial plan, potentially requiring the delivery of increasing levels of efficiency.

The Chief Executive highlighted the importance of connecting the different elements and noted the good example in mental health where a strategy was agreed with a building element but that a great deal of time has been spent making the service change in the meantime. There is support and commitment from partners and work continues around service redesign. There is a whole area of change in the social care environment that needs to be understood and a paper should be presented to the evolving Community Health and Social Care Partnership Board (CHSCP) setting out what is currently done, what we want to improve and how we will work together to do that. That may be helpful to the Board when the consultation is being considered.

Mrs Brash enquired if there had been some evaluation of the combined services from the users' perspective. The Chief Executive confirmed that this tied into the community care outcomes and is a significant and important piece of work from the Community Health and Social Care Partnership Board.

There was discussion on the use of language within the documents prepared for public consultation and the Chief Executive advised that the Scottish Health Council had approved the wording.

#### The Board

- agreed to move to formal consultation on the three options, noting the process followed to date;
- agreed to a stated preferred option – option C for the reasons set out in the paper; and
- agreed to a period of formal consultation with the public on three options and to sign off the draft consultation documents presented.

#### 186 Financial Performance: 5 Months to 31 August 2009

The Director of Finance presented this paper which reported an underspend of £833k to date. This is the cumulative position after deducting efficiency savings of £3.4m from baseline budgets. The revenue resource limit has increased to £265m with a further £2.5m expected by the end of the financial year. Acute services overall are reporting an underspend of £100k whilst Medicine and Surgery have a combined overspend of £150k, which is an improvement from the July reported position. Drug costs are now contained within budgets after the release of £100k from the high cost drugs reserves. Lucentis continues to be an issue and a paper will be presented to the next Scrutiny Committee. Allied Health Professionals has seen an increase in the overspend position which reflects the continued difficulty in recruiting permanent staff. The pressure on medical budgets continues with additional funding required to support locum requirements, recruitment challenges and service pressures. Community and primary care services report an overall underspend linked to phasing of budgets and a balance position continues to be presented in terms of prescribing. Corporate services are underspent by £66k and operational services property budgets have been adjusted to reflect the balance of the efficiency targets showing a £128k overspend to date. Savings for the next financial year remain at 4% with plans in place by the end

of December on how this will be achieved. There remain a number of pressures in terms of 'flu and waiting times.

Mr Johnston commented that the Cash Releasing Efficiency Savings (CRES) looked challenging and enquired if there had been an impact assessment on service delivery. The Director of Finance acknowledged the challenge and advised Members of the recent workshop on partnership with a focus on efficiency through innovation. Staff are learning lessons from other areas and managers are thinking differently against core base budget and core service delivery. The efficiency and productivity report pulls out some best practice. In terms of levels of efficiency for next year the Finance Team is working with managers to support them in building up proposals. These will be in place by the end of December which will allow time to assess the deliverability of proposals.

The Board

- noted the report.

#### 187 Access and Activity Report

The Director of Health Services presented this paper and reported satisfactory progress. Cancer performance for quarter 2 is the draft position and showing 92%, the changes put in place following the recent review are now impacting. The Board now has a stage target of nine weeks maximum wait for in patient / day cases by the end of March and is working towards that. In terms of activity there are still challenges in Accident and Emergency achieving 97% but there is confidence that the winter related work rolling forward will support 98% performance. Reasonable progress is being made in reducing overdue return appointments although there has been a setback in orthopaedics due to a period where the department has been running three consultants down. Challenges in ophthalmology are related to Lucentis issues and a paper will be taken to Scrutiny Committee with an activity model which will demonstrate how this can be better managed. There has been no summer reduction in terms of activity for acute services but the service has managed broadly well and continues to hit access targets.

Mr Hunter asked for further explanation on the ophthalmology trends. The Director of Health Services advised that ophthalmology was the first pathway to hit eighteen weeks. This required a large number of out patients being put through the system quickly resulting in a high number of return appointments. The introduction of Lucentis contributed to the high level of return appointments along with cataract surgery. The impact of all this is a redesign issue and that will be taken through Scrutiny Committee.

The Board

- noted the report.

#### 188 Preparing for Winter 2009 / 10

The Director of Health Services presented this paper which brought to Board

the plans for managing the impact of winter pressures on health services. The Primary Care Out of Hours Plan and associated self assessment was included. Members will recall that the Scottish Government commissioned a detailed review of winter performance by Dr Daniel Beckett and the report presented is structured to look at each of Dr Beckett's recommendations. Collaborative working through STARS (Short Term Augmented Response Service) has been held up as an exemplar and the Board has been asked to provide the Service Level Agreement for others to consider. Difficulties were reported in escalation and changes have been put in place, including an executive director on-call rota. The report is a little simplistic in the way in links elective and emergency activity demand. Theatre activity is booked six weeks in advance and emergency activity forecasts are only reliable for one week. It is difficult to flex elective activity other than by cancellation and difficult to reinstate those cases. The compromise is to look at January and this will be a very heavy period for day surgery and a light period for in patient cases. This is challenging when you look at the case mix as day cases are over 70% and in patients tend to be major and cancer surgery. The other recommendations are fairly straight forward such as annual leave management. In terms of boarding patients there are plans for rapid cycle change, particularly looking at medical boarders in surgical wards. Boarders are reported on a daily basis and again Dumfries and Galloway has been showcased at national level and seen as best practice. The local plans fit well with the key national recommendations from last winter. The out of hours paper is self explanatory and is essentially the same as last year with high confidence that the system can cope.

The Employee Director asked what progress had been made on nurse led discharge which is technically practiced in ENT. The Director of Health Services advised that there was a very good discharge protocol which would be presented to the next Hospital Management Group for ratification prior to its introduction.

Mr Hunter noted that in terms of out of hours Dumfries and Galloway was an outlier in Scotland regarding the percentage of visits. Dr Park confirmed that Dumfries and Galloway remains significantly higher than the rest of Scotland, 20/21% against 13/14%, and noted reasons of rurality and the older population as contributing factors.

The Board

- noted the plans for managing the impact of winter pressures on services; and
- ratified the Primary Care Out of Hours Plan associated self assessment for sign off by the Chief Executive prior to submission to the Scottish Government.

#### 189 Dumfries and Galloway H1 N1 Immunisation Delivery Plan for Priority Groups

The Chief Executive presented this item and advised Members that the Board had been asked to plan for a range of vaccination programmes. The clinical priority groups have now been identified, negotiations with GPs have been

finalised, an enhanced service is being prepared and the Board is now working through the delivery programme subject to the supply of vaccine. Further information about the supply and communications materials to support this programme is anticipated in the near future. The paper described how priority staff groups will be vaccinated through occupational health and the social services group will be vaccinated through the health protection team. This will be run on a mass vaccination model and admin and clerical support for the clinics will be sourced through the service. An unanswered question is a programme around the healthy population and there may be no decision on that until the turn of the year. Dr Breen and the team have worked exceptionally well in developing a very complex delivery programme and it is anticipated this will start in early November but determined by the availability of vaccine. The seasonal 'flu campaign is being launched nationally today and there will be a lot of interest in how the two programmes will run. The H1N1 programme is still thought to be a two dose vaccine three weeks apart and the team will need to ensure there is an adequate supply of vaccine to deliver the second dose.

Mr Johnston enquired if a single dose option was still being considered and the Chief Executive advised that there was nothing to date to suggest a move to a single dose. Dr Park advised that seasonal 'flu is a single dose and that initial trials suggest that a single dose of H1N1 vaccine may provide sufficient immunity but that the programme will deliver two doses until advised otherwise.

The Board

- noted the H1 N1 Immunisation Delivery Plan for Priority Groups.

#### 190 Board Briefing

The Chief Executive presented this item and highlighted the range of interesting issues for Board to be aware of which reflects the amount of things happening across the region.

Mr Johnston noted the cardiology services redesign initiatives and enquired what the consultant staffing complement was and if service redesign can happen with that capacity. The Medical Director advised that there were two permanent consultants and one locum consultant and the Director of Health Services advised that the redesign was part of capacity planning.

The Board

- noted the Board Briefing.

#### 191 Any Other Competent Business

There was no other competent business.

#### 192 Date of Next Meeting

The next meeting of the NHS Board will be held on Monday 2 November,

2009.

193 Note of the Board Workshops held on 7 September 2009

The Board

- noted the note of the Board Workshops held on 7 September 2009.

194 Minute of the Area Clinical Forum held on 19 August 2009

The Board

- noted the minute of the Area Clinical Forum held on 19 August 2009.

195 Note of the Meeting of the Dumfries and Galloway Older People's Consultative Group held on 3 June 2009

The Board

- noted the note of the meeting of the Dumfries and Galloway Older People's Consultative Group held on 3 June 2009.

**DUMFRIES AND GALLOWAY NHS BOARD****2 November 2009****PATIENT SAFETY****Author**

Maureen Stevenson, Head of Clinical Governance

**Sponsoring Director**

Hazel Borland, Nurse Director

**Date:** 21 October 2009**RECOMMENDATION**

The Board is asked to note progress with the patient safety programme in acute care and community hospitals.

**SUMMARY**

Safeguarding patients receiving care is a strategic priority for NHS Dumfries and Galloway. Participation in the Scottish Patient Safety Programme (SPSP) and delivery of our Community Hospital Patient Safety Programme demonstrates our commitment to patients.

The spread of the patient safety programme continues through NHS Dumfries and Galloway as we work towards achieving the outcomes of SPSP. However, it has recently become apparent that achieving spread to the extent that we have aimed for has put our IHI trajectory score at risk.

We have made a conscious decision to capture the enthusiasm of staff and progress with spread across the organisation in order to benefit more of our patients and potentially sacrifice a dip in our trajectory at this point in time.

**Spread of the Scottish Patient Safety Programme**

The Scottish Patient Safety Programme will, over time, spread to all healthcare sectors across Scotland. However, it is currently focused on patient safety in the acute hospital setting. Within NHS Dumfries & Galloway we have spread the improvement package to our Community Hospitals, to Paediatrics and to Maternity services.

Clinical teams throughout DGRI are testing and establishing more consistent/reliable clinical and communication processes with success monitored through a measurement framework, supported by a visible commitment to safety from

organisational leadership. This is linked to an overarching set of improvement aims stated as:

**15% Reduction in Mortality:**

- Reduction in Ventilator Associated Pneumonia;
- 80% Blood Sugars within Range (ICU/HDU);
- 30% Reduction in crash calls;
- 50% Reduction in Surgical Site Infection.

**30% Reduction in Adverse Events:**

- Reduce Central Line Blood Stream Infection;
- 50% Reduction in MRSA Bloodstream Infection;
- Reduce Harm from Anticoagulation; 30% Reduction in INRs of >6.

Detailed progress reports are reviewed by Healthcare Governance Committee and nationally by the SPSP Steering Group established by NHS QIS.

Assessment of progress is determined by review of process and outcome data and the degree of spread throughout our acute unit. IHI and SPSP have confirmed our assessment at 2.5 for our July report (based on June data). At the time of writing this report no assessment has been made of our August and September reports.

Our self assessment for August and September has been submitted as 3.0. We are awaiting feedback from IHI.

## Progress this month

Our Goals		Drivers	Summary of Successes this month
Reduce Mortality by 15%	Reduce adverse events by 30%	Improve critical care outcomes	<p>ICU team continue to review all VAPs. Funding is being sought for use of low track tubes to be trialled for 2 years.</p> <p>Team reviewing format and function of daily goals and multi-disciplinary rounds including weekends.</p>
10% reduction in unadjusted mortality between 2006 and 2008			



		<p><b>Improve peri-operative outcomes</b></p>	<p><b>Revised theatre ICP</b>, incorporating all elements of Patient Safety Programme is being tested.</p> <p><b>Surgical Pause</b> implemented in all theatres at DGRI and Galloway Community Hospital. This has now been incorporated into theatre ICP.</p>
	<p>Reduce hospital acquired infections by 50%</p>	<p><b>Improve critical care outcomes</b></p>	<p>ICU and HDU and Ward 8 have implemented <b>PVC (Venflon) Bundle</b> designed to reduce MSSA Bloodstream Infection and incorporated into a 'lines' maintenance bundle.</p> <p>Compliance with VAP Bundle has improved. Reduction in central line blood stream infections sustained.</p> <p><b>Central line packs</b> now being used routinely throughout the acute hospital.</p>
		<p><b>Improve general ward outcomes</b></p>	<p><b>The PVC bundle</b> is being tested in Ward 6, 7 and 10. Targeting Ward 9 next to educate. PVC educational video clip is now on our Intranet. A clear spread plan is in place to implement this bundle.</p> <p><b>All wards</b> conducting and inputting hand hygiene audit data including naked from the elbow down – sustaining.</p> <p><b>Community hospitals</b> also auditing hand hygiene with patients auditing staff in some areas.</p>
		<p><b>Provide safe and effective medicines management</b></p>	<p><b>New Guidelines</b> being implemented for DVT Prophylaxis.</p> <p><b>An Integrated Care Pathway</b> is being used for patients with C Diff to support understanding of root causes and the impact of antibiotic prescribing.</p> <p><b>New process</b> is in place for Warfarin prescribing and testing of process reliability is underway in Ward 10.</p>

		<p><b>Improve peri-operative outcomes</b></p>	<p><b>All razors</b> removed from all theatres and small shavers being used. Confirmed at walkround.</p> <p><b>Perioperative normothermia</b> - sustaining standard process in Ward 16. This has spread to all surgical wards via theatre ICP.</p> <p><b>Surgical Pause</b> implemented in all theatres at DGRI and Galloway Community Hospital.</p> <p><b>DVT prophylaxis</b> – implemented for all surgical cases through Theatre ICP and Surgical Safety Briefing.</p> <p><b>PVC Bundle</b> – theatres are reviewing new dressings and phlebotomists are reviewing practice.</p>
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### Breakthroughs and barriers

In order to continue to demonstrate process reliability, pilot ward data continues to be included alongside hospital wide data. There is now improved reliability of data collection and discussions are being held with the Health Intelligence Team within Public Health to explore how this can be improved further.

*Critical Care:* there have been no C Difficile infections in 24 months and only 1 SAB infection in 16 months. Hand hygiene, daily goals and safety briefings are all reliably implemented.

*General Wards:* demonstrated process reliability for recording MEWS for all wards in DGRI. Hand hygiene reliable in pilot ward with significant shift in hospital wide data.

*Medicines Management:* Medicines Reconciliation, a sustained improvement has been achieved in the pilot ward and in the medical admissions unit. Unintended harm from anticoagulation is being monitored via INRs > 6; a downward shift from baseline has been noted.

*Perioperative:* sustained a reliable process for DVT Prophylaxis, Glucose Control, Normothermia and Beta Blockade in the pilot ward with improvement noted across all theatres/wards. Perioperative briefings and Surgical Pauses are reliable across all theatres.

*Leadership team:* have continued to sustain walk rounds on a monthly basis as part of Board Management Group meetings.

### **Learning from tests of change**

Implementation of PVC bundle has been more of a challenge than anticipated. A spread plan is in place for DGRI and staff are working to simplify processes.

Critical Care are currently reviewing all documentation processes to understand a dip in some of their process reliability.

### **Next steps**

An organisation wide review of crash call data has led to review of our systems for dealing with deteriorating patients. Appropriate skill mix, competencies and workload are being reviewed across the disciplines to ensure the most effective use of nursing and medical staff.

At the local Learning Set for Community Hospitals held on 22 and 23 September, six-month spread plans to further embed the patient safety programme for each of the community hospitals were presented, these will be monitored through LHP Management Group meetings.

Progress within DGRI will be monitored by the Hospital Management Group, with Patient Safety a standing item on their agenda.

The Scottish Patient Safety Programme has announced that it is developing a Paediatric safety programme. NHS Dumfries and Galloway is well placed as our local spread includes children's services and our paediatric ward. A contingent from NHS Dumfries and Galloway is attending the launch event on 9 November.

Learning Set Five for the Scottish Patient Safety Programme takes place in November with over 30 staff from NHS Dumfries and Galloway attending. This will support the ongoing spread of the programme and increase organisational capability to sustain our improvement work.

### **Conclusions and recommendations**

The Board is asked to note the challenges and progress of the improvement work across the Board and continue to provide support and encouragement to front line teams delivering a challenging agenda.

**MONITORING FORM**

Policy/Strategy Implications	<i>Delivering SGHD SPSP.</i>
Staffing Implications	<i>Encouraging staff across NHS Dumfries and Galloway to take forward learning from patient safety activities.</i>
Financial Implications	<i>None at this time.</i>
Consultation	<i>No consultation.</i>
Consultation with Professional Committees	<i>Patient safety discussed at Area Clinical Forum.</i>
Risk Assessment	<i>Patient safety and risk management connected activities.</i>
Best Value	<i>Commitment and leadership. Sound governance at strategic and operational level. Contribution to sustainable development.</i>
Compliance with Corporate Objectives	<i>Corporate Objective 2.</i>
Impact Assessment	<i>No Equality Impact Assessment required.</i>

**DUMFRIES and GALLOWAY NHS BOARD****2 November 2009****Patient Experience  
Reporting Period: September 2009**

**Author:** Carol Reece, Patient Services Manager  
**Sponsoring Director:** Hazel Borland, Nurse Director

**Date:** 23 October 2009**RECOMMENDATION**

The Board is asked to consider and note the Patient Experience report for September 2009.

**SUMMARY**

Patient Services are pleased to present to Board an evolving monthly report based on Patient Experience Feedback information.

This paper summarises progress being made in the Better Together - Patient Experience Programme, including the national draft survey results and the Dumfries and Galloway Patient Experience Volunteering Project.

**1. Better Together- Patient Experience Programme:**

**1.1** NHS Dumfries and Galloway took part in piloting the national in-patient survey earlier this year. Four Health Boards took part in the pilot survey. These were NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Fife and NHS Greater Glasgow and Clyde. Fieldwork lasted for four weeks in Dumfries and Galloway with a response rate of 48%.

A total of 1,350 survey packs were distributed by post. In addition, the survey was made available online. 619 questionnaires in total were returned by post and four were completed online, representing a total of 623 completes and a response rate overall of 48%.

A freephone helpline and translation helpline were set up for potential respondents to ring if they had any queries or requests. These operated 24 hours each day on an answer machine basis. A total of 54 calls were made to the helpline. The main reasons for calling included requests for additional copies of the survey following the first reminder and requests to be taken off reminder mailing lists as the patient did not wish to take part in the survey. The translation line received no messages.

A number of checks were carried out on the questionnaire consisting of reliability testing, routing error checks and double answer checks. In summary the bulk of the questionnaire passed reliability tests and routing error checks.

### **Overall Results:**

These detail both the high priority issues for patients and the quality of the experience for patients in Dumfries and Galloway.

- the majority of patients rated their treatment in A&E and admission to hospital as good or excellent.
- the ward being clean and bathrooms and toilets being clean were the highest priority areas within hospital and ward.
- a high percentage of patients scored their overall rating for care and treatment during their stay in hospital as either good or excellent.
- privacy when being examined and treated was important
- being able to receive adequate pain relief when patients needed it was a priority for many patients.
- high positive scores were given for the staff patients came into contact with.
- a high percentage of respondents agreed or strongly agreed that doctors talked in a way that helped them understand their condition and listened to them if they had any questions or concerns.
- nurses being able to talk to patients when they needed to and nurses listening when patients had any questions or concerns were identified as important.

The national roll out of the in-patient survey will commence in January 2010. The national GP survey will commence in November 2009.

**1.2 Patient Experience Volunteering Project:** The project now benefits from a further six volunteers, making a total of ten volunteers. All volunteers complete 'disclosure' and receive local, general and ward/department induction and initial training. The Volunteer Network which offers ongoing training and support, meets monthly.

As volunteers increase, additional wards and departments are able to come on line and currently those joining the project include wards 4, 10, 12, 14, 15 and Accident and Emergency.

**2. Patient Experience Feedback:** In this reporting period the Patient Services Team have received 45 lines of enquiry, of which 27 were complaints. Four letters of appreciation regarding staff and services have also been received through the Patient Services Office for this period, which does not include the number received by individual services.

Each investigation may contain several complaint issues. Overall for this reporting period 17 of the 27 complaints are currently closed. Of those 17:

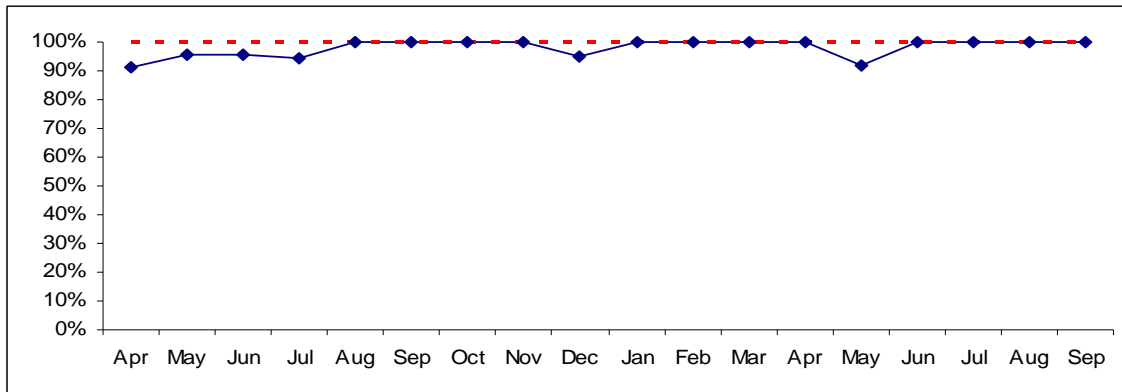
- 11 complaints were upheld
- 5 complaints were upheld in part
- 1 complaints was not upheld

- 32 recommendations have been made, the outcomes of which will be reported to Board.

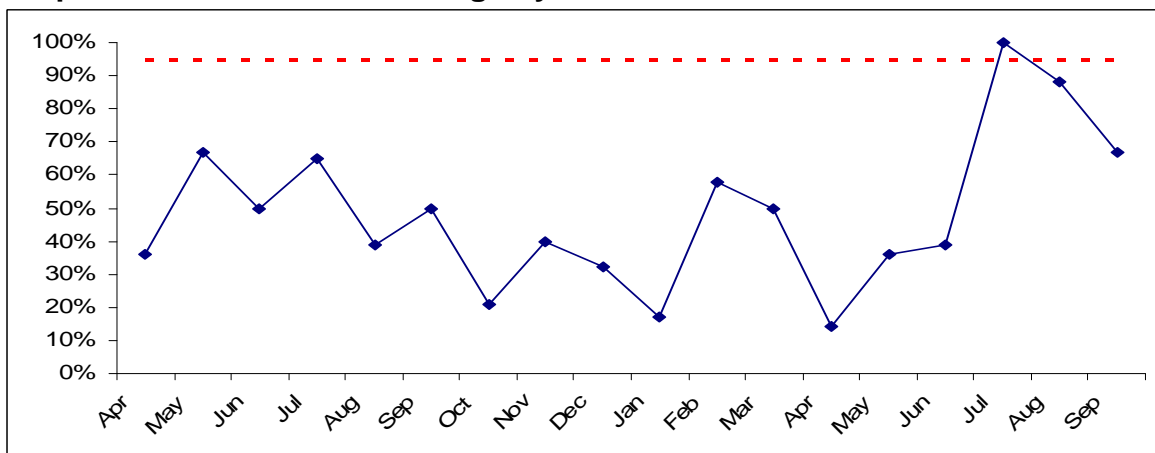
Recommendations include: apology, improvements in communication, measures to improve training, record keeping, information sharing audit and review of processes.

## COMPLIANCE WITH NATIONAL TIMESCALES

### Acknowledged within 3 working days:



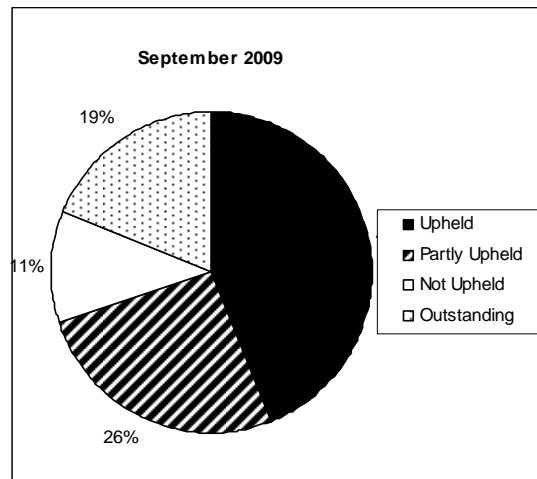
### Responded to within 20 working days:



Patient Service have set an initial target of 95% response rate every month. To date 67% (18) complaints have been responded to within the 20 working day national timescale. Five complaints from the period remain outstanding. Of those five complaints, two are still on target for response within the 20 working day timescale, which will achieve 74% compliance.

Investigation and process have delayed (30%) seven responses by between one and five days. We continue to monitor and review investigation processes to improve response times.

## OUTCOME OF COMPLAINTS



Closed complaints investigated during September to date, were in respect of services at Dumfries and Galloway Royal Infirmary, Children's Services, Mental Health, Stewartry Local Healthcare Partnership (LHP) and Wigtownshire LHP.

The issues which featured significantly over the reporting period were in relation to clinical treatment, staff attitude and behaviour and communication.

### REPORTS TO THE PROCURATOR FISCAL

We are not currently in correspondence with the Procurator Fiscal on any complaints.

### PUBLIC SERVICES OMBUDSMAN

The Board is in communication with the Scottish Public Services Ombudsman on one complaint. The appropriate records have been copied to the Ombudsman for consideration of the case.

**MONITORING FORM**

Policy / Strategy Implications	<i>Complaints Policy.</i>
Staffing Implications	<i>Ensuring staff learn from complaints in relation to issues raised.</i>
Financial Implications	<i>None</i>
Consultation	<i>None</i>
Consultation with Professional Committees	<i>None</i>
Risk Assessment	<i>Actions from complaints followed through and reported to General Managers and Clinical Nurse Managers who have a responsibility to take account of any associated risk.</i>
Best Value	<i>Commitment and leadership Accountability Responsiveness and consultation</i>
Compliance with Corporate Objectives	<i>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</i>
Impact Assessment	<i>Not undertaken as applies to all users.</i>

**DUMFRIES and GALLOWAY NHS BOARD**

2 November 2009

**Prevention and Control of Infection**

**Author:**  
Sam Whiting  
Infection Control Manager

**Sponsoring Director:**  
Hazel Borland  
Nurse Director

**Date:** 22 October 2009

**RECOMMENDATION**

The Board is asked to note this report which provides an update on infection prevention and control across NHS Dumfries and Galloway.

**SUMMARY**

This paper is the routine monthly update on specific aspects of Infection Control.

**NHS Dumfries and Galloway has a Health improvement, Efficiency, Access and Treatment (HEAT) target of a 30% reduction in SAB bacteraemia by 2010.**

Our monthly *Staphylococcus aureus* bacteraemia (SAB) incidence has reduced since the previous update report. In August 2009 there were 5 SAB cases with a further decrease in September to 2 cases.

**The Scottish Government Health Directorate (SGHD) has set a HEAT target of a 40% reduction in C Difficile Infection (CDI) rates for NHS Dumfries and Galloway by 2011.**

We are currently on track to meet this target. In the month of September, there were 7 cases of CDI which is the lowest number recorded in any month since January 2004.

**The Scottish Government Health Directorate has also issued an action plan for NHS Boards to implement relating to Healthcare Associated Infection (HAI).**

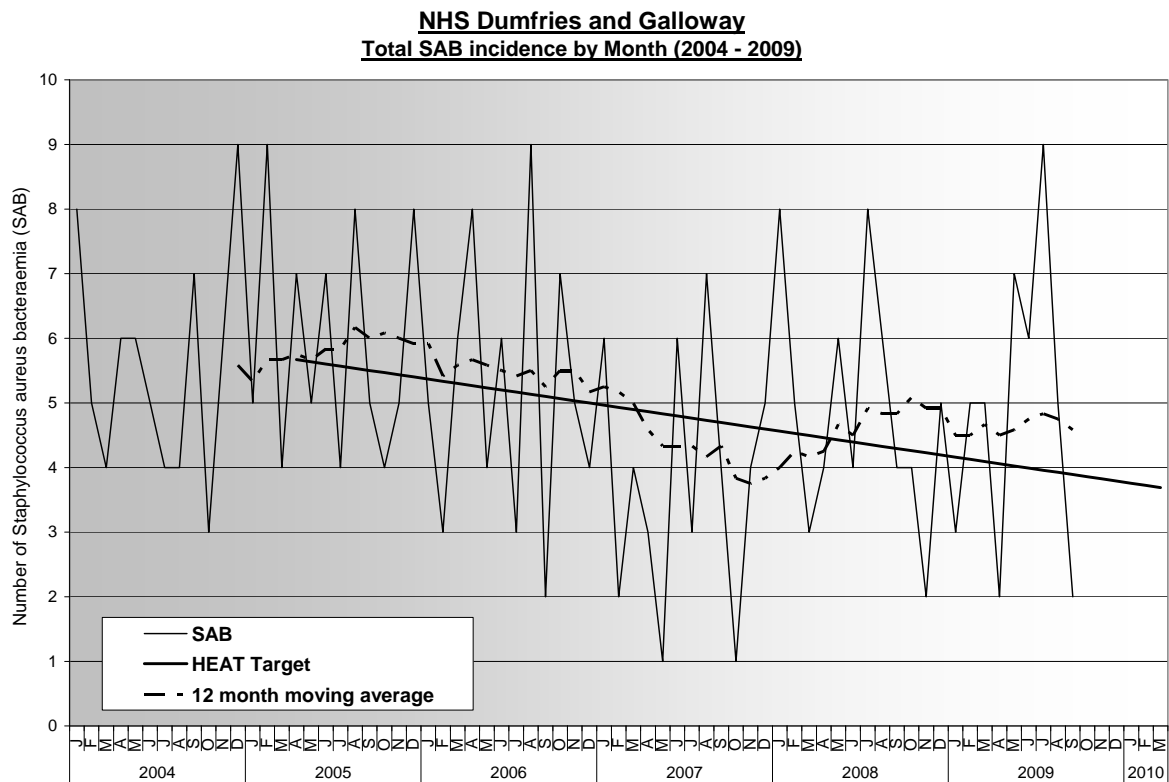
NHS Dumfries and Galloway is able to confirm completion of 23 of the 24 actions (Appendix A). Work is on target to implement the remaining action.

## 1. Infection Surveillance

In NHS Dumfries and Galloway, infection control surveillance includes close monitoring of *Clostridium difficile* infection (CDI) and *Staphylococcus aureus* bacteraemia (SAB).

### 1.1 SAB surveillance

The graph below shows the monthly SAB incidence against the government HEAT for a 30% reduction by March 2010.



Of the 2 SAB cases in September, one infection was linked to a central line; the cause of the other infection was inconclusive.

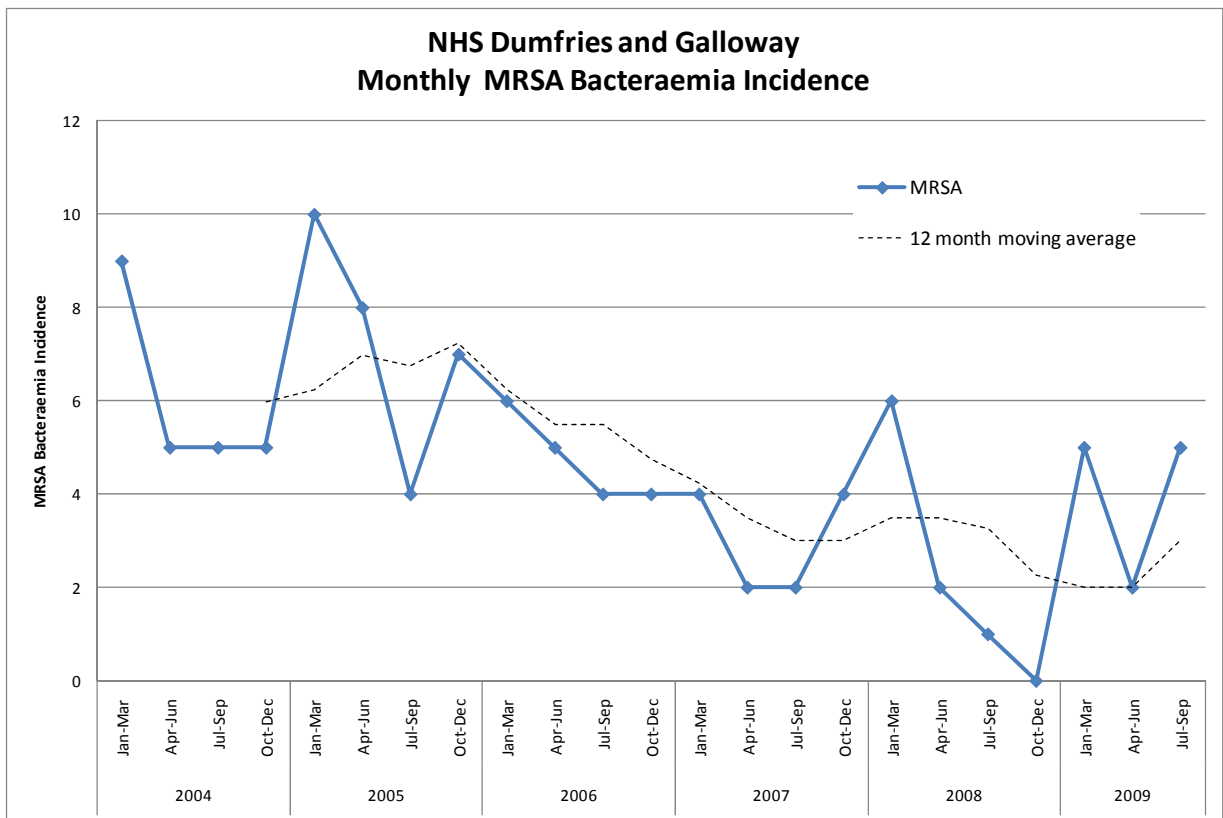
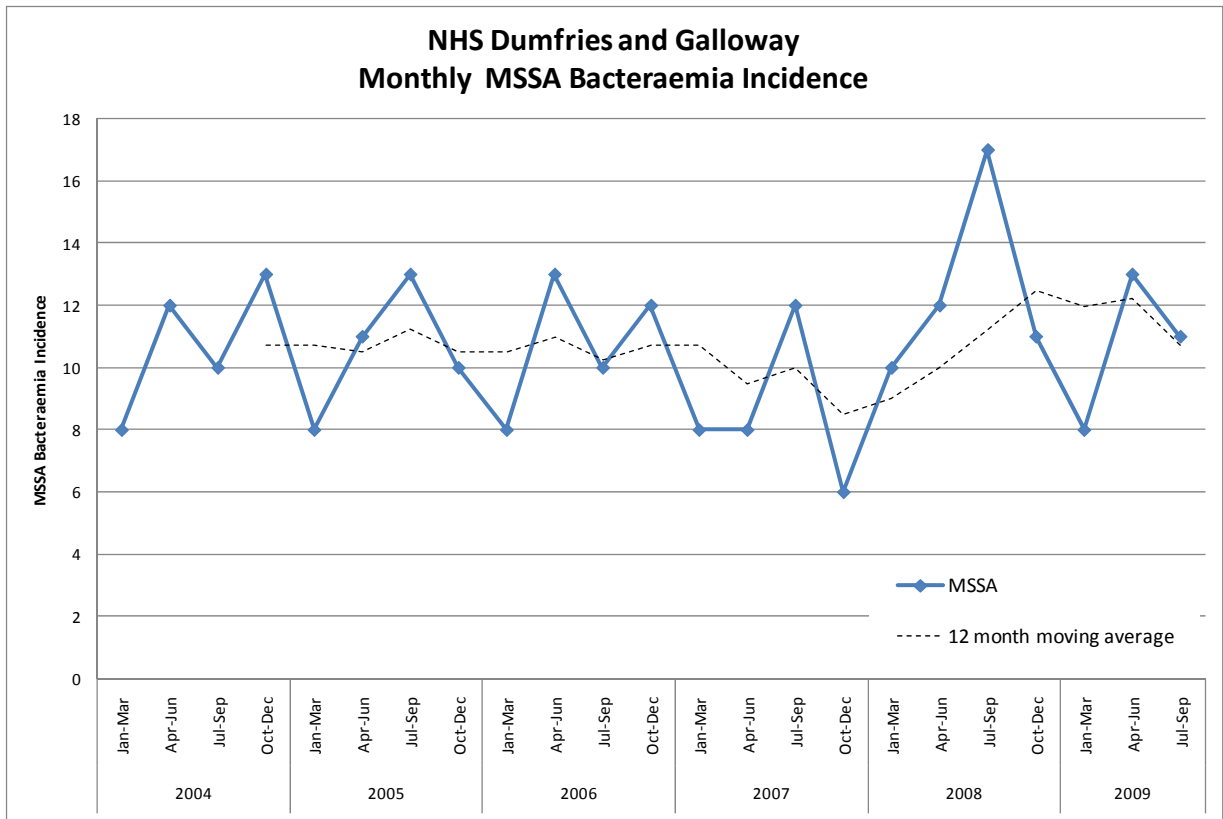
### National data

Since the last Board update, Health Protection Scotland has published the national report on SAB rates for Scotland for the period 1 April 2009 to 30 June 2009. During this period, the average SAB rate for NHS Scotland was 0.407 SAB per 1000 Acute Occupied Bed Days (AOCD). During the same period the rate for NHS Dumfries and Galloway was marginally lower at 0.396 SAB per 1000 AOCD.

The average MRSA bacteraemia rate for Scotland (April – June 2009) was 0.111 per AOCD. For the same period, the rate for NHS Dumfries and Galloway was substantially lower at 0.053 per AOCD.

The average MSSA bacteraemia rate for Scotland (April – June 2009) was 0.296 per AOCD. For the same period, the rate for NHS Dumfries and Galloway was higher at 0.343 per AOCD.

The SAB incidence data incorporates MRSA (Meticillin Resistant) and MSSA (Meticillin Sensitive) bacteraemia. The following graphs show the incidence of MRSA and MSSA for NHS Dumfries and Galloway per month. These demonstrate a noticeable improvement in MRSA incidence and highlight that our challenge continues to be MSSA reduction.



Ongoing initiatives across the organisation to reduce SAB cases includes:-

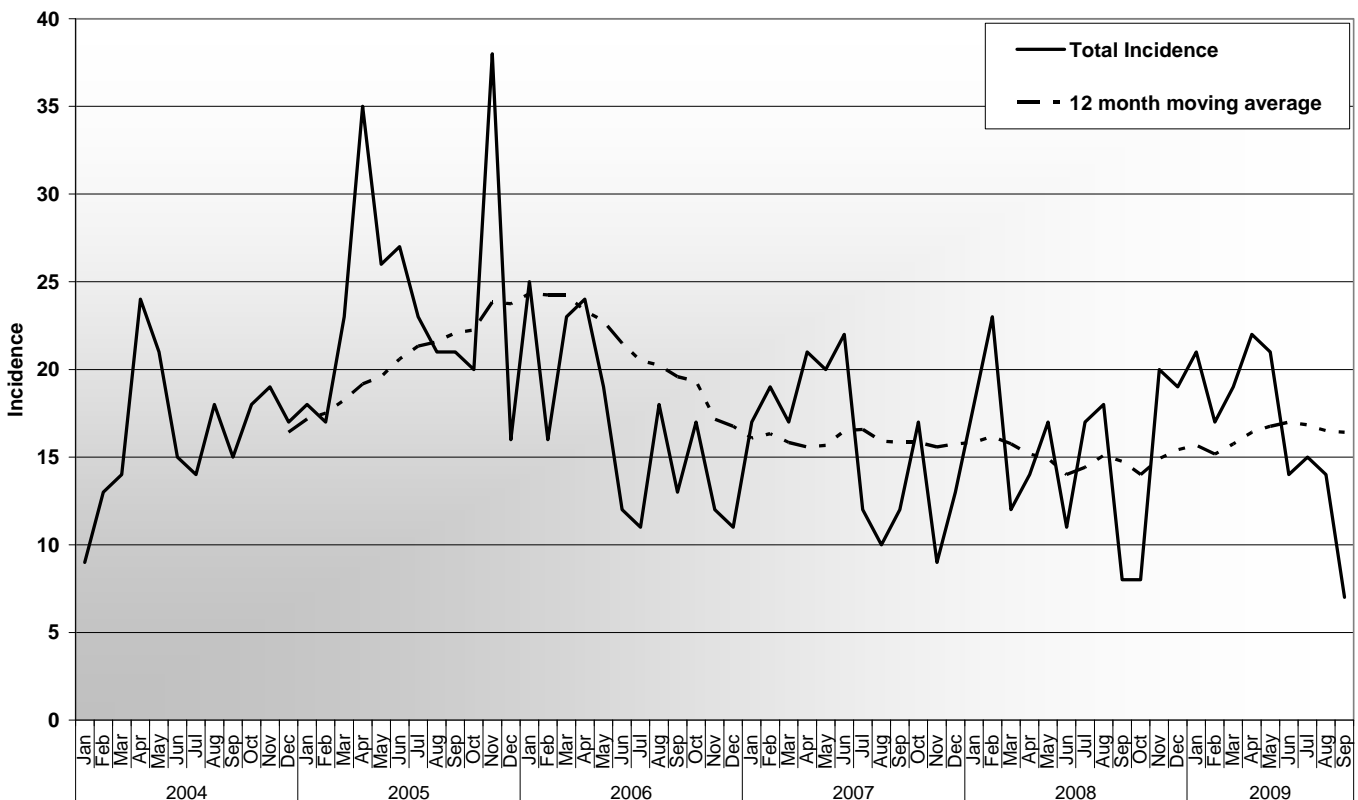
- Through the Patient Safety Programme best practice protocols for the use of peripheral intravenous cannula (PVC Bundle) are being tested in a number of clinical areas within Dumfries and Galloway Royal Infirmary (DGRI).
- MRSA screening has increased from February 2009 with further increases planned by the end of the year in line with implementation of the national extended screening programme in January 2010.
- Compliance with the Integrated Care Pathway (ICP) to improve the management and care of MRSA positive patients is being audited. This is to reduce the risk of colonisation leading to infection of self and colonisation of others.
- All SAB cases are fully investigated using a standardised tool. Feedback mechanisms to share learning with clinical teams are being developed.
- Infection surveillance data is fed back to clinical managers.

## 1.2. Clostridium difficile Infection (CDI)

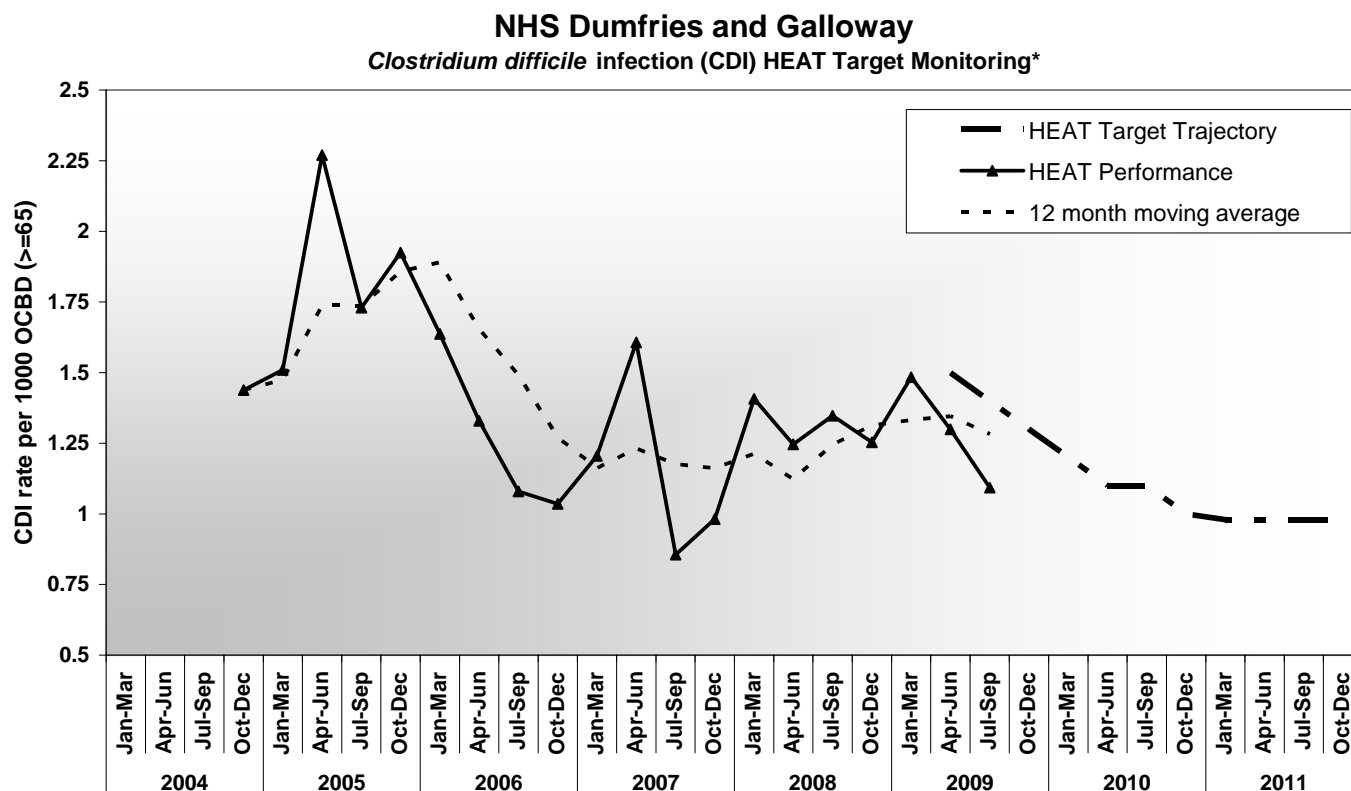
The graph below shows the total monthly incidence of *Clostridium difficile* infection (CDI) across NHS Dumfries and Galloway. The graph shows an encouraging reduction in the number of cases in the most recent quarter (July 2009 – September 2009). In the month of September, there were 7 cases of CDI which is the lowest number recorded in any month since January 2004.

The data in all the graphs and tables below have duplicates removed (as per HPS data definitions). If a case is diagnosed twice within a 28 day period, the second toxin positive test is considered a duplicate.

**NHS Dumfries and Galloway Total Clostridium difficile Incidence**  
January 2004 - Sept 2009



The Scottish Government Health Directorate (SGHD) has set a HEAT target for Dumfries and Galloway of a 40% reduction in CDI rates. The graph below shows the performance for NHS Dumfries and Galloway against the target trajectory.



\*This graph uses bed occupancy data relevant to each quarter reported. HEAT performance nationally is calculated by HPS using historic bed occupancy data from 2007/08.

The following table shows the incidence of CDI per month by location. Cases in individual hospitals other than DGRI have been added together as the numbers are so small in each other location that the data could be patient identifiable.

**NHS Dumfries and Galloway**  
**Total *Clostridium difficile* infection (CDI) Incidence by Location**

	2009	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dumfries and Galloway Royal Infirmary		13	6	6	12	7	6	6	7	5	3		
Other Hospitals		3	4	5	4	6	3	4	4	2	2		
GP Samples		5	7	8	6	8	5	5	3		2		
<b>TOTAL CDI INCIDENCE</b>		<b>21</b>	<b>17</b>	<b>19</b>	<b>22</b>	<b>21</b>	<b>14</b>	<b>15</b>	<b>14</b>	<b>7</b>	<b>7</b>		

In addition to general infection control improvements such as ensuring hospitals are clean and maintaining good hand hygiene, careful use of antibiotics is essential to drive down CDI rates. The Antimicrobial Management Team (AMT) is leading a programme of work to improve the use of antibiotics and has already implemented a range of actions together with the Infection Control Team.

Ongoing initiatives to reduce CDI cases includes:-

- Further feedback and education of prescribers including GPs

- Ongoing audit of prescribing compliance with the Antimicrobial Formulary
- Ongoing audit of the CDI Integrated Care Pathway (ICP) to ensure patients with Clostridium difficile receive optimum treatment for their CDI and to reduce the risk of infection to others.
- Ongoing Root Cause Analysis (RCA) investigation into every case of CDI.

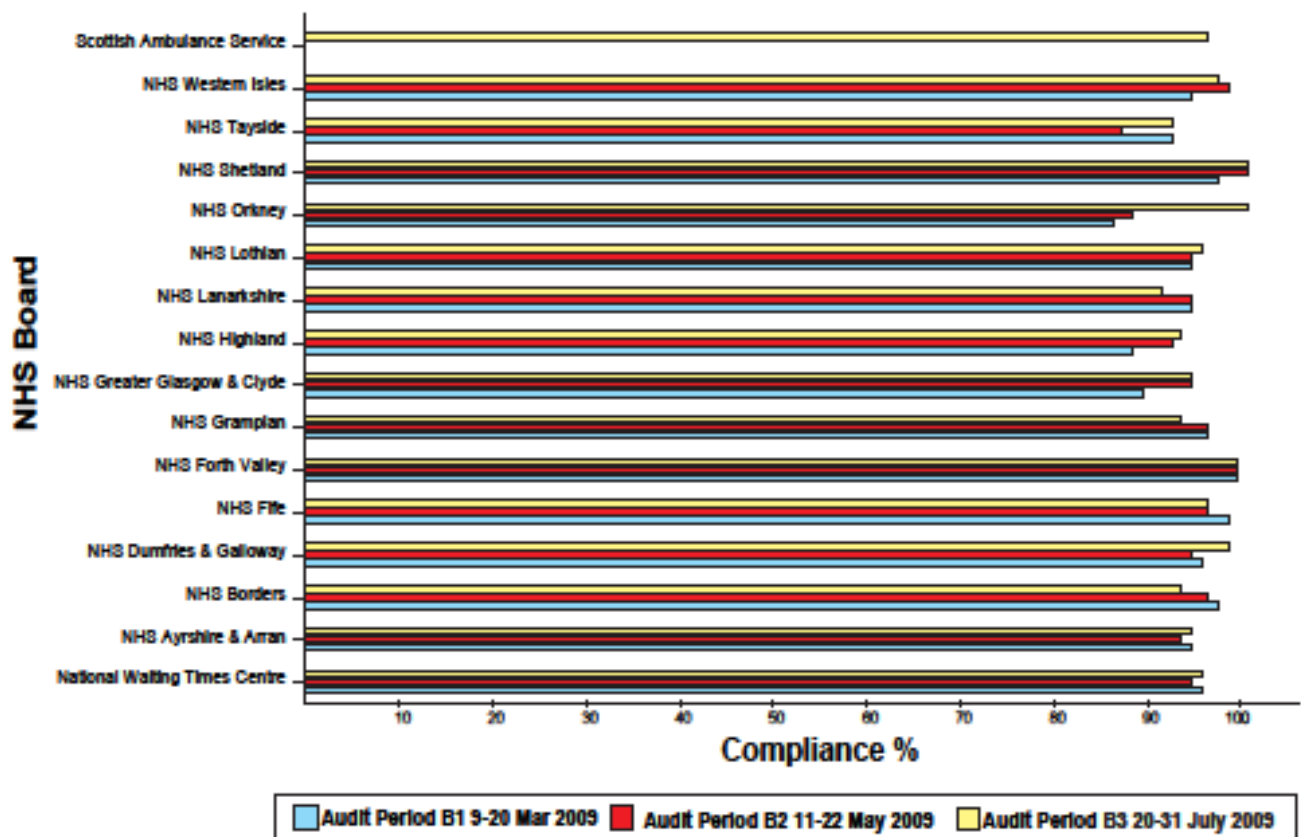
### National data

Since the last Board update, Health Protection Scotland has published the national report on CDI rates for Scotland for the period 1 April 2009 to 30 June 2009. During this period, the average CDI rate for NHS Scotland was 0.78 CDI per 1000 Total Occupied Bed Days (OCBD). During the same period the rate for NHS Dumfries and Galloway was higher at 1.23 CDI per 1000 OCBD.

## 2. Hand Hygiene

Staff hand hygiene compliance is monitored regularly. In addition, hand hygiene checks are conducted in each Board every two months as part of the national hand hygiene campaign.

In September 2009, Health Protection Scotland published the latest Hand Hygiene compliance report for NHS Scotland which is summarised in the graph below.



The results are summarised in the graph below which shows NHS Dumfries and Galloway achieved 97% in July 2009 whilst the Scottish average remained 93%.

Since the last Board paper, a number of community hospitals have also been re-audited and achieved the following results:

<b>Hospital</b>	<b>hand Hygiene Compliance</b>
<b>Castle Douglas</b>	<b>100%</b>
<b>Kirkcudbright</b>	<b>100%</b>
<b>Newton Stewart</b>	<b>100%</b>
<b>Thornhill</b>	<b>90%</b>

### **3. Education**

Staff across NHS Dumfries and Galloway are encouraged to complete the Cleanliness Champions Programme. As at the date of this report there are 658 completed Cleanliness Champions and 544 in training in Dumfries and Galloway. There are also a further 46 members of staff who have either completed or are working through a national Decontamination training Programme.

NHS Dumfries and Galloway continues to develop the mandatory training programme and has taken forward on-line training for infection control. All new employees joining the organisation receive mandatory training including infection control prior to starting in the workplace.

### **4. Outbreaks**

There have been two outbreaks since the last Board update. Both outbreaks were of confirmed Norovirus within Dumfries and Galloway Royal Infirmary. On ward 18, 13 patients were affected and on Ward 6, 9 patients and 4 members of staff were affected.

### **5. Cleaning**

Recent cleaning results by locality are listed below. These are aggregated cleaning audit scores for the months of July, August and September 2009 based on compliance with a national cleaning specification.

Cleaning audits are routinely independently verified by members of public.

#### **Cleaning audit Scores**

<b>Area</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
Stewartry Locality	99.8	98.9	99.3
Annandale and Eskdale Locality	97.5	99.2	98.4
Wigtownshire Locality	98.5	98.5	96.1
Dumfries and Galloway Royal Infirmary	97.4	97.7	96.8
Nithsdale Locality	96.1	96.1	95.6
Crichton Site	97.7	96.7	96.0

### **6. Incidents and Risk**

Since the last Board paper, The Infection Control Team have not been notified of any incidents resulting in any patients getting an infection.

The Corporate Risk Register for NHS Dumfries and Galloway incorporates the risk of HAI. The Infection Control Team also holds a risk register which considers operational risks and works with clinical teams to reduce those risks. This is kept in constant review.

**SGHD National HAI Action Plan**

**All Boards will empower their Charge Nurses to deliver against their responsibilities**

Status: Complete

**Implement the recommendations in the Senior Charge Nurse Review**

Completion Date: December 2010

Status: Green

**HAI SCRIBE (Healthcare Associated Infection System for Controlling Risk in the Built Environment) sections 3 &4 to be applied to all existing buildings to ensure fabric of healthcare facilities maintained to minimise risk of infection**

Status: Complete

**Planned preventative maintenance programmes reflect requirements of prevention and control of infection**

Status: Complete

**NHS Boards to have 'zero tolerance' to non-compliance with hand hygiene**

Status: Complete

**NHS Boards to report hand hygiene compliance (staff and visitors) and facilities on a hospital basis to 2 monthly Board meetings**

Status: Complete

**NHS Boards to ensure HAI budget requirements are reflected in capital, maintenance and operational programmes**

Status: Complete

**NHS Boards to have identified budget for urgent repairs and replacement equipment available to Charge Nurses**

Status: Complete

**All patients to receive information on HAI**

Status: Complete

**All information is available in a variety of formats that facilitates public understanding**

Status: Complete

**Scottish Patient Safety Programme (HAI elements) are integrated with HAI agenda at NHS Board level**

Status: Complete

**Progress on implementation of Scottish Patient Safety Programme (HAI elements) to be included in HAI reports to 2 monthly Board**

Status: Complete

**NHS Board's infection control policies include primary and community care**

Status: Complete

**Structure and resources to provide effective infection control service across NHS Board area (hospital and community) assessed and agreed by NHS Boards, including:**

- **Human resources**
- **Equipment**
- **Budget**

Status: Complete

**NHS Boards policy/guidance on completing death certificates reviewed to include documenting death associated with HAI**

Status: Complete

**NHS Boards local surveillance to include setting of control limits and trajectories for reduction of rates / incidence of HAI**

Status: Complete

**NHS Boards Risk Register details HAI risks**

Status: Complete

**HAI incidents and issues recorded on NHS Boards Risk Register reporting systems and reported to 2 monthly Board meetings**

Status: Complete

**NHS Boards to self assess current compliance with QIS HAI Standards (March 2008)**

Status: Complete

**All healthcare workers receive appropriate level of HAI education and training in line with position, including antimicrobial prescribing and resistance**

Status: Complete

**Infection Control staff undertake appropriate level of education and training**

Status: Complete

**Cleaning matrix and schedule including discipline responsible for cleaning is available in all healthcare settings**

Status: Complete

**All staff to have HAI objective in annual professional development plans**

Status: Complete

**MONITORING FORM**

Policy / Strategy Implications	<i>HEAT targets</i>
Staffing Implications	<i>Not required</i>
Financial Implications	<i>Not required</i>
Consultation	<i>Not required</i>
Consultation with Professional Committees	<i>Not required</i>
Risk Assessment	<i>Addressed through Corporate and Infection Control Team risk register</i>
Best Value	<i>Best Value Public Involvement Partnership working</i>
Compliance with Corporate Objectives	<i>2,3,7</i>
Impact Assessment	<i>General update paper – not applicable</i>

**DUMFRIES and GALLOWAY NHS BOARD****2 November 2009****Local Supervising Authority Annual Report to the  
Nursing and Midwifery Council 2008/2009****Author:**  
Hazel Borland, Nurse Director**Sponsoring Director:**  
Hazel Borland, Nurse Director**Date:** 22 October 2009**RECOMMENDATION**

The Board is asked to approve the Local Supervising Authority (LSA) Report for NHS Dumfries and Galloway for 2008/2009.

**SUMMARY**

This report provides detail on how the statutory requirements for supervision of all midwives and midwifery practice are being met in NHS Dumfries and Galloway during 2008/2009.

It identifies challenges or risks to this statutory function and describes what actions have been taken to control these risks and ensure a high quality, safe standard of care for women and babies in Dumfries and Galloway.

The report demonstrates significant progress during this reporting year.

The full report is attached.

**Background**

The LSA is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council Midwives Rules and Standards (NMC 2004) is carried out to a satisfactory standard for all midwives working within its geographical boundaries.

There are 54 standards contained within the NMC Midwives Rules and the role of the Local Supervising Authority Midwifery Officer (LSAMO) is to ensure that

standards are met. A self assessment tool is undertaken on an annual basis and an action plan is developed in response to the findings.

### **Findings and progress**

A key risk identified for NHS Dumfries and Galloway during 2008/2009 was the ratio of supervisors to midwives. The NMC recommends a ratio no more than 1:15 and Dumfries and Galloway had a ratio of 1:21.

In July 2009 four new supervisors of midwives were appointed and another supervisor reappointed. This has resulted in a ratio of 1:11. A further two midwives have been identified to undertake the preparation programme commencing September 2009 and this will bring our ratio down to 1:9.

The report concludes that significant and steady progress has been made in NHS Dumfries and Galloway during the year. Supervisors of midwives demonstrate commitment to achieving high standards of practice with regard to supervision of midwifery practice and in raising the profile of supervision within the service. They are supported in their role by the Head of Midwifery (Mrs Brenda Thorpe) and the Senior Midwifery Manager (Mrs Joyce Reekie). This plays a key role in ensuring a safe service for women and their families and the provision of safe learning environments for student midwives.

### **LSA Priorities for 2009/2010**

- Continue to monitor and reduce risks as set out in the NMC risk register
- Ensure standards of supervision are met and where they are not, develop action plans to improve
- Support leadership development for supervisors of midwives
- Continue to raise the profile of supervision among midwives
- Engage with service users
- Develop new guidance for supervisors of midwives as required to support their role
- Continue to ensure the safety of women receiving maternity care through the monitoring of serious untoward incidents.

**MONITORING FORM**

Policy / Strategy Implications	<i>This report provides assurance with regard to professional and national statutory requirements for midwifery services.</i>
Staffing Implications	<i>n/a</i>
Financial Implications	<i>n/a</i>
Consultation	<i>This is an external report on our services.</i>
Consultation with Professional Committees	<i>n/a</i>
Risk Assessment	<i>The report has a relevant risk based approach</i>
Best Value	<i>This report ensures delivery of all the principles of Best Value</i>
Compliance with Corporate Objectives	<i>2,3,4,6,7</i>
Impact Assessment	<i>This is an external report on services provided by NHS Dumfries and Galloway to a specific client group.</i>



**Local Supervising Authority  
Dumfries and Galloway  
1 APRIL 2008- 31 MARCH 2009**

**Prepared by Joy Payne  
LSA Midwifery Officer  
West of Scotland**

**July 2009**

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## ***Local Supervising Authority Dumfries and Galloway***

### **Executive Summary**

The Local Supervising Authority (LSA) is responsible for ensuring that the statutory supervision of all midwives and midwifery practice as set out in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council Midwives rules and standards (NMC 2004) is carried out to a satisfactory standard for all midwives working within its geographical boundaries. Formatted: Right: -68.1 pt

This report follows the guidance set out by the Nursing and Midwifery Council Guidance for LSA Annual report submission to the NMC for the practice year 1 April 2008-31 March 2009.

The principle function of the LSA is to ensure the safety of the public through the effective supervision of midwifery practice and this is achieved through promoting best practice, preventing poor practice and intervening in unacceptable practice (NMC 2006).

There are 54 standards contained within the midwives rules and the role of the Local Supervising Authority Midwifery Officer (LSAMO) is to ensure the standards are met. A self assessment tool is undertaken within the LSA on an annual basis and any actions required are incorporated into an action plan, which the supervisors of midwives review on a regular basis.

Each midwife is required to have a supervisor of midwives and supervisors of midwives are appointed to the LSA. As set out in the NMC midwives rules and standards (2004) the LSAMO plays a pivotal role in clinical governance by ensuring the standard of supervision of midwifery practice meets that required by the NMC.

This report provides details on how the statutory requirements are being met in NHS Dumfries and Galloway and where challenges or risks to the function of statutory supervision of midwifery have been identified. It also describes what actions are being taken to ensure that there is a safe standard of care for the public.

## **Local Supervising Authority Dumfries and Galloway**

### **1. Introduction**

This report covers the reporting year 1April 2008-31 March 2009. It has been produced to meet the requirements of Rule 16 within the NMC Midwives rules and standards(2004) in the Local Supervising Authority of Dumfries and Galloway. Articles 42 and 43 of the Nursing & Midwifery Order 2001 require that the practice of midwives be supervised. The purpose of statutory supervision of midwives is to protect the public and to support and promote good midwifery practice. The LSA is responsible for ensuring that statutory supervision of midwifery practice is exercised to a satisfactory standard and this is delegated to the LSAMO.

The Local Supervising Authority sits within the NHS Board Dumfries and Galloway. The Chief Executive and LSAMO details are as follows:-

Local Supervising Authority	Contact Details
LSAMO West of Scotland Local Supervising Authorities	Joy Payne 62a Lister St Crosshouse Hospital Kilmarnock KA2 0BB <b>Telephone</b> 01563 825757 <b>Email</b> <a href="mailto:joy.payne@aaaht.scot.nhs.uk">joy.payne@aaaht.scot.nhs.uk</a>
Chief Executive NHS Dumfries and Galloway	John Burns NHS Dumfries and Galloway Crichton House Bank End Rd Dumfries DG1 2SD <b>Telephone</b> 01387 272734 <b>Email</b> <a href="mailto:john.burns3@nhs.net">john.burns3@nhs.net</a>

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### **1.1 Standards**

In the NMC Midwives rules and standards(2004) there are 54 Standards to be met by LSAs and supervisors of midwives. A self assessment of the 54 standards is undertaken annually. Where standards are not met or only partially met action plans are developed in conjunction with supervisors of midwives to achieve the standard.

**1.2** This is the third report since the inception of a fulltime LSAMO in the West of Scotland. There are four LSAs in the West of Scotland. Each Chief Executive in the West of Scotland requires an annual report to enable them to have assurances that there is a robust framework of statutory supervision of midwifery practice within its geographical boundaries. Therefore this report aims to demonstrate how the standards are being met within the LSA of NHS Dumfries and Galloway.

- 1.3** Over the past three years the LSAMO has made steady progress alongside the supervisors of midwives and Head of Midwifery in establishing a strategic direction for supervisors of midwives in the area. This includes the establishment of a West of Scotland Link Supervisors of Midwives (WoSLSM) Forum, a process for auditing LSAs throughout the region and a system to notify serious untoward incidents to the LSA.

Supervisors of midwives are undertaking investigations when there has been a serious incident to address practice issues and identify system failures.. Guidelines and policies have been reviewed and this year the LSAMO Forum UK Guidance has been adopted across the West of Scotland to ensure the standard of supervision of midwifery practice is consistent with all other areas in the UK. A website has also been established across the region in July 2009. This can be accessed on [www.midwiferysupervision-woslsa.scot.nhs.uk](http://www.midwiferysupervision-woslsa.scot.nhs.uk) . Networks are now firmly established throughout the region and there is evidence of progress in achieving the targets set out in previous LSA annual reports submitted to the NMC.

#### **1.4 NMC Risk Register**

When the annual report is submitted to the NMC a risk scoring framework is used (Appendix 1) to assess non compliance with the 54 NMC standards for LSAs. This risk score is applied collectively by the NMC across the four LSAs in the West of Scotland. In the practice year 2007-2008 a risk score of 129 was applied to the West of Scotland.

Supervisors of midwives across the area have undertaken work to ensure the risk score has been reduced. Together with the LSAMO they have established a strategic and consistent approach to statutory supervision of midwifery across the region. The LSA has been committed to ensuring there is a robust framework for statutory supervision in place. This work was rewarded as in the year 2008-2009 a risk score of 12 (Appendix 2) was given to the West of Scotland which demonstrates the significant work undertaken by supervisors of midwives to ensure there is a consistent and strategic approach to statutory supervision of midwifery practice.

- 1.5** The risk identified by the NMC following submission of the annual report for the year 2008-9 is:
- SOM/MW ratio above 1:20 within individual services or across the LSA. In NHS Dumfries and Galloway the ratio was 1:21 which as specified by the NMC risk register places the LSA as high risk. There has been an active recruitment strategy within the LSA and this has been successful. Four new supervisors of midwives have been appointed in July 2009 and one other supervisor of midwives was reappointed. This has reduced the ratio to 1:11. The senior management team are supportive of 1:9 ratio and a further two midwives will undertake the preparation programme In September 2009.
- 1.6** Challenges identified for NHS Dumfries and Galloway in last years annual report were identified as :
- Continue reducing identified risks by the NMC
  - Continue raising the profile of supervision of midwifery practice
  - Continue to engage with service users

- Ensure West of Scotland LSAs website is live
- Ensure the framework of supervision of midwifery practice is proactive and supports midwives in their roles
- Continue developing evidence to meet the standards for supervision of midwifery practice

Progress is being steadily made to meet these challenges. Supervisors have been committed to raising the profile of supervision within the NHS Board and student supervisors of midwives have contributed to this with their enthusiasm for embracing the role. The supervisors also strive to promote supervision of midwifery practice amongst service users. This is ongoing work and still continues to be a challenge as demonstrated in this years LSA audit. The West of Scotland web site became live in July 2009. The supervisors of midwives show continued commitment to their role in striving to achieve a proactive framework for supervision and meeting the standards for supervision of midwifery practice. Midwives in the region have been exceptionally supportive to the student supervisor of midwives whilst undertaking the preparation programme.

## **2. *Each Local Supervising Authority will ensure their report is made available to the public***

This report will be distributed to

- NMC
- Each Supervisor of Midwives
- The LSA /NHS Board
- Maternity Liaison Service Committee
- Healthcare Governance Committee
- Any member of the public on request
- West of Scotland LSA website
- Lead Midwives for Midwifery Education
- Head of Midwifery
- Director of Nursing

A web site has also been developed for the West of Scotland LSAs and went live in July 2009. The report will be published on the website which is [www.midwiferysupervision-woslsa.scot.nhs.uk](http://www.midwiferysupervision-woslsa.scot.nhs.uk).

## **3. Numbers of Supervisor of Midwives Appointments and Referrals**

- 3.1** At 31 March 2009 there were 6 supervisors of midwives in the LSA of Dumfries and Galloway. In total 128 midwives submitted an Intention to Practice form (ITP) by the 31 March 2009 which gives a ratio of 1:21 supervisor of midwives to midwives see table 1 below. This is above the NMC (2004) recommended ratio of 1:15. This ratio was identified as a risk by the NMC in previous annual reports. The ratio of supervisor to midwives is deemed as a risk by the NMC and a risk score of 12 was given to the West of Scotland in relation to this risk. An alert letter was issued by the NMC based on this risk factor.

The NMC risk register key has been applied to the ratio of supervisors and midwives on 31 March 2009 this can be seen in table 1. Table 2 depicts the number of supervisors of midwives, appointments, resignations and leave of absence for the year 2006-2007, 2007-2008 and displays the trends over the last two years. Table 3 provides an up to date position as at July 2009..

Table 1 Ratio 2008-2009

LSA	Number of Supervisors of midwives	Number of M/WS	Appointments	Resignations	Leave of Absence	Ratio Of SOM:MW
Dumfries and Galloway	6	128	0	0	0	1:21

Key to Risk Severity

Risk Green=Low Yellow=Moderate Red=High

Table 1 demonstrates that the ratio of supervisor to midwives in Dumfries and Galloway is 1: 21 and is high risk

Table 2 Trends 2006-2008

LSA	Year	Number of supervisors of midwives	Number of Midwives	Appointments	Resignations	Leave of Absence	Ratio SOM:MW
DG	2007-2008	6	128	0	1	0	1:21
DG	2006-07	7	N/A	0	3	0	1.18

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 2 displays trends over two years which shows an increase in the ratio of supervisor to midwives over the two years

Table 3 Ratio from June 2009 and up to September 2010

Number of Midwives	Number of supervisors as of June 2009	Ratio	Number of supervisors appointed July 2009	Total number of supervisors	Ratio	Number of students to commence September 2009	Projected ratio September 2010
128	7	1:18	4	11	1:11	2	1:9

Comment [H1]: This number here only reflects the new SOMs not the total.

Key to Risk Severity

Risk Green =Low Yellow = Moderate Red =High

Table 3 gives a projection of trends; the ratio is now 1:11 as from July 2009 and projected as being 1:9 by 2010

**3.2.** Initially there were challenges recruiting supervisors of midwives in this LSA. It was reported in LSA audits that clinically based midwives did not feel experienced or confident enough to take on the role of supervisor of midwives. A low profile was also given to supervision although current supervisors of midwives were committed to the role. The LSAMO, the Head of Midwifery and supervisors of midwives produced an action plan (Appendix 3) and have worked actively over the past two years to raise the profile and value of supervision of midwifery practice. This has proved successful and five midwives commenced the preparation programme last September. Four of these were appointed to the LSA in July 2009. The value and profile of supervision has been raised within the LSA and during the LSA audit in October 2008 it was very evident how supportive the midwives were to the student supervisors. The midwives felt that it was beneficial to have supervisors from within clinical areas as this separated supervision from management and gave clear distinctions to the two roles. In addition, one supervisor of midwives who had previously resigned was reinstated to the role in June of this year.

The Chief Executive wishes to maintain a ratio of 1:9 within the LSA. Regular progress reports on the action plan are submitted to the Healthcare Governance Committee within the NHS Board.

- 3.3** There have been no removals or suspensions from the role of supervisor of midwives.
- 3.4** Supervisors of midwives are appointed in accordance with the LSAMO Forum UK Guidance for the selection and appointment of supervisors of midwives. Midwives either self nominate or are nominated by their peers. They are then interviewed by a panel which includes a peer, a supervisor of midwives, an educationalist and the LSAMO. If they are successful at interview they will then undertake the preparation programme to become a supervisor of midwives. Following successful completion of the course they will then be appointed as a supervisor of midwives to the LSA. When appointed to the LSA all supervisors of midwives are mentored for a minimum of three months.
- 4. *Details of how midwives are provided with continuous access to a supervisor of midwives***
- 4.1** Each midwife in the LSA NHS Dumfries and Galloway has a named supervisor of midwives.. It has not been possible to give all midwives a choice of supervisor but following July 2009 when the new supervisors of midwives are appointed, midwives will be given the option of choosing their supervisor of midwives and case loads will be reallocated.
- 4.2** There is 24 hour access to a supervisor of midwives with an on call rota for supervisors in place. The LSA audit identified that in both sites (Dumfries and Stranraer) all the midwives knew their supervisor and how to contact a supervisor of midwives over a 24 hour period. The supervisors of midwives provided evidence of an on call rota in the audit and this was also verified by staff in focus groups.
- 4.3** It was identified in the LSA audit that midwives generally contacted a supervisor of midwives for advice and support. No issues were identified in the LSA audit to indicate that there was a problem with response times between midwives and supervisors of midwives or women and supervisors of midwives.
- 4.4** A tool to audit the response times from supervisors of midwives to request from midwives has been developed. This will be used in conjunction with a survey and focus groups in the LSA audit of 2009-2010.
- 4.5** It was identified that in the past not all midwives have been meeting with their supervisor of midwives for an annual review. To facilitate the annual review the supervisors have set up a system whereby the midwife has an annual review with the supervisor at the time she is due to reregister. There has been marked progress in Cresswell Maternity Wing in the numbers of midwives meeting with their supervisor of midwives and efforts are also being concentrated now in the Clennoch Community Maternity Unit. Full compliance with the annual

requirement for the annual review will be facilitated with the lower ratio of supervisor to midwife with the new appointments.

- 4.6** All supervisors of midwives have a lanyard denoting that they are a supervisor of midwives. This helps to ensure they are easily identifiable to midwives and members of the public.
- 4.7** Student midwives are also allocated a supervisor of midwives. During the LSA audit student midwives could identify with the role of the supervisor of midwives generally. All students reported that if they had a problem in practice they would meet with their personal lecturer in the first instance.

## **5.0 *Details of how the practice of midwives is supervised***

To enable effective supervision of midwifery practice a number of methods of communication are deployed. This ensures a consistent approach to supervision of midwifery practice across the UK and also within the region. A variety of forums are held that ensure there is strategic direction for supervisors of midwives, that guidance is in place to support them in their roles and trends and themes from serious incidents can be shared to ensure lessons are learnt and practice issues are addressed in practice.

### **5.1 *Methods of communication with supervisors of midwives***

To facilitate effective communication each supervisor of midwives is able to contact the LSAMO by mobile or by email. The LSAMO will also meet with a supervisor of midwives if requested.

The following forums facilitate a communications network to ensure consistency in the supervision of midwifery practice:-

- ***The NMC/LSA Strategic Reference Group***  
One of the main functions of this group is to assist in advising the Midwifery Committee on any proposals to make, amend or revoke rules relating to the supervision, practice and education of midwives. The LSAMO is a member of the group and attends any meetings that are held.
- ***The Local Supervising Authority Midwifery Officer Forum UK (LSAMO Forum UK)***  
This forum meets every two months and was established to provide all the LSAMOs with support and to ensure that supervision of midwifery practice is developed and delivered in a consistent manner across the UK.

There are 16 LSAMOs throughout the UK and together they have developed a cohesive strategy for the statutory function, with shared principles and the implementation of a common approach to achieving the NMC standards. The published strategy describes the plan of achievements for the Forum for the next three years. This document can be viewed on <http://www.midwife.org.uk/>. Through the strategy the Forum aims to ensure that midwives working in any part of the UK can expect the same standard of supervision of midwifery practice.

- **LSAMO meeting with Heads of Midwifery in West of Scotland**  
The LSAMO meets with Heads of Midwifery in the West of Scotland throughout the year to provide updates on the strategic direction of supervision of midwifery practice and to discuss any other local issues.
- **West of Scotland Link Supervisor of Midwives (WoSLSM) Forum**  
This is held every three months. Supervisors of midwives from each NHS Board and the University of the West of Scotland (UWS) are represented on this forum. This promotes cohesiveness in the strategic approach and planning of supervision from both a clinical and educational perspective.

The forum considers national strategies and directives from the NMC, Scottish government, or other relevant bodies. Supervisory issues are reviewed and discussed and the forum is used as a platform to implement the strategic direction for supervision of midwifery practice across the West of Scotland. The forum is also used for the sharing of best practice and working through any challenges that may arise. Dumfries and Galloway supervisors of midwives are represented on this forum by Brenda Thorpe.

The link supervisors feed information back to their local meetings. They also assist the LSAMO in both implementing and undertaking the LSA audit across the region and contribute to ensuring an effective communication network.

- **Supervisor of midwives forum in LSA Dumfries and Galloway**  
There is a local forum In Dumfries and Galloway and the supervisors of midwives meet every one-two months. Feedback is given from the West of Scotland link supervisor of midwives meeting, local issues are discussed and action plans reviewed and updated.
- **LSAMO and supervisors of midwives in HEI**  
The LSAMO also meets with supervisors of midwives in the HEI to develop systems and processes to support supervised practice and reflective activities between supervisor of midwives and midwives. As these are developed they will be disseminated to all supervisors of midwives.
- **Scottish LSAMOS**  
The three LSAMOs based in Scotland meet regularly to discuss any issues arising from a Scottish perspective.

## 5.2 **How the practice of midwifery is supervised**

The NMC Midwives rules and standards(2004) set out in Rule 12 how the practice of midwives is supervised. Rule 12 stipulates that a local supervising authority shall ensure that:

- Each practising midwife within its area has a named supervisor of midwives
- At least once a year each supervisor of midwives meets each midwife for whom she is the named supervisor to review the midwife's practice and to identify her training needs
- All supervisors of midwives within its area maintain records of their supervisory activities including any meeting with a midwife

- All practising midwives within its area have 24 hour access to a supervisor of midwives

Each of these standards is now audited annually in a LSA annual audit through a self assessment tool and by questioning supervisors and midwives about their experiences in relation to these standards.

The audit demonstrated that in NHS Dumfries and Galloway each midwife completes an Intention to Practise form and this is signed by the midwife's named supervisor of midwives and then submitted to the LSA Office. Details are then submitted on a data base within the LSA and submitted to the NMC. In the year 2009-2010 the West of Scotland will subscribe to the National LSA database in line with other LSAs in the UK.

Each midwife has a named supervisor of midwives and there has been steady progress in the number of midwives meeting their supervisor for an annual. It is anticipated that there will be full compliance with this standard on the appointment of the new supervisors of midwives other than midwives who are on long term sick leave or maternity leave.

The supervisors of midwives maintain records on their case load of supervisees. An aim in the future is to promote the use of reflection on practice between supervisor and supervisee.

All midwives have 24 hour access to a supervisor of midwives.

The LSA audit identified steady progress in achieving the LSA standards in 2008-09. No significant issues were identified. All the standards were either met or partially met. There is an action plan in place outlining any actions needed within the LSA (Appendix 3).

### **5.3 Safety of the Public**

The NMC Midwives rules and standards (2004) stipulate that the role of the supervisor of midwives is to protect the public by empowering midwives and midwifery students to practise safely and effectively. Therefore to ensure the safety of the public supervisors of midwives may also be required to undertake supervisory investigations following critical incidents to determine if there is any evidence of poor practice and then put in place relevant programmes to develop a midwife's practice through supervised practice or a programme of developmental support.

There is a supervisor of midwives on the Maternity clinical risk management group within the NHS Board and supervisors of midwives support other clinical governance strategies. A progress report on statutory supervision of midwifery practice is submitted to the Healthcare Governance Committee.

As a means of safeguarding the public the evidence base from the analysis of supervisory investigations will be fed back to both the local supervisors of midwives forum and the West of Scotland link supervisors of midwives forum. This will enable supervisors of midwives to share lessons learnt and assist them to put measures in place to prevent similar patterns emerging in the future.

Work is being developed between the University of West of Scotland and the LSAMO to develop a system for supervisors to undertake a formal reflection with a midwife following an investigation when supervised or supported practice has not been deemed as an outcome following the investigation. This will be implemented in 2009-2010.

Supervisors within the LSA are committed to supervision of midwifery practice and its remit in the protection of the public within the LSA. They work hard in both developing and achieving the standards of supervision. Where there are challenges in practice the supervisors of midwives agree actions seeking the support of the LSAMO when necessary.

#### **5.4 *Intention to Practise Process and Annual Review***

Each supervisor of midwives receives an Intention to Practise (ITP) form from the midwives in their caseload and each supervisor of midwives undertakes an annual review with the midwife. The ITP is signed by the midwives supervisor and details are entered on a database and submitted to the NMC.

Each supervisor of midwives plans to meet with her supervisee to discuss learning needs, professional development needs and to discuss any concerns the midwife may have. To facilitate the annual review supervisors of midwives have made plans to meet with the supervisee when their registration is due to ensure the annual review takes place over the year rather than the end of the practice year.

#### **5.5 *Supervisors of Midwives as Leaders***

The LSA audit identified in this year that there is an increased awareness amongst staff of the role of supervision of midwifery practice and all the staff were very supportive towards the student supervisors of midwives. They saw the supervisors as a distinct and separate group from management and all felt that this was in part due to midwives coming forward from the clinical field to undertake the role.

Each LSA audit undertaken in Dumfries and Galloway has identified that midwives seek the support of supervisors of midwives when they have felt the need to challenge practice to ensure the safety of the public.

Supervisors of midwives attend a variety of forums. Forums where supervisors of midwives are represented are:

- Clinical Incident Review Group
- Clinical Governance forums
- Obstetric Review Management Speciality Team
- Maternity Liaison Service Committee
- Educational Curriculum Planning Forums

#### **5.6 *LSA Annual audit***

A consistent process has been established across the West of Scotland over the past two years to ensure that standards for the supervision of midwifery practice are met in each of the four LSAs in the West of Scotland. A LSA audit takes place annually within the LSA of Dumfries and Galloway. The LSAMO

Forum UK has produced an audit tool which is used by all LSAMOs to audit standards for the supervision of midwifery practice. This national audit tool ensures a consistent approach in auditing the standards for the supervision of midwifery practice.

The standards depict the minimum standard of statutory supervision to be achieved. The LSA audit tool incorporates five LSA standards based on the five principles set out in the NMC (2004) Midwives rules and standards. The LSAMO Forum UK has developed a range of methodologies to audit the standards. This is to assist LSAMOs in deploying different approaches to enhance the audit process.

Currently a model of peer assessment is being used in the West of Scotland to monitor the standards which involves an audit team comprising of:-

- two supervisors of midwives from other units or a HEI
- a service user
- the LSAMO
- student supervisors of midwives

The methodology used to audit the standards will be reviewed following the LSA audits of 2009-2010.

The LSA audit took place over two days on 27 and 28 October 2008. The LSA audit team visited the two units and also met with the Chief Executive.

Supervisors of midwives were asked to provide evidence prior to the LSA audit visit. Focus groups were also held with midwives, student midwives, service users and managers to triangulate the evidence. A questionnaire was sent to all supervisors of midwives within the LSA prior to the audit with a good response rate. The findings from the survey, audit and focus groups were consistent. This was also found in the LSA audit of the preceding year. The report of the LSA audit was then sent to the Chief Executive, Director of Nursing, Head of Midwifery and Supervisors of Midwives.

On the whole the 54 standards were met in the LSA NHS Dumfries and Galloway. Where they were not met or partially met the supervisors of midwives discuss the issues in their local meetings and update the local action plan that was developed following the previous years LSA audit. There is also a West of Scotland Action Plan that is reviewed every six months in the West of Scotland link supervisors of midwives forum to take issues forward across the region as well as at a local level (Appendix 4).

As well as assessing whether the standards for supervision are met, the LSA audit process contributes to raising the profile of supervision of midwifery amongst midwives, supervisors of midwives and women. The peer review method enables supervisors of midwives to share good practice with each other, and provides networking opportunities for them. The audit process also contributes to developing supervision of midwifery practice further and is a positive learning experience for both supervisors of midwives and student supervisors of midwives who attend as observers on the audit team.

It can be demonstrated that an audit process is in place to assess how the practice of midwives is supervised and that a continual process to identify challenges and ensure continuous improvement is in place. This helps to ensure that supervision of midwifery practice is proactive and gives a framework for the protection of the public.

### **5.7 Challenges to effective supervision**

One of the major challenges impacting on effective supervision is having enough time to undertake the function of the role of supervisor combined with their other roles. Supervisors in non clinical roles find this easier to manage than clinically based supervisor of midwives. The NHS Board supports supervisors of midwives having protected time for supervision and each supervisor is expected to monitor time spent on supervision and if she has difficulties should discuss this with her line manager.

Other challenges identified by supervisors in this years audit were the need to continue raising the profile of supervision amongst midwives and women and to establish an audit tool to review case records and documentation.

### **6.0 Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery office with the annual audits.**

Service users were invited to take part in the LSA audit process. A training day was held to prepare service users to take part in the audit process this year. The programme for the training day is in the appendices (Appendix 5). Two training days were held and in total 10 service users attended the sessions and these were evaluated well.

## **7. Evidence of Engagement with higher education institutions in relation to supervisory input in midwifery education**

### **7.1 The LSAMO and HEI**

The LSAMO attends meetings with the University of the West of Scotland on a regular basis to give advice or support and lectures on pre registration and preparation programmes for supervisors of midwives.

The UWS and LSAMO are jointly developing programmes for supervised practice which includes the development of a directory of competencies that supervisors and educationalists can use following supervisory investigations that recommend supervised practice. This work also involves the development of a process for midwives to undertake formal reflection following a supervisory investigation when a period of supervised or supported practice is not required. This is to ensure that learning and reflection are used following any supervisory investigation.

The UWS also supports the LSAMO in creating training opportunities for supervisors of midwives and continues to work with the LSAMO in facilitating workshops.

Further opportunities for the development of supervisors of midwives will be based on learning needs identified by supervisors either through LSA audit or evaluation of conferences/workshops.

The LSAMO also attends any monitoring visits, such as those by the NMC, and curriculum planning meetings.

There are five educationalists currently supervisors of midwives in the UWS. Another educationalist and practice education facilitator are due to undertake the preparation programme in September 2009.

### **7.2 *Supervisor of midwives engagement with HEI***

NHS Dumfries and Galloway receive students from University of West of Scotland. Supervisors of midwives contribute to the development, teaching and assessment programmes of education leading to registration and continuous professional development. Supervisors of midwives are on curriculum planning teams and undertake lectures on pre registration and post registration programmes. They also ensure that midwives remain updated.

### **7.3 *Supervisors of Midwives supporting student midwives***

Each student midwife is allocated a supervisor of midwives. Student midwives were part of focus groups during the LSA audits and it was evident that they were conversant with the role of the supervisor of midwives in protection of the public.

### **7.4 *The clinical learning environment for pre-registration student midwives***

During the LSA audits focus groups are held with student midwives. They are asked about their clinical placements during this session. No significant issues were identified. If significant issues are identified they would be fed back to the Lead Midwife for Education directly by the LSAMO.

### **7.5 *Preparation of Supervisor of Midwives Programmes***

The programme for the preparation of supervisors of midwives is based at the University for the West of Scotland and is based on the NMC *Standards for the Preparation and Practice of Supervisors of Midwives* (2006). The programme runs in February and September of each year dependent on local need. The aim of the programme is to prepare midwives for the statutory role and to help them to understand, critique and evaluate the role and the significance of self regulation of the profession for public protection. Only NMC approved educational institutions can deliver the preparation programmes and the University of the West of Scotland was validated by the NMC in 2008. Following validation programmes are monitored annually through the NMC quality assurance processes.

To recruit new supervisors adverts listing the skills required to be a supervisor of midwives are circulated throughout the LSA. Any midwives who are nominated or would like to become a supervisor of midwives may contact the LSAMO directly for information. The applicants then go through the selection process as set out in the LSAMO Forum UK guidance.

The student supervisors have a supervisor mentor during the preparation programme who assesses their competencies. The programme is comprised of

two modules; one theory and the other practice based. Students must successfully complete both components. When they have successfully completed the programme the LSAMO is informed by the Lead Midwife for Education (LME). They are then appointed by the LSAMO as a supervisor of midwives to the LSA. The newly appointed supervisor will be provided with a period of preceptorship for a minimum of three months as per NMC (2006) standards.

During the programme the LSAMO meets regularly with the module leaders who keep her updated with the students progress on the programme. If any issues are identified they are discussed with the LSAMO. The LSAMO is advised if students are not successful on the programme.

### **7.6 University of the West of Scotland**

The preparation course programme starts in either February or September and is run as a part time module at level 6 (degree) and level 7 (masters). The LSAMO is involved in the planning of the modules, as part of the teaching team and in the evaluation.

**Programme leader** – Maria Pollard

**Module Team** -Maria Pollard, Madge Russell, LSAMO and other relevant external speakers

### **7.7 Challenges**

Challenges were identified in the previous year by supervisors of midwives in relation to supervisory investigations and supervised practice. These included:

- a need to have training in how to conduct a supervisory investigation
- how to write a report
- standardised programmes for supervised practice that include identified learning outcomes for the individual practitioner

The LSAMO has worked closely with UWS to develop workshops on conducting supervisory investigations. These were developed in conjunction with the LSAMO from East of England who acted in an advisory capacity and conducted a workshop in this area which is subsequently being run every quarter in the West of Scotland. The workshop is also part of the theoretical module on the preparation programme for student supervisors of midwives. This ensures consistency of approach amongst supervisors of midwives. Work is also being developed on supervised practice programmes and the development of a directory of competencies.

### **7.8 Ongoing Education for Supervisors of Midwives**

The LSAMO has established an annual conference for supervisors of midwives in the West of Scotland and runs workshops based on training needs which are identified through evaluation forms.

This year the sessions were as follows :-

<b>Learning Opportunity</b>	<b>Total Number Attending</b>
West of Scotland Annual Conference Supervision in Action – Midwifery Leadership Making it Happen	56
West of Scotland Annual Conference Supervision in Action – Midwifery Leadership Making it Happen	73
Conducting a Supervisory Investigation	27

Conference fliers can be found in the appendices (Appendix 6).

## **8. Details of any new policies related to the supervision of midwifery practice**

### **8.1 Guidance for supervisors of midwives**

To support supervisors of midwives in their role in supervising midwives' practice national guidance has been produced by the LSAMO Forum UK. This National Guidance gives a framework for supervisors of midwives to undertake a consistent approach across the UK in supervising midwives practice. This consistent approach to statutory supervision of midwifery practice contributes to promoting the safety of maternity services through the protection of the public. The supervisors of midwives in the West of Scotland formally adopted the LSAMO Forum UK guidance on February 1 2009. This guidance can be accessed on [www.midwife.org.uk](http://www.midwife.org.uk) and also [www.midwiferysupervision-woslsa.scot.nhs.uk](http://www.midwiferysupervision-woslsa.scot.nhs.uk). Each supervisor of midwives has also been issued with a file of the National Guidance.

### **8.2 West of Scotland Guidance**

The LSAMO has also established a guidance group for supervisors of midwives to develop local guidance for supervisors of midwives in the West of Scotland which is being adapted for use for from the North West of England with permission from the LSAMO there. Supervisors of midwives in Dumfries and Galloway are represented on this group. These are under review at present. When the first guidelines have been ratified they will be able to be accessed on [www.midwiferysupervision-woslsa.scot.nhs.uk](http://www.midwiferysupervision-woslsa.scot.nhs.uk).

Supervisors of midwives in NHS Dumfries and Galloway also contribute to developing local guidelines for midwifery practice that are used within their service.

### **8.3 Reflection**

The LSAMO is currently undertaking work in conjunction with UWS to develop systems to support midwives in undertaking reflection with supervisors of midwives. A process is also being developed to initiate a formal reflection between a midwife and the investigation supervisor of midwives following involvement in a critical incident when supervised practice or developmental supports have not been deemed necessary.

## **9. Evidence of developing trends affecting midwifery practice in the local supervising authority**

### **9.1 *Public Health Issues***

NHS Dumfries and Galloway covers approximately 2,500 square miles. The Board provides services and care for a population of approximately 147,000 which is widespread in this remote and rural part of Scotland. Maternity Services within NHS Dumfries and Galloway are integrated throughout the area with a Maternity Unit within the Cresswell Wing of DGRI and the Clenoch Birthing Unit within the Galloway Community Hospital in Stranraer.

**9.2** In terms of deprivation, the Board has particular challenges in targeting care for those women and families most in need. There are pockets of deprivation in Dumfries and Galloway with some women experiencing such illnesses as mental health issues and substance misuse. There are six areas of relative deprivation in the region; central Dumfries, part of Annan, northwest Dumfries, Upper Nithsdale, the Machars and Stranraer.

### **9.3 *Clinical Activity***

There are on average 1450 births in the area. The birth rate is relatively stable and there has been no major impact to the service in the past year. NHS Dumfries and Galloway monitors birth trends on a regular basis. They are also undertaking workforce planning and looking at skill mix and the age profile of midwifery staff. An overview of birth trends and clinical outcomes can be found in the appendices (Appendix 7).

**9.4** The RCM recommends a maximum midwife to birth ratio of 1:28 in maternity services. The midwife to birth ratio in NHS Dumfries and Galloway is 1:18.5.

### **9.5 *Methods of Data Collection***

All statistics are collated within the maternity unit. NHS Dumfries and Galloway uses the Scottish Birth Record to input and extrapolate data.

The Cresswell maternity unit has participated in the national Nursing and Midwifery Workload and Workforce planning project and have undertaken Birth-rate Plus and has used the agreed Professional Judgement Workforce planning tool. A national short life working group is being established to develop a tool to assist in determining staffing requirements for women with complex needs and for the remote and rural areas unique to Scotland. This work will be used in conjunction with findings from Birth rate plus analysis.

### **9.6 *Serious Incident Escalation Policy***

There is West of Scotland guidance for supervisors of midwives on reporting and investigating serious untoward incidents. It is the role of the supervisor of midwives to advise the LSAMO if there has been a serious untoward incident. The Directorate of Women's Health uses the NHS Board Critical Incident Reporting system (DATIX). The department has a well established critical incident review team led by the Senior Midwifery Manager. A supervisor of

midwives sits on this forum and feeds back to the local supervisors of midwives forum.

### **9.7 Unit Closures**

There have been no unit closures within Dumfries and Galloway in the reporting year. Cresswell does not close as they are the only maternity unit in the area. If problems are identified with capacity or staffing levels these are reported by the unit coordinator to the Service Manager and there are supervisors of midwives on call who assess the situation and make any necessary recommendations. An incident form would be completed to monitor trends.

### **9.9 Keeping Childbirth Dynamic and Natural**

There has been much developmental work undertaken to keep childbirth natural and dynamic throughout Scotland. All areas have appointed Consultant Midwife posts to support this project at local levels and there is one full time Consultant midwife in post within NHS Dumfries and Galloway. A key aspect of her role is to support midwives in maximising normal birth and the role of the midwife as a lead professional for women who are low risk.

## **10. Details of the number of complaints regarding the discharge of the supervisory function**

There were no complaints in this reporting year regarding the discharge of the supervisory function. With the adoption of the LSAMO Forum UK Guidance in January 2009 the process that is now being used to address a complaint against a supervisors of midwives or the LSAMO is set out in Guideline G 'Policy for the notification and management of complaints against a Supervisor of Midwives or an LSA Midwifery Officer, including appeals'. Complaints against the LSAMO are dealt with through the complaints procedure within NHS Ayrshire and Arran as this is the host Board of the LSAMO.

The appeals process is also set out in Guideline G. The guideline can be accessed on [www.midwife.org.uk](http://www.midwife.org.uk). and [www.midwiferysupervisor-woslsa.scot.nhs.uk](http://www.midwiferysupervisor-woslsa.scot.nhs.uk).

## **11. Reports on all local supervisory investigations undertaken during the year**

**11.1** The LSAs in the West of Scotland have guidance in place for supervisors of midwives on the reporting and monitoring of Serious Untoward incidents. Each supervisor of midwives has a copy of this guidance. The guidance acts as a reference for supervisors and includes a section to guide on what incidents or issues involving midwifery practice should be referred to the LSA. These include the following examples:

- All maternal deaths
- All investigations of midwifery practice being undertaken by SOM, irrespective of outcome
- Significant changes in service configuration that may have the potential for adverse impact on women and babies,

- Sustained deficits in midwifery staffing
- Midwives reported to the NMC
- Unexpected intrauterine or neonatal deaths
- Unexpected Intra-partum death
- Unexpected significant morbidity of a mother or baby

**11.2** The supervisor of midwives should advise the LSA of any issues involving midwifery practice that are of serious concern. The West of Scotland guidance specifies that this list is not exhaustive and that where there are uncertainties the LSAMO should be contacted for advice.

**11.3** It is essential that the team of supervisors be notified of all serious untoward incidents that involve midwifery practice. This means that there should be a link between the supervisors of midwives and the risk management structures within the NHS Board. In Dumfries and Galloway a supervisor of midwives sits on the Maternity clinical risk management group.. Any incidents reported via DATIX are brought to the attention of the Head of Midwifery and the Senior Midwifery Manager.

**11.4** A supervisor of midwives should undertake an investigation where circumstances suggest that there may have been poor midwifery practice. This function cannot be delegated to anyone else. The LSAMO is always available to provide advice and support to the supervisors of midwives.

**11.5** In addition to the above guidance there is an LSAMO Forum UK national guideline available for supervisors of midwives. This is called 'Investigation into a midwife's fitness to practise'. It gives clear guidance on how to conduct a supervisory investigation, a template for documenting the investigation and a checklist of considerations whilst undertaking a supervisory investigation.

The LSAMO holds workshops for supervisors of midwives on how to conduct a supervisory investigation.

#### **11.6 Investigations**

There was one LSA investigation undertaken within the year by the LSAMO in conjunction with a supervisor of midwives from the LSA. This investigation was undertaken following a series of allegations made about a midwife's fitness to practice. The investigation was concluded after March 2009. The allegations were unfounded.

**11.7** The LSAMO is maintaining a database on trends and themes identified in supervisory investigations across the four local supervising authorities. As supervisors of midwives undertake supervisory investigations so trends and themes are becoming evident. These are now being shared with supervisors across the region. This will enable supervisors to establish strategies to ensure learning takes place within the work place to help prevent repeated incidents.

**11.8** Supervisors of midwives strive to ensure lessons are learnt in the work place. Plan are in place to ensure that risks identified are discussed in the supervisor of midwives forum and strategies developed to prevent similar occurrences in practice.

**11.9** There have been no concerns identified in relation to the competence of newly qualified midwives or in their place of training during this reporting year.

**11.10** The NMC is contacted for advice on midwifery practice on individual cases as they arise. This could be by telephone, by email, face to face contact or by letter.

### **11.11 Maternal Deaths**

The definition of maternal death defined by as defined by the Confidential Enquiry into Maternal and Child Health (CEMACH) is the death of a woman while pregnant or up to one year after abortion, miscarriage or birth. Indirect deaths are those relating from previous existing disease. Direct deaths are those resulting from Obstetric complications during pregnancy, labour and the postnatal period.

Supervisors of midwives notify the LSA MO If there has been a maternal death and also advise the LSAMO if there have been any midwifery practise issues. During this period there were no maternal deaths in Dumfries and Galloway.

## **12.0 Conclusion**

This report has demonstrated the significant and steady progress made in NHS Dumfries and Galloway during this reporting year.

Supervisors of Midwives demonstrate commitment to achieving high standards of practice in relation to statutory supervision of midwifery practice and in raising the profile of statutory supervision of midwifery practice within the service. They are supported in their role by the Head of Midwifery and the Senior Midwifery Manager. The supervisors, Head of Midwifery and Senior Midwifery Manager all support the LSAMO in embedding a strategic and consistent approach for supervision of midwifery practice across the West of Scotland. This contributes to ensuring a safe service for women and their families and also the provision of safe learning environments student midwives.

### **12.1 LSA Priorities for 2009-2010**

- Continue to monitor and reduce risks as set out in the NMC risk register
- Ensure standards of supervision are met and where they are not develop action plans
- Support leadership development of supervisor of midwives
- Continue to raise the profile of supervision amongst midwives
- Engage with service users
- Develop new guidance for supervisors of midwives as required to support them in their role
- Continue to ensure the safety of the public receiving maternity care through the monitoring of serious untoward incidents.

**12.2** The LSAMO will continue to provide education and support for supervisors where required as for example in training supervisors in conducting a supervisory investigation and supervising a midwife's practice. Learning needs

will continually be identified by supervisors of midwives from evaluations from training days or conferences or as identified in meetings. The ultimate aim is to ensure the protection of the public through the effective supervision of midwifery practice through meeting the needs of supervisors of midwives and women and their families at both local and national levels.

**12.3** In conclusion the LSAMO will continue to support and develop the supervisors of midwives in their role and champion statutory supervision of midwifery practice in influencing services and ensuring the safety of the public.

John Burns  
Chief Executive NHS Dumfries and Galloway

Signed JBurns

Joy Payne  
Local

Signed Joy Payne

Supervising Authority Midwifery Officer

Signed \_\_\_\_\_

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**Appendices**

<b>Appendix 1</b>	<b><i>NMC Risk Score Register</i></b>
<b>Appendix 2</b>	<b><i>WoS Risk Score 2007-8</i></b>
<b>Appendix 3</b>	<b><i>NHS Dumfries and Galloway Action Plan</i></b>
<b>Appendix 4</b>	<b><i>WoS Action Plan</i></b>
<b>Appendix 5</b>	<b><i>Training Day Service Users</i></b>
<b>Appendix 6</b>	<b><i>WoS SOM Conference Programme: Conducting SOM Investigation</i></b>

## NMC Framework Risk Register Key

## Consequence/Severity of Impact

Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost certain - 5	5	10	15	20	25
Likely - 4	4	8	12	16	20
Possible - 3	3	6	9	12	15
Unlikely - 2	2	4	6	8	10
Remote - 1	1	2	3	4	5

## Rating consequences and impact

RISK ■ Low ■ Moderate ■ High

<b>Catastrophic</b>	25	Critical impact to protection of the public e.g. significant contributor to higher than anticipated unexplained deaths of mothers or infants or, serious injury of mother or baby requiring life-long support. Very difficult and long term to recover.
<b>Major</b>	16-20	Major impact on protection of the public or function of the LSA. E.g events which risk public or professional confidence in the respective maternity services or respective LSA/SHA, non-compliance with action plans from various investigating authorities. Medium to long term effect.
<b>Moderate</b>	9-15	Significant impact on protection of the public, function of the LSA. E.g. events where co-partners such as Education Providers identify issues in the learning environments for student, where the LSA Framework is unattainable due to closure of education routes for Preparation of SoM Programme. Medium term effect.
<b>Minor</b>	3-8	Minor impact, loss, delay, inconvenience e.g. non-compliance with NMC Standard or Guidance. I.e. when appointing an LSAMO, failure to submit an ITP etc, lack of data or evidence to support Investigations or Reports issued by the LSA. Short to medium term effect.
<b>Insignificant</b>	1-2	Risk identified with clear mitigation from LSA including management through internal risk framework, clear plans action plans and lines of reportage, etc. Little or no effect.

## Rating the likelihood

<b>Almost certain</b>	Is expected to occur in most circumstances
<b>Likely</b>	Will probably occur in most circumstances
<b>Possible</b>	Might occur at some time
<b>Unlikely</b>	Could occur at some time
<b>Remote</b>	May occur only in exceptional circumstances

NMC Framework Risk Register						
Ref	Summary of information	Source	Risk	Likelihood	Impact	Risk score
Chief Executive sign off and quality of report						
1	Chief Executive did not sign annual report and no indication that it had been viewed by him/her.	LSA Annual Report	Lack of sign off may mean non-engagement with supervisory function at SHA/board level.	2	8	16 RED
2	Some requirements of rule 16 of the midwives rules and standards not described in the LSA annual report and NMC not assured that an effective supervisory framework is in place.	LSA Annual Report	Effective supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
3	Inconsistent description of supervision framework described and NMC not assured that an effective and consistent supervisory framework is in place.		Effective and consistent supervisory framework may not be in place and therefore unable to protect the public.	4	4	16 RED
Numbers of Supervisors of Midwives, appointments, resignations and removals						
4	SoM/MW ratio above 1:20 within individual services or across the LSA.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.	3	4	12 AMBER
5	SoM / MW ratio not stated.	LSA Annual Report	Elements of supervisory framework unachievable or unsustainable due to lack of supervisors	4	4	16 RED

Details of how midwives are provided with continuous access to a Supervisor of Midwives						
6	Description of how midwives are provided with continuous access to a SoM not described or variable across LSA and NMC not assured that an effective supervisory framework is in place. E.g. some areas within an LSA may use a 24/7 hour rota and some may use a contact list.	<b>LSA Annual Report</b>	That in an emergency midwives may not have clarity about how to contact a Supervisor of Midwives thereby delaying a decision that may have an influence on the outcome for a mother and baby.	3	4	<b>12 AMBER</b>
7	No evidence that ' <i>continuous access to a SoM</i> ' process is audited so lack of assurance that process is working effectively.	<b>LSA Annual Report</b>	Process may not be working effectively which may have impact during emergency situations (see above).	3	4	<b>12 AMBER</b>
Details of how the practice of midwives is supervised						
8	LSA audit process not described (or not described well) so NMC not assured that an effective supervisory framework is in place.	<b>LSA Annual Report</b>	<b>Effective supervisory framework may not be in place and therefore unable to protect the public</b>	4	3	<b>12 AMBER</b>
9	No description of ITP process.	<b>LSA Annual Report</b>	Lack of supervisory framework in place and inability to delivery function of supervision.	4	4	<b>16 RED</b>
10	LSA Audit Process stated as not undertaken.	<b>LSA Annual Report</b>	No mechanism in place to assure LSA that supervision is functioning and therefore NMC not assured that effective supervisory framework in place.	5	4	<b>20 RED</b>

Evidence that service users are assisting the LSAMO with the annual audits						
11	Public User Involvement in supervision audits not described.	LSA Annual Report	Lack of user input into development of supervisory framework. Risk in meeting rules and standards.	4	3	12 AMBER
12	Public User Involvement in supervision could be enhanced.	LSA Annual Report	Minimal user input into development of supervisory framework.	2	2	4 GREEN
Evidence of engagement with higher education institutions in relation to supervisory input in to student midwifery education						
13	No evidence of engagement with higher education institutions.	LSA Annual Report	Risk in meeting rules and standards.	4	4	16 RED
14	Indication that the clinical learning environment for student midwives is not an appropriate learning environment. This may include lack of qualified mentors, lack of support for undertaking mentorship programme or challenges in meeting student/mentor ratio.	LSA Annual Report QA Framework	Supervisory framework is not pro-active in improving learning environment for student midwives and/or students learning in an inappropriate clinical environment.	4	4	16 RED
Details of any new policies related to the supervision of midwives						
15	No detail of any new policies.	LSA Annual Report	Lack of pro-activity of LSA in supporting supervisors of midwives with policy development.	4	4	16 RED
Evidence of Developing Trends affecting midwifery practice in the local supervising authority						

16	<b>Limited information or description provided on maternal death trends within LSA and interface with supervisory framework.</b>	<b>LSA Annual Report</b>	<b>Role of supervisory framework unclear.</b> Limited analysis learning from trends and lack of opportunity to apply learning in the future to protect the public.	4	4	<b>16 RED</b>
17	<b>Evidence to suggest increasing births across the LSA of over 5-10% or increase in midwife to birth ratio.</b>	<b>LSA Annual Report</b>	<b>Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care.</b>  <b>Impact on appropriateness of clinical learning environment for pre registration midwifery students</b>	3	5	<b>15 AMBER</b>
18	<b>Maternity Service/s within LSA under review by NMC or other stakeholder or special measures in place by the Health Care Commission.</b>	<b>LSA Annual Report</b>	<b>Impact upon the protection of the public and suitability of clinical environment as a safe and supportive place for provision of care.</b>  Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	<b>15 AMBER</b>

Details of number of complaints regarding the discharge the Supervisory Function

19	<b>No description of complaints process or number of complaints.</b>	<b>LSA Annual Report</b>	<b>Possibility that complaints process is not in place or is not robust.</b>	3	5	15 AMBER
20	<b>Evidence of up held complaints against the LSA.</b>	<b>LSA Annual Report</b>	<b>That the LSA has been deemed to be in effective in its function to women or midwife (dependent on complaint). There may have been a compromises to protecting the public e.g. due to bullying, harassment or discrimination.</b>	4	4	16 RED
Reports on all local supervising authority investigations undertaken during the year						
21	High or low percentage of supervisory practice programmes described and/or lack of definition on reasons for high or low numbers.	<b>LSA Annual Report</b>	<b>Rules and Standards in relation to investigation leading to supervised practice not being interpreted appropriately/effectively. Risk that midwives being placed on a programme of supervised practice inappropriately.</b>	3	4	12 AMBER
General concerns identified in the NMC framework for reviewing LSAs						

22	Inadequate supervisory framework in place to meet the Midwives Rules and Standards across the LSA.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
23	Where a midwife is reported to the NMC for clinical concerns without reference to the supervisory framework.	NMC framework for reviewing LSAs	Effective supervisory framework not in place and therefore unable to protect the public.	3	5	15 AMBER
24	Where the clinical environment is unsafe for midwife student learning or mentorship is ineffective and not supporting student midwives.	<b>NMC framework for reviewing LSAs</b>	Impact on appropriateness of clinical learning environment for pre registration midwifery	3	5	15 AMBER
25	Concerns regarding the function and performance of supervision within the LSA.	<b>NMC framework for reviewing LSAs</b>	<b>Effective supervisory framework not in place and therefore unable to protect the public.</b>	3	5	15 AMBER
26	Poor compliance with recommendations from any investigations reports from either the LSA or other bodies such as the Healthcare Commission.	<b>NMC framework for reviewing LSAs</b>	<b>Effective supervisory framework not in place and therefore unable to protect the public.</b>	3	5	15 AMBER
27	Concerns of conduct which relate to, for example, bullying, harassment or abuse of power from within the LSA or supervisory framework which may impact upon the function of supervision.	<b>NMC framework for reviewing LSAs</b>	<b>Effective supervisory framework not in place and therefore unable to protect the public.</b>	3	5	15 AMBER

## West of Scotland LSA risk profile 2007-08

## LSA Profile

<b>LSA</b>	West of Scotland Host LSA - Ayrshire and Arran	<b>Chief Executive</b>	Dr Wai – Yin Hatton
<b>LSAMO</b>	Joy Payne	<b>Contact details of LSAMO</b>	Joy.Payne@aaaht.scot.nhs.uk

## Numbers of Supervisors of Midwives, appointments, resignations and removals

28	SoM/MW ratio above 1:20 within individual services or across the LSA.	<b>LSA Annual Report</b>	<b>Elements of supervisory framework unachievable or unsustainable due to lack of supervisors.</b>	<b>3</b>	<b>4</b>	<b>12 AMBER</b>
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**Score: 12**

Date of assessment meeting		Recommendations following assesment meeting	<input type="checkbox"/> <b>To monitor</b> <input type="checkbox"/> <b>To undertake review</b>
Reasons for review to be undertaken		Date for proposed review	

Review complete		Report of review published on NMC website	
Action plan received from NMC		Action plan implementation date	
Follow on actions			

**Comments**

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## Appendix 3

## West of Scotland Region

## Local Supervising Authority NHS Dumfries and Galloway

November 2007

**Action Plan following the Audit of  
the Nursing and Midwifery Council's Standards for the Supervision of Midwives and Midwifery Practice**

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
					Update Jan 08	Update March 08	Update July 08
<i>Aim;</i>							
(1) Raise the profile of supervision of midwifery practice within the organisation	Rapid workshops to all staff to outline role and responsibilities of Midwife, SOM and LSA Mo	JP BT	Staff time	January 2008 Workshop planned for 07/01/08. LSAMO sick. 2 <sup>nd</sup> Meeting 31/03/08 3 <sup>rd</sup> Meeting/Workshop planned for 16/05/08	Workshop planned 7.1.08 LSAMO unable to attend S/L	Workshop held 31/3/08 Series of workshops arranged for 16/05/08	Achieved  Achieved

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
	<p>Arrange for SOMS and clinical leaders to attend SOM forums in Ayrshire and Arran Lanarkshire and implement into practice locally</p> <p>Clinical Midwives to shadow SOM locally</p> <p>Agenda SOM in staff meetings</p>	<p>JP Local SOM</p> <p>BT</p> <p>BT</p>		<p>January /February 2008</p> <p>February 2008</p> <p>Every Staff Meeting</p>	<p>SOM could not be released due to clinical priorities needs further consideration</p>	<p>To be reviewed in SOM meeting.</p> <p>3 prospective candidates identified. Will shadow SoM during April and May 2008</p>	<p>SOM could not be released due to clinical priorities but SOMS have refocused meetings and do not feel need to visit other area at present.</p> <p>Midwives given opportunities to shadow SOMS and to meet with LSAMO to discuss role of SOM</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
	Ensure SOM sits on relevant committee in single role as SOM Clinical Incident Review Group Maternity Liaison Service Committee Obstetric Speciality Management Team	BT and each SOM		January		SoM identified for committees etc. Will further develop when more SoMs appointed	Continues
	Consider SOM to have case load of midwives other than those she may manage	SOMS		March 2008		Will action following appointment of additional SoMs.	Will action following appointment of additional SoMs.



Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status	
(3) Ensure Registrants understand their responsibilities as registrants from the perspective of statutory supervision of midwifery practice	Rapid roll out of workshops outlining role and responsibilities of registrants and also SOM and LSA MO	JP		December / January 2008		<p>Workshop March 2008</p> <p>Further workshop arranged for May 16<sup>th</sup> 2008</p> <p>Achieved</p> <p>Midwives reminded of their responsibilities</p> <p>Annual reviews in progress</p> <p>Midwives views and compliance with midwives annual reviews will be re-audited in the LSA Audit in October 2008</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status	
(4) Recruit midwives to undertake preparation course to become a supervisor of midwives	<p>Following workshops invite midwives to nominate midwives to become SOM</p> <p>Rollout information on preparation course for supervisors of midwives</p> <p>Ensure firm mentorship systems in place during training and when nominated to undertake role</p>	<p>JP BT</p> <p>JP Educationalist</p> <p>SOM to be named</p>	<p>Staff time</p> <p>Funding for Course</p>	January 2008		<p>Workshops arranged. 2<sup>nd</sup> advert out at present.</p> <p>Educationalist attending workshop on 16th May</p> <p>During relevant course</p> <p>For action when Supervisors appointed. Process in place.</p> <p>Five midwives have now been selected to undergo the preparation programme to be appointed as supervisors of midwives to LSA. They will commence preparation course on 18<sup>th</sup> September 2008</p>

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(5) Supervisors of Midwives to have roistered time of 7.5 hours for supervision monthly.	Each SOM to have roistered 7.5 hours each month to fulfil role Keep log of time spent on supervision	SOM to allocate time in roster  SOM		December onwards Link SoM has advised SoMs to plan time.			Data collection form developed to monitor time spent on supervision.
(6) All midwives to meet with SOM for supervisory review at least once a year <b>(Rule 12 NMC Midwives rules and standards)</b>	Each SOM to establish yearly programme of annual reviews with supervisees Each midwife to have annual review with SOM Give consideration locally to annual review tool	SOM  MW  BT and SOM	Staff time	By March of each year  Annual review of tool Each January	Process established	Workshops held profiling role of SOM	Process to be re audited by LSAMO in LSA audit October 2008

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(7) Profile role of supervisor of midwives in Clinical Governance Forums	SOM to sit on Clinical Governance Committee, Clinical Incident Review Team	SOM to be allocated		January 2008	Established		Achieved
	MLSC Obstetric Management Speciality Review Team	SOM			SOM allocated to each forum		
	SOM to undertake relevant supervisory investigations	SOM		Ongoing	Process in place		
	Ensure midwives debrief with SOMS and lessons learnt taken back to practice	SOM and discuss		January 2008	Feedback occurs on an individual basis		
	Ensure midwives attend multi disciplinary forums to review clinical events and lessons learnt	SOM forum SOM and discuss in SOM forum		January 2008	System in place		

Recommendation	Action	Lead Committee / individual	Resource Implication	Completion Date and Evidence of Completion	Monitoring Status		
(8) Build on developing evidence to meet the standards for supervision as set out in LSA self assessment tool	Build on developing evidence as set out in standards in LSA self assessment tool	Each SOM to have lead on each of the five standards		Link SoM Leader	To establish lead for each standard Jan 2008 and then Ongoing	Lead established	To be audited in LSA AUDIT October 2008

**Joy Payne**  
**LSA MO West of Scotland**  
**Brenda Thorpe General Manager /Head of Midwifery**  
**November 2007/ April 2008/August 2008**

## APPENDIX 4

**West of Scotland Action Plan  
2009-**

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
1. Demonstrate the role of statutory supervision of midwives interface within the clinical governance frameworks in each LSA	<p>Ensure links with clinical governance networks within the LSA'S</p> <p>Ensure untoward incidents are reported to the LSA and that there is a mechanism in place to guide SOMS in reporting incidents that may impact on women to the LSA</p> <p>Provide Advice and support to SOMS in the investigation of practice concerns and or where sub optimal practice is alleged , irrespective of the</p>	<p>JP All SOMS</p> <p>All SOMS</p>	Staff time	<p>July 2008 SOMs on clinical risk management committees</p> <p>West of Scotland guidance for reporting serious untoward incidents published and circulated for effect 1/4/08</p>	<p>December 2008</p> <p>Process in place and investigations are being reported. Need to firm up process to trigger SOM investigation When required</p>	<p>SOMs continue to be represented on clinical risk management committees</p> <p>Untoward incidents are reported to LSA by SOMS . LSAMO is collating a spreadsheet of any incidents reported to LSA to ensure themes shared to prevent similar occurrences</p> <p>Action Review trigger list &amp; look at the</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	clinical outcome	JP	Staff time		LSAMO available to provide advice and support	effectiveness of the process in the WoS by Dec 2009 and link in with any outcomes from NMC road shows and LSAMO Forum UK work stream on investigations  LSAMO available to provide advice and support as requested and during all investigations	
2.Raise the profile of statutory supervision of midwives, the role of the supervisor of midwives, the role of the LSAMO and the LSA	Encourage networking across the LSA'S and the sharing of good practice through facilitating sessions for all SOMS and also through the WOS Link SOM'S Forum Implement road shows for midwives outlining the role of	JP All SOMS		Workshops to be rolled out in LSAs where required profiling the role of the SOM	LSA audits identifying verbally that SOMS seen as distinct group. Workshops to be held in and Ayrshire PRM in new year	Workshops undertaken in PRM in March 2009 to promote role of supervisor. Needs further workshops following service redesign that is currently in place as still difficulty in recruiting in this	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	<p>the SOM, the LSAMO and the midwife</p> <p>Create opportunities for midwives to shadow SOMS to have exposure to the role and contribute to succession planning</p> <p>SOMS to sit on relevant committees to represent views via the perspective of statutory supervision of midwifery practice</p> <p>Establish a website for the public to give information on supervision of midwifery practice</p>	<p>All SOMS</p> <p>All SOMS</p>		<p>Midwives to be given opportunities to shadow SOMS when undertaking role</p> <p>SOMS to be represented on Clinical governance committees Risk management forums MLSC Maternity Framework group Educational curriculum</p>	<p>Invitation continues for shadowing opportunities. To be implemented at local levels</p>	<p>unit.</p> <p>Profile in Ayrshire has been raised with more midwives showing interest in coming forward to become supervisors as 5 individuals will commence September 2009 programme.</p> <p>Circulate minutes/notes of SoM meetings to all midwives in each LSA.</p> <p>SOMS represented on all committees in each LSA.</p> <p>Invitation continues for shadowing opportunities. Student SOMS to shadow soms in WOS meeting</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
		JP Link SOMS		planning committees  Establish a web site	SOMS continue to be represented on forums  In draft format reviewed in December WOS link meeting	and encourage staff locally to shadow soms  Still in draft format to be finalised in July 2009 has been reviewed by WOS SOMS	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
3. Demonstrate the evidence, audit trail, and trend analysis of the standards of statutory supervision and midwifery practice	Undertake an annual audit of supervision of midwifery practice to demonstrate that the standards for supervision of midwifery practice are met across the region Gather evidence within each LSA to demonstrate compliance with the standards to assess and assure quality within each LSA	JP Link SOMS SOMS		LSA Audit process established and implemented 2007-2008 For annual audit across LSAs	LSA audits in process for this year	Audits established for 2009-2010 LSA audit reports available in each LSA for 2008-2009  Each LSA local forums responsible for undertaking any individual actions as required	
4. Increase user involvement in the work of the LSA and the LSAMO	Establish a network for user involvement in supervision across the region  Enlist the support of users in undertaking an annual audit of the LSA	JP All SOMS	Travelling expenses and child care expenses for users	Work with NHS Boards and birth groups to recruit users in development of strategies for supervision and also To take part in LSA audits	Users taking part in LSA audit. In liaison with Patient public participation officer in GGC to assess if user participation in audit can be developed such as audit team	Explore existing mechanisms for funding user expenses  Link SOMS to recruit users in own areas for audit visits. JP will repeat training day for	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	Provide training sessions for users				visiting local groups throughout year. For review following completion of this years audit process.	users  Look at the use of postal survey to gain women's views  LSAMO to provide training sessions dates to be arranged for August/ September 2009	
5.Promote active recruitment and preparation of new SOMS, to ensure standard minimum ratios are maintained, ensuring succession planning	Implement road shows in areas where there is difficulty in recruiting midwives to become a SOM.  Create shadowing opportunities  Encourage midwives to nominate midwives they feel will be good SOMS  Ensure adequate support systems in	JP Link SOM Forum All SOMS HEIs		Rollout road shows workshops In LSA  Give Midwives opportunities to shadow SOMS in meetings    Guidance in place of buddying system to	For recruitment in January/ February for September intake for prep course  Student SOMS encouraged to take part in LSA audits and all supervisory activities	18 midwives interviewed in May 2009 and 12 undertaking Sept 2009 course Results pending from Sept 2008 programme – to be appointed Sept 2009 To undertake active recruitment in GGC next Feb	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	place for student SOMS and newly appointed SOMS			support student SOMS	All student SOMS have mentor  Newly appointed SOMS will have a mentor	All areas to maintain own lists of mentors. Template for maintaining register circulated to all areas June 2009 by JP	
6. Provide opportunities for SOMS to expand their knowledge of the statutory processes and understanding of the role of LSAMO	<p>Ensure SOMS actively contribute to and access up to date information whilst undertaking their role</p> <p>Ensure SOMS can access information from the NMC</p> <p>Provide an annual conference to ensure networking and the sharing of best practice across the LSA'S Provide support to SOMS as required</p> <p>Develop leadership</p>	<p>JP Link SOMS</p> <p>JP Link SOMS HEIs</p>	<p>Staff time for training Conference fees</p>	<p>Links established between SOMS and LSAMO. Good links between SOMS and HEIs</p> <p>Conference for SOMS to be held annually</p>	<p>Annual conference arranged for February and March 2009</p> <p>Information circulated as received</p> <p>Annual conference arranged this conference will</p>	<p>Annual conference taken place on February 11th and March 11th 2009 on Leadership and the role of the supervisor</p> <p>Supervisory workshops taken place –for SOMS on conducting supervisory investigations September 2008 and April 2009 more workshops planned for September 2009</p>	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
	skills of SOMS		Staff time for training Conference fees		be on developing leadership skills as a SOM	and November 2009  Information circulated as received  Scottish Conference planned for December 2009  National LSAMO UK conference next April 2010 in Nottingham Each area to put forward good practice seminars  WoS conference was on leadership	
7.Ensure registrants understand their responsibilities as registrants from the perspective of statutory supervision of midwifery practice including the requirement of the	Implement road shows across the relevant areas profiling the role of the SOM and the registrant	JP HEIs SOMS Link SOMs		Road shows developed and rolled out. Also SOM role profiled in LSA audits	SOMS continue raising profile of supervision. For workshops in PRM in new year. LSA audits demonstrating so far that midwives	Focus groups with midwives in the LSA audits of 2008-2009 demonstrated an increased awareness in their role &	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
supervisory review					becoming more aware of their responsibilities as registrants in focus groups. LSA audits are contributing to raising the profile of the SOMS	responsibilities as registrants and that of the supervisor. Soms have raised the profile over the last year.  Midwives are attending for annual review in areas there were difficulties	
8. Ensure SOMS have adequate time to undertake the function of the role	SOMS to have the equivalent of a day a month to fulfil their role  SOMS to monitor time undertaken on supervisory function and to identify any problems in obtaining time	All SOMS Line managers	As per staffing	SOMS to have equivalent of 7.5 hours per month to undertake role  Monitor time spent in undertaking role and work on difficulties	SOMs monitor time some report having difficulty taking time. Managers are facilitating time	SOMs monitor time - some report having difficulty taking enough time. Managers are facilitating time. SOMS should report difficulties to line managers  Utilisation of SOMs time to be included in annual audit questionnaire in LSA Audit 2009-2010	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
9. Each SOM to audit case records	All SOMS to audit case records and share relevant findings in practice to improve the quality of record keeping	All SOMs		All SOMs to undertake audits of records	To establish record-keeping audit across each LSA. Process in place in GGC and Lanarkshire. Lanarkshire also conduct documentation workshops	Each area reported ongoing audits taking place. These will all be reviewed in LSA Audit 2009-2010	
New actions identified from NMC (2009) Supervision , support and safety on June 11TH 2009						June 2009	
10. Ensure a robust recruitment strategy is in place to ensure there is a ratio of 1:15 in each LSA	Develop a recruitment strategy	WoS guideline group				JAdverts circulated for interviews in February of this year and interviews took place in may 2009. this will take place annually. Workshops are held in areas where there is difficulty recruiting this has included over the past year	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
						Dumfries and Galloway. Princess Royal Maternity unit Greater Glasgow and Clyde and in Ayrshire last year by local SOMS	
11. Audit response times from SOMs to midwives to requests for advice	Develop guideline and audit tool	WoS guideline group				This will be audited in the years LSA audit 2009-2010. In last years audit no problems highlighted by midwives in accessing a SOM	
12. Demonstrate actions taken and evidence of progress in response to risks communicated from NMC. Risk in WOS ratio Som/mw above 1:15 in AA GGC DG Some trends identified as risk i.e. poor communication	Ensure ongoing annual recruitment Cross reference recommendation 5 Ensure action plan in place & implementation	All  All areas		Ongoing		Recruitment taken place throughout the WOS, 11 somes due to be appointed by August b2009 and further 12 student SOMS to commence preparation programme in September 2009	
13.Feedback concerns to	Ensure focus	LSAMO		Ongoing		Focus groups	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
HEI if any concerns in learning environment for student midwives	groups in each LSA audit with Student Midwives					held with student midwives in 2008-2009 LSA audits and to be repeated in 2009-2010. LSAMO would feed back any concerns to HEI.  LSAMO is going to link with NHS NES PEF to deveop some work around this and also Jean ranksin will feed back minutes of any relevant meetings to LSAMO on student placements	
14. Concerns about newly registered midwives should be reported	Any concerns with fitness to practice for all registered midwives should be investigated as per guideline L	All		Ongoing		Mechanism in place to report concerns.	
15. Each LSA/ Region should work	LSAMO to establish a link	LSAMO		Dec 2009		JP to establish link with SPSA	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
collaboratively with organisations that have a safety remit such as SPSA						and link into WOS meetings	
16. Each LSA should develop action plans in response to trends impacting adversely on Safety of women and babies using maternity services Ability of midwives to provide safe quality care in the antenatal, intrapartum and postnatal period Ability of midwives to mentor student midwives to ensure competent applicants to the register	Develop action plan to meet local needs as required	All		Ongoing		Action plans to be developed by all links in individual units	
17. LSAs should move to an electronic method of storing supervision related data that uses a standard dataset agreed by LSAMO UK Forum	LSAMO to submit a bid to each NHS Board for funding	LSAMO		July 2009		Bid made to each LSA to share costs of LSA data base	
18. LSAs should explore working with organisations that have a safety remit, such as the SPSA in order to address the concerns raised in relation to poor	Collaboration initiated & maintained Cross reference recommendation 15	LSAMO & all SOMs		Ongoing		LSAMO to establish link with SPSA	

Recommendation	Action	Lead	Resource Implication	Completion Date and Evidence of completion	Six Monthly Update December 2008	Six Monthly Update June 2009	NHSD&G Position
practice							

**Joy Payne**  
**LSAMO**  
**West of Scotland**



APPENDIX 4

**SERVICE USER LSA AUDIT WORKSHOP****1- 3pm****VENUE Queen Mothers Hospital  
Parent Craft Room****LUNCH PROVIDED****Facilitator Joy Payne LSAMO West of Scotland**

- |                |  |
|----------------|--|
| <b>1.00 pm</b> | <b>Welcome and Introductions</b>   |
| <b>1.15pm</b>  | <b>Overview of Statutory Supervision</b>   |
| <b>1.45 pm</b> | <b>Reason for LSA audit visits</b>   |
| <b>2.15</b>    | <b>Proposed time table</b>   |
| <b>2.20</b>    | <b>LSA audit standards</b>   |
| <b>2.30</b>    | <b>Feedback from 2007-2008 LSA audits</b>  |
| <b>2.45</b>    | <b>Group discussion on themes for this year's audit<br/>Ground rules and any questions</b> |



**West of Scotland  
Supervisors of Midwives Workshop  
Conducting a Supervisory Investigation**

**PROGRAMME  
12<sup>th</sup> September 2008  
Venue Beardmore Hotel & Conference Centre  
Clydebank  
Glasgow**

**Facilitated by Joy Kirby LSAMO EoE**

**Joy Payne LSAMO WoS**

**09.00- 09.15 Coffee and Registration**

**0915 -10.30 Introduction and Conducting a Supervisory Investigation**

**10.30-10.45 Tea Break**

**10.45-12.30 Fact Finding**

**12.30-13.15 Lunch**

**13.30 -15.00 Investigation Interviews**

**15.00-15.15 Tea break**

**15.15-17.00 Coming to Conclusions & Making Recommendations**



# **West of Scotland Supervisors of Midwives Conference 2009**

**February 11<sup>th</sup> and March 11<sup>th</sup>**

## **Supervision in Action Midwifery Leadership –Making it happen**

**Facilitator Liz O'Neill**

**Welcome and Introductions**

**Understanding Leadership in a Supervisory Role**

**Challenges and skills**

**Influencing and Using Power**

**Leading Change**

**Coaching for Development**

**Communication**

**Dealing with Conflict**

**Taking Stock**

**Planning and Prioritising**

**STATISTICS FOR WEST OF SCOTLAND**  
**1 April 2008 – 31 March 2009**

	<b>Dumfries</b>	<b>Stranraer</b>
<b>CLINICAL ACTIVITY</b>		
Total women delivered	1222	238
Total delivered in the hospital	1176	226
Total number of babies born	1246	240
Number of hospital births in water	19	2
Deliveries in community maternity units	0	85
Stand alone		
Within main unit	1176	141
Total number of women booked under midwife-led care (Taken as a % of deliveries)	Data not currently collected	
Total number of women transferred to consultant care	Data not currently collected	
Are you able to monitor reasons for transfer?	N/A	N/A

<b>HOME BIRTHS</b>		
Number of intentional home births attended by a midwife	6	6
Women delivered at home with no midwife present, including those delivered at home or in transit by ambulance crew	6	1
Babies born at home, attended by a midwife, when intended/planned for hospital delivery	22	3
Total deliveries in the home	28	9
Number of homes births in water	0	1
<b>PUBLIC HEALTH DATA</b>		
Number of women initiating breastfeeding	688	106
Number of women breastfeeding on discharge to Health Visitor (% of total women birthed)	394	66
Number of women smokers at time of: booking	307	67
Delivery		
Number of babies born to women under 18 years old (at time of delivery)	48	9
<b>MATERNITY OUTCOMES DATA</b>		
Number of babies born alive	1216	238
Number of stillbirths	6	0
Number of early neonatal deaths (i.e. at 6 days and under)		
Number of late neonatal deaths (i.e. 7 – 28 days)		
<b>INTERVENTIONS</b>		
Planned inductions	221	37
Accelerated labours (including ARM and Syntocinon, or both)	Data not currently collected	
Episiotomies	117	19
Epidurals with vaginal births	0	0
Epidurals/spinals with caesarean sections	116	36
Planned caesarean sections	149	27
Emergency caesarean sections	195	23
Total caesarean sections	344	86
Forceps deliveries	52	3
Ventouse deliveries	38	8
Vaginal breech deliveries	4	2

<b>FACILITIES</b>	<b>Dumfries</b>	<b>Stranraer</b>
Type of unit (consultant/midwife/GP)	Consultant	Stand alone M/W
Total number of maternity beds (including delivery beds)	28	2
Number of obstetric theatres	1	0
Staffed by midwifery staff (other than receiving baby)	Yes (surgical)	N/A
Staff by theatre staff	Yes (Anaesthetic)	N/A
High dependency beds	No (Transfer to main hospital on site)	0
Early pregnancy unit.	As part of Antenatal Clinic	0
Fetal medicine unit		0
Antenatal day assessment unit	Yes – as part of Antenatal Clinic	1ROOM
Birthing pool	Yes	0
Bereavement/quiet room	Yes	0
Partners accommodation on AN ward	Yes	0
Family kitchens	Yes	0
Security system: Controlled door entry	Yes	1
Baby tagging	No	0
Pressure mattresses		0
Midwife-led beds	Not specified	2
Intrapartum GP care	No	0
Transitional care cots	Yes	0
Neurophysiological examination of the newborn		99
Ultrasound scans	Yes	600
Amniocentesis	Yes	0
Induction of labour by prostaglandin	Yes	0
by syntocinon	Yes	0
Ventouse deliveries	Yes	0
Forceps deliveries	Yes	0
Six week postnatal examination	By GPs	0

Cervical smears	Yes	0
Specialised counselling	Yes	0
External cephalic version	Yes	0



## DUMFRIES AND GALLOWAY NHS BOARD

### Audit Committee



Minutes of the Audit Committee held on Friday 25 September 2009 at 10.00am, in Room 4, Crichton Hall, Dumfries.

#### Present

Keith Warford (Chair)  
Andrew Johnston

#### In attendance

Mike Keggans  
Craig Marriott  
John Burns  
Jim Steen  
David Watt (KPMG)  
Julie Watters  
Kelly Skimming

#### 1. Apologies for absence

Apologies were received from Ed Hunter and Jeff Ace.

#### 2. Minutes of meeting held on 27 March 2009

These were agreed.

It was noted Peter McIntyre's CFS presentation will take place at the January meeting and not in December as previous minutes stated.

#### 3. Matters arising

- (3) The subject of finance training for Non-Executive members was raised. CM and JB confirmed this was an ongoing action. This would be critical for elected members.

**Action: CM/JB**

- (5) CM advised the Terms of Reference of the Logistics group were still to be finalised.

- (11) JW confirmed a full review of the Theatre stock system is currently in progress.

**Action: JW**

- (13) JW gave a verbal update on the 3 live cases referred to CFS during the year and confirmed there had been no movement. JW to bring back any updates to Audit Committee.

**Action: JW**

#### 4. Internal Audit Activity to 31 August 2009

JW highlighted that historically the audit year appears to have run from June to May to enable audits to be based on current year financial information. This has led to tight timescales for reporting at the year end. JW and CM to discuss any alterations to the audit plan.

**Action: JW/CM**

JW gave a detailed report on the Thornhill Hospital/Health Centre Audit Report. This Limited Assurance Audit Report highlighted a wide range of common issues from audits such as Return to Work meeting forms not being completed. There were a number of issues which were identified in this audit which were also reported in the previous audit. David Potter, General Manager for Thornhill Hospital to be invited to next Audit Committee to provide an update on management action plan.

**Action: JB/CM**

Audit Committee noted the report.

#### 5. Audit Recommendation Follow-up Report

CM and JW to send a copy of all recommendations to Executive Directors with regards to all audits requiring follow up within their areas. All managers will be held to account for any recommendations not being actioned within an agreed timescale.

**Action: CM/JW**

JW to bring further update to January Committee.

**Action: JW**

Audit Committee noted report.

#### 6. National Initiatives Update

JS informed Committee there had been considerable improvement with Logistics although we awaited current on time in full/purchase price variance statistics.

Gordon James, the newly appointed Logistics Director for NHS Services Scotland, will be attending the Partnership Conference being held on Wednesday 30<sup>th</sup> September to give a presentation on Procurement Challenges – National Procurement.

Lesley Wilson undertook Datamart (PECOS analysis) software training during the week. JS to obtain feedback for committee.

**Action: JS**

Audit Committee noted report.

## 7. IFRS Shadow Accounts

CM brought a draft paper to the committee for information. The draft accounts still awaited adjustments for PFI assets. DW advised that there was still some concern re: treatment of PFI under IFRS. Submission deadline is the 30<sup>th</sup> September.

KPMG shadow accounts report will be complete by the end of November. Copy to be brought to Audit Committee in January.

**Action: DW**

Audit Committee approved accounting policies draft which would be subject to audit by KPMG in due course.

## 8. Review of National Audit Scotland Reports

Audit Committee noted there were no material changes from last meeting.

## 9. Audit Scotland Report – Improving Public Sector purchasing

JS presented report raising a number of recommendations. The paper reflected how NHS Dumfries and Galloway had responded to these.

Report to be included in Audit Scotland report list.

**Action: CM/KS**

## 10. Changes to Payment Verification

Audit Committee noted revised guidance.

## 11. Shared Support Services

JB spoke to this paper. The SSS Programme has been running for 3 years and has made substantial progress during the past two years with the Consortia set-ups.

Next Programme Board due to take place on Friday 2<sup>nd</sup> October.

JB wrote to Chief Executive's last week for continued support of programme.

CM and Jim Beattie recently sent a communication to Finance staff to keep them up to date and ensure staff are fully briefed at all times.

Audit Committee noted summary position.

**12. Property Transactions Monitoring 2008/09**

JW to submit response to Scottish Government following Audit Committee.

Audit Committed noted this report.

**13. KPMG Report: Information Management**

DW expanded on the critical sections of this report.

Audit Committee noted report.

**14. Notification of Significant Issues 2008/09**

The Audit Committee noted the letter submitted by JW in July 2009 to Kathleen Swift at the Scottish Government with regards to any significant issues or frauds during 2008/09.

**15. Compliance with SFIs**

Audit Committee noted report.

**16. Bad Debt Write Offs**

Audit Committee approved this report.

CM suggested only bringing write-offs amounting to £5k or more being brought to future Audit Committees. CM and JS to review Scheme of Delegation and SFIs.

**Action: CM/JS**

**17. Any other business**

**18. Date and time of next meeting**

Friday 29<sup>th</sup> January 2010  
Friday 26<sup>th</sup> March 2010  
Friday 18<sup>th</sup> June 2010  
Friday 24<sup>th</sup> September 2010

All meetings will take place at 10am in Meeting Room 4, Crichton Hall

**DUMFRIES and GALLOWAY NHS BOARD**

2 November 2009

**Financial Performance: 6 Months to 30 September 2009****Authors:**

Katy Lewis, Deputy Director of Finance

**Sponsoring Director:**

Craig Marriott, Director of Finance

**Date:** 23 October 2009**RECOMMENDATION**

The Board is asked to note the report.

**SUMMARY**

The purpose of this report is to advise the Board of the financial position of NHS Dumfries and Galloway for the six months to the 30<sup>th</sup> September 2009.

**Summary Financial Position**

1. Overall NHS Dumfries and Galloway is reporting an underspend to date of £986k for the first six months of the financial year (£833k at August 2009).
2. Financial performance is in line with previous months, with the only material changes this month in GP prescribing figures. It is expected that this will be challenged as we move into the winter months when the sustainability of the current position will be tested.
3. Appendix 2 provides a detailed analysis of the financial position to 30<sup>th</sup> September 2009 by directorate.
4. Commentary on the financial position for the Acute, Community and Primary Care and Corporate Services is detailed in sections 7 to 21 below.

**Revenue Resource Limit (RRL)**

5. The revenue resource limit as notified by the Scottish Government Health Department (SGHD) has increased by £0.551m to £265.680m since the reported position at the September Board. In addition, a further £2.206m is expected to be received during the year, resulting in an anticipated RRL of £267.886m.
6. Appendix 1 provides details of allocations received during September.

## Acute Services

7. Acute services overall are reporting an underspend position against budget of £142k at 30<sup>th</sup> September 2009 (£98k at August 2009).
8. Medicine and Surgery have a combined overspend to date of £96k which is an improvement since the August reported position of £152k overspent.
9. Drugs budgets are overspent by £129k primarily relating to ophthalmic (£106k) and rheumatology (£58k) offset by a range of underspends in other areas. The ongoing work on lucentis usage and activity increases will be concluded for the November scrutiny committee to assess what the ongoing financial and service impact is and to review further management action required on this issue.
10. Allied Health Professionals remain overspent at £17k (£40k overspend August 2009). This is an improved position due to non recurring funding for locums due to recruitment issues, it is assumed that the service is able to resolve current issues and to bring the directorate back into financial balance.
11. Medical budgets are contained within budgets to date but this is not without significant non recurring investment in locum requirements due to sickness, recruitment difficulties and service pressures. Whilst the initial phase of work to review financial and service issues has been concluded, this requires substantial ongoing review as the recurrent position has not been finalised.
12. Labs services are underspent by £93k (£114k at August 2009). The movement in month reflects the commencement of new service contracts that start mid year and have been reflected in the outturn position.

## Community and Primary Care Services

13. Community and primary care services are reporting an overall underspend to date of £640k (£669k at August).
14. The Board has shifted its position on prescribing budgets for the period to September. Previously we were reporting breakeven, however based on a combination of the latest prescribing information (July actual) and the impact of the cost of cross border prescriptions we are now reporting a £152k overspend position to the end of September 2009. The cross border impact was not incorporated in budget setting and whilst it can be managed on a non recurring basis for 2009/10 will have to be reviewed in financial planning for 2010/11.
15. The remaining community and primary care services have shown an improvement in their underspend position this month. The centralisation of estates budgets has been finalised with LHP estates budgets moved to operational services. This has been achieved without any material impact on the individual directorates financial position.

## Corporate Services

16. Corporate services are underspent to date by £203k (£66k at August 2009).
17. Operational services property budgets have been adjusted to reflect the balance of the efficiency targets and also realigned to centralise energy and maintenance budgets across the Board and are currently reporting a £126k underspend. Energy budgets are underspent by £90k and it is unclear whether this is due to budget phasing or whether further efficiencies can be realised as the energy prices appear to have stabilised at a lower level than reflected during 2009/10 financial planning. Work is underway to assess the impact of this and whether this benefit can be realised recurrently.
18. The overspend in Chief Executive budgets reflects the in month movement in clinical negligence, CNORIS and legal provisions as the mid year return to September 2009 has been received. The overall impact of these movements is £147k year to date, translating into a £215k forecast overspend.
19. External contract budgets require review now that the inflation rates have been agreed and further information on activity emerges. Work is ongoing to understand the full impact of the cost of services provided outwith Dumfries and Galloway, this includes reviewing the East coast costing model, three year average activity models and unplanned activity to fully understand the financial impact.
20. A number of new and revised topsliced contributions to specialised services have been advised this month which we had not planned for, this includes consortium arrangements for cytogenetics (£144k), risk sharing for high cost orphan drugs (£32k).
21. There are also concerns about plasma products which the Board is in the process of taking on the procurement and management locally (previously through National Services Division). Initial indications of forecast spend put costs in excess of the £283k provision we have planned for. This is under review by a national working group and we are actively reviewing the position to fully assess the financial impact.

## Efficiencies

22. The Board has a 2% efficiency target for 2009/10, the agreed target for each budget area has been deducted from the opening budget position at the start of the financial year. Managers are expected to work with the Senior Finance Team to ensure the delivery of Cash Releasing Efficiency Savings (CRES) for 2009/10 and to develop plans for future years. Current government forecasts indicate that further efficiencies above 2% will require to be delivered from 2010/11 onwards.
23. Details of the CRES schemes are included in Appendix 3.
24. Management focus is now on the production of robust CRES programmes for 2010/11.

## Capital Expenditure

25. No further allocations have been received from SGHD since that previously reported in September, our current allocation remains at £11m.
26. Two allocations are anticipated;

Current projections are that there will be an allocation reduction of £114k for our contribution towards the SEAT framework of priorities for PET Scanning and the Chemotherapy electronic patient admin system. We are in the process of confirming the project phasing and capital requirements.

An allocation for IM&T priorities has been agreed in the region of £717k - £918k from SGHD as a contribution towards the development of the digitised medial records, labs system replacement and server virtualisation.

27. The table below sets out the details of the allocations received and anticipated.

<b>2009-10 CAPITAL ALLOCATIONS</b>	<b>Allocation</b>
	<b>£000s</b>
<b>Received</b>	
Formula Allocation	10,089
Primary Care Modernisation Funding	940
Mobile Decontamination Unit	49
	<b>11,078</b>
<b>Anticipated</b>	
SGHD Top Slice for PET & SCAN projects	(114)
IM&T Developments	918
	<b>804</b>
<b>TOTAL ALLOCATIONS ANTICIPATED</b>	<b>11,882</b>
<b>Bank</b>	
2009-10 funding not required in year - to banked funds	(3,820)
IM&T Developments to banked funds	(918)
<b>TOTAL ALLOCATIONS TO COVER IN YR EXPENDITURE</b>	<b>7,144</b>

## Forward Capital Plan

28. Based on the allocations received to date, anticipated and taking account of the reduction in predicted expenditure this financial year the total banked funds expected to be available to support future priorities is now £17.2m, made up as follows:

<b>CUMULATIVE BANKED FUNDS</b>	<b>Banked</b>
	<b>£000s</b>
Pre 2008-09	9,611
2008-09	2,895
2009-10 currently indicated level on received allocations	3,820
<b>TOTAL BANKED FUNDS</b>	<b>16,326</b>
Bank allocations not yet received - IM&T	918
<b>TOTAL ANTICIPATED BANKED FUNDS</b>	<b>17,244</b>

29. The carry forward will be required in future years to support the ambitious capital programme approved in April 2009 by the Board. This includes the Mental Health development, the work associated with the Clinical Strategy and the primary care modernisation programme at Lochfield Road.

### **Areas of Financial Risk**

30. The biggest risk for the remainder of the financial year is the limited flexibility within the program to deal with any changes in the expenditure profile of the three big projects, Mental Health, DGRI & Lochfield Road. Due to the size and business case stage of each of the projects, the variation in likely outcomes is significant. The range of expenditure is between £2.3m – £3.25m.
31. Monitoring protocols are reviewed monthly by the Capital Investment Group (CIG) to ensure projects are progressed as speedily and efficiently as possible and forecasts are kept up to date.
32. Discussions will continue with the SGHD to manage the potential variability in the expenditure projections.

**MONITORING FORM**

Policy/Strategy Implications	<i>N/A</i>
Staffing Implications	<i>N/A</i>
Financial Implications	<i>Part of the financial planning and reporting cycle</i>
Consultation	<i>N/A</i>
Consultation with Professional Committees	<i>N/A</i>
Risk Assessment	<i>Part of paper.</i>
Best Value	<i>This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.</i>
Compliance with Corporate Objectives	<i>Underpins achievement of many corporate objectives.</i>
Impact Assessment	<i>N/A</i>

<b>NHS DUMFRIES AND GALLOWAY REVENUE RESOURCE ANALYSIS AS AT 30th SEPTEMBER 2009</b>				
	<b>Baseline Recurring £000s</b>	<b>Earmarked Recurring £000s</b>	<b>Non Recurring £000s</b>	<b>Total £000s</b>
Revenue Allocation as at 31st August 2009	233,662	25,127	6,340	265,129
IM&T Facilitator Funding - GDS	30			30
Long Term Conditions Collaborative Q2			23	23
Keeping Childbirth Natural	7			7
Alcohol Misuse Allocation			1,225	1,225
Reversal IM&T Facilitator Funding - Community Pharmacy			-39	(39)
18 Week Referral to Treatment time Q2			67	67
Central Improvement Team Allocation			50	50
Mental Health Collaborative Q2			23	23
Practitioner Champions			10	10
Access Support - Waiting Times - 1st Tranche	614			614
Implementing Cancer waiting times target			11	11
Integrated Resource Framework mapping		50		50
Prisms		-36		(36)
Practitioner Medical Services Payment System		-23		(23)
Board subscriptions Health Facilities Scotland		-13		(13)
Scottish Healthcare Supplies - Equiping & Technical Branch Phase 1		-29		(29)
QMAS		-23		(23)
Adult scoliosis surgery		-18		(18)
Pancreas islet cell isolation and transplantation		-23		(23)
Recombinant Factors V111 and FIX		-694		(694)
Recombinant Factors V11a		-69		(69)
NMCN Congenital Diaphragmatic Hernia		-2		(2)
Cochlear Implant - Implementation NICE guidelines		-53		(53)
Paediatric Intensive Care		-347		(347)
Enzyme Replacement & non SMC approved - Orphan drugs		-46		(46)
Existing Cytogenetics lab costs trans to consortium		-144		(144)
Revenue Allocation as at 30th September 2009	234,313	23,657	7,710	265,680
Anticipated Allocations		(32)	2,525	2,206
<b>Total Revenue Allocation</b>	<b>234,313</b>	<b>23,625</b>	<b>10,235</b>	<b>267,886</b>

# NHS DUMFRIES AND GALLOWAY EXPENDITURE ANALYSIS

6 Months Ended 30th September 2009

£000

Appendix 2

Annual Budget				Area	Pays Ytd			Non Pay Ytd			Income Ytd			Total Ytd			Cum Var %
Pay	Non Pay	Income	Total		Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Acute Services</b>																	
2,444	570		3,014	Access & Waiting Times	1,020	1,014	(6)	326	332	6				1,346	1,346	0	0.0 %
2,764	566	(62)	3,269	Allied Health Professionals	1,413	1,420	7	295	273	(22)	(56)	(57)	(1)	1,652	1,635	(17)	(1.0)%
8,212	1,440	(3)	9,649	Anaesthetics Directorate	4,075	4,144	69	687	713	26	(7)	(3)	3	4,756	4,854	98	2.0 %
1,862	2,014	(109)	3,767	Cancer Services Directorate	920	923	4	937	986	49	(69)	(66)	3	1,788	1,844	56	3.0 %
5,561	2,192	(127)	7,626	Labs Directorate	2,727	2,827	100	1,135	1,127	(9)	(70)	(69)	1	3,792	3,885	93	2.4 %
14,445	4,968	(1)	19,411	Medical Directorate	7,155	7,199	44	2,498	2,434	(63)	(5)	(1)	4	9,648	9,632	(16)	(0.2)%
2,729	550	(18)	3,261	Radiology Directorate	1,398	1,367	(31)	241	267	26	(11)	(11)	(0)	1,629	1,623	(6)	(0.4)%
13,827	3,907	(19)	17,715	Surgical Directorate	6,995	6,961	(34)	1,967	1,918	(49)	(12)	(10)	2	8,950	8,870	(80)	(0.9)%
8,546	753	(25)	9,273	Womens Directorate	4,250	4,256	6	370	375	6	(14)	(13)	1	4,606	4,619	13	0.3 %
<b>60,391</b>	<b>16,960</b>	<b>(366)</b>	<b>76,985</b>		<b>29,953</b>	<b>30,112</b>	<b>159</b>	<b>8,456</b>	<b>8,426</b>	<b>(30)</b>	<b>(243)</b>	<b>(229)</b>	<b>14</b>	<b>38,166</b>	<b>38,308</b>	<b>142</b>	<b>0.4 %</b>
<b>Community &amp; Pcare Services</b>																	
6,340	828	(230)	6,938	Annandale & Eskdale Lhp	3,122	3,153	31	411	408	(3)	(118)	(115)	3	3,415	3,446	31	0.9 %
6,413	467	(456)	6,424	Child Health Directorate	3,094	3,197	103	219	232	13	(233)	(228)	5	3,080	3,201	121	3.8 %
981	152	(620)	514	Community Dental	453	483	30	(1)	76	77	(311)	(303)	8	141	257	116	45.1 %
510	88	(2)	596	Family Planning/Sexual Health	240	255	15	51	44	(8)	(1)	(1)	0	290	298	8	2.6 %
2,985	255	(203)	3,038	Gp 00hs	1,483	1,498	15	123	119	(4)	(98)	(101)	(3)	1,508	1,515	8	0.5 %
3,417	125	(943)	2,598	Learning Disabilities Dir.	1,720	1,709	(11)	59	62	3	(478)	(472)	7	1,300	1,299	(1)	(0.1)%
11,641	1,060	(248)	12,453	Mental Health Directorate	5,863	5,826	(37)	487	529	42	(129)	(125)	4	6,221	6,231	9	0.1 %
5,145	937	(245)	5,838	Nithsdale Lhp	2,552	2,594	42	457	472	15	(136)	(122)	13	2,873	2,944	70	2.4 %
	28,823	(851)	27,973	Prescribing				14,149	13,981	(168)	(441)	(425)	16	13,708	13,556	(152)	(1.1)%
345	38,830	(1,184)	37,991	Primary Care	183	163	(20)	19,326	19,427	102	(592)	(592)	0	18,916	18,998	81	0.4 %
2,158	142	(444)	1,856	Psychology Directorate	1,047	1,108	61	87	72	(16)	(250)	(244)	6	885	936	51	5.5 %
1,228	98	(245)	1,081	Speech And Language Therapy	596	614	18	41	49	8	(125)	(122)	2	512	541	28	5.3 %
3,888	915	(427)	4,376	Stewartry Lhp	1,846	1,944	98	359	385	27	(207)	(213)	(6)	1,998	2,116	118	5.6 %
1,151	640	(80)	1,711	Substance Misuse	533	576	43	277	324	47	(42)	(40)	2	768	860	92	10.7 %
8,744	1,117	(383)	9,479	Wigtown Lhp	4,271	4,380	109	607	556	(50)	(193)	(191)	2	4,684	4,744	60	1.3 %
<b>54,948</b>	<b>74,477</b>	<b>(6,559)</b>	<b>122,865</b>		<b>27,002</b>	<b>27,498</b>	<b>496</b>	<b>36,653</b>	<b>36,738</b>	<b>85</b>	<b>(3,354)</b>	<b>(3,295)</b>	<b>59</b>	<b>60,301</b>	<b>60,941</b>	<b>640</b>	<b>1.1 %</b>
<b>Corporate Services</b>																	
420	2,842	(1,480)	1,782	Chief Executive	195	210	15	2,338	2,191	(147)	(1,480)	(1,480)	0	1,054	921	(132)	(14.4)%
595	76	0	671	Director Of Health Services	306	306	(0)	20	24	4	0	0	0	326	330	4	1.1 %
1,913	793	(285)	2,420	Director Of Nursing	925	954	29	378	388	10	(140)	(144)	(4)	1,162	1,198	36	3.0 %
3,359	1,449	(256)	4,552	Director Of Public Health	1,567	1,659	93	713	733	20	(144)	(135)	9	2,135	2,257	122	5.4 %
2,124	723	(463)	2,383	Dir Of Hr & Workforce Strategy	1,075	1,111	36	332	368	36	(217)	(233)	(16)	1,190	1,247	57	4.5 %
1,255	1,357	(93)	2,519	Ehealth	602	625	23	543	553	10	(58)	(64)	(7)	1,088	1,114	26	2.3 %
1,374	29,914	(3,572)	27,715	Externals & Resource Transfer	671	687	16	14,737	14,595	(142)	(1,590)	(1,570)	19	13,819	13,712	(107)	(0.8)%
2,263	10,351	(5,254)	7,360	Finance Directorate	1,073	1,130	57	4,815	4,815	0	(2,655)	(2,623)	32	3,233	3,322	89	2.7 %
2,894	1,064	(119)	3,839	Medical Director	1,423	1,460	37	577	525	(53)	(50)	(61)	(11)	1,950	1,923	(27)	(1.4)%
1,639	11,076	(406)	12,309	Operational Property Services	726	816	90	5,052	5,168	116	(123)	(203)	(79)	5,655	5,781	126	2.2 %
7,185	2,899	(696)	9,388	Operational Support Services	3,490	3,566	76	1,508	1,430	(77)	(359)	(348)	11	4,638	4,648	10	0.2 %
<b>25,019</b>	<b>62,543</b>	<b>(12,624)</b>	<b>74,938</b>		<b>12,054</b>	<b>12,524</b>	<b>470</b>	<b>31,014</b>	<b>30,791</b>	<b>(222)</b>	<b>(6,817)</b>	<b>(6,861)</b>	<b>(44)</b>	<b>36,251</b>	<b>36,454</b>	<b>203</b>	<b>0.6 %</b>
<b>Reserves</b>																	
1,331	4,260	0	5,591	Reserves	0	0	0	0	(0)	(0)	0	0	0	0	(0)	(0)	1
<b>1,331</b>	<b>4,260</b>	<b>0</b>	<b>5,591</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>1</b>
<b>141,689</b>	<b>158,240</b>	<b>(19,549)</b>	<b>280,380</b>	<b>Total</b>	<b>69,009</b>	<b>70,134</b>	<b>1,125</b>	<b>76,123</b>	<b>75,955</b>	<b>(168)</b>	<b>(10,414)</b>	<b>(10,385)</b>	<b>29</b>	<b>134,718</b>	<b>135,703</b>	<b>986</b>	<b>0.7 %</b>

## EFFICIENCY MONITORING SCHEDULE 2009/10

		Data				
Division	Directorate/ Department	Sum of SGHD Target Figure	Sum of Deducted in base budget 2008/09	Sum of Still to be deducted from budgets 2009/10	Sum of Projected Saving CRES 09/10	Sum of Deducted from budgets 2009/10
Acute	Acute Services	250,000			250,000	250,000
	Allied Health Professionals	29,000			29,000	29,000
	Cancer Services	36,000			36,000	36,000
	Labs Directorate	72,000			72,000	72,000
	Radiology	31,000			31,000	31,000
	Waiting Times	600,000			600,000	600,000
	Womens Directorate	85,000			85,000	85,000
<b>Acute Total</b>		<b>1,103,000</b>			<b>1,103,000</b>	<b>1,103,000</b>
Corporate	Chief Executive	11,000			11,000	11,000
	Corporate	1,012,000	529,000		231,000	231,000
	Director of Health Services	10,000			10,000	10,000
	External Contracts	31,000			31,000	31,000
	Finance Directorate	47,000			47,000	47,000
	Human Resources	26,000			26,000	26,000
	IM&T	41,000			41,000	41,000
	Medical Director	24,000			24,000	24,000
	Medical Staff	110,000	110,000		0	
	Nursing Directorate	49,000			49,000	49,000
	Operational Services	881,000	280,000		601,000	601,000
	Pharmacy Dept	22,000			22,000	22,000
	Public Health	70,000			70,000	70,000
Telecoms	200,000		200,000	200,000		
<b>Corporate Total</b>		<b>2,534,000</b>	<b>919,000</b>	<b>200,000</b>	<b>1,363,000</b>	<b>1,163,000</b>
LHP	Annandale & Eskdale LHP	144,000			144,000	144,000
	Child Health	63,000			63,000	63,000
	Community Dental	13,000			13,000	13,000
	Family Planning & Sexual Health	5,000			5,000	5,000
	GP Prescribing Efficiencies	185,000		86,000	185,000	149,000
	GPOOH	33,000			33,000	33,000
	Learning Disabilities	33,000			33,000	33,000
	Mental Health Service	250,000			250,000	250,000
	Nithsdale & Dumfries LHP	121,000			121,000	121,000
	Psychology	21,000			21,000	21,000
	Speech & Language Therapy	13,000			13,000	13,000
	Stewartry LHP	81,270			81,270	81,270
	Substance Misuse	12,000			12,000	12,000
Wigtownshire LHP	165,000			165,000	165,000	
<b>LHP Total</b>		<b>1,139,270</b>		<b>86,000</b>	<b>1,139,270</b>	<b>1,103,270</b>
(blank)	Name of Department/ Directorate Against which efficiency is relevant				0	
(blank) Total					0	
<b>Grand Total</b>		<b>4,776,270</b>	<b>919,000</b>	<b>286,000</b>	<b>3,605,270</b>	<b>3,369,270</b>

**DUMFRIES and GALLOWAY NHS BOARD**

2 November 2009

**Access and Activity Report****Author:**

Stewart Cully, Information Services Manager

**Sponsoring Director:**

Jeff Ace, Director of Health Services

Jennifer Watt, Divisional Finance Manager

**Date:** 26 October 2009**RECOMMENDATION**

The Board is asked to note the contents of this report

**SUMMARY**

This report provides information on the level of clinical activity and access times achieved within services to 30<sup>th</sup> September 2009. It also highlights data on efficiency of clinical services as measured against current HEAT targets

**1. BACKGROUND**

Table 1 summarises the access targets approved as part of our Local Delivery Plans from April 2009.

**Table 1****Access to Service – recognising patients' need for quicker and easier use of NHS services**

- 48 Hour Access – GP Practice team
- Advance booking – GP
- Suspicion-of-cancer referrals (62 days)
- All Cancer Treatment (from time of diagnosis) (31 days by 2010)
- 18 weeks RTT (by 2011)
- New outpatients: Maximum 12 weeks from referral
- Inpatients & Day cases: Maximum 12 weeks
- Faster access to treatment for drug misusers
- Faster access to specialist Child and Adolescent Mental Health Services (CAMHS)

In addition to those above the following standards remain in place

<b>Delayed Discharges</b>	Zero
<b>Ophthalmology</b>	18 weeks from referral to procedure for cataracts
<b>Cardiology</b>	Total target of 16 weeks for new angina patients (including tertiary treatment)
<b>A&amp;E</b>	98% within 4 hours
<b>Hip Fractures</b>	98% surgery within 24 hours of admission

## 2. CURRENT POSITION AGAINST ACCESS TARGETS

Appendix 1 shows the waiting times for referral to treatment as at 30<sup>th</sup> September 09 for patients waiting for out patient appointments and inpatient / day case treatment. The appendix also shows the waiting times for the key diagnostic tests as of 30<sup>th</sup> September 09.

There were no patients waiting over twelve weeks for inpatient, outpatient and day case treatment.

There were no patients waiting over 4 weeks for a diagnostic test.

**Table 2**

The table below shows the most recent period of measurement in other areas compared to target:

	<b>Most recent period of measurement</b>	<b>Target</b>	<b>Actual</b>
<b>Cancer</b>			
62 Day Referral to Treatment Target for suspicion of cancer	To Sept 09 (provisional)	95%	91%
All cancer treatment 31days	To Apr 09 (next quarter available during October)	70%	94%
<b>18 week RTT</b>			
Admitted patient pathway performance	Sep 09	65%	90%
Admitted patient pathway completeness	Sep 09	65%	64%
<b>A&amp;E attendances</b>			
Attendances per 100k population	Sep 09	2782	2720
% of A&E waits under 4 hours	Sep 09	98%	97%
<b>GP Access</b>			
48 hour access	Mar 09 (by annual survey)	80%	93%
Advance booking		80%	78%

### 3. SIGNIFICANT PERFORMANCE ISSUES

- **Cancer**

Draft cancer performance for Q3 is included. These are provisional figures and subject to further revision.

- **A&E**

The slight downward trend in activity through A&E has continued however there is continued pressure on our ability to achieve the 98% treatment within 4 hours target.

### 4. CURRENT PERFORMANCE AGAINST CLINICAL EFFICIENCY TARGETS

The table below shows the current average performance against previous years average and year end target for clinical efficiency targets.

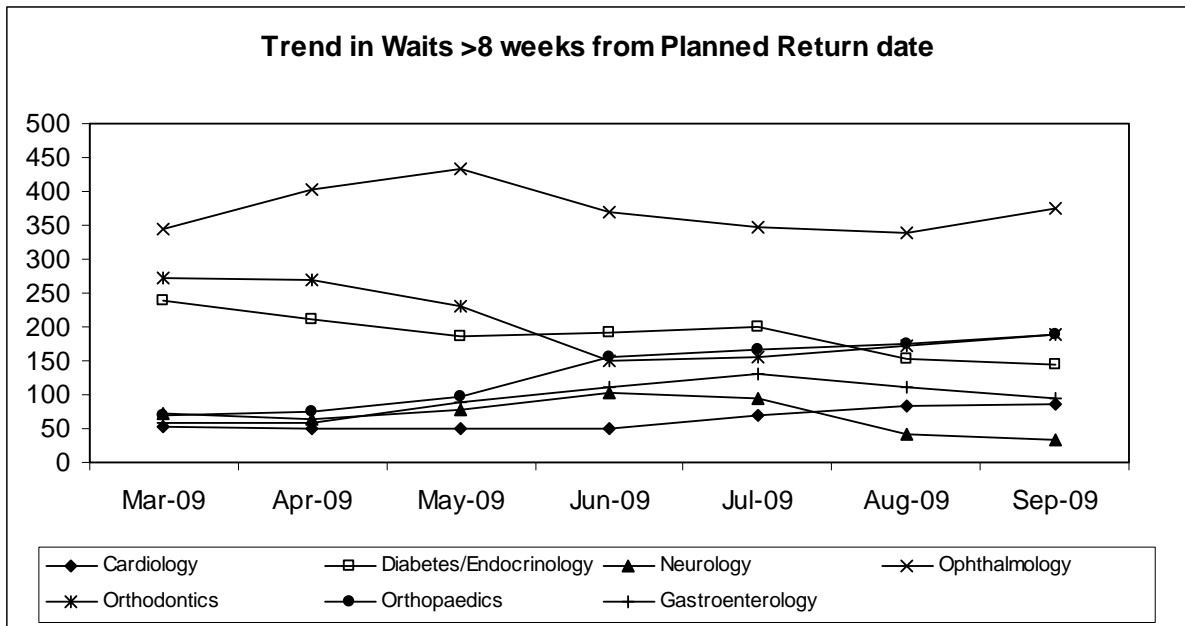
**Table 3**

<b>Efficiency Targets</b>	<b>Target as at 31/3/10</b>	<b>Average 2008/09</b>	<b>Average to date 2009/10</b>
Day Case rates (BADS procedures)	86%	75.5%	77.6%
Non routine Inpatients Average Length of Stay *	4	4.1	4.0
Review per new outpatient attendance	1.9	2.0	2.1
Outpatient DNA rates New	4.8%	4.79%	4.8%

\* ALOS based on all non routine episodes and not completed hospital stays

Figure 1 shows trends in numbers of return outpatients waiting 8 weeks beyond target return date.

Fig 2: Trends in Waits > 8 Weeks from Planned Return Date.



**5. ACTIVITY**

Appendix 2 shows the comparison of activity for the 2008/09 and 2009/10 for April to September. The level of emergency activity continues to exceed 08/09 levels.

We are engaged in a winter ward reconfiguration project in order to meet increased numbers of medical admissions forecast for winter 2009-10.

Appendix 3 shows trends in A&E activity and emergency admissions over a rolling 12 month period.

**6. CONCLUSION**

Performance against access and clinical efficiency targets is very satisfactory. The continued high level of non elective inpatient activity is causing system pressures and will need effective management to minimise potential service disruption during winter.

**MONITORING FORM**

Policy / Strategy Implications	<i>Waiting Times</i>
Staffing Implications	<i>Additional internal capacity may impact on workload/staffing levels</i>
Financial Implications	<i>Discussed with Director of Finance and Director of Health Services</i>
Consultation	<i>As above</i>
Consultation with Professional Committees	<i>N/A</i>
Risk Assessment	<i>N/A</i>
Best Value	<i>Complies with principles of Best Value</i>
Compliance with Corporate Objectives	<i>Corporate Objective 7</i>
Impact Assessment  <i>Not required</i>	

Inpatients and Day Cases Total						
	between 0 and 6 weeks	between 6 and 9 weeks	between 9 and 12 weeks	between 12 and 15 weeks	over 15 weeks	Total
<b>ALL</b>	<b>1747</b>	<b>240</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>2129</b>
<b>Percentage of total waiting made up of</b>	<b>82.1%</b>	<b>11.3%</b>	<b>6.7%</b>	<b>0.00%</b>	<b>0%</b>	
Cardiology	33	5	3	0	0	41
Community Dental	33	0	5	0	0	38
Dermatology	0	0	0	0	0	0
ENT	109	27	13	0	0	149
Gastroenterology	27	0	0	0	0	27
General Medicine	17	0	0	0	0	17
General Surgery	493	58	54	0	0	605
Gynaecology	123	18	2	0	0	143
Medical Paediatrics	8	0	0	0	0	8
Neurology				0	0	0
Ophthalmology	256	30	8	0	0	294
Oral Surgery	180	42	24	0	0	246
Pain Relief	25	2	1	0	0	28
Rehabilitation Medicine	1	0	0	0	0	1
Rheumatology						0
Trauma & Orthopaedics	321	54	32	0	0	407
Urology	121	4	0	0	0	125
	<b>1747</b>	<b>240</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>2129</b>

Outpatients						
	between 0 and 6 weeks	between 6 and 9 weeks	between 9 and 12 weeks	between 12 and 15 weeks	over 15 weeks	Total
<b>ALL</b>	<b>3391</b>	<b>681</b>	<b>280</b>	<b>1</b>	<b>0</b>	<b>4353</b>
<b>Percentage of total waiting made up of</b>	<b>77.9%</b>	<b>15.6%</b>	<b>6.4%</b>	<b>0.0%</b>	<b>0.00%</b>	
Anaesthetics( Pain)	54	28	12	0	0	94
Cardiology	152	52	38	0	0	242
Clinical Oncology	8	0	0	0	0	8
Dermatology	247	3	0	0	0	250
Endocrinology & Diabetes	127	23	3	0	0	153
ENT	302	45	16	0	0	363
Gastro enterology	84	21	13	0	0	118
General Medicine	118	11	1	0	0	130
General Surgery	425	110	41	0	0	576
Geriatric Medicine	32	2	4	0	0	38
Gynaecology	310	85	41	0	0	436
Haematology	15	0	0	0	0	15
Medical Paediatrics	79	7	1	0	0	87
Nephrology	8	0	0	0	0	8
Neurology	42	3	2	0	0	47
Ophthalmology	374	87	36	0	0	497
Oral Surgery	156	5	0	0	0	161
Orthodontics	55	12	0	0	0	67
Palliative Medicine	3	0	0	0	0	3
Rehabilitation	8	1	0	0	0	9
Rheumatology	91	26	17	0	0	134
Trauma & Orthopaedics	587	154	55	1	0	797
Urology	114	6	0	0	0	120
	<b>3391</b>	<b>681</b>	<b>280</b>	<b>1</b>	<b>0</b>	<b>4353</b>

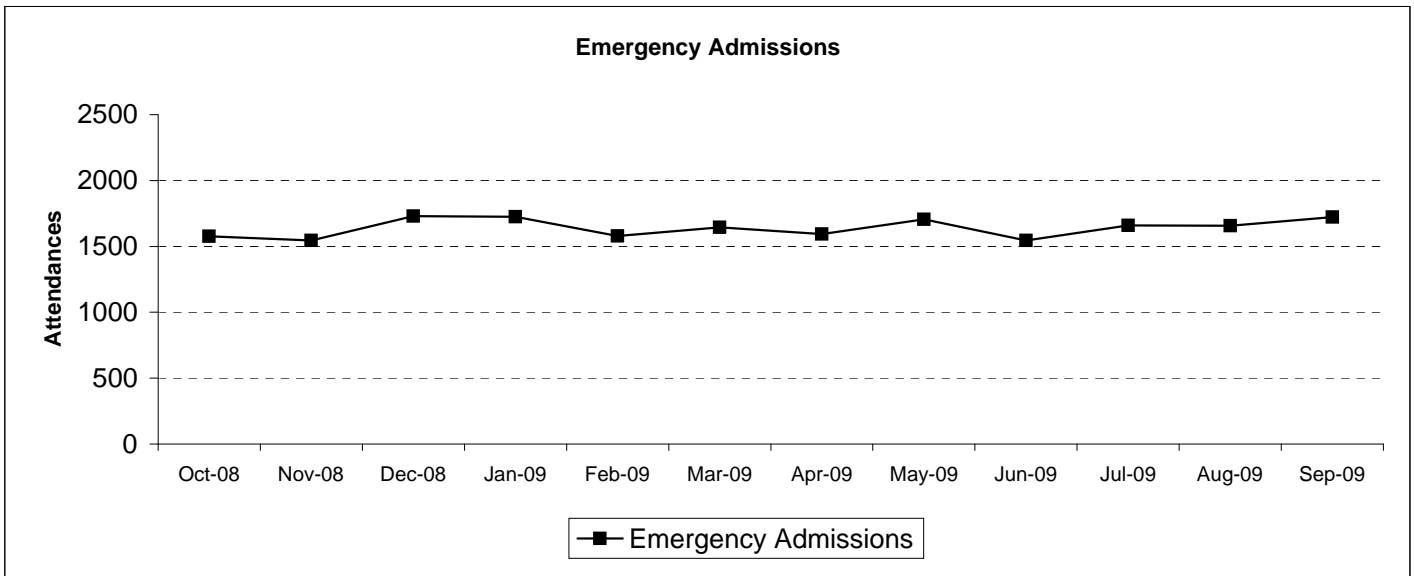
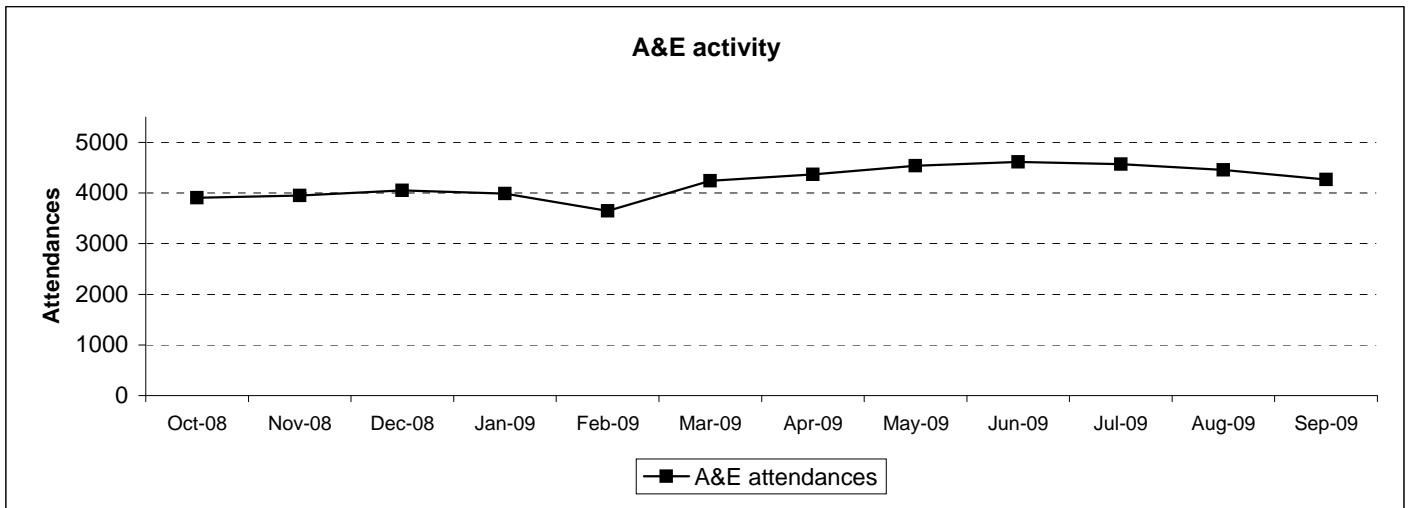
Diagnostics					
	between 0 and 4 weeks	between 4 and 6 weeks	between 6 and 9 weeks	over 9 weeks	Total
Upper Endoscopy	125	0	0	0	125
Lower Endoscopy	19	0	0	0	19
Colonoscopy	104	0	0	0	104
Cystoscopy	60	0	0	0	60
CT Scans	38	0	0	0	38
MRI	127	0	0	0	127
Ultrasound	62	0	0	0	62
Barium Studies	0	0	0	0	0
DEXA	1	0	0	0	1
Isotopes	2	0	0	0	2
	<b>538</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>538</b>
<b>Percentage of total waiting</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0%</b>	

## NHS Dumfries and Galloway

### Comparison of Activity April to September 2008/09 and 2009/10

		Cum Apr- Sep-08	Cum Apr- Sep-09	% Variance
<b>Elective</b>	<b>( Acute, Maternity and Geriatric)</b>			
	<b>Inpatients</b>	4058	3865	-4.8%
	<b>Day Cases</b>	7766	8202	5.6%
	<b>Day Patients (Haemodialysis)</b>	4,246	4,485	5.6%
	<b>New Out patients</b>	18,973	19,068	0.5%
	<b>Return Outpatients</b>	37,463	39,121	4.4%
<b>Emergency</b>	<b>( Acute, Maternity and Geriatric)</b>			
	<b>Inpatients</b>	9,182	9,877	7.6%
	<b>A&amp;E</b>	25,537	26,823	5.0%
<b>Births</b>		726	757	4.3%
<b>Community Hospitals</b>				
	<b>Occupied bed days</b>	21,500	22,358	4.0%
<b>Mental Health</b>	<b>( General &amp; Psychogeriatric - CRH)</b>			
	<b>Inpatients</b>	270	313	15.9%
	<b>Occupied bed days</b>	11,833	11,496	-2.8%
<b>Labs</b>				
	<b>Radiology (GP referral based activity)</b>	7,788	7,875	1.1%

Source Information Services



**DUMFRIES AND GALLOWAY NHS BOARD**

Agenda Item 13

2 November 2009

**MID YEAR HEAT SUMMARY****Author**

Jeff Ace, Director of Health Services

**Sponsoring Director**

Jeff Ace, Director of Health Services

**Date:**

26 October 2009

**RECOMMENDATION**

NHS Board is asked to note the latest high level performance data on progress against 2009/10 HEAT targets.

**SUMMARY**

The Scottish Government assesses the performance of individual Health Boards against a balanced scorecard of performance indicators covering;

- Health Improvement
- Efficiency
- Access
- Treatment Quality

For each indicator, the Board sets a performance trajectory that allows progress towards end target to be effectively monitored at a local and national level. Detailed performance reports on indicators are provided periodically to the Board's Scrutiny Committee. This report provides a high level snapshot of performance across all indicators from latest data release.

**PERFORMANCE**

Appendix 1 is a summary of latest data releases on Board performance against each indicator. Taking each field in turn;

- **Health Improvement**

Performance in dental registrations and smoking cessation is very satisfactory, with both on target to achieve outturns. The draft HEAT for 2010/11 will replace the dental registration target with a measure relating to fluoride coating activity.

Considerable work is underway to improve data collection and reporting for the other Health Improvement targets. This is a national as well as local difficulty, but local initiatives should deliver more contemporary and detailed activity statistics with which to manage delivery of these targets.

- **Efficiency**

Performance is strong and broadly as expected. Data collection issues continue to distort the Annual Development Review figure reported; these are being actively resolved. Energy usage is currently being used as a proxy for the CO<sub>2</sub> reduction target and it is anticipated that this indicator will be refined in 2010/11.

- **Access**

Performance in this field is extremely strong. There are again some data collection issues around non admitted pathways that are being addressed at national level.

- **Treatment Quality**

Performance is broadly satisfactory, with good progress evident in further reducing healthcare associated infection rates. Indicators on admissions for long term admissions and bed days for the over 65s have been distorted by changes in data collection definitions which will be rectified in the 2010/11 HEAT. NHS D&G in common with the rest of Scotland, is experiencing difficulty in achieving the zero growth target in anti-depressant prescriptions. The future of this target is now under review nationally.

## **CONCLUSIONS**

Once adjustments are made for data collection and analysis glitches, the high level performance picture for NHS Dumfries & Galloway is satisfactory and no particular remedial actions are recommended at this stage. Detailed reports on individual indicators and variance from plan will continue to be taken to Scrutiny Committee as required.

**MONITORING FORM**

Policy/Strategy Implications	<i>None</i>
Staffing Implications	<i>None</i>
Financial Implications	<i>Already in LDP</i>
Consultation	<i>For initial LDP</i>
Consultation with Professional Committees	<i>For initial LDP</i>
Risk Assessment	<i>For initial LDP</i>
Best Value	<i>For initial LDP</i>
Compliance with Corporate Objectives	<i>Corporate Objective 7</i>
<b>DIVERSITY ASSESSMENT</b>	
<i>Nationally</i>	

## NHS Dumfries &amp; Galloway: High Level Performance Summary

Appendix 1

	ID	Measures	Units	Baseline		Latest Performance			Target	
				Date	Value	Date	Actual	Planned	Date	Value
Health Improvement	H2.KPM1	Dental Registrations	% of 3-5 yr olds	Mar-07	66.31	Mar-09	84.22	81	Jun-10	80
	H3.KPM1	Healthy Weight of Children	Number of interventions			Mar-09	23	50	Mar-11	571
	H4.KPM1	Alcohol Brief Interventions	Number of interventions			Mar-09	419	500	Mar-11	4,357
	H5.KPM1	Suicide Prevention	% of frontline staff	Dec-08	12.17	Dec-08	12.17	10	Dec-10	50
	H6.KPM1	Smoking Cessation	Number of cessations			Dec-08	645	599	Dec-10	2,139
	H7.KPM1	Breastfeeding at 6-8 weeks	% of babies	Mar-07	23.29	Mar-09	23.35	24	Mar-11	29.2
	H8.KPM1	Inequalities Health Checks	Number delivered			Jun-09	0	100	Mar-10	600
Efficiency	E4.KPM1	Efficiency savings: Same Day Surgery	% of procedures	Mar-08	70	Jun-09	77.6	75	Mar-10	82.32
		Efficiency Savings: Emergency IP								
	E4.KPM2	Average LOS	Days	Mar-07	4.25	Jun-09	4	3.9	Mar-11	3.88
		Efficiency savings: Review to New OP								
	E4.KPM3	Attend Ratio	Ratio	Mar-07	2	Jun-09	2.1	1.9	Mar-11	1.91
		Efficiency Savings: New OP Appointment								
	E4.KPM4	DNA Rates	% of outpatients	Mar-07	5.11	Jun-09	4.8	4.9	Mar-10	4.65
	E5.KPM1	Financial Performance	GBP 000s			Aug-09	-54	625	Mar-10	1,500
	E6.KPM1	Cash Efficiencies	GBP 000s			Aug-09	6,494	6,524.25	Mar-11	14,129
		Online Triage of New Outpatient								
E7.KPM1	Referrals	% of referrals	Sep-08	0	Aug-09	7.07	30	Mar-10	90	
E8.KPM1	Reduce Energy Consumption	GJ	Mar-08	155,050	Mar-09	164,149		Mar-10	148,910.17	
E9.KPM1	CHI Utilisation (radiology requests)	% of radiology requests	Apr-09	95	Aug-09	96.02	95	Apr-10	95	
E10.KPM1	KSF Personal Development Plan Review	% of AfC staff	Apr-09	4.43	Jun-09	4.43	53	Mar-11	80	

## NHS Dumfries &amp; Galloway: High Level Performance Summary

	ID	Measures	Units	Baseline		Latest Performance			Target	Value
				Date	Value	Date	Actual	Planned	Date	
Access	A8.KPM1	48 Hour Access GP Practice Team	% of patients	Mar-09	92.95	Mar-09	92.95	80	Mar-11	90
	A8.KPM2	Advance booking GP	% of patients	Mar-09	78.12	Mar-09	78.12	80	Mar-11	90
	A9.KPM1	Suspicion-of-cancer referrals (62 days)	% of suspicious referrals	Jun-09	91	Sep-09	95	95	Mar-10	95
	A9.KPM2	All Cancer Treatment (31 days)	% of cancer referrals	Jun-09	70	Jun-09	70	94	Mar-10	80
	A10.KPM1a	18 weeks RTT: Admitted Performance	% of patients	Apr-09	60	Sep-09	65	90	TBC	
	A10.KPM1b	18 weeks RTT: Admitted Completeness	% of clock stops	Apr-09	50	Sep-09	65	64	Dec-10	100
	A10.KPM1c	18 weeks RTT: Non-admitted Performance	% of patients	Apr-09	60	N/A	N/A	N/A	TBC	
	A10.KPM1d	18 weeks RTT: Non-admitted Completeness	% of clock stops	Apr-09	20	N/A	N/A	N/A	Dec-10	100
	A10.KPM2	New outpatients: Maximum 12 weeks from referral	Patients	Apr-09	0	Sep-09	0	0	Mar-10	0
	A10.KPM3	Inpatients & Day Cases: Maximum 12 weeks	Patients	Apr-08	124	Sep-09	0	0	Mar-10	0
Treatment		QIS: Improving Clinical Governance and Risk								
	T2.KPM1	Management Standards	Score	Mar-07	6	Mar-07	6		Mar-11	10
	T3.KPM1	Prescribing of Anti-depressants	DDDs per capita	Jun-06	29.96	Mar-09	34.16	33.2	Mar-10	33
	T4.KPM1	Reduction of Psychiatric Readmissions	Readmissions/yr	Dec-04	118	Mar-08	85	95	Dec-09	106
	T6.KPM1	Hospital Admissions for Long Term Conditions	Admission/100k pop/yr	Mar-07	1,653	Mar-08	1,759.27	1636	Mar-11	1,620
	T8.KPM1	Balance of care for older people complex care needs	% of 65+ with care needs	Mar-03	39.88	Mar-08	41.81	42	Mar-10	42
	T9.KPM1	Dementia	Patients on register	Mar-07	902	Mar-09	1,007	1000	Mar-11	1,417
	T10.KPM1	A&E Attendances	Patients/100k pop/yr	Mar-08	2,828.50	Aug-09	3,011.17	2,920	Mar-11	2,464
	T11.KPM1	MRSA Reduction	Infections/yr	Mar-06	68	Aug-09	20	18	Mar-10	44.2
	T11.KPM2	C.diff infections	Infections/1000 OCBD/Yr	Mar-08	1.63	Aug-09	1.27	1.65	Mar-11	0.98
	T12.KPM1	Reduction in Emerg bed days for patients aged 65+	Days per 1000 pop/yr	Mar-05	2,341.70	Mar-08	2,677.79	2000	Mar-11	2,090.19

**DUMFRIES AND GALLOWAY NHS BOARD**

November 2009

**Board Briefing****CONTENTS**

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 Delivering Dynamic Improvement  
 The Allotment  
 Health Improvement Practitioner Specialist for Education and Young People  
 Sonas – Health Improvement in Annandale and Eskdale  
 Video Conferencing  
 Satisfaction Survey  
 Healthy Living Award - Update

**REGULAR FEATURES**

Delivering for Health Update  
 Freedom of Information Report – September 2009  
 A Marketplace for ideas – Diversity Awareness Week  
 New from the Scottish Executive including HDLs  
 New Appointments  
 Current Consultations

**Excellence in Care Programme**

The fourth cohort of nurses to experience the Excellence in Care programme are Specialist and Consultant Nurses and the programme started in October 2009.

The aim of the programme is to support Specialist and Consultant Nurses in continuing to deliver a high standard of care and to ensure that, where improvement can be made, we achieve this together.

As with previous programmes, the participants will undertake Learning and Development on the following:

- Standards of essential care
- Documentation
- Cleanliness and HAIs
- Supporting and developing staff
- Healthcare Governance
- Working in the wider Organisation

These sessions are tailored to the Specialist's agenda and underpinned by the clinical services strategy work. There is a clear focus on the management of long term conditions.

### **Healthcare Environment Inspectorate**

A visit to DGRI took place 22 October 2009 and a draft report is due for release on 9 November 2009. Final report will be published 30 November.

### **A Marketplace for ideas**

NHS Dumfries and Galloway were recently involved in the region's first diversity week. In partnership with the Council, police, fire and rescue service, local colleges and voluntary organisations, a week of events was organised to promote positive messages regarding diversity. The events enabled the public and service providers and users to find out more about what's happening locally and to encourage them to participate in a range of activities to promote good relations.

A key aim for Diversity Week was to hear from local people about how the partner organisations can make services more accessible to them and improving that access in terms of age, disability, gender and transgender issues, race, religion or belief and sexual orientation.

The NHS Board was involved in 2 open exhibitions, one in Stranraer and one in Dumfries, both of which included round table discussions and an information gathering questionnaire. The information gathered will be used to shape the Board's future action plans on equality. Furthermore ongoing patient focus and public involvement work together with the involvement of voluntary organisations in the equality working groups will shape the Board's commitment and build momentum for change.

### **Carers Information**

As referred to last month training sessions continue for Carers in Dumfries & Galloway, through the Carers Information Strategy. The aim of the training is to enhance Carers' ability to carry out their caring duties. These sessions cover Stress Management/Coping Mechanisms, and will begin in Stranraer (4<sup>th</sup> Nov), Lockerbie (7<sup>th</sup> Dec) and Dumfries (20<sup>th</sup> Jan).

The Analysis of a Carers' survey informed which topics are to be offered. And by advertising the sessions extensively throughout the region, as well as asking

Community NHS staff to inform Carers of these opportunities, it is anticipated that Carers not previously known will be identified and reached by the organisation

### **Infection Control Awareness Week**

Infection Control Awareness Week is being held from Monday 26th October to Friday 30th October, involving all cottage hospitals, DGRI and the Galloway Community hospital.

Each of the cottage hospitals has been provided with glow boxes to use as an awareness raising tool for staff and members of the public to highlight correct hand hygiene technique. The Infection Control Team has provided staff with leaflets and other hand hygiene materials in order to raise awareness and increase compliance. The Infection Control Team currently has achieved excellent 96% compliance within Dumfries and Galloway with staff taking the opportunity to wash their hands according to “the five moments for hand hygiene” recommended by the world health organisation.

The Infection Control Team will be in DGRI Monday to Thursday during the day and will visit the Galloway Community Hospital on Friday this week. Everybody involved will have the chance to win a prize by completing an infection control quiz. There will also be a suggestion box available for staff and the public to contribute their ideas and constructive suggestions regarding healthcare hygiene and infection control issues.

### **SMART FLATS –Telecare Awareness Raising**

Marion Glover, Telecare Development Manager, has provided the under noted summary report on the Smart Flats Project used to promote awareness of Telecare.

In January 2007, via Community Regeneration Fund finance, 2 flats were leased from Loreburn Housing Association and opened as demonstration “Smart Flats” in Stranraer and Dumfries. Their purpose was to raise awareness of what Telecare and Care Call equipment could do to help vulnerable service users in their own homes by offering staff, service users, carers and the public the chance to see equipment working in a domestic setting. A wide selection of other OT and sensory support equipment was also installed. 19 staff demonstrators (“champions”) were recruited and trained from among social care, OT and health practitioners. The booklet SMART IDEAS was printed and circulated widely, raising the profile of both the flats and Telecare equipment, as well as providing a range of useful information about other services, support, supplementary aids and appliances.

Good press publicity at the start of the project was supported by widespread distribution of SMART IDEAS publication across GP surgeries, via Elderly Forum circulation, Food Train, all Care Provider agencies, social services and health staff teams, and talks to a range of support groups for sufferers of Long Term Conditions. Other means were used such as websites and inserts in varied newsletters as well as the Council’s Broadcast magazine for all households in the region. Several reprints of SMART IDEAS were required and it was positively regarded as a practical guide not only by local staff/ service users but also people from other regions across Scotland.

From the 32 month period since the flats opening in January 2007 there were at the very least 145 demonstrations provided and 600 attendances

The attendance log indicated a broad spread of representation - from staff groups, potential service users and carers and general public.

Feedback on visits to the flats was tremendously positive eg comments recorded included *“full of positive ideas for independent living”, “really amazing what technology can do to support people”, “ideal way of making public aware”, and “helpful to have knowledge of different devices available for future reference”* etc.

The raising of awareness has undoubtedly helped the public to understand the value of Telecare and demand for care needs assessments has certainly increased steadily.

At the end of September 09, there had been 464 new installations since the Telecare Project commenced in April 07 – a clear demonstration of the value of the Smart Flats project.

Following the necessary decision taken to return the flats for residential use, it was decided that a different way of reaching people was to offer *“to take the equipment to the people rather than the people to the equipment”*. Several cases of sample Telecare sensors/detectors have been purchased and are available within OT areas in parts of the region as well as being entirely portable for taking into people’s own homes or elsewhere. The Care Call technicians are also a valuable resource to offer information / guidance on the technology’s potential.

It now becomes essential that the sound basis is continued and that Telecare becomes embedded as a future service. The SMART IDEAS booklet will continue to be updated and made available for distribution as it has been found to be so useful.

## **Congratulations!**

### **Community Volunteer Award Wigtown – Jon Dunlop**

Jon Dunlop, who has been a volunteer for the last two years working with the Galloway Strollers as walk leader, co-ordinator and organiser of walks in the Newton Stewart area, was recently presented with Community Volunteer Award for his dedication and commitment to volunteer walk programmes. As a former carer himself he understands many of the issues experienced by others and combines his Volunteer Walk role with volunteering with the Princes Trust for Carers. According to Kirsty McKie, Health Improvement Officer, Wigtown LHP: “Jon is fantastic. When the Walk Co-ordinator from the Strollers went on maternity leave Jon stepped in to be the point of contact for the leaders. He goes beyond the call of duty and is greatly respected by the other leaders. He has worked hard in particular to engage with hard to reach groups. He is fully deserving of this special award and NHS Dumfries and Galloway both appreciate and values his enormous contribution to the health and wellbeing of others.”

## **Reg Mason – Retirement**

Reg Mason retires at the end of October some 52 years after he started training as a nurse at Bradford Royal Infirmary in 1957. After a lifetime of service in nursing Reg has in recent years acted as the specialist Manual Handling adviser to NHS Dumfries and Galloway responsible for carrying out mandatory training and offering specialist advice to all those employees requiring such instruction. He moved to NHS Dumfries and Galloway in 1981 to become senior nursing officer at Lochmaben Hospital following a varied career in various health authorities south of the Border. His service is a remarkable achievement and NHS Dumfries and Galloway in expressing their gratitude for his dedicated service, takes this opportunity to wish him a happy and successful retirement.

## **New Appointments**

Sally Holmes joined NHS Dumfries and Galloway on 19 October as our new Patient Services Manager. She joined us from 2gether NHS Foundation Trust, Gloucester

## **Health for Kids Award – Douglas Ewart High School Project Runner – Up!**

Emma Keery, School Nurse working at the Douglas Ewart High School in Newton Stewart and two local pupils, Sarah Todd and Shane O'Brien, scooped the prestigious runner-up award in the national Health for Kids Programme. She has been working with third year pupils on an innovative SXPERTS Project which delivers specialist workshops and training sessions on all aspects of sex and relationships. They were delighted as a result of their award to be invited to No 10 Downing Street to meet Prime Minister Gordon Brown and his wife – a fitting reward to a dynamic and enthusiastic team.

## **Delivering Dynamic Improvement**

The latest session for managers and senior staff involved in the Delivering Dynamic Improvement programme took place on Friday 30 October. Keynote speakers included, Caroline Sharp, Director of HR and Workforce Strategy, Professor Graeme Martin, University of Glasgow, Hazel Borland, Director of Nursing and Patient Safety, and Margaret Murphy, World Alliance for Patient Safety. The afternoon session involved a "Question Time" event chaired by the Board's Head of Communications.

## **The Allotment**

The offshoot stall of the Allotment – the joint fruit and vegetable outlet run by NHS Dumfries and Galloway and Nithsdale Council of Voluntary Service – based in the foyer of DGRI each Wednesday has proved to be a positive success with good feedback about product quality, and offering an incentive for service users to purchase their fruit and vegetable needs at the same time as they are fulfilling their hospital appointment often negating the need for them to stop off in town.

## **Health Improvement Practitioner Specialist for Education and Young People**

Laura Fairbairn, previously involved in delivering the “Speakeasy” programme to parents has been appointed to lead the strategic development in helping the region’s young people to think about the importance of healthy eating and active living. Laura is looking forward to working in partnership with Dumfries and Galloway Council, with Education colleagues and with young people in taking forward this new role. And in particular the implementation of the Schools (Health Promotion and Nutrition) Scotland, Act and the delivery of the health and wellbeing outcomes within Curriculum for Excellence.

## **Sonas – Health Improvement in Annandale and Eskdale**

The Sonas Unit based in Annan – the Health Improvement Team in Annandale & Eskdale recently celebrated its fifth birthday. Some of the recent initiatives include:

- Staff Health Needs Assessment – working towards the Bronze Award through Healthy Working Lives. A Needs Assessment has been completed and will be reported to the Governance Group in November with a view to including the feedback and outcome into the LHP Action Plan.
- Go 4 It programmes – two successful Go 4 It programmes have been run in Lockerbie and Annan in partnership with School nurses, Active Schools Project and the local Leisure Trust. Both 8 week programmes were evaluated positively.
- Attendance by Health Improvement Team at this year’s National Play Day event in Langholm
- Let’s Cook Initiative – Community Food & Health – an exciting new partnership between the Board’s Area Dietetics Service and the LHP, designed to provide practicable accessible cookery sessions for mums, dads and carers to help build their knowledge of healthy eating and encourage skills in preparing affordable healthy home cooked meals.

Further information from [www.sonashealthimprovement.scot.nhs.uk](http://www.sonashealthimprovement.scot.nhs.uk)

## **Video Conferencing**

The Board’s IT department recently facilitated the use of video conferencing facilities for 10 patients undergoing post bariatric surgical review appointments via the Video Conferencing clinic at Aberdeen Royal Infirmary. Staff in both centres (DGRI and Aberdeen) and the patients gave very positive feedback on this initiative which made use of VC facilities in the Dental Centre DGRI on a trial basis. Patients were particularly keen to see this model of follow up care continue – a good news story in telemedicine.

## **Satisfaction Surveys**

Overall levels of satisfaction good with Thomas Hope Hospital achieving 100% in all categories.

**Healthy Living Awards**

Congratulations to Lochmaben Hospital on receiving award. D&GRI HLA has been extended for two years, after inspection in August.

## **New from Scottish Government Health Directorate**

*PCA(P)(2009)18: Community Pharmacy Services: Drug Tariff Remuneration and pt 7 and part 11 Reimbursement Arrangements for 2009-10*

This Circular advises of remuneration and Tariff Pt 7 and Pt 11 reimbursement arrangements for community pharmacy contractors providing pharmaceutical services as included in the Drug Tariff to apply for the year 1 April 2009 to 31 March 2010

*CEL 39 (2009): Specialty Doctor and Associate Specialist 2008 Contracts*

Following on from CEL 56 (2008) this CEL provides pay on assimilation examples with principles and a further FAQ on Eligibility of Locums.

*CMO (2009) 10: Guidance on Completion of Medical Certificates of the Cause of Death*

National guidance to facilitate a consistent approach to death certification for Healthcare Associated Infection across NHS Scotland.

*PCA(M)(2009)12: The Adult Support and Protection (Scotland) Act 2007: GPs Undertaking Duties Under the Act.*

This circular provides a summary of the information regarding the Act and also confirms current arrangements for those seeking payment for undertaking duties associated with the Act.

*CEL 40 (2009): Guidance for NHS Boards on Accepting Charitable Donations.*

A letter from the Director of Health Finance attaching a guidance note to NHS Boards on the acceptance of donated assets and the associated risks to consider in doing so.

## Freedom of Information Requests

During September 2009, 23 requests were made under the Freedom of Information Act.

Received	Name Job title / Organisation	Description	Closed
7-Sep-2009	Ms Jackie Baillie MSP The Scottish Parliament	<p>1. The average and maximum waiting time for, IVF treatment in your board area.</p> <p>2. How many individuals are waiting for IVF treatment?</p> <p>3. Whether your health board will fund patients waiting for IVF treatment to attend a neighbouring health board with shorter waiting times.</p>	23-Sep-2009
2-Sep-2009	Mr Robert McAulay News Reporter The Sun	Could you give me details of how many employees working in your NHS area receive private health care as part of their employment package? Could this information be broken down to show: 1.) How many employees in total are in receipt of this benefit. 2.) Their level of employment within your NHS area. 3.) How much your NHS area pays in total for this staff benefit? 4.) How long your NHS area has been paying this staff benefit.	21-Sep-2009
8-Sep-2009	Mr Matthew Bradshaw Not known	Could you please provide a schedule of all current and pending applications for new Pharmacy Licenses? Could you please provide all previous applications from Jan 2008 to present, including any 'relocation of existing' license applications? Could you please provide details of the applications inc. Applicant, Post Code of proposed site, when they are due to be heard at Local Panel and National Appeal Panel if applicable and decision of each application.	21-Sep-2009
9-Sep-2009	Mr Iain Harrison Journalist The Sunday Post	1. In each of the last three calendar years, how many babies were born in your health board area outside of a designated hospital labour unit? 2. Of those, how many were planned home births? 3. For each baby born outside of a designated hospital labour unit but not a planned home birth, please provide specific details of the location of the birth? These may include, but are not limited to, unplanned home births, births in an ambulance, in transit to the hospital, in A&E, in an antenatal ward or area, on a postnatal ward, in a maternity reception or in other parts of the hospital.	23-Sep-2009

10-Sep-2009	Ms Charlotte Otter Reporter Centre Press	The total cost spent on drugs in Dumfries and Galloway from the beginning of 2009; The quantity of drugs mislaid within this period and their estimated value The quantity of drugs stolen within this period and their estimated value The quantity of drugs which were unused due to them reaching their expiry date and their estimated cost The quantity of drugs which went unused due to damage or tampering within this period and their estimated cost.	21-Sep-2009
11-Sep-2009	Ms Trish Godman MSP Scottish Parliament	Audit Scotland VTE Policy Survey	9-Oct-2009
11-Sep-2009	Mr Ian Houston Not known	The annual reports for NHS Dumfries and Galloway no doubt gives brief details of the number of Trade Suppliers Invoices which were paid late. Based on reported figures what is NHS Dumfries and Galloway's potential exposure to both the Late Payment of Commercial Debts (Interest) Act as well as the supplementary Late Payment of Commercial Debts Regulations of 2002 arising in respect of all late paid invoices reported in the Annual Reports for NHS Dumfries and Galloway for the years 2002/2003 to 2008/2009. In addition please also confirm details of: Claims received by NHS Dumfries and Galloway under the Late Payment Legislation during the same periods? Claims paid by NHS Dumfries and Galloway under the Late Payment Legislation during the same periods?	23-Sep-2009
11-Sep-2009	Dr Richard Simpson MSP The Scottish Parliament	Alcohol misuse - Please provide me with the account for these funds for 2007-08 and for 2008-09. Also, could you please provide me with the outturn for 2008-09, the fund provided for 2008-09 and the budget for 2009-10 boards for provision of alcohol treatment and support services	9-Oct-2009
14-Sep-2009	Mr Dean Herbert Journalist HE Media	a) Details of all foreign trips taken on official business by NHS managers and staff since January 2007.b) Details of all conferences/team building events attended in the UK by NHS managers and staff since January 2007.c) Details of the number of staff who attended each trip/event and the total cost of each trip/event.	13-Oct-2009
15-Sep-2009	Mr Gordon Blackstock Reporter The Sunday Post	How many people have been admitted/discharged to hospitals in your health board as a result of excessive use of GBL (Gamma Butyrolactone) and/or GHB Gamma-Hydroxybutyric acid for the year 2008/09? And for these two substances can you break the figure into male and female.  Can you also supply the same figures for 2007/08, 2006/07, 2005/06 and 2004/05	21-Sep-2009

15-Sep-2009	Mr Paul Hutcheon Reporter Sunday Herald	How much, in each financial year since 2005/06, have executive grade staff been paid in performance-related pay? Please break down according to "outstanding", "superior", "fully acceptable" and "incomplete". I would also like to know how many staff received performance-related rises in each year, broken down by financial year.	13-Oct-2009
16-Sep-2009	Mr Philip Martin	<p>Please disclose any communication that the Board sent to the Scottish Public Services Ombudsman (SPSO) relating to the actions of the Scottish Information Commissioner (SIC) against the Board. If any such communication was sent by the Board to the SPSO, it was received by the SPSO on 6 August 2009. I do not know the date it would have been sent (please confirm this precise date if held) but suspect it would have been in July 2009 or August 2009 (due to the date of receipt), so I hope this helps as regards your search. The SPSO would have replied to the Board by around mid-August 2009 - please also disclose this communication and its precise date. In the original request above, the word "against" has been used - more for clarity than anything else. However, it is not confined to (although it does include) actions strictly "against", i.e. adverse to, the Board but "against" in this context should be interpreted as meaning "in relation to". "Actions" would include the way the SIC has dealt with the Board or handled it, as well as strictly action. A transfer is inappropriate, since the SPSO cannot release the information (under an exemption that applies to the SPSO but does not apply to the Board or would not apply if the Board holds the information). (Nor would the SPSO appear to be able to disclose to yourselves whether or not you had been involved in this communication, under the legislation involved, so it is therefore unnecessary for you to make enquiries of the SPSO. Instead, the likely contact parts of the Board with the SPSO and with SPSO concerning SIC matters are the places to retrieve information from.) As there is no indication the SIC was involved in any communications between the Board and the SPSO, the information is unlikely to be held by the SIC. The only authority I am interested in whether it holds this information, and if so the contents of it, is the Board. The "Board" obviously means your organisation and not just strictly the Board itself.</p> <p>Further details requested 16/09/09</p>	23-Sep-2009
16-Sep-2009	Mr Mihail Petkov Researcher Scottish Parliament	How many wounded members of the armed forces have been admitted to health facilities (hospitals, other facilities, etc), immediately on return to UK from their service in Afghanistan, broken down for each year, for the last four years? Furthermore, please, take into account the following items in replying to this request: The information sought covers the time period from 15 September 2005 to 15 September 2009; The information sought is best preferred in the form of statistical data. Other feasible forms, among others, may include: internal/external reports, emails, letters, memos, faxes, minutes of meetings, transcripts of meetings, etc.; In order to keep the costs down, and to the extent practically possible, the information sought should be provided in electronic form; Please, conduct your search within the timeframe of two and a half working days unless you incur costs more than £600, at which point you will terminate your search and provide me with the information you will have hitherto gathered;	21-Sep-2009

16-Sep-2009	Mr Mihail Petkov Researcher Scottish Parliament	How many wounded members of the armed forces have been admitted to health facilities (hospitals, other facilities, etc), immediately on return to UK from their service in Afghanistan, broken down for each month for the last 12 months? Furthermore, please, take into account the following items in replying to this request: The information sought covers the time period from 15 September 2008 to 15 September 2009; The information sought is best preferred in the form of statistical data. Other feasible forms, among others, may include: internal/external reports, emails, letters, memos, faxes, minutes of meetings, transcripts of meetings, etc.; In order to keep the costs down, and to the extent practically possible, the information sought should be provided in electronic form; Please, conduct your search within the timeframe of two and a half working days unless you incur costs more than £600, at which point you will terminate your search and provide me with the information you will have hitherto gathered;	21-Sep-2009
16-Sep-2009	Ms Emma Snodgrass Journalist BBC Scotland	1.For the last five financial years (April to April) i)The number of cases seen by each hospital within your area, and marked as related or thought to be related to domestic violence, broken down by month and by ethnic background. ii) Of these, how many were admitted for a hospital stay of one night or more, broken down by year iii) of these how many were admitted for a hospital stay of more than four nights, broken down by year. 2. For the period from the start of May to present i)The number of cases seen by each hospital within your area, and marked as related to domestic violence, broken down by month and by ethnic background. ii) Of these, how many were admitted for a hospital stay of one night or more, iii) of these how many were admitted for a hospital stay of more than four nights 3.i) the number of midwives trained in domestic violence attached to each hospital within your health board. (if part time indicate as proportion eg 0.5) ii) the total number of midwives attached to each hospital within your health board	21-Sep-2009
21-Sep-2009	Ms Nicola Birrell Researcher Scottish Liberal Democrats	How many nurses or other NHS workers have sustained an injury while (a) lifting patients or (b) assisting patients with mobility difficulties, in each of the last five years? How many days were lost in the health board through staff absence following staff sustaining an injury while (a) lifting patients or (b) assisting patients with mobility difficulties, in each of the last five years? How many nurses or other NHS workers have left the health service in your board area due to long term injuries received while (a) lifting patients or (b) assisting patients with mobility difficulties, in each of the last five years? How many nurses or other NHS workers have sustained an injury while (a) lifting overweight and obese patients or (b) assisting overweight or obese patients with mobility difficulties, in each of the last five years? How many days were lost in NHS Scotland through staff absence following staff sustaining an injury while (a) lifting overweight and obese patients or (b) assisting overweight or obese patients with mobility difficulties, in each of the last five years? How many nurses or other NHS workers have left the NHS due to long term injuries received while (a) lifting overweight and obese patients or (b) assisting overweight or obese patients with mobility difficulties, in each of the last five years? What training is offered to NHS workers regarding the lifting of patients, in particular overweight and obese patients?	

21-Sep-2009	Mr Stuart MacDonald Reporter The Sunday times	Number of persons under 18 years of age who have received or been referred for treatment for drug and/or alcohol dependency in your health board area in each of the last five years. I would request a breakdown of the number of cases for each age group under 18 years and details of what substance they received treatment for dependency to.	19-Oct-2009
21-Sep-2009	NHS Dumfries and Galloway Employee	Agenda for Change - job specific information - Withdrawn	19-Oct-2009
22-Sep-2009	Ms Julia Belgutay Journalist/Reporter The Sunday Times	I would like to know on how many occasions members of staff were caught downloading or viewing pornography in each of the last three years, and what action was taken. Please specify in each instance whether the member of staff was downloading or viewing pornography.	19-Oct-2009
22-Sep-2009	Mr Mark McAskill Reporter Sunday Times	a) a breakdown, by age, of every girl below 16 who registered for ante-natal care in the last 12 months b) a breakdown, by age, of every girl below 16 who had an abortion in the last 12 months, including a breakdown of how many were miscarriages or induced by surgical procedure. c) a breakdown, by age, of every women over 50 who registered for ante-natal care in the last 12 months d) a breakdown, by age, of every women over 50 who had an abortion in the last 12 months, including a breakdown of how many were miscarriages or induced by surgical procedure.	19/10/2009
23-Sep-2009	Leigh Harris Other	Please provide a listing of all businesses (including full business names and trading addresses) approved as suppliers of goods and services to NHS Dumfries and Galloway for the 3 year period 1st April 2007 to 31st March 2009. I would ask that you list the trade suppliers by value of goods/services supplied during each of the 3 years ended 31st March 2009.	22/10/09
24-Sep-2009	Mr Gordon Blackstock Reporter The Sunday Post	How many people have been admitted/discharged to hospitals in your health board as a result of excessive use of GBL (Gamma Butyrolactone) and/or GHB Gamma-Hydroxybutyric acid for the year 2008/09? And for these two substances can you break the figure into male and female. Can you also supply the same figures for 2007/08, 2006/07, 2005/06 and 2004/05	21/10/09

24-Sep-2009	Ms Keren Coleman Reporter BBC Scotland	<p>1a) How many vending machines do you have within each of your hospitals? 1b) Please provide a breakdown of the number and type of vending machines available by manufacturer/provider and products sold ie drinks, sweets, crisps etc 1c) How much revenue was earned by the hospitals/health board from these vending machines for each of the last five years? 1d) Please provide a breakdown of how much revenue each machine type earned for each of the last five years and from what source ie sales of goods or vending machine rental. 2a) How many WRVS shops do you have within each of your hospitals? 2b) How much revenue was earned by the hospitals/health board for the rental of hospital space for these WRVS shops for each of the last five years? 2c) How much revenue was earned by the hospitals/health board from the sales of goods within these shops for each of the last five years? 2d) Please give a breakdown of how much revenue the hospitals/health board has made for each of the last five years from the shops ie how much from i) fizzy drinks ii) crisps and sweets iii) fruit iv) bottled water 3a) What was the budget on ingredients for patients' meals provided in your hospitals for each of the last five years? 3b) What was the actual spend on ingredients for patients' meals provided in your hospitals for each of the last five years? 3c) Please supply the actual spend per patient, per meal, per day. 3d) Please provide a breakdown as to how much money was spent by the health board for each of the last five years for patients on the following: i) fruit ii) vegetables iii) meat iv) dairy produce 3e) Please provide a breakdown as to how much money was spent by the health board for each of the last five years for visitors' catering ie canteen on the following: i) fruit ii) vegetables iii) meat iv) dairy produce 4a) How many complaints did you receive about the quality/quantity of patient food and visitor food over the same time period? 4b) Please provide copies of these complaints. 4c) If it is not possible to provide copies, please provide a breakdown of the nature of these complaints. 5a) How much revenue did the hospitals/health board earn from catering supplied to hospital visitors? 5b) Please supply sample menus for both patient meals and from the visitors' canteen including prices 6a) How many hospitals have independent food outlets within the hospital site? 6b) Please provide a breakdown of these food outlets by name and type? 6c) How much revenue has the health board earned from these food outlets over the last five years or during the time period these outlets have operated on site? 6d) Please provide a breakdown of this revenue earned ie from rental of hospital space. 7a) Please provide copies or details of any correspondence or complaints including emails from hospital staff to management relating to junk food being sold in the hospitals or poor quality of patient meals.</p>	23/10/09
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## Current Consultations

From	Topic	Response due by
NHS QiS	Disability Equality Scheme (DES) Review: 2009-2012 <i>No response submitted</i>	16/10/09
Health Professions Council	Consultations on the statutory regulation of psychotherapists and counsellors and the statutory regulation of dance movement therapists <i>No response submitted</i>	16/10/09
Scottish Government	Amendments to the Mental Health Legislation in the Event of a Civil Emergency or Influenza Pandemic	23/10/09
Scottish Government	Review of the Mental Health (Care And Treatment) (Scotland) Act 2003	6/11/2009
NHS QiS	Draft Clinical Standards for Chronic Obstructive Pulmonary Disease (COPD) Services	4/12/2009
Scottish Government	Equality Duty: Putting in into Practice Consultation on the Public Sector Equality Duty Specific Duties	15/1/2010

