

DUMFRIES AND GALLOWAY NHS BOARD



PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 10am on Monday 3rd December 2018 in the Conference Room, Crichton Hall, Bankend Road, Dumfries.

AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
10.00am	230	Apologies	L Geddes	Verbal
10.00am	231	Declarations of Interest	P Halliday	Verbal
10.05am	232	Previous Minutes	P Halliday	Attached
10.10am	233	Matters Arising and Review of Actions List	P Halliday	Attached
QUALITY & SAFETY ASSURANCE				
10.15am	234	Patient Experience Report	E Docherty	Attached
10.35am	235	Healthcare Associated Infection Report	E Docherty	Attached
PERFORMANCE ASSURANCE				
10.55am	236	Performance Report	J White	Attached
11.10am	237	Integration Joint Board Update Report	J White	Verbal
FINANCE & INFRASTRUCTURE				
11.25am	238	Financial Performance Update	K Lewis	Attached
11.40am	239	Capital Update	K Lewis	Attached
PUBLIC HEALTH & STRATEGIC PLANNING				
11.55pm	240	Regional Delivery Plan	J Ace	Verbal
12noon	241	Potential Development of a "Maggie's" Centre in Dumfries	J Ace	Verbal
12.10pm	242	Brexit Update	J Ace	Verbal
GOVERNANCE				
12.20pm	243	Board Briefing	J Ace	Attached
12.25pm	244	<u>Committee Minutes</u> • Staff Governance Committee– 23 July 2018	P Halliday	Attached

NOT PROTECTIVELY MARKED

Time	No	Agenda Item	Who	Attached / Verbal
		<ul style="list-style-type: none"> • Performance Committee - 9 July 2018 • Performance Committee – 3 September 2018 • Healthcare Governance Committee– 10 September 2018 		
ANY OTHER COMPETENT BUSINESS				
12.30pm	245		P Halliday	Verbal
DATE AND TIME OF NEXT MEETING				
12.30pm	246	<ul style="list-style-type: none"> • 4 February 2019 @ 10am – 1pm. The venue for the meeting will be confirmed prior to the meeting. 		

DUMFRIES AND GALLOWAY NHS BOARD



NHS Board Meeting

Minutes of the NHS Board Meeting held on 1st October 2018 at 10am - 1pm in the Conference Room, Crichton Hall, Bankend Road, Dumfries, DG1 4TG.

Minute Nos: 208-229

Present

Mr P N Jones (PNJ)	-	Chairman
Mrs P Halliday (PH)	-	Vice Chair
Mr J Ace (JA)	-	Chief Executive
Ms M McCoy (MMc)	-	Interim Director of Public Health
Mr E Docherty (ED)	-	Nurse Director
Mrs K Lewis (KL)	-	Director of Finance
Mr S Hare (SH)	-	Non Executive Member
Mr N Morris (NM)	-	Non Executive Member
Dr L Douglas (LD)	-	Non Executive Member
Mrs L Carr (LC)	-	Non Executive Member
Ms L Bryce (LB)	-	Non Executive Member
Ms M Gunn (MG)	-	Non Executive Member

In Attendance

Mrs J White (JW)	-	Chief Officer
Ms C Sharp (CS)	-	Workforce Director
Mr G Stewart (GS)	-	Deputy Director of Finance
Dr A Carnon (AC)	-	Consultant in Public Health Medicine
Ms V Gration (VG)	-	Strategic Planning and Commissioning Manager
Ms L Fitzpatrick (LF)	-	Equality and Diversity Lead
Ms A Little (AL)	-	Strategic Planning Manager/Commissioner for Cancer
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

Apologies

Mr A Ferguson (AF)	-	Non Executive Member
Mrs G Cardozo (GC)	-	Non Executive Member
Ms K Lewis (KL)	-	Director of Finance
Dr K Donaldson (KD)	-	Medical Director

PNJ welcomed Board Members and members of the public to the NHS Board Meeting, highlighting that this was his last full board meeting as chair of the NHS Board, as he stands down from his position at the end of October 2018.

208. Apologies for Absence

Apologies as noted above.

209. Declarations of Interest

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

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

210. Minutes of meeting held on 6th August 2018

The minute of the previous meeting on 6th August 2018 was approved as an accurate record of discussions, with no amendments.

211. Matters Arising and Review of Actions List

PNJ presented the Actions List, taking members through the updates that had been received, noting that all actions listed were progressing as expected.

NHS Board Members noted the Actions List.

212. Patient Experience Report

ED presented the Patient Experience Report, which provided an update on activities within the Patient Services team in relation to feedback and complaints, the Board's complaints performance for July and August 2018 including key feedback themes and details of the resulting learning and improvements.

NHS Board Members were directed to the slight rise in complaints received in July and August 2018, noting that feedback often contains more than one issue therefore one complaint may be listed against numerous themes.

NHS Board Members were made aware that Patient Services were making progress with piloting the new approach to capturing, reporting and sharing learning along with engaging with families to cross reference their experiences.

NM enquired to whether there was detailed analysis within the report to identify the rise in complaints in July and August and to whether the perceived car parking issue at DGRI had added to the level of recent complaints.

JA expressed an interest in understanding whether fluctuation in the prison service complaints had added to the recent spike in complaints. ED advised that there had been a few car parking and prison issues raised but this had been down to one or two individuals submitting various complaints, which the Patient Experience Group are looking into.

PH commented that she felt as Chair of Healthcare Governance Committee that the Complaints Assurance Group has made a great difference to the complaints process. She noted that there needed to be continued focus on timeliness of responses and the implementation of learning from feedback.

NHS Board Members:

- considered the update on the activities of the Patient Services team in relation to feedback and complaints.
- noted the Board's complaints performance for July and August 2018 including key feedback themes and details of the resulting learning and improvements.
- Noted the need for continued improvement in performance against response targets

213. Spiritual Care, Volunteering and Patient Services Team

ED presented the Spiritual Care, Volunteering and Patient Services Team report, which outlines the key activities within Spiritual Care, Volunteering and Patient and Carer Information over the period July to September 2018.

ED updated NHS Board Members on the progress made by the Spiritual Care Lead in relation to discussions with the Equality and Diversity Officer from Dumfries and Galloway College regarding Quiet rooms in both the Stranraer and Dumfries campus sites.

NHS Board Members were advised that the work continues on the draft Palliative End of Life and Bereavement Strategy, noting that it is expected that a multi-disciplinary team will facilitate a workshop to address known bereavement gaps across Dumfries & Galloway.

Two further Spiritual Care Volunteers are being recruited with additional interest from both Cottage Hospitals and Mid Park in the ongoing plans to recruit spiritual care volunteers for all cottage and community hospitals.

NHS Board Members were made aware that the Quality Assurance Panel will meet in October 2018 to consider the report for Investing in Volunteers Award for NHS Dumfries and Galloway.

LD asked for assurance on bereavement support for staff. ED advised that a reporting system is being piloted until the end of this year to enable easier monitoring and auditing of referrals, which has seen an increase in staff uptake.

CS highlighted to NHS Board Members that with the help of Margaret McGrogan, Volunteer Co-ordinator the Board is currently working with Partners to develop a new system for all partners in the region.

NHS Board Members noted the report.

214. Healthcare Associated Infection Report

ED presented the Healthcare Associated Infection Report, noting the Board's position with regard to the Staphylococcus Aureus Bacteraemia (SAB) and Clostridium Difficile Infection (C Diff) and the publication of the Healthcare Environment Inspectorate (HEI) Report on Dumfries and Galloway Royal Infirmary.

NHS Board Members were made aware that there had been a reduction in SAB cases in the last three months. A review of current processes and the serious adverse events policy is being undertaken to look at further areas of improvement.

ED advised that C Diff infection numbers continue to be higher than planned trajectory, however, it was noted that work was ongoing with the antimicrobial management team to review their antibiotic treatment to address prescribing issues that might have an impact on figures.

ED highlighted that following the HEI unannounced inspection at Dumfries and Galloway Royal Infirmary in May 2018, Inspectors have returned twice and have been satisfied that remedial action had been taken to address issues identified.

LD enquired to whether the reduction in SAB in the last three months was a sustainable decline. ED advised that clinical teams would continue to monitor community based SAB figures and will highlight any changes in future reports to NHS Board.

NHS Board Members noted the report.

215. Patient Safety and Improvement Annual Report 2017-2018

ED presented the Patient Safety and Improvement Annual Report 2017-2018, highlighting some of the key points within the report, in particular noting the progress on the mortality reduction from Sepsis by March 2019, through improved care delivery processes.

It was highlighted that the Board are working to try to reduce falls with harm by 20% by March 2019 along with the reduction of pressure ulcers in care homes through collaborative working.

PH enquired to whether there was any improvement on pressure ulcers now that there was a Tissue Viability Nurse in post. ED advised that the Nurse had just come into post, but agreed to share a further update with NHS Board Members at the December Board Meeting.

Action: ED

NM asked for assurance on lessons learnt with regards to pressure ulcers and falls with harm. ED advised that all relevant information had been presented to the Healthcare Governance Committee for discussion.

LB enquired to whether there were any improvements to processes for identifying frailty at the front door. ED advised that discussions were ongoing with national leads to reevaluate the improvement processes to explore and test ways of improving multi-disciplinary communication that will support the decision making process.

JW highlighted NHS Board Members to the current capacity issues within the Emergency Care Centre, noting that 6 additional nurses have been recruited and will be in post prior to the winter months.

JA highlighted NHS Board Members to the Annual Celebration Event at Easterbrook Hall on 26th September 2019, which had showcased the work Health, Social Care and Partners were doing to improve the care and services across our region.

NHS Board Members noted the report.

216. Performance Report

JW presented the Performance Report, asking NHS Board Members to note and discuss the NHS Board 'At a Glance' Report for July 2018, further noting that the August 2018 'At a Glance' figures had been made available and any significant changes would be highlighted as a verbal update.

NHS Board Members were highlighted to that Scottish Government has made additional funding available for elective waiting times, which focus on planning arrangements for speciality services to ensure there is flexible cover and weekend working for these additional clinics.

JW advised that discussions were ongoing with Performance Committee members in relation to the challenges that had been identified around waiting times for Allied Health Professionals.

NHS Board Members were asked to note the slight dip in Cancer Waiting Times for patients seen within the 62 days target, which is lower than the same period the previous year.

It was noted that performance challenges in urology, lung and colorectal pathways would take some time to resolve.

JW noted the challenges over the summer months in relation to unscheduled care, which had been mirrored throughout the West of Scotland. Progress is being made to set up the Unscheduled Programme Board, which would look at option to improve the Out of Hours service and better managed unscheduled care.

NHS Board Members were advised that the draft Winter Plan would be presented at the Performance Committee on Monday 5th November 2018, which would focus on planning for the challenges, demands and capacity issues over the Winter Period.

PH enquired to whether the Spiritual Care Lead had improved patient experience for cancer patients. JW advised that work was ongoing with clinical teams to proactively improve pathways and waiting times for speciality patients and agreed to discuss with clinical teams to see if there is anything else that can be achieved.

LD enquired to the whether an update on the centralisation of Radiology was available. JA responded in his role as Chair of the Scottish Radiology Transformation Programme, highlighting that radiology collaborations from across Scotland were at an early stage. It was also noted that NHS Dumfries and Galloway were the only board to recruit from non-EU Countries at the last international recruitment exercise. JA advised that the Performance Report gives some assurance on addressing the challenges and highlighted that Scottish Government's Health and Sport Committee were conducting a series of evidence sessions with Health Boards, which NHS Dumfries and Galloway is due to attend on Tuesday 30th October 2018. Our performance would be subject to public scrutiny at this session.

NM commented that it was imperative that NHS Board Members were made aware of substantial clinical changes that would be proposed to achieve recurrent shifts in performance..

LB commented on whether the high demand on unscheduled care over the summer period was due to the good spell of weather. JW advised that in many instances the rise in trauma cases was related to outdoor activities due to the warm weather, which was also mirrored across the West of Scotland. It was further noted that the developed draft Winter Plan will show how we plan to increase capacity through 7 day working and by working with partners in the community to help support the flow of patients over the winter period.

PH commented that there was a need to help support staff and patients noting the possible opportunity to address through the aid of a workshop for NHS Board Members. PH agreed to pick up a discussion on this with LG.

Action: PH

NHS Board Members noted the report.

217. Integration Joint Board Annual Report

JW presented the Dumfries and Galloway Health and Social Care Partnership Annual Performance Report for the period 1st April 2017 to 31st March 2018.

NHS Board Members were made aware that this was the second annual performance report published by the Integration Joint Board and follows on from work previously undertaken to develop the performance management arrangements for the Dumfries and Galloway Health and Social Care Partnership.

JW highlighted the key points of the report to NHS Board Members noting the recruitment challenges across the Health and Social Care Partnership.

NHS Board Members were made aware that the Integration Joint Board's Public Annual Review will take place on 1st November 2018 at the Creebridge House Hotel in Newton Stewart, where the public will have the opportunity to raise any questions on the current position.

JW continued to highlight that the summary document had received very good feedback from IJB Members, which also included stories on people's experiences.

PNJ enquired to whether the report featured the questions raised from last year's review. JW advised that on reflection this had not been included within the report but would ensure that this is included in the 2018/19 annual report.

JW highlighted that she was hoping to "Live Stream" the Public Annual Review across the whole Region to make the Review more accessible to everyone.

A discussion took place in relation to the NHS Dumfries and Galloway Annual Review, where it was highlighted that the review process has been adjusted by Scottish Government, where a private review will be held on 1st April 2019 to look at performance during 2017/18.

Boards are still being encouraged to hold a public review and NHS Board Members looked at the possibility of incorporating a Question and Answer session at the end of the IJB Annual Review in November 2018. Agreement was given by the Board Members to progress this option and to advertise the event accordingly.

NHS Board Members noted the report.

218. Integrated Workforce Plan

CS presented the Integrated Workforce Plan, asking NHS Board Members to note the 2016-2019 Integration Joint Board Workforce Plan (2018 edition), which was approved by the Integration Joint Board on Thursday 27th September 2018.

CS advised that the Workforce Plan was developed by a sub group of the Integration Organisational Development Steering Group, bringing together the Local Authority, NHS, Third Sector, Independent Sector and Staff Side representatives. The 2018 edition was endorsed by the Integration Organisational Development Steering Group on 17th July 2017, with feedback having been received from the Area Partnership Forum, Area Clinical Forum and Social Services Committee.

The plan was presented to the Health & Social Care Management Team on 14th August 2018 where it was approved for onward submission to the Integration Joint Board on 27th September 2018. CS continued to highlight that colleagues were now progressing forward with the next 3/5 year plan to align the Workforce Plan and Strategic Plan outcomes.

PH thanked CS for all the work which had gone into the Workforce Plan recognising all the committed staff working behind the scenes to produce an excellent piece of integrated work.

LD enquired as to what the Board was doing to address the Pharmacy vacancies, highlighted on page 19 of the Workforce Plan. JA advised that he did not think this would be a long term problem for NHS Dumfries and Galloway, highlighting that there had been a successful junior training programme in Wigtownshire for Pharmacy Technicians.

NHS Board Members noted the report.

219. Dumfries & Galloway British Sign Language Plan

CS presented the Dumfries & Galloway British Sign Language Plan, asking NHS Board Members to approve the draft British Sign Language plan.

CS asked LF to take NHS Board Members through the detail of the Plan. LF highlighted that the British Sign Language (Scotland) Act 2015 requires NHS Dumfries and Galloway as a 'listed authority' to prepare and publish a British Sign Language Plan, noting that the draft Plan has been prepared in partnership with other local listed authorities including Dumfries and Galloway Council, Dumfries and Galloway College and Police Scotland to ensure there is a consistent approach to supporting this language across public agencies in the region.

NHS Board Members were advised that the first draft of the British Sign Language plan was developed following an initial focus group consultation event on 8th May 2018 with local British Sign Language users, Dumfries and Galloway partners, Visibility Scotland and British Sign Language translators. Two further consultation events were held in Stranraer and Dumfries during September 2018.

PH commented that she was aware that there were difficulties with various partners and raised concerns that many individuals were not being heard, therefore as leaders of the Plan the NHS Board have a priority to make sure the Plan is person-centred and co-produced. CS agreed to pick up a further discussion with PH on engagement out with the NHS Board Meeting.

Action: CS

NHS Board Members:

- approved the draft British Sign Language plan.
- discussed and noted the British Sign Language (Scotland) Act 2015 requirements for NHS Dumfries and Galloway as a 'listed authority' to prepare and publish a British Sign Language Plan.
- discussed and noted that a draft Dumfries and Galloway British Sign Language Plan for 2018-2024 was prepared in partnership with other local listed authorities including Dumfries and Galloway Council, Dumfries and Galloway College and Police Scotland to ensure there is a consistent approach to supporting this language across public agencies in the region.

220. Financial Performance Update Report

GS presented the Financial Performance Report, asking NHS Board Members to note the position for the period as at end 31st August 2018, where an overspend position of £1.77m was reported.

NHS Board Members were made aware that the Board still has £3.2m of savings to identify after Quarter One in order to reach a break-even position at the end of the financial year. The risk appetite for the financial position highlights a low risk tolerance.

GS highlighted that the Board has yet to have a balanced Financial Plan for 2018/19, with a current level of unidentified savings of £3.2m, which after overspends and underspends across the directorates translates into a £3.5m projected year end gap. This will be subject to further review in October 2018 as part of the mid-year review.

PH enquired as to what had occurred to create the current slippage on assumed recurring CRES, asking if this was due to the impact of not having the required workforce to transform services. GS advised that there were various ongoing discussions between the Medical Director and Workforce Director regarding Medical Locums and recruitment to try to demonstrate a reduction through Retinue, which will look at a far wider ranging strategy to combat the difficulty in attracting staff to the region as well as improving better workforce support to the service.

NM asked what the future plan is that may help the current capacity issues and what CRES impact assessment work is being undertaken on clinical services. GS advised that Transformational Change Managers and Workstreams are now in place and discussions are ongoing to understand and work through ideas to ensure more sustainable models are put in place going forward.

JW gave assurance that impact assessments had been presented to the Integration Joint Board (IJB), with discussion concluding with JA agreeing that the NHS Board as the accountable body for NHS financial outturn and clinical quality also needs to receive impact assessment reports regarding CRES schemes. GS agreed to bring a further update to the NHS December board.

Action: GS

NM enquired to the unidentified savings of £3.2m in the current year and the reported break-even position reported to Scottish Government, noting that it was not clear within the report what the challenges were for the coming year. GS advised that it was the intention of the Director of Finance to take NHS Board Members through the detail and processes of the financial position and challenges at a Board Workshop in early 2019.

NHS Board Members noted the report

221. Regional Delivery Plan

JA gave NHS Boards Members a verbal update on activities and discussions in relation to the Regional Delivery Plan.

NHS Board Members were highlighted to the recent workshop that was arranged for colleagues in the West of Scotland area, which focussed on Mental Health services and models, as well as the positive progress around the new development of the new model for Vascular Services.

NHS Board Members noted the verbal update.

222. Maggie's Centre Update

JA gave NHS Board Members a verbal update on activities and discussions in relation to the Maggie Centre, advising NHS Board Members that feedback had been received from the Area Clinical Forum and Cancer User Groups, which do not seem to be fully supportive of the current proposed model for the centre. Public responses received to date have been overwhelmingly positive in relation to the suggestion of a Maggie's Centre.

JA noted that the Integration Joint Board had advised that the Maggie Centre overall proposal is not well aligned with the Health & Social Care Strategic Plan and had proposed that open dialogue with a range of partners including Maggie's would be required to develop an alternative model that would fit within the terms of the Strategic Plan.

NHS Board Members were made aware that a formal paper would be submitted to the NHS Board Meeting in December 2018.

NHS Board Members noted the verbal update.

223. Inequalities & Health Inequalities Report

AC presented the Inequalities & Health Inequalities Report, asking NHS Board Members to approve the establishment of an NHS Inequalities Steering Group to develop and implement an Action Plan based on the principles identified in the publication 'Maximising the role of NHS Health Scotland in reducing health inequalities'.

NHS Board Members were highlighted to the various Inequalities across societies, which are based on imbalances of power, money and resources. Health inequalities occur as a result of these wider inequalities.

AC highlighted that the NHS are involved in 5 areas of work, which include quality of services (with allocation of resources proportionate to need), the workforce (training staff in inequalities sensitive practice), effective partnerships, employment/procurement and advocacy.

To enhance the NHS contribution to tackling inequalities and reducing health inequalities it is proposed that an NHS Dumfries and Galloway Inequalities Steering Group be established to develop and implement an Action Plan based on the principles identified in the publication 'Maximising the role of NHS Health Scotland in reducing health inequalities'.

NM enquired to how the Inequalities Steering Group would relate and link with other groups. MMc advised that there were nine National Health and Wellbeing Outcomes which apply to integrated Health and Social Care. Health Boards, Local Authorities and Integration Authorities are required to work together to ensure these outcomes are meaningful to people in their area. A workshop has been planned for early November 2018 with Senior Managers involved in the workstream to gain an understanding of their responsibilities.

PH commented that although it was an excellent idea to have an Inequalities Steering Group, she felt unsure to the purpose of the group, and further enquiring to where the group would report to and how often so as to gain a level of governance structure. AC confirmed that the terms of reference for the steering group are still being finalised, agreeing to share them with Board Members once they are complete for reference.

Action: AC

CS advised NHS Board Members that it was invaluable to ensure we have the appropriate links in place to contribute to reducing inequalities and health inequalities 4 year plan.

AC advised NHS Board Members that the Inequalities & Health Inequalities Report will also be presented to the Integration Joint Board and agreement will be sought at that point around which appropriate Governance Committee should receive regular reports.

NHS Board Members:

- noted the progress which had been made in the understanding of the fundamental causes of inequalities and the relationship between inequalities and health inequalities.
- discussed the specific role and responsibility of NHS Board in relation to addressing inequalities and health inequalities.
- noted the existing work being taken forward which is contributing to reducing inequalities and health inequalities.
- approved the establishment of an NHS Inequalities Steering Group to develop and implement an Action Plan based on the principles identified in the publication 'Maximising the role of NHS Health Scotland in reducing health inequalities'

224. Future Delivery of Vascular Services for Dumfries & Galloway Report

VG presented the Future Delivery of Vascular Services for Dumfries & Galloway report, asking NHS Board Members to approve an extension to the current agreement with North Cumbria University Hospital for Abdominal Aortic Aneurysm surgery and out of hours on call service by a further six months, which would give a new end date of September 2019.

NHS Board Members were advised that this recommended extension would give the Board more time to reconfigure Abdominal Aortic Aneurysm pathways from North Cumbria University Hospital to the West of Scotland model, securing long term sustainability for Dumfries and Galloway within a regional vascular network.

In the West of Scotland model, the available networks will have vascular centres at Lanarkshire, Hairmyres Hospital in East Kilbride and Queen Elizabeth University Hospital in Glasgow.

VG advised that that she had approached various committees, who had voiced their preference of vascular services to be established with the Queen Elizabeth University Hospital in Glasgow noting that the Solway Basin network would centre a network in Carlisle, however this is unlikely to be developed without support from Dumfries and Galloway.

LD enquired to whether a change to a regional service would be a sustainable service, noting the mitigating factors such as the greater distance of travel for patients. VG acknowledged there would be a greater distance of travel for some, although highlighting that patients only travel for a short period of time as the majority of their care can be done locally, which makes the impact on patients and their families quite small.

NHS Board Members noted:

- the guidance relating to the development of regional vascular networks
- the work ongoing in West of Scotland to develop regional vascular networks.
- the agreement from West of Scotland to include Dumfries and Galloway within development of regional vascular networks.
- the potential to extend current arrangements with NCUH for six months to end of September 2019.

NHS Board Members approved:

- the extension of the current agreement with North Cumbria University Hospital for Abdominal Aortic Aneurysm surgery and out of hours on call by a further six months to September 2019.
- providing North Cumbria University Hospital with notice that Dumfries and Galloway will withdraw from the existing agreement in September 2019.
- arrangements in place for Abdominal Aortic Aneurysm surgery and vascular out of hours on call arrangements within West of Scotland from September 2019.
- the continuation of work with West of Scotland Regional Planning and West of Scotland Boards to establish Dumfries and Galloway within a regional vascular network.

225. Board Briefing

PNJ presented the Board Briefing paper to NHS Board Members, which raises awareness of events and achievements that have occurred within the Board over the past 2 months.

NHS Board Members were highlighted that PNJ had been invited to attend the Braveheart Awards at Edinburgh Castle on Tuesday 2 October 2018 as Chair of the Validation Panel.

JA noted the sad death of Dr Alex Porteous, GP at Lockerbie Medical Practice, advising that colleagues were currently supporting both Practice Staff and Patients with links in place with Occupational Health and Spiritual Care.

JA thanked Dr Greycy Bell, Linda Bunney and other colleagues for their continued support during this sad time.

NHS Board Members noted the report.

226. Freedom of Information Mid Year Update Report

LG presented the Freedom of Information Mid Year Update Report, asking NHS Board Members to note the performance of, and compliance with, the Freedom of Information (Scotland) Act 2002 for the period 1st January 2018 – 31st August 2018.

NHS Board Members were advised that 443 requests for information were received between January – August 2018, which demonstrates a 7.7% increase on the same period in 2017.

A review of the Freedom of Information requests has confirmed that to date 3 applications have been made to the Scottish Information Commissioner in relation to Freedom of Information requests received in 2018, 2 of which have gone through Investigation and we are awaiting the decision notice coming through from the Commissioner's Office.

NM enquired as to whether there was an opportunity for the Board to place additional information within the public domain to decrease the number of requests being received. LG advised that a regular review of the requests is undertaken to look for patterns in the information being requested and where possible to publish this online to reduce the increasing burden that the requests place on the Directorates to provide information.

NHS Board Members noted the Report.

227. Committee Minutes

PH introduced the minutes from various Board Committees to NHS Board members asking the Lead Director and Committee Chair to highlight any key points for noting.

- Person Centred Health & Care Committee – 16th April 2018
PH presented the minute from the person Centred Health & Care Committee meeting on 16th April 2018, which received an update report on Spiritual Care in relation to staff wellbeing and patient experience.

NHS Board Members noted the minute.

- Audit & Risk Committee – 18th June 2018
LD presented the minute from the Audit & Risk Committee meeting on 18th June 2018, which received an updated report on progression of outstanding Audits and presented the draft Annual Accounts for sign off.

NHS Board Members noted the minute.

228. Any Other Competent Business.

PJN highlighted that NHS Board Members are participating in stage 2 of the diversity in governance research that the Commissioner for Ethical Standards is conducting in partnership with the Scottish Government. Board Members are due to meet with the research officer on Monday 8th October 2018 to discuss the research and give comment.

NHS Board Members were advised that the Integration Joint Board had been unable to secure an NHS Voting substitute at the meeting on Thursday 27 September 2018, therefore, PH asked Board Members if they would be content to approve that SH steps down as a non-voting Integration Joint Board member to become an NHS voting substitute member of the Integration Joint Board.

NHS Board Members were content with this proposal and asked for formal notification to be passed through to the Integration Joint Board.

Action: LG

229. Date of Next Meeting

The next meeting of the NHS Board will be held on 3rd December 2018 at 10am – 1pm in the Conference Room, Crichton Hall, Bankend Road, Dumfries, DG1 4TG.

Actions List from NHS Board – Public Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
05/06/2017	38.	<p><u>Urological Cancer Update</u></p> <p>VF advised Members that to address recruitment challenges locally, work is being progressed with NHS Ayrshire and Arran to establish joint working arrangements for on-call and shared clinics in Stranraer. A further update on progress will be brought back to the August 2017 NHS Board meeting.</p>	Vicky Freeman	Information is still being gathered to allow a paper to be prepared. It has been agreed to push this paper back to the Board meeting for review in early 2019.	
07/08/2017	58.	<p><u>Tobacco Control Action Plan</u></p> <p>PH further noted the reduction of GP referrals being made to smoking services, noting that this was a national problem as Information Services Division data was also showing a 5% reduction in smoking cessation specialist services. PH requested data evidence of GP referrals be including within the next update to be brought back to NHS Board.</p>	Ken Donaldson	An update on this item will be brought back to NHS Board in early 2019, to include the data evidence of GP referrals.	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
04/12/2017	96.	<p><u>Lochside and Lincluden Oral Health Action Plan Update and Lochside Dental Clinic Withdrawal Update</u></p> <p>PH further enquired to whether the communities of Lochside and Lincluden had participated in appraisals. VW advised that appraisals had been carried out at the start of the process and although the data confirmed that only 43% of patients resided in the Lochside and Lincluden areas, data was not available to break down any further. VW agreed to address data issues and feedback to Board Members at a later date.</p>	Valerie White	A review of the data issues is being undertaken and an update will be provided to NHS Board when available.	
04/12/2017	96.	<p><u>Lochside and Lincluden Oral Health Action Plan Update and Lochside Dental Clinic Withdrawal Update</u></p> <p>NHS Board Members were highlighted to the discussion at the last Health and Social Care Management Team meeting, where Alistair Kelly noted his concerns at the lack of administrative provision for Podiatry Services. KL advised that there would be a further review of services to aid administration support and agreed to update Board Members accordingly.</p>	Katy Lewis	An update on this item will be provided to NHS Board members, when available.	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
05/02/2018	111.	<p><u>Improving Safety, Reducing Harm Report</u></p> <p>PH enquired to how the Board's performance in this area compared with other NHS Scotland Boards, highlighting the recent news article on defibrillation figures which showed that there were more females dying of cardiac arrest and whether there was anything that the Board could do to raise awareness. KD noted that he was not aware of any national campaign for females and ED agreed to speak to the national team and share the information once received with Board Members.</p>	Eddie Docherty	An update on this item will be provided to NHS Board members, when available.	
09/04/2018	130.	<p><u>Patient Experience Report</u></p> <p>PNJ enquired to whether future reports may be amended to improve the clarity of data as PNJ felt that the feedback charts within the report did not highlight sufficiently the key information for Board members. ED agreed to review the report and amend the format for future submissions.</p>	Eddie Docherty	All future reports are being amended to incorporate this action and will be evident from the August 2018 NHS Board onwards.	06/08/2018
09/04/2018	132.	<p><u>Improving Safety, Reducing Harm Report</u></p> <p>AF noted his interest in how many individuals were involved in the number of falls without harm. ED advised that the Board do investigate the number of individuals involved and agreed to share the information with Board Members.</p>	Eddie Docherty	An update on this item will be shared with Board Members on receipt of the most up to date figures.	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
09/04/2018	133.	<p><u>Safeguarding Volunteers</u></p> <p>GS enquired to whether Non Executive Board Members could be Mentors for the Volunteers. ED agreed to take the suggestion forward.</p>	Eddie Docherty	Discussions on this item are being taken through Person Centred Health and Care Committee.	03/12/2018
09/04/2018	141.	<p><u>Supporting an Increase in Physical Activity</u></p> <p>GS enquired as to the link between social prescribing, physical activity options and mental health with physical activity. RS advised that he would source and circulate information to Board Members.</p>	Richard Smith	Information will be circulated to NHS Board Members when available.	27/04/2018
04/06/2018	158.	<p><u>Spiritual Care and Volunteering Report</u></p> <p>NHS Board Members were directed to the unannounced HEI Inspection from 29th - 31st May 2018, at DGRI, with ED noting that the Inspection had followed a new format that covered all aspects of environmental standards from leadership in the prevention and control of infection through to traditional cleanliness standards. ED continued to note that the draft report would be received by email on 11th July 2018, with the final report published on 8th August 2018. It was agreed that a copy of the report would be shared with Board Members when available.</p>	Eddie Docherty	A copy of the report was shared with NHS Board Members.	01/10/2018

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
04/06/2018	160.	<p><u>Improving Safety, Reducing Harm Report – Mental Health Directorate</u></p> <p>GC enquired to the level of community engagement to aid further improvement in the outcomes and statement of approach, ED agreed that he would investigate the level of community engagement and share the information with Board Members when available.</p>	Eddie Docherty	Information on this item is still being gathered and will be shared with NHS Board Members when available.	
06/08/2018	187.	<p><u>Risk Management Annual Report</u></p> <p>PH asked whether there was a mechanism in place to address the monitoring and shared learning from Leadership Walkrounds. ED advised that each Directorate produces an 'Improving Quality Reducing Harm' paper, which is presented to Healthcare Governance Committee on an annual cycle. PH advised that she thought sharing the paper with NHS Board Members would be beneficially.</p>	Eddie Docherty	Each of the Directorate reports are being brought to NHS Board under the Improving Quality Reducing Harm item.	01/10/2018
06/08/2018	198.	<p><u>Scotland's New Public Health Priorities</u></p> <p>AF asked for further clarity around why the Public Health Committee was disbanded, querying if it could be revived. JA advised that the Public Health Committee was disbanded due to the workload of Non Executive Board Members whom at the time were unable to</p>	Jeff Ace / Laura Geddes	A paper will be brought back to the NHS Board in early 2019 around the governance for committees and the role of the Non-Executive Board Members on committees and sub-committees.	

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
		commit to more than one day a week. NHS Board Members agreed to look at options outwith the meeting and bring a proposal back to the December 2018 NHS Board meeting.			
06/08/2018	198.	<p><u>Scotland's New Public Health Priorities</u></p> <p>GC mentioned that it is important to ensure that Impact Assessments are undertaken on strategic policies, plans and service developments and are accessible to a variety of groups including ethnic and religious groups. AC gave assurance that all information would be accessible to all groups and agreed to share further information with GC.</p>	Andrew Carnon	Relevant information will be shared with Grace Cardozo when available in relation to the Impact Assessments.	
01/10/2018	215.	<p>Patient Safety and Improvement Annual Report 2017-2018</p> <p>PH enquired to whether there was any improvement on pressure ulcers now that there was a Tissue Viability Nurse in post. ED advised that the Nurse had just come into post, but agreed to share a further update next Board Meeting.</p>	E Docherty	An update on this item will be given to NHS Board members when available.	
01/10/2018	216.	<p>Performance Report</p> <p>PH commented that there was a need to help support staff and patients noting the possible opportunity to address through the aid of a workshop for NHS Board Members. PH agreed to pick up a discussion on this with LG.</p>	P Halliday	Discussions on this item are still to be held between Penny Halliday and Laura Geddes.	

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
01/10/2018	219.	<p>Dumfries & Galloway British Sign Language Plan</p> <p>PH commented that she was aware that there were difficulties with various partners and raised concerns that many individuals were not being heard, therefore as leaders of the Plan the NHS Board have a priority to make sure the Plan is person-centred and co-produced. CS agreed to pick up a further discussion with PH on engagement out with the NHS Board Meeting.</p>	C Sharp	Discussions on this item will be held between Caroline Sharp and Penny Halliday outwith the meeting. No further actions at this time for the NHS Board.	01/10/2018
01/10/2018	220.	<p>Financial Performance Update Report</p> <p>NM asked what the future plan is that may help the current capacity issues and what CRES impact assessment work is being undertaken on clinical services. GS advised that Transformational Change Managers and Workstreams are now in place and discussions are ongoing to understand and work through ideas to ensure more sustainable models are put in place going forward.</p> <p>JW gave assurance that impact assessments had been presented to the Integration Joint Board (IJB), with discussion concluding with JA agreeing that the NHS Board as the accountable</p>	G Stewart	An update on this item will be brought back to the February 2019 NHS Board meeting.	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Date Completed
		body for NHS financial outturn and clinical quality also needs to receive impact assessment reports regarding CRES schemes. GS agreed to bring a further update to the NHS February board.			
01/10/2018	223.	<p>Inequalities & Health Inequalities Report</p> <p>PH commented that although it was an excellent idea to have an Inequalities Steering Group, she felt unsure to the purpose of the group, and further enquiring to where the group would report to and how often so as to gain a level of governance structure. AC confirmed that the terms of reference for the steering group are still being finalised, agreeing to share them with Board Members once they are complete for reference.</p>	A Carnon	The terms of reference will be circulated to NHS Board members for information when available.	
01/10/2018	228.	<p>Any Other Competent Business.</p> <p>NHS Board Members were content with this proposal and asked for formal notification to be passed through to the Integration Joint Board.</p>	L Geddes	An email was issued to Alison Warrick to confirm the decision around substitute voting members for the IJB.	01/10/2018

DUMFRIES and GALLOWAY NHS BOARD

3 December 2018

INVOLVING PEOPLE IMPROVING QUALITY**Patient Experience Report****Author:**

Emma Murphy
Patient Feedback Manager

Sponsoring Director:

Eddie Docherty
Executive Director for Nursing, Midwifery and
Allied Health Professions

Joan Pollard
Associate Director of Allied Health
Professions

Date: 2 November 2018**RECOMMENDATION**

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

- the Board's complaints performance for September and October 2018 including key feedback themes.

CONTEXT**Strategy / Policy:**

This paper demonstrates implementation of the Healthcare Quality Strategy (2010), and Patients Rights (Scotland) Act (2012). The Board is required to adhere to the Patients Rights (Scotland) Act (2012) with regard to seeking and responding to patient / family feedback.

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

Patient feedback provides key information about the areas where the Board is performing well and those where there is need for improvement. It also assists the Board in delivering our CORE values and remaining person centred.

Key messages:

- The Board continues to face challenges around compliance with complaint timescales.
- Responsible Managers, Feedback Coordinators and Patient Services are working to address compliance issues.

GLOSSARY OF TERMS	
DGRI	Dumfries and Galloway Royal Infirmary
SPSO	Scottish Public Services Ombudsman
NHS D&G	NHS Dumfries & Galloway
CHP	Complaints Handling Procedure
Complaint	NHS Dumfries and Galloway's definition of a complaint is: <i>'An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.'</i>
Comment	Comments, feedback or observations which reflect how someone felt about the service.
Concern	Concerns are matters where people require reassurance, further information or explanation to resolve a matter of concern. These fall short of a complaint as the person is not expressing significant dissatisfaction, but wishes to be more fully informed.
A&D	Acute and Diagnostics
CH&SC	Community Health and Social Care
MH	Mental Health
W,C&SH	Women, Children's and Sexual Health
S1/Stage One	Stage One complaints. This is the 'early resolution' stage of the complaints procedure where complaints are required to be responded to within 5 working days.
S2/ Stage Two	Stage Two complaints. This is the 'investigation' stage of the complaints procedure where complaints are required to be responded to within 20 working days. Complaints can go 'direct' to Stage Two of the procedure or can be 'escalated' to that stage following a Stage One response.

MONITORING FORM

Policy / Strategy	Healthcare Quality Strategy Person Centred Health and Care Collaborative
Staffing Implications	Ensuring staff learn from patient feedback in relation to issues raised.
Financial Implications	Not required
Consultation / Consideration	Not required
Risk Assessment	Actions from feedback followed through and reported to General Managers and Nurse Managers who have a responsibility to take account of any associated risk.
Risk Appetite	<p>Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/></p> <p>It is considered that the risk appetite for this paper is medium in the context of Reputational where the Board has an expressed risk appetite of medium.</p>
Sustainability	Not required
Compliance with Corporate Objectives	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
Local Outcome Improvement Plan (LOIP)	Outcome 2, 3, 6, 7 and 8
Best Value	Vision and Leadership Effective Partnerships Governance and Accountability Performance Management
Impact Assessment	Not undertaken as learning from patient feedback applies to all users

1. Introduction

This report outlines patient feedback activity for NHS Dumfries and Galloway (NHS D&G) and performance against targets for the period September and October 2018. The report includes details of planned improvement actions and recent achievements.

Following discussion at the July Health Care Governance Committee, work has been taking place with Information Services and the Performance and Intelligence Team to update the format of this report. The proposed draft format was reviewed at the August Health Care Governance Committee and further discussed at a recent meeting of the short life Complaints Assurance Group. This report is presented in the new format on the understanding that some sections require further development.

2. Patient Feedback

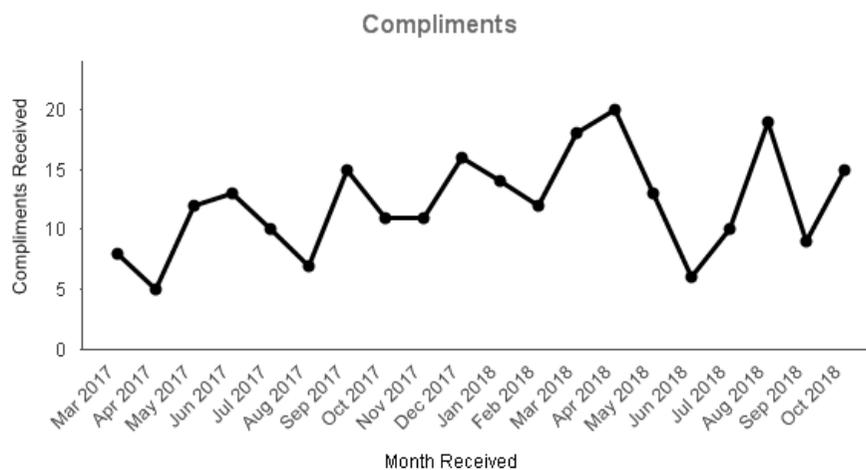
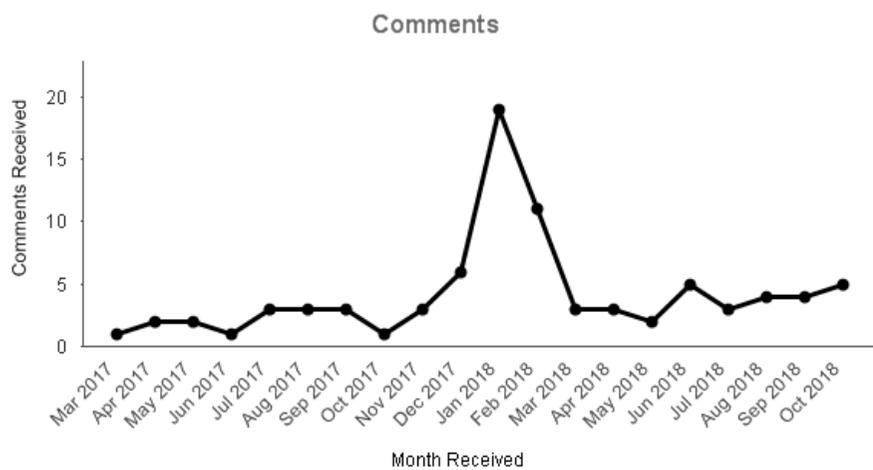
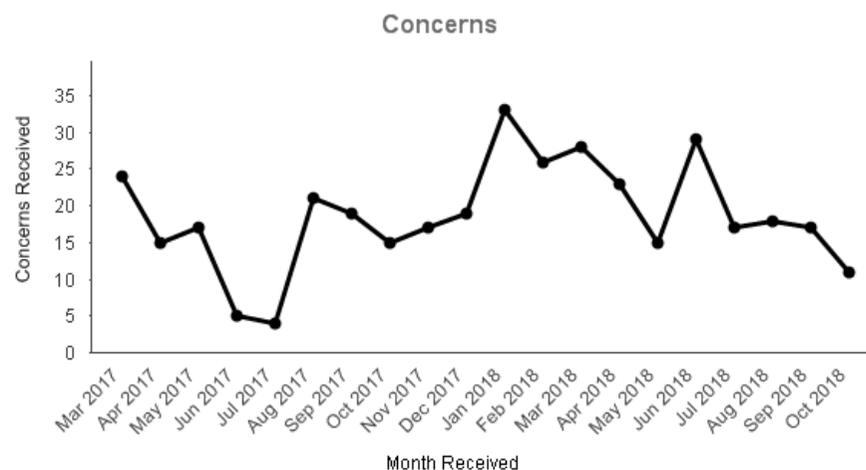
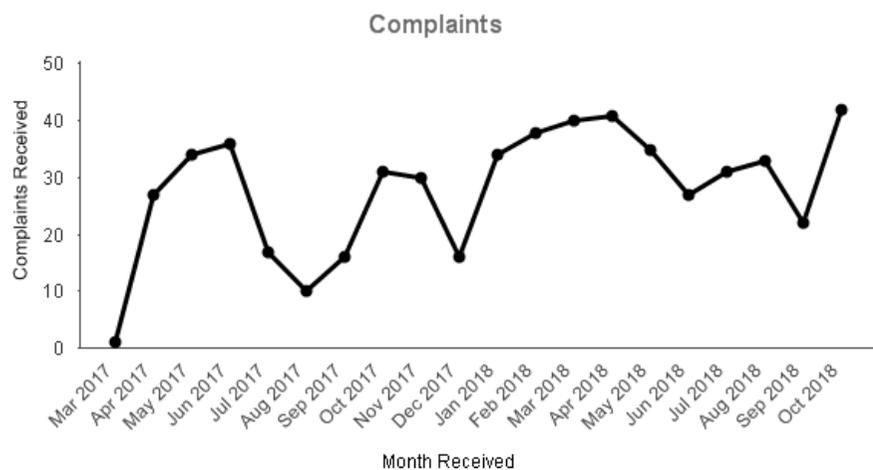
This following section provides a commentary and summary statistics on new patient feedback received throughout NHS Dumfries and Galloway for the period September and October 2018.

2.1 Feedback Received

Fifty-two pieces of feedback were recorded in September 2018 and 73 in October 2018.

Feedback Received	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
No. Complaints	30	15	34	38	39	40	33	26	30	31	22	42	380
No. Comments	3	6	19	11	3	3	2	5	3	4	4	5	68
No. Compliments	11	16	14	12	18	20	13	6	10	19	9	15	163
No. Concerns	17	19	33	26	28	23	15	29	17	18	17	11	253
Total	61	56	100	87	88	86	63	66	60	72	52	73	864

Feedback by month received



NOT PROTECTIVELY MARKED

2.2 Care Opinion

Care Opinion is an online approach, which enables the public to provide and view feedback on experience of our services. When a story is added to Care Opinion the relevant staff are alerted so that they can view the feedback and respond as required. The majority of the feedback the Board receives through Care Opinion is positive. Where a story is critical the author is invited and encouraged to make direct contact in order that we can provide further advice and support to resolve any issues which are raised.

NHS Dumfries and Galloway received five Care Opinion stories during the reporting period. At the time of writing, those five stories had been viewed 323 times. The example of a recent story below, demonstrates how a Care Opinion story can lead to early resolution of concerns and positive action:

Original Post:

'I think there are too many locum Psychiatrists. I feel some I have come into contact with have a very cavalier attitude with no understanding of Autistic people (adults). Medications caused me harm and took way too long to sort out. (I feel I needed to be weened off not ejected from a high dose). Feel deeply upset. I now do not engage with Dumfries mental health system as I am too scared and being autistic makes it hard to communicate.

GP is a very nice guy but to him I 'look' okay.

One psychiatrist left me absolutely terrified and I was unable to engage after that. My situation is once again getting desperate and I don't know who to turn to. What could be improved? Joined up thinking, the option to communicate non-verbally and reading patient history.'

Service Response:

Dear Square Peg,

I am very sorry that you feel that you have had a poor experience of our mental health services. It would be helpful for me to find out more about your specific concerns so that I can direct this to the most appropriate person, so would appreciate if you could email me directly.

thank you, kind regards

Patient Response:

Thanks very much for reaching out to me. I appreciate that. Thought I'd better give an update. My parents have taken me to my GP and I feel as though there has been positive outcome(s). My frustrations with the system had been building up for a long time and I have sent you an email with what those are. Feels good to get that off my chest. I was feeling desperate but not so much now.

Thanks very much.

Service Response:

Dear Square Peg,

Further to our recent email discussion, I'd like to thank you very much for getting in touch and for being so open about your experiences. I am very pleased to hear that you are feeling so much better and wish you well. kind regards

All NHS D&G stories are available to view at www.careopinion.org.uk.

2.3 Compliments

During this period, Patient Services recorded 24 formal 'compliments' in addition to those received by local teams. The following are some examples of the compliments recorded:

- *'To all members of the prison health centre. I write to thank you for the wonderful way that you looked after me when I tripped out in the yard when I was running.*

I feel you do not get enough thanks for what you all do in the prison, well I for one do appreciate what you did for me'

- *'I attended the Day Surgery Unit yesterday for the insertion of a grommet. I'd like to pass on my thanks to all the staff I came in contact with – the Consultant, admission, ward, anaesthetic, recovery and discharge, everyone of whom was friendly, attentive, considerate, informative and helped to make the experience as pleasant as possible. It was not the traumatic experience I had feared.*

I have had several operations in the past but this was my first at Dumfries Infirmary, hence my apprehension.

Well done! Thank you.'

- *'I spent 2 weeks in ward 8D and would like to say the treatment from all the staff was brilliant. They always greeted you with a smile and I never came across a grumpy face. They were always happy to help whether at 10 in the morning or 12 at night. My family were grateful for the attention I received.*

My sincere thanks to everyone and would appreciate if you can pass on my thanks. Turning to single rooms - if you had asked 3 weeks ago I would have been against the idea but after my stay I am very much in favour the idea for various reasons:- Own toilet, shower, visiting any time, being able to relax, sleep if required.

Many thanks'

Compliments received by Patient Services are shared with the relevant teams to ensure they are aware of the feedback.

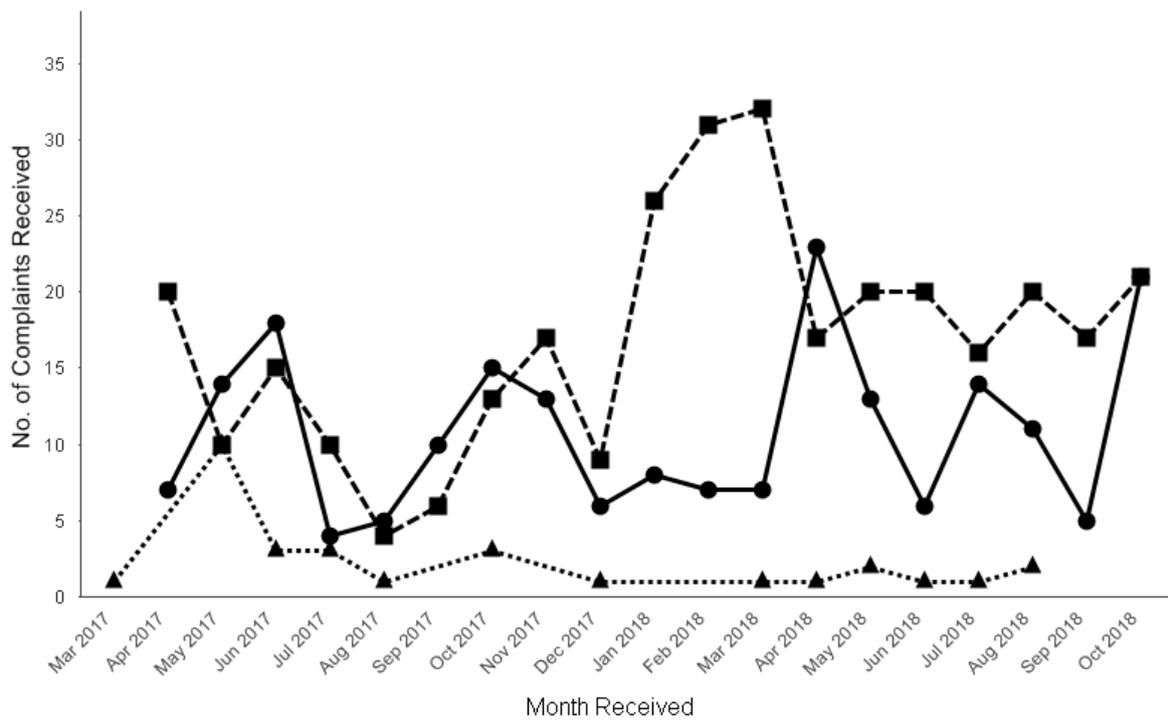
2.4 Complaints

Of the 125 pieces of feedback received, 64 were complaints.

Feedback Received	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
No. Stage One	13	6	8	7	7	23	13	6	14	11	5	21	134
No. Escalated to Stage Two	0	1	0	0	1	1	2	1	1	2	0	0	9
No. Stage Two Direct	17	9	26	31	32	17	20	20	16	20	17	21	246
Total	30	16	34	38	40	41	35	27	31	33	22	42	389

Complaints by complaint stage by month received

- Stage 1 Complaints
- Stage 2 Complaints
- ▲ Stage 1 Escalated to Stage 2

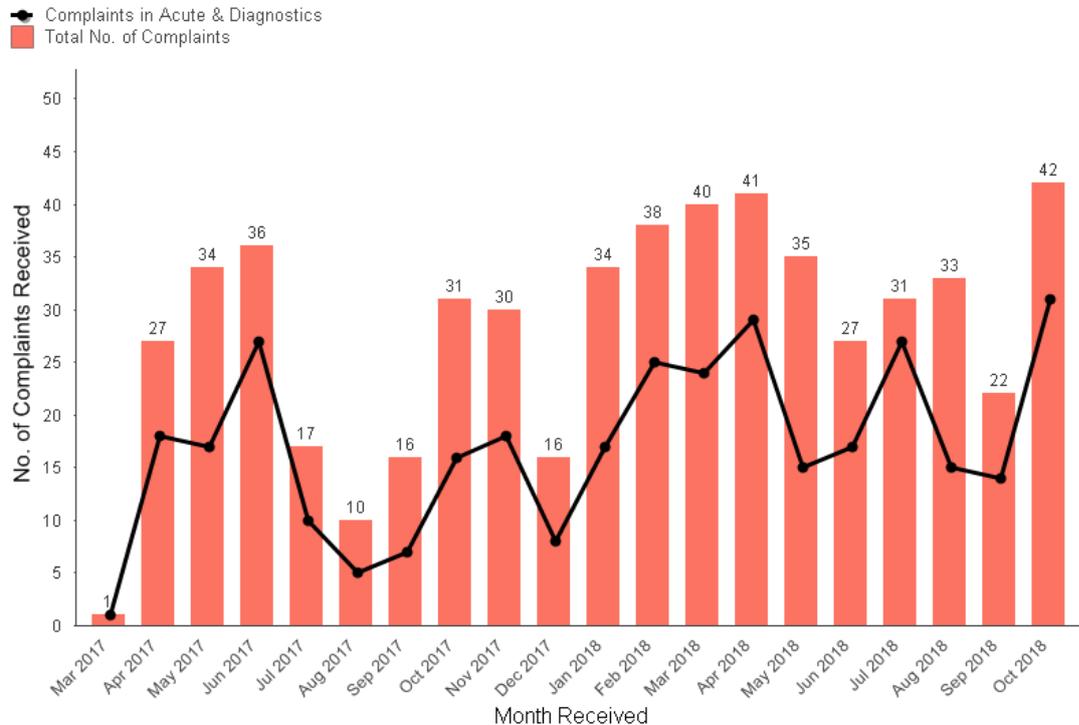


The complaints received related to the following areas:

Service Area	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Acute & Diagnostics	18	8	17	25	24	29	15	17	27	15	14	31	240
PCCD	1	1	5	2	1	2	6	2	1	2	4	2	29
Prison	1	4	5	0	10	2	3	0	0	2	0	1	28
Women's and Children	3	1	2	6	4	2	3	5	1	7	1	5	40
Corporate	1	1	2	4	0	2	0	1	1	4	1	0	17
Mental Health	6	1	2	1	1	2	8	2	1	3	1	3	31
Operational Services	0	0	1	0	0	2	0	0	0	0	1	0	4
Total	30	16	34	38	40	41	35	27	31	33	22	42	389

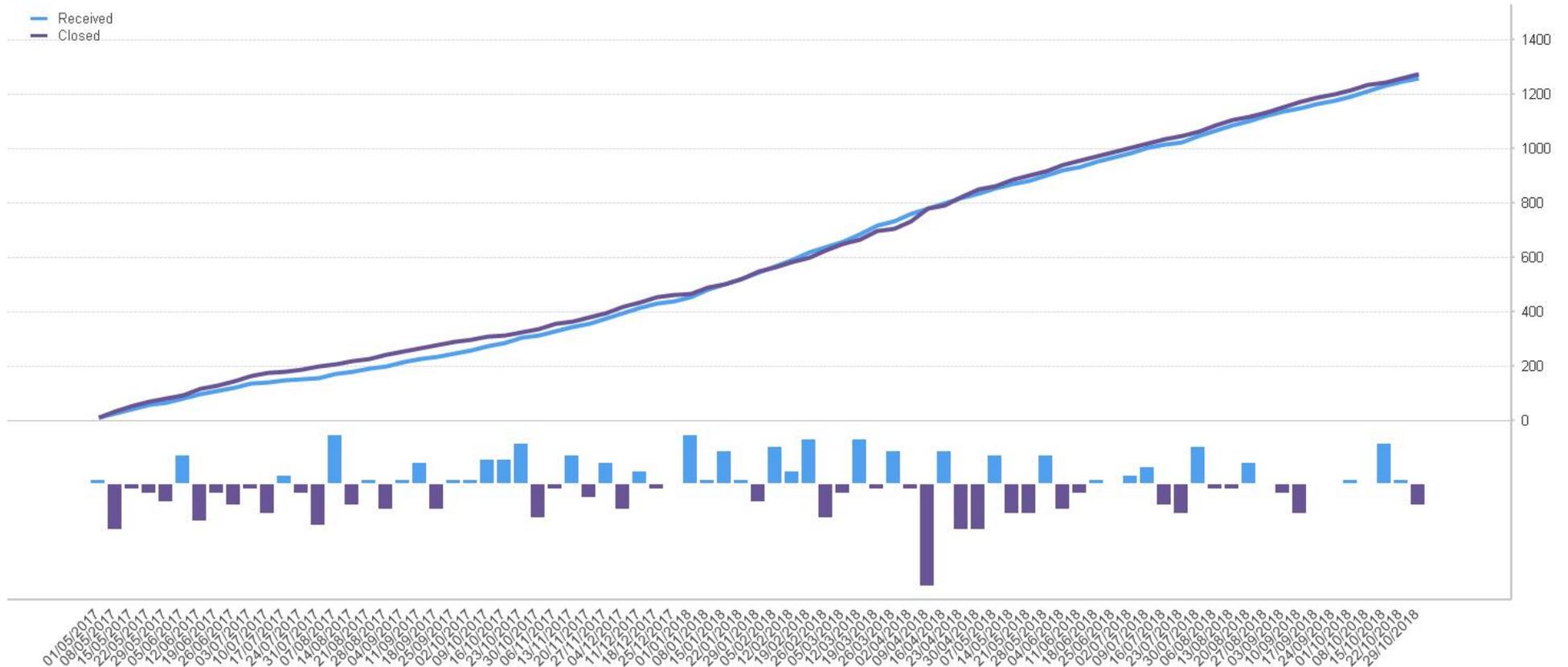
NB: Figures include complaints escalated from Stage 1 to Stage 2

Complaints by first received date



*Data for other directorates under development at this point. It is worthy of note that the context around Acute changed with the opening of a new hospital in Dec 2017. The increase in complaints at this point is a recognised phenomenon. In addition information around how to provide feedback, including complaints was made readily available in the bedside folders at the point of the new DGRI opening.

Number of new complaints versus complaints closed 01/05/2017 – 31/10/2018



Source: Qlikview 06/11/2018

This is provisional data for information only as extract system is being developed.



NOT PROTECTIVELY MARKED

Themes of Feedback

The complaints received related to the following subjects. Feedback often contains more than one issue and therefore one complaint may be listed against numerous themes. There are also occasions where Feedback Coordinators are not recording themes in Datix, which is why the number of themes listed is less than the number of complaints received over the period. Patient Services are planning a session with Feedback Coordinators to focus on Datix and the importance of record quality. This session will be held early in 2019.

Themes	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Clinical Treatment	20	6	32	26	25	23	14	20	9	29	8	6	218
Staff Communication (Oral)	6	1	6	3	12	7	6	3	1	6	0	2	53
Other	2	2	4	4	6	3	1	3	5	3	1	13	47
Waiting Time for Date for Appointment	1	5	3	2	3	5	3	2	9	2	4	1	40
Staff Attitude and Behaviour	4	2	2	3	3	2	7	5	3	5	3	1	40
Staff Communication (Written)	0	0	0	2	3	0	5	2	0	3	0	0	15
Personal Records	1	0	0	0	0	1	0	0	2	2	1	2	9
Premises	0	1	2	0	0	3	0	0	1	0	1	0	8
Staff Competence	1	0	0	1	0	0	0	2	0	1	0	1	6
Waiting Time for Date of Admission / Attendance	0	0	0	0	2	0	0	2	0	1	0	0	5
Waiting Time for Test Results	1	0	0	0	0	2	0	0	1	0	0	0	4
Policy and Commercial Decisions of the Board	0	0	1	1	0	0	0	1	0	0	0	0	3
Delay in Outpatient and Other Clinics	0	0	0	1	1	0	0	0	0	1	0	0	3
Delay in Admission / Transfer / Discharge	1	0	0	2	0	0	0	0	0	0	0	0	3
Aids / Appliances / Equipment	0	0	0	0	0	1	0	0	0	0	0	2	3
Cleanliness	1	0	0	0	0	0	0	0	0	1	0	0	2
Transport	0	0	0	1	0	0	1	0	0	0	0	0	2
Total	38	17	50	46	55	47	37	40	31	54	18	28	461

*Policy and Commercial decisions of the Board commonly relates to decisions around exceptional referrals or non provision of treatment modalities e.g. alternative therapies etc

* Other relates to complaints where there is no defined code within the Datix system.

A national short life working group is currently reviewing and updating theme codes to ensure a consistent approach across Boards. Once agreed at national level, Patient Services will undertake the necessary technical changes to ensure the new codes can be implemented locally. The anticipated timescale for implementing the changes locally is 1 April 2019.

Independent Contractors

Local GPs, Dentists, Opticians and Pharmacists provide the Board with monthly performance information relating to the number of complaints they have received. This arrangement is voluntary as there is currently no obligation for independent contractors to provide us with this information.

Service	Sep-18			Oct-18		
	Number of responses	Number of complaints	% of all complaints	Number of responses	Number of complaints	% of all complaints
GPs (n:31)	17	3	16	22	11	100
Pharmacy* (n:34)	16	15	79	0	0	0
Dental (n:33)	15	1	5	12	0	0
Opticians* (n:21)	6	0	0	4	0	0
Totals:	54	19		38	11	

NB - data for Pharmacy and Opticians is currently incomplete as the majority of these services report quarterly and the deadline for reporting is beyond submission dates for this paper.

As part of the new Complaints Handling Procedure introduced from 1 April 2017, all NHS Boards in Scotland are required to report their complaints performance against a suite of new indicators determined by the Scottish Public Services Ombudsman (SPSO). Those indicators can be summarised as follows:

Indicator	Description
Indicator One: Learning from complaints	A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour.
Indicator Two: Complaint process experience	A statement to report the person making the complaint's experience in relation to the complaints service provided.
Indicator Three: Staff awareness and training	A statement to report on levels of staff awareness and training.
Indicator Four: The total number of complaints received	Details of the number of complaints received per episode of care and recorded against a consistent benchmark such as the number of staff employed.
Indicator Five: Complaints closed at each stage	Details of the number of complaints responded to at each stage of the Complaints Handling Procedure.
Indicator Six: Complaints upheld, partially upheld and not upheld	Details of the number of complaints that had each of the above listed outcomes.
Indicator Seven: Average response times	Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.
Indicator Eight: Complaints closed in full within the timescales	Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.
Indicator Nine: Number of cases where an extension was authorised	Details of how many complaints required an extension to the standard timescales.

Further details of the indicators can be found in appendix six of NHS Dumfries and Galloway's Complaints Handling Procedure.

Indicator 1 - Learning from complaints

'A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the Duty of Candour.'

Identifying, capturing and progressing wider learning in relations to complaints is a recognised challenge for Boards. The SPSO's Learning and Improvement Unit have developed a number of tools to assist Boards with this challenge. The Scottish Government are hoping to deliver a learning themed event in partnership with the SPSO in early 2019 to further assist with this.

Locally, we are testing an approach to capturing learning within the Women, Children's and Sexual Health Directorate. This is still in the testing phase and further information will be provided as that progresses. Patient Services are also working with the Acute and Diagnostics Directorate to explore a short term solution to sharing learning from their complaints, ahead of the Board wide approach being agreed and rolled out. Feedback on these activities will be provided in the next Board report.

A Patient Experience Group with senior representation from across the directorates met for the first time at the end of October to explore how such a group could support improved learning from significant complaints. The group are testing a proposed approach at their next meeting, which is being scheduled for November/December.

Indicator 2 - Complaints Process Experience

'A statement to report the person making the complaint's experience in relation to the complaints service provided.'

Complainants are invited to share their experience of the complaints process when they receive their response letters. Complainants can answer via Survey Monkey or via hard copy questionnaire. They are asked 16 questions about their experience with the complaints process. These questions are based on guidance from the SPSO and are consistent with the questions asked by other Boards. NHS Dumfries and Galloway have been promoting the questionnaires since February 2018 and we have had 30 responses to date. A low return rate for a survey of this kind is to be expected and at this point there are too few responses to analyse themes.

To ensure learning from these surveys, Patient Services will share the responses with the relevant services and work with them to address and key areas requiring improvement.

A more detailed report on these survey responses will be provided in the annual report for 2018/19.

Indicator 3 - Staff Awareness and Training

'A statement to report on levels of staff awareness and training.'

Opportunities to attend training and awareness raising sessions on feedback and complaints continue to be provided.

Patient Services are currently trialling delivering the training jointly with a Local Authority complaints handling colleague. These sessions have been opened up to staff from both organisations and to independent contractors to attend. This has brought a number of benefits including:

- The option to deliver from a wider range of training locations, as both Local Authority and NHS buildings can be used.
- A wider mix of skills and experience in the room, allowing for a richer and more diverse training experience.
- Increased opportunity to work jointly on identifying and developing additional complaints handling tools.
- Increased opportunity to develop closer working relationships between complaints handlers across different organisations.
- Increased opportunity to improve consistency in how complaints are handled across the public sector locally.

There continues to be demand for sessions and therefore additional dates are being scheduled. Patient Services are also working with a number of individual teams to deliver tailored training for their services.

Whilst demand continues, attendance across the Directorates is varied. Patient Services are reviewing the training available both locally and nationally to ensure that a variety of training options and formats are available to suit different learning styles and needs. This includes compiling the various e-learning options.

Definitions:
Stage One – complaints closed at Stage One Frontline Resolution;
Stage Two (direct) – complaints that by-passed Stage One and went directly to Stage Two Investigation (e.g. complex complaints);
Escalated Stage Two – complaints which were dealt with at Stage One and were subsequently escalated to Stage Two investigation (e.g. because the complainant remained dissatisfied)

Indicator 4 Total number of complaints received

‘Details of the number of complaints received per episode of care and recorded against a consistent benchmark such as the number of staff employed.’

Indicator 4 - The rate of complaints received per.....		
Description	Sept 2018	Oct 2018
Per 1000 population	0.01	0.03

** It is not possible to provide the rate of complaints in relation to patient episode as not all episodes are captured in an electronically searchable manner. Rate per population has therefore been selected as a proxy measure. Work is ongoing to explore the potential to measure against staff employed.*

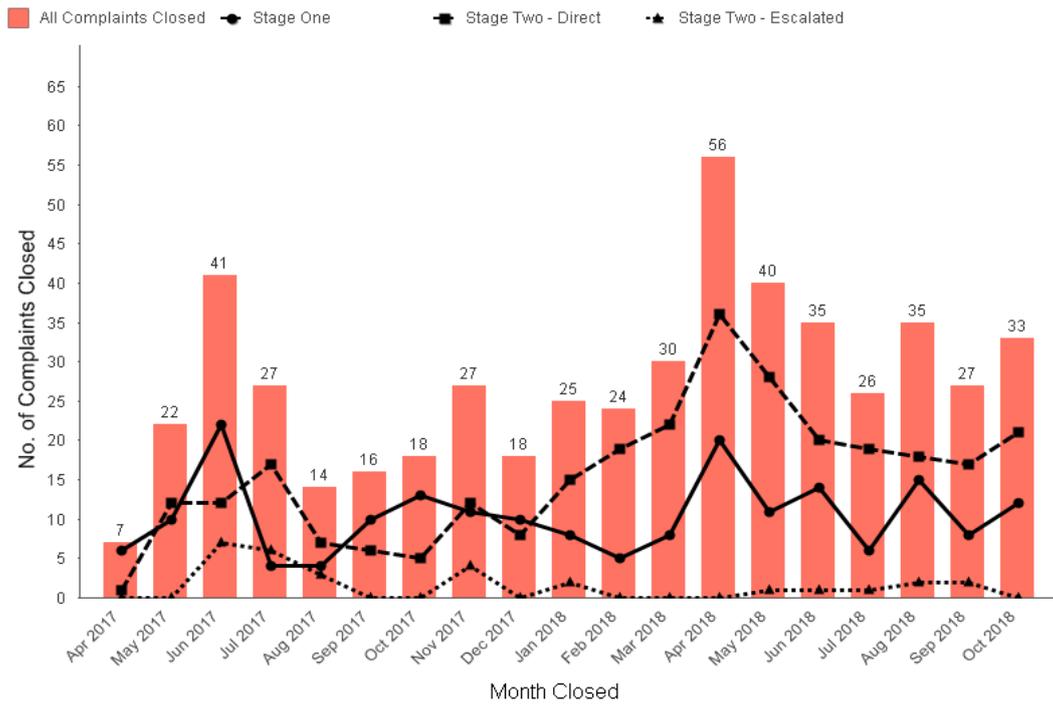
All information from this point forwards relates to Complaints which have been completed i.e. have received a response.

Indicator Five: Complaints closed at each stage

“Details of the number of complaints responded to at each stage of the Complaints Handling Procedure.”

Complaint Type	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Stage One	11	10	8	5	8	20	11	14	6	15	8	12	128
Stage Two - Escalated	4	0	2	0	0	0	1	1	1	2	2	0	13
Stage Two - Direct	12	8	15	19	22	36	28	20	19	18	17	21	235
Total Complaints Closed	27	18	25	24	30	56	40	35	26	35	27	33	376

Complaints by stage by month complaint closed



Indicator Six: Complaints upheld, partially upheld and not upheld

'Details of the number of complaints that had each of the above listed outcomes.'

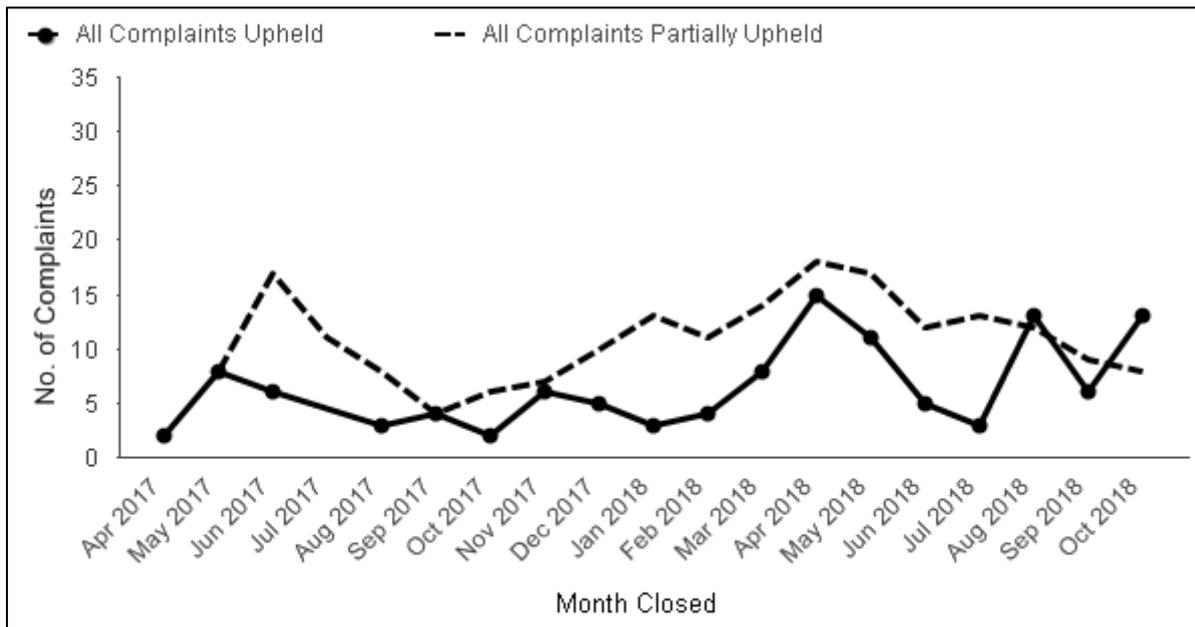
Indicator 6 - The number of complaints upheld/ partially upheld/ not upheld at each stage as a percentage of complaints closed (*responded to*) in full at each stage.

Complaint Type		Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Stage 1	Upheld	4	4	3	3	2	9	6	4	1	6	3	7	52
	Partially Upheld	1	5	4	2	5	6	3	3	3	7	2	1	42
	Not Upheld	4	1	1	0	1	5	1	3	2	1	2	2	23
	Other Outcome	2	0	0	0	0	0	1	4	0	1	1	2	11
	Total Closed	11	10	8	5	8	20	11	14	6	15	8	12	128
Stage 2 Direct	Upheld	2	1	0	1	6	6	4	1	2	5	2	6	36
	Partially Upheld	5	5	8	9	9	12	14	9	9	5	7	7	99
	Not Upheld	4	2	7	6	6	13	8	9	5	4	7	5	76
	Other Outcome	1	0	0	3	1	5	2	1	3	4	1	3	24
	Total Closed	12	8	15	19	22	36	28	20	19	18	17	21	235
Stage 2 Escalated	Upheld	0	0	0	0	0	0	1	0	0	2	1	0	4
	Partially Upheld	1	0	1	0	0	0	0	0	1	0	0	0	3
	Not Upheld	3	0	1	0	0	0	0	1	0	0	1	0	6
	Other Outcome	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Closed	4	0	2	0	0	0	1	1	1	2	2	0	13

Complaint Type		Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Total
Stage 1	Upheld	36.4%	40.0%	37.5%	60.0%	25.0%	45.0%	54.5%	28.6%	16.7%	40.0%	37.5%	58.3%	40.6%
	Partially Upheld	9.1%	50.0%	50.0%	40.0%	62.5%	30.0%	27.3%	21.4%	50.0%	46.7%	25.0%	8.3%	32.8%
	Not Upheld	36.4%	10.0%	12.5%	0.0%	12.5%	25.0%	9.1%	21.4%	33.3%	6.7%	25.0%	16.7%	18.0%
	Other Outcome	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	28.6%	0.0%	6.7%	12.5%	16.7%	8.6%
	Total Closed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stage 2 Direct	Upheld	16.7%	12.5%	0.0%	5.3%	27.3%	16.7%	14.3%	5.0%	10.5%	27.8%	11.8%	28.6%	15.3%
	Partially Upheld	41.7%	62.5%	53.3%	47.4%	40.9%	33.3%	50.0%	45.0%	47.4%	27.8%	41.2%	33.3%	42.1%
	Not Upheld	33.3%	25.0%	46.7%	31.6%	27.3%	36.1%	28.6%	45.0%	26.3%	22.2%	41.2%	23.8%	32.3%
	Other Outcome	8.3%	0.0%	0.0%	15.8%	4.5%	13.9%	7.1%	5.0%	15.8%	22.2%	5.9%	14.3%	10.2%
	Total Closed	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stage 2 Escalated	Upheld	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	50.0%	0.0%	30.8%
	Partially Upheld	25.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	23.1%
	Not Upheld	75.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	50.0%	0.0%	46.2%
	Other Outcome	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total Closed	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%

'Other' includes matters where consent has not been received; the complaint has been withdrawn or is resolved. It can also include complaints where an outcome has not been recorded at the time of reporting.

Outcome of all complaints Upheld or Partially Upheld by month complaint closed



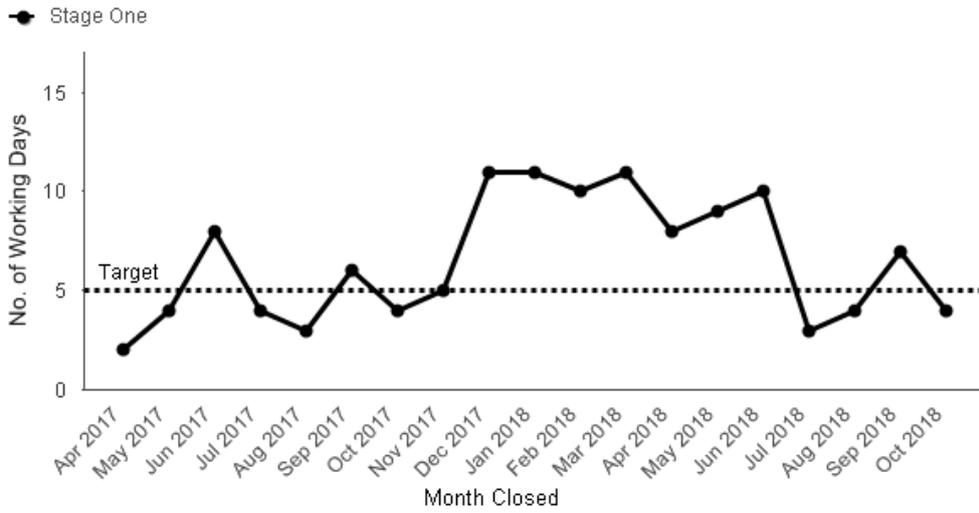
Indicator Seven: Average response times

'Details of the average time in working days to close complaints at each stage of the Complaints Handling Procedure.'

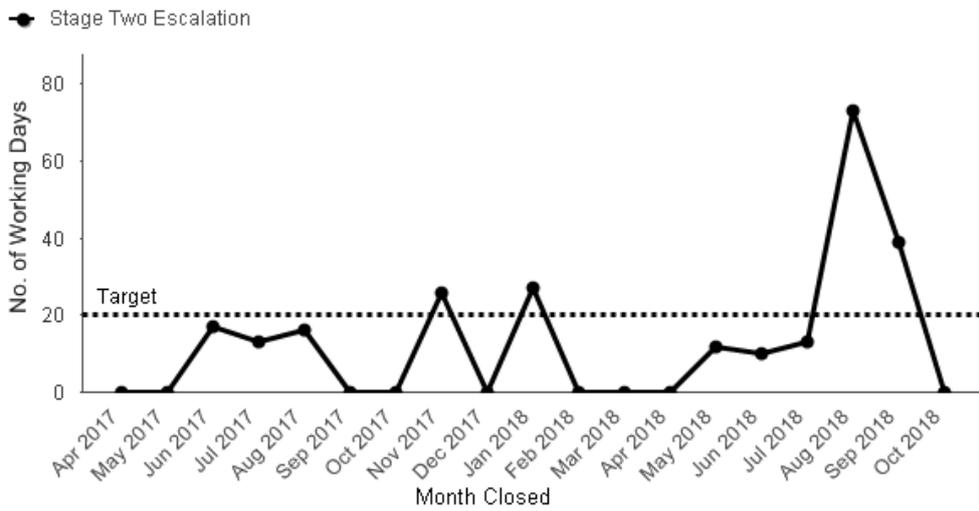
MonthYear	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Avg.
Stage One (5 Working Days)	5	11	11	10	11	8	9	10	3	4	7	4	8
Stage Two (20 Working Days)	44	28	31	24	28	31	38	40	24	30	25	43	32
Stage Two Escalation (20 Working Days)	26	0	27	0	0	0	12	10	13	73	39	0	32
All Complaints	25	19	24	21	24	23	29	27	19	22	21	29	24

Average time for complaint to be closed

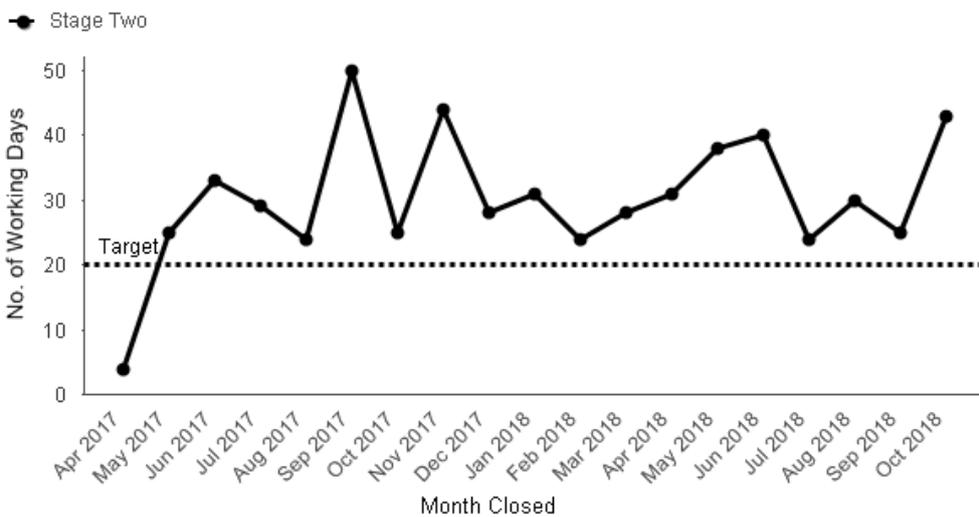
Stage 1 Complaints



Escalated to Stage 2

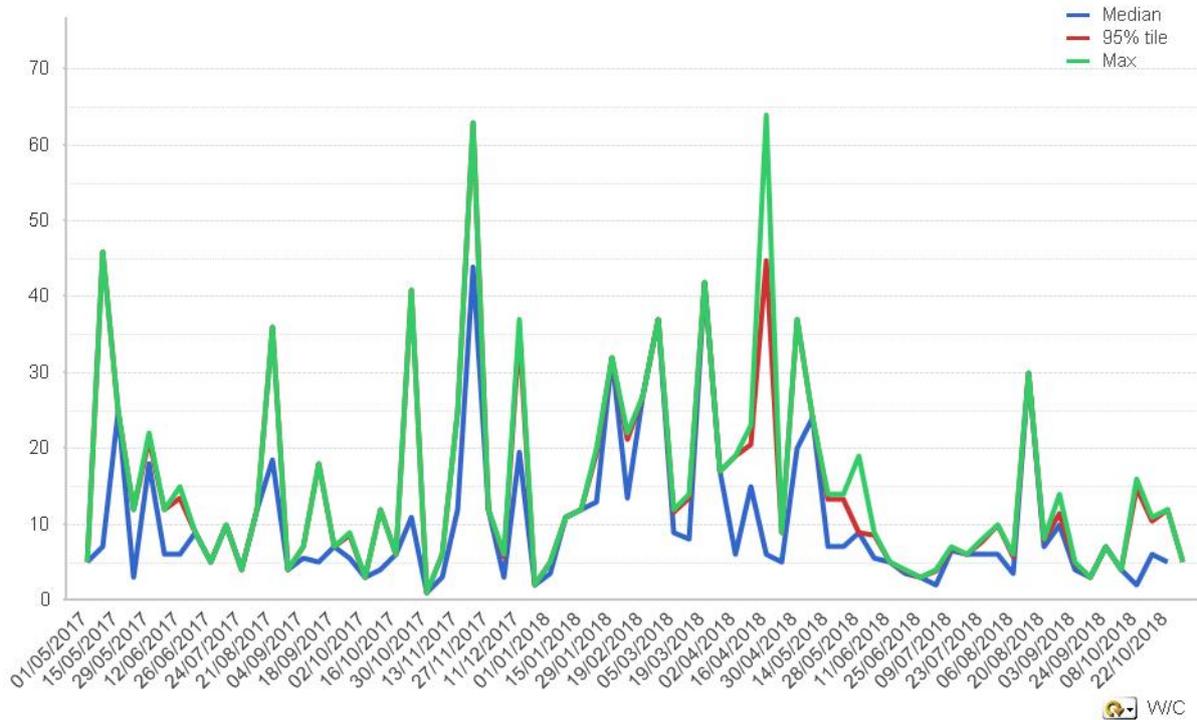


Direct to Stage 2



It was thought that Board may benefit from a view of performance over time and so the following charts have been proposed.

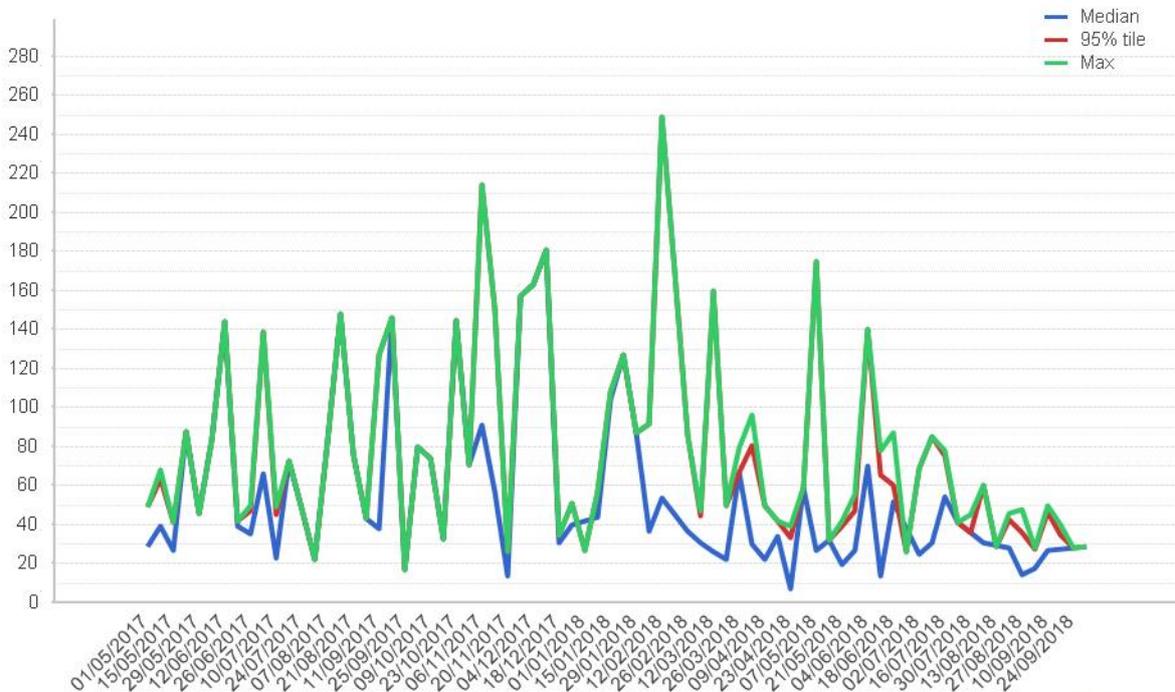
Stage 1 received to closed – 01/05/2017 – 31/10/2018



Source: Qlikview 06/11/2018, This is provisional data for information only as extract system is being developed.



Stage 2 (all) received to closed – 01/05/2017 – 31/10/2018



Source: Qlikview 06/11/2018, This is provisional data for information only as extract system is being developed.



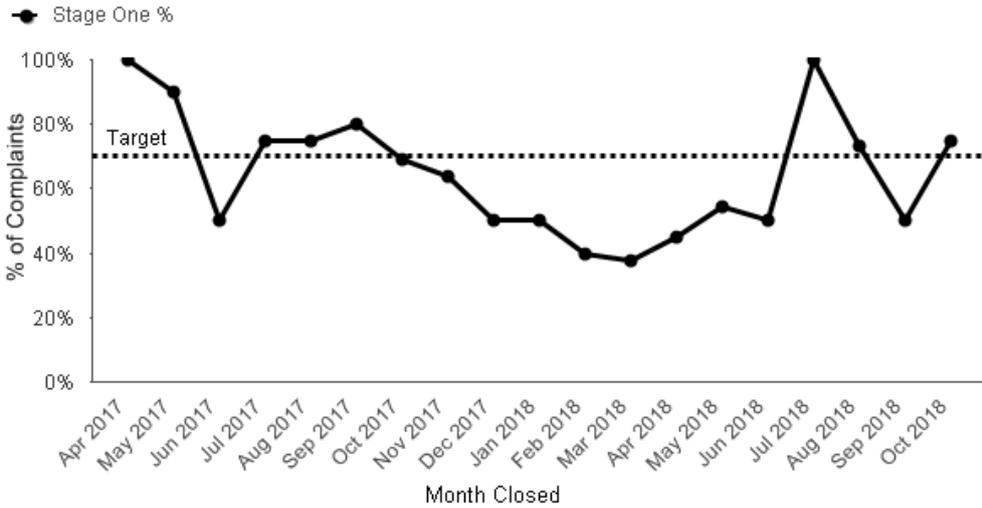
Indicator Eight: Complaints closed in full within the timescales

'Details of how many complaints were responses to within the timescales required of the Complaints Handling Procedure.'

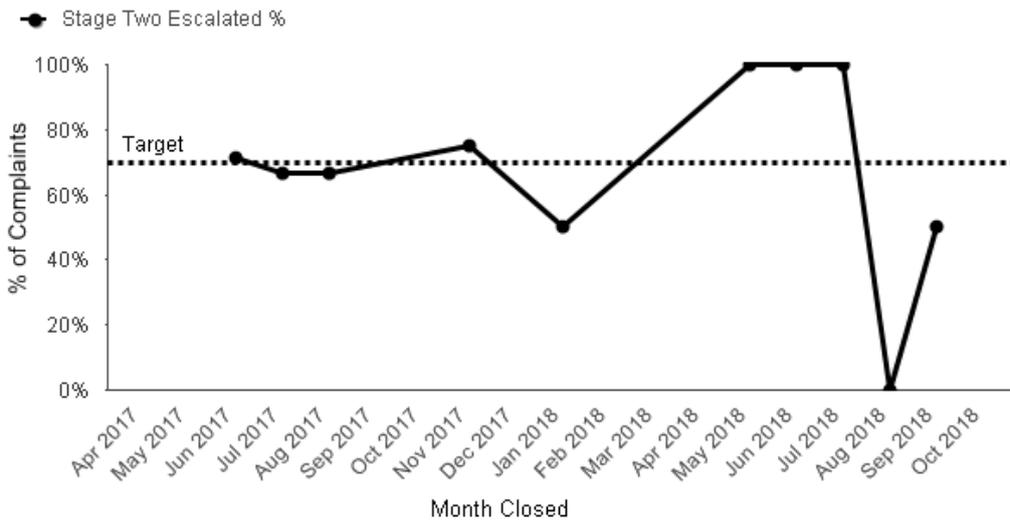
Complaint Type	Closed Within	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 1	5 Working Days	7	5	4	2	3	9	6	7	6	11	4	9
	Total Closed	11	10	8	5	8	20	11	14	6	15	8	12
Complaint Type	Closed Within	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 2 Direct	20 Working Days	5	5	6	13	11	19	7	11	10	8	10	9
	Total Closed	12	8	15	19	22	36	28	20	19	18	17	21
Stage 2 Escalated	20 Working Days	3	0	1	0	0	0	1	1	1	0	1	0
	Total Closed	4	0	2	0	0	0	1	1	1	2	2	0
Complaint Type	Closed Within	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 1	5 Working Days	63.6%	50.0%	50.0%	40.0%	37.5%	45.0%	54.5%	50.0%	100.0%	73.3%	50.0%	75.0%
	Total Closed	11	10	8	5	8	20	11	14	6	15	8	12
Complaint Type	Closed Within	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 2 Direct	20 Working Days	41.7%	62.5%	40.0%	68.4%	50.0%	52.8%	25.0%	55.0%	52.6%	44.4%	58.8%	42.9%
	Total Closed	12	8	15	19	22	36	28	20	19	18	17	21
Stage 2 Escalated	20 Working Days	75.0%	0	50.0%	0	0	0	100.0%	100.0%	100.0%	0.0%	50.0%	0
	Total Closed	4	0	2	0	0	0	1	1	1	2	2	0

Complaints closed in Set Timescale by month closed against a target of 70%

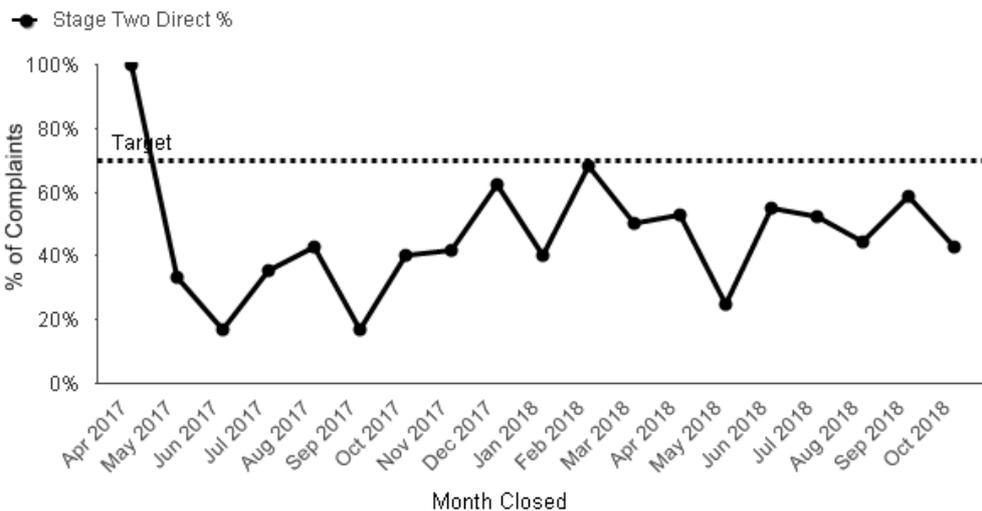
Stage 1 Complaints closed in 5 days



Escalated to Stage 2 closed in 20 days



Stage 2 Direct closed in 20 days

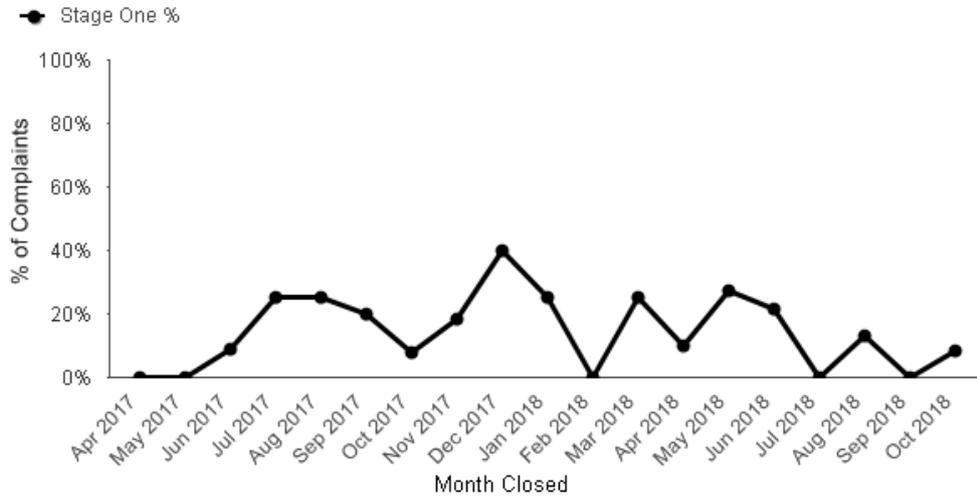


Indicator Nine: Number of cases where an extension was authorised
'Details of how many complaints required an extension to the standard timescales.'

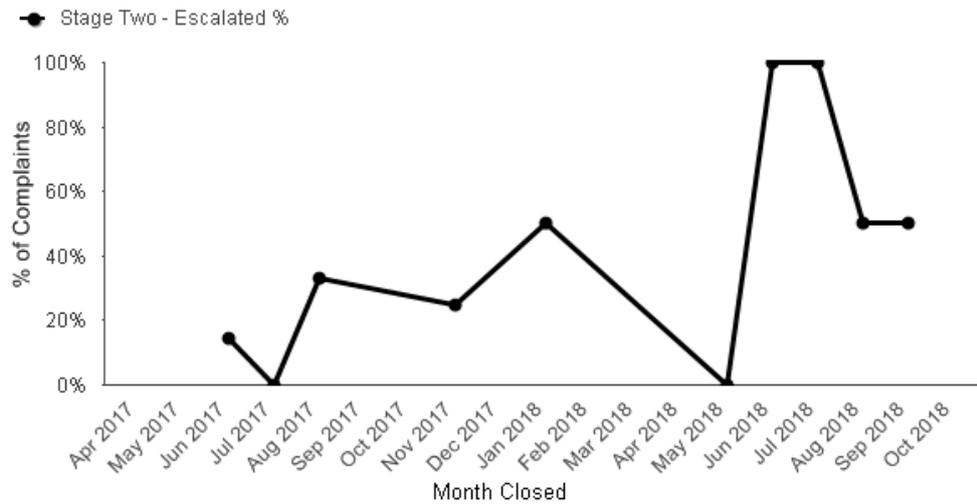
Complaint Type	Extend.	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 1 (5 Working Days)	Extend.	2	4	2	0	2	2	3	3	0	2	0	1
	Total Closed	11	10	8	5	8	20	11	14	6	15	8	12
Stage 2 Direct (20 Working Days)	Extend.	5	3	7	5	6	14	17	8	8	6	6	8
	Total Closed	12	8	15	19	22	36	28	20	19	18	17	21
Stage 2 Escalated (20 Working Days)	Extend.	1	0	1	0	0	0	0	1	1	1	1	0
	Total Closed	4	0	2	0	0	0	1	1	1	2	2	0
Complaint Type	Extend.	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Stage 1 (5 Working Days)	Extend.	18.2%	40.0%	25.0%	0.0%	25.0%	10.0%	27.3%	21.4%	0.0%	13.3%	0.0%	8.3%
	Total Closed	11	10	8	5	8	20	11	14	6	15	8	12
Stage 2 Direct (20 Working Days)	Extend.	41.7%	37.5%	46.7%	26.3%	27.3%	38.9%	60.7%	40.0%	42.1%	33.3%	35.3%	38.1%
	Total Closed	12	8	15	19	22	36	28	20	19	18	17	21
Stage 2 Escalated (20 Working Days)	Extend.	25.0%	0	50.0%	0	0	0	0.0%	100.0%	100.0%	50.0%	50.0%	0
	Total Closed	4	0	2	0	0	0	1	1	1	2	2	0

Complaints closed where extension to set timescale authorised by month closed

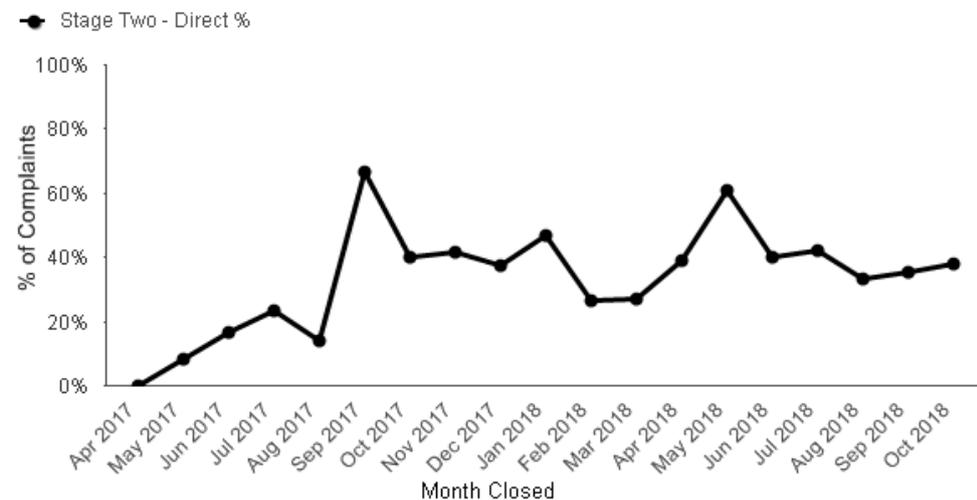
Stage 1 Complaints with authorised extension



Escalated to Stage 2 Complaints with authorised extension



Stage 2 Direct Complaints with authorised extension



2.5 Scottish Public Services Ombudsman Complaints

Individuals who are dissatisfied with NHS Dumfries and Galloway's complaint handling or response can refer their complaint for further investigation to the Scottish Public Services Ombudsman.

There are currently eleven complaints under investigation at the SPSO and the outcome of those is awaited. In this reporting period the SPSO issued decision letters for six complaints. In one of those cases the SPSO did not progress to investigation.

In the remaining five cases, the SPSO upheld eight of the eleven points of complaint they considered and made a total of 28 recommendations. Five of those recommendations were for apology letters to be issued by the Board and these letters have been sent accordingly.

The remaining recommendations are in progress. The SPSO monitor progress against their recommendations and require evidence from the Board to demonstrate the relevant action has been taken before they close a case.

Further information on SPSO decision letters and investigations can be found on their website - <https://www.spsso.org.uk/our-findings>.

2.6 Compliance

Compliance with complaints timescales continues to be below target and continues to fluctuate. As well as ensuring complaints responses are timely, the Board also needs to ensure that the handling of complaints is of a reasonable standard, which should include a high quality response. At times, it can be difficult to provide such a response within the statutory timescale as further work is required or delays have occurred to accommodate meetings or other relevant activities.

If we are unable to meet our timescales, we should always ensure that the complainant is aware of the delay and that an extension is put in place. Whilst we have improved in this respect, there are still cases going over timescales without the complainant being advised. This is an area that services are committed to improving and Patient Services are offering support to ensure that they have early warning of impending deadlines and/or overdue cases.

In order to better understand the areas where the Board need to improve in relation to their complaints handling An initial self assessment exercise designed by the SPSO has been undertaken by the directorates and are due to be fed back to the short life Complaints Assurance Group before the end of the year. The group is chaired by the Nurse Director and attended by non-executive Board Members as well as staff from the Performance and Patient Services Teams. The self assessment results will help to inform the improvement actions required from individual services and the wider Board going forward.

3. Conclusion

Compliance with response timescales continues to present a challenge. The Directorates and Patient Services are working closely together to ensure the teams are supported with training, templates, guidance and advice as required.



Story and response listing

About this report

This report lists a selection of stories and responses published on Care Opinion.

It was created on **02 November 2018**.

Which postings are included?

This report shows stories in the **NHS Dumfries and Galloway** subscription, which includes All stories about NHS Dumfries and Galloway.

The report is also filtered to show only All stories submitted between 01/09/2018 and 31/10/2018

Frequently asked questions

How do I find the original story online?

If you are viewing the report on a computer, you may be able to click the reference number to the right of the story. This will take you to the story online. If you are viewing the report on paper, you can find story number X online at: <https://www.careopinion.org.uk/opinions/X>

Why might a story appear more than once in the list?

Some stories are about more than one service. If so, the story will be listed under each service it is about.

What do the story counts mean?

To the right of an organisation/service you will see a count. This tells you the number of stories listed in the report about that organisation or service (including any services run by that organisation/service).

What do the view counts mean?

The view count to the right of a story tells you the number of times the story has been viewed on Parameters!SiteName.Value by public users (excluding subscribers and the PO team).

Why might unexpected services appear in my report?

The services listed in the report depend on the stories that are included, and that depends on how you have filtered the report. So, for example, if you have filtered only according to where authors live, you may find they have used services some distance away.

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Care Opinion is a not-for-profit social enterprise which enables people to share the story of their care, and perhaps help care services make changes.

For more information, contact us via: <https://www.careopinion.org.uk>

Show/hide responses

This report lists **5** stories

NHS Dumfries and Galloway	5 stories
Crichton Royal Hospital	1 story
General Psychiatry	1 story

Don't know where to turn to.

590935

Square peg the patient 15/10/2018

74 views

I think there are too many locum Psychiatrists. I feel some I have come into contact with have a very cavalier attitude with no understanding of Autistic people(adults). Medications caused me harm and took way too long to sort out . (I feel I needed to be weened off not ejected from a high dose). Feel deeply upset. I now do not engage with Dumfries mental health system as I am too scared and being autistic makes it hard to communicate.

GP is a very nice guy but to him I 'look' okay.

One psychiatrist left me absolutely terrified and I was unable to engage after that. My situation is once again getting desperate and I don't know who to turn to.

What could be improved? Joined up thinking, the option to communicate non-verbally and reading patient history.

Would recommend? (Friends and family test): Extremely unlikely

Linda McKechnie *Lead Nurse and Professional Manager, Community Mental Health Services NHS Dumfries and Galloway* 16/10/2018

Dear Square Peg,

I am very sorry that you feel that you have had a poor experience of our mental health services. It would be helpful for me to find out more about your specific concerns so that I can direct this to the most appropriate person, so would appreciate if you could email me directly on linda.mckechnie@nhs.net

thank you

kind regards

Square peg

Thanks very much for reaching out to me. I appreciate that. Thought I'd better give an update. My parents have taken me to my GP and I feel as though there has been positive outcome(s). My frustrations with the system had been building up for a long time and I have sent you an email with what those are. Feels good to get that off my chest. I was feeling desperate but not so much now.

Thanks very much.

Linda McKechnie *Lead Nurse and Professional Manager, Community Mental Health Services NHS Dumfries and Galloway* 18/10/2018

Dear Square Peg,

Further to our recent email discussion, I'd like to thank you very much for getting in touch and for being so open about your experiences. I am very pleased to hear that you are feeling so much better and wish you well. kind regards

Dumfries & Galloway Royal Infirmary

4 stories

Plug sockets

586188

AWB a service user 25/09/2018

I noticed when I was A&E at Dumfries that none of the plug sockets had covers on them. There were several toddlers wandering about that night, one who took an interest in the plugs. On a visit to outpatients today I noticed the same thing.

42 views

Michaela Cannon *Patient Feedback and Complaints Co-ordinator NHS Dumfries & Galloway 26/09/2018*

Good morning AWB,

Thank you for taking the time to post your comments on Care Opinion.

I have discussed the matter with our Estates department who advise that the use of socket covers is prohibited on NHS sites and was subject of a national hazard warning notice.

Standard socket outlets have in-built safety shutters which prevent items being inserted into the live or neutral connections. The socket outlet design has been rigorously tested to ensure that it is fully compliant with the wiring regulations and all necessary safety standards.

The plastic socket covers to which you refer deliberately overcome the in-built safety devices and in certain circumstances could allow foreign objects to be inserted into the socket which creates a bigger risk to the safety of individuals.

I hope that this response provides you with reassurance in this matter and thank you once again for your comments.

Kind regards

A visit to A&E with my 5 year old

587617

Emmpd79 a parent/guardian 03/10/2018

37 views

Following a fall at school, my 5 year old ended up with a rather nasty bump to his head. He said he was feeling 'wobbly' and couldn't see properly so we popped up to A&E to get him checked.

After a short wait (and play in the play room) we were seen by a nurse for triage. She spoke directly to my son and showed a genuine interest in him. She explained to him what she was doing at each stage and helped him to understand what the various pieces of equipment were for. This helped to ease his anxiety and made it much easier for her to assess him. She reassured us that he seemed ok but she wanted him to receive a further check.

We were then seen by another nurse, Kevin, who performed some further checks. Again, he spoke directly to my wee boy and immediately put him at ease. He showed genuine compassion and made the whole process easy and fun.

We left feeling reassured and confident that our son had been thoroughly checked. Just as importantly, our wee boy left having had a positive experience and feeling very comfortable about visiting the hospital again should he need to.

We have had to visit A&E several times over recent years with various bumps and scrapes and our experience has always been positive. I asked my wee boy if he wanted to add anything and he said:

'I felt very sad when I hurt my head and I was a little bit worried about going to hospital. The people I saw were nice and made me laugh. They were kind to me and made me feel better. I even got a sticker!'

Would recommend? (Friends and family test): Extremely likely

Annette Finnigan *Patient Experience & Safety Manager NHS Dumfries and Galloway* 04/10/2018

Dear Emmpd79,

Thank you so much for taking the time to share your story.

Your feedback has been shared with the team in A&E and I am sure that they will be delighted to read your kind words.

I hope that your son is recovering well from his bump - please pass on our well wishes and our thanks to him for his own, additional feedback!

Regards,

Annette

Excellent staff but lacking aftercare information

593453

Fefe a service user 23/10/2018

81 views

I attended Dumfries Hospital at the end of April this year and after an X-ray was advised I had a left neck of humerus fracture. I was told it would heal naturally and given a collar/ cuff sling and painkillers.

I was asked to return to the fracture clinic and when I explained we were only visiting the area, I was then given a letter to hand in to my local hospital. The staff in Dumfries A&E were lovely and I was fortunate that it was not busy.

I wasn't given any information on how to deal with this injury such as position for sleeping, not resting elbow on pillow etc or the horrendous swelling which I experienced from the shoulder down.

I am aware of the constraints within the NHS but maybe a leaflet with basic information could be made available when fracture first occurs followed by another a few weeks down the line explaining the importance of exercise.

The reason for asking for a follow up leaflet is I was advised to take my arm out of the sling and do pendulum exercises at week 5 by the staff at fracture clinic at Hairmyres Hospital. It was really explained to me the benefit of this exercise and as it hurt and was very uncomfortable I am sorry I didn't do much exercise which was obviously to my own detriment in the beginning.

The staff in both hospitals were excellent just need to give more information.

It may also benefit other patients with this to know that there is a group on Facebook called the Humerous Fracture Support Group. The members share information and tips on how they manage to carry out different functions. Hope this helps

Cameron Sharkey *Service Manager for Surgical & Critical Care Services NHS Lanarkshire 25/10/2018*

Dear Fefe,

Thanks for taking the time to feedback about your experience as a patient at the Fracture Clinic at Hairmyres. I glad that you felt so well looked after by the staff and will be sure to pass this on to them.

I hope you continue to heal well.

Kind Regards,

Cameron

Stephen Peebles *Service Manager, Trauma & Orthopaedics NHS Lanarkshire 26/10/2018*

Dear Fefe

Thanks for getting in contact to let us know your experience and suggesting improvements. I am glad to hear you were happy with your care and we will look into the information available to patients through the clinics to ensure we are able to fully support rehabilitation.

Best Regards

Stephen

Annette Finnigan *Patient Experience & Safety Manager NHS Dumfries and Galloway 26/10/2018*

Dear Fefe,

Thank you for taking the time to share your experience with us.

I am pleased to hear that the staff in the A&E department in Dumfries and Galloway Royal Infirmary were lovely, however I am sorry to find that you were not provided with information to guide you through the initial stages of your healing. I will certainly look into what resources are available for future patients.

I wish you well in your recovery.

Kind Regards,

Annette

Cancer care

1 story

incorrect interpretation of CT scan

580865

nhs concern a relative 07/09/2018

89 views

My mum has cancer of the esophagus. She has had chemotherapy and radiotherapy and was admitted to hospital due to breathlessness. She had a CT scan and was told that the cancer had spread to her lungs. We are now told that the CT scan has been misinterpreted and the scars on her lungs are due to the radiotherapy. The support of the nurses has been excellent but still no apology from the radiotherapist who misintepreted the scan or the doctor who delivered the news in an abrupt and inappropriate manner.

Annette Finnigan *Patient Experience & Safety Manager* NHS Dumfries and Galloway 07/09/2018

Thank you for taking the time to leave your feedback.

The Clinical Services Manager and myself met with your family as soon as we were alerted to this incident yesterday and once again we extend our sincere apologies for the distress that this experience caused.

As promised, we are investigating this matter under our Adverse Event process and our Clinical Services Manager has provided updates directly to your mother throughout today.

If you would like to discuss this with us further, please do not contact me on either 01387 241379 or at dumf-uhb.acutecomplaints@nhs.net

Regards,

Annette

DUMFRIES and GALLOWAY NHS BOARD

3 December 2018

Involving People, Improving Quality

Healthcare Associated Infection Report



Author:

Elaine Ross
Infection Control Manager

Sponsoring Director

Eddie Docherty
Executive Director Nursing Midwifery &
Allied Health Professionals

Date 9 November 2018

RECOMMENDATION

The Board is asked **to approve** this update paper.

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

- The increase in Staphylococcus aureus bacteraemia and the actions taken to address device related SAB
- The actions to address HAI Clostridium difficile infection

CONTEXT

Strategy / Policy

This paper demonstrates implementation of the national HAI Taskforce at NHS Board level. This HAI harm reduction activity supports implementation of the Healthcare Quality Strategy.

Organisational Context / Why is this paper important?

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

Key messages:

- There has been an increase in SAB in the last two months however when the quarterly rolling average is used there has been a reduction over the previous twelve months.
- There has been an increase in HAI CDI and this has been brought to the attention of the board who will be aware of the seriousness with which the IPCT and acute management team have approached this matter of patient safety. A number of additional measures were introduced between June and

August and it may be that these are beginning to demonstrate an impact, though it is rather soon to predict this with confidence.

- National data on surgical site infection has been published and shows NHS Dumfries and Galloway performing well. The board will be aware of the observations made by the HEI on their inspection of theatres in May.
- As previously reported, there was no increase in infection noted at the time of the HEI inspection and it is pleasing to see this evidenced in national reports.
- Compliance with national HAI screening programmes for MRSA and CPE are 98 and 93 % respectively and both in excess of the national rate.

GLOSSARY OF TERMS

Carbapenemase Producing Enterobacteriaceae (CPE)

Central Vascular Cannula (CVC)

Clostridium difficile Infection (CDI)

Community Associated Infection (CAI)

E.coli Bacteraemia (ECB)

Healthcare Associated Infection (HCAI)

Healthcare Environment Inspectorate (HEI)

Health Protection Scotland (HPS)

Health Protection Team (HPT)

Infection Prevention and Control Team (IPCT)

Intravenous Drug Users (IVDU)

Local Delivery Plan (LDP)

Peripheral Vascular Cannula (PVC)

Peripheral Inserted Central Catheter (PICC)

Staphylococcus aureus bacteraemia (SAB)

Surgical Site Infection (SSI)

MONITORING FORM

Policy / Strategy	<i>Healthcare Quality Strategy: reduction of har. Achievement of HAI LDP targets</i>
Staffing Implications	<i>Nil</i>
Financial Implications	<i>Nil</i>
Consultation / Consideration	<i>Update paper only</i>
Risk Assessment	<i>Addressed through corporate risk register</i>
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>Patient Safety is a key priority for the Board and one that forms the basis of all policies, procedures and protocols on how we deliver our services, therefore, the Board has a low risk appetite in this area.</p>
Sustainability	<i>Fewer infections will reduce bed occupancy and use of resources</i>
Compliance with Corporate Objectives	7. To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHS Scotland, whilst delivering the measurable targets in the Single Outcome Agreement.
Local Outcome Improvement Plan (LOIP)	<i>Outcome 6. People are safe and feel safe</i>
Best Value	Performance Management <ul style="list-style-type: none"> • <i>sound governance at a strategic and operational level</i>
Impact Assessment	<i>N/A Update paper only</i>

1. Staphylococcus aureus bacteraemia (SAB)

Figure 1 - Local data

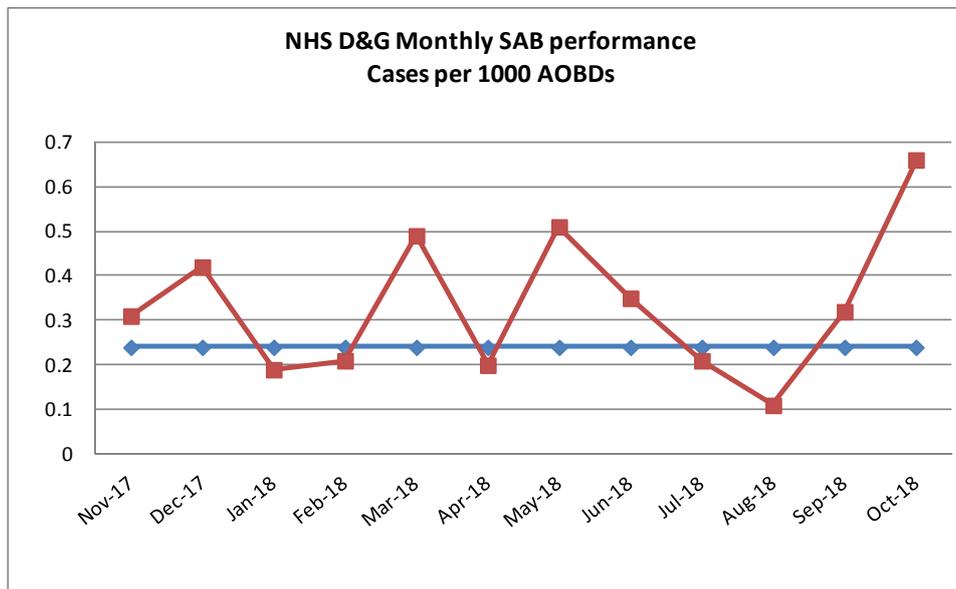
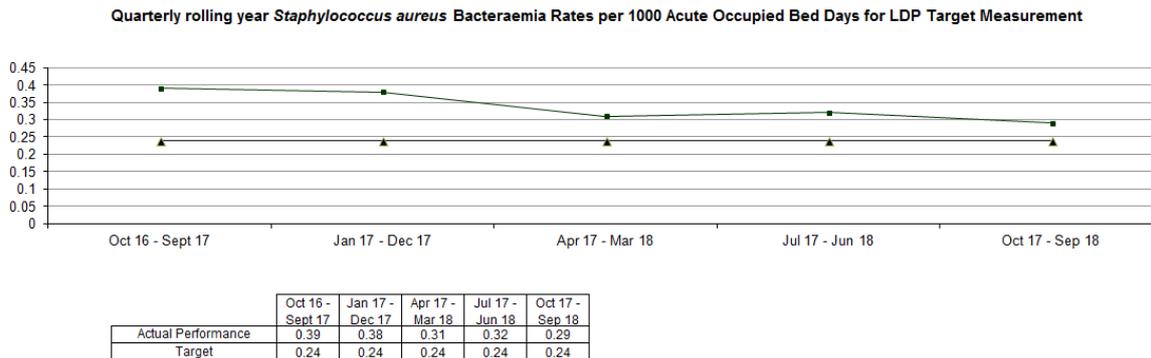


Figure 2- Local data



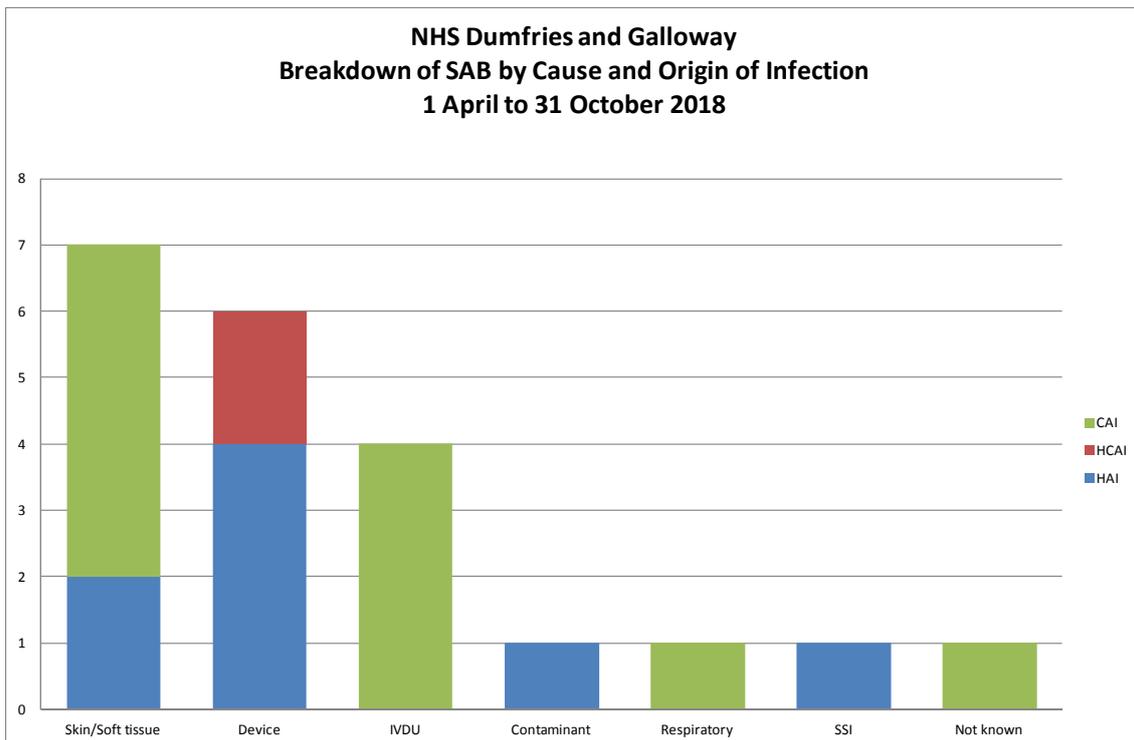
There has been an increase in SAB in the last two months however when the quarterly rolling average is used there has been a reduction over the previous twelve months.

As the board will be aware, all are investigated and the serious adverse events policy is followed.

Clinical teams receive feedback and actions have included reminders to remove unused cannula and those in place for more than 72 hours. These are reinforced by the use of patient stories.

Training in cannulation has been reviewed and refresher training has been provided to phlebotomists and other staff who cannulate.

Figure 3- Local data



2. Clostridium difficile

Clostridium difficile infection (CDI) was selected as a proxy outcome measure to monitor antibiotic use, cleanliness of the healthcare environment and hand hygiene. Clostridium difficile spores can remain for several months in the environment and when these are ingested, they can become part of the gut flora. When this flora is disrupted through antibiotic treatment or a person's ability to mount an immune response is impaired, then this can give rise to Clostridium difficile infection and diarrhoea resulting from toxin production.

Whilst there is scope for improvement in antibiotic prescribing in out of hospital settings, these gains have been made. There is little that can be done in terms of hand hygiene and cleanliness in out of hospital settings as these are patients own homes. If we do detect an increase in CDI then these are the areas of focus and improvement actions.

There has been an increase in HAI CDI and this has been brought to the attention of the board who will be aware of the seriousness with which the IPCT and acute management team have approached this matter of patient safety. A number of additional measures were introduced between June and August and it may be that these are beginning to demonstrate an impact, though it is rather soon to predict this with confidence.

Figure 4- Local data

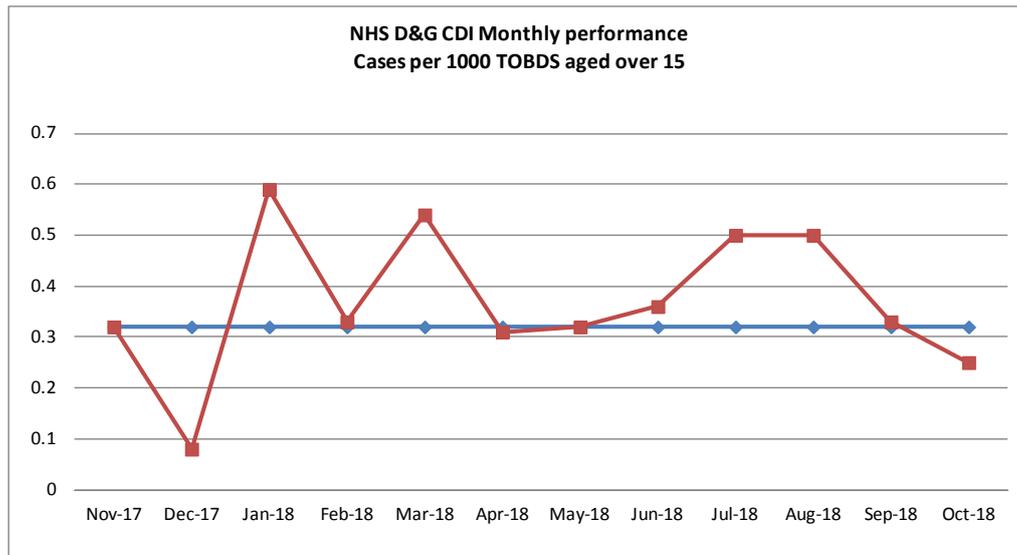
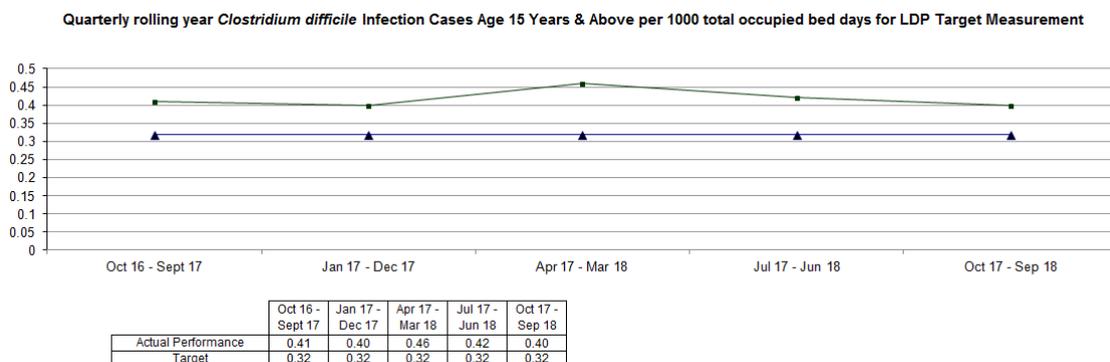


Figure 5- Local data



CDI Cases per month by origin

HAI- cases occurring after 48 hours or within 4 weeks of hospital admission

CAI - cases occurring within 48 hours of hospital admission or more than 12 weeks post hospital admission

Unknown – between 4 &12 weeks since hospital admission

	HAI	CAI	Unknown
August 2018	5	1	0
September 2018	3	1	0
October 2018	3	1	0

Actions taken to address CDI

- Prior to the move to new DGRI, cleaning at the old hospital was enhanced to include the use of Actichlor Plus in a bid to ensure that all equipment would be disinfected prior to the move. Additionally it was a pre emeptive action to combat possible norovirus outbreaks that would have had an adverse impact on the transfer.
- In the new DGRI, Actichlor plus was introduced for routine cleaning in June 2018.

- Any person identified as having an equivocal *C. difficile* result is subject to the same infection prevention precautions as a person with active CDI. This commenced June 2017.
- Additional disinfection with Ultraviolet light- CAU rooms only as a single episode targeted measure to reduce any risk from the environment July 2017.
- Antimicrobial prescribing guidelines have been reviewed and there is a renewed focus on overall use of Quinolones and Co-Amoxiclav
- Study of chemical contact times achieved. Cleaning practices reviewed to ensure maximum contact time and staff provided with additional training.
- All patients in hospital are visited by an IPCN and their families involved in discussions regarding infection risk and management of laundry.
- Daily IPCT clinical huddle to review response to treatment and actions required.
- All patients with a diagnosis of CDI have their antibiotic history reviewed and any areas for potential improvement are fed back to the prescriber.
- The importance of hand hygiene has been re-emphasised. It was the main focus for our Infection Prevention week 15-22 October. This included social media, a stand in the atrium DGRI, a quiz and the use of the 'glowbox' to check technique.
- The importance of offering patients the opportunity to clean their hands prior to meals has been stressed as well.
- Small signs have been placed as a prompt on the inside of patient's rooms asking 'Have you cleaned your hands?'
- Patients are now being asked by an IPCN to anonymously rate their confidence in staff hand hygiene and results have been illuminating with the majority of patients confident that staff do clean their hands when they should. We recognise the limitations of this as an audit method but do believe it raises awareness.
- There is a plan to enhance cleaning even further by utilising Hydrogen Peroxide Vapour (HPV) as a single measure in patient bedrooms in wards where there have been cases of CDI. Plans are being made to undertake this with the minimum service disruption and maximum effect.
- At the time of writing two entire wards and all core toilets have been cleaned and disinfected using this method. This is continuing dependant on bed availability.

3. E. coli bacteraemia (ECB)

There has been no significant change since the last report to board. The majority of infections continue to be community in origin.

Figure 6- Local data

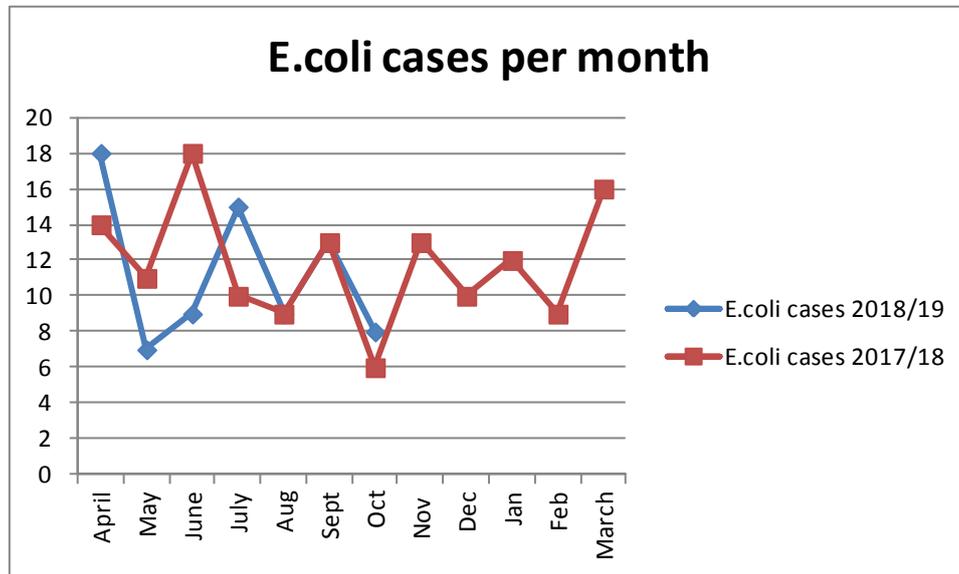
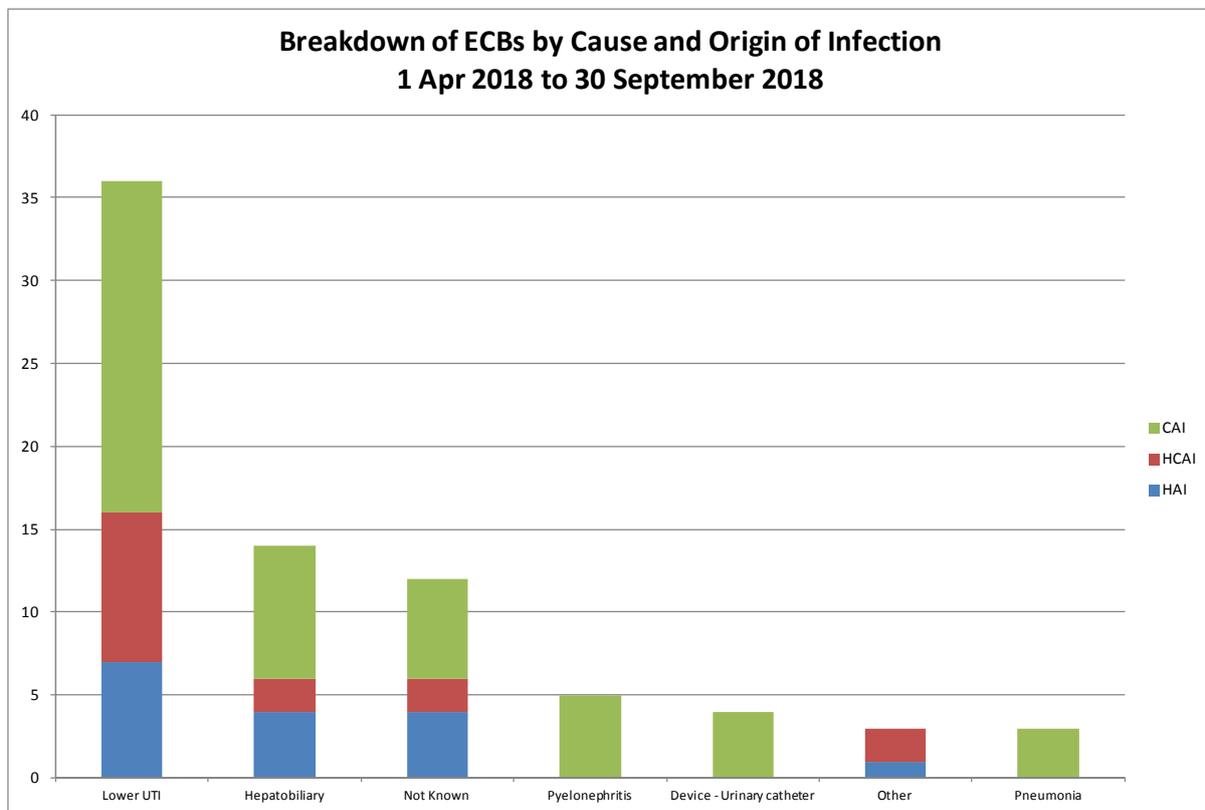


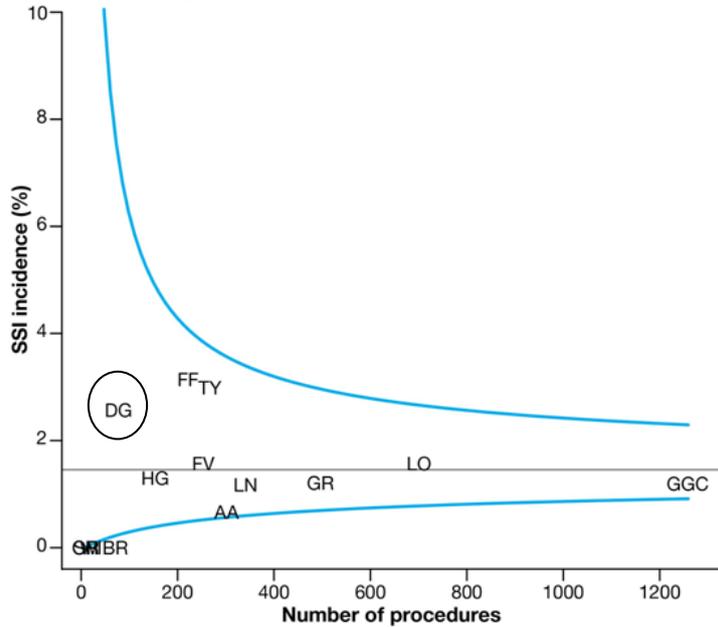
Figure 7- Local data



4. Surgical site infection (SSI)

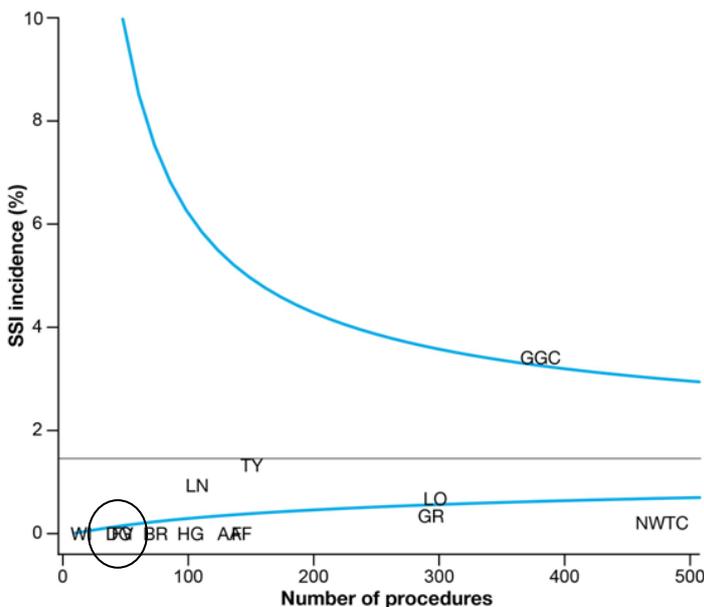
Data for the period covered by the HEI inspection is now available and published by HPS.

Figure 8 - Funnel plot of caesarean section SSI incidence (per 100 procedures) in inpatients and PDS to day 10 for all NHS Boards in Scotland in Q2 2018.^{1,2}



1. Source of data is Surgical Site Infection Reporting System (SSIRS).
2. NHS Orkney, NHS Shetland and NHS Western Isles overlap.

Figure 9 - Funnel plot of hip arthroplasty SSI incidence (per 100 procedures) in inpatients and on readmission to day 30 for all NHS Boards in Scotland in Q2 2018.^{1,2}



1. Source of data is Surgical Site Infection Reporting System (SSIRS).
2. NHS Forth Valley and NHS Dumfries & Galloway overlap and NHS Ayrshire & Arran and NHS Fife overlap.

As previously reported there was no increase in infection noted at the time of the inspection and it is pleasing to see this evidenced in national reports.

5. Screening

MRSA

An uptake of 90% with application of the MRSA Screening Clinical Risk Assessment is necessary in order to ensure that the national policy for MRSA screening is as effective as universal screening. Results below are from the national data set collected by HPS. Results dipped in the month of the move to the new DGRI and swiftly returned to the highest level possible.

Health Board	2017_18 Q3	2017_18 Q4	2018_19 Q1	2018_19 Q2
Dumfries & Galloway	97%	83%	100%	98%
Scotland	88%	83%	84%	84%

Carbapenemase producing enterobacteriaceae – CPE

These are extremely antibiotic resistant bacteria and are becoming more common in hospitals outside of Scotland.

A clinical risk assessment is undertaken for all patients admitted to our hospitals. This is a national requirement and compliance with this relatively new screening process is dependent on staff and their understanding of the process. A great deal of education and awareness raising was part of the implementation process.

It is pleasing to see that compliance with this clinical risk assessment is 93% and well above the national uptake of 79%.

Effective screening ensures that correct infection prevention precautions are put in place to prevent spread and ensure the best treatment for those with infection.

NHS Dumfries and Galloway Board report card

Staphylococcus aureus bacteraemia monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
MRSA	0	0	1	0	0	0	1	0	0	0	0	0
MSSA	3	4	1	2	5	2	4	3	2	1	3	6
Total SABS	3	4	2	2	5	2	5	3	2	1	3	6

Clostridium difficile infection monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Ages 15-64	0	0	1	1	1	0	1	2	0	1	0	1
Ages 65 plus	4	1	7	3	6	4	3	2	6	5	4	2
Ages 15 plus	4	1	8	4	7	4	4	4	6	6	4	3

Cleaning Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	96.3	-	96.4	96.9	97.7	97.0	96.9	95.6	97.8	96.9	97.6	96.9

Estates Monitoring Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	99.7	-	99.0	99.2	99.4	99.0	99.4	99.6	99.5	99.3	99.5	99.4

NHS HOSPITAL REPORT CARD - DGRI

Staphylococcus aureus bacteraemia monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
MRSA	0	0	1	0	0	0	1	0	0	0	0	0
MSSA	2	4	1	2	5	1	4	3	2	1	2	5
Total SABS	2	4	2	2	5	1	5	3	2	1	2	5

Clostridium difficile infection monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Ages 15-64	0	0	0	1	0	0	0	0	0	1	0	1
Ages 65 plus	3	1	4	2	4	0	1	0	2	2	2	1
Ages 15 plus	3	1	4	3	4	0	1	0	2	3	2	2

Cleaning Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	95.8	-	92.2	92.2	94.2	95.3	95.5	95.9	96.0	96.9	96.6	96.0

Estates Monitoring Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	98.9	-	99.2	99.2	98.4	99.7	99.0	99.4	99.6	98.9	99.5	99.0

NHS HOSPITAL REPORT CARD – Galloway Community Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	0	0	0	1	0	0	0	0	1	1
Total SABS	1	0	0	0	0	1	0	0	0	0	1	1

Clostridium difficile infection monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Ages 15-64	0	0	0	0	0	0	1	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	1	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	2	0	0	0	0	0

Cleaning Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	97.2	-	95.7	96.6	95.9	95.4	94.9	95.2	95.2	96.6	97.1	97.2

Estates Monitoring Compliance (%)

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Board Total	98.6	-	97.5	98.0	99.3	99.0	99.8	98.9	99.4	99.1	99.0	99.3

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Annan Hospital
- Castle Douglas
- Kirkcudbright
- Lochmaben
- Moffat
- Newton Stewart
- Thomas Hope
- Thornhill

Staphylococcus aureus bacteraemia monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	1	1	0	1	1	1
Ages 15 plus	0	0	0	0	0	0	1	1	0	1	1	1

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridium difficile infection monthly case numbers

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Ages 15-64	0	0	1	0	1	0	0	2	0	0	0	0
Ages 65 plus	1	0	3	1	2	4	0	1	4	2	1	0
Ages 15 plus	1	0	4	1	3	4	0	3	4	2	1	0

DUMFRIES and GALLOWAY NHS BOARD

3 December 2018



NHS Board Performance At a Glance Report

Author:

Ananda Allan
Performance and Intelligence Manager

Sponsoring Director:

Vicky Freeman
Head of Strategic Planning

Date: 22 November 2018

RECOMMENDATION

The Board is asked to **note and discuss** this paper.

CONTEXT

Strategy / Policy:

Dumfries and Galloway Integration Joint Board Strategic Plan

Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act requires that Performance Reports be prepared by the Health and Social Care Partnership.

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

This performance report is an overview of operational performance using local management information.

GLOSSARY OF TERMS

AHP	-	Allied Health Professional
CAU	-	Combined Assessment Unit
ED	-	Emergency Department
MSK	-	Musculoskeletal
TTG	-	Treatment Time Guarantee

MONITORING FORM

Policy / Strategy	Dumfries and Galloway Integration Joint Board Strategic Plan
Staffing Implications	None
Financial Implications	None
Consultation / Consideration	Integration Joint Board Performance Committee
Risk Assessment	Risks will be considered by the NHS Board
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>Performance includes many aspects of clinical care, which the NHS Board has designated a low appetite for risk</p>
Sustainability	Individual measures can be an indicator of ongoing sustainability
Compliance with Corporate Objectives	<p>To promote and embed continuous quality improvement</p> <p>To maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently</p> <p>To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHSScotland, whilst delivering the measurable targets in the Single Outcome Agreement</p>
Local Outcome Improvement Plan (LOIP)	Outcome 6: People are safe and feel safe
Best Value	Performance Management
Impact Assessment	<i>Not applicable</i>

Background

- 1 The At a Glance report is management information automatically generated from local information systems. These figures are an early indication of activity and may not exactly match the National Official Statistics publications which are issued later in time.

Key points from At a Glance (Appendix 1)

- 2 **Treatment Time Guarantees** – The figure for September was 77.8%. Scottish Government has issued Health Boards with interim targets for the treatment time guarantee:
 - 75% by October 2019
 - 85% by October 2020
 - 100% by March 2021
- 3 **AHP MSK 4 weeks** – The figure for September was 42.5%. This is in line with August and remain challenging due to known staffing pressures.
- 4 **Cancer** – the August result at 31 days (87.5%) has fallen below the 95% target. The result for 61 days has seen a marked increase to 91.3%, which is below the 95% target.
- 5 **Delayed discharges** – The number of delayed bed days has fallen from 1,420 to 1,283 in September 2018.

Recommendations

- 6 NHS Board is asked to note and discuss the NHS Board At a Glance report.

At a Glance Performance Indicators: September 2018

Note: The directional arrow is comparing performance in the last three months v the same three months, in the previous year

[Local figures; NOT OFFICIAL STATISTICS]

Indicator	Target	August 2018	September 2018	Last 3 Months (Jul 18 - Sep 18)	Last 3 Months Last Year (Jul 17 - Sep 17)	Direction	15 Month Trend
TTG (% waited under 12 weeks for Treatment)	100%	85%	77.8%	83%	88.6%	▽	
Dr Led New Outpatients (% waiting under 12 weeks at end of month)	95%	91.7%	91.7%	92.6%	86.4%	△	
Diagnostics (% waiting under 6 weeks at end of month)	100%	93.8%	98.7%	94.8%	98.8%	▽	
AHP MSK (% waiting under 4 weeks at end of month)	90%	42.4%	42.5%	44.1%	66.6%	▽	
Cancer (Within 31 day target)	95%	96.0% (July 2018)	87.5% (August 2018)	93.8% Average (Jun 18 - Aug 18)	96.0% Average (Jun 17 - Aug 17)	▽	
Cancer (Within 62 day target)	95%	81.8% (July 2018)	91.3% (August 2018)	88.7% Average (Jun 18 - Aug 18)	94.3% Average (Jun 17 - Aug 17)	▽	
18 Weeks Performance	90%	91.1%	90.4%	90.1% Average	90.2% Average	▽	
18 Weeks Linkage	90%	97.1%	97.8%	97.4% Average	97.3% Average	△	
Emergency Department (% Within 4 Hour)	98%	93.5%	92.1%	92.9%	93.5%	▽	
Emergency Department (Absolute Attendances)	▽	4,178	3,917	12,244	13,047	▽	
Delayed Discharges (Bed Days Lost)	▽	1,420	1,283	3,986	3,183	△	
Dr Led Return Tickets (Beyond Latest Date at end of month)	▽	4,322	4,916	13,513	12,374	△	

At a Glance Performance Indicators: September 2018 [Notes]

Indicator	Background	Points to note
TTG 12 weeks	The Treatment Time Guarantee (TTG) is set out in 'The Patient Right's (Scotland) Act 2011' which places a legal requirement on health boards. Once planned inpatient or day case treatment has been agreed, the person must receive that treatment within 12 weeks. This is reported quarterly as indicator B4. Boards have been asked to commit to bring performance back to the level at March 2017, which was a target of 86.3%. The general manager has agreed a goal to reach 90% by March 2019.	This indicator moved 7.2% further away between August and September from the national target. 3 month period is 5.6% lower than same time last year.
Dr led new outpatients 12 weeks	Not all outpatient clinics are led by doctors. This figure only includes doctor led clinics. This aspect of the 18 week waiting times journey is reported as B6 in the quarterly performance reporting.	Waiting times were below the 95% target. The 3 month period is 6.2% above the result for the same time last year.
Diagnostics 6 weeks	This aspect of the 18 week waiting times journey is reported as B7 in the quarterly performance reporting. An aspirational local target is set at 4 weeks.	Waiting times were below the target of 100%. The 3 month period was 4% lower than same time last year.
AHP MSK 4 weeks	Allied Health Professional Musculoskeletal services - This aspect of the 18 week waiting times journey is not reported in the quarterly performance reporting.	Compliance remained stable, but low at 42.5%. There are known issue around staffing levels. The 3 month period was 25.5% lower than same time last year.
Cancer 31 day	This indicator is 1 of 2 Local Delivery Plan (LDP) Standards, chosen by the Scottish Government, that focus on the efficient delivery of support and treatment when a suspicion of cancer is raised. It is reported quarterly as indicator B2(1). The figures shown here are for a single month and can be based on small numbers of individuals and therefore fluctuate substantially from one month to the next.	August 2018 figure of 87.5% is below target and 8.5% lower than the previous month. 3 month average is 2.2% lower than the same time last year.
Cancer 62 day	This indicator is the second of two Local Delivery Plan (LDP) Standards, reported quarterly as indicator B2(2). The figures shown here are for a single month and can be based on small numbers of individuals and therefore fluctuate substantially from one month to the next.	August 2018 figure of 91.3% is below target. 3 month average figure 5.6% lower than the same time last year.
18 weeks performance	The complete 18 week waiting times journey from referral to treatment is reported as B8 in the quarterly performance reporting, This indicator is impacted by all the above partial segments of the 18 week pathways.	September figure has met the national target, (90.4%).
18 weeks linkage	This indicator demonstrates how well record keeping in maintained.	Figures remain consistently above 95%.
Emergency department 4 hours	This measure indicates the length of time people experience between arrival and discharge from the emergency department (ED). This indicator is reported as B19 in the quarterly performance reporting. Boards have been asked to commit to bring performance back to the level at March 2017, which was a target of 92.2%.	ED waits had been slowly recovering. Performance is currently 92.1%, which is below the March 2017 locally agreed interim target, and lower than August.
Emergency department attendances	The new ways of working with the combined assessment unit (CAU) affects how activity seen in the ED is managed. This area is the focus of large scale redesign work supported by Scottish Government. This aspect of activity is reported as indicator E3 in the quarterly performance reports.	The number of people has fallen between August and September. Not clear if 2017 figures are comparable due to new CAU model.
Delayed discharges bed days	This indicator is a measure of the number of bed days that are occupied by people who have been assessed as appropriate to be discharged to another setting. It includes all hospital settings, acute, community, cottage and mental health. These figures are for all ages, figures for people aged 18 or over is reported quarterly as indicator E4.	The number of delayed discharge bed days has fallen since last month. The 3 month period is lower than this time the previous year.
Dr led return tickets	This measure is about the efficient use of outpatient appointments.	This figure has risen since previous month and is higher than this time the previous year.

DUMFRIES and GALLOWAY NHS BOARD



3rd December 2018

Financial Performance Update 2018/19 Position to Month 7 as at 31st October 2018 and Mid-Year Review

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Date: 12th November 2018

RECOMMENDATION

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

- The updated financial position at the end of October 2018, month 7.
- The ongoing level of financial risk in the position.
- The position reflects a break-even position following the Mid-year review with additional non-recurring savings of £3.5m (including contingency reserve) identified to bridge the in-year gap.
- The assumption is that funding will be released in-year from the contingency reserve of £758k to support the delivery of a break-even position.
- The current underlying recurring savings gap (recurring deficit) of £13m before the reassessment of the Financial Plan position for 2019/20 onwards.
- The position in relation to the IJB delegated budgets reports a £1.2m forecast overspend position (before use of reserves).

CONTEXT

Strategy/Policy:

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

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

This report provides the position as at end 31st October 2018, month 7. The NHS Board is reporting an overspend position of £2.154m, an increase of £329k from the month 6 position.

The key issues driving the Year to Date (YTD) overspend are:

- The level of unidentified/unachieved Cash Releasing Efficiency Savings (CRES).
- Activity and Growth Pressures in maintaining waiting times.
- Prescribing growth and price increases, including a fall in the level of discounts received on Primary Care prescribing.

Workstreams identified to date around delivering efficiencies include:

- Continuing to review the use of medical locum expenditure and recruitment to remaining vacancies. Recruitment to newly approved posts to specifically target the recruitment challenges has commenced.
- Driving Transformational Plans forward in as timely timeframe as possible, as well as indentifying further plans in 2019/20 and beyond.
- Ongoing re-assessment of all financial risks on the sustainability of the financial recovery of the organisation, based upon the reviews to be undertaken as part of the Mid-year review process.

GLOSSARY OF TERMS

AHP	-	Allied Health Professional
CRES	-	Cash Releasing Efficiency Savings
FHS	-	Family Health Services
GP	-	General Practice
IJB	-	Integrated Joint Board
NPD	-	Not for Profit Distribution
RRL	-	Revenue Resource Limit
SLA	-	Service Level Agreement
YTD	-	Year to Date

MONITORING FORM

Policy / Strategy	Supports agreed financial strategy in the Annual Operational Plan.
Staffing Implications	Not required
Financial Implications	Financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle.
Consultation / Consideration	Board Management Team
Risk Assessment	Financial Risks included in paper
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>The opening Financial Plan submitted to the Scottish Government reported the £6.2m unidentified savings. This paper updates this position to an improved position with savings in place to deliver a breakeven position for 2018/19 on a non recurring basis.</p>
Sustainability	The Financial Plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES. The Board is forecasting a breakeven position based on the Mid-year review assessment of the financial position.
Compliance with Corporate Objectives	<p>To maximise the benefit of the financial allocation by delivering efficient services, to ensure that we sustain and improve services and support the future model of services.</p> <p>To meet and, where possible, exceed Scottish Government goals and targets for NHS Scotland.</p>
Local Outcome Improvement Plan (LOIP)	Not required
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
<p>Impact Assessment</p> <p>A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.</p>	

Executive Summary

1. The Board is reporting an adverse variance position as at month 7 of £2.15m (£1.83m month 6). This is in line with the risk in the previously reported position and the level of unidentified savings in the Financial Plan which have been factored into the year to date position and a range of pressures and underspends.
2. The Mid-year review of the financial position reflects a break-even position following the Mid-year review with additional non-recurring savings of £3.5m (including use of contingency reserve) identified to bridge the in-year gap.
3. The Board has received confirmation of the 2018/19 allocation letter from Scottish Government. **Appendix 1** provides a summary of the allocations confirmed to date of £349.3m as at the end of October 2018, with a further £2.79m of anticipated allocations yet to be confirmed.
4. The table below provides a high level summary of the income and expenditure position for the services delegated to the Integrated Joint Board (IJB) and the NHS Board services, showing the variance against plan for the first 7 months of the financial year:

Table 1

Service	YTD Budget £000s	YTD Actuals £000s	YTD Variance £000s	YTD Variance %
IJB Delegated Services	167,575	170,064	(2,489)	(1.49%)
NHS Board Services	35,276	34,942	334	0.95%
Total NHS Board	202,851	205,006	(2,154)	(1.06%)

Month 7 Financial Position - Delegated Services to IJB

5. Table 2 below summarises the current year to date position by main expenditure category for services delegated to the IJB:

Table 2

Expenditure Type	Annual Budget £000s	YTD Budget £000s	YTD Actuals £000s	YTD Variance £000s	YTD Variance %
Pays	162,015	93,263	92,288	975	1.05%
Non-pays	93,015	51,210	53,124	(1,914)	(3.74%)
Drugs	48,871	29,006	30,742	(1,736)	(5.99%)
Income	(9,114)	(5,903)	(6,089)	186	(3.16%)
Total	294,787	167,576	170,065	(2,489)	(1.49%)

6. The key risks across the Directorates are as follows:

- Acute and Diagnostics Directorate main overspends relate to the continued, increased growth of activity pressures whilst working to improve Waiting Time Targets, combined with pressures across pays relating to the level of nursing vacancies and associated agency expenditure to maintain staffing levels. The YTD variance on CRES is £438k, reflecting the £750k still outstanding.
 - Primary and Community Care – Is now £745k overspent due to the overspend across primary care prescribing of £1.2m to date. Whilst the £700k CRES target has been achieved in-year, there remains a recurring Gap of £556k. Pays are now £469k underspent (£163k nursing, £132k AHP, £55k Admin and £60k Health Sciences). Pressures continue on insulin consumables, relating to an increased number of patients than originally anticipated (£168k). Primary Care Prescribing is £1.2m overspent (included within the £745k above) due to the combination of unidentified CRES (£141k), slippage on identified schemes (£317k) general increases in volume and price of drugs prescribed (£491k) and discounts not received (£240k).
 - The services delegated to the IJB have identified savings in-year of £2,531k against the 2% operational target of £3,380k (excluding prescribing); much of these savings are non-recurring (£1.9m, leaving a recurring gap of £2.8m) and there has been slippage on assumed recurring savings delivery from the opening Financial Plan. The detailed directorate positions are reflected in **Appendix 3**.
7. Nurse Agency costs are an increasing pressure this financial year. The overall board cost last year was £278k whereas cost to date this year is currently sitting at £547k. This is due to a number of vacancies across the Acute service, in particular within the Emergency Care Centre. The agency spend in month 7 has decreased slightly which we anticipate will continue due to new nurse recruits which started in September.
8. The table below provides a high level summary of the IJB year to date position by Directorate.

Table 3

	Pays Variance	Non-pays variance	Drugs Variance	Income Variance	Total variance
IJB DELEGATED SERVICES	£000s	£000s	£000s	£000s	£000s
Acute & Diagnostics	(578)	(827)	(334)	63	(1,676)
Facilities & Clinical Support	122	(137)	0	(20)	(35)
Mental Health Directorate	290	91	(105)	(2)	274
Primary & Community Care	469	(140)	(1,207)	133	(745)
Women's & Children's	603	(39)	(90)	(0)	474
E Health	66	49		(4)	111
Strategic IJB Services	4	(10)		16	11
IJB Unidentified CRES	0	(903)		0	(903)
IJB SERVICES TOTAL	975	(1,914)	(1,736)	186	(2,489)

9. Key variances within the delegated budget are included in **Appendix 2 and 3** of this report.
10. A review of services is planned in pharmacy where Acute pharmacy staff have always reported corporately in the NHS and will, in future, report to the General Manager for Acute and Diagnostics and therefore increase the delegated resource to the IJB.

Services Retained by the Health Board

11. Overall, the functions not delegated to the IJB and retained by the Health Board are reporting a year to date underspend of £334k. There are a range of pressures against the External Service Level Agreement (SLA) areas with increased levels of activity from other providers and £47k of unidentified Corporate CRES still to be identified, in-year and £692k recurrently.

Efficiency Savings and Strategy

12. An update on efficiency savings delivery has been provided in **Appendix 4**. This is before any further reassessment at the Mid-year review. This indicates a projected savings delivery of £14.182m in-year as compared to the target of £17.346m. Whilst this is positive, the level of non-recurring savings has increased by £2.9m as compared to the original target, with £6m slippage on recurring savings. The recurring gap (underlying recurring deficit) is £13.020m. This is further explained and assessed as part of the Mid-year review section below.

Mid-Year Review Summary

13. The overall assessment of the financial position after the detailed Mid-year review indicates delivery of a break-even position for the NHS Board (including those services delegated to the IJB) is now possible using further non-recurring savings and opportunities but still leaves a recurring financial gap of £13m.
14. The table below provides a high level summary of the Mid-year review position and the movement from the Quarter One forecast.

Table 4

	YTD Variance M3	YTD Variance M6	Q1 Forecast	Mid-year Forecast	Movem ent
	£000s	£000s	£000s	£000s	£000s
IJB DELEGATED SERVICES					
Acute & Diagnostics	(743)	(1,319)	(1,925)	(1,700)	225
Facilities and Clinical Support	(110)	(62)	(177)	(76)	101
Mental Health	140	286	286	359	73
Primary and Community Care	(329)	(757)	(871)	(1,743)	(872)
Women and Children's	209	473	700	900	200
E-Health	11	95	81	69	(12)
IJB Strategic Services	96	17	76	31	(45)
Realistic Medicine	(125)	(250)	(500)	(500)	0
Business Transformation Programme	(125)	(250)	(500)	(500)	0
Property and Asset Management Strategy	0		0	0	0
Reduction in use of medical locums	(125)	(200)	(400)	(400)	0
IJB Non-recurrent Savings	(500)	(74)	(148)	(148)	0
IJB SERVICES TOTAL	(1,601)	(2,041)	(3,379)	(3,708)	(329)
BOARD SERVICES					
Corporate Directorates	243	251	112	73	(39)
Central Income	33	38	0	60	60
Externals	50	23	(322)	(316)	6
Board Procurement Savings	(75)	0	0	0	0
Board Corporate Savings	(116)	(96)	(465)	(169)	296
Board Non Recurrent Savings	(670)	0	0	0	0
BOARD SERVICES TOTAL	(534)	216	(675)	(352)	323
GRAND TOTAL	(2,135)	(1,825)	(4,054)	(4,060)	(6)
Other Movements on Position (not reflected in the directorate forecasts)					
New Medicines Fund			500	500	0
Slippage on cost pressures reserve			650	1,000	350
Increased cost of pay settlement			(423)		423
Assumed increase in pay consequential			302		(302)
Risk on locum costs			(500)		500
Double running and ASRP funding				1,000	1,000
Review of balance sheet and accruals				350	350
Review of depreciation and ASRP NPD reserve				452	452
Release contingency				758	758
Sub-total			529	4,060	3,531
Revised Forecast			(3,525)	0	3,525

NOT PROTECTIVELY MARKED

15. There are a number of key issues, risks and opportunities, impacting upon the Mid-year position which are highlighted below:

- Primary Care Prescribing has worsened since the Quarter One forecast by around £1m and is now forecasting £1.8m overspend for 2018/19. This is made up of unidentified CRES of £242k, unachieved CRES of £544k, volume and tariff growth of £544k and under recovery on discounts of £467k. The discount element is under review to assess whether this estimate is realistic as it doesn't tie in with expectation. The impact of the challenges across GP practices appears to have affected our CRES delivery in year.
- A further £452k flexibility has been identified in reviewing estimates for the DGRI NPD costs and depreciation charges which can now be released into the position. In addition the £3m set aside at the start of the year to cover the double running of Mountainhall and transition costs of DGRI is not required at this level with £1m able to be released to support other pressures. A full review of all of the financial assumptions for the new hospital business case is underway and will be presented as part of the post project evaluation review for the new to Performance Committee at a future date.
- At the time of writing this paper, the additional funding to support the increased costs of the new pay agreement for 2018/19 was unknown. This funding has now been received (£2.5m) and was sufficient to cover the additional cost for Agenda for Change staff as promised.
- The estimate of costs associated with the New Medicines Reserve remain unchanged from the Quarter One position with a £500k positive impact in year expected.
- Medical Locum costs continue to be high with the forecast outturn estimated to be up to £800k higher than planning assumptions. This forecast has been reflected in the overall Acute and Diagnostic estimates but it has been confirmed that the directorate will manage pressures to contain this cost, improving the position by £500k from the Quarter One estimate.
- It is proposed that given we are seven months through the financial year that we assume that a balanced position can be achieved by using £758k of the Board's £2m contingency reserve which hasn't been required to be used during the year. Additional funding of £280k to support winter pressures is considered to be adequate to support the service to manage the increased costs over the winter period.

16. Whilst there has been an overall improvement of the financial position for the Board the IJB delegated services have worsened by £329k which reflects the relative financial and service risks in the delegated services.

17. Provision has been made in these financial estimates to provide financial coverage to the IJB for the projected overspend of £3.7m using the reserve slippage and revised estimates as set out in table 4 above. Of the £3.5m improvement in the position £2.5m relates to budgets and reserves delegated to the IJB leaving their residual overspend of £1.2m. It is proposed at this stage to monitor the IJB performance, not allocate any additional funding to the IJB but recognise in the NHS Boards estimates the liability to the NHS should this overspend not be recovered.

Key Actions and Outstanding Issues

18. There are a number of areas/actions which are being progressed:
- Review of Pharmacy budgets, pending appointment of new Director and devolution of Acute Pharmacy budgets to Acute Directorate.
 - Review of the impact of the Community Pharmacy Contract, GP prescribing and discounts
 - Development of Financial Plan for presentation to NHS Board in committee at the February Board meeting
 - Review of any further non-recurring savings opportunities in-year and overall management of the year end position
19. Appendices to this paper are noted below:
- **Appendix 1** – Revenue Resource Analysis
 - **Appendix 2** – Key Variances within Directorates
 - **Appendix 3** - Overall position by Directorate
 - **Appendix 4** - Summary CRES Plan

**NHS DUMFRIES AND GALLOWAY
REVENUE RESOURCE ANALYSIS
At 31st October 2018**

	Baseline Recurring £000s	Earmarked Recurring £000s	Non Recurring £000s	Non Core £000s	Total £000s
Revenue Allocation as at 30th September 2018	292,320	16,373	31,388	9,035	349,115
Other					
Inpatient Experience Survey 2018			(5)		(5)
Open University Pre-Reg Nursing Education Programme			80		80
NSS - A4C Top-Slice			44		44
Seed Funding Type 2 Diabetes Prevention framework			59		59
Projects to share value-based learning in boards			4		4
Support implementation of best start recommendations			50		50
					0
Total Allocations	0	0	232	0	232
Revenue Allocation as at 31st October 2018	292,320	16,373	31,620	9,035	349,347
Anticipated Allocations		107	2,242	437	2,786
Total Revenue Allocation (excl FHS)	292,320	16,480	33,862	9,472	352,133
Family Health Services Non Discretionary Allocation					16,110
Total Revenue Allocation (incl FHS)					368,243

Key Variances within the delegated budget

Appendix 2

Directorate	Month 7 Position	Risks/Issues/Challenges and Opportunities
Acute and Diagnostics (including Acute prescribing)	(£1.676m) overspend	<ul style="list-style-type: none"> • CRES £677k unachieved YTD (£438k directorate and £239k prescribing). • Pays £579k overspent – Mainly on nursing (£540k) due to difficulty in recruiting registered nurses and the increased cost of agency. • Non-pays £393k overspent – pressures on travel and patient transport, activity pressures in labs and theatres and inflation pressure in catering. • Drugs - £330k over due to unachieved CRES YTD.
Facilities and Clinical Support	(£35k) overspend	<ul style="list-style-type: none"> • Main variance relates to unachieved CRES YTD of £58k (£99k unidentified full year). • Vacancies in Pays results in an YTD underspend of £122k, with ongoing work with the service to review staffing models after the impact of the New Hospital. • Non-pays overspend of £79k relates to increased costs of heat, light and power above the inflationary funding provided (£74k non-recurring pressure) and overspend in Waste (£35K YTD). <ul style="list-style-type: none"> ○ The potential spend on energy, post new hospital and considering the phases of redevelopment of Mountainhall, is the biggest risk that the directorate currently has. There is a significant level of uncertainty relating to energy use, phasing of budget and price of energy going into the winter. We therefore continue to carry the risk around the uncertainties and continue to work with the Estates team to monitor and forecast. ○ The waste overspend mainly relates to non-clinical waste. Work is ongoing to separate and substantiate the cost of the waste streams which relate to the Mountainhall project which is expected to be the main cause.
Mental Health Directorate	£274k underspend	<ul style="list-style-type: none"> • Pays underspent by £290k – across Community services, medical staffing and psychology. • Non-pays overspent by (£14k) – mainly related to drug pressures (overspend £105k) offset by underspends in travel and general services.
Women's and Children's	£474k underspend	<ul style="list-style-type: none"> • Pays £603k underspent related to public health nursing (£309k), midwifery (£221k), Ward 15 (£101k), Learning Disability (£101k), AHPs (£51k), Neonatal (£52k) offset with overspends in Management and Governance (£223k). The overspend in Management and Governance reflects the level of CRES (£167k) moved to Nursing Pays, reflecting the overall level of underspends YTD which are off-setting the underachievement on CRES non-recurrently. • Non-pays are (£129k) overspent relating to drugs (£90k of which £27k is unachieved Drug CRES YTD) and general small overspends of £39k.

MANAGEMENT IN CONFIDENCE

Key Variances within the delegated budget

Appendix 2

Directorate	Month 7 Position	Risks/Issues/Challenges and Opportunities
Primary and Community Care – NHS	(£745k) overspend	<ul style="list-style-type: none"> Primary Care Prescribing is £1.2m overspent related to the combination of unachieved CRES (£141k), slippage on identified schemes (£317k) general increases in volume and price of drugs prescribed (£491k) and discounts not received (£241k). The actual cost of drugs was far higher than anticipated and has resulted in a knock-on impact on the anticipated accruals as a result. Pays is £469k underspent - £163k across Nursing (vacancies), £132k across AHP, Ancillary and Health Sciences £121k, Medical £32k under and £88k within Admin areas. Non-pays are £126k overspent due to pressures in community nursing in Stewartry relating to the increasing level of insulin consumables associated with the increase in activity YTD. Income £132k over achieved relating to Primary Medical services with 2 practices have become 2c and require budgets to be set.
E health	£111k underspend	<ul style="list-style-type: none"> Pays underspent by £66k, mainly due to vacancies in Clinical Prep, Scanning team, Referrals team and Support team. Non-pays is underspent by £49k, A reconciliation exercise has been carried out within service contracts which has resulted in some contracts being cancelled and has led to an underspend.
Strategic IJB services (strategic planning etc)	£11k underspend	<ul style="list-style-type: none"> Pays underspent due to a change in work patterns within strategic planning.
IJB Non Recurring CRES	(£903k) overspend	<ul style="list-style-type: none"> Balance of remaining IJB CRES to be devolved and identified.
Corporate Services (Health Board)	£334k underspend	<ul style="list-style-type: none"> Pays under spend of £55k is mainly due to vacancies within the corporate areas. Non pays £79k underspent related to underspends within the new DGRI unitary charge (£131k), public Health BBV and Screening (£76k), Nursing Directorate (£61k) which is offset by overspend in medical directorate (£65k) Externals SLA and Drugs (£51k) and unidentified CRES (£112k). There is an overachievement in income of £200k which relates to, Road Traffic Act higher than budgeted (£54k), Medical In Training (£37k) and externals non contract activity (£117k).

MANAGEMENT IN CONFIDENCE

**NHS DUMFRIES AND GALLOWAY
EXPENDITURE ANALYSIS - 7 MONTHS TO 31st OCTOBER 2018**

AREA	Annual Budget				Pays Ytd			Non Pay Ytd			Income Ytd			Total Ytd			
	Pay £000	Non Pay £000	Income £000	Total £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Variance %
IJB DELEGATED SERVICES																	
Acute & Diagnostics	85,175	24,369	(2,198)	107,345	48,820	49,399	(578)	14,974	16,135	(1,161)	(1,655)	(1,718)	63	62,139	63,815	(1,676)	-3%
Facilities & Clinical Support	3,544	14,800	(726)	17,619	1,883	1,761	122	7,768	7,905	(137)	(415)	(395)	(20)	9,236	9,271	(35)	0%
Mental Health Directorate	19,537	2,625	(489)	21,674	11,374	11,084	290	1,350	1,364	(14)	(312)	(310)	(2)	12,412	12,138	274	2%
Primary & Community Care	30,202	76,252	(4,514)	101,939	17,548	17,079	469	44,290	45,636	(1,347)	(2,779)	(2,912)	133	59,058	59,803	(745)	-1%
Womens & Childrens Directorate	19,753	1,915	(704)	20,964	11,469	10,865	603	1,078	1,207	(129)	(449)	(449)	(0)	12,098	11,624	474	4%
E Health	2,549	2,921	(329)	5,141	1,463	1,398	66	1,519	1,470	49	(196)	(192)	(4)	2,787	2,675	111	4%
IJB Strategic Services	1,254	20,752	(154)	21,852	705	701	4	10,339	10,349	(10)	(97)	(113)	16	10,948	10,937	11	0%
IJB Non Recurring CRES	0	(1,748)	0	(1,748)	0	0	0	(1,103)	(200)	(903)	0	0	0	(1,103)	(200)	(903)	82%
IJB SERVICES TOTAL	162,014	141,886	(9,114)	294,786	93,262	92,287	975	80,216	83,866	(3,650)	(5,903)	(6,089)	186	167,575	170,064	(2,489)	-1%
BOARD SERVICES																	
Chief Executive	1,032	1,381	(31)	2,381	597	586	11	572	549	23	(17)	(17)	(0)	1,153	1,119	34	3%
Public Health	2,148	573	(497)	2,223	1,270	1,254	16	184	108	76	(225)	(189)	(36)	1,229	1,173	56	5%
Medical Director	4,978	2,381	(948)	6,410	2,899	2,844	55	1,435	1,500	(65)	(563)	(569)	6	3,771	3,774	(4)	0%
Nursing Directorate	2,326	252	(286)	2,292	1,320	1,299	21	137	76	61	(170)	(170)	(0)	1,287	1,205	82	6%
Workforce Directorate	2,423	270	(286)	2,406	1,369	1,354	15	158	165	(8)	(184)	(201)	17	1,343	1,318	25	2%
Finance Directorate	2,927	1,585	(405)	4,107	1,695	1,737	(41)	461	474	(13)	(350)	(340)	(10)	1,806	1,870	(64)	-4%
Non Rec Projects	127	360	(31)	457	36	59	(23)	191	167	24	(16)	(32)	16	211	194	17	8%
Strategic Capital	299	18,697	(16)	18,981	206	204	2	9,973	9,829	145	(16)	(16)	0	10,164	10,017	147	1%
Central Income	0	0	(4,986)	(4,986)	0	0	0	0	0	0	(2,909)	(2,998)	89	(2,909)	(2,998)	89	-3%
Externals	0	25,436	(3,034)	22,402	0	0	0	14,094	14,145	(51)	(1,712)	(1,829)	117	12,382	12,317	66	1%
Board Non Recurring CRES	0	(182)	0	(182)	0	0	0	(112)	0	(112)	0	0	0	(112)	0	(112)	100%
BOARD SERVICES TOTAL	16,260	50,752	(10,521)	56,491	9,392	9,337	55	27,092	27,013	79	(6,161)	(6,361)	200	30,324	29,989	334	1%
Non Core	0	9,627	0	9,627	0	0	0	4,952	4,952	0	0	0	0	4,952	4,952	0	0%
Reserves	0	7,340	0	7,340	(0)	0	(0)	0	0	0	0	0	0	(0)	0	(0)	100%
NON CORE & RESERVES TOTAL	0	16,967	0	16,967	(0)	0	(0)	4,952	4,952	0	0	0	0	4,952	4,952	(0)	0%
GRAND TOTAL	178,274	209,605	(19,635)	368,243	102,654	101,624	1,030	112,260	115,832	(3,571)	(12,064)	(12,450)	387	202,851	205,006	(2,154)	-1%

**NHS DUMFRIES AND GALLOWAY
SUMMARY CRES PLAN 2018-19**

	Recurring Target £000	Non recurring Target £000	Total Target £000	Recurring Schemes Identified £000	Non Recurring Schemes identified £000	Total Identified Schemes £000	Recurring Diff to Target £000	Non Recurring Diff to Target £000	In Year Gap £000	Recurring Gap £000
IJB Savings										
Reduction in use of medical locums	1,000		1,000	0	600	600	(1,000)	600	(400)	(1,000)
Effective prescribing (Secondary Care)	1,250		1,250	678	216	894	(572)	216	(356)	(572)
Effective prescribing (Primary Care)	1,750		1,750	1,258	250	1,508	(492)	250	(242)	(492)
Service efficiency (2%) - NHS	3,380		3,380	592	1,939	2,531	(2,788)	1,939	(849)	(2,788)
Realistic Medicine	500		500	0	0	0	(500)	0	(500)	(500)
Business Transformation Programme	500		500	0	0	0	(500)	0	(500)	(500)
Property and Asset Management Strategy	500		500	500	0	500	0	0	0	0
Non recurring savings/ flexibility		4,800	4,800	500	4,152	4,652	500	(648)	(148)	(4,300)
Sub-total IJB	8,880	4,800	13,680	3,528	7,157	10,685	(5,352)	2,357	(2,995)	(10,152)
Procurement	300		300	300	0	300	0	0	0	0
Corporate savings	700		700	8	644	653	(692)	644	(47)	(692)
Non recurring savings/ flexibility		2,666	2,666	0	2,544	2,544	0	(122)	(122)	(2,177)
Sub-total NHS Board	1,000	2,666	3,666	308	3,188	3,497	(692)	522	(169)	(2,869)
Total NHS Savings	9,880	7,466	17,346	3,837	10,345	14,182	(6,043)	2,879	(3,164)	(13,020)

DUMFRIES and GALLOWAY NHS BOARD

3rd December 2018



Capital Update

Author:
Susan Thompson
Deputy Director of Finance

Sponsoring Director:
Katy Lewis
Director of Finance

Date: 9th November 2018

RECOMMENDATION

The Board is asked to **discuss and note** the various updates presented in the report.

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

- The amendment to the Capital Plan to reflect the additional £450k secured for the GCH CT Scanner.

CONTEXT

Strategy/Policy:

As per the Scheme of Delegation, the Board have responsibility for approving the Capital Plan with the Strategic Capital Programme Board (SCPB) responsible for the operational delivery of this within delegated limits.

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

NHS Dumfries and Galloway receive a formula allocation for capital of £3.475m per annum and additional project specific allocations for which Scottish Government Health and Social Care Directorate (SGHSCD) have given business case approval for. The allocation for 2018/19 is anticipated to be £4.025m.

The expenditure plan has been adjusted to reflect the approval of the Mountainhall business case. A small uncommitted amount remains within the plan for contingency use for the remainder of the year.

GLOSSARY OF TERMS

ASRP	-	Acute Services Redevelopment Project
CRH	-	Crichton
CRL	-	Capital Resources Limit
CT	-	Computed tomography
GCH	-	Galloway Community Hospital
NPD	-	Not for Profit Distribution
MTC	-	Mountainhall Treatment Centre
SCPB	-	Strategic Capital Programme Board
SGHSCD	-	Scottish Government Health and Social Care Directorate

MONITORING FORM

Policy / Strategy	This paper supports the delivery of the capital strategy set out and approved in the Annual Operational Plan.
Staffing Implications	There are no staffing implications for this paper; all staffing implications are built in to the individual business cases brought forward for approval.
Financial Implications	This paper is presented as part of the reporting against the approval Capital Plan for 2018/19 and is managed through the SCPB of which the Director of Finance is a key member.
Consultation / Consideration	The content of this paper is regularly discussed at SCPB.
Risk Assessment	The risk of delivery against the plan is included in the paper and discussed at SCPB.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/></p> <p>Whilst the Boards appetite to financial risk is generally low, capital expenditure is much more controllable and therefore the risk of not delivering within approved budget remains low. Continued communication with SGHSCD about profiling of project budget is important in the delivery of this.</p>
Sustainability	The Capital Plan supports the sustainability agenda through the delivery of capital schemes in line with the property strategy and efficiency procurement of equipment.
Compliance with Corporate Objectives	To delivery of the Capital Plan to ensure that the Board meets its Corporate Objective to maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently.
Local Outcome Improvement Plan (LOIP)	Although this has been considered the paper has no direct link to the 8 outcomes however ensuring that the Board has the most suitable accommodation and equipment ensures that the overall system can effectively contribute.
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
Impact Assessment	There is no impact assessment for this paper however detailed impact assessments would be carried out as part of the business case process in requesting capital funding for any service changes.

NOT PROTECTIVELY MARKED

Strategic Capital Programme Board Update

1. SCPB continues to meet monthly to progress both the delivery of the Capital Plan and in its role of maintaining oversight of the strategic projects that are underway within the Board. Regular updates are being provided to Performance Committee and any amendments required to the Capital Plan will be presented to Board for approval.
2. Since April 2018, the Programme Board have met seven times and have been quorate. This included a special meeting to approve the Mountainhall business case in advance of submission to NHS Board.

Major Project Updates

Mountainhall Treatment Centre

3. As presented to Performance Committee in July 2018, the Mountainhall construction project is now on pause and focus has now switched to the delivery of the CRH transfer to Mountainhall.
4. The Business Case for Phase 1 was approved In Committee in October 2018 to proceed with a revised scope of project to redevelop Mountainhall Treatment Centre (MTC) split into three phases.
5. The first phase, and scope of the approved business case covers the development and implementation for the interim move of all staff from CRH; short term needs of those services currently located in MTC and negotiate successful sale of CRH. Phase 2 (retraction of services from Nithbank) is programmed to take place in 2019 following the completion of phase 1. A separate business case outlining the proposals will be developed to support this phase at a later date. Finally, the long-term plans for services will be assessed as part of phase 3; this is envisaged to take place in 2019/20.

Acute Services Redevelopment Project (ASRP)

6. Work continues on closing out the post project work associated with the new hospital. SCPB has received a number of reports over the previous months to close out various elements including; successfully closing out the commercial position at no extra cost to the Board; the project risk register and associated risk registers for the clinical service change programme and commissioning and migration period; outstanding property and utilities and overall project closedown processes.
7. The post project evaluation work continues and will be presented to SCPB early 2019 with a plan to take to Performance Committee before formal submission to SGHSCD as is required for all projects over £5m.

Asset Acquisitions/Leases/Disposals

8. SCPB continue to be updated on the progress of any acquisitions, leases and disposals currently underway within the Board and these are monitored through Performance Committee, any impact on the Capital Plan will be presented to Board for approval as they arise.

Capital Plan Update

9. The 5 year plan approved by the Board in August 2018 set out planned expenditure of £3.975m supported by the Boards formula allocation and project specific funding for the ASRP.
10. Subsequent to this the In-Committee Board approved the Mountainhall Phase 1 business case in October 2018 which resulted in a further capital to revenue transfer of £0.4m.
11. The Board has received notification that they have been successful in securing central funding for the replacement of the CT Scanner at the Galloway Community Hospital (GCH), this allocation has been reflected in the proposed budget for 2018/19.
12. Table 1 sets out the allocations requested for 2018/19 taking the total budget anticipated to £4.025m.

Table 1

ALLOCATIONS	Approved Aug 2018	Approved Oct 2018	Proposed Dec 2018
	£000s	£000s	£000s
Formula allocation	3,475	3,475	3,475
Asset sale proceeds reapplied	0	0	0
Hub/NPD Enabling funding - ASRP Equipping	1,500	1,500	1,500
Hub/NPD Enabling funding - Mountainhall	600	600	600
Funding for GCH CT Scanner Replacement	0	0	450
Capital to Revenue	(1,600)	(2,000)	(2,000)
TOTAL CAPITAL RESOURCE LIMIT (CRL)	3,975	3,575	4,025

13. To the end of October 2018, an allocation of £5.575m has been received from SGHSCD with the balancing adjustments for the capital to revenue transfer and the CT scanner allocation expected later in the year. No risk is anticipated with this and regular dialogue continues with SGHSCD.
14. Table 2 sets out the matching budget adjustment proposed for expenditure as a result of the changes to the allocations.

Table 2

EXPENDITURE	Approved Aug 2018	Approved Oct 2018	Proposed Dec 2018
	£000s	£000s	£000s
Replacement, Development and Contingency	3,921	1,805	2,255
ASRP - Mountainhall	54	54	54
CRH/Nithbank retraction - Phase 1	0	1,716	1,716
TOTAL GROSS CAPITAL EXPENDITURE	3,975	3,575	4,025

Note: Oct 18 budget approved as part of Mountainhall Business Case paper

15. £1.7m has been reallocated from other parts of the Capital Plan to support the capital costs for Phase 1 of the Mountainhall Project associated with the retraction of the CRH site.
16. The allocation anticipated for the GCH CT Scanner has been added into the replacement, development and contingency plan to match the allocation.
17. To date, the Capital Plan is uncommitted by less than £0.2m for the year which allows for flexibility required on a contingency basis.
18. The Board are asked to approve:
 - The amendments to the Capital Plan to reflect the additional £450k secured for the GCH CT Scanner.
19. An updated 5 year plan is included as **Appendix 1** for information which shows the impact of these changes.

Update on projects the Capital Plan supporting

20. In addition to the significant investment approved by the Board for the Mountainhall Project, the Capital Plan is supporting a number of service developments, changes and equipment replacement programmes, a summary of these are provided below:
 - Ultrasound equipment in Galloway Community Hospital (GCH) to enhance the Rheumatology Service.

The provision of a Comprehensive Ultrasound service by trained Rheumatologists can be cost saving in terms of early discharge, savings on MRI, travel and reappointments, and the avoidance in some cases of unnecessary expensive treatments. Injection treatments are also accurately and safely administered, and the diagnosis of Rheumatological and Orthopaedic swellings becomes rapid and simple for most.

- OCT Machine in GCH to enhance the Ophthalmology service.

The purchase of a new piece of equipment for GCH to further develop the ophthalmology service will allow patients to have OCT tests done nearer their home. Nursing staff will undertake OCT testing and other duties, such as eye dilation or field testing prior to seeing a member of nursing or consultant staff. This development will start to decrease the number of patients travelling and improve patient experience a positive move forward for the patient and the service.

- The creation of an Integrated Women, Children's & Sexual Health Community Health Services Hub in Stranraer.

The Project co-locates Women, Children and Sexual Health Services Community Services currently fragmented across sites in Stranraer. Service provision will be enhanced under this model and the shared accommodation will be utilised across Women, Children and Sexual Health Services as has been demonstrated in the success of The Willows within Dumfries. This will be housed in the Darataigh building.

- Mountainhall and CRH Telephone System

With the purchase of the new hospital telephone system and the Dumfries fibre ring, this project consolidate the five telephone systems within the Dumfries Campus area all requiring phones lines and separate support contracts into a single system. This will reduce the annual support costs as well as the complexity surrounding supporting multiple telephony vendors.

- Enhancements to the Clinical Portal

In previous years the Capital Plan has supported significant investment in the creation of a clinical portal. An opportunity to integrate the pre-operative assessment system and enhancements to the customer clinical portal has been supported.

- Replacement equipment

Various pieces of equipment which are due for replacement including defibrillators at GCH; laryngoscopes, colposcopes, cystoscopes, gastroscopes across DGRI and GCH; hand and foot UV treatment lamp for dermatology; replacement control panels for the boiler house at CRH; and significant data centre and IT network refreshes.

Recommendation

21. The Board is asked to approve the following:

- The amendment to the Capital Plan to reflect the additional £450k secured for the GCH CT Scanner.

Appendix 1

ANTICIPATED ALLOCATIONS						
	2018/19	2019/20	2020/21	2021/22	2022/23	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Formula allocation	3,475	3,475	3,475	3,475	3,475	17,375
Asset sale proceeds reapplied	0	0	0	0	0	0
Hub/NPD Enabling funding - ASRP Equipping (in. £11m 17-18 vired)	1,500	2,000	3,000	4,000	5,422	15,922
Hub/NPD Enabling funding - Mountainhall	600	14,889	0	0	0	15,489
Hub/NPD Enabling funding - Existing Site Costs	0	0	1,913	4,000	1,691	7,604
Central Funding for GCH CT Scanner	450	0	0	0	0	450
Capital to Revenue	(2,000)	(1,000)	(1,000)	(1,000)	(1,000)	(6,000)
TOTAL CAPITAL RESOURCE LIMIT (CRL)	4,025	19,364	7,388	10,475	9,588	50,840

ANTICIPATED EXPENDITURE						
	2018/19	2019/20	2020/21	2021/22	2022/23	Total
	£000s	£000s	£000s	£000s	£000s	£000s
Replacement, Development and Contingency Programme	1,256	2,067	2,875	2,975	2,975	12,148
ASRP - Equipment	1,000	1,500	2,500	3,500	4,922	13,422
ASRP - Mountainhall	54	15,797	100	0	0	15,951
ASRP - Existing site costs	0	0	1,913	4,000	1,691	7,604
CRH/Nithbank retraction - Phase 1	1,715	0	0	0	0	1,715
TOTAL GROSS CAPITAL EXPENDITURE	4,025	19,364	7,388	10,475	9,588	50,840
Asset sale proceeds reapplied	0	0	0	0	0	0
TOTAL NET CAPITAL EXPENDITURE	4,025	19,364	7,388	10,475	9,588	50,840

Note: Mountainhall future funding requirements to be reviewed and realigned

NOT PROTECTIVELY MARKED

Changes Log

1. Alloc - Transfer £3.9m M/Hall from 18/19 to 19/20	Changed:	20/08/2018	Presented to PC:	03/09/2018
2. Alloc - Increase CtR allocation by £600k	Changed:	20/08/2018	Presented to PC:	03/09/2018
3. Exp - Transfer £3.9m M/Hall from 18/19 to 19/20 (SG cont'n)	Changed:	20/08/2018	Presented to PC:	03/09/2018
4. Exp - Reduce M/Hall by £600k to reflect budget now transferred to revenue	Changed:	20/08/2018	Presented to PC:	03/09/2018
5. Exp - Transfer £0.9m M/Hall from 18/19 to 19/20 (Board cont'n)	Changed:	22/08/2018	Presented to PC:	03/09/2018
6. Alloc - Increase CtR by £400k	Changed:	14/09/2018	Presented to INCB:	01/10/2018
7. Exp - Reduce Replacement Programme by £400k now transferred to revenue	Changed:	14/09/2018	Presented to INCB:	01/10/2018
8. Exp -Reduce Replacement Programme by £1.715m now Phase 1	Changed:	14/09/2018	Presented to INCB:	01/10/2018
9. Exp - Increase CRH/Nithbank retraction by £1.715m	Changed:	14/09/2018	Presented to INCB:	01/10/2018
10. Note that split between ASRP Equipment and Replacement Plan will be re-aligned at year end, any movement adjusted between years				
11. Alloc - £0.45m added for GCH CT Scanner	Changed:	09/11/2018	Presented to Brd:	03/12/2018
12. Exp. Increase Replacement Programme by £0.45m CT Scanner	Changed:	09/11/2018	Presented to Brd:	03/12/2018

NOT PROTECTIVELY MARKED

DUMFRIES and GALLOWAY NHS BOARD

3rd December 2018



BOARD BRIEFING

Author:
Rachel Hinchliffe
Communications Assistant

Sponsoring Director:
Jeff Ace
Chief Executive

Date: 22nd November 2018

RECOMMENDATION

The Board is asked to **discuss and note** the Board Briefing.

CONTEXT

Strategy / Policy:

This paper supports the Board's Communication Strategy and gives recognition to key events within the Board.

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

The paper of this paper is to raise awareness of the events and achievements that have been acknowledged within the Board over the past 2 months, as well as giving an indication of the consultations that are currently underway and the commitments for both the Chief Executive and Chairman going forward.

GLOSSARY OF TERMS

NHS - National Health Service

MONITORING FORM

Policy / Strategy	<i>NHS Dumfries and Galloway Communication Strategy</i>
Staffing Implications	<i>Not applicable</i>
Financial Implications	<i>Not applicable</i>
Consultation / Consideration	<i>The information within this briefing is populated with items of interest provided by any member of staff.</i>
Risk Assessment	<i>Not applicable.</i>
Risk Appetite	<p style="text-align: center;"> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/> </p> <p>This paper aims to demonstrate the activities that have been undertaken between the NHS Board Meetings, which promotes a positive reputation for the Board, therefore, a medium risk appetite level has been noted above.</p>
Sustainability	<i>Not applicable.</i>
Compliance with Corporate Objectives	<i>This paper encompasses all 7 Corporate Objectives.</i>
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	<ul style="list-style-type: none"> • Vision and Leadership • Effective Partnerships • Use of Resources • Performance Management • Equality
Impact Assessment	Not applicable.

SECTION 1 – EVENTS

2018 Scottish Pharmacy Awards

Congratulations to the Wigtownshire Prescribing Support Team who won the Innovations in Prescribing, Quality and Efficiency in Scotland Award at the 2018 Scottish Pharmacy Awards on 7th November 2018.

Mental Health Nurse Forum Scotland Annual Conference and Awards

Dumfries and Galloway came away with three awards at the Mental Health Nurse Forum Scotland Annual Conference and Awards ceremony on the 31st October 2018.

Michelle Currie was presented with the CAMHS award for her work to improve access, reach and early intervention in primary care and there were two highly commended awards for Primary Care Mental Health Liaison Service for Encouragement to Empowerment and the Crisis Assessment and Treatment Service in the Community Mental Health Nursing category.

Staff and Volunteer Annual Carol Service

The Staff and Volunteer Carol Singing event will take place in the DGRI Atrium this year and every year from now on. This year takes place on 11th December 2018 at 7pm.

SECTION 2 – STAFFING CHANGES, INCLUDING NEW STARTS, RETIREMENTS

New Consultants/Doctors

Dr Charles Billington has recently taken up a new role as Speciality Doctor in Anaesthetics. He attended medical school in Edinburgh and completed foundation years in Glasgow and Dumfries before heading to Sheffield for speciality training, Dr Billington has worked in Kenya and Tanzania. He was also involved in emergency care and surgery in Madagascar.

Mr Sameh Hatab, who has joined our Orthopaedic Team as Consultant Orthopaedic Surgeon, his main subspecialty is lower limb arthroplasty. He moved to the UK and joined NHS Dumfries and Galloway in 2012 as a Specialty Doctor in Orthopaedics, having studied medicine at Alexandria University in Egypt.

Mr Brian Ip, who has joined our General Surgery department as Consultant General and Colorectal Surgeon.

New Starts: Nithsdale Health and Social Care Partnership

Nithsdale Health and Social Care Partnership welcome Kate Gibbons, Abbie Johnson, Julie Haining and Charlie Nelson, the new CoH-Sync Health Facilitators. They will be working as part of the Healthy Connections Service within the Nithsdale Health & Wellbeing Team.

Retirement: Project Manager - Donald Millar

Donald Millar retires from the Board at the end of October. Donald has, over the last few years, been working with the new hospital team to get the fibre optic installed across town to the new hospital, as well as ensuring that new equipment was installed and ready for action on opening day. He's since been working with lots of departments to optimise their new surroundings.

Donald has been an Architect in the region for over 40 years and has been with the Health Board for the last 10 years working on many projects, with the Lochfield Road Primary Care Centre and the Dalbeattie and Dunscore Surgeries being notable landmarks.

SECTION 3 - CURRENT CONSULTATIONS

From	Topic	Response due by
Healthcare Improvement Scotland	General Standards for Neurological Care and Support	13/12/2018
Healthcare Improvement Scotland	CONSULTATION: Cervical Screening Standards (draft)	04/01/2019

SECTION 4 – CHIEF EXECUTIVE AND CHAIRMAN COMMITMENTS

Chief Executive's Diary	Interim Chair's Diary
Key Events	Key Events
December	December
3 rd - NHS Board Meeting	3 rd - NHS Board Meeting
7 th - West of Scotland Health and Social Care Delivery Plan Programme Board	10 th - NHS Chairs Meeting
10 th - Endowment Trustees Committee Meeting	10 th - Endowments Trustees Committee Meeting
11 th - NHS Chief Executives Meetings	
12 th - NHS Chief Executives Meetings	
14 th - Scottish Radiology Transformation Programme Board	
18 th - Board Management Team	
19 th - Strategic Capital Programme Board	

Chief Executive's Diary	Interim Chair's Diary
Key Events	Key Events
January	January
15 th - NHS Chief Executives Meetings	21 st - Healthcare Governance Committee
16 th - NHS Chief Executives Meetings	28 th - Staff Governance & Remuneration Committee
21 st - Healthcare Governance Committee	28 th - Audit & Risk Committee
24 th - Public Health Reform Oversight Board	
28 th - Staff Governance & Remuneration Committee	
28 th - Audit & Risk Committee	

Chief Executive Appointments to Regional and National Group

Chair of NHS Board Chief Executives
Chair of Transforming Care after Cancer Treatment Programme Board
Chair of Radiology Transformation Board
Co-Chair of Sustainability and Value Board
Chair of the National Planning Forum
Chair of Diagnostic Steering Group
Member of Children and Young People's Cancer MSN

Chairman Appointments to Regional and National Groups

Member of Fit for Work Scotland - Programme Board
Member of Quality of Care Design Panel and Strategic Group Meeting
Member of West of Scotland Regional Chairs
Member of Guiding Coalition - Integration Workstream

DUMFRIES AND GALLOWAY NHS BOARD

HEALTHCARE GOVERNANCE COMMITTEE



10 September 2018

10 a.m., New Board Room, Crichton Hall

Present:	Mrs. Penny Halliday Mr. Jeff Ace Dr. Greycy Bell Dr. Martin Connor Ms. Grace Cordozo Ms. Lorna Carr Dr. Ken Donaldson Ms. Laura Douglas Mr. Nick Morris Mrs. Joan Pollard Mr. Bill Rogerson Mrs. Elaine Ross Mrs. Alice Wilson	Non Executive Member (Chair) Chief Executive Associate Medical Director, Primary Care Infection Control Doctor Non Executive Member Chair – Area Clinical Forum Medical Director Non Executive Member Non Executive Member Associate Director of AHPs Lay Member Infection Control Manager Deputy Nurse Director
Apologies:	Ms. Lesley Bryce Mr. Eddie Docherty Mr. Phil Jones Ms. Michele McCoy Ms. Christiane Shrimpton Mrs. Julie White	Non Executive Member Nurse Director Chairman Interim Director of Public Health Associate Medical Director, Acute Chief Operating Officer
In Attendance:	Ms. Margaret Johnstone Tracy and baby Skye Kerry Cluckie Lynne Mann	E.A. to Nurse Director Patient Story Health Visitor Service Improvement Manager, Acute and Diagnostics

Tracy, with baby Skye and her Health Visitor, Kerry Cluckie (KC), attended to share her experience of the Health Visitor Service (HVS) provided to her family. Tracy has received HVS since the birth of her son Elijah, now 4, which was prior to the roll out of the Universal Health Visitor Pathway (UHVP) and has had more recent involvement since the birth of Skye, 8 months, which follows the implementation of the new Pathway. Tracy explained that with Elijah she had visits from KC and also attended the drop-in centre, although she felt her first experience should have been better. With Skye, there were more visits, the introductory visit being very good and the extra visits this time round have been good. Tracy feels more confident if she wants to check something.

KC commented that the new Pathway was a challenge, saying that prior to the Pathway there were limited visits with families and they attended the clinics. The Pathway directs that each mother is entitled to a minimum of 11 visits, introductory visit at 10 – 14 day contact when transferred from midwife, visit at 3 – 5 weeks and then at 3 months. KC feels this is a positive approach with more contact with parents, staff see babies in their own

homes at every visit and this helps build relationships. She explained that we are rolling out the programme although we are extremely short staffed. The staff see core families with healthy children with no concerns but do not have time to visit and pick up children in the caseload where there is no HV for the child. KC feels the Pathway is good and we are visiting more families than we did before but as there is no access to a baby clinic it is much more time consuming when mothers ring in. She commented that we need more staff, staffing is an issue. JA highlighted the 11 visits, asking how many mothers take this up and KC responded that it was around a third of her caseload but it does fluctuate. She explained she had 214 on her caseload, with 60 additional, plus child protection. JA highlighted the routine visits to families not at risk asking KC if she was finding anything that she would not have and she responded no outcomes are good but the Pathway directs that these visits must be carried out. She said that she could ask a Nursery Nurse, 3 in the service, to do a visit if someone needs help and HVs are short, noting that she is supposed to do 4 visits a day but does 6. KC acknowledged that the Pathway is impacting on resources.

GC asked if the HVs are now the named person and KC responded yes and we are improving and getting other agencies involved. GC asked if parents can refuse home visits and KC responded that most do not refuse but those who do are the ones we should be visiting. GC asked if parents found the visits invasive and Tracy responded no, she did not find this, it's nice to have someone coming in. GC noted issue of lack of capacity.

JP asked about the difference in the service being better with Skye and Tracy responded that it was more of a confidence thing, KC did more visits with us than she needed to and this made her more relaxed if she needed reassurance about something.

LD asked KC about the 27 months review as part of the old pathway, asking if people know they can refuse these visits and KC responded that we have to offer them but they can be declined with parents being given contact details on a card. KC will feed back to her service highlighting that parents do not have to have these visits, even if children are in caseloads, but for named person and handover for school we still need to know.

PH commented that 11 visits seems a lot. Tracy responded that at the groups she has attended the other mothers talk about what you get out of the service, but she feels you get out what you put in. At the massage group one mum complained about her HV as she did not like her but there was no issue around the care she was providing for the child. She went on to say that you can change your HV, we went from KC to Laura and had no issue with this, but it is nice to have KC back.

GB highlighted child protection families and KC responded that we can only compare the two Pathways, not seeing child protection families and children needing education support as much because we have the Pathway.

NM asked if this was a national programme and KC responded that only some areas doing this, Pamela McQuaker/Kathleen McFarlane brought the Pathway in and developed the structure. She feels the previous Pathway mums missed out on quite a lot as the drop-in clinics were good although there were no visits then. PH highlighted the drop-in clinics saying that if mums are getting support from this it can be a powerful thing and we should take this on board and look into it a bit further. PH asked about patient experience and Tracy responded that she would feedback at Cresswell on anything specific.

Tracy and KC left the meeting.

JA highlighted the allocation of resources suggesting a risk assessment around the implementation of health and equality in child protection if we do not have enough staff to deal with these children at risk and non routine high risk and will bring a paper to the November meeting. AW confirmed that this is a national Pathway and is part of the National Health Visiting Implementation Plan with JA commenting on the real need for us to do this work and bring it back to the Committee. NM highlighted the assessment issue about service change, what measures are we using and what has impacted on patient care and service redesign. JA acknowledged that we have a degree of flexibility and need to understand risk mitigation. AW highlighted the vacancies in the HVS noting that the Family Nurse Partnership needs to be included as a national directive.

The Committee:

- Agreed JA to bring paper to November meeting
1. **Apologies for Absence**
Apologies as noted above.
 2. **Declarations of Interest**
Nil.
 3. **Notes of meeting held on 16 July 2018**
Accepted.
 4. **Matters Arising**
GP Appraisal
LD highlighted discussion at the last meeting and her question to KD looking for assurance there is no way a locum can slip through the net. GB assured LD that there is no possibility of this happening.

Public Protection Nurse Consultant
AW noted that the post had been interviewed for and offered.
 5. **Action List and Draft Agenda**
NM highlighted the New GP Contract Update asking where this would be reported and JA confirmed updates would be via the Performance Committee.

STANDING ITEMS

6. **Patient Services Feedback Report**
JP presented the paper highlighting feedback received, 133 pieces of which 56 were complaints. She noted that the top themes within feedback were clinical treatment and the policy/commercial decision of the Board. The top complaint themes were clinical treatment and staff attitude. The majority of complaints were for the Acute and Diagnostics Directorate which relates to their high volume of activity. JP highlighted learning from significant complaints and the establishment of the Patient Experience Group. She noted that her team are working with IT around the installation of Nvivo. JP highlighted positive feedback largely around the delivery of care with empathy and compassion. She noted 53% of complaints were upheld or upheld in part with performance at Stage 1 improving to 75% and

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Stage 2 to 55%. We are currently working through historic complaints and performance will continue to show as poor in Acute until this is complete. Capacity in the Acute Team has increased.

22 complaints have been raised with the Scottish Public Services Ombudsman. JP explained that there has been an increase over the last few years in complaints being referred to the SPSO and feels this is in part due to the addendum to the letters referring to the SPSO although there is no evidence to support more complaints are being highlighted than in other Boards.

JP explained performance against targets is challenging, referring again to the historic cases. She highlighted a piece of work around increased consistency in how adverse events and complaints are handled, how we capture improved learning, how to provide support to people who have been complained about and the introduction of mediation as part of complaints handling. The Patient Services Team and the Patient Safety Team are meeting around this work with AW noting that this was discussed at General Managers Meeting and agreed that, as this is both a corporate and directorate responsibility, we would pool resources. She explained that Women, Children and Sexual Health (WCSH) have some capacity and would be able to help, therefore, as a test, Acute and Women, Children and Sexual Health will take this forward with Acute.

JP highlighted the new template for different reporting to enable us to see trends or seasonal issues and requested comments.

PH asked what assurance we have as a Board, highlighting the recent case of the Surgeon in NHS Tayside, asking how we identify if we have a cluster of complaints around one member of staff. JP responded that we have a system in place, Emma Murphy and Emma McGauchie work closely together and cross reference any multiple complaints/adverse events and escalate them to the Patient Safety Group who will commission a Significant Adverse Event Review (SAER). JA commented that SAE reviews are more useful to us but that we do not get enough individual complaints to do this. JP noted that when we have Nvivo in place this will pick up these trends. KD commented that we are a small enough Board to know our staff and any concerns about this type of situation we would be aware of. PH asked if people do not complain, how do you know? She highlighted the eight cottage hospitals, along with the Galloway Community Hospital and DGRI, asking if we would know if there were more complaints than usual and be able to see what the trend is at certain times of the year, acknowledging that Nvivo will help with this. JP highlighted the new template, Page 5, noting the increase in activity from January to May which is likely to be due to the move to the new hospital and that at the same time we introduced patient information in every room around how to make a complaint. She highlighted the drop in activity when the 60 new car park spaces opened and the volunteers began to be able to support visitors in wheelchairs in May.

KD referred to the Tayside incident, saying that if a cluster of complaints come in our first thing to do would be to look at what is happening in that area and what is changing the environment, could be sickness absence or may be someone or something. JA commented that what happened in NHS Tayside is incredibly rare, systems were not in place and there was no process to pick this up. NM asked how do you identify the individual or the part of the system saying that we can see,

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now that we've had the conversation, more complaints in January may be due to the move to new hospital but we could not see this before. HCGC does not see data around how you drive this down to ward level and need assurance that this is happening as we should be sighted on systems that sit underneath this so that we are assured they are there. We need a detailed level of reporting for HCGC and the Board gets the other version. NM highlighted the investigative process, ownership of complaint and people being complained about suggesting that the investigation process should be independent and if we have trained investigators we should use these skills across the Board. AW noted that in general the people we are talking about take this on as an addition to their clinical work and perhaps this is an opportunity to have resources for investigation work. JP noted that the SAER investigators should be able to link with someone impartial to draw any key skills. She highlighted the HCAT tool where the managers of each complaint at a lower level would be able to code the type of complaint, and stage in treatment etc and having conversations about how we can stratify and improve our understanding.

GC asked about "policy and commercial decision of the Board" and JP responded that this is mainly around exceptional referrals. JA explained that these are patient requests for treatment outwith this Board, we refuse to fund treatments in England when we have a Scottish pathway in place. GC commented that she is keen to see learning, we are still not seeing this asking when will we drill down to this and see more detail. JP responded that we cannot do this as yet but planning to develop the Patient Experience Group which has its first meeting in October. This group will deal with more significant complaints which will be thoroughly investigated and the learning shared. We will identify trends and can then drill down to where the key areas are as we do not have enough resources or a searchable system in Datix. We are awaiting IT input for Nvivo, which is a couple of months away, for a system like this. GC suggested the need for a conversation around what kinds of things are involved in the policies and decisions of the Board, where are the themes and how are we moving through this. She commented that the new report looks good with Themes 1 and 2 being key although she does not feel assured we have eyes on key issues and suggested a workshop around this. PH responded that in relation to learning a workshop is the way forward in a couple of months when Nvivo is in place, we need space to understand what the difficulties are for Non Executives to have this assurance as they are not feeling assured by the system in place at the moment. PH noted that the Complaints Assurance Group meets on 20 September and this should underpin what is happening with complaints and will take forward this issue at that meeting.

LD commented that she looks forward to the new template and requested to see how many complaints are open each month, and if this is going down, included in the report and JP agreed to include this information in the report.

The Committee:

- Discussed and noted the report

7. **Spiritual Care, Volunteer, Patient and Carer Information Report**

Spiritual Care

JP presented the paper noting that two new Spiritual Care Volunteers have

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undergone training and that referrals for staff support have increased.

Volunteering

JP noted that a series of NHS 70 events have taken place, including a presentation of certificates to 6 people with 18 years each, a joint 108 years, of volunteering.

Investing in Volunteers

JP noted that supporting evidence will be presented to Volunteer Scotland in October.

Patient Information

Bedside folders are being refreshed in in-patient areas and developing a bedside folder for Combined Assessment Unit.

Working with Equality and Diversity Lead to support development of British Sign Language. Out for consultation. Reviewing local interpretation and translation arrangements.

GC commented that lots of good work is going on and we can see the evidence of the impact volunteering is making in the hospital, asking generally how we capture the outcomes and differences all this is making. JP explained that this would be via the Volunteer Steering Group and a meeting in relation to the Volunteer Strategy to look at strategic elements and impact of volunteering, both meetings in October with a view to becoming more outcomes focussed. She highlighted the improved experience for people arriving at DGRI. GC suggested going back to the governance workshop in relation to this. PH highlighted health inequalities through volunteering and the need to look at how we can capture patient experience that volunteers are picking up on and how we fit this in the patient experience going back to the Board in relation to learning and changing the way we do things. She highlighted the Endowment Committee receiving a volunteering report saying that she would like to see the Trustees taking on volunteering as something we are doing that is appropriately funded. PH acknowledged that Margaret McGrogan has been amazing. JP noted that she reported on Spiritual Care and Volunteering through the HCGC and the PCH&CC. PH agreed with GC that we should focus on this as well at governance workshop suggesting that if we have the information that HCGC needs to know regarding quality outcomes and what we are delivering we may be able to reduce reporting.

The Committee:

- Discussed and noted the report

8. **H.A.I. Report**

ER presented the regular paper highlighting an increase in C.Diff which is being monitored with an action plan in place which will be reviewed this week. She explained we had six cases but our target is no more than four each month. ER has been in touch with Health Protection Scotland who are aware of this and have not suggested anything.

ER noted an increase in SAB over June and July, two of which may have been preventable with both being reported through Datix to the Patient Safety Group and are under investigation.

ER highlighted previous discussion around risk at HCGC and noting that Infection Control has been added to the Risk Register. She highlighted risks around splashes from the scrub sinks in Theatres and the position of hand hygiene dispensers in DGR1 which was picked up at the HEI Inspection which we will discuss at Item 17. ER highlighted the C.Diff policy which will be taken to Infection Control Committee this month.

ER highlighted Hand Hygiene compliance with the wards auditing themselves saying that this is not a robust national system and does not provide quality data. She said that moving to the new hospital created difficulties in seeing hand hygiene because it is now happening behind closed doors so recently we asked patients to watch the hand hygiene of staff and the feedback was positive, people are using hand hygiene. ER will receive the self-report audits and will pick up anything we need to in the IC&PT Inspections.

GC commented on the assurance we take from what we are gleaning from reports saying that this is a useful way of doing this. NM agreed with GC that if this provides useful benchmark and we have resources internally it seems like a good format for the report. In response to NM asking about the annual report ER responded that the report usually goes to Infection Control Committee but could come to HCGC. NM asked if the IC&PT go into the wards and ask staff to demonstrate hand hygiene and ER responded that they observe this all the time and frequently in the wards. LD commented that it was good to see this top line response and asked about mitigation plans and ER responded that infection control risks are taken to Management Team and JA commented that MT can give strength to plan of action.

The Committee:

- Discussed and noted the report

9. **Patient Safety Annual Report**

AW presented the report highlighting the useful information from the Patient Safety and Improvement Team (PS&IT), led by Maureen Stevenson (MS), based on the reports that come to Committee throughout the year from the Directorates, in the context of system improvements, with the focus mainly on the Scottish Patient Safety Programme which is now ten years old and this is not patient safety in its entirety. The QI Hub shares information across the organisation and beyond to partners and the PS&IT support this with capacity and capability around improvement methodology and bringing together different programmes of work. AW noted that MS is taking part in the National Scottish Coaching and Leading for Improvement Programme in order to bring a local programme to D&G. PH responded on behalf of the Committee, who see the information coming forward from the PS&IT, saying that the time and commitment is very much appreciated, giving us the information we need and addressing the assurance we need. She said that it was good to get reports at Committee all year and that we should have an end of year report as she feels this is valuable and that having the QI Hub will strengthen things further.

LD commented that the report is really helpful but asking where is the connection with the Realistic Medicine Team (RMT) for assurance, suggesting the RMT and the PS&IT should be connecting with each other to deliver and AW confirmed that the Teams are linking, saying that the report could go on and on describing the

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tentacles coming out from the Team to support other people. LD requested more detail around where the Teams connect up saying this would be helpful and AW confirmed this will be noted in the work plan. NM commented that the question is, is it useful to you? He noted that step changes occur asking how does this affect the work and AW responded that this is work around Deteriorating Patient, Falls Work, Pressure Ulcer Work with an action plan in place for next year and we will keep at this, linking different elements of work through this Team led by MS, with two Improvement Advisers and three Project Officers to support.

GC highlighted communication being mentioned several times in the report in relation to Leadership Walkrounds suggesting that the planned Communication Action Plan should come to Committee for them to add their own actions on this with AW responding that this is a question for the Committee. PH commented that we need to understand where we are with communications as things are not as good as they could be, staff need to tell us what they are looking for regarding communication and we need to look at this as a Board. AW highlighted information about communication saying that complaints, adverse events and iMatters are another piece of the jigsaw and these are delivered as things this communication plan will not address. GC commented on being mindful of Tayside asking how are we giving assurance back that we are keeping up with this and PH asked are we doing this, do we make staff feel safe, do we have visible leadership, how do staff feel about NEMs being part of the Leadership Walkrounds, saying that she was not sure how we address this. KD commented on the structure around the Committee and what their role is saying that staff do not understand this. LC commented that staff view Leadership Walkrounds as somewhere to take their top three gripes to someone who will listen. NM commented that we need to demonstrate that we are on the staff's side, asking how do we communicate to them what our priorities are, suggesting that we could identify two to three challenges we have addressed this year. BR highlighted Page 7 around aims to develop and maintain a safety culture asking if there was anything we could carry over to our communications. GC highlighted using the Transforming Primary Care Communications and Engagement Strategy, suggesting, and it was agreed, discussing this at the NEM meeting next week and take forward what we did at the workshop as a Board.

The Committee:

- Discussed and noted the report

NM left the meeting.

INTERNAL REPORTS

10. South West Scotland Breast Screening Programme Update

PH tabled the report commenting that she had read this update with a certain amount of alarm saying that screening in hospitals in NHS Ayrshire and Arran is well in advance but is way behind in screening for mobile units although the report does say there is support for women who need to travel but weather conditions have an effect on this. She highlighted the pause for women aged 70 and over, 1000 self referral appointments per year, to allow them to catch up but noted it does not say how long the pause will be. PH suggested that being unable to access this service is a health inequality and asked if the Breast Screening Programme goes ahead with these plans should we offer this service to women in

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Dumfries and Galloway. JA responded that we do not have the clinical ability to undertake this. PH asked if we could write back to say we are not comfortable in the guise of health inequalities for 1000 women per year who cannot self-refer and would like your thoughts on this. LD commented that if someone cannot self-refer they can ask their GP to refer them and PH responded that for women over 70 she was not sure if their GP would refer them. PH commented that this is a risk and there should not be a pause no matter what age they are.

JA highlighted the maintenance of a service where we cannot provide evidence of clinical benefit saying that he was really uncomfortable with this. KD commented that it feels ageist to pause screening for over 70s but it is not as we have no evidence to support it is of benefit. MC commented on keeping the objective in mind and the resources as too many programmes are taking up lots of resources and have been of no benefit to us. GB noted her support for what JA, KD and MC are saying and she will have conversations with GPs around the concerns and include this in realistic medicine to see if it is of value. GC commented that we need to find out how temporary the pause is and the numbers of women requiring screening and JA agreed to clarify this with NC. LD commented that breast screening starts at 50, with under 50s referred via GP asking if over 70 gives no benefit, why do people self refer and KD responded around the psychological assurance people get.

PH commented that there is an issue here saying that she is concerned about pause and the need for clarification around the Board's position, particularly around the discrepancy between static and mobile units but acknowledging what was said around clinical evidence.

The Committee:

- Discussed and noted the report
- JA to seek clarification with NC

11. **Equality and Diversity Update**

LF presented the update noting that the Equality and Diversity Steering Group, now known as the Equality and Diversity Programme Board, chaired by Michele McCoy, have developed an outcomes focussed work plan and a short life working group will be pulled together to develop an action plan to provide a more specific, measurable work plan which can be mainstreamed into existing directorate and locality action plans. She explained that it is vital that senior managers across the organisation "buy in" and support the group as some areas are not represented. LF highlighted impact assessment and the refreshed template now being used in the NHS with ongoing discussion with the Council to agree a joint template for use across all services. LF highlighted the Equality Outcomes 2017 – 2021 detailed on Page 8.

LF highlighted the British Sign Language (BSL) plan which is being developed locally and is out for consultation. She highlighted that staff need to be aware of their responsibilities around translation and interpretation, and the provision of this within the Board and locally. We need to support staff to ensure things are in place before appointments or before admission to hospital.

GC commented that she was reassured to hear about the impact assessment

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coming to Board and performance measures for health inequalities, saying that the policy undertaking is excellent, the outcome focussed plan is great and is a useful easily sustainable plan of what you are doing. She asked about numbers within the BSL report and LF responded 302 were identified in the census as registered BSL users. She noted that the Patient Information Co-Ordinator is following this up, prior to the patient booking and interpreters having to travel to provide this. JP highlighted the need to look at technical solutions for emergency presentation such as VC/Skype and informing people of what is possible and what is not possible. She noted that the Council has removed their investment in BSL, they employed someone two days per week and from a cost point of view we may have to do this. LF highlighted a shortage of trained interpreters saying that Glasgow employ their own and the need to discuss how we can work with local partners. JP commented that the plan would be taken through the H&SCMT as we will need to support Social Work as well. In response to PH asking about emergency admissions JP responded we have to wait until an interpreter can attend. PH noted that the plan will go to the October Board and October H&SCMT, and requested that LF bring an update to November HCGC meeting as we need assurance around this process.

JA commented that, as JP said we contact an interpreter and there may be a delay, suggesting that we could look at this regionally, it is a difficult one for us as an isolated small Board. BR suggested Police Scotland may have interpreters and JP confirmed that she had been in contact with them. JP suggested VC/Skype may be an option but in the meantime we write things down to get around this.

The Committee:

- Discussed and noted the report
- Requested an update for the November meeting

12. **Frailty Collaborative Update**

LM presented the update, tabling a briefing paper and noting that the Healthcare Improvement Scotland frailty tool electronic icon is a leaf.

LD asked if a patient is admitted to CAU, will frailty assessment happen when first seen, how long might they wait and are there risks we would need to mitigate? LM responded that the frailty tool is part of the first set of observations. LD asked about the risk that patient could be waiting to be seen, contact may not be for a few hours and is there anything we need to talk about and LM responded that rapid assessment would address this. LM noted that she had attended the GP Sub Committee and agreed screening for frailty within primary care which we can transfer across and using the icon will know an assessment has been carried out before people admitted.

GC highlighted the under 65s with long term health conditions who maybe frail asking what is difference and will these people be screened and LM responded that staff would use clinical judgement and if they think someone is frail would complete frailty tool. GC asked if staff are clear they can use this for under 65s and LM responded that there is still some work still going on around this.

BR suggested a caveat in appointment letters with assistance from volunteers and LM responded that this is a good point we could look at and will take this back to

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her Team.

The Committee:

- Discussed and noted the report

13. **Nutrition and Hydration Annual Report**

AW presented the report highlighting the Food, Fluid and Nutrition Standards. She explained that the move to the new DGRI had resulted in new meal trolleys which could not accommodate the “red trays” which alert staff to special needs. No suitable alternative has been found as yet so we are using red napkins whilst looking for another system.

AW highlighted the introduction of the International Dysphagia Descriptor Standards Initiative (IDDSI) for people who have difficulty swallowing saying that lots of work is going on around this in Speech and Language Therapy with assistance from Dietetics, Catering and Nursing. She highlighted Food in Hospitals which sets out nutritional guidance for all menus, including vegans, vegetarians and cultural meals, requiring a nutritional analysis of every recipe we make resulting in a massive piece of work as we cook fresh in D&G. AW noted that a self-assessment process is being introduced and we need to provide robust evidence around each of the standards which brings additional workload.

AW noted Training and Education remains a key element, highlighting the difficulty in releasing staff to attend and that the training group has been re-established.

AW highlighted the governance of catering within the cottage hospitals explaining that Alison Solley, Assistant General Manager in Acute, has taken on region wide responsibility to manage catering and will begin work on standardising menus across all areas, look at audit results and share best practice. PH asked if this work is achievable in the timescale we have and AW responded that AS is exploring how best to introduce a structure of governance which may well be a resource issue.

LD highlighted hydration asking if a policy is in place so that we know that people are actually drinking the water and not just left with a glass of water sitting beside them and AW responded that we have food and fluid charts, patients assessed as needing help will have a chart and regular checks made. She explained that risk assessments are done on admission with nutrition and hydration being one of these and that there are also Level 3 Care Assurance checks on this which are followed up by the SCN and NM who do weekly/monthly checks on this as we have to really know these things.

The Committee:

- Discussed and noted the report

14. **Care of Older People**

AW presented the regular report highlighting reassurance around the discussions being held. The SCNs and Teams attend the Steering Group, to share what they are doing as a lot of things they are looking at may work well in other areas. AW highlighted the results overall in each of the Level 3 Care Assurance standards where some of the scoring in a number of the standards is below the average,

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saying that a lot of work is going on but we will not see the change until the next round. Main focus is on Pressure Ulcer Collaborative, Frailty Collaborative and Dementia work.

LD highlighted the appendices suggesting that we use the same colour coding in all departments.

The Committee:

- Considered and approved progress

15. **Better Blood Transfusion**

KD presented the report highlighting issues around the storage of blood, noting a bit of waste within the Board due to us having necessary stock which is not used. LD explained that she found the report helpful and easy to read, asking about Realistic Medicine and the actions going forward as she is keen to know what is actually happening here. KD will bring update to the November meeting under matters arising.

The Committee:

- Discussed and noted the report
- KD to bring update to next meeting

16. **Committee Assurance Statement**

PH presented the Committee Assurance Statement.

The Committee:

- Noted and approved the statement

ITEMS FOR NOTING

17. **HEI Inspection Report**

PH noted that NM had a couple of questions and will contact ER outside the meeting.

The Committee:

- Approved the action plan submitted to HEI

Any Other Competent Business

PH highlighted Palliative End of Life Care requesting assurance that the Board is providing and delivering care to everyone across Dumfries and Galloway, asking:

- Are we offering quality of care in line with the Marie Curie Report.
- Are we delivering care so that people are pain free, either in hospital or the community?
- Is each member of staff in this field, including Healthcare Support Workers, as highly trained as possible?
- Are we able to provide specialist palliative care services to people regardless of circumstances? People are at the end of life and want to die at home.
- If the Macmillan Nurse (MN) in the West is on leave there is no service provision at all, is there only one MN covering D&G? AW responded that there are four MNs,

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one in each locality.

PH again asked for reassurance, highlighting the impact this will have on the Strategy, saying that we need to know where the gaps are and how we will meet the needs of people, and make this a priority. JA responded that we could undertake a stock-take and measure ourselves so that we know what we need and do some work around the gaps, saying that we can pull something very easily together demonstrating locality by locality what we can offer for end of life care and specialist care and that all staff are trained to the level they need. He noted that the Consultant post was not recruited to. JA noted the Strategy document is due for the Integrated Joint Board and will bring a paper to the January 2019 HCGC. LD welcomes this report coming back highlighting pain relief at end of life with a syringe driver only possible if you are in hospital or a care home.

The Committee:

- Requested a report for January Committee

Date of Next Meeting

Monday 12 November 2018, at 10 am, in the New Board Room, Crichton Hall.

DUMFRIES AND GALLOWAY NHS BOARD



Performance Committee

Minutes of the Performance Committee meeting held on 9th July 2018 at 10.00 am in the New Boardroom meeting room, Crichton Hall, Bankend Road, Dumfries.

Present

Mr P N Jones	PNJ	Chair of the Board
Mrs K Lewis	KL	Director of Finance
Ms L Carr	LC	Non-Executive Board Member
Dr L Douglas	LD	Non-Executive Board Member
Mrs P Halliday	PH	Non-Executive Board Member
Mr N Morris	NM	Non-Executive Board Member
Mrs J White	JW	Chief Operating Officer

Apologies

Mr J Ace	JA	Chief Executive
Ms L Bryce	LBr	Non-Executive Board Member
Mrs G Cardozo	GC	Non-Executive Board Member
Dr K Donaldson	KD	Medical Director
Mr A Ferguson	AF	Non-Executive Board Member
Ms M McCoy	MM	Interim Director of Public Health

In Attendance

Mr E Docherty	ED	Nurse Director
Ms V Freeman	VF	Head of Strategic Planning
Ms M Gunn	MG	Non-Executive Board Member
Mr S Hare	SH	Non-Executive Board Member
Ms C Sharp	CS	Workforce Director
Ms L Bass	LBa	Executive Assistant to Director of Finance (Minute Secretary)
Ms E Murphy	EM	Patient Feedback Manager (Item 8 only)
Ms L Fitzpatrick	LF	Equality and Diversity Lead (Item 10 only)
Mrs L Geddes	LG	Corporate Business Manager (Item 11 only)

1. Apologies for Absence

Apologies for the meeting have been noted above.

2. Declarations of Interest

The Chair asked Committee Members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. No declarations of interest were noted.

3. Minutes of meeting held 5th March 2018

Performance Committee agreed the minutes of the meeting held on 5th March 2018.

4. Matters Arising and Review of Actions List

KL summarised the actions from the previous meeting. The following points were noted:

- Community Empowerment Act – Paper presented to Committee under agenda item 11.
- Finance Performance Report: Clinical Productivity – KL provided an update on work that is being undertaken to support this.

It was agreed to move onto Item 8 at this point in the meeting.

8. Duty of Candor

EM presented the paper advising that the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 received Royal Assent on 1 April 2016 and introduced a new organisational duty of candour on health, care and social work services. All health and social care providers were required to comply with the act from 1 April 2018. The overall purpose of the new duty is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended incident resulting in death or harm, as defined in the Act. This duty requires organisations to follow a duty of candour procedure which includes:

- Notifying the person affected
- Providing a written apology (within 5 working days)
- Offering a meeting to give an account of what happened

EM highlighted the following key points:

- The procedure requires the organisation to review each incident and offer support to all those affected, which includes both the people that deliver and the people that receive care. Organisations also have a requirement to publish an annual report detailing when the duty has been applied.
- The Scottish Government provided 'points to consider' around the implementation of the new duty; a copy of NHS Dumfries and Galloway's answers were included as an appendix.

- EM referred to the NHS Dumfries and Galloway implementation plan which was included as an appendix (this was an older version; EM will arrange circulation of the most up to date version).
- EM advised that there is an overlap between the duty of candour process and other existing processes (including those around the management of adverse events and complaints), therefore, the Board is already regularly undertaking a number of these duties.
- EM highlighted areas that required more focused work eg. recording, reporting and awareness training.

Committee discussed the report with the following noted:

- PNJ queried the processes for reporting the detail/actions around adverse events, complaints and duty of candour. EM advised that the vast majority of duty of candour instances will be reported via the adverse events or complaints procedures. ED advised that duty of candour, adverse events and complaints requirements are already embedded in professional structures and advised of the reporting mechanisms via Health Care Governance Committee. ED added that duty of candour is now a legislative requirement (rather than good practice).
- PH and PNJ queried what assurances we have in place if a duty of candour incident does not fall within adverse events or complaints. ED assured the Committee that this would be reported via the professional structures. NM added that the Board's assurance would come from the Health Care Governance Committee.
- PH referred to the monitoring form in the paper and the fact that no risk assessment was planned; PH queried what risk the duty of candour legislation brought to the Board. JW referred to the professional responsibilities throughout the organisation and the processes already in place to support this. JW felt that the challenge was more around raising awareness amongst the wider staff and the need to highlight that this was now legislative. JW suggested that duty of candour be presented through our professional advisory committees to support ongoing awareness and training.

In summary, Performance Committee:

- Noted the progress towards the implementation of duty of candour.
- Agreed that an updated duty of candour Implementation Plan should be circulated electronically to Performance Committee members.

Action: EM/LBa

- Agreed that duty of candour requirements should be presented through the professional advisory committees to support ongoing awareness and training.

Action: LC/JW

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- Agreed to receive the final plan once completed (due for completion around the end of August 2018).

Action: EM

EM and ED left the meeting at this point.

5. Financial Performance Update 2018/19 – Month 2 to 31st May 2018

KL presented the Financial Performance paper to Committee. KL highlighted the key points from the paper:

- Significant challenges remain to close the £6.2m gap in the Financial Plan. KL re-emphasised the unprecedented savings required going forward.
- Plans continue to be formulated and identified. The overall delivery on CRES will improve in the coming weeks as plans are actioned and budgets re-aligned to reflect the savings identified.
- Quarter One review meetings with all of the directorates have been scheduled and a Board workshop planned to review the output.
- KL provided a brief update on a number of areas including pay awards/agenda for change announcements, new contract for community pharmacy, review of recurring and non-recurring savings.
- KL highlighted the financial risks to Committee (as previously highlighted in the Financial Plan), including double running costs of Mountainhall, winter pressures and prescribing costs.
- The Board has yet to have a balanced Financial Plan for 2018/19. Workstreams identified to date around delivering efficiencies include:
 - Reviewing the use of medical locum expenditure and recruitment to remaining vacancies.
 - Driving Transformational Plans forwards in as timely timeframe as possible as well as identifying further plans in 2019/20 and beyond.
 - Ongoing re-assessment of all financial risks on the sustainability of the financial recovery of the organisation, as we identify the risk of achieving financial breakeven position.

KL concluded by advising that more detailed work and analysis will be undertaken once the Quarter One Reviews have taken place. A comprehensive report and update on the Financial Plan will be provided to Performance Committee on 3rd September 2018.

KL recalled that the Scottish Government is now publishing/sharing the financial position of all 22 NHS health boards on a monthly basis (first report circulated to Board 2 July 2018). Committee made a number of observations (at month 2, four NHS Boards are anticipating a requirement for financial support in the form of brokerage).

KL noted that the National Financial Framework for Health and Social Care (which was due to be published shortly) has been delayed; a brief update was provided around this. PNJ advised that work on the Regional Delivery Plan (West of Scotland) has also been stalled as a result of this. JW provided an update on the productive work undertaken to date and spoke of the next

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stages (emergency care, reconfiguration of hospital services, public perception). CS advised of the significant progress made from a workforce perspective, noting that a regional approach has opened up areas of collaboration.

Committee referred to the £6.2m in the Financial Plan and discussion focussed on the strategy for identifying savings. The key points are noted below:

- PNJ/NM felt it would be useful to have an oversight of the overall savings strategy. KL advised that a more detailed assessment will be undertaken once Quarter One data has been received. KL provided further explanation around Table 5 in the paper.
- KL reiterated that, at the current time (and in line with the Financial Plan) she is unable to confirm whether a breakeven position can be achieved at this early stage in the year. KL added that, once further information is available, she will provide a revised assessment of the situation to Committee to ensure they are fully informed and comfortable with the position.
- In terms of efficiency savings, PH felt it would useful to know (at a strategic level) which areas we should or shouldn't be considering. KL advised that there are a number of savings being identified via prescribing, locums spend and operational savings. However, the majority of the savings are being identified through Directorates, General Managers or Social Work, and many of these are clinically led. KL and JW explained the process in relation to budget scrutiny meetings and how we assess deliverability/review risks.
- PH queried where priorities lay in terms of health and well being, prevention and self management. JW acknowledged the importance of these areas and explained some of the challenges in terms of immediate impact/resources.
- PNJ felt it would be useful for Committee to have an overview of our overall strategy for CRES and also the process for management and escalation. JW and KL explained the reporting process via the finance papers to Committee (and the Financial Plan). PNJ queried if the framework could be mapped out alongside the figures in the next report (Quarter One).
- NM queried if there was a role for Health Care Governance in terms of providing (safety) assurances around proposed efficiency savings. This led to a discussion around roles of Committees and what is deemed as operational, and what level of detail is required going forward. JW recalled that General Managers are already directly reporting on business transformation plans via the Integration Joint Board (IJB) (eg. workshop being held on 26 July 2018). KL and JW emphasised that careful consideration is given to any proposal, with safety and duty of care at the forefront of all discussions. CS added that assurance can also be sought from a workforce perspective via the Staff Governance Committee.

In conclusion, Performance Committee:

- Noted the Month 2 report.
- Agreed that a detailed Quarter One report will be presented to Performance Committee on 3rd September 2018.

Action: KL

LF arrived at this point in the meeting.

6. Health and Social Care Partnership Performance Management: At a Glance Report – April 2018

VF presented the report which provided an overview of operational performance using local management information. VF highlighted the key points from the paper:

- Treatment Time Guarantees – These are starting to recover.
- Diagnostics 6 weeks – The number of people seen within 6 weeks for diagnostic tests is below the 90% target and lower than same time period last year.
- AHP MSK 4 weeks – In the past year, figures have been between 60-80% against a 90% target.
- Emergency Department Waiting Times – ED waits have been slowly recovering. Performance is currently better than March 2017, the locally agreed interim target.

Performance Committee noted the report.

7. Review of Winter

JW presented the report which reflected on the performance of Dumfries and Galloway Health and Social Care Partnership against the winter plan of 2017/18 (copy was attached as an appendix). JW advised that the paper set out the learning from an extremely challenging winter period following the successful move to our New Hospital. JW advised that the teams across our Health and Social Care Partnership worked well to ensure patient flow was maintained and that we continued to deliver high quality Health and Social Care to our Communities.

JW highlighted the key points from the paper as follows:

- The winter of 2017/18 saw increased levels of patient's acuity throughout the system following an outbreak of influenza in the community.
- Attendances at DGRI emergency department was 5% lower this winter 2017/18 compared to the same period last year. The reduction in numbers has been concentrated in the period since the New Hospital opened, most likely as a result of more GP referrals moving straight to the

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New Combined Assessment Unit. Further analysis of patient flows is being undertaken.

- Elective cancellations increased by 10% over winter 2017/18 compared to the same period last year. Most cancellations take place on clinical grounds or at the request of a patient. However, this winter the number of elective procedures cancelled for capacity or other non-clinical reasons rose from 1.1% of procedures last winter to 2.1% this winter.
- A range of new methods of communicating winter pressures to the General Public were tested over the winter 2017/18, including significant use of social media to promote appropriate use of the Emergency Department, GP surgery's and local pharmacies.

JW highlighted some of the areas that had gone particularly well over winter, including:

- Single room occupancy
- No wards closed at DGRI due to novo virus
- Patient flow
- Establishment of multidisciplinary discharge team
- Sustainable weekend team
- Surge capacity opened at new DGRI

JW highlighted some of key challenges outlined in the paper and explained some of the measures put into place to address these. These included:

- Challenges of new environment – Emergency Care Centre and the CAU.
- Lack of Care Home placements/Care at Home provision
- Public holiday working
- Surge protocols

Committee acknowledged the hard work undertaken by all teams across the Health and Social Care Partnership over a challenging winter period.

JW provided an update on a specific issue raised by LD outwith the meeting, around patient flow and the CAU.

PH queried if any patients were re-admitted during the winter period. JW advised that she would report back on this (data not monitored/requested in new template).

Action: JW

Performance Committee noted the report.

9. Primary Care Transformation Programme

JW presented the paper advising that the purpose of the 2018 General Medical Services (GMS) contracts is to provide better service to patients by providing stability and sustainability to General Practice. This is a significant major transformational change programme which will impact on all the

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priorities across Primary Care and Community Health and Social Care services.

JW advised that the 2018 General Medical Services Contract sets out 6 priority areas for change, as noted below. A summary of plans for each area was provided in the paper, including specific plans for Year One:

- Vaccination Transformation Programme (priority area Year 1)
- Pharmacotherapy Services (priority area Year 1)
- Urgent Care Services (priority area Year 1)
- Community Treatment and Care Services
- Additional Professional Roles (Mental Health - priority area Year 1)
- Community Link Workers

JW explained the roles of the IJB, the Primary Care Transformation Board, the GP Sub-Committee and GP Clusters in relation to the Plan. JW advised that the final funding allocation letter was received on 24 May 2018; we are required to submit a detailed funding plan to the Scottish Government by September 2018. JW added that the Primary Care Improvement Plan will be submitted to the IJB on 26 July 2018.

The Committee discussed the report with the following noted:

- PNJ queried the process for developing/commissioning the plan. JW provided the background to this.
- LD asked if there was any qualitative feedback from the GP community on the GMS contract/plan. JW advised that many GPs (who have been involved via their local medical committees) are broadly supportive of the direction of travel. There is some work to do around engaging the wider community eg. via Clusters.
- NM noted the overall strategic aim in relation to Primary Care transformation and queried how we align this work with the overarching aim. JW acknowledged this and noted that this was also raised at the recent Primary Care Transformation Board. JW advised that the first priority was to implement the GMS contract; we will then need to look at the overall transformation plan for Primary Care.

Performance Committee:

- Noted the initial Primary Care Improvement Plan. This will be an evolving document over the next three years as the programme develops.
- Noted the tight timescales involved in the production of this initial Plan and the support and guidance received from the GP Subcommittee Writing Group which has helped to support its development.
- Noted the requirement for a Financial Report Submission to the Scottish Government in September 2018 which will allow an updated

implementation plan for Year 1 to be developed which will contain more detail about activity and spending planned for Year 1.

- Noted that the Primary Care Improvement Plan will be presented to the IJB meeting on 26th July 2018 for approval.

10. Fairer Scotland Duty Guidance

LF presented the paper advising that the Fairer Scotland Duty (formerly known as the socio-economic duty) came into effect in April 2018. The duty places a legal responsibility on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. LF highlighted the key points from the paper:

- The new duty has been introduced by the Scottish Parliament as an opportunity to do things differently and put tackling inequality at the heart of key decision making. The duty does not override other considerations - such as best value or equality - but is nevertheless a key consideration.
- Public bodies need to be able to meet what is termed the “key requirements” of the duty:
 - To actively consider, at an appropriate level, how they can reduce inequalities of outcomes in any major strategic decision being made
 - To publish written assessments highlighting how this has been done
- The paper explained what is required to meet the requirements, the process for meeting the duty, using the Impact Assessment approach, Executive Director Leadership, other related work and potential risk.

Committee reviewed the report with the following noted:

- PH queried if we were confident that we had sufficient resources in place to support the Impact Assessment work. LF felt that resources were adequate and explained this further.
- Committee queried if the Fairer Scotland duty came under the remit of any specific Committee. CS will discuss with this with MMc, however, Committee acknowledged that this sat across the whole organisation (including Board Members) in terms of strategic decision making.

Performance Committee:

- Considered the requirement to meet the legal obligations under the Fairer Scotland duty.
- Supported the approach taken to amend the current Impact Assessment process to include consideration of the Fairer Scotland duty.
- Agreed the adaption of Impact Assessment arrangements to fulfil our legal responsibilities for the Fairer Scotland duty.

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- Noted the Interim Director of Public Health as Executive Director Lead for the Fairer Scotland duty.

LF left at this point in the meeting. LG arrived.

11. **Community Participation and Engagement Annual Report**

LG presented the paper advising that as part of the requirements within the Community Empowerment (Scotland) Act 2015 legislation, the Board is required to develop procedures for handling Participation Requests and the Community Asset Transfer, as well as strategies to support the processes. In addition to this, the Board are required to produce and publish an annual report on the progress that has been made and also to publicise the requests that have been issued to the Board in relation to either a Participation Request or a Community Asset Transfer. The Annual Report for 2017/18 was attached as an appendix.

LG advised that, to date, the Board has received one Asset Transfer Request (information has been sent to the requester but no formal submission has been received to date).

PH noted the statement in the report that *'we will work closely with community bodies..'* and queried if there had been any liaison with Third Sector re this. KL advised that we will look into further and report back.

Action: KL/LG

Performance Committee:

- Noted the annual report for Community Empowerment (Scotland) Act 2015.
- Reviewed and approved the Participation Request Process.
- Reviewed and approved the Participation Request Strategy
- Noted the status update in relation to the Community Asset Transfer process and strategy.

LG left the meeting at this point

12. **Mountainhall Treatment Centre including Potential Moves to Crichton Hall**

KL presented the Mountainhall paper to Committee, which provided an update on the following areas:

- Background
- Current position of:
 - Mountainhall (Cresswell Wing)
 - Sale of Crichton Hall
 - Mountainhall building
- Revised project arrangements
- Decommissioning

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- Transitional arrangements
- Business case and financial implications
- Programme of works
- Next steps

KL recalled the sensitivities of some of these issues and noted the confidentiality relating to parts of this discussion. KL provided an overview with the key points noted below:

- KL advised of the background to the Cresswell Wing and Mountainhall building. KL spoke of the complexities in relation to the Cresswell Wing which is managed under a PFI; KL advised of ongoing negotiations.
- A formal expression of interest has now been received for the purchase of Crichton Hall. If the sale is concluded, new accommodation will require to be identified for these services (on both a temporary and long term basis). Having reviewed the options available to the Board, the only accommodation which can be delivered in the short term is within the former DGRI building, now renamed as Mountainhall.
 - The potential sale of Crichton Hall remains on course for conclusion at the end of the calendar year (31st December 2018). It is recognised, from a property transaction perspective alone, this timetable is extremely challenging to achieve.
 - There are a range of technical issues (particularly in relation to site services) which require resolution prior to conclusion of the sale.
 - In order to achieve vacant possession, tenants on the site require to be served notice to quit their lease provisions. The process has commenced with relevant parties.
 - The potential purchasers have expressed an interest in buying the antiques in order that they can be retained as part of the heritage of the building. The Endowment Trustees will be required to decide how the antiques are to be managed.
- The original project to create an ambulatory treatment centre in Mountainhall is now formally paused pending resolution of contractual issues with the PFI provider and clarity achieved around the potential sale of Crichton Hall. The Project Team has switched their focus onto planning for the potential move. The scope for this and related workstreams were outlined in the paper.
- Given the strategic context it is looking increasingly likely that the Mountainhall building will be retained for longer than was originally envisaged and signed off by the Board. The current planning assumption is that we will retain some of the Mountainhall site for a minimum of five years.

- KL provided an update on decommissioning, business case preparation, financial implications, and key actions being progressed by the Project Team.

Committee reviewed the paper with the following noted:

- PNJ acknowledged the comprehensive paper, noting the timeframes and complexities involved.
- LD queried the options appraisal process for identifying Mountainhall as the most suitable accommodation. KL provided background to this, noting that various options have been considered. KL added that, unfortunately, time restraints have not allowed for a more detailed configuration of services, however, we are considering how we future proof the model.
- PNJ queried when the decommissioning process would start. KL advised that this would start prior to the sale. KL added that there would be a range of communications also to ensure staff are fully informed of the progress. PNJ felt it would be beneficial for the business case to include a cost analysis (Mountainhall compared to Crichton). KL advised that the business case will be presented to the Strategic Capital Programme Board in due course.
- CS highlighted the emotional challenges of the pending move, noting that we had a number of years to prepare for the New Hospital move and this could potentially be 6 months. CS recalled that many of the staff have been based at Crichton Hall for a significant length of time. There will be a need to consider the human impact in terms of the physical move and engagement.
- PH noted that the move to Mountainhall would be interim/temporary, and queried the long term plans for staff and the reconfiguration of Mountainhall. PH was keen to ensure there was transparency in terms of future arrangements. JW acknowledged these concerns and assured Committee that we do not envisage this as a permanent move. JW and KL spoke of the timeframes and the need to work with all staff groups to help them through the transition.

Performance Committee:

- Noted the update on Mountainhall Treatment Centre and Crichton Hall moves.
- Approved the position about retention of the Mountainhall site (old DGRI) beyond 2020.
- Noted the further work which is planned to consider the longer term options for the services which will move to Mountainhall.

13. Capital Arrangements

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KL presented the paper advising that the Capital Investment Group had the responsibility on behalf of the Board to deliver the capital position as well as reviewing business cases in advance of being brought forward for approval. In addition to this, the Acute Services Redevelopment Programme Board was the governance framework for the project and latterly the Mountainhall project. Following practical completion of the Acute Services Redevelopment Project, the governance arrangements for the capital programme has been reviewed. The Strategic Capital Programme Board (SCPB) has been set up to replace both groups and have overall responsibility for the delivery of the capital programme on behalf of the Board.

A copy of the SCPB Terms of Reference were included in the paper. NM noted that the Programme Board can make decisions based on the Board approved 5 year Capital Plan within delegated limits. NM queried if the 5 year Capital Plan is approved by the NHS Board; KL confirmed that it was. NM asked if this could be included within the SCPB Terms of Reference.

Action: KL

Performance Committee:

- Noted the terms of reference for the newly formed Strategic Capital Programme Board (with the addition re the Capital Plan as noted above).
- Noted the update will be included in the Scheme of Delegation being presented to NHS Board in August 2018.

14. Corporate Financial Risk Register

KL presented the paper which provided a breakdown of the financial governance risks, as extracted from the full Corporate Risk Register. Colour coding and numbers were included to identify the current and target risk levels. KL advised that the risk register will be revisited following the Quarter One review.

Performance Committee:

- Noted the Corporate Financial Risk Register.

15. Committee Assurance Statement – Performance Committee

KL presented the paper advising that a copy of the Performance Committee Assurance Statement for 2017/18 was produced in April 2018 and circulated to Performance Committee Members for review and comment. The Statement was signed off by the Committee Chair in May 2018 and was included as part of the Board's Annual Accounts for 2017/18.

Performance Committee noted that Performance Committee Annual Assurance Statement for 2017/8.

16. Draft Performance Committee Agenda – 3rd September 2018

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Committee noted the draft Performance Committee agenda for 3rd September 2018.

17. Date and time of next meeting

The next Performance Committee meeting will be held on 3rd September at 10.00 am to 1.00 pm in the New Boardroom, Crichton Hall, Dumfries.

DUMFRIES AND GALLOWAY NHS BOARD



Performance Committee

Minutes of the Performance Committee meeting held on 3rd September 2018 at 10.00 am in the New Boardroom meeting room, Crichton Hall, Bankend Road, Dumfries.

Present

Mrs P Halliday	PH	Non-Executive Board Member (Chair)
Mrs K Lewis	KL	Director of Finance
Mr J Ace	JA	Chief Executive
Ms L Carr	LC	Non-Executive Board Member
Dr L Douglas	LD	Non-Executive Board Member
Mr N Morris	NM	Non-Executive Board Member
Mrs J White	JW	Chief Operating Officer

Apologies

Mr P Jones	PNJ	Chairman of the Board
Ms L Bryce	LBr	Non-Executive Board Member
Mr E Docherty	ED	Nurse Director
Mr A Ferguson	AF	Non-Executive Board Member
Mr S Hare	SH	Workforce Director
Ms M McCoy	MM	Interim Director of Public Health

In Attendance

Mrs G Cardozo	GC	Non-Executive Board Member
Dr K Donaldson	KD	Medical Director
Ms V Freeman	VF	Head of Strategic Planning
Ms M Gunn	MG	Non-Executive Board Member
Ms C Sharp	CS	Workforce Director
Mr G Stewart	GS	Deputy Director of Finance
Mr D Bryson	DB	General Manager (Item 8 only)
Ms L Bass	LBa	Executive Assistant to Director of Finance (Minute Secretary)

1. Apologies for Absence

Apologies for the meeting have been noted above.

2. Declarations of Interest

The Chair asked Committee Members if they had any declarations of interest in relation to the items listed on the agenda for this meeting. No declarations of interest were noted.

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3. Minutes of meeting held 9th July 2018

The following amendment to the minutes was noted:

- Page 7 of 13: 'novo virus' should read 'norovirus.'

With this amendment, Performance Committee agreed the minutes of the meeting held on 9th July 2018.

4. Matters Arising and Review of Actions List

NM referred to the discussion at the last meeting re the clinical impact of CRES schemes and performance/safety assurances. NM queried if one of the Committees could have oversight of the clinical schemes and planning cycle to support assurances in this area. This led to a brief discussion with the following noted:

- JA suggest this could be presented to the Health Care Governance Committee (HCGC) to support planning and assurances going forward.
- KL spoke of the role of General Managers in relation to CRES savings and business transformation plans. JW highlighted the risk assessments that take place around difficult decisions.
- The complexities of the reporting structures in relation to the IJB and NHS Boards (and Committees) were noted.
- PH commented on a number of challenges in relation to staffing, retirements, recruitment and safety implications. PH was keen for the Board to have a focussed discussion (within a separate workshop) to look at our broader workforce risks and our future vision.
- In relation to safe staffing, JA advised of new Scottish Government legislation that will come into force shortly, which will provide a further steer in this area.

Following discussion, Performance Committee agreed that:

- A mapping exercise should be undertaken to demonstrate assurances in relation to CRES decisions, clinical impact and patient safety. This will be presented to the NHS Board HCGC.

Action: JA

KL provided an update on the following:

- Clinical productivity – Information will be provided under the presentation at agenda item 9.
- Duty of candour – LC advised that is still be presented to advisory committees.

JW provided an update on the following:

- Patients re-admitted during the winter period – JW informed

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Performance Committee that during winter 2018 medical readmission rates at 28 days were higher than in Autumn 2017. Surgical readmission rates were not unusual; JW confirmed that further work was required to understand the underlying causes for medical readmission rate increases. JW also highlighted that for January to March 2018, figures from HSMR (Hospital Standardised Mortality Ratios) predicted that for the case mix that came through DGRI, there were 213 predicted deaths and only 193 observed.

5a. Integration Joint Board 2017-18 Quarter 4 Performance Update

VF presented the paper which provided information for the period 1st January 2018 to 31st March 2018 on performance against a range of indicators. The report also provided an update on the Scottish Health and Care Experience Survey (HACE). VF spoke of the findings in relation to carers and ongoing engagement across Scotland in relation to this. VF also highlighted some of key points from the main report.

LD noted the reporting periods for the Quarterly report (Jan-March) and the At a Glance report (July 2018). LD acknowledged the complexities to support reporting structures (ie. IJB then NHS), however, queried how we could do things differently to support more relevant/up to date reporting to Board/Committee. JW advised of work currently underway to review the performance framework; a number of areas will be looked at including the reporting cycle, timely data, who needs to know what and strengthening the At a Glance Report. A report on this will be presented to IJB shortly.

VF provided further background on the complexities of the reporting framework, explaining the purpose of each organisation/report and the validation periods. VF added that further clarity will be provided within the covering paper in future reports.

Performance Committee noted the report.

5b. NHS Dumfries and Galloway Board Performance Management: At a Glance Report – July 2018

VF presented the paper which provided an overview of operational performance using local management information. A discussion took place with the following noted:

- LD noted the AHP MSK 4 week figure (47.5% of people seen within 4 weeks, against a 90% target) and queried the issues relating this. LC and JW provided an update which included challenges around physiotherapy staffing. JW provided reassurances around priorities to support patient flow and discharge. LD queried sign posting options for those awaiting physio; JW advised that the first port of call would be NHS 24, where patients would be triaged accordingly. LC added that NHS 24 can also be accessed for self help support. There continued to be a discussion around the pathways for those awaiting AHP MSK

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treatment and waiting times (orthopaedics, GP referrals). It was agreed that further clarity was required around the pathways and issues relating to AHP MSK; a paper will be presented to a future meeting.

Action: JW/VF

- GC queried local training opportunities for those wishing to pursue a career in physiotherapy. LC confirmed that this type of training isn't available locally ie. courses held in Edinburgh/Glasgow etc.
- In terms of the regular performance reports, NM suggested that it may be helpful to focus on exceptional reporting to highlight key 'need to know' points only. NM commented that a number of the direction indicators on the report were red (down on target) and this was perhaps the type of area to focus on. JA provided further context around some of these figures; JA noted that our resilience was slightly down however provided assurance that there were no major concerns at this moment in time.
- LD noted that delayed changes were slightly up (from this time last year) and queried if there were any particular reasons for this. JW spoke about a range of challenges relating to guardianship, housing and care at home. JW advised of ongoing work with a national Chief Officers group to look at the challenges. JW added that the main issue (for NHS D&G) related to a shortage of care at home placements/facilities and workforce. PH advised of discussions at IJB relating to this also.

Performance Committee noted the report.

6. Medical Recruitment and Locums Update

KD advised that a paper is currently being devised for Committee/Board which will outline a number of major workstreams to support a recruitment drive. KD apologised for not having this available at the current time. A verbal update was provided which covered the following areas:

Locums

- GS provided an update on locum spend and work around IR35, Retinue and direct engagement. GS highlighted the impact of this work and potential locum savings.
- Medical locum costs are an area we are targeting for savings through a combination of increasing the level of directly engaged doctors with the Board as well as adhering to the rate card cap agreed by the West of Scotland Steering Group, which will deliver a significant reduction in current costs.

Medical recruitment – KD provided an update on the following:

- We have successfully recruited (internationally) to 4 radiology posts.

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- We have been working with Head Medical and 5 doctors have been identified.
- Work is being undertaken with other health boards around international recruitment.
- We have been using social media, facebook and job fairs to advertise for posts.
- A significant number of new nurses will be starting with us shortly (50-60).

Marketing/recruitment – CS provided an update on the following:

- Strategic approach being undertaken to address issues (shifting from traditional operational methods). A resourcing/recruitment team is being established to support this.
- We are working with Glasgow to learn from their expertise around recruitment and looking at the national landscape also.
- A junior doctor's bank has been established.
- CS provided an update on work with Head Medical and complexities around the procurement process.
- GC queried workstreams to look at how we can encourage younger people to remain in the region ('grown your own' approach). CS advised that this is part of the broad agenda, however, further work is required in this area.

7. Post Project Governance

JW presented the paper which outlined two main points for Committee:

- A Post Project Evaluation Report will be submitted to a future Performance Committee meeting.
- The requirement to participate in the Gateway 5 review to be undertaken by the Scottish Government's Programme and Project Management Centre of Expertise (PPM-CoE) following publication of the Post Project Evaluation report.

JW provided background information with the following key points noted:

- The new Scottish Capital Investment Manual (SCIM) - NHS Boards are mandated by the SCIM guidance to monitor, evaluate and learn from all their major capital projects valued above their delegated limit. The guidance also indicates that it is mandatory for the PPM-CoE to be able to consider all programmes and projects for Gateway Review with a total budget of £5m+ inclusive of fees and VAT. All NPD (and similar) and hub projects will undergo a Key Stage Review.
- The Project Team has already begun collecting data to report on the various Benefits Criteria matrices that were included in the OBC.
- The Project Team has been advised that the PPM-CoE wish to consider a Gateway 5 review in the near future and an initial meeting was held at the end of August 2018.

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- The Project Team will continue to develop a Post Project Evaluation report including the Benefits Realisation Matrices and the Lessons Learned Report and bring these to the Performance Committee in January 2019.

Performance Committee noted the report.

DB arrived at this point in the meeting.

8. Mountainhall Treatment Centre Update and Business Case

KL introduced this item, highlighting the significant work and challenges of the project, particular in terms of timelines, pace, capacity and resources. There has been considerable focus over the past few months on establishing good governance and processes to support the project.

DB provided a presentation to Committee which covered the following areas:

- Developments in the sale of Crichton Hall and relocation to Mountainhall. It was noted that this may be not a permanent location (3-5 years). 533 staff are currently based at the Crichton.
- Information was provided on timelines, facility development, business case development, tendering of work packages, record disposal.
- Update on ongoing discussions with the current Cresswell building owner.
- Explanation of the proposed relocation of services (phase 1 and 2) (26 re-location projects).
- Updates were provided on the ward configuration in the admin corridor, fixed desks/agile working, meeting rooms, VC/IT facilities,
- Key risks were explained (sale, timescales, financial).
- The following timescales were noted:
 - Draft business case to Strategic Programme Board on 11th September 2018
 - Final business case to NHS Board 1st October 2018
 - Works to be completed December 2018

KL noted the sensitivities around the business case; this will be considered in a private session at Board. PH queried if Board Members will have an opportunity to consider/discuss the business case prior to presentation to the Board. Following discussion, it was agreed that the Board In-Committee meeting will encompass a session/workshop to focus on the business case.

Action: L Geddes

There was a brief discussion on a number of areas with the following noted:

- KL recalled some of the maintenance issues with Crichton Hall and ongoing costs around this. KL also highlighted that careful consideration is being taken in terms of costs for the refit, noting the

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temporary relocation/requirements. LD queried if information will be available on the backlog maintenance of Mountainhall. KL advised that we won't have detailed information for the business case, however, we will have a broad overview of what needs to be considered.

- CS recalled the tight timescales for the move (4 months), recalling we had 2 years to prepare staff for the new hospital move. CS was keen to highlight both the practical and emotional challenges for staff. PH echoed this and the importance of ensuring staff felt physiologically safe and supported during the transition.
- KL advised of ongoing communication plans and engagement with services; this will be accelerated shortly as arrangements are firmed up over the coming weeks.
- NM noted the Board's role in having oversight of the operational plans and monitoring the progress of the move, noting that communications with staff, the press and the public will help support openness and transparency during this period. NM added that 'staff engagement/support' could also be added as a risk.

KL concluded by re-emphasising the challenges of the project in terms of timescales, technicalities and capacity, and sought the Board's support throughout this exercise.

9. Finance Workshop

The next section of the agenda focussed on a finance workshop. Two papers were presented as part of the standard reporting to Committee:

- Financial Performance – 4 months to 31st July 2018
- Capital Update

GS followed with a presentation to Committee. Key points from each section of the papers and workshop are noted below.

Financial Performance Update 2018/19 – Position to Month 4 as at 31st July 2018

- KL advised that the Board has yet to have a balanced Financial Plan for 2018/19, with a current level of unidentified savings of £3.2m, which after overspend and underspend across the directorates, translates into a £3.5m projected year end gap.
- There is a slight improvement on the year to date position. We are reporting an overspend of £1.5m, an improvement of £619k mainly related to the Quarter One budget review assessment of the position.
- KL advised of the increased risk of locum costs following the first quarter (despite some successful recruitment). Costs continue to increase, reflecting the pressures across certain hard-to-fill specialties.
- KL advised that since this paper was written, we have received confirmation on the pay settlement for doctors and also consequentials.

KL concluded by advising that the non-recurring gap has reduced and is bringing us closer to a break-even position, however, there are still major challenges in terms of recurring savings. Work has commenced on the bigger picture and analysing Discovery data to see where further savings can be made.

Finance Presentation

GS provided a presentation which focussed on a review of the Integrated Resource Framework (IRF) and Discovery trends. The presentation covered the following areas:

- IJB expenditure how this is divided within throughout directorates/services
- Analysis of staffing costs (NHS services)
- Medical locums and agency spend
- Prescribing costs and trends
- IRF objectives and output
- Breakdown of spend – age, department
- High cost resource individuals resource (HRIs)
- Discovery – data and reports; low clinical value procedures, British Association of Day Surgery, Ambulatory, Non-Elective trends
- Scottish Board Opportunity Costs

GS concluded by outlining the next steps. The review has been undertaken at a high level; the next step would be to drill down further into Discovery and begin to build up a picture of where savings could be made at a hospital/consultant level. KL added that this needed to be discussed with Management Team and General Managers also, and an action plan devised.

Committee discussed the presentation and reflected on a number of key areas, as noted below:

- Committee recognised the importance of this piece of work to help identify future savings. It was acknowledged that a specific resource was required to undertake this work.
- Links with Realistic Medicine were noted, however, Committee acknowledged that the focus of Realistic Medicine was more around appropriate pathways. This initiative forms part of this but also focuses on value for money and changing the culture of how we work. This led to a discussion around how this could be led and resourced (eg. dedicated resource, someone who understands service, support/ownership (GMs/operational managers), links with realistic medicine, patient safety).

JA agreed to discuss this piece of work further with Management Team, to consider the next steps and appropriate resourcing.

Action: JA

NOT PROTECTIVELY MARKED

Capital Plan Update

Performance Committee approved:

- The hand back of £3.9m of allocations for re-profiling into future years as the construction project progresses.
- The transfer of £0.6m as an additional capital to revenue transfer.
- The reduction of capital expenditure budget for Mountainhall by £4.5m to match the change to the allocations
- The transfer of £0.9m to the replacement, development and contingency budget for reallocation this financial year.
- The allocation of £0.9m from a future year to the Mountainhall project to recognise the Board contribution previously approved for the construction project.

10. Draft Performance Committee Agenda – 5th November 2018

Committee noted the draft Performance Committee agenda for 5th November 2018.

11. AOCB

Papers for meeting

PH asked that papers (rather than verbal updates) be provided to Committee wherever possible. This will enable members to review all relevant information in advance of meetings and support appropriate scrutiny and assurances.

Open Evening at DGRI 29 August 2018

JW provided an update on the open evening held at DGRI on 29 August 2018 to promote our services/new hospital, with the aim of encouraging Registered Nurses, and AHPs to join our team. Positive feedback has been received and 40 individuals have expressed an interest in working with us. Anne Alison was commended by Performance Committee for her excellent work in organising this successful event.

12. Date and time of next meeting

The next Performance Committee meeting will be held on 5th November 2018 at 10.00 am to 1.00 pm in the New Boardroom, Crichton Hall, Dumfries.



**Staff Governance Committee
New Board Room, Crichton Hall
Minutes of the Meeting held on 23 July 2018 at 10am**

Present

Lesley Bryce	Non Executive Board Member (Chair)
Val Douglas	Staff Side Representative
Andy Ferguson	Non Executive Board Member
Melissa Gunn	Non Executive Board Member
Stephen Hare	Staff Side Representative
Philip Jones	Chairman

In Attendance

Jeff Ace	Chief Executive
Andy Howat	Health & Safety Advisor
Susan Hunter	HR Support Officer (for item 8)
Pamela Jamieson	Head of Service - HR Manager
Margot Martin	Lead HR Advisor (for item 8)
Arlene Melbourne	Executive Assistant to Workforce Director
Natalie Morel	Head of Service – OD&L Manager
Caroline Sharp	Workforce Director
Christiane Shrimpton	Associate Medical Director – Acute & Diagnostics
Lorraine Widdowson	Senior HR Business Partner (for item8)

		ACTION
1	<p>Welcome, Introduction and Apologies</p> <p>Apologies were received from Grace Cardozo, Ros Kelly, Julie White and Alice Wilson.</p>	
2	<p>Draft Minutes of the Previous Meeting held on 28 May 2018</p> <p>The minutes were approved as a true and accurate record.</p> <p><u>Action List</u></p> <p><i>Carer Positive</i> – a paper had gone to the Person Centred Care Committee. Caroline was reconvening the Carer Positive Group for a meeting in order to review the action plan which had been developed in 2016 and to consider with the</p>	

NOT PROTECTIVELY MARKED

	<p>group what was still relevant and what needed to be taken forward. She would feedback to the Committee.</p> <p>Jeff and Caroline have met with Catherine Mackereth from Public Health who is leading on this and she is coming to meeting at the end of August and they were going to link in with Vicky Freeman who was also to join the meeting.</p> <p>Phil asked which committee has overarching responsibility for this and Caroline recommended that it should be taken through Person Centred Care Committee.</p> <p><i>DATIX</i> – Item 4 –Andy does not yet have access but it is in hand.</p> <p><i>Medical Workforce</i> – Caroline advised that Ken Donaldson would attend the meeting this morning for 10 minutes.</p>	CJS
3	<p>Matters Arising</p> <p>Lesley reported that workshops had been organised in August and September for the Non Executives, to build awareness. Arlene was asked to put this on the action list.</p> <p style="text-align: center;"><i>Christiane Shrimpton entered the meeting</i></p>	AFM
4	<p>Corporate Risk Register</p> <p>Caroline Sharp reported that this was the routine paper with the 3 corporate risks:</p> <ul style="list-style-type: none"> • Sustainable workforce • Health and wellbeing • Organisational culture and development <p>At the last meeting a request had been made to provide more information around the numbering and this has now been provided. Andy Ferguson said it was exactly what is needed.</p> <p>Jeff stated that some work needs to be done on the Brexit risk and need to split the risk. Caroline advised that nationality has never been recorded as it is not a protected characteristic but it is now very important in relation to an individual's status and what will be happening. It was agreed that all committees will have a focus on the preparations that affect us around Brexit. Phil also stated that there would be some work that we can do together with Local Authority colleagues.</p> <p>Staff Governance Committee discussed and noted the Staff Governance Corporate Risks and were assured that</p>	

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	appropriate and effective processes are in place to manage the risk register.	
5	<p>Terms of Reference</p> <p>Caroline Sharp reported that the role and purpose is set out in national guidance. There was discussion around Remuneration Sub Committee reporting to Staff Governance Committee and a consolidated summary note, confirming the items that have been discussed and decisions taken, comes to Staff Governance Committee routinely.</p> <p>It was suggested that Staff Governance Committee should approve the Terms of Reference for Remuneration Sub Committee once they have agreed them at their meeting today.</p> <p>Staff Governance Committee approved the revised Terms of Reference.</p>	
6	<p>Medical Workforce Update</p> <p>Caroline reported that she had been doing a lot of work around medical staffing with Ken Donaldson, Christiane Shrimpton and Pamela Jamieson and Scottish Government had asked for a status update around numbers and this had been circulated. We continue to run with around a 25% gap.</p> <p>There was discussion around the junior doctors changeover which was happening at the end of the month and as part of the Once for Scotland shared services work, junior doctors are all going to be employed by the West of Scotland in Glasgow for their training.</p> <p>Initiatives being taken forward are:</p> <ul style="list-style-type: none"> • Engagement of a recruitment agency called Head Medical who specialise in international recruitment • Christiane was meeting with Consultants appointed in the last year to ask what had attracted them to come to work here and look for their suggestions on what we should concentrate on which would help us to recruit to further posts. She had also met with outgoing trainee doctors and got their feedback, so she has a lot of information to build on. <p>There was discussion around Brexit and Jeff confirmed that visa caps had been removed so will see if it transfers into people coming here to work.</p>	

	<p>Caroline reported that she and members of her team, along with Gail Meier, were going to meet the team in Glasgow to look at options around medical recruitment.</p> <p>Lesley asked if Caroline would bring a medical recruitment strategy paper to the next meeting and Caroline responded that she would bring a more formed paper describing the options being worked through to the next meeting.</p> <p>Melissa mentioned the piece of work that had been done at The Stove in Dumfries recommending Dumfries & Galloway as a place to live and work and asked if anything had developed from that. Caroline reported that Grace Cardozo had taken that work forward and she was not aware of the detail of that particular strand of work but she agreed that focusing on the marketing and branding of our organisation, and where we sit within this region, is an important part of what we need to take forward. Caroline was hoping to bring in some communications expertise around this and have a bigger structured picture of the region. Jeff thought that a second event had been organised and Caroline agreed to link in with Grace</p> <p style="text-align: center;"><i>Christiane Shrimpton left the meeting</i></p>	<p style="text-align: center;">CJS</p> <p style="text-align: center;">CJS/GC</p>
<p>7</p>	<p>Working Well Update</p> <p>Caroline Sharp had provided the Committee with the minutes of the last Working Well meeting. They were continuing to progress with communications and data analysis work and the key focus is around building the work around mental health by doing a qualitative study to engage across the workforce. Since launching the working well programme they are currently spending time getting the broad message out that health and wellbeing of staff matters and the feedback received has been positive and there is a rolling programme until the year end.</p> <p style="text-align: center;"><i>Margot, Lorraine and Susan entered the meeting</i></p>	
<p>8</p>	<p>Workforce Transition Team – Team of the Year Award – Our Story</p> <p>Pamela Jamieson gave a presentation on the piece of work done by the Workforce Transition Team and outlined how the team had received their award.</p> <p>Lesley congratulated the team on their award on behalf of Staff Governance Committee.</p>	

	<p>Andy Ferguson asked how this positive work could be taken forward and Caroline responded that it would be by following the staff governance standards of appropriately involved in decisions that affect them and being appropriately trained. The experience and learning of this team can be shared.</p> <p>Caroline proposed to the Committee that they should continue to hear and learn of the experiences of others by having similar presentations at the meeting as this and those already done by the Queens Award holders.</p> <p style="text-align: center;"><i>Margot, Susan and Lorraine left the meeting</i></p>	
<p>9</p>	<p>iMatter 2018 Cycle Update</p> <p>Natalie Morel reported that a lot of work had gone on in the system but imatter is a balance between people and process. She reported that this year every Directorate, bar one, had reached 60% and this is the requirement for a Directorate to receive a report. The overall return is 57% which means that there won't be a Board-wide report but we will receive a national report and there had been more returns this year than last year.</p> <p>There was discussion about the reasons why surveys were not completed and what could be done about it. Stephen felt the difficulties were between frontline staff and senior managers so then it became difficult to focus on what can change. Natalie advised that by increasing action planning it would let staff see an impact and would have a positive spin. Phil stated that we need to recognise and acknowledge the step change in such a busy time.</p>	
<p>10</p>	<p>Staff Health, Safety and Wellbeing Report including Sickness Absence Update</p> <p>Andy Howat presented the routine report and highlighted the following areas:</p> <ul style="list-style-type: none"> • <i>Violence & aggression</i> – slight increase • <i>Manual handling</i> – small decrease on last year • <i>Needlesticks</i> – increased • <i>Slips, trips and falls</i> – slight increase <p>Andy highlighted the test of change in moving and handling training which had been by trying a workplace assessment process, looking at the practices of small groups and coaching them more than classroom training. This has been well received so far.</p>	

	<p>Stephen asked if anyone had been looking at reasons for needlestick injuries in community services and Andy responded that they were mainly due to human factors but they look at each individual incident and do a follow up. Lesley asked how often is needlestick training refreshed and Andy replied that a campaign is done every year and they also do local targeted training in areas.</p> <p>Andy Ferguson asked around incidents taking place by members of the public visiting our facilities and leaving sharps in toilet bins and Andy Howat responded that staff have the equipment to deal with it and we do not have special lighting in toilet areas to prevent this. Staff are good at identifying if there are issues with patients and they would communicate between teams.</p> <p>Andy Ferguson what the update was on Hepatitis vaccinations and Andy Howat would follow this up with Ros.</p> <p>There was discussion around joint figures for the IJB and Andy had met with the Council team to look at how best to present joint figures but the problem was that they had 2 different reporting systems and need to find a solution of how to bring it together. Caroline suggested taking a discussion into the IPF and she would pick this up with Stephen for them to take to the IPF.</p> <p><u>Attendance Management</u></p> <p>This was the routine paper reporting on sickness absence statistics and Occupational Health activity and highlights were:</p> <ul style="list-style-type: none"> • An additional table around Occupational Health referrals as there was now a new member of staff in the team so the data is new. • Reduction in case conferences which may be a reflection of management and staff side meeting to resolve an early return to work <p>The Staff Governance Committee noted the latest Staff Health, Safety and Wellbeing Report and assessed our continuing progress against Staff Governance Standard E – “Provided with an Improved and Safe Working Environment”.</p>	<p style="text-align: right;">AH</p> <p style="text-align: right;">CJS/SH</p>
11	<p>Workforce Report</p> <p>Pamela stated that the paper was self explanatory.</p>	

	The paper was noted.	
12	<p>Trade Union Facilities – Return Report</p> <p>Caroline Sharp advised that this was the first report which had been prepared for APF. It is required for compliance with the national PIN and this report refers back to 2017-18.</p> <p>Andy said he would be interested to find out which Unions are being represented and Caroline suggested doing a bundling of how the key unions are represented.</p> <p>Stephen stated that we do not have figures for partnership working but he would have further discussion about capturing this in a meaningful way.</p> <p>Staff Governance Committee noted the facilities time recorded in 2017-18 which demonstrated compliance with the National PIN.</p>	CJS
	<p>Items to Note</p> <p>13 <u>APF Minutes – April 2018</u> – Noted</p> <p>14 <u>DL(2018)10 – Values Based Recruitment for NHS Board Executive Level Appointments</u> – Lesley asked if this would be applied to the Director of Pharmacy interviews and Caroline replied no, but competency based interviews will take place. Paper was noted.</p> <p>15 <u>Medical Education Committee Minutes</u> – Noted</p> <p>16 <u>EEI Letter</u> – Caroline reported that following the decision not to run with the Dignity at Work survey this year, this letter will go to APF to have a discussion around making sure that inmatter delivers what we need. The paper was noted</p>	
17	<p>Any Other Business</p> <p>There was no other business.</p>	
18	<p>Date of Next Meeting</p> <p>The next meeting will be held at 10am on Monday 24 September 2018 in the New Board Room, Crichton Hall.</p>	