

DUMFRIES AND GALLOWAY NHS BOARD

IN COMMITTEE MEETING



A meeting of the Dumfries and Galloway NHS Board will be held at 11am on Monday 8th June 2020. The meeting was held via video conferencing links with the NHS Board Members.

AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
11.00am	44	Apologies	L Geddes	Verbal
11.00am	45	Declarations of Interest	N Morris	Verbal
11.05am	46	Previous Minutes	N Morris	Attached
11.10am	47	Matters Arising and Review of Actions List <ul style="list-style-type: none"> Board Agenda Matrix 	N Morris	Attached
URGENT ITEMS FOR APPROVAL				
11.15am	48	Committee Assurance Statements <ul style="list-style-type: none"> Audit and Risk Committee Healthcare Governance Committee Performance Committee Person Centred Health and Care Committee Staff Governance Committee 	L Geddes / Committee Chairs	Attached
COVID-19 PANDEMIC				
11.25am	49	COVID-19 Update <ul style="list-style-type: none"> COVID Activity in Hospital Recovery Planning Care Home Support Test, Trace, Isolate & Support (TTIS) Programme 	J Ace	Verbal
ITEMS FOR UPDATE				
12.15pm	50	Mobilisation Plan Financial Update	K Lewis	Attached
12.25pm	51	Patient Services Feedback Report	A Wilson	Attached
12.35pm	52	Summary Performance Report	V Freeman	Attached
12.45pm	53	Whistleblowing Update	M Caig	Verbal

NOT PROTECTIVELY MARKED

Time	No	Agenda Item	Who	Attached / Verbal
ANY OTHER COMPETENT BUSINESS				
12.55pm	54		N Morris	Verbal
DATE AND TIME OF NEXT MEETING				
	55	<ul style="list-style-type: none"> 6th July 2020 @ 11am – 1pm. This meeting will be held via video or telephone conferencing. 		

DUMFRIES AND GALLOWAY NHS BOARD

NHS Board – In Committee



Minute of the meeting of Dumfries and Galloway NHS Board held ‘In Committee’ on Monday 25th May 2020 at 11.00am by Microsoft Teams.

Present

Mr N Morris (NM)	-	Chair
Mr J Ace (JA)	-	Chief Executive
Mrs K Lewis (KL)	-	Director of Finance
Dr K Donaldson (KD)	-	Medical Director
Mrs P Halliday (PH)	-	Non-Executive Member / Vice Chair
Ms L Bryce (LB)	-	Non Executive Member
Dr L Douglas (LD)	-	Non Executive Member
Ms M Gunn (MG)	-	Non Executive Member
Mrs G Cardozo (GC)	-	Non Executive Member
Mr A Ferguson (AF)	-	Non Executive Member
Mrs R Francis (RF)	-	Non Executive Member
Ms M Caig (MC)	-	Non Executive Member
Mrs V Keir (VK)	-	Non Executive Member

In Attendance

Mrs J White (JW)	-	Chief Officer
Mrs V Freeman (VF)	-	Head Of Strategic Planning
Mrs V White (VW)	-	Interim Director of Public Health
Mrs S Beacher (SB)	-	Deputy Nurse Director
Ms J Watters (JWa)	-	Chief Internal Auditor
Mr R Edgar (RE)	-	Communication and Engagement Manager
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

Apologies

Mrs C Cooksey (CC)	-	Workforce Director
Mrs A Wilson (AW)	-	Nurse Director

Introduction

NM welcomed Members to the meeting by Microsoft Teams, noting the additional function of the “Raise Hand Icon” within Teams, asking members if they could use this to signal they would like to raise a question or comment.

35. Apologies

Apologies noted above.

36. **Declarations of Interest**

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

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

37. **Minute of the Meeting of the NHS Board held on 11th May 2020**

NM presented the minute from the last meeting on 11th May 2020, asking NHS Board Members to review the minutes and highlight any points of accuracy.

MC asked for an amendment to be made within Item 29, to paragraph 2 on page 6. The revised wording is noted below:

“MC stated her support for a monthly Board and asked what the triggers would be to move between the levels of governance to help us determine if our approach is right. She asked about the timescales for the modified performance framework that was proposed and the public nature of the Board once social distancing is relaxed. She enquired about the mechanisms for review of the arrangements in 6 months time and whether the Terms of Reference of any of the Committees need to be reviewed to reflect the proposed short term governance changes as an addendum. JA advised that the triggers for the governance levels would be brought to a future Board as well as a timescale for the modified Performance Framework. Committee Chairs and Executive Directors should review the Terms of Reference. MC noted that the strategic framework may benefit from more explicit reference to developing plans in conjunction with our local communities.”

NM noted that there had been various amendments to the minutes with LG advising that the revised version of the minutes was within the Microsoft teams files and had been circulated to Board Member via email prior to this discussion.

NHS Board members agreed to approve the minute as an accurate record of discussion subject to the requested adjustments being made to the finalised minute.

MC raised an issue in relation to the Surge Plan, which had also been omitted from the previous minute, enquiring to whether JW planned to have a session to update Non Executives Members on the current available services. JW advised that there was a session planned with Non Executive Members today which would focus on the most up to date surge plan and modeling and will also review the data pack that has been circulated to Board Members.

NM asked that due to the number of Non Executive Members unaware of today's session, could the diary request be resent to Members.

Action: LMck

38. Matters Arising and Review of Actions List

NM asked NHS Board Members if they had any items to be discussed under matters arising that were not noted on the agenda or within the action list. No items were put forward for discussion.

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

- **Item 21 - Adverse Events and Incidents Report**

NM noted that he would raise the issue of aggression and violence towards health staff at National level when appropriate and would feedback any outcome at NHS Board in June 2020.

- **Item 29 – NHS Dumfries and Galloway Interim strategic Framework and Board Governance Arrangements**

JW noted that along with VW, she had met with MG and AF on various items including mapping out a timeframe for the Public Health Committee and establishing it. VW understood that although the arrangements for a committee may be reviewed in October 2020, it was unlikely to be established within the current calendar year; however she would continue to progress discussions with MG and AF on their role in scrutiny of the Public Health function. NM confirmed that he was comfortable to note the likely timeframe for the establishment of the Public Health Committee. The overall position will come to NHS Board meeting in October 2020 to ensure we continue to assess the situation in light of possible changes in circumstances.

NM enquired to whether progress regarding the functions of the Public Health Committee had commenced. JA that a session was being arranged between VW, AF and MG to talk through the Public Health Committee arrangements and the Test, Trace, Isolate and Support group. JA mentioned that he would liaise with VW to ensure this meeting is arranged for before the end of June 2020.

Action: JA

MG noted that although she would welcome a session with Executive Directors, she was thoughtful that there was a need to adjust the content of the Governance Paper to comply with today's discussion. NM requested that the paragraph in question be amended within the Governance Paper.

Action: NM / LG

MG noted her concern that she had been approached by members of the public after being included along with AF in a press release in relation to their roles as part of the work to take forward the 'Test, Trace and Isolate' Programme. VW advised that the information had been included in a press release following the NHS Board Meeting on 11 May 2020, therefore would be happy to discuss the strategic approach with MG and AF outwith today's Board meeting.

Action: VW

- **Item 97 - Summary Performance Report**

LB enquired to whether the detail regarding the support to unpaid carers in the 6 monthly performance reports could include support during the COVID-19 crisis. JW advised that she would include the requested data.

Action: JW

NHS Board Members noted the list.

39. NHS Dumfries and Galloway Board Governance Arrangements

NM presented the NHS Dumfries and Galloway Board Governance Arrangements paper, asking NHS Board Members to approve the revisions proposed in the paper around the re-establishment of three governance committees and moving NHS Board meetings from fortnightly to monthly meetings from June 2020.

JA highlighted that following the NHS Board Meeting on 11th May 2020, it had been agreed to circulate the revised paper to NHS Board Members. However, on reflection, due to the concerns raised in relation to the revisions it was agreed to bring the paper back to NHS Board today to allow further discussion and to see formal approval.

AF requested the amendment of his surname to “Ferguson” within the chart on page 10 of the report.

Action: LG

PH raised concern that the NHS Board’s Strategic Vision overlaps with the Integration Joint Board’s Strategic Plan. JA advised that although the NHS Board does not have a role in the Strategic Planning of delegated services; the Board should have a set of strategic objectives.

NM highlighted that the strategic framework of the plan gives the Executive Team a structure in which to work within and aids the operational development of a response to non COVID patients. PH noted that by using “operational” as a key factor within the framework this would give a clearer position within the report.

SB highlighted that the focus of the NHS Board was to have very clear objectives, which the Strategic Operational Plan is based upon.

NM asked NHS Board Members for their approval to change the language within the noted section of the report, along with a 2 monthly review to be presented back to the NHS Board in October 2020.

NHS Board Member approved the recommendations of the Governance arrangements as stated in the paper noting the discussion on the Public Health Committee and the clarification that the NHS Strategic Framework is

aimed at guiding operational decision making.

40. Draft NHS Board Agenda Matrix

NM presented the NHS Board Agenda Matrix, asking NHS Board Members to approve the Board Agenda Matrix as a plan of activity coming to NHS Dumfries and Galloway Board meetings between April 2020 – October 2020.

LG advised that the Agenda Matrix aims to give assurance to NHS Board Members that the Board is fulfilling its duties set out in the Standing Orders and although some of the normal business has been suspended at the moment, Members will be able to see them coming back on line in coming months and will be able to advise of any gaps in assurance that they would like more information to be brought to NHS Board on before the year end.

LG noted that MC had asked that verbal updates on Whistleblowing be taken to NHS Board meetings from June 2020 to and then more formalized reporting to be presented once the Whistleblowing Standards had been approved and rolled out by Scottish Government.

NHS Board Members were advised that discussions had been held with SB to introduce Quarterly Quality Performance Reports and Monthly Briefings, which will provide NHS Board Members with a full outline of the work that is being undertaken around Healthcare Associated Infections, Complaints and Adverse Incident. This report reporting structure has been included on the matrix from July 2020.

LG mentioned that to ensure we maintain transparency within our decision making processes for NHS Board, it was important to start publishing all of the Board Papers on the website, which had not been possible for previous fortnightly Board meetings as they were being held In Committee and although Board Meetings at the moment will continue to be held in private due to the social distancing restrictions, the papers, minutes etc should be made public.

Further to discussion NM noted that the Agenda Matrix was an ongoing work in progress and as a result would be presented at future Boards to confirm the plan of reporting and note any changes that might be required to meet changes in circumstances.

Action: LG

MG raised her confusion at what NHS Board Members were actually being asked to approve as MG noted that she couldn't see any content within the paper on items that are going to happen, for example, the NHS Board's Annual Accounts which are due to be approved at the NHS Board Meeting in June 2020. LG advised that the Annual Accounts would be approved within an "In Committee" meeting, therefore, not mentioned within the Public Board meeting Agenda Matrix.

MG further enquired to whether Committee Minutes were also to be included within the Agenda Matrix. LG advised that the Board was up to date with all Committee Minutes, noting that all minutes were presented to NHS Board on 20 April 2020, once Committees' recommence, for example: Audit and Risk, Healthcare Governance and Staff Governance Committee, those minutes will start to filter back into NHS Board Agendas'.

MG raised concerns around the Annual Accounts being dealt with In Committee and not being part of the public Board meetings. KL advised that the Board always takes the Annual Accounts to an "In Committee" meeting for approval, as the Board is not able to put the Annual Accounts into the public domain until they have been put before Parliament. KL noted that there was no reason why the Board could not have an "In Committee" Matrix as well as a Public Matrix.

LG noted that she would be content to draft an additional In Committee Matrix, highlighting that as from the 8th June, although the meetings themselves will be held "In Committee", this was in name only due to the public being unable to attend the meetings due to the social distancing restrictions. LG further noted that options for streaming the meetings for publication on social media and our website.

AF noted that he would rather have one Agenda Matrix, whereby items could be noted within the Matrix as to whether they would be held In Committee, or not. AF further noted the need to be careful in the language used as some of the things the Board are doing at present are due to the current circumstances and not because it is in the delegation or standing orders of the Board.

AF highlighted that it would be helpful to have agreed criteria for what should be retained for 'In Committee' v public meeting. LG advised that the only things that the Board is currently holding In Committee are the items that would have been presented to Committee meetings, which are held in private and not any items that would have normally come to public Board meetings.

NM made a suggestion that it seems sensible from AF suggestion that the Board have some definition of what would delegate or have the characteristics that would suggest a report being presented to an In Committee session rather than a general public meeting. NM further noted that it would be useful when reports are presented that this justification is included in the report.

SB noted that it was her understanding that when looking at the Coronavirus Act 2020 Scotland there were some scheduled guidance that commits NHS Scotland organisations to make some emergency, providing a framework for the Board to address what Boards' can and can't do to aid the Board's decision making process, therefore, allowing more information to be taken through In Committee sessions than normal.

MC noted asked if the Surge triggers description paper, mentioned in paragraph 18 of the Governance Paper will come to the June 2020 Board meeting and again in October to pick up the modified performance framework.

Action: LG

In conclusion, NM noted that NHS Board Members had been asked to approve the Agenda Matrix, however, noting the discussion today, this is an ongoing piece of work, therefore asking NHS Board Members to approve the structure of the Agenda Matrix, note the current content and that at each future Board Meeting will note any additions to the content based on what the current requirements are.

NHS Board Members:

- Approved the structure of the Agenda Matrix
- Noted the current content of the Agenda Matrix
- Noted that an updated version of the Agenda Matrix will be re-presented at future Board Meetings.

41. COVID – 19 Update

JA gave NHS Board Members a verbal overview on the current COVID-19 position, noting the following 4 key strands of work:

- The daily data presented to Board Members shows a continuous reduction in the number of inpatient who have tested positive and of those patients, the number requiring critical care treatment.
- Progress on Shielding Patients through a Multi Agency approach which is co-ordinated through the Local Resilience Partnership.
- It has been confirmed that NHS Boards will now be responsible for Care Home Management, specifically the infection control and other key safety issues in Care Homes
- Introduction of “Test Trace and Isolate” programme, which will be going live in the next few days.

NHS Board Members were advised that a copy of the draft Mobilisation Plan, being submitted to Scottish Government today, had been circulated to them for information. JA noted that there was a meeting planned with Scottish Government later this week to discuss the draft Mobilisation Plan, once Scottish Government have signed off the Plan, the Plan will be released into the public domain.

JA advised that although the Board is looking to expand their service model, we are also talking about the changes that will be required to be made to create a safe post COVID model, while trying to monitor what’s happening to

COVID incidents in the Community, to test whether the Board has the correct resilience within our COVID flow and capacity to switch off activity again.

PH raised the added responsibility of Care Homes for the NHS Board, seeking clarity on what that means for NHS Board Members, for the role of the Non Executive Member and what it means in relation to additional risk for the Board and in particular risk to Executive Directors. JA advised that the instruction was received from the Chief Nursing Officer to the Board's Nurse Director and copied to the Chief Executive and Chair, with instruction to the Nurse Director for professional accountability for the standards in Care Homes. JA noted that as the Accountable Officer for the Board, he becomes instantly accountable as the Line Manager for the Nurse Director. JA advised that although there was no details available at this present time, Boards were required to work out processes locally to how the Board manages the risk.

NM suggested that an interim governance structure in relation to work on Care Homes be presented to the NHS Board in August 2020, with a verbal update to NHS Board Members in July 2020.

Action: AW

JW noted the Boards oversight of Care Homes, and the guidance on the management of COVID-19 within Care Homes, with JW noting the national guidance which outlines the expectations in terms of the support an NHS Board should be offering to Care Homes. JW advised that the Board had commenced a huge piece of work prior to the announcement in support of Care Homes, giving NHS Board Members assurance around the first part of the announcement last week and some of the things that the Board have achieved around this including:

- The establishment of a Care Home Support Group which meets on a weekly basis, chaired by the General Manager of the Health and Social Care Partnership and whose membership includes Scottish Care, the Care Inspectorate, professional leads for Nursing and Social Work, Commissioning and Contract Monitoring Colleagues.
- The Forming of a rapid response team to help any care home in need of extra support, backed by dedicated public protection teams and with care homes receiving regular input from social work.
- The daily Care Home Oversight Group is now meeting daily, in line with national directions. Testing arrangements are in place which includes surveillance testing at care homes where no confirmed cases are identified.
- Lead Community Nurses identified to provide support and health protection team income offering support to practices and social work input.

- Support from a dedicated Health Support Team and the Infection Control Team, to Care Homes to give assurance on the infection control practices currently in place.
- Regular Social Work input into the Care Homes in relation to the individual residents within Care Homes.

NHS Board Members were made aware that as from this week staff had been identified within each Locality which will be made up primarily with Community Nursing Staff and Social Work Colleagues but will also have input from other professions as required who will visit facilities and who will look at populating the dataset that the Board has with some assurance around the quality and the safety of the services being provided.

MC enquired to whether any of the legislation or guidance that has been made available had any timescales or review periods identified. JW advised that she thought the legalisation was for 6 months; however the Oversight Group for example states that the group should be in place to support Care Homes during the COVID-19 crisis.

JW advised that the Board have daily updates from the Care Homes into the Contract Monitoring Team, which populates the data set that the Board were presented with, which talks about issues around PPE and staffing in particular. JW noted that there have been some Care Homes that have had challenges around staffing; with one in particular which was experiencing significant challenges due to COVID-19, the Rapid Response Team was used to provide input to the Care Home.

NHS Board Members were made aware of testing arrangements that the new guidance introduces, noting that when a positive test is recorded in a Care Home environment that every resident and every member of staff in the Care Home should then go on to be tested. This would then give the Board assurance on the level of infection within the Care Home setting. JW noted that since the guidance was issued the region hasn't had a confirmed case of COVID-19 within Care Homes; therefore the Board haven't had the need to undertake that extensive testing of every member staff and every Care Home resident within a Care Home setting.

LD enquired to when the Board moved into the emergency planning phase, did the Board discharge anyone from services to a Care Home without testing for COVID-19, particularly the patients affected by COVID-19. JW advised that work was ongoing with the Discharge Co-ordinator and colleagues in Public Health to review every discharge from hospital to Care Homes from 1 February 2020 to 13 May 2020. JW advised the detail of the report would be presented to a future Board In Committee.

Action: JW

VW highlighted that the Board now need to test any staff that are going into care Homes as replacements, which brings operational challenges, with plans

being worked through to test staff to make sure that the Board has a processes in place to be able to support the Care Homes if required.

VW advised that with regards to the Test, Trace, Isolate and Support programme, which Scottish Government are now calling “test and protect”, Dumfries and Galloway went Live on Wednesday 20 May 2020, with a Contact Tracing Team in place, noting the numbers have been quite static in the Region over the past few weeks.

NHS Board Members were advised that the Contact Tracing Team will continue to learn from the data and developing processes and also aligning with the Scottish Governments solutions that are being received, particularly the national database system that is being developed. VW praised the Local Authority on how they have supported the Board in gathering the Team together, which is crucial to have in place prior to Lockdown being relaxed.

NM thanked the Public Health Team for all their work doing both the initial phases and COVID-19 tracing work and also the work ongoing.

SB mentioned that the National Executive Nurse Directors Group have raised concerns on where to source staffing capacity and budget to cover Care Home and Hospital settings. AW is also going to raise this with the Chief Nursing Officer. SB continued to note that other NHS Boards were having issues getting nurses to work within Care Homes.

JA wished to impress that the Board are still in a crisis situation and although the first pillar of work hasn't materialised in terms of the overwhelming of Acute Services, the other pillars have grown dramatically in the Region and the stretch on the Executive Team is probably greater than at any other time with the exception of the first 2 weeks of the planning.

NM noted that the Mobilisation Plan was released today, with NHS Board Members having an opportunity to read the document, noting that if felt appropriate to have at least a key element of that as part of the verbal COVID-19 update to the NHS Board on 8 June 2020.

NM advised that at the NHS Board Meeting on 6th July there would be a verbal update on structure and framework of the governance challenges for the new arrangements for Care Homes

NM noted that he was aware that the NHS is contributing significant support to the Care Home Sector that is independent and private in many ways, wondering if the Board could have a view on whether there was any recovery of costs that are available from the Care Home Sector. JA advised that there were no costs available, although there is a general COVID-19 fund that is available with Scottish Government that can be bided against. KL advised that there is work ongoing within the Partnership looking at the impact for

Care Homes in relation to COVID-19 which is part of the financial elements of the Mobilisation Plan. A financial paper on the plan will be presented to the NHS Board on 8th June 2020 for information.

Action: KL

NHS Board Members noted the verbal report.

42. Any Other Competent Business

NM advised that he had been asked by the Vice Chair to raise an issue relating to Mental Health, in particular untoward deaths that had occurred in Stranraer and possibly in other areas within the Region.

PH advised that there had been 3 unexpected deaths over the last month in the Stranraer area, highlighting that residents were really struggling to come to terms with the deaths along with the lockdown in such a small community. Concerns were raised over the current provision of Mental Health Services and asked that the Board consider those services in an emergency situation and the impact of the unexpected deaths on the local community.

PH asked if during a post mortem the patient is tested for COVID-19 to determine if this was a contributing factor or the main cause of death, especially now when the Test, Trace, Isolate and Support programme is commencing.

MG noted her concerns around Mental Health Services, adding that she was encouraged to see within the Mobilisation Plan that there has been a good response when an individual is in crisis or when an individual is referred from a GP, however, would like to see more available data which includes the Adult Health Referrals specifically around COVID-19, along with improved communication, which at present was a Scotland wide issue rather than specifically Dumfries and Galloway.

In relation to public messaging, PH was concerned that non MH specialists might not have easy access to information that guides them on how they can access services in an emergency. Can we give the public clear unambiguous details on how they should access Mental Health Services during an emergency, as well as looking at a possible national issue about how we make sure people understand the approach to engaging with Mental Health Services?

NM summarised the questions raised:

- Is there any intelligence that says that the region has an untoward amount of deaths at present either Mental Health or drug related?
- In relation to monitoring through the testing system, for those people who might otherwise be seen to have died from a suicide or drug related death being tested at post mortem to make sure there is not a COVID-19 link?
- NM noted the request for the organisation to check the clarity of information on access to services

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- NM suggested that a more detailed discussion on MH care, pathways into care and an understanding of background mortality should be developed through the Healthcare Governance Committee.

SB advised that her background was Mental Health and had until a couple of months ago practiced as a Mental Health Nurse in England where there had been a development of a whole overarching strategy around Mental Health and how that fitted into the organisational governance and reporting.

GC noted that it would be beneficial to have “door drops” in conjunction with the Local Authority to get critical information to the community. JW advised that the Board did develop a flier that went out during Mental Health Awareness Week through the Local Authority mail drop, in conjunction with the Tactical Local Resilience Partnership and the Boards Communication CEL.

NM summarised the discussion requesting the following:

- Discussion at Healthcare Governance on accessing and monitoring the untoward suicide deaths to identify whether there was a cluster or not.
- Seek assurance that members of the public understand how to access services particularly out of hours and what would the route ie the Police or whatever service
- General awareness campaign, need to address whether this is a Scottish wide issue to Mental Health Services, in particular with suicides there has been encouragement to get individuals to speak.

VW provided some assurance that there had been some enquiries into excess deaths which will have to go through Silver Command and Healthcare Governance Committee, with VW agreeing to seek additional information through the Suicide Review Group, and bring back to NHS Board Members. In terms of the post mortem issues raised, VW noted that she was unsure of what the process would be for COVID-19 testing but would address with the Medical Director and bring back an update to the NHS Board.

Action: VW

AW was asked to ensure that details on the above points be taken to the next Healthcare Governance Committee for further discussion.

Action: AW

43. Date of Next Meeting

The next meeting of the NHS Dumfries and Galloway Board will be held on 8th June 2020 at 11am – 1pm via Microsoft Teams. This meeting will be held in private to ensure compliance with the social distancing requirements for COVID-19.

The meeting concluded at 1.05pm.

Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/04/2019	20.	<p><u>Future delivery of Adult Urology Services in Dumfries and Galloway</u> NHS Board Members discussed the input of the Integration Joint Board agreeing that VG would bring back any further developments of the future delivery of Urology services within Dumfries and Galloway to NHS Board for consultation.</p>	V Gration	Service changes means that further work is required. Board Members will be updated at the first possible opportunity when new information is available.	31/08/2020	
07/10/2019	97.	<p><u>Summary Performance Report</u> JW said she would include more detail on support to unpaid carers in the 6 monthly performance reports and that we will continue to report separately on the implementation of the carers strategy.</p>	J White	The paper has be deferred due to COVID- 19, information on unpaid carers will be included within the 6 monthly performance report, which will be reported back through Board later this year.	31/08/2020	
03/02/2020	147.	<p><u>Regional Update</u> JA advised NHS Board Members that a report on Vascular and Ophthalmology services would be submitted to the NHS Board meeting in April 2020.</p>	V Freeman / V Gration	This paper has been delayed due to the work currently being actioned around COVID-19. Further updates on the timescale will be notified to Board Members when available.	31/08/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
20/04/2020	21.	<p><u>Adverse Events and Incidents Report</u></p> <p>The Board agreed that general levels of violence towards hospital and healthcare staff was not tolerable – it was agreed that a dialogue at Cabinet Secretary level may be helpful in capitalising on current good will from the public as a way of developing a campaign of no tolerance of violence towards staff from the public.</p>	N Morris	N Morris agreed to raise the issue of aggression and violence towards health staff at the national Chairs Group with the Cabinet Secretary and will feed back the outcome to Board Members, when available.	30/06/2020	
11/05/2020	29.	<p><u>NHS Dumfries and Galloway Interim strategic Framework and Board Governance Arrangements</u></p> <p>MG advised that she would be interested in gaining an insight in the structure of the Covid-19 Test, Trace, Isolate and Support Group. AF also mentioned that he was keen to understand his role on the group. VW mentioned that she would pick up a conversation on both roles with MG and AF out with the meeting.</p>	V White	VW has still to facilitate the discussion with MG and AF in relation to the Test, Trace, Isolate and Support Group. Further discussion with JA needs to take place prior to meeting with the AF and MG.	31/05/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
11/05/2020	30.	<p><u>COVID-19 Update</u> MG enquired to whether there had been an increase in adult psychology referrals and what methods of communication were in place for General Practitioners. JW advised did not have information to hand about whether Adult Psychology had seen an increase in referrals recently in the way that CAHMS has, but would supply this information.</p>	J White	Figures have still to be provided to MG. JW is dealing with this.	30/06/2020	
25/05/2020	38.	<p><u>Matters Arising and Review of Action List</u> NM enquired to whether progress regarding the functions of the Public Health Committee had commenced. JA that a session was being arranged between VW, AF and MG to talk through the Public Health Committee arrangements and the Test, Trace, Isolate and Support group. JA mentioned that he would liaise with VW to ensure this meeting is arranged for before the end of June 2020.</p>	J Ace	JA and VW are in the process of arranging this session and will update Board Members in due course.	30/06/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
25/05/2020	38.	<p><u>Matters Arising and Review of Action List</u> MG noted her concern that she had been approached by members of the public after being included along with AF in a press release in relation to their roles as part of the work to take forward the 'Test, Trace and Isolate' Programme. VW advised that the information had been included in a press release following the NHS Board Meeting on 11 May 2020, therefore would be happy to discuss the strategic approach with MG and AF outwith today's Board meeting.</p>	V White	A meeting is being scheduled for Valerie White and Melissa Gunn to discuss concerns around the Public Health Test and Protect Group.	30/06/2020	
25/05/2020	38.	<p><u>Matters Arising and Review of Action List</u> LB enquired to whether the detail regarding the support to unpaid carers in the 6 monthly performance reports could include support during the COVID-19 crisis. JW advised that she would include the requested data.</p>	J White	Performance Report will be updated to include this additional detail.	31/07/2020	
25/05/2020	40.	<p><u>Draft NHS Board Agenda Matrix</u> MC asked if the Surge triggers description paper, mentioned in paragraph 18 of the Governance Paper will come to the June 2020 Board meeting and again in October to pick up the modified performance framework.</p>	L Geddes	An update on this item will be given as part of the COVID-19 Up-date to NHS Board on 8 th June 2020.	30/06/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
25/05/2020	41.	<u>COVID-19 Update</u> NM suggested that an interim governance structure in relation to work on Care Homes be presented to the NHS Board in August 2020, with a verbal update to NHS Board Members in July 2020.	A Wilson	A paper or verbal update will be given on this at the July and August 2020 NHS Board Meetings.	31/08/2020	
25/05/2020	41.	<u>COVID-19 Update</u> There was a request for to add to the corporate risk register the recent SG letter relating to the changes made to the Accountabilities of the Nurse Director in relation to Care Home provisions.	A Wilson	Maureen Stevenson is supporting Alice in adding this new risk to Datix and updating the corporate risk register. The revised Corporate Risk Register will be taken back to NHS Board in July 2020 for discussion and a copy of the revised register shared with Board Members prior to this for information.		
25/05/2020	41.	<u>COVID-19 Update</u> LD enquired to when the Board moved into the emergency planning phase, did the Board discharge anyone from services to a Care Home without testing for COVID-19, particularly the patients affected by COVID-19. JW advised that work was ongoing with the Discharge Co-ordinator and colleagues in Public Health to review every discharge from hospital to Care Homes from 1 February 2020 to 13 May 2020. JW advised the detail of the report would be presented to a future Board In Committee.	J White	No date has been agreed for when this paper will come back to NHS Board, however, work has commenced to pull the paper together. A provisional date has been set for August 2020, but this will be amended upon advice from JW.	31/08/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
25/05/2020	42.	<p><u>Any Other Competent Business</u> VW provided some assurance that there had been some enquiries into excess deaths which will have to go through Silver Command and Healthcare Governance Committee, with VW agreeing to seek additional information through the Suicide Review Group, and bring back to NHS Board Members. In terms of the post mortem issues raised, VW noted that she was unsure of what the process would be for COVID-19 testing but would address with the Medical Director and bring back an update to the NHS Board.</p>	V White	V White will source this information and share with Board Members	30/06/2020	
25/05/2020	42.	<p><u>Any Other Competent Business</u> AW was asked to ensure that details on the above points be taken to the next Healthcare Governance Committee for further discussion.</p>	A Wilson	S Beacher agreed to liaise with A Wilson to ensure these items are taken forward to Healthcare Governance Committee.	31/07/2020	

Closed actions to be removed from the Actions List

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
25/05/2020	37.	<u>Minutes of the Meeting of the NHS Board held on 11th May 2020</u> NM asked that due to the number of Non Executive Members unaware of today's session, could the diary request be resent to Members.	L McKie	Linda resent the diary invite for the Surge Plan Information Session that had been arrange for Non-Executive Board Members on 25 th May 2020.	25/05/2020	25/05/2020
25/05/2020	38.	<u>Matters Arising and Review of Action List</u> MG noted that although she would welcome a session with Executive Directors, she was thoughtful that there was a need to adjust the content of the Governance Paper to comply with today's discussion. NM requested that the paragraph in question be amended within the Governance Paper. -	N Morris / L Geddes	Governance Paper has been updated and submitted to Scottish Government for information.	30/06/2020	02/06/2020
25/05/2020	39.	<u>NHS Dumfries and Galloway Board Governance Arrangements</u> AF requested the amendment of his surname to "Ferguson" within the chart on page 10 of the report.	L Geddes	Governance Paper updated before it was re-submitted to Scottish Government.	30/06/2020	02/06/2020
25/05/2020	40.	<u>Draft NHS Board Agenda Matrix</u> Further to discussion NM noted that the Agenda Matrix was an ongoing work in progress and as a result would be presented at future Boards to confirm the plan of reporting and note any changes that might be required to meet changes in circumstances.	L Geddes	Agenda Matrix will be included in all Board Agendas from 8 th June 2020.	08/06/2020	08/06/2020

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
25/05/2020	41.	<p><u>COVID-19 Updates</u> NM noted that he was aware that the NHS is contributing significant support to the Care Home Sector that is independent and private in many ways, wondering if the Board could have a view on whether there was any recovery of costs that are available from the Care Home Sector. JA advised that there were no costs available, although there is a general COVID-19 fund that is available with Scottish Government that can be bidden against. KL advised that there is work ongoing within the Partnership looking at the impact for Care Homes in relation to COVID-19 which is part of the financial elements of the Mobilisation Plan. A financial paper on the plan will be presented to the NHS Board on 8th June 2020 for information.</p>	K Lewis	A paper is being presented to NHS Board on this item at the meeting on 8 th June 2020.	30/06/2020	08/06/2020

DUMFRIES and GALLOWAY NHS BOARD

8th June 2020



Committee Assurance Statements – 2019/20

Author:
Laura Geddes
Corporate Business Manager

Sponsoring Director:
Jeff Ace
Chief Executive

Date: 2nd June 2020

RECOMMENDATION

The Board is asked **to approve** the Committee Assurance Statements for 2019/20 in respect of the following Board Governance Committees

- Audit and Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health and Care Committee
- Staff Governance Committee

CONTEXT

Strategy / Policy:

This paper supports the production of the Annual Governance Statements, giving assurance of the fulfilment of the duties for each of the Board Governance Committees.

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

As part of the annual accounts process each year, the Board is required to develop a Governance Statement, which is signed by the Accountable Officer. The statement gives assurance to Board Members that all aspects of the Board's business has been undertaken throughout the year.

As part of the preparation work for the development of the statement, each of the Board Governance Committees are required to produce a statement that confirms that they have fully undertaken the duties delegated to them by the NHS Board throughout the year, highlighting any areas they have given approval on, within their delegated authority.

Normally the committee statements will be taken through the individual committees for the members to comment on and approve before it is submitted as evidence for the overall Governance Statement, however, due to the temporary governance arrangements being put in place as a result of the COVID-19 pandemic, it has been agreed that all of the Committee Assurance Statements will be taken to NHS Board, where the Committee Chairs and members will be able to comment on prior to seeking formal approval from NHS Board.

GLOSSARY OF TERMS

NHS – National Health Service

MONITORING FORM

Policy / Strategy	Governance Statement process as part of the Annual Accounts Timetable.
Staffing Implications	None
Financial Implications	None
Consultation / Consideration	Committee Chairs prior to submission to NHS Board for approval.
Risk Assessment	No risk assessments were required to be undertaken at this time.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>The purpose of the statements are to give assurance on the delegated duties given to the committees, therefore, from a governance viewpoint a low tolerance level has been noted.</p>
Sustainability	Not applicable
Compliance with Corporate Objectives	All corporate objectives are covered within the duties delegated to the committees.
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	The statements support all areas of Best Value.
Impact Assessment	No Impact Assessment was undertaken as part of this paper.

OVERVIEW

As part of the Annual Accounts process we are required to produce an Annual Report. To produce this report the Chief Executive requires a number of internal assurances around the adequacy and effectiveness of the standing governance committees.

A Report is required from all standing governance committees of the Board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place.

The Standing Committees for 2019/20 have been confirmed with the Chief Executive as:

- Audit & Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health & Care Committee
- Staff Governance Committee

WHO IS REQUIRED TO INPUT

As a Lead Director for a Committee you are required to provide an accurate reflection of the Committee for which you support. The Chair of the Committee will also be required to provide comments and sign this off as a true and fair reflection of the work of the Committee.

Committee	Director	Chair
Audit & Risk Committee	Katy Lewis	Laura Douglas
Healthcare Governance Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Performance Committee	Katy Lewis	Nick Morris
Person Centred Health & Care Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Staff Governance Committee	Caroline Sharp	Lesley Bryce

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT



STANDING COMMITTEE ASSURANCE STATEMENT			
Please ensure the information below is accurate and reflects the business discussed. On submission this template will be forwarded to the Chair to sign off an Assurance Statement for the Committee.			
COMMITTEE NAME	Audit and Risk Committee		
FREQUENCY OF MEETINGS	Quarterly, plus separate meeting in June to specifically address annual accounts requirements		
NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	5		
CHAIR	Laura Douglas		
LEAD DIRECTOR	Katy Lewis		
MEMBERSHIP	Laura Douglas, Non-Executive Board Member Grace Cardozo, Non-Executive Board Member Stephen Hare, Non-Executive Board Member Melissa Gunn, Non-Executive Board Member Lorna Carr, Non-Executive Board Member (to 31 March 2020) Ros Francis, Non-Executive Board Member (from 1 st September 2019)		
IN ATTENDANCE	Chief Executive Director of Finance Chief Internal Auditor Board's appointed External Auditor - Grant Thornton Chairman of the Board (open invite to attend but did not attend a meeting during this financial year)		
QUORACY OF MEETING	The Committee will be quorate with two Non-Executive Board Members, in addition to the Chair of the Committee.		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	1 - 29/04/19	Laura Douglas Grace Cardozo Stephen Hare	Lorna Carr Melissa Gunn
	2 – 17/06/19	Laura Douglas Grace Cardozo Lorna Carr Melissa Gunn Stephen Hare	None

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
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	3 – 29/07/19	Laura Douglas Lorna Carr Melissa Gunn Stephen Hare	Grace Cardozo
	4 – 18/11/19	Laura Douglas Grace Cardozo Lorna Carr Melissa Gunn Stephen Hare Ros Francis	None
	5 - 27/01/20	Laura Douglas Grace Cardozo Lorna Carr Melissa Gunn	Stephen Hare Ros Francis
CONFIRMATION THAT ALL MINUTES OF THE MEETING WERE SUBMITTED TO BOARD	<p>The minutes from the Audit and Risk Committee meetings in 2019/20 were noted at the following Board meetings:</p> <ul style="list-style-type: none"> • 29/04/19 minutes at 5/08/19 Board meeting • 17/06/19 minutes at 07/10/19 Board meeting • 29/07/19 minutes at 02/12/19 Board meeting • 18/11/19 minutes at 06/04/20 Board meeting <p>Due to Covid-19 priorities and cancellation of Audit and Risk Committee on 27 April 2020:</p> <ul style="list-style-type: none"> • 27/01/20 minutes were presented to Board on 20/04/20 for approval 		

COMMENTS FROM COMMITTEE CHAIR

During FY19/20, Committee, in line with the Scottish Government Audit and Assurance Committee Handbook, reviewed the comprehensiveness and reliability of assurances on governance, risk management, the control environment, the integrity of financial statements and the annual report. Committee prioritised four key business areas throughout FY19/20, and during this time have received a mixture of updates, reassurances and assurances as follows:

1. THE CONTROL ENVIRONMENT - INFORMATION ASSURANCE

Information Assurance remains a key area of focus for the Committee.

FY19/20 has seen improvements in assurance reporting, however, there is still work to be done to ensure consistency of reporting and full and thorough coverage of the five agreed areas: (i) Information Governance, (ii) Information Security, (iii) Information Sharing, (iv) Awareness and training, and (v) Information Assurance.

Information Governance and Information Security were the two areas covered most thoroughly throughout the year with a mixture of updates, reassurances and/or assurances provided at all meetings of the Committee.

The Information Sharing agenda has been moved forward by the Health and Social Care Partnership throughout FY19/20 to ensure that staff across the Health and Social Care Partnership have appropriate access to the right data at the right time to enable best service for the population of Dumfries and Galloway. Despite efforts, Committee has yet to receive assurance that appropriate reciprocal data sharing arrangements are now in place between NHS Dumfries and Galloway and Dumfries and Galloway Local Authority. Committee are keen to see these assurances come forward in FY20/21.

Committee are reassured that some work has been done throughout FY19/20 to generate awareness of Information Assurance amongst staff members, however, Committee are not fully assured that staff understanding of all aspects of Information Assurance is as up to date as it could be. Moving into FY20/21, it would be helpful to agree a set of standards/measures in relation to staff training and awareness of Information Assurance in order to adequately assure the Board in this area.

With the onset of the Covid-19 pandemic, a number of virtual working solutions have been put in place quickly across NHS Dumfries and Galloway. Moving into FY20/21, Committee will want to receive assurances that these virtual solutions are appropriately safe, secure and workable for all concerned (staff and service users).

2. RISK MANAGEMENT

As for FY18/19, Committee is not yet fully assured that Risk Appetite is embedded throughout the organisation and as such continues to seek assurances in this area. Committee have not seen any movement in the area of Risk Appetite throughout FY19/20 and are keen to see it addressed during FY20/21.

FY19/20 saw the beginnings of a Risk Management Strategy update, however, the work has not progressed at the pace Committee would have liked and Committee are feeling less and less assured that Risk Management is truly embedded across the organisation. Committee took some reassurance from the introduction of a Tactical Health, Safety and Risk Group co-chaired by the Deputy Chief Operating Officer and Deputy Nurse Director, and attended by General Managers, however moving into FY20/21 Committee need to see real progress in the area of Risk Management, including assurance that a robust strategy is in place, enabling systems are in place and working, and that key staff are appropriately trained to manage risk.

3. THE CONTROL ENVIRONMENT - OUTSTANDING INTERNAL AUDIT ACTIONS

Committee remain focussed on ensuring that all Internal Audit actions are agreed with Management, completed and closed across the organisation in agreed timescales.

Throughout the year a number of actions have remained, or become, overdue. Committee have monitored overdue actions and sought assurance that each is being addressed. Committee are assured that many actions are being completed and closed, however, there is also a steady set of actions that fall overdue throughout the year meaning that during FY19/20 we routinely saw approximately 30 overdue actions reported at each Committee meeting.

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

There is work to be done to drive the number of overdue actions to a steady state of zero, and whilst there will be challenges to senior officers' time during the Covid-19 management and recovery process, the actions to address this lack of assurance must remain a key strand of work for FY20/21.

4. THE CONTROL ENVIRONMENT - LIMITED ASSURANCE AUDITS

Committee has placed particular focus on the appropriate management and closure of Limited Assurance audits throughout FY19/20, and while not all areas have been fully addressed yet, Committee are assured that work in this area has progressed.

Committee Membership

Committee had five members during the first half of FY19/20 and increased to six members, further diversifying its skill mix, from November following the appointment of Ros Francis as a Non-Executive Board Member.

DECLARATION

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

Signed & Dated Lead Officer		2 June 2020
Signed & Dated Chair		2 June 2020

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2019/20

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 28 th January 2019	Committee requested to approve the minutes from the previous meeting.	29/04/19	Audit and Risk Committee approved the minutes of the meeting held on 28 th January 2019.
Outstanding Audit Actions Management Update	A verbal update was provided on numbers and progress.	29/04/19	Audit and Risk Committee noted the verbal update and agreed that: <ul style="list-style-type: none"> • KL will undertake a review of the remaining overdue actions with SaT and present a paper with further detail to Audit and Risk Committee on 29th July 2019. • The Actions List should be updated to close the previous entries in relation to Outstanding Internal Audit Actions and the new action (as noted i), inserted.
Internal Audit Plan 2019/20	Committee asked to discuss and note the report which provided an update on progress against the 2018/19 Internal Audit Plan.	29/04/19	Audit and Risk Committee approved: <ul style="list-style-type: none"> • That the Internal Audit Strategy meets the requirements of PSIAS • The revised Internal Audit Charter • The proposed Internal Audit Plan for 2019/20

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**ANNUAL ACCOUNTS 2019/20
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Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Internal Audit Progress Report – Information Governance and Security Improvement Measures – DL (2015) 17 (A-04-18)	<p>Committee asked to discuss and note the following points:</p> <ul style="list-style-type: none"> • All previously overdue Internal Audit reports have been closed. • All outstanding actions (four) which have closing dates in the future will be monitored via the Information Assurance Committee at each meeting to ensure they are closed within the specified time period. 	29/04/19	Audit and Risk Committee noted the report and agreed that no further reporting was required by Committee at this time.
Information Assurance Quarterly Update	<p>Committee asked to discuss and note:</p> <ul style="list-style-type: none"> • Quarterly update • The Information Communication Technology (ICT) Risk Assessment • The draft outline of the Information Assurance Annual Report • Proposed Network and Information System (NIS) Assessment/Planning Document • Confirmation noting awareness of Digital Futures Principles Guidance <p>Committee asked to approve:</p> <ul style="list-style-type: none"> • The revisions to the revised Terms of Reference 	29/04/19	<p>Audit and Risk Committee:</p> <ul style="list-style-type: none"> • Noted the quarterly report. • Confirmed receipt of the Principles for a Digital Future update and agreed that this could be closed off on the Actions List (see item 4) and the Audit Scotland Register (see item 6). • Approved the revisions to the Information Assurance Terms of Reference.

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**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Internal Audit Progress Report – Health and Safety Policy and Procedures (A-20-18)	Committee asked to discuss and note the Health and Safety action plan update as attached.	29/04/19	Audit and Risk Committee: <ul style="list-style-type: none"> Noted the report and agreed that, should the remaining action not be concluded by June 2019, then an update paper should be submitted to Audit and Risk Committee on 29th July 2019.
Risk Management Assurance Update	Committee asked to the quarterly update on risk management activity for the Board.	29/04/19	Audit and Risk Committee: <ul style="list-style-type: none"> Noted the quarterly report. Agreed that, should the remaining Limited Assurance action around DATIX not be resolved by June 2019, then a Progress Report paper should be submitted to Audit and Risk Committee on 29th July 2019. Agreed that the quarterly report in July 2019 should include the Key Performance Indicators for comment.
Audit and Risk Committee Self Assessment	Committee asked to note and approve the completed Self Assessment Checklist.	29/04/19	Audit and Risk Committee approved the Self Assessment Checklist and action plan, and agreed that this should remain as a standing agenda item going forward.
Audit and Risk Committee Terms of Reference	Committee asked to approve the proposed revisions to the Audit and Risk Committee Terms of Reference, with a view to presenting the updated version to the NHS Board for formal approval and adoption.	29/04/19	Audit and Risk Committee approved the proposed revisions to the Audit and Risk Committee Terms of Reference, with a view to presenting the updated version to the NHS Board for formal approval and adoption.

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STANDING COMMITTEE ASSURANCE STATEMENT

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Committee Assurance Statement for the NHS Dumfries and Galloway Audit and Risk Committee 2018/19	Committee asked to approve the Committee Assurance Statement for the NHS Dumfries and Galloway Audit and Risk Committee for 2018/19.	29/04/19	Audit and Risk Committee approved the Committee Assurance Statement.
Compliance with Standing Financial Instructions (SFIs) Update	Committee asked to discuss and note report.	29/04/19	Audit and Risk Committee: <ul style="list-style-type: none"> • Approved the amendments to the SFIs • Approved the amendments to the Scheme of Delegation
Financial Reporting Quarterly Update	Committee asked to discuss and note the update on the following areas: <ul style="list-style-type: none"> • Banking Arrangements • Procurement of Supplies and Services • Losses and Special Payments • Technical Bulletin summary • Annual Accounts preparation Committee asked to approve the two losses and special payments which are above the delegated limit of the Chief Executive and Director of Finance in advance of submission to SGHSCD.	29/04/19	Audit and Risk Committee noted the report and approved the two losses as detailed in the paper, noting that further detail on the Theatre stock loss will be provided in the update paper to Audit and Risk Committee in July 2019.
Minutes of meeting held on 28 th April 2019	Committee requested to approve the minutes from the previous meeting.	17/06/19	Audit and Risk Committee approved the minutes of the meeting held on 28 th April 2019.

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Final Governance Statement – 2018/19	Committee asked to discuss and note the Governance Statement prepared by the Accountable Officer.	17/06/19	Audit and Risk Committee agreed to the changes noted below and, with these amendments, endorsed the governance statement: <ul style="list-style-type: none"> • “A number of workshops were facilitated during the year for Board members including an understanding of the annual accounts; community engagement/community empowerment and participation; Board diagnostic, governance review; quality management systems; organisational culture” (removed “and engaging with the professional advisory committees and Area Clinical Forum.”) • No of meetings Audit and Risk Committee meetings to be changed to 3 (instead of 4).
Notification from Sponsored Bodies Audit and Risk Committee – 2018/19	Committee asked to approve the letter of assurance to the Chair of the Scottish Government portfolio Audit and Risk Committee.	17/06/19	Audit and Risk Committee approved the letter.
NHS Board Annual Report and Accounts – 2018/19	Committee asked to recommend approval of the Annual Report and Accounts for the year ended 31st March 2019 for signing at the Special Board meeting on 17th June 2019.	17/06/19	Audit and Risk Committee noted the report and recommended to the Board, at the Special Board meeting to be held on the 17th June 2019, the approval of the accounts.

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 17 th June 2019	Committee requested to approve the minutes from the previous meeting.	29/07/20	<p>The following amendment was noted:</p> <ul style="list-style-type: none"> Page 3, Item 6, paragraph 3 – MD should read MG. <p>With this amendment, Audit and Risk Committee approved the minutes of the meeting held on 17th June 2019.</p>
Actions List	Risk Management Training discussed as part of Actions List.	29/07/20	Audit and Risk Committee agreed that the Risk Management Training should remain open, noting that this referred to risk management training for senior management (some training has taken place but not at senior level).
Internal Audit Activity Quarterly Progress Report	Nursing Directorate overdue internal audit actions discussed as part of this report.	29/07/20	Audit and Risk Committee agreed that an update report on overdue Nursing Directorate internal audit actions these should be provided at the next Audit and Risk Committee meeting in November 2019.
Limited Assurance Audit Update	Committee asked to discuss and note progress against previous Limited Assurance audits.	29/07/20	LD recalled that in March 2015, Audit and Risk Committee agreed that Limited Assurances will remain a standing item on the agenda until all actions relating to the audits have been closed off, with update reports presented to Committee to allow detailed scrutiny. LD asked Committee if they continued to support this arrangement; Committee confirmed this was still appropriate.

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**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Workforce Sustainability Programme Board Update	Committee asked: <ul style="list-style-type: none"> To note the establishment of the Workforce Sustainability Programme Board and; Discuss the risks as outlined in the initial risk register relative to the priorities for the programme identified in the Terms of Reference in relation to Recruitment, Retention, Redesign and Relationships. 	29/07/20	Committee agreed that the Workforce Sustainability Programme Board Risk Register should be submitted to Audit and Risk Committee every second meeting, with an updated register presented to Audit and Risk Committee in January 2020.
Minutes of meeting held on 29 th July 2019	Committee requested to approve the minutes from the previous meeting.	18/11/20	The following amendment was noted: <ul style="list-style-type: none"> Top of page 12 “LD noted the new match exercise relating to Companies House and was keen for Committee to be updated on progress around this. JW confirmed that an overall update on the NFI exercise will be provided at the next January 2020 Audit and Risk Committee meeting.” With this amendment, Audit and Risk Committee approved the minutes of the meeting held on 29th July 2019.
Audit Scotland Report Updates	Committee asked to discuss and note the Audit Scotland Reports Register.	18/11/20	Committee agreed that Audit Scotland Report items on the register should remain open until actions have been fully completed and confirmed.

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Internal Audit Activity Quarterly Progress Update	Committee asked to discuss and note: <ul style="list-style-type: none"> • The report which provides an update on progress against the 2018/19 and 2019/20 Internal Audit Plans. • The progress to recruit to the current audit vacancy. • The nil Property Transactions return to the Scottish Government. 	18/11/20	KL and LD reflected on areas of best practice and suggested that copies of all internal audits be presented to Audit and Risk Committee on an ongoing basis to support transparency and scrutiny; Committee agreed with this approach.
Standing Financial Instructions (SFIs) Refresh	Committee asked to approve the revised Standing Financial Instructions (SFIs) as detailed in the paper to be effective immediately.	18/11/20	Audit and Risk Committee approved the revised SFIs.
Minutes of meeting held on 18 th November 2019	Committee requested to approve the minutes from the previous meeting.	27/01/20	The minutes of the meeting held on 18 th November 2019 were approved by Audit and Risk Committee.
Audit and Risk Committee Matrix	Committee asked to review and approve the full matrix for 2020/21 and to approve the use of this as a template for drafting the meeting agenda recognising that the Chair has the ability to adjust the agenda as required to fulfil the needs of the Committee.	27/01/20	Audit and Risk Committee: <ul style="list-style-type: none"> • Agreed that the Sustainability and Modernisation (SAM) Programme Board Risk Register should be presented to Committee on a bi-annual basis. • Approved the full matrix for 2020/21 and the use of this as a template for drafting the meeting agenda recognising that the Chair has the ability to adjust the agenda as required to fulfil the needs of the Committee.

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Internal Audit Plan 2020/21	Committee asked to discuss and note: <ul style="list-style-type: none"> • The Internal Audit Strategy¹ which meets the requirements of PSIAS • Approve the revised Internal Audit Charter • Discuss and note the Risk and Audit Universe • Approve the proposed Internal Audit Plan for 2020/21 	27/01/20	Audit and Risk Committee: <ul style="list-style-type: none"> • Noted the Internal Audit Strategy which meets the requirements of PSIAS • Approved the revised Internal Audit Charter • Noted the Risk and Audit Universe • Approved the proposed Internal Audit Plan for 2020/21
Internal Audit Activity Quarterly Progress Report	Committee asked to discuss and note: <ul style="list-style-type: none"> • The report which provided an update on progress against the 2018/19 and 2019/20 Internal Audit Plans. • The successful recruitment of an Auditor and an Audit Trainee within the team to fill a recent vacancy. 	27/01/20	JB commented that it may be useful to include the risk ratings of the overdue risks going forward. Committee agreed.
Financial Reporting Quarterly Update	Committee is asked to discuss and note the update on the following areas: <ul style="list-style-type: none"> • Banking Arrangements • Procurement of Supplies and Services • Accounting Policies • Annual Accounts Preparation • Losses and Special Payments • Technical Bulletin • Review of fraud and Irregularities Committee asked to approve a special payment retrospectively.	27/01/20	Audit and Risk Committee: <ul style="list-style-type: none"> • Discussed and noted the update provided. • Approved the special payments retrospectively.

NOT PROTECTIVELY MARKED

OVERVIEW

As part of the Annual Accounts process we are required to produce an Annual Report. To produce this report the Chief Executive requires a number of internal assurances around the adequacy and effectiveness of the standing governance committees.

A Report is required from all standing governance committees of the Board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place.

The Standing Committees for 2018/19 have been confirmed with the Chief Executive as:

- Audit & Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health & Care Committee
- Staff Governance Committee

WHO IS REQUIRED TO INPUT

As a Lead Director for a Committee you are required to provide an accurate reflection of the Committee for which you support. The Chair of the Committee will also be required to provide comments and sign this off as a true and fair reflection of the work of the Committee.

Committee	Director	Chair
Audit & Risk Committee	Katy Lewis	Laura Douglas
Healthcare Governance Committee	Eddie Docherty Alice Wilson	Penny Halliday
Performance Committee	Katy Lewis	Phil Jones
Person Centred Health & Care Committee	Eddie Docherty Alice Wilson	Penny Halliday
Staff Governance Committee	Caroline Sharp	Gillian Stanyard

STANDING COMMITTEE ASSURANCE STATEMENT

Please ensure the information below is accurate and reflects the business discussed. On submission this template will be forwarded to the Chair to sign off an Assurance Statement for the Committee.

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

- clinical governance
- non-financial risk management
- external audit performance review (clinical)
- healthcare associated infection
- patient feedback (including complaints)
- adverse incidents
- patient safety
- quality improvement
- child protection

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

The following groups/committees will report to the Healthcare Governance Committee:

- Infection Control Committee
- Blood Transfusion Committee
- Quality and Patient Safety Leadership Group
- Healthcare Scientist Forum
- Health Child Protection Committee
- Health Adult Support and Protection Committee
- Organ Donation Committee
- Resuscitation Committee

FREQUENCY OF MEETINGS	Bi-monthly
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NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	Six
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CHAIR	Penny Halliday
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LEAD DIRECTOR	Eddie Docherty, left 2 February 2020 Nursing, Midwifery and AHP Director Alice Wilson, from 3 February 2020 Nurse Director
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MEMBERSHIP	Lorna Carr, Non Executive Board Member Lesley Bryce, Non Executive Board Member Laura Douglas, Non Executive Board Member Penny Halliday, Non Executive Board Member Nick Morris, Non Executive Board Member and Chairman Grace Cordozo, Non Executive Board Member Ros Francis, Non-Executive Member from Sept 2019
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	Christiane Shrimpton, Associate Medical Director, Acute – left Committee after November 2019 meeting. Grecy Bell, Associate Medical Director, Primary Care (GP Representative) Martin Connor, Infection Control Doctor Bill Rogerson, Lay Member		
IN ATTENDANCE	Chief Executive Medical Director Nurse Director Interim Director of Public Health Chief Operating Officer Infection Control Manager Deputy Nurse Director Associate Director of AHPs		
QUORACY OF MEETING	The Committee will be quorate with four members including the Chair, two Non Executive Members and one other member.		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	13.05.19	Lorna Carr Laura Douglas Penny Halliday Nick Morris Bill Rogerson Christiane Shrimpton	Grecy Bell Lesley Bryce Martin Connor Grace Cordozo
	08.07.19	Grecy Bell Lesley Bryce Grace Cordozo Laura Douglas Penny Halliday Nick Morris Bill Rogerson Christiane Shrimpton	Lorna Carr Martin Connor
	16.09.19	Lesley Bryce Lorna Carr Martin Connor Grace Cordozo Laura Douglas Ros Francis Penny Halliday Nick Morris Bill Rogerson	Grecy Bell Christiane Shrimpton
	11.11.19	Grecy Bell Lorna Carr Grace Cordozo Ros Francis Penny Halliday Nick Morris Bill Rogerson	Lesley Bryce Laura Douglas

DETAILS OF ATTENDANCE (Members only)	20.01.20	Penny Halliday Laura Douglas	Lesley Bryce Lorna Carr Grace Cordozo Ros Francis Nick Morris
	16.03.20	Lesley Bryce Grace Cordozo Laura Douglas Nick Morris	Penny Halliday Lorna Carr Ros Francis
CONFIRMATION THAT ALL MINUTES OF THE MEETING WERE SUBMITTED TO BOARD	<p>The minutes from the Healthcare Governance Committee meetings in 2019/2020 have been, or will be, noted at the following Board meetings.</p> <p>13 May 2019 to Board on 2 December 2019 8 July 2019 to Board on 2 December 2019 16 September 2019 to Board on 2 December 2019 11 November 2019 to Board on 20 April 2020 20 January 2020 to Board on 20 April 2020 16 March 2020 to Board on 20 April</p>		

COMMENTS FROM COMMITTEE CHAIR

Healthcare Governance Committee continues to provide assurance to the Board regarding the delivery of safe effective person centred care across the wide spectrum of care delivery within its remit.

There has been progress regarding the handling and reporting of Complaints and Compliments in line with the introduction of certain processes and procedures required by the Ombudsman which will continue with the implementation of NVIVO. The Infection Control measures have continued to offer the Board assurance particularly around the water quality in DGRI as well as HAI's in addition a progress strategy has been identified to improve hand washing. Care Assurance has been operational over the past year which also provides assurance for the Board regarding levels of care delivery as well as person centred care, the Care Assurance Inspection Reports are evidence of the standards of care being delivered across the region. Volunteers continue to add value to our service in a variety of roles and we thank them for all their efforts. The committee has concentrated in particular on the increase in falls and pressure ulcers applying scrutiny by requiring regular update reports into the quantitative and qualitative measures being applied to identify the causes and apply where possible a resolution. Patient stories have become a permanent part of the culture of Healthcare Governance Meetings, each story is a reminder to the Committee regarding our role and responsibilities as a Committee of the Board with a particular purpose regarding patient safety, quality and person centred care. The Committee agreed to introduce a short period for reflection after every Patient Story and before the commencement of Committee business, in addition, over the last few meetings a few minutes at the end of each meeting has been introduced to reflect on the whole meeting.

DECLARATION

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

Signed & Dated Lead Officer		
Signed & Dated Chair		

APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2019/20

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Feedback, Comments, Concerns and Complaints Annual Report 2018-2019	Content of report	13 May 2019	Approved
HCGC Terms of Reference	Terms of Reference	13 May 2019	Approved
HCGC Assurance Statement	Assurance Statement	13 May 2019	Approved
Estimated Date of Discharge Policy	Approved the development of the policy	13 May 2019	Approved
Duty of Candour Annual Report	Content of report	11 November 2019	Approved
NHS Specialist Drug and Alcohol Services Annual Report	Content of report and direction of travel	16 March 2020	Approved

NOT PROTECTIVELY MARKED

OVERVIEW

As part of the Annual Accounts process we are required to produce an Annual Report. To produce this report the Chief Executive requires a number of internal assurances around the adequacy and effectiveness of the standing governance committees.

A Report is required from all standing governance committees of the Board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place.

The Standing Committees for 2019/20 have been confirmed with the Chief Executive as:

- Audit & Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health & Care Committee
- Staff Governance Committee

WHO IS REQUIRED TO INPUT

As a Lead Director for a Committee you are required to provide an accurate reflection of the Committee for which you support. The Chair of the Committee will also be required to provide comments and sign this off as a true and fair reflection of the work of the Committee.

Committee	Director	Chair
Audit & Risk Committee	Katy Lewis	Laura Douglas
Healthcare Governance Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Performance Committee	Katy Lewis	Nick Morris
Person Centred Health & Care Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Staff Governance Committee	Caroline Sharp	Lesley Bryce

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT



STANDING COMMITTEE ASSURANCE STATEMENT			
Please ensure the information below is accurate and reflects the business discussed. On submission this template will be forwarded to the Chair to sign off an Assurance Statement for the Committee.			
COMMITTEE NAME	Performance Committee		
FREQUENCY OF MEETINGS	As per Terms of Reference, the Committee meets at least four times throughout any given year.		
NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	4		
CHAIR	Nick Morris		
LEAD DIRECTOR	Katy Lewis		
MEMBERSHIP	Nick Morris, Chairman Penny Halliday, Non-Executive Board Member Lesley Bryce, Non-Executive Board Member Lorna Carr, Non-Executive Board Member Laura Douglas, Non-Executive Board Member Andy Ferguson, Non-Executive Board Member Ros Francis, Non-Executive Board Member (from 1 Sept 2019) Jeff Ace, Chief Executive Katy Lewis, Director of Finance		
IN ATTENDANCE	Julie White, Chief Operating Officer/Nicole Hamlet, Deputy Chief Operating Officer		
QUORACY OF MEETING	The Committee will be quorate with four members including the Chair, two Non-Executive Members and one Executive Member.		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	13 May 2019	Nick Morris Katy Lewis Jeff Ace Lorna Carr Laura Douglas Penny Halliday	Lesley Bryce Andy Ferguson

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**

	2 Sept 2019	Nick Morris Katy Lewis Jeff Ace Laura Douglas Lesley Bryce Andy Ferguson Ros Francis	Lorna Carr Penny Halliday
	4 Nov 2019	Penny Halliday (chaired in absence of Nick Morris) Katy Lewis Jeff Ace Lorna Carr Ros Francis Lesley Bryce	Nick Morris (bereavement) Laura Douglas Andy Ferguson
	2 March 2020	Nick Morris Katy Lewis Jeff Ace Laura Douglas Andy Ferguson Lorna Carr Penny Halliday	Lesley Bryce
<p>CONFIRMATION THAT ALL MINUTES OF THE MEETING WERE SUBMITTED TO BOARD</p>	<p>The minutes from the Performance Committee meetings in 2019/20 have been noted at the following Board meetings:</p> <ul style="list-style-type: none"> • 13/05/19 minutes at 07/10/19 Board meeting • 02/09/19 minutes at 02/12/19 Board meeting • 04/11/19 minutes at 03/02/20 Board meeting <p>Due to Covid-19 priorities and cancellation of Performance Committee on 11 May 2020:</p> <ul style="list-style-type: none"> • 02/03/20 minutes were presented to Board on 20/04/20 for approval. 		

COMMENTS FROM COMMITTEE CHAIR

- In addition to the meetings noted above and the items for approval that have been taken to Committee, a number of information sessions have been held including:
 - Board Workshop – Sustainability and Modernisation (SAM) Programme (9 Sept 2019)
 - Board Workshops on Discovery and Qlikview (various throughout year)
 - Board Workshop Financial Themes (3 February 2020)
 - Various workshops to support the development of the Integration Joint Board’s Self Evaluation, which NHS Board fed into.
- Ros Francis was appointed to Performance Committee from 1st September 2019, following her appointment as a new Non-Executive Board Member on 1st August 2019.
- Comprehensive financial performance reports and detailed financial information have been presented regularly to Performance Committee. The Committee acknowledged the ongoing and significant financial challenges to the organisation in 2019/20 and recognised that the scale of the challenge facing the organisation is a year on year effort that requires significant organisational transformation to deliver the recurrent savings necessary to make subsequent years challenges more manageable.
- Committee have had extensive discussions on efficiency savings and the Financial Plan throughout the year and reporting gave good assurance that outturn would see a position within Scottish Government guidance. However, the Committee has recognised the difficulties in realising recurrent savings. A SAM (transformation programme) was developed in year and progress was reported to Board and Performance Committee but in 2019/20 has yet to translate into major programmes of Transformation.
- 2020 saw the impact of a Covid-19 pandemic across healthcare services with a consequent increase in financial pressure which in the main will need to be managed in 2020/21.
- The members wish to provide support to the Officers through 2020/21 to increase the ratio of recurring to non-recurring savings, examine the impact of Covid-19 response and identify savings that can be locked in as a result of the significant restructure of services, and assess the impact of the SAM project in delivering further sustainability in the financial position of the organisation.
- The Committee were keen to review the impact assessments of Cash Releasing Efficiency Scheme (CRES) going forward. Assurances were provided re the role of General Managers/Clinical Leads and Nursing leadership at decision making level but the committee agreed a ‘Mapping Exercise’ would be developed to facilitate Non-Executive scrutiny of clinical/patient safety impact. This area has not developed in 2019/20 to a level that provides full assurance that financial pressures are adequately balanced with care and safety outcome measures.
- Committee has regularly been kept informed of the pressures around workforce recruitment and retention, locum and prescribing spend, business transformation plans and financial strategy developments.

- Committee has had regular discussions on the role of the IJB and the NHS Board in respect of difficult decisions and the governance arrangements relating to these. During the year, the Committee continued to emphasise the accountability of the NHS Board for oversight/scrutiny of NHS performance independent of the IJB's accountability regime.
- A Workshop was held in May 2019 to assess NHS Board performance monitoring at Committee (and Board) and proposals were agreed to establish a strengthened integrated performance report. This has not yet been developed sufficiently within the organisation and must feature as a main strand of the work of the performance and intelligence department going into 2020/21. A process for focusing on 'exception' reporting has been successful and allowed members to concentrate on those performance areas most distanced from target and more critical to safe service delivery.
- Verbal updates on regional planning have been reported to Performance Committee on a regular basis.
- Health and Social Care Partnership Performance Management update reports have been presented to Performance Committee on a regular basis. The reporting frequency was reviewed and reduced in 2019/20 to take account of the strategic nature of this data.
- Work on the Primary Care Transformation Programme continued in 2019/20 and regular updates have been provided to Committee on this.
- The Mountainhall Treatment Centre second phase was progressed during 2019/20 and reported and monitored through Committee during the year. The development of a business case for the model for ophthalmology services was progressed, however, this work has been paused during the Covid-19 crisis. The sale of Nithbank and other properties were progressed but not concluded during the year.
- As part of the SAM Medical Workstream programme group, a number of presentations have been shared with senior clinical leads, highlighting the potential opportunities using the Discovery Dashboards. The initial presentation identified the total potential opportunity looking across the key areas where local differences in clinical variation was significantly different to Peer comparisons. This was then developed to concentrate on specific areas where the SAM project team took data out to specific specialty teams to identify where clinical variation was different so as to formulate an approach to understanding reasons for clinical variation, identifying the releasable costs in terms of changing practices and releasing capacity under a number of scenarios.
- In terms of Brexit, the Chief Executive prepared a formal Board paper on risks and mitigation that looked at staffing, supplies etc. In addition, a national Brexit sub-group of the Scottish Resilience Partnership was re-established to look at particular risks arising from leaving the transition period without a trade deal. The impacts of this failure to align closely with those set out in the original work on a 'no deal' scenario and would be likely to cause particular disruption to supply chains of foods, medicines and other key products.

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

- The Corporate Governance Blueprint was published by Scottish Government in February 2019. A self assessment and board workshop took place on 8 April 2019 which supported the development of a Corporate Governance Improvement Plan which was approved by Committee in May 2019 and then submitted to the Scottish Government. Regular reports on progress for implementation of the plan have been presented to Committee and Board during 2019/20.

DECLARATION

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

Signed & Dated Lead Officer		28/05/20
Signed & Dated Chair		28/05/20

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT



APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2019/20

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 4 th March 2019	Committee requested to approve the minutes from the previous meeting.	13/05/19	<p>Two amendments to the previous minutes were noted as follows:</p> <ul style="list-style-type: none"> • Page 11 - Item 11 Medical Locum Report. 5th line should read November 2018 (not 2019) • Page 14 - Third paragraph. The recurring gap should read “£12.326m” <p>With the amendments noted above, the minutes were approved.</p>
Committee Assurance Statement for the NHS Dumfries and Galloway Performance Committee 2018/19	Performance Committee asked to approve the Committee Assurance Statement for the NHS Dumfries and Galloway Performance Committee for 2018/19.	13/05/19	Committee approved the Performance Committee Assurance statement.
Corporate Governance Blueprint – Action Plan	Performance Committee asked to discuss and note the outcome from the Self Assessment and Board Workshop and approve the Corporate Governance Improvement Plan for submission to Scottish Government.	13/05/19	Performance Committee approved the Corporate Governance Improvement Plan, subject to the amendments highlighted in the minutes.

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
IJB Membership	<p>Performance Committee asked to approve the following points:</p> <ul style="list-style-type: none"> The selection and appointment of Penny Halliday as Vice Chair of the Integration Joint Board from 3rd April 2019. Stephen Hare would stand down as a non-voting Integration Joint Board Member with effect from 30th April 2019 The appointment of Stephen Hare as an Integration Joint Board Voting Member from 1st May 2019 to 30th November 2019. <p>Performance Committee is asked to discuss and note the following points:</p> <ul style="list-style-type: none"> Nick Morris stood down as an Integration Joint Board member from 30th April 2019. 	13/05/19	<p>As per the Performance Committee Terms of reference, the Performance Committee has “<i>deferred authority from the Board to approve time critical issues that fall outwith the bi-monthly Board meeting cycle. For these items, the Performance Committee will note within the minute that they are making the decision as a quasi-board.</i>” This item was discussed as a quasi-board.</p> <p>Board approved the following points:</p> <ul style="list-style-type: none"> The selection and appointment of Penny Halliday as Vice Chair of the Integration Joint Board from 3rd April 2019. Stephen Hare would stand down as a non-voting Integration Joint Board Member with effect from 30th April 2019 The appointment of Stephen Hare as Integration Joint Board Voting Member from 1st May 2019 to 30th November 2019. <p>Board noted that:</p> <ul style="list-style-type: none"> Nick Morris stood down as an Integration Joint Board member from 30th April 2019.

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Primary Care Transformation Programme (PCTP)	<p>The Performance Committee asked to approve the following points:</p> <ul style="list-style-type: none"> • Approve the updated Primary Care Improvement Plan (PCIP) • Recognise the support and guidance provided by the Contract Development Group in the production of this updated plan. • Note the schedule for approval of this updated Primary Care Improvement Plan. 	13/05/19	<p>Performance Committee:</p> <ul style="list-style-type: none"> • Approved the updated Primary Care Improvement Plan. • Recognised the support and guidance provided by the Contract Development Group in the production of this updated plan. • Noted the schedule for approval of this updated Primary Care Improvement Plan.
Child and Adolescent Mental Health (CAMHS) Improvement Plan	Performance Committee asked to discuss and note Child and Adolescent Mental Health Service (CAMHS) presented with papers.	02/09/19	<p>Following discussion, it was agreed that Item 8 (Child and Adolescent Mental Health (CAMHS) Improvement Plan) should be removed from today's agenda. JW provided further background on the information presented and recalled that the paper should be submitted to the Health and Social Care Senior Management Team (HSCSMT) in the first instance. JW recalled that the CAMHS team have been asked to provide information via a number of avenues and perhaps needed clearer direction on the type of information that is being requested. Committee agreed that a report on how CAMHS was performing against national targets was more appropriate; JW will feedback to the service and a revised report submitted to Performance Committee in due course.</p>

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 13 th May 2019	Committee requested to approve the minutes from the previous meeting.	02/09/19	<p>One amendment to the previous minutes was noted as follows:</p> <ul style="list-style-type: none"> Page 4, paragraph 2 – PD should read PH. Action Notes also to be updated with this. <p>With the amended noted above, the minutes of the Performance Committee meeting held on 13th May 2019 were approved.</p>
Summary Performance Report	Committee asked to discuss and note the Summary Performance Report. A discussion took place on the delayed discharge data.	02/09/19	Committee agreed that it would be useful for Julie White to submit copies of IJB delayed discharges paper to the NHS Performance Committee also to help inform Board Members of any ongoing issues/actions and to support assurances in relation to issues within the NHS Board's control.
Summary Performance Report	Committee asked to discuss and note the Summary Performance Report. Ananda Allan proposed a change to the way cancer waiting times are reported.	02/09/19	NM referred to AA's suggestion re cancer waiting times data. NM acknowledged that the figures may change between provisional and final versions, however, felt that data should continue to be reported on a monthly basis. An explanatory paragraph can be included to provide further narrative and an update on validated figures provided at a later date as required. There was a brief discussion around this; Committee agreed with this approach. AA agreed to look into this further.

NOT PROTECTIVELY MARKED

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Acute Services Re-development Programme Post-Project Evaluation	<p>Committee asked to discuss and note the following points:</p> <ul style="list-style-type: none"> The Acute Services Re-development Programme - Post-Project Evaluation report Arrangements for potentially taking forward formal Post-Occupancy Evaluation are currently in discussion with the Division of Health Finance and Infrastructure, Scottish Government Health and Social Care Directorate. 	02/09/19	<p>It was confirmed that this paper required approval from the Board. As per the Performance Committee Terms of reference, the Performance Committee has “<i>deferred authority from the Board to approve time critical issues that fall outwith the bi-monthly Board meeting cycle. For these items, the Performance Committee will note within the minute that they are making the decision as a quasi-board</i>”. Therefore, the following decision was made as a quasi-board.</p> <p>The Performance Committee (Board) approved the Acute Services Re-development Programme – Post-Project Evaluation report.</p>
Doctor Led Return Appointments	<p>Committee asked to discuss and note the following points:</p> <ul style="list-style-type: none"> The challenges faced within specific specialties The improvement work being undertaken within out-patients 	02/09/19	<p>Performance Committee:</p> <ul style="list-style-type: none"> Noted the ongoing work within Return Out-patients. Agreed that a follow up report in 6 months time evaluating the above Improvement Projects.
Minutes of meeting held on 2 nd September 2019	Committee requested to approve the minutes from the previous meeting.	04/11/19	The minutes of the meeting on 2 nd September 2019 were approved by Performance Committee
Annual Operational Plan 2019/20 – Mid-year Review	Committee asked approve mid-year review of the Annual Operational Plan 2019/20 ahead of formal discussion with the Scottish Government.	04/11/19	Performance Committee noted the points highlighted and approved the Annual Operational Plan 2019/20 Mid-year Review
Winter Plan 2019/20	Committee asked to approve the Winter Plan for 2019/2020.	04/11/19	Performance Committee approved the Winter Plan for 2019/20

NOT PROTECTIVELY MARKED

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 4 th November 2020	Committee requested to approve the minutes from the previous meeting.	02/03/20	The minutes of the meeting on 4 th November 2020 were approved by Performance Committee.
Psychological Therapies Waiting Times Performance	Committee asked to discuss and note the following: <ul style="list-style-type: none"> • To note the challenges faced by the Department of Psychological Services and Research to meet the trajectory set. • To note that the trajectory may be met, as long as certain conditions are maintained. • To note that performance against the target is likely to drop during 2020, as attempts are made to tackle longest waits 	02/03/20	Performance Committee noted the report and agreed that a follow up report be provided in 6 months (Performance Committee meeting 7 September 2020).
Sustainability and Modernisation Programme Update	Committee asked to discuss and note the progress to date on the development of the Sustainability and Modernisation Programme (SAM).	02/03/20	NM summarised the key points from the discussion and asked Committee if they were assured with the progress to date; Committee confirmed they were. In terms of regular updates, Committee agreed that SAM updates should be presented to Performance Committee at each meeting.

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Workforce Sustainability Programme Board Update	<p>Committee asked to discuss and note the following points:</p> <ul style="list-style-type: none"> • Progress has been made with recruitment to designated 'Hard to fill' posts in line with our trajectory. • The newly established Workforce Sustainability team has established a workplan based on priority needs for the organisation and the wider health and social care partnership, and the activity set within the workplan is already having an impact on our attraction and recruitment levels. • Progress with the transition to the new national eRecruitment platform JobTrain is steady and positive, and the central recruitment team are reviewing and updating systems and processes in order to maximise the benefits the new electronic JobTrain system offers us. 	02/03/20	<p>Performance Committee noted the report and agreed that the next report should include:</p> <ul style="list-style-type: none"> • An update on developing the young workforce and work with schools • An outline of successful recruitment routes undertaken to date

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STANDING COMMITTEE ASSURANCE STATEMENT

OVERVIEW

As part of the Annual Accounts process we are required to produce an Annual Report. To produce this report the Chief Executive requires a number of internal assurances around the adequacy and effectiveness of the standing governance committees.

A Report is required from all standing governance committees of the Board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place.

The Standing Committees for 2018/19 have been confirmed with the Chief Executive as:

- Audit & Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health & Care Committee
- Staff Governance Committee

WHO IS REQUIRED TO INPUT

As a Lead Director for a Committee you are required to provide an accurate reflection of the Committee for which you support. The Chair of the Committee will also be required to provide comments and sign this off as a true and fair reflection of the work of the Committee.

Committee	Director	Chair
Audit & Risk Committee	Katy Lewis	Laura Douglas
Healthcare Governance Committee	Eddie Docherty	Penny Halliday
Performance Committee	Katy Lewis	Phil Jones / Nick Morris
Person Centred Health & Care Committee	Eddie Docherty Alice Wilson	Penny Halliday
Staff Governance Committee	Caroline Sharp	Gill Stanyard / Lesley Bryce

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

STANDING COMMITTEE ASSURANCE STATEMENT	
Please ensure the information below is accurate and reflects the business discussed. On submission this template will be forwarded to the Chair to sign off an Assurance Statement for the Committee.	
COMMITTEE NAME	Person Centred Health & Care Committee
<p>The Person Centred Health and Care Committee is a multidisciplinary and multi agency leadership resource which:</p> <ul style="list-style-type: none"> • Champions, leads, helps to shape, influences and determines priorities regarding person centred care working in partnership across the Health and Social Care Partnership • Oversees progress towards delivery of our vision • Is actively developing, seeking and sharing innovation and learning. <p>Our work is focussed upon supporting the delivery of the CORE values of Compassion, Openness, Respect and Excellence and those of the Person Centred Health and Care Committee below:</p> <p>“Health and social care and support that places what is important to people at the centre of all that we do”</p>	
FREQUENCY OF MEETINGS	Bi-monthly
NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	Five
CHAIR	Penny Halliday
LEAD DIRECTOR	Eddie Docherty (until 2 nd February 2020) /Alice Wilson (from 3 rd February 2020)
MEMBERSHIP	<p>Penny Halliday, Member of Integrated Joint Board</p> <p>Lesley Bryce, Non Executive Member</p> <p>Stephen Hare, Chair of Area Partnership Forum</p> <p>Lorna Carr, Chair of Area Clinical Forum</p> <p>Dawn Allan until June 2019/ Rev Dr Ewan Kelly from September 2019 Spiritual Care Lead representing all faith groups</p> <p>Mhairi Kidd, University of West of Scotland</p> <p>Scottish Care Representative – Elaine McCourtney</p> <p>Nicole Hamlet – Acute Services Representative</p> <p>Jeannie Gallagher – Mental Health Representative</p> <p>Mandy Spence – Midwifery Representative</p> <p>Primary & Community Care – Vacant</p> <p>Phyllis Wright until November 2019, Social Work Services and Council Representative</p> <p>Claire Brown until June 2019/Ann Gordon from June 2019, Third Sector Representative</p>

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT

	Two Lay Members – both vacant Carer Representative – vacant		
IN ATTENDANCE	Eddie Docherty, Director of Nursing, Midwifery and AHPs Michele McCoy, Interim Director of Public Health Caroline Sharp, Workforce Director Joan Pollard, Associate Director for AHPs Vicky Freeman, Head of Strategic Planning Lynsey Fitzpatrick, Equality & Diversity Lead Margaret McGroggan, Volunteer Co-ordinator Ken Donaldson, Medical Director		
QUORACY OF MEETING	Six members, including the chair		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	29 April 2019	Penny Halliday Nicole Hamlet Dawn Allan Jeannie Gallacher Mandy Spence Phyllis Wright	Lesley Bryce Lorna Carr Mhairi Kidd Stephen Hare
	24 June 2019	Penny Halliday Lorna Carr Jeannie Gallacher Phyllis Wright Nicole Hamlet Stephen Hare Lesley Bryce Ann Gordon	
	19 August 2019	Penny Halliday Lesley Bryce Grace Cardozo-McDowall Ann Gordon Lorna Carr Phyllis Wright	Nicole Hamlet Mandy Spence Jeannie Gallacher Stephen Hare
	21 October 2019	meeting cancelled	meeting cancelled
9 December	Lesley Bryce	Penny Halliday	

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STANDING COMMITTEE ASSURANCE STATEMENT



	2019	Grace Cardozzo-McDowall Lorna Carr Ann Gordon Jeannie Gallacher	Ewan Kelly Nicole Hamlet Mandy Spence Stephen Hare
	17 February 2020	Penny Halliday Grace Cardozzo-McDowall Ann Gordon Mhairi Kidd Mandy Spence	Lesley Bryce Lorna Carr Jeannie Gallacher Nicole Hamlet Stephen Hare Ewan Kelly
CONFIRMATION THAT ALL MINUTES OF THE MEETING WERE SUBMITTED TO BOARD	29 April 2019 – to Board on 5 August 2019 24 June 2019 - to Board on 7 October 2019 19 August 2019 – to Board on 20 April 2020 22 October 2019 – cancelled 9 December 2019 – to Board on 20 April 2020 17 February 2020 – to Board on 20 April 2020		

COMMENTS FROM COMMITTEE CHAIR

The Person Centred Care Committee has seen its spiritual Care Lead Dawn Allen move on to pastures new and we have welcomed Dr Ewan Kelly to Dumfries and Galloway NHS. The Committee was particularly pleased to approve the first Annual Volunteer Report which gave detailed quantitative and qualitative information regarding the great work our volunteers are doing to support our services across the region. Volunteering within health is becoming so popular that requests are being received from a variety of departments from west to east regarding volunteer recruitment after a number of potential roles were identified and this is being explored. The committee have also overseen the completion of the Carers Positive Award which is a positive step forward in supporting staff. Values Based Reflective Practice continues to be an area whereby the Committee are concentrating on regarding its use within the service and have used the NAVVY Tool to explore ways the committee could function better.

DECLARATION

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

Signed & Dated Lead Officer		
Signed & Dated Chair		

**ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT**



APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2019/20

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of Previous Meeting	Minutes of meeting held on 18 February 2019	29 April 2019	Minutes approved as accurate
Minutes of Previous Meeting	Minutes of meeting held on 29 April 2019	24 June 2019	Minutes approved as accurate
Volunteering Annual Report	The format and content of the report	24 June 2019	Approved and requested to be submitted to Aug 19 Board Meeting
Minutes of Previous Meeting	Minutes of meeting held on 24 June 2019	19 August 2019	Minutes approved as accurate
Minutes of Previous Meeting	Minutes of meeting held on 19 August 2019	9 December 2019	Minutes approved as accurate
Arts Strategy Policy	Format and content of policy	9 December 2019	Approved with minor amendment
Volunteering Interim Annual Report	The format and content of the report	9 December 2019	Approved
Minutes of Previous Meeting	Minutes of meeting held on 9 December 2019	17 February 2020	Minutes approved as accurate

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

OVERVIEW

As part of the Annual Accounts process we are required to produce an Annual Report. To produce this report the Chief Executive requires a number of internal assurances around the adequacy and effectiveness of the standing governance committees.

A Report is required from all standing governance committees of the Board confirming whether they have fulfilled their remits and, based on assurances received, that there are adequate and effective governance arrangements in place.

The Standing Committees for 2019/20 have been confirmed with the Chief Executive as:

- Audit & Risk Committee
- Healthcare Governance Committee
- Performance Committee
- Person Centred Health & Care Committee
- Staff Governance Committee

WHO IS REQUIRED TO INPUT

As a Lead Director for a Committee you are required to provide an accurate reflection of the Committee for which you support. The Chair of the Committee will also be required to provide comments and sign this off as a true and fair reflection of the work of the Committee.

Committee	Director	Chair
Audit & Risk Committee	Katy Lewis	Laura Douglas
Healthcare Governance Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Performance Committee	Katy Lewis	Nick Morris
Person Centred Health & Care Committee	Eddie Docherty / Alice Wilson	Penny Halliday
Staff Governance Committee	Caroline Sharp	Lesley Bryce

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

STANDING COMMITTEE ASSURANCE STATEMENT	
<p>Please ensure the information below is accurate and reflects the business discussed. On submission this template will be forwarded to the Chair to sign off an Assurance Statement for the Committee.</p>	
COMMITTEE NAME	Staff Governance Committee
<p>The Staff Governance Committee shall</p> <ul style="list-style-type: none"> • agree, monitor and review objectives to improve the standards of Staff Governance in the light of national and local priorities together with the results of the Staff Survey and the Staff Governance Action Plan • review corporate Staff Governance risks and mitigation plans to provide assurance to the Board that Staff Governance risks are adequately controlled • ensure appropriate structures and processes are in place in relation to Staff Governance matters to provide assurance to the Board • oversee the development, delivery and monitoring of the Staff Governance elements of the Local Delivery Plan • exercise delegated authority on behalf of Dumfries & Galloway NHS Board for matters relevant to the Committee's role and remit • ensure there is adequate communications between the Committee Partnership arrangements and staff to support delivery of the Staff Governance Standards • hold forums in conjunction with Area Partnership Forum to support developments and achievements in Staff Governance Standards and stimulate engagement by Staff in Corporate Goals and Objectives as necessary and appropriate. <p>The Staff Governance Committee will have the following groups / committees reporting to it</p> <ul style="list-style-type: none"> • Remuneration Sub Committee • Area Partnership Forum 	
FREQUENCY OF MEETINGS	Bi-monthly
NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	Four
CHAIR	Lesley Bryce, Non Executive Board Member
LEAD DIRECTOR	Caroline Cooksey, Workforce Director
MEMBERSHIP	<p>Lesley Bryce, Non-Executive Board Member</p> <p>Grace Cardozo, Non-Executive Board Member</p> <p>Andy Ferguson, Non-Executive Board Member</p> <p>Fiona Gardiner, Staff Side Representative</p>

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT

	Melissa Gunn, Non-Executive Board Member Stephen Hare, Employee Director (until March 2020) Vicky Keir, Staff Side Representative Kerry Lockerbie, Staff Side Representative Nick Morris, Chairman		
IN ATTENDANCE	Chief Executive Nurse Director Workforce Director Medical Director Director of Finance Interim Director of Public Health Head of Strategic Planning have the right to attend this meeting but are not members.		
QUORACY OF MEETING	The Committee will be quorate with four members present, 2 of whom must be drawn from the Chairman/Non Executive Board Members and 2 from the Employee Director/Staff Side Representative Members.		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	1 – 22.07.19	Melissa Gunn Andy Ferguson Fiona Gardiner Stephen Hare Vicky Keir Nick Morris	Lesley Bryce Grace Cardozo Kerry Lockerbie
	2 – 23.09.19	Lesley Bryce Melissa Gunn Fiona Gardiner Vicky Keir Nick Morris	Grace Cardozo Stephen Hare Kerry Lockerbie
DETAILS OF ATTENDANCE (Members only)	3 – 25.11.19	Lesley Bryce Grace Cardozo Fiona Gardiner Melissa Gunn Stephen Hare Vicky Keir Nick Morris	

ANNUAL ACCOUNTS 2019/20

STANDING COMMITTEE ASSURANCE STATEMENT

	4 – 21.01.20	Stephen Hare Grace Cardozo Fiona Gardiner Melissa Gunn Vicky Keir	Lesley Bryce Kerry Lockerbie Nick Morris
CONFIRMATION THAT ALL MINUTES OF THE MEETING WERE SUBMITTED TO BOARD	<p>The minutes from the Staff Governance Committee meetings in 2019/20 have been, or will be noted at the following Board meetings:</p> <ul style="list-style-type: none"> • 7 October 2019 • 3 February 2020 • 6 April 2020 • 20 April 2020 		

COMMENTS FROM COMMITTEE CHAIR

The Committee meets six times a year. It has been well attended by management, staff side and several directorates. The Committee has received comprehensive reports and updates in order for members to review progress and have effective discussions. The Non Executive Members have provided robust scrutiny and purposeful challenge.

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Staff Governance Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

DECLARATION

I confirm that, based on the assurances received within this report and the conduct during the meetings, that the Committee has fulfilled its remit and that adequate and effective governance arrangements are in place to provide a good level of assurance on this to the NHS Board and specifically to the Accountable Officer.

Signed & Dated Lead Officer	Caroline J Cooksey	30/4/2020
Signed & Dated Chair	Lesley Bryce	30/04/2020

ANNUAL ACCOUNTS 2019/20
STANDING COMMITTEE ASSURANCE STATEMENT



APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2019/20

Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Draft Minutes of the Previous Meeting held on 25 March 2019.	Minutes of the previous meeting.	22 July 2019	Minutes were approved as a true and accurate record.
APF Terms of Reference	APF Terms of Reference	22 July 2019	Approved the Terms of Reference for Area Partnership Forum
Staff Governance Terms of Reference	Staff Governance Terms of Reference	22 July 2019	Approved the revised Terms of Reference for Staff Governance Committee
Staff Health & Wellbeing – Corporate Risk Assessment Update & Performance Indicators	New format of this paper.	22 July 2019	Approved the new format of the paper and ongoing revisions.
Working Well Update	Staff Governance Committee is asked to review and approve the first Working Well Annual report 2018/19 for onward submission to the NHS Board for discussion and noting at its August meeting	22 July 2019	Reviewed and approved the first Working Well Annual Report for 2018/19 for onward submission to NHS Board.
Draft Minutes of the Previous Meeting held on 22 July 2019.	Minutes of the previous meeting.	23 September 2019	Minutes were approved as a true and accurate record.
Remuneration Sub Committee Terms of Reference	Remuneration Sub Committee Terms of Reference	23 September 2019	Approved the Terms of Reference for Remuneration Sub Committee
Gender Pay Gap	Staff Governance Committee is asked to approve the updated gender pay gap data for 2019 to be included within the Equality Mainstreaming Report	23 September 2019	Approved the Gender Pay Gap Data for 2019 to be included within the Equality Mainstreaming Report.
Draft Minutes of the Previous Meeting held on 23 September 2019.	Minutes of the previous meeting.	25 November 2019	Minutes were approved as a true and accurate record.

DUMFRIES and GALLOWAY NHS BOARD



8th June 2020

Local Mobilisation Plan Update

Author:

Graham Stewart
Deputy Director of Finance

Sponsoring Director:

Katy Lewis
Director of Finance

Date: 29th May 2020

RECOMMENDATION

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

- The current proposed costs of the impact of Covid-19 across the organisation for both the NHS Board and Health and Social Care Partnership services.
- Acknowledge that further work and more detailed planning is required to fully identify the costs and risks associated with the Local Mobilisation Plan (LMP).
- The Board has committed costs at risk under direction from Scottish Government without allocations and funding confirmed. Additional funding may not be confirmed until end of Quarter One/July 2020.
- Recognise that plans are changing on an almost daily basis and further developments will need to be understood by the Finance team in time for the next return.

CONTEXT

Strategy/Policy:

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

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

This report provides a summary of the current estimated costs for NHS Dumfries and Galloway and Social Care for the surge planning related to Covid-19 arrangements.

GLOSSARY OF TERMS

A&E	-	Accident and Emergency
CRES	-	Cash Releasing Efficiency Savings
EQIA	-	Equalities Impact Assessment
FHS	-	Family Health Services
GMC	-	General Medical Council
HDU	-	High Dependency Unit
HSCP	-	Health and Social Care Partnership
ICES	-	Integrated Community Equipment Service
IJB	-	Integration Joint Board
ITU	-	Intensive Care Unit
LMP	-	Local Mobilisation Plan
NCA	-	Non-Contract Activity
NSS	-	National Services Scotland
PPE	-	Personal Protective Equipment
RTA	-	Road Traffic Accident
RTM	-	Real Time Monitoring
TTI	-	Test, Trace and Isolate

MONITORING FORM

Policy / Strategy	Supports agreed financial strategy in the Annual Operational Plan and identification of ongoing increased operational costs of current pandemic.
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 Board has Identified the additional costs associated with the current LMP</p>
Sustainability	<p>The Financial Plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES. Key to the ongoing achievement of savings plan will be the delivery of significant transformational changes to services.</p> <p>The current LMP highlights the risks to achieving CRES in full.</p>
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.
Impact Assessment	<p>A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.</p>

Executive Summary

1. This report identifies the current costs associated with providing the required capacity to support the Local Mobilisation Plans (LMP) for Covid-19 at just over £34m.
2. The requirement to prepare a mobilisation plan was required by Scottish Government through its response to tackling the Covid-19 crisis in March 2020. The key elements of the plan are set out in **Appendix 1** which have been costed as part of the latest draft of the Board's surge plans as at 18th May 2020 with a current total of £34m across NHS Board and IJB Services.
3. This paper provides a high level summary of the LMP costs submitted to the Scottish Government as part of an ongoing process on 18th May 2020, with a further iteration due to be completed by 22nd June 2020.
4. It is important to note that these costs are currently being revised on an ongoing basis as the detail behind the LMP is firmed up and specific changes to service models are agreed and shared with the Finance team.
5. Where feasible the current version of the return has used actual costs in March and April to identify costs in the LMP moving forwards. Further updating of the costs is required for the next submission.
6. The latest request from Scottish Government is to develop a remobilisation plan to support the recovery and recommencement of services as directed by the Cabinet Secretary. This plan doesn't include or reflect the financial impact of the draft plan which was submitted for 25th May 2020. This will require to be separately reviewed from a financial perspective.

Background

7. This paper is a short high level summary of the costs of the local mobilisation return as submitted to the Scottish Government on 18th May 2020 to provide the NHS Board oversight of the submission and the financial risk associated with this.
8. For the purposes of the return as required by Scottish Government, only Community Health and Social Care costs are shown within the Health and Social Care Partnership (HSCP) summary template with all other IJB delegated services summarised within the NHS Board Template. This is to ensure that direct comparisons of all Board returns can be made as Acute and Women's and Children's Services, in the main, have not been delegated to all Integration Authorities. This is relevant to explain due to the unique nature of our integration scheme. But for clarity, it does include Social Care costs which have been delegated to the HSCP within the NHS Board return as Boards have been given responsibility to collate into the return for their Board area.
9. One of the key areas that requires further clarity both locally as well as from a national perspective, is around the process of highlighting and identifying the full level of costs that can off-set the increased costs of LMPs.

10. These are resources that are already funded by the Board and/or HSCP, which can be used to support the changing models of care and service design required by the LMP.
11. This is one area of uncertainty across all organisations within the current submissions, as a variety of methodologies and assumptions have been made by different organisations in their approach to identifying resources that can be used to offset the increased cost of planning for Covid-19.
12. A number of peer review and benchmarking groups have been set-up to compare the consistency of approach and any significant differences across the recent submissions by Board and HSCP. A regional review for NHS Boards focussing on Acute issues and a specific HSCP review group feed into an overall national group for the LMPs.
13. Scottish Government has confirmed Scottish consequentials from UK Treasury of around £680m for supporting the exceptional costs of Covid-19 and LMP relating to Health and Social Care. The current total of existing submissions from all Boards is currently more than double this level of confirmed funding. We are also aware that nationally a number of commitments have been made against this resource outwith Boards LMP's including the cost of PPE which is being born nationally, construction and equipping of Louisa Jordan and various staff support initiatives.
14. The only confirmed allocation to date from the Scottish Government to date relates to costs incurred in Social Work so far to help alleviate cashflow pressures – this amounts to £1.5m for Dumfries and Galloway and has been passed in full to Dumfries and Galloway Council.
15. A significant element of the LMPs cost is an assessment of the impact of the delivery of Cash Releasing Efficiency Savings (CRES) plans, highlighting the level of risk of slippage to workstreams related to efficiency savings. This will be reviewed locally as part of the Quarter One review to assess what savings can realistically be delivered.

Key Risks

16. There are a number of risks within the current submissions on the LMPs. Details of these are contained within Appendix 1, however the key risks to note include:
 - Lack of a consistent methodology and assumptions across various elements within the LMP by organisation
 - Constantly changing nature of updates to plans and capacity being made available for Covid-19
 - Timing issues related to ordering/additional work and payment of Covid-19 related costs
 - Identification of off-set costs in full
 - Unknown costs in the system still to be worked through
 - Unknown how Scottish Government will allocate resources to Board's and Partnerships

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Additional Hospital Bed Capacity/Costs	£4,431	<p>This is the additional gross cost of providing additional COVID-19 beds and includes direct costs for items such as linen, catering, staffing, equipment for bed and drug costs.</p> <p>The £4.4m relates to an additional 11 ITU/HDU beds costing £4.1m and the remaining £300k relates to the additional cost of configuring current general beds already established to general COVID-19 beds.</p>
Testing for Virus	£537	<p>This is the additional costs for carrying out COVID-19 tests. It includes both costs to do the tests and additional staffing costs related to the testing across Acute and Community services.</p> <ul style="list-style-type: none"> • £392k relates to the specific cost of doing the test through either the Qiagen Platform and the Cepheid and/or Biofire (rapid). These costs assume 100 tests per day from April to September 2020 then dropping to 75 a day October to December 2020 and 50 a day from January onwards. • £144k relates to additional staffing costs for carrying out the tests. £104k is due to additional hours undertaken by microbiology. There is a cost of £40k from May to July for additional staffing for the setting up of Test, Treat and Isolate (TTIS). <p>These costs will need to be reviewed as the guidance on testing changes and as more information is received from Scottish Government as to how there testing strategy will be managed and funded.</p>
Personal Protection Equipment (PPE)	£76	<p>This is only the cost of locally sourced PPE; all PPE stock ordered through National Services Scotland (NSS) will not be recharged to Health Boards.</p>
Deep Cleans	£64	<p>This is the additional cost in cleaning consumables for additional cleaning taking place and the cost of the Hydrochloride Bomb required to clean a COVID-19 room.</p>

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Mortuary Costs	£195	This is an estimated cost for the reinstatement of the Mountainhall Treatment Centre Mortuary to provide additional capacity. These additional costs are related to having a mortuary attendant and increased utility costs.
Capital Equipment	£112	<p>This is related to additional capital equipment purchased. It does not include ventilators as these have been funded centrally.</p> <p>Items included are:</p> <ol style="list-style-type: none"> 1. Mobile X-ray £86k 2. Glass 2 Safety Cabinet £9k 3. Blood Glass Analyser £17k
Revenue Equipment	£722	<p>This relates to additional equipment purchased. Items included are:</p> <ol style="list-style-type: none"> 1. Monitors and Pumps £35k 2. Trolleys £65k 3. Cots £30k 4. Various consumables and start up kit £127k 5. Additional beds £466k

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
IT Costs	£520	<p>Additional IT spend in relation to COVID-19 includes both IT costs and additional staff overtime. Please see below for a breakdown of these costs:</p> <ol style="list-style-type: none"> 1. Staff overtime £60 2. Loss of contract staff due to cancelling Windows 10 rollout £32k 3. Additional IPADS £150k 4. Additional Laptops £265k 5. Additional equipment such as docking stations and monitors £14k <p>Additional IT equipment has been purchased in order to allow staff to work more remotely and for clinics to be done remotely through attend anywhere and reduce the number of face to face consultations.</p>
Estates & Facilities Costs	£226	<p>£171k of this relates to increased costs within April which included £88k of additional bed linen. The remainder mainly related to contractor work required to ensure that buildings were adequate to provide the additional capacity that may be required.</p> <p>£10k a month has been forecasted for the remainder of the year to cover additional utilities that may be incurred. This will be revised as utility bills are received and the additional costs are incurred.</p>
Additional Staff Overtime	£407	<p>Additional overtime required by Domestic, Microbiology, Nurses and Junior Doctors. £71k relates to actual overtime done in April 2020 with an estimate for the remainder of the year. This will be reviewed on a monthly basis. This may increase if staff absence is to increase in future months.</p>

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Additional Temporary Staff	£2,058	<p>This is for the recruitment of additional staff such as returners, student nurses and locums. There is a total of 44.33 WTE third year student nurses and 23.87 WTE second year student nurses.</p> <p>£193k relates to April 2020 actual costs with an estimate for the remainder of the year. The estimated cost for student nurses decreased by 50% from October as the second year student nurses will go back to university.</p> <p>These costs will also be reviewed and updated on a monthly basis as actual costs are received.</p>
Staff Accommodation Costs	£173	This is an estimate of additional costs that may arise from having to purchase additional staff accommodation such as hotel rooms. The estimate is from August to March.
Additional Travel Costs	£86	Hire of mini buses to provide travel for staff and patients, this will also be reviewed monthly as to whether these mini buses will continue to be hired for the remainder of the year or not.
Annual Leave Accrual Pressure	£420	This is the additional cost to the Health Board which may arise from Junior doctors not taking all their annual leave entitlement within this financial year and then being paid for the time not taken, This will be reviewed as more information becomes available from the General Medical Council (GMC).

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Loss of Income	£878	<p>This is loss of income to the Health Board due to the following:</p> <ol style="list-style-type: none"> 1. Loss of income from staff canteen at DGRI is approx £22k a month. Whilst visitor restrictions apply, it is expected that the loss of income from sales within the canteen will result in a loss of income of £264k by the end of the financial year. 2. Loss of income from Road Traffic Accidents (RTA) has been estimated to reduce by £238k, due to less people travelling in their cars. This loss will decrease further into the year as it is expected restrictions will lift. 3. £377k loss of income from Non-Contract Activity (NCA) is expected due to a reduction in the number of visitors from England visiting the region.
Additional Oxygen Costs	£154	The additional cost of oxygen is not included within the additional bed day cost as is coded centrally. This is an estimate of additional oxygen that may be required to treat COVID-19 patients over the year.
Offset Savings Health	(£650)	
Expected underachievement of savings	£11,089	This is the additional cost to the Board related to the underachievement of this year's CRES target, this will be reviewed as part of Quarter 1 review as to what could be an achievable savings target for each directorate.
Total Health Board Costs	£21,928	

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Delayed Discharge Reduction- Additional Care Home Beds	£423	<p>£394k of this relates to increasing care home placements from April to February. This is monitored monthly and could increase if more care home placements are required.</p> <p>There is an additional cost of £30k for care homes increasing capacity by opening up additional space.</p>
Delayed Discharge Reduction - Additional Care at Home Packages	£21	An additional cost of £21k was incurred in April for increasing care at home related to delayed discharge, there are no additional costs forecasted for the remainder of the financial year.
Additional Staff Overtime	£100	This is an estimated cost for additional staff overtime required within Community Services. There will be an ongoing review of this and may change depending how absence levels change.
Additional Temporary Staff	£697	<p>The recruitment of an additional staff to help deliver care during COVID-19 includes:</p> <ol style="list-style-type: none"> 1. 19 Social Care Carers costing £251k per annum 2. £445k related to the recruitment of 18 WTE third year student nurses and 4.85 WTE second year student nurses
Additional Cost for Contract Rate Uplift	£80	Scottish Living Wage Increase to support and sustain market, budget has assumed an increase of 3.05% however Scottish Government agreed 3.3% therefore an additional 4p per hour.
Additional Costs for Externally provided services	£740	£739k relates to paying external providers for committed care not actual care delivered. Real Time Monitoring (RTM) has been relaxed. It is estimated that about £20k of care a week is not being delivered. This is on the assumption of 10000 hours and 173 hospital admissions per week.

NOT PROTECTIVELY MARKED

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Costs to 3 rd parties to protect services (where services are currently stopped)	£2342	This includes the following: <ol style="list-style-type: none"> 1. Additional support for care home providers £362k 2. Sickness pay for care home providers, this is still to be agreed £1.6m 3. Payment care homes via block contract at full cost in case not occupied and no user contribution £403k
Mental Health Services	£60	This is an estimate of costs related to Mental Health due to increased activity. This costs needs to be reviewed.
Additional FHS Payments- GP Practices	£600	This is the additional costs to GP practices relating to COVID-19 such as increased overtime, locum cover, working bank holidays and equipment.
Additional FHS Prescribing	£2,800	It is assumed that Primary Care prescribing will increase in volume by 1% compared to last financial year. These volumes will be assessed on a monthly basis as the prescribing data becomes available.

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Community Hubs	£1,418	<p>This is based on the current model of having a Community Hub in both Stranraer and Dumfries and including the following staff:</p> <ol style="list-style-type: none"> 1. Senior Clinical Decision Makers 2. Clinical Assessors 3. Communication Co-ordinators 4. Drivers/Chaperones <p>However, due to the lower numbers being assessed through the hubs discussions are taking place to integrate this service with A&E in both hospitals and Out of Hours meaning there would only be the requirement for a Senior Clinical Decision Maker.</p>
Other Community Care	£230	Community services such as District Nursing has moved to a 24/7 rota, resulting in increased costs for enhancements for unsociable hours. This is also under review and how it can be integrated into the Out of Hours Service.
Loss of Income	£886	Loss of income of £886k has resulted from the suspension of non-residential community care charges as there is likely to be disruption in delivery of non-personal care.
Additional Travel Costs	£86	Hire of mini buses to provide staff and patients with transport.
Revenue Equipment	£229	<p>Equipment purchased to provide additional capacity for COVID-19 patients includes:</p> <ol style="list-style-type: none"> 1. £131k of kit to ensure that Cresswell is fit for purpose should it be required 2. £98k of additional ICES equipment to aid re-enablement in the community

NOT PROTECTIVELY MARKED

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
IT Costs	£173	£40k of IT equipment purchased by Social Work to support shielding this includes phones and laptops. Additional laptops for GPs and to support attend anywhere has incurred an additional cost of £133k.
Expected underachievement of savings (HSCP)	£722	This is the additional cost to the board related to the underachievement of this year's CRES target, this will be reviewed as part of Quarter One review as to what could be an achievable savings target for each directorate.
Total HSCP Costs	£12,184	

DUMFRIES and GALLOWAY NHS BOARD

8th June 2020



Patient Services Feedback Report

Author:

Joan Pollard
Associate Director of Allied Health Professions

Sponsoring Director:

Alice Wilson
Executive Nurse Director

Date: 1st June 2020

RECOMMENDATION

The Board is asked **to discuss and note** the brief update on the management of feedback during the period March/ April 2020.

CONTEXT

Strategy / Policy:

This paper provides information in support of the 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 can provide an indication of the experience of care provided by the Board to patients and their carers. Used alongside other performance information it can help identify areas where the Board is performing well or where there is a need to improve. It also assists the Board in delivering our CORE values and remaining person centred.

Key messages:

- There has been an overall reduction in complaints within the system
- Challenges to close complaints within timescales continue
- No face to face training has been offered during this period

GLOSSARY OF TERMS

NHS D&G	NHS Dumfries & Galloway
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.

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
<p>Impact Assessment</p> <p>The failure to deliver adequate patient feedback functions could result in reputational damage and a failure to understand which services might be struggling to meet patient need.</p> <p>Not undertaken as learning from patient feedback applies to all users</p>	

Introduction

This report summarises the feedback activity for NHS Dumfries and Galloway (NHS D&G) over the period of March and April 2020. It should be noted that the period reported was during the initial peak of the Coronavirus pandemic.

1. Feedback Received

During the period the Board recorded 83 pieces of feedback as follows:

Feedback Type	March	April
Comments	0	2
Compliments	13	10
Concerns	11	4
Complaints	32	11
TOTAL	56	27

As above, the Board received 32 complaints in March and 11 in April (see App 1). The majority of those complaints related to the Acute and Diagnostic Service directorate (26 in March and 6 in April). The Mental Health and Corporate directorates did not record any complaints during the period. The remaining services each had fewer than five.

Top themes continue to be similar to our norm and around clinical treatment, staff attitude, and communication. Specifically in this time there are themes around delays such as in admissions, appointments and investigations.

We also recorded 18 Care Opinion stories which were read 1500 times overall. 12 of the stories told were positive and there were no significantly critical stories. All NHS D&G stories are available to view at www.careopinion.org.uk.

Top themes from the Care Opinion Stories during this period were around the support and compassion of staff, the quality of care, and useful information

2. Complaints

Staff Awareness and Training

All planned training and awareness sessions have been postponed in response to physical distancing requirements. The training programme is being updated so that it can be delivered virtually going forward. The new format will be available within the next few weeks.

Average response times

Feedback Type	March	April
Stage One	5	6
Stage Two (Direct)	14	54
Stage Two (Escalated)	28	25

Complaints closed in full within the timescales

Feedback Type	March	April
Stage One	10/10 (100%)	0/1 (0%)
Stage Two (Direct)	14/34 (41%)	5/8 (62%)
Stage Two (Escalated)	1/1 (100%)	1/2 (50%)

Number of cases where an extension was authorised

Feedback Type	March	April
Stage One	Not required	0 (0%)
Stage Two (Direct)	10 (30%)	1 (12%)
Stage Two (Escalated)	Not required	1 (50%)

There are three complex complaints which have been open since January;

- one has had significant involvement with the family during this period and the final response letter is anticipated in the next couple of weeks
- one has an extension in place due to demands from Covid, however work is still ongoing to support this come to completion
- an offer of support has been made to the directorate responsible for the third.

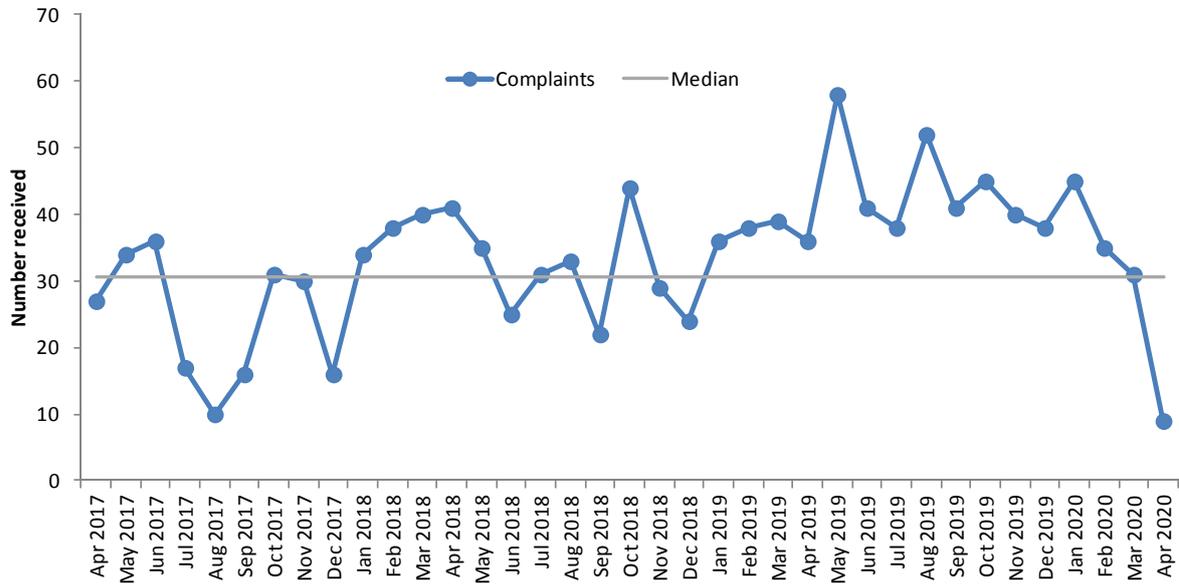
At the date of writing the December overdue complaint had been closed.

3. Scottish Public Services Ombudsman Complaints

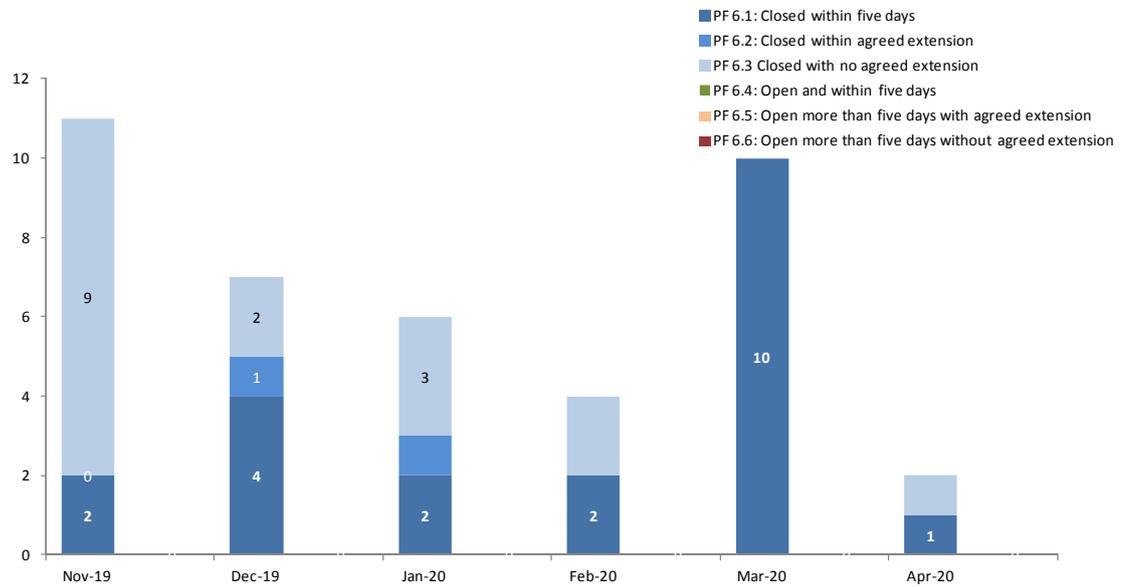
At the time of producing this report, there were eight complaints with the SPSO for their consideration. The Board are awaiting decision letters for five of those complaints. Evidence has been submitted in response to recommendations made on one complaint and the other two are with the Board for further action.

All of the SPSO's decisions are published on their website and can be viewed here <https://www.spsso.org.uk/our-findings>.

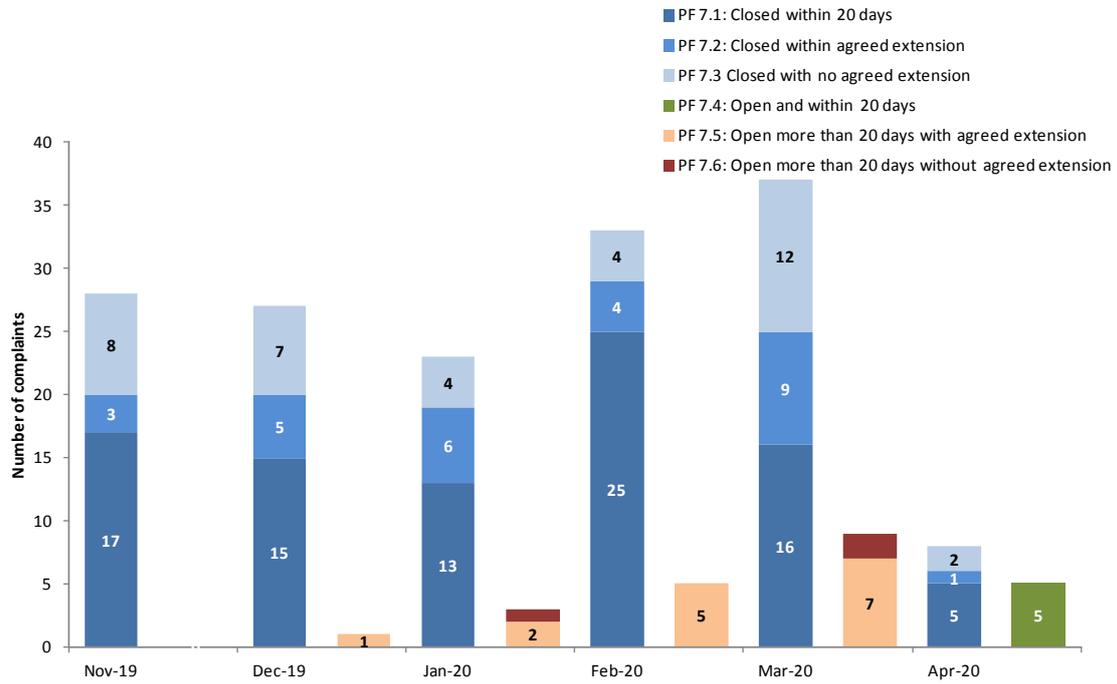
Complaints received, by month



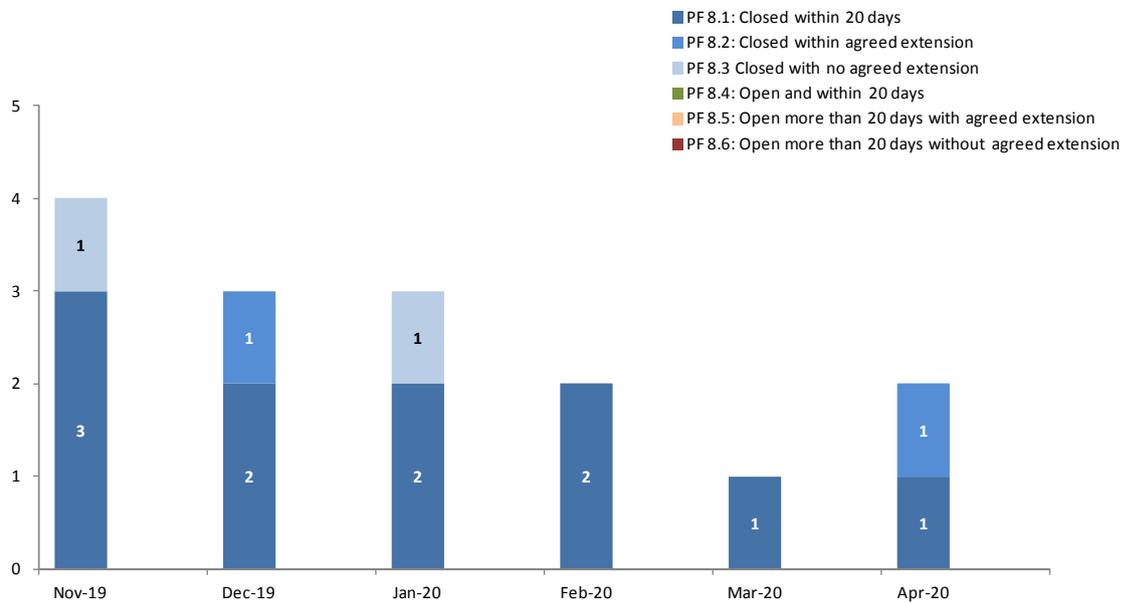
Complaints closed (Stage 1)



Complaints closed (Stage 2 Direct)



Complaints closed (Stage 2 Escalated)



DUMFRIES and GALLOWAY NHS BOARD

8th June 2020



Summary Performance Report (May 2020)

Author:

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Sponsoring Director:

Vicky Freeman
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Date: 1st June 2020

RECOMMENDATION

The Board is asked to discuss and note the Summary Performance Report

CONTEXT

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

Key messages relating to individual performance indicators are contained within the body of the report in section 2

The draft mobilisation plan detailing how services will be brought back online following the first COVID19 wave has been shared at NHS Board. A second draft is currently under development.

Following the submission and consolidation of all NHS Board's mobilisation plans, it is anticipated that Scottish Government may make further recommendations relating to targets.

GLOSSARY OF TERMS

AHP	-	Allied Health Professional
CAU	-	Combined Assessment Unit
CAMHS	-	Child and Adolescent Mental Health Service
ED	-	Emergency Department
ISD	-	Information Service Division (part NHS National Services Scotland)
MSG	-	Ministerial Strategic Group
MSK	-	Musculoskeletal
TTG	-	Treatment Time Guarantee

MONITORING FORM

Policy / Strategy	<ul style="list-style-type: none"> • NHS Dumfries and Galloway, Mobilisation Plan, Draft 1 May 2020 • NHS Dumfries and Galloway, Annual Operational Plan 2019/20 • Dumfries and Galloway Integration Joint Board Strategic Plan • Scottish Government, Waiting Times Improvement Plan (October 2018) • Scottish Government, National Unscheduled Care - 6 Essential Actions Improvement Programme • Scottish Government, Health and Social Care Delivery Plan (2016) • Scottish Government, Mental Health Strategy 2017-2027 • Scottish Government, The Best Start (2017)
Staffing Implications	None
Financial Implications	None
Consultation / Consideration	<ul style="list-style-type: none"> • NHS Dumfries and Galloway Chief Executive and Executive Management Team • NHS Dumfries and Galloway Board • NHS Dumfries and Galloway Performance Committee • Dumfries and Galloway Health and Social Care Senior Management Team • Dumfries and Galloway Integration Joint Board (the revised performance framework)
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 financial allocation by delivering clinically and cost effective services efficiently</p> <p>To meet and where possible, exceed goals and</p>

NOT PROTECTIVELY MARKED

	targets set by the Scottish Government Health Directorate for NHS Scotland, whilst delivering the measurable targets in the Local Outcome Improvement Plan (LOIP)
Local Outcome Improvement Plan (LOIP)	Outcome 3: Health and wellbeing inequalities are reduced Outcome 6: People are safe and feel safe
Best Value	Performance Management
<p>Impact Assessment</p> <p>Equality impact assessment will be considered for performance reporting as a whole suite of documents as part of the performance framework which will support the new strategic plan.</p>	

1. Introduction

- 1.1 This Summary Performance Report gives an overview of operational performance for key measures relating to NHS Dumfries and Galloway's priorities.
- 1.2 Most of the information in the Summary Performance Report is 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.
- 1.3 Operational performance is reported in more detail at General Managers' senior management teams.
- 1.4 Managing the COVID pandemic began in March 2020 and has resulted in many services being reduced, paused or delivered in a different way. For a period, some departments, such as outpatients, increased activity to manage all urgent cases prior to COVID restrictions. All data for March and April 2020 is non-typical for this time of year and is not comparable to figures for previous years.

2. Key points from the Summary Performance Report (Appendix 1)

2.1 Community Based Health and Social Care

- 2.1.1 **Emergency admissions and bed days** – Emergency admissions and the bed days related to these fell from 1,314 and 11,938 respectively in April 2019 to 761 admissions and 5,893 bed days during April 2020.
- 2.1.2 **The number of bed days for adults admitted in an emergency** – The figure for December 2019 was 12,745 bed days. The target trajectory for December 2019 was 10,592 bed days.
- 2.1.3 **Delayed discharges** – The figure for April 2020 is 251 bed days. This was reduced from 1,780 bed days in January 2020. A concerted effort was made during the first COVID19 wave to discharge people to a safer, more homely setting.
- 2.1.4 **AHP MSK 4 weeks** – The figure for April 2020 was 4.7%. Appointments booked for AHP clinics fell from 8,112 in Feb 2020 to 1,977 in April 2020. Many allied health professional clinics were severely curtailed during the first COVID19 wave.
- 2.1.5 **NEW – The number of hours of consultation time delivered through NHS Attend Anywhere (all settings including Primary Care and Outpatients)** – Video conference technology has been widely introduced and the usage has more than doubled from 336 hours in April 2020 to 791 in May 2020. As we do not know what proportion of clinic time this represents, a target for this performance indicator has not yet been set.

Also Proposed – The percentage of acute outpatient appointments by telephone and video - In the acute setting, *new* outpatient appointments by telephone have risen from 5.5% in March 2020 to 24.5% in May 2020, and by video from 0.2% to 17.5% respectively. The equivalent figures for *return* appointments rose by telephone: 9.8% to 39.7% and video: 0.3% to 11.8% (combined, this is more than half of all return appointments).

2.2 Acute and Diagnostics

2.2.1 Treatment Time Guarantee (TTG) – The figure for April 2020 was 97.5%. Note that the standard for TTG is based on the number of patients seen in the month, rather than those still waiting. The performance for April is high, as it was based mainly on urgent cases.

2.2.2 12 weeks to first outpatient appointment – The figure for April 2020 was 70.0%; the target is 95%. The number of new outpatient referrals fell by more than half, starting in early March 2020. The overall list size has decreased due to ongoing triage of referrals. However, as certain clinics have been cancelled, the number of individuals on this list waiting more than 12 weeks is increasing.

People waiting the longest will be prioritised when outpatient clinics recommence in all specialties. All referrals have been triaged and advice has been offered to the patient and to Primary Care when appropriate.

2.2.3 6 week wait for diagnostic tests – The figure for April 2020 was 49.4%. Many diagnostic tests were stopped during the first COVID19 wave. The aim now, is to clear the backlog of patients who had been waiting for investigations pre-COVID.

Priority will be given to people requiring vascular diagnostics, those requiring an ultrasound and those requiring pacemaker checks (although these have been done virtually or face to face if urgent), exercise tolerance tests (ETT) and echocardiograms.

Recovery plans have been developed taking into account social distancing and the donning/doffing of personal protective equipment within the diagnostics environment. As a result of these, the number of tests that can be undertaken each day is lower than pre-COVID levels.

2.2.4 18 weeks referral to treatment – The figure for April 2020 was 89.9%. The target is 90%.

2.2.5 Emergency department (B19 and E3) – The number of people attending the emergency department fell substantially during lockdown. The number of people attending was 2,105 in April 2020, compared to 4,181 in April 2019. Compliance with the 4 hour discharge target was 94.1% against a 95% target.

2.2.6 **Cancer Waiting Times (62 Days)** – The percentage of people with an urgent referral whom began treatment within 62 days was 85.0%. The target is 95.0%. Four more people would have been required to be seen within 62 days to meet the target.

2.3 Mental Health

2.3.1 **Psychological Therapies (18 weeks)** – The figure for April 2020 was 90.9%. The target trajectory for April 2020 was 82.0% and the national target is 90%. A wellbeing hub started 1st April 2020, to provide urgent psychological support for all new referrals during the COVID period. During this time, no new people were added to the waiting list, however waiting times for people triaged as non urgent will have lengthened.

2.4 Women and Children's

2.4.1 **Child and Adolescent Mental Health Service (CAMHS) (18 weeks)** – The result for April 2020 was 79.2%. The target is 90%.

CAMHS is continually reviewing service delivery and is providing a service to those children and young people who have significant mental ill health and regarded as urgent. The service is also providing a near normal service, all be it virtually to most young people open to the service (approx. 800 children). Feedback to date is that many young people prefer the virtual environment for clinics.

2.4.2 **The number of young people admitted in an emergency** – The figure for April 2020 was 105 young people compared to 238 for the same time last year.

2.5 Corporate Services

2.5.1 **Sickness Absence** – This information is provided through a national system. To produce results takes approximately 6 to 8 weeks. The most recent available result is for March 2020 when the sickness absence rate for NHS Dumfries and Galloway was 5.4%. The target is 4%.

3. Recommendations

3.1 The Performance and Intelligence Team are reviewing the contents of the Summary Performance Report to enable a clear and contextual reflection of activity as services begin to return back to nearer pre-COVID activity.

3.2 NHS Board is asked to note and discuss the NHS Board Summary Performance report.

Summary Performance Report



May 2020

RAG	Time Period	Latest Figure Dumfries and Galloway	Comparison	Time Period	Previous Figure Dumfries and Galloway	Comparison	25 month trend
Community Health and Social Care							
E1.2 (LS) The number of people admitted as an emergency, people aged 18 or older							
↓	Apr 2020	761	1,265 (TT)	Mar 2020	1,156	1,265 (TT)	
E2.2 (LS) The number of bed days for people admitted as an emergency, people aged 18 or older, acute specialties							
↓	Apr 2020	5,893	10,516 (TT)	Mar 2020	10,912	10,535 (TT)	
E4 (LS) The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older							
↓	Apr 2020	251	1,019 (TT)	Mar 2020	1,411	1,019 (TT)	
B21 (LS) Percentage of people who wait no longer than 4 weeks from referral to first appointment with the Allied Health Professional (AHP) Musculoskeletal (MSK) service							
↓	Apr 2020	4.7%	90.0% (T)	Mar 2020	31.4%	90.0% (T)	
F1 (LS) The number of hours of consultation time delivered through NHS Attend Anywhere each month (all settings including Primary Care and Outpatients)							
↑	May 2020	791		Apr 2020	336		

Key

- We are meeting or exceeding the target or number we compare against
- We are within 3% of meeting the target or number we compare against
- We are more than 3% away from meeting the target or number we compare against

- ↑ Statistical tests suggest the number has increased over time
- ↔ Statistical tests suggest there is no change over time
- ↓ Statistical test suggest the number has decreased over time
- (S) The number we compare against is the result for Scotland
- (T) The number we compare against is a target set by the Scottish Government
- (TT) The number we compare against is an agreed Target Trajectory
- (LS) The result presented here is a Local Statistic calculated using data held in Dumfries and Galloway
- (OS) The result presented here is an Official Statistic provided by ISD Scotland

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
Acute and Diagnostics							
	B4 (LS) Treatment Time Guarantee (TTG): People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case						
↑	Apr 2020	97.5%	81.0% (TT)	Mar 2020	75.2%	80.0% (TT)	
	B6 (LS) 12 weeks first outpatient appointment: Percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment						
↓	Apr 2020	70.0%	95.0% (T)	Mar 2020	93.7%	95.0% (T)	
	B7 (LS) Percentage of people who waited less than 6 weeks for diagnostic tests and investigations						
↓	Apr 2020	49.4%	100.0% (T)	Mar 2020	89.7%	100.0% (T)	
	B5 (LS) 18 weeks referral to treatment: The percentage of planned/elective patients that commence treatment within 18 weeks of referral						
↑	Apr 2020	89.9%	90.0% (T)	Mar 2020	86.0%	90.0% (T)	
	B19 (LS) Accident and Emergency waiting times: Percentage of people who wait no longer than 4 hours from arriving in Accident and Emergency to admission, discharge or transfer for treatment						
↑	Apr 2020	94.1%	95.0% (T)	Mar 2020	88.6%	95.0% (T)	
	E3 (LS) The number of people attending emergency department per month						
↓	Apr 2020	2,105	3,852 (TT)	Mar 2020	3,071	3,852 (TT)	
	B22 (LS) Dr led return tickets (beyond latest date at end of month)						
↑	Apr 2020	9,790	3,500 (TT)	Mar 2020	9,214	3,500 (TT)	
	B2(1)(LS) Cancer waiting time (part 1): The percentage of all patients diagnosed with cancer who begin treatment within 31 days of the decision to treat						
↔	Mar 2020	100.0%	95.0% (T)	Feb 2020	100.0%	95.0% (T)	
	B2(2)(LS) Cancer waiting time (part 2): The percentage of all patients diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral						
↓	Mar 2020	85.0%	95.0% (T)	Feb 2020	100.0%	95.0% (T)	

RAG	Latest Figure			Previous Figure			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	

Mental Health

B11 (LS) Psychological therapies waiting times: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral

↑	Apr 2020	90.9%	82.0% (TT)	Mar 2020	63.4%	81.0% (TT)	
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Women and Children's

B10 (OS) CAMHS waiting times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral

↑	Apr 2020	79.2%	90.0% (T)	Mar 2020	80.5%	90.0% (T)	
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E1.1 (LS) The number of people admitted as an emergency, people aged under 18

↓	Apr 2020	105	216 (TT)	Mar 2020	200	216 (TT)	
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Corporate Services

B18 (LS) Sickness absence rate: Proportion of hours lost to sickness absence amongst NHS Dumfries and Galloway employees

↓	Mar 2020	5.4%	4.0% (T)	Feb 2020	5.5%	4.0% (T)	
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Notes (1)

Indicator	Background
E1.2: Number of emergency admissions, people aged 18 or older	This indicator is reported to the national Ministerial Steering Group (MSG) every quarter. The desired trajectory has been agreed between the NHS Board, IJB and MSG.
E2.2 Emergency bed days people aged 18 or older	This indicator is reported to the national Ministerial Steering Group (MSG) every quarter. The desired trajectory has been agreed between the NHS Board, IJB and MSG.
E4: Delayed Discharges bed days lost	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 and hospital to hospital transfers (which the national figures do not). These figures are for people aged 18 or over.
B21: AHP MSK 4 weeks	Allied Health Professional Musculoskeletal service. This is a combined measure for a range of professional groups, all supporting different aspects of the musculoskeletal service.
F1: NHS Attend Anywhere	The total number of hours of consultation delivered through NHS Attend Anywhere video consultations across Dumfries and Galloway. This total is for all settings including GP practices and outpatients.
B4: 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. Scottish Government has issued boards with interim targets for TTG: 75% by October 2019; 85% by October 2020; 100% by March 2021
B6: Dr lead new outpatients 12 weeks	Not all outpatient clinics are led by doctors. This figure only includes doctor led clinics.
B7: Diagnostic 6 weeks	This is a combined result for key tests including upper gastro-intestinal endoscopy, flexible sigmoidoscopy, colonoscopy, cystoscopy, CT scans, MRI scans and non-obstetric ultrasound scans. An aspirational local target is set at 4 weeks.
B5: 18 weeks performance	The complete 18 week waiting times journey from referral to treatment is impacted by all the above partial segments of the 18 week pathways.
B19: Emergency Department 4 hours	This measure indicates the length of time people experience between arrival and discharge from the emergency department (ED). Boards have been asked to commit to bring performance back to the level at March 2017, which was a target of 92.2%
E3: Emergency department attendances	The management of 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.
B22: Dr Led return tickets	This measure is about the efficient use of outpatient appointments.
B2(1): Cancer 31 days	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. Due to the small numbers involved the monthly figures presented here are only intended as a very early indication of performance. Official statistics are published using quarterly rates, the variation from local to official figures is +/- 3%
B2(2): Cancer 62 days	This indicator is the second 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. Due to the small numbers involved the monthly figures presented here are only intended as a very early indication of performance. Official statistics are published using quarterly rates, the variation from local to official figures is +/- 3%
B11: Psychological Therapies 18 weeks	The 18 week waiting times journey from referral to the start of psychological therapy treatment. This information is taken from reports published by ISD Scotland.
B10: CAMHS 18 weeks	The 18 week waiting times journey from referral to the start of treatment by the Child and Adolescent Mental Health Service (CAMHS).
E1.1: Number of emergency admissions, people aged under 18	The national figures provided to MSG for children admitted as an emergency are approximately 13% higher than local figures as these include admissions that occur out of area. The desired trajectory has been agreed between the NHS Board, IJB and MSG.
B18: Sickness Absence	The proportion of days lost to sickness absence amongst NHS Dumfries and Galloway employees was 4.97%. The national target is 4% or lower.