

# DUMFRIES AND GALLOWAY NHS BOARD



A meeting of the Dumfries and Galloway NHS Board will be held at 11am on Monday 6<sup>th</sup> July 2020. The meeting was held via video conferencing links with the NHS Board Members.

## AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
11.00am	56	Apologies	L Geddes	Verbal
11.00am	57	Declarations of Interest	N Morris	Verbal
11.05am	58	Previous Minute	N Morris	Attached
11.10am	59	Matters Arising and Review of Actions List <ul style="list-style-type: none"> <li>Board Agenda Matrix</li> </ul>	N Morris	Attached
<b>URGENT ITEMS FOR APPROVAL</b>				
11.15am	60	Committee Assurance Statements <ul style="list-style-type: none"> <li>Audit and Risk Committee</li> <li>Healthcare Governance Committee</li> <li>Performance Committee</li> <li>Person Centred Health and Care Committee</li> <li>Staff Governance Committee</li> </ul>	L Geddes / Committee Chairs	Attached
11.25am	61	Complaints Policy update	A Wilson	Attached
11.35am	62	Annual Report 2019/20 on the Dumfries and Galloway Local Child Poverty Action Report	V White	Attached
11.45am	63	Community Empowerment Annual Report	L Geddes	Attached
<b>COVID-19 PANDEMIC</b>				
11.55am	64	COVID-19 Update <ul style="list-style-type: none"> <li>COVID Activity in Hospital</li> <li>Recovery Planning</li> <li>Care Home Support</li> <li>Test, Trace, Isolate &amp; Support (TTIS) Programme</li> </ul>	J Ace	Verbal
<b>ITEMS FOR UPDATE</b>				
12.30pm	65	Financial Performance Update 2020/21	K Lewis	Attached
12.40pm	66	Healthcare Associated Infections Update Report	A Wilson	Attached

**NOT PROTECTIVELY MARKED**

Time	No	Agenda Item	Who	Attached / Verbal
12.50pm	67	Reflections on Staff Experience over the COVID period and how we will measure it going forward	C Cooksey / K Donaldson / V Keir	Verbal
<b>ANY OTHER COMPETENT BUSINESS</b>				
1.00pm	68		N Morris	Verbal
<b>DATE AND TIME OF NEXT MEETING</b>				
	69	<ul style="list-style-type: none"> <li>3<sup>rd</sup> August 2020 @ 11am – 1pm. This meeting will be held via video or telephone conferencing.</li> </ul>		

# DUMFRIES AND GALLOWAY NHS BOARD



## NHS Board

Minute of the meeting of Dumfries and Galloway NHS Board held on Monday 8<sup>th</sup> June 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 C Cooksey (CC)	-	Workforce Director
Mrs A Wilson (AW)	-	Nurse Director
Ms J Watters (JWa)	-	Chief Internal Auditor
Mr R Edgar (RE)	-	Communication and Engagement Manager
Mr R Thomas (RT)	-	Head of Area Clinical Forum
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

### Apologies

Mrs V White (VW)	-	Interim Director of Public Health
Mrs V Freeman (VF)	-	Head Of Strategic Planning

### Introduction

NM welcomed Members to the meeting by Microsoft Teams, highlighting that Board Meetings will move to Monthly meetings from today.

#### 44. Apologies

Apologies noted above.

#### **45. 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.

#### **46. Minute of the Meeting of the NHS Board held on 25<sup>th</sup> May 2020**

NM presented the minute from the last meeting on 25<sup>th</sup> May 2020, asking NHS Board Members to review the minutes and highlight any points of accuracy.

It was noted that a number of points of accuracy were put forward by Board Members prior to this meeting. The amendments have been made and a revised copy shared with Board Members prior to the start of the meeting.

AF requested that where adjustments are made by the Board Members in advance of the Board Meetings that a track changes version is shared with Board Members to allow for easy view of the changes to be made, before approval is given at the Board Meetings. NM was supportive of this.

**Action: LG**

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

#### **47. 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 advised that he would draft an official letter to the Cabinet Secretary within the next week relating to the Board's desire to build on the campaign of good will with the public with regards to the tax on NHS and Social Care staff and will copy Board Members into the letter.

**Action: NM**

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

MG advised that weekly meetings with VW had commenced regarding the Test, Trace and Isolate processes, therefore wished to note her consent that item 29 be closed and removed from the Action List.

NM noted that the Board had agreed to review arrangements in October 2020, however it was likely that a Public Health Committee would not be established until early 2021.

- **Item 30 – COVID – 19 Update**

JW advised that she would update on Adult Psychology during the Performance update.

- **Item 38 – Matters Arising and Review of Action List**

JW mentioned that an update on Unpaid Carers will be included in the Performance Report to NHS Board Meeting in July 2020.

LB highlighted that this week is the start of Carers Week, noting that this year's theme is making Carers visible, highlighting that across Dumfries and Galloway there are many Carers that have given hours of support during the crisis, continuing to note that the national figures for Scotland show that 76% of Carers are in the position of having support withdrawn.

- **Item 40 – Draft Board Matrix**

NM noted that the Agenda Matrix was a work in progress which will be presented to members at each Board Meeting to give both Board Members and Chairs of Committees the opportunity to raise any items that are missing on the Matrix, with NM, JA and PH making sure the agenda is fit for purpose in relation to the current context of the Board.

LD noted that there was no mention with the Agenda Matrix of the Risk Register, advising that the Board should be reviewing the Risk Register on a regular basis. NM advised that he would work with KL to identify when the Risk Register should be presented to the NHS Board and update NHS Board Members in July 2020.

**Action: KL/LG**

NM noted that the End of Year Accounts does not appear on the Agenda Matrix due to the Accounts being presented to an In Committee Session, seeking clarification on whether this would be presented in July/August 2020. KL noted that the End of Year Accounts would be submitted to Audit and Risk Committee in both June and July prior to submission to the NHS Board Meeting in August 2020.

- **Item 41 - COVID-19 Update**

AW advised that the Governance Structure in relation to Care Homes will be submitted to the Chief Nursing Officer this week.

MG noted that items 29 and 38 are duplicated within the list requesting that a piece of work is completed to remove both actions.

**Action: LG**

NHS Board Members noted the Action list and the Board Agenda Matrix.

#### **48. Committee Assurance Statements**

NM presented the Committee Assurance Statements to NHS Board Members. It was noted that due to the absence of Committees, it had not been possible for the statements to be presented to Committees for approval, hence the Statements were for NHS Board Members to discuss and add comments too prior to the statements being finalised and submitted to the Audit and Risk Committee later in June.

KL advised that the Committee Assurance Statements had been emailed to their respective committees for comment, noting that after this meeting the approved statements should be presented to Audit and Risk Committee on 22<sup>nd</sup> June 2020 as part of the portfolio of evidence for the Governance Statement.

CC noted that due to the Staff Governance Committee not just having membership of Non Executive Board Directors, but also has formal membership of Staff-Side representatives; they should be given the opportunity to comment on the statement, which will be organised through the secretariat of the Committee.

**Action: CC**

Further to discussion NHS Board Members noted the content of the Committee Assurance Statements in draft and were invited to make comment back the Committee Chairs and Lead Directors prior to being presented to the Audit and Risk Committee on the 22<sup>nd</sup> June.

#### **49. COVID-19 Update**

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

- COVID activity remains very low within the hospital, which is positive both in terms of inpatient numbers and critical care provision. JA continued to advise that there has been some comment in the press regarding no positive tests in the region, advising that the daily figures have not been including the mobile testing unit results, where some positive tests have been confirmed. Scottish Government are working with the Mobile Testing Units to link the reporting systems to provide a combined figure.
- Scottish Government continues to make subsequent plans for waves of COVID, with JA noting that the Board's Mobilisation Plan remains front and centre on how the Board would rapidly re-instate the hospital and health service to deal with significant numbers.

JA confirmed that the Louisa Jordon Hospital has not been stood down, noting that there is a workforce plan circulating requesting Chief Executives to commit to identifying staffing numbers that would be used to staff the 300 bedded Louisa Jordon Hospital.

- An updated draft of the Mobilisation Plan has been submitted to Scottish Government and relatively well received, showing the Board's ability to re-start urgent elective surgeries and move towards routine elective work.
- JA noted that Chief Executives' were concerned at being unable to return to the previous model for unscheduled care, noting that Chief Executives wish to move to a more scheduled model of care using NHS 24 and other triage hubs to filter activity and direct individuals to a more appropriate access to services.

PH enquired to where the Board stands regarding acknowledging the added risk to the already extended services and is that something the Board should include in the Agenda Matrix, specifically relating to Care Homes. JA agreed that the COVID Risk Register does require adjusting, noting that although Care Homes are noted in the COVID Risk Register the direction of resources from areas are high risk therefore should be reflected in the Risk Register.

AW reflected that at the last NHS Board Meeting, AW had been asked to complete a risk around Care Homes, noting that the COVID Risk Register would be a preferable option.

JW updated NHS Board Members on the key areas of work around Care Homes:

- Over the recent Pandemic there has been 44 deaths in Dumfries and Galloway, 35 of those in Hospital and 9 in a community setting.
- The current reproductive number, (R Number) is estimated at around 0.58
- In relation to the Care Home over 70s Testing Policy, JW noted that for all admissions over 70 years to Hospital, daily data has to be submitted to Scottish Government.
- JW noted that occupancy levels have been increasing over the last 2 weeks. JW advised that at the end of last week the medical occupancy was 66%, surgical occupancy 88% and Midpark occupancy was 81%.
- Challenges had been observed over the weekend in terms of bed availability within Midpark, noting that the Board has allocated one of the wards within Midpark for the Palliative Care Unit until September 2020. Due to the impact of the lessening of restrictions in terms of the impact and demand in Acute Services, JW noted this is causing pressures on the availability of beds within Midpark.
- Significant area of work around Care Homes, with JW noting that whilst there have been no confirmed positive cases within Care Homes there has been ongoing testing for staff within the Care Home setting.

- Relating to the Surveillance Testing, JW noted that a policy has been development to ensure that if a Board has a confirmed case within a Care Home setting then all members of staff and every resident have to be tested. JW advised that the second part of the policy states that there has to be surveillance testing in the Care Home setting where there are no symptomatic cases. This process was implemented by the Board 2 weeks ago and has already undertaken surveillance testing in some of the region's Care Homes.
- The ratio for testing is 25% of residents and staff in larger Care Homes and 100% of residents and staff in the smaller Care Homes. JW noted that the Board has requested clarification from Scottish Government on exactly what is required of them around surveillance testing. It was noted that VW was working on a model to test one Care Home per Locality per week for surveillance testing where there are no positive cases and no systematic cases.
- Weekly testing in place for COVID-19, for all staff in Care Homes across Dumfries and Galloway, with JW noting that 1376 members of staff have to be offered testing on a weekly basis when they are asymptomatic. JW noted that the Board has been working with military colleagues locally to look at the military testing units to offer staff from Care Homes the ability to access the military testing units for their weekly testing.
- Care Home Oversight Group has been established to provide the Board with assurance on every Care Home across the Region regarding Care Assurance. JW noted that the areas that the Board have been asked to address are staffing, PPE, infection control and testing requirements for Care Homes. JW advised that a team has been established in each Locality comprising of Community Nursing, Social Work Colleagues and Care Co-ordinators to visit every Care Home across the region to undertake Care Assurance visits to give the professional leads around the Care Home Oversight Group the assurance on the quality and safety of care delivered in Care Homes. JW noted that with the exception of one Care Home the Board will have completed all visits by 9<sup>th</sup> June 2020.

GC enquired to whether the occupancy challenges within Midpark are due to the Palliative Care Unit or are the Board seeing an increase in individuals with Acute Mental Health issues as a result of COVID. JW advised that although Midpark occupancy levels are usually around 70%, however, there has been a surge in the demand for Mental Health in-patient beds, but still manageable with the current capacity following the temporary relocation of Palliative Care. A review has still to be undertaken around the increased admission figures.

GC further enquired to whether the Care Home responsibility is limited to the current emergency planning or will the responsibility continue after the crisis. JW advised that although this was initially for emergency care, it was to continue to the end of November 2020.

For the Integration Joint Board the responsibility of Care Homes is not new, what is new is the Health Board and Director responsibility.

GC enquired whether the delayed discharge issues are behavioural rather than structural issues. JW advised that when changes were made at the end of April 2020, all projections at the time were based on the Imperial College assumptions as the Board was still expecting a surge in demand around COVID particularly in the Acute Hospital environment. A Rapid Improvement Event is going to be arranged for NHS Board Members to look at the processes put in place for COVID-19 and highlight what has gone well, what could have gone better and what we can maintain in the new normal.

**Action: JW**

JW continued to note that although at present the Community Nursing Team and Locality Teams' are under considerable pressure responding to all demands placed on them, support through the Staff Support Service and in particular the work of the Psychology Team on the Social Model has proved beneficially to them, along with the work of the Working Well Team and Sub Group, which was focusing on staff wellbeing during the current crisis.

LD enquired to staff wellbeing, asking how well the organisation was set up for staff members who are not frontline or clinical, to work in a safe environment whether that is at home or in an office with social distancing. CC advised that the Board has focused highly on health, safety and wellbeing across the workforce through the command structure from the beginning of the pandemic, particularly as the emphasis is now shifting very strongly towards the medium to longer term and the directions the Board are receiving on a policy level from Scottish Government on social distancing that some of the practical working arrangements. CC further highlighted that through Silver Command, the Workplace Safety Group has been set up to draw together the guidance and direction through a more formalised process to support Managers and staff.

JW advised that in terms of testing although the Board are obliged to offer a weekly test to all the staff in Care Homes and have to report on the number of staff being tested each week, the Board cannot force staff to take the test but Care Homes locally may request that staff be tested prior to commencing work. JW continued to note that NHS staff are only tested if they are symptomatic.

NM thanked the Executive Team for their presentation on the COVID-19 update.

NHS Board Members noted the verbal report.

## 50. Mobilisation Plan Financial Update

Prior to discussion of the Financial Plan, JW took NHS Board Members through the latest version of the Mobilisation Plan that was submitted to Scottish Government at the end of last week, highlighting the three key elements to the plan which are around Planned Care, Scheduled Care and Integrated Health and Social Care.

JW confirmed that a workshop has been arranged for next week with the Non-Executive Members to talk through the various points within the plan to give a greater understanding of the information being presented.

NHS Board Members were advised that the recovery part of the plan was not just re-commencing work, but how the Board take forward the lessons from COVID-19 into the planning of elective care, through the use of “heavy triage” to address which patients require an elective pathway through Acute Services and to how many patients can be discharged with a plan into a community setting to reduce the demand on Acute Services.

JW made NHS Board Members aware that for those patients that do require to be seen, the use of telephone consultations and NHS “Near Me” as the first point of contact, which has proved very beneficial to the GP Practices, will be utilised by clinicians within the Acute Services.

NHS Board Members were made aware that although nationally there has been some discussion regarding Cancer work, the Board has been able to maintain cancer pathways during the course of COVID-19. JW highlighted that there was detail within the plan on the number of patients seen and what has happened to those patients during the crisis period.

NHS Board Members were advised that the second element of the plan is in regards to unscheduled care. JW noted that the plan focuses on how the Board works with NHS 24 and the Scottish Ambulance Service in order to plan some of the unscheduled activity. Work is also continuing through the COVID Hub to offer triage assessments and appointments for patients, which reduces the number of patients that require assessments within the hospital setting.

JW advised that in terms of the wider Health and Social Care Partnership work highlighted within the plan the establishment of the Home Teams and the Home First to Discharge Assessment Model.

JW noted that the Community Health Teams, Community Mental Health Nurses and Primary Mental Health Nurses have now commenced working with General Practices offering a virtual consultation for individuals with onward referral into the wider Mental Health Service.

NHS Board Members were made aware that within Psychology, the Wellbeing Hub has been established receiving around 300 referrals since the beginning of April 2020.

All referrals received an offer of a next day appointment with the Psychology Team to undertake and assessment, an offer of up to 3 sessions and a review to agree what further treatment is needed. This has proved a positive model and discussions are in progress to continue with the model moving forward.

JW advised that the Board continued to operate the Specialist Drug and Alcohol Service throughout the pandemic, with the test of change to continue within the acute environment moving forward.

LD enquired to whether the Pathways Mobilisation, Scrutiny and Oversight Group will report up to Healthcare Governance Committee and/or Board. JW advised that initially the group hadn't been seen as reporting to a Board Committee, but instead seen as a sub group, therefore the group would report through the Health and Social Care Management Team, who will be monitoring the implementation of the Mobilisation Plan.

LD enquired to whether the Board has looked at the Mobilisation trajectory within the plan if there are no further COVID surges. JW advised that although the trajectory has been addressed to an extent, through the use of the "heavy triage" this will be completed. JW highlighted that although the length of waits are increasing in relation to outpatients, the numbers are reducing through the use of "heavy triage".

MC enquired to the absence of the home birth service in the plan for people awaiting surgery for diagnostic intervention, and how people are being communicated with. MC continued to enquire to the governance arrangements in relation to the SAM Programme Board being refreshed to support the whole system transformation, noting that it was MC's assumption that the SAM Programme arrangements would be responsible for the oversight and delivery of the Mobilisation Plan, and finally enquiring to shifting the balance of care and whether the Board thinks there is sufficient capacity within Primary and Community Care to address the workload that the Board requires to undertake, whether that would be GPs providing more managed care, practice nurses taking more bloods or home teams being up-skilled.

JW advised that although in terms of the communication with the public and in particular the Midwifery Teams, teams will be communicating with Mums around the changes in terms of the Maternity Service provision over the period and will be advising when services will revert back to normal. JW highlighted that although there is a need for the Board to commence a wider communication message to the public around restarting services, she was thoughtful on the type of message as the public need to be mindful that COVID-19 is still in the region. JW confirmed that the SAM Programme Board is being refocused to be the overarching programme for the delivery of the Mobilisation Plan, which will feed into the Health and Social Care Management Team. JW also advised that although there is a challenge around capacity and shifting the balance of care, there has been a shift in how both Primary and Community Social Care Services are being delivered and the additional capacity both generate.

AF requested that the Mobilisation workshop with Executive Directors include information on staffing especially those staff that had been on temporary contracts and how the plan will affect those members of staff. JW agreed that this would be included within the session.

**Action: JW**

KL advised NHS Board Members that the Financial Plan sits around what was previously the last version of the Mobilisation Plan. NHS Board Members were made aware that the plan is required to be submitted monthly to Scottish Government, which is a whole system return including Social Care costs. KL noted that this is an estimation of the costs and that one of the things that as a team they were working on was refining the figures as actual costs are received.

KL advised that the plan sets out the scale of the costs across Scotland, which tie into the resource that the Board is likely to receive from the Treasury. Work is ongoing, both at regional and national levels, to review and benchmark costs to estimate what resource might be allocated to Health Boards, Social Care Partnerships and Local Authorities. KL continued to note that the paper would be presented to the Integration Joint Board later in the month.

KL advised that offset costs relate to the activity capacity, which has not been used for the first part of the year and the associated impact. NHS Board Members were made aware that Dumfries and Galloway had only received one and half million, which has explicitly been received to cover Social Care costs for the Local Authority.

KL noted that she had been asked for information around the key risk element within the plan, noting that the key risks are associated with the financial modeling. There is a COVID risk within the risk register around resources which she will review again following today's discussions.

**Action: JA / LG**

KL also noted the questions around the Mortuary and associated costs, advising that the Mortuary within Mountainhall Treatment Centre has been set up and the costs associated with that are primarily estimated Estates costs within the plan.

NHS Board Members:

- Noted 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.
- Acknowledged that further work and more detailed planning is required to fully identify the costs and risks associated with the Local Mobilisation Plan.

- Noted that 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.
- Recognised 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.

## **51. Patient Services Feedback Report**

AW presented the Patient Services Feedback Report, asking NHS Board Members to note the brief update on the management of patient feedback during the period March / April 2020.

NHS Board Members were made aware of the following:

- Decrease in complaints in April and accompanied decreased activity due to COVID-19.
- Commencement of Care Assurance Levels 1 and 2 which involves direct feedback from patients to staff and inpatients to Nurse Manager.
- Staff training, with AW noting that due to the face to face training which cannot take place at present, this has been replaced with interactive training through the use of Microsoft Teams.

NHS Board Members noted the Report.

## **52. Summary Performance Report**

JW presented the Summary Performance Report to NHS Board Members highlighting the number of services that have been suspended and reduced over the COVID-19 period. The reduction in the overall activity and around 50% of pre COVID levels of activity are showing admissions sitting at 761 with less than 6,000 bed days, compared to 1,300 admissions and nearly 12,000 bed days prior to COVID-19.

NHS Board Members were highlighted to the use of the web-based “Near Me” programme and the increase, in particular, of return appointments being through “Near Me”. JW noted that with the use of “heavy triage” many patients returning have either moved onto patient initiated follow-up appointments or have been discharged.

JW highlighted the statistics for Primary Care in relation to the shift in utilising technology, noting that in General Practice around 23% of consultations were made by telephone and 72% were face-to-face appointments during the month of January 2020. This has changed to 80% of appointments being held by telephone and 15% face-to-face consultations during the month of May 2020, demonstrating a shift in models which will be important to sustain as the new normal moving forward.

NHS Board Members were made aware that Treatment Time Guarantee performance is good due to the majority of cases waiting less than 12 weeks, although this masks the significant increase in the number of people waiting more than 12 weeks. Once the Board restart the services we will see an improvement in Treatment Time Guarantee performance.

JW advised that there has been a significant reduction in Outpatient performance with the percentage of patients waiting less than 12 weeks, whereby in the middle of March 2020 the Board had 94% people waiting less than 12 weeks for their Outpatient appointment and in May 2020 had 48% of people waiting less than 12 weeks.

NHS Board Members were advised that although there was an improvement in Psychology Therapy waiting times and performance which is primarily due to the establishment of the Wellbeing Hub and the ability to provide the next day contact for individuals, challenges will continue in other areas of Psychology Therapy to meet the demand.

NHS Board Members were highlighted that over the course of COVID-19 there has been a significant reduction in referrals to the CAMHS Service, with 118 new referrals in March 2020 compared to 138 the previous year and 27 new referrals in April 2020 and 37 in May 2020. JW advised that waiting times have been cleared for the CAMHS Service with staff working extremely hard in utilising the "Near Me" system for patients, which had resulted in positive feedback from service users and their families. JW advised that Silver Command had agreed last week that the AHD reviews would commence with a number of conditions in place to ensure social distancing.

LB enquired about the Musculoskeletal target, noting that there was a discussion earlier in the meeting in relation to a shift in self care, wondering if those patients on waiting lists were getting any advice or whether they are offered any help within the community. JW advised that Allied Health Professions Community based services are offering patients advice around the self management of their conditions.

AF highlighted that at a previous Board Meeting he had highlighted the use of Alternative Therapies within the Community, many of which have been currently furloughed due to social distancing. AF enquired to whether alternative therapies could be used to socially prescribe. JW advised that essentially the Board would be addressing self care and self management and the use of alternative resources in the community to support people in terms of building their resilience, JW agreed to discuss with AF outwith the meeting.

**Action: JW**

NHS Board Members noted the Report.

### **53. Whistleblowing Update**

MC updated NHS Board Members on the Whistleblowing arrangements noting that there had been minor changes to the Board's existing Whistleblowing Policy, which Area Partnership Forum Lite have agreed.

Some of the changes include:

- the Executive Lead changing from the workforce Director to the Medical Director from 1<sup>st</sup> June 2020
- additional contact for whistleblowing queries to the Associate Director of Allied Health Professions and the Deputy Director of Finance
- in line with the draft standards the Board will receive a formal quarterly report starting in September 2020. LG was asked to amend the Board Matrix to show quarterly reports rather than monthly updates.

**Action: LG**

NHS Board Members noted this verbal update.

### **54. Any Other Competent Business**

NM advised that LB had asked that the Board spend time discussing staff experience, with NM suggesting that there was a formal staff experience update introduced to the Board meeting in July 2020 then thereafter at every alternative Board meeting, which was agreed by NHS Board Members.

**Action: LG / CC / VK**

CC reflected that as VK is the Board's Employee Director she felt it was appropriate for VK to be given the opportunity to contribute to any feedback in relation to staff experience. VK advised that she was content to contribute to the Staff Experience update.

PH suggested that NM and JA give an update to Non Executive Directors at one of their regular meetings. NM agreed that a session would be arranged to coincide with a Non Executive Directors' meeting.

### **55. Date of Next Meeting**

The next Meeting of the NHS Dumfries and Galloway Board will be held on 6<sup>th</sup> July 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 1.10pm

## 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><b><u>Future delivery of Adult Urology Services in Dumfries and Galloway</u></b>            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><b><u>Summary Performance Report</u></b>            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><b><u>Regional Update</u></b>            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><b><u>Adverse Events and Incidents Report</u></b></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	NM advised that he would draft an official letter to the Cabinet Secretary within the next week relating to the Board's desire to build on the campaign of good will with the public with regards to the tax on NHS and Social Care staff and will copy Board Members into the letter.	30/06/2020	
25/05/2020	41.	<p><b><u>COVID-19 Update</u></b></p> <p>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.</p>	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.	<p><b><u>COVID-19 Update</u></b></p> <p>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</p>	J White	<p>No date has been agreed for when this paper will come back to NHS Board, however, work has commenced to pull the paper together.</p> <p>A provisional date has been set for August 2020, but this will be amended upon advice from JW.</p>	31/08/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
		a future Board In Committee.				
25/05/2020	42.	<p><b><u>Any Other Competent Business</u></b>  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	31/07/2020	
08/06/2020	49.	<p><b>COVID-19 Update</b>  GC enquired whether the delayed discharge issues are behavioural rather than structural issues. JW advised that when changes were made at the end of April 2020, all projections at the time were based on the Imperial College assumptions as the Board was still expecting a surge in demand around COVID particularly in the Acute Hospital environment. A Rapid Improvement Event is going to be arranged for NHS Board Members to look at the processes put in place for COVID-19 and highlight what has gone well, what could have gone better and what we can maintain in</p>	J White	J White agreed to a Rapid Improvement Event being arranged for NHS Board Members to look at the processes put in place for COVID-19.	31/08/2020	

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
		the new normal				
08/06/2020	49.	<p><b>COVID-19 Update</b></p> <p>KL noted that she had been asked for information around the key risk element within the plan, noting that the key risks are associated with the financial modeling. There is a COVID risk within the risk register around resources which she will review again following today's discussions.</p>	J Ace/ L Geddes	Risk register is being reviewed and discussed at Management Team on 1 <sup>st</sup> July 2020 and will be presented to NHS Board in August 2020 as a new combined Corporate and COVID Risk Register.	31/08/2020	

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

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
11/05/2020	30.	<p><b><u>COVID-19 Update</u></b>                      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	JW updated NHS Board Members on Adult Psychology during the Performance update at the NHS Board Meeting on 8 June 2020.	30/06/2020	08/06/2020
25/05/2020	41.	<p><b><u>COVID-19 Update</u></b>                      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.</p>	A Wilson	AW advised that the Governance Structure in relation to Care Homes will be submitted to the Chief Nursing Officer this week.	08/06/2020	08/06/2020
25/05/2020	38.	<p><b><u>Matters Arising and Review of Action List</u></b>                      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	JW advised that an update on Unpaid Carers will be included in the Performance Report to NHS Board Meeting in July 2020.	31/07/2020	06/07/2020

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
25/05/2020	40.	<p><b><u>Draft NHS Board Agenda Matrix</u></b>  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	Details on the Surge Triggers will be included within the update on COVID-19 at the NHS Board meeting on 6th July 2020.	31/07/2020	06/07/2020
25/05/2020	42.	<p><b><u>Any Other Competent Business</u></b>  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	The items mentioned have been noted for future Healthcare Governance Committee agendas.	31/07/2020	30/06/2020
08/06/2020	48.	<p><b><u>Committee Assurance Statements</u></b>  CC noted that due to the Staff Governance Committee not just having membership of Non Executive Board Directors, but also has formal membership of Staff-Side Representatives, they should be given the opportunity to comment on the statement, which will be organised through the secretariat of the Committee.</p>	C Cooksey	Staff Governance Committee Assurance statement has been reviewed by all committee members and is being presented to the July 2020 NHS Board meeting for approval.	31/07/2020	06/07/2020

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/06/2020	49.	<p><b><u>COVID-19 Update</u></b></p> <p>AF requested that the Mobilisation workshop with Executive Directors include information on staffing especially those staff that had been on temporary contracts and how the plan will affect those members of staff. JW agreed that this would be included within the session</p>	J White	J White agreed to provide this update at the workshop on 15th June 2020.	31/07/2020	15/06/2020
08/06/2020	52.	<p><b><u>Summary Performance Report</u></b></p> <p>AF highlighted that at a previous Board Meeting he had highlighted the use of Alternative Therapies within the Community, many of which have been currently furloughed due to social distancing. AF enquired to whether alternative therapies could be used to socially prescribe. JW advised that essentially the Board would be addressing self care and self management and the use of alternative resources in the community to support people in terms of building their resilience, JW agreed to discuss with AF outwith the meeting.</p>	J White	J White agreed to discuss alternative resources to support the community with A Ferguson.	31/07/2020	06/07/2020

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
08/06/2020	53.	<p><b><u>Whistleblowing Update</u></b></p> <p>In line with the draft standards the Board will receive a formal quarterly report starting in September 2020. LG was asked to amend the Board Matrix to show quarterly reports rather than monthly updates.</p>	L Geddes	L Geddes agreed to amend the Board Matrix to show quarterly reports.	30/06/2020	06/07/2020
08/06/2020	54.	<p><b><u>Any Other Competent Business</u></b></p> <p>NM advised that LB had asked that the Board spend time discussing staff experience, with NM suggesting that there was a formal staff experience update introduced to the Board meeting in July 2020 then thereafter at every alternative Board meeting, which was agreed by NHS Board Members.</p>	L Geddes/ C Cooksey/ V Keir	A reflection on staff experiences has been included on the agenda for the NHS Board meeting in July 2020 and included on the Matrix for every second month thereafter..	31/07/2020	06/07/2020



# 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

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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 <sup>st</sup> 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

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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"> <li>• 29/04/19 minutes at 5/08/19 Board meeting</li> <li>• 17/06/19 minutes at 07/10/19 Board meeting</li> <li>• 29/07/19 minutes at 02/12/19 Board meeting</li> <li>• 18/11/19 minutes at 06/04/20 Board meeting</li> </ul> <p>Due to Covid-19 priorities and cancellation of Audit and Risk Committee on 27 April 2020:</p> <ul style="list-style-type: none"> <li>• 27/01/20 minutes were presented to Board on 20/04/20 for approval</li> </ul>		

**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.

# ANNUAL ACCOUNTS 2019/20

## STANDING COMMITTEE ASSURANCE STATEMENT

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

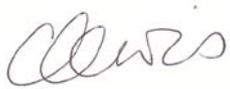
Committee has placed particular focus on the appropriate management and closure of Limited Assurance audits throughout FY19/20, and while not all areas have been fully addressed yet, Committee are assured that work in this area has progressed.

#### 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

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**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 <sup>th</sup> 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 <sup>th</sup> 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"> <li>• 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 29<sup>th</sup> July 2019.</li> <li>• 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.</li> </ul>
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"> <li>• That the Internal Audit Strategy meets the requirements of PSIAS</li> <li>• The revised Internal Audit Charter</li> <li>• The proposed Internal Audit Plan for 2019/20</li> </ul>

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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
Internal Audit Progress Report – Information Governance and Security Improvement Measures – DL (2015) 17 (A-04-18)	Committee asked to discuss and note the following points: <ul style="list-style-type: none"> <li>All previously overdue Internal Audit reports have been closed.</li> <li>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.</li> </ul>	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	Committee asked to discuss and note: <ul style="list-style-type: none"> <li>Quarterly update</li> <li>The Information Communication Technology (ICT) Risk Assessment</li> <li>The draft outline of the Information Assurance Annual Report</li> <li>Proposed Network and Information System (NIS) Assessment/Planning Document</li> <li>Confirmation noting awareness of Digital Futures Principles Guidance</li> </ul> Committee asked to approve: <ul style="list-style-type: none"> <li>The revisions to the revised Terms of Reference</li> </ul>	29/04/19	Audit and Risk Committee: <ul style="list-style-type: none"> <li>Noted the quarterly report.</li> <li>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).</li> <li>Approved the revisions to the Information Assurance Terms of Reference.</li> </ul>
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"> <li>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 29<sup>th</sup> July 2019.</li> </ul>

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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
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"> <li>• Noted the quarterly report.</li> <li>• 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.</li> <li>• Agreed that the quarterly report in July 2019 should include the Key Performance Indicators for comment.</li> </ul>
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.
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"> <li>• Approved the amendments to the SFIs</li> <li>• Approved the amendments to the Scheme of Delegation</li> </ul>

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Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Financial Reporting Quarterly Update	<p>Committee asked to discuss and note the update on the following areas:</p> <ul style="list-style-type: none"> <li>• Banking Arrangements</li> <li>• Procurement of Supplies and Services</li> <li>• Losses and Special Payments</li> <li>• Technical Bulletin summary</li> <li>• Annual Accounts preparation</li> </ul> <p>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.</p>	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 <sup>th</sup> 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 <sup>th</sup> April 2019.

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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	<p>Audit and Risk Committee agreed to the changes noted below and, with these amendments, endorsed the governance statement:</p> <ul style="list-style-type: none"> <li>• “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.”)</li> <li>• No of meetings Audit and Risk Committee meetings to be changed to 3 (instead of 4).</li> </ul>
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.

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Title of Report presented for approval	Detail of what approved	Date of Meeting report presented	Outcome of report
Minutes of meeting held on 17 <sup>th</sup> 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"> <li>Page 3, Item 6, paragraph 3 – MD should read MG.</li> </ul> <p>With this amendment, Audit and Risk Committee approved the minutes of the meeting held on 17<sup>th</sup> 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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## 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"> <li>To note the establishment of the Workforce Sustainability Programme Board and;</li> <li>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.</li> </ul>	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 <sup>th</sup> 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"> <li>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.”</li> </ul> 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.

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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
Internal Audit Activity Quarterly Progress Update	Committee asked to discuss and note: <ul style="list-style-type: none"> <li>• The report which provides an update on progress against the 2018/19 and 2019/20 Internal Audit Plans.</li> <li>• The progress to recruit to the current audit vacancy.</li> <li>• The nil Property Transactions return to the Scottish Government.</li> </ul>	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 <sup>th</sup> November 2019	Committee requested to approve the minutes from the previous meeting.	27/01/20	The minutes of the meeting held on 18 <sup>th</sup> 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"> <li>• Agreed that the Sustainability and Modernisation (SAM) Programme Board Risk Register should be presented to Committee on a bi-annual basis.</li> <li>• 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.</li> </ul>

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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
Internal Audit Plan 2020/21	Committee asked to discuss and note: <ul style="list-style-type: none"> <li>• The Internal Audit Strategy<sup>1</sup> which meets the requirements of PSIAS</li> <li>• Approve the revised Internal Audit Charter</li> <li>• Discuss and note the Risk and Audit Universe</li> <li>• Approve the proposed Internal Audit Plan for 2020/21</li> </ul>	27/01/20	Audit and Risk Committee: <ul style="list-style-type: none"> <li>• Noted the Internal Audit Strategy which meets the requirements of PSIAS</li> <li>• Approved the revised Internal Audit Charter</li> <li>• Noted the Risk and Audit Universe</li> <li>• Approved the proposed Internal Audit Plan for 2020/21</li> </ul>
Internal Audit Activity Quarterly Progress Report	Committee asked to discuss and note: <ul style="list-style-type: none"> <li>• The report which provided an update on progress against the 2018/19 and 2019/20 Internal Audit Plans.</li> <li>• The successful recruitment of an Auditor and an Audit Trainee within the team to fill a recent vacancy.</li> </ul>	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"> <li>• Banking Arrangements</li> <li>• Procurement of Supplies and Services</li> <li>• Accounting Policies</li> <li>• Annual Accounts Preparation</li> <li>• Losses and Special Payments</li> <li>• Technical Bulletin</li> <li>• Review of fraud and Irregularities</li> </ul> Committee asked to approve a special payment retrospectively.	27/01/20	Audit and Risk Committee: <ul style="list-style-type: none"> <li>• Discussed and noted the update provided.</li> <li>• Approved the special payments retrospectively.</li> </ul>

## 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.

<b>COMMITTEE NAME</b>	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

<b>FREQUENCY OF MEETINGS</b>	Bi-monthly
<b>NUMBER OF MEETINGS HELD</b> (1 April 2019 – 31 March 2020)	Six
<b>CHAIR</b>	Penny Halliday
<b>LEAD DIRECTOR</b>	Eddie Docherty, left 2 February 2020 Nursing, Midwifery and AHP Director  Alice Wilson, from 3 February 2020 Nurse Director
<b>MEMBERSHIP</b>	Lorna Carr, Non Executive Board Member Lesley Bryce, Non Executive Board Member Laura Douglas, Non Executive Board Member Penny Halliday, Non Executive Board Member

	<p>Nick Morris, Non Executive Board Member and Chairman</p> <p>Grace Cordozo, Non Executive Board Member</p> <p>Ros Francis, Non-Executive Member from Sept 2019</p> <p>Christiane Shrimpton, Associate Medical Director, Acute – left Committee after November 2019 meeting.</p> <p>Grecy Bell, Associate Medical Director, Primary Care (GP Representative)</p> <p>Martin Connor, Infection Control Doctor</p> <p>Bill Rogerson, Lay Member</p>		
IN ATTENDANCE	<p>Chief Executive</p> <p>Medical Director</p> <p>Nurse Director</p> <p>Interim Director of Public Health</p> <p>Chief Operating Officer</p> <p>Infection Control Manager</p> <p>Deputy Nurse Director</p> <p>Associate Director of AHPs</p>		
QUORACY OF MEETING	<p>The Committee will be quorate with four members including the Chair, two Non Executive Members and one other member.</p>		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	13.05.19	<p>Lorna Carr</p> <p>Laura Douglas</p> <p>Penny Halliday</p> <p>Nick Morris</p> <p>Bill Rogerson</p> <p>Christiane Shrimpton</p>	<p>Grecy Bell</p> <p>Lesley Bryce</p> <p>Martin Connor</p> <p>Grace Cordozo</p>
	08.07.19	<p>Grecy Bell</p> <p>Lesley Bryce</p> <p>Grace Cordozo</p> <p>Laura Douglas</p> <p>Penny Halliday</p> <p>Nick Morris</p> <p>Bill Rogerson</p>	<p>Lorna Carr</p> <p>Martin Connor</p>

		Christiane Shrimpton	
	16.09.19	Lesley Bryce Lorna Carr Martin Connor Grace Cordozo Laura Douglas Ros Francis Penny Halliday Nick Morris Bill Rogerson	Greycy Bell Christiane Shrimpton
	11.11.19	Greycy 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		30/4/20
Signed & Dated Chair		

## APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2018/19

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

# 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			
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		
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

**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 Lorna Carr Laura Douglas Andy Ferguson Ros Francis Penny Halliday	Jeff Ace Lesley Bryce
<p><b>CONFIRMATION THAT ALL          MINUTES OF THE MEETING          WERE SUBMITTED TO BOARD</b></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"> <li>• 13/05/19 minutes at 07/10/19 Board meeting</li> <li>• 02/09/19 minutes at 02/12/19 Board meeting</li> <li>• 04/11/19 minutes at 03/02/20 Board meeting</li> </ul> <p>Due to Covid-19 priorities and cancellation of Performance Committee on 11 May 2020:</p> <ul style="list-style-type: none"> <li>• 02/03/20 minutes were presented to Board on 20/04/20 for approval.</li> </ul>		

# ANNUAL ACCOUNTS 2019/20

## STANDING COMMITTEE ASSURANCE STATEMENT

### 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.

# ANNUAL ACCOUNTS 2019/20

## STANDING COMMITTEE ASSURANCE STATEMENT

- 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.

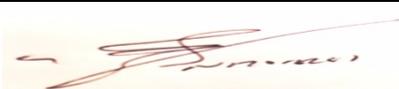
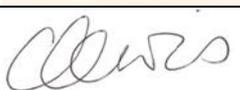
# ANNUAL ACCOUNTS 2019/20

## 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 <sup>th</sup> 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"> <li>• Page 11 - Item 11 Medical Locum Report. 5<sup>th</sup> line should read November 2018 (not 2019)</li> <li>• Page 14 - Third paragraph. The recurring gap should read “£12.326m”</li> </ul> <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.

**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"> <li>• The selection and appointment of Penny Halliday as Vice Chair of the Integration Joint Board from 3<sup>rd</sup> April 2019.</li> <li>• Stephen Hare would stand down as a non-voting Integration Joint Board Member with effect from 30<sup>th</sup> April 2019</li> <li>• The appointment of Stephen Hare as an Integration Joint Board Voting Member from 1<sup>st</sup> May 2019 to 30<sup>th</sup> November 2019.</li> </ul> <p>Performance Committee is asked to discuss and note the following points:</p> <ul style="list-style-type: none"> <li>• Nick Morris stood down as an Integration Joint Board member from 30<sup>th</sup> April 2019.</li> </ul>	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>” <b>This item was discussed as a quasi-board.</b></p> <p>Board approved the following points:</p> <ul style="list-style-type: none"> <li>• The selection and appointment of Penny Halliday as Vice Chair of the Integration Joint Board from 3<sup>rd</sup> April 2019.</li> <li>• Stephen Hare would stand down as a non-voting Integration Joint Board Member with effect from 30<sup>th</sup> April 2019</li> <li>• The appointment of Stephen Hare as Integration Joint Board Voting Member from 1<sup>st</sup> May 2019 to 30<sup>th</sup> November 2019.</li> </ul> <p>Board noted that:</p> <ul style="list-style-type: none"> <li>• Nick Morris stood down as an Integration Joint Board member from 30<sup>th</sup> April 2019.</li> </ul>

**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"> <li>• Approve the updated Primary Care Improvement Plan (PCIP)</li> <li>• Recognise the support and guidance provided by the Contract Development Group in the production of this updated plan.</li> <li>• Note the schedule for approval of this updated Primary Care Improvement Plan.</li> </ul>	13/05/19	<p>Performance Committee:</p> <ul style="list-style-type: none"> <li>• Approved the updated Primary Care Improvement Plan.</li> <li>• Recognised the support and guidance provided by the Contract Development Group in the production of this updated plan.</li> <li>• Noted the schedule for approval of this updated Primary Care Improvement Plan.</li> </ul>
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>

**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 <sup>th</sup> 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"> <li>Page 4, paragraph 2 – PD should read PH. Action Notes also to be updated with this.</li> </ul> <p>With the amended noted above, the minutes of the Performance Committee meeting held on 13<sup>th</sup> 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	<p>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.</p>

# 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	Committee asked to discuss and note the following points: <ul style="list-style-type: none"> <li>The Acute Services Re-development Programme - Post-Project Evaluation report</li> <li>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.</li> </ul>	02/09/19	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> . <b>Therefore, the following decision was made as a quasi-board.</b>  The Performance Committee (Board) approved the Acute Services Re-development Programme – Post-Project Evaluation report.
Doctor Led Return Appointments	Committee asked to discuss and note the following points: <ul style="list-style-type: none"> <li>The challenges faced within specific specialties</li> <li>The improvement work being undertaken within out-patients</li> </ul>	02/09/19	Performance Committee: <ul style="list-style-type: none"> <li>Noted the ongoing work within Return Out-patients.</li> <li>Agreed that a follow up report in 6 months time evaluating the above Improvement Projects.</li> </ul>
Minutes of meeting held on 2 <sup>nd</sup> September 2019	Committee requested to approve the minutes from the previous meeting.	04/11/19	The minutes of the meeting on 2 <sup>nd</sup> 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

**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 <sup>th</sup> November 2020	Committee requested to approve the minutes from the previous meeting.	02/03/20	The minutes of the meeting on 4 <sup>th</sup> 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"> <li>• To note the challenges faced by the Department of Psychological Services and Research to meet the trajectory set.</li> <li>• To note that the trajectory may be met, as long as certain conditions are maintained.</li> <li>• To note that performance against the target is likely to drop during 2020, as attempts are made to tackle longest waits</li> </ul>	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"> <li>• Progress has been made with recruitment to designated 'Hard to fill' posts in line with our trajectory.</li> <li>• 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.</li> <li>• 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.</li> </ul>	02/03/20	<p>Performance Committee noted the report and agreed that the next report should include:</p> <ul style="list-style-type: none"> <li>• An update on developing the young workforce and work with schools</li> <li>• An outline of successful recruitment routes undertaken to date</li> </ul>

# 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 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**



<b>STANDING COMMITTEE ASSURANCE STATEMENT</b>	
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.	
<b>COMMITTEE NAME</b>	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"> <li>• Champions, leads, helps to shape, influences and determines priorities regarding person centred care working in partnership across the Health and Social Care Partnership</li> <li>• Oversees progress towards delivery of our vision</li> <li>• Is actively developing, seeking and sharing innovation and learning.</li> </ul> <p>Our work is focussed upon supporting the delivery of the <b>CORE</b> values of Compassion, Openness, Respect and Excellence and those of the Person Centred Health and Care Committee below:</p> <p><b>“Health and social care and support that places what is important to people at the centre of all that we do”</b></p>	
<b>FREQUENCY OF MEETINGS</b>	Bi-monthly
<b>NUMBER OF MEETINGS HELD</b> (1 April 2019 – 31 March 2020)	Five
<b>CHAIR</b>	Penny Halliday
<b>LEAD DIRECTOR</b>	Eddie Docherty (until 2 <sup>nd</sup> February 2020) /Alice Wilson (from 3 <sup>rd</sup> February 2020)
<b>MEMBERSHIP</b>	Penny Halliday, Member of Integrated Joint Board Lesley Bryce, Non Executive Member Stephen Hare, Chair of Area Partnership Forum Lorna Carr, Chair of Area Clinical Forum Dawn Allan until June 2019/ Rev Dr Ewan Kelly from September 2019 Spiritual Care Lead representing all faith groups Mhairi Kidd, University of West of Scotland Scottish Care Representative – Elaine McCourtney Nicole Hamlet – Acute Services Representative Jeannie Gallagher – Mental Health Representative Mandy Spence – Midwifery Representative Primary & Community Care – Vacant Phyllis Wright until November 2019, Social Work Services and Council Representative Claire Brown until June 2019/Ann Gordon from June 2019, Third Sector Representative

**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	

**ANNUAL ACCOUNTS 2019/20**  
**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 – cancelled 9 December 2019 – to Board on 20 April 2020 17 February 2019 – 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		8/5/20
Signed & Dated Chair	P A Halliday	

# ANNUAL ACCOUNTS 2019/20 STANDING COMMITTEE ASSURANCE STATEMENT



## APPROVALS BY COMMITTEE

Please provide details of what decisions the committee approved during the Financial Year 2018/19

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	
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	Staff Governance Committee
<p>The Staff Governance Committee shall</p> <ul style="list-style-type: none"> <li>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</li> <li>review corporate Staff Governance risks and mitigation plans to provide assurance to the Board that Staff Governance risks are adequately controlled</li> <li>ensure appropriate structures and processes are in place in relation to Staff Governance matters to provide assurance to the Board</li> <li>oversee the development, delivery and monitoring of the Staff Governance elements of the Local Delivery Plan</li> <li>exercise delegated authority on behalf of Dumfries &amp; Galloway NHS Board for matters relevant to the Committee's role and remit</li> <li>ensure there is adequate communications between the Committee Partnership arrangements and staff to support delivery of the Staff Governance Standards</li> <li>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.</li> </ul> <p>The Staff Governance Committee will have the following groups / committees reporting to it</p> <ul style="list-style-type: none"> <li>Remuneration Sub Committee</li> <li>Area Partnership Forum</li> </ul>	
FREQUENCY OF MEETINGS	Bi-monthly
NUMBER OF MEETINGS HELD (1 April 2019 – 31 March 2020)	Four ( <b>2 meetings were cancelled, 1 due to quoracy and the other due to COVID-19</b> )
CHAIR	Lesley Bryce, Non Executive Board Member
LEAD DIRECTOR	Caroline Cooksey, Workforce Director
MEMBERSHIP	Lesley Bryce, Non-Executive Board Member Grace Cardozo, Non-Executive Board Member Andy Ferguson, Non-Executive Board Member

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

	<p>Fiona Gardiner, Staff Side Representative          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</p>		
IN ATTENDANCE	<p>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.</p>		
QUORACY OF MEETING	<p>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.</p>		
DETAILS OF ATTENDANCE (Members only)	MEETING	ATTENDED	APOLOGIES
	1 – 22.07.19	<p>Melissa Gunn            Andy Ferguson            Fiona Gardiner            Stephen Hare            Vicky Keir            Nick Morris</p>	<p>Lesley Bryce            Grace Cardozo            Kerry Lockerbie</p>
	2 – 23.09.19	<p>Lesley Bryce            Melissa Gunn            Fiona Gardiner            Vicky Keir            Nick Morris</p>	<p>Grace Cardozo            Stephen Hare            Kerry Lockerbie</p>
DETAILS OF ATTENDANCE (Members only)	3 – 25/11/19	<p>Lesley Bryce            Grace Cardozo            Fiona Gardiner            Melissa Gunn            Stephen Hare            Vicky Keir</p>	

# ANNUAL ACCOUNTS 2019/20

## STANDING COMMITTEE ASSURANCE STATEMENT

		Nick Morris	
	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"> <li>• 7 October 2019</li> <li>• 3 February 2020</li> <li>• 6 April 2020</li> <li>• 20 April 2020</li> </ul>		

### COMMENTS FROM COMMITTEE CHAIR

The Committee **normally** 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.

Throughout the FY19/20, the key strategic aims of the committee were:

- 1-Workforce sustainability
- 2-Staff wellbeing and safety
- 3-Organisational culture

At every committee meeting, we invited members of staff to come along and share their stories of success to celebrate and also learn from them.

Committee received regular updates on our three corporate risks and discussed these in detail. We asked for revised papers to give members more narrative around risk management which has been successful, although there is room for improvement.

3-One key area of focus in FY 2019/2020 was the committee's response to the Sturrock report. As a Committee, we carefully considered the report and actively engaged with staff members across partnerships in our action planning and it will be a key focus for committee moving forward.

The committee noted that the Scottish Government has introduced new Whistleblowing Standards (although these are currently on hold due to the current pandemic crisis). A new Non Executive Whistleblowing Champion has been recruited and is now in post. In the year ahead, we will have a focus on staff appraisals and seeing an improvement in this area. Board held a developmental workshop with a focus on staff experience and organisational culture.

2-During the year 19/20, the Working Well programme of work was discussed and noted. The group prioritised the mental health of staff.

Areas of priority this year will continue to be staff welfare and safety, particularly as we move into the recovery period. This follows a very stressful and challenging time for all staff who

# ANNUAL ACCOUNTS 2019/20

## STANDING COMMITTEE ASSURANCE STATEMENT



have worked extremely hard and continue to deal with the Covid-19 crisis. We will seek assurances on risk management and safety in the workplace and for those staff who are currently working from home.

1-We will maintain our focus on workforce sustainability and recruitment to 'hard to fill' posts, once this programme of work is restarted following guidance from SG. During the year 19/20, committee received reports on the successful recruitment routes taken to date. Also we discussed developing the young workforce and working with schools. We noted the introduction of the new national eRecruitment platform, JobTrain. Currently, we will have a focus on discussing and reporting on redeployment issues, staff sickness/absence and supporting staff that have been absent from work due to shielding.

Following the go ahead from SG, committee will return to monitoring of several national programmes that have been paused during the crisis. (SAAT, SG standard monitoring framework), workforce planning and the Working Well steering group (currently led during the crisis by the SWEET team).

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 2018/19

<b>Title of Report presented for approval</b>	<b>Detail of what approved</b>	<b>Date of Meeting report presented</b>	<b>Outcome of report</b>
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

6<sup>th</sup> July 2020



### Complaints Policy Update

**Author:**

Joan Pollard  
Associate Director of Allied Health  
Professions

**Sponsoring Director:**

Alice Wilson  
Executive Director for Nursing

**Date:** 28<sup>th</sup> May 2020

#### RECOMMENDATION

Board is asked **to approve:**

- the NHS Board's Complaints Policy.

#### 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:**

- A minor review of the Complaints Policy has taken place to represent changes over the period since version 2.
- The most significant change has been the adoption of the Duty of Candour

## MONITORING FORM

Policy / Strategy	Healthcare Quality Strategy Person Centred Health and Care Collaborative
Staffing Implications	None
Financial Implications	Not required
Consultation / Consideration	Consultation with Employee Director only given the minimal level of changes.
Risk Assessment	Low.
Risk Appetite	<p>Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>It is considered that the risk appetite for this paper is medium in the context of Reputational where the Board has an expressed risk appetite of medium.</p>
Sustainability	Not required
Compliance with Corporate Objectives	To promote and embed continuous improvement by connecting a range of quality and safety activities to deliver the highest quality of service across NHS Dumfries and Galloway
Local Outcome Improvement Plan (LOIP)	Outcome 2, 3, 6, 7 and 8
Best Value	Vision and Leadership Effective Partnerships Governance and Accountability Performance Management
Impact Assessment	
Impact assessment completed and attached for information ( appendix 2)	

## 1. Situation

Board is asked to approve the revised Complaints Process

## 2. Background

The Complaints Policy was overdue for review and has been revised in light of national best practice and the implementation of Duty of Candour regulations. The Complaints Policy is required reflect the national Model Complaints Handling Procedures.

## 3. Assessment

The revised policy is attached in Appendix 1

Changes are minimal and around outlined below.

Section(s)	Reason for update
<ul style="list-style-type: none"><li>Forward p2</li></ul>	Regular review  Replacement of “will provide” with “provides” in last paragraph
<ul style="list-style-type: none"><li>Our Complaints Handling Procedure p6</li></ul>	Deletion of “once this in force” to reflect the Duty of Candour regulations being in force
<ul style="list-style-type: none"><li>Overlap with other duties on NHS bodies p16</li></ul>	Replacement of “will ensure” by the word “ensures” to represent the fact that duty of candour is now in place
<ul style="list-style-type: none"><li>Complaints that span health and social care services p16</li></ul>	Deletion: “From 1 <sup>st</sup> April 2007, the health and social work complaints handling procedures will be aligned and will therefore have the same staged and timescales, with the exception of timescale extensions”
<ul style="list-style-type: none"><li>Stage one: early resolution p20</li></ul>	Addition of the following description of content involved in Appendix 1:  “Notifying staff members involved If the complaint is about the actions of a member of staff, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).”
<ul style="list-style-type: none"><li>Timelines p20</li></ul>	Addition of the following definition:  ““Day one” is generally the date the complaint is received. If the complaint is received on a non-working day, or after 4pm, the date of receipt is the next working day.”

Section(s)	Reason for update
<ul style="list-style-type: none"> <li>Notifying staff members involved p23</li> </ul>	<p>Addition of the following guidance:</p> <p>“If the complaint is about the action of a member of staff, they should be notified (including where the staff member is not named, but can be identified from the complaint). You should:</p> <ul style="list-style-type: none"> <li>share the complaint information with the staff member/s (unless there are compelling reasons not to)</li> <li>advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them</li> <li>discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and</li> <li>signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).</li> </ul> <p>The “Being Complained About” guidance (available on Beacon) provides further helpful information on supporting staff members involved in a complaint. Advice and support is also available from Patient Services.</p> <p>If it is likely that internal disciplinary or whistle blowing processes may be involved, the requirements of those processes should also be met.”</p>
<ul style="list-style-type: none"> <li>Mediation p26</li> </ul>	<p>Replacement of “information for staff” with “information on alternative dispute resolution.”</p>
<ul style="list-style-type: none"> <li>National monitoring p34</li> </ul>	<p>Change of wording from ISD to Scottish Government</p>
<ul style="list-style-type: none"> <li>Maintaining confidentiality p35</li> </ul>	<p>Insertion of the following guidance :</p> <p>“and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.</p> <p>This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.</p>

Section(s)	Reason for update
	<p>We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of personal sensitive information.</p> <p>There may be situations where a response to a complaint may be limited by confidentiality, such as:</p> <ul style="list-style-type: none"> <li>• where a complaint has been raised against a staff member and has been upheld – we will advise the complainant that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.</li> <li>• where someone has raised a concern about a child or an adult’s safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.</li> </ul> <p>Further advice in relation to confidentiality is available from Patient Services and the Information Governance team.”</p>
<ul style="list-style-type: none"> <li>• Dealing with problem behaviour p36</li> </ul>	<p>Insertion of “Patient Services can provide further advice and support as required.”</p>
<ul style="list-style-type: none"> <li>• Appendix 2 42</li> </ul>	<p>Deletion of the words “to the man”</p>
<ul style="list-style-type: none"> <li>• Appendix 3 p44</li> </ul>	<p>Insertion of table</p>
<ul style="list-style-type: none"> <li>• Appendix 9 p55</li> </ul>	<p>Updated complaints handling form</p>

#### 4. Recommendation

It is recommended that Board approve the revised Complaints Policy for sharing and publication on our website



## NHS Dumfries and Galloway Complaints Handling Procedure

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**Printed copies must not be considered the definitive version**

DOCUMENT CONTROL			
<b>Policy Group:</b>	Corporate		
<b>Author:</b>	Emma Murphy, Patient Feedback Manager		
<b>Reviewer:</b>	Michaela Cannon, Patient Feedback Officer Complaints Standard Authority		
<b>Scope: (Applicability)</b>	Board Wide	<b>Version no.</b>	3.0
<b>Status:</b>	Draft	<b>Implementation date:</b>	1 April 2017
<b>Approved by:</b>	Health and Social Care Management Team	<b>Last review date:</b>	May 2020
<b>Impact Assessed:</b>	In progress	<b>Next review date</b>	May 2022

## Foreword

Our complaints handling procedure reflects NHS Dumfries and Galloway's commitment to welcoming all forms of feedback, including complaints, and using them to improve services, to address complaints in a person-centred way and to respect the rights of everyone involved. It will support our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case.

The procedure has been developed by NHS complaints handling experts working closely with the Scottish Public Services Ombudsman (SPSO). We have a standard approach to handling complaints across the NHS, which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling with local, early resolution by capable, well-trained staff.

We aim to provide the highest quality services possible to people in our communities through the delivery of safe, effective and person-centred care. Whenever the care we provide can be improved, we must listen and act. Complaints give us valuable information we can use to continuously improve our services. They provide first-hand accounts of people's experiences of care that help us to identify areas of concern, achieve resolution wherever possible and take action so that the same problems do not happen again.

Our complaints handling procedure helps us to build positive relationships with people who use our service and rebuild trust when things go wrong. It has the person making the complaint, their families and carers, at the heart of the process. We will address complaints effectively, resolve them as early as we can, and learn from them so that we can improve services for everyone.

Whilst the Health Board is responsible for the delivery of health services, the Health and Social Care Partnership has responsibility for the planning and direction of services in their area which have been delegated to them. The integration of health and social care requires staff from the health board, local authority and third sector organisations to work together in order to provide joined up, person-centred services.

Under health and social care integration, there will remain two separate complaints handling procedures for health and social care. The alignment of these complaints handling procedures from 1 April 2017 provides consistency and clarity around the handling of integrated complaints.

**Jeff Ace, Chief Executive**

Page 2 of 57

Title: (NHS Dumfries and Galloway Complaints Handling Procedure)

Date: (May 2020) Version: (3.0)

Author: (Emma Murphy, Patient Feedback Manager)

The only current version of this policy is on the intranet

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## Our Complaints Handling Procedure

The Patient Rights (Scotland) Act 2011, together with supporting legislation, introduced the right to give feedback, make comments, raise concerns and to make complaints about NHS services. It also places a duty on NHS boards to actively encourage, monitor, take action and share learning from the views they receive. The Scottish Health Council's 2014 report *Listening and Learning - How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland* recommended that a revised, standardised complaints process for NHS Scotland should be developed, building on the requirements of the legislation, and 'Can I Help You?' guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services. This document delivers on that recommendation by explaining how our staff will handle NHS complaints. Another document, the public facing complaints handling procedure, provides information for the person making the complaint about our complaints procedure.

This procedure, which is based on the NHS Model Complaints Handling Procedure, explains the processes that we will follow in responding to complaints. It contains references and links to more details on parts of the procedure, such as how to record complaints, and the criteria for signing off and agreeing time extensions. The procedure also explains how to process, manage and reach decisions on different types of complaints.

The procedure supports us to meet the requirements of the Patient Rights (Scotland) Act 2011, and associated Regulations and Directions. It has been developed to take account of the *SPSO Statement of Complaints Handling Principles* and best practice guidance on complaints handling from the Complaints Standards Authority at the SPSO.

<http://www.valuingcomplaints.org.uk>

In accordance with the legislation, we will take steps to ensure that the people using our services, their families and unpaid carers are aware of how they can give feedback or make a complaint, and the support that is available for them to do so. We will ensure that our own staff and service providers are aware of this procedure, and that our staff know how to handle and record complaints at the early resolution stage.

Where apologies are made under the procedure, the Apologies (Scotland) Act applies to those apologies. The procedure is intended to operate alongside the duty of candour in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and related Regulations.

This complaint handling procedure is based on the human rights principles of:

- Participation: everyone has the right to participate in decisions which affect them, including issues of accessibility and the provision of information that people can understand.
- Accountability: service providers have a duty to the public, patients and staff to investigate complaints and seek effective remedies.
- Non-discrimination and equality: the complaints process is available to everyone and vulnerable or marginalised groups are supported to participate in the process.
- Empowerment: everyone should be aware of their rights, the complaints process and be involved in the process to reach an effective remedy.
- Legality: the complaints process identifies and upholds the human rights of staff, patients and others, and is in accordance with the requirements of all relevant legislation. It aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

## What is a complaint?

NHS Dumfries and Galloway's definition of a complaint is:

*'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.'*

A complaint may relate to:

- care and/or treatment;
- delays;
- failure to provide a service;
- inadequate standard of service;
- dissatisfaction with the organisation's policy;
- treatment by or attitude of a member of staff;
- scheduled or unscheduled care;
- environmental or domestic issues;
- operational and procedural issues;
- transport concerns, either to, from or within the healthcare environment;
- the organisation's failure to follow the appropriate process;
- lack of information and clarity about appointments; and
- difficulty in making contact with departments for appointments or queries.

This list does not cover everything.

**Appendix 1** provides a range of examples of complaints we may receive, and how these may be handled.

Not all issues may be for NHS bodies to resolve. In cases where an individual is unsatisfied with standards of conduct, ethics or performance by an individual health

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professional, it may be for the respective professional body to investigate. These include, for example the Nursing and Midwifery Council, the General Medical Council, the General Dental Council, the Royal Pharmaceutical Society, and the General Optical Society. Where serious concerns about a registered healthcare worker are identified, a referral to the appropriate professional regulator should be made.

Members of the public, including patients, the general public, and those acting on behalf of patients and others may raise issues with relevant NHS bodies or their health service providers, which need to be addressed, but which are not appropriate for an investigation under this Complaints Handling Procedure. Further guidance is provided in the section covering feedback, comments and concerns below.

This complaints procedure does **not** apply to the following complaints, as set out in Regulations:

- a complaint raised by one NHS body about the functions of another NHS body;
- a complaint raised by a service provider about any matter connected with the contract or arrangements under which that service provider provides health services;
- a complaint raised by an employee of an NHS body about any matter relating to that employee's contract of employment;
- a complaint which is being or has already been investigated by the Scottish Public Services Ombudsman (SPSO);
- a complaint arising out of an alleged failure to comply with a request for information under the Freedom of Information (Scotland) Act 2002(a);
- a complaint about which the person making the complaint has commenced legal proceedings (whether or not these have concluded), or where the feedback and complaints officer considers that legal proceedings are so likely that it would not be appropriate to investigate the complaint under this procedure;
- a complaint about which an NHS body is taking or proposing to take disciplinary proceedings against the person who is the subject of the complaint; and
- a complaint, the subject matter of which has previously been investigated and responded to.

In these cases, there is a separate procedure available which is better placed to carry out the investigation; indeed in many cases a separate investigation may already be underway. If a complaint is raised which is within one of these categories, you must write to the individual, explaining the reason that this complaints procedure does not apply and the procedure the individual should use to raise the matter with the appropriate person or body. You may send this explanation electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

This complaints procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement

are identified and taken forwards. You should offer to resolve someone's complaint using the NHS complaints procedure, even where the person has stated (in writing or otherwise) that they intend to take legal proceedings. If, however, you are satisfied that the person has considered the NHS complaints procedure but nonetheless clearly intends to take legal action, then you may decide not to apply this complaints procedure to that complaint.

Additionally, this complaints procedure should not be used in the following circumstances:

- to consider a routine first-time request for a service;
- a request for a second opinion in respect of care or treatment;
- matters relating to private health care or treatment;
- matters relating to services not provided by or funded by the NHS.

You must not treat these issues as complaints, rather you should explain how the matter will be handled, and where appropriate direct the person raising the issue to use the applicable procedure where there is one. You must always consider how best to investigate, respond to and, where appropriate, resolve the issue.

### **We value all forms of feedback**

We encourage all forms of feedback, positive and negative, and use it to continuously improve our services. The Patient Rights (Scotland) Act 2011 introduces a right for people to give feedback or comments to, or raise concerns or complaints with, NHS Boards and service providers. Feedback, comments and concerns are not complaints. They should be handled in line with the Patient Rights (Scotland) Act 2011, and the associated Regulations and Directions. Further guidance on handling and learning from feedback, comments and concerns is available in the 'Can I Help You' good practice guidance document.

It is necessary for staff to be able to distinguish between feedback, comments, concerns and complaints to ensure that any issues raised are handled through the appropriate procedures. Where an issue raised is clearly not a complaint, staff should make arrangements to have the issue handled through the appropriate process and feed this back to the person raising the issue. The following paragraphs provide more information on feedback, comments and concerns.

### **Feedback**

Feedback may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, through the Patient Advice and Support Service (PASS), or initiatives such as patient experience surveys or via stakeholder electronic portals. The feedback may describe the person or carer's individual experience of using NHS services and may include suggestions on things that could have been done better or identify areas of good practice.

## Comments

Comments may be comments, compliments, feedback or observations offered orally or in writing for example on ward or hospital suggestion cards or through PASS, which reflect how someone felt about the service.

## Concerns

Concerns may be expressed in relation to proposed treatment or about any aspect of the service, from timing of appointments to getting to hospital for the proposed treatment or the actual treatment received. An example may be where someone has been referred to a consultant and is concerned about what this means. Concerns of this nature fall short of a complaint as the person is not expressing dissatisfaction but wishes to be fully informed about what is to happen.

People may need reassurance or further explanation and information to help them understand why the healthcare provider is suggesting a particular course of action. Staff should be alert to this and ensure that explanations are given and advice on additional support services is available and accessible to everyone.

It is particularly important for staff to use their discretion and judgement in supporting people to decide whether a matter is a concern or a complaint. The best way to do this is by talking to the person raising the issue to explain how concerns and complaints are handled and responded to. There may be circumstances where the nature of the concern is sufficiently serious to warrant full investigation under this complaints procedure. Even where the person states that they do not want to complain, if you are satisfied that the matter is clearly a complaint you should record it as such. If staff members are in any doubt they should seek advice from the Patient Feedback Manager.

The manner in which the matter is communicated to NHS Dumfries and Galloway will often help you to decide if it is a concern or a complaint. A matter may be communicated in a matter of fact way, for example *'I am a little surprised at being in a mixed sex ward. I think you should put me in an all-female ward'*. This is likely to be recorded as a concern. However, the same matter may be reported as *'I am very angry that you have put me in a ward with all these men. I feel humiliated and I refuse to accept this. Get me into an all-female ward now or I will call my son to come and take me home'*. Given the way this matter is reported, you may decide that it is a complaint. [Appendix 3](#) includes a 'Feedback, Comments, Concerns or Complaints Assessment Matrix' which can be used where necessary to help you differentiate between these and decide how to proceed.

A concern should be responded to within five working days. It is important that, where you determine that a matter is a concern (rather than a complaint) and the person raising the issue remains unhappy with your response to that concern, you handle any subsequent action as a complaint. As you will already have attempted to resolve the person's concern, the early resolution stage of the complaints procedure is not an appropriate stage to consider the matter further. The matter should, therefore, be handled directly at the investigation stage of the complaints procedure.

**Appendix 2** provides examples of matters that may be considered as concerns.

### **Publication**

In accordance with the Complaints Directions, relevant NHS bodies must publish annual summaries of the action which has been or is to be taken to improve services as a result of feedback, comments and concerns received in the year.

NHS Dumfries and Galloway publish their Annual Patient Feedback Report as part of the NHS Dumfries and Galloway Annual Report. This is made available on the Board's public website.

### **Primary Care service providers**

Primary Care service providers should take every opportunity to resolve complaints quickly and locally, and at the point of contact wherever possible. Early resolution is the most effective way of resolving the majority of complaints and should be attempted where the issues involved are straightforward and potentially easily resolved, requiring little or no investigation. Resolving complaints early and locally helps to minimise costs as well as resolving a person's dissatisfaction. The fewer people involved in responding to a complaint, and the quicker a response is given, the lower the cost of that complaint to the Primary Care service provider in terms of resources and potential redress.

However, where the person making the complaint feels unable to make direct contact with the Primary Care service provider the complaint can, in exceptional circumstances, be made to the appropriate relevant NHS body directly (this will normally be the NHS Board). The NHS body should nominate the Feedback and Complaints Officer, or other suitable officer to carefully consider the reasons for asking the body to handle the complaint. Where the body considers it appropriate, the person making the complaint should be encouraged to contact the Primary Care service provider by explaining the value of early and local resolution. Where the NHS body recognises that it would not be appropriate, or possible, for the person making the complaint to complain directly to the Primary Care service provider (for example there has been an irreconcilable breakdown in the relationship between the respective parties), contact should be made with the Primary Care service provider to agree the way in which the complaint will be managed, and the person making the complaint should be advised accordingly. At this point, consideration may be given to mediation, if both parties agree. Where agreement cannot be reached it will be for the relevant NHS body to determine how the complaint should be managed. The person making the complaint must be advised of the arrangements that are made.

In handling complaints we will have regard to the General Medical Council (GMC)'s standards to help to protect patients and improve medical education and practice in the UK. Specifically that 'patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology'. Therefore, the person making the complaint can expect an apology to include what happened, what action we will take to resolve the matter and what will be done to prevent a similar occurrence happening in the future.

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As above, in the first instance complaints about Primary Care providers should be directed to the provider being complained about. This provides the opportunity for early, local resolution. When the Complaints Handling Procedure is completed with the provider, the person making the complaint has the right to approach the SPSO should they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), clinical decisions and the way we have handled the complaint. Details of how to contact the SPSO are on page 28.

Matters relating to fitness to practice or ethics can be progressed as follows:

General Ophthalmic Services

[https://www.optical.org/en/Investigating\\_complaints/How\\_to\\_make\\_a\\_complaint](https://www.optical.org/en/Investigating_complaints/How_to_make_a_complaint)

General Pharmaceutical Services

<http://www.pharmacyregulation.org/raising-concerns>

General Dental Services

<https://www.gdc-uk.org/patients/raising-a-concern>

### **Complaints from prisoners**

As with all complaints, we aim to resolve prisoner complaints quickly, and close to the point of service delivery. Healthcare teams within prisons will, therefore, be trained and empowered to respond to complaints at each stage of this procedure, wherever possible.

We will ensure that healthcare staff working with their local prisons are fully aware of this complaints procedure, and that appropriate information on how to complain is freely available to ensure that prisoners have the same access to the NHS complaints procedure as other people. When a prisoner expresses dissatisfaction about the service they have or have not received, or about the standard or quality of that service, we will ensure quick and easy access to the complaints procedure is available to them.

Where a prisoner submits a complaint to NHS staff which includes issues relevant to Scottish Prison Services (SPS) the Health Centre Manager or Service Manager will ensure that this information is passed to the Prison Governor without delay.

### **Financial compensation**

The NHS complaints procedure does not provide for financial compensation. The independent Patient Advice and Support Service may be able to advise anyone who is seeking compensation where to get information about specialist solicitors who handle medical negligence claims.

It may also be appropriate to advise those who seek financial compensation that they may contact Action against Medical Accidents (AvMA), or the Law Society of Scotland. AvMA provides free independent advice and support to people affected by medical accidents while the Law Society of Scotland can provide contact details of law firms throughout Scotland that may specialise in claims for medical compensation.

### **Handling anonymous complaints**

We value all complaints. This means we treat all complaints including anonymous complaints seriously and will take action to consider them further, wherever this is appropriate. All anonymous complaints are subject to this procedure. A senior manager should make a decision on appropriate action to take based on the nature of information provided about the anonymous complaint and any other relevant factors, for example consent issues. If, however, an anonymous complaint does not provide enough information to enable us to take further action, or to contact the complainant, we may decide that we are unable to complete the investigation. Any decision not to investigate an anonymous complaint must be authorised by a senior manager.

Information about, and decisions made regarding all anonymous complaints will be recorded on the complaints recording system (to the extent that the information is available) to allow consideration of any action necessary. If we pursue an anonymous complaint further, we will record the issues (to the extent that the information is available), actions taken and outcome. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

### **Whistleblowing**

The NHS Scotland Staff Governance Standard places a specific obligation upon NHS employers to ensure that it is safe and acceptable for staff to speak up about wrongdoing or malpractice within their organisation, particularly in relation to patient safety. The Implementing & Reviewing Whistleblowing Arrangements in NHS Scotland Partnership Information Network (PIN) Policy, sets out the rights of staff in relation to whistleblowing. All NHS Scotland organisations have in place local whistleblowing policies based on the national PIN and staff should raise any concerns they have about patient safety or malpractice through this and not through the complaints handling procedure.

Alternatively, staff may contact the NHS Scotland Confidential Alert Line. The principal purpose of the Alert Line is to provide an additional level of support to NHS Scotland employees, should they feel unsure about how or whether to report cases of patient safety or malpractice directly to their Board, or, if they feel they have exhausted procedures in place. The Alert Line also provides a safe space where staff who feel they may be victimised as a result of whistleblowing, may, if appropriate, have their concerns passed to a Board or Regulatory Body on their behalf. The Alert Line can be contacted on Freephone 0800 008 6112.

## **Significant Adverse Events Review**

Healthcare Improvement Scotland (HIS) defines an adverse event as an event that could have caused (a near miss), or did result in, harm to people or groups of people. The response to each adverse event should be proportionate to its scale, scope, complexity and opportunity for learning. Our organisation has its own procedures to manage adverse events, and in the case of 'multi board' adverse events HIS has developed a guidance tool to sit within the national adverse events framework toolkit.

A complaint handled at the investigation stage of the complaints handling procedure may clearly meet the organisation's criteria for managing significant adverse events. For example, where the complaint is about the safety of care, and the organisation has a duty to proceed with an adverse event review, irrespective of whether a complaint has been made. Where, based on a complaint, it is deemed appropriate to undertake a Significant Adverse Events Review (SAER), we will advise the person making the complaint of this decision. It is for the Quality and Patient Safety Leadership Group to decide whether the complaint investigation should continue in parallel with the SAER, or whether it is appropriate to allow the SAER to take account of the complaint(s) as part of the review. It is important to note that the SAER does not replace the complaints investigation, although the investigation timeline may have to be extended. We will explain the basis for making the decision, and advise the patient of the revised timescales. We will also tell them they will have the right to ask SPSO to consider their complaint further if they remain dissatisfied at the conclusion of the adverse event review process. We will let the person know the outcome of the review, taking account of the best practice guidance for closing a complaint at the investigation stage and record all the details on the system for recording complaints.

Staff can request further guidance including template letters from Patient Services.

## **Care Opinion**

Care Opinion provides an independent online service which allows patients, their families and carers to provide feedback, good or bad, on their experiences of health care and social care provision. The service enables people to post their experience online, and to engage in a dialogue with health care and social care providers that is focussed on service improvement.

Feedback from Care Opinion will include general feedback, comments, concerns and complaints. Where the feedback clearly meets the organisation's definition of a complaint, and there is sufficient information provided to handle the matter through the complaints clear dissatisfaction they will be invited by staff to make further contact directly with the Board so that we can better understand their issues and agree a way forward for their concerns.

## **Who can make a complaint?**

Anyone who is or is likely to be affected by an act or omission of an NHS body or health service provider can make a complaint. Sometimes a person making the complaint may be unable or reluctant to do so on their own. We will accept

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complaints brought by third parties as long as the person making the complaint has authorised the person to act on their behalf.

Where a complaint is made on behalf of another person, in accordance with the common law duty of confidentiality and data protection legislation, we must ensure that, in addition to authorising another person to act on their behalf, the person has also consented to their personal information being shared as part of the complaints handling process. In circumstances where no such consent has been given, the body would have to take that into account when handling and responding to the complaint (and is likely to be constrained in what it can do in terms of investigating any such complaint).

### **What if the person raising the issue does not want to complain?**

If a person expresses dissatisfaction in line with our definition of a complaint but does not want to complain, tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. Encourage the person raising the issue to submit a complaint and allow us to deal with it through the complaints handling procedure. This will ensure that they are updated on the action taken and get a response to their complaint.

If, however, the person insists they do not wish to complain, you should record the complaint as being resolved at the early resolution stage of this procedure. This will ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate. Doing so will also ensure that the person has the opportunity to pursue the complaint at the investigation stage of the procedure should they subsequently raise the matter again.

### **Complaints involving more than one NHS service or organisation**

If someone complains about the service of another NHS Board or Primary Care service provider, and our organisation has no involvement in the issue, the person should be advised to contact the relevant Board or service provider directly.

Where the complaint spans two (or more) NHS bodies, for example one Board using the services of another to provide care and treatment, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response covering all issues raised. The NHS bodies involved should be mindful of the timescale within which the response should be issued and work jointly to achieve this.

There may be occasions where a complaint relates to two (or more) NHS bodies, however, each aspect of the complaint relates specifically to one, or other of the organisations. This could be, for example a complaint about pre-hospital care and a complaint about a delay in being seen in the accident and emergency department. Where this occurs it is important to communicate clearly with the person making the complaint to explain, and agree how the complaint will be handled. Where this applies each organisation should record, handle and respond to the complaint about

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the service they provided and let the complainant know that they will receive two separate responses.

A complaint may relate to the actions of two or more of the organisation's services. Where this is the case, you must tell the person making the complaint who will take the lead in dealing with the complaint, and explain that they will get only one response from the organisation covering all of the issues they have raised.

### **Overlap with other duties on NHS bodies**

NHS bodies are subject to a range of other duties in respect of honesty and openness about the services and care they provide. The Apologies (Scotland) Act 2016 is intended to encourage apologies being made by making it clear that apologising is not the same as admitting liability. An apology means any statement made indicating that the person is sorry about or regrets an act or omission or outcome. It also covers an undertaking to look into what happened with a view to preventing it happening again. In meeting the requirements of this complaints procedure we will apologise where appropriate and make sure that we are open and honest with people when an unintended or unexpected incident resulting in death or harm has happened. Most apologies made in the course of provision of NHS services, or in the course of resolving or investigating a complaint about an NHS service, will be subject to the provisions of the Apologies (Scotland Act) 2016.

The Duty of Candour procedure may also be applied in circumstances which give rise to a complaint. This procedure ensures that people will be told what happened, receive an apology, be told what will be done in response and how actions will be taken to stop a future reoccurrence.

Apologies which are made in accordance with the Duty of Candour procedure will, by virtue of section 23 of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, also not amount to an admission of negligence or breach of duty.

### **Complaints that span health and social care services**

If a person raises a complaint about a health service and a social care or social work service the response will depend on whether these services are being delivered through a single, integrated health and social care partnership.

Where these services are integrated, you must work together with the health and social care partnership staff to resolve the complaint. A decision must be taken, by following the procedure that the health and social care partnership has in place, as to whether the NHS or local authority will lead on the response. You must ensure that all parties are clear about this decision. It is important, wherever possible, to give a single response from the lead organisation, though ensure both organisations contribute to this. However, in complex cases where a single response is not feasible, you should explain to the person making the complaint the reasons why they will receive two separate responses, and who they can get in contact with about the social work aspects of their complaint.

Where health and social work or social care services are not integrated, for example the relevant local authority provides a social work or social care service, independent of any health service provision, the person will need to direct their communications about social care or social work separately to the local authority. You must tell the person making the complaint which issues you will respond to, and direct them to the appropriate person to handle those relating to social work and care.

In either case, it is important to bear in mind that:

- the Care Inspectorate can investigate complaints about social care services provided by registered care providers, even if they have not yet gone through the local complaints handling procedure, and customers should be informed of this option; and
- social work services must handle complaints according to the social work complaints handling procedure, which is largely in line with this complaints handling procedure.

Integration Joint Boards must have a separate complaints handling procedure for handling complaints about their functions. This will be broadly in line with this complaints handling procedure.

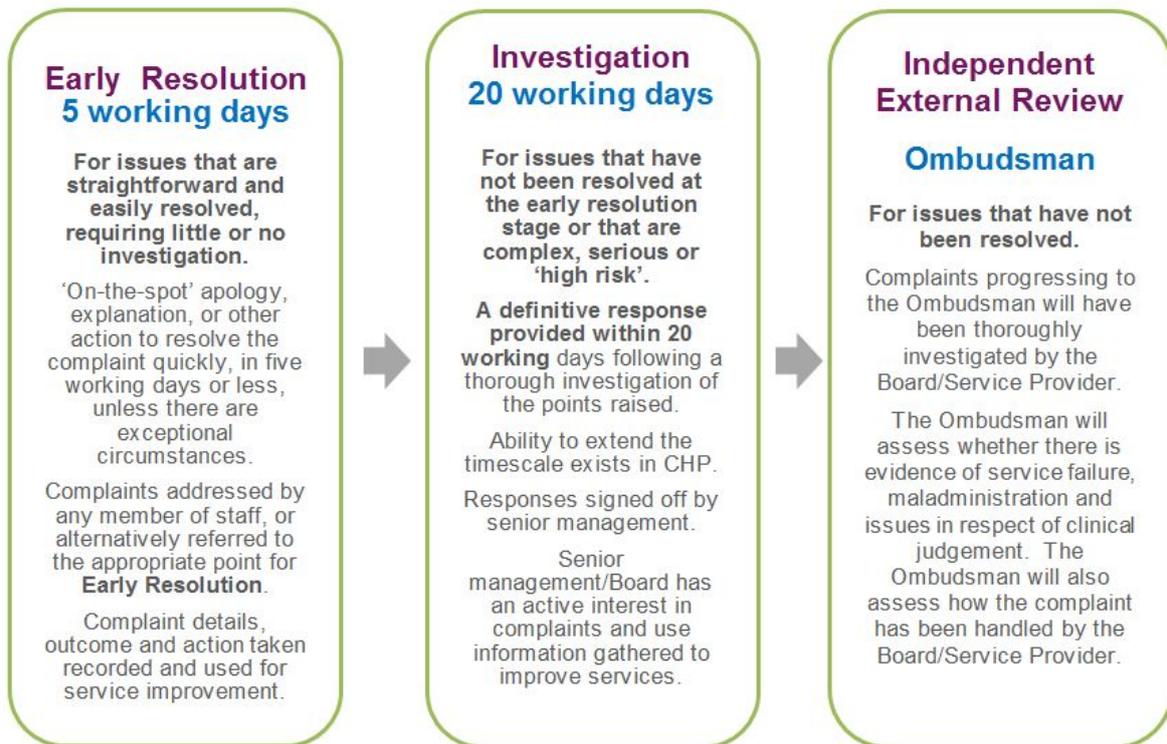
### **The complaints handling process**

Our complaints handling procedure aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- early resolution; and
- investigation.

## The NHS Model Complaints Handling Procedure



For clarity, the term 'early resolution' refers to the first stage of the complaints process. It does not reflect any job description or role within NHS Dumfries and Galloway but means seeking to resolve complaints at the initial point of contact where possible.

### What to do when you receive a complaint

- 1 On receiving a complaint, you must first decide whether the issue can indeed be defined as a complaint. The person making the complaint may express dissatisfaction about more than one issue. This may mean you treat one element as a complaint, while directing the person to pursue another element through an alternative route (see [Appendix 2](#)).
- 2 If you have received and identified a complaint, record the details on our complaints system.
- 3 Next, decide whether or not the complaint is suitable for early resolution. Some complaints will need to be fully investigated before you can give a suitable response. You must handle these complaints immediately at the investigation stage.
- 4 Where you think early resolution is appropriate, you must consider four key questions:
  - what exactly is the person's complaint (or complaints);
  - what do they want to achieve by complaining;
  - can I achieve this, or explain why not; and
  - if I cannot resolve this, who can help with early resolution?

**What exactly is the person's complaint (or complaints)?**

Find out the facts. It is important to be clear about exactly what the person is complaining of. You may need to ask for more information and probe further to get a full picture.

**What do they want to achieve by complaining?**

At the outset, clarify the outcome the person wants. Of course, they may not be clear about this, and you may need to probe further to find out what they want, and whether the expected outcome can be achieved. It may also be helpful to signpost people who complain to PASS at this point as advisers can often help clients think about their expectations and what is a realistic/reasonable outcome to expect.

**Can I achieve this, or explain why not?**

If you can achieve the expected outcome by providing an on-the-spot apology or explain why you cannot achieve it, you should do so.

The person making the complaint may expect more than we can provide, or a form of resolution that is not at all proportionate to the matter complained about. If so, you must tell them as soon as possible. An example would be where someone is so dissatisfied with their experience in 'Accident and Emergency' that they want the Chief Executive to be sacked.

You are likely to have to convey the decision face to face or on the telephone. If you do this, you are not required to write to the person as well, although you may choose to do so. It is important, however, to record full and accurate details of the decision reached and passed to the person, and to ensure that they understand the outcome. You must also advise them of their right to have the complaint escalated to stage 2 of the complaints procedure if they are not satisfied with the outcome at the early resolution stage.

**If I cannot resolve this, who can help with early resolution?**

If you cannot deal with the complaint because, for example, you are unfamiliar with the issues or area of service involved, tell the person this and pass details of the complaint to someone who can attempt to resolve it. Keep the person making the complaint informed about what has happened to their complaint and who is responsible for taking it forward.

**Stage one: early resolution**

Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest opportunity. This should be as close to the point of service delivery as possible. Any member of staff may deal with complaints at this stage. In practice, early resolution means resolving the complaint at the first point of contact with the person making the complaint. This could mean a face-to-face discussion with the person, or it could mean asking an appropriate member of staff

to deal directly with the complaint. In either case, you may settle the complaint by providing an on-the-spot apology where appropriate, or explaining why the issue occurred and, where possible, what will be done to stop this happening again. You may also explain that, as an organisation that values complaints, we may use the information given when we review service standards in the future.

Anyone can make a complaint. They may do so in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. You must always consider early resolution, regardless of how you have received the complaint.

**Appendix 1** gives examples of the types of complaint we may consider at this stage, with suggestions on how to resolve them.

#### Notifying staff members involved

If the complaint is about the actions of a member of staff, the complaint should be shared with them, where possible, before responding (although this should not prevent us responding to the complaint quickly, for example where it is clear that an apology is warranted).

### Timelines

Early resolution must usually be completed within **five working days**, although in practice we would often expect to resolve the complaint much sooner. “Day one” is generally the date the complaint is received. If the complaint is received on a non-working day, or after 4pm, the date of receipt is the next working day.

### Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, you may agree an extension of no more than five additional working days with the person making the complaint. This must only happen when an extension will make it more likely that the complaint will be resolved at the early resolution stage.

For example, you may need to get more information from other services to resolve the complaint at this stage. However, it is important to respond within the applicable time to the person making the complaint, either resolving the matter and agreeing with the person that this has been achieved, or explaining that their complaint is to be investigated.

When you ask for an extension, you must get authorisation from the appropriate senior manager, who will decide whether you need an extension to effectively resolve the complaint. Examples of when this may be appropriate include staff or contractors being temporarily unavailable. You must tell the person making the complaint about the reasons for the delay, and when they can expect your response.

Where, however, the issues are so complex, and it is clear that they cannot be resolved within an extended five day period, you should escalate the complaint directly to the investigation stage.

It is important that extensions to the timeline do not become the norm. Rather, the timeline at the early resolution stage should be extended only rarely. An extension may be requested for example, if a key member of staff is not available to speak with or to allow time for a planned appointment to take place. It is not acceptable to extend the timescale simply because of normal workload or capacity issues, in such cases the expectation would be that the complaint would be allocated to another member of staff to respond to. All attempts to resolve the complaint at this stage must take no longer than **ten working days** from the date you receive the complaint.

The proportion of complaints that exceed the five working days timeline at the early resolution stage will be evident from reported statistics. These statistics must go to our senior management team on a quarterly basis.

All extensions must be discussed with the person making the complaint and approved by the Responsible Manager.

[Appendix 5](#) provides further information on timelines.

### **Closing the complaint at the early resolution stage**

When you have informed the person making the complaint of the outcome at early resolution, you are not obliged to write to them, although it is encouraged locally. You must ensure that our response to the complaint addresses all areas that we are responsible for and explains the reasons for our decision. It is also important to keep a full and accurate record of the decision reached and given to the person. The complaint should then be closed and the complaints system updated accordingly. In closing the complaint, the date of closure is the date that the outcome of the complaint at the early resolution stage is communicated to the person making the complaint.

### **When to escalate to the investigation stage**

A complaint must be handled at the investigation stage when:

- early resolution was tried but the person making the complaint remains dissatisfied and requests an investigation into the complaint. This may be immediately on communicating the decision at the early resolution stage or could be some time later; or
- satisfactory early resolution will not be possible as the complainant has clearly insisted that an investigation be conducted.

Complaints should be handled directly at the investigation stage, without first attempting early resolution, when:

- the issues raised are complex and require detailed investigation; or
- the complaint relates to serious, high-risk or high-profile issues.

When a complaint is closed at the early resolution stage, but is subsequently escalated to the investigation stage of the procedure, it is important that the

complaint outcome is updated on the complaints system, and the complaint moved to stage 2. A new complaint should not be recorded.

It is also important to take account of the time limit for making complaints when a person asks for an investigation after early resolution has been attempted. The timescale for accepting a complaint as set out in the Regulations is within six months from the date on which the matter of the complaint comes to the person's notice.

While attempting early resolution always take particular care to identify complaints that on fuller examination might be considered serious, high risk or high profile, as these may require particular action or raise critical issues that need senior management's direct input.

Further guidance is available from Patient Services.

## **Stage two: investigation**

Not all complaints are suitable for early resolution and not all complaints will be satisfactorily resolved at that stage. Complaints handled at the investigation stage of the complaints handling procedure are typically serious or complex, and require a detailed examination before we can state our position. These complaints may already have been considered at the early resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the person making the complaint a full, objective and proportionate response that represents our final position.

## **What to do when you receive a complaint for investigation**

It is important to be clear from the start of the investigation stage exactly what you are investigating and to ensure that both the person making the complaint and the service understand the investigation's scope.

If this has not been considered at the early resolution stage, you should discuss and confirm these points with the person making the complaint at the outset, to establish why they are dissatisfied and whether the outcome they are looking for sounds realistic. In discussing the complaint with the person, consider three key questions:

1. What specifically is the person's complaint or complaints?
2. What outcome are they looking for by complaining?
3. Are the person's expectations realistic and achievable?

It may be that the person making the complaint expects more than we can provide. If so, you must make this clear to them as soon as possible.

Where possible you should also clarify what additional information you will need to investigate the complaint. The person making the complaint may need to provide more evidence to help us reach a decision.

You should find out what the person's preferred method of communication is, and where reasonably practicable communicate by this means.

Details of the complaint must be recorded on the system for recording complaints. Where applicable, this will be done as a continuation of the record created at early resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted early resolution, you must ensure you have all case notes and associated information considered at the early resolution stage. You must also record that this information has been obtained.

### **Contact with the person making the complaint at the start of the investigation**

To effectively investigate a complaint, it is often necessary to have a discussion with the person making the complaint to be clear about exactly what the complaint or complaints relate to, understand what outcome the person making the complaint is looking for by complaining, and assess if these expectations are realistic and achievable. This may be by a telephone discussion or it may be appropriate to arrange a meeting between appropriate NHS staff and the person making the complaint. This will provide the opportunity to explain how the investigation will be conducted, and to manage the person's expectations in regard to the outcomes they are looking for.

#### Notifying staff members involved

If the complaint is about the action of a member of staff, they should be notified (including where the staff member is not named, but can be identified from the complaint). You should:

- share the complaint information with the staff member/s (unless there are compelling reasons not to)
- advise them how the complaint will be handled, how they will be kept updated and how we will share the complaint response with them
- discuss their willingness to engage with alternative complaint resolution approaches (where applicable); and
- signpost the staff member/s to a contact person who can provide support and information on what to expect from the complaint process (this must not be the person investigating or signing off the complaint response).

The "Being Complained About" guidance (available on Beacon) provides further helpful information on supporting staff members involved in a complaint. Advice and support is also available from Patient Services.

If it is likely that internal disciplinary or whistleblowing processes may be involved, the requirements of those processes should also be met.

## Timelines

The following deadlines are set out in the Regulations for cases at the investigation stage:

- complaints must be acknowledged within three working days; and
- you should provide a full response to the complaint as soon as possible but not later than 20 working days, unless an extension is required.

## Acknowledgements

The Complaints Directions set out what must be included in a written acknowledgement of a complaint, which is as follows:

- contact details of the Responsible Manager and Investigating Officer;
- details of the advice and support available including the PASS;
- information on the role and contact details for the SPSO;
- a statement confirming that the complaint will normally be investigated, and the report of the investigation sent to the complainant, within 20 working days or as soon as reasonably practicable; and
- a statement advising that, should it not be possible to send a report within 20 working days, the person making the complaint will be provided with an explanation as to why there is a delay and, where possible, provided with a revised timetable for the investigation.

When advising the person making the complaint about the role and contact details of the SPSO, it should also be explained that if they remain dissatisfied at the end of the complaints process, they can ask the SPSO to look at their complaint, and that further information about this will be provided with the final decision on the complaint.

When issuing the acknowledgement letter you should issue it in a format which is accessible to the person making the complaint. You should also consider including the following points, where relevant to the complaint:

- thank the person making the complaint for raising the matter;
- summarise your understanding of the complaint made and what the person making the complaint wants as an outcome (this information will be available to you from your actions at 'What to do when you receive a complaint' as documented above);
- where appropriate the initial response should express empathy and acknowledge the distress caused by the circumstances leading to the complaint;
- outline the proposed course of action to be taken or indicate the investigations currently being conducted, stressing the rigour and impartiality of the process;
- offer the opportunity to discuss issues either with the investigation officer, the complaints staff or, if appropriate, with a senior member of staff;
- request that a consent form is completed where necessary;
- provide information on alternative dispute resolution services and other support service such as advocacy; and
- provide a copy of the 'Public Facing Complaints Handling Procedure' if this has not already been issued.

You may send the letter electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

During the course of the investigation, you should, where possible ensure that the person making the complaint, and anyone involved in the matter which is the subject of the complaint, is informed of progress and given the opportunity to comment.

### **Meeting with the person making the complaint during the investigation**

To effectively investigate the complaint, it may be necessary to arrange a meeting with the person making the complaint. Where a meeting takes place, we will always be mindful of the requirement to investigate complaints within 20 working days wherever possible. There is no flexibility within the Patient Rights (Scotland) Act 2011 to 'stop the clock' in the complaints handling process. This means that where required, meetings should always be held within 20 working days of receiving the complaint wherever possible. As a matter of good practice, where meetings between NHS staff and the person making the complaint do take place, a written record of the meeting should be completed and provided to the person making the complaint. Alternatively, and by agreement with the person making the complaint, you may provide a record of the meeting in another format, to suit their communications needs and preferences. You should discuss and agree with the person making the complaint, the timescale within which the record of the meeting will be provided.

### **Extension to the timeline**

It is important that every effort is made to meet the timescales as failure to do so may have a detrimental effect on the person making the complaint. Not all investigations will be able to meet this deadline, however, and the Regulations allow an extension where it is necessary in order to complete the investigation. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20 working day limit. However, these would be the exception and you must always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, the Responsible Manager will set time limits on any extended investigation, as long as the person making the complaint agrees. You must keep them updated on the reason for the delay and give them a revised timescale for completion. If the person making the complaint does not agree to an extension but it is necessary and unavoidable, then senior management must consider and confirm the extension.

The reasons for an extension might include the following:

- essential accounts or statements, crucial to establishing the circumstances of the case, are needed from staff, patients or others but they cannot help because of long-term sickness or leave;
- you cannot obtain further essential information within normal timescales;

- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions; or
- the person making the complaint has agreed to mediation as a potential route for resolution.

These are only a few examples, and you must judge the matter in relation to each complaint.

As with complaints considered at the early resolution stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics must go to our Board Management Team on a quarterly basis.

If you are handling a complaint spanning health and social care services and the health aspects have been resolved but the social care aspects require an extension to continue investigation, you must tell the person that you are not yet in a position to respond to all aspects of the complaint and tell them when you will do so.

[Appendix 5](#) provides further information on timelines.

## **Mediation**

Some complex complaints, or complaints where the person making the complaint and other interested parties have become entrenched in their position, may require a different approach to resolution. Where appropriate, you may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions. It can be particularly helpful in the context of complaints about primary care providers, and the Directions set out that Boards *must* provide alternative dispute resolution services in these circumstances, if both the person making a complaint about a primary care provider, and the person subject to the complaint, agree that it should be provided.

If you and the person making the complaint agree to mediation an extension to the investigation period is likely to be necessary and, revised timescales should be agreed.

Further information on alternative dispute resolution is available from Patient Services.

## **Closing the complaint at the investigation stage**

In terms of best practice, for relevant NHS bodies, the complaints process should always be completed by the Responsible Manager (or someone authorised to act on his or her behalf) reviewing the case. They must ensure that all necessary investigations and actions have been taken. Where the complaint involves clinical issues, the draft findings and response should be shared with the relevant clinicians

to ensure the factual accuracy of any clinical references. Where this is appropriate the relevant clinicians should always have regard to the timescales within which the decision should be issued.

You must let the person making the complaint know the outcome of the investigation, in writing, and also, if applicable, by their preferred alternative method of contact. Our response to the complaint must address all areas that we are responsible for and explain the reasons for our decision. You must record the decision, and details of how it was communicated to the person making the complaint, on the system for recording complaints. In accordance with the Complaints Directions, the report must include the conclusions of the investigation and information about any remedial action taken or proposed as a consequence of the complaint. The report must be accompanied by a covering letter from the Responsible Manager (or someone authorised to act on his or her behalf). You may send this report electronically, provided that the person making the complaint has consented to this in writing, and has not withdrawn their consent.

The quality of the response is very important and in terms of best practice should:

- be clear and easy to understand, written in a way that is person-centred and non-confrontational;
- avoid technical terms, but where these must be used to describe a situation, events or condition, an explanation of the term should be provided;
- address all the issues raised and demonstrate that each element has been fully and fairly investigated;
- include an apology where things have gone wrong;
- highlight any area of disagreement and explain why no further action can be taken;
- indicate that a named member of staff is available to clarify any aspect of the letter; and
- indicate that if they are not satisfied with the outcome of the local process, they may seek a review by the Scottish Public Services Ombudsman. Details of how to contact the Ombudsman's office should be included in the response.

## **Meetings and post decision correspondence with the person making the complaint**

As previously noted, it is often appropriate to meet with the person making the complaint at the outset of the investigation in order to fully understand the complaint, what the person making the complaint wants to achieve by complaining, and to explain how the complaint will be handled.

The Responsible Manager may choose to offer a meeting to the person making a complaint to deliver the response letter and investigation report. Alternatively, the person making a complaint may want clarity on issues contained within the response and/or investigation report once they have received it. In such cases the Responsible Manager may choose to have a further discussion with them following the final response being issued.

It should be made clear that such a meeting is for explanation only and not a reinvestigation or reopening of the complaint.

### **Independent external review**

Once the investigation stage has been completed, the person making the complaint has the right to approach the SPSO if they remain dissatisfied.

The SPSO considers complaints from people who remain dissatisfied at the conclusion of our complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), clinical decisions and the way we have handled the complaint.

The SPSO recommends that you use the wording below to inform people of their right to ask SPSO to consider the complaint.

#### **Information about the SPSO**

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the NHS in Scotland. If you remain dissatisfied with an NHS board or service provider after its complaints process has concluded, you can ask the SPSO to look at your complaint. The SPSO cannot normally look at complaints:

- where you have not gone all the way through the complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

#### **Freepost SPSO**

(You don't need to use a stamp)

Freephone: **0800 377 7330**

Online contact [www.spsso.org.uk/contact-us](http://www.spsso.org.uk/contact-us)

Website: [www.spsso.org.uk](http://www.spsso.org.uk)

Mobile site: <http://m.spsso.org.uk>

# Governance of the Complaints Handling Procedure

## Roles and responsibilities

Our staff are trained and empowered to make decisions on complaints at the early resolution stage of this procedure. Our final position on a complaint, following a stage 2 investigation, must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the person making the complaint that their concerns have been taken seriously.

Overall responsibility and accountability for the management of complaints lies with the organisation's Chief Executive, Executive Directors and appropriate senior management.

### Chief Executive

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Executive may take a personal interest in all or some complaints, or may delegate responsibility for the complaint handling procedure to senior staff. Regular management reports assure the Chief Executive of the quality of complaints performance.

### Directors

On the Chief Executive's behalf, directors may be responsible for:

- managing the way we learn from complaints;
- overseeing the implementation of actions required as a result of a complaint
- deputising for the Chief Executive on occasion.

### Feedback and Complaints Manager:

Each relevant NHS body must appoint a Feedback and Complaints Manager, in accordance with the 2012 Regulations. The Feedback and Complaints Manager is responsible for ensuring compliance with the requirements of this procedure. In particular they are responsible for ensuring that feedback, comments, concerns and complaints are monitored with a view to improving performance, and that action is taken as necessary following the outcome or any feedback, comment, concern or complaint. This function must be performed by the Chief Executive of the relevant NHS body or by an appropriately senior person authorised by the relevant NHS body to act on their behalf. Within NHS Dumfries and Galloway this role is the responsibility of the Patient Feedback Manager.

### Feedback and Complaints Officer

According to the 2012 Regulations, each responsible body (including relevant NHS bodies and their service providers) must appoint a Feedback and Complaints Officer to manage the arrangements. The Feedback and Complaints Officer is responsible

for the management and handling of feedback, comments, concerns and complaints operationally. This post holder(s) should be of sufficient seniority to be able to deal with any feedback, comments, concerns and complaints quickly and effectively without needing to refer, in all but the most exceptional circumstances, to the feedback and complaints manager. Feedback and complaints officers should be readily accessible to patients, the public and staff. It is important that arrangements are made so that the role of the complaints officer is not interrupted by one individual's annual or sick leave.

The functions of the Feedback and Complaints Officer may be performed personally or delegated to an authorised person as defined by the organisation. Although not intended to be prescriptive, the list below outlines the key duties of the Feedback and Complaints Officer:

- work across the organisation to develop mechanisms for encouraging fast, effective and efficient patient feedback including the use of emerging technology as appropriate;
- operationally manage the administration of this guidance and supporting local policies and procedures ensuring that:
  - feedback and complaints recording systems are in place and records kept up to date; and
  - organisational learning from the operation of the feedback and complaints process is captured and reported.
- determine whether a complaint is one which should not be investigated under the procedure because of the likelihood that legal action will be raised in respect of the same issue.
- provide specialist advice and support to patients and staff and others on the management of this process, including delivery of local training and awareness raising; have access to advice and support on associated issues, for example patient consent, confidentiality, the operation of related legislation such as the Data Protection Act, access to medical records, Freedom of Information, etc; and
- have an understanding of partner organisations and how to work with them on managing feedback, comments, concerns and complaints.

### **All staff in the organisation**

A complaint may be made to any member of staff in the organisation. So all staff must be aware of the complaints handling procedure and how to handle and record complaints at the early resolution stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible.

### **The SPSO liaison officer**

Our SPSO liaison officer's role may include providing complaints information in an orderly, structured way within requested timescales, providing comments on factual accuracy on our behalf in response to SPSO reports, and confirming and verifying

that recommendations have been implemented. This role is undertaken by the Patient Services Team for NHS Dumfries and Galloway.

### **Complaints about senior staff**

Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We must ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints.

### **Recording, monitoring, reporting, learning from and publicising complaints**

Complaints provide valuable feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across NHS Dumfries and Galloway. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify training opportunities and introduce service improvements.

### **Recording complaints**

Certain information must be recorded by virtue of the 2012 Regulations and the Complaints Directions, and to comply with SPSO guidance on minimum requirements. Staff should ensure that all complaints are recorded even those resolved at the early resolution stage within five working days (although these do not require an acknowledgement or a written report of the investigation to be sent to the person making the complaint). To collect suitable data, it is essential to record all complaints information as follows:

- the person's name, address and email address, where that is their preferred method of communication
- the patient's name and Community Health Index number where relevant
- in the event that the complainant is making the complaint on behalf of another person, whether that other person has given consent for the complaint to be made on his or her behalf
- the date when the complaint was received
- the subject matter of the complaint and the date on which it occurred
- how the complaint was received
- the service the complaint refers to
- the date the complaint was closed at the early resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action. These provide a detailed record of services that have failed to satisfy people, and the actions we have taken to improve services as a result.

If, subsequently, the complaint is referred to the SPSO, this may result in a request for all relevant papers and other information to be provided, in good time, to the Ombudsman's office. Complaints records should be kept separate from health records, due to the need to only record information which is strictly relevant to the patient's health in their health record. These documents should be managed with regard to the current Scottish Government Records Management Code of Practice.

NHS Dumfries and Galloway record all complaints data on DATIX.

### **Monitoring complaints**

We have arrangements in place to monitor how we deal with the complaints we receive.

We recognise that an increase in the number of complaints should not in itself be a reason for thinking a service is deteriorating. It could mean that our arrangements for handling feedback, comments, concerns and complaints are becoming more responsive. The important point is to ensure that complaints (and feedback, comments and concerns) are handled sympathetically, effectively and quickly and that lessons are learned and result in service improvement.

### **Reporting complaints**

In accordance with the Complaints Directions, relevant NHS bodies have a responsibility to gather and review information from their own services and their service providers on a quarterly basis in relation to complaints. Service providers also have a duty to supply this information to their relevant NHS body as soon as is reasonably practicable after the end of the three month period to which it relates. Data required for these quarterly reports is outlined in the NHS Complaints Performance Indicators; this includes:

- A statement outlining changes or improvements to services or procedures as a result of consideration of complaints.
- A statement to report the person making the complaint's experience in relation to the complaints service provided.
- A statement to report on levels of staff awareness and training.
- The total number of complaints received (other than complaints to which this procedure does not apply).
- Complaints closed at stage one and stage two of this procedure as a percentage of all complaints closed.
- Complaints upheld, partially upheld and not upheld at each stage of this procedure as a percentage of complaints closed in full at each stage
- The average time in working days for a full response to complaints at each stage of this procedure.

- The number and percentage of complaints at each stage which were closed in full within the set timescales of 5 and 20 working days.
- The number of complaints at stage 1 where an extension was authorised as a percentage of all complaints at stage 1.
- The number of complaints at stage 2 where an extension was authorised as a percentage of all complaints at stage 2.

**Appendix 7** provides further information on these Complaints Performance Indicators.

Complaints details are analysed for trend information to ensure we identify service failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform management of where services need to improve.

Our regular reporting demonstrates the improvements resulting from complaints and shows that complaints can influence our services. It also helps ensure transparency in our complaints handling service and will help show people using our services that we value their complaints.

We should also

- report on a monthly basis about the trends that are evident in complaints and the actions taken as a result; and
- use case studies and examples to demonstrate how complaints have helped improve services.

This information should be reported regularly, and at least quarterly, to our senior management team.

### **Review by senior management**

Senior management will review the information gathered from complaints regularly (and at least quarterly), and consider how our services could be improved or internal policies and procedures updated. The Feedback and Complaints Manager or someone senior acting on his or her behalf is involved in a review of each of the quarterly reports with a view to identifying areas of concern, agreeing remedial action and improving performance. Where appropriate, the review must also consider any recommendations made by the SPSO in relation to the investigation of NHS complaints. The outcomes of these reviews should be reported via the Board's governance structure to the Board of management or equivalent governing body.

### **Learning from complaints**

At the earliest opportunity after the closure of the complaint, the complaint handler should always make sure that the person making the complaint and staff of the service involved are given feedback and, where applicable, understand the findings of the investigation and any recommendations made.

As a minimum, we must:

- use complaints data to identify the contributory factors to complaints;

- take action to reduce the risk of recurrence;
- record the details of corrective action in the complaints file; and
- systematically review complaints performance reports to improve service delivery.

Where we have identified the need for service improvement:

- an action plan should be developed where appropriate;
- the action needed to improve services must be prioritised for implementation;
- an officer (or team) should be designated the 'owner' of the issue, with responsibility for ensuring the action is taken;
- a target date must be set for the action to be taken;
- the designated individual must follow up to ensure that the action is taken within the agreed timescale;
- where appropriate, performance in the service area should be monitored to ensure that the issue has been resolved; and
- we must ensure that our staff learn from complaints.

The General Medical Council's education standards set out the requirements of NHS bodies and primary care providers, in terms of the organisation and provision of medical education and training. It places a particular emphasis on the need for the learning environment and organisational culture to value and support education and training, so that learners are able to demonstrate the responsibilities, values, behaviours and learning outcomes required. Where appropriate we will ensure appraisers place emphasis on the role of learning from complaints in individual appraisals to identify where we can develop or change our approach to improve patient care.

### **Publishing complaints performance information**

Each year we must publish a report setting out our performance in handling complaints, concerns, comments and feedback. This summarises and builds on the quarterly reports we have produced about our own services and received from service providers in our area. It includes details of the numbers and types of complaints and information about the stage at which complaints were resolved, the time taken to do so, and about the actions that have been or will be taken to improve services as a result of complaints, concerns, comments and feedback.

These reports must be easily accessible to members of the public and available in alternative formats as requested.

The Complaints Directions require this publication to be sent to Scottish Ministers, the PASS, Healthcare Improvement Scotland, SPSO and where appropriate, the Scottish Prison Service.

### **National monitoring**

In accordance with the Complaints Directions, complaints statistics gathered through the quarterly reporting of complaints must be submitted by relevant NHS bodies to the Scottish Government, within three months of the year end. This information

should include the performance information of Primary Care providers which has been submitted to the Board. The information must be in an appropriate format to allow collation and publication of national complaints statistics.

### **Performance reporting by Primary Care service providers**

The requirement to record and report on complaints applies equally to all Primary Care service providers. NHS Boards should ensure that arrangements are in place for all contractors to comply with this requirement so that they can include this information in their own reporting of complaints handling performance. This reporting should clearly differentiate between the Board and its contractors.

### **Maintaining confidentiality**

Confidentiality is important in complaints handling. This includes maintaining the person's confidentiality and confidentiality in relation to information about staff members, contractors or any third parties involved in the complaint.

This should not prevent us from being open and transparent, as far as possible, in how we handle complaints. This includes sharing as much information with the complainant (and, where appropriate, any affected staff members) as we can. When sharing information, we should be clear about why the information is being shared and our expectations on how the recipient will use the information.

We must always bear in mind legal requirements, for example data protection legislation, as well as internal policies on confidentiality and the use of personal sensitive information.

There may be situations where a response to a complaint may be limited by confidentiality, such as:

- where a complaint has been raised against a staff member and has been upheld – we will advise the customer that their complaint is upheld, but would not share specific details affecting staff members, particularly where disciplinary action is taken.
- where someone has raised a concern about a child or an adult's safety and is unhappy about how that has been dealt with – we would look into this to check whether the safety concern had been properly dealt with, but we would not share any details of our findings in relation to the safety concern.

Further advice in relation to confidentiality is available from Patient Services and the Information Governance team.

### **Data Protection Legislation**

The NHS complaints procedure may be used for complaints arising from rights given by the General Data Protection Regulation. If this route is chosen, complaints staff should take the matter forward in conjunction with the Information Governance Manager/Caldicott Guardian (or other nominated person) who takes decisions on what information is stored and how it is processed by the NHS body or health service

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Title: (NHS Dumfries and Galloway Complaints Handling Procedure)

Date: (May 2020) Version: (3.0)

Author: (Emma Murphy, Patient Feedback Manager)

The only current version of this policy is on the intranet

provider. Where a person remains unhappy with the outcome of local resolution they should be advised to contact the UK Information Commissioner.

### **Dealing with problem behaviour**

People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the person acting in an unacceptable way. People who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate complaint. Behaviour should not be viewed as unacceptable just because the person making the complaint is forceful or determined. In fact, being persistent can be a positive advantage when pursuing a complaint. However, the actions of people who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards staff.

NHS Scotland seeks to protect their staff and alongside the national Partnership Information Network (PIN) guidance on Preventing and Dealing with Bullying and Harassment in NHS Scotland, NHS bodies and health service providers should have policies and procedures in place for managing persistent or unreasonably demanding people.

We will apply our policies and procedures to protect staff from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour from people. Where we decide to restrict access to a person under the terms of an unacceptable actions policy, we have a procedure in place to communicate that decision, notify the person of a right of appeal, and review any decision to restrict contact with us. This will allow the person to demonstrate a more reasonable approach later.

Patient Services can provide further advice and support as required.

### **Supporting the person making the complaint**

All members of the community have the right to equal access to our complaints handling procedure. People who do not have English as a first language may need help with interpretation and translation services, and others may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always respect human rights and take into account our commitment and responsibilities to equality as defined within the Equality Act (2010). This includes making reasonable adjustments to our services where appropriate.

Several support and advocacy groups are available to support people to pursue a complaint and they should be signposted to these as appropriate.

### **Patient Advice and Support Service (PASS)**

The Patient Rights Act provided for the establishment of the Patient Advice and Support Service (PASS). PASS operates independently of the NHS, and provides free, confidential information, advice and support to anyone who uses the NHS in

Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients and can advise and support people who wish to give feedback, make comments, raise concerns or make complaints about treatment and care provided. Further information can be found on the PASS web site:

[www.patientadvicescotland.org.uk](http://www.patientadvicescotland.org.uk)

### **Time limit for making complaints**

It is recognised that it is not always possible to make a complaint immediately. In clinical complaints, for example, a complication or other issue may not become apparent for some time after the procedure. Similarly the grief associated with the death of someone may make it difficult for their representatives or family members to deal with a complaint in the period immediately after the death.

Given the difficulties that the passage of time can make to the resolution of a complaint the timescale for accepting a complaint as set out in the regulations is within six months from the date on which the matter of the complaint comes to the person's notice, provided that this is also no later than 12 months after the date on which the matter of the complaint occurred.

The timescale for acceptance of a complaint may be extended if the Feedback and Complaints Officer considers it would be reasonable in the circumstances. Where a decision is taken not to extend the timescales a clear explanation of the basis for the decision should be provided to the person making the complaint, and the person should be advised that they may ask the Scottish Public Services Ombudsman to consider the decision.

## Appendix 1: Complaints

The following tables give examples of complaints that may be considered at the early resolution stage, and suggest possible actions to achieve resolution.

Complaint	Possible actions to achieve resolution
<p>The complaint relates to clinical treatment.</p> <p>The person is unhappy that several attempts to draw blood were not successfully completed, and that there was a lack of pain management to address her discomfort.</p>	<p>Apologise for the pain and discomfort caused. Explain the appropriate procedure for taking blood and agree with the person making the complaint how this will be approached in the future. Perhaps ensure that an experienced person draws the blood, and ensure suitable pain management is available if needed.</p>
<p>The complaint relates to clinical treatment.</p> <p>The person disagrees with their care plan and wants it evaluated by an independent clinician.</p>	<p>Thank the person for bringing this matter to your attention. Confirm with them their reasons for disagreeing with the care plan. Explain the process for developing a care plan and the fact that you will check how this was applied in this case. Check with appropriate staff to ensure the care plan accurately reflects the agreed care needs, and addresses any issues raised by the person. Explain to the person the action you have taken, and the basis for the care plan.</p> <p>If the person continues to disagree with your response, advise them that the complaint will be escalated to stage 2 of the complaints procedure for further investigation.</p>
<p>The complaint relates to a lack of privacy during visiting hours.</p> <p>The person complained that visitors to the patient in the bed next to her could overhear medical staff discussing her condition and treatment. She felt humiliated by this.</p>	<p>Apologise for the distress felt by the person. Advise her of the normal procedure for discussing her medical condition with her. Explain the action you will take to ensure that this situation is not repeated, and any discussions in regard to diagnosis, care or treatment are conducted in private.</p>
<p>The complaint relates to clinical treatment. A person was receiving anti-clotting medication injected into her stomach. Each treatment required two</p>	<p>The person complained to the nurse administering the injection, who then ordered a supply of larger doses from the hospital pharmacy. Next day the person</p>

<b>Complaint</b>	<b>Possible actions to achieve resolution</b>
<p>painful injections as the ward's drug trolley only had small doses in the pre-prepared syringes.</p>	<p>(and others on the ward) received the correct dose with only one injection required.</p>
<p>The complaint relates to being in a mixed male/female ward. The person is unhappy at being in a mixed sex ward and wants moved to a single sex ward.</p>	<p>Thank the person for bringing this matter to your attention, acknowledge their discomfort and apologise for the impact this has had on them. Explain the basis for mixed sex wards and ask what you can do to resolve the issue satisfactorily. Where possible consider if the person can be located in a room, or be moved to a single sex ward.</p>
<p>The complaint relates to staff attitude. It is alleged that when asked to explain why surgery had been delayed, the nurse was rude, insensitive to the person's needs and did not explain the reason for the delay.</p>	<p>Thank the person for bringing the complaint to your attention. Apologise, recognising that they feel the nurse did not respond appropriately to the enquiry. Make sure that you provide a full response to the person's request for information about the surgery and any reasons for delay. Explain that you will record the complaint and ensure that staff are made aware of the need to respond fully and appropriately to all enquiries. Discuss the complaint with appropriate staff, to understand the issue from their perspective. If and where appropriate, provide support to staff to respond appropriately to enquiries.</p>
<p>The complaint relates to communication with the person. The letter sent by the Board to explain the next course of treatment used jargon that the person did not understand and said that details of the next appointment were enclosed, when in fact they were not.</p>	<p>Thank the person for bringing the complaint to your attention. Advise that the use of jargon in letters is inappropriate and should not be used. Tell the person that you will bring this matter to the attention of the appropriate unit, who will contact her urgently to provide details of the next appointment. Tell them that you are sorry that this has happened, and that her complaint should help to ensure that this does not occur again.</p>
<p>The complaint relates to waiting times.</p>	<p>Thank the person for bringing this to your</p>

<b>Complaint</b>	<b>Possible actions to achieve resolution</b>
<p>Having waited for 12 weeks to be seen by a physiotherapist, the appointment was cancelled with only one day's notice.</p>	<p>attention, and apologise for the inconvenience that this cancellation has caused. Advise them of the process for making physiotherapy appointments and the associated timescales. Explain the reason that the appointment was cancelled at such short notice. Where possible arrange an alternative appointment at a date and time which is convenient for the person.</p>
<p>The complaint relates to a delay at the out patients clinic. The person complained that she had to wait too long in the reception area before being seen and she was not provided with a reason for the delay.</p>	<p>Thank the person for bringing the complaint to your attention. Explain the process for seeing people at an outpatient appointment, together with the reasons that something went wrong on this occasion. Apologise, and explain the actions you will take to ensure that this situation does not reoccur. This may be by reminding all staff on duty to ensure that people are kept updated where there is a delay in appointment times. It may also be by ensuring notices are placed in the reception areas advising people to approach reception if their appointment is delayed by more than 20 minutes.</p>
<p>The complaint relates to a lack of facilities within the hospital's waiting area. The person complained that she had no direct access to drinking water and when she asked at reception for a glass of water she was advised to purchase a bottle of water from the shop within the hospital complex.</p>	<p>Thank the person for bringing this matter to your attention. Apologise, recognising how the situation must have been for her. Explain the reason that drinking water may not have been immediately available, and what the options will be to access drinking water in the future. Where appropriate, signpost within the waiting areas, to explain how people may get access to drinking water.</p>
<p>The complaint relates to car parking within the hospital grounds. The person is unhappy with the parking fees charged by the hospital.</p>	<p>Thank the person for bringing this matter to your attention. Explain the Board, or hospital policy on car parking, and where appropriate advise on alternative areas for parking or how people may use public transport in appropriate cases. Finally</p>

<b>Complaint</b>	<b>Possible actions to achieve resolution</b>
	explain that the Board takes all complaints seriously and that information from complaints is analysed and used to inform policies and procedures moving forward.
<p>The complaint relates to the catering services for patients.</p> <p>The person is unhappy that, despite notifying nurses that she is a vegetarian, no vegetarian meal was provided at dinner time. When she asked for a vegetarian meal she was advised that the kitchen was unable to provide one, and she was offered a salad sandwich as an alternative.</p>	<p>Thank the person for bringing the complaint to you. Apologise, acknowledging that there has been a failing and expressing empathy for the situation the person was in. Explain the normal protocol for ensuring all dietary requirements are met, and the action that you will now take to ensure that a vegetarian meal is always provided for her. Thereafter, follow up with the her to ensure that the situation has been satisfactorily resolved and her dietary needs are being properly met.</p>
<p>The complaint relates to property.</p> <p>The person alleges that his dressing gown was removed from his bedside unit, and is now missing.</p>	<p>Thank the person for bringing the matter to your attention. Apologise, recognising the distress that the loss of the dressing gown will have caused. Offer to provide a hospital replacement gown in the meantime. Explain the action you will take to try and locate the dressing gown, and where appropriate, signpost him to the process for claiming for lost property.</p>

## Appendix 2: Concerns

The following tables give examples of matters that may be considered as concerns.

Concerns	Suggested action
<p>A person was worried about his forthcoming cataract surgery. He did not fully understand the procedure that would be followed and the implications in relation to his future eye care requirements.</p>	<p>Arrange an appointment for him to see the ophthalmologist to have a full explanation of the surgery, and long term eye care requirements provided.</p>
<p>The café uses plastic cups. An elderly person raised concerns that she and others have difficulty in holding these plastic cups.</p>	<p>Where mugs are available they should be used in the café. Alternatively, cardboard cup holders/sleeves with a handle may be considered.</p>
<p>A person raised a concern about when they would be seen in the clinic as the last clinic had overrun resulting in the her not being seen for her appointment.</p>	<p>The service should contact the person to apologise for the earlier missed appointment and to inform her that action has been taken to ensure the clinic is not overbooked. The person should be reassured that their concerns have been noted, and that arrangements are in place to ensure that they are seen at the stated appointment time next time.</p>
<p>A person said that his appointment letter was sent in an unsealed envelope, and he just wanted the board to be aware of this.</p>	<p>Apologise and explain that staff will now be reminded to ensure that all letters are properly sealed before postage.</p>
<p>A concern is raised about the provision of maternity (or other service) services and the impact that service re-provision would have in the future.</p>	<p>Provide information about the reasons for the re provision of services and explain the actions that will be taken to ensure no adverse effects on service delivery.</p>
<p>A person had had part of one of his fingers amputated. He wrote to the NHS asking for more information, as he felt the operation was unnecessary and that the complications were never fully explained to him. In his letter he states that he does not want to complain, but he is unhappy about his treatment.</p>	<p>The circumstances described here would normally be handled as a complaint. Where the person is adamant that they do not wish to complain, the matter should be recorded as being resolved at the early resolution stage. Provide a full detailed response advising why a decision to amputate was taken following what was considered to have been simple routine surgery. If the person comes back to say that they</p>

<b>Concerns</b>	<b>Suggested action</b>
	<p>remain unhappy with this response, the matter should then be handled at stage 2 of the complaints procedure, with the person being signposted to SPSO if they remain dissatisfied with the subsequent response.</p>
<p>Prior to an operation eight months ago, the person had expressed fear to a number of staff that she would not have sufficient post-operative pain management. Despite these concerns being raised she experienced considerable pain after the operation. She now has concerns regarding a forthcoming operation. She wanted her pain to be managed more effectively than when she had underwent the same operation previously.</p>	<p>Explain to the person that the first operation was unsuccessful and therefore has to be performed a second time. Reassure her that her concerns about pain management have been noted and that medical staff will do all they possibly can to effectively manage any post-operative pain.</p>
<p>A patient suffers from a recurring problem with chest infections. This has been the case for several years. He is unhappy that his GP has refused to prescribe him another course of antibiotics.</p>	<p>The GP meets with the person to understand the reasons for his dissatisfaction, and to explain the basis for the decision not to continually prescribe antibiotics. The GP may arrange for further tests if appropriate.</p>

### Appendix 3: Feedback, Comments, Concerns or Complaints Assessment Matrix

The person bringing the issue to your attention may be very clear from the outset that they do not want to complain. If however, the matter meets the definition of a complaint, the person should be offered an explanation that complaints provide valuable information that allow organisations to learn and improve services. Where it is not clear, after discussion with the person bringing the matter, whether it should be recorded as feedback, a comment, a complaint, or a concern, the matrix below may help you to arrive at the appropriate decision.

	Insignificant or None	Minor	Moderate	Significant or Certain
Your assessment of the rigour and extent of dissatisfaction expressed	Feedback or Comment	Concern	Concern	Complaint
The way in which the person raising the issue expresses their level of dissatisfaction	Feedback or Comment	Concern	Complaint	Complaint
Your assessment of the risks to the NHS body	Feedback or Comment	Concern	Complaint	Complaint
The learning opportunities that may arise as a result of looking at the matter raised	Feedback or Comment	Concern	Complaint	Complaint
Your assessment of the likely impact on patient care	Feedback or Comment	Concern or Complaint	Complaint	Complaint
Your assessment of the risks to the patient or others	Feedback or Comment	Concern or Complaint	Complaint	Complaint

It is expected that you will use professional judgement in deciding whether an issue can be looked at as a 'Concern' or whether it is appropriate to handle the matter through the complaints handling procedure. Where an issue is looked at as a 'Concern' and the person raising the matter remains dissatisfied with your response, you must then investigate the matter as a complaint, at stage 2 of the complaints handling procedure.

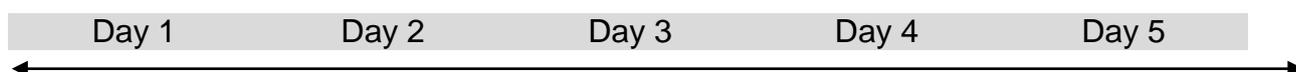
## Appendix 4: Timelines

### General

References to timelines throughout the complaints handling procedure relate to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action where our service has been interrupted.

### Timelines at the early resolution stage

You must aim to achieve early resolution within five working days. The day you receive the complaint is day 1. Where you receive it on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.



#### Day 1:

Day complaint received by the organisation, or next working day if day of receipt is a non-working day.

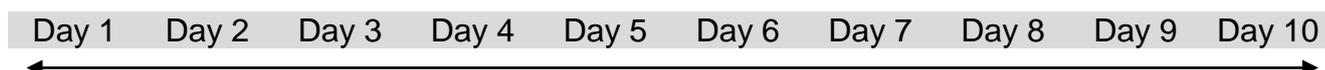
**The date of receipt will be the date the complaint is received by the Board and determined by the organisation's usual arrangements for receiving and dating of mail and other correspondence.**

#### Day 5:

Early resolution achieved or complaint escalated to the investigation stage.

### Extension to the five-day timeline

If you have extended the timeline at the early resolution stage in line with the procedure, the revised timetable for the response must take no longer than 10 working days from the date of receiving the complaint.



#### Day 1:

Day complaint received by the organisation, or next working day if date of receipt is a non-working day.

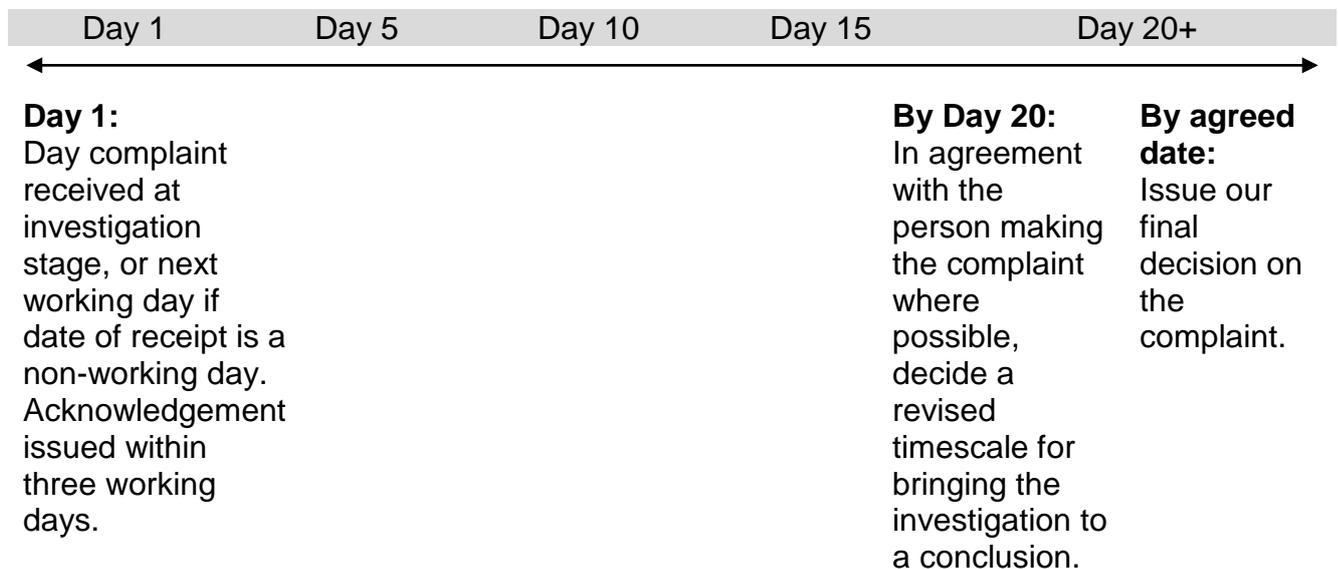
In a few cases where it is clearly essential to achieve early resolution, you may authorise an extension within five working days from when the complaint was received. You must conclude the early resolution stage within 10 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.

#### Day 10:

Early resolution achieved or complaint escalated to the investigation stage.

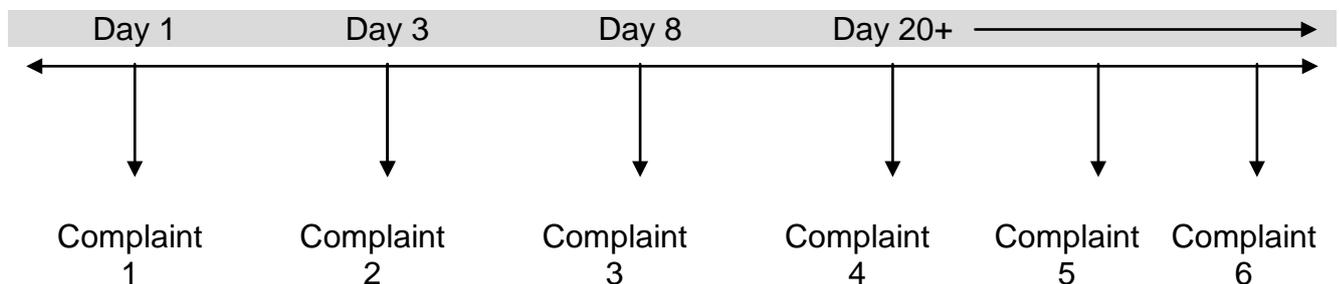


Exceptionally you may need longer than the 20-day limit for a full response. If so, you must explain the reasons to the person, and agree with them a revised timescale.



**Timeline examples**

The following illustration provides examples of the point at which we conclude our consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

**Complaint 1**

Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day one.

**Complaint 2**

Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the early resolution stage.

**Complaint 3**

Complaint 3 refers to a complaint that we considered appropriate for early resolution. We did not resolve it in the required timeline of five working days. However, we

authorised an extension on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. We resolved the complaint at the early resolution stage in a total of eight days.

#### **Complaint 4**

Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. We did not try early resolution; rather we investigated the case immediately. We issued a final decision to the person within the 20-day limit.

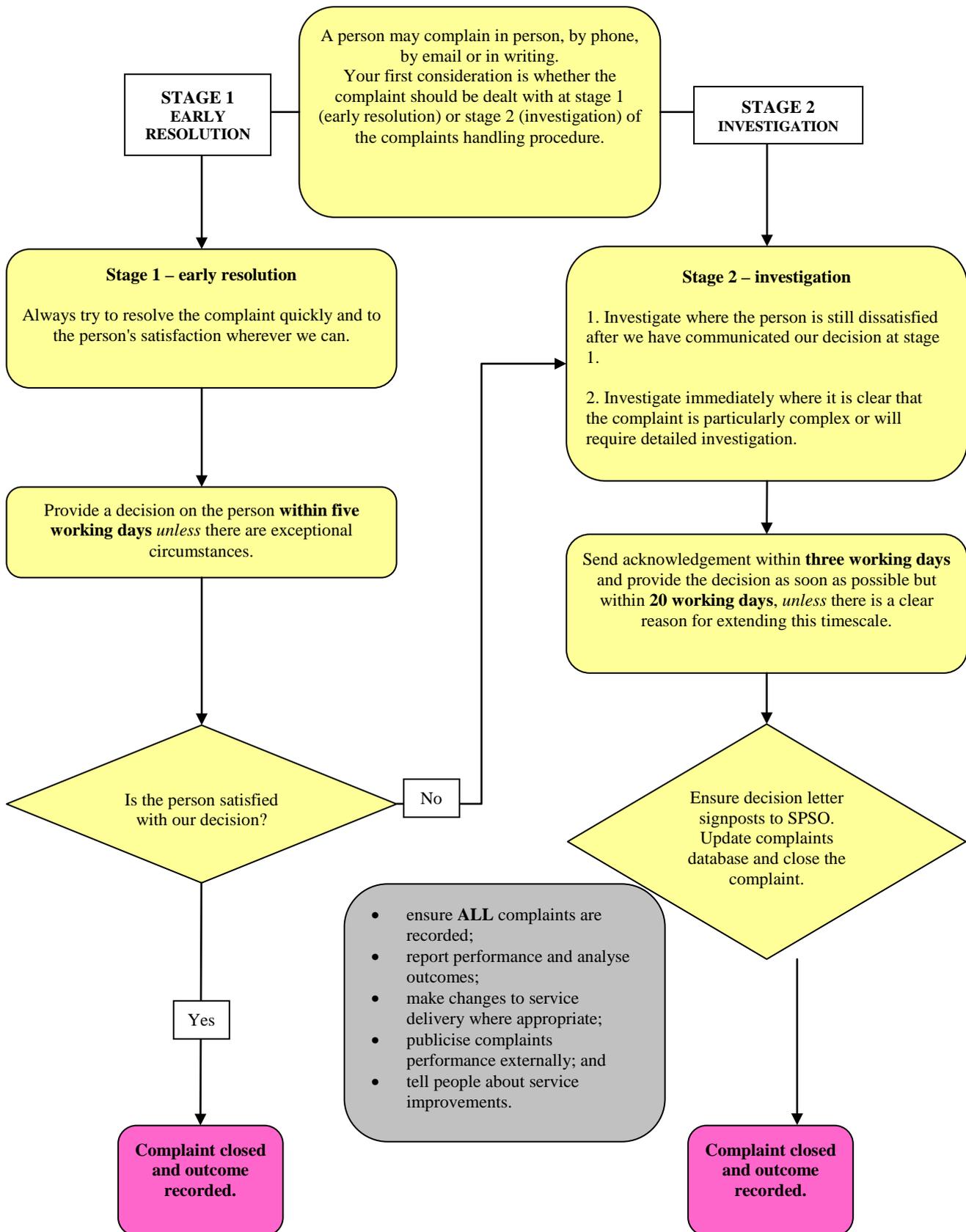
#### **Complaint 5**

We considered complaint 5 at the early resolution stage, where an extension of five days was authorised. At the end of the early resolution stage the person was still dissatisfied. At their request, we conducted an investigation and issued our final response within 20 working days. Although the end-to-end timeline was 30 working days we still met the time targets for investigation.

#### **Complaint 6**

Complaint 6 was considered at both the early resolution stage and the investigation stage. We did not complete the investigation within the 20-day limit, so we agreed a revised timescale with the person for concluding the investigation beyond the 20-day limit.

## Appendix 5: The NHS complaints handling procedure



## **Appendix 6: Complaints Performance Indicators**

### **Indicator One: Learning from complaints**

A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:

- Trends and actions should be published externally quarterly together with a summary of information communicated to patients/customers/service users and signposting to Patient Opinion. Further to this, reporting can consider the complaints where an explanatory meeting was offered, and if this was accepted, the outcome of such meetings in terms of lessons learned, as well as the percentage of persons making the complaints who wished to have an explanatory meeting after the complaint was resolved.
- Qualitative data on complaints should be reported internally quarterly and externally annually. Trends should be highlighted and explained.
- Any services changed, improved or withdrawn should be highlighted with an explanation of any change.
- Actions taken to reduce the risk of reoccurrence should also be highlighted, as well as details of how this has been communicated across the Board.
- A section on feedback, concerns and comments (including compliments) should be included.

### **Indicator Two: Complaint Process Experience**

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

NHS bodies should seek feedback from the person making the complaint of their experience of the process. Understandably, sometimes the person making the complaint will not wish to engage in such a process of feedback. However a brief survey delivered in easy response formats, which take account of any reasonable adjustments, may elicit some response. Information should be sought on:

- Ease of access to the process, including how easy it is to find on websites and via search engines.
- How the person making the complaint was treated by staff (for example were they professional, friendly, polite, courteous etc).
- Whether empathy was shown or an apology offered.
- Timescale in terms of responses being issued or updates as the case may be.
- Clarity of decision and clarity of reasoning.

### **Indicator Three: Staff Awareness and Training**

A statement to report on levels of staff awareness and training. This may also cover those staff who have been trained in mediation (for example) and how many times mediation is used across the organisation in any given year. Training on adverse events and duty of candour may also be included under this heading, as well as

training on root cause analysis and human factors. Suggested headings for providing information under this indicator are:

- How often internal communications are issued on complaints and training and the take up of training after such communications.
- The number of staff, including managers, senior managers and Board members to complete mandatory or bespoke training.
- The number of staff who are undertaking or have completed a recognised professional qualification in this field.
- Details of the Senior Reporting Officer and Board Champion.
- NHS bodies should consider adding complaints and specifically, learning from complaints, into senior manager objectives.

#### **Indicator Four: The total number of complaints received**

The key point is to get a consistent benchmark and therefore it is suggested that a core measure is used which would measure complaints against the number of staff employed by the NHS Body. For example:

- Acute Hospital Services – per episode of patient care
- Prisons – per average population
- GPs – percentage of patients registered with practice
- Pharmacy – per script dispensed per annum
- Dental – percentage patients registered with the practice
- Ophthalmic – per episode of care
- Mental Health – per episode of care
- NHS24 – per call demand in 000s

#### **Indicator Five: Complaints closed at each stage**

The term “closed” refers to a complaint that has had a response sent to the customer and at the time no further action is required (regardless at which stage it is processed and whether any further escalation takes place). This indicator will report:

- the number of complaints closed at stage one as % all complaints
- the number of complaints closed at stage two as % all complaints
- the number of complaints closed at stage two after escalation as % all complaints.

#### **Indicator Six: Complaints upheld, partially upheld and not upheld**

There is a requirement for a formal outcome (upheld, partially upheld or not upheld) to be

recorded for each complaint. This indicator will report:

- the number of complaints upheld at stage one as % of all complaints closed at stage one
- the number of complaints not upheld at stage one as % of all complaints closed at stage one
- the number of complaints partially upheld at stage one as % of all complaints closed at stage one
- the number of complaints upheld at stage two as % of all complaints closed at stage two

- the number of complaints not upheld at stage two as % of all complaints closed at stage two
- the number of complaints partially upheld at stage two as % of all complaints closed at stage two
- the number of escalated complaints upheld at stage two as % of all escalated complaints closed at stage two
- the number of escalated complaints not upheld at stage two as % of all escalated complaints closed at stage two
- the number of escalated complaints partially upheld at stage two as % of all escalated complaints closed at stage two.

#### **Indicator Seven: Average times**

This indicator represents the average time in working days to close complaints at stage one and complaints stage two of the model CHP. This indicator will report:

- the average time in working days to respond to complaints at stage one
- the average time in working days to respond to complaints at stage two
- the average time in working days to respond to complaints after escalation

#### **Indicator Eight: Complaints closed in full within the timescales**

The model CHP requires complaints to be closed within 5 working days at stage one and 20 working days at stage two. This indicator will report:

- the number of complaints closed at stage one within 5 working days as % of total number of stage one complaints
- the number of complaints closed at stage two within 20 working days as % of total number of stage two complaints
- the number of escalated complaints closed within 20 working days as a % of total number of escalated stage two complaints

#### **Indicator Nine: Number of cases where an extension is authorised**

The model CHP requires allows for an extension to the timescales to be authorised in certain circumstances. This indicator will report:

- the number of complaints closed at stage one where extension was authorised, as % all complaints at stage one.
- number of complaints closed at stage two where extension was authorised, as % all complaints at stage two.

## Appendix 7: Who submitted the complaint?

The table below shows the definition of who may submit a complaint as developed by Information Services Division.

<b>Code</b>	<b>Description</b>
Patient	Patient or former patient
Kin	Next of Kin
Partner	Partner
Parent	Parent
Child	Child
Sibling	Sibling
Relative	Other relative
Carer	Carer
Friend	Friend
Neighbour	Neighbour
Minister	Minister
GP	General Practitioner (GP)
Media	Media
Councillor	Local Councillor
Parliament	MP / MSP
Solicitor	Solicitor
Cab	Member of CAB (PASS worker)
Advocate	Advocate
Visitor	Visitor to the NHS
Public	Member of the public
Veteran	Person who has worked in the Armed Forces
Other	Other

## Appendix 8: Consent

Where someone other than the person to whom the complaint relates, or their authorised agent, (including MPs, MSPs and local Councillors), wishes to make a complaint on behalf of a person, we will ensure that any such complaint is handled in accordance with the common law duty of confidentiality and data protection legislation.

In such circumstances we will, for example, check whether consent has been received from the person for the complaint to be made on their behalf. In the event that consent has not been received, we will take this into account when handling and responding to the complaint. In such circumstances we are likely to be constrained as to what we can do in terms of investigating a complaint, or in terms of the information which can be included in the report of such an investigation.

In circumstances where the person does not have the capacity to consent to the complaint being made on their behalf, it is likely to be relevant (for example) to check that the person making the complaint on the person's behalf has a legitimate interest

in the person's welfare and that there is no conflict of interest. It would also be good practice to keep the patient on whose behalf the complaint is being made, informed of the progress of any investigation into the complaint, in so far as that is possible and appropriate.

### **Children and Young People**

All NHS bodies and their health service providers should have and operate clear policies in relation to obtaining consent. These should include where the person who is the subject of a complaint is a child. These procedures should reflect any guidance or advice that may be issued by the Commissioner for Children and Young People in Scotland. The principles in that guidance will be equally relevant to the local operation of the NHS complaints procedure. A number of information leaflets for young people are available on NHS inform including *Confidentiality – Your Rights*.

Generally, a person with parental responsibility can pursue a complaint on behalf of a child where the NHS body or health service provider judges that the child does not have sufficient understanding of what is involved. While in these circumstances, the child's consent is not required (nor is the consent of the other parent), it is considered good practice to explain the process to the child and inform them that information from their health records may need to be disclosed to those investigating the complaint.

Where an NHS body or health service provider judges that a child has sufficient maturity and understanding, the child can either pursue the complaint themselves or consent to it being pursued on their behalf by a parent or third party of their choice. It is also good practice to obtain the child's written consent to information from their health records being released.

### **Adults who cannot give consent**

Where a person is unable to give consent the NHS body or health service provider can agree to investigate a complaint made on their behalf by a third party. However, before doing so they should satisfy themselves that the third party has:

- no conflict of interest; and
- a legitimate interest in the person's welfare, for example if they are a welfare attorney acting on behalf of an individual covered by the Adults with Incapacity Act (2000).

## Appendix 9: Consent form



### NHS Dumfries and Galloway Complaints Handling Procedure – Consent Form

#### Consent to release patient information to a third party

I hereby authorise NHS Dumfries and Galloway to disclose personal information relating to my healthcare to the person(s) named below for the purposes of replying to a complaint.

Or

I hereby authorise the following to act on my behalf in respect of any communications and to receive personal information as appropriate, in response to my complaint or enquiry.

#### Name and address of person to whom disclosure is to be made:

<b>Name</b>	
<b>Address</b>	
<b>Tel:</b>	
<b>Relationship to you,</b> (eg relative, friend, MP/MSP etc)	

Repeat if more than one person to whom disclosure is to be made.

#### Patient's details:

<b>Name</b>	
<b>Address</b>	
<b>Tel:</b>	
<b>Date of Birth</b>	

I understand that to ensure a comprehensive response to my complaint, staff who are bound by a code of confidentiality, may have to refer to my medical record, and I have no objection to this.

<b>Signature</b>	
<b>Date</b>	

## **APPENDIX 10 – Document Control Sheet**

### **1. Document Status**

<b>Title</b>	NHS Dumfries and Galloway Complaints Handling Procedure
<b>Author</b>	Emma Murphy, Patient Feedback Manager
<b>Approver</b>	Health and Social Care Management Team
<b>Version number</b>	3.0

### **2. Document Amendment History**

<b>Version</b>	<b>Section(s)</b>	<b>Reason for update</b>
1.0	ALL	Review in accordance with Scottish Public Services Ombudsman Complaints Standard Authority and Patient Rights (Scotland) Act 2011.
2.0	ALL	Review in accordance with Scottish Public Services Ombudsman Complaints Standard Authority and Patient Rights (Scotland) Act 2011.
3.0	<ul style="list-style-type: none"><li>All</li></ul>	Regular review in accordance with Scottish Public Services Ombudsman Complaints Standard Authority and Patient Rights (Scotland) Act 2011. Reflects the Implementation of the Duty of Candour regulations

### **3. Distribution**

<b>Name</b>	<b>Responsibility</b>	<b>Version number</b>
Corporate Business Manager	Place on Policy Register	3.0
Communications Manager	Place on intranet	3.0
Communications Manager	Place on public website	3.0
Management Team	Disseminate to all staff through line management	3.0

### **4. Associated documents**

Patient Rights (Scotland) Act 2011, Can I Help you? Guidance  
NHS Dumfries and Galloway Unacceptable Actions Policy

## 5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Available on intranet/Internet	Patient Services	June 2020
Dissemination to senior staff through line management	Board Management Team	June 2020
Raise awareness/inform staff	All line managers	Ongoing
Use policy	All staff	1 June 2020 onwards

# Impact Assessment Toolkit Form

Update as at March 2018



# Content

**SECTION 1 General Information**

**SECTION 2 Aims of the function or policy**

**SECTION 3 Evidence**

**SECTION 4 Impacts**

**SECTION 5 Monitoring and Reviewing**

**SECTION 6 Public Reporting of Results (information required for the Summary Sheet)**

**SECTION 7 Quality Assurance**

## Section 1 : General Information

		<b>Guidance</b>
1	Name of policy: Complaints Handling Procedure	The word policy is used throughout this document for ease but it could also be a strategy, plan, project or budget option (saving or income generation).
2	Is this policy: <input type="checkbox"/> new <input checked="" type="checkbox"/> reviewed	
2	Lead Service(s) involved in the delivery of this policy:  Patient Services	
3	Who else is involved in the implementation of this policy:  Scottish Government Scottish Public Services Ombudsman	e.g. other Services or partner agencies
5	Lead person: Emma Murphy, Patient Feedback Manager	The lead person should be someone who has a good knowledge of the policy to be assessed and has been trained in the toolkit.
6	Names and organisations of those involved in the process : Michaela Cannon (Patient Feedback Officer) and Lynsey Fitzpatrick (Equality and Diversity Lead)	The tool should be completed by no fewer than two people. It is good practice to involve stakeholders and in particular the relevant Equality and Diversity Group(s) must be involved.
7	Date of Impact Assessment (IA): 19 May 2020	
8	Do all participants understand the Guidance?  <input checked="" type="checkbox"/> Yes	The lead person should check all attending have read and understood the purpose or process of IA

## Section 2 : Aims of the policy

		Guidance
9	<p>What are the main aims of the policy? Please list</p> <p>The Complaints Handling Procedure (which is based on the Scottish Public Services Ombudsman’s Model Complaints Handling Procedure) aims to provide a quick, simple and streamlined process for resolving complaints early and locally by capable, well-trained staff.</p>	<p>This should describe the policy and what you are trying to do. Think about:</p> <ul style="list-style-type: none"> <li>• Why is it needed?</li> <li>• What outcomes does the organisation hope to achieve by it?</li> <li>• In particular will the policy contribute to the organisations’ Objectives/Priorities, the Single Outcome Agreement and/or Health and Social Care Integration?</li> </ul>
10	<p>Will the policy assist in meeting the aims of legislation?</p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Patient Rights (Scotland) Act 2011</li> <li>• Equality Act 2010</li> <li>• Healthcare Quality Strategy for Scotland 2010</li> <li>• Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016</li> <li>• Duty of Candour Procedure (Scotland) Regulations 2018</li> <li>• Apologies (Scotland) Act 2016</li> <li>• The Health and Social Care Standards</li> <li>• The Patient Charter</li> </ul>	<p>The purpose of IA is to assess which individuals or groups will be most affected and how. Think also about how the policy will be delivered (e.g. through existing outlets?) and how it will be communicated to clients</p>

## Section 3 : Evidence

	<b>Guidance</b>
<p>11 What evidence has or will be used to identify any potential positive or negative impacts?</p> <p>Insert details in the boxes below (a) to (e):</p>	<p>Evidence could be based on a specific geographical area or a community of interest and could include consultations, surveys, focus groups, interviews, pilot projects, user feedback (inc. complaints made), officer knowledge and experience, equalities monitoring data, academic publications, consultants' reports, etc. Also identify where there are gaps in the evidence and set out how these will be filled.</p>
<p>(a) Involvement in development/ review</p> <p>The procedure has been developed by NHS complaints handling experts working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS, which complies with the SPSO's guidance on a model complaints handling procedure, meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.</p> <p>The review has been conducted by the Patient Feedback Manager and Patient Feedback Officer, with oversight from the Associate Director of AHPs.</p>	<p>Who has been involved in the development so far of your policy?</p>
<p>(b) Research</p> <p>Review of the updated Model Complaints Handling Procedures for other sectors under the SPSO's jurisdiction. We have added some of the wording from those procedures to our reviewed procedure.</p>	<p>Have you conducted any research or what research are you using?</p>
<p>(c) Officer/Practitioner knowledge and experience</p> <p>Those involved in preparing and reviewing the policy have significant expertise in complaints handling, patient feedback and conflict management.</p>	<p>What expertise or individual information are the group using to inform their judgements?</p>
<p>(d) Monitoring data</p>	<p>What data is available locally or nationally to inform the group?</p>

<p>Complaints are recorded on Datix and performance against a number of local and national indicators is reported monthly (locally) and annually (nationally).</p> <p>The annual report for 2018-19 is available <a href="#">here</a>.</p>	
<p>(e) Feedback</p> <p>Our approach to complaints handling was considered as part of the Scottish Government's Annual Review of the First Year of the Model Complaints Handling Procedure in 2019 (available <a href="#">here</a>) and a number of local areas of good practice were highlighted. Our patient feedback procedures and processes have also recently undergone an internal audit. Whilst the final report is awaited, the draft has informed the review.</p>	<p>What feedback is available to inform the IA? e.g. both positive and negative users experiences of the policy – surveys, Board or Elected Members enquiries and comments etc</p>

## Section 4: Impact Areas

This section covers the Protected Characteristics, Human Rights, health, climate change and sustainable development.

### 12 AGE

This refers to children and adults of a particular age or age range.

Remember different age groups have different concerns e.g.

- violence is more likely to happen to you if you are a young man but the fear of crime can be debilitating if you are an older or lone woman.
- can all age groups access your service even on a dark winter night?
- children (people under 18) have a right to advice and information but this may need to be in a different format from the same information directed at adults
- when considering age/ children remember that some children are more vulnerable or have particular issues that may need additional consideration, for example children in poverty or Looked After Children (LAC).

Useful website: [UN Convention on the Rights of the Child](#)      [Age UK](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	X			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. Information is also provided on support options for those giving feedback i.e. advocacy and PASS.</p> <p>One of the options we promote for providing feedback is through the independent organisation Care Opinion. They have some specific branding (<a href="#">‘monkey’</a>) to encourage children to engage with their service.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 13 DISABILITY

A person has a disability if they have a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

- How does this policy affect disabled people in Dumfries and Galloway?
- Is there any reason to believe that disabled people are being, or could be, adversely affected by this policy?
- Are there any impairment groups who are particularly adversely affected by the policy?
- Could your policy adversely affect individuals as a result of something arising from their disability?
- Does your policy ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld?

Useful websites and publications: [Disability Rights](#) [Equality and Human Rights Commission](#) [DGVoice](#)  
[Keys to Life Report- Improving Quality of Life for People with Learning Disabilities](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	x			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback.</p> <p>The Board's feedback leaflet (which outlines all feedback options) has been reviewed by the Intellectual Disabilities manager to ensure that it is accessible and clear. The leaflet and our web information signposts to support options for those giving feedback i.e. <a href="#">advocacy</a> and <a href="#">PASS</a>. We also promote <a href="#">ContactSCOTLAND-BSL</a> as a means of contacting us.</p> <p>Care Opinion has an option for feedback to be gathered via '<a href="#">talking mats</a>'. They also accept feedback as drawings as well as in writing.</p>

			<p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>
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## 14 SEX (GENDER)

This covers biological sex - whether you are a man, a woman or non-binary. Non-binary is used for people who don't feel male or female; they may feel like both, or something in between, or they may not relate to gender at all. Some prefer to use the pronoun "they" rather than he or she.

- e.g. does the function or policy take account of different roles and responsibilities?  
 does it assume, perhaps wrongly, that men for example, have no caring responsibilities?  
 is the function or policy flexible enough to provide a service that everyone can access?

Useful websites: [Scottish Women's Convention](#) [Fawcett Society](#) [Engender](#) [Equality and Human Rights](#) [A Voice for Men](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>In managing feedback, the Board have appropriate data protection and confidentiality processes in place to ensure consent is in place before disclosing any personal sensitive information (including between families). This ensures that assumptions are not made about who information can be disclosed to (for example a spouse).</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 15 GENDER REASSIGNMENT (TRANSGENDER IDENTITY)

This covers both:

- **Gender reassignment**, which is the process of transitioning from one gender to another. Individuals in this category are often termed transsexual. Gender reassignment does not need to involve any medical supervision or surgical procedures; it could simply involve a permanent change of the social gender role in which the person lives their life, (for example through a permanent change of name and the way they dress).
- **Other transgender identities** - such as polygender, androgyne, intersex, cross-dressing and transvestite people. The terms **transgender** and **trans** are both widely used by equality organisations to refer to a diverse range of people who find their gender identity does not fully correspond with the sex they were “assigned” at birth. Although the term transgender does refer in part to transsexual people (see above), not all transgender people will undergo the process of gender reassignment, but may face similar barriers to access.
- e.g. does your policy, function or service include people of different gender identities? Will your facilities impede transgender individuals in any way?

Useful websites: [Equality and Human Rights](#) [Transgender Equality and Rights](#) [Equality Network](#) [LGBT Youth](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	x			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide</p>

				<p>their feedback.</p> <p>When Patient Services linked in with LGBT Plus, a number of transgender patients expressed a desire for an anonymous feedback mechanism. Care Opinion provides this option and this has been promoted via LGBT Plus to their service users. Care Opinion is also heavily promoted throughout the Board with an emphasis on their independence and that the feedback submitted is anonymous.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>
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## 16 MARRIAGE AND CIVIL PARTNERSHIP

The rights and responsibilities that come with marriage and civil partnership are almost identical although civil partnerships in Scotland are currently only available to same-sex couples. Under the Equality Act 2010 it is unlawful discrimination for people who are married or in a civil partnership to be treated less favourably in employment than people who are not married or in a civil partnership.

Equality legislation also protects people in relation to sexual orientation, which means that you cannot be treated less fairly as a same-sex couple than a mixed-sex couple would be treated.

Useful websites:

[Registration – Getting Married or Registering a Civil Partnership in Scotland](#)  
[Marriage and Civil Partnership in Scotland](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct  <b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of</p>

				feedback from individuals with protected characteristics).
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## 17 PREGNANCY AND MATERNITY

Pregnancy is the condition of being pregnant/expecting a baby. Maternity refers to the period after the birth. Protection against maternity discrimination covers 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

e.g. Do you provide facilities for breastfeeding mothers?

Useful websites:

[Maternity Pay and Leave](#)

[Maternity Leave and Pay – ACAS](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 18 RACE

This refers to a group of people defined by their ethnic or national origins, race, colour, and nationality (including citizenship). All minority race and ethnic groups are covered including, for example, gypsies and travellers, Jews, English as well as visible minority groups like African, Caribbean and Asian.

Consider the impact your function or policy has on someone from a minority ethnic group. Remember the impact may differ depending on the gender, disability, faith, sexual orientation or age of the person as different cultures have different views on what is acceptable.

e.g. What about language and information? Is it in the right format?

Useful websites: [Equality and Human Rights](#) [BEMIS – Scotland's Ethnic & Cultural Minority Communities](#) [CEMVO](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>Patient Services are in the process of having the feedback leaflet translated in to a number of different languages</p>

				<p>(including BSL). PASS and advocacy leaflets are also available in different languages. Interpretation and translation is also available for appointments, meetings, discussions and written information.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>
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## 19 RELIGION OR BELIEF

Religion is the worship or faith in a God or Gods but belief is wider and includes religious, spiritual and philosophical beliefs. It also includes lack of belief or no belief in religion (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

e.g. Does the function or policy take into account different festivals, holidays, religious days and traditions? Will the different faith beliefs impact on, for example, women from that group and exclude or prevent them from using the service?

Useful website: [Interfaith Scotland](#) [National Secular Society](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>removing or minimising disadvantage</li> <li>meeting the needs of particular groups that are different from the needs of others</li> <li>encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

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## 20 SEXUAL ORIENTATION

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This includes people who are heterosexual, lesbian, gay or bisexual.

e.g. What are the issues for this group in terms of your function or policy? Are the needs of this group being met?

Useful website: [LGBT Youth](#) [Stonewall Scotland](#) [Equality Network](#)

How does your policy affect this protected characteristic?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> equality of opportunity by having due regard to:</p> <ul style="list-style-type: none"> <li>• removing or minimising disadvantage</li> <li>• meeting the needs of particular groups that are different from the needs of others</li> <li>• encouraging participation in public life</li> </ul> <p><b>Foster</b> good relations – tackle prejudice, promote understanding</p>	<p>x</p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>Patient Services also regularly link in with local established groups and services within the Board and local authority (e.g. Sensory Support) to understand how we can best support specific groups, patients, clients and service users to provide feedback. Additionally, Patient Services can offer support to individuals when liaising with services to provide their feedback.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 21 HUMAN RIGHTS

This is about protecting and promoting individuals' rights and freedoms in relation the Human Rights Act 1998. The UN Convention on the Rights of the Child has a much broader approach that may be of interest and reference although the focus of the Impact Assessment is the UK legislation, linked below.

1	<b>The right to life</b> – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody;
2	<b>The prohibition of torture and inhuman treatment</b> – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation
3	<b>The right to liberty and freedom</b> – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime
4	<b>Protection against slavery and forced labour</b> – you should not be treated like a slave or subjected to forced labour;
5 and 6	<b>The right to a fair trial and no punishment without law</b> - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law
7	<b>Respect for privacy and family life</b> – protects against unnecessary surveillance or intrusion into your life
8	<b>Freedom of thought, religion and belief</b> – you can believe what you like and practise your religion or beliefs
9 and 10	<b>Free speech and peaceful protest</b> – you have a right to speak freely and join with others peacefully, to express your views
11	<b>The right to marry</b> - you have the right to marry and raise a family
12	<b>No discrimination</b> – everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age
13,14 and 15	<b>Protection of property, the right to an education and the right to free elections</b> – protects against state interference with your possessions; means that no child can be denied an education and that elections must be free and fair

Please refer to the Guidance for more information.

Useful Websites and documents: [Scottish Human Rights Commission](#), [Equality and Human Rights Commission](#)  
[A Guide to the Human Rights Act for Public Authorities](#)  
[UN Convention on the Rights of the Child](#)

How does your policy affect people's human rights?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> discrimination, harassment, victimisation or any other prohibited conduct</p> <p><b>Advance</b> the aims of the Human Rights Act</p> <ul style="list-style-type: none"> <li>• Prevent breaches of human rights</li> <li>• Respect people's rights</li> <li>• <b>Foster</b> good relations – tackle prejudice, promote understanding</li> </ul>	x			<p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 22 HEALTH & WELLBEING and HEALTH INEQUALITIES

This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving your potential. It also covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem. The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.

Think about the determinants of health and the different causes of health inequalities:

- **fundamental causes** like macro-economic position, societal values about fairness and equity
- **wider environmental influences** like availability of jobs; physical environment e.g. pollution, housing, food production, learning, availability services, democratic engagement
- **individual experiences** like mental health and wellbeing, family income, home and heating, diet and nutrition, exercise and physical activity, substance use, learning, readiness for school, ability to navigate services, connectedness, community involvement and personal resilience
- **socio-economic disadvantage** like low income, low wealth, material deprivation and area deprivation

Think about the different causes and types of poverty:

- Will this policy give people and families experiencing poverty the opportunity to make sure that their **voice is heard**?
- Will the policy support people experiencing poverty to **move from dependence to independence**?
- Will the **information and services be easy to access**?
- Will the policy **provide services that meet the needs of people** experiencing poverty?

Think about how this policy will impact on increasing opportunities for:

- Participation in physical activity
- Accessing healthy food choices
- Promoting positive mental health and wellbeing

Useful websites and publications: [Health Services](#) [Health Inequalities in Scotland](#) [Joseph Rowntree Foundation](#) [Dumfries and Galloway Council Tackling Poverty](#) [Fairer Scotland Duty](#)

How does your policy impact on health and wellbeing and health inequalities?

Indicate if the impact is positive or negative or if there is no impact	<b>Positive Impact</b>	<b>No Impact</b>	<b>Negative Impact</b>	<b>Comments</b>
<p><b>Eliminate</b> inequalities and increase access to opportunities for improving health and wellbeing</p> <p><b>Advance</b> opportunities for increasing health and wellbeing across the whole population</p> <p><b>Foster</b> good practice for population wide health and wellbeing</p>	<p><b>x</b></p>			<p>This procedure and the supporting guidance and activities ensures that feedback mechanisms are well publicised and accessible, with a variety of options available for people to choose from when seeking to give feedback. The leaflet and our web information signposts to support options for those giving feedback i.e. advocacy and PASS.</p> <p>The procedure places a responsibility on the Board to learn from feedback. This procedure therefore has a wider impact on the improvement of services (including as a result of feedback from individuals with protected characteristics).</p>

## 23 ECONOMIC AND SOCIAL SUSTAINABILITY

This is about e.g. pay, employment opportunities, assisting businesses to develop or grow, welfare to work schemes and disadvantaged groups, local self-help schemes, and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience. The Fairer Scotland Duty places a requirement on public bodies to actively consider how they can reduce inequalities of outcome in any major decision they make.

How will your policy impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encourage investment in skills and training, assist people on low incomes or support other disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally, and increase access to facilities for arts, cultural and leisure pursuits.

How will the policy work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?

Does your policy encourage the payment of the Living Wage?

Useful websites and publications: [Poverty Alliance](#)      [Scottish Living Wage](#)

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> disadvantage or inequality</p> <p><b>Advance</b> opportunities for individuals</p> <p><b>Foster</b> good relations and sustainability of communities</p>		x		

## 24 ENVIRONMENTAL SUSTAINABILITY, CLIMATE CHANGE AND ENERGY MANAGEMENT

This is about enhancing the built environment, preserving local heritage, reducing the need to travel by improving or adding to local facilities, conditions for pedestrians and cyclists and promote public transport, living conditions such as housing and green spaces, biodiversity, the amount of emissions, fuel consumption, fuel use, renewable energy technologies,

If the effect or possible effect is minimal, no action is required under the requirements of Strategic Environmental Assessment (SEA) but there is a duty under the Environmental Assessment Scotland Act 2005 to notify the SEA authorities. There are templates available to help this process. This should be noted on the summary sheet.

If there is any likely positive or negative environmental effect, a full SEA may be required.

In order to comply with the Climate Change (Scotland) Act and [Carbon Reduction Commitment Energy Efficiency Scheme](#) organisations must maintain accurate records and data with regard to its Emissions. If your policy may lead to a change in levels of emissions, has account been taken of the need to accurately record this data?

Will your policy affect infrastructure, land or buildings?

Indicate if the impact is positive or negative or if there is no impact	Positive Impact	No Impact	Negative Impact	Comments
<p><b>Eliminate</b> bad practice particularly in waste and carbon usage</p> <p><b>Advance</b> good practice, particularly the use of innovative technology</p> <p><b>Foster</b> a culture of personal responsibility</p>		x		

## 25 SUMMARY OF IMPACT

Summarise your results from section 12 to 24 in the table below:

<u>Impact Area</u>	<u>Positive Impact</u>	<u>No Impact</u>	<u>Negative Impact</u>
Age	X		
Disability	X		
Sex	X		
Gender reassignment and Transgender	X		
Marriage and Civil Partnership		X	
Pregnancy and Maternity	X		
Race	X		
Religion or belief	X		
Sexual orientation	X		
Human Rights	X		
Health & Wellbeing & Health Inequalities	X		
Economic & Social Sustainability		X	
Environmental Sustainability, Climate Change and Energy Management		X	
	Total Positive Impacts = 10	Total No Impacts = 3	Total Negative Impacts = 0

Positive and No Impact(s) - the Policy needs no further IA at this stage. Transfer the totals to the Summary Sheet for publication

Negative Impact(s) - please complete section 26

26 If Negative Impact(s) have been identified choose the most appropriate option below (a, b or c). Once you have identified your option, record your decision in the table below highlighting the Impact Area and action to be taken.

- a. **unjustifiable** - your policy must be revised and rewritten to remove the negative impact. This is the concept of 'treat' in risk management
- b. **can be justified** without further consultation. The justification is noted and recorded and the policy is signed off. This is the concept of 'managed' in risk management
- c. **may or may not be justifiable** - the proposed justification for the risk is noted and the policy is then consulted upon at the level that is appropriate. For instance, an employment policy may require only internal consultation where as a service delivery policy may require partner and external consultation.

Impact Area	Option (a), (b) or (c)	Explanation and action to be taken

Once completed transfer the actions to the Summary Sheet for publication

## Section 5 : Monitoring And Reviewing

		<b>Guidance</b>
<p>27 How will the implementation of the policy be monitored?</p> <ul style="list-style-type: none"> <li>• Regular reports to Healthcare Governance, Board, the SPSO and Scottish Government.</li> <li>• There is a statutory performance indicator relating to feedback from those using the procedure.</li> <li>• Our complaints handling is also scrutinised by the SPSO when they are investigating specific cases.</li> </ul>		<p>e.g. customer satisfaction questionnaires.</p>
<p>28 What (if any) environmental data is to be monitored and who is responsible for the collection of this data?</p> <p>N/A</p>		
<p>29 How will the results of the monitoring be used to develop the policy?</p> <p>Any significant issues or developments will be fed through the National Complaints Handlers Network and discussed with the SPSO. Minor AND/OR URGENT amendments will be made as and when required.</p>		<p>This information will be useful when you review the policy</p>
<p>30 When and how is the policy due to be reviewed?</p> <p>The policy will be reviewed every three years by Patient Services (and more frequently if national amendments or updates are announced).</p>		<p>Detail who is responsible. If there are a significant number of negative impacts, then an earlier date may be recommended</p>

## Section 6 : Quality Assurance and Public Reporting of Results

(Information required for the Summary Sheet)

The organisation is required to publish the findings and results of all IAs conducted.

Monitoring of IA returns will be carried out by expert advisors and may result in additional information being required or a revised assessment.

The lead person is responsible for collating the key comments and actions. All members of the group should receive a copy of the final impact assessment.

The impact assessment information should be reported as part of the approval process for the policy.

The lead person is responsible for sending a copy of this completed Impact Assessment Toolkit form to the relevant service for the lead organisation where it will be quality assured and then part or all will be published on the public website.

For Dumfries and Galloway Council this is the Planning and Performance Unit - email it to [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

For NHS Dumfries and Galloway email it to [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)

## Section 7 : Improving the Impact Assessment Process

**Feedback (optional)** - Please use the space below to detail any matters arising from the Assessment which will help us improve the process

	Please tick (✓)					
Please score from 1 to 6 where 1 is low and 6 is high	1	2	3	4	5	6
1 How well did this toolkit help you understand the IA process?						
2 Did the toolkit assist you in improving your policy?						
3 Was the language and format easy to follow?						

4 Any other comments
----------------------

Please send this form to:

Planning and Performance Unit, Dumfries and Galloway Council, Council Offices, Dumfries DG1 2DD Drop Point: 320  
or email: [ImpactAssessment@dumgal.gov.uk](mailto:ImpactAssessment@dumgal.gov.uk)

Equality and Diversity Lead, NHS Dumfries and Galloway, High East, Crichton Hall, The Crichton, Dumfries DG1 4TG  
or email: [lynsey.fitzpatrick@nhs.net](mailto:lynsey.fitzpatrick@nhs.net)

## DUMFRIES and GALLOWAY NHS BOARD

6<sup>th</sup> July 2020



### Annual Report 2019/20 on the Dumfries and Galloway Local Child Poverty Action Report

**Authors:**

Philip Myers  
Health and Wellbeing Specialists

**Sponsoring Director:**

Valerie White  
Interim Director of Public Health

Laura Gibson  
Health and Wellbeing Specialists

**Date:** 15<sup>th</sup> June 2020

#### RECOMMENDATION

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

- Approve the second Annual Dumfries and Galloway Local Child Poverty Action Report as detailed in the Appendix, noting the highlights set out in section 3.3
- Approve the final report be submitted to Scottish Ministers as set out in section 3.6

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

- Note the background and requirements of the Local Child Poverty Action Report as set out in sections 2.1 to 3.2
- Note that the outline Action Plan for 2020-2023 is to be further developed by the Children's Services Executive Group (with input from NHS Dumfries and Galloway), taking into account the impact of the COVID 19 pandemic as set out in section 3.4 and 3.5

#### CONTEXT

**Strategy / Policy:**

To address child poverty in Scotland the Scottish Government has set itself ambitious targets to reduce poverty which were introduced through the Child Poverty (Scotland) Act 2017 (hereafter referred to as 'the Act').

As part of the Act and supporting the Scottish Government's Child Poverty Delivery Plan there is a requirement for Local Authorities and Health Boards to jointly prepare an annual local Child Poverty Action Report (CPAR).

Scotland's Public Health Priorities 2 and 5 link to child poverty – *A Scotland where we flourish in our early years* and *A Scotland where we have a sustainable, inclusive*

*economy with equality of outcomes for all.*

The Dumfries and Galloway Children's Services Plan details two key priorities which relate to child poverty. Priority 2 *We will ensure that children and young people get support at the earliest appropriate time through prevention and early intervention* and Priority 4 *We will work to reduce or remove barriers so that children and young people have equity of opportunity.*

The Scottish Government led *Best Start five-year plan for maternity and neonatal care* places the mother and child at the centre of their care, offering a family-centred and compassionate approach to care. This approach should acknowledge the wider aspects of paternal and child health and wellbeing.

Adapting a *Rights Based Approach* which recognises children's contributions and involvement in society while responding to their needs is a key principle.

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

There are strong associations between poverty, deprivation and child health outcomes. From available evidence we know that those experiencing poverty are at greater risk of physical and mental health problems. Specifically, poverty has been linked with poorer diet, lower levels of physical activity, higher rates of teenage pregnancy, worse dental and oral health, increased exposure to smoking and behavioural and language problems. Those experiencing poverty often face stigma, discrimination and challenges in accessing services.

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that can have huge impact on children and young people throughout their lives. Living in poverty is one such adversity which can have negative long term effects. As an organisation NHS Dumfries and Galloway can contribute to the efforts to mitigate child poverty and reduce health inequalities by supporting a number of initiatives, both in-house and through working in partnership with Community Planning Partners.

**GLOSSARY OF TERMS**

CPAR – Child Poverty Action Report

ACE's - Adverse Childhood Experiences

LOIP - Local Outcome Improvement Plan

CSEG - Children's Services Executive Group

## MONITORING FORM

Policy / Strategy	<p>The following Policies and Strategies link to this paper:</p> <ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017 and the Child Poverty Delivery Plan</li> <li>• Scotland’s Public Health Priority 2 – <i>A Scotland where we flourish in our early years</i></li> <li>• Scotland’s Public Health Priority 5 – <i>A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.</i></li> <li>• Dumfries and Galloway Children’s Services Plan - Priority 2 <i>We will ensure that children and young people get support at the earliest appropriate time through prevention and early intervention</i> and Priority 4 <i>We will work to reduce or remove barriers so that children and young people have equity of opportunity</i></li> <li>• Best Start five-year plan for maternity and neonatal care</li> </ul>
Staffing Implications	<p>No current staffing implications currently identified. Where any new projects require additional staffing resource there will be discussion with appropriate managers and committees.</p>
Financial Implications	<p>No current financial implications currently identified. Where any new projects require additional financial resource and there is an identified financial implication for NHS Dumfries and Galloway there will be discussion with appropriate managers and committees.</p>
Consultation / Consideration	<p>The Council’s Senior Leadership Team, Senior Council Managers, the Children’s Services Executive Group, the Tackling Poverty Co-ordination Group and the Dumfries and Galloway Equality and Diversity Working Group have been consulted with on the content of the CPAR and agree its content.</p>
Risk Assessment	<p>Not undertaken. Where new projects are identified risk assessments will be undertaken as part of core planning.</p>
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>There is potential reputational risk (from national and local bodies and local communities) associated in not meeting the requirements of the Child Poverty Act.</p>
Sustainability	<p>Supporting individuals and families out of poverty has a positive impact on reducing economic inequalities therefore supporting the notion to build a fair and sustainable economy for all.</p>

Compliance with Corporate Objectives	This paper complies with all the corporate objectives as we work together to develop and use innovative person-centred approaches which protect, improve the health and wellbeing of the population and reduce health inequalities.
Local Outcome Improvement Plan (LOIP)	Partnership working with Community Planning Partners as part of a whole system approach to reducing child poverty is key. Specifically this paper links to the following LOIP Outcomes: <ul style="list-style-type: none"> <li>• Outcome 2: Learning opportunities are available to those who need them most</li> <li>• Outcome 3: Health and wellbeing inequalities are reduced</li> <li>• Outcome 4: There is affordable and warm housing for all</li> <li>• Outcome 5: The money available to people on Benefits and low wages is maximised</li> </ul>
Best Value	Best value is an underpinning principle of all work associated with this paper and the following best themes are addressed in the paper: <ul style="list-style-type: none"> <li>• Vision and leadership</li> <li>• Effective partnerships</li> <li>• Governance and accountability</li> <li>• Use of resources</li> <li>• Performance management</li> </ul>
<p><b>Impact Assessment</b></p> <p>As this report does not propose a change in policy/strategy it is not necessary to complete an Impact Assessment. As the Action Plan for 2020-2023 is developed an Impact Assessment will be undertaken (both on the full Action Plan and individual projects). The Dumfries and Galloway Equality and Diversity Working Group were consulted with during the development of the CPAR.</p>	

## **1. Situation**

1.1 Within the requirements of 'the Act' NHS Dumfries and Galloway have a statutory duty to work in partnership with the local authority and other Community Planning Partners to develop actions which address child poverty within Dumfries and Galloway.

1.2 The purpose of this report is to present the 2019/2020 Annual Child Poverty Action Report (CPAR) for Dumfries and Galloway and highlight the outline Action Plan for 2020-2023.

## **2. Background**

2.1 To address child poverty in Scotland, the Scottish Government set ambitious targets to reduce poverty, which were introduced through the Child Poverty (Scotland) Act 2017.

2.2 The Act introduced provisions requiring Scottish Ministers to prepare Delivery Plans relating to child poverty targets within the Act. The first Delivery Plan was required to be prepared by 1 April 2018. Thereafter, Plans must be prepared by 1 April 2022 and 1 April 2026 with a final Report due in 2031. Scottish Ministers are also required to prepare reports on an annual basis which set out progress made during that year towards meeting the child poverty targets and implementing their Delivery Plan.

2.3 The Act also introduced a requirement for local authorities and each relevant Health Board to prepare jointly a Local CPAR, as soon as is practicable after the end of each reporting year. Guidance was also produced that sets out the recommended content of the Annual Reports and to have the Report supported by the Community Planning Partnership. The Act does not specify a cut-off point for submission of reports however it does require that the Reports be submitted to Ministers within three months of the end of the reporting year which is the subject of the Report. To align with these timescales, local partners (local authorities and relevant Health Boards) are requested to aim for submission of their reports by 30 June each year. While the Scottish Government has encouraged local partners to meet this timetable for the 2019/20 Annual Reports, it has recognised that at this time limited officer resources are available to partners and there may be a delay this year. However, given the importance of this issue, Officers have drafted the Report and it is presented as originally scheduled.

2.4 The three Drivers of Child Poverty identified by the Scottish Government are at a macro-economic level:

- Income from Employment
- Costs of Living
- Income from Social Security and benefits in kind

While the Local Action Reports can describe the contributions of partners at their local level, and mitigations of any negative impacts, it is recognised local partners have limited control over these issues.

2.5 The six Priority Groups identified as High Risk of Child Poverty by the Scottish Government are:

- Lone parents
- Disabled person in the household
- 3+ children
- Minority ethnic families
- Youngest child aged <1
- Mothers aged <25

2.6 In addition to reflecting the work undertaken over the preceding year, the Annual Reports are required to set out an Action Plan for the year(s) ahead.

### 3. Assessment

#### Dumfries and Galloway Annual Report 1 April 2018 to 31 March 2019

3.1 The Children's Services Executive Group (CSEG) is the lead body for this work in our region. The first Dumfries and Galloway Annual Report – for 2018/19 – was developed by CSEG, approved by Dumfries and Galloway Council on 27 June 2019, endorsed by the Community Planning Partnership Board on June 2019, approved by NHS Dumfries and Galloway Performance Committee on 2 September 2019 and submitted to the Scottish Government.

3.2 The first draft of the Action Plan for 2019/20 was developed during the year and was endorsed by the Community Planning Partnership Board at its meeting on 13 March 2020.

#### Dumfries and Galloway Annual Report 1 April 2019 to 31 March 2020

3.3 The draft Annual Report for 2019/20 has been developed by Officers from Dumfries and Galloway Council and NHS Dumfries and Galloway. The draft is attached as the **Appendix** to this report. Highlights of the year to 31 March 2020 are as follows:

- There is a stronger focus on the UN Convention of Children's Rights (section 3 of the Annual Report)
- A Self-Assessment against a set of 22 recommendations (drawn up by the Poverty and Inequalities Commission) following a review of the 2018/19 Annual Reports from across all Scottish Councils and Health Boards shows that out of the 18 Recommendations which are relevant to local Reports, Dumfries and Galloway had achieved 7; 10 are in progress; and 1 had not been achieved (Appendix 1 of the Annual Report)
- Evidence of substantial improvements in relation to engagement with parents, children and young people (Section 5 of the Annual Report)
- Evidence of significant activity and investment across partners, and positive impact, in relation to the three Drivers of Child Poverty and the Priority Groups (Section 8.4 of the Annual Report)
- Achievement of the 2019/20 Action Plan. It shows that out of the 19 Actions: 7 are ranked as complete, 9 are in progress, 2 have been delayed and data is not yet available for 1 (Appendix 2 of the Annual Report)

In 2019/2020 a number of activities have been undertaken by NHS Dumfries and Galloway including;

- The NHS Staff Working Well Strategy includes actions on financial inclusion for staff. This includes providing information for staff on Credit Unions, and welfare benefits (including Universal Credit). Work has also been undertaken to provide information on available sources of support for staff experiencing money worries e.g. Money Matters, Citizens Advice Service. There is continuing activity to promote organisational policies which are family friendly
- There has been substantial work undertaken to improve links between money advice and support services and health services. This has led to a greater number of referrals to support services and substantial financial gains for families living in Dumfries and Galloway

For 2019/2020 the number of referrals/client contacts and client financial gains resulting from NHS Dumfries and Galloway referrals are:

<b>Service Provider</b>	<b>Number of referrals/client contacts</b>	<b>Client financial gains (£)</b>	<b>Financial gains (£) per referral/client</b>
Dumfries and Galloway Council Financial Inclusion Assessment Team	313	114,980	368
Dumfries and Galloway Citizens Advice Service	292	240,578	824
<b>Total</b>	<b>605</b>	<b>355,558</b>	

Referrals and average financial gain have increased between 2018/2019 and 2019/2020 for all services. This could be the result of improved detection of need and/or increasing levels of financial need.

- Working with the Children and Young People Improvement Collaborative, Health Visiting staff and Dumfries and Galloway Citizens Advice staff have participated in an Improvement Practicum which has focused on reviewing and enhancing the processes for referral to financial and welfare advice. This has resulted in a more robust referral pathway, development of e-referrals and improved arrangements for feedback loops between the referring organisation and recipient service provider
- The Best Start Strategy has been rolled out for maternity and neonatal care. The relevant aspect of this work for child poverty is that women experience real continuity of care, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require
- Promoting of child poverty sensitive practice and ensuring service development takes into consideration any impacts on child poverty though using Integrated Impact Assessment
- Participation the national Challenge Poverty Week 2019 – awareness raising
- Training in financial inclusion awareness for staff who have direct contact with families

3.4 With regards to the future Action Plan, the Community Planning Partnership Board endorsed the alignment of the Local Child Poverty Action Plan with the Children's Services Plan and it is therefore for a three-year period 2020-2023.

3.5 However, the COVID19 pandemic will have a significant impact on child poverty, but it is not possible at this early stage to assess exactly what that will be though the majority of impacts are likely to be negative. A number of organisations are already undertaking research and analysis and this information will require careful assessment over the coming months to update and refine the outline Action Plan which is detailed in the Annual Report (Appendix 5 of the Annual Report).

3.6 Dumfries and Galloway Council considered this report at its Full Council Committee meeting on 25 June 2020. The Community Planning Partnership Board considered this report at its meeting held on 1 July 2020.

#### **4. Recommendation**

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

- Approve the second Annual Dumfries and Galloway Local Child Poverty Action Report as detailed in the Appendix, noting the highlights set out in section 3.3
- Approve the final report be submitted to Scottish Ministers as set out in section 3.6

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

- Note the background and requirements of the Local Child Poverty Action Report as set out in sections 2.1 to 3.2
- Note that the outline Action Plan for 2020-2023 is to be further developed by the Children's Services Executive Group (with input from NHS Dumfries and Galloway), taking into account the impact of the COVID 19 pandemic as set out in section 3.4 and 3.5

# Dumfries and Galloway Local Child Poverty Action Report

## Annual Report 2019/2020 and Action Plan 2020-2023

### Content

1. Foreword
2. Background to Local Child Poverty Action Reports and Annual Reports
3. Background to the United Nations Convention on the Rights of the Child
4. Partnership and reporting arrangements
5. Participation and engagement arrangements
6. Drivers of Child Poverty and high risk groups
7. National context and progress 2019/2020
8. Local context and progress 2019/2020
9. Draft Action Plan for 2020-2023 including the impact of COVID19
10. Implementation and Monitoring of the Action Plan 2020-2023

**Appendix 1** - Analysis of the Dumfries and Galloway self-assessment against the Findings of the national Poverty and Inequality Commission

**Appendix 2** - Action Plan for 2019/2020 and progress

**Appendix 3** - Data about the current position of child poverty drivers, high priority groups and Protected Characteristics in Dumfries and Galloway

**Appendix 4** - Strategies and Plans that have contributed to tackling child poverty in Dumfries and Galloway in 2019/2020

**Appendix 5** - Draft Action Plan for 2020-2023

## Figures

1. UN Convention on the Rights of the Child relating to child poverty
2. Dumfries and Galloway children's services, child poverty and public protection planning structure
3. The Drivers of Child Poverty
4. The highest priority groups experiencing child poverty
5. Scottish Child Poverty forecast
6. DGC Budget allocations 2019-2022 that tackle child poverty
7. Projects determined by Participatory Budgeting in April 2019
8. Pupil Equity Fund 2017/2018 - areas of curriculum spend – Primary and Secondary
9. Free School Meals Uptake
10. Skills Development Scotland – investment in Dumfries and Galloway
11. Benefits contacts and financial gains 2019/2020
12. DGC Tackling Poverty Funding 2020/2021
13. Free School Meals take up during COVID 19
14. Small Business Grants during COVID 19

## 1. Foreword

We are pleased to present this second Annual Report on the Local Child Poverty Action Report which evidences the wide range of actions that we have taken over the last year to tackle the Drivers of poverty and mitigate their impact.

Significant achievements during 2018/2019 include investment in employability projects; auto-enrolment for school clothing grants and Free School Meals; improved literacy and numeracy of children living in areas of multiple deprivation; and our engagement with parents, children, young people and those with lived experience of poverty. These improvements have been secured against a challenging national and UK economic position and are grounded in our commitment to the UN Convention on the Rights of the Child.

The Action Plan for the coming three years will undoubtedly be dominated by the COVID 19 pandemic – we already know that those experiencing poverty have been hardest hit in the first Response stage; and it is clear from all forecasts that there will be a lasting impact that must be addressed in the ‘Recovery’ and ‘Restart’ stages. Prioritisation and flexibility, using evidence and engagement, will be key to getting this right, in particular maximising opportunities from new ways of working and delivering outcomes. In addition, the new South of Scotland Enterprise Agency, the Borderlands Inclusive Growth Deal and the refreshed Employability and Skills Partnership provide exciting opportunities for innovation and bold action.

Throughout our work, we must not lose sight of the broad vision of the first Anti-Poverty Strategy to tackle poverty in all its forms – financial poverty is an important focus but we need to ensure that we address poverty of opportunity and hope for this generation of children who are already coping with uncertainty about their education and health.

Local partners are unwavering and united in our determination to improve the lives of children living in poverty in Dumfries and Galloway and give them the positive future they deserve.

Jeff Ace  
Chief Executive  
NHS Dumfries and Galloway

Gavin Stevenson  
Chief Executive  
Dumfries and Galloway Council

## 2. Background to Local Child Poverty Action Reports

Children living in poverty are more likely to:

- have poor physical health
- experience mental health problems
- have low sense of wellbeing
- underachieve at school
- have employment difficulties in adult life
- experience social deprivation
- feel unsafe
- experience stigma and bullying at school

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030.

The subsequent national Child Poverty Delivery Plan 2018-2022, Every Child, Every Chance recognises that poverty is fundamentally about a lack of income. As a result, targets within the Act focus primarily on income measures, while the Delivery Plan actions are focused on increasing family incomes or reducing costs.

Although the greatest impact on child poverty will occur through nationally set policies and strategies, it is recognised that local agencies and communities have much to offer. As a result, the Act requires Local Authorities and Local Health Boards to jointly report, annually, on activities undertaken at a local level to further mitigate the impacts of child poverty.

The first Annual Reports were required by 30 June 2019. The Dumfries and Galloway Report for 2018/19 was endorsed by the Community Planning Partnership on 13 June 2019, with a requirement to develop a more focussed Action Plan; and it was formally agreed by Dumfries and Galloway Council (DGC) on 27 June 2019 and the NHS Dumfries and Galloway Performance Committee on 2 September 2019.

In November 2019, the Poverty and Inequality Commission published their review of the first year's Local Child Poverty Action Reports (LCPAR). The review highlighted 22 recommendations for national and local partners to consider <https://povertyinequality.scot/publication/review-of-the-local-child-poverty-action-reports/>. (See Section 8.1 and Appendix 1 for information on our response to the review).

The region's Local Outcomes Improvement Plan (LOIP) has eight Outcomes, all of which are relevant to Child Poverty and the work in this Annual Report therefore contributes to the achievement of the LOIP. As food is identified as a key issue in our Child Poverty work, this Report also contributes to the achievement of the Outcomes of the Locality Plan on Food Sharing.

[Dumfries and Galloway Local Outcomes Improvement Plan and Locality Plan 2017-2027](#)

### 3. United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC) sets out the fundamental rights of all children and young people. The UK ratified the UNCRC in 1991.

The Scottish Government plans to legislate to incorporate the UNCRC into Scots law and is currently consulting about how best to do this as it believes that delivering the rights of children and young people as enshrined in the UNCRC is fundamental to making children's rights real and make Scotland the best place in the world to grow up.

From 1 April 2017, all public authorities must also report every three years on the steps they have taken to implement the UNCRC. The first reports are due in 2020.

Five of the 54 Articles have particular relevance to child poverty and therefore been embedded into this Annual Report and informed the future Action Plan.

**Figure 1**

#### **UNCRC Articles relating to child poverty**

Article 3: When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people and places responsible for looking after children are doing a good job.

Article 6: Every child has the right to be alive. Governments must make sure that children survive and develop in the best possible way.

Article 12: Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously.

Article 26: Governments should provide money or other support to help children from poor families.

Article 27: Children have the right to food, clothing and a safe place to live so they can develop in the best possible way. The government should help families and children who cannot afford this.

Article 31: Every child has the right to rest, relax, play and to take part in cultural and creative activities

<https://www.unicef.org/media/60981/file/convention-rights-child-text-child-friendly-version.pdf>

#### 4. Partnership arrangements in Dumfries and Galloway for the LCPAR

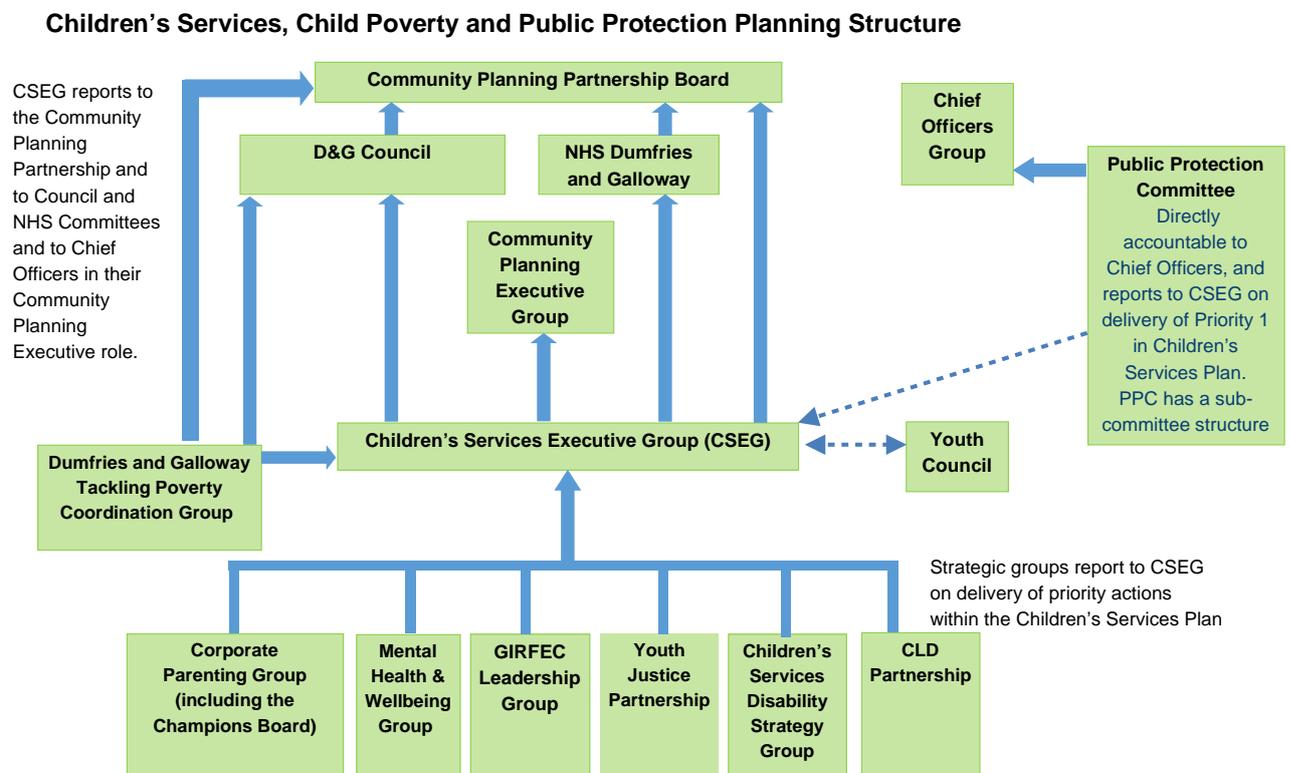
4.1 Children’s Services Executive Group (CSEG) – this Group, chaired by the Director Skills, Education and Learning of DGC has responsibility for the development and monitoring of the LCPAR.

4.2 Community Planning Tackling Poverty Co-ordination Group – this Group, chaired by a volunteer representative, has remit to feed in views and advice about wider tackling poverty matters.

4.3 Community Planning Executive Group – this Group, chaired by the Chief Executive of DGC considered the annual report of the CSEG at its meeting on 15 May 2019 and highlighted the importance of focusing on the most vulnerable children and seeking innovative approaches to the challenges facing partners.

4.4 Community Planning Partnership Board – this Group, chaired by the Leader of DGC with the Vice Chair, the Chair of NHSD&G agreed the 2019/2020 Action Plan at its meeting on 13 March 2020; endorsed the analysis of the national Review of LCPARs and the development of our focus on the UNCRC; and agreed the alignment of the LCPAR with the new Children’s Services Plan.

**Figure 2 Dumfries and Galloway Children’s Services, Child Poverty and Public Protection Planning Structure**



## 5. Participation and Engagement arrangements

During 2019/2020 there have been significant developments in relation to our engagement with stakeholders who have an interest in child poverty and the forums now available for ongoing involvement around this agenda are set out below:

### 5.1 Engagement with families, children and young people

- The Council's new Parental Involvement and Engagement Strategy and Scheme of Establishment for parent Councils were agreed in September 2019 and provide a clear framework for engagement, detailing a wide range of different opportunities.

<https://dumgal.gov.uk/article/17608/Parental-Involvement>

- The Champions Board and Listen2Us Group focus on care experience and involve care experienced young people working with senior officers of Dumfries and Galloway Council.

#WeCare is annual conference-style event organised by the Listen2Us group that focuses on providing opportunities for young people with experiences of care, aiming to build relationships between corporate parents and young people; and provide meaningful opportunities for young people to have their say on national or local initiatives. It also provides information and advice about support and finance available.

- An annual Youth Activism and Volunteer conference - #ROOTS2.0 - part of the legacy from Year of Young People, took place in October 2019.
- Our Youth Council was elected on 1 April 2019 and along with two Councillors for each of our 12 Wards, there are seven specialist Councillors for Additional Support Needs/Disabilities; Carers; Care Experienced; Ethnic Minority; Gypsy/Traveller; LGBT; and Parents; and four Members of the Scottish Youth Parliament. A joint Annual Meeting is to take place with both Dumfries and Galloway Council and The Community Planning Partnership Joint Board.
- The Council's Young People's Champion, Councillor Adam Wilson attends a range of events and supports activities and an Annual Report is submitted to Full Council.  
<https://dumfriesgalloway.moderngov.co.uk/documents/s20404/Young%20Peoples%20Champion%20Annual%20Report%20201819%20Final%20Appendix.pdf>

### 5.2 Engagement with partners

- Community Planning Equality and Diversity Working Group – this Group, chaired by members on a rotational basis, has the remit to feed in views and advice about equality issues, and focuses on the Protected Characteristics.
- At national level, we work with the Poverty and Inequality Commission which became a statutory body in July 2019; have supported the development of the new Public Health Scotland body which came into being on 1 April 2020; and have links with the Child Poverty Action Group, the Poverty Alliance, the Improvement Service, COSLA, NHS Chairs and Chief Executives forums.

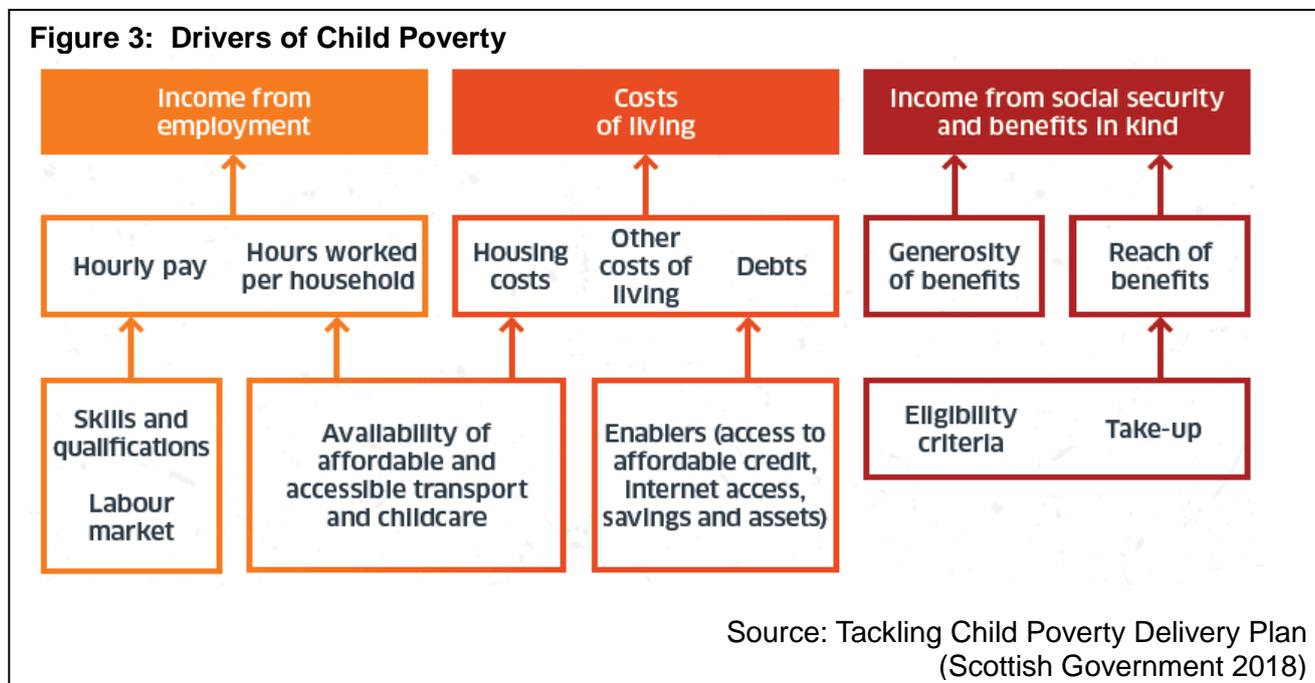
- During 2019, Third Sector Dumfries and Galloway established a new Forum made up of organisations working in children's issues. This Forum provides the opportunity for consultation and engagement; a platform for the development of new joint projects and initiatives; and the opportunity to highlight key concerns or areas of best practice.
- Trade Unions continue to make a strong contribution to this agenda, particularly the EIS with publication of 'Face Up to Child Poverty' in August 2019; ongoing work around the Cost of the School Day project; and support resources for poverty proofing schools launched in April 2020.

<https://www.eis.org.uk/Content/images/campaigns/poverty/EIS%20poverty%20Advice%20Booklet%20pageWEB.pdf>

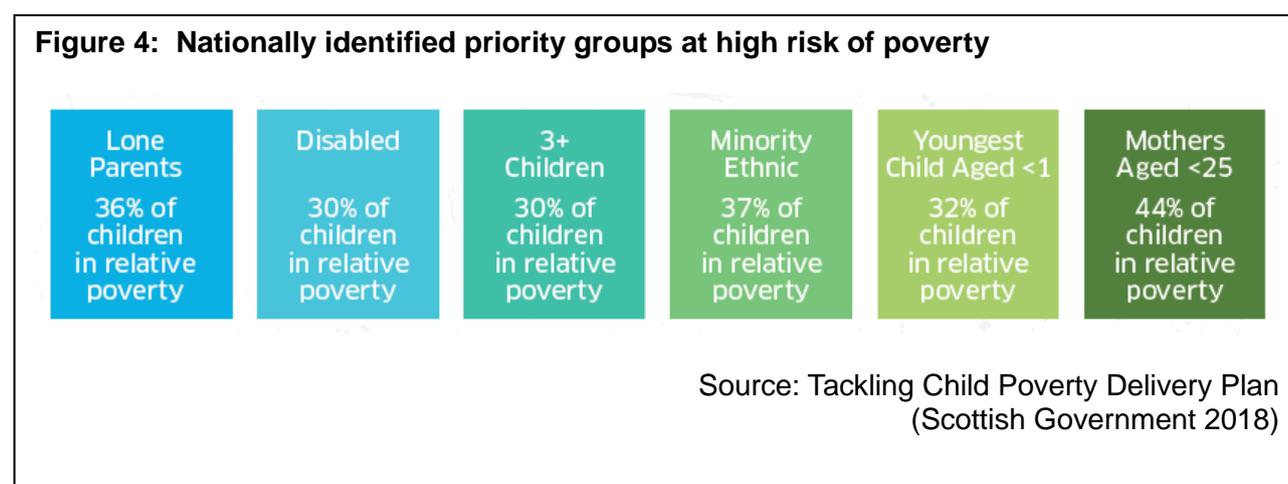
<https://www.eis.org.uk/Child-Poverty/PovertyPack>

## 6. Drivers of Child Poverty and high risk groups

6.1 The direct drivers of poverty fall in to three main categories – income from employment, costs of living and income from social security. The relationship of these drivers to wider thematic areas is summarised in **Figure 3** below.



6.2 The six priority groups identified at high risk of poverty are set out in **Figure 4**:



## 7. National Context and Targets

7.1 The Scottish Government has identified four key targets for child poverty by 2030:

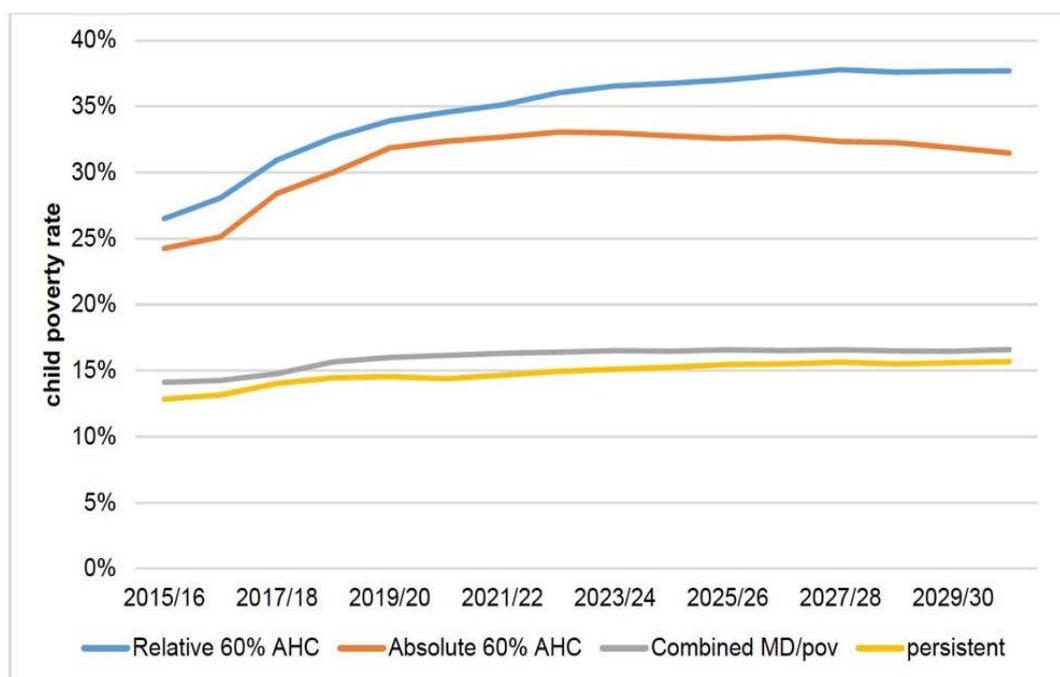
- less than 10% of children live in relative poverty (relative poverty is less than 60% of average UK household income for the year taking account of the size and composition of the household)
- less than 5% of children live in absolute poverty (absolute poverty is less than 60% of average UK household income for the financial year beginning 1 April 2010)
- less than 5% of children live in combined low income and material deprivation (low income is defined as less than 70% of average UK household income for the year, material deprivation is when families are unable to afford three or more items out of a list of basic necessities)
- less than 5% of children live in persistent poverty (persistent poverty is where a child has lived in relative poverty for three out of the last four years)

7.2 The most up to date national figures for these four measures are:

- In 2016/2017 an estimated 23% of children were in relative poverty
- In 2016/2017 an estimated 20% of children were in absolute poverty
- In 2016/2017 an estimated 11% of children were in combined low income and material deprivation
- In 2016/2017 an estimated 10% of children were in persistent poverty

7.3 Without intervention and mitigation at both a national and local level, it is forecasted that child poverty will increase across all four measures to 2030.

**Figure 5: Child Poverty Rate Forecasts**



Source: Tackling Child Poverty Delivery Plan (Scottish Government 2018)

7.4 Recognising the external factors likely to impact on child poverty and the significant gap between existing poverty levels and the 2030 targets, the Scottish Government has set the following interim targets to be achieved by April 2023:

- Less than 18% of children are in relative poverty
- Less than 14% of children are in absolute poverty
- Less than 8% of children are in combined low income and material deprivation
- Less than 8% of children are in persistent poverty.

7.5 The 'End Poverty group has recently published a report which states that child poverty in Scotland has increased by 3.6% over the last year (14.5% in 2018/2019 18.1% in 2019/2020) using data Before Housing Costs

7.6 The new national body Public Health Scotland came into being on 1 April 2020 and part of its remit is to promote the Public Health Priorities, agreed in November 2018:

- A Scotland where we live in vibrant, healthy and safe places and communities
- A Scotland where we flourish in our early years
- A Scotland where we have good mental wellbeing
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- A Scotland where we eat well, have a healthy weight and are physically active

The Priorities are intended to be a foundation for the Whole System Approach, for public services, third sector, community organisations and others, to work better together to improve Scotland's health, and to empower people and communities.

In addition to the Public Health Priorities, NHS Scotland have also published a set of Principles and Guidance for their organisations to use to inform local activities in collaboration with community planning partners which will help to mitigate the impact of welfare reform on health and NHS services, service users and employees (see <http://www.healthscotland.scot/publications/welfare-reform-nhs-outcome-focussed-plan>)

## 8. Local Context

### 8.1 Local assessment against the Commission Review

A local Self Assessment exercise against the findings of the Poverty and Inequalities Commission Review of the 2018/2019 LCPARs was completed and is set out in **Appendix 1**. It shows that of the 18 recommendations that were for local action, we fully achieved 7, partly achieved 10 and only 1 was not achieved. The Report for 2019/2020 has addressed the issues identified for improvement.

### 8.2 Progress in the 2019/20 Action Plan

The final Action Plan for 2019/2020 was agreed by the CPP Board on 13 March 2020 and the progress in its implementation is detailed in **Appendix 2**. It evidences that of the 19 Actions, 7 were fully achieved; 9 were partly achieved; 2 were not achieved; and data is not yet available for 1.

### 8.3 Current position of the Drivers in Dumfries and Galloway

**Appendix 3** sets out evidence about our region's current position in the three Drivers of Child Poverty, high priority risk groups and Protected Characteristics. From our analysis of this evidence elsewhere in the report, the key messages about the position in 2019/2020 in relation to the three Drivers are as follows:

#### **Income from employment**

- *Current strategies and plans generally improved the availability of employment and training opportunities for Priority Groups, but we are still below the Scottish average for disabled people and minority ethnic people's employment*
- *The quality of jobs in our region, including zero hours contracts and Living Wage is still a challenge*

#### **Costs of living**

- *The costs of the school day have been reduced, including through the use of Pupil Equity Fund e.g. for school trips; and the removal of pupil contributions for home economics and technical subjects*
- *Eligibility and auto-enrolment for Free School Meals and School Clothing Grants has increased the number of families receiving support*
- *Partners are continually refreshing policies and eligibility criteria to secure free or reduced-price access to services and events*
- *There are still challenges about the costs of transport, fuel and food, particularly in remote rural areas, but a series of projects and investments have made a positive difference in reducing bills*

#### **Income from social security and benefits in kind**

- *National developments, such as the new Carers Allowance have been taken up by D&G families*
- *We are maximising our entitlement to Benefits*
- *Partners actively promote and support children and families to access sources of funding*

## 8.4 Contributions of other Plans and Strategies

**Appendix 4** sets out the Strategies and Plans and associated projects and investment that contributed to our LCPAR over the last year. Significant contributions where resources were invested were as follows:

### 8.4.1 The Anti-Poverty Strategy Action Plan

(i) In February 2017, the Council allocated £250k of the Tackling Poverty Budget of 2017/2018 to be determined by Participatory Budgeting to meet the Findings of an Evaluation, undertaken with Third Sector Dumfries and Galloway (TSD&G)

The allocations were made in spring 2018 and detailed in last year's LCPAR. The outcomes reported in November 2019 highlighted that the monies had assisted with:

- Combating loneliness and social isolation caused by poverty
- Supporting individuals in crisis
- Access to affordable transport
- Food Insecurity
- Increasing incomes and reducing costs
- Reaching our most vulnerable and isolated within our communities
- The stigma of poverty
- Building resilience in young people to deal with financial pressures and other forms of poverty.

(ii) Funding was allocated by Dumfries and Galloway Council in February 2019 for the coming three years for a range of projects and services that will address some of the drivers and mitigate some of the impacts of child poverty as set out in **Figure 6** below.

**Figure 6** DGC Budget allocations 2019-2022 that tackle child poverty

<b>Project</b>	<b>2019/20 £</b>	<b>2020/21 £</b>	<b>2021/22 £</b>
Credit Union Development	50	50	50
Taxicard Scheme	50	50	50
Distribution of Crisis Grants	260	260	260
School clothing grants	100	100	100
Employability	394	394	394
Increased Learning Support Provision & Building Capacity	100	100	100
Economic Inclusion Project	490	-	-

(iii) The budgets for some key services were mainstreamed into Service budgets for 2019/2020, having received initial funding from the Tackling Budget in previous year(s) - the Cost of Home Economics and Technical Design Classes £195,000 per annum; Holiday Food Programme £200,000; and the Free Sanitary Products in Schools Project is now supported through funding from the Scottish Government.

(iv) The Council allocated £250k of the Tackling Poverty Budget of 2018/2019 to be determined by Participatory Budgeting. This allocation was decided by the Steering Group to be for 'Making Ends Meet' with a focus on child poverty.

**Figure 7** Projects from 2018/2019 DGC Tackling Poverty Budget, determined by PB in April 2019:

<b>Project Name</b>	<b>Organisation</b>	<b>Amount Awarded</b>
No Barriers	Kate's Kitchen	£20,000
First Base Emergency Network	The First Base Agency	£6,680
Richer Lives	The Langholm Initiative	£20,000
Parent and Child Social	Langholm Playcare Ltd	£12,120
Grub Club	Lochside Community Association	£20,000
First Base Emergency Network	The First Base Agency	£16,800
Lochside is Families Together	Lochside is Families Together	£20,000
Equal Futures @ The Usual Place	Inspired Community Enterprise Trust Ltd	£11,980
Digital Connections	Learners Together	£16,020
Grow our Own - Community Support Project	Summerhill Community Centre	£10,000
ADS Community Café Coordinator	Alcohol & Drugs Support Southwest Scotland	£17,737
Aberlour Intensive Family Support	Aberlour Childcare Trust	£8,000
Move on Up	The IT Centre – Castle Douglas	£11,100
Stewartry Community Shop	The Furniture Project (Stranraer)	£1,323.00 (partial)
Teas, Tots and Tales	Teas, Tots & Tales – Stranraer	£875
Certificated Courses	Learners Forum	£2,280
Creating Affordable Meals (CAM)	Learners Forum	£696.30
Whithorn & District Community Bus	Whithorn Primary School Parent Council	£20,000
On the Road to Opportunity	Whithorn Youth Club	£20,000
Duke of Edinburgh - An Award For All	Dumfries Duke of Edinburgh	£4,388.70

(v) Area Committees were also allocated £200k for 2019/2020 to fund projects that tackle the specific poverty challenges in their localities. The grants were agreed for 45 organisations/projects in September/October 2019 and included services and projects relating to transport, food, IT, play, music, sports and heritage.

## 8.4.2 Children's Services Plan

The Priorities of the Children's Service Plan for 2017-2020 were:

1. We will ensure that children and young people are safe and free from harm
2. We will ensure children and young people get support at the earliest appropriate time through prevention and early intervention
3. We will improve the wellbeing and life chances of our most vulnerable children and young people
4. We will work to reduce or remove barriers so that all children and young people have equality of opportunity
5. We will deliver the best possible health and wellbeing for all children and young people
6. We will raise attainment and be ambitious for all children and young people

The progress made in our 2017-2020 Children's Services Plan has included:

- Our involvement in the Scottish Government's Realigning Children's Services programme and the findings from the Wellbeing surveys
- Engagement and consultation with children and young people.
- Findings and lessons from Initial and Significant Case Reviews
- Audit and self-evaluation activities
- A self-evaluation of our corporate parenting approaches
- National and local priorities
- Engagement with third sector organisations via the Third Sector Children and Young People's Forum

## 8.4.3 Pupil Equity Funding (PEF)

As part of the Scottish Attainment Challenge Programme for 2017/2018, the Scottish Government committed Pupil Equity Funding (PEF) of £1,200 for each child in Primary 1 to Secondary 3 (or equivalent) who was eligible for free school meals. Schools in our region received £2,881,200 in 2017/18; and £2,972,570 in 2018/2019.

Areas of spend at the latest available data are as follows:

**Figure 8** Pupil Equity Fund Spend by Curricular Area – Primary and Secondary 2017/2018

Total	Literacy	Numeracy	Health and Wellbeing	Unknown	Balance
£2,881,200	£268,691	£145,281	£715,287	£1,338,625	£413,316
100%	9.33%	5.04%	24.83%	46.51%	14.3%

## Key Outcomes

- Improved Health and Wellbeing - confidence, self-esteem and resilience
- Increased physical activity and wellbeing
- Alleviation of financial barriers for identified children and young people – e.g. funding for uniforms, home learning kits, school trips.
- Improved attainment in literacy and numeracy
- Increased participation, engagement in learning and curricular access
- learning resources, PE kit bags, funded music tuition for individual children/young people and provision of stationery.
- Increased engagement and access to local facilities, local community groups, activities and events opportunities and experiences in social and life skills
- Increased access to a range of holiday activity programmes, pre-nursery clubs and parenting initiatives
- Increased engagement with parents, families and collaboration with partners
- Developed skills for life and work through digital technologies e.g. iPad provision
- Attainment gap remains concerning –a 50% gap between attainment levels of those in deciles 9 and 10 and those in decile 1. More coordinated identification of key vulnerable groups to allow focused and better targeted support and collective interventions is needed; and improved systems for capturing and using data to improve attainment and ambition for vulnerable groups

[https://www.dumgal.gov.uk/media/20368/Education-Annual-Report/pdf/Dumfries and Galloway Education Annual Report 2018.pdf?m=636700217186700000](https://www.dumgal.gov.uk/media/20368/Education-Annual-Report/pdf/Dumfries%20and%20Galloway%20Education%20Annual%20Report%202018.pdf?m=636700217186700000)

### 8.4.4 Free School Meals (FSM); Clothing Grants; and Holiday Food programmes

- Auto-enrolment for school clothing grants for pupils receiving FSM was introduced during 2019/2020.
- Improvements to the school meals range (Globetrotter menu); ability to deal with special dietary needs for medical or cultural reasons; online payment; and promotion including through social media were all approved in November 2019.

**Figure 9** FSM D&G uptake – latest available figures 2017/2018

School Ages	% D&G Uptake	% Scottish average Uptake
Primary 1-3	88.4%	79.6%
Primary 4-7	85.3%	84.4%
Total Primary 1-7	87.8%	80.5%
Secondary	70.6%	72.8%

The Primary 1–3 uptake has a marginal increase at 88.4% with the Scottish average at 79.6%. This uptake placed Dumfries and Galloway Council 2nd out of the 32 Scottish Authorities

The data figures highlight a decrease in (paid and free) school meals uptake by 3.7% to 52%. This uptake places Dumfries and Galloway Council 12th out of the 32 Scottish Authorities.

- The approach to Holiday Hunger was changed in November 2019 to include activities as well as food provision. This new model of delivery also ensured that there has been free holiday food provision and activities for P1 to P6 children entitled to FSM in every ward since October 2019 and was delivered in the October, Christmas and February school holidays 2019/2020. This new model of delivery has seen a 34% increased uptake by children and young people.

#### 8.4.5 Regional Economic Strategy (RES)

The current RES promoted the Living Wage and directed investment from the Council and Scottish Government Town Centre Funds. The creation of the South of Scotland Regional Economic Partnership with investment in a range of projects across Dumfries and Galloway and Scottish Borders of £10M; continuing work of the South of Scotland Alliance and Forum; and creation of the Borderlands Inclusive Growth Partnership meant there was continued investment in projects that will support employment across the region and also set a new context for our economic agenda that will further develop in the next LCPAR.

#### 8.4.6 Employability and Skills

Skills Development Scotland (SDS) and other partners continued to make progress in a number of different programmes including No One Left Behind, Modern Apprenticeships and the Parental Employability Support Fund (which is specifically targeted at the six high Priority Groups detailed in Figure 4).

**Figure 10** Skills Development Scotland – investment in Dumfries and Galloway

<b>Nature of support</b>	<b>Amount</b>
Local partnership projects	£2,693,000
Modern apprenticeship cost plus recruitment incentives, based on the apprentice's postcode	£1,737,000
Workforce and employability training costs, based on participant postcode	£4,430,000
Specific industry and employer projects	£251,000
Travel aid support for trainee	£4,681,000

<https://www.skillsdevelopmentscotland.co.uk/media/46297/sdsspend-dumfries-and-galloway-1819.pdf>

In the NHS, employability actions have focused on promoting NHS career opportunities and pathways into NHS employment via a range of activity including open day recruitment sessions for nursing staff, working closely with local higher and further education establishments in order to offer work placements, volunteering opportunities and where possible employment opportunities.

#### 8.4.7 Play

The Council invested £500k in 2017/2018 for the development of Inclusive Playparks at Stair Park, Stranraer; McJerro Park, Lockerbie; and Catherine Street, Dumfries and all now fully opened. Funding in 2018/2019 was allocated to a further four Parks now finalising construction; Douglas Park, Newton Stewart Kirkland Drive, Kelloholm; Market Hill, Castle Douglas; and Newington Leisure Centre, Annan.

#### 8.4.8 Other local grants and funding sources

Dumfries and Galloway Council actively promotes opportunities for pupils, young sportspeople and athletes to get financial assistance for these activities; and other sources for families e.g. the Armed Forces Fund which supports families in stress

<https://dumgal.gov.uk/article/15243/Financial-support-for-education>

School Transport Policy – updated in November 2019

<https://dumfriesgalloway.moderngov.co.uk/documents/s17564/School%20Transport%20Policy%20Report.pdf>

70.3% of all the free Youthbeatz tickets in 2019 (39,228 attendees) were for Dumfries and Galloway residents

#### 8.4.9 Social Security Scotland

Young Carers Grants of £300 for each 16-18 year old and Best Start Food Benefits were introduced during 2018/2019.

#### 8.4.10 Homes and housing

The Fuel Poverty (Targets Definition and Strategy)(Scotland) Act 2019 was introduced and it defines a household to be in fuel poverty if more than 10% of its net income (after housing costs) is required to heat the home and pay for other fuel costs, with not enough money left for a decent standard of living. If more than 20% of net income is needed, the household is defined as being in extreme fuel poverty.

The most recent SHCS estimates that based on these definitions, 28% of households in Dumfries and Galloway (25% nationally) are living in fuel poverty. This includes 16% (12% nationally) in extreme fuel poverty. The Home Energy Efficiency Programmes for Scotland – Area Based Scheme for 2019/20 saw £2,063,300 invested particularly in rural properties; and whole streets in Annan Dumfries and Stranraer, selected due to their SIMD status. This is the sixth year of investment, reducing fuel bills by an estimated £11.7M.

#### 8.4.11 Financial Wellbeing and support

The NHS Staff Working Well Strategy includes actions on financial inclusion for staff. This includes providing information for staff on Credit Unions, and welfare benefits (including Universal Credit). Work has also been undertaken to provide information on available sources of support for staff experiencing money worries e.g. Money Matters, Citizens Advice.

There has been substantial work undertaken to improve links between money advice and support services and health services. This has led to a greater number of referrals to support services and substantial financial gains for families living in Dumfries and Galloway

For 2019/2020 the number of referrals/client contacts and client financial gains resulting from NHS Dumfries and Galloway referrals are:

**Figure 11** Benefits contacts and financial gains 2019/2020 from NHS referrals

<b>Service Provider</b>	<b>Number of referrals/client contacts</b>	<b>Client financial gains (£)</b>	<b>Financial gains (£) per referral/client</b>
Dumfries and Galloway Council Financial Inclusion Assessment Team	313	114,980	368
Dumfries and Galloway Citizens Advice Service	292	240,578	824

Referrals and average financial gain have increased between 2018/2019 and 2019/2020 for all services. This could be the result of improved detection of need and/or increasing levels of financial need.

Working with the Children and Young People Improvement Collaborative, Health Visiting staff and Dumfries and Galloway Citizens Advice staff have participated in an Improvement Practicum which has focused on reviewing and enhancing the processes for referral to financial and welfare advice. This has resulted in a more robust referral pathway, development of e-referrals and improved arrangements for feedback loops between the referring organisation and recipient service provider.

Referral rates from maternity and health visiting services into Money Advice service are continuing to increase and there is every likelihood that one of the impacts of COVID 19 will be more people seeking financial and welfare advice. In essence, demand for money advice services is increasing at a time of static or decreased funding.

#### 8.4.12 Best Start Strategy

The Best Start initiative has been rolled out for maternity and neonatal care. The relevant aspect of this work for child poverty is that women experience real continuity of care, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require.

#### 8.4.13 Other support

For the first time at the Youthbeatz Festival in 2019, there was a collection for items for foodbanks – 48,200 items were distributed to three local groups; and Council Communities Directorate staff prepared Christmas Hampers for distribution by community food providers.

## 9. Action Plan for 2020-2023

In line with the decision of the CPP Board for closer alignment of the Children's Services Plan and this LCPAR, it is proposed that the Action Plan is for three years. The following issues have contributed and will influence the finalisation of the next Action Plan.

### 9.1 Anti-Poverty Strategy review and development of new approach; and funding for 2020/2021

DGC has agreed the allocation of Tackling Poverty funding for 2020/2021 as undernoted, retaining some of the funds to be determined when the longer-term priority issues arising from COVID 19 are known.

**Figure 12** DGC Tackling Poverty Funding 2020/2021

<b>Project/service area</b>	<b>£000</b>
School clothing grants	100
Taxicards	70
Poverty and deprivation research	30
Tackling Poverty Reference Group and Co-ordination Group	10
Welfare and Housing Options Support Team	55
Community Transport	70
To be determined by Area Committees	200
To be determined by Participatory Budgeting	200
Unallocated	355
<b>Total</b>	<b>1,090</b>

£200k of Tackling Poverty Funding from 2019/2020 Council Budget was allocated to Projects that address:

- Rural isolation particularly rural transport
- Fuel poverty
- Food and eating
- Financial Planning and Wellbeing Courses
- Developing hands on experience and new life skills through employment, peer group engagement and volunteering

The voting took place in March-April 2020 and there were 52 successful projects that will be implemented during the coming year.

<https://www.dumgal.gov.uk/article/17630/Participatory-Budgeting-Your-Community-Your-Money-You-Decide->

### 9.2 New Children's Services Plan 2020–2023

The new Plan was endorsed by the CPP Board at its meeting on 13 March 2020 and gives a commitment to continuing to drive forward prevention and early intervention; recognising the need to move away from crisis driven responses. It highlights that the relationship between poverty and vulnerability is better understood at both national and local levels, and the new Plan identifies poverty as a key priority area and sets out the steps that the partners will take to address this important issue.

The proposed new Children's Service Plan Priorities for 2020-2023 are:

1. Children and young people are safe and free from harm
2. The life chances and outcomes for care experienced children and young people improve
3. The impact of poverty on children and young people is reduced
4. The mental health and wellbeing of children and young people improves
5. Children and young people with complex needs and disabilities are enabled to reach their potential
6. How we support parents and carers to meet the needs of their children and young people improves.

### 9.3 Pupil Equity Funding

The D&G allocation for 2020/2021 is £2,883,480. Schools will develop their proposed use of the allocation, in consultation with parents, pupils and partners over the coming months

### 9.4 1140 hours early years childcare

The projects for the expansion of early years childcare provision for eligible children; and flexibility to fit the nursery and school days have been extended from the original due date of August 2020. We currently have 19 school nurseries, 10 funded providers and 29 childminding services offering over 1140 hours to over 1100 children.

### 9.5 Joint DGC and DG Youth Council Action Plan

The proposals in the draft Joint Action Plan are being developed by Council officers, in liaison with Committees, and decisions will be taken as soon as practicable. There will be a progress report to the next Joint meeting in February 2021.

<https://dumfriesgalloway.moderngov.co.uk/documents/s21517/Minute%20Appendix.pdf>

### 9.6 10,000 Voices Research

Key Findings were:

If they are not planning to stay in our region, the top three reasons our young people would leave are: 1.travel 2.study 3.work

The key questions relating to LCPAR and UN Convention Rights: (Scores out of maximum 1=awful 7=excellent)

Score	Question
4.25	There is an active local economy and the opportunity to access good-quality work
5	I can access a range of space with opportunities for play and recreation
4	I feel able to take part in decisions and help to change things for the better
3.5	Opportunities for young people to develop innovative projects and businesses and work within their local area
4.75	The homes in my area support the needs of the community
3.75	Opportunities to engage in activities focussed on culture and the arts (performance, production, heritage)

The top five issues affecting young people:

1. Bullying
2. Diet and body image
3. Mental health
4. Smoking
5. Transport

We have been awarded almost £250k from the Scottish Government's Investing in Communities Fund for a youth led Participatory Budgeting exercise for projects to address the top three issues from each Ward.

<https://dumfriesgalloway.moderngov.co.uk/documents/s8071/Dumfries%20and%20Galloway%20Youth%20Council%20and%20Findings%20from%2010000%20Voices%20-%20Appendix.pdf>

<https://dumfriesgalloway.moderngov.co.uk/documents/s21115/10000%20Voices%20in%20Action%20-%20Young%20Peoples%20Participatory%20Budgeting.pdf>

#### 9.7 South of Scotland Regional Economic Plan and Dumfries and Galloway Regional Economic Strategy (RES)

The creation of the South of Scotland Enterprise (SoSE) Agency on 1 April 2020 also sees the establishment of a new South of Scotland Regional Economic Partnership which will drive forward economic regeneration for the South of Scotland. The D&G RES currently contains commitments for issues that contribute to the Child Poverty Drivers, particularly Living Wage, and is overseen by the D&G Economic Leadership Group.

#### 9.8 Borderlands Inclusive Growth Deal

The themes of this partnership agreement across the south of Scotland and north of England are: Place and Destination; Energy; Digital, Business Infrastructure; Natural Capital and there is a total programme budget of £394.5M.

## 9.9 South of Scotland Regional Skills Investment Plan 2019-2022

The RSIP was published in September 2019 and the Action Plan has six themes, all of which contribute to the Child Poverty Drivers:

- Improving access to education, skills and training
- Better meeting the skills needs of all employers
- Growing and developing the workforce
- A region for young people
- Creating a culture of enterprise and innovation
- Future proofing the skills system

<https://www.sosep.co.uk/downloads/file/22/regional-skills-investment-plan>

The refreshed Dumfries and Galloway Employability and Skills Partnership, established in early 2020, has a remit that includes the strategic development of employability and skills provision in Dumfries and Galloway; identifying and maximising impacts of shared funding; delivering on No-one Left Behind (NOLB) and recommendations from Developing Scotland's Young Workforce. It is to produce an Action Plan for our region. The decision for the UK to exit the EU will require different programmes over the coming years.

## 9.10 Equality Outcomes

DGC, NHSD&G, Integration Joint Board, SoSE and SDS will be developing their new Equality Outcomes during 2020/2021, which are to be agreed by 31 March 2021.

## 9.11 Play

The CPP Board agreed at its meeting on 13 March 2020 to sign the Play Charter for Scotland in recognition of its contribution to the physical and mental health of children; and the second round of the Inclusive Play projects of the Council are due for completion this year. Annan Playpark has also been successful in securing £33,750 from the Council's Regionwide Coastal Communities Fund for further development work

## 9.12 Project 155

From 2016 to 2041, the population of Dumfries and Galloway is projected to decline by approximately 7,700 people. Equating to a five per cent decrease, this contrasts with the projected growth rate for Scotland of five per cent over the same period. Therefore, the CPP Board agreed at its meeting on 13 March 2020 to develop a project to increase the Dumfries and Galloway population to increase our working age population. Initial work has begun to map trends and link into Scottish Government work.

## 9.13 Homes and housing

D&G has been allocated £2,118,950 for 2020/2021 for the HEAPS ABS programme and the focus on remote rural households, and whole streets in Annan, Dumfries and Stranraer has been continued. The Wheatley Group has a battery storage system for tenants that enables cheaper energy costs

<https://dumfriesgalloway.moderngov.co.uk/ieListDocuments.aspx?CId=579&MId=5078&Ver=4>

#### 9.14 Other approaches

The draft Cultural Strategy includes a focus on enabling local cultural community and school activities to be more accessible to all groups; and the approach to our Major Events and Festivals sees events having an element of free access.

#### 9.15 Impact of COVID 19 pandemic

The implications of the COVID 19 pandemic are going to have a significant impact on child poverty throughout the duration of our next Action Plan. There are a number of pieces of research already underway to inform the position and provide evidence for focussed actions including the following:

##### **National level**

##### 9.15.1 Parliamentary Inquiries

The UK and Scottish Parliaments are conducting Inquiries into Equalities and disadvantaged groups. Emerging issues for the Dumfries and Galloway response are: people in every Protected Characteristic group have been impacted by COVID 19 and mental health is a particular issue for minority groups especially disabled people, minority ethnic, young and older people.

##### 9.15.2 National local government analysis

The Improvement Service research has identified the impact of COVID 19 pandemic on child poverty as follows:

- i. Children already living in poverty are likely to experience a greater impact of COVID 19, with potential for child poverty to become more ingrained. For already vulnerable families, the situation is likely to further compound family stress and trauma.
- ii. The number of children now likely to experience poverty will increase as a result of either temporary or longer-term loss of family income. This in turn will create additional demand on a range of public services including housing, childcare, rights and advice services.
- iii. Without concerted effort, the inequality between children with and without digital resources and other supports is likely to deepen.
- iv. Local bodies should prepare for more children becoming eligible for priority 2 places in nurseries and higher numbers eligible for clothing grants, free school meals and other supports targeted at children. There will also be increased demand from families for support from the Scottish Welfare Fund. It is important for local authorities to consider what more they can do to ensure families in need access the support available and make the best use of increased funding available to them to support families e.g. embedding advice services within childcare and school settings, developing financial inclusion pathways etc.

- v. Local authorities should consider how the value of existing supports might be increased to help meet the additional pressures low income families are facing – e.g. school clothing grant, free school meals
- vi. Local authorities and others should work to prioritise key activity which will enable and support economic recovery and ensure that the decisions they take are informed by the impact on children in or at risk of poverty.
- vii. Focusing on the key drivers of poverty and building on the work done to prepare the Local Child Poverty Action Report should support plans for preventing and mitigating the impact of higher levels of child poverty.

**(Improvement Service Coronavirus: Considering the Implications for Child Poverty: Supporting local authorities and health boards to consider what steps they can take to respond effectively)**

9.15.3 National survey of families

- The Child Poverty Action Group launched two surveys on 1 May 2020 aiming to understand how families across the UK are experiencing school closures, particularly when living on low incomes.
- Initial Findings published already indicate that the three main issues are: Money worries; Access to resources such as laptops, stationery, or a printer; and the emotional impact on children (absence from people networks) and parents (home schooling). The two things that have helped most are: good communication from schools; and getting laptops or tablets lent to pupils by their school

<https://cpag.org.uk/sites/default/files/files/Parents%20and%20children%27s%20experiences%20of%20school%20closures%20-%20latest%20survey%20findings%202020%20May%202020.pdf>

**Local issues**

9.15.4 Free School Meals (FSM) and Holiday Food Programme

DGC exercised its discretion and gave automatic entitlement to FSM for any family registering for Council Tax benefit. This added 375 additional pupils. Choice was also offered (cash payment; vouchers; food boxes delivered) and we currently have 85% take up. Funding from the Council's £0.89M allocation from the Scottish Government Food Fund has offset some of the additional costs of £960k.

**Figure 13** Free School Meals take up during COVID19 (as at 22 May 2020)

	<b>Number of children and young people registered</b>
Primary (including nursery)	2230
Secondary	1359
<b>Total</b>	<b>3589</b>
Option 1: Home Delivery of Food Pack	884
Option 2: Collection of Food Pack from School Childcare Hub	9
Option 3: Direct Payment to family of £17.50 per week (£2.50 per child per day)	3071
<b>Total</b>	<b>3,964</b>

Total Number of Free School Meals Provided during COVID 19	149,903
Total number of cash payments made during COVID 19	8,248

### Holiday Food Programme

The arrangements for Holiday Food provision are changing for 2020/2021 and the future. The planned community provision scheduled for Easter holidays 2020 could not be delivered and Council food boxes were made available. The findings of an Evaluation will determine the future arrangements which is planned to include options, including Direct Cash Payments.

#### 9.15.5 Food insecurity

In addition to the provision of children's lunches through the FSM arrangements, families have been able to access food boxes from community food providers for children's other meals. The costs of this additional demand have been offset by some of the Council's allocation of monies from the Scottish Government Hardship Fund, currently an allocation of £800,000 for food purchase, meal preparation and volunteers' PPE and expenses, and £100,000 for Fareshare registrations.

#### 9.15.6 Homes and Housing

£255k of the Hardship Fund has been allocated for temporary accommodation and a rent deposit Scheme; and £55k for energy costs.

#### 9.15.7 Connectivity

Already 52 laptops have been made available to secondary school pupils, 37 to Primary school pupils and 47 to Through Schools and 100 reconditioned desktop devices are in progress to support home schooling; and an allocation of £10k has been made available to families for wifi and smartphones.

#### 9.15.8 Business Support

Funding from the Scottish Government is being made available to employers and self-employed people to assist them through the COVID 19 crisis. This is in the form of grants and loans with DGC and SoSE also providing financial and other support including:

- a full year's 100% non-domestic rates relief for retail, hospitality and leisure;
- £10,000 grants for small businesses in receipt of the Small Business Bonus Scheme Rural Relief, Nursery Relief, Disabled Relief or Business Growth Accelerator;
- £25,000 grants for hospitality, leisure and retail properties with a rateable value between £18,000 and £51,000;
- 1.6% relief for all properties, effectively freezing the poundage rate next year;
- £2,000 grants for the newly self- employed;
- hardship fund for tourism, leisure and hospitality businesses

**Figure 14** Funding made available for small businesses as at 5 June 2020

<b>Number of small business grants</b>	<b>Value of grants</b>	<b>Number of applications</b>	<b>Scottish Government allocation</b>
3501	£36.7M	4114	£51.2M

#### 9.15.9 Employability support

SDS and other partners are promoting and adapting their support for individuals in accessing employment. In particular My World at Work programme; the Partnership for Employment support where businesses are facing closure; career education and Next steps programme. A partnership toolkit is also to be available. The Wheatley Group (DGHP) has a number of programmes including Modern Apprenticeship and a Pledge which sees a wage incentive for any employer taking on unemployed people who live in their homes or receive care services.

#### 9.15.10 Debt

£10k of Hardship Funding has been allocated to D&G Citizens Advice Services to assist families with complex debt problems; and the Council suspended its debt recovery until June 2020.

#### 9.15.11 Other Scottish Government COVID 19 funding support for poverty

The Scottish Government allocated an additional £1.2M to Dumfries and Galloway for increased applications to the Scottish Welfare Fund; funding for the provision of sanitary products to tackle Period Poverty; and there has been an increase in applications to the Council Tax Reduction Scheme.

#### 9.15.12 Draft Action Plan

A high level draft Action Plan for 2020-2023 is attached at **Appendix 5**. Given the significant volume of research currently being undertaken, and the changing circumstances that will affect all contributors and aspects of the Plan, the CSEG will need to develop the detail over the coming months.

## **10. Implementation and Monitoring**

The Action Plan for 2020-2023 will be progressed and monitored through the bodies set out in Figure 1 with an Annual Report to the Council and Health Board for approval as required by the Act; and also to the Integration Joint Board and the CPP Board for endorsement - while the Dumfries and Galloway Integration Joint Board remit is focussed on health and social care for adults and older people, it is recognised that work with families crosses agencies; and work on Realigning Children's Services analysis means that it is appropriate for it to be involved.

Update reports to the Community Planning Partnership Board will also be provided on a quarterly basis, as the LCPAR is identified as one of the key Strategies supporting the Local Outcomes Improvement Plan.

**Poverty and Inequality Commission’s Review of the Local Child Poverty Action Reports 2019  
Dumfries and Galloway self-evaluation response of our 2018/2019 Plan against  
the Commission’s recommendations**

**Key**  Achieved  Partly met  Not met

The Commission’s Recommendation		Status	Self Evaluation Response
1	Local authorities and health boards should consider how they can better involve people with direct lived experience. They should ensure that people’s voices are heard and helping to shape agendas. There are many organisations and community groups that could help with this and local authorities and health boards should look to make use of these resources.		Current opportunities to hear from people with direct lived experience include through the Tackling Poverty Co-ordination Group, Parent Councils and Third Sector organisations. We will explore further opportunities to engage with lived experience.
2	The national partners group should consider what more they could do to support the involvement of people with lived experience. They could also investigate why the support offered in the guidance is not being taken up.	n/a	National Recommendation.
3	The Cabinet Secretary could single out authorities that have provided detailed engagement work involving people with direct lived experience as “exemplars” whose practice can be drawn on as a route to continuous improvement. Having the Cabinet Secretary do this would show the importance attached to this aspect of the reports.	n/a	National Recommendation.
4	Chief Executives of local authorities and health boards should make clear their commitment to tackling poverty.		The Chief Executives of the Council and NHS have evidenced a strong and sustained commitment over a number of years to tackling poverty through the LOIP; the Council’s Strategy; and regular dialogue with the TP Co-ordination Group. One additional demonstration could be the inclusion of a statement from both officers in the Annual Reports.

The Commission's Recommendation		Status	Self Evaluation Response
5	Future reports should provide more of a rationale for including different plans, strategies and reports and also evidence of how linking these together is leading to efficiency savings.		The rationale for including different plans, strategies and report was referenced within the 2019 plan (for example CSP, Public Health Plan and Anti-Poverty Plan). Greater emphasis is required on employability and housing plans. Currently there are no links to the efficiency savings.
6	There is scope to improve how partnership working is reflected in future reports. The Commission recommends that local authorities and health boards consider their approach to partnership working and how they can better reflect it in next year's reports.		Whilst acknowledging that there are a number of partners involved, it is recognised that within large organisations (NHS, Council), there may be partnerships that could be advanced, such as Family Nurse Partnership, Community Learning and Development, Maternity Services, Housing and Employability and Skills.
7	We encourage all local authorities and health boards to think about the following: <input type="checkbox"/> Are they working with the right partners? The guidance included a list of potential partners and we would suggest that all local areas revisit this list to determine if they are working with the right partners. In particular, local partners should ensure they are working with the third sector and also the private sector. <input type="checkbox"/> How can the reports best set out the collaborations in place and how these are working and resourced? What partnership working has enabled local areas to do which they wouldn't have been otherwise able to do? What have the outcomes and benefits been?		The Children's Services Executive Group, which has responsibility for the Child Poverty Action Reports provides an annual report to the CP Executive Group and through it to the CPP Board, on its performance, membership and work plan. Every CP partnership is supported to review its arrangements on this annual basis, using best practice toolkits. A focus on the specific involvement of partners supporting the development of the Child Poverty Action Plan is seen to be beneficial.
8	The national partners group should consider what they can do to support the area of partnership working. This could involve highlighting areas which are demonstrating a strong approach to partnership working and sharing the learning from this.	n/a	National recommendation.
9	Some local areas were better than others at setting out relevant data and using this to measure progress. The Commission recommends that local authorities and health boards could review their use of data – in particular		The 2019/2020 plan has identified local data as a key priority to enable future planning and prioritisation of actions. Dumfries and Galloway

The Commission's Recommendation	Status	Self Evaluation Response
identify national surveys which provide local level data, consider how they can use their local surveys, and make better use of academic evidence (e.g. from What Works Scotland). The national partners group could also consider what they could do to support this.		Council agreed that child poverty data should be provided at Ward level, when it agreed the first Child Poverty Action Plan annual report.
10 Local partners should consider the presentation of their action plans carefully and ensure that they provide sufficient information across all aspects mentioned in the guidance. They could also consider whether they have any actions that they feel are particularly important and share these as case studies to facilitate the sharing of good practice.		The first Dumfries & Galloway Action Plan for 2019/2020 was a working document which was developed through a partnership approach, taking account of shared priorities and actions, often which existed also in other plans. The presentation will evolve as our planning arrangements develop and reflect the advice and direction from the CPP Board.
11 Local authorities and health boards should examine the list of actions and consider whether they are taking all of these actions. If not, they should consider including any they are not yet undertaking.		The Action Plan will review all activity as required.
12 Local authorities and health boards should ensure that they are adequately articulating how actions contribute to tackling poverty.		The CPP Board gave advice and direction about the future Action Plans making this explicit and so our future Action Plans will take this approach.
13 Local authorities and health boards should consider whether they are taking these actions which create the right conditions for tackling poverty.		Although we have taken an approach to only include those actions directly related to the drivers of child poverty, we also acknowledge the wider social and environmental determinants which impact on people's lives. An example could be transport and IT infrastructure.
14 The action plans should remain focused on actions which directly tackle poverty. Recognising that other actions are important, they could be included in a separate table.		We will continue to focus on the actions which tackle poverty while also recognising the wider social and environmental impacts of work across the partnership.

The Commission's Recommendation	Status	Self Evaluation Response
15 Where appropriate, the action plans should do more to articulate why priority groups are the targets of particular actions.		Our 2018/2019 Plan and Report did not articulate why priority groups were targeted. We will focus on this as an area for improvement and engage with diversity groups about Protected Characteristics
16 Action plans could be clearer around who is taking the lead in delivering actions and the roles played by any supporting organisations.		A Lead service was included in our 2018/2019 Plan and Report. We will continue to include this going forward. It is acknowledged that not every partner who contributes can be listed but broad examples were given and roles and responsibilities were stated within the narrative.
17 There is scope for the approach to evaluation and monitoring progress to be improved. The guidance is comprehensive here and we are aware of efforts being made to support this work. Therefore, the Commission recommends that the national partners group explore the barriers to good evaluation and consider what more they could do to support this area.	n/a	National Recommendation.
18 The Commission recommends that actions to support pregnant women in particular are highlighted and if these are not included in this year's action plans then there should be work to ensure they are in next year's.		Whilst a number of actions related to pregnant women, we recognise the need to focus on vulnerable pregnant woman. Links will be made to the Children's Services Plan 2020-2023 which includes peri-natal mental health as a focus.
19 The Commission recommends that local partners take time to understand how close they are to taking the right actions and whether they are addressing all of the aspects the Commission has looked at.		The Children's Services Executive Group has reflected on these recommendations and will submit a Self Evaluation Report to the Community Planning Partnership Board. This will ensure that Plans we develop and take forward are informed by the Commission's findings.

	<b>The Commission's Recommendation</b>	<b>Status</b>	<b>Self Evaluation Response</b>
20	The Commission also suggests that the national partners group develops a good practice depository. We saw examples of good actions being taken around the country and this would be an ideal way of sharing that. Local partners should contribute to this and also make good use of the knowledge that is shared.		We will contribute to and access national practice through this depository and use it to inform our planning processes.
21	Local partners should use the recommendations in this report to understand where they need to improve for next year. At the very least, they should focus on the three areas the Commission has highlighted as priorities.		A development session will be arranged across the partnership for early 2020, which will aim to bring partners together to engage and further refine the actions and reporting, in line with the recommendations of the Commission. External facilitation will be sought and wider representation across the Community Planning Partnership invited.
22	The national partners group should work with local partners to understand the challenges and barriers in producing the reports. They could further consider whether there is additional support they could provide to local partners to help ensure the reports better reflect the guidance.		To support the progression of our Plan, we will invite national partners from the Poverty and Inequalities Commission to the development session.

## Dumfries and Galloway Child Poverty Action Plan 2019/2020 Progress Report

**RAG Key**     Complete     In Progress     Delayed

Action		Policy Driver* Priority Group**	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
1	Provide a shared and detailed breakdown of poverty data by Ward across Dumfries and Galloway	1, 2, 3 1, 2, 3, 4, 5, 6	D&G Council, NHS Dumfries & Galloway (NHS D&G)	D&G Council Plan	12 x monthly reports	Improved data available, shared and being used to develop further action	Ward breakdown is provided monthly over a number of factors. Information is shared with partners	
2	Identify appropriate data sources for priority groups	1, 2, 3 1, 2, 3, 4, 5, 6	D&G Council, NHS D&G	D&G Council Plan, H&SCP Strategic Plan, NHS D&G Equality Outcomes	Ongoing monitoring of data regarding: 1. Lone parent families 2. Families which include a disabled adult or child 3. Larger families 4. Minority ethnic families 5. Families with a child under 1 year old 6. Families where the mother is under 25 years of age	Improved data available, shared and being used to develop further action	A large amount of data is currently available from the funds we administer and this is shared with partners  The monthly data provided will be expanded to include these factors	

Action		Policy Driver* Priority Group**	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
3	Explore and scope opportunities to work with children and families to enquire about financial wellbeing	1, 2, 3 1, 2, 3, 4, 5, 6	Education & Learning	Education Plan	Exploration and scoping of opportunities to work with children and families to enquire about financial wellbeing complete	Opportunities for enquiring about financial wellbeing identified and examples of good practice shared	Support through the work of the DGC Financial Inclusion Team and the Social Work Intensive Family Support project.	
4	Review the transport costs and provision for children and young people	2 1, 2, 3, 4, 5, 6	D&G Council	D&G Council Plan	Review of transport costs and provision complete	Understanding of transport costs and provision used to inform further action around transport	Local work on possible reduced/free fare schemes was undertaken. The Scottish Government Budget 2020/21 includes the delivery a National Concessionary Travel scheme offering free bus travel for 18s and under. The Scottish Government will undertake work on design and due diligence with a view to introducing such a scheme in January 2021	
5	To provide information and training to staff in contact with vulnerable families on Early Learning and Childcare (ELC) Provision	1, 2, 3 1, 2, 3, 4, 5, 6	D&G Council, NHS D&G	Education Plan	Information developed and training delivered and evaluated	Improved staff knowledge and information on ELC shared with vulnerable families	Not yet delivered.	

Action		Policy Driver* Priority Group**	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
6	Establish new Automatic Registration system for Free School Meals and Clothing Grants	2, 3 1, 2, 3, 4, 5, 6	D&G Council	Education Plan	New automatic registration system developed and in use	Increased in number of children receiving free school meals and clothing grants	This is largely in place. The reuse of DWP data is an issue. This has been raised with the DWP/COSLA and Scottish Government	
7	Review Council Tax reduction thresholds	2 1, 2, 3, 4, 5, 6	D&G Council	D&G Council Plan	Review completed on Council Tax reduction thresholds	More applications for Council Tax Reduction from eligible families	Council Tax Reduction is a national scheme governed by regulations as laid by the Scottish Government. Take up activities take place regularly	
8	Explore opportunities to provide welfare advice services in identified GP Practices	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G and GP clusters	Transforming Primary Care Programme/General Medical Service (GMS) Contract	Number of referrals to support services Additional income gained from health referrals	Increased financial gains for individuals and families Improved quality of life and mental health gains	Welfare advice for the under 60s is part of our commissioned service with Dumfries & Galloway Citizens Advice Service (DAGCAS)  In order to expand current provision early discussions with GP Clusters in Nithsdale and Wigtownshire and DAGCAS has resulted in an interest to deliver additional services where demand is identified. This action will be taken forward in 2020/2021	

Action		Policy Driver* Priority Group**	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
9	Ensure clear referral pathways to Income Maximisation Services as part of social prescribing models are in place	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G	Transforming Primary Care Programme	Pathway in place and consistent approach to referral being adopted	Increased financial gains for individuals and families  Improved quality of life and mental health gains	As part of social prescribing referral routes to DAGCAS have been implemented. As part of the referral pathway feedback mechanisms are in place	
10	Embed the Financial Inclusion Pathway within appropriate NHS services e.g. Health Visiting and Maternity Services	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G	Health Scotland - Mitigating the Impact of Welfare Reform outcome Focused Plan	Pathway in place and consistent approach to referral being adopted	Increased financial gains for individuals and families  Improved quality of life and mental health gains	Work has progressed with Health Visiting teams and DAGCAS to formalise referral pathways. This work has been completed under the auspices of the National Children and Young People Improvement Collaborative Financial Inclusion Practicum. Work is now focusing on ensuring feedback loops between partners are robust	
11	Develop arrangements to replicate the <i>Financial Wellbeing Workforce Initiative</i> within NHS Dumfries and Galloway	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G	NHS D&G Working well Strategy	Feedback evaluation from staff	Improved quality of life and mental health gains for staff  Increased productivity and better patient outcomes	Information on the Financial Wellbeing Workforce Initiative has been shared between the Council and NHS. This information has been included in workforce updates and features on internal web pages	

Action		Policy Driver* Priority Group**	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
12	Work with partners to deliver a programme of awareness raising and training which supports use of the Child Poverty Impact Assessment Tool within stakeholder organisations	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G and partners	Tackling and reducing inequalities and health inequalities	Number of sessions delivered/number of participants  Evidence of Impact Assessments being completed	Increased financial gains for individuals and families  Improved quality of life and mental health gains	Work within the NHS and across the H&SCP has focused on continuing the embedding of the Integrated Impact Assessment.  In 2020/2021 work will focus on supporting specific services to pilot use of the Child Poverty Impact Assessment Tool	
13	Develop web based financial inclusion information for staff on NHS Dumfries and Galloway's intranet site	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G	Health Scotland - Mitigating the Impact of Welfare Reform outcome Focused Plan	Web based information complete and available to staff  Number of hits to sub-section of intranet	Increased financial gains for individuals and families  Improved quality of life and mental health gains	Information on financial support has been promoted on the Intranet as part of ad hoc news items. There is now a requirement to provide permanent information on financial inclusion/wellbeing the intranet	

Action		Policy Driver* Priority Group*	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
14	Deliver Poverty Awareness training to NHS and HSCP staff groups who have face to face contact with families, parents and vulnerable young people	1, 2, 3 1, 2, 3, 4, 5, 6	NHS D&G in partnership with D&G Citizens Advice	Health Scotland - Mitigating the Impact of Welfare Reform outcome Focused Plan and D&G Council Anti-Poverty Strategy	Number of staff trained in Poverty Awareness  Evidence of staff confidence to raise money/work issues with patients/client	Increased financial gains for individuals and families and improved quality of life and mental health gains	Delayed	
15	Children have early access to increased hours of Early Learning and Childcare provision	1, 2 1, 2, 3, 4, 5, 6	Education and Learning	Education Plan	1140 hours of Early Learning and Childcare is available to children across Dumfries and Galloway	Increased uptake of ELC hours from eligible families	Targeted take up campaigns take place with identified families before every annual intake	
16	Provide high quality education throughout the Broad General Education and Senior Phase and support establishments to narrow the outcomes gap for disadvantaged groups	1, 2 1, 2, 3, 4, 5, 6	Education and Learning	Education Plan	The poverty-related attainment gap is reduced on all core measures as reported from Local Government Benchmarking Framework	Targeted interventions are impacting positively on the attainment and achievement of identified children and young people	Specific information on the individual groups is yet to be advised.	-

Action		Policy Driver* Priority Group*	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
17	Reduce the Cost of the School Day	2 1, 2, 3, 4, 5, 6	Education and Learning	Education Plan and D&G Council Youth Priorities	Outcome reports of all projects delivered with funding	Costs associated with school are reduced	Costs of certain subjects have been removed; PEF allocations covered the costs of school trips and materials; and the	
18	<i>Skills and Employability</i>  Young people are supported to move into positive and sustainable destinations post school. See detail in CLD partners plan	1, 3 1, 2, 3, 4, 5, 6	D&G Council and partners	Community Learning and Development Plan  D&G Council Anti-Poverty Strategy  No-one Left Behind	Number of young people who move into positive and sustainable destinations	Outcomes and life chances for our most vulnerable will improve  Young people with additional support needs are moving into positive and sustainable destinations post school  Increase in qualifications and reduction in Job Seekers Allowance claimants	Employability Coordination Groups operate across all school to identify young people in need of additional support. Partners work with the young person to agree next steps.  Moved to online / remote support. In response to predicted increase in young people needing support due to Covid-19 impact a Youth Guarantee programme is being developed jointly by DYW, ESS and SDS, supported by Education.	

Action		Policy Driver* Priority Group*	Delivered by	Policy Link	Performance Measure	Intended Outcome	Progress to March 2020	RAG Status
19	<i>Parental Engagement</i>  Implementation of PEEP programme to support parental engagement in areas of deprivation	1, 2, 3  1, 2, 3, 4, 5, 6	Education and Learning	Education Plan	Number of parents engaged in PEEP	Parents are better equipped to support early learning and progress towards developmental milestones of children accessing ELC	Parental Engagement and Involvement Strategy and Parent Council Scheme agreed	

## **Data, Case Studies and Personal Testimonies about Child Poverty Drivers, Priority Groups and Protected Characteristics in Dumfries and Galloway**

Part 1 – High level statistical evidence about the drivers of child poverty

Part 2 – High level statistical evidence about the high priority groups and other statistics

Part 3 – Other high-level statistical evidence relating to child poverty in Dumfries and Galloway

Part 4 - Case studies and personal testimonies

The following have been identified as useful data sources of which either directly or indirectly relate to child poverty

Scottish Public Health Information for Scotland

[\(https://scotland.shinyapps.io/ScotPHO\\_profiles\\_tool/\)](https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

<https://www.gov.uk/government/collections/family-resources-survey--2>

Scottish Household Survey – published October 2019

<https://www.gov.scot/publications/scotlands-people-annual-report-results-2018-scottish-household-survey/>

<https://www2.gov.scot/Resource/0054/00548564.pdf>

Scottish Indices of Multiple Deprivation – published January 2020

<https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/>

Scottish Welfare Fund statistics – published December 2019

<https://www.gov.scot/publications/scottish-welfare-fund-statistics-update-to-31-december-2019/>

Dumfries and Galloway Children's Services Plan 2018/2019 Annual Report

<https://dumgal.gov.uk/media/20360/Children-s-Service-Plan-Annual-report-2018-2019/pdf/Joint-Annual-Report-Dumfries-Galloway-CS-Plan-2018-19.pdf?m=637188410091030000>

Skills Development Scotland

[https://www.skillsdevelopmentscotland.co.uk/media/46350/1101\\_msw-winter-2020\\_dumfries-and-galloway.pdf](https://www.skillsdevelopmentscotland.co.uk/media/46350/1101_msw-winter-2020_dumfries-and-galloway.pdf)

<https://www.skillsdevelopmentscotland.co.uk/media/46086/dumfries-and-galloway-rsa-infographic.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/45943/dumfries-galloway.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/45943/dumfries-galloway.pdf>

<https://www.skillsdevelopmentscotland.co.uk/media/46128/dumfries-and-galloway-rsa-summary-report.pdf>

Child Poverty Action Group

<https://cpag.org.uk/file/4912/download?token=ytkETSII>

## Part 1 - Drivers of child poverty

### Earnings

- Dumfries and Galloway average earnings £457
- Scotland average earning £543

### Skills and qualifications

- 33% of adults have no qualifications (27% Scotland)
- 94% of school leavers enter a positive destination
- 60% of school leavers enter higher or further education
- 30% of school leavers enter employment/training or voluntary work

### Accessible transport

- 44% of children live in rural areas (23% accessible rural, 21% remote rural)

### Childcare

- Total of 4,034 childcare funded places
- 551 places taken by children in SIMD 5 datazone (most deprived)

### Food insecurity and food costs (D&G Citizens Advice Service research)

- In some areas are paying up to 55 per cent more for the same items than people a few miles away
- In general, those in the poorest and the most rural areas are paying more than those in the better-off urban areas

### Internet access

- 22% of households do not have internet access
- 25% of people do not make personal use of the internet

### Debt, savings and assets

- 42% of all households identified as living in fuel poverty

### Benefits

- 13% of working age adults are in receipt of benefits
- Total number in receipt of benefits is 11,670
- 16% of children identified as living in low-income families
- 16% of children identified as living in low-income families

## **Part 2 – High Risk Priority Groups**

### Lone parents in Dumfries and Galloway

- 3,864 lone parent households of which 37% are not in employment

### Disabled children in Dumfries and Galloway

- 191 children aged under 16 years of age identified as having a physical disability
- 122 children aged under 16 years of age identified as having a long term learning disability

### Families with more than 3 children In Dumfries and Galloway

- 2,160 families of 3+ children, 14% of all families (15,205)

### Minority ethnic in Dumfries and Galloway

- Total of 1,873 people of ethnic minority (1.2%) in Dumfries and Galloway
- Of this total 600 are children

### Youngest child aged under 1 year in Dumfries and Galloway

- 1,198 families/single parent families where youngest child is under one year of age (figure derived from ONS data for number of births 2018)

### Mothers aged <25

- 450 mothers aged under 25 years of age

## Part 3 - Other High Level Statistics relating to Child Poverty in Dumfries and Galloway

### Rurality and deprivation

- 44% of children live in rural areas
- 13% of young people live in the most income deprived quintile

### Young Carers

- 300 Carers aged under 16 years of age

### Looked After Children

- There are 439 Looked After Children

### Homeless

- 10% of homeless applications involve children

### Housing

- 33% of households with children fail to meet the Scottish Housing Quality Standard

### Child Poverty by Electoral Ward in Dumfries and Galloway

The End Child Poverty (ECP) group's most recent statistics are for 2018/2019. It should be noted that these figures are based on the Ward areas prior to the last Boundary Commission Boundary Changes which were completed in May 2017

Mid Galloway	37%
Abbey	22%
Annandale East and Eskdale	25%
Stranraer and North Rhins	34%
Annandale North	25%
North West Dumfries	36%
Wigtown West	34%
Nith	17%
Lochar	16%
Castle Douglas and Glenkens	28%
Mid and Upper Nithsdale	28%
Annandale South	25%
Dee	32%

## **Part 4 - Case Studies and Personal Testimonies**

### **Case Study 1: Welfare and Housing Options (WHO) Support Team**

Single parent with 4 children all born prior to 2<sup>nd</sup> April 2017. Customer referred by Homeless Team as customer had rent arrears of £2197 and imminently due in court. Discussion with Housing Benefit Team resulted in a back payment of £2128.01 and an ongoing award of £65.35 per week. A home visit was then conducted by the WHO and Homeless officers who noted improvements to the living environment were required and supported a Community Care Grant of £249.90. A direct debit to pay the 2019/2020 Council Tax was arranged and as a result previous years Council Tax arrears were put on hold to allow her to pay without being pursued for more debt than she could manage. An award value of £1580.45 to the customer. Prior to the WHO Team support, the customer had been suffering from stress and anxiety and this had badly affected her mental wellbeing. With rent arrears cleared, the threat of eviction removed and full rent being paid going forward the customer's mental wellbeing improved.

### **Case Study 2: Housing**

A family of 7, living in a Registered Social Landlord property were on a waiting list for a new property but due to rent arrears and not making regular repayments were unable to gain enough status to improve their chances of a Tenancy being offered. Customers were juggling their finances due to a change in their health-related benefits, their mental health being affected by debts and overcrowding and one family member attending a school outside of the catchment area due to bullying. A Homelessness Prevention Discretionary Housing Payment was awarded to clear the minimal arrears and as a result their prospects and health improved.

### **Case Study 3: Intensive Family Support Service**

Two children were living at home with both parents, with their emotional and physical wellbeing impacted by parental substance misuse, and inadequate home conditions. The children were frightened when their father was under the influence of alcohol and were unable to predict his behaviours. Mother has a physical disability, which has impacted upon her own motivations to change the environment for her children. Both children were placed on the Child Protection Register in September 2018. The parents have now separated, with the children living with their mother, having contact at the weekend, during the day with their father. Intensive Family Support Service worked with the family from February 2019, with a focus on the following areas: • supporting both parents to implement appropriate boundaries and strategies in the home • support mother to declutter the home • support oldest child in understanding the importance of personal hygiene • providing information and practical advice on healthy eating involve the children in cooking healthy meals. • parents undertaking an exercise to consider their parenting styles, using an established model. Parents have shared that they realise that they have to consider cohesive parenting to implement the boundaries and structures required to ensure that the children feel secure, safe and encouraged. Also, IFSS made a referral to Financial Inclusion Team to address access to Benefits and financial management.

### **Young People A and B – race**

Two young people A and B were also active members of DGMA youth groups campaigned and contested the Youth Council Election- they are now elected as Youth Councillors. A and B bring lived experience of race issues to the Youth Council and encourage minority communities' involvement in public life.

### **Young People C – disability**

C is a young person with a rare condition, Cerebellar Ataxia, who has been a member of DG Voice for approximately three years. A scooter is used and a service dog. C has attained a business/computing degree and has knowledge on a number of policy issues. DG Voice nominated C to join the Board of Inclusion Scotland. C is also an Ambassador for Ataxia UK, and active in Riding for the Disabled Association Incorporating Carriage Driving (RDA); and is a strong voice for disabled people in our region.

### **Young People D – sex, gender reassignment**

D is 16 years old and transgender, first referred to LGBT Youth Scotland three years ago, having 1:1 support and attending youth groups. There have been challenges in coming out in school, with a negative impact on emotional and mental health. A referral to CAMHS/social work and child meetings in place in school to ensure the best support was available to ensure safety and to be able to achieve/progress in transition in school and in life. D is now a confident, friendly and caring young person who mixes well with other young people, is now fully out at school, dresses in their true gender, changed their legal name and plans to be a befriender.

### Strategies and Plans supporting the delivery of the Child Poverty Action Plan 2019/2020

This table sets out the key local Strategies and Plans which have supported the delivery of our Local Child Poverty Action Plan over the last year:

<b>Strategy or Plan</b>	<b>Led by</b>	<b>Links to LCPAR Drivers</b>
Anti-Poverty Strategy and Action Plan	Dumfries and Galloway Council	Income from social security and benefits in kind Income from employment Costs of Living
Best Start Strategy	NHS Dumfries and Galloway	Income from social security and benefits in kind Costs of Living
Children's Services Plan	Dumfries and Galloway Council and NHS Dumfries and Galloway	Income from social security and benefits in kind Costs of Living
Community Learning and Development Partners' Strategic Plan for Dumfries and Galloway	Dumfries and Galloway Council	Income from social security and benefits in kind Income from employment Costs of Living
Digital Health and Care Strategy 2020/2024	Health and Social Care Partnership	Costs of Living
Education Plan 2019/2020	Dumfries and Galloway Council	Income from social security and benefits in kind Income from employment Costs of Living
Health and Social Care Strategic Plan and supporting Health and Social Care Locality Plans	Health and Social Care Partnership	Not directly linked to the main LCPAR drivers but overall aim to improve health and wellbeing and reduce health inequalities can contribute to the drivers
Mitigating the Impacts of Welfare Reform Outcome Focused Plan	NHS Dumfries and Galloway	Income from social security and benefits in kind Income from employment
Pregnancy and Parenthood in Young People Action Plan 2016/2026	NHS Dumfries and Galloway	Income from social security and benefits in kind Income from employment

Strategy or Plan	Led by	Links to LCPAR Drivers
Regional Economic Strategy	Dumfries and Galloway Council	Income from employment
South of Scotland Economic Partnership Business Plan	South of Scotland Economic Partnership	Income from employment
Skills Development Scotland Needs Assessment	Skills Development Scotland	Income from employment

## Moving Forward

### Draft Action Plan for 2020-2023

We fully recognise the importance in ensuring that the longer-term Local Authority and Health Board response to COVID 19 should not cause longer and deeper experiences of inequality, especially for children and young people. With this in mind we will make sure the future planning of and the delivery of child poverty actions is considered through a COVID 19 lens, while ensuring an equality and human rights approach is core to the work.

We will seek to utilise and build upon the resilience shown by communities and partners in responding to the pandemic. However, we must also recognise that not all communities are equal and more affluent communities will often be better placed to mobilise community support and resilience than others. We will therefore ensure that are resources and support is targeted at those communities with the most need.

We have identified the following themes as key priorities for partners to address the Drivers of Child Poverty and the High Priority Groups over the next three years:

- Costs of the school day
- Employment and employability
- Financial Inclusion and increasing income from benefits and entitlements
- Food poverty, food costs and food insecurity
- Fuel poverty
- Housing
- Transport (access and affordability)
- Wellbeing – culture, health, leisure and sport

In addition to this there are a number of actions will we take to increase our understanding of child poverty and involve stakeholders:

- Developing our evidence base including data sharing and identifying local data
- Engagement and communication, particularly people with lived experience of poverty.

A high-level summary of actions to deliver on these themes are set out below:

<b>Action</b>	<b>Driver/Issue</b>	<b>Who/Partnership</b>
1. Develop D&G Employability and Skills Plan	Employment/ Employability	D&G Employability and Skills Partnership
2. Develop 'Project 155' to increase the working age population	Employment/ Employability	DGC and NHSD&G
3. Contribute to the South of Scotland Regional Economic Plan	Employment/ Employability	DGC/ Regional Economic Partnership
4. Implement the 1140 hours of free childcare	Employment Cost of living	DGC (Skills, Education and Learning)

<b>Action</b>	<b>Driver/Issue</b>	<b>Who/Partnership</b>
5. Build on DGC Transformation Programme work, School Transport Policy and PSP model to address access and affordability of public transport for access to work and education	Employment Cost of Living	SWestrans, DGC, TSD&G Sector, PSP on community transport
6. Develop Equality Outcomes that support the High Priority Groups experiencing child Poverty	Employment Cost of Living Income	DGC; H&SCP; NHSD&G, SOSE; SDS, SWestrans
7. Review financial inclusion pathways for health	Income	H&SCP; DGC (Financial Inclusion Assessment Team); and Financial Inclusion service providers (Dumfries and Galloway Citizens Advice Service)
8. Develop approaches that reduce the 'Cost of the School Day',	Cost of Living	DGC (Skills, Education and Learning)
9. Implement approaches with RSLs to address homelessness	Cost of Living	Strategic Housing Forum and Homeless Forum including RSL partners
10. Direct support and funding to fuel poverty	Cost of Living Income maximisation	DGC, Strategic Housing Forum and RSL partners
11. Explore opportunities to ensure food poverty and food insecurity is embedded within Public Health Priority 1 (Place) and Public Health Priority 6 (Eat well, healthy weight)	Cost of Living	Public Health Priority Implementation Groups with support from DGC, TSD&G and Community Food Providers Network
12. Explore opportunities to ensure culture, play, leisure and sport is embedded within Public Health Priority 6 (healthy weight, physically active)	Cost of Living	DG Unlimited (arts); Major Festivals and Events Partnership; Physical Activity Alliance with support from Play Scotland
13. Partnership events to develop the Local Child Poverty Action Plan during 2020-2023	Communication and Engagement	Children's Services Executive Group
14. Partnership event(s) to establish opportunities and identify areas for data sharing across sectors	Data sharing and evidence base	H&SCP (Performance and Intelligence Team); DGC; TSD&G; supported by equalities groups; RSLs; and the Improvement Service
15. Develop a Communication and Engagement Plan	Communication and Engagement	DGC; NHS D&G; and H&SCP;

# DUMFRIES and GALLOWAY NHS BOARD

6<sup>th</sup> July 2020



## Community Participation and Engagement – Annual Report

**Author:**

Laura Geddes  
Corporate Business Manager

**Sponsoring Director:**

Jeff Ace  
Chief Executive

**Date:** 25<sup>th</sup> June 2020

### RECOMMENDATION

NHS Board is asked to **approve** the Community Participation and Engagement Annual Report at Appendix 1, for publication on the NHS Dumfries and Galloway external website and submission to Scottish Government.

### CONTEXT

**Strategy / Policy:**

This paper supports the Board's requirements around Participation Requests, as set out in the Community Empowerment (Scotland) Act 2015.

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

As part of the requirements within the legislation the Board is required to develop procedures for handling both the Participation Requests and Community Asset Transfer requests, as well as implementing strategies to support the processes.

In addition to this, the Board are required to produce and publish an annual report on the progress that has been made to ensure compliance with the legislation and publicises the requests that have been received by the Board in relation to either a Participation Request or a Community Asset Transfer.

### GLOSSARY OF TERMS

NHS - National Health Service

## MONITORING FORM

Policy / Strategy	Community Empowerment (Scotland) Act 2015
Staffing Implications	Impact on staffing has been noted within this paper.
Financial Implications	No financial impact has been identified whilst developing the procedure and strategy
Consultation / Consideration	Initial consultation around this has been undertaken with Board Management Team.  Further consultation with wider groups needs to be undertaken as part of the whole process and to ensure we comply with the national legislation.
Risk Assessment	No risk assessment was undertaken as part of this paper.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>The processes for Participation Requests and Community Asset Transfers aims to work closely with the community groups to improve services and provisions for the community. If requests are not handled correctly it could have a detrimental effect on the Board's reputation, therefore a medium tolerance has been noted.</p>
Sustainability	Not applicable
Compliance with Corporate Objectives	The delivery of the procedure and strategy will comply with all corporate objectives.
Local Outcome Improvement Plan (LOIP)	Outcomes 6 and 8
Best Value	<ul style="list-style-type: none"> <li>• Effective Partnerships</li> <li>• Governance and Accountability</li> <li>• Use of Resources</li> <li>• Equality</li> </ul>
Impact Assessment	Impact assessments are undertaken as part of the process for each application as it is received and handled by the Board.



# **Community Participation and Engagement**

## **Annual Report 2019/20**

## **Introduction**

1. The Community Empowerment (Scotland) Act 2015 was issued in July 2015. This Act is presented in 12 part, which are noted below for information:
  - Part 1 – National Outcomes
  - Part 2 – Community Planning
  - Part 3 – Participation Request
  - Part 4 – Community Rights to Buy Land
  - Part 5 – Asset Transfer Requests
  - Part 6 – Delegation of Forestry Commissioners' Function
  - Part 7 – Football Clubs
  - Part 8 – Common Good Property
  - Part 9 – Allotments
  - Part 10 – Participation in Public Decision-Making
  - Part 11 – Non-Domestic Rates
  - Part 12 - General
2. The Act aims to cover all public sector organisations, therefore, a number of the sections do not apply to the NHS.
3. To comply with the Act, NHS Dumfries and Galloway must adhere to Parts 3 and 5, the Participation Requests and Asset Transfer Requests.

### **Part 5 – Asset Transfer Request**

4. An Asset Transfer Request is a request in relation to land owned by the relevant authority, where a request have been put forward for the ownership of the land to be transferred to a Community Transfer Body.
5. If the land or building being requested is leased by the relevant authority, the Community Transfer Body has the right to request that the property be leased to the Community Transfer Body for the term not exceeding the contractual lease arrangements already in place with the public body.
6. Guidance is held within the Act around the eligibility criteria for a Community Transfer body, which could be an existing Scottish Charitable Organisation or Community Benefit Society and must have no fewer than 20 members.

### **Part 3 – Participation Requests**

7. A Participation Request is a request for a pre-existing body to participate in an outcome improvement programme for a specific service or project.
8. Requests of this type can only be made by a Community Participation Body, which is explained in the Act as a group where the majority of members are members of that community and must have a written constitution, for example a Community Council.

9. In making such a request, the Community Participation Body must specify the reasons for the request and also the potential outcome that could come out of a successful change to service delivery.
10. It should be noted that a Participation Request can be submitted to one or multiple public bodies to review and make a decision on, in line with their procedures.
11. For requests with multiple public authorities it is essential that we follow similar procedures to ensure a consistent approach, whether the request is being presented to the Health Board or the Local Authority.

### **NHS Board Requirements**

12. To comply with the Act, the NHS Board must undertake a number of actions, which are noted below:
  - Develop a Community Participation and Engagement Strategy and publish it for public review.
  - Develop a Community Asset Transfer Strategy and publish it for public review.
  - Develop a Community Asset Transfer Procedure and publish it for public review.
  - Develop a Participation Request Strategy and publish it for public review.
  - Develop a Participation Request procedure and publish it for public review.
  - Create a page on the Board's external website which is easily accessed and contains all of the above documents.
  - Take an Annual Report to NHS Board charting the requests that have been received, the decision that was made and how the Board came to that decision, whether the request was approved or rejected.

### **Community Participation and Engagement**

13. A Community Participation and Engagement Strategy has been developed and published on the Health Board's public website.
14. This strategy provides an overarching vision of how NHS Dumfries and Galloway aim to improve and sustain our local health services within the region.

### **Participation Requests Progress Update**

15. A process for handling Participation Requests received into the Health Board has been developed and published on the Board's public website.

16. The process has been prepared in conjunction with the guidance and also the procedure set out by Dumfries and Galloway Council, to ensure a consistent approach is defined as per the recommendations within the Act.
17. For the period of 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020 no Participation Requests were received by the Board.

### **Community Asset Transfer Progress Update**

18. NHS Dumfries and Galloway have a number of properties within the estate, which would be eligible under Part 3 of the Community Empowerment (Scotland) Act 2015. A map of the property locations and a more detailed list has been published on the Board's public website for review.
19. For the period of 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020 no Community Asset Transfer requests were received by the Board

### **Published Information**

20. The Act mentions that to ensure compliance with the legislation public sector organisations are required to publish a selection of data on their external website for easy reference.
21. NHS Dumfries and Galloway have created a page on their public website to give details of how a Community Transfer Body and Community Participation Body can apply for a Participation Request or an Asset Transfer Request. The page will contain details of any requests that have been received, the outcome of the decision process for each request and a copy of the Community Participation and Engagement Annual Reports.
22. For easy reference the page on the Board's public website can be found under the About Us section, which contains the basic information that the community bodies will need to begin the request process. The web page address has been noted below:

<https://www.nhsdg.co.uk/information-and-engagement/>

### **Conclusion**

23. NHS Dumfries and Galloway aim to work closely with community bodies to handle all requests received in a timeous manner and to provide support and guidance to the requester, as required.
24. A full report will be presented to the NHS Board on an annual basis, with all requests being highlighted to the Board's Management Team throughout the year, to ensure a consistent and well managed approach to the way the requests are handled within the specified timelines.

## DUMFRIES and GALLOWAY NHS BOARD

6<sup>th</sup> July 2020
**Financial Performance Update 2020/21  
Month 2 Position**

**Author:**  
Graham Stewart  
Deputy Director of Finance

**Sponsoring Director:**  
Katy Lewis  
Director of Finance

Date: 17<sup>th</sup> June 2020**RECOMMENDATION**

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

- The NHS board reports a year to date (YTD) overspend of £5.6m before any allocation of funding to support the Local Mobilisation Plan.
- Increased operational costs during this period relating to the COVID-19 crisis amount to approximately £3.6m, offset through a savings from a decrease in elective activity during the same period.
- The Scottish Government (SG) is still to confirm any in-year allocations other than the revised baseline budgets received in April's allocation letter and funding for Social Care.

**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 high level summary position as at 31<sup>st</sup> May 2020. Work continues to update the Financial Plan following the COVID-19 pandemic and the Quarter One Review will be used to do this. The Medium Term Health and Social Care Financial Framework requires NHS Boards to deliver financial break-even over a three year planning period with the first year of the new cycle set as 2019/20. Boards have flexibility to report underspends or overspend of up to one per cent of Boards core revenue funding. For Dumfries and Galloway, 1% flexibility would equate to £3.16m of the recurring baseline budget.

## **GLOSSARY OF TERMS**

AOP	-	Annual Operational Plan
CRES	-	Cash Releasing Efficiency Savings
HSCP	-	Health and Social Care Partnership
RRL	-	Revenue Resource Limit
SAM	-	Sustainability and Modernisation Programme
SG	-	Scottish Government
SGHSCD	-	Scottish Government Health and Social Care Directorate
YTD	-	Year to Date

## MONITORING FORM

Policy / Strategy	Supports agreed financial strategy in the Annual Operational Plan.
Staffing Implications	Not required.
Financial Implications	Financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle.
Consultation / Consideration	Board Management Team.
Risk Assessment	Financial Risks included in paper.
Risk Appetite	<p style="text-align: center;">           Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/> </p> <p>The Board has an in-year financial savings target of £26.6m and is reviewing whether a breakeven position is achievable in 2020-21.</p>
Sustainability	The Financial Plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES. Key to the ongoing achievement of savings plan will be the delivery of significant transformational changes to services.
Compliance with Corporate Objectives	<p>To maximise the benefit of the financial allocation by delivering efficient services, to ensure that we sustain and improve services and support the future model of services.</p> <p>To meet and, where possible, exceed Scottish Government goals and targets for NHS Scotland.</p>
Local Outcome Improvement Plan (LOIP)	Not required.
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
Impact Assessment	A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.

## **Executive Summary**

1. The Board's Financial Plan for 2020/21 relies on £26.6m of savings to bridge the gap between predicted cost growth and the allocation uplift. An estimated £15.5m of savings had still to be identified at the time of submitting the Financial Plan, and a number of agreed savings plans would not take effect until part way through the year, with significant risk around delivery of a number of these plans.
2. During March 2020, the Board invoked its emergency response protocol in light of the growing COVID-19 threat and rapidly mobilised to create additional bed and intensive care space, community assessment centres and large scale remote working. The ongoing additional costs for this are being logged and submitted to Scottish Government Health and Social Care Directorate (SGHSCD) through the Local Mobilisation Plans. Additional funding is expected and costs of £3.6m (before allocating any offsetting savings) has been incurred to the 31<sup>st</sup> May 2020.
3. At the end of May 2020, the Board is reporting an underlying £5.6m overspend which includes the impact of the additional COVID-19 expenditure and also slippage on savings plans. Unlike previous years to date, we haven't allocated the savings target to directorate budgets due to the uncertainties in the Financial Plan; this is held centrally and will be reviewed and allocated following the Quarter One review.
4. The factors driving this overspend are a combination of the additional costs of COVID-19, slippage on indentified savings plans, offset by reduced operational costs due to the cessation of non-urgent elective activity and the unidentified savings target.
5. The purpose of this report is to provide the Board with a summary of revenue financial performance for the first two months of 2020/21. Month 2 figures always require a degree of estimation and caution is always advised in interpreting them. The unusual level of uncertainty due to the impact of COVID-19 on services means these figures are more heavily caveated than usual.

## **Finance Summary as at 31 May 2020**

6. The assessment of the position at the 31<sup>st</sup> May 2020 reflects a £5.6m adverse variance (before any funding to support COVID-19 is factored into the position). This is split across the IJB delegated services and Board services in the table below:

**Table 1 – Summary Financial Position 31 May 2020**

Service	YTD Variance £K				
	Pays	Non-Pays	Income	CRES	Total
IJB Delegated Services	(928)	46	(68)	(3,472)	(4,421)
NHS Board Corporate Services	(82)	(33)	(155)	(944)	(1,214)
<b>Total NHS Board Position</b>	<b>(1,009)</b>	<b>13</b>	<b>(223)</b>	<b>(4,415)</b>	<b>(5,635)</b>

7. **Appendix 1** provides a high level summary of the position by Directorate as at the end of Month 2.
8. Within this YTD position is gross expenditure on COVID-19 related measures of approximately £3.6m, reflecting the costs incurred to date directly associated with the Local Mobilisation Plan. These are detailed in the section on COVID-19 below.
9. Within the underlying position above, there are potentially offsetting savings of £1.1m related to the reduction in elective work and re-deploying existing staff into COVID-19 related positions; this assessment will be firmed up and reviewed in the Quarter One position.
10. The overall position the general level of underspends related to, are existing vacancies and underspends across the organisation of £1.3m as these haven't as yet been factored into offsetting against in-year savings plans.
11. At the end of May 2020, the Core Revenue Resource Limit (RRL) for NHS Dumfries and Galloway was £317.3m. The May 2020 allocation letter sets out our starting point in terms of core revenue resources of £315.8m and the £1.48m for the integrated authority funding for COVID-19 which has been passed to the Local Authority.

#### **Local Mobilisation Plan – COVID-19 Costs**

12. During March 2020, NHS Dumfries and Galloway moved on to an emergency footing to prepare for the anticipated surge of COVID-19 cases. Acting in line with Scottish Government advice, there was a rapid mobilisation to significantly increase Intensive care capacity, bring additional beds into the system, create community assessment hubs, expand testing and recruit unprecedented numbers of additional staff to cover the demand and predicted staff absence.
13. Mechanisms were put in place to capture the additional costs of this. To the end of May 2020, the NHS Board has recorded a total of £3.6m additional costs attributable to COVID-19 with a further £2.3m estimated from Social Care services YTD. At the same time, the Sustainability and Modernisation (SAM) programme was suspended so all service focus could be on the impact of the pandemic. As well as meaning no inroads could be made to the initial £15.5m gap, it meant progress on many agreed schemes included in the £11.1m saving plan was halted.

14. The Scottish Government initially requested weekly financial returns from each NHS Board so as to report the scale of total gross costs associated with the COVID-19 pandemic. This required each Board identifying from their surge plans the additional ringfenced capacity for COVID-19 patients as well as the impact upon other costs such as IT, infrastructure and reduced opportunity to deliver efficiency savings.
15. For NHS Dumfries and Galloway, this resulted in a total estimated return of over £34m. This included £21m relating to Acute Care and Corporate expenditure with a further £12m across the Health and Social Care Partnership (HSCP). To ensure comparability with other HSCTPs nationally, Acute related costs have been included within the NHS Board element of the template.
16. As the Board's plans around mobilisation and re-mobilisation becomes clearer, it is anticipated that the overall additional costs associated with supporting services through the COVID-19 pandemic will reduce. This has been demonstrated with the latest return submitted on 22nd June 2020, which shows a reduction in the costs to £32.4m. As an NHS Board, we have been asked to include in the Local Mobilisation Plan the full Health and Social Care costs, including the costs of supporting Social Care Providers.
17. The table below provides a very high level summary of the specific costs associated with NHS Board services related to COVID-19 YTD.

**Table 2 – Estimated YTD costs of COVID-19**

<b>Current Estimated YTD costs of COVID-19</b>	<b>YTD Actuals £K</b>
Additional Hospital Bed Capacity/Costs	977
Testing for virus	102
Equipment & Sundries	618
IT and Telephony Costs	295
Estates and Facilities cost	463
Mental Health Services	41
Community Assessment Hubs	327
Additional temporary staff spend - Student Nurses and AHP	372
Additional FHS Prescribing	200
Loss of income	227
<b>Total Cost</b>	<b>3,621</b>

### **Quarter One Review**

18. The Annual Operational Plan (AOP) submitted in March highlighted a significant financial savings requirement for the NHS Board of £26.6m, with planned levels of identified savings of £11.1m, reducing the overall in-year gap to £15.5m. It is recognised that delivery of savings plans are significantly impacted by the COVID-19 crisis.

19. It has been agreed with Scottish Government that the Quarter One forecast position will be used as the basis to undertake the assessment of additional funding to Boards to support COVID-19 costs. It is not clear at this point the exact level of financial support that will be provided to the Board or how it will be assessed but we have to assume all reasonable costs will be funded. Whilst the current additional allocation from Treasury is confirmed as £780m nationally, there has been no decision made as to how this funding will flow to NHS Boards and Partnerships.
20. The local Quarter One reviews will form the basis of reviewing both the year to date costs and firming up the overall forecast assumptions for the directorates. Meetings with each Directorate will be held in early August to review and these have been scheduled through the new Health and Social Care Management Team structure and arrangements.
21. These reviews will also provide an assessment of allocation assumptions, update savings plans, review COVID-19 costs, assess remobilisation plans specifically including the resource requirements for re-establishing elective activity. There is also a requirement to review offsetting costs which relate to any savings opportunities arising as a result of the lower activity in the first quarter of 2020/21.
22. The Financial Plan will be revised and updated to inform the Board of the assessment of delivering a break-even position in-year. However, given the current operational focus and challenges, combined with the lack of progress on developing efficiency schemes, it is unlikely to present a significantly improved position.

### **Capital Plan**

23. As a result of COVID-19, the 2020/21 Capital Plan has not significantly progressed and any capital requirements that arose during the normal course of business or as a result of COVID-19 for the first quarter have been dealt with on an emergency replacement basis.
24. Work has now recommenced to refresh the key strategic capital priorities for the Board and a meeting is planned with the Scottish Government on the 2nd July 2020 to discuss. A revised Capital Plan for 2020/21 will be presented as part of the Quarter One update.

**NHS DUMFRIES AND GALLOWAY**  
**EXPENDITURE ANALYSIS - 2 MONTH TO 31st May 2020**

AREA	Annual Budget				Pays YTD	Non Pay YTD	Income YTD	Total YTD	Variance %
	Pay £000	Non Pay £000	Income £000	Total £000	Variance £000	Variance £000	Variance £000	Variance £000	
<b>IJB DELEGATED SERVICES</b>									
Acute & Diagnostics	97,447	26,286	(1,652)	122,080	(819)	599	(77)	(297)	-1%
Facilities & Clinical Support	3,767	14,415	(693)	17,488	33	(422)	(48)	(438)	-15%
Mental Health Directorate	22,893	2,987	(464)	25,416	(85)	56	(0)	(29)	-1%
Community Health & Social Care (NHS)	33,050	36,894	(1,227)	68,717	(113)	71	1	(41)	0%
Primary Care Services	4,497	47,955	(5,001)	47,451	(114)	51	70	7	0%
Womens & Childrens Directorate	22,430	2,199	(494)	24,135	184	1	0	186	5%
E Health	2,965	2,264	(181)	5,048	36	(308)	(14)	(287)	-34%
Strategic Services	2,162	22,089	(79)	24,172	(48)	(2)	(0)	(51)	-23%
Savings	0	(20,829)	0	(20,829)	0	(3,472)	0	(3,472)	100%
Inflation/Cost Pressures Budget held centrally	1,326	6,954	0	8,280	0	0	0	0	0%
<b>IJB SERVICES TOTAL</b>	<b>190,537</b>	<b>141,213</b>	<b>(9,793)</b>	<b>321,958</b>	<b>(928)</b>	<b>(3,426)</b>	<b>(68)</b>	<b>(4,421)</b>	
<b>BOARD SERVICES</b>									
Board Corporate Services	13,161	3,234	(912)	15,483	(84)	(126)	(8)	(217)	-9%
Strategic Capital	158	16,523	0	16,680	2	27	0	29	1%
Central Income	0	0	(5,216)	(5,216)	0	0	(60)	(60)	7%
Externals	0	28,799	(3,074)	25,725	0	66	(88)	(22)	-1%
Non Core	0	10,905	0	10,905	0	0	0	0	0%
Savings	0	(5,663)	0	(5,663)	0	(944)	0	(944)	100%
Inflation/Cost Pressures Budget held centrally	87	6,763	0	6,850	0	0	0	0	0%
<b>BOARD SERVICES TOTAL</b>	<b>13,406</b>	<b>60,560</b>	<b>(9,203)</b>	<b>64,764</b>	<b>(82)</b>	<b>(977)</b>	<b>(155)</b>	<b>(1,214)</b>	
<b>GRAND TOTAL</b>	<b>203,944</b>	<b>201,774</b>	<b>(18,996)</b>	<b>386,722</b>	<b>(1,009)</b>	<b>(4,402)</b>	<b>(223)</b>	<b>(5,635)</b>	