BDA Scotland was asked to respond to the NHS Governance, Corporate Governance Phase 3 consultation and is grateful to the Health and Sport Committee for allowing BDA Scotland an extension of time in order to provide a response. BDA Scotland was asked to consider the following questions:

1. **Do you have any comments on how NHS boards operate and make decisions, for example:**

   **Clinical Audit / Quality Improvement and Significant Event Analysis**

   BDA members have informed BDA Scotland of concerns in relation to the performance and accountability with respect to quality improvement, dental clinical audit and Significant Event Analysis (SEA). Some BDA members have also raised their concerns directly with NHS Education for Scotland (NES) which is a special health board within NHS Scotland. It has been reported that a number of dentists in Scotland have found that they have been awarded fewer hours than actually spent on clinical dental audit and during the e-SEA process. This would indicate that the system is not working effectively, is opaque and lacks a transparent appeals process with demonstrable timeframes.

   BDA Scotland understands that there is a Statutory Area Dental Professional Committee within each NHS Board which should be able to advise and comment on dental issues in each area, however we are aware that the effectiveness of this may vary across Scotland.

   BDA Scotland would note that with regard to Clinical Audit/Quality Improvement for independent general dental practitioners, the sanctions for non-compliance are not standardised. Scottish Government has deemed this the responsibility of the individual NHS Boards to decide on them, if any. This has resulted in a national disparity in how non-compliance has been dealt with, and BDA Scotland suggests that Scottish Government should indicate to NHS Boards how non-compliance by dentists for the 2016-19 audit cycle will be managed.

2. **Do you trust NHS Boards to make decisions that are in the best interests of the public?**

   BDA Scotland agrees that overall NHS Boards make decisions that are in the best interests of the public, but with limited resources.

   BDA Scotland has some concerns that there is a view amongst the hospital dental profession that NHS Boards primary concern is about making financial savings, for example delay in advertising vacant posts, the embargo on study leave and the purchase of essential equipment or materials. There are also concerns within the Public Dental Service (PDS) relating to changes to the management of the PDS and recent NHS Board appointments which have signalled a move away from the traditional role of a Clinical Director with
experience of the PDS. A number of NHS Boards have implemented different management structures without any consultation with the profession and this is a cause for concern.

3. **Are NHS board decisions open and transparent?**

BDA Scotland would agree overall that decisions are transparent with the exception of the fairness and transparency of the management of clinical dental audit and SEA, please refer to question 1 above.

BDA Scotland notes again that within the hospital service there is a view that decision making within the NHS Boards is non-consultative leading to a lack of transparency in this field.

4. **How accountable do you feel NHS boards are?**

BDA Scotland believes that NHS Boards are accountable however, some members made comment that on occasion this is to the point that progress can be limited.

5. **How effective are NHS boards at delivering health services and improving the health of their population?**

BDA Scotland suggests that in general NHS Boards are effective within the resources available to them.

BDA Scotland
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