FOR HEALTH BODY USE
Checklist to be used when compiling summary of the case

CATEGORY 4 - DAMAGE TO BUILDINGS, THEIR FITTINGS, FURNITURE AND EQUIPMENT AND LOSS OF EQUIPMENT AND PROPERTY IN STORES AND IN USE.

Type of case – *Loss of Equipment*

Reference number -

Health Body – *Scottish Ambulance Service*

Contact at Health Body – [redacted]

1. Record the amount involved and the reasons why the loss arose.

[redacted]

2. Was fraud involved? If so complete fraud report and ensure that the SGHSCD, external auditor and police are informed of the fraud. Confirm this has been actioned. Enter dates of notification of fraud to the Scottish Government Health and Social Care Directorates, external auditor and police and completion of fraud report.

No Fraud

3. Was theft involved? If so have police been informed? If not, give reasons why not? Forward police report (if available) to Scottish Government Health and Social Care Directorates.

No Theft

4. What actions including legal action have been taken to recover the loss? If none, give reasons why?

No Legal Action

5. Stores (only) - Are any linen losses calculated at 50% of the replacement value? Is this in accordance with the guidance? Is the total loss more than 5% of the total stock value? Confirm that the loss has been valued at book value less net disposal proceeds.

N/A

6. Is the value of the loss reduced by insurance? If so, record the value of the gross loss and the value of the amount recovered by insurance.

Type of Loss not covered by Insurance

7. Identify any failings in the actions of employees, including supervisors. Having considered this, is there a need for disciplinary or legal action? Record what action has been taken or is proposed, or if no action is to be taken, explain why. Include dates, names of individuals and positions.

See response to question 8

8. Was there any apparent breakdown of procedures? If so detail the weakness or fault in system of control or supervision.

[redacted]

9. What proposed improvements have been put forward to correct defects in the existing systems or procedures? Include timetable for implementation of the improvements. What monitoring measures have been introduced to ensure the improvements are working effectively? (Please note you may be requested to forward detailed monitoring reports relating to this case at a later date to ensure that all proposed improvements have been implemented completely and effectively and are reviewed on a regular basis)

[redacted]

[redacted]

The app enables the recording of internal cylinder movements and identifies them by scanning of barcodes. The Service can record, track, view and analyse inventory across vehicle fleet and stations. [redacted] *In the context of this case, it will be much easier to identify and locate soon to expire and inactive cylinders so these can be brought into rotation or returned to BOC if surplus to requirements.*

[redacted]

[redacted]

10. Is it necessary to inform the Board/ Chief Executive? If not, why not?

[redacted]

11. Do your SFIs require a Board report for this case? If so, please enclose the report. If not, in light of this case consider whether your SFIs should be amended to require a Board report in such cases?

[redacted]

12. Having completed the above steps, detail the general lessons which can be drawn from this case. Forward separately to the SGHSCD if the case is within your delegated limits.

[redacted]

13. Please give details of name and position of person forwarding this case for SGHSCD approval (if applicable). Give dates of when this case was first brought to the attention of the SGHSCD (if applicable).

Name - [redacted]

Position – *Head of Finance, Scottish Ambulance Service*

Date Scottish Government Health and Social Care Directorates notified – *31/03/2025*

14. I have considered fully each point on this checklist and my findings are recorded in the attached case summary and/or in the spaces above. I confirm that the details recorded above, and on the attached case summary, are complete and accurate, and that all aspects of the checklist have been properly considered and actioned.

Signed by –

Job title –

15. I confirm that the above details are complete and accurate and all aspects of the checklist have been properly considered and actioned. I agree that write off of this loss offers the best value for money for this case.

* Note: Delete as appropriate.

* This case is within the delegated authority of this health body and is not novel, contentious or repercussive. I therefore agree to write off of the loss.

* This case is above the delegated authority of this health body / is novel, contentious or repercussive (delete as appropriate) and I therefore request formal approval from the Scottish Government Health and Social Care Directorates.

Signed by - Date -

Countersigned by - Date -

*** Please note this section must be signed by two senior officers in accordance with the delegated limits set by the board**.