Scottish Parliament
Health and Sport Committee

30th October 2018

Submission of Evidence

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1. NHS Dumfries and Galloway Operational Plan 2018/19

2. NHS Dumfries and Galloway Financial Plan 2018/19


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5. NHS Dumfries and Galloway Annual Review Self Assessment 2016/17


7. Dumfries and Galloway Health and Social Care Partnership Annual Report 2017/18

## Annual Operational Plan 2018/19

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<td>Accident and Emergency</td>
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1. Introduction

This is NHS Dumfries and Galloway’s first Annual Operational Plan (AOP), replacing Local Delivery Plans which has been produced in line with guidance received from the Scottish Government’s NHS Scotland Director of Performance and Delivery on 9th February 2018.

The document provides:

- Templates setting out performance information and finance information for 2018/19.

- A summary of plans developed with the Integration Board to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with a focus to reduce bed days in hospital care by up to 10%.

- An overview of the actions we are taking, in collaboration with partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and requirement to tackle addictions.

- A summary of our financial plans and assumptions including anticipated out-turn against both resource and capital allocations.

- A summary of our current anticipated level of savings required to deliver financial balance for 2018/19.

- Confirmation of our position in relation to the following items as set out in the Draft Budget Letter of 14th December 2017:
  - Further funding for mental health being additional to a real terms increase to 2017/18
  - Additional funding to support primary care transformation
  - Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care

Jeff Ace
Chief Executive
2. **Expected Performance by March 2019**

The Annual Operational Plan should focus on:
Expected performance by March 2019 (with an assumption on the expected position at 1 April 2018). This should be focussed on the core standards in relation to the following; cancer waiting times, Treatment Time Guarantee, outpatients, diagnostics, mental health and A&E performance. The minimum aim is to return to/at least maintain waiting times at 31st March 2017 levels and your submission at the end of February should set out quarterly improvement milestones/targets for each specialty. Throughput and capacity should be maintained at least at current levels, ie. core, WLI and Independent Sector for the first 6 months of 2018/19. This will allow time and space for transformational initiatives to start to deliver and for on-going capacity and throughput discussions to take place.

NHS Dumfries & Galloway have reviewed current performance and underlying trajectories in the context of 2016/17 outturn figures.

We estimate that £3.56m additional funding will be required to return Inpatient, Daycase and Outpatient performance to target levels by March 2019 as set out in the schedule of activity. Around £250,000 will be required for associated diagnostics and to ensure maintenance of the 6 week diagnostic standard.

Despite a recent short-term decrease, CAMHS performance has largely been satisfactory in 2017/18 and they are quickly recovering their position. However, Dumfries and Galloway Council have announced removal of £50,000 funding previously provided as their contribution to this shared service and we will require to re-provide this funding in order to maintain performance.

We are working with the national improvement team on delivering a sustainable achievement of the 95% Accident and Emergency (A&E) target and recognise that a degree of redesign and additional resource will be required to ensure return to resilient performance in the 95–98% range. We do not yet have a detailed business case for this investment and have included a broad estimate of £1m as indicative of best current understanding of the scale of the challenge.

<table>
<thead>
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<th>Additional resource required</th>
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<tr>
<td>In and day</td>
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<tr>
<td>Outpatients</td>
<td>0.59</td>
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<tr>
<td>CAMHs</td>
<td>0.05</td>
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<tr>
<td>Diagnostics</td>
<td>0.25</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.86</strong></td>
</tr>
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</table>
3. Plans being developed with Integration Authorities

The Annual Operational Plan should focus on:
Plans being developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent (ie. by as many as 400,000 bed-days across Scotland).

The NHS Board works closely with the Integration Board and closely monitors performance through both regular performance monitoring and also Annual Review which was held jointly with the Council. The Integration Board has recently reported on performance on delayed discharges and other Ministerial Steering Group performance indicators which are being used to assess improvements in performance of Health and Social Care Partnerships. For ease of reference, the detailed report recently prepared on these indicators is attached at Appendix 4, which includes performance to date and also future trajectories suggesting that the performance has been better than expected.

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 1,040 for adult residents of Dumfries & Galloway in October 2017. The rolling 12 month average is lower than the desired trajectory.

If the number of delayed bed days follows the desired trajectory line, this would equate to a real term drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the prediction. The prediction was based on the previous 2 years’ figures (recalculated in December 2017). Recent improvement actions appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

These figures are reported as part of a monthly national delayed discharge audit. There are no completion issues with this dataset. Note that this is different to National Integration indicator A19, which reports delayed discharge bed days for people aged 75 or older.

There are a number of improvement actions being progressed:

- Dynamic Daily Discharge (DDD) planning by multi-disciplinary teams enables the team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This approach is beneficial for both acute and cottage hospital settings. Kirkcudbright, Castle Douglas, Newton Stewart, Thornhill and Lochmaben cottage hospitals have introduced DDD or weekly dynamic discharge to improve the timeliness of people’s discharges.
The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85 in June 2017. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.

The Day of Care Survey now takes place on a monthly basis in DGRI. The latest survey showed an improvement in the number of people who could have been discharged earlier, from 30.5% in September 2016 to 19.0% in January 2018.
4. Plans to Improve the Health of the Public

The Annual Operational Plan should focus on:
The actions that NHS Boards will take, consistent with the actions of other bodies and external partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and the requirement to tackle addictions.

The challenges faced in improving population health and wellbeing are many and complex. These require action across the NHS, Social Care, Local Authority, Third and Independent Sectors and in partnership with individuals, communities and society at large. The need to take a medium to long term view and improve population health and wellbeing has never been greater as they contribute significantly to the sustainability of health and social care services. There is therefore, an imperative to address the wider determinants of health, such as income, housing, environment and education. Focus is required to protect health, prevent ill health and build resilience of individuals and communities to improve overall health and wellbeing.

The Directorate of Public Health has a number of outcome focused plans that it will work with partners, individuals and communities to deliver. These plans focus on achieving the key priority areas of:

- Strengthen community resilience
- Strengthen individual resilience
- Improving physical and mental health and wellbeing
- Creation of environments supportive of health and wellbeing
- Protecting the health of the population

These priorities are in line with the strategic plans of Dumfries and Galloway Health and Social Care Partnership and are also supported at a local level by each of the four locality Health and Wellbeing Teams.

Key areas of activity for 2018/19 include:

Working with partners to reduce health inequalities through:

- Creating awareness, understanding and use of the Inequalities Framework developed in 2016.

- Supporting delivery of the Scottish Government’s Pulling in Different Directions Welfare Reform Outcome Focused Plan.

- Supporting implementation of the Particular Needs Housing Strategy and Homeless Strategy, ensuring actions on prevention are incorporated within these.
• Supporting Dumfries and Galloway Council to deliver the Anti-Poverty Strategy.

• Supporting the Health and Social Care Partnership to develop and implement performance indicators for health inequalities.

A number of projects are also being progressed with partners to promote individual and community resilience. These include:

• Further developing knowledge and skills of locality health and wellbeing teams in the delivery of low level interventions to support individuals to improve their general health and wellbeing.

• Development of a region wide strategic framework to support social prescribing.

• The CoH-Sync initiative (EU funded) which aims to synchronise the efforts of the community, voluntary and statutory sectors, using an asset-based community development approach to support individuals and communities to empower and support them to manage their own health needs.

• mPower project (EU funded) which aims to improve the health and wellbeing of older people and their carers living in the region by implementing ‘community navigators’ and utilising eHealth interventions to support health and care service delivery.

Supporting action which increases the physical activity of the population will continue to be a key area of work for the Dumfries and Galloway Physical Activity Alliance (PAA). The PAA is a multi-agency partnership providing strategic leadership and coordination for physical activity across Dumfries and Galloway.

• The PAA aim to achieve a 5% increase in the proportion of the population meeting physical activity guidelines by 2023. This increase will be achieved through the implementation of a series of cross-sector/setting recommendations developed from a report highlighting the Best Investments for Physical Activity in Dumfries and Galloway.

• Testing of a new approach to integrate delivery of the NHS Physical Activity Pathway into existing health and clinical services via a peer led implementation model. The project entitled NHS Activators will be working with a range of health and social care professionals and is being supported by multiple partners including NHS Health Scotland, Dumfries and Galloway Council and the University of the West of Scotland.

Local implementation with key partners on the National Mental Health Strategy will continue and specifically work is being taken forward with partners to:
• Address the specific health & wellbeing needs of population groups such as the farming community and those in touch with the Community Justice System.

• Support the implementation of the work of the local Domestic Abuse & Violence Against Women Partnership.

• Progress work of the Multiagency partnership for suicide prevention in Dumfries & Galloway which includes delivery of the local suicide prevention training programme.

The Directorate of Public Health will continue to implement action to protect the health of the local population through health protection and screening services. Particular areas of focus being:

• Supporting the Scottish Government Health Protection and Primary Care Divisions to develop and deliver the Vaccination Transformation Programme.

• Progressing a screening and inequalities project which aims to improve the uptake of cancer screening programmes for eligible individuals who are experiencing homelessness and/or who have mental health problems in Dumfries and Galloway.

Specifically in relation to tackling addictions:

• The Alcohol and Drugs Partnership is currently developing its 2018/19 workplan, which will include working in partnership with a number of organisations to increase the number of Alcohol Brief Interventions in the priority settings of A&E, antenatal and primary care as well as the wider community. In relation to alcohol licensing, developing an Overprovision assessment for Dumfries and Galloway will also form a major piece of work this year.

• Tobacco use continues to present a challenge to population health particularly in those living in deprived communities. Delivery of high quality smoking cessation and prevention services across the region is a key feature of the Tobacco Control Plan which continues to be implemented in Dumfries and Galloway. The Plan includes delivery of stop smoking interventions with a targeted approach in areas of inequality and also delivery of specific programmes of work for special and vulnerable groups of smokers such as those with a mental health condition, or underlying medical condition, pregnancy, looked after children, prison staff and prisoners, alcohol and drug services. Collaborative work will be ongoing in 2018/19 with HMP Dumfries to support implementation of Smokefree Prisons. Prevention of initial take up of tobacco use is also a key area of focus through implementation of a school wide education programme.
5. Anticipated Outturn against Resource and Capital Budgets

The Annual Operational Plan should focus on:
Based on current assumptions, anticipated outturn against both resource and capital budgets – reflecting indicative baseline provided in the 2018/19 Draft Budget.

For 2018/19, three allocations are anticipated from the Scottish Government Health and Social Care Directorate (SGHSCD). Formula at the flat rate of £3.475m and two specific allocations; DGRI equipping £1.5m and Mountainhall (old DGRI) £4.5m. It is envisaged that some of this allocation will require to be transferred to revenue to support the estates programme and minor equipment purchases based on the type of projects that are anticipated to come forward, this has initially been estimated at £1m.

From the formula allocation, c£1m has already been committed as the Boards contribution towards the Mountainhall project. With the potential sale of Crichton Hall up to a further £1m may be required for temporary accommodation within Mountainhall with the balance to be prioritised against the remaining estates programme, general, medical and IT equipment. This is deemed to be sufficient to cover this.

£33.8m was allocated for equipping the new hospital; the remaining £16m has been re-profiled over the future years to ensure adequate provision for replacement of transfers. This funding will also be used to complete a number of changes that are arising as the building becomes operational. £1.5m has been allocated for 2018/19; any underspend on this would be sought to be re-profiled into future years.

The Board has been progressing with the Mountainhall development (formerly Cresswell) and phasing requires to be reviewed given the complexities of the project. The spend has been re-profiled based on a later start. There have been a number of recent developments which impact on this and will be reviewed in advance of final plan submission. In addition, capital funding although not in the Boards plan for Cresswell, will also require to be reviewed (termination and on balance sheet impact).

The current revenue plan identifies a financial gap of £17.346m in year, reducing to £6.2m once identified savings plans are factored in. The in year gap is not a position which can currently be managed within the assessed financial position so a breakeven position is not projected at this stage and there are a range of significant financial risks in the current position which have been summarised below:

- Pressures in GP prescribing, specifically associated with increased cost of drugs on short supply.
- Continuing increasing costs of medical locums which are being targeted through savings plan but remain a current high risk.
• The risk of further GP resignations from General Practices with increased cost to NHS Boards.
• Pressures associated with the move to the new hospital including a review of staffing templates in nursing.
• Increased cost of New Medicines Fund which is currently showing a cost of £2.5m in excess of funding provided.
• Double running costs of old hospital (Mountainhall) especially estates and facilities costs.
• Delivery of elective waiting times improvement without additional resource identified.
• Increased cost of external service agreements with other NHS Scotland Boards and NHS Cumbria.
• Risks around radiology service due to vacancies and service pressures.

The revenue plan assumes that the £7m brokerage held with Scottish Government for the new hospital transition is released in its entirety in 2018/19 and is factored into the position before the savings number of £17.346m has been calculated.

Additional consequentials have been assumed to support the increased cost of the potential pay award for 2018/19. This has not been confirmed as an allocation.

Please see Appendix 5 for Financial Statements.
6. **Anticipated Level of Savings required**

The Annual Operational Plan should focus on:
The current anticipated level of savings required to deliver financial balance for 2018/19.

Savings of £17.346m are required to deliver a balanced financial position for 2018/19, the majority of this (£16.857m) required on a recurring basis. Of this target, £13.772m will be delegated to the IJB. The relatively high target for the IJB reflects that as a Board we have delegated the entirety of acute services to the Integration Board so the savings will be found across all operational services. It is expected that the IJB savings will be delivered through a range of service efficiencies, service transformation, prescribing savings (in both secondary and primary care) and property savings. These have been delegated to the Integration Board to both deliver and manage. The plan assumes a level of non-recurring savings and flexibility for 2018/19, with this reducing over the three year period.

<table>
<thead>
<tr>
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<th>2018/19 £m</th>
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<tbody>
<tr>
<td><strong>NHS Board savings</strong></td>
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<td>IJB savings requirement</td>
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<td>Procurement</td>
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<td>Corporate savings</td>
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<td><strong>TOTAL RECURRING</strong></td>
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<td>Non recurring savings/ flexibility - IJB</td>
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<td>Non recurring savings/ flexibility - NHS Board</td>
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<td><strong>TOTAL NHS Board Requirement</strong></td>
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<td><strong>TOTAL IJB</strong></td>
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<td><strong>OVERALL BOARD POSITION</strong></td>
<td><strong>17.3</strong></td>
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</table>
7. **Commitment to deliver the requirements set out in Draft Budget letter of 14th December**

The Annual Operational Plan should focus on:
Commitment to deliver the requirements set out in Draft Budget letter of 14th December – specifically in relation to shifting the balance of frontline NHS spend:

- Further funding for mental health being additional to a real terms increase to 2017/18 spending levels
- Additional funding for primary care used to support primary care transformation
- Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care

The Board confirms that the Dumfries and Galloway share of the £350m for social care will continue to be passed to the Health and Social Care partnership in full.

**Appendix 2** provides the detail of the Boards commitment to funding for mental health and primary care.
Appendix 1 - Performance Summary

**Table 1 - with investment**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Latest Performance Quarter end 31/12/2017</th>
<th>Planned March 2019 Performance</th>
<th>Time period - month/quarter</th>
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<tbody>
<tr>
<td>62 day Cancer</td>
<td>100%</td>
<td>95%</td>
<td>Month</td>
</tr>
<tr>
<td>31 day Cancer</td>
<td>96.4%</td>
<td>95%</td>
<td>Month</td>
</tr>
<tr>
<td>12 weeks outpatient (no &gt;12 w)</td>
<td>2,159</td>
<td>650 (92%)</td>
<td>Monthly census</td>
</tr>
<tr>
<td>6 weeks diagnostics</td>
<td>97.1%</td>
<td>99%</td>
<td>Month</td>
</tr>
<tr>
<td>18 weeks CAMHS</td>
<td>100%</td>
<td>95%</td>
<td>Month</td>
</tr>
<tr>
<td>12 weeks TTG (no &gt;12 w)</td>
<td>131</td>
<td>211 (90%)</td>
<td>Monthly census</td>
</tr>
<tr>
<td>4 hour A&amp;E</td>
<td>92%</td>
<td>95%</td>
<td>Month</td>
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</table>

**Table 2 - without investment**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Latest Performance Quarter end 31/12/2017</th>
<th>Planned March 2019 Performance</th>
<th>Time period - month/quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>62 day Cancer</td>
<td>100%</td>
<td>95%</td>
<td>Month</td>
</tr>
<tr>
<td>31 day Cancer</td>
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<td>2,159</td>
<td>6,571</td>
<td>Monthly census</td>
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<tr>
<td>6 weeks diagnostics</td>
<td>97.1%</td>
<td>85%</td>
<td>Month</td>
</tr>
<tr>
<td>18 weeks CAMHS</td>
<td>100%</td>
<td>90%</td>
<td>Month</td>
</tr>
<tr>
<td>12 weeks TTG (no &gt;12 w)</td>
<td>131</td>
<td>1,448</td>
<td>Monthly census</td>
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<tr>
<td>4 hour A&amp;E</td>
<td>92%</td>
<td>90%</td>
<td>Month</td>
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### Appendix 2 - Integration Authorities Summary

<table>
<thead>
<tr>
<th>Service</th>
<th>Recurring Budget 2017/18 £’000</th>
<th>2018/19 additional investment from Boards £’000</th>
<th>2018/19 anticipated additional investment from SG £’000</th>
<th>Total anticipated investment in 2018/19 £’000</th>
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<tr>
<td>Social Care: Contribution to Integration Authorities</td>
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<td>0</td>
<td>10,617</td>
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<td>Primary Care</td>
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<td>1,062</td>
<td>2,036</td>
<td>100,688</td>
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<td>Mental Health</td>
<td>20,348</td>
<td>386</td>
<td>356</td>
<td>21,090</td>
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</table>

Information based on direct primary care and mental health budgets with pay and other inflationary impact included.

An assessment of the share of national funding to be allocated is included along with an operational efficiency of 2%. The investment from Scottish Government will vary once final confirmation of allocations is received.
## Appendix 3 – Financial Plan 2018/19 to 2020/21

### SUMMARY

<table>
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<th></th>
<th>2018/19</th>
<th></th>
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<th>2020/21</th>
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<tr>
<td></td>
<td>Recurring</td>
<td>Non Recurring</td>
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<td>Recurring</td>
<td>Non Recurring</td>
<td>TOTAL</td>
<td>Recurring</td>
<td>Non Recurring</td>
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<td><strong>Allocation Uplifts</strong></td>
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<td>Baseline Uplift</td>
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<td>4,300</td>
<td>4,300</td>
<td>4,300</td>
<td>4,300</td>
<td>4,300</td>
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<tr>
<td>Additional Consequentials to support Pay Uplift</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>New Medicine Fund</td>
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<td>Release of Brokerage</td>
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<tr>
<td><strong>Total Uplifts</strong></td>
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<td>8,350</td>
<td>14,881</td>
<td>4,300</td>
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### Pressures and Uplifts

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<tr>
<td></td>
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<td>Pay Uplifts - Agenda for Change</td>
<td>3,746</td>
<td>0</td>
<td>3,746</td>
<td>3,610</td>
<td>0</td>
<td>3,610</td>
<td>3,720</td>
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<tr>
<td>Pay Uplifts - Medical Staff</td>
<td>710</td>
<td>710</td>
<td>710</td>
<td>700</td>
<td>700</td>
<td>700</td>
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<td>710</td>
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<tr>
<td>Price Uplifts - General</td>
<td>649</td>
<td>649</td>
<td>662</td>
<td>662</td>
<td>662</td>
<td>662</td>
<td>676</td>
<td>676</td>
</tr>
<tr>
<td>Price Uplifts - Externals</td>
<td>519</td>
<td>519</td>
<td>527</td>
<td>527</td>
<td>527</td>
<td>527</td>
<td>535</td>
<td>535</td>
</tr>
<tr>
<td>Price Uplifts - Energy</td>
<td>181</td>
<td>181</td>
<td>196</td>
<td>196</td>
<td>196</td>
<td>196</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Price Uplifts - Rates revaluation/inflation</td>
<td>1,697</td>
<td>1,697</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Primary Care Drugs</td>
<td>600</td>
<td>600</td>
<td>750</td>
<td>750</td>
<td>750</td>
<td>750</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Secondary Care Drugs</td>
<td>450</td>
<td>450</td>
<td>750</td>
<td>750</td>
<td>750</td>
<td>750</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>New Medicines Drugs Costs</td>
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<td>3,839</td>
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<td>3,839</td>
<td>3,839</td>
<td>0</td>
<td>3,839</td>
</tr>
<tr>
<td>Cost Pressures</td>
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<td>1,000</td>
<td>3,700</td>
<td>2,000</td>
<td>1,000</td>
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<td>2,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Acute Redevelopment/Double Running</td>
<td>0</td>
<td>4,000</td>
<td>4,000</td>
<td>0</td>
<td>3,000</td>
<td>3,000</td>
<td>0</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>Total Pressures and Uplifts</strong></td>
<td>11,253</td>
<td>8,839</td>
<td>20,092</td>
<td>9,195</td>
<td>7,839</td>
<td>17,034</td>
<td>9,674</td>
<td>7,839</td>
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### Savings Requirement brought forward

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
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<th></th>
<th>2019/20</th>
<th></th>
<th></th>
<th>2020/21</th>
<th></th>
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<tr>
<td></td>
<td>Recurring</td>
<td>Non Recurring</td>
<td>TOTAL</td>
<td>Recurring</td>
<td>Non Recurring</td>
<td>TOTAL</td>
<td>Recurring</td>
<td>Non Recurring</td>
</tr>
<tr>
<td>Savings requirement brought forward</td>
<td>9,631</td>
<td>9,631</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Locums</td>
<td>5,300</td>
<td>5,300</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Reserve review</td>
<td>(2,796)</td>
<td>(2,796)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Increased Savings Requirement</td>
<td>4,722</td>
<td>489</td>
<td>5,211</td>
<td>4,895</td>
<td>6,489</td>
<td>11,384</td>
<td>5,374</td>
<td>6,489</td>
</tr>
<tr>
<td><strong>TOTAL Savings Requirement</strong></td>
<td>16,857</td>
<td>489</td>
<td>17,346</td>
<td>4,895</td>
<td>6,489</td>
<td>11,384</td>
<td>5,374</td>
<td>6,489</td>
</tr>
</tbody>
</table>

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E2 Number of unscheduled hospital bed days for acute specialties ........................................................................... 5
E3 Number of emergency department attendances .................................................................................................. 6
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E5 Percentage of last 6 months of life by setting .................................................................................................... 8
E6 Balance of care .................................................................................................................................................. 9
Ministerial Strategic Group [Not Official Statistics: for management purposes only]

Overview

- **E1** The number of emergency admissions per month (all ages)
- **E2** The number of unscheduled hospital bed days for acute specialties per month
- **E3** The number of people attending emergency department settings per month
- **E4** The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older
- **E5** Where people who died spent their last 6 months of life, percentage by setting
- **E6** Balance of care: Number of person-years spent in community or institutional settings
E1 Number of emergency admissions

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
<th>Data Completeness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 17</td>
<td>1,190</td>
<td>1,400</td>
<td>1,429</td>
<td>1,421</td>
<td>90%</td>
</tr>
<tr>
<td>Sep 17</td>
<td>1,454</td>
<td>1,400</td>
<td>1,433</td>
<td>1,426</td>
<td>97%</td>
</tr>
<tr>
<td>Oct 17</td>
<td>1,346</td>
<td>1,400</td>
<td>1,437</td>
<td>1,436</td>
<td>93%</td>
</tr>
</tbody>
</table>

Key Points

The number of people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,346 in October 2017.

If the number of emergency admissions could be maintained at or below an average of 1,400 per month, this would equate to a drop of 7% compared to the likely result had no changes been made. This is shown on the chart as the 'prediction'. The prediction was based on the previous 2 years’ figures (recalculated in December 2017).

The rolling 12 month average is increasing and in line with the prediction.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing data completeness issues. These figures include people admitted through the emergency department and also admissions direct to a ward arranged by a GP.

Research shows that approximately 40-50% of the rise in emergency admissions in the last 15 years can be attributed to demographic changes. It is believed that the growth in emergency admissions could, in part, be reduced by redesigning services to meet the needs of those people whose admission to hospital may have been avoidable in the community.

Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1/DG2 postcode areas. Since its launch in August 2017, up to the end of December 2017 NIP has provided support to 206 people.

Stronger relationships between health and social care professionals and a wider network of partners, including local police, is helping to address some of the social challenges which previously could have resulted in admission to hospital.

A bid has been submitted to the Scottish Government to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease to remain in their own home environment.

An important contribution to managing people’s care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.
E2 Number of unscheduled hospital bed days for acute specialties

The number of unscheduled hospital bed days for acute specialties per month

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
<th>Data Completeness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 17</td>
<td>9,225</td>
<td>11,410</td>
<td>11,410</td>
<td>11,118</td>
<td>90%</td>
</tr>
<tr>
<td>Sep 17</td>
<td>9,268</td>
<td>11,401</td>
<td>11,401</td>
<td>10,957</td>
<td>97%</td>
</tr>
<tr>
<td>Oct 17</td>
<td>8,415</td>
<td>11,392</td>
<td>11,392</td>
<td>10,958</td>
<td>93%</td>
</tr>
</tbody>
</table>

Key Points

The number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 8,415 in October 2017.

The rolling 12 month average is a little lower than the prediction, which was based on the previous 2 years’ figures (recalculated in December 2017). As the prediction is heading in a desirable direction, this has also been taken as the desired trajectory. If the number of emergency bed days continues to follow this trajectory, it would equate to a drop of 3.8% compared to the 12 month average reference point in November 2016.

Recent actions/changes in this area of care appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing completeness issues. Where the figures were less than 95% complete they have been left out of the 12 month average.

How long a person stays in hospital will be strongly related to the complexity of any procedure carried out as well the underlying health condition of the person. People admitted as emergencies generally stay longer than planned hospital admissions. In Scotland, in 2016/17, the average length of stay for a planned admission was 3.7 days. For an emergency admission, the average length of stay was 6.9 days.

Improvement Actions

Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people’s journey through hospital. The Short Term Assessment Re-ablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries and Galloway Royal Infirmary. They hold a daily flow meeting to identify people suitable for re-ablement and/or home assessment. STARS have also started to link with locality teams to replicate this approach in cottage hospitals.

There are four new flow co-ordinator posts, one for each locality, who support the discharge process from cottage hospitals to a homely setting.
E3 Number of emergency department attendances

The number of people attending emergency department settings per month

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 17</td>
<td>3,911</td>
<td>3,840</td>
<td>4,017</td>
<td>3,854</td>
</tr>
<tr>
<td>Sep 17</td>
<td>4,177</td>
<td>3,842</td>
<td>4,032</td>
<td>3,892</td>
</tr>
<tr>
<td>Oct 17</td>
<td>3,876</td>
<td>3,843</td>
<td>4,047</td>
<td>3,900</td>
</tr>
</tbody>
</table>

Key Points

The number of people attending any emergency department location in Dumfries & Galloway was 3,876 in October 2017.

If the number of people attending emergency departments follows the desired trajectory, this would equate to a drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the ‘prediction’. The prediction was based on the previous 2 years’ figures (recalculated in December 2017).

The rolling 12 month average is increasing and is a little higher than the desired trajectory but below the number of attendances predicted.

The Wider Context

These figures are reported from the A&E datamart and do not include planned returns. There are no completion issues with this dataset.

In Scotland 25% of ED attendances in 2016/17 resulted in an admission to the same hospital. 30% of ED attendances in Dumfries and Galloway were admitted in 2016/17.

For emergency department waiting times, see indicator B19.

Improvement Actions

The Meet ED public awareness campaign has started to direct people to the most appropriate setting, which may not be the ED, through the busy winter months. We are using social media to communicate with the public when the department is particularly busy.

A case note review will be undertaken in the next quarter to assess the clinical appropriateness of medical admissions from the ED. This review will inform professionals where people might have been more appropriately treated or supported.

A test of change in the Combined Assessment Unit has introduced a rapid assessment by a senior clinician (Advanced Nurse Practitioner), reviewing test results and making a general assessment to provide a rapid decision about admission to hospital. The waiting environment has been changed to enable people to remain in their own clothes, supporting the expectation to return home rather than be admitted, where appropriate.
The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 17</td>
<td>1,110</td>
<td>1,125</td>
<td>1,160</td>
<td>1,027</td>
</tr>
<tr>
<td>Sep 17</td>
<td>995</td>
<td>1,129</td>
<td>1,169</td>
<td>1,032</td>
</tr>
<tr>
<td>Oct 17</td>
<td>1,040</td>
<td>1,132</td>
<td>1,177</td>
<td>1,013</td>
</tr>
</tbody>
</table>

**Key Points**

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 1,040 for adult residents of Dumfries & Galloway in October 2017.

The rolling 12 month average is lower than the desired trajectory.

If the number of delayed bed days follows the desired trajectory line, this would equate to a real term drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the prediction. The prediction was based on the previous 2 years’ figures (recalculated in December 2017).

Recent improvement actions appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

**The Wider Context**

These figures are reported as part of a monthly national delayed discharge audit. There are no completion issues with this dataset. Note that this is different to National Integration indicator A19, which reports delayed discharge bed days for people aged 75 or older.

**Improvement Actions**

Dynamic Daily Discharge (DDD) planning by multi disciplinary teams enables the team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This approach is beneficial for both acute and cottage hospital settings. Kirkcudbright, Castle Douglas, Newton Stewart, Thornhill and Lochmaben cottage hospitals have introduced DDD or weekly dynamic discharge to improve the timeliness of people’s discharges.

The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85, in June 17. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.

The Day of Care Survey now takes place on a monthly basis in the DGRI. The latest survey showed an improvement in the number of people who could have been discharged earlier, from 30.5% in September 2016 to 19.0% in January 2018.
E5 Percentage of last 6 months of life by setting

Where people who died spent their last 6 months of life, percentage by setting

<table>
<thead>
<tr>
<th>Date</th>
<th>Community</th>
<th>Hospice/ Palliative care unit</th>
<th>Community Hospital</th>
<th>Acute Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>88.9%</td>
<td>0.8%</td>
<td>1.9%</td>
<td>8.4%</td>
</tr>
<tr>
<td>2015/16</td>
<td>87.9%</td>
<td>0.7%</td>
<td>2.1%</td>
<td>9.3%</td>
</tr>
<tr>
<td>2016/17</td>
<td>88.1%</td>
<td>0.7%</td>
<td>2.5%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Key Points

In Dumfries and Galloway the proportion of time that people who died, spent in a community setting in the last 6 months of their life, has risen from 87.9% in 2015/16 to 88.1% in 2016/17 (figures still provisional).

Across health and social care partnerships for 2016/17, this percentage ranged from 84.9% to 93.8%, with the Scotland average being 87.3%. The overall trend for Scotland is a slowly increasing proportion of the last 6 months of life spent in a community setting (85.3% in 2010/11 has risen to 87.3% in 2016/17.)

People appear to have spent less time in their last 6 months of life in an acute hospital setting in Dumfries and Galloway, from 9.3% in 2015/16 to 8.7% in 2016/17.

The Wider Context

This measure is the same as National Integration indicator A15, which compares the proportion of time spent in the community, but does not detail the other locations. The desired aim is to match or be lower than the 2014/15 figure of 8.4%, for proportion of time spent in a large hospital setting.

In 2016 there were 1,858 deaths recorded by the National Records for Scotland for residents of Dumfries and Galloway. This measure is calculated by determining the proportion of time people spent in hospital, and subtracting this from the total time in 6 months. Activity in the Alex Unit is recorded under hospice/palliative care unit.

Improvement Actions

The health board actively monitors the hospital standardised mortality ratio (hSMR) which is an indicator of deaths in hospital. The Scottish patient safety programme (SPSP) has a range of service improvements to reduce issues such as catheter associated urinary tract infection (CAUTI), pressure ulcers and venous thrombo-embolism (VTE). It has been calculated that as a result of the SPSP, hospital mortality across Scotland has reduced by 8.6% in the two and half years up to September 2016. In this time, in the Dumfries and Galloway Royal Infirmary the reduction in mortality has been more than 10%.

Good anticipatory care planning will impact on where people spend their last six months of life. We are currently developing a new palliative care strategy for Dumfries and Galloway. Part of this process will include a scoping of palliative and end of life care options in Dumfries and Galloway.
E6 Balance of care

Balance of care: Number of person-years spent in community or institutional settings

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice/Palliative care</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Community hospital</td>
<td>57</td>
<td>64</td>
<td>70</td>
<td>48</td>
<td>54</td>
<td>58</td>
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<td>Large hospital</td>
<td>456</td>
<td>473</td>
<td>432</td>
<td>203</td>
<td>212</td>
<td>195</td>
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<tr>
<td>Care home</td>
<td>1,061</td>
<td>1,022</td>
<td>1,054</td>
<td>930</td>
<td>887</td>
<td>896</td>
</tr>
<tr>
<td>Total institutional</td>
<td>1,581</td>
<td>1,567</td>
<td>1,563</td>
<td>1,184</td>
<td>1,156</td>
<td>1,151</td>
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<tr>
<td>Supported in community</td>
<td>2,015</td>
<td>2,296</td>
<td>2,431</td>
<td>1,350</td>
<td>1,399</td>
<td>1,517</td>
</tr>
</tbody>
</table>

Key Points

The total amount of time that people are supported in the community is rising for people of all ages, including people aged 75 years and older. For people aged 75 years and older in 2013/14 the number of person years spent in the community was 1,350. This had risen to 1,517 person years in 2015/16.

The total amount of time that people are cared for in institutional settings is falling for all ages, including people aged 75 years and older. For people aged 75 years and older in 2013/14 the number of person years spent in all institutional settings was 1,184. This had fallen to 1,151 person years in 2015/16. (Note that the rise in support in the community is larger than the fall in institutional care.)

The Wider Context

A person year is the total amount of time one person has in one year. If someone has a home care support package all year round, this would equal one full person year of being supported in the community. If a person has a hospital admission for one month, this would equal one twelfth of a person year spent in an institutional setting. The activity of all Dumfries and Galloway residents is added together to give the person year total for the whole region. These figures do not include the activity of people who fund their own care and support, people who are supported solely by unpaid Carers and/or the voluntary sector or any outpatient or community health activity such as STARS, community nursing and mental health.

Improvement Actions

The majority of the population experience very little institutional care or home support in the community in any given year. The amount of person years spent by the entire region in the community unsupported is equal to the total population’s person years (approximately 148,000) minus the above figures.

The proportion of time spent in the community unsupported ranged from 97.0% to 98.4% across all of the health and social care partnerships in 2015/16. The proportion for Dumfries and Galloway was 97.33%. The remaining 2.67% of time accounts for all hospital and social care activity in the region paid for by the statutory sector.

This measure lacks the sensitivity required to be able to demonstrate shifts in the balance of care. The issue has been raised with a visiting representative of the Ministerial Strategic Group.
### 2017-18

<table>
<thead>
<tr>
<th>Line no</th>
<th>Description</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>TOTAL £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01</td>
<td>Gross Expenditure - Clinical &amp; Non-clinical</td>
<td>362,223</td>
<td>19,253</td>
<td>381,476</td>
</tr>
<tr>
<td>1.02</td>
<td>Less: Gross Income</td>
<td>16,303</td>
<td></td>
<td>16,303</td>
</tr>
<tr>
<td>1.03</td>
<td>Total Expenditure</td>
<td>345,920</td>
<td>19,253</td>
<td>365,173</td>
</tr>
<tr>
<td>1.04</td>
<td>Less: Total Non-Core RRL Expenditure</td>
<td></td>
<td>10,223</td>
<td>10,223</td>
</tr>
<tr>
<td>1.05</td>
<td>Less: FHS Non Discretionary Net Expenditure</td>
<td>16,092</td>
<td></td>
<td>16,092</td>
</tr>
<tr>
<td>1.06</td>
<td>Core Revenue Resource Outturn</td>
<td>329,828</td>
<td>9,030</td>
<td>338,858</td>
</tr>
<tr>
<td>1.07</td>
<td>Baseline Allocation</td>
<td>291,361</td>
<td></td>
<td>291,361</td>
</tr>
<tr>
<td>1.08</td>
<td>NRAC parity funding uplift</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>1.09</td>
<td>Anticipated Allocations: Rec/ Non-rec/ Earmarked</td>
<td>32,267</td>
<td>9,030</td>
<td>41,297</td>
</tr>
<tr>
<td>1.10</td>
<td>Core Revenue Resource Limit (RRL)</td>
<td>323,628</td>
<td>9,030</td>
<td>332,658</td>
</tr>
<tr>
<td>1.11</td>
<td>Forecast variance against Core RRL</td>
<td>(6,200)</td>
<td>(0)</td>
<td>(6,200)</td>
</tr>
</tbody>
</table>
### Cash-releasing Savings Requirement

<table>
<thead>
<tr>
<th>Forecast variance against Core RRL</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6,200)</td>
<td>(6,200)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2018-19 planned savings (detail in table below)</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,300</td>
<td>4,800</td>
<td>11,100</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Savings required to break even</th>
<th>Rec £000s</th>
<th>Non-Rec £000s</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,500</td>
<td>4,800</td>
<td>17,300</td>
<td></td>
</tr>
</tbody>
</table>

### Planned savings:

<table>
<thead>
<tr>
<th>Planned savings</th>
<th>2018-19</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rec</td>
<td>Non-Rec</td>
</tr>
<tr>
<td></td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>2.01 Service redesign</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.02 Drugs and prescribing</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.03 Workforce</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>2.04 Procurement</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>2.05 Infrastructure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.06 Other</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total Efficiency Savings workstreams</strong></td>
<td><strong>800</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>2.07 Financial Management / Corporate Initiatives</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>2.08 Unidentified savings assumed to be delivered by year end</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total core NHS Board Savings</strong></td>
<td>800</td>
<td>2,000</td>
</tr>
<tr>
<td>2.09 Savings delegated to Integration Authorities</td>
<td>5,500</td>
<td>2,800</td>
</tr>
</tbody>
</table>

---

**EXAMPLE**

**FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION**

Page 29 of 195
### Non-Core RRL Expenditure

<table>
<thead>
<tr>
<th>Line no</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total £000s</td>
<td>Total Non-Rec £000s</td>
</tr>
<tr>
<td>3.01</td>
<td>Capital Grants</td>
<td>6,207</td>
</tr>
<tr>
<td>3.02</td>
<td>Depreciation / Amortisation</td>
<td>6,207</td>
</tr>
<tr>
<td>3.03</td>
<td>ODEL - IFRS PFI Expenditure</td>
<td>239</td>
</tr>
<tr>
<td>3.04</td>
<td>PFI/PPP/Hub - Depreciation</td>
<td>0</td>
</tr>
<tr>
<td>3.05</td>
<td>PFI/PPP/Hub - Impairment</td>
<td>0</td>
</tr>
<tr>
<td>3.06</td>
<td>PFI/PPP/Hub - Notional Costs</td>
<td>0</td>
</tr>
<tr>
<td>3.07</td>
<td>Total IFRS PFI Expenditure</td>
<td>239</td>
</tr>
<tr>
<td>3.07</td>
<td>Annually Managed Expenditure</td>
<td>15,000</td>
</tr>
<tr>
<td>3.08</td>
<td>AME - Impairments</td>
<td>400</td>
</tr>
<tr>
<td>3.09</td>
<td>AME - Provisions</td>
<td>400</td>
</tr>
<tr>
<td>3.10</td>
<td>AME - Donated Assets Depreciation</td>
<td>194</td>
</tr>
<tr>
<td>3.11</td>
<td>AME - Movement in Pension Valuation</td>
<td>3,536</td>
</tr>
<tr>
<td>3.12</td>
<td>Total AME Expenditure</td>
<td>19,130</td>
</tr>
<tr>
<td>3.12</td>
<td>Total Non-Core RRL Expenditure</td>
<td>25,576</td>
</tr>
</tbody>
</table>
### EXAMPLE
FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION
Infrastructure Investment Programme

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.01</td>
<td>Capital Resource Limit (CRL)</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
</tr>
<tr>
<td>4.02</td>
<td>3,475 3,475 Formula allocation</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
<td>3,475</td>
</tr>
<tr>
<td>4.03</td>
<td>0 Asset sale proceeds reapplied (net book value, from line 4.28 below)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.04</td>
<td>0 Project specific funding (from line 4.19 below)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.05</td>
<td>Radiotherapy funding</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.06</td>
<td>44,095 Hub/ NPD enabling funding</td>
<td>6,000</td>
<td>12,989</td>
<td>4,913</td>
<td>8,000</td>
<td>7,113</td>
</tr>
<tr>
<td>4.07</td>
<td>0 Other centrally provided capital funding</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.08</td>
<td>(7,000) Revenue to capital transfers</td>
<td>(1,000)</td>
<td>(1,000)</td>
<td>(1,000)</td>
<td>(1,000)</td>
<td>(1,000)</td>
</tr>
<tr>
<td>4.09</td>
<td>40,600 Total Capital Resource Limit</td>
<td>8,475</td>
<td>15,464</td>
<td>7,388</td>
<td>10,475</td>
<td>9,588</td>
</tr>
<tr>
<td>4.10</td>
<td>40,600 Saving / (Excess) against CRL</td>
<td>8,475</td>
<td>15,464</td>
<td>7,388</td>
<td>10,475</td>
<td>9,588</td>
</tr>
</tbody>
</table>

**Memoranda**

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.11</td>
<td>Project Specific Funding:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.12</td>
<td></td>
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<tr>
<td>4.13</td>
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<tr>
<td>4.14</td>
<td></td>
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</tr>
<tr>
<td>4.15</td>
<td></td>
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<td>4.16</td>
<td></td>
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</tr>
<tr>
<td>4.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.18</td>
<td>0 Total (copies to line 4.04 above)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line No</th>
<th>2017-18 £000s</th>
<th>2018-19 £000s</th>
<th>2019-20 £000s</th>
<th>2020-21 £000s</th>
<th>2021-22 £000s</th>
<th>2022-23 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.20</td>
<td>Source of capital receipts (please enter NBV figures as negative):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.22</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>4.23</td>
<td></td>
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<tr>
<td>4.24</td>
<td></td>
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<td></td>
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<tr>
<td>4.25</td>
<td></td>
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</tr>
<tr>
<td>4.26</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.28</td>
<td>0 Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Revenue Outturn

**RRL Saving / (Excess) against Core RRL as at the end of:** £000s

<table>
<thead>
<tr>
<th>Month</th>
<th>£000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>(2,888)</td>
</tr>
<tr>
<td>July</td>
<td>(3,850)</td>
</tr>
<tr>
<td>Aug</td>
<td>(4,813)</td>
</tr>
<tr>
<td>Sept</td>
<td>(5,775)</td>
</tr>
<tr>
<td>Oct</td>
<td>(6,645)</td>
</tr>
<tr>
<td>Nov</td>
<td>(7,516)</td>
</tr>
<tr>
<td>Dec</td>
<td>(8,361)</td>
</tr>
<tr>
<td>Jan</td>
<td>(9,156)</td>
</tr>
<tr>
<td>Feb</td>
<td>(9,911)</td>
</tr>
<tr>
<td>Mar</td>
<td>(10,600)</td>
</tr>
</tbody>
</table>

### Cumulative value of efficiency savings as at the end of:

#### £000s

<table>
<thead>
<tr>
<th>Month</th>
<th>Total £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>1,388</td>
</tr>
<tr>
<td>July</td>
<td>1,850</td>
</tr>
<tr>
<td>Aug</td>
<td>2,725</td>
</tr>
<tr>
<td>Sept</td>
<td>3,330</td>
</tr>
<tr>
<td>Oct</td>
<td>4,024</td>
</tr>
<tr>
<td>Nov</td>
<td>4,764</td>
</tr>
<tr>
<td>Dec</td>
<td>6,264</td>
</tr>
<tr>
<td>Jan</td>
<td>8,264</td>
</tr>
<tr>
<td>Feb</td>
<td>11,100</td>
</tr>
</tbody>
</table>

---

**EXAMPLE FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION**

**Financial Trajectories**

**Revenue Performance Trajectory**

**Efficiency Savings Trajectory**

---

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### Financial Planning Assumptions

<table>
<thead>
<tr>
<th>Key Assumptions / Risks</th>
<th>£ Value / £ Assumption</th>
<th>Risk rating</th>
<th>Impact / Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRES Delivery</td>
<td>11402</td>
<td>High Risk</td>
<td>Of the current CRES requirement of £17.1m, there is still a significant gap of £5m with ongoing solutions to be identified. In addition of the £11.1m identified, £2.8m is assumed to be either High or Medium risk at this time.</td>
</tr>
<tr>
<td>Prescribing (General)</td>
<td>2000k</td>
<td>High Risk</td>
<td>Prescribing in general (both Secondary and Primary Care) has been successful in identifying savings over the last financial year. The current financial year has seen a significant level of underachievement against the planned level of savings (£6.7m) against the unprecedented pressures across both Primary and Secondary Care Prescribing. Opportunities to continue to deliver the level of savings required are not as robust as in recent years. Whilst the plan has assessed the ongoing financial risks of new drugs and increasing growth (taking into account national indications and local knowledge), there remains a significant level of risk associated with new drugs that will continue to be approved by SMC. The current budget setting paper sets out the methodology and risks associated with the expected level of increases moving forwards.</td>
</tr>
<tr>
<td>Short Supply Drugs</td>
<td>805k</td>
<td>High Risk</td>
<td>On-going pressure area from drugs that are deemed to be on short-supply, with the net cost to the Board currently calculated to be in the region of £0.5m. If these drugs continue to be on short supply then there is a significant risk to delivering a break-even position in 2018-19.</td>
</tr>
<tr>
<td>Prescribing - New Medicines Fund</td>
<td>250k</td>
<td>High Risk</td>
<td>An assessment has been undertaken within the plan to incorporate estimates of likely growth of drugs in this area. However, there is an expectation that the funding available will be less than previously indicated due to a fall in PPRS receipts nationally now based upon the assumption of CDM rates, leaving a significant gap to historic drugs approved by SMC and new drugs planned in 2018-19.</td>
</tr>
<tr>
<td>Workforce/Recruitment</td>
<td>2000k</td>
<td>High Risk</td>
<td>Increased effort and resources have been targeted at reducing medical vacancies within the Board, however the vacancy rate remains higher than in previous years. In particular, 22% of our consultant workforce remains covered by high-cost locum posts. In addition, there has been a rise in the level of gaps across the junior doctor rota (especially within GP training posts which are not expected to be remedied in the forthcoming financial year. Looking forward at GP retentions and lack of success in recruiting new GP's means that this will be an area that continues to be problematic, with high cost locums being used to cover gaps in service. This is an increasing problem across Scotland and the UK as a whole. Whilst appropriate provision has been made in the Financial Plan (£2.1m) to continue to model the potential for high cost locums within the plan in future years, a contingency plan has been set in order to ensure financial balance in the future, in time for the opening of the New Hospital.</td>
</tr>
<tr>
<td>IR35</td>
<td>unknown</td>
<td>High Risk</td>
<td>Whilst the financial risk of the IR35 is identified in workforce above, the impact to the supply side of medical locums has seen a significant shift over the past 12 months since the introduction of IR35, with increasing difficulty in accessing affordable medical locums within the agreed rate-cap agreed by the Way of Scotland Consortium. IR35 flattening has protected the contracts from significant increase in costs related to basic pay rates, this has impacted upon the deliverability of expected level of savings, and will continue to do so in the short-medium term.</td>
</tr>
<tr>
<td>Health and Social Care Integration</td>
<td>unknown</td>
<td>High Risk</td>
<td>Plans for Health and Social Care Integration (H&amp;SCI) are under development locally. No financial provision is assumed in the LDP beyond assuming provision has been made for supporting and enabling the implementation within the allocation identified going forward. NHS Dumfries and Galloway has made good progress with Board colleagues in recent months in progressing H&amp;SCI, however, a significant level of system risk remains in ensuring resources around the planned budgets are sufficient to deliver the planned level of service within the Strategic Plan.</td>
</tr>
<tr>
<td>Externals (DDA SLAs)</td>
<td>1550k</td>
<td>Medium Risk</td>
<td>Growth in complex conditions and continued growth in referrals across Dumfries and Galloway has seen a substantial increase in activity undertaken across Board boundaries. Whilst financial provision has been made in the plan, increases relating to complex and high cost services (particularly across Cancer and Cardiology services) remain a high risk to the Board.</td>
</tr>
<tr>
<td>Mountain Hall Treatment Centre</td>
<td>500k</td>
<td>Medium Risk</td>
<td>The planned redevelopment of the site has resulted in a reduction in savings originally factored into off-setting the costs of the new hospital. As activity and service demand continues to grow, the existing space of the old CHARTS is being used for services previously not factored into the savings planned from the closure of the old site.</td>
</tr>
<tr>
<td>New Hospital Opening</td>
<td>500k</td>
<td>Medium Risk</td>
<td>The first year of operation of a new hospital is always the most challenging, with heightened risks of recruitment, particular challenges for the Board. High levels of vacancies continue to impact across A&amp;Es with the level of vacancies greater than in previous years. This reliance on existing substantive staff working additional shifts and relying on increased bank hours has increased the level of risk across the new hospital in maintaining staffing levels as required.</td>
</tr>
<tr>
<td>Inflation uplifts</td>
<td>unknown</td>
<td>Medium Risk</td>
<td>In addition to building in known inflation costs (including pay, increased fuel and NI increases) already announced, an independent review of historic trends, combined with best available knowledge has been modelled in determining projected increases. Information has been shared and discussed with colleagues across the Corporate Finance and, following further assurance on the appropriateness of planning assumptions.</td>
</tr>
<tr>
<td>Developments and Cost Pressures</td>
<td>3.5m</td>
<td>Medium Risk</td>
<td>A sum of £3.5m has been set aside to cover the costs of future regional and national developments, cost pressures and any other critical or non-developments.</td>
</tr>
<tr>
<td>Increased Consequences for Pay Inflation</td>
<td>2.2m</td>
<td>Medium Risk</td>
<td>Robust financial planning information exists to allow accurate estimates of basic pay settlements for 2018/19 and beyond (based upon current assumptions of 3%, 2% and £1600 Max pay increase). It has also been assumed that additional consequences will be passed on to fund the increase above 1% on Pay Awards.</td>
</tr>
<tr>
<td>Delivery of Effective Waiting Times Targets</td>
<td>£1m</td>
<td>Medium Risk</td>
<td>Continued demand upon elective capacity is expected to continue in 2018/19 with additional resources required above the Board’s allocation if Targets are to be maintained.</td>
</tr>
<tr>
<td>Statutory Change/Changes to legislation</td>
<td>unknown</td>
<td>Medium Risk</td>
<td>The Financial Plan reflects the current known position in relation to any statutory compliance in relation to UUTCA and pensions. Any future changes to current regulations and compliance would impact on the overall Financial Plan. These are reviewed regularly by the central financial team and any changes reflected through financial estimates.</td>
</tr>
<tr>
<td>Transitional/Double Running Costs of New Hospital</td>
<td>£1m</td>
<td>Medium Risk</td>
<td>While it remains to be seen if future years (£7m) to reduce the financial risk of developments of the new DGRI, the scale of the clinical change programme required to bring about the necessary transformation in service delivery, reflect a significant risk as we now enter into the first year of operation of the new hospital.</td>
</tr>
</tbody>
</table>
9th February, 2018

Dear Chief Executive

There is significant change to the Health and Social Care planning environment at local, regional and national level, with the introduction of Integration Authority commissioning plans, significant developments in workforce planning, financial planning and regional planning for transformational change.

Respecting the specific roles of all of these components, you will appreciate that it is important for us to develop an overall understanding of how health and social care is likely to function in the year ahead and how you intend to achieve local system improvement. To help us with that and as a transitional step, the Local Delivery Plan process will be replaced by a request for each Board to submit an Annual Operational Plan for 2018-19, shared and aligned with the strategic plans of the relevant IJBs. This should focus primarily on performance, finance and workforce, concentrating on the key standards that are most important to patients, whilst we undertake a review of the broader LDP Standards during the coming year. This transitional step will facilitate a greater understanding of the assumptions within local systems that underpin successful delivery of performance across the whole system, aligning with the Regional Planning process which will set out in more detail the longer term approach to transformation.

A draft Operational Plan should be submitted by each NHS Board by 28th February and provide detail on assumptions made in relation to the points set out in Annex 1. This should be a short, focussed document, which draws together key planning assumptions which reflect the local system priorities and will form the basis for the discussions we will be having individually with each Board between the end of February and the end of March.

Yours sincerely

Alan Hunter  Christine McLaughlin
NHS Scotland Director of Performance and Delivery  Director of Health Finance

St Andrew's House, Regent Road, Edinburgh  EH1 3DG
www.gov.scot
Annex 1

The Annual Operational Plan should focus on the following areas:

1. Expected performance by March 2019 (with an assumption on the expected position at 1 April 2018). This should be focussed on the core standards in relation to the following: cancer waiting times, Treatment Time Guarantee, outpatients, diagnostics, mental health and A&E performance. The minimum aim is to return to/at least maintain waiting times at 31st March 2017 levels and your submission at the end of February should set out quarterly improvement milestones/targets for each specialty. Throughput and capacity should be maintained at least at current levels, i.e. core, WLI and Independent Sector for the first 6 months of 2018/19. This will allow time and space for transformational initiatives to start to deliver and for on-going capacity and throughput discussions to take place.

2. Plans being developed with Integration Authorities to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with focus to reduce unscheduled bed-days in hospital care by up to 10 per cent (i.e. by as many as 400,000 bed-days across Scotland).

3. The actions that NHS Boards will take, consistent with the actions of other bodies and external partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and the requirement to tackle addictions.

4. For Special Health Boards, 1-3 above should be substituted with the relevant performance measures for each Board.

5. Based on current assumptions, anticipated outturn against both resource and capital budgets – reflecting indicative baseline provided in the 2018-19 Draft Budget.

6. The current anticipated level of savings required to deliver financial balance for 2018-19.

7. Commitment to deliver the requirements set out in Draft Budget letter of 14th December – specifically in relation to shifting the balance of frontline NHS spend:
   - Further funding for mental health being additional to a real terms increase to 2017-18 spending levels:
   - Additional funding for primary care used to support primary care transformation: and
   - Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care.

The financial information provided will give a high-level picture of your Board’s anticipated financial position in 2018-19. In order to have greater clarity in relation to Boards’ planned savings and associated risk, as well as other core financial information, such as anticipated allocations, a more detailed report will be requested through Directors of Finance. This will be similar to the financial information required in previous years (although will only cover a one year period), but will not be required to be completed at the same time as the Annual Operation Plan. This will be discussed further at the Directors of Finance meeting on 15th February.
## Financial Plan 2018/19 to 2020/21

### SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
<th></th>
<th>2019/20</th>
<th></th>
<th>2020/21</th>
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## 2018/19 Savings Plan

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<th>2018/19 Identified to date</th>
<th>Gap</th>
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<td>Reduction in use of medical locums</td>
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### Revenue Allocation as at 30th June 2018

<table>
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<tr>
<th>Description</th>
<th>Baseline Recurring £000s</th>
<th>Earmarked Recurring £000s</th>
<th>Non Recurring £000s</th>
<th>Non Core £000s</th>
<th>Total £000s</th>
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<td>Core</td>
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<td>Improvement Funding to Support 4 Hour A&amp;E Target</td>
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<td>(11)</td>
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<td>NSD Risk Share</td>
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<td>(1,109)</td>
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### Revenue Allocation as at 31st July 2018

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<th>Earmarked Recurring £000s</th>
<th>Non Recurring £000s</th>
<th>Non Core £000s</th>
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<td>18,727</td>
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Family Health Services Non Discretionary Allocation

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<th>Non Core £000s</th>
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| Acute and Diagnostics (including acute  | (£974k) overspend | • CRES £455k unachieved YTD (£317k directorate and £138k prescribing)  
• Pays £301k overspent – Mainly on nursing due to difficulty in recruiting registered nurses and the increased cost of agency  
• Non-pays £260k overspent – pressures on travel and patient transport and activity pressures in labs and theatres.  
• Drugs - £128k over due to unachieved CRES YTD.                                                                                                                                                                                                                                                                   |
| Prescribing)                             |                  |                                                                                                                                                                                                                                                                                                                                                                            |
| Facilities and Clinical Support         | (£59k) overspend  | • Main variance relates to unachieved CRES YTD of £38k (£114k unidentified full year).  
• Vacancies in Pays results in a YTD underspend of £57k, with ongoing work with the service to review staffing models after the impact of the New Hospital.  
• Non-pays overspend of £65k relates to increased costs of heat, light and power above the inflationary funding provided (mainly related to recovery of costs from CDC due to the hot summer weather).                                                                                                         |
| Mental Health Directorate              | £155k underspend  | • Pays underspent by £167k – across community services, medical staffing and psychology.  
• Non-pays underspent by £11 – mainly related to drug pressures and unachieved drug CRES.                                                                                                                                                                                                                     |
| Primary and Community Care – NHS       | (£444k) overspend | • Primary Care Prescribing is £655k overspent related to unachieved CRES YTD, drug volume and price variances and lower than anticipated discount rates YTD on generic and branded drugs. The actual cost of drugs in May was far higher than anticipated and has resulted in a knock-on impact on the June and July anticipated accruals as a result.  
• Pays is £368k overspent - £130k across Nursing (vacancies), £67k across AHP, Ancillary and Health Sciences £79k under and £50k within Admin areas.  
• Non-pays are £127k overspent due to pressures in community nursing in Stewartry relating to the increasing level of insulin consumables associated with the increase in activity YTD.                                                                 |
| Women's and Children's                 | £284k underspend  | • Pays £329k underspent related to public health nursing (£182k), midwifery (£124k), Ward 15 (£50k), Learning Disability (£55k), offset with overspends in Management and Governance (£125k). The overspend in Management and Governance reflects the level of CRES (£72k) moved to Nursing pays, reflecting the overall level of underspends YTD which are off-setting the underachievement on CRES non-recurrently.  
• Non-pays are £45k overspent due to unachieved Drug CRES YTD of £16k and general small overspends of £29k.                                                                                                                 |
| E health                               | (£55k) underspend | • Pays underspent by £37k, mainly due to vacancies in Clinical Prep, Scanning team, Referrals team and Support team.  
• Non-pays is overspent by £42k mainly due to additional one-off pressures on service contracts, through additional charges from 2017/18 and increased costs within printing relating to the centralised printing project.  
• Income over-recovery on GM secondment to Scottish Government offsets this by £16k.                                                                                                                                                                                                                   |
<table>
<thead>
<tr>
<th>Directorate</th>
<th>Month 4 Position</th>
<th>Risks/Issues/Challenges and Opportunities</th>
</tr>
</thead>
</table>
| Strategic IJB services              | £65k underspend  | • Pays is now £3k overspent after moving the non-recurrent underspends to offset the CRES target for the year.  
• Non-pays underspend of £67k. A one-off benefit on re-ablement works recharged to the council of £76k within resource transfer budgets.                                                                                                                                                                                                                       |
| IJB Non Recurring CRES              | (£516k) overspend | • Balance of remaining IJB CRES to be devolved and identified.                                                                                                                                                                                                                                                                                                                                                     |
| Corporate Services (Health Board)   | £28k underspend  | • Underspend mainly related to the over-achievement of income (£78k), offset with unachieved Corporate CRES of £64k and overspends within the External SLAs of £119k.                                                                                                                                                                                                                                                  |
### NHS DUMFRIES AND GALLOWAY

**EXPENDITURE ANALYSIS - 4 MONTHS TO 31st JULY 2018**

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<th>Non Pay</th>
<th>Income</th>
<th>Total</th>
<th>Budget</th>
<th>Actual</th>
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<th>Variance</th>
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<th>Actual</th>
<th>Variance</th>
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<tr>
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<td>786</td>
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<td><strong>NON CORE &amp; RESERVES TOTAL</strong></td>
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<td><strong>GRAND TOTAL</strong></td>
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<td>64,016</td>
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<td>114,235</td>
<td>115,750</td>
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### NHS DUMFRIES AND GALLOWAY
#### SUMMARY CRES PLAN 2018-19

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<th>Recurring Target £000</th>
<th>Non recurring Target £000</th>
<th>Total Target £000</th>
<th>Recurring Schemes Identified £000</th>
<th>Non recurring Schemes Identified £000</th>
<th>Total Identified Schemes £000</th>
<th>Recurring Diff to Target £000</th>
<th>Non recurring Diff to Target £000</th>
<th>In Year Gap £000</th>
<th>Recurring Gap £000</th>
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<td><strong>IJB Savings</strong></td>
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<tr>
<td>Reduction in use of medical locums</td>
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<td>492</td>
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<td>-492</td>
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<td>1,997</td>
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<td>572</td>
<td>1,997</td>
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<tr>
<td>Non recurring savings/ flexibility</td>
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<td>4,800</td>
<td>500</td>
<td>4,152</td>
<td>4,652</td>
<td>500</td>
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<td>648</td>
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<td><strong>Sub-total IJB</strong></td>
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<td>4,800</td>
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<td>10,670</td>
<td>6,425</td>
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<td>634</td>
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<td>122</td>
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<td>3,666</td>
<td>308</td>
<td>3,486</td>
<td>492</td>
<td>512</td>
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<td>13,093</td>
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Page 42 of 195
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<th>Revenue Allocation as at 31st July 2018</th>
<th>Baseline Recurring £000s</th>
<th>Earmarked Recurring £000s</th>
<th>Non Recurring £000s</th>
<th>Non Core £000s</th>
<th>Total £000s</th>
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<td>Carry Forward 2012-13</td>
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<td>Carry Forward 2013-14</td>
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<td>Carry Forward 2017-18</td>
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<td>eHealth IPACC</td>
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<td>GPST Disestablishment</td>
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<td>N&amp;M Workforce Planning Posts</td>
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<td>NSD - Mitral Valve</td>
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<td>Pharmacy pre registration students to NES</td>
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<td>Waiting Times - Long Waits</td>
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<td>350,081</td>
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<td>Month 5 Position</td>
<td>Risks/Issues/Challenges and Opportunities</td>
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<td>-------------</td>
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</table>
| Acute and Diagnostics (including acute prescribing) | (£1.167m) overspend | - CRES £486k unachieved YTD (£313k directorate and £173k prescribing).  
- Pays £359k overspent – Mainly on nursing due to difficulty in recruiting registered nurses and the increased cost of agency.  
- Non-pays £317k overspent – pressures on travel and patient transport and activity pressures in labs and theatres.  
- Drugs - £222k over due to unachieved CRES YTD. |
| Facilities and Clinical Support | (£63k) overspend | - Main variance relates to unachieved CRES YTD of £41k (£99k unidentified full year).  
- Vacancies in Pays results in an YTD underspend of £74k, with ongoing work with the service to review staffing models after the impact of the New Hospital.  
- Non-pays overspend of £94k relates to increased costs of heat, light and power above the inflationary funding provided (£74k non-recurring pressure). The potential spend on energy, post new hospital and considering the phases of redevelopment of Mountainhall, is the biggest risk that the directorate currently has. There is a significant level of uncertainty relating to energy use, phasing of budget and price of energy going into the winter. We therefore continue to carry the risk around the uncertainties and continue to work with the Estates team to monitor and forecast. |
| Mental Health Directorate | £219k underspend | - Pays underspent by £244k – across Community services, medical staffing and psychology.  
- Non-pays overspent by £24k – mainly related to drug pressures and unachieved drug CRES. |
| Primary and Community Care – NHS | (£490k) overspend | - Primary Care Prescribing is £801k overspent related to unachieved CRES YTD, drug volume and price variances and lower than anticipated discount rates YTD on generic and branded drugs. The actual cost of drugs in May was far higher than anticipated and has resulted in a knock-on impact on the June and July anticipated accruals as a result.  
- Pays is £443k underspent - £161k across Nursing (vacancies), £90k across AHP, Ancillary and Health Sciences £86k under and £64k within Admin areas.  
- Non-pays are £106k overspent due to pressures in community nursing in Stewartry relating to the increasing level of insulin consumables associated with the increase in activity YTD. |
| Women's and Children’s | £345k underspend | - Pays £438k underspent related to public health nursing (£235k), midwifery (£161k), Ward 15 (£70k), Learning Disability (£70k), offset with overspends in Management and Governance (£156k). The overspend in Management and Governance reflects the level of CRES (£119k) moved to Nursing pays, reflecting the overall level of underspends YTD which are off-setting the underachievement on CRES non-recurrently.  
- Non-pays are £93k overspent relating to drugs (£69k of which £20k is unachieved Drug CRES YTD) and general small overspends of £24k. |
<table>
<thead>
<tr>
<th>Directorate</th>
<th>Month 5 Position</th>
<th>Risks/Issues/Challenges and Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>E health</td>
<td>(£3k) overspend</td>
<td>- Pays underspent by £45k, mainly due to vacancies in Clinical Prep, Scanning team, Referrals team and Support team.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Non-pays is overspent by £47k mainly due to additional one-off pressures on service contracts, through additional charges from 2017/18 and increased costs within printing relating to the centralised printing project.</td>
</tr>
<tr>
<td>Strategic IJB services (strategic planning etc)</td>
<td>(£4k) overspend</td>
<td>- Pays is now £5k overspent after moving the non-recurrent underspends to offset the CRES target for the year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Non-pays overspend of £10k.</td>
</tr>
<tr>
<td>IJB Non Recurring CRES</td>
<td>(£645k) overspend</td>
<td>- Balance of remaining IJB CRES to be devolved and identified.</td>
</tr>
<tr>
<td>Corporate Services (Health Board)</td>
<td>£34k underspend</td>
<td>- Underspend mainly related to the over achievement of Road Traffic Act (RTA) income £27k.</td>
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</table>
## EXPENDITURE ANALYSIS - 5 MONTHS TO 31st AUGUST 2018

### IJB DELEGATED SERVICES

<table>
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<tr>
<th>AREA</th>
<th>Pay £000</th>
<th>Non Pay £000</th>
<th>Income £000</th>
<th>Total £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute &amp; Diagnostics</td>
<td>82,229</td>
<td>23,807</td>
<td>(2,010)</td>
<td>104,026</td>
<td>10,675</td>
<td>5,436</td>
<td>5,571</td>
<td>(135)</td>
<td>(280)</td>
<td>(2)</td>
<td>(1,182)</td>
<td>-3%</td>
</tr>
<tr>
<td>Facilities &amp; Clinical Support</td>
<td>3,526</td>
<td>14,184</td>
<td>(726)</td>
<td>16,985</td>
<td>8,123</td>
<td>7,717</td>
<td>438</td>
<td>(93)</td>
<td>(212)</td>
<td>(0)</td>
<td>(278)</td>
<td>-1%</td>
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<tr>
<td>Mental Health Directorate</td>
<td>19,433</td>
<td>2,630</td>
<td>(481)</td>
<td>21,852</td>
<td>884</td>
<td>908</td>
<td>(24)</td>
<td>(222)</td>
<td>8,784</td>
<td>5,865</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Primary &amp; Community Care</td>
<td>30,264</td>
<td>75,081</td>
<td>(4,345)</td>
<td>101,000</td>
<td>31,084</td>
<td>5,436</td>
<td>5,571</td>
<td>(135)</td>
<td>(280)</td>
<td>(2)</td>
<td>(1,182)</td>
<td>-3%</td>
</tr>
<tr>
<td>Womens &amp; Childrens Directorate</td>
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<td>(591)</td>
<td>21,083</td>
<td>743</td>
<td>764</td>
<td>(20)</td>
<td>(222)</td>
<td>8,784</td>
<td>5,865</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>E Health</td>
<td>2,549</td>
<td>2,914</td>
<td>(328)</td>
<td>5,463</td>
<td>1,044</td>
<td>1,051</td>
<td>(7)</td>
<td>(136)</td>
<td>1,897</td>
<td>1,900</td>
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<tr>
<td>UB Strategic Services</td>
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<td>20,439</td>
<td>(142)</td>
<td>21,649</td>
<td>483</td>
<td>477</td>
<td>5</td>
<td>(9)</td>
<td>5,550</td>
<td>5,535</td>
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<td>UB Non Recurring CRES</td>
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<td>0</td>
<td>0</td>
<td>845</td>
<td>200</td>
<td>0</td>
<td>0</td>
<td>845</td>
<td>0</td>
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<td>IJB SERVICES TOTAL</td>
<td>158,849</td>
<td>139,054</td>
<td>(8,623)</td>
<td>289,280</td>
<td>31,084</td>
<td>5,436</td>
<td>5,571</td>
<td>(135)</td>
<td>(280)</td>
<td>(2)</td>
<td>(1,182)</td>
<td>-3%</td>
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</tbody>
</table>

### BOARD SERVICES

<table>
<thead>
<tr>
<th>AREA</th>
<th>Pay £000</th>
<th>Non Pay £000</th>
<th>Income £000</th>
<th>Total £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>1,032</td>
<td>1,498</td>
<td>(31)</td>
<td>2,549</td>
<td>1,398</td>
<td>367</td>
<td>31</td>
<td>(10)</td>
<td>(10)</td>
<td>(0)</td>
<td>(812)</td>
<td>33%</td>
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<tr>
<td>Public Health</td>
<td>2,086</td>
<td>668</td>
<td>(461)</td>
<td>2,754</td>
<td>1,288</td>
<td>73</td>
<td>55</td>
<td>(136)</td>
<td>(111)</td>
<td>(25)</td>
<td>(800)</td>
<td>35%</td>
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<tr>
<td>Medical Director</td>
<td>4,959</td>
<td>2,242</td>
<td>(922)</td>
<td>7,191</td>
<td>939</td>
<td>959</td>
<td>(23)</td>
<td>(394)</td>
<td>(414)</td>
<td>20</td>
<td>2,564</td>
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<tr>
<td>Nursing Directorate</td>
<td>2,266</td>
<td>259</td>
<td>(254)</td>
<td>5,027</td>
<td>999</td>
<td>61</td>
<td>38</td>
<td>(123)</td>
<td>(122)</td>
<td>(0)</td>
<td>895</td>
<td>47%</td>
</tr>
<tr>
<td>Workforce Directorate</td>
<td>2,440</td>
<td>270</td>
<td>(305)</td>
<td>5,249</td>
<td>113</td>
<td>125</td>
<td>(12)</td>
<td>(112)</td>
<td>(104)</td>
<td>(6)</td>
<td>968</td>
<td>47%</td>
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<tr>
<td>Finance Directorate</td>
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<td>1,618</td>
<td>(397)</td>
<td>4,402</td>
<td>875</td>
<td>784</td>
<td>91</td>
<td>(361)</td>
<td>(356)</td>
<td>(6)</td>
<td>1,716</td>
<td>53%</td>
</tr>
<tr>
<td>Non Rec Projects</td>
<td>65</td>
<td>313</td>
<td>(31)</td>
<td>348</td>
<td>133</td>
<td>118</td>
<td>14</td>
<td>(31)</td>
<td>(33)</td>
<td>2</td>
<td>124</td>
<td>0%</td>
</tr>
<tr>
<td>Strategic Capital</td>
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<td>16,692</td>
<td>(16)</td>
<td>16,964</td>
<td>1,138</td>
<td>118</td>
<td>14</td>
<td>(31)</td>
<td>(33)</td>
<td>2</td>
<td>124</td>
<td>0%</td>
</tr>
<tr>
<td>Central Income</td>
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<td>(4,986)</td>
<td>0</td>
<td>8,872</td>
<td>8,868</td>
<td>4</td>
<td>(16)</td>
<td>(16)</td>
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<td>Externals</td>
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<td>8,972</td>
<td>9,019</td>
<td>46</td>
<td>(2,078)</td>
<td>(2,124)</td>
<td>(6)</td>
<td>(2,078)</td>
<td>46%</td>
</tr>
<tr>
<td>Board Non Recurring CRES</td>
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<td>0</td>
<td>(193)</td>
<td>0</td>
<td>80</td>
<td>80</td>
<td>0</td>
<td>0</td>
<td>(80)</td>
<td>0</td>
<td>80</td>
<td>100%</td>
</tr>
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<td>BOARD SERVICES TOTAL</td>
<td>16,020</td>
<td>48,583</td>
<td>(10,437)</td>
<td>54,166</td>
<td>21,295</td>
<td>21,264</td>
<td>31</td>
<td>(4,408)</td>
<td>(4,435)</td>
<td>27</td>
<td>23,481</td>
<td>34%</td>
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</table>

### BOARD SERVICES TOTAL

<table>
<thead>
<tr>
<th>Area</th>
<th>Pay £000</th>
<th>Non Pay £000</th>
<th>Income £000</th>
<th>Total £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Variance £000</th>
<th>Variance %</th>
</tr>
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<tr>
<td>Non Core</td>
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<td>9,035</td>
<td>0</td>
<td>9,035</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Reserves</td>
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<td>13,881</td>
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<td>0</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>NON CORE &amp; RESERVES TOTAL</td>
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<td>20,152</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

### GRAND TOTAL

<table>
<thead>
<tr>
<th>Area</th>
<th>Pay £000</th>
<th>Non Pay £000</th>
<th>Income £000</th>
<th>Total £000</th>
<th>Budget £000</th>
<th>Actual £000</th>
<th>Variance £000</th>
<th>Variance £000</th>
<th>Variance %</th>
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<tbody>
<tr>
<td>GRAND TOTAL</td>
<td>172,105</td>
<td>210,553</td>
<td>(19,060)</td>
<td>363,598</td>
<td>72,693</td>
<td>71,422</td>
<td>866</td>
<td>86,974</td>
<td>81,656</td>
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### NHS Dumfries and Galloway
#### Summary CRES Plan 2018-19

<table>
<thead>
<tr>
<th></th>
<th>Recurring Target £000</th>
<th>Non recurring Target £000</th>
<th>Total Target £000</th>
<th>Recurring Schemes Identified £000</th>
<th>Non Recurring Schemes Identified £000</th>
<th>Total Identified Schemes £000</th>
<th>Recurring Diff to Target £000</th>
<th>Non Recurring Diff to Target £000</th>
<th>In Year Gap £000</th>
<th>Recurring Gap £000</th>
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<tbody>
<tr>
<td><strong>IJB Savings</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in use of medical locums</td>
<td>1,000</td>
<td>1,000</td>
<td>0</td>
<td>600</td>
<td>600</td>
<td>(1,000)</td>
<td>600</td>
<td>(400)</td>
<td>(1,000)</td>
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</tr>
<tr>
<td>Effective prescribing (Secondary Care)</td>
<td>1,250</td>
<td>1,250</td>
<td>678</td>
<td>216</td>
<td>894</td>
<td>(572)</td>
<td>216</td>
<td>(356)</td>
<td>(572)</td>
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<tr>
<td>Effective prescribing (Primary Care)</td>
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<td>1,750</td>
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<td>250</td>
<td>1,508</td>
<td>(492)</td>
<td>250</td>
<td>(242)</td>
<td>(492)</td>
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<tr>
<td>Service efficiency (2%) - NHS</td>
<td>3,380</td>
<td>3,380</td>
<td>519</td>
<td>2,012</td>
<td>2,531</td>
<td>(2,861)</td>
<td>2,012</td>
<td>(849)</td>
<td>(2,861)</td>
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<td>Realistic Medicine</td>
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<td>0</td>
<td>0</td>
<td>(500)</td>
<td>0</td>
<td>(500)</td>
<td>(500)</td>
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<td>Business Transformation Programme</td>
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<td>0</td>
<td>(500)</td>
<td>0</td>
<td>(500)</td>
<td>(500)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Non recurring savings/ flexibility</td>
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<td>4,800</td>
<td>500</td>
<td>4,152</td>
<td>4,652</td>
<td>500</td>
<td>(648)</td>
<td>(148)</td>
<td>(4,300)</td>
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<tr>
<td><strong>Sub-total IJB</strong></td>
<td>8,880</td>
<td>4,800</td>
<td>13,680</td>
<td>3,455</td>
<td>7,230</td>
<td>10,685</td>
<td>(5,425)</td>
<td>2,430</td>
<td>(2,995)</td>
<td>(10,225)</td>
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<tr>
<td>Procurement</td>
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<td>300</td>
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<td>300</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Corporate savings</td>
<td>700</td>
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<td>8</td>
<td>634</td>
<td>642</td>
<td>(692)</td>
<td>634</td>
<td>(58)</td>
<td>(692)</td>
<td></td>
</tr>
<tr>
<td>Non recurring savings/ flexibility</td>
<td>2,666</td>
<td>2,666</td>
<td>0</td>
<td>2,544</td>
<td>2,544</td>
<td>0</td>
<td>(122)</td>
<td>(122)</td>
<td>(2,177)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total NHS Board</strong></td>
<td>1,000</td>
<td>2,666</td>
<td>3,666</td>
<td>308</td>
<td>3,178</td>
<td>3,486</td>
<td>(692)</td>
<td>512</td>
<td>(180)</td>
<td>(2,869)</td>
</tr>
<tr>
<td>Total NHS Savings</td>
<td>9,880</td>
<td>7,466</td>
<td>17,346</td>
<td>3,764</td>
<td>10,408</td>
<td>14,171</td>
<td>(6,116)</td>
<td>2,942</td>
<td>(3,175)</td>
<td>(13,093)</td>
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NHS DUMFRIES AND GALLOWAY

ANNUAL REVIEW 2016/17

SELF ASSESSMENT
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1</td>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Chapter 2</td>
<td>Actions from 2015/16</td>
<td>5</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Person Centred</td>
<td>6</td>
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<td>Chapter 4</td>
<td>Safe</td>
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<td>Chapter 5</td>
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<td>Chapter 6</td>
<td>Workforce</td>
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<td>Chapter 7</td>
<td>Finance</td>
<td>16</td>
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<tr>
<td>Chapter 8</td>
<td>At a Glance</td>
<td>18</td>
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</table>
Chapter 1 - Introduction

This self assessment sets out the performance of NHS Dumfries and Galloway for the year April 2016 to March 2017. Included within this self assessment is an ‘At a Glance’ outcomes and performance table that shows how the Board has performed against key targets.

2016 / 2017 has been another busy and successful year with a number of significant new developments including:-

- Work on the new District General Hospital is progressing to plan, with handover of the building to NHS Dumfries and Galloway in September 2017.

- Following the shadow integration year in 2015/16, the Board saw the official launch of the new Dumfries and Galloway Health and Social Care Partnership on 1st April 2016, which is overseen by the Integration Joint Board. The Integration Joint Board was established as a body corporate by order of the Scottish Ministers on 3 October 2015 as part of the establishment of the framework for the integration of health and social care in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014. The partnership has responsibility for providing adult social care and defined health care services for the residents of Dumfries and Galloway in line with their Strategic Plan, which was developed for approval by the Integration Joint Board.

- Dundee and St Andrews Universities, working in partnership with NHS Dumfries and Galloway and NHS Highland have been granted approval to develop a multi-site graduate medical school, which aims to deliver a curriculum that provides a comprehensive quality medical education, but specifically meets the needs of rural GP recruitment. Dumfries and Galloway was chosen to be one of the sites for delivery of General Practice based education.

This self assessment seeks to set out, in detail, the progress that has been made across NHS Dumfries and Galloway through 2016/17, covering the nine national health and well-being outcomes set out by Scottish Government, which are noted below:

- People are able to look after and improve their own health and wellbeing and live in good health for longer

- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

- People who use health and social care services have positive experiences of those services, and have their dignity respected

- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
• Health and social care services contribute to reducing health inequalities

• People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

• People using health and social care services are safe from harm

• People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

• Resources are used effectively and efficiently in the provision of health and social care services

All of the achievements and improvements of the last year are a result of the dedication and commitment of everyone working across our healthcare system and the focus on continuous improvement that has become the way we work.
Chapter 2 - Actions from 2015 / 2016 Annual Review

Following the Annual Review for 2015 / 2016, the Cabinet Secretary for Health and Wellbeing wrote to the Chairman of the Board inviting it to:-

1. Keep the Health Directorates informed of progress with its significant local health improvement activity;

2. Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection;

3. Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older People in Acute Care inspections;

4. Keep the Health Directorates informed on progress towards achieving all access targets;

5. Continue to work with planning partners on the critical health and social care agenda;

6. Continue to achieve financial in-year and recurring financial balance;

7. Keep the Health Directorates informed of progress with redesigning local services in line with the Board’s clinical strategy.

Work continues on all of the areas above and NHS Board have been kept informed of progress.
Chapter 3 - Person Centred

Below are the national outcomes, key to delivering care that is person centred

- People are able to look after and improve their own health and well-being and live in good health for longer;

- People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;

- People who use health and social care services have positive experiences of those services, and have their dignity respected.

Ensuring that people are placed firmly at the centre of their own care, enabled and supported to make their own decisions and achieve their personal outcomes is our primary focus.

Achievements in 2016/17

- Restructuring of health and wellbeing teams so that health improvement and NHS employed community development workers are integrated into one team supporting action for improved community based health and wellbeing.

- Continued embedding of local action which supports the building of community resilience as core to improving population health and wellbeing.

- Embedding ‘Good Conversations’ into everyday practice

- Continuing action to embed social prescribing across the region.

- Developing the ‘One Team’ approach where partners work together collaboratively to support people in their communities

- Re-enablement awareness training was developed for providers of care and support

- Working with National Services Scotland to develop and test a tool to help identify peoples personal outcomes

- There is now a combined feedback website for health and social care called Care Opinion

- Members of the public can ‘sign up’ for alerts about participation and engagement opportunities

- Increased dementia awareness training for people providing health and social care
Challenges
Key challenges over the coming year include:

- Supporting as many people as possible to look after their own health and wellbeing so that the health of the population is improved
- Embedding self management approaches into mainstream practice
- Communicating with people to raise awareness of the range of community support that is available
- Challenging the cultural barriers that prevent the delivery of effective person-centred care
- Shifting care and support from institutional to community based settings
- Shifting the approach from managing crises to preventative and early intervention support
- Ensuring that learning from health and social care complaints, comments and other feedback lead to quality improvement and improving the experience of people who use these services
- Ensuring that changing models of health and social care delivery are person-centred
- Ensuring everyone who would benefit from an anticipatory care plan has one
- Recruitment to key posts is timely and effective
- Engaging with Regional Planning partners to create sustainable models of care for our patients
Chapter 4 - Safe

Below are the national outcomes, key to delivering care that is safe

- **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**

- **People who use health and social care services are safe from harm.**

All people have the right to live free from physical, sexual, psychological or emotional, financial or material neglect, discriminatory harm or abuse. NHS Dumfries and Galloway recognise this as a key priority. Under the Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to ‘adults at risk’.

Making sure people are safe from harm is also about ensuring that health and social care services are of a high quality and continuously looking to make improvements. There are a number of initiatives and programmes in Dumfries and Galloway aimed at reducing the risk of harm to people.

**Multi-Agency Safeguarding Hub (MASH)**

The MASH is a new and unique service where practitioners from health and social care and the police share a workplace and information regarding the protection of adults in the community. This model operates across all four localities and is embedding a consistent approach to adult support and protection referrals.

At the end of March 2017, 45% of people who referred cases to the MASH received feedback within 5 days. The definition of what constitutes 'feedback' needs to be further refined in order to accurately reflect the activity of the MASH.

A significant amount of multi-agency training has been undertaken to raise staff knowledge and understanding of adults at risk of harm and the role of the adult support and protection team.

**Quality Improvement Hub**

A Quality Improvement Hub has been established to bring together teams from across health and social care to identify and deliver improvements

**Scottish Patient Safety Programme**

Dumfries & Galloway takes part in the Scottish Patient Safety Programme (SPSP). This focuses on reducing harm in adult hospital services, maternity and children’s care, mental health care and primary care.
Achievements in 2016/17

- Multi-Agency Safeguarding Hub (MASH) established to improve inter-agency communication and coordination

- Development of knowledge of adult support and protection across all of health and social care

- In 2016/17 there was a range of quality improvement projects undertaken across Dumfries & Galloway

- As a result of the SPSP, hospital mortality across Scotland has reduced by 8.6% in the two and half years up to September 2016. In DGRI, the reduction has been more than 10%.

Challenges

Key challenges over the coming year include

- Ensuring a consistent approach in protecting adults at risk of harm

- Maintaining high quality services in the context of limited public finances and available workforce

- Maintaining high quality services in the context of substantial change to the way services are delivered

- Development of a competency framework that will support the delivery of adult support and protection training.
Chapter 5 - Effective

Below are the national outcomes, key to delivering care that is effective

- **Health and social care services contribute to reducing health inequalities**

- **People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing**

- **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide**

- **Resources are used effectively and efficiently in the provision of health and social care services**

*Health Inequalities*

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person’s health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty.

Addressing health inequalities must include meeting the needs of those individuals and communities experiencing socio-economic deprivation. Also, those from minority communities or with protected characteristics (e.g. religion or belief, race or disability) are known to be more likely to experience health inequalities.

Enabling easy access to health services for the most vulnerable members of our population must be a priority when planning the delivery of local health services, programmes and interventions. It is through easy access to services which provide the appropriate support and intervention that we will be able to contribute to reducing health inequalities. However, for real change in health inequalities we must focus action on population health and wellbeing through building community resilience and also supporting positive lifestyle behaviours.

Inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities.

*Inequalities Framework*

Public Health has led on the development of the Inequalities Action Framework and Toolkit which has been endorsed by the NHS Board Management Team, Community Planning Executive Group and Health and Social Care Management Team. This framework supports the development of policies, programmes and services by providing information and tools to help address inequalities, including health inequalities.
Inequalities training workshops are planned for 2017 to ensure a consistent understanding of inequalities and how to use the Inequalities Action Framework.

**Early Interventions**

The population health and wellbeing programme for Dumfries and Galloway, led by the Directorate of Public Health, is progressing actions which address the following priorities:

- Strengthen community resilience
- Strengthen individual resilience
- Improve physical and mental health and wellbeing
- Create environments supportive of health and wellbeing

The need to take a long term view to improving the health and wellbeing of the population is acknowledged in our work plans. Action is taken to protect health, prevent ill health and build the resilience of individuals and communities to improve overall wellbeing. Work is undertaken in partnership with individuals and organisations across the region.

Activity includes work across the region, in partnership with the Localities, to support community resilience by engaging and working with local communities, building on existing assets and finding solutions to improving health and wellbeing.

**Inequality and Mental Health**

People experiencing health inequalities can be at higher risk of poor mental health (and vice versa). There are a number of projects underway to help address this aspect of health inequalities including Social Prescribing. Work is being progressed across Localities to implement social prescribing as an alternative to medication and reduce levels of loneliness.

**Increasing population wide levels of physical activity**

This has been agreed as a priority for action by both NHS Dumfries and Galloway and Dumfries and Galloway Council. Dumfries and Galloway has a physical activity alliance supporting this programme of work.

**Community Link Programme**

The Community Link Programme engages with people who often don’t feel able to engage with health and social care services. The support from a Community Link Worker can help people to:

- raise their level of confidence;
- reconnect with their local community; and
- take back control of their lives
This programme also enables people to access a wide range of services including housing, transport and finance. This in turn, supports people to take the first steps towards improving their own health and wellbeing.

Most of the people referred to a Community Link Worker are experiencing inequalities.

**Inequality and Mental Health**

A multi-agency suicide review process is being developed to better understand the factors that influence suicides amongst people from Dumfries & Galloway.

Work is ongoing to establish information sharing agreements between partner agencies. The learning from this review should help identify additional information on factors that influence mental health inequalities.

Wider partnership work aims to ensure that transition periods for young people with a history of mental health issues are well supported as they move from Child and Adolescent Mental Health Services (CAMHS) to adult services.

The examples of local activities provided above are being progressed in conjunction with services which aim to intervene early and prevent ill health, such as child smile, child healthy weight, smoking cessation and screening programmes.

**Achievements in 2016/17**

- The development of an Inequalities Action Framework and Toolkit
- The endorsement of the Inequalities Action Framework by key management teams across Dumfries & Galloway
- Delivering multiple initiatives across Dumfries & Galloway aimed at reducing inequalities (such as cancer screening, smoking cessation and suicide prevention work)
- 350 people attended training programmes that provide suicide intervention skills to frontline staff and community members
- A training package, with supporting guidance, aimed at GPs is helping to ensure a better understanding of welfare reform changes. This raises awareness of local services which provide support for those at risk of, or experiencing, poverty
- Drop in’ clinics for benefits and welfare advice at Dumfries & Galloway Royal Infirmary, Craignair Clinic (Dalbeattie) and the GP practice in Kelloholm are helping people to maximise access to benefits.
Challenges

Key challenges over the coming year include:

- Embedding the use of the Inequalities Action Framework across the Partnership
- Agreeing ways to collect data and measure the impact of changes to health and social care services on health inequalities
- Improving how services and partner organisations progress actions which seek to prevent health inequalities and also where it is apparent that action is taken to undo or mitigate against the causes of inequality

Supporting Carers

Unpaid Carers are the largest group of care providers in Scotland, providing more care than the NHS and Councils combined. Providing support to Carers is an increasing local and national priority.

Achievements in 2016/17

- Consultation with Carers about what matters to them to inform the development of the new Carers Strategy
- Development of a new Carers Strategy for Dumfries & Galloway
- NHS Dumfries & Galloway achieved the ‘Engaged’ status for the Carer Positive Award

Challenges

Key challenges over the coming year include:

- Implementation of the Carers (Scotland) Act 2016
- Developing a New Carers Strategy for Dumfries and Galloway
Chapter 6 - Workforce

Effectively integrating staff teams has been a key area of focus over the last year.

Achievements in 2016/17

- Delivery of cultural diagnostic assessment has enabled teams to share an understanding of work place culture
- Development of a workforce plan for the Partnership has identified needs across multiple sectors and settings
- Expanded the shared learning opportunities across the health and social care Partnership

Challenges

Key challenges over the coming year include:

- Supporting staff as integrated models of care are introduced across the Partnership
- Nurturing and embedding a shared culture for the Partnership

Effective and Efficient Use of Resources

Reducing unnecessary variation, implementing quality improvement programmes and making the best use of technology are key areas of focus in achieving an effective and efficient use of resources.

Participating in and supporting the regional planning work is also key to the delivery of effective and efficient use of resources. Dumfries and Galloway is part of the West of Scotland Regional Planning Group

NHS Dumfries and Galloway is also maximising the efficient use of the considerable resource in buildings and equipment used to deliver health and social care.

Achievements in 2016/17

- Reduction in the burden and harm that people experience from over-investigation and over-treatment, such as reducing unnecessary medical tests
- Reduction in unnecessary variation in clinical practice to achieve the best outcomes for people (some examples below)
- Introduction of measures to ensure value for money and reduction of waste, such as stopping medications people no longer need
A Clinical Efficiency Group has been established to evaluate and compare local activity with national benchmarking data.

Development of the new district general hospital

Sharing agreement between the NHS and Council to get the best use out of buildings and other assets, e.g. office space, pool cars

Surplus assets marketed to recover resource that can be directed back into service delivery

Challenges

Key challenges over the coming year include:

- Changing the culture for both the people who use services and the people who provide services to embrace the principles of Realistic Medicine and shared decision making

- Changing attitudes and perceptions of risk

- Participating in the development of a West of Scotland Regional Delivery Plan

- Achieving the pace of change required maintaining safe services during transition into the new general hospital and into the refurbished Cresswell building

- Delivering of appropriate Partnership wide physical infrastructure in a time of limited capital resource

- Disposing of inefficient properties
Chapter 7 - Finance

NHS Dumfries and Galloway continued its recent successful trend of delivering a secure financial position by breaking even once again in 2016/17 and achieving all its financial targets.

The Board has continued to make good progress on its major infrastructure projects, which includes the ongoing development of the region’s new acute hospital on the outskirts of Dumfries.

The Scottish Government Health and Social Care Directorates set three financial targets at Health Board level on an annual basis. These limits are:

- Revenue Resource Limit – a resource budget for ongoing operations;
- Capital Resource Limit – a resource budget for net capital investment; and
- Cash requirement – a financing requirement to fund the cash consequences of the ongoing operations and net capital investment.

The following table highlights the Boards delivery against these targets:

<table>
<thead>
<tr>
<th>2016/17 Target Delivery</th>
<th>Limit as set by SGHSCD</th>
<th>Actual Outturn</th>
<th>Variance (Over)/Under</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
</tr>
<tr>
<td>Revenue Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>311,205</td>
<td>311,128</td>
<td>77</td>
</tr>
<tr>
<td>Non-Core</td>
<td>11,398</td>
<td>11,398</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>322,603</td>
<td>322,526</td>
<td>77</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>109,651</td>
<td>109,628</td>
<td>23</td>
</tr>
<tr>
<td>Non-Core</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>109,651</td>
<td>109,628</td>
<td>23</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>327,712</td>
<td>327,712</td>
<td>0</td>
</tr>
</tbody>
</table>

To demonstrate that NHS Dumfries and Galloway is performing well against all targets and within budget we have highlighted below three of the key achievements that were made within 2016/17:

- Delivery of a break-even financial position once again.
- On-going delivery of significant efficiency savings (5% in 2016-17)
- Investment in appropriate infrastructure in ensuring a successful start to the building of the new hospital project, implementing the clinical change programme and finalising the costs of the new staffing models in time for the opening of the new hospital.
In contrast to the key achievements noted above, we must consider how the services will develop going forward and highlight below the key challenges NHS Dumfries and Galloway will face in 2017/18:

- Impact of workforce challenges and the ability to recruit and retain medical staff in particular, with increasing levels of reliance on temporary staff. Innovative solutions have been identified and agreed in trying to ensure key staff groups are attracted to securing employment within the Region. This continues to remain a key risk for the Health Board.

- The significantly increased level of challenge in the delivery of on-going efficiency savings, with the level required for 2017-18 set at an unprecedented 7.98%. Whilst NHS Dumfries and Galloway have proven to have a good track record on achieving CRES, the challenge of continuing to identify recurring savings at this level remains high.

- Implementation of infrastructure to support the Integrated Joint Board and report on key issues as one corporate body.
## Chapter 8 - NHS Board Performance – At a glance table

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Title</th>
<th>Latest Time Period</th>
<th>Dumfries &amp; Galloway</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Detect cancer early</td>
<td>2014 - 2015</td>
<td>26.1%</td>
<td>33.3%</td>
</tr>
<tr>
<td>B2(1)</td>
<td>Cancer waiting time (part 1): The percentage of all patients diagnosed with cancer who begin treatment within 31 days of the decision to treat</td>
<td>Jan - Mar 2017</td>
<td>96.5%</td>
<td>95%</td>
</tr>
<tr>
<td>B2(2)</td>
<td>Cancer waiting time (part 2): The percentage of patients diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral</td>
<td>Jan - Mar 2017</td>
<td>96.3%</td>
<td>95%</td>
</tr>
<tr>
<td>B3</td>
<td>The number of people newly diagnosed with dementia who have a minimum of 1 years post-diagnostic support</td>
<td>2014/15</td>
<td>82%</td>
<td>100%</td>
</tr>
<tr>
<td>B4</td>
<td>Treatment Time Guarantee: People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case.</td>
<td>Jan - Mar 2017</td>
<td>85.5%</td>
<td>100%</td>
</tr>
<tr>
<td>B5</td>
<td>18 weeks referral to treatment: The percentage of planned/elective patients that commence treatment within 18 weeks or referral</td>
<td>Jan - Mar 2017</td>
<td>89.7%</td>
<td>90%</td>
</tr>
<tr>
<td>B6</td>
<td>12 weeks first outpatient appointment: Percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment.</td>
<td>Jan - Mar 2017</td>
<td>92.2%</td>
<td>95%</td>
</tr>
<tr>
<td>B8</td>
<td>Early access to antenatal service: The percentage of pregnant women in each Scottish Index of Multiple Deprivation (SIMD) quintile that are booked for antenatal care by the 12th week of gestation.</td>
<td>Jan - Mar 2017</td>
<td>83.7%</td>
<td>80%</td>
</tr>
<tr>
<td>B9</td>
<td>IVF waiting times: Percentage of eligible people who commence IVF treatment within 12 months of referral.</td>
<td>Jan - Mar 2017</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>B10</td>
<td>CAMHS Waiting Times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral</td>
<td>Jan - Mar 2017</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>B11</td>
<td>Psychological therapies waiting times: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral.</td>
<td>Jan - Mar 2017</td>
<td>69.8%</td>
<td>90%</td>
</tr>
<tr>
<td>B12</td>
<td>Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days.</td>
<td>2016/17</td>
<td>0.26</td>
<td>0.32</td>
</tr>
<tr>
<td>B13</td>
<td>The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per 1,000 occupied bed days</td>
<td>2016/17</td>
<td>0.32</td>
<td>0.24</td>
</tr>
<tr>
<td>B14</td>
<td>Drug and alcohol treatment waiting times: Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery.</td>
<td>Oct - Dec 2016</td>
<td>99%</td>
<td>90%</td>
</tr>
<tr>
<td>B15</td>
<td>Alcohol Brief Interventions: Number of interventions delivered in three priority settings (primary care, Accident &amp; Emergency and antenatal care)</td>
<td>2016/17</td>
<td>691</td>
<td>1,746</td>
</tr>
<tr>
<td>Indicator</td>
<td>Title</td>
<td>Latest Time Period</td>
<td>Dumfries &amp; Galloway</td>
<td>Target</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>B16</td>
<td>Smoking cessation: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD (Scottish Index of Multiple Deprivation) areas.</td>
<td>2015/16</td>
<td>25%</td>
<td>Scotland 21.6%</td>
</tr>
<tr>
<td>B17</td>
<td>GPs provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients</td>
<td>2015/16</td>
<td>89%</td>
<td>Scotland 84%</td>
</tr>
<tr>
<td>B18</td>
<td>Sickness Absence Rate (%)</td>
<td>March 2017</td>
<td>4.9%</td>
<td>4%</td>
</tr>
<tr>
<td>B19</td>
<td>Accident and Emergency waiting times: Percentage of people who wait no longer than 4 hours from arriving in Accident and Emergency to admission, discharge or transfer for treatment.</td>
<td>2016/17</td>
<td>94.7%</td>
<td>95%</td>
</tr>
<tr>
<td>B20</td>
<td>The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement</td>
<td>2016/17</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
Mr Philip Jones  
Chair  
NHS Dumfries and Galloway  
Crichton Hall  
Bankend Road  
Dumfries  
DG1 4TG

28 November 2017

Dear Philip

NHS DUMFRIES & GALLOWAY: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points and actions in relation to NHS Dumfries & Galloway’s Annual Review, held in Dumfries on 25 September.

2. As you know, I want to ensure the rigorous scrutiny of NHS Boards’ performance whilst encouraging as much direct dialogue and accountability between local communities and their Health Boards as possible. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the Review meeting in public on 25 September. You clearly outlined progress and challenges in key areas and gave local people the opportunity to question yourself and the Chief Executive. I asked a Government official to attend the Annual Review in an observing role. This letter summarises the main points and actions in terms of NHS Dumfries & Galloway’s performance in 2016/17.

Introduction and opening comments

3. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year, together with plans for the forthcoming year. This self-assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and is available to members of the public via the NHS Board’s website, alongside this letter. I understand that the Area Clinical Forum and Area Partnership Forum opened the meeting by presenting a helpful summary of their involvement in Board decision making on key areas throughout the year including: the development of the new £256 million Dumfries and Galloway Royal Infirmary which will open in December, the clinical services change programme, health and social care integration and staff engagement and development.

4. I am informed that you then went on to report on the progress that NHS Dumfries & Galloway has made in a number of areas over the last year. Both you and the Chief Executive reiterated the Board’s clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services.
Health Improvement

5. An alcohol brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. NHS Dumfries and Galloway is to be commended for the Board's overall performance against delivering these interventions since 2008. However, it has been noted that the Board has faced challenges in meeting the standard for 2016/17, with delivery of 691 interventions against a target of 1,743. Whilst we recognise the different pressures that have contributed to this, we welcome your assurance that the Board is fully committed to improving performance.

6. The Board is to be commended for its excellent, sustained performance against the drug and alcohol waiting times standard which specifies that 90% of people who need help will wait no longer than 3 weeks for treatment that supports their recovery. The Board maintained a high performance throughout 2016/17, exceeding the standard in each quarter, with an overall annual performance of 97.6%.

Patient Safety and Infection Control

7. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; and this is reflected in the Board delivering a 77% reduction in cases of clostridium difficile infection in those over 65 since March 2007, with a 75% fall in levels of MRSA since March 2007 (compared to June 2017). Similarly, under Hospital Standardised Mortality Ratios, the Board achieved a fall of 15.8% for Dumfries & Galloway Royal Infirmary between the quarter ending March 2014 and the quarter ending March 2017.

8. The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. During 2016/17, the HEI carried out an unannounced inspection at Galloway Community Hospital in Stranraer. The Board has given Ministers the assurance that all the requirements and recommendations identified as a result of this inspection, as well as those undertaken to consider the care of older people in local hospitals, have been properly addressed.

Improving Access – Waiting Times Performance

9. NHS Dumfries and Galloway has historically performed well against the suite of elective waiting time standards, and this continued for the most part during 2016/17. In common with other Health Boards, NHS Dumfries and Galloway experienced some pressures in elective inpatient/day-case services and outpatient services. However, the Board maintained effective performance on the 8 key diagnostics tests and have continued to deliver performance at or very close to 90% against the 18 weeks Referral To Treatment standard. The Access Support Team will remain in close touch to monitor performance and offer support where necessary. We have been assured by the Board of the careful planning in place to maintain performance against the waiting time standards during the significant migration of services and activity to the new hospital in Dumfries.
10. A number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over recent years. NHS Dumfries and Galloway regularly achieved performance between 90%-95% against the target during 2016/17. Local performance for July 2017 was 94.8%. For context, in the year to July 2017, the levels of attendances were the highest in that period since August–July 2010. Local performance in the year to July 2017 was 94.2% compared to the national average of 93.9%. Whilst we recognise that the Board has generally been performing better than the national average, I know the Board remains fully committed to meeting and maintaining the target. Once again, careful management will be required to ensure performance is maintained during the significant migration of services to the new hospital in Dumfries. The Government’s Unscheduled Care Team will continue to keep in close touch with the Board to monitor progress and to offer on-going assistance and support.

11. The Board is to be commended for its sustained achievement against the 31-day and 62-day cancer access standards. Performance against the 31-day standard has been above 95% for the last five quarters and performance against the 62-day standard has been above 95% in four of the five previous reported quarters. I know the Board remains committed to maintaining this excellent performance, for the benefit of local patients.

**Health and Social Care Integration**

12. There is a single Health & Social Care Partnership within the boundaries of NHS Dumfries & Galloway. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Partnerships to divide areas into localities for planning purposes; in Dumfries & Galloway there are four localities: Annandale and Eskdale, Nithsdale, Stewarty and Wigtownshire. The Partnership’s strategic priorities include: enabling people to have more choice and control; supporting carers; developing and strengthening communities; making the most of wellbeing; safe, high quality care and protecting vulnerable adults; integrated ways of working; shifting the focus of care to home and community based care; reducing health inequalities; and making the best use of technology.

13. A focus on meaningful positive outcomes from the Partnership’s priorities will be necessary in order to deliver the required sustained progress in terms of tackling delayed discharge. We will keep this under close review.

14. I understand that one of the key pressures in respect of delayed discharge locally has been providers facing significant challenges in recruiting staff. I know this has also been a key pressure facing the Partnership in respect of certain posts at Galloway Community Hospital in Stranraer, with temporary service changes made over the summer of 2017 to ensure patient safety. Whilst recruitment and retention around some posts at the hospital remains challenging, I have been assured that the Health Board and Partnership remains completely committed to its future, including exploring all options to address the relevant workforce challenges. I also recognise that the Health Board and Partnership have actively sought to engage with local people and their representatives on these issues, as evidenced by the public meeting organised in late July. Further, I understand that the Partnership is considering how local services can be improved, with a programme of community engagement underway and a Hospital Liaison Group being formed. We will continue to monitor the situation closely and provide any assistance we can.
Finance

15. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Dumfries & Galloway met its financial targets for 2016/17. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Dumfries & Galloway remains fully committed to meeting its financial responsibilities in 2017/18 and beyond.

Conclusion

16. I would like to thank you and your team for hosting the Review. I understand the meeting was well received and that attendees asked a number of questions of the Board including medical/dental staffing challenges and patient and public engagement arrangements. I hope the approach helps in encouraging as much direct dialogue and accountability as is practicable.

17. I thank the Board and its staff for a generally strong performance in 2016/17: it is clear that the NHS Dumfries & Galloway is making progress in taking forward a challenging agenda on a number of fronts, including improving access, maintaining tight financial control and developing local services. The Board has very good relationships with its planning partners, and is fully aware that effectively building on such relationships will be crucial in continuing to progress the local health and social care integration agenda.

18. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Dumfries & Galloway, I know you are not complacent and recognise that there remains much to do. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers’ investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

Best wishes,

SHONA ROBISON
MAIN ACTION POINTS

The Board must:

- Keep the Health Directorates informed of progress with its significant local health improvement activity

- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety

- Keep the Health Directorates informed on progress towards achieving all access targets, including activity to mitigate any impact on performance from the migration of services to the new DGRI; and ensuring that performance against the outpatient and inpatient/day case standards at the end of March 2018 is no worse than as at the end of March 2017

- Continue to work with planning partners on the critical health and social integration agenda

- Keep the Health Directorates informed on progress towards sustaining and improving services at Galloway Community Hospital

- Continue to achieve financial in-year and recurring financial balance

- Keep the Health Directorates informed of progress with redesigning local services in line with the Board’s clinical strategy, regional planning and national policy
What People Tell Us: Betty’s Story

Betty was diagnosed with Alzheimer type dementia which impacts on her short term memory. She lives alone and has no family that live in the local area. She has gone missing on a number of occasions leading to police involvement and has been found late at night, confused and scared. Betty forgets to eat regularly, attend to personal hygiene, go shopping and collect and take prescribed medication. This causes her stress and anxiety. Concerned friends contacted social work to seek help with the increasing risks to Betty’s health and wellbeing. A social worker explored the concerns with Betty to identify the appropriate level of care and support required. A personal plan was developed under SDS Option 4 where some of the budget was managed on her behalf by a legal guardian and other services were set up directly by social work. Betty wanted to continue living safely and as independently as possible at home and to socialise with her friends out and about in her community. She wanted to have contact with family who live some distance away.

Due to her increasing vulnerability it was necessary to protect Betty through protective powers under the law. Due to her severe confusion and risk of injury it was necessary for the police to be given an alert to responders if she leaves her home at night. A technology such as door sensors which sends an alert to responders if the patient is not handled appropriately.

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The personal plan supported Betty to remain supported safely at home. This included the use of technology such as door sensors which sends an alert to responders if she leaves her home at night. She is now meeting more regularly with friends and family. Implementing Betty’s personal plan involved friends, family, social work, health, police and the solicitor working together.

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More Measures

We monitor many different aspects of health and social care to ensure that services are person centred, safe, effective, efficient, equitable and timely. Here are some more of the National Core Indicators for health and social care and the results for 2017/18:

- Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency (Scotland: 24%)
- Emergency bed day rate per 100,000 adult population (Scotland: 115,500)
- Emergency admission rate per 100,000 adult population (Scotland: 11,960)
- Premature mortality rate per 100,000 people aged under 75 (Scotland: 440)
- Proportion of care services graded good (4) or better in Care Inspectorate inspections (Scotland: 85%)
- Rate of readmission to hospital within 28 days per 1,000 admissions (Scotland: 97)
- Percentage of adults with long term care needs receiving care at home (Scotland: 61%)
- Hospital admission for falls per 1,000 population aged 65 and over (Scotland: 22)
- Number of days people aged 75 or older spend in hospital when they are ready to be discharged per 1,000 population (Scotland: 772)
- Proportion of last 6 months of life spent at home or in a homely setting (Scotland: 88%)

Our Performance in 2017/18

In April 2016, Dumfries and Galloway Council and NHS Dumfries and Galloway delegated the planning and delivery of adult health and social care to an Integration Joint Board to form Dumfries and Galloway Health and Social Care Partnership.

The latest Annual Performance Report describes the progress towards the 9 national health and wellbeing outcomes. The full report is available on our website:

www.dg-change.org.uk

Key points from the report include:

- Most people surveyed (93%) agreed that they are able to look after their health well or very well and 85% of people rated their care and support as good or excellent.
- Recruiting people to work in health and social care is a challenge experienced across the Partnership including health, social care, voluntary and independent organisations.
- More people are sharing their experiences with us. An example of this is Betty’s Story opposite. However, we can still do more to learn from these stories.
- More people are being supported to return to living independently at home or in a homely setting. The substantial investment in Lochmaben hospital to provide rehabilitation care and more people using reablement services in the community have contributed to this.
- The new Dumfries and Galloway Royal Infirmary opened in December 2017. This has meant people’s communities. The amount of time people spend in hospital when they are ready to be discharged has fallen.
- The inequality gap for early antenatal care for pregnant women is smaller. The inequality gap for early antenatal care for pregnant women is smaller.
- 1 in 5 Carers told us that they do not feel supported to continue in their caring role. However, 70% of Carers agreed that they had a good balance between caring and the other things in their lives.
- The Partnership delivered a breakeven financial position for 2017/18.
How we are getting on:
The Health And Care Experience (HACE) Survey 2017/18

The HACE survey is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services. Across Dumfries and Galloway, a random sample of 16,071 adults were invited to take part in the survey in October 2017 and 4,986 responded.

Of the nearly 5,000 people who responded, 746 identified as Carers (15%) and 281 (6%) people answered questions about their experiences of social care.

Results of the survey are publicly available at: [www.gov.scot/GPSurvey](http://www.gov.scot/GPSurvey)

### People supported at home

![Diagram showing 83% agreed that their health and social care services seemed well co-ordinated. This result is higher than the rate across Scotland which is 74%.](image)

![Diagram showing 85% rated their care and support as excellent or good. This result is higher than the rate across Scotland which is 80%.](image)

### Carers

93% of adults surveyed from Dumfries and Galloway reported that they are able to look after their health well. This result is the same as the result for Scotland, also 93%.

86% of adults surveyed from Dumfries and Galloway had a positive experience of care provided by their GP practice. This result is higher than the rate across Scotland which is 83%.

87% of Carers from Dumfries and Galloway agreed they felt safe. This result is higher than the rate across Scotland which is 83%.

85% of Carers from Dumfries and Galloway agreed they have a good balance between caring and other things in their lives. This result is higher than the rate across Scotland which is 65%.

81% of Carers from Dumfries and Galloway reported that they are supported to live as independently as possible. This result is higher than the rate across Scotland which is 81%.

### Key

- **0%** We are meeting or exceeding the target or number we compare against
- **100%** We are more than 3% away from meeting the target or number we compare against
- **50%** Statistical tests confirm the number has increased over time
- **100%** Statistical tests confirm the number has decreased over time
- **25%** Statistical tests suggest there is no change over time
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Foreword

Dumfries and Galloway Health and Social Care Partnership (the Partnership) brings together a wide range of health and social care services with the shared vision of ‘supporting our communities to be the best place to live active, safe and healthy lives by promoting independence, choice and control’.

I am very pleased to present the second Annual Performance Report for Dumfries and Galloway. It allows us to reflect on the previous year, celebrate the significant progress made and consider how we are working towards fulfilling our ambitions and priorities outlined in our Strategic Plan.

The Integration Joint Board (IJB) has made some important decisions in 2017/18 including:

- On the advice of the Strategic Planning Group, we have decided to retain our Strategic Plan. (This document sets out the main challenges facing health and social care in the region and the priority areas for action, until March 2021.)
- We have agreed the Carer’s Strategy and the Strategy for Mental Health services. We have also agreed to develop a new Care at Home and Care Home Strategy. These strategies have a positive influence on how we support people.
- We have agreed to undertake a scoping of learning and intellectual disability services and our new service planning framework will bring a consistent approach to how we develop our services.

Despite the difficult financial constraints, national staff shortages and one of the most difficult winter periods seen in a very long time, we have pulled together as a partnership to meet these challenges. It is only by working together with people, their families and Carers, and the third and independent sectors that we will be able to overcome the challenges that we face and continue to deliver high quality care and support for people. I am delighted that we are able to provide so many examples of effective working together in this report.

I am disappointed that the number of Carers who tell us that they feel well supported has fallen. One of our priorities for 2018/19 is to understand why this might be. Their contribution to the delivery of care is recognised and greatly valued.

I also recognise that the number of people admitted to hospital in an emergency is going up and some people are waiting longer for hospital appointments. Now that our beautiful, new state of the art Dumfries and Galloway Royal Infirmary has been opened, the hospital teams are working hard to get these back on track.

There is much to be proud of in this report and much for us to consider. I am confident that, working together, our communities and the Partnership can bring about the changes needed to meet the challenges we face now and in the future.

Penny Halliday
Chair of Dumfries and Galloway Integration Joint Board (IJB)
July 2018
Introduction

This is the second annual performance report of the Dumfries and Galloway Integration Joint Board.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating (combining) health and social care in Scotland. This legislation says that each health board and council must delegate (transfer) some of its functions to new integration authorities. By doing this, a single system for planning and delivering health and social care services is created locally.

The integration authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. The responsibility for the planning and delivery of the majority of adult health and social care services are delegated from the Local Authority and NHS to this new body.

The IJB developed a three-year strategic plan for health and social care (Strategic Plan 2016 - 2019). This plan for the Dumfries and Galloway Health and Social Care Partnership (the Partnership) was developed by consulting with, and listening to, people who use services, their families, Carers, members of the public, people who work in health and social care and third and independent sector partner organisations. It sets out the case for change, priority areas of focus, challenges and opportunities and commitments. The Strategic Plan can be accessed on the DG Change website (here).

As required by the Act, the IJB reviewed the Strategic Plan in 2017/18 and decided to retain the current plan, with some minor updates. The decision to retain the Strategic Plan extends the relevant period of the plan to April 2021. The performance framework outlined in the Strategic Plan has also been retained.

How we are getting on: The symbols we use

Next to each infographic in this report there are 2 circles, like this: 

The first circle shows the indicator number. Information about why and how each indicator is measured can be found in the Performance Handbook, which is available on the DG Change website (www.dg-change.org.uk/our-performance). Where there is a + instead of a number, the figures are not standard indicators, but additional information thought to be helpful.

The second circle shows red, amber or green colour (RAG status) and an arrow to indicate the direction the numbers are going in. We have used these definitions to set the colour and arrows:

- ![Green Circle](image) We are meeting or exceeding the target or number we compare against
- ![Yellow Circle](image) We are within 3% of meeting the target or number we compare against
- ![Red Circle](image) We are more than 3% away from meeting the target or number we compare against

- ![Up Arrow](image) Statistical tests confirm the number has increased over time
- ![Down Arrow](image) Statistical tests confirm the number has decreased over time
- ![No Change Arrow](image) Statistical tests suggest there is no change over time
Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the 2014 Act obliges partnerships to publish an annual performance report setting out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

In this report, we discuss the progress of the Partnership against the nine national health and wellbeing outcomes and the commitments contained within the Strategic Plan (sections 1 to 9). Section 10 of this report considers the financial performance of the Partnership. The remaining sections report the results of any inspections in 2017/18, any significant decisions made by the IJB and any review of the Strategic Plan. (Appendix 1 includes a summary of the 23 National Core Indicators for Integration.) The Strategic Plan set out an ambitious performance framework which includes several indicators that are still under development.

The 4 localities in Dumfries and Galloway defined in the Health and Social Care Partnership follow the traditional boundaries of Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. Each locality developed its own Locality Plan as part of the suite of documents that came together to form the overall Strategic Plan for Dumfries and Galloway Health and Social Care Partnership. This report includes sections looking at what is happening in each locality and good examples of locality initiatives are included throughout the report.

In addition to this annual report, a report is produced each quarter for the Integration Joint Board, to discuss the ongoing improvement actions for each indicator. And every six months, a report is produced that enables health and social care services in each locality to be accountable to their local community through their Area Committees in accordance with the Scheme of Integration. These reports are published through the year on the DG Change website (here).

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Public Bodies (Joint Working) (Scotland) Act 2014
www.legislation.gov.uk/asp/2014/9/contents/enacted (last access 23 May 2017)

Strategic Plan 2016-2019

Dumfries and Galloway Health and Social Care Performance Reports
The Scottish Government has set out 9 national health and wellbeing outcomes for people.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are able to look after and improve their own health and wellbeing and live in good health for longer</td>
<td>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community</td>
</tr>
<tr>
<td>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services</td>
<td>Health and social care services contribute to reducing health inequalities</td>
</tr>
<tr>
<td>People who use health and social care services have positive experiences of those services, and have their dignity respected</td>
<td>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing</td>
</tr>
<tr>
<td>People using health and social care services are safe from harm</td>
<td>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide</td>
</tr>
<tr>
<td>Resources are used effectively and efficiently in the provision of health and social care services</td>
<td></td>
</tr>
</tbody>
</table>

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.
1. Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.

Making the most of and maintaining health and wellbeing is better than treating illness. The aim is to promote good health and prevent ill health or, where health or social care needs are identified, to make sure there are appropriate levels of planning and support to maximise health and wellbeing.

There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal resilience.

Our commitments:

- We will support more people to be able to manage their own conditions, and their health and wellbeing generally
- We will support people to lead healthier lives
- We will develop, as part of a Scottish Government initiative, online access to information and tools to give people the power to take responsibility for their own care

Key Messages

- The social prescribing approach to health and wellbeing has been embraced across Dumfries and Galloway.
- External funding has been secured to enhance community support through the CoH-Sync and mPower projects.
- A method to collect information to measure the impact of health and wellbeing interventions has been developed.
- Approximately double the number of Alcohol Brief Interventions (ABIs) were delivered across Dumfries and Galloway in 2017/18 compared to 2016/17.
- Most people surveyed (93%) agreed they were able to look after their health well or very well.
- People tell us that social prescribing can have a significant impact on their family’s lives.

1.1 Supporting people in their communities

1.1.1 Social prescribing

Social prescribing is an approach that aims to enable people to improve their wellbeing. This may be achieved by linking people to various activities and organisations in the community or through lifestyle coaching, either on an individual or a group basis. This service focuses on those in most need as a result of loneliness, isolation, stress or living with a long term condition.
A regional strategic framework is being developed to provide an overview of the requirements for social prescribing to be successful such as workforce development, technology, community development, and the contribution of the third and independent sectors. We are working with the public and partners to understand which areas of work need to be developed more fully to ensure a consistent and effective approach to social prescribing across the localities.

1.1.2 Community health sync project (CoH-Sync)

We have secured European funding to develop CoH-Sync in conjunction with Northern Ireland and Ireland. CoH-Sync aims to synchronise the efforts of the community, voluntary and statutory sectors, through an asset-based community development approach. The aim is to positively impact on the health and wellbeing of individuals and communities, empowering and supporting them to manage their own health needs.

1.1.3 Physical activity

Dumfries and Galloway has one of the lowest number of adults meeting the physical activity recommendations: 60% in Dumfries and Galloway compared to 63% across Scotland. A review published in December 2017 detailed what was working well to promote physical activity across Dumfries and Galloway. The review considered 52 projects with 38 identified as the best investments. Amongst others, projects from health and social care, education, 

What people tell us: A Mother’s Story

“My son has asked me to reply on his behalf.

When he was at school he had no outside school social interaction. No friends came round. He wouldn’t get involved in any outside activities. When he left school he became totally shut inside his own room. There was no reason to leave. I managed to get him several job interviews but his social skills were minimal and needless to say he was never offered any jobs.

When the link worker became involved they understood him and his challenges, and also saw his potential. They made him feel secure so he trusted them to help. The link worker set up for him to volunteer at the Day Centre alongside another person who is similar to him. The link worker went with him, helped and supported him until he felt able to manage on his own.

His self confidence blossomed. Through this he felt confident to do other volunteer work at the Langholm Initiative. He now has such a huge sense of self worth and I’ve noticed how much more confident he is when talking to people. He applied for a place on Project Search and I know it is because of his volunteering activities and his confidence at interview that he has now been accepted.

I know to many people the input from the link worker may seem small but they made all the difference to my son and to his future. I can’t thank them enough!”

Mother, Annandale and Eskdale, 2017
leisure and sport were included in the review. Over the coming year, efforts will be focused on sustaining and expanding these areas of success and continuing work that contributes towards the recommendations. It is hoped that the Partnership will contribute to a 5% rise in physical activity by 2023.

1.1.4 Measuring the impact of health behaviour interventions

Part of the work around health behaviours has involved developing appropriate methods of collecting information to ensure we are supporting people to improve their health and wellbeing and reducing health inequalities. The new measure is being tested in Stewartry and the results are expected in summer 2018.

How we are getting on: Alcohol and Drug Partnership

97% of people wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery.

There has been no significant change in Dumfries and Galloway's performance. We are above the national target of 90%.

1,105 Alcohol Brief Interventions (ABIs) were delivered across Dumfries and Galloway in 2017/18. This was 63% of the annual target of 1,743, but a large increase since 2016/17.

People are discussing their alcohol consumption with different teams across the Partnership. However, these conversations are not always recorded in a consistent way. The Alcohol and Drug Partnership (ADP) are working with teams to ensure that alcohol consumption is discussed using the ABI framework and that it is recorded in a way that can be counted towards the target. Over the past year, this has lead to the substantial increase in ABIs and it is thought that this work will continue to improve Dumfries and Galloway's performance towards the target.
1.1.5 Falls Prevention Programme

A Falls Prevention Steering Group has developed new protocols for supporting people who have had a fall, including demonstrating equipment such as Raizer. This equipment is now available across Dumfries and Galloway to support people who need assistance following a fall.

Scottish Care is promoting the use of the Care Inspectorate’s falls management resources and e-learning modules. Some of this prevention work has included a specialist trainer encouraging care home staff to learn more about the benefits of physical exercise for older people and how to design appropriate, tailored activities for their residents.

1.2 Supporting communities

A key priority for the Partnership is to support communities to help themselves to improve their health and wellbeing. Teams across Dumfries and Galloway are working with different communities in different ways to support them to make their community the best place to live active, safe and healthy lives.

- The Annandale and Eskdale Safe and Healthy Action Partnership (SHAP) has identified a local community in Annan to be involved in developing and testing a new approach to creating Safer, Stronger and Supportive Communities in Annan. The first step has involved speaking to people to explore and understand their idea of what safe, strong, supportive communities look like. These themes will be discussed further at a community coffee evening and priorities for action will be formed.

- Nithsdale has delivered an 8 session Mindfulness-Based Stress Reduction (MBSR) course to Carers and to people who live with chronic pain. Independent research and evaluation has shown that those who completed this course have experienced lasting benefits: people feel calmer, happier and are taking better care of themselves.

There has been no real change for Dumfries and Galloway since 2016/17 when the rate was also 17. Dumfries and Galloway’s performance continues to be better than that of Scotland.
The Health and Care Experience (HACE) survey is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services. Across Dumfries and Galloway, a random sample of 16,071 adults were invited to take part in the HACE survey in October 2017 and 4,986 responded. The response rate for the region was 31%. This is significantly better than for Scotland, where 22% of people responded.

Of the nearly 5,000 people who responded, 746 identified as Carers (15.1%) and 281 (5.7%) people answered questions about their experiences of social care. The response rates for these groups of people in Dumfries and Galloway were the same as for Scotland. Both were higher than would have been expected in the general population, which is a positive observation.

Results of the HACE survey are publicly available at Partnership, GP Cluster (Locality) and individual GP practice level at this web site: www.gov.scot/GPSurvey.

How we are getting on: People are able to look after their health

The Health and Care Experience (HACE) survey is a postal survey carried out every 2 years by the Scottish Government. This survey asks people about what happened to them and how they felt when they last used health and social care services. Across Dumfries and Galloway, a random sample of 16,071 adults were invited to take part in the HACE survey in October 2017 and 4,986 responded. The response rate for the region was 31%. This is significantly better than for Scotland, where 22% of people responded.

Of the nearly 5,000 people who responded, 746 identified as Carers (15.1%) and 281 (5.7%) people answered questions about their experiences of social care. The response rates for these groups of people in Dumfries and Galloway were the same as for Scotland. Both were higher than would have been expected in the general population, which is a positive observation.

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<table>
<thead>
<tr>
<th>93%</th>
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</tr>
</thead>
<tbody>
<tr>
<td>This result is the same as the result for Scotland, also 93%.</td>
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</tr>
<tr>
<td>There was no real difference to the survey result for Dumfries and Galloway in 2015/16 (95%).</td>
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</tbody>
</table>

Source: Health and Care Experience Survey 2017/18

- Stewartry Health and Wellbeing team has been working with New Galloway and Kells Community Council, Local Initiatives in New Galloway (LING), New Galloway Community Enterprises and The Catstrand Arts Centre to develop a community plan. The plan will focus on how the community can improve and maintain health and wellbeing. The plan will identify projects and activities to enable people in the community to feel supported and safe, in particular those who are most vulnerable.

- A new initiative is being tested in Wigtownshire to help people experiencing loneliness or isolation to access support. Loneliness can have a profound impact on quality of life, with serious implications for physical and mental health. This initiative includes GP practices, public health practitioners and psychologists.
Spotlight on Annandale and Eskdale

During a period of rising demand and finite resources, co-production is the key to developing new models of care and support to enable people across Annandale and Eskdale to live active, safe and healthy lives. Co-production is the process of active dialogue and engagement between people who use services and those who provide them. It is about combining our mutual strengths and capacity so that we can work with one another on an equal basis to achieve positive change.

We have continued to make good progress in delivering upon the commitments set out in the 3 year Health and Social Care Locality Plan for Annandale and Eskdale:

- We have strengthened our links with housing partners and have been at the forefront of developing new models of housing with care, for people with particular needs across the locality. Although still at the planning stage, we are building the foundations to develop new Extra Care housing and Supported Living projects across the locality. These will enable older and younger adults to live as independently as possible within their own homes.

- In Moffat, Esk Valley and Annan we have invested time and resources in engaging local people, staff and agencies from all sectors of our community. We have developed ideas about how to transform existing services and how to develop new models of care and support.

- The Moffat High Street GP practice is now being sustained by the Health Board. This has required some changes to surgery times and employing salaried doctors. One salaried doctor joined the practice December 2017, whilst the recruitment for 2 more salaried doctors has started. The service has been maintained with minimal disruption to people using the service.

- We have continued to develop our One Team approach to supporting people by using Good Conversations and Forward Looking Planning. This supports people to look after and improve their own health and wellbeing and plan ahead.

- Our Community Link programme is now well established in the locality and helps people to maximise the support that is already available within their local communities.

- We have effective adult safeguarding processes in place and it is pleasing to note that there has been a significant improvement in our response rates to referrers within 5 days from 49% in April 2017 to 87% in December 2017.

- Within our 4 cottage hospitals, we have introduced a new "Excellence in Care" quality assurance system.
2. Outcome 2

People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

In the future, people’s care needs will be increasingly met in the home and in the community, so the way that services are planned and delivered needs to reflect this shift.

There are a number of ways that the Partnership is working towards enabling people to live as independently as possible in a homely setting. During the financial year 2017/18, work concentrated largely on 5 main areas of development: integrated models of care and support, developing and strengthening communities, volunteering, care at home and care homes, and housing. We recognise that maintaining good outcomes also requires an increased focus on maximising opportunities for people to live active, safe and healthy lives. (See Outcome 7 for Telecare and Outcome 9 for Technology Enabled Care).

Key Messages

- Close links with third and independent sector partners is vital to supporting people to live safe, healthy and independent lives.
- Close links with colleagues in the housing sector are developing new models of supporting people in homely environments.
- The number of people supported through re-ablement is increasing and more than half of people achieve complete independence following support.
- The Partnership continues to extend reablement awareness training to more people, to embed this as our ongoing model of care and support.
- Dumfries and Galloway supports more people with long term care in their home than the Scottish average.

2.1 Supporting people to stay at home

Supporting people to be independent involves a wide range of activities and services. Many of these are provided by third sector organisations. Examples include small home repair services, shopping and meal services, befriending and day centres; all supporting people to live at home for longer. By identifying third sector led opportunities for early intervention, people can be supported before more intensive care at home services are needed.

Our commitments:

- We will work to identify people who have an increased risk of reaching crisis and take early steps to avoid this
- We will work with people to identify and make best use of assets to build community strength and resilience
- We will actively promote, develop and support volunteering opportunities
- We will strengthen public involvement at all levels of planning health and social care and support
Many third sector organisations require the support of volunteers to support people at home. Volunteering makes the best use of people’s interests and skills to support our communities, and also supports the health and wellbeing of the volunteer.

When people need more intensive support we are changing how we respond by looking at how people can maintain their independence. We begin by considering how people can be supported by a time-limited re-ablement service, technology, their friends and family, and third sector organisations, and then regulated care services.

The Partnership has adopted re-ablement as both a first approach and as an ongoing model of care and support. This means focusing on supporting people to be as independent as possible.

Case study: Visibility

Visibility is a third sector organisation that works with people across Dumfries and Galloway who are living with sight and hearing loss. Their focus is empowering people to cope better with their situation, to remain safe, healthy and independent in their own homes, be aware of services that can help and to be connected in their local community.

The team of 4 staff members is supported by a network of 42 volunteers and 20 sensory inspirers with lived experience of sensory loss. They provide extensive community support, including a home visiting service, to provide information, advice and emotional support. People with sight loss can take part in accessible technology training, enabling them to be part of the digital world. Equipment is loaned as part of the Try Before You Buy Scheme.

There are 7 peer support groups across Dumfries and Galloway plus people are linked with others in their local communities creating networks of local support. The volunteers support some of the most vulnerable people living with sight and hearing loss to get out and about in their local area. Visibility work closely with partners and provides Sensory Impairment Awareness Training.

How we are getting on: People living independently

85% of adults supported at home surveyed from Dumfries and Galloway reported that they are supported to live as independently as possible.

This result is higher than the rate across Scotland which is 81%.

There was no difference to the survey in 2015/16 for Dumfries and Galloway (85%).

Source: Health and Care Experience Survey 2017/18
2.2 Housing

Our commitments:

- We will combine the information from the Housing Need and Demand Assessment (HND) with the Strategic Needs Assessment (SNA) to help us with planning.
- We will develop housing related services and new affordable housing that is designed to reduce both unplanned admissions to hospital and the number of people unnecessarily delayed in hospital.

Good quality housing is fundamental for a person’s health and wellbeing. Over £70 million is being invested in new housing from 2017 until 2021 across Dumfries and Galloway. The Partnership is working closely with colleagues in the housing sector to develop new housing with onsite support. In March 2017, a new Particular Needs Housing Strategy Group was established to bring together health, social care and housing colleagues to plan how best to develop new housing for people with particular needs. Supported by a dedicated officer, this group is developing new Extra Care services (sometimes known as very sheltered accommodation) for older people. New supported living services are also being developed for younger people with complex needs.

One of the challenges for the coming year will be explaining what new approaches to housing will mean for people. Public engagement about the potential benefits of Extra Care services has already begun in Annandale and Eskdale.

A challenge for meeting the needs of our rural population is developing housing that is financially viable and in the place where people want to live.

What people tell us: Care and Repair

The Care and Repair Service provides information, advice and practical assistance with adaptations to people’s homes. This is available to disabled people of any age and older people aged 60 and over. People are also supported to access financial assistance for major adaptations.

This service helps people to feel more confident about continuing to live independently in their own home and to feel safe and secure in their home. People are less likely to have a fall, have improved health and wellbeing, and have a better quality of life. Often adaptations support people to be better connected with their friends and family and their wider community.

1,626 referrals were received during 2017/18. These resulted in 2,149 tasks. 808 people were referred to prevent a fall, 577 people for home security, 16 people for minor adaptations and 225 people for small repairs.

“Work was completely and competently finished. A pleasant experience.”

“It was great to get the front door lock fixed. Also it was great to get the fire alarm put in. Brilliant service. Have recommended to friends and family.”
2.3  Re-ablement

Re-ablement means supporting people to adapt to their disability or long term condition, including frailty, to achieve their best possible level of independence. The multi-professional Short Term Assessment Re-ablement Service (STARS) works with people to identify what matters to them and the goals they want to achieve to experience independence.

Our commitments:

- We will adopt re-ablement as both a first approach and as an ongoing model of care and support
- We will deliver healthcare in community settings as the norm and only deliver it within the district general hospital when clinically necessary

During 2017/18:

- Registered practitioners in the STARS team have become fully trained telecare Trusted Assessors which enables people to access telecare quicker and reduces the number of visits a person has to have.
- Building on the success of the Re-ablement Awareness workshops developed in 2016/17, a new training module has been developed with Dumfries and Galloway College. This new workshop specifically targets supervisors and mentors to keep the focus on re-ablement.
- Awareness training has been extended to include care at home, nursing, Allied Health Professionals (AHPs), health and social care students and third and independent sector providers.

2.4  New ways of working

In recent years, across Scotland, there have been substantial challenges in recruiting people to health and social care roles. Dumfries and Galloway is using the One Team approach, where professionals support each other in their roles, to develop new sustainable ways of working. Some of the new ways of working being tested are:

- Occupational Therapy (OT) teams in Stewartry have analysed how people use their services. They are developing a programme which will streamline these services for people, reduce duplication, provide a single point of contact and use shared assessments. Social Work OT and Health OT services are now being managed together which will allow for further integration and coordination of the teams.

Dumfries and Galloway Health and Social Care Partnership encourages people to arrange Powers of Attorney. This helps family and Carers make appropriate decisions in a timely way when people come into hospital. Some frequently asked questions and a list of local solicitors have been put together by DG Council and are available on the public website.

1,028 people were referred to STARS for support in 2017/18. This is an increase of 4% since 2016/17 when 985 people were referred.

522 people achieved complete independence at home following support from STARS in 2017/18.
Our commitments:

- We will work with providers to support them to pay the national living wage
- We will identify with partners and people who use services, models of care at home and care home provision that deliver improved outcomes for people

- 3 GP practices in Dumfries and Galloway are testing having different mental health professionals working within the practice to support people with anxiety and depression. The advantage of this way of working is that people receive appropriate support quickly. In the initial evaluation, both GPs and people who accessed the service were positive about this way of working.

- Each locality has established a multi-disciplinary group, led by a Flow Co-ordinator, to look at the processes that help people get home from hospital with fewer delays.

- One GP practice is testing having a social worker at their practice once a week. The aim is to test if this approach supports GPs and social workers to work better together in helping people to access the right care and support.

- People who are registered with a Dumfries GP practice are able to access a newly developed rapid response team provided by Nithsdale in Partnership (NiP). The team includes physiotherapists, occupational therapists, social workers, pharmacists and community nurses. The team’s aim is to reduce the number of people being admitted to hospital by supporting GPs and to improve the outcomes for people returning home after a period in hospital. Since the launch in October 2017 there have been 347 referrals.

- We are working hard to increase the number of Advanced Practitioners (APs) across health and social care in Dumfries and Galloway. This includes physiotherapists, pharmacists, paramedics and nurses. APs are experienced and highly educated registered practitioners who manage the complete clinical care of the people they look after, not focusing on any sole condition.

2.5 Care at home and care homes

"This is keeping Papa in his home where he has lived for nearly 70 years and is avoiding going to hospital or to a care home. Both these options terrify him and would be hard for us a family."

"We think this a very valuable service, the prompt reporting back to the practice is helpful, and a great improvement in communication."

"Shorter waiting times, able to refer patients who would previously have fallen between services"

"The quick response from enquiring about the service until I was seen and then the convenience of follow up sessions"
What people tell us: Helen's Story

Helen had a stroke aged 76 years old which left her with limited mobility on her left side and affected her speech. After her 3 week hospital stay Helen was moved to a care home where she received rehabilitation and speech therapy.

“At first I was away with the fairies but gradually it came back. Gradually my ideas and so on came back to me... 4 years ago I couldn’t really speak properly. I couldn’t do anything. I was completely useless... My speech was hopeless and it gradually came back”.

As Helen improved the staff in the care home were unable to take her rehabilitation further.

“After a while they just didn’t do anything. It was left to me. I wasn’t making any progress at all... I had been moaning about this for about 2 years... One boss came with me to this place, we had lunch and met everybody and I decided there and then that this was the place I wanted to be... This was it. At that time it was full up but. Almost a year later I got what I wanted.”

“One thing I can honestly say that I’ve moved from ordinary nursing care which I had before to supported living... I been here 6 weeks. It is absolutely miraculous... I am perfectly happy the way I am.”

Supporting people to live at home or in a homely setting through care at home (personal care provided by a paid carer in someone's own home) and care homes is critically important to the delivery of health and social care. Over 80% of care at home services are provided by third and independent sector organisations. The other 20% of care at home services are provided by staff directly employed by Dumfries and Galloway Council.

We have continued to work with care homes and care at home providers to ensure that pay rates are maintained at the Scottish Living Wage as it increases, despite higher costs and limited increases in available funding.

We have established a Strategic Management Group bringing together care providers with a range of staff from across the Partnership. This group is developing an action plan to address immediate challenges such as limited workforce, a greater number of people in

How we are getting on: Co-ordinated Care and Support

83% of adults supported at home from Dumfries and Galloway agreed that their health and social care services seemed well co-ordinated.

This result is higher than the rate across Scotland which is 74%.

There is no real change to the survey in 2015/16 when the result for Dumfries and Galloway was 82%.

Source: Health and Care Experience Survey 2017/18
need, and increasing complexity of need. The group is also exploring how new ways of 
working can contribute to sustaining care and support for people. This includes learning from 
other areas about the benefits of commissioning services in terms of the outcomes.

We have also improved the real time monitoring of Care at Home services for older people.

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**How we are getting on: Care at Home**

- **Dumfries and Galloway 2016/17**: 65% of adults with long term care needs receive care at home.
- **Dumfries and Galloway 2015/16**: This proportion has not changed across Dumfries and Galloway since 2015/16.
- **Scotland 2016/17**: 61% of adults with long term care needs receive care at home compared to Scotland.

Source: ISD Scotland

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Here are some more things we look at to help us judge if we have made progress towards achieving national health and wellbeing outcome 2.

- **On average, during the last six months of life, people spend 89% of their time at home or in a homely setting.**

Source: ISD Scotland

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The Scottish Government are currently looking at ways for Integration Authorities to monitor how many people are discharged from a hospital to a care home (Indicator A21).
3. Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected.

There is a range of ways that people are able to give feedback about their experiences of health and social care. Feedback may come in the form of comments, responses to surveys, consultations and complaints.

The Partnership uses this feedback to continually improve services and help those providing health and social care to understand and respect the views of the people they support.

A critical part of ensuring services are person-centred and respecting people’s dignity is planning a person’s health and social care with the person, their family and Carers, identifying what matters to them.

Our commitments:

- We will use feedback from people to develop new approaches to delivering outcomes
- We will work to overcome barriers to people being involved in their own care
- We will make sure that people have access to independent advocacy if they want or need help to express their views and preferences
- We will make sure that effective and sustainable models of care are tested and implemented prior to transition from the current DGRI to the new district general hospital (Completed)

Key messages:

- More people are sharing their experiences with us, but we can still improve how we share the learning from these stories
- We are improving our communication with the communities we serve through better use of social media
- Triangle of Care ensures Carers are treated as partners in care, an approach that is being extended to more settings
- People in Dumfries and Galloway are consistently more positive about their experiences of care than across Scotland

3.1 Understanding people’s experience

A new We Welcome Your Feedback leaflet was introduced this year, detailing the various ways that people can provide feedback about health and social care services.

We have increased our promotion of Care Opinion, the national website which enables people to provide feedback and get personal responses about the health and care services they have received. Dumfries and Galloway is one of the few areas where Care Opinion is available to share stories not just of healthcare but of social care too. Further information on Care Opinion, including details of our stories, can be found at www.careopinion.org.uk.
The Scottish Public Services Ombudsman’s Model Complaints Handling Procedure was introduced from 1 April 2017 and we have been ensuring that we are compliant with the reporting requirements. We have introduced customer satisfaction surveys for those that have been through the Complaints Handling Procedure (from February 2018). Complaints Handling and Investigation Skills training has been delivered to over 100 staff and partners.

We receive a significant amount of feedback from people, but we recognise there are ways we could improve:

- To look at more structured ways of identifying common themes in the feedback people provide to improve our learning from people’s experiences
- To support people who may find it difficult to provide feedback, by working with local groups who engage with particular communities
- To check our feedback policies, procedures and literature using Equality Impact Assessment to understand how we can further improve these

There has been much more use of social media in 2017/18 across the Partnership, to improve communication and provide people with another platform to share their experiences of health and social care. We are now trying to bring together our many different social media pages to make it simpler for people to understand how to get in touch.

Over the very challenging winter flu period, we used social media to get across the message of how extremely busy the DGRI was and our communities responded to this very helpfully.

The Wigtownshire Facebook page has been very successful, enabling staff and members of the community to have conversations without having to meet face to face. A function on Facebook allows individuals to leave reviews, comments and reactions.

The many ways people can get in touch with Dumfries and Galloway Health and Social Care

- Feedback forms
- Websites
- Telephone
- Community Events
- Social Media (new)
- Care Opinion
- Advocacy Services
- Face-To-Face
- Surveys
- Letters
- E-mail
3.2 Supporting families who are experiencing aspects of dementia

One area where we feel that supporting people to have the most positive experiences of health and social care is very important is with people and their families who are experiencing aspects of dementia.

3.2.1 Dementia Post Diagnostic Support

Last year, Dumfries and Galloway was selected as one of three national innovation sites to test moving the dementia diagnostic and post-diagnostic services to a primary care (GP) setting. The 2 year project is based in Nithsdale locality and forms a partnership with the National Focus on Dementia Team, National Education Scotland and Alzheimer Scotland. The aim is to offer people earlier diagnosis in dementia-friendly GP practices.
Dumfries and Galloway is the first health board in Scotland to work with the International Consortium of Healthcare Outcome Measures to use a suite of outcome measures for dementia care. These measures will enable us to evaluate this project. The learning from Nithsdale will be shared with the other 3 localities in the region.

An example of post diagnostic dementia support is the locally developed Home Based Memory Rehabilitation programme. This early intervention is delivered over 4-6 sessions and helps people to learn habits and routines which can be relied on as/when memory difficulties progress. This type of intervention supports people to be resilient. Review over one year of providing this type of support showed that people were able to increase the number of self-management strategies they used, and the number of reported memory problems was reduced following the sessions.

NHS Dumfries and Galloway has committed additional staff to support delivery of this programme across the region. In 2017/18, the mental health occupational therapy service recruited a full time specialist occupational therapist and a full time support worker in Wigtownshire, to help meet on-going demand.

Quality and Excellence in Specialist Dementia Care promotes evidence-based interventions and care planning for people experiencing stress and distress associated with dementia. The aim is to develop a dementia-friendly environment in Cree Ward of Midpark hospital, where people and Carers are encouraged towards positive risk-taking to enhance wellbeing. A local charity, User and Carer Involvement (UCI) were commissioned to carry out an independent evaluation of how people experienced dementia care in Midpark hospital. People, Carers and staff had the opportunity to collaboratively develop an environment that offers improved experience and outcomes. The evaluation undertaken before and after the project indicates a positive shift in people’s experience.

How we are getting on: Dementia Support

The Scottish Government guarantee for everyone newly diagnosed with dementia to have a minimum of 1 year’s post diagnostic support.

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<thead>
<tr>
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<th>2016/17</th>
<th>2017/18</th>
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<tbody>
<tr>
<td>Dumfries and Galloway</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Scotland</td>
<td>85%</td>
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97% of people newly diagnosed with dementia in Dumfries and Galloway received support after they were diagnosed.

Source: ISD Scotland

Dumfries and Galloway has committed additional staff to support delivery of this programme across the region. In 2017/18, the mental health occupational therapy service recruited a full time specialist occupational therapist and a full time support worker in Wigtownshire, to help meet on-going demand.

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‘All staff had been thoughtful, appeared capable and were always kind and caring’.
3.2.2 Triangle of Care

Recognising people and Carers as partners in care promotes safety, sustains wellbeing and promotes recovery. The Triangle of Care is a best practice guide, based on 6 standards that aim to improve collaboration between mental health professionals, and the individual and their Carer.

An audit at Midpark last year showed inconsistencies in how staff engaged with, and documented input from Carers. A range of partners formed a working group to identify areas for improvement, and actions included guidance for staff on how to use the Triangle of Care and a Carers’ checklist and information sheet. A Carers pathway has been developed and after 6 months, improvements in using Triangle of Care were seen. Triangle of Care is being rolled out to other wards and cottage hospitals, and community teams.

3.2.3 Mainstreaming Good Conversations training programme

Scottish Care has developed a bespoke training programme for local care providers, called Mainstreaming Good Conversations. This provides care providers with tools and techniques to help embed an outcomes focused, asset-based approach to their care and support services. The new training helps managers, supervisors and front line workers to improve their day to day support for people, strengthening their care and support planning, and their contribution to multidisciplinary reviews. This training is in line with the new health and social care standards and helps to embed a human rights approach to the design, delivery and evaluation of care and support.

3.3 Advocacy

Dumfries and Galloway Advocacy Service offer independent Advocacy to any adult who lives in Dumfries and Galloway. During 2017/18:

- People seeking support with mental health or learning disabilities accounted for 57% of the referrals received by the advocacy service. Within this, the most common presenting issue was accessing formal treatment at Midpark Hospital. The second most common presenting issue was Welfare Guardianship.

- Amongst the other referrals to the advocacy service the most common presenting issues were from Families at Risk. This includes issues relating to Children’s panels and Child Protection.

- 57% of referrals were for women and most referrals were for adults aged between 31 and 60 years old.

A new Independent Advocacy Service to include individual and collective (group) advocacy has been commissioned. Dumfries and Galloway Advocacy Service will deliver this new service from 1 April 2018.
How we are getting on: People’s Experience

80% of adults supported at home surveyed from Dumfries and Galloway agreed that they had a say in how their help, care or support was provided. This result is higher than the rate across Scotland 76%.

There was no real change to the survey in 2015/16 when the result for Dumfries and Galloway was 83%.

85% of adults supported at home surveyed from Dumfries and Galloway rated their care as excellent or good. This result is higher than the rate across Scotland 80%.

There was no real change to the survey in 2015/16 when the result for Dumfries and Galloway was 86%.

86% of all adults surveyed from Dumfries and Galloway had a positive experience of care provided by their GP practice. This result is lower compared to the survey in 2015/16 when the result for Dumfries and Galloway was 90%.

96% of GP practices in Dumfries and Galloway provide 48 hour access or advance booking to an appropriate member of the GP team. This result is higher than Scotland (93%) and higher than the national target of 90%.

Dumfries and Galloway

Scotland

Source: ISD Scotland
Work continues across the locality to deliver on the commitments within the Locality Plan which aligns with the 9 national health and wellbeing outcomes and IJB’s Strategic Plan.

This report demonstrates our success to date in achieving the delivery of our commitments, working in partnership with the people who use our services, stakeholders, the third and independent sectors.

We continue to develop a One Team approach in Nithsdale to improve the delivery of care and support across the locality. This ambitious, innovative and transformational approach will be implemented and embedded systematically in Nithsdale during the duration of the Locality Plan.

A fundamental approach of the One Team is:

- supporting people in their own home
- avoiding unnecessary admission and readmission to hospital
- intervening at the earliest opportunity to prevent escalation and deterioration

Preventing these negative outcomes for people has an impact across the whole health and social care system. This part of our approach is delivering gains now, through the recently established Rapid Response Team. Our approach is underpinned by a longer term strategy of prevention and wellbeing.

Through a focus on the commitments in the Locality Plan, progress has been made in a number of the areas which are central to the delivery of the One Team approach in Nithsdale. We recognise the importance of working with local care home and care at home providers, the third sector and supporting unpaid Carers.

In line with national trends, recruitment to General Practice (GP) posts poses an increasing challenge across the locality and we continue to support GP colleagues in addressing these issues. For example, our pharmacy team is working directly with practices to optimise people’s medication.

We look forward to working closely with partners to continue our journey in delivering on the commitments made in the Nithsdale Locality Plan by March 2019.
4. Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

The way that we work with people Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining quality of life. We use the Self Directed Support approach 100% of the time, which is not the case in many other partnerships.

In addition to how we plan social care, the Partnership has invested in enhanced rehabilitation facilities at Lochmaben hospital to support people back to independence. We are also developing anticipatory care plans to ensure that what is important to people is at the core of their care.

Our commitments:

- We will enable people, especially vulnerable adults and those important to them, to decide their own personal outcomes
- We will change the focus of contracting from specifying levels of input activity to delivering health and wellbeing outcomes for people
- We will provide opportunities and support for people to develop and review their own forward looking care and support plans
- We will develop an online learning tool that enables staff across the Partnership to have a better understanding of Self Directed Support and embed it in practice (Completed)
- We will measure performance against good practice from elsewhere and encourage and support new ideas locally

Key Messages

- All people with social care packages are supported using the Self Directed Support approach
- There are support options available under SDS Option 2, which nationally has been the hardest option to develop
- A substantial investment has transformed Lochmaben hospital to provide intensive rehabilitation care
- A greater proportion of people in Dumfries and Galloway agree their services improved or maintained their quality of life, than across Scotland
4.1 **Self Directed Support**

The Social Care (Self Directed Support) (Scotland) Act 2013 puts people in control of designing and managing their care. Through supported self-assessment, people develop personal plans. These build on people’s existing supports and can be supported through community and health and social care resources. More information on Self Directed Support can be found at [www.selfdirectedsupportscotland.org.uk](http://www.selfdirectedsupportscotland.org.uk/). All purchased care and support in Dumfries and Galloway is arranged through Self Directed Support (SDS).

The Partnership aims to help people and support them to make the most appropriate choice of option under the Self Directed Support legislation. The different options support varying levels of control for the person:

- **SDS Option 1** - people choose to take control of purchasing and managing their own care and support
- **SDS Option 2** - people choose the organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan
- **SDS Option 3** - people choose for social work services to arrange and purchase their care and support
- **SDS Option 4** - people choose more than one of the above options

**How we are getting on: Self Directed Support**

- **2,760** people are supported through Self-Directed Support (SDS)
- **2,434** people have chosen to have their support organised by health and social care services (SDS Option 3)
- **325 (11.8%)** people have chosen to organise their own support (SDS Option 1)
- **1,818** people receiving SDS Option 3 are aged 65 or older
- **616** people receiving SDS Option 3 are aged under 65
- **50%** of people aged 65 or older receiving SDS Option 3 have 10 hours or more care per week

Source: Dumfries and Galloway Council (31 March 2018)

The number of people accessing their support through SDS Option 2 is still fewer than 5 and is not reported here (Indicator C3).
What people tell us: Betty’s story

Betty was diagnosed with Alzheimer type dementia which impacts on her short term memory. She lives alone and has no family that live in the local area. She has gone missing on a number of occasions leading to police involvement and has been found late at night, confused and scared. Betty forgets to eat regularly, attend to personal hygiene, go shopping and collect and take prescribed medication. This causes her stress and anxiety.

Concerned friends contacted social work to seek help with the increasing risks to Betty’s health and wellbeing. A social worker explored the concerns with Betty to identify the appropriate level of care and support required. A personal plan was developed under SDS Option 4 where some of the budget was managed on her behalf by a legal guardian and other services were set up directly by social work. Betty wanted to continue living safely and as independently as possible at home and to socialise with her friends out and about in her community. She wanted to have contact with family who live some distance away.

Due to her increasing vulnerability it was necessary to protect Betty through protective powers under the adult incapacity act. This included both welfare and financial guardianship.

The personal plan supported Betty to remain supported safely at home. This included the use of technology such as door sensors which sends an alert to responders if she leaves her home at night. She is now meeting more regularly with friends and family. Implementing Betty’s personal plan involved friends, family, social work, health, police and the solicitor working together.

SDS Option 1 offers the greatest flexibility but with this comes a high level of personal responsibility. In order to increase people’s choices we have worked with a range of partners, including a new local brokerage service providing independent support to assist people to become an employer. Through this local support, individuals have become more able and confident in the use of personal budgets and the management of their own care and support.

SDS Option 2 increases the choice and control available to people who need support without requiring them to make arrangements themselves and/or employ the staff to support them. We have developed a specific contract and specification which has been available from September 2017. This enables people and the organisations providing support, to work together to achieve the outcomes agreed in personal plans. This increases people’s ability to use resources in a more flexible way.

Across Dumfries and Galloway the majority of people supported through Self Directed Support continue to be supported through Option 3. Although less well used, SDS Option 4 provides maximum flexibility in achieving personal plans.

The Partnership is committed to increasing the ease of uptake of SDS Options 1 and 2. We would anticipate that SDS Option 2 will increase in popularity as this work continues. Feedback from people and their families have provided a range of stories reflecting what works well and what we need to further develop. (See Betty’s story above.)

An online learning tool to enable people working across the Partnership to develop a better understanding of Self Directed Support was rolled out during 2017.
4.2 Lochmaben hospital

Lochmaben hospital has undergone a transformation during 2017 involving significant investment to increase staffing and improve facilities to become Dumfries and Galloway’s specialised rehabilitation centre. Rooms have been upgraded to enable people, particularly those who have experienced stroke or similar neurological conditions, to access intensive rehabilitation from highly skilled Allied Health Professionals. This supports people back to independence and contributes to improving their quality of life.

The team based in the hospital have worked hard to deliver a seamless service during the building work and transition from a cottage hospital to a combined unit.

A comprehensive training and induction programme has been created for staff. This has provided support and enabled skills to be shared and enhanced and new relationships to be formed, benefitting both staff and the people who use Lochmaben hospital.

The local community, including the Friends of Lochmaben Hospital and Lochmaben Primary School supported the launch of the new service by providing bespoke art for the walls of the hospital.

4.3 Anticipatory Care Plans

The links between Self-Directed Support (SDS) and Anticipatory Care Planning (ACP) are, and should be, seamless. Both encourage people to make positive choices about what they should do for themselves, and from whom they should seek support. Both are guided by shared principles that include person centred care, dignity, choice and control.

Both SDS personal plans and ACPs are dynamic records which should be developed over time through evolving Good Conversations. They should be collaborative and share decision making, to provide a summary of current arrangements and think ahead to people’s future needs. They should include discussions between the person, those close to them, people contributing to their wider support, and health and social care professionals.

The Health and Social Care Senior Management Team have allocated specific resources to further develop the Partnership’s use of ACPs during 2018 and 2019.

How we are getting on: People’s Quality of Life

86% of adults supported at home from Dumfries and Galloway agreed that their services had an impact on improving or maintaining their quality of life.

This result is higher than the rate across Scotland which is 80%.

There is no real change to the survey in 2015/16 when the result for Dumfries and Galloway was 85%.

Source: Health and Care Experience Survey 2017/18
In the second year of integration, Stewartry locality has started to move forward 32 out of the 43 ‘We Will’ commitments identified in the Stewartry Locality Plan 2016-2019.

There are still some significant challenges we need to overcome to enable us to achieve our goals such as Information Technology (IT) infrastructure, recruitment to specialist posts and the sustainability of social care provision in a rural area.

In 2017, a considerable amount of work, scoping and gathering information took place. This will enable the Locality to explore different models of care for both inpatient services and community teams, with an aim to sustaining services. As part of this planning, the Locality team is now considering how to best engage and consult with people from Stewartry and staff who work in Stewartry.

We have been testing ways of providing different services to support people and ensure that they are sustainable:

- A trainee Advanced Nurse Practitioner (ANP) was employed in October 2017 for 23 months based at Castle Douglas hospital. The trainee will be supported and mentored by a specialty doctor who will provide medical cover to Castle Douglas hospital.
- A specialist psychology therapist and an assistant psychologist have been in post since February 2017. They are working with 2 GP practices (in Dalbeattie and Annan).
- The Mental Health Liaison service has been operational since May 2017, working from 2 GP Practices, the Castle Douglas Medical Group and the Solway Medical Group.
- A social work and primary care pilot has been introduced to establish whether having a social worker present at Craignair Health Centre once a week would make a difference to outcomes for people, their family members or Carers.
5. Outcome 5

Health and social care services contribute to reducing health inequalities.

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person’s health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities.

The Strategic Plan highlights that inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities.

Our commitments:

- We will develop a health inequalities action framework aimed at reducing health inequalities (Completed)
- We will share learning about health and care inequalities, including their causes and consequences, and use this information to drive change
- We will reduce, as far as possible, the effect of social and economic inequalities on access to health and social care

Key Messages

- There are many ways that services are improving how they support people to prevent, undo or mitigate against the effects of inequality
- The inequality gap for early access to antenatal care for pregnant women has got smaller
- People in Dumfries and Galloway are less likely than Scotland to die young (before the age of 75), but our children are more likely to be at risk of being overweight

5.1 Mainstreaming equality

All public bodies are required to demonstrate that actions have been taken to mainstream the Equality Act (2010) in everyday business. The aim is that equality becomes part of the structures, behaviours and cultures of the Partnership. During the first year of a 4 year plan the following actions have been progressed:

- The Partnership has developed the Equality and Diversity Joint Outcomes (available on the DG Change website)
- An Equality Mainstreaming Report was published in April 2017 (available on the DG Change website)
The Equality and Diversity Programme Board has been established to lead on reducing inequalities within Health and Social Care Services in Dumfries and Galloway and to ensure that there is fair access to our services and employment. The Programme Board has responsibility for ensuring that the legislative requirements are met, and to champion and promote equality and diversity across the Partnership.

- A new equality monitoring form has been agreed for use across the Partnership
- A review of the Equality Impact Assessment process has started

5.2 Challenging inequalities

Teams across the Partnership are working with different groups of people to help reduce health inequalities and their impact. Some examples of the work include:

- Annandale and Eskdale was selected, based on the Scottish Index of Multiple Deprivation (SIMD) data, to be one of 2 pilots for a Home Energy Scotland (HES) project. A specialist case worker provides free impartial advice to people at risk of experiencing health inequalities. For example, support to access subsidised insulation, draught-proofing and in some circumstances a new heating system.

- The Nithsdale Team is supporting day opportunities to reduce loneliness and isolation. Examples include the chair based exercise programme at Summerhill Community Centre and the Incredible Edible scheme in Dumfries.

What people tell us: Farmers’ Health and Wellbeing

The Health and Wellbeing in the Farming Community project is a joint approach between the National Farmers Union (NFU Scotland), Dumfries and Galloway Health and Social Care and DG Health and Wellbeing. The first phase of the project, the Big Conversation took place from August 2017 to November 2017. Here is some examples of what people told us:

- “Mental health needs to be talked about at agricultural colleges and on courses, part of the structure to help young farmers be well.”

- “As an older farmer’s wife I did not learn to drive and would advise all wives to learn to drive as rural public transport makes it difficult to get to services and schools.”

- “We should be looking after each other. cooperating not competing. If I have my harvest in I should be looking to help my neighbour. Cooperating on getting the best price for what we produce.”

- “Support for dyslexia in the community, making forms in Plain English and using pictures would be a help.”

Disability Confident

NHS Dumfries and Galloway and Dumfries and Galloway Council have achieved the Disability Confident Level 2 ‘Employer’ status. This means they are required to support disabled people within employment. One example is the work with Glasgow Centre for Inclusive Living to provide two-year work placements for disabled graduates.
How we are getting on: Health Inequalities

Measuring how inequalities impact on people’s health and wellbeing is complex. Work is underway to develop an indicator to show the impact the Partnership is making on reducing health inequalities. This will be reported in coming years.

Current work that attempts to address the impact of inequalities includes looking at the different outcomes for antenatal booking, smoking cessation and premature mortality.

Early Booking of Antenatal Care

There is evidence that the women at risk of poor pregnancy outcomes are those less likely to access antenatal care early. Vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams. In Dumfries and Galloway in the most deprived communities 86% of pregnant women were booked by the 12th week of gestation. In the best performing communities this was 91%. This range is narrower than in 2016/17 and continues to be better than the national target of 80%.

Smoking Cessation

Supporting people from deprived communities to stop smoking is a priority for smoking cessation services in Dumfries and Galloway. In 2016/17, there were 788 people from deprived communities who attempted to stop smoking. Of these, 172 people succeeded in stopping smoking for at least 12 weeks. This gives a Quit Rate of 21.8%. This is similar to the Scotland rate (21.5%). The rate for Dumfries and Galloway in 2015/16 was also similar (21.5%).

Proportion of pregnant women booked by the 12 week of gestation

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<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
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<tr>
<td>90%</td>
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<tr>
<td>85%</td>
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<td>80%</td>
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<td>75%</td>
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82% in the most deprived communities

90% in the best performing communities

91% in the best performing communities

Source: ISD Scotland B8

12 week quit rate for smoking in deprived communities

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<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
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<tr>
<td>30%</td>
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21.5% 21.8%
20.4% 21.5%

Dumfries and Galloway
Scotland

Source: ISD Scotland B16
Premature Mortality

The premature mortality rate looks at the number of people who die early, defined as people under the age of 75. This rate is affected by a large number of issues many of which are linked to inequalities. Premature mortality is lower in Dumfries and Galloway than in Scotland and in recent years these rates have fallen across the country.

The premature mortality rate amongst people aged under 75 (deaths per 100,000 population)

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<thead>
<tr>
<th></th>
<th>2010</th>
<th>2016</th>
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<tr>
<td>Scotland</td>
<td>467</td>
<td>440</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>401</td>
<td>388</td>
</tr>
</tbody>
</table>

Source: ISD Scotland

Childhood Obesity

There is evidence at a Scotland level that children are more likely to be at risk of being overweight or obese if they live in more deprived communities (26.4% compared to 18.3% in the least deprived communities in 2016/17). Children at school in Primary 1 classes have their weight measured each year.

In 2016/17, across Dumfries and Galloway 29.3% of children were found to be at risk of being overweight or obese. This is significantly higher than the rate for Scotland (22.9%). The proportion of children at risk of being overweight or obese has increased since 2015/16 when the proportion was 27.4%.

Proportion of children in Primary 1 classes at risk of being overweight or obese (2016/17)

- Dumfries and Galloway: 29%
- Scotland: 23%

Source: ISD Scotland
6. Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

Our commitments:

- We will provide support to Carers (including the provision of short breaks) so that they can continue to care, if they so wish, in better health and have a life alongside caring
- We will develop a consistent approach across the workforce to make sure that the needs of the Carer are identified and that Carers are supported in their own right
- We will work towards developing Carer Positive as an approach across the Partnership; identifying staff that are Carers and supporting them in their own personal caring roles

Key Messages

- The Carers strategy was developed and approved
- Preparing for the Carers (Scotland) Act 2016 allowed a smooth implementation of the act on 1 April 2018
- Local eligibility criteria for Carers support have been developed and agreed
- 1 in 5 Carers surveyed told us that they do not feel supported in their caring role
- We could still improve how we identify Carers and help them to access the wide range of support available to them

Supporting Carers to maintain their caring role is widely acknowledged as vital to the long term sustainability of health and social care services. The development of new legislation, national and local strategies, outcomes for Carers and performance measures are all contributing to a new agenda for Carers.

The Carers (Scotland) Act 2016, which takes effect on 1 April 2018, is a key piece of legislation to "promote, defend and extend the rights" of Adult and Young Carers across Scotland. It brings a renewed focus to the role of unpaid Carers and challenges statutory, independent and third sector services to provide greater levels of support to help Carers maintain their health and wellbeing.
6.1 Carers Strategy

A new Carers Strategy for Carers of all ages in Dumfries and Galloway was approved by the IJB in November 2017. The development of the strategy started from asking Carers “What matters to you?” From this, 5 themes and outcomes were developed that link the strategy to the Carers (Scotland) Act 2016.

6.2 Carers eligibility criteria

User and Carer Involvement (UCI) and Dumfries and Galloway Carers Centre engaged with Carers and relevant services to create Dumfries and Galloway’s Carers Eligibility Criteria. This criteria will be used to determine what level of support a Carer should receive.

6.3 Carers health and wellbeing

To support Carers, Locality Health and Wellbeing teams have been working with the Dumfries and Galloway Carers Centre. This support has included health and wellbeing checks, training such as mindfulness and links to social prescribing (see Outcome 1).

“This has made a big difference to me. I was coping but was starting to slip due to the increasing demand of my caring role for two people. This really started to bother me and affect me. My own budget has meant that I now have space to do things for me, and I can’t tell you how much peace of mind this gives me and I feel I have a little more control over my life.”

6.4 Carer involvement

6.4.1 Hospital discharge

Dumfries and Galloway was one of 4 Scottish Government pilots for testing the triangle of care approach to Carer involvement in cottage hospitals (Thornhill and Newton Stewart) based on learning from two wards in Midpark hospital. The test in the Midpark wards has been so successful that this is now being rolled out across the whole of Midpark hospital to become business as usual.

The hospital discharge tests in the cottage hospitals provided useful learning points about the timescale to implement the triangle of care approach. Testing the triangle of care work took longer than anticipated so we were unable to report the outcomes prior to the Carers (Scotland) Act starting on 1 April 2018.
What people tell us: Anne’s Story

46 year old woman Anne was referred for a Carers holistic health check from the Dumfries and Galloway Carer Centre. She recently became the main Carer for her elderly Mum; who was unable to remain living in her own home due to infirmity and moved in with Anne. Anne worked full time in a high pressured job. Sleep pattern, low mood, low levels of confidence and change of identity were all areas of concern.

Anne was seen on four occasions; each time she took a step forward. A care package was set up which allowed Anne to continue working full time. Anne was signposted to Social Work department regarding respite and Care Call and Care Package. Anne now has time for herself and does walking, crafting or meeting friends for coffee. Enabling Anne to deal with stress also helped as did discussing strategies around sleep patterns. Anne is now confident and her mood has lifted along with the anxiety of becoming a Carer.

Both Anne and her Mum are much happier and the harmony has made the Caring roles much easier for both Anne and her Mum.

6.4.2 Planning services

In November 2017 a review of the information leaflets for people using services at Castle Douglas and Kirkcudbright hospitals was undertaken. As a result, leaflets have been revised to inform people and Carers how they will be involved in the discharge planning process.

Carers in Annandale and Eskdale are specifically asked to be involved and included in the local engagement activities including questionnaires and drop-in sessions, in relation to potential changes to services locally – particularly the Moffat and Annan clinic projects.

6.5 Carer Positive

Carer Positive is a national award recognising employers who offer best support to employees who may have a caring role. Both NHS Dumfries and Galloway and Dumfries and Galloway Council have achieved the ‘Engaged’ status and the Council has also achieved the ‘Established’ status. The NHS is currently working towards achieving this level by the end of 2018.

6.6 Short breaks

Scottish Care are working as part of a Health and Social Care short life working group in Stewartry to carry out a respite scoping exercise to look at availability in the community, what people are looking for and the barriers to the providers extending their services.

By providing care over one weekend a month to a diabetic gentleman the district nursing team enable his wife to go away and participate in her activity of choice. She has often told staff how invaluable this time is and how it helps her to cope.

133 Carers have successfully accessed short breaks from the Time to Live fund. This has supported Carers to have alternative short breaks such as gym memberships to allow shorter, more frequent breaks alongside the more traditional holiday style breaks.
How we are getting on:
Carers’ Responses to the Health and Care Experience Survey 2017/18

There has been much positive work undertaken to support Carers in their role in the last year. The Carers Strategy was approved by the IJB on the 29th November 2017 and local eligibility criteria for Carers’ support have been developed and agreed.

The number of Carers reporting that they feel supported has fallen since the 2015/16 survey, despite remaining above the Scottish rate, which is the figure we compare against. So it was disappointing to see that the wide range of work to support Carers is not yet reflected in the survey results. The findings from the Dumfries and Galloway survey responses relating to Carers’ experiences, including any comments they have made, will be discussed in depth at the Carers’ Programme Board. Further engagement work with Carers is being planned to gain a greater understanding of what Feeling Supported means to Carers.

70% of Carers from Dumfries and Galloway agree they have a good balance between caring and other things in their lives. This is more than the proportion across Scotland, 65%.

There is no difference to the survey in 2015/16 when the result for Dumfries and Galloway was 70%.

40% of Carers from Dumfries and Galloway feel supported to continue in their caring role.

This is more than the proportion across Scotland, 37%.

This result is lower than the survey in 2015/16 when the result for Dumfries and Galloway was 48%.

Source: Health and Care Experience Survey 2017/18
7. Outcome 7

People who use health and social care services are safe from harm.

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances activities focus on protecting people already identified as vulnerable. Other activities are focused on improving the safety of services, aiming to reduce the risk of harm to all people.

Under Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

The Scottish Patient Safety Programme (SPSP) is a national initiative aiming to improve the safety and reliability of healthcare and reduce avoidable harm, whenever care is delivered. SPSP supports the Scottish Governments 2020 Vision to provide safe high quality care, whatever the setting.

Our commitments:

- We will support the provision of a Multi-Agency Safeguarding Hub to ensure a joined up approach in terms of identifying, sharing information about and responding to adults at risk of harm (Completed)
- We will make sure that all staff can identify, understand, assess and respond to adults at risk
- We will make care as safe as possible and identify opportunities to reduce harm

Key Messages

- We have developed a consistent approach in protecting adults at risk of harm
- The proportion of people receiving feedback about their adult at risk referral within 5 days has increased substantially, but has not met the locally set target
- Telecare helps to keep people feeling safe in their homes and the proportion of people using these services is increasing and the number of people who tell us they feel safe using health and social care services has increased
- The rate of 2 types of infection that we monitor have been increasing
- The Care Assurance process ensures consistency in the delivery of high quality nursing care
7.1 Keeping people safe in their communities

7.1.1 Adult Support and Protection

All people have the right to live free from physical, sexual, psychological or emotional, financial or material neglect, discriminatory harm or abuse.

The Multi-Agency Safeguarding Hub (MASH) brings key agencies together in one location. The outcomes are better communication, faster decision making, more consistent practice and earlier information sharing, in the context of keeping children and vulnerable people safe.

The adult MASH started in September 2016 and has been fully operational, across Dumfries and Galloway, since March 2017. A review in October 2017 resulted in revised arrangements building on the positive impact from first year.

In January 2017, the MASH for children was established.

The Crisis Assessment and Treatment Service (CATS) work closely with the police in Dumfries and Galloway to support people with mental health issues who come into contact with the police. This includes faster access to appropriate assessment and care.

"The focus of all that work has been to ensure that we have an efficient and effective and a timely intervention to some of the most vulnerable people in our community"

How we are getting on: Adult Support and Protection

To monitor how efficient the Adult Support and Protection process is, we look at how soon people who have referred someone to the MASH receive feedback on what has happened to that person.

Between March 2017 and March 2018 the proportion of people receiving feedback within 5 days has increased from 45% to 65%. Although this represents a significant improvement it is still below the target we have set ourselves of 75%.

A change to how triage works is expected to improve this process.
7.1.2 Technology

The Partnership aims to support people to feel safe through the use of technology. People, their family and Carers are supported to identify risks to their wellbeing in their local environment. Potential solutions are discussed and advice and information is provided.

One of the solutions is the Telecare service which is available to people of all ages. This is based on a wide range of sensors and tools connecting to a Care Call system, providing a 24 hour telephone link to the local monitoring centre. As of the end of March 2018, across Dumfries and Galloway, 2,941 people were using the telecare service.

The Telecare House

Telecare is one of the first options considered to help people live as independently as possible. We monitor the proportion of people supported at home who have Telecare as part of their care and support.

Between September 2017 and March 2018 there was an increase in the proportion of people supported at home who have Telecare from 67% to 70%. This is below the target we have set ourselves of 73%.
7.2 Keeping people safe in hospital: Care Assurance

Within NHS Dumfries and Galloway a local Care Assurance process has been developed, which asks people who use services about their experience of care and provides clinical supervision to registered nurses and health care support workers. Currently, there are 8 acute wards in DGRI and 4 cottage hospitals implementing Care Assurance.

The Care Assurance process aims to reflect national and local priorities but also to:

- Ensure consistency in the delivery of high quality standards of care, initially within inpatient settings within DGRI and the various cottage hospitals
- To identify and celebrate good practice and promote sharing good practice throughout the organisation
- To identify and provide support for areas of practice which needs to be improved

87% of adults supported at home from Dumfries and Galloway agreed that they felt safe when using health and social care services. This result is higher than the rate across Scotland which was 83%.

There is no real difference to the survey in 2015/16 when the result for Dumfries and Galloway was 85%.

Source: Health and Care Experience Survey 2017/18

How we are getting on: Feeling Safe

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There is no real difference to the survey in 2015/16 when the result for Dumfries and Galloway was 85%.

Source: Health and Care Experience Survey 2017/18
7.3 Keeping people safe from Infection

Infections can be acquired in different environments: hospital, other healthcare settings, and in community settings such as people’s own home and care homes.

Rates of Clostridium Difficile (C.Diff) infection have risen in the last year. In 2017 there were 0.39 cases per 1,000 occupied bed day across Dumfries and Galloway, which is higher than the target of 0.32. An important way that the risk of infection is managed is through appropriate use of antibiotic medication.

Staphylococcus Aureus bacteraemia (SAB) is associated with wounds and using needles and catheters. Across Dumfries and Galloway the rate of SAB infection has recently increased to 0.28 cases per 1,000 occupied bed days against a target of 0.24. The best form of prevention for SAB infections is good hand and good home hygiene.

How we are getting on: Infections

These charts include infections acquired in hospital, other healthcare settings, and in community settings such as people’s own homes and care homes.

Source: NHS Dumfries and Galloway (April 2018)
Dumfries and Galloway has promoted the national hydration campaign, Go With The Flow, that was launched in April 2017. This campaign aims to reduce the number of urinary tract infections. This is an excellent initiative as it may yield additional benefits in reducing falls, confusion, improved oral health and skin health.

The new DGRI building has all single rooms. This has helped in the management of infection within the hospital. Although there were 2 wards affected by Norovirus since the new DGRI opened, the outbreaks were contained and the wards were able to function normally with no further spread of the infection or ward closures.

In contrast, our cottage hospitals, with traditional wards, have had some wards closed with influenza during the year. Castle Douglas, Moffat and Newton Stewart hospitals were affected. In these outbreaks there were 7 people, 5 people and 8 people affected in the respective hospitals.

7.4 Keeping children safe from a health perspective

Under the Scheme of Integration, Children’s healthcare is delegated to the IJB, whereas Children’s social care is retained by the Local Authority. There are robust systems in place to safeguard vulnerable children in Dumfries and Galloway, but these are not discussed here as they are not the responsibility of the Dumfries and Galloway Health and Social Care Partnership.

7.4.1 Reducing neonatal mortality

For the safety programme focusing on regulating baby’s healthy temperature, staff complete a Snuggle Bundle checklist which ensures that the baby is kept warm following delivery, to prevent complications.

7.4.2 Safety of children admitted to hospital

The Paediatric Early Warning Score (PEWS) chart was developed locally and all admission staff have been trained to use it. The education package is designed to enable staff to develop their practice competently, confidently and safely, in order to provide a more holistic approach to care. After working through the training, staff are able to accurately assess and record vital signs and escalate problems in a safe, effective and integrated manner.

7.4.3 Record keeping and performance monitoring

Woman, Children and Sexual Health Directorate have developed standards for clinical record keeping. It provides a robust framework to ensure a consistent approach across the whole directorate, and supports statutory duties as set out by NHS Dumfries and Galloway Record Keeping Policy. This will ensure that healthcare professionals record information and communicate patient information in a consistent and safe way.

A set of performance indicators is being developed that will be regularly reported to Women, Children’s and Sexual Health Services Directorate Quality Assurance and Improvement Steering Group. The data systems currently used by Women and Children’s and Sexual Health Services Directorate are being reviewed with a view to simplifying and making data collection more consistent.
We are experiencing many exciting changes within health and social care across Wigtownshire. Change does not always mean improvement, however if we don’t change, we cannot improve.

Wigtownshire Health and Social Care is committed to using Co-Production in the planning and delivery of services. Co-Production is the combining of mutual strengths and capacities so that people can work with one another on an equal basis to make positive change. To achieve success it takes more than just “doing to” and “doing for” people. More and more evidence shows that “doing with” people is the best way of ensuring there are sustainable and effective services that support people. Co-production does not, however, take away difficult and complex decisions on how safe, effective, efficient, person centred services are delivered.

The extreme challenges in recruiting GPs is felt across Scotland and especially in rural areas such as Wigtownshire. At the end of 2017 there were 4 GP vacancies in Rhins and 2 vacancies in Machars. The Scottish Government Programme with the University of Dundee aims to have 30 trainee GPs in Dumfries and Galloway by September 2019. While this may ease some of the current difficulties we continue to look to the future and how we will provide care to the people of Wigtownshire. We continue to explore innovative ways to recruit GPs to Wigtownshire.

Lochinch Practice is managed by NHS Dumfries and Galloway. We have been working closely with the practice to design new ways of providing care. The aim is to provide the most appropriate care, by the most appropriate health and social care professional. The redesign of GP services requires us all to think differently about how we use our services and recognise the support other professions are able to provide, including community pharmacists.

There are currently 2 Advanced Nurse Practitioners (ANPs) in training to provide Out Of Hours (OOH) service in Wigtownshire, who will qualify in June 2018. OOH doctor cover remains variable and the Rhins Community Nursing Team has helped out by covering overnight at least twice a month from April to December when no doctor has been available to go out from the Galloway Community Hospital.
8. Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other’s values and beliefs and bring new and different opportunities. However, diversity also brings challenges that can act as barriers to integrated ways of working. The Partnership is supporting staff to learn together and develop leadership skills to enable us to move towards a shared positive culture.

Our commitments:

- We will support staff to be informed, involved and motivated to achieve national and local outcomes
- We will develop a plan that describes and shapes our future workforce across all sectors (Completed)
- We will provide opportunities for staff, volunteers, Carers and people who use services to learn together
- We will aim to be the best place to work in Scotland

Key Messages

- There has been good progress made in developing a positive workplace culture across the Partnership however, more work is required to better understand the workforce in the third and independent sectors
- Recruitment to jobs in health and social care remains a significant challenge across health, social work, third and independent sectors

8.1 Supporting our staff

8.1.1 Workforce plan

The Partnership produced its second annual workforce plan this year carrying forward the recommendations for improvement from the previous year. Progress has been evidenced using a range of case studies. The workforce planning sub group is identifying further work required to ensure we deliver this plan.

The availability of data from the third and independent sector remains a substantial challenge. Work is continuing into 2018/19 by both the third and independent sectors to identify and provide relevant and consistent workforce data.
8.1.2 Recruitment

Attracting people to work in health and social care and keeping them remains a considerable challenge across the Partnership, including statutory and independent sectors. Within health, the sustainability for a wide range of professions, including doctors, nurses and allied health professionals has been reported as a high risk to the Health Board. Costs associated with employing temporary essential staff remain very high. Working with temporary staff requires enhanced levels of management and scrutiny to maintain high quality services where people have a positive experience.

Across the Partnership there are many different activities happening to help recruit people to work in Dumfries and Galloway:

- The Integrated Partnership Forum, which includes representation from all health and social care partners, has commissioned a review of recruitment practices and policy arrangements to support an efficient, unified and accessible approach to recruitment.

- NHS Dumfries and Galloway have broadened its approach to recruitment. This has included attending recruitment fairs across the UK and employing a recruitment agency to act on their behalf across Europe. A new prospectus, Work, Live, Play Dumfries and Galloway, was developed to support this work.

What people tell us: iMatter

The Strategic Planning, Commissioning and Performance and Intelligence department told us about developing their team action plan as part of the iMatter survey process:

“In order to form a group we were asked to volunteer. Fortunately we got someone from each part of the sub groups of our team to take part so we were all represented. Obviously the feedback from the iMatter questionnaire was what we focused on.”

“Our aim was about us looking at our department as a community and how do we all work together and support each other...”

“There’s stuff that we’ve felt able to tackle through our iMatter group that is about the culture of the organisation where, you know, we’ve maybe seen where people are not behaving respectfully to each other and we’ve undertook in our group with iMatter to say: Ok what can we do to help address that?”

“In general terms I think it’s been a very positive thing, I think the other thing that is really interesting is that it’s a model that is now being repeated in other areas across the department. So if you think about the accommodation group that’s there, if you think about the records management and corporate processes group, they’re taking a similar approach to us: bring volunteers from the different sub-teams of the department together to think about that in a similar way... so that its much more co-productive and is much more involving.”

Expenditure on medical locums was £12.6m up to the end of March 2018 compared to £11.6m during the same period last year.
Dumfries and Galloway is working with ScotGEM Medical School to train people from the region to become new doctors.

8.1.3 Sickness absence

The Scottish Government sets a target that no more than 4% of the total hours people could have worked in the NHS are taken off for sickness. The sickness absence rate during 2017/18 was higher than 4% for people employed by the NHS (4.9%) and the Local Authority (6.8%) who provide health and social care services.

In the NHS, the new Working Well programme has been established to support staff explore ways of enhancing resilience within teams. In the Local Authority, the Maximising Attendance Team supports managers and staff to reduce levels of sickness absence.

8.2 Learning together

Health and social care services are becoming more integrated as different groups of staff and partners work together to share learning and reach a common approach to supporting people.

- Commissioners and Scottish Care host a quarterly seminar specifically for care providers designed to share good practice and address contractual issues. There have been a range of speakers including the Scottish Social Services Council and Care Inspectorate. These events have proven an effective way for care providers to be actively involved in health and social care integration and to keep informed of new initiatives and changes to contracts or regulations.

- In Annandale and Eskdale, there are several projects underway to redesign how health and social care services are provided. This includes establishing a health and wellbeing centre in Annan and developing services in Esk Valley and Moffat. This work has involved people, Carers and staff learning from each other to directly inform these plans.

8.3 A positive workplace culture

We have continued to work towards developing a positive workplace culture by focusing on leadership and good communication and conversation skills. Managers and leaders across the Partnership have been supported to develop towards the agreed ideal culture, based on constructive behaviours such as taking responsibility, developing others, working co-operatively and pursuing excellence. Staff have been taking part in a range of programmes including ASPIRE to Lead and Good Conversations training.

Work has started in conjunction with the Integrated Organisational Development Steering Group (which includes representatives from the Local Authority, Health Board and Third and Independent sectors) to develop integrated workforce performance indicators. It is intended that the focus of these indicators will be the workplace culture and how it is changing. These indicators will build on the cultural diagnostic survey that the health and social care partnership recently undertook.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government.
How we are getting on...

Although the Integration Authority does not directly employ people, the decisions it makes impact on people’s experience at work across all sectors.

<table>
<thead>
<tr>
<th>iMatter Responses</th>
<th>Dumfries and Galloway 2016</th>
<th>Dumfries and Galloway 2017</th>
<th>Scotland 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5</td>
<td>4 out of 5 employees agree that they have the information necessary to do their job.</td>
<td>79%</td>
<td>80%</td>
</tr>
<tr>
<td>D21</td>
<td>7 out of 10 employees agree that they are involved in decisions relating to their job.</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>D22</td>
<td>3 out 4 employees would recommend their organisation as a good place to work</td>
<td>74%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Scottish Government Health and Social Care Staff Experience Report 2017

There is very little difference between the iMatter responses for Dumfries and Galloway in 2017 and Scotland in 2017 or compared to the previous year. The iMatter Employee Engagement Index scores for Dumfries and Galloway (75%) were the same as the national average (75%). However, the number of completed iMatter action plans has been below average, with 43% of plans complete for Scotland and 12% complete in Dumfries and Galloway. This is an area for improvement in 2018/19.

In March 2018 the sickness absence rate was:

- **5.3%** amongst health employees (target = 4%)
- **7.8%** amongst adult social services employees

The sickness absence rate amongst adult social services employees was falling during 2017, however it increased during the last period. Amongst health employees the sickness absence rate for 2017/18 has stayed above the 4% target.

Source: NHS Dumfries and Galloway, Dumfries and Galloway Council (April 2018)

The Scottish Government are currently developing an indicator to reflect how many staff would recommend their workplace as a good place to work (Indicator A10). New indicators that focus on the workplace culture across the Partnership are being developed.
9. Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

Our commitments:

- We will reduce variation in practice, outcomes and costs which cannot be justified
- We will involve staff to develop a new culture that promotes different ways of working for the future
- We will support staff and partners to develop new and better ways to provide health and social care, to reduce duplication and increase efficiency
- We will ensure that there is good linkage between work relating to the new hospital project and community based health and social care (Completed)

Key Messages

- The new DGRI building was opened in December 2017, which has meant adopting new ways of working and thinking about how services are delivered in the acute hospital and back into the community
- The amount of time people spent in hospital when they were ready to be discharged has fallen
- We didn’t meet the target for 95% of people to be discharged from the Emergency Department within 4 hours
- While our hospital prescribing targets were met, some of our community prescribing targets were not. Safe and effective prescribing remains a focus

9.1 Pathways of care and support

In Dumfries and Galloway we are using data to understand when and how people currently enter and exit services, learning from this to improve the experience of people. A number of initiatives are taking place within different teams, now linking together to improve co-ordination. Prior to the move to the new DGRI each department reviewed how they worked to ensure the transfer happened smoothly and the new improved ways of working became normal practice.

People can be referred to the new Combined Assessment Unit (CAU) by a number of practitioners. The CAU in the new hospital has treated 3,331 people between opening in December 2017 and the end of March 2018, which is an average of 208 people per week. Developing how the CAU works has been supported by the Scottish Government Quality Improvement team who continue to work with the Partnership to improve flow into and out of our acute hospitals.
How we are getting on: Hospital Pathways

A snapshot taken at the end of March 2018 showed that 90% of people waited less than 12 weeks for their first outpatient appointment. (target: 95%)

Dumfries and Galloway’s performance is better than Scotland. The Scottish rate was 75% in March 2018.

More Waiting Times

During January, February and March 2018...

95% of people diagnosed with cancer from Dumfries and Galloway began treatment within 62 days of their referral (target: 95%) (Scotland: 85%)

97% of people diagnosed with cancer from Dumfries and Galloway began treatment within 31 days of the decision to treat (target: 95%) (Scotland: 94%)

78% of people from Dumfries and Galloway started psychological therapy treatment within 18 weeks of their referral (target: 90%) (Scotland: 78%)

90% of young people from Dumfries and Galloway started treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of their referral (target: 90%) (Scotland: 71%)

100% of people from Dumfries and Galloway started IVF treatment within 12 months of their referral (target: 100%) (Scotland: 100%)

98% of people from Dumfries and Galloway waited less than 6 weeks for diagnostic tests and investigations (target: 100%) (Scotland: 81%)

Emergency and Unscheduled Care

In March 2018 there were 3,731 visits to the emergency departments at DGRI and Galloway Community Hospital.

There were 48,500 visits to the emergency departments at Dumfries and Galloway Royal Infirmary (DGRI) and Galloway Community Hospital during 2017/18

92% of people were treated within 4 hours during 2017/18 (target: 95%)

Dumfries and Galloway’s performance is similar to Scotland. The Scottish rate is 90%.
The number of people admitted to hospital in an emergency during March 2018 was 1,517. This amounted to 10,302 bed days.

Figures for 2017/18 show that for every 100,000 adults in Dumfries and Galloway there were 12,742 emergency admissions amounting to 128,012 bed days.

Across Scotland, for every 100,000 adults there were 11,960 emergency admissions amounting to 115,500 bed days.

24% of health and social care resource was spent on hospital stays where the person is admitted as an emergency during 2017/18 (Scotland: 23%).

A snapshot taken at the end of March 2018 showed that 78% of people waited less than 12 weeks for their treatment. (target: 100%)

Dumfries and Galloway’s performance is similar to the Scottish rate which was 76% in March 2018.

During 2017/18, there were 26,000 planned inpatient and daycase visits to hospital.

During the year ending March 2018, for every 1,000 people aged 75 or older, 564 days per month were spent in hospital when people were ready to be discharged.

Dumfries and Galloway’s performance is better than Scotland. The Scottish rate was 772 days per month.

During the year ending March 2018, for every 1,000 people who were admitted to hospital, 91 people returned to hospital within 28 days of going home.

Dumfries and Galloway’s performance was better than Scotland. The Scottish rate was 97 per 1,000 people admitted.

In the month March 2018, the number of bed days occupied by adults experiencing a delay in their discharge from hospital was 1,176 across Dumfries and Galloway.

Note: The Scottish Government are currently developing an indicator to reflect the proportion of people discharged within 72 hours of being ready to go home (Indicator A22).
An example of using resources efficiently and effectively was the major upgrade to theatre services at Galloway Community Hospital (GCH) in Wigtownshire. This has included state of the art equipment installed in the day surgery unit. This substantial investment demonstrates the Partnership's commitment to provide excellent, safe and effective health care to the communities in the west.

In communities, Daily Dynamic Discharge (DDD) discussions are had with people, their Carers and the team providing support to agree how best they can return to a homely setting. These initiatives are helping us to ensure that people access the right care and support at the right time so people can achieve their best outcomes.

During 2018/19 the Partnership aims to strengthen the ways that different professions work with and for people to support them to make the right choices for their ongoing care and support. This may take the form of what has been called a Multi Disciplinary Team (MDT) meeting. MDT meetings are changing to ensure that people, their family and Carers are always involved when decisions about care are being made.

Although the numbers are falling, we continue to experience a sizeable number of people delayed in hospital. Work continues across the Partnership to develop new co-ordinated community pathways of care. As discussed in Outcome 8, the challenges in recruitment faced by health and social care services critically impacts on our ability to deliver and develop services to meet the changing demands of our population.

"The Combined Assessment Unit is a different way of working from the old hospital.

Since moving to our new unit, staff have embraced the new changes during a very busy time for the hospital to provide high quality care which has not gone unnoticed."

Senior Charge Nurse, Dumfries and Galloway Royal Infirmary

How we are getting on: Detecting Cancer Early

People achieve better outcomes when cancer is detected early. The Scotland target is for 1 in 3 cancer cases to be diagnosed early.

Just over 1 in 5 Cancer cases are diagnosed in the early stages of the disease

4 in 10 breast cancer cases are diagnosed early often due to the breast cancer screening

2 in 10 bowel cancer cases are diagnosed early. This is supported by the bowel cancer screening programme

1 in 10 lung cancer cases are diagnosed early. There is no screening programme for lung cancer and the symptoms often appear late in the disease

ISD Scotland (2016).
During 2017/18, the Partnership developed an Assistive and Inclusive Technology Strategy. This strategy focuses on the importance of using technology, aids and adaptations to support people to manage their own health and wellbeing and promote independence. An action plan is being developed to implement this strategy.

The Partnership has a Technology Enabled Care (TEC) programme supported by the Scottish Government. There are 4 key areas to this programme:

- Video consultations
- Home and mobile health monitoring
- Providing responder services
- Apps and national online services

NHS Attend Anywhere has enabled the first video consultations to take place in Dumfries and Galloway between GP practices and people in their own homes. This system imitates a physical waiting area and enables people to participate in a video consultation from anywhere they can access the internet.

A Home and Mobile Health Monitoring system called Florence has been purchased by the Partnership. Florence uses text messages to enable people to share information about their condition with practitioners. [see Florence website]

An indicator to reflect TEC outcomes is currently under development (Indicator D6). Ongoing progress is reported through the TEC programme board.

More information about Telecare can be found in Outcome 7.

9.2 Using technology

Our commitments:

- We will deliver a single system that enables public sector staff to access or update relevant information electronically
- We will introduce and embed a programme of technology enabled care that supports the development of new models of care and new ways of working

During 2017/18, the Partnership developed an Assistive and Inclusive Technology Strategy. This strategy focuses on the importance of using technology, aids and adaptations to support people to manage their own health and wellbeing and promote independence. An action plan is being developed to implement this strategy.

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An indicator to reflect TEC outcomes is currently under development (Indicator D6). Ongoing progress is reported through the TEC programme board.

More information about Telecare can be found in Outcome 7.

What people tell us: Nita’s Story

Nita is aged 82 and had surgery just over a year ago. Nita experienced some complications after surgery.

“But I must say that the staff from the surgeons all the way down are absolutely marvellous. It was quite traumatic for me at the time, but a year on I wouldn’t be here if it hadn’t been for these wonderful people.

But I do think they don’t have the time to do the things they need to do in the proper manner. Staff need more time. They don’t have time. You’ll be sitting in the ward and they’ll be tending to someone in your ward and someone else will be crying ‘give me some help here please’ – ‘Aye, I’ll be right there’. And they’ll be rushing things.

They cannae get to do their job properly, the way they want. They are absolutely rushed off their feet.”
In addition, there are other local TEC initiatives being developed:

- **Advanced Risk Model for Early Detection (ARMED)** is an example of technology being used to support people to stay independent in their own homes. Data generated from wearable devices is used to identify when a person is at risk of a fall allowing preventative action to be taken. The early testing of this system in Nithsdale has been very successful and Loreburn Housing is now planning to offer this to a larger number of people.

- **In Wigtownshire, the mPower project aims to improve the health and wellbeing of people by using eHealth interventions to support health and care service delivery and has secured substantial European funding.**

- **At Dumfries and Galloway Royal Infirmary, self service check-ins have been installed in outpatient areas to improve people’s experience.**

### 9.3 Prescribing

Across Dumfries and Galloway in 2017/18 the Partnership spent around £32 million on medications prescribed in the community and a further £15 million on medications prescribed in hospital. The targets set for effective prescribing are called Cash Releasing Efficiency Savings (CRES). Hospital based services (also called secondary care), successfully achieved their CRES target in 2017/18. This effectively means that £1.5 million of savings were delivered (based on data up to December and forecasted data to year end).

In general practice (also called primary care), the Local Enhanced Services (LES) targets were not fully met. This was caused in part by the pressures on the service due to supporting GP sustainability issues. For the next financial year 2018/19, we have restructured our targets to support the new GP contract and we are in early discussions with GPs.

The new General Medical Services contract for GPs starting in April 2018 will present both opportunities and challenges. There is an exciting opportunity for pharmacists, detailed in the contract, to lead cost effective prescribing in GP practices. However the challenge is the funding and recruitment of the workforce required to do this.

#### 9.3.1 Optimise prescribing initiative

Optimise has been led by the Prescribing Support team in Nithsdale. The initiative identified and prioritised groups of people where detailed medication review in a homely setting may be of benefit. Optimise has received referrals for medication related interventions from a variety of sources including STARS, Social Work, Speech and Language Therapy and the Nithsdale in Partnership Assessment at Home team.

Examples of outcomes of these reviews for people include:

- Ensuring people have the appropriate medication to meet their needs
- Unnecessary medication stopped
- Frequency of dosing reduced
During 2017/18 there was a short term project run where the prescribing support pharmacists have been working closely with the secondary care (hospital) outreach pharmacists, who follow up people discharged from Dumfries and Galloway Royal Infirmary (DGRI) with medication issues, for example adjustment of medication doses.

An indicator to reflect challenges in relation to prescribing mediations is currently under development (Indicator D8). Prescribing is reported thoroughly at an operational level within the Partnership.

9.4 Optimising our use of buildings and other assets

Our commitments:

- We will develop a plan to make sure we use physical assets, such as buildings and land, more efficiently and effectively (Completed)
- We will make sure that physical assets utilised by the Integration Joint Board are safe, secure and high quality and, where appropriate promote health and wellbeing.

Radio frequency identification tags (RFID) have been added to the equipment used by health staff, allowing us to quickly trace vital pieces of mobile equipment.

Following the move to the new DGRI building in December 2017 the use of other NHS buildings in Dumfries is under consideration. As a result Crichton Hall has been put up for sale, and it is anticipated that once a sale is achieved, many staff will move to Mountain Hall, thus re-using the old hospital building.

Following an accommodation review in early 2017 across Annandale and Eskdale we have been looking at ways to improve use of space. The Trestaigh property has been empty for some time and the plan is to relocate the service currently provided at Annan Clinic into this more modern building creating a Health and Wellbeing Centre. This will achieve financial savings and develop a more multidisciplinary team space at Annan provide opportunities for more integrated working.
10. Financial Performance and Best Value

10.1 End of year financial position

Building upon the success of a balanced position in 2016/17, the Integration Joint Board delivered a breakeven financial position again in 2017/18 with an agreed carry forward of £6.8m million resulting from the balance of Social Care and Integrated Care Funds into 2018/19. This includes delivering savings in the year of £16.8 million (£8.2 million recurrently).

The net amount of total delegated resource to the IJB for 2017/18 was £359 million, with £291 million of NHS delegated resources and £68 million of Council Services delegated resources.

The final position for 2017/18 is shown in the table below. Overspend is indicated by numbers in brackets.

<table>
<thead>
<tr>
<th>IJB Service</th>
<th>2017/18 Outturn £000</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td><strong>Council Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Families</td>
<td>107</td>
<td>104</td>
<td>3</td>
</tr>
<tr>
<td>Adult Services</td>
<td>13,632</td>
<td>13,916</td>
<td>(284)</td>
</tr>
<tr>
<td>Older People</td>
<td>27,480</td>
<td>27,048</td>
<td>432</td>
</tr>
<tr>
<td>People with Learning and Intellectual Disability</td>
<td>18,632</td>
<td>19,671</td>
<td>(1,039)</td>
</tr>
<tr>
<td>People with Physical Disability</td>
<td>5,529</td>
<td>5,165</td>
<td>364</td>
</tr>
<tr>
<td>People with Mental Health Need</td>
<td>2,117</td>
<td>1,632</td>
<td>485</td>
</tr>
<tr>
<td>Adults with Addiction/Substance Misuse</td>
<td>263</td>
<td>224</td>
<td>39</td>
</tr>
<tr>
<td><strong>Sub-total Council Services</strong></td>
<td>67,760</td>
<td>67,760</td>
<td>0</td>
</tr>
<tr>
<td><strong>NHS Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care and Community Services</td>
<td>99,461</td>
<td>100,732</td>
<td>(1,270)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>21,094</td>
<td>21,032</td>
<td>62</td>
</tr>
<tr>
<td>Women and Children</td>
<td>20,577</td>
<td>20,419</td>
<td>158</td>
</tr>
<tr>
<td>Acute and Diagnostics</td>
<td>106,283</td>
<td>107,242</td>
<td>(960)</td>
</tr>
<tr>
<td>Facilities and Clinical Support</td>
<td>14,629</td>
<td>14,864</td>
<td>(234)</td>
</tr>
<tr>
<td>E-Health</td>
<td>6,051</td>
<td>6,339</td>
<td>(288)</td>
</tr>
<tr>
<td>IJB Strategic Services</td>
<td>23,393</td>
<td>20,861</td>
<td>2,531</td>
</tr>
<tr>
<td><strong>Sub-total NHS Services</strong></td>
<td>291,488</td>
<td>291,488</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Delegated Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>359,248</td>
<td>359,248</td>
<td>0</td>
</tr>
</tbody>
</table>

The summary position for 2017/18 by locality is summarised in the table below:

<table>
<thead>
<tr>
<th>Locality</th>
<th>2017/18 Outturn £000</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
</tr>
<tr>
<td>Annandale &amp; Eskdale</td>
<td>28,618</td>
<td>28,664</td>
<td>(46)</td>
</tr>
<tr>
<td>Nithsdale</td>
<td>44,446</td>
<td>46,452</td>
<td>(2,005)</td>
</tr>
<tr>
<td>Stewartry</td>
<td>22,024</td>
<td>22,744</td>
<td>(720)</td>
</tr>
<tr>
<td>Wigtownshire</td>
<td>21,328</td>
<td>21,455</td>
<td>(128)</td>
</tr>
<tr>
<td>Regional Services</td>
<td>242,833</td>
<td>239,933</td>
<td>2,899</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>359,248</td>
<td>359,248</td>
<td>0</td>
</tr>
</tbody>
</table>
10.2 Delegated resources

The total resource by service over the current 3 year time period the IJB has been operational is as follows:

<table>
<thead>
<tr>
<th>IJB Service</th>
<th>Annual Budget (£000s)</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Council Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Families</td>
<td>107</td>
<td>107</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>Adult Services</td>
<td>14,474</td>
<td>13,632</td>
<td>15,143</td>
<td></td>
</tr>
<tr>
<td>Older People</td>
<td>22,316</td>
<td>27,480</td>
<td>28,723</td>
<td></td>
</tr>
<tr>
<td>People with Learning Disability</td>
<td>16,763</td>
<td>18,632</td>
<td>19,621</td>
<td></td>
</tr>
<tr>
<td>People with Physical Disability</td>
<td>5,772</td>
<td>5,529</td>
<td>5,729</td>
<td></td>
</tr>
<tr>
<td>People with Mental Health Need</td>
<td>2,145</td>
<td>2,117</td>
<td>2,117</td>
<td></td>
</tr>
<tr>
<td>Adults with Addiction/Substance Misuse</td>
<td>263</td>
<td>263</td>
<td>263</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total Council Services</strong></td>
<td>61,840</td>
<td>67,760</td>
<td>71,703</td>
<td></td>
</tr>
<tr>
<td><strong>NHS Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care and Community Services</td>
<td>60,359</td>
<td>99,461</td>
<td>98,306</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>21,150</td>
<td>21,094</td>
<td>20,971</td>
<td></td>
</tr>
<tr>
<td>Women and Children</td>
<td>20,873</td>
<td>20,577</td>
<td>20,462</td>
<td></td>
</tr>
<tr>
<td>Acute and Diagnostics</td>
<td>96,768</td>
<td>106,283</td>
<td>98,243</td>
<td></td>
</tr>
<tr>
<td>Facilities and Clinical Support</td>
<td>20,097</td>
<td>14,629</td>
<td>13,688</td>
<td></td>
</tr>
<tr>
<td>E-Health</td>
<td>6,051</td>
<td>5,966</td>
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</tr>
<tr>
<td>IJB Strategic Services</td>
<td>23,393</td>
<td>20,784</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total NHS Services</strong></td>
<td>219,247</td>
<td>291,488</td>
<td>278,420</td>
<td></td>
</tr>
<tr>
<td><strong>Total Delegated Services</strong></td>
<td>281,087</td>
<td>359,248</td>
<td>350,123</td>
<td></td>
</tr>
<tr>
<td><strong>Locality Summary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annandale and Eskdale</td>
<td>28,093</td>
<td>28,618</td>
<td>29,548</td>
<td></td>
</tr>
<tr>
<td>Nithsdale</td>
<td>43,191</td>
<td>44,446</td>
<td>46,506</td>
<td></td>
</tr>
<tr>
<td>Stewartry</td>
<td>21,500</td>
<td>22,024</td>
<td>22,886</td>
<td></td>
</tr>
<tr>
<td>Wigtownshire</td>
<td>20,482</td>
<td>21,328</td>
<td>21,822</td>
<td></td>
</tr>
<tr>
<td>Regional Services</td>
<td>167,820</td>
<td>242,833</td>
<td>229,361</td>
<td></td>
</tr>
<tr>
<td><strong>Total Delegated Services</strong></td>
<td>281,087</td>
<td>359,248</td>
<td>350,123</td>
<td></td>
</tr>
</tbody>
</table>

It is important to highlight that additional services were delegated during 2017/18, resulting in a significant increase compared to the previous year (including E-Health and Strategic planning and commissioning and Resource Transfer). In addition, non-recurring funding was released into the 2017/18 position, including items such as funding towards medical locum costs and one-off costs, such as those associated with the opening of the new hospital.

The lower 2018/19 position reflects the recurrent position moving forwards, with non-recurring funds allocated as the year progresses (such as medical locum costs and the double running cost associated with the opening of the new hospital).

10.3 Best Value

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.
NHS Dumfries and Galloway and Dumfries and Galloway Council delegated functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs both NHS Dumfries and Galloway and Dumfries and Galloway Council to deliver services in line with this Plan.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

A formal governance structure has been established, which incorporates the IJB, Health and Social Care Senior Management Team and the IJB Committees for Performance and Finance, Audit and Risk, and Clinical and Care Governance. The focus of these arrangements is to ensure performance is monitored and objectives within the Strategic Plan delivered, so as to ensure performance arrangements and risk management are in place.

Locally there are a number of factors which impact on the provision of social care, including rurality which leads to increased travel times. There is an open dialogue with providers and the Partnership has undertaken benchmarking in rates to meet best value guidelines.

The programme of transformational redesign which commenced before the IJB was formally set-up, most significantly demonstrated by the creation of a state of the art hospital in Dumfries, continues to review and transform services across the entire IJB portfolio of services. Models of care being developed will continue to enhance local community services and operate within the level of resource available to the IJB.

### Dumfries and Galloway Health and Social Care Spending 2017/18

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Based Services</td>
<td>£98m</td>
</tr>
<tr>
<td>Mental Health Directorate</td>
<td>£20m</td>
</tr>
<tr>
<td>Women and Children’s Directorate</td>
<td>£20m</td>
</tr>
<tr>
<td>Specialist Services Out Of Region</td>
<td>£21m</td>
</tr>
<tr>
<td>Community Based Services (of which...)</td>
<td>£166m</td>
</tr>
<tr>
<td>Care at Home</td>
<td>£42m</td>
</tr>
<tr>
<td>Care Homes</td>
<td>£35m</td>
</tr>
<tr>
<td>GP Practice Prescribing</td>
<td>£32m</td>
</tr>
</tbody>
</table>

Source: Dumfries and Galloway Health and Social Care (April 2018)
This programme reflects the integration of services between Health and Social Care, reviewing the way services are arranged and improving the way they are delivered so they better meet the needs of the population of Dumfries and Galloway.

The locality management structure across the four areas of Dumfries and Galloway ensure each locality’s specific priorities are accommodated and progressed in the most effective way, as laid out in the Locality Plans.

Specific concerns impacting upon service delivery across the IJB continue to be around the recruitment of key clinical staff, particularly concerning medical staff. Initiatives have already been put in place to reduce the level of vacancies across the organisation with recruitment drives having been undertaken across Europe and wider internationally, working in partnership with specialist organisations to recruit permanent staff to vacancies.

Driving forward changes to the demand for locum staffing as well as initiatives focused around reducing the cost of locum staff have already been implemented. These initiatives will continue to be taken forward to ensure even further reductions in cost are delivered during the course of 2018/19.

To achieve Best Value, the IJB has effective arrangements to scrutinise performance and monitor progress towards its strategic objectives as set out in the Strategic and Locality Plans.

How we are getting on: Balance of Care

One of the priority areas of focus identified in the Strategic Plan is shifting the focus from institutional care to home and community based care. Institutional care includes hospitals, care homes and hospices. To monitor whether we are achieving this objective we look at the total amount of time people from Dumfries and Galloway collectively spend either in an institutional setting or supported in communities.

The amount of time people are receiving care and support in the community is increasing. The amount of time people spend in institutions has not changed significantly. These numbers suggest that the focus is shifting to community based care.

The Scottish Government are currently developing an indicator to reflect the expenditure on end of life care in the last 6 months of life (Indicator A23).
11. Inspection of Services

The Partnership is required to report details of any inspections carried out relating to the functions delegated to the Partnership. During 2017/18 there were 7 inspections:

11.1 Care and Support Service (CASS) (May 2017)

The Service maintained its Very Good grades achieved at the last two inspections, and no requirements or recommendations were made. As care is delivered in people’s own property, the Service is never inspected on Quality of Environment.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>July 2016</th>
<th>May 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Very Good</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Very Good</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

11.2 Stranraer Activity and Resource Centre (ARC) (June 2017)

No recommendations were made. The report noted the standard of care was of high quality and people were at the heart of plans about their support, including risk assessments made to keep them safe. People were listened to and respected, and had easy to understand, accurate and up to date information about their care.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>September 2014</th>
<th>June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>Good</td>
<td>n/a</td>
</tr>
</tbody>
</table>

How we are getting on: Inspections

87% of care services in Dumfries and Galloway were graded Good (4) or better in Care Inspectorate inspections during 2017/18.

This is similar to the rate across Scotland which is 85%.

This was higher than in 2016/17 when the figure was 84%.

Source: ISD Scotland
11.3 Dumfries Activity and Resource Centre (ARC) (June 2017)

This inspection made 5 recommendations summarised in the table below.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>October 2014</th>
<th>June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Very Good</td>
<td>Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Very Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>Very Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>

**Recommendation**

**Progress**

People using the service, their families and Carers and stakeholders should have suitable opportunities to get involved with the development of the service and provide feedback.

A new manager for the service has been appointed and started in December 2017. An example of new opportunities includes people taking part in a health and safety walk around the building. They also have a say in how money from fund raising should be spent. A Supported Person forum started in February 2018.

Support plans, risk assessments and associated documents are regularly reviewed (at least every 6 months) to keep staff up to date with the current needs of the individual.

In January 2018 staff undertook refresh training on personal support planning. Reviews are scheduled 6 monthly. Peer auditing has also been introduced.

A quality assurance policy should be in place that details the ways quality is assessed/monitored, how often this should happen and who is responsible for completing the tasks.

This outcome continues to be developed. The service has focused on quality assurance themes. In January 2018 the theme was Supervision, Supervision Agreements and PDR's.

Improve how service users provide feedback regarding individual staff practice to the management team and develop and introduce this to the supervision and appraisal process.

People were helped to set up drama productions. Approximately 30 people attended. A Supported Person forum started in February 2018.

Service user questionnaires should be used to provide evidence of how feedback was evaluated or acted upon to enable service users to contribute to the daily running of the service.

A service questionnaire was distributed to all people who use the centre and their Carers in February 2018. Discussions are underway to re-start the Family and Carers Forum.

11.4 Newton Stewart Activity and Resource Centre (ARC) (July 2017)

There were no recommendations made. The report noted that Newton Stewart ARC delivered high quality care and support resulting in excellent outcomes for people using the service. The service had worked hard to continue to provide a very good service, evidencing very good practice and areas of excellence.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>July 2014</th>
<th>July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
</tbody>
</table>
11.5 Castle Douglas Activity and Resource Centre (ARC) (August 2017)

This inspection recommended that where risks and hazards have been identified for people, these are clearly recorded along with information on how to manage and reduce these risks. This information should be available within support plans and risk assessments to give clear guidance to staff on how to best support people.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>September 2014</th>
<th>August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Very Good</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Very Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>Very Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>Very Good</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

Since the inspection, risk assessments have been personalised for each person supported by the centre and incorporated into their Personal Support Plans. This work was completed and the Care Inspectorate was notified by December 2017.

11.6 Dunmore Park Respite Service (October 2017)

There were no recommendations for this service. The inspection found that improved support plans provided information required to support people in a consistent way, people supported and their families had a say in decisions about their care and support.

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>July 2016</th>
<th>October 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>Good</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Environment</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>n/a</td>
<td>Good</td>
</tr>
</tbody>
</table>

11.7 Dunmuir Park (November 2017)

The inspection made 2 recommendations:

Review the purpose of audits and complete quality assurance procedures for all essential audits. Areas identified for improvement should have an action plan with clear timescales for completion.

Action plans must be completed as part of the auditing system. Outcomes from audits should be clearly recorded. Ensure where areas have been identified for improvement an action plan is developed, including timescale and person responsible. Action plans should be reviewed and updated till completion.

In response the service has refreshed its audit format, streamlined the process and introduced a timescale on any action required. A weekly Quality Monitoring meeting with the senior management team has been introduced.
12. Significant Decisions and Directions

12.1 Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outwith the context of the Strategic Plan. In considering these types of decisions, the IJB must involve and consult its Strategic Planning Group and people who use, or may use the service.

No decisions defined as Significant Decisions were made by the IJB in 2017/18.

12.2 Directions

Integration Authorities require a mechanism to action their Strategic Plan, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding Directions from the Integration Authority to one or both of the Health Board and Local Authority.

Directions may name the Health Board or Local Authority to carry out a particular function, or may require a function to be carried out jointly. The Direction may also set out what the Health Board or Local Authority is to do in relation to carrying out a particular function.

The following Directions were issued by the IJB in 2017/18:

- 00012017 Implement Dumfries and Galloway Strategy for Mental Health Services
- 00022017 Scoping of Dumfries and Galloway Learning and Intellectual Disability
- 00032017 Implementation of Carers Act
- 00042017 Dumfries and Galloway Regional Planning
- 00052017 Health and Social Care Services Review
- 00062017 Dumfries and Galloway Service Planning Framework
- 00072017 Options appraisal for vascular surgery

13. Review of the Strategic Plan

The Dumfries and Galloway Integration Joint Board (IJB) Strategic Plan 2016-19 was agreed in April 2016. This plan was developed by consulting with, and listening to, people who use services, their families, Carers, members of the public, people who work in health and social care, and third and independent sector partner organisations. It sets out the vision of the IJB, the case for change, how we plan to achieve the vision, priority areas of focus and our commitments against each of these.

The Public Bodies (Scotland) Act 2014 places a legislative requirement on integration authorities to review their strategic plans at least once in every relevant period. (The current relevant period is 2016-19).

The legislation outlines two options for integration authorities:

- Retain the current strategic plan, restarting the relevant period at the date of this decision (New Period of Relevance April 2018-21) or
- Replace the strategic plan at the end of the current relevant period (New Period of Relevance April 2019-22)
The integration authority, when considering whether or not to retain or replace their strategic plan, must:

- Seek and have regard to the views of its Strategic Planning Group (SPG) on the effectiveness of the arrangements for carrying out the Integration functions and whether the integration authority should prepare a replacement strategic plan
- Have regard to the Integration principles and national health and wellbeing outcomes.

The IJB, at its meeting in May 2017, agreed the process for reviewing the strategic plan. This process involved extensive discussions with the Strategic Planning Group.

The Dumfries and Galloway SPG consists of 40 members, with representation from a wide range of partners and stakeholders. This includes people representing staff in the statutory and non-statutory sectors, people who have experienced or are experiencing health and social care support and Carers.

The role of the SPG is to shape and influence the strategic plan and continuing to review progress measured against the 9 National Outcomes.

Members of the SPG were asked to review each section of the strategic plan and provide comments and an overall view on whether to retain or replace the document for the next relevant period.

The view from the feedback that we received from members of the Strategic Planning Group was strongly that the existing strategic plan should be retained for the next relevant period 2018-2021.

The IJB agreed on 5 April 2018 that the Strategic Plan should be retained, restarting the relevant period at the date of this decision. The new period of relevance for the Dumfries and Galloway Health and Social Care Partnership Strategic Plan is April 2018-March 2021.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Previous Value</th>
<th>Current Value</th>
<th>Time Period</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Percentage of adults able to look after their health very well or quite well</td>
<td>2015/16 95%</td>
<td>2017/18 93%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A2</td>
<td>Percentage of adults supported at home who agreed that they were supported to live as independently as possible</td>
<td>2015/16 83%</td>
<td>2017/18 79%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A3</td>
<td>Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided</td>
<td>2015/16 79%</td>
<td>2017/18 83%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A4</td>
<td>Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated</td>
<td>2015/16 75%</td>
<td>2017/18 76%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A5</td>
<td>Total % of adults receiving any care or support who rated it as excellent or good</td>
<td>2015/16 81%</td>
<td>2017/18 86%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A6</td>
<td>Percentage of people with positive experience of the care provided by their GP practice</td>
<td>2015/16 85%</td>
<td>2017/18 88%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A7</td>
<td>Percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life</td>
<td>2015/16 83%</td>
<td>2017/18 80%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A8</td>
<td>Total combined % carers who feel supported to continue in their caring role</td>
<td>2015/16 40%</td>
<td>2017/18 48%</td>
<td>Scotland</td>
</tr>
<tr>
<td>A9</td>
<td>Percentage of adults supported at home who agreed they felt safe</td>
<td>2015/16 83%</td>
<td>2017/18 85%</td>
<td>Scotland</td>
</tr>
</tbody>
</table>

Source: ISD Scotland, HACE Dashboard
<table>
<thead>
<tr>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>A10</td>
</tr>
<tr>
<td>A11</td>
</tr>
<tr>
<td>A12</td>
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<tr>
<td>A13</td>
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<td>A21</td>
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<tr>
<td>A22</td>
</tr>
<tr>
<td>A23</td>
</tr>
</tbody>
</table>

Source: ISD Scotland
Glossary of Terms

Allied health professionals (AHPs)
Professionals related to healthcare distinct from nursing and medicine. Examples include podiatrists, physiotherapists, occupational therapists and speech and language therapists.

Anticipatory care / Forward looking care
A term used to describe an approach where the actual or potential care and support needs of someone are predicted. By doing this, steps can be taken much earlier to minimise or avoid altogether the impacts of these. (See also Forward looking care).

Asset-based approach
Identifying and making best use of all the resources at an individual and community level.

Care and support plan
An agreed document, developed and maintained by the person and their health and/or social care professional, that identifies and records discussion with regard to personal aims and outcomes, needs, risk and any required action. It can be electronically stored or written on paper and accessible to the person.

Carer
Someone who provides unpaid care and support to a family member, neighbour or friend.

Co-produce / Co-production
A way of working where people and professionals share power to plan and deliver support together.

COSLA
The Convention of Scottish Local Authorities. COSLA is the voice of Local Government in Scotland, providing political leadership on national issues and working with councils to improve local services and strengthen local democracy.

Culture
The way in which members of an organisation relate to each other, their work and the outside world.

Dementia
A term used to describe a group of symptoms that occur when brain cells stop working properly, which can affect thinking, memory and communication skills.

GP
General Practitioner, sometimes referred to as a family doctor.

Health and social care integration
Bringing together adult health and social care in the public sector into one statutory body, for example an integration authority.

Health inequalities
A term that refers to the gap between the health of different population groups, such as wealthier compared to poorer communities or people with different ethnic backgrounds.

Impact assessment (see also protected characteristics)
A process to assess the impact of applying a proposed new or revised plan, policy, function or service.
**Independent sector**
A general term for non-statutory bodies including private enterprise, voluntary, charitable or not-for-profit organisations.

**Integration authority**
An integration joint board or lead agency, responsible for services delegated to it by the NHS and local authority.

**Integration Joint Board (IJB)**
A body established where a health board and local authority agree to put in place a Body Corporate model. The integration joint board is responsible for planning integrated arrangements and onward service delivery.

**IT Systems**
Information technology systems, which can include specialist systems within a hospital environment to aid the delivery of care and also systems to record patient information.

**Locality**
The term outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 to identify local areas. Every local authority must define at least 2 localities within its boundaries for the purpose of Locality planning. In Dumfries and Galloway there are 4 localities - Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire.

**Long term conditions**
These are health conditions that last a year or longer, impact on a person’s life and might require ongoing care and support. These are also known as chronic conditions.

**Ministerial Strategic Group (MSG)**
The MSG is a forum for leaders from health and social care to provide direction and support, for taking forward COSLA and the Scottish Government’s joint political leadership of health and social care integration. It is chaired by the Cabinet Secretary for Health and Sport and includes representation across multiple sectors with an interest in how health and social care are delivered.

**Mobile technologies**
Technology that is portable, including mobile phones, tablet devices and laptops.

**One Team Approach**
A multi disciplinary way of working which includes professionals from different areas, who work together to improve care and outcomes for people.

**Partnership**
Health and Social care under the Integrated Joint Authority, encompassing NHS Dumfries and Galloway and Adult Social Care.

**Personalised**
Tailoring health and/or social care and support specifically to an individual.

**Person-centred**
Focuses care and support on the needs of a person and is a way of thinking and doing things that sees the people using health and social care as equal partners in planning, developing and monitoring care to make sure it meets their needs.
**Personal outcomes**
The end result or impact of activity on a person. A personal outcomes approach identifies what matters to people through good conversations during care and support planning.

**Protected characteristics**
It is recognised that people may face discrimination due to these characteristics. The Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.

**Re-ablement**
A hands-off approach to care and support that helps people learn or re-learn the skills needed for daily living. A focus on regaining physical ability and re-assessment is central to this way of working.

**Self-management**
People making decisions about and managing their own health and wellbeing.

**Strategic needs assessment (SNA)**
An analysis of the health and social care and support needs of a population that helps to inform health and social care planning.

**Strategic plan**
A high level plan that sets the future direction of travel for health and social care by identifying key challenges and priority areas of focus and aligning resources to activity.

**Technology enabled care (TEC)**
A Scottish Government programme to enable a major roll out of telehealth and telecare in Scotland. Technology Enabled Care (TEC) is the utilisation of a range of digital and mobile technologies to provide health and social care support at a distance.

**Telehealth**
The provision of healthcare remotely by means of telecommunications technology.

**Telecare**
Telecare is the term for offering remote care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes, for example, personal alarms or sensors.

**Third sector**
An extensive range of organisations that have a social purpose and are not-for-profit, such as voluntary organisations, charities, or social enterprises. The types of services and the opportunities they provide include health and social care and support, information, advocacy and volunteering.

**Vulnerable adult**
A person over the age of 18 at risk of being harmed by reason of disability, age or illness.

**Wellbeing**
Wellbeing is a complex combination of a person’s physical, mental, emotional and social health. Wellbeing is strongly linked to happiness and satisfaction in life.
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At the start of each section there is an overview page summarising the sections content. This is done using ‘leaves’.

If the leaf is grey then that indicator/measurement has not been included in this edition of the quarterly report. If the leaf is coloured in then that indicator/measurement is included in this edition.

The border of the leaf will be coloured according to the following:

**Grey** – there is insufficient data available at this time to determine whether or not we are being successful in attaining our outcomes.

**Green** – the indicator or measurement suggests that we are being successful in attaining our outcomes.

**Amber** – early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.

**Red** – the indicator or measure suggests that we have/will not attain our outcomes.

This section indicates which of the 9 National Outcomes for Integration the measurement/indicator supports.

This section indicates which of the 10 Areas of Priority for Dumfries & Galloway as described in the Strategic Plan the measurement/indicator supports.

Basic ‘meta-data’ indicating the measurement/indicator was last published; how frequently it is published; and who publishes it.

Each indicator in this report is prefixed with an “A”, “B”, “C” or “D” code. This refers to origin of the indicator:

Indicators with an “A” code are from the “Core Suite of Integration Indicators” defined by the Scottish Government.

Indicators with a “B” code are the NHS Publically Accountable Measures.

Indicators with a “C” code are the Local Authority Publically Accountable Measures for adult social work services.

Indicators with a “D” code are locally agreed measures.
National Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries & Galloway. They are the long term objectives the Integration Joint Board are striving to achieve.

The progress Dumfries & Galloway is making towards achieving the national outcomes is measured in different ways: quantitative, qualitative, and process measures. Each measure may relate to more than one outcome but it is unlikely that any one measure will indicate progress to all outcomes at the same time. In this report, each measure is mapped to one or more of the national outcomes. Combined these measures provide an overall assessment of Dumfries & Galloway’s progress towards these outcomes.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

7. People who use health and social care services are safe from harm

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

9. Resources are used effectively and efficiently in the provision of health and social care services
Dumfries & Galloway Priority Areas

To deliver the 9 national health and wellbeing outcomes, the Strategic Plan identified 10 priority areas of focus. Each measure in this report is also mapped to one or more of these 10 priority areas.

1. Enabling people to have more choice and control
2. Supporting carers
3. Developing and strengthening communities
4. Making the most of wellbeing
5. Maintaining safe, high quality care and protecting vulnerable adults
6. Shifting the focus from institutional care to home and community based care
7. Integrated ways of working
8. Reducing health inequalities
9. Working efficiently and effectively
10. Making the best use of technology
Clinical and Care Governance

Overview

A1. The percentage of adults able to look after their health very well or quite well

A9. The percentage of adults supported at home who agree they felt safe

A11. European age-standardised mortality rate per 100,000 for people aged under 75

A12. The rate of acute emergency admissions per 100,000 adult population

A13. The rate of acute emergency admission bed days per 100,000 adult population

A15. Proportion of the last 6 months of life spent at home or in a community setting

A18. Percentage of adults (18+) with “intensive” social care needs who receive care at home

A19. Number of days people aged 75 or older spent in hospital when they are ready to be discharged, per 1,000 population

A21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home

A22. Percentage of people who are discharged from hospital within 72 hours of being ready

B1. Percentage of cancer patients diagnosed at stage 1 for breast, colorectal and lung cancers combined

B2(1). Percentage of newly diagnosed cancer patients whose treatment started within 31 days of the decision to treat

B2(2). Percentage of people referred urgently with a suspicion of cancer that begin treatment within 62 days of receipt of the referral

B4. Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks

B5. Percentage of people who waited less than 18 weeks from referral to treatment starting

B6. Percentage of patients waiting less than 12 weeks for a new outpatient appointment

B7. The percentage of people seen for their diagnostic tests within 6 weeks.

B8. Early access (booking by 12 weeks) to antenatal service in the worst performing SIMD (Health Board) quintile

B9. Percentage of eligible people who begin IVF treatment within 12 months

B10. Percentage of those who commence treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral

B11. Percentage of eligible patients who commence psychological therapies within 18 weeks of being referred
B14 Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug and alcohol treatment that supports their recovery

B16 Proportion of successful 12-week quits amongst people from the 40% most deprived areas (Scottish Index of Multiple Deprivation - SIMD)

C1 Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call

C2 The number of adults accessing Self Directed Support (SDS) - all options

C3 The number of adults accessing Self Directed Support (SDS) Option 2

C4 The number of adults accessing Self Directed Support (SDS) Option 3

C5 Number of Carers receiving support (excluding Young Carers)

C6 Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more)

C7 Number of adults under 65 receiving care at home
A19 Number of days people aged 75 or older spent in hospital when ready for discharge

Number of days people aged 75 or older spent in hospital when they are ready to be discharged, per 1,000 population

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<td>547</td>
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</table>

Key Points

In Dumfries and Galloway for the 12 months ending June 2018, the rate of bed days occupied by people aged 75 or older experiencing a delay in their discharge from any hospital was 547 for every 1,000 people. The rate for Scotland was 777 per 1,000 people.

A revised stretch target trajectory has been agreed, to equate to a real term drop of 35% compared to the likely result had no changes been made. The current figure is lower than the new desired trajectory.

The Wider Context

The delayed discharge rate is an indicator of how timely people flow through the health and social care system. Reducing delayed discharges is part of the national focus to reduce unscheduled bed-days in hospital care by up to 10 per cent outlined in the Health and Social Care Delivery Plan published December 2016.

Improvement Actions

Winter planning is already underway, having started earlier than in previous years. The Flow Co-ordinators, who help coordinate people returning home or to a more suitable setting, within the Acute and Diagnostic directorate are moving to 7 day working. A weekly huddle is held involving the Flow Co-ordinators and Social Work Services specifically looking at resolving delays.

The Daily Dynamic Discharge criteria are being refreshed. Discharging people before noon is challenging. This is being reviewed and improvement actions identified.

In August 2018, 14.9% of people surveyed in the Dumfries and Galloway Royal Infirmary Day of Care Survey did not meet the criteria for being in the most suitable location for their needs, the lowest level in a year. In the Galloway Community Hospital this figure was 37.1% and in the Cottage hospitals this figure was 28.4% of people surveyed. The reasons people do not meet the survey criteria can be very different depending on the setting they are in.
B1 Detect cancer early

Information published at the end of July 2018 shows that in Dumfries and Galloway, 26.9% of new cases of breast, colorectal (bowel) and lung cancers combined, were detected early (during stage 1) during the years 2016 - 2017. Dumfries and Galloway’s performance remains above the average rate for Scotland (25.3%) and there has been a 4% rise since 2015 - 2016. Across Scotland, the early detection rate for cancer ranged from 14.3% to 29.2%.

The Wider Context

The latest results are reported for the years 2016 and 2017 combined. In Dumfries and Galloway, there were 687 cases of either breast, colorectal or lung cancer diagnosed, of which 185 were diagnosed during stage 1. In Dumfries and Galloway, the early detection rate for breast cancer individually was 40.7% (Scotland 38.7%), for colorectal cancer was 24.9% (Scotland 17.8%) and for lung cancer was 10.7% (Scotland 13.2%).

Improvement Actions

Women in the region aged between 50 and 70 years of age are offered a three-yearly mammogram to screen for breast cancer. Local uptake is high (75.3%) for 2017. However, cancers can arise between screens (interval cancers) or in women outwith the age range so it is important to raise awareness of the signs and symptoms of breast cancer including breast self-examination techniques.

People aged between 50 and 74 are offered a two-yearly bowel screening test to detect possible colorectal cancer. The 2017 uptake rate is 57.9% against a Scottish average of 54.3%. The new faecal immunochemical test (FIT), which is simpler to complete, was introduced in November 2017. The uptake rate for bowel screening has increased and as a result the 2018 screening rate is expected to be higher. Again, the importance of seeking medical advice when people have bowel symptoms (for example bleeding or change in bowel habit) needs to be highlighted.

No screening programme exists for lung cancer and it tends to be a silent disease until quite well advanced. Nonetheless, people need to be encouraged to seek medical advice if they experience a new or changed cough that lasts for more than a few weeks.
B2(1) Cancer waiting times (part 1)

Key Points

In Dumfries and Galloway the percentage of people who had started treatment within 31 days of the decision to treat was 96.6% in March 2018. This is above the 95% target and the Scottish national rate of 93%.

The Wider Context

Every month, approximately 50 people in Dumfries and Galloway are newly diagnosed with a reportable cancer that goes on to be treated. This small number of people means that marked fluctuations in performance can be caused by the results of just 1 or 2 people. Cancer pathways for people living in this area often involve onward referral to other health boards for further investigation or treatment depending on the tumour site. Our performance can therefore be directly impacted by capacity and service challenges in other health boards.

Improvement Actions

Recruitment across the UK continues to be challenging; in particular around medical oncology, clinical nurse specialists, radiologists and some surgical specialities. This can impact negatively on waiting times. The Scottish Cancer Taskforce has requested that the Cancer Networks identify relevant workforce issues to be included on a Scottish Government Risk Register.

A 23 month programme of work, in partnership with Macmillan Cancer Support, has started to explore current cancer pathways. The newly recruited team will be engaging with people using services and those who deliver them and will liaise with the East and West of Scotland Cancer Networks. Throughout the programme there will be opportunities for statutory services, third sector partners and communities to apply for small grant funding to take forward tests of change. A Steering Group with representation from all partners and members of the public has been established.

The acute services operational team hold weekly meetings to assess performance against waiting times, identify any instances where particular cases need to be prioritised and agree actions to reduce delays. The cancer tracking team are able to raise issues as they arise and, on a daily basis if required, before they impact on services. Individual tumour specific action plans have been developed to allow for the development of a continual rolling improvement program to ensure services are managed in a way that delivers best outcomes for people with a cancer diagnosis.
B2(2) Cancer waiting times (part 2)

Percentage of people referred urgently with a suspicion of cancer that begin treatment within 62 days of receipt of the referral

Key Points

Dumfries and Galloway’s performance was 94.9% in March 2018. This is just below the national target of 95% for this indicator and above the rate for Scotland of 85%.

The Wider Context

Every month, across Dumfries and Galloway, there are approximately 35 people (aged 16+) diagnosed with cancer who are eligible for this target. This small number means that marked fluctuations in performance can occur from the outcomes of just one or two people being referred for treatment. This target is also influenced by onward referrals to other health boards and can be challenging due to the increasing number of diagnostic tests on standard patient pathways.

Improvement Actions

The prostate cancer pathway has become more complex due to new evidence about the most appropriate first diagnostic test. Nationally this has led to an increase in treatment waiting times for people diagnosed with prostate cancer and this is being closely monitored. Work has been undertaken locally to develop a formal pre-biopsy, magnetic resonance imaging (MRI) scanning pathway to improve the timescales for prostate cancer treatment.

Nationally there has been a significant increase in demand for Bowel Visualisation tests, mainly due to changes to the test used for bowel screening. This has led to a 50% increase in bowel screening referrals for colonoscopy in the first 6 months of 2018, compared to previous years.

There are 2 streams of work underway, both with the aim of increasing capacity and/or reducing demand for these investigations. The 2 streams of work are:

- surgical services who are reviewing colonoscopy activity and
- radiology who are reviewing the computerised tomography (CT) colonography service.

They will be supported by cancer services and the Realistic Medicine team during this process.
B4 Treatment time guarantee (TTG)

Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
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<td>Oct-Dec 2017</td>
<td>88.3%</td>
<td>89.2%</td>
<td>85.2%</td>
<td>80.2%</td>
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<tr>
<td>Jan-Mar 2018</td>
<td>77.7%</td>
<td>89.4%</td>
<td>84.2%</td>
<td>75.8%</td>
</tr>
<tr>
<td>Apr-Jun 2018</td>
<td>84.5%</td>
<td>89.6%</td>
<td>83.2%</td>
<td>74.6%</td>
</tr>
</tbody>
</table>

Key Points
Dumfries and Galloway's performance was 84.5% in the quarter ending June 2018. The longer term trend for this indicator is downward. Dumfries and Galloway's performance is currently below the national target of 100%.

The Scottish rate in the quarter ending June 2018 was 74.6%.

The Wider Context
In Dumfries and Galloway, 381 people who were treated in the quarter ending June 2018 had waited more than 12 weeks. This is 7% more people than the number of people waiting during the same time period in 2017.

The desired improvement trajectory for Dumfries and Galloway is to achieve a Treatment Time Guarantee of 90% by the end of March 2019.

Improvement Actions
The level of medical vacancies continues to impact on this indicator. Recently the availability of locums and temporary staff has improved and this has had an initial positive impact on this indicator. The vacancy rate has had an adverse impact on capacity and the ability to develop sustainable improvements.

The national benchmarking shows that Dumfries and Galloway performs better than average faced with similar challenges to other areas.

Since January 2018 the proportion of planned elective operations that have been cancelled has decreased. This will have a positive impact on Dumfries and Galloway’s performance with respect to the Treatment Time Guarantee.
B5 18 weeks referral to treatment

Key Points
The percentage of people treated within 18 weeks of referral was 88.3% in the quarter ending June 2018, against a target of 90%. The Scottish rate for the same period was 82.2%.

The Wider Context
Indicator B5 differs from indicator B4 (treatment time guarantee) and indicator B6 (12 weeks to first outpatient appointment) in that it considers the whole pathway of care from referral to the point a person receives treatment as opposed to just one part of this pathway.

Improvements in performance against indicators B4 and B6 will positively impact on indicator B5.

Improvement Actions
Stabilising indicator B4 (treatment time guarantee) is a priority for the acute and diagnostic management team. This will have a positive knock on effect on this 18 week indicator.

A review of the system for inviting people for their first outpatient appointment, inpatient and day case procedure or diagnostic test has started. This is in response to an emerging increasing trend in the number of people who state they are unavailable for the first appointment they are offered.

Dumfries and Galloway is fully engaged with the national Access Collaborative and has received funding from Scottish Government to implement a number of improvements including:

- Increasing capacity and skill mix,
- Reviewing administrative processes
- Exploring possible use of external capacity on a short-term basis within hospitals to improve waiting times.
B6 12 weeks first outpatient appointment

Percentage of patients waiting less than 12 weeks for a new outpatient appointment

Key Points

Across Dumfries and Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 96.0% in the month of June 2018.

Dumfries and Galloway’s performance is above the national target of 95%.

The most recent nationally published figures are for the quarter ending June 2017 when the Scottish rate was 75.1%.

The Wider Context

These figures relate only to first outpatient appointments for doctor-led clinics. There are around 40,000 of these appointments every year in Dumfries and Galloway. When we include clinics led by other professions and return visits, the number of appointments is in the region of 300,000 each year.

The desired trajectory aims to stabilise the number of people waiting less than 12 weeks to 90% by March 2019.

Improvement Actions

The level of medical vacancies continues to impact on this indicator. Recently the availability of locums and temporary staff has improved and this has had an initial positive impact on this indicator. However, Dumfries and Galloway’s ability to continue to meet this national standard for outpatients is considered vulnerable due to the lack of long term staffing options. The vacancy rate has had an adverse impact on capacity and the ability to develop sustainable improvements.

Dumfries and Galloway is continuing to work in partnership with other areas particularly with regards to Urology. Dumfries and Galloway is actively engaged with the West of Scotland regional planning group.

There is continuing work to find ways to reduce unnecessary return visits, to free up clinical capacity and improve people’s experience by reducing the need to travel. The number of doctor led return appointments was lower in June 2018 than in the same period the previous year.
B7 Diagnostic Waiting Times for 8 key tests

The percentage of people seen for their diagnostic tests within 6 weeks.

Key Points

In Dumfries and Galloway at the end of June 2018, there were 2,019 people seen for 8 key diagnostic tests. 96.8% were seen within 6 weeks against a target of 100%. 65 people were waiting longer than 6 weeks. The Scottish rate for the same period was 78.7%.

There is a local ambition to ensure that people are seen within 4 weeks. 83.3% of people were seen within this time frame.

The Wider Context

Maintaining or reducing waiting times for diagnostic tests can positively impact people experiences by facilitating quicker treatment and reducing anxiety which people may experience whilst investigations are undertaken.

The 8 key diagnostic tests included in this indicator are: upper endoscopy, lower endoscopy, colonoscopy, cystoscopy, CT (computed tomography), MRI (magnetic resonance imaging), barium studies and non-obstetric ultrasound.

While these tests include some of the most high risk areas of treatment, they do not necessarily include the highest volume services, such as plain film x-rays.

Improvement Actions

As with other specialities, there are national challenges for the radiology workforce. These workforce challenges are being addressed through national and regional planning. Dumfries and Galloway has recently been successful in recruitment of an additional staff member at a time when competition to recruit is strong nationally.

Dumfries and Galloway is signed up to the Digital Revolution for diagnostics, which will enable clinicians to share capacity and activity at a regional or national level. Developments in artificial intelligence will result in computers scanning digital images to assess changes over time, much faster and more accurately than people could. This will enable people to use their clinical expertise more in areas where difficult judgements need to be made. However, it could take 5 to 10 years for these methods to be everyday practice.
B9 IVF waiting times

Percentage of eligible people who begin IVF treatment within 12 months

Key Points
100% of eligible people from Dumfries and Galloway received IVF treatment within 12 months, achieving this target at March 2018.

The Wider Context
In Vitro Fertilisation (IVF) services for people from Dumfries and Galloway are provided by a specialist treatment centre in Glasgow. On average, between 20 and 30 people per year are referred for IVF from Dumfries and Galloway.

Figures recently published by ISD Scotland for the three months ending 31st March 2018 show that there was a total of 370 people from across Scotland screened for IVF. 100% of people referred were screened within 12 months and furthermore, approximately 60% of people referred were screened within 6 months.

Improvement Actions
Ongoing dialogue is taking place with tertiary centres to improve performance where possible. Dumfries and Galloway will continue to work to ensure that referrals to tertiary centres are as timely as possible.
B10 Child and Adolescent Mental Health Services (CAMHS) waiting times

Key Points

In the quarter ending June 2018, across Dumfries and Galloway, 77.6% of people referred to CAMHS commenced treatment within 18 weeks of referral, which is below the national target of 90%. Dumfries and Galloway remains above the overall rate for Scotland, which was 67.8% in the quarter ending June 2018.

The Wider Context

This indicator measures time from referral to treatment. The measure is based on people seen within the quarter. At the end of June 2018, there were 134 people waiting to be seen. The number of people waiting has reduced each month from a peak of 214 in January 2018. From April to June 2018 there were 279 new referrals to the service, 208 of which were appropriate to be seen by the CAMHS team.

Staff capacity is down by 2 whole time equivalents due to a vacancy and long term absence in the child team, which impacts on seeing children and young people in a timely manner.

Improvement Actions

All referrals are screened 3 times a week. Urgent referrals are prioritised and assessed that day or the next. Clinicians are reviewing all urgent referrals and ward based assessments to improve processes within the service and the experience of young people.

A primary Mental Health Worker based in a GP practice in Dumfries is booking young people directly into appointments for assessment and treatment, enabling a timely and appropriate level of intervention to be offered, without unnecessary waiting time to CAMHS. Initial data shows that young people seen through this route were offered treatment within 4 weeks. The model is being rolled out to a second GP practice.

A school referral model is currently being used in 2 schools in Dumfries. The model of consultation as a first step, has been agreed with education staff as the most appropriate way to decide if a CAMHS assessment should be further considered.

To reduce the number of people who do not attend their appointments, we wish to send out text reminders. The proportion of people who did not attend their first appointment was 4.0% in the quarter ending June 2018, compared to 11.7% across Scotland. Mental health is represented on the new Digitising Clinical Recording Board, which has been set up to support clinical teams to transition from paper recording to digital means.
B11 Psychological therapies waiting times

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<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>Scotland</th>
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<td>Apr-Jun 2018</td>
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</table>

Key Points

Between April and June 2018, the percentage of eligible new people across Dumfries and Galloway who commenced psychological therapies within 18 weeks of being referred was 72.2% (against a national target of 90%). The figure for Scotland was 76.3%.

Performance is below the agreed improvement trajectory, to achieve 75.4% by the end of March 2019.

The Wider Context

Approximately 340 new people, including around 40 people for computerised Cognitive Behavioural Therapy (cCBT) and approximately 1,000 return appointments are seen every month for psychological therapies across Dumfries and Galloway. Since July 2016, reductions to the hours worked by staff have resulted in the equivalent of the loss of 1 full time clinical person. This post has now been recruited into to increase overall clinical hours and the post holder will start in October. Long term absences continue to have an impact on capacity with absences extending into Spring 2019 in older adult specialties.

The referral rate of 6.6 per 1,000 population for Dumfries and Galloway is amongst the highest in Scotland, with 998 referrals in the quarter ending June 2018. Over 300 people have been referred for cCBT in the 12 months from April 2017, when this service was introduced.

Improvement Actions

Low intensity interventions include cCBT and seeing the Primary Care Liaison. Ongoing work analysing peoples’ progress from these programmes into secondary care will explore the effectiveness of these services.

In April 2018, a psychologist in adult services joined and it is hoped that the impact of this will reduce waiting times. A long term vacant post in learning disabilities has been successfully recruited, starting in October 2018.

In Dumfries, a service for people who have frequent attendances at GP practice is anticipated to start in spring 2019 alongside other work in primary care including group work and telephone triage.
B14 Drug and alcohol treatment waiting times

Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug and alcohol treatment that supports their recovery

Key Points

Across Dumfries and Galloway during the 3 months ending March 2018, 95.6% of people referred for drug and alcohol treatment started treatment within 3 weeks.

The rate for Dumfries and Galloway is above the national target of 90% and above the Scotland rate of 93.5%.

The Wider Context

This indicator is based on episodes of care. An episode of care is the time between a person’s initial referral for alcohol or drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded. Between January to March 2018 there were 434 people referred (231 for alcohol and 204 for drugs), and 222 completed episodes of care (planned discharges only) across Dumfries and Galloway.

Improvement Actions

There is an open dialog between the Alcohol and Drug Protection (ADP) team and the alcohol and drug services. This is to ensure the ADP team are made aware of any issues that may affect the waiting times. Compliance with the waiting time target is continually monitored.

The new IT system, called DAISy, was due to go live in April 2018. The project is currently awaiting ministerial sign off and a revised implementation date. It is anticipated that this will be after 1st January 2019.

It is anticipated that the waiting times target will continue to be achieved through 2018/19.
B19 Emergency department waiting times

Percentage of people attending the emergency department (ED) who waited no longer than 4 hours until admission, discharge or transfer for treatment

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![Percentage graph]

Key Points

The percentage of people attending an emergency department (ED) who were seen within 4 hours was 93.1% between April and June 2018. Dumfries and Galloway’s performance against this indicator has increased this quarter but remains below the national target of 95%. For Scotland, the rate was 92.0%.

The Wider Context

NHS Dumfries and Galloway’s first Annual Operational Plan (AOP) replaces the Local Delivery Plan. The AOP has been produced in line with guidance received from the Scottish Government’s NHS Scotland Director of Performance and Delivery on 9th February 2018. The guidance sets out a minimum aim to return to/at least maintain waiting times at the level they were on 31st March 2017. This sets an improvement trajectory to return to 92.2% by March 2019.

Improvement Actions

There are a number of ongoing initiatives focusing on people’s experience of ED and the processes involved. A review of staffing and how staff are deployed within unscheduled care is underway. This will concentrate on the learning since moving to the new hospital building.

In the Combined Assessment Unit (CAU), rapid assessment has been introduced to triage people on arrival to the unit. The middle tier medical, nursing and Advance Nurse Practitioner (ANP) activity in the unit is also being reviewed.

A new pharmacy model has been introduced to the CAU that aims to reduce admissions and speed up discharges.

Funding from Scottish Government is being used to support the Whole System Patient Flow Improvement Programme. A senior analyst has been employed to support this work.

When people are moved to a hospital ward that is different from their original specialty, in order to increase capacity for people needing urgent care, this is known as boarding. A review of the practice of boarding is underway. This will focus on what worked well last winter to see if there is scope to expand on these good practices in the coming months. The acute management team are already planning for winter 2018.
C1 Adults accessing Telecare as a percentage of the total number of adults supported to live at home

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<thead>
<tr>
<th>National Outcomes</th>
<th>Dumfries &amp; Galloway Priority Area</th>
<th>Reported: Frequency: Source: 01/06/2018 Quarterly Dumgal Council</th>
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<tr>
<td>Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call</td>
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Key Points

The percentage of adults supported to live at home who are using a telecare support system was 71.6% in June 2018. The figure continues to slowly rise.

In June 2018, there were 3,068 people supported to live at home, using Care Call technology across the region.

The Wider Context

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button linked through to a call responder. The target of 73% has not altered despite the recalculation of this measure following the move to the Mosaic IT system.

There is ‘lead-in’ time to the introduction of any telecare, enabling discussions with the person regarding their choices and learning to confidently use the equipment. A new Digital Health and Care Strategy 2017-22 for Scotland was published in April 2018. This will integrate the Technology Enabled Care (TEC) programme and e-health strategy for Scotland.

Improvement Actions

The telehealthcare team (based within DG Council customer services) has 4 technician assessors and 3 Carecall officers, working the equivalent of 5.8 people’s full time hours. Social workers continue to carry out assessments where people have more complex needs. Care Call Officers have undergone both internal and external training and are now fully operational with a 7 days a week provision starting in May 2018.

Telecare training was provided by the Telecare Services Association to staff from the Short Term Assessment and Reablement Service (STARS), Occupational Therapy and Sensory Support in October 2017 with further training in March 2018. This training is to enable workers to undertake a basic assessment for telecare as part of their own assessment. This process is now operational and the newly trained Trusted Assessors are completing referrals for the basic telecare package and equipment specific to their area of expertise.

There continues to be new developments in assistive technology that supports people to remain safely in their own home.
The number of adults accessing Self Directed Support (SDS) - all options

Key Points
A snapshot in June 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) were 324 people through Option 1, less than 5 people through Option 2 and 2,435 people through Option 3. The proportion of people being supported through SDS Option 1 has remained stable over the last year.

The Wider Context
These are Data Only indicators, which do not have targets or benchmarking associated with them. Increasing the proportion of people accessing SDS through Option 1 is seen as positive.

The Partnership aims to help people and support them to make the most appropriate choice of option under the Self Directed Support legislation. SDS Option 1 is where people choose to take control of purchasing and managing their own care and support. Option 2 is where people choose the organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan. SDS Option 3 is where people choose for social work services to arrange and purchase their care and support.

Improvement Actions
Scotland’s new health and social care standards were implemented on 1st April 2018. The standards are underpinned by 5 principles: dignity and respect; compassion; be included; responsive care and support and wellbeing.

A number of people are beginning to explore how Option 2 could work for them and we expect a gradual increase in the number of people choosing this option. It is important to acknowledge that helping people to plan how Option 2 would work for them can take a considerable amount of time. The arrangements required to deliver SDS Option 2 effectively are complex, and discussions with providers are ongoing.

Option 3 remains a popular choice for many older people, who may choose not to manage their own care.
C5 Carers receiving support (excluding Young Carers)

Number of Carers receiving support (excluding Young Carers)

Key Points

There were 42 new Adult Carer Support Plans (ACSP) completed in the quarter April to June 2018 by the Dumfries and Galloway Carers’ Centre (DGCC).

The DGCC saw 150 new adult Carers between April to June 2018 and 189 returning Carers used their services. The DGCC ran 72 groups with 426 people attending. Alzheimer Scotland had 410 existing Carers and 353 new Carers whilst Support in Mind had 19 Existing Carers and 16 New Carers between April to June 2018 (there may be overlap between these 3 organisations).

The Wider Context

There are a number of organisations across Dumfries and Galloway who provide support to Carers. The DGCC is commissioned to deliver Adult Carer Support Plan Assessments. Only a small proportion of Carers will require an ACSP and of these, fewer still require social care resources.

Identifying Carers is a key priority of the Carers (Scotland) Act 2016.

Improvement Actions

A consultation is underway with Carers to help understand what ‘being supported’ means to Carers. The survey is open until 14th September 2018. The information from this survey will be analysed alongside the narrative from the Scottish Health and Care Experience Survey 2018. Following the analysis, an improvement plan will be developed.

A draft short break statement has been prepared and is currently out for comment with Carers and Carers Organisations. This is designed to provide Carers with information and advice on what short breaks are available. It will be submitted to the November Integration Joint Board for approval.

In addition to Adult Carer Support Plans, a range of other support is provided to Carers through third and independent sector providers.
C6 Proportion of people 65 and over receiving care at home (via Option 3) with intensive care needs

In June 2018 there were 860 people being supported with 10 hours or more of care at home provision. This was 48.3% of all people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3.

The Wider Context

This is a Data Only indicator, which does not have a target associated with it.

This is an historical indicator, which predates the introduction of Self Directed Support and whose relevance has changed since the introduction of SDS. In this indicator, Intensive Care Needs is defined as a person needing 10 or more hours of care per week. This is an historic threshold of care and therefore less relevant in the context of the changing policy position in respect of Self Directed Support.

The calculation for this indicator is based on those people who have chosen SDS Option 3. The new SDS models of care offer more person centred solutions and more alternative flexible and efficient solutions.

This indicator is different to indicator A18 - Percentage of adults with intensive care needs receiving care at home, which looks at all adults with intensive needs, including those in care homes.

 Improvement Actions

No improvement actions required at this time.
C7 Number of adults under 65 receiving care at home (via SDS Option 3)

Key Points

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 622 in June 2018.

Since September 2015, there has been a 4.6% decrease in the number of adults under 65 receiving care through SDS Option 3 which will be reflected in part by the small increase in the number of people who have chosen Option 1.

The Wider Context

This is a Data Only indicator, which does not have a target or benchmarking associated with it.

SDS Option 3 is where people choose for social work services to arrange and purchase their care and support. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for.

There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be challenges regarding the supply of care in local areas.

Improvement Actions

Locality teams continue to encourage people who have capacity aged under 65, to move to SDS Options 1 or 2 which would enable them to take more control of their own care. Over time, this will impact on the results demonstrated by this indicator.
Overview

A20  Progress towards reporting on resources spent on emergency hospital stays

A23  Progress towards reporting on end of life care expenditure

B20  Operate within the agreed Revenue resource, Capital resource limit & meet cash requirement

C8   Rate of total Home Care hours provided per 1,000 population aged 65 and over

D6   The number of times people access 'virtual services'

D7   Progress towards reporting on housing adaptations

D8   Progress towards reporting on prescribing

D9   The ratio of workload between institutional and community based care
C8 Total number of Home Care hours provided as a rate per 1,000 population aged 65 and over

Key Points
In June 2018 the rate of care at home provided through Self Directed Support (SDS) Option 3 was 614.2 hours per 1,000 population aged 65 and over.

The Wider Context
This is a Data Only indicator, which does not have a target or benchmarking associated with it.

It is reported that across Dumfries and Galloway approximately 2 million hours of homecare are provided each year. It is anticipated that this indicator will decrease as more people opt for SDS Options 1 and 2. There will be a need to understand how many people are in receipt of care and support through all of the SDS options (see indicators C2 – C4).

Improvement Actions
No improvement actions required at this time. Initial discussions to propose a more suitable indicator have begun.

The first upload of information from the Dumfries and Galloway Council Mosaic database to the national Information and Statistics Division (ISD) Source database has been submitted. The information is currently undergoing quality assurance checks.

ISD as an independent third party uses the Source database to anonymously link health and social care information. A Local Information Support Team (LIST) analyst from ISD supports the partnership and will be able to produce linked analysis of health and social care information. Dumfries and Galloway has a representative on the working group that is developing the suite of standard reporting that will be available from the Source dataset.
# Quality

## Overview

| A5 | Percentage of adults receiving any care or support who rate it as excellent or good |
| A14 | Readmission to hospital within 28 days, per 1,000 of population |
| A16 | Emergency admissions: fall rate per 1,000 population age 65 and over |
| A17 | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections |
| B12(1) | Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days (excluding maternity and psychology) |
| B13(1) | The rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 1,000 acute occupied bed days |
| B12(2) | Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 population: community |
| B13(2) | The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per 1,000 population: community |
| B3 | Progress towards reporting on the number of people newly diagnosed with dementia who have a minimum of 1 years post-diagnostic support |
| B7 | Percentage of people surveyed who report waiting less than 2 days to see or speak to a doctor or nurse at their general practice (GP) |
| C9 | Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult support and protection (ASP) referral |
| D2 | Progress towards reporting on complaints across health and social care services |
| D4 | Progress towards reporting on personal outcomes |
| D5 | The proportion of staff who agree that they have the information necessary to do their job |
**B12(1) Rate of Clostridium Difficile infections: healthcare**

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<tr>
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Rate of healthcare associated Clostridium Difficile infections in people aged 15 and over per 100,000 total occupied bed days (excluding maternity and psychology)

**Key Points**

The infection rate for Clostridium difficile (C. difficile) for the 3 months ending 31st March 2018 was 31.3 cases per 100,000 occupied bed days. This is above the rate for Scotland of 10.9 cases per 100,000 occupied bed days.

The average from March 2015 to December 2016 was 16.8 cases per 100,000 bed days. An improvement trajectory to return to the previously observed average levels of infection has been agreed. Dumfries and Galloway was one of the health boards with higher rates of Clostridium difficile infection in the last year.

**The Wider Context**

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots. There is no target associated with this indicator.

C. Diff infections in a healthcare setting may be triggered by giving people who are already carriers of the organism particular antibiotics.

**Improvement Actions**

Local records show there were 14 cases from January to March 2018. Respiratory infections and prescriptions for antibiotics to treat these had part to play as did a number of people who developed a recurrent C. Diff infection whilst in hospital.

The higher infection levels observed up to the end of March 2018 may, in part, have resulted from prescribing antibiotics for respiratory infections. There was a shortage of the antibiotic Tazocin internationally and NHS Dumfries and Galloway, being high users of this medication previously, noted a greater difference when alternative medications had to be used.

Investigations show that prescribing guidelines were followed appropriately. The infection control team have recommended that the existing guidelines be reviewed to ensure best practice. The infection control team, acute management team and antimicrobial management team will be reviewing progress against the action plan in September 2018.

All hospital environments are cleaned with strong chlorine bleach to prevent the spread of infection.
B12(2) Rate of Clostridium Difficile infections: community

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Rate of community associated Clostridium Difficile infections in people aged 15 and over per 100,000 population

Key Points

The infection rate for Clostridium difficile (C. difficile) for the 3 months ending 31st March 2018 was 10.9 cases per 100,000 population. This is above the rate for Scotland of 7.3 cases per 100,000 population but similar to the average for Dumfries and Galloway.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

There is no target associated with this indicator. The average from March 2015 to December 2016 was 10.4 cases per 100,000 population. The small number of cases can make the rates jump dramatically from one period to the next.

Improvement Actions

There is an increasing threat from infections which are resistant to common antibiotics, and we now see these in hospitals, care homes and the community. We actively look for these infections and provide training to health and care professionals on how to prevent them spreading. Inappropriate use or over use of antibiotics can also increase the risk of these conditions, so we are promoting awareness of this amongst the public and encouraging safer prescribing by healthcare staff.

When C. difficile infections are identified in community settings, the infection control team contacts people at home, to give advice about home hygiene and laundry to help keep their families safe from further infection. Discussions with people and their GP also encourage people to be on the right dosage of antibiotics for the right length of time, to minimise the risk of a relapse.

A quote here from a qualitative study undertaken by the Infection Control Manager shows that the link with antibiotics is still often misunderstood:

“The first thing about it was I was surprised that I could get it, because I had been on antibiotics for too long. That really sort of made me think, that surely if antibiotics are meant to cure you... but yet I still had C.diff.”

Patient 1
B13(1) Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias: healthcare

The rate of healthcare associated Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 100,000 acute occupied bed days

Key Points

The infection rate for Staphylococcus aureus bacteraemia (SAB) in the 3 months ending 31st March 2018 was 4.5 cases per 100,000 acute occupied bed days. This is the lowest rate of healthcare associated SAB since March 2015.

The rate for Scotland was 18.7 cases per 100,000 occupied bed days.

Local data shows that during the quarter ending March 2018 there were 2 cases of SAB.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

There is no target associated with this indicator. The average from March 2015 to December 2016 was 14.8 cases per 100,000 bed days. An improvement trajectory has not been set as figures are currently lower than average and lower than the Scotland rate.

Across Scotland, invasive medical devices continue to be a leading cause of SAB, together with skin and soft tissue infections and intravenous drug use.

Improvement Actions

Within our target areas the number of Hospital Acquired Infections (HAIs) is very low. Achieving further reductions will be challenging but we continue to strive for zero preventable infections.

Any healthcare associated cases of SAB that are assessed as being potentially preventable are being flagged on the DATIX adverse incidents reporting system to ensure that actions and earning are followed up.

Screening for MRSA in Dumfries and Galloway was 100% in the quarter ending June 2018. Invasive devices such as catheters and needle sites are a focus for improvement work in 2018.
The rate of community associated Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 100,000 population

The infection rate for Staphylococcus aureus bacteraemia (SAB) in the 3 months ending 31st March 2018 was 19.0 cases per 100,000 residents of Dumfries and Galloway. There have been higher than average number of cases identified in the community over that last year.

The rate for Scotland was 9.7 cases per 100,000 population.

Local data shows that during the quarter ending March 2018 there were 7 cases of SAB.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

There is no target associated with this indicator. The average from March 2015 to December 2016 was 5.7 cases per 100,000 population. An improvement trajectory has not been set for community associated infections.

Across Scotland, invasive medical devices continue to be a leading cause of SAB, together with skin and soft tissue infections and intravenous drug use.

Improvement Actions

SAB infections are a risk for people with skin and soft tissue injuries such as leg ulcers or chronic skin conditions like psoriasis becoming infected. The partnership has advertised for a Tissue Viability nurse who with work with District Nurses in primary care to improve referral pathways for people, to enable people to be seen at an earlier stage before they become infected.

There was only one methicillin resistant Staphylococcus aureus (MRSA) SAB infection recorded this year and it was associated with a community setting. This demonstrates the success of the MRSA screening programme in Dumfries and Galloway hospitals.
C9 Feedback received by referrers on actions taken within 5 days of receipt of adult protection referral

Key Points

Across Dumfries and Galloway in the quarter ending June 2018, 70.3% of people referring a Duty to Inquire case to Adult Support and Protection (ASP) received feedback within 5 days of receipt of referral.

The Wider Context

Across Dumfries and Galloway there are typically 50 to 90 ASP Duty to Inquire referrals per month. All relevant adult referrals are assessed to determine if they meet the requirements that would classify the referral as a Duty to Inquire. Discussions are underway in relation to reporting timescales and determining what should count as feedback to ensure the data is as complete as possible.

The type of feedback is different depending on the source of the referral. Where a professional has made the referral it can be noted that the adult is being progressed under Duty to Inquire, with a consideration as to the need to take to investigation. If a family member makes a referral, it is likely they will be involved in the progression of the referral so they will receive more detailed feedback. If a member of the public makes a referral they will be told that we have received the referral and are giving consideration as to how to take this forward.

Improvement Actions

Improving communication between ASP and referrers was identified as a priority by the Adult Support and Protection Executive Group (ASPEG) and the Adult Support and Protection Committee (APC).

An improvement to local processes means that the social work team supports the early triage of referrals for the MASH. This should make the process more robust, release capacity to follow up referrals and ensure the feedback in relation to adult protection referrals are addressed in a timely manner.

Performance continues to be monitored and regular reports shared with the senior manager and frontline practitioners to improve information sharing and speedier decision making.
D5 Staff have the information to do their job

The proportion of staff who agree that they have the information necessary to do their job

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Key Points

80% of staff who responded said they had the information necessary to do their job well according to the iMatter Survey. This is 1% lower than Scotland. The proportion of people who felt they had sufficient information has increased by 1% since the previous survey in 2016.

The Wider Context

Sharing appropriate information between teams across health and social care is important for the safe and effective delivery of services. Appropriate information sharing can improve the co-ordination of services and lead to improved outcomes for people.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

Improvement Actions

There is range of regular communications with staff, including the weekly NHS CORE briefing, newsletters, websites and the popular weekly dghealth blog that can be found at www.dghealth.wordpress.com. The IJB communication strategy over the last year has seen much greater use of social media to communicate both with staff and the public. Several high profiles campaigns such as the recent PJ Paralysis promotion have been well received. There have also been videos from the Director of Finance and the NHS Workforce Director to raise awareness amongst staff. Work to develop a consistent corporate identity for the IJB has been progressing.

The clinical portal links together a wide range of clinical systems to allow clinicians to access appropriate information in a single place. At the end of June 2018 there were 1,855 people using the portal to access information and there were over 50,000 logins to the portal in July 2018. Investment in the MORSE IT product will enable staff to record information digitally by design which will improve the timeliness of information being available on the clinical portal.
## Stakeholder Experience

### Overview

| A2 | Percentage of adults supported at home who agree that they are supported to live as independently as possible |
| A3 | Percentage of adults supported at home who agree that they were consulted about their help, care or support |
| A4 | Percentage of adults supported at home who agree their health and care services were well co-ordinated |
| A6 | Percentage of people with positive experience of the care provided by their GP practice |
| A7 | Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life |
| A8 | Percentage of Carers who feel supported to continue in their caring role |
| A10 | Percentage of staff who say they would recommend their workplace as a good place to work |
| D10 | Progress towards reporting on the positive outcomes from Adult Support and Protection. |
| D11 | The proportion of Carers who agree they receive the support needed to continue in their caring role |
| D12 | Progress towards reporting on the proportion of people who agree that they could rely on family or friends in their own neighbourhood for help |
| D13 | Progress towards reporting on health inequalities |
| D14 | Proportion of people who agree that they were well communicated with and listened to |
| D15 | Proportion of people who are satisfied with local health and social care services |
| D16 | Progress towards reporting on the proportion of people who are satisfied with the ease of finding information on health and social care services |
| D17 | Progress towards reporting on anticipatory care plans |
| D18 | Progress towards reporting on the proportion of people who feel connected to the neighbourhood they live in |
| D19 | Progress towards reporting on the proportion of staff who agree they understand the vision and direction of Dumfries and Galloway Health and Social Care partnership |
| D20 | Progress towards reporting on the proportion of staff who agree that they are confident they understand their how their role in the organisation can support people from different background... |
| D21 | The proportion of staff who agree that they are involved in decisions relating to their role |

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Stakeholder Experience, page 185 of 195
D22 The proportion of staff who would recommend their workplace as a good place to work.
B18 Sickness absence rate

The rate of sickness absence amongst employees; Dumfries & Galloway

Key Points

The rate of sickness absence between April and June 2018 was 6.3% for Adult Social Services and 4.8% for NHS employees against the national (NHS staff) target of 4%.

The Wider Context

Across Dumfries and Galloway there are approximately 3,500 whole time equivalent (wte) NHS employees and 416 wte Adult Social Services employees. The smaller number of Adult Social Services employees means that there is likely to be greater variation in the sickness absence rate compared to the rate for NHS employees.

Improvement Actions

Activities of the Working Well Partnership Steering Group, in line with the strategy have begun a 12 month campaign of activities and information sharing. Work to promote wellbeing includes the launch of a qualitative study engaging with staff about their experience of mental health at work. Members of the Partnership are also promoting the work of the group and key wellbeing themes in a series of short videos that are shared with staff across the organisation.

Adult Social Services continues to focus on maximising attendance at work in order to maximise service delivery. Monthly absence information is provided allowing management intervention in areas of high non-attendance. Return to work interviews are undertaken after every period of absence, focusing on supporting people returning to the workplace at the earliest opportunity, aiming to sustaining attendance in the workplace.

There is an increased focus on workplace mental health and wellbeing, with mental health champions appointed to support the wellbeing agenda. There is a new occupational health provider enabling self referral for counselling. Continued case management is ongoing in conjunction with human resources. Corporate classroom based training is available on a monthly basis, which is in addition to both bite sized training and online training, which can be accessed at any point.

Sickness absence remains a standing agenda item for the Integration Partnership Forum.
D21 Staff involved in decisions

The proportion of staff who agree that they are involved in decisions relating to their role

Key Points

70% of people who responded to the iMatter survey in 2017 from Dumfries and Galloway said they felt involved in decisions relating to their job. This is 1% lower than Scotland.

The proportion of people who responded positively is equal to the previous survey in 2016 (70%).

The Wider Context

As health and social care services work more closely together, it is important that staff are confident and understand their role within the Partnership. Empowering people to make decisions about improving the quality of the services they provide is an important aspect of the ideal culture the partnership aspires towards.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

Improvement Actions

Part of the iMatter survey process is for teams to discuss their local outcomes and develop an action plan to address shared agreed improvement actions. Taking forward iMatter action plans encourages teams to speak openly about what is working well and where improvements are needed. This can positively impact on how services are delivered and how people experience services, which in turn, can improve outcomes for people.

The number of completed iMatter action plans in 2017 was below average, with 43% of plans complete for Scotland and 12% complete in Dumfries and Galloway. This is an area for improvement in 2018/19.

“Our aim was about us looking at our department as a community and how do we all work together and support each other...”
iMatter working group member
D22 Staff recommend workplace as a good place to work

The proportion of staff who would recommend their workplace as a good place to work

**Key Points**

74% of people who responded to the iMatter survey in 2017 from Dumfries and Galloway said they would recommend their organisation as a good place to work. This is the same as the result for Scotland.

The percentage of people who responded positively is also equal to the previous survey in 2016 (74%).

**The Wider Context**

National health and wellbeing outcome 8 is that people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. That why the strategic plan made an ambitious commitment that we will aim to be the best place to work in Scotland.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

**Improvement Actions**

We have continued to work towards developing a positive workplace culture by focusing on leadership and good communication and conversation skills. Managers and leaders across the Partnership have been supported to develop towards the agreed ideal culture, based on constructive behaviours such as taking responsibility, developing others, working cooperatively and pursuing excellence. Staff have been taking part in a range of programmes including ASPIRE to Lead and Good Conversations training.

Work has started in conjunction with the Integrated Organisational Development Steering Group (which includes representatives from the Local Authority, Health Board and Third and Independent sectors) to develop integrated workforce performance indicators. It is intended that the focus of these indicators will be the workplace culture and how it is changing. These indicators will build on the cultural diagnostic survey that the health and social care partnership recently undertook.
Overview

E1. The number of emergency admissions per month for people of all ages - MSG

E2. The number of unscheduled hospital bed days for acute specialties per month - MSG

E3. The number of people attending emergency department per month - MSG

E4. The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older

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E6. The number of person-years spent in community or institutional settings - MSG
The number of emergency admissions per month for people of all ages - MSG

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
<th>Data Completeness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-18</td>
<td>1,658</td>
<td>1,400</td>
<td>1,447</td>
<td>1,465</td>
<td>99%</td>
</tr>
<tr>
<td>Feb-18</td>
<td>1,480</td>
<td>1,400</td>
<td>1,451</td>
<td>1,476</td>
<td>99%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>1,556</td>
<td>1,400</td>
<td>1,455</td>
<td>1,480</td>
<td>98%</td>
</tr>
</tbody>
</table>

**Key Points**

The number of people of all ages admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,556 in March 2018. The rolling 12 month average in the year ending March 2018 was 1,480 people each month. Both of these figures are higher than the desired trajectory.

The figures for Scotland showed that whilst the rise in emergency admissions slowed through 2016-17, the number of emergency admissions has risen more quickly again through 2017-18.

**The Wider Context**

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

**Improvement Actions**

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1/DG2 postcode areas. Since its launch in August 2017, up to the end of December 2017 NIP has provided support to 553 people.

A project lead for the Frailty at the Front Door project has been appointed. This project will focus on ensuring frail people are seen in the most appropriate environment.

A public campaign to reduce PJ Paralysis, where people remain in their own clothes during assessment in the expectation of returning home rather than being admitted, was well received across social media.

A bid to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease has been successful. This work will enable more people to remain in their own home environment.

An important contribution to managing people’s care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.
E2 Unscheduled hospital bed days for acute specialties - MSG

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual</th>
<th>Desired</th>
<th>Predicted</th>
<th>12 month average</th>
<th>Data Completeness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-18</td>
<td>12,648</td>
<td>11,311</td>
<td>11,311</td>
<td>11,347</td>
<td>99%</td>
</tr>
<tr>
<td>Feb-18</td>
<td>10,639</td>
<td>11,302</td>
<td>11,302</td>
<td>11,342</td>
<td>99%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>11,257</td>
<td>11,293</td>
<td>11,293</td>
<td>11,295</td>
<td>98%</td>
</tr>
</tbody>
</table>

Key Points

The number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 11,257 in March 2018.

The rolling 12 month average is almost the same as the desired trajectory, which was based on the previous 2 years’ figures (recalculated in December 2017). If the number of emergency bed days continues to follow this trajectory, it would equate to a drop of 3.8% compared to the 12 month average reference point in November 2016.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

How long a person stays in hospital will be strongly related to the complexity of any procedure carried out as well the underlying health condition of the person. People admitted as emergencies generally stay longer than planned hospital admissions. In Scotland, in 2016/17, the average length of stay for a planned admission was 3.7 days. For an emergency admission, the average length of stay was 6.9 days.

Improvement Actions

Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people’s journey through hospital. The Short Term Assessment Reablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries and Galloway Royal Infirmary. They hold a daily flow meeting to identify people suitable for reablement and/or home assessment. STARS have also started to link with locality teams to replicate this approach. Discharging people from the acute hospital before noon remains challenging.

There are four new flow co-ordinator posts, one for each Locality, who support the discharge process from cottage hospitals to a homely setting.
The number of people attending emergency department per month - MSG

Key Points

The number of people attending any emergency department (ED) location in Dumfries and Galloway was 3,928 in May 2018.

If the number of people attending emergency departments follows the desired trajectory, this would equate to a drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the ‘prediction’. The prediction was based on the previous 2 years’ figures (recalculated in March 2018).

The rolling 12 month average is a little lower than the desired trajectory.

The Wider Context

These figures are reported from the A&E datamart and do not include planned returns.

How arrivals are shared between the ED and the CAU is still being developed and this indicator may not give the entire picture. Since the restructuring of the combined assessment unit (CAU), the proportion of ED attendances that go on to be admitted has fallen from 31% on average to 22% in May 2018.

For emergency department waiting times, see indicator B19.

Improvement Actions

A test of change in the Combined Assessment Unit has introduced a rapid assessment by a senior clinician (Advanced Nurse Practitioner), reviewing test results and making a general assessment to provide a rapid decision about admission to hospital.

A public campaign to reduce PJ Paralysis, where people remain in their own clothes during assessment in the expectation of returning home rather than being admitted, was well received across social media.
E4 Bed days occupied by all people experiencing a delay in their discharge from hospital - MSG

The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older

Key Points

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 827 for adult residents of Dumfries and Galloway in May 2018.

A revised stretch target trajectory has been agreed, to equate to a real term drop of 25% compared to the likely result had no changes been made. The rolling 12 month average is lower than the new desired trajectory.

The Wider Context

These figures are reported as part of a monthly national delayed discharge audit. There are no completion issues with this dataset. Note that this is different to National Integration indicator A19, which reports delayed discharge bed days for people aged 75 or older.

Improvement Actions

Dynamic Daily Discharge (DDD) planning by multi disciplinary teams enables the team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This approach is beneficial for both acute and cottage hospital settings. Kirkcudbright, Castle Douglas, Newton Stewart, Thornhill and Lochmaben cottage hospitals have introduced DDD or weekly dynamic discharge to improve the timeliness of people’s discharges.

Efforts are being made to identify frail patients in the Emergency Department and Combined Assessment Unit to understand how people are currently treated and develop improvements to ensure people’s care is appropriate to their needs. This work may enable the prevention of future avoidable hospitals admissions for frail people. In addition, we are reviewing the staffing patterns to better match the levels of demand seen by the current services to improve efficiency and people’s experience.
E5 Percentage of last 6 months of life by setting

Where people who died spent their last 6 months of life, by setting - MSG

Key Points

In Dumfries and Galloway the proportion of time that people who died, spent in a community setting in the last 6 months of their life, has risen from 87.7% in 2016/17 to 88.8% in 2017/18 (Note that these figures are still provisional. The national publication which reports only the community aspect, not the other locations, had Dumfries and Galloway as 89.2% provisionally in the May 2018 publication.)

Across Scotland the average proportion of time people spend of their last 6 months of life in a community setting is slowly rising; it was 85.3% in 2010/11 and has risen to 88.6% in 2017/18.

Provisionally, people appear to have spent less time in their last 6 months of life in an acute hospital setting in Dumfries and Galloway, from 9.0% in 2016/17 to 8.7% in 2017/18.

The Wider Context

This measure is the same as National Integration indicator A15, which compares the proportion of time spent in the community, but does not detail the other locations. The desired aim is to match or be lower than the 2014/15 figure of 8.4%, for proportion of time spent in a large hospital setting.

In 2017/18 there were 1,960 deaths recorded by the National Records for Scotland for residents of Dumfries and Galloway, excluding external causes of death (for example unintentional injuries). This measure is calculated by determining the proportion of time people spent in hospital, and subtracting this from the total time in 6 months. Activity in the Alex Unit is recorded under hospice/palliative care unit.

Improvement Actions

The health board actively monitors the hospital standardised mortality ratio (hSMR) which is an indicator of deaths in hospital. The Scottish patient safety programme (SPSP) has a range of service improvements to reduce issues such as catheter associated urinary tract infection (CAUTI), pressure ulcers and venous thrombo-embolism (VTE). It has been calculated that as a result of the SPSP, hospital mortality across Scotland has reduced by 8.6% in the two and half years up to September 2016. In this time, in the Dumfries and Galloway Royal Infirmary, the reduction in mortality has been more than 10%.

Good anticipatory care planning will impact on where people spend their last six months of life. A 23 month programme of work, in partnership with Macmillan Cancer Support, has started which will include scoping of palliative and end of life care options in Dumfries and Galloway to help inform a new palliative care strategy.