

# NHS

## Dumfries & Galloway



Annual Report 2016-17

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# Chief Executive and Chairman's Foreword

NHS Dumfries and Galloway has successfully navigated another busy and challenging year. There is a great deal to report and this document highlights the main achievements and developments of 2016/17. Thanks to the hard work and dedication of the people who make up our workforce we have delivered on the targets and standards set by the Scottish Government and made significant progress on a number of landmark projects.

In 2015/16 we reported that construction was beginning on our new District General Hospital in Dumfries and look at the progress that has been made over the last 12 months. At the end of 2017 we anticipate moving our first patients into the state of the art new hospital.

Good progress is being made with the establishment of the Integration Joint Board, with our own Vice Chair, Penny Halliday, taking on the role as Vice Chair for the Integration Joint Board. More details on the integration of health and social care can be found later in this report.

Following the introduction of the National Clinical Strategy, which our own Medical Director, Dr Angus Cameron, was involved in. Staff have been working hard to review and devise a local delivery plan for the strategy, which aims to provide a better patient experience, whilst maintaining a person centred, safe and effective health care system for the public within our region.

We have maintained our focus on improving the quality and safety of our services through a number of developments and initiatives in 2016/17. The commitment of staff and quality of our services has been recognised in a number of ways throughout the year and we would like to take this opportunity to once again thank all staff for their dedication and contributions to our culture of continuous improvement. Your hard work is our success.

Finally, we wish to assure people in Dumfries and Galloway that we will continue to work hard to ensure we deliver quality and safety improvements in the coming year so that they can rely on excellent care that is person-centred, effective, efficient and reliable.

# Progress

Service Developments and Improvement

Improving Health

Local Health and Wellbeing

Health Protection and Screening

Patient Experience

Quality and Patient Safety

# Service Developments and Improvement

## Excellence in Care

NHS Dumfries and Galloway have consistent, robust processes and systems for measuring, assuring and reporting on the quality of nursing and midwifery care as part of the national Excellence in Care programme. As a Health Board we needed a system to measure the quality of care being delivered by healthcare professionals to ensure care is: person centred, safe and effective for every person, every time.

Since November 2016, the Leading Better Care / Excellence in Care Coordinator and the Clinical Effectiveness and Quality Nurse have been supporting Senior Charge Nurses and Nurse Managers in three wards (Ward 3, Ward 12 and Ward 14) within Dumfries and Galloway Royal Infirmary to test the process and proforma for Care Assurance by gathering service users experience of care, record clinical supervision and review service users records.

Level 3 Care Assurance, is a local unannounced care assurance inspection, with 9 different assessors going into a ward area (at different times within a set time frame). Each assessor performs a general observation of the ward / area before reviewing service users records, discussing with service user their experience and asking staff questions. Currently we are on version 3 of the Level 3 Care Assurance proforma.

Ward 3 and Ward 12 have had a Level 3 Care Assurance performed and they have received their report and are now currently working on their improvement plan.

We are continuously reviewing, testing and making improvements to the proforma's for all three Levels of the Care Assurance and for the process for Level 1 and Level 2 Care Assurance.

## HIS (Health Improvement Scotland) Inspection

Documentation audits are ongoing across all wards with varying evidence of improvements. Action plans for improving documentation are now in place with agreement between Nurse Managers and Senior Charge Nurses.

Areas of focus remain on the accurate completion of-

- active patient care documentation
- Fluid balance charts,
- Care planning and evaluation
- DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) and AWI (Adults with Incapacities) audited and shared with Deputy Medical Director and lead medics for actioning as appropriate.

## Daily Dynamic Discharge

Daily Dynamic Discharge has been introduced to improve the timeliness and quality of patient care by planning and synchronising the day's activities.

The Day of Care Audit indicated that 30.5% of patients in hospital beds did not require acute hospital care.

These patients should have been transferred to another area for continued care or discharged home.

Ward 10 in Dumfries and Galloway Royal Infirmary, piloted Daily Dynamic Discharge in early September 2016. Indications show that time of day discharges are taking place earlier in the day around mid afternoon.

Daily Dynamic Discharge has been adopted by the majority of acute wards and a test of change took place at Annan Hospital.

## Orthopaedic Review

In January 2017, Allied Health Professional triaging of all routine orthopaedic referrals commenced.

The project has shown an average of 27% of orthopaedic referrals being redirected to Allied Health Professionals, which is on average 33 patients per week. This equates to a saving of 8.25 hours of new appointment consultant clinic time per week.

The number of orthopaedic referrals during the test period in comparison to that of 2016 demonstrates on average a reduction of 23%.

Allied Health Professionals have seen a 9% increase in referrals in 2017 in comparison to 2016.

This initial 3 month project has been extended for a further 6 months until September 2017 in order to ensure the complete capture of the patients' pathway and subsequent outcomes.

In March 2017 the testing of virtual arthroplasty reviews were commenced. Initially this has focused on patients from Stranraer and Newton Stewart with the plan to spread to all patients.

## Ready to Move

Patient flow is being enhanced

The Ready to Move button stamps when a patient is ready to move on to the next level of care.

This may be for example from the Acute Medical Unit to a medical bed or from a medical bed to home.

The ready to move function is part of the Scottish Government Flow Variability project which aims to improve patient flow, providing the "Right Level of Care" in the "Right Place" at the "Right Time"

The multi-disciplinary teams supporting this improvement includes: doctors, nurses, ward clerks, Allied Health Professionals, Social Work, Flow Coordinators and Capacity Managers.

The real-time function is available in every ward in Dumfries and Galloway Royal Infirmary. It works hand in hand with the Daily Dynamic Discharge approach.

## Emergency Planning and Resilience

The Resilience Planning Operational Team meets weekly and is supported every two months by a meeting of the Tactical Resilience Team.

Follow up to the major incident live exercise in November 2015 was completed in mid 2016 and over the course of the last year this has helped inform changes to the Major Incident plans for the current build.

The bulk of work has been directed towards the new hospital and a completed draft Major Incident Plan will be sent out 6 months prior to the migration for internal consultation.

The Resilience Team is involved in planning for the command and control structure for the migration in December 2017.

Work is now also underway to review the Major Incident Plan for Galloway Community Hospital.

## Nurse Recruitment

A number of successful recruitment events have taken place over the past year.

With the countdown to the opening of the New Hospital, NHS Dumfries and Galloway is committed to recruit registered nurses with a passion for person-centred care.

With excellent links to Glasgow, Edinburgh and Newcastle, Dumfries and Galloway is an area of outstanding beauty; offering a work-life balance which is second to none.



# Improving Health

The challenges faced in improving population health and wellbeing are many and complex. There is a need to take a long term view to address the wider determinants of health, such as income, housing, environment and education. Action is required which seeks to protect health, reduce ill health and also to build the resilience of individuals and communities to improve overall wellbeing.

Improving health across the whole population means taking action to reduce health inequalities, which occur because of social, economic and environmental inequalities. Many indicators show persistent inequalities, with poorer health outcomes for those people living in more disadvantaged situations, for example, those living in poverty are more likely to experience ill health than those living in more advantaged communities.

Everyone has the right to the highest attainable standard of health, however to achieve population health and wellbeing action is required by working in partnership with the NHS, Local Authority, Social Care, Third and Independent Sectors, as well as with individuals, communities and society at large.

NHS Dumfries and Galloway, along with DG Health and Wellbeing (partnership between the Council and NHS), continue to provide strategic leadership for improving population health and wellbeing, working closely with the Health Improvement Teams across all four locality areas. The work programme remains unchanged with the priorities being:

## Improving Mental Health and Wellbeing

Mental health is a continuum that runs from mental wellbeing through to diagnosed mental health conditions. Mental wellbeing is a fundamental part of good health and quality of life. Achieving good mental health and wellbeing is vital to help the population reach their potential and to lead happy and fulfilled lives. It requires action throughout the life course from before birth and into older age. This needs to include addressing factors, such as employment, education and social connections. Locally, action to improve population mental wellbeing is through a number of programmes including Suicide Prevention, Healthy Working Lives, Health Promoting Health Service and work within school settings. Each of these work programmes seeks to ensure early intervention and preventative approaches across a spectrum of settings that will alleviate the risk of poor mental wellbeing and an increased risk of mental ill health.

Participating in physical activity is known to promote physical, mental and social wellbeing. A lack of physical activity can be a contributing factor to ill health and therefore places substantial burden on the health care system. The current UK

guidelines for recommended levels are for adults to spend 150 minutes per week taking moderate intensity physical activity, or 75 minutes of vigorous activity. In addition, adults should undertake muscle strengthening activities on two days each week and minimise sitting time. For older people it is recommended that physical activity which improves balance and co-ordination is also included on a weekly basis.

Children under five years of age should be active for three hours each day, and those between five and eighteen years should be active for one hour a day of at least moderate intensity. These groups are also recommended to minimise their sitting time.

Despite the many health benefits of being physically active, the prevalence of inactivity remains higher across each life course stage. NHS Dumfries and Galloway's Public Health Directorate are working closely with partners to create as many opportunities as possible for people to be active.

## Strengthening Individual and Community Resilience

Efforts to support resilience and positive health behaviours across all life stages are a priority.

In supporting activity to build individual resilience, work is being taken forward to extend one-to-one health and wellbeing service provision in each of the four localities. The aim is that individuals are able to access support which is tailored to meet their needs. Identifying what action to take is agreed through dialogue and often the individuals themselves are able to find their own solutions with a little bit of support.

There is a focus on community engagement and participation using the principles and methods of community development to strengthen community resilience. This supports increased individual resilience, as well as facilitating communities to improve health and wellbeing at a wider level.

## Promoting Action for Food and Health and Reducing Obesity

Obesity and overweight are major contributors to ill health in Scotland and two areas of particular concern are the increased risk of type 2 diabetes and the impact of obesity in pregnancy on the short and long term health of both mothers and babies.

Overweight and obesity result from an obesogenic environment which affects individuals leading to over consumption of energy dense foods and also inactive lifestyles which result in expending less energy. Simply encouraging individual choices that change behaviour is not sufficient.

The ambition is for Dumfries and Galloway to be a sustainable food region, along with action providing support for realistic and sustainable behaviour change across the life-course.

## Creating Environments Which Support Health and Wellbeing

Across the life-course, individuals experience different environments from home, school, workplace, community, geographical, and much Public Health activity seeks to create environments which support health and wellbeing, making 'healthy choices easy choices'. For example, making it easy to walk or cycle to school or work, schools and work places where mental wellbeing is understood and supported.

The environments in which we all live and work have a huge impact on health and wellbeing, so efforts must continue to focus on these and not just on affecting the behaviours of individuals. It is these behaviours which are most frequently affected by environments, not the other way around.

## Second Hand Smoke

Smoking Matters has been working on a special project called "Home Sweet Home". This work has involved our staff visiting nurseries across the region and telling children the story of "Jenny and the Bear" and this has been very well received by all. As a follow on piece of work, in the Stewartry the Community Mental Health Team and Smoking Matters have created a small pilot project on Second Hand Smoke for patients and services users in their homes. This joint project between the two services involves the Community Mental Health team being trained and supported by Smoking Matters on the Second Hand Smoke Programme. The aim of the programme is to reduce exposure to Second Hand Smoke in the home.



# Local Health and Wellbeing

## Annandale and Eskdale

### Let's Cook Family Fun Programme 2017

Let's cook delivered a 6 week practical cookery programme in Annan, with 5 families taking part.

During the weekly sessions the families prepared and cooked healthy, nutritious meals including a selection for breakfast, lunch and main meals, as well as healthy puddings, snacks and party food.

We provided information on portion sizes, food labelling, the Eatwell guide and shopping tips and the participants also received ingredients to help build up their store cupboards and other incentives to encourage following a healthy lifestyle. All the families thoroughly enjoyed the 'hands-on' sessions, with many of them preparing and tasting foods which they hadn't tried before.



## Building Healthy Communities - Dumfries

The role of the Area Partnership is to assist the delivery of the project in the local area using a community development approach. They are fully engaged in identifying community needs and are empowered to be involved in decision making that affects them in their area.

Work continues with the Community Health Development Worker to develop and deliver the Annual Area Action Plans to address local community health issues and is linked to other local and strategic plans.

The Partnership provides leadership in their local community, in raising awareness, promotion and use of supports, challenging stigmas and barriers to health, promoting health lifestyles through volunteering, Participatory Appraisal, Health Improvement initiatives and partnership working.

## Dumfries and Upper Nithsdale

### Healthy Connections Nithsdale

'Healthy Connections' delivered by the Nithsdale Health and Wellbeing Team offers a person centre approach to support individuals to connect to activities and organisations to help improve wellbeing. Lifestyle advice is also offered, covering various topics such as weight, keeping active and stress reduction.

Within Nithsdale, Healthy Connections is linked with 4 GP Practices to provide weekly clinics on a 1:1 and group basis. Including those by GPs, referrals are received from a wide variety of partners within Health and Social Care services, such as Social Work and Community Mental Health Teams, along with a variety of independent and third sector organisations. Anyone can become involved, and following contact with a designated link worker, individuals will be signposted and often accompanied to various activities that best support their needs.

By connecting people with various activities and providing lifestyle advice, Healthy Connections aims to increase levels of social contact, social support and support improved lifestyle choices. A wide variety of activities may be accessed such as health walks, writing groups, exercise sessions and advice and support from various agencies. Many other groups may also be accessed; the support provided is individualised.



## Stewartry

The Stewartry Health and Wellbeing Team have been working with local communities in the Stewartry to identify health and wellbeing priorities and to develop capacity. Initially the team were focussing on New Galloway in the Glenkens and Auchencairn on the Solway Coast.

In both areas the team have spent time in the communities, meeting local people and hearing first-hand what they see as the benefits and challenges of living in these areas. The team then started to work with a small self selected group (initially via the Community Councils) to develop Health and Wellbeing.

In New Galloway, the group decided to take a wide ranging approach and to include people from various local organisations. They have identified a range of areas and have agreed who would develop each.

In Auchencairn they have decided to pilot – a 'wellbeing check'. Support is being put in place to coordinate and structure plans and to foster links with voluntary / third sector organisations. to develop this initiative.

Building on the success of the Social Prescribing programme (Healthy Connections); we have developed a resources bank of local information which is available to fellow healthcare practitioners. This means that patients can access information about what is locally available without the need for onward referrals. Social Prescribing remains available as a referral option for GPs and consultants which is fully supported and used.

We continue to contribute to a range of groups and forums including Dementia, Autism, Macmillan and Learning Needs.

## Wigtownshire and the Machars

### Pets as Therapy

A new volunteer was recruited to deliver a Pets As Therapy service to visit local Care Homes, Activity Resource Centres and schools.

In June 2016, Ben and Alyson became registered as Pets As Therapy Visitors, having reached the high standards required.

Alyson worked for 33 years as a physiotherapist with disabled adults and children and has recently moved in the Machars to run a small farm. However Alyson wishes to continue her volunteering work for Pets As Therapy.

Ben is a four year old border/bearded collie cross. He is a working dog and when he is not working the sheep, he loves swimming in the sea and chasing Frisbees. He is very friendly and loves meeting people.

Alyson and Ben have visited Cornwall Park and the Newton Stewart Activity Resource Centre fortnightly. They have also visited Creetown Nursery and hope to do more sessions in school with the "read2dogs" scheme. Cumladen Manor will also be benefitting from the visits after the lambing season.

The Pets as Therapy therapeutic visits:

- Enhance lives in the communities by providing companionship and friendship which helps to tackle loneliness.
- Improve the lives of people suffering from debilitating mental and physical health conditions and illnesses such as Autism, Dementia and Stroke by including animal assisted interventions as part of a holistic approach to treatment.
- Improve literacy in children by developing their confidence, interest and enjoyment in reading through their "read2dogs" scheme.



# Health Protection and Screening

Health protection is a multi-agency, multi-disciplinary activity. In Dumfries and Galloway we work with key stakeholders - including Primary Care, Scottish Water, Police Scotland and the Council to ensure we maintain an integrated approach to the health of the public across the region.

The term health protection covers a set of public health activities and involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health
- Immunisation

## Adult Immunisation Programme

The Shingles Immunisation Programme commenced in 2013. Shingles is a debilitating condition which occurs more frequently and tends to be more severe in older people. It is estimated that around 7,000 people aged 70 years and above are affected in Scotland each year.

Of these, between 700-1,400 develop a very painful and long lasting condition – Post Herpetic Neuralgia. Around 600 hospitalisation episodes are recorded per year, with approximately 5 cases resulting in death each year.

The programme is being offered to adults aged 70 years old to protect against shingles; the phased catch-up programme is now completed. The vaccine is less effective in older people so it is not recommended for people aged 80 years or older.

Since 2012 a programme to vaccinate pregnant women against pertussis to protect their infants has been offered. Immunisation with a single dose of a pertussis-containing vaccine is offered to all pregnant women during weeks 28 to 32 of pregnancy. Immunisation during this time is likely to maximise transfer of protective antibodies from the pregnant woman to the baby. Pregnant women who are beyond week 38 of pregnancy are still offered immunisation up to the onset of labour. New mothers who have not previously been vaccinated against pertussis are offered the vaccination up to when their child receives their first vaccinations.

A recent addition includes, the introduction of Human Papilloma Virus (HPV) vaccine for men who have sex with men. This is in line with advice from the Joint Committee on Vaccinations and Immunisation, which recommends a targeted vaccination programme for men in this category aged up to 45 years. The HPV vaccine will help to prevent infection which can cause genital warts

and HPV-associated cancers. This programme will commence on 1st July 2017.

The Health Protection Team also offers advice regarding travel health and recommended immunisations administered through GP practices. We also provide advice through our website at [www.dghps.org](http://www.dghps.org)

## Childhood Immunisation Programme

Children born in Scotland can now expect to have 8 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 girls will have had 17 separate injections and boys will have had 15. These injections protect children from a number of potentially life threatening illnesses including diphtheria, tetanus, whooping cough, polio, haemophilus influenza type B (Hib), pneumococcal disease, rotavirus, Meningococcal type C (Meningitis C), measles, mumps and rubella.

Uptake rates for childhood immunisation programmes in Dumfries and Galloway are consistently above the Scottish average.

In addition to the core immunisation programmes targeted vaccinations - Bacillus Calmette-Guérin (BCG) and Hepatitis B - are offered to children deemed to be at risk of tuberculosis.

## The seasonal influenza vaccination programme

From October 2013 the seasonal influenza vaccination programme was extended to include all 2 and 3-year old children and pilots were held to include some primary school aged children. The programme was then further extended to include all children aged 2 to 5 years and all primary school children. This is now well established in the region.

The programme is also offered to adults aged 65 and over, children aged over 6 months, adults with at-risk health conditions and to pregnant women.



# Screening

## What is screening?

Screening refers to the use of simple tests across an apparently healthy population in order to identify individuals who have risk factors or early stages of disease, but do not yet have symptoms. Locally, adults are offered screening tests for a number of conditions including the following:

### Bowel Cancer Screening

People aged 50 to 74 are offered a bowel cancer screening test every 2 years. Test results are available within 2 weeks. If the result is positive a nurse contacts the person to offer them an appointment for further investigations.

### Breast Cancer Screening

Women aged 50 to 70 years old are offered a mammogram every 3 years. The screening programme is provided through the South West Scotland Breast Screening Programme based in Irvine with mobile screening units which cover the whole of the south west of Scotland.

### Cervical Cancer Screening

The uptake for cervical screening is 80% in Dumfries and Galloway. In 2016 the age range and frequency for screening changed from between 20 and 60 years to between 25 and 65 years, bringing Scotland in line with the rest of the UK. This change was made in June 2016.

## Abdominal Aortic Aneurysm Screening

A one-off ultrasound examination is offered to all men in the region in their 65th year. This aims to detect bulging of the main artery in the body because these can sometimes burst with severe consequences. Surgery is offered where appropriate. The uptake in the region is around 89%.

## Pregnancy and Newborn Screening

In line with the UK National Screening Committee recommendations, every newborn baby born after September 2016 is now offered screening for an additional four genetic disorders:

- Homocysteinuria (HCU)
- Maple Syrup Urine Disease (MSUD)
- Glutaric aciduria type 1 (GA1)
- Isovaleric acidemia (IVA)

## Diabetic Retinopathy Screening

People with type 1 or type 2 diabetes are at higher risk of eye disease. All people with diabetes aged 12 years and over in the region are offered an annual eye screen so that changes can be detected early and treated. The uptake rate is consistently above the national average.

## Infectious Diseases

### E coli O157

Scotland has the highest rate of E coli O157 in the UK and Dumfries and Galloway is one of the Boards with the highest rates. Scientific studies have shown that the primary host for E coli is cows and so living in a rural area characterised by cattle farming is associated with a higher risk of infection.

There is a focus within the health protection team on working proactively with partner agencies to raise awareness of the risk and to promote strategies to reduce it. Team members attended various agricultural shows in recent years in order to raise awareness among farming communities. A recent editorial by our Dr Nigel Calvert which appeared in Public Health Today in December 2016 highlighted the issue of human and animal health.

### Meningococcal Infections

*Neisseria meningitidis* (also known as meningococcus) is a bacterium and, although infection is uncommon, it can be very serious. It can cause meningitis and/or septicaemia. Anyone who suspects meningitis or septicaemia should seek medical help immediately.

Meningitis is an inflammation of the lining that covers the brain and spinal cord (the meninges). Bacterial or viral infection is the usual cause. Bacterial meningitis is uncommon but serious. Viral meningitis is a fairly common condition but much less serious than a bacterial cause.

Septicaemia is a bacterial infection of the blood. It is often called 'blood poisoning'. If bacteria multiply and release poisons (toxins) into the blood it can cause serious illness.

Each year in Dumfries and Galloway, the Health Protection Team deals with the public health management of several cases of meningococcal infection. This includes careful contact tracing and the recommendation of prophylactic antibiotics for close contacts. There are several types of meningococcus (most commonly B and C in the UK, but also A, W and Y) and in certain circumstances a vaccination will also be offered. Close liaison is often required with colleagues in education if the case is a pupil or student.

### Blood Borne Viruses

The Scottish Government's updated Sexual Health and Blood Borne Virus Framework for 2015 - 2020, highlights the continuing need for more Blood Borne Virus testing to be carried out across Scotland as there are still thought to be many Hepatitis C cases undiagnosed. Within the Health Protection Team, work is ongoing around case finding and ensuring ease of access to supplementary services including harm reduction advice, vaccination and treatment. Educational work is ongoing, being provided to other NHS colleagues, third sector agencies and clients.

### Common but less serious conditions

#### Norovirus type infections

This is a common infection, and sometimes causes outbreaks in hospitals (which are dealt with primarily by colleagues in the Infection Control Team) and care homes. In 2016-17 there were 23 norovirus outbreaks in local care homes. All received full support from the Health Protection Team and through the regular programme of training. Particularly intensive support is given to homes that have experienced multiple outbreaks.

#### Influenza

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death. In the winter of 2016-2017 there were confirmed influenza outbreaks in 2 care homes which required the organisation of antiviral medication for the residents to protect them from infection.

# Patient Experience

## Feedback, Comments, Concerns and Complaints

NHS Dumfries and Galloway is committed to delivering safe, effective and person-centred care. The use of feedback is central to ensuring delivery of these aims and therefore offer a variety of approaches to allow people to choose feedback mechanisms that best suit their needs.

These include:

- in writing via letters, surveys, consultations and feedback forms.
- by email via our Patient Services and [dg.feedback@nhs.net](mailto:dg.feedback@nhs.net) email addresses.
- by telephone via Patient Services and direct to individual services.
- Care Opinion and our website.
- social media posts and links.
- face-to-face, scheduled events and daily contact with the public.
- local advocacy services including the Patient Advice and Support Service (PASS).

All our feedback material makes it clear that we welcome and encourage feedback. We also promote our commitment to learning and improving to reassure people that their feedback can and will make a difference.

Whilst we generally promote our feedback mechanisms well, we recognise that we could be more consistent in our approach. We recognise that we could be more proactive in our interactions with local established groups and that there is need for us to improve how we support those from hard to reach and seldom heard groups to provide feedback. We plan to run our feedback policies, procedures and literature through an Equality Impact Assessment later this year to gather feedback on how we can further improve.

There is a great deal of work underway around learning and improving from complaints and we are planning to extend this feedback in the near future. We recognise that there is a great deal of learning potential from positive feedback as it is important to understand what we are doing well as to recognise the areas that need improvement.

## Patient Opinion

We are using Patient Opinion, an online approach which enables the people to provide and view feedback on the health and care services they have received. It encourages people to share the story of their experience and directs those stories to the services that provided them. In turn, we offer a personal response which is public and searchable for visitors to the site. The site is designed to be easy to use and accessible, providing an opportunity for people to provide feedback at a time and place that suits them. It also offers users the opportunity to submit stories by telephone and post.

This year NHS Dumfries and Galloway received 52 Patient Opinion stories, 41 of which were positive. Where a story is critical, or we require further information, the author is encouraged to make contact with Patient Services or the local service in order to provide further advice and support to resolve issues raised.

Whilst Patient Opinion is promoted across the Board, we could further improve awareness with both staff and the public. Patient Services are undertaking a number of activities to improve in this area.

Further information on Patient/Care Opinion, including details of our stories can be found at [www.careopinion.org.uk](http://www.careopinion.org.uk)

Table 1 provides a summary of how critical the stories were and the number of times these were viewed. Patient Opinion rate how critical the most significant part of a story is, according to a criterion-based system.



Table 1

	Stories		Public Views		Staff Views	
Criticality	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16
Criticality Score 3 (moderately critical)	1	2	368	160	20	54
Criticality Score 2 (mildly critical)	7	4	1590	474	136	60
Criticality Score 1 (minimally critical)	4	3	1628	317	73	22
Criticality Score 0 (not critical)	37	32	13873	4210	195	424
Totals	52	41	17459	5161	902	560

## Complaints Handling

The Scottish Government required NHS Boards to implement the NHS Scotland Model Complaints Handling Procedure by 1 April 2017. In response, we have a detailed implementation plan and the new Complaints Handling Procedure will be implemented from 1 April 2017.

More information on the Model Complaints Handling Procedure and associated requirements can be found at [www.valuingcomplaints.org.uk](http://www.valuingcomplaints.org.uk)

People have access to information regarding our complaints procedure via a number of sources, including the web and information leaflets. We recognise that making a complaint can be a daunting and at times intimidating prospect, particularly when you are also dealing with difficult personal circumstances such as illness or loss. Support is available via local advocacy services, through the Patient Service team and local staff. This support is promoted in our literature and web information and ensures people can choose how involved they wish to be with the complaint.

Development of a region wide feedback coordinators network will increase local ownership and accountability for complaints. This will aid us in delivering our commitment to resolving complaints as close to the point of experience as possible. The shift of responsibility for complaints from the Nurse Director to the General Managers and Health and Social Care Locality Managers will further bolster that local accountability.

Whilst it is important to resolve complaints promptly, we also recognise the importance of quality. As part of the Complaints Handling

Procedure implementation we will introduce a training programme for staff along with a toolkit of supporting documents, templates and guidance. This will support the improvement of quality and consistency of our complaints handling and responses.

Whilst significant improvements were made to our handling of complaints in 2016/2017 we recognise that further work is required to ensure delivery of the quality and robust complaints service that we seek to achieve.

As part of the implementation of the new Complaints Handling Procedure, we are undertaking a number of improvement actions including:

- Implementing Complaints Handling Procedure documents including our full Board procedure and the summarised 'public facing' procedure.
- Measuring customer satisfaction for those that have been through the Complaints Handling Procedure.
- Improving how we capture, analyse and respond to learning from complaints and linking analysis and learning to other relevant sources of information e.g. adverse events.
- Improving training options available to staff around managing feedback, including complaints.
- Improving performance reporting to meet the requirements of the Scottish Public Services Ombudsman's key performance indicators.
- Improving analysis of complaints trends in order that to learn and become more proactive in our approach to dealing with arising issues.

- Improving the accessibility to the Complaints Handling Procedure through an Equality Impact Assessment and work with local established groups.
- Revising our complaint response templates to ensure they are person centred and easy to read.

### Summary Complaints Data

The chart below provides an overview of the number of complaints received by the Board since 2012/13 and table below shows a quarterly summary of complaints data for 2016/17. In the past year, NHS Dumfries & Galloway received a

total of 397 complaints. This is an increase of 14% on 2015/16 which is the same percentage rise as the previous year. Whilst we are demonstrating a year on year rise, the numbers remain low in the context of the number of episodes of care delivered across the Board each year.

We expect that the number of complaints will continue to rise as we improve the promotion of and accessibility to our Complaints Handling Procedure. However, with the new Complaints Handling Procedure, we will be aiming to resolve the majority of our complaints at Stage 1, to ensure early resolution wherever possible.

Number of complaints per year – 2012 – 2017

### Complaints Received Per Year

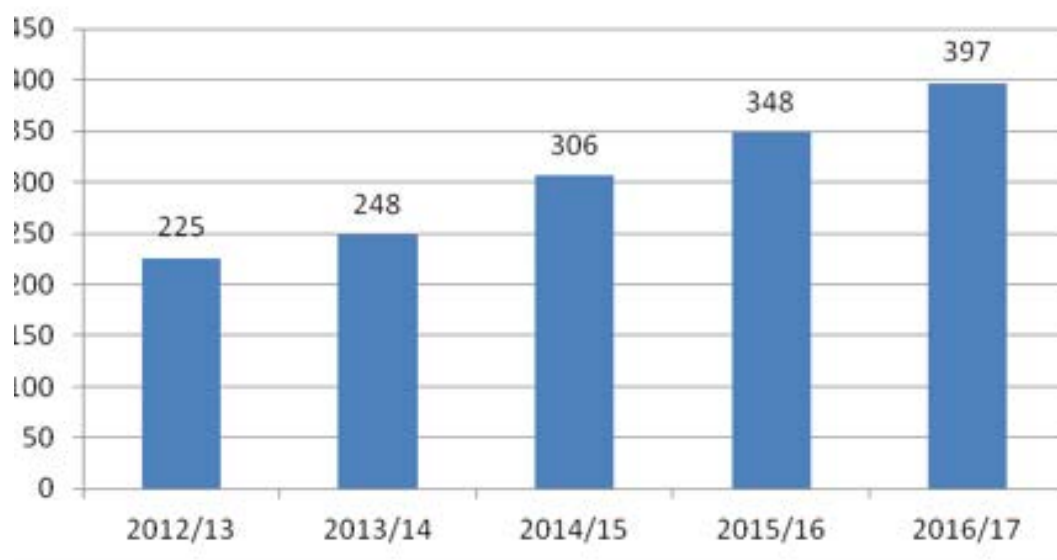
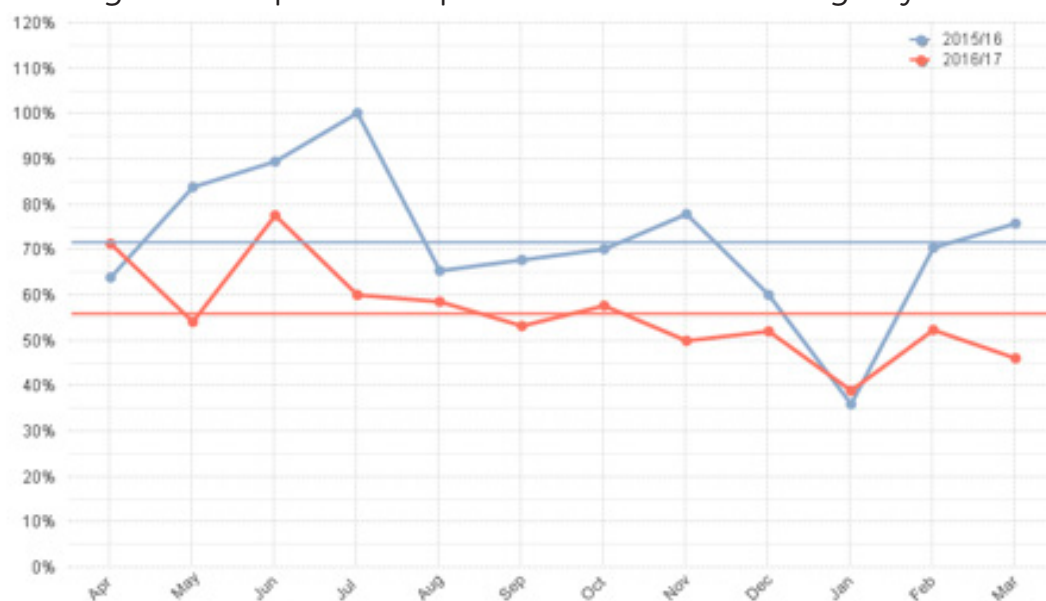


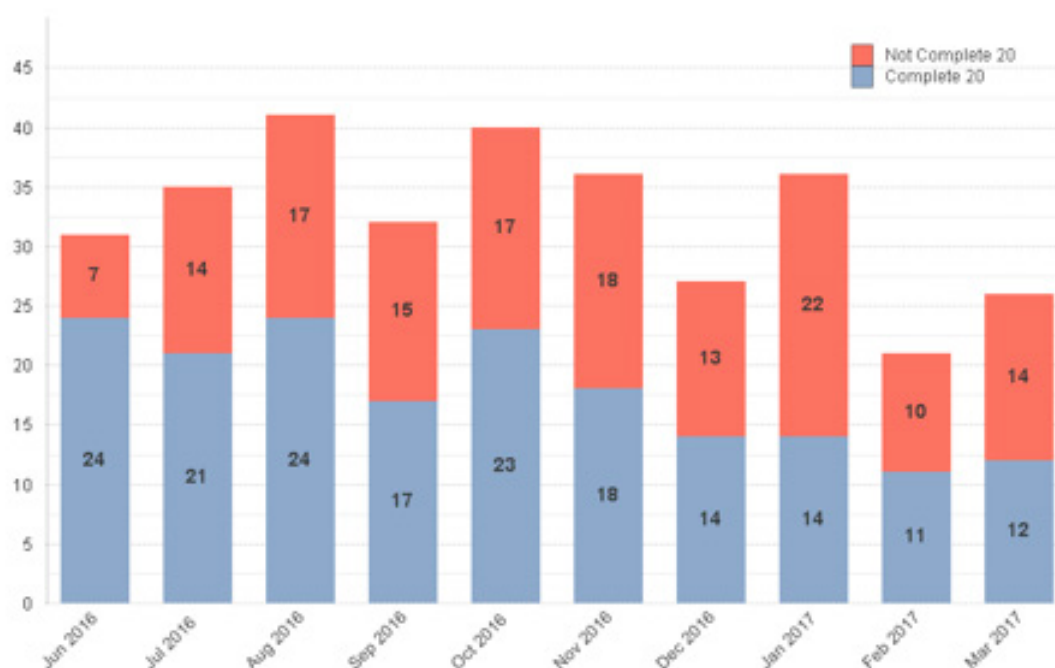
Table 2 Summary Complaints Data by Quarter and Annual Total (2016/17)

	Q1 (Apr-Jun 2016)	Q2 (Jul-Sept 2016)	Q3 (Oct-Dec 2016)	Q4 (Jan-Mar 2017)	Annual Total
Complaints received	103	108	103	83	397
Complaints acknowledged within 3 working days	99 (96%)	106 (98%)	95 (92%)	66 (77%)	366 (91%)
Complaints completed within 20 working days	69 (68%)	62 (57%)	55 (53%)	37 (46%)	223 (56%)

## Percentage of complaints responded to in 20 working days 2015-2017



## Number of complaints received and completed in 20 working days 2016-17



Of the 397 complaints received, 91% received an acknowledgement within 3 working days. Overall, this compliance was excellent however we note this dropped significantly in Quarter 4. Further interrogation of data indicates that there were a number of contributing factors including staff absence and key posts being vacant. Recruitment to key posts along with the improvement actions being implemented as part of the Complaints Handling Procedure should address this for 2017/18.

The figures above show that a total of 56% of complaints received a response within 20 working days. This is well below the Board's target of 70% and shows a decline on the 71% compliance figure of 2015/16. Whilst there are appropriate reasons for complaints not being responded to within the 20 working day timescale, we recognise performance needs to improve. The introduction of the new Stage 1 process and improvement actions detailed above will go some way towards addressing the issues.

# Quality and Patient Safety

Developing a culture of safety and reliability is a long term ambition for NHS Dumfries and Galloway that requires us to review how we manage, plan, deliver and support staff.

Building the foundations of a safety culture sits alongside the need for an infrastructure to deliver real improvement. This includes developing Quality Improvement, capacity and capability; an effective measurement system to report and monitor progress, programme management, effective communication plans and clarity on how we manage the transitions of care for our patients. Our Leadership Walkrounds are a tool which helps to ensure that leaders are connected to front line staff, and that through these structured dialogues a shared understanding is created and commitment obtained to continuing improvement.

We have over the last 10 years, demonstrated that we can make improvements in the quality and safety of key healthcare processes. More challenging has been spreading that improvement amongst wards, units and services across our Board area. Sustaining that improvement and embedding it into day to day practice is our ultimate ambition but for some of our work that is not yet complete.

Delivery of our Patient Safety Programmes is supported and enabled by the Patient Safety and Improvement Team, but it has to be owned by the Directorate, Ward or Practice who are responsible for operational delivery.

Throughout the year the Healthcare Governance Committee has received progress reports on each of the Safety Programmes. The annual report sets out to provide highlights from each of the programmes but more importantly to provide an

overview of where we are at a Board level with our leadership and infrastructure to support delivery.

Developing capability and the capacity to deliver across all of the Safety Programmes and the other improvement programmes which we are involved in has been challenging, as has releasing people at the front line to learn about and put into practice their improvement skills. During 2016/17, this has been an area of continued focus with the development of a local Quality Improvement Hub and development of a local Quality Improvement Faculty to develop our staff with the skills, knowledge and behaviours to continually improve the quality and safety of care and services.

The Patient Safety and Improvement Manager has overall responsibility for the design and delivery of the Safety and Improvement Programmes. We have Improvement Advisor and Project Officer Support for each of the programmes, although this has become stretched as the number of programmes has increased. Clinical Leadership is in place for most of the programmes and for some of the point of care priorities for Acute Care.

We recognise that we cannot deliver on this alone and have worked closely with colleagues in Infection Control, Mental Health, Practice Education & Development and Leading Better Care to integrate our support around the key themes.

Our Annual Report gives a flavour of the work we, and many others across the organisation, have supported and delivered. We are proud of the very real improvements in the quality and safety of care for our patients and look forward to the journey ahead of us.

# Achievements

Volunteers and Involvement

Fund-raising and Donations

Staff Awards and Achievements

Our Year in Pictures

# Volunteers and Involvement

In line with the Scottish Government initiative, NHS Dumfries and Galloway has actively promoted volunteering within the organisation over the last year. Volunteering contributed to health and wellbeing by enhancing the patient experience and providing opportunities to improve the health and wellbeing of volunteers themselves. During 2016 NHS Dumfries and Galloway recruited a full time Volunteer Co-ordinator to expand and maximise the full potential of volunteers.

A comprehensive feasibility study was carried out into the provision of volunteering opportunities in the new Dumfries and Galloway Royal Infirmary. It was agreed that a "mixed model of volunteer management" would be used to take forward a 6 month pilot project that would test and evaluate:

- The proposed Volunteer Management Model
- Our ability to recruit
- A pilot induction volunteer training programme
- Our systems and structures

## Volunteer Roles

The Pilot Project includes recruitment of Ward Volunteers for two pilot wards with the role being to enhance patient experience by chatting and engaging with patients and visitors. Also, Welcome Guides have been recruited to meet and greet patients and visitors in the new hospital. This model has been implemented with the first 30 volunteers now recruited and trained for the Pilot Project. This will be evaluated fully in September 2017.

We have refreshed our policies and procedures and developed our volunteer induction training programme and volunteer role descriptors to ensure we have a robust governance framework. In addition to this we have introduced a new Volunteer Information System which is an information management system that will provide:

- A system compliant with all data protection, information governance and data security policy and legislation.
- A reduction in administrative burden on volunteer managers.
- An improvement in the accuracy and efficiency of reporting on volunteer engagement
- An accurate picture of volunteer engagement locally and nationally.

Finally, the Volunteer Steering Group continues to work with Volunteer Scotland to gain re-accreditation of the Investing in Volunteers Standard. This comprises of 9 indicators that cover all aspects of volunteer management.

What's next? A Volunteer Recruitment Day is planned for late June 2017 to raise the profile of volunteering with a specific focus on recruitment of Ward Volunteers and Welcome Guides for the new Dumfries and Galloway Royal Infirmary.



# Fund-raising and Donations

## Peak Challenge



A Team from NHS Dumfries and Galloway's Out of Hours Service conquered the local 3 peaks challenge in June 2016 climbing Criffel, Screel and Merrick in under 13 hours. They raised £755 for local charity, Sports Driving Unlimited, in the process.

## Asthma Cheque Presentation



NHS Dumfries and Galloway's Asthma Endowment Fund received a funding boost of £4,526 raised by the Martin Moore Memorial at the 10th annual fun day held at the Troqueer Arms.

## Cardiac Unit



Mr Jim Carruthers presented a donation of £256 to the Cluden Cardiac unit, the funds were raised through a honesty box at Mr Carruthers' lawnmower repairs business JKC Engineering where customers could donate a sum for recycled spare parts.

## Born to Run – In Memory of Cecile



A local brother and sister were joined by a group of 35 charity heroes to run the Amsterdam Marathon in memory of their mother who had worked as a midwife with NHS Dumfries and Galloway.

The friends and family of Cecile Becks-Phelps launched their Born to Run cause to take part in the city's marathon festival for the Dumfries and Galloway Health Board Endowment Fund – and have tripled their £3,000 target raising money for maternity services.

## New Hospital Football Match Cheque Handover



Laing O'Rourke the construction company building the new hospital challenged NHS Dumfries and Galloway to the Hospital Cup. A charity football match held at the Queen of the South Ground in Dumfries, with teams from the new hospital site and the NHS Dumfries and Galloway. The funds raised went to the Children's Ward and Care of Older People.

The event brought local people together for a fun filled night with ticket and raffle sales, as well as generous donations from local businesses and raised a grand total of £4,272. The victors being the New Hospital Team winning 6-4 in last few minutes of the match.

## Super Control Cheque Presentation



Staff at Super Control booking and management system, based in Castle Douglas, have raised £1,325 for the Alexandra Unit Endowment Fund at Dumfries and Galloway Royal Infirmary.

## Cheque Presentation to Ward 12

Blair and Lesley Bigham presenting the Stroke and Rehabilitation teams on Ward 12 with a cheque for £1000 which Blair wished to donate to the Stroke Unit as a thank you to everyone who has supported him since his stroke.





# Staff Awards and Achievements

## Gold LGBT Award for Sexual Health Team and the Specialist Drug and Alcohol Service



NHS Dumfries and Galloway celebrated its status as the first organisation in Scotland to achieve not 1 but 3 prestigious LGBT (Lesbian, Gay, Bisexual, Transgender) Gold Charter Mark Award thanks to the efforts of the Sexual Health Team and the Specialist Drug and Alcohol Service.

The Sexual Health team received their charter mark from Melinda Dolan, a Trustee for LGBT Youth Scotland, in May; just 18 months after the Public Health team got theirs. The Drug and Alcohol Service were presented with their charter mark by Kerry Riddell, LGBT Youth Scotland's Partnership Manager.

## Diabetes Team Gets Top Marks

Dumfries and Galloway's Diabetes team were delighted with the results of the Scottish Diabetes Managed Clinical Network Audit which showed the region has the most successful and comprehensive screening services for people with diabetes in Scotland.

They were also praised for their structured education, the best recorded levels of glucose control and the lowest levels of patient disengagement.





## DG Celebrates Staff Achievements

Staff from across NHS Dumfries and Galloway gathered at the Easterbrook Hall in Dumfries to take part in the Celebration Dumfries and Galloway event. The event was designed to celebrate the things we do well and recognise staff achievements.

A graduation ceremony took place to celebrate the achievements of staff in a variety of programmes including:

### Learning Disabilities



### Flying Start



### Dementia Champions



### ASPIRE to Lead



### The Mentorship



### Clinical Supervision



A poster competition was held to demonstrate best practice by those who had completed the programmes, and voted for by the event attendees. The winning poster was "D.A.R.R.E. to dream" created by Margaret McBride, a Community Nurse and Dementia Champion, as part of her Dementia Champion project.

## Anne Westgarth Memorial Award



Former Laboratory Services Manager Anne Westgarth's legacy was that Laboratory Services introduce a yearly award for training and quality within the service.

Gillian Rae is a biomedical scientist who started in the Laboratories in 2006 as a medical laboratory assistant who since then has continued to study, obtaining her degree through sheer determination, commitment and hard work. Gillian is now a full Health and Care Professions Council registered biomedical scientist in blood sciences.



# Our Year in Pictures

## April 2016



NHS Board Directors undertook training as part of the Board's commitment to becoming Carer Positive

## June 2016



Health Improvements promoting Bike Week

## August 2016



Public Health, Childsmile and Infection Control at the Stewartry Show

## May 2016



Staff at Crichton Hall promote Carers Week



Nurse recruitment open day held at Dumfries and Galloway Royal Infirmary

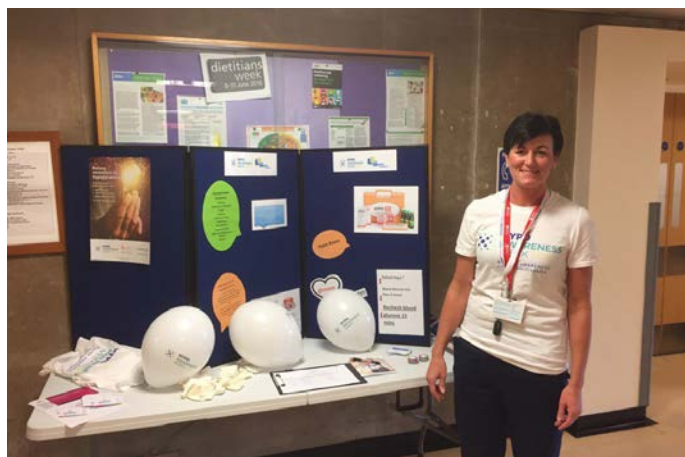
## September 2016



Staff raising awareness for Suicide Prevention Week



## October 2016



Promoting Hypo Awareness Week

## November 2016



Construction workers at the new hospital site gather for the topping out.

## December 2016



Crichton staff wear their Christmas Jumpers raising funds for Cash for Kids



Sexual Health DG promoting Sexual Health Awareness Week

## February 2017



Senior Community Charge Nurse Hazel Hamilton and Kelvin Frew, Crisis Assessment and Treatment Service Team Leader are nominated for Queen's Nurse title.

## March 2017



Physiotherapist Megan Alexander, Occupational Therapist Kirsty Paterson and Charge Nurse Lynn Scott collect their certificates at the National Dementia Champions Awards.

# Performance

HEAT Targets and Standards

Boards Members

Annual Review Letter



# HEAT Targets and Standards

LDP Standard	Definition	Period	Target	Actual
Detect Cancer Early	To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%, by 2014/2015 combined.	2013 & 2014 Cal Yr (Source: LDP Summary Dashboard)	29%	26.06%
Cancer Waiting Times (31 days)	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	Q4 2015-16 (Source: LDP Summary Dashboard)	95%	100%
Cancer Waiting Times (62 days)	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	Q4 2015-16 (Source: LDP Summary Dashboard)	95%	95.4%
Dementia Post Diagnostic Support	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Data Unavailable	-	-
Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or daycase treatment	Q3 2015-16 (Source: Scotland Performs website)	100%	98.00%
18 Weeks Referral to Treatment	90% of planned / elective patients to commence treatment within 18 weeks of referral	Feb 2016 (Source: LDP Summary Dashboard)	90%	89.98%
12 Weeks First Outpatient Appointment	No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).	Dec 2015 (Source: LDP Summary Dashboard)	95%	93.90%
Early Access to Antenatal Services	At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation. The stretch target for NHS Dumfries and Galloway is 83.5%.	2014/15 (Source: Scotland Performs website)	80%	81.7% (lowest quintile)
IVF Waiting Times	Eligible patients will commence IVF treatment within 12 months by 31 March 2015	Q3 2015-16 (Source: LDP Summary Dashboard)	90%	100%
CAMHS Waiting Times	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral	Q3 2015-16 (Source: LDP Summary Dashboard)	90%	98.99%

LDP Standard	Definition	Period	Target	Actual
Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	Q3 2015-16 (Source: LDP Summary Dashboard)	90%	66.37%
Clostridium difficile infections	NHS Boards' rate of Clostridium difficile infections in patients aged 15 and over is 0.32 cases or less per 1000 total occupied bed days	2015 Cal yr (Source: Scotland Performs website)	0.32	0.37
MRSA/MSSA Bacteraemias	NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	2015 Cal yr (Source: Scotland Performs website)	0.24	0.24
Drug and Alcohol Treatment: Referral to Treatment	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	Q3 2015-16 (Source: LDP Summary Dashboard)	90%	92.10%
Alcohol Brief Interventions	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	Apr-Dec 2015 (Source: Local Management Information)	1743 (for full 2015/16)	1168
Smoking Cessation, most deprived	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas	Apr-Dec 2015 (Source: LDP Summary Dashboard)	207 (for full 2015/16)	147
48hr access GP Practice Team	48 Hour access or advance booking to an appropriate member of the GP team (90%)	2013-14 (Source: LDP Summary Dashboard)	90%	95.40%
Sickness Absence Rate	NHS boards to achieve a sickness absence rate of 4% or less	2015 Cal yr (Source: Local Management Information)	4%	4.95%
Accident and Emergency Waiting Times	4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)	Mar 2016 (Source: LDP Summary Dashboard)	98%	94.3%
Financial Performance	Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement	1 April 2015 – 31 March 2016	Revenue £306m Capital £60m Cash £318m	£306m £60m £318m

# Board Members



Chairman  
Philip N Jones



Vice Chair  
Penny Halliday



Chief Executive  
Jeff Ace



Medical Director  
Dr Angus Cameron



Nurse Director  
Eddie Docherty



Director of Finance  
Katy Lewis



Local Authority  
Representative  
Councillor Ronnie  
Nicholson



Employee Director  
Jimmy Beattie



Area Clinical  
Forum Chair  
Moira Cossar



Non-Executive  
Lesley Bryce



Non-Executive  
Robert Allen



Non-Executive  
Grace Cardozo



Non-Executive  
Gillian Stanyard



Non-Executive  
Laura K Douglas



# Annual Review Letter

Cabinet Secretary for Health and Sport  
Shona Robison MSP



Scottish Government  
Riaghaltas na h-Alba  
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Mr Philip Jones  
Chair  
NHS Dumfries and Galloway  
Crichton Hall  
Bankend Road  
Dumfries  
DG1 4TG

—  
28 November 2017

## **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

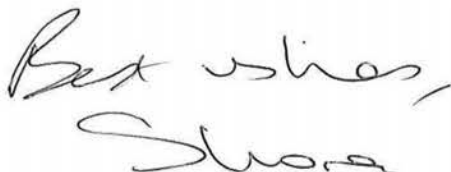
15. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NHS Dumfries & Galloway met its financial targets for 2016/17. Clearly, overall economic conditions mean that public sector budgets 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.



**SHONA ROBISON**



## ANNEX

## NHS DUMFRIES &amp; GALLOWAY ANNUAL REVIEW 2016/17

## 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

# The Future

Tech Advances and Innovations

Health and Social Care Integration

New Hospital



# Tech Advances and Innovations

The new District General Hospital will be the most technologically advanced digital hospital in Scotland when it opens in December 2017 through significant investment in new and innovative ways in supporting staff to work more efficiently to deliver high quality care.

By integrating Information Technology, clinical systems, communications and building technologies we have developed a modern flexible facility for supporting the delivery of faster/more efficient healthcare across both Community and Acute care settings.

Significant planned developments have now been implemented and key programmes of work include:

- An electronic ordering system will support safer, quicker and more convenient ways to request diagnostic tests. This is now being rolled out across GP Practices after completion within the existing Dumfries and Galloway Royal Infirmary.
- Hospital Electronic Prescribing and Medicines Administration system will ensure medicines management is safe and manageable. This is now fully rolled out to all areas of the existing Dumfries and Galloway Royal Infirmary ready for the new hospital.
- All areas of the new hospital will have strong wireless signal offering secure and public internet access. This will also support good clinical communication as well as providing TV and communications for patients. This network is now installed and services will be brought online during August 2017.
- The patient administration system is linked to the emergency department system to remove communication barriers and to streamline the patient journey with significant improvements available to support the new modern approach Critical Assessment Unit.
- A new PORTAL of clinical information where staff will be able to review and update information from a single screen rather than a number of clinical Information Technology systems, anywhere across Dumfries and Galloway. This now has over 2,000 clinical users daily reviewing clinical information.

Other new solutions include:

- a Wi-Fi based telephone system and crash call system
- patient check-in kiosks and patient flow technology
- centralised leaflet printing (or email),
- new critical care system,
- electronic equipment tagging system

We are already conducting a great deal of day to day business using electronic methods as the following figures show:

Electronic referrals to our Hospital	77,000
Electronic Inpatient Clinical Observations	345,000
Electronic discharge letters	11,600
Clinical documents created electronically	3.6m
Electronic x-ray and laboratory results	775,000
Electronic orders placed	150,000
Electronic ePEN forms submitted	57,000
Electronic documents sent to GPs	1.5m
Electronic medical charts created	2900
Scanned documents (2014-2016) (cumulative)	55m
Accident and emergency electronic patient notes created	47,000

# Health and Social Care Integration

## Performance

There are 23 National Health and Wellbeing Indicators that are reported by all Health and Social Care Partnerships, 4 of these are still being developed. This is the first year that they have been reported. Here are the numbers for Dumfries and Galloway and Scotland where available.

**82%**

of adults supported at home agree that their health and social care services seemed well co-ordinated  
(Scotland: 75%)

**95%**

of adults are able to look after their health very well or quite well  
(Scotland: 94%)



Rate of readmission to hospital within 28 days per 1,000 admissions

**83<sup>(p)</sup>**


Hospital admission for falls per 1,000 population aged 65 and over  
(Scotland: 21)

**17**
**86%**

of adults supported at home agree they are supported to live as independently as possible  
(Scotland: 84%)

**82%**

of adults supported at home agree that they had a say in how their help, care or support was provided  
(Scotland: 79%)

Proportion of care services graded good (4) or better in Care Inspectorate inspections

**79%<sup>(p)</sup>**
**85%**

of adults receiving any care or support rate it as excellent or good  
(Scotland: 81%)



Number of days people aged 75 or older spend in hospital when they are ready to be discharged per 1,000 population (Scotland: 842)

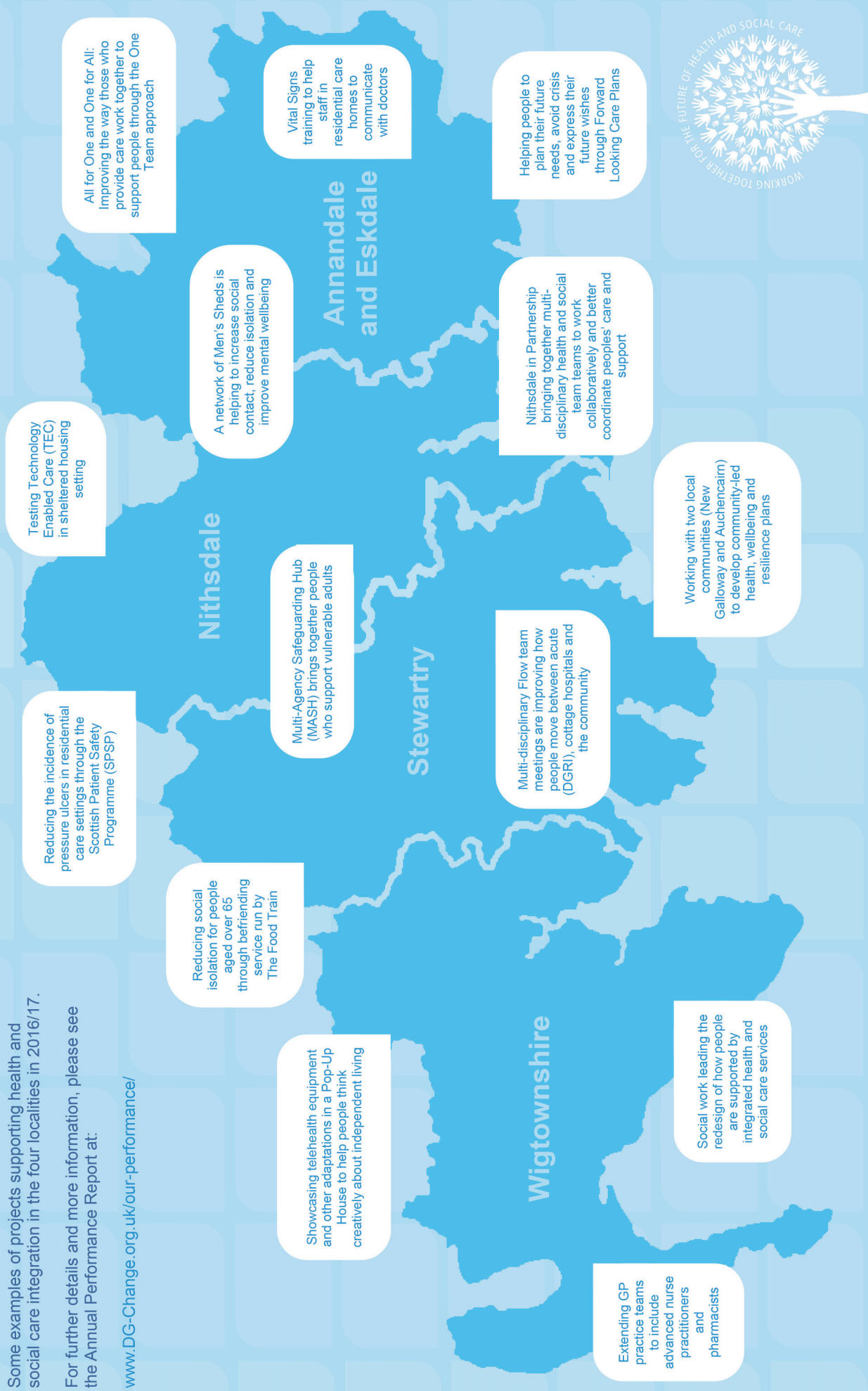
**591**

## Dumfries and Galloway Health and Social Care 2016/17

Some examples of projects supporting health and social care integration in the four localities in 2016/17.

For further details and more information, please see the Annual Performance Report at:

[www.DG-Change.org.uk/our-performance/](http://www.DG-Change.org.uk/our-performance/)



DUMFRIES AND GALLOWAY  
**Health and Social Care**

## Our Performance in 2016/17

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 the Dumfries and Galloway Health and Social Care Partnership. The ideas and promises for delivering health and social care are set out in a document called the Dumfries and Galloway Integration Joint Board Strategic Plan 2016-19.

The Annual Performance Report describes the progress towards nine national health and wellbeing outcomes in this first year of the health and social care partnership. The full report is available on our website:

[www.DG-Change.org.uk/our-performance/](http://www.DG-Change.org.uk/our-performance/)

A lot of the work in the first year has been about finding new ways of working that support people to lead healthy lives as independently as possible.

Health and social care working together in this integrated way is helping to protect vulnerable adults, avoid people going into hospital unnecessarily and support people to go home from hospital on time.

We are improving how we explain health and social care choices and giving people more say over their care and support. People and communities are being helped to be more resilient. A new plan is being developed to support those people who look after someone else (a Carers Strategy).

The quality and safety of health and social care is improving to ensure people get the right support or treatment, in the right place, at the right time.

There are now more ways to get involved in how services are run and giving feedback should be easier. Dumfries and Galloway Health and Social Care Partnership is committed to learning from the stories of people who use health and social care.

**87%** of adults supported at home agreed that their services and support had an impact on improving or maintaining their quality of life (Scotland: 84%)

Proportion of last 6 months of life spent at home or in a community setting **88%**<sup>(p)</sup>

Percentage of adults with long-term care needs receiving care at home (Scotland: 62%) **65%**

**49%** of Carers feel supported to continue in their caring role (Scotland: 41%)



**87%** of adults supported at home agreed they felt safe (Scotland: 84%)



Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency **24%**<sup>(p)</sup>

**91%** of people had a positive experience of care provided by their GP practice (Scotland: 87%)

Emergency bed day rate per 100,000 adult population **128,200**<sup>(p)</sup>

Emergency admission rate per 100,000 adult population **11,400**<sup>(p)</sup>



Premature mortality rate per 100,000 people aged under 75 (Scotland: 441)

**376**

Source: Information Services Division (ISD) Scotland  
(p) = provisional numbers; awaiting confirmation.  
Scotland numbers not yet published



# New Hospital

The construction of the new district general hospital for Dumfries commenced in March 2015. This 344 inpatient bed hospital had an ambitious programme of 29 months with Practical Completion expected in September 2017.

The hospital is designed to enable new models of clinical care by the introduction of single rooms that allow a greater level of care and treatment at the patient's bedside while offering privacy and dignity. A combined theatre and 23 hour surgery area will provide opportunities for operational synergies as will bringing together surgical and medical critical care beds. A Combined Assessment Unit will allow patients to be seen diagnosed and a treatment plan established (including discharge if appropriate) without using mainstream hospital beds.

It has been a busy year with construction activities progressing at pace. The year started with significant works being undertaken across all areas of the build including ward blocks, the women and children's unit and the technical facility.

A topping out ceremony was held in September 2016.

By the end of the year the building was largely



complete and fit-out activities well underway. At peak activity there were over 1,000 operatives on site with approximately 150 office based staff in support.

The generators, boilers and combined heat and power plant were installed in the energy centre and are currently providing heat and power to the building as part of the early commissioning process.

The Contractor is working its way progressively through the building bringing the facilities to an almost completed state. This commenced with General Ward Block 1. The ground floor includes staff change and palliative care with single en-suite rooms. The upper floors are made up of two 28 bedded wards each with single room en-suite accommodation.

The end of the year saw significant procurement activity in respect of major Board supplied equipment for Imaging, Pharmacy and Theatres with the issue and evaluation of tender submissions. The Programme allowed for a period of Beneficial Access for sub-contractors to install this equipment prior to Practical Completion (scheduled 11th September 2017).

The site was visited by the First Minister in January 2017.

Planning for commissioning and migration also gained momentum during the year with activity taking place across some 16 workstreams. Engagement with external agencies such as Dumfries and Galloway Council, Police and Scottish Ambulance Service also moved forward during the year.





The construction of a new hospital in Dumfries was also designed to promote and enable the economic regeneration of the region. The project agreement includes a number of targets that Project Co is required to achieve. The targets relate either directly to employment opportunities through advertising and recruitment for staff locally establishing apprenticeships or supporting younger persons through engagement with schools and colleges.

The programme was also designed to increase and improve the capability of local businesses and SME (small and medium size enterprises) to respond to development opportunities. The targets set out in the agreement have largely been delivered with the exception of some further engagement with schools and colleges.



NHS Dumfries and Galloway  
Annual Report 2016-17

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