



content

Chairman and Chief Executive Foreword	3
---------------------------------------	---

Progress

Service Developments and Improvement	5
Improving Health	6
Health Protection and Screening	12
Patient Experience	15
Quality and Patient Safety	19

Achievements

Volunteers Involvement	21
Fund-raising and Donations	23
Staff Awards and Achievements	24
Our Year in Pictures	25

Performance

HEAT Targets and Standards	28
Board Members	30
At a Glance	31

The Future

Tech advances and innovations	33
Integration	34
New hospital	35

Chief Executive and Chairman's Foreword

NHS Dumfries and Galloway have successfully navigated another busy and challenging year. There is a great deal to report and this document highlights the main achievements and developments of 2017/18.

Thanks to the hard work and dedication of the people who make up our workforce we have delivered strongly against the targets and standards set by the Scottish Government and completed on one of the region's biggest ever infrastructure developments.

In 2015/16 we reported that construction was beginning on our new District General Hospital in Dumfries. On 8th December 2017 we moved the first of many patients into our new state of the art DGRI. The project was completed on time and within budget and provides the region with an outstanding acute facility.

The Integration Joint Board is now well established in their role, with our own Vice Chair, Penny Halliday, taking on the role as Chair for the Integration Joint Board in April 2017. Further information on the performance and activities of the integration of health and social care can be found later in this report.

The winter of 2017/18 brought exceptional service pressures to primary, community and acute care services. The region experienced very high incidences of respiratory and flu like illnesses throughout the winter, which affected performance against several elective and non-elective treatment targets.

In spite of this, we have been able to maintain our focus on improving the quality and safety of our services through a number of developments and initiatives in 2017/18. 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 safe, person-centred, effective and efficient.

Jeff Ace

Chief Executive

Philip N Jones

Chairman

Progress

Service Developments and Improvement
Improving Health
Health Protection and Screening
Patient Experience
Quality and Patient Safety

Service Developments and Improvements

Move to new Dumfries and Galloway Royal Infirmary

As expected much of the year 2017 was taken up in the preparation to move to the new Dumfries and Galloway Royal Infirmary in December 2017. In anticipation of the move new models of care were tested in a bid to replicate the ways of working that would be adopted in the new build. This included testing a combined assessment area in Ward 7 combining both medical and surgical patients. New nursing models were tested in the form of pod working to reflect the ward environments within the new build. The testing of these new models allowed the staff to become familiar with ways of working prior to moving.

Since moving a number of developments and improvements are being worked on. Patient flow is being looked at through the Emergency Care Centre which includes Emergency Department and Combined Assessment unit. A Rapid Assessment Unit is being explored to ensure patients are triaged quickly and relevant tests carried out so results are available for consultants to review at the earliest opportunity.

Nurse Recruitment



A number of recruitment days have been held to recruit newly qualified and registered nurses continues to be very successful. Staff provided potential candidates with information on quality improvement, trade unions, clinical educators and other information. The day was very well received and further open evening recruitment events are being planned to showcase the new hospital and invite prospective employees to talk to a range of staff on the opportunities available in Dumfries and Galloway Royal Infirmary.

Daily Hospital Huddles

The daily hospital huddles are now operated using an electronic system. This allows more 'grip and control' of the day to day situation. Forward prediction of admissions is available to ensure planning for activity and bed availability. These have been rolled out to Community Hospitals (Castle Douglas Hospital pictured).



Improving Health

Wigtownshire and the Machars

Wigtownshire Health and Wellbeing Team

As part of Health and Social Care Integration, the development of the Wigtownshire Health and Wellbeing Team has been implemented, this has seen the Locality Health Improvement team and Staff from Building Healthy Communities becoming one service team and working together to enhance service delivery on Health in the community.

Community Health Sync

Co-operation and Working Together (CAWT) is the cross border health and social care partnership, comprising the Health Service Executive in the Republic of Ireland and the Public Health Agency, the Health and Social Care Board and the Southern and Western Health and Social Care Trusts in Northern Ireland. Together with partners in NHS Dumfries and Galloway in Scotland, CAWT has been successful in securing grant funding from the European Union INTERREG VA programme, to progress a cross border health and well-being project called Community Health Sync (CoH-Sync) which will run until September 2021.

By being rooted in local communities and working with and through existing organisations and initiatives, the CoH Sync project will strengthen capacity for improving health and wellbeing in participating communities. EU INTERREG VA funding is available for the development of new cross border interventions through a network of eight Locality Health and Well-being Hubs within Northern Ireland (three Hubs), Republic of Ireland (three Hubs) and South West Scotland (two Hubs). These Hubs will be resourced with Health and Wellbeing Facilitators who will support individuals and groups to become more active in improving their own health and wellbeing by making better use of existing resources within communities, thus building sustainable resilience through a community-asset based approach. Every community has a supply of assets (resources, skills and talents of individuals, groups, associations and organisations) that can be used to support individuals and the community. Interventions / programmes developed will be open to participants on a cross border basis.



The mPower project is aimed at people who are 65 and over and who have one or more Long Term Condition. The project is being used to introduce individuals to new ways of managing their own health and wellbeing and to help them to manage their condition in ways that avoid dependency on professional input.

The Community Navigator works through a wellbeing plan with individuals and helps them to identify ways of managing their health and wellbeing including:

- Linking them to social activities in their local community
- Making use of digital technology such as the My Diabetes My Way mobile app

The project went live in April 2017 and since then has delivered a service to 27 people across Wigtownshire to develop new ways of managing their health.

The project includes working closely with Health and Social Care professionals to increase the uptake of existing Technology Enabled Care solutions and to introduce new ways of using technology to support their practice.



Improving Health

Wigtownshire and the Machars

Pharmacies Pilot Sunday Opening



NHS pilot scheme aiming to improve Sunday access to pharmacy services was introduced in Wigtownshire in November 2017.

The scheme encourages members of the public to think 'Pharmacy First' and consider visiting their community pharmacy before making an appointment to see their GP or accessing out of hours services.

Move More

The move more program aims to deliver fitness programmes to people who are currently having or have gone through treatment for cancer. Macmillan have carried out a study that has revealed that simple physical activity can significantly help prevent cancer, the programme also encourages relatives and carers to participate, the range of physical activity, has been designed to enable individuals to participate in the ten week programmes, those include, Gentle Movement classes, special Gym circuits Classes, Delivered in partnership with D&G leisure and sports facilitators trained by Macmillan Cancer to deliver, and Walking groups facilitated by Volunteers who have completed path walk trainer courses.

Volunteers completed Path Walk trainers program in April 2017 which has successfully seen recruited 18 more path walk volunteer facilitators, trained to support the programme in the west, the project initiatives are also been delivered in Wigtown, Newton Stewart, Dalbeattie and Castle Douglas with further activities presently been established.



Transforming Care after Treatment (TCAT) Programme

The Building Healthy Communities Led TCAT programme has Project initiative which will assist patients, relatives and carers to access community groups and activities, already established in the community, such as Tai Chi for Health, Boccia, New age Curling and Chaired Based exercises and Art groups, as some examples, available for those interested to improving their health and Wellbeing.

Improving Health

Building Healthy Communities in Upper Nithsdale

Building Healthy Communities in Upper Nithsdale supported a partner organisation to undertake successful community engagements when they alongside other community organisations were approached to engage the community of Kirkconnel and Kelloholm in Dumfries and Galloway Council's Public Realm project.

The project has a strategy to create and or improve public spaces and signage throughout the region for the benefit of residents, to celebrate the heritage and raise the profile of the individual towns and villages and boost the visitor economy. The project needed meaningful and diverse views, ideas and local knowledge to inform this process.

Building Healthy Communities volunteers were involved in the design and delivery of a number of public events to have the opportunity to talk informally and directly to planners, designers and decision makers to share their thoughts and feelings around what things could be done to improve their public spaces.

The volunteers decided to approach engaging with primary school pupils by holding a photography competition, using disposable cameras, for the P6 pupils at Kelloholm Primary School and awarded prizes for the three winning images. The theme of the competition was to capture what the pupils think makes Kelloholm or Kirkconnel the place to live.

They held a final event in the Miners Memorial Hall in Kirkconnel inviting people to view the final designs of the public spaces, signage and the winners of the photography competition were not only announced but displayed. Building Healthy Communities volunteers had various roles at the event from front desk where they welcomed people and took details such as postcodes, ages etc, provided the teas and took people through the finished designs. This event was very well supported and we were able to feedback to the community how their views and been incorporated.



Improving Health

Annandale and Eskdale

The Health Improvement Team has been involved in a wide range of activity throughout the year. They continue to support the **Safe and Healthy Action Partnership (SHAP)**. The SHAP is a partnership made up of over 100 representatives from communities, groups, and organisations who work together to actively engage communities to strengthen and build resilience whilst making best use of local assets and resources. The Partnership have been involved in initiatives such as the Big World, Carers Support events, Tea and Tennis Groups, Mature Drivers Scheme and also supported the development of community groups and activities through the Day Opportunities fund.

Food, physical activity and healthy weight continues to be a priority area and over the year around 16 families have participated in our 8 week Family Programmes and around 40 individuals have been supported on a 1-1 basis. The team have also been delivering training and building capacity of others in this area and working closely with schools to ensure the programmes reach those who need them most.

The **Community Link Service** continues to go from strength to strength, particularly in relation to addressing health inequalities, with nearly 400 people being supported in the past year. The person centred, outcome focused approach means that people are introduced to the concept of recognising their potential and setting realistic goals to meet personal outcomes. Our evaluations show that it's often simply about taking time to listen and asking the right questions, as quite often it's a combination of things that are relatively easy to fix that have the biggest impact on peoples' health and happiness and their ability to feel in control of their lives and health again.

Two "Afore Ye Go" events were held in the Annan in June. These linked with the Dumfries and Galloway Health and Social Care campaign to raise awareness about Power of Attorney. Around 70 people attended, made up of a mix of members of the public and the Health and Social Care workforce. Robin Braidwood, Solicitor for Older People, led an informative and informal session on planning well for the future, raising awareness of the top six things people should think about when planning, including Power of Attorney, Guardianship, Advance Directive, Wills, Care Home Costs, Trusts and Legal Aid. There were also further presentations about "Forward Looking Planning" and Residential Care.



Improving Health

Dumfries

Healthy Connections Nithsdale

Healthy Connections works therapeutically with individuals, on a one to one basis. We support them to explore their lives and how this links to their health and wellbeing. People's lives can be overwhelming for them and they may have difficulty coping. They may also be experiencing anxiety and stress. Healthy Connections can help them to identify ways in which they can take care of themselves, cope with their circumstances and improve their health and wellbeing. This can be more difficult for individuals with existing mental health conditions, who may have underlying needs which limit their capacity to take care of themselves.

Healthy Connections has expanded and is now linked with 5 GP Practices and provide weekly 1:1 slots to discuss health and wellbeing. Healthy Weight sessions are also held in the practices; these sessions focus on achieving and maintaining a healthy weight to help prevent type 2 diabetes, heart disease and depression. An optional weigh in is available at the sessions as well as discussion on topics including; healthy eating, keeping active and stress reduction.

Mindfulness for Chronic Pain

Mindfulness is a life skill development process with a strong evidence base that can provide long-term personal development and health and wellbeing benefits.

Medication use for chronic pain is an increasing burden and has limited effectiveness. Mindfulness offers an additional means of managing chronic pain relief which is evidence based. The course has been offered widely via communication to GP practices, pharmacies, dentists and posters in a wide variety of public places (e.g. libraries, post offices).

Since 2015, 4 x 8 week Mindfulness for chronic pain courses have been delivered in Dumfries and Nithsdale, with 36 people completing the courses (out of a possible 48 who started the courses). The 5th course has a maximum of 20 people enrolled and is due to commence in August 2018.

Subjective feedback included the reduced use of analgesics, including strong opiates and a marked increase in well being.

Healthy and Social Care Newsletter

A multidisciplinary group of staff along with public representative are responsible for developing monthly Health and Social Care newsletters. These have included case studies of integrated working, the promotion of flu vaccination clinics and campaigns such as 'What Matters to You?' The newsletters are distributed to over 300 locations across the Nithsdale locality.

"Absolutely amazing. I truly believe that Mindfulness should be available to individuals on the NHS who suffer from pain, stress and mental health, insomnia etc. Mindfulness is an amazing tool to deal with life's stresses."

"It's delivered far more than I expected. It's been enlightening and very helpful"

"Very beneficial – a life skill that I shall cherish! I feel like this will help my mind and body – preventing stress from building and ill health from following"

Improving Health

Stewartry

In 2017, a scoping and gathering of information took place to enable the Locality to explore different models of care for both in-patient services and community teams, with an aim to sustaining services. An Integrated Pathways work stream was established with representation from GPs, nursing, workforce, finance, health intelligence and locality management to work up a high level vision for what our services could look like in the future. As part of this planning, the Locality team is now at the stage of considering how to best engage and consult with staff and public. This will help shape care and support services so that they are sustainable, and support people to live as independently as possible at home or in a homely setting in their community for longer.

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, GPs and other health and social work professionals. The pilot is considering the following areas:

- o Increasing early intervention and prevention work
- o Working better together and improving working relationships
- o Reducing inappropriate referrals to social work services

24 people have been referred to the pilot since it started (as of January 2018). Some of the outputs for the people referred include signposting, supporting people to attend appointments with other agencies, and referrals to social work for support such as Self Directed Support (SDS) assessments. Also, some referrals have led to people having an early review of their existing care and support and changes being made in a timely manner so as to avoid a crisis.

In February 2018, Branching Out, an award winning project designed to improve mental health and wellbeing began a pilot at Dalbeattie Forest. The 12 weeks forest-based activity programme aims to improve an individual's confidence, wellbeing and communication skills



Scottish Care is working closely with their partners at a locality, regional and national level to help maintain the sustainability of care providers. This work will help to ensure services remain available for the local population as well as providing a choice for local residents.

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. This is with a view to employing ANPs in our cottage hospitals in the future to support sustainable medical provision.

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 community mental health nurse and a support worker run clinics from GP practices to provide low level mental health support to people who have been referred. This enables quicker access to support, with the aim of helping more people before they reach crisis point and enabling them to manage their own mental health and wellbeing. From May 2017 to December 2017, the service received a total of 260 referrals, with 218 first assessments being completed. The outputs for people referred have included: requests for advice, signposting, desired outcomes achieved, referrals to another service and discharge from service. The impact this service is having is illustrated by the feedback people have given:

"The quick response from enquiring about the service until I was seen and then the convenience of follow up sessions"

"The service is vital and I'm very appreciative to have been able to use it in my time of need"

Health Protection and Screening

Health protection is the area of public health that deals with external threats to health, such as infection and environmental issues. It 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
- Health Protection is a multi-disciplinary activity and we work with Primary Care, Scottish Water, Police Scotland and the Council to ensure that we maintain an integrated approach to the health of the public across the region.

Adult Immunisation Programme

Shingles

The Shingles Immunisation Programme started in 2013. Shingles can be a severe condition. It occurs more frequently and tends to be more severe in older people. Around 7,000 people aged 70 years and above are affected in Scotland each year. Around 1,000 people develop a very painful and long lasting condition called post-herpetic neuralgia. Roughly 600 people are admitted to hospital each year, and there are around 5 deaths annually. The shingles vaccine can reduce the risk of getting shingles or, if an individual does get shingles, it can make the symptoms milder. During 2017/18 the vaccine was offered to individuals aged 70 years old (routine) and those aged 76 years (catch up), defined by the individuals age on 1st September 2017. In line with previous years, those who were eligible for the programme from the start and who had not taken up the offer of vaccination remained eligible; this includes those aged 71-74 (inclusive) and 77 to 79 (inclusive). The vaccine is not offered to anyone aged over 80, even if they have previously been eligible, as the vaccine effectiveness declines with age. The catch up programme will finish at the end of August 2019.

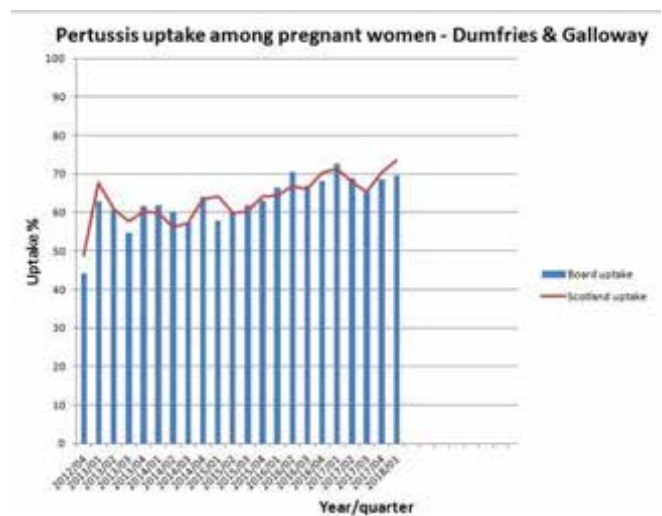
The uptake figures for 2017/18 for those age 70 years 50.70% (Scottish average 40.5%) and aged 76 years 42.57% (Scottish average 35.5%)*

*The data is for a partial year the programme runs from September to August.

Pertussis (Whooping Cough)

Pregnant women have been offered immunisation against pertussis to protect their infants since 2012. A single dose is offered to all pregnant women during weeks 16 to 32 of pregnancy to maximise the likelihood that the baby will be protected from birth. Immunisation is timed to boost levels of protective antibodies passing from the pregnant woman to the baby. Women may still be immunised after week 32 of pregnancy but this may not offer as high a level of passive protection to the baby. Vaccination late in pregnancy may, however, directly protect the mother against pertussis and thereby reduce the risk of exposure to her infant. New mothers who have not previously been vaccinated against pertussis are offered the vaccination up to when their child receives their first vaccinations.

The uptake figures for Dumfries and Galloway compared to Scotland can be viewed in the chart below.



Health Protection and Screening

Childhood Immunisation Programme

Children born in Scotland can expect to have 11 injections and 2 oral vaccinations in their first year of life. By the time they reach the age of 18 they will have had 15 (boys) and 17 (girls) separate injections. 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.

Children will also have been offered the influenza vaccination annually from the age of two years until they finish primary school.

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 in relevant at risk groups.

Screening

Screening is the use of simple tests offered to apparently healthy people in order to identify individuals who have risk factors or early stages of disease, but do not yet have symptoms. Screening is offered for a number of conditions including:

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. The test looks for traces of blood in a stool sample. The test that is used was recently changed and it now only requires one stool sample to be collected. This is thought likely to increase the number of people taking part in the programme. If the result is positive a nurse contacts the person to offer them an appointment for further investigations. This will include an internal camera examination of the bowel.

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, 88.2%, is consistently above the national average.

Abdominal Aortic Aneurysm Screening

A one-off ultrasound examination is offered to all men in the region in their 65th year. The uptake in the region is around 89%. 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.

Human Papilloma Virus

Last year, Human Papilloma Virus (HPV) vaccine has been offered to 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 commenced 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

Breast Cancer Screening

Women aged 50 to 70 years old are offered an X-Ray (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. Unfortunately, across Scotland and the UK, there are difficulties in recruiting specialist radiologists and pathologists and this has led to delays and difficulties in keeping to the three yearly schedule. The unit in Irvine is developing new ways of working, including training consultant radiographers, to catch up.

Cervical Cancer Screening

The uptake for cervical screening is 80% in Dumfries and Galloway. We are currently planning clinical update sessions for smear takers and making plans for the change over to high risk HPV testing which is coming in 2020 and will be the subject of future reports.

Health Protection and Screening

Infectious Diseases

Shigatoxin producing E coli (STEC)

Scotland has the highest rate of STEC in the UK and Dumfries and Galloway, being such a rural area is one of the Boards with the highest rates. Scientific studies have shown that E coli germs live mainly in cows and so living in a rural area with so much cattle farming is associated with a higher risk of infection. The health protection team works proactively with partner agencies to raise awareness of these risks and to look for ways to reduce it. The widespread use of local media has been used successfully to pass on clear messages to the Public about staying safe from Gastro intestinal infections whilst continuing to enjoy the countryside.

Blood Borne Viruses

The Scottish Government's 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. Current models of outreach injecting equipment supply are being evaluated with regards to succession planning and the introduction of local point of care testing is being explored. Although advances in medical treatments, novel testing methodologies and universal Hep B vaccination programmes for newborns can counter continued local risk taking, the Blood Borne Virus agenda in Dumfries and Galloway remains dynamic and challenging.

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.



Don't spread it. If you get ill, stay at home.
#NoToNorovirus www.nhsinform.co.uk/norovirus

**If you get
norovirus,
avoid direct contact
with others until
at least 48 hours
after your symptoms
have stopped.**



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 2017-18 there were a number of 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.

Patient Experience

Feedback, Comments, Concerns and Complaints

NHS Dumfries and Galloway are committed to delivering safe, effective and person-centred care. Feedback is central to ensuring delivery of these aims and we offer a variety of ways to allow people to provide feedback that best suit their needs.

These include:

- in writing - letters, surveys, consultations and feedback forms.
- by email via our Patient Services and DG Feedback email addresses.
- by telephone via Patient Services and direct to individual services.
- via Care Opinion and our website.
- via social media (through posts, links and direct messages).
- face-to-face via scheduled events and daily contact with the public.
- via local advocacy and support services including Dumfries and Galloway Advocacy Services and the Patient Advice and Support Service (PASS).

All our feedback materials make 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.

Key achievements this year include:

- The introduction of a new 'We Welcome Your Feedback' leaflet, detailing the various ways that the public can provide feedback.
- The introduction of the Scottish Public Services Ombudsman's Model Complaints Handling Procedure (from 1 April 2017).
- Improvements to the training available to staff and partners around managing feedback and complaints. Complaints Handling and Investigation Skills training was delivered to over 100 staff over the period.
- Improvements to our performance reporting to ensure information is more timely and meaningful, as well as ensuring we are compliant with the reporting requirements of the Scottish Public Services Ombudsman.
- The introduction of customer satisfaction surveys for those that have been through the Complaints Handling Procedure (from February 2018).

Whilst we have undertaken some work to improve the accessibility of our feedback methods, we

recognise that more can be done. We plan to:

- Increase our interactions with local groups so we can continue to improve how we support those from hard to reach groups to provide feedback.
- Run our feedback policies, procedures and literature through Equality Impact Assessments to gather feedback on how we can further improve.

There are still opportunities to improve how we capture, analyse and respond to learning from feedback and work will continue around that. We also hope to further improve our analysis of complaints trends in order that we can learn in a wider sense and become more proactive in our approach to dealing with arising issues.



Care Opinion is an online approach which enables the public 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.

NHS Dumfries and Galloway received 47 stories over the period, many 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 that we can provide further advice and support to resolve any issues raised.

Key achievements this year include:

- Increasing our publicity around Care Opinion ensuring leaflets and cards are available in a variety of public facing locations. We also have a large pop-up banner in the main atrium of Dumfries and Galloway Royal Infirmary.
- Referring to Care Opinion in our new feedback leaflet, which is widely available.

Staff awareness of Care Opinion has also improved as we include details of the service in our complaints and feedback training.

Patient Experience

Care Opinion continued

Whilst Care Opinion is promoted across the Board, we could further improve awareness. We plan to do so by:

- Ensuring Care Opinion is covered in feedback training for staff
- Ordering and distributing additional hard copy materials
- Promoting Care Opinion on our bedside and waiting room screens
- Promoting Care Opinion regularly through our various social media channels

Whilst we receive a significant amount of positive feedback, we could improve how it is captured and reported. Care Opinion can assist us with that as it provides an accessible and convenient feedback option for many. Through better promotion, we will be able to encourage the public to share more of their stories.

Further information on Care Opinion, including details of our stories, can be found at: www.careopinion.org.uk.

Complaints Handling

NHS Dumfries and Galloway implemented the NHS Scotland Model Complaints Handling Procedure (MCHP) from 1 April 2017. The procedure saw the move to a two-stage complaints procedure for NHS Boards. The first stage of the procedure focuses upon early resolution of complaints and the second stage provides the opportunity for detailed investigation of the issues raised.

The public has access to a number of information sources regarding our complaints procedure, including:

- Online at NHS Inform and via the Scottish Public Services Ombudsman.
- NHS Inform leaflets detailing how to provide feedback and make complaints.
- Our local Feedback Leaflet and form also provides information.

We recognise that making a complaint can be daunting and at times, particularly when you are also dealing with difficult personal circumstances such as illness or loss. There is support available to patients, service users, carers and visitors via local advocacy and support services and through the Patient Service team and NHS staff. We ensure this support is promoted in our literature and web information. This ensures that people can choose how involved they wish to be with the complaint.

In implementing the new procedure, we introduced a significant number of improvements to our complaints handling including:

- Introducing detailed Complaints Handling Procedure documents including our full Board procedure and the summarised 'public facing' procedure.

- Identifying 'Feedback Coordinators' in each service to ensure local accountability and expertise.
- Introducing customer satisfaction measuring for those that have been through the Complaints Handling Procedure.
- Improving the training options available to staff around managing feedback and in particular, complaints.
- Improving our performance reporting to ensure we are meeting the requirements of the Scottish Public Services Ombudsman's key performance indicators.
- Revising our complaint response templates to ensure they are person-centred and easy to read.

Whilst our complaints handling are improving, we recognise that there is work still to do, including:

- Improving how we capture, analyse and respond to learning from complaints including linking analysis and learning to other relevant sources of information such as adverse events.
- Improving our analysis of complaints in order that we can learn and become more proactive in our approach to dealing with arising issues.
- Improving accessibility to the Complaints Handling Procedure through an Equality Impact Assessment and work with local established groups.
- Improving how we manage complex and challenging complaints to ensure consistency and learning.

There are plans in place to address each of the above and we are confident that 2018/19 will see further improvements to how complaints are handled and how the public experience the complaints procedure.

Patient Experience

Feedback Data

NHS Dumfries and Galloway publish a detailed report on feedback each year with a particular focus on complaints handling. The following provides a summary of the feedback received over the period:

Feedback Type	Number
Stage One Complaints	114
Escalated to Stage Two	22
Stage Two Complaints - Direct	191
Comments	56
Compliments	136
Concerns	219
Totals	638

NHS Dumfries and Galloway received 275 comments and concerns in 2017/18, significantly more than the 180 items received the previous year. Feedback increased over the last quarter of 2017/18 in response to the opening of the new hospital. Many of the issues raised were resolved at the first point of contact.

The Board received 136 compliments in relation to excellent care and treatment. It is also acknowledged that individual wards and departments will have received many compliments directly throughout the year and Patient Services are working on a system to better capture this valuable information. NHS Dumfries and Galloway also received 47 Care Opinion stories during the period, many of which were positive.

During the period, NHS Dumfries and Galloway received a total of 327 complaints. This is a decrease on 2016/17 in which we received 398 complaints. These numbers remain low in the context of the number of episodes of care delivered across the Board each year.

The table below identifies the top five issues that were complained about. A complaint may be recorded under one issue or several different issues, depending upon the nature and complexity of the complaint.

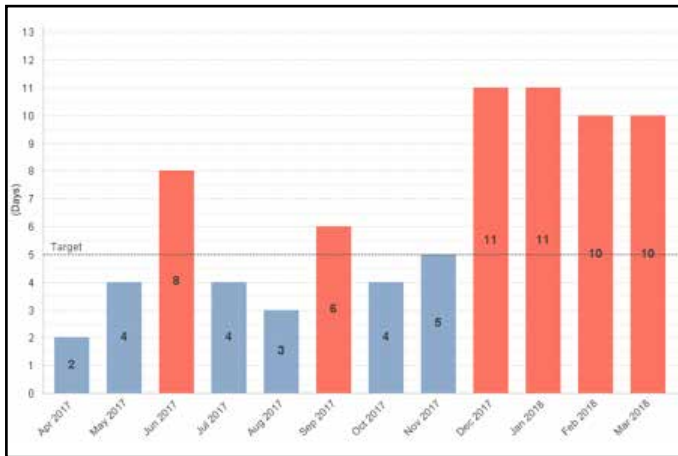
Issue	Total	%
Clinical Treatment	161	49%
Staff Communication (oral)	25	8%
Staff Attitude and Behaviour	26	8%
Waiting Time for Date of Appointment	28	9%
Waiting time for date of admission	6	2%

Our average response times were slightly above the required timescales with a noticeable decline in compliance around Stage 1 from December onwards. This was in large part due to the other pressures on staff at that time, including the opening of the new hospital and the flu outbreak.

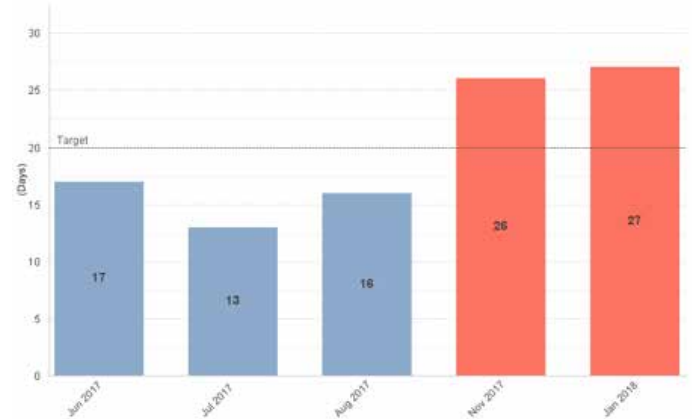


Patient Experience

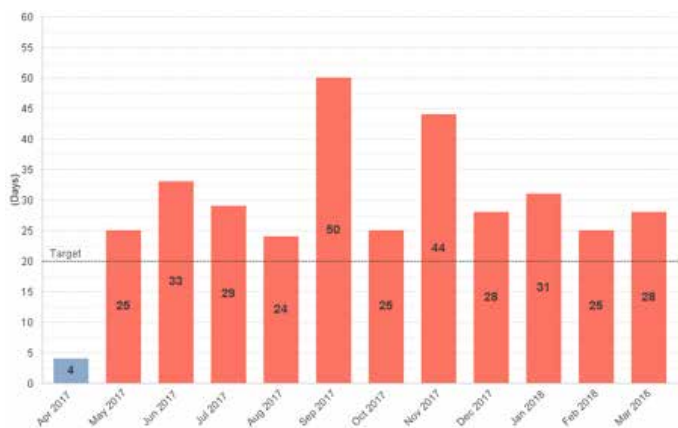
Stage One – Average Time for Complaint to be Closed, based on closed date



Escalated to Stage Two – Average Time for Complaint to be Closed, based on closed date



Stage Two Direct – Average Time for Complaint to be Closed, based on closed date



Our compliance with timescales continues to be below target and tends to fluctuate, particularly for those complaints that go directly to Stage 2 and are therefore often more complex. Extending the response beyond the statutory timescale is acceptable where such an extension has been agreed and aids an effective response and resolution to the complaint.

We recognise however that there are times where these extensions have not been agreed and that is an area where we are committed to improving. The introduction of additional regular performance reports and more rigorous management of live cases will aid this in 2018/19.

Scottish Public Services Ombudsman

Individuals who are dissatisfied with NHS Dumfries and Galloway's complaint handling or response can refer their complaint for further investigation to the Scottish Public Services Ombudsman (SPSO). The number of complainants who progress their complaint to the SPSO is a useful indication of the effectiveness of the complaints handling procedure. This is closely monitored by Patient Services to ensure that our processes are efficient in reaching desired resolution for service users and their families.

Of the 18 Decision Letters received by the SPSO, twelve complaints were not upheld, five partially upheld and one fully upheld. In total, the Board received 33 recommendations as a result of complaints considered by the SPSO. These are recommendations are incorporated in to a complaints action plan and the actions completed by the relevant service, with the support of the Patient Services Team. Each completed action plan is laid before the Board's Healthcare Governance Committee to provide assurance that the recommendations have been implemented and appropriate lessons have been learned and action taken to improve services.

	Totals
Complaint Raised with SPSO	28
Decision Letters Received from SPSO	18
Reports laid before Parliament	1
Number of Recommendations made by SPSO	33

Further information on the SPSO and their decisions can be found at www.spsos.org.uk.

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 attend to how we manage, how we plan, how we deliver and how we 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 (QI), 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 ten 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 (HCGC) 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.

Organising for the Future

Aim	Primary Drivers	Secondary Drivers
Through continually improving healthcare delivered in Scotland, we will reduce events that cause harm to people	Strategic Priority	<ul style="list-style-type: none"> • Ensure safety and quality are organisational priorities • Provide leadership and oversight to ensure delivery of programme • Actively develop your safety culture
	Infrastructure	<ul style="list-style-type: none"> • Develop and utilise local capacity and capability in QI • Effective measurement systems • Programme management • Effective communication • Manage transitions of care
	Point of Care	<ul style="list-style-type: none"> • Acute Adult • maternity and Children Quality Improvement Collaborative • Primary Care • Mental Health

Developing capability and the capacity to deliver across all of the Safety Programmes and the other improvement programmes which we are involved with 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.

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 and Development and Leading Better Care to integrate our support around the key themes.

Achievements

Volunteers and Involvement
Fund-raising and Donations
Staff Awards and Achievements
Our Year in Pictures

Volunteers and Involvement



During 2017/18 NHS Dumfries and Galloway raised the profile of volunteering with an overwhelming response from the local community. This brought together over 200 new volunteers who were recruited, trained and active for the opening of the new Dumfries and Galloway Royal Infirmary hospital in December 2017. Also, part of the process during this last year was to ensure that the right systems and structures were in place to recruit and support volunteers region wide. This included:

- Recruitment and events
- Development of Volunteering roles and peer support
- Recognition events for Volunteers
- Working towards reaccreditation in Investing in Volunteers

Recruitment and events

A number of events were planned to ensure existing volunteers were involved in the process of change as preparations were made to recruit new volunteers and make the transition to the new hospital. Existing NHS volunteers and staff were involved in planning and organising two recruitment days. These events interactively engaged participants through:

- A World Café to gather feedback on the benefits of volunteering and why people wanted to volunteer
- Virtual Tour of new hospital
- Presentation on Volunteering discussing the roles and expectations
- Display stands which included Infection Control Team and Dementia Awareness with the chance to meet volunteers and staff or ask questions
- Information packs and the opportunity to sign up for an appointment informal interview

As part of the transition, the New Hospital Steering Group arranged an early familiarisation visit to new Dumfries and Galloway Royal Infirmary for four existing volunteers from Mountainhall enabling

them to make an informed choice regarding where they would choose to volunteer. All four decided on the new Dumfries and Galloway Royal Infirmary with one continuing to volunteer in both locations.

A group of fourteen volunteers took part in Migration Simulation Exercises with their role being as a patient observer. Over this two day period part of the exercise was for the volunteer patients to give their evaluation feedback on their experience and observations as they went through the process of being transferred from the old Dumfries and Galloway Royal Infirmary (now Mountainhall), to the New Dumfries and Galloway Royal Infirmary Hospital.

An additional twelve volunteers led Orientation Tours of the new Dumfries and Galloway Royal Infirmary with 209 volunteers including over thirty young people aged 16-25. The benefits for many of the young people were to further their career as health professionals, to improve their employability and confidence or to accumulate volunteer hours toward Saltire Award and Duke of Edinburgh Award.

Volunteers and Involvement

Volunteering Roles and Peer Support

In developing the Volunteer Programme over the last twelve months a choice of ten volunteering roles/opportunities are now available, these range from being a Welcome Guide to Ward Volunteer or Spiritual Care Volunteer to Cancer Information and Support Centre with Macmillan. All specific role descriptors are available by emailing: dg.volunteering@nhs.net

Peer Support meetings for volunteers take place ever 12 – 15 weeks to create an environment for the volunteer to meet other volunteers and staff, discuss what is working well, any changes needed and inspire new ideas. Volunteers find this a great means of expression where their voice heard and where they share good news stories of the impact being made through their role with patients, visitors families, users or carers. Two examples of this are:

- the volunteers identifying the need for wheelchair assistance for visitors and their families. Forty-six volunteers have now been trained to provide wheelchair assistance to this identified group of people.
- a ward-volunteer who discovered that in the past the 92-year-old dementia patient she was talking to, played the piano. After asking for permission, the volunteer escorted the patient from the ward to the main atrium where the patient played the piano for 45 minutes. The volunteer also made aware that the patient had written over 300 songs.

NHS Dumfries and Galloway volunteers are being creative regarding ways of engaging with patients that are meaningful for the patient.

Investing in Volunteers Award

One of the key elements of the NHS Scotland Volunteering Strategy is that NHS Boards should achieve Investing in Volunteers (IiV) which is the UK quality standard for all organisations which involve volunteers in their work. Over the past year NHS Dumfries and Galloway Volunteering Steering Group, staff and volunteers have been working to undertake the self-assessment and prepare the evidence to match the nine indicators that cover all aspects of volunteer management. Interviews will be carried out by the Volunteer Scotland Assessor with twenty-six volunteers and eleven staff were randomly selected. The full report will be presented to the Investing in Volunteers Quality Assurance Panel later in 2018 for re-accreditation of IiV.



Fund-raising and Donations



The SANDS Charity donated £16,000 to support art and a memorial Garden at the Women and Children's Unit at the new hospital site



Wigtownshire Locality Staff donned their onesies to complete a self funded zip wire challenge raising funds for Children in Need



The Village Singers presented a cheque £300 for the Oncology Service



Staff in Wigtownshire locality (below) raise £65 for the Wigtownshire Food Bank



Dumfries and Galloway Constabulary donate £250 and a quantity of Christmas decorations for the Children's Ward at DGRI



Staff at Crichton Hall raise funds for Guide with a Bake Off competition



Dumfries and Galloway Through the Lens Facebook photography group raise £976 for the Macmillan Support Centre



Staff at the new Dumfries and Galloway Royal Infirmary wear Christmas outfits to raise funds for the Children's Ward



Staff Awards and Achievements



Hazel Hamilton and Kelvin Frew become among the first to be awarded the prestigious Queen's Nurse title following its re-launch, Kelvin and Hazel were presented with the award in December 2017 by Great British Bake Off Judge, Prue Leith (Photo copyright Lesley Martin)



Susan Mckie, Tobacco Control Officer, Sandra Gyaltsen, Senior Social Worker and Sharon Walker, Public Health Practitioner based at Castle Douglas compete their Association of Project Management



Staff are presented with certificates for completing the Aspire to Lead, Mentor Preparation, Flying Start and Dementia Champions programmes at CelebratedDG 2017



Adult Speech and Language Therapy achieve the LGBT Gold Chartermark Award

The UK Royal College of Speech and Language Therapist Clinical Excellence Network in Old Age Psychiatry presented an Innovative Practice Award to Helen Moores-Poole, Speech & Language Therapist with the IDEAS team



Our Year in Pictures

April 2017



Welcome Desk volunteers Jocelyn Walker, Wilma Murdoch and Fanny Yates are presented with flowers for 44 years of volunteering service.

June 2017



Guid Nychburris Visit to Dumfries and Galloway Royal Infirmary

August 2017



Six new trainee Advanced Nurse Practitioners join the Acute and Diagnostic Team

May 2017



Local NHS Volunteer army medical reserve team from succeed at Medstretch

July 2017



Finishing touches to the new site

September 2017



Staff take part in a trial migration prior to the move in December

Our Year in Pictures

October 2017



Staff took part in the "balance challenge" to raise awareness of the risk of falls.

November 2017



Pharmacy staff raising awareness during World Antibiotic Awareness Week

December 2017



Preparing for the move from the site on Bankend Road to Cargenbridge

January 2018



Six month pilot lunches involving additional specialist paramedic support for the Out of Hours Service

February 2018



Snow affected the region and volunteers from the Coastguards, Nithsdale Inshore Rescue and Ae 4x4 step in to help transport staff

March 2018



Health Visiting Services are re-accredited as UNICEF UK Baby Friendly

Performance

HEAT Targets and Standards
Boards Members

HEAT Targets and Standards

Integrated Performance Analysis

The table below sets out the board's performance against the Local Delivery Plan (LDP) standards:

The results are colour coded using the following key to display performance against the standards:

We are meeting or exceeding the target or number we compare against	GREEN
We are within 3% of meeting the target of number we compare against	AMBER
We are more than 3% away from meeting the target of number we compare against	RED

ID	LDP Standard	Definition	Period	Target	Actual
B1	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 the 2014/15 combined.	2015/16 (Source: ISD Scotland)	33%	22%
B2(1)	Cancer Waiting Times (31 days)	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat.	Jan- March 2018 (Source: ISD New Cancer Waiting Times: Data provided from NHS Boards and compiled by ISD Scotland.)	95%	97%
B2(2)	Cancer Waiting Times (62 days)	95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	Jan- March 2018 (Source: ISD New Cancer Waiting Times: Data provided from NHS Boards and compiled by ISD Scotland.)	95%	95%
B3	Dementia Post Diagnostic Support	People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support.	2017/18 (Source: ISD Scotland)	100% *	97%
B4	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 day case treatment.	March 2018 (Source: ISD Scotland Waiting Times)	100%	78%
B5	18 Weeks Referral to Treatment	90% of planned / elective patients to commence treatment within 18 weeks of referral.	March 2018 (Source: ISD Scotland Waiting Times)	90%	84%
B6	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).	March 2018 (Source: ISD Scotland Waiting Times)	95%	90%
B7	Diagnostic Tests	All people should wait no longer than 6 weeks for diagnostic tests and investigations.	March 2018 (Source: ISD Scotland Waiting Times)	100%	98%
B8	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%.	2016/17 (Source: ISD Scotland)	80%	86% (lowest quintile)
B9	IVF Waiting Times	Eligible patients will commence IVF treatment within 12 months of referral.	Jan- March 2018 (Source: ISD Scotland)	90%	100%

ID	LDP Standard	Definition	Period	Target	Actual
B10	CAMHS Waiting Times	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	Oct – Dec 2017 (Source: ISD Waiting times)	90%	90%
B11	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	Jan- March 2018 (Source: ISD Waiting times)	90%	78%
B12	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.	December 2017 (Source: Health Protection Scotland)	0.32	0.39
B13	MRSA/MSSA Bacteraemias	NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days.	December 2017 (Source: Health Protection Scotland)	0.24	0.28
B14	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.	2017/18 (Source: ISD Scotland) waiting times)	90%	97%
B15	Alcohol Brief Interventions	Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	2017/18 (Source: ISD Scotland)	1,743 (for full 2016/17)	1,105
B16	Smoking Cessation, most deprived	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas.	2016/17 (Source: ISD Scotland)	21.5%	21.8%
B17	48hr access GP Practice Team	48 Hour access or advance booking to an appropriate member of the GP team (90%)	2017/18 (Source: Scotland Performs website)	90%	96%
B18	Sickness Absence Rate	NHS boards to achieve a sickness absence rate of 4% or less.	Jan – Mar 2018 (Source: IJB Performance Reports)	4%	5.3%
B19	Accident and Emergency waiting times	4 hours from arrival to admission, discharge or transfer for ED treatment (95% with stretch 98%).	Oct – Dec 2017 (ISD Scotland waiting times)	95%	91%
B20	Financial Performance	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement.	2016/17 (Source: Scotland Performs website)	100%	100%

Boards Members



Chairman
Philip N Jones



Vice Chair
Penny Halliday



Chief Executive
Jeff Ace



Director of Finance
Katy Lewis



Nurse Director
Eddie Docherty



Medical Director
Dr Angus Cameron



Medical Director
Dr Ken Donaldson



Local Authority
Representative
Councillor
Andy Fergusson



Area Clinical
Forum Chair
Lorna Carr



Employee
Director
Jimmy Beattie



Employee
Director
Stephen Hare



Non-Executive
Robert Allen



Non-Executive
Lesley Bryce



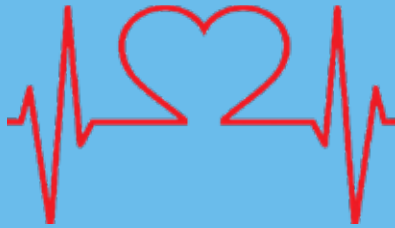
Non-Executive
Grace Cardozo



Non-Executive
Laura K Douglas



Non-Executive
Gillian Stanyard



48,528

Accident and Emergency attendances



89,402

Episode and hospital stay admissions



282,240

Outpatient attendances



1,273

babies delivered



4,261

Staff (headcount)

The Future

Tech advances and Innovations
Health and Social Care Integration
New Hospital

Tech advances and Innovations

Our new District General Hospital has opened successfully in December 2018 as the most technologically advanced digital hospital in Scotland through significant investment in new and innovative ways in supporting staff to work more efficiently to deliver high quality care.

By integrating IT, 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 has now been rolled out across GP Practices after completion within the new DGRI.

Hospital Electronic Prescribing and Medicines Administration (HEPMA) system will ensure medicines management is safe and manageable. This is now fully rolled out to all areas of the existing DGRI ready for the new hospital. Galloway Community Hospital is now being planned and later Community Hospitals across our region.

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.

Communication Platform

All staff, from GPs to consultants to support workers, will be able to communicate more effectively across a single digital platform. As a result, medical and triage times are expected to fall, leading to significant improvements in patient care and patient outcomes.

"By consolidating all patient Information platforms and security solutions onto one common platform across the entirety of the Dumfries & Galloway healthcare system, we can ensure that our hard-working staff are able to focus more on patients than processes."

A new PORTAL of clinical Information where staff will be able to review and update information from a single screen from many underlying clinical IT systems, anywhere across Dumfries and Galloway. This now has over 2500 clinical users daily reviewing clinical information across 12 separate IT systems. Great feedback from the Clinical workforce has been made.

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, being completed during February 2019.
- electronic equipment tagging system, fully installed
- Deteriorating patients monitoring system
- Falls prevention system

Improved communication methods, Cyber security, and supporting off-line work for Community Staff Groups is the main focus this year.

Cyber Security

Cyber security is at the top of our agenda to ensure Staff and Patient Information is stored and used in a safe and secure way. Significant improvements in defences and protection are being made including increasing our defence against threats from the Internet, hacking, including deploying a new Microsoft Cloud Computing strategy as well as Windows 10 with advanced Security Protection Tools.

This is an area the Health Board have invested significant resources in the last year.

Community Information System

The Health Board have developed with a Scottish Company an IT solution which allows community based staff (District Nursing, Health Visiting, Mental Health Nursing and Allied Health Professionals), to carry securely electronic paper notes and allowing them to fill in eFORMS while away from base. This is a transformation Programme which will be fully rolled out during 2019 with the expectation of improving the efficiency of this service and to allow the service to patients improve as a consequence.

Health and Social Care Integration

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 adopting new ways of working and thinking about how services in the hospital link with services in 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.
- 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.

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: 23%)

24%



Emergency bed day rate per 100,000 adult population (Scotland: 115,500)

128,000



Emergency admission rate per 100,000 adult population (Scotland: 11,960)

12,740



Premature mortality rate per 100,000 people aged under 75 (Scotland: 440)

388



Proportion of care services graded good (4) or better in Care Inspectorate inspections (Scotland: 85%)

87%



Rate of readmission to hospital within 28 days per 1,000 admissions (Scotland: 97)

91



Percentage of adults with long term care needs receiving care at home (Scotland: 61%)

65%



Hospital admission for falls per 1,000 population aged 65 and over (Scotland: 22)

18



Number of days people aged 75 or older spend in hospital when they are ready to be discharged per 1,000 population (Scotland: 772)

564



Proportion of last 6 months of life spent at home or in a homely setting (Scotland: 88%)

89%



New Dumfries and Galloway Royal Infirmary

This development was one of the largest capital investments and most complex health project ever delivered in Dumfries and Galloway.

The new hospital was handed over to NHS Dumfries and Galloway on Monday 10th September 2017. This milestone was cause for only a momentary celebration as it was then that the commissioning, familiarisation, transition and migration programmes really entered their final and most intensive phase.

Staff worked tirelessly for the next twelve weeks on preparations for the physical move from the former DGRI to the new DGRI. This required highly detailed planning to ensure a smooth transition of acute services ie patients, staff and equipment, as well as completing the work on the Change Programme in order to be ready to work in new ways, with new models of care, in a number of clinical areas.

The move which took place during the weekend of the 8th December was a complete success and marked the beginning of a new era in the delivery of modern healthcare in our region. All staff were fully committed to working together, and in partnership with external agencies ie Scottish Ambulance Service, Police Scotland, Fire and Rescue, the local Council, and Harrow Green Removals to achieve a safe and seamless transfer of 177 patients, staff and equipment. This culminated with all services up and running, with "business as usual" by the 11th December.

By the time the new hospital opened its doors to patients, NHS Dumfries and Galloway's Volunteer Co-ordinator had recruited over 200 volunteers undertaking a wide range of roles to assist patients and visitors. The high number of volunteers was a testament to the investment made by the Board in a Volunteer Co-ordinator post for the new hospital. The volunteers made a remarkable contribution to the patient and visitor experience on the opening weekend and during the extremely busy times that followed.

In the winter months of early 2018 staff were faced with the challenge of settling into a new building, working in new ways with new models of care, coping with winter pressures and extreme weather. Staff performed admirably in their new setting, despite these added pressures. By the early spring staff began to get their bearings and really start to see the benefits of the new facility for patients and visitors, themselves and their teams.

Staff are now looking forward to the official opening of the hospital when the Princess Royal will visit and meet staff, ending an extremely pressured and challenging year on a high note.



NHS Dumfries and Galloway
Annual Report 2017-18

Communications Department
Ground North
Mountainhall Treatment Centre
Bankend Road
Dumfries
DG1 4AP

www.nhsdg.scot.nhs.uk

Date of Publication: March 2019