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# Chairman and Chief Executive Foreword

NHS Dumfries and Galloway has enjoyed another busy and successful year so there is plenty to say about the goals we have achieved and the challenges we have faced. As well as performing well against Scottish Government targets and standards we have made real progress with key projects.

The Acute Services Redevelopment Project progressed on schedule and the Board received two final tender submissions in July. Following a detailed evaluation process High Wood Health were named as the preferred bidder. They submitted their detailed planning application to Dumfries and Galloway Council and the Planning Committee granted approval in January. Contracts were finally exchanged in March and construction is now underway.

Our commitment to partnership is an essential aspect of how we deliver health and care services and in 2014 / 15 we strengthened these partnerships through the development of working groups to move the integration of health and social care forward. Chief Operating Officer Julie White was named as Chief Officer designate of the Integration Joint Board and the plans for integration are in place.

This year we confronted a number of challenges, in particular those relating to key financial and waiting time targets.

The financial challenges were addressed by the implementation of a range of savings plans and resulted in us being able to end the year in financial balance. This is a significant achievement and, like other NHS Boards we will be expected to make further savings in 2015 / 16.

In 2014 / 15 we launched our innovative Meet Ed campaign which aimed to educate people about when they should come to the Emergency Department and when they should use other health care services. The campaign used video, posters and Facebook to get the message to as wide an audience as possible.

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.



Philip N Jones  
Chairman



Jeff Ace  
Chief Executive

# Service Developments and Improvements

Throughout the year NHS Dumfries and Galloway continued with its commitment to develop and improve a wide range of services for patients and their families. This section highlights a number of the key developments undertaken in 2014 / 15.

## Acute Services Redevelopment Project

The Acute Services Redevelopment Project progressed on schedule and High Wood Health was named as the preferred bidder in July. The consortium's design met the Board's requirements and their use of innovative technology and off-site manufacture means that they are likely to deliver the new hospital sooner than expected.

Dumfries and Galloway Council and the Planning Committee granted approval for the new hospital in January. After contracts

were exchanged in March. High Wood Health took possession of the Garroch Farm site. Construction is now underway.

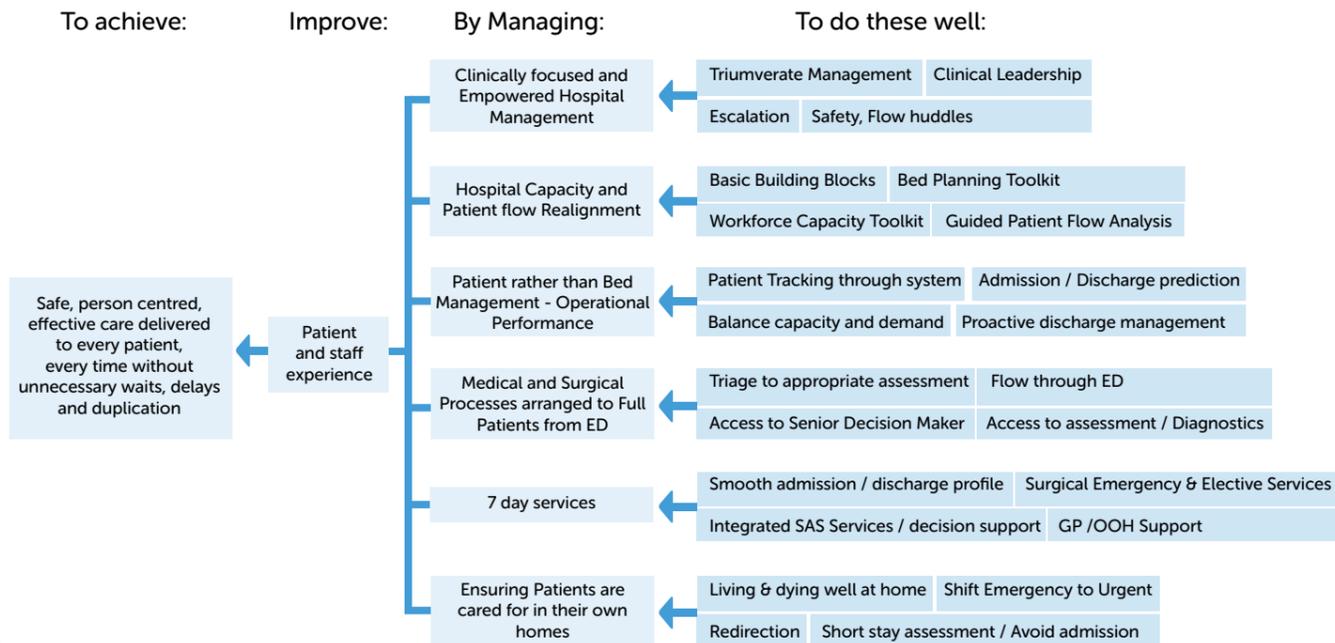


Artist's impression of the new Dumfries and Galloway Hospital. © High Wood Health



# Service Developments and Improvements

## 6 Essential Actions to Improving Unscheduled Care Performance:



Delivering high quality unscheduled care is a key priority for our district general hospital. We are committed to providing access to care in appropriate environments and staff at Dumfries and Galloway Royal Infirmary have introduced a range of improvements including:

### Daily Huddles

Whole hospital safety and flow huddles take place twice a day, seven days a week. Huddles are led by a member of the senior management team and are attended by capacity managers, the nurse in charge of each ward, pharmacy, domestic services and Allied Health Professionals. Each huddle lasts 15 – 20 minutes and

provides the opportunity to deliver handover information regarding overnight issues, alerts teams to the whereabouts of areas of pressure and the sickest patients and allows for the allocation of additional support if required.

The huddle also considers flow of patients and planning for admissions and discharges throughout the hospital. It provides staff with a forum to share concerns or raise actions with colleagues and enables us to ensure that patients are admitted to the appropriate ward in a timely manner.

### Seven Day Discharges

In order to make improvements to patient flow and safety we conducted a pilot of



seven day discharges between November 2014 and January 2015. This involved enriching our team at the weekend to ensure that patients could be discharged when they were ready rather than during the working week.

The team included additional physiotherapy and medical staff, the introduction of occupational therapy and social work staff to allow ongoing assessment and rehabilitation and extended pharmacy hours.

### The pilot resulted in:

- increased discharges over the weekend, particularly on a Sunday
- increased discharges on a Monday morning
- reduced need to “sleep” patients out into another ward due to pressures on beds within the system
- reduced length of stay for patients
- no increase in readmissions

This pilot was so successful that we have committed to establishing the model as normal practice.

Seven day services were been identified as one of the Six Essential Actions to Improving Patient Safety, Flow and Sustainable Performance in Unscheduled Care launched by the Cabinet Secretary in January 2015.

This area of work was also mentioned in the Seven Day Working Task Force Interim Report. Specific reference was made to the requirement to have access to senior decision makers, Allied Health Professions, pharmacy, other diagnostic services and transport to support the weekend discharge process.

## The Clinical and Service Change Programme

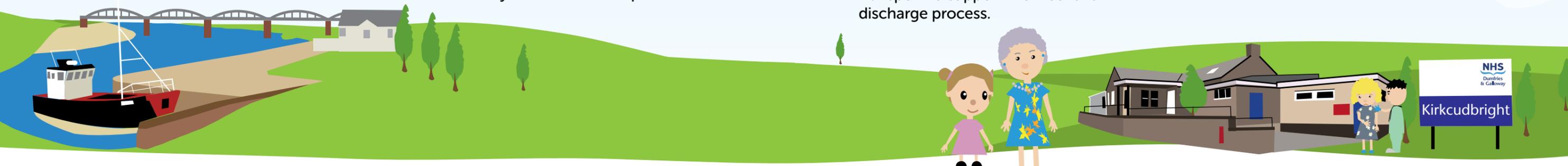
This programme aims to prepare staff properly for the move to the new hospital in December 2017 and to alter our current ways of working so we can meet the increased demand on services. The increase in demand is due to more people living longer with more complex needs and fewer people able to provide care.

To make this happen the change programme is supporting the development and implementation of innovative models of care and original ways of working for the new hospital and community services. The programme will ensure that we take a joined up approach to the new hospital project and Health and Social Care Integration and deliver necessary changes across the system.

The change programme involves clinical and non-clinical workgroups looking at a number of areas including:

- development and implementation of new models of care in the combined critical care unit and emergency care centre
- introduction of new ward profiles
- improved patient pathways
- introduction of integrated teams
- changes in the way cottage hospitals work

There are 18 workgroups across acute and community services, each with a wide ranging membership, including staff from medical, nursing, allied health professionals, management, human resources, finance and staff.



# Improving Health

NHS Dumfries and Galloway is committed to improving and protecting the health of local people and reducing health inequalities. DG Health and Wellbeing is a collaboration between NHS Dumfries and Galloway and Dumfries and Galloway Council. The unit's main purpose is to work in partnership with a range of people and organisations to improve health and reduce health inequalities. It works to support optimum health and wellbeing across the region through the creation of environments which support healthy choices and build resilience across communities. Activities are wide ranging and the following section describes a number of priorities.

## Public Mental Health

Good mental wellbeing is fundamental to good health and quality of life. We are working with key stakeholders including the Third Sector and local people to find out what we can do to safeguard and support people's mental health and wellbeing.

In a recent assessment of need, we spoke to over 400 people who helped us identify the key areas of action.

These are:

- Stigma and discrimination
- Balancing control and support
- Social connection
- Relationships between physical and mental health

The work we did with communities, mental health service providers and other interested parties will help us develop a work programme which is designed to build resilience and personal control, educate and raise awareness of mental health and wellbeing issues. This will create a culture of understanding with access to appropriate support and interventions.

## Social Prescribing

Social prescribing is about linking people with activities in their own communities that might have a positive effect on their mental wellbeing. The Putting You First programme funded a test of change in the Stewartry which involved GP practices in Castle Douglas and Dalbeattie. This involved referring people to eight possible options that would meet their individual support needs.

Over 100 people were signposted to more than 20 local resources covering the arts, physical activity, financial advice, employability advice, volunteering, self-management, library-based activities and listening skills.

The learning from this test was used to roll out a number of different social prescribing models across localities in Dumfries and Galloway. These provide good examples of cross sector working which is fundamental to the integration of health and social care.

The long term use of social prescribing is expected to have an impact on the way clinicians, care providers and patients approach the management of mental health and wellbeing.

## Mindfulness

Mindfulness is a very simple form of meditation designed to encourage practitioners to be more aware of the present moment by noticing the sights,

smells, sounds and tastes they experience as well as the thoughts and feelings that occur from one moment to the next.

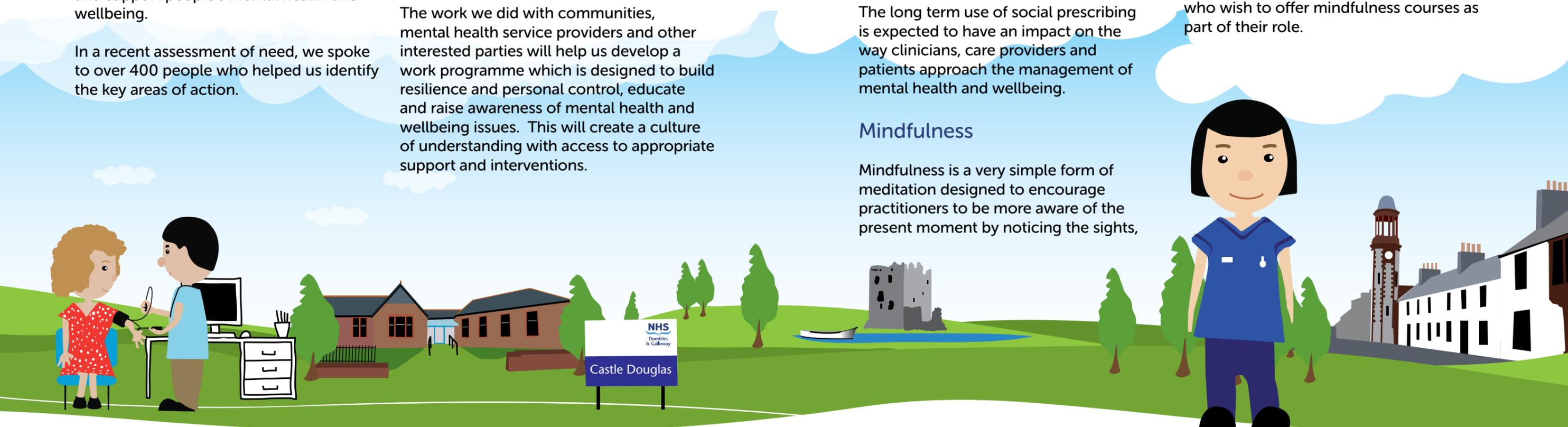
Evidence shows that practicing mindfulness, even just for a few weeks, can have a wide range of psychological, physical and social benefits. This is because what we do and the way we think has a greater impact on wellbeing than how much we earn or what we do for a living.

In 2014 / 15 we worked with partners in Nithsdale to introduce the NHS Scotland endorsed mindfulness programme. Participants have reported:

- Improved concentration
- Feeling calm
- Increased self awareness
- Decreased focus on the past or future
- Reduced stress

Carers who completed the programme also reported improvement to their self worth and greater coping skills.

We are now working to provide training and development for health and social care staff who wish to offer mindfulness courses as part of their role.



# Health Protection and 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 the following conditions.

## Diabetic Retinopathy

People with diabetes are at increased risk of a number of conditions, including problems with their vision. People aged over 12 who have a diagnosis of diabetes mellitus (Type 1 or 2) are offered an annual examination of their eyes. The service is delivered in the localities and currently has an uptake rate of 72.9% (62.7% for Scotland).

## Abdominal Aortic Aneurysm

This is a ballooning of the main artery in the body that can rupture suddenly with very high mortality. Men are at significantly greater risk of having an abdominal aortic

aneurysm than women. Men are offered a one-off ultrasound examination to pick up these aneurysms so that they can be monitored appropriately or – if high enough risk – operated on. The uptake is 87.3% locally against a national figure of 85.9%.

## Bowel Cancer

People aged 50-74 years are offered a test for bowel cancer every two years. This cancer has a very much better outcome if detected at an early stage and the test looks for traces of blood in the stool. People who have a positive initial test are offered an internal examination by camera to see if a cancer is present. A new type of

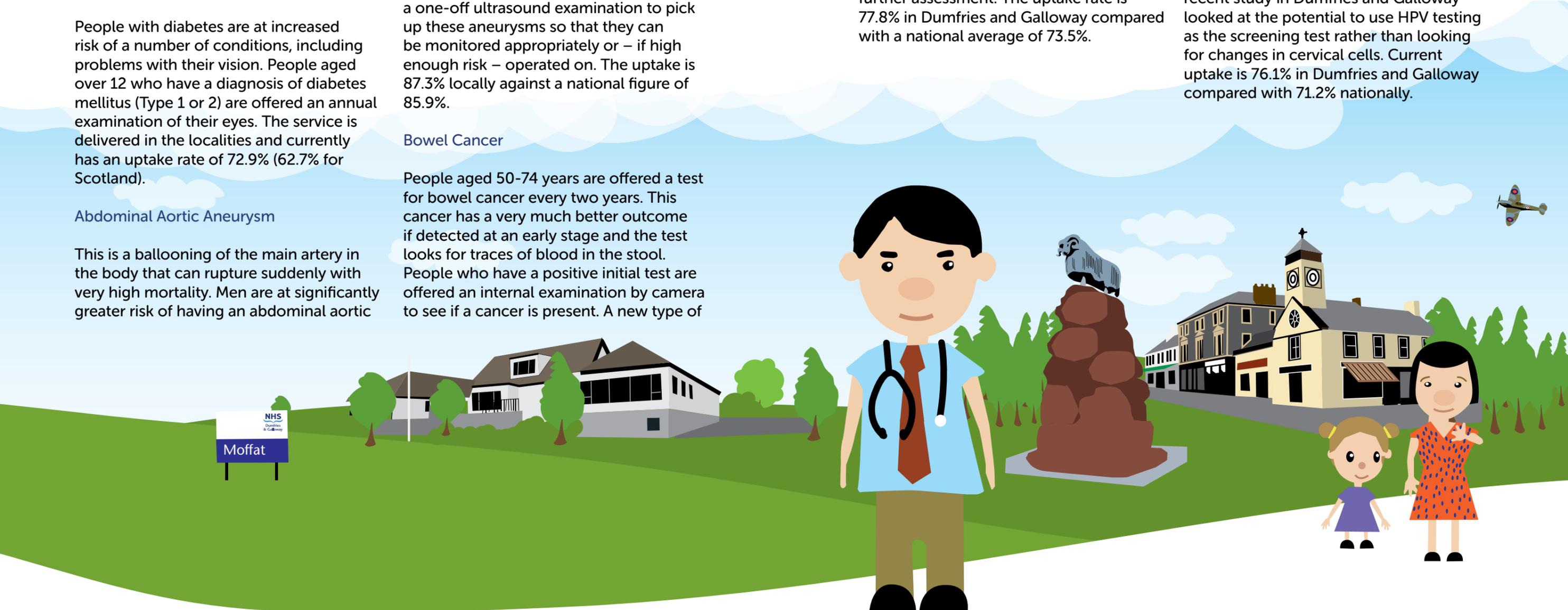
chemical test is being introduced in the next year. The test is more specific so fewer people who turn out not to have cancer will need to have the camera test. The uptake is 59.7% compared to a Scottish figure of 56.1%.

## Breast Cancer

Women aged 50 – 70 are offered a mammogram every three years. This is an X-Ray examination of the breast tissue that looks for early stages of breast cancer. The service is provided via mobile X-Ray units which are run from the regional centre in Ayrshire and Arran. If a woman has certain changes on the X-Ray (which may or may not eventually turn out to be cancer) she has to travel up to the regional centre for further assessment. The uptake rate is 77.8% in Dumfries and Galloway compared with a national average of 73.5%.

## Cervical Cancer

Women aged 20-60 in Scotland are offered a cervical smear test which is usually performed at the doctor's surgery by a specially trained nurse. These arrangements differ slightly from the age range and frequency in the rest of the UK and in April 2016 they will change. Women aged between 25 and 49 years will be invited for a test every three years and women between 50 and 64 will be offered a screen every five years. Cervical cancer is caused by infection with the Human Papilloma Virus (HPV). An HPV vaccination programme was introduced for girls in 2008 and as the population immunity begins to feed through there are likely to be further changes to the programme. A recent study in Dumfries and Galloway looked at the potential to use HPV testing as the screening test rather than looking for changes in cervical cells. Current uptake is 76.1% in Dumfries and Galloway compared with 71.2% nationally.



## Communicable Disease Control

In order to protect the public from significant infectious diseases, the health protection team undertakes public health management of many potentially serious and/or highly infectious diseases according to nationally agreed protocols.

This work is carried out in close partnership with colleagues in the Environmental Health Department at Dumfries and Galloway Council and in the microbiology department at Dumfries and Galloway Royal Infirmary. There is also close working with other colleagues as appropriate – for example Animal Health, Dumfries and Galloway Council Education Department and Scottish Water.

Perhaps because of the rural nature of the county, there are high rates of certain gastrointestinal infections in Dumfries and Galloway such as cryptosporidiosis, E coli O157 and salmonella. We work with colleagues as described above to reduce the risk of these infections in the community and to deal promptly with any individual cases and outbreaks.

The following section describes how some of these important conditions are managed and gives details of the numbers of cases during the financial year 2014 / 2015.

### Cryptosporidiosis

This is a common gastrointestinal infection that is caused by a parasite. It is carried by animals and is common in the rural environment. As with all gastrointestinal infections, one of the key public health measures is to ensure that good hygiene is practised and that if the person is in a high risk occupation they do not go to work until well so that the risk of transmission is minimised. In Dumfries and Galloway there are many homes with a private water supply. Since this can be a water borne infection one of the investigations carried out is to test the water supply. In 2014 / 15 we were notified of 26 cases.

### E coli O157

This infection often causes severe, acute bloody diarrhoea and abdominal cramps. Often there is little fever. In some people, particularly children under five years of age and the elderly, the infection can cause haemolytic uraemic syndrome (HUS), in which the red blood cells are destroyed and the kidneys fail. About 5% of infections

lead to this complication. It can be serious and deaths do occur. Notification of a case of E coli O157 calls for urgent public health action according to nationally agreed guidelines. This includes clinical assessment of the case and contacts, exclusion from work where necessary and ensuring that there is no ongoing source of infection that may lead to an outbreak. We were informed of nine cases in 2014 / 15.

### Meningococcal Infection

Neisseria meningitidis is a bacterium that can cause severe infections including meningitis and septicaemia (blood poisoning). Urgent public health actions for these cases include contact tracing so that protective antibiotics can be offered and information about symptoms and signs given out. In 2014 / 15 we had two cases to deal with.

### Tuberculosis

In 2014 / 15 we were notified of four cases of tuberculosis in the region. In the UK a large proportion of cases are in people who come from high incidence countries, or who have family links to such countries. There is also a risk that people who had the illness many years ago can experience reactivation in later life. The infection can be anywhere in the body but "open" TB (in which there is lung infection severe

enough for the person's sputum to contain significant numbers of TB bacteria) is the most important from a public health point of view. Cases are risk assessed and contact tracing carried out in close collaboration with clinical colleagues.

### Whooping Cough

This is principally an infection of childhood that is controlled by an immunisation programme. In recent years we have seen increasing numbers of cases in older children and adults, possibly because immunity declines over time. We saw 12 cases in 2014 / 15. If we are informed early enough about a case we can offer vaccine and/or antibiotics to close contacts. Unfortunately though, the case definition of whooping cough – essentially a prolonged illness with coughing – means that often we don't find out in time.

### Gastroenteritis outbreaks in care homes (mainly norovirus)

As closed communities of vulnerable people, care homes are at risk of infectious disease outbreaks. This is particularly the case for norovirus and other types of gastroenteritis. We carry out regular training for care home staff and managers and can advise on the management of outbreaks. Our advice is based on nationally agreed and evidence based guidelines. In 2014 / 15 there were nine such outbreaks in care homes in the region.



# Patient Experience

NHS Dumfries and Galloway considers patient experience to be key to improving patient care. Feedback from patients, families, Carers and the public is sought both formally through the complaints process and informally through a range of methods.

The information gained from these sources helps the Board to ensure that the services provided are in line with the quality strategy ambitions.

This approach will continue to develop as we progress with the Person-Centred Health and Care Collaborative (PCHC).

Significant work is being undertaken within services and with public partnership volunteers to identify, plan and implement change that will benefit patients and staff. The methodology of the PCHC collaborative is easily understood and staff are increasingly aware of and are using the 'Must Do With Me' approach to ensuring that service delivery is in line with patient need.

The final meetings of the Public Partnership Forum took place in January and March following extensive discussions with local members. This work was facilitated and supported by our local Scottish Health Council colleagues.

During 2014 / 2015 NHS Dumfries and Galloway has built on longstanding methods of obtaining feedback in an attempt to be more wide ranging with a view to involving the more hard to reach members of the population.

The NHS Board continues to have a primary statutory responsibility to involve patients and the public across the region. We do this in a variety of ways with a number of bespoke groups, whilst also developing our commitment in our Health

and Social Care Integration Scheme for a Participation and Engagement Strategy; a key element of which is described as a Public Involvement Panel (the concept of which is based on a virtual citizens panel). This multiagency piece of work is being undertaken in collaboration with council colleagues and supported by Scottish Health Council.

We continue to work in partnership with all agencies involved in service delivery and we strive to have a person centred care model at the forefront of our service delivery.

## Feedback, Comments, Concerns and Complaints

Feedback, comments, concerns and complaints form a critical part of NHS Dumfries and Galloway's mechanisms for listening, learning and improving the care delivered to patients, families and communities.

We seek feedback in a number of ways including in writing, by email, by telephone, text, the web, social media, face-to-face as well using proactive methods such as surveys and focus groups. Information for the public is available on the NHS Dumfries and Galloway website. Posters and patient information leaflets

about feedback and complaints are readily available in all NHS Dumfries and Galloway hospitals and clinics. All ward and clinic areas have comment cards for patients and relatives to provide feedback about their experience.

## Patient Opinion

NHS Dumfries and Galloway recognises that more people can access digital channels, which offers us an opportunity to broaden patient and public feedback from across the region. The Board subscribes to Patient Opinion, an electronic independent feedback system, which is open, transparent and simple for people to use.

The service is actively promoted both electronically and through posters and leaflets.

Patient Opinion allows people to share their experience of local health and care services. Stories can be submitted to Patient Opinion online, by post or by telephone. To find out more please visit the website at [www.patientopinion.org.uk](http://www.patientopinion.org.uk) or phone 0800 122 31 35



## Patient Surveys

NHS Dumfries and Galloway learns a great deal about patient experience from patient surveys. In 2014 / 15 we participated in the Scottish Inpatient Patient Experience Survey. The survey gathers feedback from patients who have been admitted to a hospital overnight and uses their experiences of health and care to identify areas for improvement.

The Scottish Government manages the survey in partnership with ISD Scotland (part of NHS National Services Scotland). The survey asks questions about people's experiences of admission, the hospital ward and environment, care and treatment, operations and procedures, staff, leaving hospital, care after leaving hospital and medicines. The response rate for NHS Dumfries and Galloway was 52 % (1,202 people).



## Summary Complaints Data

NHS Dumfries and Galloway seeks to learn from complaints and use them to improve services. The table below shows a quarterly summary of complaints data for 2014 / 15. In the past year, NHS Dumfries and Galloway received a total of 301 complaints, an increase of 18% on 2013 / 14. The number of complaints received across all four quarters has remained consistently higher than in previous years.

## Summary Complaints Data by Quarter and Annual Total (2014/15)

	Q1 (Apr-Jun 2014)	Q2 (Jul-Sept 2014)	Q3 (Oct-Dec 2014)	Q4 (Jan-Mar 2015)	Annual Total
Complaints received	73	80	69	79	301
Complaints acknowledged within 3 working days	72 (98%)	79 (98%)	68 (98%)	78 (98%)	297 (99%)
Complaints completed within 20 working days	36 (49%)	54 (68%)	43 (62%)	43 (54%)	176 (58%)

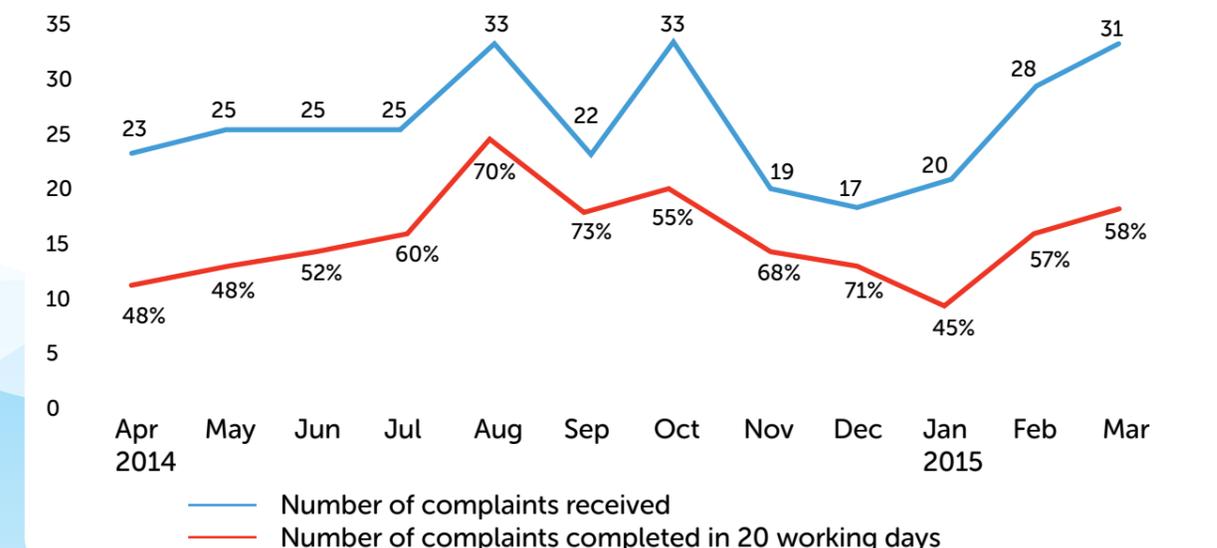
In the past year, responding to complaints within 20 working days has proved challenging. A total of 58% of complaints received a response within the 20 working days falling short 70% target set by the board. The percentage achieved nationally for 2013 / 14 was 66%. The increase in the complexity of complaints and the continuing rise in the number of complaints received have impacted on the Board's ability to meet the 20-day target. The average number of days taken to respond to a complaint was 24 days.

a single process across the Board which enables complaints to be dealt with as quickly and efficiently as possible and to ensure that complainants receive the same service across the Board regarding of which service they complain about.

The table below provides a more detailed breakdown of the number of complaints received and responded to within 20 working days of each month. The provision of timely responses is taken very seriously. However, the quality of response and complainant satisfaction is prioritised over the speed of resolution. In situations where complaint responses fell outside the 20-day target these were typically because the complaint was complicated and often involved meeting with the patient (at their convenience).

In response, the Board undertook an extensive review of the complaint management and handling process. The review highlighted areas of duplication in process and multiple processes within individual Directorates. There is a need for

## Number of complaints received and percentage completed in 20 working days



# Quality and Patient Safety

NHS Dumfries and Galloway will continue to actively encourage patients and service users to provide feedback through the mechanisms described in this report. We recognise that more needs to be done to ensure complainants receive a timely response. The Board has already embarked on a review of its complaints management and handling processes, with a view to improving the existing its approach to responding to and learning feedback, comments, concerns and complaints. The outcome of which aims to provide individuals with a seamless, responsive service that demonstrates NHS Dumfries and Galloway's commitment to improve the quality of care and the patient experience by listening, learning and responding to feedback.

To view the complete Feedback, Comments, Concerns and Complaints Annual Report for 2014 / 15 please visit our website: [www.nhsdg.scot.nhs.uk/Resources/Publications/Complaints\\_Annual\\_Report\\_2014-15\\_-\\_final.pdf](http://www.nhsdg.scot.nhs.uk/Resources/Publications/Complaints_Annual_Report_2014-15_-_final.pdf)

Developing a culture of safety and reliability is a long term ambition for NHS Dumfries and Galloway and we are committed to improvements in how we manage, plan and deliver and how we support staff.

Weekly Leadership Walkrounds ensure that managers and staff have the opportunity to communicate on a regular basis. This creates a shared understanding and a commitment to improvement.

Over the last eight years we have made real improvements to the quality and safety of key healthcare processes. We are working on spreading these improvements across wards, units and other services across the Board area and our ultimate ambition is to embed quality improvements into daily practice.

## Acute Adult Safety Programme

In 2014 / 15 we implemented the Scottish Patient Safety Programme in Acute Adult Care's Ten Safety Essentials. The ten essentials are:

- Hand Hygiene
- Leadership Walk Rounds
- Surgical Pause and Brief
- General Ward Safety Brief
- Intensive Care Unit Daily Goals
- Ventilator Acquired Pneumonia (VAP) Bundle
- Early Warning Scoring
- Central Venous Catheter (CVC) Insertion
- CVC Maintenance
- Peripheral Venous Cannula (PVC) Bundle

A validation exercise showed that eight of these ten are reliably sustained in all departments and we are working with staff to improve the quality of safety briefs and sustaining PVC reliability.

## Maternity and Children Quality Improvement Collaborative

The overall aim of the Maternity and Children Quality Improvement Collaborative is to improve outcomes and reduce avoidable harm by 30% in maternity, neonatal and paediatric settings in Scotland by December 2015. Here are some of the actions we are taking to ensure we meet this target:

- Work in maternity care is being driven by a Scottish Government funded local maternity champion and a local clinical lead
- The maternity safety programme is being incorporated into other service improvements to help staff integrate this into their work and to make the connections between different strands of improvement
- Sex development sessions were delivered to multi-disciplinary staff groups covering issues such as compassionate connections, risk assessment and quality improvement / safety

- Feedback on the programme is on all agendas from ward level safety huddles, to management meetings supporting integration within the service
- Post Partum Haemorrhage has become a rare event with only two in the last 19 months
- Daily Safety Briefings now happen reliably on the Birthing Suite
- Normothermia for newborn infants has sustained reliability at 99 – 100%

Our local Paediatric team's involvement in Patient Safety predates the national programme. Inspired by the Adult Safety Programme they have been working on elements of Patient Safety since 2008.

The areas of focus for paediatric care in Dumfries and Galloway are:

- Family centred care which incorporates "what matters to me" and user satisfaction
- Recognition of the deteriorating child (testing National Early Warning Score)
- Safety huddles now happen reliably every day
- PVC/CVC care
- Women and Children's leadership walk-rounds

We also have patient safety programmes in mental health and primary care.

## Advances and innovation through the use of technology

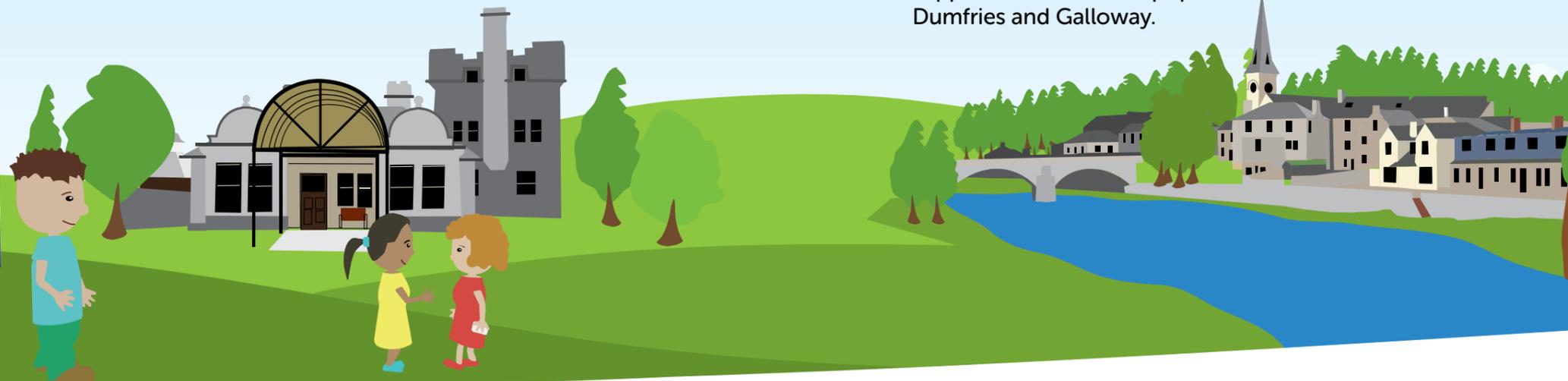
Information and computing technologies (ITC) are used to support staff to deliver a safe, efficient and responsive clinical service. These programmes are designed to ensure services are more efficient, easier to access and safer for both patients and staff.

In 2014/15, NHS Dumfries and Galloway:

- Made good progress on the transferring paper based medical notes to a new electronic document management system, called eCasenote. eCasenote will provide our medical staff with easy and secure access to relevant information about their patients.
- Clinicians are using technology to request X-rays, laboratory tests and prescribe medications electronically, all of which reduce unnecessary administration.
- Community nurses are using electronic pens to take notes when visiting patients, which saves time and increases security.
- A new Clinical and Social Care Information Viewing Solution is being implemented to ensure information is shared effectively between partner organisations. This will support the aims of the Integrated Joint Board agenda in providing safe effective care and support services to the population of Dumfries and Galloway.

- NHS Dumfries and Galloway is also using technology to assist the delivery of care into communities through a variety of technologies including Telehealth and Telecare which support patients being cared for as near to their own home where possible. We are also working to reduce unplanned hospital admissions using teleclinics where patients can use video conferencing equipment to attend clinics rather than travelling.

In addition, technology is enabling hospitals, dentists and optometrists can share information about patients quickly and securely. To achieve this we are investing in mobile technologies including iPad and ePen applications so information is automatically added to patients' eCasenotes.



# Volunteers and Involvement, fund raising and donations

Studies show that volunteering can help people keep well.

Volunteers enhance the quality and variety of services we can provide and give time, enthusiasm and a fresh perspective to the patients.

People who give their time get the satisfaction of helping others as well as gaining new skills and meeting new people. Around 150 volunteer with NHS Dumfries and Galloway and their contribution is greatly valued by the organisation patients.

Since 2010 NHS Dumfries and Galloway has held the prestigious Investing in Volunteers Award which recognises our commitment to the volunteers who give their time so generously.

## Fund raising and Donations

### Boost for Asthma Endowment



NHS Dumfries and Galloway's Asthma Endowment Fund received a boost in May following the very generous donation of £5000 which was raised for the Martin Moore Memorial. Staff from the Respiratory Ward gratefully received the cheque from Martin's family.

### NHS choir hits the top notes



Staff from across the Board were celebrating in December when they hit the top notes at the Charity Choir of the Year at Easterbrook Hall. The event raised over £24,000 over four nights for local charities.

### Sugarcraft Guild Final Sale



After 17 years of cake sales to raise funds for good causes across Dumfries and Galloway Margaret Thomson, Treasurer of the Lockerbie branch of the British Sugarcraft Guild, has written to NHS Dumfries and Galloway to say that the sale held at Crichton Hall in December would be the last.

Since 1997 the Guild has raised almost £17,000 for a variety charities and appeals including the oncology unit, the Alexandra unit, Crossroads Carers, the Food Train and cystic fibrosis.

### Macmillan Coffee Mornings



A number of coffee mornings were held across NHS Dumfries and Galloway in September to raise funds for Macmillan Cancer Support. Human Resources added a raffle to their event and raised £350 on the day.

End of an Era for Diabetes UK Stewartry Support Group



Captain Duncan Ferguson handed over a donation of £1000 to Dr Fiona Green for the Health Board's Diabetes Endowment fund in February. Captain Ferguson then stepped down from his role as chairman of the Diabetes UK Stewartry Support Group after 10 years

Donation to Oncology Unit at Dumfries and Galloway Royal Infirmary



Members of Dumfries Devorgilla Rotary Club took part in the Run4Health in June and raised £1000 for the Oncology Unit.

Marathon Fund raising for Local Hard of Hearing Group Text



NHS Dumfries and Galloway's Senior Audiologist Gemma Leadbetter swapped her blue tunic for trainers when she tackled the London Marathon to raise funds for the Dumfries and Galloway Hard of Hearing Group. She successfully completed the course in just over four and a half hours and raised over £500.

Funds raised in memory of Elizabeth Leishman



The community of Amisfield hosted a coffee morning and raised £1150 in memory of retired teacher Elizabeth Leishman.



League of Friends Donation  
In June the League of Friends volunteers generously donated medical training equipment with a value of £1200 which helps nurses and healthcare support workers develop skills in venepuncture and cannulation.

Picture shows: Clinical Educators, Emma Harper and Anne Wilkinson and League of Friends volunteers Mary Maguire and Joan Wood.



# Staff Awards and Achievements

Dementia Awards Best community support initiative



NHS Dumfries and Galloway's Occupational Therapy Home Based Memory Rehabilitation Programme was recognised as the Best Community Support Initiative at the prestigious Dementia Awards in Glasgow on Thursday 25 September 2014.

University of the West of Scotland Student Awards



Year 1 Nursing award for Theory sponsored by NHS Dumfries and Galloway and presented by Professor Hazel Borland to Sue McGrouther

Celebrate DG Awards



Learning Disability Champions



Dementia Champions

Celebrate Dumfries and Galloway recognised the achievements of staff from across the organisation



Recognition for Care and Compassion

Maternity Service Scoops Prestigious Award



NHS Dumfries and Galloway Maternity Services was awarded the prestigious UNICEF (United Nations Children's Fund) Baby Friendly Award.

SVQ Award Ceremony



SVQ students effort were recognised at a ceremony in November

Skills for Improvement



24 staff took part in a practical programme designed to develop their improvement skills

Golfing for Glory



Nursing Auxiliary Andrew Byers and Driver Martin Kingstree competed in the three- day NHS Four Nations Tournament at Archerfield Links in North Berwick August

# Our Year in Pictures

## Royal Voluntary Service Hamper Appeal



Royal Voluntary Service Manager Laura Aitchison and Health Lead for the Health and Social Care Hub at Nithbank, Tricia Kirk launched the second Christmas Hamper appeal

## Galloway Community Hospital



Nursing and medical staff at the Galloway Community Hospital celebrating their success in eliminating healthcare acquired infections

## Nursing at the Edge



Marie Murray, an infectious diseases specialist nurse for NHS Dumfries and Galloway featured on the Royal College of Nursing's new website Nursing at the Edge: <http://frontlinefirst.rcn.org.uk/nursingattheedge>

## Safer Medicines



UWS Student Nurse, Sarah Inglis won a voucher for her logo for the Safer Medicines campaign.

## January

### Ramblers



Crichton Hall and Dumfries and Galloway Royal Infirmary were chosen as pilot locations for the Ramblers Scotland Medal Routes Phone App in January.

## February

### Operations LGBT



In February the Estates department received an LGBT Silver award in recognition of their ongoing commitment to include, support and value lesbian, gay, bisexual and transgender people.

## March

### BREEAM Award



NHS Dumfries and Galloway was presented with a prestigious Building Research Establishment Environmental Assessment Method (BREEAM) award in March for the world-class sustainability credentials of the Midpark Hospital acute mental health inpatient facility.

## April

### Enhanced Patient Experience Event



Five teams from across NHS Dumfries and Galloway, including one from Primary Care, attended the third Enhanced Patient Experience event

## April

### New Hospital Progress



Work on preparing the site of the new hospital started in April and High Wood Health was named as the preferred bidder in September

Artist's impression of the new Dumfries and Galloway Hospital. © High Wood Health

## May

### WHO Hand Hygiene Day



Members of the infection control public involvement group offered visitors to DGRI the opportunity to test their own hand hygiene technique

## May

### Dunscore Primary Care Centre



The work that started in September 2013 was almost complete by May and Dunscore Primary Care Centre welcomed its first patients in June

### Meet Ed



The Meet Ed Campaign aims to educate people about when to use the emergency department

**Stop! Think!**  
Is it an emergency?

### Annan Academy Career Event



Pupils from Annan Academy attended an careers evening in May where they heard about opportunities with NHS Dumfries and Galloway

## June

### Promoting a Positive Birth at Cresswell Maternity Unit



In June the maternity unit welcomed more than 60 people to an open day which aimed to promote positive labour and birth experiences

### Smoke Free T-shirt Design Winners



Primary Six pupils from Loreburn School wearing their winning smoke free Commonwealth Games t-shirt design

### Castle Douglas Hospital Celebration



Staff at Castle Douglas Hospital celebrated their successes including a whole year without any complaints

### New Chairman and Board Members



New Chairman Philip Jones and the newly appointed non-executive Board Members attended their first meeting in June

# Our Year in Pictures

## July

### Allied Health Professionals Showcase



More than 60 Allied Health Professionals attended an event where they heard about local changes being driven by national requirements

## August

### Diabetes Awareness Week



National Diabetes Awareness Week display at Dumfries and Galloway Royal Infirmary

## September

### Blood Bike Hand Over



Jeff Ace received the keys to a branded BMW motorbike which was donated to Blood Bikes Cumbria and South West Scotland by transport infrastructure company Colas

### Driver Efficiency Training



Jeff Ace took part in a scheme designed to train staff to drive more efficiently

## October

### Dyslexia Awareness Week



Staff Nurse Emma Groves asked her colleagues to wear a blue ribbon to show their support for UK Dyslexia Awareness Week

## November

### Fraud Awareness Week



Head of NHS Scotland's Counter Fraud Unit, Gordon Young, met senior managers during fraud awareness week in November

## November

### Pancreatic Cancer Awareness Month



Pancreatic Cancer Awareness Month in November provided an opportunity for people to celebrate with loved ones who have survived pancreatic cancer, as well as remembering those who have been lost to the disease

## December

### 100 Days to Smoke Free Grounds



NHS staff showed their support for 100 days to smoke free grounds

# Performance HEAT Targets and Standards

NHS boards are required to monitor and report performance against these key HEAT targets and standards, and are summarised in the table below.

Health Improvement	Actual	Planned	Data Date	Status
Smoking Cessation	102	353	Dec-14	Red <span style="color:red">■</span>
Detect Cancer Early	No data			N/A
Early Access to Antenatal Services	82.10%	83.50%	Dec-14	Amber <span style="color:orange">■</span>
<b>Efficiency and Governance Improvements</b>				
Financial Performance (£000s)	2,000	2,000	Mar-15	Green <span style="color:green">■</span>
Reduce Co2 Emissions (tonnes)	4,931.80	4,520	Mar-15	Amber <span style="color:orange">■</span>
Reduce Energy Consumption (GJ)	152,950.40	155,424	Mar-15	Green <span style="color:green">■</span>
<b>Access to Service</b>				
Faster Access to Mental Health Services (CAMHS)	100%	90%	Mar-15	Green <span style="color:green">■</span>
Faster Access to Psychological Therapies	73.90%	90%	Mar-15	Red <span style="color:red">■</span>
IVF Waiting Times	No patients referred from NHS D&G in final quarter			
<b>Treatment Appropriate to Individuals</b>				
MRSA/MSSA Bacteraemias	0.23	0.24	Mar-15	Green <span style="color:green">■</span>
C.Difficile Infections ages 15+	0.43	0.32	Mar-15	Amber <span style="color:orange">■</span>
Reduction in Emergency Bed Days ages 75+	4,744	4,311	Jan-15	Amber <span style="color:orange">■</span>
Delayed Discharge (14 days)	7	0	Apr-15	Amber <span style="color:orange">■</span>

NHS Dumfries and Galloway publishes its full annual accounts on the website at:

[www.nhsdg.scot.nhs.uk/About\\_Us/Publications/Files/NHS\\_D\\_G\\_Annual\\_Accounts\\_2014-15\\_-\\_Signed.pdf](http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/NHS_D_G_Annual_Accounts_2014-15_-_Signed.pdf) <[http://www.nhsdg.scot.nhs.uk/About\\_Us/Publications/Files/NHS\\_D\\_G\\_Annual\\_Accounts\\_2014-15\\_-\\_Signed.pdf](http://www.nhsdg.scot.nhs.uk/About_Us/Publications/Files/NHS_D_G_Annual_Accounts_2014-15_-_Signed.pdf)

# Annual Review Letter

Cabinet Secretary for Health, Wellbeing and Sport  
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Mr Philip Jones  
Chair  
NHS Dumfries and Galloway  
Crichton Hall  
Bankend Road  
Dumfries  
DG1 4TG

October 2015

Dear Philip

## NHS DUMFRIES AND GALLOWAY: 2014 / 15 ANNUAL REVIEW

1. This letter summarises the main points and actions in relation to NHS Dumfries and Galloway's Annual Review, held in Dumfries on 24 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 24 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 Government officials to attend the Annual Review in an observing role. This letter summarises the main points and actions in terms of NHS Dumfries and Galloway's performance in 2014/15

## 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 papers 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 hospital, the clinical services change programmes, 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 and 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.

5. I understand the Review was well attended. I am grateful to those who took the time to attend and share their views, and would encourage as many local people as possible to play a part in the recently launched national conversation on the future of health and social care in Scotland, either at local events or via the website at [www.healthier.scot](http://www.healthier.scot).

## Health Improvement

6. NHS Dumfries and Galloway is to be commended for the Board's excellent performance in respect of delivering Alcohol Brief Interventions (ABIs). NHS Dumfries and Galloway has delivered 14,704 ABIs to date (2008-2015), exceeding its target of 10873 (achieving 135%). During 2014-2015, NHS Dumfries and Galloway delivered 2,622 interventions

against a target of 1,629 (achieving 161%). The Health Board and its planning partners are making strong progress with the embedding of ABIs as a key activity in challenging alcohol related harm. This includes established delivery in priority settings as well as developing wider delivery in a range of areas, including third sectors agencies.

7. The Board is also to be commended for its sustained achievement against the 31-day and 62-day cancer access standards. Performance against 62-day standard has been above the 95% standard for five out of the previous six published quarters, and performance against the 31-day standard has been above 95% for the previous six published quarters.

## Patient safety and infection control

8. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Boards, whilst the quality of care and patient safety are of paramount concern. Considerable work has been undertaken at all levels in recent years to ensure that Boards effectively respond to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events in Mid-Staffordshire NHS Trust and not least the recommendations made by Lord MacLean in the Vale of Leven Inquiry.

9. I know that there has been a lot of time and effort invested locally in effectively tackling infection control; and this reflected in the Board delivering 75% reduction in the rate of MRSA since 2007 and a 77% reduction in cases of clostridium difficile infection in those over 65 over the same timeframe. That said, the Board narrowly miss its March 2015 HEAT target for clostridium difficile whilst achieving the SABs target, though I know you remain committed to making further progress. In terms of Hospital Standardised Hospital Mortality Ratios (HSMR) it is worth noting that there has been a fall of 14.6% at Dumfries and Galloway Royal Infirmary between the quarter ending December 2007 and the quarter ending March 2015.

10. 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 2014/15, the HEI carried out a follow up inspection at Dumfries and Galloway Royal Infirmary. The Board has given me the assurance that all the requirements and recommendations identified as a result of these inspections, and those undertaken to consider the care of older people in local hospitals, have been properly addressed.

### Improving Access – Waiting Times Performance

11. NHS Dumfries and Galloway has historically performed very well against the suite of elective waiting time standards. During 2014/15, the Board maintained performance of 90% or above for the 18 weeks Referral To Treatment target. I am also pleased to note that very small number of local patients waited longer than 6 weeks for a key diagnostic; with the Board achieving just under 100% on this measure. That said, some 11,259 local people were treated within the Treatment Time Guarantee in 2014 / 15 and 212 patients waited longer for treatment, resulting in 98.1% delivery on this measure, also, pressure continued to grow during the year against the new outpatient standard; principally but not exclusively in the specialties of Neurology and Trauma and Orthopaedics. Given the proportion of new outpatients who may require subsequent treatment, and the consequential impact this may have on delivery of their Treatment Time Guarantee, very close management will be necessary to mitigate the risks and ensure that all stages of the pathway are completed as quickly as possible. The Access Support Team will remain in close touch to monitor performance and offer support where necessary.

12. A number of Health Boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year. However, NHS Dumfries and Galloway is to be commended for performance in 2014/15 that has consistently been above 95% and frequently at or above 98%. Dumfries and Galloway Royal Infirmary implemented a seven day discharge pilot over last winter – from November 2014 to the end of January 2015. This pilot aimed to increase the number of discharges over the weekend and improve flow through

the hospital on a Monday and Tuesday. This approach worked on the basis that a team were on shift at the weekend to increase discharges and significantly improve patient flow in the early part of the week, resulting in fewer delays in the A&E Department and fewer boarders throughout the hospital. Consideration is currently being given to embedding this approach on a recurring basis, which would potentially provide long term efficiency, quality of care and sustained performance. I am grateful to the Board for this valuable pilot which is being currently considered for roll out across Scotland and which has clearly already benefited local patients. 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.

### Health and Social care Integration

13. We are now entering into a critical phase in terms of the progress Boards are making with their local authority planning partners in addressing the health and social care integration agenda. Now that integration schemes are being signed off, Partnerships should be establishing a strategic planning group and dividing the Partnership area into two, or more, localities. Once the strategic plan is finished and published, the local Integration Joint Boards (IJBs) must notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources will be delegated to the IJB. This must be on, or before, 1 April 2016.

14. Whilst acknowledging the general pressures on certain services and social care budgets, I have been assured that there has already been good progress in developing intermediate care services that provide alternatives to acute hospital admission and stop-down care, where appropriate, following discharge. Such developments will be key in terms of appropriately planning for winter and future pressures, as Partnership focus on ensuring, wherever possible, that people with community care needs are discharged within 72 hours of being assessed as ready for discharge.

## 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 and Galloway met its financial targets for 2014/15. 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 and Galloway remains fully committed to meeting its financial responsibilities in 2015/16 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 on medical staffing challenges and patient and public engagement arrangements. I hope the approach helps in encouraging as much direct dialogue and accountability as is practicable. I thank the Board and its staff for a general strong performance in 2014/15: it is clear the NHS Dumfries and Galloway is making progress in taking forward 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.

17. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Dumfries and 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.

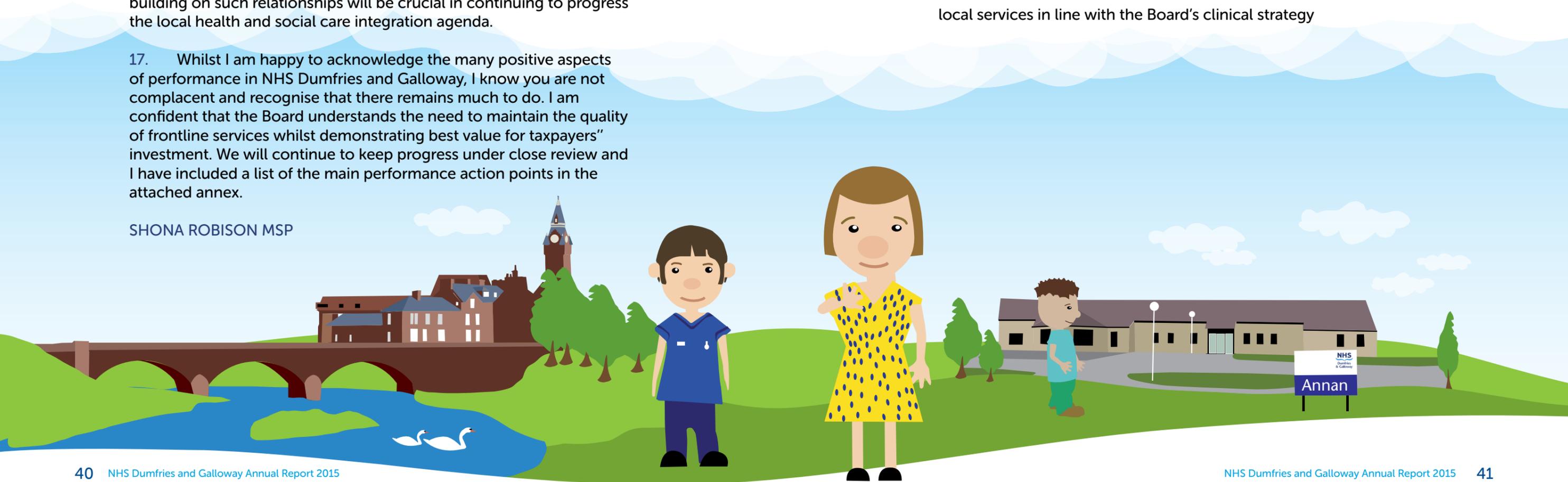
SHONA ROBISON MSP

## NHS Dumfries and Galloway Annual Review 2014/15

### Main Action Points

The Board must:

- Keep the Health Directorates informed of progress with its significant local health improvement activity
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection
- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older People in Acute Care inspections.
- Keep the Health Directorates informed on progress towards achieving all access targets
- Continue to work with planning partners on the critical health and social integration agenda
- 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



# Board Members



Chairman,  
Philip N Jones



Vice Chair,  
Penny Halliday



Chief Executive,  
Jeff Ace



Medical Director,  
Dr Angus Cameron



Nurse Director,  
Hazel Borland



Director of Finance,  
Katy Lewis



Local Authority  
Representative,  
Councillor Ronnie  
Nicholson



Employee Director,  
Jim Beattie



Chair, Area  
Clinical Forum,  
Moira Cossar



Non Executive,  
Lesley Bryce



Non Executive,  
Robert Allan



Non Executive,  
Grace Cardozo



Non Executive  
Member, Gillian  
Stanyard



Non Executive  
Member, Laura  
K Douglas



NHS Dumfries and Galloway  
Annual Report 2015

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Date of publication: November 2015

