Local Delivery Plan 2017/18

Foreword from NHS Dumfries & Galloway Chief Executive, Jeff Ace

This is NHS Dumfries & Galloway's twelfth Local Delivery Plan (LDP), developed in line with the Scottish Government Health Directorate (SGHD) guidance of 16th January 2017.

The LDP is the delivery contract between SGHD and NHS Dumfries & Galloway. The 2017/18 LDP remains reflective of the Government's national ambitions articulated in the 2020 Vision for Health & Social Care in Scotland (May 2013), with a focus on 13 strategic improvement priority areas. It also provides details of on-going LDP Standards; it is underpinned by an associated Financial Plan and the local NHS contributions to Community Planning Partnerships in accordance with the Agreement on Joint Working on Community Planning and Resourcing.

On 1st April 2016 responsibility for the planning and delivery of health and adult social care services transferred formally to the Dumfries and Galloway Integration Joint Board (IJB). The NHS Board delegated to the IJB delivery of a number of the standards and priorities outlined in this LDP however retain ultimate accountability for performance.

Four locality implementation plans set out their actions for making progress against and achieving the 9 national health and wellbeing outcomes utilising a suite of 72 performance indicators. This LDP is aligned with the Dumfries and Galloway Integration Joint Board Strategic Plan for 2016-2019 and the measures and indicators produced by the Integration Joint Board to ensure that services within Dumfries and Galloway are delivered efficiently and to a high quality.

Delivery of our LDP is supported by a range of local service and improvement plans, designed to ensure that we not only achieve the LDP strategic priorities and standards, but continue to deliver high quality, safe and effective care to the people of Dumfries & Galloway.

The NHS Board and the Integration Joint Board utilise risk management processes to ensure the greatest likelihood of success in delivering the trajectories of both this LDP and those of the Health and Social Care Delivery Plan.

Risks and Issues

In developing this LDP, we have identified a number of risks and issues to delivery and have summarised these below.

There continues to be a substantial increase in financial risk to the Board in the financial year 2017/18 due to our requirement to deliver around 6% (c £22m) of cash releasing efficiency savings to bridge the gap between funding growth and anticipated costs of service delivery. This savings target exceeds any previously delivered by NHS Dumfries & Galloway and, at time of writing, is substantially greater than the sum of efficiency savings identified. The NHS Board will continue to make every effort to achieve its LDP standards and targets within this challenging financial context.

Targets and Standards

Given the financial and service pressures across the system, it will be a significant challenge to deliver all of the required targets in 2017/18. There is also a series of cost pressures related to delivering elective targets, particularly workforce costs. Other risks related to targets and standards are captured within the 'LDP Standards' section of the LDP.

Delayed Discharges

The plan requires a major reduction in the current level of delayed discharges, and consistent delivery of the national targets to enable the acute sector to achieve the bed reductions included in the savings plan and improve unscheduled care.

Service Change Proposals

The plan includes a number of service change proposals which need to be delivered during 2017/18 to achieve in year balance. Proposals need to be delivered from the start of 2017/18 to ensure that recurring balance is restored. If any of these changes are not delivered then the financial balance in 2017/18 is at risk and the future financial challenge increases.

While presenting this LDP as a statement of our aims and ambitions in relation to the strategic priorities and standards, we are being prudent in highlighting areas where progress may be hampered by factors that are unknown at time of writing.

Local Delivery Plan 2017-18

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Section One:

Improvement Priorities

1. Health Inequalities

Actions to address health improvement and reduce health inequalities are core to local public health activity. Improving the health and wellbeing of the population and reducing health inequalities are complex goals. Given this complexity, much of the work is progressed in partnership with others and takes a life-course approach.

Work to improve health and wellbeing and to reduce or mitigate health inequalities is the central focus of DG Health and Wellbeing, a joint unit within the Directorate of Public Health supported by both NHS and Council. There are close professional links with operational Health Improvement Teams working in each of the four localities in Dumfries & Galloway and with services for people with tobacco, alcohol or drug use issues. Additionally there is partnership working with the Third and Independent Sectors and other local and national agencies.

Actions are underway across the health and social care system and in partnership with communities. The Directorate of Public Health, which takes a strategic lead role in improving population health and reducing health inequalities, continues to take forward activities that support individual and community resilience for health and wellbeing. The strategic priorities continue to be:

- Strengthening community resilience
- Strengthening individual resilience
- Improving mental health and wellbeing
- Improving physical activity
- Promoting food and health
- Creating environments supportive of health and wellbeing

An Outcome Focused Framework identifies the actions being taken forward by DG Health and Wellbeing in partnership with key stakeholders. Each locality is developing an outcomes focused plan which dovetails with the overall DG Health and Wellbeing plan to ensure alignment from strategy to operational delivery.

Addressing Health Inequalities

The Directorate of Public Health has led on the development and implementation of an Inequalities Action Framework, Toolkit and associated Communications Plan which is aimed at supporting the development of policies, guidelines, interventions, programmes and services by providing information and tools necessary to address inequalities and health inequalities. The main aims of the Inequalities Action Framework are:

- To establish a shared understanding across partners of the causes of health inequalities with reference to the wider inequalities within society
- To support organisations and partnerships in identifying and agreeing the actions they can take to contribute to reducing inequalities

- To support the shift to prevention and early intervention rather than dealing with problems in health and social care after they have arisen
- To ensure that where possible policies address social, economic and environmental inequalities
- To support action to prioritise disadvantaged groups and areas of deprivation
- To provide tools to assist those planning, designing and implementing policies and interventions to identify the impact of their work on inequalities (and related health inequalities) and to support action to reduce or eliminate these.

The Framework has been endorsed by the NHS Board Management Team, Community Planning Executive Group, Health and Social Care Management Team and the Dumfries and Galloway Council Management Team.

Work continues to support the embedding of this framework across services and partners. This contributes to improving population health and wellbeing as well as to addressing health inequalities. A strategic action plan will be developed for the organisation to support action to reduce health inequalities across all functions and services of the NHS in Dumfries and Galloway. This is being supported by the NHS Board and will link to Board procurement and employment policies.

Health Promoting Health Service (HPHS)

Actions to improve health and wellbeing and to reduce health inequalities continue to be taken forward as part of the Health Promoting Health Service (HPHS) programme. In 2017/18 work will continue to focus on building and incorporating the HPHS ethos into our work through taking a holistic approach which recognises system change and is built around three key strands of implementation; person-centred approaches, staff health and wellbeing and wider setting (place and environment).

A number of areas have been identified for development/improvement in 2017/18. These areas are aligned to feedback highlighted by the Scottish Government in respect of the HPHS annual report submission for 2015/16 and include:

- Responding to transformational change agendas such as Integration Joint Boards, the Health and Social Care Delivery Plan, Realistic Medicine, the National Clinical Strategy and Transforming Primary Care through ensuring HPHS and more widely, that health improvement and inequalities are incorporated into strategic plans
- Development of a staff health and wellbeing action plan which takes a preventative and health inequalities approach
- Developing the test of change ‘Clinical Champion’ delivery model for physical activity within clinical pathways and Managed Clinical Networks
- Development of a strategic framework and action plan to support NHS Dumfries and Galloway to enhance activity which promotes a healthy approach to food and retail opportunities
- Linking with the local Alcohol and Drugs Partnership to implement a sustainable approach to Alcohol Brief Interventions (ABI’s) in clinical settings where there is a robust evidence base for the delivery of ABI’s.

It is recognised that future approaches for the scope and delivery of HPHS require to

be reviewed at both national and local level in order to ensure better alignment and integration with current and future NHS and Health and Social Care policies. NHS Dumfries and Galloway will continue to fully engage with both the Scottish Government and Health Scotland as the scope of HPHS is reviewed.

Strategic Development of the Public Health Function

All of the above areas of work are aligned to national and local policy drivers, including the Scottish Shared Services Portfolio for Public Health and Health and Social Care Integration.

To progress the NHS corporate responsibilities to improve health and wellbeing and to address health inequalities, the aim over 2017/18 is to improve alliances with local partners, particularly the Integration Joint Board and the Community Planning Partnership, to progress actions which prevent, mitigate and, where possible, reverse health inequalities. NHS Dumfries and Galloway recognises that learning from local, regional and national partners is very important. Partnership working will be progressed where possible, including sharing learning from NHS Lanarkshire, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde together with their partner organisations.

NHS Dumfries and Galloway has a strong Community Development Programme which is fundamental to the work in enhancing individual and community resilience. This programme was established by the Directorate of Public Health and has now been embedded into locality level health and social care Integration structures and supports the local action plans for building individual and community resilience.

Supporting resilience and positive health behaviours across all life stages is a priority activity. Health and wellbeing priorities are: increasing physical activity levels, addressing diet and obesity related ill-health in the population and improving mental health and wellbeing. This work focuses on improving individual resilience, which in turn impacts on community resilience.

In supporting activity to build individual resilience, work is being taken forward to develop one-to-one health and wellbeing service provision, which is tailored to meet the needs of individuals and uses the evidence-based approach of health coaching. It is our plan to work towards offering one-to-one health and wellbeing support across all communities as part of locality primary care service provision.

The strategic Public Health function is working with localities and local partners including regional tobacco, alcohol and drug services, the Council, Third and Independent Sectors and other local and national organisations to support an evidence-informed approach to address population health and wellbeing needs and reduce health inequalities. The aims are to address both national priorities and local needs.

2. Prevention and Anticipatory Care

Prevention Initiatives and Screening

Tobacco Control

NHS Dumfries and Galloway Board and partners in Local Authority have agreed a Tobacco Control Plan, and this plan will move forward with a number of important actions that addresses national and local priorities in relation to tobacco use.

The following actions are a sample of the total (27) that have been agreed upon to be delivered over a three year period. All our work will be directed to address tobacco and inequalities:

- Putting an improvement plan in place to address smoking in pregnancy
- Taking a new approach (to be agreed upon) with young people particularly 16-24 year olds, to address high levels of smoking in this group
- Reviewing work in mental health services (in the acute and community services) and looking for new ways of working such as piloting mental health services deliver smoking cessation
- Supporting the implementation of legislation for smoke free grounds on the acute sites and ensuring patients and staff are aware of a proactive approach to the management of nicotine addiction when in hospital grounds
- Supporting Dumfries & Galloway Council to take forward smoke free grounds
- Focusing on looked after and vulnerable children in homes in relation to second hand smoke and smoking cessation
- Continuing to improve upon the service delivery of stop smoking support through specialist services and Community Pharmacy
- Complete year 3 of the AASSIST programme in secondary schools and following the evaluation of the national pilot take advice on its future
- Continue and build upon the Tobacco Prevention Plan for young people across all statutory sectors

Alcohol and Drug Partnership (ADP)

The Alcohol and Drug Partnership's involvement in prevention work includes funding part of Police Scotland's Dumfries and Galloway Division's Substance Misuse Co-ordinator who provides input to local prevention work. This includes educational inputs with schools, festival harm reduction initiatives, drink and drug awareness campaigns.

Alcohol Brief Interventions (ABIs) continue to be a challenge to embed within the priority settings of A&E, Primary Care and Antenatal as well as the wider community settings.

A scoping exercise during 2017 will determine whether the issues are with reporting systems or a training issue. Actions will be established from this scoping exercise and recommendations made to the ADP on tackling this issue.

A Drug Deaths Prevention Strategy and Action Plan have been developed and the actions contained within these documents will be progressed over the next two years.

The ADP Workforce Development Strategy will also be progressed, ensuring that the alcohol and drug-using population has access to efficient, high quality and responsive treatment and support services.

The ADP will work with drug and alcohol treatment services to ensure they are ready to comply with the national Drug and Alcohol Information System (DAISy) which is to be introduced on 1st April 2018.

ADP is developing its strategy for 2017-2020, together with a commissioning strategy which will ensure future services are commissioned in line with local and national outcomes and priorities.

Health Protection and Screening

Protecting the health and wellbeing of the population from communicable diseases and environmental hazards remains a high priority. In terms of health protection activity, we continue to see greater numbers of cases of whooping cough, in common with the rest of the UK. There are continued efforts to ensure that as many pregnant women as possible take up the offer of immunisation to protect their unborn babies. It is also important for pregnant women to consider influenza immunisation because some circulating strains can cause particularly serious infection on occasion in pregnant women. The ongoing campaign to offer shingles vaccine to older members of society continues, delivered through primary care.

We continue to engage with colleagues in other agencies to carry out exercises of potential health protection threats. In 2017/18 we intend to carry out an exercise which looks at the multi-agency response to avian influenza incidents as well as taking part in further national pandemic influenza exercises and debriefs.

Screening for several cancers (breast, bowel and cervix) as well as other conditions (antenatal and newborn screening, abdominal aortic aneurysm screening and diabetic retinopathy screening) continues to achieve good uptake figures. This year, changes to the screening programmes include the move to a new IT system to deliver the diabetic retinopathy screening programme.

Additional blood spot tests for certain rare conditions are to be introduced in 2017/18 as part of newborn screening.

3. Increasing Healthy Life Expectancy

Improving the health and wellbeing of the population is fundamental to the work of the NHS, and building individual and community resilience is vital to this. Resilience is about the capacity for people to adapt and generate new ways of thinking and functioning in the context of a changing environment. Resilience is underpinned by the strong social networks, which are of key importance in developing pathways to ensure good health and wellbeing. It is also about engaging local people in identifying issues and taking responsibility for solutions, which is important in ensuring sustainability.

Supporting Health and Wellbeing

The learning from the services currently in situ across Dumfries and Galloway along with the emerging evidence base for effective practice in behaviour change suggests that a 'generic health and wellbeing service' which takes a holistic approach to addressing the mental and physical health needs of individuals, would improve outcomes for the individual and maximise local resources for the health improvement of those most vulnerable members of our population, through providing a coaching approach to health improvement. This is currently being supported through input from health psychology.

Mental wellbeing

Work to promote public mental wellbeing includes preventive work, such as supporting training to address stigma and discrimination, mental health and workforce development, and gender based violence. Other work includes promoting social prescribing, working with children and teachers in schools, including Mindfulness, addressing the physical health of people with severe mental illness, and a wide range of group activities that aim to engage people in social activities to improve their social networks, from crafts, singing and writing to cooking, personal development and IT skills.

Physical activity

Recent work in Dumfries and Galloway has identified a clear need/commitment to prioritise local action aimed at increasing levels of physical activity across the population. Four themes of action have been identified: *environment, policy, workforce & communities.* It is recognised that there is a need to both identify additional resources while being more innovative/creative with existing resources. Efforts need to target the least active and the approach must to be person centered.

A Best Investments paper for Dumfries and Galloway was recently produced. Physical activity data was mapped from over 50 local projects which covered the best investments categories and all settings identified within the Scottish implementation plan for physical activity. Analysis from these 50 local projects reported attendances totaling >700,000.

Food and Health

There are a number of initiatives addressing food and health, including the major problem of obesity, such as Child Healthy Weight programme and Let's Cook. There are a number of projects across the region promoting growing vegetables and increasing physical activity.

4. Integration and the Health and Social Care Delivery Plan

Integration

Integration in Dumfries and Galloway is unique as a model in that all of acute services are included alongside primary care, mental health and the full range of adult social care services.

Delivering the nine national health and wellbeing outcomes and ensuring the delivery of the best possible health and social care and support to people in Dumfries and Galloway remains our focus.

The focus of the Integration Joint Board's Strategic Plan is on

- Enabling people to have more choice and control
- Supporting Carers
- Developing and strengthening communities
- Making the most of wellbeing
- Maintaining safe, high-quality care and protecting vulnerable adults
- Shifting the focus from institutional care to home and community based services
- Integrated ways of working
- Reducing health inequalities
- Working efficiently and effectively
- Making the best use of technology

The 2017/18 locality delivery plans will identify a range of actions that will enable the health and social care partnership to continue to make progress in these priority areas.

New governance arrangements for the Integration Joint Board are now in place with the establishment of a Clinical and Care Governance Committee, an Audit and Risk Committee and a Performance and Finance Committee. A Health and Social Care Senior Management Team has been established to progress work at a tactical level.

Public and community engagement and involvement and partnership working remain central to the ethos of our integration model (please see section on person centred care).

A range of new documentation either has been or is being developed to support and enable our 3 yearly cycle of commissioning. These include processes for

- The formal review of the strategic plan
- 'Making Difficult Decisions'
- 'Making Significant Decisions'
- A prioritisation process to support decision making
- A framework to support effective 'whole system' performance management and reporting

A range of 72 indicators and measures have now been identified and include the 23 national core indicators, the publicly accountable measures of both the Council and the NHS and locally agreed measures.

We continue to work with local, regional and national teams to further develop and refine and align performance data and information to facilitate the scrutiny role of Boards and committees and to ensure we are delivering safe, high quality services .It is envisaged that these will be used at both an operational level within the management groups to inform performance of each locality and at an aggregate level for the Integration Joint Board.

Work has commenced on the 2016/17 Annual Performance Report for the Integration Joint Board. This report will be published by the end of July 2017. A provisional date in September has been identified for a formal review of the Health and Social Care Partnership performance in 2016/17 by the NHS Board and Council.

Health and Social Care Delivery Plan

The Scottish Government Health and Social Care Delivery Plan (December 2016) is a document developed to support the health and social care system to evolve, build on excellence and meet the challenges facing us. It contains a range of actions to be taken at local, regional and national levels. There is a requirement that this document clearly demonstrates its contribution to driving the actions and supporting the delivery of the commitments contained within the Health and Social Care Delivery Plan forward. This information is contained under each of the headings of this LDP.

5. Regional Planning

The Health and Social Care Delivery Plan recognises the importance of the National Clinical Strategy and the need for service review and planning at population levels beyond the boundaries of territorial Boards. Within the West of Scotland (WoS) Regional Planning Group there is already a programme of collaborative work that considers the ever changing population needs and how these are influenced by demographic changes and the emergence of new treatments and technologies at a time of constrained resources including the availability of specialist clinicians across both primary and acute hospital care. This programme of work includes:

- Interventional Cardiology including Primary Reperfusion Service
- Major Trauma
- Oral & Maxillofacial Surgery
- Urology including Minimally Invasive Resection of Prostate*
- Vascular Services**
- Regional Child Health Services including Child Protection, critical care and specialist shared services
- Regional Child and Adolescent Mental Health
- Medium and Low Secure Psychiatric Services
- Systemic Anti-Cancer Treatments*
- Aseptic Pharmacy Services
- Maternity and Neonatology
- Interventional Radiology
- Ophthalmology
- Workforce Planning
- Prescribing

(* Dumfries and Galloway currently links with South East and Tayside (SEAT) for these services).

(** Dumfries and Galloway currently links with North Cumbria University Hospitals Trust for these services).

It is recognised by the WoS Regional Planning Group that a regional transformational plan needs to be developed over the next 6 to 12 months that is underpinned by detailed analysis of:

- The needs assessment of the 2.7 million people served by the West of Scotland Boards
- Changing patterns of demand for future treatment and care for this population
- The current capacity to safely and effectively meet these treatment and care needs
- New service models and care pathways
- Resource Plans including workforce, estate and specialised equipment
- The potential that arises from reducing unwarranted variation and wasteful interventions

This regional planning activity will complement the service planning and change in each territorial board area which will be required to address the current service and financial pressures. When taken together with board level plans this transformational plan will clearly set out how West of Scotland Boards and their partners will deliver safe, efficient and sustainable treatment and care over the next 10 to 15 years.

It is important that NHS Dumfries and Galloway have a clear framework for the planning of acute and diagnostic services locally to ensure alignment with regional and national strategic planning.

A local Service Planning Framework, a tool that will help us to reframe health and social care for people in Dumfries and Galloway, is currently being developed. Key stakeholders have been identified and are engaged and involved in this work.

The framework will provide:

- The regional and national context to enable decision making in line with regional and national thinking
- A consistent set of planning principles to guide service planning and development
- Short and medium term outcomes describing services' contribution to delivery of the nine national health and well-being outcomes
- Regional and local information to support service planning and development locally
- A planning checklist to support consistent service planning and development

It is intended to complete this work by September 2017 enabling us to maintain close alignment with the development of the West of Scotland Transformational Plan.

6. Antenatal and Early Years

Key work continues to be taken forward with the focus on Keeping Children Safe, Getting it Right for Every Child, Corporate Parenting and Early Years.

The Children's Services Executive Group (CSEG) is responsible for setting the strategic direction of change, monitoring progress and overseeing all programmes of work. All strategic groups report to the Children's Services Executive Group with regard to performance and improvement.

Representatives from Maternity Services, Child and Public Health Nursing Services and Public Health are working with multi-agency partners to prepare a Children's Services Plan by 1st April 2017 in accordance with the provisions of Part 3 of the Children and Young People (Scotland) Act 2014.

Six areas have been agreed by CSEG for prioritisation within the plan:

- We will ensure that children and young people are safe and free from harm
- We will deliver the best possible health and well-being for all children and young people
- We will improve the well-being and life chances of our most vulnerable children and young people
- We will work to remove barriers so that all children and young people have equality of opportunity
- We will ensure children and young people get support at the earliest appropriate time through prevention and early intervention
- We will raise attainment and be ambitious for all children and young people

Refreshed Health Visiting Pathway

The Universal Health Visiting Pathway in Scotland (2015) is being delivered to all babies born from 1st May 2017. In addition, Health Visitors are undertaking the Named Person duties for all pre-school children.

Scottish Government has set NHS Dumfries and Galloway the target of increasing the number of Health Visitors by an additional 10.51 whole time equivalent (wte) above baseline by 2018. To date, the baseline health visitor establishment and the growth of additional health visitors has been successful through recruitment and training. Current vacancies stand at 0.73 wte. A workforce plan is in place to achieve the remaining additional health visitor numbers through training. Four student placements commenced in September 2016 and recruitment to a further three student placements will be undertaken to commence the programme in September 2017. The workforce plan was accepted by representatives from the Scottish Government during their visit to Dumfries and Galloway in September 2016.

However, as the total allocation of funding from the Scottish Government for additional health visitors is not due to be reached until 2018, the Board can only be confident of its current position. Future, successful service delivery is dependent upon continued support and funding from the Scottish Government.

At present, capacity to deliver the new Universal Pathway is being supported via caseload management and a review of working practices. The use of 'ePens' for documentation and data collection has proved challenging. In response to this, public health nursing staff will be amongst the first nursing staff teams to move to using 'Morse' in the coming months. This will also support Child Health Transformation.

Health Visitors continue to be supported to deliver the new Universal Pathway and their named person duties through training and development. It is anticipated that all Health Visitors will have completed day 4 of the NHS Education for Scotland master classes by the end of March 2017.

Work is also underway within the service for all Health Visitors to complete the Dumfries & Galloway Children's Services Learning and Development Core Competency Framework. This self-evaluation tool supports practitioners to identify their individual continuing professional development needs to undertake the Named Person and Lead Professional roles. Support available to staff to meet their needs includes a calendar of multi-agency training delivered locally.

Continuing professional development is also delivered to all Health Visitors via single agency development days held quarterly within the Board. In 2017, there will be an emphasis on delivering education to support Health Visitors to deliver the new Universal Pathway.

NHS Dumfries and Galloway have faced challenges to the introduction of Family Nurse Partnership (FNP). However, linking with Scottish Government representatives, we are investigating the potential for incorporating the principles of FNP within established services.

NHS Dumfries & Galloway was one of two early adopter sites in Scotland testing a revised model of School Nursing. This included a national review of the role of the School Nurse and associated team, universal pathway, and all current and future education and career pathways. This work was led by The School Nursing Steering Group, a sub group of the Children, Young Peo*p*le and Family Nursing Advisory Group. Testing ended in November 2016 and the consultation and evaluation processes are now complete. Reports are due to be sent to the Scottish Executive Nurse Directors Group early in 2017.

Whereas the school nursing service remains universal, the role of the school nurse is now focused and targeted to children, young people and families with additional healthcare needs and vulnerabilities adopting the 'Getting It Right for Every Child' Practice Model.

As part of the continuing professional development of School Nurses in NHS Dumfries and Galloway, a workforce plan is in place to support those who do not hold a school nursing qualification to undertake the new Specialist Community Public Health Nursing/School Nursing education programme.

Partnership working is well established in Dumfries and Galloway. In relation to Getting It Right For Every Child there is Board representation on the strategic group working with partners from Education, Police and Local Authority. Following the Supreme Court judgment on the Named Person provisions handed down on 28th July 2016, information sharing continues to be guided by data protection legislation and policies and procedures while we await further direction from the Scottish Government.

There is also Board representation on the strategic Early Years Group. The work of this group in supporting prevention and early intervention currently includes a review of the parenting provision to families across Dumfries and Galloway.

7. Safe, Quality Care

Safe Care

NHS Dumfries & Galloway remains committed to improving the quality and safety of care and as such continues to be an active participant in all of the Scottish Patient Safety Programmes:

- Mental Health
- Primary Care; including a pilot in General Dental Practice and a Pressure Ulcer in Care Home Collaborative and General Medical Practice
- Acute Adult
- Maternity & Children's Quality Improvement Collaborative (Maternity, Neonates & Paediatrics)

The executive sponsor for the safety programmes is the Executive Nurse Director with programme support delivered by the Patient Safety & Improvement Team.

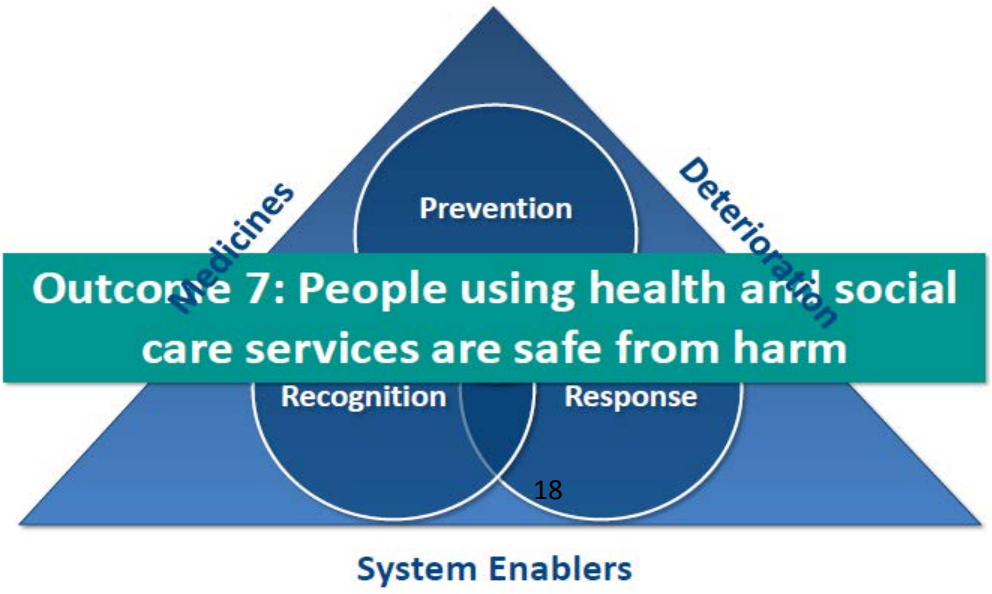
Directorate Management Teams are responsible for delivery with Clinical Leads in place to provide on the ground leadership and direction.

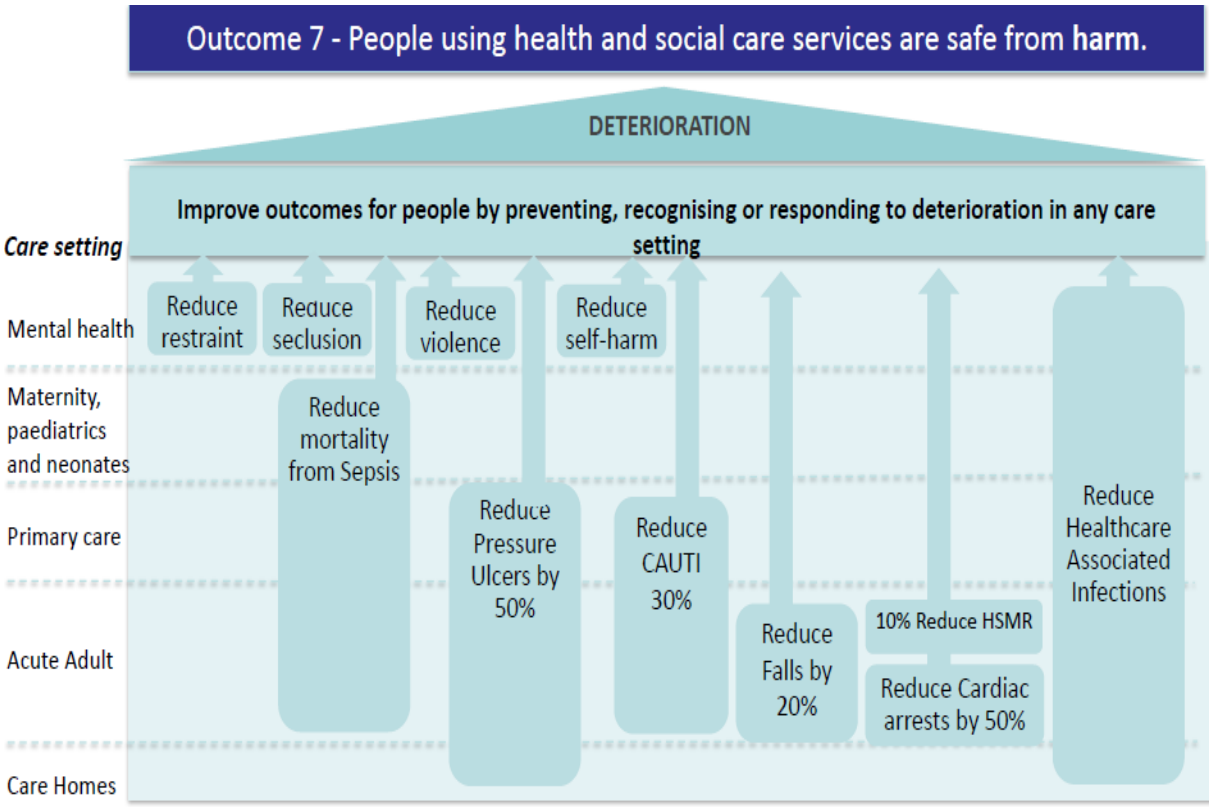
Our goals for 2017/18 will continue to include a focus on developing improvement capacity and capability across our programmes, to support local ownership of improvement goals and to share learning across each of our programmes.

We are developing a local Quality Improvement Hub which will, in its first year, focus on education, coaching and support whilst building a network and infrastructure to support improvement.

During 2017/18 we will increase our emphasis on cross system working to ensure that safety and the experience of care is improved across the patients' journey. In line with national bodies, we will integrate improvement programmes and build on the good work that has already taken place. This year will see a greater customisation of improvement priorities and improvement support tailored to meet local service priorities.

Reduction of harm and early recognition and response to deterioration remain our priorities across all our programmes of work as depicted below.





Progress has been made across each of the programmes during 2016/17 however it has slowed in some areas due to recruitment and capacity issues.

Acute Adult
The overall aim of the Acute Adult Programme is to reduce avoidable mortality by 10% by December 2018.

To achieve this, during 2017/18, we will continue to focus on the following Point of Care Priorities:

- Deteriorating Patients, including Sepsis
- Pressure Ulcers
- Catheter Associated Urinary Tract Infection (CAUTI)
- Falls with Harm
- Safer Medicines

In addition, we will continue to test how the improvements we are making within acute care might be tested within community settings e.g. pressure ulcer prevention, CAUTI prevention and falls prevention.

SPSP Primary Care

We are currently supporting 3 strands of improvement within primary care:

- General Practice
- General Dental Practice
- Care Homes

Within General Medical Practices the focus for the past three years has been around developing a practice culture attuned to safety and improvement and building the improvement capability of practice teams. The clinical focus has centred on improving the safety and reducing harm from high risk medications.

The recent publication 'Improving Together – A National Framework for Quality in General Practice', issued by the Scottish Government, gives a flavour of how Boards, Health & Social Care Partnerships and GP Clusters might work collectively to continuously improve the quality and safety of care offered to people and to improve the health and wellbeing of the population.

Practice Quality Leads and Cluster Quality Leads have been identified locally. The Patient Safety & Improvement Team is working with the Deputy Medical Director - Primary Care and others to understand how we might structure improvement support in support of local improvement priorities.

We are waiting to see the details regarding the new GP contract and how it plans to ensure quality improvement remains a core element of General Practice.

Reducing Pressure Ulcers in Care Homes Improvement Programme

Older people living in care homes are some of the most vulnerable people in society and have a high risk of developing pressure ulcers. Pressure ulcers are an unwanted complication of illness, severe physical disability or increasing frailty.

Building on the progress being made through the SPSP to reduce pressure ulcers within acute hospital settings and ongoing improvement activities currently being delivered within care homes, an ambitious aim to reduce pressure ulcers across all care settings by 50% was announced at the NHS Scotland event in June 2015. Boards were invited to apply to Healthcare Improvement Scotland to participate in the improvement programme and three Boards, including NHS Dumfries & Galloway, were selected to participate in May 2016 with work commencing in July 2016.

Locally, we have recruited 5 care homes to participate and have developed a local steering group.

Our aim is to reduce pressure ulcers in these 5 care homes by 50% by December 2017.

To achieve this we are:

- Supporting care home staff to understand and improve current care processes to ensure residents receive the best care to prevent and manage pressure ulcers
- Promoting collaboration and communication across primary care, secondary care and the independent sector by building relationships
- Building quality improvement capacity and capability to support improvement work within care homes
- Working to improve reliability with risk assessment and care planning to reduce the incidence of pressure ulcers in care homes
- Testing interventions and measures to reduce the incidence of pressure ulcers
- Scoping resources available to support locality teams in understanding pressure ulcer prevention, and

- Evaluating the impact of our work to understand how we might scale up and spread to other care homes across our region.

General Dental Practice Collaborative

The dental arm of the SPSP Primary Care programme seeks to embed quality improvement processes into every day practice. Three NHS boards were selected to participating in this 18 month collaborative.

The collaborative was initially due to run until December 2016 but this has been extended to 31 March 2017. During this time, dental practice teams:

- Learn about improvement methodology
- Pilot the use of tools and interventions to deliver safer, more reliable care
- Explore their safety climate by undertaking a safety climate survey, and
- Share learning within their teams, within their NHS boards and with other NHS boards

The collaborative aims to improve safety and reduce harm by:

- Integrating a high quality Medical History into decision making with regard to treatment planning. The project focuses effort on patients identified as being at a higher risk, in relation to their medical history as well as current medication
- Develop a culture within practices centred on safety & collaborative improvement.

A full evaluation of the collaborative will be undertaken by Healthcare Improvement Scotland (HIS) in 2017/18. Locally we are seeing that patient safety in general dental practice can be improved by practices working together collaboratively using a 'breakthrough series' approach, consisting of periods of education, time to work on improvement in practice and facilitated learning sessions.

In line with General Medical Practice, Dental payment structures and contracts are to change. We expect that the pilot will feed into this approach and influence how quality improvement may become part of regular practice within dentistry in Scotland.

SPSP MCQIC

The aim for all strands of this programme is to reduce avoidable harm by 30% and to improve satisfaction with the care experience.

Each of the three areas is at a different stage of maturity with progress slowed this year whilst the national team refreshed the programme. Progress has been made in formalising measurement systems and in developing improvement capability particularly within the maternity stream that have benefitted from funding for a Maternity Champion. This will continue to be a focus for 2017/18.

The Patient Safety & Improvement Team are working with the Women and Children's Directorate to explore priorities for 2017/18 and how these might be supported.

Maternity Services have made significant progress in reducing the incidence of stillbirth and post partum haemorrhage (PPH). Work has been carried out to improve the guidance provided surrounding PPH, educating women of the dangers and the steps to take. The introduction of safety briefings, monitoring of CO levels and MEWS has reduced our incidences of PPH and stillbirth. Greater attendance at our multiagency clinics for vulnerable women is also a positive step towards the overall reduction of stillbirths and PPH.

The neonatal team have demonstrated a good level of compliance with PVC management and the Gentamicin bundle and have continued to work to improve person centred care.

The Paediatric Team continue to focus on Paediatric Early Warning System and have supported testing of the national system, improving communication through Safety Briefs and medicines reconciliation.

8. Person Centered Care

NHS Dumfries and Galloway is committed to ensuring that the person is at the centre of all decisions and that a person centred approach is at the heart of our day to day business.

A person centred approach is experienced in the interface between the person seeking/ or receiving support or care and those who offer the support or care. As mentioned within the workforce plan this requires us to equip our staff to have the confidence and competence to have a person centred, outcomes focused discussion with the people we are supporting. NHS Dumfries and Galloway have already invested in a range of bespoke leadership and management programmes such as the 'ASPIRE to lead' programme and the nursing Band 6 development programme and the use of 'Caring Conversations'. In 2017/18 we plan to run further cohorts of these programmes and, building upon this foundation, work with the Personal Outcomes Network to offer a programme of 'Good Conversations' training.

Must do with me

This investment in skills development will reinforce the shift in culture required to focus upon what matters to the people we are supporting and ensure that they are directly involved in any decisions around their care. Work has already been completed refreshing the nursing admission paperwork to include discussion around the five elements of 'Must do with me'. This paperwork is now embedded within acute hospital services and 2017/18 will see the paperwork rolled out across cottage hospitals.

The opening of our new acute hospital with 100% single rooms in December 2017, will see the adoption of open visiting, enabling people to have the opportunity to have greater involvement of friends and family whilst they are in hospital. This will mean that we have an approach of open visiting across the region.

The new acute hospital is also providing a catalyst for a refresh of the information we have available for people. In 2017/18 we plan to complete a review of all patient information resources within the services provided from the new hospital. Our Patient Information Co-ordinator is working closely with NHS Inform and 'EIDO' to make information more accessible and available in a timely way and to utilise information already provided within the national context. Linking closely with the NHS Inform platform, will also provide the opportunity for provision of information in differing formats and mediums.

Choosing Wisely:

This is an international initiative designed to avoid wasteful interventions that do not add value and ensure that we avoid the waste that occurs when a patient is provided with a treatment that they would not have chosen had they been better informed.

A list of interventions is being circulated to all specialties suggesting that they should only be initiated in exceptional circumstances and seeking ideas from clinicians to add to the list.

In addition, patients attending out-patient clinics (diabetes, oncology, urology, haematology, ear, nose and throat, etc) are being encouraged to ask a number of important questions. An insert is sent out with out-patient appointments (and is visible as a poster version in the actual clinic) prompting patients to ask:

1. Do I really need this test, treatment or procedure?
2. What are the risks or downsides?
3. What are the possible side-effects?
4. Are there safer, simpler options?
5. What will happen if I do nothing?

We know that better informed patients experience greater satisfaction with their care and less decisional regret. They also tend to chose less treatment overall than patients who are less well informed. By encouraging patients to ask these simple questions we anticipate that care will become more aligned to individual patient preferences

Learning from Feedback

We recognise that feedback from the people who come into contact with services provides a valuable insight into their quality and safety and is a resource to help us recognise excellent practice and drive service improvement.

The Dumfries and Galloway Partnership has agreed, for 2017/18, to extend our current Patient Opinion subscription to include the integrated level of subscription offered by Care Opinion. This will be heavily promoted throughout the partnership and will offer an integrated opportunity for people to provide feedback on services. For those less technically minded, and as an alternative to web based feedback, we have introduced a 'Comments, Compliments and Suggestions' leaflet which is available throughout the region. Any resulting information will be shared with the appropriate services.

Several specialties have sought to improve the care they deliver by asking for feedback from patients on PROMS – patient reported outcome measures – so that outcomes that make a difference to patients are assessed, rather than surrogate measures of performance.

As mentioned in Section Four in relation to our workforce plan, we will continue to recruit volunteers for the new hospital and for health and care services throughout the region. This will provide an opportunity to test ways of capturing feedback on the patient experience in real time using volunteers to facilitate this discussion.

In 2016/17, NHS Dumfries and Galloway participated in a trial with the London School of Economics who are testing and refining a system to code complaints, measure potential severity and identify key learning points. The initial findings have proven very positive and therefore in 2017/18 we will further test the use of the Healthcare Complaints Analysis tool as a learning tool. Working with our information analysts, we plan to explore the use of this approach in complaints and include the qualitative information from feedback and any audits to better understand and identify opportunities for improvement at an organisational level.

Launching the new model NHS Complaints Handling Procedure and the preparatory work to support early resolution and a person centred approach to complaints handing, has triggered significant discussion across the region. The Board is currently offering training on early resolution and high quality complaints handling for key complaint handlers and front line staff. In 2017/18, this will cascade more widely across the organisation improving the experience of people who raise a complaint.

Involving People

At a personal level and as part of our Nursing Care Assurance Framework, people staying in hospital will be provided with the opportunity to feedback to us their experience of care and suggest potential improvements.

We have been working with Community Planning Partners, Scottish Ambulance Service, Police Scotland, Fire and Rescue, Third Sector and Dumfries and Galloway Council to develop the Dumfries and Galloway Participation and Engagement Network. This virtual network launched in autumn 2016 provides an opportunity for people to register their interest in being involved in consultations, engagement events etc. The database is still growing and we will continue to recruit additional members through 2017/18. We are currently working in partnership with Dumfries and Galloway Council to develop an on-line registration form and presence.

9. Community Based Health and Social Care Services

As a large rural area, Dumfries & Galloway relies on Community Health & Social Care services to maintain an effective and affordable system of health and social care and support. We provide services to a population of approximately 148,000, dispersed widely throughout an extensive area. There is an increasing number of older people, many in isolated locations with a growing complexity of their health and social care needs.

We recognise that whilst demographics, increasing complexity, public expectation, workforce pressures and financial constraints are very challenging they also provide us with opportunities to do things differently. This will include:

- Developing and delivering a programme of Technology Enabled Care (TEC) that recognises TEC as an enabler that can support staff and people who use services (please see TEC section)
- Flexing and wrapping services around the unique needs of individuals helping them to achieve outcomes that are unique to them
- Supporting people to make informed choices about the care and support they receive and become true partners in their own care
- Building capacity by training Advanced Nurse Practitioners (ANPs) and developing pharmacist-led (and other professions) approaches within GP practices to improve prescribing and provide support to GPs
- Improving 'flow' through the whole system of care and support to further reduce delayed discharges
- Developing a broad range of community based services that prevent avoidable or inappropriate admission to the acute sector
- Supporting the delivery of 'Realistic Medicine' by empowering people who use services to make more informed choices about the care and support they receive

Locality Delivery Plans

Each of the four localities has a delivery plan that supports the implementation of the overarching strategic plan. The locality delivery plans provide the detail regarding what will be delivered by each locality in any given year against the priorities in the strategic plan.

'One' Teams

For Community Health and Social Care services, this means people who use services should be able to access a wider range of professionals more quickly, working in multi-disciplinary, 'One' teams. The four localities in Dumfries and Galloway mirror the local authority areas. Each locality has a locality manager, GP clinical lead, nurse manager, public health practitioner and social work manager.

Early Hospital Discharge

Community Health and Social Care services place a major emphasis on supporting early discharge from hospital, recognising that a large number of acute hospital beds are occupied by people who are clinically ready to return home. In the coming year, we will turn our focus to providing more community based options for care that avoid unnecessary admission to hospital. We recognise that for some older people we use a medical solution for primarily social problems by admitting them to hospital. Hospital admission may also be driven by a risk-averse mind-set, rather than an understanding of the patient's wishes and their validity.

Critical to this will be developing models of care and support centred on the 'One' team principles. Too often, older people in particular, are admitted to hospital when a personalised package of community based assessment, treatment, reablement and support, alongside support for their Carers, could better help them meet their outcomes and provide appropriate, safe alternatives to hospital admission.

Anticipatory Care Planning

This year, and in line with recommendations from the Joint Inspection of Older People's services in Dumfries & Galloway by Health Improvement Scotland and the Care Inspectorate, (published in October 2016), we will be progressing with a region wide roll-out of Anticipatory Care Planning. We will do this incrementally starting with the 75+ age group who have complex needs, for example prescribed 10 medicines or more or having 2 long-term conditions.

Third Sector Partners

We will develop greater liaison with third and independent sector partners to achieve greater engagement across a 'whole system' of health and social care and to consider 'total resources'.

General Practice

General Medical Practices are central to our plans for Community Health and Social Care. We rely significantly on them to deliver services across our predominantly rural area. Historically, General Practitioner (GP) services in Dumfries and Galloway have been provided from 35 practices by 135 GPs. This has reduced to 33 practices with input from 108 doctors. This decrease in the medical workforce has been due to severe recruitment challenges, a UK wide problem in General Practice, but significantly more acute in rural areas.

A survey undertaken in February 2016 indicated that around 28 of the remaining GPs planned to retire in the next 3 years. Consequently, this presents a very high risk to continued delivery of services given that some existing vacancies have remained unfilled for over 2 years. Services have managed to continue due to the spread of vacancies across a large number of practices.

We have endeavoured to improve recruitment in a number of ways:

- Meeting doctors who are completing training in Dumfries and Galloway to discuss their plans and aim to settle them in local practices

- Funding 2 Rural Practice Fellowship posts – linked with the Falkland Isles to make them more attractive
- Developing a medical recruitment website
- Attending various national GP meetings to advertise GP practices
- Seeking recruitment from abroad via recruitment agencies
- Petitioning Scottish Government (SG) and National Education Scotland (NES) to improve the induction process for doctors from abroad to remove bureaucratic barriers.
- Exploring the possibilities for providing English language training and clinical attachments for refugee doctors from Syria and elsewhere
- Combining with the Local Authority to plan refurbishment of Council properties in Stranraer to provide multi-agency young professional accommodation – eg: doctors, nurses, social workers, teachers and police thus help overcome social and professional isolation in Stranraer. We believe that this will help us attract trainees and retain them in the area.

In addition, we have longer-term ambitions to increase local training of the workforce for General Practice which we are progressing, including:

- Funding advanced nurse practitioner training in local GP practices
- Training and placing pharmacists in GP practices to provide a significant level of pharmacy support
- Promoting medicine in schools a career choice
- Increasing medical student placements in general practice
- Participating in the development of the new Graduate Entry Medical School for Scotland – which will see undergraduates spending up to 2 years attached to local practices.

The Deputy Medical Director for Primary Care leads on the implementation of the new GMS Contract and contributes to our programme of clinical services change.

In 2016/17 two practices moved to ‘2c’ contracting arrangements (i.e where the Board directly manages the practice). This move looks to make services more sustainable and provide opportunities to develop the practice team to progress the concept of multi-disciplinary, community based teams delivering care.

The 2c arrangements have led to the closure of lists for the relevant practices, however an effective system of allocation of patients has been arranged so that practice stability has been maintained

We have supported two significant practice changes: the amalgamation of two practices in Wigtownshire and reviewing branch surgery provision in Annandale and Eskdale/Lanarkshire. Whilst changes as a result of this review were not universally popular, they were, nonetheless essential to maintaining GP services in those areas.

It is highly likely, given the the GP retirement/recruitment ratio, that the number of GP practices and GPs will reduce further. We aim to minimise the impact of this by reducing the non-clinical workload of GPs and reconfiguring the clinical workload. For example, that are plans in place for the roll out of computerised Cognitive Behavioural Therapy (cCBT) across the region from April onwards. We will also look to promote the minor ailments scheme in local pharmacies.

We have facilitated the formation of GP 'quality' clusters' where practices within our four localities get together to reflect on performance data (supplied by the Health Board) and develop initiatives using improvement methodologies to improve the quality and safety of healthcare. This approach will also enable us to address the various strands of work developed in 'Realistic Medicine'; including developing truly shared decision making, addressing unwarranted variation, communicating, managing risk effectively and reducing where possible the 'treatment burden'. The quality clusters should continue to develop throughout the next year.

Primary Care Prescribing

We have made significant progress in reducing primary care prescribing over the last five years, maintaining the prescribing volume and saving as much as £2 million per year.

The primary care prescribing bill is currently in excess of £31 million per year. Our aim is to reduce this to enable us to make savings and investment elsewhere in Health and Social Care. Leading this work is an increased prescribing support team of pharmacists and pharmacy technicians who work with GP practices to identify prescribing savings that can be made without affecting patient's outcomes.

Dental Services

We have recently reviewed the Senior Clinical Leadership for NHS Dental Services. The revised structure includes a Professional Lead for Dental and Oral Health Services – Consultant in Dental Public Health, Clinical Lead for the Public Dental Service and Dental Practice Advisor. These individuals will work in partnership with the Primary Care Development Team to ensure that we continue to support local dental teams in the delivery of high quality NHS Dental Services to the population of Dumfries and Galloway.

The Board continues to support ongoing quality improvement through working in partnership with the Practitioner Services Division of National Services Scotland to monitor the quality of care delivered to patients and to identify and support practitioners to improve clinical care if this is required. There is ongoing participation in the National Quality Indicators Pilot which aims to identify practitioners who may be in need of support at an early stage. The Board works in partnership with NHS Education Scotland and other training providers to make local continuing professional development opportunities available and facilitate practitioners to achieve clinical audit requirements through Peer Review Meetings.

Quarterly meetings between the Dental Advisory Committee and the NHS Board enable a direct link between these bodies to be maintained and provide a forum for any issues to be discussed and addressed.

We have continued to review the provision of salaried general dental services provided by the Public Dental Service and are currently consulting on options for future service provision from one clinic location. As part of this service review process an Oral Health Needs Assessment Exercise has been undertaken.

This has identified a number of areas that require to be addressed to support continued improvement of oral health in an identified area of deprivation. An action plan to support continued improvements in oral health and a reduction in oral health inequalities in this area will be progressed during 2017/18.

During 2016, we reviewed the provision of our Oral and Maxillo Facial service which has resulted in the establishment of a visiting service as part of our Service Level Agreement with NHS Greater Glasgow and Clyde. This partnership has been a positive development for the region.

During 2017/18 we will be reviewing provision of the Consultant led orthodontic service.

We continue to monitor the provision of NHS Dental services. This has improved from 33% in 2006 to this year's 85% of our population registered with an NHS Dentist.

Oral health outcomes are monitored via the National Dental Inspection Programme and have demonstrated consistent improvements in the oral health of Primary 1 and Primary 7 Children. Latest available data demonstrates that 68% of Primary 1 children have no obvious decay experience in their deciduous teeth and 75% of Primary 7 children have no obvious decay experience in their adult teeth. We do however recognise that dental decay is a preventable disease and that inequalities in oral health exist. To address this we continue to implement the Childsmile Programme with a view to achieving our targets for 2022. We are continually developing the care pathways within our Childsmile Programme to further imbed the Getting it Right for Every Child Approach and plans are in place for 2017/18 to support local dental teams embed this within their practice .

We continue to provide training in conjunction with the University of the Highlands, producing qualified dental therapists from our specially developed Dumfries Dental Centre. This building also continues to provide excellent training facilities for dental students on outreach placements from Glasgow University and dental foundation trainees.

The Scottish Emergency Dental Service is working satisfactorily operating from the Dumfries Dental Centre and Galloway Community Hospital Stranraer.

An implementation programme to support increased use of information technology by general dental practices is in place and due for completion during 2017/18. The key elements of this programme include increased use of NHS mail, access to local intranet, Emergency Care Summary access, use of SCI gateway for electronic referrals and Vuemotion for electronic viewing of radiographs.

The Board has welcomed the opportunity to input into the recent Scottish Government consultation on the forthcoming Oral Health Plan and staff within the Board are supporting colleagues in the Scottish Government in the development of the forthcoming plan. This presents an exciting opportunity to look at how the future NHS dental systems could work to further improve oral health through development of a preventative approach to service provision and support high quality service delivery.

Optometry

The Ophthalmology Service continues to be under considerable pressure. However, the Scottish Government undertook a peer review of the service, where recommendations were made along with the development of a local action plan with measures and timelines. Work on the action plan continues ensuring we remain focused on continually improving the service.

Further to this, we have supported the introduction of and facilitated, the Area Optom Group. We have established quarterly Optom education evenings ran by the ophthalmologists to improve communication and links with the local community optometrists. The education evenings have been used to launch the cataract criteria and discuss discharge criteria for ocular hypertension. We aim to follow the NHS Tayside model and plan to start using this by April 2017.

We have received some funding from The Scottish Government to recruit to an in-house optometrist. This is a model used in the majority of other boards in Scotland and we are currently exploring local options.

Out of Hours Services

Although there is continuing pressures on GP recruitment, we continue to maintain the staffing levels in the Out of Hours Service. However, we recognise that the service is under considerable pressure and is currently overly reliant on locum cover. We need to look at taking a fundamentally different approach to out of hours service delivery in the future.

Sir Lewis Ritchie's December 2015 report 'Pulling together: transforming urgent care for the people of Scotland' considered the current landscape of out of hour's services. It identified areas that worked well and recommended actions to ensure that out of hours services are sustainable, person centred and of high quality. As a result of this review, we are currently engaging with the Scottish Government to work through the recommendations of the report to identify opportunities to improve the out of hours service in Dumfries and Galloway and develop a different model of out of hour's urgent care which is more aligned to the report's findings.

To ensure an integrated approach to developing the out of hours service, we have formed a local Transforming Out of Hours (TUC) Group represented by a range of disciplines including Health, Social Work, Scottish Ambulance Service, NHS 24, Third and Independent Sectors, who are involved in delivering health and social care during the out of hours period. The groups aims are to:

- Deliver high quality, safe services, with a focus on prevention and self-care
- Ensure that urgent care services are connected more efficiently and
- Develop a better service to include the right skill mix of professional support for people during the out of hours period.

Over the next year, the TUC group will be developing options for alternative models of delivering the out of hour's service in Dumfries & Galloway. The group will be responsible for raising the profile of the service and will have oversight of projects or initiatives that relate to out of hours.

In particular, the ‘nurse responder service initiative’; a nationally funded initiative to support the transformation of urgent care enabling us to establish and test a nurse responder service in the Wigtownshire locality.

Out of Hours Service continues to work closely with the Emergency Department within acute services and are identifying new opportunities to develop new ways of working, optimise communication and undertake training initiatives that support a more joined up seamless approach for people requiring support in the out of hours period.

10. Scheduled Care

NHS Dumfries and Galloway continue to work with the Scottish Government Team on the National Flow Variability programme (previously ScotPFA). There are two main elements to this work including the development and embedding of Admission/Discharge/Transfer (ADT) criteria for specialties and areas of the hospital such as transfer from a general ward to critical care. The improvement team has been working with clinicians to agree ADT criteria and these will be implemented across the hospital. In addition, development of the IT system has provided a "ready to move" data recording ability for each patient journey. This will highlight the areas that the patient is delayed for instance, ready to move from the Emergency Department (ED) but delayed due to "wait for bed" in the acute medical assessment unit. In the coming months, the data will be shared with the Scottish Government who is working with the Institute for Healthcare Optimization (IHO), to analyse the data and identify the delays in the patient pathway. The data will then provide the Acute Division with areas to improve flow within the inpatient pathway and remove unnecessary transfer delays, reduce length of stay and decrease the 'boarding out' of patients.

Room scheduling, as highlighted in last year's LDP, has commenced for all the outpatient settings within Dumfries and Galloway Royal Infirmary (DGRI) and has been shared with Galloway Community Hospital (GCH) and some of the outreach clinics. The system is providing early identification of availability of clinic rooms enabling additional clinics to be available and ensure that clinic facilities are used as efficiently as possible. The next stage will be standardising the outpatient clinic template to ensure greater flexibility and efficient use of outpatient facilities.

The Acute Division continue to work with the Scottish Government outpatient programme 'Developing Out-patient Integration Together' (DOIT) identifying areas of improvement within outpatients. A number of the specialties continue to provide virtual clinics either using telephone or videoconferencing technology to see patients limiting unnecessary travel for patients. This has been particularly successful in Gastroenterology and Diabetes services and will be rolled out to other areas where feasible. Nurses have been trained to provide macular injections within Opthalmology. These nurses will be able to take on this workload and release consultant capacity.

The commencement of triaging orthopaedic referrals by Allied Health Professionals (AHPs) has seen a 25% reduction in routine referrals direct to consultants. It is anticipated that this pathway will reduce consultant appointments and ensure that patients are offered alternative therapy where this is clinically suitable.
In addition, in Orthopaedics there has been promotion of nurse led fracture clinics. There will be a further increase in nurse led clinics in the coming months.

In Dermatology, guidelines for Primary Care have been launched and these will support more appropriate referrals into the acute division over the coming months. This has also been supported with training sessions delivered to GPs by the Dermatology Consultants.

The migration to the new hospital later this year will make maintaining current performance and meeting waiting time targets particularly challenging. The Access Team is developing a trajectory that will allow capacity for the migration while ensuring that any required 'downtime' is reduced.

Discussions with the Golden Jubilee National Hospital have already commenced in advance of the move to provide some additional support.

11. Unscheduled Care

NHS Dumfries and Galloway continue to work toward implementing the 6 Essential Actions to Improving Unscheduled Care.

There are a number of areas that have been progressed including the implementation across all DGRI wards of Daily Dynamic Discharge (DDD). This is a Scottish Government initiative for all wards to provide a brief handover on all patients, identifying their Estimated Date of Discharge (EDD) and check, chase and challenge any actions to support an effective discharge. The Improvement Team along with the Management Team continue to attend the ward DDD meetings to provide support and embed the culture of check, chase and challenge.

Leading on from the implementation of DDD the Acute Improvement Team, with the support of the National Unscheduled Care Team, recently held an In/Out Balance workshop. This was attended by both Acute and Primary Care staff and highlighted the importance of balancing demand and capacity. It is hoped that this will help staff identify their In/Out Balance for each ward which will support the DDD process.

The team also held a debrief meeting following the festive season identifying “what went well” and “what could have been better”. The output of this event is currently being drafted and will be shared with the wider team across the region to ensure lessons are learned.

Over Christmas and New Year, DGRI had additional staff on duty during the public holidays in an attempt to improve patient flow and ensure that the two, four day holiday periods were well supported. A rota was produced for availability of all teams, on call support and contacts which was shared across the hospital to improve communication and identify availability of resource. The acute team will continue to learn lessons from public holidays and identify improvements to trial over the next public holiday weekends. This is aiming towards the ‘Essential Action of Seven Day Services’.

At weekends there is now AHP, Social Work, Pharmacy and a Discharge Doctor available to ensure that patient flow is maintained on a seven day basis. However, it has been difficult to ensure consistent medical input due to reduced availability of middle grade doctors. A concentrated effort throughout the coming months to recruit to vacancies and ensure that new middle graders have weekend working within their timetable should support discharges at the weekend.

There have been a number of instances recently where there has been crowding with the Emergency Department (ED) due to significantly high numbers of ED attendances. Work with the ED and acute medical receiving teams on contingency and escalation plans has commenced and will be taken forward over the coming months to mitigate risks and improve flow.

In addition, to the national work, the Improvement Team held two ‘Flowopoly’ events, these were extremely popular with the clinical teams as it provides a unique visual way of looking at the flow of patients throughout the hospital using our own data on a good and bad day. The plan for the coming year is to undertake similar workshops within the community and within GCH.

12. Mental Health

Psychology

Appointments to posts in psychology have contributed to the reduction in waiting times.

Scottish Government access funding has been utilised to pilot primary care based psychological interventions, enabling psychological therapies to be delivered within primary care settings. There has also been investment in e-health solutions such as computerised cognitive behavioural therapy (cCBT) and projects to tackle loneliness and functional difficulties in older adults. Posts have been recruited to and these tests of change are in the early stages of implementation. A range of outcomes for these test of change have been identified and measurement against these will be commence in 17/18.

We will continue to seek to identify future funding streams in order to continue to test new ways of working within psychology.

Interventions in Dementia Education Assessment and Support (IDEAS) Team

The IDEAS Team is now firmly embedded across all four localities, delivering a 3 tier Dementia Education Programme in line with Promoting Excellence Framework, Dementia Standards and the Mental Welfare Commission Dignity & Respect report. Over 1000 staff across health, social care third and independent sector have participated in the programme and this will continue to run throughout 2017-18.

Further educational initiatives will be introduced through excellent academic links and joint projects with NHS Education Scotland (NES) & University of the West of Scotland (UWS).

The IDEAS team also provides expert advice and consultation to all health and social care partners regarding the management of stress and distress for people living dementia. The team is now progressing to supporting Carers to enable people to with dementia to remain in their own home.

The Stress and Distress Pathway is now being embedded across services to improve sharing of information and continuity of person centred care. This development will continue throughout the coming year.
The IDEAS team will continue to support the alignment of the standards required by inspection and scrutiny bodies and service providers.

Primary Mental Health Liaison

Liaison services in primary care are being tested in two localities to improve efficiency and effectiveness ensuring people receive an appropriate level of treatment or support, quickly. Work will also focus on prevention and maximising the use of community resources.

New approaches for supporting people with long term mental health conditions to better manage their physical health will be tested in two localities. This recognises the importance of parity between physical and mental health and reducing health inequalities.

Perinatal Mental Health Care

A model of Perinatal Mental Health care has been designed to meet needs across the region. Perinatal Mental Health care using a multi-agency pathway approach has been developed. This work has been recognised both locally and nationally.

This model includes linkworkers with a special interest in Perinatal Mental Health in each of the Community Mental Health Nursing Teams, Midpark In-patient Service, Specialist Drug and Alcohol Service, CATS, Psychology, AHPs and the Learning Disability Service. These staff meet quarterly with colleagues from maternity services to share training, discuss best practice facilitatating reflective practice and a shared learning approach. The linkworkers role is to cascade information and provide training advice and support to colleagues

Local linkworkers also have a role as members of Maternal Mental Health Scotland and they contribute to national developments/conferences. The next phase of the Mental Health Scottish Patient Safety Programme will include perinatal mental health.

The Perinatal Mental Health Care Pathway is currently under review to ensure a whole system approach is taken.

Home Based Memory Rehabilitation

Home Based Memory Rehabilitation (HBMR) is a key element of post-diagnostic support (PDS) for people living with a diagnosis of dementia in Dumfries and Galloway. This early Occupational Therapy (OT) intervention supports families to build resilience and forward plan. It also teaches people who are diagnosed early to self-manage their condition for longer.

On-going improvements in the local delivery of HBMR includes

- ensuring equity of access
- working with patients and Carers to co-produce information resources
- working collaboratively to achieve earlier diagnosis and access to PDS

Adopting a ‘Once for Scotland’ approach, the mental health OT service in Dumfries and Galloway is currently leading a national roll-out of HBMR, supporting 11 Scottish health boards to develop knowledge, skills and resources to deliver the intervention in their areas. This work also includes the development of a national evidence base that will be used to help identify and meet increasing demand for early interventions that help preserve independence and reduce care-giver strain.

13. Digital Health

Technology Enabled Care (TEC) is the use of a range of digital and mobile technologies to deliver health and social care and support at a distance. Making the best use of technology is identified as one of the top 10 priorities within the Integration Joint Board's Strategic Plan for Health and Social Care.
Achieving this will contribute significantly towards progress against many, if not all, of the 9 national health and wellbeing outcomes. Embedding technology is essential in delivering service improvement, innovation, efficiency and change agendas as outlined in the Scottish Government's 2020 Vision for example.
In Dumfries & Galloway over the years, a variety of tests have been undertaken in relation to TEC. Tests, by design, have been small scale and time limited. Testing has left small pockets of good practice through Dumfries and Galloway. It is the ambition of the TEC programme to scale up these pockets of good practice and apply them consistently throughout the region.

To support this work, a TEC Programme to support the development of new models of care and supports new ways of working is currently being drafted. This will focus on the use of technology to support self management of long term conditions and access services online such as computer based Cognitive Behaviour Therapy. Dumfries & Galloway is one of the test sites for the video conferencing software NHS 'Attend Anywhere' and work is progressing linking a GP practice to a care home. As well as this work, Dumfries & Galloway is involved in a European Interregional co-operatibility project called mPower. The focus of this work is to utilise technology to support the over 65's to access primary care services over the next five years starting in 2017/18.

More specifically in 2017/18 we aim to:

- Implement two new virtual clinics with 20 patients using the clinic
- Support 300 people to access specialist services using video conferencing e.g. Clinical advice in to a community hospital or access to GP services via a Care home
- Commence work on introducing systems to support self management such as text messaging services and/ or supported remote monitoring
- Introduce self service kiosks in GP practices to take a range of clinical measurements such as blood pressure

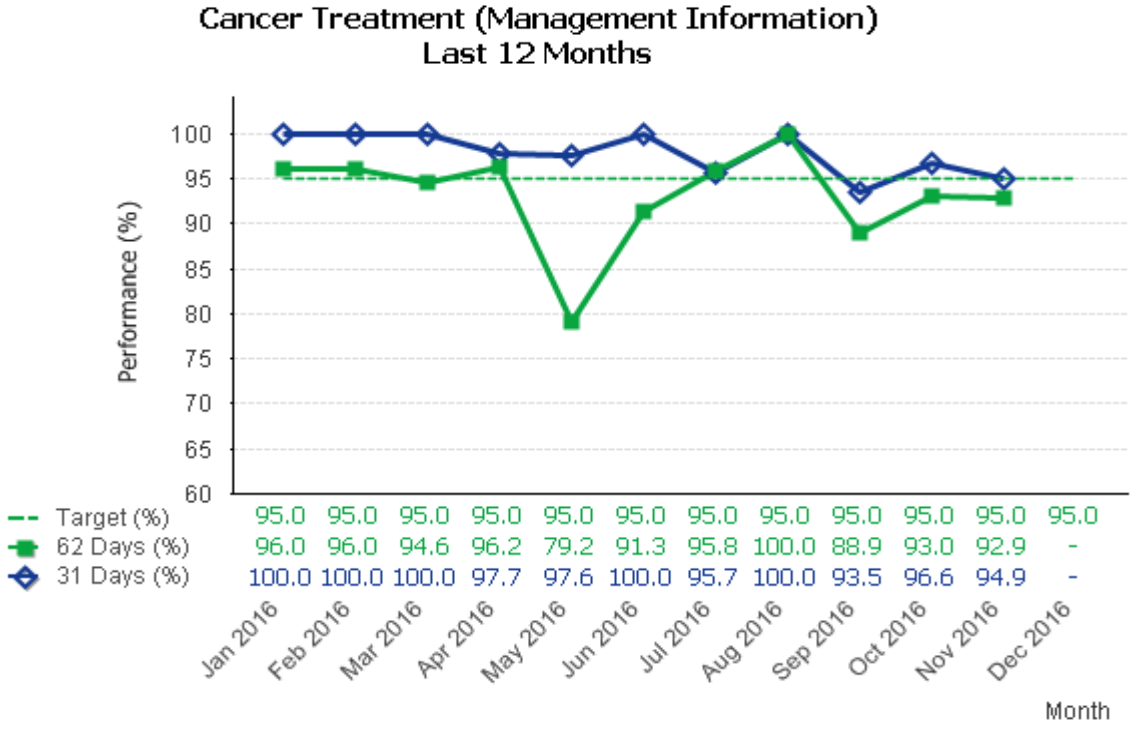
Section Two:
LDP Standards

1. Detect Cancer Early

Board Lead: Carole Morton – Interim Deputy General Manager – Acute & Diagnostics

Monthly Trend – management information

Most recent period of measurement	Waiting Time Standard	Target	Actual
November 2016 (Management Information)	31 days from decision to treat to first cancer treatment	95%	**94.9%**
	62 days from urgent referral with a suspicion of cancer to first cancer treatment	95%	**92.9%**



Analysis

Performance for the 31 and 62 day targets were both below the 95% target in November 2016. Performance against these targets has been more erratic in 2016/17 than in previous years indicating ongoing capacity challenges.

Forecast 2017/18:

The significant bed pressures and also considerable capacity pressures within diagnostics have had an impact. All pathways are continually being monitored to ensure as little deviation from the target as possible.

2. Dementia Post Diagnostic Support

Board Lead: Denise Moffat – Community Mental Health Nurse Manager

Current Performance: The LDP Standard has 2 elements:

In order to effectively monitor performance of Post Diagnostic Support (PDS) delivery, a national Local Delivery Plan (LDP) Standard (formerly a HEAT Target) was introduced (through Scotland's 2nd National Dementia Strategy) in 2013. It guaranteed to deliver expected rates of dementia diagnosis and by 2015/16 all people newly diagnosed with dementia will have a minimum of a year's worth of Post-Diagnostic Support coordinated by a Dementia Link Worker (DLW), including the building of a person-centred support plan.

Number of People on the Primary Care Registers
The LDP Standard continues to call for expected rates of dementia diagnosis to be met – the Quality Outcomes Framework disease register data is still being extracted but not published due to decommissioning in the near future. The Dumfries & Galloway diagnosis rate is sitting slightly below the 50% overall target for diagnosis rates and continues to show a variance across the 4 localities.

Figures from November 2016 show a region wide increase of 1.5% from the previous reporting period:

	Dementia Diagnosis Rates	
Locality	**Jan 2016**	**Nov 2016**
Annandale and Eskdale	46%	45%
Nithsdale	54%	53%
Stewartry	46%	45%
Wigtownshire	50%	52%
Dumfries & Galloway	**47.3%**	**48.8%**

In terms of locality variance, this may be influenced by a variable care home population in each locality.

The first publication to report on performance against the LDP Standard was released late January 2017 and details national and local performance data within the 2014/15 financial year. Given the infancy of the PDS service there is no set threshold that must be met with regard to the LDP Standard. However, recently reported figures by ISD are indicative of current service delivery and are to be used to aid service improvement in the expectation that diagnosis rates will increase and that everyone newly diagnosed with Dementia will be offered PDS in the future.

Number of people diagnosed with Dementia who have had at least 12 months of Post Diagnostic Support (PDS).

NHS Dumfries & Galloway are performing at an 82% success rate (% delivered against the Standard) for those referred for PDS, which is almost 10% above the Scottish rate.

The latest ISD reporting, of NHS Board performance against the LDP standard for financial year 2014/15 showed NHS Dumfries & Galloway successfully delivered post diagnostic support to 82% of people referred, compared to 73% for Scotland.

Dumfries and Galloway (figures provided as a percentage)

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16
80.0	78.3	86.4	69.0	46.7	30.0	17.9	0.0	0.0	0.0

Scotland (figures provided as a percentage)

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 15
66.9	63.4	64.8	58.0	48.7	46.3	39.9	23.6	5.4	2.6

Forecast 2017/18:

Comparative management figures detailed above show local attainment of the LDP standard in D&G is consistently better than Scotland once the records are complete. Although the Quality Outcome Framework disease register prevalence data is not being published and will be decommissioned in the near future, the LDP Standard continues to call for expected rates of dementia diagnosis to be met. Work is ongoing in D&G to continue this improvement and we continue to examine and analyse data on a locality, regional and GP level. Established links with GP practices provide ongoing discussions with regards increasing dementia diagnosis rates across the region.

In terms of the PDS element of the target, the accuracy of data collected continues to be questionable due to the data collection system being not sophisticated enough to highlight individual variance, for example, some people will not receive 12 months PDS due to a variety of reasons, such as, choice, capacity etc. The 12 month PDS model which is based on The Five Pillars methodology developed by Alzheimer Scotland is not fully appropriate for people diagnosed with dementia in the later stages, however, a new model based on The Eight Pillar methodology has been piloted in five regions in Scotland; the evaluation report is due to be published soon.

Ongoing local work on the completion of the data collection spreadsheet has resulted in significantly fewer errors being returned monthly by ISD. However, there remains wide variability in its completion due to it being time-consuming and complex. We are working with ISD and Scottish Government to improve this and PDS board leads will be attending national workshops followed by local engagement sessions within the boards to improve performance reporting, improve the data quality for the data set, and standardise and streamline the process.

The accuracy of prevalence and incidence rates have also been regarded as being questionable. A recent report published by the Scottish Government in 2016 provides an estimate and projection at health board level for the annual number of people newly diagnosed with dementia (incidence) in order to inform the reporting and contextualisation of the PDS performance data.

This report highlights the limitations of the incidence estimates such as their basis on the data of three health boards and being subject to service delivery models and processes that may be different between regions. However, it is estimated that in the 2014/15 financial year the 330 individuals referred to the PDS service in NHS D&G represented 54% of the estimated diagnosed incidence of dementia in the region. Scotland was at 40% for this same period.

A process mapping exercise in relation to PDS across all four localities is well underway and will, in addition to having identified gaps, barriers, inefficiencies and efficiencies, incorporate access from other services which will in turn improve dementia diagnosis rates. This integrated approach to working will ensure that people with dementia and their families receive the highest standard of consistent and appropriate care.

Work is currently underway in NHS D&G to improve the dementia review service for people with dementia whilst creating capacity within the system.

Scotland's 3rd National Dementia Strategy, 2016-2019, is overdue and expected to be published early 2017. Proposals for this strategy include a commitment to improve the consistency of PDS in each health board – this will include the testing of PDS services in Primary Care, with the aim of making the prospect of getting a diagnosis and accessing PDS easier and less daunting for individuals and families. NHS D&G Mental Health directorate have commenced working with a Primary Care cluster in Nithsdale and propose to prepare a bid to become one of two 'Innovation Sites' in Scotland to support the delivery of effective and sustainable post-diagnostic support for people with dementia.

3. Access Standards

Board Lead: Carole Morton – Interim Deputy General Manager – Acute & Diagnostics

In-patients / Day-cases Treatment Time Guarantee

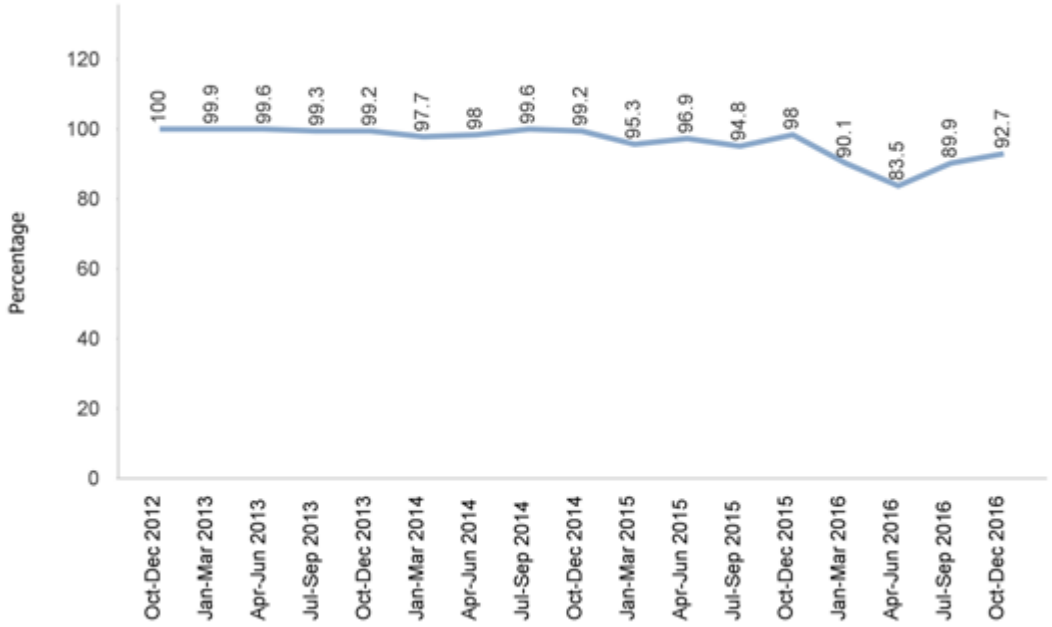
Dumfries & Galloway's performance has improved from 83.5% in April to June 2016 to 92.7% in October to December 2016.

Official statistics recently released by ISD indicated that across Dumfries & Galloway 267 people who were treated between July and September 2016 had waited more than 12 weeks. This was a significant decrease from the previous quarter where 445 people treated between April and June 2016 had waited more than 12 weeks.

There were 780 in-patients / day cases in the month of December 2016 and of these, there were 45 TTG breaches (5.8%). The 12 month trend is shown in the table below.

Trend

Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks



There have now been a total of 1756 TTG breaches since October 2012 when the legal guarantee came into place. During this time, a total of 43,411 patients have been treated, with TTG breaches representing 4.0% of this total.

	Apr 2015 - Dec 2015	Apr 2016 - Dec 2016
Inpatient/Daycases Treated Outwith Guarantee Date	279	899
Inpatient/Daycases Treated Within Guarantee Date	7732	6971
Proportion Breaching Guarantee	3.6%	12.9%

Forecast 2017/18:

There are similar challenges across Scotland, with most areas reporting worsening waiting times in the last 12 months. There is a risk that Dumfries & Galloway will again not meet the 100% Treatment Time Guarantee going forward.

Throughout 2016 many of the specialties have faced similar challenges when delivering on TTG. Unexpected medical staff absence throughout the year, retirement of consultants, use of locum staff and in some specialties being unable to secure high quality locum cover contributed to issues in ensuring all patients met the 12 week TTG target.

Dumfries & Galloway continues to strive to achieve the Treatment Time Guarantee. Weekend operating lists are being run in an attempt to try and accommodate people where possible.

In Ophthalmology, nurses are being trained to undertake eye injection clinics to improve the current waiting times for people with macular degeneration and ensure that the TTG in this area is met. These new clinics commenced in February 2017.

In Orthopaedics Allied Health Practitioner (AHP) triaging has been introduced. This has reduced the number of referrals going to orthopaedic specialty and reduced the waiting list.

Out-patients

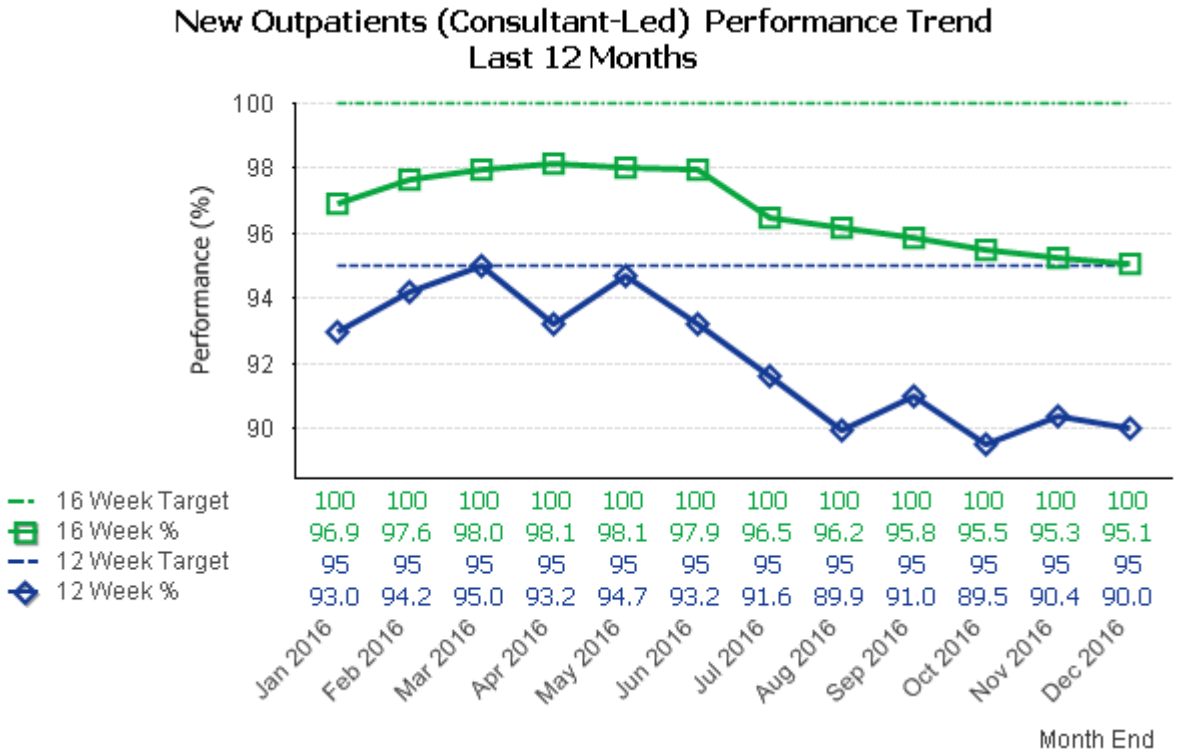
At the end of month snapshot, there were 5,300 people waiting for a consultant-led new out-patient appointment. Of this total there were 531 breaches (10.0%) of the 12 week out-patient standard. It should be noted that measurement of out-patient waiting times has been changed to mirror that of in-patient waiting times since July 2014, this following the calculation rules described within the TTG regulations.

Trend

Across Dumfries & Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 90% in December 2016.

Dumfries & Galloway's performance is currently below the national target of 95% and has declined since May 2016 when the percentage was 95%.

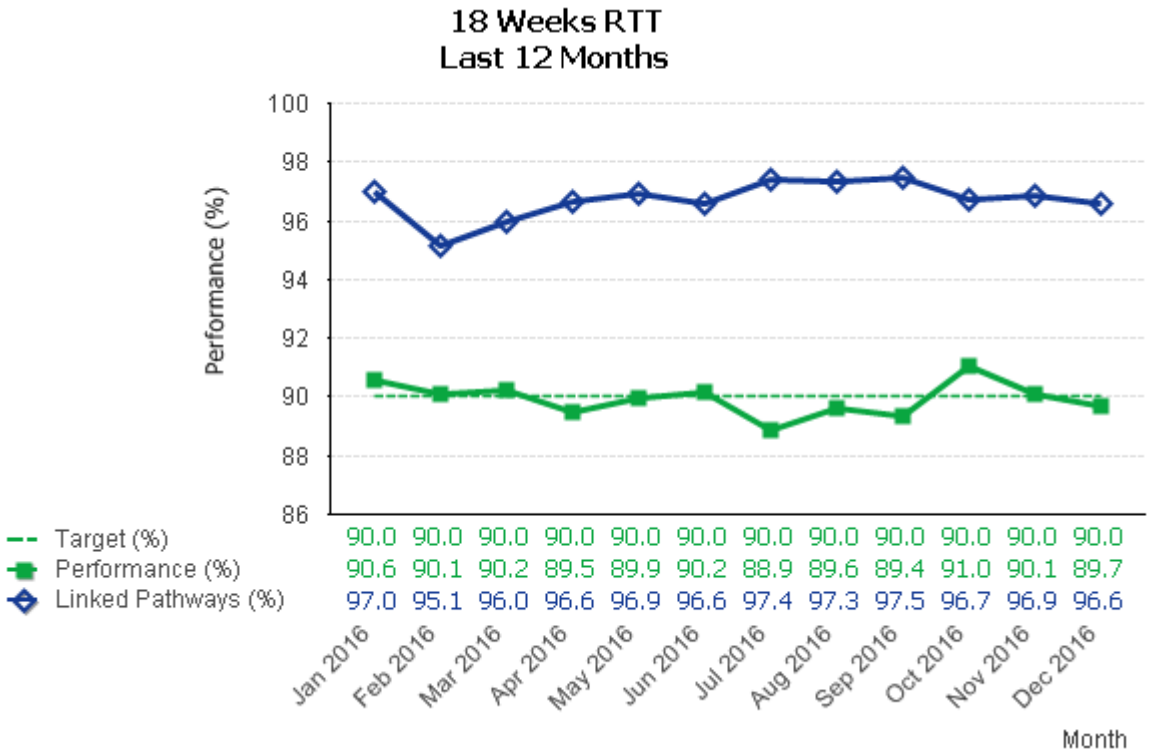
The most recent nationally published figures are for the quarter ending September 2016 when the rate for Dumfries & Galloway was 90.0%, compared to the Scottish rate of 88.9%. At this time there were 2,661 people listed of which 267 had waited more than 12 weeks. Despite the recent marginal drop in Dumfries & Galloway's performance, the region remained the fourth best performing health board across Scotland.



Improvement Actions

A pilot where allied health professionals (AHPs) triage orthopaedic referrals, combined with close working between AHPs and orthopaedic consultants commenced in November 2016. The aim is that people will see the most clinically appropriate person in the first instance. Indications are that this could signpost 20 – 40% of people more appropriately. It is anticipated that this approach will reduce waiting times and smooth the patient journey.

Measure	Period	Target	Actual
Linked Pathways	December 2016	90%	96.6%
Performance	December 2016	90%	89.7%



Analysis

The linked pathways have been consistently above the 90% target for the last 12 months, and have increased slightly since the equally good performance last year. The rolling programme of training for medical secretaries and the patient access team around the use of the “Unique Care Pathway Number” has resulted in sustained levels of performance around the 95-97% level for the last 18 months.

4. Early Access to Antenatal Care

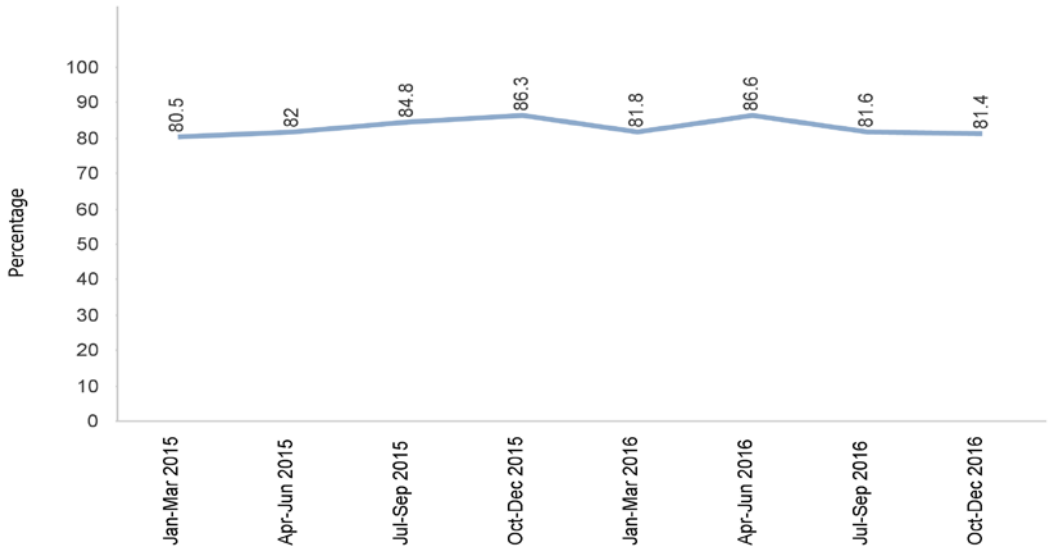
Board Lead: Joyce Reekie – Head of Midwifery

Current performance:

Between October and December 2016, across Dumfries & Galloway 81.4% of pregnant women were booked by the 12th week of gestation. Dumfries & Galloway's performance is above the national target of 80%.

Deprivation and performance amongst the most deprived communities is a key focus for this indicator with the Scottish Government stipulating that the target of 80% should be achieved across all quintiles of the Scottish Index of Multiple Deprivation (SIMD). The most recent nationally published results available are for the financial year 2014/15. At this time, the booking rate amongst the most deprived areas of Dumfries & Galloway (SIMD12 Quintile 1) was 81.7% with all other areas achieving higher rates. The corresponding rate for Scotland was 82.3%.

Early Access (booking by 12 weeks) to Antenatal Service



Implementation of the Badger Maternity Information system in October 2016 has helped to streamline the referral process with direct electronic referral to midwives rather than clerical teams. Previous pregnancy records are now accessed through eCasenote providing instant access to past clinical information that is required for the booking process.

Through multi agency working and appropriate information sharing, more vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams.

Forecast 2017/18:

It is anticipated that Dumfries & Galloway will continue to achieve the target of 80% and that the current risk of failing to achieve this standard is minimal.

5. IVF Treatment Times

Board Lead: Angus Cameron – Medical Director

Current Performance:

The Scottish Government have set a target that at least 90% of eligible patients will commence IVF treatment within 12 months. This was due for delivery by 31 March 2015.

During the quarter ending September 2016:

- 387 eligible patients were screened at an IVF centre in Scotland. This compares to 398 in the quarter ending June 2016.
- 100% of eligible patients were screened for IVF treatment within 365 days.
- Two thirds of patients were screened within 182 days.
- 6 people were referred from Dumfries & Galloway; all were seen within 182 days.
- For the last seven quarters in succession, 90% Scottish target has been met.

Forecast 2017/18:

Individuals from Dumfries and Galloway are referred when the national access criteria has been met along with national guidelines. Ongoing dialogue is taking place with tertiary centres to improve performance where possible. Dumfries and Galloway will continue to work to ensure that referrals are processed to tertiary centres as timely as possible.

6. Faster Access to Mental Health Services – CAMHS

Board Lead: Elaine Wylie – CAMHS Nurse Manager

Current Performance:

CAMHS are achieving the 18 week referral to treatment target of 90%.

The last quarter of 2016 is due for publication March 7th 2017.

D&G performance, 'under 18 weeks experienced waiting times from referral to treatment'.

Quarter	% Under 18 Weeks	
	D&G	Scotland
Quarter ending Sep-15	95.9%	73.1%
Quarter ending Dec-15	99.0%	76.2%
Quarter ending Mar-16	96.2%	84.4%
Quarter ending Jun-16	94.2%	77.6%
Quarter ending Sep-16	92.2%	78.8%

NHS Dumfries & Galloway median waiting times for referral to treatment are 6-10 weeks over these quarters compared to Scotland performance of 8-10 weeks.

Forecast 2017/18:

Locally CAMHS will aim to continue to achieve the target, compliance has been 100% since introduction of RTT.

However the margins for this are becoming closer and rising referral rates are relevant in predicting performance.

Currently the management of new referrals is informed by Choice & Partnership Approach (CAPA) which is used by many CAMHS teams in the UK.

7. Faster Access to Mental Health Services – Psychological Therapies

Board Lead: Dr Louise Cumbley, Director of Psychology.

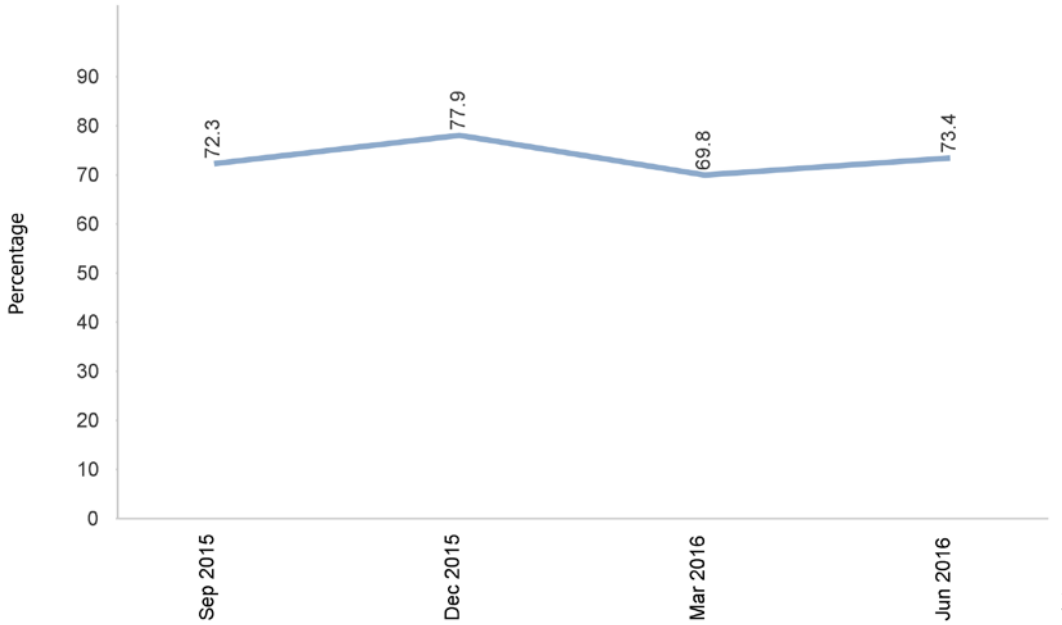
Current Performance:

The percentage of eligible people who commenced psychological therapies within 18 weeks of being referred across Dumfries & Galloway was 68% as of 31st August 2016 against a target of 90%. Dumfries & Galloway has experienced a marginal decrease in performance between July 2016 and August 2016.

Approximately 240 people are seen every month by Psychological Therapies across Dumfries & Galloway. Since July 2016 there have been additional long-term absences that have reduced capacity in the psychological therapies teams. This is due to end by summer 2017.

The most recent nationally published figures are for the quarter ending September 2016 for Scotland was 79.6%. Performance across health boards varied greatly, ranging from 44.6% to 96.9%.

Percentage of eligible patients who commenced psychological therapies within 18 weeks of being referred



on waiting times however, given the length of waits, this impact may not be realised until the 3rd or last quarter of 2017/2018.

Alternative approaches, such as computerised CBT (cCBT) and increased waiting list initiatives such as group work are starting. The cCBT licence has been secured and the administrator is in post. It is anticipated that first referrals will be taken from 1st March 2017. The TEC target is 200 patients commencing with treatment across the 24 months project.

8. SAB and C.Diff

Board Lead: Elaine Ross – Infection Control Manager

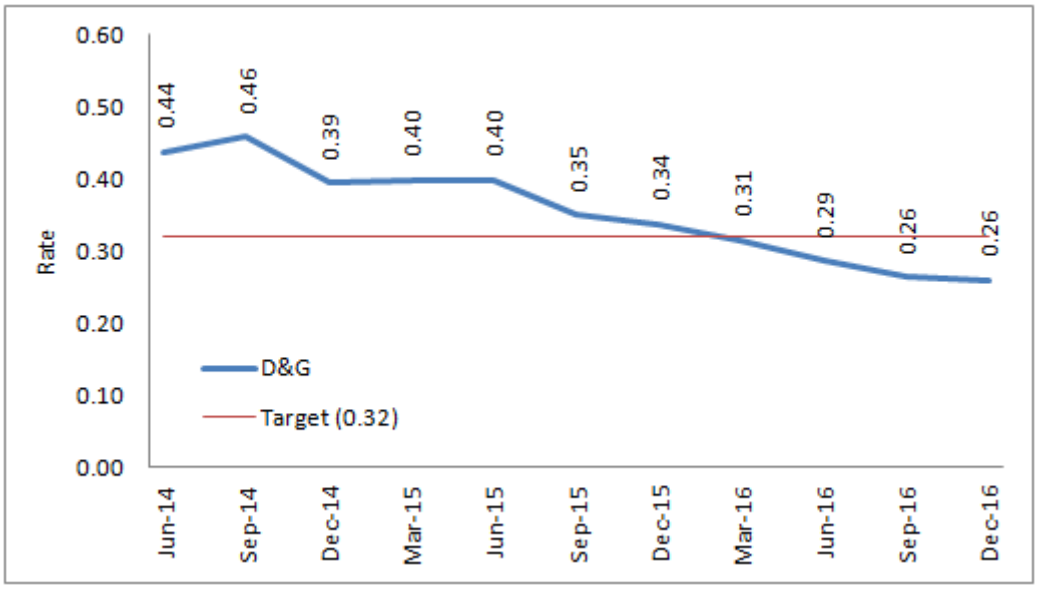
Current Performance:

Clostridium Difficile Infections

The infection rate for Clostridium difficile for the 12 months ending 31th December 2016 was 0.26 cases per 1,000 total occupied acute bed days. This is the lowest infection rate in two years.

Scotland now has the lowest levels of Clostridium difficile infection ever seen and may have reached a plateau after around a decade of sustained improvement activity focused on optimal antimicrobial prescribing, hand hygiene and cleanliness of the environment.

Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days (excluding maternity and psychology)



	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sept 16	Jan 16 - Dec 16
Actual Performance	0.31	0.29	0.26	0.26
Target	0.32	0.32	0.32	0.32

Forecast 2017/18:

It is anticipated that the low infection level will be maintained. Improvement actions more recently have centred on improving patient experience.

An infection prevention risk assessment is part of admission documentation and Root Cause Analysis is in place for each case of C. difficile either in hospital or the community.

IC net is used for recording patient care including completion of a CDI checklist. All patients admitted to hospital who have previously had a C. difficile positive result will cause an alert on the IC net system that enabling the infection control nurse to discuss with the ward if there is any recent history of diarrhoea or any potential antibiotic triggers.

All inpatients in acute or cottage hospitals are visited by an Infection Prevention and Control Nurse (IPCN) who provides them with verbal and written advice and a card to present to prescribers should they require antibiotics in the future. This is intended to alert the prescriber to an increased risk of a C. difficile recurrence and has the prescribing website address printed to support compliance with the antibiotic policy.

All individuals who are not inpatients and have a C. difficile positive sample reported by DGRI microbiology laboratory are contacted by the Infection Prevention and Control Nursing team by telephone and the prescribing advice card is sent by post. Advice is also provided regarding cleaning and washing of clothing together with information about the infection. This has been very positively received by individuals and their families and Carers.
Chlorine releasing agents are used across all sanitary areas and at times of increased incidence of infection in NHS Dumfries & Galloway.

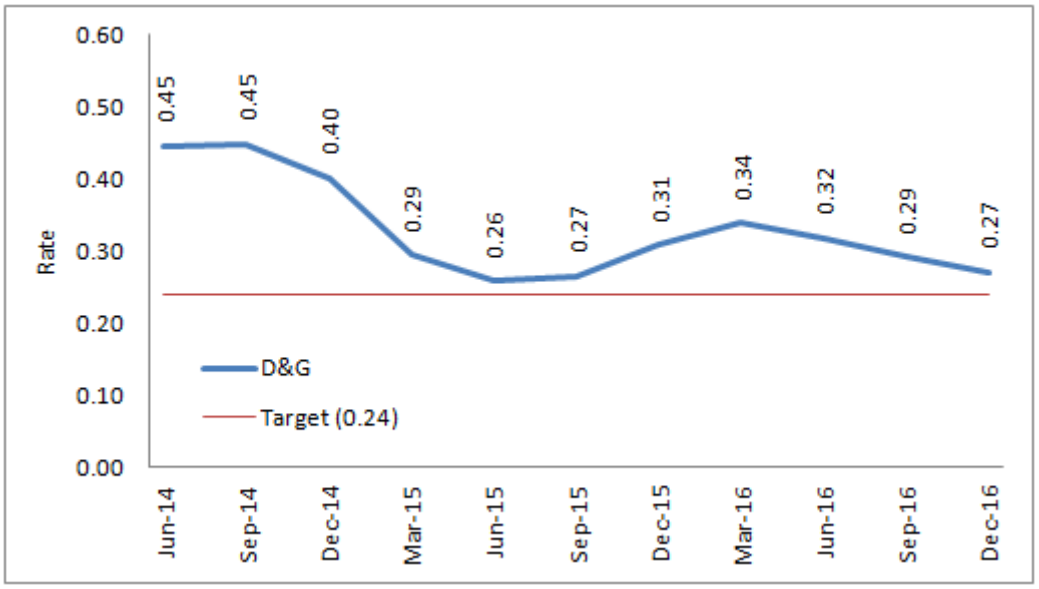
Staphylococcus Aureus Bacteraemia

NHS Dumfries & Galloway were expecting to meet the target for March 2017 however; an increase in SAB occurring in intravenous drug users (IVDU) in the later part of the reporting period has meant that this target will not be met.

The infection rate for Staphylococcus aureus bacteraemia (SAB) the 12 months ending 31st December 2016 was 0.27 cases per 1,000 acute occupied bed days. This is an improvement on the previous quarter.

Since March 2016, this rate has decreased and is close to the national target of 0.24 cases per 1,000 acute occupied bed days.

Across Scotland invasive medical devices continue to be a leading cause of SAB together with skin and soft tissue infections and intravenous drug use. There has been a recent rise in the number of SAB infections in individuals who inject drugs.
The rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 1,000 acute occupied bed days



	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sept 16	Jan 16 - Dec 16
Actual Performance	0.34	0.32	0.29	0.27
Target	0.24	0.24	0.24	0.24

Forecast 2017/18:

There is good potential for meeting this target in the coming year, with the sustained efforts of the infection control team and the clinical teams they advise.

Preventable SAB are logged onto the DATIX incident management system. More recently these have been investigated by the clinical teams involved and have led to developments in practice such as a new nephrostomy care bundle.

A weekly review of patients with infections in hospital takes place with the Consultant in Infectious Diseases, the Consultant Microbiologists, an Infection Prevention and Control Nurse (IPCN) and Microbiology laboratory representatives. This supports optimal prescribing that will have a beneficial effect on C .diff rates and also treatment for SAB to reduce mortality and the lessen risk of recurrence.

The DGRI Emergency Department has focused on reducing the number of peripheral vascular cannula (PVC) inserted. This appears to be having a positive impact with no SAB associated with PVCs this year.

There is ongoing work around reducing urinary tract infection and urinary catheter use across the region which is now involving care homes and this is supported by the patient safety and improvement teams and the care home education facilitators.

A multiagency problem assessment group met and will continue to meet to address the complex issues that lead to an individual who injects drugs developing a SAB. Fact sheets have been developed and distributed locally by the drug outreach worker. Work with Scottish National Drugs Forum around education and development of awareness raising materials is ongoing.

Collaboration between the Infection Prevention and Control and the Health Protection and Alcohol and Drug teams has been helpful in providing appropriate support in hospital, signposting to services and supporting contacts through the provision of information leaflets.

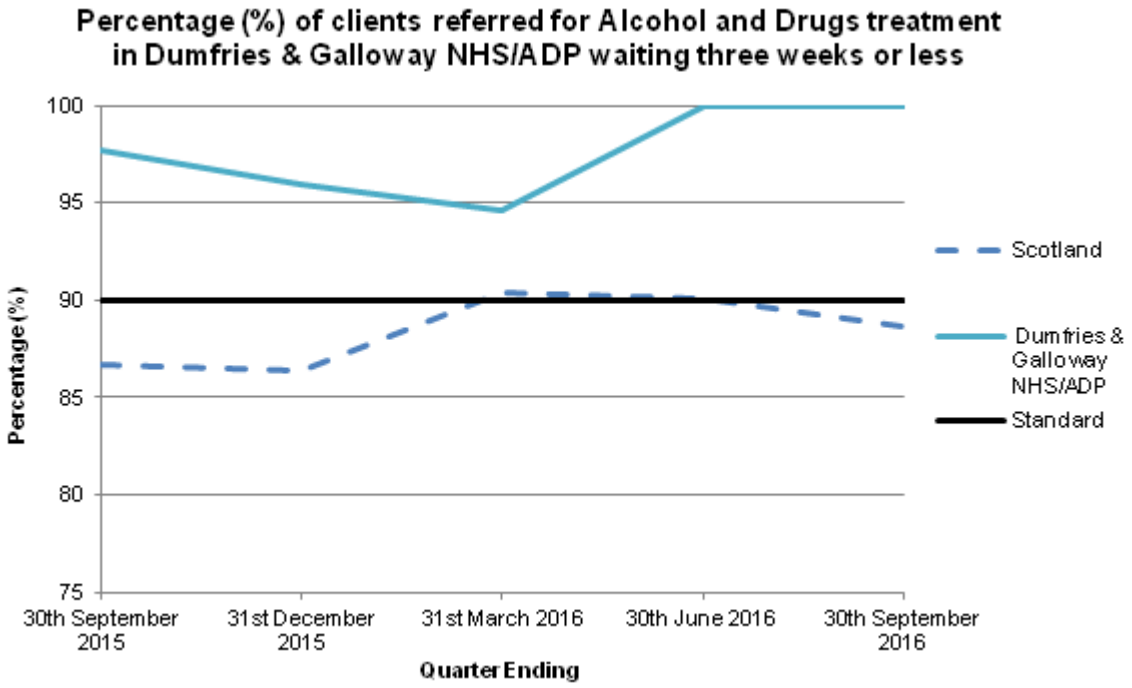
A patient safety CAUTI improvement group is in place.

9. Drug and Alcohol Referral to Treatment Standard

Board Lead: Jackie Davies – ADP Coordinator

Current Performance:

Latest published figures (July – Sept 2016) show that Dumfries and Galloway Alcohol and Drug Treatment providers achieved 100% of clients starting treatment within 3 weeks of referral and have consistently achieved the minimum of 90% over the previous year as shown below.



Forecast 2017/18:

Continued monitoring of statutory and Third Sector drug and alcohol services waiting times during 2017/18 will ensure early detection of any issues and actions identified to address them where necessary.

High levels of staff sickness absence can be an issue that affects the waiting times for clients, however statutory and Third Sector drug and alcohol services are already putting processes in place to address this and it is anticipated that the waiting times target will continue to be achieved for the coming year.

10. Alcohol Brief Interventions

Board Lead: Jackie Davies – ADP Coordinator

Current Performance:

Annual target of 1743.

Total delivered between April 2016 and Dec 2016 was 499 which equates to 29% of the total required for the year.

2016/17 (ABIs)	Primary Care	A&E	Antenatal	Wider settings	Health Board Total
ABIs delivered between 01 April 2016 - 30th June 2016 (Q1)	**139**	**8**	**0**	**0**	**147**
ABIs delivered between 01 July 2016 - 30th September 2016 (Q2)	**111**	**3**	**0**	**0**	**114**
ABIs delivered between 01 October 2016 - 31st December 2016 (Q3)	**216**	**7**	**0**	**15**	**238**
ABIs delivered between 01 January 2017 - 31st March 2017 (Q4)					

Forecast 2017/18:

Funding ceased in March 2016 for the Public Health Improvement Teams to ensure staff were being trained, ABIs were being delivered and numbers collated. ABI delivery has been challenging as it is not currently embedded in the required settings and it is highly likely that the target will not be met for 2016-17.

The following actions have been identified to address the current issues

1. Smoking Matters have been in discussions with the ADP Coordinator around a possible project to include Smoking Matters Advisers delivering ABIs as part of the service.

2. Criminal Justice Social Work will explore whether they are already delivering ABIs but not recording or sending figures and will liaise with the ADP Support Team around data collection.

3. A data scoping exercise is underway with Primary Care, Criminal Justice Social Work, Accident & Emergency Departments and others to determine whether they are delivering ABIs, if they are being recorded and if there are issues with IT, recording or processes.

4. If it is identified that it is an IT issue, the ADP Support Team will liaise with the relevant IT department/systems operator to ensure data can be easily extracted from the system.

5. If it is identified that the reason for non compliance is a training issue, it will require a dedicated resource to coordinate this stage. This piece of work would aim to link with locality managers to:
    - Identify Trainers (possibly from previous list and/or new ones)
    - Identify who needs trained
    - Organising training
    - Ensuring data recording systems can easily provide the required ABI numbers and supporting Primary Care and the other identified wider settings to embed ABI delivery and reporting in their organisation

11. Smoking Cessation

Board Lead: Trish Grierson – Tobacco Control Service Manager

Current Performance:
A more ambitious LDP standard was introduced in April 2016. The standard was to achieve at least 9,404 successful quits across Scotland, at 12 weeks post quit, in the 40% most deprived within-Board SIMD areas (60% for island NHS Boards) over 1 year ending March 2017. The data for this is not yet available.

Dumfries & Galloway	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Number of Quit Attempts	2 133	2 517	2 913	3 349	2 866	1 828	1 694
Number of 3 Month Quits	480	540	556	635	539	385	424
D&G: 3 Month Quit Rate	22.5 %	21.5 %	19.1 %	19.0 %	18.8 %	21.1 %	25.0 %
Scotland: 3 Month Quit Rate	17.1 %	16.6 %	15.7 %	15.0 %	14.1 %	19.1 %	21.6 %

Source: ISD, NHS Smoking Cessation Service Statistics (Scotland) for financial years 2009/10 to 2015/16.

The number of quite attempts have been going down over time, but the proportion that are successful at 12 weeks has been going up and is consistently higher than for Scotland.

	All areas			Most Deprived				
2015/16	Attempts made	Three month quits	Quit Rate	Attempts made	Three month quits	Quit Rate	LDP Standard	Percentage of LDP Standard
D&G	1,694	424	25.0%	970	205	21.1%	207	99.0%
Scotland	64,736	13,965	21.6%	39,062	7,947	20.3%	7,278	109.2%

Source: ISD, NHS Smoking Cessation Service Statistics (Scotland) for financial years 2009/10 to 2015/16.

Dumfries & Galloway only marginally missed the LDP target in 2015/16 by 1% (target was total 207 quits over one year). The number of quit attempts is more ambitious this year at 230 successful quits at 3 months, an 11% increase.

Forecast 2017/18:

Our board and partners in Local Authority have agreed on a Tobacco Control Plan, and this plan will move forward with a number of important actions that addresses national and local priorities in relation to tobacco use.

The following actions are a sample of the total (27) that have been agreed upon to be delivered over a three year period. All our work will be directed to address tobacco and inequalities:

- Putting an improvement plan in place to address smoking in pregnancy
- Taking a new approach (to be agreed upon) with young people particularly 16-24 year olds, to address high levels of smoking in this group
- Reviewing our work in mental health services (in the acute and community services) and looking for new ways of working such as piloting mental health services deliver smoking cessation
- Supporting the implementation of legislation for Smoke free grounds on the acute sites and ensuring patients and staff are aware of a proactive approach to the management of nicotine addiction when in hospital grounds
- Supporting Dumfries & Galloway council to take forward Smoke free grounds
- Focusing on Looked after and vulnerable children in homes in relation to second hand smoke and smoking cessation
- Continuing to improve upon our service delivery of stop smoking support through specialist services and Community Pharmacy
- Complete year 3 of the AASSIST programme in secondary schools and following the evaluation of the national pilot programme take advice on the continuation of this programme
- Continue and build upon the Tobacco prevention plan for young people across all statutory sectors

12. GP 48hr Access / Advance Booking Standard

Board Lead: Linda Bunney – Head of Primary Care Development

Current Performance:

NHS Dumfries & Galloway has 33 GP practices, 31 with a standard GMS contract, 1 with a Section 17c contract and 1 directly managed by the Board under a Section 2c arrangement. Two of the practices operate an open access system of appointments and 32 practices provide extended hours via enhanced services arrangements.

The results of the 2015/16 Scottish Health and Care Experience Survey published in May 2016 indicate that 89% of those surveyed were able to see or speak to a doctor or nurse within 2 working days. 84% of patients surveyed were able to book a doctor's appointment 3 or more working days in advance; two of the Board's 34 practices have open access (at that time).

Forecast 2017/18:

Four clusters of GP practices on a locality basis are in the early stages of their development. Information from the national summary results of the Quality Outcomes Framework review of access for 2015/16 have been provided to GP practice clusters for their consideration in determining their priorities for the current year.

Following support by the Board one practice continues to use the 'Doctors First' model which introduces initial triage by GP to improve access.

13. Sickness Absence Standard

Board Lead: Caroline Sharp – Workforce Director

Current Performance:

D&G overall sickness absence rate for Dec 16 was 5.32% compared to a NHS Scotland average of 5.55%. The overall 2016 absence rate for D&G was 5.09% set against a national average of 5.23%

Since national monitoring has been undertaken D&G has tended to sit within mid range compared to the other Boards although this year we have moved to the higher end of the range. We are undertaking a detailed review of our absence profile for 16/17 in conjunction with our public health directorate in order to inform our improvement strategy for 17/18, under direction from our staff governance committee.

Forecast 2017-18:

The strategy agreed with the Staff Governance Committee remains that NHS D&G are committed to work to the 4% target with a view to a stretch target of 3.5% for high performing teams.

In addition, we have agreed, in consultation with staff side, a three year strategic change programme to build the health and wellbeing resilience of our workforce.

Our Working Well Strategy and associated action plan includes the following key areas of attention;

- Leadership, Culture and Behaviours
- Policies, systems and processes
- Mental health and wellbeing support
- Education and training, learning and sharing
- Communications

Within each strand of work there are priority areas of focus for 2017/18 followed by subsequent priority areas for action over the 3 year period of the strategy.

14. Emergency Department 4hr Access Standard

Board Lead: Julie White – Chief Operating Officer

Current Performance:

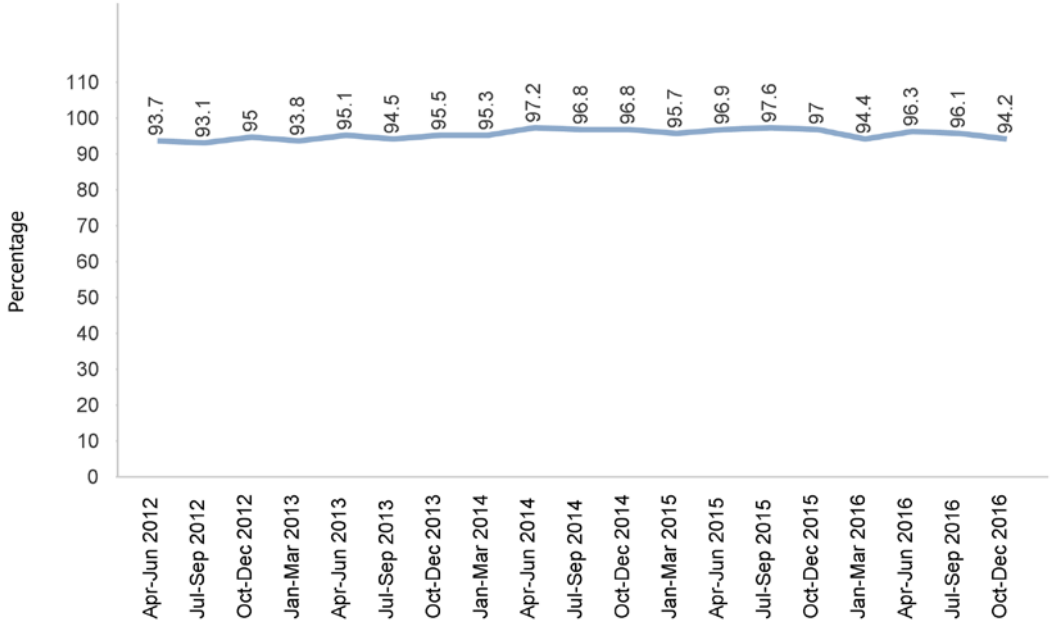
The percentage of people attending accident and emergency who were seen within 4 hours was 94% in between October and December 2016.

Performance against this indicator in Dumfries & Galloway has dipped below the 95% target two quarters out of four in the last year, and is worse than the equivalent periods for the previous year.

In November 2016 there were 3,770 attendances at accident and emergency. Although this is a marginal reduction from the previous month (4,000 attendances occurred during October 2016) this level of activity is busier than the number of attendances that occurred during the same period in previous years: in November 2014 and 2015 there were 3,590 and 3,550 attendances respectively.

In DGRI the three most common reasons for breaching the 4 hour waiting times target was 1) clinical reasons 2) waiting for a bed 3) waiting for treatment. At Galloway Community Hospital the most commons reasons for a breach were 1) waiting for diagnostics and 2) waiting for transport.

Percentage of patients attending accident and emergency who were seen within 4 hours of arriving: Dumfries & Galloway



Forecast 2017/18:

Delivery of the 4 hour emergency care waiting time standard stretch target to 98% remains challenging. The sustained pressures induced by higher numbers of A&E attendances suggest there is a risk that the 95% target might not be consistently achieved in the coming year.

Ensuring adequate capacity in the hospital wards is essential so the focus on safe early discharge as part of the dynamic daily discharge (DDD) process is supporting this target. Early indications illustrate that the average number of weekly discharges has increased from an average 26.5 pre-implementation of DDD to 29.8 discharges 4 weeks following implementation. The means that people can be admitted to an in-patient bed in a more timely fashion. This initiative will be rolled out to other wards in DGRI. Future plans are to review how activity is managed at the busiest times in Accident and Emergency.

Section Three

Workforce Plan

General

NHS Dumfries and Galloway have embedded the Everyone Matters actions plan within our Staff Governance Action Plan and annual self assessment process since its launch, and will continue with this approach for 2017/18. This integrated approach between Everyone Matters and the Staff Governance standards ensures that all aspects of the planning, recruitment, development and experience of staff across our workforce are undertaken in partnership, and comply with the statutory requirements of the staff governance standards set out for the NHS Workforce across Scotland. Our 2017/18 SAAT and Everyone Matters plan is currently under development, in accordance with the timescales set out separately by the SG Workforce Directorate.

Sustainable workforce

NHS Dumfries and Galloway are currently building a new acute hospital with 100% single rooms which will open in December 2017. Workforce planning for the transition to the new hospital is substantially complete with over 98% of staff allocated to posts to date and the remainder of allocations in progress. This work, led by a Workforce Transition Team in partnership with 'staff side' and clinical teams, has been intense and detailed across all wards and departments within the existing hospital. The focus of the work has been to model the current workforce against the required workforce, ensuring that the benefits of the new clinical adjacencies and pathways of care are optimised from a workforce planning, utilisation and staff experience perspective.

We recognised last year that readying staff for the transition to the new hospital as early as possible will result in the best outcome for both staff and patients. Therefore, the project team, working with the workforce transition team, have put in place a comprehensive staff familiarisation and induction process which will commence in September and run throughout the autumn of 2017.

Supplemental recruitment to the nurse bank will continue in 2017/18 to ensure that there is sufficient staff to cover the transition period into the new hospital. In addition, we have plans in place to work closely with the local nursing college over the commissioning period in the summer of 2017 to involve student nurses over the transition period to complement the core workforce and support patients to have a positive experience in the new facility.

During 2017 we will continue to recruit volunteers in line with our Volunteering Strategy for the new hospital and the wider region. The volunteers will be an integral part of the transition arrangements, providing support and guidance and signposting patients during the transition period. The combination of student nurses and volunteers will provide a level of underpinning support and time for patients, Carers and families which will ensure that clinical and support staff are able to deliver safe and effective person centred care throughout the transition period.

In February 2017, working with West of Scotland region partners, we introduced a managed contract for medical locums with RETINUE. We anticipate that this arrangement will deliver a better, more reliable and more cost effective medical locum sourcing service in 2017/18. This is essential given the significant ongoing challenges with medical vacancies across the region recognised by the NHS Board as a key corporate risk. We continue to struggle to recruit consultants and middle grades in key shortage specialties and anticipate commencing 2017/18 with a consultant vacancy rate of around 20% (including vacant newly created posts). This is made more challenging by approximately 15 specialty doctor vacancies and difficulties in completely filling training posts. The Medical Director with support from the Medical Staffing Manager and team will continue in 17/18 to lead on a very proactive programme of recruitment activity, both nationally and internationally.

The situation in General Practice is even more challenging. Currently there are 27 vacancies in the expected 135 posts, and it is likely that at least 25% of the remaining GPs will retire before 2020. This challenge is made worse by our inability to fill all of the GP training places locally and a national shortage of GPs meaning that some vacancies have existed for over 2 years. By the start of April the Board will be directly managing 2 of the 33 GP practices and it is highly likely that further change will follow, with a reduction in the number of practices overall.

GP input to services outside practice – such as Cottage Hospital work, prison healthcare, drug & alcohol services – is likely to decrease further resulting in new challenges to find replacement doctors or alternative providers.

The Board is progressing a range of initiatives to address the challenges within General Practice. These initiatives complement the work being done nationally, most notably the negotiation of a new GP contract. In the short-term we are:

- Seeking to reduce workload
- Supporting pharmacist input to practices
- Trialling input from mental health workers to reduce the GPs workload
- Initiating a survey of practices to risk score their sustainability, and work on support for those most at risk
- Funding practices who wish to change to doctor triage to manage patient demand
- Supporting practices when they are forced to make changes such as withdrawal from branch surgeries.
- Funding the employment of 2 Rural Practice Fellowship posts (including an elective period working in the Falkland Islands)

As a medium term approach, we are funding the training of a cohort of nurses each year, training them to take on roles as Advanced Nurse Practitioners in practices.

As a longer term approach, we are:

- Visiting schools and encouraging pupils to consider medicine as a career choice
- Increasing training of students in General Practice, including a cohort of students who will be attached to practices for up to 8 months

- Developing, with St Andrews University, Dundee University and NHS Highland/NHS Fife the new Graduate Entry Medical School for Scotland: From 2018 we will have students attached to more practices across the region, with training arranged to produce doctors interested
- Increasing the attractiveness of GP training in the region, with a Government supported expansion of posts, a reduction to 3 year training, and bursaries to attract potential trainees to the area.
- Working with the local authority to provide trainee and student accommodation in Stranraer to help rejuvenate the town, and increase the attractiveness of posts there.
- Engaging with recruitment agencies to explore possibilities of overseas doctors being recruited to the area (including proposing changes to Government so induction for foreign doctors is improved)
- Exploring with NHS Education Scotland the possibility of supporting refugee doctors to acquire language and medical skills so that they can start new careers in the region.

The Medical Director has significant engagement with the GP community to support workload management and service redesign to optimise the attractiveness of the region to new recruits. During 2017/18, he will be further supported by an Associate Medical Director for Primary Care – a new role introduced last year to enhance the support and professional leadership we are able to give to primary care providers across the region.

We are actively involved in a range of service reviews at regional and national level, recognising the fragility of our workforce supply in some key specialties and disciplines. During 2017/18 we will continue to engage in regional and national planning of services to use a networking approach to improve sustainability of acute services where required. We are also fully engaged in the national Shared Services work relating to both support and businesses services, and anticipate benefits in the work experience of our Junior Doctors during 2017/18 as the regional employment model is developed, and significant progress in our implementation of eESS, the new national HR system.

NHS Dumfries and Galloway is actively engaged in the Transforming Nursing Roles work led by the CNO. Work within this sphere in Dumfries and Galloway is specifically focussed on ANP's, Community Nursing and Specialist Nursing, understanding how these roles are defined, training that may be required to meet the need of the population and of course how the need of the population is met is ongoing. The local ANP work is further supported through the formation of an ANP Academy with NHS Lanarkshire and Ayrshire & Arran Boards.

Recruitment to trainee ANP posts within Primary Care commenced last year (2016) following further consideration of the role of an ANP through this Transforming Nursing Roles work. Dumfries and Galloway, through the Transformation of Primary Care money made available to them, has funded the employment and training of four ANP's, hosted within GP Practices across the region. Evaluation of this will continue throughout the two year project. Competency and clinical supervision governance arrangements have been agreed for both Primary Care and Secondary care ANPs.

Further consideration and testing of how the Out of Hours service locally can be supported through deployment of ANPs and RNs is being explored, with a bid being submitted to Scottish Government to fund this test.

Scottish Government has set NHS Dumfries and Galloway the target of increasing the number of Health Visitors by 10.51 whole time equivalent above baseline by 2018. Baseline health visitor establishment has been maintained through successful recruitment processes and a workforce plan is in place to achieve the additional health visitor numbers through training. The workforce plan was accepted by representatives from Scottish Government during their visit to Dumfries and Galloway in September 2016. A further visit is expected to take place in spring 2017.

We are currently undertaking a regional consultation exercise to develop the next set of 4 year equality outcomes. These outcomes must focus on reducing inequalities for staff as well as for people who use services, their families and Carers. The outcomes will be submitted to the NHS Board in April 2017 for agreement and thereafter, form the focus for action to reduce staff related inequalities across the nine protected characteristics. They will also increase opportunities for a more diverse, representative and therefore sustainable workforce within NHS Dumfries and Galloway over the next 4 years.

Whilst the Equality Outcomes have yet to be agreed, our early engagement work suggests that we will develop outcomes that help us to achieve a more balanced representation in the workforce in relation to age (promoting both youth employment and development opportunities and finding ways to support those who wish to remain longer in the active workforce), disability (understanding the profile of the workforce better and having supportive systems, processes and a culture in place which focuses on ability, not disability) and sexual orientation (understanding the profile of our workforce better and supporting LGBT current and prospective staff members to have a positive staff experience).

Healthy organisational culture

In the second half of 2015 the IJB undertook a significant piece of cultural diagnostic work across all staff groups and partner organisations to inform the development of the IJB organisational development (OD) plan for 2016–21. The initial findings from this diagnostic exercise were reported to the IJB in May 2016, and subsequently cascaded to all partner organisations, including the NHS. The Integration OD action plan that was developed from this diagnostic will drive the transformation of our organisational culture in support of the needs of the IJB to deliver the outcomes set out in the strategic plan, and will have an impact on our leadership and management development across the partnership, including all NHS staff. The implementation of the action plan is being led by an integrated group, comprising partners from NHS, Council, Third and Independent Sectors, and also has Trades Union representation embedded within it. During 2017/18 our action plan will focus on;

- Establishing the vision, structures and resources necessary across the partnership to deliver sustainable cultural change
- Developing our key leaders as role models to champion our desired behaviours across the partnership
- Review our (individual) performance management arrangements to achieve better consistency of approach and output across the partner organisations
- Share and spread good practice, and encourage creativity and innovation as positive individual and team behaviours
- Develop a Partnership level business coaching network to support the development of our leaders and managers across the partnership.

The completion of the roll out of 'Imatter' across NHS D&G by the end of 2017 will align with this work, as part of the strategic change programme we are undertaking, and will provide us with valuable feedback on our staff experience across the service through which we can learn and support improvements.

Integrated Workforce

Work continues to ensure linkages are made between the Clinical Services Strategy, Health & Social Care Integration and the Acute Services New Build. There is a fundamental requirement to work more closely to understand interaction between primary and community care especially if different ways of working have learning implications for the teams involved.

Our locality model is now fully established, and integrated locality management teams are working together with their communities to identify opportunities for change and improvements in service provision, and corresponding opportunities for workforce redesign. Examples of this work which we anticipate will have an impact on the integrated workforce during 2017/18 include;

- The One Team (Nithsdale locality)
- Exploring different ways of working with mental health liaison now a key part of the "gate keeping" at DGRI to support patients with dementia
- Membership on locality committees of social work, third and independent sector as well as NHS allowing all partners to shape future services, locality structure and managers supported by workforce business partners,

- 7 day week working for physiotherapy and occupational therapy staff to support efficient discharge of patients from DGRI to community is currently being implemented,
- Locality team level, integrated sessions to support the culture development work underway

Leadership and management

NHS D&G will continue to undertake a wide range of leadership and management development across the service during 2017/18, including our bespoke programmes; ASPIRE to lead and Leadership3. We are continuing our investment in the development of qualified coaches to expand our coaching capacity and capability during 2017/18 to support our leaders and managers, and they will be assisted in this work thorough access to MBTI, Insights and LSI type profiles and accredited capability. In 2017/18 we will work with our Integration partners and also with our Regional Partners within the NHS to identify opportunities to share leadership and management development training opportunities between us, to optimise the utilisation of our L&OD resources, and to diversify participation in programmes.

As described above, our culture development focus during 2017/18 will pay particular attention to the leadership and management behaviours we desire for our ideal culture, and so OD interventions will be designed accordingly to address this. We are beginning the implementation of a three tier training programme of people management skills to increase the presence of behaviours congruent with our ideal organisational culture. By incorporating vocational learning and professional development awards the programme will also create a measurable baseline of positive behaviours that staff can expect from Managers, as well as enhancing succession planning within the organisation.

We continue to provide support managers and leaders on practical non clinical skills ranging from time management to having honest conversations; we also offer personalised support to staff around building and maintaining resilience. Over the next year we intend to build on this work by creating an informal learning network, enabling staff to share their non clinical knowledge and skills with each other.

Capable workforce

Each of the strands above identify development needs and plans for the workforce which will be undertaken during 2017/18. As part of our new hospital migration planning significant and detailed work will be undertaken with clinical teams to develop their individual and team skills and behaviours to align with the new care pathways and clinical adjacencies being developed, which include skills development within our community and cottage hospitals, and our community teams as well. This work is already underway and will continue throughout 2017. As part of the new hospital development we have invested in technological solutions where appropriate. Some of these new developments such as eCasenote have been being rolled out already, with ongoing training provided for staff to enable them to use the technology as part of their day to day work. Other technologies, such as robots within the new pharmacy, and a significant range of new equipment will require very specific training during the commissioning and transition phase of the new hospital programme, and this training has been identified and forms a key part of our commissioning plans.

As part of our development of more integrated services and teams with our council and other partners similar learning and development work will be undertaken to develop the skills and behaviours necessary for staff to operate effectively in the new working environment. Health and Social Care integration will require staff to work differently in the future, and the need for this cultural shift is reflected in the OD plan that has been agreed as part of our culture development work.

A key aspect of this development work is the need for us to equip our staff to have the confidence and competence to have person centred, outcomes focused dialogue with patients, carers and their families, in line with the 'What matters to me' programme and the ambitions of the National Clinical Strategy and Realistic Medicine. During 2017/18 we will work with our partners to assess the range of interventions already in place across the integrated system, and develop a co-ordinated approach for spread which will best meet the needs of the various staff groups and the communities they serve.

The Board has undertaken significant engagement and consultation in the development of policy on PREVENT in support of the national Counter Terrorism strategy during 2016/17, working in partnership with our APF and our Area Clinical Forum. During 2017/18 we will roll out a training programme for staff across the organisation which will raise awareness of PREVENT, and will ensure that those who have responsibility for guiding staff on public protection issues, of which PREVENT is a key aspect are confident and competent in the use of the agreed PREVENT policy and referral processes.

We continue to provide support for all staff on practical non clinical skills ranging from time management to having honest conversations; we also offer personalised support to staff around building and maintaining resilience. Over the next year we intend to build on this work by creating an informal learning network, enabling staff to share their non clinical knowledge and skills with each other.