



## Annual Operational Plan 2018/19

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## GLOSSARY

A&E	Accident and Emergency
AOP	Annual Operational Plan
CAMHs	Child and Adolescent Mental Health Services
CRL	Capital Resource Limit
DDD	Dynamic Daily Discharge
DGRI	Dumfries and Galloway Royal Infirmary
IJB	Integration Joint Board
PAA	Physical Activity Alliance
NPD	Not for Profit Distribution
RRL	Revenue Resource Limit
SG	Scottish Government
SGHSCD	Scottish Government Health and Social Care Directorate
TTG	Treatment Time Guarantee

## 1. Introduction

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

The document provides:

- Templates setting out performance information and finance information for 2018/19.
- A summary of plans developed with the Integration Board to reduce delayed discharges, avoidable admissions and inappropriately long stays in hospital, with a focus to reduce bed days in hospital care by upto 10%.
- An overview of the actions we are taking, in collaboration with partners, to improve the health of the public, particularly with reference to the prevailing burden of disease and requirement to tackle addictions.
- A summary of our financial plans and assumptions including anticipated out-turn against both resource and capital allocations.
- A summary of our current anticipated level of savings required to deliver financial balance for 2018/19.
- Confirmation of our position in relation to the following items as set out in the Draft Budget Letter of 14<sup>th</sup> December 2017:
  - Further funding for mental health being additional to a real terms increase to 2017/18
  - Additional funding to support primary care transformation
  - Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care

Jeff Ace  
**Chief Executive**

## 2. Expected Performance by March 2019

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### The Annual Operational Plan should focus on:

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

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

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

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

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

<b>Additional resource required</b>	<b>£m</b>
In and day	2.97
Outpatients	0.59
CAMHS	0.05
Diagnostics	0.25
Emergency Care	1.00
<b>Total</b>	<b>4.86</b>

### 3. Plans being developed with Integration Authorities

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#### **The Annual Operational Plan should focus on:**

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

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

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

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

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

#### **There are a number of improvement actions being progressed:**

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

- The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85 in June 2017. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.
- The Day of Care Survey now takes place on a monthly basis in DGRI. The latest survey showed an improvement in the number of people who could have been discharged earlier, from 30.5% in September 2016 to 19.0% in January 2018.

## 4. Plans to Improve the Health of the Public

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### **The Annual Operational Plan should focus on:**

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

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

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

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

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

### **Key areas of activity for 2018/19 include:**

Working with partners to reduce health inequalities through:

- Creating awareness, understanding and use of the Inequalities Framework developed in 2016.
- Supporting delivery of the Scottish Government's Pulling in Different Directions Welfare Reform Outcome Focused Plan.
- Supporting implementation of the Particular Needs Housing Strategy and Homeless Strategy, ensuring actions on prevention are incorporated within these.

- Supporting Dumfries and Galloway Council to deliver the Anti-Poverty Strategy.
- Supporting the Health and Social Care Partnership to develop and implement performance indicators for health inequalities.

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

- Further developing knowledge and skills of locality health and wellbeing teams in the delivery of low level interventions to support individuals to improve their general health and wellbeing.
- Development of a region wide strategic framework to support social prescribing.
- The CoH-Sync initiative (EU funded) which aims to synchronise the efforts of the community, voluntary and statutory sectors, using an asset-based community development approach to support individuals and communities to empower and support them to manage their own health needs.
- mPower project (EU funded) which aims to improve the health and wellbeing of older people and their carers living in the region by implementing 'community navigators' and utilising eHealth interventions to support health and care service delivery.

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

- The PAA aim to achieve a 5% increase in the proportion of the population meeting physical activity guidelines by 2023. This increase will be achieved through the implementation of a series of cross-sector/setting recommendations developed from a report highlighting the Best Investments for Physical Activity in Dumfries and Galloway.
- Testing of a new approach to integrate delivery of the NHS Physical Activity Pathway into existing health and clinical services via a peer led implementation model. The project entitled NHS Activators will be working with a range of health and social care professionals and is being supported by multiple partners including NHS Health Scotland, Dumfries and Galloway Council and the University of the West of Scotland.

Local implementation with key partners on the National Mental Health Strategy will continue and specifically work is being taken forward with partners to:



- Address the specific health & wellbeing needs of population groups such as the farming community and those in touch with the Community Justice System.
- Support the implementation of the work of the local Domestic Abuse & Violence Against Women Partnership.
- Progress work of the Multiagency partnership for suicide prevention in Dumfries & Galloway which includes delivery of the local suicide prevention training programme.

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

- Supporting the Scottish Government Health Protection and Primary Care Divisions to develop and deliver the Vaccination Transformation Programme.
- Progressing a screening and inequalities project which aims to improve the uptake of cancer screening programmes for eligible individuals who are experiencing homelessness and/or who have mental health problems in Dumfries and Galloway.

Specifically in relation to tackling addictions:

- The Alcohol and Drugs Partnership is currently developing its 2018/19 workplan, which will include working in partnership with a number of organisations to increase the number of Alcohol Brief Interventions in the priority settings of A&E, antenatal and primary care as well as the wider community. In relation to alcohol licensing, developing an Overprovision assessment for Dumfries and Galloway will also form a major piece of work this year.
- Tobacco use continues to present a challenge to population health particularly in those living in deprived communities. Delivery of high quality smoking cessation and prevention services across the region is a key feature of the Tobacco Control Plan which continues to be implemented in Dumfries and Galloway. The Plan includes delivery of stop smoking interventions with a targeted approach in areas of inequality and also delivery of specific programmes of work for special and vulnerable groups of smokers such as those with a mental health condition, or underlying medical condition, pregnancy, looked after children, prison staff and prisoners, alcohol and drug services. Collaborative work will be ongoing in 2018/19 with HMP Dumfries to support implementation of Smokefree Prisons. Prevention of initial take up of tobacco use is also a key area of focus through implementation of a school wide education programme.

## 5. Anticipated Outturn against Resource and Capital Budgets

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### **The Annual Operational Plan should focus on:**

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

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

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

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

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

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

- Pressures in GP prescribing, specifically associated with increased cost of drugs on short supply.
- Continuing increasing costs of medical locums which are being targeted through savings plan but remain a current high risk.

- The risk of further GP resignations from General Practices with increased cost to NHS Boards.
- Pressures associated with the move to the new hospital including a review of staffing templates in nursing.
- Increased cost of New Medicines Fund which is currently showing a cost of £2.5m in excess of funding provided.
- Double running costs of old hospital (Mountainhall) especially estates and facilities costs.
- Delivery of elective waiting times improvement without additional resource identified.
- Increased cost of external service agreements with other NHS Scotland Boards and NHS Cumbria.
- Risks around radiology service due to vacancies and service pressures.

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

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

Please see **Appendix 5** for Financial Statements.

## 6. Anticipated Level of Savings required

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### The Annual Operational Plan should focus on:

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

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

	2018/19 £m
<b>NHS Board savings</b>	
IJB savings requirement	8.8
Procurement	0.3
Corporate savings	0.7
<b>TOTAL RECURRING</b>	<b>9.8</b>
Non recurring savings/ flexibility - IJB	4.8
Non recurring savings/ flexibility - NHS Board	2.7
<b>TOTAL NON RECURRING</b>	<b>7.5</b>
<b>TOTAL NHS Board Requirement</b>	<b>17.3</b>
<b>TOTAL IJB</b>	<b>13.6</b>
<b>TOTAL NHS BOARD</b>	<b>3.7</b>
<b>OVERALL BOARD POSITION</b>	<b>17.3</b>

## 7. Commitment to deliver the requirements set out in Draft Budget letter of 14th December

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### **The Annual Operational Plan should focus on:**

Commitment to deliver the requirements set out in Draft Budget letter of 14th December – specifically in relation to shifting the balance of frontline NHS spend:

- Further funding for mental health being additional to a real terms increase to 2017/18 spending levels
  - Additional funding for primary care used to support primary care transformation
  - Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care
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The Board confirms that the Dumfries and Galloway share of the £350m for social care will continue to be passed to the Health and Social Care partnership in full.

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

## Appendix 1 - Performance Summary

**Table 1 - with investment**

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

**Table 2 - without investment**

Measure	Latest Performance Quarter end 31/12/2017	Planned March 2019 Performance	Time period - month/quarter
62 day Cancer	100%	95%	Month
31 day Cancer	96.4%	95%	Month
12 weeks outpatient (no >12 w)	2,159	6,571	Monthly census
6 weeks diagnostics	97.1%	85%	Month
18 weeks CAMHS	100%	90%	Month
12 weeks TTG (no >12 w)	131	1,448	Monthly census
4 hour A&E	92%	90%	Month

## Appendix 2 - Integration Authorities Summary

	<b>Recurring Budget 2017/18</b>	<b>2018/19 additional investment from Boards</b>	<b>2018/19 anticipated additional investment from SG</b>	<b>Total anticipated investment in 2018/19</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Social Care: Contribution to Integration Authorities	10,617	0	0	10,617
Primary Care	97,590	1,062	2,036	100,688
Mental Health	20,348	386	356	21,090

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

An assessment of the share of national funding to be allocated is included along with an operational efficiency of 2%. The investment from Scottish Government will vary once final confirmation of allocations is received.

### Appendix 3 – Financial Plan 2018/19 to 2020/21

SUMMARY	2018/19			2019/20			2020/21		
	Recurring £000's	Non Recurring £000's	TOTAL £000's	Recurring £000's	Non Recurring £000's	TOTAL £000's	Recurring £000's	Non Recurring £000's	TOTAL £000's
<b>Allocation Uplifts</b>									
Baseline Uplift	4,300		4,300	4,300		4,300	4,300		4,300
Additional Consequentials to support Pay Uplift	2,231		2,231			0			0
New Medicine Fund		1,350	1,350		1,350	1,350		1,350	1,350
Release of Brokerage		7,000	7,000			0			0
<b>Total Uplifts</b>	<b>6,531</b>	<b>8,350</b>	<b>14,881</b>	<b>4,300</b>	<b>1,350</b>	<b>5,650</b>	<b>4,300</b>	<b>1,350</b>	<b>5,650</b>
<b>Pressures and Uplifts</b>									
Pay Uplifts - Agenda for Change	3,746	0	3,746	3,610	0	3,610	3,720	0	3,720
Pay Uplifts - Medical Staff	710	0	710	700	0	700	710	0	710
Price Uplifts - General	649	0	649	662	0	662	676	0	676
Price Uplifts - Externals	519	0	519	527	0	527	535	0	535
Price Uplifts - Energy	181	0	181	196	0	196	33	0	33
Price Uplifts - Rates revaluation/ inflation	1,697	0	1,697	0	0	0	0	0	0
Primary Care Drugs	600	0	600	750	0	750	1,000	0	1,000
Secondary Care Drugs	450	0	450	750	0	750	1,000	0	1,000
New Medicines Drugs Costs	0	3,839	3,839	0	3,839	3,839	0	3,839	3,839
Cost Pressures	2,700	1,000	3,700	2,000	1,000	3,000	2,000	1,000	3,000
Acute Redevelopment/Double Running	0	4,000	4,000	0	3,000	3,000	0	3,000	3,000
<b>Total Pressures and Uplifts</b>	<b>11,253</b>	<b>8,839</b>	<b>20,092</b>	<b>9,195</b>	<b>7,839</b>	<b>17,034</b>	<b>9,674</b>	<b>7,839</b>	<b>17,513</b>
Savings requirement brought forward	9,631		9,631			0			0
Medical Locums	5,300		5,300			0			0
Reserve review	(2,796)		(2,796)			0			0
Increased Savings Requirement	4,722	489	5,211	4,895	6,489	11,384	5,374	6,489	11,863
<b>TOTAL Savings Requirement</b>	<b>16,857</b>	<b>489</b>	<b>17,346</b>	<b>4,895</b>	<b>6,489</b>	<b>11,384</b>	<b>5,374</b>	<b>6,489</b>	<b>11,863</b>



DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

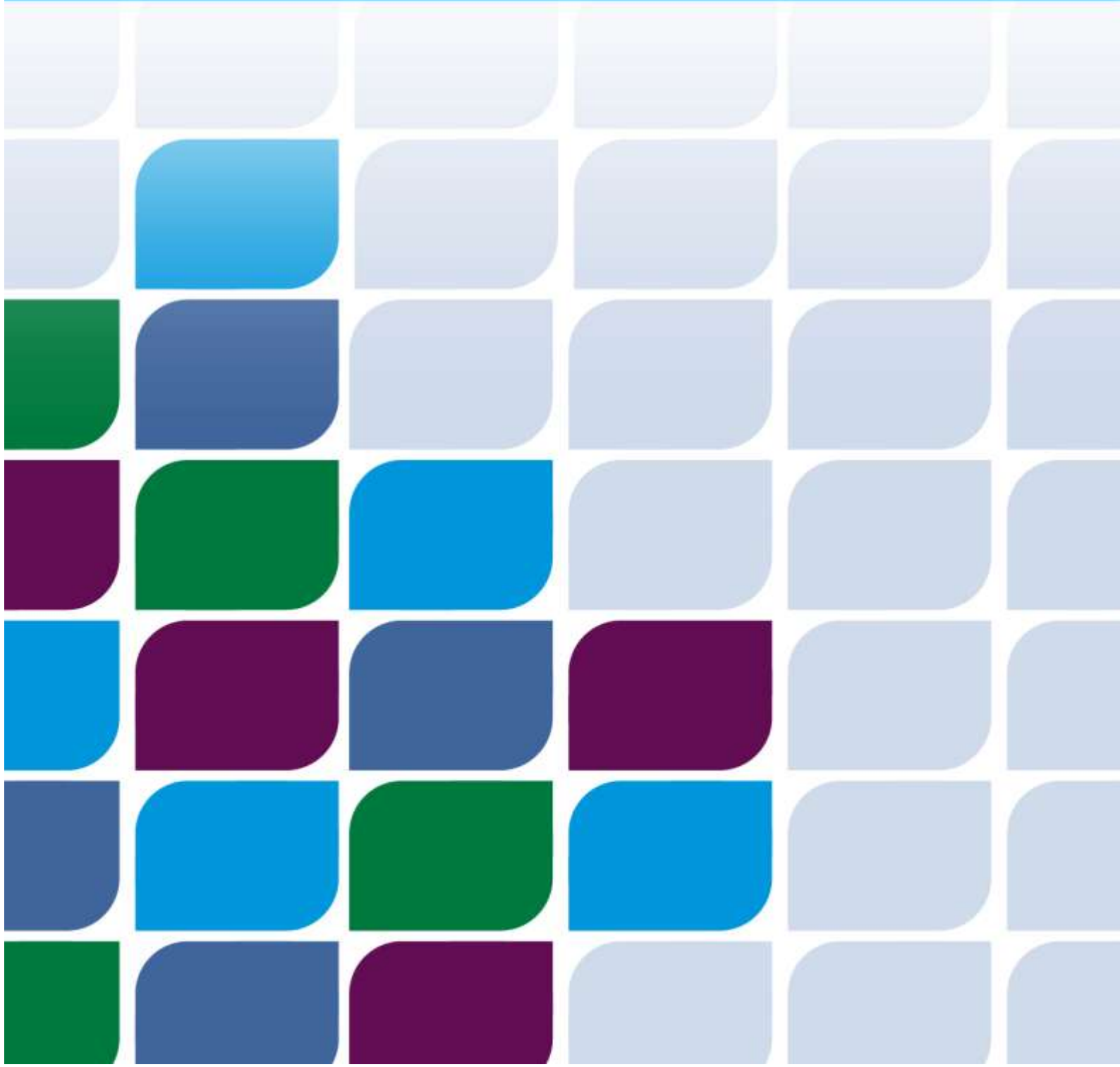
# PERFORMANCE MANAGEMENT

## MINISTERIAL STRATEGIC GROUP INTEGRATION INDICATORS



**DRAFT**

**February 2018**



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# Ministerial Strategic Group [Not Official Statistics: for management purposes only]

## Overview

The overview section consists of six blue boxes with rounded corners, arranged in two rows of three. Each box has a colored border: the top row boxes have orange borders, and the bottom row boxes have green borders. Each box contains a metric label (E1-E6) and a brief description of the metric.

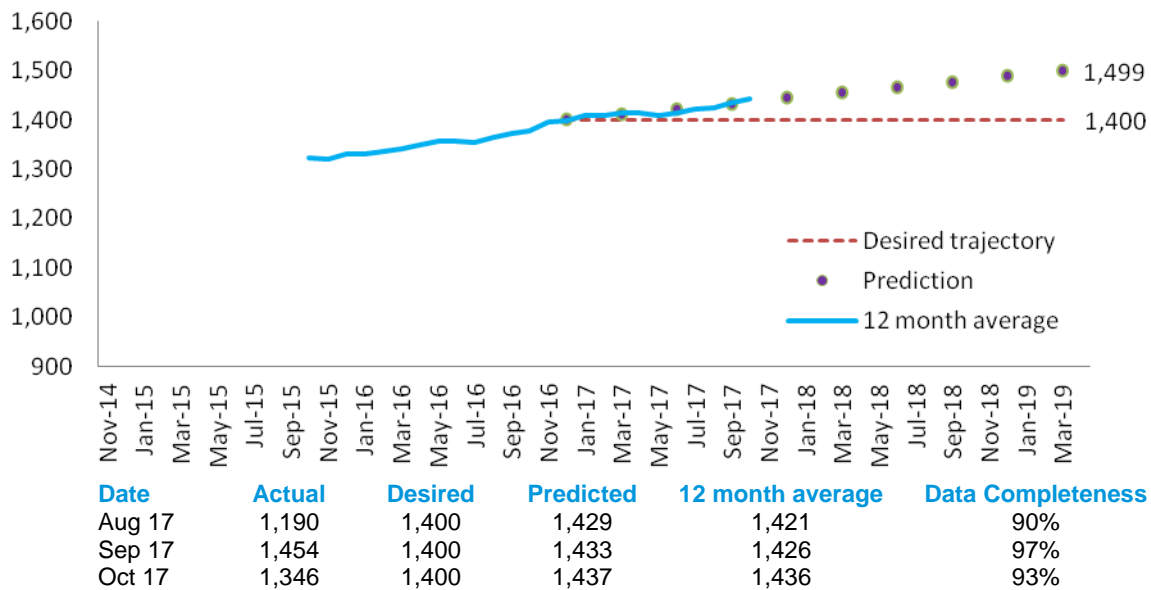
- E1** The number of emergency admissions per month (all ages)
- E2** The number of unscheduled hospital bed days for acute specialties per month
- E3** The number of people attending emergency department settings per month
- E4** The number of bed days occupied by all people experiencing a delay in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

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# E1 Number of emergency admissions

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	30/09/2017 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

## The number of emergency admissions per month (all ages)



### Key Points

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

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

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

### The Wider Context

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

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

### Improvement Actions

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

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

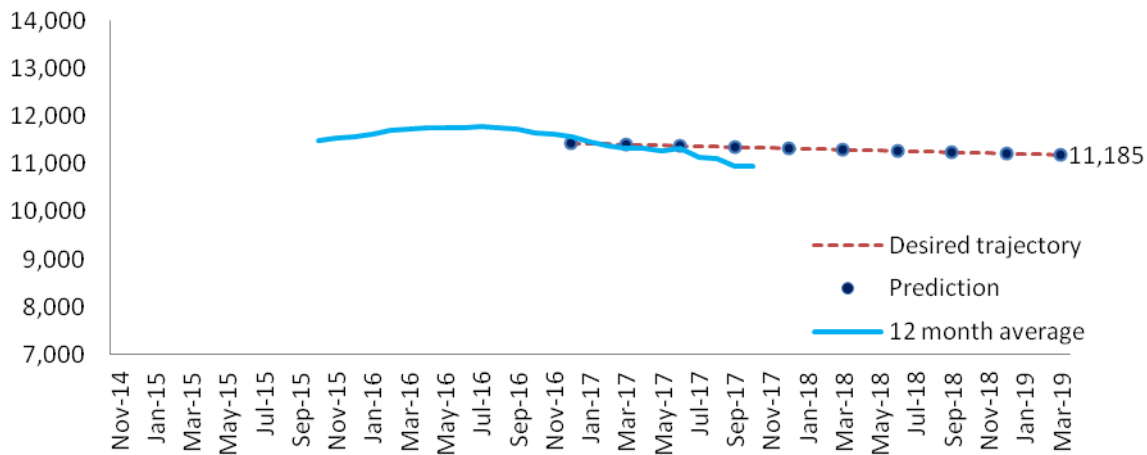
A bid has been submitted to the Scottish Government to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease to remain in their own home environment.

An important contribution to managing people's care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.

## E2 Number of unscheduled hospital bed days for acute specialties

National Outcomes									Dumfries & Galloway Priority Area											Reported:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly	
																			Source:	ISD Scotland	

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



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Aug 17	9,225	11,410	11,410	11,118	90%
Sep 17	9,268	11,401	11,401	10,957	97%
Oct 17	8,415	11,392	11,392	10,958	93%

### Key Points

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

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

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

### The Wider Context

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

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

### Improvement Actions

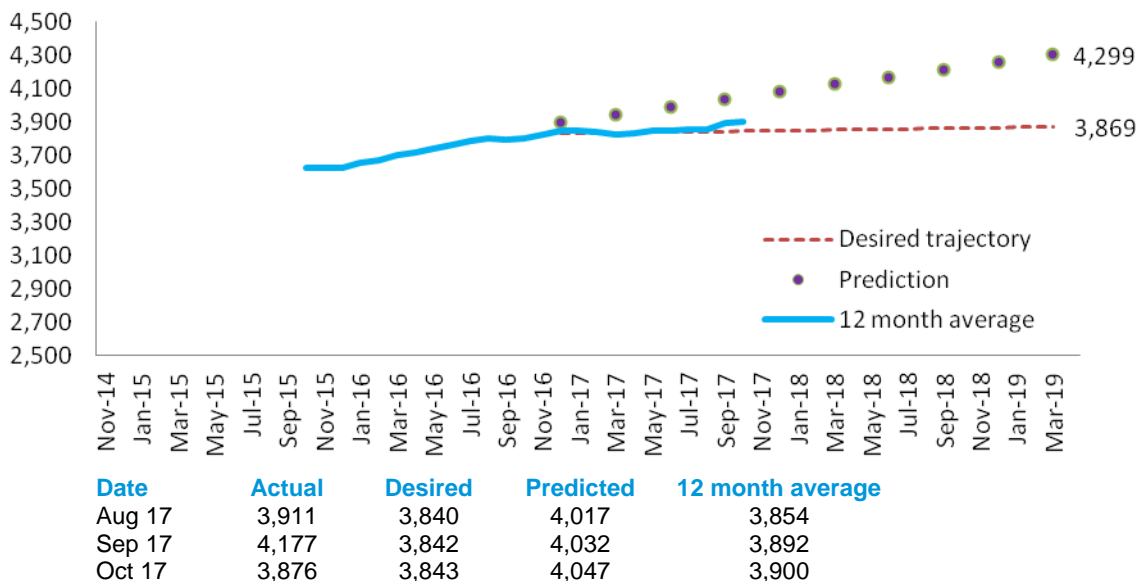
Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people's journey through hospital. The Short Term Assessment Re-ablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries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

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

## E3 Number of emergency department attendances

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	30/09/2017 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

### The number of people attending emergency department settings per month



### Key Points

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

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

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

### The Wider Context

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

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

For emergency department waiting times, see indicator B19.

### Improvement Actions

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

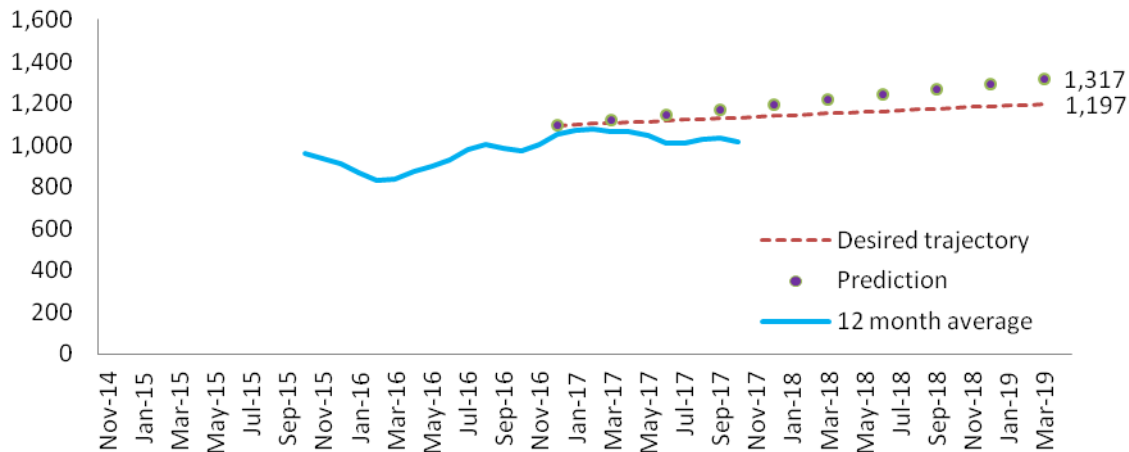
A case note review will be undertaken in the next quarter to assess the clinical appropriateness of medical admissions from the ED. This review will inform professionals where people might have been more appropriately treated or supported.

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

## E4 Number of delayed discharge bed days

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Source:	Quarterly
																			Source:	ISD Scotland

The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older



Date	Actual	Desired	Predicted	12 month average
Aug 17	1,110	1,125	1,160	1,027
Sep 17	995	1,129	1,169	1,032
Oct 17	1,040	1,132	1,177	1,013

### Key Points

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

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

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

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

### The Wider Context

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

### Improvement Actions

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

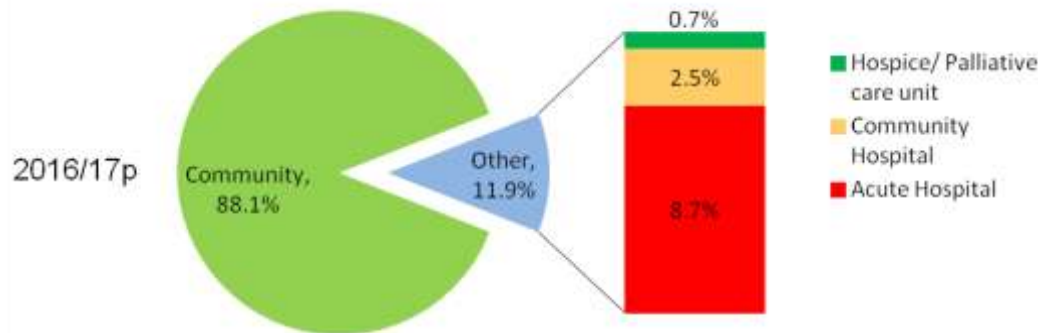
The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85, in June 17. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.

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

## E5 Percentage of last 6 months of life by setting

National Outcomes					Dumfries & Galloway Priority Area					Reported:	30/09/2017
1	2	3	4	5	1	2	3	4	5	Frequency:	1 Year
6	7	8	9	6	7	8	9	10	Source:	ISD Scotland	

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



Date	Community	Hospice/ Palliative care unit	Community Hospital	Acute Hospital
2014/15	88.9%	0.8%	1.9%	8.4%
2015/16	87.9%	0.7%	2.1%	9.3%
2016/17p	88.1%	0.7%	2.5%	8.7%

### Key Points

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

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

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

### The Wider Context

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

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

### Improvement Actions

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

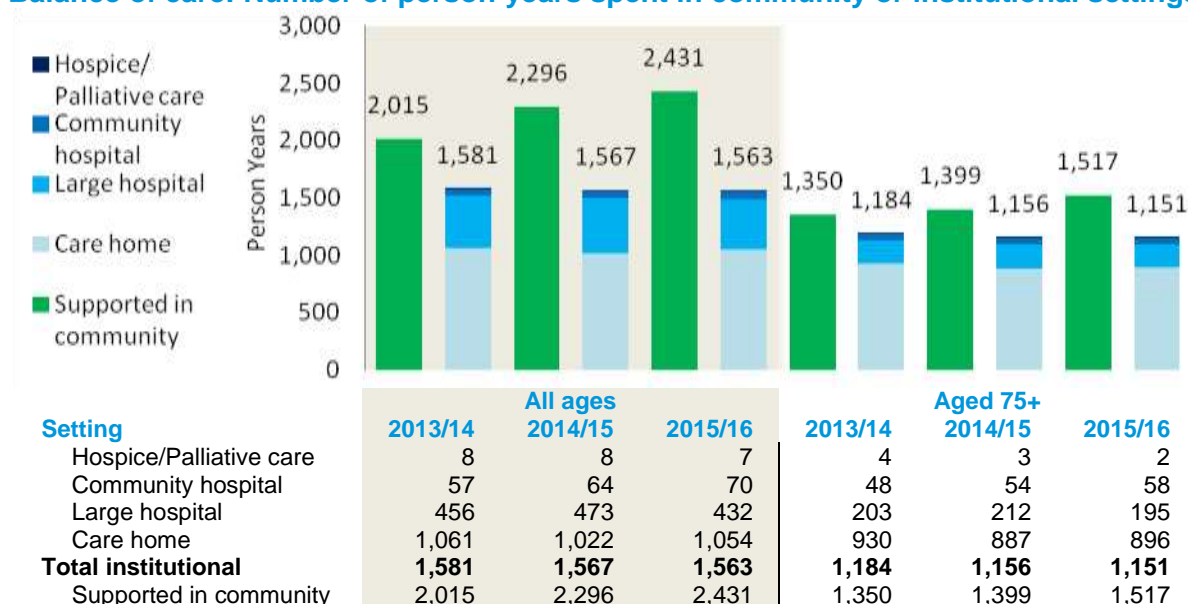
Good anticipatory care planning will impact on where people spend their last six months of life. We are currently developing a new palliative care strategy for Dumfries and Galloway. Part of this process will include a scoping of palliative and end of life care options in Dumfries and Galloway.



## E6 Balance of care

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

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



### Key Points

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

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

### The Wider Context

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

### Improvement Actions

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

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

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

## EXAMPLE

## FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION

## Core Revenue Outturn Statement

Line no	2017-18		2018-19		TOTAL
	Total		Rec £000s	Non-Rec £000s	
1.01	391,169	Gross Expenditure - Clinical & Non-clinical	362,223	19,253	381,476
1.02	20,711	Less: Gross Income	16,303		16,303
1.03	<b>370,458</b>	<b>Total Expenditure</b>	<b>345,920</b>	<b>19,253</b>	<b>365,173</b>
1.04	<b>25,576</b>	Less: Total Non-Core RRL Expenditure		10,223	10,223
1.05	16,092	Less: FHS Non Discretionary Net Expenditure	16,092		16,092
1.06	<b>328,790</b>	<b>Core Revenue Resource Outturn</b>	<b>329,828</b>	<b>9,030</b>	<b>338,858</b>
1.07	284,830	Baseline Allocation	291,361		291,361
1.08	0	NRAC parity funding uplift	0		0
1.09	69,536	Anticipated Allocations: Rec/ Non-rec/ Earmarked	32,267	9,030	41,297
1.10	<b>354,366</b>	<b>Core Revenue Resource Limit (RRL)</b>	<b>323,628</b>	<b>9,030</b>	<b>332,658</b>
1.11	25,576	Forecast variance against Core RRL	(6,200)	(0)	(6,200)

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Version number	2
Date of submission	20/03/2018

Board Approval Date	09/04/2018
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**EXAMPLE**  
**FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION**  
**Cash-releasing Savings Requirement**

	Rec £000s	Non-Rec £000s	Total £000s
Forecast variance against Core RRL	(6,200)	(0)	(6,200)
2018-19 planned savings (detail in table below)	6,300	4,800	11,100
<b>Savings required to break even</b>	12,500	4,800	17,300
Savings as % of Baseline			0

	Planned savings:	2018-19			Risk rating		
		Rec	Non-Rec	Total	High	Med	Low
		£000s	£000s	£000s	£000s	£000s	£000s
2.01	Service redesign			0			0
2.02	Drugs and prescribing			0			0
2.03	Workforce	300		300	50	50	200
2.04	Procurement	300		300	50	100	150
2.05	Infrastructure			0			0
2.06	Other	200		200			200
	<b>Total Efficiency Savings workstreams</b>	800	0	800	100	150	550
2.07	Financial Management / Corporate Initiatives		2,000	2,000			2,000
2.08	Unidentified savings assumed to be delivered by year end			0	0		
	<b>Total core NHS Board Savings</b>	<b>800</b>	<b>2,000</b>	<b>2,800</b>	<b>100</b>	<b>150</b>	<b>2,550</b>
2.09	<b>Savings delegated to Integration Authorities</b>	<b>5,500</b>	<b>2,800</b>	<b>8,300</b>	<b>1,600</b>	<b>1,130</b>	<b>5,570</b>

**EXAMPLE**  
**FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION**  
**Non-Core RRL Expenditure**

Line no	2017-18 Total £000s		2018-19 Total Non-Rec £000s
3.01		Capital Grants	
3.02	6,207	Depreciation / Amortisation	8,300
		<b>ODEL - IFRS PFI Expenditure</b>	
3.03	239	PFI/PPP/Hub - Depreciation	239
3.04	0	PFI/PPP/Hub - Impairment	0
3.05	0	PFI/PPP/Hub - Notional Costs	0
3.06	239	<b>Total IFRS PFI Expenditure</b>	239
		<b>Annually Managed Expenditure</b>	
3.07	15,000	AME - Impairments	1,000
3.08	400	AME - Provisions	400
3.09	194	AME - Donated Assets Depreciation	284
3.10	3,536	AME - Movement in Pension Valuation	0
3.11	19,130	<b>Total AME Expenditure</b>	1,684
3.12	<b>25,576</b>	<b>Total Non-Core RRL Expenditure</b>	<b>10,223</b>

**EXAMPLE**  
**FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION**  
**Infrastructure Investment Programme**

Line No	2017-18 £000s		2018-19 £000s	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s
4.01		Capital Resource Limit (CRL)					
4.02	3,475	SGHSCD formula allocation	3,475	3,475	3,475	3,475	3,475
4.03	0	Asset sale proceeds reapplied (net book value, from line 4.26 below)	0	0	0	0	0
4.04	0	Project specific funding (from line 4.19 below)	0	0	0	0	0
4.05		Radiotherapy funding					
4.06	44,095	Hub/ NPD enabling funding	6,000	12,989	4,913	8,000	7,113
4.07	30	Other centrally provided capital funding					
4.08	(7,000)	Revenue to capital transfers	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)
4.09	40,600	<b>Total Capital Resource Limit</b>	8,475	15,464	7,388	10,475	9,588
4.10	40,600	<b>Saving / (Excess) against CRL</b>	8,475	15,464	7,388	10,475	9,588

**Memoranda**

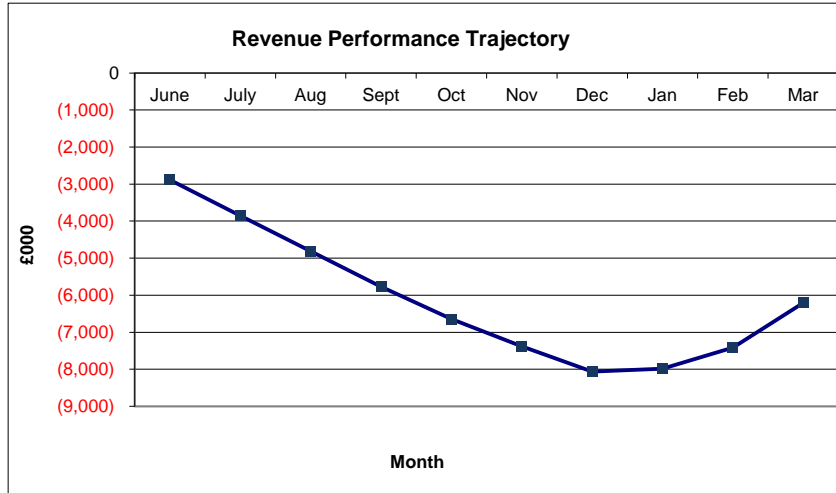
2017-18 £000s	Project Specific Funding:	2018-19 £000s	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s
4.11	[List projects here]					
4.12						
4.13						
4.14						
4.15						
4.16						
4.17						
4.18						
4.19	0 Total (copies to line 4.04 above)	0	0	0	0	0

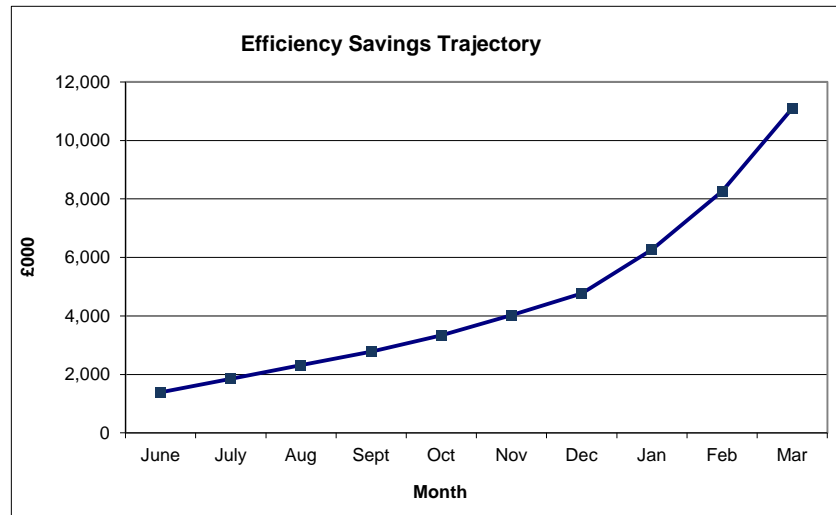
2017-18 £000s	Source of capital receipts (please enter NBV figures as negative):	2018-19 £000s	2019-20 £000s	2020-21 £000s	2021-22 £000s	2022-23 £000s
4.20	[List Assets here]					
4.21						
4.22						
4.23						
4.24						
4.25						
4.26						
4.27						
4.28	0 Total Asset Sale proceeds (at NBV) (copies to line 4.03 above)	0	0	0	0	0

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

Revenue Outturn	RRL Saving/ (Excess)
Saving / (Excess) against Core RRL as at the end of:	£000s
5.01 June	(2,888)
5.02 July	(3,850)
5.03 Aug	(4,813)
5.04 Sept	(5,775)
5.05 Oct	(6,645)
5.06 Nov	(7,376)
5.07 Dec	(8,061)
5.08 Jan	(7,986)
5.09 Feb	(7,411)
5.10 Mar	(6,200)



Cumulative value of efficiency savings as at the end of:	Total
	£000s
5.11 June	1,388
5.12 July	1,850
5.13 Aug	2,313
5.14 Sept	2,775
5.15 Oct	3,330
5.16 Nov	4,024
5.17 Dec	4,764
5.18 Jan	6,264
5.19 Feb	8,264
5.20 Mar	11,100



EXAMPLE  
FINANCIAL PLAN 2018-19 - INITIAL SUBMISSION  
Financial Planning Assumptions

Risk Assessment				
Line no	Key Assumptions / Risks	£ Value Risk/ £ Assumption/ % Assumption	Impact / Description	Risk rating (please select from drop- down)
6.01	CRES Delivery	11400k	Of the current CRES requirement of £17.1m, There is still a significant Gap of £6m with on-going solutions to be identified. In addition of the £11.1m identified, £2.98m is assumed to be either High or Medium risk at this time	High Risk
6.02	Prescribing (General)	2000k	Prescribing in general (both Secondary and Primary Care) has been successful in identifying savings over the last few financial years. The current financial year has seen a significant level of underachievement against the planned level of savings, (£1.3m) signifying the unprecedented pressures across both Primary and Secondary Care Prescribing. Opportunities to continue to deliver the level of savings required are not as robust as in recent years. Whilst the plan has assessed the ongoing financial risks of new drugs and increasing growth (taking into account national indicators and local knowledge), there remains a significant level of risk associated with new drugs that will continue to be approved by SMC. The current budget setting paper sets out the methodology and risks associated with the expected level of increases moving forwards.	High Risk
6.03	Short Supply Drugs	800k	On-going pressures arise from drugs that are deemed to be on short-supply, with the net cost to the Board currently calculated to be in the region of £1m. If these drugs continue to be on short supply then there is a significant risk to delivering a break-even position in 2018-19	High Risk
6.04	Prescribing - New Medicines Fund	2500k	An assessment has been undertaken within the plan to incorporate estimates of likely growth of drugs in this area. However, there is an expectation that the funding available will be less than previously indicated due to a fall in PPRS receipts nationally. Now based upon the assumption of £35m nationally, leaving a significant gap to historic drugs approved by SMC and new drugs planned in 2018-19	High Risk
6.05	Workforce/Recruitment	2000k	Increased effort and resources have been targeted at reducing medical vacancies within the Board, however the vacancy rate remains higher than in previous years. In particular, 23% of our consultant workforce remains covered by high-cost locum posts. In addition, there has been a rise in the level of gaps across the junior doctor rotas (especially within GP training posts) which are not expected to be remedied in the forthcoming financial year. Looking forward at GP retirements and lack of success in recruiting new GPs means that this will be an area that continues to be problematic, with high cost locums being used to cover gaps in service. This is an increasing problem across Scotland and the UK as a whole. Whilst appropriate provision has been made in the Financial Plan (£5.3m) to continue to fund these costs, this is not a sustainable model and will need resolution in the short to medium term in order to ensure financial balance in the future, in time for the opening of the New Hospital.	High Risk
6.06	IR35	unknown	Whilst the financial risk of this is identified in workforce above, the impact to the supply side of medical locums has seen a significant shift over the past 12 months since the introduction of IR35, with increasing difficulty in accessing affordable medical locums within the agreed rate-cap agreed by the West of Scotland Consortia. Whilst Retinue has protected the consortia from significant increases in costs related to basic pay rates, this has impacted upon the deliverability of expected level of savings and will continue to do so in the short to medium term	High Risk
6.07	Health and Social Care Integration	unknown	Plans for Health and Social Care integration (H&SCI) are under development locally. No financial provision/risk is assumed in the LDP beyond ensuring provision has been made for supporting and resourcing the implementation within the allocation identified going forward. NHS Dumfries and Galloway has made good progress with Council colleagues in recent months in progressing H&SCI, however, a significant level of system risk remains in ensuring resources around the delegated budgets are sufficient to deliver the planned level of service within the Strategic Plan.	High Risk
6.08	Externals (OOA SLAs)	1500k	Growth in complex conditions and continued growth in referrals across Dumfries and Galloway has seen a substantial increase in activity undertaken outwith Board boundaries. Whilst financial provision has been made in the plan, increases relating to complex and high cost services (particularly across Cancer and Cardiology services) remain a high risk to the Board.	High Risk
6.09	Mountain Hall Treatment Centre	£500k	The planned redevelopment of the old site of the DGRI has resulted in a reduction in savings originally factored into off-setting the costs of the new hospital. As activity and service demand continues to grow, the existing space of the old DGRI is being used for services previously not factored into the savings planned from the closure of the old site.	High Risk
6.10	Clinical Efficiency Workstreams on Clinical Variation and Realistic Medicine	£1m	A clinical Efficiency Group has been set-up under the leadership of a senior consultant to drive forward productive opportunity and focus on clinical variation. These workstreams will involve transforming pathways and changing clinical culture and will take a medium to long term view on implementation.	High Risk
6.11	New Hospital Opening	£500k	The first year of operation of a new Hospital is always the most challenging, with increased risks of recruitment a particular challenge for the Board. High levels of vacancies continue to impact across AFC grades with the level of vacancies far greater than in previous years. The reliance on existing substantive staff working additional shifts and relying on increased bank hours has increased the level of risk across the New Hospital in maintaining staffing levels as required	Medium Risk
6.12	Inflation Uplifts	unknown	In addition to building in the known inflation costs (including pay, incremental drift and NI increases) already announced, an in-depth review of historic trends, combined with best available knowledge has been modelled in determining projected increases. Information has been shared and discussed with colleagues across the Corporate Finance Network, providing further assurance on the appropriateness of planning assumptions.	Medium Risk
6.13	Developments and Cost Pressures	£3.5m	A sum of £3.5m has been set aside to cover the costs of future regional and national developments, cost pressures and any other critical or must do developments.	Medium Risk
6.14	increased Consequentials for Pay Inflation	£2.2m	Robust financial planning information exists to allow accurate estimates of basic pay settlements for 2018/19 and beyond (based upon current assumptions of 3%, 2% and £1600 Max pay awards). It has also been assumed that additional consequentials will be passed on to fund the increase above 1% on Pay awards.	Medium Risk
6.15	Delivery of Elective Waiting Times Targets	£1m	Continued Demand upon elective capacity is expected to continue to increase in 2018/19 with additional resource required above the Board's allocation if Targets are to be maintained	Medium Risk
6.16	Statutory Change/Changes to legislation	unknown	The Financial Plan reflects the current known position in relation to any statutory compliance in relation to VAT/NI and pensions. Any future changes to current regulations and compliance would impact on the overall Financial Plan. These are reviewed regularly by the central financial team and any changes reflected through financial estimates.	Medium Risk
6.17	Transitional Double Running Costs of New Hospital	£1m	Whilst monies have been set aside in future years (£7m) to reduce the financial risk of developing the new DGRI, the scale of the clinical change programme required to bring about the necessary transformation in service delivery, reflect a significant risk as we now enter into the first year of operation in the new hospital.	Medium Risk
6.18				
6.19				