

# DUMFRIES AND GALLOWAY NHS BOARD



## PUBLIC MEETING

A meeting of the Dumfries and Galloway NHS Board will be held at 12.30pm on Monday 12<sup>th</sup> April 2021. The meeting was held via Microsoft Teams with the NHS Board Members.

## AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
12.30pm	9	Apologies	L Geddes	Verbal
12.30pm	10	Declarations of Interest	N Morris	Verbal
12.35pm	11	Previous Minute	N Morris	Attached
12.40pm	12	Matters Arising and Review of Actions List <ul style="list-style-type: none"><li>Board Agenda Matrix 2021/22</li></ul>	N Morris	Attached
<b>ITEMS FOR APPROVAL</b>				
12.45pm	13	Draft Financial Plan 2021/22	K Kerr	Attached
12.55pm	14	Risk Management Strategy	A Wilson	Attached
1.05pm	15	Priorities for Delivery in 2021/22	J Ace	Attached
1.15pm	16	Equality and Diversity – Specific Duties Reports	C Cooksey	Attached
<b>COVID-19 PANDEMIC</b>				
1.25pm	17	COVID-19 Update <ul style="list-style-type: none"><li>Urgent Items for update</li></ul>	J Ace	Verbal
<b>TACTICAL PRIORITIES</b>				
1.35pm	18	Priorities Update: <ul style="list-style-type: none"><li>Test and Protect Programme</li><li>COVID-19 Vaccination Programmes</li><li>“Home Teams”</li><li>Redesign of Unscheduled Care</li><li>Remobilisation of Elective Care</li></ul>	J Ace G Bryson / K Bell	Verbal
<b>Comfort Break – 10 minutes</b>				
<b>ITEMS FOR UPDATE</b>				
2.05pm	19	Financial Performance Update 2020/21 – Position at 28 <sup>th</sup> February 2021	K Kerr	Attached

**NOT PROTECTIVELY MARKED**

Time	No	Agenda Item	Who	Attached / Verbal
2.15pm	20	Integration Joint Board Annual Performance Report 2019/20	V Freeman	Attached
2.25pm	21	Involving People Improving Quality - Patient Experience and Feedback Report	A Wilson	Attached
2.35pm	22	Care Home Assurance	A Wilson	Attached
2.45pm	23	Workforce Information Report	C Cooksey	Attached
2.55pm	24	Board and Committee Minutes <ul style="list-style-type: none"> <li>• Area Clinical Forum – 27<sup>th</sup> January 2021</li> <li>• Staff Governance Lite Committee – 25<sup>th</sup> January 2021</li> </ul>	Committee Chairs	Attached
<b>ANY OTHER COMPETENT BUSINESS</b>				
3.00pm	25		N Morris	Verbal
<b>DATE AND TIME OF NEXT MEETING</b>				
	26	<ul style="list-style-type: none"> <li>• 10<sup>th</sup> May 2021 @ 11am – 1pm. This meeting will be held via Microsoft Teams.</li> </ul>		

# DUMFRIES AND GALLOWAY NHS BOARD



## NHS PUBLIC BOARD

Minute of the public meeting of Dumfries and Galloway NHS Board held on Monday 1 March 2021 at 11am by Microsoft Teams.

### Present

Mr N Morris (NM)	-	Chair
Mrs P Halliday (PH)	-	Non-Executive Member / Vice Chair
Mr J Ace (JA)	-	Chief Executive
Dr K Donaldson (KD)	-	Medical Director
Mrs K Kerr (KK)	-	Director of Finance
Mrs A Wilson (AW)	-	Nurse Director
Mrs V Keir (VK)	-	Non Executive Member / Employee Director
Mr B Irving (BI)	-	Non-Executive Member / Chair of Area Clinical Forum
Dr L Douglas (LD)	-	Non Executive Member
Mrs R Francis (RF)	-	Non Executive Member
Mr A Ferguson (AF)	-	Non Executive Member
Ms L Bryce (LB)	-	Non Executive Member
Ms G Cardozo (GC)	-	Non Executive Member
Ms M Caig (MC)	-	Non Executive Member

### In Attendance

Mrs J White (JW)	-	Chief Officer
Mrs C Cooksey (CC)	-	Workforce Director
Mrs V White (VW)	-	Interim Director of Public Health
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

### Apologies

Mrs V Freeman (VF)	-	Head of Strategic Planning and Performance
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NM welcomed Board Members and observers to the meeting being held by Microsoft Teams.

### **204. Apologies**

Apologies for the meeting have been noted above.

### **205. Declarations of Interest**

NM asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting.

It was noted that no declarations of interest were put forward at this time.

## **206. Minute of the Meeting of the NHS Board held on 1<sup>st</sup> February 2021**

NM presented the minute from the last meeting on 1<sup>st</sup> February 2021, asking NHS Board Members to review and highlight any points of accuracy.

NHS Board Members were content to approve the minute as an accurate record of discussion.

## **207. Matters Arising and Review of Actions List**

NM asked NHS Board Members if they had any items to be discussed under matters arising that were not noted on the agenda or within the action list.

No items were put forward under Matters Arising.

NM presented the Actions List, taking members through the updates that had been received, noting the following key points of progress from the list:

- **Item 171 - Priorities Update**

JW noted that NHS Board Members had agreed to hold a Board Workshop focussing on the Flow Navigation Centre. The date for the workshop will be confirmed to NHS Board Members prior to the next NHS Board meeting in April 2021.

**Action: JW**

LG presented the Agenda Matrix for 2020/21, which reflected the items discussed at NHS Board meetings between April 2020 – March 2021. The matrix format is based on the requirements within the temporary governance arrangements, put in place due to COVID-19.

LG also presented the 2021/22 Agenda Matrix, which follows the same format as the previous year and maps out the key items that will be brought back to NHS Board for discussion throughout the year. It was noted that this format will only be in place until the temporary governance arrangements are lifted, at which point a full review of the agendas for the remainder of the year will be undertaken and brought back to NHS Board for review and approval.

NM noted that he has been in discussions with Committee Chairs to capture the areas where assurance hasn't been received over this period so that this can be factored into the Committee Assurance Statements.

NHS Board Members noted the Action list and:

- Noted the 2020/21 Board Agenda Matrix as a complete record of items taken to NHS Board Meetings in year.
- Approved the 2021/22 Board Agenda Matrix as a plan of activity coming to NHS Board meetings between April 2021 – March 2022.

## **208. Revised Temporary Governance Arrangements**

LG presented the Revised Temporary Governance Arrangements, proposing that Healthcare Governance Committee returns to full governance arrangements with effect from 1<sup>st</sup> March 2021 to provide increased scrutiny on clinical governance, specifically relating to COVID and the Vaccination Programme.

NM noted that Scottish Government have been advised of this proposed change to governance arrangements and are supportive of the proposal.

Following the presentation of the paper, the following points were raised by Board Members:

- It was noted that the paper makes reference to the Lite Membership within paragraph 9; Board Members queried whether the other 4 full members would be re-instated onto the committee. LG advised that the information had only been included within the paper for NHS Board Members to note which Non Executive Board Members were included, highlighting that the committee would return to full governance arrangements, which would include the inclusion of the other original members and lay members.
- A question was raised on whether all the members of the Committee have access to Microsoft Teams to allow them to participate in the meetings. LG noted that she would work with AW and the Committee Administrator to make sure all Committee members have the functionality to join the virtual meetings.

**Action: LG**

NHS Board Members agreed for Healthcare Governance Committee to return to full governance arrangements from 1st March 2021.

## **209. NHS Board Dates 2021/22**

LG presented the NHS Board Dates for 2021/22 to NHS Board Members, highlighting that further to discussions with the Chairman it has been agreed to hold 10 Board meetings next year. Therefore, no meetings have been scheduled for the months of January and August.

Noted below are some of the key points raised by Board Members following presentation of the paper:

- KK asked whether NM had any thoughts on when the Performance Committee will be re-instated. NM advised that he wished to continue with monthly Board meetings and would like to enhance the frequency of the In-Committee. This will allow for the inclusion of items that would have been discussed at Performance Committee. This approach is currently framed by the light governance arrangements. The Chair will discuss in more detail with KK outwith the Board Meeting.

**Action: NM / KK**

NHS Board Members approved the proposed schedule of NHS Board meeting dates for the period April 2021 to March 2022.

## **210. Integration Joint Board Chair nomination**

LG presented the Integration Joint Board (IJB) Chair nomination paper to NHS Board Members, highlighting that following discussions with each of the current IJB Members, NM has agreed for Laura Douglas to be put forward as the nominated Chair for the IJB from 1<sup>st</sup> April 2021 – to 31<sup>st</sup> March 2023 on behalf of NHS Dumfries and Galloway.

Noted below are some of the key points raised by Board Members following presentation of the paper:

- A question was raised on whether the IJB committee chairs and vice chairs would switch from Local Authority to NHS from 1<sup>st</sup> April 2021. JW noted that this was a matter for the IJB and that the Governance officer for the IJB routinely reviews the Chair and Vice Chair roles for the IJB Committees. The next review will take place once the new Chair and Vice Chair of the IJB are in post.
- It was noted that 5 NHS Board Members are required from the NHS and 5 elected members from the Local Authority to make up the membership of the IJB. There is a risk of losing experienced members over the next 2 years when NHS Board members reach the end of their term in office and asked what measures can be put in place to minimize the risk. NM noted that succession planning is a key issue and he is in discussion with with Scottish Government (SG) to look at options for extending some members beyond their 8 year term. JW further noted that there is an opportunity as part of the Integration Scheme to review membership, which will be addressed over the next year.

NHS Board Members:

- Noted the nomination put forward by the NHS Board Chair for Laura Douglas to take on the Chair of the Integration Joint Board role from 1st April 2021 – to 31st March 2023, on behalf of NHS Dumfries and Galloway.
- Approved the submission of this nomination to the Integration Joint Board for noting.

## **211. Sturrock Report Action Plan**

CC presented the Sturrock Report Action Plan, highlighting that the paper sets out the background for the Sturrock Report, the recommendations, the requirement and expectations from Scottish Government in relation to the Board developing a Local Action Plan, and also the timeframe and process for formal approval of the Action Plan.

The following key points were noted as part of the update:

- The first assessment of the report was submitted to Scottish Government in 2019. The assessment was taken through Staff Governance Committee and subsequently a staff side partnership event, held in February 2020, to enable the Board to build the priorities of focus for the plan.
- NHS Board Members were made aware that in October 2020 the draft Action Plan was presented to the Board, before being taken to Staff Governance Committee in November 2020 for formal review and agreement of the Action Plan.
- NHS Board Members were advised of the identified priority areas/themes including:
  - Freedom and Safety to Speak Up;
  - Civility and Building Good Relationships;
  - Leadership Mental Health Issues for Staff and Clinical Engagement in the Contemporary NHS

Noted below are some of the key points raised by Board Members following presentation of the paper:

- It was highlighted that some of the actions could be more specific. CC agreed to amend the actions over the next 12 months.

**Action: CC**
- A question was raised on the measurability of the proxy measures addressed through Staff Governance. CC advised that although there are measures within the Action Plan there is also an overarching action to identify what are the appropriate measures of success within the plan.
- Board members agreed that whilst the action plan was originally a response to the Sturrock Report, the Board should evolve this plan into one that represents the needs of NHS Dumfries and Galloway specifically. Board members suggested an annual review of this Culture Action Plan should form a routine part of Board business.

NHS Board Members agreed:

- The action plan (appendix 3) and reporting mechanisms so that timescales and prioritisation of actions can be undertaken.
- To receive an update on the action plan annually.
- To oversee evaluation of impact of the action plan.

- To role model constructive behaviours in order to support the implementation of the plan and a positive constructive organisational culture.

*GC left the meeting at 11.35am due to internet issues.*

## **212. COVID-19 Update**

JA gave a verbal update on the current COVID-19 position, noting that the situation was relatively positive and stable, therefore, no urgent updates that Board Members need to be made aware of.

The following key points were noted as part of the update:

- NHS Board Members were advised of the rapid decrease in the test positivity rate, which has decreased below 5%. This reflects on how well Dumfries and Galloway's population has adhered to the current restrictions.
- There has been a fall in inpatient numbers in Acute facilities, with fewer than 10 COVID-19 positive patients in Dumfries and Galloway Royal Infirmary (DGRI) at the moment.
- NHS Board Members were regrettably made aware that although the number of patients with COVID-19 in the Critical Care Unit has decreased, they have recorded a significant number of deaths due to COVID-19.

NM noted his recent contact with DGRI Consultants on hospital pressures, advising that the Consultants wished to thank the Board and Executive Directors, extending a special mention to Carole Morton, Callum Ambridge and all the Acute Managers for their support in clinical decision making and clinical need.

*VW joined the meeting at 12noon*

- NHS Board Members were advised that Mountainhall Treatment Centre Wards remain open, with Cottage Hospital bed occupancy around 80-85%. There are a number of vacancies in other Cottage Hospitals at present and the Board are working with the Community Health and Social Care Directorate to look at the proposals for the exit plan for Mountainhall Treatment Centre.
- There has been an increase in asymptomatic testing, with the addition of four mobile testing sites in the region.
- NHS Board Members were made aware of the new P1 Brazilian variant, which is confined to the North East of Scotland with no connections to Dumfries and Galloway at this time.

The following key points were raised by NHS Board Members:

- A question was raised on whether the Board could address the current rumour around the closing of Cottage Hospitals. JA advised that although the Board has four Cottage Hospitals currently available to support the COVID surge planning process, should they be required. Concerns have been raised around the suitability of the facilities moving forward in a COVID environment and this will require review. There have been no decisions made in relation to closing any of the cottage hospitals. Should we need to review the use of these buildings going forward, there will be a significant level of community and public engagement that would need to take place before any decision could be made on future service configurations.

NHS Board Members noted the verbal update

### **213. Priorities Update**

JA gave NHS Board Members a brief overview on the Board's current tactical priorities, noting the following key points:

- NHS Board Members were advised that the Test and Protect Programme had benefited from a reduction in positive tests, therefore the team's ability to contact close contacts has been made easier.
- VW and JW acknowledged the work of the Test and Protect Team, advising NHS Board Members that the Team has been made up of re-deployed staff and has made a significant contribution to reducing the transmission of the virus.
- It was noted that the Vaccination Programme were currently working through vaccinating those in the 60-64 year old age group and simultaneously progressing through the Carer cohort and individuals with underlying health issues. JA noted that although the Vaccination Programme was on track, the programme has slowed slightly due to vaccine availability. Notification has been received that over the next 2/3 weeks the vaccine availability will accelerate dramatically, which should enable the Board to achieve, by the middle of April, full vaccination of the 9 priority groups.
- NHS Board Members were made aware that progress is ongoing with the second dose of vaccines in Care Homes and Health and Social Care staff.
- It was noted that JW and VW had met with Tactical Leads to look at the long-term plan for the Vaccination Programme, which will include ensuring the correct skills are within the team and the development of the Healthcare Support Worker roles into Vaccinators, which is being led through the Vaccination Tactical Group. JW agreed to bring a detailed plan to the NHS Board when available.

**Action: JW**

**NOT PROTECTIVELY MARKED**

Following the presentation of the paper, the following key points were raised by Board Members:

- A question was raised around whether there was any update on the Primary Care Transformation Programme. JW advised that a session has been planned with clinical leads and would be content to brief the Board on the outcome of the discussions.

**Action: JW**

- It was requested that an update should be drafted for a future Board meeting, which would include an update on Primary Care Contractors and Services in the Community going forward into the Modernisation Programme. JW agreed to draft the presentation.

**Action: JW**

NHS Board Members noted the verbal update

#### **214. Financial Performance Update 2020/21 – Position as at 31<sup>st</sup> January 2021**

KK presented the Financial Performance Update 2020/21 to NHS Board Members, which incorporates the latest financial position to the end of January 2021. The NHS Board is projecting the delivery of a break-even position with a slight risk of underspending due to the level of flexibility which will be managed accordingly.

KK noted the following key points as part of the update:

- It was noted that there remains a significant level of risk and uncertainty in the financial position, the additional allocations to be issued by Scottish Government in the last months of year will be managed through the use of IJB reserves where appropriate.
- NHS Board Members were made aware of the number of programmes of work, in particular the Vaccination Programme, where the forecast spend is challenging due to the changes in the work programme, especially around the vaccine supply.
- It was noted that an underspend has arisen in the forecast capital programme for 2020/21 with capital funding of £2m required to be returned to the Scottish Government as an underspend in the current financial year, most of which will not be able to be re-provided in 2021/22.
- NHS Board Members were highlighted that the draft Financial Plan for 2021/22, which was submitted to Scottish Government in draft along with the Remobilisation Plan on 26<sup>th</sup> February 2021. A Board Workshop is planned for 15<sup>th</sup> March 2021 to discuss this in further detail.

NHS Board Members noted:

- The year-end forecast for 2020/21 remains at break-even.
- The update on the COVID-19 cost allocation and the impact on the financial position.
- The additional funding allocated to the Integration Authority in January 2021

## **215. Healthcare Associated Infections Report**

AW presented the Healthcare Associated Infections Report to NHS Board Members, highlighting that this was the routine report around healthcare infections.

The following key points were noted as part of the update:

- NHS Board Members were advised that the set target is not going to be met in this reporting year for *Staphylococcus aureus* bacteraemia due to the 13 recorded cases.
- Although 22 cases of Clostridioides difficile infection and 38 cases of E.coli Bacteraemia have been recorded, the Board is on track to meet these target.
- NHS Board Members were advised of the interim Infection Control Manager, Ross Darley, who will be in post for a year with a view to recruit on a permanent basis thereafter.
- It was noted that the Infection Control Team will commence local Healthcare Associated Infection inspections across all clinical areas from March 2021 - December 2021.
- NHS Board Members were highlighted to the recent Healthcare Improvement Scotland inspection to Lochmaben Community Hospital, noting that the report is due to be published on 3<sup>rd</sup> March 2021.
- NHS Board members recognised that the Infection Control targets had been set against a baseline year of very good performance within Dumfries and Galloway, which made achievement exceptionally more difficult.

NHS Board Members noted the Healthcare Associated Infection update paper.

## 216. Draft Tactical Priorities

JA gave NHS Board Members a presentation on the draft Tactical Priorities, highlighting the proposed 5 key priority areas and the projected forecast for 2021/22.

The following points were raised by Board Members following the presentation:

- There was a request for a future discussion on how the Board can help with the fight against poverty. JA noted that investment will be required into services where individuals have been most affected by COVID-19.
- An observation was made on the need to rebuild services in a radical way post-COVID-19. JA agreed that services will need to change following the effects of the pandemic.
- A point was raised on the flexibility of the Board's estate. JA agreed that infrastructure decisions will be required following COVID-19.

NM asked JA to circulate the presentation slides to Board Members and for NHS Board Members to provide comments on the tactical priorities to JA prior to a formal paper being presented to the NHS Board in April for approval.

**Action: Board Members**

NHS Board Members noted the draft Tactical Priorities.

## 217. Brexit Update

JA gave NHS Board Members a verbal update on Brexit, highlighting that although there have been national issues around supply deliveries, no local issues have been identified at this time.

The following key points were noted as part of the update:

- Partnership working was continuing with Local Authority colleagues in relation to the ongoing issues at Cairnryan Port.
- NHS Board Members were advised that support is ongoing with EU staff working within the Board.

The following points were raised by Board Members following the presentation:

- A question was raised on whether there were any anticipated challenges with the issues at Cairnryan Port. JA advised that work was ongoing with Police colleagues and that there were no operational difficulties at present.

NHS Board Members noted the verbal update.

## **218. Scottish Parliament Election 2021: Guidance for NHS and other Health Bodies**

LG presented the Scottish Parliament Election 2021: Guidance for NHS and other Health Bodies, noting the following key points:

- The Health Board will move into a period of purdah from 25<sup>th</sup> March 2021 until the election day on 6<sup>th</sup> May 2021.
- The guidance confirms the restriction that the Board needs to adhere to around the promotion of programmes and projects, as well as wider communications and restrictions placed on Board Members.
- It was noted that the guidance has been adjusted due to the current COVID-19 pandemic, meaning that there will be no visits to health facilities during the purdah period by parliamentary candidates or parties.
- A new section has been included in the guidance for Integration Joint Boards. LG confirmed that the guidance has already been shared with the Governance Officer for the Dumfries and Galloway Integration Joint Board.

NM advised that as Non Executive Board Members they are representatives of the Board and must ensure that they read the guidance in full and refer any questions on the guidance back to himself or LG for clarification.

NHS Board Members noted the guidance on the conduct of business during the Scottish Parliament Elections campaign.

## **219. Whistleblowing Update:**

KD and MC gave NHS Board Members a verbal update on Whistleblowing, highlighting the new Whistleblowing standards are due to be finalised and implemented in April 2021. The following key points were noted as part of the update:

- NHS Board Members were advised that the new Whistleblowing standards now include Health and Social Care Partnerships.
- NHS Board Members were made aware that the Whistleblowing Steering Group was in the process of setting up an implementation group to look at the roll-out of the procedures and information to providers.

NHS Board Members noted the Whistleblowing Update.

## **220. Board and Committee Minutes**

NM introduced the minutes from the Board Governance committees to NHS Board Members asking the Lead Director or Committee Chair to highlight any key points from the minute or committee meetings, for interest.

- Area Clinical Forum – 25<sup>th</sup> November 2020  
NHS Board Members noted the minute from Area Clinical Forum on 25<sup>th</sup> November 2020. LD raised concerns around the language used within the minute, which may give the reader an incorrect view of what the Forum had discussed and agreed. BI agreed to pick up a discussion with the Forum Administrator.

**Action: BI**

- Staff Governance Committee – 23<sup>rd</sup> November 2020  
NHS Board Members noted the minute from Staff Governance Committee on 23<sup>rd</sup> November 2020.

#### **221. Any Other Competent Business**

No items were put forward for discussion at this point.

#### **222. Date of Next Meeting**

The next meeting of the Dumfries and Galloway NHS Board will be held on 12<sup>th</sup> April 2021 at 12.30pm via Microsoft Teams. The meeting concluded at 1.30pm.

## Actions List from NHS Board Meeting

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
07/12/2020	174.	<p><b><u>Summary Performance Report</u></b></p> <p>A question was raised on whether it would be beneficial to add the remobilisation targets into the Summary report. JW advised that this would be useful and would progress with the Team to include in the next report to NHS Board.</p>	J White	Updated report to be brought back to the May 2021 NHS Board meeting for review.	31/05/2021	
01/02/2021	197.	<p><b><u>Patient Feedback Report</u></b></p> <p>A question was raised on whether there was an option to use a follow up telephone call as an organisational test for change, as various Third Sector Organisations use this method which has proven successful. AW agreed to take the proposal back to the team.</p>	A Wilson	On discussion with the patient experience lead, there is work happening nationally with the SPSO which is looking at an external follow up for complaints handling satisfaction. We believe that would be a preferable option and would suggest waiting for the detail of that work.	30/06/2021	

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
01/03/2021	209.	<p><b><u>NHS Board Dates 2021/22</u></b></p> <p>KK asked whether NM had any thoughts on when the Performance Committee will be re-instated. NM advised that, although he wished to continue with monthly Board meetings, he would like to enhance Committee sessions on a more frequent basis to include items that would have been discussed at Performance Committee, and would discuss in more detail with KK outwith the Board Meeting.</p>	N Morris/ K Kerr	A review of all the governance arrangements is taking place over the next 2 months and this will form part of those discussions. An update will be brought back to NHS Board in June 2021.	30/06/2021	
01/03/2021	213.	<p><b><u>Priorities Update</u></b></p> <p>It was requested that a presentation should be drafted for a future Board meeting, which would include an update on Contractors and Services in the Community going forward into the Modernisation Programme. JW agreed to draft the presentation.</p>	J White	Discussions are taking place with JW around the scheduling a workshop session to update on this item.	31/05/2021	

**Closed actions to be removed from the Actions List**

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
08/04/2019	20.	<p><b><u>Future delivery of Adult Urology Services in Dumfries and Galloway</u></b></p> <p>NHS Board Members discussed the input of the Integration Joint Board agreeing that VG would bring back any further developments of the future delivery of Urology services within Dumfries and Galloway to NHS Board for consultation.</p>	V Gration	<p>Service changes means that further work is required. Board Members will be updated at the first possible opportunity when new information is available.</p> <p>Following discussions at Strategic Pandemic Control Team on 17/03/2021, it was agreed that further work needs to be undertaken on the regional pathways as a result of the impact of the COVID pandemic. Discussions on the regional pathways will be taken back to Board Management Team for further review. It is proposed to close this risk at the moment and once the model reviews have taken place an update will be scheduled back onto the Board Agenda Matrix later this year.</p>	30/04/2021	17/03/2021

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
03/02/2020	147.	<p><b><u>Regional Update</u></b></p> <p>JA advised NHS Board Members that a report on Vascular and Ophthalmology services would be submitted to the NHS Board meeting in April 2020.</p>	V Freeman / V Gratton	<p>This paper has been delayed due to the work currently being actioned around COVID-19. Further updates on the timescale will be notified to Board Members when available.</p> <p>Following discussions at Strategic Pandemic Control Team on 17/03/2021, it was agreed that further work needs to be undertaken on the regional pathways as a result of the impact of the COVID pandemic. Discussions on the regional pathways will be taken back to Board Management Team for further review. It is proposed to close this risk at the moment and once the model reviews have taken place an update will be scheduled back onto the Board Agenda Matrix later this year.</p>	30/04/2021	17/03/2021

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
07/09/2020	103.	<p><b><u>Matters Arising and Review of Actions List</u></b></p> <p><b>Item 61 – Complaints Policy Update.</b> This item related to a review of the delegated authority of Board Committees, specifically in relation to policy approvals. It was agreed the LG would work with KL and NM to review the committee remits and bring a paper back to the November 2020 NHS Board meeting.</p>	L Geddes/ K Lewis/ N Morris	A Corporate Governance Sub Group an action plan with timescales agreed within it and the sub group will continue to progress the action plan and bring items back to Board as appropriate.	31/03/2021	30/03/2021
07/09/2020	110.	<p><b><u>Corporate Risk Register</u></b></p> <p>A question was raised on the reason why the mitigations were not recorded within the register that is presented to NHS Board. NM agreed that he would discuss with JA and LG to address whether there are any issues with presenting the mitigations in a Public meeting and agreed to look at options for fuller discussions on the register.</p>	N Morris	<p>Due to the nature of the information within the mitigation, there is a risk to confidentiality and security to the Board by presenting the information in the public forum.</p> <p>It has been agreed to take the full register with mitigation to the In Committee Board meetings 3 times per year and then the full register without the mitigation to the public Board meetings on an annual basis. LG has updated this timeline within the agenda matrices for 2021/22, which will be presented to the March 2021 Board meetings.</p>	28/02/2021	01/03/2021

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
02/11/2020	161.	<p><b>Integration Joint Board Housing with Care and Support Strategy</b></p> <p>A note of concern was raised on the lack of engagement with minority Ethnicity, Faith and LGBT groups, who are the core groups in the impact assessment that come across as no impact, enquiring to whether the no impact is due to lack of engagement, noting a link to a 2017 report from the LGBT Plus organisation into the care and support needs of LGBT adults which has been ongoing since 2010.</p> <p>VG advised that she would take the request for information and discuss with colleagues outwith the meeting and feed back information directly to NHS Board Members.</p>	V Gration	Concerns have been highlighted to the IJB and VG will feed information back to members when available.	31/03/2021	30/03/2021
07/12/2020	168.	<p><b><u>Matters Arising and Review of Actions List</u></b></p> <p><b>Item 110 – Corporate Risk Register</b> NHS Board Members agreed to receive a paper to the NHS Board in February 2021 in relation to the strategic framework, which in turn will be added into an annual process which will incorporate the Corporate Objectives. LG was asked to add this item to the agenda matrix.</p>	L Geddes / V Freeman	A Board Workshop on the Strategic Framework has been arranged for 26 <sup>th</sup> April 2021. Further actions required will be determined from the workshop. This action is complete.	30/04/2021	01/04/2021

NOT PROTECTIVELY MARKED

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
07/12/2020	171.	<p><b><u>Priorities Update</u></b></p> <p>NM advised that for the NHS Board to gain an understanding it would be beneficial to the Board to have a discussion within an In Committee Session in 2021 on the vision of the Flow Navigation Centre and what is to be achieved longer term.</p>	J White	<p>This item was discussed at NHS Board on 1st March 2021.</p> <p>This action is being closed as it is superseded by action 207 on 1st March 2021.</p>	31/03/2021	01/03/2021
07/12/2020	173.	<p><b><u>Financial Performance Update 2020/21 - Quarter Two Update</u></b></p> <p>Both RF and NM asked for an update to be brought back to Board Members in Spring 2021 as part of the financial planning process for 21/22 to include:</p> <ul style="list-style-type: none"> <li>• Where are the key areas of underspend in 20/21?</li> <li>• Where have the non-recurring savings come through that were not anticipated in the opening financial plan?</li> <li>• What options do we have to deliver future savings requirement given the underlying financial deficit for 21/22?</li> </ul>	K Lewis	<p>It has been agreed to have this discussion within a Board Workshop before the end of March 2021.</p> <p>The workshop has been arranged for 15<sup>th</sup> March 2021 and all Board Members have been notified.</p>	31/03/2021	15/03/2021

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
01/02/2021	198.	<p><b><u>Financial Performance Update 2020/21 – Quarter 3 Update</u></b></p> <p>NM requested that the final Remobilisation Plan be shared with NHS Board Members in advance of the Board session to allow members to appraise the content of the Plan. JW advised that the draft Remobilisation Plan will be circulated to NHS Board Members at the earliest possible opportunity.</p>	K Kerr/ J White	Re submitted Remobilisation Plan, this will be shared with LG to share with Board Members.	31/03/2021	15/03/2021
01/02/2021	198.	<p><b><u>Financial Performance Update 2020/21 – Quarter 3 Update</u></b></p> <p>Board Members asked for clarification on whether the £4.7million uplift included the Board's share of the extra £22.1million for Mental Health and the £30.2million for NRAC. KK advised that the £22.1million would be separate funding and advised that the Board do not receive any of the NRAC funding but would be happy to share further details on this funding allocation with NHS Board Members.</p>	K Kerr	The budget letter was shared with Board Members and it was agreed if anyone had any outstanding queries to pick this up with KK offline.	31/03/2021	31/03/2021

NOT PROTECTIVELY MARKED

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
01/02/2021	200.	<p><b><u>COVID-19 Update</u></b></p> <p>NM requested that he would like to see an update on how the pandemic has impacted Independent Contractors. JW agreed to bring an update on Independent Contractors to a future Board Meeting.</p>	J White	<p>This action was discussed at NHS Board on 1<sup>st</sup> March 2021 and a new action noted.</p> <p>This action is closed as superseded by action 207 on 1<sup>st</sup> March 2021.</p>	30/04/2021	01/03/2021
01/03/2021	207.	<p><b><u>Matters Arising and Review of Actions List</u></b></p> <p><b><u>Item 171 - Priorities Update</u></b></p> <p>JW noted that NHS Board Members had agreed to hold a Board Workshop focussing on the Flow Navigation Centre. The date for the workshop will be confirmed to NHS Board Members prior to the next NHS Board meeting in April 2021.</p>	J White	<p>Workshop has been arranged for 31st May 2021, which will be facilitated by N Hamlet and D Rowlands.</p>	31/05/2021	01/04/2021
01/03/2021	208.	<p><b><u>Revised Temporary Governance Arrangements</u></b></p> <p>A question was raised on whether all the members of the Committee have access to Microsoft Teams to allow them to participate in the meetings. LG noted that she would work with AW and the Committee Administrator to make sure all Committee members have the functionality to join the virtual meetings.</p>	L Geddes	<p>All HCGC members were able to attend.</p>	31/03/2021	30/03/2021

**NOT PROTECTIVELY MARKED**

Date of Meeting	Agenda Item	Action	Responsible Manager	Current Status	Anticipated End Date	Date Completed
01/03/2021	211.	<p><b><u>Sturrock Report Action Plan</u></b></p> <p>It was highlighted that some of the actions could be more specific. CC agreed to amend the actions over the next 12 months.</p>	C Cooksey	Agreed at Board that Sturrock Action Plan would become the generic Dumfries and Galloway Culture Action Plan. This will come back to the Board annually and discussions at March 2021 Board will be picked up as part of the next update. Action closed as now added to the Board Agenda matrix for March 2022.	31/03/2021	30/03/2021
01/03/2021	213.	<p><b><u>Priorities Update</u></b></p> <p>It was noted that JW and VW had met with Tactical Leads to look at the long-term plan for the Vaccination Programme, which will include ensuring the correct skills are within the team and the development of the Healthcare Support Worker roles into Vaccinators, which is being lead through the Vaccination Tactical Group. JW agreed to bring a detailed plan to the NHS Board when available.</p> <p>A question was raised around whether there was any update on the Primary Care Transformation Programme. JW advised that a session has been planned with clinical leads and would be content to brief the Chairman on the outcomes.</p>	J White	<p>Detailed plan for the Vaccination Team, which was endorsed by SPCT was circulated to NHS Board Members on 1<sup>st</sup> April 2021 for information.</p> <p>JW will feed information back directly to the Chair following the session with the Clinical Leads. Action closed as not further input needed from NHS Board at this time.</p>	30/04/2021	01/04/2021
					30/04/2021	30/03/2021

NOT PROTECTIVELY MARKED

<b>Date of Meeting</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsible Manager</b>	<b>Current Status</b>	<b>Anticipated End Date</b>	<b>Date Completed</b>
01/03/2021	216.	<p><b><u>Draft Tactical Priorities</u></b></p> <p>NM asked JA to circulate the presentation slides to Board Members and for NHS Board Members to provide comments on the tactical priorities to JA prior to a formal paper being presented to the NHS Board in April for approval.</p>	Board Members	On the agenda for Board in april 2021 including any comments received.	30/04/2021	12/04/2021
01/03/2021	221.	<p><b><u>Board and Committee Minutes</u></b></p> <p><u>Area Clinical Forum – 25<sup>th</sup> November 2021</u></p> <p>NHS Board Members noted the minute from Area Clinical Forum on 25th November 2020. LD raised concerns around the language used within the minute, which may give the reader an incorrect view of what the Forum had discussed and agreed. BI agreed to pick up a discussion with the Forum Administrator.</p>	B Irving	BI to deal with directly through the ACF member and administration.	31/03/2021	30/03/2021

## NHS Board Agenda Matrix 2021-22

		2021								2022				
		12 April	10 May	14 June	12 July	9 August	13 September	11 October	8 November	13 December	January	14 February	14 March	
<b>Meeting Items</b>	Apologies	Apologies	Apologies	Apologies			Apologies	Apologies	Apologies	Apologies		Apologies	Apologies	
	Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest			Declarations of Interest	Declarations of Interest	Declarations of Interest	Declarations of Interest		Declarations of Interest	Declarations of Interest	
	Previous Minute	Previous Minute	Previous Minute	Previous Minute			Previous Minute	Previous Minute	Previous Minute	Previous Minute		Previous Minute	Previous Minute	
	Matters Arising and Actions List	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix			Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix		Matters Arising, Actions List and Agenda Matrix	Matters Arising, Actions List and Agenda Matrix	
	Any Other Business	Any Other Business	Any Other Business	Any Other Business			Any Other Business	Any Other Business	Any Other Business	Any Other Business		Any Other Business	Any Other Business	
	Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting			Date of next meeting	Date of next meeting	Date of next meeting	Date of next meeting		Date of next meeting	Date of next meeting	
<b>Items for Approval</b>	Financial Plan 2021-22 - 2022-23	NHS Dumfries and Galloway Board Governance Arrangements	Participation Request and Community Asset Transfer Annual Report 2020/21	Annual Report 2020-21 on D&G Local Child Poverty Action Plan			Revised Temporary Governance Arrangements	Board Committee Terms of Reference	Revised Temporary Governance Arrangements	NHS Board Dates 2022/23		Revised Temporary Governance Arrangements	Review of Code of Corporate Governance	
	Register of Members Interests 2020/21	Board Committee Terms of Reference		Revised Temporary Governance Arrangements					Duty of Candour Annual Report					
	Risk Management Strategy													
	Priorities for Delivery in 2021-22													
<b>COVID-19 Pandemic</b>	COVID-19 Pandemic	COVID-19 Update	COVID-19 Update	COVID-19 Update			COVID-19 Update	COVID-19 Update	COVID-19 Update	COVID-19 Update		COVID-19 Update	COVID-19 Update	
							Review of Governance Arrangements for Care Home Professional Oversight							
<b>Tactical Priorities</b>	Test and Protect Programme	Test and Protect Programme	Test and Protect Programme	Test and Protect Programme			Test and Protect Programme	Test and Protect Programme	Test and Protect Programme	Test and Protect Programme		Test and Protect Programme	Test and Protect Programme	
	COVID-19 Vaccination Programmes	COVID-19 Vaccination Programmes	COVID-19 Vaccination Programmes	COVID-19 Vaccination Programmes			Flu and COVID-19 Vaccination Programmes	Flu and COVID-19 Vaccination Programmes	Flu and COVID-19 Vaccination Programmes	Flu and COVID-19 Vaccination Programmes		Flu and COVID-19 Vaccination Programmes	Flu and COVID-19 Vaccination Programmes	
	Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities			Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities		Establishment of "Home Teams" in localities	Establishment of "Home Teams" in localities	
	Redesign of Unscheduled Care	Redesign of Unscheduled Care	Redesign of Unscheduled Care	Redesign of Unscheduled Care			Redesign of Unscheduled Care	Redesign of Unscheduled Care	Redesign of Unscheduled Care	Redesign of Unscheduled Care		Redesign of Unscheduled Care	Redesign of Unscheduled Care	
	Remobilisation of Elective Care	Remobilisation of Elective Care	Remobilisation of Elective Care	Remobilisation of Elective Care			Remobilisation of Elective Care	Remobilisation of Elective Care	Remobilisation of Elective Care	Remobilisation of Elective Care		Remobilisation of Elective Care	Remobilisation of Elective Care	
<b>Items for Update</b>	Financial Plan Update - 2020-21	Financial Performance Update 2020-21 - Year End Report	Mobilisation Plan Financial Update	Financial Performance Update			Financial Performance Update - Quarter 1 Report	Financial Performance Update	Financial Performance Update	Financial Performance Update		Financial Performance - Quarter 3 Update	Financial Performance Update	
	IJB Annual Report	Board and Committee Minutes	Patient Experience and Feedback	Healthcare Associated Infections Update Report			Patient Experience and Feedback	Healthcare Associated Infections Report	Patient Experience and Feedback	Healthcare Associated Infections Report		Patient Experience and Feedback	Patient Safety Update	
	Board and Committee Minutes	Healthcare Associated Infections Update Report	Summary Performance Report	Reflections on staff Experience over the COVID period			Summary Performance Report	Corporate Governance Action Plan Update	Brexit Update	Whistleblowing Update		Workforce Data Pack	Healthcare Associated Infections Report	
	Patient Experience and Feedback	Integration Joint Board Directions	Whistleblowing Update	Integration Joint Board Directions			Workforce Data Pack	Board and Committee minutes	IJB Housing with Care and Support Strategy	Board and Committee minutes		Corporate Risk Register	Whistleblowing Update	
	Regional Update (covering Vascular, Ophthalmology and Urology)	Brexit Update	Workforce Data Pack	Annual Report on Feedback, Comments, Concerns and Complaints - 2019-20			Integration Joint Board Directions	Workforce Data Pack	Digital Health and Care Strategy	Brexit Update		Integration Joint Board Directions	Brexit Update	
	Workforce Data Pack	Corporate Governance Action Plan Update					Whistleblowing Update		Board and Committee minutes	Workforce Data		Summary Performance Report	Draft Tactical Priorities 2021/22	
		Cancer Strategy					Reflections on Staff Experience over the COVID period		Integration Joint Board Directions					Board and Committee minutes
							Board and Committee Minutes		Summary Performance Report					Freedom of Information Annual Report
														Corporate Risk Register

No meeting scheduled

No meeting scheduled




# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Draft Financial Plan 2021/22

**Author:**  
Katy Kerr  
Director of Finance

**Sponsoring Director:**  
Katy Kerr  
Director of Finance

**Date:** 26<sup>th</sup> March 2021

### RECOMMENDATION

The NHS Board is asked to **approve**:

- The final budget for NHS Dumfries and Galloway for 2021/22 noting the remaining level of unidentified savings at £16m from an overall savings target of £31.2m.
- The delegation of budgets to the Integration Joint Board (IJB) as per Appendix 1.
- The delegation of additional consequentials to the IJB as per Table 1, once the detailed Partnership allocations are confirmed as directed by Scottish Government.

The NHS Board is asked to **discuss and note**:

- That further allocations are anticipated to cover the impact of the Pay Uplift for Agenda for Change (AFC) staff pending conclusion of Pay negotiations.
- That whilst formal brokerage has not been sought at this stage, discussions are ongoing with Scottish Government in relation to overall management of the Board's financial position and updates will be provided through monthly financial reports.

### CONTEXT

#### Strategy/Policy:

The Board has a statutory financial target to deliver a break-even position against its Revenue Resource Limit (RRL).

**Organisational Context/Why is this paper important/Key messages:**

This report provides an update on the draft Financial Plan for 2021/22.

**GLOSSARY OF TERMS**

ADP	-	Alcohol and Drugs Partnerships
AFC	-	Agenda for Change
ASRP	-	Acute Services Redevelopment Programme
CAMHS	-	Child and Adolescent Mental Health Services
CRES	-	Cash Releasing Efficiency Savings
CRL	-	Capital Resource Limit
DE	-	Direct Engagement
IJB	-	Integration Joint Board
MTC	-	Mountainhall Treatment Centre
NPD	-	Not for profit distribution
NRAC	-	National Resource Allocation Formula
PPRS	-	Pharmaceutical Price Regulation Scheme
PSPP	-	Public Sector Pay Policy
RRL	-	Revenue Resource Limit
PFI	-	Private Finance Initiative
SAM	-	Sustainability and Modernisation Programme
SCPB	-	Strategic Capital Programme Board
SLA	-	Service Level Agreement
SMC	-	Scottish Medicines Consortium
WTIP	-	Waiting Times Improvement Plan
RTA	-	Road Traffic Accident

## MONITORING FORM

Policy / Strategy	Supports agreed financial strategy as part of the Remobilisation Plan.
Staffing Implications	Not required.
Financial Implications	Supporting the overall reporting and update to the financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle.
Consultation / Consideration	Board Management Team.
Risk Assessment	Financial Risks included in paper.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/></p> <p>The Board has an in-year financial savings target of £31.2m for 2021/22 Financial Plan.</p>
Sustainability	The Financial Plan supports the Sustainability and Modernisation agenda through the delivery of the savings and efficiency programme. Key to the ongoing achievement of savings plan will be the delivery of significant transformational changes to services.
Compliance with Corporate Objectives	<p>To maximise the benefit of the financial allocation by delivering efficient services, to ensure that we sustain and improve services and support the future model of services.</p> <p>To meet and, where possible, exceed Scottish Government goals and targets for NHS Scotland.</p>
Local Outcome Improvement Plan (LOIP)	Not required.
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
Impact Assessment	<p>A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.</p> <p>Full consultation with all key stakeholders will form the basis of the significant changes required in transforming our services to ensure they are appropriately sustainable, whilst delivering safe and high quality care.</p>

**NOT PROTECTIVELY MARKED**

## Executive Summary

1. The estimated financial gap for 2021/22 is £31.2m for the NHS Board (based on a 1.5% uplift in funding). Further details of how the financial gap has been estimated are included in the next section. This represents a 9.73% savings target for the Board including savings associated with the services delegated to the IJB. This plan, as requested by Scottish Government, is for a one year period only and will be further revised after the initial six months of the financial year given the ongoing uncertainty.
2. For the purposes of the Financial Plan, it is assumed that the NHS Board does deliver a break-even position for 2020/21 as per current projections. If this were not to be the case, any deficit or overspend from that year would need to be added to the savings requirement for 2021/22.
3. The savings plan is being developed and supported through the Sustainability and Modernisation Programme (SAM) work and good progress was made in the initial workshop which took place on 23<sup>rd</sup> March 2021.
4. This paper sets out an initial view on deliverability and savings targets for 2021/22 based on the limited discussions to date and a need to assess as a key strand of the Financial Plan. At this stage, the focus is much more on the immediate opportunities with the ambition that we look to develop a longer term plan over the next six months.
5. The savings to date are based on a range of areas but specifically:
  - An assessment of workforce savings from known vacancies and likely timeframes for recruitment (mainly non-recurring).
  - Targets assessed through the SAM programme and Finance teams, with work ongoing to implement delivery through General Management and Clinical Teams.
  - Savings plans already in progress.
  - Opportunities identified through Covid-19 and new ways of working
  - Known underspends identified and reflected in the opening position.
  - Other non-recurring flexibility and opportunities.
6. Based on this initial plan, savings of £15.155m (split £5.2m recurring and £9.955m non-recurring) have been captured in the Plan, leaving an underlying in-year gap of £16m. The details of the plans are captured in **Appendix 1 and 2** of this paper.
7. Significant further work is required on the savings plan during the coming months to seek to identify schemes to look to close the financial gap for next year further.
8. Whilst the paper considers the overall NHS Board position, it does split out the impact across functions and services delegated to the IJB and those retained by the NHS Board. The Board is required to agree its position in relation to any uplifts on the delegated functions.

9. As a Board, we are required to pass on the 1.5% baseline uplift and also any additional in-year allocations which we are directed to pass to the IJB and we have always complied with Scottish Government directions on this.

### Budget for 2021/22

10. The budget confirms a 1.5% uplift to NHS Board allocations which reflects a £4.737m baseline funding uplift for Dumfries and Galloway. The budget will also allocate further funding of £30.2m to move all Boards to at least within 0.8% of the National Resource Allocation Formula (NRAC) parity target. As our funding levels are currently above the nationally assessed NRAC parity, we do not receive a share of this funding.
11. The Scottish Government budget also indicates funding provision for support of key policy areas, such as Primary Care, Waiting Times Improvement and Mental Health. There is also additional funding for Alcohol and Drugs Partnerships (ADPs) to support investment in measures to reduce drug deaths. Whilst the budget letter indicates funding levels as per the table below, the detailed allocations have yet to be confirmed. The table below indicates the increased investment across the government policy areas.

Table 1

Improving patient outcomes	2020/21 Investment in reform (£m)	2021/22 Investment in reform (£m)	Increase for 2021/22 (£m)
Primary Care	205	250	45
Waiting Times Improvement	136	136	-
Mental Health and CAMHS	89	111.1	22.1
Trauma Networks	31	37.8	6.8
Drug Deaths	11	61	50
<b>TOTAL</b>	<b>472</b>	<b>595.9</b>	<b>123.9</b>

### Estimated financial gap

12. Based on the above additional allocations and the assumptions noted below, the estimated financial gap for 2021/22 is as follows:

Table 2

Summary	2021/22		
	IJB £000s	Board £000s	TOTAL £000s
Recurring savings gap 2020/21	(21,333)	(5,313)	(26,646)
Recurring savings delivered in 2020/21	1,571	(350)	1,221
Opening Position 2021/22	(19,762)	(5,663)	(25,425)
Baseline Uplift 1.5%	3,979	758	4,737
Pay and Price Uplifts 2021/22	(7,129)	(738)	(7,868)
Non Covid-19 Cost Pressures	(348)	(1,390)	(1,738)
Allocation Reduction New Medicines Fund	(900)	0	(900)
Increased Savings Requirement 2021/22	(4,398)	(1,371)	(5,769)
<b>Overall Financial Gap for 2021/22</b>	<b>(24,160)</b>	<b>(7,034)</b>	<b>(31,194)</b>

**NOT PROTECTIVELY MARKED**

## Projected increase in expenditure/costs

13. The increase in expenditure takes into account the following:

Table 3

Expenditure Uplifts	2021/22		
	IJB £m	Board £m	TOTAL £m
Pay Uplifts - Agenda for Change	2.866	0.186	3.052
Pay Uplifts – Incremental	1.452	0.093	1.545
Pay Uplifts - Medical Staff	0.518	0.016	0.534
Price Uplifts – General	0.427	0.036	0.463
Price Uplifts – SLAs	0.000	0.407	0.407
Primary Care Drugs	0.521	0.000	0.521
Secondary Care Drugs	1.345	0.000	1.345
<b>Total</b>	<b>7.129</b>	<b>0.738</b>	<b>7.868</b>

## Pay

14. Pay uplift has been estimated in line with the Scottish Public Sector Pay Policy (PSPP) for planning purposes. This will be used as an anchor point in the forthcoming AFC pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations. Currently we are assuming a £750 increase to all pay points up to £25,000 and thereafter a 1% increase capped at £800. Since drafting this paper, discussions with the unions has progressed and an offer of 4% has been made; we have been advised that any uplift beyond PSPP levels will be funded in addition to Board's baseline uplifts.
15. The previous 3 year AFC deal also included changes to the number of scale points within each pay band. This was phased over 4 years for Bands 5, 6 and 7 which means those staff towards the middle of a pay scale will receive higher increases in 2021/22 with a number of individual pay points increasing by over 10.0%. This has a cost of £1.545m and isn't funded in the 1.5% uplift. We have modelled the overall impact of the pay deal in 2021/22 which suggests an average increase of 1.82% on the total AFC pay bill.
16. The pay award for Medical and Dental staff in 2021/22 has not yet been confirmed but has been assumed at 1% for planning purposes. Provision has also been made in the budget for the payment of Discretionary Points to medical staff.
17. No provision has been made in the budget for the impact of incremental drift other than directly related to the pay band changes indicated above.

## Prescribing

18. The financial estimates for the prescribing increases have been reviewed and assessed through Finance and lead Pharmacy colleagues.

19. The focus has been on the continued level of growth of high costs medicines funded through the New Medicines Route (including patients treated in tertiary centres, particularly the increase in the treatments for Cancer, Cystic Fibrosis and Eculizimab) as well as reviewing drugs identified through the latest Horizon Scanning estimates from the Scottish Medicines Consortium (SMC) and their potential impact across the population of Dumfries and Galloway.
20. Given the unprecedented year we have had across both Primary Care Prescribing and Secondary Care Prescribing, with general drug budgets generally well within agreed budget levels, there is no general uplift required across these areas. The actual call on general secondary care drugs reserve has not been required in-year due to the fall in elective care over the past year, so a balance of £1.9m remains available to offset some of the increase in prescribing growth in 2021/22.
21. There has been an underlying increase in the use of DOACs as first line rather than warfarin this financial year; this pressure has been built into overall Primary Care Prescribing requirements at a cost of £0.521m. No volume or other pressures have been factored into budget requirements with the risk assessed to be able to be managed within existing budgets
22. Scottish Government has asked NHS Boards to plan on a share of £50 million of Pharmaceutical Price Regulation Scheme (PPRS) funding in 2021/22 to meet the costs of drugs approved under the NMF. This equates to circa £1.5 million for NHS Dumfries and Galloway, £0.9m less than 2020/21. Our current projected drugs spend for this area is £7.7m meaning additional local investment has been required to support the cost of these drugs since its introduction and remains an area of significant pressure. A further review of costs has been undertaken and estimates reduced by £1m for 2021/22 to recognise that some of the 2020/21 spend will return to previous year levels but this remains a risk.

### **Non-pay**

23. In addition to pay and drug inflationary costs, uplifts are also required for patient service agreements with other health boards, energy costs and rates costs. These have been modelled and reflected in the financial estimates. This has been included at a rate of 1% uplift.

### **Non-Covid-19 Cost Pressures**

24. Given the overall financial challenges for the Board, there has been no specific development funding allocated over recent years with the exception of where we have received ring fenced funding for a specific purpose (eg. Primary Care Improvement Programme etc). We are aware that there are a number of critical service pressures emerging which are unable to be managed within existing budgets and these have had to be reflected as a cost in the Financial Plan.

25. There is provision within the Revenue Budget to address a number of previous commitments and unavoidable financial pressures facing the Board. This totals £2.7 million and is summarised below and includes pressures within the budget delegated to the IJB. This does not include any pressures directly associated with Covid-19.
26. In addition to this allowance, the Board still has a contingency reserve remaining of £1.7m. This was used during 2020/21 to offset any Board pressures and support delivery of financial balance. This can be used in-year to manage any unexpected costs and also to support the overall financial position as the year progresses.

**Table 4**

<b>Non-Covid-19 Cost Pressures</b>	<b>£m</b>
<b>IJB</b>	
Locum Costs for 2C GP practices	0.600
IT and equipment costs	0.450
Office 365 Implementation	0.250
Pressures offset from other areas	(1.000)
Misc	0.048
<b>Sub-total</b>	<b>0.348</b>
<b>Board/Corporate</b>	
Increased PFI Charges	0.200
Infection Control/ Public Protection	0.150
Legal fees	0.100
Apprenticeship Levy	0.122
Pressures on Service Agreements	0.740
Misc	0.078
<b>Sub-total</b>	<b>1.390</b>
<b>Total</b>	<b>1.738</b>

### **Covid-19 Costs**

27. Included within the draft Financial Plan is an estimate of Covid-19 costs for 2021/22 and beyond, with costs identified separately from other pressures. It has been assumed in the Plan that funding will continue to be provided separately in year (in addition to the Board's baseline allocation) for these costs. Whilst the longer term strategy in relation to these costs is not entirely certain, it is clear there is a need to continue a number of services into the new financial year with some potentially becoming core services as part of the overall remobilisation plans.
28. This includes costs for the vaccination programme, Covid-19 testing, track and trace teams, additional cleaning and infection control measures, cost of remobilising elective services, enhanced Public Health Team capacity, Care at Home and Care Home oversight work. A full schedule of all costs is included in **Appendix 4**. These will require ongoing review as more certainty around service strategies and longer term models are known.

## Closing the gap and delivery of savings

29. The estimated financial gap for 2021/22 is £31.2m for the NHS Board, this is based on a 1.5% uplift in funding and the cost and planning assumptions as set out in the detailed Financial Plan paper. This represents a 9.73% savings target for the Board including savings associated with the services delegated to the IJB. This plan, as requested by Scottish Government, is for a one year period only and will be further revised after the initial six months of the financial year given the ongoing uncertainty.
30. This paper sets out an initial view on deliverable and savings targets for 2021/22 based on the limited discussions to date and a need to assess as a key strand of the Financial Plan. At this stage, the focus is much more on the immediate opportunities with the ambition that we look to develop a longer term plan over the next six months.
31. The savings to date are based on a range of areas but specifically:
- An assessment of workforce savings from known vacancies and likely timeframes for recruitment (mainly non-recurring).
  - Targets assessed through the SAM programme and Finance teams, with work ongoing to implement delivery through General Management and Clinical teams.
  - Savings plans already in progress.
  - Opportunities identified through Covid-19 and new ways of working.
  - Known underspends identified and reflected in the opening position.
  - Other non-recurring flexibility and opportunities.
32. Based on this initial plan, savings of £15.155m (split £5.2m recurring and £9.955m non-recurring) have been captured in the Financial Plan, leaving an underlying in-year gap of £16m. The details of the plans are captured in **Appendix 1 and 2** of this paper. A high level summary is shown in the table below:

**Table 5**

Category	2021/22		
	Recurring £000s	Non Recurring £000s	TOTAL £000s
Workforce	0	2,480	2,480
Non-Pays	200	250	450
Agency	750	0	750
Prescribing	3,850	0	3,850
Externals	0	975	975
Travel	250	250	500
E-Comms	150	0	150
Non-Recurring Flex	0	6,000	6,000
<b>Total</b>	<b>5,200</b>	<b>9,955</b>	<b>15,155</b>

33. A workshop was held on 23rd March 2021 that focussed on identifying and delivering the sustainability elements of the programme. The workshop formed the initial launch of engaging with directorates and professional leads to develop a shared understanding of the scale of the financial challenge over the coming year.
34. The immediate outputs from this session were as follows:
- Developing a shared understanding of the scale of the financial challenge.
  - An appreciation of the impact of the pandemic on the workforce.
  - An appetite to sustain the pace of change delivered during the pandemic in responding to the financial pressures.
  - A general agreement on the overall direction required to achieve the level of change required, specifically in regards to:
    - Transformation
    - Prescribing improvement
    - Workforce and recruitment
  - A move towards an agreed performance monitoring framework for the savings plan, by Directorate, reviewing monthly monitoring of progress via the operational group meeting structure.
35. The outputs from this planning session will form the basis of the immediate changes we will make and the resulting impact of them as well as identifying short-term actions that must be taken, including timescales and responsibilities for delivery. This will then feed into the agreed future modernisation priorities to build a sustainable and affordable health care system.
36. Plans to date have identified some opportunities but considerable further work is required to work through these plans to realise the opportunities to deliver efficiencies and savings around the following schemes discussed with management:
- Reduced travel in the 'new normal'
  - Electronic Patient Communications
  - Workforce review and controls
  - Medical Locum review
  - Medicines review
  - Enhanced financial controls
  - Review of any in-year non-recurring flexibility
37. This paper provides an update on the current position, however, it is vital that the momentum established in the workshop with General Managers and professional leads, alongside Executive Directors is also pursued via engaged discussions with clinical teams.

38. Looking ahead to 2021/22 and beyond, the SAM Programme Team have been working with the wider partnership to begin to develop a series of subsequent priorities for action, based on both the need to modernise service provision and with an imperative of delivering tangible savings for the local Health and Social Care system.
39. The pre-existing, current and planned future priorities for the SAM Programme support the direction set by the Strategic Commissioning Plan, as well as the Remobilisation Plans that have been submitted to Scottish Government.
40. The SAM Programme team will continue to engage with the wider partnership to design, define and support the delivery of a programme that will modernise, sustain and deliver a financially viable model for Health and Social Care Services, aligned with the priorities of the Strategic Plan.

## **Other Policy Areas**

### Alcohol and Drugs Partnerships (ADPs)

41. In the draft Scottish budget, a total increased investment of £50m is proposed for ADPs to target reducing the levels of drugs deaths nationally. This translates into a total planned investment of £250m over the next 5 years to support further investment in community-based interventions, including the expansion of residential rehabilitation. Whilst the breakdown by partnership has yet to be confirmed for 2021/22, a significant proportion of this increased allocation is planned to go to ADPs 'with the expectation that it will flow to grassroots and community organisations to effect the change needed'.

### Waiting Times Improvement Plan (WTIP)

42. Dumfries and Galloway's 2020/21 WTIP is based on the achievement of the Scottish Government targets by 2020 and requires a funding commitment of £4.05m. The further commitment will enable Dumfries and Galloway to sustain core capacity and implement improvements throughout scheduled care focusing on building sustainability into our capacity and reduce our reliance on supplementary staffing and private sector. During 2020/21, our sustainability plans will require £1.3m of this funding to be recurring to build internal capacity and enable reduction of the current reliance on private sector support and premium rate locums. The sustainability plans reflect capacity required to meet the increased demand on elective and cancer streams. The achievement of key Mental Health targets requires £0.25m, which are included in the above total, to maintain and enhance capacity.

### Infrastructure

43. The Board's Asset Management Plan sets out the priorities for managing the infrastructure that supports the delivery of patient care and associated services across NHS Dumfries and Galloway through the Strategic Capital Programme Board (SCPB) and support the Health and Social Care Partnership to deliver the transformation and redesign required through the SAM Programme.

44. The plan includes a 'balanced' five year investment programme which outlines how we intend to use the various sources of funding available to the Board in support of our priorities. It also includes a 'long list' of other priorities for investment in infrastructure, delivery of which will be dependent on the availability of additional funding in the coming years.
45. The plan, in common with many service areas, has been impacted upon by Covid-19 restrictions which resulted in delays in the 2020/21 programme which are carried forward into 2021/22 and beyond.
46. Phasing of project specific allocations have been discussed with representatives of the Scottish Government Finance Team and dialogue continues to ensure that we support the overall national availability of capital funding.
47. The plan builds on previous years and is focused across a number of areas:
  - The creation of an Ophthalmology Centre within Mountainhall Treatment Centre (MTC) which is one of the final pieces of the approved Acute Services Redesign Programme.
  - The rationalisation of services within the Dumfries area from the Nithbank site into MTC.
  - Continue to improve estate and asset performance on all key indicators, including a targeted reduction in significant and high risk backlog maintenance.
  - Disinvest from buildings with high operating costs, backlog maintenance requirements, or short remaining life where these do not meet future service requirements.
  - A continued programme of essential equipment replacement including the support and refresh of the eHealth infrastructure.
  - Invest and develop new technology that sustains different ways of working implemented during the pandemic.
48. The following assumptions are included in our assessment of available resources:
  - Formula Capital - a flat allocation of £3.475m per annum over the five years.
  - Project Specific funding from Scottish Government Health and Social Care Directorate of £17.8m over the five years reflecting the final phases of the Acute Service Redevelopment Programme comprising of:
    - £5m over the next two years for DGRI Equipping to support a number of final equipment replacements relating to the DGRI project which are now due for replacement and equipment to support the Ophthalmology project which is ongoing.
    - £12.8m over the next four years to support a number of projects as part of the Dumfries Site Reconfiguration including:

- Development of plans for the relocation of Ophthalmology Services into fit for purpose accommodation and to improve clinical flow and efficiency. The £2.7m business case was approved by Board in February 2020 and the project is anticipated to commence during 2021/22.
  - Development of plans to re-house the services currently located at Nithbank to allow for the sale to be concluded.
  - A range of projects to address the backlog maintenance at Mountainhall to support the change of use of the building. This will include a review of functional suitability and space utilisation again to reflect different ways of working.
- A total of £16.4m has been returned to the Scottish Government as part of wider discussions on the review of the project specific funding allocated for the Acute Services Redevelopment Project (ASRP).
  - The Board continues to deliver on a number of asset disposals, however, at this time no receipts have been identified in the plan. This will be reviewed once a number of closing dates have been set and anticipated sales values identified.
  - It is assumed that £1m will require to be transferred from capital to revenue to cover project costs across the programme which do not meet the capital criteria each year. This will be adjusted depending on the final composition of the projects.

49. The five year capital investment plan is included in **Appendix 2**.

### **Statutory Compliance and Reduction in Backlog Maintenance**

50. NHS Dumfries and Galloway has reduced its overall backlog maintenance risk to £22m across the Estate. The table below shows the profile across the risk categories with specific focus on MTC and Nithbank. The aspiration is to reduce this by a further £11.5m by 2025.

**Table 6**

<b>Risk</b>	<b>MTC</b>	<b>Nithbank</b>	<b>Balance</b>	<b>Total</b>	<b>2025</b>	<b>Reduction</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Very High	1.65	1.93	1.41	4.99	0.86	4.13
High	2.00	3.70	2.90	8.60	4.90	3.70
Medium	4.47	1.22	1.91	7.60	4.38	3.22
Low	0.62	0.02	0.43	1.07	0.55	0.52
<b>Total</b>	<b>8.74</b>	<b>6.87</b>	<b>6.65</b>	<b>22.26</b>	<b>10.69</b>	<b>11.57</b>

51. The overall burden has fallen dramatically since the opening of the new DGRI and will reduce further following the disposal of Nithbank. The plan also reflects the continued investment in MTC to support its change of use.

52. Appendices attached:

- Appendix 1** - Draft Financial Plan 2021/22
- Appendix 2** - Capital 5 Year Plan
- Appendix 3** - Risks and Assumptions
- Appendix 4** - Covid-19 Costs
- Appendix 5** - Savings Plan

<b>NHS DUMFRIES AND GALLOWAY Draft Financial Plan 2021/22</b>			
<b>SUMMARY</b>	<b>2021/22</b>		
	<b>IJB £000s</b>	<b>Board £000s</b>	<b>TOTAL £000s</b>
<b><u>Expenditure Uplifts</u></b>			
Pay Uplifts - Agenda for Change	2,866	186	3,052
Pay Uplifts - AFC 2018 deal Incremental Impact	1,452	93	1,545
Pay Uplifts - Medical Staff	518	16	534
Price Uplifts - General	427	36	463
Price Uplifts - SLA's	0	407	407
Price Uplifts - Primary Care Drugs	521	0	521
Price Uplifts - Secondary Care Drugs	1,345	0	1,345
subtotal	7,129	738	7,868
<b><u>Cost Pressures/ Developments</u></b>			
Covid Cost Pressures	13,414	5,791	19,205
Non Covid Cost Pressures - General	348	651	999
Non Covid Cost Pressures - SLAs		740	740
subtotal	13,762	7,181	20,943
<b>TOTAL UPLIFT AND PRESSURES</b>	<b>20,891</b>	<b>7,919</b>	<b>28,811</b>
<b><u>Allocation Uplifts/ Adjustments</u></b>			
Baseline Uplift 1.5%	3,979	758	4,737
New Medicine Funding reduction to £50m	(900)	0	(900)
Assumed Covid Funding 2021/22	13,414	5,791	19,205
<b>TOTAL ALLOCATIONS</b>	<b>16,493</b>	<b>6,549</b>	<b>23,042</b>
<b>NET SAVINGS POSITION (IN YEAR)</b>	<b>(4,398)</b>	<b>(1,371)</b>	<b>(5,769)</b>
Recurring savings gap 2020/21	(21,333)	(5,313)	(26,646)
Recurring savings delivered in 2020/21	1,571	(350)	1,221
Increased In Year Savings Requirement 2021/22	(4,398)	(1,371)	(5,769)
<b>TOTAL SAVINGS REQUIREMENT</b>	<b>(24,160)</b>	<b>(7,034)</b>	<b>(31,194)</b>
<b>Savings Uplift on Baseline Allocation</b>			<b>9.73%</b>
Recurring Savings	4,700	500	5,200
Non recurring Savings	6,530	3,425	9,955
<b>TOTAL Savings Identified</b>	<b>11,230</b>	<b>3,925</b>	<b>15,155</b>
<b>IN YEAR GAP</b>	<b>(12,930)</b>	<b>(3,109)</b>	<b>(16,039)</b>

**CAPITAL 5 YEAR PLAN**

ANTICIPATED ALLOCATIONS						Total £000s
	2021/22	2022/23	2023/24	2023/24	2024/24	
	£000s	£000s	£000s	£000s	£000s	
Formula allocation	3,475	3,475	3,475	3,475	3,475	17,375
Asset sale proceeds reappplied	0	0	0	0	0	0
Hub/NPD Enabling funding - ASRP Equipping	2,500	2,500	0	0	0	5,000
Hub/NPD Enabling funding - Mountainhall & Existing Site Costs	4,300	3,000	3,000	2,510	0	12,810
Capital to Revenue	-1,000	-1,000	-1,000	-1,000	-1,000	-5,000
<b>TOTAL CAPITAL RESOURCE LIMIT ( CRL)</b>	<b>9,275</b>	<b>7,975</b>	<b>5,475</b>	<b>4,985</b>	<b>2,475</b>	<b>30,185</b>

ANTICIPATED EXPENDITURE						Total £000s
	2021/22	2022/23	2023/24	2023/24	2024/24	
	£000s	£000s	£000s	£000s	£000s	
Replacement, Development and Contingency Programme	2,475	2,475	2,475	2,475	2,475	12,375
ASRP - Equipment	2,500	2,500	0	0	0	5,000
ASRP - Mountainhall	4,300	3,000	3,000	2,510	0	12,810
<b>TOTAL GROSS CAPITAL EXPENDITURE</b>	<b>9,275</b>	<b>7,975</b>	<b>5,475</b>	<b>4,985</b>	<b>2,475</b>	<b>30,185</b>
Asset sale proceeds reappplied	0	0	0	0	0	0
<b>TOTAL NET CAPITAL EXPENDITURE</b>	<b>9,275</b>	<b>7,975</b>	<b>5,475</b>	<b>4,985</b>	<b>2,475</b>	<b>30,185</b>

### Financial Plan 2021/22 - Risks and Assumptions

Key Assumptions/Risks	Value £	Risk rating	Impact/£
<b>Allocation Uplift</b>	£4.7m	Medium Risk	Only 2021/22 uplift has been confirmed by the Scottish Government to date. Future years' uplifts have yet to be notified. The draft plan only reflects a one year position
<b>CRES Delivery</b>	£33m	High Risk	Of the current savings requirement of £33m there is a significant in year gap of £30m. A further assessment is yet to be undertaken of any additional saving that could be used to close this gap further.
<b>Prescribing including New Medicines Fund</b>	£3m	High Risk	A combination of a reduction in allocation and additional drugs pressures in this area reflects the need for significant investment in this area, with additional risk beyond the amounts quantified in the plan. There remains a significant level of risk associated with new drugs that will continue to be approved by SMC. Further new drugs are likely to be approved and agreed to be implemented locally.
<b>Workforce/Recruitment</b>	£5m	High Risk	Recruitment to medical vacancies has remained a significant challenge for the Board, with the average level of vacancy for NHS consultants continuing to remain above 20%. 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. This is an increasing problem across Scotland and the UK as a whole. An assessment of the additional cost of medical locum provision has been included within the Financial Plan, along with assumptions of reducing cost and demand with the investment of a new permanent recruitment project team. Containment of locum and agency costs remains a priority.

<b>Key Assumptions/Risks</b>	<b>Value £</b>	<b>Risk rating</b>	<b>Impact/£</b>
<b>Out of Area Service Level Agreements</b>	£1m	Medium Risk	Whilst the level of activity sent outwith the Board's area has remained largely unchanged, the levels of cost increases experienced across the main SLAs has averaged well above inflation. This has been challenged but the costs included within the SLAs have seen a substantial increase in certain high cost specialties. This continues to be of concern to NHS Dumfries and Galloway who continue to refer only appropriate tertiary activity to other Boards across Scotland as is necessary. Whilst financial provision has been made in the Financial Plan, the scale of the cost increases relating to complex and high cost services remain a high risk to the Board.
<b>SLAs and Non-Contract Activity with English Providers</b>	£0.5m	Medium Risk	Referrals to Carlisle from local GP practices in the East and South of the region continue to remain stable. However, there continues to be a growth in tertiary referrals from North Cumbria to Newcastle for specialised and complex pathways where provision is available within Scotland. Work continues with service management across the border to ensure appropriate referrals back to Scottish providers should be undertaken where appropriate.
<b>Inflation Uplifts</b>	£0.5m	Medium Risk	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.
<b>Developments and Cost Pressures</b>	£2m	Medium Risk	In addition to the pressures identified in the Plan, there is significant risk associated with workforce (safer staffing levels) and a number of areas of service sustainability across the Board.
<b>Pay Inflation/Incremental Drift</b>	£2m	Medium Risk	Robust financial planning information exists to allow accurate estimates of basic pay settlements for 2021/22 and beyond. At the time of drafting the plan, the final pay settlement is unknown but additional financial risk beyond the costs included in the plan are likely to be funded centrally.

<b>Key Assumptions/Risks</b>	<b>Value £</b>	<b>Risk rating</b>	<b>Impact/£</b>
<b>Transformational Change Programme</b>	£1m	High Risk	The delivery of savings through the Sustainability and Modernisation programme has been established, however, progress to date is slow and the level of difficulty in relation to delivery of savings, particularly in relation to more complex and politically sensitive schemes remain limited.
<b>Delivery of Elective Waiting Time Targets</b>	£4m	High Risk	It is likely that additional funding will be made available to Boards through the Remobilisation plans but also likely that this funding will be insufficient to make a significant impact on targets.
<b>Statutory Change/Changes to legislation</b>	Not known	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.
<b>Covid-19 Costs</b>	£5m	Medium Risk	Whilst funding associated with Covid-19 pandemic will be provided to Boards in 2021/22 there are a number of pressures on the ongoing nature of these services and the need to implement new models of service delivery which currently has no identified funding source.

## COVID-19 COSTS

Covid-19 Cost Pressures 2021/22	2021/22	2022/23	2023/24
Deep Cleaning	970	970	970
Acute Elective Work/Cancer Waiting Times	4,000	4,000	4,000
Covid Assessment Hub	0	0	0
Urgent Care Hub Model			
- GP costs	203	203	203
- Acute costs	187	187	187
Winter Plans	416	416	416
Public Health Response			
- Test and Trace team	1,056	528	0
- Enhanced Public Health Capacity	433	433	433
Testing Capacity			
- Occ Health Team	250		
- Labs Staff	137		
- Acute/ pre op testing	156		
- Community testing facilities	0	0	0
Facilities and Clinical Support	19		
eHealth Equipment	500	500	500
eHealth Additional Infrastructure costs to support Home working	1,000		
Flu Vaccines	450	450	450
Immunisation Costs (Covid-19)	3,000	4,000	4,000
Care Home Oversight work	427	0	0
Care at Home Oversight work	563	0	0
Social Care Sustainability Payments	3,120	0	0
General PC Prescribing due to Covid-19	500		
Critical Care/Level 1 beds in wider hospital	780	676	520
Loss of Income	320		
Loss of Income - External SLAs	453		
Loss of income - Reduced RTAs - associated with above travel issues	150		
Telephony Services	66		
Equipment Service Contracts/ Maintenance	50	50	50
<b>Total</b>	<b>19,205</b>	<b>12,412</b>	<b>11,729</b>

<b>NHS DUMFRIES AND GALLOWAY</b>									
<b>Summary Savings/Efficiency Plan 2021/22</b>									
<b>Category</b>	<b>2021/22 - Non Recurring</b>			<b>2021/22 - Recurring</b>			<b>2021/22 - Total</b>		
	<b>IJB £000s</b>	<b>Board £000s</b>	<b>TOTAL £000s</b>	<b>IJB £000s</b>	<b>Board £000s</b>	<b>TOTAL £000s</b>	<b>IJB £000s</b>	<b>Board £000s</b>	<b>TOTAL £000s</b>
Workforce	2,280	200	2,480	0	0	0	2,280	200	2,480
Non-Pays	250	0	250	100	100	200	350	100	450
Agency	0	0	0	750	0	750	750	0	750
Prescribing	0	0	0	3,850	0	3,850	3,850	0	3,850
Externals	0	975	975	0	0	0	0	975	975
Travel	0	250	250	0	250	250	0	500	500
E-Comms	0	0	0	0	150	150	0	150	150
NR Flex	4,000	2,000	6,000	0	0	0	4,000	2,000	6,000
<b>Total</b>	<b>6,530</b>	<b>3,425</b>	<b>9,955</b>	<b>4,700</b>	<b>500</b>	<b>5,200</b>	<b>11,230</b>	<b>3,925</b>	<b>15,155</b>

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Risk Management Strategy

**Author:**

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**Sponsoring Director:**

Alice Wilson  
Executive Nurse Director

**Date:** 31<sup>st</sup> March 2021

### RECOMMENDATION

The Board is asked to approve the Risk Management Strategy attached at Appendix 1.

### CONTEXT

**Strategy / Policy:**

This strategy supports both local and national policies and legislation around Risk Management.

**Organisational Context / Why is this paper important / Key messages:**

Following the establishment of the Risk Management Strategy, a full review has been undertaken to ensure it complies with all local and national legislation around risk management.

The strategy has been through a series of consultation sessions with staff and Board Members have been sighted in its draft stage before it has been finalised for your approval.

Risk Management training has been delivered to almost 100 Senior Managers and Key Risk Contacts across all Board Directorates. Three Board Workshops are planned for April 19<sup>th</sup>, May 10<sup>th</sup> and May 21<sup>st</sup> to provide a Board level risk training, a fundamental Corporate Risk Register review and Board Risk Appetite review and update.

### GLOSSARY OF TERMS

*NHS* - *National Health Service*

## MONITORING FORM

Policy / Strategy	Risk Management Strategy
Staffing Implications	No staffing implications have been identified within this paper, however full strategy implementation will require a commitment to resourcing this appropriately.
Financial Implications	No financial implications have been identified within this paper.
Consultation / Consideration	Risk Executive Group Risk Oversight Group (newly formed) Internal Audit Senior Management Team
Risk Assessment	Risk Assessment of Strategy Implementation has been completed and is on Datix.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>    Medium <input type="checkbox"/>    High <input type="checkbox"/></p> <p>This paper supports the development of the Board's risk management processes; therefore, a low tolerance for risk has been noted for the strategy.</p>
Sustainability	Not applicable.
Compliance with Corporate Objectives	<ul style="list-style-type: none"> <li>• To promote and embed continuous quality improvement by connecting the range of quality and safety activities which underpin delivery of the three ambitions of the Healthcare Quality Strategy, to deliver a high quality service across NHS Dumfries and Galloway.</li> <li>• To review the model of service delivery across Dumfries and Galloway to deliver person-centred services as close to home as clinically appropriate.</li> <li>• To ensure that NHS Dumfries and Galloway has an engaged and motivated workforce that is supported and valued in order to deliver high quality service and achieve excellence for the population of Dumfries and Galloway.</li> <li>• To maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently.</li> </ul>
Local Outcome Improvement Plan (LOIP)	Outcome 6

**NOT PROTECTIVELY MARKED**

Best Value	<ul style="list-style-type: none"><li>• Vision and Leadership</li><li>• Governance and Accountability</li><li>• Performance Management</li></ul>
<p data-bbox="188 315 475 349">Impact Assessment</p> <p data-bbox="188 387 1406 461">An initial Equalities Impact Assessment has been undertaken as part of the review process for the Risk Strategy Implementation and is attached at Appendix 2.</p>	



## Risk Management Strategy 2021 to 2024

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**Printed copies must not be considered the definitive version**

DOCUMENT CONTROL			
<b>Policy Group:</b>	<b>Corporate</b>		
<b>Authors:</b>	A Wilson, Nurse Director K Lewis, Director of Finance S Beacher, Deputy Nurse Director		
<b>Scope: (Applicability)</b>	Board wide	<b>Version no.</b>	New Document
<b>Status:</b>	<i>Draft</i>	<b>Implementation date:</b>	April 2021
<b>Approved by:</b>	Board	<b>Last review date:</b>	N/A
<b>Impact Assessed:</b>	March 2021	<b>Next review date:</b>	April 2024

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## 1. PURPOSE

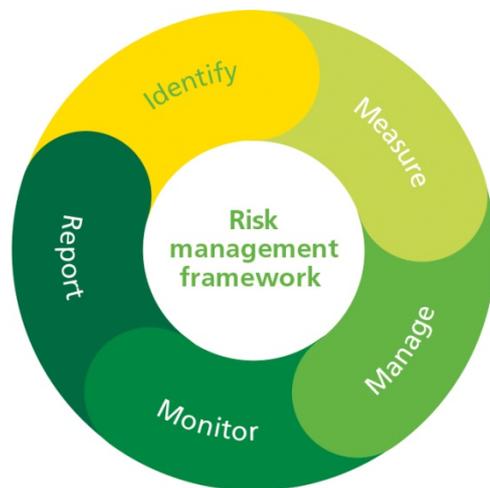
This document sets out the Risk Management Strategy as part of an overall Risk Management Framework.

Organisations need to proactively manage risk to an acceptable level by embedding processes focussed on assessment and prevention, rather than reaction and remedy.

Risk management plays a vital role supporting and informing decision making in providing a safe and secure environment.

Our risk management framework which encompasses our Risk Strategy and all associated policies is designed to identify, measure, manage, monitor and report risks to achieve our organisational objectives.

### Risk Management Framework



This is a three year strategy building on previous work to continue to develop and strengthen the NHS Board's risk management capability, in order that the risks to which the Board, its staff and service users are exposed can be actively and systematically managed.

Whilst this strategy has been developed for the use of the NHS Board who retains responsibility for the management of risk, it must be considered in the context of the operational delivery of Health and Care services in Dumfries and Galloway through the Health and Social Care Partnership.

The Board delegates the development and detailed work associated with its implementation to the Risk Executive Group (REG) who will provide regular reports to the NHS Board and Committees as per the agreed framework.

The management of risk involves everyone to ensure the process is embedded into the organisation's everyday activity.

As such, the Code of Corporate Governance should be read in conjunction with the NHS Dumfries and Galloway Risk Management Strategy, as it gives guidance on how staff deal with fraud, financial approvals, risk management and also sets out how both staff and Board Members should conduct themselves in undertaking their duties.

## **2. AIM**

The aim of this Risk Management Strategy is to ensure that staff, patients, visitors, reputation and assets of the Board are protected through the process of risk identification, assessment, control and elimination/reduction. It will ensure a process where risks are managed at the appropriate level and that risks are escalated to a more senior level if resources are insufficient to manage the risk appropriately.

This process also supports the effective delivery of NHS Dumfries and Galloway's corporate objectives.

Risk management is an essential feature of a modern healthcare organisation and although a risk free environment is impossible, much can be done to manage risk by having comprehensive policies and procedures that cover and permeate all areas of Board activities.

The aim of this strategy is:

- To develop a proactive approach to risk management
- To manage risk to an agreed and acceptable level and in particular the risk of harm to patients and staff
- To support the organisation in creating a culture of continuous improvement
- To ensure that there is a system of comprehensive organisational engagement in risk management activity
- To ensure the organisations policies and procedures support practitioners and managers to include risk management in decisions and improve and drive effective decision making
- To provide an educational framework that encourages the sharing of knowledge relating to both risk assessment and risk management to create a shared understanding

The strategy encompasses both clinical and non-clinical risks to ensure a streamlined, consistent systemic and integrated approach to risk.

### 3. OBJECTIVES

The objective of the Risk Management Strategy is to ensure that our risk management framework is consistently applied and that it encourages a culture whereby staff are supported to:

- Identify, assess and control risks and ensure a balanced approach to risk taking
- Avoid undue risk aversion but rather identify and control risks which may adversely affect the operational ability of NHS Dumfries and Galloway
- Compare and prioritise risks with one another using the risk grading guidance
- Where possible, eliminate or transfer risks or reduce them to an acceptable or cost effective level, otherwise ensure the organisation accepts the remaining risk

### 4. SCOPE

This strategy is applicable to:

- **All staff** working for, on behalf of or commissioned to deliver services for NHS Dumfries and Galloway and whilst this strategy has been developed and approved through the NHS, the ambition is that will be adopted at operational level across the Health and Social Care Partnership (this includes all directly employed staff, bank, agency and contracted staff)
- **All risks** inherent in the business activities of NHS Dumfries and Galloway (articulated with the Risk Appetite Framework - Appendix 2)

### 5. PRINCIPLES UNDERPINNING RISK MANAGEMENT

The underpinning principle of this strategy is that a positive risk management culture is developed within the Board that empowers all staff to make sound judgements and decisions concerning the management of risk and risk taking.

The key principles the Board has identified as underpinning our approach to risk management and how it will be embedded within working practices are:

- To embrace an open, objective and supportive culture
- To acknowledge that there are risks in all areas of work
- All staff will be actively involved in identifying and reducing risk
- All managers and leaders will actively promote awareness of risk and support a culture where risk supports decision making

- Responsibility for management, escalation and monitoring of risk will be clearly defined
- To learn from mistakes in an open and honest environment
- To regularly review our approach to risk management through performance review and internal audit

## 6. ORGANISATIONAL RESPONSIBILITIES

### **The NHS Board**

The NHS Board will approve a Risk Management Strategy and will seek assurance that the Executive team are supporting the development of appropriate policies and procedures.

The Board will have in place and own the Corporate Risk Register which focuses on risks that have a strategic impact on the delivery of the Boards' objectives and services.

### **Executive/ Strategic Accountability**

The Chief Executive Officer is ultimately accountable to the Board for ensuring effective management of risk.

The Executive Directors have responsibility to provide leadership and support to their respective areas and ensure co-ordination of risk activity enabling them to assure the Board of such.

Executive Directors will hold their own Directorate risk registers comprising significant risks that have been escalated to them and/or which have been identified by the Executive risk assessment as potentially having a significant impact on the sustainability of the Boards services.

### **Tactical Accountability**

The Executive Nurse Director has operational responsibility for the Risk Management Strategy and ensuring that the required systems and processes are in place to support delivery.

Directorate and Corporate Management Teams will lead in the management of risk within their areas ensuring that a risk register is maintained to robustly reflect the risk profile of their services with appropriate escalation as needed to support management of risks. This includes continual monitoring of risk to provide assurance that risks are adequately managed to an acceptable level.

Within strategic projects, the project/programme lead will assume this responsibility liaising with appropriate stakeholders to develop a risk register.

Staff from the Patient Safety and Improvement Team will support the development of robust risk registers at all levels of the organisation.

### **Operational Responsibility**

All staff members have a role in identifying and managing the risk in their areas of responsibility. Risks are best managed by those best placed to understand and control them. All staff will engage in managing risks in their daily roles.

Managers will support a proactive approach to identification and management of risk in their areas and will discuss the escalation of risks with their line managers on a regular basis. All departments will maintain a risk register pertaining to their span of responsibilities.

General Managers will identify support from within their team to focus on risk management and the development of risk registers.

## **7. GOVERNANCE ARRANGEMENTS**

The Board is responsible for approval of the Risk Management Strategy.

The Risk Executive Group is responsible for approval of Corporate policies that underpin the strategy.

The Board will review and scrutinise the Corporate Risk Register on a quarterly basis.

The Board will delegate to the Audit and Risk Committee responsibility to assess the adequacy of the risk management systems.

### **NHS Board Committees**

The Audit and Risk Committee will advise the Board on the adequacy of the assurances available with respect to systems, structure and process around Risk Management.

The Information Assurance Committee reports to the Audit and Risk Committee and provides assurance to the Committee on risks related to information governance, security and privacy.

The Performance Committee will review the Corporate Risk Register on behalf of the Board as required.

The Healthcare Governance Committee will advise the Board on the adequacy of the assurances available with respect to clinical risk.

The Staff Governance Committee will advise the Board on the adequacy of the assurances available with respect to health & safety and workforce risk.

The Public Health Committee will advise the Board on the adequacy of the assurances with respect of public health risks.

The Board will ask committees to review evidence of mitigation activity within risks on the Corporate Risk Register that relate to the span of governance of that committee. They will advise the Board on the adequacy of risk mitigation's captured in the Corporate Risk Register.

## 8. RISK APPETITE

The term 'risk appetite' refers to the level of risk an organisation is willing to accept in pursuit of its objectives.

The risk appetite (**Appendices 1 and 2**) of an organisation is the commitment by the Board to consider the appropriate exposure to risk it will accept in order to deliver its strategy over a given timeframe. In practice, an organisation's risk appetite should address the following dimensions, as a minimum:

- The nature of the risks to be assumed
- The amount of risk that may be tolerated
- The desired balance of risk versus reward

Risk appetite can also be described in less quantifiable terms, for example, in relation to reputation and publicity. The Board's appetite in relation to reputation is to minimise the possibility of any negative publicity to a level which only has a local, short duration impact.

NHS Dumfries and Galloway's aim is to achieve an optimum response to risk, prioritised in accordance with an evaluation of the likelihood and consequences of a risk occurring.

NHS Dumfries and Galloway recognises that some risks or hazards should never be incurred, whilst in other cases it is a matter of ensuring that the counter-measures taken to reduce the identified risks are proportionate, i.e. there is a conscious decision taken regarding what is an acceptable level of risk so that those who are responsible for managing the risk, willingly consent to the possibility of foreseeable, adverse consequences and have agreed proportionate risk mitigation plans in place to reduce the impact.

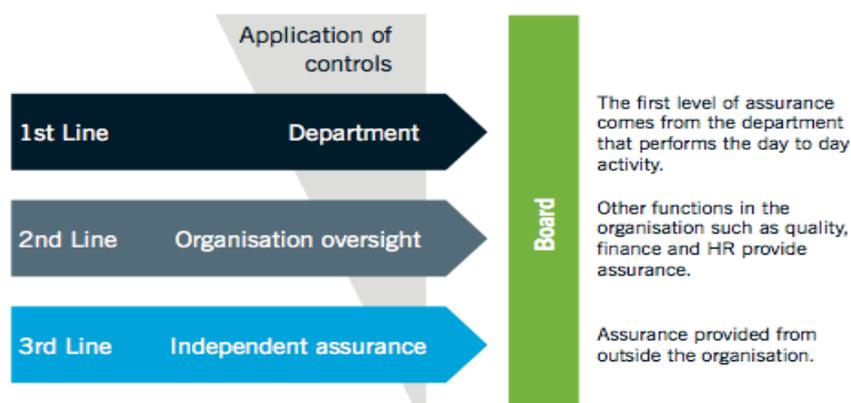
## 9. ASSURANCE

A key component of the Board’s risk management system is providing assurance, not only about the overall risk management system but as importantly on the effectiveness of the controls being put in place to mitigate the impact of any risk.

As Figure 1 below shows three lines of assurance are proposed in respect of the application of controls and reporting and monitoring associated with this.

**Figure 1 – 3 Lines of Assurance**

(Source: Baker Tilly – Board Assurance: A toolkit for health sector organisations)



The table below outlines the types of assurance that will be that will be applied for each of these 3 levels.

**Table 1 – Types of Assurance**

Line of Assurance	Examples of Assurance
<b>Level 1 Department</b>	<ul style="list-style-type: none"> <li>• Meetings between a Team Risk Owner and a Management Risk Owner</li> <li>• Self assessment return</li> <li>• Up to date Risk Register</li> <li>• Management Team review of Risk Registers</li> </ul>
<b>Level 2 Organisation Oversight</b>	<ul style="list-style-type: none"> <li>• 1-1 meetings between a Management Risk Owner and a Executive Risk Owner</li> <li>• Reports to a Management Team and a Board Committee (ie. Quality Report, Financial Report, Management Report)</li> <li>• Recommendation to a Board Committee</li> <li>• Recommendation to the Board, from a Board Committee</li> <li>• Key Performance Indicators</li> <li>• Annual reports on committees to the Board</li> <li>• Benchmarking with another organisation</li> </ul>

Line of Assurance	Examples of Assurance
<b>Level 3 Independent assurance</b>	<ul style="list-style-type: none"> <li>• External audit report e.g. HIS, Audit Scotland, External Auditors</li> <li>• Internal Audit reports</li> <li>• National Staff Surveys</li> <li>• National Patient Satisfaction Surveys</li> <li>• National Audits</li> <li>• Information Governance Toolkit</li> </ul>

## 10. MONITORING THE STRATEGY

Board will receive an annual Risk Management report reflecting all elements of the Risk Management Strategy implementation.

Board will receive a Corporate Risk Register report at least three times a year.

Audit and Risk Committee will receive reports at every meeting on aspects of the Risk Management Strategy, including implementation, training and progress of risk review. An update on the assurance checklist/implementation plan will be provided at quarterly meetings to seek assurance on delivery of strategy.

Healthcare Governance Committee will receive a report every 6 months on significant adverse events as well as risks on the Corporate Risk Register relating to the Committee's terms of reference.

Staff Governance Committee will receive a report every 6 months on the Corporate Risk Register relating to the Committee's terms of reference.

All other Committees will receive reports on risk for their respective responsibilities as set out in their terms of reference and directed by the Committee Chair.

## 11. IMPLEMENTATION

The effective implementation of this strategy along with staff training will provide awareness of the need to prevent, control and contain risk. This must be championed by the Executive Management Team and Senior Managers. A detailed implementation plan will be developed with the delivery and implementation monitored through the Risk Executive Group. The draft plan is set out below, this will be monitored and reviewed through the Audit and Risk Committee and will develop over time.

## Implementation Plan/Assurance Checklist

**Table 2**

Action	Lead Officer	Timeframe
Communication of Approved Strategy to Executive Team, General Manager and other Senior Staff through line management	Executive Nurse Director	Within 2 weeks of Board approval
Raise awareness and communication of strategy for all staff	All line managers, Risk Manager and Patient Safety and Improvement Manager	Complete by June 2021 and then ongoing
Develop a set of appropriate KPI's for ongoing review and monitoring of risk	Patient Safety and Improvement Manager and Risk Manager	By 1st May 2021
Review and update of Board's Corporate Risk Register through a Board Workshop	Executive Nurse Director/ Director of Finance	30 <sup>th</sup> April 2021
Review and update of Board Risk Appetite	Executive Nurse Director/ Director of Finance	30 <sup>th</sup> June 2021
Corporate Risk Register to be reviewed at NHS Board meeting three times a year – Feb, June and Oct	Executive Nurse Director/ Corporate Business Manager	Ongoing as per timetable
Development and implementation of training plan for risk including establishment of targets for numbers of staff trained and plan for ongoing training requirements	Risk Manager	1 <sup>st</sup> May 2021
Implementation of all outstanding actions identified in the Internal Audit Report	Various – update after REG	

## 12. TRAINING

The Risk Management Strategy will be published on the NHS Dumfries & Galloway Intranet (Beacon) to ensure it is available to all staff and stakeholders.

Effective risk management depends on all staff having a clear understanding of the subject and the contribution they can make to managing risk. Managers are responsible for ensuring their staff, through personal development planning, are able to identify learning needs and participate in appropriate risk management training and related activities.

A Risk Management Training Plan will be provided, outlining levels of training required for staff at all levels involved in risk management.

New risk owners are required to undertake risk management training and are provided with a reference guide and access to professional support and training.

### **13. EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment (EQIA) was carried out on Tuesday 9th March 2021 led by the Executive Nurse Director.

The EQIA was undertaken to provide assurance that the implementation of the Risk Strategy will help raise the profile of and, in turn, increase awareness of the protected characteristics of all groups: Age, Disability, Sex, Gender Reassignment and Transgender, Marriage and Civil Partnerships, Pregnancy and Maternity, Race, Religion or belief, Sexual orientation, Human Rights, Health & Wellbeing & Health Inequalities, Economic & Social Sustainability and Staff.

This will be accomplished by the following:

- Risk management training will include the consideration of an EQIA when assessing risk.
- As risks are identified at Corporate/Strategic, Directorate/Tactical and Specialty/Operational levels, specific consideration should be given, by the assessing team, for any potential impact (positive or negative) on protected characteristics and that evidence of this is referenced within the risk assessment.
- For example, consideration must be given to the effect that a risk has on a particular service and the people within that service, whether providing or receiving services and also the impact that the introduction of control measures may have on other services.

## DOCUMENT CONTROL SHEET

### Document Status

<b>Title</b>	<i>Risk Management Strategy</i>
<b>Author</b>	<i>Alice Wilson, Nurse Director Katy Kerr, Director of Finance Sarina Beacher, Deputy Nurse Director</i>
<b>Approver</b>	<i>Board</i>
<b>Version number</b>	<i>1.0</i>

### Document Amendment History

<b>Version</b>	<b>Section(s)</b>	<b>Reason for update</b>
1.0	New Strategy	
2.0	Whole Document	Review of comments received and incorporated into document (consultation version)
3.0	Whole document	Comments from MS and RM team (20.01.21)
4.0	Whole Document	Review from SB (20.01.21)
5.0	Whole Document	Review by KL incorporating comments from Nick Morris, MS and SB 28.01.21
6.0	Whole Document	Review by MS and KH incorporating comments from JW and REG. 31/3/21

### Distribution

<b>Name</b>	<b>Responsibility</b>	<b>Version number</b>
Board Management Team	Consultation of strategy	Version 2 circulated by email Sept 2020
Health and Social Care Performance and Governance (includes GM's and Directorate Teams)	Consultation on strategy	Version 2 circulated by email Sept 2020
Risk Executive Group	Review Comments on Consultation prior to submission to Audit and Risk Committee	All versions
Audit & Risk Committee	Consultation and Review of Strategy	Version 2 circulated by email Sept 2020 Version 4 to meeting 25/1/2021
Board	Approval of strategy	
Communications Team	Place on intranet and include in Core Briefing of final strategy	
Executive Directors	Dissemination to all staff through line management of final strategy	

## **NHS Dumfries and Galloway Risk Appetite Statement**

1. NHS Dumfries and Galloway's purpose is to deliver excellent care that is person-centred, safe, effective, efficient and reliable and to reduce health inequalities across Dumfries and Galloway. This purpose is supported through our corporate objectives.
2. The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of healthcare and is willing to accept a certain degree of risk where it is considered to be in the best interest of patients, staff and the long term health and wellbeing of our communities. The Board has therefore considered the level of risk that it is prepared to take and the following statement is believed to be reflective of the corporate objectives within the business plans and other key aspects of the business, and acknowledges a willingness and capacity for the Board to take calculated risks.

### **Service**

3. The Board acknowledges that healthcare operates within a highly regulated environment and we have to meet high levels of compliance expectations from various regulatory sources. We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic operational imperatives and our desire to continuously enhance the quality and safety of the care we offer. We therefore have a low risk appetite in relation to compliance and regulatory requirements to ensure we meet the duties placed upon us. Out with core regulatory requirements, we have a high risk appetite in relation to service innovation.

### **Quality**

4. The quality of our services, measured by clinical outcome, patient safety, wellbeing and patient experience is at the heart of everything we do. We are committed to a culture of quality improvement and learning, ensuring that quality of care and patient safety is considered above all else. We will put quality at risk only if, on balance the benefits are justifiable and the potential for mitigating actions are strong. We therefore have a low appetite for risk in relation to the delivery of services that are, clinically effective, safe, efficient and person centred.

## People

5. The current and anticipated future workforce challenges the Board needs to address, defines the kind of organisation and employer the Board aspires to be, and outlines our commitments and objectives to our people and, reciprocally, what the Board expects from its people.
6. We have a moderate risk appetite, but still within a cautious approach to ensure we attract the right people with the right skills and values. We acknowledge the standard of expectations placed on the Board and individuals in relation to Staff Governance Standards and we have a low risk appetite for any deviations from these standards.

## Finance/Value for Money

7. We have a low risk appetite in respect to adherence and compliance to Standing Financial Instructions, financial controls and financial statutory duties. In relation to investments, the Board has a moderate risk appetite where we are prepared to accept the possibility of some limited financial loss. Value for money is the primary concern but we are willing to consider other benefits or constraints.

## Risk Appetite Framework

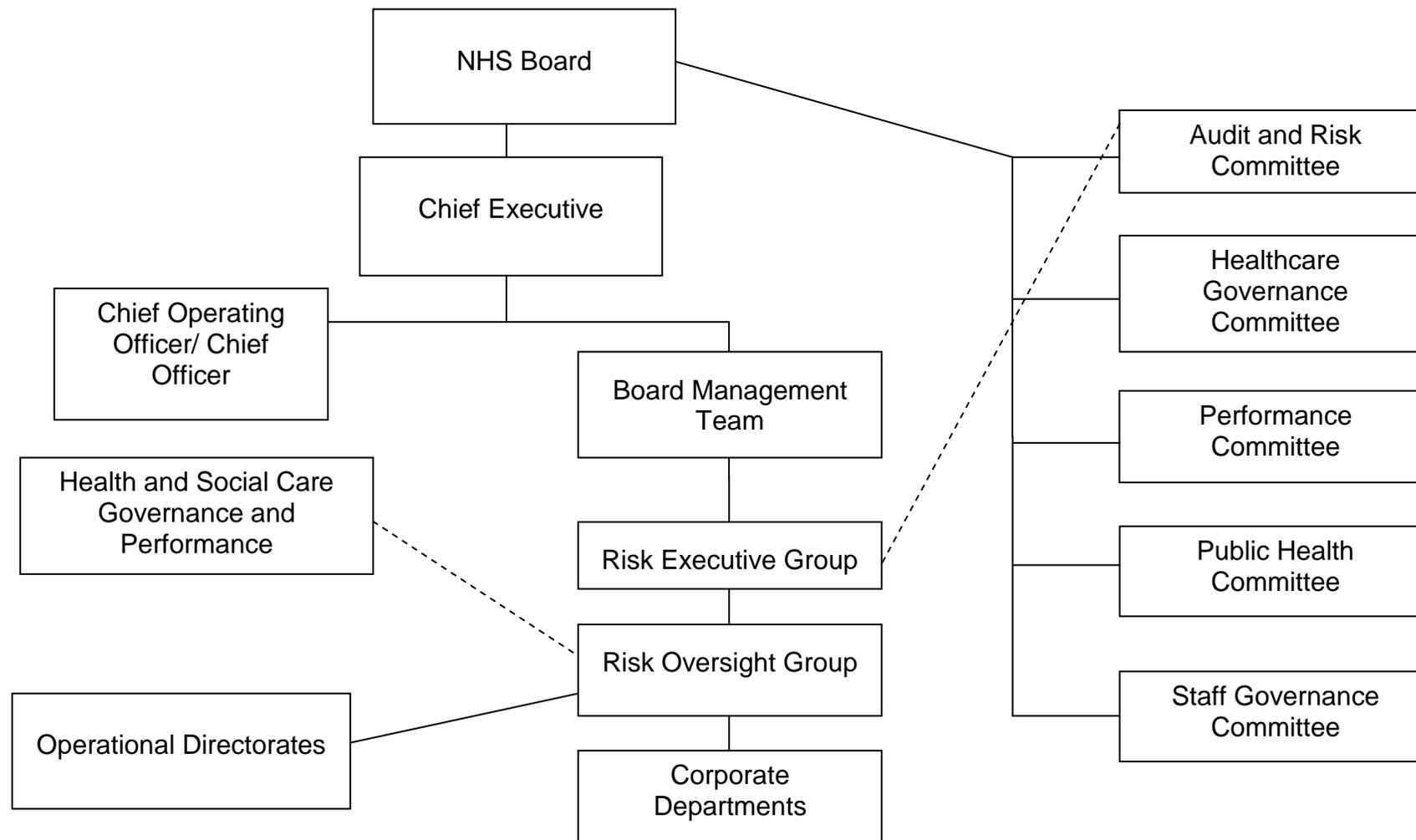
8. When determining what level of risk appetite to apply, consideration should also be given to the following criteria and how the level of risk would be assessed against the below table:
  - Anticipated level of transformation of service
  - Efficiency, level of savings and future cost avoidance
  - Extent to which, the proposal is in line with the strategic direction (national, regional or local)
  - Likely unacceptability /acceptability to public, politicians or staff
  - Extent to which, the proposal addresses the area of pressure
  - Deliverability of the proposal
  - Organisational risk
  - Extent of prevention of higher-level service use

## Risk Appetite Framework

Type	Definition
Business	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.
Environmental	Risks arising from property deficiencies or poorly designed or ineffective/inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.
Financial	<p>The risk that a weakness in financial controls could result in a failure to safeguard assets, impacting adversely on the Board's financial viability and capability for providing services.</p> <p>Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.</p>
Health and Safety	Risks arising from a failure to ensure, as far as is reasonably practicable, the health, safety and welfare of staff and others that may be affected by our work activities.
Information Governance	<p>Risks arising from a failure to produce robust, suitable and appropriate data/information and to exploit data/information to its full potential.</p> <p>Risks arising from a failure to prevent unauthorised and/or inappropriate access to the estate and information, including cyber security and non-compliance with General Data Protection Regulation requirements.</p> <p>Risks arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.</p>
Patient Safety	Risks that are specifically related to clinical care provision, for example; system or process issues and human error that may have an adverse effect and outcome.
Quality	Risks that threaten the day to day delivery of clinical care and services.
Reputational	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.
Project / Programme	Risks that change programmes and projects are not aligned with strategic priorities and do not successfully and safely deliver requirements and intended benefits to time, cost and quality.

Type	Definition
Statutory	Risks which may impact on the ability of the Board to deliver high quality of care in accordance with the requirements of regulators and national standards.
Strategy / Governance	<p>Risks arising from identifying and pursuing a strategy, which is poorly defined, is based on flawed or inaccurate data or fails to support the delivery of commitments, plans or objectives due to a changing macro-environment (e.g. political, economic, social, technological, environment and legislative change).</p> <p>Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance.</p>
Workforce	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.

### Schematic of Reporting Structure for Risk



Title: Risk Management Strategy 2021-2024

Date: (ENTER APPROVAL DATE)

Version: 1.0 (New)

Author: Nurse Director, Deputy Nurse Director and Director of Finance

## Definitions

**Risk** is the chance that something will happen that will have an impact on the achievement of NHS Dumfries and Galloway aims and objectives. It is measured in terms of likelihood (frequency or probability of the risk occurring) and severity (impact or magnitude of the effect of the risk occurring).

**Risk Management** is ‘the culture, process and structures that are directed towards the effective management of potential opportunities and adverse effects.

**The Risk management process** is ‘the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communication risk’.

**Significant risks** are those which when measured using the risk matrix are assessed to be high or very high or threaten a corporate objective. NHS Dumfries and Galloway Board and Governance Committees will take an active interest in the management of significant risks.

## Roles and Responsibilities

### NHS Dumfries and Galloway Board

The Board is ultimately responsible for managing risk. Board members have a corporate responsibility for the management of risk and each member must be aware of their obligations to promote this and protect the public from risk in the normal course of events within local NHS provision. An updated Corporate Risk Register Summary Report is presented to the Board on a quarterly basis. The Board also receives an annual report on risk management.

A 6 monthly summary of the corporate risks is provided to the relevant committees and reports by exception. Committees report any exceptions to the Board as and when required via the Committee update.

### Chief Executive

The Chief Executive as the accountability officer has responsibility for risk management systems and processes across the organisation.

### Executive Nurse Director

Whilst the Chief Executive has overall accountability for risk management across NHS Dumfries and Galloway, the Executive Nurse Director has responsibility for the implementation of suitable and effective risk management arrangements. The Nurse Director is supported by the Deputy Nurse Director and Patient Safety and Improvement Manager.

The Executive Nurse Director has a remit to co-ordinate, integrate, oversee and support the risk management agenda and to ensure that risk management principles are embedded across NHS Dumfries and Galloway. These arrangements should allow for assurance to be given to the Chief Executive as Accountable Officer in signing off the Annual Governance Statement.

### Executive Directors

Directors of the organisation are responsible for ensuring that risk registers are maintained and reviewed and that appropriate risk management practices are adopted within their area of responsibilities.

Directors are responsible for elements of the Corporate Risk Register which sit within their remit. They are required to review the risks and report through the relevant governance committee as appropriate

## **NHS Board Chair and Non-Executive Directors**

The Board Chair and Non-Executive Directors have a responsibility to:

- Constructively challenge Chief Executive and Executive Directors on the management of the Corporate Risk Register
- Support the Executive Directors in the development of proposals on risk mitigation
- Scrutinise and review the implementation of the Risk Management strategy through the Committee structure
- Support and consider the development of a Board Assurance Framework

## **Risk Executive Group (REG)**

The REG is a senior management group, chaired by the Chief Executive, Nurse Director and Director of Finance on a rotational basis. It has overall responsibility for the development and delivery of Risk Management Strategy which includes integration, co-ordination and standardisation of risk management throughout the Board.

The Risk Executive Group ensures NHS Dumfries and Galloway has appropriate governance arrangements in place to maintain operational co-ordination for risk management. It oversees the identification and monitoring of corporate risks, including maintenance of the Corporate Risk Register, and deals with significant and escalating risks, reporting formally to the relevant Committees and to the Board.

The Risk Management Strategy is reviewed every three years by the REG before being submitted to the Board for approval. Additionally, on behalf of the Board, the REG monitors the risk management work plan which includes the Risk Management Strategy implementation.

## **Risk Oversight Group (ROG)**

The Risk Oversight Group will oversee the implementation of NHS Dumfries & Galloway Risk Management Strategy and associated Policies, ensuring that it is consistently and comprehensively adopted.

It will link Corporate, Tactical and Operational teams tasked with implementing the Risk Management Strategy and provide a means of reviewing progress, identifying issues and escalating to Risk Executive Group or deescalating to Directorate or Corporate functions.

## **Patient Safety and Improvement Manager**

The Patient Safety and Improvement Manager supported by the Risk Manager will develop a culture whereby risks are identified, assessed and managed in a way that promotes improvement and learning.

## **Risk Manager**

The Risk Manager will advise and support the development and implementation of the Risk Policy and Adverse Event Policy and Procedure, aligning it with the Risk Management Strategy and Implementation Plan.

The Risk Manager will also give advice on whether escalation of a risk may be required when all possible mitigations have been exhausted.

## **Staff**

All members of staff have an important role to play in identifying, assessing and managing risk. To support staff in this, the Board provides a fair, consistent environment and encourages a culture of openness and willingness to admit mistakes. Staff are encouraged to report any situation where things have, or could have, gone wrong. Where necessary the Board will provide information, counselling and support, and training for staff in response to any such situation. The Board needs to learn from any such situation in order to continuously improve the risk management process.

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April



## Priorities for Delivery in 2021/22

**Author:**  
Jeff Ace  
Chief Executive

**Sponsoring Director:**  
Jeff Ace  
Chief Executive

**Date:** 24<sup>th</sup> March 2021

### RECOMMENDATION

The Board is asked **to approve** tactical priorities for delivery in 2021/22.

### CONTEXT

#### Strategy / Policy:

This paper supports the implementation of the Annual Operational Plan and the Board's own strategic objectives.

#### Organisational Context / Why is this paper important / Key messages:

The paper notes the impact of the Covid 19 pandemic on the usual work of the Board and proposes a set of tactical priorities for 2021/21. Where possible, these priorities will be incorporated into executive and general manager individual objectives for the year to allow progress to be assessed on a corporate and team level.

It is important to note that the priorities represent a very challenging workload for a system stretched to an unprecedented degree by the pandemic impacts as well as by the usual workforce, service and financial pressures. Their adoption would also be an acceptance that other programmes of work will not proceed at the same pace.

### GLOSSARY OF TERMS

NHS - National Health Service  
S&M - Sustainability and Modernisation

## MONITORING FORM

Policy / Strategy	This paper attempts to set out operational priorities for 21/22 that will deliver against strategic objectives.
Staffing Implications	Individual work-streams arising from these priorities will be assessed for workforce implications and taken forward in partnership.
Financial Implications	Individual work-streams arising from these priorities will be assessed for financial implications.
Consultation / Consideration	Draft priorities for 21/22 have been discussed at Management Team and Board. Work-streams arising from these will require appropriate engagement.
Risk Assessment	Risk assessments will be integrated into individual work-streams.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>The priorities encompass a range of different risks (and appetites)</p>
Sustainability	All work-streams will need to demonstrate sustainability.
Compliance with Corporate Objectives	These are designed to aid practical progress against corporate objectives
Local Outcome Improvement Plan (LOIP)	These are designed to aid practical progress against Community Planning objectives
Best Value	Individual work-streams arising from these priorities will be assessed to maximise value.
Impact Assessment	Individual work-streams will undertake these assessments as required..

## **Executive Summary**

The context within which we look to set our strategic priorities is one of rapid and highly disruptive change. The Covid 19 pandemic dramatically altered our service model in 2020/21 and has created a backlog of demand for services. The pandemic has also had a profound effect on our communities and on the drivers of their health and wellbeing. Furthermore, all this has coincided with Britain's withdrawal from the European Union which is likely to have long-lasting impact on the region's economy and on the country's economic growth that funds health and social care.

In this context it is important to recognise that our ambition should not simply be to remobilise the service models that existed prior to the pandemic. Instead it should be to create a model that sustainably meets the new needs of our population. In this re-imagining of services, we also need to be mindful of our workforce, who have been stretched as never before in 2021. Our priorities should explicitly include objectives targeted at improving their working lives and learning from some of the innovative ways of working introduced during the pandemic.

## **Background**

Annual priorities are derived from a number of separate drivers.

Strategic Planning and Commissioning of services now rests with the Integrated Joint Board which sets out its aims in its Strategic Plan. The IJB has conducted extensive engagement on its commissioning strategy and our tactical priorities need to support delivery of this plan.

The NHS Board is also required to agree with Scottish Government an Annual Operational Plan that sets out performance and financial trajectories that conform to ministerial priorities.

The NHS Board's risk management processes aim to identify and manage risks to population health or health services and create risk mitigation plans.

Ideally, the NHS Board needs to create a set of annual priorities that align with all of these drivers to create clarity for managers and the wider service as to the key areas of delivery for the year.

Clearly, 2020/21 has been an unusual year. Planning priorities have been overridden by the emergency response to the Covid 19 pandemic and NHS Scotland has delivered rapid change within a framework of major emergency directions. The challenge for 2021/22 is to manage our recovery from the pandemic and to support our teams in delivering services that address the new harms and risks that have emerged both as a direct result of the disease, and as a consequence of societal disruption.

## **2021/22 Draft Board Delivery Priorities**

### **1) Covid 19 Containment Work**

We have experienced three distinct waves of infection in D&G; March 2020, October 2020 and December / January 2020/21. Each of these has been curtailed by restrictions on individuals and businesses aimed at reducing social interaction. The mass vaccination programme now gives us an additional intervention to both disrupt transmission and reduce severity of disease. This programme is one of the most high impact public health interventions in the NHS's history and must be delivered effectively, safely and as rapidly as possible.

The delivery of full vaccination to all adults in D&G before autumn 2021 will therefore be a key operational priority. We will provide Board with a trajectory for the programme and regular update reports on progress. We will also establish the shape of the programme on a sustainable basis (assuming that booster vaccinations will be required periodically) that best meets our demographic requirements.

Despite the vaccination programme, Covid 19 will remain a substantial risk to our population. It will be important to maintain on a sustainable basis our test, trace and protect capacity and to provide assurance to Board that this continues to work effectively in containing outbreaks and minimising community transmission.

The Board will create a Public Health Committee in 2021 which would appear well placed to provide detailed scrutiny of these programmes and assurance up to Board.

### **2) Continued Support for Staff Wellbeing**

Throughout the pandemic we have attempted to increase support available to individuals and teams affected by the unprecedented pressures of the situation. 2021/22 will bring additional challenges as we redesign services to meet the new service requirements and it is crucial that we continue with our programmes of work to support staff. Delivery of this programme will be monitored through Staff Governance Committee where outcome metrics will also be analysed to ensure effectiveness.

In addition, the Board's level of vacancies continues to present one of the most significant risks to effective delivery of our services. We will need to take forward the next stages of our recruitment programme aimed at filling previously difficult to attract posts. Again, the success of this programme should be monitored through Staff Governance Committee with regular updates to the Board.

### 3) Delivery of Sustainable Service Models

The Sustainability & Modernisation Programme was launched in 2019 with the aim of creating sustainable service models that met the changing needs of our citizens, were affordable, and offered attractive careers for existing and potential staff. This programme was heavily disrupted by the pandemic but we need to deliver certain key outcomes in 2020/21.

The Board's Performance Committee would seem ideally placed to scrutinise progress in this area. This committee has been replaced by more frequent meetings of the Board during the pandemic, and its role can be fulfilled by Board until its reestablishment.

For 2021/22, the key programmes are;

#### a) Community Service Models

Covid 19 has highlighted the need for increased capacity to support individuals and families in their homes. The Home Team concept of local multi disciplinary teams (working to avoid unnecessary admissions and to facilitate rapid safe discharge from hospital) was one of our original Sustainability & Modernisation plan priorities and remains critical to providing person centred care in our communities.

We have made strong progress in this area, working closely with Staff Side colleagues and partner agencies and intend to have all teams in place and functioning in time for the start of winter activity increases.

As part of this work we will review the entirety of our community bed base to ensure best fit with current and future requirements and to assess any changes required to deal with the residual risks of Covid 19.

#### b) Cost efficiency Programmes

The Board has a statutory duty to break even and has become increasingly reliant on non recurrent means to achieve this requirement. Our underlying deficit has grown substantially in the last three years and we now have to reverse that trend and deliver significant progress towards sustained financial balance.

The S&M programme will attempt to identify savings through service redesign, but it is worth emphasising the scale of the financial challenge and the likelihood of very difficult decisions on disinvestment in services that will be required.

#### c) Elective Remobilisation

The pandemic has created a backlog of elective procedures, effectively increasing waiting times for people requiring treatment or surgery.

This is ethically and clinically untenable and we will need to demonstrate an improving position through 2021/22.

This is going to be enormously difficult; our baseline elective capacity can barely keep pace with ongoing demand, so to also make inroads into accumulated demand will require a very high degree of innovation and redesign of pathways. Much of this redesign will be led by the national planned care collaborative and our task will be to implement change at pace and performance manage the delivery of improvement.

#### **4) Delivery of Enhanced Services to address Pandemic Harms**

The pandemic and the societal lockdowns that have been required to contain it have disrupted normal life to the extent that subsidiary harms have been created. It is beginning to be clear that adult mental health services, drug and alcohol services, and child and adolescent mental health services in particular will face new and increased demand for their services. It is possible that adult and child protection services will also be further stretched although evidence on this is less clear at the moment. Finally, it is possible that we will need to manage the impact of a new chronic condition, 'long covid' and ensure creation of clinical pathways that provide appropriate expert support.

#### **Conclusions**

These are unusually difficult times for health and care services and the priorities outlined above represent large programmes of complex change management. In delivering these, we will need to make sure that our focus on staff wellbeing is maintained and enhanced to give our teams the best possible support through what will be another tough year.

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Equality and Diversity – Specific Duties Reports

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**Date:** 24<sup>th</sup> March 2021

### RECOMMENDATION

The Board is asked **to approve** the following points:

- The NHS/IJB Equality Mainstreaming Report for 2019-2021
- The 2017-2021 Equality Outcomes update and set of refreshed equality outcomes for 2021-2025
- The NHS Equal Pay Statement/Gender Pay Gap Report

The Board is asked **to discuss and note** the following points:

- The requirement of both NHS Dumfries and Galloway and the Dumfries and Galloway Integration Joint Board to comply with a number of actions under the Equality Act 2010 Public Sector Equality Duty
- The departmental leadership required to ensuring that equality and diversity continues to be mainstreamed across health and social care services and that relevant services work to meet the aims of the equality outcomes and pay gap action plans
- The Employee Data Report is still being worked on and will be published as soon as possible

### CONTEXT

#### Strategy / Policy:

This paper supports the implementation of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

**Organisational Context / Why is this paper important / Key messages:**

Mainstreaming equality should become part of the day to day structures, behaviour and culture of the organisation, and contributes towards continuous improvement and better performance.

NHS Dumfries and Galloway is legally bound to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The purpose of this paper is to provide the board with information on the steps which have been taken to comply with the legislation, particularly around the publication of a mainstreaming report, a refreshed set of equality outcomes and the gender pay gap/occupational segregation figures.

**GLOSSARY OF TERMS**

BSL	–	British Sign Language
IJB	–	Integration Joint Board
LGBT	–	Lesbian, Gay, Bisexual, Transgender
NHS D&G	–	NHS Dumfries and Galloway
PSED	–	Public Sector Equality Duty
SAM	–	Sustainability and Modernisation

## MONITORING FORM

Policy / Strategy	Legislative requirement of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
Staffing Implications	<p>Leads and Managers have a responsibility to cascade to staff the delivery of equality and diversity approaches to better deliver person centred services with equality and diversity at the heart of all the they do to progress the actions within their own areas. The equality outcomes will involve staff from all relevant areas to meet the aims of the outcomes.</p> <p>There is a requirement for equality and diversity to be mainstreamed in all areas and therefore becomes the responsibility of everyone across the Board.</p>
Financial Implications	There are no immediate direct financial implications on the reporting arrangements, however, there will be financial implications involved in ensuring that we are meeting the Public Sector Equality Duty.
Consultation / Consideration	Consultation around the Equality Outcomes has been undertaken with local communities and is detailed within the report. The report has also been discussed at Board Tactical Group and Staff Governance Committee.
Risk Assessment	A risk assessment has not been carried out as this is a legislative requirement. The key actions may require to be risk assessed for impact on service delivery.
Risk Appetite	<p style="text-align: center;">Low <input type="checkbox"/>      Medium <input checked="" type="checkbox"/>      High <input type="checkbox"/></p> <p>Potential impact on staff, reputation and the business if the duties under the Equality Act are not met appropriately and proportionately.</p>
Sustainability	Developing equality within the workforce and the services we provide in Dumfries and Galloway makes a significant contribution to social and economic sustainability in our region.

Compliance with Corporate Objectives	<p>To reduce health inequalities across NHS Dumfries and Galloway</p> <p>To ensure that NHS Dumfries and Galloway has an engaged and motivated workforce that is supported and valued in order to deliver high quality service and achieve excellence for the population of Dumfries and Galloway.</p> <p>Continue to support and develop partnership working to improve outcomes for the people of Dumfries and Galloway.</p>
Local Outcome Improvement Plan (LOIP)	<p>Everyone who needs help to work receives the right support.</p> <p>Individuals and communities are empowered</p> <p>Health and wellbeing inequalities are reduced</p> <p>People are safe and feel safe</p> <p>Learning opportunities are available to those who need them most</p>
Best Value	<p>Equality</p> <ul style="list-style-type: none"> <li>• Equal Opportunities arrangements</li> </ul>
<p>Impact Assessment</p> <p>An equality impact assessment is ongoing, considering the reports and will be updated as further actions develop.</p>	

## Introduction

1. The purpose of this paper is to outline the legal duties on NHS Dumfries and Galloway and the Dumfries and Galloway Integration Joint Board to comply with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The Board is asked to review the attached report and endorse this for publication by 30 April 2021.

## Legislative Background

2. The Equality Act became law in 2010 and replaced several previous anti-discrimination laws with a single piece of legislation. It aims to ensure that everyone who is protected by law from discrimination, harassment or victimisation is afforded the same level of protection. The Equality Act introduced the concept of 9 'protected characteristics', referred to in previous legislation as 'equality groups' or 'equality strands'.
3. The Protected Characteristics are:
  - Age
  - Disability
  - Gender Reassignment
  - Pregnancy and Maternity
  - Race
  - Religion and Belief
  - Sex
  - Sexual Orientation
  - Marriage and Civil Partnership
4. The Equality Act applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination. The Act stipulated that all Health Boards (as were all public bodies) across NHS Scotland were required to produce a number of documents which would contribute towards furthering one or more of the 3 needs of the **Public Sector Equality Duty (PSED/also know as General Duty)**. The PSED requires Scottish public authorities to pay 'due regard' to the need to:
  - **Eliminate unlawful discrimination, harassment and victimisation**
  - **Advance equality of opportunity**
  - **Foster good relations**
5. The General Duty is supported by **Specific Duties**, set out in regulation, which came into force on 27 May 2012. The requirements of the Specific Duties are as follows:
  - Duty to report progress on mainstreaming the equality duty
  - Duty to publish equality outcomes and report progress
  - Duty to assess and review policies and practices
  - Duty to gather and use employment information
  - Duty to publish gender pay gap information
  - Duty to publish statements on equal pay, etc

- Duty to consider award criteria and conditions in relation to public procurement
- Duty to publish in a manner that is accessible
- Duty to consider other matters
- Duty of the Scottish Ministers to publish proposals to enable better performance

6. A reporting timetable has been provided as **Appendix 1**.

### **Board Requirements in relation to the Specific Duties**

#### **NHS Dumfries and Galloway Mainstreaming Report**

7. By mainstreaming equality, the health board will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care that can cope with the diverse needs of the Dumfries and Galloway population. This leads to improved outcomes for patients and service users, as well as staff.
8. Mainstreaming equality and diversity is a specific requirement defined as integrating equality into the day to day working of NHS D&G, taking equality into consideration as part of everything the organisation does.
9. The Board has a duty to publish a mainstreaming report every two years detailing how it has mainstreamed equality and diversity. A copy of this report is attached as **Appendix 2**.

#### **NHS Dumfries and Galloway Equal Pay Statement/Gender Pay Gap Information**

10. The Board has a duty to publish gender pay information and to publish a statement on Equal Pay. This now includes occupational segregation data on disability and race.
11. The Equal Pay Statement/Gender Pay Gap Information report has been attached as **Appendix 3**.

#### **Equality and Diversity Joint IJB/NHS Equality Outcomes paper**

12. NHS Dumfries and Galloway has a responsibility report on the progress towards the Equality Outcomes set in 2017 and a refreshed set of equality outcomes to be met during 2021-2025. These reports are contained within the mainstreaming report, **Appendix 2**.

#### **Duty to gather and use employment information**

13. This information to inform this report is still being gathered having been delayed due to resources being affected by COVID-19. This report will be published as soon as possible.

## Reporting Timetable

Specific Duty	Output	Timescale	Next Report Due
Duty to report progress on mainstreaming the equality duty	Publish report on progress on mainstreaming equality into business	Initial report published 30 April 2013 (every two years thereafter).	<b>30 April 2021</b>
Duty to publish equality outcomes and report progress	(1) Publish a set of equality outcomes	30 April 2013 (every 4 years thereafter)	<b>30 April 2021</b>
	(2) Engage with persons who share a protected characteristic in the setting of outcomes and consider relevant evidence	May 2016 – Jan 2017	<b>Ongoing</b>
	(3) If not all protected characteristics are covered by the outcomes, must publish reasons for this	30 April 2017	<b>30 April 2021</b>
	(4) Report on progress to achieve agreed equality outcomes	30 April 2015 (every 2 years thereafter)	<b>30 April 2021</b>
Duty to assess and review policies and practices	Complete and publish results of EQIA	Ongoing	<b>Ongoing</b>
Duty to gather and use employee information	(1) Gather equality data for staff in respect of each of the protected characteristics in relation to recruitment, development and retention	Annually	<b>Ongoing</b>

NOT PROTECTIVELY MARKED

<b>Specific Duty</b>	<b>Output</b>	<b>Timescale</b>	<b>Next Report Due</b>
	(2) Show how this data is being used to meet the equality duty	Annually	<b>Ongoing</b>
	(3) Publish a report on the breakdown of staff using the data gathered, showing progress in collating this information and how it is being used to better perform the equality duty	30 April 2013 (and then annually within mainstreaming report if not published elsewhere)	<b>30 April 2021</b>
Duty to publish gender pay gap information	Publish information on the percentage difference between men's average hourly pay and women's average hourly pay	30 April 2013 (every 2 years thereafter)	<b>30 April 2021</b>
Duty to publish statements on equal pay, etc.	Publish an equal pay statement containing NHS D&G's policy on equal pay and occupational segregation between: <ul style="list-style-type: none"> <li>(i) men and women;</li> <li>(ii) persons who are disabled and persons who are not; and</li> <li>(iii) persons who fall into a minority racial group and persons who do not;</li> </ul>	30 April 2013 (every 4 years thereafter)  The 2013 statement need only cover men and women. Subsequent statements (2017 onwards) will then include disability and BME information (ii) & (iii)	<b>30 April 2021</b>
Duty to consider award criteria and conditions in relation to public procurement	When undergoing quotation and tendering processes for contracts, NHS D&G should be considering conditions (which are related to and proportionate to the subject matter) which enables NHS D&G to better perform the equality duty.	Ongoing and where appropriate	<b>Ongoing</b>
Duty to publish in a manner that is accessible	Information on equality outcomes, gender pay gap, equal pay and workforce breakdown requires to be published in an accessible format	30 April 2013	<b>Ongoing</b>

**NOT PROTECTIVELY MARKED**

Specific Duty	Output	Timescale	Next Report Due
Duty of the Scottish Ministers to publish proposals to enable better performance	Scottish Ministers will publish proposals to support public bodies in meeting their requirements of the equality duty	31 December 2013 (every 4 years thereafter)	<b>31 December 2021</b>
	Scottish Ministers will publish a report on the progress	31 December 2013 (every 4 years thereafter)	<b>31 December 2021</b>

**NOT PROTECTIVELY MARKED**



# **Equal Pay Statement and Gender Pay Gap Information**

**April 2021**

## 1. National Context

Women in Scotland currently earn, on average, 10.4% less per hour than men (a decrease of 2.9% since 2019), and 29.7% less when you compare women's part time hourly rate to men's full time hourly rate (an increase of 1.3% since 2019)<sup>1</sup>.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

Women's labour market participation has been adversely impacted by COVID-19. Women are more likely to work in shutdown sectors such as retail and hospitality and women's poverty rates (and therefore child poverty rates) will rise as a result of low-paid women being particularly affected by job disruption. Women are bearing the brunt of the increase in childcare and care for adults in the home, making paid work more difficult and women are greater risk of losing their job over the course of the recession<sup>2</sup>.

According to Close the Gap, the gender pay gap is caused by a range of factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as Female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Biased and un-transparent recruitment, development and progression practice
- Male-oriented workplace cultures
- Discrimination in pay and grading systems

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

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1

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/annualsurveyofhoursandearningsashegenderpaygaptables>

<sup>2</sup> Close the Gap, 2021 'The Gender Pay Manifesto' <https://www.closesthegap.org.uk/content/resources/The-Gender-Pay-Gap-Manifesto---2021-Scottish-Parliament-elections.pdf>

## **2. Legislative Framework**

The Equality Act 2010 sets out that people should not be discriminated against in employment, when seeking employment, or when engaged in occupations or activities related to work, because of their sex. The Equality Act also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

The Act stipulated that all Health Boards (as were all public bodies) across NHS Scotland were required to comply with the 3 aims of the Public Sector Equality Duty, and to meet the requirements of the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012.

### **Specific Duties**

The General Duty is supported by **Specific Duties**, set out in regulation, which came into force on 27 May 2012. The requirements of the Specific Duties in relation to pay gap and occupational segregation reporting are as follows:

- **Duty to publish gender pay gap information**
- **Duty to publish statements on equal pay**

In addition to gender, the specific duties also require that occupational segregation analysis and reporting must include the following:

- **Disability** – comparing distribution of people who identify as disabled and those who identify as not disabled
- **Race** – comparing distribution of persons who fall into a minority racial group and those who do not

## **3. Equal Pay and the Gender Pay Gap**

Equal pay is a legal requirement. Employees performing work of the same value must be paid at the same rate, regardless of their protected characteristics.

In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

## **4. Equal Pay Statement**

This statement has been agreed in partnership and will be reviewed on a regular basis by NHS Dumfries and Galloway Staff Governance Committee.

NHS Dumfries and Galloway is committed to the broad principles of equality of opportunity in employment and believe that staff should receive equal pay for the

same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Dumfries and Galloway understand that the right to equal pay between women and men is a legal right under both domestic and European law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Dumfries and Galloway to taking the following steps:

- Publish gender pay gap information by 30 April 2021
- Publish a statement on equal pay between women and men by 30 April 2021, and to include the protected characteristics of race and disability

It is good practice and reflects the values of NHS Dumfries and Galloway that pay is awarded fairly and equitably.

NHS Dumfries and Galloway recognise that in order to achieve equal pay for employees doing the same or broadly similar work, work related as equivalent or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

#### *National Terms and Conditions*

NHS Dumfries and Galloway employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (A4C) Contract and Terms and Conditions of employment, NHS Consultant and General Practice (GP) and General Dental Practice (GDP) contracts of employment. Some staff are employed on the NHS Scotland Executive contracts of employment (Executive Cohort) which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

#### *Staff Governance Standard*

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued

- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

### **Occupational Segregation**

Occupational segregation refers to the distribution of people defined by specific characteristics, for example, by disability, gender or race, into different types of work. Many factors influence this clustering effect for example, gender norms and stereotypes; assumptions about men's and women's capabilities, preferences and skills; the culture associated with male dominated occupations and sectors and access to training and development opportunities. Occupational segregation restricts choices for men and women. The jobs most likely to be done by women are those associated with low pay, and fewer opportunities to progress.

Occupational segregation occurs both between and within economic sectors, and is typically described in 2 ways:

**Horizontal segregation** refers to the clustering of people, for example men and women, into different types of work. Examples include, the majority of nurses are women, while men are more likely to work in facilities and maintenance roles within NHS Scotland.

**Vertical segregation** refers to the clustering of people, for example men and women, into different levels of work. Examples include a higher proportion of women work in lower pay bands, and a higher proportion of men work in senior management within NHS Scotland.

### **Horizontal segregation by gender**

NHS Dumfries and Galloway employs more women than men. In November 2020, the Board employed 83% women, compared with 17% men.

**Appendices 1, 2, 3 and 4** show the distribution of men and women across all of the Job Families. Women represent the majority of the workforce within all the majority of the Job Families with the exception of Medical and Dental and Medical Support.

Within the Agenda for Change cohort, the Job Families with the highest percentage of women within their workforce were in the Allied Health Professions (95%), Dental Support (92%) and Nursing/Midwifery (90.3%).

The Job Families with the highest percentage of men in their workforce were Medical and Dental (59.8%), Medical Support (50%) and Healthcare Sciences (30.2%).

### Vertical Segregation by gender

Table 1 shows overall the numbers of men and women working across the different pay grades as at November 2020.

The table above shows that there were more women than men employed in most of the pay grades, with the exception of Medical and Dental grades and Band 8D. The pay band with the highest percentage of women is Non-AfC roles, followed by Band 5.

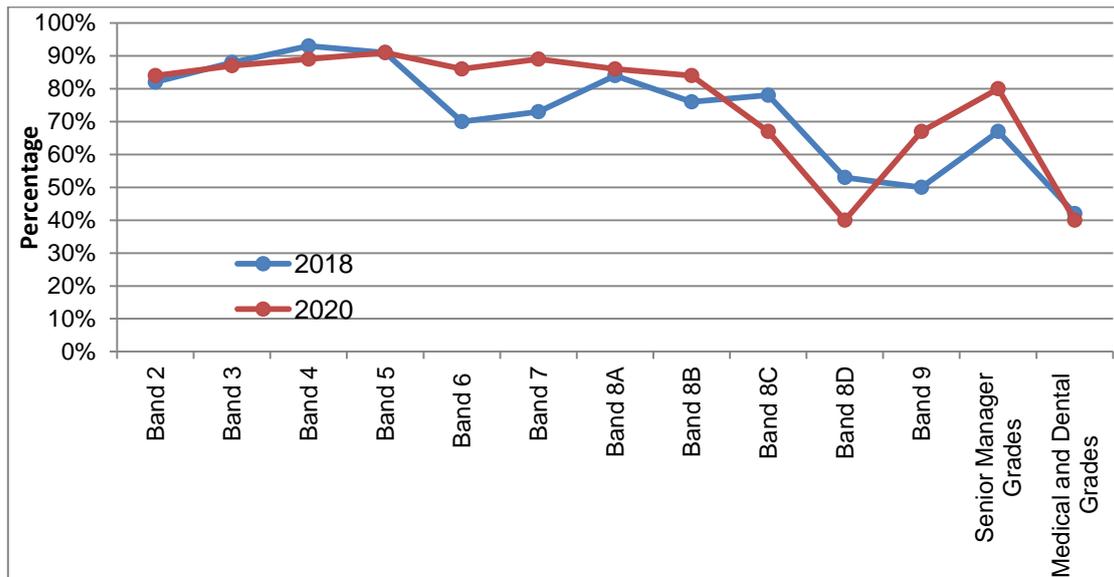
**Table 1: Number of employees by gender and pay Band as at November 2020.**

Band	Women	Percentage	Men	Percentage	Total
1	*	50.0%	*	50.0%	*
2	1,241	83.6%	243	16.4%	1,484
3	514	86.5%	80	13.5%	594
4	271	89.4%	30	10.6%	301
5	1,146	90.7%	115	9.3%	1,261
6	591	86.2%	95	13.8%	686
7	354	88.5%	46	11.5%	400
8A	89	86.4%	14	13.6%	103
8B	32	84.2%	6	15.8%	38
8C	10	66.7%	5	33.3%	15
8D	6	40.0%	9	60.0%	15
9	*	66.7%	*	33.3%	*
Senior Manager Grades	*	80.0%	*	20.0%	*
Medical and Dental Grades	170	40.2%	253	59.8%	423
Not AfC	36	94.7%	*	5.3%	38
Total	4,467	82.7%	901	17.3%	5,368

**Table 2** shows a comparison of the percentage of women employed at the various pay grades between 2018 and 2020.

The relatively small numbers of people employed in Band 8A to Band 9 mean that small changes in headcount can show a large percentages change. For example if there 5 people in a band, 1 person leaves and is replaced by someone of a different gender, then there will be change of 20%.

**Table 2: Percentage of employees by gender and pay Band**



## Gender Pay Gap

**Appendix 1** shows the overall gender pay gap for the organisation as at November 2020. On average, men employed within NHS Dumfries and Galloway were paid on average £5.18 or 24.8% more than women, compared with 26% in 2019.

This varies quite considerably between the overall Job Families. The gap within the Senior Managers cohort is 18.8%, although this Job Family is made up of a small number of people. The gap for Medical and Dental staff is 9.8%, and the gender pay gap for Agenda for Change Staff is 0.7%.

**Appendix 2** shows that within the Medical and Dental Job Family, the overall pay gap is 9.8%. The grade with the highest pay gap within this Job Family is categorised as 'Part time Medical Practitioner Para 94 app. [clin ass]' where there is a pay gap of -36.4%. Within the category of 'Clinical Fellow' there is a pay gap of 22%.

**Appendix 3** shows that within the Senior Manager Job Family, where the pay gap is 18.8%. Despite this Job Family consisting mainly of female employees, at the highest grade (Grade F), there are no female employees.

**Appendix 4** shows that overall for Agenda for Change staff, the pay gap is 0.7% and this is broken down into more specific Job Families and the bandings within these.

The Job Families of Administrative Services (21.1%), Allied Health Professions (7.3%), Other Therapeutic (21.6%), Personal and Social Care (7.8%) and Support Services (7.0%) all have a gender pay gap in favour of male employees.

The Job Families of Healthcare Sciences (-5.4%) and Nursing and Midwifery (-1.0%) each have pay gaps in favour of women.

### **Occupational segregation by minority ethnic group**

**Appendices 5 and 6** show the overall distribution of staff by ethnic categories by Job Family and pay band. We have followed the guidance of the Coalition of Racial Equality and Rights, aggregating White Other into a category distinct from White Scottish and British to account for the effects of migration. Due to small numbers we have also aggregated the various Black, Asian and Minority Ethnic categories into one group for the purposes of reporting.

0.75% of the NHS Dumfries and Galloway workforce have disclosed that they identify as Black, Asian or Minority Ethnic. 54.5% of the workforce have indicated White Scottish or British, 29.2% have not provided any information, 8.3% have declined to respond and 7.3% have identified as White Other.

**Appendix 5** shows that the majority of staff who identify as Black, Asian or Minority Ethnic are employed within the Medical and Dental Job Family (50%), followed by Nursing and Midwifery (29%). Other colleagues who identify as Black, Asian or Minority Ethnic are spread across some of the other Job Families.

**Appendix 6** shows that Black, Asian and Minority Ethnic staff were represented across pay bands 1 – 7. Again the majority of Black, Asian and Minority Ethnic staff (50%) occupied posts within the Medical and Dental grades.

### **Occupational segregation by disability**

Only 1.3% of NHS Dumfries and Galloway staff have identified as disabled. However, 72% of the workforce has not provided any information. 16.5% identify as not disabled and 10.1% have declined to respond. Therefore, there is no data available on 82.1% of the workforce. The number of staff identifying as disabled is very small and as such, makes it challenging to publish more detailed information. Work is ongoing to improve the equalities data collected which will impact on these numbers.

**Appendix 7** shows that staff identifying as disabled are represented across most of the Job Families. 42% of staff that have identified as being disabled are employed within Nursing and Midwifery and 27% are employed within Administrative Services.

**Appendix 8** shows that disabled staff are represented across pay bands 1 – 8. Disabled staff are almost equally represented across bands 1 – 7.

The lack of data and small numbers around the protected characteristics of disability and ethnicity makes it difficult to draw any definitive conclusions about patterns of occupational segregation in relation to ethnicity and disability.

## **5. Positive action to enhance attraction, development and retention of underrepresented groups**

### **Glasgow Centre for Inclusive Living Graduate Scheme**

NHS Chief Executives supported the establishment of the Glasgow Centre for Inclusive Living Equality Academy's Professional Careers Programmes within NHS Scotland Boards. The aim of the programme is for boards to provide a 2 year paid employment opportunity for disabled graduates by providing experience of employment and to help set them up for a long-term sustainable career. NHS Dumfries and Galloway has taken part in this scheme and have offered placements as part of the 2 cohorts that have ran to date.

### **Disability Confident scheme**

NHS Dumfries and Galloway currently hold Disability Confident Level 2 'Employer Status'.

The Disability Confident commitments include:

- Offering an interview to disabled candidates
- To ensure there is a mechanism in place to discuss with disabled employees what can be done to make sure they can develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.

Work will be undertaken in 2021 to review the application and apply for Level 3 'Leader' Status.

## **6. Next Steps**

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality
- Promote equality of opportunity and the principles of equal pay throughout the workforce
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

We will:

- Review this policy, statements and action points with trade unions and professional organisations as appropriate, every 2 years and provide a formal report within 4 years
- Continue to inform employees as to how pay practices work and how their own pay is determined
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the Equality Act 2010
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union Representatives
- Empower staff and managers to work flexibly and effectively with a focus on outcomes, supporting flexible and agile working arrangements and work-life balance
- Regularly review data to scrutinise performance and drive improvement across recruitment practices, career progression and retention in relation to the protected characteristics.
- Continue to progress through the Carer Positive Framework to support carers in the workplace
- Consider intersectionality within the 'Developing the Young Workforce' strategy as an integral part of the work. For example, encouraging younger women into a range of various roles within the Board, including those which are often stereotyped as 'men's work'
- Work towards the Disability Confident Level 3 award
- Establishment and development of staff networks for protected characteristic groups with opportunities to discuss and share experiences
- Review our job descriptions and person specifications to remove unnecessary criteria that may be indirectly disadvantaging people from protected characteristic groups
- Develop an action plan for this work which will be monitored through the internal Staff Governance Committee

Responsibility for implementing this policy is held by the NHS Dumfries and Galloway Workforce Director.

If a member of staff wishes to raise a concern at a formal level within NHS Dumfries and Galloway relating to equal pay, the Grievance procedure is available for their use.

## **Appendices**

### **Overview**

The tables contained within the appendices from page 15 onwards, show the pay differences and occupational segregation data between male and female staff, and the occupational segregation data in relation to ethnicity and disability.

- Summary of the overall gender pay gap across NHS Dumfries and Galloway (Appendix 1)
- Medical and Dental Staff by Grade (Appendix 2)
- Senior Managers by Grade (Appendix 3)
- Agenda for Change staff by Job Families and pay band (Appendix 4)
- Horizontal Occupational Segregation Data by Ethnicity (Appendix 5)
- Vertical Occupational Segregation Data by Ethnicity (Appendix 6)
- Horizontal Occupational Segregation Data by Disability (Appendix 7)
- Vertical Occupational Segregation Data by Disability (Appendix 8)

### **Data definitions within pay gap data**

The data presented covers all substantively employed staff and the average hourly rate for basic pay. This does not include overtime.

Where data relates to 5 or less individuals, detail on pay has been asterisked (\*) out to avoid individuals being identified.

The data is presented in the following format:

- Employment count by gender and the proportional percentage of gender split within the grade
- The average hourly basic rate pay by both genders and the total (for both males and females) represented in pounds sterling (£)
- The percentage variance of difference when comparing male to female average hourly pay rates

*\*Please note that the totals within Appendix 1 for the total organisation differ from the overall totals from the Job Family tables. This is due to a number of staff who have pay band 'not assimilated' and are not included in the 'Job Family' tables but are included within the overall organisation figures.*

<b>APPENDIX 1</b>	<b>Organisation Gender Pay Gap as at November 2020</b>								
	<b>Female</b>			<b>Male</b>			<b>Total Headcount</b>	<b>Monetary Variance Male to Female Hourly rate £</b>	<b>Monetary Variance Male to Female %</b>
<b>Job Family</b>	<b>Female Headcount</b>	<b>Female Count as % of Job Family</b>	<b>Average Basic Hourly Rate £</b>	<b>Male Headcount</b>	<b>Male Count as % of Job Family</b>	<b>Average Basic Hourly Rate £</b>			
Agenda for Change	3,694	86.5%	15.02	576	13.5%	15.12	<b>4,270</b>	<b>0.10</b>	0.7%
Medical and Dental	118	40.2%	37.04	164	59.8%	41.06	<b>282</b>	<b>4.02</b>	9.8%
Senior Managers	*	80.0%	37.80	*	20.0%	46.53	*	<b>8.73</b>	18.8%
<b>Total</b>	*	<b>82.6%</b>	<b>15.72</b>	*	<b>17.4%</b>	<b>20.90</b>	<b>4,557</b>	<b>5.18</b>	24.8%

<b>APPENDIX 2</b>	<b>Medical and Dental Grades as at November 2020</b>								
Job Family	Medical Grade	Female			Male			Total Headcount	Monetary Variance Male to Female %
		Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
Medical and Dental	Associate Specialist	12	66.7%	45.74	6	33.3%	44.22	18	-3.4%
Medical and Dental	Clinical Director	*	100.0%	43.37	-			*	
Medical and Dental	Clinical Fellow	10	73.9%	17.09	*	26.1%	21.90	14	22.0%
Medical and Dental	Consultant	41	31.7%	47.83	92	68.3%	49.40	133	3.2%
Medical and Dental	Dental Core Training - Grade 1	*	100.0%	19.23	-	-	-	*	-
Medical and Dental	Dental Officer	*	62.5%	29.01	-	-	-	*	
Medical and Dental	Foundation House Officer Year 1	*	28.6%	12.72	*	71.4%	12.31	*	-3.3%
Medical and Dental	General Practice Specialty Training	-	-		*	75.0%	16.23	*	
Medical and Dental	Hospital Practitioner	*	16.7%	49.19	*	83.3%	49.19	*	0.0%
Medical and Dental	Medical Director	*	66.7%	48.23	*	33.3%	54.10	*	10.9%
Medical and Dental	Other	*	20.0%	45.58	*	80.0%	38.39	6	-18.7%
Medical and Dental	Part time Medical Practitioner Para 94 app. [clin ass]	*	25.0%	48.86	*	75.0%	35.82	5	-36.4%
Medical and Dental	Salaried GP	*	21.1%	22.53	13	78.9%	25.18	17	10.5%
Medical and Dental	Senior Dental Officer	*	53.3%	40.01	-	-	-	*	-
Medical and Dental	Specialist Registrar	-	-	-	*	100.0%	17.31	*	-
Medical and Dental	Specialty Doctor	22	45.5%	33.42	24	54.5%	32.77	46	-2.0%
Medical and Dental	Specialty Registrar	8	64.7%	17.06	6	35.3%	18.17	14	6.1%
<b>Medical and Dental Total</b>		<b>118</b>	<b>40.2%</b>	<b>37.04</b>	<b>164</b>	<b>59.8%</b>	<b>41.06</b>	<b>282</b>	<b>9.8%</b>

APPENDIX 3		Senior Manager Grades as at November 2020							
		Female			Male			Total Headcount	Monetary Variance Male to Female %
Job Family	Senior Manager Grade	Headcount	Percentage	Average Hourly Rate £	Headcount	Percentage	Average Hourly Rate £		
Senior Managers	Executive/Senior Manager Grade D	*	100.0%	36.46	-	-	-	*	-
Senior Managers	Executive/Senior Manager Grade E	*	100.0%	41.84	-	-	-	*	-
Senior Managers	Executive/Senior Manager Grade F	-	-	-	*	100.0%	46.53	*	-
<b>Senior Managers Total</b>		*	<b>80.0%</b>	<b>37.80</b>	*	<b>20.0%</b>	<b>46.53</b>	<b>5</b>	18.76%

APPENDIX 4		Agenda for Change Job Families as at November 2020							
Job Family	Agenda for Change Banding	Female			Male			Total Headcount	Monetary Variance Male to Female %
		Female Headcount	Female headcount as % of banding	Average Hourly Rate £	Male Headcount	Male headcount a % of banding	Average Hourly Rate £		
ADMINISTRATIVE SERVICES	Band 2	139	90.1%	10.28	16	9.9%	10.34	155	0.6%
	Band 3	205	92.4%	11.53	17	7.6%	11.38	222	-1.3%
	Band 4	144	89.0%	12.72	18	11.0%	12.50	162	-1.8%
	Band 5	55	77.5%	15.61	16	22.5%	14.53	71	-7.4%
	Band 6	37	63.8%	18.01	21	36.2%	18.64	58	3.4%
	Band 7	27	66.7%	21.72	13	33.3%	21.91	40	0.9%
	Band 8A	19	82.6%	26.03	*	17.4%	26.29	*	1.0%
	Band 8B	8	80.0%	31.30	*	20.0%	32.76	*	4.5%
	Band 8C	*	60.0%	38.36	*	40.0%	37.89	5	-1.2%
	Band 8D	*	37.5%	45.19	5	62.5%	45.86	*	1.5%
	Band 9	*	50.0%	52.41	*	50.0%	54.81	*	4.4%
<b>ADMINISTRATIVE SERVICES Total</b>		<b>641</b>	<b>84.8%</b>	<b>13.70</b>	<b>115</b>	<b>15.2%</b>	<b>17.59</b>	<b>756</b>	22.1%
ALLIED HEALTH PROFESSION	Band 3	65	98.7%	11.58	-	-	-	65	-
	Band 4	19	100.0%	12.40	-	-	-	19	-
	Band 5	43	89.8%	14.02	5	10.2%	13.40	48	-4.6%
	Band 6	*	97.0%	18.82	*	3.0%	19.41	*	3.0%
	Band 7	70	93.3%	22.93	5	6.7%	23.07	75	0.6%
	Band 8A	*	90.9%	27.30	*	9.1%	27.30	*	0.0%
	Band 8B	*	100.0%	33.80	-	-	-	*	-
	Band 8C	*	100.0%	39.31	-	-	-	*	-
<b>ALLIED HEALTH PROFESSION Total</b>		<b>339</b>	<b>95.0%</b>	<b>17.75</b>	<b>15</b>	<b>5.0%</b>	<b>19.15</b>	<b>354</b>	7.3%
DENTAL SUPPORT	Band 4	28	96.4%	12.51	*	3.6%	11.60	*	-7.8%
	Band 5	*	75.0%	13.31				*	

	Band 6	*	100.0%	17.58				*	
	Band 7	*	100.0%	21.80				*	
	Band 8B	*	100.0%	32.76				*	
<b>DENTAL SUPPORT Total</b>		*	<b>92.5%</b>	<b>13.85</b>	*	<b>7.5%</b>	<b>11.60</b>	*	<b>-19.4%</b>
HEALTHCARE SCIENCES	Band 2	*	66.7%	10.22	*	33.3%	10.02	*	-2.0%
	Band 3	21	59.5%	11.27	15	40.5%	11.22	<b>36</b>	-0.4%
	Band 4	*	70.0%	12.60	*	30.0%	12.76	*	1.3%
	Band 5	*	85.7%	14.30	*	14.3%	14.98	*	4.5%
	Band 6	32	72.7%	19.64	12	27.3%	19.50	<b>44</b>	-0.7%
	Band 7	*	78.6%	22.76	*	21.4%	22.37	*	-1.7%
	Band 8A	*	50.0%	26.29	*	50.0%	26.29	*	0.0%
	Band 8C	*	100.0%	39.31				*	
<b>HEALTHCARE SCIENCES Total</b>		<b>96</b>	<b>69.8%</b>	<b>16.35</b>	<b>39</b>	<b>30.2%</b>	<b>15.51</b>	<b>135</b>	<b>-5.4%</b>
MEDICAL SUPPORT	Band 5	1	50.0%	16.17	1	50.0%	16.17	<b>2</b>	0.0%
<b>MEDICAL SUPPORT Total</b>		<b>1</b>	<b>50.0%</b>	<b>16.17</b>	<b>1</b>	<b>50.0%</b>	<b>16.17</b>	<b>2</b>	0.0%
NURSING/MIDWIFERY	Band 2	411	89.5%	10.43	52	10.5%	10.35	<b>463</b>	-0.8%
	Band 3	140	85.2%	11.44	25	14.8%	11.41	<b>165</b>	-0.3%
	Band 4	*	94.7%	12.39	*	5.3%	11.60	*	-6.8%
	Band 5	797	92.3%	15.34	66	7.7%	15.41	<b>863</b>	0.5%
	Band 6	341	88.4%	18.63	46	11.6%	18.31	<b>387</b>	-1.7%
	Band 7	197	92.3%	21.76	14	7.7%	22.46	<b>211</b>	3.1%
	Band 8A	*	88.6%	26.16	*	11.4%	26.29	*	0.5%
	Band 8B	*	76.9%	31.83	*	23.1%	31.20	*	-2.0%
	Band 8D	*	50.0%	43.85	*	50.0%	43.85	*	0.0%
<b>NURSING/MIDWIFERY Total</b>		<b>1,962</b>	<b>90.3%</b>	<b>15.47</b>	<b>213</b>	<b>9.7%</b>	<b>15.32</b>	<b>2,175</b>	<b>-1.0%</b>
OTHER THERAPEUTIC	Band 2	*	83.3%	9.96	*	16.7%	10.19	*	2.3%
	Band 3	*	88.9%	10.82	*	11.1%	11.55	*	6.3%
	Band 4	*	95.7%	12.43	*	4.3%	11.60	*	-7.2%
	Band 5	*	96.2%	14.56	*	3.8%	13.78	*	-5.7%
	Band 6	*	95.7%	17.10	*	4.3%	17.02	*	-0.5%

	Band 7	33	87.8%	21.35	5	12.2%	20.93	38	-2.0%
	Band 8A	*	92.6%	26.73	*	7.4%	25.29	*	-5.7%
	Band 8B	*	90.9%	32.76	*	9.1%	30.43	*	-7.7%
	Band 8C	*	71.4%	37.04	*	28.6%	39.31	*	5.8%
	Band 8D	*	40.0%	44.86	*	60.0%	45.19	*	0.7%
	Band 9	*	100.0%	54.81				*	
<b>OTHER THERAPEUTIC Total</b>		<b>178</b>	<b>87.9%</b>	<b>19.00</b>	<b>20</b>	<b>12.1%</b>	<b>24.22</b>	<b>198</b>	21.6%
PERSONAL AND SOCIAL CARE	Band 3	*	86.7%	11.10	*	13.3%	11.55	*	3.9%
	Band 4	5	100.0%	12.53	-	-	-	5	-
	Band 5	*	84.6%	15.13	*	15.4%	16.17	*	6.4%
	Band 6	*	50.0%	18.52	*	50.0%	16.25	*	-14.0%
	Band 7	*	80.0%	22.66	*	20.0%	23.51	*	3.6%
	Band 8A	*	100.0%	27.30	-	-	-	*	-
<b>PERSONAL AND SOCIAL CARE Total</b>		<b>36</b>	<b>83.7%</b>	<b>14.68</b>	<b>7</b>	<b>16.3%</b>	<b>15.92</b>	<b>43</b>	7.8%
SUPPORT SERVICES	Band 1	*	50.0%	9.44	*	50.0%	9.44	*	0.0%
	Band 2	336	73.1%	10.34	121	26.9%	10.34	457	0.0%
	Band 3	48	72.1%	11.39	19	27.9%	11.45	67	0.5%
	Band 4	11	61.1%	12.34	7	38.9%	12.43	18	0.7%
	Band 5	5	45.5%	15.12	6	54.5%	16.17	11	6.5%
	Band 6	*	30.0%	17.51	*	70.0%	18.81	*	6.9%
	Band 7	*	50.0%	23.51	*	50.0%	22.21	*	-5.9%
	Band 8A	*	50.0%	25.29	*	50.0%	27.30	*	7.4%
	Band 8C	-	-	-	*	100.0%	39.31	*	-
<b>SUPPORT SERVICES Total</b>		<b>407</b>	<b>70.9%</b>	<b>10.73</b>	<b>165</b>	<b>29.1%</b>	<b>11.54</b>	<b>572</b>	7.0%
<b>AGENDA FOR CHANGE Total</b>		<b>3,694</b>	<b>86.5%</b>	<b>15.02</b>	<b>576</b>	<b>13.5%</b>	<b>15.12</b>	<b>4,270</b>	<b>0.7%</b>

APPENDIX 5	Horizontal Occupational Segregation by Ethnicity										
Ethnic Group	Admin Services	Allied Health Profession	Dental Support	Healthcare Sciences	Medical Support	Nursing/ Midwifery	Other Therapeutic	Personal and Social	Support Services	Medical and	Senior Managers

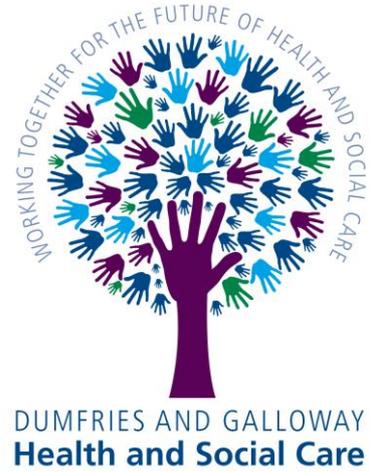
								Care		Dental	
Black, Asian and Minority Ethnic	*	*	-	*	-	10	*	-	-	17	-
No response	189	90	7	36	*	568	82	14	209	131	-
Prefer not to say	49	28	*	7	-	180	11	5	63	33	-
White - Other	34	21	-	10	-	176	13	4	40	34	-
White – Scottish and British	480	214	26	79	*	1,237	90	20	259	67	5
<b>Total</b>	*	*	<b>35</b>	*	*	<b>2,171</b>	*	<b>43</b>	<b>572</b>	<b>282</b>	<b>5</b>

<b>APPENDIX 6</b>	<b>Vertical Occupational Segregation by Ethnicity</b>					
<b>Ethnic Group</b>	<b>Bands 1 - 3</b>	<b>Bands 4 - 5</b>	<b>Bands 6 - 7</b>	<b>Bands 8A - 9</b>	<b>MEDICAL and DENTAL</b>	<b>SENIOR MANAGERS</b>
Black, Asian and Minority Ethnic	8	6	*	-	17	-
No response	526	424	214	35	131	-
Prefer not to say	172	95	66	12	33	-
White - Other	96	85	96	22	34	-
White – Scottish and British	896	739	667	108	67	5
<b>Total</b>	<b>1,698</b>	<b>1,349</b>	*	<b>17</b>	<b>282</b>	<b>5</b>

<b>APPENDIX 7</b>	<b>Horizontal Occupational Segregation by Disability</b>
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Disability	Admin Services	Allied Health Profession	Dental Support	Healthcare Sciences	Medical Support	Nursing/ Midwifery	Other Therapeutic	Personal and Social Care	Support Services	Medical and Dental	Senior Managers
No response	520	259	26	97	*	1,570	141	32	422	211	*
No	139	49	6	19	-	368	41	6	76	49	*
Prefer not to say	81	39	*	17	-	211	15	4	68	24	-
Yes	16	7	-	2	-	25	*	*	6	*	-
<b>Total</b>	<b>756</b>	<b>354</b>	<b>*</b>	<b>135</b>	<b>*</b>	<b>2,174</b>	<b>*</b>	<b>*</b>	<b>572</b>	<b>*</b>	<b>5</b>

APPENDIX 8		Vertical Occupational Segregation by Disability				
Disability	Bands 1 - 3	Bands 4 - 5	Bands 6 - 7	Bands 8A - 9	Senior Managers	Medical and Dental Grades
No response	1,215	960	755	139	*	211
No	282	229	167	26	*	49
Prefer not to say	183	143	105	7	-	24
Yes	18	17	21	-	-	*
<b>Total</b>	<b>1,698</b>	<b>1,349</b>	<b>1,048</b>	<b>174</b>	<b>5</b>	<b>*</b>



# **Equality and Diversity Mainstreaming and Equality Outcomes Report 2021**

## Accessibility

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## INTRODUCTION

NHS Dumfries and Galloway (NHS D&G) is committed to tackling discrimination, advancing equality of opportunity and fostering good relations, both within the workforce and the wider community to provide services and employment that is fair and equitable to all.

The Dumfries and Galloway Integration Joint Board Partnership (IJB) is responsible for a wide range of Health and Social Care services, provided by NHS D&G, Dumfries and Galloway Local Authority and Third and Independent Sector partners since 2016. The IJB must ensure that these services are delivered in a way that best achieves the aims set out in the Dumfries and Galloway Strategic Plan.

The equalities agenda continues to be an area of ongoing improvement and development for NHS D&G and its partners across the Health and Social Care Partnership. The purpose of this report is to provide a two yearly update on progress and continuing commitment to embed equality, diversity and person centred care as required by the public sector duties IJB services, highlighting progress and areas for improvement.

This mainstreaming report is written on behalf of NHS D&G and the IJB although it is recognised that much of the activity referenced this year refers to NHS D&G. The unique circumstances over the last 12 months have required us to take a slightly different approach to gathering information for this report, resources for sourcing and collation of mainstreaming practice have been affected by the increased number of priorities. We must also acknowledge that more work is required by all partners over the next year to mainstream equality practice in a way that reflects the excellent collaboration within the Health and Social Care Partnership. Dumfries and Galloway Local Authority also have a responsibility under the Specific Duties to publish an equality mainstreaming report. This report can be found at [LINK TO BE INSERTED ONCE PUBLISHED.](#)

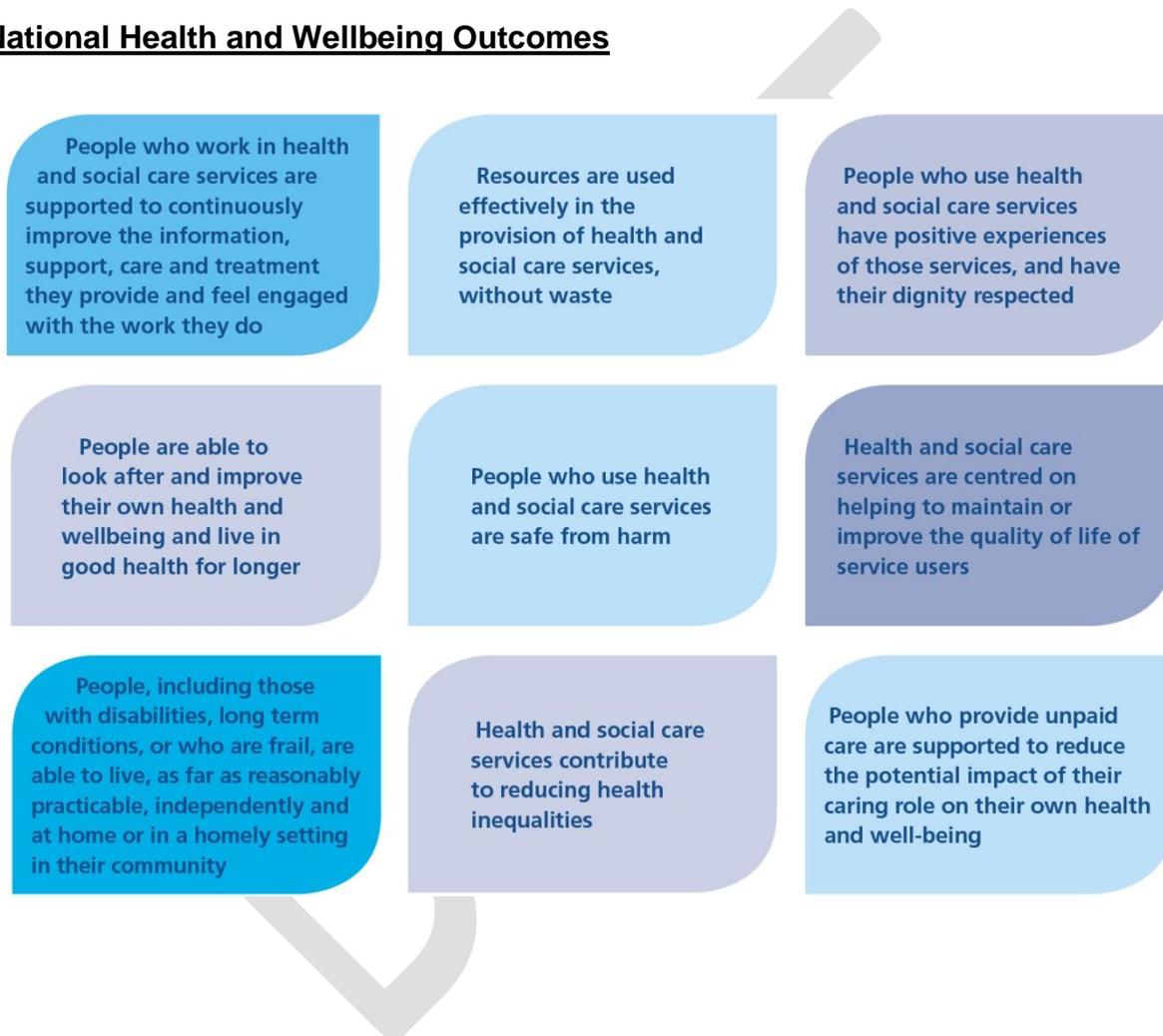
The purpose of this mainstreaming report is to set out the progress made within the partnership whereby the organisations are working towards ensuring that equality is at the heart of everything it does and to integrate the General Equality Duty into day to day functions.

## HEALTH AND SOCIAL CARE PRIORITIES

The main purpose of integration is to improve the wellbeing of people who need health and social care and support services, particularly those whose needs are complex and involve support from health and social care at the same time.

It is intended that integration, and therefore the work of the IJB, will achieve the nine National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

### National Health and Wellbeing Outcomes



## THE LEGAL CONTEXT

### The Equality Act 2010

The Equality Act 2010 brings together the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation into one piece of legislation,

All health boards and IJBs across Scotland are required to comply with the three aims of the Public Sector General Equality Duty (Equality Act 2010) and the (Specific Duties) (Scotland) Regulations 2012 and must have regard to this in the exercise of their functions.

The three aims of the Act's Public Sector General Equality Duty are as follows:

- 1. Eliminate discrimination, harassment, victimisation and any other conduct which is prohibited under this Act**
- 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.**
- 3. Foster good relations between people who share a protected characteristic and those who do not by tackling prejudice and promoting understanding.**

### Purpose of the Public Sector Duty

The purpose of the public sector duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

## Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards and IJBs, to meet the needs of the general equality duty effectively:

- **Report progress on mainstreaming the public sector equality duty**
- **Publish equality outcomes and report progress**
- **Assess and review policies and practices (impact assessment)**
- **Gather and use employee information**
- **Publish statements on equal pay**
- **Consider award criteria and conditions in relation to public procurement**
- **Publish in a manner which is accessible**

All public bodies are required to publish an updated mainstreaming report, an updated set of the equality outcomes and a report on progress towards meeting the existing outcomes, an up to date gender pay gap figure and occupation segregation information by 30 April 2021.

The implementation of the legislation is monitored by the Equality and Human Rights Commission (EHRC) in Scotland.

## MAINSTREAMING REPORT

Mainstreaming equality and diversity is a specific requirement for public bodies implementing the Equality Act 2010. Mainstreaming is defined as integrating equality into the day to day working of both the IJB and NHS D&G, taking equality into consideration as part of everything the organisations do.

Both organisations recognise the benefits of mainstreaming equality:

- Equality becomes part of the structures, behaviours and culture of an organisation
- It supports organisations to ensure that services are fit for purpose and meet the needs of the local community
- It helps organisations attract and retain a productive workforce, rich in diverse skills and talents.
- Helps organisations contribute to continually improve performance through growing knowledge and understanding.
- Helps organisations to work towards social inclusion and to improve the lives of everyone living in Dumfries and Galloway.

By mainstreaming equality, the board and the IJB will experience improved quality of service design and delivery i.e. equitable access and equity of informed, person-centred care. This leads to improved outcomes for patients and staff.

Since the previous mainstreaming report which was published in 2019, NHS D&G and the IJB have continued to embed equalities into their functions. This report will provide examples as to how both organisations are continuing to achieve and improve on mainstreaming equality and diversity.

## **Impact of COVID-19**

The impact of the COVID-19 pandemic has been significant on the delivery of health and social care services since early 2020. It should be recognised that due to the deployment of staff and prioritisation of services, the equality reports and data published in 2021 may not be as detailed as in previous years due to the data, time and resources available in the last 12 months.

A review of this mainstreaming agenda and the development of equality outcomes will be carried out on an annual basis going forward to ensure that these are fit for purpose, as resource and capacity changes during the ongoing pandemic response.

## **Organisational Commitment**

Health and Social Care Services continue their commitment to 'mainstreaming' equality, promoting equality and diversity and working to ensure it is at the heart of carrying out their functions effectively and fairly.

Both organisations recognise that equality means treating everyone as an individual with equal dignity and respect, taking account of protected characteristics. Achieving equality requires removal of the discriminatory barriers that limit what people can do and achieve.

Mainstreaming also means trying to ensure that all staff take responsibility for equality and diversity issues; that this work is not solely the remit of the Equality Leads but a shared responsibility.

NHS D&G continues to adopt an incremental approach, setting realistic goals which recognise that mainstreaming is not an overnight process of change. This may appear to be a slow process, but it allows managers and staff to take time to build their knowledge and skills and then to put this into practice.

**NHS D&G Aim - "to deliver care that is person centred, safe, efficient, reliable, as well as working with the communities and partner organisations to reduce health inequalities across the region".**

These would not be achievable without consideration of equality and diversity and the protected characteristics.

## **Case Study: Dumfries and Galloway Plan for Remobilising Health and Social Care Services**

Dumfries and Galloway's Plan for Remobilising Health and Social Care Services was developed as result of services being affected due to the COVID-19 Pandemic. The document sets out in detail how Health and Social Care Services will achieve and maintain expected levels of operational performance, factoring in the challenges around any upsurge in COVID-19 activity.

The plan sets out a clear organisational commitment to tackling inequalities, many of which have been exacerbated as a result of the pandemic and recognises the role of Health and Social Care services as 'anchor institutions', working with partners to 'support and accelerate local recovery from COVID-19 while at the same time addressing long term health inequalities'.

The plan also recognises the plethora of evidence that the COVID-19 virus disproportionately affects those who are more socio-economically deprived and vulnerable, as well the negative impacts around the restrictions e.g. impact on household incomes, the impact of social isolation and the disruption to key services. These impacts are also more likely to affect those people who already have fewer resources and poorer health.

There is recognition within the remobilisation plan that local services must work together to ensure the response to the pandemic, and the longer term social and economic recovery, are strongly focused on those who are most vulnerable and those who will be most susceptible to the negative impacts of the pandemic.

There is a focus on the organisational contribution to whole system population health approaches and early interventions which address the wider determinants of health including:

- Mental health and wellbeing
- Tackling poverty
- Service re-design focusing on those most vulnerable
- Employment and employability
- Supporting the increased community ownership and mobilisation and the role of voluntary sector

The plan also made a number of commitments to the need to build and nurture an inclusive culture, as well as the need to retain and attract staff from a diverse range of backgrounds. The plan commits the Board to participating in the national Ethnic Minority network, the development of an internal equalities group, the need to improve the level of data held on protected characteristics and the need to champion equality and diversity at all levels.

## **Leadership and Responsibilities**

Mainstreaming the equality duty is an organisational responsibility, with leadership and staff awareness central to its success. Leadership must be demonstrated at all levels, providing a mandate for the workforce to integrate equality into all board functions.

The Chief Executive of NHS D&G and the Chief Operating Officer of the IJB are ultimately accountable for ensuring that equality legislation is upheld and that services are designed and delivered in a way that meets the Equality Act 2010. Within NHS D&G, this responsibility is delegated to the Workforce Director.

The Equality and Diversity Programme Board was established previously to champion and promote equality and diversity throughout the Health and Social Care Partnership, ensuring that the legislative requirements are met. Plans to develop this group, as well as a potential merge with a wider 'inequalities' group were put on hold due to resource pressures and staff roles changing as a result of the COVID-19 pandemic.

The 'Person Centred Health and Care Committee' has had responsibility for the implementation of the Spiritual Care Policy, ensuring that spiritual care is available to patients, carers and staff in ways that are responsive to their needs. In addition however, this group has overseen various programmes of work which includes measuring and improving both patient and staff experience, from a person centred approach, at which equality and diversity is at the heart. This Committee is currently under review.

## **Board Governance**

The NHS Dumfries and Galloway Board consists of 14 members; 4 Executive Directors, 1 Chair and 9 Non-Executive members (appointed via Public Appointments). The Gender Representation on Public Boards (Scotland) Act 2018 sets a gender representation objective for the non-executive member component of public boards; that 50% of non-executive members are women and the steps taken towards achieving the objective. The intention of the Act is to help address the historic and persistent underrepresentation of women in public life.

The NHS D&G Board can be broken down as follows, and evidences that the 'Gender Representation Objective' has been met:

<b>Non-Executive Members</b>	
Women – 7	Men – 3
<b>Executive Directors</b>	
Women – 2	Men - 2

The recruitment materials for Board members encourage people from a range of backgrounds and particular underrepresented groups, and applicants are offered the opportunity to have an informal chat with the Chairman as part of the recruitment process. When Board vacancies become available the recruitment information and materials are distributed as widely as possible. These are advertised via contacts within local equality and diversity groups, community councils, local libraries and online. These are also promoted through partnerships and networks, including voluntary and third sector organisations. The long term aim is to have a Board representative of our local population and various protected characteristic groups.

The IJB consists of 25 members, comprised from members of the NHS Board, the Local Authority, Third and Independent Sectors. There are currently 20 female members and 5 male members 80:20 split in favour of female membership for the IJB as a whole.

### **Equality Impact Assessment**

An Equality Impact Assessment (EQIA) is a careful examination of a proposed policy, guideline, strategy, service or function to explore if it may affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policy, strategy, functions and services.

Where barriers are identified, a plan should be developed to ensure that any negative consequences are minimised and opportunities for promoting equality maximised.

Health and Social Care Services use a shared template to carry out impact assessments. The 2019 Mainstreaming Report described EQIA as an ongoing area of focus and development since the initial legislation was brought in and the work to ensure that the paperwork and process was simplified while retaining key areas of focus - to assess any new policy, strategy, service review and development against the aims of the General Equality Duty. The 2018 review also added in the requirement to assess against the Fairer Scotland Duty.

The COVID-19 pandemic has meant that due to the pace of change and the requirements to potentially carry out a significant number of impact assessments, the documentation to support staff to carry out these assessments has been simplified further, and contains further guidance and support within the document.

All of NHS D&G Board papers and the IJB papers require the author to confirm if an impact assessment has been carried out.

The area of impact assessment is one which requires continuous promotion in order to fully embed the process within all of our decision making processes.

### **Case Study: Equality Impact Assessment Training**

The 2019 Mainstreaming Report made reference to the commitment to develop face-to-face training sessions on the importance of performing Equality Impact Assessments and to give the relevant staff an opportunity to develop their skills and abilities in carrying out EQIAs.

The training was developed and a key focus in 2019 was the roll out of the bi-monthly training, across all four localities within Dumfries and Galloway. 68 members of staff from across the partnership were trained between August 2019 and January 2020. This training was subsequently paused due to re-prioritisation of workloads due to COVID-19.

A review of reports presented to the IJB during 2019/20 highlighted that 1 in 10 reports are associated with an Equality Impact Assessment. This is a higher rate than the previous year where 1 in 20 reports were associated with an Equality Impact Assessment during 2018/19.

The NHS D&G Annual Report 2019/20 makes reference to work undertaken during 2019/20, in which a group, with representation from Public Health, locality teams and the Performance and Intelligence Team, identified new performance measures that capture the contribution the Partnership can make to reducing health inequalities. These new measures were due to be introduced for 2020/21. It is expected that this work will progress once the teams are able to remobilise and return to core work post the current Covid phase.

### *Sustainability and Modernisation (SAM)*

An ambitious change programme aimed at ensuring a modern, sustainable health and social care system was launched by Dumfries and Galloway Health and Social Care Partnership in 2019.

The Sustainability and Modernisation (SAM) programme has been developed to design, develop and deliver new models of care and support that better meet the changing needs of the population in Dumfries and Galloway and ensure the longer term sustainability of services by addressing financial and workforce challenges,

A key element of the SAM programme is engaging, encouraging and empowering staff and volunteers to identify and help take forward changes that enable them to be as effective as possible within their roles.

By the end of December 2019, 813 ideas had been sent in to the SAM programme by staff and volunteers from across the Partnership. To develop these ideas further and put them into practice, 4 areas of work have been established:

Modernisation and Transformation (including making the best use of technology)  Clinical efficiency  Workforce  Finance

All SAM projects are required to be Equality Impact Assessed. The Equality Impact Assessment documentation has been mainstreamed into the SAM 'mandate' which is required to be completed for each workstream.

### **Employment and Employee Information**

Embedding equality and diversity practice in all we do is not only a core part of being a supportive employer, but also provides a strong foundation from which to begin the journey of improvement. NHS D&G value the contribution of its employees in the delivery of health services to our local communities. As an employer, NHS D&G is committed to equality and treating staff with dignity and respect, supporting them to reach their full potential at work. The board also recognise that a diverse organisation with a range of abilities, experience and skills is more likely to be sensitive to the needs of the diverse community which we serve.

The IJB does not have any direct employees.

#### *Staff Awareness and Understanding*

The requirement to mainstream equality and diversity provides NHS D&G with an opportunity to build the knowledge and understanding of all staff to consider and promote equality within their own roles. The board recognise that the success of the organisation in providing high quality, patient centred services and patient experience depends on the workforce being valuing, supported and developed. Equality and Diversity awareness training continues to be

mandatory for all new staff to the organisation and for all current staff, including Senior Managers and Board members, every two years.

All staff new to the organisation undertake equality and diversity awareness training as part of their induction programme on their first day. From the outset, they are aware that equality and diversity is an integral part of the organisation and the responsibility of everyone within it.

It is hoped that in addition to the corporate equality and diversity training, the board will continue to look at specific training where required and to mainstream equality into all training and awareness sessions that are being delivered.

Equality and Diversity continues to be a core requirement of the professional development of our staff as part of the NHS Knowledge Skills Framework. Staff are expected to demonstrate to their line manager, as part of their Annual Development Record, that they have promoted and acted in ways which support equality and diversity. They must provide examples of how they have done this, or are working towards this in their role.

NHS D&G is a Disability Confident Employer. The Board has an obligation to interview all disabled applicants who meet the minimum criteria for a job vacancy and consider the applicant on their abilities. When an employee becomes disabled, every effort is made to ensure that they stay in employment by making any reasonable adjustments required. The Board have set out to become a Disability Confident 'Leader', however, this work has been postponed due to COVID-19.



### *Employment Monitoring*

The most up to date NHS D&G equality and diversity employee data can be found [here](#). The data within this report relates to staff in post as at 1<sup>st</sup> April 2019. These are the most up to date figures which have been gathered at present. The data gathering exercise for 2020 was postponed due to COVID-19 and will be reported as soon as possible.

### *Use of Equality and Diversity Workforce Data*

Equality and Diversity workforce data is routinely used to support both workforce planning and Human Resources activities. The protected characteristics of age and gender have a particular focus within workforce planning and are routinely used and reported within workforce plans and intelligence.

Changes to the local population and labour market require us to plan our future workforce now. The current population of Dumfries and Galloway is substantially different from the Scottish population profile. There is a larger proportion of older people and a markedly smaller proportion of young people.

Given that we have an aging population locally, and in turn, an aging workforce, the need to attract and keep young people employed in local services is becoming more apparent. The partnership are currently working collaboratively on a range of programmes that will support and engage young people to work in health and social care. These programmes include partnerships between third sector and NHS services in catering to provide learning and employment opportunities, jointly run programmes within the local authority and NHS to provide 6 month placement and employment opportunities for Young People at risk of long term unemployment.

The lack of data on a significant proportion of the workforce continues to be an issue for the Board in terms of wider workforce planning and the ability to set meaningful equality actions. This issue has been addressed within the 2021 Equality Outcomes whereby there is a specific outcome on improving the data on both the workforce and people who access services.

#### *Staff Support*

- EU Settlement Scheme

There are a substantial number of people working in health and social care who are European Union (EU) citizens. Following the UK's withdrawal from the EU, the UK government has established a settlement scheme whereby EU citizens living in the UK can apply for Settle Status. This enables them to continue living and working in the UK. The Health and Social Care Partnership has actively supported people through this application process.

- Working Well

In 2019/20 the NHS Working Well Group was extended to include representation from Dumfries and Galloway Council to build on integrated programmes for Partnership workforce. The aim of the group is to oversee and prioritise the implementation of programmes, approaches and practices that support staff health and wellbeing for all staff across the Partnership.

An example of the support offered to staff is the series of events for menopause that had 120 people attend. The national TV show BBC Breakfast broadcasted live from Dumfries and Galloway Royal Infirmary on Tuesday 14 May 2019 as part of a week focusing on the menopause.

- Carer Positive

Carer Positive is a national award with 3 levels, recognising employers who offer best support to employees who have a caring role. Dumfries and Galloway Council have achieved the Exemplary Status (level 3). NHS Dumfries and Galloway were awarded Established Status (level 2) during 2019/20 and were due to be working towards Exemplary Status in 2020/21, however this work has been paused at present.

NHS D&G adopted 'Once for Scotland' Policies in 2019/20 around Attendance, Bullying and Harassment, Capability, Conduct, Grievance and the Investigation Process. NHS D&G also supported the national equality impact process for the policies.

#### **Case Study: Development of Staff Networks**

A commitment to developing staff networks was outlined in the 2017 Equality Outcomes. A Staff Network group on equality is a formal mechanism for enabling staff to come together, share information and provide mutual support.

Work began in 2019 to explore the options for development and organisation of an LGBT+ Employee Network. The LGBT+ Network has been developed in partnership with Dumfries and Galloway Council and was launched with a series of events with speakers in September and November 2020, attended by approximately 20 members of staff from both organisations.

The group is in the early stages of development but it is hoped that the Network will provide an opportunity for increasing understanding of LGBT+ issues amongst the wider population, provide support for LGBT+ staff and be an opportunity to contribute to the wider equality and diversity agenda within both organisations.

Plans are also in place to develop local staff networks for Black, Asian and Minority Ethnic staff and disabled staff.

#### **Gender Pay Gap and Occupational Segregation Information**

**REPORT ATTACHED - LINK TO BE INSERTED ONCE PUBLISHED**

## **Equality of Access to Health and Social Care Services**

NHS D&G and the IJB are aware that many people face difficulties either in accessing healthcare services, getting information or communication due to language, literacy or disability barriers.

### *Physical Access*

All public NHS buildings have disabled parking and toilet facilities and hearing loop systems. Annually, NHS D&G submit a 'Property and Asset Management Strategy' which goes to the Board for approval, and which highlights any issues which require to be addressed.

Every five years, all of our properties are re-surveyed in relation to a range of maintenance issues but which also take into account compliance regarding physical access. Considering equality has become mainstreamed into this process, both in terms of new developments and any refurbishments.

### *Information*

NHS D&G continue to have in place a Patient Information Policy which ensures that all written information for patients, carers and people who access our services is of a high standard and easily understood. This policy makes it clear that written information is not always the best form of communication for some people as not everyone can read, see or understand English.

The Patient Services team within NHS Dumfries and Galloway have developed around 40 leaflets in Easy Read format. These have been updated in relation to changes as a result of the impact of COVID-19.

### **Case Study: British Sign Language (BSL) Plan/Interpretation and Translation**

Local public sector partners and BSL Users across the region collaborated to develop and publish the local British Sign Language (BSL) Plan in 2018 which can be found [here](#). The aim of the BSL Plan was to promote BSL culture and to ensure that BSL users have equitable access to services.

Since the 2019 Mainstreaming Report, a number of actions have been taken forward.

In 2019, 31 employees from NHS Dumfries and Galloway were funded to attend a Deaf/BSL Awareness Course at Dumfries College. Further sessions planned for 2020 were subsequently postponed. August 2019 also saw the launch of an online BSL Awareness module for NHS Dumfries and Galloway Staff. This has been completed by 52 employees to date.

In 2020, the national NHS Interpretation and Translation Policy was published and has been adopted by NHS Dumfries and Galloway. Work is ongoing to increase awareness of, and to ensure compliancy with the content of the policy.

Guidance has been developed and has been shared with all staff to support arranging interpretation and translation support at appointments and for patient information. Support has also been provided to ensure that this is available during the increased number of online appointments due to COVID-19.

### **Case Study: Health Facilitators**

People with Learning Disabilities have some of the poorest health in Scotland. The Health Facilitators support adults with Learning Disabilities to reduce health inequalities and to ensure equal access to services across Dumfries and Galloway, working with Health and Social Care colleagues and Third Sector providers.

COVID-19 has changed the way the Health Facilitators work. The previous face to face contact for appointments has now moved online to NHS Near Me, along with other health services. Despite having excellent outcomes from using video appointments it was evident that these changes were causing significant confusion and anxiety amongst some of the patient group.

Working alongside the Patient Information Coordinator and TEC Project Lead, the Health Facilitators produced an easy read guide to having an appointment on NHS Near Me to support adults with Learning Disabilities understand and use the system.

Following excellent feedback from users of the service the team then developed several more easy read documents around issues raised by COVID-19, including an explanation of the COVID test procedure, the new hospital admissions process, why people will be wearing PPE, home visits from nurses and what happens when visiting hospital.

The Health Facilitators continue to overcome barriers around anxiety and communication when working with adults with profound learning disabilities, for example they have recently worked alongside GPs and district nurses to facilitate taking blood from a patient who has previously refused to engage. Since carrying out the work the patient is much happier to get blood taken and has much better control over his diabetes.

## Case Study: Accessible Communication during COVID-19

A multi-disciplinary team was brought together to look at the impact of COVID on communication, particularly around the challenges of mask-wearing. Staff and patient feedback highlighted the fears around the wearing of masks; they were making it hard to hear people and hard to be heard. Shouting was bad for the voice and tiring, was more difficult to express non-verbal communication such as smiling.

Communicating effectively can support patients to understand advice on what to do if they are experiencing symptoms of Covid-19, and how to keep themselves and others safe, how to comply with specific treatment advice such as medical dosage, stay informed around their treatment plans and advice and to ensure that they can make their own decisions and give valid consent to any treatment.

The team considering this issue shared advice on communicating effectively in a mask via the NHS Dumfries and Galloway blog - ensuring people had any appropriate communication aids in place that they require, using short sentences and phrases, use of communication charts, use of visual cues, exploring the options of using clear visors and making reasonable adjustments as required. A poster highlighting some key tips was also developed and is shared below.



## *NHS Near Me*

Video conferencing, using a device at a location of choice, enables people to have visual contact with each other. The Partnership promotes and supports the use of this type of technology for health and social care consultations.

NHS Near Me is a secure web based service which enables people to attend health and social care appointments by video. When attending their video appointment, people can use their own device and internet connection from home. For those without an internet connection, device or the confidence to use technology in this way, the Partnership is developing links with the Third Sector and programmes such as Connecting Scotland, alongside 6 video enabled consulting rooms located across Dumfries and Galloway.

The response to COVID-19 accelerated the roll out of NHS Near Me across the Partnership. At the end of March 2020 there were 49 active waiting areas being used for video consultations out of 118 total with 85 consultation hours recorded from 343 consultations. In comparison, during February 2021 there were 97 active waiting areas being used for video consultations out of 196 total with 1506 consultation hours recorded from 2862 consultations. Continuing to build on this progress is identified as a key challenge for the Partnership going forward, and will consider and embed the needs of protected characteristic groups.

### **Service User Data and Monitoring**

Monitoring service user data continues to be an important aspect of NHS D&G's commitment to equality, diversity and inclusion.

NHS Dumfries and Galloway continue to use two systems to collect patient data – Emergency Department Information System (EDIS) and TOPAS, the Patient Administration System. The characteristics of age and sex are routinely collected and recorded, and we continue to regularly report on ethnicity monitoring above our target of 80%.

Previously, a local equality monitoring form was developed and agreed for use between the partners within the local Community Planning Partnership. The monitoring form was designed to be used when consulting and engaging with service users across all of the public bodies, to allow systematic collection and analysis on engagement by protected characteristic.

Data collection and equality monitoring enable the Boards to inform service development and improvement and take action where differences exist between groups. Both the IJB and NHS

D&G, recognise that improvement around data collection on electronic systems must be considered going forward. A short life working group has been established to consider how to improve data, particularly around access support needs.

## Partnership Working

Partnership working and engagement are at the heart of how we operate, allowing us to respond more effectively to opinions of local communities and stakeholders around what our priorities should be.

Health and Social Care Integration has meant that partner organisations are increasingly working more closely together.

- *Equality and Diversity Working Group*

NHS D&G and Dumfries and Galloway Council continue to have representation on the Community Planning Equality and Diversity Working Group. The Working Group is a local group made up of a number of organisations who come together to ensure joint working between public sector organisations and local representative equality groups in relation to the duties under the Equality Act 2010. Membership includes:



- Public Sector – NHS Dumfries and Galloway, Dumfries and Galloway Council, Police Scotland, Dumfries and Galloway College, Scottish Fire and Rescore Service, University of the West of Scotland, Scotland's Rural College, University of Glasgow (Dumfries Campus) and Scottish Enterprise.
- Representative Diversity Groups – DG Voice, Dumfries and Galloway Interfaith Group, Dumfries and Galloway Multicultural Association, LGBT Youth Scotland, LGBT Plus and the Over 50s Group.
- Other Sectors – Dumfries and Galloway Citizens Advice Bureau, Dumfries and Galloway Chamber of Commerce and Dumfries and Galloway Third Sector.

- *Public Sector Diversity Officers Group*

Locally there is a Public Sector Diversity Officers group which is a peer support group of diversity leads from NHS D&G, Dumfries and Galloway Council, Police Scotland, Dumfries and Galloway College and the University of the West of Scotland which meet on a regular basis to share thinking and updates on equality issues.

Local partners have developed a poster which details the General Equality Duty and all of the Protected Characteristics. This poster was developed in conjunction with the local



Community Planning Partnership using the local Community Planning 'I believe in Equality' branding. This poster is displayed across a range of NHS and IJB venues, in both staff and public areas. The poster is seen as a reminder to staff of our obligation to equalities as a public body, and also to our service users in terms of what they can expect from us.

The branding from the poster has also been used to create a poster on equality monitoring, developed using the Stonewall 'What's it got to do with you' resources.

- *NHS Scotland Equality Lead Network*

Nationally, NHS Dumfries and Galloway continue to be represented on the NHS Equality and Diversity Lead Network. This is a peer support network for equalities officers from all Scottish Health Boards. This is a group which allows an opportunity for information sharing, discussion and the sharing of knowledge and expertise around the Equality Act 2010 duties. There are also regular opportunities to engage with national bodies including Scottish Government and the Equality and Human Rights Commission.

As a result of the impact of Covid-19 and the necessity for fast pace of changing in how we deliver services, we have continued to progress local EQIAs but have also worked with the NHS Scotland Equality and Diversity Leads to support national pieces of work such as the EQIA on the Near Me remote video interpreting service and the Protect Scotland app.

NHS Dumfries and Galloway continue to develop and raise awareness of protected characteristics through a calendar of days and events including:

- LGBT History Month
- International Women's Day
- 16 days of action against gender based violence
- Scottish Interfaith Week
- Black History Month

### **Case Study: CoH Sync Project**

Early recognition and prevention of long term conditions reduces the number of GP visits people make and hospital admissions. The Community Health Sync Project (CoH Sync Project) is a cross border programme involving the Republic of Ireland, Northern Ireland and Dumfries and Galloway. It aims to promote healthier lifestyles and focus on the risk factors associated with long term health conditions. The aim is to work with people to deliver 2,500 health and wellbeing plans across Dumfries and Galloway by December 2021.

The Community Health Synchronisation (CoH-Sync) project encourages people to self manage their own health and wellbeing by connecting people to local groups and clubs, apps, websites, advice and information that can support positive health behaviour change. Improvement is measured through a person centred health and wellbeing plan. In 2019, 384 people engaged with the project with 346 completing health and wellbeing plans.

### **Case Study: Public Protection**

A new local public protection website was launched at the end of April 2019 ([www.dgppp.org.uk](http://www.dgppp.org.uk)). This site contains web links and information on:

Adult Support and Protection  Domestic Abuse  Violence against Women and Girls  Child Protection  Community Justice  Social Work Services  Women's Aid  Rape Crisis  Childline

A regional Child Sexual Exploitation (CSE) Campaign called 'It Happens Here' was promoted in 2019/20. The campaign was developed by the Health and Wellbeing team in partnership with Dumfries and Galloway Council, Police Scotland and NSPCC Scotland. The aim is to highlight the issue of child sexual exploitation and promote information on how to identify abuse and sources of help available.

Forensic health is a hosted service within Nithsdale locality. Previously all forensic examinations for victims of rape and sexual assault were carried out in a police setting. We opened the new forensic health examination facility at Mountain Hall Treatment Centre in July 2019. A true multi agency approach was required in establishing the centre outwith the police estate and involved Rape Crisis, Police Scotland, NHS Sexual Health Services and locality staff working together.

## **Procurement**

The degree to which equality and diversity requirements are specified and incorporated within procurement documentation will vary according to the goods, services or works being purchased and are assessed on a case by case basis. Contractors are expected to demonstrate their compliance with the legislation around equality and diversity, and the degree to which is proportionate based on what service is being contracted. The Competitive Quotations and Tenders Procedure contains a section on Equality and Diversity as well as a link to the Equality and Human Rights Commission Procurement Guidance.

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## EQUALITY OUTCOMES

### Progress on Equality Outcomes 2017-2021

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals (both staff and service users), groups, families, organisations or communities.

Specifically, an Equality Outcome should achieve one or more of the following:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

In April 2017, NHS D&G and the IJB published four joint equality outcomes, with related actions. A summary of the work that has been undertaken to progress each of these outcomes can be found at [Appendix 1](#).

- **Service providers are better at using the equality monitoring information they collect to provide services that meet individual needs.**
- **Integrated services will help to make sure that everyone feels safe, respected and supported including staff, visitors and patients.**
- **All people, no matter their sexual orientation or gender will experience less unfair treatment.**
- **More young people and disabled people will be successfully supported to access workplace opportunities, reducing barriers so they feel part of the working community.**

### Equality Outcomes – Looking Forward 2021-2025

A set of equality outcomes have been developed for the period 2021 – 2025. The impact of COVID-19 has had a significant impact of the development of the outcomes and the themes which have emerged.

Our approach to setting Equality Outcomes was developed by drawing on a range of sources. An evidence gathering exercise took place during the period September 2020 to February 2021, considering both national and local sources of evidence including:

- An online public consultation in partnership with Dumfries and Galloway Council. This was promoted through the Community Planning Partnership Equality and Diversity Working Group which includes representatives from DG Voice, LGBT Youth, LGBT Plus, Dumfries and Galloway Multicultural Association, Third Sector Dumfries and Galloway, Dumfries and Galloway Over 50s Group and Youth Work Services.
- The consultation was also shared wider with the Tackling Poverty Co-ordination Group, Tackling Poverty Reference Group, Youth Council, Participation and Engagement Network, Community Planning Partners, via NHS and Council Social Media channels and in the local press.
- Online consultation events held with the Equality and Diversity Working Group and a specific event for the local community who use British Sign Language.
- Information contained within Health and Social Care Remobilisation Plan
- A plethora of national research, including research that has emerged during the Covid-19 pandemic.

The Equality Outcomes for 2021-2025 have been set out on pages 27 - 31.

**Equality Outcome 1: “Protected characteristic groups experience an improvement in accessibility to, and information about, health and social care services”**

**Evidence:** During the COVID-19 pandemic there has been a significant increase in the use of digital technology to deliver essential health, care and support and reduce the risk of infection. This includes the use of video consultations, development of a national programme of work to increase the use of remote monitoring for long term conditions, online triage tools for GPs and some third sector organisations providing services virtually, having used this as an opportunity to develop new ways of working with people.

The increasing reliance on digital technology has highlighted the issue of digital exclusion. As many as 30% of people are unable to use technology to access health and social care because they don't have the confidence, necessary equipment or connectivity at home.

Digital technologies should be available to people whenever they need health and social care and support to experience the convenience, quality and choice that it can deliver. But this will only be possible if everyone has the potential to access care and support digitally.

COVID-19 has meant the implementation of unprecedented 'social distancing' strategies to reduce the spread of the virus. This has resulted in many vulnerable groups experiencing an even greater sense of social isolation and loneliness which can be reduced across Dumfries and Galloway for vulnerable and disadvantaged groups through increased digital inclusion.

Access to information in a variety of languages and formats has been lacking during the pandemic yet is vital to ensure that all people understand restrictions and health advice around COVID-19 and there is a need to ensure that this is regularly updated as guidance changes.

**How does this outcome meet the PSED:**

Eliminate discrimination  
Advance equality of opportunity

**Protected Characteristics covered:**

Age, Disability, Race

**What will success look like?**

- Digital exclusion is reduced across Dumfries and Galloway
- The Digital Health and Care Strategy is implemented, taking local needs into account in relation to protected characteristic groups
- People have an increased level of choice in how they access services, where possible.
- Information relating to health and social care services and information can be easily and comprehensively accessed.
- There is an increase in wider understanding of the languages spoken and accessible formats required across the region.
- There is an increase in the amount of information available in alternative formats and an improvement in the promotion of accessible information for disabled people and for those where English is not their first language.

**Equality Outcome 2: “Increased resources and communication illustrating the contribution those from minority protected characteristic groups make to health and social care services”**

**Evidence:** People from Black, Asian and Minority Ethnic (BAME) communities have experienced poorer health outcomes during the COVID-19 pandemic. Mortality rates from COVID-19 are highest among minority ethnic communities.

Barriers to effective communication because of language, stigma, prejudice and other cultural differences in health and social care settings are likely to lead to negative outcomes. This is particularly the case when people are attending primary care unaccompanied.

Ethnic minority groups are more likely to say that they don't have support in a time of crisis.

Public Health Scotland have identified the need to seek out and understand lived experience to inform service development to remove barriers for those most marginalised and excluded. They also recommend that opportunities for greater participation of marginalised communities in service planning, policy and strategy groups are identified and increased.

Consultation with local third sector groups also highlighted the need to involve people and raising awareness within service provision and employment.

**How does this outcome meet the PSED:**

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

**Protected Characteristics covered:**

- Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

**What will success look like?**

- There has been an increase in the work highlighting positive role models and materials to promote, recognise and celebrate the diversity of intersectional identities across the population.
- A clear work plan and resource has been established to support the delivery of recognition and positive modelling of minority ethnic communities across health and social care.
- Staff Networks established for key protected characteristic groups, recognising the intersectional identities which exist across these with clear leadership in place to support establishment and promotion.
- Working in partnership with people locally, regionally and nationally and internationally to help us identify, understand, develop and deliver care and support that is safe, high quality, effective, efficient and sustainable.
- A review has been undertaken as to how we engage and involve people from diverse communities in service development.
- A clear mechanism for long term representation for minority communities across health and social care services has been developed.

**Equality Outcome 3: “An inclusive workplace culture is developed across Health and Social Care services within Dumfries and Galloway, taking into account specific protected characteristic groups”**

**Evidence:** Some protected characteristic groups are more likely to experience discrimination and less fair treatment in the workplace which can create barriers to employment, progression and opportunities.

An inclusive workplace that supports and promotes equality and diversity will benefit from a workforce that are more likely to be happy and motivated at work, more likely to come up with new ideas, attract and retain good staff and will avoid more serious or legal issues arising.

Feedback from both local engagement and national evidence suggests that COVID-19 has negatively impacted on mental health across all groups. Local engagement suggested that the rurality of our region contributes towards poorer mental health and isolation.

Public Health Scotland identify that prolonged isolation with social distancing increases the risk of, or exacerbates mental health problems. Contact is limited with informal support networks such as families, friends and communities.

**How does this outcome meet the PSED:**

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

**Protected Characteristics covered:**

*Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation*

**What will success look like?**

- A review of recruitment procedures and processes has been undertaken and implemented to ensure the local approach to recruitment is in line with best practice to increase diversity within the workforce.
- The Board is working in partnership with local protected characteristic communities to gain greater understanding of any barriers to employment and progression within the organisation and work together to address these.
- The organisation is participating in schemes to increase opportunities for underrepresented groups, for example via mentoring schemes, work placement opportunities.
- Options for workplace 'charter mark' schemes have been explored and adopted as part of developing best practice.
- Provision of mental health information resources which signpost staff to available support services which are accessible, safe and inclusive.
- Development of an organisational culture awareness programme and resources with a clear focus on equality and unconscious bias as part of a positive constructive culture. The programme is embedded into induction and mandatory training as well as into existing management programmes.

**Equality Outcome 4: “Robust systems are in place to record equality data and provide accurate reporting”**

**Evidence:**

The Scottish Government Race Equality, Employment and Skills Committee report 2020 highlighted that having the right data, analysed rigorously is crucial to tackling inequalities to better understand disparities and inequalities.

Without robust data, and reporting systems it is difficult to measure and evaluate the success of any measures identified to tackle inequalities.

In order to prioritise equality activity, organisations require data evidence to highlight inequalities and to benchmark progress.

There is a need to address a number of gaps in the data our organisations hold in terms of the protected characteristics of our staff. There are a number of protected characteristic groups under-represented across the organisations as a whole but particularly within senior roles, creating the potential for pay gaps.

**How does this outcome meet the PSED:**

Eliminate discrimination  
Advance equality of opportunity  
Foster good relations

**Protected Characteristics covered:**

Age, Disability, Gender Reassignment, Marriage or Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation

**What will success look like?**

- There is an increase in the level of data that we gather in relation to people accessing our services by protected characteristic.
- There is an increase in the level of information that people accessing our services share with us, in relation to their individual needs, for example, in relation to language or access requirements.
- There is an improvement to the collection of equality and diversity data of the existing workforce allowing more in depth, high level workforce monitoring.
- The development of equality monitoring in staff and patient data gathering processes is being prioritised.
- Focus groups have been undertaken and equality data programmes trialled with staff to develop ways of increasing accurate equality data reporting.

## APPENDIX 1

### Summary of Progress on Equality Outcome Priorities 2017 – 2021

<b>Equality Outcome 1: Service providers are better at using the equality monitoring information they collect to provide services that meet individual needs.</b>	
<b>Identified Actions</b>	<b>Progress Updates</b>
<ul style="list-style-type: none"> <li>The new Equality Monitoring form is agreed by IJB and mainstreamed across all IJB partners</li> </ul>	<p>This action has been completed. The Community Planning Partnership Equality Monitoring form is subject to ongoing review to ensure that it is kept up to date with best practice and terminology and has been agreed and is being used by local partners.</p>
<ul style="list-style-type: none"> <li>Equality monitoring is used in all engagements, registrations and assessments of an individual's journey of accessing services</li> <li>Staff are trained on how to use equality monitoring and how that improves their practice delivering services to a diverse population</li> <li>Data collected from equality monitoring is used to inform developing services, activities and deliver care that suits people's needs</li> <li>IT departments across the partnership work together to capture equality monitoring information that informs the delivery of services that suits people's needs</li> <li>Raise Public awareness of equality monitoring changes and purpose and the diverse needs of those with protected characteristics</li> </ul>	<p>Equality Monitoring is used across a range of services and recruitment. The local Equality Monitoring form is used as part of the recruitment process for the NHS Dumfries and Galloway Volunteer programme. This will allow the organisation to establish the makeup of its volunteer cohort and take action to address inequality as with employee data.</p> <p>Work has taken place within localities to start to roll out equalities monitoring form. A session on 'minimum data set' in terms of inequalities was delivered to Health and Social Care Locality Health and Wellbeing Leads in May 2019. Practice on equality monitoring is not consistent across all areas; therefore an outcome on data has been identified as a priority and will be covered under the 2021 Equality Outcomes.</p> <p>A short life working group was previously established to consider how the access needs of patients can be recorded on the patient systems that we are currently using, and how this links in with Primary Care recording and referrals. This was initially in relation to recording interpretation and translation needs but the group had agreed to look at wider support needs. This action is outstanding and will be considered as part of the 2021-2025 outcomes.</p> <p>Local materials encouraging people to update and share equality and diversity information have been produced and now must be used as part of a wider campaign.</p>

	Resources have been developed to try to raise awareness of equality monitoring and additional service needs. These must now be used to help both staff and patients understand why we collect this data, who is able to access the data and what it is being used for.
<ul style="list-style-type: none"> <li>Groups directly affected by service changes are consulted and involved in the design of best approaches</li> <li>Population data from key partners' sources is shared to better inform service development</li> </ul>	The Equality Impact Assessment training sessions consider the importance of involving local communities and groups in the design of service change and design. The Equality Impact Assessment form asks for evidence in terms of available research, engagement and involvement to be documented.
<ul style="list-style-type: none"> <li>Easy Read versions of key information for people is made available where needed</li> </ul>	Work has been ongoing to develop a number of resources in Easy Read format. Approximately 40 leaflets have been produced in Easy Read format. Key leaflets have now also been updated to reflect any processes that may have changed due to COVID-19.
<ul style="list-style-type: none"> <li>Translation / Interpretation Policy is improved and linked to strategic plan</li> </ul>	A national policy for Interpretation and Translation was developed and launched in late 2020. This policy has been adopted by NHS D&G and work is underway to communicate this policy across the Board and increase awareness of the policy position

**Equality Outcome 2: Integrated services will help to make sure that all different kinds of people feel safe, respected and supported; including staff, patients and visitors.**

<b>Identified Actions</b>	<b>Progress Updates</b>
<ul style="list-style-type: none"> <li>The new hospital should aim to be an exemplar of new models of care and innovation which is used in partnership with community health and social care services</li> <li>Working with volunteer programme to support effective approaches to new hospital opening date</li> <li>Work with hospital General Managers to develop E&amp;D approaches to support new models of care</li> <li>People are supported in their life choices when staying in the single rooms of the new hospital to protect them from</li> </ul>	<p>During development of the Dumfries and Galloway Royal Infirmary, the project team engaged with Equality and Diversity Leads throughout and carried out engagement with the local Community Planning Equality and Diversity Working Group who provided feedback and advice to the new hospital team on best practice approaches.</p> <p>Equality and Diversity Training is mandatory at induction for all staff new to the organisation and is required to be updated every two years thereafter. E&amp;D awareness session has been mainstreamed into the volunteer induction</p>

<p>isolation and to keep safe</p> <ul style="list-style-type: none"> <li>• Accessible/gender neutral toilets and changing areas are introduced in the hospital that meet the needs of a wide range of people</li> </ul>	<p>process. This will continue to be developed as training approaches within the organisation are developed.</p> <p>All GMs previously had an agreed rep from their directorate/locality to represent their area on the Equality and Diversity Programme Board. The Programme Board had been undergoing a process of review with not all areas represented. The work on the development of the Programme has been paused at present.</p>
<ul style="list-style-type: none"> <li>• Create a volunteer programme of 'happy to help' direct support in hospital: new comment / complaint process to enable people to ask for clarification</li> </ul>	<p>The NHS D&amp;G 'We Welcome Your Feedback' leaflet is widely available and provides a number of options for people to provide feedback to the Board. The leaflet also provides details for Dumfries and Galloway Advocacy Service and the Patient Advice and Support Service. Both of these organisations regularly have representatives available within healthcare settings. Patient Services have linked in with a number of local established groups to share information about how feedback can be provided and to build direct relationships between the Patient Feedback Manager and potentially vulnerable groups (or those who support them). The Patient Experience Manager has previously visited Powerful Voices Together, LGBT Plus, the Older People's Consultative Forum and the Day Centre Managers Group. Contact details for Contact Scotland (a service which supports British Sign Language users to access services via video interpretation) are being promoted as a means of providing feedback.</p> <p>Hearing patient stories helps us find new ways to improve quality and different ways to support people and communities. There are many ways for people to get in touch to share their story including through social media, telephone, letters and websites. One such website is Care Opinion.</p> <p>Care Opinion is a national website which enables people to provide feedback and get personal responses about the health and social care services they have received. The majority of feedback received through Care Opinion is positive. There were 82 stories shared on the website in 2019-20. Most stories receive a response within 48 hours and all get a reply. Where stories have</p>

	<p>been critical, an opportunity has been offered for people to discuss their concerns directly. This has helped ensure advice and support can be provided to resolve any issues. Stories are shared with the relevant teams and, where possible, learning is identified from the feedback.</p> <p>All volunteers have received training around patient feedback and complaints to try to ensure that people are signposted to the appropriate channels for providing feedback. Going forward, focused work required on being able to gather data on people's experiences based on their protected characteristics and ensuring that staff are aware of the different needs that people who share a particular protected characteristic may have.</p>
<ul style="list-style-type: none"> <li>Support unpaid Carers as valuable members of hospital teams &amp; ensure their roles are recognised by staff and they are acknowledged for their contribution towards innovative practice</li> </ul>	<p>In terms of supporting the role of unpaid Carers, a health and social care strategy for unpaid carers was developed in 2017, with input from various partner agencies locally, as well as the Equality and Diversity Working Group. The equality monitoring form has also been rolled out for use by local carer organisations.</p> <p>The Health and Care Experience Survey 2017/18 highlighted that 1 in 5 Carers surveyed from Dumfries and Galloway did not feel supported in their caring role. To help understand what feeling supported means for Carers, a local survey took place in September 2018. Having someone to talk to and listen and promoting good mental health and wellbeing were key themes that emerged from this work.</p> <p>Since then, in 2019, a review of Carers Support Services was undertaken. This focused on delivering the outcomes within the Dumfries and Galloway Carer's Strategy 2017–2021 and led to the recommissioning of Carer's Support Services to include a new 'Counselling for Carers' service.</p> <p>Another key finding from the local survey was the need for a communications plan to support the wider community better understand what caring is and how they can help Carers in their caring role. This communications plan is due to be launched in 2021.</p>

	<p>Based at the Dumfries and Galloway Royal Infirmary, a new Carers Facilitator has been recruited to support Carer involvement in hospital discharge and provide education and awareness within staff teams.</p> <p>The 'Triangle of Care' approach in acute mental health services has led to Carers being more involved in the care and treatment of the person they care for. Building on this success, work started in 2019/20 to test this approach in Dumfries and Galloway Royal Infirmary (DGRI). A new set of indicators is being developed for this as this tool has not been piloted in a non mental health setting in the UK before.</p> <p>NHS Dumfries and Galloway have 2 e-learning modules 'Carer Aware – Level 1' and 'Equal Partners in Care'.</p>
<ul style="list-style-type: none"> <li>• Work in partnership with community health and social care services so that people return from hospital to a safe caring environment</li> </ul>	<p>Nithsdale Locality has committed to adopting a Home Team model across Dumfries and Galloway. This will be a significant change to the way health and social care is provided in the community. The foundations for this are already in place in terms of:</p> <p><b>Rapid Response</b> - The recent introduction of an Advanced Nurse Practitioner (ANP), has established a Virtual Community Ward which allows provision to care and support our people safely at home;</p> <p><b>Single Point of Contact (SPoC)</b> - Established in Nithsdale with nearly all Dumfries and Galloway wide services operating within the locality involved in the SPoC.</p> <p>A new approach has been developed for district nurse teams looking after people in a care home. There has been a move away from the traditional model of care home residents being looked after by 'their' GP practice towards having 1 district nurse team for the care home. This is increasing efficiencies and care home managers have welcomed this change.</p> <p>The Short Term Assessment Re-ablement Service (STARS) is a multi professional team that supports people to be as independent as possible at home, working with them to identify what matters to them and their goals they</p>

	<p>want to achieve for themselves.</p> <p>To support the integration of services, STARS received new investment in January 2020. This investment has enabled STARS to provide a 7 day service with staff available from 8am until 10pm. As a result, it is estimated that at least 260 additional people per year will be able to access the service, helping them to live independently at home. Re-ablement can reduce both the demand for care and support at home and the length of time people stay in hospital. Housing with care and support is the term used to describe a holistic approach to planning the provision of health and social care and support that meets people's needs where they live. It is recognised by the Partnership that this is an important factor in improving the health and wellbeing of people and supporting people to be in a homely setting in their community.</p> <p>During 2019/20, engagement with a broad range of people and partners got underway to develop a Housing with Care and Support strategy. The strategy considers the specific housing support needs of older people, people with learning disabilities, people with mental health conditions, physical disabilities or sensory impairment and those at immediate risk of homelessness. The emphasis of the strategy is on new and flexible approaches to housing with care and support and on collaborative working to achieve the best possible outcomes for people. The strategy will provide the framework that supports a direction for housing development and personal support in the future.</p>
<ul style="list-style-type: none"> <li>• Explore the opportunity to make appointment access to the hospital more suitable to the individual by looking at appropriate appointment times, transportation considerations and IT systems</li> </ul>	<p>This action will be carried forward.</p>

**Equality Outcome 3: All people, no matter their sexuality, gender or sexual expression will experience less unfair treatment.**

Identified Actions	Progress Updates
<ul style="list-style-type: none"> <li>Up skill all staff to enhance ability to recognise and deal with bullying and harassment and work collectively to prevent incidents</li> <li>Work with key partners in training &amp; development to develop effective training modules</li> <li>Identify appropriate resources to support training</li> </ul>	<p>Bullying and Harassment policy has been updated in line with national 'Once for Scotland' policy approach.</p>
<ul style="list-style-type: none"> <li>Understanding LGBT Issues is integrated into the daily functions of all staff working in integrated services</li> </ul>	<p>LGBT Plus previously delivered monthly LGBT Awareness training, open to all Health and Social Care Staff. Work required to understand how many staff have attended and from what areas.</p> <p>LGBT Plus have previously engaged with specific areas to increase understanding, for example, session with staff from Day Surgery to share good practice about caring for trans patients and sharing patient stories.</p> <p>Stonewall e-learning module available to staff.</p>
<ul style="list-style-type: none"> <li>Provide submission to the Stonewall Workplace Equality (WEI) Index 2017</li> </ul>	<p>Submission was made to the Stonewall WEI in 2017. Results were shared with Boards in March 2018 and feedback session took place with Stonewall representative. Feedback from WEI shared with Staff Governance Committee for noting in May 2018.</p>
<ul style="list-style-type: none"> <li>Explore the options of LGBT Champions</li> <li>Explore options for LGBT staff network/focus groups</li> <li>Undertake further LGBT 'kite mark' for both adult and youth services</li> <li>Ensure lessons learnt from this approach are applied to growing evidence of other identified protected characteristic local groups experiencing unfair treatment in services</li> </ul>	<p>Staff Governance Committee agreed the development of staff networks in late 2018, with an initial focus on networks for LGBT and Disabled staff. Development of a joint NHS/Council LGBT+ Employee network took place in 2019 and the Network was launched in September 2020.</p> <p>The Network will advise and lead on any 'next steps' in terms of undertaking a 'kite mark' scheme and what approach will work best across both organisations.</p> <p>The concept of employee networks will be considered for roll out to other protected characteristic groups.</p>
<ul style="list-style-type: none"> <li>Ensure this outcome links to national public awareness</li> </ul>	<p>Work must continue in partnership with Stonewall to take part in campaigns</p>

<p>campaigns and the opportunity to raise public awareness</p>	<p>and national pieces of work. NHS D&amp;G were represented at NHS Stonewall Roundtable Event in May 2018 and February 2019 to consider key issues for NHS Scotland and identify opportunities for sharing good practice.</p> <p>Both NHS Dumfries and Galloway Council regularly support annual campaigns for LGBT History Month. In 2021 this involved the publication of a blog post as well as supporting partners at an LGBT event hosted by Dumfries and Galloway College.</p>
<ul style="list-style-type: none"> <li>• Ensure all groups identified as experiencing unfair treatment are supported in the development of their care plan and given the self management tools to engage with services and manage their own health and well-being</li> </ul>	<p>LGBT Youth Scotland delivered a Trans Family Learning Programme between January and March 2020. This was a 7 week programme of information and support for transgender and gender non-conforming young people and their parents/carers. The aim of the programme was to enable trans young people and their parents/carers to meet on a regular basis to gather and share information and explore a wide range of issues relating to the experience of trans young people. Informal workshop sessions were facilitated by LGBT Youth Scotland and include input from a range of professionals. Staff from Speech and Language Therapy, CAMHS and the Gender Identity Clinic supported this programme.</p>
<ul style="list-style-type: none"> <li>• Implementation of a Gender Pay Gap Action Plan</li> </ul>	<p>Gender Pay Gap Action Plan was agreed by Staff Governance in 2017. Work planned to further develop actions around the gender pay gap was planned with Close the Gap in March 2020, however, this had to be postponed due to COVID-19.</p> <p>Updated gender pay gap figures will be published in April 2021 and appropriate actions will require to be set.</p>

**Equality Outcome 4: More young people and disabled people will be successfully supported to access work place opportunities, reducing barriers, so they feel part of the working community**

Identified Actions	Progress Updates
<ul style="list-style-type: none"> <li>Implementation of the NHS 'Developing the Young Workforce Strategy' key actions with IJB partnership</li> </ul>	<p>NHS and Council have been working in partnership to develop a strategy to develop a future workforce. This will include a number of workstreams including volunteering, apprenticeship opportunities, engagement with schools around the various careers available in the NHS, Project Search and a focus on employability support. Many of the actions within this work have been paused due to the Covid-19 pandemic and will be considered as part of future planning looking ahead.</p> <p>NHS D&amp;G have worked with a number of Project Search interns who have come to Dumfries and Galloway on a twelve week placement. This has been implemented across a range of areas. The board have also engaged with the Glasgow Centre for Inclusive Living Disabled Graduate Scheme and are currently taking part in the second cohort of this programme having appointed a graduate in February 2018. This programme offers a two year placement to provide graduates with a job position, building on key skills which can be applied to future employments opportunities</p>
<ul style="list-style-type: none"> <li>Gain Disability Confident Level 2 award within 12 months and begin working towards level 3</li> </ul>	<p>NHS D&amp;G have been successful and currently hold the Disability Confident Level 2 Award. Work towards the level 3 award was started but has been paused due to staff resources.</p>
<ul style="list-style-type: none"> <li>Training and awareness raising for staff on unconscious bias. Exploring with workforce development existing input &amp; where this can be improved</li> </ul>	<p>Awareness around unconscious bias is included within Recruitment and Selection Training as well as Competency Based Interview Training. Consideration will be given to whether this mainstreaming approach to unconscious bias training must be supported with more specific targeted training.</p>
<ul style="list-style-type: none"> <li>More recognition of the value of transferable skills. Raise awareness with young and disabled people of the skills they have that can be applied to employment</li> <li>Work with employers to identify key skills and opportunities for employment positions</li> </ul>	<p>NHS Dumfries and Galloway have continued to engage with the Glasgow Centre for Inclusive Living Disabled Graduate Scheme, and have worked with 2 graduates from the 2 cohorts to date. This scheme is a 2 year placement, providing disabled graduates with an opportunity to gain work experience in a 'real' job position, building on key skills which can then be applied to any future employment opportunities.</p>

	<p>The board is also engaging with Project Search. Project Search in Dumfries and Galloway provides a one year internship for students who are disabled or have additional support needs. The aim is to support and build on the work skills necessary for individuals to progress into paid employment in a competitive job market. These approaches must be considered and rolled out across the organisation as a whole.</p>
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## DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



### Financial Performance Update 2020/21 Position at 28<sup>th</sup> February 2021

**Author:**  
Katy Kerr  
Director of Finance

**Sponsoring Director:**  
Katy Kerr  
Director of Finance

**Date:** 16<sup>th</sup> March 2021

#### RECOMMENDATION

The Board is asked to **discuss and note** the following points:

- The year end forecast for 2020/21 remains at break-even.

#### CONTEXT

##### Strategy/Policy:

The Board has a statutory financial target to deliver a break-even position against its Revenue Resource Limit (RRL).

##### Organisational Context/Why is this paper important/Key messages:

This report provides an update on the financial position as at 28<sup>th</sup> February 2021. The NHS Board is projecting a break-even position.

#### GLOSSARY OF TERMS

AHP	-	Allied Health Professional
CRES	-	Cash Releasing Efficiency Scheme
CSSD	-	Central Sterilisation Services Department
FHS	-	Family Health Services
IJB	-	Integration Joint Board
LMP	-	Local Mobilisation Plan
PPE	-	Personal Protective Equipment
RRL	-	Revenue Resource Limit
SLA	-	Service Level Agreement
YTD	-	Year to Date

## MONITORING FORM

Policy / Strategy	Supports agreed financial strategy in the Annual Operational Plan.
Staffing Implications	Not required.
Financial Implications	Financial reporting paper presented by Director of Finance as part of the financial planning and reporting cycle.
Consultation / Consideration	Board Management Team.
Risk Assessment	Financial Risks included in paper.
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/></p> <p>The Board has an in-year financial savings target of £26.6m and is reviewing the overall position through the Year End review.</p>
Sustainability	The Financial Plan supports the sustainability agenda through the delivery of efficient solutions to the delivery of CRES. Key to the ongoing achievement of savings plan will be the delivery of significant transformational changes to services.
Compliance with Corporate Objectives	<p>To maximise the benefit of the financial allocation by delivering efficient services, to ensure that we sustain and improve services and support the future model of services.</p> <p>To meet and, where possible, exceed Scottish Government goals and targets for NHS Scotland.</p>
Local Outcome Improvement Plan (LOIP)	Not required.
Best Value	This paper contributes to Best Value goals of sound governance, accountability, performance scrutiny and sound use of resources.
Impact Assessment	<p>A detailed impact assessment of individual efficiency schemes will be undertaken through this process as individual schemes are developed.</p>

## Executive Summary

1. The position reported to the NHS Board in February 2021 following the conclusion of the Quarter Three review projected delivery of a break-even position for the 2020/21 financial year. This position remains unchanged in this latest update which presents the key changes during the month.
2. The allocation has now been received for the full amount of Covid-19 funding requested for the Health and Social Care Partnership for 2020/21 totalling £31.057m. Reflecting the level of risk in the position and ongoing uncertainty of the pandemic, in addition to Covid-19 funding requested, Integration Partnerships have been allocated a share of a further £100m in January 2021 (£3.105m for Dumfries and Galloway).
3. As an NHS Board, we will need to agree to make an additional payment to the Integration Joint Board (IJB) to cover the unachieved savings which remains in the current position. This will be agreed once the year end position is known but is currently forecast to be £8.762m. The final year end position will be concluded through the Annual Accounts process during April 2021 and reported back to Board for formal approval.
4. The latest financial update by directorate is included in **Appendix 1** and confirms the break-even trajectory, with a £1m underspend to date. Whilst most funding to support Covid-19 has been allocated to budgets, work is ongoing in some areas to finalise service plans, ensuring operational expenditure is tied into budgeted levels.
5. Against the opening savings target of £26.646m we have delivered savings in year of £3.375m, of which £1.221m were recurring, leaving a recurring balance of savings of £25.425m to be carried forward into 2021/22.

## Directorate Analysis

6. The latest directorate analysis for this finance report is included in **Appendix 1**. Whilst we have seen a range of service and cost pressures over the last 12 months (most funded by Covid-19 costs) we have also seen a number of resultant underspends across the directorates which are evident in this latest analysis.
7. The key underspends can be summarised as follows:
  - Activity driven spend (surgical sundries, laundry costs, Central Sterilisation Services Department (CSSD), reduced unplanned care)
  - Access funding - underutilised – but recurring pressures
  - Workforce/vacancies – Covid-19 impact slowing down (halting) recruitment, staff deployed into Covid-19 roles, service redesign paused
  - Travel (pool car and transport)/course fees/training including patient travel
  - Printing and stationery/postage
  - Service Level Agreements (SLAs) fall in activity

- Underspend on various “projects” as most were put on hold or paused over the last year during Covid-19
  - Council tax and other rebates
8. There has also been a number of areas where additional in year pressures have emerged and were not factored into our Covid-19 spend. These include increased cost of cancer drugs, activity in laboratories, eHealth costs through home working, telephone and loss of income. These will need to be reassessed as part of the Financial Plan moving forward and also any new ways of working and opportunities for savings arising from Covid-19 reflected in savings plans.

### **Covid-19 Costs**

9. The Board continues to be required to submit regular information to Scottish Government through the Local Mobilisation Plan (LMP) (Covid-19 cost template) and this remains the main route for confirming the funding required in supporting the Covid-19 response, and includes costs for entirety of the Health and Social Care Partnership.
10. The final Quarter Three Covid-19 cost template was submitted to Scottish Government on 25th January 2021 with costs estimated at £23.654m (£31.138m including Social Care costs) for the year. The allocation in February 2021 was subsequently adjusted for clinical waste costs (as these will now be met centrally) with funding allocated on total costs of £31.057m. The detailed schedule of Covid-19 costs (now including Social Care) is included as **Appendix 2**. This remains unchanged from last month’s report.

### **Allocations**

11. There is no further update on anticipated allocations since the previous report. An additional allocation is expected to be issued to cover the costs associated with the payment of the £500 to all Health and Social Care staff. NHS staff received their payment in February 2021, with arrangements being made to pay GP and other contractor staff and also external social care providers.

### **Key Financial Risks**

12. The key financial risks for the 2020/21 financial year are as follows:
- Delivery of a break-even position.
  - Effective management and financial control of any Covid-19 related expenditure.
  - Given the uncertainty and frequent changes to service delivery models for Covid-19 spend, specifically the Vaccination Programme, it is likely that there will be further slippage in financial estimates in the final quarter of the year.
  - Overall management of any further slippage on remobilisation programme due to ongoing Covid-19 activity.

13. Appendices to this paper are noted below:

- **Appendix 1** – Directorate Analysis
- **Appendix 2** – Final Covid-19 Cost Comparison

**NHS DUMFRIES AND GALLOWAY  
EXPENDITURE ANALYSIS - 11 MONTH TO 28th FEBRUARY 2021**

AREA	Annual Budget				Pays YTD	Non Pay YTD	Income YTD	Total YTD		Total Previous Mth YTD	Movement In month
	Pay £000	Non Pay £000	Income £000	Total £000	Variance £000	Variance £000	Variance £000	Variance £000	Variance %	Variance £000	Variance £000
<b>IJB DELEGATED SERVICES</b>											
Acute & Diagnostics	104,548	29,174	(2,635)	131,087	170	20	(214)	(24)	0%	(184)	159
Facilities & Clinical Support	3,910	14,920	(687)	18,142	176	318	(210)	284	2%	438	(154)
Mental Health Directorate	24,436	3,052	(860)	26,629	240	449	(4)	684	3%	1,061	(376)
Community Health & Social Care (NHS)	34,054	36,281	(1,899)	68,436	1,440	(58)	17	1,400	2%	1,414	(14)
Primary Care Services	5,680	51,190	(5,646)	51,223	(263)	197	60	(6)	0%	(76)	70
Womens & Childrens Directorate	22,532	2,328	(779)	24,081	70	134	(2)	202	1%	353	(151)
E Health	3,225	2,918	(181)	5,962	236	(316)	(88)	(168)	-3%	(174)	6
Strategic Services	2,990	33,863	(483)	36,370	143	31	(0)	174	1%	158	16
Savings	0	(10,040)	0	(10,040)	(0)	(9,662)	0	(9,662)	100%	(8,783)	(878)
Inflation/Cost Pressure Budgets held centrally	200	13,113	0	13,313	0	2,718	0	2,718	100%	348	35
<b>IJB SERVICES TOTAL</b>	<b>201,574</b>	<b>176,799</b>	<b>(13,170)</b>	<b>365,203</b>	<b>2,212</b>	<b>(6,168)</b>	<b>(442)</b>	<b>(4,398)</b>		<b>(5,446)</b>	<b>(1,288)</b>
<b>BOARD SERVICES</b>											
Board Corporate Services	15,335	3,595	(2,044)	16,886	442	7,924	(7,733)	633	4%	402	232
Strategic Capital	160	19,766	0	19,925	5	838	21	863	5%	789	74
Central Income	0	0	(5,466)	(5,466)	0	0	(135)	(135)	3%	(127)	(8)
Externals	0	31,053	(2,657)	28,396	0	712	177	888	4%	745	143
Non Core	0	9,480	0	9,480	0	0	0	0	0%	0	0
Savings	0	(5,263)	0	(5,263)	0	(4,824)	0	(4,824)	100%	(4,386)	(439)
Inflation/Cost Pressure Budgets held centrally	145	9,573	0	9,718	0	7,974	0	7,974	100%	7,249	725
<b>BOARD SERVICES TOTAL</b>	<b>15,640</b>	<b>68,204</b>	<b>(10,167)</b>	<b>73,676</b>	<b>447</b>	<b>12,622</b>	<b>(7,670)</b>	<b>5,399</b>		<b>4,671</b>	<b>728</b>
<b>GRAND TOTAL</b>	<b>217,214</b>	<b>245,003</b>	<b>(23,337)</b>	<b>438,879</b>	<b>2,659</b>	<b>6,454</b>	<b>(8,113)</b>	<b>1,000</b>		<b>(775)</b>	<b>(560)</b>

LMP Summary incl Social Care	FINAL LMP NUMBERS		
	NHS Forecast	Social Care Forecast	Total
Additional Hospital Bed capacity/costs	996	202	1,198
Equipment	1,190	0	1,190
Additional Staff Costs			
- <i>Overtime and Enhancements</i>	2,300	0	2,300
- <i>Returning Staff</i>	138	0	138
- <i>Student Nurses &amp; AHPs</i>	2,016	0	2,016
- <i>Bank and Agency</i>	452	489	941
- <i>Other</i>	139	0	139
Loss of Income	1,493	493	1,986
Digital and IT Costs	642	40	682
Community Hubs	567	0	567
Additional payments to FHS contractors	600	0	600
Additional FHS Prescribing	441	0	441
Additional costs for externally provided services	0	874	874
Cost to 3rd Parties to Protect Services	0	4,390	4,390
Deep Cleaning	621	0	621
Social Care PPE	0	500	500
Other	496	0	496
<b>Additional Covid-19 Costs</b>	<b>12,092</b>	<b>6,987</b>	<b>19,079</b>
Offset Costs identified	(3,128)	0	(3,128)
<b>Net Additional Covid-19 Costs</b>	<b>8,964</b>	<b>6,987</b>	<b>15,951</b>
Acute Elective Work/Cancer Waiting Times	3,000	0	3,000
Psychological Therapies Waiting Times	0	0	0
Urgent Care Hub Model	292	0	292
Winter Plans	400	0	400
Public Health Response	766	0	766
Testing Capacity	377	0	377
Flu Vaccines	450	0	450
Immunisation Costs Covid-19	2,000	0	2,000
Care Home Oversight work	377	0	377
Workforce Health and Wellbeing	0	0	0
eHealth	0	0	0
Estates and Facilities	200	0	200
<b>Remobilisation Costs</b>	<b>7,862</b>	<b>0</b>	<b>7,862</b>
<b>Savings Slippage</b>	<b>6,747</b>	<b>497</b>	<b>7,244</b>
<b>Total</b>	<b>23,573</b>	<b>7,484</b>	<b>31,057</b>

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Integration Joint Board Annual Performance Report 2019/20

**Author:**  
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Performance and Intelligence Manager

**Sponsoring Director:**  
Vicky Freeman  
Head of Strategic Planning

**Date:** 8<sup>th</sup> March 2021

### RECOMMENDATION

The Board is asked **to discuss and note** the Integration Joint Board (IJB) Annual Performance Report 2019/20.

### CONTEXT

**Strategy / Policy:**

The IJB annual performance report is an overview of performance against the delivery of Partnership's Strategic Plan.

**Organisational Context / Why is this paper important / Key messages:**

Key messages relating to individual performance indicators are contained within the body of the report in section 2.

### GLOSSARY OF TERMS

- HSCSMT - Health and Social Care Senior Management Team
- IJB - Integration Joint Board
- NSS - National Services Scotland
- NHS - National Health Service

## MONITORING FORM

Policy / Strategy	<p><a href="#">The Public Bodies (Joint Working) (Scotland) Act 2014</a></p> <p><a href="#">The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014</a></p> <p><a href="#">Health and Social Care Integration Public Bodies (Joint Working) Scotland Act 2014 – Core Suite of Integration Indicators</a></p> <p><a href="#">Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports</a></p> <p><a href="#">Integration Scheme between NHS Dumfries And Galloway and Dumfries and Galloway Council</a></p> <p><a href="#">Dumfries and Galloway IJB Health and Social Care Strategic Plan</a></p> <p><a href="#">Coronavirus (Scotland) Act 2020</a></p>
Staffing Implications	Existing officer resource is limited due to the requirement to support the ongoing Covid 19 response.
Financial Implications	None
Consultation / Consideration	<ul style="list-style-type: none"> <li>• Dumfries and Galloway Health and Social Care Senior Management Team</li> <li>• Dumfries and Galloway Integration Joint Board</li> </ul>
Risk Assessment	Risks will be considered by the NHS Board
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/></p> <p>Performance includes many aspects of clinical care, which the NHS Board has designated a low appetite for risk.</p>
Sustainability	Individual measures can be an indicator of ongoing sustainability
Compliance with Corporate Objectives	To promote and embed continuous quality improvement

**NOT PROTECTIVELY MARKED**

	<p>To maximise the benefit of financial allocation by delivering clinically and cost effective services efficiently</p> <p>To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHS Scotland, whilst delivering the measurable targets in the Local Outcome Improvement Plan (LOIP)</p>
Local Outcome Improvement Plan (LOIP)	<p>Outcome 3: Health and wellbeing inequalities are reduced</p> <p>Outcome 6: People are safe and feel safe</p>
Best Value	Performance Management
<p>Impact Assessment</p> <p>Equality impact assessment will be considered for performance reporting as a whole suite of documents as part of the performance framework which will support the new strategic plan.</p>	

## Introduction

1. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board (IJB) is required to publish an Annual Performance Report (APR) each year.
2. As a result of the Covid 19 pandemic, there is limited staffing capacity to produce and publish this year's Annual Performance Report within the statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020, the IJB agreed to delay publication until the end of September 2020.
3. The NSS team that provides the official statistics for IJB publications advised that Partnerships should use the 2019 calendar year for reporting this year, but to still compare against historical data for financial years.
4. The draft Scottish Government guidance notes suggest taking a pragmatic approach, which includes:
  - making more use of hyperlinks to other relevant documents such as (but not limited to) Annual Accounts, Locality Plans and Inspection Reports, with summary information/narrative around these being kept more brief than would normally be expected
  - brief notes that set out where capacity to report on certain aspects of activities has been constrained due to the impacts of the Covid 19 pandemic
5. The IJB Annual Performance Report for 2019/20 is attached as Appendix 1. It describes the progress of the health and social care partnership towards 9 national health and wellbeing outcomes. It provides information for the period 1 January 2019 to December 2019 on performance against a range of indicators, unless information for the full financial year was available. Future annual performance reports will be reported in full financial years.
6. Publishing the IJB Annual Performance Report 2019/20 by the 31 September 2020 fulfils the IJB's reporting requirements under the 2014 Act.

## Main Report

7. Highlights of the IJB 2019/20 Annual Performance Report include:
8. The Partnership delivered a breakeven financial position for 2019/20.
9. The partnership has found ways to keep waiting times low for drugs and alcohol interventions and expand the mental health support available

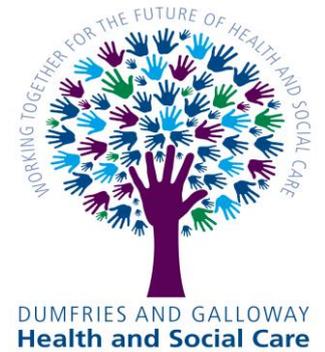
10. Emergency admissions and the bed days these result in, have been increasing and are higher than the Scottish average
11. People spend more time in hospital settings than they need to, when they could be better supported in the community. The Partnership has expanded community care at home support to address this and re-ablement as an approach.
12. The Dumfries and Galloway Digital Health and Care Strategy and the Dumfries and Galloway Housing with Care and Support Strategy have been developed and will have a positive impact on how people are supported in their community.
13. NHS Dumfries and Galloway had just over 500 complaints in 2019/20 against a backdrop of 340,000 outpatient appointments, 41,000 hospital stays and 49,000 emergency department attendances
14. Dumfries and Galloway Council Social Care Services had 11 complaints in the same time period against a backdrop of over 2 million hours of care and support delivered
15. SDS Option 3 continues to be the most popular option for people arranging to receive care and support
16. By March 2020, 83% of Care Home residents had an Anticipatory Care Plan to support the management of their health and social care support
17. There is a consistent health inequality gap relating to emergency admissions in Dumfries and Galloway
18. Smoking Cessation has been more successful with clients living in the most deprived communities
19. Child weight issues are becoming more common; there is now a 1 in 4 risk of primary one students being overweight or obese
20. Carers highlights include:
  - Carer Support Services were recommissioned in 2020
  - Carers have told us what they would like as breaks from caring
  - Dumfries and Galloway Council have achieved the Exemplary status (level 3). NHS Dumfries and Galloway was awarded Established Status (level 2) during 2019/20 and is working towards Exemplary status in 2020/21
21. Less than 4% of concerns raised relating to the safety of a vulnerable adult or child result in a full investigation
22. Hospital acquired infections have reduced in the last year

23. Up to December 2019 there were 93 significant adverse incidents recorded in healthcare settings
24. Recruitment remains a considerable challenge across the Partnership for the statutory, third and independent sectors
25. Levels of sickness absence in the statutory sector remain above 4%
26. Waiting times for some services are longer than the agreed targets; these will be impacted further by the COVID situation
27. Dumfries and Galloway benchmarks similar or better against the rest of Scotland in many areas in relation to waiting times

## **Conclusions**

28. Though Dumfries and Galloway Health and Social Care Partnership generally performs well against the Scottish average and/or set targets, there are a number of indicators where standards were not met.
29. The Covid 19 response has had a significant impact on:
  - the capacity of officers to produce a 2019/2020 IJB APR to the legislated 31st July 2020 timescale
  - the ability to report on the financial year performance
30. Demonstrable progress has been made against the commitments laid out in the Strategic Plan for Health and Social Care.
31. There remain challenges to meet some of the performance standards.
32. Publishing the IJB Annual Performance Report 2019/20 by the 31 September 2020 fulfils the IJB's reporting requirements under the 2014 Act.

# Dumfries and Galloway Integration Joint Board



## Health and Social Care

# Annual Performance Report 2019/20

Version Final

29 September 2020

For further information

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Care Opinion: [www.careopinion.org.uk](http://www.careopinion.org.uk)

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## Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) (here) set a legal framework for integrating health and social care in Scotland. This legislation says that each health board and council **must** delegate some of their functions to new integration authorities with additional health and social care services that **may** be delegated should health boards or local authorities choose to do so.

The Integration Authority in this area came into existence in the form of Dumfries and Galloway Integration Joint Board (IJB) on 1 April 2016. Responsibility for the planning and delivery of the majority of adult health and social care services was delegated from the Local Authority and NHS to this new body. This created a single integrated system for planning and delivering some health and social care services locally.

As required by the Act all integration authorities must have a strategic commissioning plan (the Plan). The IJB developed their Plan by consulting with and engaging a broad range of people including people who use health and social care services, Carers and people working in health and social care in statutory, third and independent sectors. It set out the case for change, priority areas of focus, challenges and opportunities and commitments. The Plan was reviewed by the IJB in 2017/18 and it was subsequently agreed to retain the existing plan, extending the current 'relevant period' to April 2021. The Plan can be accessed on the Partnership's website: [www.dghscp.co.uk](http://www.dghscp.co.uk).

Across Scotland, health and social care partnerships are responsible for delivering a range of nationally agreed outcomes. To ensure that performance is open and accountable, section 42 of the Act obliges partnerships to publish an Annual Performance Report (APR) that sets out an assessment of performance with regard to the planning and carrying out of the integration functions for which they are responsible.

Integration Authorities are required to publish their APR by the end of July each year.

Due to the impacts of the COVID-19 pandemic on the services and supports that we provide, and on the staff and partners providing them, there has been limited capacity to produce and publish our report for 2019/20 to the usual statutory timescale. Therefore, in accordance with the Coronavirus (Scotland) Act 2020 ([here](#)), publication of the 2019/20 APR was postponed to the end of September 2020.

Whilst the IJB Annual Performance Report for 2019/20 meets the minimum reporting requirements during the COVID period, the impacts of COVID 19 has resulted in some changes to this year's report:

- The usual time period of IJB Annual Performance Reports is 1st April – 31st March. This is altered to 1st April to 30th December for this report
- The report would usually include qualitative evidence, people's stories and highlights of good practice. It has not been possible to include these within this report due to the data, time and resources available over recent months.
- Usually, the approach of the IJB would be to provide performance information relating to all sectors of health and social care thereby providing a balanced reflection of the invaluable contribution from all sectors to the delivery of high quality health and social care and support across the region. Again, due to the constraints of time and capacity, this report has only been able to include the data/information available to us at this time and has resulted in a higher level of information/greater focus on healthcare outcomes. The Integration Joint Board acknowledges this and notes the valuable contributions of third and independent sector partners.

Future IJB Annual Reports will look to redress the above as soon as it is possible to do so.

In the 2019/20 APR, we discuss the progress of the Partnership against the 9 national health and wellbeing outcomes and the commitments contained within the Plan. The remaining sections report the results of any inspections in 2019, any significant decisions made by the IJB and any review of the Plan.

The 4 localities in Dumfries and Galloway in the Health and Social Care Partnership are Annandale and Eskdale, Nithsdale, Stewartry and Wigtownshire. This report includes sections looking at what is happening in each of the localities.

## **How we are getting on: The symbols we use**

Indicator numbers such as “A12”, “B3” or “C5” reference the Performance Handbook which contains information about why and how each indicator is measured. This is available on the Partnership’s website ([www.dghscp.co.uk](http://www.dghscp.co.uk)). Where the phrase “Additional Information” is used instead of a number, the figures are not standard measures, but extra information thought to be helpful.

For each indicator there is a Red, Amber or Green (RAG) status:

- Green – we are meeting or exceeding the target or number we compare against
- Amber – we are within 3% of meeting the target of number we compare against
- Red – We are more than 3% away from meeting the target or number we compare against

The direction is an assessment of how the results for an indicator have changed since the previous annual performance report:

- Up – statistical tests indicate the number has increased over time
- No change – statistical tests suggest there is no change over time
- Down – statistical tests indicate the number has decreased over time

The target is the standard set nationally that we compare against. For some indicators there is no national standard and we have set ourselves a target to compare against instead. For some indicators there is no target set nationally or locally.

## **The 9 National Health and Wellbeing Outcomes**

The Scottish Government has set out 9 national health and wellbeing outcomes for people:

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People using health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

The 9 national health and wellbeing outcomes set the direction of travel for delivering services in the Health and Social Care Partnership and are the benchmark against which progress is measured.

## **1. Outcome 1**

**People are able to look after and improve their own health and wellbeing and live in good health for longer.**

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions.

There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal resilience.

### **Key Messages**

- Support that enables people to maintain their health and wellbeing comes in many different forms
- Waiting times for drugs and alcohol interventions are low and the mental health support for people dependent on drugs or alcohol, expanded
- Emergency admissions and the bed days these result in, have been increasing and are higher than the Scottish average

### **How we are getting on**

#### **1.1 CoH-Sync Project**

Early recognition and prevention of long term conditions reduces the number of GP visits people make and hospital admissions. The Community Health Sync Project (CoH Sync Project) is a cross border programme involving the Republic of Ireland, Northern Ireland and Dumfries and Galloway. It started in August 2018 and is funded by the European Union INTERREG VA Programme and managed by the Special EU Programmes Body. Its aim is to promote healthier lifestyles and focus on the risk factors associated with long term health conditions. The project is being delivered in Nithsdale and Wigtownshire.

The aim is to work with people to deliver 2,500 health and wellbeing plans across Dumfries and Galloway by December 2021. At the end of December 2019 a total of 1,186 plans had been developed. This is 47% of the target number.

**Additional Information: Number of health and wellbeing plans developed through the CoH-Sync Project in Dumfries and Galloway**

Total at...	Number of Health and wellbeing plans
December 2018	645
December 2019	1,186

Source: Dumfries and Galloway Health and Social Care Partnership

## 1.2 Falls

In 2019/20 a pathway was developed linking the Scottish Ambulance Service and the Single Point of Contact. This pathway supports people who have fallen in their home but are uninjured giving paramedics the option to refer people for assessment and advice and, where appropriate rehabilitation and re-ablement. In 2019 there were 54 referrals from the Scottish Ambulance Service to the Single Point of Contact.

**Indicator A16: Falls rate per 1,000 population aged 65 years and over; Dumfries and Galloway and Scotland; 2016/17 to 2019**

RAG status: Green

Direction: Up

	Dumfries and Galloway	Scotland
2016/17	16.1%	21.8%
2017/18	18.7%	22.7%
2018/19	18.1%	22.5%
2019(p)	19.5%	22.7%

(p) = provisional data

Source: Public Health Scotland

The falls rate went up last year but is still lower than Scotland, despite Dumfries and Galloway having an older population.

## 1.3 Alcohol and Drug Partnership

Provisional data for 2019/20 shows 97% of people waited no longer than 3 weeks from receipt of a referral to appropriate drug or alcohol treatment starting. Over the past 5 years, Dumfries and Galloway's performance has consistently been above the national standard of 90%.

The Recovery Service is available across Dumfries and Galloway. This is a third sector organisation commissioned by the Alcohol and Drug Partnership. Its' performance in relation to waiting times is included in the 3 week standard. Other services that contribute to this standard include:

- NHS Specialist Drug and Alcohol Service,
- ISSU18 (Children and Young People statutory service),
- Alcohol and Drugs Support South West Scotland (Third Sector Talking Therapies service)
- Her Majesty's Prison Dumfries.

**Indicator B14: Proportion of people who started drug or alcohol treatment within 3 weeks of referral; Dumfries and Galloway and Scotland; 2015/16 to 2019/20**

RAG status: Green

Direction: Up

Target = 90%

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2015/16	94%	95%
2016/17	98%	95%
2017/18	97%	93%
2018/19	95%	94%
2019/20(p)	96%	94%

(p) = provisional data

Source: Public Health Scotland

Alcohol Brief Interventions (ABIs) are a structured conversation with people who are likely to be drinking harmfully. The target agreed with the Scottish Government for Dumfries and Galloway is to complete 1,743 Alcohol Brief Interventions per year. There are 3 priority settings through which to deliver ABIs: Primary Care, Accident and Emergency and Antenatal Care.

The number of people screened for harmful drinking has increased from 4,797 in 2017/18 to 5,677 between April and December 2019. This is the first step in the ABI process. However, fewer people have gone on to complete the ABI and have the structured conversation. There are several possible reasons for this including people declining or, mis-targeting of screening.

**Indicator B15: Number of Alcohol Brief Interventions (ABIs) carried out; Dumfries and Galloway; 2017/18 – December 2019**

RAG status: Red

Direction: Down

Target: 100%

	<b>Total number of screenings carried out</b>	<b>Total number of ABIs carried out</b>	<b>% of target (1,743) number of ABIs</b>
2017/18	4,797	1,105	63%
2018/19	5,402	1,071	61%
Apr 19 - Dec 19 (9 months)	5,677	718	41%

Source: NHS Dumfries and Galloway

## 1.4 Emergency Admissions

An important measure of how well people are able to effectively manage their health and wellbeing in the community is how often their health care occurs as an emergency. There will likely always be a need for urgent and emergency care, but wherever possible, our aim would be to prevent or reduce the number of occasions whereby we are responding to crisis events.

### Indicator A12: Rate of admission to hospital; Dumfries and Galloway and Scotland; 2014/15 to 2019/20

RAG Status: Red

Direction: Up

Financial Year	Rate of admissions per 100,000	
	Dumfries and Galloway	Scotland
2014/15	10,529	10,777
2015/16	10,764	10,930
2016/17	11,356	10,905
2017/18	11,920	10,981
2018/19 (p)	13,181	12,275
2019	13,553	12,602

(p) = provisional data

Source: Public Health Scotland

### Indicator A13: Rate of bed days in hospital; Dumfries and Galloway and Scotland; 2014/15 to 2019/20

RAG Status: Red

Direction: Up

Financial Year	Rate of bed days per 100,000	
	Dumfries and Galloway	Scotland
2014/15	90,786	77,688
2015/16	92,810	76,126
2016/17	93,261	75,722
2017/18	93,452	74,470
2018/19 (p)	137,383	120,177
2019 (p)	143,194	117,478

(p) = provisional data

Source: Public Health Scotland

## 1.5 Mental Health in the Emergency Department (ED)

Following analysis of the Emergency Department data investment has been made in the Crisis Assessment and Treatment Service (CATS). This has increased the flexibility of mental health support to the Emergency Department at Dumfries and Galloway Royal Infirmary. Enhanced community services have also been supported, moving from 5 day to 7 day cover, and extended weekday cover from 5pm to 6.30pm.

## **2. Outcome 2**

**People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently or in a homely setting in their community.**

People's care needs are increasingly being met in the home or in a homely setting in the community. The way that care and support services are planned and delivered has started to reflect this shift.

There are a number of ways that the Partnership is working towards enabling people to live as independently as possible in a homely setting. Work is largely concentrated on 5 main areas of development: co-production, using technology at home, volunteering, care at home and care homes, and housing. We recognise that maintaining good outcomes also requires an increased focus on maximising opportunities for people to live active, safe and healthy lives (see Outcome 7 for Telecare and Outcome 9 for Technology Enabled Care).

### **Key Messages**

- People spend more time in hospital settings than they need to, when they could be better supported in the community. The Partnership has expanded community care at home support to address this and re-ablement as an approach.
- The Dumfries and Galloway Digital Health and Care Strategy and the Dumfries and Galloway Housing with Care and Support Strategy have been developed and will have a positive impact on how people are supported in their community.

### **How we are getting on**

#### **2.1 Day of Care Survey**

Every month an assessment called a Day of Care Survey is done across all hospitals in the region. This assessment uses a set of criteria to determine if people are being cared for and supported in the most appropriate setting. The criteria are different for acute and cottage hospitals. The table below summarises the results from Day of Care Surveys that happened in February 2020.

<b>Percentage of people in hospital who could have been supported in a more appropriate setting</b>	<b>Top 3 reasons for not meeting the criteria for care</b>
Dumfries and Galloway Royal Infirmary (DGRI) <b>21%</b>	<ul style="list-style-type: none"> <li>• Allied Health Professional (AHP) treatment was ongoing but could be provided elsewhere (36%),</li> <li>• home care support availability and funding (26%)</li> <li>• awaiting final multi-disciplinary team decision (8%)</li> </ul>
Galloway Community Hospital (GCH) <b>31%</b>	<ul style="list-style-type: none"> <li>• Allied Health Professional (AHP) treatment was ongoing but could be provided elsewhere (31%)</li> <li>• awaiting alterations or equipment for home / awaiting re-housing (23%)</li> <li>• making choices / awaiting place in a care home (23%)</li> </ul>
Cottage hospitals <b>48%</b>	<ul style="list-style-type: none"> <li>• home care support availability and funding (38%)</li> <li>• making choices / awaiting placement in a care home (26%)</li> <li>• awaiting social work allocation / assessment / completion (16%)</li> </ul>

Source: Dumfries and Galloway Health and Social Care Partnership

## 2.2 Investing in Community Services

### 2.2.1 STARS

The Short Term Assessment Re-ablement Service (STARS) is a multi professional team that supports people to be as independent as possible at home, working with them to identify what matters to them and their goals they want to achieve for themselves.

To support the integration of services, STARS received new investment in January 2020. This investment has enabled STARS to provide a 7 day service with staff available from 8am until 10pm. As a result, it is estimated that at least 260 additional people per year will be able to access the service, helping them to live independently at home. Re-ablement can reduce both the demand for care and support at home and the length of time people stay in hospital.

In 2019 STARS undertook 12,938 home visits across Dumfries and Galloway.

Following STARS input, 82% of people require no further support and 18% of people require ongoing care and support.

### 2.2.2 Care and Support Service (CASS)

The Partnership's Care and Support Service (CASS) received additional funding in January 2020 to support work to reduce the time people are delayed in hospital. This funding will provide an additional 1,000 hours of home care to vulnerable adults and older people, supporting them to return to or stay in their own home.

**Indicator A19: Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population); Dumfries and Galloway and Scotland; 2016/17 to 2019**

RAG status: Red

Direction: Up

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2016/17	591	841
2017/18	554	762
2018/19	608	793
2019	824	783

Source: Public Health Scotland

### **2.3 Housing with care and support**

Housing with care and support is the term used to describe a holistic approach to planning the provision of health and social care and support that meets people's needs where they live. It is recognised by the Partnership that this is an important factor in improving the health and wellbeing of people and supporting people to be in a homely setting in their community.

During 2019/20, engagement with a broad range of people and partners got underway to develop a Housing with Care and Support strategy. The strategy considers the specific housing support needs of older people, people with learning disabilities, people with mental health conditions, physical disabilities or sensory impairment and those at immediate risk of homelessness. The emphasis of the strategy is on new and flexible approaches to housing with care and support and on collaborative working to achieve the best possible outcomes for people. The strategy will provide the framework that supports a direction for housing development and personal support in the future.

The strategy and action plan is anticipated to be submitted to the IJB for approval during September 2020.

**Indicator A18: Percentage of adults with long term care needs receiving support at home; Dumfries and Galloway and Scotland; 2016/17 to 2019/20**

Direction: No change

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2016/17	65%	62%
2017/18	63%	61%
2018/19	62%	62%

Source: Public Health Scotland

**Indicators A15 and E5: Proportion of last 6 months of life spent at home or in a community setting; Dumfries and Galloway and Scotland; 2016/17 to 2019/20**

RAG status: Green  
Direction: No change

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
2016/17	88%	88%
2017/18	88%	88%
2018/19	88%	87%
2019 (p)	88%	89%

Source: Public Health Scotland

**Indicator C8: Rate of Homecare hours per 1,000 people aged 65 years or older; Dumfries and Galloway; March 2018, 2019 and December 2019**

Direction: Down

<b>Month</b>	<b>Rate of Homecare hours per 1,000 people aged 65 and over</b>
March 2018	635
March 2019	568
December 2019	556

Source: Dumfries and Galloway Council

## **2.4 Digital Health and Care Strategy**

Scotland's digital health and care strategy was published in April 2018. It sets out the Scottish Government's roadmap to create a health and care system which embeds digital technology.

The local response to the national strategy, Dumfries and Galloway Digital Health and Care Strategy was developed during 2019/20: (<https://dghscp.co.uk/wp-content/uploads/2020/07/Agenda-Item-5-Appendix-1-Digital-Strategy-Draft.pdf>). It has been developed within the framework of the national strategy and sets the strategic direction for the HSCP for digital health and care. One of the ten priority areas of focus in The Dumfries and Galloway Integration Joint Board's Health and Social Care Strategic Plan (2018 – 2021) is making the best use of technology. The IJB recognise that digital technology is critical to the delivery of excellent health and social care now and in the future.

This is the first local digital health and care strategy for Dumfries and Galloway. It builds on existing work and outlines future developments which will enable people to have more choice and control, making best use of the available resources and supporting the delivery of better outcomes for people.

### 3. Outcome 3

**People who use health and social care services have positive experiences of those services, and have their dignity respected.**

There is a range of ways that people can give feedback about their experiences of health and social care including comments, responses to surveys, consultations and complaints.

#### Key messages:

- NHS Dumfries and Galloway had just over 500 complaints in 2019/20 against a backdrop of 340,000 outpatient appointments, 41,000 hospital stays and 49,000 emergency department attendances
- Dumfries and Galloway Council Social Care Services had 11 complaints in the same time period against a backdrop of over 2 million hours of care and support delivered

#### How we are getting on

##### 3.1 Learning from complaints and feedback

Complaints provide valuable feedback and an opportunity to learn. One of the aims of the complaints handling procedure is to identify opportunities to improve services across Dumfries and Galloway. By recording and using complaints information in this way, we can identify and address the causes of complaints and introduce service improvements. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to the handling of complaints.

The SPSO's Model Complaints Handling Procedure was introduced in April 2017. This procedure sets statutory timescales for all public services to respond to complaints and has 2 stages:

- Stage 1 focuses on the early resolution of complaints
- Stage 2 provides an opportunity for detailed investigation of the issues raised

#### Additional Information: Complaints received; NHS Dumfries and Galloway; 2019/20

Complaints received	Stage 1	Stage 2 Direct	Stage 2 Escalated
Total received (April 2019 – March 2020)	97	380	28
Closed within timescale (5 days)	60	n/a	n/a
Closed within timescale (5 days)	62%	n/a	n/a
Closed within timescale (20 days)	n/a	198	18
Closed within timescale (20 days)	n/a	52%	64%

Source: NHS Dumfries and Galloway

In addition, complaints that are not seen to be dealt with appropriately can be referred on to the Ombudsman for further investigation. In March 2020, there were 13 live complaints with the SPSO for their consideration.

## **Additional Information: Complaints received; Dumfries and Galloway Council Social Care Services; April to December 2019**

	<b>Complaints received</b>	<b>Compliments received</b>
Total received (April 2019 – December 2020)	11	7

Source: Dumfries and Galloway Council

### **3.2 Tell us your story**

Hearing your stories helps us find new ways to improve quality and different ways to support people and communities. There are many ways to get in touch and tell us your story including through social media, telephone, letters and websites. One such website is Care Opinion.

Care Opinion is a national website which enables people to provide feedback and get personal responses about the health and social care services they have received. The majority of feedback received through Care Opinion is positive. There were 82 stories shared on the website in 2019-20. Most stories receive a response within 48 hours and all get a reply. Where stories have been critical, an opportunity has been offered for people to discuss their concerns directly. This has helped ensure advice and support can be provided to resolve any issues. Stories are shared with the relevant teams and, where possible, learning is identified from the feedback. Below is an example of a story shared with us in 2019:

“Our 91 year old mother became rather unwell last weekend. She lives independently although she has dementia, loves her house and garden and wants to carry on staying where she is.

Her GP assessed her, fast tracked extra care through the Rapid Response team.

The RRT sent Anna then Joan out to check the house, my mother and assess her needs. By 11am two days later we have carers arranged to come every morning for a short time, an appointment with CareCall coming to sort her out with a wrist band etc. Peace of mind for 3 daughters living at least 80 miles away.”

### **3.3 Improving accessibility**

#### **3.3.1 British Sign Language**

The Partnership has developed a shared British Sign Language (BSL) Plan for Dumfries and Galloway in partnership with other local public bodies.

The BSL (Scotland) Act 2015 requires public bodies in Scotland to publish plans every 6 years, showing how they will promote and support BSL. There have been 3 public events held to gather the views of local people who have BSL as their first or preferred language. These views have shaped the BSL plan for Dumfries and Galloway, developed in partnership with Police Scotland V Division and Dumfries and Galloway College. The plan is available in a video format here:

[www.youtube.com/watch?v=AKatiMZgUdc](http://www.youtube.com/watch?v=AKatiMZgUdc)

Last year’s IJB public performance review included live BSL translators, which were filmed alongside the live web stream content.

### 3.3.2 Easy Read

As a partnership we have continued to work with people with learning disabilities to develop easy read information leaflets. Topics include outpatient appointments, sexual health, having your blood pressure taken, and ophthalmology. These are available now on public websites.

### **3.4 Developing a Plan for Palliative Care**

The draft Plan for Palliative Care was developed during 2019/20 as part of the Macmillan Cancer Pathway and Palliative Care Improvement Project. During a 14 week consultation period, people told us about their experiences of palliative care and support, and what they told us has been reflected in the plan. The plan has been developed using a partnership approach and co-productive methods ensuring it reflects local and national outcomes and priorities.

The Scottish Government Strategic Framework for Action on Palliative and End of Life Care 2016-2021 sets out the guidelines and commitments for palliative care in Scotland. The IJB recognises that, with an ageing population, there is a growing need for palliative care and support. Given the demographic, financial and workforce challenges, we need to ensure that our model of palliative care, particularly our current specialist palliative model, remains sustainable.

This plan sets out what we need to do locally to fulfill these commitments and implement other key local and national policy and guidance.

## **4. Outcome 4**

### **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**

The way that we work with people from Dumfries and Galloway, designing and delivering their care and support, fundamentally focuses on maintaining independence and quality of life. Often people can be supported by signposting to local groups and third and independent sector services in their community without needing formal support from adult social work services. For people who need support from adult social work services we apply a personalised approach (Self Directed Support) in all cases.

Additionally, contributing to our overarching approach to how we plan social care, the Partnership is focused on the development of anticipatory care plans (ACPs). Plans that ensure that what matters most to people is at the core of their care and understood by all of the health and social care professionals who support them.

#### **Key messages:**

- SDS Option 3 continues to be the most popular option for people arranging to receive care and support
- By March 2020, 83% of care home residents had an Anticipatory Care Plan in place, directing and supporting the management of their health and social care

#### **How we are getting on:**

##### **4.1 Self Directed Support**

Self Directed Support (SDS) puts people in control of organising and managing their own care. Since the introduction of SDS in 2013, people are supported through self assessment to develop personal plans. These plans build on people's existing supports and can be implemented through community and health and social care resources.

There are 4 options with different levels of control:

- Option 1 – people take control of purchasing and managing their own care and support
- Option 2 – people choose an approved organisation they want to be supported by and the Partnership provides funds directly to the organisation, leaving the individual free of dealing with the money
- Option 3 – people choose for social work services to arrange and purchase their care, the individual has no control over which organisation providing care
- Option 4 – people choose more than one of the options above

The Partnership aims to ensure that people are supported to make informed decisions about the best option to suit their needs. To support this, independent advocacy is available to people using SDS.

A snapshot of activity taken at the end of March 2020, showed that a total of 2,816 people were supported through SDS Option 3 continues to be the most frequently adopted option.

**Indicators C2, C3 and C4: Number of adults Support through SDS; Dumfries and Galloway; March 2018, 2019 and 2020**

Direction: No change

Month	Option 1	Option 2	Option 3
March 2018	326 (12%)	<5 (0%)	2,434 (88%)
March 2019	345 (13%)	12 (0%)	2,388 (87%)
March 2020	348 (12%)	17 (1%)	2,451 (87%)

Source: Dumfries and Galloway Council

At March 2020, 662 (27%) of people choosing Option 3 were aged under 65 and 1,789 (73%) were aged 65 years or older.

At March 2020, 756 (31%) people aged 65 years or older receiving Option 3 had 10 hours of more care per week.

#### **4.2 Anticipatory Care Planning**

Anticipatory Care Plans (ACP) encourage people to think ahead and make choices about their future care. The process can help people to be more in control of and manage changes in their health and wellbeing. Anyone can complete an ACP. The Partnership has been working with people with complex, chronic or life limiting illness to complete an ACP. The process of preparing an ACP can help to ensure that future care is consistent with people's values and preferences.

By March 2020, 83% of people living in care homes had completed an ACP. Scottish Ambulance Service crews called to care homes now ask if an ACP is in place. The content of this document can help inform and influence discussion and decision making between professionals and the person, their families and Carers and can help ensure that, whenever possible and appropriate, a person's wishes with regard to their care and support, can be met.

Supporting the above approach further, the 'Red Bag Scheme' has been piloted in some care homes. This project tested the transfer of a clearly identifiable bag with people admitted to hospital. The contents of the bag include the person's ACP and other agreed key information to support a person's transition from a care home to hospital and back.

**Additional Information: Percentage of Care Home residents with an ACP; Dumfries and Galloway; September 2018 to March 2020**

RAG status: Not applicable

Direction: Up

	<b>% of Care Home Residents with an ACP</b>
September 2018	6%
October 2018	9%
November 2018	14%
December 2018	19%
January 2019	23%
February 2019	28%
March 2019	32%
April 2019	35%
May 2019	40%
June 2019	47%
July 2019	51%
August 2019	53%
September 2019	55%
October 2019	60%
November 2019	65%
December 2019	73%
...	
March 2020	93%

Source: Dumfries and Galloway Health and Social Care Partnership

## 5. Outcome 5

### **Health and social care services contribute to reducing health inequalities.**

Health inequalities occur as a result of wider inequalities experienced by people in their daily lives. These inequalities can arise from the circumstances in which people live and the opportunities available to them. Reducing health inequalities involves action on the broader social issues that can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities.

The Plan highlights that inequalities must be considered in the planning stages of services and programmes to make the most of their potential for contributing to reducing inequalities.

### **Key Messages**

- There is a consistent health inequality gap relating to emergency admissions in Dumfries and Galloway
- Smoking Cessation has been more successful with clients living in the most deprived communities
- Child weight issues are becoming more common; there is now a 1 in 4 risk of primary one students being overweight or obese

### **How we are getting on**

#### **5.1 Equality Impact Assessments**

The Partnership's Equality and Diversity Programme Board has been established to lead on reducing inequalities in health and social care in Dumfries and Galloway and to ensure that there is fair access to our services and employment. The programme board has responsibility for ensuring that legislative requirements are met and to champion and promote equality and diversity across the Partnership.

During 2019/20 a key focus has been the use of Equality Impact Assessment. Training sessions and conversations with teams across the Partnership have looked at how to make the best use of Equality Impact Assessments.

During 2019/20 a group with representation from Public Health, locality teams and the Performance and Intelligence Team, identified new performance measures that capture the contribution the Partnership can make to reducing health inequalities. These new measures will be introduced for 2020/21.

The group has also developed a Health and Wellbeing Self Assessment Framework to be used by the Health and Wellbeing Teams to self assess and reflect on how they are working towards the 9 National Health and Wellbeing outcomes and the 6 National Public Health Priorities.

A review of reports presented to the IJB during 2019/20 highlighted that 1 in 10 reports are associated with an Equality Impact Assessment. This is a higher rate than the previous year where 1 in 20 reports were associated with an Equality Impact Assessment during 2018/19.

## 5.2 Emergency Admissions

The Scottish Index of Multiple Deprivation (SIMD) is a tool used by the Scottish Government to identify deprived communities across Scotland. An updated version of SIMD was published in January 2020. SIMD considers 7 different aspects of deprivation: income, employment, housing, education, crime, health and access to services. SIMD can be used to look at the impact of inequalities by comparing communities considered to be the most deprived to those considered to be the least deprived.

There are many different factors that influence how often people need to go to hospital in an emergency. These can include the type of work people do, their housing conditions and how well people are able to manage their own long term conditions. The table below shows that there is an inequalities gap between the most deprived (SIMD1) and the least deprived (SIMD5) communities in Dumfries and Galloway and how often they go to hospital in an emergency. This has been calculated using SIMD20.

**Additional Information: The rate at which people attend a hospital in an emergency comparing the most deprived and the least deprived communities, using SIMD20; Dumfries and Galloway; 2015/16 to 2018/19.**

Direction: Up

Year	Number of Emergency admissions		Population estimates		Emergency admission rates per 1,000 population		Difference SIMD1 to SIMD 5
	SIMD 1	SIMD 5	SIMD 1	SIMD 5	SIMD 1	SIMD 5	
2015/16	1,759	1,134	13,216	13,239	133.1	85.7	47.4
2016/17	1,942	1,186	13,288	13,147	146.2	90.2	55.9
2017/18	1,996	1,210	13,447	13,080	148.4	92.5	55.9
2018/19	2,004	1,243	13,496	12,918	148.5	96.2	52.3

Source: NHS Dumfries and Galloway

## 5.3 Premature Mortality

The premature mortality rate looks at the number of people who die early, defined as people under the age of 75. This rate is affected by a large number of issues many of which are linked to inequalities. Premature mortality is lower in Dumfries and Galloway than in Scotland. In recent years these rates have fallen across Scotland.

**Additional Information: Standardised mortality rate for people aged 75 and under; Dumfries and Galloway and Scotland; 2008 and 2018.**

Direction: Down

Year	Dumfries and Galloway	Scotland
2008	423.9 per 100,000 people	501.3 per 100,000 people
2018	377.5 per 100,000 people	432.0 per 100,000 people

Source: Public Health Scotland

## 5.4 Smoking Cessation

Supporting people from deprived communities to stop smoking is a priority for smoking cessation services in Dumfries and Galloway. The rate for Dumfries and Galloway in 2017/18 was 19.8% and was less than Scotland's rate that year (22.0%).

In 2018/19, there were 693 attempts to quit smoking by people from deprived communities. Of these, 200 people succeeded in stopping smoking for at least 12 weeks. This gives a Quit Rate of 28.9%. This is higher than the rate of Scotland (22.9%).

### **Indicator B16: 12 week smoking quit rate, comparing the least and most deprived community categories; Dumfries and Galloway and Scotland; 2017/18 to 2018/19.**

RAG status: Green

Direction: Up

	Dumfries and Galloway		Scotland	
	Most deprived	Least deprived	Most deprived	Least deprived
2017/2018	19.8%	24.9%	22.0%	26.6%
2018/2019	28.9%	25.8%	22.9%	25.7%

Source: Public Health Scotland

## 5.5 Childhood Obesity

There is evidence at a Scotland level that children are more likely to be at risk of being overweight or obese if they live in more deprived communities (26.4% compared to 17.6% in the least deprived communities in 2018/19). Children at school in primary 1 (P1) classes have their weight measured each year.

In 2018/19, across Dumfries and Galloway, 25.7% of P1 children were found to be at risk of being overweight or obese. This is statistically significantly higher than the rate for Scotland (22.4%). The proportion of P1 children at risk of being overweight or obese in Dumfries and Galloway has increased since 2017/18 when the proportion was 24.4%.

### **Additional Information: Percentage of primary 1 school pupils categorised as at risk of being overweight or obese; Dumfries and Galloway and Scotland; 2015/16 to 2018/19**

Year	Dumfries and Galloway	Scotland
2015/16	27.5%	22.1%
2016/17	29.3%	22.9%
2017/18	24.4%	22.5%
2018/19	25.7%	22.4%

Source: Public Health Scotland

## 5.6 Early booking of antenatal care

There is evidence that the women at risk of poor pregnancy outcomes are those less likely to access antenatal care early. Vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams. In Dumfries and Galloway, 86% of pregnant women in the most deprived communities were booked for antenatal care by the 12<sup>th</sup> week of gestation. In the best performing communities this was 92%. All quintiles in Dumfries and Galloway are above the national target of 80%.

### Indicator B8: Early access to Antenatal services; Dumfries and Galloway and Scotland; 2018/19.

RAG status: Green  
 Direction: No change  
 Target: 80%

Year	Community	Dumfries and Galloway	Gap between the most deprived and the best performing areas of Dumfries and Galloway	Scotland
2015/16	Most deprived - Quintile 1	82%	8%	86%
	Best performing in Dumfries and Galloway - Quintile 5	90%		91%
2016/17	Most deprived - Quintile 1	86%	5%	87%
	Best performing in Dumfries and Galloway – Quintile 4	91%		90%
2017/18	Most deprived - Quintile 1	85%	5%	84%
	Best performing in Dumfries and Galloway - Quintile 3	90%		90%
2018/19	Most deprived - Quintile 1	86%	6%	88%
	Best performing in Dumfries and Galloway - Quintile 3	92%		93%

Source: Public Health Scotland

## **6. Outcome 6**

**People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.**

Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. Supporting Carers to maintain their caring role is widely acknowledged as vital to the long term sustainability of health and social care services. Providing support to Carers is an increasing local and national priority.

A Carer is generally defined as a person of any age who provides unpaid help and support to someone who cannot manage to live independently without the Carer's help due to frailty, illness, disability or addiction. The term Adult Carer refers to anyone over the age of 16, but within this group those aged 16-24 are identified as Young Adult Carers.

### **Key Messages**

- Carer Support Services were recommissioned in 2020
- Carers have told us what they would like as breaks from caring
- A new Carers communications campaign is being launched
- Dumfries and Galloway Council have achieved the Exemplary status (level 3). NHS Dumfries and Galloway was awarded Established Status (level 2) during 2019/20 and is working towards Exemplary status in 2020/21

### **How we are getting on:**

#### **6.1 Supporting Carers in their caring role**

The Health and Care Experience Survey 2017/18 highlighted that 1 in 5 Carers surveyed from Dumfries and Galloway did not feel supported in their caring role. To help understand what feeling supported means for Carers, a local survey took place in September 2018. Having someone to talk to and listen and promoting good mental health and wellbeing were key themes that emerged from this work.

Since then, in 2019, a review of Carers Support Services was undertaken. This focused on delivering the outcomes within the Dumfries and Galloway Carer's Strategy 2017–2021 and led to the recommissioning of Carer's Support Services to include a new 'Counselling for Carers' service.

Another key finding from the local survey was the need for a communications plan to support the wider community better understand what caring is and how they can help Carers in their caring role. This communications plan is due to be launched in 2020/21.

A short break is any form of support that enables Carers to have time away from their caring routine or responsibilities. There are many different types of short break. They support Carer's health and wellbeing so they feel able to continue in their caring role. During 2019/20, the Partnership has worked with Shared Care Scotland, a national Carer's organisation, to support Carers to share with us their views on the types of breaks from caring they would like to have available to them in the future.

Based at the Dumfries and Galloway Royal Infirmary, a new Carers Facilitator has been recruited to support Carer involvement in hospital discharge and provide education and awareness within staff teams.

## 6.2 Carer involvement

The 'Triangle of Care' approach in acute mental health services has led to Carers being more involved in the care and treatment of the person they care for. Building on this success, work started in 2019/20 to test this approach in Dumfries and Galloway Royal Infirmary (DGRI). A new set of indicators is being developed for this as this tool has not been piloted in a non mental health setting in the UK before.

## 6.3 Carer Positive

Carer Positive is a national award with 3 levels, recognising employers who offer best support to employees who have a caring role. Dumfries and Galloway Council have achieved the Exemplary Status (level 3). NHS Dumfries and Galloway was awarded Established Status (level 2) during 2019/20 and is working towards Exemplary Status in 2020/21.

## 6.4 Adult Carer Support Plans

From 1 April 2018 the Carers (Scotland) Act 2016 gave rights to Carers to have a support plan that addresses their needs. Anyone can start to develop an Adult Carers Support Plan (ACSP). The Dumfries and Galloway Carers Centre provide support to help people through this process. Around 1 Carer in 10 accessing the wide range of support from the Carers Centre goes on to develop an ACSP.

### **Indicator C5: The number of Carers being supported using an Adult Carers Support Plan (ACSP); Dumfries and Galloway; 2016/17 to 2019/20**

Direction: No change

	<b>Dumfries and Galloway</b>
2016/17	127
2017/18	112
2018/19	198
2019/20	173

Source: Dumfries and Galloway Carers Centre

## 7. Outcome 7

### **People who use health and social care services are safe from harm.**

Making sure people are safe from harm is about maintaining safe, high quality care and protecting vulnerable people. In some instances, activities focus on protecting people already identified as vulnerable. Other activities are focused on improving the safety of services, aiming to reduce the risk of harm to all people.

Under Adult Support and Protection (Scotland) Act 2007, public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

The Scottish Patient Safety Programme (SPSP) is a national initiative aiming to improve the safety and reliability of healthcare and reduce avoidable harm, whenever care is delivered. SPSP supports the Scottish Governments 2020 Vision to provide safe high quality care, whatever the setting.

#### **Key Messages:**

- Less than 4% of concerns raised relating to the safety of a vulnerable adult or child result in a full investigation
- Hospital acquired infections have reduced in the last year
- Up to December 2019, there were 93 significant adverse incidents recorded in healthcare settings

#### **How we are getting on:**

##### **7.1 Public protection**

All people have the right to live free from physical, sexual, psychological or emotional, financial or material neglect, discriminatory harm or abuse.

A new local public protection website was launched at the end of April 2019 ([www.dgppp.org.uk](http://www.dgppp.org.uk)). This site contains web links and information on:

- Adult Support and Protection
- Domestic Abuse
- Violence against Women and Girls
- Child Protection
- Community Justice
- Social Work Services
- Women's Aid
- Rape Crisis
- Childline

A regional Child Sexual Exploitation (CSE) Campaign called 'It Happens Here' was promoted in 2019/20. The campaign was developed by the Health and Wellbeing team in partnership with Dumfries and Galloway Council, Police Scotland and NSPCC Scotland. The aim is to highlight the issue of child sexual exploitation and promote information on how to identify abuse and sources of help available.

## 7.2 Adult Support and Protection – MASH

The Multi Agency Safeguarding Hub (MASH) brings together key agencies to support better outcomes for vulnerable people and children. During 2019/20 MASH screened 3,883 referrals that raised concerns about a person's safety. 1,416 were identified as meeting the Duty to Inquire criteria. Of these, 144 cases went to a full investigation.

To monitor how efficient the Adult Support and Protection process is, we look at how soon people who have referred someone to the MASH receive feedback on what has happened to that person. Between March 2019 and Feb 2020 the proportion of people receiving feedback within 5 days has decreased from 59% to 45%. This is below the target of 75% we have set ourselves.

### **Indicator C9: Percentage of people who receive feedback from Adult Support and Protection (ASP) within 5 days, Dumfries and Galloway; March 2017, 2018, 2019 and 2020**

RAG status: RED

Direction: Down

Month	Percentage of referees receiving feedback on actions taken within 5 days of receipt of ASP referral
March 2017	45%
March 2018	65%
March 2019	59%
March 2020	45%

Source: Dumfries and Galloway Council

## 7.3 Infection control

Infections can be acquired in different environments: hospitals, other health care settings, and in community settings such as people's own home and care homes.

Rates of Clostridiodes (formerly Clostridium) Difficile (C.Diff) infection acquired in the community have remained stable in the last year. In 2019 there were 8.0 cases per 100,000 population across Dumfries and Galloway (from 8.1 cases per 100,000 population in 2018). For health care acquired and health care associated C.Diff infections, there was a decrease to 11.9 cases per 100,000 population (down from 26.4 cases per 100,000 population in 2018). An important way that the risk of infection is managed is through making sure antibiotic medications are used appropriately.

**Indicators B12.1 and B12.2: The rate of Clostridiodes Difficile infection by setting; Dumfries and Galloway and Scotland; 2015 to 2019.**

Direction: Down/No change

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2015	20.6	18.7	9.4	8.1
2016	13.0	15.5	11.4	7.4
2017	22.3	16.3	12.7	6.5
2018	26.4	15.4	8.1	6.7
2019	11.9	13.3	8.0	4.7

Source: Public Health Scotland

Staphylococcus Aureus Bacteraemias (SAB) is associated with wounds and using needles and catheters. Across Dumfries and Galloway, the rate of SAB infection has recently decreased. During 2019 there were 11.4 cases per 100,000 total occupied bed days of SAB acquired in the community, down from 12.8 cases per 100,000 occupied bed days in 2018. For healthcare acquired and healthcare associated SAB infections there were 7.1 cases per 100,000 per occupied bed days in 2019; down from 8.1 cases per 100,000 occupied bed days in 2018.

**Indicators B13.1 and B13.2: The rate of Staphylococcus Aureus Bacteraemias (SAB) infections by setting; Dumfries and Galloway and Scotland; 2015 to 2019.**

Direction: Down/Down

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2015	17.7	16.9	4.0	8.8
2016	11.9	16.7	7.4	9.7
2017	10.5	16.8	16.1	9.7
2018	8.1	17.6	12.8	9.2
2019	7.1	16.2	11.4	9.4

Source: Public Health Scotland

Escherichia Coli (E.Coli) is a bug that lives naturally in people's bodies. It is frequently associated with Urinary Tract Infections (UTIs), abscesses and liver and gall bladder problems. In 2019, for community acquired infections across Dumfries and Galloway there were 59.1 cases per 100,000 population, up from 53.1 cases per 100,000 population in 2018. For healthcare acquired and healthcare associated E.Coli infections there were 30.4 cases per 100,000 population in 2019, down from 39.1 cases per 100,000 population in 2018.

**Additional Information: The rate of Escherichia Coli infection by setting; Dumfries and Galloway and Scotland; 2017 to 2019**

Direction: Down/Up

Year	Hospital and healthcare acquired infection rate per 100,000 occupied bed days		Community acquired infection rate per 100,000 population	
	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland
2017	29.8	35.2	59.0	47.3
2018	39.1	37.4	53.1	45.0
2019	30.4	39.3	59.1	43.7

Source: Public Health Scotland

Health Improvement Scotland (HIS) carried out announced safety and cleanliness inspections of Dumfries and Galloway’s community hospitals in May 2019. The inspections reported that there was “excellent compliance with mandatory infection control education” as well as “good staff compliance with standard infection control precaution”. The report also highlighted necessary improvements for the hospitals by advising “the fabric of the buildings must be maintained to enable effective cleaning.”

To support infection control in healthcare settings, water quality testing takes place regularly. During 2019/20 new additional safety measures were put in place including the installation of a chlorine dioxide dosing system to add to the existing Ultra Violet (UV) treatment. Additional filters have also been added to some taps in treatment areas.

#### 7.4 Care Assurance

Care Assurance audit is a nursing peer review process that enables people staying in hospital to tell us about their experience and suggest potential improvements. The Care Assurance process aims to reflect national and local priorities but also to:

- ensure consistency in the delivery of high quality standards of care
- to identify and celebrate good practice and promote sharing good practice
- to identify and provide support for areas of practice which need to be improved

**Additional Information: Level of Care Assurance awarded by cottage hospital; Dumfries and Galloway; April to December 2019**

Locality	Care Assurance carried out during 2019			
	Working towards Bronze	Bronze	Silver	Gold
Annandale and Eskdale		<b>1 hospital</b> Moffat	<b>2 hospitals</b> Lochmaben Thomas Hope	<b>1 hospital</b> Annan
Nithsdale	<b>1 hospital</b> Thornhill			
Stewartry		<b>2 hospitals</b> Castle Douglas Kirkcudbright		
Wigtownshire			<b>1 hospital</b> Newton Stewart	

Source: Dumfries and Galloway Health and Social Care Partnership

## 7.5 Telecare

Telecare is available across Dumfries and Galloway under the name 'Care Call'. Telecare involves a wide range of sensors and tools linked to a response centre using a person's telephone line. The response centre is manned 24 hours a day, 7 days a week and handles an average of 10,000 calls per month. The majority of calls do not require anything more than reassurance.

Telecare is one of the first options considered to support people to live safely and as independently as possible.

Snapshots taken at the end of March each year show that the proportion of people supported by Telecare has stayed fairly steady. In March 2020, 75% of people supported at home had Telecare. This exceeds the target of 73% we have set ourselves.

### **Indicator C1: The proportion of adults supported at home accessing telecare; Dumfries and Galloway; March 2016 to March 2020.**

RAG status: Green

Direction: No change

Month	Proportion of adults accessing telecare
March 2016	71%
March 2017	77%
March 2018	70%
March 2019	74%
March 2020	75%

Source: Dumfries and Galloway Council

## 7.6 Adverse incidents

Healthcare Improvement Scotland (HIS) defines an adverse event as an event that could have caused (a near miss), or did result in, harm to people or groups of people.

Across health settings in Dumfries and Galloway between 1 April and 31 December 2019, there were 4,608 adverse events recorded. They were split into the following categories:

Category 1: Significant harm	2% (93 incidents)
Category 2: Temporary harm	43% (1,996 incidents)
Category 3: Near miss or no harm	55% (2,503 incidents)

A further 16 recorded incidents were found not to meet the minimum criteria for an adverse incident.

4,453 incidents (97%) were closed following investigation. An investigation can lead to a number of different outcomes. The top 3 most common outcomes following an investigation were:

- Patient care plan updated
- Risk assessment updated
- Policy reinforced to staff

## **8. Outcome 8**

### **People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide**

It is important to acknowledge that different workplace cultures exist across the Partnership. Acknowledging the diversity of these different cultures will lead to understanding and respecting each other's values and beliefs and bring new and different opportunities. However, diversity also brings challenges that can act as barriers to integrated ways of working. The Partnership is continuing to supporting staff to learn together and develop leadership skills that enable us to move further towards a shared positive culture.

#### **Key messages**

- Recruitment remains a considerable challenge across the Partnership for the statutory, third and independent sectors
- Levels of sickness absence in the statutory sector remain above 4%

### **8.1 The recruitment challenge**

Attracting people to work in health and social care and keeping them, remains a considerable challenge across the Partnership for the statutory, third and independent sectors. Within health, the sustainability for a wide range of professions, including doctors, nurses and Allied Health Professionals (AHPs), has been reported as a high risk for the health board. Cost associated with employing temporary essential staff remains high. Working with temporary staff requires enhanced levels of management and scrutiny to maintain high quality services in which people can continue to have a positive experience of care and support.

There are a substantial number of people working in health and social care who are European Union (EU) citizens. Following the UK's withdrawal from the EU, the UK government has established a settlement scheme whereby EU citizens living in the UK can apply for Settle Status. This enables them to continue living and working in the UK. The Partnership is actively supporting people through this application process.

There continue to be issues recruiting staff during 2019/20. A recruitment day was held at Dumfries and Galloway Royal Infirmary (DGRI) in June 2019. New recruitment materials have been developed highlighting the positive aspects of working in Dumfries and Galloway. The recruitment team are focusing on harder to fill posts and improving the experience of new staff starting work in Dumfries and Galloway.

GP vacancies remain a challenge within the community setting. With many GPs approaching retirement age, this challenge is likely to continue in the future.

The Short Term Assessment Re-ablement Service (STARS) participated in Developing the Young Workforce school awareness project. This project aims to encourage young people to consider career options for the future. Health and social care students from Dumfries and Galloway College, student nurses and Allied Health Professionals (AHPs) have joined the team on placements throughout the year. The team has also taken a proactive approach to developing the existing workforce by supporting return to practice placements and staff secondments.

## **8.2 Volunteers**

The Partnership values and depends on the dedication and hard work of people volunteering. There are volunteer agreements in place at both NHS Dumfries and Galloway and Dumfries and Galloway Council to set out the duties and responsibilities of volunteers.

NHS Dumfries and Galloway celebrated their volunteers during a month long series of events in the summer of 2019. 200 volunteers gathered with staff for the final event which was a walk at Mabie Forest followed by an afternoon tea at Mabie House Hotel.

## **8.3 Supporting our staff**

### **8.3.1 iMatter**

The Scottish Government has identified iMatter as the key tool for measuring and promoting a positive workplace culture. iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture.

iMatter has been rolled out across health teams including some staff employed by the local authority who work within fully integrated teams. The percentage of actions plans developed rose from 46% in 2018 to 58% in 2019, which is the same as the national average.

### **8.3.2 Annual appraisals and supervision**

TURAS is the NHS system for annual appraisals, goal setting and development planning for staff. The NHS Dumfries and Galloway Appraisal Booklet has been introduced to assist the annual appraisal process encouraging staff to take ownership of their appraisal and appraisers to support and enable staff self awareness and development. Whilst the number of completed appraisals remains lower than anticipated, the percentage of completed appraisals is increasing.

Staff in Dumfries and Galloway Council adult social services have an annual Performance and Development Review (PDR) to support ongoing learning. There are also regular supervision meetings for staff. In addition, there were regular staff surveys throughout 2019/20 capturing the opinions of staff members.

### **8.3.3 Supporting third and independent sector workers**

Providing specialist care and support at home or in a homely setting to people living with a learning disability or mental health condition is critically important to the delivery of health and social care. This care is predominantly delivered by the third and independent sector workforce. We look to provide support and share examples of good practice through contract monitoring and regular provider forums. This also helps us to achieve good workforce regulatory practice, ensure ongoing workforce development and support the delivery of recruitment and selection standards such as those set by the Scottish Social Service Council.

## **8.4 Being well at work**

In 2019/20 the NHS Working Well Group was extended to include representation from Dumfries and Galloway Council to build on integrated programmes for Partnership workforce. The aim of the group is to oversee and prioritise the implementation of programmes, approaches and practices that support staff health and wellbeing for all staff across the Partnership.

An example of the support offered to staff is the series of events for menopause that had 120 people attend. The national TV show BBC Breakfast broadcasted live from Dumfries and Galloway Royal Infirmary on Tuesday 14 May 2019 as part of a week focusing on the menopause.

NHS Dumfries and Galloway has adopted the Once for Scotland Attendance Policy in 2019/20.

The sickness absence rate amongst adult social services employees has remained between 5.8% and 6.7% during 2019/20. Amongst health employees the sickness absence rate for 2019/20 was 4.8%, remaining above the 4% national target.

**Indicator B18: Proportion of working hours lost due to sickness absence; NHS Dumfries and Galloway and Adult Social Services; Jan 2018 to March 2020**

RAG status for NHS DG: Amber

Direction: No change

Target (for health employees): 4%

<b>Quarter</b>	<b>Health employees</b>	<b>Adult Social Services employees</b>
January - March 2018	5.3%	7.8%
April - June 2018	4.8%	6.3%
July - September 2018	5.0%	6.4%
October - December 2018	5.4%	7.5%
January - March 2019	5.1%	7.7%
April - June 2019	4.3%	5.8%
July - September 2019	4.6%	6.7%
October - December 2019	5.4%	6.0%
January - March 2020	5.5%	6.4%

Source: NHS Dumfries and Galloway, Dumfries and Galloway Council (April 2020)

The 2019 winter vaccination programme was expanded to provide this year's flu vaccine to social care staff as well as to NHS staff. The same approach is planned for winter 2020.

## 9. Outcome 9

### Resources are used effectively and efficiently in the provision of health and social care services

There are various ways that the Partnership is seeking to ensure that resources are used effectively and efficiently. We are improving quality and efficiency by making the best use of technology and trying new ways of working to improve consistency and remove duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

#### Key Messages

- Waiting times for some services are longer than the agreed targets; these will be impacted further by the COVID situation
- Dumfries and Galloway benchmarks similar or better against the rest of Scotland in many areas in relation to waiting times

#### How we are getting on:

##### 9.1 Sustainability And Modernisation (SAM)

An ambitious change programme aimed at ensuring a modern, sustainable health and social care system was launched by Dumfries and Galloway Health and Social Care Partnership in 2019.

The Sustainability and Modernisation (SAM) programme has been developed to design, develop and deliver new models of care and support that better meet the changing needs of the population in Dumfries and Galloway and ensure the longer term sustainability of services by addressing financial and workforce challenges,

A key element of the SAM programme is engaging, encouraging and empowering staff and volunteers to identify and help take forward changes that enable them to be as effective as possible within their roles.

By the end of December 2019, 813 ideas had been sent in to the SAM programme by staff and volunteers from across the Partnership. To develop these ideas further and put them into practice, 4 areas of work have been established:

- Modernisation and Transformation (including making the best use of technology)
- Clinical efficiency
- Workforce
- Finance

##### 9.2 NHS Near Me

Video conferencing, using a device at a location of choice, enables people to have visual contact with each other. The Partnership promotes and supports the use of this type of technology for health and social care consultations.

NHS Near Me is a secure web based service which enables people to attend health and social care appointments by video. When attending their video appointment, people have the choice using their own device and internet connection from home, or attending one of the 6 video enabled consulting rooms located across Dumfries and Galloway.

At the end of March 2020 there were 3 organisational units set up to use NHS Near Me. These were Primary Care, Acute and Diagnostics and Community Health and Social Care. Between these 3 units, 118 waiting rooms had been set up for video consultations. During the month of March 2020 a total 86 consultation hours were recorded from 365 consultations. Building on this work is identified as a key challenge for the Partnership going forward.

### 9.3 Pathways of care and support

The health and social care system can be complex with people receiving care and support from different teams so that they get the right care at the right time. Co-ordinating how people make their way through the health and social care system is challenging.

Health and Social Care Partnerships across Scotland face challenges with caring for people in the right settings. The Scottish Government has introduced 2 improvement programmes looking at what happens when people go to hospital: 6 Essential Actions to Improve Unscheduled Care and Waiting Times Improvement Plan.

When people are admitted to hospital, planning for their return home starts as soon as possible. The Daily Dynamic Discharge process ensures that people, their family and Carers, and professionals involved in their care, contribute to this planning. When people stay too long in hospital, receiving care in the wrong setting, this is known as a delayed discharge. Discharges from hospital settings that are delayed can have negative physical, mental and psychological effects on a person. This is why it is crucial to either reduce the length of time that a person's discharge is delayed or avoid the delay altogether.

We monitor how many people experience a delayed discharge from hospital and also regularly audit, through the Day of Care Survey, whether people are in the right setting for the care they need.

**Indicator 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; January 2019 to December 2019.**

RAG status: Red  
 Direction: Up  
 Local Target: 1,019

Month	Bed days relating to Delayed Discharge
January 2019	1,205
February 2019	1,260
March 2019	1,299
April 2019	1,338
May 2019	1,414
June 20189	1,475
July 2019	1,517
August 2019	1,560
September 2019	1,602
October 2019	1,643
November 2019	1,683
December 2019	1,675

Source: Public Health Scotland; Ministerial Strategic Group Data v1.31

Below are some key performance measures for pathways of care and support. These results are a snapshot of activity from the 3 month period October to December 2019.

Indicator	Indicator Ref	RAG status	Direction of travel
<b>89%</b> of people diagnosed with cancer who were referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral (Target: 95%) (Scotland: 84%)	B2.2	Red	Down
<b>98%</b> of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target: 95%) (Scotland: 97%)	B2.1	Green	Up
<b>81%</b> of people wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG) (Target: 100%) (Scotland: 72%)	B4	Red	Down
<b>96%</b> of people waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%) (Scotland: 81%)	B7	Red	Down
<b>89%</b> of young people start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%) (Scotland: 66%)	B10	Amber	Down
<b>68%</b> of people start psychological therapy based treatment within 18 weeks of referral (Target: 90%) (Scotland: 79%)	B11	Red	Down

Source: Public Health Scotland

**Indicator B6: The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment; Dumfries and Galloway and Scotland; March 2017, 2018, 2019 and 2020**

RAG status: Amber

Direction: Down

Target: 95%

	Dumfries and Galloway	Scotland
March 2017	92%	81%
March 2018	90%	75%
March 2019	96%	75%
March 2020	93%	75%

Source: Public Health Scotland

**Indicator B19: The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment; Dumfries and Galloway and Scotland; March 2017, 2018, 2019 and 2020**

RAG status: Red

Direction: Down

Target: 95%

	<b>Dumfries and Galloway</b>	<b>Scotland</b>
March 2017	94%	94%
March 2018	90%	88%
March 2019	93%	91%
March 2020	89%	89%

Source: Public Health Scotland

#### **9.4 Prescribing**

Supporting people to be confident with medicines has a number of benefits. It keeps people safe and increases efficiency as people only use the medicines they need when they need them. Over £32 million is spent each year in Dumfries and Galloway on medication prescribed through GP practices.

The Scottish Government launched a new Pharmacotherapy Service to provide every GP practice with access to a pharmacist or pharmacy technician with advanced clinical skills by 2021. This will help refocus GP workload and enable pharmacists to carry out minor injury care and routine pharmaceutical care and management. It will also enable GP practices and pharmacists to work closer together, providing more effective care for patients.

Pharmacists continue to provide specialist clinics at some GP practices for common clinical conditions such as pain, respiratory issues and high blood pressure, and deliver medication reviews.

#### **9.5 Vaccine Transformation Programme**

A Vaccination Transformation Programme has been established as part of the Dumfries and Galloway's Primary Care Transformation Programme. The programme's aim is to transfer the responsibility of vaccinations from GP practices to the Health and Social Care Partnership. A vaccination team was recruited in 2019 who will work with 9 GP practices in Dumfries and Galloway. The programme is set to expand to include all GP practices by 2021.

## 10. Locality Updates

### 10.1 Annandale and Eskdale 2019/20

Over the last 12 months we have been supporting people to live long, healthy and fulfilling lives in their own homes and communities. We have encouraged people to plan for their future and have an Anticipatory Care Plan (ACP) in place. This ensures that their wishes and options are recorded on their Key Information Summary (KIS), held by GPs and shared with people like the ambulance service and the emergency department.

Health promotion has been a focus addressing the population issues of overweight, obesity and Type 2 Diabetes. Programmes helping include:

- **Let's Prevent** aiming to reverse the rise in type 2 diabetes
- **ShElf the Sugar** aiming to reduce the sugar consumption in young people
- **Let's Cook** delivering cooking skills, meal planning and budgeting sessions
- **Move More** offering physical activity for people affected by cancer and long term health conditions.

We continue to work with partners, particularly through the Safe and Healthy Action Partnership (SHAP) to make the best use of opportunities for attracting and securing funding into the locality to improve services, support and outcomes for people. We also support different organisations and groups to attract funding and to take forward community initiatives or activities. This includes the Moffat Town Hall Redevelopment Trust who required funding to continue the provision of Day Services.

We have worked hard to develop housing with care and support in Annandale and Eskdale. A new housing with care development of 9 flats in Annan for people with a learning disability is taking shape and nearing completion, enabling people with learning disabilities to remain living in Annan. This accommodation will be located close to key local transport services in the heart of Annan. Agreement has been reached to develop 2 new Extra Care Housing schemes of 22 bungalows in both Moffat and Langholm. This Extra Care housing will support more than 40 people and are planned to open in late 2021.

## 10.2 Nithsdale

As a Locality we are heartened by the commitment to adopting a Home Team model across Dumfries and Galloway. This will be a significant change to the way health and social care is provided in the community. The foundations for this are already in place in Nithsdale, where we have

- **Rapid Response** - The recent introduction of an Advanced Nurse Practitioner (ANP), has established a Virtual Community Ward which allows us to care and support our people safely at home;
- **Single Point of Contact (SPoC)** - Established in Nithsdale with nearly all Dumfries and Galloway wide services operating within the locality involved in the SPoC.

Within Nithsdale there has been a focus on helping people to take care of their health and wellbeing. Some examples of the work our Locality tem has supported include:

- Healthy Weight sessions are held in 4 GP practices, focusing on achieving and maintaining a healthy weight to help prevent type 2 diabetes, heart disease and depression.
- Let's Prevent is a new group education programme which aims to support people identified at high risk of Type 2 diabetes by working with them to prevent or delay the condition.
- Reclaim Your Life resource supports people with a long term condition to apply cognitive behavioural therapy self help techniques.
- Within the community and working closely with 3<sup>rd</sup> sector organisations, Hen's Shed, Men's Shed Thursday Club and Supporting Job Centre Plus are examples of how we are addressing health inequalities.

In Nithsdale, a new approach has been developed for district nurse teams looking after people in a care home. We are moving from the traditional model of care home residents being looked after by 'their' GP practice towards having 1 district nurse team for the care home. This is increasing efficiencies and care home managers have welcomed this change.

Forensic health is a hosted service within Nithsdale locality. Previously all forensic examinations for victims of rape and sexual assault were carried out in a police setting. We opened the new forensic health examination facility at Mountain Hall Treatment Centre in July 2019. A true multi agency approach was required in establishing the centre outwith the police estate and involved Rape Crisis, Police Scotland, NHS Sexual Health Services and locality staff working together.

The sheltered housing complexes in Nithsdale now have 1 care provider associated with each of them. It is hoped that this will enable a more person centred and flexible service for each of the residents whilst maximising availability of the care and support available. This has been supported by the social work team in Dumfries.

### 10.3 Stewartry

In Stewartry, work during 2019/20 has focused on

- Implementation of mental health pathway in GP surgeries
- Adult Support and Protection
- Delayed discharges
- Care home staff training
- Virtual clinics within GP premises
- joint working with Dumfries and Galloway's employability and skills team to provide work experience for young people

A Community Link mental health pathway was developed through a project between the Health and Wellbeing Team and the Primary Care Mental Health Service. Between May 2019 and December 2019, 158 referrals were received. Of these, 61 people (41%) were supported through the new mental health pathway. An interim report is in the process of being produced and this will make recommendations on the next steps. Supporting mental health in Stewartry has included the local podiatry team's first dementia champion.

Examples of work that is enabling people to look after their own health and wellbeing include:

- Let's Prevent programme for people having pre diabetes, or those at risk who may want help to make lifestyle changes
- Healthy Connections helping people identify what is important to them and supporting them to achieve personal outcomes
- Macmillan Move More programme for people living with cancer
- Delivery of 2 Scottish Mental Health First Aid (SMHFA) accredited training courses. 1 course was for community members and the other for the Stewartry Rugby Football Club.

A member of the health and wellbeing team is trained to deliver the accredited Scottish Mental Health First Aid (SMHFA) course and the offer of this free training has been made to communities and community groups.

Between May 2019 and January 2020, Healthy Connections received 158 referrals from GP practices, other health and social care professionals, partners in the third sector and self referrals.

In partnership with Scottish Care and local care homes, a number of approaches are being tested to help reduce GP practice workload, to create a new skill mix within the independent sector and to ensure people are receiving the right support at the right time. These include an Advanced Nurse Practitioner (ANP) working with 2 care homes to support unscheduled home visit requests to GP practices, and 60 care home staff have been trained to take a person's vital signs such as temperature, blood pressure and oxygen levels. An evaluation will assess the impact on unscheduled visit requests made to GP practices and implementation of the vital signs practice within a care home setting. The aims are to develop closer relationships with primary care colleagues and offer a sustainable service.

A 2 way referral system has been developed with the Dumfries and Galloway Carers' Centre and Healthy Connections in Stewartry. If an unpaid Carer has been referred to the Healthy Connections programme they will be offered a home visit if required. This enables Carers who are in touch with services to be identified and offered support.

The Stewartry Management Team, which has representation from all teams delivering health and social care services across the locality, have agreed a Health and Wellbeing Plan for staff for 2019/20. Some of the activities include supporting staff with stress and anxiety, supporting staff with muscular skeletal problems and prevention, and promoting a healthy eating and living environment within the workplace.

## 10.4 Wigtownshire

During 2019/20 the focus in Wigtownshire has included:

- completing health and wellbeing plans
- pharmacy hubs
- education and information (The Life Curve)
- planning for introducing new technology into care homes
- Adult Support and Protection audits
- designing sustainable, safe and effective health and social care that meets the specific needs of the people of Wigtownshire through the Transforming Wigtownshire Programme
- housing with care and support to maintain the health and wellbeing of vulnerable people in Wigtownshire
- supporting GP colleagues on implementing specific areas of the new GMS contract

In 2019, pharmacy hubs opened in Stranraer and Newton Stewart. These hubs provide a 5 day service to GP practices and have pharmacists, pharmacy technicians and pharmacy support workers. The value of this way of working means that the pharmacy team are located together, right in the middle of the GP practice team, so they can work more closely with the doctors and nurses. Also, local community pharmacies are much more involved in helping people take their medicines effectively, appropriately and safely.

The mPower programme aims to empower people to take control of their long term conditions by using technology. An interim evaluation of the mPower programme was carried out by researchers from the University of Highlands and Islands. The key findings from the interim evaluation show the 8% of people living in Wigtownshire aged 65 and over have been reached by the mPower project, 122 people have completed health and wellbeing plans leading to the completion of an anticipatory care plan and people have increased their confidence and sense of wellbeing.

The mPower programme has secured funding to test the use of ARMED technology to reduce the risk of adverse incidents such as falls for people living in care homes and residential care accommodation. The test will start in 2020.

The Community Health Synchronisation (CoH-Sync) project encourages people to self manage their own health and wellbeing by connecting people to local groups and clubs, apps, websites, advice and information that can support positive health behaviour change. Improvement is measured through a person centred health and wellbeing plan. In 2019, 384 people engaged with the project with 346 completing health and wellbeing plans.

The Machars Cancer Drop In was launched in November 2019 and is run on a weekly basis by trained NHS volunteers. The aim is to provide a supportive listening ear to people including people with cancer, their families, friends and Carers, who often feel vulnerable, isolated and in need of some extra emotional support.

Guardianship still remains as one of the top reasons for people being delayed in hospital. An Anticipatory Care Plan event was held in Stranraer in January 2020.

The Wigtownshire Health and Social Care Facebook page continues to play a big part in communication and engagement with our population. This is constantly updated by people from the Health and Wellbeing Team, hospital, social work and the independent sector.

During Carer's week in 2019 information, support and advice was provided for Carers across different parts of Wigtownshire by the locality health and social care team. Communications included posters and a Getting Carers Connected document that contained contacts for multiple sources of support available for Carers, the person they care for and their family. The day care service run by Skillstation is now providing respite opportunities for Carers in Stranraer.

Loreburn Housing is building bungalows and flats which will be designed to accommodate the needs of people with dementia, intellectual disabilities or physical needs on the old Garrick Hospital site. The work is expected to be completed by during 2020.

## 11. Finance and Best Value

### 11.1 Summary

Dumfries and Galloway Integration Authority delivered a balanced financial position during the financial year 2019/20. This is the fourth year running the IJB has now achieved a break-even position.

Ringfenced reserves were largely utilised in-year, with a balance on Alcohol and Drugs Partnership funding of £245k and Social Care Fund of £2,294k remaining.

The total delegated resource to the Integration Authority in 2019/20 was £399.95m, as summarised in the table below:

IJB Service	2019/20 Budget £000s
<b>Council Services</b>	
Children and Families	95
Adult Services	16,258
Older People	28,511
People with Learning Disability	23,150
People with Physical Disability	5,491
People with Mental Health Need	1,713
Adults with Addiction or Substance Misuse	224
Strategic Commissioning	2,463
<b>Subtotal Council Services</b>	<b>77,906</b>
<b>NHS Services</b>	
Primary Care and Community Services	63,877
Mental Health	23,309
Women and Children	23,065
Acute and Diagnostics	119,881
Facilities and Clinical Support	16,002
E-Health	5,007
Primary Care Services	47,345
IJB Strategic Services	18,581
IJB Reserves / Savings	4,980
<b>Subtotal NHS Services</b>	<b>322,047</b>
<b>Total Delegated Services</b>	<b>399,953</b>

The Partnership delivered savings of £16m against an original plan of £19.5m, with £8.2m delivered on a recurrent basis, leaving a recurrent gap of £11.3m to be built into 2020/21 financial year.

## 11.2 Financial Performance 2019/20

As indicated above the IJB delivered a break-even position, however this required an additional funding requirement in-year from the NHS Board of £4.98m, reflecting the key pressures across the NHS delegated budgets during the year.

The table below provides a high level summary of the financial performance by service across the IJB:

IJB Service	2019/20 Budget £000s	2019/20 Actual £000s	2019/20 Variance £000s
<b>Council Services</b>			
Children and Families	95	90	5
Adult Services	16,258	15,662	597
Older People	28,511	27,988	524
People with Learning Disability	23,150	24,384	(1,234)
People with Physical Disability	5,491	5,831	(339)
People with Mental Health Need	1,713	1,717	(4)
Adults with Addiction or Substance Misuse	224	224	0
Strategic Commissioning	2,463	2,011	451
<b>Subtotal Council Services</b>	<b>77,906</b>	<b>77,906</b>	<b>0</b>
<b>NHS Services</b>			
Primary Care and Community Services	63,877	66,011	(2,134)
Mental Health	23,309	23,139	170
Women and Children	23,065	22,329	737
Acute and Diagnostics	119,881	122,953	(3,071)
Facilities and Clinical Support	16,002	16,571	(569)
E-Health	5,007	5,053	(45)
Primary Care Services	47,345	47,405	(60)
IJB Strategic Services	18,581	18,588	(7)
IJB Reserves / Savings	4,980	-	4,980
<b>Subtotal NHS Services</b>	<b>322,047</b>	<b>322,047</b>	<b>0</b>
<b>Total Delegated Services</b>	<b>399,953</b>	<b>399,953</b>	<b>-</b>

## 11.3 Key Challenges and risks

Many of the challenges and risks faced by the partnership in-year continued from previous years with key pieces of work focusing on mitigating the following:

- **Workforce challenges** – vacancies across both medical staffing and nursing, as well as Allied Health Professionals (AHPs), led to ongoing demand for expensive agency use to fill gaps. Providers also continued to find it difficult to recruit to care home vacancies. A new team is now in place concentrating on enhancing recruitment across the region.
- **Growth in Primary Care and Secondary Care Prescribing** – With increasing volume and new drug therapies available for treating complex patients, this is an area that increased by £4m during 2019/20.
- **Delivery of Further Savings and efficiencies** – The scale of the gap in 2019/20 was £19.5m, the highest gap identified for the IJB as a whole since its creation. This reflects the pressures across the system as a whole as well as the scale of transformation required to deliver the level of savings required for a sustainable financial plan.

- **Price Pressures** – Relating to living wage increases, general inflation and specific independent provider cost pressures.
- **Demographics and increased levels of care dependency** - This is particularly prevalent across younger adults in the region.

#### 11.4 The Future

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

The focus of these arrangements is to ensure performance is monitored and objectives within the Strategic Plan delivered, so as to ensure performance arrangements and risk management are in place.

The increased financial challenges experienced across the entire region will require transformational redesign to be at the heart of providing solutions to improve efficiency of services for the residents of Dumfries and Galloway. We will require further significant redesign of local services in 2020/21 and beyond.

The key challenge moving forwards across the Partnership is to ensure the right person is treated at the right time and in the right place enabling the provision of care and support to transform to meet the needs of the population of Dumfries and Galloway.

In the longer term, this reflects the will of the Partnership to deliver as much care and support as close to the home as possible and enable independent and free living for the people of the region.

The level of financial restraint operating across IJB areas of responsibility will continue to present significant challenges across delegated budgets to live within their means.

As highlighted previously, service reform and redesign is key to ensuring the IJB can continue to provide services within the resources delegated by the NHS Board and the Local Authority.

The IJB has strengthened the overall governance supporting the transformational agenda, with programme boards in place to develop the key strategic priorities for the services provided across Dumfries and Galloway.

Key areas of risk that have been identified in the operational success of these reforms are as follows:

- Recruitment to key clinical staff, with particular emphasis on nursing and medical staff vacancies
- Effective control of prescribing growth
- Provision of sustainable services to maintain key national waiting time expectations
- Continual demographic growth on services where care dependency increases year after year

The programme reflects the integration of services between Health and Social Care, reviewing the way services are arranged and improving the way they are delivered so they better meet the needs of the population of Dumfries and Galloway.

2020/21 will once again prove to be a very challenging financial climate across the Partnership, with the total savings requirement amounting to £22.6m.

## **11.5 Covid-19 Pandemic**

With the emergence of the Covid-19 pandemic in the final month of 2019/20 and the first quarter of 2020/21, significant resource has been expended and deployed in providing the necessary capacity and service change to support the crisis.

This has impacted upon the original savings plan as developed by the Partnership, with many schemes on hold or not developed due to the redistribution and re-focusing of management and clinical capacity.

These extraordinary costs have been incurred and will continue to be for the foreseeable future. Whilst there is an expectation that further funding will be made available to support these costs, it is not clear to date whether the total cost pressure incurred will be met in full.

The partnership continues to report through to Scottish Government the additional costs of the surge planning to date as well as the expected cost of remobilisation.

Much business as usual work has been stepped down during this Covid-19 crisis period; this includes the Sustainability and Modernisation (SAM) programme work. Initial work has commenced to start the recovery planning work. A reassessment of all financial estimates including savings plans will need to be completed as soon into the new financial year as possible.

The rigour of the SAM Programme will continue to provide support and challenge on transforming services to ensure best value care is achieved and a renewed focus on benchmarking and challenging current models of service provision has been at the heart of changes already made in response to the Covid-19 crisis.

## **11.6 Best Value**

The IJB also has a duty under the Local Government Act 2003 to make arrangements to secure Best Value, through continuous improvement in the way in which its functions are exercised. Best Value includes aspects of economy, efficiency, effectiveness, equal opportunity requirements, and sustainable development.

NHS Dumfries and Galloway and Dumfries and Galloway Council delegated functions and budgets to the IJB in accordance with the provision of the Integration Scheme. The IJB decides how to use these resources to achieve the objectives set out in the Strategic Plan. The IJB then directs both NHS Dumfries and Galloway and Dumfries and Galloway Council to deliver services in line with this Plan.

The IJB is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, including arrangements for managing risk and ensuring decision making is accountable, transparent and carried out with integrity.

## 12. Inspection of Services

Health and Social Care services delivered by statutory and non statutory providers in Dumfries and Galloway are regularly monitored and inspected in a range of ways to give assurance about the quality of people's care. The Partnership is required to report details of any inspections carried out relating to the functions delegated to the Partnership.

- The Care Inspectorate is a scrutiny body which looks at the quality of care in Scotland to ensure it meets high standards. Their vision is that everyone experiences safe, high quality care that meets their needs, rights and choices.
- Healthcare Improvement Scotland (HIS) provides public assurance about the quality and safety of healthcare through the scrutiny of NHS hospitals and services.
- In addition to inspections, the Partnership's commissioning officers also apply contract monitoring processes to services commissioned to deliver health and social care on behalf of the Partnership.

Between April and December 2019 there have been 36 inspections of adult services across Dumfries and Galloway undertaken by the Care Inspectorate (listed below). The Care Inspectorate website for finding inspection reports is: <https://www.careinspectorate.com/index.php/care-services>

Inspection Date	Report	Link
5 April 2019	Abbeyfield Stewartry society Ltd	<a href="#">Here</a>
5 April 2019	Abbeyfield Stewartry Society Ltd – Housing support Services	<a href="#">Here</a>
11 April 2019	Turning Point Scotland – Wigtownshire and Stewartry West	<a href="#">Here</a>
1 May 2019	Cornwall Park Care Home Service	<a href="#">Here</a>
16 May 2020	Crossroads (Annandale and Eskdale) Care Attendant Scheme	<a href="#">Here</a>
22 May 2020	Goldielea Care Home	<a href="#">Here</a>
29 May 2019	DGFirst – Care and Support Services	<a href="#">Here</a>
29 May 2019	Care and Support Service (CASS)	<a href="#">Here</a> (Agenda item 4)
31 May 2019	Lochduhar	<a href="#">Here</a>
12 June 2019	Merse House	<a href="#">Here</a>
27 June 2019	Guardian Response	<a href="#">Here</a>
9 July 2019	Dumfriesshire & Stewartry Women's Aid	<a href="#">Here</a>
10 July 2019	Trinity House	<a href="#">Here</a>
18 July 2019	Carlingwark House	<a href="#">Here</a>
22 July 2019	Stewartry Care	<a href="#">Here</a>
31 July 2019	Lydiafield Care Home	<a href="#">Here</a>
1 August 2019	Alzheimer Scotland – Dumfries and Galloway	<a href="#">Here</a>
2 September 2019	Mannering Avenue	<a href="#">Here</a>
4 September 2019	Briery Park	<a href="#">Here</a>
18 September 2019	Dryfemount Care Home	<a href="#">Here</a>
19 September 2019	Cumloden Manor Nursing Home	<a href="#">Here</a>
24 September 2019	Westfield	<a href="#">Here</a>
27 September 2019	Claremont House	<a href="#">Here</a>
14 October 2019	JPM Community Care Services	<a href="#">Here</a>
15 November 2019	Abbey Gardens Nursing Home	<a href="#">Here</a>
4 October 2019	Leonard Cheshire Disability – South West Scotland – Housing Support Service	<a href="#">Here</a>

9 October 2019	Bankfoot care home	<a href="#">Here</a>
17 October 2019	Thorney Croft	<a href="#">Here</a>
30 October 2019	Castle Douglas Community Support Services – Housing Support Service	<a href="#">Here</a>
28 November 2019	Senwick House	<a href="#">Here</a>
29 November 2019	Care Solutions	<a href="#">Here</a>
29 November 2019	Belmount Care Centre	<a href="#">Here</a>
4 December 2019	Notwen House	<a href="#">Here</a>
13 December 2019	1 <sup>st</sup> Homecare Dumfries	<a href="#">Here</a>
13 December 2019	Annan Court	<a href="#">Here</a>
19 December 2019	DGMHA Housing Support Service	<a href="#">Here</a>

The web address for Healthcare Improvement Scotland is  
<http://www.healthcareimprovementscotland.org/>

Date	Report	Link
22/23 May 2019	NHS Dumfries & Galloway Community hospitals – Safety and cleanliness announced inspection	<a href="#">Here</a>
17/18 Sep 2019	Galloway Community Hospital – older people in acute unannounced inspection	<a href="#">Here</a>

## 13. Significant Decisions and Directions

### 13.1 Significant Decisions

Significant Decisions is a legal term defined within section 36 of the Public Bodies Joint Working (Scotland) Act 2014. It relates to making a decision that would have a significant effect on a service outwith the context of the Strategic Plan. A process for making significant decisions is in place and includes consulting the IJB Strategic Planning Group and people who use, or may use the service.

No Significant Decisions were made by the IJB in 2019/20.

### 13.2 Directions

Integration Authorities require a mechanism to action their Strategic Plan and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to the Health Board or Local Authority or both.

Directions may name the Health Board or Local Authority or both to implement a direction.

The following Directions were issued by the IJB in 2019/20:

Reference Number	Direction Title	Date Issued, superseded	To Whom	Web link
IJBD1904	Recommissioning of Carers Support Services to support the implementation of the Dumfries and Galloway Carers Strategy 2017-2021	25/09/2019	Dumfries and Galloway Council	<a href="#">Here</a>

## Appendix 1: National Core Indicators

Indicator		2015/16		2017/18		2019/20	
		Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway	Scotland	Dumfries and Galloway
A1	Percentage of adults able to look after their health very well or quite well	95%	95%	93%	93%	Publication has been delayed	
A2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	85%	81%	85%		
A3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	83%	76%	80%		
A4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75%	82%	74%	83%		
A5	Total % of adults receiving any care or support who rated it as excellent or good	81%	86%	80%	85%		
A6	Percentage of people with positive experience of the care provided by their GP practice	85%	90%	83%	86%		
A7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	85%	80%	86%		
A8	Total combined % carers who feel supported to continue in their caring role	40%	48%	37%	40%		
A9	Percentage of adults supported at home who agreed they felt safe	83%	85%	83%	87%		

Source: Public Health Scotland (PHS) (formally ISD Scotland), Health and Care Experience (HACE) survey Dashboard

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

Indicator	Time period	Year 1		Time period	Year 2		Time period	Year 3		Time period	Year 4		
		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway		Scotland	Dumfries and Galloway	
A10	Percentage of staff who say they would recommend their workplace as a good place to work	Awaiting National Development		Awaiting National Development		Awaiting National Development		Awaiting National Development		Awaiting National Development			
A11	Premature mortality rate per 100,000 persons	2015	441	376	2016	440	388	2017	425	381	2018	432	378
A12	Emergency admission rate (per 100,000 population) – Adults	2016/17	12,215	12,609	2017/18	12,192	13,066	2018/19	12,275	13,181	2019	12,606 <sup>(p)</sup>	13,553 <sup>(p)</sup>
A13	Emergency bed day rate (per 100,000 population) – Adults	2016/17	126,945	132,361	2017/18	123,160	134,001	2018/19	120,177	137,383	2019	117,478 <sup>(p)</sup>	143,194 <sup>(p)</sup>
A14	Readmission to hospital within 28 days (per 1,000 admissions)	2016/17	101	87	2017/18	103	95	2018/19	103	91	2019	104 <sup>(p)</sup>	93 <sup>(p)</sup>
A15 / E5	Proportion of last 6 months of life spent at home or in a community setting	2016/17	87%	88%	2017/18	88%	89%	2018/19	88%	88%	2019	89% <sup>(p)</sup>	88% <sup>(p)</sup>
A16	Falls rate per 1,000 population aged 65+	2016/17	21.8	16.6	2017/18	22.7	18.7	2018/19	22.5	18.1	2019	22.7 <sup>(p)</sup>	19.5 <sup>(p)</sup>

(p) = provisional result

 We are meeting or exceeding the target or number we compare against

 We are within 3% of meeting the target or number we compare against

 We are more than 3% away from meeting the target or number we compare against

Indicator	Year 1			Year 2			Year 3			Year 4			
	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	
A17	Proportion of care services graded good (4) or better in Care Inspectorate inspections	2016/17	84%	84%	2017/18	85%	87%	2018/19	82%	81%	2019/20	82%	78%
A18	Percentage of adults with intensive care needs receiving care at home	2016	62%	65%	2017	61%	63%	2018	62%	62%	Publication delayed		
A19	Number of days people aged 75 or older spend in hospital when they are ready to be discharged (per 1,000 population)	2016/17	841	591	2017/18	762	554	2018/19	793	608	2019	783	824
A20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2016/17	23%	22%	2017/18	24%	24%	2018/19	24%	25%	2019	23% <sup>(p)</sup>	26% <sup>(p)</sup>
A21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	Awaiting National Development											
A22	Percentage of people who are discharged from hospital within 72 hours of being ready	Awaiting National Development											
A23	Expenditure on end of life care, cost in last 6 months per death	Awaiting National Development											

## Appendix 2: Indicators regularly monitored by the Partnership

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B1	Detect cancer early (Target: 33.3%)	2014 - 2015	25.3%	26.1%	2015 - 2016	25.4%	22.4%	2016 - 2017	25.3%	22.6%	2017 - 2018	25.5%	31.7%
B2.1	The percentage of all people diagnosed with cancer who begin treatment within 31 days of the decision to treat (Target; 95%)	Jan - Mar 2017	94.9%	96.5%	Jan - Mar 2018	93.5%	96.6%	Jan - Mar 2019	94.9%	95.5%	Oct - Dec 2019	96.5%	97.8%
B2.2	The percentage of people diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral (Target: 95%)	Jan - Mar 2017	88.1%	96.3%	Jan - Mar 2018	85.0%	95.0%	Jan - Mar 2019	81.4%	92.2%	Oct - Dec 2019	83.7%	88.6%
B3	The number of people newly diagnosed with dementia who have a minimum of 1 years post diagnostic support (Target: 100%)	2014/15	85%	92%	2015/16	83%	97%	2016/17	84%	94%	2017/18	72.5%	89.0%
B4	People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case (Treatment Time Guarantee (TTG)) (Target:100%)	Jan - Mar 2017	82%	86%	Jan - Mar 2018	76%	78%	Jan - Mar 2019	68%	81%	Oct - Dec 2019	71.8%	80.7%
B5	The percentage of planned/elective patients that start treatment within 18 weeks of referral (Target: 90%)	Mar 2017	83%	90%	Mar 2018	81%	84%	Mar 2019	77%	88%	Dec 2019	78.9%	84.1%
B6	The percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment (Target: 95%)	Mar 2017	81%	92%	Mar 2018	75%	90%	Mar 2019	75%	96%	Dec 2019	73.2%	93.8%
B7	The percentage of people who waited no longer than 6 weeks for diagnostic tests and investigations (Target: 100%)				Jan - Mar 2018	81%	98%	Jan - Mar 2019	84%	95%	Oct-Dec 2019	81.0%	96.0%

Source: Public Health Scotland (PHS) (formerly ISD Scotland)

(S) = Supplementary information

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

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B8	The percentage of pregnant women in each Scottish Index of Multiple (SIMD) quintile that are booked for antenatal care by the 12th week of gestation (Target: 80%)	2015/16	86%	82%	2016/17		86%	2017/18	84%	85%	2018/19	87.6%	85.8%
B9	The percentage of eligible people who commence IVF treatment within 12 months of referral (Target: 100%)	Jan - Mar 2017	100%	100%	Jan - Mar 2018	100%	100%	Jan - Mar 2019	100%	100%	Oct - Dec 2019	100%	100%
B10	The percentage of young people who start treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	84%	100%	Jan - Mar 2018	71%	90%	Jan - Mar 2019	74%	90%	Oct - Dec 2019	66.4%	88.6%
B11	The percentage of people who start psychological therapy based treatment within 18 weeks of referral (Target: 90%)	Jan - Mar 2017	74%	70%	Jan - Mar 2018	78%	78%	Jan - Mar 2019	77%	74%	Oct - Dec 2019	79.0%	68.1%
B12	The rate of Clostridium Difficile infections in people aged 15 and over per, 1,000 total occupied bed days (Target: 0.32)	Dec 2016	0.28	0.28	Dec 2017	0.28	0.39	No longer nationally reported in this format			No longer nationally reported in this format		
B13	The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per, 1,000 total occupied bed days (Target: 0.24)	Dec 2016	0.32	0.21	Dec 2017	0.33	0.28	No longer nationally reported in this format			No longer nationally reported in this format		
B14	The percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery (Target: 90%)	Oct - Dec 2016	95%	99%	Oct - Dec 2017	94%	98%	Oct - Dec 2018	94%	93%	Oct - Dec 2019	95.0%	94.0%
B15	Number of alcohol brief interventions delivered in three priority settings (primary care, accident and emergency and antenatal care) (Target)	2016/17	86,560 (61,081)	691 (1,743)	2017/18	61,081 (81,177)	1,105 (1,743)	2018/19	80,575 (61,081)	1,078 (1,743)	Publication has been delayed		
B16	Number of successful 12 weeks post quit smoking (Target)	2016/ 17	84% (9,404)	75% (230)	2017/18	81% (9,404)	72% (230)	2018/19	94% (7,568)	100% (175)	Publication has been delayed		

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
B17	GP practices provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of people (Target: 90%)	2015/16	84%	89%	2017/18	93%	96%	Publication has been delayed			Publication has been delayed		
B18	Sickness absence rate for NHS employees (Target: 4%)	2016/17	5.2%	5.1%	2017/18	5.4%	4.9%	2018/19	5.4%	5.2%	2019/20	5.3%	4.8%
B18 <sup>(S)</sup>	Sickness absence rate for adult social work employees (Target: n/a)	Jan - Mar 2017		8.0%	Jan - Mar 2018		7.8%	Jan - Mar 2019		7.7%	Jan - Mar 2020		6.4%
B19	The percentage of people who wait no longer than 4 hours from arriving in accident and emergency to admission, discharge or transfer for treatment (Target: 95%)	Mar 2017	94%	94%	Mar 2018	88%	90%	Mar 2019	91%	93%	Dec 2019	85.5%	88.4%
B20	The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement (Target: 100%)	2016/17		100%	2017/18		100%	2018/19		100%	No longer published by Scottish Government		
C1	Adults accessing telecare as a percentage of the total number of adults supported to live at home (Target: 73%)	Mar 2017		77%	Mar 2018		70%	Mar 2019		74%	Dec 2019		73%
C2	The number of adults accessing Self Directed Support (SDS) Option 1	Mar 2017		326	Mar 2018		325	Mar 2019		345	Dec 2019		363
C3	The number of adults accessing Self Directed Support (SDS) Option 2							Mar 2019		12	Dec 2019		17
C4	The number of adults accessing Self Directed Support (SDS) Option 3	Mar 2017		2,426	Mar 2018		2,434	Mar 2019		2,388	Dec 2019		2,456
C5	The number of Carers being supported with a ACSP				2017/18		112	2018/19		198	2019/20		173
C6	Proportion of people aged 65 and over receiving care at home (via Option 3) with intensive needs (10 hours or more)	Mar 2017		46%	Mar 2018		50%	Mar 2019		46%	Dec 2019		45%
C7	The number of adults under 65 receiving personal care at home (via Option 3)	Mar 2017		588	Mar 2018		616	Mar 2019		617	Dec 2019		655
C8	Total number of care at home hours provided as a rate per 1,000 population aged 65 and over	Mar 2017		602	Mar 2018		635	Mar 2019		568	Dec 2019		548
C9	Percentage of referrers receiving feedback on actions within 5 days of receipt of referral	Jan - Mar 2017		44%	Jan - Mar 2018		65%	Jan - Mar 2019		59%	Dec 2019		53%

Indicator		Year 1			Year 2			Year 3			Year 4		
		Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway	Time period	Scotland	Dumfries and Galloway
E1	The number of emergency admissions per month for people of all ages (Target)	Dec 2016		1,549	Dec 2017		1,554 (1,400)	Dec 2018		1,585 (1,400)	New format (E1.1 and E1.2)		
E1.1	The number of emergency admissions per month for people aged under 18 years (Target)										Dec 2019	278 (216)	
E1.2	The number of emergency admissions per month for people aged 18 years and older (Target)										Dec 2019	1,422 (1,266)	
E2	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for all people (Target)	Dec 2016		11,521	Dec 2017		12,136 (11,320)	Dec 2018		11,254 (11,212)	New format (E2.1,E2.2, E2.3 and E2.4)		
E2.1	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for people aged under 18 years (Target)										Dec 2019	414 (312)	
E2.2	The number of unscheduled hospital bed days for <b>acute specialties</b> per month for people aged 18 years and older (Target)										Dec 2019	12,430 (10,706)	
E2.3	The number of unscheduled hospital bed days for <b>mental health</b> per month for people aged under 18 years (Target)							Dec 2018		213 (166)	Dec 2019	112 (166)	
E2.4	The number of unscheduled hospital bed days for <b>mental health</b> per month for people aged 18 years and older (Target)							Dec 2018		8,273 (6,559)	Dec 2019	7,995 (6,559)	
E3	The number of people attending the emergency department per month (Target)	Mar 2017		3,981 (3,832)	Mar 2018		3,731 (3,851)	Mar 2019		3,681 (3,880)	Dec 2019	4,064 (3,953)	
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 (Target)	Mar 2017		702	Mar 2018		1,176 (998)	Mar 2019		1,648 (1,019)	Mar 2020	1,345 (1,019)	
E6	The percentage of population aged 65 or older in community settings (supported or unsupported) (Target: 96.41%)	2016/17		96.32%	2017/18		96.40%	2018/19		96.46%	2019/20	96.42%	

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Involving People Improving Quality – Patient Experience & Feedback Report

**Author:**  
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Associate Director of Allied Health Professions

**Sponsoring Director:**  
Alice Wilson  
Nurse Director

**Date:** 16<sup>th</sup> March 2021

### RECOMMENDATION

The Board is asked **to discuss and note** the Patient Feedback report for January and February 2021.

### CONTEXT

#### Strategy / Policy:

This paper provides assurances on the implementation of the Healthcare Quality Strategy (2010), and Patients Rights (Scotland) Act (2011). The Board is required to adhere to the Patients Rights (Scotland) Act (2011) with regard to seeking and responding to patient / family feedback.

#### Organisational Context / Why is this paper important / Key messages:

Patient feedback provides key information about the areas where the Board is performing well and those where there is need for improvement. It also assists the Board in delivering our CORE values and remaining person centred.

#### Key messages:

- Feedback processes are in place and easily accessible providing opportunity for service users to inform the organisation of areas of good practice and areas where there is potential for improvement.
- This paper provides only high level information on what we can learn from the themes around complaints. Detailed learning and assurance are sought from the Directorates within their regular Quality paper to Health Care Governance Committee.

## GLOSSARY OF TERMS

DGRI	-	Dumfries and Galloway Royal Infirmary
SPSO	-	Scottish Public Services Ombudsman
NHS D&G	-	NHS Dumfries & Galloway
Complaint	-	NHS Dumfries and Galloway's definition of a complaint is: <i>'An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.'</i>
Comment	-	Comments, feedback or observations which reflect how someone felt about the service.
Concern	-	Concerns are matters where people require reassurance, further information or explanation to resolve a matter of concern. These fall short of a complaint as the person is not expressing significant dissatisfaction, but wishes to be more fully informed.
A&D	-	Acute and Diagnostics
CH&SC	-	Community Health and Social Care
MH	-	Mental Health
W,C&SH	-	Women, Children's and Sexual Health
S1/Stage One	-	Stage One complaint. This is the 'early resolution' stage of the complaints procedure where complaints are required to be responded to within 5 working days.
S2/ Stage Two	-	Stage Two complaint. This is the 'investigation' stage of the complaints procedure where complaints are required to be responded to within 20 working days. Complaints can go 'direct' to Stage Two of the procedure or can be 'escalated' to that stage following a Stage One response.

## MONITORING FORM

Policy / Strategy	Healthcare Quality Strategy Person Centred Health and Care Collaborative
Staffing Implications	Ensuring staff learn from patient feedback in relation to issues raised.
Financial Implications	Not required
Consultation / Consideration	Not required
Risk Assessment	Actions from feedback followed through and reported to General Managers and Nurse Managers who have a responsibility to take account of any associated risk.
Risk Appetite	<p>Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/></p> <p>It is considered that the risk appetite for this paper is medium in the context of Reputational where the Board has an expressed risk appetite of medium.</p>
Sustainability	Not required
Compliance with Corporate Objectives	To promote and embed continuous improvement by connecting a range of quality and safety activities to deliver the highest quality of service across NHS Dumfries and Galloway
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	Commitment and leadership Accountability Responsiveness and consultation Joint Working
Impact Assessment	Not undertaken as learning from patient feedback applies to all users

## Introduction

1. This report summarises the feedback activity for NHS Dumfries and Galloway (NHS D&G) over the period of January and February 2021. It should be noted that the period reported was during the Coronavirus pandemic.

## The Model Complaints Handling Process

2. The Model Complaints Handling Process mandates the following:
  - An annual submission of data to Scottish Government
  - Publication of annual report on the website
  - Local reporting to a senior management committee on a quarterly basis.
3. This paper fulfils the requirement for reporting to a senior management committee on a quarterly basis and provides details our progress over a rolling 25 month period.
4. The data for submission are as follows

Indicator One	Learning from complaints
Indicator Two	Complaint Process Experience
Indicator Three	Staff Awareness and Training
Indicator Four	The total number of complaints received
Indicator Five	Complaints closed at each stage
Indicator Six	Complaints upheld, partially upheld and not upheld
Indicator Seven	Average times
Indicator Eight	Complaints closed in full within the timescales
Indicator Nine	Number of cases where an extension is authorised

5. A detailed analysis of trends in relation to these data is attached in Appendix 1.
6. This paper provides high level analysis of the trends around complaints but does not seek to address indicator one. Information around learning from complaints is presented to Health Care Governance Committee by the Directorates in their regular Quality update to committee.
7. The Model Complaints Handling Procedure sets the following standards:
  - Stage 1 complaints should be closed within 5 days
  - Stage 2 complaints should be closed within 20 days
  - Where a complaint cannot be closed within the standard period of time an extension should be in place

8. These standards are accepted as good practice and NHS Dumfries and Galloway has adopted them into its internal compliance framework.
9. This paper demonstrates our against these standards at this time. Where we are unable to issue a response within the timescales, the Complaints Handling Procedure allows for extensions to be put in place. This allows for the handling of complex complaints.
10. Our compliance with extensions has improved significantly over recent months and we now alert complainants to a possible delay with their response in the vast majority of cases.
11. Details set against the standards and action to address these issues is contained in appendix 1 but key points are as follows:
  - Number of complaints remains below the median. It is anticipated that we will see a further rise related to the cancellation of electives and the reprioritisation of staffing resources as a result of Covid pressures impacting upon services.
  - Average response times for Stage 1 complaints rose significantly above the median in January, returning to the median in February. The spike was due to a responses being issued to a number of complaints that had been extended due to the festive period.
  - Average response times for escalated Stage 2 continue to fluctuate, which is to be expected due to the low numbers of cases dealt with at this stage.
  - Average response times for Stage 2 Direct complaints are above the standard and rose significantly in January. This is in part due to staffing and pandemic pressures. The response times have also been influenced by responses being issued to a number of long standing complex complaints.

# **Patient Feedback Report**

## **January – February 2021**

Version 1.0

Published 15 March 2021

Prepared by Patient Services

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## Introduction

This report outlines patient feedback activity for NHS Dumfries and Galloway (NHS D&G) and performance against standards set against a 25 month feedback pattern. The report also includes details of planned improvement actions.

Unless otherwise stated, data was taken from Qlikview.

At the time of writing, the UK was in the midst of the Coronavirus pandemic. This should be kept in mind when interpreting the charts as it may have an effect on both numbers and the type of concerns or complaints received.

Key notes:

- Data was extracted from Qlikview on 15 March 2021 and includes data up to and including 28 February 2021.
- Time limits for complaints are based on working days, i.e. Monday to Friday
- Unless otherwise stated, the median in all charts was calculated on the baseline of April 2019 – March 2020
- To aid interpretation of charts, there are two things to consider:
  - Six points either above / below the line represents a shift
  - Five consecutive points either increasing / decreasing indicate a trend.

## 1. Patient Feedback

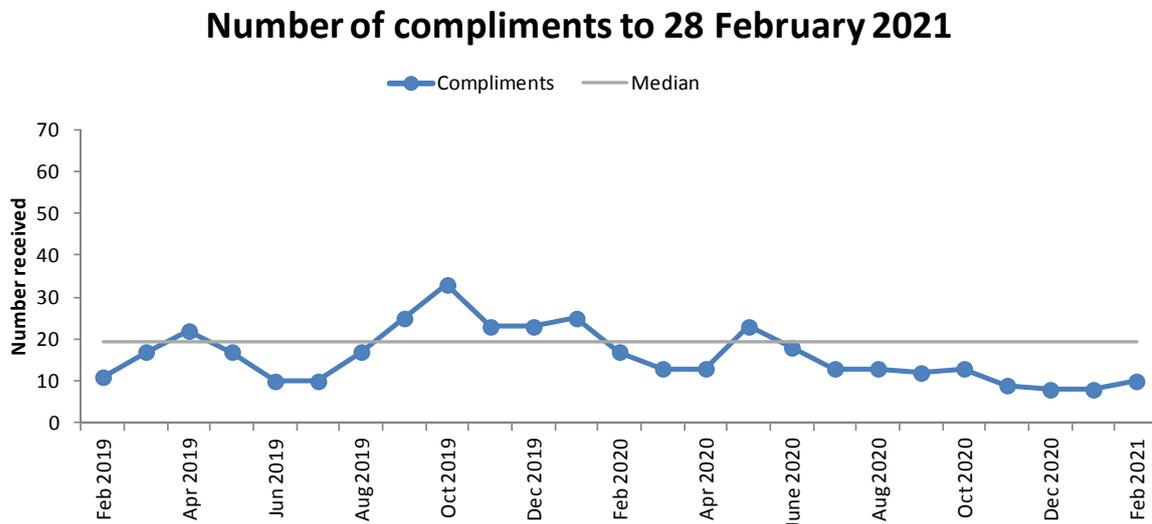
The following section provides a commentary and summary statistics on the number of compliments, concerns and complaints received over the last 25 months throughout NHS Dumfries and Galloway. Data is presented to reflect national indicators as determined by the Scottish Public Services Ombudsman (SPSO) and introduced in April 2017 as part of the new Complaints Handling Procedure (CHP). Full details of these indicators can be found in Appendix 6 of the NHS Dumfries and Galloway Complaints Handling Procedure (available at <https://www.nhsdg.co.uk/how-did-we-do> )

## Appendix 1

### 1.1. Compliments received

The following chart shows the total number of compliments noted on Datix by month to the end of February 2021. This is likely to represent a small proportion of compliments and thanks received as no comprehensive process to capture is available.

**Figure 1: PF1: Compliments received, by month**

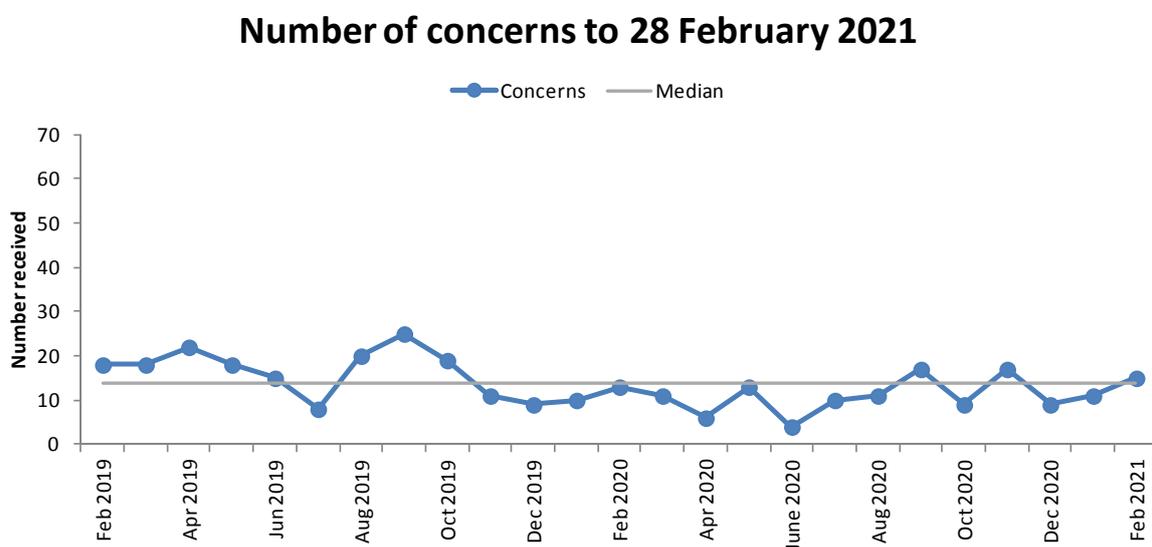


The number of compliments recorded shows a shift below the median in recent months. Patient Services only record compliments that are sent directly to them by the public or via services. It is therefore recognised that the numbers recorded do not fully reflect the amount of positive feedback received by the organisation.

### 1.2. Concerns received

The following chart shows the total number of concerns received by month to the end of February 2021. The numbers fell below the median in November 2019 and have remained largely under the median since that point.

**Figure 2: PF2: Concerns received, by month**

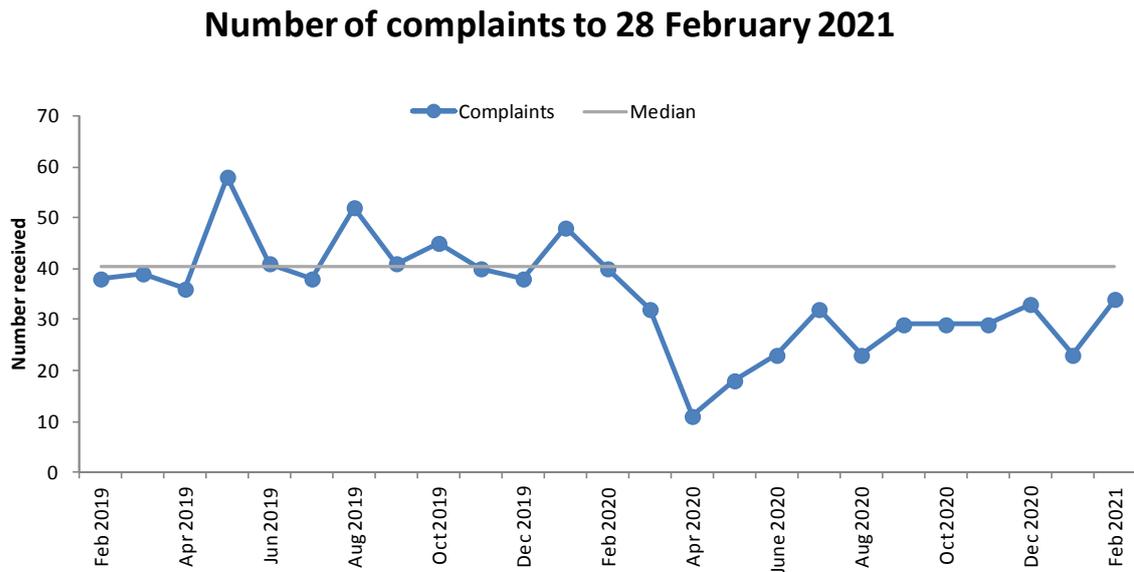


## Appendix 1

### 1.3. Complaints received

The following chart shows the total number of complaints received by month to the end of February 2021. Complaints fell sharply in April 2020 during the early period of the pandemic. Whilst numbers have increased since, they have remained below the median for 12 data points.

**Figure 3: PF3: Complaints received, by month**



## Appendix 1

### 1.4. Overarching themes

This indicator summarises the themes associated with complaints received, using the national agreed themes. The national theme codes were reviewed and updated from 1 April 2020. The top three themes against the updated codes are shown in Figure 4.

**Figure 4: PF4: Complaints by theme, top themes from 1 April 2020**

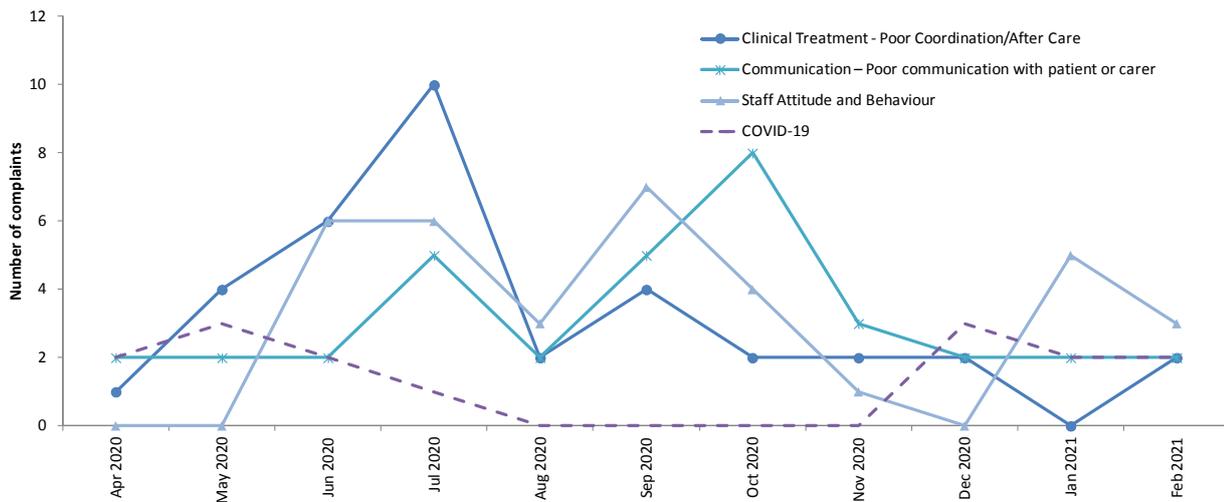
The most common three themes in the period 1 April 2020 – 28 February 2021 were as follows:

- Clinical Treatment – Poor coordination/aftercare (41 complaints)
- Communication – Poor communication with patient or carer (40 complaints)
- Staff Attitude and Behaviour (34 complaints)

There were no complaints directly related to COVID from August to the end of November 2020. There were seven complaints linked to COVID from December 2020 to end of February 2021.

*NB: Individual complaints may have more than one theme*

**Figure 4: PF4: Complaints by theme, top themes from 1 April 2020**



# Appendix 1

## 1.5. Complaints by Directorate

This indicator summarises the total number of complaints by Directorate, in the following four areas: Acute and Diagnostics, Women and Children’s Services, Mental Health, and Community Health and Social Care. Each appears below.

Following the sharp drop below in April 2020 complaints for Acute and Diagnostics have showed a steady increase returning towards the median until January 2021 when they reduced again. There was a spike in Mental Health complaints in February 2021. Three of the complaints related to changes in medication within the Prison. The remaining complaints related to various issues and services with no obvious theme.

**Figure 5: PF5.1: Complaints by Directorate: Acute & Diagnostics**

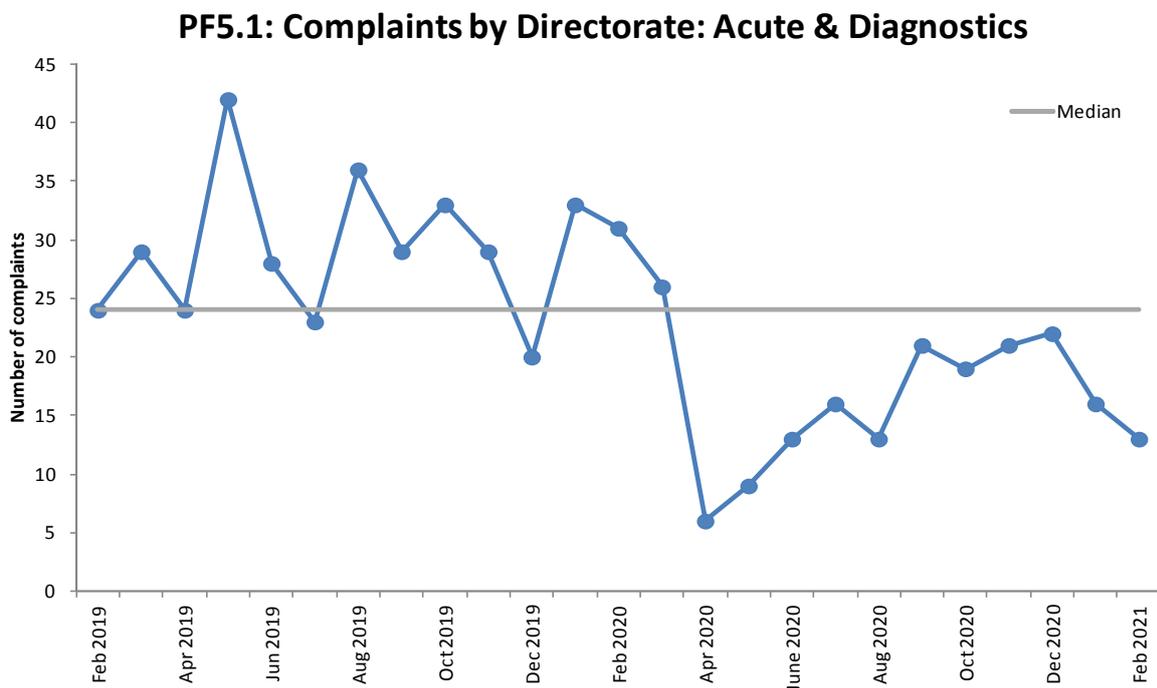


Figure 6: PF5.2: Complaints by Directorate: Women, Children and Sexual Health

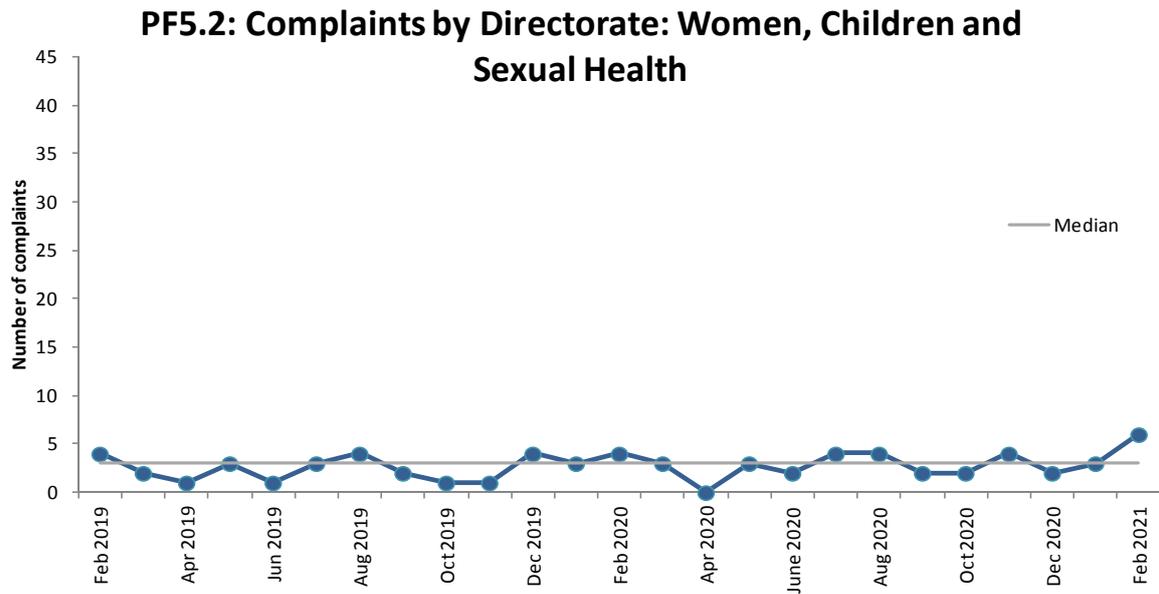


Figure 7: PF5.3: Complaints by Directorate: Community Health and Social Care

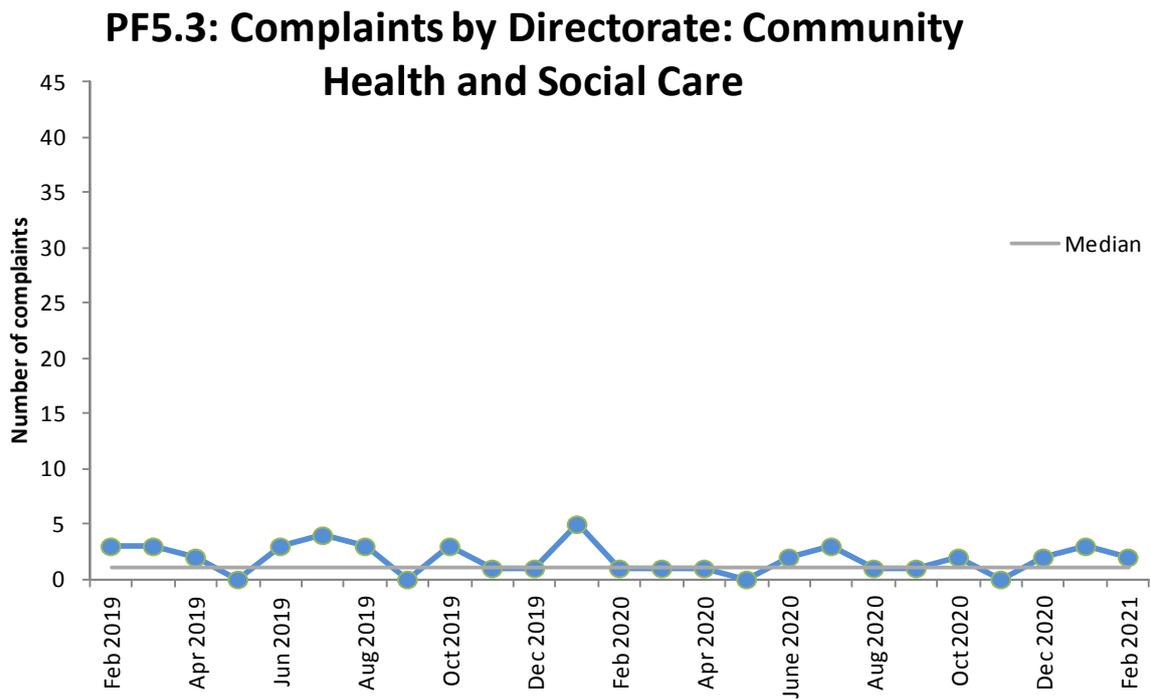
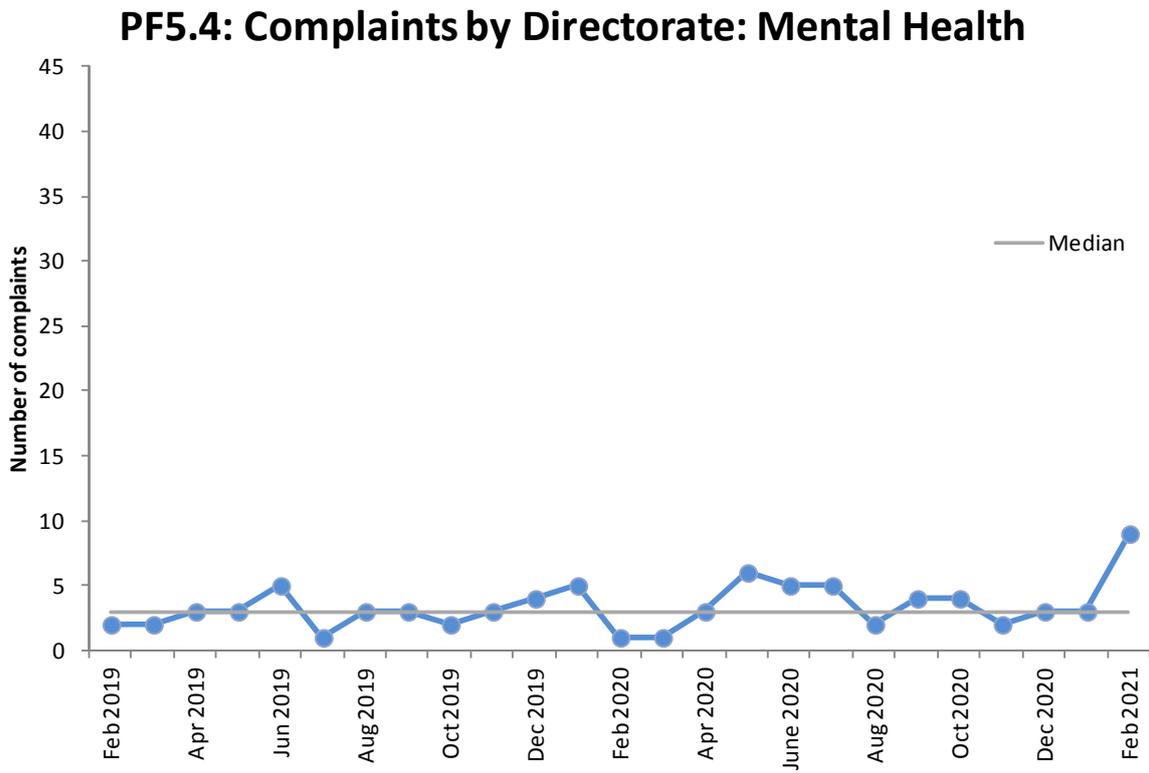


Figure 8: PF5.4: Complaints by Directorate: Mental Health



## Appendix 1

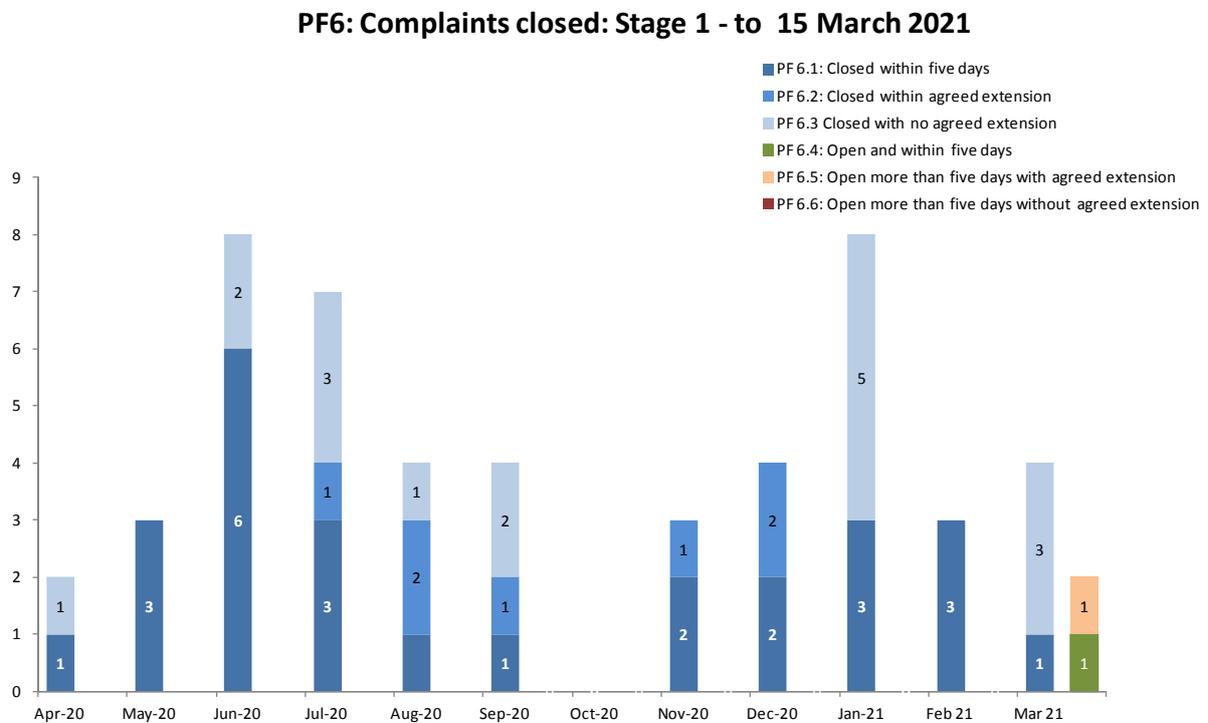
### 1.6. Complaints closed (Stage 1)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within five days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within five days
- Open more than five days with agreed extension
- Open more than five days without agreed extension

The chart below represents these categories. At the time of writing there were no Stage 1 complaints overdue without extension.

**Figure 9: PF6: Complaints closed, Stage 1**



## Appendix 1

### 1.7. Complaints closed (Stage 2 Direct)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within 20 days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within 20 days
- Open more than 20 days with agreed extension
- Open more than 20 days without agreed extension

The chart below represents these categories. There are several Stage 2 Direct complaints about the Acute and Diagnostics Directorate that have been open for a number of months due to the complexity of the cases. A number of those cases have been closed over the period and Acute continue to progress the remaining outstanding cases. Each of these cases has an extension in place. The November 2019 case referenced is a case that was previously closed, but has been recently re-opened to address additional linked points raised by the complainant.

At the time of writing the report there was two cases overdue without extension. In both cases there was regular contact with the complainants despite formal extensions not being agreed.

**Figure 4: PF7: Complaints open / closed, Stage 2 Direct**



## Appendix 1

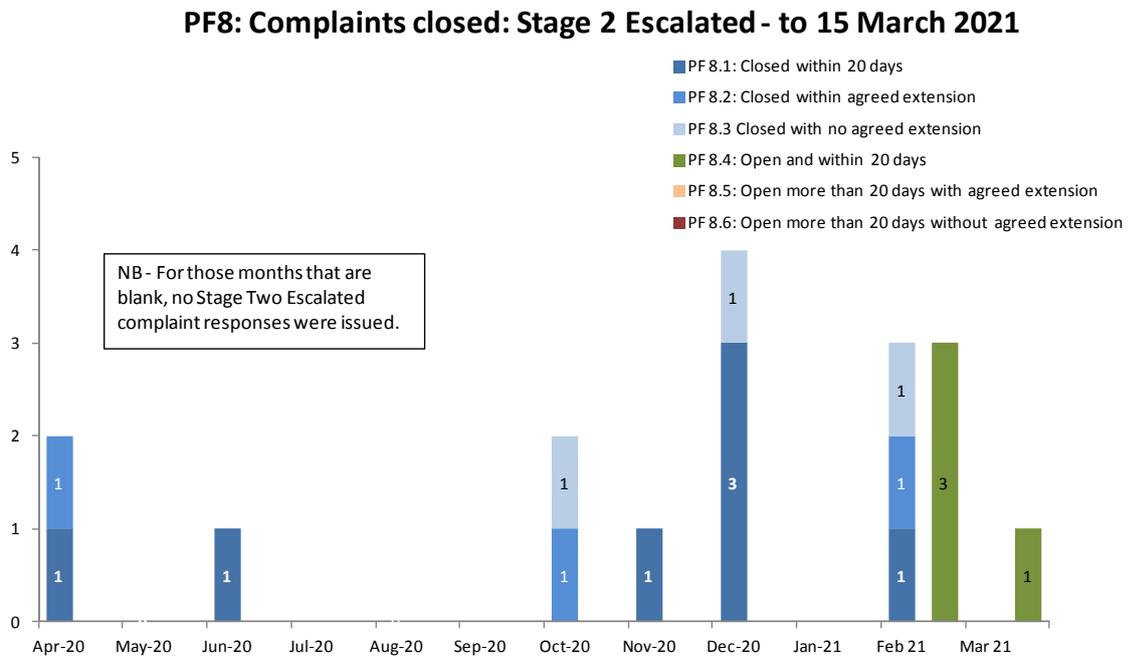
### 1.8. Complaints closed (Stage 2 Escalated)

This performance indicator summarises the total number of complaints in the following categories:

- Closed within 20 days
- Closed within agreed extension
- Closed with no agreed extension
- Open and within 20 days
- Open more than 20 days with agreed extension
- Open more than 20 days without agreed extension

The chart below represents these categories. At the time of writing, there were four Stage 2 Escalated complaints, all within time.

**Figure 5: PF8: Complaints closed, Stage 2 Escalated**



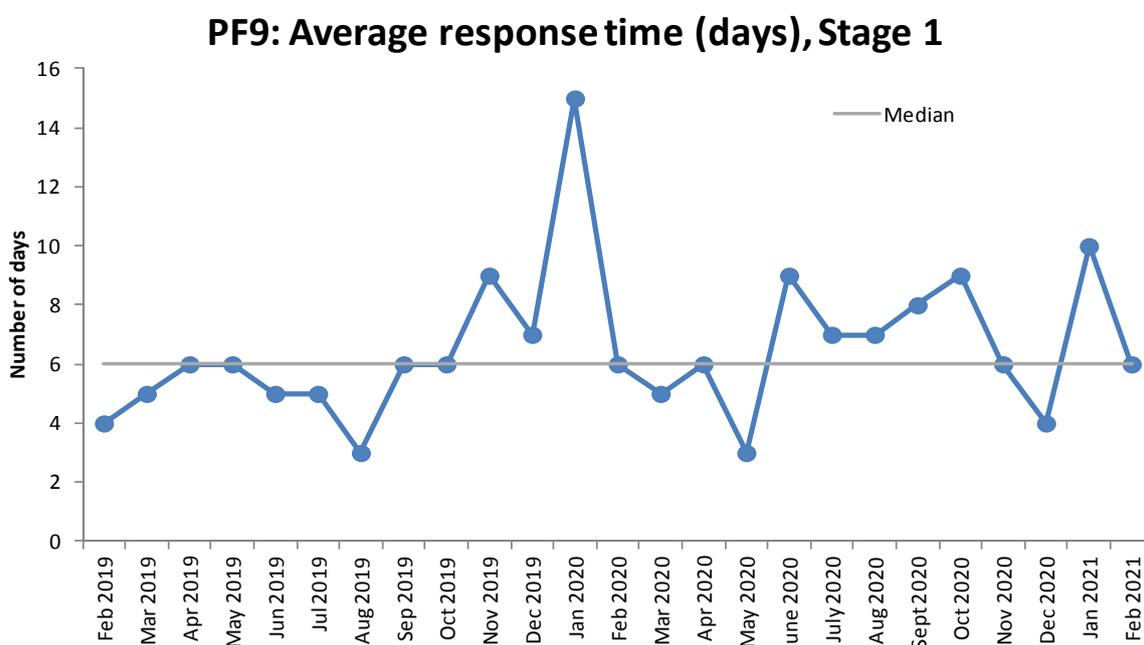
## Appendix 1

### 1.9. Average response time to close (Stage 1)

Performance indicator summarises how long it takes, in days, to close a complaint at Stage 1 of the Complaints Handling Procedure.

The statutory timescale for responding to Stage 1 complaints is 5 working days. The median currently sits at 6 working days and response times had been above the median from June 2020, dropping slightly below in November 2020 and further in December 2020, rising again in January 2021 with a further drop in February 2021. A number of the complaints responded to in January 2021 had an extension in place which has influenced the response time.

**Figure 6: PF9: Average response time (days), Stage1**

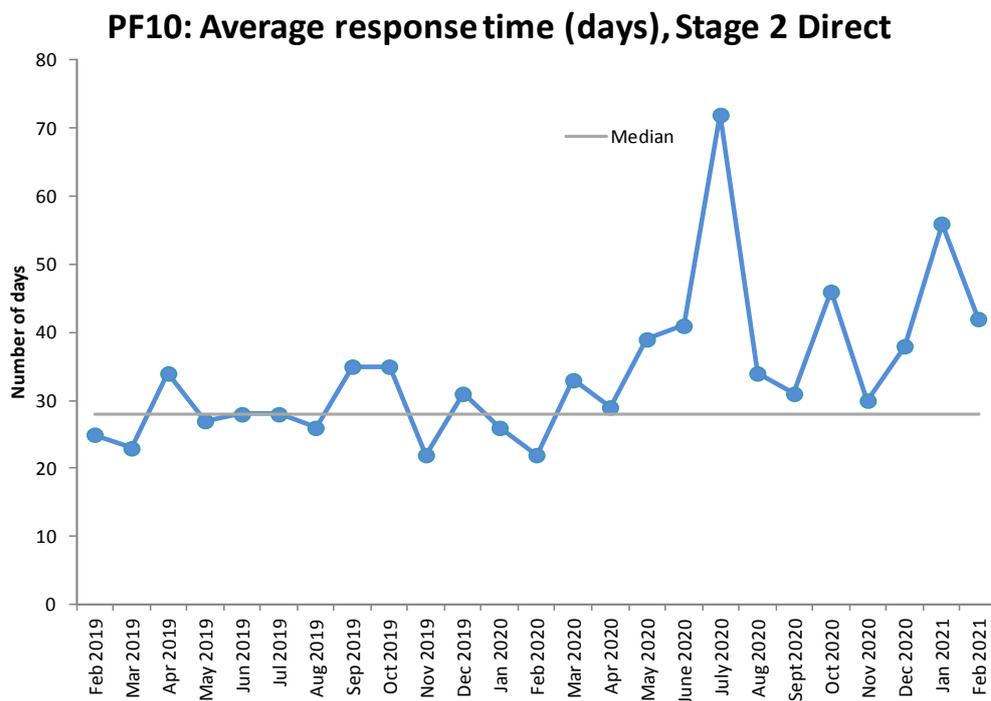


Performance indicator summarises how long it takes, in days, to close a complaint at the Stage 2 Direct point of the Complaints Handling Procedure.

The statutory timescale for responding to Stage 2 complaints is 20 working days. The median currently sits at 28 working days and response times have risen above the median from May 2020 onwards. This relates in part to staffing and pandemic pressures. Responses continue to be issued to long standing, complex complaints which also influences performance (including in January 2021).

Where we are unable to issue a response within the 20 working day timescale, the Complaints Handling Procedure allows for extensions to be put in place. Our compliance with extensions has improved significantly over recent months and we now alert complainants to a possible delay with their response in the vast majority of cases.

**Figure 7: PF10: Average response times (days), Stage 2 Direct**

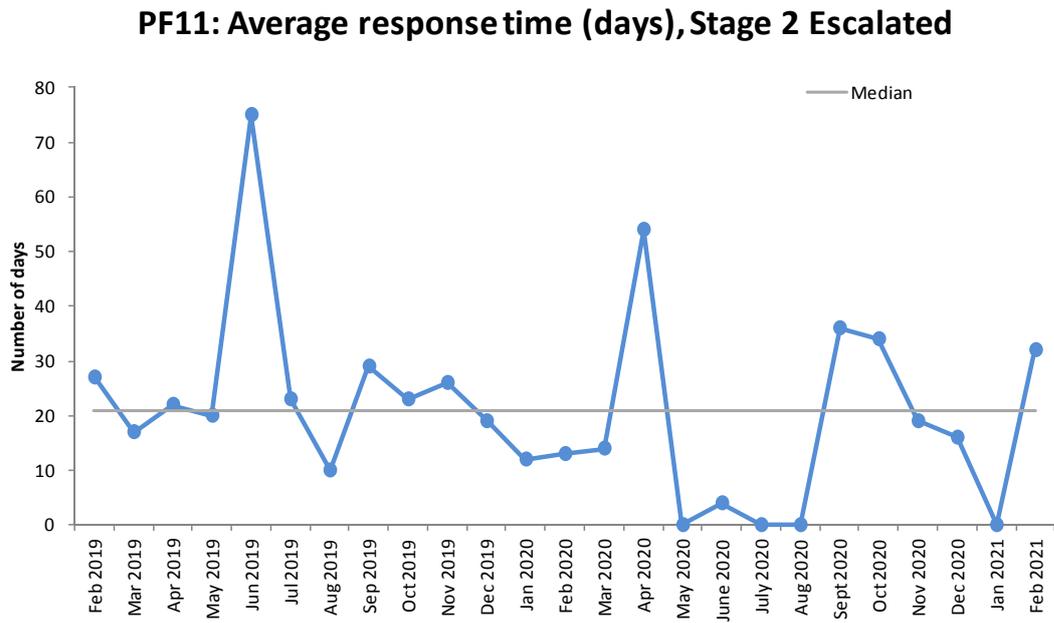


1.10. Average response time to close (Stage 2 Escalated)

Performance indicator summarises how long it takes, in days, to close a complaint at the Stage 2 Escalated phase of the Complaints Handling Procedure. As with Stage 2 direct complaints, the statutory timescale is 20 working days to respond. The median currently sits at 21 days.

Few of our complaints are handled at this stage and therefore timescales tend to fluctuate due to low numbers.

Figure 8: PF11: Average response time (days), Stage 2 Escalated

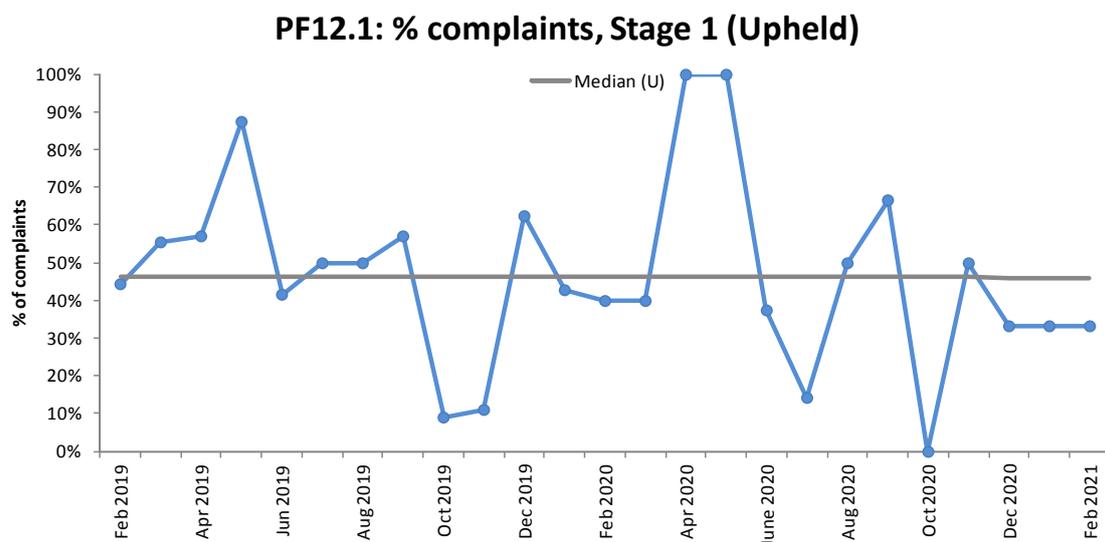


## Appendix 1

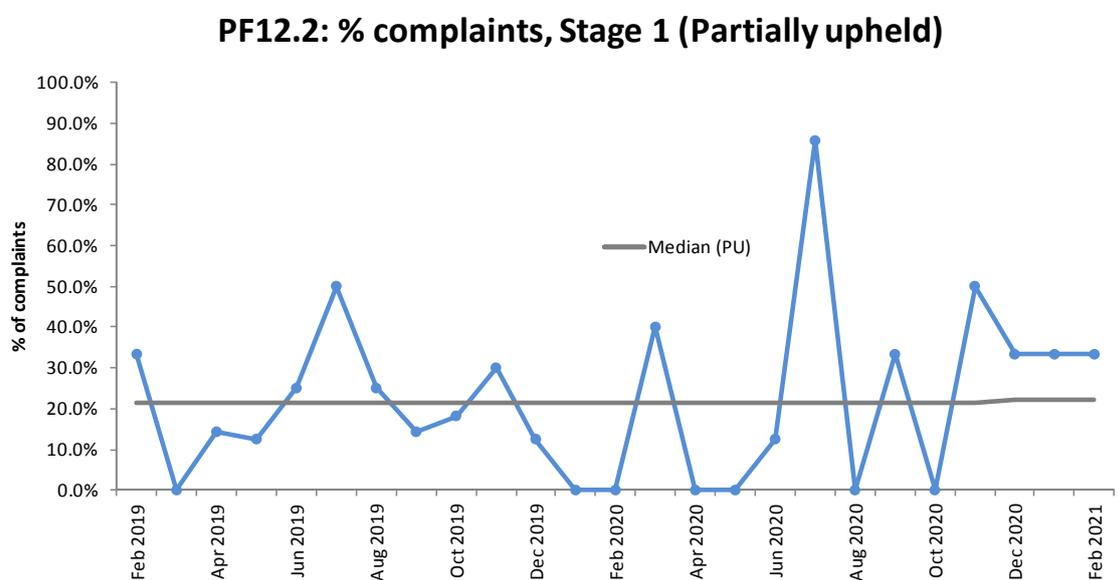
### 1.11. Complaints upheld, partially upheld, not upheld

This performance indicator summarises the total number of complaints upheld, partially upheld and not upheld. Success can be considered to be a decrease over time of those complaints which were upheld or partially upheld (as a proportion of all complaints), for clarity the charts do not show complaints that were not upheld.

**Figure 9: PF12.1: % complaints, Stage 1 (Upheld)**

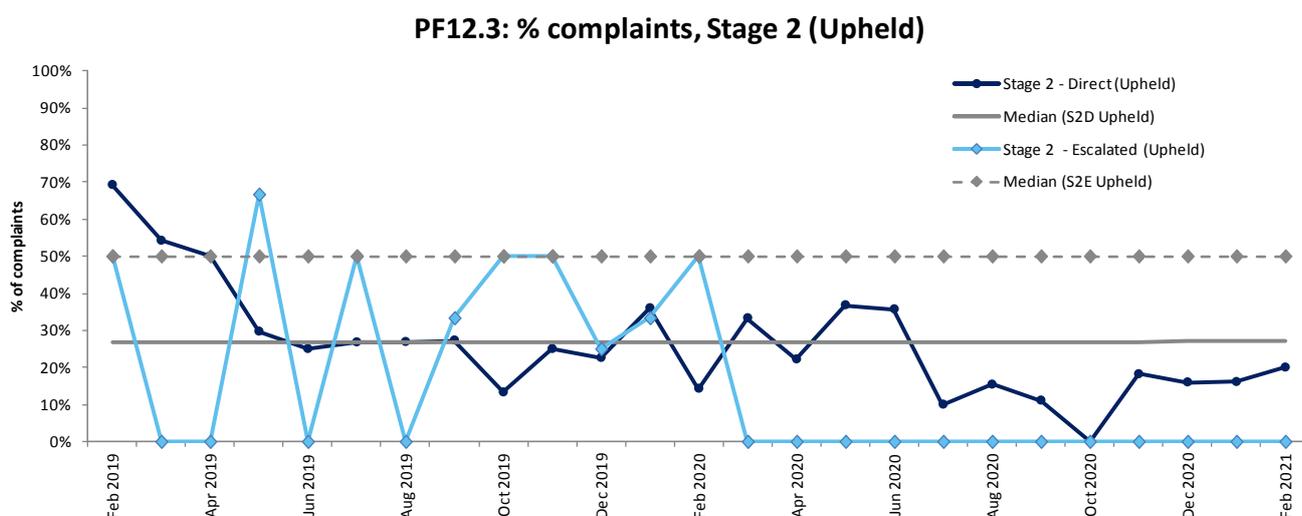


**Figure 10: PF12.2: % complaints, Stage 1 (Partially upheld)**



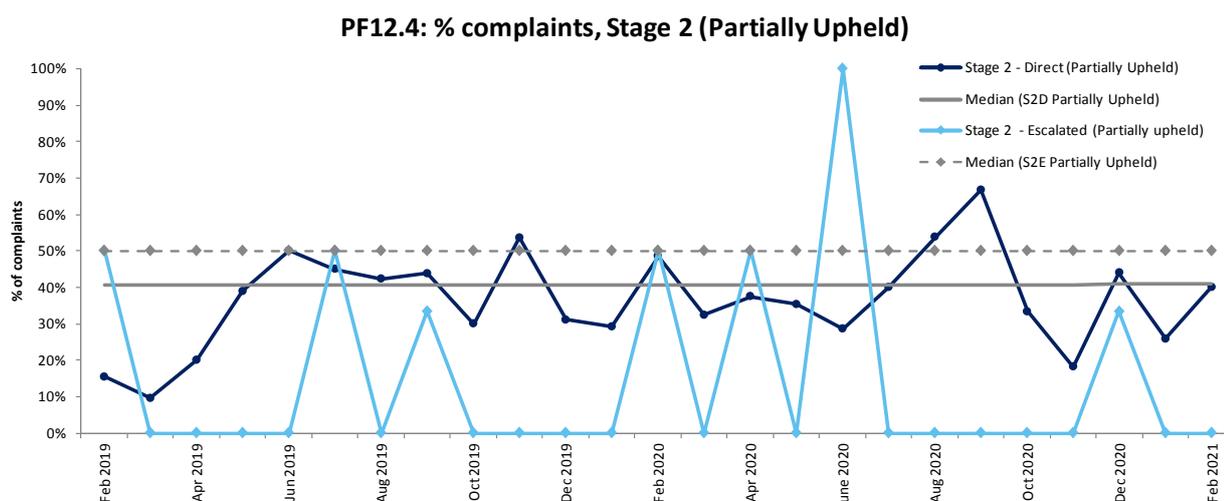
## Appendix 1

**Figure 11: PF12.3: % complaints, Stage 2 (Upheld)**



The number of upheld Stage 2 Escalated and Direct complaints has remained below the median since March 2020 and July 2020 respectively.

**Figure 12: PF12.4: % complaints, Stage 2 (Partially Upheld)**



### 1.12. Staff awareness and training

No training courses were delivered during the period. As previously reported, Patient Services have developed a Beacon page to support staff dealing with patient feedback and complaints. The page includes links to relevant training resources and courses. The page is now being promoted and has been accessed by a number of staff.

## Appendix 1

### 2.14. Complaint Satisfaction Surveys

Complaint response letters offer complainants the opportunity to complete a survey about their experience with the complaints process. Patient Services received seven completed surveys during the period.

The survey includes questions as to what complainants think was done well and where we could improve. In terms of what was done well, complainants commented that staff were polite and helpful. In terms of where we can improve, there was a comment raising concern that the process gave too much weight to staff accounts of events. There were also some comments about delay in issuing a response. Finally, there were a number of comments which indicated continued dissatisfaction with the outcome of the complaint.

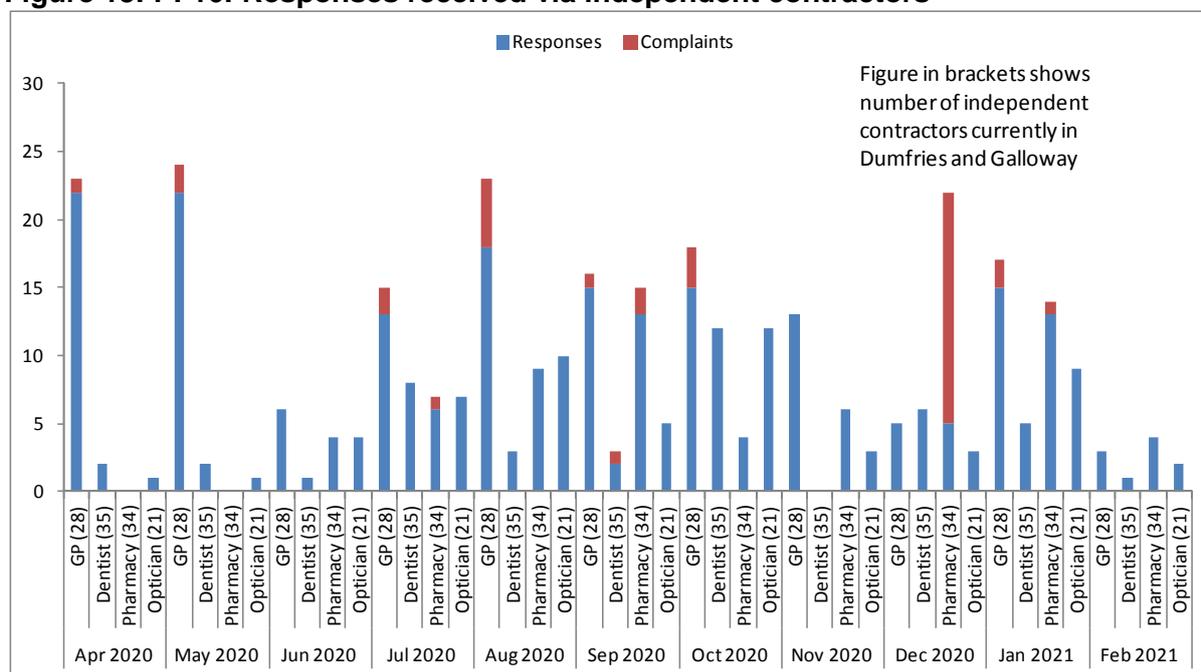
A full breakdown of satisfaction survey responses will be included in the Board's annual report.

### 2.15. Independent contractors

This performance indicator comprises a summary of the total number of complaints received from independent contractors delivering services on behalf of NHS Dumfries and Galloway: GP, Pharmacy, Dental, Opticians.

The chart, below, shows the number of responses received from independent contractors for the period April 2020 to February 2021.

**Figure 13: PF16: Responses received via independent contractors**



Data taken from excel 15/03/2021

## Appendix 1

### 2.16. Scottish Public Services Ombudsman (SPSO) complaints

Individuals who are dissatisfied with NHS Dumfries and Galloway's complaint handling or response can refer their complaint for further investigation to the Scottish Public Services Ombudsman (SPSO). At the time of producing this report there were 11 live complaints with the SPSO for their consideration. The status of these complaints was recorded as follows:

**Figure 14: PF17: SPSO Ombudsman complaints**

	Acute & Diagnostics	Community Health & Social Care	Mental Health	Women & Children's Services	Other	Total
<b>File Requested by SPSO</b>	0	0	0	0	0	<b>0</b>
<b>File sent to SPSO - Await outcome</b>	5	0	0	0	0	<b>5</b>
<b>Under investigation by SPSO - Await outcome</b>	0	0	0	0	0	<b>0</b>
<b>SPSO deferred complaint back to Board</b>	0	0	0	0	0	<b>0</b>
<b>Provisional decision letter received</b>	1	0	0	0	0	<b>1</b>
<b>Decision letter received - Recommendations made by SPSO</b>	3	0	0	0	0	<b>3</b>
<b>Decision letter received - No recommendations made by SPSO</b>	0	0	0	0	0	<b>0</b>
<b>Action plan sent to SPSO - Await outcome</b>	2	0	0	0	0	<b>2</b>
<b>Further information requested</b>	0	0	0	0	0	<b>0</b>
<b>Closed/Complete</b>	0	0	0	0	0	<b>0</b>
<b>Withdrawn</b>	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>

Further information on SPSO decision letters and investigations can be found on their website at <https://www.spsso.org.uk/our-findings>

Patient Services can assist if there are any difficulties accessing reports.

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Care Home Assurance

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**Date:** 31<sup>st</sup> March 2021

### RECOMMENDATION

The Board is asked **to discuss and note** the following points:

- Progress of the Care Home Oversight Group around the introduction and use of the national Safety Huddle Tool in care homes
- Actions taken and planned as result of the national review into outbreaks in Care Homes
- Uptake of staff testing in care homes
- Management of outbreak in care homes
- Progress with vaccination in care homes

### CONTEXT

#### Strategy / Policy:

- In May 2020 the Cabinet Secretary announced that every Health and Social Care Partnership would put in place multi disciplinary clinical and professional arrangements for the oversight of adult care homes in response to Covid 19
- Care Home Review; a rapid review of factors relevant to the management of Covid 19 in the care home environment in Scotland
- Adult Social Care Winter Plan 2020/21

#### Organisational Context / Why is this paper important / Key messages:

#### Key messages:

- Care Home Tactical Team has built good relationships with care home managers and staff resulting in positive engagement from the care homes.

- Vaccination of care home residents and staff is almost complete.
- Staff testing in care homes is at a high level.

## **GLOSSARY OF TERMS**

CHOG	-	Care Home Oversight Group
CHTT	-	Care Home Tactical Team
CI	-	Care Inspectorate
HSCP	-	Health and Social Care Partnership
IJB	-	Integration Joint Board
LFD	-	Lateral flow device
SHT	-	Safety Huddle Tool

## MONITORING FORM

Policy / Strategy	Requirement from Scottish Government to support adult care homes Adult Social Care Winter Plan 2020/21
Staffing Implications	Not required
Financial Implications	Not required
Consultation / Consideration	Engagement with care home managers and staff  Discussion with residents during assurance visits
Risk Assessment	There are a number of risks associated
Risk Appetite	<p style="text-align: center;">Low <input checked="" type="checkbox"/>      Medium <input type="checkbox"/>      High <input type="checkbox"/></p> <p>It is considered that the risk appetite for this paper is low.</p>
Sustainability	Not required
Compliance with Corporate Objectives	To promote and embed continuous improvement by connecting a range of quality and safety activities to deliver the highest quality of service across NHS Dumfries and Galloway
Local Outcome Improvement Plan (LOIP)	Outcome 6
Best Value	Commitment and leadership Accountability Responsiveness and consultation Joint Working
Impact Assessment	No impact assessment was undertaken as part of this assurance report.

## Background

1. The communication from the Cabinet Secretary on the 17th May 2020 highlighted that the vast majority of Care Homes in Scotland are for older people (75%) and that of these homes 75% are operated by the private sector, in Dumfries and Galloway that number is 100%. Care Homes are environments that have proved to be particularly susceptible to Coronavirus and many residents are at risk of poorer outcomes if they were to contract it due to pre-existing conditions.
2. The governance arrangements for the care home oversight work were developed and shared with NHS Board and Integration Joint Board (IJB) in Autumn 2020. The purpose of these arrangements is to ensure a clear understanding of the new accountabilities and responsibilities. Scottish Government requires NHS Boards and Health and Social Care Partnerships (HSCP) to establish to provide enhanced professional clinical and care oversight arrangements for care homes with effect from the 18th May 2020. A Care Home Oversight Group (CHOG) was established as per the cabinet secretary's instruction and reports to both the Chief Executive of NHS Dumfries and Galloway and the Chief Executive of Dumfries and Galloway Council.
3. Prior to the May 2020 guidance, the HSCP, given understanding of the increased risk for care homes, had already in place a suite of initiatives supporting the 31 adult care homes within the region. This included:
  - The formation of a Care Home Support group comprising of a range of stakeholders connected with care homes.
  - A Community Nurse Manager was identified to lead on a number of initiatives including providing a named 'link' community nurse for each individual care home. These 'link' nurses provided extra support around infection control, PPE and advice.
  - Support teams were put in place to support rapid deployment across the region should any care home experience issues with staff or sickness/absence.
  - The Health Protection Team carried out phone audits and then followed up with unannounced visits in most care homes.
  - A programme of education and training around Covid 19 was made readily available and distributed by Scottish Care to care home colleagues. Subsequent updates have followed.
  - Staff and family testing is available and outreach testing for residents is in place.
4. The Care Inspectorate is providing liaison support to care homes and has been available to the HSCP to support this agenda.

**NOT PROTECTIVELY MARKED**

5. With the establishment of the CHOG further support was established. This group developed tactical level support through the appointment of a small team, led by a Lead Nurse and Senior Social Work Manager to provide assurance around a number of specific areas detailed in the guidance.
6. These were:
  - Infection prevention and control support.
  - Cleaning to prevent transmission and appropriate use of PPE.
  - Development and implementation of a testing approach.
  - Support sourcing of staff to care homes.
  - Reviewing care home safety huddles and data provided to Public Health.
  - Specific nursing support including clinical input from Community Nursing supporting individuals with increasingly complex needs.
7. Initial assurance visits to all care homes registered with the Care Inspectorate (CI) (number = 34\*) were carried out and gave a baseline for any follow up support as well as establishing relationships with the care home staff.
8. *(\*initial number of adult care homes was 31, however a further 3 respite units were noted to be registered with CI and were expected to be included in all reporting and support. One of the units has remained closed throughout the pandemic and therefore we regularly report and refer to 33 care homes).*

## **Progress**

### National review:

9. In November 2020 a review, commissioned by the Cabinet Secretary to make recommendations for systems review and highlight good practice, was published (Care Home Review; a rapid review of factors relevant to the management of Covid 19 in the care home environment in Scotland).
10. Whilst there was no requirement to action the recommendations, the CHOG felt it was appropriate to measure where Dumfries and Galloway was in relation to all appropriate recommendations. Subsequently, the table of recommendations has been considered and any actions that can be applied locally have been included in the CHTT work plan.
11. The table of recommendations and actions is included in **Appendix 1**

### Assurance visits:

12. A series of assurance visits have continued, including during and post outbreak, to support care homes and give assurance to CHOG about the standards. Themes from the visits include support needed for social distancing, storage of PPE, laundry processes and ensuring all staff are bare below the elbow. Whilst these are relatively minor themes, they are the more recurring ones in care homes across the region.
13. Visits have been carried out in every care home and, for some, on more than one occasion, particularly where there has been an outbreak or where there are recommendations to make change.
14. Visits are undertaken by the CHTT and Health Protection Nurses and include the manager of the care home. Staff and, where possible, residents are spoken to during the visit
15. The cooperation from care home staff has been positive.
16. Where particular support is needed the CHTT have worked with the HSCP and Scottish Care to produce a template for improvement plan, with guidance for care home staff to complete. This is currently being tested in care homes and CI have supported this work as an exemplar in practice to support homes **(Appendix 2)**.
17. The next iteration of the care home assurance tool has been developed and is being tested, this will widen the scope of the visit, based on the learning from the most recent CI visit and the need to consider aspects of care beyond infection control **(Appendix 3)**.

### Outbreaks:

18. There have been outbreaks in a number of homes over the period of the Covid pandemic with significant attack rate for both staff and patients in a small number of homes and, in those cases subsequent loss of life. The care home staff have worked hard, supported by the HSCP as well as the CHTT to reduce the impact of staff shortage on the care of residents.
19. Summary reports from all outbreaks are presented to Infection Control Committee for learning.
20. Prior to reopening deep clean and assurance visits are undertaken however the recent CI inspection at one home has highlighted some learning for the CHTT, CHOG and the Incident Management Team around the home's understanding of the deep clean process which is being addressed with all care homes.

## **Covid testing**

### Discharges:

21. In November 2020 paper was submitted to the NHS Board and IJB having the detail of an analysis of discharges of patients from hospital to care home in the period of the first wave of the pandemic, from 1<sup>st</sup> March to 17<sup>th</sup> June 2020 and, whilst there were a number of individuals who had not been tested for Covid prior to discharge, the evidence shows there was no correlation between those discharged and any care home outbreak.
22. Since the end of 2020 CHOG receives a monthly report on testing of individuals prior to discharge to a care home discharges.

### Care home staff testing:

23. Care home staff are asked to undertake covid testing every week, this began with a single weekly test and an ambition that at least 70% of staff undertook the test. There was initially some work needed to support the staff to undertake tests and accurately record them on the TURAS Safety Huddle Tool system, however the staff are consistently reporting up to 100% concordance with testing, with only a very small number at less than that.
24. The CHTT follow up every week on any drop in testing, mostly the issues are with the system or accurate understanding of eligible staff, rather than any reluctance to undertake tests.
25. In recent weeks with the introduction of lateral flow device (LFD) testing, staff are now asked to complete a further two tests very week using LFD

## **Visiting**

26. Visiting has been restricted in care homes since December 2020, prior to which the CHTT was working with the homes to introduce indoor visiting.
27. Given the recent guidance from Scottish Government, plans are once again being brought into line to ensure safe and supportive visiting.
28. Visiting is an area of concern for some care homes as they are concerned it brings additional risk and further work to support visitors with LFD testing and recording.
29. All parties recognise the significant psychological effect on residents and their families that restricted visiting can have and the potential harm both during and beyond the restrictions, particularly where families have lost a loved one.

## **Vaccination**

30. Vaccination of care home residents and staff began in early December 2020, with all homes completed by 24<sup>th</sup> December.

31. Second vaccinations of residents and staff are now complete.

### **Safety Huddle Tool**

32. The Safety huddle Tool (SHT) is a national tool, on TURAS, which care homes are required to populate daily around staffing levels, PPE, testing, any residents or staff with symptoms or testing positive and any escalation to the local Health Protection Team.

33. The introduction of this tool has required significant support from the CHTT and data analysts to help the care homes understand the tool and submit information.

34. The tool aims to allow both national and local reporting in real time although there are still a number of concerns about the validity of information.

### **Support for Care Homes**

35. The CHTT, with Health Protection, Health Intelligence and Scottish Care teams offer regular and frequent (sometimes daily) support to care homes. There is also very close working with HSCP, particularly during outbreaks:

- Daily calls to care homes for any help required with the SHT
- Focussed and specific training on Infection Control for care homes as need
- Fortnightly webinars with care home managers, attended by a CHOG representative
- Established and separate communication streams for 'regular' communication and those elements which require action or provide advice on changes in national guidance – for instance on the introduction of the care home addendum to the National Infection Control Manual and the new visiting guidance
- Support to introduce new guidance, through the webinars and by condensing guidance into a clear to read format
- A training needs analysis will determine the future training and support plan for care homes

### **Conclusion**

36. There is support in place for the care homes and the managers and staff are willing participants in the vast majority of cases. In some instances there is dispute between the local care home position and that of the parent company, this was particularly evident with the progression of visiting, where some larger companies had made regional or national decisions.

37. Here is evidence that the care home have been supported to make the environment as safe as possible for residents.
38. There have been lessons learned from the most recent outbreak which have been taken into account as we go forward although the hope is that vaccinations will mean much lower rate of infection, transmission and impact.

Table of Recommendations:

Action No:	Related to:	Recommendation	Current Position	Actions	Action Lead	Timescales
1.	Care Home risk factors	<ul style="list-style-type: none"> <li>It is important to recognise that any care home, irrespective of size or number of residents, is vulnerable to outbreaks, and prevention strategies at care home level and HSCP level should take account of this</li> </ul>	This risk fully understood by the Health and Social Care Partnership and input and support provided to all care homes in the region.	<p>Care Home Tactical Team (CHTT) meet on a daily basis. Care Home Oversight Group meet 3 x weekly.</p> <p>Daily Turas Escalation Report</p> <p>Processes in place to deploy a team within 48hrs of any identified outbreak Planned Assurance visits offer prevention strategies and support</p>	<p>Care Home Oversight Group (CHOG)_</p> <p>Care Home Tactical Team</p>	Ongoing
		<ul style="list-style-type: none"> <li>A campaign of awareness-raising amongst care home staff of the particular symptoms in older people should be undertaken</li> </ul>	This has previously been covered in the Public Health audit in April 2020 and was again highlighted in an updated symptomatic letter to care home managers on the 16/10/2020.	<p>Poster has been developed for putting up in care homes – Video of aspects of COVID-19 care been sourced and shared with Care Homes</p> <p>E-mail to local GP/Geriatrician for care home staff regarding symptoms</p>	<p>Alice Wilson (Nurse Director) / Ken Donaldson (Medical Director)</p> <p>Elaine McCartney (Scottish Care)</p>	<p>23.11.2020 Re-circulated Wk 25/01/21</p> <p>Complete</p>

				Incorporate with vital signs training taking place. Programme includes on-line module, face-to -face observation and competencies.	Ken Donaldson	Complete
					Elaine McCourtney / Graham Haining (Nurse Manager)	Due for completion April 2021
2.	First wave	<ul style="list-style-type: none"> <li>Board level and national-level lessons learned for care homes are required to be continuously reported and shared in the pandemic with the care homes and the wider system</li> </ul>	HIORT and HIAT being shared with ARHAI. Issues discussed at DPH meetings.	<p>Lessons learned will be added to IMT agenda and collation of lessons learned will be submitted to Tactical Team on a monthly basis</p> <p>Small working group considering lessons learned. Triangulation with outbreaks, assurance visits and CI reports.</p>	<p>Public Health – Health Protection Team</p> <p>Tactical Team</p>	<p>Ongoing</p> <p>Initial report being drafted March 2021)due</p>
		<ul style="list-style-type: none"> <li>All long-term care facilities (care homes, residential settings and community hospitals) need to implement active measures to prevent introduction of</li> </ul>	Number of measures in place for care homes for older people and community hospitals.	<p>Review of Oversight arrangements for Care Homes, Care at Home and other residential settings.</p> <p>In respect of Care Homes</p>	Care Homes and Care Home Tactical Team	Ongoing

		<p>COVID-19 and be kept up to date with the emerging epidemiology and IPC issues.</p>		<p>the following is in place:  Turas Safety Huddle, Assurance visits, Training Needs Analysis, Fortnightly webinars, Weekly Scottish Care info sheet  Weekly PCR and twice weekly LFT testing embedded for staff, many homes achieving 100% against the 70% target. Weekly PCR testing of residents variable due to capacity / consent / size of care home, 10% target.  COVID vaccinations – care homes now on 2<sup>nd</sup> dose.</p>		<p>Vaccinations due for completion wk 8/3/21</p>
		<ul style="list-style-type: none"> <li>Additional factors found for consideration of further guidance and support include : travel associated risk in care workers, on-going variation in care home with respect to glove use, hand hygiene and cleaning</li> </ul>	<p>National Infection and Prevention Control Manual for Care Homes implemented December 2020</p>	<p>Updates to guidance will be shared through weekly Tactical assurance calls. Fortnightly webinars and programme of assurance visits in place.</p>	<p>Tactical Team/HPT</p>	<p>Ongoing</p> <p>Since August 2020 weekly calls made to Care Homes ongoing supported by Scottish Care</p> <p>Webinars in place</p>

						previously, HPT involvement since June 2020
		<ul style="list-style-type: none"> <li>IPC, inclusive of its application to visiting, is critical to the sector. Care homes should have access to expert IPC advice to support local risk assessment and a mechanism should be developed to enable sharing of what works well, in terms of applying the national guidance in a local context</li> </ul>	Access to this currently available via HPT/ICT and Tactical Team IPCN	<p>Clinical Educators / Infection Control / HPT ongoing programme of training re these areas.</p> <p>Collation of what works well will be shared at Care Home webinars in relation to IPC and Care Home visiting.</p> <p>IPC Champion model to be developed (link staff member in each home) All care homes have completed risk assessments, processes and protocols to enable indoor visiting when national guidance allows</p>	Tactical Team	<p>IPC training commenced Jan 2021. Training Needs Analysis shared with all care homes for completion by 08/2/21. Some response still being followed up</p> <p>Analysis and training schedule to follow</p>
3.	Data landscape and Digital infrastructure	<ul style="list-style-type: none"> <li>IMT systems need connected within and between Boards to enable outbreak management and network analysis to be further enabled</li> </ul>	Data shared between Local Authority and NHS to allow data linkage and subsequent analysis	This is established and functioning		Complete

	<ul style="list-style-type: none"> <li>Intelligence sharing across the system of national organisations supporting the pandemic needs strengthened to inform national action planning in support of local needs</li> </ul>	<p>National Recommendation</p> <p>Monthly National DPH report received</p>	<p>National Recommendation</p> <p>National discussions re linking LFT information and Care Inspectorate reports</p>	<p>Tactical Team Leads/ Health Intelligence Team</p>	<p>Ongoing</p>
	<p>The TURAS safety huddle system should consider wider winter preparedness and broader IPC needs as part of the planned future developments and how the system might move to be used for local improvement</p>	<p>National Recommendation.</p>	<p>Partnership will support implementation of updates</p> <p>Data Analyst represents D&amp;G as part of National Group</p> <p>TURAS data considered on a daily basis by Tactical Team</p> <p>Reports from TURAS used influence local improvements</p>	<p>Health Intelligence/ Tactical Leads</p>	<p>Ongoing</p>
	<ul style="list-style-type: none"> <li>Support in building capacity and capability for data systems to be used by care home staff for quality improvement is required</li> </ul>	<p>National Recommendation</p> <p>Data Analyst represents D&amp;G on National group</p>	<p>National Recommendation</p> <p>Data Analyst attending Care home managers webinar 23/2/21 to discuss future TURAS developments and reporting functions for individual care home use.</p>	<p>Health Intelligence/Tactical Leads</p>	<p>Ongoing</p>

		<ul style="list-style-type: none"> <li>Care homes should ensure preparedness for any potential outbreak by maintaining a current register of all required staff and resident data</li> </ul>	Homes advised to keep such data up to date.	<p>HPT will provide a spreadsheet to the Care Homes to help preparedness in the event of an outbreak. This is being recirculated to encourage care homes to keep data up to date.</p> <p>Strategic Planning currently carrying out scoping exercise to consider business continuity./contingency plans from individual care homes assessing documentation fitness for purpose. Workshops on 'best practice' to be considered</p>	Health Protection Team/ Strategic Planning	Dec 2020/ recirculating wk 22/2/21
4.	Early Warning Systems	<ul style="list-style-type: none"> <li>TURAS, and supporting processes for its use in the HSCP and care homes, should continue to be further developed to ensure it can be used as effectively as possible as an early warning system</li> </ul>	National Recommendation	<p>National Development</p> <p>Early warning indicators reviewed daily by Tactical Team and appropriate contact made with care homes. Escalation as necessary</p>	Tactical Team	Ongoing

		<ul style="list-style-type: none"> <li>Care homes should be supported to use the TURAS data for local improvement</li> </ul>	Partnership supporting implementation of the TURAS safety huddle tool. Significant support required to develop the concepts of a safety huddle within a care home.	Support updates and developments of TURAS. Local guidance document available. Drop in and bespoke training sessions. Compliance much improved. Further work required to develop 'concept' of safety huddle	Tactical Team	Ongoing
		<ul style="list-style-type: none"> <li>A further detailed review of staffing rosters and workforce capacity should be considered based on the findings from the TURAS indicator data, it may be helpful for care home oversight groups to work collectively with care homes in the use of workforce tools to enable system level planning and mutual support</li> </ul>	Workforce tool for care homes not currently developed. In outbreak situations discussions take place about what workforce support might be needed from the partnership but this is currently guided by the Care Home rather than workforce planning tools.	Tactical Team to embed the understanding of safety huddle Workforce planning/surge planning part of CHTG workplan Staff 'bank' model being developed	Care Home Tactical Group (CHTG)	Ongoing

5.	Testing	<ul style="list-style-type: none"> <li>Urgent action should be taken to ensure parity of access to testing and speed of response for care home and wider NHS and agency staff deployed there</li> </ul>	Care Homes asymptomatic surveillance testing via Social Care Portal. Symptomatic testing via NHS local labs.	Engage with projects to look to move asymptomatic testing to NHS regional testing nodes when capacity allows. PCR testing regimes embedded. Transition to NHS labs completed by mid Feb 21. LFT processes commenced Dec 20,	CHOG Tactical Team HPT Scottish Care	Complete
		<ul style="list-style-type: none"> <li>Urgent action to ensure suspected outbreaks in care homes result in all staff and residents being quickly tested and there are no delays to total turnaround time from sample being taken, to results being reported back</li> </ul>	NHS staff deployed to care homes have access to NHS testing. Re-testing of asymptomatic positive Social Care Portal tests due to number of false positives.  Mass testing implemented as soon as possible after a case in either a resident or staff member is identified.	In an emergency situation Agency staff to be given access to NHS Testing if the Social Care portal is not responsive enough.  Include timelines for mass testing and surveillance testing in the EPI curves for Outbreaks, to be reviewed at IMTs. Systems in place and rigorously tested	Tactical Team  Health Protection Team	Complete

6.	IPC knowledge and expertise	<ul style="list-style-type: none"> <li>Local IPC capacity requires to be developed at H&amp;SCP level and with HPTs to support care homes with expert IPC advice which is risk based, proportionate and supports compassionate care in a homely setting</li> </ul>	<p>Two additional Health Protection Nurses and. 1 x Infection Control Nurse recruited.</p> <p>Joint working between HPT team , IPC and Tactical Team ongoing.</p>	<p>Develop joint working approach between IPC and HPT – shared learning and development for new staff coming into post.</p> <p>1x IPCN, 1 x Clinical Educator, 1x HPT nurse in place. Further advert for 1 x IPCN - interviewing on 18/2/21.unsuccessful &amp; Tactical Leads to review requirements.</p> <p>Joint working going well</p>	<p>Alice Wilson / Valerie White (Interim Director of Public Health)</p> <p>Tactical Leads</p>	Ongoing
7.	IPC indicators	<ul style="list-style-type: none"> <li>IPC indicators (such as hand hygiene compliance) should be routinely monitored in care homes and comparative reporting over time developed – TURAS should be considered for further development to encompass this.</li> </ul>	<p>Homes have been encouraged by HPT to monitor ongoing infection and prevention control practice with examples shared by the HPT.</p>	<p>Ongoing monitoring and support for implementation via IPC / HPT /Clinical Educator input and review at assurance reviews. Further round of Assurance visits commenced Dec 2020 and finished mid Feb 2021. Rolling programme of assurance visits in place.</p>	Tactical Team/HPT	Ongoing

	<ul style="list-style-type: none"> <li>Monitoring systems for IPC compliance in care homes should be further developed</li> </ul>	National development	IPC 'ability to comply' with Infection Prevention and Control measures currently recorded on TURAS and also on DPH report Also as 7.2 of Care Inspectorate Inspections and included in Assurance visits.	Tactical Team/Care Homes	Ongoing
	<ul style="list-style-type: none"> <li>Further work is required to develop SICPS as part of day to day practice in care homes settings</li> </ul>	Advice and support provided by HPT/ICT	Training programme being progressed Jan 2021	IPCN training programme Champion model to be developed with care homes and Tactical Team IPCN	Ongoing
	<ul style="list-style-type: none"> <li>The TURAS dashboard needs to be used by care home managers and by HSCP in order to provide assurance in relation to safe staffing, escalation and IPC</li> </ul>	This is an ongoing developmental process as care homes start to get to grips with the new tool.	Further dedicated local input will be provided by HPT, Care Home IPCN and Clinical Educators. Local guidance document available. Compliance much improved. Daily report reviewed by Tactical Team	Care Homes	Ongoing

8.	Leadership	<ul style="list-style-type: none"> <li>Organisations should take steps to ensure the emotional wellbeing of all staff, with a particular focus on care home managers, through providing access to support and signposting to the range of resources currently available</li> </ul>	A range of supports from psychology services is available to all care home staff including 1-1 interventions and signposting to web based resources.	<p>Ongoing engagement and promotion of this service</p> <p>Onward referral systems from Test and Protect team to psychology services to be put in place, this is included in the Local Script</p>	<p>Gillian Bowie (Psychologist)</p> <p>Justine Laurie (Trace and Protect Manager)</p>	<p>Ongoing</p> <p>Complete</p>
		<ul style="list-style-type: none"> <li>Consider access to enhanced leadership training, mentoring and leadership networks</li> </ul>	Not currently in place through the H&SC partnership.	<p>Further work will be undertaken to review opportunities to access leadership support. Training Needs Analysis in progress - covers Leadership themes</p>	CHOG Tactical Team	Ongoing
		<ul style="list-style-type: none"> <li>A national information campaign should be considered for care home staff to ensure information is well understood in relation to how personal behaviour can impact on their role whilst at work, to include social distancing, cigarette breaks, car sharing and remaining vigilant to risks at all times</li> </ul>	National Campaign but these issues have been highlighted to care home managers via letter on 16th October 2020 and at Webinar on 3rd November 2020.	<p>Ongoing pick up of such issues at weekly assurance calls also assurance visits Urgent and highly important communications are sent via the Tactical Team, routine communications and updates are sent via Scottish Care. This system helps 'draw' staff attention to them</p>	Tactical Team	Ongoing

9.	Training and education	<ul style="list-style-type: none"> <li>Development of a mandatory induction module for IPC, in partnership between SSSC and NES, should be undertaken as soon as it is practicably possible.</li> </ul>	Care Homes have access to a range of induction training provided through their organisations / private providers.	Review of mandatory training compliance for registered SSSC professionals Training has been 'stood down' by SSSC over time of pandemic. Information to be sought re future planning	Lillian Cringles (Chief Social Work Officer)	Ongoing
		<ul style="list-style-type: none"> <li>Consider a supportive education model where care homes educators roles are developed to support every care home in Scotland</li> </ul>	Advice and support provided by HPT / IPCT	Further development of this model through HPT, IPCN and Clinical Educators re SICPs. TNA (Training Needs Analysis in progress)	Tactical Team	Ongoing
		<ul style="list-style-type: none"> <li>Workforce development needs for IPC requires to be considered for all staff in care homes and those providing IPC support to this sector</li> </ul>	National Recommendation	Further development of this model through HPT, IPCN and Clinical Educators re SICPs.	Tactical Team	Ongoing
10.	Guidance and local adoption	<ul style="list-style-type: none"> <li>HSCP planning using a multi-model approach to IPC is required; this may be supported by national IPC lead organisations such as ARHAI Scotland</li> </ul>	Advice and support provided by HPT / IPCT	Further development of this model through HPT / IPCN and Clinical Educators re SICPs	Tactical Team	Ongoing

		<ul style="list-style-type: none"> <li>The new national care home manual for IPC planned for completion in December 2020 should be produced with a multi-model strategy plan for dissemination and implementation</li> </ul>	<p>Updates to guidance is circulated to Care Homes via Scottish Care, Tactical Team and HPT</p>	<p>Plan to support implementation of the new guidance. IPCN in place in Tactical Team to support implementation in partnership with HPT.</p>	<p>Tactical Team (IPCN)</p>	<p>Circulated to all care homes Dec '20</p>
		<ul style="list-style-type: none"> <li>National organisations should be mindful of the impact of publication of guidance on days towards the end of the week or over weekends, and the availability of senior managers to support interpretation, dissemination planning should be considered as part of the guidance development process</li> </ul>	<p>National Recommendation</p>	<p>National Recommendation. Recommendation/request to SG at Webinar 20/1/21</p>	<p>CHOG</p>	<p>Ongoing</p>
		<ul style="list-style-type: none"> <li>Most recent versions of guidelines should clearly highlight the additional information or changes from the previous version</li> </ul>	<p>National Issues</p>	<p>Any new update highlighted at webinars and weekly tactical team updates.</p>	<p>Tactical Team</p>	<p>Ongoing</p>

11.	Inspection arrangements	<ul style="list-style-type: none"> <li>Undertake a thorough review of the joint inspection process to ensure a truly integrated approach to inspection in care homes is in place</li> </ul>	National recommendation	<p>Weekly meetings between Tactical Leads and Care Inspectorate (CI)</p> <p>Feedback / communication processes being developed.</p> <p>Ongoing development / review of assurance visits and template.</p> <p>Triangulation with all reports via 'Lessons learned'</p>	CI / Tactical Leads	Ongoing
		<ul style="list-style-type: none"> <li>Ensure that relevant professional national IPC expertise is at the centre of the process, to provide a consistent level of expertise and support</li> </ul>	National Recommendation	<p>Relevant expertise available via local IPC Team. Tactical Team and HPT.</p> <p>National expertise available via professional links (IPC and HPT).</p>	IPC / HPT / Tactical Team	Ongoing
		<ul style="list-style-type: none"> <li>At present the operation of the wider company structure is outwith the scope of Care Inspectorate (CI) scrutiny, and consideration should be given to extending its remit to corporate entities</li> </ul>	National Recommendation	National Recommendation	Scottish Government	Ongoing – reference made within Independent Review of Adult Social Care Report (February 2021) to the CI having an 'enhanced role'.

12.	Carer perspectives	<ul style="list-style-type: none"> <li>Context specific care home level guidance is required locally, in line with national guidance, for visiting and care practices within the individual home that makes it easy for consistency in application of IPC needs in a risk based and proportionate way to enable compassionate care in a homely setting</li> </ul>	Local risk assessment approach already in place with access to HPT/ Tactical Team/Scottish Care support if required.	Visiting will be promoted in line with current CoVID tiering system. All stage 3 risk assessments reviewed and approved	Tactical Team/HPT/Scottish Care	Ongoing
		<ul style="list-style-type: none"> <li>Provision of a “Visiting Champion” or other similar arrangement is desirable in ensuring that advice and guidance relevant to specific contexts is readily available and consistently applied</li> </ul>	Action for the Care Homes to implement	Care Homes responsible for considering implementation of a ‘Visiting Champion’.  Panel via CHOG available for advice and guidance relevant to visiting	Care Homes  CHOG	Ongoing
13.	Built environment	<ul style="list-style-type: none"> <li>Infection prevention and control specialist support for individual care homes is required when considering the built environment and risk assessment</li> </ul>	National recommendation	Health Facilities Scotland HPT support available IPCN nurse in place	Tactical Team/HPT	Ongoing

		<ul style="list-style-type: none"> <li>Risk assessment inclusive of advice relating to the built environment covering areas such as fire and falls is required, to ensure that no unintended consequences of changes in the built environment due to IPC measures, are present</li> </ul>	National recommendation	<p>Discuss with Care Inspectorate</p> <p>Commissioning reviewing Business Contingency Plans – advice and guidance to be provided to Care Homes in respect of this.</p>	<p>Tactical Leads</p> <p>Commissioning</p>	Ongoing
		<ul style="list-style-type: none"> <li>Ventilation guidance should be considered nationally to share general principles to mitigate transmission risks re aerosols over the winter months in care homes</li> </ul>	National recommendation	Part of assurance process Health Facilities Scotland	Tactical Team/HPT	Ongoing
14.	Raising concerns	<ul style="list-style-type: none"> <li>Consider extension of the whistleblowing service to all staff across the health and care sectors</li> </ul>	National Issue	CHOG would implement any recommendations	CHOG	Ongoing



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inspection findings. **Within these situations the Partnership would expect completion of Improvement Plan and Improvement Planning Meeting(s) will be arranged by the Health & Social Care Partnership to support this:**

- Care Inspectorate Inspections in circumstances whereby gradings are 2 – weak or 1 – unsatisfactory (until satisfactory improvements are evidenced and gradings increased to at least 3 – adequate or above; important to note gradings of 3 – adequate require ongoing improvement and should be addressed by the Care Home within their own Improvement Plan and process).
- Large Scale Investigations (due to concerns regarding institutional harm under auspices of Adult Support & Protection (Adult Support & Protection (Scotland) Act 2007).
- Care Home Tactical Team Assurance Visits whereby Improvement Plan is an identified recommendation.
- Serious Complaint

### **Process:**

It is acknowledged that care homes will have their own internal processes for improvement planning, recording, governance and reporting. However, this document seeks to clarify a process in circumstances whereby Improvement Plans are deemed to be a necessary collaborative approach with the Partnership, as outlined above.

### **Partnership Lead Roles & Responsibilities:**

A Partnership Lead will be identified as the care homes main point of contact during this process and will be responsible for:

- Coordination and chairing of improvement planning meetings
- Identifying appropriate representatives to be involved in meetings
- Ensuring the plan is shared as appropriate in terms of the agreed governance and reporting structure (detailed below)

### **Improvement Planning Meetings:**

#### *Participants:*

Identified persons to be involved in the improvement plan this must include:

- Care Home Manager
- Care Home Director / Owner
- Partnership Lead (identified from Health & Social Care Partnership Locality Teams)
- Care Home Tactical Lead

Consideration of additional participants dependant on reason for the improvement plan:

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- Other senior members of the care home team (i.e. quality improvement officers, regional managers etc.)
- Care Inspectorate
- Scottish Care
- Health Protection Team
- Infection Prevention Control Representative
- Clinical Educator
- Community Nursing
- Allied Health Professionals
- Social Work
- Commissioning
- Police Scotland
- Any other representation as deemed appropriate, by any party, in terms of professional input / expertise (for example, Care Homes can invite their own professional representation)

### *Completion of the Plan*

Responsible lead for creating, maintaining and updating of the plan will be agreed at the Improvement Planning Meeting – in the main this will be the care home however in some situations it may be deemed more appropriate for another member of the Improvement Planning Group to take responsibility for this (for example during Large Scale Investigations; still working in collaboration with the care home).

### *Frequency of Reviews*

At the initial meeting, a review date will be agreed by the group to collectively review and update the plan. At subsequent meetings, dependent on the immediacy of the identified issues and level of improvement still required, review dates will be set at appropriate frequency to monitor progress of the plan within the agreed timeframes. Reviews will need to take into consideration any other timescales such as follow up Care Inspectorate Inspections, Assurance Visit plans and/or Contract Monitoring. If there are differing views regarding frequency of meetings, this decision will sit with identified the Partnership Lead.

### *Conclusion of the Health & Social Care Partnership Lead Role:*

Improvement planning is a continuous process. The Professional Lead will be mindful of the appropriate stage at which to end the formal Partnership & Provider Improvement Planning Meetings, handing back to the Care Home to continue to lead on, sustain and review improvements. This should be considered as a group and take into consideration wider impacting factors such as satisfactory improvements being made in terms of Care Inspectorate requirements or identified actions via Large Scale Investigations. Agreement should also be sought from the Care Home Oversight Group (CHOG), who will have been kept informed and updated throughout the process.

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*Governance, Reporting & Quality Assurance:*

The Improvement Plan template is completed by the agreed representative. This should be shared with the Improvement Planning Group to confirm this accurately reflects the identified areas for improvement and agreed actions from the Improvement Planning Meeting. Any necessary amendments / comments should be fed back to the person who completed the plan, as well as the Partnership Lead for oversight.

The Partnership Lead and Care Home Tactical Lead/s must ensure quality assurance of the plan prior to wider distribution to relevant groups.

Finalised version of the plan following each Improvement Planning Meeting must be shared by the Partnership Lead to:

- The Improvement Planning Group
- Care Home Oversight Group (CHOG)
- Commissioning
- Care Inspectorate
- Where appropriate any other relevant professional lead / body (e.g. Social Work or Police if appropriate in terms of Large Scale Investigations)

If there is a difference of opinion, in that the Care Home or Partnership Lead / Care Home Tactical lead are in agreement with the plan or satisfied with the outcomes, this should initially be escalated to CHOG, and subsequently to the Care Inspectorate where necessary as confirmed via CHOG. Prior to any escalation, efforts should always be made as an Improvement Planning Team to understand reason/s for disagreement and engage in good conversations in attempt find a reasonable resolution.

**Guidance:**

The below information is step-by-step guidance on how to complete the Improvement Plan Template.

**Header – Date of Plan & Completed by:**

In the heading of the document, there is 'Date of Plan' and 'Completed By'. It is important both are completed. As the Improvement Plan will be a working document, dating the plan ensures the current version is being referred to and supports tracking of progress. It is also helpful to be aware the agreed responsible lead for updating the plan documentation by noting who has completed this.

**Name of Partnership Lead**

This is the name of the agreed Partnership Lead and chair of the Improvement Planning Meetings.

**Name of Registered Manager (and Day-to-Day Manager if different)**

This is the name of the care home manager.

**Name of Service**

This is the name of the care home.

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### Type of Service

The type of the service, i.e. Residential Care Home for Older Adults, Residential Care Home for Adults or Respite Facility.

### Date of Commencement

Date the plan was initiated.

### Date for Review

Agreed date for next review.

### Themes

The improvement actions should fit into one of the 6 themed areas:

1. Supporting People's Well-Being
2. Leadership & Management
3. Staff Team (Education, Training etc.)
4. Environment
5. Care Planning
6. Infection Prevention, Control & Safety

It is not necessary to have actions in all themes of the plan, only complete those which are relevant.

In situations where improvement actions pertain to more than one of the themed areas, detail this within the most relevant section and reference this within other sections of the plan where relevant.

### Context

This is space to record the reason for the improvements required / the method in which these were identified. For example, this may be via self-evaluation or could be as result of external professional bodies such as Care Inspectorate Inspections, Contract Monitoring Visits / Findings, Assurance Visits, Complaints Process, Large Scale Investigations.

### Actions

A separate row should be used for each action, to support clear recording of responsible person/s, timescale, progress and RAG status. Rows can be added or removed dependant on the number of actions identified. The actions each have an action number for ease of reference in discussions and minutes. The actions should include detail of the desired outcome/s. The outcome is 'what we strive to achieve' and the actions are 'how we are going to do it' and so, it can be helpful to breakdown the actions in this way to remain focussed on the intended purpose and aim.

It is important that actions include measurements to track progress, so 'how much?' and 'by when?'. An example of this might be an identified training need of the staff team. If there is a specific training exercise to be completed, then you may within the plan note the % of those who have completed or those who have still to complete in comparison to the target % (i.e. 45% of staff have completed Infection Prevention & Control E-Learning module and the remaining 55% are to complete this within the next 2 weeks to achieve 100% compliance).

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### Responsible Person/s

Who are the person/s responsible for undertaking the identified action or ensuring this is completed.

### Timescale for Completion

The anticipated / aim for when the action should be completed. This should be realistic, and actions prioritised accordingly in terms of timescales. The timescale is used as a measure at future meetings around progress and therefore use of 'ongoing' should be avoided as this is not measurable nor does it allow for completion of the necessary improvement to be confirmed. Some timescales will already be set timescales as stipulated by other professional bodies, such as the Care Inspectorate.

### Progress Comments

This provides an opportunity to add brief and relevant comments regarding the progress of the action and context around this. For example, noting any identified barriers or issues which may be causing delay.

### RAG Status

RAG stands for Red – Amber – Green. This is used to demonstrate whether actions are outstanding, in progress, on target or completed.

- Red – Outstanding and not on target for completion date.
- Amber – In progress and on target for completion date.
- Green – Completed.

### Other points to note:

Abbreviations can cause confusion and be misinterpreted if not clearly outlined prior to their use. Abbreviations should be avoided, however where they are in use the first time the word that is used should be written in full with the abbreviation to be used going forward noted in brackets immediately after this. For example, Infection Prevention & Control (IPC).

### Useful links / references:

Care Inspectorate Guide to Self-Evaluation:

[https://www.careinspectorate.com/images/documents/5866/Self\\_evaluation\\_for\\_improvement\\_-\\_your\\_guide.pdf](https://www.careinspectorate.com/images/documents/5866/Self_evaluation_for_improvement_-_your_guide.pdf)

Care Inspectorate Quality Framework for Care Homes for Adults

<https://www.careinspectorate.com/images/documents/5856/Quality%20framework%20for%20care%20homes%20for%20adults%202020.pdf>

Care Inspectorate Quality Framework for Care Homes for Older People

<https://www.careinspectorate.com/images/documents/5855/Quality%20framework%20for%20care%20homes%20for%20older%20people%202020.pdf>

Care Inspectorate Self-Evaluation Tool & Guidance for Key Question 7 (COVID-19)  
Older People & Adult Services

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[https://www.careinspectorate.com/images/documents/5916/Self-eval%20tool%20&%20guide%20Q7%20COVID-19.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.careinspectorate.com/images/documents/5916/Self-eval%20tool%20&%20guide%20Q7%20COVID-19.pdf?utm_medium=email&utm_source=govdelivery)

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**Appendix 1 – Partnership/Provider Improvement Plan**

Date of plan: 10/10/20  
 Completed by: Home Manager's Name



## Partnership/Provider Improvement Plan

**Name of Partnership Lead:**

**Name of Registered Manager (& Day-To-Day Manager if different):**

**Name of Service:**

**Type of Service:**

**Date of Commencement:**

**Date for Review:**

<b>Theme 1: Supporting People's Well-being</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
<b>Action No</b>	<b>Actions</b> (including detail of the desired outcome/s)	<b>Responsible Person/s</b>	<b>Timescale for Completion</b>	<b>Progress Comments</b> (including ability to meet any identified requirements)	<b>RAG Status</b>
1.1					
1.2					
1.3					
	Please add additional rows as required for each section				
<b>Theme 2: Leadership and Management</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
<b>Action No</b>	<b>Actions</b> (including detail of the desired outcome/s)	<b>Responsible Person/s</b>	<b>Timescale for Completion</b>	<b>Progress Comments</b> (including ability to meet any identified requirements)	<b>RAG Status</b>

Date of plan: 10/10/20  
 Completed by: Home Manager's Name

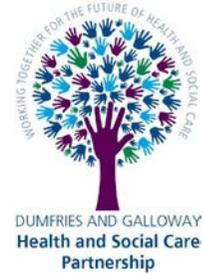
				requirements)	
2.1					
2.2					
2.3					
<b>Theme 3: Staff Team (Education, Training, etc)</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status
3.1					
3.2					
3.3					
<b>Theme 4: Environment</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status
4.1					
4.2					
4.3					
<b>Theme 5: Care Planning &amp; Support</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
Action No	Actions (including detail of the desired outcome/s)	Responsible Person/s	Timescale for Completion	Progress Comments (including ability to meet any identified requirements)	RAG Status

Date of plan: 10/10/20  
 Completed by: Home Manager's Name

				<i>requirements)</i>	
5.1					
5.2					
5.3					
<b>Theme 6: Infection Control and Safety</b>					
<b>Context</b> (e.g. Self-Assessment, Care Inspectorate Inspection Report / Contract Monitoring / Assurance Visits/ Complaints / Large Scale Investigations (LSI)):					
<b>Action No</b>	<b>Actions</b> <i>(including detail of the desired outcome/s)</i>	<b>Responsible Person/s</b>	<b>Timescale for Completion</b>	<b>Progress Comments</b> <i>(including ability to meet any identified requirements)</i>	<b>RAG Status</b>
6.1					
6.2					
6.3					

EXEMPT

# Care Home Assurance Visit



<b>Name of service</b>			
<b>Registration Type (Residential / Nursing / EMI)</b>			
<b>Number of beds in care home</b>		<b>Number of people using the service</b>	
<b>Open to admissions/transfers</b>		<b>Open to visiting</b>	
<b>Number of residents COVID positive:</b>		<b>Number of staff COVID positive and/or self-isolating:</b>	
<b>Date of first positive case:</b>		<b>Date of first positive case:</b>	
<b>Date of last positive case:</b>		<b>Date of last positive case:</b>	
<b>Assurance team</b>	<b>Name</b>	<b>Role</b>	
<b>Assurance Diary/Previous visits</b>	<b>Date</b>	<b>Team members</b>	
<b>Recommendations from previous Assurance Visit (where applicable)</b>			
<b>Recommendation</b>	<b>Timescale Met?</b>		<b>Comments</b>


## 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

<b>Observations and Feedback</b>
<b>1. Residents know how they can stay in touch with people that are important to them and report good support from staff to do this</b>
Notes
<b>2. Residents are receiving regular interactions and engagement from staff including encouragement and resources to undertake activities either alone or with staff, including people who are supported in their bedrooms.</b>
Notes
<b>3. Residents are encouraged to move regularly and remain as active as they can including the use of outdoor space where possible</b>
Notes
<b>4. There is good communication between the service, families and those who are important to people experiencing care about up to date information on the impact of COVID 19 in the service and how care and support is being provided.</b>
Notes
<b>Evidence</b>
<b>5. Resident's personal plans are up to date, regularly reviewed and reflect their rights, choices and wishes as well as their changing needs during COVID-19. This includes information on people's preferences for support required to maintain contact with those important to them and ways they can remain active and engaged.</b>
Notes
<b>6. The staff in the service have established links for advice and support from health and social care colleagues in the community (including GP, nursing and social work -community teams) meaning people have access to and are receiving health and social care support to meet their individual needs and choices.</b>
Notes
<b>7. Staff know how to keep residents who live in the care home safe when they are unable to follow guidance on infection prevention and control measures including social distancing. <i>Where there are restrictions on people's movement, risk assessments identify how the</i></b>

<b><i>risks are managed.</i></b>
<b>Notes</b>
<b>8. There is guidance for staff on how to support residents in their own rooms and how to provide care and support differently in response to COVID-19.</b>
<b>Notes</b>
<b>9. There is evidence that staff are able to identify and respond to changes in people's health and wellbeing, including identifying possible typical and atypical symptoms of COVID-19. There is a process for the escalation of concerns and obtaining clinical advice and support where required.</b>
<b>Notes</b>
<b>10. People have regular access to nutrition including fluids while in their own rooms, and records are maintained for people who require support to eat and drink.</b>
<b>Notes</b>
<b>11. People have an anticipatory care plan (ACP) in place that reflects their wishes and where appropriate, those of their representatives. Staff are familiar with people's preferences for palliative and end of life care. This includes arrangements for DNACPR protocols.</b>
<b>Notes</b>
<b>12. Guidance is in place to support safe care after death of people who have died and support to their families and those who are important to resident.</b>
<b>Notes</b>
<b>13. Staff understand and follow guidance regarding visitors that is risk-based, proportionate and person centred, including for people receiving palliative or end of life care</b>
<b>Notes</b>
<b>14. Supplies of medication are adequate to manage symptom relief and comfort with appropriate systems in place for review of medication requirements and stock.</b>
<b>Notes</b>

<b>Overview of Improvement Needs for this area of care, including any recommendations (7.1 wellbeing)</b>

## 7.2 Infection control practices support a safe environment for both people experiencing care and staff

	Yes	No
<b>15. Is there a current COVID-19 outbreak? - <i>Outbreak definition: Any confirmed or suspected cases of COVID-19 within the same area or facility within 14 days, where cross-transmission cannot be excluded. A single suspected or confirmed case may indicate current transmission within the facility and must be reported to the local HPT who will assess, without delay, whether an outbreak may be current.</i></b>		
<b>Notes</b>		
	Yes	No
<b>16. Have there been any confirmed cases of COVID-19?</b>		
<b>Notes</b>		
<b>17. If yes to either question above, have the local Health Protection Team been contacted to provide advice/make assessment?</b>		
<b>Notes</b>		
<b>18. For any confirmed or suspected cases - resident placement is prioritised in a suitable area i.e. single room with en-suite facilities.</b>		
<b>Notes</b>		
<b>19. Where cohort areas are established for multiple cases of confirmed COVID (if single rooms are unavailable). Those suspected cases are cohorted separately from confirmed cases until confirmed, if the care home layout can accommodate this.</b>		
<b>Notes</b>		
<b>20. Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a resident safety risk assessment for door closure). If the door cannot be kept closed the bed/chair are placed at the furthest safe point of the room to keep 2m distance from the open door.</b>		
<b>Notes:</b>		
<b>21. The general environment in communal areas looked at are clear from non-essential items/clutter (to allow effective cleaning)</b>		
<b>Notes:</b>		

<b>22. Domestic staff have sufficient supply of equipment including mop heads, disposable clothes, cleaning solution (Chlorine based) - Ask staff.</b>		
Notes		
	<b>Yes</b>	<b>No</b>
<b>23. Increased frequency (twice daily) cleaning is incorporated into the care home cleaning schedules for areas where there may be higher environmental contamination rates e.g. "frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails. - using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).</b>		
Notes		
	<b>Yes</b>	<b>No</b>
<b>24. At least daily cleaning of the resident isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).</b>		
Notes		
	<b>Yes</b>	<b>No</b>
<b>25. Is the environment in the areas looked at visibly clean? Advise Care Inspectorate will check areas such as but not limited to: floors, corners, vents, bathrooms/toilets, resident rooms, sitting/dining areas.</b>		
Notes		
<b>26. Where possible dedicated re-usable care equipment is used. If it is not possible to have dedicated items of reusable equipment for isolation/cohort areas, is equipment removed from isolation/cohort areas cleaned and disinfected before use elsewhere? Detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.)</b>		
Notes		
<b>27. Care equipment is clean and free from dirt/dust or body fluids. Observe some equipment. Advise Care Inspectorate will look at areas such as but not limited to: commodes, bath chairs, toilet raisers, toilet roll dispensers, tables, lounge chairs, bed rails (including checking undersides)</b>		
Notes		
<b>28. Where safe to do so and there are sufficient numbers of staff they are 'cohorted' to work either with people who have tested positive for COVID-19 and people who are showing symptoms, or with people who have no symptoms? [Staff should work only with residents who have COVID-19, or residents who do not, and staff should not cross over between the two groups]. If not possible what control measures have been put in place to mitigate risks from staff crossing between these areas.</b>		
Notes		

<b>29. Has the service actively promoted and communicated to everyone the importance of hand hygiene and the “WHO 5 Moments” and best practice technique?</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>30. Are there enough handwashing facilities for staff and residents to safely decontaminate hands. (Note hand wash basins should not be used for the disposal of any other liquids or waste)</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>31. When people are unable to wash their hands themselves, are they supported to maintain hand hygiene?</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>32. Staff wash their hands with soap and water with appropriate drying facilities (not hand dryers) available or use alcohol-based hand rub (ABHR) at the correct times. Observe staff</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>33. Are staff aware of when ABHR should be used and it is readily accessible?</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>34. For people living with dementia, are there enough signs, staff and interaction to support and keep them safe?</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>35. Cooling fans have been removed from areas and are not in use.</b>		
<b>Notes</b>		
<b>36. Do staff have access to <a href="#">HPS COVID-19 Information and guidance for Care Home Settings</a> and the <a href="#">NIPCM</a> and are they following this guidance? (Ask staff, can they demonstrate how they access this)</b>		
<b>Notes</b>		

	<b>Yes</b>	<b>No</b>
<b>37. Is respiratory and cough hygiene practice encouraged (catch it, bin it, kill it) and tissues and hand wipes readily available for people. (observe practice and ask staff how they manage this)</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>38. Is infectious waste disposed of through a clinical waste stream, does the organisation have a clinical waste contract?</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>39. If no clinical waste contract is infectious waste disposed of in a disposable bag, double bagged and stored securely for 72 hours before put out for uplift (observe secure storage area – must be locked also ask staff).</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>40. Do staff have easy access to the correct PPE in line with <a href="#">HPS COVID-19 Information and guidance for Care Home Settings</a></b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>41. PPE is stored in a clean dry place to prevent splashes or dirt/dust contamination not above sinks/wash hand basins or sluices/bedpan washers – where splash contamination is possible.</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>42. In all circumstances disposable aprons and gloves are single use, these are removed after each task or episode of care and hand hygiene carried out.</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>43. If IIR surgical facemasks are used for sessional use staff do not move between COVID and non-COVID areas wearing them.</b>		

<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>44. Are there any AGPs carried out in this care home? List provided <a href="#">HPS AGPs</a> (Ask management)</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>45. If AGPs are carried out have the HPT advised on safe practice, have staff been fit tested for FFP respirators Also how are stocks maintained? (Ask management and staff).</b>		
<b>Notes</b>		
<b>46. Is visiting being offered in line with HPS COVID-19 Information and Scottish Government guidance for Care Home Settings?</b>		
<b>Notes</b>		
<b>47. Residents with suspected/confirmed COVID (or from a care home with an ongoing outbreak) should not be transferred to other settings including hospitals before the recipient service is aware of their COVID-19 status and has prepared for admission of the resident. Can the care home confirm this?</b>		
<b>Notes</b>		
<b>48. When people are admitted into the care home, is this managed in line with the guidance on testing and isolation?</b>		
<b>Notes</b>		
<b>49. Are laundry items managed safely in line with the <a href="#">HPS COVID-19 Information and guidance for Care Home Settings</a>. Such as, treated as infectious, placed in alginate bag and outer bag, laundry hamper taken close to point of use but not inside isolation area, linen not shaken or placed on surfaces such as floor, tables, not re-handled once bagged, no inappropriate items in the laundry hamper.</b>		
<b>Notes</b>		
	<b>Yes</b>	<b>No</b>
<b>50. Are staff uniforms being laundered on the premises?</b>		
<b>Notes</b>		
<b>51. If laundry facilities not available for staff, are staff aware of the guidelines on washing their own uniforms?</b>		
<b>Note</b>		

<b>How are staff safely transporting uniforms home after use.</b>
Notes
<b>52. Testing is taking place as per current good practice guidance for both staff and people using the service?</b>
Notes

<b>Overview of Improvement Needs for this area of care, including any recommendations (7.2 infection control)</b>

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

<b>Observations and feedback</b>
<b>53. Staff were observed using PPE appropriately and in line with <a href="#">HPS COVID-19 Information and guidance for Care Home Settings</a>.</b>
Notes
<b>54. There is evidence that staffing arrangements are right and staff are confident in supporting people in both communal areas and their bedrooms, providing appropriate observation and support to people?</b>
Notes
<b>55. Staff were observing social distancing guidance when appropriate and sensitively supporting everyone to do the same. Staff practice social distancing such as during break/mealtimes, in office and staff areas.</b>
Notes
<b>Evidence</b>
<b>56. The service has in place a staffing contingency plan in the event that staff are absent due to COVID-19?</b>
Notes
<b>57. There is evidence that staffing arrangements are regularly reviewed and responsive to the changing needs of the service and staff personal circumstances (including resilience).</b>

Notes
<b>58. There are clear protocols and risk assessments for the use of agency staff or staff from other services. This includes key information about other services where staff have worked and testing arrangements to prevent possible transmission of COVID-19. <i>Where possible the same staff should be used – contact agency to check where staff have worked – ask about the testing of agency staff</i></b>
Notes
<b>59. All staff have received training on COVID-19 appropriate to their role.</b>
Notes
<b>60. All staff have been trained (or received updates where training has already taken place) on infection prevention and control during COVID-19. This includes the donning, doffing and safe disposal of PPE.</b>
Notes
<b>61. Infection Prevention and Control training and practice is regularly evaluated by the organisation to ensure it is sufficient. <i>Describe below how this is achieved.</i></b>
Notes
<b>62. Internal audit/Observations of staff practice are undertaken with improvement actions taken when necessary (for example through team discussions, reflective accounts or supervision, improvement action plans). Where improvements have been identified as required how are these followed up to ensure compliance.</b>
Notes
<b>63. Staff feel well supported and can access additional support if they require it. This means they feel able to care and support people well. <i>What is in place? This might include debriefing on the management of complex situations, personal safety, assessment of workload and bereavement support.</i></b>
Notes
<b>64. Staff are aware of and participating in local testing arrangements and are clear about when they should not be coming to work (self isolating). <i>What processes are in place to ensure staff do not come to work if they display symptoms of COVID-19?</i></b>
Notes
<b>65. Staff feel that there is supportive and visible leadership which enables them to voice their concerns or share ideas</b>

Notes
<b>66. Staff have knowledge of and access to guidance relating to supporting people during COVID-19 pandemic, including Scottish Government and Health Protection Scotland guidance? Ask staff to demonstrate how they access this. Are staff implementing the guidance?</b>
Notes

<b>Overview of Improvement Needs for this area of care, including any recommendations (7.3 staffing)</b>

<b>What people told us - Please enter details of the views of people using the service and any relatives and carers, which were obtained</b>

<b>General Notes &amp; Summary of Recommendations:</b>

Date/time feedback given		Feedback Method (face-to-face, telephone call, TEAMS etc.):	
Feedback provided to (name & role):			
Notes on providers response to feedback			

<b>Follow up visit type (agreed with care home manager)</b>		<b>Follow Up Visit Date:</b>	
<b>Author of Report</b>		<b>Date</b>	

# DUMFRIES and GALLOWAY NHS BOARD

12<sup>th</sup> April 2021



## Workforce Information Report

**Author:**  
Tracy Parker  
Workforce Planning Manager

**Sponsoring Director:**  
Caroline Cooksey  
Workforce Director

**Date:** 2<sup>nd</sup> April 2021

### RECOMMENDATION

The Board is asked **to discuss and note** the attached workforce information report and the update on progress within the Board on the development of workforce information reporting.

### CONTEXT

#### Strategy / Policy:

*This paper support both local and national legislation and guidance on workforce targets and statistics.*

#### Organisational Context / Why is this paper important / Key messages:

It is a key objective of the Workforce Directorate to improve workforce data availability. This report provides and further snapshot of some key high level workforce indicators, as well as an update on work that is being undertaken in collaboration with NES to develop data dashboards.

### GLOSSARY OF TERMS

NES – NHS Education Scotland  
NHS - National Health Service

## MONITORING FORM

Policy / Strategy	Workforce Strategy Development in general.
Staffing Implications	None.
Financial Implications	Any workforce planning activity must meet the Affordability, Availability & Adaptability tests as highlighted in CEL 32 (2011).
Consultation / Consideration	Not required.
Risk Assessment	Not required.
Risk Appetite	<p>Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/></p> <p>This paper reflects the current staffing statistics for the Board, including the sickness absence rates. Staffing is a critical factor in the delivery of our services; therefore, a medium risk appetite has been noted.</p>
Sustainability	Not required.
Compliance with Corporate Objectives	All have relevance, but in particular Corporate Objectives 2,4,5 and 6.
Local Outcome Improvement Plan (LOIP)	Not required.
Best Value	Most of the principles of Best Value have been demonstrated in the development of the draft Workforce Plan (e.g. Use of Resources, Effective Partnerships, Governance and Accountability)
Impact Assessment	<p>An Equality Impact Assessment (EQIA) has been carried out.</p>

**At 26/03/2021**

# **WORKFORCE DIRECTORATE**

## **OPERATIONAL PERFORMANCE INFORMATION**

# Contents

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## Glossary

NHSDG	-	NHS Dumfries and Galloway
DG	-	Dumfries and Galloway
WTE	-	Whole Time Equivalent
NSS	-	National Services Scotland
SWISS	-	Scottish Workforce Information Standard System
NES	-	NHS Education for Scotland

## Data used in this report

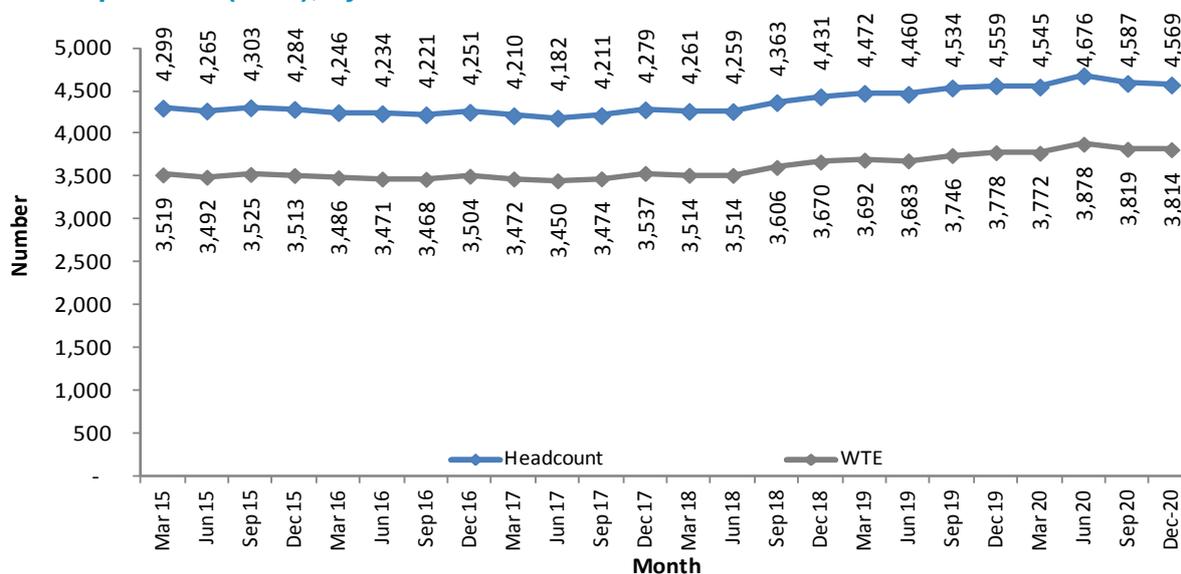
Please note that data used throughout this report includes provisional management information for some indicators. This could be subject to change and may not exactly match published data.

Official workforce statistics are published by NHS Education for Scotland (NES) on Turas Data Intelligence, and can be found at this web address <https://turasdata.nes.nhs.scot>

## Staff Numbers

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Recruitment, Development, Retention	Monthly	SWISS

The number of employees in NHS Dumfries and Galloway by headcount and Whole Time Equivalent (WTE), by month



### Key Points

For the quarter ending December 2020 the headcount for NHS Dumfries and Galloway was 4,569, with 3,814 as a WTE. These values are higher than they were a year ago at December 2019, when the headcount was 4,559 and the WTE was 3,778.

There has been an annual increase in WTE of 0.9% for NHS Dumfries and Galloway and headcount has increased by 0.2%. In NHS Dumfries and Galloway over the period December 2019 to December 2020 Nursing and Midwifery Job Family has seen an overall increase of 0.3% in WTE.

There is a slight decrease between the quarters ending September 2020 and December 2020 in headcount and WTE. Workforce numbers fluctuate by small margins month by month, and at times this can where it is a staff member moving from one role to another internally, for example, where a member of the domestic services team moves into a healthcare support worker role. Depending on the timing of this could look like a leaver, however they have not left the organisation. During the quarters ending December 2020 there were some retirements across the Job Families and some staff who left for other sectors, but overall the movement in the workforce was minimal.

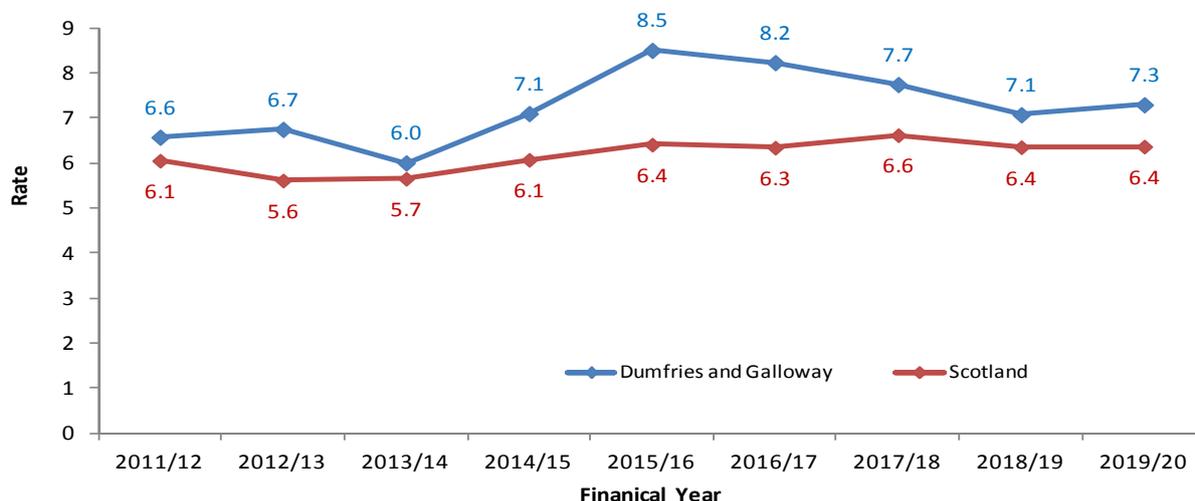
### The Wider Context

Ensuring the workforce is correctly staffed improves care for people who access services. It also reduces any additional strain on other employees. NHS Dumfries and Galloway therefore seeks to retain the talented members of staff currently employed and to recruit in a timely manner to reduce the number of unfilled vacancies.

## Staff Turnover

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Development, Retention	Annual	SWISS

### Rate of staff turnover by Whole Time Equivalent, by financial year



### Key Points

Across Dumfries and Galloway during 2019/20 the rate of turnover of employees was 7.3 compared to 6.4 for Scotland. These numbers have been updated since the last report. The rate of turnover for Dumfries and Galloway rose by 0.2 between 2018/19 and 2019/20. When looking at changes in turnover rate between 2018/19 and 2019/20 by Job Family, the largest reduction in turnover rate was for Personal and Social Care, from 20 to 11.9. The largest increase was for Healthcare Science, from 5.1 to 11.5. It should be noted that these are both small groups of staff and the turnover can be influenced by changes to just a few staff members.

In 2019/20, excluding bank staff, 21% of staff leaving their post were retirements, 22% were resignation, 12% were new employment within NHS Scotland, 7% were the end of their fixed term contract and 27% were classified as other reason. Nursing and Midwifery has the highest number of post leavers by Job Family, 35% of the total, and 55% of the total retirements.

The rate of turnover for Dumfries and Galloway has been higher than for Scotland in the last 9 years. However when comparing Health Boards in the West Region, we are broadly similar.

### The Wider Context

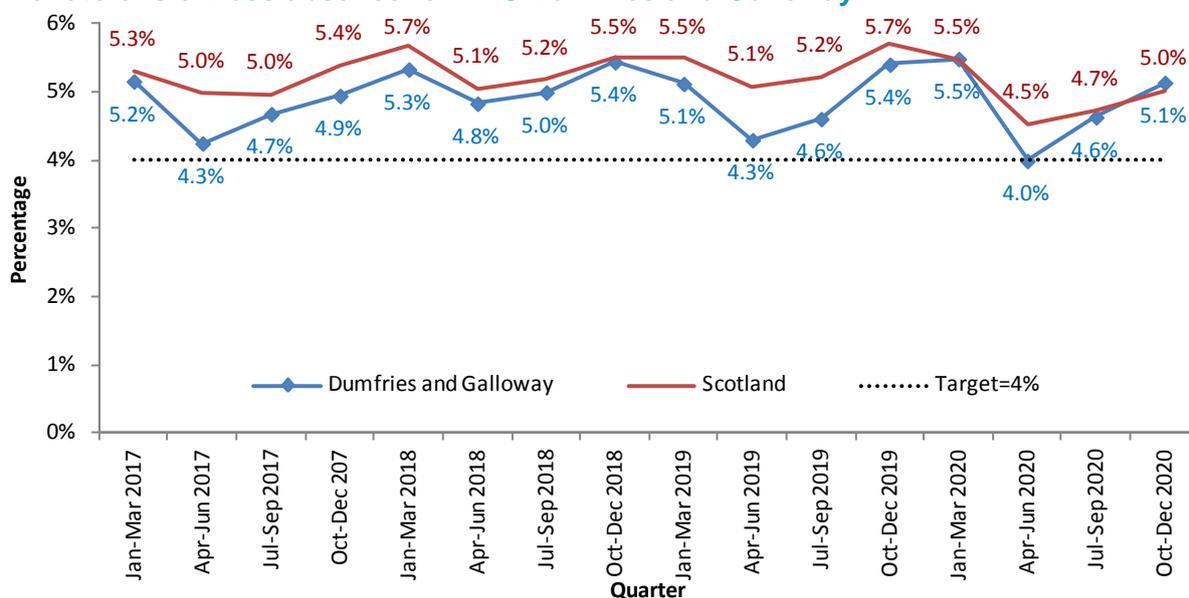
Stability within the workforce reduces the administrative burden of recruitment and the additional budget implications, reduces pressure on other staff seeking to cover vacant posts and can be a reflection of a content and motivated workforce. Turnover includes staff changing roles but remaining with NHS Dumfries and Galloway.

Turnover is calculated as the number of leavers divided by staff in post as at 31 March in the previous financial year. Staff not included are: training grades from medical and dental staff category (to avoid the distortion caused by the frequent rotation of staff in training placements), locum staff and staff working as and when required, for example bank and agency staff.

## Sickness Absence

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Attraction, Development, Retention	Quarterly	SWISS via NSS

### The rate of sickness absence for NHS Dumfries and Galloway



### Key Points

The rate of staff sickness in NHS Dumfries and Galloway in the quarter ending December 2020 was 5.1%. Scotland, by comparison, had a rate of sickness of 5.0%. This is the first quarter where the sickness rate for NHS Dumfries and Galloway is greater than the rate for Scotland since the start of 2017.

NHS Dumfries and Galloway has mainly had a lower rate of sickness than Scotland since March 2017. However the rate has been mainly higher than the target of 4%.

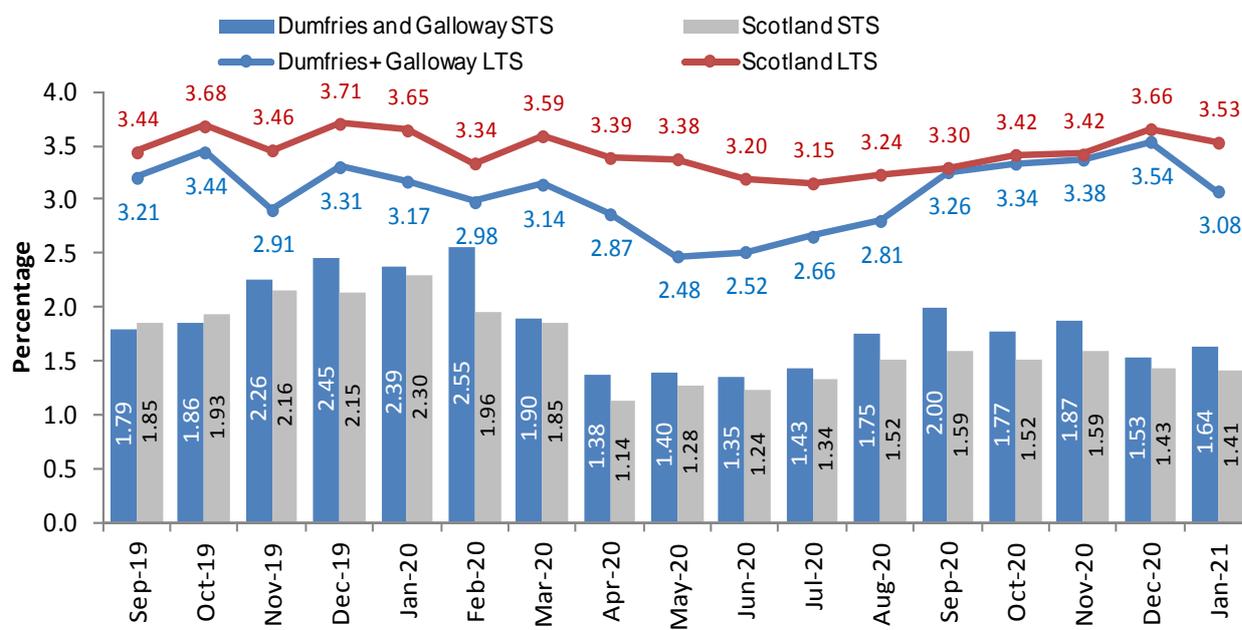
### The Wider Context

Sickness absence in health care members of staff can result in cancelled appointments and procedures, increased pressure on both other employees at work and people accessing services and reduced efficiency.

## Sickness Absence Type

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Attraction, Development, Retention	Monthly	SWISS via NSS

The rate of hours lost to sickness absence by Short (STS) and Long Term (LTS) for NHS Dumfries and Galloway and NHS Scotland



### Key Points

The rate of staff sickness in NHS Dumfries and Galloway in the month ending January 2021 was 3.08 for long term sickness (28 days or more) and 1.64 for short term sickness. Scotland, by comparison, had a rate of sickness of 3.53 for long term sickness and 1.41 for short term sickness.

The short term sickness rate for NHS Dumfries and Galloway has been higher than the rate for Scotland since September 2019. However the long term sickness rate for NHS Dumfries and Galloway has been lower than the rate for Scotland since the start of 2017.

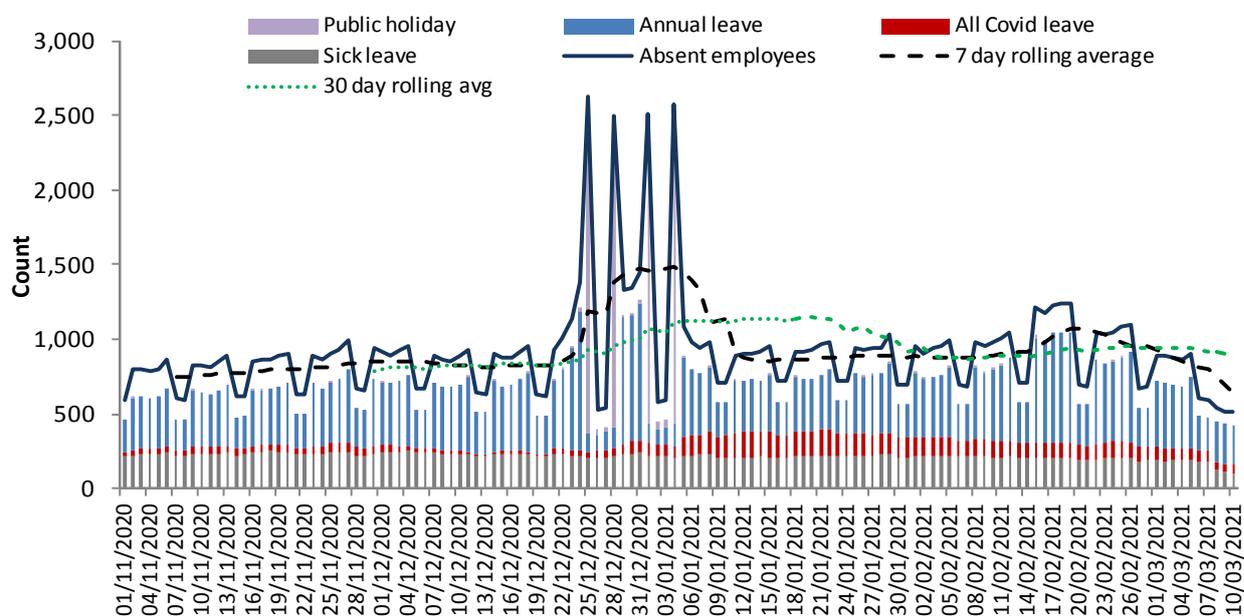
### The Wider Context

Sickness absence in health care members of staff can result in cancelled appointments and procedures, increased pressure on both other employees at work and people accessing services and reduced efficiency. The reasons for long term sickness and short term sickness for work can differ.

## Staff Availability

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Attraction, Development, Retention	Daily	SWISS

### The absence from work for all reasons for NHS Dumfries and Galloway



### Key Points

It is important that as well as sickness absence we understand the totality of absence in the workforce. This section covers all types of absence in the workforce including annual leave, public holidays, COVID-19 related absences, study and training leave, maternity and paternity leave amongst other reasons.

COVID-19 related absence is shown in red on the graph above. The 7 day rolling average for instances of COVID-19 related leave has reduced from a high of 171 in January 2021 to 83 on the 11<sup>th</sup> March 2021. This is expected at this phase of the pandemic as the levels of infection reduce in the population and workforce.

The 30 day rolling average shows all absence levels are relatively stable but are influenced by increases at specific times of year. These include days where there are public holidays, for example the Christmas and New Year period, and absences can increase over school holiday periods, for example the February holiday. Absence can be expected to increase during March and early April 2021 as staff take any remaining leave entitlement and NHS staff have Easter Monday as a Public Holiday.

### The Wider Context

To give context during the COVID-19 pandemic all absence from work is shown here. This includes annual leave, public holidays, COVID-19 related absences, study and training leave, maternity and paternity leave. NHS annual leave is calculated on a financial year, which can result in staff using up leave during the months of January to March each year.

**Workforce Operational Performance information**

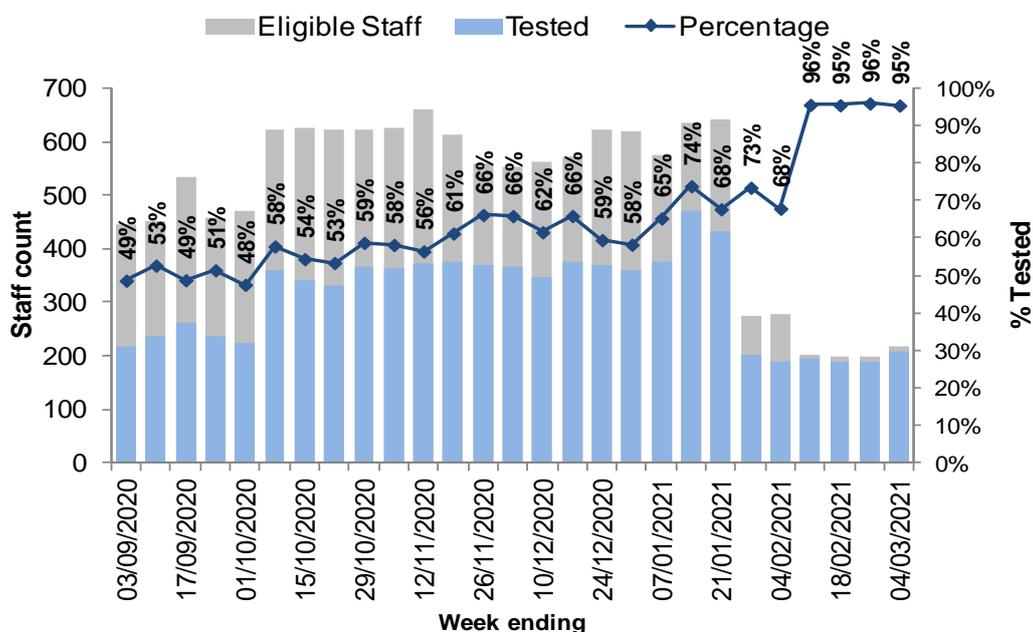
**At 26/03/2021**

A 7 day rolling average smoothes the effects of weekends. A 30 day average allows an approximate rolling monthly view.

## COVID-19: Nosocomial PCR staff testing

9 National Outcomes	DG priority areas	Employee Lifecycle	Rate	Data Source
8,9	9	Retention	Weekly	Excel spreadsheet

The number and percentage of PCR tests performed on NHS Dumfries and Galloway staff working in specific areas of care



### Key Points

In the week ending 04 March 2021 95% of eligible staff were tested for COVID-19. The rate has been above 50% since the week ending 8 October 2020.

Originally Nosocomial PCR testing was for staff working in specific areas of care, including cancer ward and treatment areas, long stay elderly, Midpark hospital and learning disability wards, where there were approximately 700 employees, with various occupations. From the week ending 28 January, long stay care of the elderly and some acute wards are no longer eligible for national reporting, these wards have moved to lateral flow testing. For the remaining areas, there were approximately 220 employees, with various occupations and with the more focused testing, compliance rates have significantly increased.

### The Wider Context

Ensuring employees have access to regular testing for COVID-19 protects them, their families and the people they care for. There is a weekly return to Scottish Government.

Lateral Flow Tests for staff have been rolled out. These are in addition to the Nosocomial PCR (polymerase chain reaction) testing.

As of early March there were over 5,500 first doses of a COVID-19 vaccine given to front line healthcare workers. This group includes people employed by NHS Dumfries and Galloway and other front line healthcare staff.

## Workforce – Future potential indicators

The Workforce Directorate are developing Data Dashboards that will be available to corporate committees in future. The development of these dashboards is still at the early stages, however it is hoped that the NHS Board will have sight of a Dashboard over the next few months to provide feedback to support further development.

The areas below are being considered for the reporting Dashboard and are some of the key metrics we are committed to developing;

### **Vacancies:**

A focus on current vacancies in NHS Dumfries and Galloway. This may also encompass length of vacancies, Hard to Fill posts, Time from vacancy approval to successful candidate confirmed or length of time from advert to end of pre employment checks.

### **Workforce diversity:**

Indicators around diversity of applicants for posts.

### **Staff:**

Completed Appraisals.

Completed Mandatory training.

# DUMFRIES AND GALLOWAY NHS BOARD

## Area Clinical Forum



Minute of the Area Clinical Forum meeting held via TEAMS  
on Wednesday 27<sup>th</sup> January 2021

### Present

Bill Irving ((BI) Chair)  
Fergus Donachie (FD), Fraser Gibb (FG), Lynne Kean (LK),  
Laura King, (LKl), Ruth Millican (RM), Carolina Mrockowski (CM),  
Ranjit Thomas (RT), Ross Warwick (RW)

### In Attendance

Jeff Ace, Chief Executive,  
Jan McCulloch (JMC), Professional Committees' Co-ordinator

### Apologies

John Higgon

**1. Apologies**

**2. Minute of Previous Meeting**

The Minute of the meeting held on Wednesday 25<sup>th</sup> November 2020 was approved.

**3. Vascular Services Update**

Dr Wayne Wrathall attended to update members and explained that NHS D & G had joined the vascular services network with NHS Lanarkshire and NHS Ayrshire and Arran due to difficulties in covering vascular on-call and OOH services locally. Pre-covid elective lists locally were behind and there had been concerns raised about the capacity of Hairmyres in providing services for elective work for D & G due to the lack of theatre space. The provision of a hybrid theatre at Hairmyres has been postponed and will not be up and running for some time. WW reported that Joe Sathianathan and Adam Sowinski have been working well together and supported by MDT teams in D & G and Lanarkshire, have provided a stop gap and are now doing limited elective work in DGRI and this is working well. This has meant that waiting list and treatment guarantee at DGRI is more sustainable at present and will be kept under review as there is not the hybrid facility at DGRI to do some procedures. The procedure for emergencies remains the same and patients will still go to Hairmyres after assessment at DGRI.

#### 4. **Current Position - including update from Jeff Ace**

Feedback from Committees including

- Staff Morale
- Staffing

RT spoke about the emotional difficulties being experienced by many staff during this pandemic and what ACF, as an advisory group, could do to support colleagues and asked Wayne Wrathall to feedback from CCU perspective.

WW said that although there had been an unprecedented resilience from within the workforce and that most were now suffering from COVID fatigue. It was highlighted that staffing in critical care nursing had been, and remained, a major issue due to the nursing skills and expertise needed and that CCU nurses were supervising other nursing staff deployed to CCU. Medical staffing had not been affected as badly with anaesthetics and critical care an example of depts. working well together and the sharing of Clinical Development Fellows (CDF) with the ED dept. had been incredibly successful.

WW commented on the fantastic support that had been received from senior management and that medical and nurse managers had been very visible at DGRI during this time and how much this had been appreciated by staff and added it was difficult to imagine that they could have been given better help.

JA said that he had spoken to many staff in DGRI who had spoken about the valuable interaction and support they were receiving from Dr Jim Lemon and the psychological services team and it was striking how much people valued it and JA was keen for this support to carry on. It was agreed that this support from psychological services had made a massive difference to staff. RW said that great support had been given from managers to deal with practical barriers and there was a need to continue to keep eye on things.

#### COVID

JA said that the COVID situation locally was stabilising and slowly improving. Test positivity was now 10% and falling quite steeply and there should be a gradual decrease in COVID patients in the wards and CCU.

JA reported that things were going very well and figures show that 80% of vaccination targets had been achieved up until today and the > 80 cohort should be finished by weekend. It was highlighted that the good communications between the vaccination team, led by Dave Breen, and the GP community had been an important factor in D & G delivering on time locally. FD agreed that the plan was working well so far with Practices scheduling patients and vaccinations teams giving jags.

JA said 3 new Scottish Government vaccination centres will open next week in Aberdeen, Glasgow and Edinburgh and these additional facilities should increase the numbers receiving the vaccination.

JA also emphasised there was a need to get the message out to the public that they should remain cautious and not change behaviours after they have received their vaccination as the individual risk is not eliminated, but reduced.

FD said that primary care has moved into level two providing essential services only, although the workload remains the same. It is anticipated that there will be a move back to level one in a couple of weeks. FD also highlighted the importance of keeping lines of communication open to avoid misunderstandings.

FD highlighted that the lack of reliable, functioning PCs in Practices is a continuing major issue for primary care. Practice PC's were due to be upgraded last year as they are extremely slow and require new hard drives, but the upgrade has now been pushed back again. JA will pick up with Graham Gault and feedback to FD.

CM said there had not been a huge amount of COVID work in the community and most community nursing staff had been heavily involved in providing vaccines for housebound patients. CM said that community nurses had been amazing with most working additional hours and many were now extremely stressed, but had not taken up the offer of psychological support service. RW will contact CM to discuss further.

RM said that like other professions, there is a high level of anxiety amongst many AHP staff. There has also been a very good uptake in lateral flow testing amongst AHP staff. Many AHPs have been deployed into various roles out with their areas including vaccinating and some AHPs from the community were supporting the wards and covering hospital shifts as HCSWs. It was noted that a ward at Mountainhall (old Cresswell unit) had opened and the additional beds were being used as a step down. RM said that long COVID management would be challenging for the future. Members also noted that Home Teams and Single Access Point (SAP) were both back on the agenda again.

FG said that Mental Health services were coping with second wave but there was increasing weariness amongst staff and that both staff and patients were more exhausted and depressed. The first wave was challenging keeping services running in the crisis and beds were lost when a ward was refigured. RW agreed and that pathways and processes put in place last year had made it easier to respond this time and maintain routine level 2 services. RW also highlighted there had been no clinical groups held for over a year and that the appropriateness of Zoom and videoconferencing to do this is being looked at.

LK said that DGRI pharmacy was open 12 hours to support the vaccine rollout and concentrating on supporting hospital staff and is currently providing twice daily top ups in CCU to relieve pressures on nursing staff.

RT said that staff morale amongst many medical staff is very low and the delay and changes in issuing the 2<sup>nd</sup> dose of the vaccination was a big issue.

BI said that resilience is no longer in nursing staff and although working better as a team, many nursing staff are feeling tired. It was acknowledged that nursing staff from across all areas are affected.

JA said there was a need to give staff time to reflect and think about things and recognise what everyone has been through.

## 5. Any Other Business

- a) Email from Scottish Government re ACF Chair  
Members noted the correspondence and supported that Bill Irving continue as ACF Chair for the next 3 years.
- b) Montreal Cognitive Assessment (MoCA)  
**MoCA** is a cognitive screening test designed to assist Health Professionals in the detection of mild cognitive impairment and Alzheimer's disease.

FG updated members that the deadline for the free release of MoCA had been extended from September 2020 to 4<sup>th</sup> February 2021 and a disclaimer must be signed to say that MoCA is being used without the appropriate training if individuals have not done the appropriate training. FG has completed the training at a cost of 125 US dollars and asked as MoCA is a very valuable tool, and widely used by many health professionals if anything could be done nationally for all Health Boards to obtain the necessary licence. JA will check with the Chief Executives' Group and feedback to FG.

Date of Next Meeting – 24<sup>th</sup> February 2021



**Staff Governance Lite Committee  
Via Microsoft Teams  
Minutes of the Meeting held on 25 January 2021 at 10am**

**Present**

Lesley Bryce	Non Executive Board Member (Chair)
Marsali Caig	Non Executive Board Member
Laura Douglas	Non Executive Board Member
Fiona Gardiner	Staff Side Representative
Vicky Keir	Employee Director
Nick Morris	Chairman

**In Attendance**

Jeff Ace	Chief Executive
Caroline Cooksey	Workforce Director
Pamela Jamieson	Head of Service – HR Manager
Arlene Melbourne	Executive Assistant
Natalie Morel	Head of Service – ODL Manager

		<b>ACTION</b>
<b>1</b>	<p><b>Welcome, Introduction and Apologies</b></p> <p>No apologies were received.</p>	
<b>2</b>	<p><b>Draft Minutes of the Previous Meeting held on 23 November 2020</b></p> <p>The minutes from 23 November 2020 were approved as an accurate record.</p>	
<b>3</b>	<p><b>Matters Arising</b></p> <p><i>Item 3</i> – Lynsey was going to bring an update on BAME staff. Natalie advised that Lynsey would be bringing a report to the next meeting.</p> <p><i>Item 6</i> – Laura and Caroline were to meet to discuss the wording in the workforce sustainability corporate risk.</p>	

	<p><i>Item 10 – Working Well Endowment Bid – a request for online training had went out through procurement but no-one had came back so there may have been a logistical problem but there may be 4 providers who may be interested in providing a bid so this would be looked at again.</i></p> <p>Arlene to add the above actions to the action list.</p>	<b>AFM</b>
<b>4</b>	<p><b>Action List and Agenda Matrix</b></p> <p><u>Action List</u></p> <p>Caroline updated on progress of the outstanding actions and Arlene would update the list.</p> <p><u>Agenda Matrix</u></p> <p>BAME issue to be added to the matrix.</p>	<b>AFM</b>  <b>AFM</b>
<b>5</b>	<p><b>Current Workforce Sustainability - operational update</b></p> <p>Caroline gave a high level overview of the work of the Workforce Directorate:</p> <ul style="list-style-type: none"> <li>• A decision had been taken, given the workload, that it was necessary to step back all of the non-essential, non-covid related work</li> <li>• A significant amount of ODL work had also been stepped back</li> <li>• Occupational Health were hugely focused on the staff vaccination programme, staff testing, health and safety and health and wellbeing support to staff which are all key priorities</li> <li>• Pamela had worked with Vicky to do a detailed triage of all ongoing employment cases to identify what needed to progress and what could be put on hold</li> </ul> <p>Pamela updated on the following:</p> <ul style="list-style-type: none"> <li>• A virtual GP event in the west of the region had been held with good engagement. The event had resulted in 3 potential appointments which is very positive</li> <li>• A report on workforce data had been added to the papers this morning which is similar to previous papers but continues to be built upon. Pamela gave an overview of the paper and the figures contained in the report.</li> </ul>	

	<p>Caroline reported that as part of the surge plan for Covid response, Pamela has activated the establishment of a focused Deployment Hub which is a huge exercise and is being run by Vic McDade and her team. Another key piece of work in Pamela's team has been supporting the deployment of staff into the vaccination programme which has been intense.</p> <p>Lesley asked if student nurses were being asked to help out and Pamela confirmed that they were looking at utilising bank staff first. If bank staff are all used then Scottish Government have confirmed that we could consider using student nurses on 15 hour a week contracts so they could also continue with their studies.</p> <p>Laura asked for an update on staff testing. Caroline confirmed that lateral flow testing had commenced on 21 December. This testing is voluntary for staff but the message being given is that everyone needs to be thoughtful about the opportunity this brings. There were 1600 kits registered on the database on Friday and the focus was currently on the Acute roll out. Caroline had also engaged with the National Programme Lead on Friday and a further 1200 kits were being put aside for us. Caroline is also doing briefing sessions on lateral flow along with Andy Howat and there had already been a good uptake by staff to the lateral flow testing programme.</p> <p>Laura asked if there had been challenges from staff around the timeframe change of the Pfizer vaccine. Jeff responded that there had been a few individuals expressing concern and the BMA had also made their position clear. There was no indication that the Government will move from the advice from the Vaccination Committee and the 4 nations will hold that advice to a 12 week gap.</p> <p>Marsali asked about turnover data and exit interviews and Pamela responded that this was a piece of work which was going to be undertaken by the Workforce Sustainability Team and they will pick this up again after Covid to make sure that all staff are offered exit interviews.</p>	
6	<p><b>Kickstart</b></p> <p>Natalie advised that this paper had been to the Health &amp; Social Care Governance Committee. Kickstart was a scheme to support 16-24 year old young people who are in receipt of Universal Credit and there were around 2700 young people eligible.</p>	

	<p>We were working with our Finance Department, the Local Authority and NES on this and anticipate that we will join the scheme.</p> <p>The idea of the programme is that it is much shorter than the Modern Apprentice programme but gives young people the chance to get to know the organisation. We are currently working together with the Local Authority to identify jobs. This scheme is not about filling vacancies it is about new jobs and we will be using the Modern Apprentice job description which is banded at Agenda for Change Band 2.</p> <p>Lesley asked if the jobs would not just be admin posts and would it be available to young people with a disability or additional needs? Natalie responded that it is much broader than admin roles and the criteria for the scheme is that the young people should be in receipt of Universal Credit.</p> <p>Marsali queried whether the approach outlined in Kickstart was different to the agreed Endowment funds bid in relation to catering placements for individuals via The Usual Place. Specifically, she queried if it was discriminatory in any way as those students won't be paid and the Kickstart individuals will.</p> <p>The information provided was noted and the Committee agreed in principle to a range of temporary posts for young people in NHS Dumfries and Galloway.</p>	
7	<p><b>Working Well Update</b></p> <p>Caroline gave the following update:</p> <ul style="list-style-type: none"> <li>• A decision had been made last week to step back the Working Well Steering Group meetings but Working Well Executive Group meetings had increased to ensure the momentum of focus and this group consisted of Caroline, Natalie, Vicky and Jim Lemon and a programme of meetings had been set up to take the work forward</li> <li>• The value and positive feedback that the team had received around the campaign at Christmas/New Year around the advent calendar for individuals to get support had been discussed last week</li> <li>• The group had discussed and agreed that the focus for February should be on food, fluid and rest which aligns well with where staff are currently at</li> <li>• A huge amount of resources had been seen with lots of variation so the group discussed the need for staff to be able to find what is relevant for them and not get overwhelmed with everything. Natalie and Jim are</li> </ul>	

	<p>looking to build some type of signposting directory</p> <ul style="list-style-type: none"> <li>• Staff support service is finally up and running and Jim Lemon has now come into post to lead the service</li> <li>• Natalie continues to work to move the Sturrock Action Plan to final decision making at a Board meeting</li> </ul> <p>Lesley asked the following questions:</p> <ul style="list-style-type: none"> <li>• Are the student cohort all getting the vaccine when going into acute areas and where does the responsibility lie with their vaccination programme? Caroline responded that she would email Heather Aitchison for a response to this question. Following the meeting Heather responded that yes students are being caught during contact with areas - all students are included in this programme but unfortunately, they are not aware of all the students in the organisation at any one time. There are approx 87 nurse students starting placement in February and Education Facilitators have been communicated with for them to encourage students to be vaccinated and to advise the students to call Occupational Health for an appointment.</li> <li>• Have staff that are being redeployed into an acute area receiving the vaccine so they feel safe to work in those areas? Caroline responded that a huge vaccination programme for staff is being undertaken and led by Occupational Health and is focusing on all staff who are patient and public facing and they will have access to the vaccine by the end of January. Anyone who moves into a public or patient facing role will also be covered in this programme. Clinics are running 7 days a week.</li> <li>• Is there sufficient PPE in wards? Vicky responded that there were no shortages in PPE stocks. With regard to masks, we are still following the guidance that unless staff are performing aerosol generated procedures then FFP2 masks are sufficient.</li> <li>• Do we have someone in the Spiritual Care Lead post yet who can offer support to staff? Caroline responded that Joan Pollard is currently progressing through an interview process for the Spiritual Care Lead.</li> </ul>	
8	<p><b>Update on non-Covid Related H&amp;S Issues</b></p> <p>Caroline updated on the following:</p>	

	<ul style="list-style-type: none"> <li>• Violence and aggression and challenging behaviour continues to be the highest number of incidents</li> <li>• The Safety Team continue to work with mental health colleagues to support with Occupational Health risk assessments</li> <li>• Vaccine programme is underway</li> <li>• Some of the Occupational Health team have taken on the role of mask fit testing and there has been a significant change with the manufacturer of the masks. A new programme has been running for these new masks and 677 face fit tests have been completed with an average pass rate of 78%. There are contingencies that if the new design mask does not fit, there are still other masks in stock.</li> <li>• The team are also undertaking a series of Covid health &amp; safety inspections and are supported by Staff Side colleagues and the Covid Workplace Safety Team. 40 areas were visited pre-Christmas and a range of issues have been addressed</li> </ul>	
<b>9</b>	<p><b>Remuneration Sub Committee Update</b></p> <p>The Committee noted the report.</p>	
<b>10</b>	<p><b>APF Minutes – August &amp; September 2020</b></p> <p>Marsali asked when the Board would see the new Workforce Plan and Caroline responded that this had been delayed again but Tracy Parker was continuing to do as much work as she can to continue the local momentum.</p> <p>Lesley asked what was meant by Covid leave and Pamela responded that this was around recording absence on the SSTS system relating to Covid ie. shielding, isolating, Covid positive.</p> <p>Marsali asked what Neyber was and Caroline responded that they were an external organisation that provides financial wellbeing advice and support.</p> <p>The APF Minutes from October &amp; November 2020 were noted.</p>	
<b>11</b>	<p><b>Medical Staff Committee Minutes</b></p> <p>Laura asked if any positive headway had been made with staff who had raised concerns with how the Home Teams were rolling out. Caroline responded that Home Teams is an active part of the APF Lite meeting and David Rowland attends to talk about Home Teams and for any concerns to be</p>	

	<p>raised there. Fiona advised that Staff Reps used to be involved in the workstream but weren't anymore. Vicky advised that there had been a configuration of the groups but there was still work going on in the background. Ken stated that it was the opinion of one GP that had noted concern in the minutes. Natalie advised that there was also ODL support in the Home Teams.</p> <p>The Medical Staff Committee Minutes from October &amp; November 2020 were noted.</p>	
<b>12</b>	<p><b>Any Other Business</b></p> <p><u>Whistleblowing and implementation of the new standards</u></p> <p>Marsali asked for this item to be discussed for SGC to have an oversight role and for Boards to take ownership of whistleblowing.. She advised that the implementation date of 1 April is still the date that the standards and new policy will go live. She asked if Arlene would add whistleblowing to the Staff Governance agenda going forward.</p> <p>Natalie was working with Marsali and Ken on a Whistleblowing Plan. Caroline reminded that we are not starting from scratch as we have experienced a few whistleblowing cases and have had a process for a number of years therefore whilst the standards are new, it will not change the way things are done a great deal.</p> <p><u>Induction</u></p> <p>Natalie advised that induction was being delivered virtually from today.</p>	<b>AFM</b>
<b>13</b>	<p><b>Date of Next Meeting</b></p> <p>The next meeting will be held at 10am on Monday 22 March 2021 via Microsoft Teams.</p>	