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9 December 2024

Dear Marsali

### **NHS DUMFRIES & GALLOWAY ANNUAL REVIEW: 18 NOVEMBER 2024**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings at Dumfries & Galloway Royal Infirmary (DGRI) on 18 November. I was supported by John Burns, Chief Operating Officer of NHS Scotland.
2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.
3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

### **Meeting with the Area Clinical Forum**

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including workforce recruitment and retention, alongside staff wellbeing, performance management and improvement, service transformation and reform, and financial sustainability; not least through the effective pursuit of the *Realistic Medicine* programme.
5. We had very interesting discussions with the representatives from the various professional committees, hearing about a range of work including: the approaches to appropriately reducing bed occupancy levels, including preventing unnecessary admissions to hospital and improving performance in unscheduled care and delayed discharge; the *Right Care, Right Place* programme, including the work in relation to the re-design of local cottage hospitals; ongoing recruitment and retention challenges in a remote and rural area, and the importance of a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the

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need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, third sector organisations and others; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

### **Meeting With the Area Partnership Forum**

6. We were pleased to meet with the Area Partnership Forum and it was clear that there are strong local relationships. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce.

7. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: ensuring a healthy workplace culture, including a new behaviours framework; reinforcing a culture of openness to enable staff to raise concerns in the interest of improving patient safety; the critical importance of meaningfully involving staff in the reform and redesign of services, alongside other local stakeholders, in addressing the sustainability challenges facing all NHS Boards; and actions to support attendance management, safe staffing and promoting the wellbeing and support of staff. In line with some comments from the earlier session with the ACF, we heard that, whilst the general terms and conditions benefits of the reduced working week were welcomed more broadly, there were some concerns elicited around certain initial practical impacts, in terms of the overall availability of working time and potential unintended consequences for patients and staff, which we noted. Finally, we were pleased to note that staff-side and management have a strong relationship and that you felt comfortable in expressing concerns frankly, whilst respectfully; which is a positive sign of a mature and successful working partnership.

### **Patients/Carers' Meeting**

8. We would like to extend our sincere thanks to the patients and carers who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. The patients and carers in attendance spoke about a wide range of experiences in relation to local services and the standard of care and support received, with the majority keen to emphasise the general high quality of care and treatment provided.

9. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted some of the specific issues raised, including: the need for some cancer patients to travel to Edinburgh for specialist treatment; the provision of robust palliative care as locally as possible, including for patients with Parkinson's Disease; the re-design of local services including cottage hospitals; and the importance of embracing new technologies and ways of working to ensure the NHS is as accessible and sustainable as possible.

10. The importance of an effective, accessible and responsive NHS complaints procedure was noted; particularly to help ensure improvements are made to services. We were also grateful for the attendance of local Healthcare Improvement Scotland representatives, alongside patient focused officials from the NHS Board: to provide support during the meeting and to follow-up any individual local treatment and care concern.

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## Annual Review: Public Session

11. The public session was streamed live online and began with your presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board and local Partnership teams for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

## Annual Review: Private Session

12. We then moved into private session with the Board Chief Executive and Interim Chair to discuss local performance in more detail.

## Finance

13. It was confirmed that, in 2023-24, NHS Dumfries & Galloway required £23 million of Scottish Government brokerage to deliver a balanced financial outturn. That gap to breakeven represented around 6% of NHS Dumfries & Galloway's funding and informed the Board's escalation to Stage 2 of the NHS Scotland Support & Intervention Framework last November. For 2024-25, NHS Dumfries & Galloway initially anticipated a gross deficit of £51.2 million, reducing to £32.9 million after £18.3 million of targeted savings. At month 6, the Board presented a year-to-date deficit position of £17.8 million, with the projected year-end deficit remaining at £32.9 million (around 9% of funding). We agreed that delivery of recurring efficiencies will be crucial to this and future year budget challenges. Boards are required to focus on delivering at least 3% recurrent savings and develop measures to reduce the financial gap, as far as possible.

14. We noted that key ongoing pressures include: the use of surge capacity, overspends in primary and secondary care medicines, and the continued high use of supplementary staffing. The Government's Financial Delivery Unit will continue to work with NHS Dumfries & Galloway to monitor the position and assist with longer term financial planning and improvement; and the Board's status and support under the NHS Support & Intervention Framework will be kept under close review.

15. From February 2024 NHS Dumfries & Galloway had been subjected to a significant cyber-attack, resulting in criminals releasing a large volume of patient and staff-identifiable data in May. The Board had provided an information leaflet to all households in the region on the incident. You assured us that the Board has actively worked with partner agencies to secure systems and mitigate against further breaches, as far as possible.

## Workforce

16. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

17. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. As with a number of Boards, there has been a significant increase in agency costs over recent years and we were pleased to hear that there has been a recent decrease in the local nurse agency spend. You also assured us that the Board is committed to sustainably reducing high cost medical locums. Whilst NHS Dumfries & Galloway's annual sickness absence rate for 2023/24 had increased by 0.5% to 5.39%, we noted that it remained lower than the national average of 6.2%.

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18. As recognised in our earlier meetings with the local Area Clinical and Partnership Fora, we remain very conscious of the cumulative pressures on the health and social care workforce; recognising the range of actions NHS Dumfries & Galloway is taking in terms of the wellbeing and resilience of local staff, in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace, including the provision of occupational health services and psychological therapies. Such measures will also be material in terms of the local staff recruitment and retention efforts.

## Resilience

19. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Dumfries & Galloway, have already been confronted with a sustained period of unprecedented pressures on local services.

20. It was therefore reassuring to hear about the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. I understand that good practice and lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

## Unscheduled Care & Delayed Discharge

21. Given the sustained pressures experienced across services, bed capacity at the main hospital sites remains a key issue, with recent acute occupancy averaging around 100%; this causes significant pressure at the front door at DGRI, with limited ability to move patients into and out of the A&E Department. The Centre for Sustainable Delivery had analysed local activity and issued the Board with five key leverage points (all focused on reducing patient numbers in hospitals) and this had informed the focus of NHS Dumfries & Galloway's improvement activity.

22. Whilst the Board's performance against the national 4-hour standard continues to be variable (between 70% and 90% in 2024 to date), it has been nonetheless consistently above the national average. The longest (over 12-hour) waits remain an issue: there were 103 such patients locally in September 2024, compared to 43 in September 2023. Whilst this represented a 58% increase, the Board is still consistently below the national average: 2.6% of overall local waits in September 2024 were over 12 hours, as opposed to 4.2% nationally.

23. The Government will continue to work with all Boards, including NHS Dumfries & Galloway, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme; offering alternatives to hospital and directing people to the most appropriate urgent care settings, such as the *Hospital at Home* programme. We will keep the Board's progress in this key performance area under close review.

24. Whilst we recognise the significant combined efforts on the part of the Board and its planning partners, challenges also persist with delayed discharges; with Dumfries & Galloway having proportionately the fifth highest rate among Health and Social Care Partnerships nationally. We were assured that the Board has robust governance and scrutiny arrangements in place to monitor and mitigate delays alongside its planning partners, as far as possible; and that making sustained progress with the longest waits and avoidable delays remain key priorities.

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## Planned Care Waiting Times

25. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures; with a local focus on delivering additional diagnostic, orthopaedic, ENT and gynaecology treatments.

26. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we recognise that the Board has been targeting the longest waits: with no new local outpatient waits over 78 weeks and relatively few over 52 weeks. Similarly, there are only a small number of local inpatient/day case waits over 78 weeks. You confirmed that the majority of the waits over 52 weeks are in the biggest pressure specialties of orthopaedics and ENT. The Board is prioritising improvement activity, including the local share of the national £30 million investment, on these specialties with the biggest pressures. We were also pleased to note that, against the diagnostics imaging 6-week target, the Board is performing significantly better than the national average: 89% as opposed to 57%, as at September 2024.

27. NHS Dumfries & Galloway is working with the National Elective Co-ordination Unit to support sustained improvement. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatients, day case and outpatients, alongside the recent investment in a CT scanner to reduce diagnostic waiting times, as well as building on the success of initiatives, such as the *Near Me* programme. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance, which we will keep under close review.

## Cancer Waiting Times

28. The management of cancer patients and vital cancer services remains a clinical priority and NHS Dumfries & Galloway is to be commended for its performance against both the 31-day and 62-day national waiting standards; not least when taking account of surging demand in Urgent Suspicion of Cancer referrals since the Covid-19 pandemic. Whilst most Boards are meeting and maintaining the 31-day standard, there are relatively few doing so against the 62-day standard. You confirmed that NHS Dumfries & Galloway achieved 90.1% against the 62-day standard between April and June 2024, as compared to the overall NHS Scotland performance of 73.2%.

29. We also noted that NHS Dumfries & Galloway's Rapid Cancer Diagnostic Service has been operational since May 2021. The University of Strathclyde's evaluation of the local service, published in February 2024, found that the wait from referral to diagnosis had reduced from 78.7 days to 13.6 days, when compared to a general surgical clinic. The Board is receiving £230,133 in funding to support cancer waiting times performance in 2024/25 and you assured us that this investment is being targeted to sustain improvements and make further progress.

## Mental Health

30. As in other Board areas, NHS Dumfries & Galloway is experiencing significantly increased overall demand for mental health services, as well as often higher acuity in cases. Staffing pressures, particularly around CAMHS, have also impacted on service delivery. You confirmed that while some staff have been recruited, recruitment activity is still ongoing, and the Board has an improvement plan in place which prioritises clearing the longest waits alongside effectively addressing the most complex and challenging cases.

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31. In terms of the Board's performance against the CAMHS waiting standard, In June 2024, 78% of local patients were seen within the national 18-week standard. Of the children and young people waiting to start treatment as at the end of June 2024, none had been waiting longer than one year for treatment. For Psychological Therapies patients, 69% started treatment within 18 weeks of referral in the quarter ending June 2024, with 0.7% waiting over 52 weeks. You reaffirmed the Board's focus on addressing the most urgent cases whilst reducing the longest waits; assuring us that NHS Dumfries & Galloway remains committed to achieving and sustaining the 90% national standards. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

### **National Drugs Mission**

32. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Dumfries & Galloway and its planning partners. We noted that the number of local drug deaths in 2023 had significantly decreased on the previous year (down 68%), against an increasing year-on-year trend across Scotland (up almost 10%); and were assured that any relevant, local learning from this would be shared to inform efforts across the country.

33. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services.

### **Local Strategies**

34. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. We noted that the Board remains committed its strategic approach, including the recent *Right Care, Right Place* review, and were pleased to note the progress being made. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

### **Conclusion**

35. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.



**NEIL GRAY**

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