NHS DUMFRIES AND GALLOWAY

ANNUAL REVIEW
2012 / 2013

SELF ASSESSMENT
and
‘AT A GLANCE’ OUTCOMES AND PERFORMANCE

10 September 2013
Our Purpose:
- to deliver excellent care that is person-centred, safe, effective, efficient and reliable.
- to reduce health inequalities across Dumfries and Galloway.

Our Outcomes:
- Improved outcomes for patients that reflect learning from patient experience in order to ensure a person-centred focus is maintained.
- Improved staff experience; and health and wellbeing of staff.
- The delivery of continuous quality improvement and sustainability through services that are effective and efficient.
- All children have the best possible start in life through a variety of interventions, sometimes targeted at vulnerable groups.
- A population in Dumfries and Galloway who are enabled and assisted to have more control over all aspects of their life, health and wellbeing.

CORPORATE OBJECTIVES

1. To reduce health inequalities across NHS Dumfries and Galloway.

2. 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.

3. To review the model of service delivery across Dumfries and Galloway to deliver person-centred services as close to home as clinically appropriate.

4. 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.

5. To maximise the benefit of the financial allocation by delivering clinically and cost effective services efficiently.

6. Continue to support and develop partnership working to improve outcomes for the people of Dumfries and Galloway.

7 To meet and where possible, exceed goals and targets set by the Scottish Government Health Directorate for NHSScotland, whilst delivering the measurable targets in the Single Outcome Agreement.

Delivery of these objectives should always be tested against the principles of
- Best Value
- Patient Focus Public Involvement
- Partnership Working
Chapter 1

Introduction

This self assessment sets out the performance of NHS Dumfries and Galloway for the year April 2012 to March 2013. Included with this self assessment is an ‘At a Glance’ outcomes and performance table that shows how the Board has performed against key targets.

2012 / 2013 has been another busy and successful year with a number of significant improvements achieved including:-

- delivery of Lochfield Road Primary Care Centre which saw GPs and other services move in during November 2012;
- the establishment of a Satellite Renal Dialysis Unit in Kirkcudbright Cottage Hospital; and
- establishment of a Public Health Committee, providing further assurance to the Board on a range of issues.

Partnership working is an important aspect of our service delivery and although the Public Bodies (Joint Working) (Scotland) Bill wasn’t published until 28 May 2013 work had begun to shape that agenda with our partner organisations.

NHS Dumfries and Galloway continued to develop the Outline Business Case for the proposed re-development of the region’s acute services; this has now been approved by Scottish Government and work is ongoing to develop the Full Business Case for this exciting development.

Importantly, we would wish to provide assurance that we will strive to continue to deliver quality and safety improvements in 2013 / 2014 to ensure the Board is able to deliver excellent care that is person-centred, effective, efficient and reliable.

The self assessment sets out in detail the progress that has been made across NHS Dumfries and Galloway. All of the achievements and improvements of the last year are a result of the dedication and commitment of everyone working across our healthcare system and the focus on continuous improvement that has become the way we work.
Chapter 2

Actions from 2012 / 2013 Annual Review

Following the Annual Review for 2012 / 2013, the Minister for Public Health wrote to the Chairman of the Board inviting it to:-

1 Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund.

2 Keep the Health Directorates informed of progress with the health improvement targets including child healthy weight.

3 Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

4 Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI (Healthcare Environment Inspectorate) and Older People in Acute Care inspections.

5 Keep the Health Directorates informed on progress towards achieving all access targets, in particular the 4-hour A&E standard.

6 Continue to make progress against the staff sickness absence standard and the number of staff review registered on eKSF.

7 Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge and Child and Adolescent Mental Health access targets.

8 Continue to achieve financial in-year and recurring financial balance.

9 Keep the Health Directorates informed of progress in implementing the local efficiency savings programme.

Work continues on all of the areas above and Health Directorates have been kept informed of progress.
Chapter 3

Everyone has the best start in life and is able to live longer healthier lives

Progress against HEAT (health improvement, efficiency, access, treatment) targets

*Child healthy weight interventions*
Target: 2011 / 2014 – 413 interventions
- at March 2012 – 149
- at March 2013 – 281
- at March 2014 – 413

There were 288 completed interventions carried out by the end of March 2013 against a trajectory of 281. The data published by ISD only saw 268 completed interventions. The reason for this discrepancy is mainly due to the fact that a proportion of children or parents refuse to have their weight measured and in the absence of a weight the ISD recording system rejects the record.

*Commentary:* this has been a good year for this programme with recruitment of children into the programme, whilst still posing challenges, allowing us to achieve the target. More importantly than this, however, we have used the child healthy weight programme as a pilot of using a more generic behaviour change approach allowing the workers to tackle a range of issues within families that go beyond the weight of the child. This has proved to be an effective and popular approach and there are very many examples of lives transformed.

*Referral to treatment time for drug and alcohol services*

By March 2013, 90 per cent 2013 was 90.1%

*Alcohol brief interventions (HEAT standard)*
2130 alcohol brief interventions were delivered against a standard of 1629

*Fluoride Varnish Applications*

Target: At least 60% of 3 and 4 year olds in each SIMD (Scottish Index of Multiple Deprivation) quintile to have fluoride varnishing twice a year by March 2014.

Performance by the end of December 2012 was 11.16% against a trajectory of 10%. (Data to end March 2013 is not yet available.)

*Commentary:* Whilst figures for the 2012/13 financial year are not yet available the latest monitoring data available for the reporting period January 2012 – December 2012 demonstrates that NHS Dumfries and Galloway is above trajectory. Delivery of this target is through the Childsmile Programme which is fully implemented in Dumfries and Galloway. All general dental service practices are now recruited and delivering Childsmile Prevention as is the salaried service across the region. Continued support is available to all dental practices from the Childsmile Co-ordinator and Dental Health Support Workers. CPD (continuous professional development) sessions to all new practitioners on Childsmile continues to be offered.
Fluoride varnish applications are monitored at a practice level and apparent non-delivery is followed up with the practice by the Consultant in Dental Public Health. The Childsmile Nursery and School Programme is fully implemented and has just completed the fourth academic year of fluoride varnish applications from nursery through to primary 4. The new consent process implemented in the 2012 / 2013 academic year has seen an increase in the number of children consented to receive fluoride varnish. Meeting the target remains challenging but every effort is being made to achieve it.

**Smoking cessation**

NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.

The smoking cessation target for NHS Dumfries and Galloway (2011 / 2014) is to support 2496 smokers to stop smoking (measurement taken at one month after the quit date) and of this number 1373 should be smokers who come from more deprived communities.

We expect to exceed our overall HEAT target. Our current total as at March 2013 was 2221 against a trajectory of 1635 and of this number 1,132 were within the 40% most deprived data zones, against a trajectory of 900.

**Commentary:** Progress in meeting our target with a focus on inequalities included working on the following initiatives:-

- improving access to services by providing a faster appointment system;
- using targeted advertising campaigns;
- providing stop smoking support in Primary Care and outwith clinical settings such as workplaces;
- working more proactively with different groups of smokers such as pregnant women, smokers who have mental health difficulties, smokers who have used services and relapsed, smokers using other substance use programmes e.g. drug and alcohol services; and
- prison services.

Another important area of work in meeting our target is to continuously work on our effectiveness in specialist services and community pharmacies through standards of care and trying to improve consistency between services. More recent developments in hospital cessation are new care pathways in respiratory, stroke and cardiology, with further plans for the future.

Our next step is to update our Tobacco Control Strategy and take forward Prevention, Protection and Cessation locally, with a 5-year action plan.

**Early Years Outcomes**

The Dumfries and Galloway Getting it Right for Every Child (GIRFEC) plan has identified six priority areas:-

- keeping children safe;
• early intervention;
• early years;
• transition;
• health; and
• managing risk and crisis.

There is particular emphasis on improving outcomes in the Early Years and Health workstreams.

Priority 1 in the Single Outcome Agreement for 2012 / 2015 states ‘we will provide a good start in life for all our children’.

Dumfries and Galloway has prioritised the implementation of evidence based parenting programmes to reduce conduct disorders and support enhanced positive parenting which is targeted to families with children less than five years.

The Strengths and Difficulties Questionnaire is being implemented through the universal services at age three for all children entering nursery and, based on the analysis, parents may be offered one of three evidence based support programmes – Incredible Years, Triple P, and the Solihull Parenting Group programme (Psychology of Parenting Project). The implementation of Incredible Years and Triple P has being supported by NES (NHS Education for Scotland) as Dumfries and Galloway is one of two early implementers of the national Psychology of Parenting Project (NES). This two year programme is being implemented in partnership with the Local Authority. The target for Incredible Years and Triple P is to offer the programmes to 300 parents in the two year project timescale.

The Parents as First Teachers programme is being offered across Dumfries and Galloway to all vulnerable families.

In partnership with colleagues across the NHS and Local Authority a framework of local action, based on the Scottish Government framework ‘Improving Maternal and Infant Nutrition: a Framework for Action (January 2011)’, is being progressed. Specific examples of interventions include:-
  • an accredited Breastfeeding Peer Support programme which provides breastfeeding peer support on a one-to-one and group basis within ante-natal and post-natal periods across all four local health partnership areas. Areas of deprivation, where breastfeeding rates are known to be low, are targeted; and
  • the UNICEF Baby Friendly Initiative is being progressed in the maternity units where Stage 2 was achieved in February 2012.

The interventions aimed at improving maternal and infant nutrition are being progressed within the context of family nutrition and therefore links are made to the Child Healthy Weight programme and the local programme which aims to increase cooking skills and improved family nutrition. The approach taken allows those working with families to take a lifestyle approach to healthy nutrition, from breastfeeding to weaning and family nutrition.
Reducing health inequalities is the principal objective of “DG health and well-being” (the unit jointly funded and staffed by NHS Dumfries and Galloway and Dumfries and Galloway Council). A number of important examples should be noted.

**Building Healthy Communities**

This community development project continues to work in our most deprived communities and with our most vulnerable people. The project also provides an innovative service for people with long term conditions with a variety of interventions aimed to improve self management, mutual support, physical activity and a sense of control.

**Keep Well**

This project continues to provide an innovative combination of health checks targeted at our most deprived people and our health coaching intervention for those requiring help with mental health and well-being problems or lifestyle issues. For those going through the health coaching intervention it has been possible to demonstrate statistically significant improvement in levels of well-being and reductions in depression and anxiety problems. The success of the methodology used has been widely recognised and as a result it is being extended beyond the traditional keep well age groups to tackle other vulnerable groups, initially informal carers and people on community service orders.

**Let's Cook**

This program targets parents with young children who are living in deprived circumstances and teaches them how to shop for inexpensive healthy food and how to prepare and cook it. Most of the families who participate in the program have many other issues in their lives and the Let’s Cook workers provide help, support and coaching around many issues in addition to the food and nutrition issues that these families have.

**Workplace health**

Health and wellbeing is a core element in supporting people into work and in maintaining them in the workplace. The Board continues to deliver a number of activities which support this principle.

The Healthy Working Lives (HWL) programme, particularly the National Award Scheme, continues to be delivered successfully and offers workplaces a structured programme of activity to support positive health and wellbeing. There are currently 36 organisations actively engaged with the HWL programme with approximately 13,500 of the local workforce being involved in the Award. Encouragingly there has been an increase in participation in the HWL Award programme from the public sector, with increased numbers of NHS Dumfries and Galloway departments and the local authority pursing and achieving Awards. During 2012 / 2013 the Board supported the National Review of Healthy Working Lives including the development
of new HWL Award criteria, assessment processes and refreshed performance indicators.

Work associated with the wider health and work agenda is captured through the Health and Work Action Plan and continues to focus around the delivery of the Scottish Health Offer. Key successes include:-

• the delivery of health and work training to NHS staff;
• work and employment related welfare reform updates delivered in partnership with Jobcentre Plus;
• supporting the Scottish Government to pilot a Self Assessment Toolkit for Health and Work; and
• the award of funding (£23,000) from the Scottish Government to deliver a pilot project focussed on supporting Mental Health Occupational Therapy patients (in partnership with Support in Mind) into employment.

Through the Health Promoting Health Service (CEL01) Annual Review the Board has been able to demonstrate progress in a number of areas and a number of examples of good practice are emerging. The Board supported Health Scotland to develop a national DVD training resource for brief advice / interventions for physical activity and with the delivery of Physical Activity Awareness Raising for Health Professionals the Board is well placed to deliver actions associated with the AHP (Allied Health Professions) Physical Activity Pledge.

The Board is making progress towards meeting the requirement to implement smoke free sites by March 2015. A working group, which includes Staff Side and public / patient representation, has been established with the remit of reviewing the existing policy and developing strategy to achieve smoke free status.
Chapter 4

People are able to live well at home or in the community

*Putting You First*

*Putting You First* (PYF) is the local ‘Reshaping Care for Older People’ (RSCOP) programme. It is a 5 year programme that seeks to put people at the centre of their care, delivering seamless care and support as close to home as possible, developed through co-production and underpinned by technology where appropriate. The programme supports NHS Dumfries and Galloway in delivering the 6 Quality Outcomes through focussing on:-

- supporting people to live longer, healthier lives;
- people being able to live well at home or in the community;
- people having a positive experience of healthcare;
- staff feeling supported and engaged;
- healthcare being safe for every person, every time; and
- making the best use of resources.

The National Change Fund attached to Reshaping Care supports the work of the Putting You First change programme. Whilst this is a significant support, the underlying aim of the programme is to ensure that the totality of resources across health, social care and the wider partnership are brought to bear on delivery of sustainable, high quality services that can effectively meet the changing needs of our population.

**Key areas of progress across 2012/13**

- The development of 8 workstreams, with each of these benefitting from shared leadership from across the partnership. This approach has accelerated the work taking place under the programme.
- Progress has been made in delivering seamless care through testing models of co-location of multi-agency, multi-disciplinary staff teams in Dumfries and Langholm – smoothing and shortening pathways of care for older people in those areas.
- A specific focus on supporting Carers has resulted in the development of a number of projects designed with their support.
- Testing and delivering models of tele-healthcare including the continued development of tele-clinics (including mental health services), developing models of care that embrace remote monitoring and self-management and introducing new tests of change which will help develop our thinking in relation to optimising the use of telecare in our region.

**Key areas of progress in 2013 / 2014**

2013 / 2014 has seen a further review of the workstream structure. The areas of overlap between the workstreams has been taken account of and these have now been streamlined to ensure an even sharper focus and further reduction in duplication of effort. This has been done in recognition of the need to align the PYF
programme to our shared ambitions with the council around Integration of Adult Health and Social Care. Ultimately, our ambition is to embed the approaches being tested within the locality structure we plan to implement under our integration programme.

The revised PYF workstreams are:-

- Supporting People in Their Communities;
- Seamless Pathways of Care; and
- Preventative Approaches to Care.

These are supported by ‘enabling’ workstreams that ensure the focus on Carers and technology, themes which run through each of the workstreams.

Other key messages from the first half of 2013 / 2014 include:-

- Co-production and launch of the Joint Strategic Plan for Older People – setting out the 10 year vision and challenges for the partnership and signposting the direction of work and focus for that timescale;
- Co-production across the NHS and Independent Sector in one area that tests models of step-up / step-down care in a Care Home environment - supporting older people to remain in their own communities, provided with the care and support they need and avoiding an unplanned admission to the acute hospital;
- Community Development and resilience opportunities – developing micro-social enterprises that support communities to become more resilient and implementing a Timebanking model - an asset-based approach that provides people with opportunities to make the most of and apply their unique talents and abilities in a way that can deliver benefits for themselves and others;
- Supporting Carers through development of a ‘Recovery College’ model; - supporting them to gain new skills and confidence through links to college courses designed with their needs at the centre. Development of Carer Aware Training being rolled out across the partnership – embedding a recognition of the needs of Carers in the work that we do;
- Evaluation of Putting You First – next phases and qualitative – driving decision making and the future shape of the programme through learning what works; and
- From a process and structure perspective we will align our leadership and delivery of PYF to the emerging and developing locality structures – learning from the partnership and co-productive approach taken to develop the Joint Strategic Plan and using this to support the development of our Integration Plan.

**Adult Health and Social Care Integration**

NHS Dumfries and Galloway and its partner; Dumfries and Galloway Council, have a strong history of joint and joined up working across a spectrum of services. From an adult care perspective a Community Health and Social Care Partnership Board (CHSCPB) has been in place since 2008. This board acts as a con-joined sub-committee of the Health Board and Social Work Services Committee with membership from both NHS Executive and Non-Executive Directors and of Elected Members from the Council. The CHSCPB has taken a lead role in developing the thinking and direction of the partnership in relation to adult health and social care
integration and its thinking supported the final joint response submitted by the Strategic Partnership (the region’s Community Planning Joint Board).

The Chief Executives of the NHS Board and Council were tasked in 2012 / 2013 with supporting the development of models of health and social care integration. This work has largely been driven and supported by the CHSCPB / Shadow HSCPB (Health and Social Care Partnership Board) as set out below.

**Key areas of progress 2012 / 2013**

Over the course of 2012 / 2013 the CHSCPB had oversight of and agreed several key areas of work that will support our approach to integration in the current financial year, as well as progress with key strategies such as ‘Reshaping Care for Older People’. These include:

- Agreement to act as a shadow Health and Social Care Partnership (HSCP) as set out in the initial consultation documents for the integration of adult health and social care and, in doing so, support the Strategic Partners in developing a final agreed model for integrated services;
- Agreement to a Joint Strategic Commissioning Framework setting out the partnership’s key strategic commissioning ambitions across all areas of adult care;
- Joint Carers’ Strategy – the region’s first joint carers’ strategy for adults drawing together strategic change in relation to carers’ needs and support to enable them to maintain their caring role and providing demonstrable leadership from senior managers and politicians in regard to this important area of work; and
- Joint Strategic Plan for Older People – under the RSCOP work this plan sets out a 10 year vision of the challenges and opportunities that relate to the changing demographic in Dumfries and Galloway and how, across the NHS, Council and Third and Independent Sector partners we aim to address these. This strategy will provide a valuable template on which to build our Joint Strategic Plan under integration and through the oversight of the HSCPB.

**Key messages 2013 / 2014**

The Dumfries and Galloway partnership and the CHSCPB / Shadow HSCP recognise the significant challenges and opportunities that exist in developing more closely integrated services. The principles agreed at the time of the joint response to the Scottish Government’s consultation made clear the principle of ensuring the focus of change will be on improving health and social care outcomes and not on structures and this has been reiterated in the vision and values being drafted by the Health and Social Care Integration Board which had its first meeting in May 2013.

The Integration Board is led by both Chief Executives and is tasked with developing an implementation programme which will then be presented to both the NHS Board and full Council for final decision making. This group is taking a partnership approach which is aligned to the thinking in the Bill which was finally published on 28 May 2013.
At its meeting of 4 July 2013 the shadow HSCP agreed that its preferred model, under those set out in the Bill, was that of delegation of function to a body corporate (the Body Corporate model). The final decision will be made by both parent bodies; however, officers and senior managers are now developing planning work under this model to support progress toward integration within the timescale that will ultimately be set by the Scottish Government, with a local commitment to have an integrated governance structure in place by 1 April 2014.

While not fully formed at the time of writing, key areas of work and focus under our integration plans are:-

- achieving best outcomes for people that we support through integrated approaches, and measuring these in a meaningful way;
- developing integrated workforce approaches that ensure we work in partnership with staff and co-create opportunities and new ways of working;
- leadership, governance and joint decision making that supports a locality structure, devolving more decision making to those localities and local practitioners;
- clear and transparent communication and participation processes – including the development of a communication strategy as we develop plans and workstreams - to our staff, partners and, critically, our communities; and
- finance processes that support integrated structures.
Everyone has a positive experience of healthcare

Patient Experience

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

- Patient Experience Volunteers;
- departmental / service questionnaires;
- involving members of the public in service development and redesign; and
- working with our PPF (Public Partnership Forum) and the Local Scottish Health Council staff.

The information gained from these sources helps the Board to ensure that the services provided are in line with the quality strategy ambitions. This approach will continue to develop as we progress with the Person-Centred Health and Care Collaborative improvement methodologies.

During 2012 / 2013 NHS Dumfries and Galloway has built on longstanding methods of obtaining feedback in an attempt to be more wide ranging with a view to involving the more hard to reach members of the population. Methods to achieve this include:

- initiating the use of Patient Opinion and spreading the benefits of this across more and more services;
- changing the way the Board interacts with the PPF to involve the group at the earliest stage possible regarding policy and service development;
- taking a more robust approach to include members of the extended PPF in our communications;
- revisiting and redefining the role of the Involving People Improving Quality Coordinator;
- using Twitter as a method of engaging with the public;
- developing a staff ‘blog’ to promote the importance of patient experience through sharing staff stories;
- having patient stories as a standing item on the Healthcare Governance Committee;
- including patient experience in directorate team meetings; and
- considering the effect to patients and how the learning from Critical Incidents can be used to achieve a positive outcome

Patient Experience Training

During 2013 a Patient Experience Group has been formed within Acute Services. The aim of this group, which is led by a medical consultant, is to promote learning from patient feedback, patient stories, critical incidents etc.
The main difference with the training which will be instigated from this group is that it looks to achieve improvement through reflective practice and shared learning within multi-disciplinary teams rather than through the more traditional uni-professional approach.

**Patient Stories**

Sharing patient stories is a widely recognised way of directing learning and service improvement. As well as using patient stories as part of the governance structure to reassure members of the Board that patient experience is embedded in the construct of staff training, the use of patient stories is also becoming more routinely used to support learning for staff groups and teams. Work is still being carried out to better refine how this is done but the principle is now well accepted across the organisation.

During 2012 / 2013 patient stories were shared at each of our Healthcare Governance Committee meetings.

**Patient Experience and Effective Communication**

For some time NHS Dumfries and Galloway has considered how best to link effective communication with improved patient (and staff) experience. A decision was taken during 2012 / 2013 to bring together the Patient Experience and Communications manager roles into a joint post with a specific view to streamlining and strengthening these two areas of corporate activity. Although the post is still very new the benefits are already being demonstrated through the ability to having a very clear strategy for what needs to be done to promote good patient experience through effective communication. The postholder also has the responsibility of leading the Person-Centred Collaborative and as such will ensure that the outputs from this will be appropriately conveyed to patients, public and staff alike.

**Dementia**

We continue to be at the forefront of innovation in system wide improvements within the field of dementia care. Our local approach builds on the excellent partnerships and relationships that are in place across the NHS, Local Authority, third sector and patients and carers groups. The further development of person centred pathways of care is fundamental to this approach. Our work in this field won recent accolades at the European Care Pathways Conference.

**Maternity Services**

The Maternity Services Liaison Committee has been re-established during 2012 / 2013 and will be known as NHS Dumfries and Galloway Maternity Link. This aims to ensure women and the public are involved in shaping services and public representation is sought for key areas of work. Members of the link will act as conduit for information to ensure fuller representation and work plans are being developed.
Patient satisfaction questionnaires embedded in Cresswell Maternity Wing in-patient setting and feedback provided to staff on a monthly basis via email. There have been positive results with women rating overall in-patient care as excellent or very good in over 95% of cases. There is also feedback to the public with information on any actions taken via information boards in departments in Cresswell Maternity Wing.

Further planned activity for 2013 / 2014:
- develop surveys and other methods for getting feedback on ante-natal, intrapartum and post natal care separately;
- developing portal on intranet to include feedback for staff; and
- developing public web page to include feedback and invite comments, suggestions ideas etc.

Social marketing principles employed as part of focus on normal birth campaign to elicit women’s feelings about the birth experience. Feedback has enabled us to proceed with campaign to celebrate birth and not use terminology of normal or natural as women found this stigmatising and judgemental. Patient stories collected to share with other women.

Specific survey issued to measure women’s satisfaction with labour and birth and then compared to the documented care from the case record. Feedback from this case note audit and patient survey has been written up and will be issued to staff and the public using methods mentioned above.

Other NMAHP (Nursing, Midwifery and Allied Health Professions) Professional Progress

Acute General Nursing

The national workforce workload tools have been used within Dumfries and Galloway Royal Infirmary during 2012 / 2013 to inform our workforce planning.

Dumfries and Galloway has also piloted the Specialist Nurse Tool, Small Ward (in our cottage hospitals) Tool and Community Nursing Tool.

Mental Health

Scottish Recovery Indicator (SRI): Significant work has been underway during 2012 / 2013 using the SRI2 workstreams to ensure we have a contemporary nursing workforce to promote safe, strengths based, recovery focussed principles of care and is further supported by developed job descriptions, frameworks and associated ADR (annual development review) processes. There is also considerable focus on providing choice nearer people’s homes.

Service redesign: Across the service during 2012 / 2013 we have continued to change the location of nursing care from inpatient care towards care in the persons’ home, care home or other hospital setting. This is being achieved through reduction in bed numbers and increasing the numbers of community nursing staff but, more
importantly, changing the way they work and training has been put in place to support this. Some of this work is complete and other elements are being tested.

We are investing heavily in improving the care of people returning from more secure environments. During 2012 / 2013 staff have had forensic training, further person centred, care planning, and psychological therapies training is planned. This involves a small number of minor changes to the environment in our rehabilitation unit.

**Allied Health Professionals**

**National Delivery Plan:** *Podiatry* training for care home and home care staff re footcare. Development of assessment and advice only clinics to help patients move towards self-management.

**Integration Agenda:** Shared working with social work OTs (occupational therapists) to provide more seamless care for patients in the community – reduced duplication and gaps and improved patient experience.

**Person-centred agenda:** Scoping of physiotherapy and OT in community / cottage hospitals and domiciliary service to identify areas where skill mix and resource level can be altered to improve efficiency and streamline the care pathway. Move towards seven day service for acute care for physiotherapy and OT initially. Development of Dementia Toolkit and Communications and Mealtimes Toolkit.

**4/52 MSK (musculoskeletal disorders) HEAT target:** Working with national group to implement systems to meet this target
Chapter 6

Staff feel supported and engaged

NHS Dumfries and Galloway continue to enjoy a strong relationship with staff and staff side through the formal mechanisms of the Area Partnership Forum (APF) and Joint Negotiating Committee (JNC), as well as at Board level through the Staff Governance Committee.

During 2012 / 2013 the Board has focused on three significant strategic change programmes, each of which has a potentially significant impact on the workforce of the future. These programmes are:-

- the development of a new build District General Hospital;
- Putting you First (PYF) – shifting the balance of care into communities, and Health and Social Care integration; and
- In addition, the organisation has continued to deliver against its CRES (cash releasing and efficiency savings) efficiency savings targets. Informing, consulting and engaging with the workforce about these financial challenges and strategic service changes has been central to the APF work plan for 2012 / 2013.

Our workforce plan for 2011 / 2013 was refreshed during 2012 and reflects the emerging workforce themes of these strategic change programmes. This was supplemented this year by our participation in the national consultation on the 2020 Workforce Vision during which a series of focus groups were held throughout the organisation to gather the views of staff to inform this national work.

Specific workforce challenges in terms of medical staff are included at the end of this chapter.

In addition to the range of routine APF discussions that test the balance between service, quality, finance and people, staff side colleagues participate in a wide range of efficiency and productivity planning events, including representation on the corporate efficiency and productivity group and attendance at Board wide efficiency and productivity workshops.

During 2011 / 2012, NHS Dumfries and Galloway entered into discussions with the Workforce Directorate within SGHSCD (Scottish Government Health and Social Care Directorate) around the potential for a national approach to high performance and staff experience out of which was born the National Staff Experience Project – an SGHSCD funded project involving NHS Dumfries and Galloway, Tayside, Forth Valley and NWTU (National Waiting Times Unit). Throughout 2012 / 2013 NHS Dumfries and Galloway has participated as a pilot board within this exciting project and have also provided strategic leadership to the national programme through the direct involvement of our Workforce Director and Employee Director in the project. The team based approach to completing the diagnostic tool, developing understanding of the results and action planning for improvement has been welcomed by staff in the pilot teams and staff side involved in the project, and has led to higher levels of engagement than in the previous 2010 Board wide staff survey. We are looking forward to rolling out the tool and process more widely
during 2013/14, to help us to build capability, capacity and confidence across the workforce to meet the strategic challenges that lie ahead.

The engagement rates of staff with the recently conducted (2013/2014) national staff survey have now been released and show that responses from mainland territorial boards ranged from 19% to 50%, NHS Dumfries and Galloway having the third highest return rate at 36%. This compares favourably with the overall 27% average for NHS Scotland as a whole. The Board appreciates the efforts of all staff who took the time to complete the questionnaire and are awaiting the analysis of results by ISD, which we understand will be returned to us by the year end. The Area Partnership Forum will then review and oversee action planning which will involve, as a first step, the cascade of the results through team briefs throughout the organisation.

Our compliance rates for eKSF (electronic knowledge and skills framework) ADRs (annual development reviews) have increased significantly during 2012/2013 and reached 61% by 31 March 2013. We recognise that compliance still falls short of the HEAT standard requirement of 80% and we have put in place resource to lead a programme of improvement, incorporating a co-production approach with our staff to diagnose barriers and find ways to overcome them. The Area Partnership Forum and Staff Governance Committee receive routine briefings on levels of compliance and both committees continue to support and promote the eKSF system across the service.

Following the release of the national OHSFor Strategy (Occupational Health and Safety Strategic Forum), and the success of our previous three year accident and incident reduction programme, NHS Dumfries and Galloway launched its new Health and Safety Accident Reduction Strategy two years ago. This programme mirrors the OHSFor priorities of planned reductions in the incidents and accidents associated with:-

- slips, trips and falls;
- needlestick injuries;
- violence and aggression; and
- manual handling.

The 2010-2013 Accident Reduction Strategy has delivered on the planned targets and objectives as follows;

46% reduction in overall accidents (from 734 incidents in 2010/2011 to 507 incidents in 2012/13)

- 56% reduction in violence and aggression incidents (to 185 incidents in 2012/2013);
- 44% reduction in moving and handling incidents (to 42 incidents in 2012/2013);
- 47% reduction in needle stick injuries (to 40 incidents in 2012/2013); and
- 47% reduction in slips, trips and falls.

Successful delivery of the 2010-2013 strategy demonstrated a clear commitment to the health, safety and wellbeing of staff and ensured that occupational health and safety is integrated within the wider staff health and wellbeing agenda.
The excellent work undertaken in partnership locally during 2011 / 2012 to reduce the incidence of needle stick injuries, and in particular the introduction of safer sharps across the organisation, was recognised last year by an invitation to the two key staff involved – our Health and Safety Adviser and one of our Specialist Occupational Health Nurses – to attend and present at the Joint European Biosafety Network and Unison Third Annual Summit in London on 1 June 2012. Occupational Health and Safety were invited to present a case study on the implementation of the EU (European Union) directive within NHS Dumfries and Galloway. The overall agenda for the summit focused on the implementation of the Directive in Member States and raised awareness of the serious health risks caused by sharps injuries and the practical steps that employers can take to prepare for implementation of the Directive.

We continue to strive to achieve the HEAT standard for sickness absence, set at 4% for the organisation. The latest statistics, compiled by SWISS (Strategic Workforce Information Systems), show NHS Dumfries and Galloway’s compliance for the twelve month period to 31 March 2013 at 4.44%. The NHS Scotland average for this time period was 4.83%. Whilst we have continued to maintain monthly absence levels at or below the national average, our in year rolling average has increased by 0.34% this year compared with our 4.1% absence level for 2011 / 2012.

During the year the APF undertook a review of the sickness absence policy and introduced a revised attendance management policy. The roll out of this policy, and follow up training and support for managers to interpret and implement the policy, was informed by the results of an internal audit undertaken in relation to our compliance with sickness absence policy requirements. APF are keeping the policy, and its interpretation and application across the organisation, under close review to ensure that we remain balanced and support those who most require it in order for them to attend work and contribute to the organisation.

The APF lead on the review and implementation of all workforce related policies, including PIN (Partnership Information Network) policies, working with the workforce directorate, service managers and staff. This work plan is very challenging, covering in excess of 50 policies. During 2012 / 2013 the APF reviewed and approved 15 policies, including a number covered by PINs which were reviewed and refreshed during the year. The committee’s focus on quality and patient safety included review and approvals of policies in relation to professional registration, whistleblowing, raising employee concerns and disclosure checks amongst others.

During 2012 / 2013 a significant programme of work was undertaken within the organisation and with partners to ensure preparedness for the Equality Act – specific duty requirements which were required for publication on 30 April 2013. Diversity champions from across the organisation worked together with partners and stakeholders to develop a set of Equality Outcomes for both the service and the workforce, which were agreed by the Board on 29 April 2013. The equality outcome targets relevant to the workforce will, in the future, form part of the APF work plan and will contribute to the organisation’s ambitions in respect of person centredness.
Medical Staffing Issues

NHS Dumfries and Galloway relies on highly skilled medical staff to deliver care both in primary and secondary care. While we have been successful in recruiting a considerable number of high calibre young consultants in recent years we continue to face difficulty as a result of key consultant vacancies in various essential specialties.

As at the beginning of August 2013 there are the following consultant vacancies:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ophthalmology</td>
<td>3</td>
<td>Of 5</td>
</tr>
<tr>
<td>ENT</td>
<td>1</td>
<td>Of 3 (1 Consultant on sick leave)</td>
</tr>
<tr>
<td>Urology</td>
<td>1</td>
<td>Of 2</td>
</tr>
<tr>
<td>Radiology</td>
<td>2</td>
<td>Of 5</td>
</tr>
<tr>
<td>Care of the Elderly</td>
<td>1</td>
<td>Of 2</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>1</td>
<td>Of 1</td>
</tr>
<tr>
<td>Acute Physicians</td>
<td>2</td>
<td>Of 3</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>1</td>
<td>Galloway Community Hospital post</td>
</tr>
<tr>
<td>Pathology</td>
<td>1</td>
<td>Long term sickness absence</td>
</tr>
</tbody>
</table>

Carrying these vacancies means that we have considerable difficulty in delivering the services we would wish and only manage to do so at considerable expense by employing locum consultants. While locum staff may have adequate clinical skills they have less commitment to local services and do not contribute to development of services or any engagement in wider issues across the hospital and primary care. Locum doctors are also considerably more expensive than substantive consultants meaning that the continuing vacancy rate poses service delivery issues, quality and development issues and financial challenges.

The market for consultants varies from specialty to specialty. A recent advert for consultants in obstetrics and gynaecology attracted 24 appointable candidates. However, in comparison recent advertising campaigns for consultants in care of the elderly, palliative care and acute physicians have not attracted any candidates who were appointable and considerable continuing effort will go into rounds of recruitment.

We are aware that some of the consultant vacancies are considered unattractive to potential candidates. The reasons for this include the perceived geographical isolation of Dumfries and the small rota size of most specialties (meaning that the on-call frequency is considerably higher than in other areas). In addition, the smaller numbers of medical staff at middle and junior grades mean that consultants inevitably have a much greater hands-on role than in other units where middle and junior grade medical staff provide a significant amount of input to both outpatient clinics and ward work.

Middle grade doctors provide a very substantial amount of service delivery and as the middle grade doctors are often the most senior resident on-call doctors out-of-hours (with consultant cover from home), the quality of middle grade doctors to a significant extent determines the safety of care provided within Dumfries and Galloway Royal Infirmary.
Middle grade doctors are made up of specialty doctors (non training permanent doctors) and middle grade trainees. Dumfries and Galloway experience difficulties in some specialties in filling middle grade rotas. The specialty doctor contract has not proved as attractive as had been planned at its introduction and nationally there are difficulties in recruiting specialty doctors which are probably more acute in Dumfries and Galloway due to its geographical isolation.

In addition to this changes in 'Modernising Medical Careers' have seen a slow but progressing reduction in the number of doctors in training across most specialties. This has led to inevitable pressures on middle grade rotas. The reduction in the number of posts has also been exacerbated by the fact that some of these posts remain vacant and the impact of a higher commitment to education and training, and the application of the European Working Time Directive to middle and junior grade doctors some 5 years ago, has led to all hospitals finding challenges in medical staffing.

Within Dumfries and Galloway Royal Infirmary, as at the beginning of August, we have a significant problem at middle grade level in paediatrics, accident and emergency, ENT, urology and obstetrics and gynaecology.

The most acute and serious (and long term) is at middle grade level in paediatrics. We have funding for 7 posts which includes 2 middle grade trainees and 5 specialty doctors. Despite repeated attempts over the last 5 years we have been unable to recruit to most of the specialty grade doctors’ posts and currently we only have only 1.7 permanent members of staff filling the 5 specialty doctor roles. The paediatric middle grade staff rotate to Dumfries from the West of Scotland and on paper we have 2 trainees each year; however, it is not uncommon for one of the posts to be vacant and this is the case with effect from the beginning of August 2013. This means that we have an actual complement of 2.7 whole time equivalent doctors providing the only permanent contribution to a 7-doctor rota.

The shortage of middle grade paediatric doctors is a national issue and difficulties are being experienced in a number of other Scottish hospitals, most notably in Inverness and in St. Johns Livingston (which was forced to close its paediatric unit last year throughout the summer). Representation has been made by the Medical Director to the Regional Medical Workforce Group in the West of Scotland, to the Chief Medical Officer, to the Chief Executive of NHS Scotland and to the Director of Workforce at the Scottish Executive.

As a result of national concerns a review of paediatric staffing has commenced and is due to provide a report to the Scottish Government in the near future. Unfortunately it is difficult to see how an urgent solution will be progressed given the considerable lead-in time in training up middle grade doctors. Within paediatrics there are specialty-specific issues which are more pronounced than in other specialties. There is a high attrition rate amongst doctors who opt for paediatric specialty training with approximately 25% leaving within the first 3 years of training (when they are unable to contribute to the middle grade rota due to lack of experience). In addition, the female proportion of the paediatric workforce is much higher than in other specialties and it is noted that there are significantly higher rates of maternity leave than other specialties.
As a result NHS Dumfries and Galloway has been reviewing the possibilities for continuing to provide a paediatric service without the input of middle grade doctors. The options involved include:-

- having consultants resident on-call;
- development of paediatric advanced nurse practitioners; and
- a hybrid model which combines a small number of middle grade doctors with consultant resident on-call shifts and contributions from paediatric advanced nurse practitioners.

However, none of these potential solutions is entirely satisfactory; there are insufficient paediatric consultants to recruit the extra numbers needed to provide consultant resident on-call rotas and it is doubtful if the introduction of resident on-call working will be acceptable to most consultants. Currently there are almost no paediatric advanced nurse practitioners throughout the UK and training of such nurses would require them to undertake a 3-year training course. As any candidates for training would be drawn from the senior cohort of the current paediatric nursing staff there would be issues about the depletion of the current nursing workforce.

Lastly, it is important to note in the specialty of paediatrics that a considerable amount of paediatric care is provided by community paediatricians. They do not contribute generally to on-call rotas but carry out a large amount of work in specialist fields such as paediatric screening, management of neuro-developmental delay, adoption and fostering, Looked After Children and sensory disturbances such as hearing impairment or blindness. It is recognised nationally that the community paediatrician workforce has a much older age profile than most specialties and a large cohort of this important group of medical staff is due to retire in the next 5 years. There is a need, therefore, to significantly increase community paediatric training; as a result of this there is a proposal that would see a further reduction in paediatric middle grade staff as doctors are diverted to community paediatric training posts. Currently NHS Dumfries and Galloway manages to sustain paediatric services by use of a very substantial number of locums, drawing locum cover particularly for weekends and evenings from the central belt and the north of England. Ultimately, however, this is not a sustainable solution as it results in loss of continuity, issues about doctors working over 48 hours per week and is extremely expensive.

As at the beginning of August 2013 we also have vacancies in ENT, urology and A&E. Recruitment has been progressed to these posts but it is anticipated they may be difficult to fill.

As at the beginning of August 2013 we anticipate that we will have 5 vacancies in the allocation of training grade posts. There are two FY1 vacancies, one FY2 vacancy, the paediatric vacancy already mentioned and a middle grade vacancy in obstetrics and gynaecology. In addition, we have been notified of various doctors’ intention to start maternity leave during their one-year period with Dumfries and Galloway. Ongoing efforts are being made to recruit to these posts but it is anticipated that filling FY1 posts will be particularly difficult.
In the west of the region we have ongoing substantial difficulties in recruiting medical workforce to staff the Galloway Community Hospital. A distinct contractual arrangement has been drawn up in agreement with the BMA to provide rural hospital doctor posts. These are posts providing care within the Galloway Community Hospital A&E Department and on the general ward. Because of the range of conditions that must be dealt with the doctors concerned all have a general practice background to enable them to have experience in a wide range of problems. Currently permanent medical staffing is provided by a cohort of 7 doctors (not all of whom work full time). We currently have 2 vacancies and only manage to keep the hospital going by engaging significant numbers of locums to cover shifts.

A review was commissioned in respect of the medical staffing of the Galloway Community Hospital and was carried out by Professor McGowan, ex-Dean of the West of Scotland. He made significant recommendations to improve the recruitment and retention of doctors in the Galloway Community Hospital including the recruitment of further doctors to allow rotations to the A&E and anaesthetic department in Dumfries and Galloway Royal Infirmary. If these conclusions are fully adopted by the Board it is likely that we will have to recruit to 4 rural hospital doctor posts rather than the current 2 vacancies and, based on previous experience, this will prove an ongoing challenge. Ironically, the achievement of full recruitment makes recruitment to further posts easier and so there is definitely a complex ‘chicken and egg’ situation here.

NHS Dumfries and Galloway recognises the need to compete hard in the recruitment market for all grades of medical staff and various initiatives are underway to improve our attractiveness to potential medical staff:-

1. Development of attractive professional multi-media recruitment information to be given to potential applicants. This work is being led by our new Communications Manager and Deputy Director of HR. We are investigating the possibility of linkage with Scottish Enterprise and the local Council in targeted recruitment campaigns for professional workforce.

2. Specific campaigns are being launched in Spain where there is considerable economic turmoil and in Southern Ireland where doctors have faced a significant drop in income.

3. Further engagement with medical recruitment agencies.

4. Links with NHS Education Scotland who are working to encourage remote and rural medical training recruitment and retention (specifically in relation to the Galloway Community Hospital).

5. Further development of post graduate medical education; we already have an extremely successful Education Department in Dumfries and Galloway Royal Infirmary which, under the leadership of Dr Jean Robson, has produced excellent results for training grade doctors.

6. The development of training for specialty doctors and assistance to international medical graduates with colloquial English are helping to make NHS Dumfries and Galloway a more attractive place to work.

7. Locum arrangements – a small but significant number of locums end up taking on permanent jobs within Dumfries and Galloway and it is important therefore to ensure that we have very efficient arrangements with regard to induction and mentoring of locum consultants.
8. Free accommodation is available for training grade doctors working in Dumfries and Galloway Royal Infirmary and accommodation is also made available for the first 3 months following a consultant appointment (at a small charge). It is important that we advise potential candidates of the advantages of working for NHS Dumfries and Galloway which include the planned move to a brand-new hospital with state-of-the-art facilities, low local housing costs, excellent education services for children and a wide range of outdoor activities throughout the region.

CONCLUSION

NHS Dumfries and Galloway faces considerable problems in delivering its objectives as a result of difficulties in recruiting skilled medical staff. It is recognised that for some specialties this is a national problem but it is also noted that Dumfries and Galloway is competing in an intensely competitive market and must seek to actively engage in that market, making sure it does its utmost to promote NHS Dumfries and Galloway as a preferred place to work.
Chapter 7

Healthcare is safe for every person, every time

Healthcare Governance

The NHS Dumfries and Galloway Healthcare Governance Committee is the delegated committee of the Board where quality and standards of care, patient safety (including HAI – Healthcare Associated Infection), risk management and patient experience are considered and debated.

The Committee receives reports at every meeting on standing items of patient safety, patient experience and healthcare associated infection. Each meeting has a theme where one of the above standing items is discussed in more detail using a suite of reports in a cyclical process. The Committee considers and reviews the healthcare governance element of the corporate risk register.

Healthcare Governance Committee minutes are presented to the next available Board meeting where the committee Chair highlights any pertinent points of note to the Board. The Healthcare Governance Committee produces an annual report that is presented to the Board for assurance and reviews its’ Terms of Reference annually.

The Healthcare Governance Committee provides assurance to the Board that appropriate systems and structures are in place to effectively manage:-

- clinical governance;
- non-financial risk management;
- external clinical audit performance review;
- healthcare associated infection;
- patient feedback (including complaints);
- adverse incidents;
- patient safety;
- quality improvement;
- health protection;
- public protection; and
- information assurance

The Committee reviews major reports into NHS systems to identify the implications for locally provided services and to endorse action plans for correcting any perceived deficiencies. The Committee then monitors progress; for example Mental Welfare Commission reports, Scottish Public Service Ombudsman reports, Healthcare Environment Inspection reports and associated local action plans have been considered by the committee during 2012 / 2013.

Quality and Patient Safety

NHS Dumfries and Galloway continued to make good progress towards achieving the high level goals of the Acute Scottish Patient Safety Programme by December
2012. Successful delivery of this programme enables us to achieve all three ambitions of the Healthcare Quality Strategy: safe, effective and person-centred.

The table below gives highlights of progress to date:

<table>
<thead>
<tr>
<th>Goals</th>
<th>Our Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% Blood Sugars within Range</td>
<td>32 months &gt;80% blood sugar results within range in ICU (Goal 80%) up to March 2013</td>
</tr>
<tr>
<td>30% Reduction in Crash Calls</td>
<td>83% reduction from May 2010 – April 2011 to April 2012 – March 2013 in confirmed crash call numbers in our pilot ward 9. 45% reduction from May 2010 - March 2011 to May 2012 - March 2013 for Dumfries and Galloway Royal Infirmary (DGRI) as a whole.</td>
</tr>
<tr>
<td>50% Reduction in Surgical Site Infection</td>
<td>88% reduction for all SSI from 2007-2013 within DGRI; 76% reduction for orthopaedics only from 2007-2013</td>
</tr>
<tr>
<td>Reduction in central line bloodstream infection</td>
<td>No central line infections June 2009 – January 2012. Only three central line infections in 2012 (one in each month February, May and July 2012). None since then up to July 2013.</td>
</tr>
</tbody>
</table>

**HSMR Reduction**

A key aim of the Acute Scottish Patient Safety Programme was to reduce hospital mortality by 15% by December 2012. The Board was delighted to note that from December 2007 until the quarter October – December 2012 a reduction of 14.9% has been achieved.
Other Patient Safety Improvement Work

During 2012 / 2013, in addition to the important work delivered under Acute Scottish Patient Safety Programme, we have also either commenced implementation or continued with the following SPSP (Scottish Patient Safety Programme) workstreams, SPSP Paediatric Programme, SPSP Primary Care Programme, SPSP VTE (venous thrombo-embolism) and Sepsis Programme

- **Maternity Services Improvement Programme**
  Quality Champion Midwife appointed and priority given to national imperatives. Dedicated teams working on small tests of change, pdsa (plan, do, study, act) cycles and spread of effective practice. Increased capacity amongst staff to understand and use quality improvement methodology.

  *Smoking related activity:* Carbon monoxide monitors have been issued to team midwives and a training package is ongoing. Smoking Matters team are monitoring referrals and outcomes. As part of tailored package of care a team midwife is undertaking a small test of change around a visual sticker system to remind midwives to initiate a conversation about smoking at each visit.

  *Sepsis:* Maternity Early Warning Scoring charts introduced as risk assessment charts for all admissions to Cresswell Maternity Wing.

  *Induction of labour:* Data being provided on an ongoing basis to Scottish Government regarding elective induction of labour bundles. Local driver diagram developed with aim of “The safety, reliability and patient experience of induction of labour (IOL) in prolonged pregnancy (41+ weeks) will be improved for all women by December 2013.” Small test of change being taken forward under person centred care collaborative.

  *Daily safety briefs:* being tested by one of the team leaders in the Birthing Suite with a view to spreading to all team leaders on every shift.

  *Fetal movement discussions:* Maternity services have agreed to participate in the national AFFIRM study (Promoting Awareness Fetal Movements to Reduce Fetal Mortality Stillbirth, a Stepped Wedge Cluster Randomised Trial) where a specific package of care is implemented to assist women to recognise altered fetal movement patterns.

- **SPSP Mental Health Programme:**
  The first phase of the programme has helped to further raise the importance of embedding improvement methodology and ongoing cycles of small tests of change within clinical teams. The programme has also helped to increase staff’s understanding of data and measurement to support service change and reduce harm. The involvement and contribution from patients has been essential in helping us understand what’s important from their perspective about what constitutes ‘safety’ and harm and this has been an invaluable aspect of this work to date.
In addition to these workstreams there are a range of other activities designed to improve the safety and effectiveness of patient care being taken forward locally.

Examples of this being:

- **Prescribing Safety – Safer Clinical Systems:** NHS Dumfries and Galloway is fortunate to be working with the Health Foundation on their Safer Medicine Prescribing Project. Our work aims to improve prescribing practice and reduce prescribing errors for acute medical admissions to Dumfries and Galloway Royal Infirmary and will be measured and reported locally and to the Health Foundation.

- **Managing Adverse Incidents and Learning:** We have reviewed our local systems in light of the NHS Ayrshire and Arran report resulting in a new policy, structures and systems.

- **Improving Care of Patients with Dementia in Care Homes:** ‘Stress and Distress’ work. A team from Mental Health developed an education programme for care home staff during 2012 / 2013 which is now being delivered during 2013 / 2014.

- **Child Protection:** during 2012 / 2013 we commissioned an external review of our health child protection systems which has resulted in a number of actions designed to improve how we work.

**Improvement Collaboratives**

- **Person Centred Health and Care Programme:** The Board has given the lead for this programme to the Nurse Director and during November 2012 a team of 40 staff attended the first learning set. This has resulted in a significant amount of enthusiasm being generated for the programme with staff at the point of care. As we move forward into 2013 / 2014 our Spiritual Care Committee is evolving into our Person Centred Health and Care Committee with multi-agency representation, chaired by a Non-Executive Member of the Board. A number of already established strands of work, such as Observations of Care, will report into this committee together with new improvement work with regard to patient and staff experience.

- **Early Years Programme:** The Board has given the lead for this programme to the Nurse Director. As a joint collaborative with the Council, it reports to our GIRFEC (Getting it Right for Every Child) Steering Group, chaired by the Director of Education, and up to the Strategic Planning Partnership. We have established an EYC (Early Years Collaborative) Leadership Group and are progressing tests of change in each of the workstreams.

- **Maternity Services:** Projects group established to consider quality improvement initiatives and ensure links are made with Datix reports, complaints and compliments. The group acts to ensure any tests of change, audit activity and improvement initiatives are in keeping with local and national priorities and acts as a resource to sign post those wishing to undertake improvement work to the right people in the system. The group also ensures any recommendations and actions are followed through as appropriate.
Prevention and Control of Infection

The prevention and control of infection remains a high priority for NHS Dumfries and Galloway. Key to our success is the close working relationships between the Infection Control Team, Health Protection Team and Patient Safety Team. This, together with clear and explicit leadership, has enabled us to continue to reduce the impact of HAI for the benefit of patients.

Staphylococcus aureus bacteraemia (SAB)

NHS Dumfries and Galloway acknowledges that disappointingly on this occasion the target set by Scottish Government for *Staphylococcus aureus* bacteraemia was not met at end March 2013. In line with many other mainland health boards we are examining why this target has not been achieved.

![Figure 1](https://example.com/figure1.png)

**Overall performance by NHS board as reported by Scottish Government Health Department (SGHD)**

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Year ending March 2013</th>
<th>NHS Board target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Aran</td>
<td>0.24</td>
<td>0.26</td>
</tr>
<tr>
<td>Borders</td>
<td>0.29</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>Dumfries and Galloway</strong></td>
<td><strong>0.30</strong></td>
<td><strong>0.26</strong></td>
</tr>
<tr>
<td>Fife</td>
<td>0.52</td>
<td>0.26</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>0.37</td>
<td>0.26</td>
</tr>
<tr>
<td>Grampian</td>
<td>0.27</td>
<td>0.26</td>
</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>0.28</td>
<td>0.26</td>
</tr>
<tr>
<td>Highland</td>
<td>0.22</td>
<td>0.26</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>0.28</td>
<td>0.26</td>
</tr>
<tr>
<td>Lothian</td>
<td>0.32</td>
<td>0.26</td>
</tr>
<tr>
<td>Orkney</td>
<td>0.13</td>
<td>0.26</td>
</tr>
<tr>
<td>Shetland</td>
<td>0.21</td>
<td>0.26</td>
</tr>
<tr>
<td>Tayside</td>
<td>0.35</td>
<td>0.26</td>
</tr>
<tr>
<td>Western Isles</td>
<td>0.04</td>
<td>0.26</td>
</tr>
<tr>
<td>National Waiting Times Centre</td>
<td>0.10</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>NHS Scotland</strong></td>
<td><strong>0.30</strong></td>
<td><strong>0.26</strong></td>
</tr>
</tbody>
</table>

However, despite this we can confirm that over the last 4 years the hard work of staff has resulted in an overall reduction in *Staphylococcus aureus* bacteraemia of 32%. Root Cause Analysis takes place for all cases of SAB and results are fed back to clinicians.

Contaminated samples and invasive devices remain the two leading causes of preventable SAB. Analysis of the location of the cases reveals no particular ward or area where interventions could be targeted. We have initiated a SAB summit taking
place in August 2013 to which members of the wider multi-disciplinary body are invited together with representatives from Health Protection Scotland (HPS).

**Clostridium difficile**

NHS Dumfries and Galloway exceeded the HEAT target for *Clostridium difficile* infection (CDI) by end March 2013 and have achieved 74% reduction in *Clostridium difficile* infections over the past 4 years.

**Figure 2**  
**Overall performance by NHS board as reported by Scottish Government Health Department (SGHD)**

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Year ending March 2013</th>
<th>NHS Board target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Aran</td>
<td>0.42</td>
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</tr>
<tr>
<td>Borders</td>
<td>0.42</td>
<td>0.39</td>
</tr>
<tr>
<td><strong>Dumfries and Galloway</strong></td>
<td><strong>0.27</strong></td>
<td>0.39</td>
</tr>
<tr>
<td>Fife</td>
<td>0.29</td>
<td>0.39</td>
</tr>
<tr>
<td>Forth Valley</td>
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<td>Grampian</td>
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</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
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<td>0.39</td>
</tr>
<tr>
<td>Highland</td>
<td>0.21</td>
<td>0.39</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>0.35</td>
<td>0.39</td>
</tr>
<tr>
<td>Lothian</td>
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<td>Orkney</td>
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<tr>
<td>Shetland</td>
<td>0.30</td>
<td>0.39</td>
</tr>
<tr>
<td>Tayside</td>
<td>0.43</td>
<td>0.39</td>
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<tr>
<td>Western Isles</td>
<td>0.39</td>
<td>0.39</td>
</tr>
<tr>
<td>National Waiting Times Centre</td>
<td>0.11</td>
<td>0.39</td>
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<tr>
<td><strong>NHS Scotland</strong></td>
<td><strong>0.28</strong></td>
<td>0.39</td>
</tr>
</tbody>
</table>

There are strong links with the Health Protection Team who carry out Root Cause Analysis for all cases occurring in primary and community care. This effective team working facilitates understanding of emerging trends in primary care. GPs participate in a telephone interview conducted by the Health Protection Nurse consultant to aid completion of the root cause analysis form and this platform for shared learning has been crucial in realising any reduction in community associated CDI.

The Health Protection Team and Antimicrobial Prescribing Support Team work closely with the ICT and Antimicrobial Management Team to feedback results and ensure optimal antimicrobial prescribing in primary care.
Scottish National Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Prescribing

The second Scottish National HAI Point Prevalence Survey (PPS) of HAI and antimicrobial prescribing was published in April 2012. Being a prevalence study we understand that this is merely a snapshot of infections at a particular point in time; however, we were disappointed to receive ‘the call’ to say that NHS Dumfries and Galloway was an outlier and that urinary tract infections (UTI) seemed to feature highly in our HAI.

Following consultation with HPS it was proposed by the NHS Dumfries and Galloway Infection Control Team that a repeat study be carried out at the same time of year (during 2012) by the same individuals, following spread of our CAUTI (catheter associated urinary tract infection) 90 day rapid improvement programme. This approach was endorsed and supported by HPS.

Acknowledging the caveats with prevalence generally and the small numbers involved with local surveillance, the report indicated improvements in Dumfries and Galloway HAI prevalence since the last survey and these included:

- a significantly lower prevalence of overall HAI compared to 2011 (4.3% compared to 12.1%);
- a significantly lower prevalence of UTI compared to 2011; and
- the prevalence of catheters was the same as in 2011. However, those with a UTI and a catheter in situ in the previous 7 days was significantly lower (20% in 2012 compared to 60% in 2011).

We were grateful to HPS for support with the analysis of the data. This is a significant undertaking but one that has demonstrated real improvements and provided NHS board level assurance.

Surgical Site Infection

Surveillance of Surgical Site Infection (SSI) rates is conducted on eight categories of procedure. This is in excess of the mandatory requirement because NHS Dumfries and Galloway considers this to be a priority indicator for quality and safety of patient care.

We currently carry out surveillance on more procedures than many other hospitals in Scotland. We are one of three hospitals who carry out surveillance on major vascular surgery and one of five hospitals who carry out surveillance on breast surgery and abdominal hysterectomy.

2011 / 2012 1018 operations and 15 SSI, a rate of 1.5%
2012 / 2013 1013 operations 20 SSI, a rate of 2%

This is the adjusted data. It is adjusted for ASA (anaesthetic risk based on physical health status) score and NIS (Nationwide Inpatient Sample) (surgical) risk index. This allows us to be compared to other areas. This is inpatient data with the exception of hip arthroplasty which includes patients readmitted within 30 days.
Hand hygiene audits are conducted bi-monthly as per the national programme. Results of these are reported in the NHS Board report and to department heads, as well as operational groups e.g. Hospital Management Board and Senior Charge Nurses.

Hand hygiene is also monitored through the Scottish Patient Safety Programme (SPSP) where audit results are entered by ward staff onto an ‘extranet’. This information is then used on posters containing infection rates for the ward concerned which are displayed at ward entrances for staff, visitors and patients to see.

Outbreaks

2012 / 2013 has seen an increased incidence of norovirus across the UK and this has attracted a large amount of media interest. NHS Dumfries and Galloway have a policy of informing the press through our Communications Team when an outbreak is suspected or if wards are closed. This is to minimise spread of infection and also in the interests of transparency and openness.

There have been five outbreaks which resulted in ward closures in hospitals in NHS Dumfries and Galloway in 2012 / 2013. All outbreaks have been managed in accordance with the NHS Dumfries and Galloway outbreak policy and have been followed by a debrief so an assessment can be made of what worked well and if there are things we would do differently should the situation arise again.

In order to care for patients in a way which maintained their dignity and prevent spread of infection a decision was taken to temporarily suspend routine visiting to affected wards. This has been supported by the public and staff and appears to be associated with a reduced length of ward closure when compared to figures across Scotland.

During 2012 / 2013 an arrangement for Prevention and Control of Infection Nurse (PCIN) cover during outbreaks has been agreed and implemented. This has been positively received and facilitates outbreak management as the PCIN clinically assesses the cases and briefs the outbreak control team. The appointment of an additional capacity manager has also assisted in managing the outbreaks with minimal disruption to service and this has been particularly apparent at weekends.

Domestic services worked flexibly to provide increased levels of cleaning and also to ensure that terminal cleaning was carried out promptly to ensure normal service was resumed as soon as possible.

Patient Focus and Public Involvement in Infection Control

NHS Dumfries and Galloway has a Communications Plan for Infection Control detailing clear lines of communication between the Infection Control Team, senior management, staff, patients, visitors and the wider public. The Infection Control Committee has members of the public as members.
There is an active Infection Control Public Involvement Group (ICPIG) which is a Sub Group of the Public Patient Partnership Forum. This group meets bi-monthly and between meetings initiates awareness raising exercises.

All members of the ICPIG are encouraged to be peer reviewers on the regular cleanliness audits using the Facilities Monitoring tool and the majority have taken this opportunity and are frequent reviewers. An annual infection control awareness week is held in October and the ICPIG were key members of the awareness raising team where they assisted by manning a stand in the front hall of Dumfries and Galloway Royal Infirmary and conducting a survey called 'have your say' which invited people to answer a few questions relating to hospital cleanliness and hand hygiene and to comment freely on any other aspects of concern. This was updated daily and the responses posted in the front hall so that those who had responded could see the response of all.

Areas of concern were acted on immediately and the vast majority of comments received were highly complementary of care and cleanliness.
Chapter 8

Best use is made of available resources

NHS Dumfries and Galloway has an excellent record of delivering high quality services whilst meeting its financial targets; 2012 / 2013 was no exception to this.

The Board has in 2012 / 2013 delivered against all finance HEAT targets:
- Revenue Resource Limit
- Capital Revenue Limit
- Cash Requirement

Revenue Performance

As at 1 April 2012, the Board brought forward a surplus of £2.146m from the 2011 / 2012 financial year. The planned surplus of £4.003m was achieved in 2012 / 2013.

<table>
<thead>
<tr>
<th>2012 / 2013 Target Delivery</th>
<th>Limit as set by SGHD £000’s (1)</th>
<th>Actual Outturn £000’s (2)</th>
<th>Variance (Over)/Under £000’s (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Revenue Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>269,734</td>
<td>265,731</td>
<td>4,003</td>
</tr>
<tr>
<td>Non-Core</td>
<td>10,704</td>
<td>10,704</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>280,438</td>
<td>276,435</td>
<td>4,003</td>
</tr>
<tr>
<td>2 Capital Resource Limit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core</td>
<td>10,007</td>
<td>10,007</td>
<td>0</td>
</tr>
<tr>
<td>Non-Core</td>
<td>168</td>
<td>166</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10,175</td>
<td>10,173</td>
<td>2</td>
</tr>
<tr>
<td>3 Cash Requirement</td>
<td>294,000</td>
<td>293,777</td>
<td>223</td>
</tr>
</tbody>
</table>

The Board delivered its required recurring CRES (cash releasing efficiency savings) target for 2012 / 2013. Plans for delivery of the 2013 / 2014 CRES target were identified in advance of the new financial year and implementation is now in progress.

Capital Performance

In 2012 / 2013 the Board’s capital programme has continued to deliver improvements to the quality of the built environment and the service provision. There were a number of significant service developments in year, some of which are highlighted below:
North West Dumfries Primary Care Centre

The Full Business Case (FBC) was considered by the Scottish Government Capital Investment Group on 8 March 2011 with approval confirmed on 6 July 2011, the capital sum approved being £6m. The Principal Supply Chain Partner, BAM Construction Ltd, commenced the construction phase of the project in October 2011 and progress has been in line with the project programme and expenditure was within budget at £2.5m during 2012 / 2013. Construction of the building was completed by September 2012, with all commissioning complete and services operational in the new facility by November 2012. The official opening of the building took place in April 2013 and was carried out by the Board’s Vice Chairman.

Dalbeattie / Dunscore GP developments

Both schemes commenced procurement through the South West Hub Co during 2012 / 2013 and following a successful tender process the Full Business Cases were developed and approved by the Scottish Government Health and Social Care Directorates in April 2013. Construction was due to commence on site in June 2013 for Dalbeattie and July 2013 for Dunscore, with both premises due to be commissioned and operational by the first quarter of 2014 / 2015. Expenditure for 2012 / 2013 totalled £240k, with the majority of spend scheduled for 2013 / 2014 once building has commenced.

Property strategy and statutory compliance

Work progressed on statutory works across all sites, including HAI (Healthcare Associated Infection), HEI (Healthcare Environment Inspectorate), fire safety works, water quality works and the ongoing investment in energy efficiency measures. The Scottish Government through its CEEF (Central Energy Efficiency Fund) initiative made available additional funding to support energy projects. NHS Dumfries and Galloway, having reviewed the estate condition database, were able to identify a number of boilers which were at end of life and highlighted as medium risk in the risk register and submitted nine bids for a range of projects costing £2.4m. All investment proposals were approved with the schemes all completing in advance of March 2013.

As part of the property strategy, a number of projects were undertaken during 2012 / 2013 to support the retraction of the Board’s estate and to refurbish accommodation to reduce the number of properties and more efficiently use the existing estate. This involved the refurbishment of accommodation in Crichton Hall, Innistaigh and Treastaigh. Significant capital work was undertaken across a number of hospitals to reduce the risk of legionella in the estate and improve water quality and associated risks.

In addition Kirkcudbright Hospital was upgraded to allow the provision of a satellite renal unit in the Hospital. This was achieved through significant endowment funding, fundraising by the general public and minor capital support.

Total expenditure, including both capital and revenue costs of £8.7m, was spent in this area in 2012 / 2013.
Equipment

Expenditure was incurred on hospital and community equipment during the year to ensure each service had the right quantity and quality. Total spend on capital equipment for 2012 / 2013 was £1.3 million (excluding IM&T (Information Management and Technology)) (£1.0 million 2011 / 2012). This included the replacement of the theatre stacker system, purchase of a diagnostic ultrasound for Galloway Community Hospital and replacement renal dialysis machines as part of the rolling programme. In addition, various items of medical equipment that had been prioritised, including the replacement of scopes, hoists, microscopes and a range of smaller items of equipment were purchased.

eHealth

During 2012 / 2013 the local 2011 / 2014 eHealth Delivery Plan has progressed with specific improvement for front line clinical service as well continuing to evolve improvements supporting the efficient and effective delivery of care. Focus has been on deriving improvements through the effective deployment of a number of key systems. These include eCASENOTE, ORDER COMMS, and CLINICAL PORTAL. During 2012 / 2013 £0.35m capital and £1.7m revenue has been invested in eHealth.

Our National eHealth Strategy direction is now defined by the following key themes:

- **Support people to manage their own health and wellbeing**, to interact with NHSScotland and improve decision making.
  
  Work is underway in NHS Dumfries and Galloway to develop a test of change technology development with patient access systems to allow online interaction with the NHS.

- **Contribute to shifting the balance of care** to improve community based care and support for people with long term conditions and mental health problems.
  
  Significant work is underway to develop efficient community based data collection systems to support this initiative.

- **Improve the availability of appropriate information** for healthcare workers and the tools to use and communicate that information effectively to improve quality.
  
  NHS Dumfries and Galloway are leading the implementation of Qlikview to offer a more robust and easy to access online reporting tool for all clinical and corporate reporting. This has attracted significant national interest.
• **Improve medication management** as an essential part of peoples’ care.

*NHS Dumfries and Galloway are developing a business case to implement a HEPMA (Hospital Electronic Prescribing and Medicines Administration) system. It is our plan to have this in place prior to moving to the new Hospital.*

• **Maximise efficient working practices**, minimise wasteful variation, bring about savings and value for money.

*Work continues in this area to support general managers to evolve various initiatives to support improvements in efficiency through the use of applied IM&T.*

• **Provision of Real Time Information**, to improve direct feedback to Operational Management.

*NHS Dumfries and Galloway are continuing to develop leading Dashboarding technology to deliver improvement in service provision by updating intranet and reporting tools in summarising operational systems and their levels of activity Vs set targets.*

Priorities and workstreams have focused around these six established principles and include information governance, supporting the clinician, supporting efficiency, infrastructure developments, information support developments and General Medical Services computing. The directorate has taken forward a significant number of developments in year including extending the Virtualisation of Servers, Digitising Medical Records, digital dictation, Order Comms and improved information systems and reporting tools.

**Acute Services Redevelopment Project**

Following consultation with Scottish Government it was identified that the re-provision of the Dumfries and Galloway Royal Infirmary would be best taken forward as a new build on a new green-field site. The Government have earmarked that the project would form part of the National Infrastructure Investment Programme and is the largest of the health projects included within the programme. These projects will be progressed under the Non Profit Distributing financing model.

A Project Director was appointed in August 2012 replacing the previous interim post. The Project Director is supported by a multi-disciplinary project team and technical, financial and legal advisers.

Significant work has been undertaken to submit, in early April 2013, an Outline Business Case to the Scottish Government Health and Social Care Directorate to support the project. The work has included the development of a detailed reference design and has engaged a range of stakeholders including clinical and non-clinical staff and extensive public consultation.
Work carried out during the year also included identification of a number of potential sites for the new hospital. These sites were subjected to a rigorous technical and environmental option appraisal. Following extensive public consultation, a site to the west of Dumfries, known as Garroch Farm, was identified as the most suitable. NHS Dumfries and Galloway have exchange missives with the owners to purchase the site.

The project plan identifies that the procurement process will commence in June 2013 with an invitation for expressions of interest. It is anticipated that, following evaluation, a preferred bidder will be selected in autumn 2014 and construction completed in late 2017 with patients being admitted in early 2018.

Prescribing

The Board continues to support clinically appropriate and cost effective prescribing in line with local and national guidelines and Scottish Medicines Consortium (SMC) recommendations. Expenditure on hospital drugs increased by 9.4% in 2012/2013 reflecting the increased use of new treatments in renal, neurology, dermatology and cancer services. The cost of prescribing in primary care (i.e. by general practitioners) fell by around 6% due to a fall in the price of a number of drugs which have lost their patent. The volume of primary care prescribing continued to increase but at a lower level than in recent years. Medical, nursing and pharmacy staff continue to work closely to ensure the maximum benefit accrues to patients at the least possible cost.

‘Putting You First’ Programme

A partnership strategy for health and care services, known as Putting You First (PYF) was agreed in March 2011. This change programme is aligned with the Scottish Government’s ‘Reshaping Care for Older People’ workstream and is underpinned by a 4 year National Change Fund focussed on delivering transformational and sustainable change.

This strategy began a 5 year Change Programme that seeks to deliver services that:-
- place people firmly at their centre and that are flexible enough to be responsive to people’s lives and their changing needs;
- are developed and delivered with people as partners in their own care supported to make their own decisions; and
- are provided as close to people’s own homes as possible ensure staff and partners have the skills and resources necessary to provide this.

PYF is a direction of travel that supports a broad range of change across the region and with a particular focus on the pathfinder areas in the East of the region. Testing change and working together, particularly with individuals and communities, are key elements of this with the ambition being that staff, teams and partnerships in localities work to design and deliver change that meets the vision and principles set out under PYF.
A partnership is in place, led by a Programme Board (PB) which comprises membership from across the NHS, Council, and Third and Independent Sectors. The programme board is chaired by the NHS Chief Executive who is the accountable officer in terms of the funding. The PB reports to the NHS Board and via the Community Health and Social Care Partnership Board.

More detailed information on the programme can be found at: www.puttingyoufirst.org.uk
### NHS Dumfries & Galloway: ‘At a Glance’ Outcome Indicators 2012-13

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>Performance</th>
<th>Progress¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D&amp;G</td>
<td>Scotland</td>
</tr>
<tr>
<td>Overall Healthcare Experience</td>
<td>79.8</td>
<td>78.7</td>
</tr>
<tr>
<td>Staff Attendance</td>
<td>95.6%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Staff reporting positive experience KSF review, PDP or equivalent</td>
<td>46%</td>
<td>44%</td>
</tr>
<tr>
<td>Prevalence Healthcare Associated Infection (HAI) - DGRI</td>
<td>12.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Emergency Admissions (Rate per 100,000 population)</td>
<td>9,572</td>
<td>10,070</td>
</tr>
<tr>
<td>Emergency Bed Days (Rate per 100,000 population)</td>
<td>83,126</td>
<td>73,550</td>
</tr>
<tr>
<td>Hospital Standardised Mortality Ratios - DGRI</td>
<td>0.99</td>
<td>0.93</td>
</tr>
<tr>
<td>Premature mortality – cancer (Rate per 100,000 population)</td>
<td>116.3</td>
<td>128.4</td>
</tr>
<tr>
<td>Premature mortality – CHD in 15% most-deprived areas (Rate per 100,000 population)</td>
<td>53.5</td>
<td>92.8</td>
</tr>
<tr>
<td>Premature mortality – stroke (Rate per 100,000 population)</td>
<td>12.3</td>
<td>15.1</td>
</tr>
<tr>
<td>Percentage of time in the last 6 months of life spent at home or in a community setting</td>
<td>92.6%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Life Expectancy Males</td>
<td>76.7</td>
<td>75.8</td>
</tr>
<tr>
<td>Life Expectancy Females</td>
<td>81.5</td>
<td>80.4</td>
</tr>
<tr>
<td>Smoking Prevalence</td>
<td>20.8%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Alcohol-Related Hospital Admissions (Rate per 100,000 population)</td>
<td>490</td>
<td>689</td>
</tr>
<tr>
<td>Older People with Complex Care Needs Cared for at Home</td>
<td>51.1%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Public Satisfaction with Local Health Services</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>A&amp;E WAITING TIMES</td>
<td>95.3%</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

¹ Comparison of the latest published data for NHS Dumfries & Galloway to the previous 12 months or nearest available time period.
<table>
<thead>
<tr>
<th>Target</th>
<th>Latest Performance</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Planned</td>
</tr>
<tr>
<td>Healthy Weight of Children</td>
<td>288</td>
<td>281</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>1,132</td>
<td>900</td>
</tr>
<tr>
<td>Fluoride Varnish Applications</td>
<td>9.9%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Detect Cancer Early</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Early Access to Antenatal Services</td>
<td>90.3%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Financial Performance (GBP 000s)</td>
<td>4,003</td>
<td>-</td>
</tr>
<tr>
<td>Reduce CO² emissions (Tonnes)</td>
<td>4,599.7</td>
<td>5,362</td>
</tr>
<tr>
<td>Reduce Energy Consumption (GJ)</td>
<td>160,141.5</td>
<td>177,711.4</td>
</tr>
<tr>
<td>Drug &amp; Alcohol, Referral to Treatment</td>
<td>90.1%</td>
<td>90%</td>
</tr>
<tr>
<td>Faster Access to Mental Health Services (CAMHS)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Faster Access to Psychological Services</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rate of attendance at A&amp;E (Rate per 100,000 population)</td>
<td>2,584</td>
<td>2,606.6</td>
</tr>
<tr>
<td>MRSA/MSSA infections (Rate per 1,000 occupied bed days)</td>
<td>0.30</td>
<td>0.26</td>
</tr>
<tr>
<td>Clostridium difficile infections (Rate per 1,000 occupied bed days)</td>
<td>0.27</td>
<td>0.39</td>
</tr>
<tr>
<td>Emergency bed-days for patients aged 75+</td>
<td>4,517</td>
<td>4,965</td>
</tr>
<tr>
<td>Stroke Unit</td>
<td>79%</td>
<td>90%</td>
</tr>
<tr>
<td>28 Days Delayed Discharge</td>
<td>4</td>
<td>0</td>
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