



Integration Joint Board  
Performance and Finance Committee

12<sup>th</sup> July 2018

This Report relates to  
Item 8 on the Agenda

# Business Transformation Programme Update

*Paper presented by Julie White*

*For Discussion*

<b>Approved for Submission by</b>	Julie White Chief Officer, Katy Lewis Chief Finance Officer
<b>Author</b>	Justine Laurie, Project Co-ordinator, NHS D&G
<b>List of Background Papers</b>	None
<b>Appendices</b>	Appendix 1 –Schemes Summary Appendix 2 - Papers

## SECTION 1: REPORT CONTENT

<b>Title/Subject:</b>	Business Transformation Programme Update
<b>Meeting:</b>	Integration Joint Board Performance and Finance Committee
<b>Date:</b>	12 <sup>th</sup> July 2018
<b>Submitted By:</b>	Julie White/Katy Lewis
<b>Action:</b>	For Discussion

### 1. Introduction

- 1.1 This report presents a high level summary of the current status of the Business Transformation Programme which has been remitted to the Integration Joint Board (IJB) Performance and Finance Committee to review progress.

### 2. Recommendations

#### 2.1 The Performance and Finance Committee is asked to:

- Note the position of each scheme and milestones for the next 3-12 months.
- Note there is a workshop to focus on particular schemes on 26<sup>th</sup> July, General Managers (GMs) will attend to present on their own schemes. The following schemes will be the main focus at the workshop;
  - Transforming Wigtownshire
  - Potential reconfiguration of short break provision
  - Learning Disabilities Scoping Exercise
  - Bed profiling in Midpark
  - Community Hospitals/Locality Review

### 3. Background

- 3.1 The Strategic Plan for the IJB acknowledges that a significant change programme is required to support the level of redesign required across Health and Social Care services to support the demographic, workforce and financial challenges.

### 4. Main Body of the Report

- 4.1 It was agreed at this Committee that the detailed work to be progressed on the Business Transformation Programme would be presented for scrutiny and review at future committee meetings.
- 4.2 There has been significant progress made since April, with some of the schemes

being completed e.g. ENT and some that have been incorporated into business as usual and routine working.

- 4.3 Where a business transformation scheme has either been completed, combined with another scheme or is no longer relevant , this has been included on the list and shaded grey.

## **5. Conclusions**

- 5.1 All service reviews relating to the Business Transformation Programme will be undertaken applying the IJB's '6 Principles of Service Planning' within the four 'corners' of;
- Quality
  - Sustainability
  - Affordability
  - Safety
- 5.2 Where a review of a service has been undertaken and it is anticipated that a decision is likely to be difficult (e.g. a change that will have a significant impact on patients or Carers, major reduction or cessation of an established clinical procedure/treatment, a change that is or may be controversial), officers will undertake a 'difficult decisions' process that will support and enable the Board to make a decision that is difficult.
- 5.3 It should be noted that this process does not apply to cases of 'major service change' or emergency situations where a service has become suddenly unsafe or unsustainable.

## SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

### 6. Resource Implications

- 6.1 The development of the business transformation programme is critical to developing a balanced financial position for the IJB.

### 7. Impact on Integration Joint Board Performance and Finance Committee Outcomes, Priorities and Policy

- 8.1 The programme has a key role in supporting the delivery of the Strategic Plan.

### 8. Legal & Risk Implications

- 9.1 None identified.

### 9. Consultation

- 10.1 General Managers, Chief Officer.

### 10. Equality and Human Rights Impact Assessment

- 10.1 As this report does not propose a change in policy/strategy/plan/project, it is not necessary to complete an impact assessment. Individual plans/savings schemes and difficult decisions will be impact assessed.

### 11. Glossary

ENT	Ears, Nose and Throat
GM	General Manager
IJB	Integration Joint Board

**Business Transformation Summary – July 2018**  
**Summary of Schemes**

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 24-25	Potential reconfiguration of short break provision	Linda Williamson	To review short break provision to better meet the needs of children and young people with complex disabilities and to flexibility in service provision.	Draft brief sent to parents and Carers, PIN and the Carers Centre and has been adjusted to include their feedback. One organisation has been identified as potentially having the necessary expertise and availability to undertake the review. Discussions are underway to confirm an appropriate appointment process.	Up to £400k

<p><b>Page 26-27</b></p>	<p><b>Transforming Wigtownshire Programme</b></p>	<p>Ken Donaldson/ Nicole Hamlet/ Viv Gration Graham Abrines, June Watters/ Linda Williamson</p>	<p>The Transforming Wigtownshire Programme aims to:</p> <ul style="list-style-type: none"> <li>- Develop a model of sustainable, safe and effective health and social care service that meets the needs of the local community in Wigtownshire</li> <li>- In partnership with the local community and stakeholders co-produce the review and re-design of health and social care services in Wigtownshire, including Galloway Community Hospital.</li> <li>- Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (i.e. person centred, outcome focussed, sustainable, effective &amp; efficient, co-productive and equitable).</li> </ul>	<ul style="list-style-type: none"> <li>- Have identified key areas for review and prioritised.</li> <li>- Project Plan in place for whole programme</li> <li>- Initial meetings taken place of short-life working and advisory group around Older Peoples services in the Machers.</li> <li>- Communication plan in place</li> <li>- Risk Register in place</li> <li>- Have completed initial round of communication</li> </ul>	<p>To be assessed</p>
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Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 28-29	Orthopaedics Review / Improvement Plan	Nicole Hamlet/ Carole Morton	<p>A number of initiatives including:</p> <ol style="list-style-type: none"> <li>1. AHP triage of referrals reduce initial demand on surgeons by approx 25%</li> <li>2. ANP to co-ordinate/support service within Acute including increasing turnaround times, ensuring standardisation and coordination of all trauma patients</li> <li>3. Use of OT to undertake initial hand pathway referrals and injections</li> <li>4. Use of Ortho ANP to undertake initial triage of foot pathway</li> <li>5. Theatre efficiency project reduce turnaround time</li> <li>6. Prosthesis – procurement change</li> </ol>	<p>ESP failed to recruit on 1st attempt. Given other retirements within core service this development has been suspended.</p> <p>Theatre Efficiency Group has been set-up which will encompass Orthopaedics. Second meeting occurring W/C 25/6.</p> <p>AHP triage is almost embedded with some ongoing education of primary care colleagues to manage patient expectations earlier in the pathway.</p>	Potential savings being assessed

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 30-31	Learning Disability Scoping Exercise	Lillian Cringles/ Denise Moffat	<p>Scoping exercise required across all Adult Learning Disability Services within D&amp;G. The scoping exercise will include all Adult Learning Disability Services provided by the NHS, Council, Third and Independent Sector Providers.</p> <p>The aims of the exercise is to identify and begin to address the challenges within current service models and how these impact on the delivery of key outcomes as reflected in the national Learning Disability strategy for Scotland- “The Keys to Life” and outcomes defined in the Dumfries and Galloway Partnership Strategic Plan.</p>	<p>The steering group is now developing a plan to progress changes and learning from the scoping exercise.</p> <p>Administrative support is being identified, and a comprehensive strategic communication and engagement plan is currently under development, with scoping exercise briefing report in draft.</p>	Not known



Appendix 2	Name	Lead Manager / Director	Description	Status	Potential Financial Impact/ Savings
Page 32	Midpark Bed Reconfiguration	Lynnette Dickson / Denise Moffat/ Dr Graeme Bhatti/ Dr Sakib Ahmed	<p>Increased clinical activity across admission unit and IPCU.</p> <p>Interim arrangements established to provide safe and effective care and treatment. Meeting with Strategic Planning to bring up to speed and to consider support for this remodelling work. Steering group established.</p>	<p>Key areas for consideration will include;</p> <ul style="list-style-type: none"> <li>• Physical map of Midpark, with patient flows in/out, ward movements, seasonal variation etc</li> <li>• DCAQ (demand, capacity, activity and queue), including looking at readmissions</li> <li>• Population modelling of expected future demand</li> <li>• Community activity and pathways, including how we actively support discharges from hospital (especially working with CATS and other community teams)</li> <li>• Day/Week of Care Audit - who is currently using services, and does the current criteria accommodate the needs of everyone who requires to use services</li> </ul>	To be assessed
Page 33-38	Realistic Medicine/ Clinical Efficiency	Ewan Bell/ Alison Solley	Development of a programme of work to support the Scottish Government National Strategy on realistic medicine.	Work ongoing to develop plans following workshop in March, further update at future meetings.	To be assessed

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 39-42	Review of Provision of Services to Older People	Graham Abrines	<p>Current spend on Older people is in the region of £13.5m (including direct payments but excluding the CASS Service where Real Time Monitoring has been in place for several years). Currently Real Time Monitoring (RTM) is applied to approx £12m of expenditure. We are making savings annually in the region of £1.2m. RTM will be introduced to younger adult services during the coming financial year. For Social Work Services to make savings it is going to be required to further invest in the capacity available to a review team which is strategically managed but available and visible to localities. This team will not only look at the review of all areas of support packages across both older and younger adults but the culture, policies, communication and capacity within independent and third sectors in all matters relating to the provision of outcome focussed care and support.</p>	<p>Over the course of the first year of business, the review Team has carried out a total of 261 reviews across the 4 localities. Of these reviews, 135 resulted in a saving. 104 reviews resulted in no changes being made and 22 resulted in an increase in care.</p> <p>The Review Team in its expanded form has made approximately £320k worth of savings over the course of the first year, which effectively covers the staffing costs and includes some additional savings.</p>	Up to £1m

Appendix 2	Name	Lead Manager / Director	Description	Status	Potential Financial Impact/ Savings
Page 43-44	Annandale and Eskdale Cottage Hospitals Review	Graham Abrines/ Gary Sheehan	Review use of cottage hospital beds across Annandale and Eskdale and explore potential to reduce number of beds from 56 across 4 hospitals to 36 beds across 2 hospitals through the development of new intermediate care and Extra Care services.	<p>Esk Valley - draft business case prepared and being finalised. Loreburn Housing have identified capital funding for the projects and have been exploring potential sites in Langholm. A public engagement event is being planned to take place in July 2018. It is anticipated that an options appraisal group will be set up with the local community to help identify the preferred range of services that could be developed on the site. It is anticipated that the new Extra Care and Intermediate Care service could be in place by September 2020 and this would precipitate a review of the future use of Thomas Hope Hospital.</p> <p>Moffat – an extensive community engagement process has started in Moffat to review the H&amp;SC needs of the local community. Building on the findings of the survey, an options appraisal will be carried out with the local community over the summer and it is anticipated that the preferred option will be identified by October 2018, followed by a formal public consultation on the preferred option. A suitable site for a new Extra Care and Intermediate care service has been identified with Loreburn Housing and work has started on developing a business case. It is anticipated that the new Extra Care and Intermediate Care service could be in place by September 2020 and this would precipitate a review of the future use of Moffat Hospital.</p>	£500k - £750k

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 45-47	The Development of a Palliative Care, End of Life and Bereavement Strategy for Dumfries and Galloway	Graham Abrines/ Alex Little/ Vicky Freeman	<p>The development of an overarching strategy and accompanying work plan for the delivery of palliative and end of life care and bereavement support is planned.</p> <p>This work will support the consideration of new and sustainable models of service delivery, in both hospital and community settings, such as regional working with West of Scotland NHS Boards and Third Sector Partners. There is also the opportunity to work with the University of Glasgow End of Life studies group to provide robust research and evidence of the effectiveness and acceptability of new models.</p> <p>The strategy will be based on a scoping exercise to further understand need and current activity, options appraisal to determine appropriate service models and broad consultation and participation of people, partners and communities, informed by existing research in this area.</p>	<p>Funding has been secured from Macmillan Cancer Support to employ a small project team for 23 months to take this work forward; under the management of the Strategic Planning Manager and Commissioner for Cancer, Palliative Care, Women, Children and Sexual Health Services and Child Health Commissioner.</p> <p>Recruitment is underway to fill the Band 6 Palliative Care Lead post, closing date 5th July 2018.</p> <p>A high level Project Plan for the first 12 months of the project has been drafted and will be further developed once the post holders are in place.</p> <p>A draft, high level strategy document for consultation and co-design has been produced; and is progressing through governance structures.</p> <p>A plan for appropriate consultation with key stakeholders will be prepared.</p>	To be assessed

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 48 - 51	<b>Cancer Pathways – Scoping and Service User Involvement Project</b>	Nicole Hamlet / Carole Morton/ Alex Little	<p>A scoping project and service user project is planned that will identify needs in Dumfries and Galloway and map services across health and social care. Bringing patients and carers into the heart of service development and delivery will ensure that the potential realignment of cancer pathways is taken forward across the whole system to maintain delivery of quality and safety.</p> <p>This work will support the consideration of new and sustainable models of service delivery, in both hospital and community settings, such as regional working with West of Scotland NHS Boards and Third Sector Partners.</p> <p>Recommendations for any realignment of cancer pathways will be based on a scoping exercise to further understand need and current activity, options appraisal to determine appropriate service models and broad consultation and participation of people, partners and communities, informed by existing research in this area and the implementation of regional plans across Scotland.</p>	<p>Funding has been secured from Macmillan Cancer Support to employ a small project team for 23 months to take this work forward; under the management of the Strategic Planning Manager and Commissioner for Cancer, Palliative Care, Women, Children and Sexual Health Services and Child Health Commissioner.</p> <p>This project team will consist of a Band 7 (full time) with specific focus on Cancer Pathways, a Band 6 (full time) with specific focus on Palliative Care Services and a Band 4 (part time) to support these posts.</p> <p>Liaison with East and West Cancer Network Managers is established and both networks are supportive of this work.</p> <p>A project plan for the first 12 months including appropriate consultation with key stakeholders is in draft and below.</p> <p>The project support post has been filled and a preferred candidate identified for the Band 7 Cancer Pathways Lead.</p> <p>We anticipate initiating this project from 1st August 2018.</p>	To be assessed

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 52-53	<b>Acute Service Review Programme</b>	Nicole Hamlet	<p>Apply the six essential service planning principles as contained within the Service Planning Framework to the review of acute and diagnostic services (i.e. person centred, outcome focused, sustainable, effective &amp; efficient, co-productive and equitable).</p> <p>This ensures a consistent approach to service planning that fits within the context of national, regional, local and financial planning.</p>	<p>The Acute and Diagnostics Management Team have prioritised the following services to be reviewed first:</p> <p>Ophthalmology Urology Cardiology Gastroenterology Radiology Respiratory</p>	To be assessed
No paper submitted this month	<b>Anticipatory Care Planning</b>	Graham Abrines / Kim Britton / Maureen Stevenson	<p>The Anticipatory Care Planning programme aims to roll out the National Anticipatory Care Plan as the Standard Anticipatory Care document for use across Dumfries &amp; Galloway.</p> <p>The programme will address the points raised in the Joint Review on Services for Older People in Dumfries &amp; Galloway and improve the reach of Anticipatory Care Planning information and ensure that it can be easily accessed in appropriate settings e.g. OOH, Emergency Department, Secondary Care.</p> <p>The programme will also encourage ownership of the Anticipatory Care Plan by the individual.</p>	<p>Discussions are underway with Scottish Care around the implementation of ACP in Care Homes and with the Care at Home community.</p> <p>An Improvement Advisor post will shortly be advertised to develop a training package around ACP and deliver it widely across all four localities in a variety of settings over a 12 month period.</p>	To be assessed

Appendix 2	Name	Lead Manager / Director	Description	Status	Potential Financial Impact/ Savings
Page 54-55	Rehab framework	Nicole Hamlet / Kirsty Bell	<p>Review of the utilisation and delivery of rehabilitation;</p> <ol style="list-style-type: none"> <li>1. Relocation of 7 acute rehab beds to Lochmaben Community Hospital</li> <li>2. Implement rehabilitation pathways (Admission, Discharge and Transfer criteria)</li> <li>3. Implement new amputee rehabilitation pathway</li> </ol> <p>The implementation of the new amputee rehabilitation pathway will follow an options appraisal process and will be in line with the service review planning principles.</p>	<ol style="list-style-type: none"> <li>1. Relocation of beds occurred in Nov 2017 (completed)</li> <li>2. Ongoing review of the application and utilisation of the rehabilitation pathway. Due to migration and the business of winter the review has been slower to progress. However data analysis is underway and there is a working group carrying out a review and developing a local action plan (amber)</li> <li>3. Initial discussions and development of options of the delivery of amputee rehabilitation. Exploring the use of Lochmaben hospital to provide in-patient and out-patient rehabilitation. (amber)</li> </ol>	To be assessed

Appendix 2	Name	Lead Manager/ Director	Description	Status	Potential Financial Impact/ Savings
Page 56-58	Unscheduled Care	Nicole Hamlet / Kirsty Bell	<p>Application of the Scottish Government National 6 essential actions for delivery of unscheduled care across NHS Dumfries and Galloway.</p> <p>There has been two task groups established to deliver these essential actions, one focusing on the emergency care centre (front door) and one focusing on the downstream wards (backdoor).</p> <p>Each of these groups has a work plan and they are testing various improvement projects. These tests follow quality improvement methodology and service changes are in line with the service review principles.</p>	Test wards/areas/specialities piloting various improvement projects. There have however been challenges due to the business of winter, this has slowed progress.	Potential cost increase



<p><b>Page 59</b></p>	<p><b>Options appraisal for vascular surgery</b></p>	<p>Nicole Hamlet</p>	<p>Utilising the Service Planning Framework to undertake an options appraisal for the provision of vascular surgery for the people of Dumfries and Galloway</p>	<p>Work is ongoing with WoS colleagues to describe in detail the viable options. The West of Scotland Vascular Group has been established and aims to present a paper to WoS Chief Executives in August 2018.  A stakeholder engagement plan is being established with plans for a patient focus group, engagement with GPs, Clinical Directors, Scottish Ambulance Service and other staff across DGRI.  A paper with results from options appraisal will be presented to Acute Management Board in August 2018, to NHS Management Team, HSCSMT and IJB for decision in September 2018.</p>	<p>To be assessed</p>
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<p><b>Page 60-61</b></p>	<p><b>Frailty at the front door</b></p>	<p>Nicole Hamlet</p>	<p>Working with Healthcare Improvement Scotland as part of the frailty collaborative NHS D &amp; G are aiming to improve outcomes and experience for older people living with frailty presenting to acute services.</p> <p>Primary Aim – By May 2019, 95% of people aged 75 or over (or 65 years old or over from a care home) presenting for healthcare at DGRI are screened for frailty using a recognised tool and where frailty is identified a coordinated pathway of care is provided.</p> <p>This will involve screening, identification, and creation of new pathways for frail patients presenting to acute services.</p> <p>Currently there is no screening for frailty or specific frailty pathways. In a recent frailty survey it was found that around 39% of in patients within DGRI were identified as frail.</p>	<p>Initial focus has been on increasing education for clinical staff on the definition of frailty. This has been led by the clinical lead and involved, presentations, blogs and face to face meetings.</p> <p>New project lead has recently been appointed and an operational team has been identified. A value stream mapping exercise will be completed.</p> <p>Some testing of the HIS frailty tool within CAU has been completed and the learning from this will be shared with new operational group. Further testing of the screening tool is being planned with operational involvement.</p> <p>Exploring pathway with community services including Nithsdale in Partnership (NiP) that will support earlier discharge.</p>	
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<b>To be removed from BTP</b>	<b>Review of Community Child Health Service</b>	Linda Williamson	The development of a Neuro-developmental Child Health Service. Due to increasing demand and decreasing capacity, the Communication Disorder Assessment Team can no longer deliver an assessment and diagnostic service for children and young people in D&G suspected of having an autistic spectrum disorder.	Business as usual.	Cost neutral
<b>To be removed from BTP</b>	<b>Respiratory Self-Management COPD</b>	Nicole Hamlet/ Carole Morton	Respiratory team have implemented self management strategies for patients with COPD to reduce admissions and reduce LOS.	Working with a number of GP practices to implement and evaluate initial results encouraging.  Business as usual.	Cost neutral
<b>To be removed from BTP</b>	<b>Outpatient parenteral antimicrobial therapy (OPAT)</b>	Nicole Hamlet/ Carole Morton	Patients who require IV antibiotics instead of being admitted, attend OPAT service on a daily basis for IV antibiotics to be administered. This is a 7 day service.	Currently piloting bank nurses covering weekends/leave to ensure sustainable service – working well.  Business as usual.	Cost neutral (managing demand)

To be removed from BTP	Gastroenterology Review	Nicole Hamlet/ Carole Morton	<p>Review and change model of care for Gastroenterology by improving input from wider multidisciplinary team members.</p> <p>Increase output of nurse-lead clinics. Increase Dietetics support to triage all coeliac and then IBS patients.</p> <p>Transfer liver workload to ID consultant and BBV nurse.</p>	<p>Action plan in place to be discussed with surgeons and wider Gastro team.</p> <p>Business as usual.</p>	Potential for savings if demand can be managed.
To be removed from BTP	Cardiology Review	Nicole Hamlet/ Carole Morton	<p>Review and change model of care for Cardiology by improving input from wider multidisciplinary team members.</p> <p>Increase use of CNSs in review of inpatients especially on Ward 7 and nurse led outpatient clinics.</p> <p>Increase use of clinical physiology team to provide extended role.</p>	<p>Reviewing on a quarterly basis, with implementation ongoing.</p> <p>Business as usual.</p>	Cost neutral

<p><b>To be removed from BTP</b></p>	<p><b>Urology Service Review/Regional Working Solution</b></p>	<p>Nicole Hamlet</p>	<p>For some time we have been struggling with recruitment to consultant posts with high locum costs and awareness from benchmarking data that we are an outlier for efficiency measures such a day surgery and return to new rates.</p> <p>We are progressing discussions with NHS Ayrshire and Arran ahead of the West of Scotland review in order to achieve a more sustainable and efficient service model. This shared service will also offer improved governance and clinical effectiveness for the clinical service.</p>	<p>We are currently agreeing a service to commence for the provision of oncall only. Data is being explored and we are on track to have a more fully integrated service from next financial year. Alongside this will be plans for succession planning the local team over the next 3 years.</p> <p>Business as usual.</p>	<p>To be assessed</p>
<p><b>To be removed from BTP</b></p>	<p><b>Review of provision of gluten free products</b></p>	<p>Susan Roberts/ Ewan Bell</p>	<p>This proposal considers the options for the Gluten Free Service within NHS Dumfries and Galloway and the options for budget reduction, redesign of the service to making savings and potential withdrawal and disinvestment.</p>	<p>Paused whilst further review of options considered including looking at work being progressed through national EEP work.</p>	<p>Up to £100k</p>

<p><b>To be removed from BTP</b></p>	<p><b>Review of Self Directed Support options 1 and 2</b></p>	<p>Graham Abrines/ Sean Barrett</p>	<p>Self Directed Support (SDS) option 1, which is the allocation of a budget to a service user based on assessed needs for them to deliver on their outcomes. Another SDS route is option 2 where we contract with a provider to work with a service user on delivering their outcomes; the budget is passed to the provider to agree on how it is delivered. DGC are currently trialling an option 2 and are looking to increase use of this option which should provide opportunities for efficiencies. Our strategy on this is to reduce the number of options 3's in favour of both option 1 and 2s as this will allow people to be more in control of their care and support and should also allow for further rationalisation of the resource being applied.</p>	<p>The review of SDS options 1 and 2 has almost been delivered.</p> <p>Business as usual.</p>	<p>£500k- £1m</p>
<p><b>Complete</b></p>	<p><b>Review of prescribing certain over the counter medicines</b></p>	<p>Susan Roberts/ Ewan Bell</p>	<p>This proposal seeks to reduce the prescribing of medicines, at NHS expense, that people can buy from community pharmacies and other outlets. These medicines are otherwise known as Over the Counter (OTC) Medicines and this proposal essentially means a disinvestment from providing such medicines on the NHS.</p>	<p>Detailed proposal being discussed at IJB Performance and Finance Committee. Proposal to go to consultation stage.</p> <p>Agreed at IJB workshop to pause the difficult decisions process and look to progress the communication campaign.</p>	<p>Up to £100k</p>

Complete	ENT weekend Oncall	Nicole Hamlet	<p>ENT weekend oncall has been provided by NHS Carlisle as a temporary measure for the last year at a cost of £105k. We are able to transfer this to NHS Ayrshire and Arran for a cost of £14,000.</p> <p>This transfer also sets us up to start to progress discussions about a more fully integrated service given our local reliance on locums.</p>	Transfer of oncall has been agreed. Discussion required as to capacity to progress full service review.	£50k
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<b>Name of scheme/service review</b>		Potential reconfiguration of short break provision					
<b>Lead Officer/GM/Clinician</b>		Elaine Wylie, Linda Williamson, Sheila Clingan, Alexandra Little, Independent Reviewer					
<b>Directorate</b>		Women Children & Sexual Health					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	x	<b>Sustainability</b>	x	<b>Safety</b>		<b>Affordability</b>	x
<b>Background (last 3 months)</b>							
<p>A small multiagency group commenced work on this project in 2017. A period of engagement started at the end of 2017, largely with families of the 24 children and Young people who are currently using Acorn House. It was evident that the majority of current users value the service, and have concerns regarding the future of the short break service. At the end of 2017 information from the project group papers was disclosed to 3rd sector colleagues, families and eventually the media. This event significantly affected trust in the process. A decision was made Jan 2018 to take the review forward using an independent organisation.</p>							
<b>Current status of review</b>							
<p>The brief was sent as a draft to parents and Carers, PIN and the Carers Centre and has been adjusted to include their feedback. One organisation has been identified as potentially having the necessary expertise and availability to undertake the review. Discussions are underway to confirm an appropriate appointment process.</p>							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							
<p>The potential impact aims to be positive for children and families, in seeking options to extend access, choices and flexibility of short breaks. Sustainability and affordability is expected to be positively impacted upon, if there is a shift to a community model of short breaks. There is a potential negative impact of being able to meet expectations of families, particularly long time users of residential short breaks at Acorn House who are used to the service as it is currently delivered. There is recognition that uncertainty about future service models is causing distress to Carers. Quality, safety and sustainability of the service may potentially be negatively impacted upon; this is outlined in 'risk'. The potential negative impact on staff and parent/Carer groups may be reduced when the review commences, with clear timescales, and there is opportunity for active participation and influence in the process.</p>							
<b>Resource Requirements/workforce/staff engagement/involvement</b>							
<p>Acorn House Senior Charge Nurse role is temporarily covered by CAMHS Band 7 from February 2018. This arrangement was due to be reviewed August 2018, this has been brought forward to June 2018 due to staffing changes, including SCN secondment as acting Clinical Nurse Manager.</p> <p>Staff engagement and consultation is included in the brief to the potential independent reviewer.</p>							
<b>Risks</b>							
<ul style="list-style-type: none"> <li>Longer term-Possible change in service for current service users some of whom have been using residential short breaks services for most of their child's life-identifying appropriate resource, adjusting to a change in service. Possible workforce implications-redeployment and protection.</li> <li>Short/medium term - negative media, breakdown of caring relationships due to lack of a good short break, workforce challenges regarding retention as significant proportion of staff on fixed term contracts that have and will continue to need ongoing renewal. Also challenges of recruiting to short fixed term contracts.</li> </ul>							



- Staff wellbeing affected by review, impacting on absence
- Leadership for the unit will be affected by temporary arrangements/staff changes if review does not conclude /appear to approach conclusion by end 2018.

### **Timescale for completion of review / milestones**

#### **3 months**

- Engagement Phase
- Interviews underway with key stakeholders
- Develop case for change
- Develop options within the partnership and with children, young people, families and carers.

#### **6 -9months**

- Consultation phase
- Feedback cycle with stakeholders
- Review report completed and reported to NHS and council

#### **9-12 months**

- Implementation plan produced and agreed according to recommendations.
- Workforce plan produced in response to recommendations

<b>Name of scheme/service review</b>		Transforming Wigtownshire					
<b>Lead Officer/GM/Clinician</b>		June Watters/ Nicole Hamlet/ Viv Gration/ John Ross					
<b>Directorate</b>		Whole system – Acute, Community and Social Care (Wigtownshire), Mental Health and Women & Children					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	x	<b>Sustainability</b>	x	<b>Safety</b>	x	<b>Affordability</b>	x
<b>Background (last 3 months)</b>							
<p>The Transforming Wigtownshire Programme aims to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop a model of sustainable, safe and effective health and social care service that meets the needs of the local community in Wigtownshire</li> <li><input type="checkbox"/> In partnership with the local community and stakeholders co-produce the review and re-design of health and social care services in Wigtownshire, including Galloway Community Hospital.</li> <li><input type="checkbox"/> Apply the six essential planning principles as contained within the Service Planning Framework to the redesign of health and social care services in Wigtownshire (i.e. person centred, outcome focussed, sustainable, effective &amp; efficient, co-productive and equitable)</li> </ul>							
<b>Current status of review</b>							
<ul style="list-style-type: none"> <li><input type="checkbox"/> John Ross has been appointed as Independent Chairman for the programme</li> <li><input type="checkbox"/> Lynda McKie has been appointed as Project Manager, took up post on 28<sup>th</sup> May 2018.</li> <li><input type="checkbox"/> The first meeting of the Steering Group took place on Thursday 7<sup>th</sup> June, it was agreed the group would meet on a monthly basis, the membership and remit of the group has yet to be finalised. An outline of the programme and the co-production methodology was given.</li> <li><input type="checkbox"/> Following a successful workshop with community council representatives meetings are being arranged with Community Councils to outline aims of the project and to describe the Co-Production methodology, the aim being to raise awareness of the programme and to get as much participation for members of the local community, across all age groups, as possible. The first meeting is scheduled to take place on 27<sup>th</sup> June 2018.</li> <li><input type="checkbox"/> A day of meetings with MP's, MSP's and local influencers has also been arranged, again these are to raise awareness and to garner support for the programme. These meetings will take place on 29<sup>th</sup> June 2018.</li> <li><input type="checkbox"/> It has been identified that the first area for review will be Older Peoples services in the Machers, planning for this has begun but is at an early stage.</li> <li><input type="checkbox"/> Working closely with colleagues across Wigtownshire to ensure wide range of involvement from all stakeholders across all ages.</li> <li><input type="checkbox"/> Communication and Co-Production Group currently working on information and presentation for use at events.</li> <li><input type="checkbox"/> Project Manager meeting with key stakeholders including service managers for Mental Health, Women's &amp; Children's Services and Social work.</li> <li><input type="checkbox"/> The Leadership Team in Wigtownshire have started the development of a workforce plan for Wigtownshire.</li> <li><input type="checkbox"/> Work is underway to refresh activity data within GCH to understand position since early review in 2017.</li> <li><input type="checkbox"/> A Dumfries and Galloway trauma group has been established to consider the impact of developments resulting from National and West of Scotland Major Trauma Networks, including for Galloway Community Hospital.</li> <li><input type="checkbox"/> An 'away day' for medics working within Galloway Community Hospital is being arranged.</li> <li><input type="checkbox"/> Work is underway to establish sustainable maternity services in Wigtownshire.</li> </ul>							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							

<p>Current services in Wigtownshire are vulnerable. Delivery of the aims of the programme is essential to the future quality, safety, sustainability and affordability of the services in Wigtownshire.</p>
<p><b>Resource Requirements/workforce/staff engagement/involvement</b></p>
<p>Key resources are in place. Engagement and Involvement plan being developed, this will include staff across Wigtownshire.</p>
<p><b>Risks</b></p>
<p>Failure to establish co-productive model with local community and other stakeholders resulting in resistance to change Failure to establish a sustainable model of health and social care resulting in difficulty in delivering services in Wigtownshire</p>
<p><b>Timescale for completion of review / milestones</b></p>
<p><b>Next 3 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have identified key areas for review and prioritised.</li> <li><input type="checkbox"/> Project Plan in place for whole programme</li> <li><input type="checkbox"/> Initial meetings taken place of short-life working and advisory group around Older Peoples services in the Machers.</li> <li><input type="checkbox"/> Communication plan in place</li> <li><input type="checkbox"/> Risk Register in place</li> <li><input type="checkbox"/> Have completed initial round of communication</li> </ul>
<p><b>Next 6-9 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue with ongoing communication and involvement</li> <li><input type="checkbox"/> Review programme to ensure meeting its aims</li> </ul>
<p><b>Next 9-12 months</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be bringing consultation period to a close.</li> <li><input type="checkbox"/> Commence the design of future services across Wigtownshire using Co-Production approach.</li> <li><input type="checkbox"/> Finance plan developed</li> <li><input type="checkbox"/> Workforce plan developed.</li> </ul>

<b>Name of scheme/service review</b>		Orthopaedic Improvement Programme					
<b>Lead Officer/GM/Clinician</b>		Callum Ambridge, Mr Srivastava, Lynne Mann					
<b>Directorate</b>		Acute and Diagnostic					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>	X
<b>Background (last 3 months)</b>							
<p>With the current challenges facing the delivery of orthopaedic services and emergent new models of planning it is essential that local orthopaedic delivery is reviewed and developed in line with national, regional and local guidance, recommendation and evidence of good practice.</p> <p>As part of the national trauma and orthopaedic quality drive there are a number of workstreams including: ERAS, fractured hip pathway, AHP MSK redesign, theatre, bed capacity and workforce optimisation. Various projects have been developed through this national framework and by applying the local six essential service planning principles including:</p> <ol style="list-style-type: none"> <li>1. AHP triage of routine orthopaedic referrals reduce referrals by approx 15%</li> <li>2. ANP to co-ordinate / support elective surgery service, promote same day admission</li> <li>3. Use of OT to undertake one stop hand injection clinics</li> <li>4. Theatre efficiency project ↓ turnaround time</li> <li>5. Prosthesis – procurement change - Complete</li> <li>6. Additional Extended scope practitioner in orthopaedic outpatients to identify another joint (?knee)</li> <li>7. Review of arthroplasty return appointments in line with other boards in Scotland, moving to a needs only review.</li> <li>8. Expansion of nurse led clinics to see new patients and list for surgery (foot)</li> </ol>							
<b>Current status of review</b>							
<p><b>All of the above ongoing as part of Orthopaedics and Trauma improvement plan.</b></p> <ol style="list-style-type: none"> <li>1. AHP triage is almost embedded (<b>Green</b>) with some ongoing education of primary care colleagues to manage patient expectations earlier in the pathway. (<b>Amber</b>)</li> <li>2. ANP test of change is progressing with the agreed month by month split between Elective and Trauma. Meeting arranged to discuss progress W/C 18/06/18 and further update will be provided following this. Early indications are promising with the ANP taking Middle Grade phone. (<b>Green</b>)</li> <li>3. OT injections has been implemented and current refining pathways (<b>Green</b>)</li> <li>4. Theatre Efficiency Group has been set-up which will encompass Orthopaedics. Second meeting occurring W/C 25/6. (<b>Amber</b>)</li> <li>5. Procurement changes have been complete (<b>Green</b>)</li> <li>6. ESP failed to recruit on 1<sup>st</sup> attempt. Given other retirements within core service this development has been suspended. (<b>Red</b>)</li> <li>7. Arthroplasty return: Audit currently being undertaken to quantify clinic outcomes, to substantiate need to change practice. Outcome of audit due by end of June 18. (<b>Green</b>)</li> <li>8. Nurse led clinics: Training has been completed, stand alone clinics will commence July 18. (<b>Green</b>)</li> </ol>							

<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>
<p><b>Savings:</b></p> <p>↓LOS, (approx 52 beds through same day admission)</p> <p>↓demand, - outpatient referrals through redirection, AHP, ESP and nurse led. Arthroplasty 6 week review by nurse practitioner would release 367 consultant outpatient appointments</p> <p>↑ theatre capacity; improve knife to skin time and turnaround times, capacity of growth in line with changing demographics and reduce reliance of national centres</p> <p>↑efficiency. Right professional right time reduced non value added steps</p>
<b>Resource Requirements/workforce/staff engagement/involvement</b>
Funding provided from Scottish Government for ANP and ESP extended scope practitioner
<b>Risks</b>
<p>Failure to establish a sustainable orthopaedic service model resulting in difficulty in delivering orthopaedic services in Dumfries and Galloway</p> <p>Recurrent funding for ANP post if successful.</p> <p>Recruitment to ESP permanent post</p>
<b>Timescale for completion of review / milestones</b>
<ul style="list-style-type: none"> <li>• 6-8 weekly work stream meetings with full MDT involvement</li> <li>• Weekly discussion at waiting times meeting</li> <li>• Monthly SMT</li> </ul>
<b>Next 3 months</b>
See above in current review
<b>Next 6-9 months</b>
Regular six monthly update to acute and diagnostics leadership team
<b>Next 9-12 months</b>
Review of impact of ANP role

<b>Name of scheme/service review</b>		Learning Disability Scoping Exercise					
<b>GM</b>		Denise Moffat, Lillian Cringles					
<b>Directorate</b>		Mental Health					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>		<b>Sustainability</b>		<b>Safety</b>		<b>Affordability</b>	
<b>Background (last 3 months)</b>							
<ul style="list-style-type: none"> <li>Scoping exercise moving towards completion across all Adult Learning Disability Services within D&amp;G. The scoping exercise has included all Adult Learning Disability Services provided by the NHS, Council, Third and Independent Sector Providers.</li> <li>Executive team established and widened to include Commissioning Manager and newly appointed Social Work Adult Care Lead Manager</li> <li>Steering group is also established.</li> <li>Administrative support is being identified</li> </ul>							
<b>Current status of review</b>							
<ul style="list-style-type: none"> <li>The steering group is now considering options to build on and take forward the learning from the scoping exercise.</li> <li>A comprehensive strategic communication and engagement plan is currently under development along with a scoping exercise briefing report</li> </ul>							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							
<ul style="list-style-type: none"> <li>Better understanding of the quality and cost effectiveness of existing models in Learning Disability in order to develop, forward plan and deliver on local and national outcomes.</li> <li>Completion of a map of processes, systems, relationships, governance, decision making, culture and management arrangements across health and social services locally, in order to understand how services could be better integrated in order to achieve and deliver defined and improved outcomes over the next five years.</li> <li>Successful implementation of National and local strategy for individuals with a learning disability, and their families will be built upon strong, cohesive working relationships across the Partnership</li> </ul>							
<b>Resource Requirements/workforce/staff engagement/involvement</b>							
<ul style="list-style-type: none"> <li>A comprehensive public and staff communication and engagement plan in development to build on the work done in the scoping exercise to date and will include a timeline for key milestones, and a clear outline of how feedback will be responded to.</li> <li>Develop proposal to adopt principles from Charter of Involvement developed by the National Involvement Network as a building block for engagement with service users in ongoing co-production opportunities.</li> </ul>							
<b>Risks</b>							
<ul style="list-style-type: none"> <li>Key risks identified will be subject of ongoing review by the executive group and steering group respectively.</li> </ul>							
<b>Timescale for completion of review / milestones</b>							
<b>Next 3 - 6 months</b>							
<p>Development of a partnership strategy which will include involving people who receive services to improve and co-produce future services and opportunities available across Dumfries and Galloway. This work will be linked to the four strategic outcomes of "The Keys to Life" strategy;</p> <ul style="list-style-type: none"> <li>A Healthy Life: People with a Learning Disability enjoy the highest attainable standard of living health and family life.</li> <li>Choice and Control: People with a Learning Disability are treated with dignity and respect and</li> </ul>							

protected from neglect, exploitation and abuse.

- Independence: People with a Learning Disability are able to live independently in the community with equal access to all aspects of society.
- Active Citizenship: people with a Learning Disability are able to participate in all aspects of community and society

Development of areas of work linked to the four strategic outcomes above. This will include looking at what works well, good practice and services already delivered as well as opportunities for service users, families, carers and service providers to look at what we could do better.

<b>Name of scheme/service review</b>		<b>Midpark Bed Reconfiguration</b>					
<b>GM</b>		Denise Moffat					
<b>Directorate</b>		Mental Health					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>	
<b>Background (last 3 months)</b>							
Increased clinical activity across admission unit and IPCU. Interim arrangements established to provide safe and effective care and treatment. Meeting with Strategic Planning to bring up to speed and to consider support for this remodelling work. Steering group established.							
<b>Current status of review</b>							
Key areas for consideration will include <ul style="list-style-type: none"> <li>Physical map of Midpark, with patient flows in/out, ward movements, seasonal variation etc</li> <li>DCAQ (demand, capacity, activity and queue), including looking at readmissions</li> <li>Population modelling of expected future demand</li> <li>Community activity and pathways, including how we actively support discharges from hospital (especially working with CATS and other community teams)</li> <li>Day/Week of Care Audit - who is currently using services, and does the current criteria accommodate the needs of everyone who requires to use services</li> </ul>							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							
A robust bed planning and modelling is required to resolve to identify and improve the flow of patients through the system. Financial implications will be considered throughout this review							
<b>Resource Requirements/workforce/staff engagement/involvement</b>							
The bed modelling exercise in itself has no risk, but we need to ensure our communication with staff is timeous and relevant. Staff side and HR will be asked to advise  A planning workshop will be organised to support first steps to communication and engagement.							
<b>Risks</b>							
2 units in Midpark where demand often outstrips capacity, requiring significant management of movement of resources from other wards. This situation has the risk of compromising staff experience and increases compromises in clinical continuity and risk, with staff working with unfamiliar patients and teams. See above re interim arrangements							
<b>Timescale for completion of review / milestones</b>							
<b>Next 3 months</b> A time frame of 12 months is proposed for the completion of this work, starting from end of May 2018 (8 months on scoping, and 3 months writing up and seeking appropriate governance for recommendations)							



<b>Name of scheme/service review</b>		Realistic Medicine Project					
<b>Lead Officer/GM/Clinician</b>		Dr Ewan Bell / Alison Solley					
<b>Directorate</b>		Board Wide					
<b>Sponsoring Director</b>		Katy Lewis/Ken Donaldson					
<b>Quality</b>	x	<b>Sustainability</b>		<b>Safety</b>		<b>Affordability</b>	
<b>Background (last 3 months)</b>							
The CMO's Realistic Medicine report was published in February 2018. (Practising Realistic Medicine) 2018 Realistic Medicine Work Plan agreed with Senior Management following a Board Wide stakeholder workshop in April 2018.							
<b>Current status of review</b>							
See action plan attached.							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							
Implementation of the Realistic Medicine principles ensuring that the patient is at the centre of everything that we do impacts significantly on the quality of patient experience. <ul style="list-style-type: none"> <li>• Changing the culture to Shared decision making</li> <li>• Introducing a personalised approach to care</li> <li>• Reducing harm and waste</li> <li>• Reducing unwarranted Variation</li> <li>• Managing risk better</li> <li>• becoming improvers and innovators</li> <li>• valuing our workforce</li> </ul>							
<b>Resource Requirements/workforce/staff engagement/involvement</b>							
Currently in post and funded until February 2019 as part of Realistic Medicine Project: <ul style="list-style-type: none"> <li>• 1xWTE band 7 Clinical Efficiency Manager post</li> <li>• 1xWTE band 3 clerical post</li> </ul> <p>Ongoing funding of these posts is required to progress this project.</p>							
<b>Timescale for completion of review / milestones</b>							
<b>Next 3 months</b>							
See RM work plan below							

**Domain: BUILDING A PERSONALISED APPROACH TO CARE WITH PEOPLE ACROSS SCOTLAND & CHANGING OUR STYLE TO SHARED DECISION MAKING**

TASKS	OUTCOME TO BE MEASURED	PROJECT GOAL	START DATE	END DATE	PROJECT LEAD	MANAGER LEAD	COMMENT
<p>Use of collaborATE to benchmark medical outpatient specialities</p> <p><b>Survey:</b> A survey needs to be done to assess degree of SDM and baseline in D&amp;G by using collaborate in 500 recent outpatients</p> <p>Repeat the survey</p>	% Usage of collaborATE with in clinical teams	≥ 50 % Medical Specialities to use collaborate by the end of 12 months	Aug 2018	May 2019  July 2018 May 2019	EB	KB/CA	
Introduce the concept of SDM by encouraging the use CollaborATE tool in Primary care.	% Usage of collaborATE with in primary care	≥30 % of GP practices in primary care to use Collaborate by the end of 12 months	Aug 2018	May 2019	EB	GB	
Introduce Patient Decision Aids in ophthalmology	% Reduction in the Conversion Rate	≥10% reduction in the Conversion Rate	June 2018	Aug 2018	EB	KB	
Introduction of SDM Consultation Skills Course to the medical specialities	<ul style="list-style-type: none"> <li>Attendance at the SDM course</li> <li>Number of SDM course conducted</li> </ul>	% Attendance at the SDM course	June 2018	May 2019	EB		
<p><b>Develop Staff education tools:</b></p> <ul style="list-style-type: none"> <li>Learn pro module on RM</li> <li>Localise GG Clinical Leaders video</li> <li>Take the pledge</li> <li>Videos for staff</li> </ul>	<ul style="list-style-type: none"> <li>Presence of Learn-Pro module on RM</li> <li>NHS D&amp;G video on RM</li> <li>% of individuals participating in take the pledge campaign</li> </ul>		June 2018	July 2018	EB		

education							
<b>Develop Public Engagement &amp; Education tools:</b> <ul style="list-style-type: none"> <li>• CW5Q posters</li> <li>• CW5Q on the back of the patient invites</li> <li>• Videos for social media and outpatient TV's</li> </ul>	<ul style="list-style-type: none"> <li>• % of patient waiting areas with 5CWQ posters</li> <li>• % Incorporation of 5CWQ on the back of all outpatient letters</li> <li>• Development of social media content</li> </ul>	<p>100% of the patient waiting areas to be with 5CWQ posters by end of July 2018</p> <p>100% incorporation by the end of July 2018</p>	June 2018	July 2018	EB	Rod Edgar	

## Domain: VALUING OUR WORKFORCE

TASKS	OUTCOME TO BE MEASURED	PROJECT GOAL	START DATE	END DATE	PROJECT LEAD	MANAGER LEAD	COMMENT
Use ADL life curve tool to map the fitness level of staff and devise engagement programmes and interventions to improve their respective stages to delay predictable functional decline related to age, illness or injury. Intended to be used with NHS staff the aim being to improve staff welfare and reduce sickness absence	<ul style="list-style-type: none"> <li>• Engagement-interventions strategies to delay functional predictable decline.</li> <li>• Improved staff welfare rate/score</li> <li>• Reduction in staff sickness absence rate</li> </ul>	<p>≥ 50% Welfare score at the end of 12 months</p> <p>Measurable improvement of ability against the Pre-life Curve for the staff as indicated within the Life curve engagement programme</p>	June 2018	May 2019	EB	JP	<p>Survey/audit:</p> <p>To be done to set the baselines</p>

**Domain: TACKLING UNWARRANTED VARIATION,  
HARM AND WASTE**

TASKS	OUTCOME TO BE MEASURED	PROJECT GOAL	START DATE	END DATE	PROJECT LEAD	MANAGER LEAD	COMMENT
Discussion required on how to tackle unwarranted variation locally					EB		
Start with Cataracts –introduce Patient Decision Aids/Option Grid in the pathway  Audit cataract activity	% Reduction in the Conversion Rate	≥10% reduction in the Conversion Rate	June 2018  Sept 2018	Aug 2018  Dec 2018	SB/LB	KB/CA/AS	
All HB RM leads to attend Value Based Healthcare Work Programme			13 <sup>th</sup> June 2018	14 <sup>th</sup> June 2018			
Wider cohorts including HB Finance leads to attend 1day VBHP			Sept 2018	Sept 2018			
First Atlas of Variation (hip & knee replacement) published	Identifying the areas of variation and the outliers	Submission of a report on finding of AoV to S&VB and if D&G are outliers develop the action plan	June 2018	Aug 2018	EB		
Lab Clinical Optimisation group to develop work plan for 2018-2019	<p><b>Primary Care:</b></p> <ul style="list-style-type: none"> <li>Continue to issue benchmarking data and guidance for the following: Vitamin-D, Cholesterol, NTpro-BNP, CSU</li> <li>Review of Anaemia guidance and assess how IT could be used to assist stratification of it.</li> </ul> <p><b>Secondary care:</b></p> <ul style="list-style-type: none"> <li>To review the clinical</li> </ul>				HC	AS	Work plan needs to be formulated

	use of Troponin in acute medicine <ul style="list-style-type: none"> <li>Review and audit of respiratory mycobacterium testing in conjunction with Respiratory team.</li> </ul>						
Radiology Demand Optimisation group to have first meeting and define work plan 2018-2019					CS	AS	Work plan needs to be formulated
Work to develop action plan for tackling prescribing variation					EB	SR/CH/PST	Work plan needs to be formulated

**Domain: MISCELLANEOUS WORK**

TASKS	OUTCOME TO BE MEASURED	PROJECT GOAL	START DATE	END DATE	PROJECT LEAD	MANAGER LEAD	COMMENT
Work with Pharmacy and Primary-care to develop a support pathway for patients de-prescribed antidepressants - action plan by end of Aug 2018			June 2018	May 2019	EB	SR	Work plan needs to be formulated
Implement qFIT fully and audited by May 2018  Phase 1: Introduction of qFIT testing with in primary care  Phase 2: Streamlining the Secondary Care Colorectal pathway	% Reduction patient referral rate to the secondary care	≥10% Reduction in Patient referral rate  24% in Gastroenterology referrals  9% reduction in colorectal pathway referrals	May 2018	May 2019	EB	AS/CA	
Develop individualised self management 'discharge and return' pathway for secondary-care type 2 diabetes	Presence of a self-management plan		June 2018	Aug 2018	EB		

<p>Identify via TOPAS those specialities that use 12 month or more return appointments (May 2018) and use above long-term care model to work with those clinical teams to change behaviour – ongoing</p>	<ul style="list-style-type: none"> <li>• % Reduction in the return appointments</li> <li>• Presence of a long term care model</li> </ul>				EB	KB	
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<b>Social Name of scheme/service review</b>		Social Work Review Team/Old Peoples Service Review					
<b>Lead Officer/GM/Clinician</b>		Graham Abrines					
<b>Directorate</b>		Community Health & Social Care					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>		<b>Affordability</b>	X
<b>Background (last 3 months)</b>							
<p>In April 2017, £650k funding was secured to expand the Adult Social Work Review Team. The funding is available over two years. The Review team is responsible for delivering on the following key objectives:</p> <ol style="list-style-type: none"> <li>1. Developing and embedding a new model for social care which shifts current practice to focus on early intervention and prevention.</li> <li>2. Maximising and delivering savings estimated at £1.5 million and cost avoidance estimated at £300k.</li> <li>3. Improving outcomes for individuals based on a personalised approach that promotes choice and independence.</li> </ol> <p>In order to increase the existing staff team and to assist in the delivery of these key objectives, the following staff were recruited:</p> <p>2 Social Workers  2 Care co-ordinators  2 Specialist Occupational Therapists  2 telecare assistants (attached to the telecare team)  1 Project Support Assistant.</p> <p>The estimated cost of the staffing resource is £310k per annum.</p> <p>Over the first year of the project, work plans for the team have been developed at a locality level. The 4 Locality work plans are all designed to maximise opportunities for efficiencies in the following areas:</p> <p>Reviewing the higher cost packages  Reviewing the higher cost packages specifically in the area of Learning Disability  Reviewing the higher balance Direct Payments  Reviewing some of the smaller packages including those which amount to 5 hours or less of support each week.</p>							
<b>Current status of review</b>							
<p>Over the course of the first year of business, the review Team has carried out a total of <b>261</b> reviews across the 4 localities. Of these reviews, <b>135</b> resulted in a saving. <b>104</b> reviews resulted in no changes being made and <b>22</b> resulted in an increase in care.</p> <p>The breakdown across the localities is as follows:</p> <p>Annandale and Eskdale-<b>39 reductions, 30 stayed the same and 22 resulted in an increase in support.</b></p> <p>Nithsdale- <b>45 reductions, 32 stayed the same and 10 resulted in an increase in support.</b></p> <p>Stewartry-<b>18 reductions, 25 no changes and 0 increases.</b></p>							

Wigtownshire-**33 reductions, 47 no changes and 4 increases.**

The Review Team in its expanded form has made approximately **£320k** worth of savings over the course of the first year, which effectively covers the staffing costs and includes some additional savings.

#### **Potential Impact(s) on Quality/Safety/Sustainability/Affordability**

The key service areas where the majority of the savings have been made include middle to higher cost learning disability care at home packages, high balance direct payments and physical disability care at home packages. It has proved beneficial in terms of savings and efficiencies when the Review Team workers have been given clear work plans focussing on the 4 key areas outlined above, this is apparent in the localities where the higher savings have been achieved.

In terms of ongoing work within the 4 localities, the focus over the next year will remain on the areas of learning disability, physical disability and Option 1 and 2 higher cost balances. In addition to this, the team will also focus its resources on reviewing overnight support across the region, including sleepovers and waking overnights.

Further areas of planned work:

There is a test of change linked to the work of the Review Team being undertaken in the Stewartry which involves a telecare/occupational therapy assessment as a first response to anyone being referred to social work. The purpose of the test is to demonstrate the benefits of early intervention and prevention as a means of promoting independence and a means of potential cost avoidance. If people can be assisted to live at home with some assistive technology and some basic occupational therapy equipment, and only receive hands on care when they absolutely require it then we can promote independence and demonstrate a more efficient use of resources.

In addition to this, there are also plans in place to train two of the care co-ordinators to undertake a basic telecare assessment and a basic assessment of a person's mobility. This will mean that one member of staff can then visit an individual and carry out a wider initial assessment of needs, thereby reducing duplication and streamlining services for those people being referred. To date, only a small number of people have been identified and we will review the outcomes for those people as part of the ongoing work of the Review Team. If this proves successful then we will make plans to develop this model of working out across the other localities.

There will be a pilot undertaken around the re-designing of overnight support for a number of individuals with a learning disability all living within a 5 mile radius in the Castle Douglas area. A small number of service users have been identified and in partnership with Just Checking we will analyse what amount of night time support each of the individuals require. The test will be free and will enable Just Checking to test their Roaming Night prototype as part of their pilot across the country. The service users will all wear polar wrist bands which will enable us to analyse overnight activity and general health and wellbeing to ensure that we have the right supports in place for people through the day and overnight. It will also allow us, where appropriate, to make changes to people's support plans to make sure we are promoting their independence and meeting their outcomes in the most positive way. For example, we may be able to support an individual to be more active during the day, thereby reducing their overnight support to a responder, rather than a carer sleeping over. It is anticipated that making use of this technology will allow us to make savings. Whilst the cost of the polar wrist bands equates to somewhere in the region of £18k, the cost of providing the 6 sleepovers and 2 waking overnights within this small area alone is £263k. The learning from this test will be rolled out across the other localities, particularly where several sleepovers and waking nights are in place within a close proximity.

As an example of this, and as part of a process which has involved analysing overnight data, we



will shortly be in a position to remove one of the waking overnights from the School Close Development in Kirkcudbright. By reducing one waking overnight we will be able to save approximately £60k per year. This alone highlights the importance of building on the learning from the forthcoming test of change in the Castle Douglas area, and ensuring that the work within the 4 localities all include plans to review overnight support.

In terms of the next year, the 4 localities are developing their workplans to include the reviews of overnight provision. As an example, the workplan in Nithsdale will include reviews of the sleepover provision at Suspension Brae to establish if resources can be linked to the sleepover provision at Rosemount. There are also plans in place to review the overnight support for those people residing at Young Avenue and reviews will also be undertaken for people living in individual tenancies within the community. Similar reviews will be undertaken across the other localities.

**Resource Requirements/workforce/staff engagement/involvement**

The additional staff, outlined above will be in place for another year.

**Risks**

A sustainability plan will be developed over the next year, including recommendations. The work plans will need to be developed with a move away from reviewing local community based packages of care to a direct focus on regional work such as reviewing sleepovers and waking overnights.

**Timescale for completion of review / milestones**

**Next 3 months**

Middle/Higher cost LD packages.  
 Middle/Higher cost PD packages  
 High balance Direct Payments  
 Ongoing reviews of packages 5 hours and under.

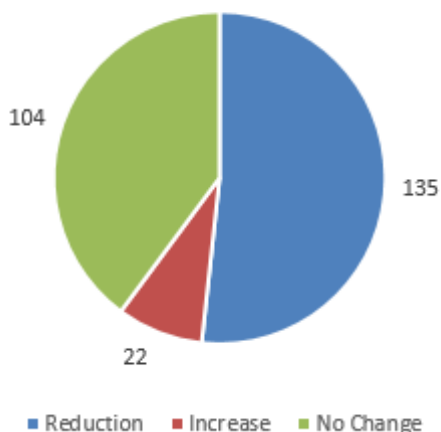
**Next 6-9 months**

Re-designing of overnight support within the Castle Douglas area.

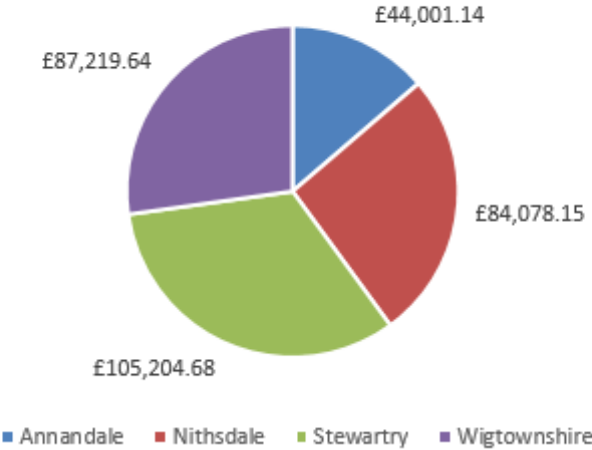
**Next 9-12 months**

Roll out of the re-designing of overnight support across the other 3 localities.

Reviews by Review Team 2017/2018



Review Team Savings 2017/2018



<b>Name of scheme/service review</b>		Annandale and Eskdale Cottage Hospitals Review					
<b>Lead Officer/GM/Clinician</b>		Gary Sheehan, Graham Abrines					
<b>Directorate</b>		Community Health and Social Care					
<b>Sponsoring Director</b>		Julie White					
<b>Brief description of proposal (what does the scheme entail)</b>							
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>	X
<b>Background</b>							
<p>The 4 cottage hospitals across Annandale and Eskdale vary in size (from 12 beds in Thomas Hope and Moffat to 14 in Lochmaben and 18 in Annan) and in age, design and condition. To varying degrees, all 4 hospitals require a significant capital investment if they are to continue to provide a cottage hospital service in the longer term. Excluding building costs, the weekly cost of a bed in each of the hospitals is approximately £1,500 as compared to the nursing home weekly rate of £689.73 and care home weekly rate of £593.89.</p> <p>Day of care audits carried out in January and April 2018 showed that over 50 % of the patients in the 4 hospitals do not meet the criteria for admission into a cottage hospital.</p> <p>The 4 cottage hospitals In Annandale primarily meet the needs of patients from 2 localities – Annandale and Eskdale and Nithsdale. Occupancy rates in all 4 hospitals is consistently in excess of 85% and over the year in excess of 90%.</p> <p>The strategic housing investment programme provides an opportunity to develop new housing with care models, such as Extra Care and Intermediate Care, which has the potential to alleviate the inappropriate use of cottage hospital beds through the development of alternative, purpose built accommodation in the community.</p>							
<b>Current status of review</b>							
<p>Esk Valley - following extensive community engagement, there is widespread support for the development of a new Extra Care and Intermediate Care service in Langholm and a draft business case has been prepared and is being finalised for these new proposals. Loreburn Housing have identified capital funding for the projects and have been exploring potential sites in Langholm. It is proving extremely difficult to identify a suitable site in Langholm because it is on a flood plain and there is a need to develop extensive flood defence measures. However, subject to a due diligence process, Loreburn has recently secured in principle agreement to purchase a suitable site for this development in Llangholm. A public engagement event is being planned to take place in July 2018 to discuss what range of health and social care services could be developed on the site in addition to the development of a new Extra Care scheme. It is anticipated that an options appraisal group will be set up with the local community to help identify the preferred range of services that could be developed on the site, which could include a new intermediate care service and a new health and well being centre. It is anticipated that the new Extra Care and Intermediate Care service could be in place by September 2020 and this would precipitate a review of the future use of Thomas Hope Hospital.</p> <p>Moffat – an extensive community engagement process has started in Moffat to review the health and social care needs of the local community. The initial finding of the review were completed and shared with the local community in June 2018. Building on the findings of the survey, an options appraisal will be carried out with the local community over the summer and it is anticipated that the preferred option will be identified by October 2018, followed by a formal public consultation on the preferred option. A suitable site for a new Extra Care and Intermediate care service has been identified with Loreburn Housing and work has started on developing a business case. It is</p>							

<p>anticipated that the new Extra Care and Intermediate Care service could be in place by September 2020 and this would precipitate a review of the future use of Moffat Hospital. One option currently being explored is to house GP services in the Moffat hospital building as an alternative to the current use of the 2 GP surgery building in Moffat which are not cost effective nor fit for purpose.</p>
<p><b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b></p> <ul style="list-style-type: none"> <li>• New models of housing with care made available in fit for purpose accommodation</li> <li>• More appropriate use of cottage hospital provision</li> <li>• Improved accommodation for primary care staff and patients</li> <li>• Invest resources tied up in building to enable greater investment in community services</li> </ul>
<p><b>Potential Financial Implications (range)</b></p> <p>If the developments in both Esk Valley and Moffat progress, this could release £600k in savings.</p>
<p><b>Resource Requirements/workforce/staff engagement/involvement</b></p> <p>A process of community and staff engagement has already started in both Esk Valley and Moffat and will continue to be supported by the Locality Team and other colleagues.</p>
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Inability to identify suitable site in Langholm for new Extra Care scheme because of flood plain issues</li> <li>• Community resistance to reducing number of cottage hospital beds</li> <li>• Community resistance to relocating GPs services from centre of town to Moffat Hospital</li> <li>• Reduction in cottage hospital beds could displace more costs on social care provision</li> </ul>
<p><b>Timescale for completion of review / milestones</b></p> <p><b>3 months</b>  Esk Valley – final decision made on whether suitable site is available to develop Extra Care service in Langholm  Moffat – initial findings of Moffat engagement project and business case developed for new extra Care scheme and Intermediate care service</p>
<p><b>6 months</b>  Options appraisal carried out in Moffat and formal consultation with local community on preferred options.  Report on Esk Valley proposal to IJB.</p>
<p><b>9 months</b>  Moffat proposal submitted to IJB</p>
<p><b>12 months</b>  Subject to outcome of option appraisals in both Moffat and Langholm, building works on both projects are expected to begin in 2019 with a completion date in summer 2020</p>

<b>Name of scheme/service review</b>	The Development of a Palliative Care, End of Life and Bereavement Strategy for Dumfries and Galloway
<b>Lead Officer/GM/Clinician</b>	Graham Abrines
<b>Directorate</b>	Community Health and Social Care
<b>Sponsoring Director</b>	Julie White
<b>Background</b>	
<p>The Strategic Framework for Action on Palliative and End of Life Care 2016-2021 (<a href="http://www.gov.scot/Publications/2015/12/4053">http://www.gov.scot/Publications/2015/12/4053</a>) is designed to build on previous policies and action plans produced by the Scottish Government such as Living and Dying Well (2008). The vision articulated in the Strategic Framework is that “By 2021 everyone in Scotland who needs palliative care will have access to it” regardless of age, gender, diagnosis, social group or location.</p> <p>In addition, CEL 9 (2011) (<a href="http://www.sehd.scot.nhs.uk/mels/CEL2011_09.pdf">http://www.sehd.scot.nhs.uk/mels/CEL2011_09.pdf</a>) requires that “bereavement care is provided on an equitable basis to relatives and Carers following a death, in ways that are responsive to their needs and which reflect spiritual, religious and cultural requirements”</p>	
<b>Current status of review</b>	
<p>Funding has been secured from Macmillan Cancer Support to employ a small project team for 23 months to take this work forward; under the management of the Strategic Planning Manager and Commissioner for Cancer, Palliative Care, Women, Children and Sexual Health Services and Child Health Commissioner. Recruitment is underway to fill the Band 6 Palliative Care Lead post, closing date 5<sup>th</sup> July 2018. A high level Project Plan for the first 12 months of the project has been drafted and will be further developed once the post holders are in place.</p> <p>A draft, high level strategy document for consultation and co-design has been produced; and is progressing through governance structures.</p> <p>A plan for appropriate consultation with key stakeholders will be prepared.</p>	
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>	
<p>Consideration of these aspects of quality are essential in taking this work forward, particularly in relation to the future delivery of services within the resources available, including financial, people and communities. The overall aim is to ensure equity of provision by working in partnership; to learn from our communities regarding what is working, what isn't working and what we all need to do to ensure that people who live in our region have a dignified end of life.</p>	
<b>Resource Requirements/workforce/staff engagement/involvement</b>	
<p>Those who deliver services and supports including staff will need to be closely involved in this work. A comprehensive consultation plan will be developed and the newly re-established Dumfries and Galloway Palliative Care Network (under the Chairmanship of Graham Abrines) will be closely involved. The Lead Cancer Team, the relevant GMs and Consultant in Palliative Care are supportive of this work.</p>	
<b>Risks</b>	
<ul style="list-style-type: none"> <li>• We may be unable to recruit to the project team posts (Band 6 full time)</li> <li>• We may be unable to engage appropriately with those who deliver and those who receive services and their families</li> <li>• We may be subject to negative media, as perceptions of reducing services may be unavoidable</li> </ul>	
<b>Timescale for completion of review / milestones</b>	
<p>This is dependent on the recruitment of the project team. Draft Project Plan below.</p>	

## Macmillan Cancer Pathways and Palliative Care Improvement Project Project Plan 2018

AL = Alex Little. AA = Ananda Allan. LG = Laura Grierson. RE = Rod Edgar. CM = Carole Morton.

Activity	Owner	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July
<b>Team Induction as induction Plan</b>	AL												
<b>Communication</b>													
Work with RE to develop regular reporting to local media: e.g. Introduce Project Team/Consultation Activities/Regular updates	AL & RE												
Set up Reference Group SCAN/WoSCAN													
Regular reporting to LCT & PCN													
Regular reporting to SCAN RCPG													
Regular liaison with WoSCAN													
<b>Consultation</b>													
<ul style="list-style-type: none"> <li>• Consultation approach and tools to be developed</li> <li>• Set up Consultation Steering Group</li> </ul>	AL												
<ul style="list-style-type: none"> <li>• Prep for activities including set up focus groups / 121 meetings/surveys</li> </ul>	MM Team												
<ul style="list-style-type: none"> <li>• Undertake consultations as Plan</li> <li>• Produce consultation reports</li> <li>• Develop recording matrix</li> </ul>													
<b>Activity</b>	<b>Owner</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>
<b>Delivery</b>													
Review current service user needs and	MM Team												

provision													
Take forward STOC to test new ways of working													
Propose new service delivery models – include options appraisals/EQIA	<b>MM Team</b>												
Governance groups to consider options appraisal & determine future models.													
<b>Risk Management</b>													
Develop positive media relationships	<b>ALL</b>												
Ensure appropriate team supervision and reporting to escalate risks													
<b>Governance</b>													
Reporting to Steering Group	<b>MM Team</b>												
Reporting to NHS Board /IJB	<b>AL</b>												
Report to LCT & PCN	<b>MM Team</b>												

<b>Name of scheme/service review</b>		Cancer Pathways – Scoping and Service User Involvement Project					
<b>Lead Officer/GM/Clinician</b>		Alexandra Little					
<b>Directorate</b>		Whole System					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>	X
<b>Background</b>							
<p>D&amp;G cancer services are currently aligned to the East of Scotland Cancer Network (SCAN), with the exception of some tumour specific activity including cancers in children and haematology. Given the emerging Regional Delivery Plans in Scotland, there is a requirement to consider how the realignment of tumour specific adult cancer pathways to the West of Scotland Cancer Network (WoSCAN) may be implemented.</p> <p>In addition, there has been for some time, growing concern among the population in the West of Dumfries and Galloway that alignment to Edinburgh as a Tertiary Cancer Centre is inequitable in terms of access. There are understandable concerns from patient groups and clinical staff about how this will be taken forward and the potential impacts on quality and accessibility of service delivery.</p>							
<b>Current status of review</b>							
<p>Funding has been secured from Macmillan Cancer Support to employ a small project team for 23 months to take this work forward; under the management of the Strategic Planning Manager and Commissioner for Cancer, Palliative Care, Women, Children and Sexual Health Services and Child Health Commissioner. This project team will consist of a Band 7 (full time) with specific focus on Cancer Pathways, a Band 6 (full time) with specific focus on Palliative Care Services and a Band 4 (part time) to support these posts. Liaison with East and West Cancer Network Managers is established and both networks are supportive of this work.</p> <p>A project plan for the first 12 months including appropriate consultation with key stakeholders is in draft and below.</p> <p>The project support post has been filled and a preferred candidate identified for the Band 7 Cancer Pathways Lead.</p> <p>We anticipate initiating this project from 1<sup>st</sup> August 2018.</p>							
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>							
<p>Consideration of all aspects of quality are essential in taking this work forward, particularly in relation to the future delivery of services within the resources available, including financial, people and communities. The overall aim is to ensure equity of provision by working in partnership; to learn from our communities regarding what is working, what isn't working and what we all need to do to ensure that people who live in our region have appropriate access to services which support them throughout their cancer journey..</p>							
<b>Resource Requirements/workforce/staff engagement/involvement</b>							
<p>Those who deliver services and supports including staff will need to be closely involved in this work. A comprehensive project plan will be developed and the established Dumfries and Galloway Lead Cancer Team will continue to be closely involved. A Local Governance Group will be established to oversee this work and formal links with colleagues from East (SCAN) and West (WoSCAN) to contribute to and shape this work are already in progress.</p> <p>This work has been discussed at SCAN Regional Cancer Planning and SCAN Regional Cancer Advisory Group as well as with Dumfries and Galloway SMT and Lead Cancer Team.</p>							



**Risks**

- We may be unable to recruit to the project team posts (Band 7 full time and Band 4 part-time)
- We may be unable to engage appropriately with those who deliver and those who receive services and their families
- We may be subject to negative media, as perceptions of reducing services may be unavoidable

**Timescale for completion of review / milestones**

As part of the operational agreement with Macmillan we were unable to advertise the project posts until the financial agreement was signed off. This was completed in early April.  
Draft Project Plan below.

## Macmillan Cancer Pathways and Palliative Care Improvement Project Project Plan 2018

AL = Alex Little. AA = Ananda Allan. LG = Laura Grierson. RE = Rod Edgar. CM = Carole Morton.

Activity	Owner	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July
<b>Team Induction as induction Plan</b>	<b>AL</b>												
<b>Communication</b>													
Work with RE to develop regular reporting to local media: e.g. Introduce Project Team/Consultation Activities/Regular updates	<b>AL &amp; RE</b>												
Set up Reference Group SCAN/WoSCAN													
Regular reporting to LCT & PCN													
Regular reporting to SCAN RCPG													
Regular liaison with WoSCAN													
<b>Consultation</b>													
<ul style="list-style-type: none"> <li>Consultation approach and tools to be developed</li> <li>Set up Consultation Steering Group</li> </ul>	<b>AL</b>												
<ul style="list-style-type: none"> <li>Prep for activities including set up focus groups / 121 meetings/surveys</li> </ul>	<b>MM Team</b>												
<ul style="list-style-type: none"> <li>Undertake consultations as Plan</li> <li>Produce consultation reports</li> </ul>													
<ul style="list-style-type: none"> <li>Develop recording matrix</li> </ul>													
<b>Activity</b>	<b>Owner</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>
<b>Delivery</b>													
Review current service user needs and provision	<b>MM Team</b>												

Take forward STOC to test new ways of working														
Propose new service delivery models – include options appraisals/EQIA	<b>MM Team</b>													
Governance groups to consider options appraisal & determine future models.														
<b>Risk Management</b>														
Develop positive media relationships	<b>ALL</b>													
Ensure appropriate team supervision and reporting to escalate risks														
<b>Governance</b>														
Reporting to Steering Group	<b>MM Team</b>													
Reporting to NHS Board /IJB	<b>AL</b>													
Report to LCT & PCN	<b>MM Team</b>													

<b>Name of scheme/service review</b>		Acute Service Review Programme			
<b>Lead Officer/GM/Clinician</b>		Nicole Hamlet/Viv Gration/Christiane Shrimpton			
<b>Directorate</b>		Acute and Diagnostics			
<b>Sponsoring Director</b>		Julie White			
<b>Quality</b>		<b>Sustainability</b>	X	<b>Safety</b>	
<b>Background (last 3 months)</b>					
<p>With the current challenges facing health and social care and emergent new models of planning it is essential that local health and social care services are reviewed regularly.</p> <p>The Service Planning Framework provides a means to ensure a consistent and robust approach to service planning.</p> <p>The Integration Joint Board approved the Service Planning Framework in November 2017. The Framework sets out six essential service planning principles that should be applied routinely. These are:</p> <ul style="list-style-type: none"> <li>• Person centred</li> <li>• Outcome focused</li> <li>• Sustainable</li> <li>• Effective &amp; efficient</li> <li>• Co-productive</li> <li>• Equitable</li> </ul>					
<b>Current status of review</b>					
<p><b>Ophthalmology</b> - The West of Scotland review continues and D&amp;G are represented across the three sub groups for Cataracts, Emergency Care and Chronic Conditions. Locally, work is focussing on the cataract pathway with initial work to examine the pre-assessment model underway. In progressing regional working, a surgeon from D&amp;G is currently supporting Ayrshire and Arran with paediatric surgery.</p> <p><b>Urology</b> – Having explored the potential for sustainable services within D&amp;G we believe a true hub and spoke model with Ayrshire and Arran is the preferred option. Work is underway to establish a local working group to lead stakeholder engagement and negotiations with Ayrshire and Arran. This will build on existing good working relationships that have resulted new practices having an impact on demand and capacity therefore supporting a sustainable service.</p> <p><b>Radiology</b> - Most successful board participating in national recruitment programme, with the result of 1 – 3 medium term appointments to the department. D&amp;G is involved in the national and regional (WoS) work to use technology to establish sustainable services across Scotland. The action plan developed at the Radiology ‘away day’ in March 2018 is making progress in terms of extended scope practice and an initial modality of focus has been CT. An initial workshop focussed on controlling demand and communications across DGRI to raise awareness of the challenges within that department. This included a presentation to Medical Staff Committee by the team in May 2018. Work continues to consider the six essential planning principles and find innovative ways of sustaining service.</p> <p><b>Pathology</b> – Recent changes within the local team have escalated the priority to identify a new model of working within the pathology department. This needs to maximise opportunities through regional work and advances in technology. A local group is being established to lead this and an application has been submitted to be a pilot site to test digital pathology.</p>					

**Respiratory** – There has been considerable investment into respiratory services in the Community. Work is required to ensure a system wide approach. An external review has been requested from the Royal College of Respiratory to facilitate this. There is also considerable learning to be gained from other health board areas, such as NHS Lothian and NHS Glasgow and Clyde.

**Potential Impact(s) on Quality/Safety/Sustainability/Affordability**

Many of the acute and diagnostic services are vulnerable. Successful service re-design in line with the six essential service planning principles is essential to the future quality, safety, sustainability and affordability of the services in Dumfries and Galloway.

**Resource Requirements/workforce/staff engagement/involvement**

There may be increased costs to establish new ways of working.

Potential cost reduction if new, sustainable models of care can be established that

- Establish shared medical posts within West of Scotland
- Establish shared service within West of Scotland
- increase multi disciplinary working
- increase joint working with third and/or independent sector

**Risks**

Failure to establish a sustainable model of health and social care resulting in difficulty in delivering acute and diagnostic services in Dumfries and Galloway

**Timescale for completion of review / milestones**

Regular six monthly update to Health and Social Care Senior Management Team and Finance and Performance Committee.

<b>Name of scheme/service review</b>		Rehabilitation framework				
<b>Lead Officer/GM/Clinician</b>		Dr Alison McKendrick, Nicole Hamlet, Lynne Mann				
<b>Directorate</b>		Acute and Diagnostics				
<b>Sponsoring Director</b>		Julie White				
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>
<b>Background (last 3 months)</b>						
<p>With the increasing demands on acute beds there was a requirement to understanding the services being delivered at DGRI. Evidence from the day of care survey suggests a cohort of patients do not require acute care and could be cared for in a community setting.</p> <p>Review of the utilisation and deliver of rehabilitation:</p> <ol style="list-style-type: none"> <li>1. Relocation of 7 acute rehab beds to Lochmaben Community Hospital</li> <li>2. Implement rehabilitation/community hospital pathways (Admission, Discharge and Transfer criteria)</li> <li>3. Implement new amputee rehabilitation pathway</li> </ol>						
<b>Current status of review</b>						
<ol style="list-style-type: none"> <li>1) The relocation has been completed. There is ongoing work required to review this pathway and use data to understand current flow. This will feed into the new downstream community hospital group (<b>amber</b>)</li> <li>2) Establishment of downstream flow: community hospital group which will assist with implementation of the community hospital ADT criteria. This group will feed into the acute downstream group. First meeting planned for July (<b>amber</b>)</li> <li>3) Testing of new amputee pathways has commenced. Patients that have no acute need are being transferred to a community hospital and are attending DGRI for outpatients. The MDT has developed amputee discharge and transfer criteria and with the support of the discharge manager and SIM it is being tested. (<b>green</b>)</li> </ol>						
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>						
<p>The review and re design of rehabilitation services will assist with ensure all key requirements of sustainability, quality, safety and affordability time.</p> <p>Patients will receive the right care at the rights time with reduced unnecessary occupied bed days in an acute hospital.</p>						
<b>Resource Requirements/workforce/staff engagement/involvement</b>						
<p>The review of pathways and implementation of new amputee pathway will involve local MDT working groups including partner agencies such as SAS.</p> <p>There may be increased costs to establish new ways of working.</p> <ul style="list-style-type: none"> <li>• Geriatrician input to provide MDT support within community hospital</li> </ul>						
<b>Risks</b>						
<p>Failure to establish a sustainable rehabilitation pathways may result in difficulty in delivering acute and diagnostic services in Dumfries and Galloway</p>						

**Timescale for completion of review / milestones**

This programme of work will be continuous and ongoing to review rehabilitation services across NHS Dumfries and Galloway.

**Next 3 months**

Initial meeting and action plan developed for downstream flow: community hospital group.  
Monthly meeting to be established.  
Review impact and implementation of amputee pathway.

**Next 6-9 months**

Regular six monthly update to acute and diagnostics senior leadership Team.

<b>Name of scheme/service review</b>		Unscheduled Care					
<b>Lead Officer/GM/Clinician</b>		Nicole Hamlet, Lynne Mann, Dr Niall Campbell, Dr Catherine Rossiter					
<b>Directorate</b>		Acute and Diagnostics					
<b>Sponsoring Director</b>		Julie White					
<b>Quality</b>	x	<b>Sustainability</b>	x	<b>Safety</b>	x	<b>Affordability</b>	x
<b>Background (last 3 months)</b>							
<p>With the current challenges facing the delivery of health and social care services it is essential that local unscheduled care delivery is reviewed and developed in line with national, regional and local guidance, recommendations and evidence of good practice.</p> <p>There is application of the Scottish Government National 6 essential actions for delivery of unscheduled care across NHS Dumfries and Galloway. This involves  EA1. Clinically focused and empowered management,  EA2. Capacity and patient flow realignment,  EA3. Patient rather than bed management,  EA4. Medical and surgical process arranged for optimal care,  EA5. 7 day service,  EA6. Ensuring patients are cared for in their own home</p> <p>Locally this Winter 2017/18 there has been a reduced performance against the 4 hour standard, with increased boarding and cancellations of scheduled activity. There also continues as per day of care results to be around 20% of patients within DGRI who no longer need acute care.</p> <p>This is on the background of a move to the new DGH and an extreme winter with increased unscheduled attendances and admissions. This had led to onsite support from the Scottish Government Unscheduled Care Team and the formation of two local task groups, one focusing on the emergency care centre (front door) and one focusing on the downstream wards (backdoor).</p> <p>Each of these groups has a work plan and they are testing various improvement projects. These tests follow quality improvement methodology and service changes are in line with the service review principles.</p>							
<b>Current status of review</b>							
<p>Test wards/areas/specialities piloting various improvement projects. A review of the current priority areas are detailed below. For further detail the USC action plan is attached.</p> <p><b>EA1.</b> New USC governance structure to commence August 2018, with formation of USC steering group, which will be chaired by Chief Operating Officer and the formation of a delivery group chaired by the acute and diagnostics general manager. This will ensure Quadrumvirate management (<b>amber</b>).</p> <p><b>EA1.</b> The local Unscheduled Care Improvement team has been established within NHS Dumfries and Galloway with recruitment of a service improvement manager and additional clinical lead to focus on downstream ward flow. Recruitment process is currently underway for a data analyst to join the team (<b>amber</b>)</p> <p><b>EA2.</b> Recruitment process is currently underway for a data analyst to join the team, to ensure depth and quality of data analysis (<b>amber</b>).</p> <p><b>EA2.</b> Staff education roll out continues around use of the bed management system (Cortix) and</p>							



collection of real time data (amber).

**EA3.** Implementation of DDD across acute and community sites: DDD continues to be implemented across D & G sites. This is being supported by the acute management team providing regular attendance and providing check, chase, challenge to clinical teams. Success has been demonstrated in ward B2 with the achievement in April of 19% of pre noon discharges. Increasing the administration cover is also being explored in order to release clinical staff from administration duties and support discharge planning (amber).

**EA3.** Review of the immediate discharge letter (IDL) process continues to be undertaken. There have been changes to the IDL template and this will be further developed with the support of the ICT general manager and close working with primary care. Doctor education programme being developed to ensure safe and efficient discharge process (amber)

**EA3.** Introduction of an electronic DGRI site huddle in June has provided increased grip and control at a site level. The change in times has allowed the PM huddle to focus on tomorrow's demand and capacity and allowed for more proactive discharge planning (green).

**EA3.** Establishment of downstream flow: community hospital group to assist with implementation of the community hospital admission, discharge & transfer (ADT) criteria. This group will feed into the acute downstream group (amber).

**EA3.** Criteria led discharge continues to be tested across DGRI. Learning from the initial pilot in ward C4 is being transferred to B2 where within respiratory, there is an expected higher number of patients appropriate for CLD (green).

**EA4.** Emergency Care Centre. Successful implementation of surgical pod model, consisting of 4 surgical assessment and 4 short stay surgical beds. Test of change underway using rapid assessment in CAU. Early indications are positive with staff reporting beneficial impact and improved patient safety (green)

**EA4.** Initial discussions being commenced to develop speciality pathways starting initially with Respiratory (red)

**EA5. 7 day working.** Testing of weekend models to commence now that the 3<sup>rd</sup> flow coordinator is in post. Further data analysis is required to identify areas of good practice (amber).

**EA6.** Out of hours: Service review currently underway. Update will be provided in next report.

**EA6.** Anticipatory care planning (ACP) Improvement plan is underway. Update will be provided in next report.

#### **Potential Impact(s) on Quality/Safety/Sustainability/Affordability**

1. Reduced length of stay will improve patient safety and quality (potential reduction in 65 occupied bed days through embedded DDD)
2. Reducing unnecessary bed days will reduce need to open additional beds, which will potentially reduce costs through staffing
3. Reduced time in hospital with earlier in the day discharge will improve flow thereby reducing boarding and overcrowding in ED and CAU. Two key quality and safety indicators.
4. Through improved unscheduled care flow there potential would be a reduction in cancellations of scheduled care resulting in improved waiting times.

#### **Resource Requirements/workforce/staff engagement/involvement**

Emergency care centre task group and Downstream flow improvement group are led by the local MDT with when required support from business partners in planning, finance and workforce.

There may be increased costs to establish new ways of working.

- Additional staffing within the ECC (medical, nursing AHP and pharmacy)
- Further additional flow coordinator to promote consistency across 7 days
- Increased ward administration staffing to release clinical staff and support discharge tasks.

#### **Risks**

Failure to establish a sustainable model of delivery of unscheduled care will result in difficulty in delivering acute and diagnostic services in Dumfries and Galloway.

Recruitment of all levels of staff.

#### **Timescale for completion of review / milestones**

##### **Next 3 months**

Commence new governance structure  
 Development of improved acute and partnership working  
 Focus on delivery at site and ward level of EA improvement plan  
 Monthly USC project meetings

##### **Next 6-9 months**

Regular six monthly update to Health and Social Care Senior Management Team

<b>Name of scheme/service review</b>		Options appraisal for vascular surgery			
<b>Lead Officer/GM/Clinician</b>		Nicole Hamlet/Viv Gration/Christiane Shrimpton			
<b>Directorate</b>		Acute and Diagnostics			
<b>Sponsoring Director</b>		Julie White			
<b>Quality</b>		<b>Sustainability</b>	X	<b>Safety</b>	
<b>Background (last 3 months)</b>					
Existing service level agreement with North Cumbria University Hospital for AAA surgery is due to end in March 2019.					
A vascular option appraisal working group has been established locally.					
Viable options have been identified with NCUH in Carlisle and in West of Scotland.					
<b>Current status of review</b>					
Work is ongoing with West of Scotland colleagues to describe in detail the viable options. The West of Scotland Vascular Group has been established and aims to present a paper to WoS Chief Executives in August 2018.					
A stakeholder engagement plan is being established with plans for a patient focus group, engagement with GPs, Clinical Directors, Scottish Ambulance Service and other staff across DGRI.					
A paper with results from options appraisal will be presented to Acute Management Board in August 2018, to NHS Management Team, HSCSMT and IJB for decision in September 2018.					
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>					
Reaching a definitive decision on the long term model for vascular surgery in Dumfries and Galloway is essential to the sustainability of the service. In addition vascular surgery provides support across a wide range of other surgical specialties so the potential impact is far reaching in terms of the future of surgery at DGRI.					
<b>Resource Requirements/workforce/staff engagement/involvement</b>					
The options appraisal will require involvement from across the acute and diagnostics team					
<b>Risks</b>					
Failure to establish a sustainable model of health and social care resulting in difficulty in delivering acute and diagnostic services in Dumfries and Galloway and potentially other surgical specialties.					
<b>Timescale for completion of review / milestones</b>					
<b>Next 3 months</b>					
June – further work on viable options					
July – stakeholder engagement					
August – Acute Management Board					
<b>Next 6-9 months</b>					
September – NHS Management Team, HSCSMT and IJB for decision					
Complete by end of September					

<b>Name of scheme/service review</b>		Frailty at the Front Door				
<b>Lead Officer/GM/Clinician</b>		Nicole Hamlet, Dr Amy Conley, Lynne Mann				
<b>Directorate</b>		Acute and Diagnostics				
<b>Sponsoring Director</b>		Eddie Docherty				
<b>Quality</b>	X	<b>Sustainability</b>	X	<b>Safety</b>	X	<b>Affordability</b>
<b>Background (last 3 months)</b>						
<p>Working with Healthcare Improvement Scotland as part of the frailty collaborative NHS D &amp; G are aiming to improve outcomes and experience for older people living with frailty presenting to acute services.</p> <p>Primary Aim – By May 2019, 95% of people aged 75 or over (or 65 years old or over from a care home) presenting for healthcare at DGRI are screened for frailty using a recognised tool and where frailty is identified a coordinated pathway of care is provided.</p> <p>This will involve screening, identification, and creation of new pathways for frail patients presenting to acute services.</p> <p>Currently there is no screening for frailty or specific frailty pathways. In a recent frailty survey it was found that around 39% of in patients within DGRI were identified as frail.</p> <p>Full results attached. <a href="S:\General Managers Shared Area\Improvement Team\frailty at front door\Frailty survey DGRI March 2018.docx">S:\General Managers Shared Area\Improvement Team\frailty at front door\Frailty survey DGRI March 2018.docx</a></p>						
<b>Current status of review</b>						
<p>Initial focus has been on increasing education for clinical staff on the definition of frailty. This has been led by the clinical lead and involved, presentations, blogs and face to face meetings.</p> <p>New project lead has recently been appointed and an operational team has been identified. A value stream mapping exercise will be completed.</p> <p>Some testing of the HIS frailty tool within CAU has been completed and the learning from this will be shared with new operational group. Further testing of the screening tool is being planned with operational involvement.</p> <p>Exploring pathway with community services including Nithsdale in Partnership (NiP) that will support earlier discharge</p>						
<b>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</b>						
<p>The impact will be on all areas, improved quality care for frail elderly providing appropriate care in a location suitable for their needs, improved patient safety due to the CGA identifying safety needs, sustainability and affordability where we are using appropriate resources and potential to redirect some patients back to community care including care homes and decrease length of stay for patients when they have adequate support at home.</p>						
<b>Resource Requirements/workforce/staff engagement/involvement</b>						
<p>Communication will key to spread the message/education around frailty, existing staff will support the programme but there may be a need to provide nursing support to in reach into the Emergency Care Centre alongside the AHPs at the front door to identify and assess patients</p>						

appropriately using the designated tools.

Request for a designated staff nurse and medical session to support this pathway has been completed.

**Risks**

Risks that without adequate individuals trained to deliver CGA that we will not identify the right patients requiring CGA

**Timescale for completion of review / milestones**

**Next 3 months**

Establish operational team to begin testing documentation and models of care within CAU in DGRI

Establish frailty interest group of interested clinicians within DGRI

Develop NHS D&G documentation for Frailty assessment tool and CGA

Decide appropriate team to in reach into CAU

**Next 6-9 months**

Ongoing developments/review of tools/collation of data

Develop GCH frailty team and agree way forward

**Next 9-12 months**

Review and agreement on objectives for next year