



Integration Joint Board
Performance and Finance Committee

2nd November 2018

This Report relates to
Item 6 on the Agenda

Business Transformation Programme Update

Paper presented by Julie White/Katy Lewis

For Noting

Approved for Submission by	Julie White Chief Officer, Katy Lewis Chief Finance Officer
Author	Justine Laurie, Project Co-ordinator, NHS D&G
List of Background Papers	None
Appendices	Appendix 1 – Business Transformation Papers

SECTION 1: REPORT CONTENT

Title/Subject: Business Transformation Programme Update

Meeting: Integration Joint Board Performance and Finance Committee

Date: 2nd November 2018

Submitted By: Julie White/Katy Lewis

Action: For Noting

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

The Performance and Finance Committee is asked to:

- 2.1 **Note the update on each of the schemes and the key milestones for the next 3-12 months.**
- 2.2 **Note there was a workshop held on 26th July to focus on particular schemes. General Managers (GMs) attended to present on their own schemes. The following schemes were presented;**
- **Transforming Wigtownshire**
 - **Potential reconfiguration of short break provision**
 - **Learning Disabilities Scoping Exercise**
 - **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 July, with some of the schemes being incorporated into business as usual and routine working.

5. Business Transformation Schemes Update

All managers have been asked to provide an update on the latest position with the schemes and these are attached at appendix 1. Some of the key highlights for this latest update and the progress to note are as follows:

5.1 Unscheduled Care (USC)

Over the next three months the new governance structure for reviewing and develop unscheduled care delivery in line with national, regional and local guidance will be implemented.

There is a key focus on the development of improved acute and partnership working.

Focus on delivery at site and ward level of the essential actions (EA) improvement plan.

There will be monthly USC programme managers meetings with regular updates to the Health and Social Care Senior Management Team on progress.

The winter plan has been developed and will be approved by NHS Board and shared with Integration Joint Board.

5.2 Transforming Wigtownshire

There are a number of public events scheduled to take place during October, and will form part of the Annual Review.

Much more positive relations with the press regarding Transforming Wigtownshire have been established to date. There is a plan to meet with the Free Press at the end of September to discuss progress to date, to promote the above events and to explain the three initial areas of work being taken forward.

A staff meeting has been arranged for beginning of September around maternity services with initial work undertaken to assess members of the public who are interested in being involved in this work.

Work has commenced on the development of a financial plan for the programme.

5.3 Potential reconfiguration of Short Break Services

The Independent Review Team has now been appointed and this scheme has moved into this initial three month engagement phase. Interviews underway with key stakeholders and discussions about how the future options will be developed are starting to be discussed within the partnership and with children, young people, families and carers.

5.4 Anticipatory Care Planning (ACP)

The key actions in relation to ACP to be progressed over the next 3 months are:

- Working with stakeholders to raise awareness
- Testing with 5 care homes and 4 care at home services to understand

training needs and resources required to help staff complete, implement and spread the ACP process successfully

- Start to develop structured process's that can be used by other stakeholders to implement the ACP document.
- Working with Information Technology (IT) systems to develop an ACP section on Clinical portal and developing an electronic version of the ACP document
- Working with GP practices to develop process's to uploading the ACP document onto eKIS

5.5 Social Work Review Team

In April 2017, £650k funding was secured to expand the Adult Social Work Review Team for two years. The locality work plans were all designed to maximise opportunities for efficiencies in the following areas:

- 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.
- Over the next 3 months they will continue to focus on the following areas:
- Middle/Higher cost Learning Disabilities packages, concentrating resources in Wigtownshire and Nithsdale in particular where there are currently high projected overspends.
- Middle/Higher cost Physical Disabilities packages
- High balance Direct Payments
- Ongoing reviews of packages 5 hours and under.

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

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

8. Legal & Risk Implications

8.1 None identified.

9. Consultation

9.1 General Managers, Chief Officer.

10. Equality and Human Rights Impact Assessment

11.1 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

ACP	Anticipatory Care Planning
eKISS	Electronic Key Information Summary System
GM	General Manager
IJB	Integration Joint Board
USC	Unscheduled Care

Name of scheme/service review		Realistic Medicine Project					
Lead Officer/GM/Clinician		Dr Ewan Bell / Alison Solley					
Directorate		Board Wide					
Sponsoring Director		Katy Lewis					
Quality	x	Sustainability		Safety		Affordability	
Background (last 3 months)							
<ul style="list-style-type: none"> The paradigm of Realistic Medicine has shifted from Realising Realistic Medicine to Practicing Realistic Medicine after CMO's last report published in February 2018. Realistic Medicine Work Plan agreed with Senior Management following a Board Wide stakeholder workshop in April 2018. work has commenced as per the scheduled stated plan. Value based Healthcare Training has seen started to train the Clinical leads and Finance leads on the principals of better value healthcare system emphasising on the need for 21st – century healthcare transformation. The focus is on Triple value concept, cultural change and personalisation in healthcare. Realistic Medicine Steering group has been established to seek guidance and first meeting is scheduled for 2nd November 2018 							
Current status of review							
Please see action plan for the project progress and status.							
Potential Impact(s) on Quality/Safety/Sustainability/Affordability							
<p>Implementation of the Realistic Medicine principles which are changing our style to shared decision making, building our personalised approach to care, reduce harm and waste, managing risk better, becoming improvers and innovators, value our workforce would not only instigate an improvement in the Healthcare delivery but would also impact the quality of patient experience significantly by ensuring that the patient is at the epicentre of decision making.</p> <p>The potential impact of embedding the concepts of realistic medicine through channels of various project undertaken includes:</p> <ul style="list-style-type: none"> ➤ Improvement in patient safety and care ➤ Reduction in unwarranted clinical variation within primary and secondary care ➤ Ensuring value for public money and prevent waste ➤ Reduction in the burden and harm that patients experience from over-investigations and overtreatment ➤ Achievement of optimal outcomes for patients by targeting unwarranted variation in clinical practice. ➤ <p>The other deliverables /benefits are also mentioned in the action plan in the form of outcome.</p>							
Resource Requirements/workforce/staff engagement/involvement							
<p>Currently in post and funded until February 2019 as part of Realistic Medicine Project:</p> <ul style="list-style-type: none"> • 1xWTE band 7 Clinical Efficiency Manager post • 1xWTE band 3 clerical post <p>Ongoing funding of these posts is required to progress this project.</p>							

Risks

- Inadequate engagement from the involved stakeholders
- Resources shortfall:
Disruption in the availability of the required human and financial resources
- Change management overload
- Stakeholder conflict

Timescale for completion of review / milestones

Next 3 months

Next 6-9 months

Next 9-12 months

Please note the timelines mentioned in the Action plan although there would be regular updates and reviews on the progression of the work depending on the individual project requirement.

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	PROGRESS
<p>Use of collaborATE to benchmark medical outpatient specialities</p> <p>Survey: A survey needs to be done to assess degree of SDM and baseline in D&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	<ul style="list-style-type: none"> Collaborated with other boards Methodology has been finalised: <ul style="list-style-type: none"> - data collection - design of the questionnaire - evaluation framework
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	RM Project manager to attend the clinical leads meeting scheduled on 24 th October 2018.
Introduce Patient Decision Aids in ophthalmology	% Reduction in the Conversion Rate	≥10% reduction in the Conversion Rate	June 2018	Aug 2018	EB	KB	
<p>Introduce Patient Decision Aids in the following departments:</p> <ul style="list-style-type: none"> Endocrinology <ul style="list-style-type: none"> - Decision aids for oral hypoglycaemic - Decision aids for thyroid conditions 							<ul style="list-style-type: none"> Developing PDA's for the following specialities: <ul style="list-style-type: none"> - Endocrinology - ENT - Trigger finger

<ul style="list-style-type: none"> • ENT - Decision aids for tonsillitis • Occupational therapy - Decision aids for trigger finger 							
Introduction of SDM Consultation Skills Course to all the specialities	<ul style="list-style-type: none"> • Attendance at the SDM course • Number of SDM course conducted 	% Attendance at the SDM course	June 2018	May 2019	EB		CPD session on Realistic medicine to Advance Nurse Practitioners 4 sessions have been scheduled
Develop Staff education tools: <ul style="list-style-type: none"> • Learn pro module on RM • Localise GG Clinical Leaders video • Take the pledge • Videos for staff education 	<ul style="list-style-type: none"> • Presence of Learn-Pro module on RM • NHS D&G video on RM • % of individuals participating in take the pledge campaign 		June 2018	July 2018	EB		<ul style="list-style-type: none"> ➤ RM Consultation Video: <ul style="list-style-type: none"> - Bad consultation video: EB/PR - Good Consultation video :FG/PR - Date:30-08-19 Videos have been recorded. Edit and release the video as per the scheduled plan ➤ Take the Pledge Campaign Campaign has been started with Mr Jeff Ace and Dr Ken Donaldson and Nicole Hamlet
Develop Public Engagement & Education tools: <ul style="list-style-type: none"> • CW5Q posters • CW5Q on the back of the patient invites • Videos for social media and outpatient TV's 	<ul style="list-style-type: none"> • % of patient waiting areas with 5CWQ posters • % Incorporation of 5CWQ on the back of all outpatient letters • Development of social media content 	<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	PROGRESS/ACHIEVEMENTS
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"> Engagement-interventions strategies to delay functional predictable decline. Improved staff welfare rate/score Reduction in staff sickness absence rate 	<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: To be done to set the baselines</p>

Domain: TACKLING UNWARRANTED VARIATION

TASKS	OUTCOME TO BE MEASURED	PROJECT GOAL	START DATE	END DATE	PROJECT LEAD	MANAGER LEAD	PROGRESS/ACHIEVEMENTS
Discussion required on how to tackle unwarranted variation locally					EB		<ul style="list-style-type: none"> GP Cluster Event-20/06/18- Gatehouse of Fleet- introductory talk on realms of Realistic medicine along with the presentation on the work done by Lab optimization group - tackle

							unwarranted waste & variation <ul style="list-style-type: none"> RM Team has been added to all surgical & medical specialities SMT agenda. Few meetings have been attended in the past.
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	Data has been acquired and needs to be analysed to understand the following points: <ul style="list-style-type: none"> to explore the current conversion rates configure the current pathway of referrals denote any deviation
All HB RM leads to attend Value Based Healthcare Work Programme			13 th June 2018	14 th June 2018			Attended by the Clinical lead Dr Ewan Bell
Wider cohorts including HB Finance leads to attend 1day VBHP			Sept 2018	Sept 2018			Attended by the project manger Dr Asha Chauhan
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	Primary Care: <ul style="list-style-type: none"> Continue to issue benchmarking data and guidance for the following: Vitamin-D, Cholesterol, 				HC	AS	

	<p>NTpro-BNP, CSU</p> <ul style="list-style-type: none"> Review of Anaemia guidance and assess how IT could be used to assist stratification of it. <p>Secondary care:</p> <ul style="list-style-type: none"> To review the appropriateness of troponin requesting in A/E and AMU. Review and audit of respiratory mycobacterium testing in conjunction with Respiratory team. 						
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	PROGRESS/ACHIEVEMENTS
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

<p>Implement qFIT fully and audited by May 2018</p> <p>Phase 1: Introduction of qFIT testing with in primary care</p> <p>Phase 2: Streamlining the Secondary Care Colorectal pathway</p>	% Reduction patient referral rate to the secondary care	<p>≥10% Reduction in Patient referral rate</p> <p>24% in Gastroenterology referrals</p> <p>9% reduction in colorectal pathway referrals</p>	May 2018	May 2019	EB	AS/CA	<ul style="list-style-type: none"> • Patient pathway for primary care has been formalised • iLAB NPEX lab interface has been ordered from DXC technology • NPEX has been ordered from Calderdale and Huddersfield NHS trust • Project officer has been appointed • SLA has been signed with NHS Tayside for the provision of qFIT testing
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		<ul style="list-style-type: none"> • Survey to be conducted for the patients and the GP's
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	<ul style="list-style-type: none"> • % Reduction in the return appointments • Presence of a long term care model 				EB	KB	
Renal: A study on factors influencing RRT decision making	<ul style="list-style-type: none"> • % variation regarding treatment choices • Correlation between Frailty & treatment choices • Correlation between Frailty & mortality 	To capture the variation of different treatment options by different clinicians for the same patient Impact of Frailty Score on choice of treatment options	Sep 2018	Sep 2019	MT		<ul style="list-style-type: none"> • Methodology has been finalised -Data collection template has been prepared • Permission has been secured from R&D • Data collection started

Appendix 1.2

Name of scheme/service review		Learning Disability Scoping Exercise					
Lead Officer/GM/Clinician		Denise Moffat, Lillian Cringles					
Directorate		Mental Health					
Sponsoring Director		Julie White					
Quality		Sustainability		Safety		Affordability	
Background (last 3 months)							
<ul style="list-style-type: none"> The steering group continues to consider options to build on and take forward the learning from the scoping exercise. The communication and engagement plan is under development. The principles from The Charter for Involvement and co-production will be adopted as a way of engaging with service users. There has been a slight delay in timescales due to operational issues within part of the service which took priority. 							
Current status of review							
<ul style="list-style-type: none"> The steering and executive group (scoping exercise) will be seeking agreement at the November Integrated Joint Board to progress with the development of a local learning disability strategy. Successful implementation of this will depend on building strong relationships across the partnership and with service users and families. The intent is to hold two engagement events (east/west) supported by the Scottish Commission for Learning Disability in early 2019. Representatives from the National Involvement Network will present The Charter for Involvement at the November Integrated Joint Board. 							
Potential Impact(s) on Quality/Safety/Sustainability/Affordability							
<ul style="list-style-type: none"> 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. 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 to achieve and deliver defined and improved outcomes over the next five years. Successful implementation of National and local strategy for individuals with a learning disability and their families. 							
Resource Requirements/workforce/staff engagement/involvement							
<ul style="list-style-type: none"> A comprehensive public and staff communication and engagement plan in development to build on the work done in the scoping exercise to date which will include a timeline for key milestones, and a clear outline of how feedback will be responded to. Proposal developed and agreed regarding adoption of the principles from the Charter of Involvement developed by the National Involvement Network as a building block for engagement with service users going forward. 							

Risks

- Key risks identified will be subject of ongoing review by the executive group and steering group respectively.

Timescale for completion of review / milestones**Next 3 – 6 months**

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 & Galloway. This work will be linked to the four strategic outcomes of “The Keys to Life” strategy.

- A Healthy Life: People with a Learning Disability enjoy the highest attainable standard of health and family life.
- Choice and control: People with a Learning Disability are treated with dignity and respect and 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 and linked to the delivery plan “A Fairer Scotland For Disabled People”

Appendix 1.3

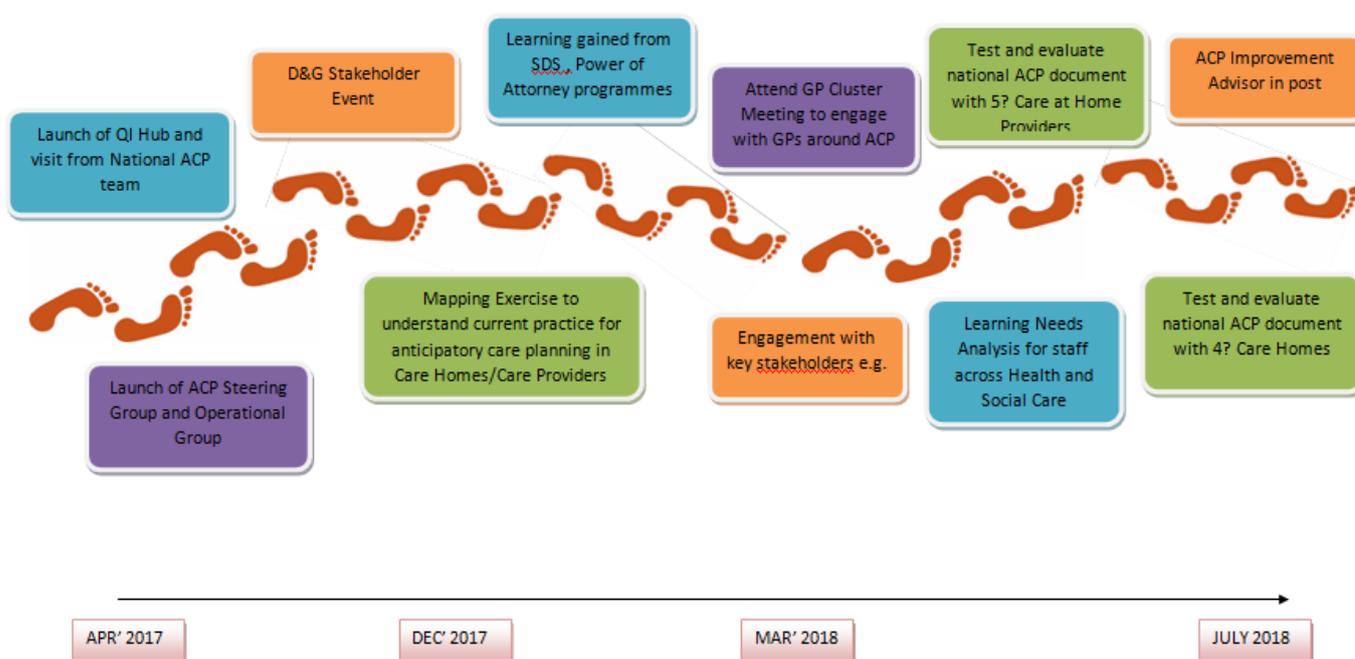
Name of scheme/service review		Anticipatory Care Planning					
Lead Officer/GM/Clinician		Graham Abrines/Maureen Stevenson/Kim Britton					
Directorate		H&SC					
Sponsoring Director		Julie White					
Quality	x	Sustainability	x	Safety	x	Affordability	x

Background (last 3 months)

The National anticipatory care plan (ACP) document was launched in November 2017, the Health & Social Care Management team in February approved a paper to support the implementation of Anticipatory Care Planning, adopt the National ACP Document and funding to appoint an improvement advisor post for 12 months. The improvement advisor commenced in post at the end of June 2018.

The anticipatory care plan is owned by the individual and encourages individuals to have a structured conversation with their family, friends and practitioners to develop a plan in relation to their future health and social care needs.

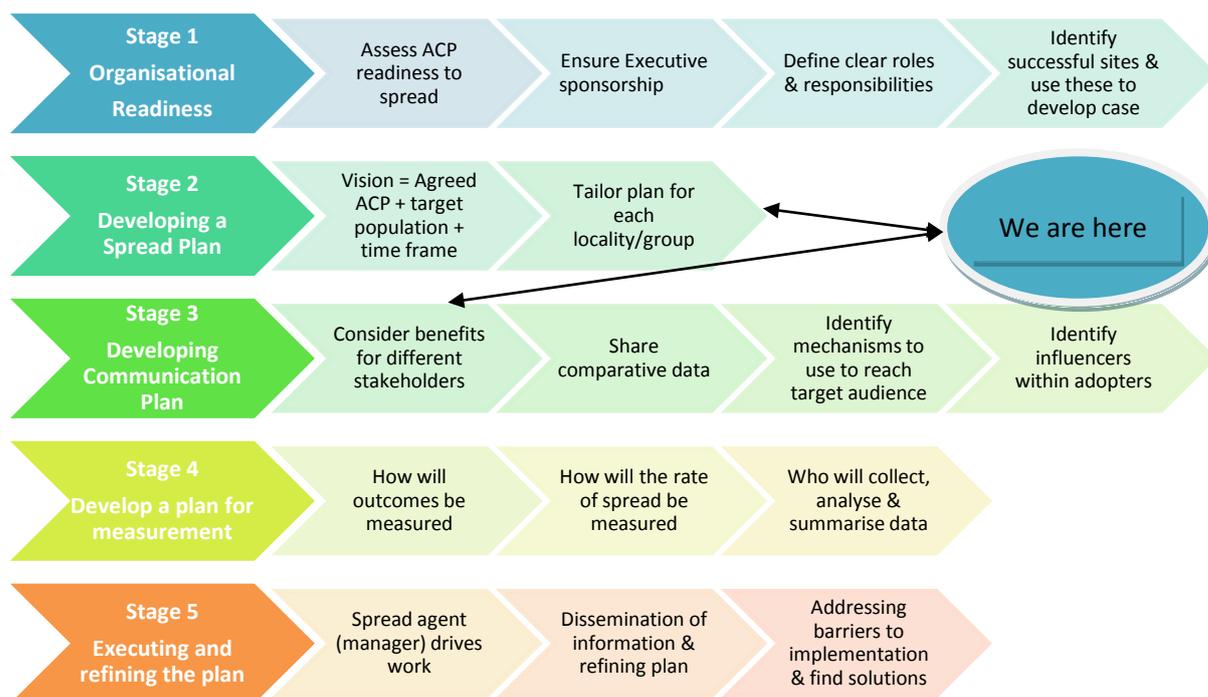
The summary section of the national ACP will be uploaded on to Key Information Summary (KIS) and clinical portal to facilitate sharing of information with relevant professionals.



Current status of review

Scale up and Spread

- Currently testing the ACP process with a range of stakeholders.
- Tailoring the plan for our localities/ specialities/ sectors using learning from our early testing and engagement to prepare to scale up and spread.
- The stages below give an indication of where we are now and what lies ahead



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

- People are living at home or in homely setting for longer
- Improve person centred care – person and professional involvement to develop plan,
- Reduction in hospital admission by up to 30-50% (based on National Forecast)
- Reduce in hospital deaths by 50%
- Reduce GP appointments by 15%
- Reduces time for professionals asking the same questions as plan shared with health and social care professionals

Resource Requirements/workforce/staff engagement/involvement

- Continual support from improvement advisor to lead changes and provide staff with the knowledge and skills to drive the project forward.
- Ongoing printing cost for when the current stock expires
- IT support to support sharing of information through clinical portal
- Ongoing training and support for staff

Risks

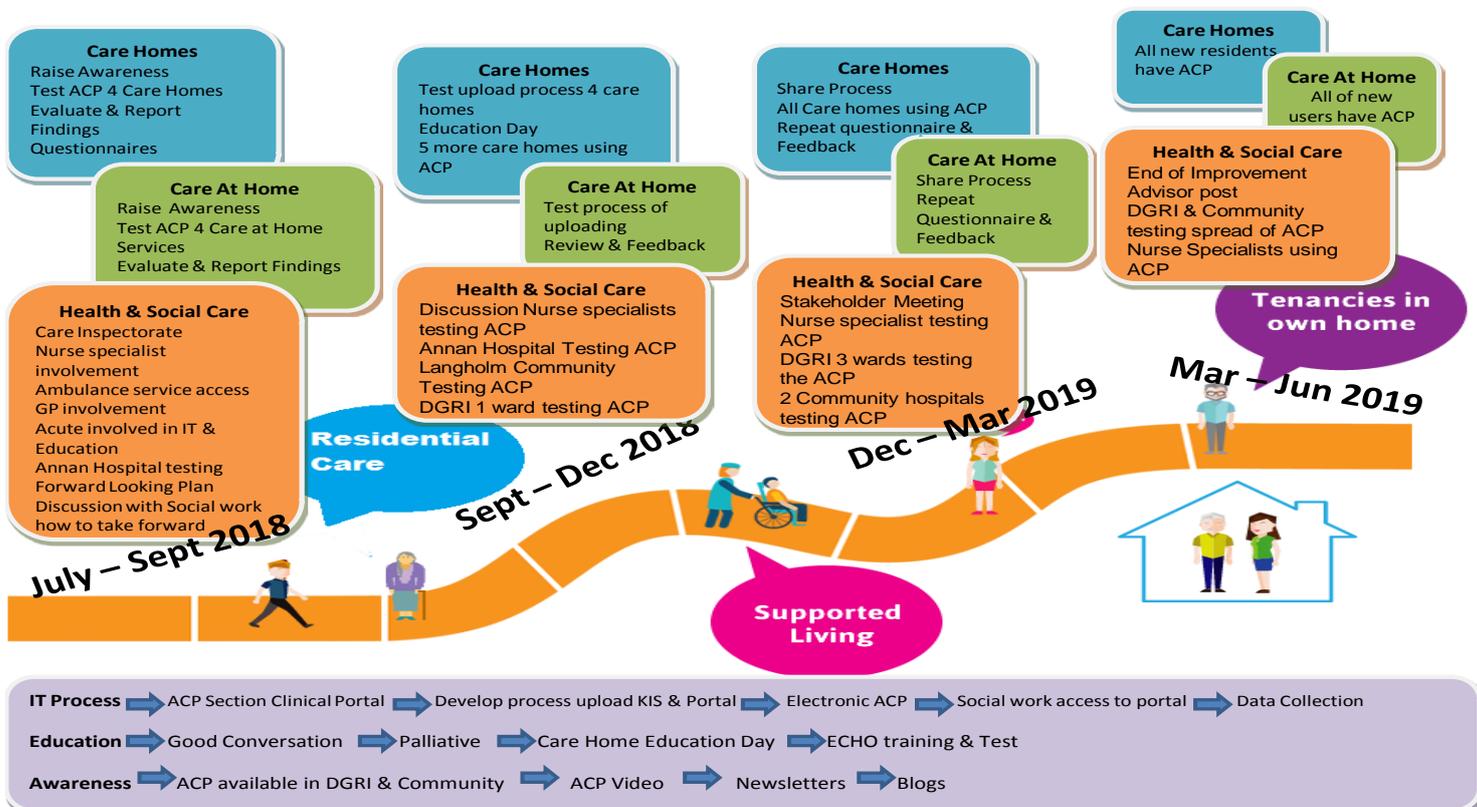
Challenge	Mitigation
Documentation <ul style="list-style-type: none"> • Electronic verses paper • Ability to store and share • Speciality specific ACP's • Ongoing printing cost when current stock expires • Quality 	<ul style="list-style-type: none"> • Agreement to use national document • Ability to customise ACP document • ACP app • Development ACP section on Clinical portal • Use of electronic ACP
Communication <ul style="list-style-type: none"> • Between professionals 	<ul style="list-style-type: none"> • Multi-profession training • Public awareness campaign

<ul style="list-style-type: none"> Between families 	<ul style="list-style-type: none"> Link to discharge planning
Competence and confidence	<ul style="list-style-type: none"> Access to range of training options Develop tiered approach to training & supervision Alternative training resources
Capacity to engage <ul style="list-style-type: none"> Staffing 	<ul style="list-style-type: none"> Develop online resources Leadership support Multi-profession training Family and carer engagement
Retention of skills	<ul style="list-style-type: none"> Ongoing training and support opportunities
Measuring Impact <ul style="list-style-type: none"> Datix 	<ul style="list-style-type: none"> Develop measurement framework Monitor care delivered was agreed care in plan
IT <ul style="list-style-type: none"> Over reliance on eKIS Ability of other sectors to view portal 	<ul style="list-style-type: none"> ACP section on Clinical portal ACP alert on portal

Timescale for completion of review / milestones

Project plan for next 12 months

We will work with stakeholders to create and test a process of spreading the national ACP across Dumfries and Galloway to individuals with most complex needs. The plan below details how we will support the roll out of ACP within the next 12 months across health and social care sectors.



Next 3 months

- Working with stakeholders to raise awareness

- Testing with 5 care homes and 4 care at home services to understand training needs and resources required to help staff complete, implement and spread the ACP process successfully
- Start to develop structured process's that can be used by other stakeholders to implement the ACP document.
- Working with IT systems to develop an ACP section on Clinical portal
- Developing an electronic version of the ACP document
- Working with GP practices to develop process's to uploading the ACP document onto eKIS

Next 6-9 months

- Start to share process with other care homes and care at home services
- Monitor the impact this has on practice, and continue to refine through testing
- Test the use of clinical portal for sharing the ACP document.
- Start small test of changes in a ward in DGRI and 2 community hospitals to develop process for using the ACP document

Next 9-12 months

- Testing of nurse specialist and practice nurses using the ACP document
- Increase spread by involving all care homes and care at home services.
- Develop plan to sustain spread of ACP across D&G to individuals with long term condition who would benefit but have not been in contact with care services or admitted to DGRI to help reduce hospital admissions

Appendix 1.4

Social Name of scheme/service review		Social Work Review Team					
Lead Officer/GM/Clinician		Graham Abrines					
Directorate		Community Health & Social Care					
Sponsoring Director		Julie White					
Quality		Sustainability		Safety		Affordability	
Background (last 3 months)							
<p>In April 2017, £650k funding was secured to expand the Adult Social Work Review Team. The funding was for two years. The Review team is responsible for delivering on the following key objectives:</p> <ol style="list-style-type: none"> 1. Developing and embedding a new model for social care which shifts current practice to focus on early intervention and prevention. 2. Maximising and delivering savings estimated at £1.5 million and cost avoidance estimated at £300k. 3. Improving outcomes for individuals based on a personalised approach that promotes choice and independence. <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 budget set aside to cover the cost of running the team was £310k per annum. The actual staffing spend up to the end of the last financial year 17/18 was £209,019 and the projected spend until the end of this financial year 18/19 is approximately £232k.</p> <p>Over the first year of the project, work plans for the team were developed at a locality level. The locality work plans were all designed to maximise opportunities for efficiencies in the following areas:</p> <ul style="list-style-type: none"> • 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. 							
Current status of review							
<p>Over the course of the first year of business, the review Team carried out a total of 261 reviews across the 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>As of 24th September 2018 the cumulative breakdown across the localities is as follows:</p> <p>Annandale and Eskdale made 69 reductions, 57 stayed the same and 24 reviews resulted in</p>							

an increase in support.

Nithsdale made **54 reductions, 50 stayed the same and 10 reviews resulted in an increase in support.**

Stewartry made **19 reductions, 32 no changes to support and 4 reviews resulted in an increase in support.**

Wigtownshire made **53 reductions, 43 no changes to support and 7 reviews resulted in an increase in support.**

The Review Team in its expanded form made approximately **£320k** worth of savings over the course of the first year, which effectively covers the staffing costs and included **£110k** additional savings.

Currently this financial year the Review Team has been making further savings of **£132k**. The cumulative totals of savings across the four localities is as follows:

Annandale and Eskdale-**£117,125.29**

Nithsdale-**£83,880,30**

Stewartry-**£99,989,43**

Wigtownshire-**£150,933,94**

Total savings to date = £451,928.96

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 localities, the focus over the next year will remain on the areas of learning disability, physical disability and SDS 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. By reducing one waking overnight we would be able to save approximately £60k per year. 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.

This may require a revision of policy and procedure to be agreed by HSCSMT and potentially the IJB.

Resource Requirements/workforce/staff engagement/involvement

The additional staff, outlined above will be in place for another year. Due to the delay in start date for some additional staff, the funding will be due to end in August 2019.

Risks

A sustainability plan will be developed by the end of December 2018 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

Continue to focus on:

Middle/Higher cost LD packages. -concentrating resources in Wigtownshire and Nithsdale in particular where there are currently high projected overspends.

Middle/Higher cost PD packages
High balance Direct Payments

Ongoing reviews of packages 5 hours and under.

Next 6-9 months

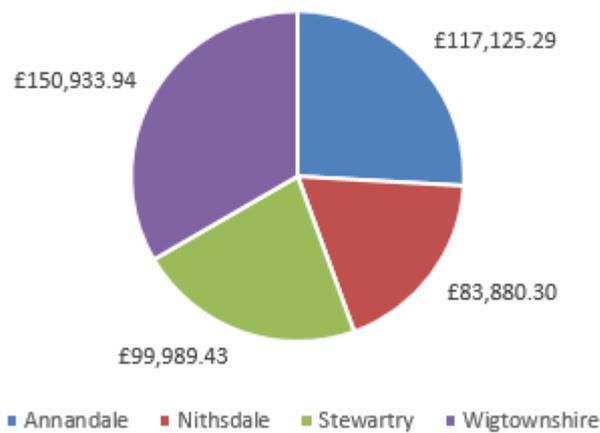
In addition to above:

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

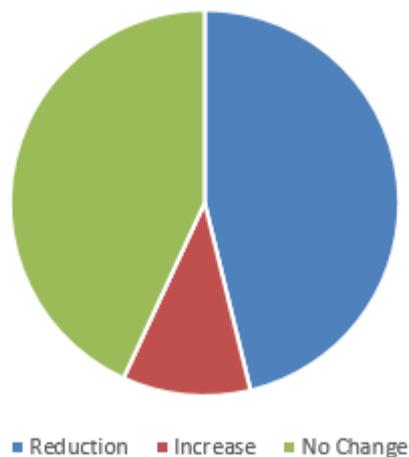
Unfortunately, we have not been able to make as much progress as we would have liked, due in part to other competing operational priorities which have arisen in the Stewartry over the past few months. In addition to this, we also experienced a delay in recruiting to the post of Senior Social Worker for the Review Team. The positive news is that we have now successfully appointed to this post and the postholder on the 8th October. The postholder will take a lead role in this project alongside a project team which will include managers from the Stewartry Locality colleagues from Telecare and Occupational Therapy.

We are intending to visit Stirling Council in October they have commenced a similar project in partnership with Just Checking and are at a more advanced stage with the reviewing and re-designing of overnight support. It is important for us to gather the learning, good and not so good from there and to start the first stage of the trial as soon as possible thereafter. We would expect to be moving towards the conclusion of the test by May/June 2019.

Review Team Savings



Reviews by Review Team



Appendix 1.5

Name of scheme/service review	The Development of a Palliative Care, End of Life and Bereavement Strategy for Dumfries and Galloway
Lead Officer/GM/Clinician	Graham Abrines
Directorate	Community Health and Social Care
Sponsoring Director	Julie White
Background	
<p>The Strategic Framework for Action on Palliative and End of Life Care 2016-2021 (http://www.gov.scot/Publications/2015/12/4053) 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) (http://www.sehd.scot.nhs.uk/mels/CEL2011_09.pdf) 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>	
Current status of review	
<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. A full time Band 6 Project Lead has been appointed and took up post on the 17th September. 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; including the health and social care SMT in August 2018. The SMT approved the draft and consultation will commence during October.</p>	
Potential Impact(s) on Quality/Safety/Sustainability/Affordability	
<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>	
Resource Requirements/workforce/staff engagement/involvement	
<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>	
Risks	
<ul style="list-style-type: none"> • 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	
<p>Consultation planning will take place following the post holder's induction period (and annual leave) –in late October.</p> <p>Thereafter consultation with key stakeholders will go ahead during November, December and January. A consultation report will be produced at the end of January 2019, the Strategy will be modified in line with consultation comments and action plans to drive the strategic ambitions forward will be developed with service leads between January and March 2019.</p>	

Appendix 1.6

Name of scheme/service review		Transforming Wigtownshire					
Lead Officer/GM/Clinician		June Watters/ Nicole Hamlet/ Viv Gration/ John Ross					
Directorate		Whole system – Acute, Community and Social Care (Wigtownshire), Mental Health and Women & Children					
Sponsoring Director		Julie White					
Quality	x	Sustainability	x	Safety	x	Affordability	x
Background (last 3 months)							
<p>The Transforming Wigtownshire Programme aims to:</p> <ul style="list-style-type: none"> <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 <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. <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 & efficient, co-productive and equitable) 							
Current status of review							
<ul style="list-style-type: none"> <input type="checkbox"/> John Ross has been appointed as Independent Chairman for the programme <input type="checkbox"/> Lynda McKie has been appointed as Project Manager, took up post on 28th May 2018. <input type="checkbox"/> Working closely with colleagues across Wigtownshire to ensure wide range of involvement from all stakeholders across all ages. <input type="checkbox"/> A Steering Group has been established and currently meets on a monthly basis, reviewing actions to date against Project Plan. <input type="checkbox"/> A Communications and Co-Production Group has also been established, its remit is to lead Communication and to ensure that Co-Production is central to the programme. A Communication Plan has been developed. This group meets fortnightly. <input type="checkbox"/> Meeting has taken place with Scottish Health Council to ensure methodology being used, Co-Production, meets needs guidance around public involvement etc. Positive feedback received. <input type="checkbox"/> Project Manager has met with key stakeholders including service managers for Mental Health, Maternity Services and Social work. <input type="checkbox"/> The Leadership Team in Wigtownshire have started the development of a workforce plan for Wigtownshire. <input type="checkbox"/> Work is underway to refresh activity data within GCH to understand position since early review in 2017. <input type="checkbox"/> Initial work has involved understanding current pressures and the services provided. <input type="checkbox"/> Since 27th June 2018 the Independent Chair and Project Manager have attended a total of 6 Community Councils across Wigtownshire, with a further 6 meetings arranged in September. The team has met with Local MP, MSP's, Elected Members and Local Influencers. Response at all meetings has been positive, there seems to be an understanding that services are under pressure and that we cannot continue to deliver services in the same way. However there is also an awareness that difficult decisions will have to be taken as the programme progresses. One Community Council has begun looking at how they can do things differently; they have held a public event to see how they can better utilise their village hall to try to reduce isolation within their Community. <input type="checkbox"/> Teams from across H&SC attended both Stranraer and Wigtown Show, as part of the Transforming Wigtownshire work attendees were asked to tell us 'What Matters To You?', they were asked to choose three from eight, the results are below. 							

What Matters to You?					
	Stranraer Show	Wigtown Show			
Age Range		up to 35	35 - 65	over 65	
Physical Wellbeing	35	6	18	2	26
Comfortable Home	4	2	3	0	5
Fun & Leisure	14	1	3	0	4
Social Life & Connections	15	3	8	3	14
Feeling Safe	13	3	3	3	9
Education	27	7	17	1	25
Mental Wellbeing	29	8	20	3	31
Meaningful Activity	7	0	3	0	3
Total	144	30	75	12	117
Number of People engaged with	48	10	25	4	39

At Wigtown Show we colour coded the results according to age to see if there was any variation in results, there was no significant change. Across both shows the three things that mattered most were;

- Mental Wellbeing
- Physical Wellbeing and
- Education

Another round of staff meetings is underway to explain where we are with the project and to engage staff in the process.

The Steering Group has agreed that the first three pieces of work to be taken forward are;

- Services for Older People
- Maternity Services
- Emergency and Urgent Care

Programme Board

Possible membership of the Programme Board has been agreed, it will comprise of a small number of people from the area. The role is non operational, and non executive, the purpose of the Programme Board is to oversee direction of travel of the programme, to ensure transparency, be open and inclusive and a critical friend to the Steering Group. It is envisage that the Board will meet every second month.

Invitation letters have been issued, awaiting responses.

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

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.

Resource Requirements/workforce/staff engagement/involvement

Key resources are in place.
Communication plan has being developed

Risks

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
Failure to effectively communicate issues and impact on ability to deliver programme

Timescale for completion of review / milestones

Next 3 months

A number of events have been planned to take place in October they are;

- 3rd Sector Event – our 3rd sector partners have invited their members to attend a meeting where we will present information about the programme and try to get their involvement and buy in.
- WI Event – the WI are arranging an event, they will invite 400 of their members to attend. We are taking the opportunity to raise awareness in Transforming Wigtownshire, but also of other work being carried out such as mPower, CoH Sync, the Link Unit, and Pharmacy work.
- Public Event in Wigtown – this session will again provide information about other work, but the main aim will be to raise awareness of Transforming Wigtownshire and to get people interested in becoming involved in Short-life Working Groups.
- Public Event in Wigtownshire – as above.
- Newton Stewart Initiative are also hosting an event, purpose will be to raise awareness and interest in being involved.
- Federation of Machars Community Councils are in the process of arranging a meeting with their members, this meeting will also be opened up to the public
- Participate in Annual Review in November
- Applied to participate in Rural Parliament in November

Planning for these events is underway and will involve the Management Team across Wigtownshire.

Relations with the press regarding Transforming Wigtownshire have been positive to date. We plan to meet with the Free Press at the end of September to discuss progress to date, to promote the above events and to explain the three initial areas of work being taken forward

Maternity Services

Staff meeting arranged for beginning of September. Initial work has taken place to identify members of the public who may be interested in being involved in the work.

Emergency and Urgent Care

Group has been established to discuss the work and how to take it forward, initial meeting being arranged. Thought has been given to members of the Expert Group.

Care of Elderly Patients

Meeting arrange to agree how to take this work forward.

In next 3 months, Short-life working Groups and Expert Groups will be established and work will have begun reviewing and redesigning services.

Next 6-9 months

- Continue with ongoing communication and involvement
- Review programme to ensure meeting its aims

Next 9-12 months

- Be bringing consultation period to a close.
- Commence the design of future services across Wigtownshire using Co-Production approach.
- Finance plan developed
- Workforce plan developed

Appendix 1.7

Name of scheme/service review		Rehabilitation framework				
Lead Officer/GM/Clinician		Dr Alison McKendrick, Nicole Hamlet, Lynne Mann				
Directorate		Acute and Diagnostics				
Sponsoring Director						
Quality	X	Sustainability	X	Safety	X	Affordability
Background (last 3 months)						
<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"> 1. Relocation of 7 acute rehab beds to Lochmaben Community Hospital 2. Implement rehabilitation/community hospital pathways (Admission, Discharge and Transfer criteria) 3. Implement new amputee rehabilitation pathway 						
Current status of review						
<ol style="list-style-type: none"> 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 flow group which will report directly into the new USC steering group (amber) 2) Establishment of downstream flow group which will assist with implementation of the community hospital ADT criteria. This group will report to USC steering group. First meeting been delayed due to USC re structuring, now planned for Nov (amber) 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. This is discussed a part of the amputee pathway group, which will report to the USC steering group. (green) 						
Potential Impact(s) on Quality/Safety/Sustainability/Affordability						
<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>						
Resource Requirements/workforce/staff engagement/involvement						
<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"> • Geriatrician input to provide MDT support within community hospital 						
Risks						
<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

Appendix 1.8

Name of scheme/service review		Orthopaedic Improvement Programme					
Lead Officer/GM/Clinician		Callum Ambridge, Mr Srivastava, Lynne Mann					
Directorate		Acute and Diagnostic					
Sponsoring Director		Julie White					
Quality	X	Sustainability	X	Safety	X	Affordability	X
Background (last 3 months)							
<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"> 1. AHP triage of routine orthopaedic referrals reduce referrals by approx 15% 2. ANP to co-ordinate / support elective surgery service, promote same day admission 3. Theatre efficiency project ↓ turnaround time 4. Review of arthroplasty return appointments in line with other boards in Scotland, moving to a needs only review. 5. Expansion of nurse led clinics to see new patients and list for surgery (foot) 							
Current status of review							
<p>All of the above ongoing as part of Orthopaedics and Trauma improvement plan. These improvements will form part of the SMT agenda and will be closed as a business transformation scheme.</p> <ol style="list-style-type: none"> 1. AHP triage is embedded (Green) with some ongoing education of primary care colleagues to manage patient expectations earlier in the pathway. (Amber) 2. ANP test of change is progressing with the agreed month by month split between Elective and Trauma. A performance report is being created to monitor progress against agreed outcomes. Additional funding being requested to support additional post for both elective and trauma. (Amber) 3. Theatre Efficiency Group has been set-up which will encompass Orthopaedics. (Amber) 4. Arthroplasty return: Clinical engagement underway and review of national pathways (Amber) 5. Nurse led clinics: Foot clinics have been established, measurement of impact being completed. (Green) 							
Potential Impact(s) on Quality/Safety/Sustainability/Affordability							
<p>Savings: ↓LOS, (approx 52 beds through same day admission) ↓demand, - outpatient referrals through redirection, AHP, ESP and nurse led. Arthroplasty 6 week</p>							

<p>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>
<p>Resource Requirements/workforce/staff engagement/involvement</p>
<p>Funding provided from Scottish Government for ANP and ESP extended scope practitioner</p>
<p>Risks</p>
<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>
<p>Timescale for completion of review / milestones</p>
<p>Next 3 months</p> <ul style="list-style-type: none"> • 6-8 weekly work stream meetings with full MDT involvement • Weekly discussion at waiting times meeting • Monthly SMT
<p>Next 6-9 months</p> <p>Regular six monthly update to acute and diagnostics leadership team</p> <p>Review of impact of ANP role</p>

Appendix 1.9

Name of scheme/service review		Acute Service Review Programme			
Lead Officer/GM/Clinician		Nicole Hamlet/Viv Gration/Christiane Shrimpton			
Directorate		Acute and Diagnostics			
Sponsoring Director		Julie White			
Quality		Sustainability	X	Safety	
Background					
<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"> • Person centred • Outcome focused • Sustainable • Effective & efficient • Co-productive • Equitable 					
Current status of review					
<p>The Acute and Diagnostics Management Team have prioritised the following services to be reviewed first:</p> <p>Ophthalmology – within the context of the ongoing West of Scotland regional review work is underway locally to review the cataract pathway, starting with the pre-assessment clinics and cataract productivity. A local review group has been established and is working with Ayrshire and Arran to establish a shared on call that will work within the emerging WoS model.</p> <p>Urology – recruitment and on-call challenges have resulted in establishing working arrangements with NHS Ayrshire and Arran. Ayrshire and Arran provide on-call cover and visiting urology consultants to DGRI and GCH. This is part of the West of Scotland review of urology services and means that urology pathways for Dumfries and Galloway are moving from east to west. Work continues to establish DGRI as a spoke to the Ayrshire hub. Initial meetings with Glasgow oncology and urology have identified considerable work required to explore moving uro-oncology pathways from east to west. Capacity issues in the west, both in terms of oncology and cancer related surgical services, means that this is likely to take some time to establish.</p> <p>Cardiology – The service continues to be vulnerable and is no longer able to provide pacing service locally. Colleagues across WoS have responded quickly to support the team by providing this service in the short term and re-training D&G consultants to deliver this service locally. The team are considering commissioning an external review to support the wider review of the service.</p> <p>Gastroenterology – The service remains vulnerable. Efforts to establish joint working with other WoS Boards has not been successful as other services are also vulnerable. Regional Planning</p>					

will consider as part of the Planned and Cancer Care Workstream. In the meantime a local working group is being established to explore other options to bring sustainability to the service.

Radiology – Two new radiologists have been recruited as a result of the national recruitment programme. The team will continue to implement their action plan and review each modality.

Respiratory – An external review by the Royal College of Physicians was undertaken on 12/13 September. The resulting report will help inform the local service review. Work continues locally to establish a steering group for the links with new community developments for COPD.

Pathology – A national blueprint for a ‘distributed services model’ for laboratories has been developed. Along with all services across Scotland the local service is undertaking a gap analysis to establish what is needed to realise that model. In the meantime the local service remains vulnerable and a local group has been established to consider how to establish a more sustainable service in the short/medium term. This will likely involve joint working with other WoS Boards and work is already underway to identify possible options.

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

Service reviews should be led by service teams with support from business partners in planning, finance and workforce.

Risks

Failure to establish a sustainable model of health and social care resulting in an inability to deliver high quality, safe acute and diagnostic services in Dumfries and Galloway

Timescale for completion of review / milestones

This programme of work will be continuous and ongoing to review all acute and diagnostic services in Dumfries and Galloway.

6 months

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

12 months

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

Appendix 1.10

Name of scheme/service review		Unscheduled Care			
Lead Officer/GM/Clinician		Nicole Hamlet, Lynne Mann, Dr Niall Campbell, Dr Catherine Rossiter			
Directorate		Acute and Diagnostics			
Sponsoring Director		Julie White			
Quality	x	Sustainability	x	Safety	x
				Affordability	x

Background (last 3 months)

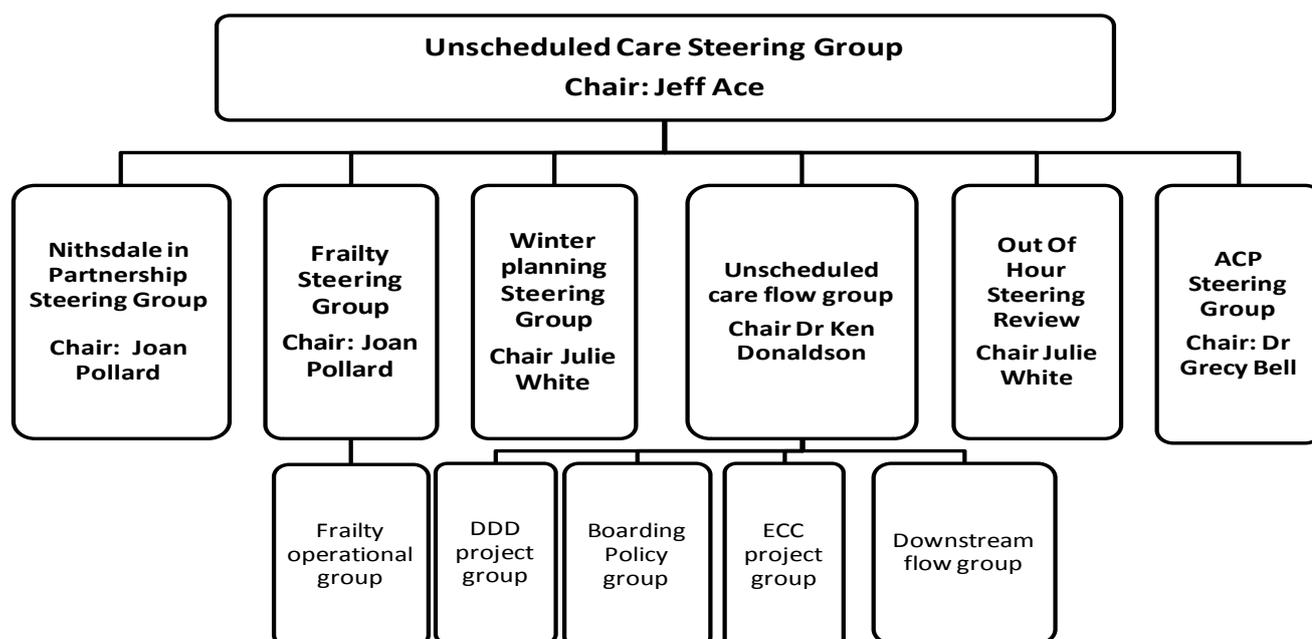
With the current challenges facing the delivery of health and social care services it is essential that local unscheduled care delivery is reviewed and developed in line with national, regional and local guidance, recommendations and evidence of good practice.

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

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 18% of patients within DGRI who no longer need acute care.

A new structure to the USC governance has been created with a USC steering group chaired by the CEO. Directly reporting into this group is the USC flow group chaired by the medical director and winter planning chaired by COO/CO.



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.

Current status of review

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.

EA1. 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 (**amber**).

EA1. The local Unscheduled Care Improvement team has been established within NHS Dumfries and Galloway with recruitment of a service improvement manager, additional clinical lead and a data analyst. Recruitment for a improvement coordinator underway (**amber**)

EA2. New data analyst has been recruited which has positively impacted on the depth and quality of data analysis (**green**).

EA2. Staff education roll out continues around use of the bed management system (Cortix) and 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. Morning discharges remain challenging with 10% of patients being discharge before 1200 and 45% happening after 1700. 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 tomorrows demand and capacity, more work is required to improve accuracy of potential discharges (**amber**).

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

EA3: Frailty at the front door: Continued work as part of the HIS frailty at the front door collaborative. Screening is now embedded within CAU. Testing of comprehensive geriatric assessment being undertaken. Recruitment process commenced for a frailty nurse to coordinate the pathway including community services (amber**)**

EA4. Emergency Care Centre. Test of change due to commence early November using rapid

assessment in CAU. (amber)

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

EA5. 7 day working. Testing of weekend models to commence now that the 3rd 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. Formation of OOH steering group. Update will be provided in next report (amber).

EA6. Anticipatory care planning (ACP) Improvement plan is underway. Project manager in place and formation of a ACP steering group chaired by associate medical director (primary care) that will report into USC steering group. Update will be provided in next report (amber).

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 resulting 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 programme managers meetings

Next 6-9 months

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

Appendix 1.11

Name of scheme/service review	Cancer Pathways – Scoping and Service User Involvement Project
Lead Officer/GM/Clinician	Alexandra Little
Directorate	Whole System
Sponsoring Director	Julie White
Background	
<p>D&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>	
Current status of review	
<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 is in post and consists 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 including appropriate consultation with key stakeholders has been prepared. A Steering Group with public, clinical and managerial representation is being established to oversee the day to day running of the project and direct the dispersal of the small grants fund to take forward small tests of change in improvement activity. The group will meet for the first time in October; governance structures are established with links to and from the Lead Cancer Team and Palliative Care Network (soon to be re-established). The cancer lead is currently undertaking a 10 week induction programme and consultation will be planned and taken forward following pre-consultation activities in November 2018. Regular communications to the media are being facilitated by Rod Edgar and the Macmillan communications team.</p>	
Potential Impact(s) on Quality/Safety/Sustainability/Affordability	
<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>	
Resource Requirements/workforce/staff engagement/involvement	
<p>Those who deliver services and supports including staff will need to be closely involved in this work. A comprehensive project plan is in development and the established Dumfries and Galloway Lead Cancer Team will be closely involved. A Local Governance Group has been 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
<ul style="list-style-type: none"> • 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
The cancer lead and project support officer commenced in post on 1 st August 2018.
3 months Induction to cancer services and pre- consultation work - establish consultation group, mandate, stakeholder mapping and consultation tools. Regular reporting to governance structures within Dumfries and Galloway and liaison with SCAN and WoSCAN.
6 – 9 months Consultation activities, regular reporting and evaluation. Recommendations for improvement activities.
12 months Consultation activities, regular reporting and evaluation. Recommendations for improvement activities.

Appendix 1.12

Name of scheme/service review	Annandale and Eskdale Cottage Hospitals Review
Lead Officer/GM/Clinician	Gary Sheehan
Directorate	Community Health and Social Care
Sponsoring Director	Graham Abrines
Background	
<p>The 4 cottage hospitals across Annadale 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, April and August 2018 showed that up to 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>	
Current status of review	
<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 has 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 the completion of a due diligence process, Loreburn has recently secured in principle agreement to purchase a site for this development in Langholm. A public engagement event is being planned to take place in November 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 in November 2018 and it is anticipated that the preferred option will be identified by February 2018, followed by a formal public consultation on the preferred option. A suitable site for a new Extra Care and Intermediate care service has</p>	

<p>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. 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>Potential Impact(s) on Quality/Safety/Sustainability/Affordability</p> <p>New models of housing with care made available in fit for purpose accommodation.</p> <p>More appropriate use of cottage hospital provision.</p> <p>Improved accommodation for primary care staff and patients.</p> <p>Invest resources tied up in building to enable greater investment in community services.</p>
<p>Resource Requirements/workforce/staff engagement/involvement</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>Risks</p> <p>Inability to identify suitable site in Langholm for new Extra Care scheme because of flood plain issues.</p> <p>Community resistance to reducing number of cottage hospital beds.</p> <p>Community resistance to relocating GPs services from centre of town to Moffat Hospital.</p> <p>Reduction in cottage hospital beds could displace more costs on social care provision.</p>
<p>Timescale for completion of review / milestones</p> <p>3 months 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 submitted to HSCSMT.</p> <p>6 – 9 months Options appraisal carried out in Moffat and formal consultation with local community on preferred options. Options appraisal carried out in Langholm and formal consultation with local community on preferred options. Moffat and Esk Valley proposals submitted to IJB.</p> <p>12 months 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 Autumn 2020.</p>

Appendix 1.13

Name of scheme/service review		Potential reconfiguration of short break provision					
Lead Officer/GM/Clinician		Elaine Wylie, Linda Williamson, Sheila Clingan, Alexandra Little, Independent Reviewer					
Directorate		Women Children & Sexual Health					
Sponsoring Director		Julie White					
Quality	x	Sustainability	x	Safety		Affordability	x
Background (last 3 months)							
<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 were using Acorn House at that time. It was evident that the majority of current users value the service, and have concerns regarding future of the short break service.</p> <p>At the end of 2017 information from 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>							
Current status of review							
<p>A briefing paper for the independent review was sent as a draft to parents and Carers, PIN and the Dumfries & Galloway Carers Centre in May 2018 and the final version was adjusted in June 2018 to reflect feedback.</p> <p>One organisation was identified as potentially having the necessary expertise and availability to undertake the independent review.</p> <p>An appointment panel, comprised of the General Manager for Women, Children & Sexual Health Services, Senior Manager, Children Young People and Lifelong Learning, Social Work, and representatives from Parent Inclusion Network (PIN) and Dumfries & Galloway Carers Centre met with the team, who are three staff employed by Action for Children in Lothian, on 13th August 2018. The team were offered the appointment of leading the independent review.</p> <p>A further meeting followed on 29th August 2018 in Dumfries to plan the first event for parents to meet with the team. This will take place on 18th September 2018 for parents and Carers who are Acorn House service users, and parents who are eligible but not using Acorn House will also be informed and encouraged to attend.</p> <p>The team will visit Acorn House this in September as part of an introduction to the service and staff, and will remain in communication with Nurse Manager (EWylie) for remainder of September 2018 regarding future events and communication, and development of timescales.</p> <p>Engagement with families and young people will be prioritised in the next two-three months.</p> <p>Communication 4th July 2018 - 6th September 2018</p> <ul style="list-style-type: none"> • 4th July 2018 letter to parents updating them regarding progress toward Review Team appointment, also thanking them for their feedback on the draft brief. Finished Brief for the Independent Review enclosed with the letter. Letter also sent to PIN, Carers Centre and Acorn House staff. • 21st August 2018 letter to inform parents accessing Acorn House that independent review team had been appointed, also advising that there would be a further update early 							

September 2018 regarding initial opportunity to meet the team.

- **3rd September 2018** letter to inform parents accessing Acorn House that first event arranged to meet the review team is to take place 18th September 2018. Assurance offered assurance in the letter that this is an informal introductory event and not part of consultation, and also assured more meetings will take place, regionally.
- **5th September 2018** letter to Acorn House staff to inform of first visit by the review team to Acorn House, arranged for 11th September 2018. As above assurance is offered that this is an introductory meeting.

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

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 unable 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.

Resource Requirements/workforce/staff engagement/involvement

Acorn House Senior Charge Nurse role was temporarily covered by CAMHS Band 7 from February 2018.

This arrangement, due to be reviewed August 2018, was brought forward to June 2018 due to staffing changes, including the Senior Charge Nurse's secondment to acting Clinical Nurse Manager post until October 2018.

Day to day leadership of the unit is now undertaken by Band 6 staff, this includes a Band 6 Staff Nurse who has joined the unit on secondment till December 2018, along with the Band 6 who has held a Deputy role in the unit for several years. This plan will be reviewed at the earliest opportunity, informed by timescales for the review.

Both Band 6 nurses are supported meantime by the Acting Nurse Manager.

Staff engagement and consultation is included in the brief to the potential independent reviewer.

HR and staff representatives are aware of the review. A formal workforce strategy for the team is not required unless recommendations from the review have implications for staff.

Risks

- 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.
- Short/medium term - negative media, breakdown of caring relationships due to lack of a good short break.
- Workforce challenges- retention as significant proportion of staff on fixed term contracts that have /will continue to need ongoing renewal; also challenges of recruiting to short fixed term

- contracts. Band 5 post is currently advertised again after several unsuccessful attempts.
- Staff wellbeing affected by review, impacting on absence.
- Leadership for the unit requires review at the end of SCN's current secondment in Oct 2018.

Timescale for completion of review / milestones

The Independent Review Team are now in place and will review timescales once initial assessment has been undertaken:

- 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