22 December 2020

Mr Jeff Ace  
Chief Executive  
NHS Dumfries & Galloway  
Ground Floor North  
Mountainhall Treatment Centre  
Bankend Road  
Dumfries  
DG1 4AP

Dear Mr Ace

**Feedback from the Sharing Intelligence for Health & Care Group – NHS Dumfries & Galloway**

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Dumfries & Galloway at our meeting on 11 November 2020, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.¹

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Dumfries & Galloway and Dumfries & Galloway Health & Social Care Partnership in response to the COVID-19 pandemic. In our annual report for 2018-19, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion is needed now more than ever. We also understand that local health and care systems are currently in the process of restarting many services, and the COVID-19 pandemic will continue to impact on front line services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share

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¹ The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health Scotland, and: Scottish Public Services Ombudsman.
and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group on 11 November should already be known to NHS Dumfries & Galloway, including a range of information which is already in the public domain. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS Dumfries & Galloway**

When we considered NHS Dumfries & Galloway on 11 November 2020, the partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in Dumfries & Galloway. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered for the residents of Dumfries & Galloway. We acknowledge that work is already being carried out locally to respond to these issues, sometimes with input from one or more of the partner agencies on the Group.

As a Group, we have previously highlighted the importance of leadership and culture when considering the quality of care in the wider sense. When we considered NHS Dumfries & Galloway in December 2019 we noted that, despite a significant level of change across Scotland within the senior leadership of NHS boards, your senior leadership/management team had been relatively stable. This continues to be the case. At our meeting in November 2020 Audit Scotland explained that, in response to the findings/recommendations from the Sturrock review at NHS Highland, there is a commitment and ongoing work in NHS Dumfries & Galloway to further develop and maintain a positive culture in the organisation. We also learned that the action plan for this work could be clearer and more specific.

The Care Inspectorate informed the group that senior managers from the Health & Social Care Partnership have been open to working with the Care Inspectorate in relation to improving the provision of services. We also learned that an improvement team is a well-established feature within children’s services, which plays a key role in supporting improvement in child protection practice.

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. Audit Scotland informed the Group that NHS Dumfries & Galloway achieved its financial targets for 2019-20. Despite delivering a break-even position, NHS Dumfries & Galloway continues to operate within a challenging financial environment. There is a reliance on significant levels of non-recurrent savings to achieve in-year financial balance, and your financial plan identifies a significant financial funding gap over future years. We also note that, as for NHS boards across the country, NHS Dumfries & Galloway is assessing the financial impact of COVID-19.

We have also previously highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we have considered Dumfries & Galloway in recent years, a key area of concern has been the relatively high level of vacancies across your workforce. At our meeting
in November 2020, NHS Education for Scotland explained that you still have a relatively high rate of vacancies for consultants (18.9% compared with a Scottish average of 8.2%), and also for nurses and midwives (7.4% compared with a Scottish average of 5.6%). We also learned that your medical agency expenditure had increased during 2019-20. There had also been a marked increase during 2019-20 in nursing and midwifery bank expenditure, although there was also a slight decrease for agency staff expenditure.

When we considered NHS Dumfries & Galloway in 2019, we learned that you had established a Sustainability & Modernisation Programme, focusing on financial, service and workforce sustainability. We note that you appointed a Programme Director in March 2020 to lead the delivery of this programme, and when we consider NHS Dumfries & Galloway in 2021 we will be interested to learn on the progress made in developing a more sustainable operating model for the future of NHS Dumfries & Galloway.

Our meeting on 11 November 2020 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services in Dumfries & Galloway. In 2019, we learned from the Mental Welfare Commission for Scotland that a key area where further improvement is required is record keeping. The Commission explained that there continue to be challenges with accessing current information, as the use of different platforms is resulting in poor record keeping in care plans and risk assessments. Our understanding is that this issue is included on your NHS board’s risk register, however the improvement in practice that’s required has not yet been observed.

Healthcare Improvement Scotland explained that NHS Dumfries & Galloway has been actively engaged in a range of nationally led quality improvement work. There were some challenges pre-COVID-19, including deterioration in the rates of falls/falls with harm and pressure ulcer – and a lack of engagement with nationally led improvement work focusing on maternity care/paediatrics/neonates. Successes, pre-COVID-19, included a sustained reduction in the rate of cardiac arrest, innovative work in relocating dementia diagnosis into primary care, and use of improvement methodology to demonstrate effective changes in patient pathways within Child & Adolescent Mental Health Services.

On this note we understand that, pre-COVID-19, NHS Dumfries & Galloway had shown a sustained improvement in the percentage of young people treated at Child & Adolescent Mental Health Services within 18 weeks of referral. However, there was deterioration in the percentage of positive comments on Care Opinion, the percentage of patients seen within 18 weeks for psychological therapies, and in the rate of bed days occupied by delayed discharges. We learned that, in March 2020, NHS Dumfries & Galloway reported that it had not achieved half of its 18 key performance measures.

The Group agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.
We hope you find this summary of our consideration of our collectively shared intelligence helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support your work to deliver high quality care for the residents of Dumfries & Galloway then please don’t hesitate to let us know.

Yours sincerely

Alastair McLellan
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NHS Education for Scotland

Simon Watson
Medical Director
Healthcare Improvement Scotland

CC:  Julie White, IJB Chief Officer
     Maureen Stevenson, Liaison Co-ordinator