



Dumfries and Galloway  
IJB Performance and Finance Committee

21<sup>st</sup> October 2021

This Report relates to  
Item 5 on the Agenda

# Sustainability and Modernisation Programme Update

*Paper presented by David Rowland*

*For Noting*

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<b>List of Background Papers:</b>	<ul style="list-style-type: none"> <li>• Sustainability and Modernisation Programme Update – 21 October 2019</li> <li>• SAM Update – 23 January 2020</li> <li>• SAM Update – 04 June 2021</li> </ul> <p><b>Papers to IJB</b></p> <ul style="list-style-type: none"> <li>• Sustainability and Modernisation Programme Update – 06 August 2020</li> <li>• SAM Update – 03 December 2021 (In-Committee)</li> <li>• SAM Programme Update – 18 March 2021 (In-Committee)</li> <li>• IJB Workshop SAM Programme – 21 April 2021</li> </ul>
<b>Appendices:</b>	<p><b>Appendix 1 – Sustainability Pipeline Tracker</b>  <b>Appendix 2 - Initiatives with post 2021/22 benefits</b>  <b>Appendix 3 – Summary Progress Report</b></p>

## **1. Introduction**

- 1.1 The Sustainability and Modernisation (SAM) Programme was established in response to the significant financial challenges faced by Dumfries and Galloway Health and Social Care Partnership and NHS Dumfries & Galloway.
- 1.2 SAM is an IJB commissioned programme and in establishing the desired sustainability and service modernisation actions, directions should be set to clarify what changes require to be delivered by the Local Authority and NHS.
- 1.3 The Health and Social Care Partnership, as the operational arm is responsible for delivering the required change, as well as the associated performance monitoring and reporting of progress. This will be routinely overseen by the Health and Social Care Governance and Performance Group (HSCGPG).
- 1.4 This report outlines the work that has been progressed in the last twelve months, where the Sustainability and Modernisation (SAM) Programme has been working closely with the Operational Directorates to identify priorities and to design and deliver new ways of working that will modernise local service provision while moving the system to a more sustainable position.
- 1.5 More recently, the SAM Team have focused on identifying, defining and bringing forward plans for the sustainability element of the programme.
- 1.6 This report offers assurance on the progress being made through the SAM Programme.

## **2. Recommendations**

- 2.1 **The IJB Performance and Finance Committee is asked to:**
- **Note the progress made in developing the savings pipeline and delivery tracker**
  - **Note progress in the Sustainability and Modernisation Programme**

## **3. Background and Main Report**

- 3.1 The scope of the modernisation element of the SAM Programme was shared with IJB Members at their meeting in August 2020. A number of updates have been provided since then, while the Committee structure was paused as a result of the Covid-19 Pandemic.
- 3.2 In January 2021, while work was continuing on the priorities for modernisation, the SAM Programme Team began to define projects designed to improve the sustainability of the local health and social care system. At a workshop in March 2021, it was agreed that while there is a need to support staff recovery from the Covid-19 Pandemic, the focus of the sustainability element of the programme should be on Prescribing Improvement and Workforce Efficiency. These priorities sit alongside the extant sustainability priorities of reducing travel costs, safely introducing electronic patient communication and enhancing uptake of e-Payroll.

- 3.3 At the end of April 2021, the Health and Social Care Governance and Performance Group agreed a standardised process for the development of Directorate-based Savings Plans and to the development of local Hybrid Working arrangements, in line with emergent National Policy and the principles being developed by the Chief Executive and the Workforce Director.
- 3.4 With that agreement in place, the four components of the sustainability element of the SAM Programme were finalised and have been incorporated into the overarching Programme Architecture and savings pipeline along with wider identified savings opportunities for which a delivery tracker will be developed to support ongoing monitoring. This is being developed from a toolkit that has worked for other Board areas and will support ongoing reporting across all levels of the organisation.
- 3.5 To further support this work and to ensure ongoing monitoring arrangements, a Financial Recovery Board (FRB) has been established as a standing item of the Health and Social Care Governance and Performance Group (HSCGPG) and will sit fortnightly commencing from August 2021.

### Programme Architecture

- 3.6 Working in collaboration with The Scottish Government, the SAM Team have been developing the Programme Architecture underpinning the areas for financial improvement and setting a structure around which to grow the savings pipeline.
- 3.7 The Programme Architecture (Table 1) identifies a series of workstreams against which savings opportunities will be aligned and targets assigned. Accountability for each workstream is attributable to an Executive Director and Senior Responsible Officer. It will be within their remit to ensure that workstream objectives are delivered and the associated savings and/or efficiencies realised, reporting progress 6-weekly to the FRB. This planned approach to working towards improving the financial position in Dumfries and Galloway is also reflected in RMP4, presented here today under separate cover.

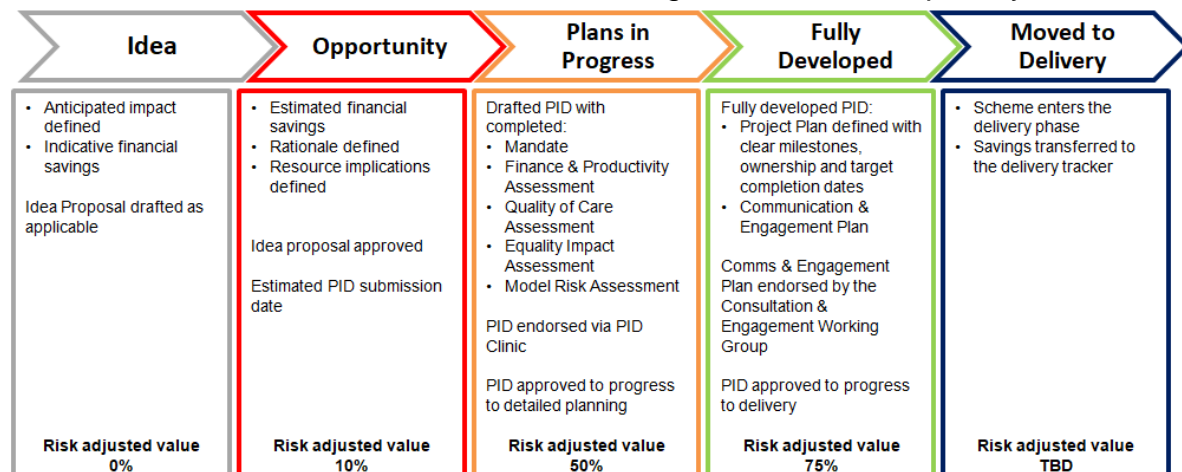
**Table 1 – Programme Architecture**

Workstream	Q1 Target £000	Pipeline Target	Change	Accountable Executive Director	Senior Responsible Officer
1 System Wide Service		-		Chief Officer/Chief Operating Officer	TBC
2 Community Health & Social Care	1,018	1,239	221	Chief Officer/Chief Operating Officer	Deputy Chief Operating Officer
3 Acute & Diagnostic Services	239	239	0	Chief Officer/Chief Operating Officer	GM Acute & Diagnostic Services
4 Mental Health	609	609	0	Chief Officer/Chief Operating Officer	Deputy General Manager Mental
5 Primary Care	9	9	0	Medical Director	Head of Primary Care
6 Women, Children's & Sexual Health	690	690	0	Chief Officer/Chief Operating Officer	GM Women, Children's & Sexual
7 Estates & Facilities	239	239	0	Chief Officer/Chief Operating Officer	GM Facilities & Clinical Support
8 eHealth	160	160	0	Chief Officer/Chief Operating Officer	GM eHealth
9 Corporate	420	425	5	TBC	TBC
10 Prescribing Improvement	1,850	1,850	0	Medical Director	Director of Pharmacy
11 Locum Expenditure	500	360	(140)	Medical Director	Medical Director
12 Hybrid Working		-	0	Director of Finance	GM Facilities & Clinical Support Services/HR Manager - Head of Service
13 Workforce Efficiency & Productivity		-	0	Workforce Director	HR Manager - Head of Service
14 Procurement		-	0	Director of Finance	Deputy Director of Finance - Governance &
15 External SLAs	975	975	0	Director of Finance	Deputy Director of Finance - Governance &
<b>Sub-total cross</b>	<b>6,709</b>	<b>6,795</b>	<b>86</b>		
16 Other - Financial Transactions	7,954	7,954	0	Director of Finance	Deputy Director of Finance - Financial Management
<b>Sub-total other</b>	<b>7,954</b>	<b>7,954</b>	<b>-</b>		
<b>Total Cost Improvement</b>	<b>14,663</b>	<b>14,749</b>	<b>86</b>		

## Pipeline

3.8 The pipeline provides an overview of each idea to be explored and the process to be followed in moving from an idea to a tangible scheme with a financial benefit attached and to be removed from the budget in accordance with financial processes.

3.9 The following diagram illustrates the status through which a proposed idea will progress before becoming a releasable saving for the Finance Team to monitor and remove from the budget. The SAM Team will own the pipeline whilst working in collaboration with Finance colleagues to quantify ideas.



3.10 **Appendix 1** provides an overview of the pipeline, detailing against each workstream the savings target, the anticipated savings identified against each scheme in accordance with the applied status and a summary of the number of schemes active against each workstream. As it currently stands, the pipeline projects an estimated unadjusted savings target of £14,749,000 for 2021/22.

3.11 To deliver this target, resources will be required to be assigned to each fully developed scheme and these will be specified and reported back to FRB through the detailed planning process that will follow.

3.12 The pipeline continues to be further developed working in collaboration with the Finance Department and discussions are ongoing with our Local Authority colleagues with a view to capturing quantified ideas for Social Work and Social Care.

3.13 Once developed, the pipeline will link to a delivery tracker, with the anticipated in-year savings for all schemes classified as 'moved to delivery' transferring to that tool for financial accounting, monitoring and reporting purposes.

3.14 While the figures contained within the Savings Pipeline relate to Financial Year 21/22, a number of schemes have been included within it that will deliver benefit in 22/23 and 23/24. A comprehensive list of these schemes can be found in **Appendix 2**.

3.15

### Progress Against Modernisation and Sustainability Priorities

3.16 As we began to plan for remobilisation and recovery from the first wave of the Covid-19 Pandemic, the SAM Programme focused on how services could be modernised.

- 3.17 The resulting refresh of the SAM Programme saw agreement of an ambitious three-year workplan for service modernisation.
- 3.18 With the modernisation element of the SAM Programme fully defined, work in the latter part of 2020/21 turned to specifying the focus for the sustainability element.
- 3.19 Whilst the pipeline has been developing, previously identified priorities continue to progress in accordance with the existing system pressures.
- 3.20 **Appendix 3** offers an update on progress against the ongoing priorities for modernisation and sustainability.

#### **4. Conclusions**

- 4.1 The IJB Performance and Finance Committee are asked to note progress in developing the savings pipeline and associated delivery tracker.
- 4.2 The SAM Programme Team will continue to progress despite the frontline pressures to deliver an ambitious programme of.

#### **5. Resource Implications**

- 5.1 The prime focus of the SAM Programme is the redesign and transformation of services in Dumfries and Galloway to ensure local people continue to access high quality, responsive assessment, treatment, care and support while addressing the underlying financial pressures across the Health and Social Care System.
- 5.2 Any resource implications associated with this will be fully quantified and reported in future updates, while any request for additional funding will be brought forward under separate cover.

#### **6. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 6.1 The SAM Programme aims to align with the national health and wellbeing outcomes and the local 10 priority areas set out by the Health and Social Care Strategic Plan. Specifically the SAM Programme will contribute to:
- Developing and strengthening communities
  - Shifting the focus from institutional care to home and community based care
  - Integrated ways of working
  - Working efficiently and effectively
  - Making the best use of technology

#### **7. Legal and Risk Implications**

- 7.1 While there are no legal implications associated with the focus and scope of the SAM Programme, there are significant risks for the Integration Authority should the programme not be delivered. These include:
- Continued underlying financial pressures, which may result in an inability to deliver services in line with local needs and / or to the standards desired by the Integration Authority;
  - Continued provision of traditional models of care that cannot offer the

capacity to meet local needs and demands associated with normal winter pressures;

- Continued workforce pressures that exacerbate the financial position and limit service capacity;
- Continued delivery of service models that unnecessarily risk exposure of those who use and provide services to Covid-19; and
- Continued focus on hospital based care for people of complex co-morbidities, resulting in increased levels of dependence and reliance on long-term care and support.

## **8. Consultation**

8.1 The content of the programme described within this paper has been developed through direct engagement with the staff and services that have been included. The broad concepts contained within the programme have been explored with wider staff groups and agreed by the Health and Social Care Senior Management Team.

8.2 Wider consultation will be required on the constituent elements of the SAM Programme.

## **9. Equality and Human Rights Impact Assessment**

9.1 This programme represents a framework under which the focus and efforts of the SAM Programme Team will be co-ordinated. While, as a planning tool, this framework does not require an Equalities Impact Assessment (EQIA), it will be necessary to assess whether one is required for each element of the workplan and where that is the case, ensure its timely completion and incorporation within the PID.

## **10. Glossary**

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>HSCGPG</b>	<b>Health and Social Care Governance and Performance Group</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>SAM</b>	<b>Sustainability and Modernisation Programme</b>

Pipeline Overview

Workstream	Year View £'000				
	Full Year Target	Unadjusted Pipeline & Delivery	Unadjusted Gap	Risk Adjusted Pipeline &	Risk Adjusted Gap
System Wide Service Modernisation	-	-	0	-	-
Community Health & Social Care	1,239.0	1,239	0	1,239.0	-
Acute & Diagnostic Services	239.0	239	0	239.0	-
Mental Health	609.0	609	0	609.0	-
Primary Care	9.0	9	0	9.0	-
Women, Children's & Sexual Health Services	690.0	690	0	690.0	-
Estates & Facilities	239.0	239	0	239.0	-
eHealth	160.0	160	0	160.0	-
Corporate	425.0	425	0	420.5	- 4.5
Prescribing Improvement	1,850.0	975	- 875	759.4	- 1,090.6
Locum Expenditure	360.0	360	0	36.0	- 324.0
Hybrid Working	-	-	0	-	-
Workforce Efficiency & Productivity	-	-	0	-	-
Procurement	-	-	0	-	-
External SLAs	975.0	975	0		
Other - Financial	7,954.0	7,954	0	8,929.0	975.0
<b>Grand total</b>	<b>14,749.0</b>	<b>13,873.7</b>	<b>- 875</b>	<b>13,329.9</b>	<b>- 1,419.1</b>

	Risk adjusted financial phasing (£'000)												Total	
	M1 Apr	M2 May	M3 Jun	M4 Jul	M5 Aug	M6 Sep	M7 Oct	M8 Nov	M9 Dec	M10 Jan	M11 Feb	M12 Mar		
Idea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Opportunity	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.2	7.2	8.2	8.2	8.2	8.2	39.2
Plans in Progress	0.5	0.5	0.5	0.5	0.5	0.5	10.7	17.8	17.8	17.8	17.8	17.8	17.8	102.5
Fully Developed	-	-	-	3.0	3.0	3.0	10.0	20.0	20.0	20.0	20.0	20.0	20.0	118.9
Moved to	393.2	393.2	395.8	449.6	444.4	445.3	1,757.6	1,757.6	1,757.6	1,757.6	1,757.5	1,759.5	1,759.5	13,069.1
<b>Grand total</b>	<b>393.7</b>	<b>393.7</b>	<b>396.3</b>	<b>453.1</b>	<b>447.9</b>	<b>448.8</b>	<b>1,778.4</b>	<b>1,802.6</b>	<b>1,802.6</b>	<b>1,803.6</b>	<b>1,803.5</b>	<b>1,805.5</b>	<b>1,805.5</b>	<b>13,329.7</b>

Workstream	Target	Unadjusted £'000						YTD + 100% Remaining Plan (M2-M12)	Total unadjusted	Risk adjusted £'000						YTD + Risk adjusted Remaining Plan	Total risk adjusted	Number of schemes								
		Idea	Opportunities	Plans in Progress	Fully Developed	Moved to delivery				Idea	Opportunities	Plans in Progress	Fully Developed	Moved to delivery				Idea	Opportunities	Plans in Progress	Fully Developed	Moved to Delivery	Total Schemes			
System Wide Service Modernisation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	-	-	3	
Community Health & Social Care	1,239.0	-	-	-	-	-	1,239.0	-	1,239.0	-	-	-	1,239.0	-	-	-	1,239.0	-	5	2	1	-	-	2	10	
Acute & Diagnostic Services	239.0	-	-	-	-	-	239.0	-	239.0	-	-	-	239.0	-	-	-	239.0	-	3	1	-	1	-	1	6	
Mental Health	609.0	-	-	-	-	-	609.0	-	609.0	-	-	-	609.0	-	-	-	609.0	-	2	2	-	-	-	1	5	
Primary Care	9.0	-	-	-	-	-	9.0	-	9.0	-	-	-	9.0	-	-	-	9.0	-	2	-	-	-	-	1	3	
Women, Children's & Sexual Health Services	690.0	-	-	-	-	-	690.0	-	690.0	-	-	-	690.0	-	-	-	690.0	-	2	-	-	-	-	1	3	
Estates & Facilities	239.0	-	-	-	-	-	239.0	-	239.0	-	-	-	239.0	-	-	-	239.0	-	2	-	2	-	-	1	5	
eHealth	160.0	-	-	-	-	-	160.0	-	160.0	-	-	-	160.0	-	-	-	160.0	-	6	1	1	1	-	2	11	
Corporate	425.0	-	5.0	-	-	-	420.0	-	425.0	-	-	0.5	-	-	-	420.0	-	425.0	-	-	1	-	-	-	4	5
Prescribing Improvement	1,850.0	924.3	26.9	205.0	158.7	-	535.2	-	1,850.0	-	-	2.7	102.5	119.0	-	535.2	-	759.4	-	14	7	11	7	21	60	
Locum Expenditure	360.0	-	360.0	-	-	-	-	-	360.0	-	-	36.0	-	-	-	-	36.0	-	-	-	4	-	-	-	-	4
Hybrid Working	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Workforce Efficiency & Productivity	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Procurement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
External SLAs	975.0	-	-	-	-	-	975.0	-	975.0	-	-	-	975.0	-	-	-	975.0	-	-	-	-	-	-	-	-	-
Other - Financial	7,954.0	-	-	-	-	-	8,929.0	-	8,929.0	-	-	-	8,929.0	-	-	-	8,929.0	-	-	-	-	-	-	5	5	
<b>Grand total</b>	<b>14,749.0</b>	<b>924.3</b>	<b>391.9</b>	<b>205.0</b>	<b>158.7</b>	<b>13,069.2</b>	<b>-</b>	<b>14,749.0</b>	<b>-</b>	<b>13,329.9</b>	<b>39.2</b>	<b>102.5</b>	<b>119.0</b>	<b>13,069.2</b>	<b>-</b>	<b>13,329.9</b>	<b>-</b>	<b>46</b>	<b>18</b>	<b>16</b>	<b>10</b>	<b>39</b>	<b>129</b>	<b>129</b>		

Total CIP Target	31,553	31,553
Total Identified Savings Target	14,749	14,749
Total Unidentified Savings Target	16,804	16,804
Gap	- 16,804.00	- 18,223.15



**Initiatives with post 2021/22 benefits**

Below is a table containing a comprehensive list of all the schemes contained in the Savings Pipeline which are expected to deliver benefits in 2022/23 and 2023/24.

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Deliver Flow Navigation Centre</li> <li>• Maximise use of Galloway Community Hospital Day Case, Endoscopy and Diagnostic Capacity</li> <li>• Implement Hybrid Working</li> <li>• Deliver Care and Support at Home Action Plan whilst deploying Assistive and Inclusive Technology</li> <li>• Refine 24/7 Community Nursing Model</li> <li>• Deliver the STILL Going Programme</li> <li>• Deliver savings from Property Strategy through planned rationalisation of estate</li> <li>• Maximise income generation from renewable sources and minimise future energy costs</li> <li>• Review opportunities for estate efficiencies with each department head</li> <li>• Review telephony and e-Health systems</li> <li>• Migration to new Mobile Phone provider</li> <li>• Non-Recurring Vacancies/hold recruitment in E-Health</li> <li>• Review and provide assurance of requirement for Out of Area Treatment Packages for Mental Health Patients</li> <li>• Deliver Primary Care Transformation Programme</li> <li>• Local Procurement Initiatives</li> <li>• Active review and management of all employees on protection in line with Board policies</li> </ul> | <ul style="list-style-type: none"> <li>• Redesign of Ophthalmology Services</li> <li>• Optimisation of the provision of laboratory services</li> <li>• Deliver Single Access Point</li> <li>• Review all vacancies and retrials within CH&amp;SC</li> <li>• Deliver New Community Bed Model</li> <li>• Redesign of Community Mental Health service delivery</li> <li>• Reduction in non-domestic rates</li> <li>• Review Pool car fleet</li> <li>• Restructure eHealth Directorate</li> <li>• eCommunication (Pilot Patient Hub)</li> <li>• Deliver benefits of O365</li> <li>• Review Community Mental Health Nursing</li> <li>• Deliver alternatives to traditional models of Care and Support, through good conversations, assets based approaches, mapping and connecting community assets and involvement of the Third Sector</li> <li>• Prescribing improvement</li> <li>• Adhere to agree Locum Price Cap</li> <li>• Deliver CfSD Annual Workplan</li> <li>• Implement Health Pathways</li> <li>• Maintain and Develop use of Virtual Consultations</li> <li>• Review of Short Break Model within Women, Children's &amp; Sexual Health Services</li> <li>• Share learning from ET and ER cases</li> </ul> | <ul style="list-style-type: none"> <li>• Redesign of Galloway Community Hospital Staffing Model</li> <li>• Review Nursing spend, skillmix, and staffing solutions to maintain safe staffing levels</li> <li>• Deliver Home Teams</li> <li>• Restructure the CH&amp;SC directorate</li> <li>• Review all Health Centre Occupancy and recharge</li> <li>• Review and respond to increased demand for residencies</li> <li>• Review ICES in terms of ordering, prescribing variation and range of equipment options</li> <li>• Review eHealth service contracts</li> <li>• Deliver Patient Hub</li> <li>• Maximise use of Equitrax 'follow-me' printing</li> <li>• Review Learning Disability Service</li> <li>• Return of Section 2C Practices to contracted services</li> <li>• National Procurement Initiatives</li> <li>• Review all vacancies and retrials Women, Children's &amp; Sexual Health Services</li> <li>• Support the Introduction of an international recruitment programme for nursing staff</li> <li>• Create a Corporate Bank</li> <li>• Establish a vacancy control group</li> </ul> |
|--|---|--|

## SAM Programme – Summary Progress Report

## Modernisation Priorities

Project	Objective	Progress
Redesign of Urgent Care – Flow Navigation Centre	To establish a flow navigation centre to receive and schedule calls by NHS24 for people who currently self-present to the Emergency Department.	<p>The process of scheduling appointments in ED through the Flow Navigation Centre is now embedded. Work to encourage those who continue to self present is currently being developed. The SAM Team and Strategic Planning are providing support with the initial focus being around development/scope of non ED destined pathways out of FNC.</p> <p>Total number of people who walk into DGRI ED as self referrals was 11% lower for the 10 weeks ending 4th July 2021 compared to the same period in 2019 (total ED attendances for these two periods was almost identical). Amongst flow 1 patients specifically (minor, not admitted) the fall in the number of self referrals between the same 2019 and 2021 periods was slightly greater at 14%, on the back of an overall reduction in flow 1 ED attendances at DGRI of 9%.</p>
GP Out of Hours	To establish a multi-disciplinary model of service delivery that ensures practitioners with the right skill mix, knowledge and experience are available to meet the needs of people access the GP OOHs service.	The new model has been defined and work is underway to transition to this. At the same time, the project documentation continues to be refined and reviewed to ensure all necessary support is available to ensure successful delivery, key risks are identified and mitigated and measures are established to review and assess impact and effectiveness.
Ophthalmology – Shared Care Pilot	To deliver the pilot scheme to ensure that those with deterioration in their condition are escalated to an urgent review for the hospital eye department to prioritise sooner and also assist in the reduction of those patients who are overdue their appointment on the glaucoma review waiting list ensuring patients are seen in a safe and timely manner minimising the clinical risk to the patient.	<p>The Scottish Government has agreed funding for the Ophthalmology Shared Care Pilot until the end of the year. There will then be the opportunity to tie this work in with the wider Ophthalmology Service Review.</p> <p>Discussions are underway with operational management as to how this work should be incorporated into the service model as appropriate to include exploration of ongoing funding options.</p>

Orthopaedic Pathways	To redesign Orthopaedic pathways to maximise the opportunities to promote self-management, develop primary-care based pathways, offer direct referral to x-ray and embed enhanced vetting of new referrals to ensure those who need seen most can access services.	<p>The SAM Team undertook a comparative data analysis to assess impact of local Active Clinical Referral Triage, Patient Initiated Review, Waiting List Validation and Virtual Clinics, in line with NHS Lanarkshire Orthopaedics Review. This was requested in response to service update that these areas of improvement work had been undertaken locally. The SBAR to outline the analysis was presented to the Planned Care Steering Group and Tactical Priorities Oversight Group prior to being shared with the operational team in March 2021.</p> <p>In light of this and the work undertaken within NHS Lanarkshire, the operational team had planned to develop a modernisation plan based on the learning derived, however this work has been placed on hold as a result of ongoing service pressures.</p> <p>As part of the local commitment to delivering the Centre for Sustainability Annual Workplan, the use of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) features in the savings pipeline with work ongoing to define the anticipated impact. Progress will be monitored through the delivery tracker.</p>
Dementia Care	To build on the on-going improvement programme currently underway in MH, extending the scope of this work to attend to the needs of this group across the whole system, and for the duration of their condition.	Project initiation documentation has been progressed through a PID Clinic and is in the process of being finalised for sign-off by HSCGPG at the next available meeting.
Virtual Consultations	To develop routine reporting systems and processes that illustrates increased efficiencies in service activity, particularly in relation to use of Near Me as an alternative to face to face consultations. To agree associated KPIs for areas of performance and service activity in relation to mode of delivery as described.	Targets and trajectories for Virtual Consultations are due to be submitted to the SAM Team at the end of July 2021 to enable completion of the project initiation documentation. Delays have been experienced due to ongoing operational pressures within teams.
Whole System Pathways	To assist with implementation of a viable technical solution to facilitate whole-system patient flow	<p>A paper was submitted to HSCGPG outlining the need to consider how to optimise clinical pathways, to maximise collaboration in order to deliver on the realistic medicine agenda and improve patient flow. Various different options were considered and outlined in the paper and a recommendation was agreed to progress with the Ref Help model developed by NHS Lothian.</p> <p>To progress this work recruitment is underway for a Programme Manager, funded through the Realistic</p>

		<p>Medicine Programme resources provided by Scottish Government.</p> <p>This work has been guided and overseen by the Planned Care Steering Group to-date.</p>
Community Based Testing	To develop a plan for the delivery of Community Treatment and Care services in line with the GMS Contract for Scotland and the associated Memorandum of Understanding, ensuring phlebotomy, urine testing and ECG delivery across Dumfries and Galloway to support the work of General Practice and that of specialist, hospital-based out-patient services.	<p>The implementation of CTAC, with an initial focus on phlebotomy services to respond to extant services pressures, will ensure a standardised approach to community based testing across Dumfries and Galloway.</p> <p>The proposed model for CTAC is scheduled to be presented to the Contract Development Group for agreement at the end of August 2021 to include proposed early adopter sites to commence from October 2021.</p>
MyPreOp	To safely implement the use of MyPreOp for remote pre-operative assessment within NHS Dumfries and Galloway and to agree a method of collecting and collating feedback from both staff and patients on the MyPreOp system.	<p>The MyPreOp pilot is reaching its end, having demonstrated significant benefit, as illustrated by the data set for the first 3 months.</p> <p>The team have requested a 6 month data set which will provide further detail around benefits.</p>
Single Access Point	To establish Single Access Point (SAP) during 2020/21 that will fully integrate and co-locate Health, Social Work, Care Call and the Contact Centre	<p>Project initiation documentation is being progressed by the project team following the PID Clinic in May 2021.</p> <p>Given the strong links between SAP and Home Teams, and the associated measures, it has been agreed through HSCGPG to delay bringing forward the SAP PID for approval so that it can be presented along with the PID for Home Teams.</p>
Home Teams	Establish 8 Home Teams across Dumfries and Galloway by August 2021.	<p>The region wide roll-out of Home Teams continues to progress, where a 3 day process mapping event took place in May 2021 to map processes with a view to refining these processes to ensure an efficient, effective and safe way of working is established.</p> <p>Robyn Ruddick has been appointed to the Home Team Project Manager position and commenced in post on 01 September 2021.</p> <p>Following the mapping event a referral and triage group / communication and engagement group were formed with members from across the partnership. The aim is to ensure staff on the ground are engaged in the continued development and refinement of the Home Teams model.</p> <p>Workforce planning is in progress, supported by a</p>

		<p>workforce allocation tool which illustrates the current workforce and how this can be distributed across the Home Teams, alongside further recruitment to ensure that staffing is equitable and appropriate across teams.</p> <p>Each Home Team will be led by a team leader therefore, to appoint to these positions, it has been agreed within the partnership that this requires to progress through organisation change which is anticipated to conclude by October 2021.</p> <p>Aligned to the team leader position, workforce allocation is underway to transition staff into a Home Team which is anticipated to conclude by October 2021. The Organisational Development and Learning Team will support staff through the transition.</p> <p>Recruitment is underway to recruit to additional Health Care Support Workers and Allied Health Professionals who will be allocated to a Home Team. The Health Care Support Worker interviews took place on 07 September and 20 people were successful which equates to 17.2 WTE.</p> <p>The plan is to bring together both SAP / Home Teams Project Initiation Documentation so as to ensure key deliverables / outcomes are aligned.</p>
Care and Support at Home	Short-term action plan to support the improvement of flow and capacity within the Care and Support setting.	<p>A care and support at home tactical group has been established to support the development and delivery of a refined care and support at home model to manage the increasing pressures across the partnership.</p> <p>The group has identified key areas of work that can be achieved in the short term to support the improvement in flow and capacity within the care at home setting. A key piece of work that is being taken forward is setting up a review group to re-evaluate all current and outstanding packages to prioritise and reprioritise packages within the system.</p> <p>Furthermore, this work will be supported by reviewing what Assistive and Inclusive Technology (AIT) can be used to alleviate the requirement for double handed packages of care, as appropriate.</p> <p>Project Initiation Documentation will be finalised during Summer 2021 to ensure the Key Performance Indicators for this service are fully defined and the Financial Impact Assessment developed to enable ongoing monitoring of impact.</p>

## Sustainability Priorities

Project	Objective	Progress
ePayroll	Working with staff-side and wider colleagues from the Partnership, develop a policy that will increase uptake of e-Payroll, making it the norm for all staff who have access to IT equipment in the workplace.	The Payroll Team have the expansion of ePayroll uptake on their work plan for summer 2021/22. Due to additional pressures on the Payroll Team, work is now planned to commence on the PID in late summer 2021, with delivery of the required changes now scheduled towards the end of the calendar year.
eCommunication	To create or procure a digital solution that will allow appointments to be sent to patients digitally, with the ability to send reminders.	<p>The project go-live date has again been delayed due to technical issues and staff absence over the holiday period, originally planned to go live in June 2021.</p> <p>The team are due to go live with a single Dermatology clinic on 01 September 2021 as the technical issues have been resolved and staff have had the appropriate training. The public communication materials have been developed to support the rollout.</p>
Hybrid Working	To implement an approach that supports staff to work in differing environments from which to carry out their role, maximising the benefits offered by systems such as Microsoft Teams; Near Me etc. It is hoped implementing this approach will support the estate rationalisation and maximise space utilisation.	<p>Working in collaboration, Workforce and Facilities colleagues will begin to review the cultural implications of moving to an agile workplace, in line with the emergent Once for Scotland Policy and the mission and principles that have been developed by the NHS Board Chief Executive and Workforce Director. In the first instance this work will begin to scope out the infrastructure requirements to support this model.</p> <p>A Short Life Working Group has been convened to begin to outline the scope and vision of the project to be fully detailed in the PID. The PID has since been reviewed through a PID Clinic and was approved by FRB on 19 August 2021. A short life working group will now undertake the detailed planning required to move this to the next stage, with a project plan due to be considered by FRB on 30 September 2021.</p>
Prescribing Improvement	<p>Using Directorate based Prescribing Improvement Plans to deliver assurance in respect of:</p> <ul style="list-style-type: none"> <li>• Unwarranted variation in prescribing is minimised across all sectors</li> <li>• Formulary compliance is maximised across all sectors</li> <li>• Medicines wastage is minimised in all care settings</li> <li>• Opportunities to</li> </ul>	<p>The Pharmacy Improvement Workstream met on 21 June 2021 with representation from across all Pharmacy specialties, defined clinical leadership, along with Finance and Business Analyst support. There is a strong desire to define the scope of this work and to progress at pace.</p> <p>The first draft of the Prescribing Improvement Plans, including anticipated realisable savings and an assessment of confidence for delivery, were presented to FRB at on 19 August 2021 having previously been reported to the Health and Social Care Operational Group in June 2021.</p> <p>These are now being incorporated into the</p>

	modernise and deliver the most cost effective pathways are maximised	standardised pipeline reporting format and will transfer to the delivery tracker once they are ready to 'move to delivery', with six-weekly reporting to FRB from 30 September 2021.
Locum Expenditure	<ul style="list-style-type: none"> <li>To develop viable alternatives to locum / agency use</li> <li>To establish formal processes to request locum / agency use and that the organisation is assured of their consistent application across all Directorates</li> <li>To develop clear and explicit standards to assure the organisation of the quality of locum / agency staff engaged; minimising of spend through price caps; and length of time for which locum / agency staff are engaged.</li> </ul>	<p>The first meeting of the Locum Spend Review Group took place 21 June 2021 with representation identified to take account of both medical and non-medical locums, along with Workforce, Finance and Staff Side support.</p> <p>The SAM Team convened a Short Life Working Group to develop proposals for consistent governance arrangements to support appointment of locums, to specify the analysis and metrics required to ensure better visibility of locum engagement and spend within the organisation and to develop an action plan to reduce reliance on and costs associated with long-term locums.</p> <p>This work continues to be developed and an agreed action plan for reducing reliance on long-term locums was approved by FRB at the start of August 2021. Task and Finish Groups have been convened to progress these actions and will report back to FRB with implementation plans on 30 September 2021.</p>
Workforce Efficiency and Productivity	<ul style="list-style-type: none"> <li>To translate the SBAR discussed at the Sustainability Workshop in March 2021 into an action plan for delivery</li> </ul>	<p>At its meeting on 05 August 2021, the FRB approved an action for further development. This plan covers:</p> <ul style="list-style-type: none"> <li>Ensuring that all employees who are in receipt of protection are actively reviewed and managed in line with Board Policies and extant circulars;</li> <li>Securing 'grip and control' on all new posts and fixed term contracts to ensure recruitment is aligned with the Strategic Plan and Organisational Objectives;</li> <li>Maximising Healthy Attendance at Work;</li> <li>Sharing learning to minimise the disruption and cost associated with Employment Tribunals and Employee Relations cases;</li> <li>Delivering the Once for Scotland approach to Hybrid Working;</li> <li>Improving workforce sustainability by working with partners to introduce international recruitment of nurses; and</li> <li>Scoping the introduction a Corporate Bank.</li> </ul>