NHSScotland Chief Operating Officer

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31 July 2023

Dear Jeff,

NHS DUMFRIES AND GALLOWAY: ANNUAL DELIVERY PLAN 2023/24

Thank you for sharing your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your teams for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a clearly shared understanding between the Scottish Government and NHS Dumfies and Galloway regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strenghtened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working

with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens
If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

JOHN BURNS
NHS Scotland Chief Operating Officer

Annex 1 : NHS Dumfies and Galloway 2023/24 ADP Review Feedback and Responses

Primary & Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.	Progressing work to connect Primary Care with other Directorates, independent providers and the third sector with the aim of ensuring as much care as possible is provided in the home or homely setting or closer to home in communities (ADP1). There is no mention of MH, so unclear if this only relates to acute / physical health. Focus of preventative healthcare centres around GPs and there is no reference to the preventative role of public health nursing services e.g Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community. No mention of preventative contribution of MDT community link workers.	In developing our ADP for 2023/34, we did not undertake a retrospective look back at what we have already delivered as a whole in terms of Primary Care Transformation Programme. A separate, detailed retrospective analysis of progress in delivering our Primary Care Transformation Plan was concluded early 2023 and can be supplied on request. **This analysis confirms that we have Mental Health Primary Care staff in all our 32 GP Practices.** As part of our Home Teams model we have community link workers as part of the Home Teams MDT (again these are delivered hence not stipulated in the ADP).	Content
1.2	Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.	Encouraged that the Board has reviewed the service in regards to best practice in delivering a MDT model. It would be helpful to understand further about the recruitment of Advanced Practitioners, as the return states that by Q1 D&G intend to progress towards appointment of Advanced Practice Lead to support recruitment and retention of AP's in OOH model ADP1 mentions GP Out of Hours (OOH) service reviewed in last year and considered best methods for delivering a multi-disciplinary team model in line with recommendations by Sir Lewis Ritchie. Local service has recruited GPs to sustain service and scoping has been carried out with SAS for short-term support using paramedics. Main focus for 2023 / 24 will be to support Advanced Practitioner training for trainee roles. Return states that approach ties in with current primary care delivery models and emerging models for unscheduled care and Home Teams pathways. There is no explicit mention of links between GPs, OOHs and mental health to understand if this covers acute / physical health. It would be helpful to learn more about the recruitment of Advanced Practitioners as the	Our Programme Managers for Primary Care Transformation, Unscheduled Care linked to the Project Managers delivering Home Teams and Care at Home, are currently in the process of reviewing the models of care. This will involve a review of our Flow Navigation Centre, Single Access Point, Urgent Care and our Home Teams. The aim of this is to tie all the work together via the GP Transformation Programme given the interdependences . A visit to Ayrshire and Arran is planned to understand their model of care in terms of the combination of these Services. Board can confirm that the existing GP out-of-hours service includes links to the mental health workforce.	Content

		return states that by Q1 they intend to progress towards appointment of Advanced Practice Lead to support recruitment and retention of AP's in OOH model.		
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	Mental Health All GP practices in Board have Mental Health Nurses. Plan indicates focus is on early identification and intervention. Plan for next year to assess demand against capacity and a skills assessment	Noted	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	Re T2DPF: unclear how telephone triage mentioned supports early detection/ intervention. Further detail would be required as weight contributing factor to CVD risk.	The Diabetes work is for patients to access as a first point of contact to release pressure from GPs, ED and OOH therefore early detection of any clinical issues to mitigate the need for patients to present at their GP, ED or OOH. The Unscheduled Care Programme Board, will focus on a review of the Heart Disease Pathways similar to the Integrated Respiratory Team and OPAT Team models of care.	Content As part of ongoing progress updates, it will be helpful to have more detail on type 2 diabetes prevention framework- still unclear on how this helps to identify condition early and supports intervention/prevention.
1.5	In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	None	None required	Content
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	The ADP2 action template is well-defined, noting that it build on actions already established or started by the Dental Task Force within the Board, with key milestones across all quarters of 2023-24. Policy colleagues are already working with the Board on these actions, and providing support where necessary. Key risks identified against are finance and workforce, noting both insufficient funding – in respective of PDS extension – as well as uncertainty around the timing and quantity of OHIP allocations. Workforce is a key risk on both actions, albeit good controls and/or mitigations are identified in respect of outreach,	Noted	Content

		proactive engagement with SG and recruitment planning.		
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.	None	None required	Content
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	Commentary is provided on the existing provision to support dental practice inspections and community settings such as care homes. General practice however is not mentioned or if there is a need to review or recruit to this provision. There are no plans nor timescales to deliver any changes to existing service.	Good relations with General Practice were formed throughout the Pandemic. The Infection Control Team supports General Practice from the current staffing model.	Content

Unscheduled Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	The plan provides a brief narrative of FNCs as part of their planning but don't expand into the areas we would expect in order to be assured that sufficient work is underway to develop these pathways. We would want to see commitment to meet the De Minimis Specification. We have also attached the heatmap recently shared with Boards and would ask that you reflect delivery of these components within ADP2. For example, booking of patients from FNC into scheduled unscheduled care, use of Near Me in FNC, paediatric pathways, , P2P, public messaging or work with SAS or NHS 24 as part of FNC. It is noted as good practice that the Mental Health Team have a 'Blue Light Pathway' in place where any multi agency team such as Police, Fire or SAS can contact the Mental Health Team directly for admission avoidance on a set criteria. A short life working group is in place to assess effectiveness of this model which will continue over the next 12 months. Mental Health Team has	As a small rural Health Board we do not have a critical mass of patients or staff to deliver a full FNC similar to an urban Board. However, we are reviewing the principle of that approach - Reference section 1.2 in terms of FNC. Work is ongoing with the teams on the Call before you convey work aligned to the reference of section 1.2.	Content

		two posts in Emergency departments.		
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding.	Very limited detail and no mention of work to schedule care for children and babies. Despite reference to pre-booked appointments, there is no reference in ADP2 to progress against this work in terms of booking slots for unscheduled care in any of the areas requested (MH services, children and babies) in either their main plan or as part of trajectories.	Reference section 1.2 in terms of FNC – this model will be considered in terms of scheduling in unscheduled care presentations.	Content
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	None	None required	Content As part of progress updates, it will be helpful to learn about the Board's plans for an integrated approach to all urgent care services
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	None	None required	Content
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	Note reference of priorities for paeds pathways with the creation of new Winter Virus Pathway and newly adopted Advanced Practice model in the Triage and Short-Stay area of Paediatrics. No mention however of heart failure pathway	Advanced Practitioners are in place to support the Paediatric Pathway. Winter Virus Pathway in place where Paediatric presentations are directed to the Women and Children's Unit therefore mitigating the need for intervention from the Emergency Department. Updates on this pathway are reported via the West of Scotland forum.	Content
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	None	None required	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Acknowledgement of the dropping off of weekend discharges and challenges to recruit to 7 day medical rotas.	Noted	Content
2.8	Best Start Maternity and Neonatal Plan: *you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.* Outline your approach to move towards full delivery of the Best	Acknowledges delivery, but no mention of delivery milestones for continuity of carer (cornerstone policy) and no articulation of delivery and assurance structures in place. Good to see reference to Stranraer review – important for future of service provision.	There is a maternity and Neonatal plan in place which will be updated as per ADP quarter milestones. The Best start Maternity element - This was extended by 1 year due to the Pandemic, 28 local recommendations are anticipated to be implemented by March 2024. The Neonatal element - UWS qualified in specialty post graduate programme commenced in January as planned. 4	Content

	Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.		individuals are currently on facilitated placements, anticipated completion date is Sept 2023 – this is on track.	

Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	**CAMHS** Plan provides some information on action the Board is taking to continue to support CAMHS services meeting the waiting time targets (although plan does not specifically mention the target). Plan does not mention long waits. Plan indicates recent resignations from CAMHS team which is not expected to be back to full capacity until October 2023. Plan does not indicate how this will affect performance against target. No forward trajectory has been submitted for performance against the target. RTTs are currently unknown as the service has moved to MORSE. This has been ongoing since December and plan indicates it will only be revisited in September. Plan needs further detail over what is going to change, what actions are required and a clear timeline. Plan does not include information on unscheduled care / out of hours for CAMHS. **PT** Written document does not mention target or provide trajectories. Quarterly trajectories included within ADP2 excel however not in the correct format and not useful to the overall national trajectory exercise (no monthly detail, no detail on over 52 week waits etc). Target anticipated to be met in Q2 2024/25.	Long waiters will form part of the review of the current demand / capacity modelling work – longest wait at 22 weeks, therefore no waits over 52 weeks. It was agreed not to submit our trajectories due the data issues identified when transitioning from Topas System into Morse System. If the Board had submitted, this would have been in inaccurate reflection of the current waiting times. However, that said, a Qlikview Application (reporting tool) has now been developed and will be in place from the start of July 2023, therefore trajectories will be developed and submitted once in place within the month of July 2023.	Content However, as part of ongoing review process, it will be helpful to hear further information as to how the RTT issues will be resolved and to what timeframe.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	Board's response provides a commitment to delivery of the CAMHS specification with some indication of how the board is progressing this work and their focus. Plan indicates no local provision for neurodevelopment referrals. Board will scope options to meet this demand during 2023/24 but there is no commitment to deliver a solution – the plan indicating resource would need to be found from elsewhere to fund a solution.	We are in the process of setting up an agreed staffing model for Neurodevelopment referrals, noting we advertised for a Psychologist but were unable to recruit; this is out for recruitment again. We do have 2.4 WTE supporting these referrals with capacity of 10-20 patients per month. Additionally, we use the Healios Agency for additional capacity noting however they do not pick up any complex patients.	Content

3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	Plan indicates all services will move to MORSE by end of 2023/24 but does not provide a clear timetable as to how this will be achieved. Plan does not mention CAPTND or meeting the required standards. Given issues movement to MORSE has caused for CAMHS more information required on how similar issues will be avoided in future	The CAPTND data definitions are built into the MORSE System.	Content
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.	Board estimates current spend in region of 6% - 7% but no information on methodology. Board will take account of any ring-fenced spend from Scottish Government. Board will not commit to 10% target by 2026 or any significant investment in mental health services from its base allocation and therefore has not provided a trajectory to 10%. The 1% CAMHS target is not mentioned	Our ADP 2023/24 submission confirmed that, in light of our significant recurring financial pressures, we are not in a position to reallocate resources from one element of our NHS Budget to another. Rather, any releasable resource would need to be considered as a saving. Our submission did, however, confirm the allocation of almost £1m of IJB Reserves to provide supported accommodation and home-based support for people with complex needs, including those with severe and enduring mental health problems, thus increasing the proportion of the delegated budget being used to deliver mental health services.	Content However, as part of ongoing review whilst we recognise financial pressures, increasing mental health services spend to 10% of NHS frontline spend by 2026, we would like to discuss this further.

Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care.	ADP 2 shows the ambition to increase capacity with 6 day operating and 7 day availability of Surgical Short Stay. Clear milestones – Q1 training of new recruits, Q2 14 elective beds ringfenced – is this sustainable?	The Acute and Diagnostics Team are in the process of reviewing their Surge Plans which will include the ring fencing of elective beds to ensure a balanced approach to unscheduled care Vs elective care.	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	Reviewing vasectomy service to look at sustainability - breakdown of actions per quarter not clear enough Not enough information to really understand what is being done in this space	This work will be set out at the newly established Planned Care Steering Group where timeframes for delivery will be agreed.	Content
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	Appears to be working closely with CFSD and mentions delivering CFSD's workplan and particularly working on ACRT and PIR as well as clinical pathways for refhelp Also reviewing the orthopaedic pathway so patients have appropriate prehab / conservative mgt techniques prior to secondary care input.	Noted	Content
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of	Plan doesn't mention NECU and unclear about what is being delivered and when. There is a plan in place to look at TTG and long waiting times as well as breaches. This could have been more detailed in ADP1 and 2	The Waiting Times Team validates all waiting lists and work with the National Unit in terms of planning capacity – planned care trajectories have already been submitted by way of a planned care return to	Content

	engagement with the National Elective Co-ordination Unit (NECU) to support validation.		Scottish Government. As standard the focus for the Team is on Long waiters for TTG and Out-patients where we are meeting the submitted plans to Scottish Government. This work will be set out at the newly established Planned Care Steering Group.	

Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	Various improvement initiatives mentioned inc. workforce skill-mix, FIT, CCE, cyto, second CT scanner proposal submitted, protected CT and MRI slots where possible for USCs. Expect to see more detailed diagnostic plans as part of their 62 day improvement plan that's been requested (by cancer type).	Noted	Content
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	Continue to deliver RCDS (went live May 2021) and feed into national evaluation.	Noted	Content
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	FECM implementation awareness across all levels of organisation highlighted and Framework Champion identified to drive adoption which is welcome. Limited detail on plans to ensure full adoption however, Boards are expected to complete quarterly returns summarising progress in delivering FECM so we should get the required further level of detail from this route.	N/A to respond as another QTRLY return	Content
5.4	Outline plans to improve the quality of cancer staging data	Digital MDT record reporting being explored which is welcome but no detail around feeding into national QPI group or improvement work.	This work will be set out at the Cancer Steering Group, where ANIA will be taken into this forum to formalise digital innovation opportunities.	Content
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways	Limited information provided in sustainability plan and no mention in ADP2 demonstrating progress. Very little information in narrative, more detail is needed to evidence how each point is being considered. Board will develop local action plans to embed the psychological Therapies and Support Framework Potential to reference CHAS and existing relationships for children who need to access palliative care	The work will be taken forward via the Cancer Improvement new appointment. Reporting will be taken through the Cancer Steering Group in terms of a sustainability plan and will be submitted as part of the Quarterly updates.	Content

	• Embed the Psychological Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.			

Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	It is noted that the Board have commenced work to consider implementation of the Women's Health Plan. Brief reference to their Ethnic Minority Staff Forum and its achievements within its first year. No other references to race / racialised health inequalities related work.	Noted	Content
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	Good detail on implementation of MAT standards Omissions are executive lead and clear referral pathways, the latter however is not included in original ask. Quarterly milestones included in ADP2 under action 6.1. Would be beneficial to have more explicit detail linked to 6.2 with quarterly milestones.	Julie White, Chief Officer and Chief Operating Officer is the Executive Lead for prisons healthcare and those in custody. We will review as part of the Q1 progress update with a view to stranding our action 6.1 to create a more specific action with milestones for 6.2.	Content SG Policy Leads will engage with the Boards on this further.
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	None	None required	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	Interim Women's Health Lead in place.	Noted	Content

6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	None	None required	Content
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	No reference to the Young Patients Family Fund either in ADP or embedded weblink.	This is being followed up with the operational service to determine any action required.	Content

Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.	Although there is some reference in ADP1 to ANIA, we would like to understand the proposed approach to local adoption of innovation coming through ANIA and specific reference within ADP2.	It was highlighted that the Board hasn't had much engagement with the national programme (ANIA) as not been visible. However, in terms of Digital Innovation for planned care – this will be developed with the Planned Care Steering Group.	Content

Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	The plan does not mention e-rostering for the MH Workforce.	The local Mental Health Workforce is part of our Health and Social Care Workforce and they, along with their wider colleagues, will benefit from all aspects of our Workforce Plan.	Content

Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	**Optimising M365** Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative	No evidence of staff learning & development that is specific to M365. Needs more outline and detail on 'security'. Will pick up as part of ongoing review process	Noted.	Content

	(local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365			
9.2	Boards to provide high level plans for the adoption/implementation of the national digital programmes.	Comprehensive response with appropriate milestones included. It would be helpful to see reference to work to support the new child health data system. A number of programmes would benefit from clear milestones.	Local Team is engaged with the national work to look at the replacement system for Child Health.	Content
9.3	Boards to complete the **Organisational Digital Maturity Exercise** to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies.	Plan to be updated to indicated completion of DM Exercise.	Noted	Content
9.4	Boards should outline: • Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation	Good outline but would benefit from aims on the wider aspect of Digital Leadership/Mindset of senior staff across the Board. Could include more detail on what exact steps the board is taking to support the leaders, as well as how they will share their learning.	Noted	Content
9.5	Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	Good outline and detail.	Noted	Content

Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	The text describes action being taken to decarbonise pool car fleet and that the Board is reviewing options for decarbonising heavy goods vehicles; but does not specify what action is being taken to decarbonise light commercial vehicles.	Reference to wider fleet is captured in the Medium Term Plan as that is not a focus for 2023/24.	Content Will pick up further as part of MTP review.
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	Whilst considerable progress has been made and is welcomed. Reference to objectives and a waste group, or equivalent, for the Board is not made. It would be helpful to identify responsibilities and governance in relation to waste management. Waste data recently supplied to inform the waste route map work does not align with the statement the Board have made in their ADP, and notes that there is still significant work to be done in meeting the targets set out in DL(2021)38.	There is a Climate Emergency and Sustainability Programme Board to monitor all climate related improvement work and will form the updates for each QTRLY return.	Content
10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.	Medical gases is a high priority area please be clear about timelines for mitigation for each agent. *Volatiles* 1. Desflurane removal 2. Low flow as standard 3. End tidal control roll out. time line needs stating *N2O mitigation*. What are the proposed times lines (quartile) for N2O piped systems & investigations name your team: AP for medical gas, senior pharmacist, CD anaesthesia & med physics for key sites. *Entonox mitigation* name your clinical leads for: Head of Midwifery, ED and Gastroenterology.	There is a Climate Emergency and Sustainability Programme Board to monitor all climate related improvement work and will form the updates for each QTRLY return.	Content However, SG Policy Leads wish to explore this further as part of the ongoing review process.
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	Very limited detail seem only just to be starting to look at his no measurement or process for implementing actions	There is a Climate Emergency and Sustainability Programme Board to monitor all climate related improvement work and will form the updates for each QTRLY return.	Content
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	'Plans for reduction of our own estate' – assume typo here for emissions reduction rather than estate reduction? Good reference of energy transition development objectives. On '5 main areas' – 'Net Zero health service by 2040' is mention which I presume is the core aim. Net zero buildings / energy transition has not been mentioned here more specifically and would consider rewording. On funding – are there any specific funding that boards will be targeting this year? On DH scheme – perhaps specify possible sites that will be considered / piloted this year.	Noted	Content
10.6	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and	Full public consultation of the guide will be available soon which will aid in the approach and plan to implement the Scottish Quality Respiratory Prescribing Guide	Noted	Content

	respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.			
10.7	Outline plans to implement an approved Environmental Management System.	Although EMS has not been included as one of the five main priorities for their Climate Emergency and Sustainability (CES) Programme Board, they have mentioned that they will implement an EMS via the work of the Board during 2023/24, however, no outline plans with timescales have been included. Clarity is required with regards to outline plans for the development and implementation of EMS.	There is a Climate Emergency and Sustainability Programme Board to monitor all climate related improvement work and will form the updates for each QTRLY return.	Content However, as part of review process, wish to see an outline plan or clarity with regards to development

B- Finance and Sustainability

No	Key Result Areas	SG Interim Feedback	Board Response	SG Final Sign Off Review
1.1	Delivery of ADP / Financial Plan	The financial information within the submitted ADP aligns to that presented in the Boards 2023-24 financial plan. We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24 financial plan through the in-year financial performance return process, beginning with the Quarter One review. Following discussions with the Chief Executive and Director of Finance and as detailed in a letter on 3 May 2023, the Scottish Government is providing tailored support to the Board in order to diagnose underlying causes of the recurring deficit and to develop and implement a financial recovery plan.	At this stage the Board does not have savings plans identified to deliver the full level of savings outlined in the plan (£20m over three years). Beyond this level the Board would need to identify a further £17.8m in order to achieve a breakeven position at March 2026. Plans in 2023/24 remain high level and in order to deliver the level of savings described in the existing plan, this will require a doubling of the improvement delivered in 2023/24. Initial focus will be on securing savings in the immediate short term in order to deliver the 2023/24 financial plan; thereafter focus will be directed at achieving the £20m recurring savings described in the plan.	Content

C – Workforce
General Feedback - to be addressed as part of ongoing review process

NHS DG ADP plan does not include any additional workforce related actions beyond the Board Action Implementation of Allocate system, there unable to comment on wider workforce planning actions/risks.
Narrative document does offer wider insight to workforce planning however dedicated section further expands on the implementation of an eRostering system and alignment with AfC.

The plan states the intention to deliver a Culture Improvement Programme and Integrated Workforce Plan to increase the capacity, capability and resilience of their health and social care workforce. It is not clear if programme includes the mental health workforce.

Driver 8 in ADP1 mentions workforce plans for Dumfries and Galloway Health and Social Care Partnership, NHS Dumfries and Galloway and Dumfries and Galloway Council. The ADP recognises need to develop an overarching plan that identifies common issues and recognise contribution of third and independent sectors. However, no mention of mental health for this driver.

D – Value Based Health Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	Executive sponsorship is missing	Updated	Content

1.2	Indicate the connection to and overall approach of the local RM Action Plan, including the 5 key areas stipulated as conditions of funding.	Clearly outlined	Noted	Content
1.3	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	Clear outline of governance arrangements is missing	A steering group for VBHC has been established with direct reporting arrangements into the Health and Social Care Leadership Group. Reporting into formal NHS / IJB Committees as appropriate.	Content