

## NHS Dumfries & Galloway – Summary Briefing for Health & Sport Committee

### Overview

NHS Dumfries & Galloway is performing relatively well across a range of traditional performance measures in both scheduled and unscheduled care. However, we are experiencing difficulties in staffing our service models and cannot deliver them within our allocated budget. We will need to deliver substantial redesign of services over a short period of time to create a sustainable and high performing system.

### Financial Sustainability

NHS Dumfries and Galloway has an unprecedented financial challenge as we move into the 2023/24 financial year with an underlying deficit position and requirement to deliver significant savings to get to a balanced financial position which will extend beyond the current three year financial planning timeframe.

The three year Financial Plan is set out in the table below:

**Table 1**

<b>Financial Plan - NHS Board</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Recurring Deficit Brought Forward	(34,089)	(40,592)	(47,155)
Net additional recurring investment required	(12,503)	(12,563)	(13,888)
<b>Total Recurring Deficit Anticipated</b>	<b>(46,592)</b>	<b>(53,155)</b>	<b>(61,043)</b>
Recurring Savings Target Set	6,000	6,000	6,000
<b>Target Recurring Deficit</b>	<b>(40,592)</b>	<b>(47,155)</b>	<b>(55,043)</b>
Non Recurring Savings - Balance of 3%	4,700	4,700	4,700
<b>Target In-year Position</b>	<b>(35,892)</b>	<b>(42,455)</b>	<b>(50,343)</b>

- The position is before any repayment of brokerage.
- Any in-year directorate overspends arising during the year will also require to be covered by non-recurring flexibility consistent with approach in 2022/23; this is currently estimated at £8m.
- Plan includes minimal investment over and above pay and prices uplifts.
- Recurring savings target set at post Dumfries and Galloway Royal Infirmary (DGRI), pre-Covid-19 level.
- Excludes Agenda for Change settlement as assumed to have nil impact.

The Board's position has worsened from the trajectory previously set out within the Board's recovery plan which saw a reduction in the recurring deficit over the period. The primary shift is a result of ongoing inflationary pressures which were not anticipated at the level we have experienced. Over the three year horizon uplift planning assumptions are £32m more than the projected Scottish Government baseline uplift to NHS Boards.

In addition to inflationary pressures, the operational directorates continue to see pressures within budgets as a result of high levels of occupancy across the service. There is a reliance on supplementary staffing due to workforce recruitment pressures and as a result of additional acute beds remaining open beyond the winter period due to the relentless activity pressures. This is expected to continue during 2023/24, however, there is significant work happening within the Board to ensure that the financial impact is minimised through the implementation of cost containment workstreams.

The Board has delivered recurring savings targets consistently each year. Prior to opening the new District General Hospital (DGRI), the Board were able to deliver on average £8m per annum; this has since reduced to £6m per annum and during Covid-19 this dropped off significantly to under £2m, with a significant lost savings opportunity during this period.

The 3% target set for 2023/24 is £10.7m for the Board and although the Board recognises the need to continue to deliver recurring efficiency savings of 3%, this is not considered achievable based on previous levels of delivery and has been split £6m recurring and £4.7m non-recurring. The majority of Board services have had significant redesign as part of business cases for new facilities over the last 15 years: Galloway Community Hospital; Midpark mental health facility and DGRI. The remaining element of the estate and service redesign, is a review of intermediate care provision through the Right Care Right Place review which is being led through the Integration Joint Board.

The establishment of the Climate Emergency and Sustainability Programme Board alongside the financial efficiency agenda, is driving a number of proposals to consider energy efficiency schemes on the Dumfries Campus, with the development of a Property and Energy Strategy due to be completed by September 2023

The Board's financial plan was approved at its meeting on 17<sup>th</sup> April 2023.

## **Mental Health Services**

- Mental Health Inpatient services have at periods experienced over 100% bed occupancy resulting in Midpark hospital having to utilise surge beds in areas not designated for hospital beds, and increase staffing complement to meet increased patient care demand.
- Multi-disciplinary scrutiny huddles have been introduced to facilitate early discharge and flow.
- 30% vacancy rate amongst consultant staff, with external locum in West of the region. 4 rounds of recruitment in last 12 months with no interest expressed in roles. We would highlight two critical areas of risk in forensic mental health and crisis intervention.
- We are exploring ANP models and reviewing roles and responsibilities. There are elements that need to remain as medical responsibility due to statutory legal responsibilities around Mental Health Act.
- Primary Care Mental Health service in place Region wide and operational. Expanded Jan 2022 to be more sustainable and added psychological therapy development March 2022. Now fully staffed. All GP clinics run to full capacity. The CBT introduction is thought to be contributing to the stabilising of referral rate to secondary care psychology services.
- Early Intervention Psychosis (EIP) operational for 18 months region wide. Currently a caseload of 14 people.
- Perinatal Mental Health Operational region wide for 18 months - provisioned for 60 mothers per year.
- New dementia diagnostic nurse led model introduced in the last 2 years.
- Post diagnostic support (PDS) for 12 months has been a challenge due to staffing issues and the increase in demand locally, driven by demographics and early diagnostic success.

- User and Carer engagement alongside work with Third sector colleagues has been successful in developing a local road map of services.
- 59% compliance with the 18 week target for psychological assessment.
- Near Me continues to work well, with 65% of appointments continuing to be virtual, this also supports out of region recruitment with psychologists based out of region offering local appointments via NearMe.
- Jan 2023 to March 2023 the psychology referral numbers have stabilised after previous peaks and have returned to 2020 levels. The success of primary care mental health team is thought to be contributing to this by ensuring earlier intervention for low level mental health needs.

## Elective Waiting Times

### Inpatients

- **18 months (78 weeks) by Sept 23**
  - We are currently operating at this level with small exceptions.
  - Current patients waiting more than 78 weeks are booked by 01 May or are being rebooked due to Covid.
- **1 year by Sept 24**
  - We are on track to meet next milestone. Risks and opportunities include:
- Theatre Staffing
  - Due to a number of retirements, there has been the need to recruit a number of individuals. Although vacancies are low, those recently recruited require a higher than anticipated level of training which therefore results in a lead-in time to get us back to full capacity.
- Theatre Efficiency
  - refreshed Planned Care Programme Board will provide oversight of re-energising theatre utilisation maximising systems available. Clinical support to this work secured. Risks include bed availability – ref USC improvement work to mitigate.
- Orthopaedics
  - Successfully completed first 4 joint list. Plans in place to have 1 x 4 joint list per week. See and Treat pathways with GJNH supporting achievement of the milestone.

### Outpatients

- 52 weeks wait by March 23
  - achieved with small number of breaches. A plan is in place to address all of the Gastro breaches by end May due to recruitment of additional staff.

### Diagnostics

- Radiology
  - Demand is continuing to outstrip capacity, compounded by new pathways within cancer. Continued extended working day for MRI and CT. Redirect where reasonable to GCH scanner. Business case for 2<sup>nd</sup> CT scanner being considered. Review of radiographer rota to move to full shift from oncall overnight.
  - Radiology capacity is currently our biggest risk to the Cancer 62 day pathway

- **Scopes**
  - Bowel Screening in first 3 months have been high, anticipated number of the year being circa 800 in comparison to 6-700 of normal year. We have lost a nurse endoscopist to retirement so going through recruitment and then training. We are also upskilling B4s to support the efficient running of our Endoscopy lists. We have contingencies in place utilising medical workforce whilst we training nursing.

## **Workforce**

### **Headcount (excluding bank and Locum):**

Headcount at 31/03/23 for Nursing/Midwifery was 2,251 (at 31/03/22 it was 2,313), Medical and Dental 275 (compared to 274 at 31/3/22). Nursing/Midwifery Job Family was 48% of the headcount at 31/03/23.

### **NHS D&G Overall Turnover (excluding bank and Locum):**

For the period 2022/23 the turnover rate was 8.93% (at 05/04/23).

NES published data for 2021/22 showed NHS D&G's turnover rate of 8.9 was 4<sup>th</sup> lowest.

### **Turnover by Job Family (excluding bank and Locum but including some junior doctors):**

The Job Families with the highest rate of turnover in 2022/23 are:-

- Medical and Dental (23.5%). 19% of the leavers in this job family were junior doctors (11 people & 11 WTE). Excluding Junior doctors, the turnover reduces to 21.2%. Headcount in Job Family = 275.
- Senior Managers (33.3%). WTE turnover = 4.2%. High % impacted by small group of people (only 5 leavers with WTE of 4.2). Headcount in Job Family = 17.
- Nursing/Midwifery rate was 6.3%. Headcount in Job Family = 2,251.
- AHP was 7.8%. Headcount in Job Family = 361.
- Other Therapeutic was 16.5%. Headcount in Job Family = 229.

### **International recruitment by NHS D&G:**

- 21 nurses recruited with 15 completed their training and commenced in post during 2022 and 6 started in post in Jan-23.
- 6 nurses ongoing through their OSCE training in 2023.
- 1 AHP recruited and started in their post in Jan-23.