

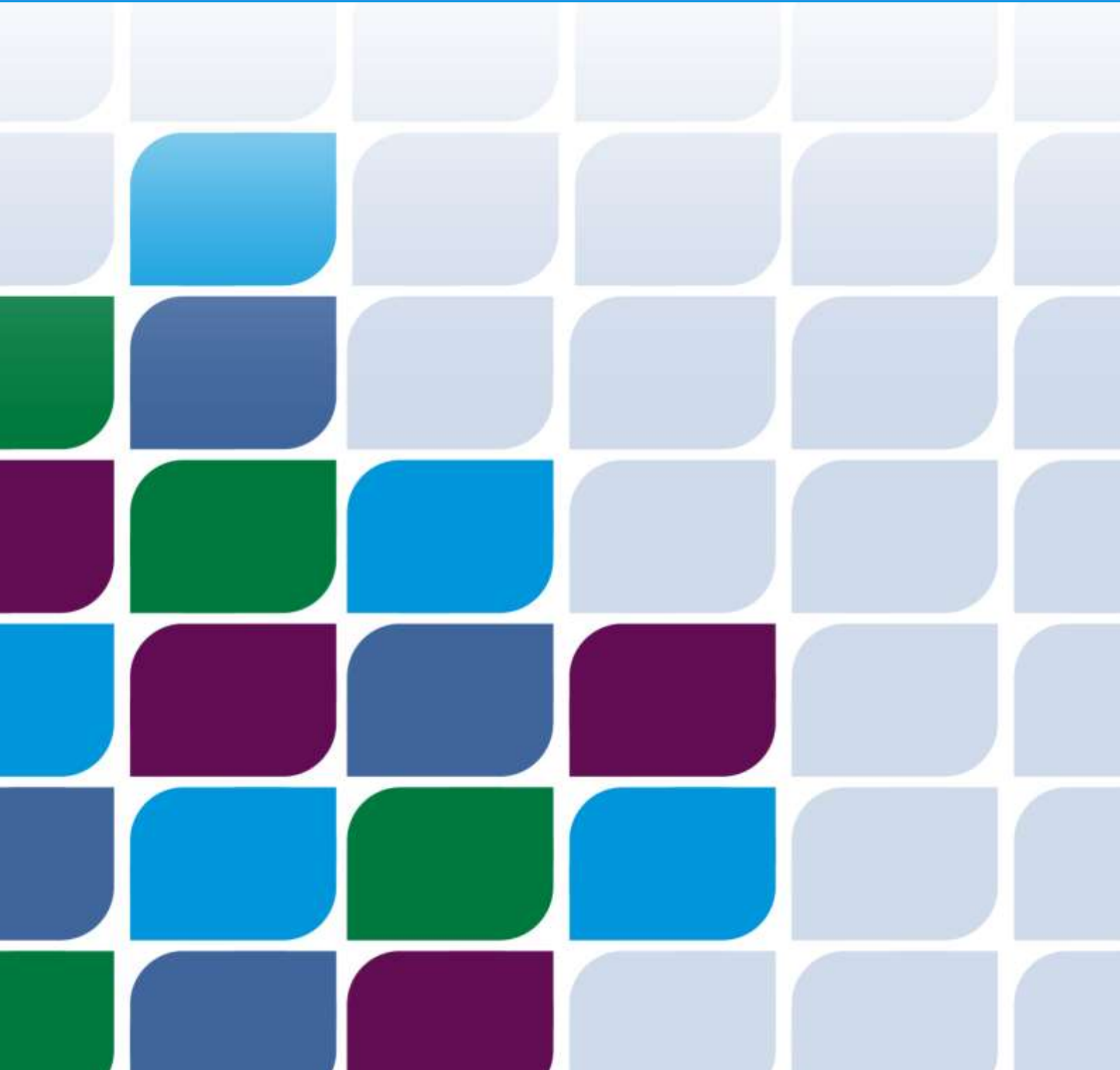
DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT QUARTERLY REPORT



DUMFRIES AND GALLOWAY
Health and Social Care

Q2 July - September 2018



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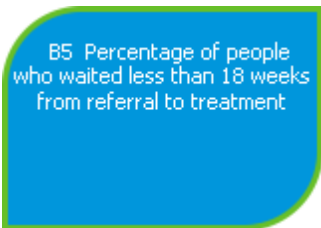
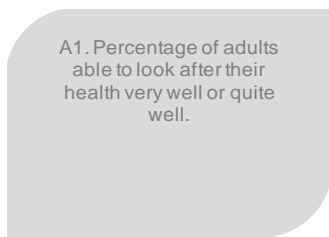
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Document Features



At the start of each section there is an overview page summarising the sections content. This is done using 'leaves'.

If the leaf is **grey** then that indicator/measurement has not been included in this edition of the quarterly report. If the leaf is **coloured in** then that indicator/measurement is included in this edition.

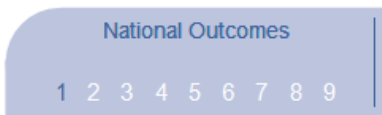
The border of the leaf will be coloured according to the following:

Grey – there is insufficient data available at this time to determine whether or not we are being successful in attaining our outcomes.

Green – the indicator or measurement suggests that we are being successful in attaining our outcomes.

Amber – early warning that the indicator or measure suggests that we may not be successful in attaining our outcomes.

Red – the indicator or measure suggests that we have/will not attain our outcomes.



This section indicates which of the 9 National Outcomes for Integration the measurement/indicator supports.



This section indicates which of the 10 Areas of Priority for Dumfries and Galloway as described in the Strategic Plan the measurement/indicator supports.



Basic 'meta-data' indicating the measurement/indicator was last published; how frequently it is published; and who publishes it.

Each indicator in this report is prefixed with an "A", "B", "C" or "D" code. This refers to origin of the indicator:

Indicators with an "A" code are from the "Core Suite of Integration Indicators" defined by the Scottish Government.

Indicators with a "B" code are the NHS Publically Accountable Measures.

Indicators with a "C" code are the Local Authority Publically Accountable Measures for adult social work services.

Indicators with a "D" code are locally agreed measures.

National Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries and Galloway. They are the long term objectives the Integration Joint Board are striving to achieve.

The progress Dumfries and Galloway is making towards achieving the national outcomes is measured in different ways: quantitative, qualitative, and process measures. Each measure may relate to more than one outcome but it is unlikely that any one measure will indicate progress to all outcomes at the same time. In this report, each measure is mapped to one or more of the national outcomes. Combined these measures provide an overall assessment of Dumfries and Galloway's progress towards these outcomes.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their

3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

5. Health and social care services contribute to reducing health inequalities

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

7. People who use health and social care services are safe from harm

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

9. Resources are used effectively and efficiently in the provision of health and social care services

Dumfries and Galloway Priority Areas

To deliver the 9 national health and wellbeing outcomes, the Strategic Plan identified 10 priority areas of focus. Each measure in this report is also mapped to one or more of these 10 priority areas.

1. Enabling people to have more choice and control
2. Supporting carers
3. Developing and strengthening communities
4. Making the most of wellbeing
5. Maintaining safe, high quality care and protecting vulnerable adults
6. Shifting the focus from institutional care to home and community based care
7. Integrated ways of working
8. Reducing health inequalities
9. Working efficiently and effectively
10. Making the best use of technology.

Indicator Summary

A1. Percentage of adults able to look after their health very well or quite well.

A2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.

A3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.

A4. Percentage of adults supported at home who agree their health and care services seemed well co-ordinated.

A5. Percentage of adults receiving any care or support who rate it as excellent or good.

A6. Percentage of people with positive experience of the care provided by their GP practice.

A7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.

A8. Percentage of Carers who feel supported to continue in their caring role.

A9. Percentage of adults supported at home who agree they felt safe.

A10. Percentage of staff who say they would recommend their workplace as a good place to work.

A11. Premature mortality rate.

A12. Emergency admission rate.

A13. Emergency bed day rate.

A14. Readmission to hospital within 28 days.

A15. Proportion of last 6 months of life spent at home or in a community setting.

A16. Falls rate per 1,000 population aged 65 and over.

A17. Proportion of care services graded 'good' (4) or better in care inspectorate inspections.

A18. Percentage of adults within intensive care needs receiving care at home.

A19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.

A20. Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency.

A21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home.

A22. Percentage of people who are discharged from hospital within 72 hours of being ready.

A23. Expenditure on end of life care.

B1. Detect cancer early (breast, colorectal and lung)

B2(1). Cancer waiting time (part 1 - 31 days).

B2(2). Cancer waiting time (part 3 - 62 days).

B3. The number of people newly diagnosed with dementia who have a minimum of 1 years post-diagnostic support.

B4. Treatment Time Guarantee.

B5. 18 weeks referral to treatment.

B6. 12 weeks first outpatient appointment.

B7. Diagnostic Waiting Times longer than 6 weeks for 8 tests.

B8. Early access to antenatal service.

B9. IVF waiting times.

B10. CAMHS Waiting Times.

B11. Psychological therapies waiting times.

B12. Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 total occupied bed days - healthcare.

B12(2). Rate of Clostridium Difficile infections in patients aged 15 and over per 1,000 population: community.

B13(1). The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per 1,000 occupied bed days - healthcare.

B13(2). The rate of Staphylococcus Aureus Bacteraemias (MRSA/MSSA) per 1,000 population - community.

B14. Drug and alcohol treatment waiting times

B15. Number of Alcohol Brief Interventions delivered

B16. Smoking cessation: The number of people who quit smoking for 12 weeks or more.

B17. GPs provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients.

B18. Sickness Absence Rate (%).

B19. Accident and Emergency waiting times.

B20. The NHS Board operates within their Revenue Resource Limit (RRL), their Capital Resource Limit (CRL) and meet their Cash Requirement.

C1. Number of adults accessing telecare as a percentage of the total number adults supported to live at home.

C2, C3 and C4. The number of adults accessing self directed support option 1, option 2 and option 3.

C5. Carers: The number of adult Carers being supported .

C6. Percentage of people 65 and over with intensive needs (plus 10 hours) receiving care at home (via Option 3).

C7. The number of adults under 65 receiving personal care at home (via SDS option 3), or as a direct payment (Option 1).

C8. Total number of homecare hours provided as a rate per 1,000 population aged 65 and over.

C9. Percentage of referrers receiving feedback on actions within 5 days of receipt of referral.

D1 Proportion of people who agree they felt safe when they last used health & social care services.

D2. The number of complaints received by health & social care services

D3. The percentage of adults who agree their health and social care support seemed well co-ordinated

D4. Of those who have had their personal outcomes assessed, the proportion who have made progress towards achieving them .

D5. The proportion of staff who agree that they have the information and support necessary to do their job.

D6. Technology Enabled Healthcare - The number of times people access "virtual services".

D7. Housing Adaptations: Number of housing adaptations provided within predetermined timescales.

D8. Proportion of all prescriptions issued that are for a generic (non-branded) product.

D9. The ratio of workload between institutional and community based care.

D10. Percentage of people referred to Adult Support and Protection who agree that they have had a positive outcome.

D11. The proportion of Carers who agree they receive the support needed to continue in their caring role.

D12. Proportion of people who agree that they could rely on family or friends in their own neighbourhood for help.

D13. Progress towards reporting on health inequalities.

D14. Proportion of people who agree that they were communicated with well and listened to.

D15. Proportion of people who are satisfied with local health and social care services.

D16. Proportion of people who are satisfied with the ease of finding information on health and social care services.

D17. In a community setting (including care homes), the number of new Forward Looking (anticipatory) care plans.

D18. The proportion of people who feel connected to the neighbourhood they live in.

D19. The proportion of staff who agree that they understand the vision and direction of Dumfries and Galloway Health and Social Care.

D20. The proportion of staff who agree that they are confident they understand how their role in the organisation can support people from different backgrounds and with

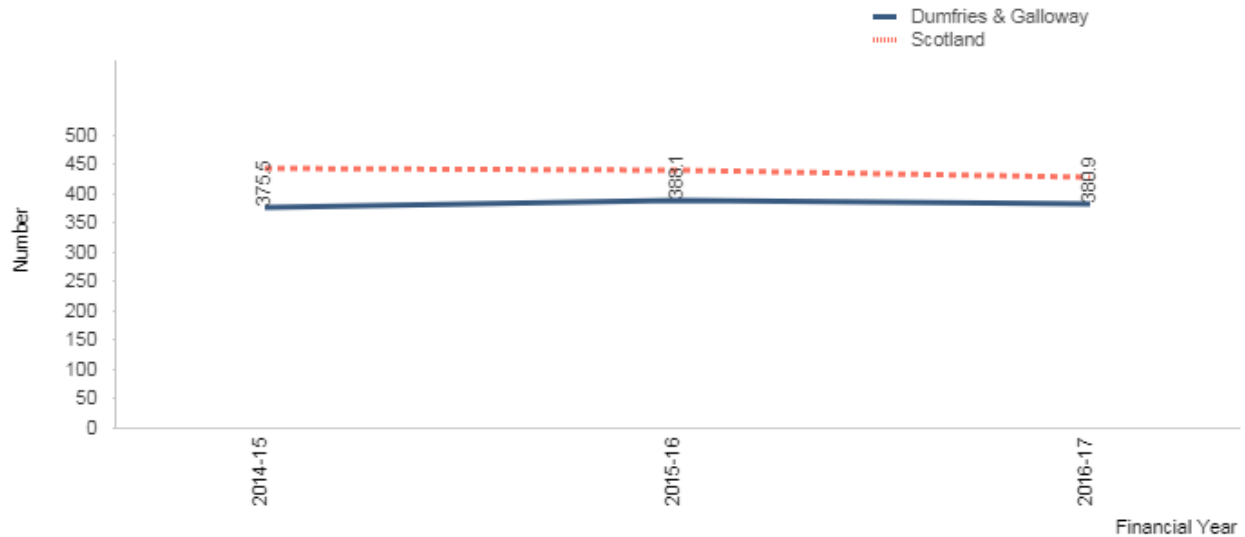
D21. The proportion of staff who agree that they are involved in decisions relating to their role.

D22. Percentage of staff who say they would recommend their workplace as a good place to work.

A11 Premature mortality rate

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

European age-standardised mortality rate per 100,000 for people aged under 75



Key Points

The premature mortality rate is standardised to account for the different proportions of age groups in different regions. Dumfries and Galloway had 381 deaths per 100,000 people aged under 75 in 2017. This was an increase from 376 deaths per 100,000 in 2015. The premature mortality rate for Dumfries and Galloway is typically lower than the rate for Scotland, at 425 deaths per 100,000 people aged under 75. In 2017, the 2 most common causes of death were cancer and diseases of the circulatory system (heart disease).

Approximately 31% of all deaths in Dumfries and Galloway are people aged under 75, whereas for Scotland this is 36%.

The Wider Context

This measure is a high level population indicator which is affected by a large number of factors. Research has shown that some of the long term drop in mortality rates can be attributed to the falling rates of smoking, cancer screening programmes, the widespread use of statin medication and falling levels of violent crime (which tends to disproportionately affect younger people).

Improvement Actions

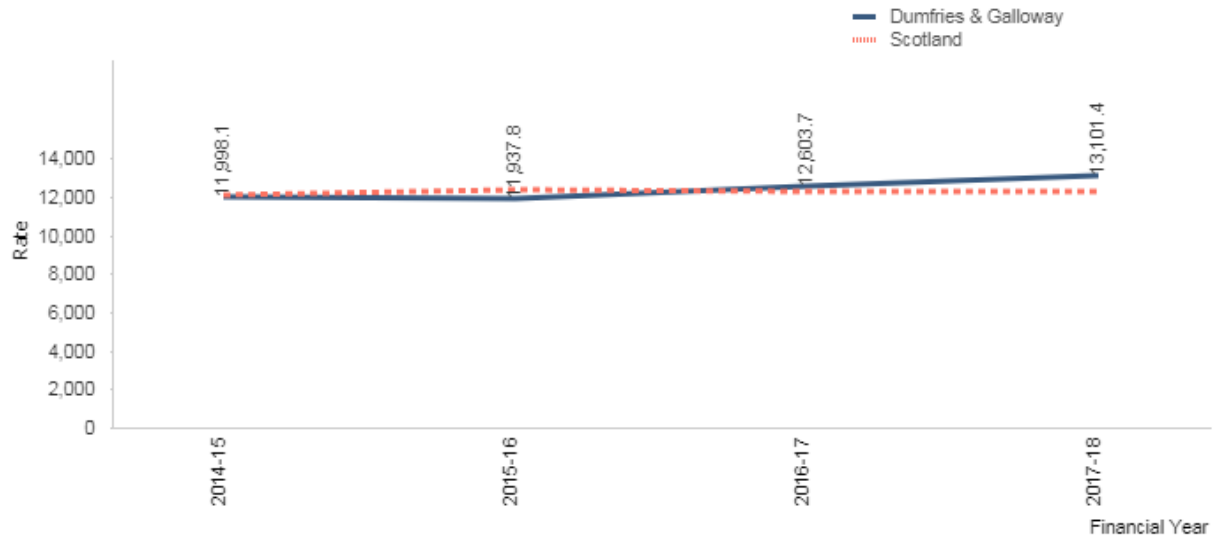
There are no specific improvement actions for this indicator but it is expected that activities focusing on the underlying causes of poor health and inequalities contribute towards this indicator. Poor health is not simply due to diet, smoking or other life style choices, but also the result of other factors such as people's social circumstances and cultural factors.

Ensuring children have the best start in life, tackling poverty, reducing unemployment, promoting mental wellbeing, increasing educational attainment and improving poor physical and social environments will all contribute to reducing premature mortality. This needs to be in addition to specific action on the "big killer" diseases, such as heart disease and cancer. Some risk factors related to these diseases, such as smoking, are strongly linked to deprivation as are drug and alcohol problems and links to violence that particularly affect younger men.

A12 Acute emergency admissions

National Outcomes									Dumfries & Galloway Priority Area										Reported: 30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency: 1 Year
																			Source: ISD Scotland

The rate of acute emergency admissions per 100,000 adult population



Key Points

The rate of Acute Emergency Admissions was 13,101 per 100,000 adult population for the year ending March 2018. This rate has increased since the last financial year. The level of emergency admissions is higher than the rate for Scotland (12,256).

The Wider Context

The emergency admission rate includes admissions to all hospital specialties (acute, geriatric long stay and mental health) for Dumfries and Galloway residents admitted to any hospital in Scotland. The number of adult emergency admissions has risen from 14,641 in 2015/16 to 16,078 in 2017/18.

Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1 and DG2 postcode area with a range of support, part of which contributes to preventing unnecessary hospital admissions. Between September and November 2018, there were 131 rapid response referrals. This team has only just achieved full staffing levels in November 2018, so was not operating at full capacity during that time.

The Meet ED and the Know Who To Turn To public awareness campaigns are planned for the winter period to direct people to the most appropriate setting, which may not be the Emergency Department (ED). Our Facebook page has seen its followers increase from 3,000 to currently around 9,000, and is used to communicate with people, helping direct them to the most appropriate setting for their needs.

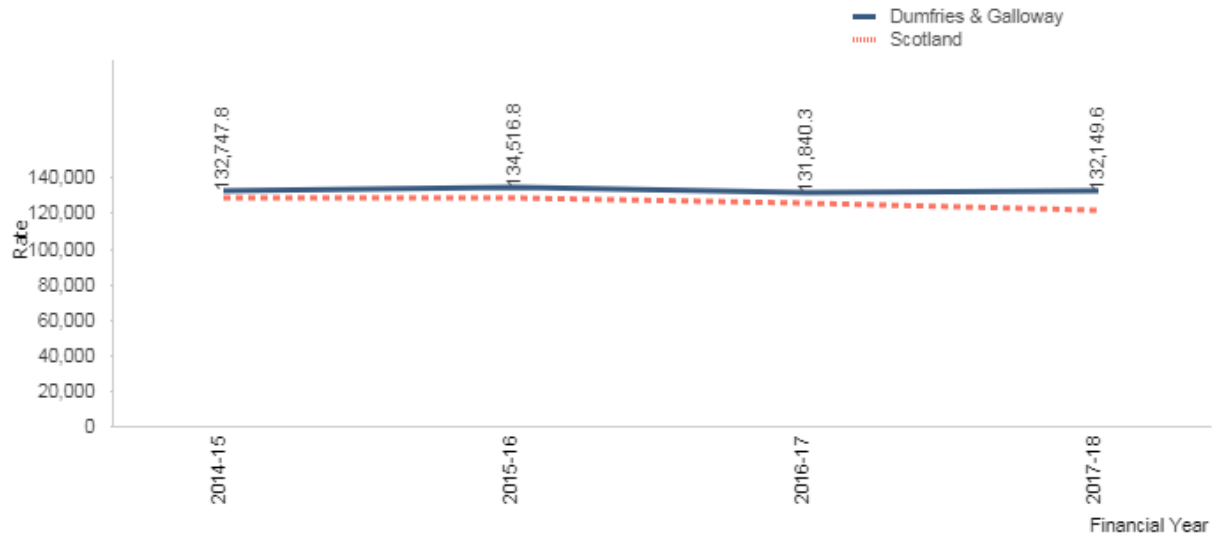
An Advanced Nurse Practitioner focusing on Orthopaedics will aim to improve people's experiences in the emergency care centre.

There will be training for a senior clinician (Advanced Nurse Practitioner) who makes general assessments to provide a rapid decision about whether people require an admission to hospital. New processes have been implemented for staff to ensure there is an assessment plan in place earlier in their visit for every person visiting ED.

A13 Acute emergency admission bed days

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

The rate of acute emergency admission bed days per 100,000 adult population



Key Points

The rate of acute emergency admission bed days was 132,150 per 100,000 adult population in the year ending March 2018. The rate for Scotland was 121,516. This is consistently higher than the rate observed for Scotland.

The Wider Context

The emergency admission figures include admissions from all hospital specialties (acute, geriatric long stay and mental health) and include admissions for Dumfries and Galloway residents to any hospital in Scotland. A higher than average level of emergency bed days suggests that people who have unplanned admissions to hospital are staying in hospital longer in Dumfries and Galloway than in other areas of Scotland.

Improvement Actions

The Scottish Government 6 Essential Actions programme continues to be implemented in Dumfries and Galloway. An aspect of this is Dynamic Daily Discharge (DDD) planning. This enables the Multi Disciplinary Team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This is implemented in all the hospitals across Dumfries and Galloway, with ongoing education and training for staff to support its effective implementation.

The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) is at a historically low level. Monthly totals show that in the month of January 2018 there were 12 newly delayed people, and in the month of September 2018 there were 5 people newly delayed people in DGRI. The equivalent figures for the community and cottage hospitals are increasing. A key measure is discharging people before noon, which is challenging. There is a focus on bringing discharges forward to earlier in the day. A discharge lounge, which will allow people to leave their beds earlier on their day of departure from hospital, will be trialled in DGRI from late November 2018.

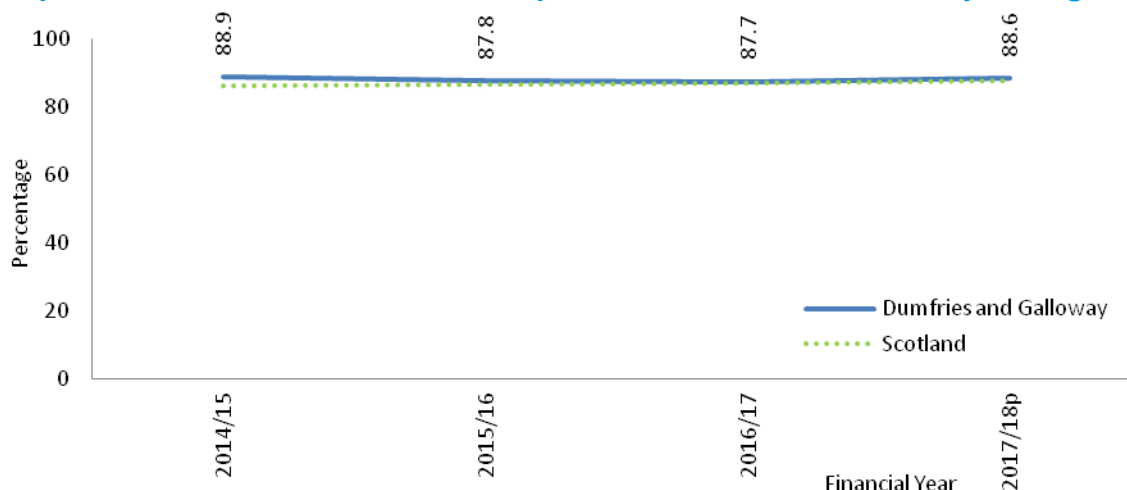
There continues to be gaps in the acute medical staffing rota in DGRI but recruitment campaigns are ongoing.

The Day of Care Survey continues to be undertaken on a monthly basis and is now across all hospitals in Dumfries and Galloway. The latest survey, in November 2018, showed 13.7% of people in DGRI did not meet the day of care criteria.

A15 Proportion of the last 6 months of life spent at home or in a community setting

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Proportion of the last 6 months of life spent at home or in a community setting



Key Points

For those people from Dumfries and Galloway who died in 2017/18, overall 88.6% of the last 6 months of life were spent at home or in a community setting. This rate has remained relatively stable and consistently above the overall Scotland rate, of 87.9% in 2017/18.

The Wider Context

This indicator would ideally represent the wishes and choices of people, their families and their Carers however, for each person, their preferred place of care can change as their condition and circumstances change over time. The last six months of life are chosen as this is the period when most hospital admissions occur. The National Record of Scotland reported that in 2017, there were 1,979 adult (aged 20+) deaths in Dumfries and Galloway. The Scottish Government’s Palliative and End of Life Care Strategic Framework for Action (published December 2015), sets out the vision that “by 2021, everyone in Scotland who needs palliative care will have access to it”.

Improvement Actions

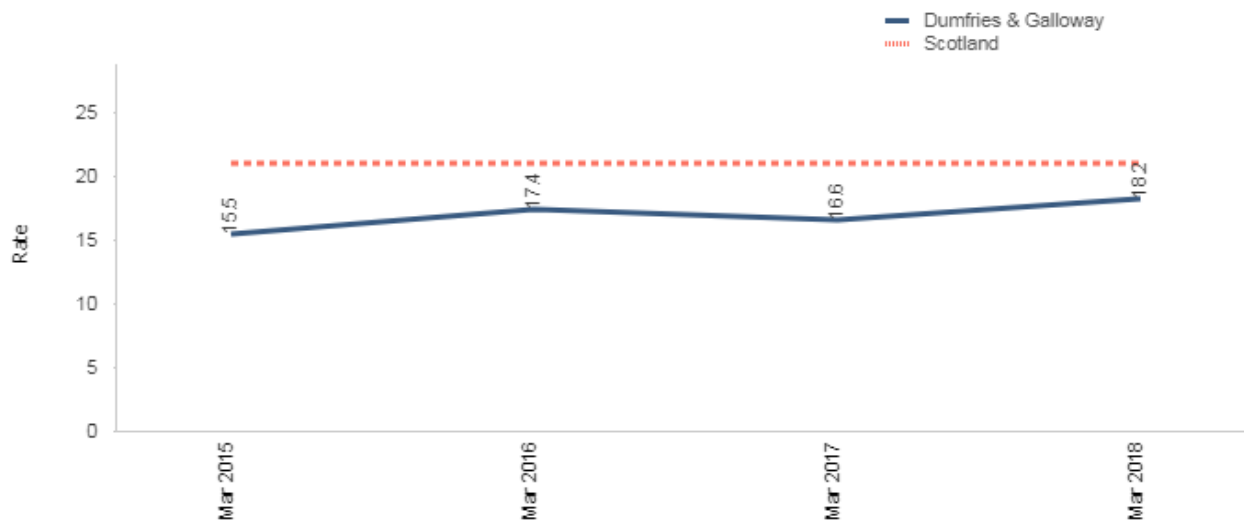
The hospital palliative care team provide specialist palliative and end of life care in Dumfries and Galloway Royal Infirmary (DGRI). They also advice other hospital teams across Dumfries and Galloway about symptom management, end of life care and discharge planning. The clinical nurse specialist teams (1 per Locality) support staff in the community to deliver generalist palliative care for people with all types of diagnoses (not just cancer). However, the current service model is not sustainable. Work is underway to recruit to a second palliative care consultant post to support developing skills in generalist staff and to identify new pathways and service models that will deliver the ambitions of the Strategic Framework for Action (see above) in Dumfries and Galloway.

Good anticipatory care planning will impact on where people spend their last 6 months of life. A 23 month programme of work, in partnership with Macmillan Cancer Support, has started which will include scoping of palliative and end of life care options in Dumfries and Galloway to help inform a new palliative care strategy. The Emergency Departments are using people’s anticipatory care plans to help them to deliver more person centred palliative care.

A16 Emergency admissions due to fall for patients aged 65 and over

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Emergency admissions: fall rate per 1,000 population age 65 and over



Key Points

The provisional rate of emergency admission due to falls amongst people aged 65 and over was 18.18 per 1,000 population for the 2017/18 financial year. This is lower than the provisional rate for Scotland of 21.41 per 1,000 population.

The Wider Context

Older people are more likely to have a fall because they are more likely to have one or more of the following conditions: balance problems and muscle weakness, poor vision, or a long term health condition such as heart disease, dementia or low blood pressure which can lead to dizziness and a brief loss of consciousness.

Improvement Actions

A Falls Prevention Steering Group has developed new protocols for supporting people who have had a fall, including demonstrating equipment such as Raizer. This equipment is now available across Dumfries and Galloway to support people who need assistance following a fall.

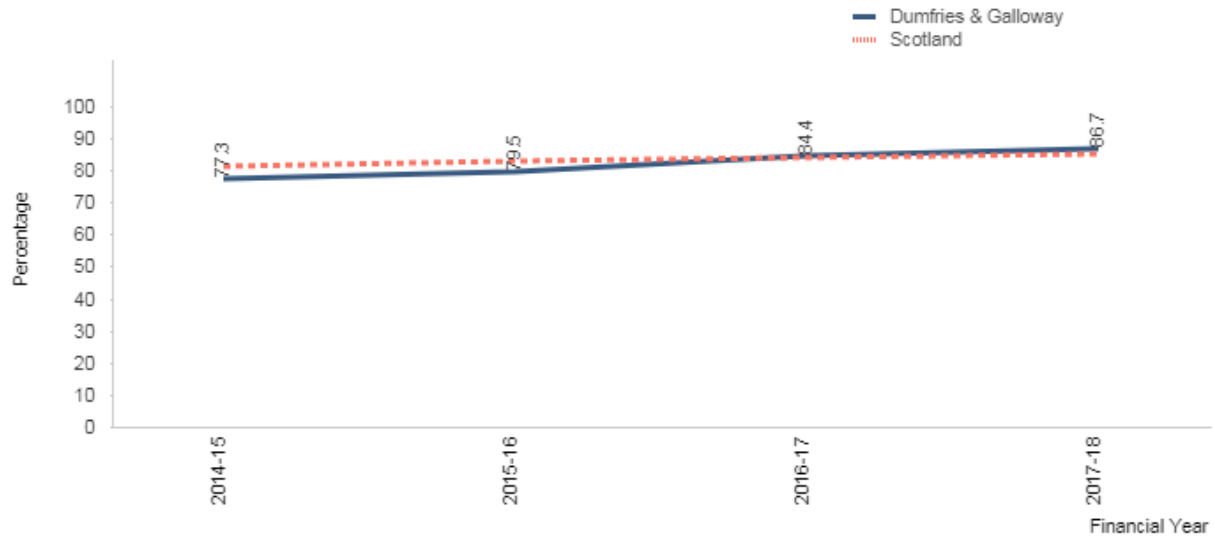
Scottish Care is promoting the use of the Care inspectorate’s falls management resources and e-learning modules. Some of this prevention work has included a specialist trainer encouraging care home staff to learn more about the benefits of physical exercise for older people and how to design appropriate, tailored activities for their residents.

Falls within Dumfries and Galloway Royal Infirmary are regularly monitored and reported through the Datix incident reporting system.

A17 Proportion of care services graded 'good' (4) or better in care inspectorate inspections

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

The outcome of care inspectorate inspections



Key Points

86.7% of care services for adults secured grades of good (4) or better for all themes in Dumfries and Galloway during 2017/18. For 2016/17 the percentage was 84.4%.

The Wider Context

This indicator is intended to provide a measure of assurance that adult care services meet a reasonable standard. Care services are expected to meet the Health and Social Care Standards, which are reviewed through regular contract monitoring.

The Care Inspectorate has advised that this indicator is developmental.

Improvement Actions

The Partnership has in place procedures for contract monitoring. This will be developed further to become a contract management procedure. Developments include enabling electronic returns of monitoring information. Also, there are regular discussions with partner providers regarding how the processes for managing and monitoring performance can support continuous improvement.

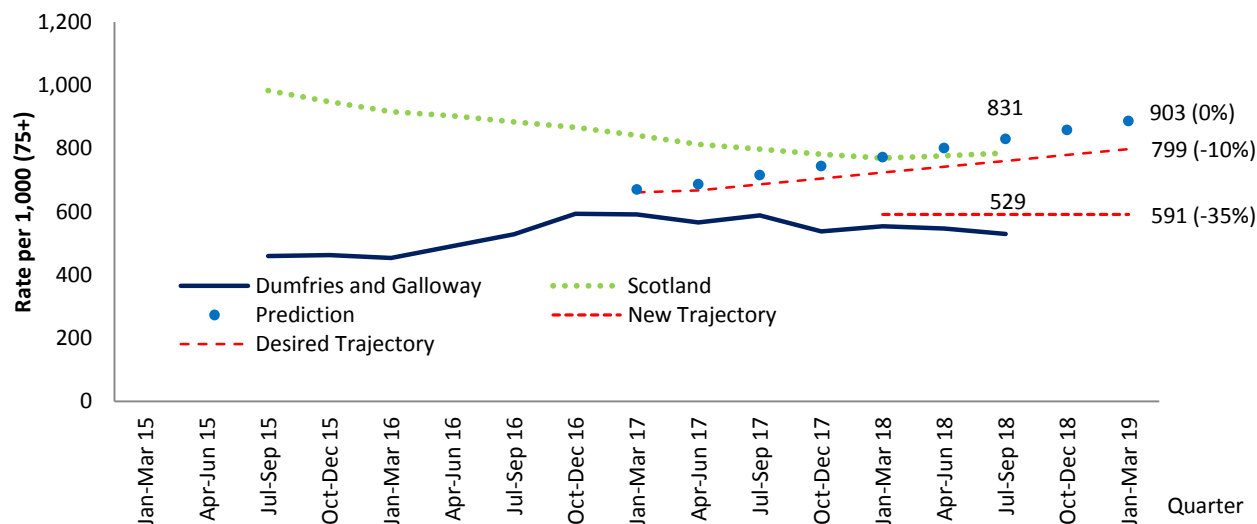
The Commissioning Team works closely with the Care Inspectorate to ensure a joined up approach to promoting good practice and supporting providers' development as well as addressing poor performance where it occurs.

A workshop with partner providers is planned early in 2019 to co-develop a new partnership engagement structure that will enable new opportunities and ways of working together going forward.

A19 Number of days people aged 75 or older spent in hospital when ready for discharge

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Number of days people aged 75 or older spent in hospital when they are ready to be discharged, per 1,000 population



Date	Actual	Desired	Predicted	12 month average	Scotland
Jan-Mar 18	524.1	591	773	554	769
Apr-Jun 18	468.2	591	802	547	777
Jul-Sep 18	552.7	591	831	529	786

Key Points

In Dumfries and Galloway, for the 12 months ending September 2018, the rate of bed days occupied by people aged 75 or older experiencing a delay in their discharge from any hospital was 529 for every 1,000 people. The rate for Scotland was 786 per 1,000 people.

The Wider Context

The delayed discharge rate is an indicator of how timely people flow through the health and social care system. Reducing delayed discharges is part of a national focus, outlined in the Health and Social Care Delivery Plan (December 2016), to reduce unscheduled bed days in hospital by up to 10 per cent across Scotland.

Since December 2016, Dumfries and Galloway’s performance has consistently been better than was originally predicted. Consequently, a revised stretch target trajectory has been agreed which is equivalent to a real term drop of 35% compared to the likely result had no changes been made. Dumfries and Galloway’s performance is currently better than the new desired trajectory.

Improvement Actions

There are many actions supporting people returning to a homely setting following an episode of hospital care. Locality teams meet with local care at home providers to discuss sharing and swapping packages to optimise efficiency. People are being assessed at home after having received support from the reablement team (STARS).

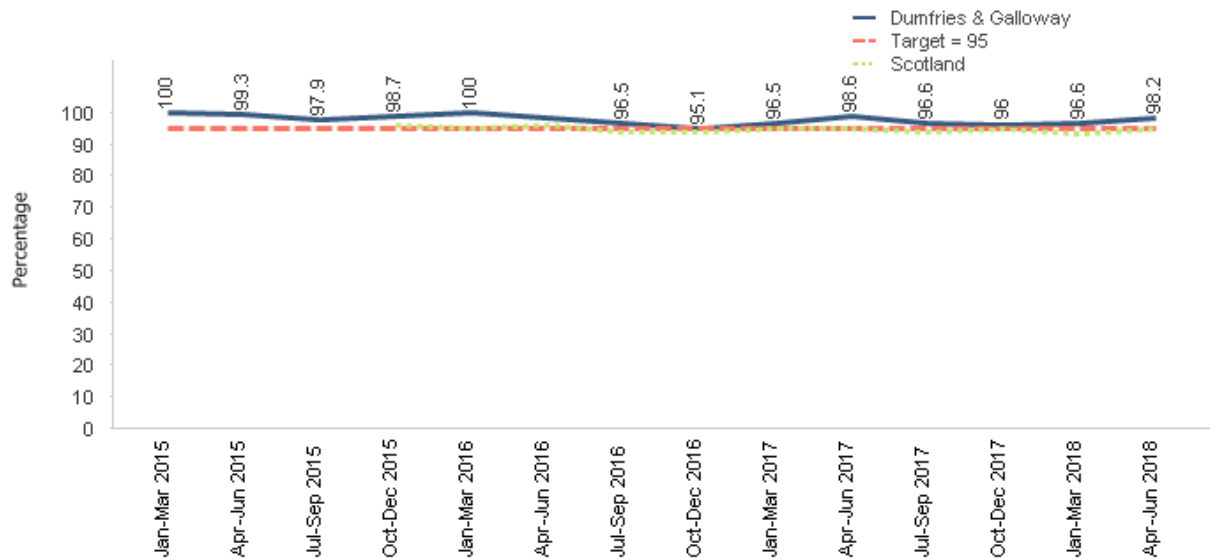
We are implementing the Choice Guidance so people requiring a care home place can move to interim places as soon as they become available. Power Of Attorney (POA) is promoted so that issues of guardianship can be quickly resolved.

Flow co-ordinators, who help co-ordinate people returning home or to a more suitable setting, within the Acute and Diagnostic directorate are moving to 7 day working. Winter planning for the acute hospitals is already underway, having started earlier than in previous years.

B2(1) Cancer waiting times (part 1)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of newly diagnosed cancer patients whose treatment started within 31 days of the decision to treat



Key Points

In Dumfries and Galloway the percentage of people who had started treatment within 31 days of the decision to treat was 98.2% in June 2018. This is above the 95% target and the Scottish national rate of 95%.

The Wider Context

Every month, approximately 50 people in Dumfries and Galloway are newly diagnosed with a reportable cancer that goes on to be treated. This small number of people means that marked fluctuations in performance can be caused by the results of just 1 or 2 people. Cancer pathways for people living in this area often involve onward referral to other health boards for further investigation or treatment depending on the tumour site. Our performance can therefore be directly impacted by capacity and service challenges in other health boards.

Improvement Actions

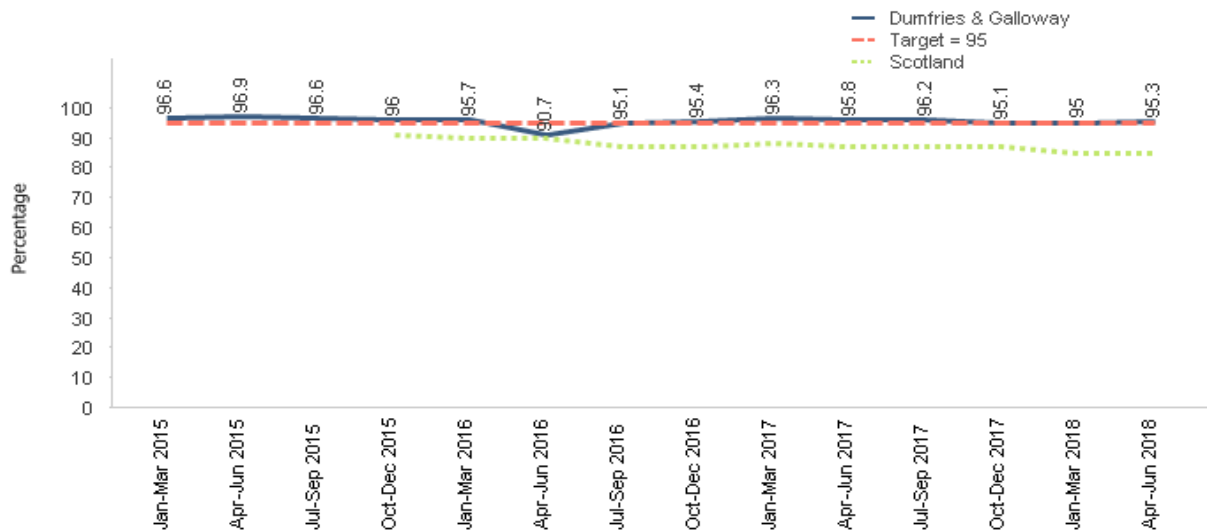
Recruitment across the UK continues to be challenging; in particular around medical oncology, clinical nurse specialists, radiologists and some surgical specialities. This can impact negatively on waiting times. The Scottish Cancer Taskforce has requested that the Cancer Networks identify relevant workforce issues to be included on a Scottish Government Risk Register.

The acute services operational team hold weekly meetings to assess performance against waiting times, identify any instances where particular cases need to be prioritised and agree actions to reduce delays. The cancer tracking team are able to raise issues as they arise and, on a daily basis if required, before they impact on services. Individual tumour specific action plans have been developed to allow for the development of a continual rolling improvement program to ensure services are managed in a way that delivers best outcomes for people with a cancer diagnosis.

B2(2) Cancer waiting times (part 2)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of people referred urgently with a suspicion of cancer that begin treatment within 62 days of receipt of the referral



Key Points

Dumfries and Galloway’s performance was 95.3% in June 2018. This is above the national target of 95% for this indicator and the rate for Scotland of 85%.

The Wider Context

Every month, across Dumfries and Galloway, there are approximately 35 people (aged 16+) diagnosed with cancer who are eligible for this target. This small number means that marked fluctuations in performance can occur from the outcomes of just one or two people being referred for treatment. This target is also influenced by onward referrals to other health boards and can be challenging due to the increasing number of diagnostic tests on standard patient pathways.

Improvement Actions

The prostate cancer pathway has become more complex due to new evidence about the most appropriate first diagnostic test. Nationally this has led to an increase in treatment waiting times for people diagnosed with prostate cancer and this is being closely monitored. Work has been undertaken locally to develop a formal pre-biopsy, magnetic resonance imaging (MRI) scanning pathway to improve the timescales for prostate cancer treatment. There are discussions with NHS Lothian regards mentoring NHS Dumfries and Galloway for reporting these scans. It is hoped to have the new pathway in place by the start of January 2019.

Nationally there has been a significant increase in demand for Bowel Visualisation tests, mainly due to changes to the test used for bowel screening. This has led to an 85% increase in bowel screening referrals for colonoscopy in 2018 compared to previous years.

There are 2 streams of work underway, both with the aim of increasing the capacity and reducing the demand for these investigations. These are surgical services who are reviewing colonoscopy activity and radiology who are reviewing the computerised tomography (CT) colonography service. They will be supported by cancer services and the Realistic Medicine team during this process.

Locally all cancer pathways are being reviewed, to identify any areas of improvement that will assist in moving people more quickly from referral to treatment.

The changes to colorectal and prostate cancer are outside the control of NHS Dumfries and Galloway but will continue to have significant effects on these pathways going forward.

B4 Treatment time guarantee (TTG)

National Outcomes

1 2 3 4 5 6 7 8 9

Dumfries & Galloway Priority Area

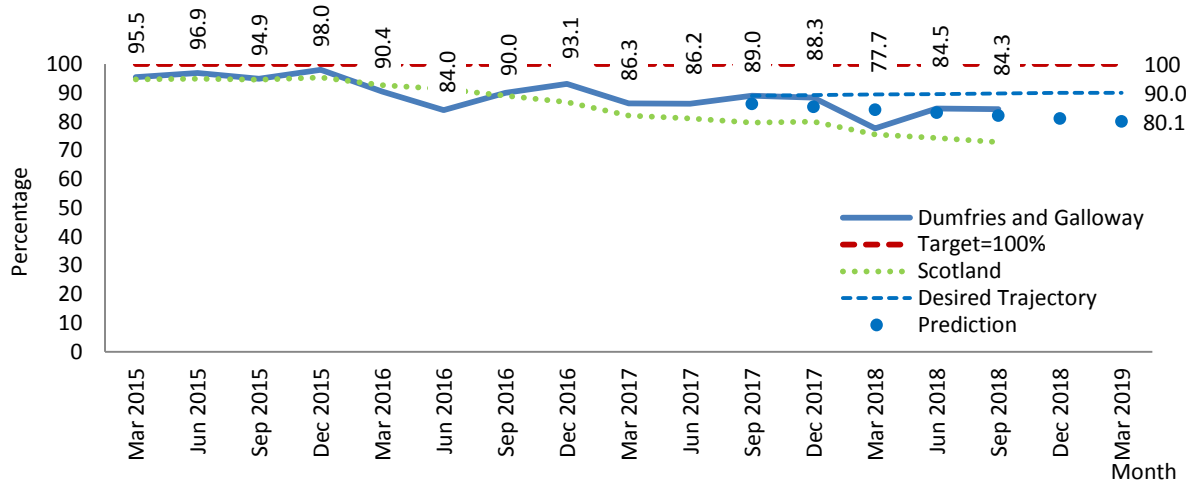
1 2 3 4 5 6 7 8 9 10

Reported: 30/09/2018

Frequency: Quarterly

Source: ISD Scotland

Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks



Date	Actual	Desired	Predicted	Scotland
Jan-Mar 2018	77.7%	89.4%	84.2%	75.5%
Apr-Jun 2018	84.5%	89.6%	83.2%	74.3%
Jul-Sep 2018	84.3%	89.8%	82.1%	72.9%

Key Points

Dumfries and Galloway's performance was 84.3% in the quarter ending September 2018. The longer term trend for this indicator is downward. Dumfries and Galloway's performance is currently below the national target of 100%. The Scottish rate in the quarter ending September 2018 was 72.9%.

The Wider Context

In Dumfries and Galloway, 382 people who were treated in the quarter ending September 2018 had waited more than 12 weeks. This is 43% more people than the number of people waiting during the same time period in 2017.

The desired improvement trajectory for Dumfries and Galloway is to achieve a Treatment Time Guarantee of 90% by the end of March 2019.

Improvement Actions

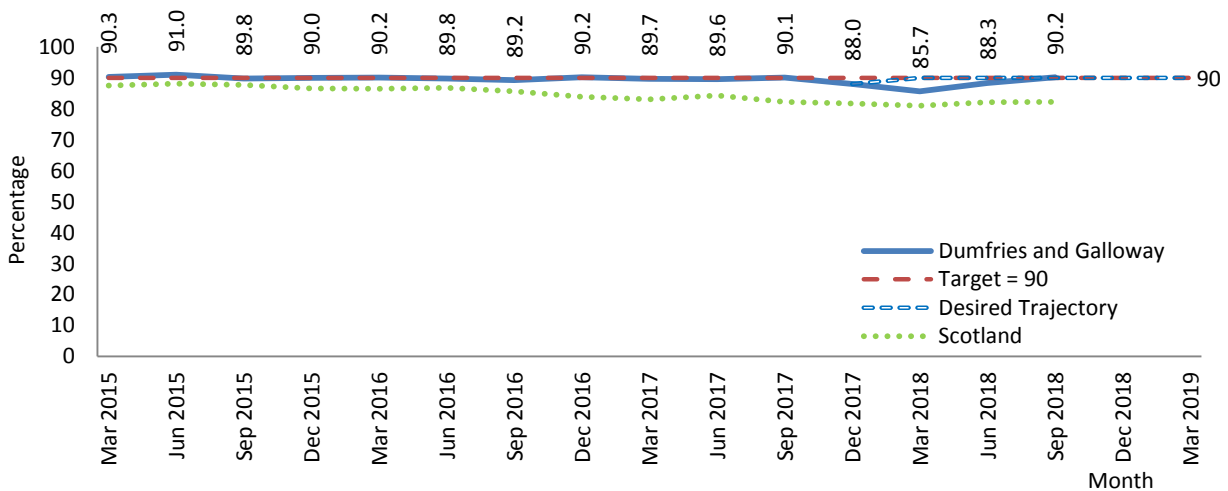
Medical vacancies continue to impact on this indicator. The vacancy rate has had an adverse impact on capacity and the ability to develop sustainable improvements. Recently the availability of locums and temporary staff has improved and this has had an initial positive impact.

Many areas across Scotland face similar challenges however national benchmarking shows that Dumfries and Galloway performs better than the Scottish average. Improvement work is focussed on general surgery and orthopaedics. The acute and diagnostic management team is submitting a bid to Scottish Government for funding. This is to support identifying sustainable solutions that will allow us to meet the desired trajectory. This involves proposals to extend the operating hours.

B5 18 weeks referral to Treatment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of people who waited less than 18 weeks from referral to treatment starting



Key Points

The percentage of people treated within 18 weeks of referral was 90.2% in the quarter ending September 2018, against a target of 90%. The Scottish rate for the same period was 82.2%.

The Wider Context

Indicator B5 differs from indicator B4 (treatment time guarantee) and indicator B6 (12 weeks to first outpatient appointment) in that it considers the whole pathway of care from referral to the point a person receives treatment as opposed to just one part of this pathway. Improvements in performance against indicators B4 and B6 will positively impact on indicator B5.

Improvement Actions

Stabilising indicator B4 (treatment time guarantee) is a priority for the acute and diagnostic management team. This will have a positive knock on effect on this 18 week indicator.

Following a review of the system for inviting people for their first outpatient appointment, inpatient and day case procedure or diagnostic test, the proportion of people who state they are unavailable for their inpatient or day case procedure has started to decrease.

Dumfries and Galloway is fully engaged with the national Access Collaborative and has received funding from Scottish Government to implement a number of improvements including:

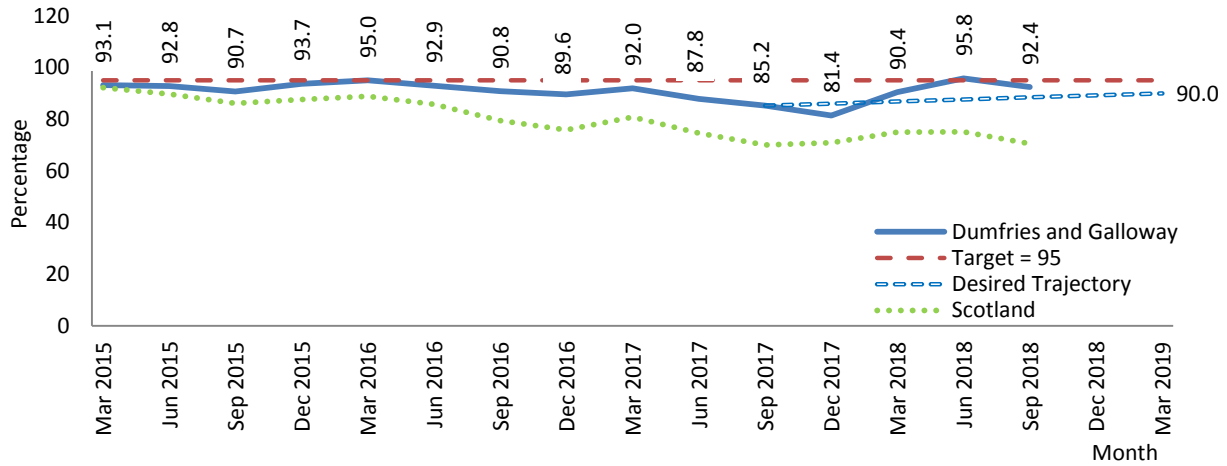
- Increasing capacity and skill mix,
- Reviewing administrative processes,
- Exploring possible use of external capacity on a short-term basis within hospitals to improve waiting times.

There has been strong expressions of interest in the new primary - secondary care interface which will facilitate how the primary care and secondary care sectors work together to ensure seamless support for people.

B6 12 weeks first outpatient appointment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of patients waiting less than 12 weeks for a new outpatient appointment



Key Points

Across Dumfries and Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 92.4% in the quarter ending September 2018.

Dumfries and Galloway’s performance is below the national target of 95%, but is above the locally agreed trajectory to reach 90.0% by March 2019.

The Scottish rate for the quarter ending September 2018 was 70.5%.

The Wider Context

These figures relate only to first outpatient appointments for doctor led clinics. There are around 40,000 of these appointments every year in Dumfries and Galloway. When we include clinics led by other professionals and return visits, the total number of appointments is in the region of 300,000 each year.

The desired trajectory aims to stabilise the number of people waiting less than 12 weeks to 90% by March 2019. This ambition has been met early.

Improvement Actions

Medical vacancies continue to impact on this indicator. Recently the availability of locums and temporary staff has improved and this has had a positive impact on this indicator. However, Dumfries and Galloway’s ability to continue to meet this national standard for outpatients is considered vulnerable due to the lack of long term staffing options. The vacancy rate has had an adverse impact on capacity and the ability to develop sustainable improvements.

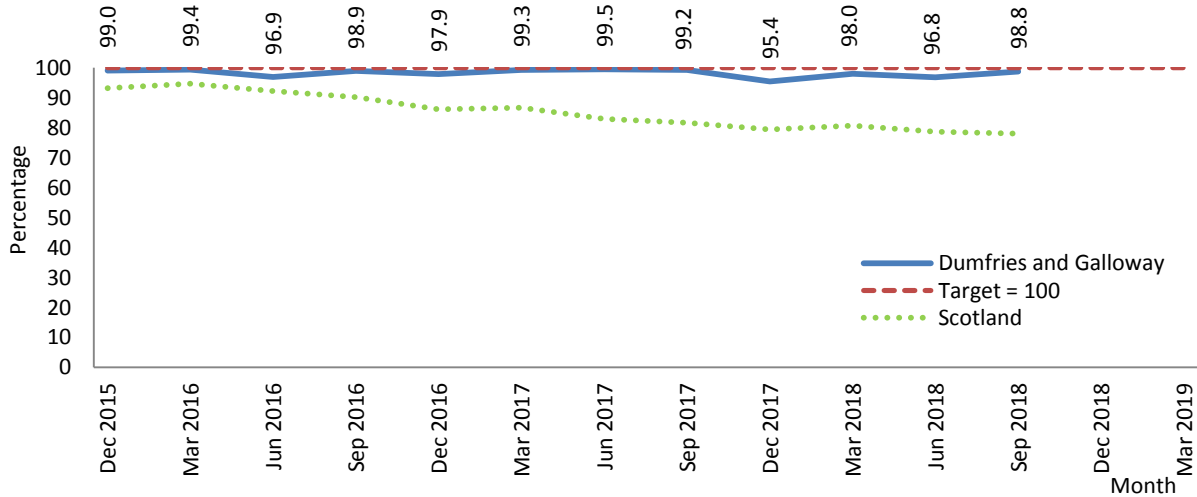
Dumfries and Galloway is continuing to work in partnership with other areas particularly with regards to Urology. Dumfries and Galloway is actively engaged with the West of Scotland regional planning group.

There is continuing work to find ways to reduce unnecessary return visits, to free up clinical capacity and improve people’s experience by reducing the need to travel. The number of doctor led return appointments was lower in June 2018 than in the same period the previous year.

B7 Diagnostic Waiting Times for 8 key tests

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

The percentage of people seen for their diagnostic tests within 6 weeks.



Key Points

In Dumfries and Galloway at the end of September 2018, there were 1,598 people were on the list for 8 key diagnostic tests. 98.8% were seen within 6 weeks against a target of 100%. 20 people were waiting longer than 6 weeks. The Scottish rate for the same period was 78.1%.

There is a local ambition to ensure that people are seen within 4 weeks. 64.5% of people were seen within this time frame.

The Wider Context

Maintaining or reducing waiting times for diagnostic tests can positively impact people experiences by facilitating quicker treatment and reducing anxiety which people may experience whilst investigations are undertaken.

The 8 key diagnostic tests included in this indicator are: upper endoscopy, lower endoscopy, colonoscopy, cystoscopy, CT (computed tomography), MRI (magnetic resonance imaging), barium studies and non-obstetric ultrasound.

While these tests include some of the most high risk areas of treatment, they do not necessarily include the highest volume services, such as plain film x-rays.

Improvement Actions

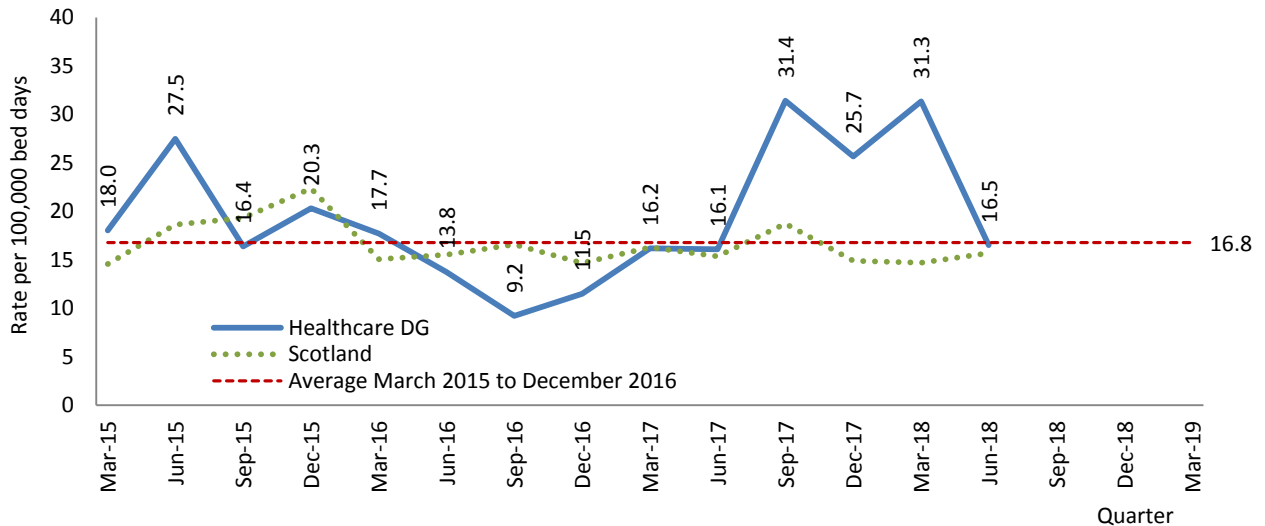
Following a change in the way people are tested and screened for bowel cancer, there has been a marked increase in the number of people requiring diagnostic endoscopies. The bowel cancer screening programme is a Scotland wide initiative and concerns over the number of people being referred for endoscopies has been raised at a national level.

Dumfries and Galloway have successfully recruited a new consultant in Radiology. It is anticipated that this will go some way to alleviating some of the workforce challenges. Workforce challenges are being further addressed through national and regional planning.

B12(1) Rate of Clostridium Difficile infections: healthcare

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

Rate of healthcare associated Clostridium Difficile infections in people aged 15 and over per 100,000 total occupied bed days (excluding maternity and psychology)



Key Points

The infection rate for Clostridium difficile (C. difficile) for the 3 months ending 31 June 2018 was 16.5 cases per 100,000 occupied bed days. This is above the rate for Scotland of 15.7 cases per 100,000 occupied bed days.

Local records show there were 16 cases from January to September 2018.

To provide historic context, the average from March 2015 to December 2016 was 16.8 cases per 100,000 bed days.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots. C. difficile infections in a healthcare setting may be triggered by giving people who are already carriers of the organism particular antibiotics.

There is no target associated with this indicator.

Improvement Actions

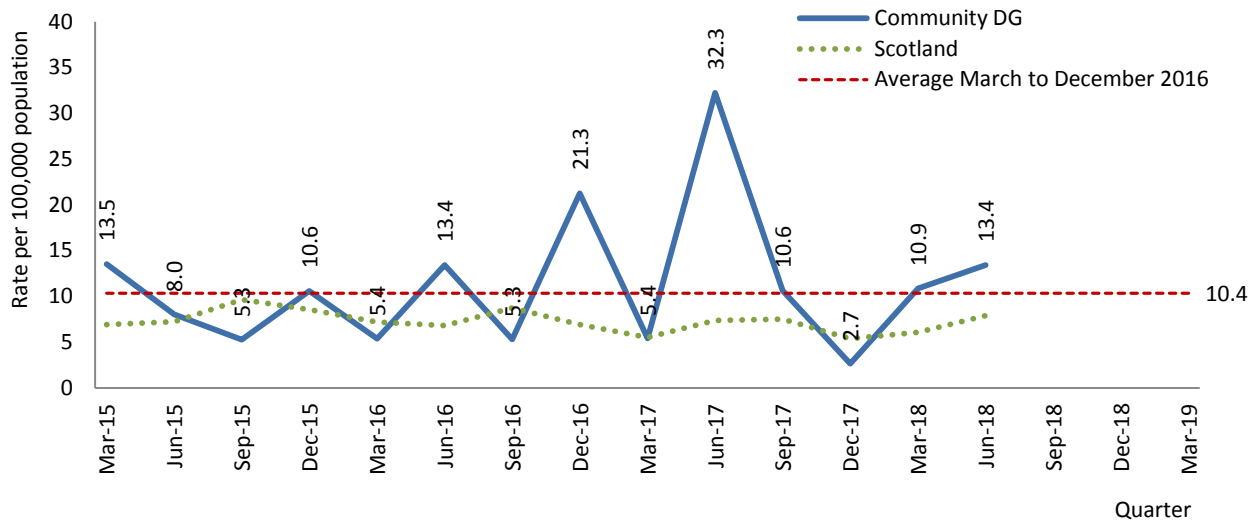
In June, cleaning hospital environments with strong chlorine bleach to prevent the spread of infection was introduced to the Dumfries and Galloway Royal Infirmary (DGRI) routine. There is a plan to enhance cleaning even further by utilising Hydrogen Peroxide Vapour as a single measure in bedrooms where there have been cases of C. difficile. By early November 2018 entire wards and all core toilets have been cleaned and disinfected using this method. This is continuing dependant on bed availability.

The importance of hand hygiene as a method of prevention has been re-emphasised recently. It was the main focus for an Infection Prevention week held in October 2018. This included social media, a stand in the atrium of DGRI, a quiz and the use of the 'glowbox' to check people's technique. Small signs have been placed in people's rooms in DGRI as a prompt asking 'Have you cleaned your hands?'

B12(2) Rate of Clostridium Difficile infections: community

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

Rate of community associated Clostridium Difficile infections in people aged 15 and over per 100,000 population



Key Points

The infection rate for Clostridium difficile (C. difficile) for the 3 months ending 31 June 2018 was 13.4 cases per 100,000 population. This is above the rate for Scotland of 7.9 cases per 100,000 population but similar to the average for Dumfries and Galloway.

Local records show there were 15 cases from January to September 2018. A number of people have experienced several cases of C. difficile and a case occurring within 2 months of a previous case is classed as a recurrence.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

To provide historic context, the average from March 2015 to December 2016 was 10.4 cases per 100,000 population. The small number of cases can make the rates jump dramatically from one period to the next.

Improvement Actions

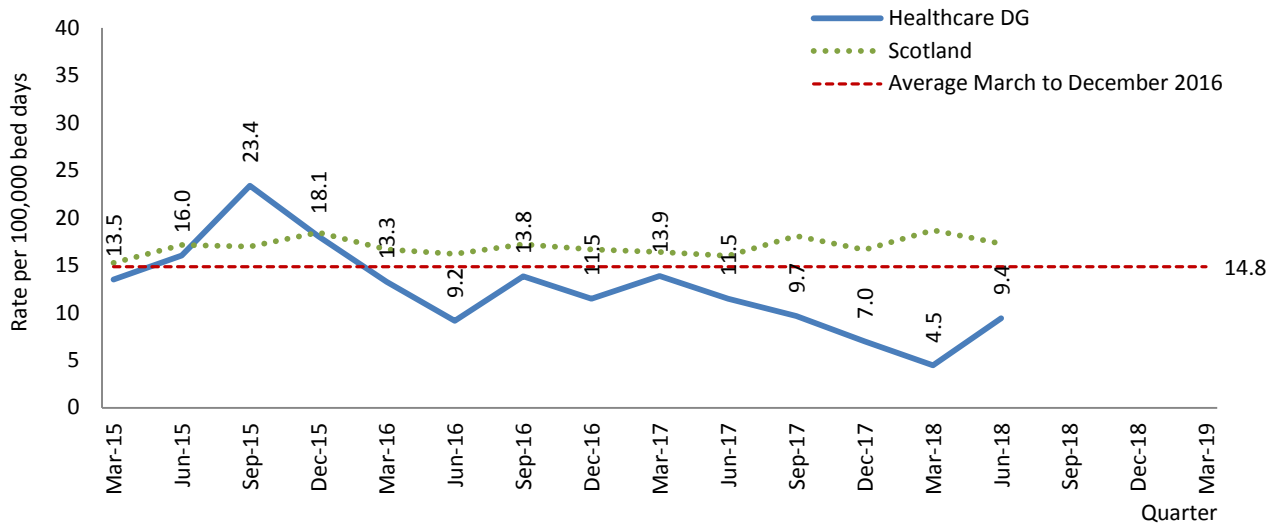
There is an increasing threat from infections which are resistant to common antibiotics and we now see these in hospitals, care homes and the community. We actively look for these infections and provide training to health and care professionals on how to prevent them spreading.

All people with a diagnosis of C. difficile have their antibiotic history reviewed and any areas for potential improvement are fed back to the prescriber. We are also promoting and raising the awareness of appropriate antibiotic use with the public and encouraging safer prescribing by healthcare staff.

B13(1) Rate of Staphylococcus Aureus Bacteraemias (SAB) (including MRSA/MSSA): healthcare

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

The rate of healthcare associated Staphylococcus Aureus Bacteraemias (including MRSA/MSSA) per 100,000 acute occupied bed days



Key Points

The infection rate for Staphylococcus Aureus Bacteraemia (SAB) in the 3 months ending 30 June 2018 was 9.4 cases per 100,000 acute occupied bed days. The rate for Scotland was 17.3 cases per 100,000 occupied bed days.

Local data shows that from January to June 2018 there were 19 cases of SAB.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

To provide historic context, the average from March 2015 to December 2016 was 14.8 cases per 100,000 bed days.

Across Scotland, invasive medical devices continue to be a leading cause of SAB, together with skin and soft tissue infections and intravenous drug use.

Improvement Actions

Within our target areas the number of Hospital Acquired Infections (HAIs) is very low. We continue to strive for near zero preventable infections in this challenging area.

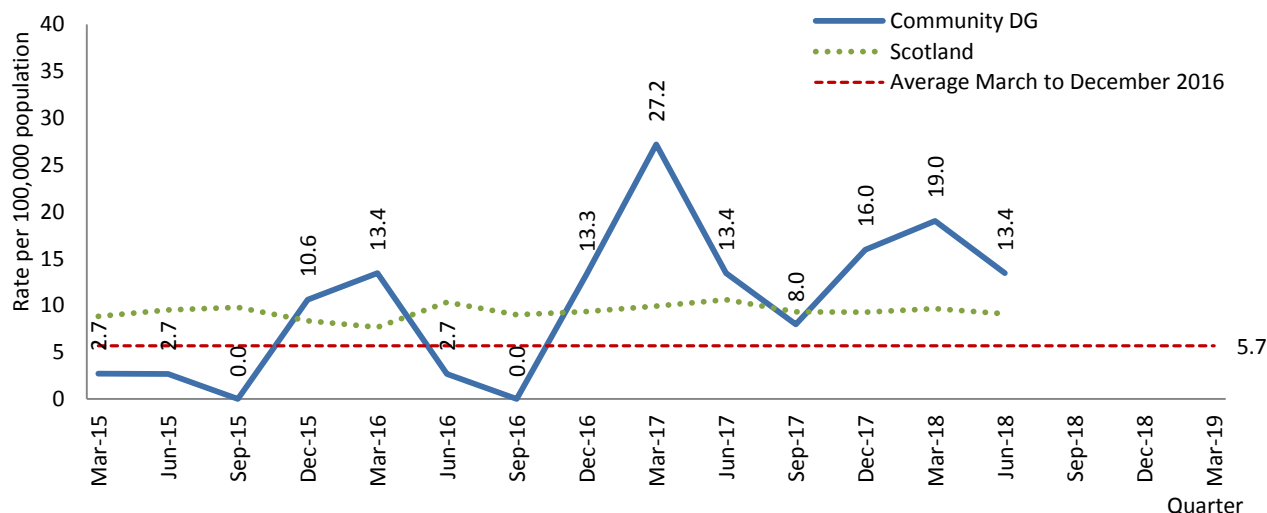
Any healthcare associated cases of SAB that are assessed as being potentially preventable are flagged on the DATIX adverse incidents reporting system to ensure that actions and learning are followed up. Refresher training for staff using cannulas and phlebotomists has been provided.

Screening for MRSA in Dumfries and Galloway was 98% in the quarter ending September 2018.

B13(2) Rate of Staphylococcus Aureus Bacteraemias (SAB) (including MRSA/MSSA): community

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

The rate of community associated Staphylococcus Aureus Bacteraemias (including MRSA/MSSA) per 100,000 population



Key Facts

The infection rate for Staphylococcus Aureus Bacteraemia (SAB) in the 3 months ending 30 June 2018 was 13.4 cases per 100,000 residents of Dumfries and Galloway. There have been higher than average number of cases identified in the community over that last year. The rate for Scotland was 9.1 cases per 100,000 population.

Local data shows that from January to June 2018 there were 13 cases of SAB, the majority of which were skin and soft tissue related.

The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots.

There is no target associated with this indicator. To provide historic context, the average from March 2015 to December 2016 was 5.7 cases per 100,000 population.

Across Scotland, invasive medical devices continue to be a leading cause of SAB, together with skin and soft tissue infections and intravenous drug use.

Improvement Actions

A Tissue Viability Nurse has started who will work with District Nurses in the community to improve referral pathways for people and to enable people to be seen at an earlier stage before they become infected.

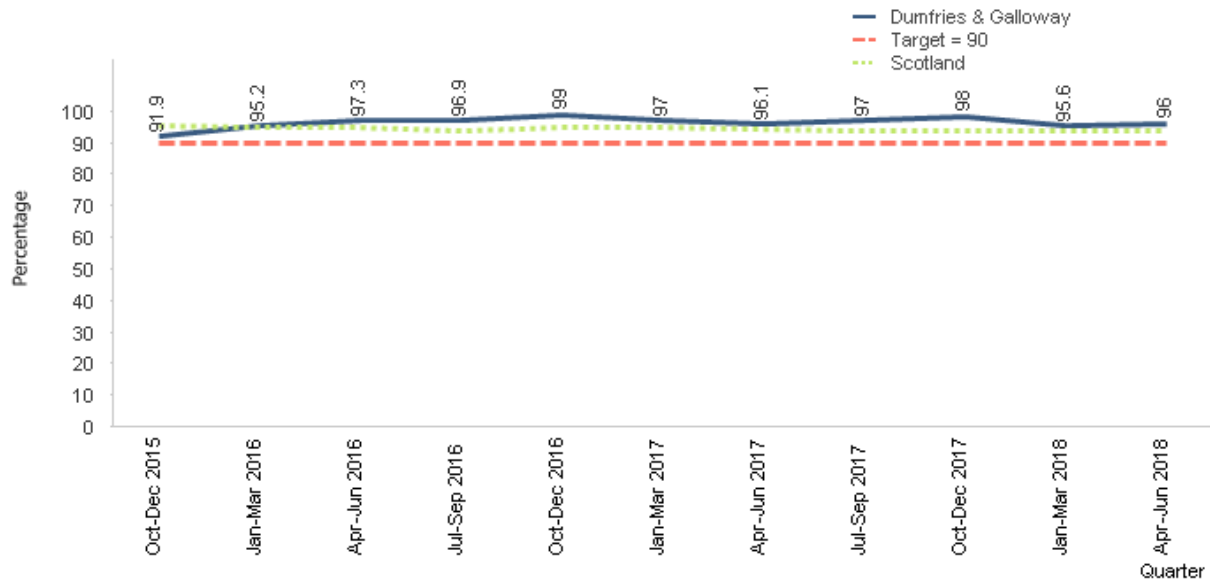
Liaison work with GP practices is ongoing where there are infection prevention improvements identified.

A campaign to advise people of the importance of regular hydration has been run, called 1 to 3 is Healthy Wee, 4 to 8 Need To Hydrate More. This has helped reduce urine tract infections.

B14 Drug and alcohol treatment waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug and alcohol treatment that supports their recovery



Key Points

Across Dumfries and Galloway during the 3 months ending June 2018, 96% of people referred for drug and alcohol treatment started treatment within 3 weeks.

The rate for Dumfries and Galloway is above the national target of 90% and above the Scotland rate of 94.0%.

The Wider Context

This indicator is based on episodes of care. An episode of care is the time between a person’s initial referral for alcohol or drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded. Between July to September 2018 there were 396 people referred (210 for alcohol and 186 for drugs), and 380 completed episodes of care (planned discharges only) across Dumfries and Galloway.

Improvement Actions

There is an open dialog between the Alcohol and Drug Partnership (ADP) team and the alcohol and drug services. This is to ensure the ADP team are made aware of any issues that may affect the waiting times. Compliance with the waiting time target is continually monitored.

The new IT system, called DAISy, was due to go live in April 2018. The project is currently awaiting ministerial sign off and a revised implementation date. It is anticipated that this will be after 1 January 2019.

It is anticipated that the waiting times target will continue to be achieved through 2018/19.

B16 Smoking cessation

National Outcomes

Dumfries & Galloway Priority Area

Reported: 30/09/2018

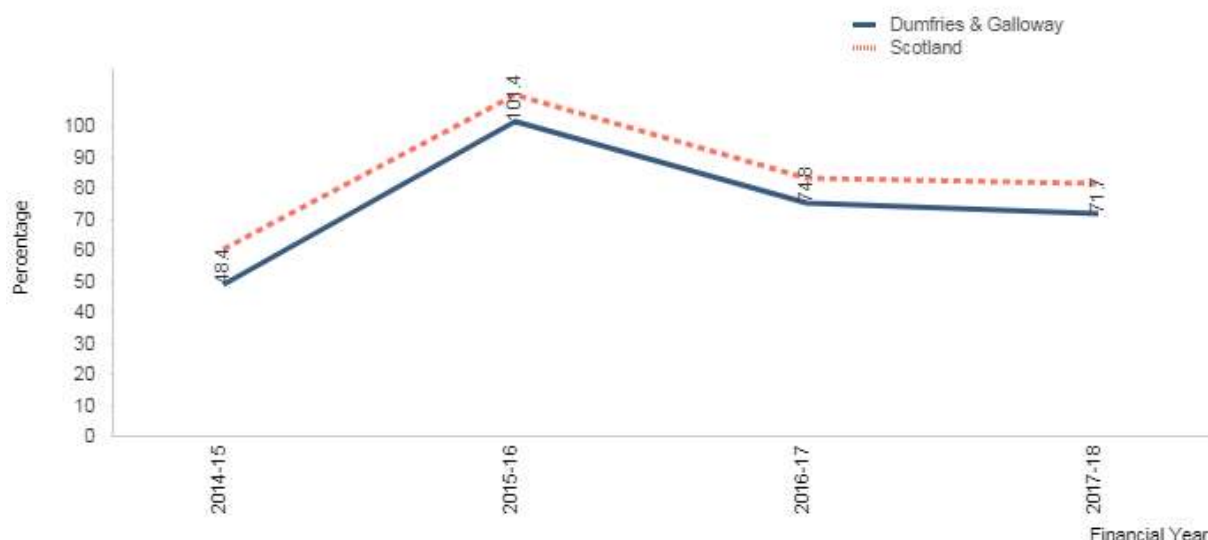
Frequency: 1 Year

1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9 10

Source: ISD Scotland

Proportion of smoking cessation target achieved for successful 12-week quits amongst people from the 40% most deprived areas (Scottish Index of Multiple Deprivation - SIMD)



Key Points

In 2017/18, across Dumfries and Galloway, 165 people from communities identified as deprived, successfully quit smoking for at least 3 months. This is equivalent to 77% of the target of 230 successful quits amongst people from deprived communities. Across Scotland the target number of quits was 9,404 and 7,632 quits (81%) were achieved. Only 2 out of 14 health boards achieved their target for 2017/18.

Overall 1,435 people from Dumfries and Galloway made a quit attempt during 2017/18. 318 people successfully quit for at least 3 months giving a Quit Rate of 22.2%. Amongst people from deprived communities 841 people attempted to quit smoking. This gives a Quit Rate of 19.6%. This is below the rate for Dumfries and Galloway in 2016/17 (21.8%) and below the rate for Scotland (22.1%).

The Wider Context

For the purposes of this indicator, deprived communities are people living at a postcode in the 40% most deprived (quintile 1 and quintile 2) according to the Scottish Index of Multiple Deprivation (SIMD) 2016. It is established that more deprived individuals live outside these areas than within these areas.

Improvement Actions

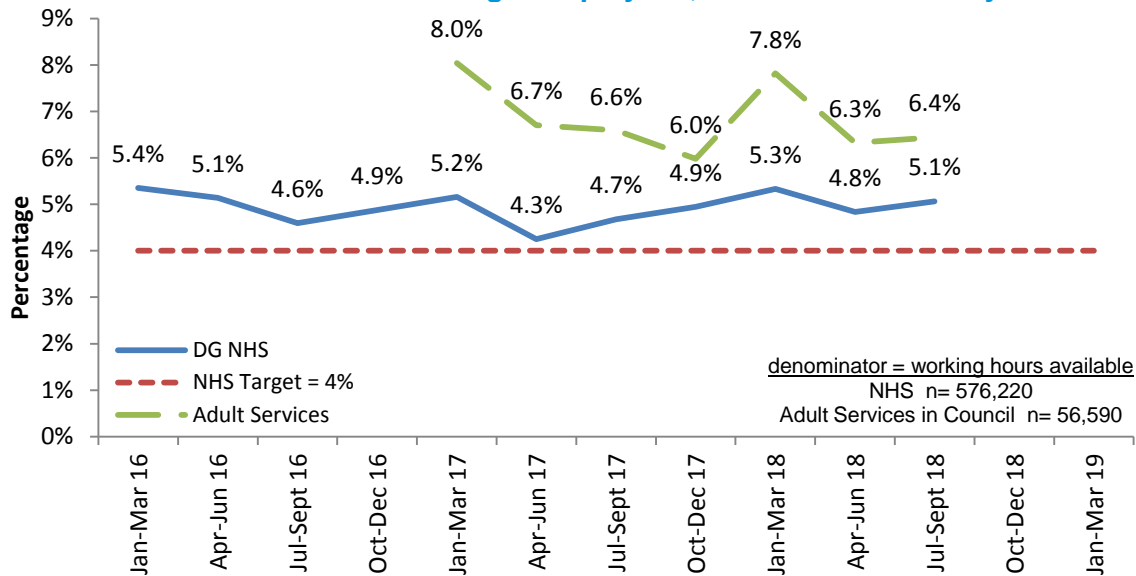
The performance and outcomes of each stop smoking service in Dumfries and Galloway (Prison services, Community Pharmacies and Quit Your Way) vary considerably. The number of smokers accessing services has fallen. Planned improvement actions are as follows:

- Implement quality and improvement measures for community pharmacies
- Work with GP practices to try and engage people who smoke
- Work with maternity services to review access to quit services for pregnant women who smoke
- Increase the profile of smoking cessation and referral numbers in acute settings
- Seek ways to further improve the Quit Your Way service delivery
- Increase the referral pathways through workplaces and through third sector colleagues.

B18 Sickness absence rate

National Outcomes									Dumfries & Galloway Priority Area									Reported:	30/09/2018	
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																		Source:	Local	

The rate of sickness absence amongst employees; Dumfries & Galloway



Key Points

The rate of sickness absence between July and September 2018 was 6.4% for Adult Social Services and 5.1% for NHS employees against the national (NHS staff) target of 4%.

The Wider Context

Across Dumfries and Galloway there are approximately 3,529 whole time equivalent (wte) NHS employees and 423 wte Adult Social Services employees. The smaller number of Adult Social Services employees means that there is likely to be greater variation in the sickness absence rate compared to the rate for NHS employees.

Improvement Actions

A Working Well survey around mental health and work is running until mid November. Other campaigns being promoted include the flu vaccination. The Partnership has been using videos to communicate key health and wellbeing themes to staff and to share the Partnership’s commitment to support staff wellbeing. The Working Well Steering Group is bringing together different workstreams focussing on winter resilience and how to support and maintain staff physical and mental wellbeing during the busy and challenging winter months.

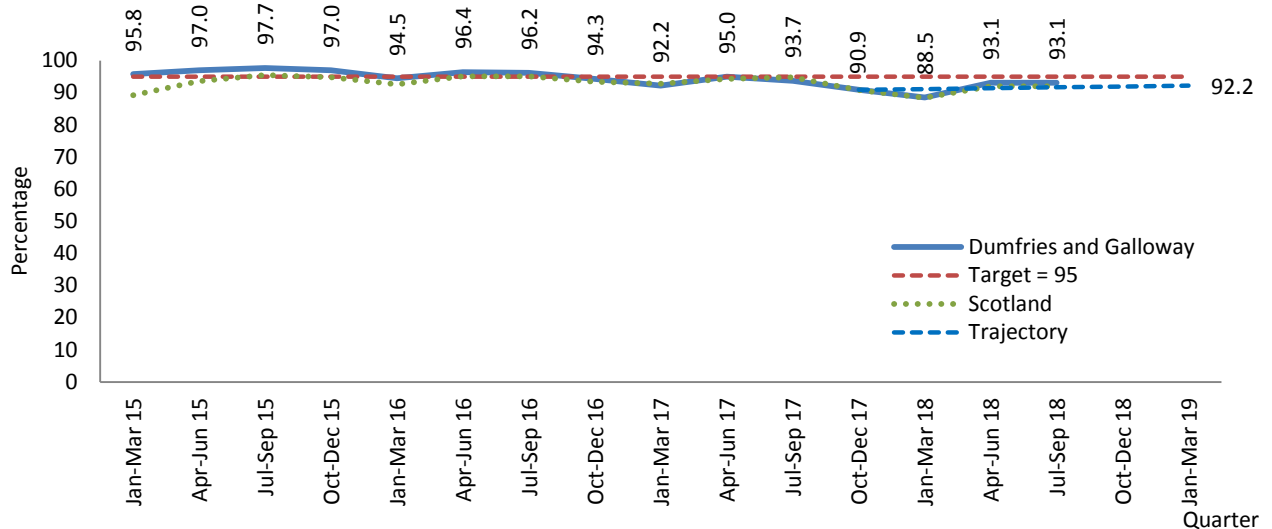
Reducing absence in Adult Social Services continues to be a priority, with a continued focus on review of long-term absences. An early return to work is supported through management review, absence meetings and occupational health involvement, in addition to support through HR. The maximising attendance management policy means employees with frequent short-term absences are reviewed.

Physiotherapy and self referral for counselling is promoted to support an absent employee, assist with their return to work or as a proactive measure to ensure sustained attendance within the work place. Management information is cascaded monthly to identify areas where absences are high and where intervention can be focused. This targeted approach is supported by collaborative working with HR to review areas of absence. On line training is available for all managers and each service has trained mental health champions to support well-being within the workplace. Sickness absence remains a standing agenda item for the Integration Partnership Forum.

B19 Emergency department waiting times

National Outcomes									Dumfries & Galloway Priority Area									Reported:	30/09/2018	
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																		Source:	ISD Scotland	

Percentage of people attending the emergency department (ED) who waited no longer than 4 hours until admission, discharge or transfer for treatment



Key Points

The percentage of people attending an emergency department (ED) who were seen within 4 hours was 93.1% between July and September 2018 against a 95% target. This is higher than the interim improvement trajectory to reach 92.2% by March 2019.

For Scotland, the rate was 92.0%.

The Wider Context

NHS Dumfries and Galloway’s first Annual Operational Plan (AOP) replaces the Local Delivery Plan. The AOP has been produced in line with guidance received from the Scottish Government’s NHS Scotland Director of Performance and Delivery on 9 February 2018. The guidance sets out a minimum aim to return to/at least maintain waiting times at the level they were on 31 March 2017. This sets an improvement trajectory to return to 92.2% by March 2019.

Improvement Actions

Initiatives focussing on people’s experience of ED include:

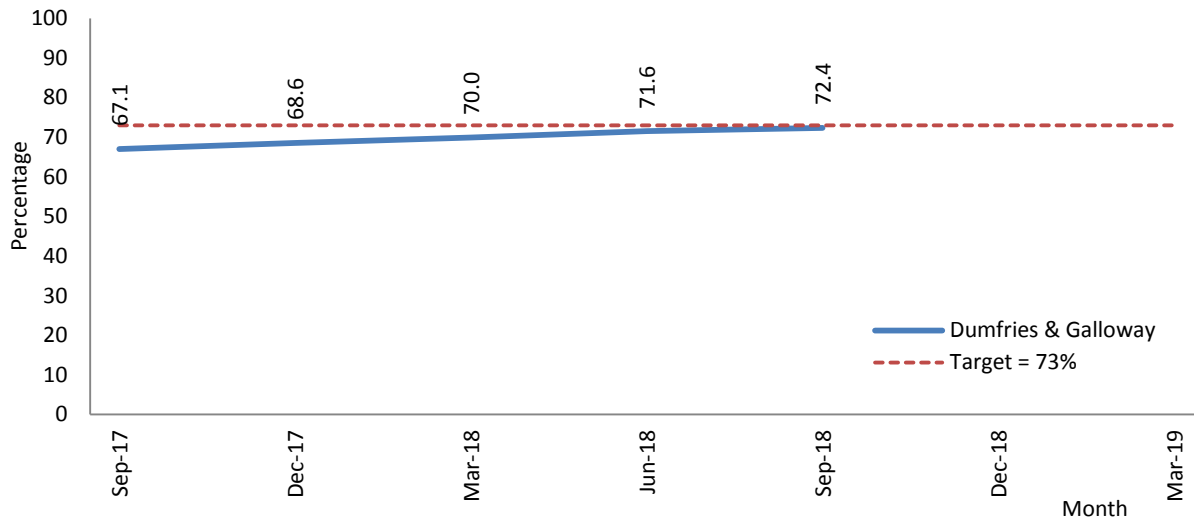
- A review of staffing and how staff are deployed within unscheduled care. This will concentrate on the learning since moving to the new hospital building
- In the Combined Assessment Unit (CAU), rapid assessment has been introduced to triage people on arrival to the unit. The middle tier medical, nursing and Advance Nurse Practitioner (ANP) activity in the unit is also being reviewed
- A new pharmacy model has been introduced to the CAU that aims to reduce admissions and speed up discharges.
- Funding from Scottish Government is being used to support the Whole System Patient Flow Improvement Programme. A senior analyst has been employed to support this work

The acute and diagnostic management team have recognised that performance at Galloway Community Hospital (GCH) can be further improved. The team are focussing on sharing the learning from recent initiatives at DGRI with the teams at GCH.

C1 Adults accessing Telecare as a percentage of the total number of adults supported to live at home

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call



Key Points

The percentage of adults supported to live at home who are using a telecare support system was 72.4% in September 2018. The figure continues to slowly rise. In September 2018, there were 3,123 people supported to live at home, using Care Call technology across the region.

The Wider Context

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button linked through to a call responder. The target of 73% has not altered despite the recalculation of this measure following the move to the Mosaic IT system. There is 'lead in' time to the introduction of any telecare, enabling discussions with the person regarding their choices and learning to confidently use the equipment. A new Digital Health and Care Strategy 2017-22 for Scotland was published in April 2018. This will integrate the Technology Enabled Care (TEC) programme and e-health strategy for Scotland.

Improvement Actions

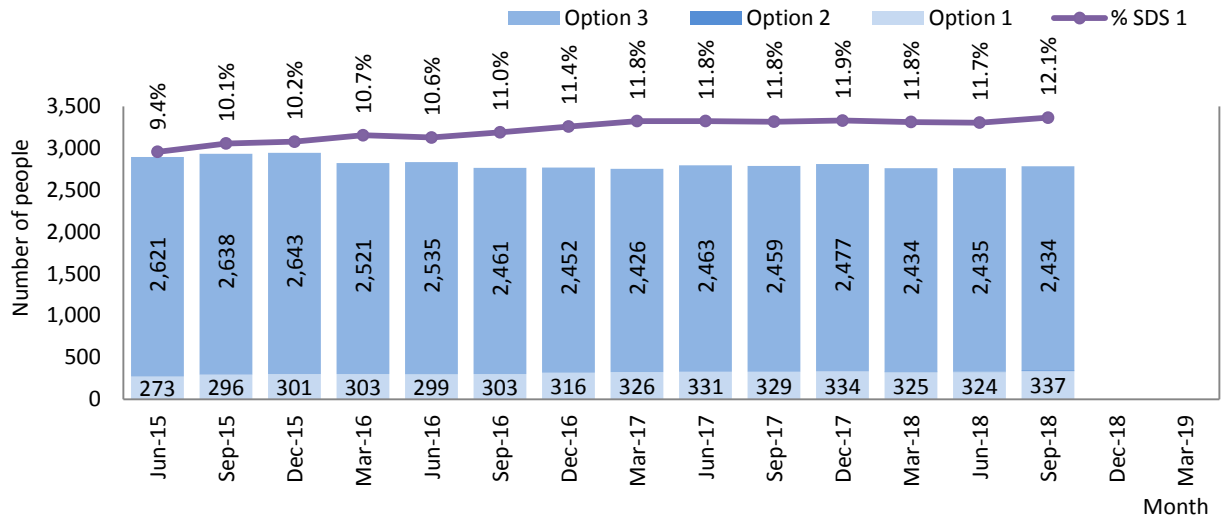
The telecare team (based within Dumfries and Galloway Council customer services) has 4 assessor technicians and 3 Care Call officers. New referrals to the Telecare Service can be made by a self referral, via social work, the NHS, the third sector or with consent someone acting on their behalf, for example a family member. In addition to this locality social work teams, when involved with a person, can request equipment as part of their assessment.

Telecare training was provided in October 2017 and March 2018 to staff from the Short Term Assessment and Reablement Service (STARS), occupational therapy, sensory support, social work and partners from the third sector. This training is to enable workers to undertake a basic assessment for telecare as part of their own assessment. There are now over 150 practitioners trained as Trusted Assessors who are completing referrals for the basic telecare package and equipment specific to their area of expertise. This supports the Good Conversations they are having with people who use services.

C2, C3, C4 Number of adults receiving care at home via SDS Option 1, 2 and 3

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

The number of adults accessing Self Directed Support (SDS) - all options



Key Points

A snapshot in September 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) was 337 people through Option 1, 12 people through Option 2 and 2,434 people through Option 3. The proportion of people being supported through SDS Option 1 has remained stable over the last year, but increased at 12.1%.

The Wider Context

These are data only indicators, which do not have targets or benchmarking associated with them. Increasing the proportion of people accessing SDS through Option 1 is seen as positive.

The Partnership aims to help people and support them to make the most appropriate choice of option under the Self Directed Support legislation. SDS Option 1 is where people choose to take control of purchasing and managing their own care and support. Option 2 is where people choose the organisation they want to be supported by and the Partnership transfers funds to that organisation, for care and support to be arranged in line with the personal plan. SDS Option 3 is where people choose for social work services to arrange and purchase their care and support.

Improvement Actions

Scotland's new health and social care standards were implemented on 1 April 2018. The standards are underpinned by 5 principles: dignity and respect; compassion; be included; responsive care and support and wellbeing.

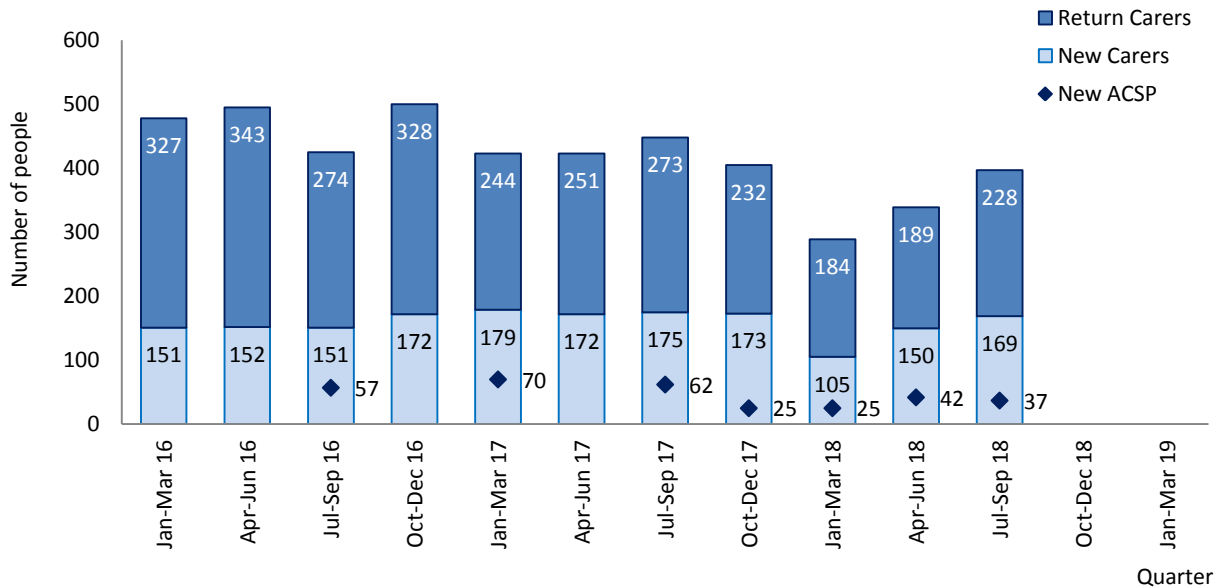
A number of people are beginning to explore how Option 2 could work for them and we expect a gradual increase in the number of people choosing this option. It is important to acknowledge that helping people to plan how Option 2 would work for them can take a considerable amount of time. The arrangements required to deliver SDS Option 2 effectively are complex and discussions with providers are ongoing.

Option 3 remains a popular choice for many older people, who may choose not to manage their own care.

C5 Carers receiving support (excluding Young Carers)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Number of Carers receiving support (excluding Young Carers)



Key Points

There were 37 new Adult Carer Support Plans (ACSP) completed in the quarter July to September 2018 by the Dumfries and Galloway Carers’ Centre (DGCC).

The DGCC saw 169 new Adult Carers between July to September 2018 and 228 returning Carers used their services. The DGCC ran 51 groups with 302 people attending. Alzheimer Scotland had 626 existing Carers and 295 new Carers whilst Support in Mind had 33 existing Carers and 4 new Carers between July to September 2018 (there may be overlap between these 3 organisations).

The Wider Context

There are a number of organisations across Dumfries and Galloway who provide support to Carers. The DGCC is commissioned to deliver Adult Carer Support Plan Assessments. Only a small proportion of Carers will require an ACSP and of these, fewer still require social care resources.

Identifying Carers is a key priority of the Carers (Scotland) Act 2016.

Improvement Actions

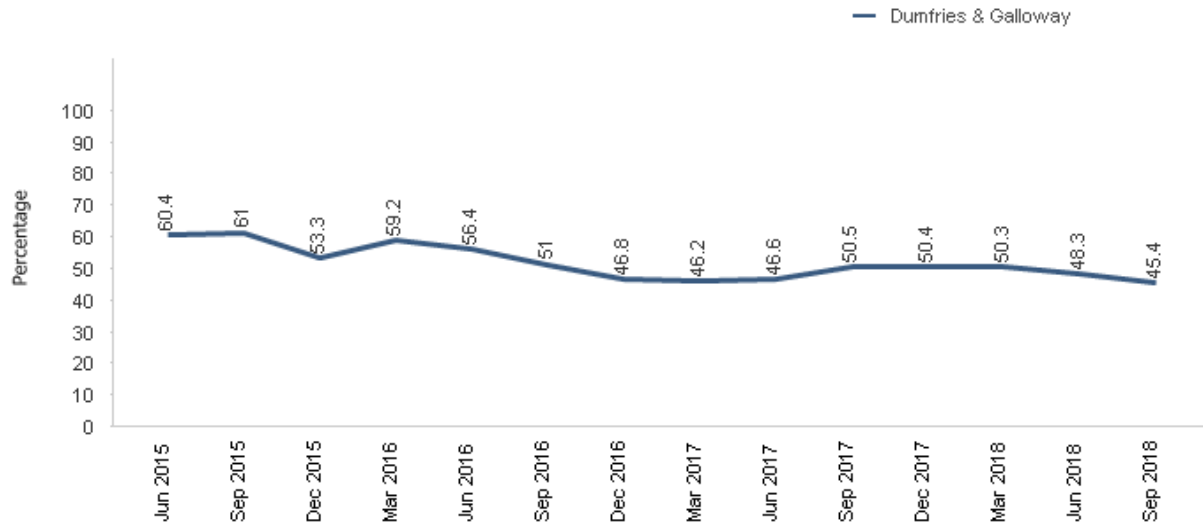
A consultation with Carers to help understand what ‘being supported’ means to Carers closed in September 2018. The information from this survey will be analysed alongside the narrative from the Scottish Health and Care Experience Survey 2018. Following the analysis, an improvement plan will be developed.

A draft Short Break Statement has been made available for comment to Carers, Carers Organisations and Locality Managers. The feedback received was positive and the Short Break Statement will be submitted to the November Integration Joint Board for approval.

C6 Proportion of people 65 and over receiving care at home (via Option 3) with intensive care needs

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more per week)



Key Points

In September 2018 there were 812 people being supported with 10 hours or more of care at home provision per week. This was 45.4% of all people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3.

The Wider Context

This is a data only indicator, which does not have a target associated with it.

This is an historical indicator, which predates the introduction of Self Directed Support and whose relevance has changed since the introduction of SDS. In this indicator, Intensive Care Needs is defined as a person needing 10 or more hours of care per week. This is an historic threshold of care and therefore less relevant in the context of the changing policy position in respect of Self Directed Support.

The calculation for this indicator is based on those people who have chosen SDS Option 3. The new SDS models of care offer more person centred solutions and more alternative flexible and efficient solutions.

This indicator is different to indicator A18 - Percentage of adults with intensive care needs receiving care at home, which looks at all adults with intensive needs, including those in care homes.

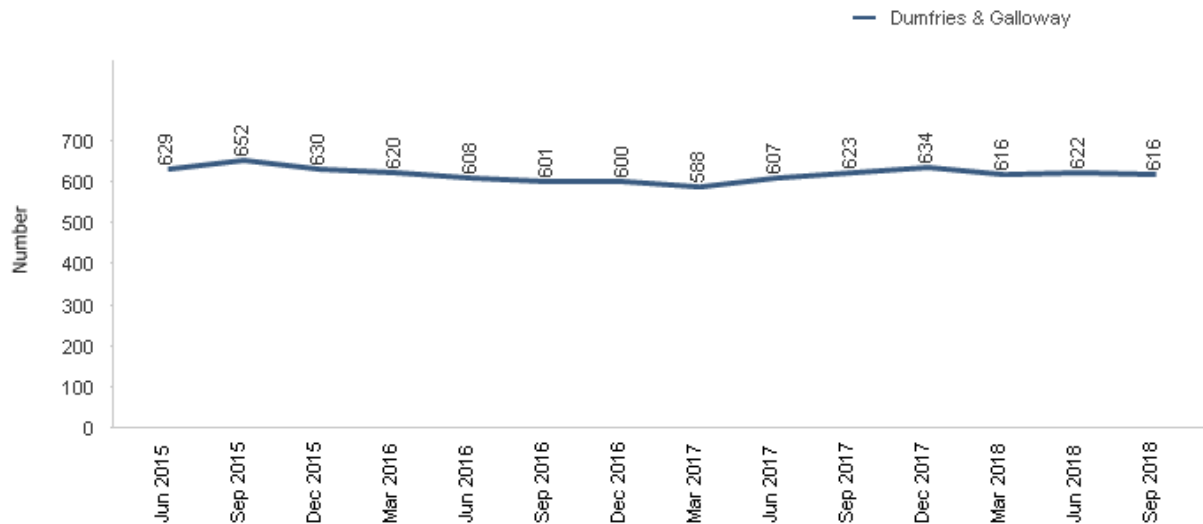
Improvement Actions

No improvement actions are required at this time.

C7 Number of adults under 65 receiving care at home (via SDS Option 3)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Number of adults under 65 receiving care at home



Key Points

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 616 in September 2018.

The Wider Context

This is a data only indicator, which does not have a target or benchmarking associated with it.

SDS Option 3 is where people choose for social work services to arrange and purchase their care and support. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for.

There are multiple factors that can influence the number of people under 65 receiving personal care at home: they may be accessing other services such as day care or optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be challenges regarding the supply of care in local areas.

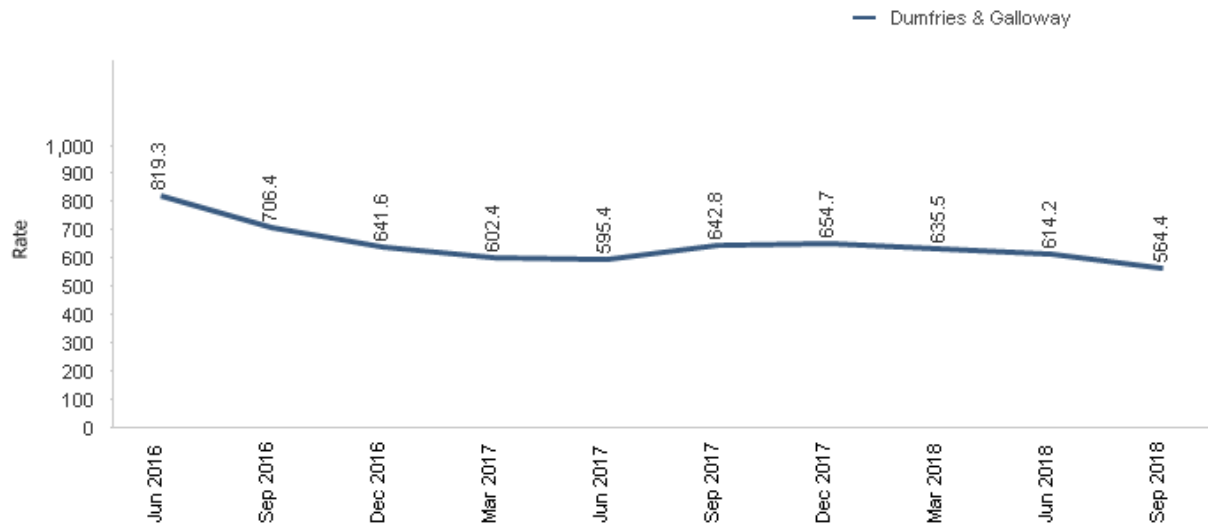
Improvement Actions

Locality teams continue to encourage people who have capacity aged under 65, to move to SDS Options 1 or 2 which would enable them to take more control of their own care. Over time, this will impact on the results demonstrated by this indicator.

C8 Total number of Home Care hours provided as a rate per 1,000 population aged 65 and over

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Rate of total Home Care hours provided per 1,000 population aged 65 and over



Key Points

In September 2018 the rate of care at home provided through Self Directed Support (SDS) Option 3 was 564.4 hours per 1,000 population aged 65 and over.

The Wider Context

This is a data only indicator, which does not have a target or benchmarking associated with it.

It is reported that across Dumfries and Galloway approximately 2 million hours of care at home is scheduled each year for all ages. It is anticipated that this indicator will decrease as more people choose SDS Options 1 and 2. There will be a need to understand how many people are in receipt of care and support through all of the SDS options (see indicators C2, C3 and C4).

Improvement Actions

No improvement actions required at this time. Initial discussions to propose a more suitable indicator have begun.

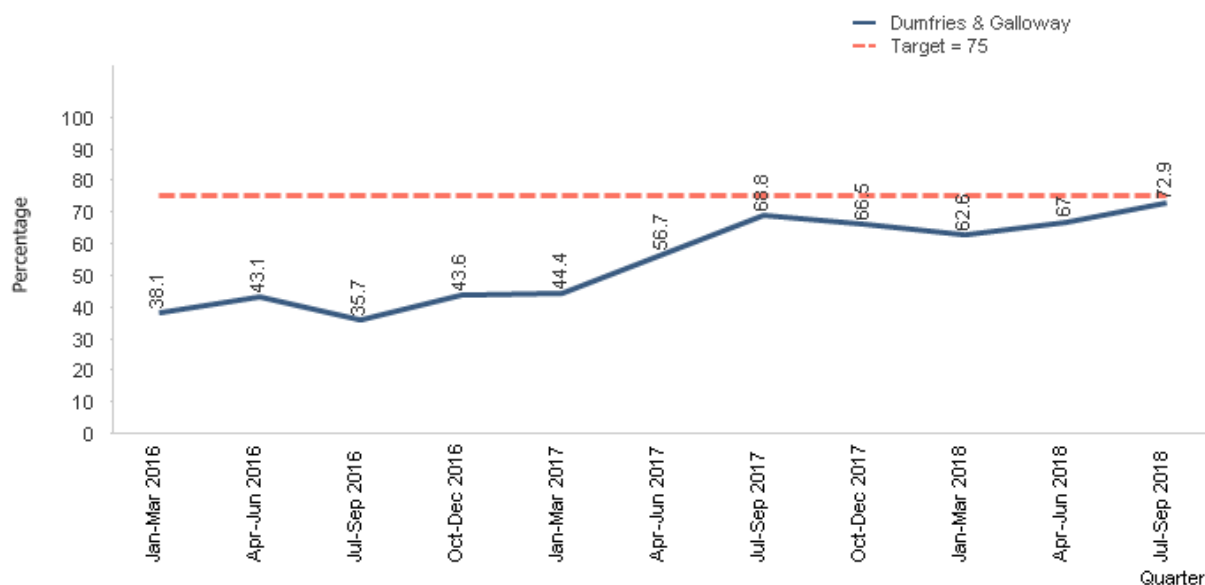
The first upload of information from the Dumfries and Galloway Council Mosaic database to the national Information and Statistics Division (ISD) Scotland Source platform has been submitted. The information is currently undergoing validation and quality assurance checks.

ISD Scotland, as an independent third party, uses the Source platform to anonymously link health and social care information. A Local Information Support Team (LIST) analyst from ISD Scotland supports the Partnership. It is anticipated that they will be able to produce linked analysis of health and social care information. Dumfries and Galloway has a representative on the Source platform steering group that is advising ISD Scotland on the development of the Source platform and the information reported through it.

C9 Feedback received by referrers on actions taken within 5 days of receipt of adult protection referral

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult support and protection (ASP) referral



Key Points

Across Dumfries and Galloway in the quarter ending September 2018, 72.9% of people referring a Duty to Inquire case to Adult Support and Protection (ASP) received feedback within 5 days of receipt of referral.

The Wider Context

Across Dumfries and Galloway there are typically 50 to 90 ASP Duty to Inquire referrals per month. All relevant adult referrals are assessed to determine if they meet the requirements that would classify the referral as a Duty to Inquire.

Discussions are underway in relation to reporting timescales and determining what should count as feedback to ensure the data is as complete as possible. The type of feedback is different depending on the source of the referral. Where a professional has made the referral it can be noted that the adult is being progressed under Duty to Inquire, with a consideration as to the need to take to investigation. If a family member makes a referral, it is likely they will be involved in the progression of the referral so they will receive more detailed feedback. If a member of the public makes a referral they will be told that we have received the referral and are giving consideration as to how to take this forward.

Improvement Actions

Improving communication between ASP and referrers was identified as a priority by the Adult Support and Protection Executive Group (ASPEG) and the Adult Support and Protection Committee (APC). This remains as a priority under the revised Public Protection Committee structure.

An improvement to local processes means that the social work team supports the early triage of referrals for the MASH. This should make the process more robust, release capacity to follow up referrals and ensure feedback is provided in a timely manner. A quality assurance process has been developed to measure performance against key timescales within the overall process.

Indicator Summary – Ministerial Strategic Group

E1. The number of emergency admissions per month for people of all ages.

E2. The number of unscheduled hospital bed days for acute specialties per month.

E3. The number of emergency department attendances .

E4. The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older.

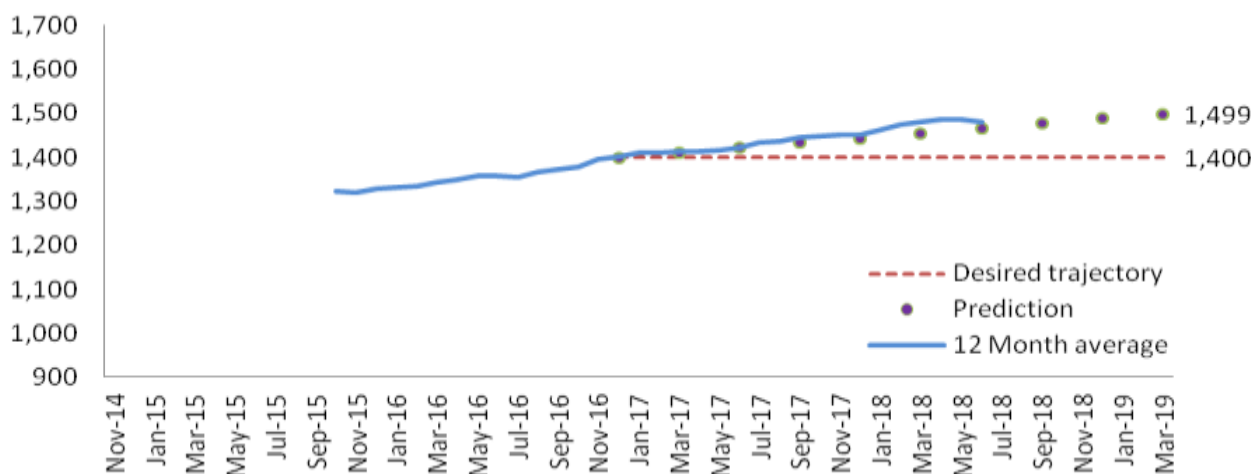
E5. Where people who died spent their last 6 months of life, percentage by setting.

E6. Balance of care: The number of person-years spent in community or institutional settings.

E1 Emergency admissions per month – MSG

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

The number of emergency admissions per month for people of all ages - MSG



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Apr-18	1,432	1,400	1,458	1,487	99%
May-18	1,486	1,400	1,462	1,486	99%
Jun-18	1,340	1,400	1,465	1,479	95%

Key Points

The number of people of all ages admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,340 in June 2018. (Note however that data was 95% complete at the time of reporting.) The rolling 12 month average in the year ending June 2018 was 1,479 people each month. Both of these figures are higher than the desired trajectory.

The figures for Scotland showed that whilst the rise in emergency admissions slowed through 2016/17, the number of emergency admissions has risen more quickly again through 2017/18.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01 (SMR01) dataset. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1 and DG2 postcode areas. Between September and November 2018, there were 131 rapid response referrals. This team has only just achieved full staffing levels in November 2018, so was not operating at full capacity during that time.

A project lead for the Frailty at the Front Door project has been appointed. This project will focus on ensuring frail people are seen in the most appropriate environment.

A bid to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease has been successful. This work will enable more people to remain in their own home environment.

An important contribution to managing people's care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.

E2 Unscheduled hospital bed days for acute specialties – MSG

National Outcomes

1 2 3 4 5 6 7 8 9

Dumfries & Galloway Priority Area

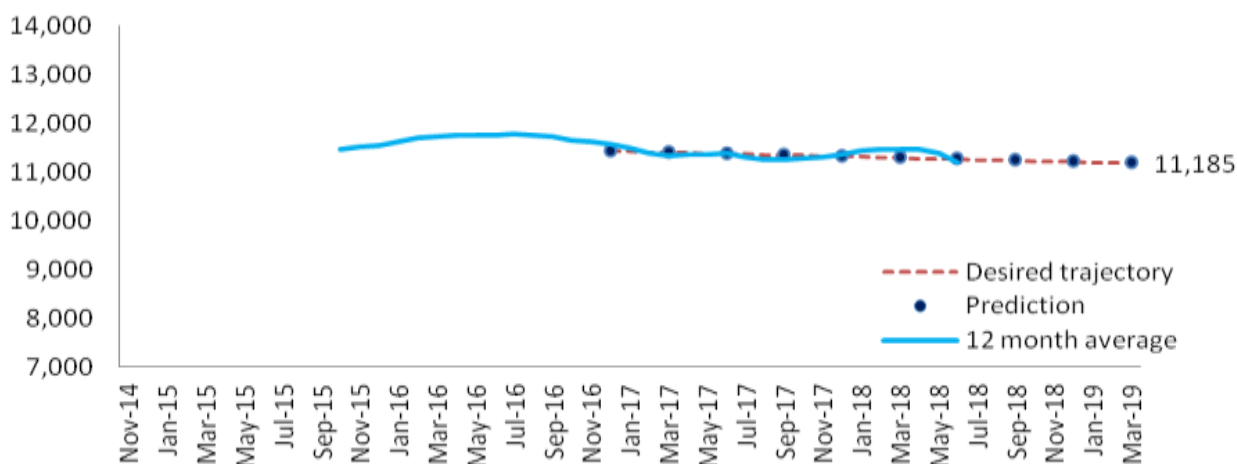
1 2 3 4 5 6 7 8 9 10

Reported: 30/09/2018

Frequency: Quarterly

Source: ISD Scotland

The number of unscheduled hospital bed days for acute specialties per month - MSG



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Apr-18	11,534	11,284	11,284	11,456	99%
May-18	11,037	11,275	11,275	11,385	99%
Jun-18	9,063	11,266	11,266	11,197	95%

Key Points

The number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 9,063 in June 2018. (Note however that data was 95% complete at the time of reporting.)

The rolling 12 month average is on track to meet the desired trajectory by March 2019.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

How long a person stays in hospital will be strongly related to the complexity of any procedure carried out as well the underlying health condition of the person. People admitted as emergencies generally stay longer than planned hospital admissions. In Scotland, in 2016/17, the average length of stay for a planned admission was 3.7 days. For an emergency admission, the average length of stay was 6.9 days.

Improvement Actions

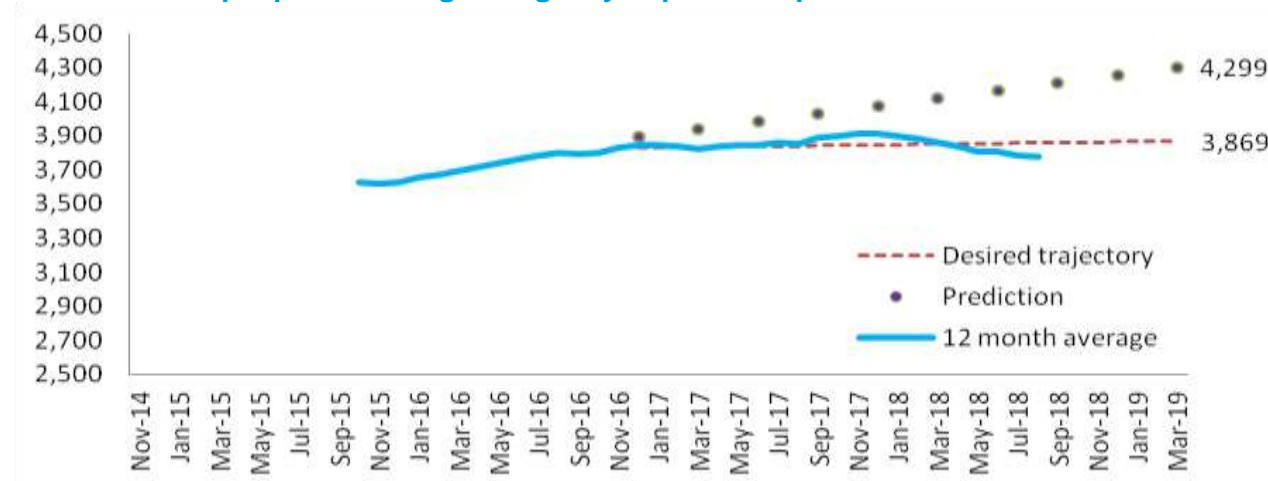
Daily Dynamic Discharge (DDD) has been rolled out across all hospital settings to improve the flow of people's journey through hospital. The Short Term Assessment Reablement Service (STARS) works with the discharge manager, patient flow coordinators and the senior social worker at Dumfries and Galloway Royal Infirmary. They hold a daily flow meeting to identify people suitable for reablement and/or home assessment. STARS have also started to link with locality teams to replicate this approach. Discharging people from the acute hospital before noon remains challenging.

There are 4 new flow co-ordinator posts, one for each Locality, who support the discharge process from cottage hospitals to a homely setting.

E3 Emergency department monthly attendances – MSG

National Outcomes										Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																				Source:	01/09/2018

The number of people attending emergency department per month - MSG



Date	Actual	Desired	Predicted	12 month average
Jun-18	3,905	3,856	4,165	3,808
Jul-18	3,788	3,857	4,180	3,785
Aug-18	3,837	3,859	4,195	3,779

Key Points

The number of people attending any emergency department (ED) location in Dumfries and Galloway was 3,837 in August 2018.

The rolling 12 month average is lower than the desired trajectory.

The Wider Context

These figures are reported from the A&E datamart and do not include planned returns. How arrivals are shared between the ED and the combined assessment unit (CAU) is still being developed and this indicator may not give the entire picture. Since the restructuring of the CAU, the proportion of ED attendances that go on to be admitted has fallen from 31% on average to 22% in August 2018.

For emergency department waiting times, see indicator B19.

Improvement Actions

A test of change in the CAU has introduced a rapid assessment by a senior clinician (Advanced Nurse Practitioner), reviewing test results and making a general assessment to provide a rapid decision about admission to hospital.

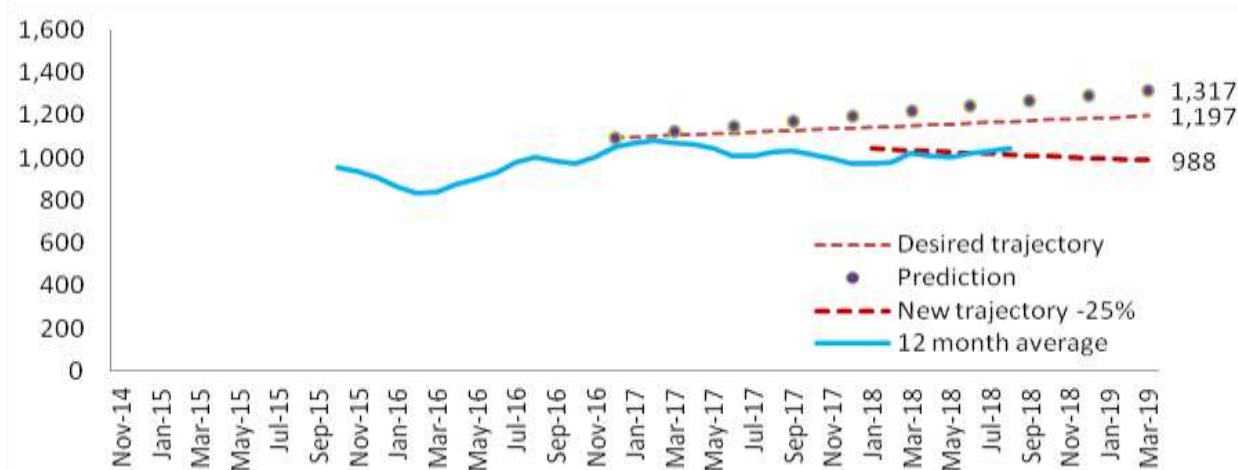
The acute and diagnostic management team have recognised that performance at Galloway Community Hospital (GCH) can be further improved. The team are focussing on sharing the learning from recent initiatives at Dumfries and Galloway Royal Infirmary (DGRI) with the teams at GCH.

The acute management team has reviewed last year's winter activity to learn from what went well and to forward plan in anticipation of increased demands during the coming winter season.

E4 Bed days occupied by all people experiencing a delay in their discharge from hospital – MSG

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older



Date	Actual	Desired	Predicted	12 month average
Jun-18	959	1,024	1,243	1,021
Jul-18	1,218	1,020	1,251	1,033
Aug-18	1,288	1,016	1,259	1,047

Key Points

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 1,288 for adult residents of Dumfries and Galloway in August 2018. The number of delayed bed days has risen over July and August.

The rolling 12 month average is higher than the new desired trajectory.

The Wider Context

These figures are reported as part of a monthly national delayed discharge audit. Please note that this indicator is different to National Core Indicator for Integration A19, which reports delayed discharge bed days for people aged 75 or older.

Improvement Actions

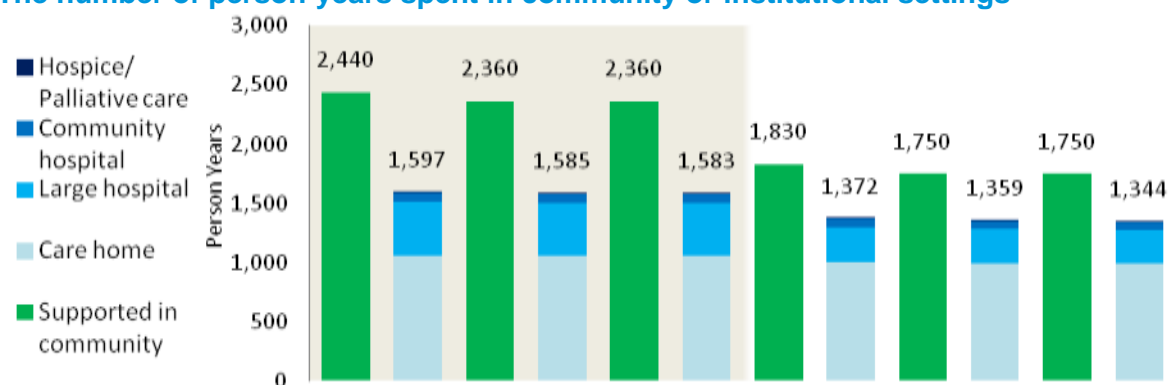
Current areas of work to help address existing challenges with delayed discharges include:

- Care at Home – The Localities meet with their local providers to discuss the sharing and swapping of packages. Review of existing care packages being undertaken by social services.
- Robust implementation of Choice Guidance for care home placement so people are moving to interim places as they become available.
- There have been 2 successful Power of Attorney campaigns involving local solicitors who offered a 10% discount for people. There is a plan for the Partnership to repeat the campaign.
- A Dumfries and Galloway housing protocol and referral form was introduced in September 2018 for people who are homeless or cannot return to their own home due to a new disability such as a stroke or fracture.
- Flow meetings across all Localities focus on people's flow as well as potential delays. There are Patient Flow Coordinators in all 4 Localities. There is also a weekend discharge team in Dumfries and Galloway Royal Infirmary.

E6 Balance of Care: Person years in community or institutional settings

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

The number of person-years spent in community or institutional settings



Setting	All ages			Aged 65+		
	2015/16	2016/17	2017/18p	2015/16	2016/17	2017/18p
Hospice/Palliative care	7	7	7	5	6	5
Community hospital	72	75	69	68	71	66
Large hospital	460	446	450	297	292	283
Care home	1,058	1,056	1,056	1,003	990	990
Total institutional	1,597	1,585	1,583	1,372	1,359	1,344
Supported in community	2,440	2,360	2,360	1,830	1,750	1,750
Total institutional	1.1%	1.1%	1.1%	3.8%	3.7%	3.6%
Supported in community	1.6%	1.6%	1.6%	5.0%	4.7%	4.7%
Unsupported in community	97.3%	97.4%	97.4%	91.2%	91.6%	91.7%

Key Points

The total amount of time that people spend in each setting has been stable for people of all ages. For people aged 65 years and older, the amount of time spent in large hospitals has fallen since 2015/16.

The proportion of time people are spending in the community unsupported is rising modestly.

The Wider Context

These figures relate to the total number of people spending time in each setting in one year. These figures do not include the activity of people who fund their own care and support, people who are supported solely by unpaid Carers and/or the voluntary sector or any outpatient or community health activity such as STARS, community nursing and mental health.

Improvement Actions

The majority of the population experience very little institutional care or home support in the community in any given year. Across Scotland there is a slow shift towards people spending more time in community settings.

Improvement work towards decreasing lengths of stay in acute hospital settings contributes towards people spending greater time in the community. These changes are gradual and we do not anticipate sudden shifts from one period to the next.