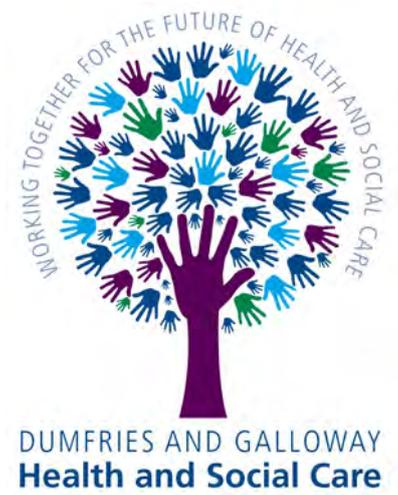


DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE REPORTING HANDBOOK



DRAFT

DRAFT

Version 1.0
Published July 2017

George Noakes (Senior Health Intelligence Analyst)
Laura Durling (Performance & Business Intelligence Analyst)
Performance & Intelligence Team,
Dumfries and Galloway Health and Social Care Partnership

For more information please visit www.dg-change.org.uk

Contents

Section 1: The Performance Management Framework	5
What is the performance management framework?	5
What is performance information?	5
Where do the performance indicators come from?	6
How is performance information organised?	6
Where is performance information reported?	9
How is performance information reported?	10
What do the Red, Amber, Green (RAG) status' mean?	11
What is still to be developed?	11
How often is the performance management framework reviewed?	11
Section 2: Glossary of terms	12
Section 3: Performance Indicators	15
Core Suite of Integration Indicators ('A' Indicators)	16
Local Delivery Plan (LDP) Standard Indicator ('B' Indicators)	39
Social Work Services Publically Accountable Measures ('C' Indicators)	59
Locally Agreed Indicators ('D' Indicators)	68

DRAFT

This handbook is a working document and is regularly updated. If you are using a printed copy please visit www.dg-change.org.uk/our-performance/ to ensure you have the most recent version.

This is Version 1.0

Section 1: The Performance Management Framework

What is the performance management framework?

The performance management framework is the Partnership's system for collecting, reporting and scrutinising performance information and in response, taking action to improve health and social care and support for people. The performance management framework for Dumfries and Galloway Health and Social Care is described in part 2 of the Partnership's strategic plan ([here](#)).

What is performance information?

Data is collected as part of people's day-to-day activities and in the normal running of services. Data is then aggregated to produce information, such as percentages or rates, that are used to inform the Partnership how well it is performing. This performance information is compiled according to predetermined rules so that there is a consistency in how it is calculated over time. Each piece of performance information is called a performance indicator.

Performance information may be used to monitor one of four aspects:

Inputs These are the resources used to deliver a service, such as finance and staffing.

Processes These are the pathways people follow when they use services. Sometimes this is described as a person's 'journey of care' or how people 'flow' through the health and social care services.

Outputs These are the services delivered to people as a result of the inputs and processes. For example, an output may be counting the number of people who have used a service.

Outcomes These are the end experiences of people and communities resulting from the inputs, processes and outputs delivered.

Performance information of different types is needed at different times and at different places within the Partnership. Although it is more of a spectrum than clearly divisible categories, performance information can also be thought of under three time related headings:

Operational information - Information that informs the day-to-day running of a service. Typically this is short-term (between 0-90 days) and reported at very regular intervals.

Tactical information - Information that informs the decision making in the medium-term running of a service. Typically this is monthly or quarterly information which enables services to respond to increasing or decreasing trends.

Strategic information - Information that informs the decision making with regard to the long-term direction of the Partnership. Typically this is quarterly or annual information that considers the direction of the organisation over a period of months and years.

Where do the performance indicators come from?

There are five groups of performance indicators included in the performance management framework for the Dumfries & Galloway Partnership. These are:

Core Suite of Integration Indicators

These indicators have been developed by the Scottish Government and are to be used by all health and social care partnerships. Some of these indicators are still under development. These indicators are only available at Partnership level (i.e. Dumfries & Galloway).

Local Delivery Plan (LDP) Standards

These indicators are the NHS publically accountable measures. They are set by the Scottish Government and they are to be used by all health boards. The integration scheme for Dumfries & Galloway, delegating all local health services to the Integration Health Board means that it is appropriate for all of the LDP standards to be included in the Partnerships performance management framework. These indicators are only available at health board level, including Dumfries & Galloway.

Social Work Services Publically Accountable Measures

These indicators were previously reported in the Single Outcome Agreement (SOA) for Dumfries & Galloway. The SOA has since been succeeded by the Local Outcome Improvement Plan (LOIP). The information for these indicators is available for localities and for the Dumfries & Galloway Partnership.

Locally Agreed Performance Indicators

Health and social care integration partnerships are required to develop 'locally agreed performance indicators'. The phrase 'locally agreed' refers to indicators chosen by the Partnership. In Dumfries & Galloway these indicators are being designed to complement those already included in the framework, to monitor the progress of delivering the locality plans and to be outcomes focussed. Many of these indicators are new and under development. The results for these indicators will be available for the four localities and for the Dumfries & Galloway Partnership.

Annual Reports

As an organisation, we are required by law to produce a series of annual reports on a range of topics. Examples include an equality and diversity report and workforce reports. It is the responsibility of the lead directorate to produce and submit these reports to the relevant committees and boards.

Section 3 of this handbook provides details of each indicator including which categories the indicator is from and what the source of the performance data is.

How is performance information organised?

Themes

All of the indicators included in the performance management framework have been mapped to one of four themes:

- Clinical and Care Governance
- Quality
- Finance and Resources
- Stakeholder Experience

These four themes ensure that a whole system view is provided through performance reporting.

9 National Outcomes

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 sets out nine national outcomes that all health and social care partnerships are to work towards achieving. Each indicator has been mapped to at least one of these outcomes. In many cases an indicator may map to more than one outcome.



10 Priority Areas

Dumfries and Galloway Health and Social Care Strategic Plan (2016-2019) identified 10 priority areas of focus. As well as an indicator being mapped to at least one of the above outcomes, each indicator has also been mapped to at least one of these priority areas. An indicator may be mapped to more than one priority.

1. Enabling people to have more choice and control
2. Supporting Carers
3. Developing and strengthening communities
4. Making the most of wellbeing
5. Maintain 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

DRAFT

The four themes, the nine national outcomes and the 10 priority areas triangulate to ensure that all aspects of health and social care services are included in performance monitoring. The table below summarises how many indicators are mapped against each theme, national outcome and priority area.

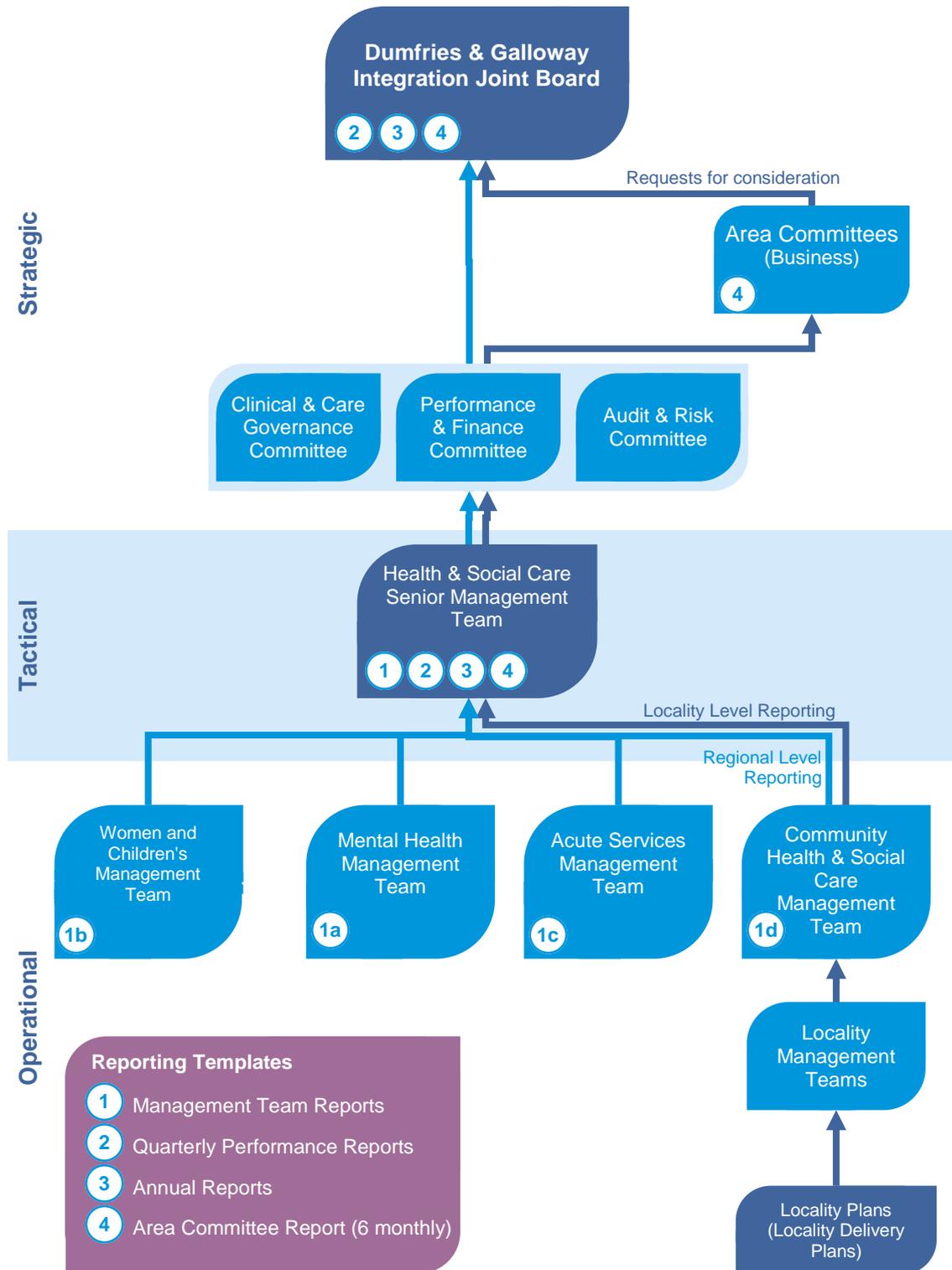
Table 1: The distribution of performance indicators by theme, national outcome and priority area (March 2017)

Please note that each indicator may be mapped against more than one theme, more than one national outcome and more than one priority area.

Total number of performance indicators	73
Number of performance indicators by theme	
Clinical and Care Governance	30
Quality	13
Finance and Resources	9
Stakeholder Experience	22
Number of performance indicators by national outcome	
National outcome 1	10
National outcome 2	25
National outcome 3	33
National outcome 4	16
National outcome 5	22
National outcome 6	10
National outcome 7	33
National outcome 8	7
National outcome 9	29
Number of performance indicators by priority area	
Priority 1	23
Priority 2	10
Priority 3	5
Priority 4	21
Priority 5	35
Priority 6	19
Priority 7	13
Priority 8	19
Priority 9	44
Priority 10	10

Where is performance information reported?

Different pieces of performance information are reported at different times and in different places across the Partnership. Typically, operational performance information is reported to team leaders and managers to enable them to better manage the day-to-day running of their service. Tactical and strategic performance information is reported and scrutinised by senior managers, committees and boards to monitor the overall direction of the Partnership and the progress made against achieving the desired outcomes. The flow chart below illustrates the key forums where performance information is reported.



How is performance information reported?

Dumfries and Galloway Health and Social Care partnership provides performance management information across three different reports.

Annual Performance Report

This is the only mandatory performance report each health and social care partnership has to produce. Each annual performance report must be published by the end of July for the previous financial year. For example, the report published in July 2017 will be for the financial year 2016/17. The information to be included in this report is set out by the Public Bodies (Joint Working) (Scotland) Act 2014 and includes reporting progress against the nine National Outcomes for Integration. This report must be approved by the Integration Joint Board (IJB).



The Dumfries & Galloway Partnership has agreed to produce two additional types of performance report: area committee reports and quarterly performance reports. The same narrative template has been adopted in both reports. For each indicator there is a page that includes a diagram such as a graph or chart, a description of the key points, a discussion of the wider context, and the improvement actions planned or underway to improve the performance measured by the indicator.

Area Committee Reports

Twice a year a report will be submitted to Area Committee (Business) meetings. The integration scheme for Dumfries & Galloway identifies a specific role for Area Committees in the performance management framework:

“... the Parties have agreed that Area Committees will scrutinise the delivery of Locality Plans against the planned outcomes established within the Strategic Plan.”

Therefore, the information included in the area committee reports must relate to the Locality Plans and be reported at a locality level. Those indicators that fulfil these two conditions are included in area committee reports. This includes the ‘Social Work Services Publically Accountable Measures’ and the ‘Locally Agreed Performance Indicators’. Area committee reports are scrutinised by the Health and Social Care Senior Management Team, the Performance and Finance Sub-Committee of the Integration Joint Board and Area Committees.



Quarterly Performance Reports

Every three months a performance report is produced including all of the indicators where the results have been updated since the previous report. Indicators from all sources are included. Some indicators are updated once every three months, some are updated annually and some are only updated once every two years. Quarterly performance reports are scrutinised by the Health and Social Care Senior Management Team and the Performance and Finance Sub-Committee of the Integration Joint Board.



What do the Red, Amber, Green (RAG) status' mean?

Red, Amber, Green (RAG) status' are used in two different places in the performance reports:

In the annual performance reports, area committees reports and the quarterly reports there are pages of 'leaves' that summarise which indicators have been included in that issue of the report. Only indicators where new information has become available since the report was last issued are included each time. Each leaf is outlined with a RAG status.

- Red** - The indicator suggests that the Partnership is not attaining the desired outcomes.
- Amber** - An early warning in that the indicator suggests that the Partnership may not be successful in attaining the desired outcomes.
- Green** - The indicator suggests that the Partnership is successful in attaining the desired outcomes.
- Black** - It is not possible to determine whether the indicator suggests success or lack thereof in attaining the desired outcomes. This may be due to insufficient data and not having a trend over time, or the interpretation of the information is not straight forward.



In the area committee reports RAG status' are also used to gauge progress in delivering the locality plans. Each locality plan made a series of commitments. The RAG status is used to report progress against the implementation of each commitment:

- Red** - Progress in implementing the commitment is significantly behind schedule or work has not started when it was due to start.
- Amber** - Progress in implementing the commitment is slightly behind schedule.
- Green** - Progress in implementing the commitment is on, or ahead, of schedule or the work has been completed.
- Grey** - Work to implement the commitment is not yet due to start.



What is still to be developed?

There is continued development and implementation of the performance management framework is ongoing. The Integration Joint Board (IJB) have agreed that the framework should be brought to full maturity by the end of this first 3-year commissioning cycle for adult health and social care integration (March 2019). Planned developments currently include:

- Establishing and implementing the locally agreed indicators
- Establishing and deploying a performance management dashboard for operational use
- Establishing links between performance management, quality improvement and corporate risk

How often is the performance management framework reviewed?

The performance management framework will be reviewed, as part of the 3 year commissioning cycle for health and social care integration, to ensure that it remains fit for purpose. This includes reviewing the performance reporting structure, report templates and indicators.

Section 2: Glossary of Terms

Allied health professionals (AHP)

Professionals related to healthcare distinct from nursing and medicine. Examples include podiatrists, physiotherapists, occupational therapists and speech and language therapists.

Anticipatory care

A term used to describe an approach whereby the actual or potential care and support needs of someone are predicted. By doing this, steps can be taken much earlier to minimise or avoid altogether the impacts of these. (See also forward-looking care).

Asset-based approach

Identifying and making best use of all the resources that exist at both an individual and community level.

Care and support plan

An agreed document, between the person and their health and/or social care professional that identifies and records discussion with regard to personal aims and outcomes, needs, risk and any required action. It can be electronically stored or written on paper and accessible to the person.

Carer

Someone who provides unpaid care and support to a family member, neighbour or a friend.

Culture

The way in which members of an organisation relate to each other, their work and the outside world.

Delayed discharges

A term used to describe an incidence whereby someone clinically ready for discharge cannot leave hospital because care, support or accommodation they require is not available.

Dementia

A terms used to describe a group of symptoms that occur when brain cells stop working properly, which can affect thinking, memory and communications skills.

Forward-looking care

A term used to describe an approach whereby the actual or potential care and support needs of someone are predicted. By doing this, steps can be taken much earlier to minimise or avoid altogether the impacts of these. (See also anticipatory care).

Health and social care integration

Bringing together adult health and social care in the public sector into one statutory body, i.e. an integration authority.

Health inequalities

A term that refers to the gap between the health of different population groups, such as the wealthy compared to poorer communities or people with different ethnic backgrounds.

Housing need and demand assessment (HNDA)

A document that provides fact and figures on housing need and demand.

Impact assessment (see also protected characteristics)

A process to assess the impact of applying a proposed new or revised plan, policy, function or service.

Independent sector

A general term for non-statutory bodies including private enterprise, voluntary, charitable or not-for-profit organisations.

Integration authority

An integration joint board or lead agency, responsible for services delegated to it by the NHS and council.

Integration Joint Board (IJB)

A body established where a health board and local authority agree to put in place a 'Body Corporate' model. The Integration Joint Board is responsible for the planning of integrated arrangements and onward service delivery.

Locality

The term outlined in the Public Bodies (Joint Working) (Scotland) Act 2014 to identify local areas. Every local authority must define at least two localities within its boundaries for the purpose of locality planning. In Dumfries & Galloway there are four localities - Annandale & Eskdale, Nithsdale, Stewartry and Wigtownshire.

Long term conditions

These are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. These are also known as chronic conditions.

Mobile technologies

Technology that is portable, including mobile phones, tablet devices and laptops.

Personalised

Tailoring health and/or social care and support specifically to an individual.

Person-centred

Focuses care and support on the needs of a person and is a way of thinking and doing things that sees the people using health and social care as equal partners in planning, developing and monitoring care to make sure it meets their needs.

Personal outcomes

The end result or impact of activity on a person. A personal outcomes approach identifies what matters to people through good conversations during care and support planning.

Polypharmacy

When a person is taking multiple (more than four) medications. Polypharmacy is considered important to monitor, as there can be unforeseen effects.

Primary care

Health care provided in the community. For example services provided by GP practices, dental practices, community pharmacies and high street opticians, as well as community nurses and allied health professionals.

Protected characteristics

As it is recognised that people may face discrimination due to these characteristics the Equality Act 2010 describes age, disability, sex, race, religion or belief, pregnancy and maternity, marriage and civil partnership, sexual orientation and gender reassignment as protected characteristics.

Qualitative

Data that approximates or characterizes but does not measure the attributes, characteristics, properties. Qualitative data describes whereas quantitative data defines.

Quantitative

Quantitative data is any data that is in numerical form, that can be quantified and verified, and is amenable to statistical manipulation.

Quintile

A quintile is a statistical value of a data set that represents 20% of a given population, so the first quintile represents the lowest fifth of the data; the second quintile represents the second fifth and so on.

Public Health

Promoting and protecting health and wellbeing and preventing ill-health.

Re-ablement

A 'hands-off' approach to care and support that helps people learn or re-learn the skills necessary for daily living. A focus on regaining physical ability and re-assessment is central to this way of working.

Scottish Morbidity Record (SMR)

These are national datasets which form part of the National Data Catalogue. Examples of these national datasets are SMR00 (outpatients), SMR01 (hospital inpatient and day cases), SMR02 (maternity), SMR04 (mental health).

Self-directed support (SDS)

A term that describes a direct payment support service that gives people more choice and control over the support they use to meet their social care needs, including personal budgets.

SDS Option 1

This is where people take ownership and control of purchasing their own care and support.

SDS Option 2

This is where people choose the organisation they want to be supported by and the local authority transfers funds to that organisation who then arrange care and support to meet their agreed needs and outcomes.

SDS Option 3

This is where social work services organise and purchase care and support for people.

SDS Option 4

This is a mix of any of the above SDS Options 1, 2 and 3.

Self-management

People making decisions about, and managing their own health and wellbeing.

Stakeholder

Anybody who can effect or is effected by an organisation, strategy or project. They include people who use services, their Carers, other organisations and the general public.

Strategic needs assessment (SNA)

An analysis of the health and social care and support needs of a population that helps to inform health and social care planning.

Strategic plan

A high level plan that sets the future direction of travel for health and social care by identifying key challenges and priority areas of focus and aligning resources to activity.

Technology enabled care

A Scottish Government programme to enable a major roll out of 'telehealth' and 'telecare' in Scotland.

Third sector

A vast range of organisations which have a social purpose and are not-for-profit, such as voluntary organisations, charities, or social enterprises. The types of services and the opportunities they provide include health and social care and support, information, advocacy and volunteering.

Volunteering

Any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to close relatives.

Vulnerable adult

A person over the age of 18 at risk of being harmed by reason of disability, age or illness.

Wellbeing

Wellbeing is a complex combination of a person's physical, mental, emotional and social health. Wellbeing is strongly linked to happiness and satisfaction in life.

Section 3: Performance Indicators

This section of the handbook provides information about each indicator in turn. This includes looking at the rationale for an indicator, where the data to support the indicator is sourced from and where in the performance management framework it is being reported. This 'information about information' is often referred to as 'metadata'.

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

Why has this indicator been chosen?	This indicator is intended to measure the views of local people as to whether they feel they can look after their own health. Partnerships can seek to influence this by the provision of appropriate support and information, working with partners to improve the environmental and social factors than can act as barriers to health and wellbeing
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 51: "How well do you feel that you are able to look after your own health? Very well, Quite well, Not very well, Not at all well"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	1
Which priority areas is this indicator mapped to?	1,4,6
What background information is there?	In 2014, Scotland overall 94% of people responded positively. This ranged from 90%-97% across partnership areas
What is considered 'success'?	Maintain or improve the overall response to this indicator, so ideally for the majority of respondents a greater proportion of people respond "very well"
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 4,200 people from Dumfries & Galloway responded to this question. To change the result by 1%, 420 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

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

Why has this indicator been chosen?	This indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 36g: "How much do you agree or disagree with the following about your care support and help I was supported to live as independently as possible: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	1,4,6,9
What background information is there?	In 2014, Scotland overall 84% of people agreed that they felt supported to live as independently as possible. This ranged from 68%-90% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 310 people from Dumfries & Galloway responded to this question. To change the result by 1%, 31 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	It is important that people receiving care and support have choice and control over how their services are provided
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 36b: "How much do you agree or disagree with the following about your care support and help services - excluding the care and help you get from friends and family - over the past 12 months? I had a say in how my help, care or support was provided: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	2,3,
Which priority areas is this indicator mapped to?	1,4,6,9
What background information is there?	In 2014, Scotland overall, 84% of people agreed that they had a say in how their care and support was provided. This ranged from 73%-90% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 310 people from Dumfries & Galloway responded to this question. To change the result by 1%, 31 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

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

Why has this indicator been chosen?	Person centred planning and delivery of service will ensure that people receive the right support at the right time, in the right place. This also reflects the use of resources, as uncoordinated care is also likely to be inefficient and less effective
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 36f: "How much do you agree or disagree with the following about your care support and help services - excluding the care and help you get from friends and family - over the past 12 months? My health, support and care services seemed to be well coordinated: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	3,9
Which priority areas is this indicator mapped to?	4
What background information is there?	In 2014, Scotland overall 80% of people agreed that the services they received seemed to be well coordinated. This ranged from 64%-89% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 320 people from Dumfries & Galloway responded to this question. To change the result by 1%, 32 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	For people who use care and support services, their experience of those services should be positive and continuously improving
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 37: "Overall, how would you rate your help, care or support services - excluding the care and help you get from friends and family? Excellent. Good, Fair, Poor, Very poor"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	1
What background information is there?	In 2014, Scotland overall 84% of people rated their help, care or support as excellent or good. This ranged from 74%-92% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator by seeking, understanding and acting on feedback from people who use services and their Carers
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 360 people from Dumfries & Galloway responded to this question. To change the result by 1%, 36 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

A6 Percentage of people with positive experience of the care provided by their General Practitioner (GP) practice

Why has this indicator been chosen?	GP services are central to health and care services and it is important that partnerships work with them to improve outcomes for people
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 25: "Overall, how would you rate the care provided by your GP practice?: Excellent, Good, Fair, Poor, Very poor"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1,9
What background information is there?	In 2014, Scotland overall 87% of people rated their GP practice as excellent or good. This ranged from 79%-97% across partnership areas
What is considered 'success'?	Maintain or improve the overall response to this indicator, ideally so that a greater proportion of people respond "excellent"
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 3,900 people from Dumfries & Galloway responded to this question. To change the result by 1%, 390 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	This indicator reflects the aggregated impact of person centred work to improve peoples' outcomes, focusing on what is important for individuals' quality of life
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 36i: "How much do you agree or disagree with the following about your care support and help services - excluding the care and help you get from friends and family - over the past 12 months? The help, care or support improved or maintained my quality of life: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	4
Which priority areas is this indicator mapped to?	3,4
What background information is there?	In 2014, Scotland overall 86% of people agreed that services maintained or improved their quality of life. This ranged from 73%-98% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 320 people from Dumfries & Galloway responded to this question. To change the result by 1%, 32 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	This indicator reflects the fact that health and social care services need to be planned and delivered with a strong focus on the wellbeing of unpaid Carers
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 45e: "How much do you agree or disagree with the following about how you feel as a Carer most of the time? I feel supported to continue caring: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	6
Which priority areas is this indicator mapped to?	2
What background information is there?	In 2014, Scotland overall, 44% of Carers agreed that they felt supported to continue in their caring role. This ranged from 34%-54% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 520 Carers from Dumfries & Galloway responded to this question. To change the result by 1%, 52 Carers would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	In carrying out their responsibilities Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' which is organised by the Scottish Government. Specifically Question 36h: "How much do you agree or disagree with the following about your care, support and help services - excluding the care and help you get from friends and family - over the past 12 months? I felt safe: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	4
What background information is there?	In 2014, Scotland overall, 86% of people agreed they felt safe. This ranged from 75%-90% across partnership areas
What is considered 'success'?	Improve the overall response to this indicator
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 310 people from Dumfries & Galloway responded to this question. To change the result by 1%, 30 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

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

Why has this indicator been chosen?	This indicator is an indirect measure for staff engagement. Staff engagement and positive staff experience are integral to the delivery of high quality care
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Staff surveys. The Scottish Government are working to ensure the question "How much do you agree or disagree with the following: I would recommend my workplace as a good place to work" is included in NHS Staff Surveys and Local Authority Staff surveys and that results at a partnership level can be produced. Work is also underway exploring how third and private sector providers can also ask this question
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Proportion of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	8
Which priority areas is this indicator mapped to?	7
What background information is there?	Publically available responses from other integration health boards within Scotland
What is considered 'success'?	Secure initial positive responses proportion equal to or greater than other Scottish integration health boards
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

A11 Premature mortality rate

Why has this indicator been chosen?	Premature mortality is an approximate indicator of the overall health of a population. In addition, premature deaths are more common in deprived areas and so this indicator is also linked to health inequalities
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	National Records Scotland (NRS), specifically European Age-Standardised mortality rates per 100,000 people aged under 75 in Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: To be confirmed
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	1,5
Which priority areas is this indicator mapped to?	5
What background information is there?	In 2015 the premature mortality rate across Scotland was 440.5 per 100,000 population and across Dumfries & Galloway it was 375.5 per 100,000 population
What is considered 'success'?	Maintain or reduce this rate
In real terms, how much change is required to alter this performance indicator?	Figures published by NRS for 2015 show that there were approximately 600 deaths across Dumfries & Galloway for people aged under 75 years. It is estimated that if the number of premature deaths in Dumfries & Galloway reduced by 10, the premature mortality rate would reduce by approximately 5 per 100,000 population
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	December 2016

A12 Emergency admission rate

Why has this indicator been chosen?	Emergency services are necessary when people are at a point of crisis or suffer serious injury. It is anticipated that improved Partnership working and new models of care implemented across the whole health and social care system will lead to a reduction in emergency admission rates. Such a decrease would be thought to represent a shift from reliance on hospital care towards proactive and coordinated care and support in the community
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Rate of emergency admission per 100,000 population for adults
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	1,2,4,5,7
Which priority areas is this indicator mapped to?	4,6
What background information is there?	Figures published nationally for acute hospitals only (SMR01) for 2015/16 stated that for all ages across Dumfries & Galloway there were 14,759 emergency admissions at a rate of 9,843 emergency admission per 100,000 population. The rate for Scotland was 10,572 emergency admissions per 100,000 population
What is considered 'success'?	A reduction in the emergency admission rate
In real terms, how much change is required to alter this performance indicator?	Using data currently published, it is estimated that in order to reduce the emergency admission rate by 500 per 100,000 population, 750 emergency admissions need to be prevented per year
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

A13 Emergency bed day rate

Why has this indicator been chosen?	It is possible for the number of emergency admissions to increase and the emergency bed days to decrease or vice versa. This indicator has been included to provide a balanced view of emergencies and complements indicator A12 that reports the emergency admission rate. Once a hospital admission has been necessary in an emergency, it is important for people to get back home as soon as they are fit to be discharged, to avoid the risk of them losing their confidence and ability to live independently
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Rate of emergency bed days per 100,000 population for adults
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,4,7
Which priority areas is this indicator mapped to?	9
What background information is there?	Figures published nationally for acute hospitals only (SMR01) for 2015/16 stated that for all ages across Dumfries & Galloway there were 131,674 emergency bed days at a rate of 87,818 emergency bed days per 100,000 population. The rate for Scotland was 73,210 emergency bed days per 100,000 population
What is considered 'success'?	A reduction in the emergency bed day rate
In real terms, how much change is required to alter this performance indicator?	Using data currently published, it is estimated that, in order to reduce the emergency admission rate by 1,000 per 100,000 population, there has to be a reduction of 1,500 emergency bed days per year in Dumfries & Galloway
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

DRAFT

A14 Readmission to hospital within 28 days

Why has this indicator been chosen?	The readmission rate reflects several aspects of integrated health and social care including discharge arrangements, co-ordination and follow up care underpinned by communication between partners. As well as General Practitioner (GP) services, the indicator reflects the links with other aspects of primary care, in particular pharmacy and district nursing as well as social services
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government. This indicator is also included in the national suite of Primary Care Indicators
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Number of readmissions per 1,000 population
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	2,3,7,9
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator is under development by ISD Scotland. Currently there is no data available
What is considered 'success'?	A reduction in the readmission rate
In real terms, how much change is required to alter this performance indicator?	This indicator is under development by ISD Scotland. Currently there is no data available
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care. The last six months of life was chosen for this indicator as this is the period when most hospital admissions occur in a persons journey of care, and the period when clinicians begin to plan end of life care
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,3,9
Which priority areas is this indicator mapped to?	6
What background information is there?	Figures published for 2015/16 showed that for people from Dumfries & Galloway who died, 88.9% of their last 6 months of life was spent at home or in a homely setting. The corresponding rate for Scotland was 86.3%
What is considered 'success'?	To be identified
In real terms, how much change is required to alter this performance indicator?	In a typical year there are approximately 1,800 deaths amongst the resident population of Dumfries & Galloway
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

A16 Falls rate per 1,000 population aged 65+

Why has this indicator been chosen?	Falls have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. However, falls are not an inevitable consequence of old age. Well-organised care and support, delivering recommended and evidence based practices can prevent many falls and fractures in older people in community settings
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) outcomes focussed
What type of data does this indicator use?	Quantitative: to be confirmed
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	2,4,7,9
Which priority areas is this indicator mapped to?	5
What background information is there?	This indicator is under development. There is currently no background or baseline data available
What is considered 'success'?	A reduction in the number and rate of falls
In real terms, how much change is required to alter this performance indicator?	This indicator is under development by ISD Scotland. Currently there is no data available
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	December 2016

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

Why has this indicator been chosen?	This indicator is intended to provide a measure of assurance that adult care services meet a reasonable standard. Services should not just aspire to adequacy and therefore the indicator looks at those who are 'good' or better on all gradings
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed. Est. annually
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	3,4,7
Which priority areas is this indicator mapped to?	5
What background information is there?	This indicator is under development. Services included in this indicator are care homes for adults and older people, housing support, care at home and day care, adult placements, and nursing agencies. The Care Inspectorate grades services on 1) the quality of care and support 2) quality of the environment 3) quality of staffing 4) quality of management and leadership. Care services are graded on a scale: Unsatisfactory, Weak, Adequate, Good, Very good, Excellent
What is considered 'success'?	Increase the number of care services achieving high standards
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is also significant evidence that people remaining at home as long as possible helps them remain more independent for longer. It is important to ensure that home care and support for people is available, particularly for those with complex care needs
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	6,9
What background information is there?	This indicator is under development. 2016 data from the Scottish Government showed in Dumfries & Galloway there were 2,440 people receiving care at home. 1,050 people (43%) received 10 hours or more per week. Across Scotland 37% of people receiving care at home had 10 hours or more per week. This indicator assesses the proportion of all people who have long term care or support (care at home or residential home care) that have care at home, and must not be confused with indicator C6
What is considered 'success'?	To increase the provision of care at home for people with intensive care needs
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

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

Why has this indicator been chosen?	People should not have to wait unnecessarily to go home or for more appropriate care to be provided after hospital treatment. This can be an poor use of resources, potentially denying a bed for someone else, and can lead to poor outcomes for people. This indicator on its own does not describe outcomes for people as they need to be discharged to appropriate settings. Discharging people quickly at the expense of this is not desirable. Improvements need to be achieved by better integrated working
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Number of bed days due to delayed discharge per 1,000 population
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,3,4,9
Which priority areas is this indicator mapped to?	9
What background information is there?	Data published by ISD Scotland for January 2017 showed that there were 1,145 hospital (acute & community) bed days lost in Dumfries & Galloway to delayed discharge for adults (18+). This is approximately 9.3 bed days per 1,000 population (18+). The rate for Scotland in January 2017 is estimated at 10.2 bed days per 1,000 population (18+)
What is considered 'success'?	A reduction in the rate for the number of bed days lost to delayed discharge
In real terms, how much change is required to alter this performance indicator?	In Dumfries & Galloway to reduce the rate by 1 bed day per 1,000 population, the number of bed days lost to delayed discharge should reduce by approximately 120 bed days per month
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

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

Why has this indicator been chosen?	This indicator will provide an overall indication of the balance of care in the Partnership. Not all emergency (non-elective) hospital stays can be prevented. Where appropriate, care in another setting will benefit people and also ensure resources are spent more effectively. The Partnership, through the strategic plan, can commission changes in the health and social care pathway that will optimise, where appropriate, community based care
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) input measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	2,4,7,9
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator is under development by ISD Scotland
What is considered 'success'?	To be confirmed
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	The direction of health and social care policy is to reduce the occurrence of people being placed directly into care homes from hospital without due consideration being given to appropriate alternatives that meet the needs of people. This indicator does not measure the appropriateness of those people discharged to a care home, nor whether the care home stay is for a short stay, intermediate care or as a long stay resident
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: To be confirmed
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	
What background information is there?	This indicator is under development by ISD Scotland
What is considered 'success'?	To be confirmed. It is anticipated that partnerships should seek to maintain or reduce the rate people are discharged to a care home having been admitted to hospital from home
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

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

Why has this indicator been chosen?	Evidence suggests that people who wait more than 72 hours from being ready to be discharged are more likely to have worse outcomes than those who are able to go home, or to a homely setting, sooner
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: To be confirmed
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,3,9
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator is under development by ISD Scotland and the Delayed Discharge Task Force
What is considered 'success'?	To be confirmed. It is anticipated that partnerships should seek to increase the proportion of people discharged within 72 hours of being ready
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

A23 Expenditure on end of life care

Why has this indicator been chosen?	It will be important for partnerships to consider the opportunity costs of providing a more planned approach to end of life care in ways which reflect best practice and in accordance with the needs and wishes of people. This measure complements indicator A15, the last 6 months of life spent at home or in a homely setting
Where does this indicator come from?	This indicator is one of the "Core Suite of Integration Indicators" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) input measure
What type of data does this indicator use?	Quantitative: To be confirmed
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	2,3,9
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator is under development by ISD Scotland
What is considered 'success'?	Defining 'success' for this indicator is complex. For example, if the result indicated a high expenditure, would this be 'good' as it could suggest that people were receiving high quality care and support or would it be 'bad' as it could suggest the service is inefficient
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

B1 Detect cancer early

Why has this indicator been chosen?	This indicator is an indirect measure of survival outcomes. Cancer survival is a key measure of the effectiveness of healthcare systems. The earlier cancer is diagnosed and treated, the better the survival outcomes, and this will have a positive effect on life expectancy
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) input measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	The baseline years for this indicator were 2010 and 2011 combined. The Scotland national rate at baseline was 23.2%. The Dumfries & Galloway rate at baseline was 26.6%. The most recent figures published by ISD Scotland are for the combined years 2014 and 2015 when the Scotland rate was 25.1% and the Dumfries & Galloway rate was 26.1%
What is considered 'success'?	The Scottish Government specifies that the target is to increase the rate by 25% from the 2010/2011 baseline. For Dumfries & Galloway this is the equivalent of increasing the rate from 26.6% to 33.3%. Effectively increasing from 1 in 4, to 1 in 3 cancers being diagnosed during Stage 1
In real terms, how much change is required to alter this performance indicator?	On average there have been 370 cancer diagnoses per year that meet this indicators' criteria for across Dumfries & Galloway. In 2014 and 2015 (combined) there were 736 diagnoses of which 192 were diagnosed during Stage 1. To meet the target a further 47 diagnoses over those two years would have needed to have been diagnosed during Stage 1
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

B2(1) Cancer waiting time (part 1): The percentage of all patients diagnosed with cancer who begin treatment within 31 days of the decision to treat

Why has this indicator been chosen?	The time from when a decision to treat cancer to the commencement of treatment is a particularly distressing and anxious time for people and their families. It is important that support diagnostics and treatments are delivered efficiently
Where does this indicator come from?	This indicator is one of two "Local Delivery Plan (LDP) Standards", chosen by the Scottish Government, that focus on the efficient delivery of support and treatment when a suspicion of cancer is raised
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	In September 2016 the Scotland national rate was 94.3%. The rate for Dumfries & Galloway was 96.4%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 95%.
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway there are approximately 590 diagnoses per year that are included in the calculation of this indicator. To improve the result by 1%, 6 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

B2(2) Cancer waiting time (part 2): The percentage of patients diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral

Why has this indicator been chosen?	The time from when an urgent cancer referral to the commencement of treatment is a particularly distressing and anxious time for people and their families. It is important that support diagnostics and treatments are delivered efficiently
Where does this indicator come from?	This indicator is the second of two "Local Delivery Plan (LDP) Standards", chosen by the Scottish Government, that focus on the efficient delivery of support and treatment when a suspicion of cancer is raised
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	In September 2016 the Scotland national rate was 87.1%. The rate for Dumfries & Galloway was 94.9%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 95%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway there are approximately 360 diagnoses per year that are included in the calculation of this indicator. To improve the result by 1%, 4 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	People with dementia benefit from access to a range of post-diagnostic care and support that enables the person, their family and Carers to understand their dementia and plan for future care. This indicator has been developed to support the ongoing development and improvement of post-diagnostic support services
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	1,4,6,7
Which priority areas is this indicator mapped to?	2,4,5,6
What background information is there?	This indicator is under development by ISD Scotland. A recently released publication (Jan 2017) indicated that 73% of people diagnosed with dementia across Scotland in 2014/5 who were referred for post-diagnostic support completed treatment successfully. Currently there are no statistics available at partnership level. In 2015/16 there were 1,495 people on general practice dementia registers across Dumfries & Galloway. It is not known how many of these people were newly diagnosed during that year
What is considered 'success'?	Achieving the standard set by Scottish Government of 100%
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

B4 Treatment Time Guarantee: People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case.

Why has this indicator been chosen?	Waiting times are important to people and are a measure of how services are responding to levels of demand. Measuring peoples waiting times for treatment may highlight where there are delays in the health and social care system
Where does this indicator come from?	The Treatment Time Guarantee is set out in "The Patient Right's (Scotland) Act 2011" which places a legal requirement on health boards. Once planned inpatient or day case treatment has been agreed, the person must receive that treatment within 12 weeks
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	Figures released for October to December 2016 indicate that across Scotland 86.7% of people who had agreed treatment started treatment within 12 weeks. The rate for Dumfries & Galloway was 93.1%
What is considered 'success'?	Achieving the standard set in the legislation of 100%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, between 1st October and 31st December 2016 there were 177 people (6.9%) had waited more than 12 weeks (out of 2,550 people who started inpatient or day case treatment). To improve the result by 1%, 26 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

B5 18 weeks referral to treatment: The percentage of planned/ elective patients that commence treatment within 18 weeks or referral

Why has this indicator been chosen?	Shorter waiting times can lead to earlier diagnoses and better outcomes for many people, as well as reducing unnecessary worry and uncertainty for them and their families
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	This indicator is based on "Patient Journeys" where for each person the initial referral, the start of treatment, and any steps in between, are linked to form one patient journey. Figures released for October to December 2016 indicate the rate for Scotland was 83.8%. The rate for Dumfries & Galloway was 89.5%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 90%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, between 1st October and 31st December 2016 there were 2,163 complete patient journeys recorded. Of these, 1,935 were less than 18 weeks long. To improve the result by 1%, 22 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

B6 12 weeks first outpatient appointment: Percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment

Why has this indicator been chosen?	Shorter waiting times can lead to earlier diagnoses and better outcomes for many people as well as reducing unnecessary worry and uncertainty for them and their families
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	This indicator is based on "Patient Journeys" where for each person the initial referral, the start of treatment, and any steps in between, are linked to form one patient journey. Figures released for December 2016 indicate the rate for Scotland was 75.8%. The rate for Dumfries & Galloway was 89.8%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 95%. Health Boards/Partnerships are encourage to work towards achieving 100%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, on the 31st December 2016 there were 5,161 people on the waiting list for an outpatient appointment, of which 529 people have waited more than 12 weeks. To improve the result by 1%, 52 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

B8 Early access to antenatal service: The percentage of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile that are booked for antenatal care by the 12th week of gestation

Why has this indicator been chosen?	The women who are at the highest risk of poor pregnancy outcomes are less likely to access antenatal care early, and are more likely to have had a poorer experience of that care. This indicator supports ongoing quality improvement across antenatal care
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	For the year ending 31st March 2016, across Scotland 85.9% of pregnancies from SIMD quintile 1 (the most deprived quintile) were booked before the 12th week of gestation. Across Dumfries & Galloway, the corresponding rate was 82.3%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 80% in each SIMD quintile
In real terms, how much change is required to alter this performance indicator?	In the year ending 31st March 2016, across Dumfries & Galloway there were 1,254 pregnancies. Of these, 1,018 were booked by the end of the 11th week of gestation. There were 339 pregnancies from SIMD quintile 1 areas. To improve the result by 1%, 13 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

B9 In vitro fertilisation (IVF) waiting times: Percentage of eligible people who commence IVF treatment within 12 months of referral

Why has this indicator been chosen?	Eligible people would be able to access IVF treatment equitably
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	People from Dumfries & Galloway who are eligible for IVF treatment are usually referred to a specialist IVF treatment centre in Glasgow. Figures released for December 2015 demonstrated that 100% of eligible people referred to the specialist centre in Glasgow were treated within 12 months
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 100%
In real terms, how much change is required to alter this performance indicator?	Less than 5 people from Dumfries & Galloway are referred for IVF treatment per year. Because of the very small number of people included in this indicator, variation in results can be impacted if just 1 eligible person misses this treatment target, and this can show as a 20% movement in the overall result
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

B10 CAMHS Waiting Times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral

Why has this indicator been chosen?	Timely access to health care is key measure of quality and this applies equally in respect of mental health services. Early action is more likely to result in better outcomes for children and young people and in turn, minimise the impact on other aspects of their development such as education
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	LDP standards linking to the Scottish Government
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Mental health
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	This indicator is based on "Patient Journeys" where for each person the initial referral to CAMHS, any steps required in between, and the start of treatment are linked to form one patient journey. Figures published for the 3 months ending 31st December 2016 showed that the rate across Scotland was 82.5%. Across Dumfries & Galloway during the same period the rate was 100%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 90%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, during the calendar year 2016 there were 411 complete patient journeys recorded for CAMHS. Of these, 393 were less than 18 weeks long. To alter the result by 1%, 4 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

B11 Psychological therapies waiting times: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral

Why has this indicator been chosen?	Timely access to health care is key measure of quality and this applies equally in respect of mental health services. Early action is more likely to result in better outcomes for people
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Mental health
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	This indicator is based on "Patient Journeys" where for each person the initial referral for psychological therapy, the start of treatment and any steps in between are linked to form one patient journey. Figures published for the three months ending 31st December 2016 showed that the rate across Scotland was 77.5%. Across Dumfries & Galloway during the same period the rate was 69.1%.
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 90%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, during the calendar year 2016 there were 2,859 complete patient journeys recorded for psychological therapy. Of these, 1,995 were less than 18 weeks long. To alter the result by 1%, 29 people would need to be treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

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

Why has this indicator been chosen?	Healthcare Associated Infections (HAIs) are a significant public health threat. Tackling and reducing HAIs is a key priority for the Scottish Government and NHSScotland achieving of the safety and wellbeing of people being treated, staff, and the public
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) output measure
What type of data does this indicator use?	Quantitative: Rate per 1,000 Occupied Bed Days
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	5
What background information is there?	The definition of an "occupied bed day" is one hospital bed occupied for 24 hours. Figures published for the 12 months ending 30th September 2016 showed that the rate across Scotland was 0.31 cases per 1,000 occupied bed days. The rate for Dumfries & Galloway during the same period was 0.28 cases per 1,000 occupied bed days
What is considered 'success'?	Reducing the infection rate to 0.32 cases per 1,000 occupied bed days or fewer
In real terms, how much change is required to alter this performance indicator?	Including hospital and cottage hospital beds, but excluding mental health beds, there are approximately 140,000 to 150,000 occupied bed days provided annually across Dumfries & Galloway. Between 1st July and 30th September there were 34,952 occupied bed days for people aged 15 or older and 6 cases of Clostridium Difficile infection. To improve the result by 0.1%, 35 people would need not to be infected
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

DRAFT

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

Why has this indicator been chosen?	Healthcare Associated Infections (HAIs) are a significant public health threat. Tackling and reducing HAIs is a key priority for the Scottish Government and NHSScotland achieving of the safety and wellbeing of people being treated, staff, and the public
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	Operational (short term) output measure
What type of data does this indicator use?	Quantitative: Rate per 1,000 Occupied Bed Days
What aspect of health and social care services does this indicator monitor?	Hospital based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	5
What background information is there?	The definition of an "occupied bed day" is one hospital bed occupied for 24 hours. Figures published for the 12 months ending 30th September 2016 showed that the rate across Scotland was 0.32 cases per 1,000 occupied bed days. The rate for Dumfries & Galloway during the same period was 0.22 cases per 1,000 occupied bed days
What is considered 'success'?	Reducing the infection rate to 0.24 cases per 1,000 occupied bed days or fewer
In real terms, how much change is required to alter this performance indicator?	Including hospital and cottage hospital beds, but excluding mental health beds, there are approximately 140,000 to 150,000 occupied bed days provided annually across Drumfires & Galloway. Between 1st July and 30th September there were 38,399 occupied bed days and 6 cases of Staphylococcus Aureus Bacteraemias. To improve the result by 0.1%, 38 people would need not to be infected
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

B14 Drug and alcohol treatment waiting times: Percentage of people who wait no longer than 3 weeks from when a referral is received to when they receive appropriate drug or alcohol treatment that supports their recovery.

Why has this indicator been chosen?	This indicator was established to support the ongoing work to support people with drug and alcohol problems so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	LDP link to the Scottish government website Dumfries & Galloway Alcohol and Drug Partnership (ADP)
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	This indicator is based on "Patient Journeys" where for each person the initial referral to alcohol and drug treatment, any steps required in between, and the start of treatment are linked to form one patient journey. Figures published for the three months ending 30th September 2016 show that the rate across Scotland was 93.9%. The corresponding rate for Dumfries & Galloway was 96.9%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 90%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, between 1st July and 30th September 2016 there were 338 complete patient journeys recorded. Of these, 320 people waited less than 3 weeks. To improve the result by 1%, 3 people to be would need treated within the timeframe of this indicator
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

B15 Alcohol Brief Interventions: Number of interventions delivered in three priority settings (primary care, Accident & Emergency and antenatal care)

Why has this indicator been chosen?	This indicator supports the ongoing work to tackle hazardous and harmful drinking, which contributes significantly to Scotland's morbidity, mortality and social harm. Alcohol Brief Interventions (ABIs) are an effective evidence-based early intervention for people (aged 16 or older) who are drinking hazardous and harmful levels of alcohol to moderate their consumption and thereby reduce their risk of developing more serious alcohol-related problems
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	LDP standards linking to the Scottish Government
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Number of interventions delivered
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	1,4,7
Which priority areas is this indicator mapped to?	1,4,5
What background information is there?	During 2015/16 across Scotland there were 97,245 ABIs delivered. Across Dumfries & Galloway over the same period there were 1,750 ABIs delivered
What is considered 'success'?	Improving on the total number of ABIs delivered to people. The target was set by the Scottish Government
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	March 2017

B16 Smoking cessation: To sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD (Scottish Index of Multiple Deprivation) areas

Why has this indicator been chosen?	Smoking has long been recognised as the biggest single cause of preventable ill-health and premature death. This indicator supports the ongoing contribution of health social care services in reducing the prevalence of smoking
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Information Services Division (ISD) Scotland
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Number of successful smoking quits at 12 weeks
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	During 2015/16 across Scotland there were 7,947 successful quits at 12 weeks recorded. Of these, 205 were recorded for people resident in Dumfries & Galloway, against a target of 207
What is considered 'success'?	Maintaining or increasing the number of successful quits at 12 weeks. Achieving or exceeding the standard set by the Scottish Government and being around or above the overall quit rate for Scotland
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

DRAFT

B17 General Practitioners (GP)s provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients

Why has this indicator been chosen?	Often a person's first contact with health and social care services is through their GP practice. It is vital therefore, that every member of the public has fast and convenient access to local primary medical services to ensure better outcomes and experiences for people
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	The 'Health and Social Care Experience Survey' is organised by the Scottish Government. Specifically Question 5: "The last time you needed to see or speak to a doctor or a nurse from GP practice, how long did you wait? I saw or spoke to a doctor or nurse on the same day, I saw or spoke to a doctor or a nurse within 1 or 2 working days, I waited more than 2 working days to see or speak to a doctor or nurse"
How frequently is this indicator updated?	2 yearly
What type of performance information does this indicator use?	Strategic (long term) process measure
What type of data does this indicator use?	Quantitative: Weighted proportion of positive survey responses presented on a chart
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	3,5,7
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	In 2016, Scotland overall, 91.8% of people responded that they had seen or spoken to a doctor or nurse within 2 working days. This ranged from 89.0%-97.8% across partnership areas
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 90%
In real terms, how much change is required to alter this performance indicator?	In 2016 approximately 3,025 people responded to this question. To change the result by 1%, 300 people would need to change their response in the same direction
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

B18 Sickness Absence Rate (%)

Why has this indicator been chosen?	Sickness absence in health and social care staff can result in cancelled appointments and procedures, increased pressure on both staff and people accessing services and reduced efficiency
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Scottish Workforce Information Standard System (SWISS)
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%) of contracted hours lost to sickness absence
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	8
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator, as it is an LDP standard relating specifically to the NHS, only includes information on the NHS workforce. In the financial year 2015/16 the sickness absence rate for health services across Scotland was 5.16%. The corresponding rate for Dumfries & Galloway was 5.08%. The sickness absence rate for Dumfries & Galloway Council adult social work is displayed with this indicator. In March the rate for D&G Council social work was 4.4%
What is considered 'success'?	Reducing the sickness absence rate to 4% or lower
In real terms, how much change is required to alter this performance indicator?	During the year 2015/16 there were 4,251 individuals employed by NHS Dumfries & Galloway. Adjusting for part-time working, this is equivalent to 3,504 full time employees or approximately 6 million contracted hours per year. To reduce the sickness rate by 1%, 35 people would need to maintain their health
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	October 2016

B19 Accident and Emergency waiting times: Percentage of people who wait no longer than 4 hours from arriving in Accident and Emergency to admission, discharge or transfer for treatment

Why has this indicator been chosen?	It is important to ensure that all people receive the most appropriate treatment, intervention, support and services at the right time, in the right place by the right person. Although this indicator is measured in the Accident and Emergency department, partnerships are required to ensure best practice is implemented throughout the whole health and social care system, supporting seamless working to address wider issues of patient flow through hospital and timely access to services
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	NHS Dumfries & Galloway (local systems)
How frequently is this indicator updated?	Weekly
What type of performance information does this indicator use?	Operational (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	3,5,7,9
Which priority areas is this indicator mapped to?	5,8,9
What background information is there?	Across Scotland, during January 2017, 91.8% of people who arrived at accident and emergency were seen within 4 hours. The corresponding rate for Dumfries & Galloway was 91.1%
What is considered 'success'?	Achieving or exceeding the standard set by the Scottish Government of 95%
In real terms, how much change is required to alter this performance indicator?	Across Dumfries & Galloway, per week there are approximately 800 to 1,000 people attending accident and emergency depending on seasonal variation. To change this by 1% per week, there would have to be a difference of between 8 and 10 people treated within the 4 hour target
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	This indicator was established to monitor that the Partnership operates with financial prudence. This financial stability is important for the Partnership to deliver care now, and to plan and deliver care in the future
Where does this indicator come from?	This indicator is one of the "Local Delivery Plan (LDP) Standards" and has been chosen by the Scottish Government
Where does the data come from?	Scottish Government
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Finance and Resources
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	9
Which priority areas is this indicator mapped to?	9
What background information is there?	This indicator, as it is an LDP standard, relates to how the NHS board operates financially. Specifically, if the NHS Board has operated within the agreed revenue resource, capital resource limit & cash requirement
What is considered 'success'?	Achieving the standard set by the Scottish Government
In real terms, how much change is required to alter this performance indicator?	Scottish Government monitors NHS Board financial performance through monthly Financial Performance Returns (FPR).
Where is this indicator reported?	Annual Report, Quarterly Reports
When was this indicator first included?	June 2017

DRAFT

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

Why has this indicator been chosen?	As a rural population with anticipated growth of the number of people aged 65 and over, it is important to maximise the use of telecare to support people to live as independently as possible
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Operation (short term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%) of people supported and who are accessing telecare
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	1,2,3,4,5,6,7,9
Which priority areas is this indicator mapped to?	1,2,4,5,6,8,9,10
What background information is there?	To be confirmed
What is considered 'success'?	Maintain or increase the number of people using telecare
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

C2 The number of adults accessing self directed support option 1

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is significant evidence that self directed support helps people remain more independent for longer. It is important to ensure that care and support at home is available, particularly for those with complex care needs
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,4
Which priority areas is this indicator mapped to?	1
What background information is there?	To be confirmed
What is considered 'success'?	It is not appropriate to define 'success' for this indicator as it is a simple count of throughput. This indicator should be assessed in the context of the results for indicators C3 and C4
In real terms, how much change is required to alter this performance indicator?	Not applicable
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

C3 The number of adults accessing self directed support option 2

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is significant evidence that self directed support helps people remain more independent for longer. It is important to ensure that care and support at home is available for people, particularly for those with complex care needs particularly for those with complex care needs
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,4
Which priority areas is this indicator mapped to?	1
What background information is there?	To be confirmed
What is considered 'success'?	It is not appropriate to define 'success' for this indicator as it is a simple count of throughput. This indicator should be assessed in the context of the results for indicators C2 and C4
In real terms, how much change is required to alter this performance indicator?	Not applicable
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

C4 The number of adults accessing self directed support option 3

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is significant evidence that self directed support helps people remain more independent for longer. It is important to ensure that care and support at home is available for people, particularly for those with complex care needs
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) process measure
What type of data does this indicator use?	Quantitative: Integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2,4
Which priority areas is this indicator mapped to?	1
What background information is there?	To be confirmed
What is considered 'success'?	It is not appropriate to define 'success' for this indicator as it is a simple count of throughput. This indicator should be assessed in the context of the results for indicators C2 and C4
In real terms, how much change is required to alter this performance indicator?	Not applicable
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

C5 Carers: The number of adult Carers being supported

Why has this indicator been chosen?	Supporting Carers to maintain their caring role is widely acknowledged as vital to the long term sustainability of health and social care services. There are legal obligations on Local Authorities to support Carers (Carers (Scotland) Act 2016). This act will be implemented from 1st April 2018
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Carers Centre
How frequently is this indicator updated?	Quarterly
What type of performance information does this indicator use?	To be confirmed
What type of data does this indicator use?	Quantitative: Integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	6
Which priority areas is this indicator mapped to?	2
What background information is there?	To be confirmed
What is considered 'success'?	The Partnership's ambition is to increase the number of Carers being supported. This indicator equals a simple count of throughput, rather than a rate. Therefore it does not take into account changes to the number of Carers in the wider population, which should be born in mind when interpreting this indicator and assessing its' success
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	September 2016

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

Why has this indicator been chosen?	For people with complex needs, supporting them to live as independently as possible at home or in a homely setting can require substantial and flexible provision of care at home support
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%) of people aged 65 and over receiving care home who receive more than 10 hours of care at home per week
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	1
What background information is there?	This indicator is a historical indicator, predating the introduction of SDS, and should not be confused with Indicator A18. This indicator assesses the proportion of care at home that is 'intensive'. Indicator A18 assesses the proportion of all people who receive long term care and support (be that care at home or residential/nursing home care) that receive care at home
What is considered 'success'?	It is not appropriate to define 'success' for this indicator as it does not take into account the demand or need for 'intensive' care and support
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

DRAFT

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

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is significant evidence that self directed support helps people remain more independent for longer. It is important to ensure that care and support at home is available for people, particularly for those with complex care needs
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%) of adults aged under 65 who receive care at home
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1
What background information is there?	To be confirmed
What is considered 'success'?	Maintain or increase the proportion of people aged under 65 receiving personal care at home
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	People want to stay at home for as long as possible. There is significant evidence that self directed support helps people remain more independent for longer. It is important to ensure that care and support at home is available for people, particularly for those with complex care needs
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway.
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Rate of people aged over 65 who receive care at home per 1,000 population aged 65 and over
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	5, 6
What background information is there?	To be confirmed
What is considered 'success'?	It is not appropriate to define 'success' for this indicator as it does not take into account the demand or need for 'intensive' care and support
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	The aim of Adult Support and Protection (ASP) is, where possible, to prevent the incidence of harm occurring to an adult considered to be at risk of harm and to have to have agreed processes in place to deal effectively and consistently with situations where incidents of harm have occurred. By engaging effectively with public and partners, confidence and ownership of the ASP process is established
Where does this indicator come from?	This indicator was originally reported in the Single Outcome Agreement (SOA) 2013-2016 for Dumfries & Galloway
Where does the data come from?	Dumfries & Galloway Council (local systems)
How frequently is this indicator updated?	Monthly
What type of performance information does this indicator use?	Strategic (long term) process measure
What type of data does this indicator use?	Quantitative: Percentage (%)
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	9
Which priority areas is this indicator mapped to?	7,9
What background information is there?	To be confirmed
What is considered 'success'?	To maintain or increase the proportion of referrers receiving feedback within 5 days of receipt of referral
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	June 2016

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

Why has this indicator been chosen?	In carrying out their responsibilities Health Boards, Local Authorities and Integration Authorities must ensure that the planning and provision of health and social care services protects people from harm. This indicator is similar to Indicator A9 but its' scope is wider by including all health and social care services (A9 considers care at home only) and by surveying a greater number of people
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How much do you agree or disagree with the following about your care, support and help services - excluding the care and help you get from friends and family - over the past 12 months? I felt safe: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Clinical & Care Governance
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

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

Why has this indicator been chosen?	Delivering good quality health and social care is a key priority for the Partnership. The number of complaints could indicate reduction in the quality of care provided and therefore may be "early warning" that standards may need improvement
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: Number of complaints received
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1,5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	To maintain or reduce the number of complaints received by health & social care services
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	A key aim of health and social care integration is to make the care and support people receive more co-ordinated. Person centred planning will ensure that people receive the right support at the right time, in the right place. This also reflects the use of resources as uncoordinated care is likely to be inefficient and less effective. This indicator is similar to indicator A4, but its' scope is wider surveying more people more regularly than indicator A4. This will allow for locality level results
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "To what extent do you agree and disagree with the following statement? "My health and social care support seems well co-ordinated"; Strongly agree, Tend to agree, Neither agree or disagree, Tend to disagree, Strongly disagree"
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	2,3
Which priority areas is this indicator mapped to?	1,3,4,5,6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

DRAFT

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

Why has this indicator been chosen?	An aim of health and social care integration is to make care more person centred. This indicator is a measurement focusing on peoples own goals and how the Partnership is helping them achieve them
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) output measure
What type of data does this indicator use?	Quantitative: Percentage (%) of people making progress towards achieving their personal outcomes
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder
Which national outcomes is this indicator mapped to?	4
Which priority areas is this indicator mapped to?	1,4,6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	The sharing of appropriate information between teams across health and social care is important for the safe and effective delivery of services. Appropriate information sharing can improve the co-ordination of services for people and lead to improved outcomes for people. Each of the locality plans include commitments regarding effective information sharing
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Quality
Which national outcomes is this indicator mapped to?	7,8
Which priority areas is this indicator mapped to?	5,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

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

Why has this indicator been chosen?	An aim of health and social care integration is to make care more person centred, and to respond to peoples wishes to remain at home or a homely setting for as long as possible. Using technology can help the Partnership achieve these aims, by providing support for people at home or in a care home
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	1,2,3,4,5,6,7,9
Which priority areas is this indicator mapped to?	1,2,4,5,6,8,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or increase the overall total of times people access "virtual services"
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	September 2016

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

Why has this indicator been chosen?	People have expressed their wish to remain at home or in a homely setting for as long as possible. The Partnership is therefore focused on ensuring that homes can be adapted where feasible to enable people to remain at home. This indicator is a measure of the success of the housing adaptations delivered within pre-agreed timescales
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: integer
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	2
Which priority areas is this indicator mapped to?	3,4,6
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or increase the overall total of housing adaptations provided
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

D8 Prescribing

Why has this indicator been chosen?	Choosing the most suitable and cost effective medicines is important to provide the best care for people consistently across the Partnership. Development of an appropriate indicator is underway
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative:
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	9
Which priority areas is this indicator mapped to?	6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve use of prescription drugs across the Partnership
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

D9 The ratio of workload between institutional and community based care

Why has this indicator been chosen?	People have expressed their wish to remain at home or in a homely setting for as long as possible. The indicator will show how care is balanced between an institutional and community settings. This will enable the Partnership to determine if their goal to provide more community care is progressing as planned
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) input measure
What type of data does this indicator use?	Quantitative: Percentage (%) of total care provided in the community and in institutional environment
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Finance and Resources
Which national outcomes is this indicator mapped to?	2,9
Which priority areas is this indicator mapped to?	3,4,6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the ratio of community base care against institutional based care
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

D10 Adult Support & Protection: Percentage of people referred to ASP who agree that have had a positive outcome

Why has this indicator been chosen?	Health and social care services must ensure that vulnerable adults are protected from harm. It is the responsibility of all staff to refer suspected cases of harm to the Adult Support & Protection (ASP) team. It is important that interventions made by the ASP team improve the quality of life of vulnerable adults and prevent them from further harm. Each locality plan includes commitments on the prevention of harm for vulnerable adults
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	7
Which priority areas is this indicator mapped to?	5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	This indicator reflects the fact that health and social care services need to be planned and delivered with a strong focus on the wellbeing of unpaid Carers. Each locality plan includes commitments to support Carers. This indicator is similar to Indicator A8 but its' scope is wider by seeking to survey more Carers across Dumfries & Galloway than are surveyed for indicator A8 by the Scottish Government. This will allow for more regular reporting and locality level results
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How much do you agree or disagree with the following about how you feel as a Carer most of the time? I feel supported to continue caring: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	6
Which priority areas is this indicator mapped to?	2
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	September 2016

DRAFT

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

Why has this indicator been chosen?	Each of the locality plans includes commitments to strengthen local communities. There is clear literature evidence of a proportional relationship between how many people feel they can rely on friends and family in their community and community strength. The responses to this indicator provides an indirect measure for community strength
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How strongly do you agree or disagree with the following statement? If I was alone and needed help, I could rely on one of my friends or relatives in this neighbourhood to help me: Strongly agree, tend to agree, Neither agree or disagree, Tend to disagree, Strongly disagree"
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	1,5
Which priority areas is this indicator mapped to?	1,4,8
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

D13 Health Inequalities indicator - To be developed

Why has this indicator been chosen?	Health inequalities is the focus of national outcome 5. Each of the locality plans include commitments to help reduce the impact of health inequalities. The focus of this indicator is still to be developed. It is important that this indicator measures something within the control of the Partnership
Where does this indicator come from?	Once developed this indicator will be a 'Locally Agreed Indicator'. The inclusion of an indicator on health inequalities has been approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	To be confirmed
What type of data does this indicator use?	To be confirmed
What aspect of health and social care services does this indicator monitor?	To be confirmed
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	5,6
Which priority areas is this indicator mapped to?	2,8
What background information is there?	To be confirmed
What is considered 'success'?	To be confirmed
In real terms, how much change is required to alter this performance indicator?	To be confirmed
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

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

Why has this indicator been chosen?	Effective communication with people who use health and social care services is important in ensuring that people are able to look after their own health and wellbeing and live as independently as possible for as long as possible. Effective communication also helps to keep people safe. Each of the locality plans includes commitments on improving communication
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How much do you agree or disagree with the following statement? When I last used health and social care services I was communicated with well and listened to: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	1,3
Which priority areas is this indicator mapped to?	1,4,5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	September 2016

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

Why has this indicator been chosen?	It is important for health and social care partnerships to gauge people's overall satisfaction with the services provided. This approach complements indicator D2 by providing a way for people to tell the Partnership what they are getting right as well as where improvements need to be made. As each locality implements different changes in the way care and support is delivered, it is important to ensure that people remain satisfied with the service they receive
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "Overall, how satisfied or dissatisfied are you with health and social care services? Very satisfied, Fairly satisfied, Neither satisfied or dissatisfied, Fairly dissatisfied, Very dissatisfied, No opinion"
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	3
Which priority areas is this indicator mapped to?	1,5,6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	September 2016

DRAFT

D16 Proportion of people who agree they are satisfied with the ease of finding information on health & social care services

Why has this indicator been chosen?	It is important that people are able to find information about health and social care and support easily. Each of the locality plans includes commitments to engaging with local communities and improving access to information
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How much do you agree or disagree with the following statement? I am satisfied with the ease of finding information on health and social care services: Strongly agree, Agree, Neither agree or disagree, Disagree, Strongly disagree"
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Whole system
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	3,4
Which priority areas is this indicator mapped to?	1,4,5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

D17 In a community setting (including care homes), the number of new Anticipatory Care plans

Why has this indicator been chosen?	Anticipatory Care plans enable conversation to take place early ensuring people are engaged in the provision of their own care, and that low level intervention can be identified and implemented
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Tactical (medium term) output measure
What type of data does this indicator use?	Quantitative: integer: number of anticipatory care plans delivered
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	2,3,4,6,7,9
Which priority areas is this indicator mapped to?	1,2,4,5,6,7,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or increase the number of forward looking care plans
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

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

Why has this indicator been chosen?	Each of the locality plans includes commitments to strengthen local communities. There is clear literature evidence of a proportional relationship between how connected people feel to their local community and community strength. The responses to this indicator provides an indirect measure for community strength
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of people who have recently used health and social care services; a 'customer satisfaction' approach. Specifically, the question will be: "How strongly connected do you feel to the neighbourhood you live in? Very strongly connected, Strongly connected, Somewhat connected, weakly connected, Not connected at all"
How frequently is this indicator updated?	Annually
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive and illustrative quotations
What aspect of health and social care services does this indicator monitor?	Community based care and support
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	2,3,5,6,8
Which priority areas is this indicator mapped to?	1,2,3,4,5,6,7,8,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	March 2017

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

Why has this indicator been chosen?	As health and social care services work more closely together it is important that there is a collective understanding of the vision and direction of the partnership underpinned by strong leadership. This shared understanding can positively impact on how different teams communicate with each other and communicate with people who use services. This can positively impact on the outcomes for people
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	A question will be asked through local surveys of health and social care staff. Specifically, the question will be: "To what extent do you agree or disagree with the following statement? 'I understand the vision and direction of Health and Social Care Dumfries and Galloway'; Strongly agree, Tend to agree, Neither agree or disagree, Tend to disagree, Strongly disagree"
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative and Qualitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	1,8,9
Which priority areas is this indicator mapped to?	1,4,6,7,9,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

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 different needs

Why has this indicator been chosen?	As health and social care services work more closely together it is important that staff are confident and understand their role within the Partnership. This can positively impact on how services are delivered and how people experience services. In turn, this can improve outcomes for people
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	6,7
Which priority areas is this indicator mapped to?	2,5,9
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

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

Why has this indicator been chosen?	As health and social care services integrate there is likely to be significant change to how services are organised and how different staff roles fit within the structure. It is important that staff are engaged with this process and are involved in decisions that impact on them. The input from staff can help shape the future direction of services to improve the support and care people receive. In turn, this can improve outcomes for people
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	8
Which priority areas is this indicator mapped to?	7,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

DRAFT

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

Why has this indicator been chosen?	This indicator is an indirect indicator of staff engagement. Staff engagement and positive staff experience are integral to high quality care. There is a positive relationship between staff experience and the experience of people who use services. This indicator is similar to Indicator A10 but its' scope is wider as views from across the Partnership, including health, social care and third and independent sector, will be sought
Where does this indicator come from?	This indicator is a 'Locally Agreed Indicator', approved by the IJB
Where does the data come from?	To be confirmed
How frequently is this indicator updated?	To be confirmed
What type of performance information does this indicator use?	Strategic (long term) outcomes focussed
What type of data does this indicator use?	Quantitative: Percentage (%) of survey responses that are positive
What aspect of health and social care services does this indicator monitor?	Workforce
Which theme is this indicator mapped to?	Stakeholder Experience
Which national outcomes is this indicator mapped to?	8
Which priority areas is this indicator mapped to?	7,10
What background information is there?	This indicator is new. There is no baseline data available
What is considered 'success'?	Maintain or improve the overall response to this indicator, so for the majority of respondents a greater proportion of people respond positively
In real terms, how much change is required to alter this performance indicator?	This indicator is new. There is no baseline data available
Where is this indicator reported?	Annual Report, Area Committee Reports, Quarterly Reports
When was this indicator first included?	This indicator has not yet been reported

