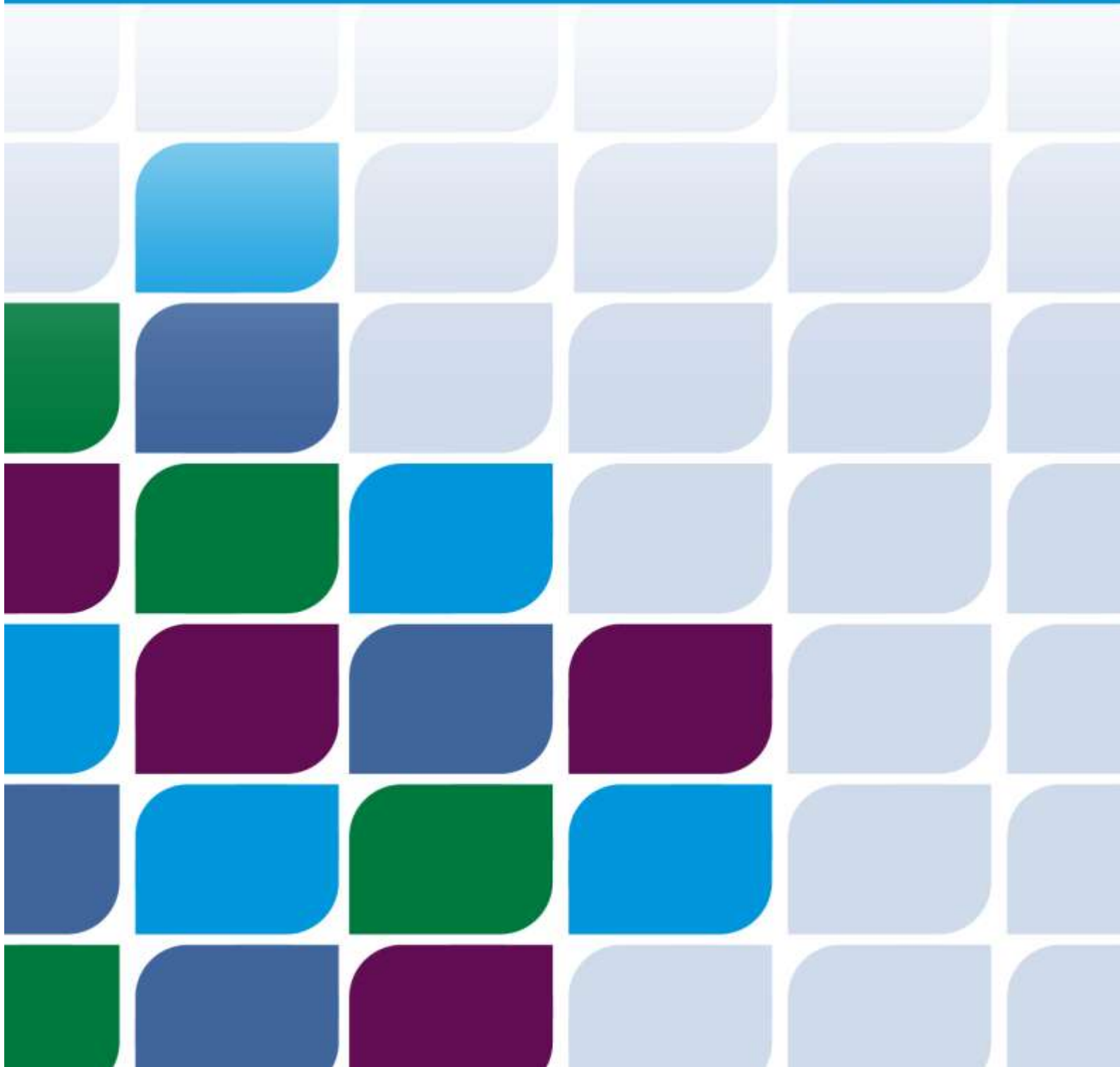


DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

# PERFORMANCE MANAGEMENT QUARTERLY REPORT



**Q1 April - June 2018**



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# Document Features

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

B5. Percentage of people who waited less than 18 weeks from referral to treatment

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

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

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

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

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

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

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

## National Outcomes

1 2 3 4 5 6 7 8 9

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

## Dumfries & Galloway Priority Area

1 2 3 4 5 6 7 8 9 10

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

Reported: May 2014  
Frequency: 2 Years  
Source: [Scottish Government](#)

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

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

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

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

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

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

# National Outcomes

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

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

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

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

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

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

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

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

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

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

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

# Dumfries & Galloway Priority Areas

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

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

# Clinical and Care Governance

## Overview

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

A9 The percentage of adults supported at home who agree they felt safe

A11 European age-standardised mortality rate per 100,000 for people aged under 75

A12 The rate of acute emergency admissions per 100,000 adult population

A13 The rate of acute emergency admission bed days per 100,000 adult population

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

A18 Percentage of adults (18+) with "intensive" social care needs who receive care at home

A19 Number of days people aged 75 or older spent in hospital when they are ready to be discharged, per 1,000 population

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

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

B1 Percentage of cancer patients diagnosed at stage 1 for breast, colorectal and lung cancers combined

B2(1) Percentage of newly diagnosed cancer patients whose treatment started within 31 days of the decision to treat

B2(2) Percentage of people referred urgently with a suspicion of cancer that begin treatment within 62 days of receipt of the referral

B4 Percentage of people who have agreed to inpatient or day case treatment who have waited less than 12 weeks

B5 Percentage of people who waited less than 18 weeks from referral to treatment starting

B6 Percentage of patients waiting less than 12 weeks for a new outpatient appointment

B7 The percentage of people seen for their diagnostic tests within 6 weeks.

B8 Early access (booking by 12 weeks) to antenatal service in the worst performing SIMD (Health Board) quintile

B9 Percentage of eligible people who begin IVF treatment within 12 months

B10 Percentage of those who commence treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral

B11 Percentage of eligible patients who commence psychological therapies within 18 weeks of being referred



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

B15 Number of Alcohol Brief Interventions (ABIs) delivered in three priority settings (Primary Care, Accident & Emergency and Antenatal Care)

B16 Proportion of successful 12-week quits amongst people from the 40% most deprived areas (Scottish Index of Multiple Deprivation - SIMD)

B19 Percentage of people attending the emergency department (ED) who waited no longer than 4 hours until admission, discharge or transfer for treatment

C1 Percentage of adults accessing Telecare of all adults who are supported to live at home - Care Call

C2 The number of adults accessing Self Directed Support (SDS) - all options

C3 The number of adults accessing Self Directed Support (SDS) Option 2

C4 The number of adults accessing Self Directed Support (SDS) Option 3

C5 Number of Carers receiving support (excluding Young Carers)

C6 Percentage of people 65 and over receiving care at home considered to have intensive care needs (10 hours or more)

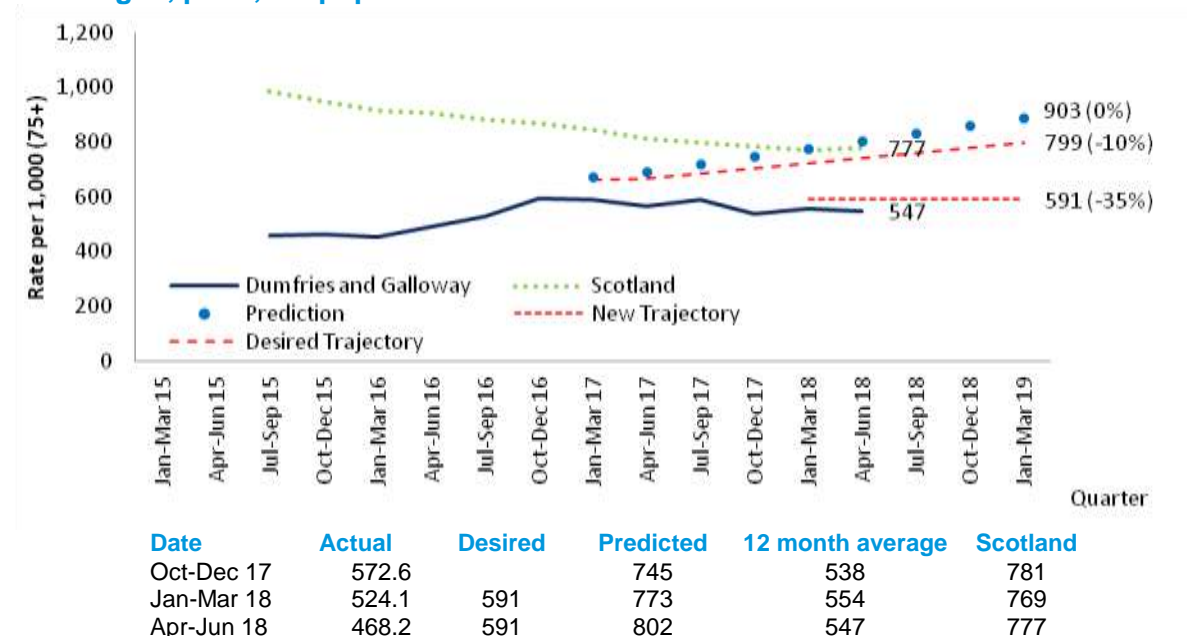
C7 Number of adults under 65 receiving care at home



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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



#### Key Points

In Dumfries and Galloway for the 12 months ending June 2018, the rate of bed days occupied by people aged 75 or older experiencing a delay in their discharge from any hospital was 547 for every 1,000 people. The rate for Scotland was 777 per 1,000 people.

A revised stretch target trajectory has been agreed, to equate to a real term drop of 35% compared to the likely result had no changes been made. The current figure is lower than the new desired trajectory.

#### The Wider Context

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

#### Improvement Actions

Winter planning is already underway, having started earlier than in previous years. The Flow Co-ordinators, who help coordinate people returning home or to a more suitable setting, within the Acute and Diagnostic directorate are moving to 7 day working. A weekly huddle is held involving the Flow Co-ordinators and Social Work Services specifically looking at resolving delays.

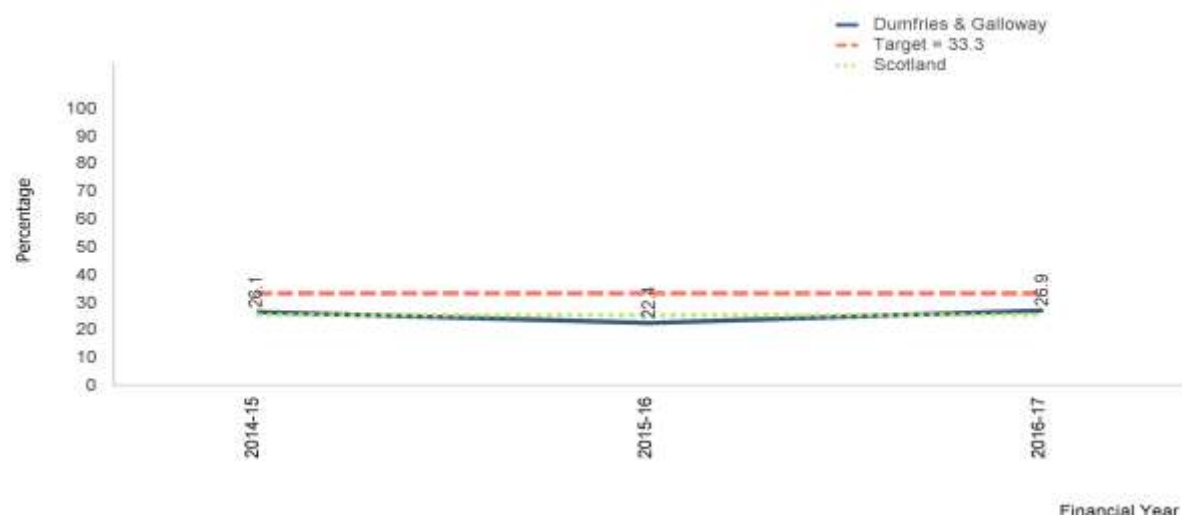
The Daily Dynamic Discharge criteria are being refreshed. Discharging people before noon is challenging. This is being reviewed and improvement actions identified.

In August 2018, 14.9% of people surveyed in the Dumfries and Galloway Royal Infirmary Day of Care Survey did not meet the criteria for being in the most suitable location for their needs, the lowest level in a year. In the Galloway Community Hospital this figure was 37.1% and in the Cottage hospitals this figure was 28.4% of people surveyed. The reasons people do not meet the survey criteria can be very different depending on the setting they are in.

## B1 Detect cancer early

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

### Percentage of cancer patients diagnosed at stage 1 for breast, colorectal and lung cancers combined



### Key Points

Information published at the end of July 2018 shows that in Dumfries and Galloway, 26.9% of new cases of breast, colorectal (bowel) and lung cancers combined, were detected early (during stage 1) during the years 2016 - 2017.

Dumfries and Galloway's performance remains above the average rate for Scotland (25.3%) and there has been a 4% rise since 2015 - 2016. Across Scotland, the early detection rate for cancer ranged from 14.3% to 29.2%.

### The Wider Context

The latest results are reported for the years 2016 and 2017 combined. In Dumfries and Galloway, there were 687 cases of either breast, colorectal or lung cancer diagnosed, of which 185 were diagnosed during stage 1. In Dumfries and Galloway, the early detection rate for breast cancer individually was 40.7% (Scotland 38.7%), for colorectal cancer was 24.9% (Scotland 17.8%) and for lung cancer was 10.7% (Scotland 13.2%).

### Improvement Actions

Women in the region aged between 50 and 70 years of age are offered a three-yearly mammogram to screen for breast cancer. Local uptake is high (75.3%) for 2017. However, cancers can arise between screens (interval cancers) or in women outwith the age range so it is important to raise awareness of the signs and symptoms of breast cancer including breast self-examination techniques.

People aged between 50 and 74 are offered a two-yearly bowel screening test to detect possible colorectal cancer. The 2017 uptake rate is 57.9% against a Scottish average of 54.3%. The new faecal immunochemical test (FIT), which is simpler to complete, was introduced in November 2017. The uptake rate for bowel screening has increased and as a result the 2018 screening rate is expected to be higher. Again, the importance of seeking medical advice when people have bowel symptoms (for example bleeding or change in bowel habit) needs to be highlighted.

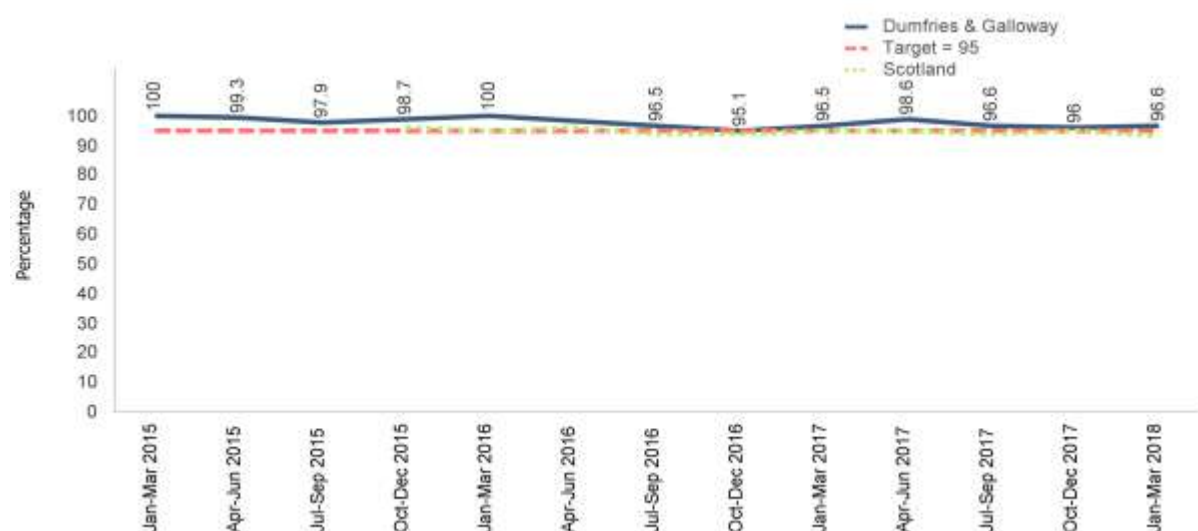
No screening programme exists for lung cancer and it tends to be a silent disease until quite well advanced. Nonetheless, people need to be encouraged to seek medical advice if they experience a new or changed cough that lasts for more than a few weeks.

Although we have high uptake for screening programmes in the region, we know that some people from disadvantaged backgrounds are less likely to attend. A two year project to look at possible reasons for this, and to see what changes can be made to help people take up screening opportunities, is just getting underway.

## B2(1) Cancer waiting times (part 1)

National Outcomes									Dumfries & Galloway Priority Area											Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		Frequency:	Quarterly
																				Source:	ISD Scotland

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



### Key Points

In Dumfries and Galloway the percentage of people who had started treatment within 31 days of the decision to treat was 96.6% in March 2018. This is above the 95% target and the Scottish national rate of 93%.

### The Wider Context

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

### Improvement Actions

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

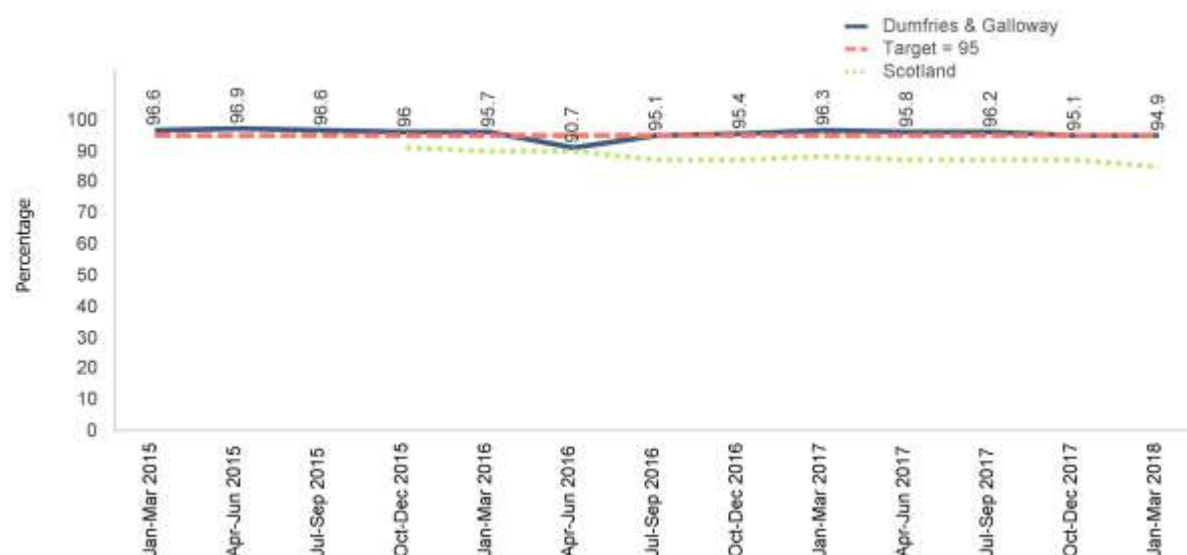
A 23 month programme of work, in partnership with Macmillan Cancer Support, has started to explore current cancer pathways. The newly recruited team will be engaging with people using services and those who deliver them and will liaise with the East and West of Scotland Cancer Networks. Throughout the programme there will be opportunities for statutory services, third sector partners and communities to apply for small grant funding to take forward tests of change. A Steering Group with representation from all partners and members of the public has been established.

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

## B2(2) Cancer waiting times (part 2)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

Dumfries and Galloway's performance was 94.9% in March 2018. This is just below the national target of 95% for this indicator and above the rate for Scotland of 85%.

### The Wider Context

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

### Improvement Actions

The prostate cancer pathway has become more complex due to new evidence about the most appropriate first diagnostic test. Nationally this has led to an increase in treatment waiting times for people diagnosed with prostate cancer and this is being closely monitored. Work has been undertaken locally to develop a formal pre-biopsy, magnetic resonance imaging (MRI) scanning pathway to improve the timescales for prostate cancer treatment.

Nationally there has been a significant increase in demand for Bowel Visualisation tests, mainly due to changes to the test used for bowel screening. This has led to a 50% increase in bowel screening referrals for colonoscopy in the first 6 months of 2018, compared to previous years.

There are 2 streams of work underway, both with the aim of increasing capacity and/or reducing demand for these investigations. The 2 streams of work are:

- surgical services who are reviewing colonoscopy activity and
- radiology who are reviewing the computerised tomography (CT) colonography service.

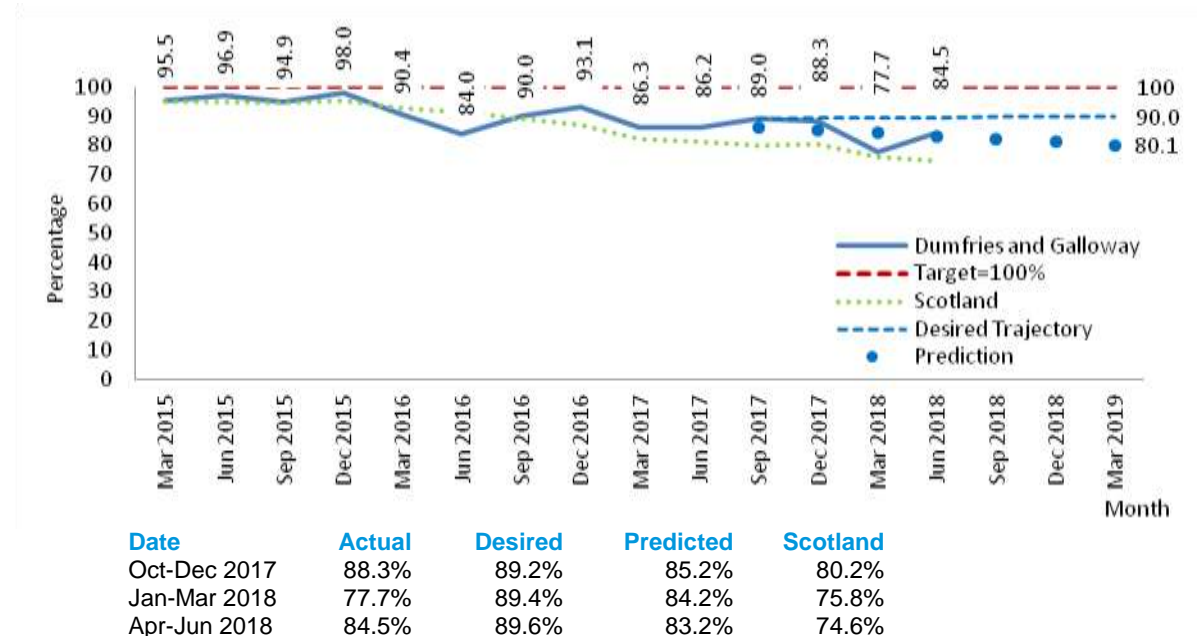
They will be supported by cancer services and the Realistic Medicine team during this process.



## B4 Treatment time guarantee (TTG)

National Outcomes									Dumfries & Galloway Priority Area											Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		Frequency:	Quarterly
																				Source:	ISD Scotland

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



### Key Points

Dumfries and Galloway's performance was 84.5% in the quarter ending June 2018. The longer term trend for this indicator is downward. Dumfries and Galloway's performance is currently below the national target of 100%.

The Scottish rate in the quarter ending June 2018 was 74.6%.

### The Wider Context

In Dumfries and Galloway, 381 people who were treated in the quarter ending June 2018 had waited more than 12 weeks. This is 7% more people than the number of people waiting during the same time period in 2017.

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

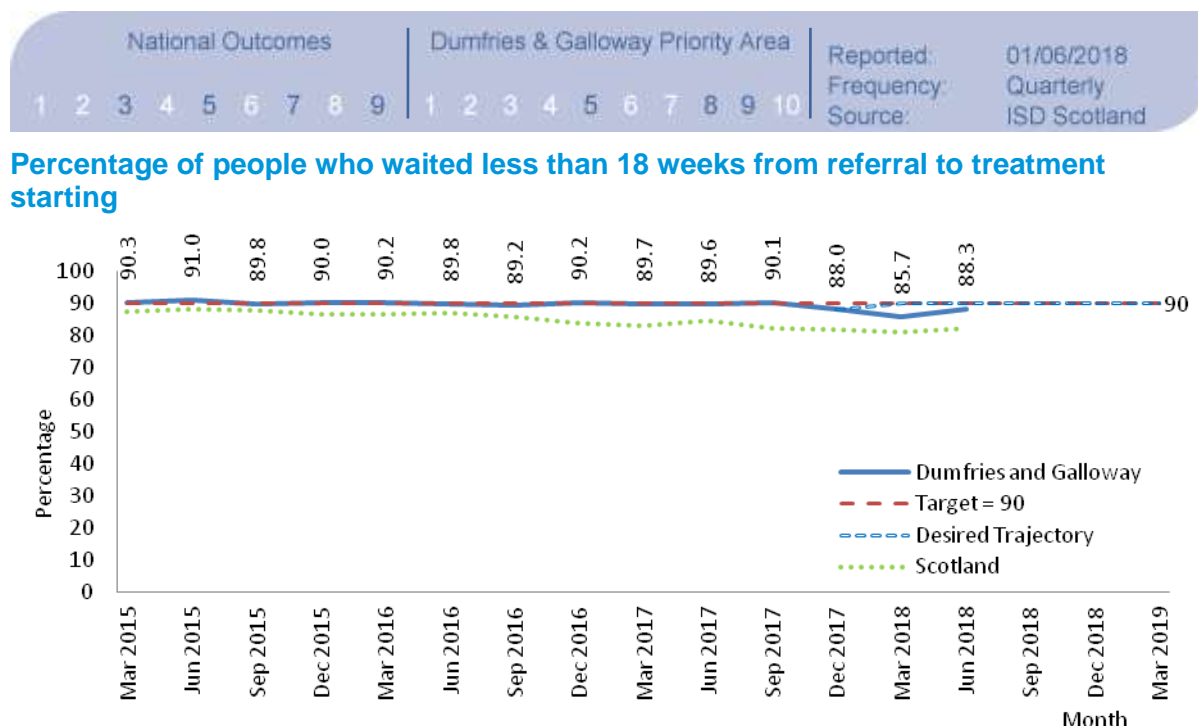
### Improvement Actions

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

The national benchmarking shows that Dumfries and Galloway performs better than average faced with similar challenges to other areas.

Since January 2018 the proportion of planned elective operations that have been cancelled has decreased. This will have a positive impact on Dumfries and Galloway's performance with respect to the Treatment Time Guarantee.

## B5 18 weeks referral to treatment



### Key Points

The percentage of people treated within 18 weeks of referral was 88.3% in the quarter ending June 2018, against a target of 90%. The Scottish rate for the same period was 82.2%.

### The Wider Context

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

Improvements in performance against indicators B4 and B6 will positively impact on indicator B5.

### Improvement Actions

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

A review of the system for inviting people for their first outpatient appointment, inpatient and day case procedure or diagnostic test has started. This is in response to an emerging increasing trend in the number of people who state they are unavailable for the first appointment they are offered.

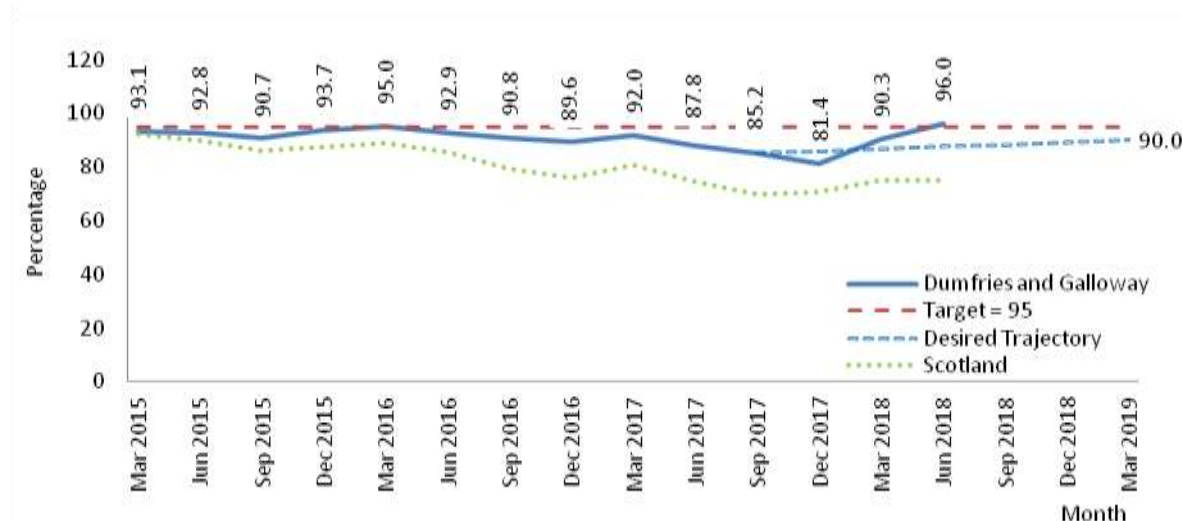
Dumfries and Galloway is fully engaged with the national Access Collaborative and has received funding from Scottish Government to implement a number of improvements including:

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

## B6 12 weeks first outpatient appointment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

Across Dumfries and Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 96.0% in the month of June 2018.

Dumfries and Galloway's performance is above the national target of 95%.

The most recent nationally published figures are for the quarter ending June 2017 when the Scottish rate was 75.1%.

### The Wider Context

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

The desired trajectory aims to stabilise the number of people waiting less than 12 weeks to 90% by March 2019.

### Improvement Actions

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

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

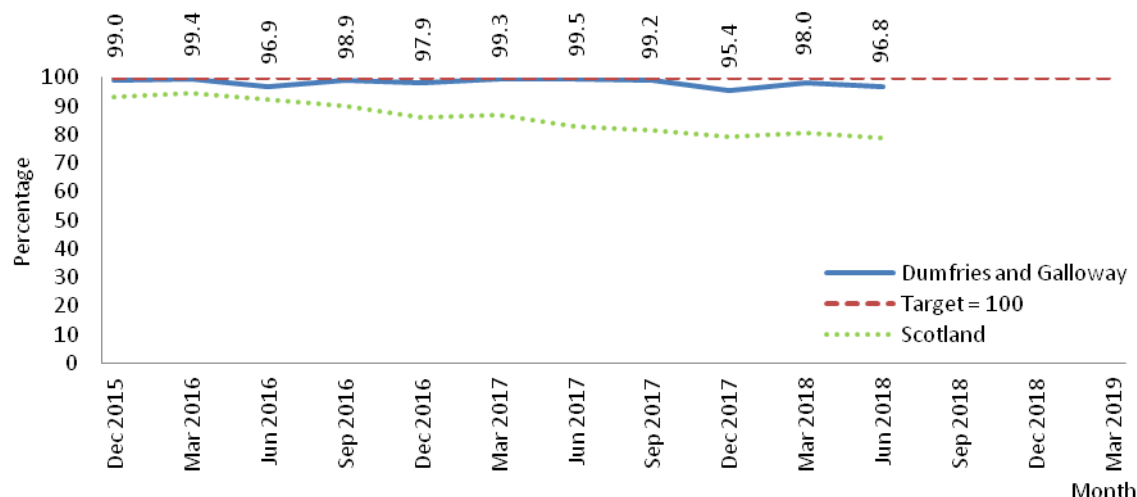
There is continuing work to find ways to reduce unnecessary return visits, to free up clinical capacity and improve people's experience by reducing the need to travel. The number of doctor led return appointments was lower in June 2018 than in the same period the previous year.



## B7 Diagnostic Waiting Times for 8 key tests

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

In Dumfries and Galloway at the end of June 2018, there were 2,019 people seen for 8 key diagnostic tests. 96.8% were seen within 6 weeks against a target of 100%. 65 people were waiting longer than 6 weeks. The Scottish rate for the same period was 78.7%.

There is a local ambition to ensure that people are seen within 4 weeks. 83.3% of people were seen within this time frame.

### The Wider Context

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

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

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

### Improvement Actions

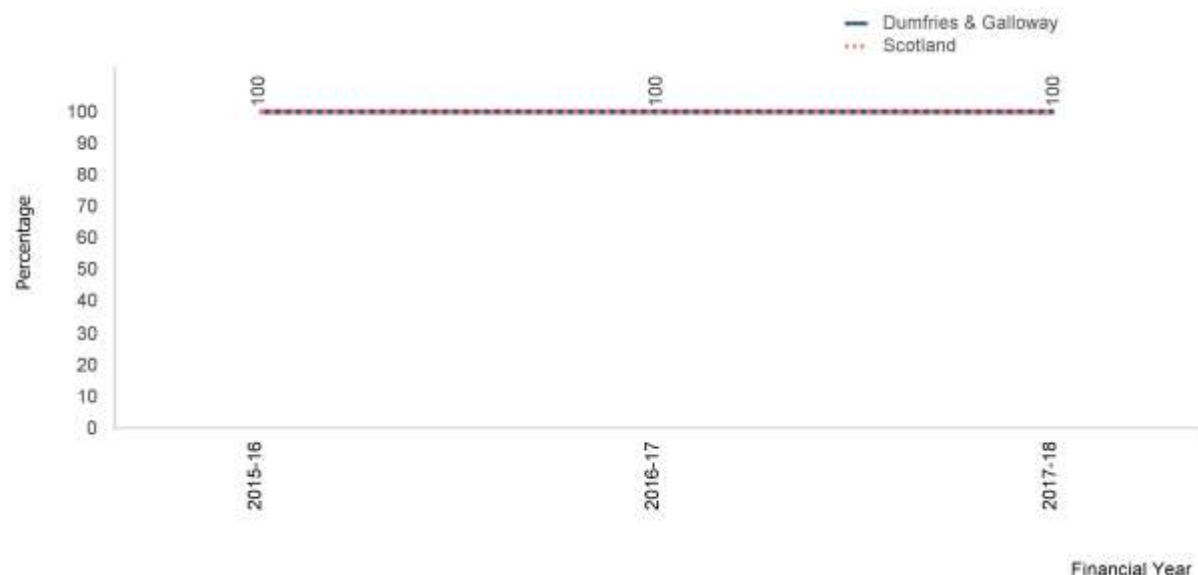
As with other specialities, there are national challenges for the radiology workforce. These workforce challenges are being addressed through national and regional planning. Dumfries and Galloway has recently been successful in recruitment of an additional staff member at a time when competition to recruit is strong nationally.

Dumfries and Galloway is signed up to the Digital Revolution for diagnostics, which will enable clinicians to share capacity and activity at a regional or national level. Developments in artificial intelligence will result in computers scanning digital images to assess changes over time, much faster and more accurately than people could. This will enable people to use their clinical expertise more in areas where difficult judgements need to be made. However, it could take 5 to 10 years for these methods to be everyday practice.

## B9 IVF waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

### Percentage of eligible people who begin IVF treatment within 12 months



### Key Points

100% of eligible people from Dumfries and Galloway received IVF treatment within 12 months, achieving this target at March 2018.

### The Wider Context

In Vitro Fertilisation (IVF) services for people from Dumfries and Galloway are provided by a specialist treatment centre in Glasgow. On average, between 20 and 30 people per year are referred for IVF from Dumfries and Galloway.

Figures recently published by ISD Scotland for the three months ending 31st March 2018 show that there was a total of 370 people from across Scotland screened for IVF. 100% of people referred were screened within 12 months and furthermore, approximately 60% of people referred were screened within 6 months.

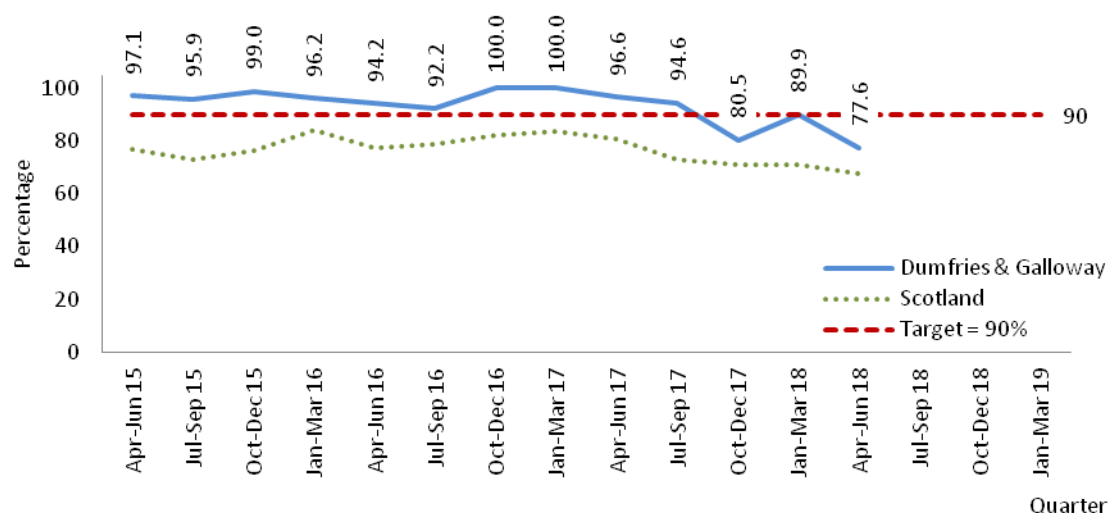
### Improvement Actions

Ongoing dialogue is taking place with tertiary centres to improve performance where possible. Dumfries and Galloway will continue to work to ensure that referrals to tertiary centres are as timely as possible.

## B10 Child and Adolescent Mental Health Services (CAMHS) waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

### Percentage of those who commence treatment for specialist Child and Adolescent Mental Health Services (CAMHS) within 18 weeks of referral



#### Key Points

In the quarter ending June 2018, across Dumfries and Galloway, 77.6% of people referred to CAMHS commenced treatment within 18 weeks of referral, which is below the national target of 90%. Dumfries and Galloway remains above the overall rate for Scotland, which was 67.8% in the quarter ending June 2018.

#### The Wider Context

This indicator measures time from referral to treatment. The measure is based on people seen within the quarter. At the end of June 2018, there were 134 people waiting to be seen. The number of people waiting has reduced each month from a peak of 214 in January 2018. From April to June 2018 there were 279 new referrals to the service, 208 of which were appropriate to be seen by the CAMHS team.

Staff capacity is down by 2 whole time equivalents due to a vacancy and long term absence in the child team, which impacts on seeing children and young people in a timely manner.

#### Improvement Actions

All referrals are screened 3 times a week. Urgent referrals are prioritised and assessed that day or the next. Clinicians are reviewing all urgent referrals and ward based assessments to improve processes within the service and the experience of young people.

A primary Mental Health Worker based in a GP practice in Dumfries is booking young people directly into appointments for assessment and treatment, enabling a timely and appropriate level of intervention to be offered, without unnecessary waiting time to CAMHS. Initial data shows that young people seen through this route were offered treatment within 4 weeks. The model is being rolled out to a second GP practice.

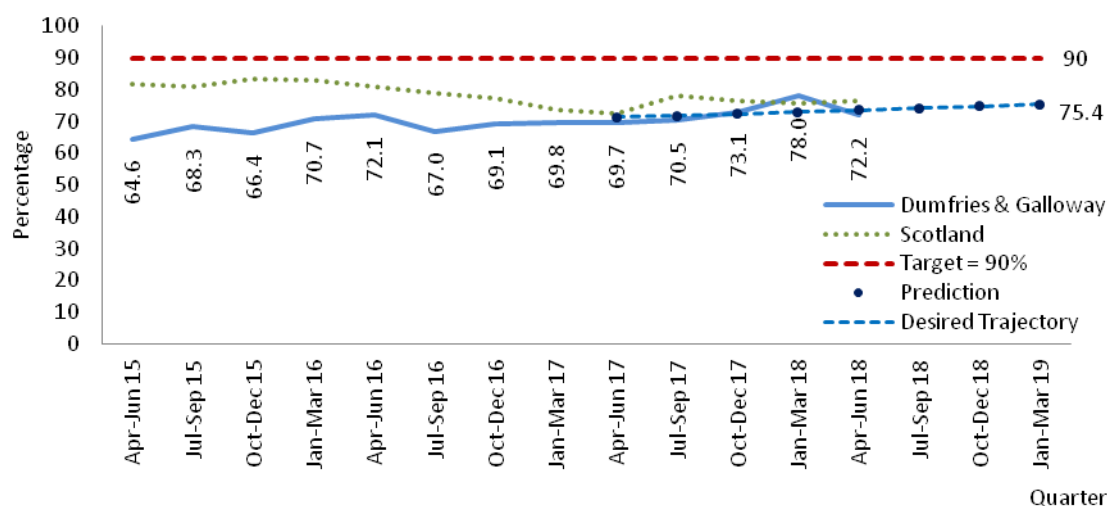
A school referral model is currently being used in 2 schools in Dumfries. The model of consultation as a first step, has been agreed with education staff as the most appropriate way to decide if a CAMHS assessment should be further considered.

To reduce the number of people who do not attend their appointments, we wish to send out text reminders. The proportion of people who did not attend their first appointment was 4.0% in the quarter ending June 2018, compared to 11.7% across Scotland. Mental health is represented on the new Digitising Clinical Recording Board, which has been set up to support clinical teams to transition from paper recording to digital means.

## B11 Psychological therapies waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

### Percentage of eligible patients who commence psychological therapies within 18 weeks of being referred



Date	Actual	Desired	Predicted	Scotland
Oct - Dec 2017	73.1%	72.5%	72.5%	76.5%
Jan - Mar 2018	78.0%	73.1%	73.1%	75.6%
Apr-Jun 2018	72.2%	74.2%	74.2%	76.3%

### Key Points

Between April and June 2018, the percentage of eligible new people across Dumfries and Galloway who commenced psychological therapies within 18 weeks of being referred was 72.2% (against a national target of 90%). The figure for Scotland was 76.3%.

Performance is below the agreed improvement trajectory, to achieve 75.4% by the end of March 2019.

### The Wider Context

Approximately 340 new people, including around 40 people for computerised Cognitive Behavioural Therapy (cCBT) and approximately 1,000 return appointments are seen every month for psychological therapies across Dumfries and Galloway. Since July 2016, reductions to the hours worked by staff have resulted in the equivalent of the loss of 1 full time clinical person. This post has now been recruited into to increase overall clinical hours and the post holder will start in October. Long term absences continue to have an impact on capacity with absences extending into Spring 2019 in older adult specialties.

The referral rate of 6.6 per 1,000 population for Dumfries and Galloway is amongst the highest in Scotland, with 998 referrals in the quarter ending June 2018. Over 300 people have been referred for cCBT in the 12 months from April 2017, when this service was introduced.

### Improvement Actions

Low intensity interventions include cCBT and seeing the Primary Care Liaison. Ongoing work analysing peoples' progress from these programmes into secondary care will explore the effectiveness of these services.

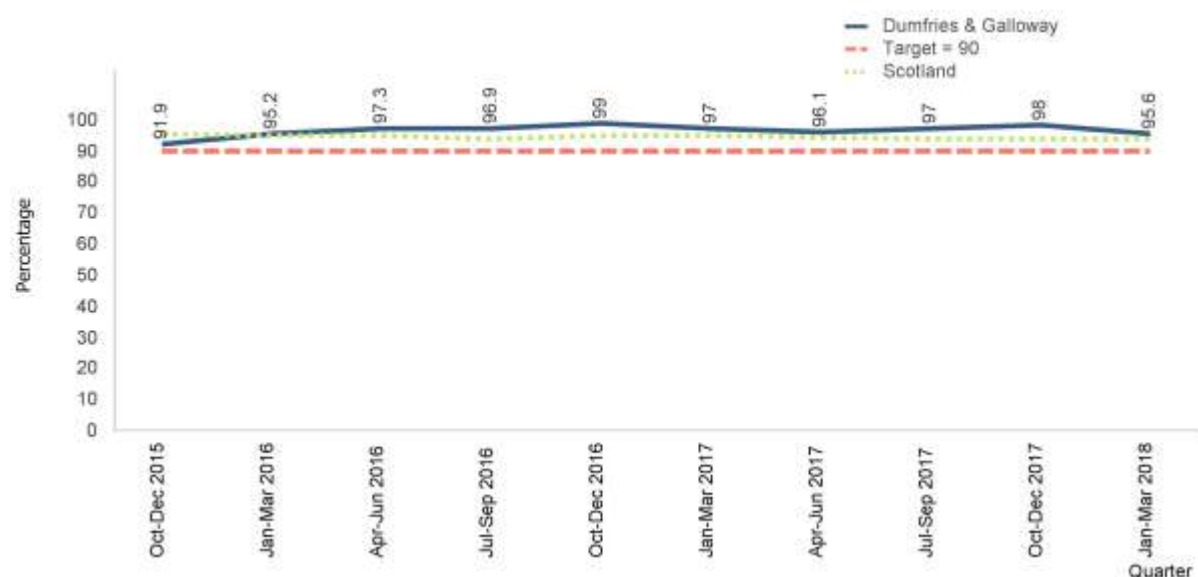
In April 2018, a psychologist in adult services joined and it is hoped that the impact of this will reduce waiting times. A long term vacant post in learning disabilities has been successfully recruited, starting in October 2018.

In Dumfries, a service for people who have frequent attendances at GP practice is anticipated to start in spring 2019 alongside other work in primary care including group work and telephone triage.

## B14 Drug and alcohol treatment waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

Across Dumfries and Galloway during the 3 months ending March 2018, 95.6% of people referred for drug and alcohol treatment started treatment within 3 weeks.

The rate for Dumfries and Galloway is above the national target of 90% and above the Scotland rate of 93.5%.

### The Wider Context

This indicator is based on episodes of care. An episode of care is the time between a person's initial referral for alcohol or drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded. Between January to March 2018 there were 434 people referred (231 for alcohol and 204 for drugs), and 222 completed episodes of care (planned discharges only) across Dumfries and Galloway.

### Improvement Actions

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

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

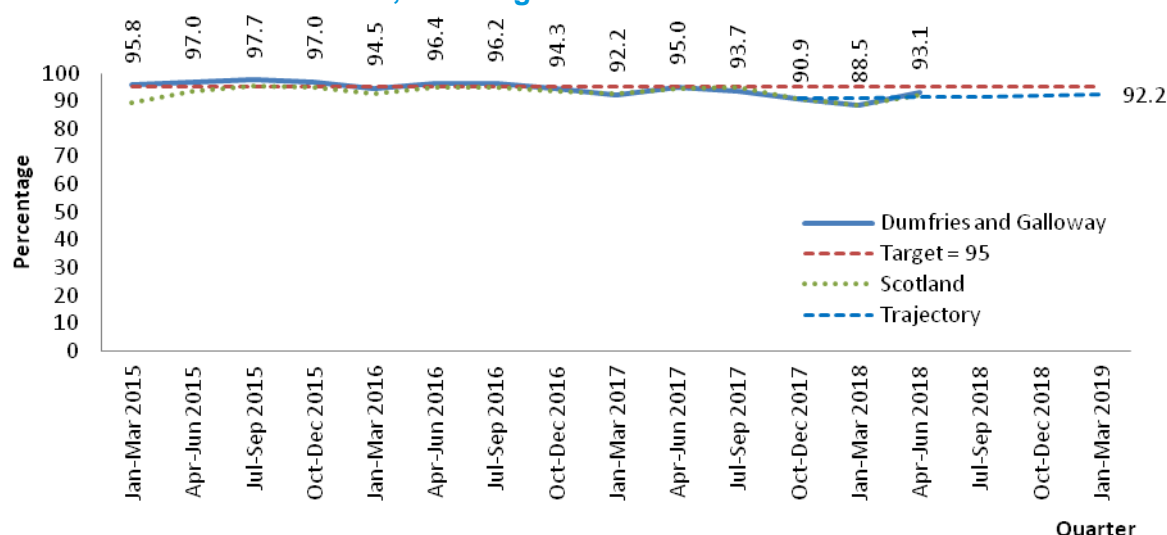
It is anticipated that the waiting times target will continue to be achieved through 2018/19.



## B19 Emergency department waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

The percentage of people attending an emergency department (ED) who were seen within 4 hours was 93.1% between April and June 2018. Dumfries and Galloway's performance against this indicator has increased this quarter but remains below the national target of 95%. For Scotland, the rate was 92.0%.

### The Wider Context

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

### Improvement Actions

There are a number of ongoing initiatives focusing on people's experience of ED and the processes involved. A review of staffing and how staff are deployed within unscheduled care is underway. This will concentrate on the learning since moving to the new hospital building.

In the Combined Assessment Unit (CAU), rapid assessment has been introduced to triage people on arrival to the unit. The middle tier medical, nursing and Advance Nurse Practitioner (ANP) activity in the unit is also being reviewed.

A new pharmacy model has been introduced to the CAU that aims to reduce admissions and speed up discharges.

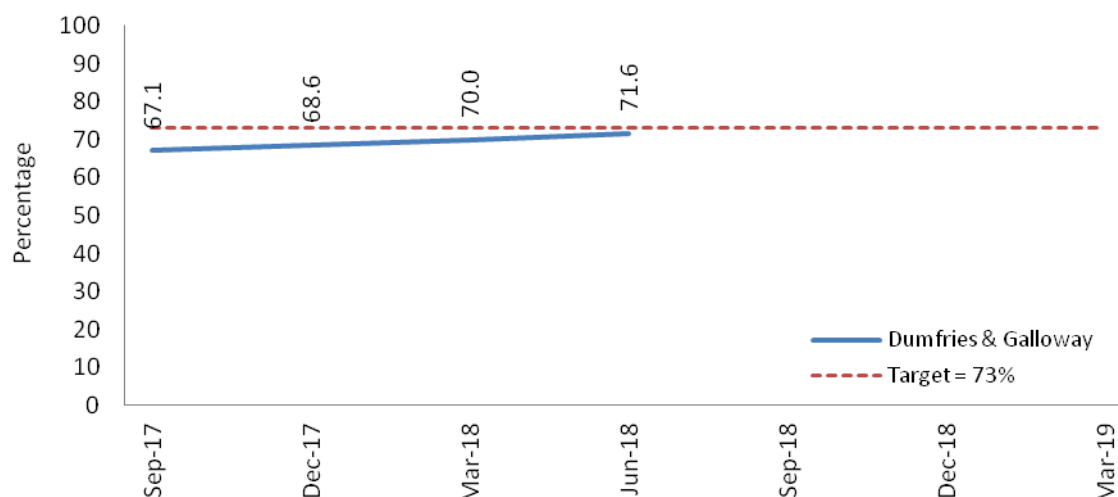
Funding from Scottish Government is being used to support the Whole System Patient Flow Improvement Programme. A senior analyst has been employed to support this work.

When people are moved to a hospital ward that is different from their original specialty, in order to increase capacity for people needing urgent care, this is known as boarding. A review of the practice of boarding is underway. This will focus on what worked well last winter to see if there is scope to expand on these good practices in the coming months. The acute management team are already planning for winter 2018.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



#### Key Points

The percentage of adults supported to live at home who are using a telecare support system was 71.6% in June 2018. The figure continues to slowly rise.

In June 2018, there were 3,068 people supported to live at home, using Care Call technology across the region.

#### The Wider Context

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button linked through to a call responder. The target of 73% has not altered despite the recalculation of this measure following the move to the Mosaic IT system.

There is 'lead-in' time to the introduction of any telecare, enabling discussions with the person regarding their choices and learning to confidently use the equipment. A new Digital Health and Care Strategy 2017-22 for Scotland was published in April 2018. This will integrate the Technology Enabled Care (TEC) programme and e-health strategy for Scotland.

#### Improvement Actions

The telehealthcare team (based within DG Council customer services) has 4 technician assessors and 3 Carecall officers, working the equivalent of 5.8 people's full time hours. Social workers continue to carry out assessments where people have more complex needs. Care Call Officers have undergone both internal and external training and are now fully operational with a 7 days a week provision starting in May 2018.

Telecare training was provided by the Telecare Services Association to staff from the Short Term Assessment and Reablement Service (STARS), Occupational Therapy and Sensory Support in October 2017 with further training in March 2018. This training is to enable workers to undertake a basic assessment for telecare as part of their own assessment. This process is now operational and the newly trained Trusted Assessors are completing referrals for the basic telecare package and equipment specific to their area of expertise.

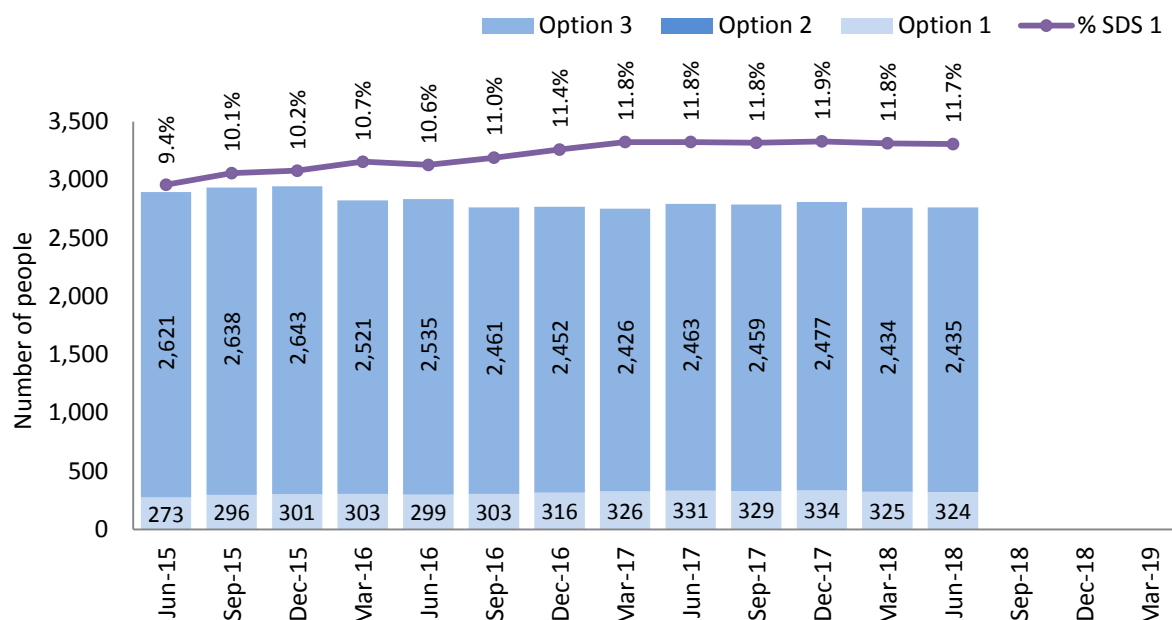
There continues to be new developments in assistive technology that supports people to remain safely in their own home.



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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

A snapshot in June 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) were 324 people through Option 1, less than 5 people through Option 2 and 2,435 people through Option 3. The proportion of people being supported through SDS Option 1 has remained stable over the last year.

### The Wider Context

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

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

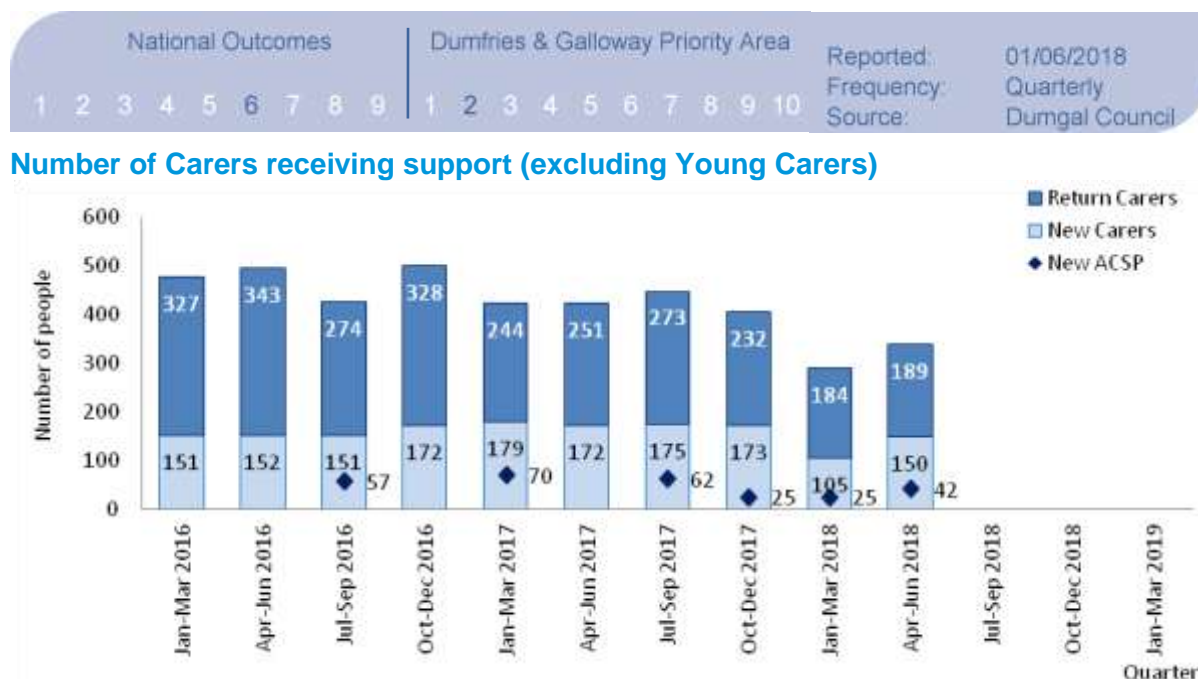
### Improvement Actions

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

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

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

## C5 Carers receiving support (excluding Young Carers)



### Key Points

There were 42 new Adult Carer Support Plans (ACSP) completed in the quarter April to June 2018 by the Dumfries and Galloway Carers' Centre (DGCC).

The DGCC saw 150 new adult Carers between April to June 2018 and 189 returning Carers used their services. The DGCC ran 72 groups with 426 people attending. Alzheimer Scotland had 410 existing Carers and 353 new Carers whilst Support in Mind had 19 Existing Carers and 16 New Carers between April to June 2018 (there may be overlap between these 3 organisations).

### The Wider Context

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

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

### Improvement Actions

A consultation is underway with Carers to help understand what 'being supported' means to Carers. The survey is open until 14th September 2018. The information from this survey will be analysed alongside the narrative from the Scottish Health and Care Experience Survey 2018. Following the analysis, an improvement plan will be developed.

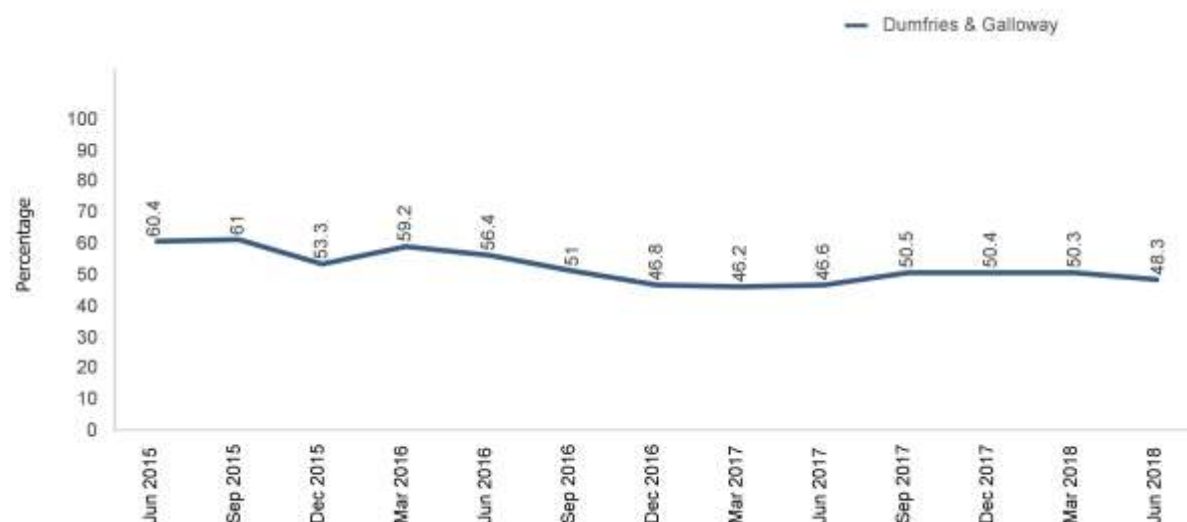
A draft short break statement has been prepared and is currently out for comment with Carers and Carers Organisations. This is designed to provide Carers with information and advice on what short breaks are available. It will be submitted to the November Integration Joint Board for approval.

In addition to Adult Carer Support Plans, a range of other support is provided to Carers through third and independent sector providers.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

In June 2018 there were 860 people being supported with 10 hours or more of care at home provision. This was 48.3% of all people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3.

### The Wider Context

This is a Data Only indicator, which does not have a target associated with it.

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

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

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

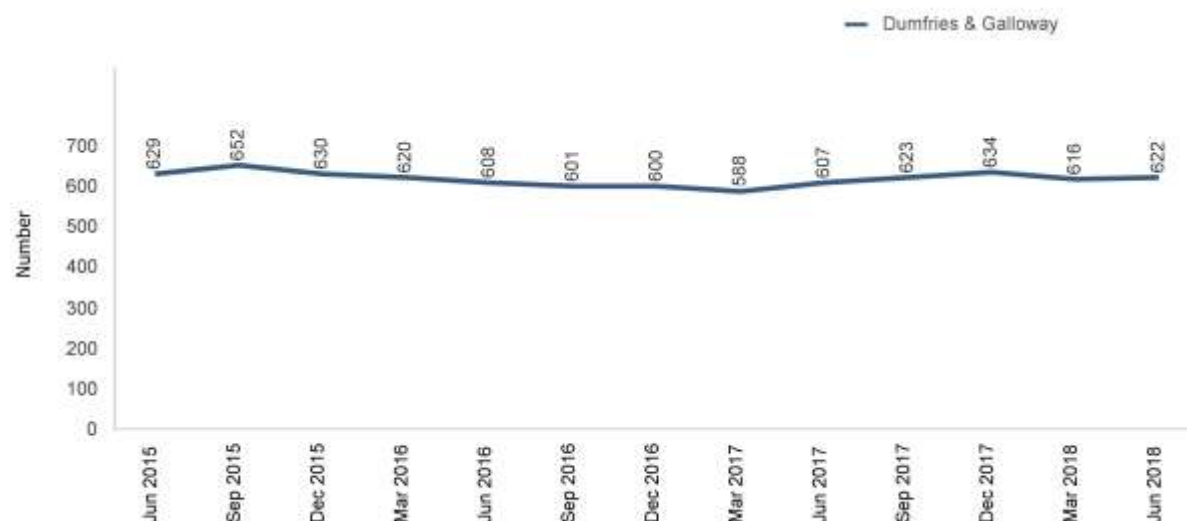
### Improvement Actions

No improvement actions required at this time.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

### Number of adults under 65 receiving care at home



### Key Points

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 622 in June 2018.

Since September 2015, there has been a 4.6% decrease in the number of adults under 65 receiving care through SDS Option 3 which will be reflected in part by the small increase in the number of people who have chosen Option 1.

### The Wider Context

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

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

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

### Improvement Actions

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

# Finance and Resources

## Overview

A20 Progress towards reporting on resources spent on emergency hospital stays

A23 Progress towards reporting on end of life care expenditure

B20 Operate within the agreed Revenue resource, Capital resource limit & meet cash requirement

C8 Rate of total Home Care hours provided per 1,000 population aged 65 and over

D6 The number of times people access 'virtual services'

D7 Progress towards reporting on housing adaptations

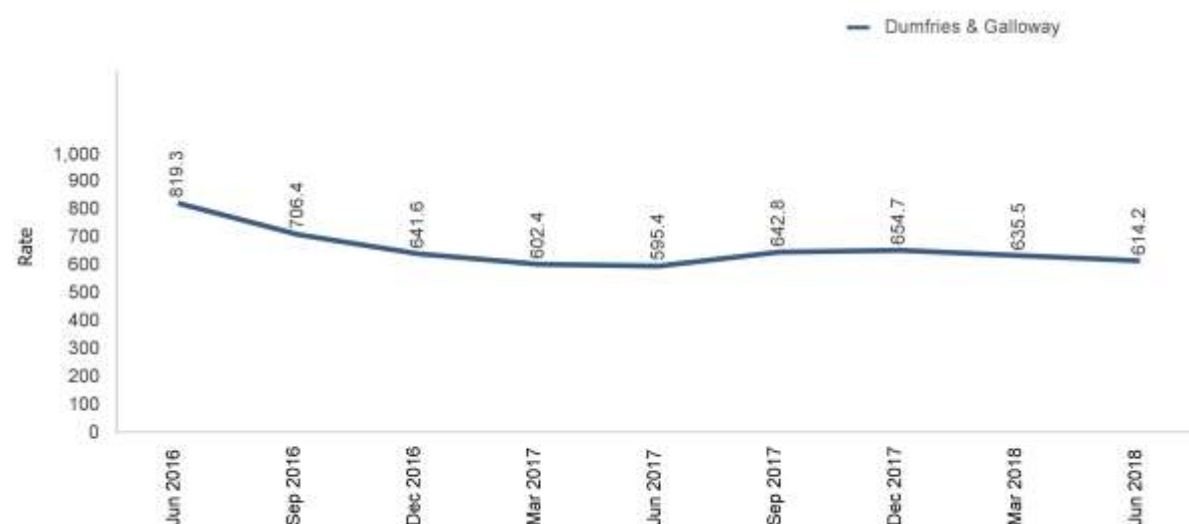
D8 Progress towards reporting on prescribing

D9 The ratio of workload between institutional and community based care

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

National Outcomes									Dumfries & Galloway Priority Area											Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		Frequency:	Quarterly
																				Source:	Dumgal Council

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



### Key Points

In June 2018 the rate of care at home provided through Self Directed Support (SDS) Option 3 was 614.2 hours per 1,000 population aged 65 and over.

### The Wider Context

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

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

### Improvement Actions

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

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

ISD as an independent third party uses the Source database to anonymously link health and social care information. A Local Information Support Team (LIST) analyst from ISD supports the partnership and will be able to produce linked analysis of health and social care information. Dumfries and Galloway has a representative on the working group that is developing the suite of standard reporting that will be available from the Source dataset.



# Quality

## Overview

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

A14 Readmission to hospital within 28 days, per 1,000 of population

A16 Emergency admissions: fall rate per 1,000 population age 65 and over

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

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

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

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

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

B3 Progress towards reporting on the number of people newly diagnosed with dementia who have a minimum of 1 years post-diagnostic support

B17 Percentage of people surveyed who report waiting less than 2 days to see or speak to a doctor or nurse at their general practice (GP)

C9 Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult support and protection (ASP) referral

D2 Progress towards reporting on complaints across health and social care services

D4 Progress towards reporting on personal outcomes

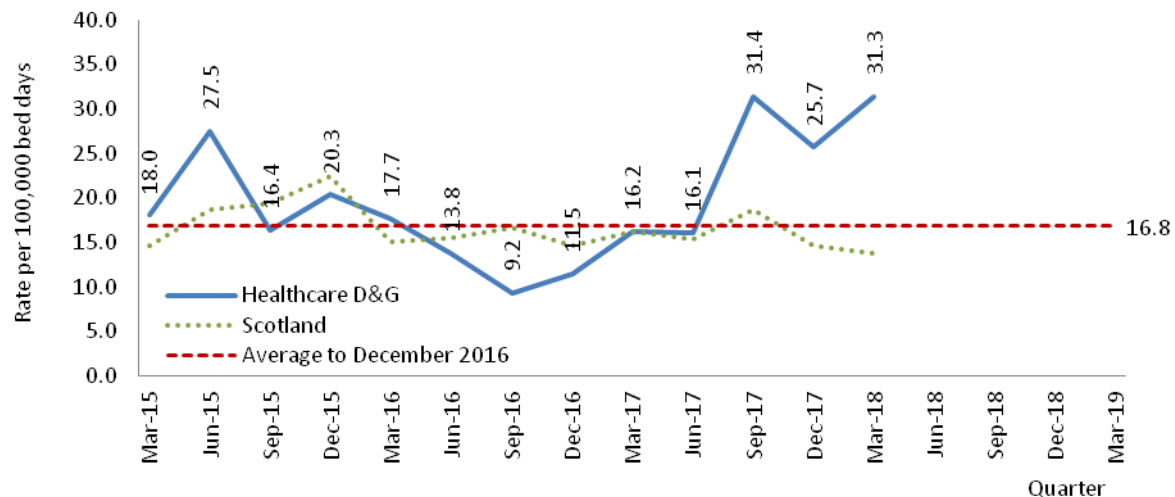
D5 The proportion of staff who agree that they have the information necessary to do their job



## B12(1) Rate of Clostridium Difficile infections: healthcare

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

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



#### Key Points

The infection rate for Clostridium difficile (*C. difficile*) for the 3 months ending 31st March 2018 was 31.3 cases per 100,000 occupied bed days. This is above the rate for Scotland of 10.9 cases per 100,000 occupied bed days.

The average from March 2015 to December 2016 was 16.8 cases per 100,000 bed days. Dumfries and Galloway was one of the health boards with higher rates of Clostridium difficile infection in the last year.

#### The Wider Context

Health Protection Scotland (HPS) publishes healthcare associated infections separately to community associated infections. HPS reporting has also changed from rolling annual figures to quarterly snapshots. There is no target associated with this indicator.

*C. Diff* infections in a healthcare setting may be triggered by giving people who are already carriers of the organism particular antibiotics.

#### Improvement Actions

Local records show there were 14 cases from January to March 2018. Respiratory infections and prescriptions for antibiotics to treat these had part to play as did a number of people who developed a recurrent *C. Diff* infection whilst in hospital.

The higher infection levels observed up to the end of March 2018 may, in part, have resulted from prescribing antibiotics for respiratory infections. There was a shortage of the antibiotic Tazocin internationally and NHS Dumfries and Galloway, being high users of this medication previously, noted a greater difference when alternative medications had to be used.

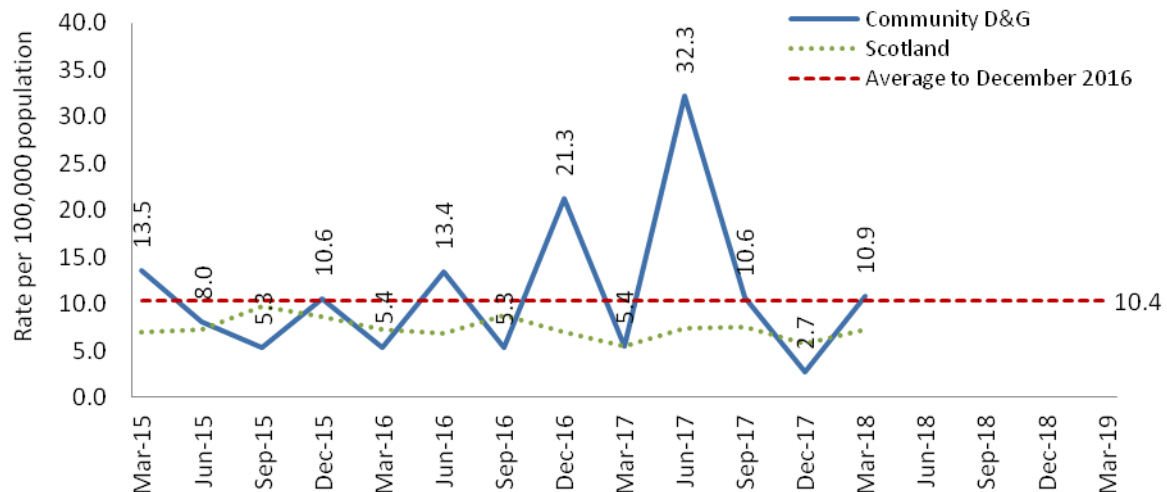
Investigations show that prescribing guidelines were followed appropriately. The infection control team have recommended that the existing guidelines be reviewed to ensure best practice. The infection control team, acute management team and antimicrobial management team will be reviewing progress against the action plan in September 2018.

All hospital environments are cleaned with strong chlorine bleach to prevent the spread of infection.

## B12(2) Rate of Clostridium Difficile infections: community

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

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



#### Key Points

The infection rate for Clostridium difficile (C. difficile) for the 3 months ending 31st March 2018 was 10.9 cases per 100,000 population. This is above the rate for Scotland of 7.3 cases per 100,000 population but similar to the historic pattern for Dumfries and Galloway.

#### The Wider Context

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

There is no target associated with this indicator. The average from March 2015 to December 2016 was 10.4 cases per 100,000 population. The small number of cases in a small population such as ours can make the rates jump dramatically from one period to the next.

#### Improvement Actions

There is an increasing threat from infections which are resistant to common antibiotics, and we now see these in hospitals, care homes and the community. We actively look for these infections and provide training to health and care professionals on how to prevent them spreading. Inappropriate use or over use of antibiotics can also increase the risk of these conditions, so we are promoting awareness of this amongst the public and encouraging safer prescribing by healthcare staff.

When C. difficile infections are identified in community settings, the health protection team contacts people at home. The team give advice about home hygiene and laundry to help keep their families safe from further infection. Discussions with people and their GP also encourage people to be on the right dosage of antibiotics for the right length of time, to minimise the risk of a relapse.

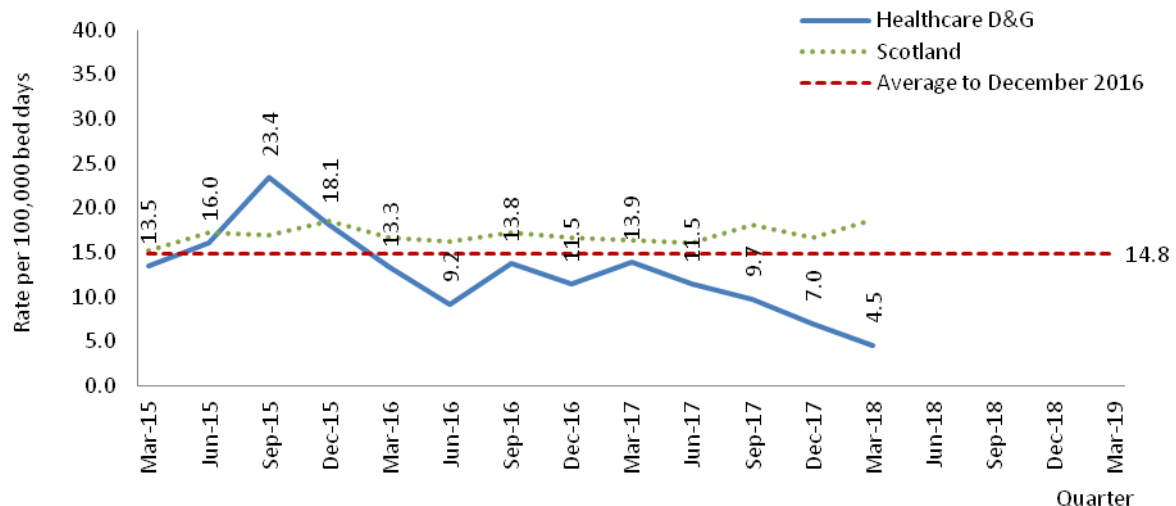
A quote here from a qualitative study recently undertaken shows that the link with antibiotics is still often misunderstood:

*"The first thing about it was I was surprised that I could get it, because I had been on antibiotics for too long. That really sort of made me think, that surely if antibiotics are meant to cure you... but yet I still had C.diff."*  
Patient 1

## B13(1) Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias: healthcare

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	HPS

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



#### Key Points

The infection rate for Staphylococcus aureus bacteraemia (SAB) in the 3 months ending 31<sup>st</sup> March 2018 was 4.5 cases per 100,000 acute occupied bed days. This is the lowest rate of healthcare associated SAB since March 2015.

The rate for Scotland was 18.7 cases per 100,000 occupied bed days.

Local data shows that during the quarter ending March 2018 there were 2 cases of SAB.

#### The Wider Context

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

There is no target associated with this indicator. The average from March 2015 to December 2016 was 14.8 cases per 100,000 bed days. An improvement trajectory has not been set as figures are currently lower than average and lower than the Scotland rate.

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

#### Improvement Actions

Within our target areas the number of Hospital Acquired Infections (HAIs) is very low. Achieving further reductions will be challenging but we continue to strive for zero preventable infections.

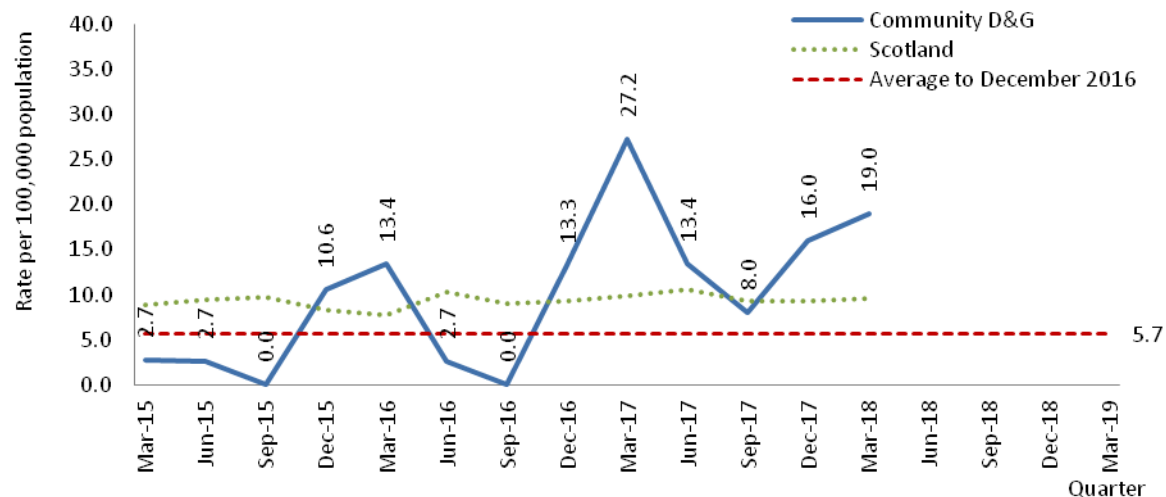
Any healthcare associated cases of SAB that are assessed as being potentially preventable are being flagged on the DATIX adverse incidents reporting system to ensure that actions and learning are followed up.

Screening for MRSA in Dumfries and Galloway was 100% in the quarter ending June 2018. Invasive devices such as catheters and needle sites are a focus for improvement work in 2018.

## B13(2) Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias: community

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/06/2018		
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly		
																				Source:	HPS		

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



The infection rate for Staphylococcus aureus bacteraemia (SAB) in the 3 months ending 31<sup>st</sup> March 2018 was 19.0 cases per 100,000 residents of Dumfries and Galloway. There have been higher than average number of cases identified in the community over that last year.

The rate for Scotland was 9.7 cases per 100,000 population.

Local data shows that during the quarter ending March 2018 there were 7 cases of SAB.

### The Wider Context

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

There is no target associated with this indicator. The average from March 2015 to December 2016 was 5.7 cases per 100,000 population. An improvement trajectory has not been set for community associated infections.

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

### Improvement Actions

SAB infections are a risk for people with skin and soft tissue injuries such as leg ulcers or chronic skin conditions like psoriasis becoming infected. The partnership has advertised for a Tissue Viability nurse who will work with District Nurses in primary care to improve referral pathways for people, to enable people to be seen at an earlier stage before they become infected.

There was only one methicillin resistant Staphylococcus aureus (MRSA) SAB infection recorded this year and it was associated with a community setting. This demonstrates the success of the MRSA screening programme in Dumfries and Galloway hospitals.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

Across Dumfries and Galloway in the quarter ending June 2018, 70.3% of people referring a Duty to Inquire case to Adult Support and Protection (ASP) received feedback within 5 days of receipt of referral.

### The Wider Context

Across Dumfries and Galloway there are typically 50 to 90 ASP Duty to Inquire referrals per month. All relevant adult referrals are assessed to determine if they meet the requirements that would classify the referral as a Duty to Inquire. Discussions are underway in relation to reporting timescales and determining what should count as feedback to ensure the data is as complete as possible.

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

### Improvement Actions

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

An improvement to local processes means that the social work team supports the early triage of referrals for the MASH. This should make the process more robust, release capacity to follow up referrals and ensure the feedback in relation to adult protection referrals are addressed in a timely manner.

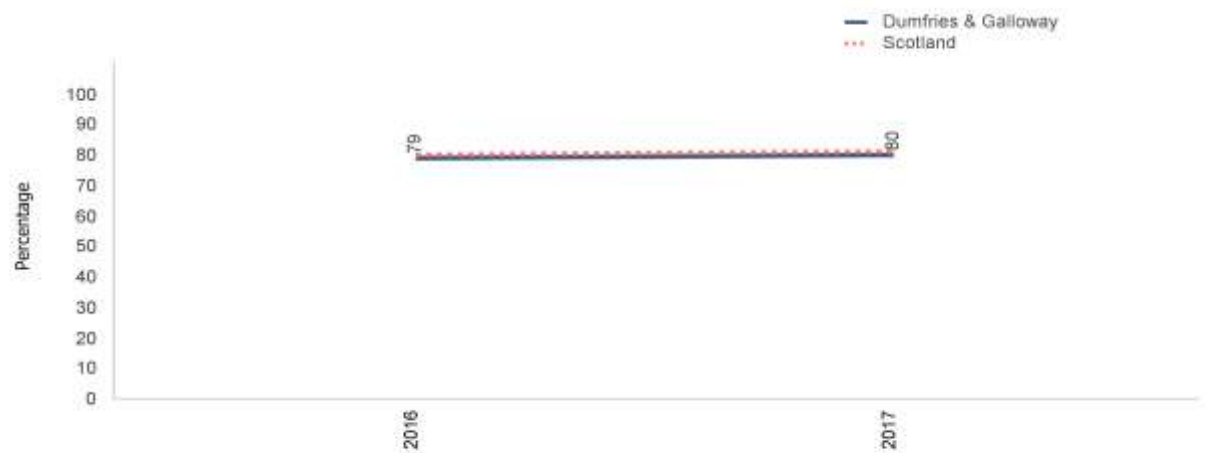
Performance continues to be monitored and regular reports shared with the senior manager and frontline practitioners to improve information sharing and speedier decision making.



## D5 Staff have the information to do their job

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	1 Cal Year
																				Source:	Scottish Gov...

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



### Key Points

80% of staff who responded said they had the information necessary to do their job well according to the iMatter Survey. This is 1% lower than Scotland. The proportion of people who felt they had sufficient information has increased by 1% since the previous survey in 2016.

### The Wider Context

Sharing 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 and lead to improved outcomes for people.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

### Improvement Actions

There is range of regular communications with staff, including the weekly NHS CORE briefing, newsletters, websites and the popular weekly dghealth blog that can be found at [www.dghealth.wordpress.com](http://www.dghealth.wordpress.com). The IJB communication strategy over the last year has seen much greater use of social media to communicate both with staff and the public. Several high profiles campaigns such as the recent PJ Paralysis promotion have been well received. There have also been videos from the Director of Finance and the NHS Workforce Director to raise awareness amongst staff. Work to develop a consistent corporate identity for the IJB has been progressing.

The clinical portal links together a wide range of clinical systems to allow clinicians to access appropriate information in a single place. At the end of June 2018 there were 1,855 people using the portal to access information and there were over 50,000 logins to the portal in July 2018. Investment in the MORSE IT product will enable staff to record information digitally by design which will improve the timeliness of information being available on the clinical portal.

# Stakeholder Experience

## Overview

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

A3 Percentage of adults supported at home who agree that they were consulted about their help, care or support

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

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

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

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

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

B18 The rate of sickness absence amongst employees; Dumfries & Galloway

D3 The percentage of people who agree that their health and social care services seemed well co-ordinated

D10 Progress towards reporting on the positive outcomes from Adult Support and Protection.

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

D12 Progress towards reporting on the proportion of people who agree that they could rely on family or friends in their own neighbourhood for help

D13 Progress towards reporting on health inequalities

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

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

D16 Progress towards reporting on the proportion of people who are satisfied with the ease of finding information on health and social care services

D17 Progress towards reporting on anticipatory care plans

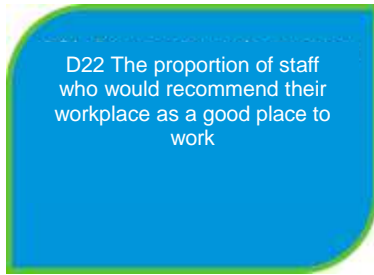
D18 Progress towards reporting on the proportion of people who feel connected to the neighbourhood they live in

D19 Progress towards reporting on the proportion of staff who agree they understand the vision and direction of Dumfries and Galloway Health and Social Care partnership

D20 Progress towards reporting on the proportion of staff who agree that they are confident they understand their how their role in the organisation can support people from different background...

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

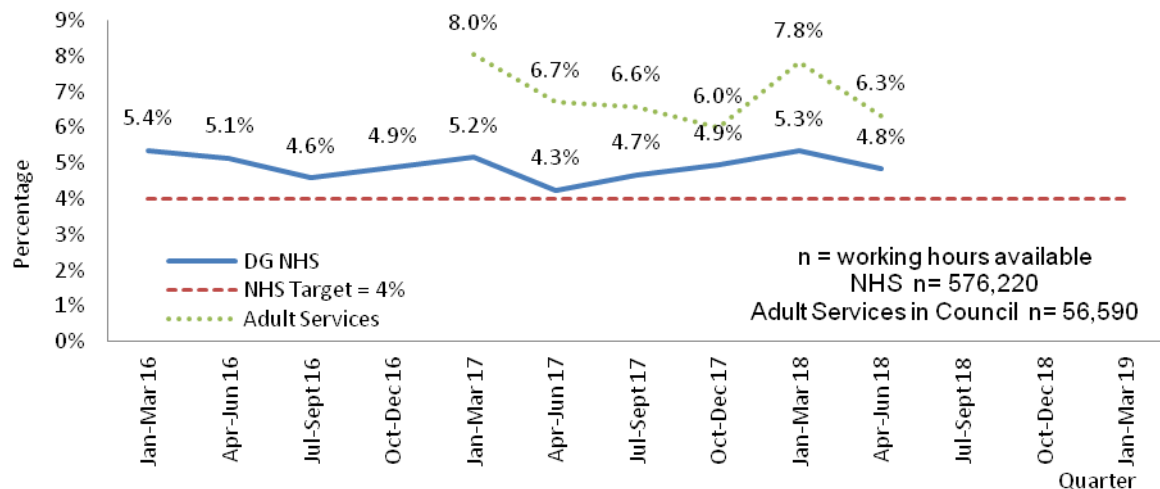




## B18 Sickness absence rate

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

### The rate of sickness absence amongst employees; Dumfries & Galloway



### Key Points

The rate of sickness absence between April and June 2018 was 6.3% for Adult Social Services and 4.8% for NHS employees against the national (NHS staff) target of 4%.

### The Wider Context

Across Dumfries and Galloway there are approximately 3,500 whole time equivalent (wte) NHS employees and 416 wte Adult Social Services employees. The smaller number of Adult Social Services employees means that there is likely to be greater variation in the sickness absence rate compared to the rate for NHS employees.

### Improvement Actions

Activities of the Working Well Partnership Steering Group, in line with the strategy have begun a 12 month campaign of activities and information sharing. Work to promote wellbeing includes the launch of a qualitative study engaging with staff about their experience of mental health at work. Members of the Partnership are also promoting the work of the group and key wellbeing themes in a series of short videos that are shared with staff across the organisation.

Adult Social Services continues to focus on maximising attendance at work in order to maximise service delivery. Monthly absence information is provided allowing management intervention in areas of high non-attendance. Return to work interviews are undertaken after every period of absence, focusing on supporting people returning to the workplace at the earliest opportunity, aiming to sustaining attendance in the workplace.

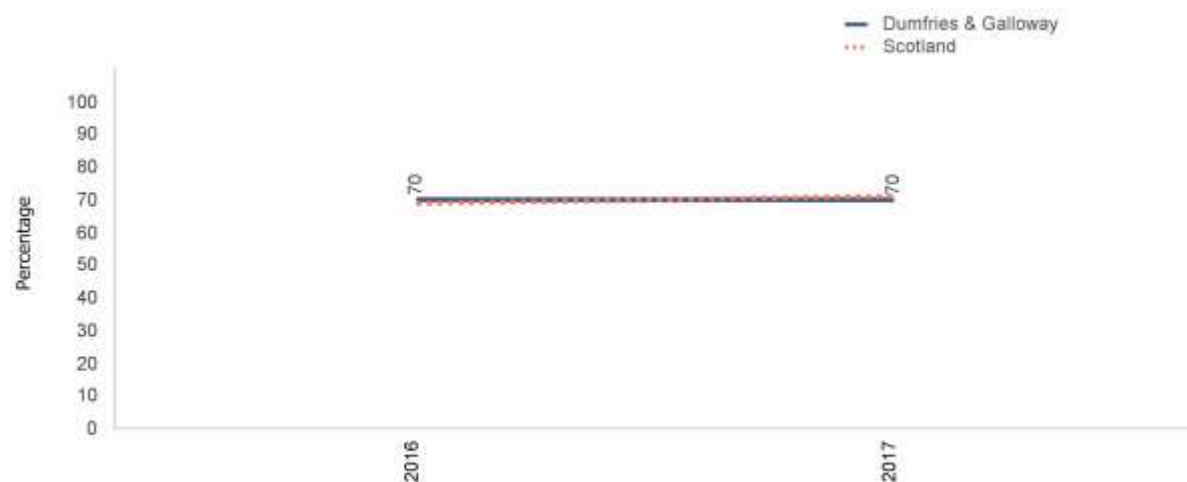
There is an increased focus on workplace mental health and wellbeing, with mental health champions appointed to support the wellbeing agenda. There is a new occupational health provider enabling self referral for counselling. Continued case management is ongoing in conjunction with human resources. Corporate classroom based training is available on a monthly basis, which is in addition to both bite sized training and online training, which can be accessed at any point.

Sickness absence remains a standing agenda item for the Integration Partnership Forum.

## D21 Staff involved in decisions

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Cal Year
																			Source:	Scottish Gov...

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



### Key Points

70% of people who responded to the iMatter survey in 2017 from Dumfries and Galloway said they felt involved in decisions relating to their job. This is 1% lower than Scotland.

The proportion of people who responded positively is equal to the previous survey in 2016 (70%).

### The Wider Context

As health and social care services work more closely together, it is important that staff are confident and understand their role within the Partnership. Empowering people to make decisions about improving the quality of the services they provide is an important aspect of the ideal culture the partnership aspires towards.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

### Improvement Actions

Part of the iMatter survey process is for teams to discuss their local outcomes and develop an action plan to address shared agreed improvement actions. Taking forward iMatter action plans encourages teams to speak openly about what is working well and where improvements are needed. This can positively impact on how services are delivered and how people experience services, which in turn, can improve outcomes for people.

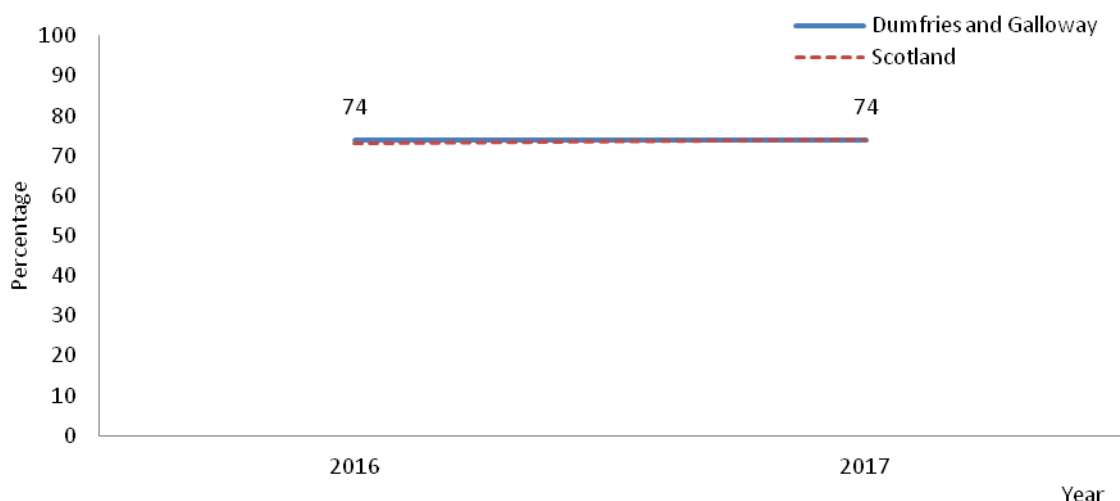
The number of completed iMatter action plans in 2017 was below average, with 43% of plans complete for Scotland and 12% complete in Dumfries and Galloway. This is an area for improvement in 2018/19.

*"Our aim was about us looking at our department as a community and how do we all work together and support each other..."*  
iMatter working group member

## D22 Staff recommend workplace as a good place to work

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Cal Year
																			Source:	Scottish Gov...

### The proportion of staff who would recommend their workplace as a good place to work



#### Key Points

74% of people who responded to the iMatter survey in 2017 from Dumfries and Galloway said they would recommend their organisation as a good place to work. This is the same as the result for Scotland.

The percentage of people who responded positively is also equal to the previous survey in 2016 (74%).

#### The Wider Context

National health and wellbeing outcome 8 is that people who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. That why the strategic plan made an ambitious commitment that we will aim to be the best place to work in Scotland.

iMatter is an annual staff survey tool that includes the development of team action plans to build a positive workplace culture. At present, iMatter has been rolled out across health teams including some staff employed by the Local Authority who work within fully integrated teams. Making iMatter available to the wider Partnership is being discussed with Scottish Government. The overall response rate to the survey for Dumfries and Galloway was 63% (2,289 people), which is the same rate as Scotland.

#### Improvement Actions

We have continued to work towards developing a positive workplace culture by focusing on leadership and good communication and conversation skills. Managers and leaders across the Partnership have been supported to develop towards the agreed ideal culture, based on constructive behaviours such as taking responsibility, developing others, working co-operatively and pursuing excellence. Staff have been taking part in a range of programmes including ASPIRE to Lead and Good Conversations training.

Work has started in conjunction with the Integrated Organisational Development Steering Group (which includes representatives from the Local Authority, Health Board and Third and Independent sectors) to develop integrated workforce performance indicators. It is intended that the focus of these indicators will be the workplace culture and how it is changing. These indicators will build on the cultural diagnostic survey that the health and social care partnership recently undertook.

# Ministerial Strategic Group [Not Official Statistics: for management purposes only]

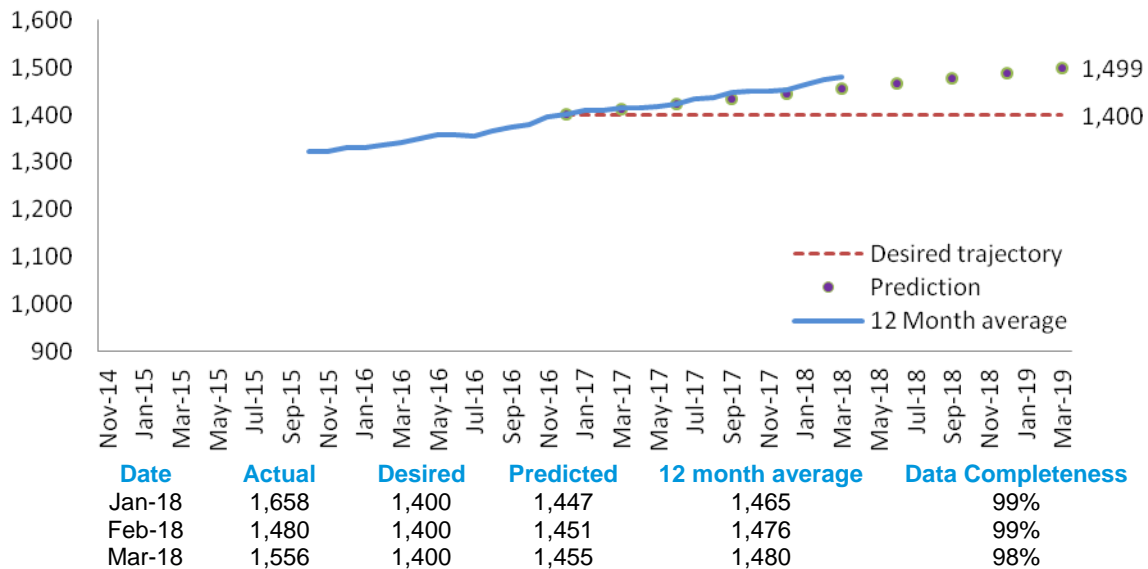
## Overview



## E1 Emergency admissions per month - MSG

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency	Quarterly
																			Source:	ISD Scotland

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



### Key Points

The number of people of all ages admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,556 in March 2018. The rolling 12 month average in the year ending March 2018 was 1,480 people each month. Both of these figures are higher than the desired trajectory.

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

### The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

### Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1/DG2 postcode areas. Since its launch in August 2017, up to the end of December 2017 NIP has provided support to 553 people.

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

A public campaign to reduce PJ Paralysis, where people remain in their own clothes during assessment in the expectation of returning home rather than being admitted, was well received across social media.

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

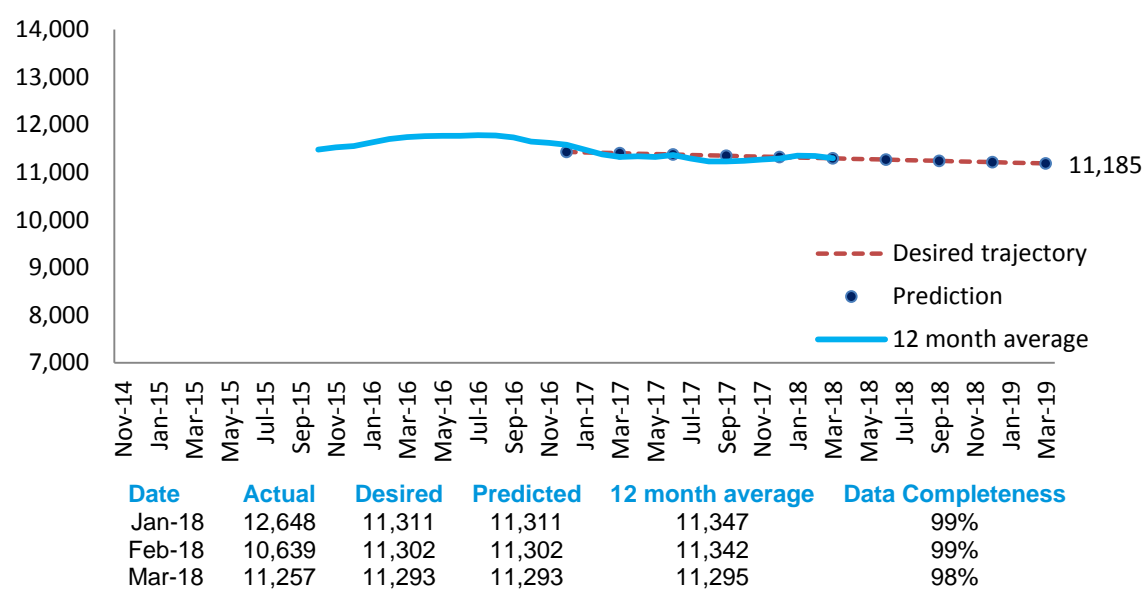
An important contribution to managing people's care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.



## E2 Unscheduled hospital bed days for acute specialties - MSG

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

The number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 11,257 in March 2018.

The rolling 12 month average is almost the same as the desired trajectory, which was based on the previous 2 years' figures (recalculated in December 2017). If the number of emergency bed days continues to follow this trajectory, it would equate to a drop of 3.8% compared to the 12 month average reference point in November 2016.

### The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed. These figures include people admitted through the emergency department (ED) and also admissions through the combined assessment unit (CAU).

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

### Improvement Actions

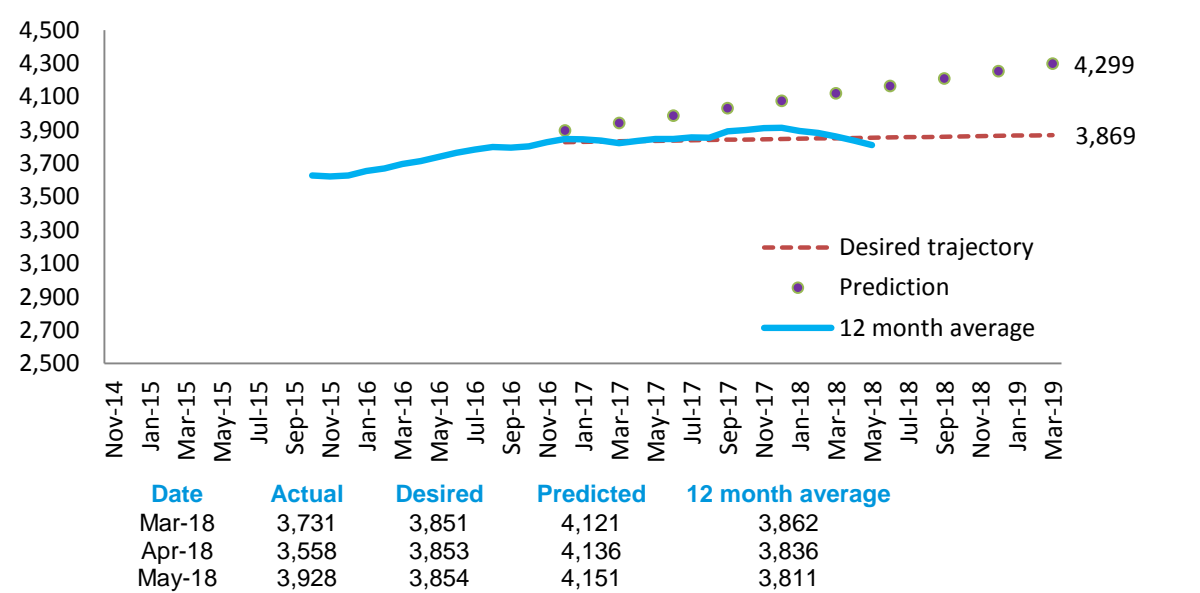
Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people's journey through hospital. The Short Term Assessment Reablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries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

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

## E3 Emergency department monthly attendances - MSG

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency	Quarterly
																			Source:	ISD Scotland

The number of people attending emergency department per month - MSG



### Key Points

The number of people attending any emergency department (ED) location in Dumfries and Galloway was 3,928 in May 2018.

If the number of people attending emergency departments follows the desired trajectory, this would equate to a drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the ‘prediction’. The prediction was based on the previous 2 years’ figures (recalculated in March 2018).

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

### The Wider Context

These figures are reported from the A&E datamart and do not include planned returns.

How arrivals are shared between the ED and the CAU is still being developed and this indicator may not give the entire picture. Since the restructuring of the combined assessment unit (CAU), the proportion of ED attendances that go on to be admitted has fallen from 31% on average to 22% in May 2018.

For emergency department waiting times, see indicator B19.

### Improvement Actions

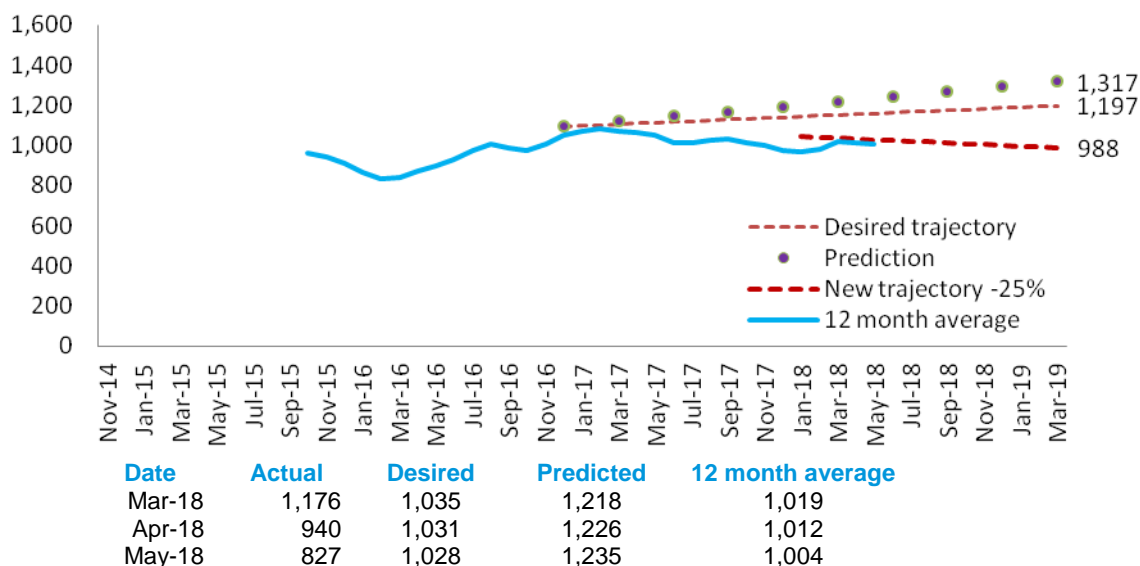
A test of change in the Combined Assessment Unit has introduced a rapid assessment by a senior clinician (Advanced Nurse Practitioner), reviewing test results and making a general assessment to provide a rapid decision about admission to hospital.

A public campaign to reduce PJ Paralysis, where people remain in their own clothes during assessment in the expectation of returning home rather than being admitted, was well received across social media.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 827 for adult residents of Dumfries and Galloway in May 2018.

A revised stretch target trajectory has been agreed, to equate to a real term drop of 25% compared to the likely result had no changes been made. The rolling 12 month average is lower than the new desired trajectory.

### The Wider Context

These figures are reported as part of a monthly national delayed discharge audit. There are no completion issues with this dataset. Note that this is different to National Integration indicator A19, which reports delayed discharge bed days for people aged 75 or older.

### Improvement Actions

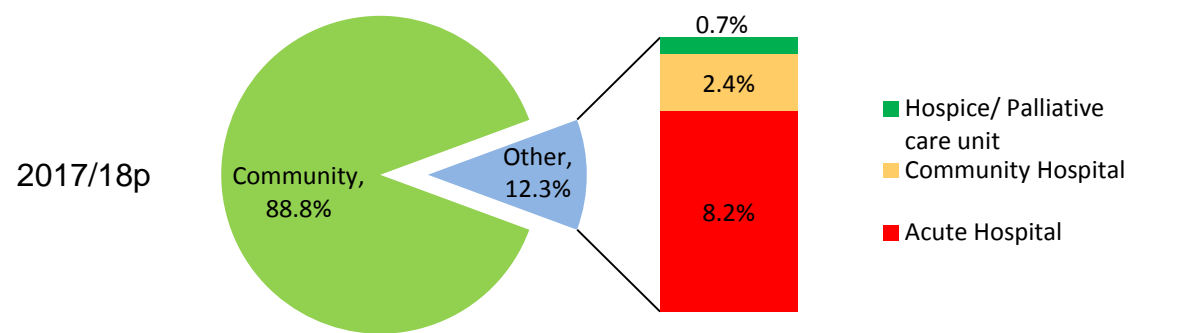
Dynamic Daily Discharge (DDD) planning by multi disciplinary teams enables the team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This approach is beneficial for both acute and cottage hospital settings. Kirkcudbright, Castle Douglas, Newton Stewart, Thornhill and Lochmaben cottage hospitals have introduced DDD or weekly dynamic discharge to improve the timeliness of people's discharges.

Efforts are being made to identify frail patients in the Emergency Department and Combined Assessment Unit to understand how people are currently treated and develop improvements to ensure people's care is appropriate to their needs. This work may enable the prevention of future avoidable hospitals admissions for frail people. In addition, we are reviewing the staffing patterns to better match the levels of demand seen by the current services to improve efficiency and people's experience.

## E5 Percentage of last 6 months of life by setting

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

### Where people who died spent their last 6 months of life, by setting - MSG



### Key Points

In Dumfries and Galloway the proportion of time that people who died, spent in a community setting in the last 6 months of their life, has risen from 87.7% in 2016/17 to 88.8% in 2017/18 (Note that these figures are still provisional. The national publication which reports only the community aspect, not the other locations, had Dumfries and Galloway as 89.2% provisionally in the May 2018 publication.)

Across Scotland the average proportion of time people spend of their last 6 months of life in a community setting is slowly rising; it was 85.3% in 2010/11 and has risen to 88.6% in 2017/18.

Provisionally, people appear to have spent less time in their last 6 months of life in an acute hospital setting in Dumfries and Galloway, from 9.0% in 2016/17 to 8.7% in 2017/18.

### The Wider Context

This measure is the same as National Integration indicator A15, which compares the proportion of time spent in the community, but does not detail the other locations. The desired aim is to match or be lower than the 2014/15 figure of 8.4%, for proportion of time spent in a large hospital setting.

In 2017/18 there were 1,960 deaths recorded by the National Records for Scotland for residents of Dumfries and Galloway, excluding external causes of death (for example unintentional injuries). This measure is calculated by determining the proportion of time people spent in hospital, and subtracting this from the total time in 6 months. Activity in the Alex Unit is recorded under hospice/palliative care unit.

### Improvement Actions

The health board actively monitors the hospital standardised mortality ratio (hSMR) which is an indicator of deaths in hospital. The Scottish patient safety programme (SPSP) has a range of service improvements to reduce issues such as catheter associated urinary tract infection (CAUTI), pressure ulcers and venous thrombo-embolism (VTE). It has been calculated that as a result of the SPSP, hospital mortality across Scotland has reduced by 8.6% in the two and half years up to September 2016. In this time, in the Dumfries and Galloway Royal Infirmary, the reduction in mortality has been more than 10%.

Good anticipatory care planning will impact on where people spend their last six months of life. A 23 month programme of work, in partnership with Macmillan Cancer Support, has started which will include scoping of palliative and end of life care options in Dumfries and Galloway to help inform a new palliative care strategy.