

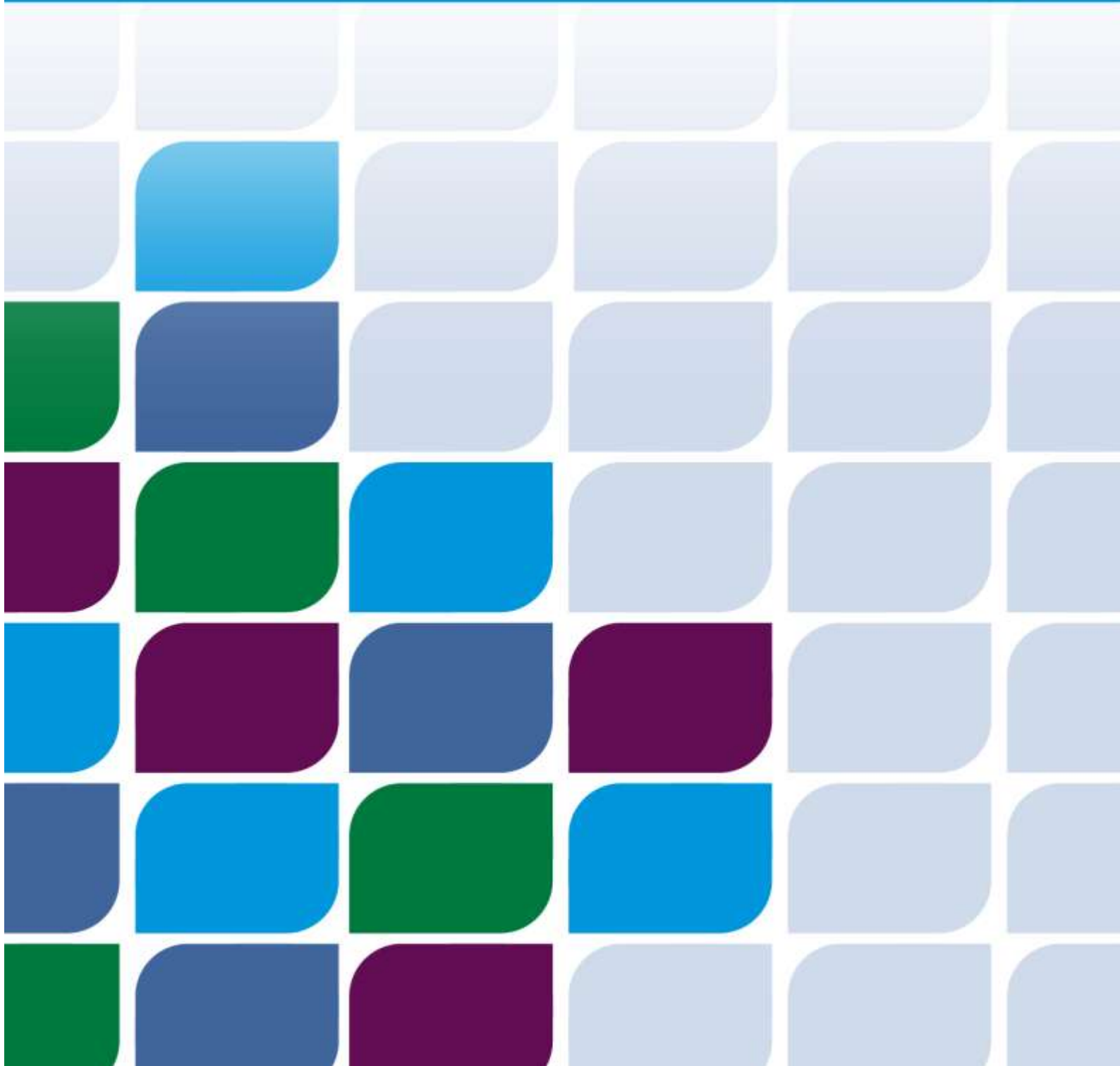
DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

PERFORMANCE MANAGEMENT QUARTERLY REPORT



DUMFRIES AND GALLOWAY
Health and Social Care

January 2017



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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. There should be a date on the leaf to indicate when it will be next available. 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 nine national health and well-being 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 nine national health and well-being outcomes, the Strategic Plan identified ten priority areas of focus. Each measure in this report is also mapped to one or more of these ten priority areas.

1. enabling people to have more choice and control
2. supporting carers
3. developing and strengthening communities
4. making the most of well-being
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

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

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

A19 Number of days people spend in hospital when they are ready to be discharged, per 1000 population

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

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

B8 Early Access (booking by 12 weeks) to Antenatal Service

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

B19 Percentage of patients attending accident and emergency who were seen within 4 hours of arriving: Dumfries & Galloway

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

C2 The number of adults accessing Self Directed Support (SDS) Option 1

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

C5 Number of Carers receiving support

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

C7 Number of adults under 65 receiving personal care at home

A12 Acute Emergency Admissions

National Outcomes									Dumfries & Galloway Priority Area											Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year	
																			Source:	ISD Scotland	

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



Key Points

The rate of Acute Emergency Admissions was 11,009 per 100,000 adult population for the year ending March 2016.

The level of emergency admissions remains consistently lower than the rate for Scotland.

The Wider Context

Local figures show that emergency admissions in 2016/17 have been increasing and the winter months have been particularly busy.

Improvement Actions

Work has begun in earnest on establishing the One Team in Nithsdale. It is anticipated that the One Team will positively impact upon emergency admissions. A new post, One Team Service Manager, has recently been appointed to. A support officer post is currently going through recruitment. Discussions with the Contact Centre are moving a pace with detailed design and mapping exercises of the new service currently taking place. Analysis of community nursing data is underway to inform this process. Discussions with IT departments have identified the clinical portal as the key place for information exchange.

In acute settings, the medical Middle Grade rota now incorporates a Saturday discharge doctor who will focus on those people who have been identified as medically fit for discharge over the weekend. We continue to have medical staffing gaps on some Sundays as these slots are dependent on uptake by our own local doctors or locum agencies. The discharge doctor will meet with other members of the weekend team at a specified time to prioritise discharges. Outcomes will be monitored and data collected will be used to evaluate progress.

A local in/out balance workshop will be held in February 2017. Their purpose is to review demand and capacity across the DGRI and for participants to have a clear understanding of the impact of proactive case management.

A13 Acute Emergency Admission Bed Days

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

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



Key Points

The rate of acute emergency admission bed days was 121,671 per 100,000 adult population in the year ending March 2016. This is consistently higher than the rate observed for Scotland.

The Wider Context

Having a higher than average level of emergency bed days implies that people who have unplanned admissions to hospital are staying in hospital longer in D&G than in other areas. This means that improvement work is focussed around reducing unnecessary delays to people's journey through hospital.

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 process complements the demand and capacity planning for each ward area. Implementation of DDD at the Galloway Community Hospital (GCH) will commence now the Nursing & Service Manager has taken up their role. In November 2016 Annan Community Hospital started to implement DDD and there is a roll out programme planned.

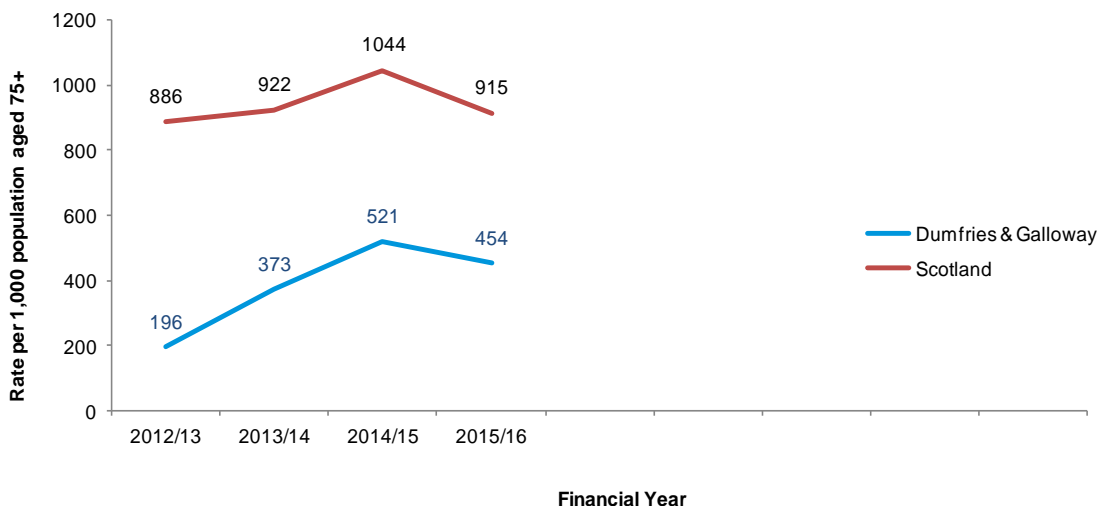
The bed occupancy status is presented at the entrances of the DGRI so both staff and patients are aware of any pressures on beds; this will move to television screens in DGRI. A local in/out balance workshop will be held in February 2017. Its purpose is to review demand and capacity across the DGRI and for participants to have a clear understanding of the impact of proactive case management.

The medical Middle Grade rota now incorporates a Saturday discharge doctor, focussing on people who have been identified as medically fit for discharge over the weekend. The discharge doctor will meet with other members of the weekend team to prioritise discharges. Outcomes will be monitored and data collected will be used to evaluate progress. There continues to be gaps in the medical staffing rota on some Sundays as these slots are dependent on uptake by local doctors or locum agencies.

A19 Delayed Discharges

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/01/2017
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 bed days due to delayed discharge for people aged 75 or older per 1,000 population



Key Points

Delayed discharges for people aged 75 or older have risen rapidly in the past few years. However the rate of delayed discharges remains consistently lower in Dumfries & Galloway than the rate for Scotland.

The last delayed discharge census period November 2016 showed that 36 people aged 75 or older were awaiting discharge. The main reasons for delay were place availability (15) and care arrangements (14).

The Wider Context

Measuring delayed discharges is an indicator of how timely people flow through the health and social care services.

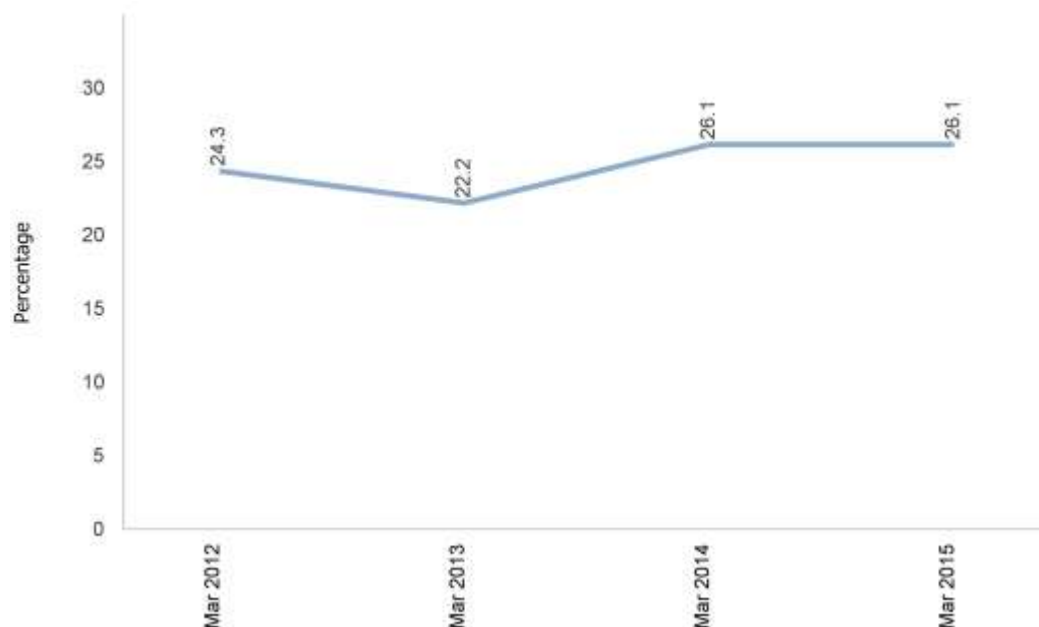
Improvement Actions

The Delayed Discharge Partnership Group has been re-established to consider the issues and potential solutions to improving people’s flow through health and social care services at a strategic level. At an operational level, regular meetings between the delayed discharge manager and senior social work managers have been started at which each delay case is reviewed. Four new flow co-ordinator posts, one for each locality, have now been recruited to. These posts will support the discharge process from cottage hospitals to a homely setting. Daily Dynamic Discharge is being rolled out across all hospital settings. The Short Term Assessment and Reablement Service (STARS) has started working with teams at DGRI to identify people suitable for re-ablement and enable them to be discharged to a homely setting in a timely manner. STARS have also started to link with locality teams to replicate this approach in cottage hospitals.

B1 Detect Cancer Early

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
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 cancer combined



Key Points

Combined, in Dumfries & Galloway 26.1% of new cases of breast, colorectal and lung cancers were detected early (during Stage 1) during the years 2014-15 combined.

Dumfries & Galloway's performance remains marginally above the average rate for Scotland (25.1%) but there has not been a marked increase.

The Wider Context

The latest results are reported for the years 2014 and 2015 combined. In Dumfries & Galloway, there were 736 cases of either breast, colorectal or lung cancer diagnosed of which 192 were diagnosed during Stage 1. Across Scotland, the early detection rate for cancer ranged from 16.9% to 28.6%. Considering each cancer type individually, in Dumfries & Galloway, the early detection rate for breast cancer was 42.7% (Scotland 40.5%), for colorectal cancer 21.5% (Scotland 15.4%) and for lung cancer 11.3% (Scotland 17.9%).

Improvement Actions

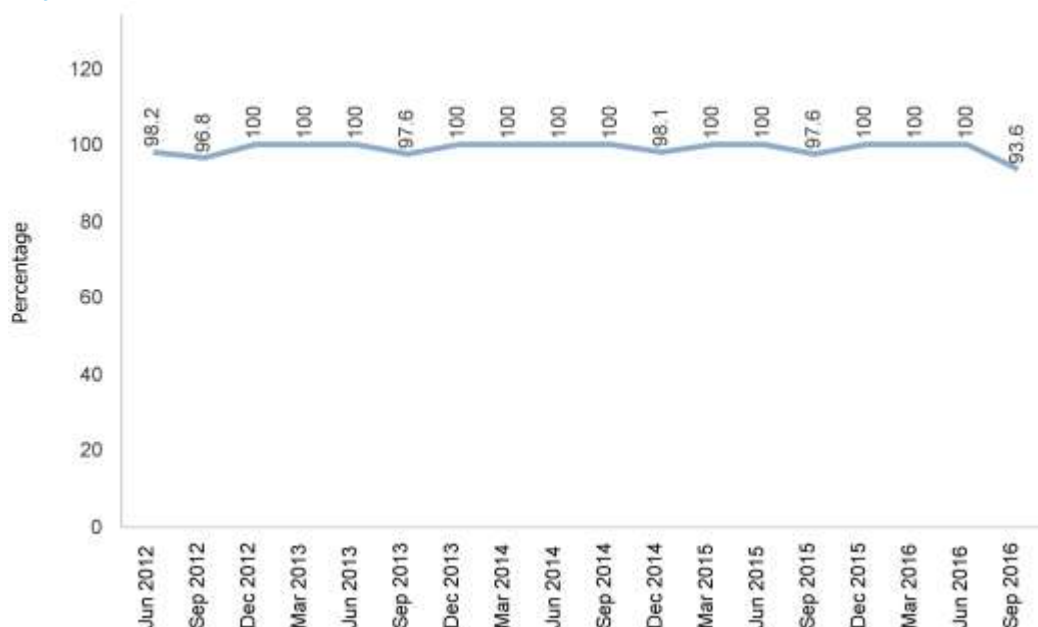
Women in the region aged between 50 and 70 years of age are offered a three-yearly mammogram to screen for breast cancer. Local uptake is high (77.0%). However, cancers can arise between screens ("interval cancers") or in women outwith the age range so it is important to raise awareness of the signs and symptoms of breast cancer including breast self-examination technique.

People aged between 50 and 74 are offered a two-yearly bowel screening test to detect possible colorectal (bowel) cancer. The uptake rate is 61.2% against a Scottish average of 57.5%. A new test, which is simpler to complete, is about to be introduced and this should raise participation rates in the programme. Again, the importance of seeking medical advice when people have bowel symptoms (eg bleeding, 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.

B2(1) Cancer Waiting Times (part 1)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Monthly
																			Source:	Local

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



Key Points

In Dumfries & Galloway the percentage of people who have been diagnosed within 31 days has fallen slightly in the last three months to 95% in November 2016.

The most recent figures published nationally for this indicator are for the three months ending Sept 2016 where Dumfries & Galloway achieved a rate of 96.4%, above the Scottish national rate of 94.3%.

The Wider Context

Per month, there are approximately 50 newly diagnosed cancer cases that go on to be treated across Dumfries & Galloway. The small number of diagnoses means that marked fluctuations in performance can be caused by just one or two cases.

Cancer pathways for people living in Dumfries & Galloway often involve onward referrals to other health boards. Dumfries & Galloway’s performance can be directly impacted by capacity challenges in other health boards. Dumfries & Galloway is involved in discussions with the Scottish Government and other health board areas to address issues relating to cancer waiting times.

Improvement Actions

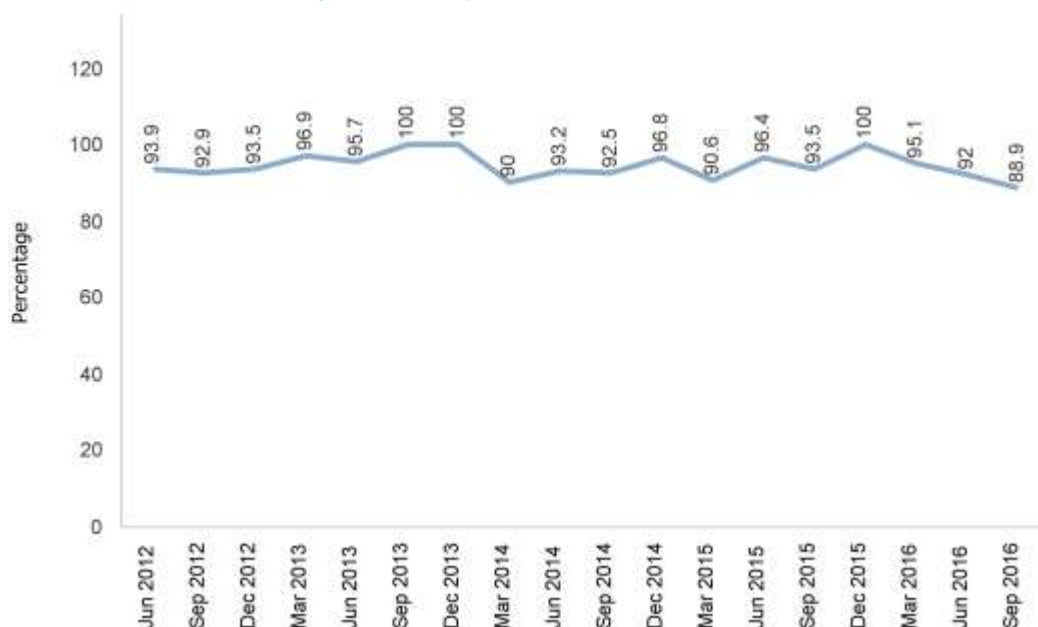
There are arrangements to monitor daily where people's assessment for diagnosis may be at risk of delay which allows the clinical team to prioritise particular cases. There are also weekly assessments of when people might be waiting too long for MRI (magnetic resonance imaging) tests.

Work is underway to redesign the diagnosis and treatment pathways to tertiary centres (typically Edinburgh and Glasgow) which should improve people's experience of the services.

B2(2) Cancer Waiting Times (part 2)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Monthly
																			Source:	Local

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



Key Points

Dumfries & Galloway’s performance has recovered from 79% in May 2016 to 97% in October 2016.

Dumfries & Galloway’s performance is now above the national target of 95% for this indicator.

The Wider Context

Per month, across Dumfries & Galloway, there are approximately 30 cases of a suspicion of cancer that are referred urgently. This small number of referrals means that marked fluctuations in performance can be caused by just one or two cases.

The most recent figures published nationally are for the three months ending September 2016 where Dumfries & Galloway achieved a rate of 95.1%, well above the Scottish national rate of 87.1%.

Improvement Actions

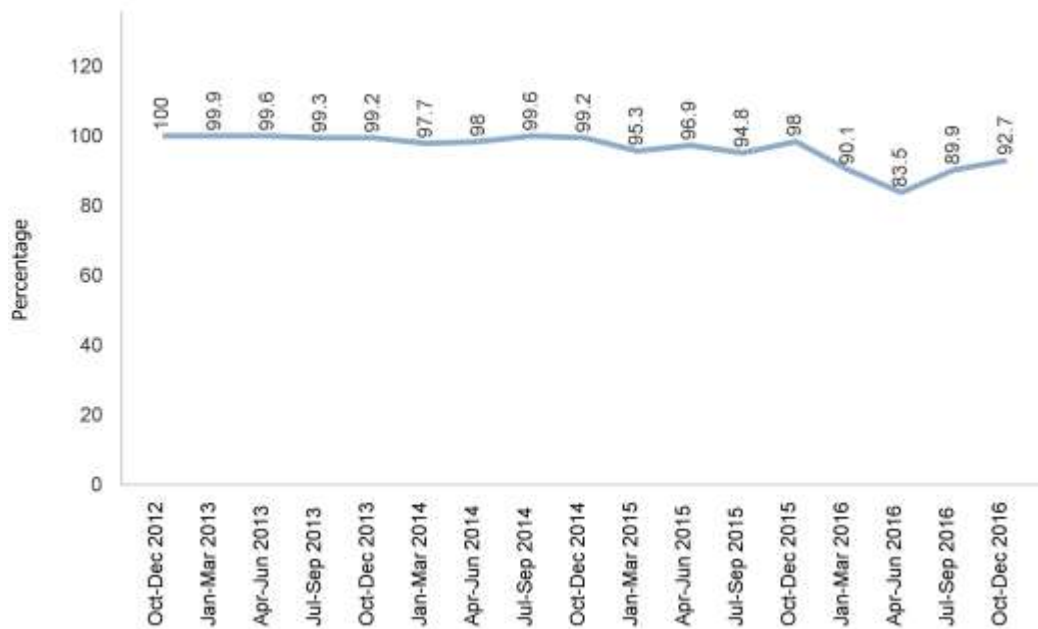
The performance for the 62 day target can be challenging due to onward referrals to other Health Boards. We are continually liaising with these Boards to address any delays. Pressures within diagnostics continue in both staffing and capacity and we are working with Golden Jubilee to support us with MRI capacity.

The multi disciplinary team (MDT) coordinator role is now permanent and will commence post in February 2017, this will create capacity in the audit team and support the MDTs. The role will support the collection of data to achieve Quality Performance Indicators (QPIs), improve the structure and record keeping and be a conduit between recording outcomes and informing primary care of decisions.

B4 Treatment Time Guarantee (TTG)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	TOPAS

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



Key Points

Dumfries & Galloway’s performance has improved from 83.5% in April to June 2016 to 92.7% in October to December 2016.

Dumfries & Galloway’s performance is currently below the national target, which for this indicator is 100%.

The Wider Context

Official statistics recently released by ISD indicated that across Dumfries & Galloway 267 people who were treated between July and September 2016 had waited more than 12 weeks. This was a significant decrease from the previous quarter where 445 people treated between April and June 2016 had waited more than 12 weeks.

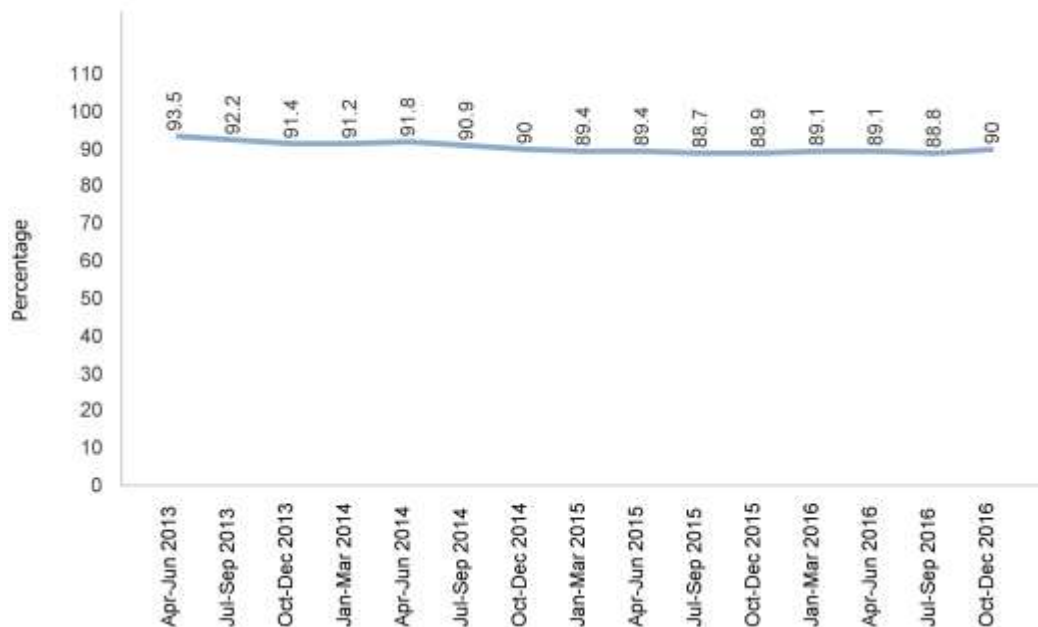
Improvement Actions

Dumfries & Galloway continues to strive to achieve the Treatment Time Guarantee. Weekend lists are being run in an attempt to try and accommodate people where possible. In Ophthalmology, nurses are being trained to undertake eye injection clinics to improve the current waiting times for people with macular degeneration and ensure that the TTG in this area is met. These new clinics are scheduled to commence in February 2017. In Orthopaedics Allied Health Practitioner (AHP) triaging has been introduced. This has reduced the number of referrals going to orthopaedic specialty and reduced the waiting list.

B5 18 weeks referral to treatment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	TOPAS

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



Key Points

The percentage of people treated within 18 weeks of referral was 90% at the end of December 2016.

The rate for Dumfries & Galloway has so far remained stable for this financial year (2016/17).

The national target is 90% and Dumfries & Galloway’s performance continues to be in and around this level.

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 up to the point a person receives treatment as opposed to just one part of the pathway. Improvements in performance against indicators B4 and B6 will positively impact on indicator B5.

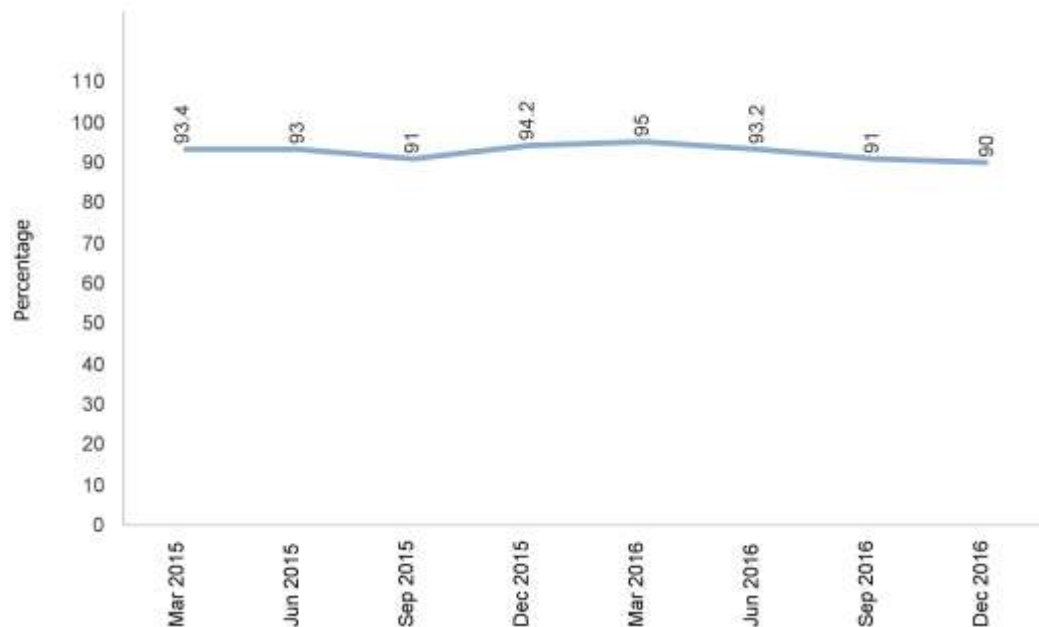
Improvement Actions

An occupational therapist (OT) is undertaking steroid injection training, for hand conditions. This will improve efficiency and reduce the waiting times of both orthopaedic and rheumatology clinics. This service is expected to commence in April 2017.

B6 12 Weeks First Outpatient Appointment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Monthly
																			Source:	TOPAS

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



Key Points

Across Dumfries & Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 90% in December 2016.

Dumfries & Galloway's performance is currently below the national target of 95% and has marginally declined since March 2016 when the percentage was 95%.

The Wider Context

The most recent nationally published figures are for the quarter ending September 2016 when the rate for Dumfries & Galloway was 90.0%, compared to the Scottish rate of 88.9%. At this time there were 2,661 people listed of which 267 had waited more than 12 weeks. Despite the recent marginal drop in Dumfries & Galloway's performance, the region remained the fourth best performing health board across Scotland.

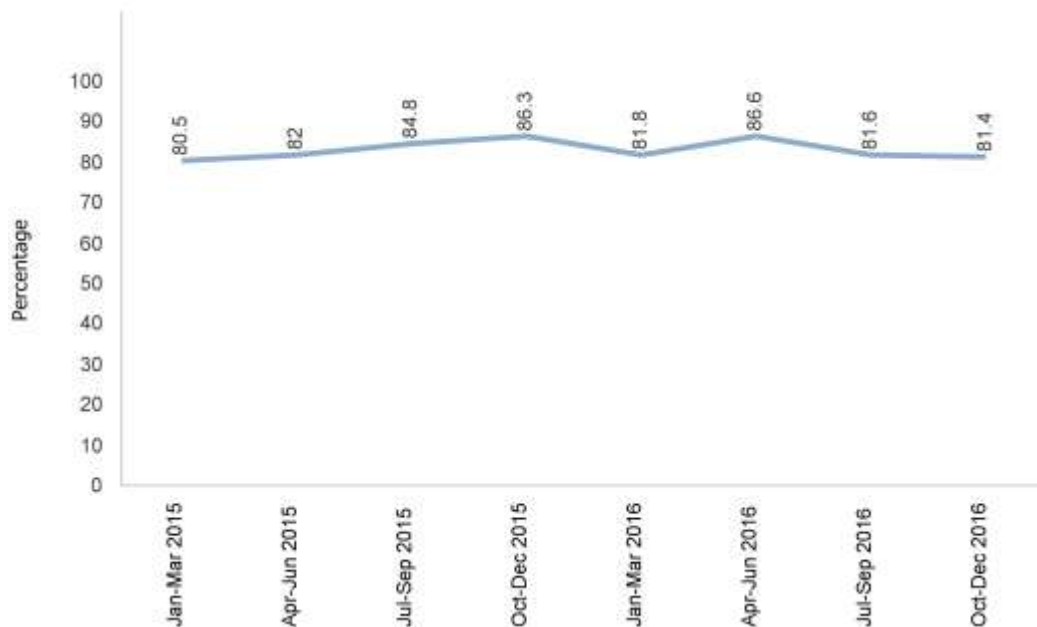
Improvement Actions

A pilot where allied health professionals (AHPs) triage orthopaedic referrals, combined with close working between AHPs and orthopaedic consultants commenced in November 2016. The aim is that people will see the most clinically appropriate person in the first instance. Indications are that this could signpost 20 – 40% of people more appropriately. It is anticipated that this approach will reduce waiting times and smooth the patient journey.

B8 Antenatal Access

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/10/2016
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	SMR02

Early Access (booking by 12 weeks) to Antenatal Service



Key Points

Between October to December 2016, across Dumfries & Galloway 81.4% of pregnant women were booked by the 12th week of gestation.

Dumfries & Galloway's performance is above the national target of 80%.

The Wider Context

Deprivation and performance amongst the most deprived communities is a key focus for this indicator with the Scottish Government stipulating that the target of 80% should be achieved across all quintiles of the Scottish Index of Multiple Deprivation (SIMD). The most recent nationally published results available are for the financial year 2014/15. At this time, the booking rate amongst the most deprived areas of Dumfries & Galloway (SIMD Quintile 1) was 81.7% with all other areas achieving higher rates. The corresponding rate for Scotland was 82.3%.

It is anticipated that Dumfries & Galloway will continue to achieve the target of 80% and that the current risk of failing to achieve this standard is minimal.

Improvement Actions

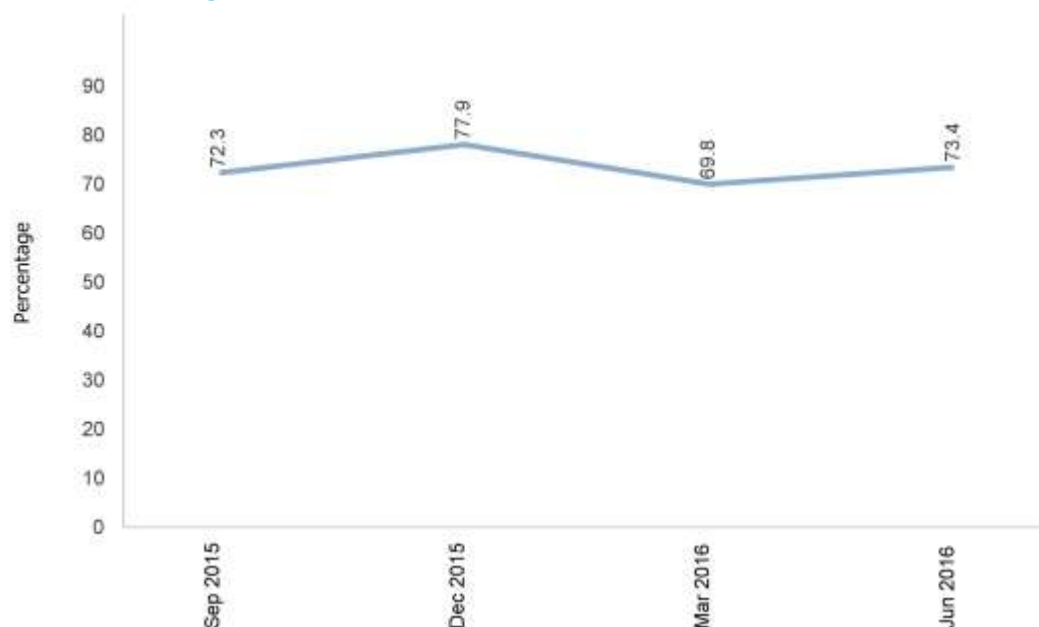
Implementation of the Badger Maternity Information system in October 2016 has helped to streamline the referral process with direct electronic referral to midwives rather than clerical teams. Previous pregnancy records are now accessed through eCasenote providing instant access to past clinical information that is required for the booking process.

Through multi agency working and appropriate information sharing, more vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams.

B11 Psychological therapies waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Monthly
																			Source:	Local

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



Key Points

The percentage of eligible people who commenced psychological therapies within 18 weeks of being referred across Dumfries & Galloway was 68% as of 31st August 2016 against a target of 90%. Dumfries & Galloway has experienced a marginal decrease in performance between July 2016 and August 2016.

The Wider Context

Approximately 240 people are seen every month by Psychological Therapies across Dumfries & Galloway. Since July 2016 there have been additional long-term absences that have reduced capacity in the psychological therapies teams.

The most recent nationally published figures are for the quarter ending September 2016 for Scotland was 79.6%. Performance across health boards varied greatly, ranging from 44.6% to 96.9%.

Improvement Actions

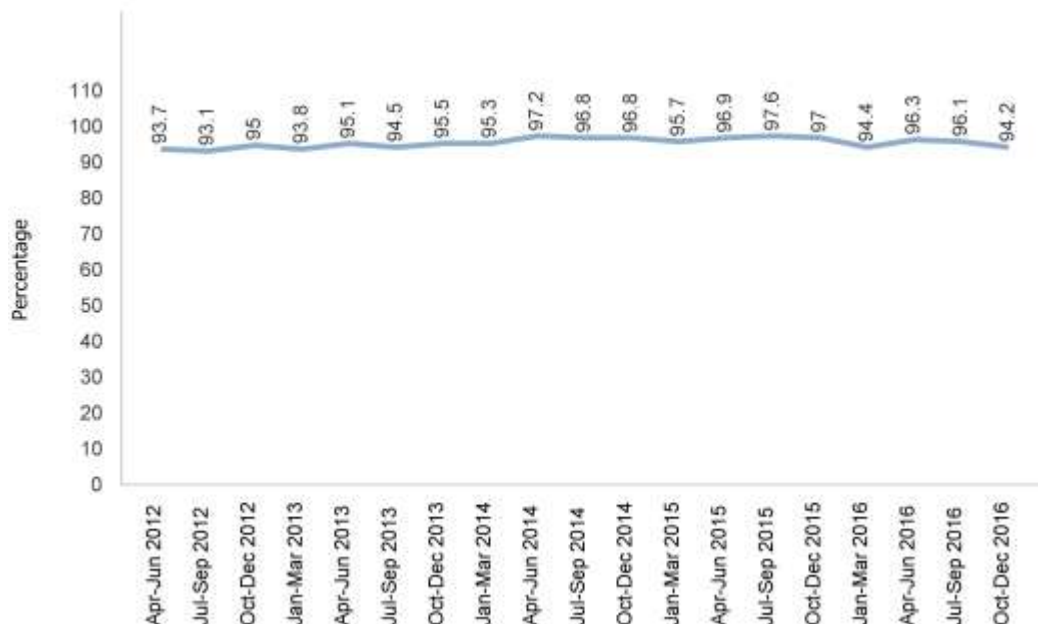
The plan for utilising the Scottish Government funding allocation to increase access to psychological therapies has been approved. Recruitment to primary care posts is complete and projects will begin 1st March 2017. These posts will focus on improving access to technology-enabled care via computerised cognitive behavioural therapy (CBT), to work with colleagues in primary care to manage demand and to offer services to those who traditionally have found it challenging to engage in models of intervention in secondary care.

This innovation will reduce waiting times to secondary care by providing services at an earlier stage. This may take some time before it is reflected in performance indicators but improved experience and a reduction in pressures on primary care are expected to be seen early in the project's life span.

B19 Accident and emergency waiting times

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

Percentage of patients attending accident and emergency who were seen within 4 hours of arriving: Dumfries & Galloway



Key Points

The percentage of people attending accident and emergency who were seen within 4 hours was 94% in between October and December 2016.

Performance against this indicator in Dumfries & Galloway remains stable between the 94% and 98% range.

The Wider Context

In November 2016 there were 3,770 attendances at accident and emergency. Although this is a marginal reduction from the previous month (4,000 attendances occurred during October 2016) this level of activity is busier than the number of attendances that occurred during the same period in previous years: in November 2014 and 2015 there were 3,590 and 3,550 attendances respectively.

In DGRI the three most common reasons for breaching the 4 hour waiting times target was 1) clinical reasons 2) waiting for a bed 3) waiting for treatment. At Galloway Community Hospital the most common reasons for a breach were 1) waiting for diagnostics and 2) waiting for transport.

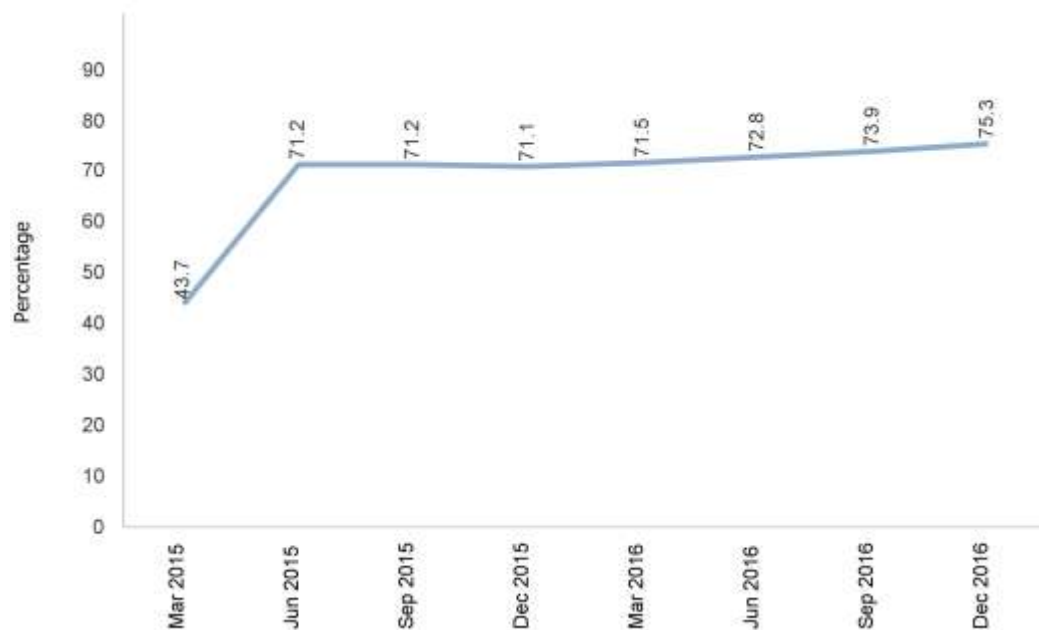
Improvement Actions

Ensuring adequate capacity in the hospital wards is essential, so the focus on safe early discharge as part of the dynamic daily discharge (DDD) process is supporting this target. Early indications illustrate that the average number of weekly discharges has increased from an average of 26.5 pre-implementation of DDD to 29.8 discharges 4 weeks following implementation. The means that people can be admitted to an in-patient bed in a more timely fashion. This initiative will be rolled out to other wards in DGRI. Future plans are to review how activity is managed at the busiest times in Accident and Emergency.

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:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

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



Key Points

The percentage of adults supported to live at home who are accessing telecare was 75% in December 2016 with over 2,880 people using this service.

Following a drive to improve uptake of Telecare, this rate has remained relatively consistent since June 2015.

The Wider Context

The term 'telecare' includes a wide range of services from Care Call to sensors linked to a 24 hour call centre. It is recognised that the provision of telecare in Dumfries & Galloway is lower than that for other local authority areas across Scotland. The local authority with the highest rate of uptake achieved 82% according to figures published by the Scottish Government for 2015.

Improvement Actions

To improve accessibility and awareness of telecare, a new team of Telecare Assessor Installers has been established. This group has started to hold education and demonstration events with staff and public across the localities.

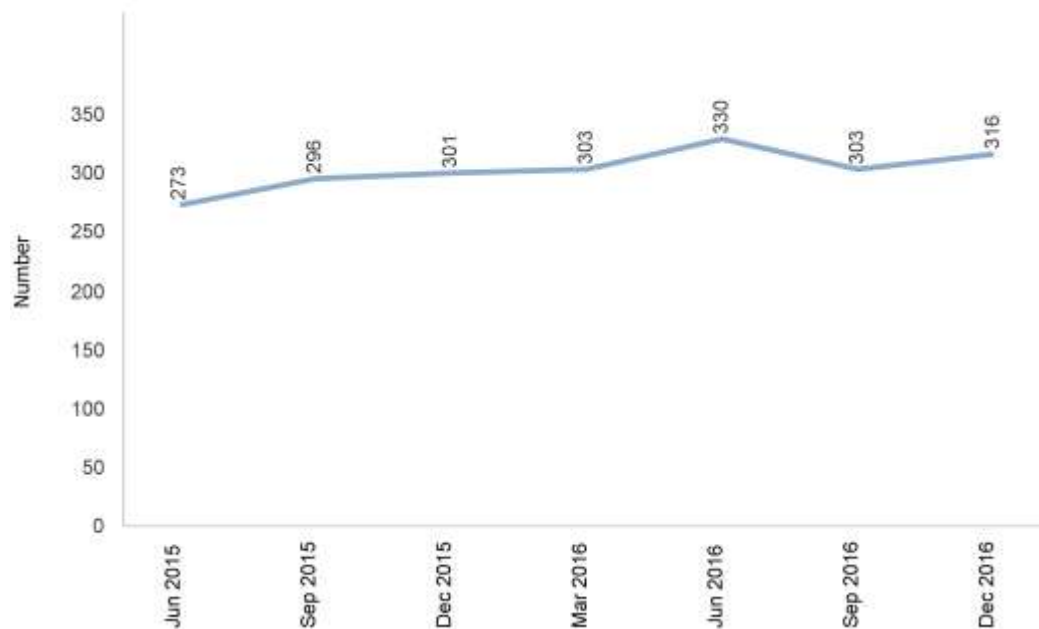
Through a strong partnership with Loreburn Housing Association innovative domestic technology solutions are being developed and trialled at pilot sites. Examples include the development of social broadband in Upper Nithsdale and the development of a housing, employability, health and social care and digital health skills campus on the former Garrick Hospital Site in Stranraer.

A new appointment of Technology Enabled Care Project Lead was made in September 2016. Part of this role will be to develop a programme of technology enabled care for Dumfries & Galloway.

C2 Number of adults receiving care at home via SDS Option 1

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

The number of adults accessing Self Directed Support (SDS) Option 1



Key Points

The number of adults receiving care at home through Self Directed Support (SDS) Option 1 was 316 people in December 2016. This number has remained relatively stable since November 2015.

As of December 2016, approximately 11% of adults receiving care at home did so through SDS Option 1.

The Wider Context

SDS Option 1 enables people to take ownership and control of purchasing their own care.

Improvement Actions

The regional lead for SDS will be holding events about all the SDS Options available. The events will cover the principles of SDS, outline the challenges in the different locality areas and look at the support available to overcome these.

It is likely that there is a training need amongst health and social care staff to support them in providing effective advice to people on SDS Option 1 and 'Personal Assistants'. A survey of health and social care staff is being carried out on this issue.

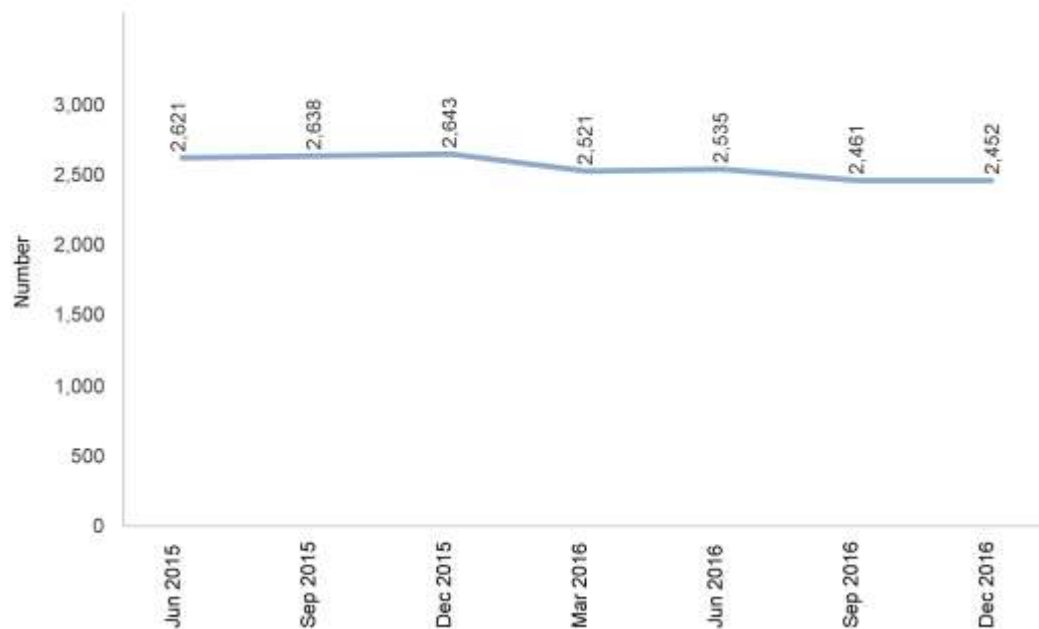
An easy read leaflet for SDS will be available in early 2017 for all partners.

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. This is when the person chooses the organisation they want to be supported by and the local authority transfers funds to that organisation who then arrange care to meet the person's agreed outcomes. In line with the rest of Scotland it has taken some time to establish how Option 2 will work within Dumfries & Galloway. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

C4 Number of adults receiving care at home (via SDS Option 3)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

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



Key Points

In December 2016 there were 2,452 adults receiving care at home through Self Directed Support (SDS) Option 3, which is approximately 89% of all SDS options. (Please note previous quarterly figures quoted were incomplete.)

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. It is expected that there will be reduction in the proportion of people who receive care through Option 3 as people become more familiar with purchasing care through Options 1 and 2. Indicator C2 and Indicator C4 provide different perspectives on the uptake of SDS options. Overall, there appears to be a small but steady shift towards the uptake of SDS Option 1. However, the number of people supported through SDS Option 1 has remained relatively static whereas the number of people supported through SDS Option 3 has steadily declined. It is this decline that appears to be driving the small but steady rebalancing towards SDS Option 1.

Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 for early 2017. SDS Option 2 is when the person chooses the organisation they want to be supported by and the relevant statutory body transfers funding to that organisation who then arrange the care that will meet the person's agreed outcomes.

In line with the rest of Scotland it has taken some time to establish how Option 2 will work across Dumfries & Galloway. Introducing Option 2 should mean a change in the proportion of people taking Options 1 and Option 3 as people become more familiar and confident with Option 2.

C5 Carers receiving support

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	-

Number of Carers receiving support



[Test Data Only]

Stakeholder Discussions Due: 31/01/2017 Completed:	Develop Data System Due: 30/06/2017 Completed:	Testing Due: 30/09/2017 Completed:	Begin Data Recording Due: 31/12/2017 Completed:
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Key Points

Development of this indicator is on schedule

The Wider Context

There are a number of organisations across Dumfries & Galloway who provide support to Carers. A new Carers Strategy is being developed and this is due to be published in 2017.

Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations.

Improvement Actions

The Adult Carers Support Plans (ACSP) are now used across the region. There has been a consultation with the Carers Centre and the Contact Centre to increase the referrals for Adult Carers Support Plans and an engagement session with Carers to ensure they are informed of their right to have an ACSP.

Through the community link worker service, working closely with the Carers' Centre and other multidisciplinary team colleagues, more carers are being identified at an earlier stage. There is recognition that there has been an increase in the number of carers referred to the Carers' Centre, and there are proactive efforts to rollout Carer Emergency Cards and to support Carers in the development of Forward Looking Care Plans.

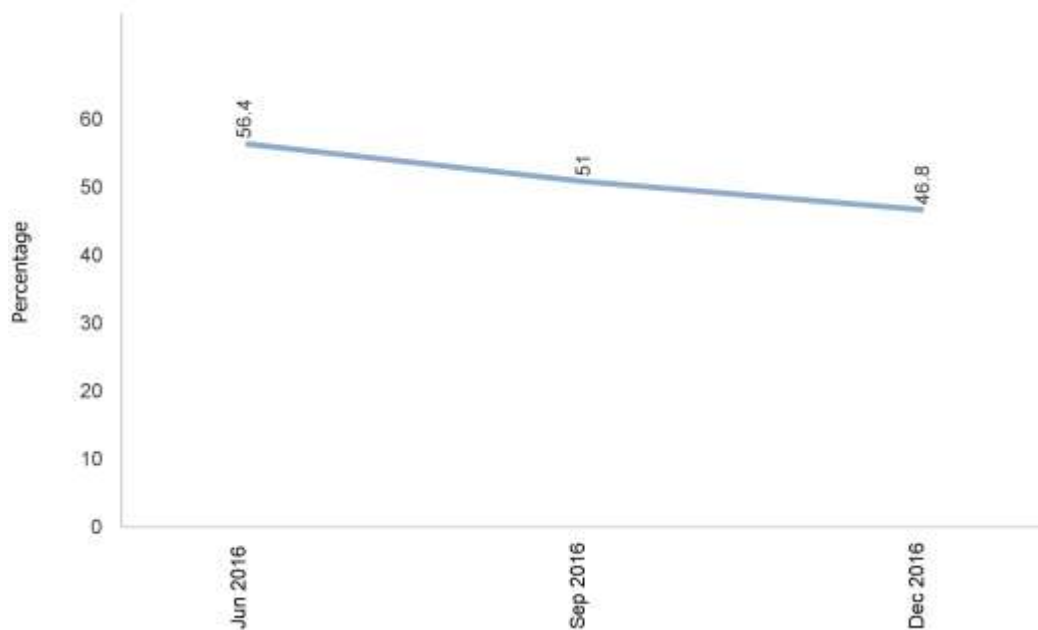
Work continues to develop a better understanding of how to identify and promote local services and resources to help improve the quality of life for Carers, to identify current and potential Carers as soon as possible and to better listen to the views of Carers and take appropriate actions in response.

Localities are at different stages in progressing focussed improvement plans for Carers, dependent on their local work plans. All localities have improvements planned within the three year commissioning cycle.

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:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

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



Key Points

This is a "Data Only" indicator.

The percentage of people aged over 65 receiving care at home through Self Direct Support (SDS) Option 3 who have intensive care needs (10 hours plus) was 47% in December 2016.

There has been a 10% drop in the proportion of people considered to have intensive needs since the start of the financial year.

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. In this context "intensive care needs" is defined as needing 10 or more hours of care per week.

There are a number of factors that may influence the proportion of people with intensive care needs who are receiving care at home: people may be meeting their needs through other means such as attending day centres or receiving care from Carers; people may have moved to a residential or nursing home setting; or there may be a shortage of care at home support available in their area. At this time, it is not clear what the underlying causes for the recent decrease are.

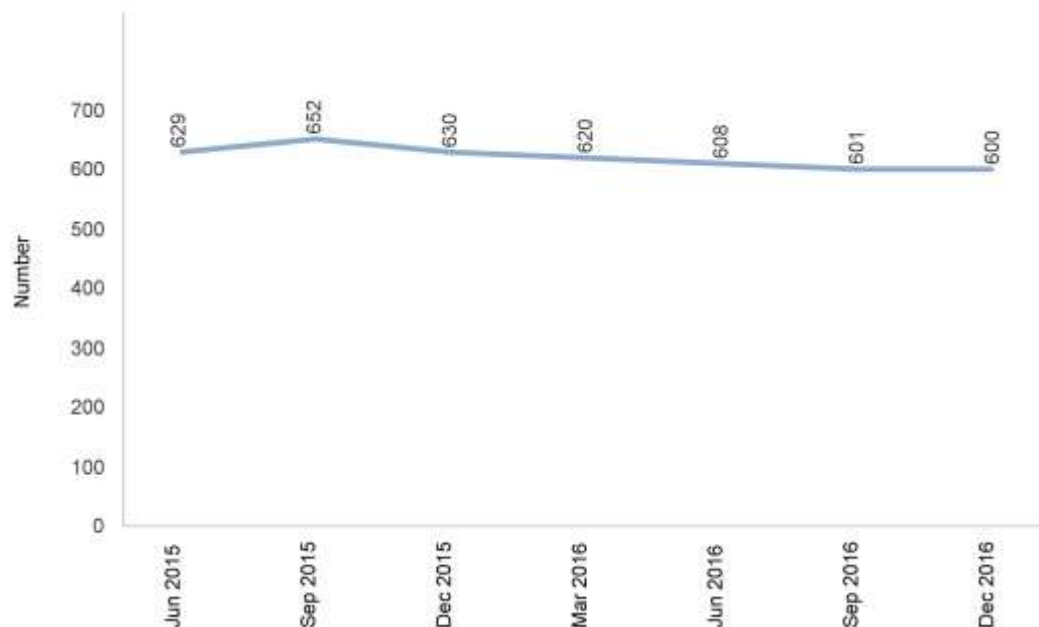
Improvement Actions

Further investigation is required to understand the recent decrease. People with intensive care needs receiving care at home are regularly reviewed to ensure the quality of care and that they are able to meet their personal outcomes.

C7 Number of adults under 65 receiving personal care at home (via self-directed support option 3)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

Number of adults under 65 receiving personal care at home



Key Points

This is a 'Data Only' indicator

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 600 in December 2016. There has been a small but steady decline against this indicator since a peak of 652 people in November 2015.

The Wider Context

SDS Option 3 is where Social Work Services organise and purchase care for people. For people under the age of 65 and depending upon individual financial assessments, personal care 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; optimising the use of their own assets to meet their personal outcomes, or there may be issues with the supply of care local to their area. Since November 2015 there has been an 8.0% decrease in the number of adults under 65 receiving care through SDS Option 3. This mirrors the decrease observed under indicator C4.

Improvement Actions

There is a commitment to supporting self management and the use of individual and community assets and locality teams continue to encourage people aged under 65 to move to SDS Options 1 or 2 through which they can take more control of their care. This commitment will, over time, impact on the results demonstrated by this indicator.

Regular meetings with the community rehabilitation team, social work and Capability Scotland are continuing. These teams have always worked closely together and this commitment remains.

An online Open University Course (SDS KG097) will be made available in January 2017 to develop staff knowledge and skills in relation to SDS. There is an intention to roll this out to other partners in the future following feedback.

Finance and Resources

Overview

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

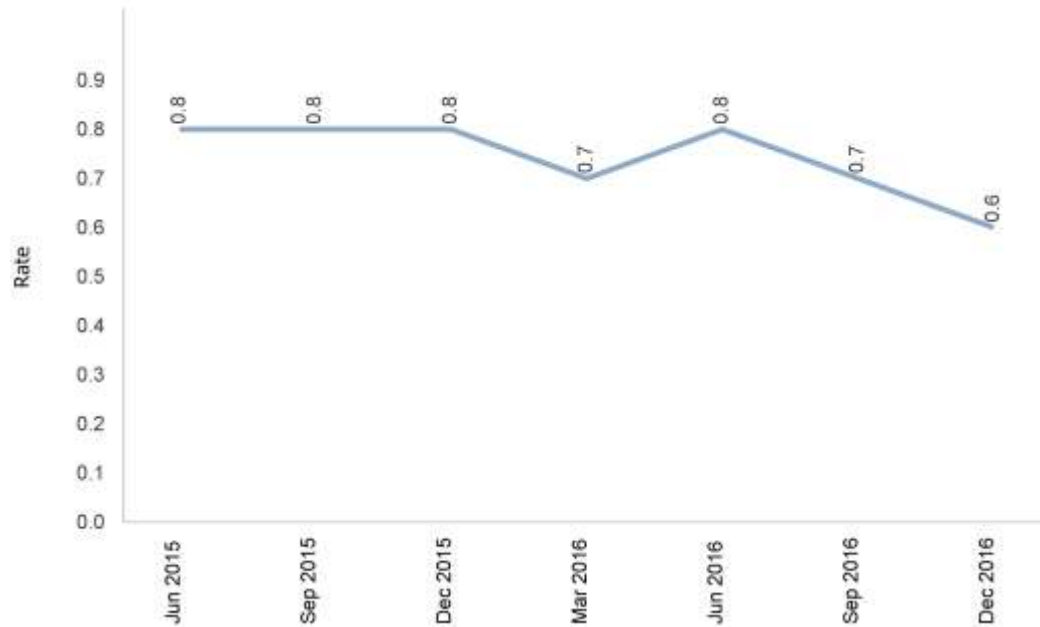
D6 The number of times people access 'virtual services'

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:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Scottish Gove...

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



Key Points

This is a "Data Only" indicator.

In December 2016 the rate of homecare provision was 0.6 hours per 1,000 population aged 65+.

Although since April 2016 there has been some variance in the rate, this is marginal and does not represent a significant shift in the provision of homecare.

The Wider Context

Across Dumfries & Galloway approximately 1 million hours of homecare are provided each year. It is expected that there will be a further decrease with the as more people opt for SDS Options 1 and 2. However, there will be a need to understand how many people are in receipt of care and support through all the options and not just home care hours.

Improvement Actions

No improvement actions required at this time.

D6 Technology Enabled Care - Virtual Services

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	-

The number of times people access 'virtual services'



[Test Data Only]

Stakeholder Discussions Due: 31/01/2017 Completed:	Develop Data System Due: 30/06/2017 Completed:	Testing Due: 30/09/2017 Completed:	Begin Data Recording Due: 31/12/2017 Completed:
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Key Points

Development of this indicator is on schedule

The Wider Context

Dumfries & Galloway have made a commitment in the Strategic Plan to develop a Technology Enabled Care (TEC) programme that will explore the use of virtual services, such as text messaging, apps and video conferencing, and their use within health and social care settings.

Improvement Actions

Options are being explored to provide TEC by working in partnership with Loreburn Housing Association to test a 'technologically enabled flat'. Furthermore, Loreburn, in partnership with Care Management 2000 (CM2000), is about to trial use of a range of technologies that support people to live independently within their own home.

Regionally, a TEC project lead was appointed in September 2016 and a TEC sub-group of the e-Health Board was established in December 2016. It is anticipated that a TEC programme for Dumfries & Galloway will be developed in 2017 to align with the Scottish Governments TEC Action Plan and the new Digital Health and Care Strategy which is currently in development.

Quality

Overview

A5 Percentage responding "excellent" or "good"

A16 Fall rate per 1000 population age 65+

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

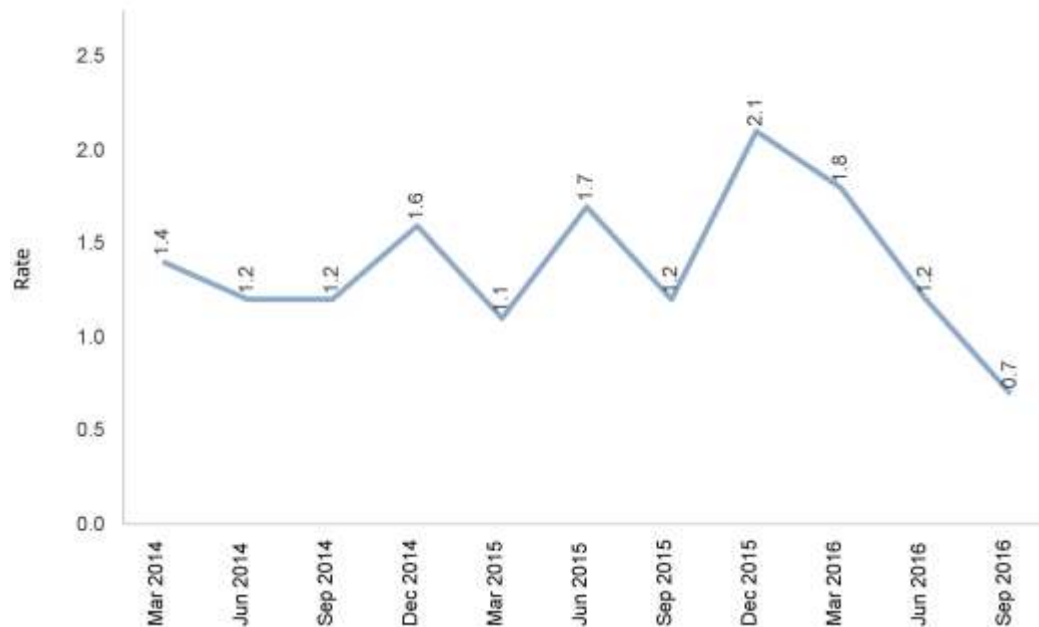
B13 The rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA) per 1,000 acute occupied bed days

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

A16 Emergency Admissions due to Fall for patients aged 65+

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/10/2016
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

Fall rate per 1000 population age 65+



Key Points

The rate of emergency admission due to falls amongst people aged 65 and over was 0.7 per 1,000 population July to September 2016.

The Wider Context

Indicator A16 is a new measure introduced as part of the Core Suite of Indicators for Integration. National figures are not yet available and the results presented here are based on local data. Although the result for September 2016 appears to be a decrease in the rate from previous months, there is not yet sufficient data against this measure to establish whether or not this is within the expected range for natural variation and thus, whether or not it is a statistically significant result.

Improvement Actions

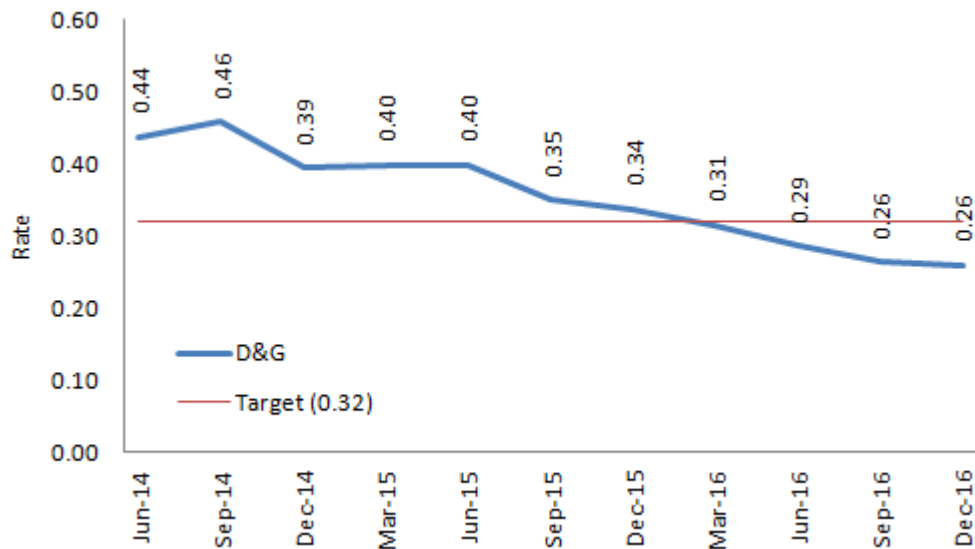
A multidisciplinary, multiagency steering group has been established to standardise approaches across the partnership in relation to people who have fallen at home. This group includes representation from NHS, Social Work, Occupational Therapy, Scottish Ambulance, Third Sector and Scottish Care. Building upon this work the Partnership has agreed to participate in the national Scottish Ambulance Falls and Frailty Pathways Action Group which launched on the 25th of November 2016.

The Clinical Efficiency Programme began focussing on polypharmacy (people taking multiple medications) in October 2016 including reviewing cases where people have been admitted to hospital with hypotension (low blood pressure). They are linking with community based services to raise awareness and reduce the incidence of medicines-related hypotension. This will be achieved by reviewing the prescriptions people receive.

B12 Rate of Clostridium Difficile infections

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

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



Key Points

The infection rate for Clostridium difficile for the 12 months ending 31st December 2016 was 0.26 cases per 1,000 total occupied acute bed days. This is unchanged from the previous quarter.

The Wider Context

Scotland now has the lowest levels of Clostridium difficile infection ever seen and may have reached a plateau after around a decade of sustained improvement activity focused on optimal antimicrobial prescribing, hand hygiene and cleanliness of the environment.

Improvement Actions

Improvement actions more recently have centred on improving patient experience.

All inpatients in acute or cottage hospitals are visited by an Infection Prevention and Control Nurse who provides them with verbal and written advice and a card to present to prescribers should they require antibiotics in the future. This is intended to alert the prescriber to an increased risk of a C. difficile recurrence and has the prescribing website address printed to support compliance with the antibiotic policy.

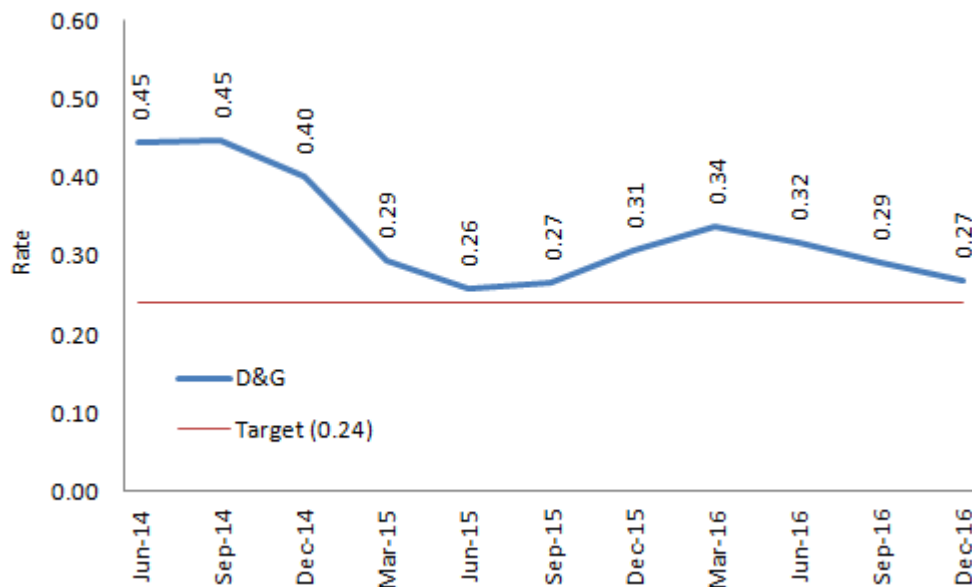
All individuals who are not inpatients and have a C. difficile positive sample reported by DGRI microbiology laboratory are contacted by the Infection Prevention and Control Nursing team by telephone. The card is sent by post.

Advice is provided regarding cleaning and washing of clothing together with information about the infection. This has been very positively received by individuals and their families and Carers.

B13 Rate of Staphylococcus Aureus bacteraemias (MRSA/MSSA)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

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



Key Points

The infection rate for Staphylococcus aureus bacteraemia (SAB) the 12 months ending 31st December 2016 was 0.27 cases per 1,000 acute occupied bed days. This is an improvement on the previous quarter.

Since March 2016, this rate has decreased and is close to the national target of 0.24 cases per 1,000 acute occupied bed days.

The Wider Context

Across Scotland invasive medical devices continue to be a leading cause of SAB together with skin and soft tissue infections and intravenous drug use. There has been a recent rise in the number of SAB in individuals who inject drugs.

Improvement Actions

The DGRI Emergency Department has focused on reducing the number of peripheral vascular cannula (PVC) inserted. This appears to be having a positive impact with no SAB associated with PVCs this year.

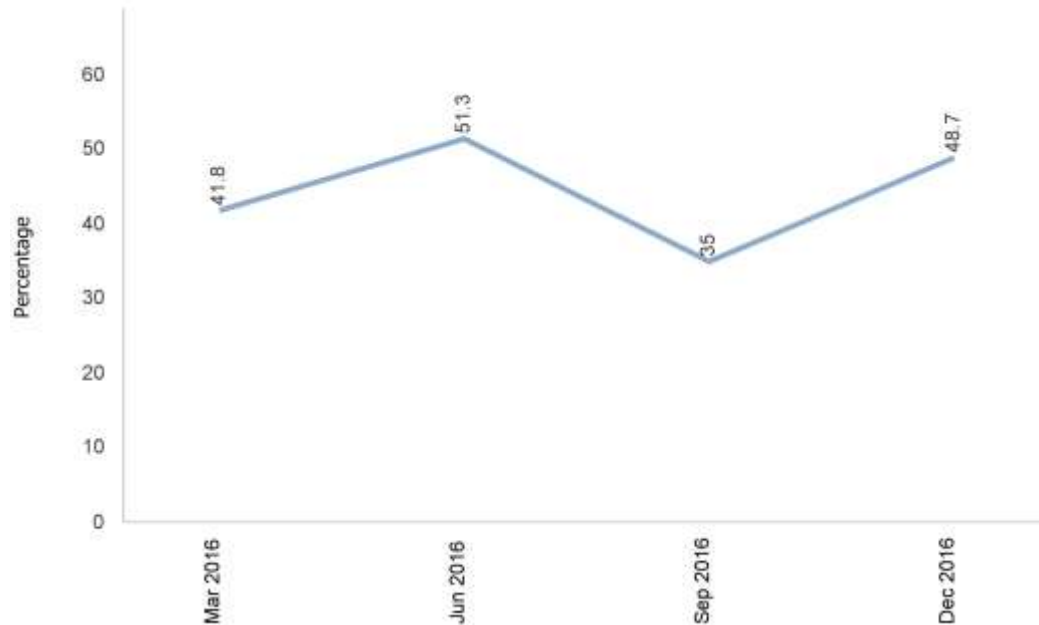
There is ongoing work around reducing urinary tract infection and urinary catheter use across the region which is now involving care homes and this is supported by the patient safety and improvement teams and the care home education facilitators.

Collaboration between the Infection Prevention and Control and the Health Protection and Alcohol and Drug teams has been helpful in providing appropriate support in hospital, signposting to services and supporting contacts through the provision of information leaflets.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/01/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	-
																			Source:	Dumgal Council

Percentage of referrers receiving feedback on actions taken within 5 days of receipt of adult protection referral



Key Points

In December 2016 across Dumfries & Galloway 49% of referrers to adult protection received feedback within 5 days of receipt of referral.

This is a huge improvement since the previous quarter and demonstrates the intensive efforts made.

The Wider Context

Across Dumfries & Galoway there are typically 80 to 100 adult protection referrals per month. This indicator was introduced in January 2016 and should be considered to be in a testing phase; it will take some time for systems to mature and the results to stabilise.

Improvement Actions

Improving the communication between Adult Support and Protection and referrers was identified as a priority through the work of the Adult Services Executive Group and the Adult Support and Protection Committee.

In mid September 2016 the Adult Services Multi-Agency Safeguarding Hub (MASH) was established, which has been implemented for Annandale & Eskdale and Nithsdale so far. This has now moved from Crichton Hall to police headquarters, Cornwall Mount to further improve communication and ultimately have a positive impact on outcomes for people. This has resulted in a quick improvement in performance against this indicator, with further improvement anticipated. Similar arrangements for Stewartry will be taken forward this quarter and Wigtownshire will follow as soon as possible thereafter.

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 re 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

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

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

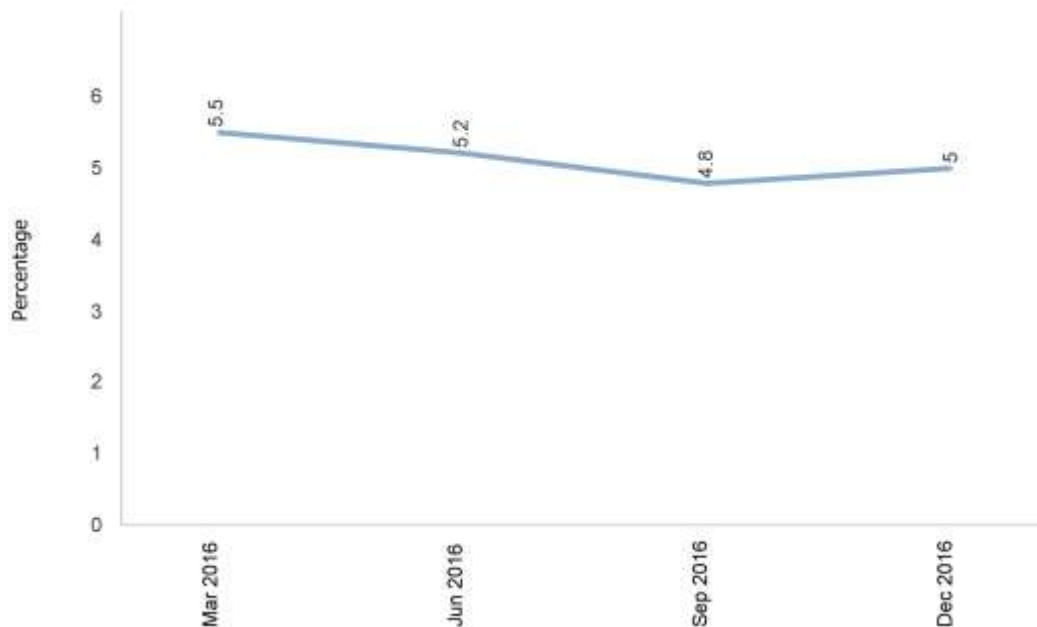
D14 Proportion of people who agree that they were well communicated with and listened to

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

B18 Sickness Absence Rate

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/10/2016
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Monthly
																			Source:	Local

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



Key Points

The rate of sickness absence amongst NHS employees in December 2016 was 5.0%

The current rate is marginally lower than that seen during the winter months: for example, in January 2016 the rate was 5.8%

Dumfries & Galloway's performance has not met the national target of 4%.

The Wider Context

Indicator B18 is one of the Local Delivery Plan (LDP) Standards set by the Scottish Government for Health Boards. Consequently this indicator only relates to NHS Dumfries & Galloway employees.

The most recent nationally published results for Indicator B18 are for the financial year 2015/16. During this time the sickness absence rate for Dumfries & Galloway was 5.08%. This figure is above the target rate but below the average rate across Scotland (5.16%).

Improvement Actions

Workshops were held recently that enabled clinicians and managers to explore issues and challenges related to sickness absence. Action plans relating to sickness absence are being developed with each directorate in conjunction with staff governance. Sickness Absence remains a standing agenda item for the Area Partnership Forum.

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

National Outcomes									Dumfries & Galloway Priority Area											Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly	
																			Source:	-	

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



[Test Data Only]

Stakeholder Discussions Due: 31/01/2017 Completed: 30/11/2016	Develop Data System Due: 30/06/2017 Completed:	Testing Due: 30/09/2017 Completed:	Begin Data Recording Due: 31/12/2017 Completed:
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Key Points

Development of this indicator is on schedule

The Wider Context

This indicator has been adapted from a question in the two-yearly Health and Social Care Experience Survey carried out by the Scottish Government. Carers are an important partner in delivering health and social care. It has therefore been agreed that this question should be asked of more Carers, more regularly than currently, to provide better local knowledge of the challenges faced by Carers.

Discussions with organisations that support Carers across Dumfries & Galloway have started regarding how best to capture information for this indicator. Next steps are to agree common definitions in relation to this indicator and to test capturing this information across multiple organisations. Dumfries and Galloway Health and Social Care are collaborating with computing science students from the University of Glasgow to develop a database and tools to collect this data. This includes development of a web-app and a mobile app as well as looking at options to scan paper questionnaires.

Improvement Actions

It has been agreed that the Carer’s Centre will deliver Adult Carer Support Plans. This is currently in a transition phase. It is anticipated that reporting on Adult Carer Support Plans will begin within the next year.

There has been a noticeable increase in the number of Carers referred to the Carers’ Centre and the views of carers have been incorporated into the formal evaluation of the Community Link and Forward Looking Care projects. Through all the services, such as cottage hospitals, community nursing and social work, there are efforts to raise Carers awareness amongst the staff and seeking continual feedback from Carers is being developed as mainstream practice.

D14 Well communicated with and listened to

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	-

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



[Test Data Only]

Stakeholder Discussions Due: 31/01/2017 Completed:	Develop Data System Due: 30/06/2017 Completed:	Testing Due: 30/09/2017 Completed:	Begin Data Recording Due: 31/12/2017 Completed:
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Key Points

Development of this indicator is on schedule

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people’s responses to different “customer satisfaction” style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

Improvement Actions

No improvement actions required at this time.

D15 Satisfaction with Local Health and Social Care Services

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	-

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



[Test Data Only]

Stakeholder Discussions Due: 31/01/2017 Completed:	Develop Data System Due: 30/06/2017 Completed:	Testing Due: 30/09/2017 Completed:	Begin Data Recording Due: 31/12/2017 Completed:
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Key Points

Development of this indicator is on schedule

The Wider Context

This indicator is being developed as part of the new suite of locally agreed indicators for health and social care integration that focus on outcomes for people and their experience of services.

Dumfries and Galloway Health and Social Care is collaborating with computing science students from the University of Glasgow to develop a database and tools to capture people’s responses to different “customer satisfaction” style questions such as this indicator. The students are developing web-apps, mobile apps and considering scanning technologies to capture data submitted on paper forms. Suitable settings for testing these new technologies are being identified.

Improvement Actions

No improvement actions required at this time.