DUMFRIES AND GALLOWAY
INTEGRATION JOINT BOARD

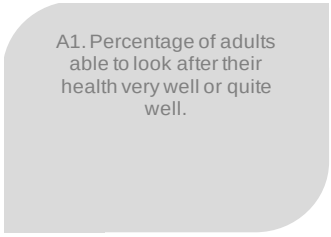
PERFORMANCE MANAGEMENT
QUARTERLY REPORT

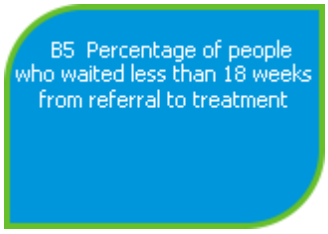
DUMFRIES AND GALLOWAY
Health and Social Care

Q3 October - December 2017

Contents

Document Features





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

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

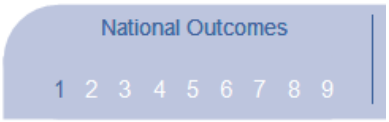
The border of the leaf will be coloured according to the following:

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

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

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

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



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

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

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

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

Indicators with an "A" code are from the "Core Suite of Integration Indicators" defined by the Scottish Government.
Indicators with a "B" code are the NHS Publically Accountable Measures.
Indicators with a "C" code are the Local Authority Publically Accountable Measures for adult social work services.
Indicators with a "D" code are locally agreed measures.

National Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for people. These outcomes are central to the strategic plan and the locality plans in Dumfries & 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 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 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

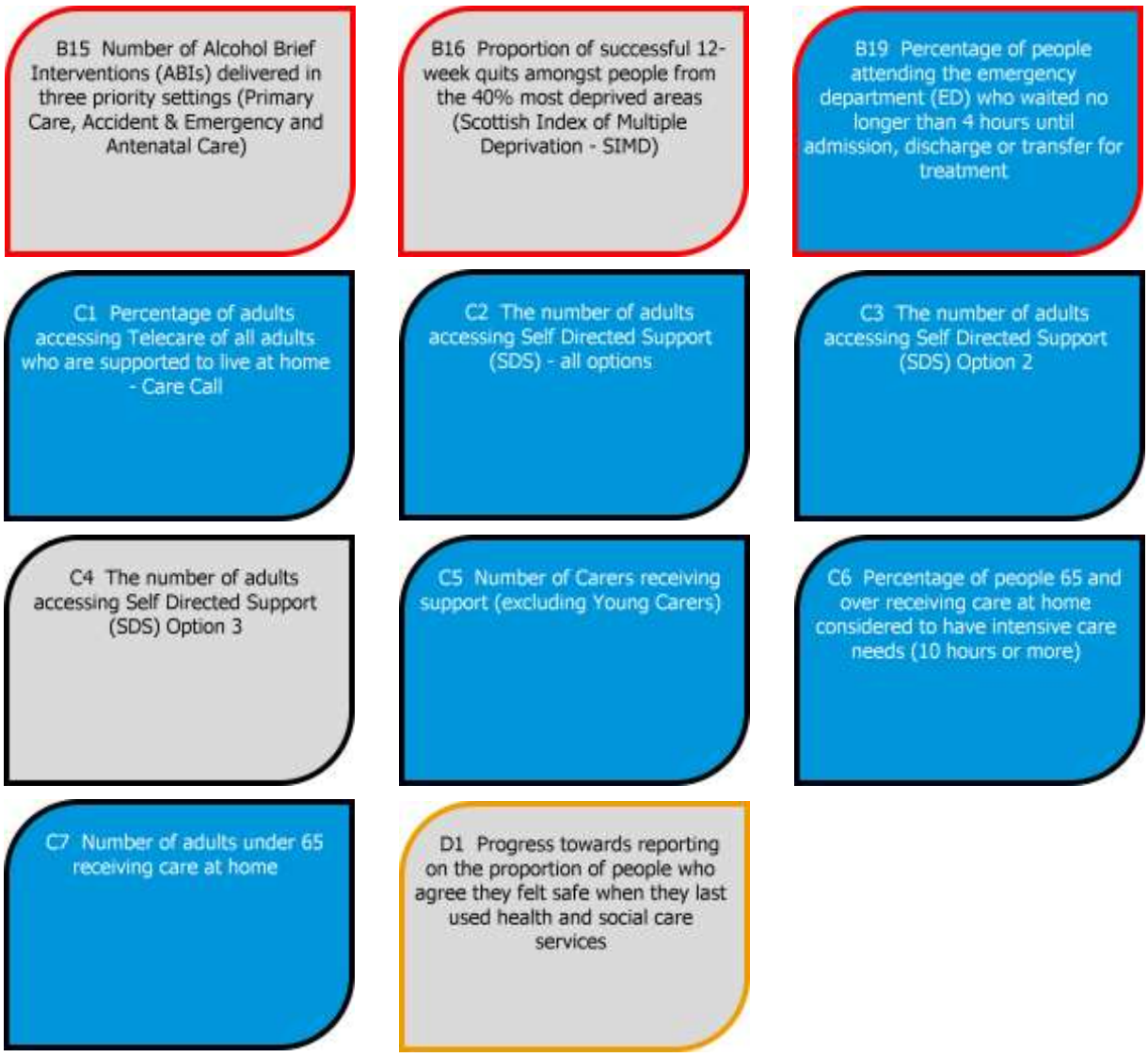
B8 Early access (booking by 12 weeks) to antenatal service in the worst performing SIMD (Health Board) quintile

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 treament 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
D1 Progress towards reporting on the proportion of people who agree they felt safe when they last used health and social care services

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

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: Local

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

Date	Actual	Desired trajectory	Predicted	Dumfries & Galloway 12 month average	Scotland 12 month average
Jan-Mar 17	457.8	661	671	593	842
Apr-Jun 17	508.1	680	700	569	813
Jul-Sep 17	632.7	699	729	594	797

Key Points

Based on historic data, the rate of delayed discharges for people aged 75 or older was predicted to nearly double by March 2019. A desired trajectory was calculated to show 10% improvement, in line with the focus of the national Health and Social Care Delivery Plan (published December 2016).
Since December 2016, the 12 month average number of days people aged 75 or older were delayed prior to discharge from hospital has remained just below 600 days per 1,000 people.
The rate of delayed discharges has remained lower than Scotland and also lower than either the prediction or the desired trajectory, which suggests that the performance is better than had been expected.

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.

Improvement Actions

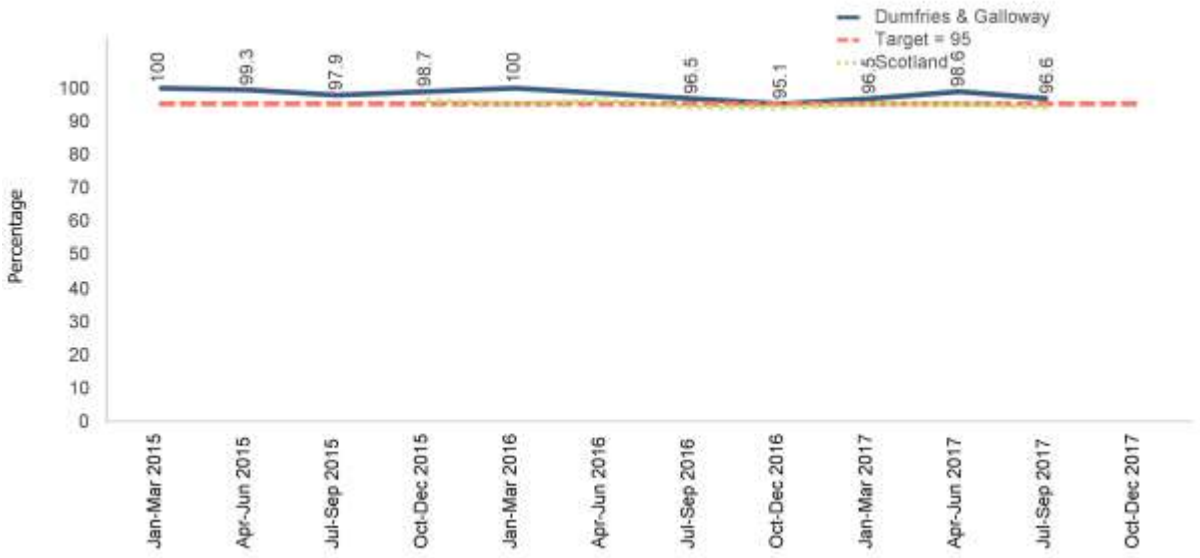
In the October 2017 Community Day of Care survey, the most frequent reason for delayed discharge was Home Care support availability/funding.
The “Step Down” model is being used in the Lochmaben hospital, where appropriately skilled teams support people to return to their homes and the hospital environment is being made more suitable for this work.
Flow coordinators are active in each locality, working with the Dumfries and Galloway Royal Infirmary to help coordinate people returning home or to a more suitable setting.
A project to publicise Power Of Attorney (POA) is being run across the area. POA helps family and Carers make appropriate decisions in a timely way when people come into hospital.
A local programme is currently exploring ways to develop Anticipatory Care Plans (ACP), in line with national work. There is also ongoing work on electronic key information summaries (eKIS). These documents clarify people’s personal situations and medical preferences.

B2(1) Cancer waiting times (part 1)

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
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 September 2017. This is above the Scottish national rate of 94.5% and the national target of 95%.

The Wider Context

Per 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 just one or two diagnoses. 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 board areas. We are involved in ongoing discussions with the Scottish Government and regional cancer networks to address issues relating to cancer waiting times.

Improvement Actions

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. A programme of work is underway to deliver recommendations on the diagnosis and treatment pathways to tertiary centres (typically Edinburgh and Glasgow) on a tumour by tumour basis.

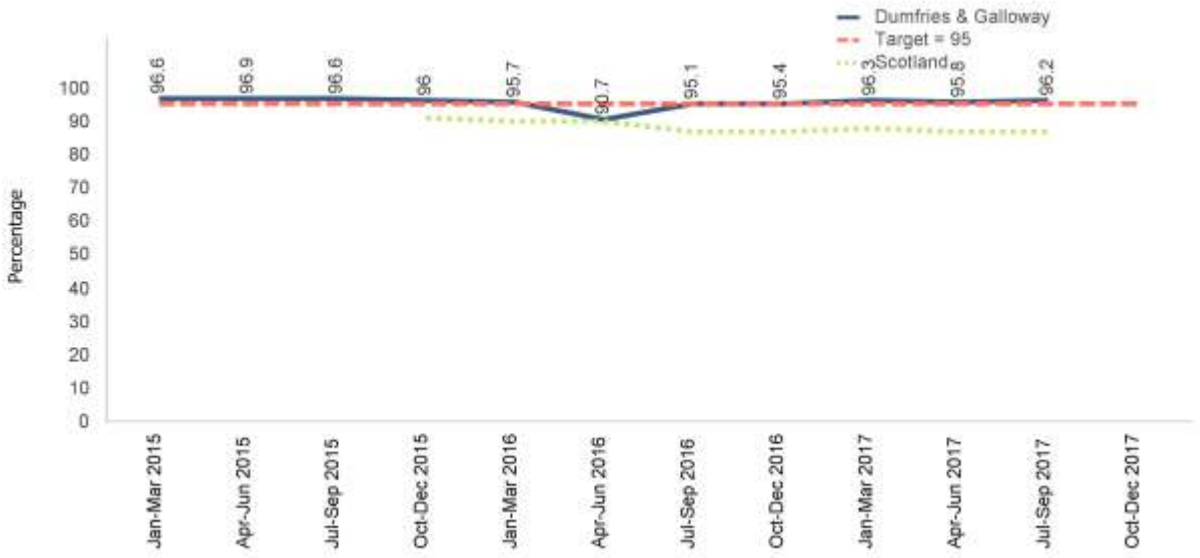
Cancer services in Dumfries and Galloway will continue to work to deliver care, support and treatment that is compassionate and person centred to those affected by a cancer diagnosis. We will work closely with both South East Scotland Cancer Network (SCAN) and the West of Scotland Cancer Network (WoSCAN) to ensure ongoing quality and safety during changes in care pathways for those accessing cancer services.

B2(2) Cancer waiting times (part 2)

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
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 remains consistently high and was 96.2% in September 2017. This is above the national target of 95% for this indicator and above the rate for Scotland of 87.2%.

The Wider Context

Per month, across Dumfries and Galloway, there are approximately 30 people (aged 16+) diagnosed with cancer who are eligible for this target. This small number means that marked fluctuations in performance can occur by just one or two more or less people being referred for treatment.

Improvement Actions

Performance against the 62 day target is also influenced by onward referrals to other Health Boards. The close communication between the local team and tertiary centres enable this target to be met.

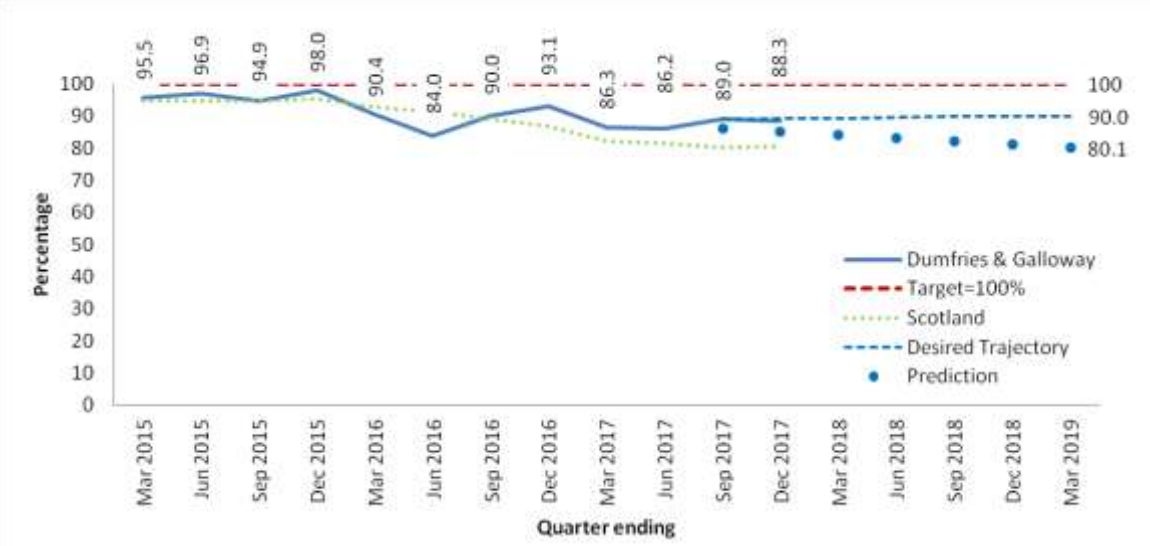
Dumfries and Galloway is part of the South East Scotland Cancer Network (SCAN), which also includes NHS Lothian, NHS Fife, and NHS Borders and as such continually works with regional colleagues to address capacity challenges.

We will continue to work closely with both South East Scotland Cancer Network (SCAN) and the West of Scotland Cancer Network (WoSCAN) to ensure ongoing quality and safety during changes in care pathways for those accessing cancer services.

B4 Treatment time guarantee (TTG)

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		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 88.3% in the quarter ending December 2017. The longer term trend for this indicator is downward. Dumfries and Galloway's performance is currently below the national target of 100%.

Improvement work around waiting times will focus on actions aiming to return the system to greater stability, with the ambition to achieve above 90% of people treated within 12 weeks consistently by March 2019.

The Wider Context

The Scottish rate in the quarter ending December 2017 was 80.4%.

In Dumfries and Galloway 260 people who were treated in December 2017 had waited more than 12 weeks, which is fewer than in the previous quarter.

Figures for the December quarter do not reflect normal activity, due to the particular efforts of the clinical teams to manage activity in such a way as to enable the smooth transition into the new Dumfries and Galloway Royal Infirmary.

Improvement Actions

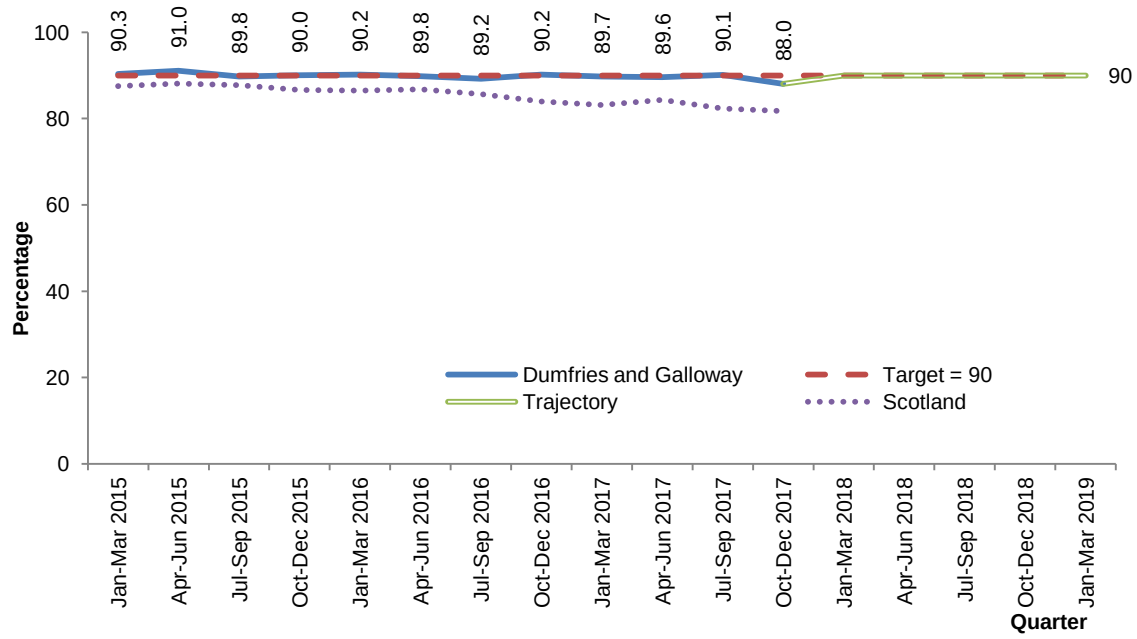
The level of medical vacancies, which currently sits at 20%, continues to impact on this indicator. Our recruitment strategy is being re-energised through the use of a private recruitment agent to help fill long term vacancies and to source applicants. Efforts are continuing to find appropriately skilled locums but these can be challenging to get hold of. This has an adverse impact on capacity and the ability to develop sustainable improvements.

There is current work on operating theatre efficiencies and list sizes, particularly around aligning ophthalmology activity. In orthopaedics there is improvement work ongoing as part of cash releasing efficiency savings (CRES) reviews. There are further discussions about how boards work together at a regional level and with the Golden Jubilee hospital.

B5 18 weeks referral to treatment

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	ISD Scotland

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



Key Points

The percentage of people treated within 18 weeks of referral was 88.0% between October and December 2017, against a target of 90%. The Scottish rate for the same period was 81.7%.

The rate for Dumfries and Galloway has remained relatively stable over time.

The trajectory for this indicator is to aim to continue to deliver the 90% target.

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.

Figures for the December quarter will not reflect normal activity, due to the particular efforts of the clinical teams to manage activity in such a way as to enable the smooth transition into the new Dumfries and Galloway Royal Infirmary.

Improvement Actions

Stabilising the previous indicator, B4 - 12 week 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.

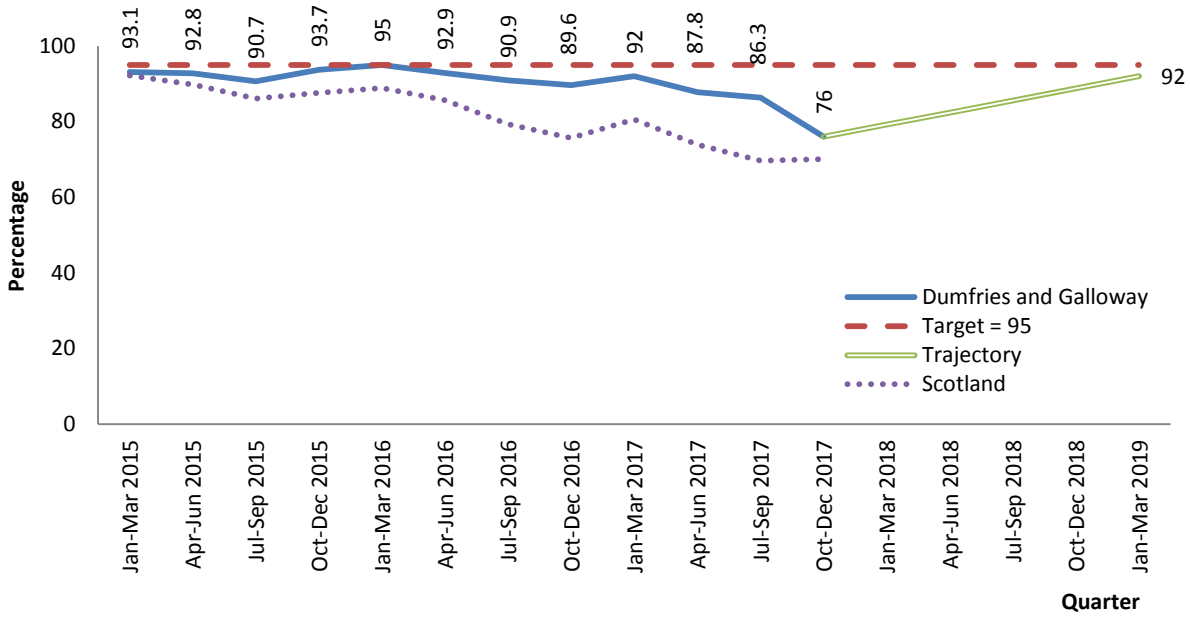
The management team is undertaking demand, capacity, activity and queuing (DCAQ) modelling to better identify and make best use of available capacity.

Clinicians and staff are benefiting from the Clinical Portal, which provides linked electronic patient information. The 60 millionth piece of paper was scanned in January 2018. The Clinical Portal aims to provide access to the right information in the right place at the right time.

B6 12 weeks first outpatient appointment

National Outcomes 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | 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 76.0% in the month of December 2017.

Dumfries and Galloway's performance is currently below the national target of 95% and has declined since March 2017 when the percentage was 92.0%.

The Scottish rate was 70.1% in the month of December 2017.

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 9th 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 92.0% by March 2019. In addition to this, the aim is reduce the number of people waiting over 26 weeks by 50%.

Improvement Actions

An improvement programme is underway to ensure that the access policy is applied consistently. This should enable people waiting for treatment to be managed in the most appropriate way, offering people choice and the most suitable appointments. This person centred approach is expected to reduce the number of people who do not attend their appointments.

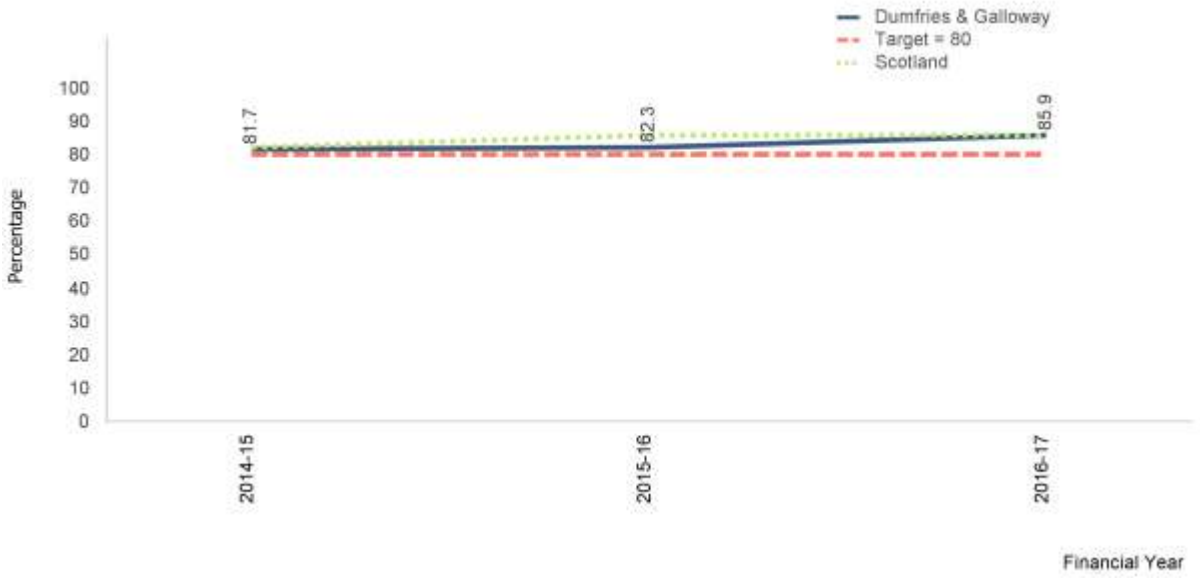
In Urology there is a good example of regional collaborative working. Visiting support has been offered by Ayrshire and Arran to address staff vacancy in Dumfries and Galloway. This has reduced waiting times for appointments and subsequent return appointment bookings have been timelier.

B8 Antenatal access

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: 1 Year
Source: ISD Scotland

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



Key Points

For the financial year 2016/17, across Dumfries and Galloway 85.9% of pregnant women were booked by the 12th week of gestation. The corresponding rate for Scotland was 86.0%.

Dumfries and 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).

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

Improvement Actions

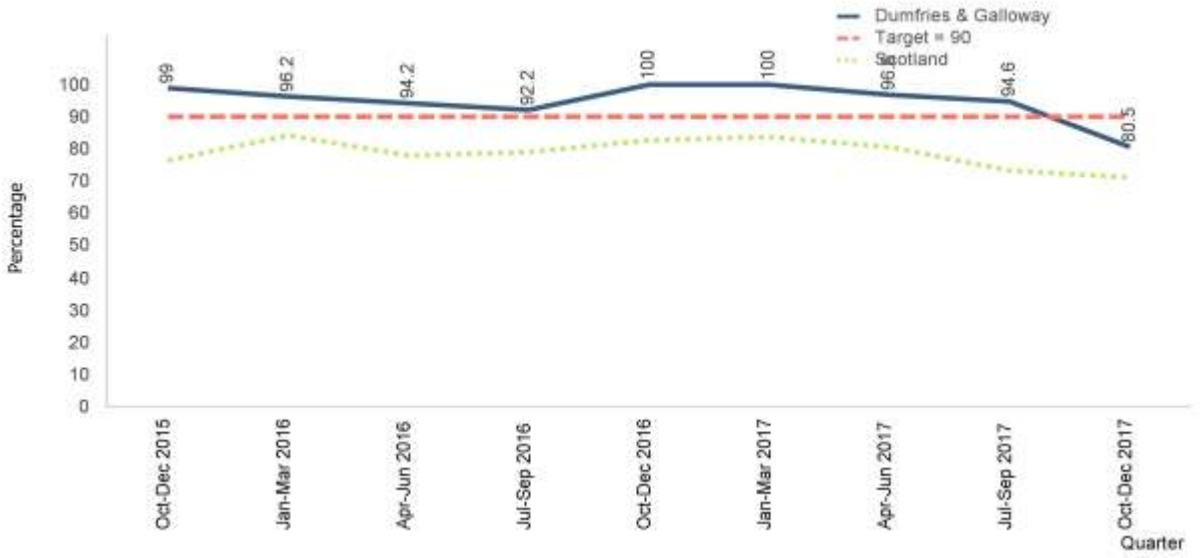
Implementation of the BadgerNet maternity information system in October 2016 has helped to streamline the referral process with direct electronic referral to midwives rather than clerical teams. Previous pregnancy records are now accessed through context launch from BadgerNet to Clinical Portal enabling instant access to past clinical information that is required for the booking process. A pregnancy indicator is also visible within Clinical Portal which highlights to non maternity staff that the woman is pregnant.

Through multi agency working and appropriate information sharing, there is easier access to comprehensive up to date information. Vulnerable pregnant women are being identified earlier and are being advised and encouraged to access early antenatal care directly from the community midwifery teams. This supports quality driven care and improved patient outcomes.

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

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		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 December 2017, across Dumfries and Galloway, 80.5% 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, 71.1%.

The Wider Context

CAHMS waiting times delivery has historically been above the 90% target. However, in the October to December 2017 period, unusual circumstances caused an unexpected mismatch between capacity and demand. This meant that the appointments available were unable to fully meet the demand for CAMHS treatment, and fewer people were treated within 18 weeks (73.5% in October 2017). In November and December 2017 the percentage of people treated within 18 weeks had increased to 80% and 88% respectively, and we expect the January to March 2018 quarter to continue to improve.

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 brief intervention to be offered, without unnecessary waiting time to CAMHS.

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

An improvement project for young people with Autism Spectrum Disorder and Mental Health difficulties is being undertaken. Families who would meet this criteria are identified from screening enabling direct and timely contact to be made with them.

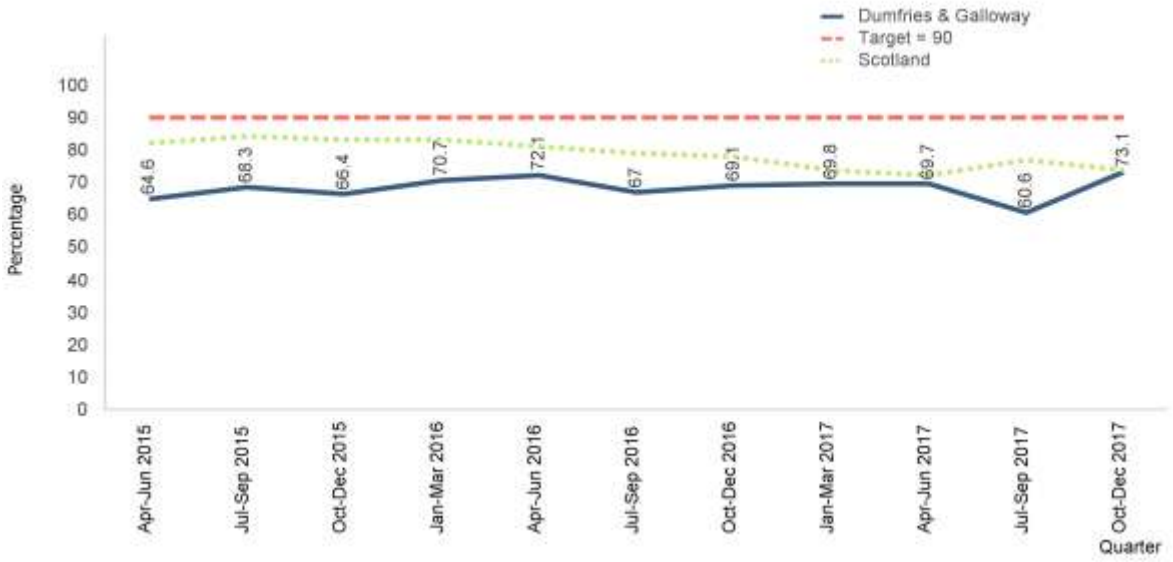
To reduce the number of people who do not attend their appointments, we send out text reminders. A more time efficient IT reminder solution called “Netcall” remains a long term consideration.

B11 Psychological therapies waiting times

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: ISD Scotland

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



Key Points

Between October and December 2017, the percentage of eligible new people across Dumfries and Galloway who commenced psychological therapies within 18 weeks of being referred was 73.1% (against a national target of 90%). The figure for Scotland was 73.7%.

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 has reduced overall capacity in the psychological therapies teams. Additionally there are continuing challenges of planned long term absences.

The referral rate of 6.1 per 1,000 population for Dumfries and Galloway is generally amongst the highest in Scotland, with 951 referrals. Approximately 254 people have been referred for cCBT in the 9 months from April 2017, when this service was introduced.

Improvement Actions

Demand, capacity, activity and queue (DCAQ) analysis is ongoing to better understand and manage the imbalance between referrals and first appointments. The team are keen to ensure that increased efficiency does not impact on the quality of the clinical care.

Alternative avenues to care for clients who are less able to commit to intensive courses of psychological therapy have been developed. Low intensity interventions include computerised cognitive behavioural therapy (cCBT) and seeing the Primary Care Liaison. How people progress from these programmes into secondary care is being analysed to explore the effectiveness of these services.

A permanent psychology role has been successfully recruited, starting in April 2018. When the new staff member joins, this post will have been vacant for 1 year, which has impacted on waiting times. A locum has been recruited to work on waiting lists until the new permanent staff member joins.

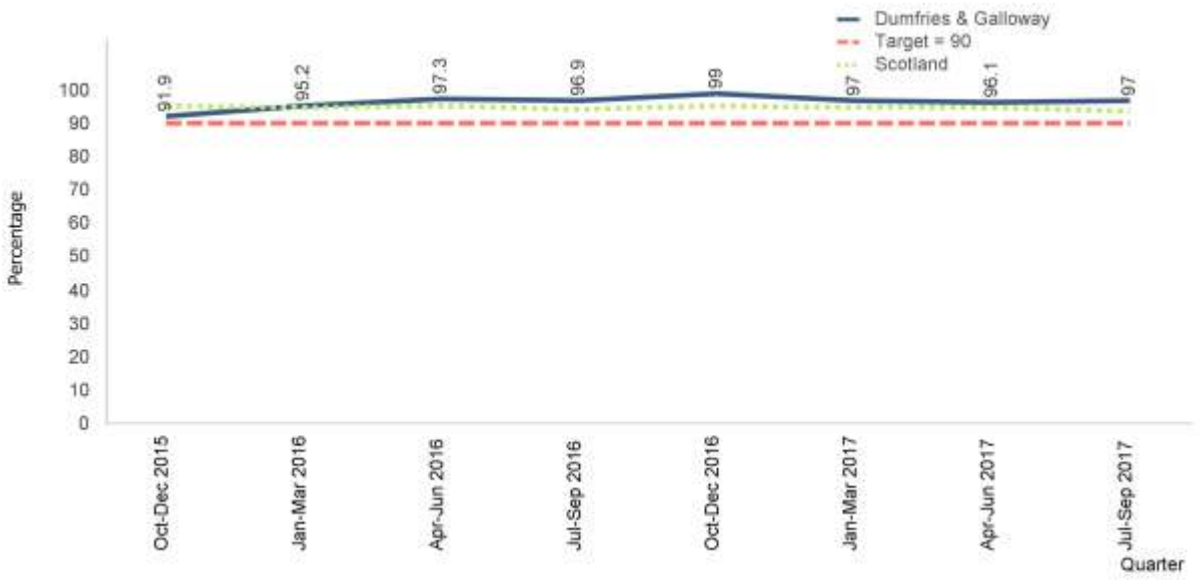
In Dumfries, a service for people who have frequent attendances at GP practice is anticipated to start in the next financial year.

B14 Drug and alcohol treatment waiting times

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
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 treament that supports their recovery



Key Points

Across Dumfries and Galloway during the 3 months ending September 2017, 97.0% 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 93.8%.

The Wider Context

This indicator is based on episodes of care. An episode of care is the time between a person's initial referral for alcohol or drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded. Between July to September 2017 there were 498 people referred (313 for alcohol and 185 for drugs), and 202 complete episodes of care (planned discharges only) across Dumfries and Galloway.

Improvement Actions

Referrals have increased 11% in the period July to September 2017 when compared to the previous quarter (when 449 people were referred). Monitoring of these will continue during 2017/18. In addition to medical input from the NHS, Alcohol and Drugs Partnership (ADP) commissions 3rd sector organisation to provide a range of recovery interventions. ADP is directly funded by Scottish government.

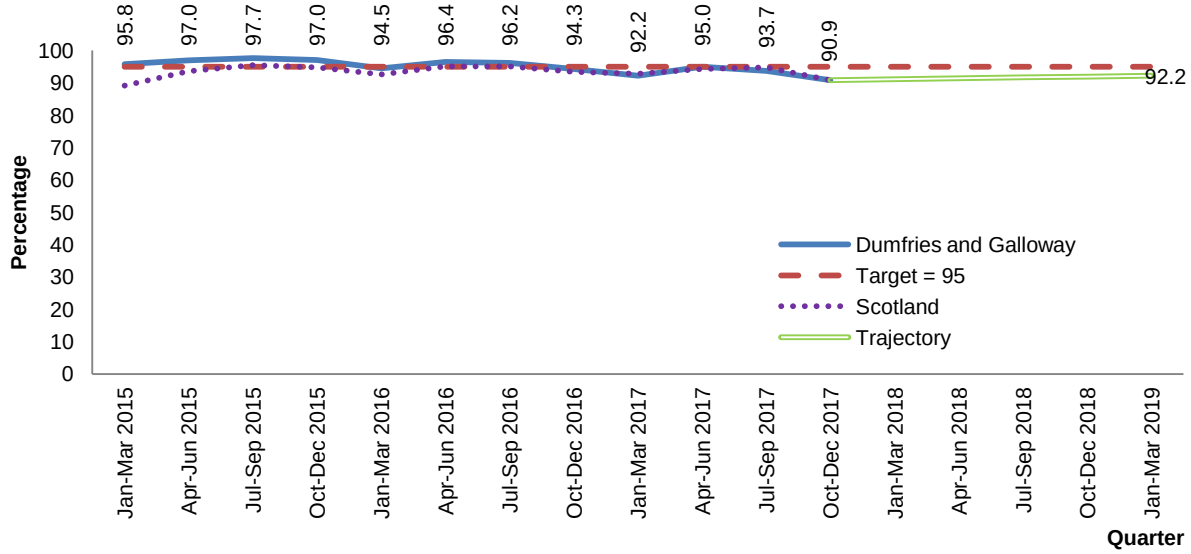
It is anticipated that the waiting times target will continue to be achieved through 2017/18.

The national Drug and Alcohol Information System (DAISy) is due to go live in April 2018. All ADP partnership services will be participating with this system. Work is ongoing to ensure a smooth transition from the existing SDMD database to the new DAISy system.

B19 Emergency department waiting times

National Outcomes 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | 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 90.9% between October and December 2017. Dumfries and Galloway's performance against this indicator has reduced this quarter and is below the national target of 95%. For Scotland, the rate was 90.8%.

The Wider Context

December 2017 was a particularly difficult month for the ED, with unprecedented levels of winter illness such as flu, seen in Dumfries and Galloway and across the UK.

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 9th 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 have been some operational challenges with new ways of working in the new hospital, new clinical pathways and the impact one of the busiest winters. Despite these challenges Dumfries and Galloway performed no worse than Scotland as a whole.

In addition to the traditional publicity campaign "Meet ED", social media has been used effectively to advise people how to get appropriate medical advice, when to use the ED and to warn when the hospital has been particularly busy. Despite the flu, diarrhoea and vomiting bugs, the new Dumfries and Galloway Royal Infirmary (DGRI) has not closed any wards.

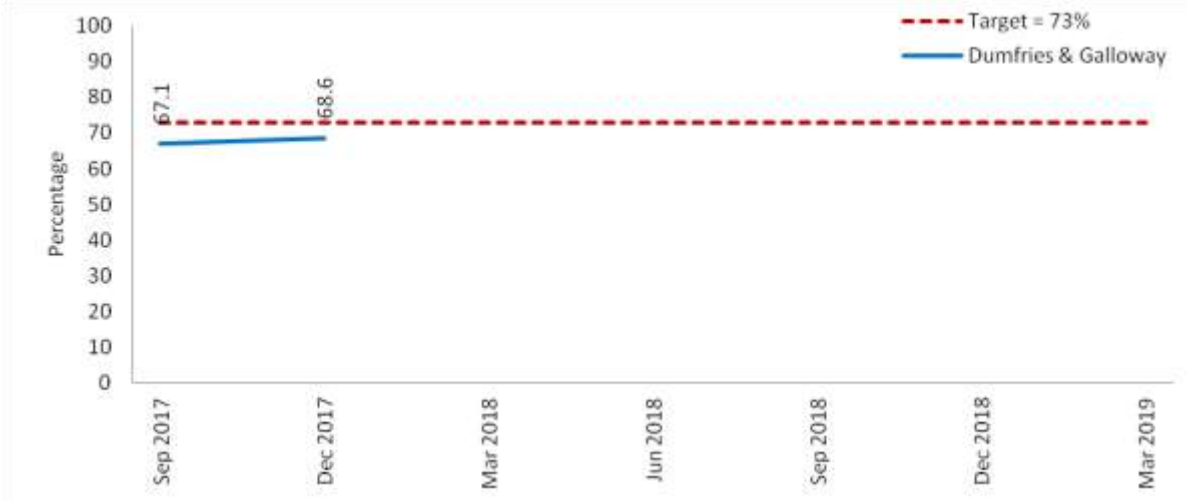
We are working with Scottish Government quality improvement team to improve flow through the hospital and there is a dedicated team in place for this. People can be referred to the new Combined Assessment Unit (CAU) from a number of sources, so at particular times of day the CAU can become busy. The CAU in the new hospital has treated 1,703 people since opening in December, which is an average of 243 people per week.

The previous hospital could only provide critical care beds for 4-5 people. The new DGRI has accommodated up to 7 people with severe respiratory problems at once this winter. In the past the additional people would have had to be transferred to other facilities, which is a positive outcome for these people.

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

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		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 accessing telecare was 67.4% in December 2017.

In December 2017, there were 2,891 people using Care Call technology across the region, which is a 4% increase on the previous quarter. This amounts to around 10,000 calls per month, of which less than 10% required a physical response.

The Wider Context

In July 2017, the move from Framework-i to the Mosaic computer system gave the opportunity to review the definitions of how this indicator was calculated and to tidy old records. Therefore the current values for this indicator are not comparable with previous figures. Only telecare provided to users of the social work service are included in this definition. The previous target of 73% has not been changed.

This measure only relates to Care Call, which is a 24 hour monitoring service, based on an emergency button which links through to a call responder.

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. There is a new national Digital Health and Social Care Strategy 2017-22, due very soon, which 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) consists of 4 technician assessors and 3 Carecall officers. Social workers continue to carry out assessments where people have more complex needs.

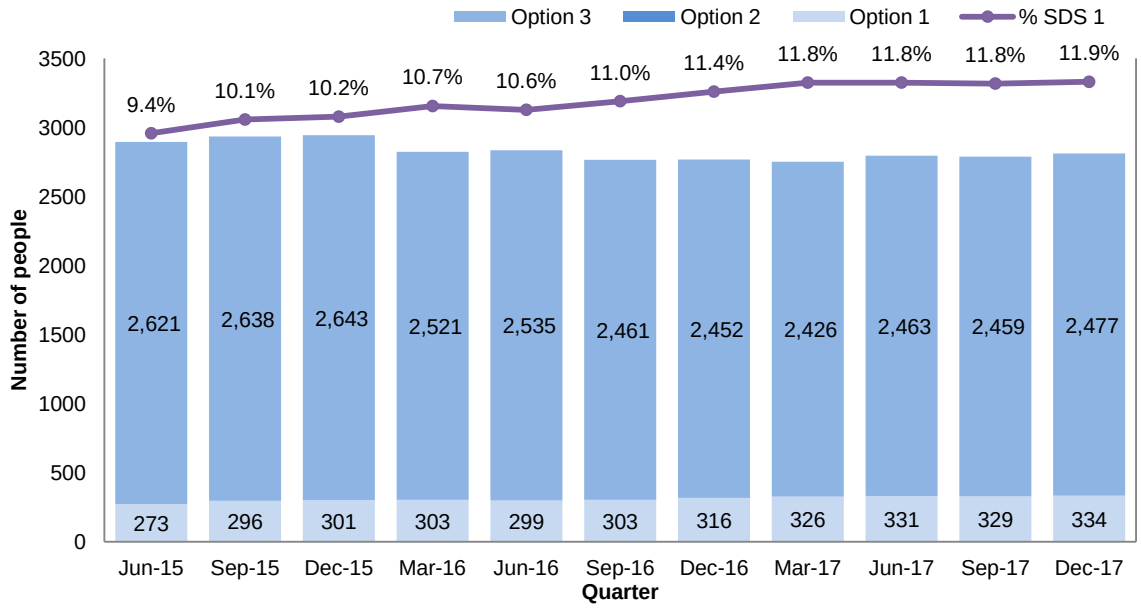
During Digital Health and Social care week in November 2017, a video was launched entitled "Live independently with telecare" and a demonstration flat at JM Barrie house in Dumfries showcased telecare, sensory support, Occupational Therapy and dementia friendly equipment.

Telecare training was provided by the Telecare Services Association to staff from the Short Term Assessment & Reablement Service (STARS), Occupational Therapy and Sensory Support. Further training has taken place in March for staff across the partnership.

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

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	Dumgal Council

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



Key Points

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.

At the end of the quarter, a snapshot in December 2017 showed the number of adults receiving care at home through Self Directed Support (SDS) were 334 people through Option 1, 0 people through Option 2 and 2,477 people through Option 3.

The total number of people being support by SDS has remained stable since June 2016. In the December 2017, this was 2,811 people.

The Wider Context

SDS Option 1 enables people to take ownership and control of arranging and managing their own care. SDS Option 2 enables people to choose their provider of care and Social Work services organise, purchase and manage care for people. SDS Option 3 is where Social Work services organise, purchase and manage care for people.

Improvement Actions

There is a gradual increase in the number of people choosing Option 1, as more people become confident to take control of managing their own care and support.

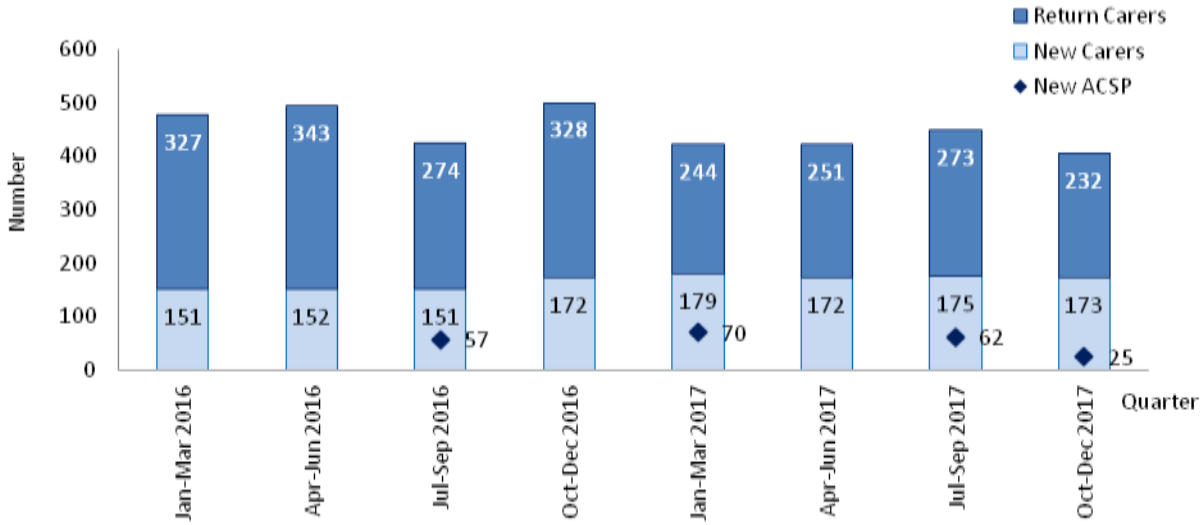
Officers are working with several organisations to support them to develop SDS Option 2. The arrangements required to deliver SDS Option 2 effectively are complex and discussions with providers are ongoing. Winter pressures have made rolling out Option 2 more challenging.

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

C5 Carers receiving support (excluding Young Carers)

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	Dumgal Council

Number of Carers receiving support (excluding Young Carers)



Key Points

There were 25 new Adult Carer Support Plans (ACSP) completed in the quarter October to December 2017 by the Carers' Centre.

The Dumfries and Galloway Carers' Centre saw 173 new adult Carers between October and December 2017 and 232 returning Carers used their services. The Carers' Centre also conducted 435 One-to-Ones with Carers. Alzheimer Scotland had 1,006 existing Carers whilst Support in Mind had 138 existing Carers and 6 new Carers between October and December 2017 (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 Carers' Centre is commissioned to deliver Adult Carer Support Plan assessments. Only a small proportion of Carers will require an ACSP and fewer still will require social care resources.

Identifying Carers is a key priority and a requirement of the Carers (Scotland) Act 2016, due to commence on 1st April 2018. It is anticipated that the Scottish Government will publish draft guidelines to support the implementation of the Carers (Scotland) Act 2016 prior to this date.

Improvement Actions

The Carers Strategy was approved by the IJB on the 29th November 2017. Work to implement this strategy is being developed. There was a consultation between October and December 2017 on the eligibility criteria for Carers' support. The results of this consultation will be taken to a future IJB committee.

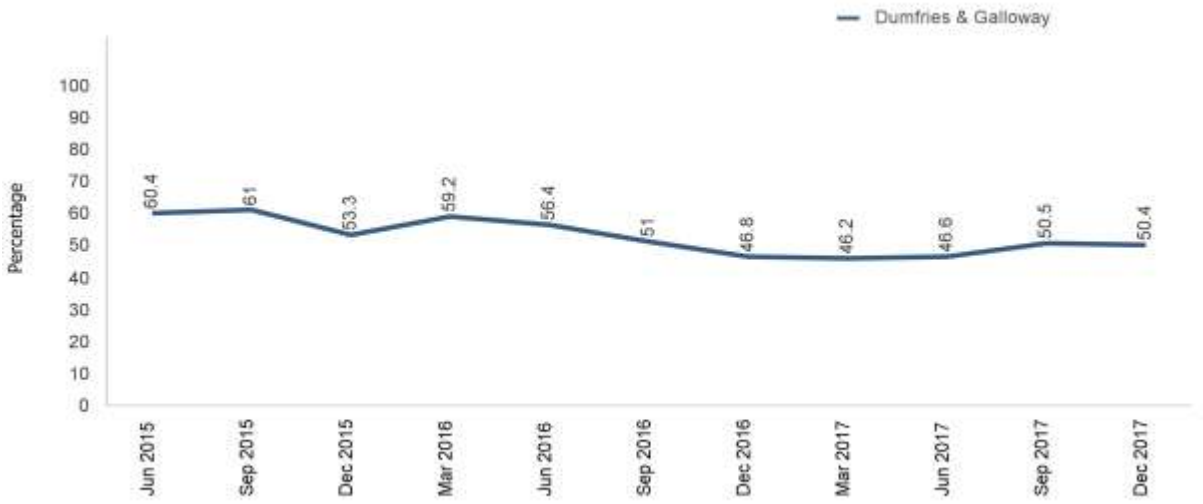
A National Carers dataset has been launched, and a scoping exercise is planned to assess the existing data and IT infrastructure in readiness to implement the Carers' census.

In addition to ACSPs, it is anticipated that other support will be 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		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		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)



	2011-12	2012-13	2013-14	2014-15	2015-16
Dumfries & Galloway	51.1	47.6	40.0	51.4	41.1
Scotland	33.0	34.1	34.3	35.3	34.8

Key Points

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

In December there were 916 people being supported with 10 hours or more of care at home provision. This was 50.4% of all people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3.

Published results show that Dumfries and Galloway historically has had a greater proportion of people with more intensive care needs than Scotland.

The Wider Context

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.

Improvement Actions

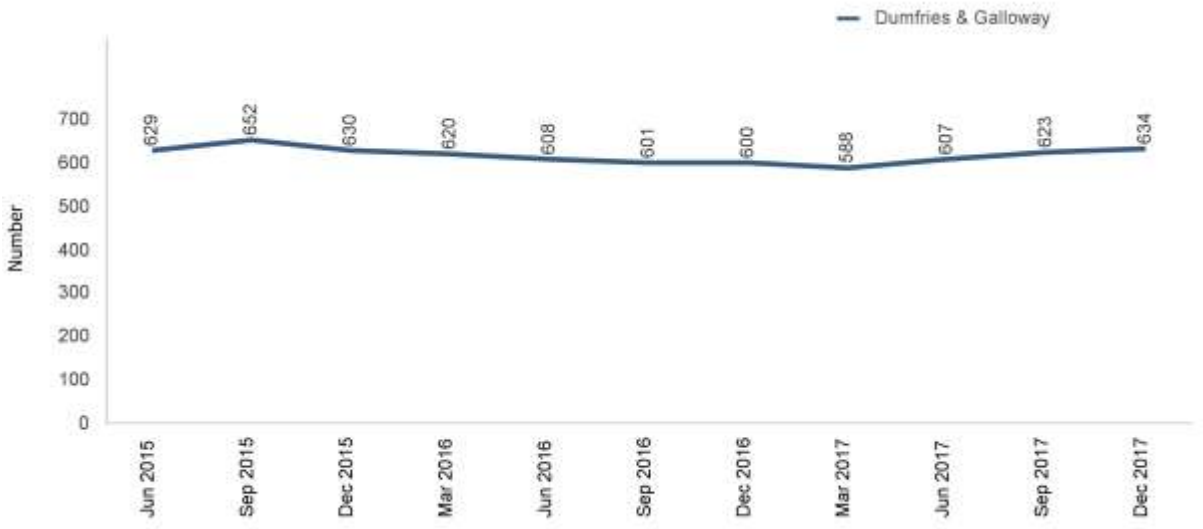
No improvement actions required at this time.

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

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: Dumgal Council

Number of adults under 65 receiving care at home



Key Points

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

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 634 in December 2017.

Despite an increase in the last two quarters, there has been a decline since a peak of 652 people in September 2015. Since September 2015, there has been a 3% 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

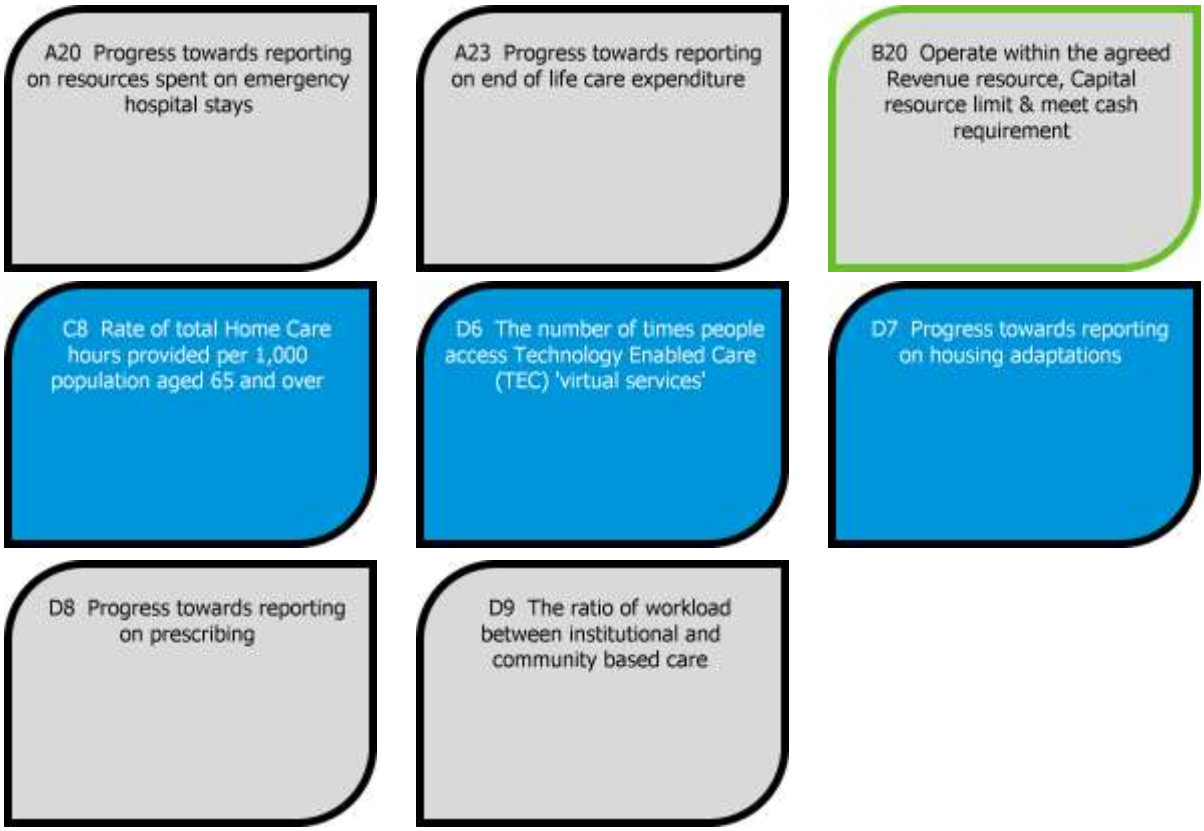
SDS Option 3 is where Social Work Services organise, purchase and manage care for people. For people under the age of 65 and depending upon individual financial assessments, care at home may be charged for. There are multiple factors that can influence the number of people under 65 receiving personal 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

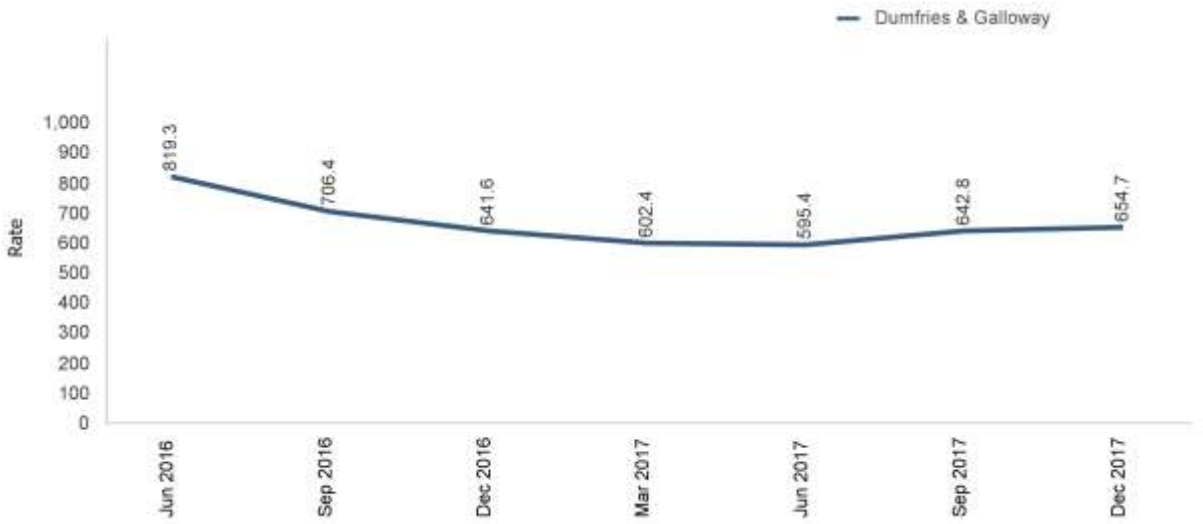


C8 Total number of Home Care hours provided as a rate per 1,000 population aged 65 and over

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: Dumgal Council

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



Key Points

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

In December 2017 the rate of care at home provided through Self Directed Support (SDS) Option 3 was 654.7 hours per 1,000 population aged 65 and over.

The Wider Context

It is reported that across Dumfries and Galloway approximately 1 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. This historic indicator needs to be reviewed.

D6 Technology Enabled Care (TEC) - Virtual Services

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	Local

The number of times people access Technology Enabled Care (TEC) 'virtual services'

Stakeholder Discussions	Develop systems to collate data	Pilot and Test	Roll out across region
Due:	Due:	Due:	Due:
Completed:	Completed:	Completed:	Completed:

Key Points

The specifics of this indicator have not yet been developed.

The Wider Context

Dumfries and 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 within health and social care settings.

An Assistive Technology Care strategy for Dumfries and Galloway was approved at the November 2017 Health and Social Care Senior Management Team meeting and work began in February 2018 on an engagement plan and an action plan to take this forward.

Improvement Actions

The NHS Attend Anywhere video consultation system virtually replicates a physical waiting area and enables people to participate in a video consultation from anywhere where they can access the internet. 14 waiting areas have been created across a variety of services and Health and Social Care Partners for testing. Cairnsmore Medical Practice in Newton Stewart is using the system with 2 local Care Homes. Annan North GP practice, the Primary Care Out of Hours (OOH) Service, Mental Health and the Carers' Centre are all due to go live in February 2018.

The Florence Home and Mobile Health Monitoring (HMHM) system has been purchased by the Partnership. A training day in Wigtownshire during November 2017 was attended by 8 different services. Protocols are currently in development to support people registered on the Beating the Blues computerised Cognitive Behavioural Therapy program and for medication reminders.

The TEC Sub Group has approved the purchase of 50 licences for the Jointly app, to be distributed through Care Support agencies. Jointly improves communication and coordination between those who share the care of people.

Moffat High Street Surgery website has been redeveloped to promote options for self care and enable people to better understand the support available to them through their community services. It can be accessed at http://www.moffatdoctors.co.uk

In Nithsdale, the DGRI Flow team, Locality Flow Coordinator and Nithsdale in Partnership teams have all been enabled for Lync video call system, to improve communication.

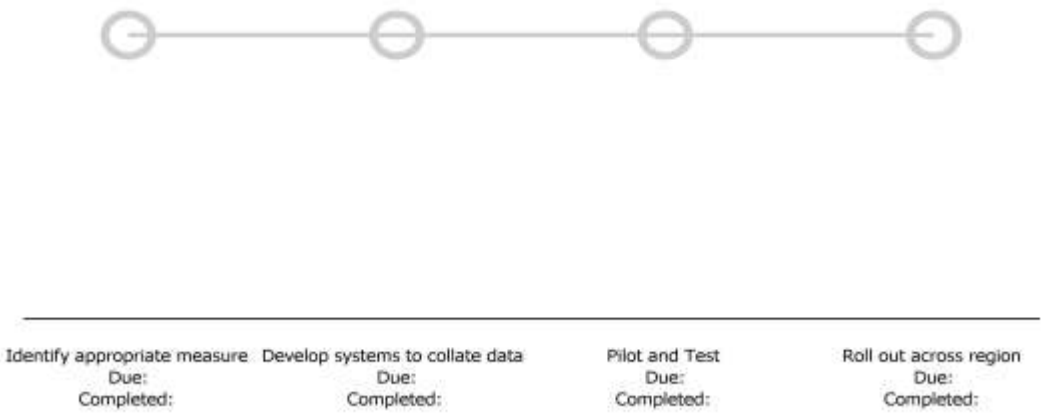
In Stewartry, Castle Douglas and Kirkcudbright Hospitals will soon be able to access out of hours GP support from Dumfries and Galloway Royal Infirmary through video call on tablets.

In Wigtownshire, the mPower project aims to improve the health and wellbeing of people by utilising eHealth interventions to support health and care service delivery. A short life working group has been established to enable the development of a supporting IT system.

D7 Housing adaptations

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	Local

Progress towards reporting on housing adaptations



Key Points

The specifics of this indicator have not yet been developed.

The Wider Context

People have expressed their wish to remain at home or in a homely setting for as long as possible. The Health and Social Care Partnership is focused on supporting people to enable them to remain at home as long as possible.

Improvement Actions

An Assistive Technology Care strategy for Dumfries and Galloway was approved at the November 2017 Health and Social Care Senior Management Team meeting. An action plan to take forward the aims and outcomes of the strategy will be developed to include all types of technology from traditional adaptations, such as grab rails, to high tech equipment.

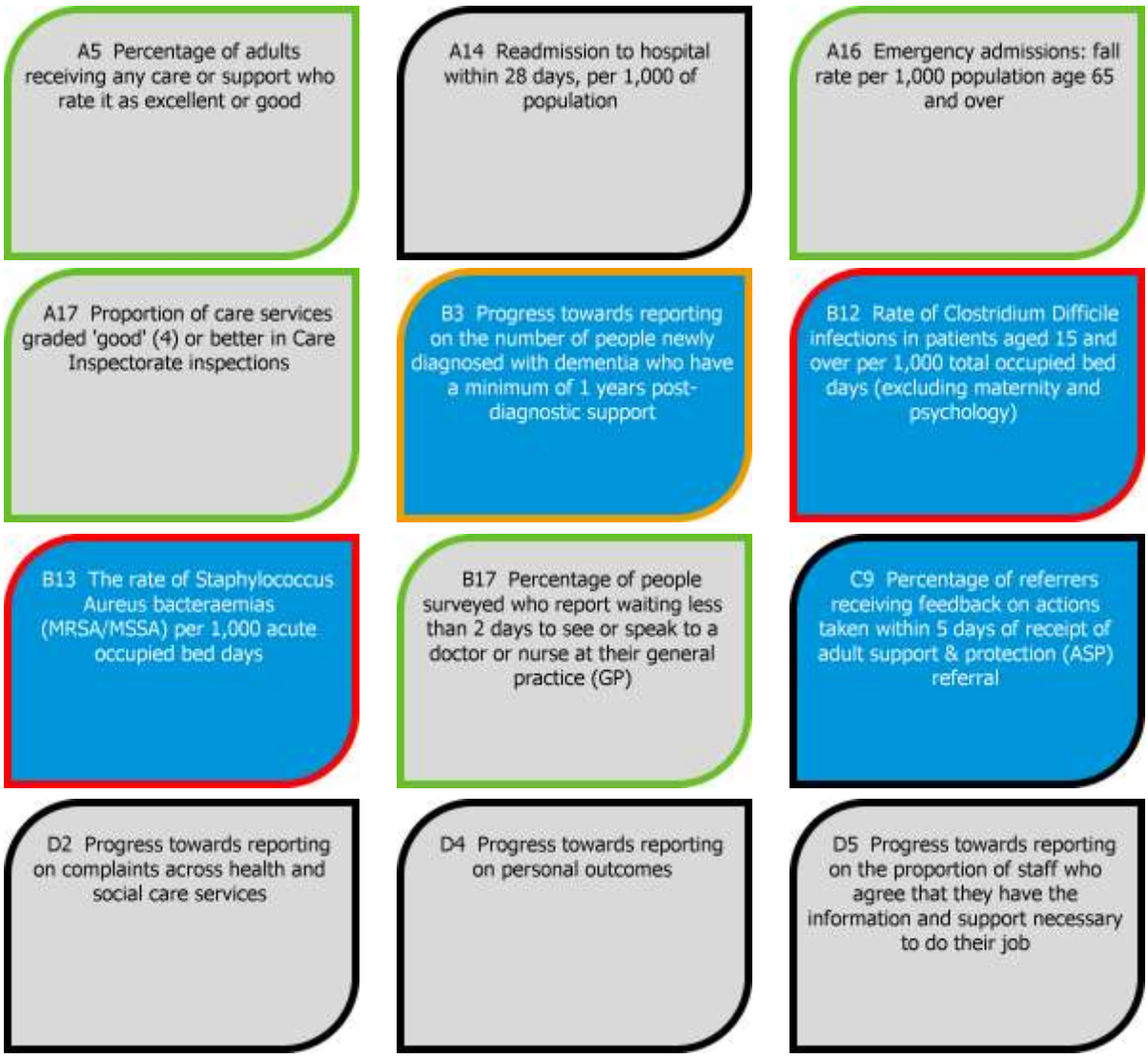
An event showcasing Technology Enabled Care (TEC) is in development which will be a collaboration between Community Health and Social Care, Social Work Services, the Telecare Service and private organisations which provide TEC and Smart devices. This event will be targeted at both staff and people who might benefit from this equipment. The event will showcase the support available through the Health and Social Care partnership for people to remain at home longer, alongside the TEC and smart technology that is available for individuals to purchase themselves locally. The event is expected to take place later in summer 2018.

People will get hands-on experience with Telecare and other equipment at Dumfries and Galloway Royal Infirmary (DGRI) in the Activities of Daily Living (ADL) suite. In the ADL suite Telecare, Smart devices and other assistive and inclusive technologies are installed, so people can learn more about the options available to support people to remain in their own homes. It is an aim to duplicate this process in the cottage hospitals.

In Stewartry, a 2 month test of change is due to start in February 2018 trialling SentriKey, a smart keysafe system that removes the need for code management and can enable access to a property in case of emergency. This trial is being run in partnership with the Stewartry Responder Service provided by Stewartry Care.

Quality

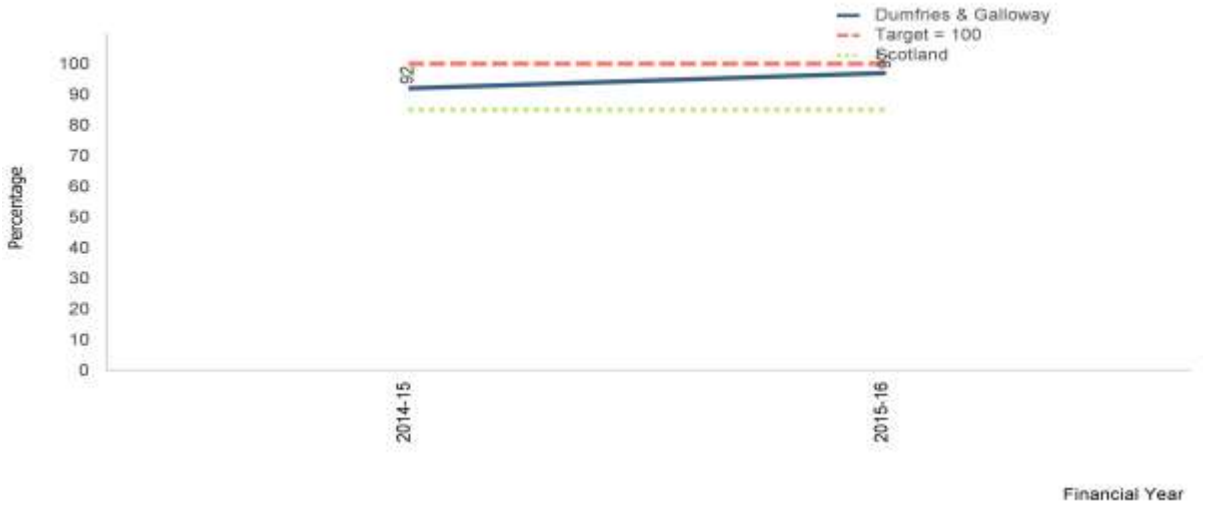
Overview



B3 Dementia post diagnostic support

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	1 Year
		Source:	ISD Scotland

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



Key Points

Information Services Division (ISD) Scotland has published provisional statistics which show an estimated 631 people were expected to be diagnosed with Dementia in 2015/16 in Dumfries and Galloway. Of this estimated number of people, 292 (46%) were referred for post-diagnostic support (PDS). Of those referred to post-diagnostic services within Dumfries and Galloway, 97% of individuals received 12 months of support.

This is 12% higher than the overall Scottish performance where 85% of individuals received 12 months of support.

The Wider Context

The Local Delivery Plan standard is to deliver expected rates of dementia diagnosis and that all people newly diagnosed with dementia receive a minimum of 1 year of post-diagnostic support and have a person-centred plan in place at the end of that support period.

Local data shows there were 292 people newly diagnosed with Dementia in 2015/16, giving a 100% referral rate for PDS. Some people drop out of support programme before 12 months is complete.

Improvement Actions

There is a local Dementia Champion Programme, running since 2007, through collaboration between NHS, Alzheimer Scotland, and User and Carer Involvement (UCI). To date, there are around 145 dementia champions across the region in a diverse range of clinical areas and departments, with a further 23 on the current local programme.

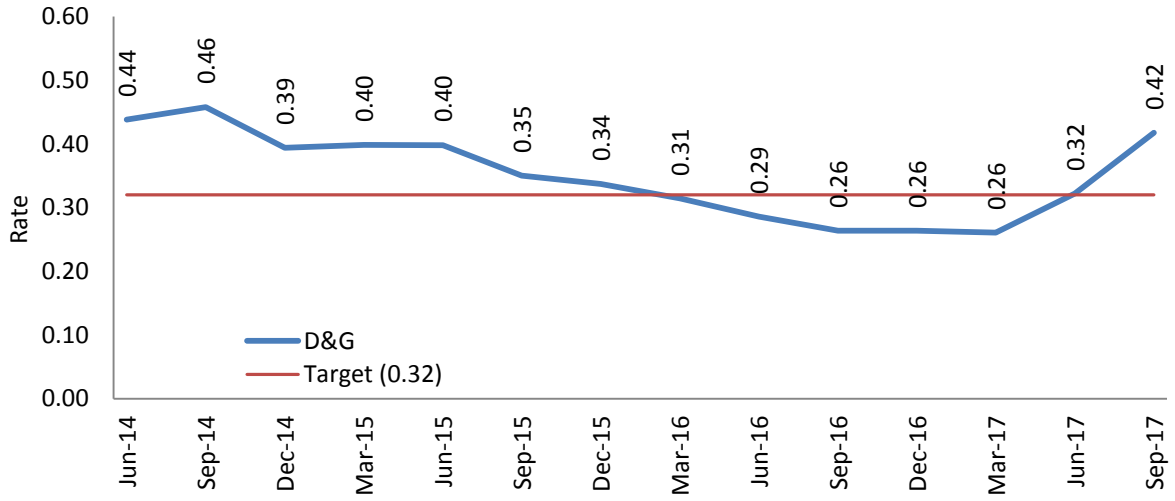
There is a 2 year project in Nithsdale for post diagnostic support looking at outcome measures where PDS is delivered in primary care, rather than the traditional model of care. We're looking to support GPs making non-complex dementia diagnoses, in prescribing cognitive enhancing medication and managing this, and to increase numbers of those diagnosed.

Dumfries and Galloway is the first health board in Scotland to work with ICHOM (International Consortium of Healthcare Outcome Measures) to use a suite of outcome measures. These will enable us to evaluate how people experience their dementia, including accessing their care and support via secondary services, compared to primary care.

B12 Rate of Clostridium Difficile infections

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | 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 published infection rate for Clostridium difficile (C. difficile) for the 12 months ending 30th September 2017 was 0.42 cases per 1,000 occupied bed days. This is above the rate for Scotland of 0.28 cases per 1,000 occupied bed days.

The Wider Context

Following a year when Dumfries and Galloway achieved some of the lowest figures since mandatory surveillance began, the number of C. difficile infections has increased. National reporting now defines infections as either community associated or healthcare associated and reports these rates separately. Community associated infections are where the person has had no contact with a hospital in the previous 12 weeks. The control of community acquired infections is challenging as it relies on the general public being aware of both good hand hygiene and good home hygiene.

Improvement Actions

Local records show there have been 51 cases from April to December 2017. Of the 51 cases 23 were in the Dumfries and Galloway Royal Infirmary (DGRI), 2 in the Galloway Community Hospital and 3 in the cottage hospitals. Approximately half of the infections associated were associated with the community and half associated with healthcare settings.

The Health Protection Team (HPT) works to ensure appropriate infection prevention and control precautions are in place for any active cases identified as living in an enclosed care community. The HPT proactively provide up to date guidance, education and resources to all local care and care at home services. Recent training has included antibiotic stewardship to encourage appropriate in-house prescribing, which will tackle the emerging threat of antibiotic resistant pathogens in care home settings in addition to C.difficile.

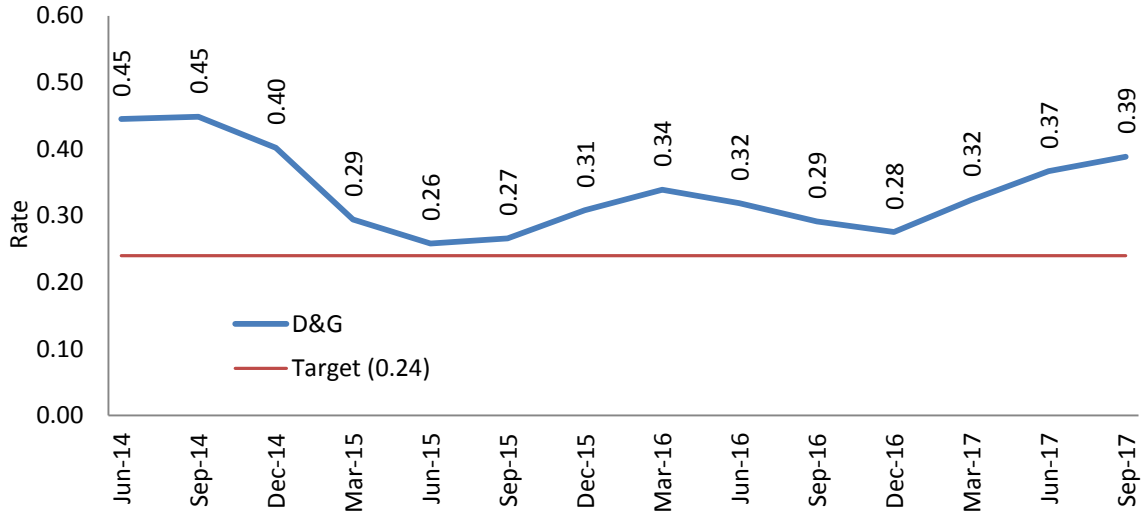
From 20 October 2017, all cleaning taking place in the DGRI has been undertaken using Actichlor Plus 1,000ppm, a powerful disinfecting agent. From 10 January 2018, the HPT recommended that care homes use bleach based cleaning agents for all routine cleaning, which will reduce the risk of C. difficile acquisition.

The Healthcare Environment Inspectorate published a report in May 2017 on the Galloway Community Hospital following an unannounced Hospital Acquired Infection inspection. The report showed good adherence to standard infection control precautions and the report included positive comments from patients regarding environmental cleanliness.

B13 Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias

National Outcomes 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | 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) in the 12 months ending 30th September 2017 was 0.39 cases per 1,000 acute occupied bed days. This is the 3rd quarterly increase since December 2016 when the rate was 0.28 cases per 1,000 occupied bed days. Local data shows during the quarter ending September 2017 there were 8 cases of SAB.
The infection rate for SAB in Dumfries and Galloway (DG) is above the target rate of 0.24 cases per 1,000 occupied bed days. The rate for Scotland was 0.33 cases per 1,000 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.
Infections are defined as either community associated or healthcare associated. Community associated infections are where the person has had no contact with a hospital in the previous 12 weeks. Healthcare associated infections have remained relatively stable, whereas there has been more variability over the last year in community associated infections.

Improvement Actions

Local records show there have been 27 cases from April to December 2017 split almost equally between healthcare associated and community associated infection. Data on ICNet allows people, who need special infection control, to be flagged (on Cortex) so wards can manage new admissions appropriately. This reduces exposure for both staff and people using services. Screening for MRSA in Dumfries and Galloway is one of the highest in Scotland, at 97% in the quarter ending December 2017.
Invasive devices will be a focus for improvement work in 2018.
Prompt recognition of a SAB infection secondary to intravenous drug use (IVDU) will prompt notification to the Health Protection Team (HPT) who can support or provide the person a harm reduction brief intervention in a bid to reduce reoccurrence. Alerts are also made to partners in the wider drug and alcohol services when a local increase in IVDU related SAB occurs. This alert is used to encourage potential new cases to seek timely medical help and assists the HPT to identify emerging patterns of disease and investigate common source contamination / infection.

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

National Outcomes	Dumfries & Galloway Priority Area		
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10	Reported:	01/12/2017
		Frequency:	Quarterly
		Source:	Dumgal Council

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

Key Points

Across Dumfries and Galloway in the quarter ending December 2017 66.5% of people referring a Duty to Inquire case to Adult Support and Protection (ASP) received feedback within 5 days of receipt of referral. There has been a steady improvement in the figures.

The Wider Context

Across Dumfries and Galloway there are typically 80 to 100 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. This indicator, introduced in January 2016, should be considered to be in a testing phase. 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 differs depending on the source of the referral. Where a professional has referred, 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.

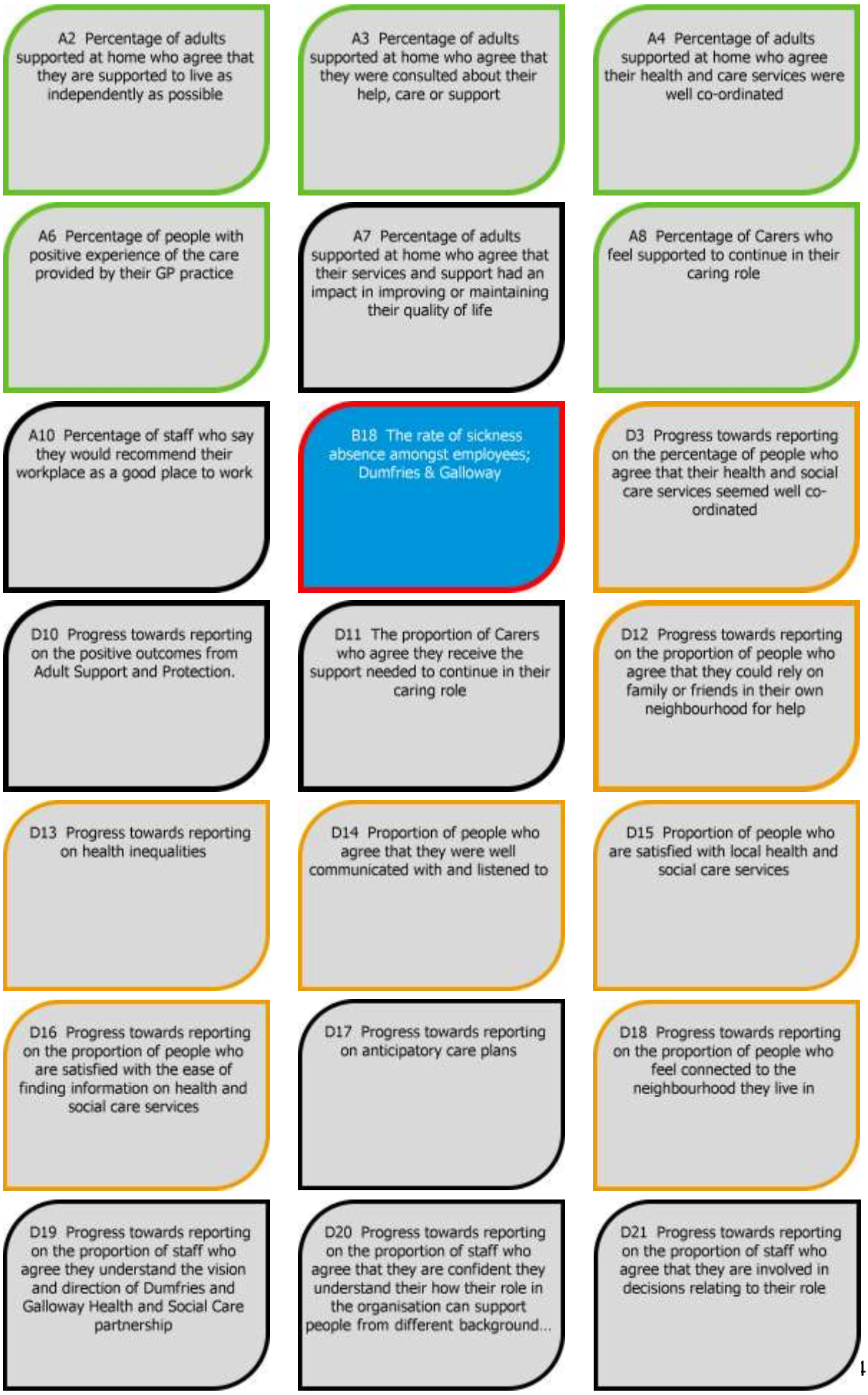
Improvement Actions

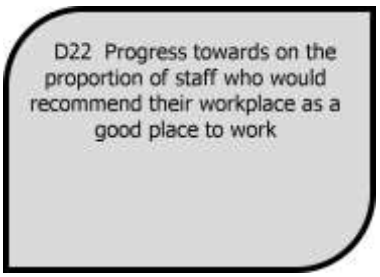
Improving communication between ASP and referrers was identified as a priority by the Adult Support and Protection Executive Group (ASPEG) and the Adult Support and Protection Committee (APC). An annual review was commissioned by ASPEG into Adult Multi-Agency Safeguarding Hub (MASH) processes. Considerations on the findings of this review have been identified with a report on revised MASH arrangements presented to APC in March 2018. Performance continues to be monitored and regular reports shared with senior manager and frontline practitioners to improve information sharing and speedier decision making.

The MASH holds primary responsibility for providing feedback. This will become a core function in MASH to continue to support consistent practice and joint information sharing at an earlier stage.

Stakeholder Experience

Overview

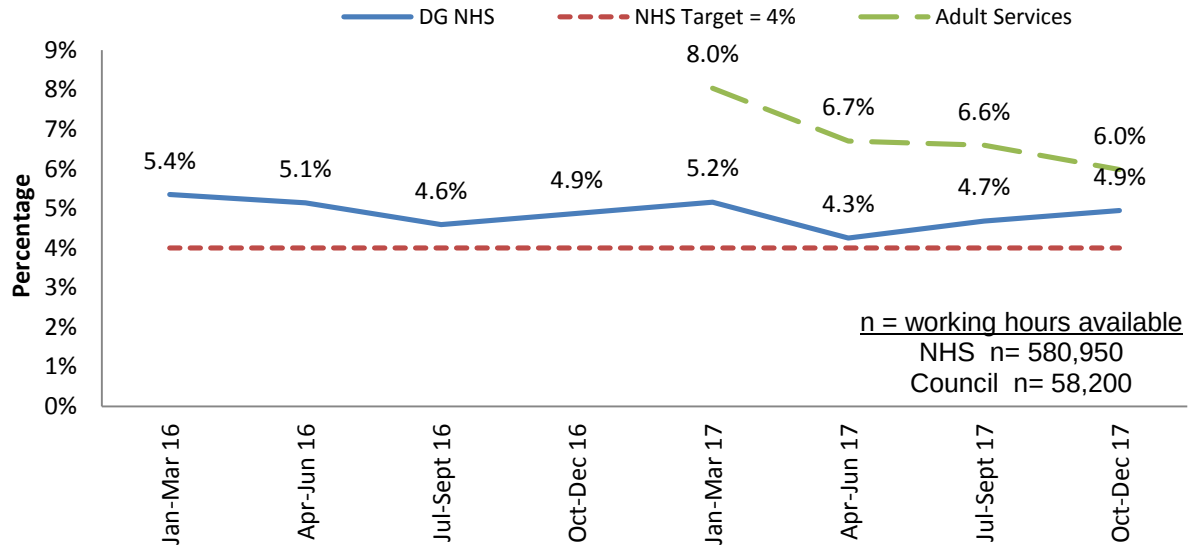



D22 Progress towards on the proportion of staff who would recommend their workplace as a good place to work

B18 Sickness absence rate

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | Frequency: Quarterly | Source: ISD Scotland

The rate of sickness absence amongst employees; Dumfries & Galloway



Key Points

The rate of sickness absence amongst NHS employees from October to December 2017 was 4.9% and for Adult Social Services in the council it was 6.0%. The sickness absence rate for adult social services has fallen for the last 3 quarters.

These rates remain higher than the national target of 4% (NHS Staff).

The Wider Context

Across Dumfries and Galloway there are approximately 3,540 whole time equivalent (wte) NHS employees and 427 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

The Working Well review undertaken on behalf of the NHS Staff Governance Committee has led to the establishment of a range of priorities for supporting staff health and wellbeing in 2018. The first priority has been the establishment of a Working Well Partnership Group to lead this work on behalf of the Staff Governance Committee. The membership of this group has been agreed. Further priorities include the development of data analysis and reporting of sickness absence and management, specifically focused on awareness raising and engagement on wellbeing and exploring ways of supporting mental health and team resilience.

In Adult Social Services, there continues to be focus on attendance at work, which is a priority for the council. This is managed proactively through line manager intervention, support from HR case officers and also continued support from the 'Maximising Attendance Team'. Corporate training is available on a monthly basis which is in addition to on line training which can be accessed at any point. Monthly reports are provided to managers to highlight absence rates within teams and to allow focused intervention.

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

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

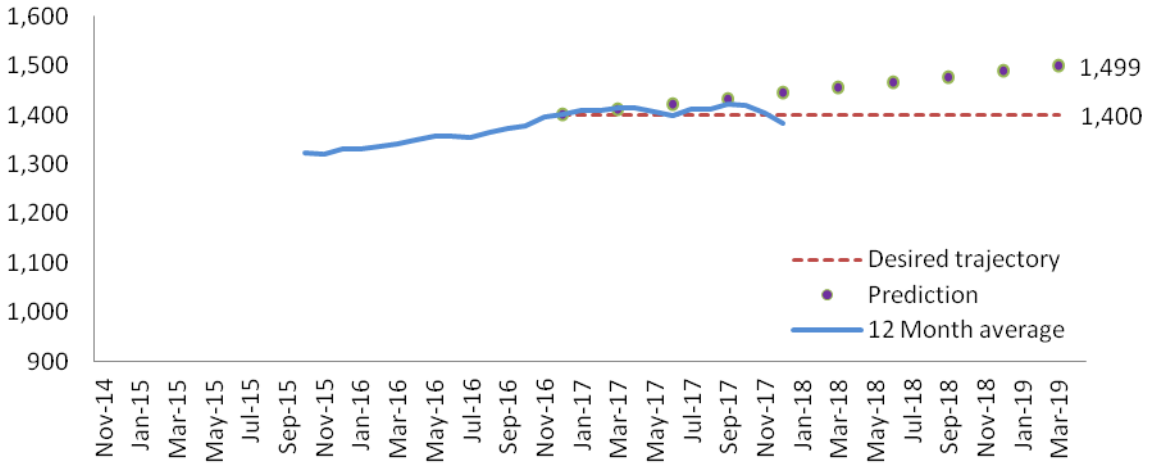
Overview

E1 Emergency admissions per month

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: ISD Scotland

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



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Oct 17	1,350	1,400	1,437	1,419	96%
Nov 17	1,256	1,400	1,441	1,404	90%
Dec 17	1,293	1,400	1,444	1,383	85%

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 1,383 in December 2017. If the number of emergency admissions could be maintained at or below an average of 1,400 per month, this would equate to a drop of 7% 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 December 2017).
The rolling 12 month average is increasing and in line with the prediction.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing data completeness issues. These figures include people admitted through the emergency department and also admissions direct to a ward arranged by a GP.
Research shows that approximately 40-50% of the rise in emergency admissions in the last 15 years can be attributed to demographic changes. It is believed that the growth in emergency admissions could, in part, be reduced by redesigning services to meet the needs of those people whose admission to hospital may have been avoidable in the community.

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 206 people.
Stronger relationships between health and social care professionals and a wider network of partners, including local police, is helping to address some of the social challenges which previously could have resulted in admission to hospital.

A bid has been submitted to the Scottish Government to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease to remain in their own home environment.

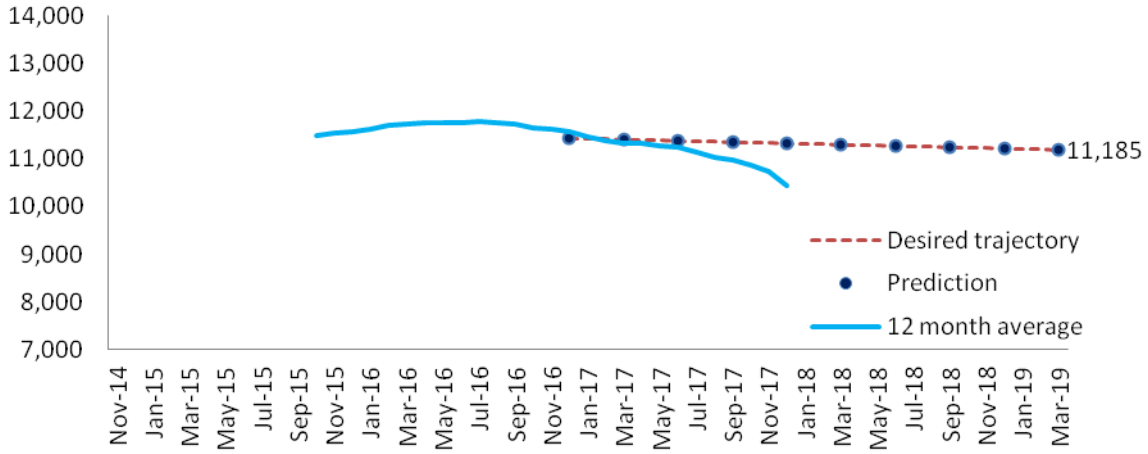
An important contribution to managing people's care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.

E2 Unscheduled hospital bed days for acute specialties

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: ISD Scotland

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



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Oct 17	9,849	11,338	11,338	10,871	96%
Nov 17	9,565	11,329	11,329	10,723	90%
Dec 17	8,150	11,320	11,320	10,447	85%

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 8,150 in December 2017.

The rolling 12 month average is a little lower than the prediction, which was based on the previous 2 years' figures (recalculated in December 2017). As the prediction is heading in a desirable direction, this has also been taken as the desired trajectory. 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.

Recent actions/changes in this area of care appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing completeness issues.
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

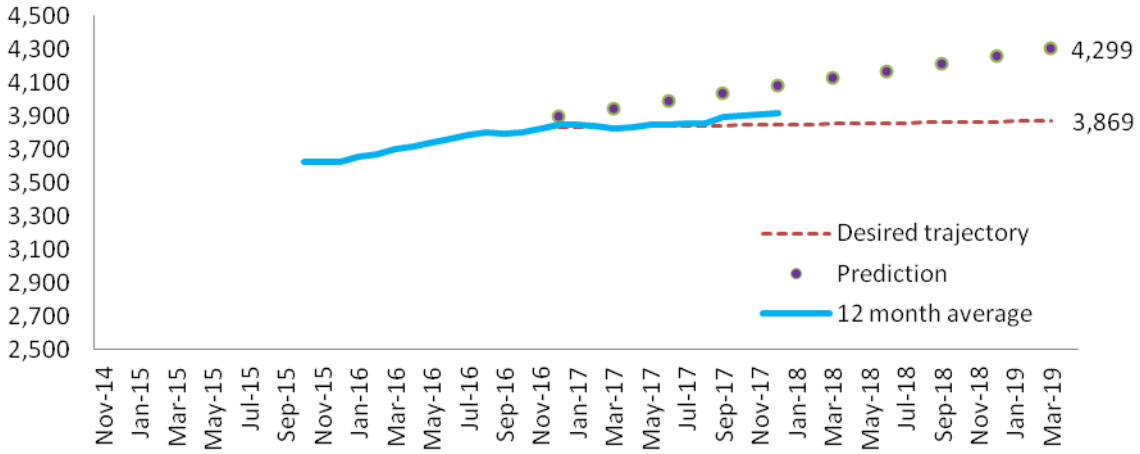
Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people's journey through hospital. The Short Term Assessment Re-ablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries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

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10

Reported: 01/12/2017
Frequency: Quarterly
Source: ISD Scotland

The number of people attending emergency department per month



Date	Actual	Desired	Predicted	12 month average
Oct 17	3,876	3,843	4,047	3,900
Nov 17	3,837	3,845	4,062	3,910
Dec 17	3,853	3,846	4,076	3,912

Key Points

The number of people attending any emergency department location in Dumfries and Galloway was 3,853 in December 2017.

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 December 2017).

The rolling 12 month average is increasing and is a little higher than the desired trajectory but below the number of attendances predicted.

The Wider Context

These figures are reported from the A&E datamart and do not include planned returns. There are no completion issues with this dataset.
In Scotland 25% of ED attendances in 2016/17 resulted in an admission to the same hospital. 30% of ED attendances in Dumfries and Galloway were admitted in 2016/17.
For emergency department waiting times, see indicator B19.

Improvement Actions

The Meet ED public awareness campaign has started to direct people to the most appropriate setting, which may not be the ED, through the busy winter months. We are using social media to communicate with the public when the department is particularly busy.

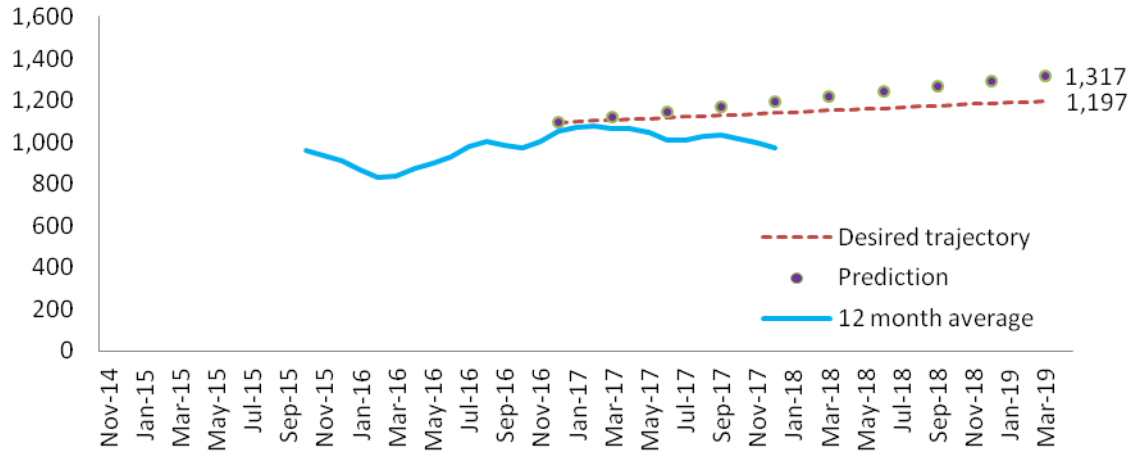
A case note review will be undertaken in the next quarter to assess the clinical appropriateness of medical admissions from the ED. This review will inform professionals where people might have been more appropriately treated or supported.

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. The waiting environment has been changed to enable people to remain in their own clothes, supporting the expectation to return home rather than be admitted, where appropriate.

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

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | Frequency: Quarterly | Source: ISD Scotland

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



Date	Actual	Desired	Predicted	12 month average
Oct 17	1,040	1,132	1,177	1,013
Nov 17	1,018	1,136	1,185	998
Dec 17	1,143	1,140	1,193	975

Key Points

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 1,143 for adult residents of Dumfries and Galloway in December 2017
The rolling 12 month average is lower than the desired trajectory suggesting that the performance is better than had been expected.
If the number of delayed bed days follows the desired trajectory line, this would equate to a real term 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 December 2017).

Recent improvement actions appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

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.

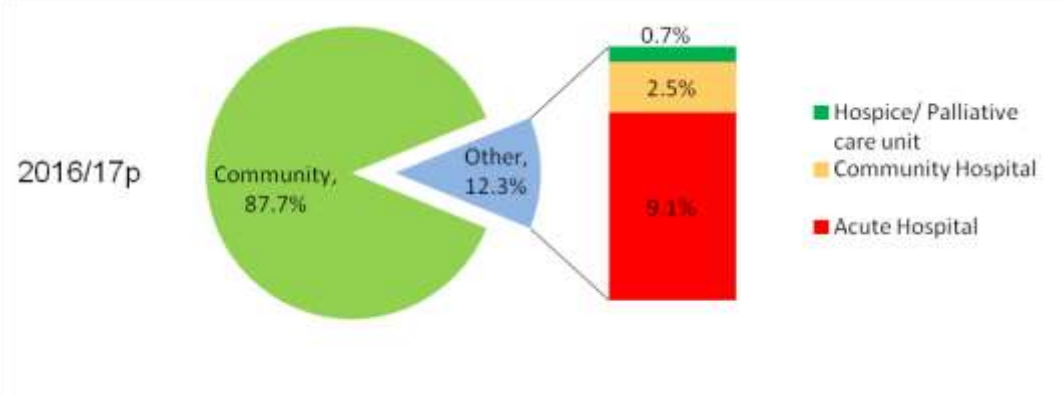
Improvement Actions

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.
The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85, in June 17. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.
The Day of Care Survey now takes place on a monthly basis in the DGRI. The latest survey showed an improvement in the number of people who could have been discharged earlier, from 30.5% in September 2016 to 19.0% in January 2018.

E5 Percentage of last 6 months of life by setting

National Outcomes 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | Frequency: Quarterly | Source: ISD Scotland

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



Date	Community	Hospice/ Palliative care unit	Community Hospital	Acute Hospital
2014/15	88.9%	0.8%	1.9%	8.4%
2015/16	87.9%	0.7%	2.1%	9.3%
2016/17p	88.7%	0.7%	2.5%	9.1%

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 87.9% in 2015/16 to 87.7% in 2016/17 (figures still provisional).

Across health and social care partnerships for 2016/17, this percentage ranged from 84.9% to 93.8%, with the Scotland average being 87.3%. The overall trend for Scotland is a slowly increasing proportion of the last 6 months of life spent in a community setting (85.3% in 2010/11 has risen to 87.3% in 2016/17.)

People appear to have spent less time in their last 6 months of life in an acute hospital setting in Dumfries and Galloway, from 9.3% in 2015/16 to 9.1% in 2016/17.

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 2016/17 there were 1,771 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.

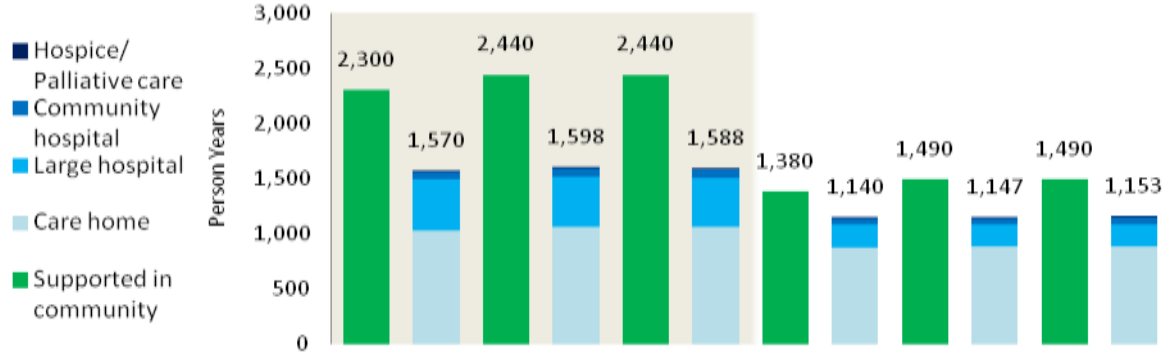
Improvement Actions

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. We are currently developing a new palliative care strategy for Dumfries and Galloway. Part of this process will include a scoping of palliative and end of life care options in Dumfries and Galloway.

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

National Outcomes: 1 2 3 4 5 6 7 8 9 | Dumfries & Galloway Priority Area: 1 2 3 4 5 6 7 8 9 10 | Reported: 01/12/2017 | Frequency: Quarterly | Source: ISD Scotland

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



Setting	All ages 2014/15	All ages 2015/16	All ages 2016/17p	Aged 75+ 2014/15	Aged 75+ 2015/16	Aged 75+ 2016/17p
Hospice/Palliative care	8	7	7	3	2	4
Community hospital	64	72	75	53	58	62
Large hospital	474	461	447	209	206	207
Care home	1,024	1,058	1,058	874	881	881
Total institutional	**1,570**	**1,598**	**1,588**	**1,140**	**1,147**	**1,153**
Supported in community	2,300	2,440	2,440	1,380	1,490	1,490

Key Points

The total amount of time that people are supported in the community is rising for people of all ages, including people aged 75 years and older. For people aged 75 years and older in 2014/15 the number of person years spent in the community was 1,380. This had risen to 1,490 person years in 2016/17, an increase of 8%.

The total amount of time that people are cared for in institutional settings is broadly remaining the same for all ages, and increasing a small amount for people aged 75 years and older. For people aged 75 years and older in 2014/15 the number of person years spent in all institutional settings was 1,140. This had risen to 1,153 person years in 2016/17, an increase of 1%.

The Wider Context

A person year is the total amount of time one person has in one year. If someone has a home care support package all year round, this would equal one full person year of being supported in the community. If a person has a hospital admission for one month, this would equal one twelfth of a person year spent in an institutional setting. The activity of all Dumfries and Galloway residents is added together to give the person year total for the whole region. These figures do not include the activity of people who fund their own care and support, people who are supported solely by unpaid Carers and/or the voluntary sector or any outpatient or community health activity such as STARS, community nursing and mental health.

Improvement Actions

The majority of the population experience very little institutional care or home support in the community in any given year. The amount of person years spent by the entire region in the community unsupported is equal to the total population's person years (approximately 149,000) minus the above figures.

The proportion of time spent in the community unsupported ranged from 96.9% to 98.5% across all of the health and social care partnerships in 2016/17. The proportion for Dumfries and Galloway was 97.31%. The remaining 2.69% of time accounts for all hospital and social care activity in the region paid for by the statutory sector.

This measure lacks the sensitivity required to be able to demonstrate shifts in the balance of care. The issue has been raised with a visiting representative of the Ministerial Strategic Group.