

# PERFORMANCE MANAGEMENT QUARTERLY REPORT



Q4 January - March 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

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 with intensive care needs receiving Care at home

A19 Number of days people 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

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

B8 Early access (booking by 12 weeks) to antenatal service

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 treatment that supports their recovery



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

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

B19 Percentage of 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 (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 personal care at home

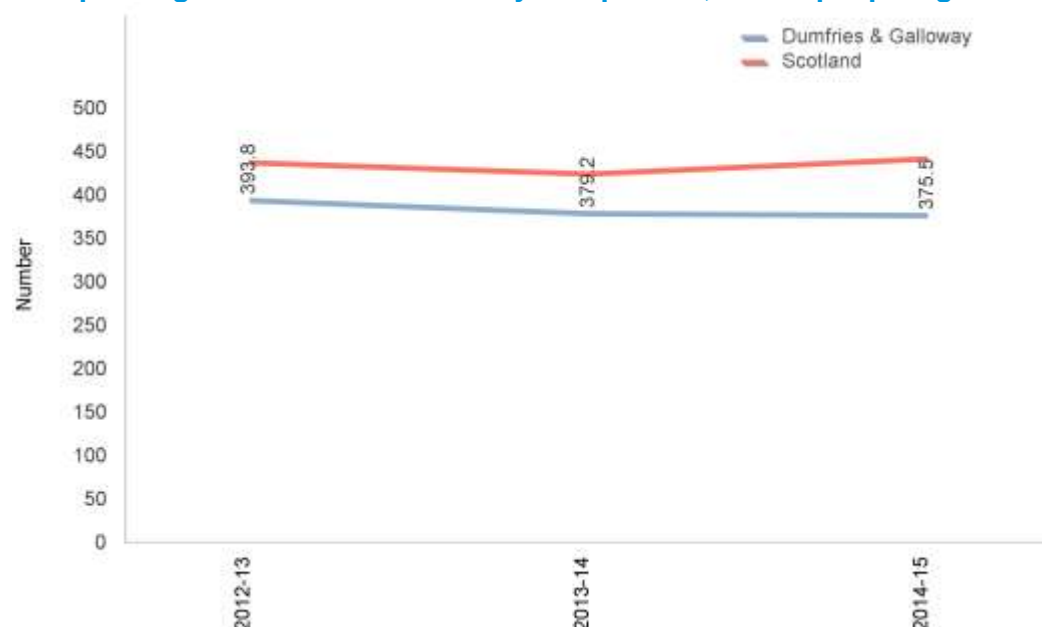
D1 Progress towards reporting on the proportion of people who agree they felt safe when they last used health and social care services



## A11 Premature mortality rate

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 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 |

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



### Key Points

The premature mortality rate is standardised to account for the different proportions of age groups in different regions. Dumfries & Galloway (376 deaths per 100,000 people aged under 75 in 2015) is typically better than Scotland (441 deaths per 100,000 people aged under 75) and the long term trend across Scotland is downwards.

### The Wider Context

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

### Improvement Actions

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

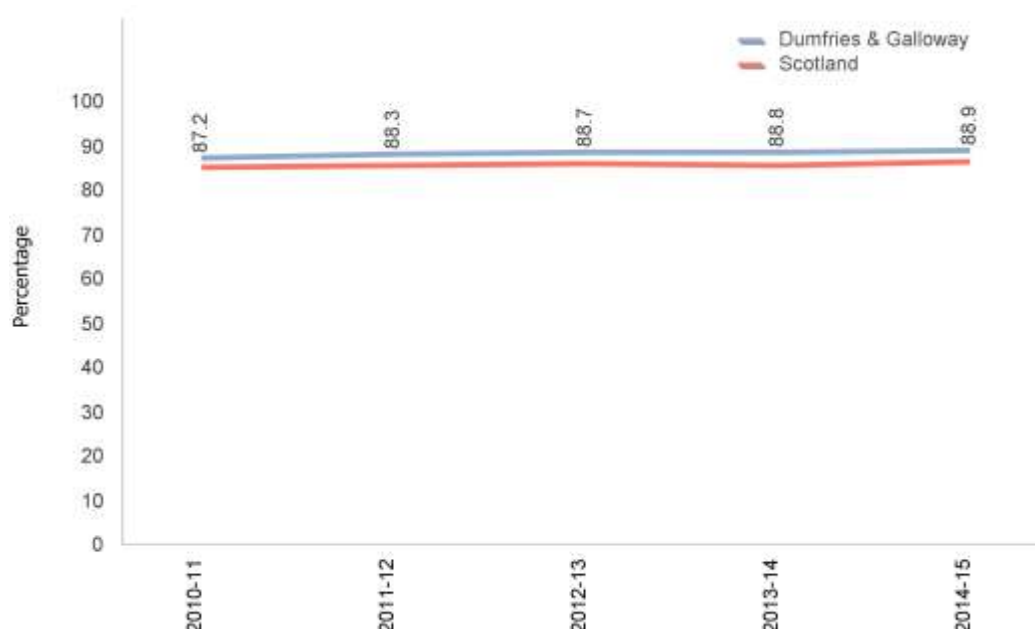
Ensuring children have the best start in life, tackling poverty, reducing unemployment, promoting mental wellbeing, increasing educational attainment and improving poor physical and social environments will, therefore, all contribute to reducing premature mortality.

This needs to be complemented by specific action on the "big killer" diseases, such as cardiovascular disease and cancer where some of the risk factors, such as smoking, are strongly linked to deprivation, as well as addressing drug and alcohol problems and links to violence that affect younger men in particular.

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 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 |

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



### Key Points

Overall 88.9% of the last 6 months of life were spent at home or in a community setting for those people from Dumfries & Galloway who died in 2014/15. This rate has remained relatively stable.

The rate for Dumfries & Galloway is similar to the overall rate for Scotland in 2015/16. The Scotland rate was 86.3%.

### The Wider Context

This indicator would ideally represent the wishes and choices of individuals and their Carers however, for an individual, their preferred place of care can change as their condition and circumstances change over time. The last six months of life are chosen as this is the period when most hospital admissions occur. The National Record of Scotland reported that in 2015 there were 1,901 adult deaths (people aged 20 or over) in Dumfries & Galloway.

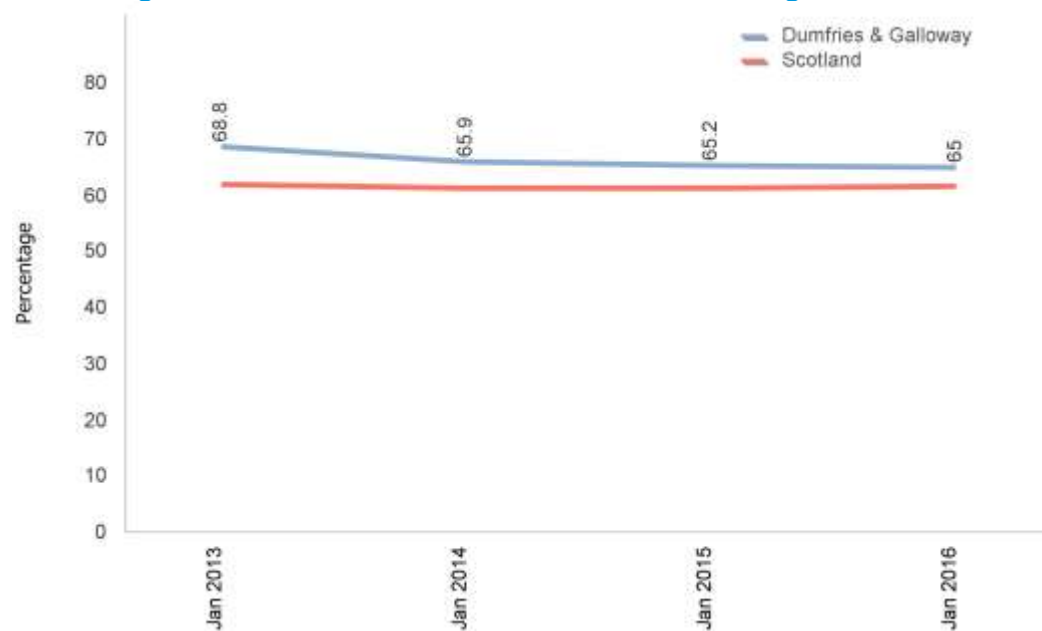
### Improvement Actions

Fewer than half of people in Dumfries & Galloway currently die at home or in a homely setting (see the Dumfries and Galloway Health and Social Care Adult Strategic Needs Assessment). A review of palliative care and support in Dumfries & Galloway is currently underway. The Scottish Government published the Palliative and End of Life Care Strategic Framework for Action in December 2015 which sets out the vision that “by 2021, everyone in Scotland who needs palliative care will have access to it”.

## A18 Percentage of adults with intensive care needs receiving care at home

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 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 adults with intensive care needs receiving care at home



### Key Points

In 2015/16 across Dumfries & Galloway 65% of adults who have intensive care needs received care at home. This is greater than the overall proportion for Scotland, 62%.

This rate has marginally declined in Dumfries & Galloway over the past 5 years from 71% in 2011/12 whereas the overall rate for Scotland has remained relatively steady.

### The Wider Context

This indicator should not be confused with Indicator C6. This indicator assesses the proportion of all people who receive long term care and support (be that care at home or care from a residential home) that receive Care at Home. It is intended as a measure of how successful the partnership is at keeping people in their own homes. (Indicator C6 assesses the proportion of all Care at Home cases that are 'intensive'.)

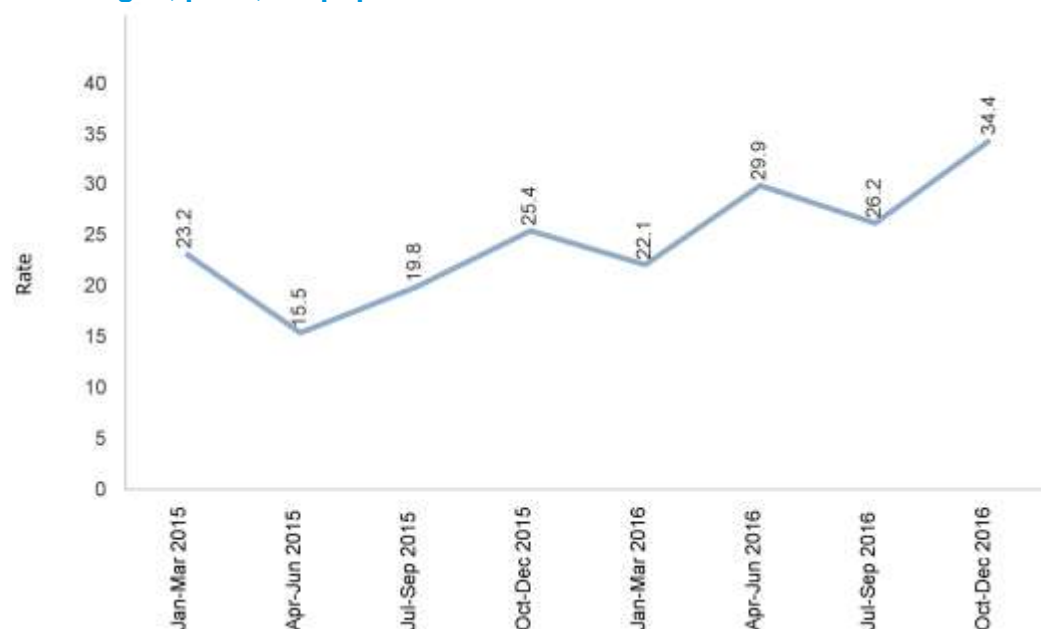
### Improvement Actions

A working group has been established to look at new models of care. Modelling of how care is distributed at locality level will help inform future planning.

## A19 Number of days spent in hospital when ready for discharge

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 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**



### 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 people) and care arrangements (14 people).

### The Wider Context

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

### 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, a weekly video conference meeting is held between the delayed discharge manager, senior social workers and patient flow coordinators at which each delay is reviewed. There are four new flow co-ordinator posts, one for each locality, who support the discharge process from cottage hospitals to a homely setting.

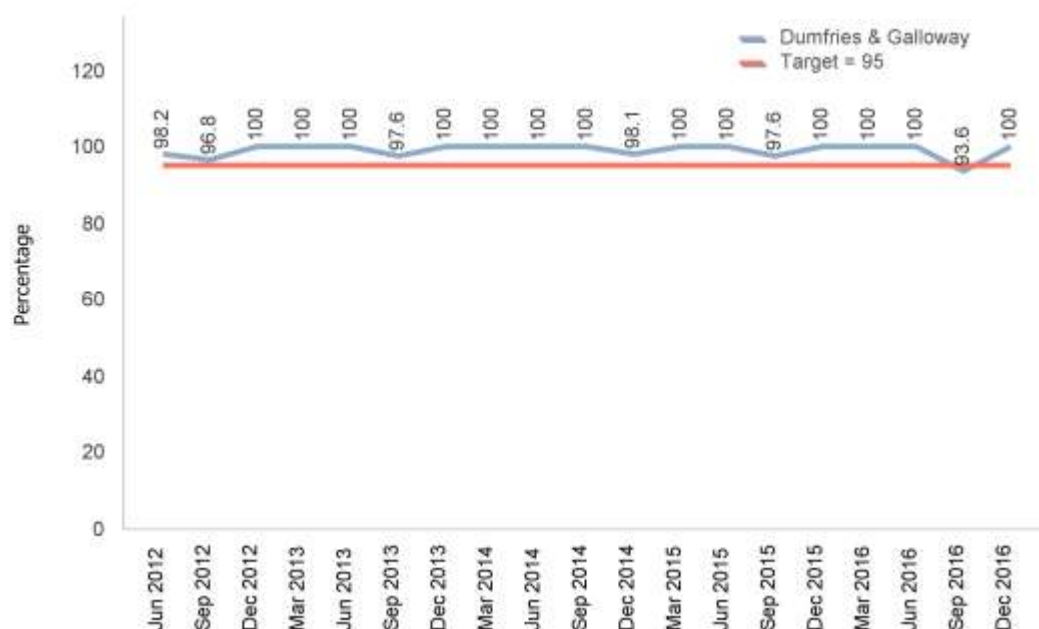
Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings. The Short Term Assessment Re-ablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at DGRI. They hold a daily flow meeting to identify people suitable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

Lack of staff or reduced staffing of certain professional groups on Bank Holidays presents challenges for timely discharge. A short life working group is looking at managing public holiday working.

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 people newly diagnosed cancer 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 improved in the last quarter and is at 100% in December 2016.

The most recent figures published nationally for this indicator are for the three months ending December 2016 where Dumfries & Galloway achieved a rate of 95.1%, above the Scottish national rate of 94.1%.

### The Wider Context

Per month, there are approximately 50 people across Dumfries & Galloway newly diagnosed with cancer that goes on to be treated. The 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 Dumfries & Galloway often involve onward referral to other health boards. Dumfries & Galloway's performance can therefore 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

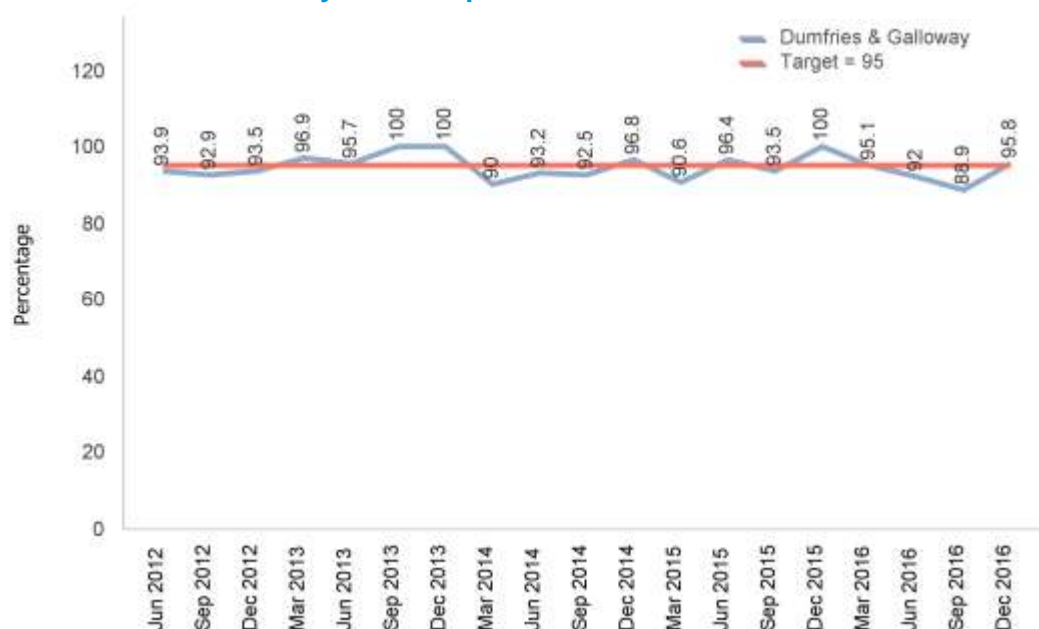
There are arrangements to monitor daily where people's assessment for diagnosis may be at risk of delay enabling the clinical team to prioritise particular cases. There are also weekly assessments of when people might be waiting too long for MRI (magnetic resonance imaging) tests. Daily escalation appears to be helpful in bringing down waiting times; MRI waiting times are coming down and pathway reviews continue to improve.

A programme of work is underway to deliver recommendations on the preferred diagnosis and treatment pathways to tertiary centres (typically Edinburgh and Glasgow) on a tumour by tumour basis, which should improve people's overall experience of the services.

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 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 88.9% at the end of September 2016 to 95.8% in December 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 people with 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 December 2016 where the Scottish national rate of 87.5% was well below that of Dumfries & Galloway.

### 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. MRI (magnetic resonance imaging) waiting times have improved and the organisation is in the process of recruiting further MRI staff.

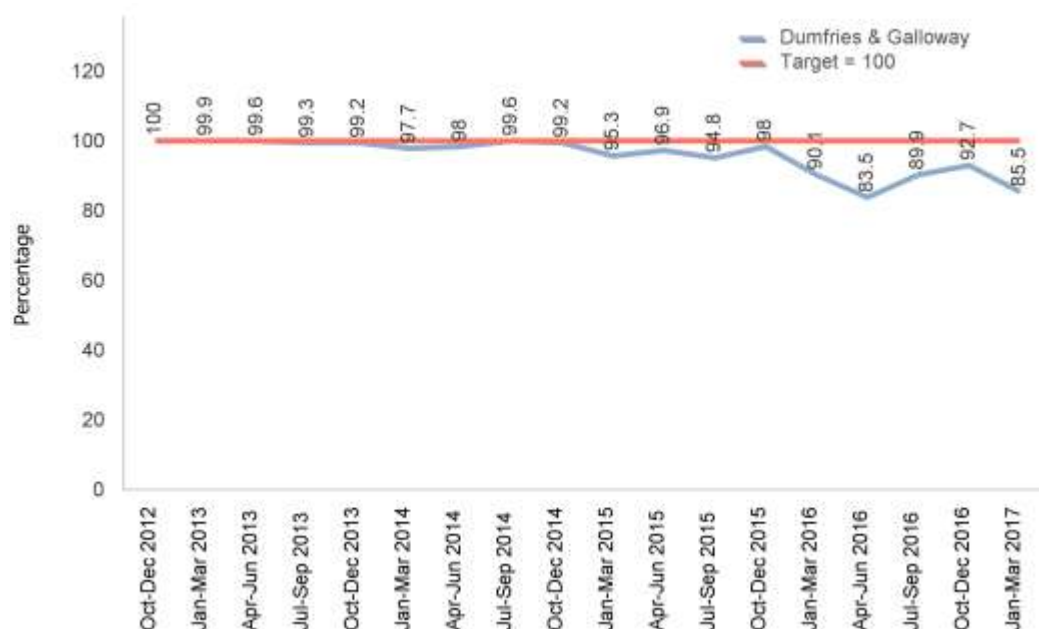
The multi disciplinary team coordinator is now in post and developing into the role. The role will support the collection of data to achieve Quality Performance Indicators, improve record keeping and be a conduit between recording outcomes and informing primary care of decisions.



## B4 Treatment time guarantee (TTG)

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 fallen to 85.5% this quarter. The longer term trend for this indicator is downward. Dumfries & Galloway's performance is currently below the national target of 100%.

### The Wider Context

Official statistics recently released by ISD indicated that at the end of December 2016 the Scottish rate was 86.7%. In Dumfries & Galloway 177 people who were treated between October to December 2016 had waited more than 12 weeks.

### Improvement Actions

Dumfries & Galloway continues to strive to achieve the Treatment Time Guarantee (TTG). Weekend lists are being run to try and accommodate people where possible. In ophthalmology, nurses have been 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. The process of nurses taking on this role is anticipated to release consultant capacity. It is anticipated to see improvement in this area over the next six months.

In orthopaedics Allied Health Professional (AHP) triaging has been introduced. This involves AHPs using evidence based pathways to triage all routine orthopaedic referrals from primary care to the most appropriate speciality. This may be an AHP speciality such as physiotherapy or podiatry or the person may require a direct orthopaedic referral.

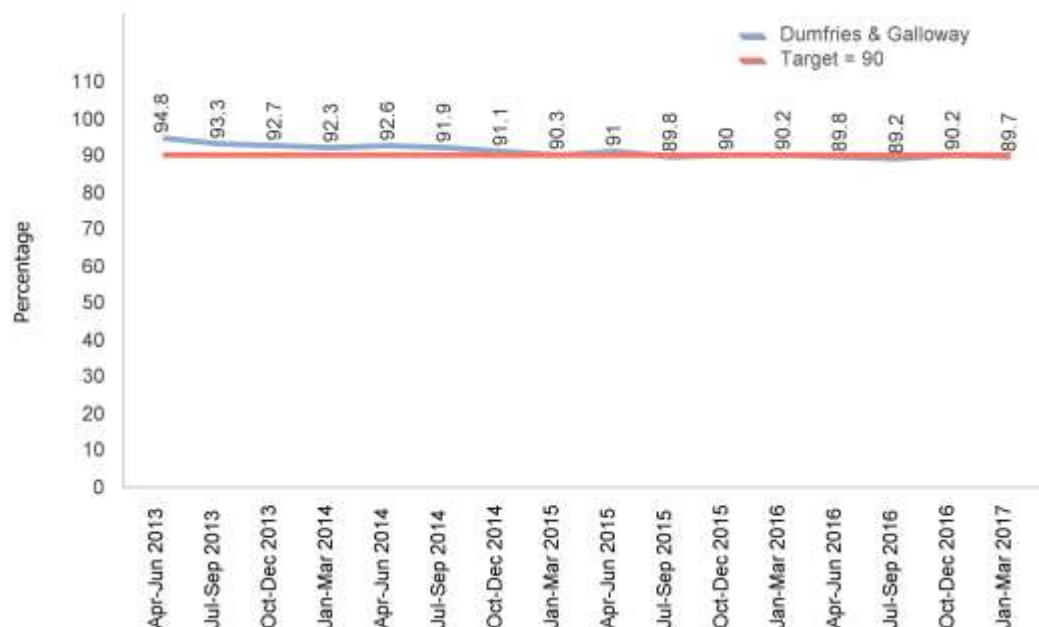
The number of orthopaedic speciality referrals has reduced by an average of 23%, which has reduced the waiting list in this area. The number of onward referrals to orthopaedics following the first appointment to AHPs has reduced by 60%, demonstrating that people are being seen more often by the right speciality, first time. The pilot has involved closer working between AHPs and the orthopaedic consultants and has resulted in positive improvements in communication and joint decision making. This pilot is continuing for another 6 months until September 2017 with the hope of securing substantive funding to continue this.



## B5 18 weeks referral to treatment

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 89.7% at the end of March 2017 against a target of 90%.

The rate for Dumfries & Galloway remained stable for financial year 2016/17.

### The Wider Context

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

### Improvement Actions

An occupational therapist has completed training and has commenced steroid injections for hand conditions. This will improve efficiency and reduce the waiting times of both orthopaedic and rheumatology clinics. This service commenced in April 2017 as planned.

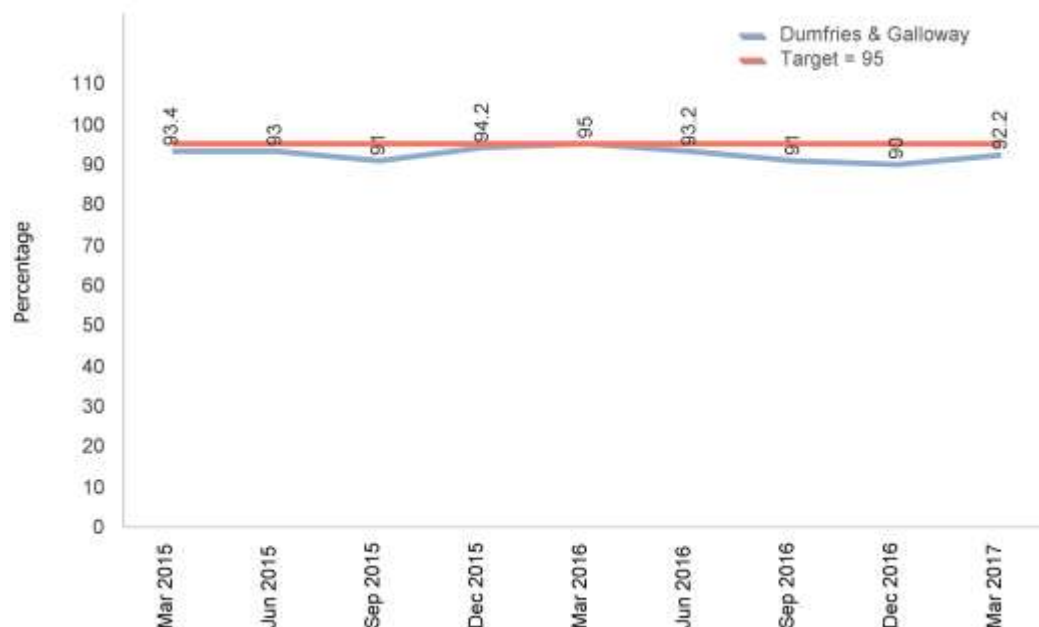
The management team is undertaking demand, capacity, activity and queuing (DCAQ) modelling to better identify and make best use of available capacity. Each speciality is undertaking activity modelling and developing improvement plans in anticipation of the move to the new hospital. These will be shared with Scottish Government in order to assure performance against elective access targets is maintained.

The Golden Jubilee Hospital has agreed to provide prioritised access to Dumfries & Galloway to increase capacity, particularly for the period of transition to the new hospital.

## B6 12 weeks first outpatient appointment

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 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 92.2% in March 2017.

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 December 2016 when the Scottish rate was 75.8%.

### Improvement Actions

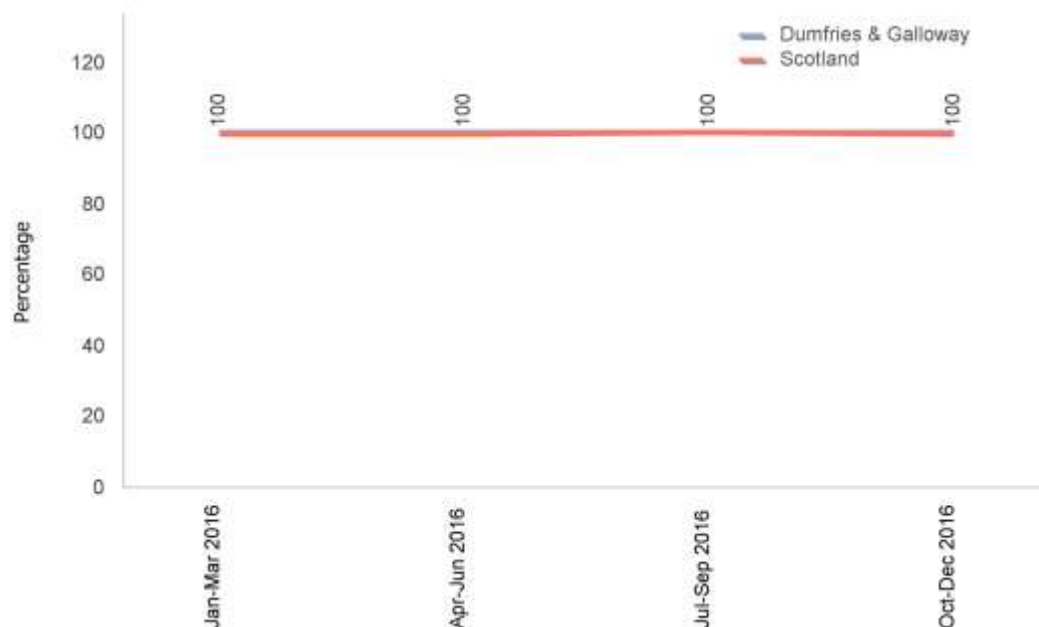
A pilot where allied health professionals (AHPs) triage orthopaedic referrals, combined with close working between AHPs and orthopaedic consultants, commenced in November 2016. The aim is that people will see the most clinically appropriate person in the first instance. There has been a sustained level of around 20% of people being redirected more appropriately. It is anticipated that this approach will reduce waiting times and make a more seamless experience of care for people.

Work to validate referrals to ophthalmology and orthopaedics to prevent duplicates has reduced unnecessary ophthalmology referrals by 200 in the last quarter. When people are referred to multiple specialities, this can result in people seeing someone clinically inappropriate. This can also increase the internal referral rates and inequity of service provision by queue jumping. Discussions are ongoing about how to ensure that the quality and quantity of referrals to certain specialties are appropriate.

## B9 IVF waiting times

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly    |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | ISD Scotland |

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



### Key Points

100% of eligible people from Dumfries & Galloway received IVF treatment within 12 months, achieving this target.

### The Wider Context

In Vitro Fertilisation (IVF) services for people from Dumfries & Galloway are provided by a specialist treatment centre in Glasgow. On average, fewer than 20 people per year are referred for IVF from Dumfries & Galloway. Figures recently published by ISD Scotland for the three months ending 30th September 2016 show that there was a total of 387 people from across Scotland screened for IVF. 100% of people referred were screened within 12 months and furthermore, approximately two thirds of people referred were screened within 6 months.

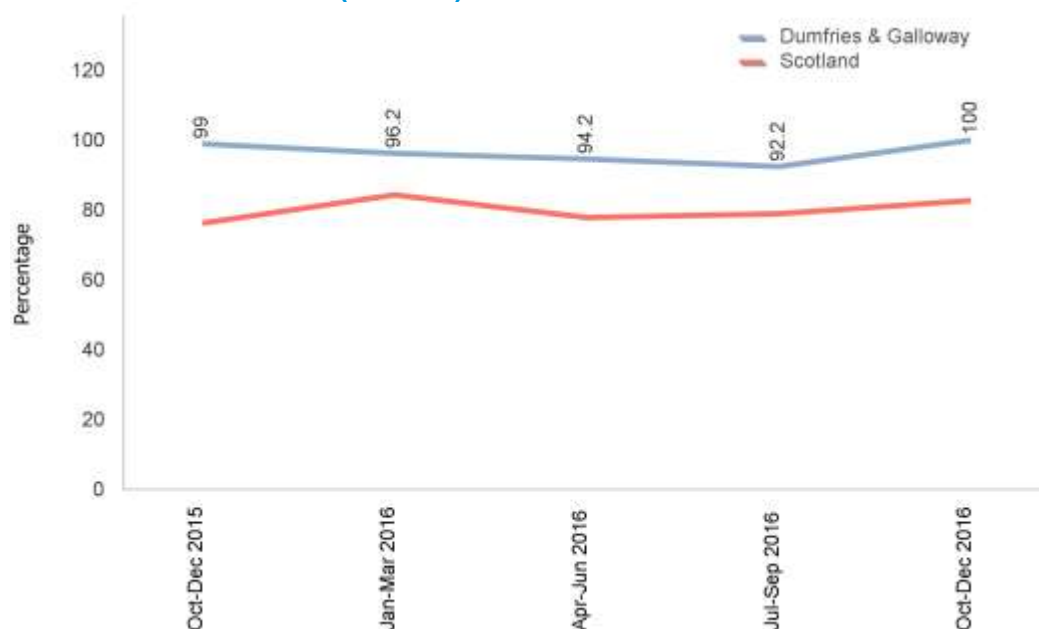
### Improvement Actions

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

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly    |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | ISD Scotland |

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



### Key Points

At the end of December 2016, across Dumfries & Galloway, 100.0% of people referred to CAMHS commenced treatment within 18 weeks of referral.

This is above the target of 90% and greater than the overall rate for Scotland, 82.5%.

### The Wider Context

This indicator is based on 'journeys of care'. A 'journey of care' is the time between each person's initial referral to CAMHS, any pre-treatment steps required, and the end of treatment. People are counted in this indicator when their journey of care is concluded. Across Dumfries & Galloway there are approximately 100 completed journeys of care every 3 months.

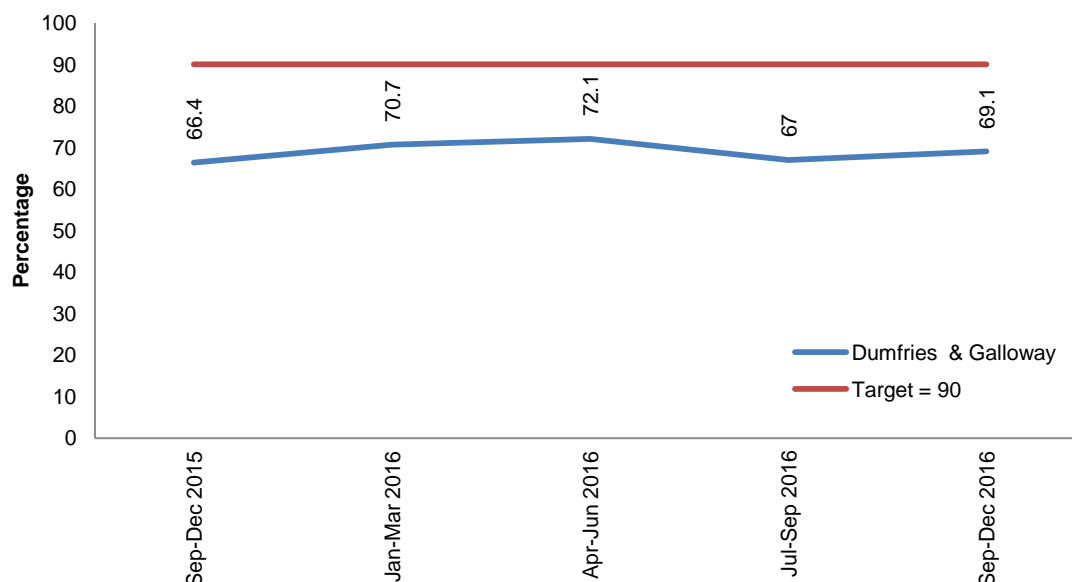
### Improvement Actions

Locally CAMHS continue to aim to achieve the target set by the Scottish Government of 100%. It is recognised that there are increasing pressures including a rise in the number of referrals. Currently, the management of new referrals is informed by the Choice And Partnership Approach (CAPA) which is used by many CAMHS teams in the UK.

## B11 Psychological therapies waiting times

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 eligible people who commence psychological therapies within 18 weeks of being referred



#### Key Points

The percentage of eligible new people who commenced psychological therapies within 18 weeks of being referred across Dumfries & Galloway was 69.1% against a target of 90% from September to December 2016. The most recent nationally published figures for Scotland was 77.5% for the same quarter. Performance across health boards varied greatly, ranging from 43.5% to 98.2%.

#### The Wider Context

Approximately 240 new people are seen every month for psychological therapies across Dumfries & Galloway, and approximately 1000 return appointments are offered every month. Since July 2016 there have been long-term staff absences and vacancies that have reduced capacity in the psychological therapies teams.

#### Improvement Actions

The referral rate per 1,000 population for Dumfries & Galloway remains the highest in Scotland for working age adults and older adults. Scottish Government money to improve access to psychological therapies has been used to fund a primary care liaison and computerised Cognitive Behavioural Therapy (cCBT). These projects are now fully staffed and operational.

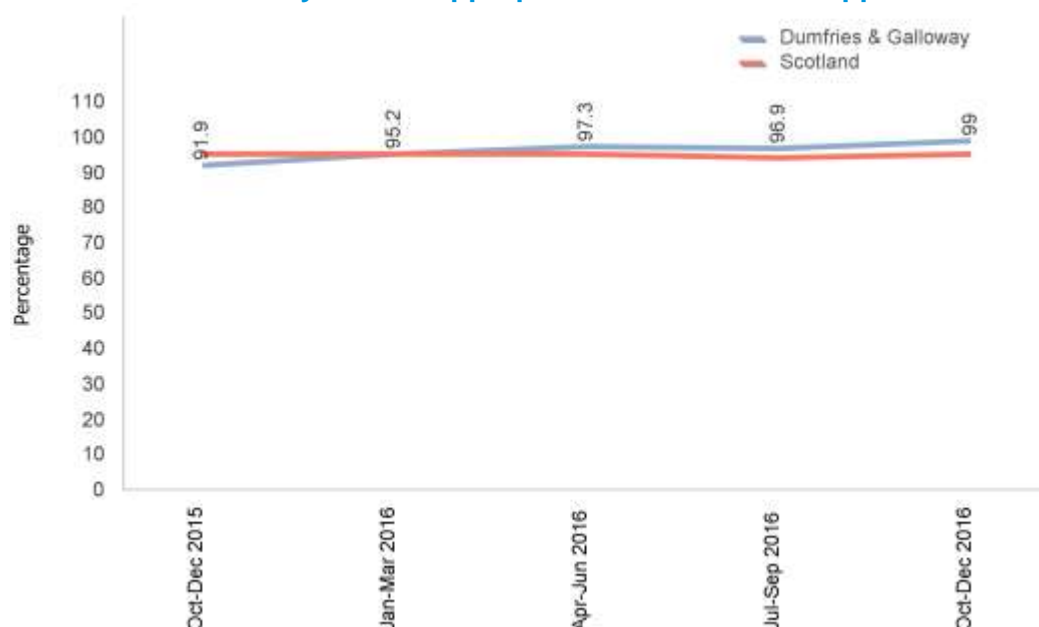
These innovations will reduce waiting times to secondary care by providing interventions at an earlier stage. It may take some time before these initiatives are reflected in performance indicators, but improved experience and a reduction in pressures on primary care are anticipated to be seen early in the project's life span. This is being monitored through quality improvement methodology. These projects have established links with the Third sector (e.g. Support in Mind) to provide computer access for those engaging with cCBT who do not have adequate computer facilities or who would like to interact with other people using the service.

As in other partnerships, the third sector in Dumfries & Galloway has challenges with funding and/or staffing, which has increased demand from primary care to psychology. Psychology has reported an under spend due to temporary reduction in hours for some staff or periods of extended leave. Due to the nature of the specialist workforce, it is not possible to recruit to short-term contracts, because there is a lack of suitably qualified staff available in the area.

## B14 Drug and alcohol treatment waiting times

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly    |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | ISD Scotland |

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



### Key Points

Across Dumfries & Galloway during the 3 month ending December 2016, 99.0% of people referred for drug and alcohol treatment started treatment within 3 weeks.

The rate for Dumfries & Galloway is above the national target of 90% and above the Scotland rate of 95%.

### The Wider Context

This indicator is based on 'episodes of care'. An episode of care is the time between each person's initial referral to alcohol and drug treatment and the end of treatment. People are counted in this indicator when their episode of care is concluded.

Currently, across Dumfries & Galloway there are approximately 340 complete episodes of care every 3 months.

### Improvement Actions

Continued monitoring of statutory and third sector drug and alcohol services waiting times during 2017/18 will ensure early detection of any challenges, and actions identified to address these. High levels of staff sickness absence can be challenging in that it affects waiting times. Statutory and third sector drug and alcohol services are putting processes in place to address this. It is anticipated that the waiting times target will continue to be achieved through 2017/18.

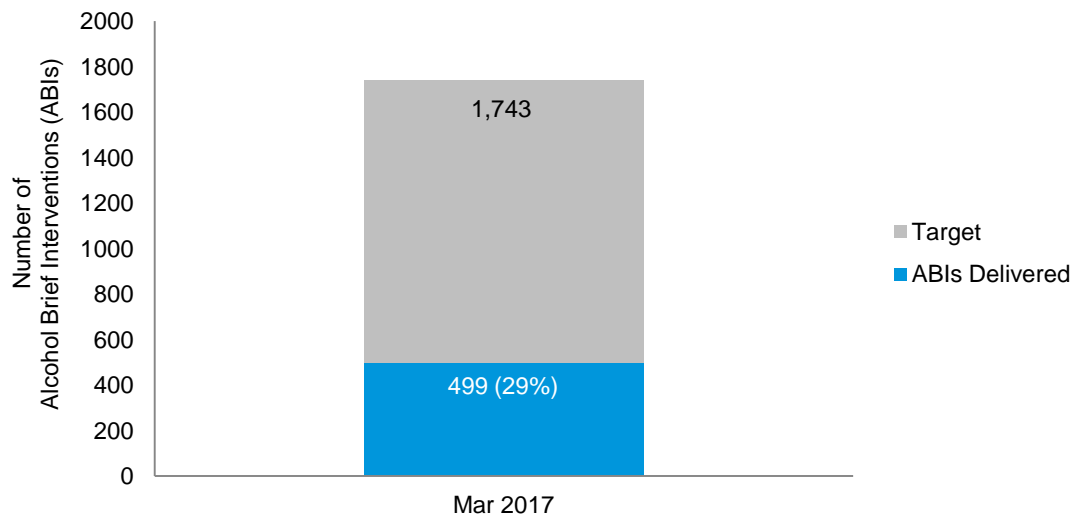
There will be a new IT system introduced in 2018 called Drug & Alcohol Information System (DAISy) which is anticipated to simplify and streamline data capture and collation. The Dumfries & Galloway Alcohol and Drug Partnership is contributing both to the development and testing of this new system.



## B15 Alcohol Brief Interventions (ABIs)

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 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 |

### Number of Alcohol Brief Interventions (ABIs) delivered in three priority settings (Primary Care, Emergency Department (ED) and Antenatal Care)



### Key Points

The total number of Alcohol Brief Interventions (ABIs) delivered between April 2016 and December 2016 was 499. This is 29% of the annual target of 1,743.

Quarter four data is not yet available, however it is highly likely that the target will not be met for 2016-17.

### The Wider Context

Funding for the Public Health Improvement Teams to ensure staff were trained in delivering ABIs ceased in March 2016. ABI delivery is challenging as it is not yet embedded in routine practice in the 3 priority settings (primary care, emergency department & antenatal care).

### Improvement Actions

It has been agreed to include Smoking Matters advisers in the delivery of ABIs as part of the service, and funding for this has been secured.

The delivery of ABIs is included in the Community Justice Plan, and the Alcohol and Drug Partnership is working with Criminal Justice Social Work to explore how they might deliver ABIs and how this data will be collected.

HMP Prison Dumfries will be providing figures for ABIs from April 2017.

Increased activity levels and IT issues within the emergency department have made delivering ABIs a challenge. The alcohol liaison nurse based within DGRI has agreed to take this work forward, and also provide refresher training to other staff.

The data scoping exercise with IT services, primary care, Criminal Justice Social Work and emergency departments to determine if ABIs are delivered has been suspended as there is currently a lack of staff resource available.

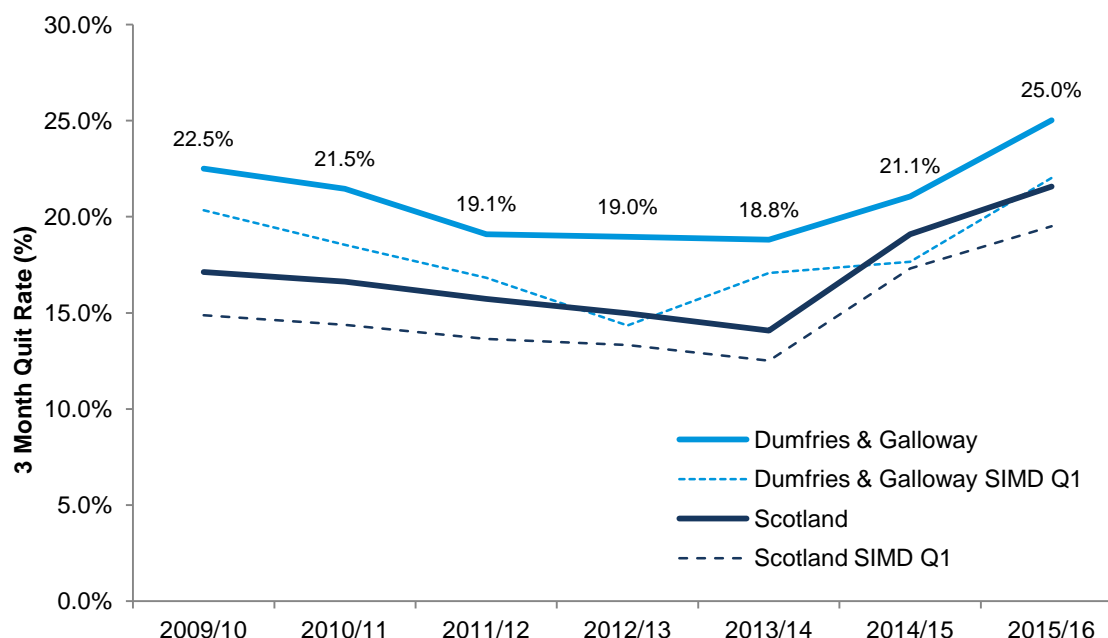
Whether training for new doctors in hospitals could include the delivery of ABIs will be explored.



## B16 Smoking cessation

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017   |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|--------------|
| 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 |

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



#### Key Points

The three month quit rate for people from Dumfries & Galloway was 25.0% during 2015/16. This is an increase on the 2014/15 rate of 21.1%. The three month quit rate for people living in Dumfries & Galloway communities ranked as Scottish Index of Multiple Deprivation (SIMD) quintile 1 (most deprived) was 22.0%.

The three month quit rate for Dumfries & Galloway in 2015/16 was higher than the overall rate for Scotland, which was 21.6%.

#### The Wider Context

During 2015/16 there were 1,694 quit attempts made by people from Dumfries & Galloway. 424 of these attempts resulted in a successful quit at 3 months. The number of quit attempts in Dumfries & Galloway has decreased in recent years (there were 3,349 quit attempts made in 2012/13) however, the proportion of successful quits at 3 months has been increasing and is consistently higher than the rate seen across Scotland.

#### Improvement Actions

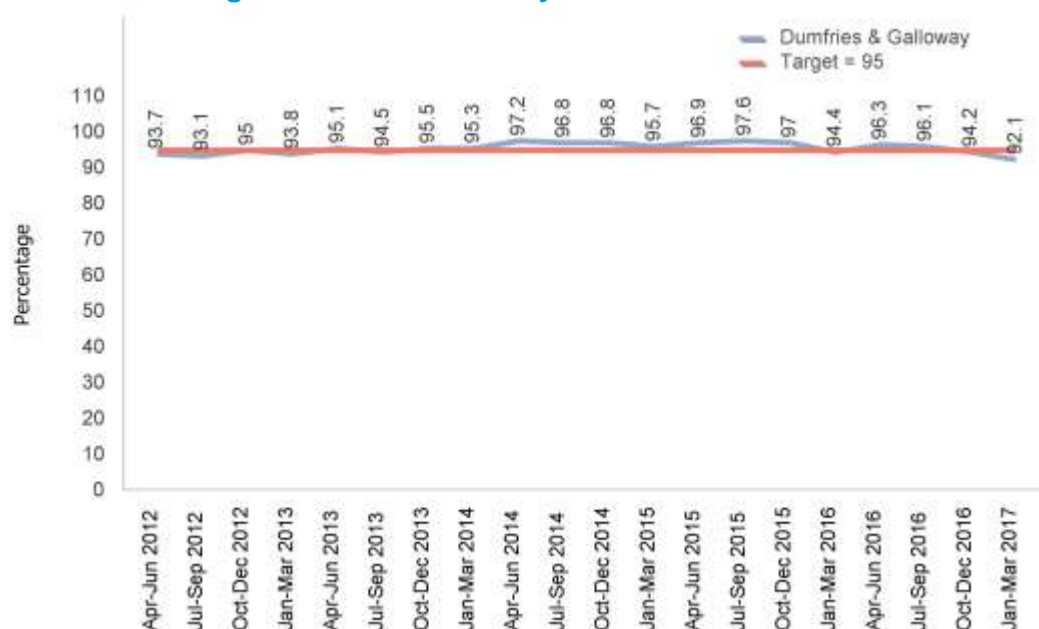
A more ambitious target was introduced in April 2016 for Scotland. In Dumfries & Galloway the target for 2016/17 is to achieve 230 successful quits at 3 months amongst people from the 40% most deprived communities (quintile 1 and quintile 2) according to the SIMD.

NHS Dumfries & Galloway Board recently agreed a Tobacco Control Plan that will move forward a number of important actions that address the national and local priorities in relation to tobacco use. These actions include putting an improvement plan in place to address smoking in pregnancy and taking a new approach with young people (particularly 16 to 24 year olds) to address high levels of smoking in this group. Other actions include supporting Dumfries & Galloway Council to take forward smoke free grounds and focusing on looked after and vulnerable children in homes where there is second hand smoke. There will also be a review of the smoking cessation delivered through mental health services.

## B19 Emergency department waiting times

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 people attending accident and emergency who were seen within 4 hours of arriving: Dumfries & Galloway



### Key Points

The percentage of people attending the emergency department (ED) who were seen within 4 hours was 92.1% between January and March 2017. Dumfries & Galloway's performance against this indicator has decreased since September 2016 when the rate was 96.1%.

### The Wider Context

This indicator is seen as a measure of how well health and social care services are working together to prevent and manage crisis.

920 people (out of 11,600) waited longer than 4 hours, compared to 669 (out of 11,900) in the same period in 2016. Although the number of attendances at ED in both these periods was similar, the needs of the people attending the ED were very different. There has been an increase of 28% in people categorised as Flow 3 (emergency admissions and GP referrals).

### Improvement Actions

Locally work towards delivering this four hour target is driven by the Local Unscheduled Care Action Plan (LUCAP). This work includes 'Making the community the right place' and 'Developing the primary care response' work streams. Examples include working closely with the Royal Voluntary Services to use their home from hospital service to maximise available Scottish Ambulance Transport.

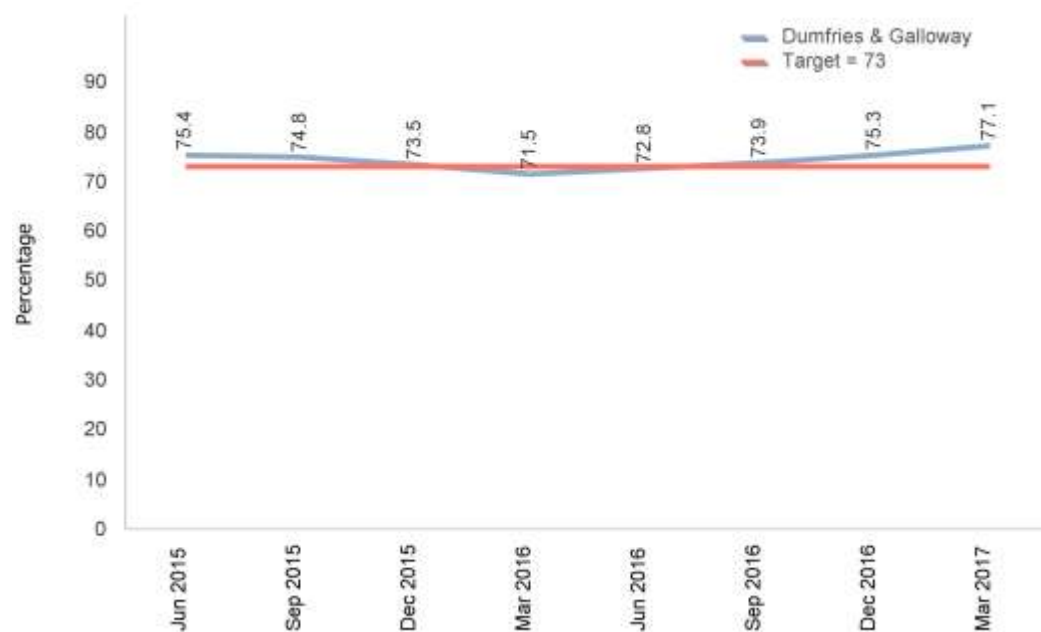
There is a focus on 'flow' in the acute hospitals. An illustration of this work is a test of change in orthopaedics for 1 year. This involves a GP providing support to older people admitted post-trauma focussing on the management of chronic conditions and discharge planning. Additionally an agreement was reached to increase the middle grade staffing complement for the emergency department, resulting in two new staff in post.

A three month pilot of additional staff to support weekend discharge which ended in January, suggested that while there were benefits to this, the model would not be sustainable without adjustments to working patterns for key services; potential impacts are currently being assessed.

## 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:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 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 77% in March 2017 with over 2,880 people using this service.

This rate has been slowly rising in Dumfries & Galloway since April 2015 and has exceeded the Council's target of 73%.

### The Wider Context

The term 'telecare' includes a wide range of services from Care Call to sensors linked to a 24 hour call centre. As of March 2017 there were 3,489 people using telecare across the region. This amounts to around 10,000 calls per month, of which less than 10% required a physical response.

### Improvement Actions

The increased capacity to the team that the new Telecare Assessor Installers has brought, has enabled increased levels of promotion and raised awareness of the service to people who would find it helpful. There continues to be challenges with identifying suitable responders in some areas of Dumfries & Galloway. 11% of people currently rely on a contracted responder service.

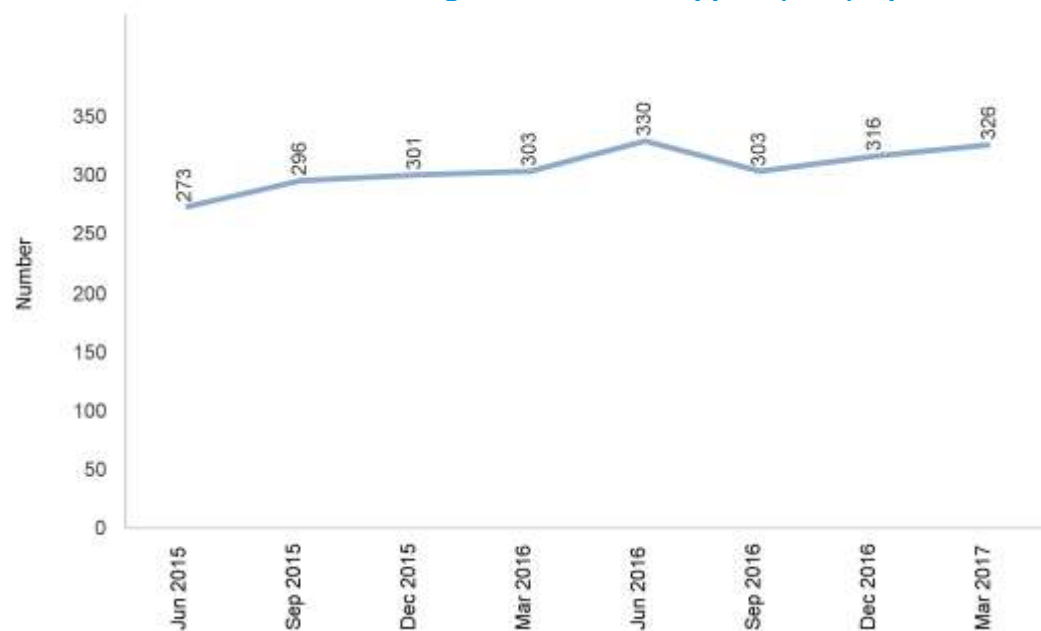
The Responder Services Group are currently considering new responder models, based on scoping work and models in other areas. A £100,000 allocation of funding from the National Technology Enabled Care (TEC) Programme is being used to develop and test new responder models across D&G.

All social work assessments should be prioritising telecare as a key option within the assessment.

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 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

This is a “data only” indicator.

The number of adults receiving care at home through Self Directed Support (SDS) Option 1 was 326 people in March 2017. There appears to be a gradual increase in the number of people since September 2016. As of March 2017, approximately 12% 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

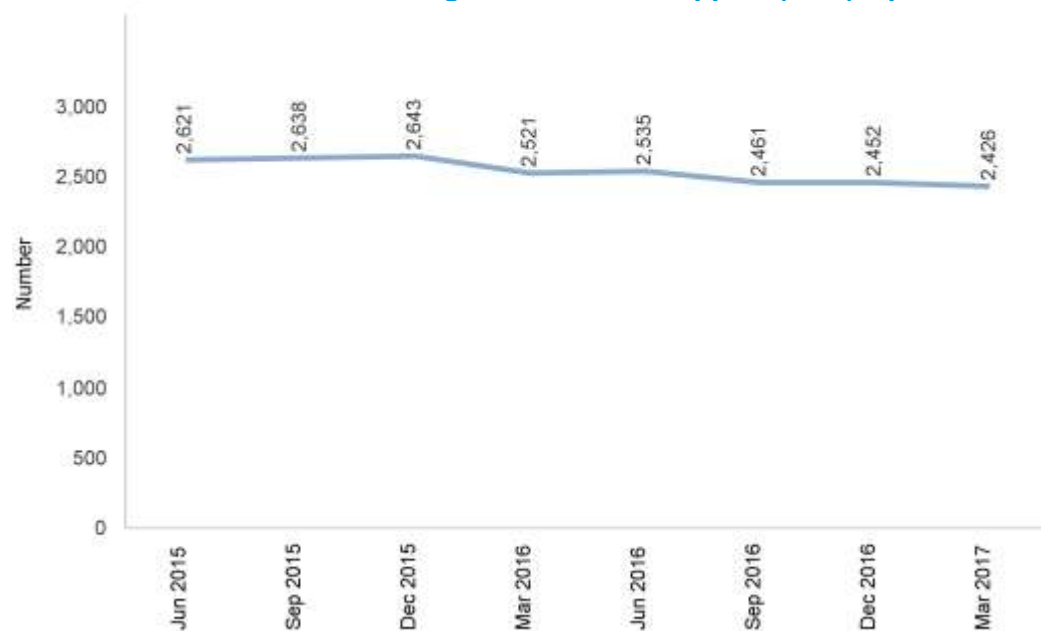
It is anticipated that changes to employers' responsibilities towards employees' pensions may discourage people from employing their own personal assistant and therefore from choosing SDS Option 1.

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 in 2017. SDS Option 2 is when a 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 is anticipated to impact on the proportion of people taking Options 1 and 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:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly      |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Dumgal council |

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



### Key Points

This is “Data only” indicator.

In March 2017 there were 2,426 adults receiving care at home through Self Directed Support (SDS) Option 3 which is approximately 88% of all SDS Options.

### The Wider Context

SDS Option 3 is where social work services organise and purchase care for people.

### Improvement Actions

To increase the choices available to people in receipt of care and support, work is underway to introduce SDS Option 2 in 2017. SDS Option 2 is when a 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 is anticipated to impact on the proportion of people taking Options 1 and 3 as people become more familiar and confident with Option 2.

## C5 Carers receiving support (excluding Young Carers)

| 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:    | Dumgal & CSS |

### Number of Carers receiving support (excluding Young Carers)

**Ball and Stick  
Under Development**

#### Key Points

Development of this indicator is under discussion by the Carer's Strategy Group.

#### The Wider Context

There are a number of organisations across Dumfries & Galloway who provide support to Carers. A new Carers Strategy is currently out for consultation.

#### Improvement Actions

There are thought to be many more Carers than those who engage with Carer's services; it is difficult to identify these people. However, ongoing 'Carer Aware' training should lead to more people being identified. Over 500 sessions of Carer Aware training were delivered in 2016/17.

Identification of a Carer is a key priority and a requirement of the Carers (Scotland) Act 2016, which will be implemented on 1<sup>st</sup> April 2018.

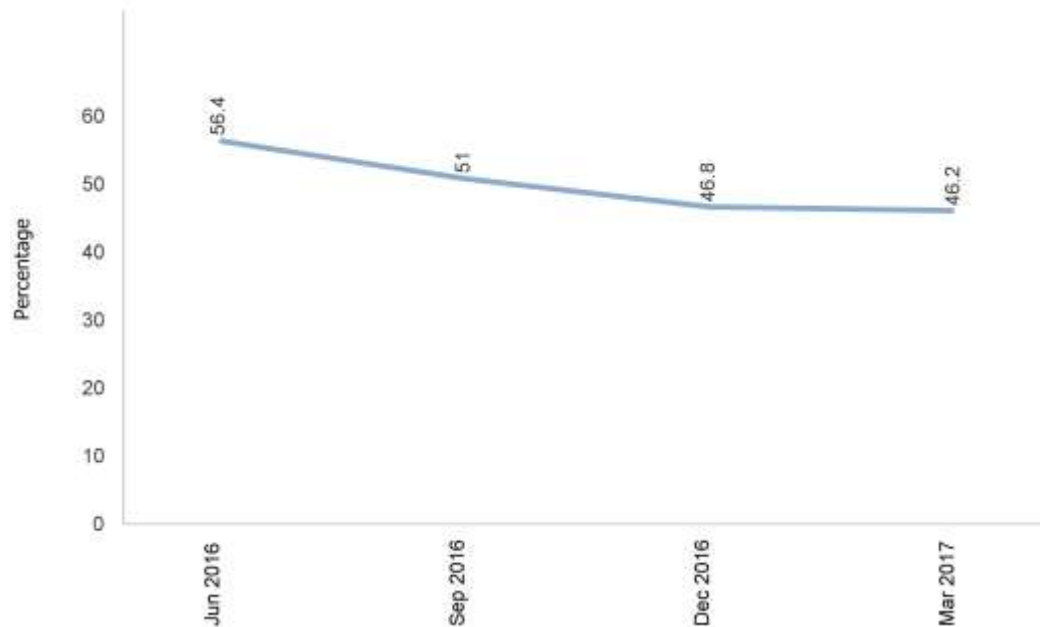
'Carer Positive' is a National award recognising employers who offer best support to employees who may have a caring role. Both NHS Dumfries & Galloway and Dumfries & Galloway Council have achieved the 'Engaged' status and the Council has also achieved the 'Established' status, with the NHS currently working towards this level by the end of 2018.



## 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:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly      |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Dumgal council |

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



### Key Points

This is “Data only” indicator.

Between January and March 2017 the proportion of people aged 65 and over who were provided with 10 hours or more of care at home provision was 46.2%.

### 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 a person needing 10 or more hours of care per week.

Across Dumfries & Galloway approximately 1 million hours of care at home are provided each year.

### Improvement Actions

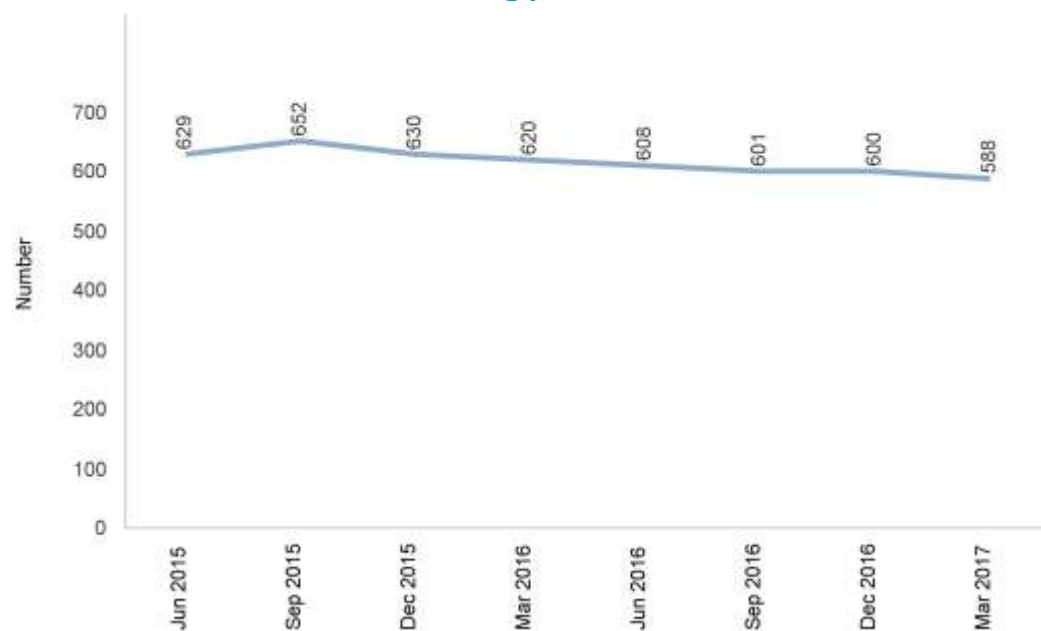
No improvement actions required at this time.



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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly      |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Dumgal council |

### Number of adults under 65 receiving 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 588 in March 2017.

There has been a small but steady decline 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. People may be accessing other services such as day care or they may be optimising the use of their own assets to meet their personal outcomes. Another influencing factor may be issues with the supply of care in local areas. 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. 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 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.

## D1 Feeling safe when using health and social care services

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



|  |  |  |  |
|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
|--|--|--|--|

### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### Improvement Actions

Whilst this indicator is under development, work is ongoing across the partnership to embed the principle of enablement and to encourage people to be more confident to be able to stay as independent as possible. The multi-disciplinary Short Term Assessment Re-ablement Service (STARS) works with people in their own homes to help them have the confidence and ability to undertake daily living activities and to take back control of their own lives.

STARS is working in partnership with Dumfries College and local schools to support learning environments and the delivery of the accredited health and social care qualification in re-ablement. This is helping to embed re-ablement principles into all care provider learning, 1<sup>st</sup> year nursing, college learners, employed staff and S5/6 high school students, to promote self-management and re-ablement as an asset based first approach to independent living at home.

# Finance and Resources

## Overview

A20 Progress towards reporting on resources spent on emergency hospital stays

A23 Progress towards reporting on end of life care expenditure

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

D6 The number of times people access 'virtual services'

D7 Progress towards reporting on housing adaptations

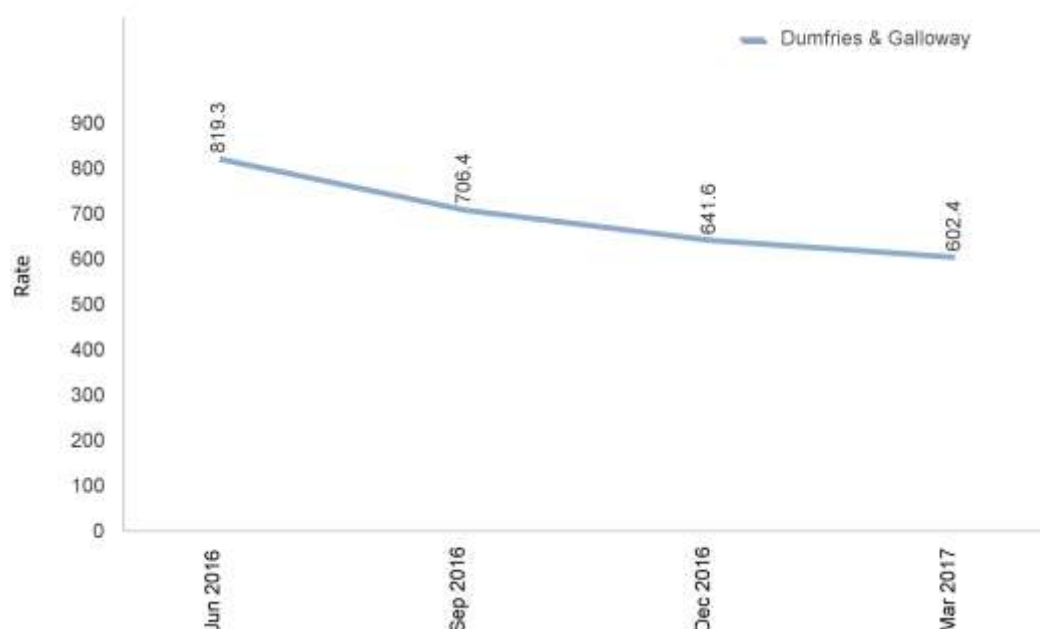
D8 Progress towards reporting on prescribing

D9 The ratio of workload between institutional and community based care

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

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly      |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Dumgal council |

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



### Key Points

This is a "Data Only" indicator.

Between January and March 2017 the rate of care at home provision was 602.4 hours per 1,000 population aged 65+.

### 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 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.

# Quality

## Overview

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

A14 Progress towards reporting on hospital readmissions within 28 days

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

A17 Progress towards reporting on the outcome of care inspectorate inspections

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

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

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

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

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

D3 Progress towards reporting on the proportion of people who agree that their health and social care services seemed well co-ordinated

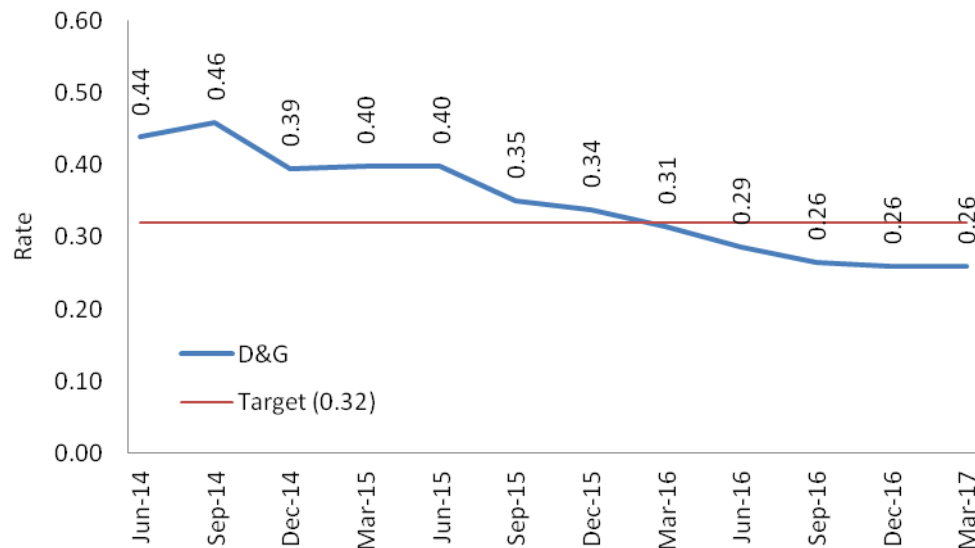
D4 Progress towards reporting on personal outcomes

D5 Progress towards reporting on the proportion of staff who agree that they have the information and support necessary to their job

## B12 Rate of Clostridium Difficile infections

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 people aged 15 and over per 1,000 total occupied bed days (excluding maternity and psychology)**



### Key Points

The infection rate for Clostridium difficile (C. difficile) for the 12 months ending 31st March 2017 was 0.26 cases per 1,000 occupied bed days. This is unchanged from the previous quarter.

### The Wider Context

The results for C. difficile infections over the past year represent the lowest figures achieved across Dumfries & Galloway since mandatory surveillance began. Across Scotland there has been a reduction in cases of C. difficile. This is a result of a multi-stranded approach to Hospital Acquired Infections (HAIs) including prevention measures such as promoting hand hygiene, optimising antibiotic use, improvements in compliance with standard infection control precautions and improvements in general hospital cleanliness.

### Improvement Actions

Improvement actions more recently have centred on improving people's experience.

All people admitted to 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 people who prescribe medication should they require antibiotics in the future. This is intended to alert the person prescribing medication 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.

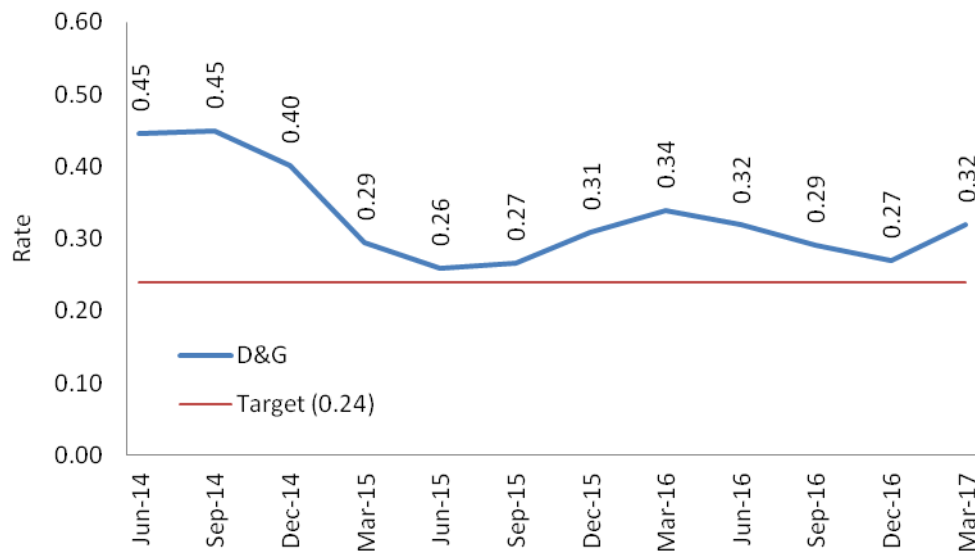
Advice is provided regarding cleaning and washing of clothing together with information about the infection. This has been very positively received by individuals and their families and Carers.



## B13 Rate of Staphylococcus aureus (MRSA/MSSA) bacteraemias (SAB)

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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) in the 12 months ending 31st March 2017 was 0.32 cases per 1,000 acute occupied bed days. This is an increase from the result for December 2016 when the rate was 0.27 cases per 1,000 occupied bed days.

The infection rate for SAB in Dumfries & Galloway is above the target rate of 0.24 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. Locally, the rise in the SAB infection rate is largely due to infection occurring in people who use drugs. It should also be noted that two of the SABs included in the results, as per mandatory requirement, are contaminated blood cultures. This indicates that the blood collection method was sub optimal and does not represent a true infection.

### 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:  | 31/03/2017     |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|----------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly      |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Dumgal council |

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



### Key Points

In the quarter ending March 2017 across Dumfries & Galloway 45.2% of referrers to adult protection received feedback within 5 days of receipt of referral. This is a lower percentage than the previous quarter, however provisional management information indicates that figures for April 2017 are substantially higher.

### The Wider Context

Across Dumfries & Galloway 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 by the Adult Services Executive Group and the Adult Support and Protection Committee.

The development of a Multi-Agency Safeguarding Hub (MASH), integrating Adult Support and Protection services, has been an approach unique to Scotland and is considered to be good emerging practice. The MASH approach is more efficient, has supported improved consistency of practice and enhanced joint decision making, through multi-agency input at the earliest stages. Other Partnership areas have been visiting to learn from this approach.

Now that the MASH has been operational across the entire region for 3 months, qualitative evidence will be collected to demonstrate the difference this new way of working is making to staff.

The development of a similar process for a Children's MASH is anticipated in the future.

## D3 Well co-ordinated health and social care services

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

**Progress towards reporting on the proportion of people who agree that their health and social care services seemed well co-ordinated**



|                       |                              |                       |                 |
|-----------------------|------------------------------|-----------------------|-----------------|
| Identify Indicator    | Build Data Collection System | Pilot Data Collection | Phased Roll Out |
| Due: 31/07/2016       | Due: 31/03/2017              | Due: 30/09/2017       | Due: 31/01/2018 |
| Completed: 28/07/2016 | Completed: 24/03/2017        | Completed:            | Completed:      |

### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### Improvement Actions

The development of the 'One Team' approach in each locality will enable more co-ordinated care and support. Multi-professionals working better together will achieve improved outcomes for people. The ethos of the approach is to support people in their own home, and enable intervention at the earliest possible opportunity to prevent someone reaching a point of crisis, thereby avoiding hospital admission and readmission. In the 'One Team' approach, services and support will be much more 'localised', ensuring people are more able to engage and be involved much easier.

The model is underpinned by a longer term strategy of prevention and well being and will have a medium to long term aim in behavioural change for communities.

# Stakeholder Experience

## Overview

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

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

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

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

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

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

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

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

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

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

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

D13 Progress towards reporting on health inequalities

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

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

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

D17 Progress towards reporting on forward looking care plans

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

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

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

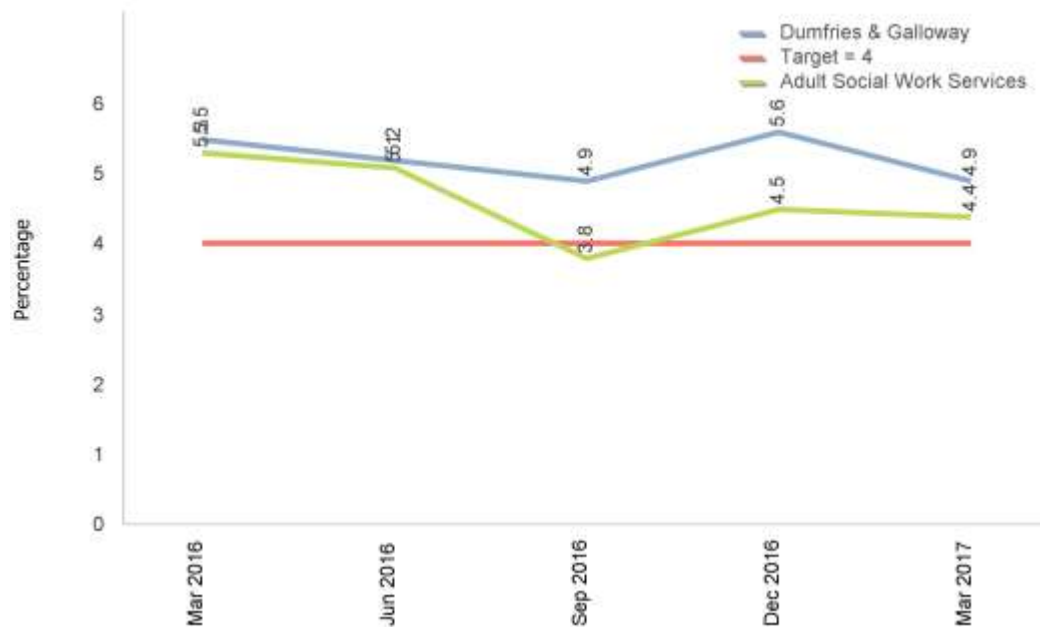
D21 Progress towards reporting on the proportion of staff who agree that they are involved in decisions relating to their role

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 |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 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 sickness absence amongst employees; Dumfries & Galloway



### Key Points

The rate of sickness absence amongst NHS employees in March 2017 was 4.9% and for council social work services was 4.4% (excludes Care and Support Service figures). These rates are marginally lower than for the same period last year however, this remains higher than the national target of 4% (this is for NHS Staff).

### The Wider Context

Across Dumfries & Galloway there are approximately 3,550 whole time equivalent (WTE) NHS employees and 285 WTE social work employees. The smaller number of social work services employees means that there is likely to be greater variation over time in the sickness absence rate compared to the rate for NHS employees.

### Improvement Actions

Within NHS, a short life working group comprising members of HR, OHS, Staff side representatives and Public Health have commenced the development of a 3 year strategic change programme. By 2020 the goal is to have an engaged and motivated workforce that recognises and values both physical and mental health and wellbeing as a key workforce asset. Key areas with set priorities include leadership and culture, policies and processes, mental health and wellbeing, education and training and communications.

In Adult Social Work there is a dedicated HR Maximising Attendance Team who actively monitors monthly absence, deliver Maximising Attendance training and support managers to appropriately apply policy and procedures. The service has taken a pro-active approach to the monitoring of absence management, including scrutinising persistent behaviour and engaging Health and Social Care Locality managers so that they are able to support the required monitoring and follow up with social work managers.

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

Care and Support Service employees will be included within council social care data in the future.

## D12 Community strength: community 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: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



|  |  |  |  |
|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
|--|--|--|--|

### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from a question asked in the Scottish Household Survey (SHS). The SHS only publishes results at a health board level once every 4 years. It is intended that this question will be asked more frequently and of more people, to better monitor the how the changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### Improvement Actions

Health & Wellbeing resilience plans are being developed with communities of need and geography. These centre on the identification and maximisation of local assets, a partnership approach to working with communities and the development of local relationships in order to build capacity.

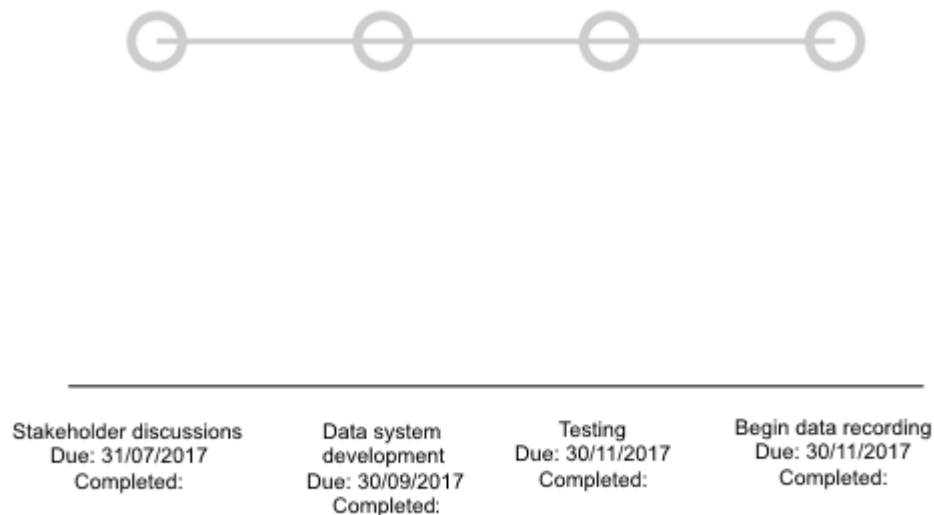
Each locality has a Health Improvement Team who provide 1-1 and group based health and wellbeing support in addition to working with a range of partners to build individual and community resilience. Locality teams and the Public Health Directorate are currently working to develop the 1-1 and group based support services to maximise their potential to support improved health and wellbeing of the local population building on the existing assets within each community.



## D13 Health inequalities

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | -          |

### Progress towards reporting on health inequalities



### Key Points

Development of this indicator is on schedule.

### The Wider Context

National Outcome 5 - Health and Social Care services contribute to reducing health inequalities.

There is currently no national agreed indicator to measure reductions in inequalities. These local indicators are currently being developed by the Directorate of Public Health in partnership with managers and service leads and will seek to measure how the Health and Social Care Partnership is contributing to reducing inequalities and improving health and wellbeing outcomes.

### Improvement Actions

The Inequalities Action Framework and toolkit has been developed and is endorsed and supported by the NHS Board Management Team, Health and Social Care Management Team and the Community Planning Executive Group. Work is underway to ensure that implementation of the framework is embedded across all partners.

There are numerous interventions and activities being undertaken across all localities which aim to improve health and wellbeing outcomes and reduce inequalities. One of these interventions is 'social prescribing' which offers people alternative choices other than traditional medical treatment. For example a person presenting to their GP with mild depression may be offered referral to an exercise programme rather than being prescribed antidepressants. Each locality health and wellbeing team are developing social prescribing solutions that best serve their community. Locality health and wellbeing teams are also using programmes and interventions to increase individual and community resilience.

All papers that are submitted to the IJB and associated committees are expected to have had an impact assessment undertaken to ensure that the potential impact on equality/diversity and inequalities has been considered. The outcomes of the assessment should be incorporated into the board's decision making processes.



## D14 Well communicated with and listened to

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | Quarterly  |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



|  |  |  |  |
|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
|--|--|--|--|

### Key Points

Development of this indicator is on schedule.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### 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:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | -          |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



|  |  |  |  |
|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
|--|--|--|--|

### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### Improvement Actions

No improvement actions required at this time.

## D16 Finding information on health and social care services

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



|  |  |  |  |
|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
|--|--|--|--|

### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from the Health and Social Care Experience Survey, a national survey carried out every 2 years. It is intended that locally, this question will be asked more frequently and of more people, to better monitor how changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses to the survey questions. This tool will now be piloted.

### Improvement Actions

It is anticipated that the development of the 'One Team' approach in each locality will support providing accessible information on health and social care for people.

The ethos of the approach is to support people in their own home, and enable intervention at the earliest possible opportunity to prevent someone reaching a point of crisis, thereby avoiding hospital admission and readmission. In the 'One Team' approach, services and support will be much more 'localised', ensuring people are more able to engage and be involved much easier.

## D18 Community strength: connectedness

| National Outcomes |   |   |   |   |   |   |   |   | Dumfries & Galloway Priority Area |   |   |   |   |   |   |   |   |    | Reported:  | 31/03/2017 |
|-------------------|---|---|---|---|---|---|---|---|-----------------------------------|---|---|---|---|---|---|---|---|----|------------|------------|
| 1                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1                                 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Frequency: | 1 Year     |
|                   |   |   |   |   |   |   |   |   |                                   |   |   |   |   |   |   |   |   |    | Source:    | Local      |

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



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|--|--|--|--|
| Identify Indicator<br>Due: 31/07/2016<br>Completed: 28/07/2016 | Build Data Collection System<br>Due: 31/03/2017<br>Completed: 24/03/2017 | Pilot Data Collection<br>Due: 30/09/2017<br>Completed: | Phased Roll Out<br>Due: 31/01/2018<br>Completed: |
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### Key Points

Development of this indicator is on schedule. Work is about to start testing and piloting the new data collection system.

### The Wider Context

This indicator is one of the new measures being developed locally in Dumfries & Galloway to support performance monitoring of health and social care integration. This indicator has been adapted from a question asked in the Scottish Household Survey (SHS). The SHS only publishes results at a health board level once every 4 years. It is intended that this question will be asked more frequently and of more people to better monitor the how the changes in the way services are delivered impact on people.

Dumfries & Galloway have collaborated with computing science students from the University of Glasgow to develop a survey tool to capture people's responses. This tool will now be piloted.

### Improvement Actions

Health & Wellbeing resilience plans are being developed with communities of need and geography. These centre on the identification and maximisation of local assets, a partnership approach to working with communities and the development of local relationships in order to build capacity.

In Annandale & Eskdale the Community Link programme engages with people who often don't feel able to engage with health and social care services. The support from a Community Link Worker can help people to take back control of their lives and help people to reconnect with their local community.

In Wigtownshire, Reiki and Tai Chi classes are being held in Waverley Medical Centre and Tai Chi in Thorneycroft. Both of these encourage community wellbeing and provide social opportunities.

Two communities in Stewartry, are building health and wellbeing into their existing emergency/resilience plans. These plans now include activities such as 'Living Well' screenings and early intervention occupational therapy clinics.