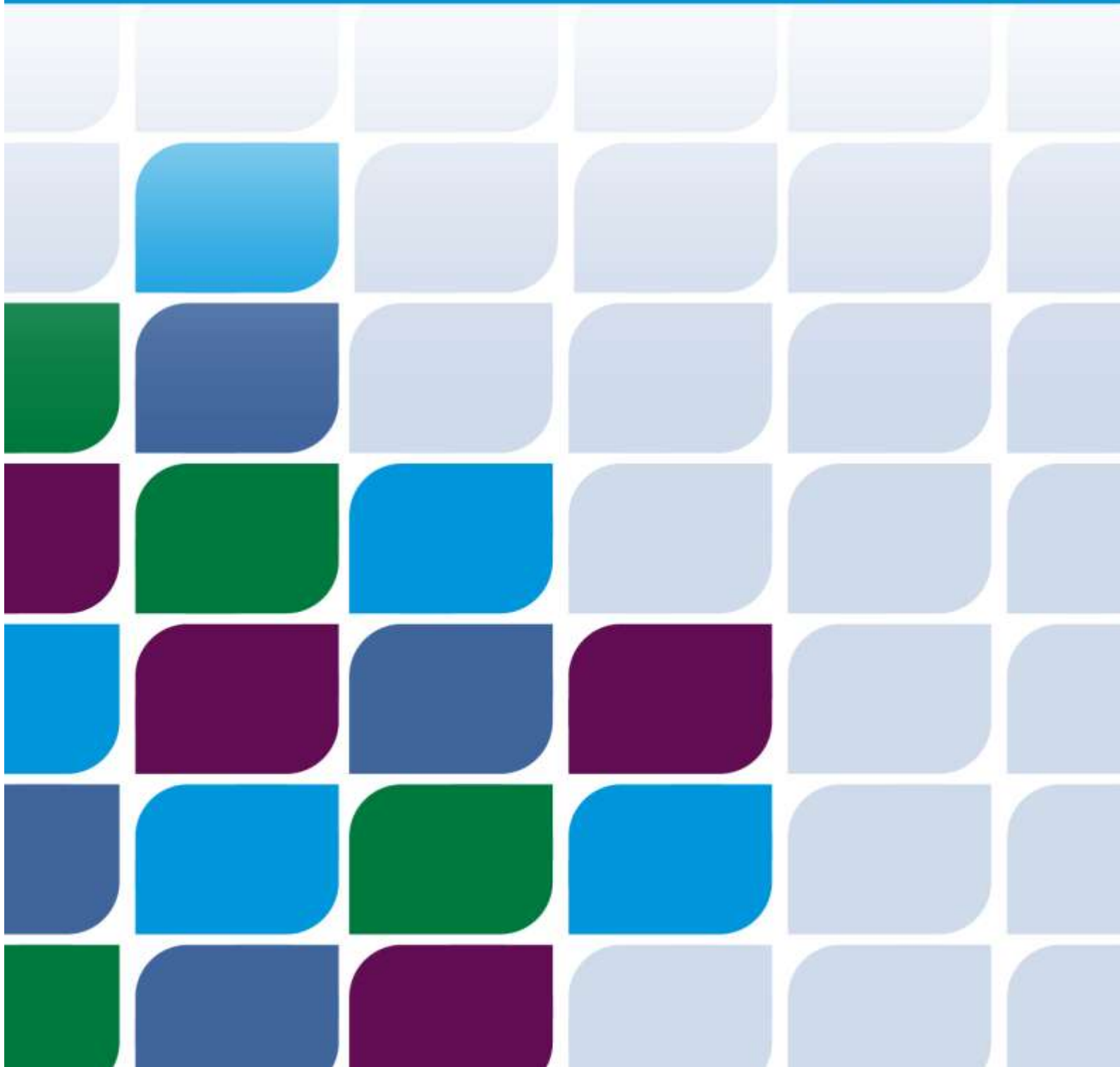


DUMFRIES AND GALLOWAY  
INTEGRATION JOINT BOARD

# PERFORMANCE MANAGEMENT QUARTERLY REPORT



Q4 January - March 2018



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# Document Features

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

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

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

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

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

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

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

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

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

## National Outcomes

1 2 3 4 5 6 7 8 9

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

## Dumfries & Galloway Priority Area

1 2 3 4 5 6 7 8 9 10

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

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

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

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

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

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

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

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

# National Outcomes

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

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

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

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

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

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

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

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

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

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

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

# Dumfries & Galloway Priority Areas

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

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

# Clinical and Care Governance

## Overview

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B7 Diagnostic Waiting Times. Percentage of people seen for their diagnostic tests within 6 weeks.

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

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

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

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



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

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

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

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

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

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

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

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

C5 Number of Carers receiving support (excluding Young Carers)

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

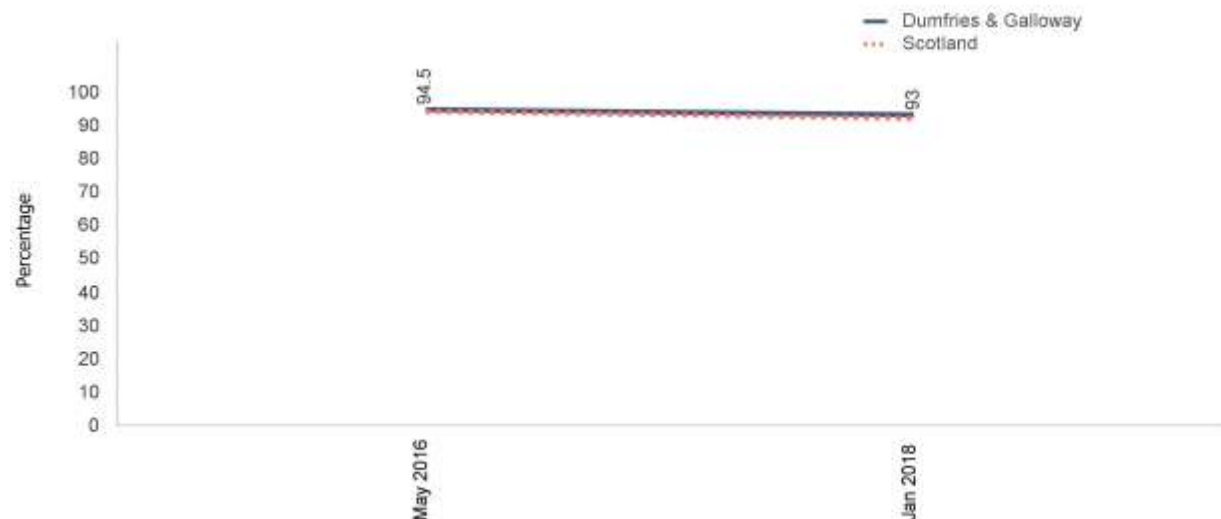
C7 Number of adults under 65 receiving care at home



## A1 Adults are able to look after their health well

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

The percentage of adults who responded to the Health and Care Experience Survey (HACE) in Dumfries and Galloway who felt able to look after their health well was 93.0%. This is in line with the Scottish rate of 92.1%. This indicator has reduced slightly (1.5%) since the previous survey but the difference is not significant.

This indicator is consistent with other measures looking at the health of the population of Dumfries and Galloway. For example, indicator E6 Balance of Care: Person years spent in community or institutional settings shows that 97.31% of people's time was spent living in the community unsupported (reported in Quarter 3, 2017/18).

### The Wider Context

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Nearly 5,000 people from Dumfries and Galloway took part in October 2017, a response rate of 31%. This is much higher than the Scottish return of 22%.

While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

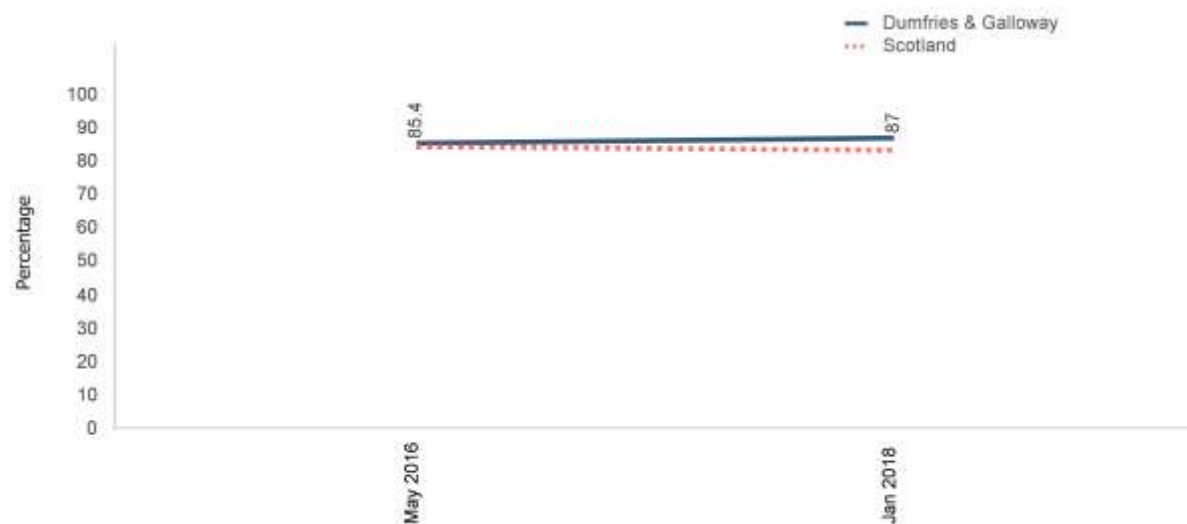
Initiatives are running throughout Dumfries and Galloway to support people to look after their own health. Examples include:

- In Annandale and Eskdale, the House of Care model is being used by some GP practices to support a different type of conversation about long term condition care.
- There are continuous blocks of Living Life to the Full courses run in Nithsdale, with the aim of improving and maintaining mental wellbeing and to cope with life's stresses.
- In Stewartry, 55 people have had face to face contact through Health Connections.
- Building Healthy Communities (BHC) Machars and West Wigtownshire continue to deliver health initiatives in the community including Tai Chi, walking groups, cooking and dancercise.
- All people with diabetes are now encouraged to make use of My Diabetes My Way. This is a resource of personalised information for people about how to manage their condition.

## A9 Adults supported at home who agree they felt safe

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																				Source:	HACE Survey

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



### Key Points

Across Dumfries and Galloway, the percentage of adults supported at home who responded to the Health and Care Experience Survey (HACE) and who agree they felt safe, has increased by 1.6% from 85.4% in 2016 to 87.0% in 2018. This is higher than the result for Scotland (83.3%) although this is not statistically significant. A further 10.8% answered 'neither agree nor disagree' and only 2.2% (5 people) responded that they did not feel safe.

### The Wider Context

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, only 5.7% (281 people) had direct experience of social care, which is the same as the proportion who answered for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

There are many ways that the Partnership continues to promote people's safety and peace of mind in their home and community. For example, around 3,000 people across the region access a Care Call service that is compatible with a wide range of safety add-ons such as falls monitors, smoke and flood detectors.

The infection control team is very active promoting to staff good hygiene and other care procedures (such as keeping people well-hydrated) to prevent the spread of dangerous infections in the community. As well as this, Dumfries and Galloway has an excellent uptake rate for both flu jabs and shingles vaccine for people aged over 70.

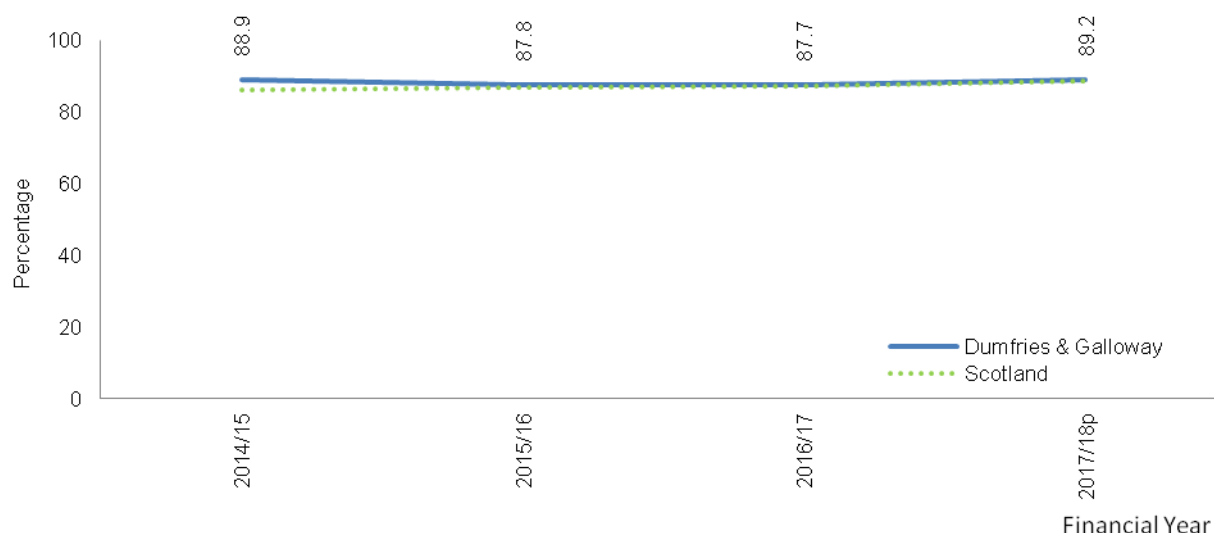
Message in a Bottle is a partnership project with Stewartry Council of Voluntary Services to support emergency services to quickly assess and treat vulnerable individuals.

Dementia friendly training is ongoing in all localities to enable local communities to better support individuals and 100% of people newly diagnosed with dementia got a year of post diagnostic support in the latest complete reporting year.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/06/2017
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

For those people from Dumfries and Galloway who died in 2017/18, provisional figures show that overall 89.2% of the last 6 months of life were spent at home or in a community setting. This rate has increased by a small amount and has been consistently above the provisional overall rate for Scotland, which was 88.6% in 2017/18.

### The Wider Context

In 2017/18 there were 1,956 deaths recorded by the National Records for Scotland for residents of Dumfries and Galloway, excluding external causes of death (for example unintentional injuries). This measure is calculated by determining the proportion of time people spent in hospital, and subtracting this from the total time in 6 months. Activity of the Alex Unit is recorded as hospice/palliative care unit rather than hospital.

The overall trend for Scotland is a slowly increasing proportion of the last 6 months of life spent in a community setting (85.3% in 2010/11 has risen to 88.6% in 2017/18.)

This indicator is based on idea that the majority of people would prefer to remain in a community setting, 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.

### Improvement Actions

The hospital palliative care team provide specialist palliative and end of life care in Dumfries and Galloway Royal Infirmary (DGRI). They also provide an advisory service to other acute wards, cottage hospitals and the Galloway Community Hospital in decision making, symptom management, end of life care and discharge planning. The Clinical Nurse Specialist Team (1 per locality) provide support to primary care staff in the delivery of generalist palliative care for people in the community for all types of diagnosis (not just cancer).

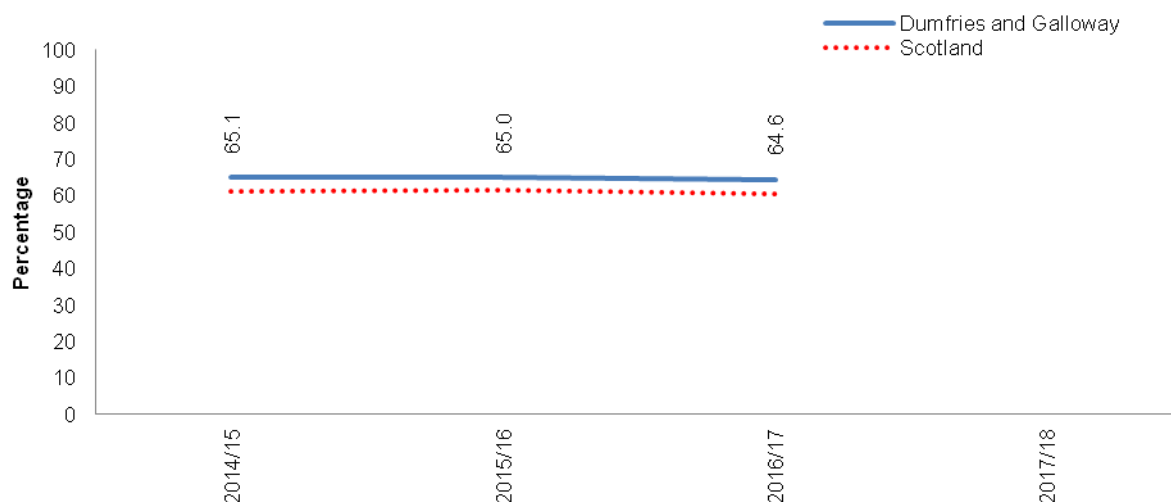
In collaboration with Macmillan Cancer Support, we are recruiting two senior officers for 23 months to consult on and develop strategies for cancer pathways and palliative and end of life care services.

The hospital emergency departments are using people's anticipatory care plans to help them to deliver more person centred palliative care.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

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



### Key Points

In 2016/17 across Dumfries and Galloway 64.6% of adults who have intensive care needs received care at home or had direct payments for personal care, which has not changed very much from the previous two years. This is greater than the overall proportion for Scotland, which was 60.6% in 2016/17.

### 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'.)

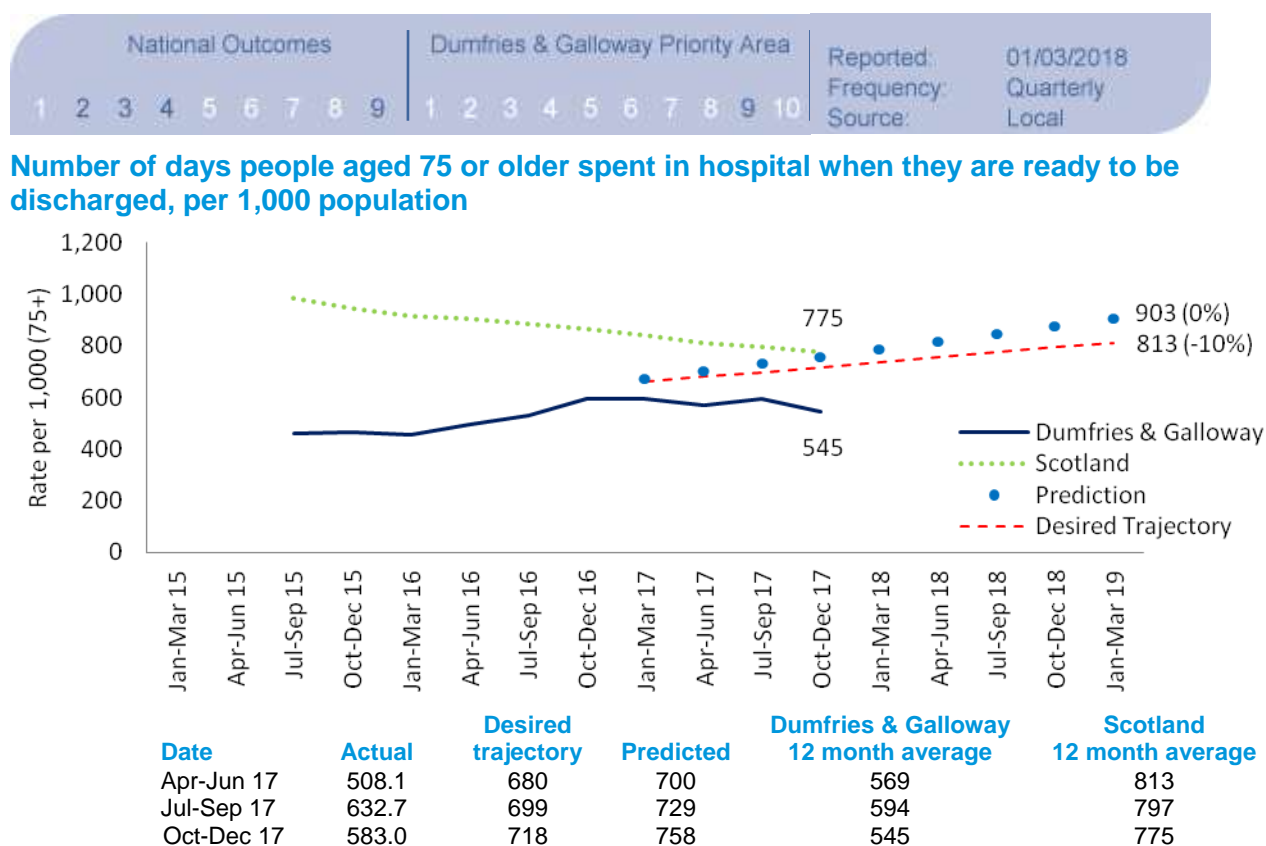
Other local authority areas range from 73.5% to 49.5% of people being supported in their own homes. This range is strongly influenced by the number of care home places.

### Improvement Actions

Dumfries and Galloway has a policy to enable people to continue to live independently at home for as long as possible. This is supported by a wide range of community based services provided by the statutory (local authority and NHS) and third and independent sectors across the partnership.

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

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



### Key Points

Based on historic data, the rate of delayed discharges for people aged 75 or older was predicted to nearly double by March 2019. A desired trajectory was calculated to show 10% improvement, in line with the focus of the national Health and Social Care Delivery Plan (published December 2016).

Since December 2016, the 12 month average number of days people aged 75 or older were delayed prior to discharge from hospital has remained below 600 days per 1,000 people. The rate of delayed discharges has remained lower than Scotland and also lower than either the prediction or the desired trajectory, which suggests that the performance is better than had been expected. A new target trajectory will be proposed in the near future.

### The Wider Context

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

### Improvement Actions

The last Day of Care survey in the DGRI in April 2018, showed that 16.2% of people did not meet the criteria for being in the most suitable location for their needs, the lowest level in the last six months. This is despite bed occupancy sitting at a 12 month high of 108%.

The Step Down model is being used in Lochmaben hospital, where appropriately skilled teams support people to return to their homes, and the hospital environment is being made more suitable for this work.

Flow coordinators are active in each locality, working with the Dumfries and Galloway Royal Infirmary to help coordinate people returning home or to a more suitable setting.

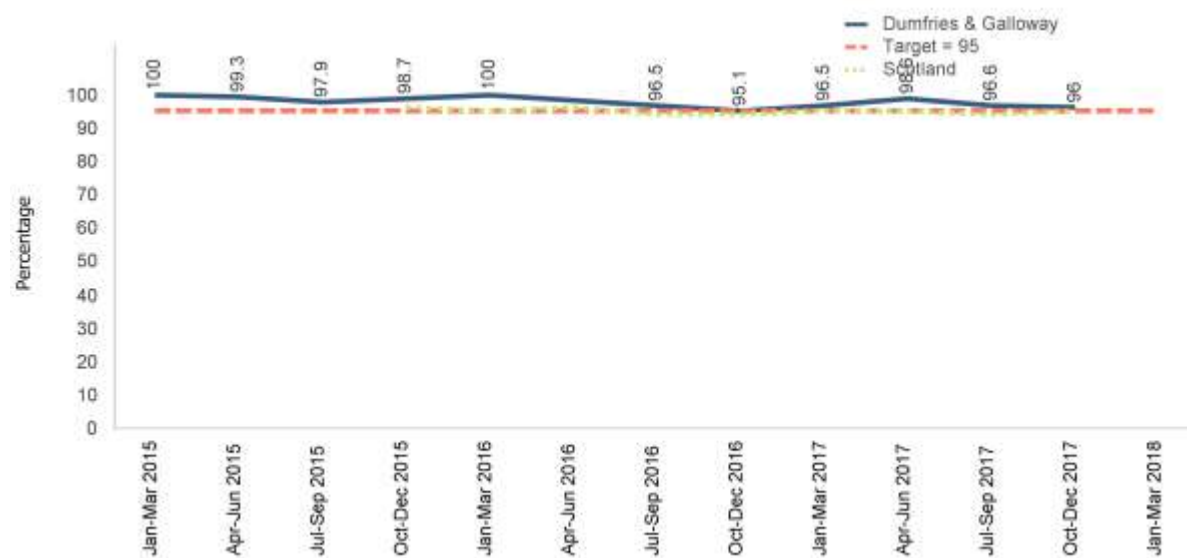
Scottish Government improvement colleagues have been supporting us to refresh and reinvigorate discharge planning processes to ensure that staff continue to focus on the 6 Essential Actions that will enable people to be seen in the right place at the right time.



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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

In Dumfries and Galloway the percentage of people who had started treatment within 31 days of the decision to treat was 96.0% in December 2017. This is above the Scottish national rate of 94.5% and the national target of 95%.

### The Wider Context

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

### Improvement Actions

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

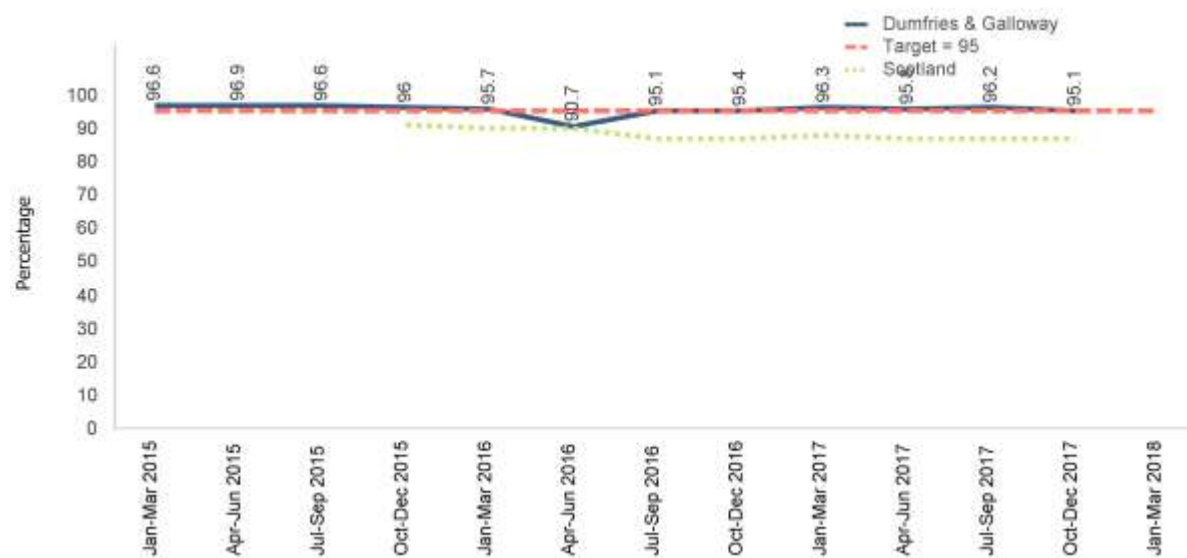
Early discussions are underway on how to bring cancer services into the broader regional work programme which includes workforce, finance, e-Health and communications. In collaboration with Macmillan Cancer Support, we are recruiting two senior officers for 23 months to consult on and develop strategies for cancer pathways and palliative and end of life care services.

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

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

Dumfries and Galloway's performance remains consistently high and was 95.1% in December 2017. This is above the national target of 95% for this indicator and above the rate for Scotland of 87.1%.

### The Wider Context

Per month, across Dumfries and Galloway, there are approximately 30 people (aged 16+) diagnosed with cancer who are eligible for this target. This small number means that marked fluctuations in performance can occur by just one or two more or less people being referred for treatment. This target is also influenced by onward referrals to other Health Boards and can be challenging due to the increasing number of diagnostic tests on standard patient pathways.

### Improvement Actions

The prostate cancer pathway has become more complex due to new evidence about the most appropriate first diagnostic test. Nationally this has led to an increase in treatment waiting times for people diagnosed with prostate cancer and this is being closely monitored.

NHS Dumfries and Galloway has submitted 2 funding proposals to Scottish Government via the Southeast Scotland Cancer Network (SCAN) as part of the National Cancer Strategy Funding:

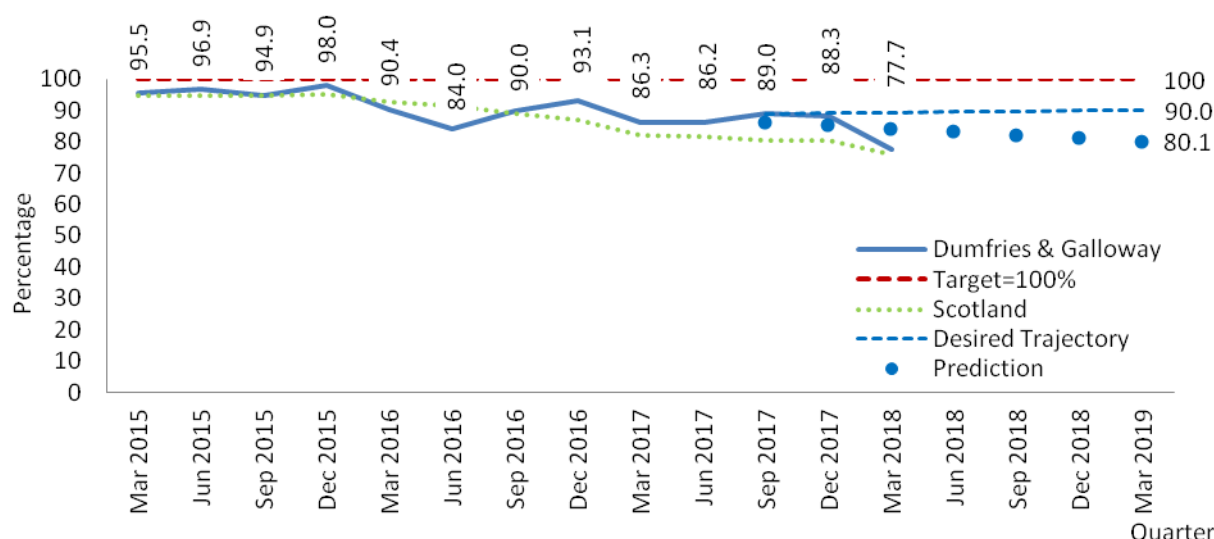
- Increasing capacity to future proof the delivery of chemotherapy and biological therapies at DGRI. This involves additional treatment space (60% over the previous unit), additional nursing staff and increased pharmacy support. This offers people the most suitable treatment close to home, reducing travel time and costs by supporting outreach services and greater choice.
- Combining the Enhanced Recovery After Surgery (ERAS) and colorectal specialist nursing roles. The ongoing pilot to combine these roles highlighted improved waiting times and continuity of care. The funding will support embedding the National ERAS pathway at the outset of planned cancer surgery. In addition, increased access to the stoma nurse during post operative recovery will support people to return to 'normal life'.



## B4 Treatment time guarantee (TTG)

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



### Key Points

Dumfries and Galloway's performance was 77.7% in the quarter ending March 2018. The longer term trend for this indicator is downward. Dumfries and Galloway's performance is currently below the national target of 100%.

The Scottish rate in the quarter ending March 2018 was 75.9%.

### The Wider Context

In Dumfries and Galloway, 533 people who were treated in the quarter ending March 2018 had waited more than 12 weeks. This is 1.5 times the number of people waiting during the same time period in 2017.

Waiting times for this time period were challenging across Scotland and the UK, with unprecedented winter pressures leading to difficult decisions about prioritising emergency care over elective procedures.

### Improvement Actions

Because of winter pressures, staff were redistributed to support people needing the most urgent care. This had a knock-on effect on planned pathways of care, which led to increased waiting times for people waiting for elective care. A snapshot of Dumfries and Galloway Royal Infirmary taken for the day of care survey showed that bed occupancy in February 2018 was running at 104%.

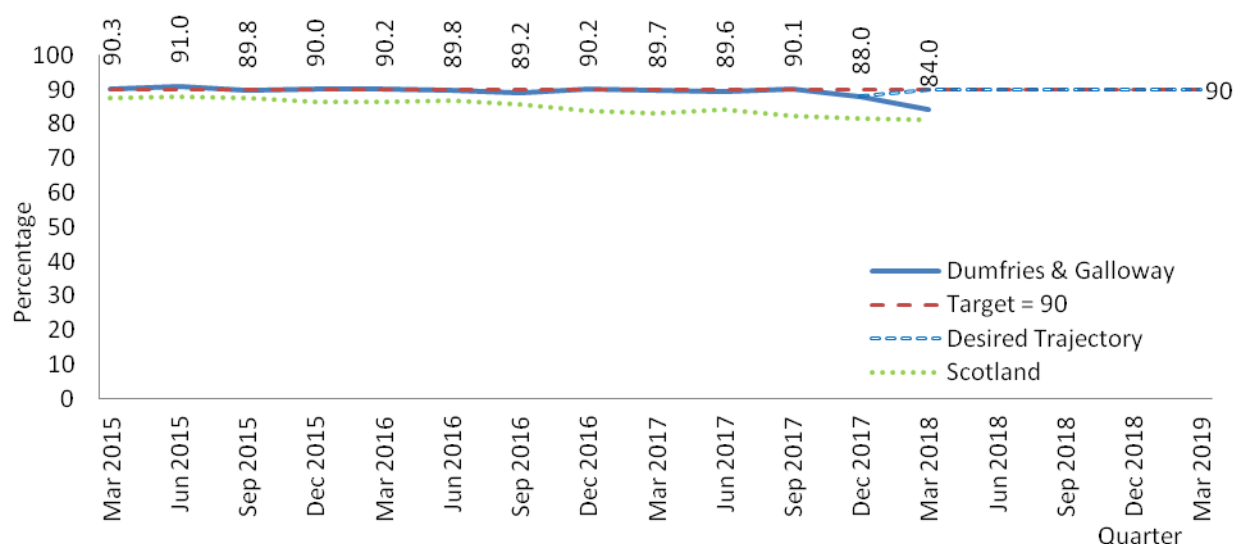
The focus of the service is to have ongoing oversight of the people waiting the longest (over 26 weeks), and prioritising to ensuring that clinical risk for those people is minimised.

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

## B5 18 weeks referral to treatment

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



#### Key Points

The percentage of people treated within 18 weeks of referral was 84.0% between January and March 2018, against a target of 90%. The Scottish rate for the same period was 81.1%.

The rate for Dumfries and Galloway has recently decreased after a long period of stability.

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

#### The Wider Context

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

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

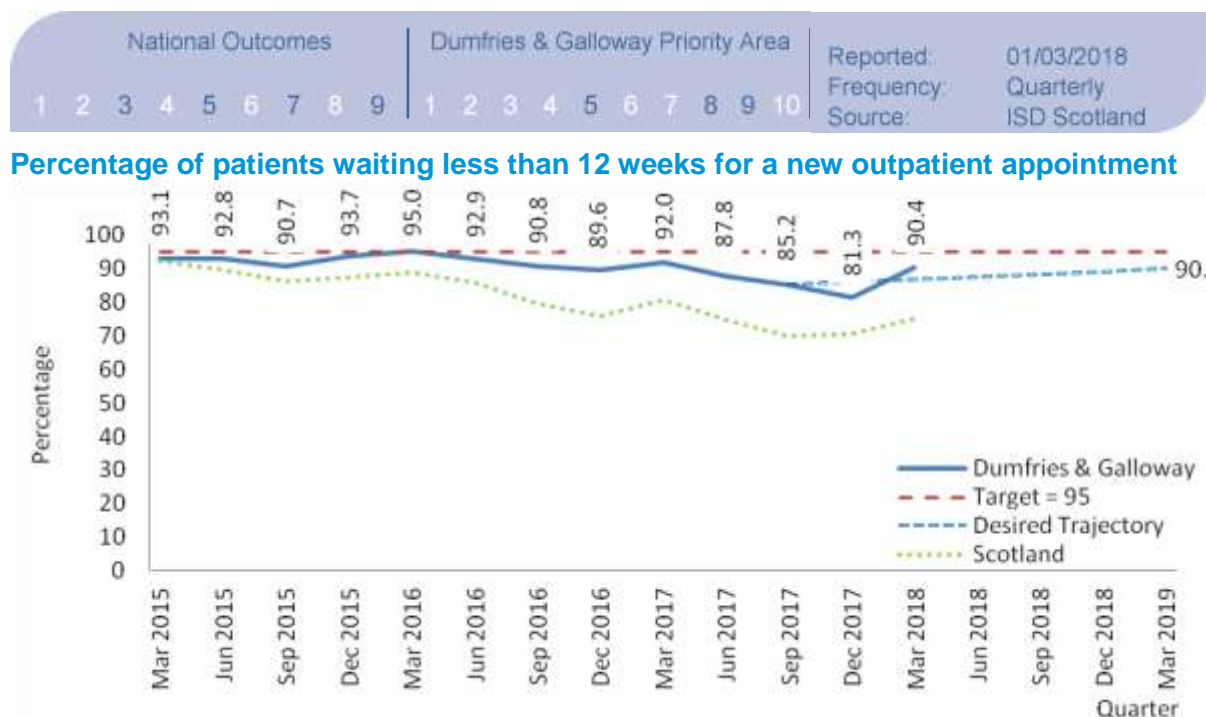
#### Improvement Actions

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

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

Discussions are ongoing with the Scottish Government about the sustainability of the performance of the elective treatment pathways.

## B6 12 weeks first outpatient appointment



### Key Points

Across Dumfries and Galloway, the percentage of people waiting less than 12 weeks for a first outpatient appointment was 90.4% in the month of March 2018.

Dumfries and Galloway's performance is currently below the national target of 95% and has declined since March 2017 when the percentage was 92%.

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

The Scottish rate was 75.1% in the month of March 2018.

### The Wider Context

A technical error in the way these figures were calculated had unintentionally included people who had been referred for advice only and were not waiting for a clinic appointment. This made the waiting times look worse than in reality and figures for quarter 3 were omitted until corrected. This error has been corrected and previous figures have been updated.

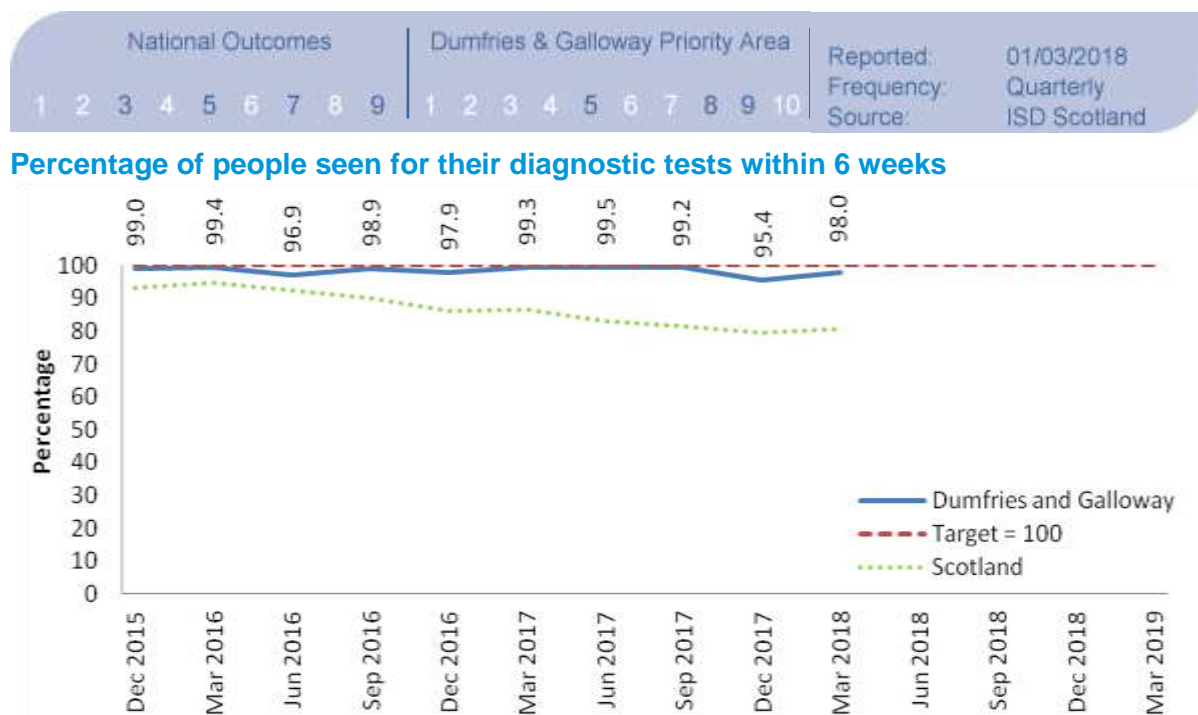
### Improvement Actions

The key focus has been to address where people had the longest waits. People waiting in excess of 26 weeks have reduced and administrative processes have been put into place to prevent this level of build up occurring again.

Another aspect of releasing capacity in the outpatient appointment system is to address the number of return appointments booked by clinical staff. Ongoing work has led to a 36% fall in the number of return appointments from 15,400 in January to March of 2017 to 11,300 in the same period for 2018.

An improvement programme is underway in administration and monitoring. This is ensuring people are correctly listed for treatment. Secondly, it is ensuring we apply the access policy appropriately, including for those people who do not attend appointments and ensuring that people are offered suitable appointments and choice.

## B7 Diagnostic Waiting Times for 8 key tests



### Key Points

In Dumfries and Galloway at the end of March 2018, there were 2,033 people waiting to undergo 8 key diagnostic tests. 98.0% were seen within 6 weeks against a target of 100%. 41 people were waiting longer than 6 weeks. This is an improvement on the previous quarter.

The Scottish rate for the same period was 80.6%.

There is a local ambition to ensure that people are seen within 4 weeks. 89.9% of people were seen within this time frame.

### The Wider Context

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

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

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

### Improvement Actions

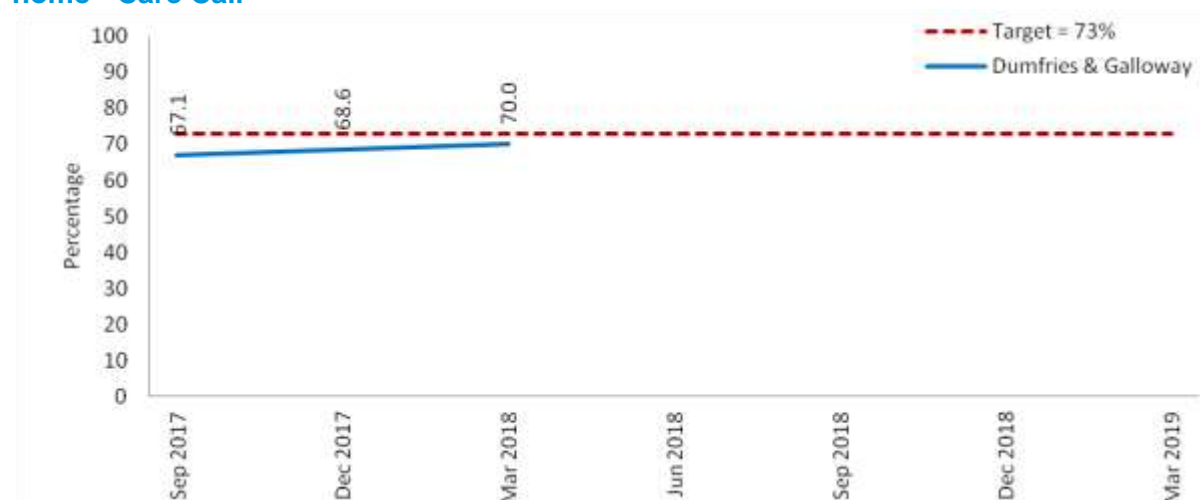
As with other specialities, there are national challenges for the radiology workforce. These workforce challenges are being addressed through national and regional planning. Dumfries and Galloway has recently been successful in recruitment of an additional staff member at a time when competition to recruit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

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

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



#### Key Points

The percentage of adults supported to live at home who are accessing telecare was 70.0% in March 2018.

In March 2018, there were 2,941 people using Care Call technology across the region, which is a 1% increase on the previous quarter. During this quarter (January – March 2018), there was on average 11,100 calls per month, of which only 8.6% required a physical response.

#### The Wider Context

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

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

#### Improvement Actions

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

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

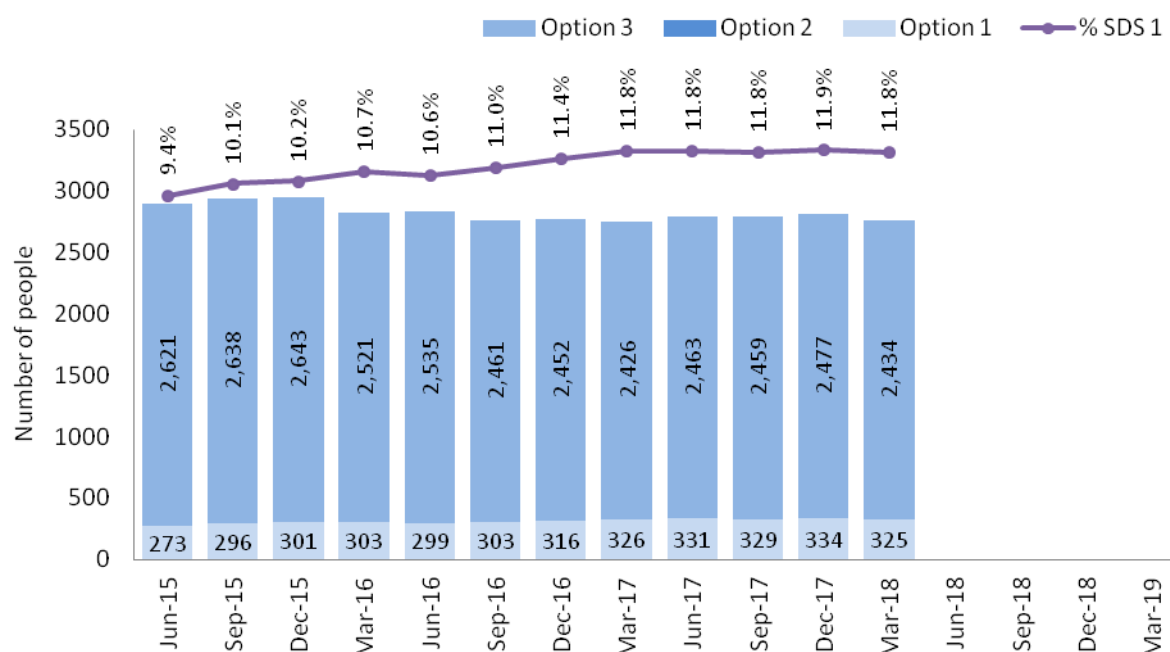
There continues to be new developments in assistive technology that supports people to remain safely in their own home. Not all of these are included in these figures.



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

National Outcomes										Dumfries & Galloway Priority Area										Reported Frequency:	01/03/2018
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Source:	Quarterly
																				Source:	Dumgal Council

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



### Key Points

These are Data Only indicators, which do not have targets or benchmarking associated with them.

At the end of the quarter, a snapshot in March 2018 showed the number of adults receiving care at home through Self Directed Support (SDS) was 325 people through Option 1, less than 5 people through Option 2 and 2,434 people through Option 3.

The total number of people being support by SDS has remained stable since September 2016. In March 2018, this was 2,764 people.

### The Wider Context

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

### Improvement Actions

The number of people choosing Option 1 has stabilised over the past year.

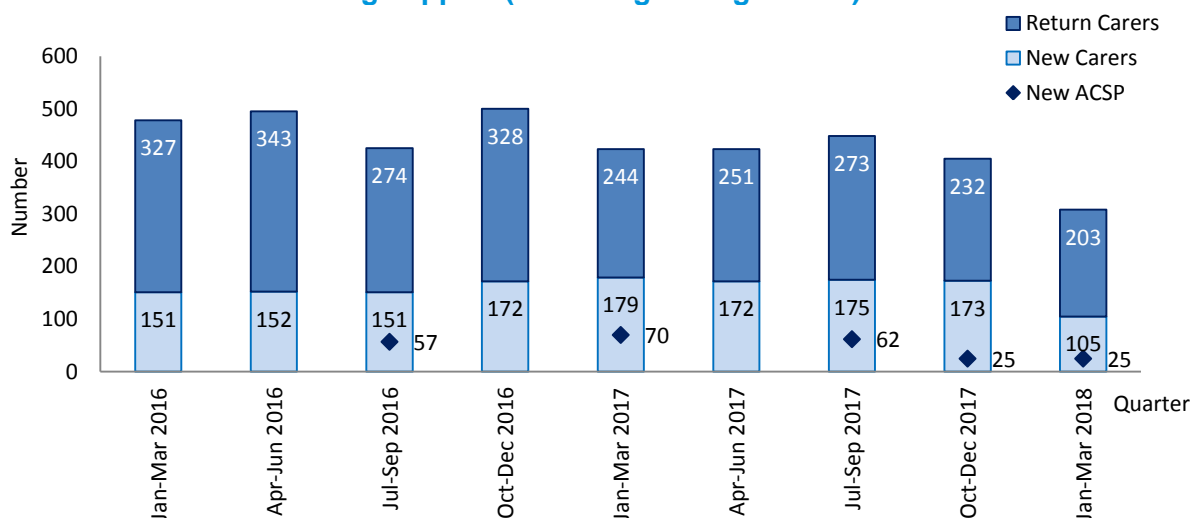
A number of people are beginning to explore how Option 2 could work for them and we expect a gradual increase in the number of people choosing this option. It is important to acknowledge that helping people to plan how Option 2 would work for them can take a considerable amount of time. The arrangements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

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

## C5 Carers receiving support (excluding Young Carers)

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

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



### Key Points

There were 25 new Adult Carer Support Plans (ACSP) completed in the quarter January to March 2018 by the Carers' Centre.

The Dumfries and Galloway Carers' Centre saw 105 new adult Carers between January to March 2018 and 203 returning Carers used their services. The Carers' Centre also had 296 One to One discussions with Carers. Alzheimer Scotland had 1,026 existing Carers and 282 new Carers whilst Support in Mind had 130 existing Carers and 2 new Carers between January to March 2018 (there may be overlap between these 3 organisations).

### The Wider Context

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

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

### Improvement Actions

Following consultation on the eligibility criteria for Carers' support, a set of criteria was approved by the IJB on 5<sup>th</sup> April 2018. Work is underway to implement this within social work services and the Carers' Centre.

A national Carers dataset has been launched, and a scoping exercise to assess existing data and IT infrastructure in readiness to implement the Carers' census is complete. The information return for 2017/18 will be submitted in July 2018 and will be reported six monthly for 2018/19.

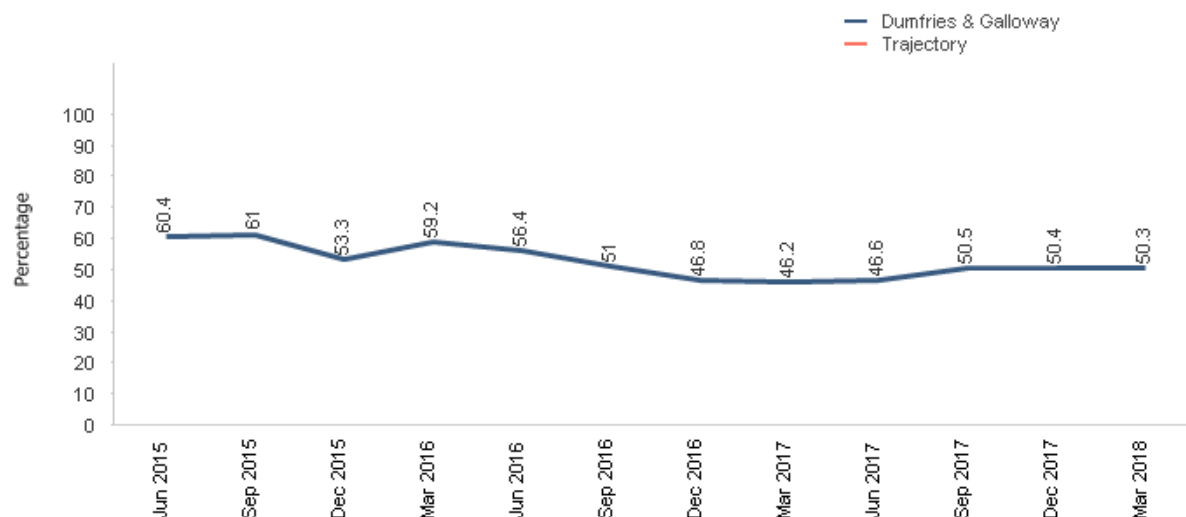
In addition to ACSPs, a range of other support is provided to Carers through third and independent sector providers.



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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

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

In March 2018 there were 898 people being supported with 10 hours or more of care at home provision. This was 50.3% of all people aged 65 and over receiving care at home through Self Directed Support (SDS) Option 3.

### The Wider Context

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

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

### Improvement Actions

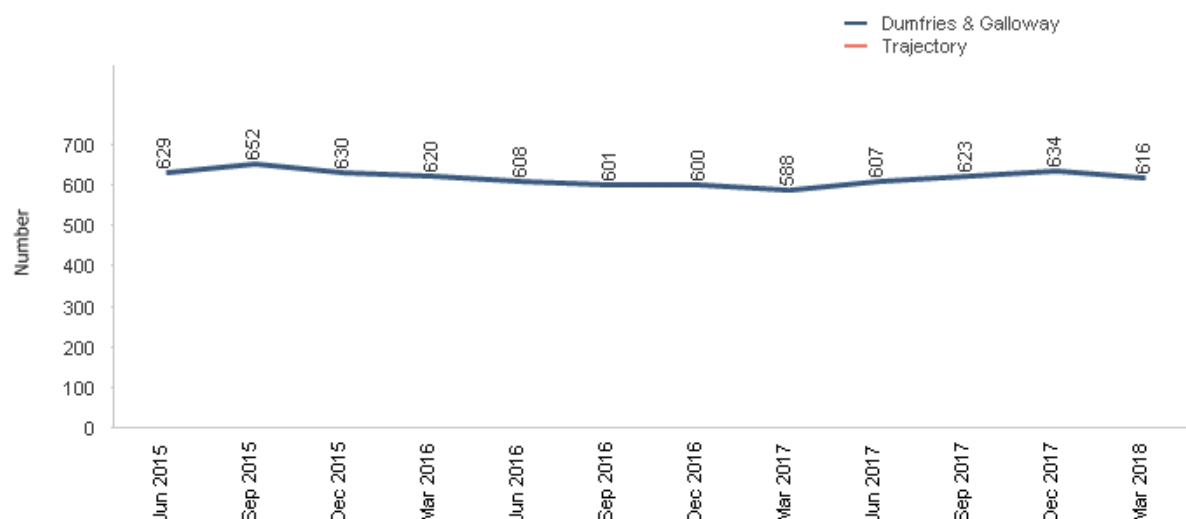
It has been observed that people appear to be managing at home using their own support and resources for longer. This means that when people do start to need more support, the nature of that support may be more intensive. This reflects that the first choice for many people is to continue to remain at home. In 2017, 70% of people having new care packages arranged were aged 75 years or older and 11% were in their 90s.

No improvement actions required at this time.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

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

The number of adults aged under 65 years receiving personal care at home through Self Directed Support (SDS) Option 3 was 616 in March 2018.

There has been a decline since a peak of 652 people in September 2015, since then there has been a 2.8% decrease in the number of adults under 65 receiving care through SDS Option 3 which will be reflected in part by the small increase in the number of people who have chosen Option 1.

### The Wider Context

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

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

### Improvement Actions

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

# Finance and Resources

## Overview

A20 Progress towards reporting on resources spent on emergency hospital stays

A23 Progress towards reporting on end of life care expenditure

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

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

D6 The number of times people access Technology Enabled Care (TEC) 'virtual services'

D7 Progress towards reporting on housing adaptations

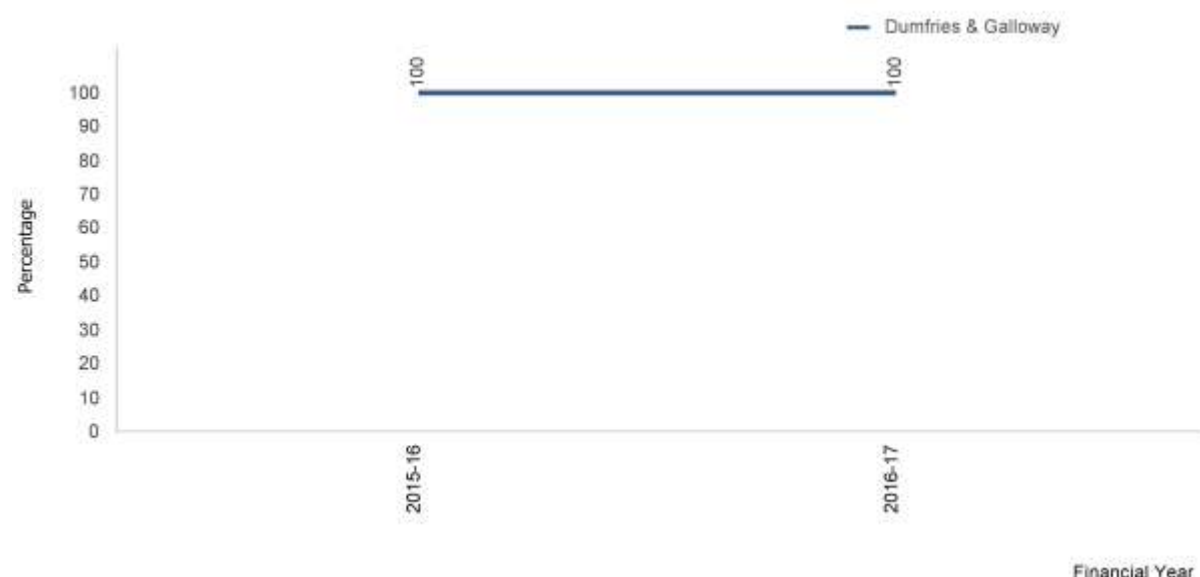
D8 Progress towards reporting on prescribing

D9 The ratio of workload between institutional and community based care

## B20 Operate within the agreed Revenue resource, Capital resource limit and cash limit

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

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



### Key Points

Dumfries and Galloway NHS Board met their 2016/17 financial targets.

### The Wider Context

The indicator is part of the Local Delivery Plan Standard (LDP) suite of indicators which all NHS boards are required to report. This indicator does not include Dumfries and Galloway Council financial targets. All NHS Boards are required to operate within their Revenue Resource Limit, their Capital Resource Limit and meet their Cash Requirement. The LDP standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 vision. The Scottish Government will continue to review the LDP standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision.

### Improvement Actions

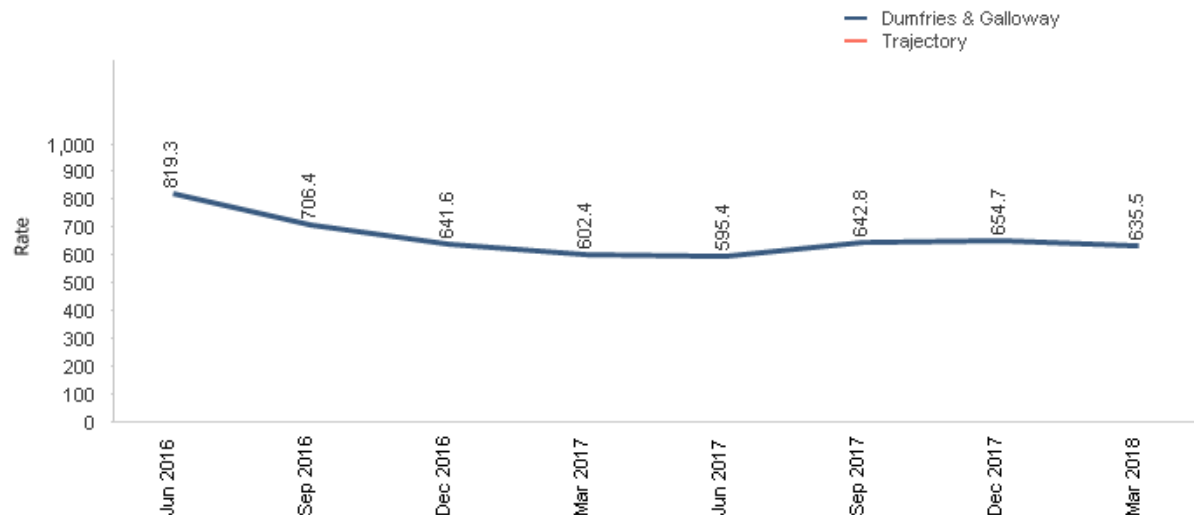
For 2017/18 Cash Releasing Efficiency Savings (CRES) plans identified of £17.85m of savings. These were all achieved apart from £1.1m, mainly relating to non-achievement of Primary Care Prescribing savings. However whilst these savings were identified in the year, £8m were identified on a non-recurrent basis, leading to an increased challenge in 2018/19 as this gap was carried forward into the new Financial Plan for 2018/19.

For greater detail of financial reporting for Dumfries and Galloway Health and Social Care Partnership, please see the Integration Joint Board Financial Plan.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

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

In March 2018 the rate of care at home provided through Self Directed Support (SDS) Option 3 was 635.5 hours per 1,000 population aged 65 and over.

### The Wider Context

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

### Improvement Actions

No improvement actions required at this time. This historic indicator needs to be reviewed.

## D6 Technology Enabled Care (TEC) - Virtual Services

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Local

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



National Strategy reviewed  
Due: 31/08/2018  
Completed:

Local Strategy developed  
Due: 31/12/2018  
Completed:

### Key Points

The specifics of this indicator have not yet been developed.

### The Wider Context

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

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

### Improvement Actions

A new Digital Health and Care Strategy for Scotland was published in April 2018.

The first people have participated in video consultations using NHS Attend Anywhere, which went live in Cairnsmore GP Practice, Newton Stewart and Annan North GP Practice at the beginning of March. Further interest in Attend Anywhere has been received from Lochthorn GP Practice in Dumfries, Mental Health, Psychology, Renal and Sexual Health services and the Carer's Centre. They are all being supported to develop their ideas.

Testing of the Florence Home and Mobile Health Monitoring (HMHM) system has been successfully carried out with both the Beating the Blues service and Community Pharmacy in Wigtownshire. These services will go live during the next quarter.

NHS Ayrshire and Arran's application to the National TEC Programme to provide a Regional Hypertension Service was accepted and people in Dumfries and Galloway will benefit from this programme when it begins in the second quarter of 2018.

In Annandale and Eskdale, the redesigned Moffat High Street Practice website was launched and promoted to patients. In this quarter 530 people accessed the website.

In Stewartry, Castle Douglas Hospital has been using a tablet device to receive support from Dumfries and Galloway Royal Infirmary emergency department.

In Wigtownshire, a plan is being developed for the mPower project, to achieve the first year targets for people using eHealth interventions to support their health and care needs.

# Quality

## Overview

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

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

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

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

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 (GP)

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

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

D4 Progress towards reporting on personal outcomes

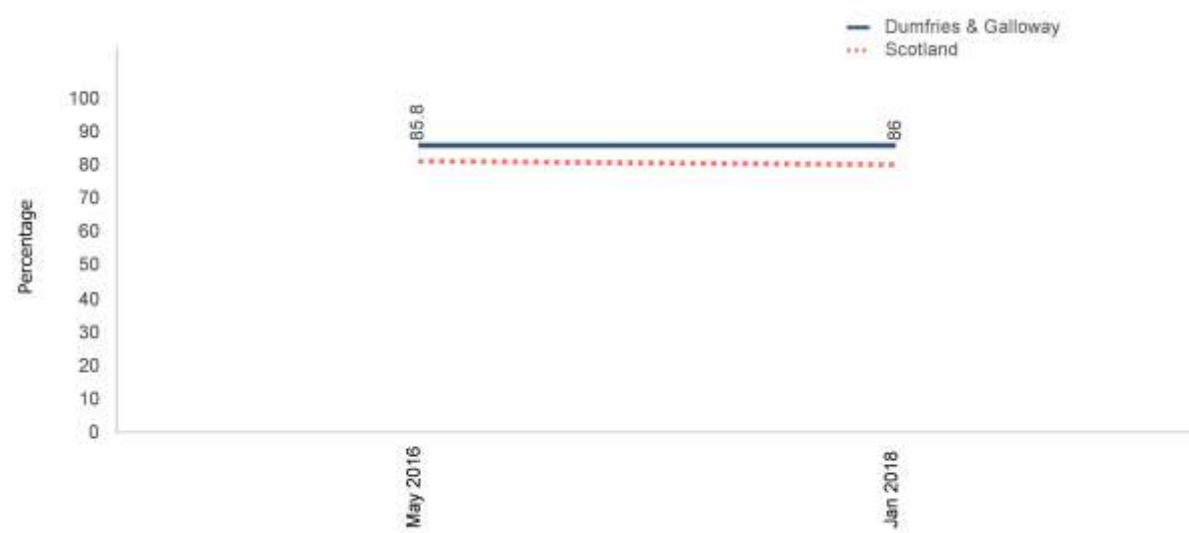
D5 Progress towards reporting on the proportion of staff who agree that they have the information and support necessary to do their job



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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

86% of adults from Dumfries and Galloway who responded to the Health and Care Experience Survey (HACE) who were receiving any care or support, rated it as excellent or good in October 2017. This is unaltered from the previous survey. A further 11.0% rated their care as 'fair' and only 4.0% (11 people) rated their care as poor or very poor.

The result for Dumfries and Galloway was higher than that for Scotland (80%) but this difference was not statistically significant.

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, only 5.7% (281 people) had direct experience of social care, which is the same as the proportion who answered for Scotland (5.7%).

### The Wider Context

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. Nearly 5,000 people took part in 2018, a response rate of 31% which is much higher than the Scottish return of 22%.

While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

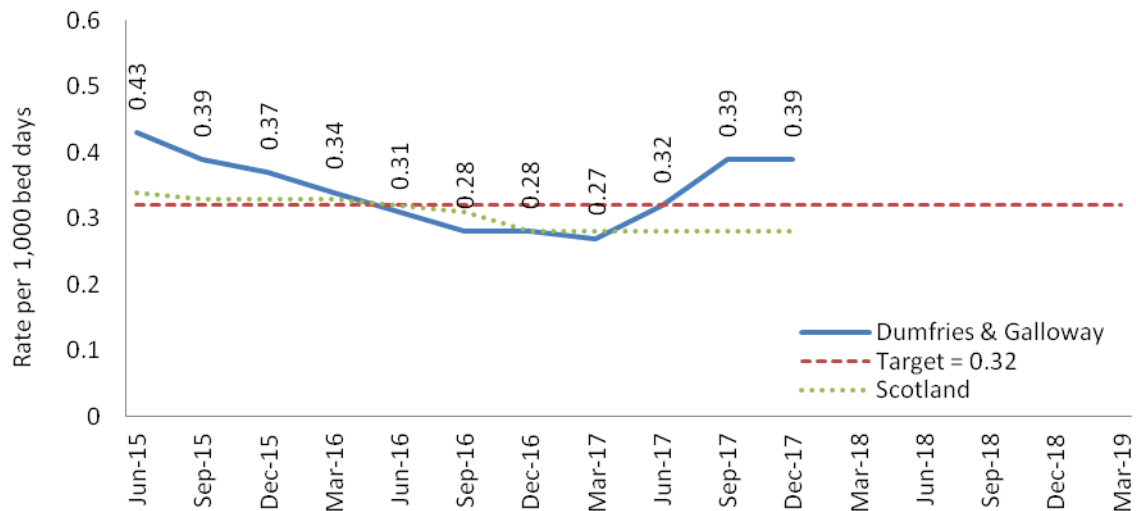
The perception of the care and support people receive continues to be mainly positive and more positive than for Scotland.

Across the partnership, people working in health and social care are undertaking training to support them to have good conversations focusing on what matters to people. Developing dementia friendly services, involving unpaid Carers more in people's care and working with people to give them more choice and control all contribute towards people feeling positive about the care and support they receive.

## B12 Rate of Clostridium Difficile infections

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

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



#### Key Points

The infection rate for Clostridium difficile (C. difficile) for the 12 months ending 31<sup>st</sup> December 2017 was 0.39 cases per 1,000 occupied bed days. This is above the rate for Scotland of 0.28 cases per 1,000 occupied bed days.

Dumfries and Galloway is one of the health boards with higher rates of Clostridium difficile infection (CDI).

#### The Wider Context

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

#### Improvement Actions

Local records show there were 12 cases from October to December 2017. Respiratory infections and prescriptions for antibiotics to treat these had part to play as did a number of people who developed a recurrent C. Diff infection whilst in hospital.

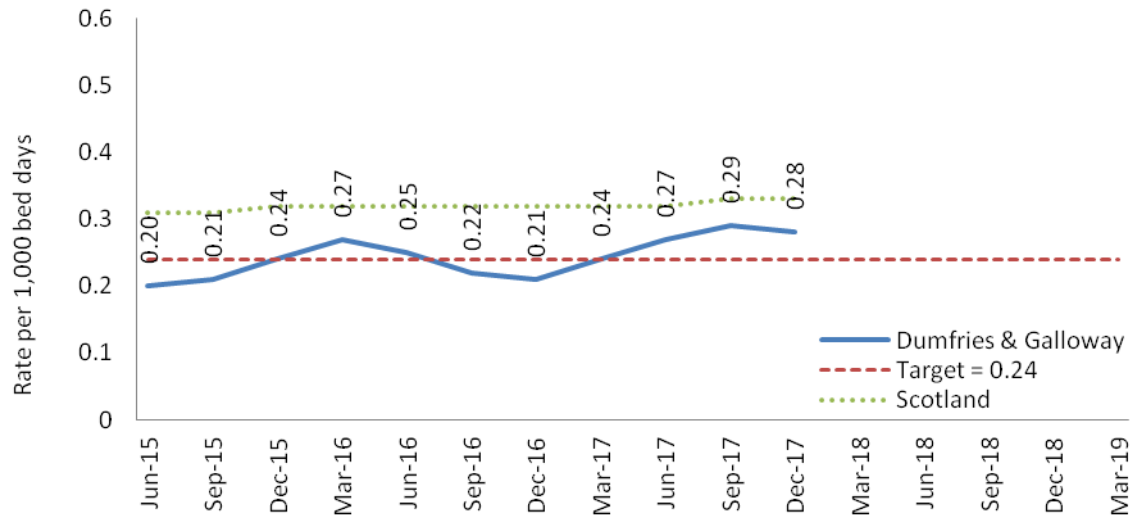
The increase in the mid to later part of the year may, in part, have resulted from prescribing for respiratory infections. There was a shortage of the antibiotic Tazocin internationally and NHS Dumfries and Galloway, being high users of this medication previously, noted a greater difference when alternative medications had to be used.

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

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	ISD Scotland

### The rate of 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 31<sup>st</sup> December 2017 was 0.28 cases per 1,000 acute occupied bed days. This is the 3<sup>rd</sup> figure since the year ending March 2017 that the infection rate has been higher than the desired target.

Local data shows that during the quarter ending December 2017 there were 9 cases of SAB.

The rate for Scotland was 0.33 cases per 1,000 occupied bed days.

### The Wider Context

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

Infections are defined as either community associated or healthcare associated. Community associated infections are where the person has had no contact with a hospital in the previous 12 weeks. Healthcare associated infections have remained relatively stable, whereas there has been more variability over the last year in community associated infections.

### Improvement Actions

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

The area for focus now needs to be preventing SAB infections in the community and will require different strategies and interventions to those we use in healthcare settings. It will be important to focus on strong communication and engagement with the community to help people to protect themselves and the people they care for.

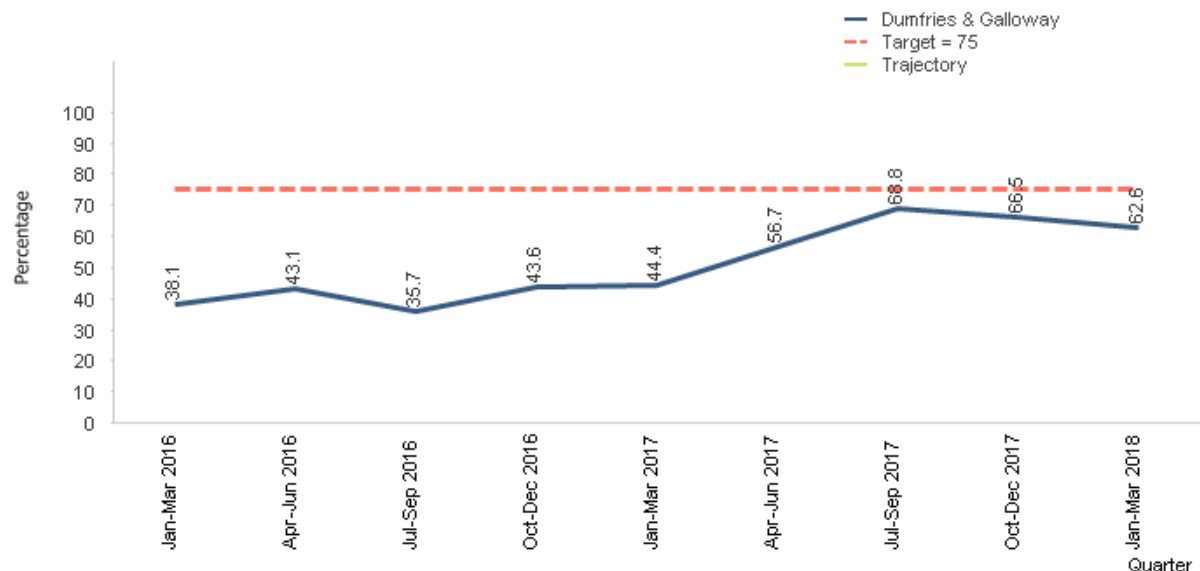
Screening for MRSA in Dumfries and Galloway was 83% in the quarter ending March 2018.

Invasive devices such as catheters and needle sites will be a focus for improvement work in 2018.

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

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly
																			Source:	Dumgal Council

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



### Key Points

Across Dumfries and Galloway in the quarter ending March 2018, 62.6% of people referring a Duty to Inquire case to Adult Support and Protection (ASP) received feedback within 5 days of receipt of referral.

### The Wider Context

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

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

### Improvement Actions

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

The social work team will, in future, be supporting the early triage processes for the MASH. This should release capacity to follow up and ensure the feedback in relation to adult protection referrals are addressed in a timely manner.

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

# Stakeholder Experience

## Overview

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

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

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

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

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

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

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

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

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

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

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

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

D13 Progress towards reporting on health inequalities

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

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

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

D17 Progress towards reporting on anticipatory care plans

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

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

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

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

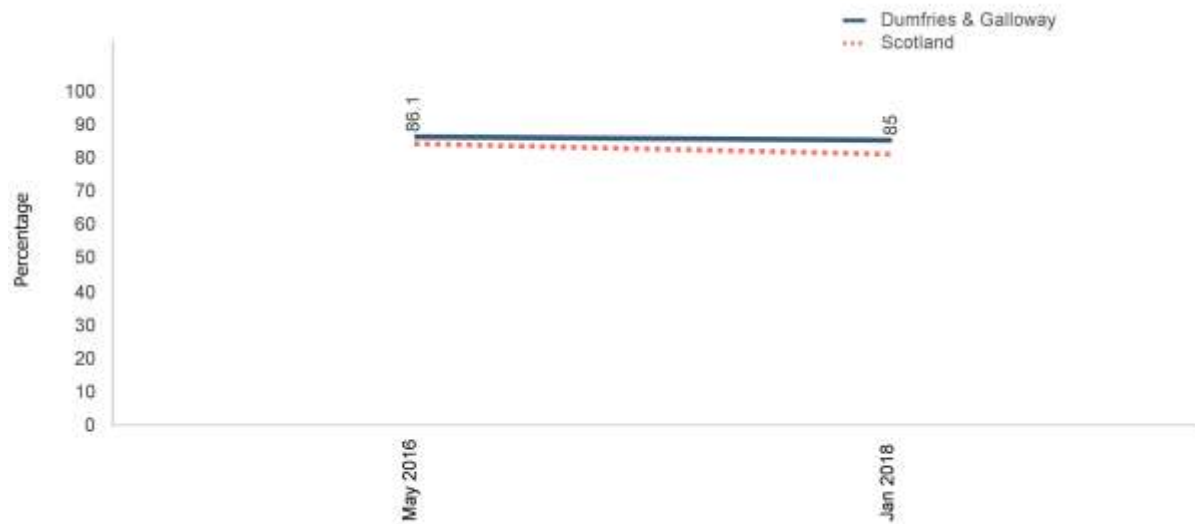
D22 Progress towards on the proportion of staff who would recommend their workplace as a good place to work



## A2 Adults supported at home who agree that they are supported to live as independently as possible

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

85.0% of adults in Dumfries and Galloway who are supported to live at home who responded to the Health and Care Experience Survey (HACE) agreed that they were supported to live as independently as possible. This is higher than the result for Scotland (81.1%) although the difference is not statistically significant. A further 12.0% answered 'neither agree nor disagree' and only 3.0% (7 people) responded that they did not agree they were supported to live as independently as possible.

### The Wider Context

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, 5.7% (281 people) had direct experience of social care. This is the same as the proportion who answered for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

This indicator is consistent with the Partnership supporting people to remain independently at home. Indicator A18 shows that people with intensive support needs are more likely to be supported at home (65%) than the Scottish average (60%).

The Partnership's approach is to promote monitoring technology to keep people safe at home as the first solution. We are also promoting a reablement approach and have been working across the partnership to bring reablement skills to the many different settings where people are supported.

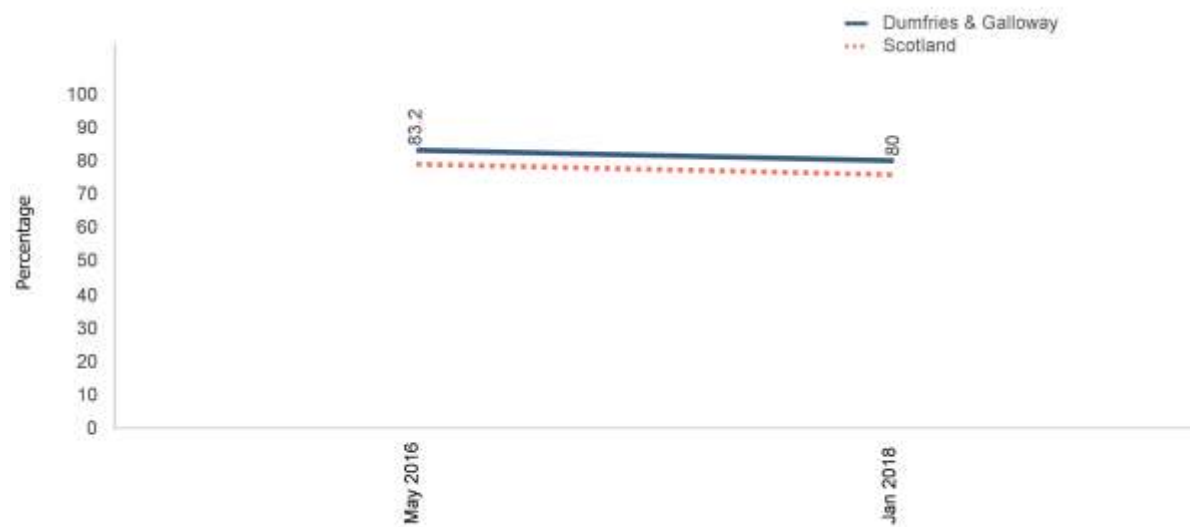
100% of people diagnosed with dementia in the latest reporting period received a year of post diagnostic support.



## A3 Adults supported at home who agree they had a say in how their help, care or support was provided

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

80.0% of adults in Dumfries and Galloway supported at home who responded to the Health and Care Experience Survey (HACE) agreed they had a say in how their care or support was provided. This is higher than the result for Scotland (75.6%) although the difference is not statistically significant. A further 12.0% answered 'neither agree nor disagree' and 8.0% (21 people) responded that they did not agree they had a say in how their help, care or support was provided.

### The Wider Context

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, 5.7% (281 people) had direct experience of social care. This is the same as the proportion who answered for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

While the Dumfries and Galloway result was higher than Scotland, it has been noted that this aspect of care and support has scored less positively than other aspects. These findings are being discussed with teams within the Partnership so that people can reflect on any improvements that could be made to ensure that people feel involved and supported to have their say.

Substantial time has been invested in Good Conversations training and education about the SDS options available, to enable staff to support people to have more choice and control. The new ways of working may take some time to filter through to the whole population supported by the Partnership.

## A4 Adults supported at home who agree their health and care services seemed to be well co-ordinated

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

83% of adults in Dumfries and Galloway supported at home who responded to the Health and Care Experience (HACE) survey, agreed that their health care services seemed to be well co-ordinated. This is statistically significantly higher than the result for Scotland (74.3%). A further 11.0% answered 'neither agree nor disagree' and 6.0% (15 people) responded that they did not agree that their health care services seem to be well co-ordinated.

### The Wider Context

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, 5.7% (281 people) had direct experience of social care. This is the same as the proportion who answered for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

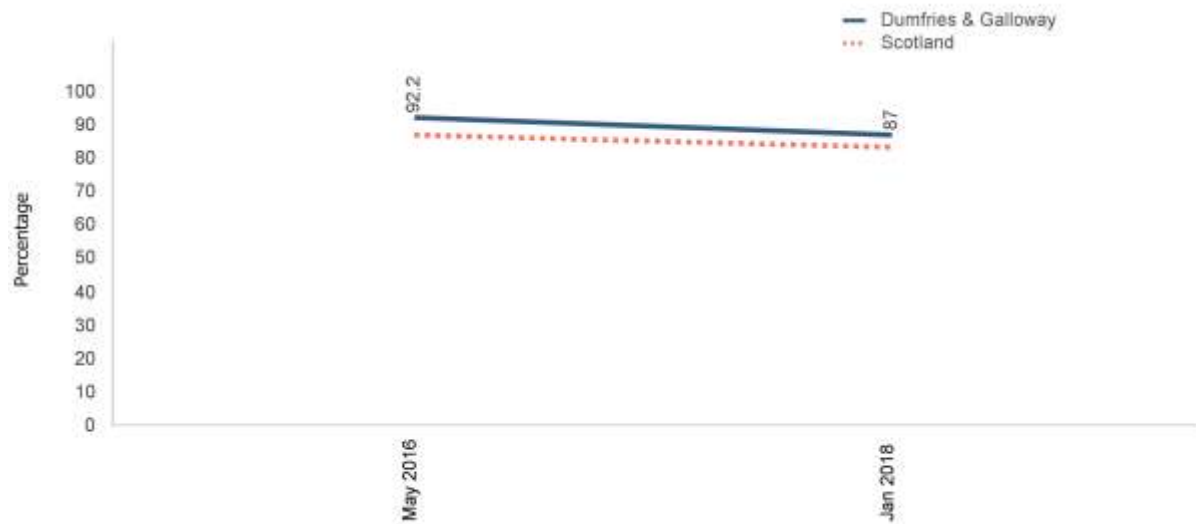
We hope this is an early reflection on the Partnership's commitment to a more integrated, person-centred approach.

There are many examples of where the Partnership is improving how services are coordinated. The One Team approach that is developing in the localities brings together disciplines from across the Partnership to deliver health and care in more coordinated way. The introduction of flow coordinators in each locality should make transitions from hospital back into the community more seamless. The Multi Agency Safeguarding Hub (MASH) has resulted in better coordination of Adult Support and Protection. Pilots for extended primary care teams working within GP practice are demonstrating positive outcomes for people. And the development of advanced practitioners means people will receive enhanced support, reducing the number of professionals they need to see.

## A6 Positive experience of the care provided by their GP practice

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

87% of adults in Dumfries and Galloway who responded to the Health and Care Experience Survey (HACE) agreed they had a positive experience of care from the GP practice. This 5% decrease from 2016 is a statistically significant difference which means that it is not thought to be by chance. A further 10.0% answered the care provided by their GP practice was 'fair' and 3.0% (130 people) responded that their experience was poor.

The result for Dumfries and Galloway continues to be statistically significantly higher than for Scotland (82.6% in 2018).

### The Wider Context

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

While the Dumfries and Galloway result was higher than Scotland, it has been noted that this aspect of care and support has scored less positively than other aspects. These findings are being discussed with teams within the Partnership so that people can reflect on any improvements that could be made to ensure that people feel their experiences are positive.

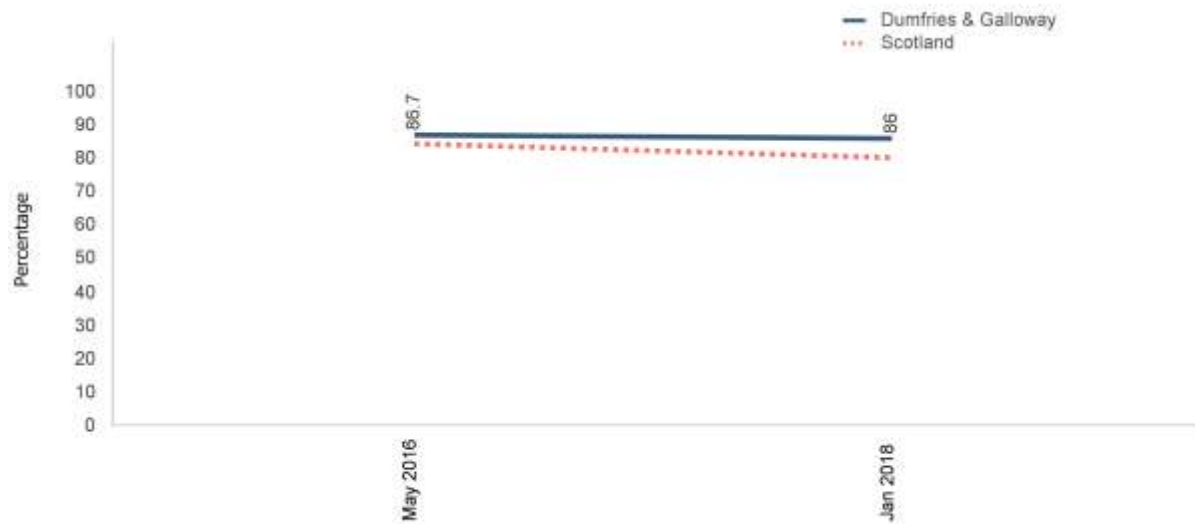
There is substantial variation between different GP practices, with locality averages ranging from 81-91%.

The changes to the national GP contract and the transformation of primary care services programme will open opportunities for constructive discussions about how future primary care services are delivered. People's experiences will be central to the discussions for this programme.

## A7 Adults supported at home who agree their services and support improved or maintained their quality of life

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																			Source:	HACE Survey

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



### Key Points

Across Dumfries and Galloway, the percentage of adults supported at home who responded to the Health and Care Experience Survey (HACE) and who agreed that services and support have had an impact on improving their quality of life, has decreased by 0.7% from 86.7% in 2016 to 86.0% in 2018. This result is statistically significantly higher than the result for Scotland (80.0%).

A further 11.0% answered 'neither agree nor disagree' and only 3.0% (8 people) responded that they did not agree that services and support have had an impact on improving their quality of life.

### The Wider Context

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, 5.7% (281 people) had direct experience of social care. This is the same as the proportion who answered for Scotland (5.7%).

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

We hope this result, being much better than the Scottish average, is a reflection on the Partnership's commitment to support people to maintain and improve their quality of life.

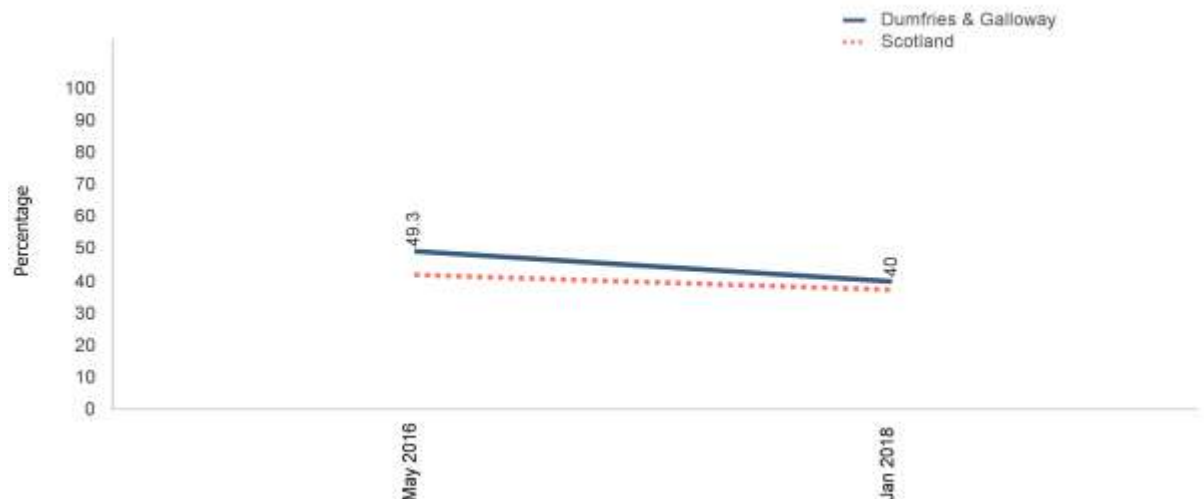
The focus on a reablement approach across many settings aims to support people to be as independent as possible in their home environment. 100% of people diagnosed with dementia in the latest reporting period received a year of post diagnostic support.

Playlist for Life is an example of an innovative scheme where old iPods or MP3 players are recycled to create a personalised playlist for someone living with dementia. Using personalised music in dementia care is increasingly recognised as a highly effective way to enhance wellbeing and provoke memories.

## A8 Carers who feel supported to continue in their caring role

National Outcomes										Dumfries & Galloway Priority Area										Reported:	01/03/2018
1	2	3	4	5	6	7	8	9		1	2	3	4	5	6	7	8	9	10	Frequency:	2 Years
																				Source:	HACE Survey

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



### Key Points

Of the 673 Carers who responded to the Health and Care Experience Survey (HACE) in Dumfries and Galloway, 40% responded that they agreed they felt supported to continue in their caring role. This is a decrease of 9% since 2016 which is a statistically significant difference. The rate for Dumfries and Galloway remains higher but not statistically significantly higher than that for Scotland (37%). A further 38.0% answered 'neither agree nor disagree' and 21% (141 people) responded that they did not agree they felt supported to continue in their caring role.

Of the nearly 5,000 people who answered the HACE survey in Dumfries and Galloway, 15.1% (746 people) identified as Carers. This is the same as the proportion who answered for Scotland (15.0%).

### The Wider Context

The HACE Survey captures people's feelings about the care they experience, at the time the survey is taken. Local figures should be compared to the experiences of other people across Scotland in the same time period. While it is useful to see how figures change over time, each survey contains responses from a different group of people at a different period in time. As the survey is taken every 2 years, it will take many years before we can tell if there are trends going up or down.

### Improvement Actions

There has been much positive work undertaken to support Carers in their role in the last year. The Carers Strategy was approved by the IJB on the 29th November 2017 and local eligibility criteria for Carers' support have been developed and agreed.

There is considerable variation between localities, with the proportion of Carers responding that they agreed they felt supported to continue in their caring role ranging from 37 to 46%. These findings and other Dumfries and Galloway survey responses relating to Carers' experiences will be discussed at the Carers' Programme Board. For example, 70% of Carers responding to the HACE survey agreed that they had a good balance between caring and other things in their life, which is significantly higher than the result for Scotland (65%).

Further engagement work with Carers will be undertaken to gain a greater understanding of what 'feeling supported' means to Carers.



## B18 Sickness absence rate

National Outcomes									Dumfries & Galloway Priority Area										Reported:	01/03/2018
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 and Galloway



### Key Points

The rate of sickness absence between January and March 2018 was 5.3% for NHS employees and 7.8% for Adult Social Services. The sickness absence rate for Adult Social Services has increase this quarter by nearly 30%. However, because of the smaller workforce, small numbers of additional people off sick can make dramatic differences to the absence rates.

Both NHS and Local Authority rates remain higher than the national (NHS staff) target of 4%.

### The Wider Context

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

### Improvement Actions

In the NHS setting, activities of the Working Well steering group are now co-ordinated by a multi professional steering group which meets bi-monthly to coordinate activities based on the recommendations made in the Working Well report. The group has provided updates to the Staff Governance Committee and Area Partnership Forum on the work priorities. The communications plan for an organisation wide self management, prevention and awareness raising programme was launched in May 2018. The group are now investigating ways to carry out qualitative research around mental health and absence and the impact of organisational support.

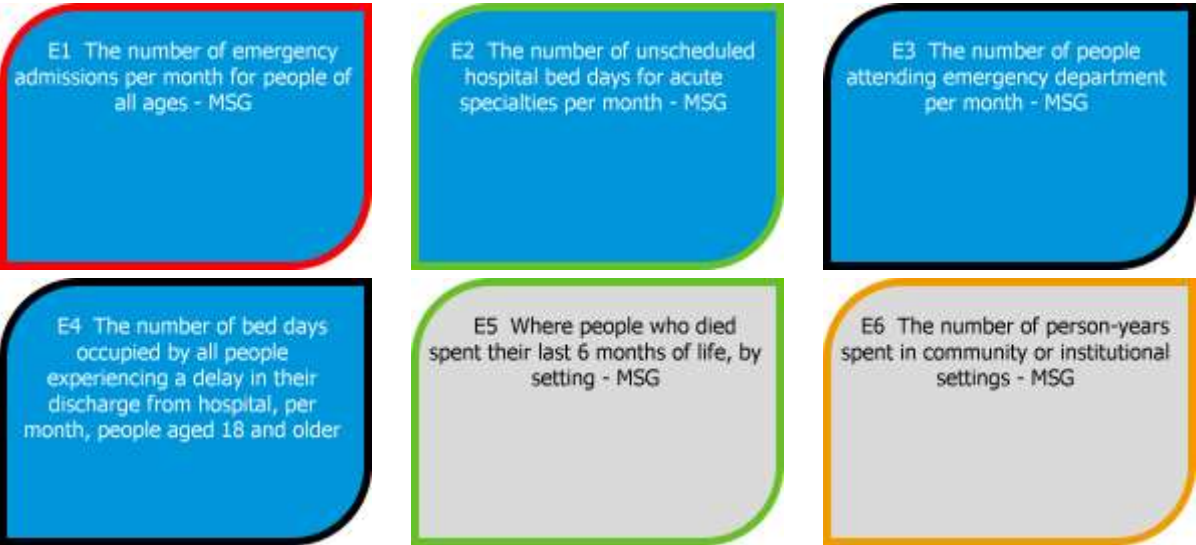
In Adult Social Services, there continues to be focus on attendance at work, which is a priority for the local authority. All long term and frequent short term absences are case managed collaboratively with HR. Corporate training is available on a monthly basis, which is in addition to on line training which can be accessed at any point. Due to the high level of absence within this area, people are also supported with bite sized training. The council will also have a new real time absence reporting mechanism which will provide managers with more absence information to target areas where further review and intervention is required. Monthly reports are provided to managers to highlight absence rates within teams and to allow focused intervention.

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



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

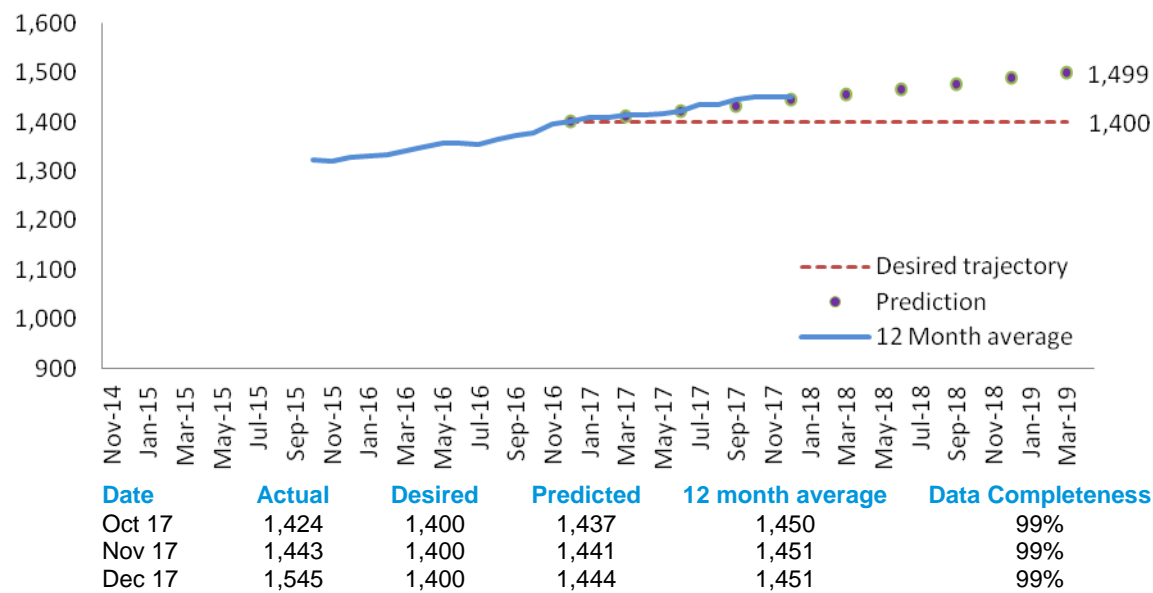
## Overview



## E1 Emergency admissions per month

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	01/03/2018 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

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



### Key Points

The revised number of people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,545 in December 2017. This figure is higher than the desired trajectory. If the number of emergency admissions could be maintained at or below an average of 1,400 per month, this would equate to a drop of 7% compared to the likely result had no changes been made. This is shown on the chart as the 'prediction'. The rolling 12 month average is increasing and in line with the prediction.

### The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed. These figures include people admitted through the emergency department and also admissions direct to a ward arranged by a GP.

Research shows that approximately 40-50% of the rise in emergency admissions in the last 15 years can be attributed to demographic changes. It is believed that the growth in emergency admissions could, in part, be reduced by redesigning services to meet the needs of those people whose admission to hospital may have been avoidable in the community.

### Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1/DG2 postcode areas. Since its launch in August 2017, up to the end of December 2017 NIP has provided support to 206 people.

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

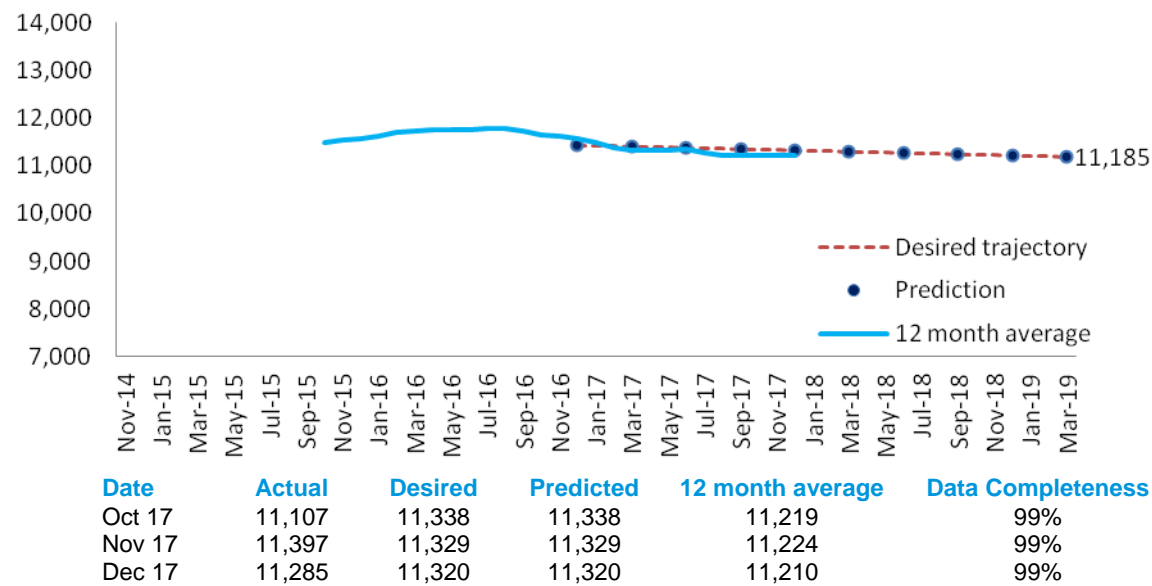
A bid has been submitted to the Scottish Government to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease to remain in their own home environment.

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

## E2 Unscheduled hospital bed days for acute specialties

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	01/03/2018 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

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



### Key Points

The revised number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 11,285 in December 2017.

The rolling 12 month average is a little lower than the prediction, which was based on the previous 2 years' figures (recalculated in December 2017). As the prediction is heading in a desirable direction, this has also been taken as the desired trajectory. If the number of emergency bed days continues to follow this trajectory, it would equate to a drop of 3.8% compared to the 12 month average reference point in November 2016.

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

### The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset. The backlog causing data completeness issues reported in quarter 3 has been addressed.

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

### Improvement Actions

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

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