



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021-22 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC11-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2021-22 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of the summary performance report contained within appendix 1.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 REVISION OF QUARTERLY PERFORMANCE REPORT

- 4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report' and Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21. Appendix 2 sets out the data sources utilised to compile the quarterly performance report.
- 4.2 Following a request from the Performance and Audit Committee, officers are working to amend the format for the performance summary to include an illustration of where variation in monthly data follows a normal pattern within statistical limits, using a technique called Statistical Process Control.

This change will allow the Committee to understand variation which may or may not be within the control of the Partnership and implement improvement strategies where necessary.

5.0 QUARTER 4 PERFORMANCE 2021-22 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 4 2021/22 period are:

- A. Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- B. Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E (Accident & Emergency) 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.
- C. Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2nd best out of the eight family group partnerships. Although, performance is poorest out of the three Tayside Partnerships.
- D. The number of emergency admissions from A+E has increased over the last four quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last three quarters (both are higher than the 2015/16 baseline).
- E. The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) over 2021/22. Performance is best in the family group and 3rd out of the three Tayside Partnerships.
- F. 91.7% of the last six months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline (improvement) and although performance across Scotland is similar it is best out of the eight-family group partnership and is 2nd out of the three Tayside partnerships.
- G. Rate of hospital admissions due to a fall for aged 65+ is 29.2% higher than the 2015/16 baseline and is higher in every LCPP. The rate decreased (improved) between quarters three and four, however is the poorest of the eight family group partnerships and poorest out of the three Tayside partnerships. An improvement report is currently being prepared and will be submitted to the Performance and Audit Committee in September 2022.
- H. % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline. This has been subject to an in-depth analytical report, provided to Performance and Audit Committee in February 2022, which found no clear trends or explanations for the deterioration in performance. Monitoring of service quality continues to be a key aspect of clinical, care and professional governance arrangements.
- I. Rate of bed days lost to a standard delayed discharge for age 75+ is 9.6% more than the 2015/16 baseline. Performance deteriorated in Lochee, East End, Maryfield and The Ferry. A report focused on discharge management will be submitted to the Performance and Audit Committee in September 2022. It should be noted that Dundee performed significantly better than the Scottish position for national indicator 19 (delayed discharge all reasons) from 2017/18 until 2019/20, during 2020/21 and 2021/22, in common with many Partnerships across Scotland, performance has been negatively impacted by the circumstances associated with the COVID-19 pandemic.
- J. Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 35% less than the 2015/16 baseline (improved), with increases across three LCPPs (Lochee, Maryfield and The Ferry). Performance has however deteriorated over the last four quarters. A

report focused on discharge management will be submitted to the Performance and Audit Committee in September 2022.

5.2 The quarterly and locality data included in this report for rate of readmissions within 28 days is for Quarter 1 2021/22. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers, through a recommencement of the Performance and Finance Group, to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

8.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 27 June 2022

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q4 2021-22 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emergency Admissions rate per 100,000 18+ (Covid and Non Covid)	+4.9%	+7.3%	+9.6%	-1.4%	+5.4%	+10.1%	+12.5%	+0.1%	-3.4%
Emergency Bed Days rate per 100,000 18+ (Covid and Non Covid)	-2.4%	-1.5%	-4.1%	-6.4%	+0.2%	+3.4%	+6.7%	-19.1%	+4.4%
Readmissions rate per 1,000 Admissions All (Q1)*	27%	34%	17%	18%	-11%	6%	38%	31%	64%
Hospital admissions due to falls rate per 1,000 65+	17%	15%	16%	7%	-13%	6%	60%	15%	34%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+9.6%	+29.2%	+33.4%	-29.0%	-19.1%	-11.4%	+5.1%	-10.6%	+70.2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-34.6%	+167.1%	-70.8%	-49.5%	-92.1%	-88.6%	+14.4%	-22.2%	+316.7%

* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emergency Admissions rate per 100,000 18+ (Covid and Non Covid)	12,516	14,766	17,346	13,521	12,255	14,447	11,155	8,007	10,652
Emergency Bed days rate per 100,000 18+ (Covid and Non Covid)	129,732	159,615	174,879	152,538	112,881	128,094	113,741	79,398	131,933
Readmissions rate per 1,000 Admissions All (Q1)*	31.7	35.7	32.2	35.3	18.4	26.6	32.0	36.2	33.2
Hospital admissions due to falls rate per 1,000 65+	29.2	30.5	31.8	31.9	17.9	26.6	37.0	31.8	27.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	526	608	651	553	473	491	596	681	313
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	192	439	153	224	60	47	185	169	172

Source: NHS Tayside data

* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23

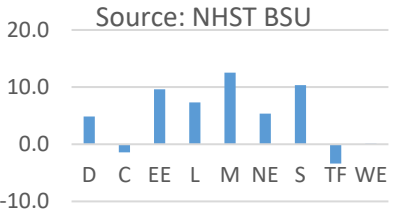
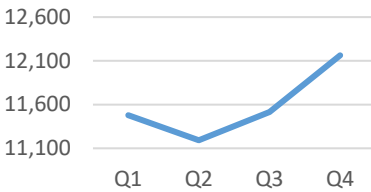
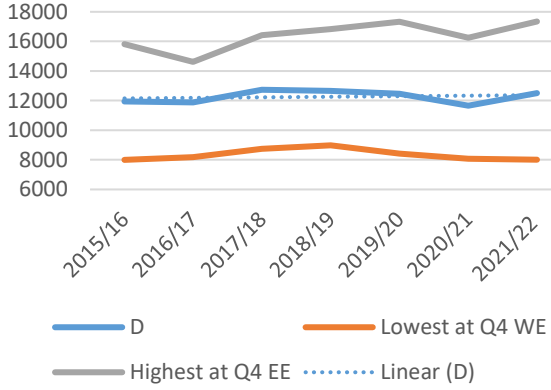
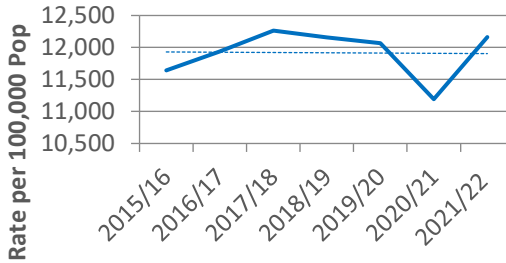
Key: Improved/Better Stayed the same Declined/Worse

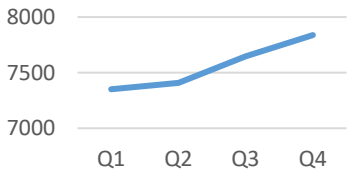
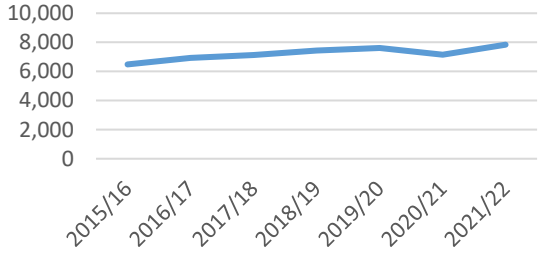
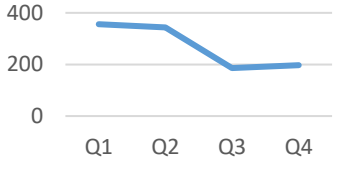
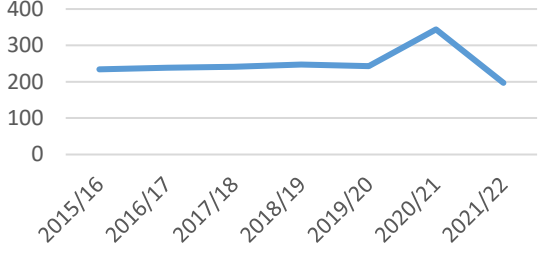
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2021-22 compared to Dundee

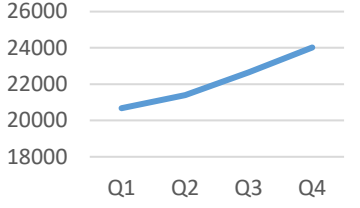
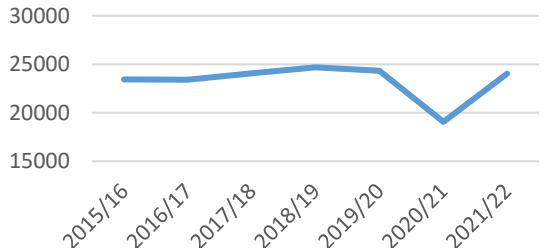
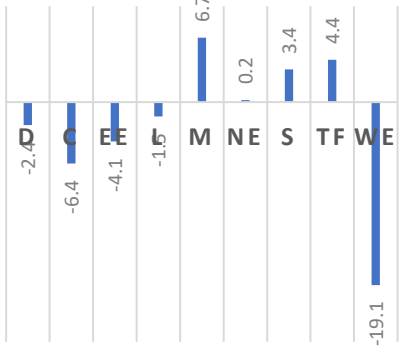
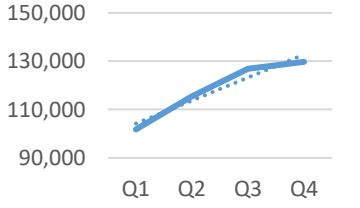
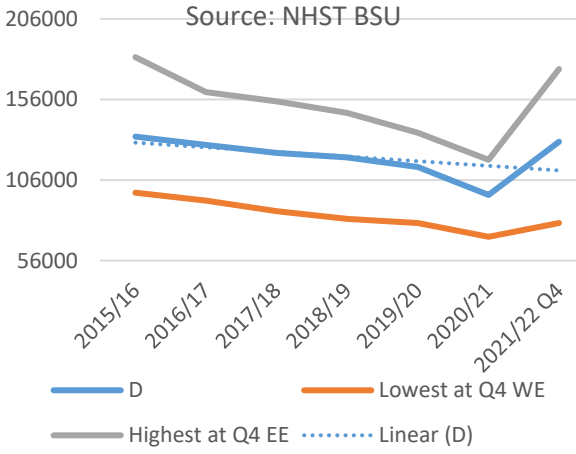
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good				2nd	2nd (84%)	1st
6.% of people with positive experience of care at their GP practice				16th	3rd (67%)	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst												
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life				29th	8 th (72%)	3rd												
8.% of carers who feel supported to continue in their caring role				26th	7 th (27%)	3rd												
9.% of adults supported at home who agreed they felt safe				20th	7 th (77%)	3rd												
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally															
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available	<table border="1"> <caption>Premature mortality rate per 100,000 persons (2016-2020)</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>575</td> </tr> <tr> <td>2017</td> <td>555</td> </tr> <tr> <td>2018</td> <td>540</td> </tr> <tr> <td>2019</td> <td>545</td> </tr> <tr> <td>2020</td> <td>605</td> </tr> </tbody> </table>	Year	Rate	2016	575	2017	555	2018	540	2019	545	2020	605	29th	7 th	3rd
Year	Rate																	
2016	575																	
2017	555																	
2018	540																	
2019	545																	
2020	605																	

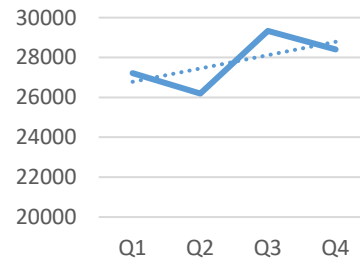
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	4.9% more in 2021/22 than 2015/16 (deterioration) (source: MSG) 	Source: MSG National Data 	Source: NHST BSU  Source: National MSG Data 	13th	2nd	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,355 more attendances in 2021/22 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	4 higher in 2021/22 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	Not Avail	Not Avail	Not Avail

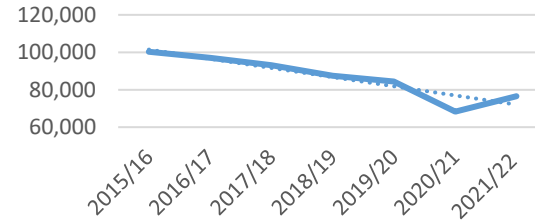
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Accident & Emergency Attendances (MSG)	584 more in 2021/22 than 2015/16	Source: MSG National Data 	Source: MSG National Data 	NA as number and not rate	NA as number and not rate	NA as number and not rate
13. Emer Bed days rate per 100,000 18+	SOURCE: NHST BSU  3,048 (2%) less acute bed days in 2021/22Q4 than 2015/16 (improved) (source: NHST BSU)	Source: NHST BSU 	Source: NHST BSU 	13th	1st	3rd

9,934 (22%) less mental health bed days in 2021/22 than 2015/16 (improved) (source: MSG)

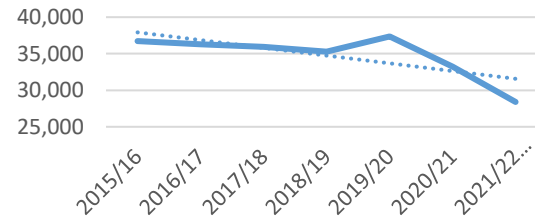
National MSG Data (Mental Health Specialties)

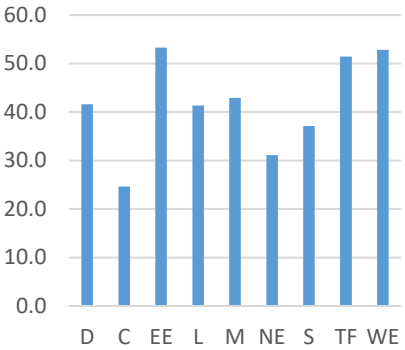
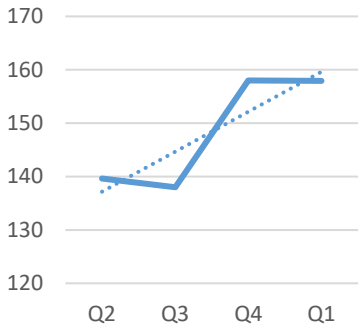
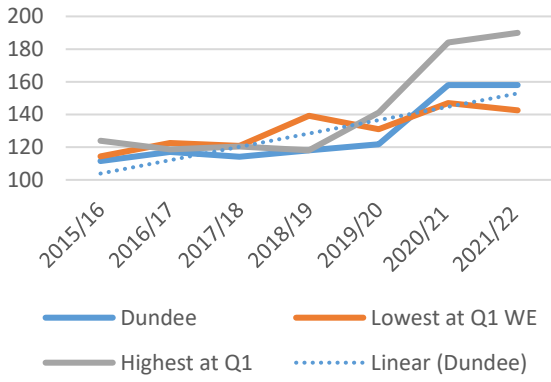
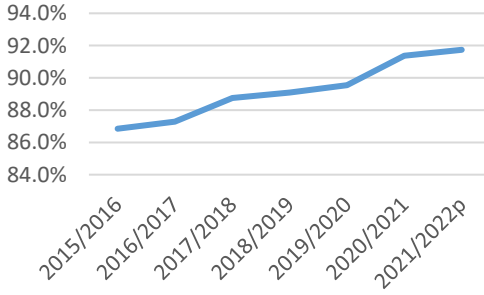


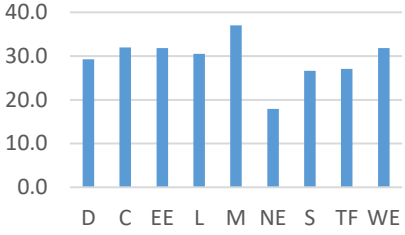
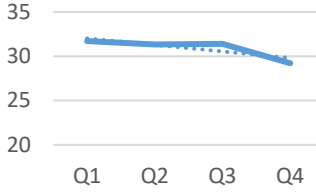
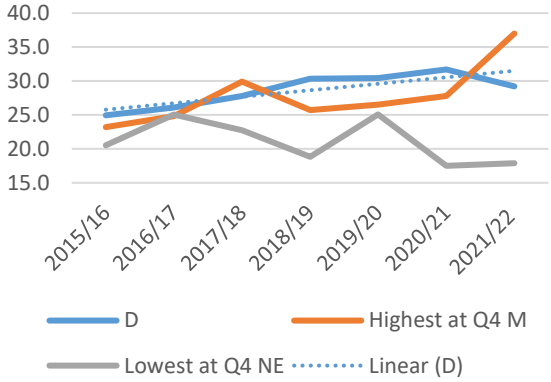
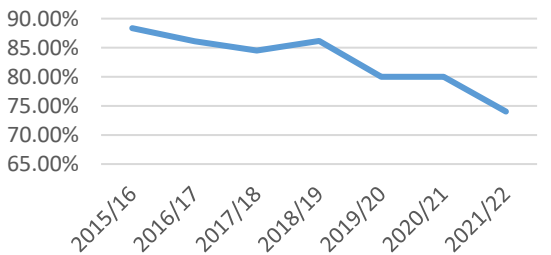
Source: National MSG Data (Acute Specialties)



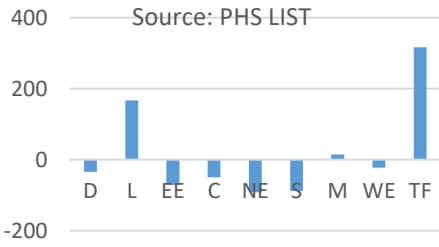
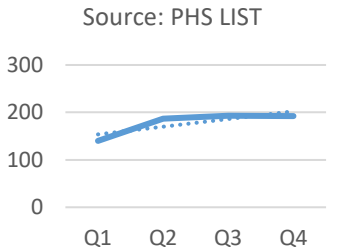
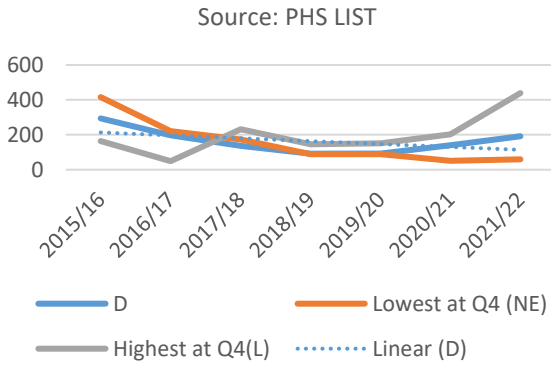
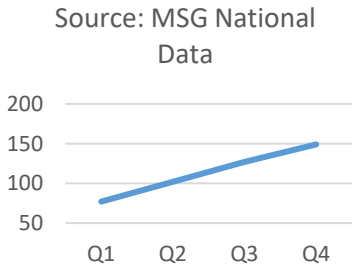
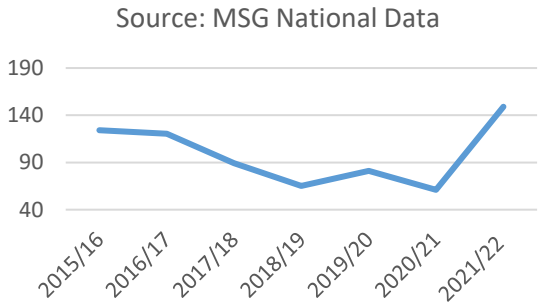
National MSG Data (Mental Health Specialties)



National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p>14. Readmissions rate per 1,000 Admissions All Ages*</p> <p>* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q1 2022/23</p>	 <p>41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*</p>			29 th	8 th	3 rd
<p>15. % of last 6 months of life spent at home or in a community setting</p>	Up by 24.9% between 2015/16 and 2021/22 (improvement)	Not Available	<p>Source: PHS National Data</p> 	11 th	1 st	2 nd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	 <p>29.2% more in 2021/22 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 37% increase (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Improvement between Q1 and Q4. All LCPPs except Maryfield and North East saw improvements between Q3 and Q4. Maryfield also had the highest rate in Q4.</p>	<p>Source: NHST BSU</p>  <p>Legend: — D — Highest at Q4 M — Lowest at Q4 NE ⋯ Linear (D)</p>	32nd	8th	3rd
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<p>Dropped from 88.36% in 2015/16 to 74.03% in 2021/22 (deterioration)</p>	<p>Not Available</p>	<p>Dundee (Source PHS)</p> 	28th	8th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
18. % adults with intensive care needs receiving care at home	9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year)	Not Available	<p>Source: PHS SOURCE National Data</p>  <table border="1"> <caption>Long Term Trend Data (Indicator 18)</caption> <thead> <tr><th>Year</th><th>Percentage</th></tr> </thead> <tbody> <tr><td>2015</td><td>50.00%</td></tr> <tr><td>2016</td><td>54.00%</td></tr> <tr><td>2017</td><td>54.00%</td></tr> <tr><td>2018</td><td>58.00%</td></tr> <tr><td>2019</td><td>57.00%</td></tr> <tr><td>2020</td><td>59.00%</td></tr> <tr><td>2021</td><td>63.00%</td></tr> </tbody> </table>	Year	Percentage	2015	50.00%	2016	54.00%	2017	54.00%	2018	58.00%	2019	57.00%	2020	59.00%	2021	63.00%	23rd	8th	2nd
Year	Percentage																					
2015	50.00%																					
2016	54.00%																					
2017	54.00%																					
2018	58.00%																					
2019	57.00%																					
2020	59.00%																					
2021	63.00%																					
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source: PHS LIST</p>  <p>9.6% increase (deterioration) since 2015/16 although improvements across in Coldside, North East, Strathmartine.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend over the last 4 quarters.</p>	<p>Source: PHS LIST</p>  <p>Legend: — D — Lowest at Q1 (C) — Highest at Q1 (WE) ⋯ Linear (D)</p>	NA	NA	NA																

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	<p>Source: PHS LIST</p>  <p>Overall 35% improvement since 2015/16 although increase (deterioration) in The Ferry 317%, Lochee 167% and Maryfield 14%.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend since Q1 although trend levelled off over Q2, Q3 and Q4.</p>	<p>Source: PHS LIST</p>  <p>Legend: — D — Highest at Q4(L) — Lowest at Q4 (NE) — Linear (D)</p>	NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	<p>2,624 less bed days lost in 2021/22 Q2 than 2015/16 (improvement)</p>	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA	NA	NA

20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available	<p style="text-align: center;">Source: PHS</p> <table border="1"> <caption>Data for Line Graph: % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>25.8%</td> </tr> <tr> <td>2016/17</td> <td>25.2%</td> </tr> <tr> <td>2017/18</td> <td>24.8%</td> </tr> <tr> <td>2018/19</td> <td>24.2%</td> </tr> <tr> <td>2019/20</td> <td>20.0%</td> </tr> <tr> <td>2020/21</td> <td>19.2%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	25.8%	2016/17	25.2%	2017/18	24.8%	2018/19	24.2%	2019/20	20.0%	2020/21	19.2%	18th	3rd	3rd
Year	Percentage																			
2015/16	25.8%																			
2016/17	25.2%																			
2017/18	24.8%																			
2018/19	24.2%																			
2019/20	20.0%																			
2020/21	19.2%																			

This page is intentionally left blank

APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. From quarter 1 2020/21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions and emergency bed days.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses 'board of treatment' and PHS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2021 to 30 March 2022.

This page is intentionally left blank