



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020
REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 4
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC16-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers). Due to the ongoing COVID-19 pandemic response on this occasion a summary report has been provided for Quarter 4 to allow available capacity to continue to be focused on the pandemic response.
- 4.2 The Quarter 4 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. 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 table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally. This Q4 report is a summary report due to the pressures created by the Covid 19 pandemic.

- 4.3 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. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.
- 4.5 The Quarter 2 Performance Report (full report) and Quarter 3 Performance Report (summary report) for 2019/20 are attached as appendix 2 and 3. These reports were prepared at the end of each quarter but have not previously been submitted to the PAC due to the cancellation of meetings during 2020.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD 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+. (Please refer to Table 2).
- 5.2 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 timely quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS 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 NSS 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 as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0 QUARTER 4 PERFORMANCE 2019/20

- 6.1 Rolling data from April 2019 to March 2020 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were **not** met. Please refer to Table 2 in Appendix 1.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling local data from April 2019 to March 2020.

- 6.2.1 Between the baseline year (2015/16) and 2019/20 Quarter 4 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+. In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as reported in 2019-20 Quarter 3 (report PAC11-2020 refers) and there are therefore no exceptions to report to PAC.
- 6.2.2 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 68.3% improvement in Dundee and the LCPP rates ranged from a 100% improvement in Maryfield to a 2.4% deterioration in The Ferry.
- 6.2.3 Between the baseline year 2015/16 and 2019/20 Quarter 4 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry. There was a 27.7% improvement in Dundee and the LCPPs with the biggest improvements were North East (71.7% improvement), Maryfield (69.4% improvement) and East End (56.8% improvement). In The Ferry there was an increase in standard delays by 8.7%.
- 6.2.4 Emergency bed day rates since 2015/16 have decreased by 13.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 4 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 20% decrease in bed day rates.
- 6.2.5 Emergency admission rates have increased by 4.2% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (6.1% improvement in the rate). Increases ranged from 2.0% in Coldside to 10.6% in Maryfield.
- 6.2.6 The rate of readmissions in Dundee has increased by 10% since 2015/16. The rate increased (deteriorated) in 6 LCPPs (Lochee 31.0% increase, West End 24.9% increase, Strathmartine 19.7% increase, Coldside 15.2% increase, East End 15.1% increase and Maryfield 7.4% increase). The rate decreased (improved) in 2 LCPP areas (North East 24.7% decrease and The Ferry 9.6% decrease).
- 6.2.7 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.0% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 2.3% in East End to 44.6% in The Ferry.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
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 poor performance. - 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.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: May 2020

Lynsey Webster
Senior Officer

Table 1: National Health and Wellbeing Indicators 1 to 9

This survey was due to be repeated for 2019/20 however due to the current Covid 19 pandemic this has been delayed.

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note:

Best performing partnership in family is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee fared better than all other family members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family members

Compared to Scottish Health & Care Experience Survey 2015/16:

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8.

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q4 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q3 to Q4
				2019/20 Q3	2019/20 Q4	2019/20 Q3	2019/20 Q4	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,069	↑7.27	↑3.27	↑3.66	↓3.72	↓3.36	↑
Emergency Admission Numbers	15,225	14,713	↑7.78	↑3.76	↑4.15	↓3.72	↓3.36	↑
Emergency Admissions Numbers from A&E	7,440	7,605	↑14.76	↑19.10	↑7.31	↑3.63	↑2.14	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	313	↑8.66	↑12.11	↑13.06	↑2.88	↑3.74	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	81,958	↓20.92	↓17.04	↓18.27	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	99,912	↓20.55	↓16.65	↓17.89	↑4.91	↑3.35	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,180	↓4.39	↓14.55	↓18.79	↓10.63	↓15.06	↓
Accident & Emergency Attendances	24,680	24,318	↑5.30	↑6.23	↑3.76	↑0.88	↓1.47	↓
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	81	↓59.68	↓26.72	↓34.78	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	↓
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	↓

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

- a. Targets were met for for emergency admission (numbers and rate), emergency bed day numbers for mental health specialties, number of A+E attendances and rate of bed days lost to code 9 delayed discharges .
- b. Emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, bed days lost to delayed discharges per 1,000 population (all reasons) (numbers and rate) were not met.
- c. Emergency admission numbers from A+E, emergency bed days for acute specialties (rate and number), bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between Q3 and Q4.
- d. Emergency bed days for acute specialties (rate and number) and bed days lost to delayed discharges all reasons (rate and numbers) did not meet the target, however performance improved between the 1516 baseline year and Q4 1920.
- e. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- f. Time lags in submitting data at NHS Board level can cause significant variations in the data when comparing quarter to another.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q4 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.2%	+6.1%	+9.1%	+2.0%	+6.1%	+4.1%	+10.6%	+4.9%	-6.1%
Emer Bed Days rate per 100,000 18+	-13.6%	-5.2%	-33.7%	-12.1%	-29.5%	-4.1%	-6.2%	-20.5%	-7.8%
Readmissions rate per 1,000 All Ages	+10.0%	+31.0%	+15.1%	+15.2%	-24.7%	+19.7%	+7.4%	+24.9%	-9.6%
Falls rate per 1,000 65+	+22%	+18%	+2.3%	+31.9%	+22.1%	+19.1%	+14.2%	+11.2%	+44.6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-27.7%	-35.5%	-56.8%	-13.1%	-71.7%	-18.7%	-69.4%	-6.8%	+8.7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-68.3%	-8.2%	-83.5%	-50.5%	-88.8%	-78.7%	-100%	-93.2%	+2.4%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q4 compared to the Dundee average



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,444	14,597	17,264	13,989	12,337	13,621	10,969	8,389	10,348
Emer Bed days rate per 100,000 18+	115,675	154,113	133,568	143,942	86,015	118,312	100,111	77,719	116,154
Readmissions rate per 1,000 All Ages	123	136	143	132	83	139	131	129	89
Falls rate per 1,000 65+	30.4	31.4	28.0	39.4	25.1	30.0	26.5	30.7	29.3
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	392	281	481	134	399	183	635	341
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	93	151	87	219	85	89	0	15	42

Source: NHS Tayside

Key: Improved/Better Stayed the same Declined/Worse



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2019-20 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC1-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019-20 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report.
- 2.2 Notes 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 and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2) and section 6.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 2 Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and targets set in the Measuring Performance Under Integration (MPUI) submission. 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). Benchmarking analysis against other Partnerships, including those that are part of Dundee's Family Group, is also reported. Appendix 1 provides a summary of performance and Appendix 2 sets out analysis of what the data is telling us and a summary of improvement actions. 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 NSS ISD are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 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 have been provided previously in 2018-19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers). A summary of the published results from the 2017-18 survey is provided in Appendix 1 (table 1).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Detail is provided in Appendix 2. Please note that we are currently unable to provide analysis for balance of care and end of life as data is not provided by NSS ISD for these service areas.
- 4.5 This report should be assessed with regard to the demographic and socio economic context of Dundee; high rates of deprivation, an ageing population, frailty and age associated conditions being diagnosed earlier in life than in more affluent Partnerships and deprivation associated mental health illnesses and substance misuse problems.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. 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 NSS ISD 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+. (Please refer to Appendix 1, Table 2).
- 5.2 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. (Please refer to Appendix 1, Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS 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 NSS 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.
- 5.4 Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until SMR submissions rates are acceptable and data has been formally published.

¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2018 to 30 September 2019.

6.0 QUARTER 2 PERFORMANCE 2019-20

6.1 Rolling data from October 2018 to September 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate) and emergency bed day numbers for mental health specialties. The target for emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed day rate for acute specialties per 100,000 population, emergency bed day numbers for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) were not met. Please refer to Table 2 in Appendix 1.

6.2 For each of the six high level service delivery areas from the National Health and Wellbeing Indicators and MPUI for which data is currently available performance has been assessed against the:

- a) 2015-16 pre-integration baseline;
- b) 2019-20 Measuring Performance under Integration (MPUI) target for Dundee;
- c) 2018-19 performance;
- d) previous quarter (Q1 2019-20); and,
- d) performance of other Partnerships and family group Partnerships in particular.

From this analysis areas of improving/good performance, of mixed performance and of declining/poor performance have been identified. Appendix 2 provides details of planned improvement actions.

6.2.1 Areas of mixed performance

Emergency Admissions (Appendix 1:Tables 2-4 and Appendix 2:Charts 1-5 and Table 5)

- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers both exceeded 2019-20 integration target (table 2, charts 1&2).
- From the 2015/16 baseline, there has been an increase in the Dundee rate by 4.9%, which is a deterioration, and in all LCPPs except one (table 3). However, there has been a slight but consistent improvement since 2017-18 (table 5).
- The rate of Emergency Admissions for Dundee City was higher than the Scottish average – the twelfth most poorly performing partnership in Scotland. However, Dundee City performed the best out of the eight family group partnerships (chart 4).
- The number of emergency admissions from A+E did not meet the 2019-20 MPUI target.
- Emergency Admissions as a Rate per 1,000 of all A&E Attendances did not meet the 2019-20 MPUI target (table 2 & chart 3).

Emergency Bed Days (Appendix 1:Tables 2-4 and Appendix 2:Charts 6-9 and Table 6)

- Both Emergency Bed Day Rate per 100,000 population (chart 1) and Emergency Bed Day Numbers (chart 2) did not meet the 2019-20 MPUI target for acute specialties.
- Both the rate and numbers of emergency bed days have fallen by around 16% (table 2) for acute specialties and 11% (table 3) for all specialties compared to the pre-integration position. However, in order to meet the MPUI 2019-20 target there would have had to be a 21% reduction from the pre integration position.
- Improved rates for all specialties between 2019-20 Quarters 1 and 2 across five LCPPs (chart 5).
- Emergency Bed Day Rate for Dundee City is higher than the Scottish average – the tenth highest in Scotland. However, the Dundee City rate was the second lowest of the 8 family group partnerships (chart 4).

Delayed Discharges (Appendix 1:Tables 2-4 and Appendix 2:Charts 15-20 and Tables 9-11)

- Number of bed days lost (all reasons 18+) did not meet the MPUI target (table 2, charts 15&16).
- Number of bed days lost per 1,000 population (all reasons 75+) is better than Scottish average and Dundee is performing better than all but two family group partnerships (chart 17).
- Improvements of 28% (standard 75+) and 75% (Code 9 75+) from pre-integration position (table 3).
- Over the last year there has been an improvement in the Dundee rate by 20% for Code 9 (75+) delays (table 10) but a deterioration of 36% for standard delays (75+) (table 9).
- Improvements from 2017-18 position in five LCPPs for Code 9 delays (75+) (table 10).
- Improvement from 2017-18 position in five LCPP for standard delays (75+) (table 9).

6.2.2 Areas of declining / poor performance

Accident & Emergency Attendances (Appendix 1:Table 2 and Appendix 2:Chart 10)

- Did not meet the 2019-20 MPUI target (table 2).
- A+E attendances have been increasing since April 2015, which is a deterioration in performance (chart 10).

Readmissions within 28 days of discharge (Appendix 1:Tables 3-4 and Appendix 2:Charts 11-12 and Table 7)

- 2.1% increase in rate per 1,000 admissions on pre-integration position, four LCPPs showing an improvement in performance and four a deterioration (table 3).
- Four LCPPs showed a decreased rate per 1,000 admissions between 2019-20 Quarters 1 and 2, which is an improvement and one LCPP stayed the same (table 7).
- In 2019-20 Quarter 2 LCPP rates per 1,000 admissions vary significantly from 93 in North East to 126 in Lochee (table 7).
- The rate per 1,000 discharges for Dundee City is well above the Scottish average and second poorest performing partnership in Scotland (chart 11).

Falls Admissions (Appendix 1:Tables 3-4 and Appendix 2:Charts 13-14 and Table 8)

- 20.9% worse than pre-integration position and year on year deterioration in rate since 2015-16 (table 3).
- The rate for Dundee City is well above the Scottish average and poorest performing partnership in Scotland (chart 13).
- Small improvements from 2019-20 Quarter 1 in three LCPPs (table 8).
- In 2019-20 Quarter 2 LCPP rates vary from 22.3 falls related admissions per 1,000 in North East to 40.4 in Coldside (table 8).

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers, spend associated with poor performance if the Partnership's performance is not good.
Risk Category	Financial, Governance, Political
Inherent Risk Level	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
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 poor performance.

	<ul style="list-style-type: none"> - 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.
Residual Risk Level	9 – High Risk (L=3(possible), I=3 (moderate))
Planned Risk Level	6 – Moderate Risk (L=2(unlikely), I=3(moderate))
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 11 February 2020

Lynsey Webster
Senior Officer, Strategy and Performance

Kathryn Sharp
Senior Manager, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: National Health & Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note

Best performing partnership in family group is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee performed better than all other family group members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family group members

Compared to Scottish Health & Care Experience Survey 2015/16

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q2 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q1 to Q2
				2019/20 Q1	2019/20 Q2	2019/20 Q1	2019/20 Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,489	11,999	↑7.27	↑3.92	↑3.06	↓3.12	↓3.92	↓
Emergency Admission Numbers	15,225	14,628	↑7.78	↑4.41	↑3.55	↓3.12	↓3.92	↓
Emergency Admissions Numbers from A&E	7,440	7,602	↑14.76	↑25.00	↑17.26	↑8.84	↑2.18	↓
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	306	↑8.66	↑18.77	↑8.93	↑9.30	↑1.54	↓
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	83,589	↓20.92	↓17.02	↓16.65	↑9.30	↑5.41	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	101,901	↓20.55	↓16.62	↓16.26	↑4.95	↑5.41	↑
Emergency Bed Days Numbers for Mental Health Specialties	42,595	36,888	↓4.39	↓6.34	↓17.02	↓2.04	↓13.40	↓
Accident & Emergency Attendances	24,680	24,835	↑5.30	↑5.14	↑5.96	↓0.16	↑0.63	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	89	↓59.68	↓33.06	↓28.01	↑66.00	↑78.30	↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	10,885	↓59.44	↓82.80	↓27.67	↑65.68	↑78.30	↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	4,698	↓43.24	↓27.23	↓29.54	↑28.19	↑24.12	↓

Source ISD: ISD MSG Indicators

Key Points of Note:

- Emergency admission numbers and rates have been reducing steadily (improvement) since April 2018 and are meeting the MPUI 2019-20 target.
- Emergency bed day numbers and rates have been reducing steadily since April 2015, however improvements have not been enough to meet the 2019-20 MPUI target to date.
- Bed days lost to delayed discharge have increased steadily since December 2018 (deterioration) and although significant improvement has been made since April 2015, the 2019-20 MPUI target has not been met.
- Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data.
- Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q2 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.9	+5.9	+8.7	+6.0	+6.4	+0.2	+10.1	+8.5	-3.2
Emer Bed Days rate per 100,000 18+	-10.5	-3.6	-21.2	-9.4	-26.5	-4.1	-2.8	-18.1	-2.9
Readmissions rate per 1,000 Admissions All	+2.1%	+21.4%	+1.3%	+6.4%	-15.6%	-5.4	-1.7%	+12.9%	-4.4%
Falls rate per 1,000 65+	+20.9%	+2.5%	+8.8%	+35.2%	+8.5%	+23.7%	-0.3%	+20.7%	+45.4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-28%	-25%	-46%	-37%	-54%	-26%	-61%	-30%	-19%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-75%	+1%	-87%	-80%	-94%	-99%	-33%	-100%	+41%

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q2 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,528	14,565	17,192	14,530	12,378	13,155	10,917	8,679	10,666
Emer Bed days rate per 100,000 18+	118,980	156,285	143,649	147,629	82,772	118,778	103,668	80,333	122,683
Readmissions rate per 1,000 Admissions All	114	126	125	122	93	110	120	117	94
Falls rate per 1,000 65+	30.2	27.2	29.8	40.4	22.3	31.1	23.1	33.3	29.5
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	380	458	348	348	215	365	233	480	252
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	75	166	69	87	49	5	108	1	58

Source: NHS Tayside data

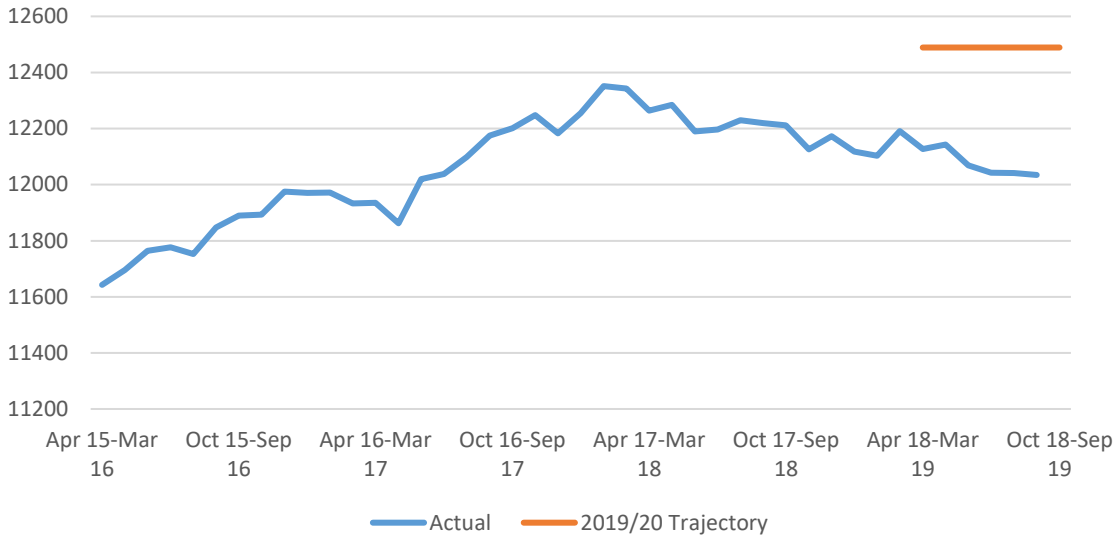
Key: Improved/Better Stayed the same Declined/Worse

APPENDIX 2 - Detailed Performance by Service Delivery Area

Service Delivery Area : Emergency Admissions

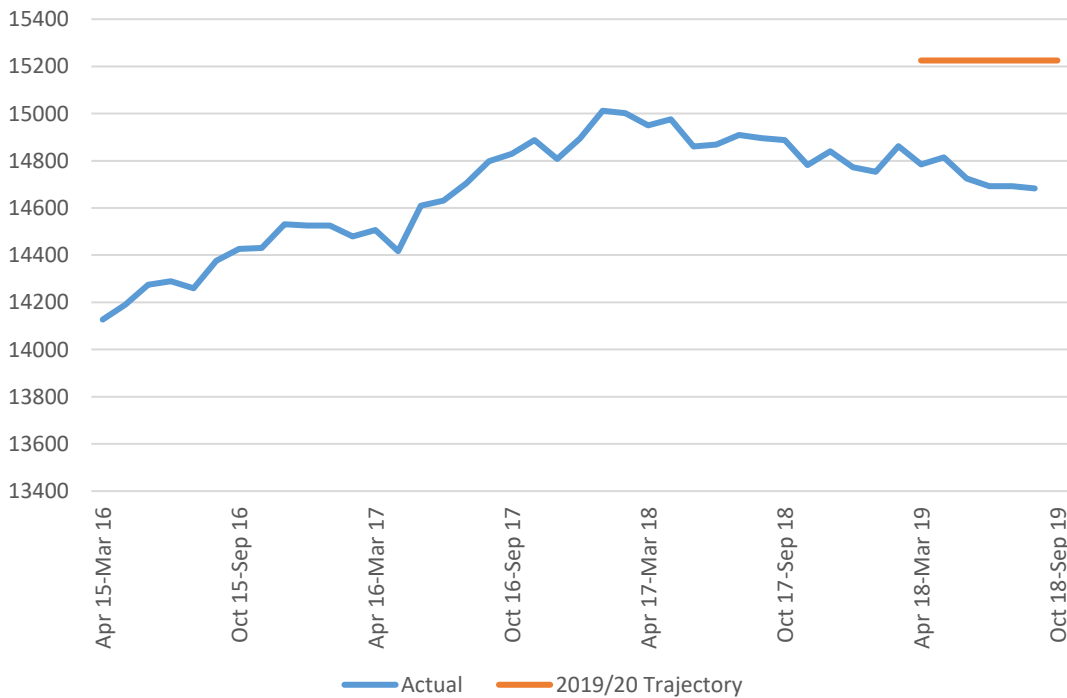
Measuring Performance Under Integration

Chart 1: Emergency Admission Rate per 100,000 Dundee Population 18+ – Performance Against MPUI Target Trajectory



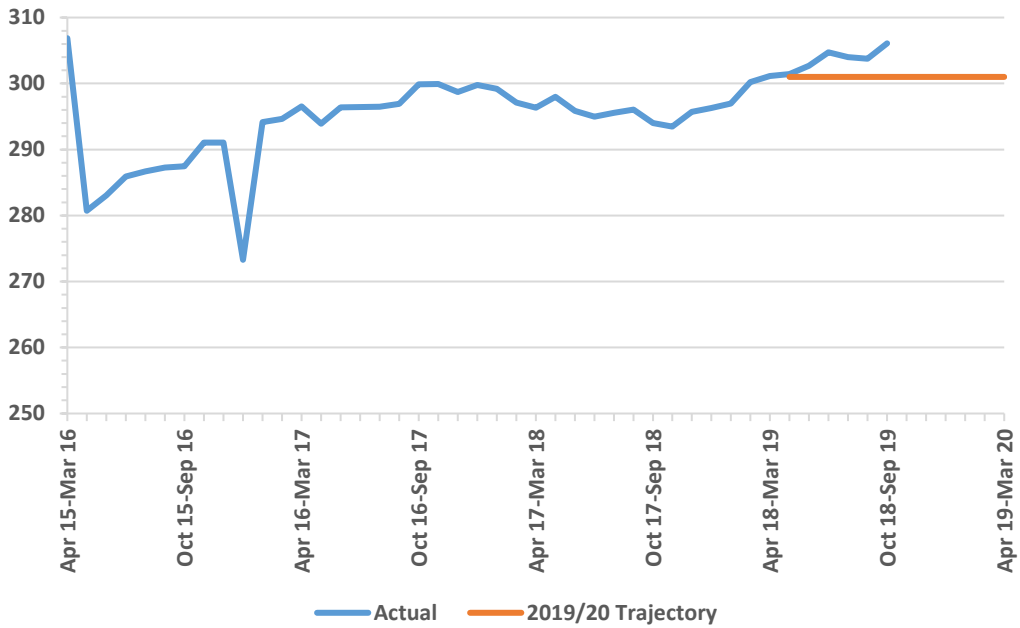
Source ISD: ISD MSG Indicators

Chart 2: Emergency Admission Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

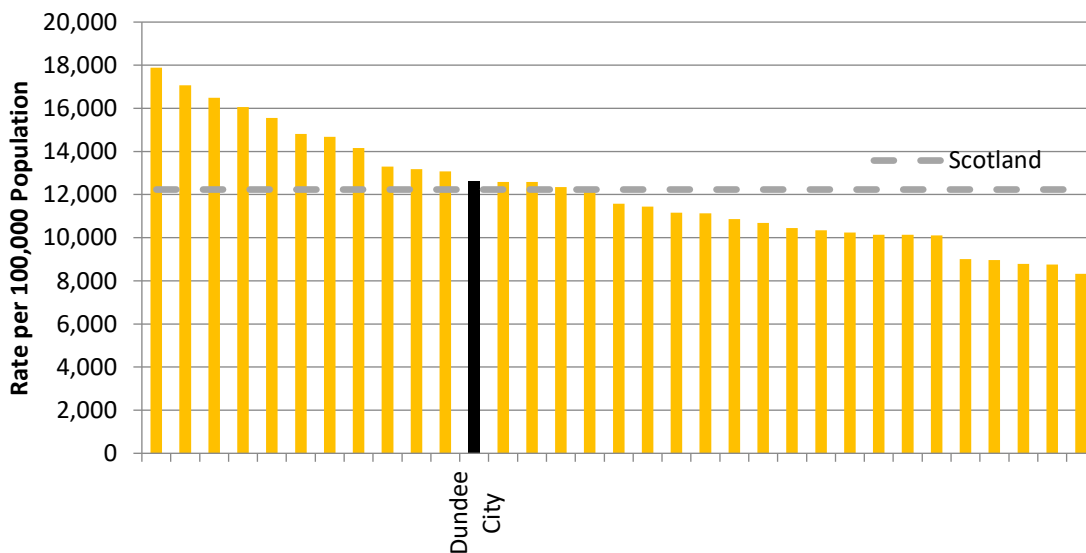
Chart 3: Emergency Admissions Rate per 1,000 of all Accident & Emergency Attendances 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

Chart 4: Emergency Admission Rate 18+ Benchmarking Q1 2019/20



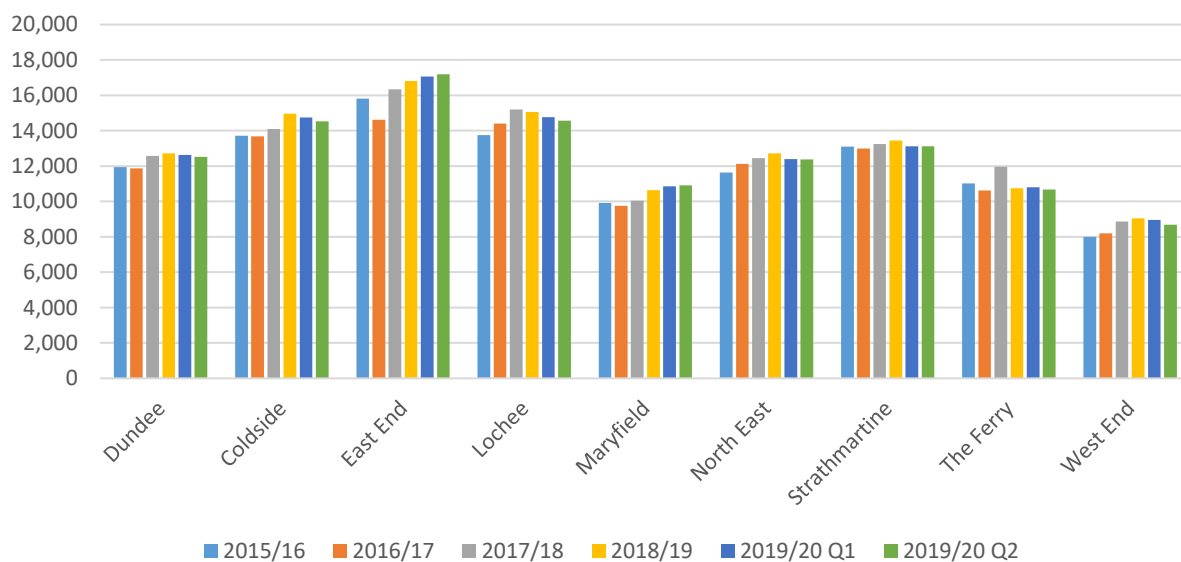
Source ISD: ISD Core Suite of Integration Indicators

Table 5: 2018/19 Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	11,937	11,873	12,578	12,714	12,624	12,528
Coldside	13,713	13,682	14,099	14,961	14,746	14,530
East End	15,822	14,618	16,335	16,816	17,061	17,192
Lochee	13,760	14,407	15,200	15,058	14,760	14,565
Maryfield	9,914	9,753	10,037	10,644	10,855	10,917
North East	11,632	12,129	12,444	12,718	12,403	12,378
Strathmartine	13,091	12,989	13,252	13,435	13,121	13,115
The Ferry	11,022	10,620	11,957	10,756	10,810	10,666
West End	7,999	8,188	8,866	9,052	8,959	8,679

Source: NHS Tayside BSU

Chart 5: Rate of Emergency Admissions per 100,000 Population – 18+ by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of emergency admissions was higher in Dundee (12,621) than the Scottish rate (12,234) (chart 4).
- Q2 2019-20 Dundee performance (12,528) was slightly better than 2018-19 (12,714).
- Dundee performed better than all other family group Partnerships.

Difference from 2015-16 Baseline to Q2 2019-20 - NHS Tayside BSU data

- 4.9% increase in Dundee rate. All LCPPs have shown an increase, which is a deterioration in performance, except for The Ferry which has shown an improvement of 3.2%. (table 3)

- The rate for Dundee increased from 11,937 per 100,000 in 2015-16 and peaked to 12,714 per 100,000 in 2018-19, however the first two quarters in 2019-20 have shown a slight improvement and at Q2 2019-20 the rate was 12,528 per 100,000 Dundee population aged 18+. (table 5)

Performance Trend between Q1 2019/20 and Q2 2019/20 - NHS Tayside BSU data (table 5)

- Overall improvement in Dundee rate (0.8%) with improved rates in West End (3.1%), Coldside (1.5%), Lochee (1.3%), The Ferry (1.3%) and North East (0.2%),
- Declining rates in East End (0.8) and Maryfield (0.6%).

Variation across LCPPs in Q2 2019/20 - NHS Tayside BSU data (table 4 and chart 4)

- West End had the lowest rate with 8,679 emergency admissions per 100,000 people followed by The Ferry (10,666).
- East End had the highest rate with a rate of 17,192 which is almost double the West End rate.

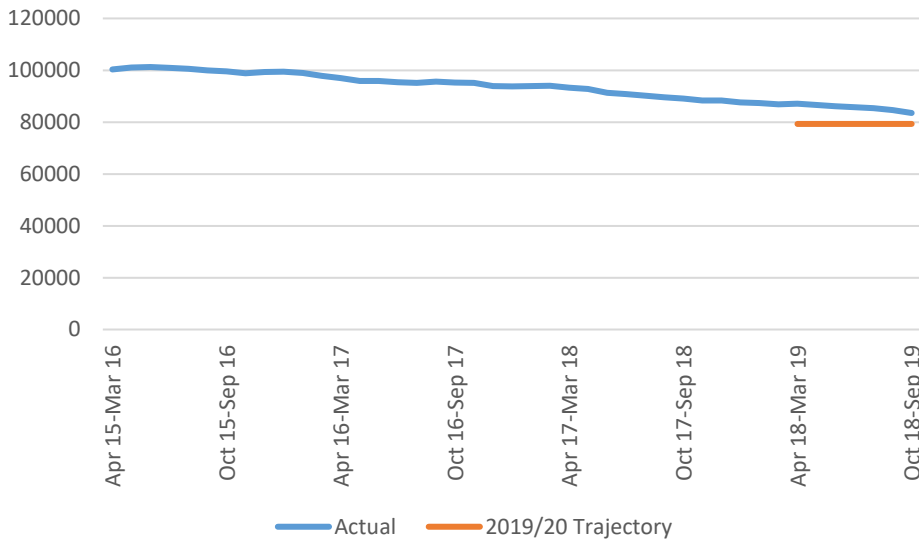
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DESCA)	Mike Andrews	March 2020
Continue to develop Intermediate care options	Jenny Hill	Initial timescale was September 2019, changed to May 2020.
Continue to develop care home team model	Jenny Hill	March 2021
Implement urgent care actions in Primary Care Improvement Plan	Jenny Hill	March 2021
Continue to develop respite options	Jenny Hill	Complete
Undertake care home quality improvement work as part of the Unsheduled Care Board workstream	Jenny Hill	April 2021
Test a rehabilitation facility for younger people with complex needs	Jenny Hill	April 2020
Implement the three ward model outlined in Reshaping Non Acute Care for older people with mental health needs	Jenny Hill	Complete
Development/extension of models for people under 65 with complex needs	Beth Hamilton/Naeema Pervaze	March 2020
Review pathways across the system	Jenny Hill/Beth Hamilton	March 2020

Service Delivery Area: Emergency Bed Days

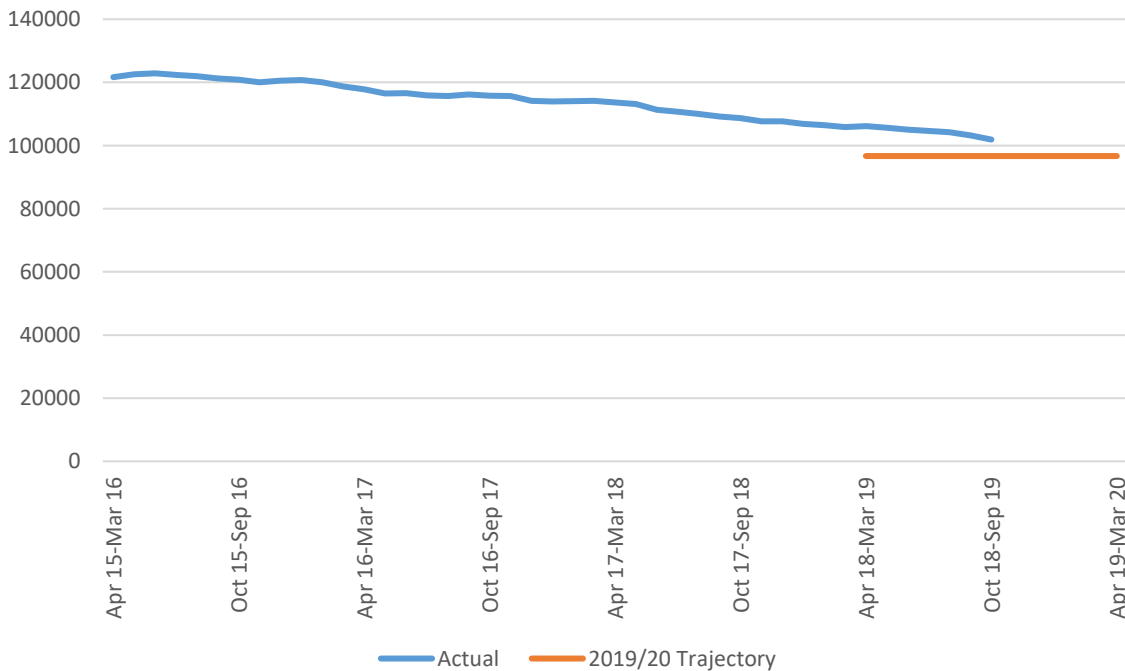
Measuring Performance Under Integration

Chart 6 : Emergency Bed Day Acute Specialty Rate per 100,000 Dundee Population 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

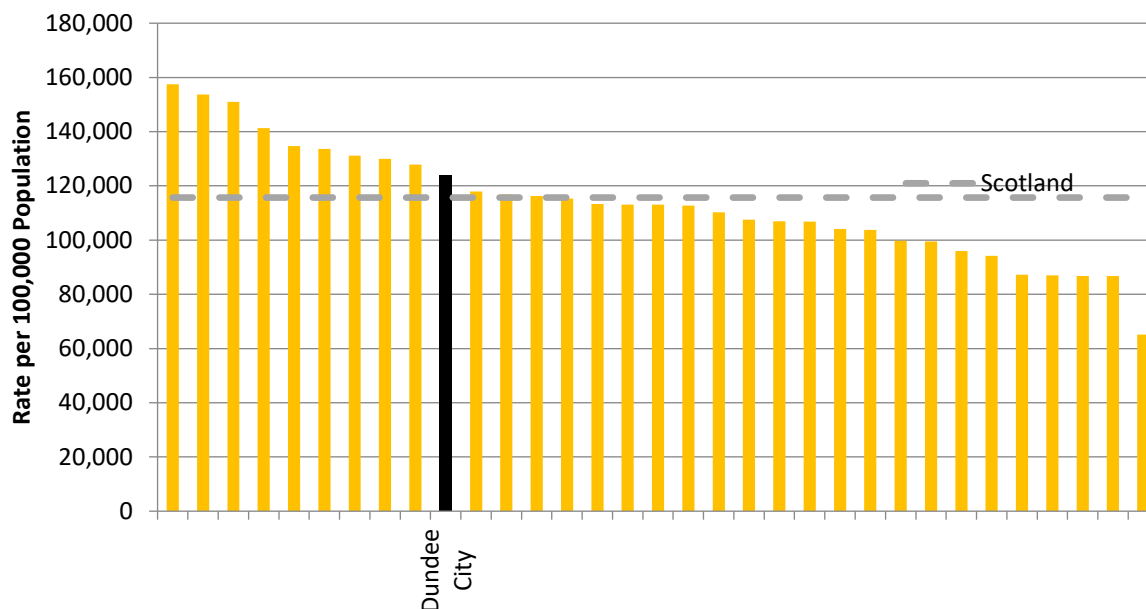
Chart 7: Emergency Bed Day Acute Specialty Numbers 18+ - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: Rate of Emergency Bed Days 18+ Benchmarking Q1 2019/20
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)



Source : ISD Core Suite of Intefration Indicators

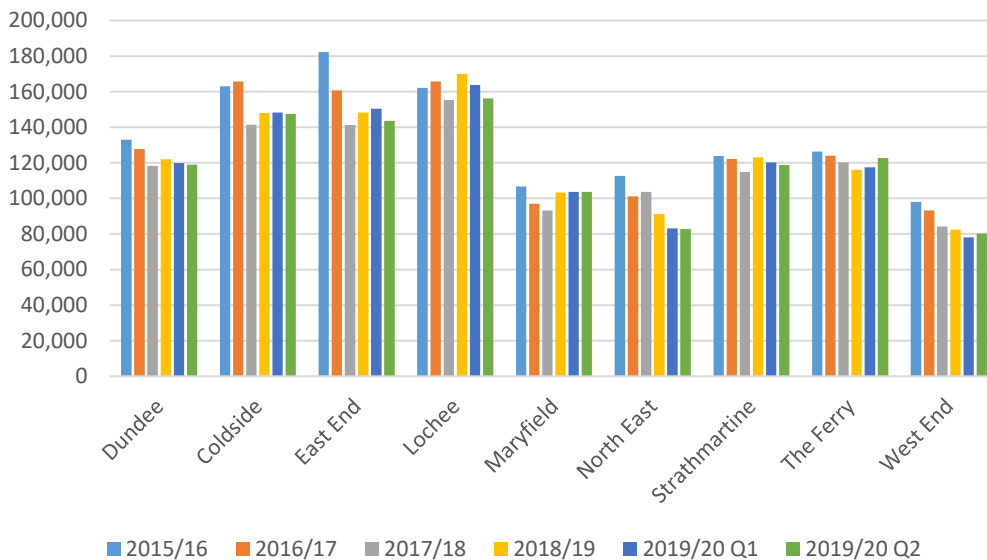
Table 6: Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	132,959	127,834	118,254	121,945	119,859	118,980
Coldsides	162,998	165,823	141,442	148,022	148,345	147,629
East End	182,267	160,621	141,233	148,204	150,351	143,649
Lochee	162,113	165,775	155,378	170,001	163,749	156,285
Maryfield	106,639	97,080	93,247	103,253	103,606	103,668
North East	112,671	101,067	103,739	91,162	83,154	82,772
Strathmartine	123,877	122,113	114,824	123,178	120,212	118,778
The Ferry	126,326	124,067	120,221	116,014	117,448	122,683
West End	98,143	93,207	84,149	82,395	78,173	80,333

Source: NHS Tayside BSU

Note: Emergency Bed Days for 2018/19Q1 & Q2 has been updated to include Mental Health Beds.

Chart 9: 2018/19 Rate of Emergency Bed Days per 100,000 Population - 18+ by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The emergency bed day rate was higher in Dundee (123,785) than the Scottish rate (115,680). (chart 8)
- There was an improvement in the Dundee rate between 2018-19 (121,945) and Q2 2019-20 (118,980).
- Dundee's rate was 10th highest in Scotland and was the 2nd best performing family group partnership.

Difference from 2015/16 Baseline to Q2 2019/20 - NHS Tayside BSU data

- The rate for Dundee decreased by 13.9% (from 132,959 per 100,000 in 2015/16 to 118,980 per 100,000 in Q2 2019/20), thus showing an improvement in performance. (table 3)
- There was improvement across all LCPPs. (table 3)

Performance Trend between Q1 2019/20 and Q2 2019/20 - NHS Tayside BSU data

- Improvement in overall Dundee rate by 0.7%. (table 6)
- Improved rates across 5 LCPPs. (table 6)
- Deterioration in rates in The Ferry (4.5%), West End (2.8%) and Maryfield (0.1%) (table 6)
- The LCPP showing the biggest improvement was Lochee (4.6%). (table 6)

Variation across LCPPs in Q2 2019/20 - NHS Tayside BSU data

- Lochee (156,285) and Coldside (147,629) had the highest emergency bed day rates. (table 6)
- West End (80,333) and North East (82,772) had the lowest emergency bed day rates. (table 6)

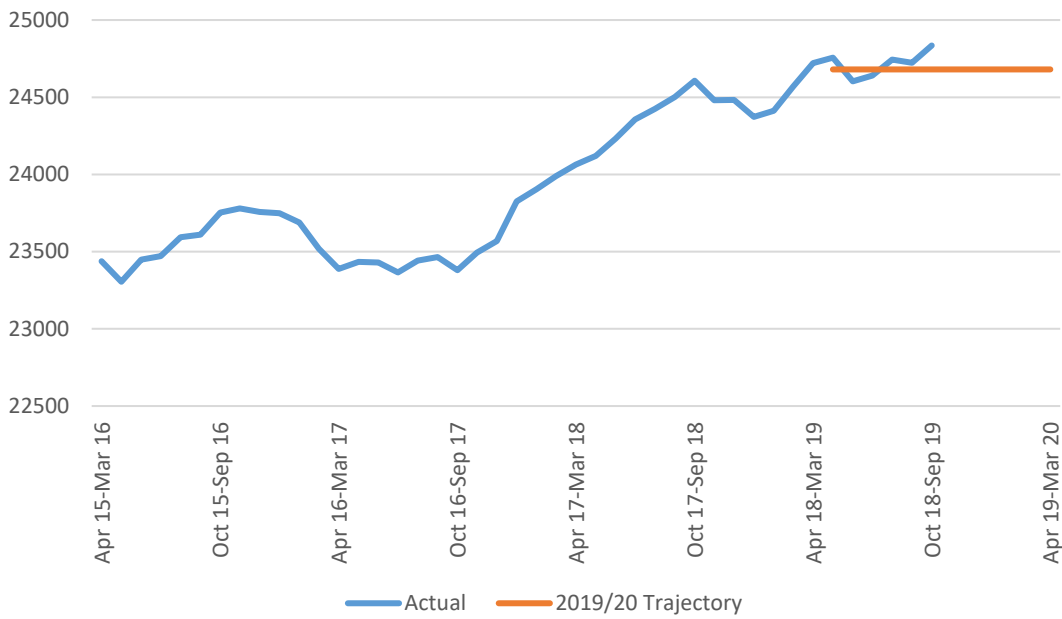
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop Multi-disciplinary Locality Teams (MDT) - MDTs have been created in Community Mental Health Teams with senior practitioner role being trialled to support this.	Mike Andrews/Jan Laing	March 2020
Reconfiguration of Medicine for the Elderly (MFE) rehab and assessment wards.	Krista Reynolds	Complete
Review the way Stroke rehab is provided and develop Early Supported Discharge Service (ESDS) - two neuro Allied Health Professional (AHP) posts appointed to and initial discussions have taken place regarding how to join this up.	Matt Lambert	March 2020
Develop ortho in-reach.	Jenny Hill	Complete
Develop Medicine For the Elderly (MFE) surgery interface.	Jenny Hill	March 2020
Develop Emergency Department / Medicine for Elderly interface.	Jenny Hill	March 2020
Develop care and treatment centres.	Gail Andrews	March 2020

Service Delivery Area: Accident & Emergency

Measuring Performance Under Integration

Chart 10: Accident & Emergency Attendances - Performance Against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

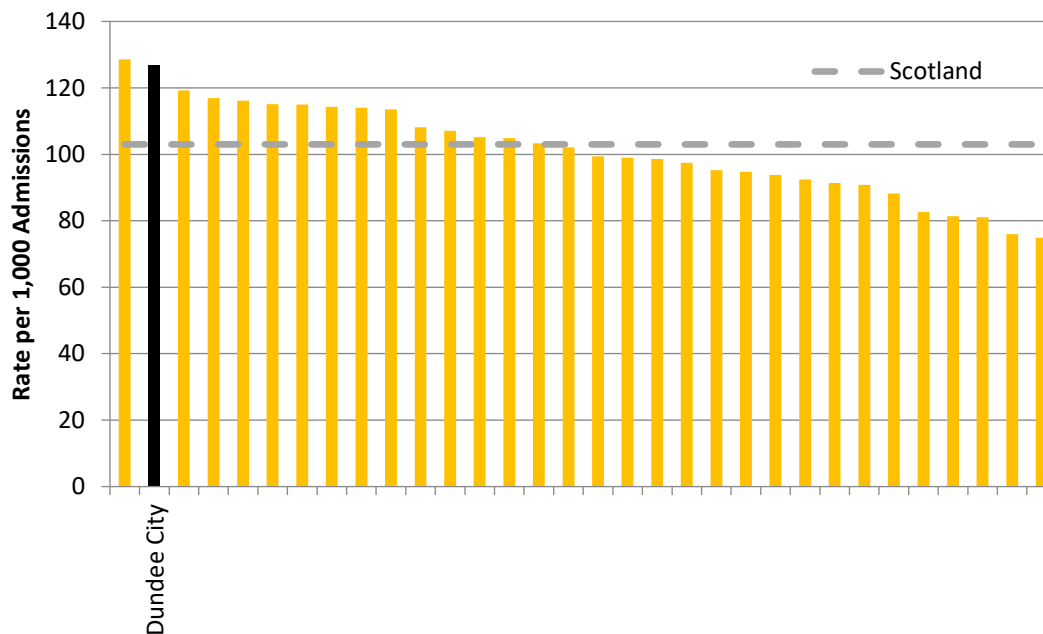
Analysis

- A+E attendances have been increasing since April 2015 and in Q2 2019-20 the 2019-20 target was not met.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges) Benchmarking Q2 2019/20



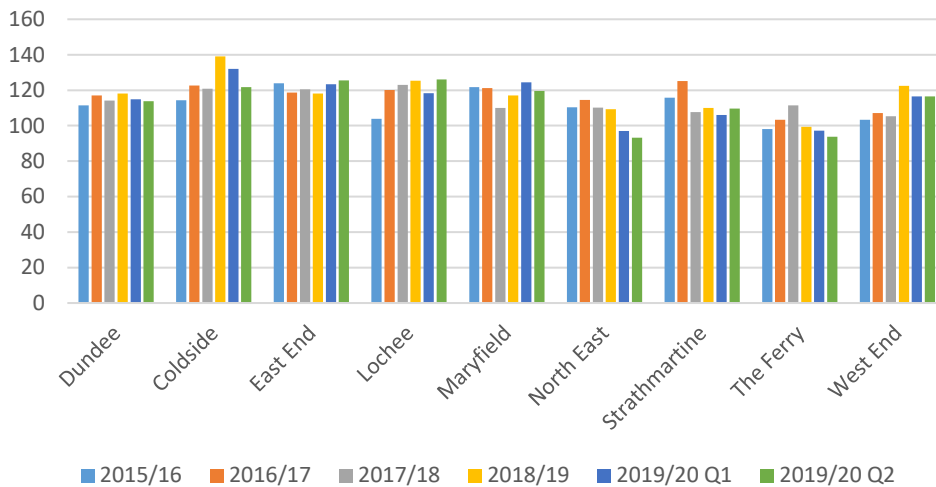
Source: Core Suite of Integration Indicators based on Discharges

Table 7: 2018/19 (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP

	2015/16	2016/17	2017/18	2018/19	2019/20 Q1	2019/20 Q2
Dundee	112	117	114	118	115	114
Coldside	114	123	121	139	132	122
East End	124	119	120	118	123	125
Lochee	104	120	123	125	118	126
Maryfield	122	121	110	117	125	120
North East	110	114	110	109	97	93
Strathmartine	116	125	108	110	106	110
The Ferry	98	103	112	99	97	94
West End	103	107	105	123	117	117

Source: NHS Tayside BSU data based on Admissions

Chart 12: (Financial Year) Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by LCPP



Source: NHS Tayside BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of readmissions per 1,000 discharges was higher in Dundee (127) than the Scottish rate (103). (chart 11)
- Dundee was the second poorest performing Partnership in Scotland. (chart 11)
- Dundee’s rate improved slightly from 2018-19 (118) to Q2 2019-20 (114).

Difference from 2015-16 Baseline to Q2 2019-20 - NHS Tayside BSU data

- 2.1% increase in Dundee rate per 1,000 admissions, which is a deterioration in performance. (table 3)
- Four LCPPs have shown an increase in readmission rates – Lochee (21.4%), West End (12.9%), Coldside (6.4%) and East End (1.3%). Four LCPPs have shown a decrease – North East (15.6%), Strathmartine (5.4%), The Ferry (4.4%) and Maryfield (1.7%). (table 3)

Performance trend between Q1 2019-20 and Q2 2019-20 - NHS Tayside BSU data

- Increased rates of readmission per 1,000 admissions in Lochee (6.6%), Strathmartine (3.3%) and East End (1.8%), which is a deterioration in performance. (table 7)
- No change in West End rate. (table 7)
- The LCPP showing the greatest improvement was Coldside (7.8%). (table 7)

Variation across LCPPs in Q2 2019/20- NHS Tayside BSU data

- The highest readmission rate per 1,000 admissions was in Lochee (126).(table 7)
- The lowest readmission rate per 1,000 admissions was in North East (93). (table 7)

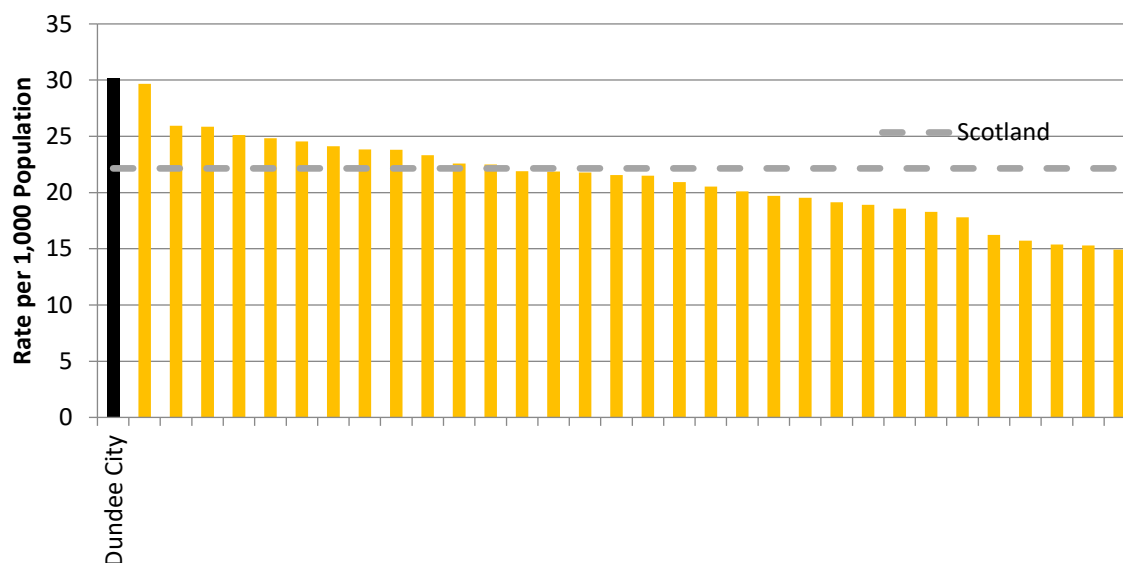
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Development of locality teams.	Jenny Hill / Beth Hamilton	March 2020
Continue to develop moving assessment to community.	Jenny Hill	March 2021
Assessment / review process to ensure appropriate package of support.	Beth Hamilton	March 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Admissions Rate 65+ Benchmarking Q1 2019-20



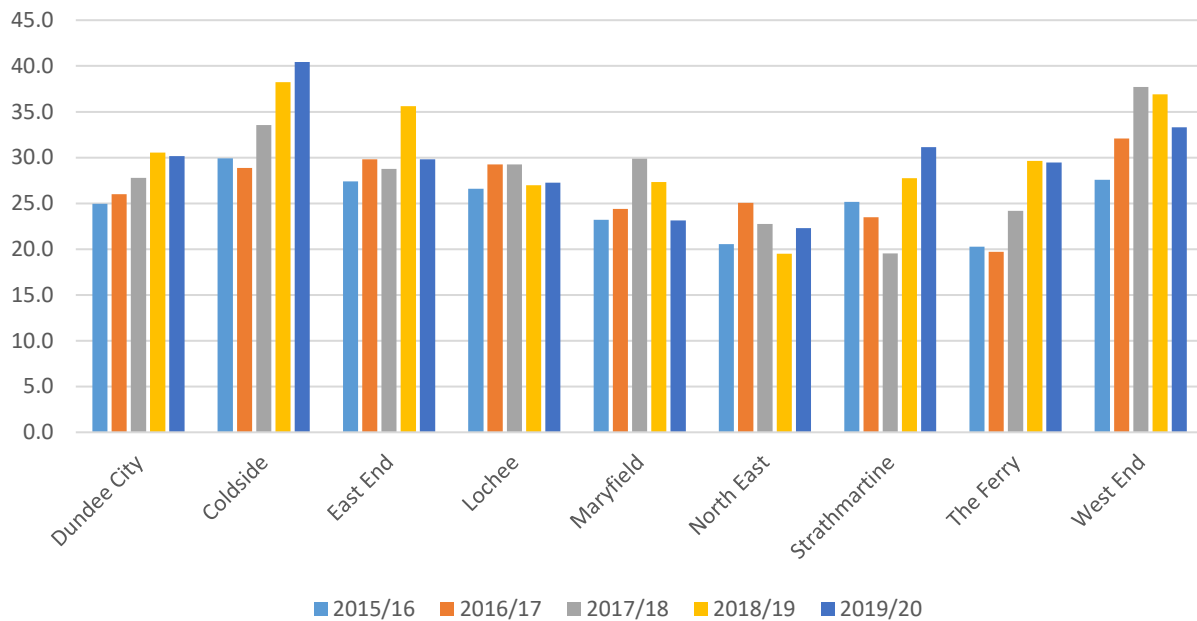
Source: Core Suite of Integration Indicators (NSS ISD)

Table 8: 2019-20 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18 - Mar19	Ju18- Jun19 (Q1)	Oct18- Sep19 (Q2)
Dundee	24.9	26.0	27.8	30.5	29.3	30.2
Coldside	29.9	28.9	33.6	38.2	36.6	40.4
East End	27.4	29.8	28.8	35.6	31.2	29.8
Lochee	26.6	29.2	29.2	27.0	27.0	27.2
Maryfield	23.2	24.4	29.9	27.3	24.8	23.1
North East	20.5	25.1	22.7	19.5	20.4	22.3
Strathmartine	25.2	23.5	19.5	27.7	26.6	31.1
The Ferry	20.3	19.7	24.2	29.6	30.4	29.5
West End	27.6	32.1	37.7	36.9	33.3	33.3

Source: NHS Tayside BSU

Chart 14: 2018/19 Rate of Falls Admissions per 1,000 Population – 65+ by LCPP



Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD Core Suite of Integration Indicators

- The rate of hospital admissions due to a fall in Dundee (30.2) was higher than the Scottish rate (22.2). (chart 13)
- Dundee was the poorest performing partnership in Scotland. (chart 13)
- The Dundee Q2 2019-20 rate (30.2) was about the same as the 2018-19 rate (30.5).

Difference from 2015-16 Baseline to 2019-20 Q2 - NHS Tayside BSU data

- 20.9% increase in Dundee rate, which is a deterioration in performance. (table 3)
- The Dundee rate has shown an increase year on year since the 2015-16 baseline. (table 8)
- Increases were shown in all LCPPs except a very slight decrease in Maryfield (0.3% decrease). The biggest increase was in The Ferry (45.4%). (table 3)

Performance trend between Q1 2019-20 and Q2 2019-20 - NHS Tayside BSU data

- 2.9% increase in Dundee rate, which is a deterioration in performance. (table 8 & chart 14)
- Improved rates in Maryfield (-6.8%), East End (-4.4%) and The Ferry (-3.1%). (table 8 & chart 14)
- No change in West End. (table 8 & chart 14)
- Worsening rates in Strathmartine (+17%), Coldside (+10.5%), North East (+9.1%) & Lochee (+1.1%). (table 8 & chart 14)

Variation across LCPPs in Q2 2019-20 - NHS Tayside BSU data

- Coldside had the highest rate of falls in Dundee with 40.4 falls related hospital admissions per 1,000 population. (table 8)
- North East had the lowest rate with 22.3 falls related hospital admissions per 1,000 population. (table 8)

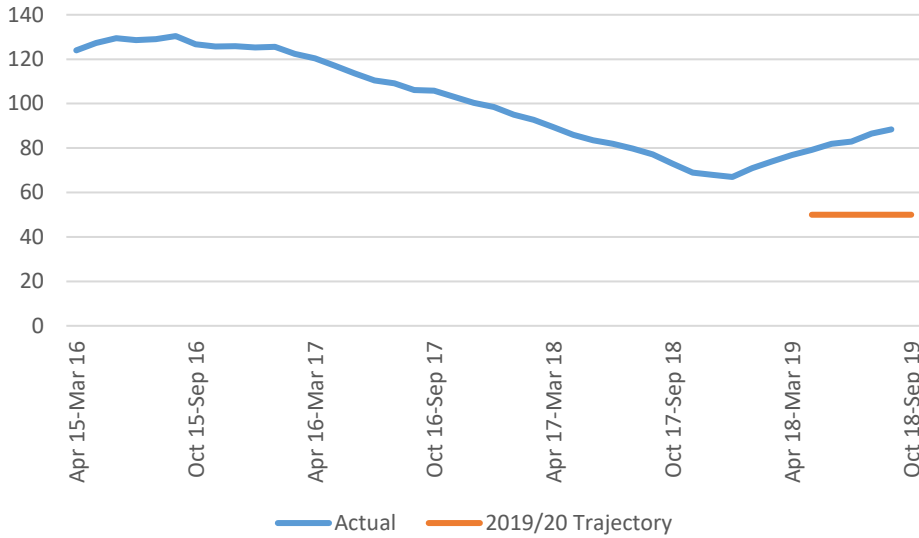
Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. Pilots across other areas of the UK have proved positive and we are exploring the feasibility of commencing similar projects in Dundee.	Matthew Kendall	March 2020
The early identification of people at high risk of falls through having a level 1 conversation and/or completion of a level 1 falls referral tool continues to be delivered by an increasing number of partner agencies, and this will be further consolidated across Dundee to support identification of those at risk of falls and appropriate onward signposting to relevant services / activities.	Matthew Kendall	Complete
Opportunities are created for individuals to participate in regular and life-long exercise programmes that include strength and balance to minimise falls risk and prevent further falls and frailty. In developing appropriate programmes, links with local leisure services, volunteer services, walking groups and local exercise groups will be considered as well as training volunteers and staff working with older people including care at home, care homes, day care and sheltered housing.	Matthew Kendall	March 2020
Review of data available to support targeted approach of falls prevention work (NHS, Council, Scottish Ambulance Service (SAS), Fire & Rescue). Explore neighbourhood level data to direct resources to areas most in need. A Tayside Falls Data Group has been established to share good practice and further understand the data and the links between the data and clinical and care delivery.	Matthew Kendall	Initial timescale was December 2019, changed to June 2020

Service Delivery Area : Delayed Discharges

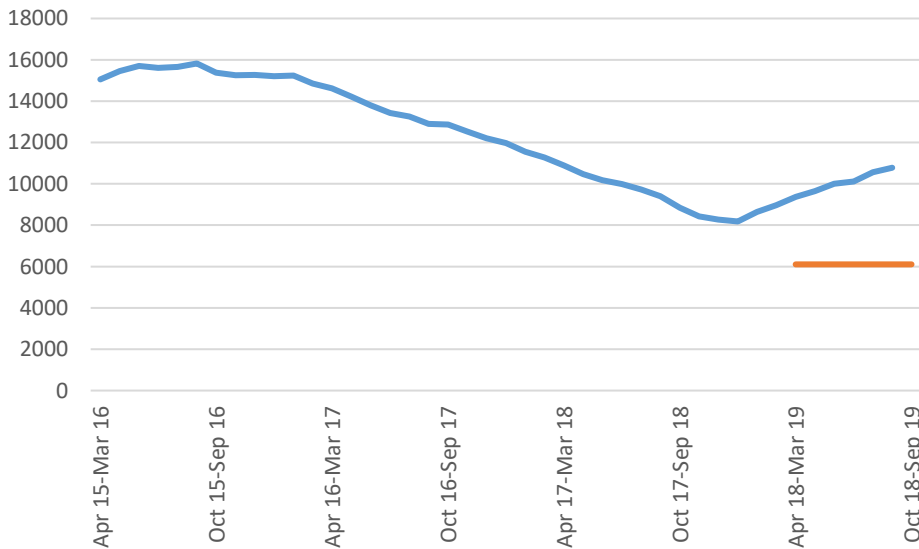
Measuring Performance Under Integration

Chart 15: Bed Days Lost to Delayed Discharges (All Reasons) per 1,000 Dundee Population 18+ – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

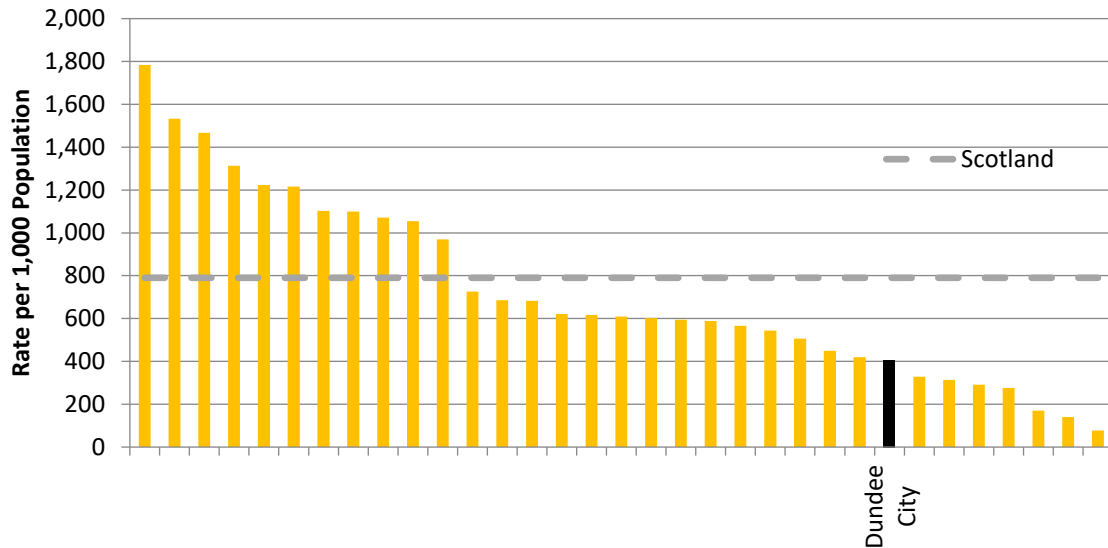
Chart 16: Bed Days Lost to Delayed Discharges (All Reasons) Numbers – Performance against MPUI Target Trajectory



Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 19 – Bed Days Lost

Chart 17: Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population Benchmarking 2019/20 Q1



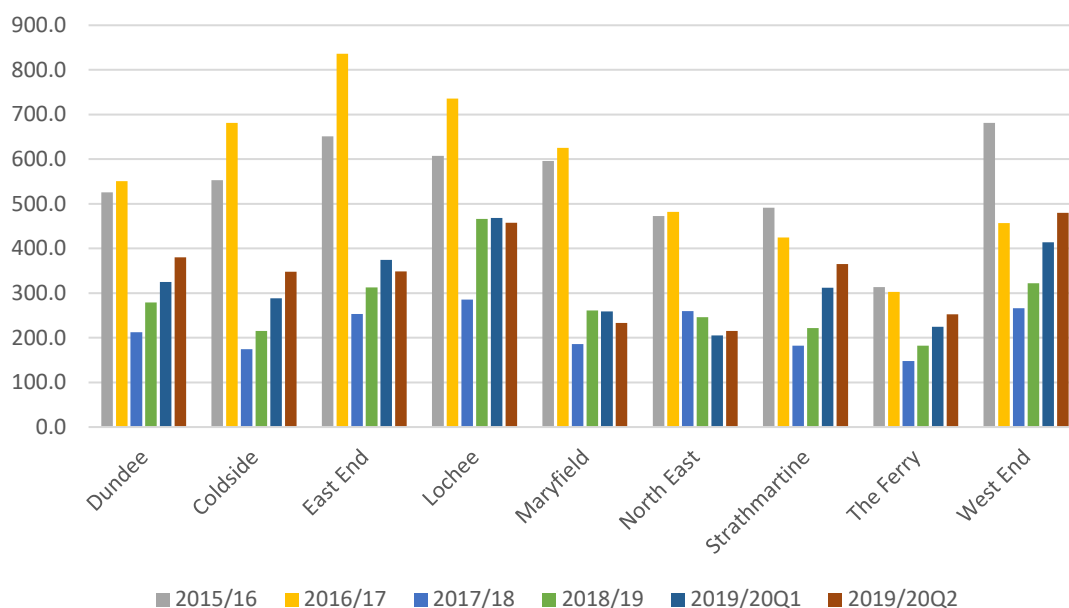
Source: ISD Core Suite of Integration Indicators

Table 9: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20Q1	2019/20Q2
Dundee	522.9	552.6	525.9	550.8	212.6	279	325	380
Coldside	534.8	553.1	553.2	681.1	174.5	215	288	348
East End	905.0	771.0	651.0	836.2	253.1	313	374	348
Lochee	504.5	350.5	607.8	735.7	285.6	467	468	458
Maryfield	520.6	528.3	596.3	625.6	185.7	261	259	233
North East	443.8	265.5	472.5	482.1	260.1	246	205	215
Strathmartine	425.7	525.9	491.1	424.8	182.1	222	312	365
The Ferry	425.2	517.6	313.2	302.5	147.6	183	224	252
West End	430.4	830.0	681.4	456.7	266.4	322	414	480

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 18: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP



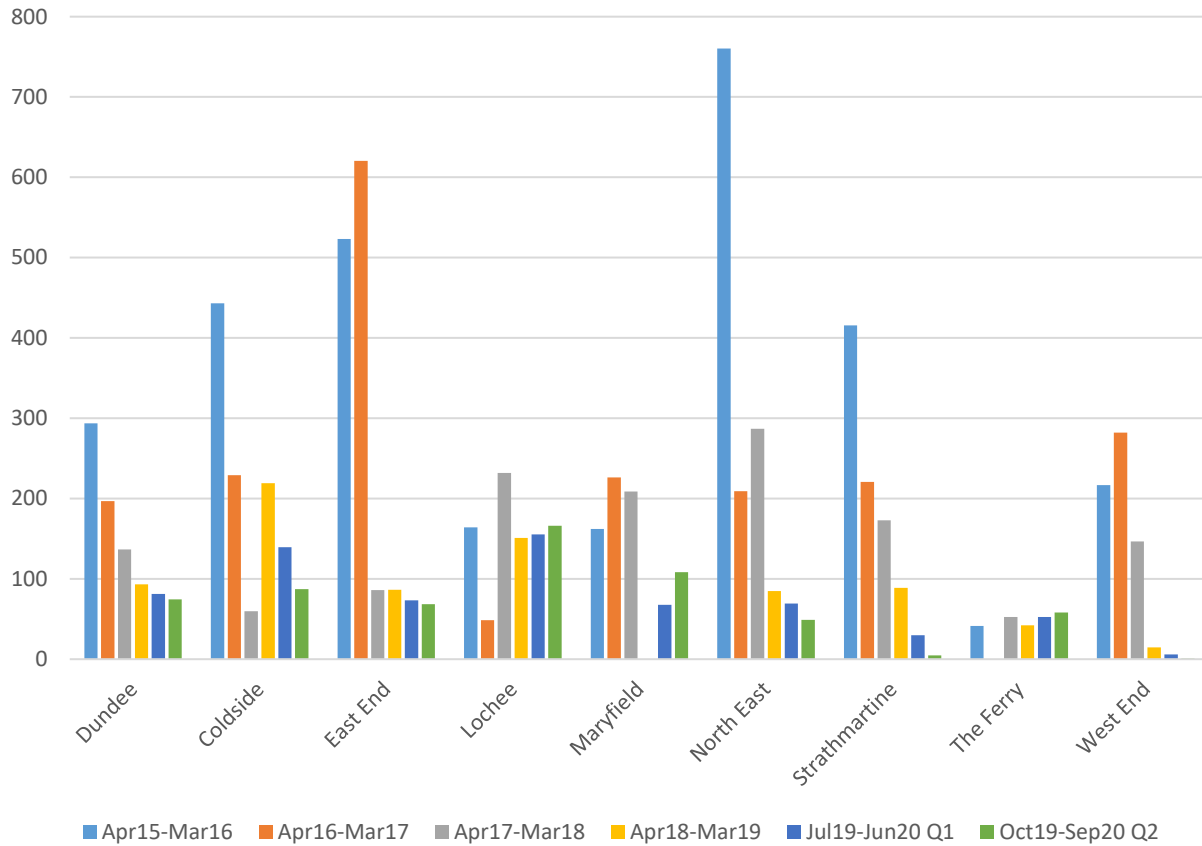
Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Table 10: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18- Mar19	Jul18- Jun19 Q1	Oct18- Sep19 Q2
Dundee	294	197	137	93	81	75
Coldside	443	229	60	219	139	87
East End	523	620	86	87	73	69
Lochee	164	49	232	151	156	166
Maryfield	162	226	209	0	68	108
North East	760	209	287	85	69	49
Strathmartine	416	221	173	89	30	5
The Ferry	41	0	53	42	53	58
West End	217	282	147	15	6	1

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18, 2018/19 and 2019/20 – ISD National Delayed Discharge Data

Chart 19: Number of Days People Aged 75+ Spend in Hospital when they are ready to be Discharged as a Rate per 1,000 Population Code 9 Delays by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – All, Standard and Code 9 Delays age 75+

Benchmarking (All delays 75+) – ISD Core Suite of Integration Indicators

- The rate of bed days lost due to a delayed discharge in Dundee (406) was considerably lower than the Scottish rate (790). (chart 17)
- Dundee rate deteriorated between 2017-18 (213) and Q2 2019-20 (380).
- Dundee is 8th best performing partnership in Scotland. (chart 17)
- At Q1 2019-20, 2 of the family partnerships performed better than Dundee. (chart 17)

Difference from 2015-16 Baseline to Q2 2019-20

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 28%, which is a significant improvement.
- All LCPPs have shown a decrease in the rate of bed days lost per 1,000 population to both Standard and Code 9 Delays for those aged 75+ apart from Lochee and The Ferry which showed an increase in code 9 delays. The increase in Lochee was by 1% and the increase in The Ferry was by 41%. (table 3)
- All LCPPs recorded improved rates in standard bed days lost to delayed discharges per 1,000 population (aged 75+) and these ranged from 19% in The Ferry to 61% in Maryfield. (table 3)
- Improved rates of Code 9 bed days lost to delayed discharges per 1,000 population (aged 75+) ranged from 33% in Maryfield to 100% in West End. There was a deterioration in rates in Lochee (by 1%) and The Ferry (by 41%). (table 3)

Performance Trend between Q1 2018-19 and Q2 2018-19

- Overall deterioration in Dundee rate by 36% for Standard Delays (table 9) but an improvement of 20% for Code 9 Delays (table 10) for those aged 75+.
- Improved rate for Standard Delays in Maryfield (10%), East End (7%) and Lochee (2%) but a deterioration in rates for Coldside (21%), Strathmartine (17%), West End (16%), The Ferry (12%) and North East (5%) (table 9)
- Improved rates for Code 9 Delays in West End (-86%), Strathmartine (-85%), Coldside (-37%), North East (-29%) and East End (-6%) but a deterioration in rates for Maryfield (+59%), The Ferry (+10%) and Lochee (+7%) for those aged 75+. (table 10)

Variation across LCPPs in Q2 2019-20

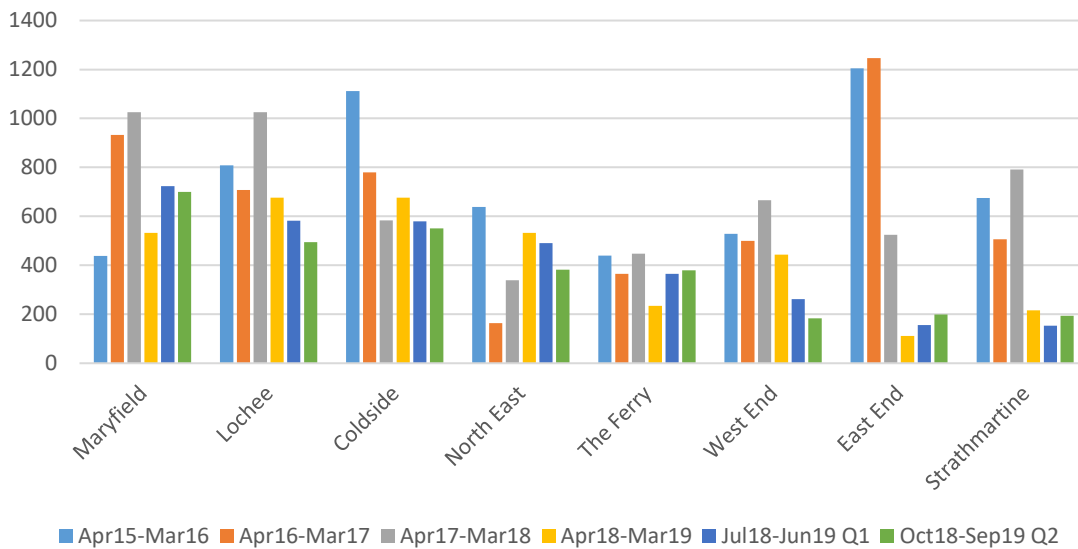
- West End (480) had the highest rate of Standard Delays for those aged 75+. North East (215) had the lowest rates. (table 9)
- Lochee (166) had the highest rates of Code 9 Delays for those aged 75+. West End had the lowest rate at 1. (table 10)
- Overall, Lochee (624) had the highest rate of delays for All Reasons for those aged 75+. North East had the lowest rate at 264.

Table 11: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP

	Apr15- Mar16	Apr16- Mar17	Apr17- Mar18	Apr18- Mar19	Jul18- Jun19 Q1	Oct18- Sep19 Q2
Dundee	6573	5971	5403	3423	3313	3084
Maryfield	438	933	1025	532	724	700
Lochee	809	708	1025	676	582	494
Coldside	1112	780	584	676	580	551
North East	638	164	339	533	491	382
The Ferry	440	365	447	235	365	380
West End	529	500	666	444	262	184
East End	1204	1246	525	111	156	199
Strathmartine	675	507	792	216	153	194

Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 , 2018/19 & 2019/20– ISD National Delayed Discharge Data

Chart 20: Number of Bed Days Lost to Code 9 Delayed Discharges - All Ages by LCPP



Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).
2017/18 & 2018/19 – ISD National Delayed Discharge Data

Analysis – Code 9 (Complex) Delays All Ages

Difference from 2015-16 baseline to Q2 2019-20

- 53% improvement in bed days lost in Dundee from 2015-16 baseline. (table 11)
- All LCPPs have shown an improvement except for Maryfield who showed a deterioration of 60%. (table 11, chart 20)

Performance trend between Q1 2019-20 and Q2 2019-20

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 7% over the last quarter which is an improvement. (table 11)
- There were fewer complex days lost in Q2 2019-20 in West End (-30%), North East (-22%), Lochee (-15%), Coldside (-5%) and Maryfield (-3%). (table 11)
- There were more days lost in Q2 2019-20 in East End (+28%), Strathmartine (+27%) and The Ferry (+4%) (table 11).

Variation across LCPPs in Q2 2019-20

- Maryfield had the highest number of complex bed days lost for people all ages in Dundee at 700. (table 11)
- West End had the lowest number at 184. (table 11)

Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Develop intermediate care for older people with mental health difficulties.	Angie Smith	Completed
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DECSA).	Mike Andrews/Louise Burton	March 2020
Develop locality teams.	Jenny Hill / Beth Hamilton	March 2021
Assessment in the community.	Beth Hamilton / Jacqueline Thomson	March 2020
Implementation of Eligibility Criteria.	Jenny Hill /Beth Hamilton	March 2020
Develop community rehab model .	Jenny Hill/Beth Hamilton	July 2020
Continue to develop Discharge to Assess Model through ongoing development of social care and step down resources.	Lynne Morman	March 2020



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP SUMMARY PERFORMANCE REPORT – 2019/20 QUARTER 3

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC11-2020

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2019/20 Quarter 3 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' interim targets.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and locality levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 3 and 4) and section 6.
- 2.3 Notes the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' interim targets as summarised in Appendix 1 (table 2).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

- 4.1 In February 2019 the Performance and Audit Committee approved a revised approach to quarterly performance reporting; with summary reports being provided in Quarters 1 and 3 of each financial year and full reports in Quarters 2 and 4 (Article V of the minute of the meeting of the Dundee PAC held on 12 February 2019 refers).
- 4.2 The Quarter 3 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. Appendix 1 provides a summary of performance. 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 table 1). The Scottish Government and National Services Scotland, Information Services Division (NSS ISD) are working on the development of definitions and datasets to calculate these indicators nationally.

- 4.3 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. A summary of the published results from the 2017/18 survey is provided in Appendix 1 (table 1). Full details have been provided previously in 2018/19 Quarter 1 Performance Report (Article IV of the minute of the meeting of the Performance and Audit Committee held on 25 September 2018 refers).
- 4.4 Appendix 1 also summarises performance against targets set in the Measuring Performance Under Integration (MPUI) submission (Article IX of the minute of meeting of the Dundee PAC held on 13 February 2018 refers) for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges. Please note that we are currently unable to provide analysis for balance of care and end of life.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

- 5.1 National data is provided to all partnerships, by NSS ISD, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously NSS ISD 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+. (Please refer to Table 2).
- 5.2 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 timely quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit have provided Locality based data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls. (Please refer to Tables 3 and 4).
- 5.3 Data provided by NHS Tayside differs from data provided by NSS ISD; the main differences being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence' and NHS Tayside uses an admissions based dataset whereas NSS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as NSS data goes through a validation process). As NSS 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 NSS 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 as the methodology used to calculate emergency bed days does not use the record linkage methodology incorporated at NSS. Please note, however, the local trends do match the national trends for emergency bed days analysis.

6.0 QUARTER 3 PERFORMANCE 2019/20

- 6.1 Rolling data from January 2019 to December 2019 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admission (numbers and rate) and emergency bed day numbers for mental health specialties. The target for emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) were **not** met. Please refer to Table 2 in Appendix 1.
- 6.2 Tables 3 and 4 in Appendix 1 summarise performance against the National Health and Wellbeing Indicators at both Dundee and LCPP level using rolling data from January 2019 to December 2019.
- 6.2.8 Between the baseline year (2015/16) and 2019/20 Quarter 3 there has been **improved** performance in: rate of bed days lost to delayed discharge for people aged 75+ (for both Standard and Complex delays) and emergency bed day rate for people aged 18+ (acute and mental health specialties). In the same period there has been a **deterioration** in performance in: emergency admission rate for people aged 18+; readmissions rate for people of all ages; and the rate of hospital admissions as a result of a fall for people aged 65+. This is the same pattern of performance as

reported in 2019-20 Quarter 2 (report PAC1-2020 refers) and there are therefore no exceptions to report to PAC.

- 6.2.9 Between the baseline year 2015/16 and 2019/20 Quarter 3 there was an improvement in the rate of bed days lost to complex delayed discharges for people aged 75+ across all LCPPS. There was a 81.2% improvement in Dundee and the LCPP rates ranged from a 33.7% improvement in Maryfield to a 98.5% improvement in Strathmartine.
- 6.2.10 Between the baseline year 2015/16 and 2019/20 Quarter 3 there was an improvement in the rate of bed days lost to standard delayed discharges for people aged 75+ across all LCPPS except The Ferry and West End. There was a 24.9% improvement in Dundee and the LCPPs with the biggest improvements were Maryfield (70.3% improvement), East End (55.6% improvement) and North East (55.5% improvement). In The Ferry there was an increase in standard delays by 1.9% and in West End there was an increase in standard delays by 1.2%.
- 6.2.11 Emergency bed day rates since 2015/16 have decreased by 11.5% for Dundee, which is an improvement. Every LCPP showed an improvement in 2019/20 Quarter 3 compared with 2015/16 and the biggest improvements were seen in East End, North East and West End, all of which showed a greater than 19% decrease in bed day rates.
- 6.2.12 Emergency admission rates have increased by 4.9% for Dundee since 2015/16 and there were increases in all LCPP areas with the exception of The Ferry (5.1% improvement in the rate). Increases ranged from 2.4% in Strathmartine to 11.5% in Maryfield.
- 6.2.13 The rate of readmissions in Dundee has increased by 7% since 2015/16. The rate increased (deteriorated) in 5 LCPPs (Lochee 28.8% increase, West End 18.7% increase, Coldside 13.9% increase, East End 7.3% increase and Maryfield 1.9% increase). The rate decreased (improved) in 4 LCPP areas (West End 12.4% decrease, The Ferry 5.7% decrease and Strathmartine 0.2% decrease)
- 6.2.14 The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 22.8% since 2015/16, which is a deterioration. The rate increased in all LCPP areas. The increases ranged from 7.1% in Lochee to 40.3% in Coldside.

7.0 POLICY IMPLICATIONS

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

8.0 RISK ASSESSMENT

Risk 1 Description	The risk of not meeting targets against national indicators could affect; outcomes for individuals and their carers and spend associated with poor performance.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
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 poor performance. - 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.

Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate Risk)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

DATE: 27 February 2020

Lynsey Webster
Senior Officer

Table 1: National Health and Wellbeing Indicators 1 to 9

National Health & Well Being Indicator	Scotland	Dundee	North Lanarkshire	Glasgow	North Ayrshire	Inverclyde	Dunbartonshire	East Ayrshire	Western Isles
1 % of adults able to look after their health very well or quite well	93	93	90	90	91	91	91	92	94
2 % of adults supported at home who agree that they are supported to live as independently as possible	81	84	75	82	80	80	81	80	79
3 % of adults supported at home who agree that they had a say in how their help, care or support was provided	76	78	71	80	70	77	80	74	66
4 % of adults supported at home who agree that their health and care services seemed to be well co-ordinated	74	81	70	76	74	79	79	74	64
5 % of adults receiving any care or support who rate it as excellent or good	80	82	75	79	78	83	81	81	85
6 % of people with positive experience of the care provided by their GP practice	83	84	76	86	80	83	85	76	88
7 % of adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life	80	85	76	80	82	77	79	77	71
8 % of carers who feel supported to continue in their caring role	37	38	33	38	39	40	40	36	41
9 % of adults supported at home who agree they felt safe	83	87	80	85	80	84	89		86

Source: Scottish Health & Care Experience Survey 2017/18

Key points of note

Best performing partnership in family group is highlighted in green for each indicator

2017/18 results:

- a All indicators show Dundee to be same or higher than Scottish average
- b For indicators 2, 4 & 7 Dundee performed better than all other family group members
- c Dundee is in top 3 for all indicators except indicators 6 & 8
- d Indicator 8 returned a poor result for all family group members


Compared to Scottish Health & Care Experience Survey 2015/16

- a All indicators showed a deterioration across Scotland as a whole
- b Improvements for Dundee in indicators 4 & 9
- c No change in indicator 1 for Dundee
- d Deterioration for Dundee in indicators 2-3 & 5-8. Biggest deterioration (6%) in indicators 6 & 8

Table 2 : Measuring Performance under Integration Summary

Integration Indicator (Annual 18+)	19-20 Target	19-20 Q3 Actual Data	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 19-20 target		Direction of travel from Q2 to Q3
				2019/20 Q2	2019/20 Q3	2019/20 Q2	2019/20 Q3	
Emergency Admission Rate per 100,000 Dundee Population	12,489	12,024	↑7.27	↑3.06	↑3.27	↓3.92	↓3.72	↑
Emergency Admission Numbers	15,225	14,658	↑7.78	↑3.55	↑3.76	↓3.92	↓3.72	↑
Emergency Admissions Numbers from A&E	7,440	7,721	↑14.76	↑17.26	↑19.10	↑2.18	↑3.63	↑
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	317	↑8.66	↑8.93	↑3.19	↑1.54	↑5.24	↑
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	83,197	↓20.92	↓16.65	↓17.04	↑5.41	↑4.91	↓
Emergency Bed Days Numbers for Acute Specialties	96,674	101,423	↓20.55	↓16.26	↓16.65	↑5.41	↑4.91	↓
Emergency Bed Days Numbers for Mental Health Specialties	42,595	38,068	↓4.39	↓17.02	↓14.55	↓13.40	↓10.63	↑
Accident & Emergency Attendances	24,680	24,897	↑5.30	↑5.96	↑6.23	↑0.63	↑0.88	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons)	50	91	↓59.68	↓28.01	↓26.72	↑78.30	↑81.49	↑
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	11,080	↓59.44	↓27.67	↓26.38	↑78.30	↑81.49	↑
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	4,233	↓43.24	↓29.54	↓36.52	↑24.12	↑11.84	↓

Source ISD: ISD MSG Indicators

Key:  Improved/Better than previous quarter  Declined/Worse than previous quarter

Key Points:

- g. Based on current performance, emergency admission (numbers and rate), emergency admissions as a rate per 1,000 of all A+E attendances, emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties, number of A+E attendances, bed days lost to delayed discharges per 1,000 population (all reasons), number of bed days lost to delayed discharges (all reasons and code 9) are not on track to meet the 2019/20 trajectories.
- h. The Q3 1920 Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population does not meet the 1920 target, however the rate is better than it was in Q2 1920.
- i. The Q3 1920 Number of Bed Days Lost to Delayed Discharges (Code 9) does not meet the 1920 target, however the rate is better than it was in Q2 1920.
- j. Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data. Note late submissions of data may result in % differences reported varying from one quarter to another.
- k. Be aware – some of the differences show an increase which is positive and some show a decrease which is also positive.

Table 3: Performance in Dundee's LCPPs - % change in 2019/20 Q3 against baseline year 2015/16



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+4.9	+6.4	+8.7	+5.2	+6.8	+2.4	+11.5	+5.6	-5.1
Emer Bed Days rate per 100,000 18+	-11.5	-6.7	-25.7	-7.3	-23.9	-4.6	-2.0	-19.7	-5.1
Readmissions rate per 1,000 All Ages	+7	+28.8	+7.3	+13.9	-12.4	-0.2	+1.9	+18.7	-5.7
Falls rate per 1,000 65+	+22.8	+7.1	+14.9	+40.3	+15.6	+23.6	+12.4	+16.9	+37.2
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-24.9	-34.1	-55.6	-10.8	-55.5	-8.3	-70.3	+1.2	+1.9
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-81.2	-46.9	-92.7	-82.4	-93.9	-98.5	-33.7	-81.3	-40.1

Table 4: Performance in Dundee's LCPPs - LCPP Performance in 2019/20 Q3 compared to the Dundee average



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,520	14,643	17,192	14,429	12,419	13,409	10,053	8,449	10,457
Emer Bed days rate per 100,000 18+	117,668	151,179	135,478	151,071	85,798	118,156	104,461	78,776	119,892
Readmissions rate per 1,000 All Ages	119	134	133	130	97	116	124	123	93
Falls rate per 1,000 65+	31	29	32	42	24	31	26	32	28
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	395	400	289	494	210	451	177	690	319
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	56	86	37	77	50	7	108	40	25

Source: NHS Tayside data

Key: Improved/Better Stayed the same Declined/Worse