ITEM No …5………..

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2018/19 QUARTER 2**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC2-2019**

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on 2018/19 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 and 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 locality 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 and section 6.

2.4 Instructs the Chief Finance Officer to submit to PAC summary reports only for Quarters 1 and 3 of each financial year and full performance reports for Quarters 2 and 4 of each financial year, as described in section 7.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND

4.1 The Quarter 2 Performance Report covers local performance against National Health and Wellbeing Indicators 1-23. 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 4.2). 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.

4.2 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).

4.3 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 IJB 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.

5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE

5.1 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 have provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.

5.2 Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. Although the two data sources were not identical, Business Support Unit data accuracy remains within an acceptable tolerance and trends are reliable for service planning and performance improvement purposes. 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 match the national definitions. Planned transfer mental health bed days are not included in the local bed days analysis, unlike the national bed days analysis provided by ISD. The difference in methodology means there are approximately 18,000 bed days (13%) unaccounted for in Dundee during 2018/19 Quarter 2. Work is ongoing with the Business Unit to replicate the methodology used by ISD and local data will be amended for future performance reports. Please note, however, that local trends do match the national trends for emergency bed days analysis.

5.3 National benchmarking data is usually presented one quarter in arrears due to the time lag associated with collating and validating national data. As the 2018/19 Quarter 2 report is being submitted one quarter in arrears, on this occasion it does include Quarter 2 benchmarking data provided by NSS ISD. Recent guidance from NSS ISD has meant that other Partnerships can no longer be identified when benchmarking, until submissions rates are acceptable and data has been formally published.

5.4 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+.

6.0 QUARTER 2 PERFORMANCE 2018/19

6.1 Rolling data from October 2017 to September 2018 demonstrates that performance exceeded 'Measuring Performance Under Integration' targets for emergency admissions, emergency bed days, accident and emergency attendances and delayed discharges. The target for emergency admissions as a rate per 1,000 of all accident and emergency attendances was not met but the last two quarters have shown an improved position. Please refer to Chart 3 in Appendix 2.

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)   2018/19 Measuring Performance under Integration (MPUI) target;
    c)   2018/19 Quarter 1 Dundee performance; and,
    d)   Benchmarking position with other Scottish partnerships (including family group partnerships) and the Scottish average performance.

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 improving/good performance*

Delayed Discharges (Appendix 2 - Charts 15 to 20 and Tables 2 to 4, 9 to 11)
- Number of bed days lost (all reasons 18+) is significantly better than MPUI projected position and on track to exceed 2018/19 target.
- 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 one family group partnership.
- Improvements of 62.9% (standard) and 67.1% (complex) from pre-integration position.
- Improvements from 2018/19 Quarter 1 position in 5 out of 8 LCPPs for both types of delay.
- Number of bed days lost (complex all ages) improved by 23% from pre-integration position.

Emergency Bed Days (Appendix 2 - Charts 6 to 9 and Tables 2 to 4, 6)
- 2018/19 Quarter 2 position is slightly better than MPUI projected position for both Emergency Bed Rate per 100,000 population and Emergency Bed Day Numbers for Acute specialties.
- Both the rate and numbers of emergency bed days have fallen by around 12% compared to the pre-integration position.
- Improved rates between 2018/19 Quarter 1 and Quarter 2 across all LCPPs.
- Emergency Bed Day Rate for Dundee City is higher than the Scottish Average – the eleventh highest in Scotland. However, Dundee City rate performed better than 6 other family group partnerships.

6.2.2 *Areas of mixed performance*

Accident and Emergency Attendances (Appendix 2 - Chart 10 and Table 2)
- Significantly better than MPUI projected position and on track to exceed 2018/19 target.
- Over the last year the number of attendances has been increasing, which is a deterioration in performance.

Emergency Admissions (Appendix 2 - Charts 1 to 5 and Tables 2 to 5)
- Emergency Admission Rate per 100,000 population and Emergency Admission Numbers are both better than MPUI position and if improvement continues will be on track to exceed 2018/19 integration target.
- Emergency Admissions as a Rate per 1,000 of all A and E Attendances significantly higher than MPUI position and questionable whether 2018/19 target will be met.
- Rate of Emergency Admissions for Dundee City was higher than the Scottish average – the tenth most poorly performing partnership in Scotland. However, Dundee City performed better than 6 of the other 7 family group members.

6.2.3 *Areas of declining / poor performance*

Readmissions within 28 days of discharge (Appendix 2 - Charts 11 and 12 and Tables 3, 4 and 7)
- 13.4% increase in rate per 1,000 admissions on pre-integration position, all LCPPs showing a deterioration in performance.

- Rate for Dundee City well above the Scottish average and poorest performing partnership in Scotland.
- All LCPPs showed an increased rate between 2018/19 Quarter 1 and Quarter 2.
- In 2018/19 Quarter 2 LCPP rates vary significantly from 108 in The Ferry to 143 in Coldside.

Falls Admissions (Appendix 2 - Charts 13 and 14 and Tables 3, 4 and 8)
- 17.6% worse than pre-integration position and year on year deterioration in rate since 2015/16.
- Rate for Dundee City well above Scottish average and poorest performing partnership in Scotland.
- Improvements from 2018/19 Quarter 1 in 4 LCPPs.
- In 2018/19 Quarter 2 LCPP rates vary from 20.4 falls related admissions per 1,000 in Strathmartine to 37.7 in West End

7.0 FUTURE PERFORMANCE REPORTING

7.1 Detailed quarterly performance reports have been routinely submitted to PAC since January 2017. These reports have shown a consistent pattern of performance; with delayed discharge and emergency bed days routinely demonstrating good performance and readmissions and falls routinely demonstrating poor performance.

7.2 Since January 2017 the PAC has also received a number of other performance reports, including mid-year performance summaries, annual performance reports, and a range of bespoke analytical reports relating to specific areas of performance (such as falls, readmissions and discharge management). Feedback indicates that these bespoke reports have been particularly valuable in supporting transparent performance reporting, understanding of performance challenges and the identification of targeted improvement actions.

7.3 The data and analytical support capacity within the Partnership is limited and subject to a range of competing demands (Article X of the minute of meeting of the Dundee PAC held on 27 March 2018 refers). This is recognised within the Partnership's high level risk register. In order to make best use of available resources, and taking into account that trends in performance have remained relatively static over the last two years, it is proposed that in the future PAC receives:

- Summary quarterly performance reports, equivalent to Appendix 1 of this report, in quarters 1 and 3 of each financial year; and,
- Full quarterly performance reports, equivalent to Appendix 1 and 2 of this report, in quarters 2 and 4 of each financial year.

This more proportionate approach to quarterly performance reporting will allow data and analytical support capacity to be released to work on bespoke analytical reports and support the further enhancement of performance reporting to operational management teams. Both of these activities are likely to have a greater impact on performance improvement activities than routine quarterly reporting, whilst maintaining transparent public reporting mechanisms against national indicators and MPUI targets.

8.0 POLICY IMPLICATIONS

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

9.0 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)	- 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.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 21 January 2019

Clare Harper
Principal Information Development Manager

Kathryn Sharp
Senior Manager

DUNDEE LCPP PERFORMANCE REPORT 2018/19 QUARTER 2 – EXECUTIVE SUMMARY

- The Quarter 2 performance report assesses performance against the National Health and Wellbeing Indicators. 5 of the 23 indicators are health and wellbeing national performance indicators which 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 highlighted. Details are provided in Appendix 2.

- In order for quarterly data to be compared with financial years rolling quarterly data is presented for each quarter. 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 2017 to 30 September 2018.

- Quarter 2 data regarding the 5 national health and wellbeing performance indicators was provided by the NHS Tayside Business Unit. Data provided by NHS Tayside differs from data provided by NSS ISD; the main difference being that NHS Tayside uses 'board of treatment' and NSS uses 'board of residence'. 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 match the national definitions. Planned transfer mental health bed days are not included in the local bed days analysis, unlike the national bed days analysis provided by ISD. The difference in methodology means there are approximately 18,000 bed days (13%) unaccounted for in Dundee HSCP during 2018/19 Q2. Work is ongoing with the Business Unit to replicate the methodology used by ISD and local data will be amended for future performance reports. Please note, however, that local trends do match the national trends for emergency bed days analysis.

- 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. More indepth analysis of LCPP performance is currently being worked on for future reporting.

- Between the baseline year 2015/16 and 2018/19 Quarter 2 there was an improvement in the rate of bed days lost to delayed discharges for people aged 75+ (for both Standard and Complex delays) and the emergency bed day rate for people aged 18+ across all LCPPs in Dundee.

- Emergency bed day rates since 2015/16 have decreased by 18.6% for Dundee, which is an improvement. Every LCPP showed an improvement in 2018/19 Quarter 2 compared with 2015/16 and the biggest improvements were seen in East End, Coldside, West End and Maryfield, all of which showed a greater than 20% decrease in bed day rates.

- The rate of standard bed days lost to delayed discharges for people aged 75+ has decreased by 62.9% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 2 there were decreases across all LCPP areas and the decrease in the rate ranged from 41.1% in Lochee to 77.3% in West End.

- The rate of complex bed days lost to delayed discharges for people aged 75+ has decreased by 67.1% in Dundee since 2015/16, which is an improvement. In 2018/19 Quarter 2 there were decreases across all LCPP areas and the decrease in the rate ranged from 4.9% in Lochee to 92.6% in Maryfield.

- Emergency admission rates have increased by 5.5% for Dundee since 2015/16 and there were increases in all 8 LCPP areas. The lowest increase was in The Ferry (2.1%) and the highest increase was in West End (15%).

- The rate of readmissions in Dundee has increased by 13.4% since 2015/16. The rate has increased in all 8 LCPPs. The biggest increase was in West End (28.1%) and the smallest increase was in Maryfield (3.3%).

- The rate of hospital admissions as a result of a fall for people aged 65+ in Dundee has increased by 17.7% since 2015/16, which is a deterioration. The rate increased in seven LCPPs and only decreased in Strathmartine (19%). The biggest increases were in The Ferry (38.4%) and West End (36.6%).

Table 1: *National Health and Wellbeing Indicators 1 to 9*

	National Health & Well Being Indicator	Scotland	Dundee	North Lanark-shire	Glasgow	North Ayrshire	Inver-clyde	Dunbart on - shire	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 witth 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 faired batter 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+)	Target 18/19	Expected % Difference from 15/16 Baseline	Actual % Difference from 15/16 Baseline		Actual % Difference from 18/19 Target		Direction of Travel from Previous Quarter
			Q1	Q2	Q1	Q2	
Emergency Admission Rate per 100,000 Dundee Population	12,710	↑ 9.16	↑ 4.95	↑ 4.89	↓ 3.86	↓ 3.92	↓
Emergency Admission Numbers	15,464	↑ 9.46	↑ 5.44	↑ 5.38	↓ 3.67	↓ 3.73	↓
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances	281	↑ 1.44	↑ 6.86	↑ 6.14	↑ 5.34	↑ 4.63	↓
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	88,875	↓11.38	↓11.27	↓12.36	↑ 0.12	↓ 1.11	↓
Emergency Bed Days Numbers for Acute Specialties	108,129	↓11.14	↓10.85	↓11.95	↓ 0.61	↓ 0.91	↓
Accident & Emergency Attendances	26,562	↑13.33	↑ 4.54	↑ 5.00	↓ 7.76	↓ 7.35	↑
Number of Bed Days Lost to Delayed Discharges per 1,000 Population(All Reasons)	97	↓21.77	↓37.90	↓41.13	↓20.62	↓24.74	↓
Number of Bed Days Lost to Delayed Discharges (All Reasons)	11,856	↓21.22	↓37.51	↓41.20	↓20.67	↓25.36	↓

Source ISD: ISD MSG Indicators

Key Points:

a.   The target for Emergency Bed Days (Acute) per 100,000 Dundee population was not met in Q1 but has been met in Q2;

b.   Based on current performance, Emergency Admissions Rate per 1,000 of all A and E Attendances is the only indicator at this time not on track to meet the 2018/19 trajectory. However, the last 2 quarters have shown improved performance;

c.   Published MSG data has been used to measure performance therefore there may be a discrepancy when comparing with the local performance data;

d.   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 2018/19 Q2 against baseline year 2015/16*

Most Deprived ← → **Least Deprived**

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+5.5	+9.0	+3.1	+4.8	+7.9	+2.7	+2.7	+15.0	+2.1
Emer Bed Days rate per 100,000 18+	-18.6	-15.0	-24.9	-20.2	-11.9	-12.2	-25.8	-21.6	-14.9
Readmissions rate per 1,000 All Ages	+13.4	+26.0	+5.6	+25.4	+9.1	+4.3	+3.3	+28.1	+10.2
Falls rate per 1,000 65+	+17.7	+16.2	+17.5	+15.1	+8.8	-19.0	+26.7	+36.6	+38.4
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-62.9	-41.1	-63.8	-72.3	-48.6	-68.9	-65.8	-77.3	-62.4
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Complex)	-67.1	-4.9	-85.5	-54.4	-80.9	-71.2	-92.6	-88.9	-7.3

Table 4: *Performance in Dundee's LCPPs - LCPP Performance in 2018/19 Q2 compared to the Dundee average*

Most Deprived ← → **Least Deprived**

| National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	12,592	14,993	16,310	14,365	12,552	13,449	10,180	9,195	11,258
Emer Bed days rate per 100,000 18+	108,248	137,877	136,963	130,075	99,229	108,734	79,170	76,945	107,547
Readmissions rate per 1,000 All Ages	126.7	130.9	130.6	143.0	119.6	121.1	126.1	132.0	108.3
Falls rate per 1,000 65+	29.3	30.9	32.2	34.4	22.3	20.4	29.4	37.7	28.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	218.4	298.7	223.9	231.9	251.3	225.4	229.8	198.7	144.5
Delayed Discharge bed days lost rate per 1,000 75+ (complex)	96.7	155.5	76.2	202.2	145.3	120.5	12.0	24.3	38.2

Source: NHS Tayside data

Key: ■ Improved/Better   ■ Stayed the same   ■ Declined/Worse

DETAILED PERFORMANCE BY SERVICE DELIVERY AREA

Service Delivery Area: Emergency Admissions

Measuring Performance Under Integration

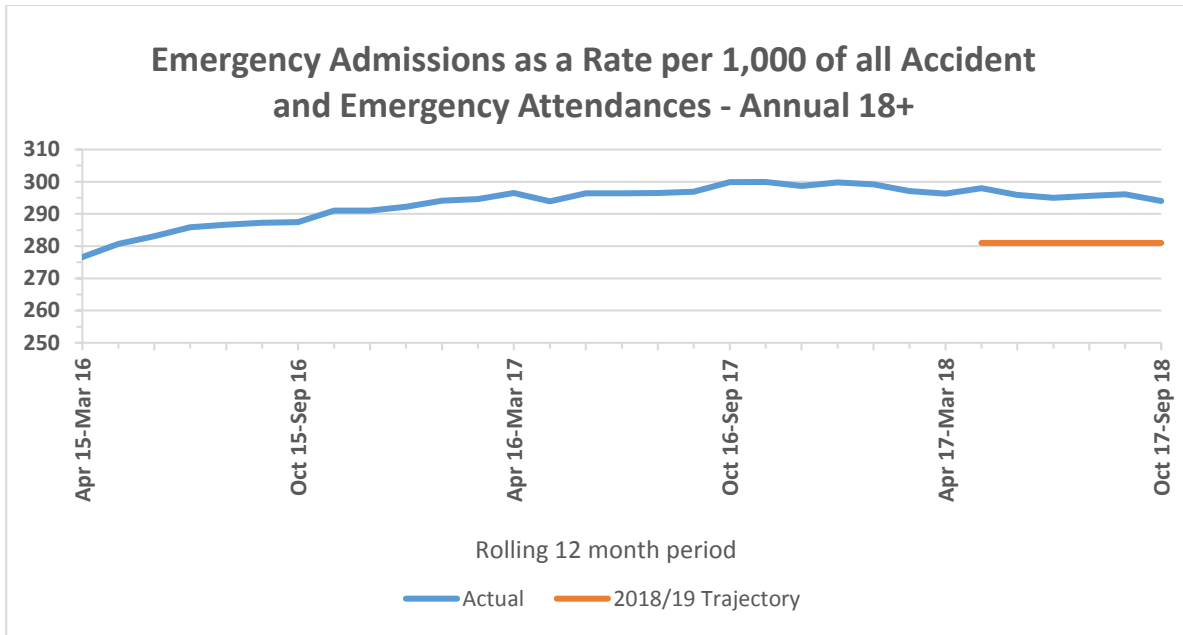*Chart 1:* *Emergency Admission Rate per 100,000 Dundee Population – Performance Against MPUI Target Trajectory*

**Emergency Admission Rate per 100,000
Dundee Population - Annual 18+**
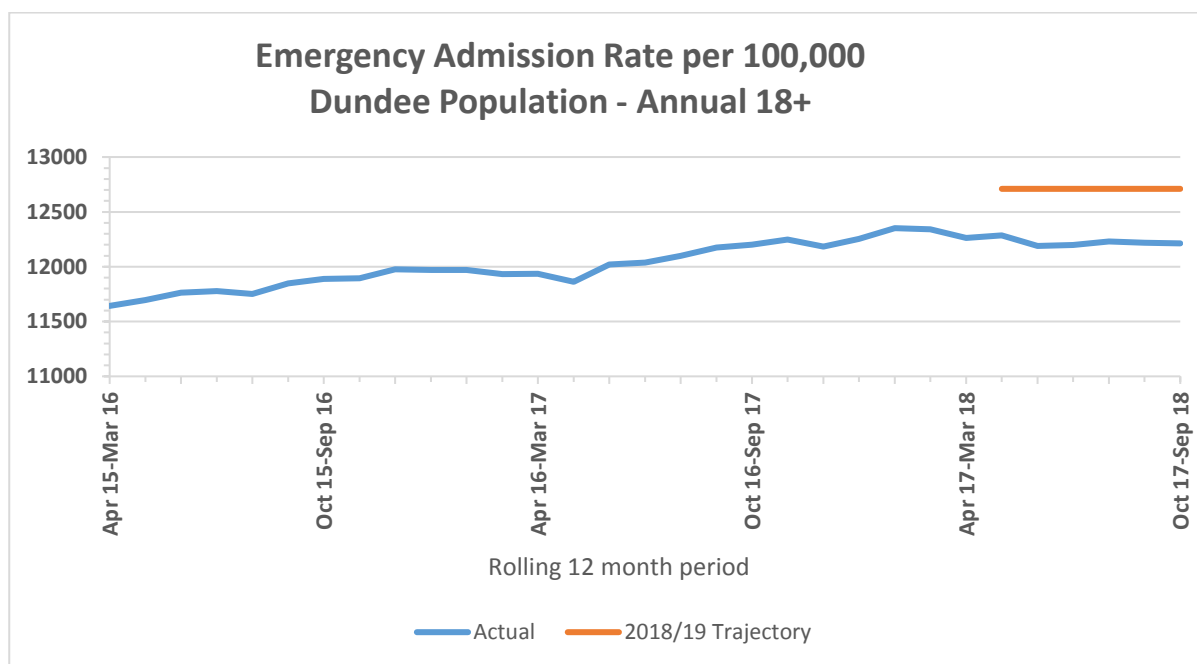
Source ISD: ISD MSG Indicators

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

Emergency Admissions - Annual 18+
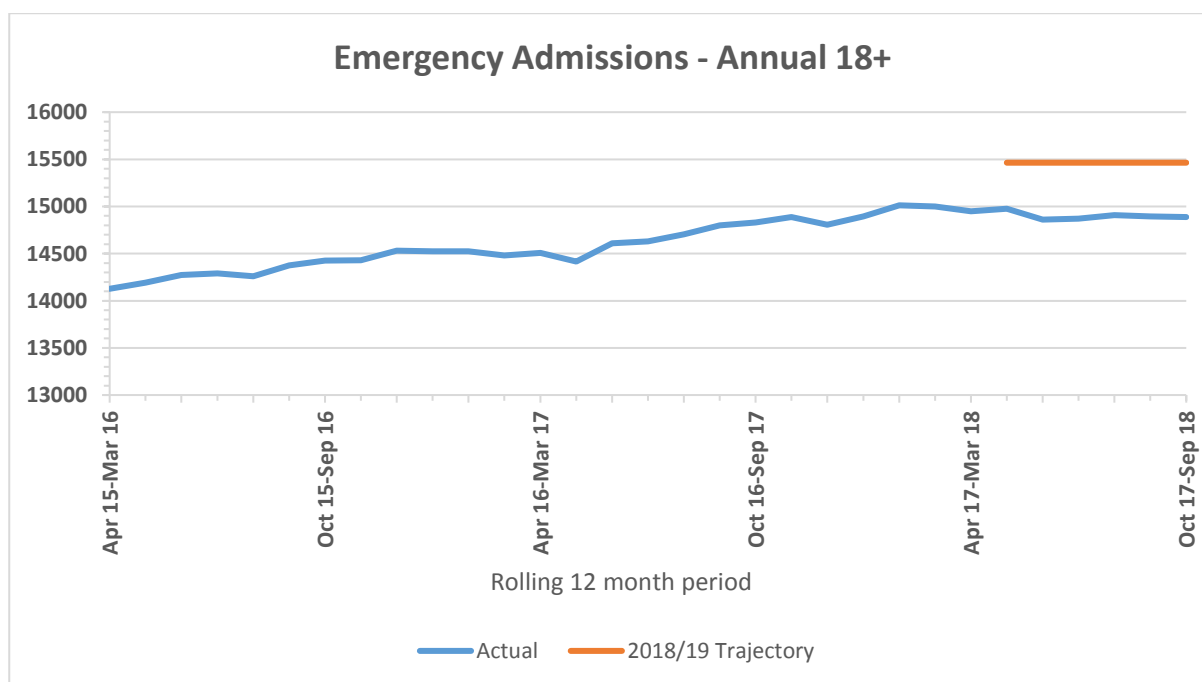
Source ISD: ISD MSG Indicators

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

Emergency Admissions as a Rate per 1,000 of all Accident and Emergency Attendances - Annual 18+

Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 12 – Emergency Admissions

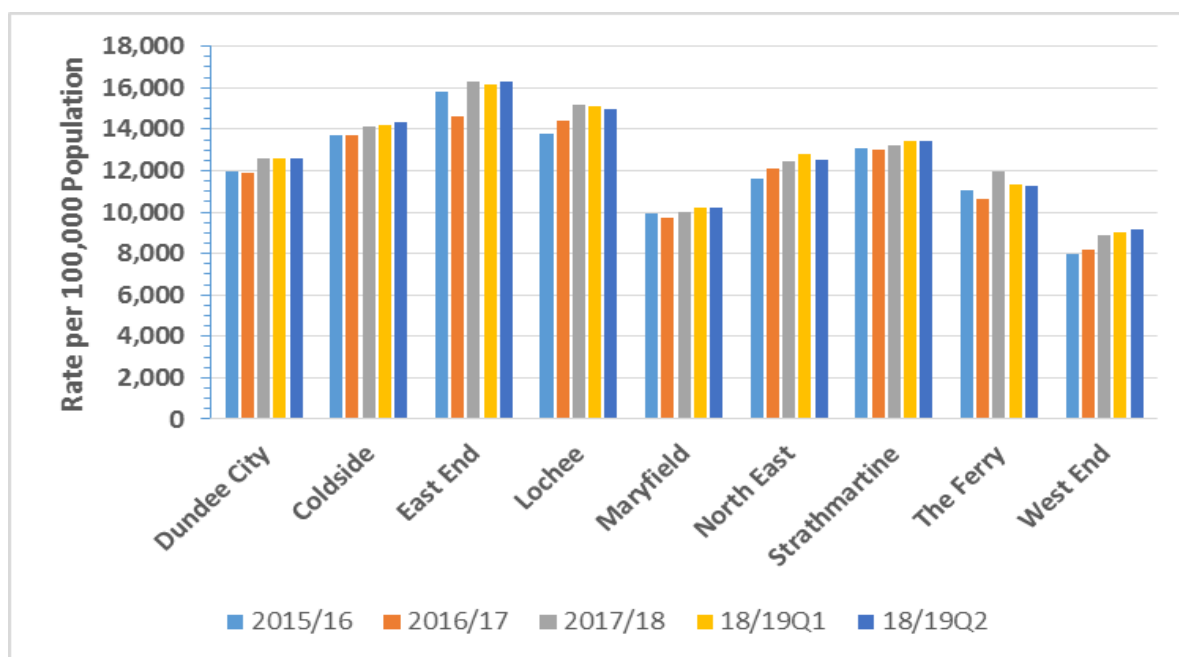**Chart 4:** *Emergency Admission Rate 18+ Benchmarking 2018/19 Q2*

Emergency Admission Rate per100,000 Population 18/19 Q2 18+
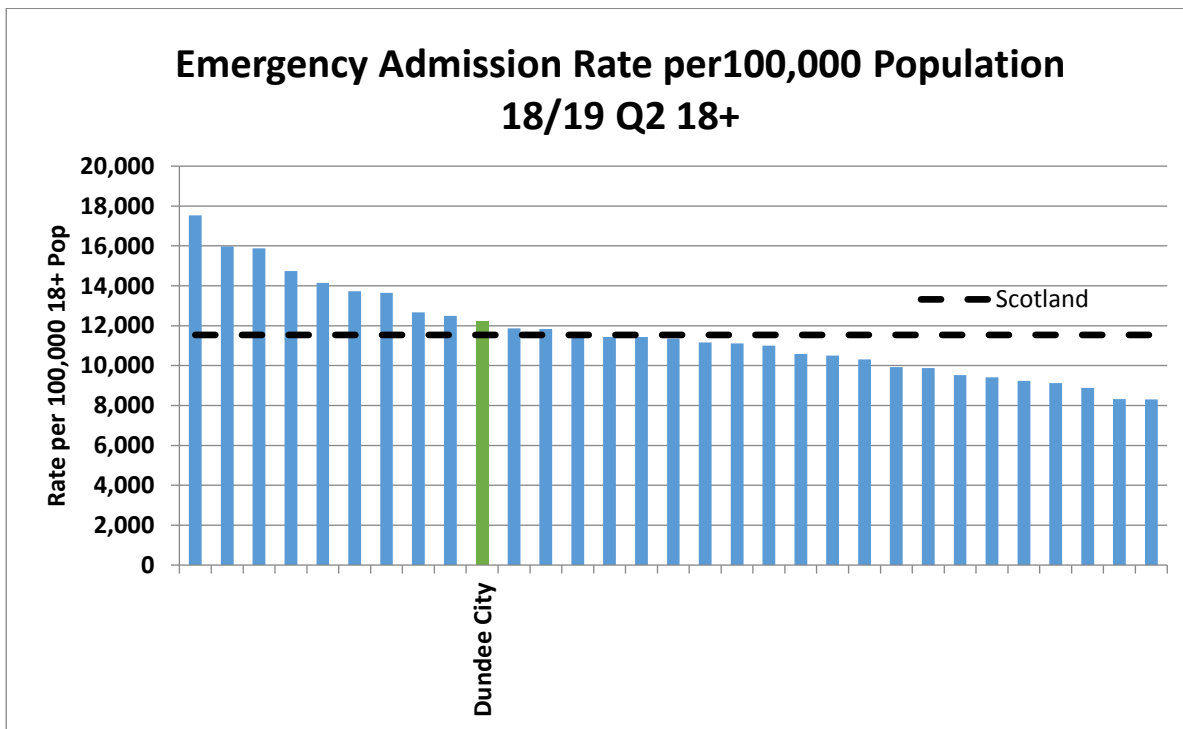
Source ISD: ISD MSG Indicator

Table 5: *Rate of Emergency Admissions per 100,000 Population – 18+ by Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	11,937	11,873	12,578	12,587	12,592		
Coldside	13,713	13,682	14,099	14,232	14,365		
East End	15,822	14,618	16,335	16,147	16,310		
Lochee	13,760	14,407	15,200	15,135	14,993		
Maryfield	9,914	9,753	10,037	10,235	10,180		
North East	11,632	12,129	12,444	12,776	12,552		
Strathmartine	13,091	12,989	13,252	13,442	13,449		
The Ferry	11,022	10,620	11,957	11,330	11,258		
West End	7,999	8,188	8,866	9,008	9,195		

Source: NHS Tayside BSU

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

Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data
- The rate of emergency admissions was higher in Dundee than the Scottish rate in 2018/19Q2.
- Dundee has been creeping up the rankings from 13th highest in 2017/18Q1 to 10th highest in 2018/19Q2.
- Dundee performed better than 6 of the other 7 family group Partnerships.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data
- 5.5% increase in Dundee rate. All Localities have shown an increase which is a deterioration in performance.
- The rate for Dundee increased from 11,937 per 100,000 in 2015/16 to 12,578 per 100,000 in 2017/18, however decreased in 2018/19 Q1 with a slight increase again in 2018/19 Q2.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - NHS Tayside BSU data
- Improved rates in Lochee (0.94%), Maryfield (0.54%), North East (1.75%) and The Ferry (0.64%).
- Declining rates in Coldside (0.93%), East End (1.01%), Strathmartine (0.05%) and West End (2.08%).

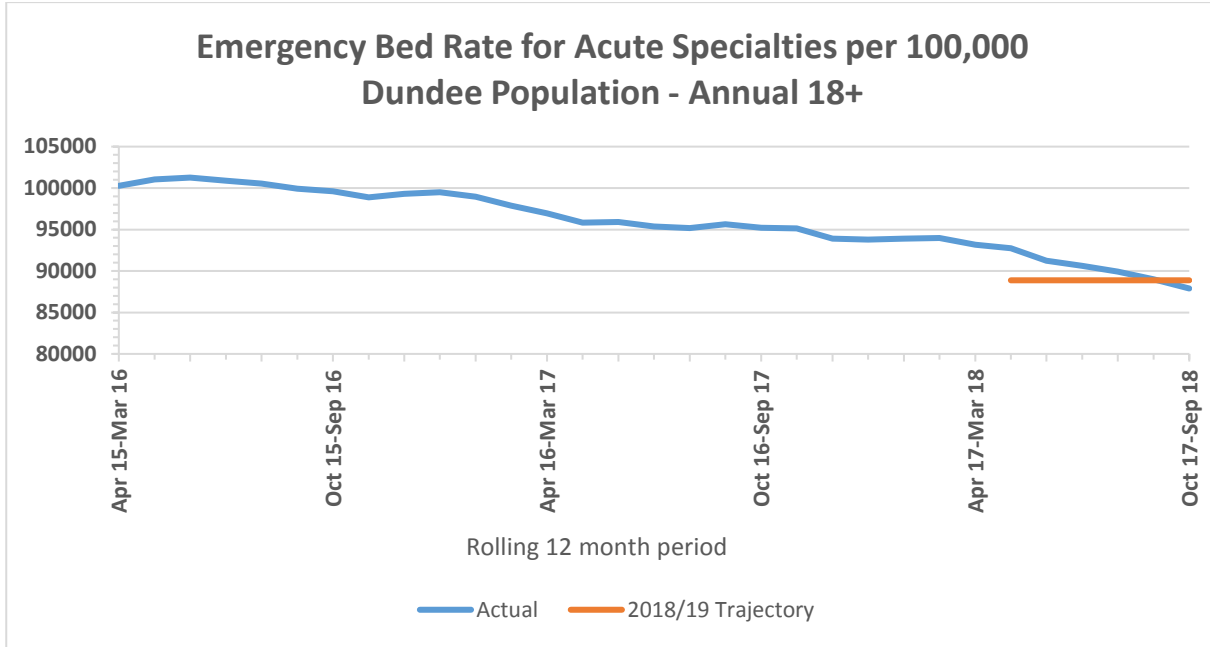**Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data**
- West End had the lowest rate with 9,195 emergency admissions per 100,000 people in 2018/19 Q2, followed by Maryfield and The Ferry. The East End rate was 43.5% higher than the West End rate.
- East End had the highest rate with a rate of 16,310. All 8 LCPPs saw an increase in their rates since the 2015/16 baseline year. The lowest increase was in The Ferry (2.14%) and the highest increase was in West End (14.95%).

HSCP Operational Lead (s)	*Jenny Hill and Mike Andrews*
Actions to Improve Performance	- Continue to develop ECS/DECSA, intermediate care options and care home model - Implement urgent care actions in Primary Care Improvement Plan - Continue to develop respite options - Continue polypharmacy work - Anticipatory Care Planning work - Development/extension of models for people under 65 with complex needs
Timescale for Improvement	March 2020

**Service Delivery Area: Emergency Bed Days**

Measuring Performance Under Integration

Chart 6: *Emergency Bed Day Rate per 100,000 Dundee Population - Performance Against MPUI Target Trajectory*

Emergency Bed Rate for Acute Specialties per 100,000 Dundee Population - Annual 18+

Rolling 12 month period

— Actual   — 2018/19 Trajectory

Source ISD: ISD MSG Indicators

Chart 7: *Emergency Bed Day Numbers - Performance Against MPUI Target Trajectory*

Emergency Bed Day Numbers for Acute Specialties - Annual 18+

Rolling 12 month period

— Actual   — 2018/19 Trajectory
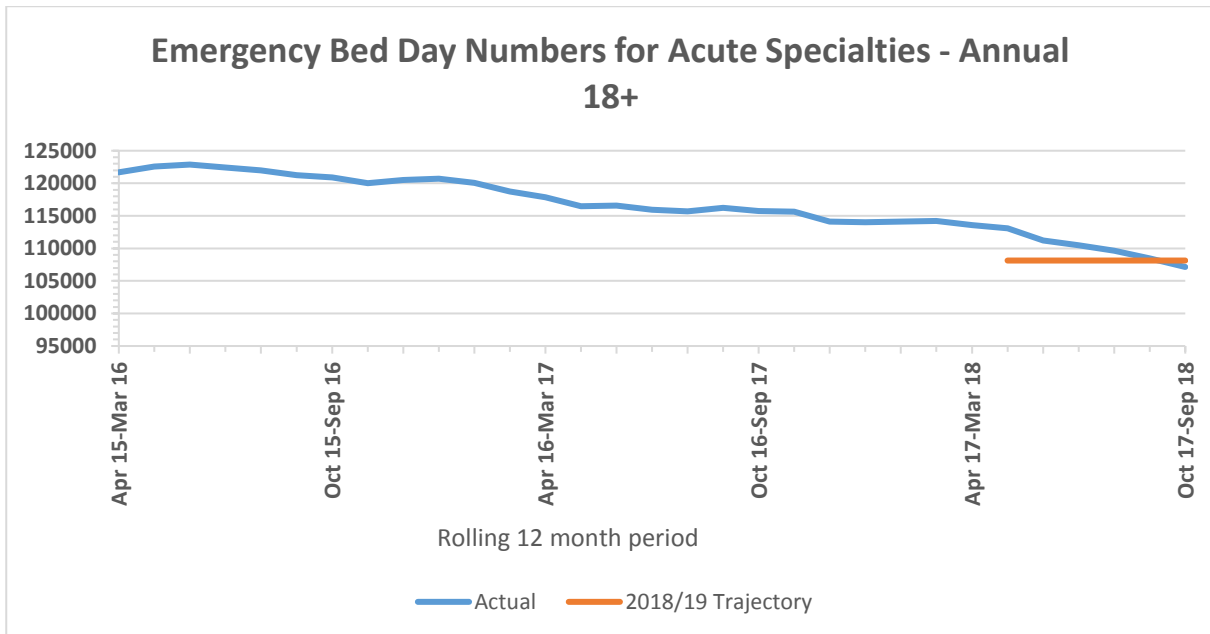
Source ISD: ISD MSG Indicators

National Health and Wellbeing Indicator 13 – Emergency Bed Days

Chart 8: *Rate of Emergency Bed Days 18+ Benchmarking 2018/19 Q2*
(Emergency Bed Days include Acute, Geriatric Long Stay and Mental Health specialties)

Emergency Bed Day Rate per100,000 Population 18/19 Q2 18+
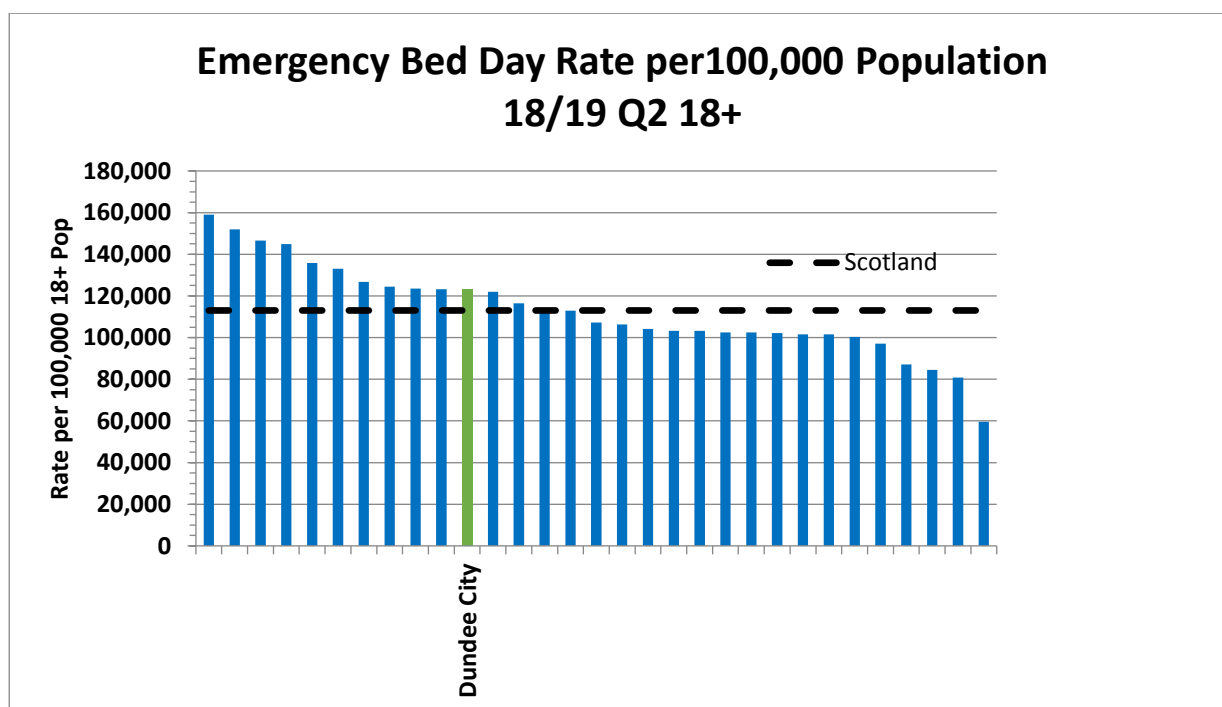
Source: ISD MSG Indicators

Notes: Geriatric Long Stay (GLS) beds for 2018/19Q2 are unavailable due to data incompleteness.
The average of the previous 3 quarters (2017/18Q3,Q4 and 2018/19Q1) for GLS was imputed for 2018/19Q2.

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

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	132,959	127,834	118,254	116,020	108,248		
Coldside	162,998	165,823	141,442	134,988	130,075		
East End	182,267	160,621	141,233	137,878	136,963		
Lochee	162,113	165,775	155,378	149,618	137,877		
Maryfield	106,639	97,080	93,247	89,281	79,170		
North East	112,671	101,067	103,739	104,908	99,229		
Strathmartine	123,877	122,113	114,824	117,809	108,734		
The Ferry	126,326	124,067	120,221	118,261	107,547		
West End	98,143	93,207	84,149	83,963	76,945		

Source: NHS Tayside BSU

Note: Emergency Bed Days are under-reported as data for Mental Health Beds has not been included. This is currently under investigation.

Chart 9: *Rate of Emergency Bed Days per 100,000 Population - 18+ by Locality*
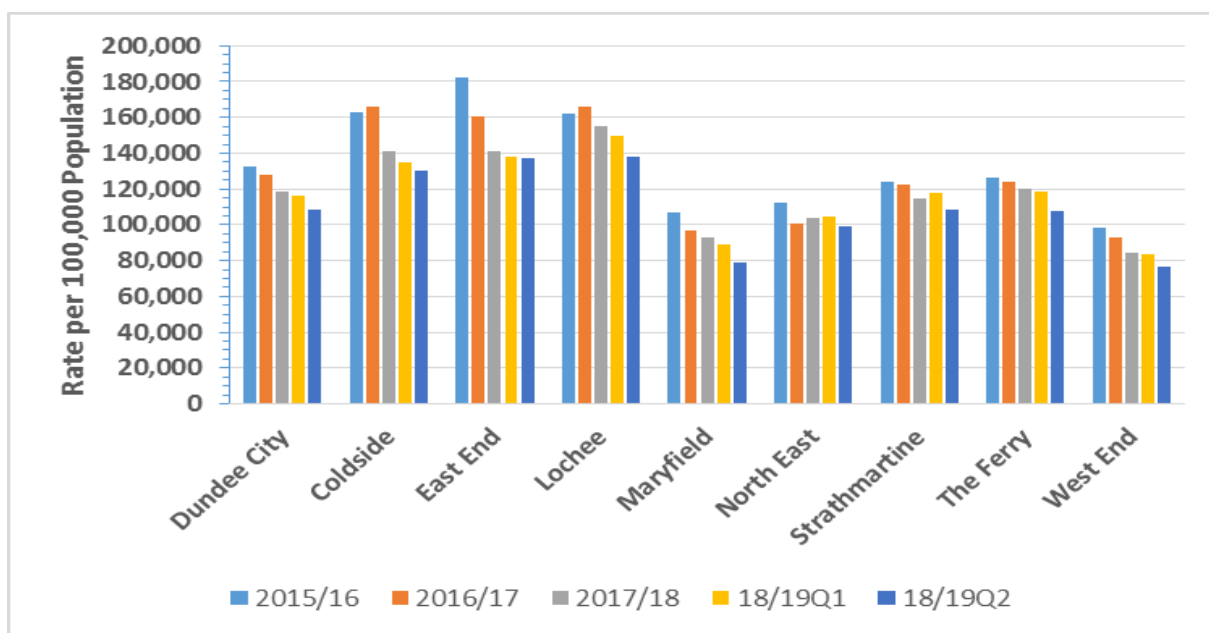
Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data
- The emergency bed day rate was higher in Dundee than the Scottish rate.
- Dundee dropped from 8th highest in 2017/18 to 11th highest in 2018/19 Q2.
- For Acute specialties, Dundee City performed better than 6 other family partnerships.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data
- The rate for Dundee decreased by 18.59% (from 132,959 per 100,000 in 2015/16 to 108,248 per 100,000 in 2018/09 Q2), thus showing an improvement in performance.
- The overall Dundee rate shows a year on year decrease.

Performance Trend between 18/19 Q1 and 18/19 Q2 - NHS Tayside BSU data
- Improved rates between 2018/19 Q1 and Q2 across all Localities.
- Locality showing biggest improvement was Maryfield (11.32%).
- Locality showing smallest improvement was East End (0.66%).

**Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data**
- Lochee (137,877), East End (136,963) and Coldside (130,075) had the highest emergency bed day rates.
- West End (76,945) and Maryfield (79,170) had the lowest emergency bed day rates.

HSCP Operational Lead (s)	*Jenny Hill and Mike Andrews*
Actions to Improve Performance	• Develop locality teams • Test AME (Acute medicine for the Elderly Unit) • Implement the Home and hospital transition Plan • Implement the Unscheduled Care Improvement Actions.
Timescale for Improvement	March 2020

Service Delivery Area: Accident and Emergency

Measuring Performance Under Integration

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

Accident and Emergency Attendances - Annual 18+

Source ISD: ISD MSG Indicators

Analysis

- 2018/19Q2 data shows performance is significantly below the target set for 2018/19. However, the number of A and E attendances has been increasing over the last year.

Service Delivery Area: Readmissions

National Health and Wellbeing Indicator 14 – Readmissions

Chart 11: *Rate of Readmissions to hospital within 28 days of discharge Benchmarking 2018/19 Q2*
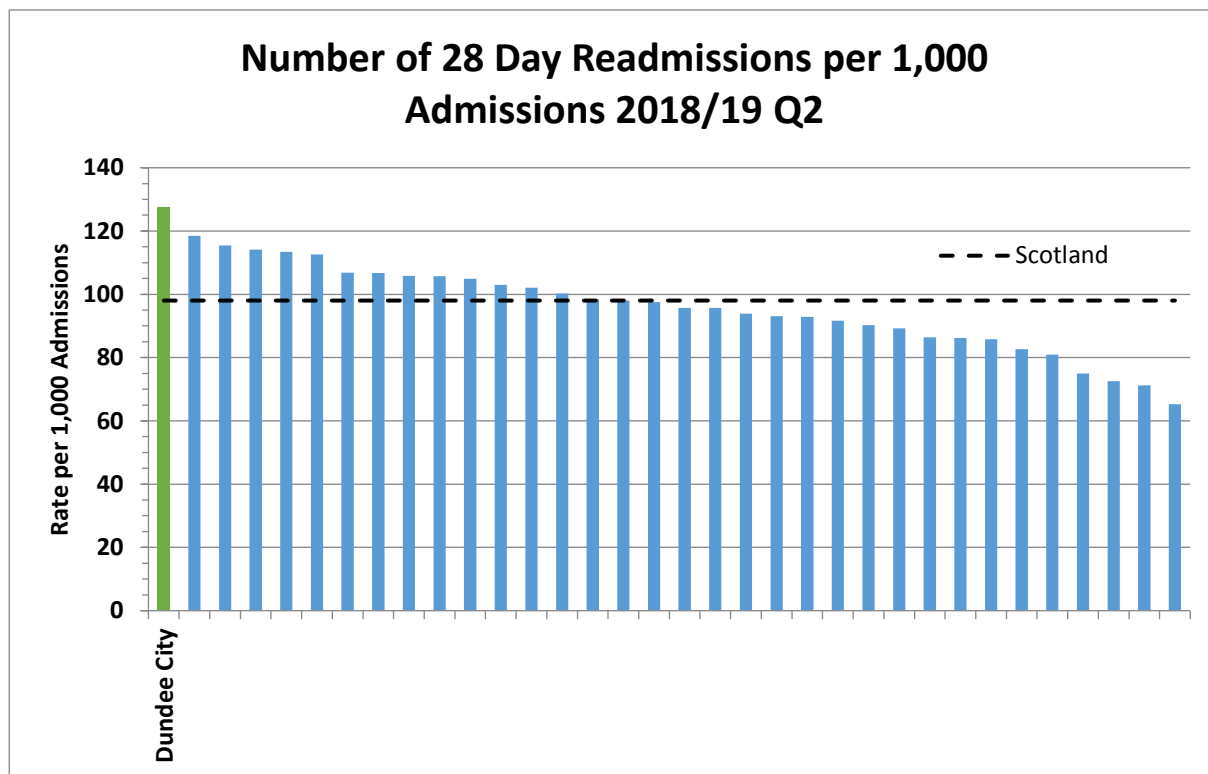
Source: Discovery (Readmissions Residence)

Table 7: *Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	112	117	114	116	127		
Coldside	114	123	121	129	143		
East End	124	119	120	121	131		
Lochee	104	120	123	124	131		
Maryfield	122	121	110	109	126		
North East	110	114	110	113	120		
Strathmartine	116	125	108	112	121		
The Ferry	98	103	112	101	108		
West End	103	107	105	118	132		

Source: NHS Tayside BSU

Chart 12: *Rate of Readmissions within 28 days of discharge per 1,000 admissions - All Ages by Locality*
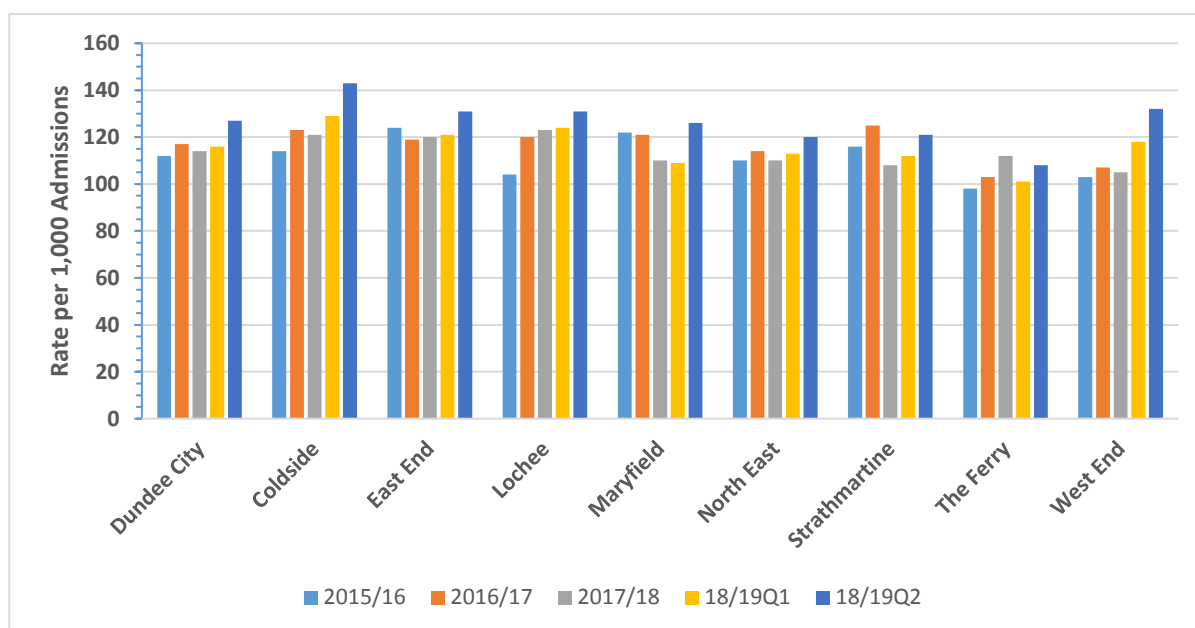
Source: NHS Tayside BSU

Analysis

Benchmarking – ISD MSG data
- The rate of emergency bed days was higher in Dundee than the Scottish rate.
- Dundee was the poorest performing Partnership in Scotland.
- The gap between Dundee and the 2nd poorest performing partnership deteriorated slightly from 5 readmissions per 1,000 admissions in 2018/19Q1 to 9 readmissions per 1,000 in 2018/19Q2.

Difference from 2015/16 Baseline to 2018/19 Q2 - NHS Tayside BSU data
- 13.39% increase in Dundee rate, which is a deterioration in performance.
- The Dundee rate has fluctuated since 2015/16 however 2018/19 Q2 showed the greatest increase from 2015/16 baseline.

Performance Trend between 18/19 Q1 and 18/19 Q2 - NHS Tayside BSU data
- Increased Rates of Readmission between 2018/19 Q1 and Q2 across all Localities.
- Locality showing biggest increase was Maryfield (15.60%).
- Locality showing smallest increase was Lochee (5.65%).

**Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data**
- The highest readmission rate per 1,000 population was in Coldside (143).
- The lowest readmission rate per 1,000 population was in The Ferry (108).

HSCP Operational Lead (s)	*Diane McCulloch, Unscheduled Care Board*
Actions to Improve Performance	• Test AME (Acute medicine for the Elderly Unit) • Further roll out of DECS-A
Timescale for Improvement	March 2020

Service Delivery Area: Falls

National Health and Wellbeing Indicator 14 – Falls

***Chart 13:*** *Falls Admissions Rate 65+ Benchmarking 2018/19 Q2*
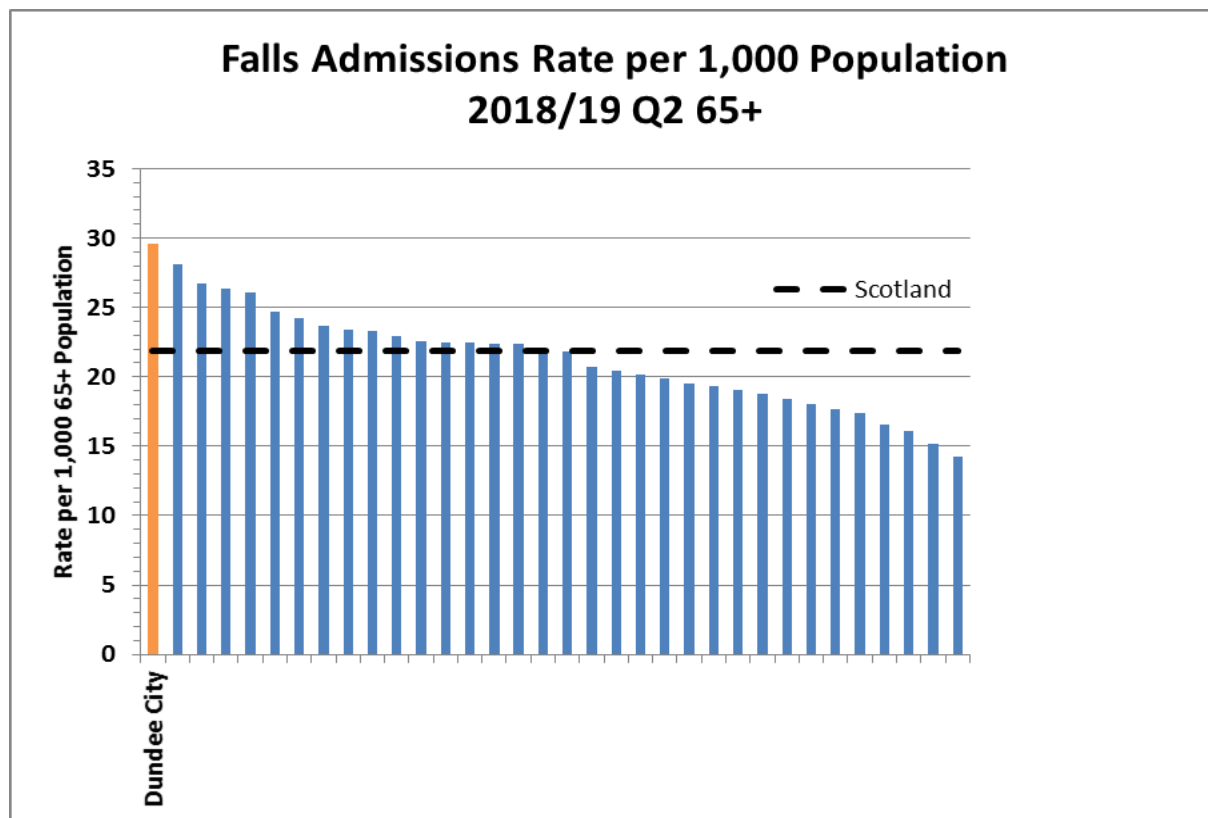
Source: Core Suite of Integration Indicators December 18 (ISD)

Table 8: *Rate of Falls Admissions per 1,000 Population – 65+ by Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Dundee City	24.9	26.0	27.8	29.2	29.3		
Coldside	29.9	28.9	33.6	36.0	34.4		
East End	27.4	29.8	28.8	29.1	32.2		
Lochee	26.6	29.2	29.2	29.8	30.9		
Maryfield	23.2	24.4	29.9	32.4	29.4		
North East	20.5	25.1	22.7	25.1	22.3		
Strathmartine	25.2	23.5	19.5	20.4	20.4		
The Ferry	20.3	19.7	24.2	25.9	28.1		
West End	27.6	32.1	37.7	38.9	37.7		

Source: NHS Tayside BSU

Chart 14: *Rate of Falls Admissions per 1,000 Population – 65+ by Locality*
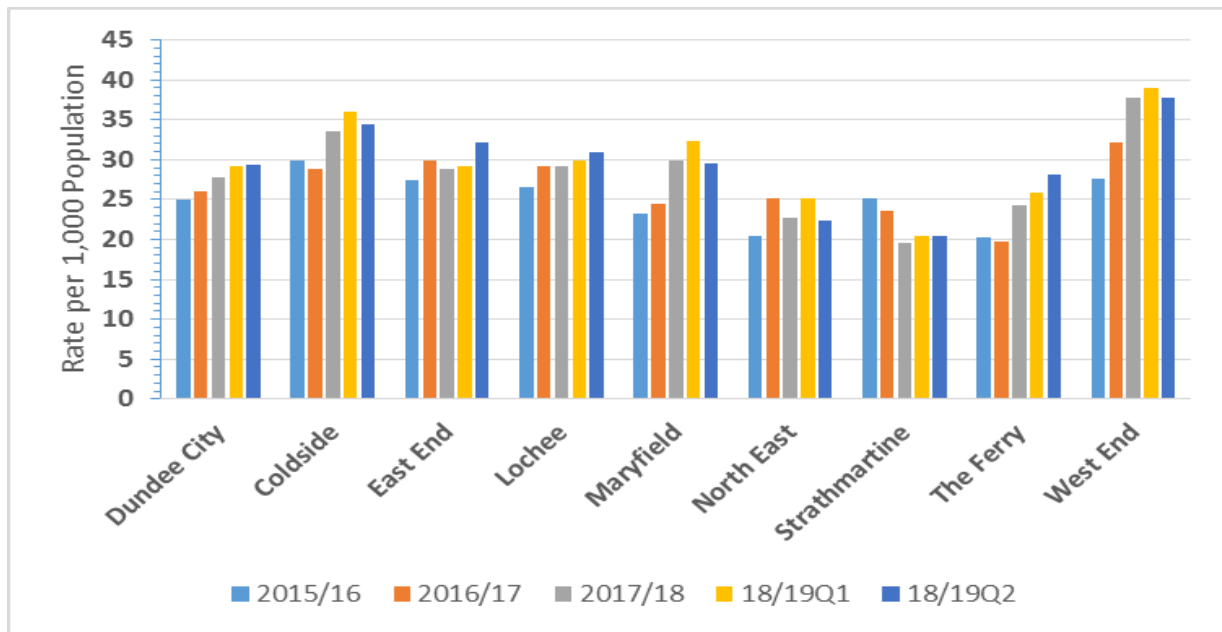
Source: NHS TAYSIDE BSU

Analysis

Benchmarking – ISD MSG data
- The rate of hospital admissions due to a fall in Dundee was higher than the Scottish rate.
- Dundee is the poorest performing partnership in Scotland.

Difference from 2015/16 Baseline to 2018/19Q2 - NHS Tayside BSU data
- 17.67% increase in Dundee rate, which is a deterioration in performance.
- The Dundee rate has shown an increase year on year since the 2015/16 baseline.
- Increases were shown in all Localities except Strathmartine.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - NHS Tayside BSU data
- Improved rates in Coldside (4.44%), Maryfield (9.26%), North East (11.16%) and West End (3.08%)
- No change in Strathmartine
- Worsening rates in East End (10.65%), Lochee (3.69%) and The Ferry (8.49%)

Variation across Localities in 2018/19 Q2 - NHS Tayside BSU data
- West End had the highest rate of falls in Dundee with 37.7 falls related hospital admissions per 1,000 population.
- Strathmartine had the lowest rate with 20.4 falls related hospital admissions per 1,000 population.

| HSCP Operational Lead (s)	*Matthew Kendall*
Actions to Improve Performance	• Supporting the Scottish Ambulance Service Falls and Frailty Pathways in developing non-conveyance to hospital options, supporting patients remaining in their own homes. • Dundee Health and Social Care Partnership will have systems and processes established to enable a broad spectrum of services and partner agencies to identify people at high risk of falls. This may be through a level 1 conversation enquiring about falls and/or completion of a level 1 falls referral tool. • 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. Review of data available to support targeted approach of falls prevention work (NHS, Council, SAS, Fire and Rescue). Explore neighbourhood level data to direct resources to areas most in need
Timescale for Improvement	• Falls prevention is an ongoing challenge which can only be met by robust interagency working and development of community resources. A fall is the outcome of a complex interaction of risk factors, many of which are modifiable. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. If successful, the pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. Continued investment, mainly in people, is required in prevention services such as Otago and Revitalize before the benefits are realised in the acute and long term care settings. The implementation of this local pathway starts this process in Dundee and builds upon the excellent cooperation between all parties who believe in the importance of this work. • A number of actions have been implemented. The cultural change to early intervention and prevention is ongoing and will take time to fully embed. The falls work seeks to create the opportunities for citizens to reduce the likelihood of falls, and to reduce the potential for harm following a fall, as well as ensuring that as broad a range of staff are able to identify and support those at risk, or potentially at risk, from falling. • In terms of a timescale I would anticipate that changes in the data could begin to be seen by the end of 2019.

Service Delivery Area: Delayed Discharges

Measuring Performance Under Integration

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

**Number of Bed Days Lost to Delayed Discharges per 1,000 Dundee Population (All Reasons) Annual 18+**
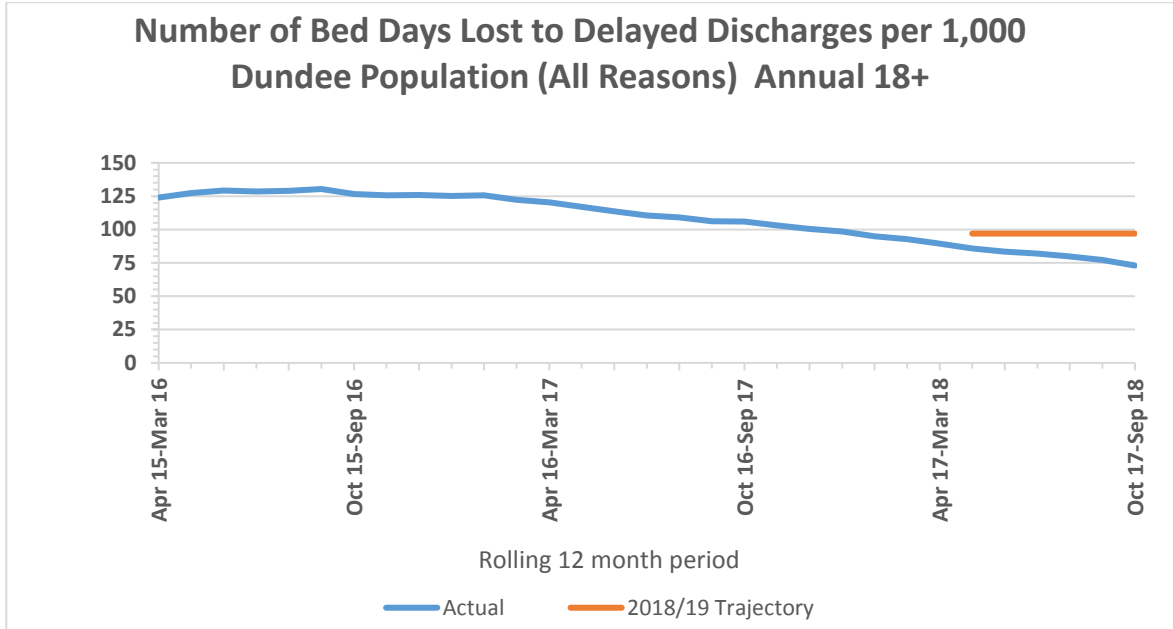
Source ISD: ISD MSG Indicators

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

Number of Bed Days Lost to Delayed Discharges (All Reasons) Annual 18+
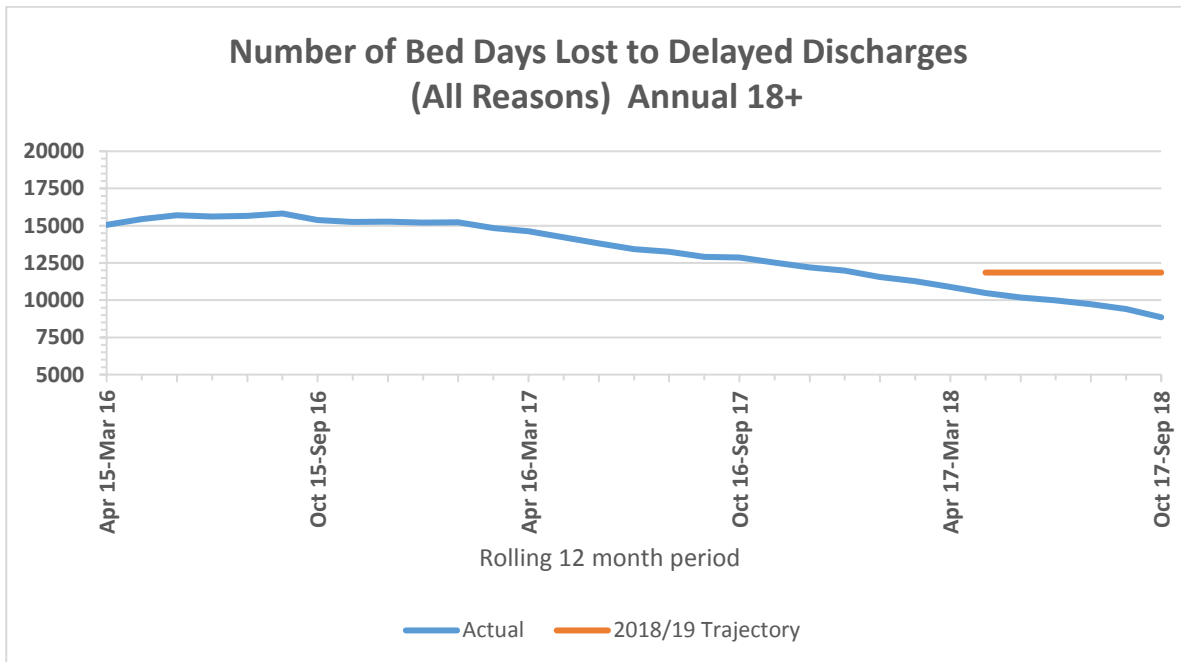
Source ISD: ISD MSG Indicators

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 2018/19 Q2*

**Number of Bed Days Lost to Delayed Discharges per 1,000 Population (All Reasons) 18/19 Q2 75+**
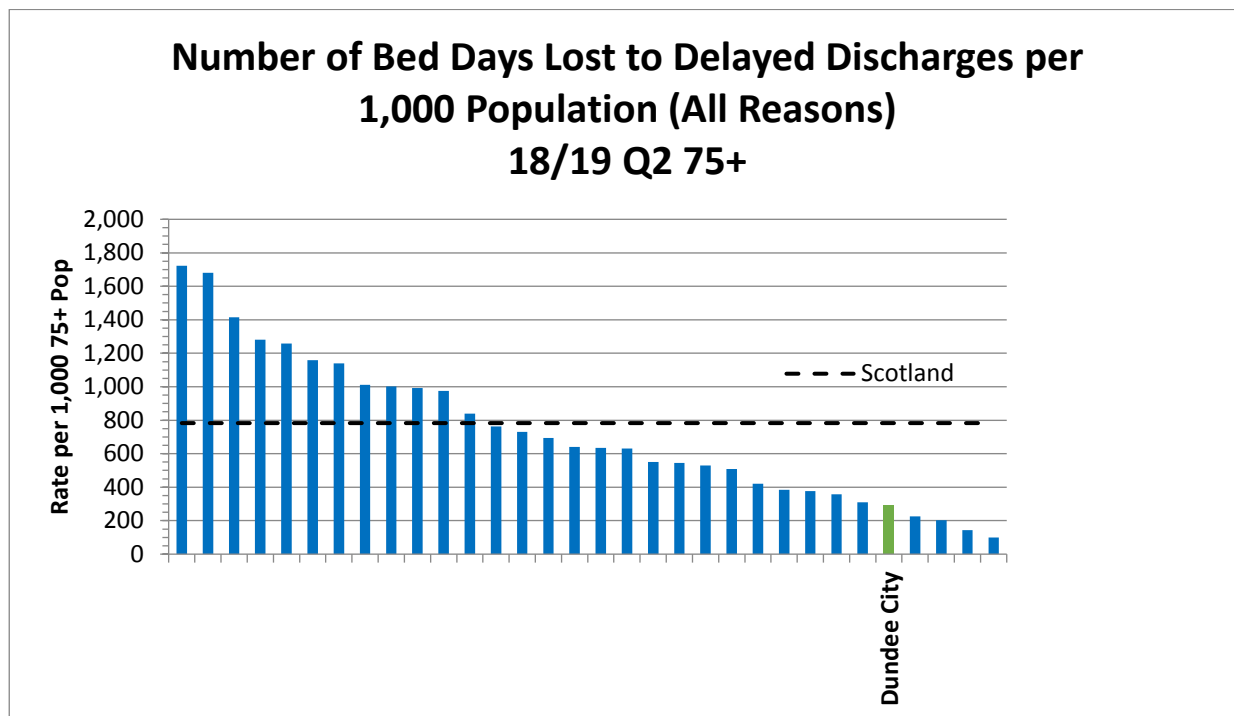
Source: ISD MSG Indicators

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 Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coldside	553	681	327	235	154		
East End	651	836	253	232	235		
Lochee	608	736	273	309	358		
Maryfield	596	626	180	228	204		
North East	473	482	256	240	243		
Strathmartine	491	425	224	227	153		
The Ferry	313	303	147	143	118		
West End	681	457	266	201	155		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

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* <u>*Standard Delays*</u> *by Locality*
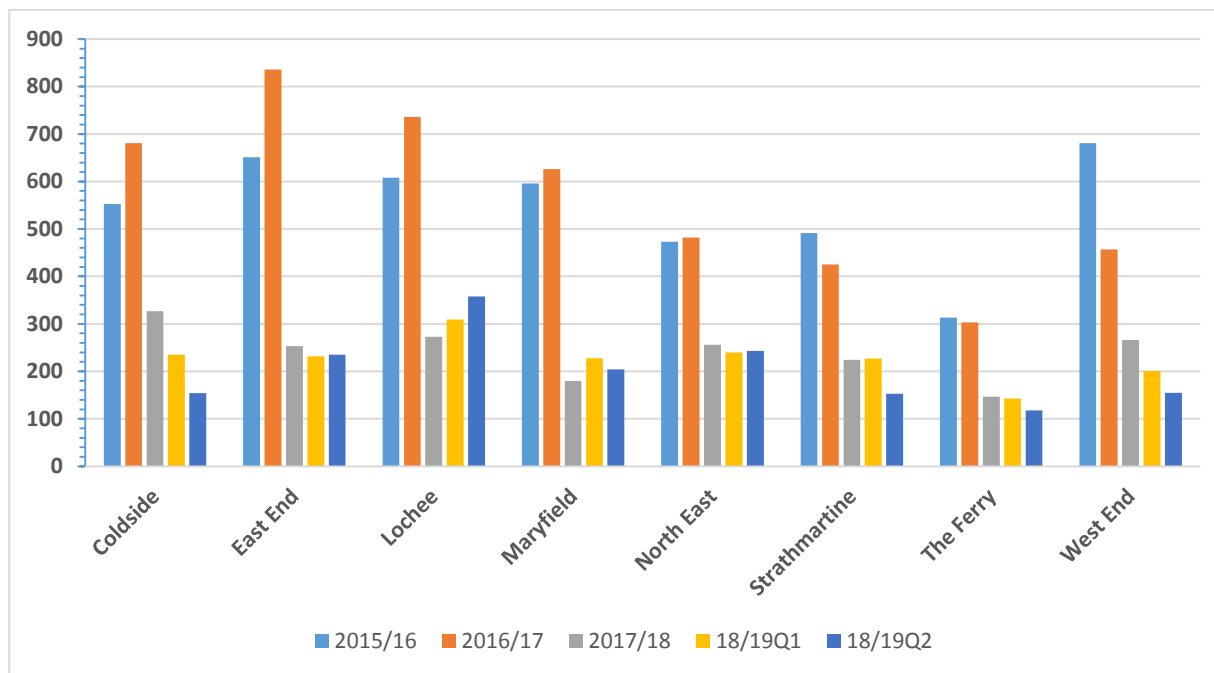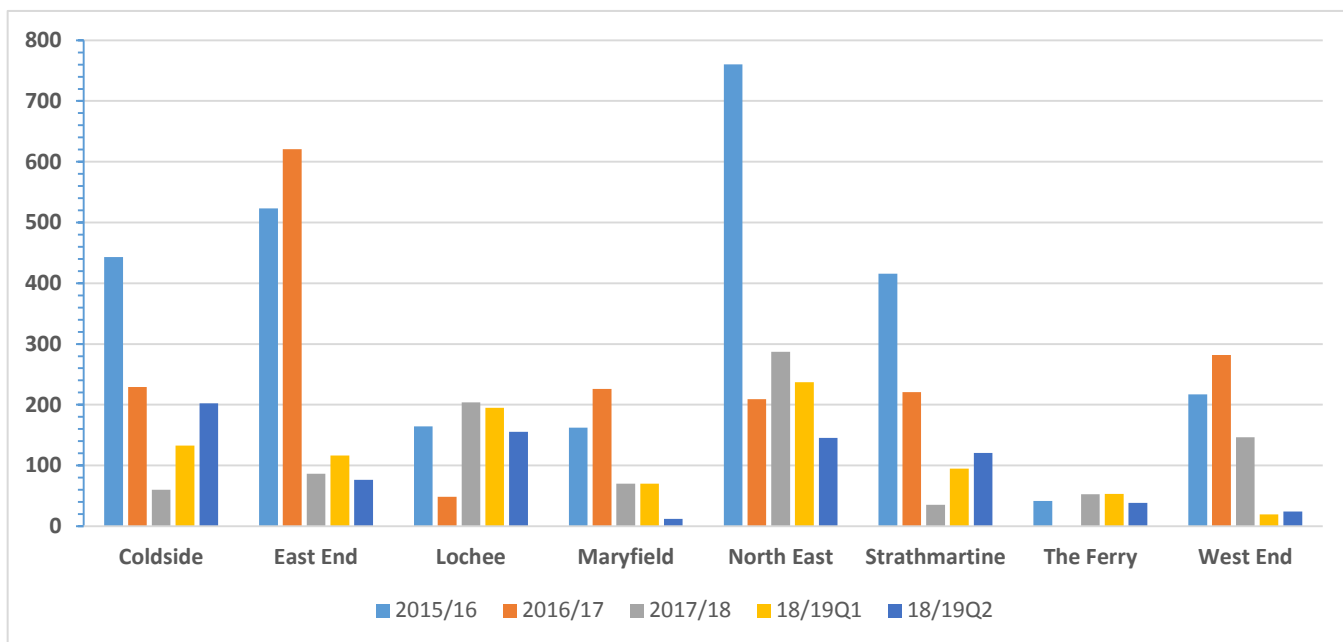

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

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* <u>*Code 9 Delays*</u> *by Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coldside	443	229	60	133	202		
East End	523	620	86	116	76		
Lochee	164	49	204	195	156		
Maryfield	162	226	70	70	12		
North East	760	209	287	237	145		
Strathmartine	416	221	35	95	120		
The Ferry	41	0	53	53	38		
West End	217	282	147	19	24		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

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 <u>Code 9 Delays</u> by Locality*

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Analysis – All, Standard and Code 9 Delays

Benchmarking (All delays 75+) – ISD MSG data
- The rate of bed days lost due to a delayed discharge in Dundee was lower than the Scottish rate.
- There has been an improvement from 8th position 2017/18 to 5th best in Scotland 2018/19 Q2.
- At the end of 2017/18, 4 of the family partnerships performed better than Dundee. At the end of 2018/19 Q2, only one family partnership performed better than Dundee.

Difference from 2015/16 Baseline to 2018/19 Q2 - Edison data
- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 64.4%, which is a significant improvement.
- All Localities have shown a decrease in bed days lost to both Standard and Code 9 Delays for those aged 75+.

Performance Trend between 18/19 Q1 and 18/19 Q2 - Edison data
- Improved rates for Standard Delays in Coldside (52.6%), Maryfield (10.53%), Strathmartine (32.6%), The Ferry (17.48%) and West End (22.89%) for those aged 75+
- Declining rates for Standard Delays in East End (1.29%), Lochee (15.86%) and North East (1.25%) for those aged 75+
- Improved rates for Code 9 Delays in East End (34.48%), Lochee (20%), Maryfield (82.86%), North East (38.82%) and The Ferry (28.3%) for those aged 75+
- Declining rates for Code 9 Delays in Coldside (51.88%), Strathmartine (26.32%) and West End (26.32%) for those aged 75+.

*Variation across Localities in 2018/19 Q2 - Edison data*
- Lochee (358) has the highest rate of Standard Delays for those aged 75+, followed by North East (243) and East End (235). The Ferry has the lowest rate at 118.
- Coldside (202) has the highest rates of Code 9 Delays for those aged 75+. Maryfield has the lowest rate at 12, followed by West End at 24.
- Overall, Lochee (514) has the highest rate of delays for All Reasons for those aged 75+. The Ferry has the lowest rate at 156.

Table 11: *Number of Bed Days Lost to Complex Delayed Discharges - All Ages by Locality*

	2015/16	2016/17	2017/18	18/19Q1	18/19Q2	18/19Q3	2018/19
Coldside	1112	780	551	704	660		
East End	1204	1246	525	473	318		
Lochee	809	708	784	728	691		
Maryfield	438	933	893	479	481		
North East	638	164	339	412	429		
Strathmartine	675	507	584	693	632		
The Ferry	440	365	153	147	106		
West End	529	500	671	547	554		

Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Chart 20: *Number of Bed Days Lost to Complex Delayed Discharges - All Ages by Locality*
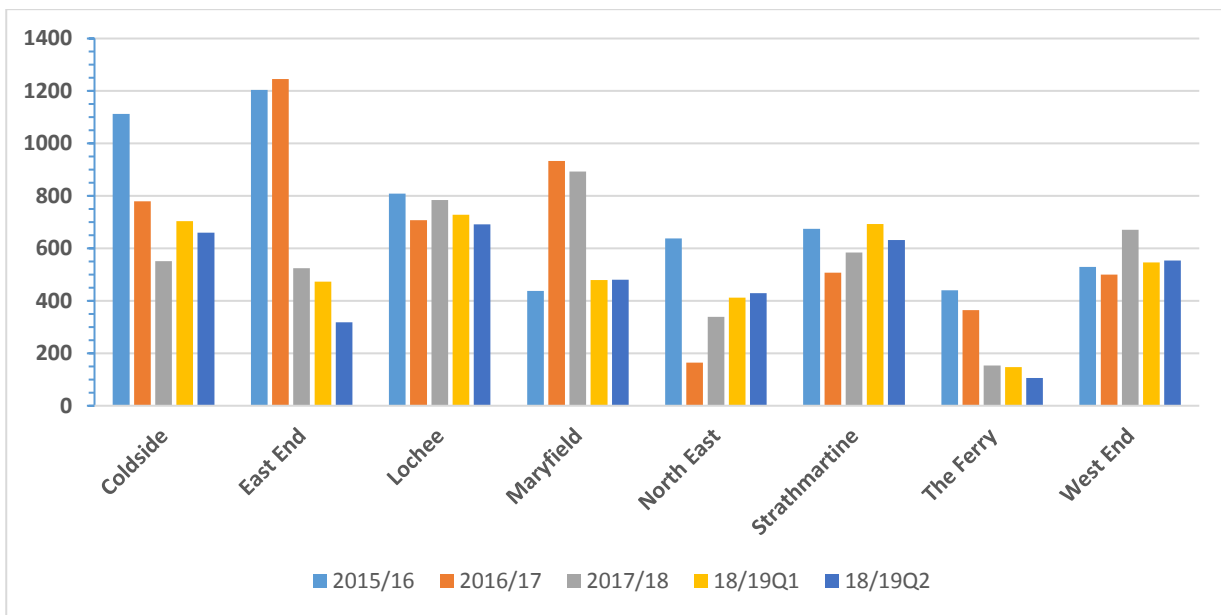
Source: Edison (excludes codes 100, 42T, ESDS and ICF)

Analysis – Complex Delays

Difference from 2015/16 Baseline to 2018/19 Q2 - Edison data
- 22.99% improvement in bed days lost in Dundee 2018/19 Q2 from 2015/16 baseline.
- All Localities have shown an improvement except for Maryfield and West End who showed a deterioration of 9.82% and 4.73% respectively.

Performance Trend between 2018/19 Q1 and 2018/19 Q2 - Edison data
- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 3.41% between 2018/19 Q1 and Q2 which is an improvement.
- There were fewer complex days lost in 2018/19Q2 in Coldside (6.25%), east End (32.77%), Lochee (5.08%), Strathmartine (8.80%) and The Ferry (27.89%).
- There were more days lost in 2018/19Q2 in Maryfield (0.42%), north East (4.13%) and West End (1.28%)

Variation across Localities in 2018/19 Q2 - Edison data
- Lochee had the highest number of complex bed days lost for people all ages in Dundee at 691, closely followed by Coldside with 660 and Strathmartine with 632.
- The Ferry had the lowest number at 106.

HSCP Operational Lead	*Alexis Chappell, Arlene Mitchell and Lynne Morman*
Actions to Improve Performance	Although there are multiple improvement measures underway, the 3 main areas of focus are: • Expansion and embedding of the 'Discharge to Assess' model which improves outcomes for people and reduces bed days lost by promoting earlier discharge. This model is already providing evidence that the need for social care services and admission to care homes is reduced as a result of completion of assessment in a community setting. This approach is now being promoted on a Tayside wide basis. • Development of Acute Frailty Model into 12 bedded Acute Medicine for the Elderly unit supported by the Integrated Discharge Hub. This promotes prevention of admission, and the use of more community based treatment and support • Continued 7 day working to promote consistent management of capacity and flow over a 7 day period
Timescale for Improvement	The 3 priorities listed above are already in place, but in early stages of development. It is anticipated that these will be fully implemented by end June 2019.