



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 28 SEPTEMBER 2022

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 1

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC20-2022

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. This report also sets out a revised approach and format for quarterly performance reports based on feedback received from Integration Joint Board Members and internal audit colleagues.

**2.0 RECOMMENDATIONS**

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

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

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 REVISION OF QUARTERLY PERFORMANCE REPORT**

4.1 The Partnership's approach to quarterly performance reporting has been constantly evolving since the establishment of the Integration Joint Board in 2016. Until Quarter 4 2020/21 the overall format of the quarterly performance report had been in place for four years, with only summary reports being provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances. Following consultation with members of the Performance and Audit Committee and also taking into account feedback received via the '2020-21 Annual Governance Report', through discussion with the Chief Internal Auditor and through the process of undertaking the Dundee IJB Performance Management internal audit, the format and content of quarterly performance reports was revised in Quarter 1 2020/21.

4.2 Following a request from the Performance and Audit Committee, officers are working to amend the format for the performance summary to include an illustration of where variation in monthly data follows a normal pattern within statistical limits, using a technique called Statistical Process Control. This change will allow the Committee to understand variation which may or may not be within the control of the Partnership and implement improvement strategies where necessary. In addition,

where data is available, long-term trend charts contained within appendix 3 are to be updated to demonstrate performance benchmarked against the Partnership's Family Group. Work is also being progressed to identify local indicators for mental health and drug and alcohol service areas for incorporation into the quarterly report format. These aspects are being progressed as resource is available within the Strategy and Performance Service; updates on progress will be provided as part of forthcoming quarterly performance reports.

## **5.0 QUARTER 1 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES**

5.1 Key analytical messages for the Quarter 1 2022/23 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance poorer than the 2015/16 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, % care services graded good, standard bed days lost to delayed discharges 75+.
- Despite having a deteriorating rate of emergency admissions 18+, with performance across most LCPPs being poorer than the 2015/16 baseline, performance is 2<sup>nd</sup> best out of the 8 family group partnerships. Although performance is poorest out of the 3 Tayside Partnerships.
- The number of emergency admissions from A+E has increased over the last 4 quarters although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last 4 quarters (both are higher than the 2015/16 baseline).
- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement although the rate has increased (deteriorated) in Maryfield and The Ferry. Performance is best in the family group and 2<sup>nd</sup> out of the 3 Tayside Partnerships.
- 91.7% of the last 6 months of life was spent at home or in a community setting and this is higher than the 2015/16 baseline of 86.6% (improvement) and although performance across Scotland is similar, it is 5<sup>th</sup> out of the 8 family group partnership and is 3<sup>rd</sup> out of the 3 Tayside partnerships.
- Rate of hospital admissions due to a fall for aged 65+ is 29% higher than the 2015/16 baseline and is higher in every LCPP except North East. Dundee is the 2<sup>nd</sup> poorest (behind Glasgow) of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. A full analytical and improvement update regarding falls has been submitted to the Performance and Audit Committee (see report PAC21-2022).
- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline.
- Rate of bed days lost to a standard delayed discharge for age 75+ is 54.2% more than the 2015/16 baseline, performance deteriorated in all LCPPs and there was an increase in every quarter over the last 4. At Q1 the LCPP with the highest rate was Lochee (1,158) and the LCPP with the lowest rate was North East (520). It should be noted that Dundee performed significantly better than the Scottish position for national indicator 19 (delayed discharge all reasons) from 2017/18 until 2019/20. During 2020/21 and 2021/22, in common with many Partnerships across Scotland, performance was negatively impacted by the circumstances associated with the COVID-19 pandemic.
- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 39% less than the 2015/16 baseline, with increases across 3 LCPPs (Lochee, Maryfield and The Ferry). Performance has improved over the last 4 quarters.

- During Q1 2022/23 98% of all discharges were not delayed.

5.2 Quarterly and locality data for rate of readmissions within 28 days is not currently available. The Business Support Unit (BSU) at NHS Tayside is currently revising the recording procedures for readmissions to improve accuracy and benchmarking. The impact of changes to recording practice on data utilised to calculate the readmissions indicator is currently being monitored by the BSU, with a full update due to be provided to the Partnership in mid-November 2022.

5.3 Following feedback from Performance and Audit Committee members regarding content in the quarterly and annual performance reports related to delayed discharge work is being progressed to revise the content and format of the Discharge Management report provided to PAC on a periodic basis. Recent changes to data reporting and analysis made by the Unscheduled Care Board, under which discharge management sits, are being worked through and the Partnership's urgent care lead and Strategy and Performance Service will subsequently review the PAC Discharge Management report in full. It is intended to submit a revised report to PAC in November 2022.

## 6.0 POLICY IMPLICATIONS

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

## 7.0 RISK ASSESSMENT

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

## **8.0 CONSULTATIONS**

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

## **9.0 BACKGROUND PAPERS**

9.1 None.  
Dave Berry  
Chief Finance Officer

**DATE:** 01 September 2022

Lynsey Webster  
Senior Officer, Strategy and Performance

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2022-23 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	+6.8%	+10%	+7.6%	+4.2%	+6.3%	+12.4%	+12.5%	+3.3%	-0.8%
Emer Bed Days rate per 100,000 18+	-7%	-7.0%	-8.5%	-10.7%	-4.6%	-2.6%	+4.2%	-24.8%	+1.1%
Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	+29%	+44%	+15%	+17%	-2%	+12%	+58%	+30%	+48%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+54.2%	+90.5%	+43.6%	+24.6%	+14.3%	+28.0%	+54.2%	+14.9%	+146.2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-39.0%	+62.5%	-72.0%	-36.6%	-100%	-84.5%	+112.3%	-55.2	+300.2%

\* The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23

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**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2022-23 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+	12,752	15,136	17,018	14,293	12,370	14,715	11,149	8,264	10,933
Emer Bed days rate per 100,000 18+	123,666	150,707	166,768	145,575	107,458	120,671	111,099	73,847	127,720
Readmissions rate per 1,000 Admissions									
Hospital admissions due to falls rate per 1,000 65+	32.1	38.3	31.5	35.0	20.2	28.3	36.6	35.8	30.0
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	811	1,158	935	690	540	628	919	783	771
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	179	267	147	281	0	63	344	97	165

Source: NHS Tayside data

\* The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23

Key:  Improved/Better  Stayed the same  Declined/Worse

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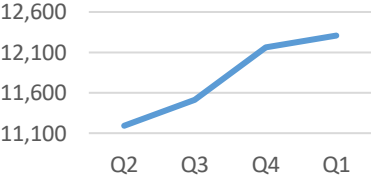
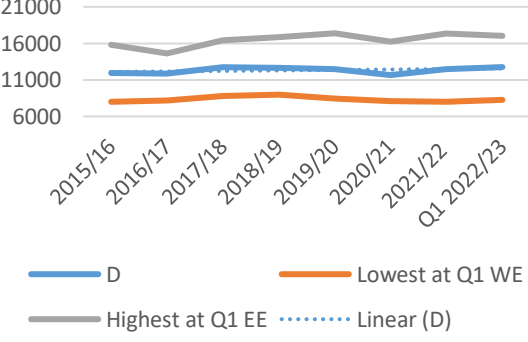
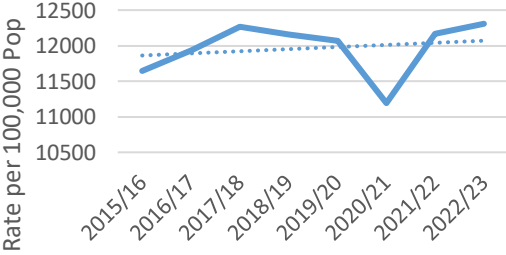
**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2022-23 compared to Dundee**

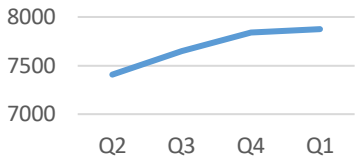
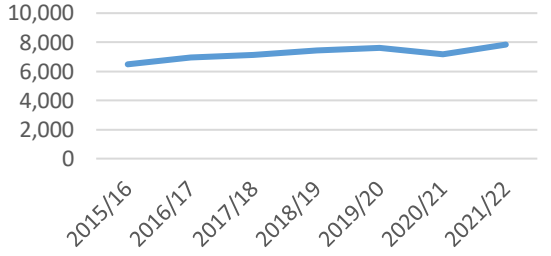
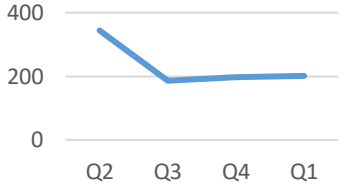
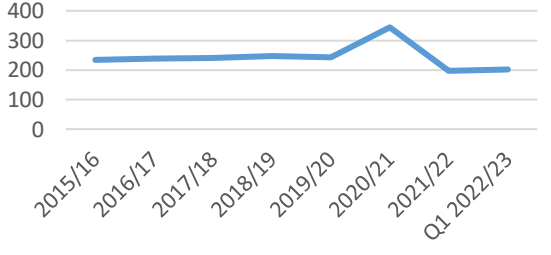
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

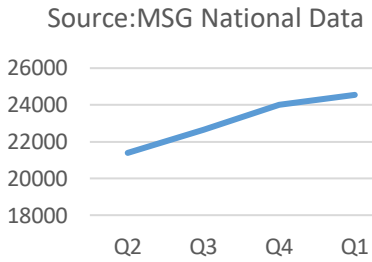
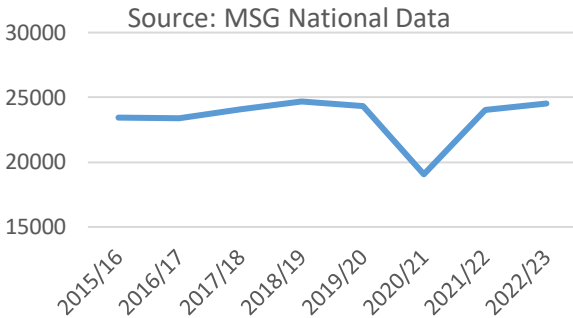
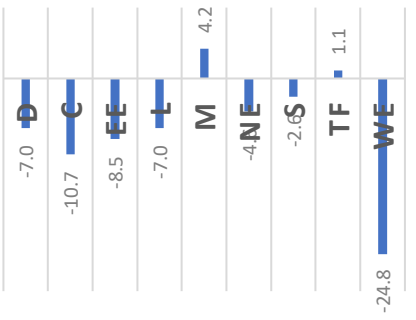
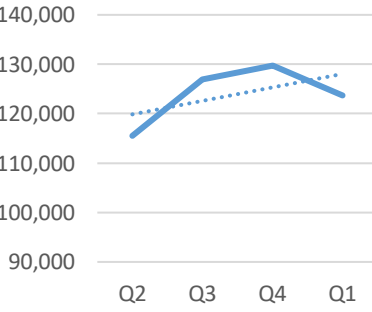
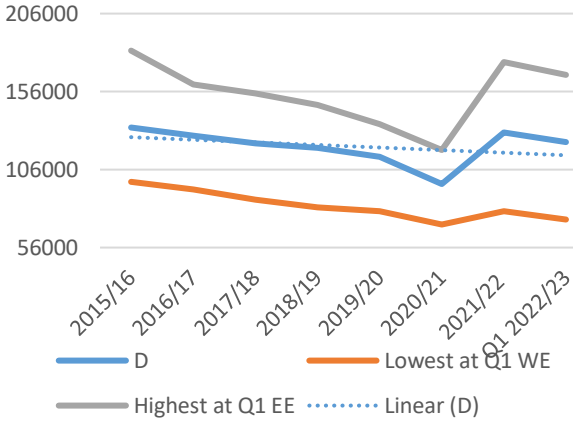
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*	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

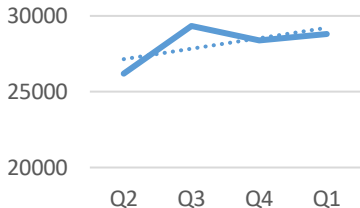
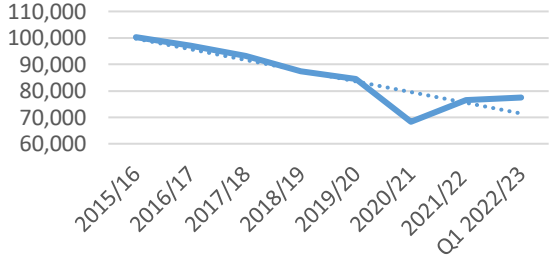
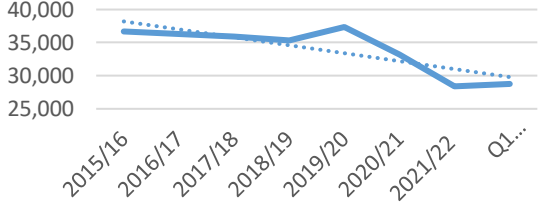
\* Difference from 15/16 baseline, short-term trend and long-term trend cannot be reported for national indicators 1 to 9 as these are reported from the biannual national Health and Social Care Experience Survey. Changes to the survey methodology made between 2017/18 and 2019/20 also mean that data is incomparable longitudinally.

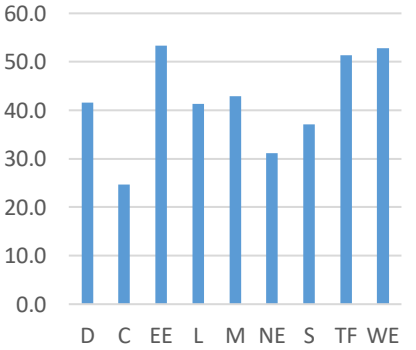
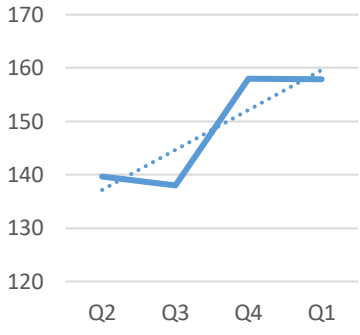
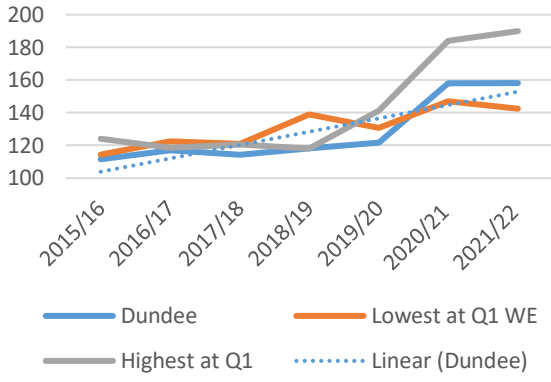
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6.% of people with positive experience of care at their GP practice*				16th	3rd (67%)	3rd												
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 <sup>th</sup> (72%)	3rd												
8.% of carers who feel supported to continue in their caring role*				26th	7 <sup>th</sup> (27%)	3rd												
9.% of adults supported at home who agreed they felt safe*				20th	7 <sup>th</sup> (77%)	3rd												
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally															
11. Premature mortality rate per 100,000 persons	6% less in 20/21 than 15/16 (improved)	Not Available	<table border="1"> <caption>Premature mortality rate per 100,000 persons (2016-2020)</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>575</td> </tr> <tr> <td>2017</td> <td>555</td> </tr> <tr> <td>2018</td> <td>540</td> </tr> <tr> <td>2019</td> <td>545</td> </tr> <tr> <td>2020</td> <td>605</td> </tr> </tbody> </table>	Year	Rate	2016	575	2017	555	2018	540	2019	545	2020	605	29th	7 <sup>th</sup>	3rd
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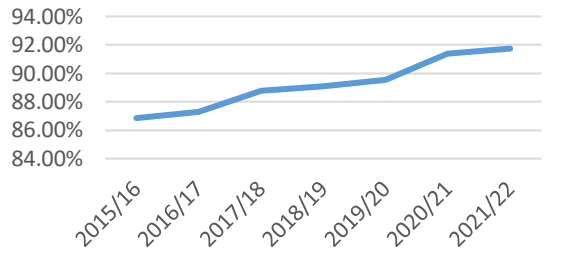
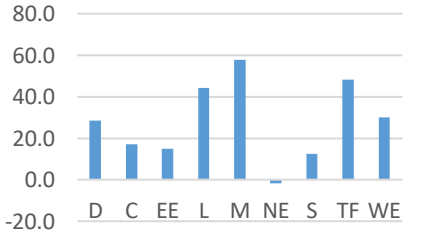
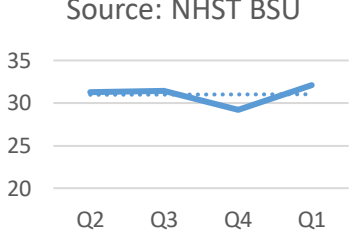
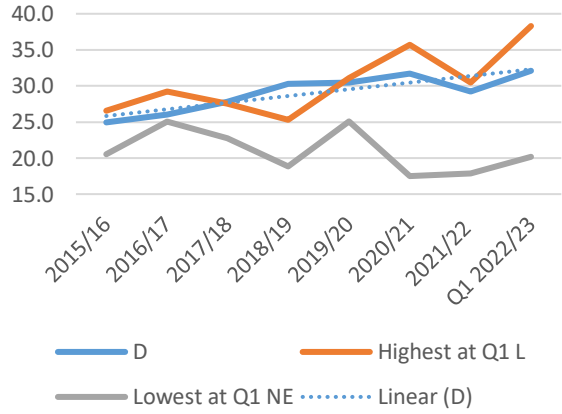
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<b>12. Emer Admissions rate per 100,000 18+</b>	6.2% (877 admissions) more in Q1 22/23 than 2015/16 (deterioration) (source: MSG)	Source: MSG National Data 	Source: NHST BSU  Source: National MSG Data 	22nd	2nd	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,392 more attendances in Q1 22/23 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	44 higher at Q1 2022/23 than 2015/16	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	Not Avail	Not Avail	Not Avail

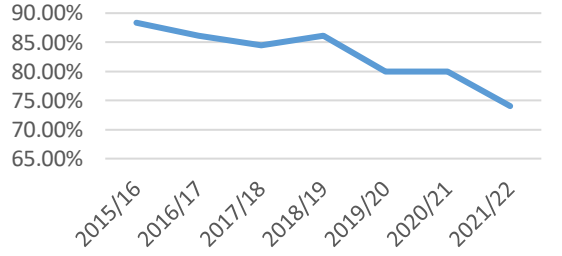
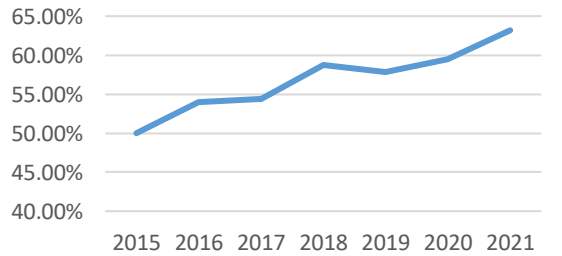
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Accident & Emergency Attendances (MSG)	1,109 more in Q1 2022/23 than 2015/16	Source:MSG National Data 	Source: MSG National Data 	NA as number and not rate	NA as number and not rate	NA as number and not rate
13. Emer Bed days rate per 100,000 18+	SOURCE: NHST BSU  10,449 (6%) less acute bed days in Q1 2022/23 than 2015/16 (improved) (source: NHST BSU)	Source: NHST BSU 		18th	1st	2nd

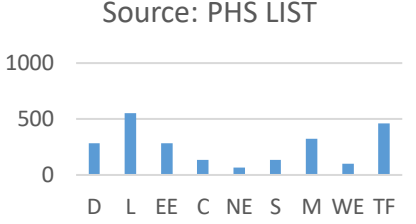
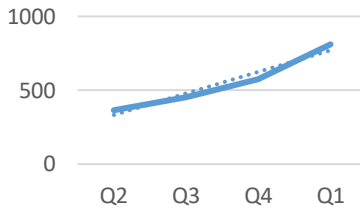
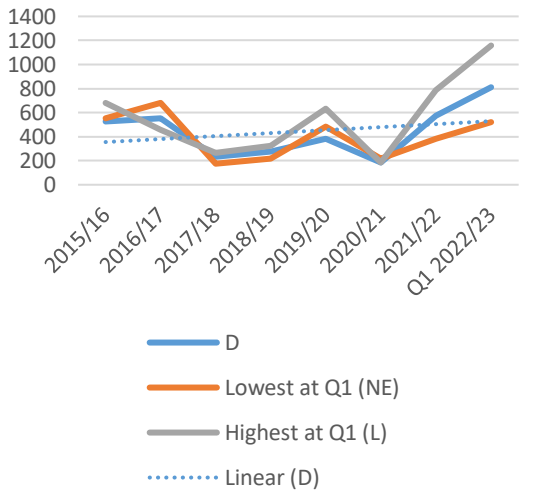
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	<p>9,442 (21%) less mental health bed days in Q1 2022/23 than 2015/16 (improved) (source: MSG)</p>	<p>National MSG Data (Mental Health Specialties)</p>  <table border="1"> <caption>National MSG Data (Mental Health Specialties)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2</td> <td>26,000</td> </tr> <tr> <td>Q3</td> <td>29,000</td> </tr> <tr> <td>Q4</td> <td>28,000</td> </tr> <tr> <td>Q1</td> <td>28,500</td> </tr> </tbody> </table>	Quarter	Value	Q2	26,000	Q3	29,000	Q4	28,000	Q1	28,500	<p>Source: National MSG Data (Acute Specialties)</p>  <table border="1"> <caption>National MSG Data (Acute Specialties)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>100,000</td> </tr> <tr> <td>2016/17</td> <td>95,000</td> </tr> <tr> <td>2017/18</td> <td>90,000</td> </tr> <tr> <td>2018/19</td> <td>85,000</td> </tr> <tr> <td>2019/20</td> <td>80,000</td> </tr> <tr> <td>2020/21</td> <td>65,000</td> </tr> <tr> <td>2021/22</td> <td>75,000</td> </tr> <tr> <td>Q1 2022/23</td> <td>75,000</td> </tr> </tbody> </table> <p>National MSG Data (Mental Health Specialties)</p>  <table border="1"> <caption>National MSG Data (Mental Health Specialties)</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>36,000</td> </tr> <tr> <td>2016/17</td> <td>35,000</td> </tr> <tr> <td>2017/18</td> <td>34,000</td> </tr> <tr> <td>2018/19</td> <td>33,000</td> </tr> <tr> <td>2019/20</td> <td>36,000</td> </tr> <tr> <td>2020/21</td> <td>32,000</td> </tr> <tr> <td>2021/22</td> <td>28,000</td> </tr> <tr> <td>Q1 2022/23</td> <td>28,000</td> </tr> </tbody> </table>	Year	Value	2015/16	100,000	2016/17	95,000	2017/18	90,000	2018/19	85,000	2019/20	80,000	2020/21	65,000	2021/22	75,000	Q1 2022/23	75,000	Year	Value	2015/16	36,000	2016/17	35,000	2017/18	34,000	2018/19	33,000	2019/20	36,000	2020/21	32,000	2021/22	28,000	Q1 2022/23	28,000			
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2019/20	80,000																																																			
2020/21	65,000																																																			
2021/22	75,000																																																			
Q1 2022/23	75,000																																																			
Year	Value																																																			
2015/16	36,000																																																			
2016/17	35,000																																																			
2017/18	34,000																																																			
2018/19	33,000																																																			
2019/20	36,000																																																			
2020/21	32,000																																																			
2021/22	28,000																																																			
Q1 2022/23	28,000																																																			

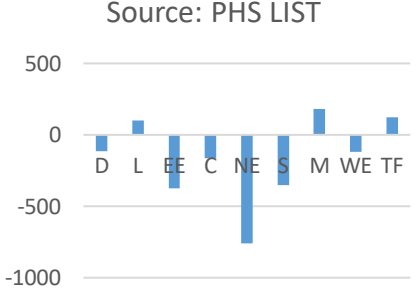
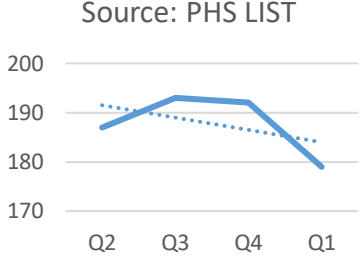
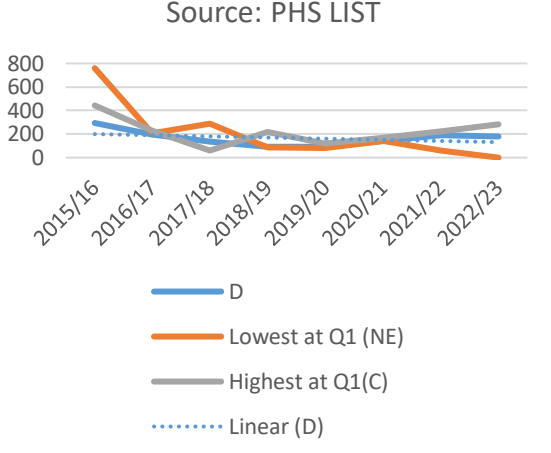
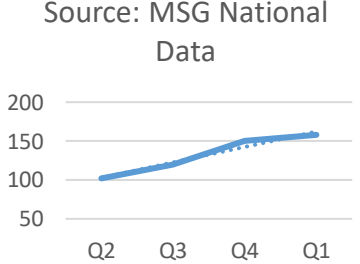
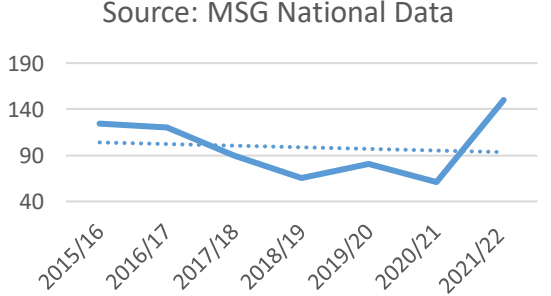
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<p><b>14. Readmissions rate per 1,000 Admissions All Ages*</b></p> <p>* The quarterly and locality data included in this report for rate of readmissions within 28 days is for Q1. The Business Support Unit at NHS Tayside are currently revising the recording procedures for readmissions to improve accuracy and benchmarking. Reporting is expected to recommence Q4 2022/23</p>	 <p>41.6% more at Q1 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End*</p>			29 <sup>th</sup>	8 <sup>th</sup>	3 <sup>rd</sup>

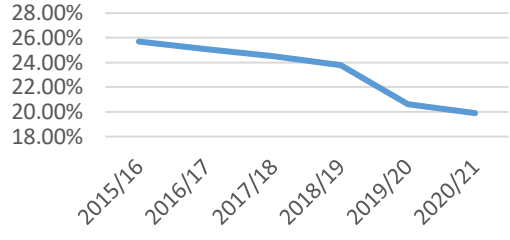
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
<b>15. % of last 6 months of life spent at home or in a community setting</b>	Up from 86.8% in 2015/16 to 91.7% in 2021/22 (improvement)	Not Available	<p>Source: PHS National Data</p>  <table border="1"> <caption>Long Term Trend Data (15. % of last 6 months of life spent at home or in a community setting)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>86.8%</td> </tr> <tr> <td>2016/17</td> <td>~87.5%</td> </tr> <tr> <td>2017/18</td> <td>~89.0%</td> </tr> <tr> <td>2018/19</td> <td>~89.5%</td> </tr> <tr> <td>2019/20</td> <td>~90.0%</td> </tr> <tr> <td>2020/21</td> <td>~91.5%</td> </tr> <tr> <td>2021/22</td> <td>91.7%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	86.8%	2016/17	~87.5%	2017/18	~89.0%	2018/19	~89.5%	2019/20	~90.0%	2020/21	~91.5%	2021/22	91.7%	15th	5th	3rd
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2021/22	91.7%																					
<b>16. Hospital admissions due to falls rate per 1,000 65+</b>	 <p>29% (188 falls admissions) more in Q1 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in Maryfield with 58% increase (deterioration).</p>	<p>Source: NHST BSU</p>  <p>Deterioration between Q4 and Q1. All LCPPs except Maryfield and East End deteriorated between Q4 and Q1. Lochee had the highest rate in Q1 (38.3).</p>	<p>Source: NHST BSU</p>  <p>Legend:  <span style="color: blue;">—</span> D  <span style="color: orange;">—</span> Highest at Q1 L  <span style="color: grey;">—</span> Lowest at Q1 NE  <span style="color: blue;">⋯</span> Linear (D)</p>	31st	7th	3rd																



National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																
<b>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	Dropped from 88.4% in 2015/16 to 74% in 2021/22 (deterioration)	Not Available	<p style="text-align: center;">Dundee (Source PHS)</p>  <table border="1" data-bbox="1160 422 1720 678"> <caption>Dundee (Source PHS) - % care services graded 'good' or better</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>88.4%</td> </tr> <tr> <td>2016/17</td> <td>85%</td> </tr> <tr> <td>2017/18</td> <td>85%</td> </tr> <tr> <td>2018/19</td> <td>86%</td> </tr> <tr> <td>2019/20</td> <td>80%</td> </tr> <tr> <td>2020/21</td> <td>80%</td> </tr> <tr> <td>2021/22</td> <td>74%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	88.4%	2016/17	85%	2017/18	85%	2018/19	86%	2019/20	80%	2020/21	80%	2021/22	74%	28th	8th	3rd
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2021/22	74%																					
<b>18. % adults with intensive care needs receiving care at home</b>	9.2% (115 people) more in 2021 than 2016 (improvement) (note calendar year)	Not Available	<p style="text-align: center;">Source: PHS SOURCE National Data</p>  <table border="1" data-bbox="1160 821 1720 1077"> <caption>Source: PHS SOURCE National Data - % adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>50%</td> </tr> <tr> <td>2016</td> <td>54%</td> </tr> <tr> <td>2017</td> <td>54%</td> </tr> <tr> <td>2018</td> <td>59%</td> </tr> <tr> <td>2019</td> <td>58%</td> </tr> <tr> <td>2020</td> <td>60%</td> </tr> <tr> <td>2021</td> <td>63%</td> </tr> </tbody> </table>	Year	Percentage	2015	50%	2016	54%	2017	54%	2018	59%	2019	58%	2020	60%	2021	63%	23rd	8th	2nd
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National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)</b>	<p>Source: PHS LIST</p>  <p>54.2% increase (deterioration) since 2015/16.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend over the last 4 quarters.</p>	<p>Source: PHS LIST</p>  <p>Legend:  — D  — Lowest at Q1 (NE)  — Highest at Q1 (L)  ..... Linear (D)</p>	NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b>	<p>Source: PHS LIST</p>  <p>Overall 39% improvement since 2015/16 although increase (deterioration) in The Ferry 300%, Lochee 63% and Maryfield 112%.</p>	<p>Source: PHS LIST</p>  <p>Deteriorating trend since Q3.</p>	<p>Source: PHS LIST</p> 	NA	NA	NA
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	<p>4,270 more bed days lost in Q1 2022/23 than 2015/16 (deterioration)</p> <p>98% of all discharges were not delayed.</p>	<p>Source: MSG National Data</p> 	<p>Source: MSG National Data</p> 	NA	NA	NA

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst														
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	5.8% less in 2020/21* than 2015/16 (improvement)  *latest data available	Not Available	<p style="text-align: center;">Source: PHS</p>  <table border="1" data-bbox="1160 422 1668 662"> <caption>Long Term Trend Data</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>25.8%</td> </tr> <tr> <td>2016/17</td> <td>25.2%</td> </tr> <tr> <td>2017/18</td> <td>24.8%</td> </tr> <tr> <td>2018/19</td> <td>24.2%</td> </tr> <tr> <td>2019/20</td> <td>20.5%</td> </tr> <tr> <td>2020/21</td> <td>20.0%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	25.8%	2016/17	25.2%	2017/18	24.8%	2018/19	24.2%	2019/20	20.5%	2020/21	20.0%	18th	3rd	3rd
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## APPENDIX 2 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling<sup>2</sup> monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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<sup>2</sup> Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 1 shows the previous 12 months of data including the current quarter. Therefore, Quarter 1 data includes data from 1 July 2021 to 30 June 2022.

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