



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020**

**REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2020-21 QUARTER 1**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: PAC25-2020**

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2020-21 Quarter 1 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.
- 2.4 Notes the improvement actions planned in each performance area as summarised in Appendix 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). Although the Quarter 1 performance report would usually be a summary report, on this occasion a full report has been provided to allow the Performance and Audit Committee to understand and scrutinise early information about the impact of the COVID-19 pandemic on key areas of performance.
- 4.2 The Quarter 1 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 Local Government Benchmarking Framework 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 Public Health Scotland 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). Results from the 2019-20 survey were due to be published, however they have been delayed due to the impact of the COVID-19 pandemic.
- 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 Public Health Scotland for these service areas. Guidance from the Scottish Government was expected early 2020 for the setting of local MPUI targets for 2020-21. Due to the COVID-19 pandemic this has not been received as expected. 2020-21 local targets have not yet been set and therefore 2019-20 targets have been repeated for 2020-21 in the interim. Target setting for 2020-21 will be undertaken as recovery and remobilisation plans progress.
- 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.
- 4.6 The impact of the COVID-19 pandemic on the health and social care needs of the population, how we deliver supports and services, on health inequalities and on the health and wellbeing of our workforce and of unpaid carers has been substantial and wide ranging. Information about the direct impact of the pandemic is shaping and influencing how services are provided, such as the exacerbation of underlying long-term conditions in COVID-19 positive people, but also the indirect impacts, such as the consequences of delayed help and the impact of reduced household incomes on health and wellbeing.
- 4.7 The prioritisation to shift the balance of care and reduce demand on unscheduled care temporarily shifted as Health and Social Care Partnerships adapted processes, procedures and pathways in order to prevent spread of the virus and to maximise hospital capacity to treat Covid 19 patients safely and effectively. This adds a level of complexity to the indicators monitored since 2015/16 to measure how Partnerships are performing towards 'shifting the balance of care'. This report presents indicators for all admission reasons and non covid admission reasons separately where possible and relevant in order to allow scrutiny of performance towards the national indicators for people not diagnosed with Covid 19. All indicators where processes and pathways were affected by the pandemic should be treated with caution and viewed alongside whole system pathways and processes when scrutinising performance.

## **5.0 DATA SOURCES USED FOR MEASURING PERFORMANCE**

- 5.1 National data is provided to all partnerships, by Public Health Scotland, to assist with monitoring against targets set under Measuring Performance under Integration arrangements. This data shows rolling<sup>1</sup> monthly performance for emergency admissions, emergency admissions from

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<sup>1</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 2019 to 30 June 2020.

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. From quarter 1 2020-21 the NHS Tayside Business Unit has been providing breakdowns of covid and non covid admission reasons for emergency admissions, emergency bed days, hospital admissions due to a fall and delayed discharges. (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. The quarter 1 2020-21 report uses calendar year 2019 data to benchmark against other Partnerships as Public Health Scotland advised that this is the most current data available which is complete enough to use for benchmarking purposes.

## 6.0 QUARTER 1 PERFORMANCE 2019-20

- 6.1 Rolling data from July 2020 to June 2021 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, rate of bed days lost to code 9 delayed discharges, emergency admission numbers from A+E and emergency bed days (rate and numbers) for acute specialties. Emergency admissions as a rate per 1,000 of all A+E attendances and 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 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:
- 2015-16 pre-integration baseline;
  - 2020-21 Measuring Performance under Integration (MPUI) interim target for Dundee;
  - 2019-20 performance;
  - previous quarter (Q4 2019-20); and,
  - 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 improving / good 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 2020-21 interim integration target at Q1 2020-21 (table 2, charts 1&2).

- From the 2015/16 baseline, there has been an increase in the Dundee rate of all admissions reasons by 1.3%, which is a deterioration, and in all LCPPs except two (table 3). However, there has been a consistent improvement since 2017-18. (table 5).
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of non-covid admissions reasons by 3.4%, which is an improvement, and in all LCPPs except two (table 3). The rate is the lowest since before the 2015/16 baseline. (table 5)
- The rate of Emergency Admissions for Dundee City was slightly lower than the Scottish average – the fourteenth most poorly performing partnership in Scotland. Dundee performed the best out of the eight family group partnerships (chart 4).
- The number of emergency admissions from A+E met the 2020-21 MPUI interim target.
- Emergency Admissions as a Rate per 1,000 of all A&E Attendances did not meet the 2020-21 MPUI target (table 2 & chart 3).
- Number of accident and emergency attendances bet the 2020-21 MPUI interim target (chart 10).

#### 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) met the 2020-21 MPUI interim target for acute specialties at Q1 2020-21.
- Both the rate and numbers of emergency bed days have fallen by around 18%, since the 2015-16 baseline (table 2) for acute specialties.
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of all admissions reasons by 20.4% for all specialties. There was an improvement across all LCPPs (table 3). The rate is the lowest since before the 2015/16 baseline. (table 6)
- From the 2015/16 baseline, there has been a decrease in the Dundee rate of non-covid admissions reasons by 21.5% for all specialties, which is an improvement. There was an improvement across all LCPPs (table 3). The rate is the lowest since before the 2015/16 baseline. (table 6)
- Improved rates for all specialties between 2019-20 Quarter 4 and 2020-21 Quarter 1 across all but 1 LCPPs for all admission reasons and non covid admission reasons (table 6).
- Emergency Bed Day Rate for Dundee City is slightly higher than the Scottish average – the eleventh highest in Scotland. However, the Dundee City rate was the third 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 42% (standard 75+) and 78% (Code 9 75+) from pre-integration position (table 3).
- Over the last quarter there has been an improvement in the Dundee rate by 19% for standard (75+) delays (table 10) but a deterioration of 13% for code 9 delays (75+) (table 9).

### 6.2.2 Areas of declining / poor performance

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

- 16.7% increase in rate per 1,000 admissions on pre-integration position, two LCPPs showing an improvement in performance and six a deterioration (table 3).
- All LCPPs showed an increased rate per 1,000 admissions between 2019-20 Quarters 4 and 2020-21 Q1, which is a deterioration in performance (table 7).
- In 2020-21 Quarter 1 LCPP rates per 1,000 admissions vary significantly from 93 in North East to 147 in East End (table 7).
- The rate per 1,000 discharges for Dundee City is well above the Scottish average and the poorest performing partnership in Scotland (chart 11).
- The reason for the increase in rate is due to the reduction in total number of admissions due to the COVID-19 pandemic, which is the denominator used to calculate performance against this indicator.

- The number of readmissions decreased in Dundee between 2015/16 and Q1 2020/21 by 128. There were decreases in number of readmissions in 5 LCPPs (12 in Maryfield, 21 in East End, 31 in Strathmartine, 66 in The Ferry and 86 in North East). There were increases in number of readmissions in 3 LCPPs (10 in Coldside, 33 in West End and 45 in Lochee).
- The number of readmissions decreased in Dundee between Q4 19/20 and Q1 2020/21 by 42. There were decreases in number of readmissions in 6 LCPPs (1 in North East, 3 in Maryfield, 5 in West End, 10 in The Ferry, 16 in East End and 19 in Lochee). There were increases in number of readmissions in 2 LCPPs (6 in Coldside and 6 in Strathmartine).

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

- 18.6% worse than pre-integration position although better than the 2018-19 and 2019-20 position (table 3).
- The rate for Dundee City is well above the Scottish average and poorest performing partnership in Scotland (chart 13).
- Small improvements between Quarter 4 2019-20 and Quarter 1 2020-21 in four LCPPs (table 8).
- In 2020-21 Quarter 1 LCPP rates vary from 19.7 falls related admissions per 1,000 in North East to 40.0 in Coldside (table 8).
- The analysis of hospital admissions due to a fall data can be split by covid and non-covid admission reasons. Analysis identified that falls hospital admissions due to Covid 19 were extremely low and made little change to the overall rates, therefore this detail has not been included in this performance report. There were 14 Covid related falls admissions in total since the outbreak began. Should patterns or rates of falls admissions due to Covid increase significantly in subsequent quarters, the detail will be included in quarterly reporting.

## 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

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	15 – Extreme Risk (L=3 (possible), I=5 (extreme))
<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 poor performance.</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> </ul>
<b>Residual Risk Level</b>	9 – High Risk (L=3(possible), I=3 (moderate))
<b>Planned Risk Level</b>	6 – Moderate Risk (L=2(unlikely), I=3(moderate))

<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.
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**9.0 CONSULTATIONS**

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

**10.0 BACKGROUND PAPERS**

10.1 None.

Dave Berry  
Chief Finance Officer

**DATE:** 02 September 2020

Lynsey Webster  
Senior Officer, 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

Data relating to indicators 1-9 for 2019-20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed.

### 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+)	20-21 interim Target	20-21 Q1 Actual Data	15-16 Baseline	Expected % Difference from 15-16 Baseline	Actual % Difference from 15-16 Baseline		Actual % Difference from 20-21 target		Direction of travel from Q4 to Q1
					2019/20 Q4	2020/21 Q1	2019/20 Q4		
Emergency Admission Rate per 100,000 Dundee Population	12,489	11,651	11,643	↑7.27	↑3.66	↑0.07	↓3.36	↓6.71	Better
Emergency Admission Numbers	15,225	14,203	14,127	↑7.78	↑4.15	↑0.54	↓3.36	↓6.71	Better
Emergency Admissions Numbers from A&E	7,440	7,160	6,483	↑14.76	↑17.31	↑10.44	↑2.14	↓3.61	Better
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances	301	322	277	↑8.66	↑13.06	↑16.44	↑3.74	↑6.85	Worse
Emergency Bed Day Rate for Acute Specialties per 100,000 Dundee Population	79,301	76,190	100,284	↓20.92	↓18.27	↓24.02	↑3.35	↓3.92	Better
Emergency Bed Days Numbers for Acute Specialties	96,674	92,881	121,683	↓20.55	↓17.89	↓23.67	↑3.35	↓3.92	Better
Emergency Bed Days Numbers for Mental Health Specialties	42,595	32,630	44,552	↓4.39	↓18.79	↓26.76	↓15.06	↓23.34	Better
Accident & Emergency Attendances	24,680	22,230	23,437	↑5.30	↑3.76	↓5.15	↓1.47	↓9.93	Better
Number of Bed Days Lost to Delayed Discharges per 1,000	50	68	124	↓59.68	↓34.78	↓45.50	↑61.52	↑34.97	Better



Population(All Reasons)									
Number of Bed Days Lost to Delayed Discharges (All Reasons)	6,105	9,861	15,050	↓59.44	↓26.38	↓34.48	↑81.49	↑61.52	Better
Number of Bed Days Lost to Delayed Discharges (Code 9)	3,785	3,707	6,668	↓43.24	↓36.52	↓44.41	↑11.84	↓2.06	Better

Source ISD: ISD MSG Indicators

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

**Key Points:**

- a. Emergency admission (numbers and rate) emergency bed day numbers for mental health specialties, number of A+E attendances, bed days lost to delayed discharges code 9 (number and rate), emergency admission numbers from A+E, emergency bed days (rate and numbers) for acute specialties **met** the 2020/21 targets.
- b. Emergency admissions as a rate per 1,000 of all A+E attendances and bed days lost to delayed discharges per 1,000 population (all reasons) **did not meet** the 2020/21 targets
- c. The Q1 2020/21 Emergency admissions from A+E and rate per 1,000 of all A+E attendances did not meet the 2020/21 target and performance is worse than it was in Q4 2019/20.
- d. 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.

**Table 3: Performance in Dundee's LCPPs - % change in Q1 2020-21 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+ (Covid and Non Covid)	+1.3	+2.5	+6.9	+0.7	+1.67	+3.35	+7.46	-1.62	-9.15
Emer Admissions rate per 100,000 18+ (Non Covid Only)	-3.4	-2.1	+1.6	-3.7	-4.3	-1.7	+2.4	-5.4	-13.4
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-20.4	-18.5	-32.6	-17.8	-19.1	-14.2	-19.2	-21.9	-17.6
Emer Bed Days rate per 100,000 18+ (Non Covid Only)	-21.5	-19.4	-34.0	-19.0	-20.5	-15.4	-20.4	-22.4	-18.9
Readmissions rate per 1,000 Admissions All	+16.7	+36.6	+18.3	+23.2	-15.7	+21.0	+15.1	+33.8	-2.3
Hospital admissions due to falls rate per 1,000 65+	+18.6	-2.8	+6.1	+33.8	-4.0	+9.1	+1.5	+25.6	+53.8
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-42%	-52%	-68%	-26%	-70%	-37%	-78%	-22%	-6%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-78%	-12%	-99%	-72%	-81%	-95%	-12%	-82%	-12%

**Table 4: Performance in Dundee's LCPPs - LCPP Performance in Q1 2020-21 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+ (Covid and Non Covid)	12,095	14,098	16,911	13,818	11,826	13,592	10,654	7,870	10,014
Emer Admissions rate per 100,000 18+ (Non Covid Only)	11,526	13,475	16,075	13,204	11,134	12,868	10,153	7,569	9,548
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	105,878	132,101	122,849	133,954	91,190	106,231	86,154	76,680	104,142
Emer Bed days rate per 100,000 18+ (Non Covid Only)	104,373	130,596	120,372	132,017	89,616	104,776	84,891	76,144	102,459
Readmissions rate per 1,000 Admissions All*	130	142	147	141	93	140	140	138	96
Hospital admissions due to falls rate per 1,000 65+	29.6	25.9	29.1	40.0	19.7	27.5	23.5	34.6	31.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	308	292	210	409	143	311	128	531	293
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	71	144	5	125	143	22	143	40	14

Source: NHS Tayside data

\*covid admission reasons not available

Key:  Improved/Better  Stayed the same  Declined/Worse

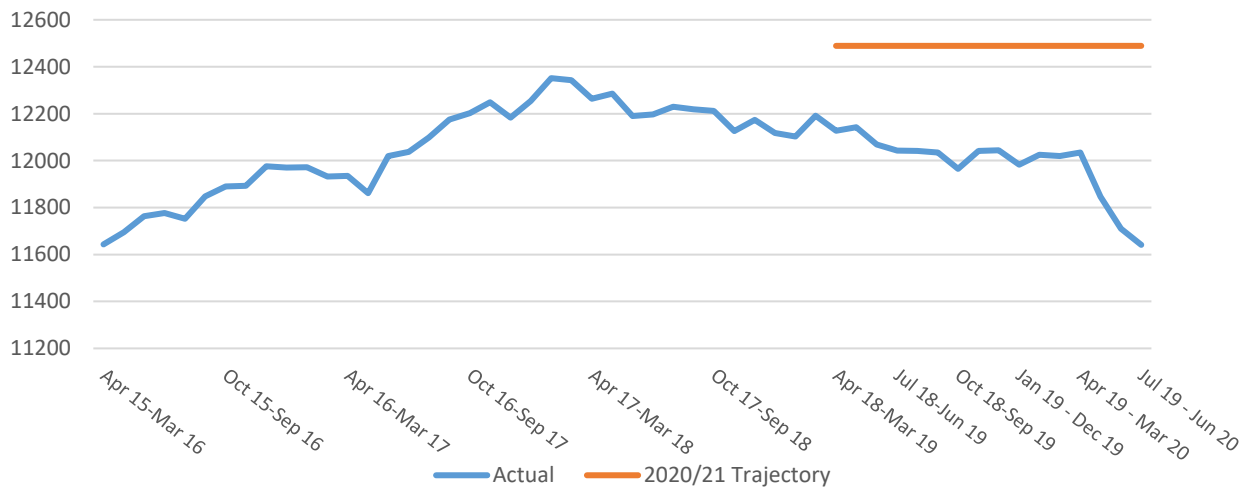


**APPENDIX 2 - Detailed Performance by Service Delivery Area**

**Service Delivery Area : Emergency Admissions**

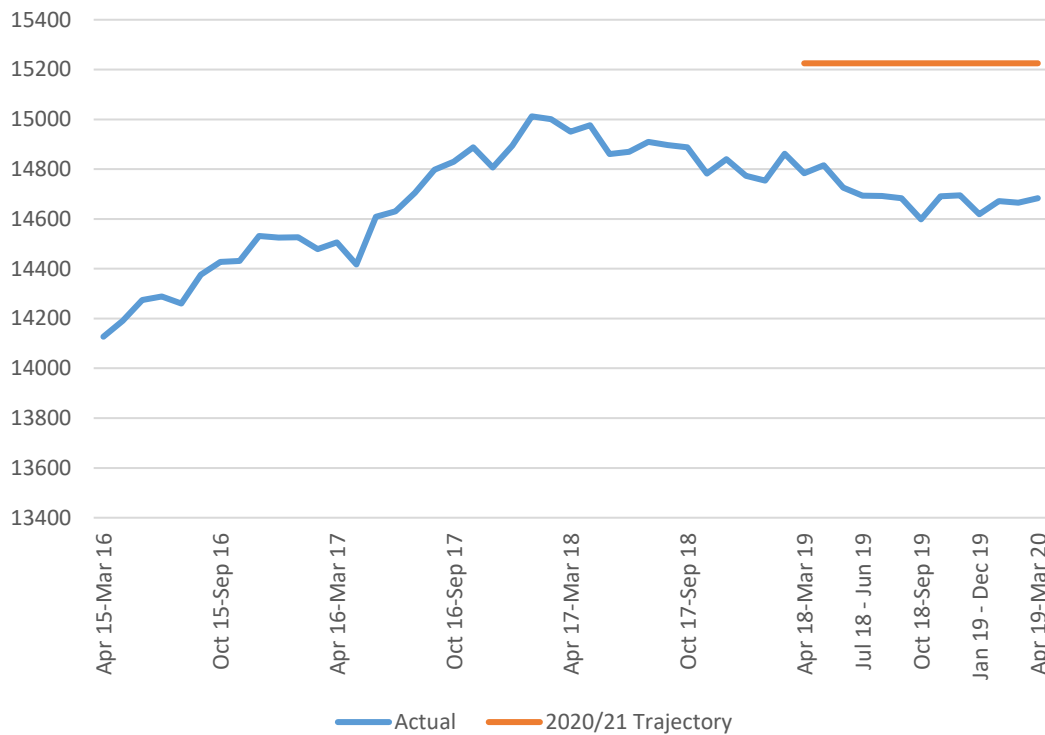
***Measuring Performance Under Integration***

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



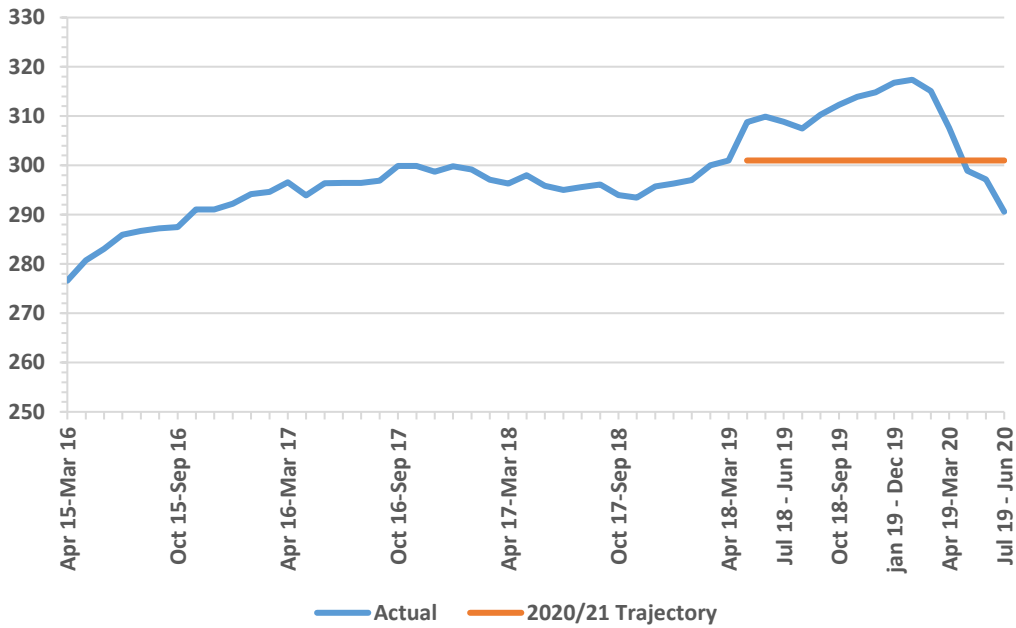
Source ISD: ISD MSG Indicators

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



Source ISD: ISD MSG Indicators

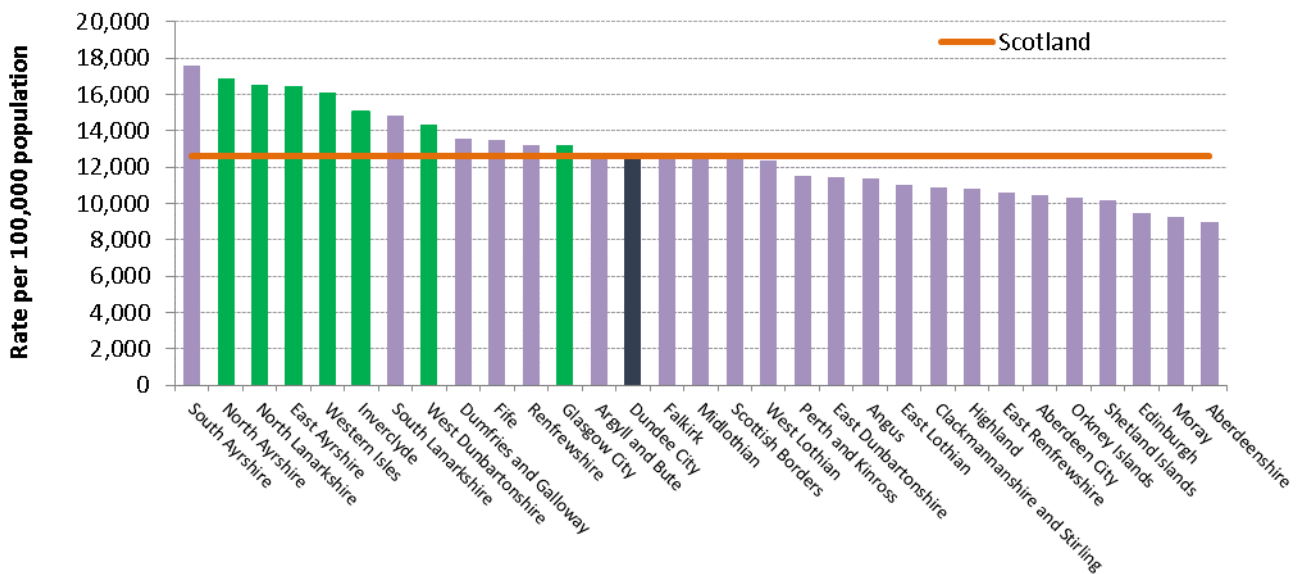
**Chart 3: Emergency Admissions Rate per 1,000 of all Accident & Emergency Attendances 18+ - Performance Against MPUI Target Trajectory**



Source ISD: ISD MSG Indicators

**National Health and Wellbeing Indicator 12 – Emergency Admissions**

**Chart 4: Emergency Admission Rate 18+ Benchmarking Calendar Year 2019**



Source ISD: ISD Core Suite of Integration Indicators

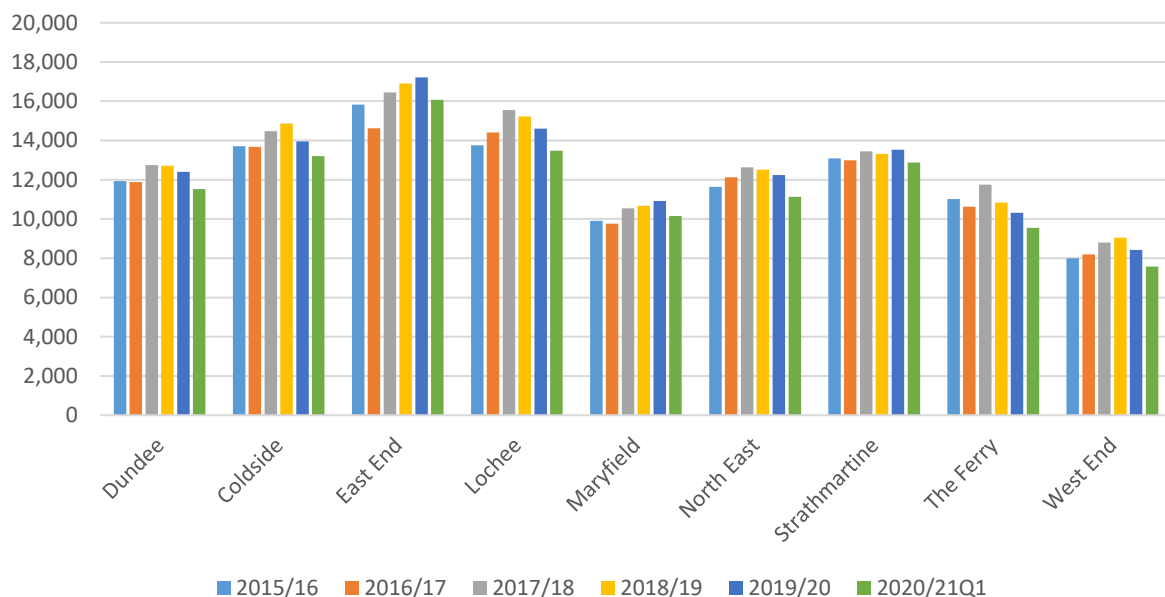
**Table 5:** Rate of Emergency Admissions per 100,000 Population All – 18+ by LCPP (covid and non covid admission reasons for 2019/20 onwards)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 Q1
Dundee	11,937	11,873	12,578	12,714	All* 12,533 NC* 12,406	All* 12,095 NC* 11,526
Coldside	13,713	13,682	14,099	14,961	All 14,135 NC 13,945	All 13,818 NC 13,204
East End	15,822	14,618	16,335	16,816	All 17,395 NC 17,207	All 16,911 NC 16,075
Lochee	13,760	14,407	15,200	15,058	All 14,733 NC 14,597	All 14,098 NC 13,475
Maryfield	9,914	9,753	10,037	10,644	All 11,025 NC 10,920	All 10,654 NC 10,153
North East	11,632	12,129	12,444	12,718	All 12,387 NC 12,238	All 11,826 NC 11,134
Strathmartine	13,091	12,989	13,252	13,435	All 13,654 NC 13,536	All 13,592 NC 12,868
The Ferry	11,022	10,620	11,957	10,756	All 10,431 NC 10,318	All 10,014 NC 9,548
West End	7,999	8,188	8,866	9,052	All 8,471 NC 8,422	All 7,870 NC 7,569

Source: NHS Tayside BSU

\* All = both Covid and Non Covid Admissions, NC = Non Covid Admissions only)

**Chart 5:** Rate of Emergency Admissions per 100,000 Population (non-covid admission reasons) – 18+ by LCPP



Source: NHS Tayside BSU

## Analysis

### Benchmarking – ISD Core Suite of Integration Indicators

- The rate of emergency admissions was lower in Dundee (12,569) than the Scottish rate (12,602) (chart 4).
- Q1 2020-21 Dundee performance (12,095 all admission reasons and 11,526 all non covid admissions) was better than 2019-20 (12,533 all admission reasons).
- Dundee performed better than all other family group Partnerships.

### Difference from 2015-16 Baseline to Q1 2020-21 - NHS Tayside BSU data

- All admission reasons there was a 1.3% increase in Dundee rate between 15/16 and Q1 20/21. All LCPPs except two increased, which is a deterioration in performance, except for The Ferry which has improved by 9.15% and West End which has improved by 1.62%. For the LCPPs which increased (deterioration in performance) the increase wasn't as high as was reported for Q4. (table 3)
- Non-covid admission reasons there was a 3.4% decrease in Dundee rate between 15/16 and Q1 20/21. All LCPPs except two decreased, which is an improvement in performance, except for Maryfield (+2.4%) and East End (+1.6%) which have increased. (table 3)

### Performance Trend between Q4 2019/20 and Q1 2020/21 - NHS Tayside BSU data (table 5)

- All admission reasons overall improvement in Dundee rate (3.50%) with improved rates across all LCPPs; West End (7.10%), North East (4.71%), Lochee (4.40%), The Ferry (3.95%), Maryfield (3.64%), East End (2.92%), Coldside (2.28%), Strathmartine (0.45%).
- Non-covid admission reasons overall improvement in Dundee rate (7.09%) with improved rates across all LCPPs; West End (10.13%), North East (9.02%), Lochee (7.69%), The Ferry (7.46%), Maryfield (7.03%), East End (6.58%), Coldside (5.31%), Strathmartine (4.34%).

### Variation across LCPPs in Q1 2020/21 - NHS Tayside BSU data (table 4 and chart 4)

- West End had the lowest rate with 7,870 emergency admissions (all) and 7,569 (non covid only) per 100,000 people.
- East End had the highest rate with 16,911 emergency admissions (all) and 16,075 (non covid only) per 100,000 people. The East End rate is more than double the West End rate.

## Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Work with GP clusters and GP sub to review aspects of care and treatment services that can be resumed in practices as staffing base stabilises recognising the model for delivery may vary from the in the past.	Shona Hyman and Beth Hamilton	March 2021
Continue to support GP practices to review patient pathways of care, including the use of digital resources, including the expansion of NearMe as well as face-to-face consultations.	Shona Hyman	March 2021

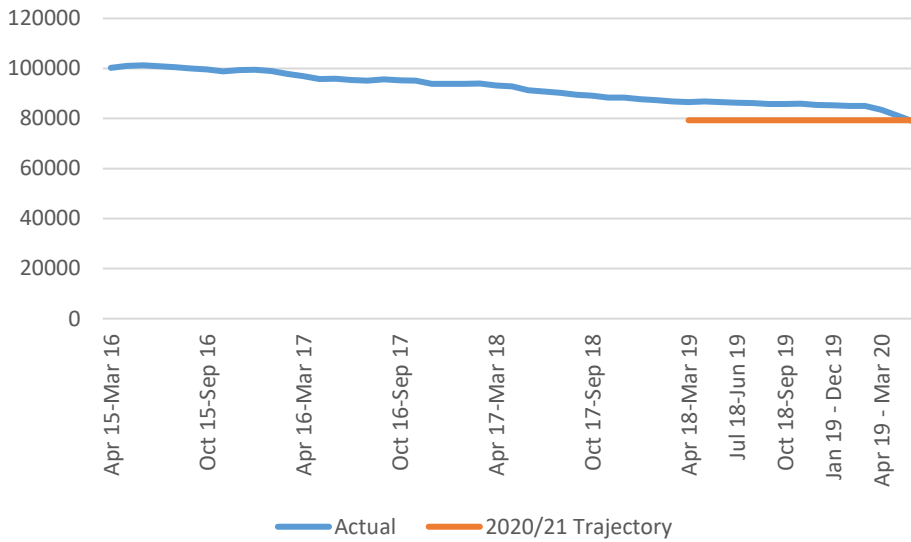


GP Practices, in conjunction with cluster leads to plan for re-starting long-term conditions reviews, including arrangements for monitoring and to ensure Anticipatory Care Plans (ACPs) and self-management plans and care are core.	Shona Hyman	March 2021
Re-introduction of COPD home visits for vulnerable patients.	Beth Hamilton	March 2021
Maintain increased Phlebotomy service.	Shona Hyman	March 2021
Home first workstream.	Beth Hamilton Lynne Morman	March 2021
Via ongoing risk assessments , compliance with Covid-19 guidance and the provision of PPE, support all Mental Health and Learning Disability staff to carry out their duty of care to referred / supported individuals requiring care, day support, assessment, treatment planning and interventions.	Arlene Mitchell	Ongoing

**Service Delivery Area: Emergency Bed Days**

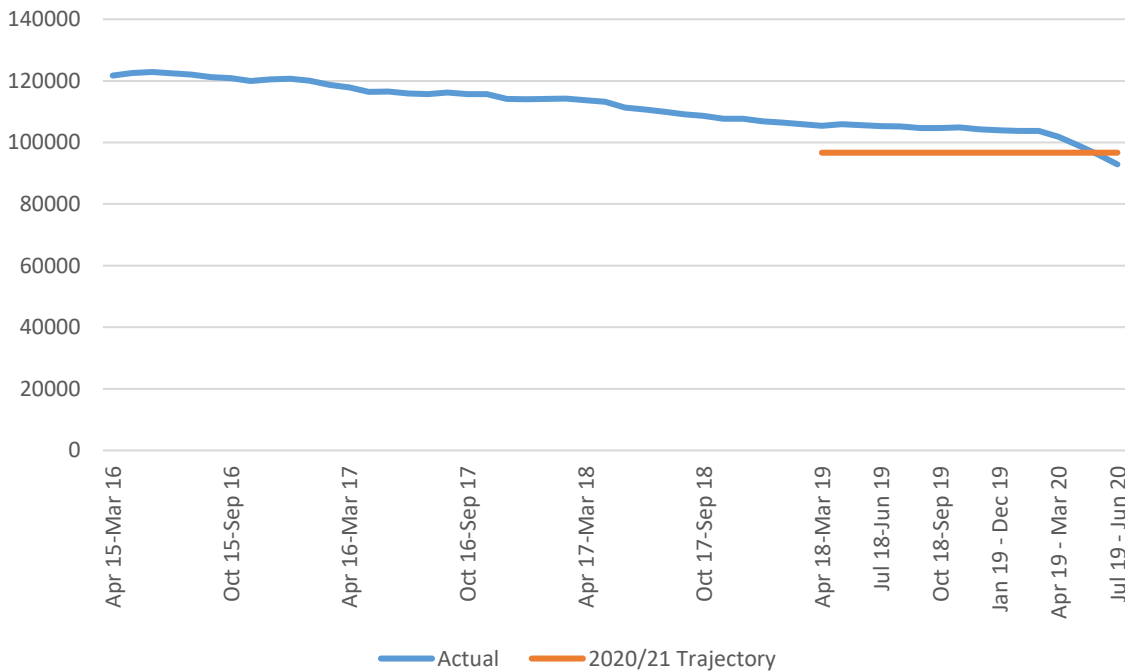
***Measuring Performance Under Integration***

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



Source ISD: ISD MSG Indicators

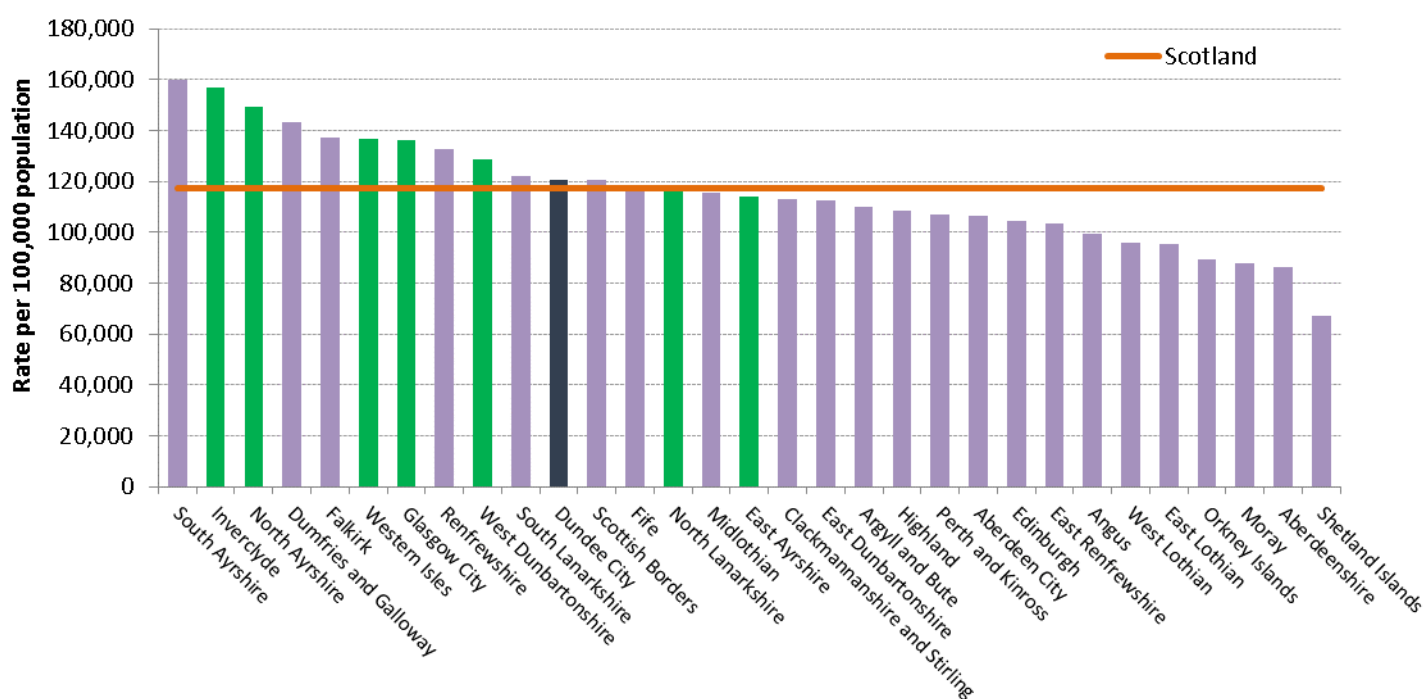
**Chart 7: Emergency Bed Day Acute Specialty Numbers 18+ - Performance Against MPUI Target Trajectory**



Source ISD: ISD MSG Indicators

## National Health and Wellbeing Indicator 13 – Emergency Bed Days

**Chart 8:** Rate of Emergency Bed Days 18+ Benchmarking Calendar Year 2019  
(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 – (covid and non covid admission reasons from 2019/20 onwards) 18+ by LCPP

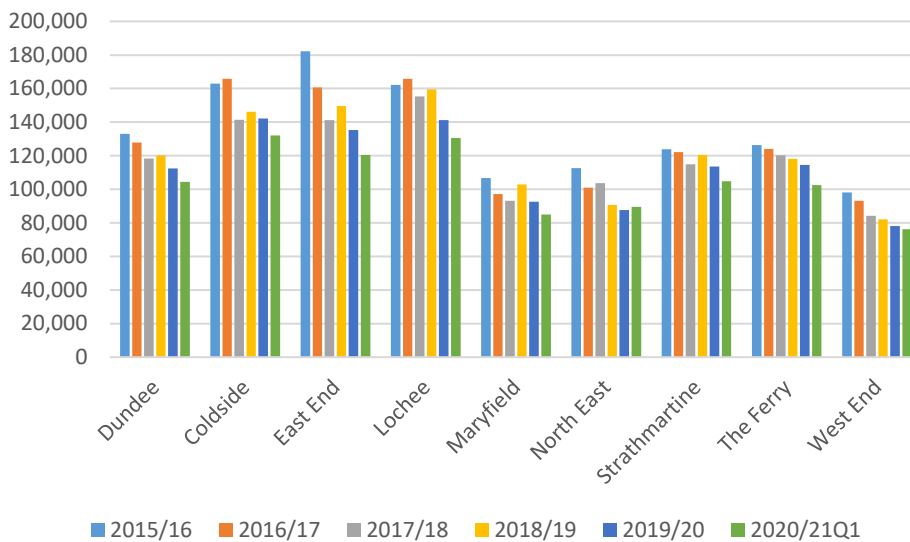
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 Q1
Dundee	132,959	127,834	118,254	121,945	All* 114,774 NC* 112,363	All* 105,878 NC* 104,373
Coldside	162,998	165,823	141,442	148,022	All 144,101 NC 142,069	All 133,954 NC 132,017
East End	182,267	160,621	141,233	148,204	All 135,832 NC 135,373	All 122,849 NC 120,372
Lochee	162,113	165,775	155,378	170,001	All 142,066 NC 141,138	All 132,101 NC 130,596
Maryfield	106,639	97,080	93,247	103,253	All 97,414 NC 92,532	All 86,154 NC 84,891
North East	112,671	101,067	103,739	91,162	All 88,800 NC 87,556	All 91,190 NC 89,616
Strathmartine	123,877	122,113	114,824	123,178	All 118,096 NC 113,608	All 106,231 NC 104,776
The Ferry	126,326	124,067	120,221	116,014	All 116,829 NC 114,430	All 104,142 NC 102,459
West End	98,143	93,207	84,149	82,395	All 80,312 NC 78,190	All 76,680 NC 76,144

Source: NHS Tayside BSU

\*(All = all admission reasons and NC = non covid reasons)

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 (Excludes Covid Admissions for 2019/20 and 2020/21) - 18+ by LCPP



Source: NHS Tayside BSU

### Analysis

#### Benchmarking – ISD Core Suite of Integration Indicators

- The emergency bed day rate was higher in Dundee (120,584) than the Scottish rate (117,478). (chart 8)
- Dundee’s rate was 11<sup>th</sup> highest in Scotland and was the 3rd best performing family group partnership.

#### Difference from 2015/16 Baseline to Q1 2020/21 - NHS Tayside BSU data

- The rate for Dundee decreased between 2015/16 and Q1 2020/21 which is an improvement in performance (the decrease was 20.4% for all admissions reasons and 21.5% for non covid admissions.(table 3)
- There was improvement across all LCPPs for all admission reasons and non covid reasons. (table 3)

#### Performance Trend between Q4 2019/20 and Q1 2020/21 - NHS Tayside BSU data

- All admission reasons decrease in overall Dundee rate by 7.75%, which is an improvement. Decreases across all LCPPs except North East where there was a 2.69% increase. The LCPP showing the biggest improvement between Q4 19/20 and Q1 20/21 was The Ferry (10.86% decrease) and the LCPP showing the lowest improvement was West End (4.52% decrease) (table 6)
- Non-covid admission reasons decrease in overall Dundee rate by 7.11%, which is an improvement. Decreases across all LCPPs except North East where there was a 2.35% increase, although the Q1 20/21 rate for North East is still lower than it was between 15/16 and 18/19. The LCPP showing the biggest improvement between Q4 19/20 and Q1 20/21 was East End (11.08% decrease) and the LCPP showing the lowest improvement was West End (2.62% decrease) (table 6)

#### Variation across LCPPs in Q1 2020/21 - NHS Tayside BSU data

- Coldside had the highest emergency bed day rate (133,954 for all admission reasons and 132,017 for non covid admission reasons). (table 6)
- West End had the lowest emergency bed day rates. (76,680 for all admission reasons and 76,144 for non covid admission reasons). (table 6)

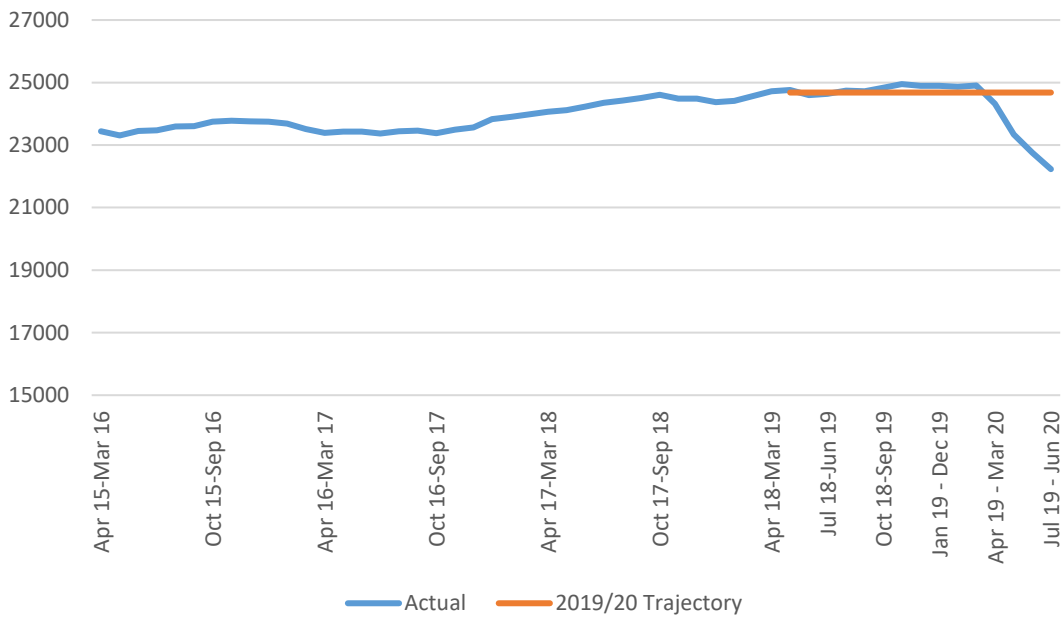
## Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continued implementation of Independent Living Review Team to review the number of packages of care in the community, to work with community care workforce and contribute positively to support and enable earlier discharge for individuals from hospital and to enable their independence in the home environment.	Jenny Hill	March 2021
Maintain Dundee Community Assessment Hub with gradually reducing staffing and footprint (Primary Care)	Shona Hyman	March 2021
Develop home first model	Beth Hamilton Lynne Morman	March 2021
Discharge hub aligned to all inpatient areas.  Bed management model Royal Victoria Hospital.	Jenny Hill	March 2021
Further develop the Emergency Department / Community Mental Health interface and assess the impact of the `Navigator Project` on individuals presenting to A&E.	Arlene Mitchell	April 2021

**Service Delivery Area: Accident & Emergency**

***Measuring Performance Under Integration***

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



Source ISD: ISD MSG Indicators

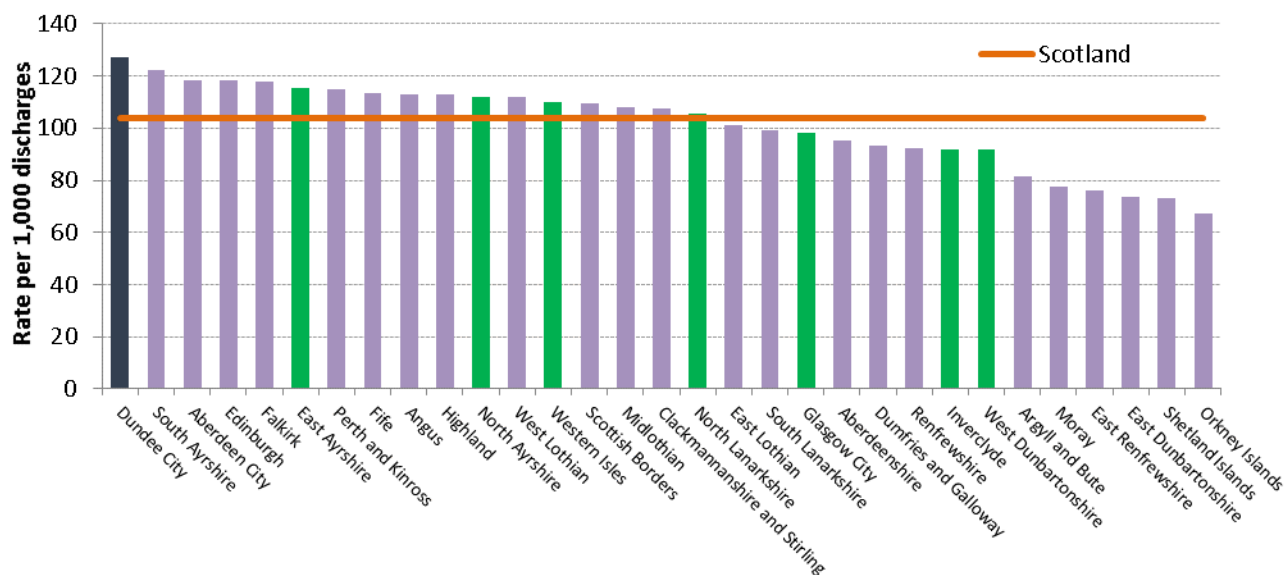
***Analysis***

- 2020-21 interim target was 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 Calendar Year 2019



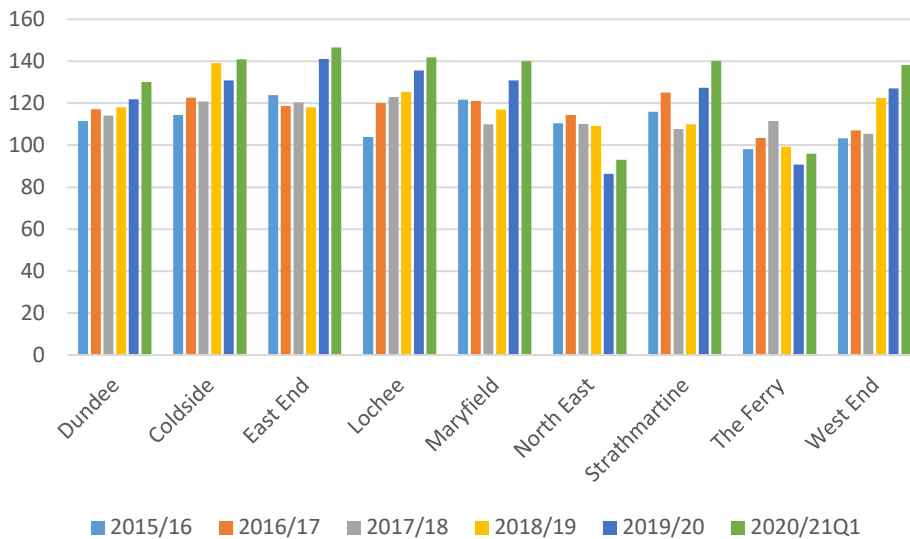
Source: Core Suite of Integration Indicators based on Discharges

**Table 7:** 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	2020/21Q1
Dundee	112	117	114	118	122	130
Coldside	114	123	121	139	131	141
East End	124	119	120	118	141	147
Lochee	104	120	123	125	136	142
Maryfield	122	121	110	117	131	140
North East	110	114	110	109	86	93
Strathmartine	116	125	108	110	127	140
The Ferry	98	103	112	99	91	96
West End	103	107	105	123	127	138

Source: NHS Tayside BSU data based on Admissions

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



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 (104). (chart 11)
- Dundee was the poorest performing Partnership in Scotland. (chart 11)

#### Difference from 2015-16 Baseline to Q1 2020/21 - NHS Tayside BSU data

- 16.7% increase in Dundee rate per 1,000 admissions, which is a deterioration in performance. (table 3)
- Six LCPPs have shown an increase in readmission rates – the highest increase was in Lochee (36.6% increase)
- Two LCPPs have shown a decrease – the highest decrease was in North East (15.7% decrease) (table 3)
- The reason for the increase is due to the reduction in total number of admissions due to the Covid 19 pandemic, which is the denominator used to calculate performance against this indicator. The number of readmissions actually decreased in Dundee between 2015/16 and Q1 2020/21 by 128. There were decreases in number of readmissions in 5 LCPPs (12 in Maryfield, 21 in East End, 31 in Strathmartine, 66 in The Ferry and 86 in North East). There were increases in number of readmissions in 3 LCPPs (10 in Coldside, 33 in West End and 45 in Lochee).

#### Performance trend between Q4 2019-20 and Q1 2020-21 - NHS Tayside BSU data

- Increased rates of readmission per 1,000 admissions Dundee by 6.56% and increases across all LCPPs, which is a deterioration in performance. The highest increase was in Strathmartine (10.1% increase) and the lowest increase was in East End (3.8% increase). (table 7)
- The reason for the increase is due to the reduction in total number of admissions due to the Covid 19 pandemic, which is the denominator used to calculate performance against this indicator. The number of readmissions actually decreased in Dundee between Q4 19/20 and Q1 2020/21 by 42. There were decreases in number of readmissions in 6 LCPPs (1 in North East, 3 in Maryfield, 5 in West End, 10 in The Ferry, 16 in East End and 19 in Lochee). There were increases in number of readmissions in 2 LCPPs (6 in Coldside and 6 in Strathmartine).

#### Variation across LCPPs in Q1 2020/21- NHS Tayside BSU data

- The highest readmission rate per 1,000 admissions was in East End (147).(table 7)
- The lowest readmission rate per 1,000 admissions was in North East (93). (table 7)



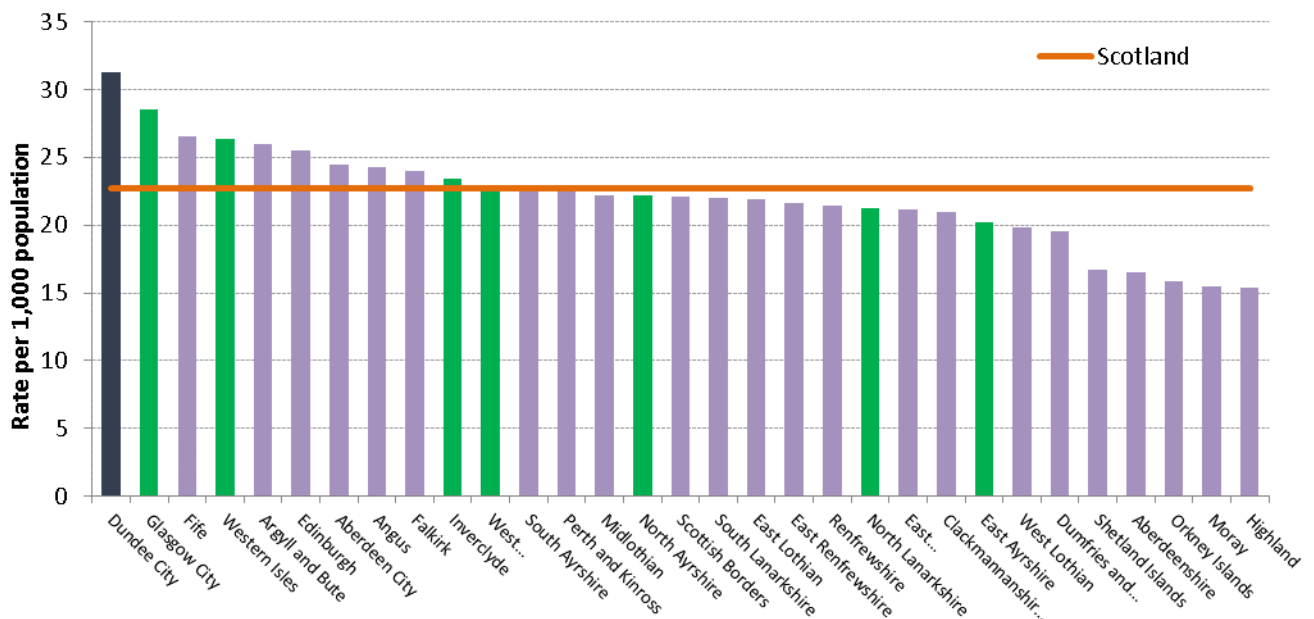
## Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Development of alternative pathways for admission eg AMU/DECSA.	Beth Hamilton Lynne Morman	March 2021
Care home urgent care model.	Beth Hamilton Lynne Morman	March 2021
Development of front door model.	Beth Hamilton Lynne Morman	March 2021
Continue to work collaboratively to improve adherence to effective discharge processes for those adults with Learning Disabilities admitted to Acute In-Patient beds for unscheduled care. In addition to the individual, their family or paid carers this involves LD Acute Liaison Nurses, Discharge mangers, LD Care Managers and Care Providers.	Arlene Mitchell	Ongoing
Evaluate the outcomes from the Dundee Mental Health Discharge Hub, instigated by the impact of Covid-19, as a means of ensuring effective discharge planning processes between individuals, their family carers, specialist in – patient teams at Carseview, Primary Care colleagues and Community Mental Health services.	Arlene Mitchell	December 2020

## Service Delivery Area: Falls

### National Health and Wellbeing Indicator 14 – Falls

Chart 13: Falls Related Hospital Admissions Rate 65+ Benchmarking Calendar Year 2019



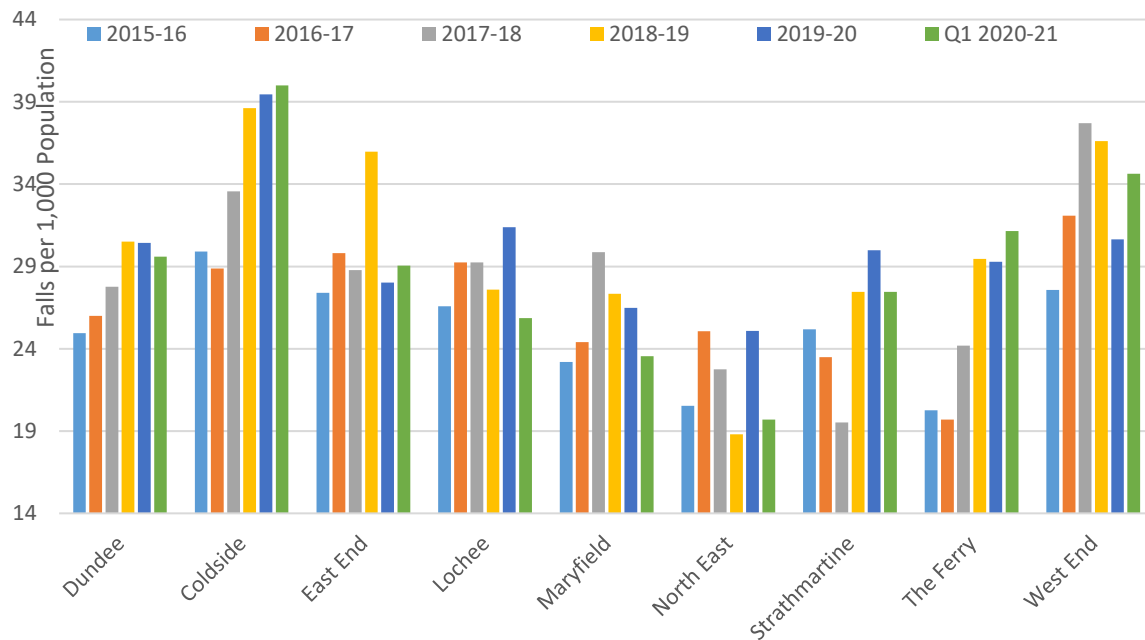
Source: Core Suite of Integration Indicators (NSS ISD)

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	24.9	26.0	27.8	30.5	30.4	29.6
Coldside	29.9	28.9	33.6	38.2	39.4	40.0
East End	27.4	29.8	28.8	35.6	28.0	29.1
Lochee	26.6	29.2	29.2	27.0	31.4	25.9
Maryfield	23.2	24.4	29.9	27.3	26.5	23.5
North East	20.5	25.1	22.7	19.5	25.1	19.7
Strathmartine	25.2	23.5	19.5	27.7	30.0	27.5
The Ferry	20.3	19.7	24.2	29.6	29.3	31.1
West End	27.6	32.1	37.7	36.9	30.7	34.6

Source: NHS Tayside BSU

**Chart 14:** 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 (31) was higher than the Scottish rate (23). (chart 13)
- Dundee was the poorest performing partnership in Scotland. (chart 13)

#### Difference from 2015-16 baseline to 2020-21 Q1 - NHS Tayside BSU data (table 3)

- The analysis of hospital admissions due to a fall data can be split by covid and non covid admission reasons. Analysis identified that falls admissions due to Covid were extremely low and made little change to the overall rates, therefore this detail has not been included in this performance report. There were 14 Covid related falls admissions in total since the outbreak began. Should patterns or rates of falls admissions due to Covid increase significantly in subsequent quarters, the detail will be included in quarterly reporting.
- 18.9% increase in Dundee rate, which is a deterioration in performance. (table 3)
- The Q1 20-21 Dundee rate is less than it was in 18-19 and 19-20, however more than it was in 15-16, 16-17 and 17-18 (table 8)
- There were increases in 6 LCPPs and the biggest increase was in The Ferry (53.2%). (table 3)
- There were decreases in 2 LCPPs – decrease of 3.9% in North East and decrease of 2.63% in Lochee. (table 3)

#### Performance trend between Q4 2019-20 and Q1 2020-21 - NHS Tayside BSU data

- 2.63% decrease in Dundee rate, which is an improvement in performance. (table 8 & chart 14)
- Decreased rates in Strathmartine (8.4%), Maryfield (11.1%), Lochee (17.6%) and North East (21.4%), which is an improvement in performance (table 8 & chart 14)
- Increased rates in Coldside (1.4%), East End (3.7%), The Ferry (6.4%) and West End (13%), which is a deterioration in performance. (table 8 & chart 14)

Variation across LCPPs in Q1 2020-21 - NHS Tayside BSU data

- Coldside had the highest rate of falls in Dundee with 40.0 falls related hospital admissions per 1,000 population. (table 8)
- North East had the lowest rate with 19.7 falls related hospital admissions per 1,000 population. (table 8)

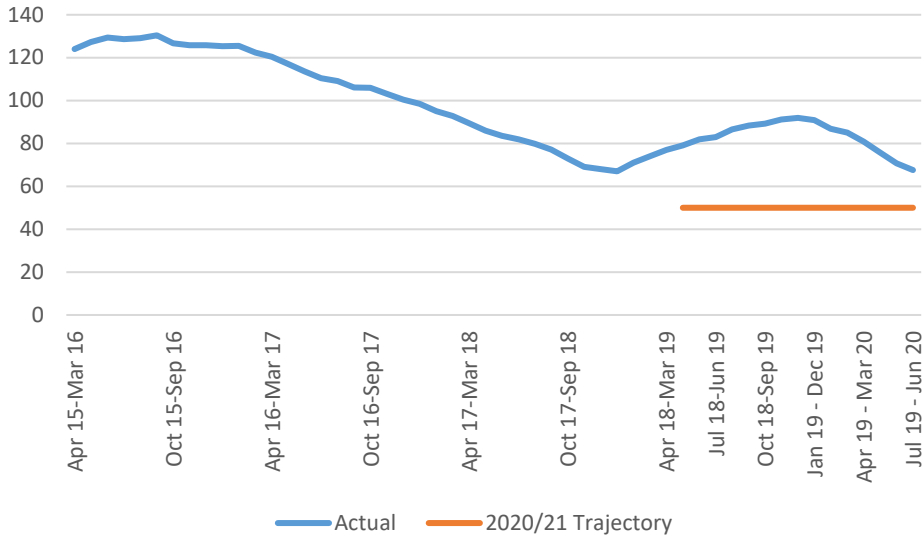
**Actions to Improve Performance**

Action	HSCP Operational Lead (s)	Timescale for Improvement
Increase First Contact Physiotherapy Service (FCP) sessions to support all practices on an ongoing basis using alternative methods of contact where possible / clinically appropriate	Shona Hyman	
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 2021
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	Ongoing
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	Ongoing
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	March 2021

**Service Delivery Area : Delayed Discharges**

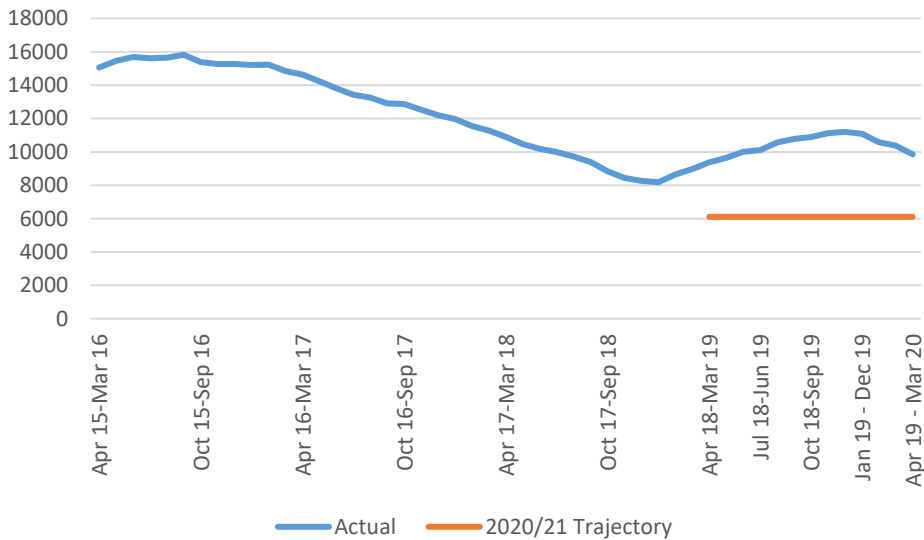
***Measuring Performance Under Integration***

**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

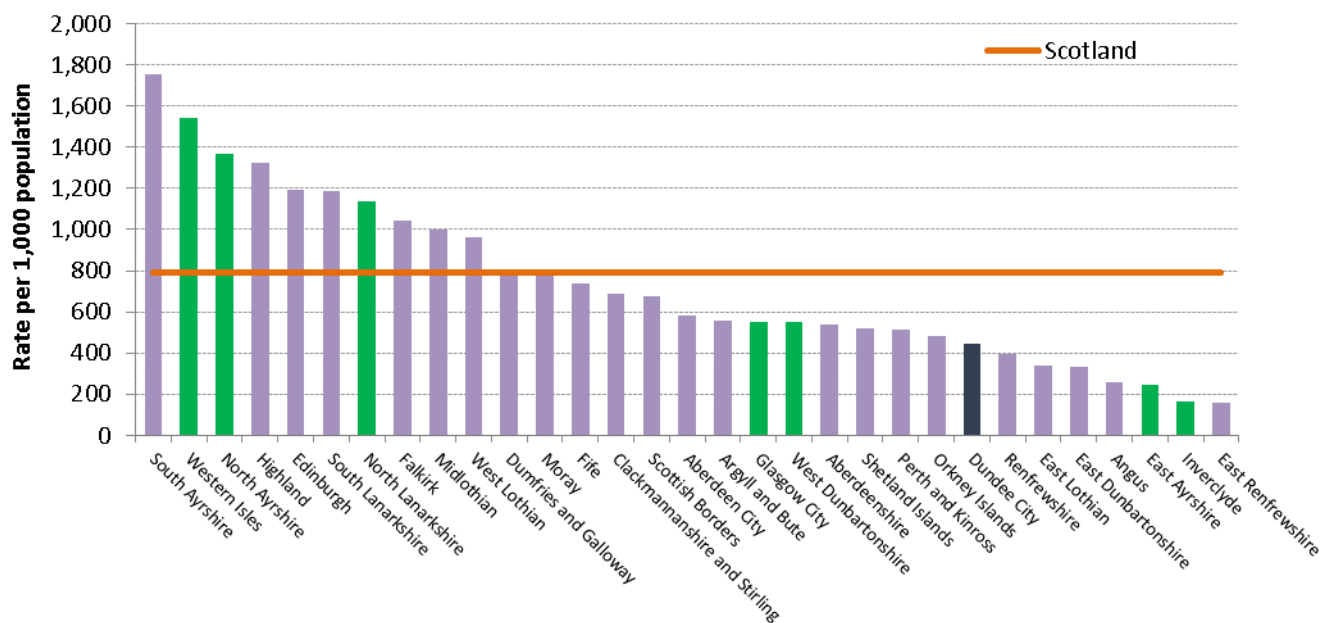
**Chart 16: Bed Days Lost to Delayed Discharges (All Reasons) Numbers – Performance against MPUI Target Trajectory**



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



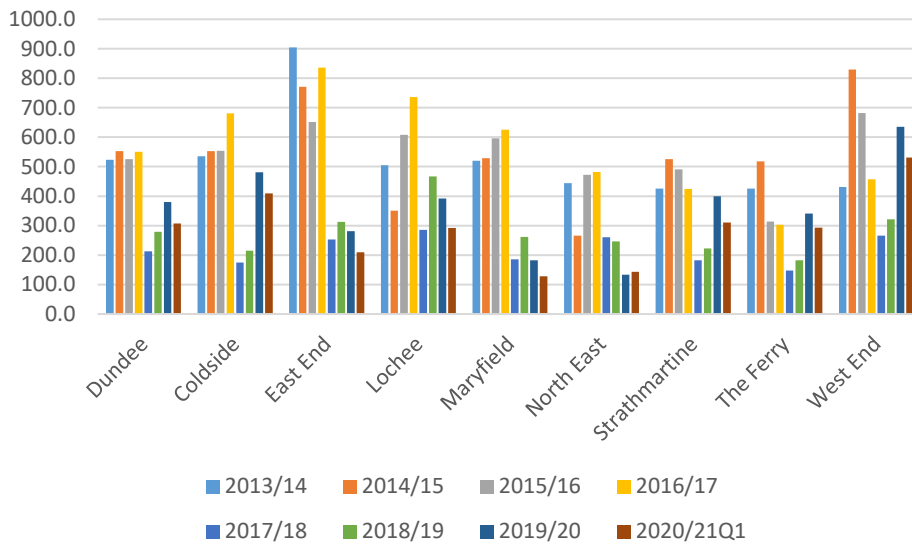
Source: ISD Core Suite of Integration Indicators

**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	2019/20	2020/21Q1
<b>Dundee</b>	522.9	552.6	525.9	550.8	212.6	279	380	308
<b>Coldside</b>	534.8	553.1	553.2	681.1	174.5	215	481	409
<b>East End</b>	905.0	771.0	651.0	836.2	253.1	313	281	210
<b>Lochee</b>	504.5	350.5	607.8	735.7	285.6	467	392	292
<b>Maryfield</b>	520.6	528.3	596.3	625.6	185.7	261	183	128
<b>North East</b>	443.8	265.5	472.5	482.1	260.1	246	134	143
<b>Strathmartine</b>	425.7	525.9	491.1	424.8	182.1	222	399	311
<b>The Ferry</b>	425.2	517.6	313.2	302.5	147.6	183	341	293
<b>West End</b>	430.4	830.0	681.4	456.7	266.4	322	635	531

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+ Spent in Hospital when they were ready to be Discharged as a Rate per 1,000 Population Standard Delays by LCPP



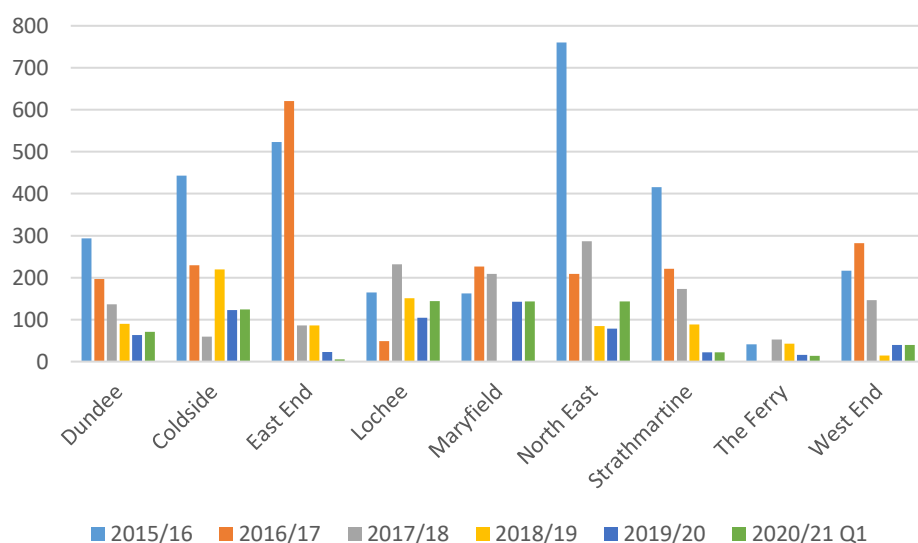
Source: 2015/16 & 2016/17 - Edison (excludes codes 100, 42T, ESDS and ICF).  
2017/18 & 2018/19 – ISD National Delayed Discharge Data

**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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	294	197	137	93	63	71
Coldside	443	229	60	219	122	125
East End	523	620	86	87	23	5
Lochee	164	49	232	151	104	144
Maryfield	162	226	209	0	142	143
North East	760	209	287	85	79	143
Strathmartine	416	221	173	89	22	22
The Ferry	41	0	53	42	16	14
West End	217	282	147	15	40	40

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 (445) was considerably lower than the Scottish rate (793). (chart 17)
- Dundee rate for standard delays deteriorated between 2017-18 (213) and 2019-20 (380), however improved in Q1 2020-21 (308). The Q1 2020-21 rate is better than in years prior to 2017/18.
- Dundee is 8<sup>th</sup> best performing partnership in Scotland. (chart 17)
- During 2019/20, 2 of the family partnerships performed better than Dundee. (chart 17)



#### Difference from 2015-16 Baseline to Q1 2020-21

- For All Reasons, the Dundee rate per 1,000 population aged 75+ has fallen by 54%, 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+. (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 6% in The Ferry to 78% in Maryfield. (table 3)
- All LCPPs recorded improved rates in Code 9 bed days lost to delayed discharges per 1,000 population (aged 75+) ranged from 12% in The Ferry, Lochee and Maryfield to 99% in East End. (table 3)

#### Performance Trend between Q4 2019-20 and Q1 2020-21

- Dundee rate decreased by 19% for Standard Delays (table 9) and increased by 13% for Code 9 Delays (table 10) for those aged 75+.
- Decreased rate of Standard Delays in 7 LCPPs with the biggest decrease in Maryfield (30%), which is an improvement. Increased rate in North East by 7%, which is a deterioration. (table 9)
- Decreased rate of Code 9 Delays in East End (76%) and The Ferry (16%) and Strathmartine and West End remained the same as Q4 2019-20. Increased rates in Maryfield (1%), Coldside (2%), Lochee (38%) and North East (83%) (table 10)

#### Variation across LCPPs in Q1 2020-21

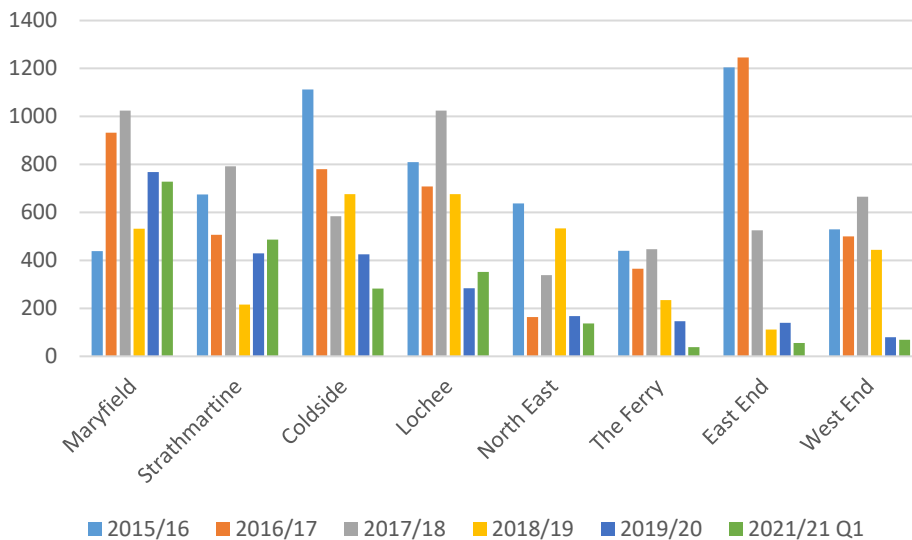
- West End (531) had the highest rate of Standard Delays for those aged 75+. Maryfield (128) had the lowest rates. (table 9)
- Lochee (144) had the highest rates of Code 9 Delays for those aged 75+. East End had the lowest rate at 5. (table 10)
- Overall, West End (570) had the highest rate of delays for All Reasons for those aged 75+. East End had the lowest rate (215).

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21Q1
Dundee	6573	5971	5403	3423	2440	2149
Maryfield	438	933	1025	532	768	728
Lochee	809	708	1025	676	284	352
Coldside	1112	780	584	676	425	283
North East	638	164	339	533	168	137
The Ferry	440	365	447	235	146	38
West End	529	500	666	444	80	69
East End	1204	1246	525	111	140	56
Strathmartine	675	507	792	216	429	486

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 Q1 2020-21

- 67% 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 66%. (table 11, chart 20)

Performance trend between Q4 2019-20 and Q1 2020-21

- The number of bed days lost to complex delayed discharges for people all ages in Dundee dropped 12% over the last quarter which is an improvement. (table 11)
- There were fewer complex days lost in Q1 2020-21 in The Ferry (74%), East End (60%), Coldside (33%), North East (18%), West End (14%) and Maryfield (5%) (table 11)
- There were more days lost in Q1 2020-21 in Strathmartine (13%) and Lochee (24%) (table 11).

Variation across LCPPs in Q1 2020-21

- Maryfield had the highest number of complex bed days lost for people all ages in Dundee at 728. (table 11)
- The Ferry had the lowest number at 38. (table 11)

## Actions to Improve Performance

Action	HSCP Operational Lead (s)	Timescale for Improvement
Continue to develop Enhanced Community Support (ECS) / Dundee Enhanced Community Support Acute (DECSA).	Allison Fannin	Ongoing
Develop locality teams.	Jenny Hill / Beth Hamilton	March 2021
Full implementation of Eligibility Criteria.	Jenny Hill /Beth Hamilton	December 2020
Develop community rehab model .	Jenny Hill / Beth Hamilton	July 2020
Continue to develop Home First Model through ongoing development of social care and step down resources.	Lynne Morman / Beth Hamilton	March 2021
Continue to develop local resources that meet the specialist requirements of Code 9 patients, working in partnership with the SHIP and other stakeholders.	Arlene Mitchell	Ongoing

