



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021**

**REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2021-22 QUARTER 1**

**REPORT BY: CHIEF FINANCE OFFICER**

**REPORT NO: PAC26-2021**

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to update the Performance and Audit Committee on 2021-22 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. This report also proposes 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 changes that have been made to the format and content of the quarterly performance report based on learning to date and feedback received (section 4.3 and 4.4)
- 2.2 Approve the proposed future approach to quarterly performance reports, analytical reports and improvement reports (section 5).
- 2.3 Note the performance of Dundee Health and Social Care Partnership, at Local Community Planning Partnership (LCPP), Dundee, Tayside and Scotland levels (where available), against the National Health and Wellbeing Indicators and Measuring Performance Under Integration indicators (summarised in section 6 and Appendix 1).
- 2.4 Instruct the Chief Finance Officer to submit a further in-depth analysis of readmissions data, which includes analysis of the data for the specialty with the highest readmission rate (excluding where reasons for poor performance were due to coding) no later than 31 March 2022 (sections 5.4 and 6).
- 2.5 Instruct the Chief Finance Officer to submit a further analysis of the reasons for the deterioration of performance against National Indicator 17 (care inspectorate gradings) no later than 31 March 2022 (sections 5.4 and 6).
- 2.6 Instruct the Chief Finance Officer to submit an update report on improvement activity that has been undertaken to address the increased rate in hospital admissions due to a fall no later than 31 March 2022 (sections 5.5 and 6).

**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. The current overall format of the quarterly performance report has been in place for 4 years, with only summary reports having been provided during 2020/21 due to resource pressures arising from the wider pandemic circumstances.

4.2 Over the last year officers from the Strategy and Performance Service who lead the production of quarterly performance reports have had the opportunity to hear feedback on content and format from members of the Performance and Audit Committee. Feedback has also been 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.

4.3 Although different stakeholders have different perspectives on what might be the most useful content and format from their individual perspective, some common themes have emerged from discussions over the last 9 months:

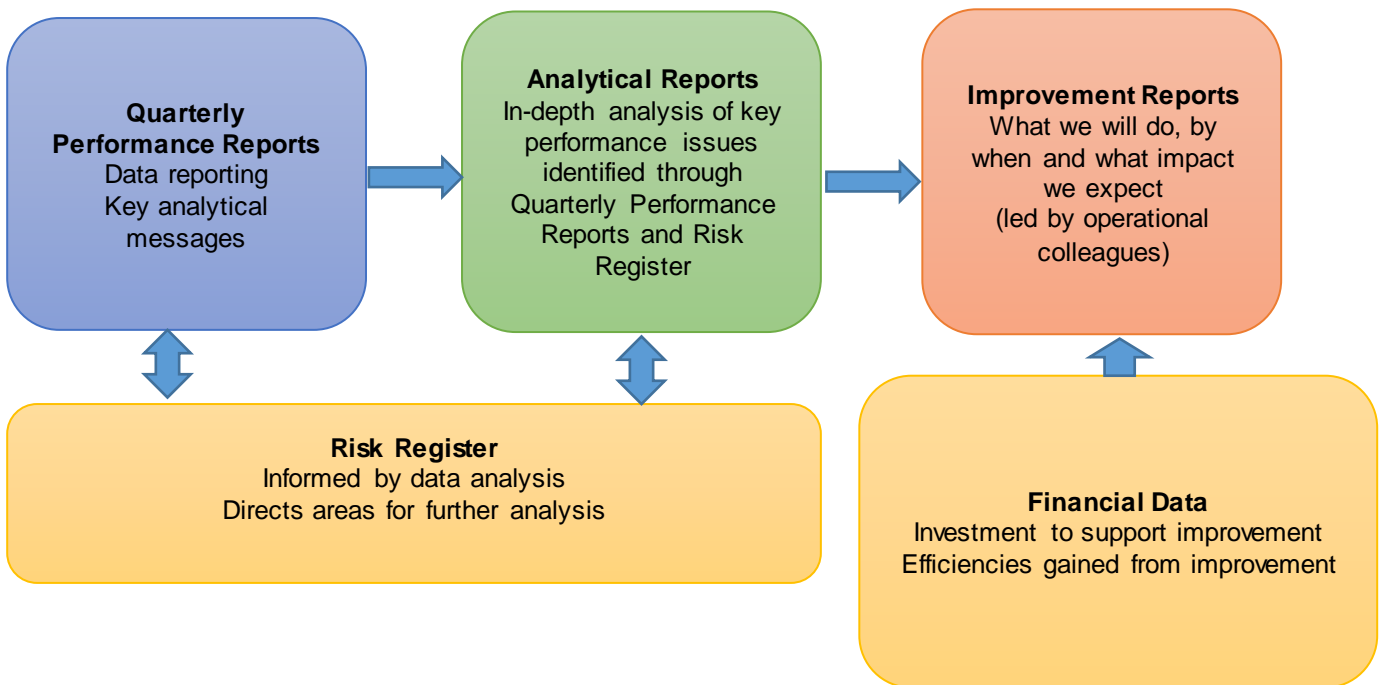
- That performance reporting should be aligned to risk registers; with resource focused on providing assurance regarding identified risks.
- That the provision of in-year trend information, as well as long-term trends (against the 2015/16 baseline year) should be included.
- That reports should focus on clearly communicating key analytical messages from the data, and on linking these to risk.
- That overall the report would benefit from further simplification of tables and charts, as long as more detailed information can be provided on request.
- That benchmarking information, both Tayside and Scotland, wide should be included wherever possible alongside Dundee data

4.4 Taking into account these themes, alongside legislative requirements that relate to information governance and performance reporting, officers have re-designed the quarterly performance report. The revised format is contained in appendix 1. Officers welcome feedback from Performance and Audit Committee members on this revised format and any further revisions that could helpfully be made in the short-term.

#### **5.0 FUTURE APPROACH TO PERFORMANCE REPORTING**

5.1 Feedback from Performance and Audit Committee members, the Chief Internal Auditor and other stakeholders received since the start of 2021 also highlighted that the historic approach to performance reporting has attempted to combine a number of different functions (data reporting, data analysis and improvement plans) in a single report. This approach adds to the length and complexity of reports and can, on occasion, mean that they do not discharge any one of those individual purposes to the standard that officers would aspire.

5.2 It is therefore proposed that the future approach to performance reporting will take the following format:



5.3 Quarterly performance reports will be focused on data reporting, with high level, key analytical messages. These will utilise the simplified format described in section 4 and in appendix 1. The content of reports will support officers and the PAC to identify areas of potential risk where further analytical reports are required.

5.4 Analytical reports will provide more in-depth analysis of data pertaining to specific issues or service areas where:

- there is exceptional performance identified within quarterly performance reports (either poor or excellent);
- operational risk registers identify specific areas of performance that require further in-depth analysis; and / or,
- where a risk identified within the risk register requires data analysis to inform risk management activities.

These reports will provide more extensive interrogation of data than can be achieved in the quarterly performance report and focus on understanding the potential underlying causes of poor or excellent performance with a view to informing improvement activity and the content of the IJB's risk register. This type of report has been provided to the PAC in the past in relation to falls and readmissions.

5.5 Improvement reports will be led by operational colleagues, with strategy and performance staff providing data support. The primary purpose of these reports will be to set out improvement plans that address the underlying cause of poor performance or to identify how enablers of excellent performance can be replicated within and across services. These reports will include a focus on what will be done, by whom, by when and the expected impact of this work (expressed as performance targets alongside other measures of success). Improvement reports will also be

linked to financial data setting out investment required to support improvements as well as projections of any efficiencies that will be achieved through the targeted improvement in performance.

5.6 Other priorities, once pandemic pressures have alleviated, to further improve the approach to performance reporting:

- The use of interactive dashboards to provide more accessible information, including data charts, to PAC members. Initial discussions have been held with NHS Tayside Business Unit, however delivery timescales will be dependent on available resources within their service and within the Partnership's Strategy and Performance Team; and,
- Developing local indicators for inclusion alongside national indicators in quarterly performance reports, including outcomes and impact focused indicators where possible. The best mechanism for delivering this improvement within existing resources is through the next full replacement of the strategic and commissioning plan (currently assumed to be no earlier than April 2023); however, some interim changes can be considered as part of the current statutory review and subsequent revisions to the existing plan.

## 6.0 QUARTER 1 PERFORMANCE 2021-22 – KEY ANALYTICAL MESSAGES

- Premature mortality rate is high for Dundee and performance is second poorest of the 8 comparable Partnerships (as aligned by the Improvement Service) and poorest out of the 3 Tayside partnerships.
- 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 in all or most of the LCPPs for rate of emergency admissions 18+, rate of 28-day readmissions all ages and rate of hospitalisations due to a fall 65+.
- Despite having a poorer rate of emergency admissions 18+, performance is 2<sup>nd</sup> best out of the 8 family group partnerships, although performance is poorest out of the Tayside Partnerships.
- The number of emergency admissions from A+E and the number of emergency admissions as a rate per 1,000 of all A+E attendances has increased over the last 3 quarters and is higher than the 2015/16 baseline.
- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement and performance is best in the family group but poorest out of the 3 Tayside Partnerships.
- Rate of readmissions all ages is overall 42% poorer than the 2015/16 baseline, has deteriorated over the last 4 quarters as well as every year since the baseline, is poorest in the family group and poorest out of the 3 Tayside Partnerships. Previous analytical reports identified that inconsistent coding was leading to some of this poor performance; further analysis is recommended to investigate data for the specialty with the highest readmissions rate when coding issues are excluded.
- 91% 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 and although performance across Scotland is similar it is best out of the 8 family group partnership and is 2<sup>nd</sup> out of the 3 Tayside partnerships.
- Rate of hospital admissions due to a fall for aged 65+ is 27% higher than the 2015/16 baseline and is higher in every LCPP except for North East. The rate has increased over the last 3 quarters and is the second poorest of the 8 family group partnerships and out of the 3 Tayside partnerships. It is recommended that PAC receives an update report on ongoing activity to improve performance in this area.

- % care services graded 'good' (4) or better in Care Inspectorate inspections has deteriorated since the 2015/16 baseline and an investigation of this identified that these services were not provided directly by the partnership. Further analysis is recommended to investigate the reasons for the deterioration of performance against National Indicator 17.
- Rate of bed days lost to a standard delayed discharge for age 75+ is 52.7% less than the 2015/16 baseline.
- Rate of bed days lost to complex (code 9) delayed discharge for age 75+ is 42.9% less than the 2015/16 baseline, although performance has deteriorated over the last 4 quarters and 2 of the 8 LCPPs increased since 2015/16 (Lochee and West End).
- % of health and social care resource spent on hospital stays where the patient was admitted as an emergency was 5.8% less in 2020/21 than 2015/16

## 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>	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.

**9.0 CONSULTATIONS**

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

**100.0 BACKGROUND PAPERS**

10.1 None.

Dave Berry  
Chief Finance Officer

**DATE:** 12 October 2021

Lynsey Webster  
Senior Officer, Strategy and Performance

## APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q1 2021-22 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)	0.7%	4.4%	4.5%	-5.1%	2.4%	-0.4%	8.0%	4.3%	-8.3%
Emer Admissions rate per 100,000 18+ (Non Covid Only)									
Emer Bed Days rate per 100,000 18+ (Covid and Non Covid)	-23.4%	-20.2%	-28.3%	-28.3%	-15.5%	-18.2%	-21.4%	-26.5%	-24.1%
Emer Bed Days rate per 100,000 18+ (Non Covid Only)									
Readmissions rate per 1,000 Admissions All	41.6%	41.3%	53.3%	24.6%	31.1%	37.1%	42.9%	52.8%	51.4%
Hospital admissions due to falls rate per 1,000 65+	27%	34%	17%	18%	-11%	6%	38%	31%	64%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52.7%	-61.9%	-54.7%	-56.2%	-42.1%	-67.3%	-50.9%	-65.1%	-13.1%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-42.5%	+109.6%	-58.7%	-45.3%	-80.2%	-87.5%	-3.2%	+32.4%	-58.3%

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



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+ (Covid and Non Covid)	12,026	14,364	16,542	13,008	11,917	13,045	10,710	8,346	10,103
Emer Admissions rate per 100,000 18+ (Non Covid Only)									
Emer Bed days rate per 100,000 18+ (Covid and Non Covid)	101,786	129,402	130,739	116,825	95,228	101,389	83,803	72,174	95,906
Emer Bed days rate per 100,000 18+ (Non Covid Only)									
Readmissions rate per 1,000 Admissions All*	158	147	190	143	145	159	174	158	149
Hospital admissions due to falls rate per 1,000 65+	31.7	35.7	32.2	35.3	18.4	26.6	32.0	36.2	33.2
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	249	232	295	242	274	161	293	238	272
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	169	344	216	242	151	52	157	287	17

Source: NHS Tayside data

\*covid admission reasons not available

Key:  Improved/Better  Stayed the same  Declined/Worse

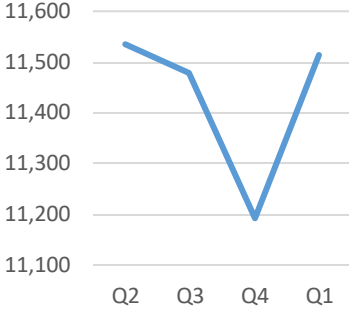
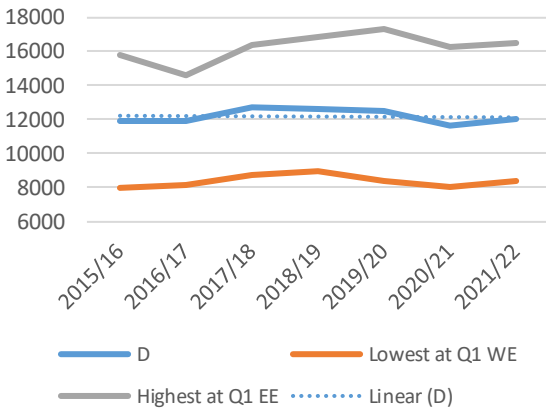
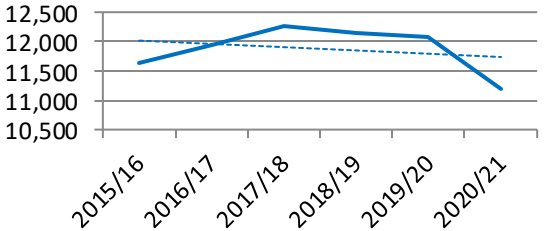


**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2021-22 compared to Dundee**

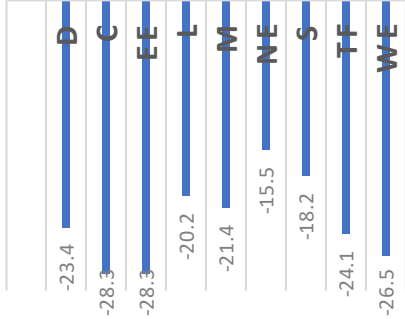
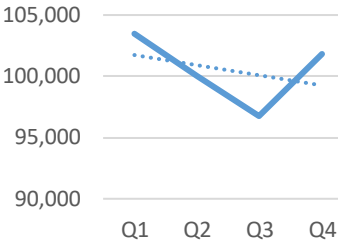
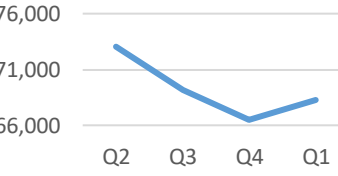
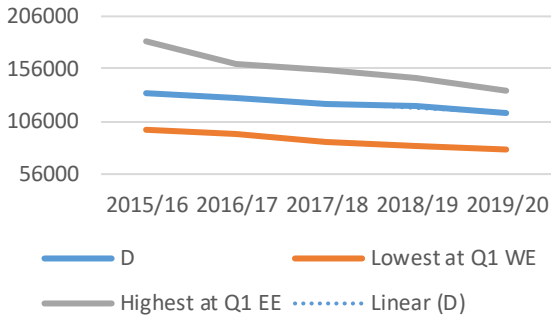
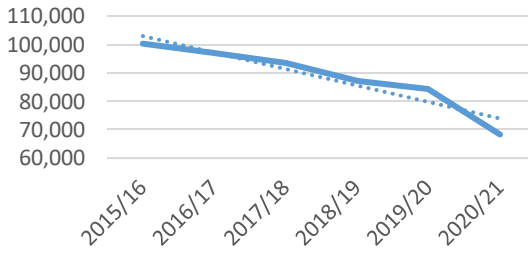
Dundee = D	East End = EE
Strathmartine = S	North East = NE
Coldside = C	West End = WE
Lochee = L	The Ferry = TF

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					2 <sup>nd</sup> (92%)	3 <sup>rd</sup>
2.% of adults supported at home who agreed that they are supported to live as independently as possible					7 <sup>th</sup> (79%)	3 <sup>rd</sup>
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided					6 <sup>th</sup> (73%)	3 <sup>rd</sup>
5.% of adults receiving any care or support who rate it as excellent or good					8 <sup>th</sup> (75%)	3 <sup>rd</sup>
6.% of people with positive experience of care at their GP practice					4 <sup>th</sup> (79%)	2 <sup>nd</sup>

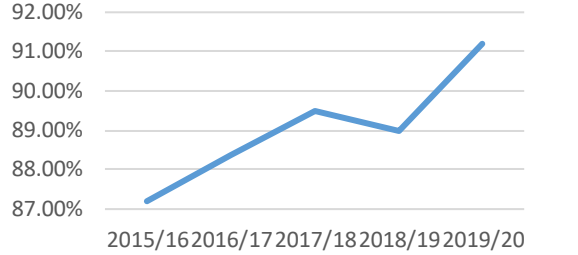
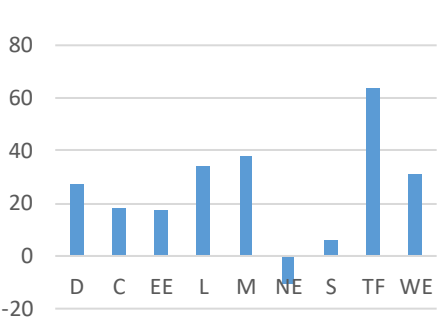
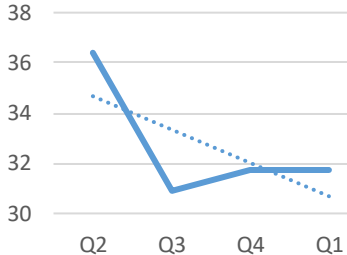
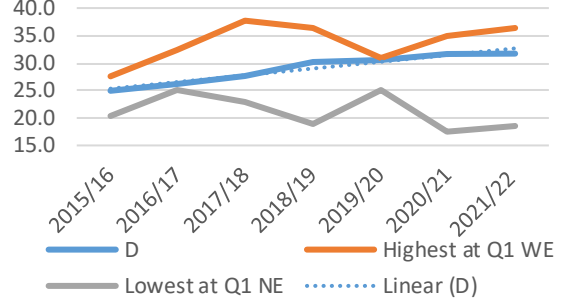
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst												
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life					7 <sup>th</sup> (77%)	3 <sup>rd</sup>												
8.% of carers who feel supported to continue in their caring role					6 <sup>th</sup> (35%)	3 <sup>rd</sup>												
9.% of adults supported at home who agreed they felt safe					6 <sup>th</sup> (82%)	3 <sup>rd</sup>												
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>572</td> </tr> <tr> <td>2017</td> <td>555</td> </tr> <tr> <td>2018</td> <td>540</td> </tr> <tr> <td>2019</td> <td>542</td> </tr> <tr> <td>2020</td> <td>605</td> </tr> </tbody> </table>	Year	Rate	2016	572	2017	555	2018	540	2019	542	2020	605	29 <sup>th</sup>	7 <sup>th</sup>	3 <sup>rd</sup>
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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>12. Emer Admissions rate per 100,000 18+</b>	1% less in 2021/22 than 2015/16 (improved) (source: MSG)	<p>MSG National Data</p> 	<p>Local Data (BSU)</p>  <p>National MSG Data</p> 	20th	2 <sup>nd</sup>	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)	868 more attendances in 2021/22 than 2015/16	<table border="1"> <caption>Dundee Short Term Trend (last 4 quarters)</caption> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Q2</td> <td>7150</td> </tr> <tr> <td>Q3</td> <td>6950</td> </tr> <tr> <td>Q4</td> <td>7150</td> </tr> <tr> <td>Q1</td> <td>7350</td> </tr> </tbody> </table>	Quarter	Value	Q2	7150	Q3	6950	Q4	7150	Q1	7350	<table border="1"> <caption>Long Term Trend</caption> <thead> <tr> <th>Year</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>6,450</td> </tr> <tr> <td>2016/17</td> <td>6,950</td> </tr> <tr> <td>2017/18</td> <td>7,050</td> </tr> <tr> <td>2018/19</td> <td>7,450</td> </tr> <tr> <td>2019/20</td> <td>7,600</td> </tr> <tr> <td>2020/21</td> <td>7,150</td> </tr> <tr> <td>2021/22</td> <td>7,350</td> </tr> </tbody> </table>	Year	Value	2015/16	6,450	2016/17	6,950	2017/18	7,050	2018/19	7,450	2019/20	7,600	2020/21	7,150	2021/22	7,350		NA as number and not rate	NA as number and not rate
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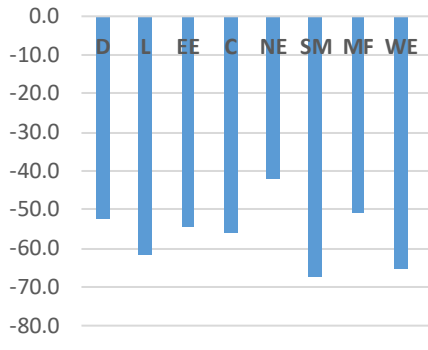
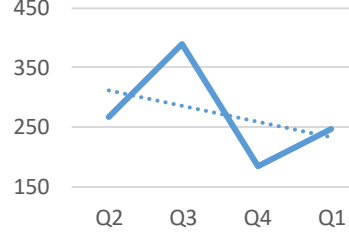
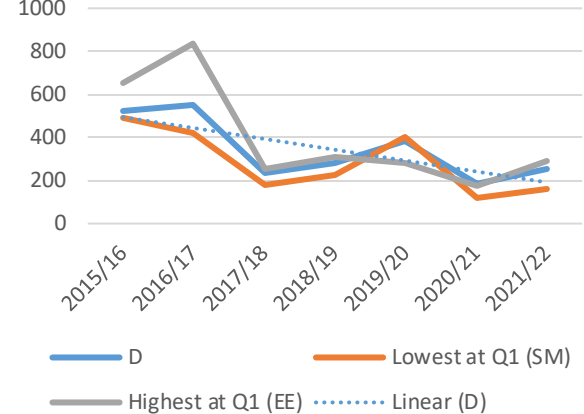
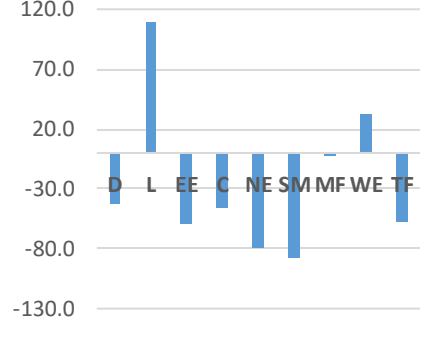
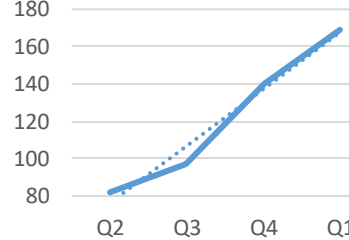
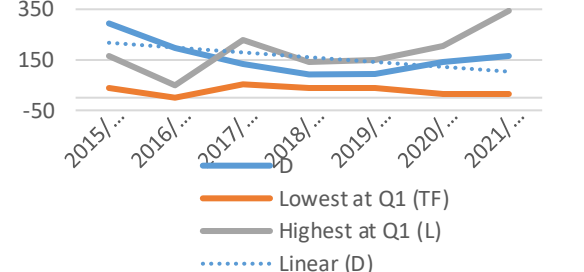
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>13. Emer Bed days rate per 100,000 18+</b>	<p style="text-align: center;">Local Data (BSU)</p>  <p>32% less acute bed days in 2021/22 than 2015/16 (improved) (source: MSG)</p> <p>26% less mental health bed days in 2021/22 than 2015/16 (improved) (source: MSG)</p>	<p style="text-align: center;">Local Data (BSU)</p>  <p style="text-align: center;">National MSG Data (Acute Only)</p> 	<p style="text-align: center;">Local Data (BSU)</p>  <p style="text-align: center;">National MSG Data (Acute Only)</p> 	13th	1st	3rd

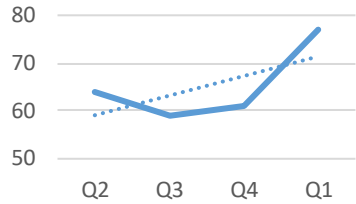
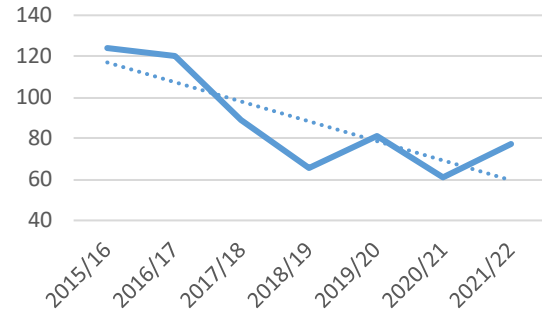
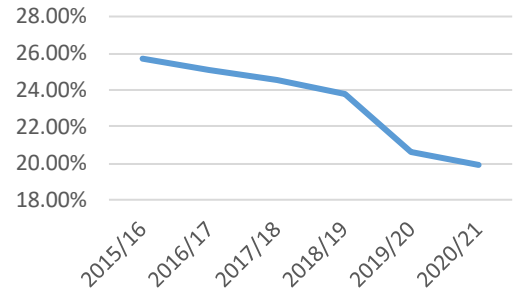
		<p>National MSG Data (Mental Health Specialties)</p>	<p>National MSG Data (Mental Health Specialties)</p>			
<b>National Indicator</b>	<b>Difference From 15/16 Baseline</b>	<b>Dundee Short Term Trend (last 4 quarters)</b>	<b>Long Term Trend</b>	<b>Scotland Position 1= best, 32 = worst</b>	<b>Family Group Position 1= best, 8 = worst</b>	<b>Tayside Group Position 1= best, 3 = worst</b>
<b>14.Readmissions rate per 1,000 Admissions All Ages</b>	<p>41.6% more in 2021/22 than 2015/16 (deterioration). Variation ranges from 24.6% in Coldside to 53.3% in East End</p>		<p>— Dundee      — Lowest at Q1 WE — Highest at Q1      ····· Linear (Dundee)</p>	28 <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 by 2.8% between 2015/16 and 2021/21 (improvement)	Not Available	 <table border="1"> <caption>Long Term Trend Data (Indicator 15)</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>87.2%</td> </tr> <tr> <td>2016/17</td> <td>88.2%</td> </tr> <tr> <td>2017/18</td> <td>89.5%</td> </tr> <tr> <td>2018/19</td> <td>89.0%</td> </tr> <tr> <td>2019/20</td> <td>91.2%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	87.2%	2016/17	88.2%	2017/18	89.5%	2018/19	89.0%	2019/20	91.2%	11th	1st	2nd
Year	Percentage																	
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2018/19	89.0%																	
2019/20	91.2%																	
<b>16. Hospital admissions due to falls rate per 1,000 65+</b>	 <p>27% more in 2021/22 than 2015/16 (deterioration). Improvement in only 1 LCPP, North East with 11% improvement, Greatest increase (deterioration) was in The Ferry with 64% increase (deterioration).</p>		 <p>Legend:      — D (Blue)      — Highest at Q1 WE (Orange)      — Lowest at Q1 NE (Grey)      ..... Linear (D) (Dotted Blue)</p>	32 <sup>nd</sup>	8th	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>17. % care services graded 'good' (4) or better in Care Inspectorate inspections</b>	10% less in 2020/21 than 2015/16 (deterioration)	Not Available	 <table border="1"> <caption>Long Term Trend Data for Indicator 17</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2015/16</td> <td>88.5%</td> </tr> <tr> <td>2016/17</td> <td>86.0%</td> </tr> <tr> <td>2017/18</td> <td>84.5%</td> </tr> <tr> <td>2018/19</td> <td>86.5%</td> </tr> <tr> <td>2019/20</td> <td>80.0%</td> </tr> <tr> <td>2020/21</td> <td>79.5%</td> </tr> </tbody> </table>	Year	Percentage	2015/16	88.5%	2016/17	86.0%	2017/18	84.5%	2018/19	86.5%	2019/20	80.0%	2020/21	79.5%	29th	8th	3rd
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2019/20	80.0%																			
2020/21	79.5%																			
<b>18. % adults with intensive care needs receiving care at home</b>	5.5% more in 2020 than 2016 (improvement) (note calendar year)	Not Available	 <table border="1"> <caption>Long Term Trend Data for Indicator 18</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>54.0%</td> </tr> <tr> <td>2017</td> <td>54.5%</td> </tr> <tr> <td>2018</td> <td>58.5%</td> </tr> <tr> <td>2019</td> <td>57.5%</td> </tr> <tr> <td>2020</td> <td>59.5%</td> </tr> </tbody> </table>	Year	Percentage	2016	54.0%	2017	54.5%	2018	58.5%	2019	57.5%	2020	59.5%	22nd	7th	2nd		
Year	Percentage																			
2016	54.0%																			
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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>52.7% reduction (improvement) since 2015/16 with improvements across every LCPP</p>			NA	NA	NA
<b>19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)</b>				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>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	48 less in 2020/21 than 2015/16 (improvement)			12th	3rd	3rd
<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)	Not Available		18th	3rd	3rd

## 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>1</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 timely 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>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 2020 to 30 June 2021.

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