ITEM No ...5.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 31 JANUARY 2024

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE

REPORT - 2023-24 QUARTER 2

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC4-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2023-24 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing 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). 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. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.
- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting

year and the preceding five reporting years. From Q1 2023-24, quarterly performance reports use the 2018/19 baseline year for all indicators.

5.0 QUARTER 2 PERFORMANCE 2023-24 – KEY ANALYTICAL MESSAGES

- 5.1 Key analytical messages for the Quarter 2 2023-24 period are:
 - Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
 - Performance is poorer than the 2018-19 baseline for rate of emergency admissions 18+, hospital admissions due to a fall 65+, A+E attendances 18+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+, 28 day readmissions rate, % care services graded good, and standard bed and complex days lost to delayed discharges 75+.
 - Rate of emergency admissions and bed day rate per 100,000 18+ population increased by 10% and 8.4% respectably when compared with the 2018-19 baseline. Only one LCPP saw a decrease in rate of emergency bed days (Lochee -4.2%).
 - Rate of emergency readmission within 28 days of any admission increased by 3% between 2018-19 baseline and Q2 2023-24. There was an increase in 4 LCPPs (Lochee by 3%, Coldside by 23%, West End by 23%, The Ferry by 12%).
 - 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2018-19 baseline of 89.1% (improvement). Although performance across Scotland is similar, Dundee is best out of the 8 family group partnership and is 2nd out of the 3 Tayside partnerships.
 - Rate of hospital admissions due to a fall for people aged 65+ is 12% higher than the 2018-19 baseline and is higher in 5 of the 8 LCPPs (West End +6%, East End +21%, Maryfield +23%, Lochee +72% amd North East +43%). Dundee is the poorest of the 8 family group partnerships and poorest out of the 3 Tayside partnerships. The Falls Data Group continues to meet to understand and ultimately improve this performance.
 - % care services graded 'good' (4) or better in Care Inspectorate inspections has
 deteriorated since the 2018-19 baseline from 86.2% in 2018-19 to 75.2% in 22/23. Report
 PAC27-2023 Article VIII of the minute of meeting of this Committee of 27th September 2023
 refers provided a detailed analysis of gradings awarded in 2022-23.
 - Rate of bed days lost to a standard delayed discharge for people aged 75+ is 149% more
 than the 2018-19 baseline and performance deteriorated across all LCPPs. At Q2 the
 LCPP with the highest rate was East End (1196) and the LCPP with the lowest rate was
 North East (509). Report PAC26-2023 Article VII of the minute of meeting of this
 Committee of 27th September 2023 refers provided an up-to-date position regarding
 discharge management, including an overview of improvement activity.
 - Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ is 24% higher than the 2018-19 baseline, with increases across 5 of the 8 LCPPs. Increases ranged from 30% in Strathmartine and North East to 307% in East End.
- Public Health Scotland publishes a four-week snapshot of the demand for Care at Home services provided by Health and Social Care Partnerships across Scotland. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered. In Dundee, as at 13 November 2023:

- 0 people waited in hospital and 143 people waited in the community for a social care assessment. This is the second lowest number reported since 29 May 2023 (lowest was 139 at 23 October 2023). 0 people have waited in hospital each week since 17 October 2022.
- 24 people were assessed and waiting for a care at home package in hospital (324 hours yet to be provided). The number of people and hours have been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (359 hours yet to be provided). The number of hours has been decreasing since 23 February 2023 amd the number of people waiting is the lowest in the last 12 months.
- For those already in receipt of a care at home package 190 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

Risk 1 Description Risk Category	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. Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
IIIIIeieiit ixisk Levei	Likelihood 3 x Impact 3 = Nisk Scotting 13 (which is an Extreme Nisk Level)
Mitigating Actions (including timescales and resources)	 Continue to develop a reporting framework which identifies performance against national and local indicators. Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). Continue to support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

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

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry Chief Finance Officer DATE: 11 December 2023

Lynsey Webster Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q2 2023-24 against baseline year 2018/19

Most Deprived Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathm artine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18	+10%	+7.3%	+1.1%	+8.0%	+6.5%	+17.3%	+8.1%	+20.6%	+11.3%
Emer Bed Days rate per 100,000 18+	+8.4%	-4.2%	+8.6%	+15.3%	+21.2%	+18.7%	+3.3%	+6.3%	+2.6%
28 Day Readmissions rate per 1,000 Admissions	+3%	+3%	-8%	+23%	-3%	-5%	-6%	+23%	+12%
Hospital admissions due to falls rate per 1,000 65+	+12%	+72%	+21%	-11%	+43%	-4%	+23%	+6%	-2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+149%	+58%	+288%	+298%	+102%	+132	+166%	+77%	+162%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	+24%	-29%	+307%	-63%	+30%	+30	+100%	+130%	-56%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q2 2023-24 compared to Dundee

Most Deprived Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	13,916	16,224	17,020	15,996	13,274	15,520	11,526	10,833	12,034
Emer Bed days rate per 100,000 18+	130,049	151,386	160,370	168,669	109,352	142,335	107,232	87,033	122,173
28 Day Readmissions rate per 1,000 Admissions	145	146	151	158	125	145	139	163	132
Hospital admissions due to falls rate per 1,000 65+	34	44	40	36	27	28	32	38	29
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	689	711	1196	835	509	523	698	584	537
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	114	75	346	79	114	117	284	35	18

Source: NHS Tayside data

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP position is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP position is better than Dundee this is coded as green.



Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2023-24 compared to Dundee

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

Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in survey methodology since 2015/16.

National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*				2nd	2nd (84%)	1st
6.% of people with positive experience of care at their GP practice*				16th	3rd (67%)	3rd

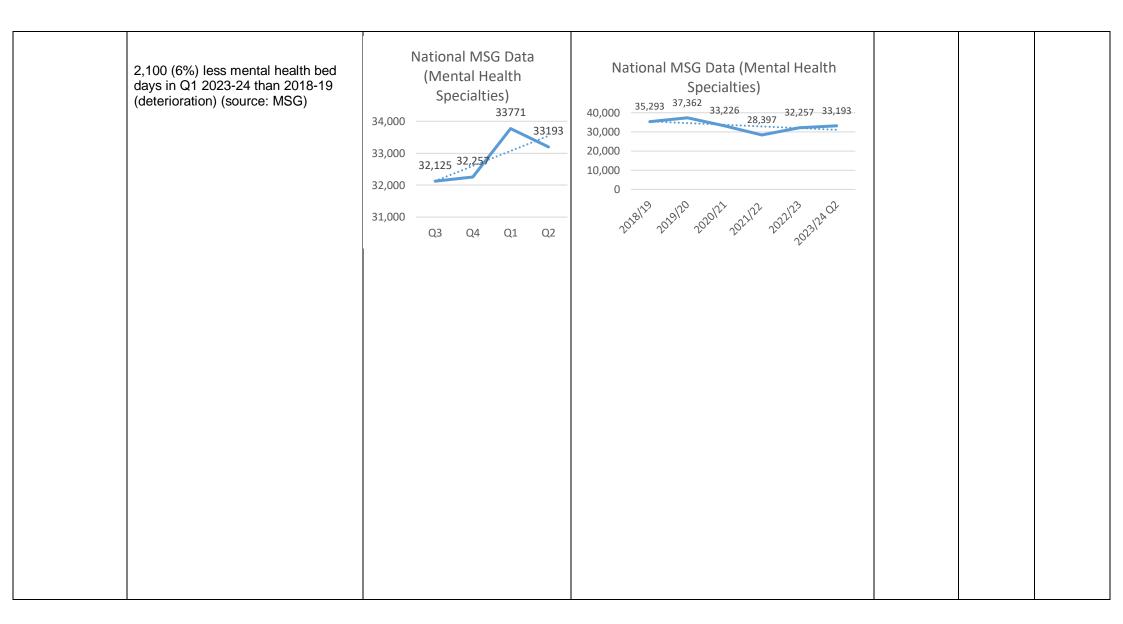
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				29th	8 th (72%)	3rd
8.% of carers who feel supported to continue in their caring role*				26th	7 th (27%)	3rd
9.% of adults supported at home who agreed they felt safe*				20th	7 th (77%)	3rd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally	Not Available Nationally	Not Available Nationally			
11. Premature mortality rate per 100,000 persons	6% more in 2021 than 2016 (deterioration)	Not Available	Source: PHS 800 600 400 200 0 2016 2017 2018 2019 2020 2021 Dundee City Scotland 2021 is latest available published data	29th	7th	3rd

National Indicator	Difference From 18/19 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
12. Emer Admissions rate per 100,000 18+	9% (1,433 admissions) more in Q2 23/24 than 2018/19 (deterioration) (source: NHST BSU) Source: NHST BSU 30.0 20.0 10.0 0.0 20.0 20.0 LCPP	Source: National MSG Data 13,500 13,000 12,500 12,000 11,500 Q3 Q4 Q1 Q2 Increasing trend over the last 4 quarters	Source: NHST BSU 18000 16000 14000 12000 10000 8000 6000 Destribution for the following foll	24th	4th	3rd

National Indicator	Difference From 18-19 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)	988 more attendances in Q2 23/24 than 2018/19.	Source: MSG National Data 8500 8400 4+ 8300 8200 8400 8000 7900 Q3 Q4 Q1 Q2	Source: MSG National Data 9,000 8,500 8,000 7,500 7,000 6,500 2020 2020 2020 2020 2020 2020 2020	NA as number and not rate	NA as number and not rate	NA as number and not rate
		Increasing trend.				
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate is 41(14%) higher at Q2 2023/24 than 2018/19.	Source: MSG National Data 344 000, 342 340 348 338 336 234 338 336 334 338 336 338 336 338 338 338 338 338 339 339 330 340 321 322 324 322 Q3 Q4 Q1 Q2	Source: MSG National Data 1,000 attendances 350 300 250 203 203 203 203 203 203 203 203 203 20	Not Avail	Not Avail	Not Avail

National Indicator	Difference From 18-19 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
Accident & Emergency Attendances (MSG)	1 more in Q2 2023/24 than 2018/19	Source: MSG National Data 24700 24600 24500 24300 Q3 Q4 Q1 Q2 Increase over the last quarter by 179 attendances.	Source: MSG National Data 30000 25000 15000 10000 5000 0 20001 20000 20000 10000 20	NA as number and not rate	NA as number and not rate	NA as number and not rate

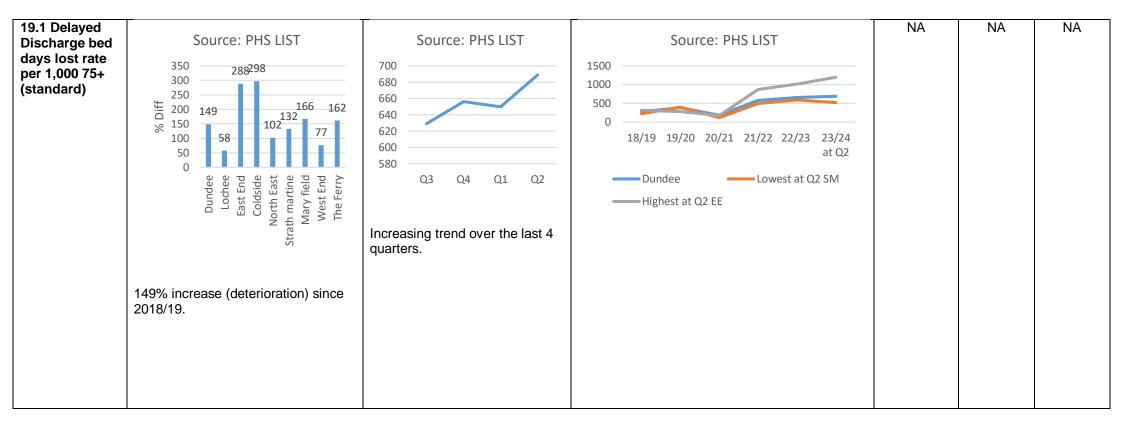
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	Source: NHST BSU 30.0 20.0 10.0 -10.0 11,179 (6.3%) more acute bed days in Q2 2023/24 than 2018/19 (deteriorated) (source: NHST BSU)	Source: NHST BSU 132,000 130,000 128,000 126,000 124,000 122,000 Q3 Q4 Q1 Q2 Quarter Rate has risen (deterioration) over the last 4 quarters.	206000 Source: NHST BSU 156000 56000 2015/16017 1130 8130 120 120 120 120 120 120 120 120 120 12	10th	1st	2nd
		National MSG Data (Acute Only) 81,500 81,000 80,500 80,000 79,500 Q3 Q4 Q1 Q2	Source: National MSG Data (Acute Specialties) 90,000 80,000 70,000 60,000 2018119 201912 20			

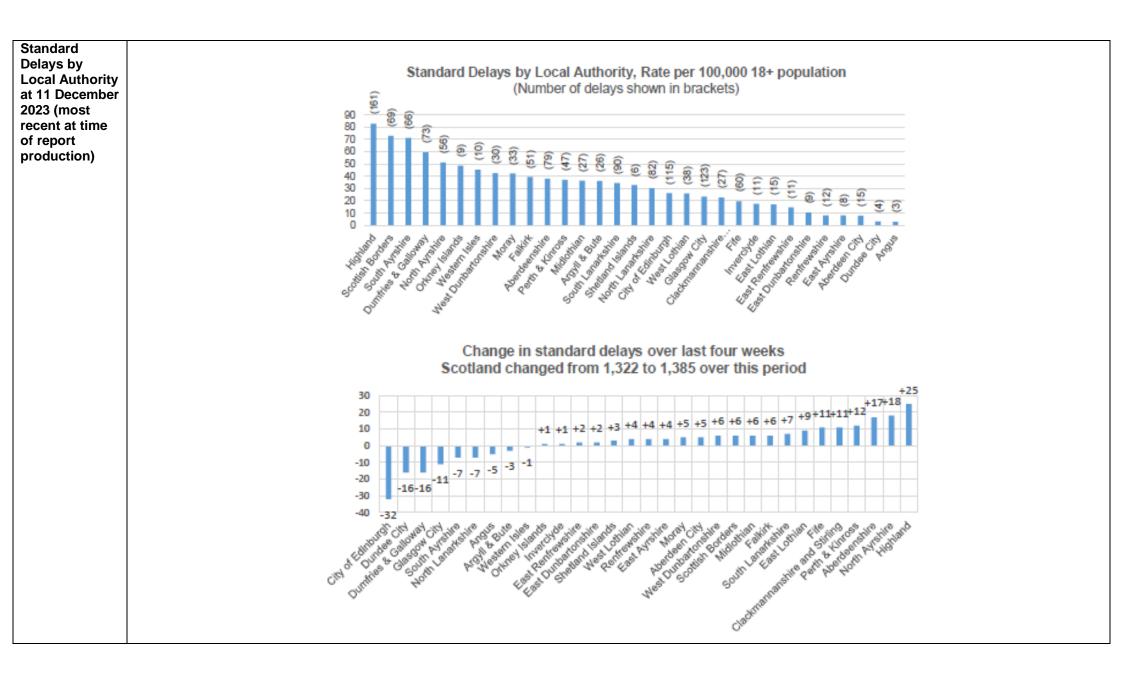


National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissio ns rate per 1,000 Admissions All Ages	Source: NHST BSU 30 25 23 20 15 10 3 3 3 3 0 -5 -10 3% higher at Q2 23-24 than 18-19. Variation ranges from -8% in East End to +23% in Coldside and West End.	Source: NHST BSU 150 145 145 145 139 139 140 130 130 Q3 Q4 Q1 Q2 Quarter Increase over the last 3 quarters	Source: NHST BSU 200 150 150 100 50 75116 617 7118 7818 7918 7017 7717 7713 207 23174 207 Dundee highest at Q2 WE lowest at Q2 NE Linear (Dundee)	30 th	8th	3rd

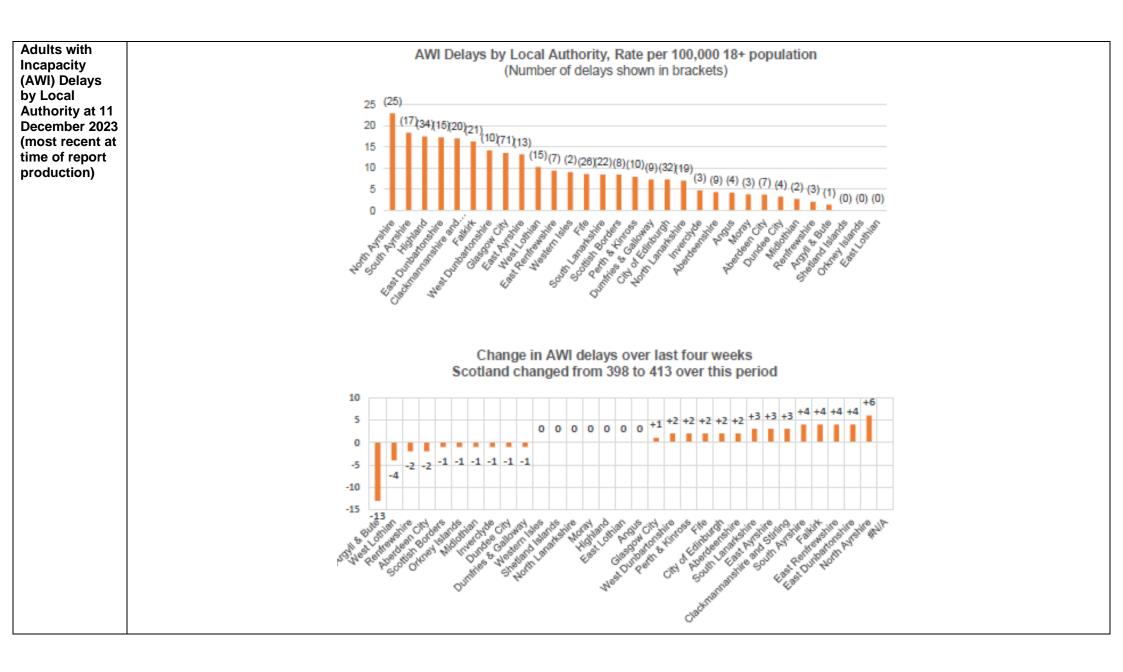
15. % of last 6 months of life spent at home or in a community setting	Up from 88.8% in 2017/18 to 90.3% in 2022 (improvement)	Not Available	Dundee City 94.0% 92.0% 90.0% 88.0% 86.0% 84.0%	9th	1st	2nd
National Indicator	Difference From 18-19 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+	Source: NHST BSU 80 72 60 43 40 21 23 23 12 13% (103 falls admissions) more in Q2 23/24 than 2018/19 (deterioration). Greatest increase (deterioration) was in Lochee with 72% increase (61 fall related admissions) (deterioration).	Source: NHST BSU 35 34 34 34 34 33 33 33 Q3 Q4 Q1 Q2 Stable trend over the last 4 quarters.	Source: NHST BSU 50.0 45.0 40.0 35.0 30.0 25.0 20.0 15.0 Highest at Q2 Lochee Lowest at Q2 NE	31st	8th	3rd

17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped from 84.5% in 2017/18 to 75.2% in 2022/23 (deterioration)	Not Available	\$\text{Source: PHS}\$ 90.0% 85.0% 80.0% 75.0% 70.0% 65.0% Dundee City \$\text{Scotland}\$	21st	7th	1st
National Indicator	Difference From 18-19 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
18. % adults with intensive care needs receiving care at home	6.5% (130 people) more in 2022 than 2017 (improvement) (note calendar year)	Not Available	Source: PHS 70.0% 65.0% 60.0% 55.0% 50.0% 45.0% 2016 2017 2018 2019 2020 2021 2022 Dundee City Scotland	28th	8th	2nd





National Indicator	Difference From 18-19 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
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	Source: PHS LIST 350 307 300 250 200 150 130 100 50 24 30 30 30 30 30 30 30 30 30 40 50 40 40 40 40 40 40 40 40 40 40 40 40 40	Source: PHS LIST 200 162 150 134 114 114 00 100 Q3 Q4 Q1 Q2 Improvement since Q3	Source: PHS LIST 600 500 400 300 200 100 0 Lowest at Q2(TF) Highest at Q2(EE)	NA	Z	NA



National Indicator	Difference From 18-19 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
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have almost doubled since 2019-20 (2018-19 data not provided by PHS). In 2019-20 there were 9,861 bed days lost and this increased to 18,981 at Q2 2023-24. This is an increase of 9,120.	Source: MSG National Data 170 165 160 155 150 Q3 Q4 Q1 Q2	Source: MSG National Data 200 150 100 50 0 201819 201910 202112 202122 202212	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvemement) *latest data available	Not Available	Source: PHS 28.00% 26.00% 24.00% 22.00% 20.00% 18.00% 20.5116 201511 2015113 2018113	18th	3rd	3rd

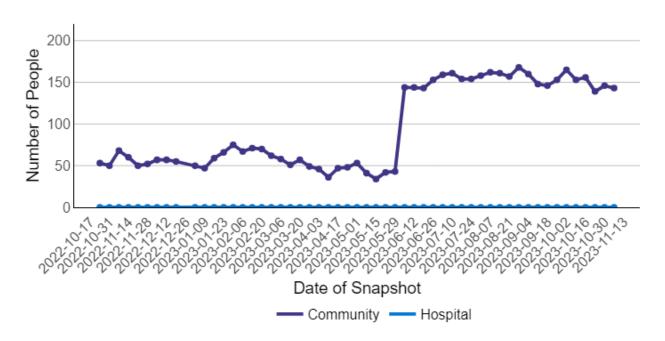
APPENDIX 2 SUMMARY OF SOCIAL CARE - DEMAND FOR CARE AT HOME SERVICES DUNDEE

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered.

The data included in this publication is management information which the Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships.

Chart 1

Number of People Waiting for a Social Care Assessment in Dundee City.

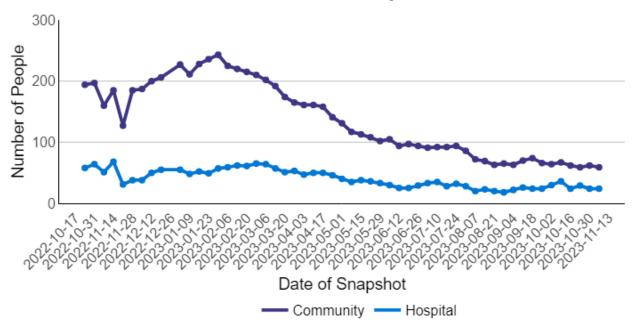


In Dundee as at 13th November 2023:

- 0 people waited in hospital and 143 people waited in the community for a social care assessment. This is the 2nd lowest number reported since 29 May 2023. (lowest number was at 23 Oct 23 when 139 people waited).
- 0 people have waited in hospital each week since 17 October 2022.

Chart 2

Number of people assessed and waiting for a care at home package in Dundee City.

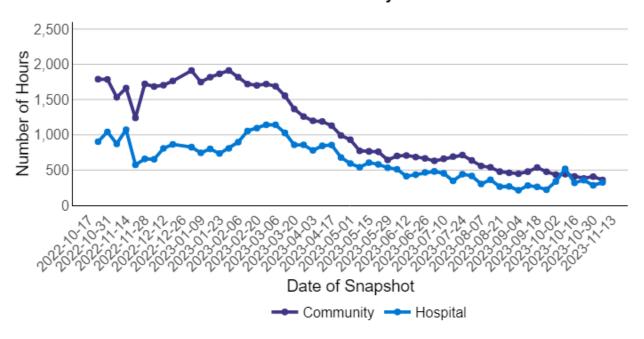


In Dundee as at 13th November 2023:

- 24 people were assessed and were waiting in hospital for a care at home package; there has been a decreasing trend ever the last 10 months.
- 59 people were assessed and were waiting in the community for a care at home package; this is the lowest it has been in the last 12 months.

Chart 3

Number of Hours of Care at Home yet to be provided for Assessed Individua Dundee City.

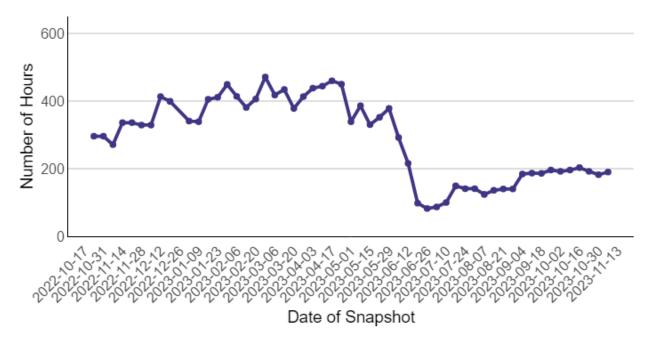


In Dundee as at 13th November 2023:

- 24 people were assessed and waiting for a care at home package in hospital (324 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.
- 59 people were assessed and waiting for a care at home package in the community (359 hours yet to be provided). The number of hours has been decreasing since 23 February 2023.

Chart 4

Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package in Dundee City.



In Dundee as at 13th November 2023:

• For those already in receipt of a care at home package 190 additional hours were required and not provided. There was a significant decrease to 19 June 2023, however there has been an increasing trend since then.

APPENDIX 3 - 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 rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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¹ Rolling data is used so that quarterly data can be compared with financial years. This means that data for Quarter 2 shows the previous 12 months of data including the current quarter. Therefore, Quarter 2 data includes data from 1 October 2022 to 30 September 2023.