



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024

**REPORT ON:** DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 1

**REPORT BY:** CHIEF FINANCE OFFICER

**REPORT NO:** PAC42-2024

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 1 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 2024-25, quarterly performance reports use the 2019-20 baseline year for all indicators.

## **5.0 QUARTER 1 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES**

5.1 Key analytical messages for the Quarter 1 2024-25 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 2019-20 baseline for rate of emergency admissions 18+, rate of emergency bed days 18+, rate of hospital admissions due to a fall 65+, emergency admission numbers from A+E 18+, emergency admissions as a rate of all A+E attendances 18+ and 28 day readmissions rate 18+.
- The rate of standard bed days lost to delayed discharges 75+ was 15% lower than the 2019-20 baseline and the rate of complex bed days lost to delayed discharges 75+ was 17% lower which is an improvement.
- Rate of emergency admissions per 100,000 18+ population increased by 15.3% compared with the 2019-20 baseline and there was an increase across every LCPP with The Ferry being the highest with 24.4% increase. This is deterioration in performance.
- Rate of emergency bed days per 100,000 18+ population increased by 4.8% when compared with the 2019-20 baseline. 2 LCPPs saw a decrease in rate of emergency bed days (Coldside –6% and Maryfield –11.2%).
- Rate of emergency readmission within 28 days of any admission increased by 7% between 2019-20 baseline and Q1 2024-25. There was decrease in 1 LCPP (East End by 10%).
- Rate of hospital admissions due to a fall increased by 16% between 2019-20 baseline and Q1 2024-25. There was a decrease in 1 LCPP (Coldside by 12%).
- Rate of bed days lost to standard delayed discharge for people aged 75+ is 15% less than the 2019-20 baseline and improved in 5 LCPPs. At Q1 the LCPP with the highest rate was West End (412 bed days lost per 1,000 people aged 75+) closely followed by Lochee and the LCPP with the lowest rate was North East (65 bed days lost per 1,000 people aged 75+).
- Rate of bed days lost to complex (code 9) delayed discharge for people aged 75+ decreased by 17% between the 2019-20 baseline and Q1 2024-25, which is an improvement. There were increases in 4 out of the 8 LCPPs. Increases were 727% in East End, 184% Strathmartine, 52% in The Ferry and 2% in Lochee.
- In 2023, 90.7% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2019-20 baseline of 89.6% (improvement). Performance across Scotland is similar, Dundee is 5<sup>th</sup> best out of the 32 partnerships, 2<sup>nd</sup> in the family groups.

5.2 Public Health Scotland publishes a report on the number of people who are waiting for Social Care and Care at Home service provided by the Health and Social Care Partnerships. 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. Data published from 15 January 2024 onwards reflect improved definitions and therefore caution should be taken when comparing with figures prior to this date.

In Dundee, as at 23 September 2024:

- 0 people waited in hospital and 131 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 5 people were assessed and waiting for a care at home package in hospital (64 hours yet to be provided).
- 8 people were assessed and waiting for a care at home package in the community (52 hours yet to be provided).
- For those already in receipt of a care at home package 14 additional hours were required and not provided.

## 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

<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 to identify areas of poor performance that result in operational risk and undertake additional analysis as required.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.

## 8.0 CONSULTATIONS

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

## **9.0 BACKGROUND PAPERS**

9.1 None.

Christine Jones  
Acting Chief Finance Officer

**DATE:** 11 October 2024

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Senior Officer, Data and Intelligence

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## APPENDIX 1 – Performance Summary

**Table 1: Performance in Dundee's LCPPs - % change in Q1 2024-25 against baseline year 2019-20**



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+15.3%	+16.0%	+3.0%	+10.7%	+15.8%	+21.5%	+14.1%	+17.2%	+24.4%
Emer Bed Days rate per 100,000 18+	+4.8%	+1.1%	+7.1%	-6.0%	+36.6%	+15.6%	-11.2%	+2.5%	+5.0%
28 Day Readmissions rate per 1,000 Admissions 18+	+7%	+8%	-10%	+7%	+15%	+10%	+18%	+1%	+15%
Hospital admissions due to falls rate per 1,000 65+	+16%	+46%	+22%	-12%	+25%	+11%	+55%	+1%	+11%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-15%	+3%	+44%	-35%	-51%	-39%	+51%	-34%	-10%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-17%	+2%	+727%	-85%	-97%	+184%	-100%	-56%	+52%

Source: NHS Tayside BSU and PHS (delayed discharge 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.

Key:  Improved/Better  Stayed the same  Declined/Worse

**Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q1 2024-25 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+	14,372	16,973	17,855	15,553	14,236	16,449	12,530	9,855	12,928
Emer Bed days rate per 100,000 18+	119,549	142,591	144,964	137,293	116,845	135,990	86,028	81,394	121,285
28 Day Readmissions rate per 1,000 Admissions 18+	150	158	143	149	145	162	166	152	128
Hospital admissions due to falls rate per 1,000 65+	35	45	34	34	31	34	41	31	33
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	316	411	405	316	65	237	272	412	314
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	52	106	190	19	2	60	0	17	24

Source: NHS Tayside BSU

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.

\*There have been no code 9 bed days lost for Maryfield between July 23 to June 24. The last delays for this LCPP was in quarter 1 2023/24.

Key:  Improved/Better  Stayed the same  Declined/Worse

**Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2024-25 compared to Dundee**

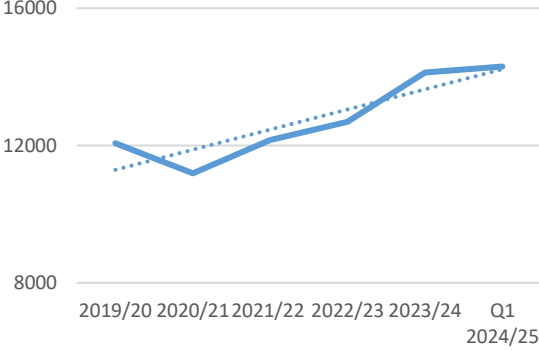
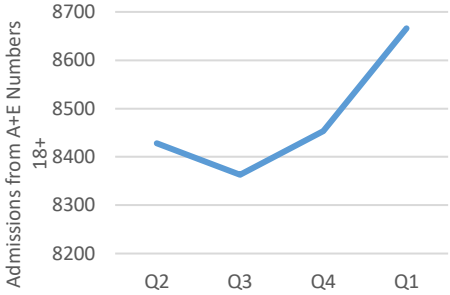
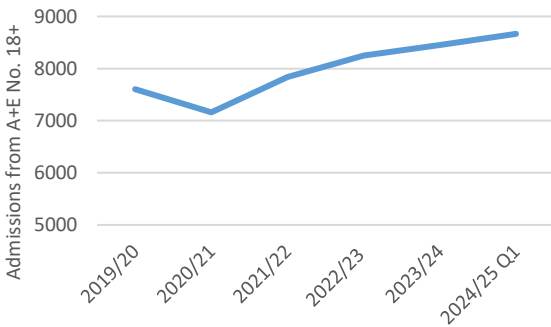
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

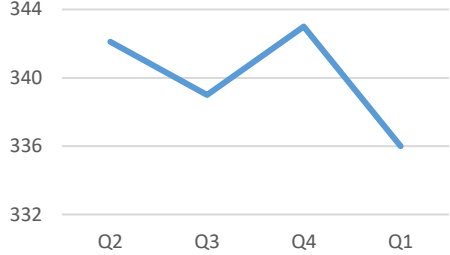
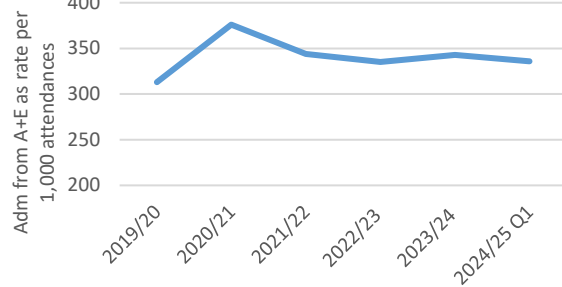
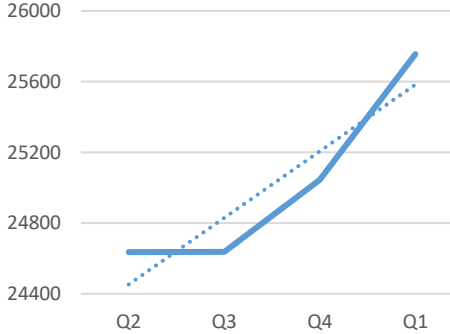
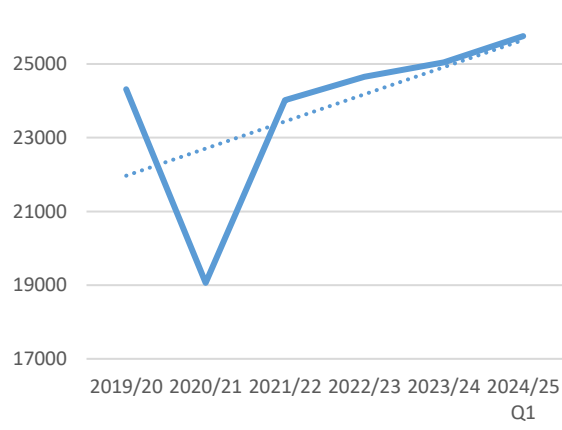
Indicators 1-9 are calculated from results of the National Health and Care Experience Survey. In order to only report responses of people who receive services from the Health and Social Care Partnerships, responses are filtered. The way in which these responses were filtered differed in 2017-18 and 2019-20, for all indicators except indicator 8 (carers) making the data incomparable. Health and Social Care Partnerships are required to monitor performance from the pre integration 2015-16 position to the current position or the previous five years. It is not possible for this to be done for Indicators 1-7 and 9 because; the survey is biennial and also because the methodology for filtering respondents was changed by the Scottish Government prior to the 2019-20 survey. The Scottish Government has advised that comparing the results pre 2019-20 should not be done with the 2019-20 onwards results. We can now, however, compare 3 surveys years 2019-20, 2021-22 and 2023-24.

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = 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*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 <sup>th</sup> (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = 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*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1 <sup>st</sup> (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	<p>Not Available Nationally</p> <p>iMatter is used to gather feedback from DHSCP staff.</p> <p>In 2024 the response rate was 54%</p> <p>76% of staff reported that they would recommend their organisation as a good place to work.</p>	Not Available Nationally	Not Available Nationally			

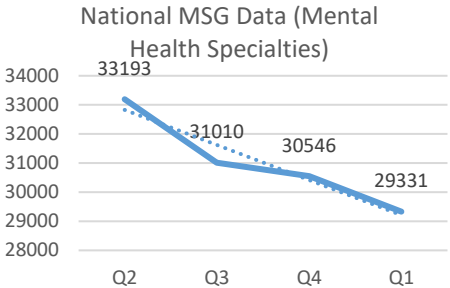
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11. Premature mortality rate per 100,000 persons	4.5% less in 2022 than 2016 (improvement)	Not Available	<div><p>Source : PHS</p><table><tr><th>Year</th><th>Dundee</th><th>Scotland</th></tr><tr><td>2016</td><td>550</td><td>420</td></tr><tr><td>2017</td><td>540</td><td>410</td></tr><tr><td>2018</td><td>530</td><td>420</td></tr><tr><td>2019</td><td>540</td><td>410</td></tr><tr><td>2020</td><td>580</td><td>440</td></tr><tr><td>2021</td><td>580</td><td>450</td></tr><tr><td>2022</td><td>540</td><td>430</td></tr></table><p>2022 is latest available published data</p></div>	Year	Dundee	Scotland	2016	550	420	2017	540	410	2018	530	420	2019	540	410	2020	580	440	2021	580	450	2022	540	430	29th	6th	3rd																																																		
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12. Emer Admissions rate per 100,000 18+	<div><p>Source: NHST BSU</p><table><tr><th>LCPP</th><th>% Difference</th></tr><tr><td>D</td><td>15.3</td></tr><tr><td>C</td><td>10.7</td></tr><tr><td>EE</td><td>3.0</td></tr><tr><td>L</td><td>16.0</td></tr><tr><td>M</td><td>14.1</td></tr><tr><td>NE</td><td>15.8</td></tr><tr><td>S</td><td>21.5</td></tr><tr><td>TF</td><td>24.4</td></tr><tr><td>WE</td><td>17.2</td></tr></table><p>There was an increase in the emergency admissions rate by 15.3% between 2019-20 and Q1 24-25. This equates to an increase of 2,216 emergency admissions (deterioration). (source: NHST BSU)</p></div>	LCPP	% Difference	D	15.3	C	10.7	EE	3.0	L	16.0	M	14.1	NE	15.8	S	21.5	TF	24.4	WE	17.2	<div><p>Source : MSG National Data</p><table><tr><th>Quarter</th><th>Admissions from A+E rate per 1,000 admissions</th></tr><tr><td>Q2</td><td>13,304</td></tr><tr><td>Q3</td><td>13,867</td></tr><tr><td>Q4</td><td>14,131</td></tr><tr><td>Q1</td><td>14,303</td></tr></table><p>Increasing trend over the last 4 quarters</p></div>	Quarter	Admissions from A+E rate per 1,000 admissions	Q2	13,304	Q3	13,867	Q4	14,131	Q1	14,303	<div><p>Source: NHST BSU</p><table><tr><th>Year</th><th>D</th><th>Highest at Q1 EE</th><th>Lowest at Q1 WE</th></tr><tr><td>2015/16</td><td>11,000</td><td>15,500</td><td>8,500</td></tr><tr><td>2016/17</td><td>11,000</td><td>14,500</td><td>8,800</td></tr><tr><td>2017/18</td><td>11,500</td><td>16,500</td><td>9,000</td></tr><tr><td>2018/19</td><td>11,500</td><td>17,000</td><td>9,200</td></tr><tr><td>2019/20</td><td>11,500</td><td>17,500</td><td>9,000</td></tr><tr><td>2020/21</td><td>11,000</td><td>16,500</td><td>8,800</td></tr><tr><td>2021/22</td><td>11,500</td><td>17,500</td><td>8,800</td></tr><tr><td>2022/23</td><td>12,500</td><td>16,500</td><td>10,000</td></tr><tr><td>2023/24</td><td>14,000</td><td>17,500</td><td>10,500</td></tr><tr><td>2024/25 Q1</td><td>14,000</td><td>18,000</td><td>10,000</td></tr></table><p>Note - Linear (D) is the trendline for Dundee</p></div>	Year	D	Highest at Q1 EE	Lowest at Q1 WE	2015/16	11,000	15,500	8,500	2016/17	11,000	14,500	8,800	2017/18	11,500	16,500	9,000	2018/19	11,500	17,000	9,200	2019/20	11,500	17,500	9,000	2020/21	11,000	16,500	8,800	2021/22	11,500	17,500	8,800	2022/23	12,500	16,500	10,000	2023/24	14,000	17,500	10,500	2024/25 Q1	14,000	18,000	10,000	28th	7th	3rd
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National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Emergency Admissions Numbers from A&amp;E (MSG)</b>	1061 more emergency admissions from A+E in Q1 24/25 than 2019/20	<div>Source: MSG National Data</div>  <div>An increasing trend since Q3 2023/24</div>	<div>Source: MSG National Data</div>  <div>Increase since 2020/21</div>	NA as number and not rate	NA as number and not rate	NA as number and not rate

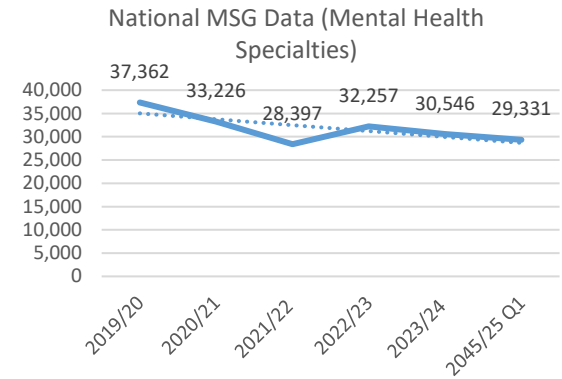
<b>Emergency Admissions as a Rate per 1,000 of all Accident &amp; Emergency Attendances (MSG)</b>	Rate is 23(7%) higher in 2024/25 Q1 than the base year of 2019/20.	<p>Source : MSG National Data</p>  <p>Even though numbers for emergency admissions from A&amp;E has increased, the rate per 1,000 against all A&amp;E admissions is showing a decrease.</p>	<p>Source: MSG National Data</p>  <p>Stable trend since 2021/22, despite emergency admissions numbers from A+E increasing. This is because the number of A+E attendances also increased albeit at a slower rate.</p>	Not Avail	Not Avail	Not Avail
<b>National Indicator</b>	<b>Difference From 19-20 Baseline</b>	<b>Dundee Short Term Trend (last 4 quarters)</b>	<b>Long Term Trend</b>	<b>Scotland Position 1= best, 31 = worst</b>	<b>Family Group Position 1= best, 8 = worst</b>	<b>Tayside Group Position 1= best, 3 = worst</b>
<b>Number of Accident &amp; Emergency Attendances (MSG)</b>	1438 (6% increase) more A&E attendances in Q1 2024/25 than 2019/20	<p>Source: MSG National Data</p>  <p>Increase in attendance since Q3</p>	<p>Source: MSG National Data</p> 	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																																																																		
13. Emer Bed days rate per 100,000 18+	<div><div>Source: NHST BSU</div><table><caption>% Difference by Day</caption><tr><th>Day</th><th>% Difference</th></tr><tr><td>D</td><td>5</td></tr><tr><td>C</td><td>-5</td></tr><tr><td>EE</td><td>5</td></tr><tr><td>L</td><td>1</td></tr><tr><td>M</td><td>-10</td></tr><tr><td>NE</td><td>35</td></tr><tr><td>S</td><td>15</td></tr><tr><td>TF</td><td>5</td></tr><tr><td>WE</td><td>2</td></tr></table></div> <p>There was an increase in the emergency bed days rate by 4.8% between 2019-20 and Q1 24-25. This equates to an increase of 5,683 emergency bed days (deterioration). (source: NHST BSU)</p>	Day	% Difference	D	5	C	-5	EE	5	L	1	M	-10	NE	35	S	15	TF	5	WE	2	<div><div>Source: NHST BSU</div><table><caption>Dundee Rate per 100,000</caption><tr><th>Quarter</th><th>Rate</th></tr><tr><td>Q2</td><td>129,000</td></tr><tr><td>Q3</td><td>124,000</td></tr><tr><td>Q4</td><td>120,000</td></tr><tr><td>Q1</td><td>119,000</td></tr></table></div> <p>The emergency bed days rate is showing a decreasing trend with a significant decrease from Q2 to Q3.</p> <p><i>*TrakCare data cleansing has taken place which has contributed to the Q3 decrease</i></p> <div><div>National MSG Data (Acute Only)</div><table><caption>National MSG Data (Acute Only)</caption><tr><th>Quarter</th><th>Rate</th></tr><tr><td>Q2</td><td>81,200</td></tr><tr><td>Q3</td><td>82,000</td></tr><tr><td>Q4</td><td>81,200</td></tr><tr><td>Q1</td><td>78,000</td></tr></table></div>	Quarter	Rate	Q2	129,000	Q3	124,000	Q4	120,000	Q1	119,000	Quarter	Rate	Q2	81,200	Q3	82,000	Q4	81,200	Q1	78,000	<div><div>Source: NHST BSU</div><table><caption>Rate per 100,000 (Approximate)</caption><tr><th>Year</th><th>D</th><th>Highest at Q1 E</th><th>Lowest at Q1 WE</th></tr><tr><td>2015/16</td><td>135,000</td><td>185,000</td><td>95,000</td></tr><tr><td>2016/17</td><td>130,000</td><td>165,000</td><td>90,000</td></tr><tr><td>2017/18</td><td>125,000</td><td>155,000</td><td>85,000</td></tr><tr><td>2018/19</td><td>120,000</td><td>145,000</td><td>80,000</td></tr><tr><td>2019/20</td><td>115,000</td><td>135,000</td><td>75,000</td></tr><tr><td>2020/21</td><td>110,000</td><td>125,000</td><td>70,000</td></tr><tr><td>2021/22</td><td>130,000</td><td>175,000</td><td>80,000</td></tr><tr><td>2022/23</td><td>125,000</td><td>175,000</td><td>85,000</td></tr><tr><td>2023/24</td><td>120,000</td><td>140,000</td><td>85,000</td></tr><tr><td>2024/25 Q1</td><td>115,000</td><td>140,000</td><td>85,000</td></tr></table></div> <div><div>Source: National MSG Data (Acute Specialties)</div><table><caption>National MSG Data (Acute Specialties)</caption><tr><th>Year</th><th>Rate</th></tr><tr><td>2019/20</td><td>85,000</td></tr><tr><td>2020/21</td><td>68,000</td></tr><tr><td>2021/22</td><td>78,000</td></tr><tr><td>2022/23</td><td>80,000</td></tr><tr><td>2023/24</td><td>81,000</td></tr><tr><td>2024/25 Q1</td><td>78,000</td></tr></table></div>	Year	D	Highest at Q1 E	Lowest at Q1 WE	2015/16	135,000	185,000	95,000	2016/17	130,000	165,000	90,000	2017/18	125,000	155,000	85,000	2018/19	120,000	145,000	80,000	2019/20	115,000	135,000	75,000	2020/21	110,000	125,000	70,000	2021/22	130,000	175,000	80,000	2022/23	125,000	175,000	85,000	2023/24	120,000	140,000	85,000	2024/25 Q1	115,000	140,000	85,000	Year	Rate	2019/20	85,000	2020/21	68,000	2021/22	78,000	2022/23	80,000	2023/24	81,000	2024/25 Q1	78,000	15th	1st	2nd
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8031 (21%) less mental health bed days in Q1 2024-25 than 2019-20 (improvement) (source: MSG)



A decrease in the rate of mental health emergency bed days since Q2 (improvement)



An overall decrease in the rate of mental health emergency bed days since 2019-20 (improvement)

National Indicator

Difference From 19-20 Baseline

Dundee Short Term Trend (last 4 quarters)

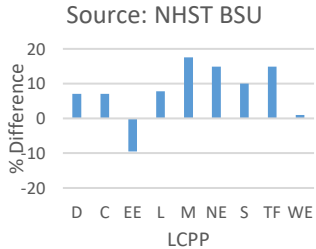
Long Term Trend

Scotland Position  
1= best, 31 = worst

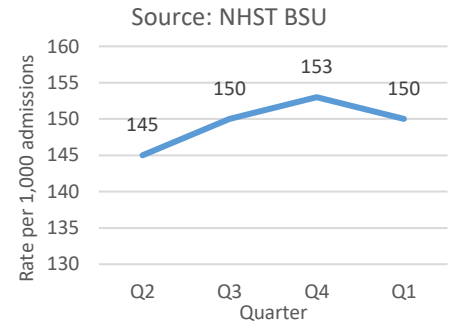
Family Group Position  
1= best, 8 = worst

Tayside Group Position  
1= best, 3 = worst

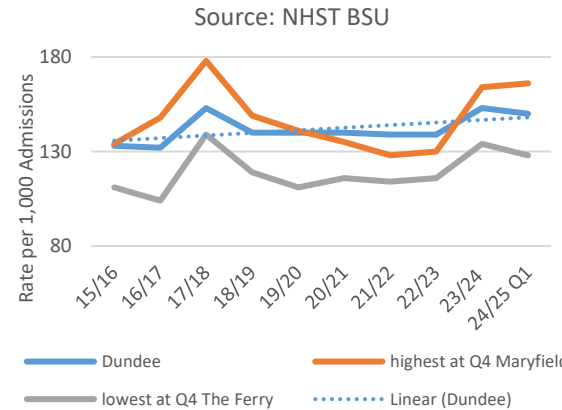
14.Readmissions rate per 1,000 Admissions 18+

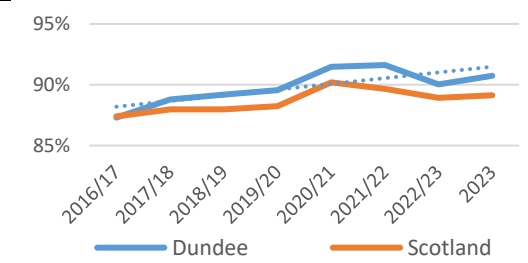
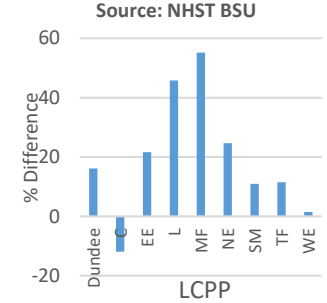
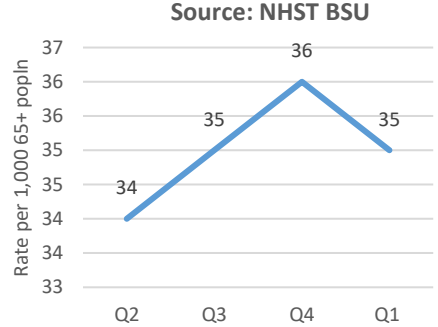
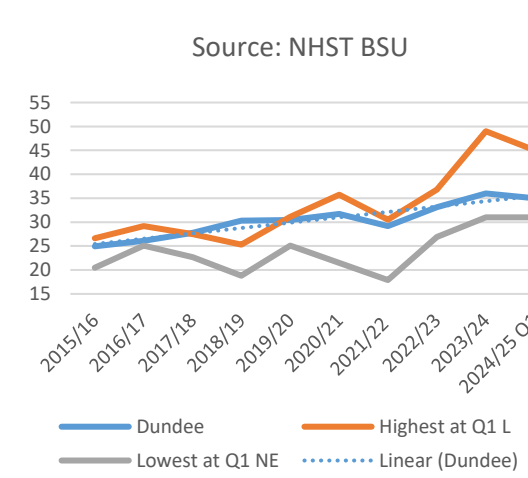


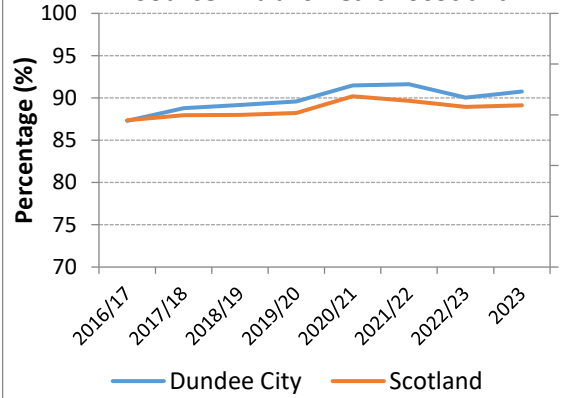
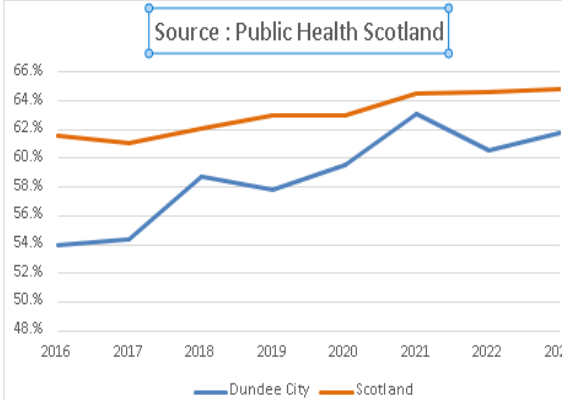
The rate is 7% higher at Q1 2024-25 than 2019-20. The number of readmissions (numerator) increased by 680 readmissions between 2019-20 and Q1 2024-25

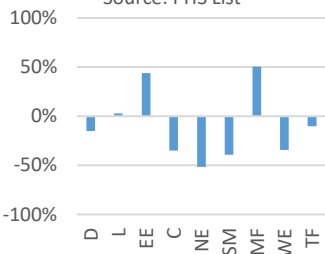
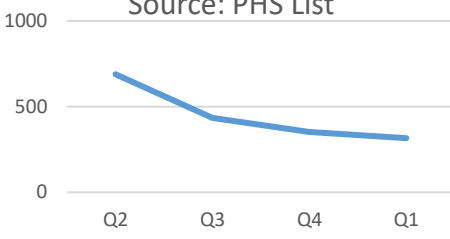
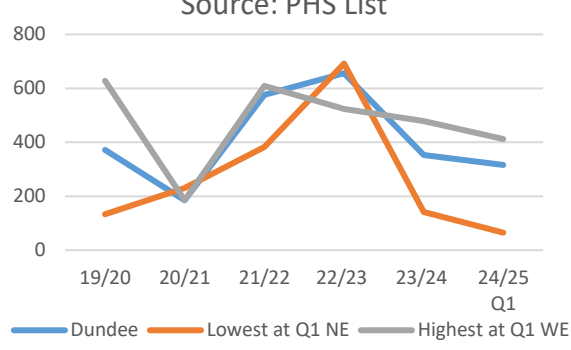
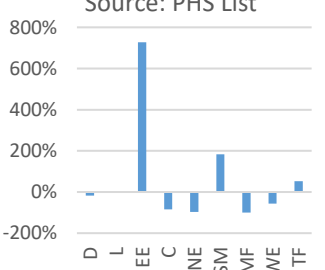
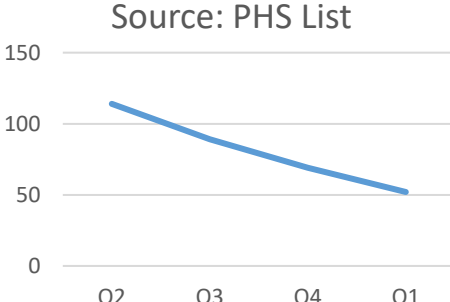
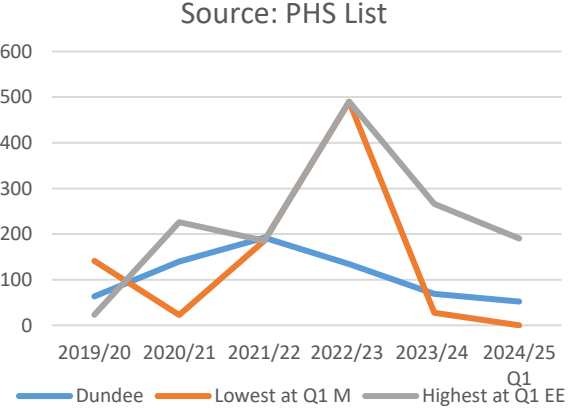


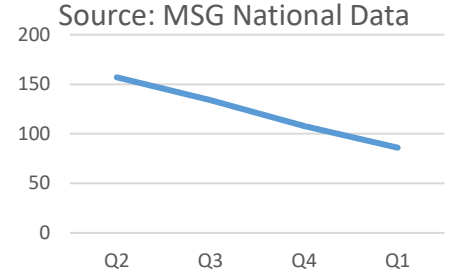
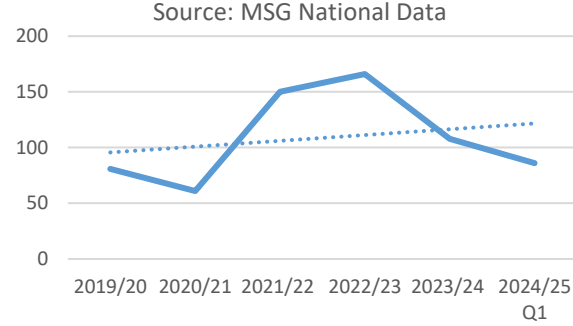
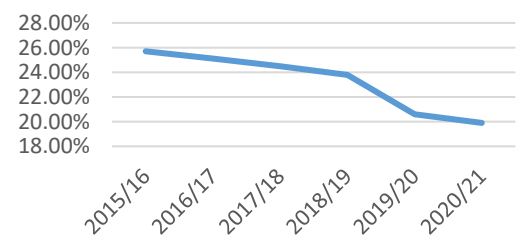
There has been a slight decrease from Q4 2023-24 to Q1 2024-25



National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
15. % of last 6 months of life spent at home or in a community setting	Up from 89.2% in 2018/19 to 90.7% in 2023 (improvement)	Not Available		5th	2nd	2nd
16. Hospital admissions due to falls rate per 1,000 65+	<p>Source: NHST BSU</p>  <p>The rate of admissions has increased by 16% in Q1 24-25 from the 2019-20 baseline. This equates to an increase of 137 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 55% increase (39 fall related admissions) (deterioration). Maryfield was 2<sup>nd</sup> lowest LCPP in 2019/20.</p>	<p>Source: NHST BSU</p>  <p>There was a reduction in the rate per 1,000 falls between Q4 and Q1.</p>	<p>Source: NHST BSU</p> 	31st	8th	3rd

National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																											
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<p>Dropped from 86.2% in 2018/19 to 77.5% in 2023/24 (deterioration)</p> <p>There has been a gradual increase in the past two years</p>	Not Available	<div><p>Source : Public Health Scotland</p><table><caption>Percentage (%) of care services graded 'good' or better</caption><tr><th>Year</th><th>Dundee City (%)</th><th>Scotland (%)</th></tr><tr><td>2016/17</td><td>87.5</td><td>87.5</td></tr><tr><td>2017/18</td><td>89.0</td><td>88.5</td></tr><tr><td>2018/19</td><td>90.0</td><td>89.0</td></tr><tr><td>2019/20</td><td>91.0</td><td>90.0</td></tr><tr><td>2020/21</td><td>92.0</td><td>91.0</td></tr><tr><td>2021/22</td><td>90.0</td><td>89.5</td></tr><tr><td>2022/23</td><td>91.0</td><td>90.0</td></tr></table></div>	Year	Dundee City (%)	Scotland (%)	2016/17	87.5	87.5	2017/18	89.0	88.5	2018/19	90.0	89.0	2019/20	91.0	90.0	2020/21	92.0	91.0	2021/22	90.0	89.5	2022/23	91.0	90.0	19th	7th	1st			
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2022/23	91.0	90.0																															
18. % adults with intensive care needs receiving care at home	7.4% (155 people) more in 2023 than 2017 (improvement) (note calendar year)	Not Available	<div><p>Source : Public Health Scotland</p><table><caption>Percentage of adults with intensive care needs receiving care at home</caption><tr><th>Year</th><th>Dundee City (%)</th><th>Scotland (%)</th></tr><tr><td>2016</td><td>54.0</td><td>61.5</td></tr><tr><td>2017</td><td>54.5</td><td>61.0</td></tr><tr><td>2018</td><td>58.5</td><td>62.5</td></tr><tr><td>2019</td><td>57.5</td><td>63.0</td></tr><tr><td>2020</td><td>59.5</td><td>63.0</td></tr><tr><td>2021</td><td>63.0</td><td>64.5</td></tr><tr><td>2022</td><td>60.5</td><td>64.5</td></tr><tr><td>2023</td><td>61.5</td><td>64.5</td></tr></table></div>	Year	Dundee City (%)	Scotland (%)	2016	54.0	61.5	2017	54.5	61.0	2018	58.5	62.5	2019	57.5	63.0	2020	59.5	63.0	2021	63.0	64.5	2022	60.5	64.5	2023	61.5	64.5	24th	6th	3rd
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National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																																																										
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<div>Source: PHS List</div>  <table><caption>Percentage difference from 19-20 baseline</caption><tr><th>Region</th><th>Percentage Difference</th></tr><tr><td>D</td><td>-10%</td></tr><tr><td>I</td><td>-2%</td></tr><tr><td>EE</td><td>45%</td></tr><tr><td>C</td><td>-35%</td></tr><tr><td>NE</td><td>-55%</td></tr><tr><td>SM</td><td>-40%</td></tr><tr><td>MF</td><td>50%</td></tr><tr><td>WE</td><td>-35%</td></tr><tr><td>TF</td><td>-10%</td></tr></table> <p>15% decrease (improvement) since 2019/20.</p>	Region	Percentage Difference	D	-10%	I	-2%	EE	45%	C	-35%	NE	-55%	SM	-40%	MF	50%	WE	-35%	TF	-10%	<div>Source: PHS List</div>  <table><caption>Short term trend (last 4 quarters)</caption><tr><th>Quarter</th><th>Rate</th></tr><tr><td>Q2</td><td>700</td></tr><tr><td>Q3</td><td>450</td></tr><tr><td>Q4</td><td>350</td></tr><tr><td>Q1</td><td>300</td></tr></table> <p>Improving trend in the last 3 quarters</p>	Quarter	Rate	Q2	700	Q3	450	Q4	350	Q1	300	<div>Source: PHS List</div>  <table><caption>Long term trend (19/20 to 24/25)</caption><tr><th>Year</th><th>Dundee</th><th>Lowest at Q1 NE</th><th>Highest at Q1 WE</th></tr><tr><td>19/20</td><td>380</td><td>150</td><td>650</td></tr><tr><td>20/21</td><td>200</td><td>200</td><td>200</td></tr><tr><td>21/22</td><td>600</td><td>400</td><td>600</td></tr><tr><td>22/23</td><td>650</td><td>650</td><td>550</td></tr><tr><td>23/24</td><td>350</td><td>150</td><td>500</td></tr><tr><td>24/25</td><td>300</td><td>100</td><td>400</td></tr></table>	Year	Dundee	Lowest at Q1 NE	Highest at Q1 WE	19/20	380	150	650	20/21	200	200	200	21/22	600	400	600	22/23	650	650	550	23/24	350	150	500	24/25	300	100	400	NA	NA	NA
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EE	700%																																																															
C	-100%																																																															
NE	-100%																																																															
SM	180%																																																															
MF	-100%																																																															
WE	-50%																																																															
TF	50%																																																															
Quarter	Rate																																																															
Q2	115																																																															
Q3	90																																																															
Q4	70																																																															
Q1	50																																																															
Year	Dundee	Lowest at Q1 M	Highest at Q1 EE																																																													
2019/20	80	150	30																																																													
2020/21	150	30	230																																																													
2021/22	200	200	200																																																													
2022/23	150	500	500																																																													
2023/24	80	30	280																																																													
2024/25	60	10	200																																																													

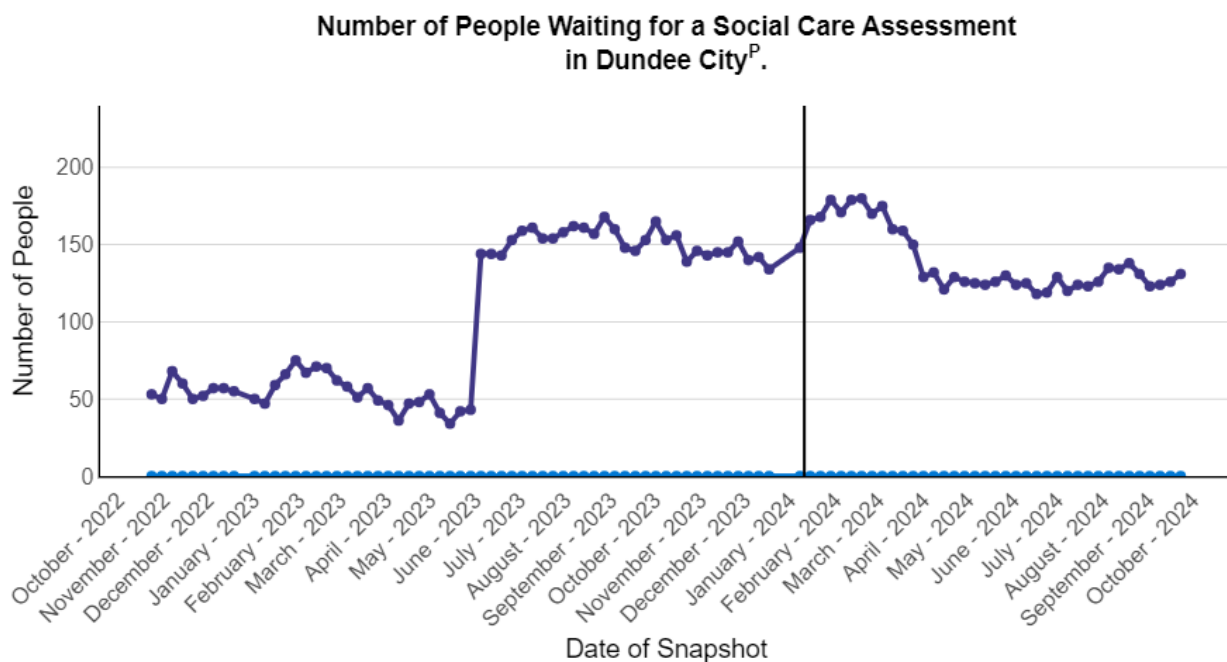
National Indicator	Difference From 19-20 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
<b>Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)</b>	Bed days have increased since 2019-20. This is a deterioration although recent trends show an improvement. In 2019-20 there were 9,861 bed days lost and this increased to 10,477 at Q1 2024-25.	<p>Source: MSG National Data</p>  <p>Reduction (improvement) since Q2.</p>	<p>Source: MSG National Data</p>  <p>A decrease in bed days lost rate since 2022/23.</p>	NA	NA	NA
<b>20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency</b>	5.8% less in 2020/21* than 2015/16 (improvement)  *latest data available	Not Available	<p>Source: PHS</p> 	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 services to be delivered.

The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

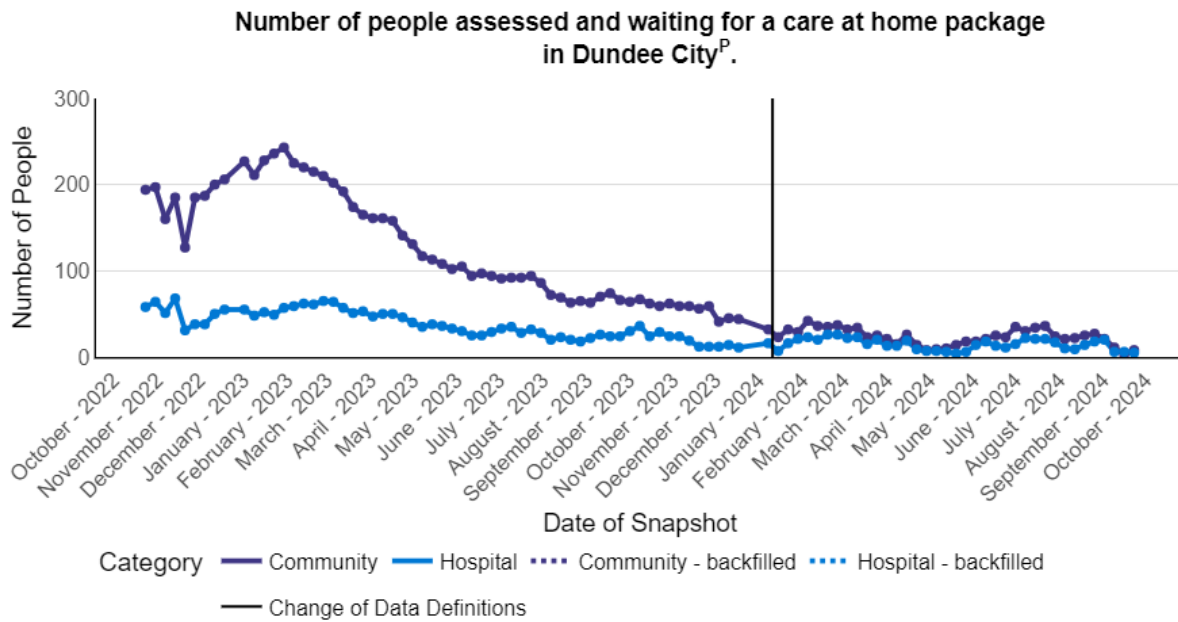
**Chart 1**



### In Dundee as at 23<sup>rd</sup> September 2024:

- 0 people waited in hospital and 131 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

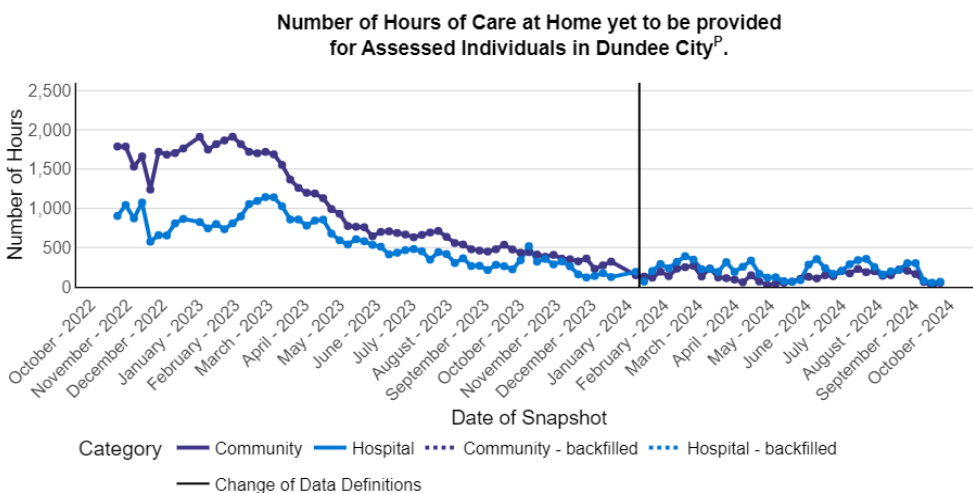
**Chart 2**



**In Dundee as at 23<sup>rd</sup> September 2024:**

- 5 people were assessed and were waiting in hospital for a care at home package.
- 8 people were assessed and were waiting in the community for a care at home package.

**Chart 3**

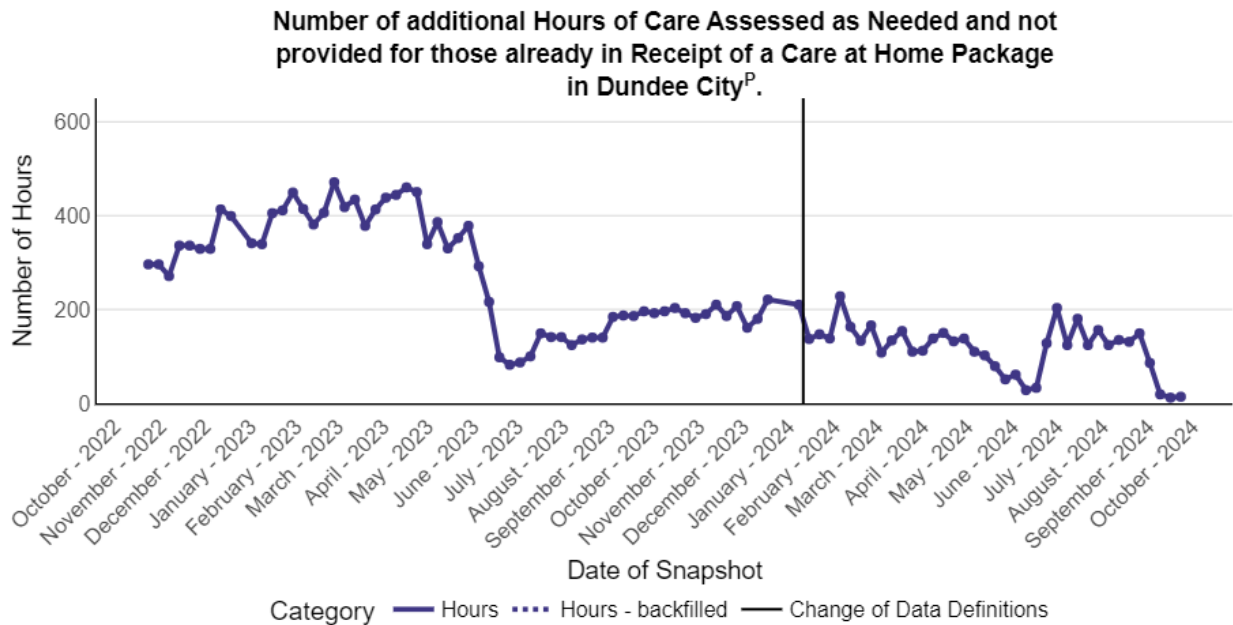


**In Dundee as at 23<sup>rd</sup> September 2024:**

- 5 people were assessed and waiting for a care at home package in hospital (64 hours yet to be provided).

- 8 people were assessed and waiting for a care at home package in the community (52 hours yet to be provided).

**Chart 4**



**In Dundee as at 23<sup>rd</sup> September 2024:**

- For those already in receipt of a care at home package 14 additional hours were required and not provided.

### 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 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 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.

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> For Q1 the data is for the period July 2023 to June 2024