REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2022-23 QUARTER 4**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC24-2023**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2022-23 Quarter 4 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 preceeding five reporting years. Until now the 2015/16 (pre-integration) year has been

used as the baseline compoarator year in order to measure impact of integration on performance. Additionally, as many of the National Indicators relate to the hospital system, which operated on an emergency footing during the COVID-19 Pandemic, the 15/16 baseline allowed services to compare performance to a stable operational position. It is now prudent to consider a baseline year which fits with a more modern health and social care system. This Q4 report has retained the 15/16 baseline year where possible, as it would be inconsistent to change the baseline mid year. However, for the indicators reported from the annual National Core Indicators Data published by Public Health Scotland (PHS), the baseline year is 2016/17 as this is the level provided in this publication. From Q1 2023/24, quarterly performance reports will use the 2018/19 baseline year for all indicators.

4.3   Quarterly and locality data for readmissions within 28 days, has been included for the second time since Q1 2021/22. A Short Life Working Group has now reached the stage of having as high a level of confidence as is proportionate, given limited analytical resources, in the local data and local calculation methodology. This provides the foundation for moving forward with further work in two areas: data definitions and quality and, analysis to inform improvement. A detailed explanation is available in report PAC16-2023 and a follow up report is to be discussed has been submitted for discussion on 27 September 2023 (see report PAC28-2023).

5.0   QUARTER 4 PERFORMANCE 2022-23 – KEY ANALYTICAL MESSAGES

5.1   Key analytical messages for the Quarter 4 2022/23 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.

- Performance is poorer than the 2015/16 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, % care services graded good, and standard bed days lost to delayed discharges 75+.

- The number of emergency admissions from A+E has increased over the last 4 quarters and particularly between Q3 (8134) and Q4 (8249), although the number of emergency admissions as a rate per 1,000 of all A+E attendances has decreased over the last 4 quarters (both are higher than the 2015/16 baseline).

- The rate of emergency bed days 18+ has reduced since 2015/16, which is an improvement. However, the rate has increased (deteriorated) in Maryfield by 5.6% and Strathmartine by 7.4%. Performance is best in the family group and 2nd out of the 3 Tayside Partnerships.

- The rate of readmissions within 28 days of discharge increased by 5.3% from the 15/16 baseline although has maintained a stable rate since 2018/19, sitting between 139 and 140 each year. There is variation by LCPP with rates ranging from 117 in North East to 167 in Coldside. A Short Life Working Group is completing further analysis by Scottish Index of Multiple Deprivation (SIMD), gender and age in order to further understand this variation.

- 90.3% of the last 6 months of life was spent at home or in a community setting; this is higher than the 2017/18 baseline of 88.8% (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 35% higher than the 2015/16 baseline and is higher in every LCPP. 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 2017/18 baseline from 84.5% in 2017/18 to 75.2% in 22/23. Report PAC27-2023 provides a detailed analysis of gradings awarded in 2022/23.

- Rate of bed days lost to a standard delayed discharge for people aged 75+ is 25% more than the 2015/16 baseline and performance deteriorated in The Ferry (by 93%), East End (by 55%), North East (by 46%), Lochee (by 21%), Strathmartine (by 20%) and Coldside (by 17%). However, there has been a decrease (improvement) since Q1 2022/23. At Q4 the LCPP with the highest rate was East End (1012) and the LCPP with the lowest rate was Maryfield (476). Report PAC26-2023 provides 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 55% less than the 2015/16 baseline, with increases across 1 LCPP (Maryfield). Performance has deteriorated over the last 4 quarters.

5.2 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 also 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 17 April 2023:

- 0 people waited in hospital and 47 people waited in the community for a social care assessment. This is an overall decrease on the previous 4 weeks, from 57 people waiting in the community at 20 March 2023. 0 people have waited in hospital each week since 24 October 2022.

- 50 people were assessed and were waiting in hospital for a care at home package; this number has remained below 64 since 6 March 2023.

- 158 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 20 weeks.

- 50 people were assessed and waiting for a care at home package in hospital (856 hours yet to be provided). The number of hours appears to be on a general downward trajectory since 27 February 2023, although more data points are required to establish a definite trend.

- 158 people were assessed and waiting for a care at home package in the community (1,129 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 24 weeks.

- For those already in receipt of a care at home package 460 additional hours were required and not provided. There is an increasing trend in hours waiting to be provided and at 17 April 2023 this number was this highest it has been over the previous 7 weeks.

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	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.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk 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.

8.0   CONSULTATIONS

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

9.0   BACKGROUND PAPERS

9.1   None.

Dave Berry
Chief Finance Officer

DATE: 28 August 2023

Lynsey Webster
Senior Officer, Strategy and Performance

APPENDIX 1 – Performance Summary

Table 1: Performance in Dundee's LCPPs - % change in Q4 2022-23 against baseline year 2015/16

Most Deprived →← Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18	+9.2%	+4.9%	+4.3%	+15.8%	+5.3%	+11.6%	+8.2%	+21.6%	+2.5%
Emer Bed Days rate per 100,000 18+	-4.6%	-14.5%	-4.8%	-1.2%	-6.9%	+7.4%	+5.6%	-15.9%	-4.9%
28 Day Readmissions rate per 1,000 Admissions	+5.3%	-5.4%	+10.1%	+4.8%	-0.4%	+16.4%	-9.2%	+15.2%	+12.0%
Hospital admissions due to falls rate per 1,000 65+	+33%	+38%	+43%	+25%	+31%	+13%	+42%	+31%	+44%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+25%	+21%	+55%	+17%	+46%	+20%	-20%	-23%	93%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-55%	-58%	-64%	-55%	-83%	-78%	+202%	-71%	-39%

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2022-23 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+	13,032	14,428	16,507	15,887	12,246	14,603	10,727	9,728	11,301
Emer Bed days rate per 100,000 18+	126,875	138,590	173,536	161,072	104,908	133,010	112,637	82,580	120,093
28 Day Readmissions rate per 1,000 Admissions	139	139	139	167	117	140	122	164	124
Hospital admissions due to falls rate per 1,000 65+	33.1	36.8	39.3	37.3	26.9	28.4	32.9	36.0	29.1
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	656	736	1012	648	692	590	476	523	603
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	134	68	187	198	128	92	490	63	25

Source: NHS Tayside data

Key: ▮ Improved/Better   ▮ Stayed the same   ▮ Declined/Worse

Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2022-23 compared to Dundee
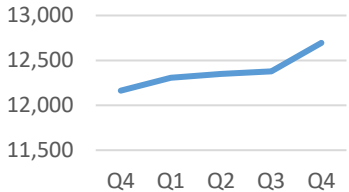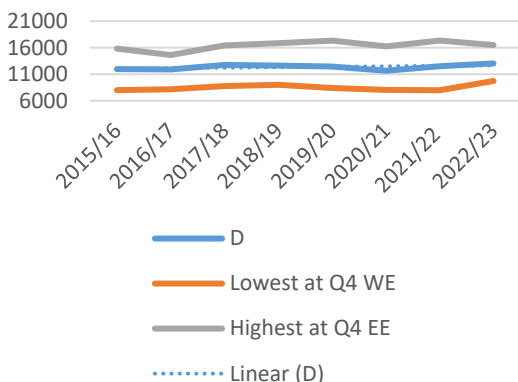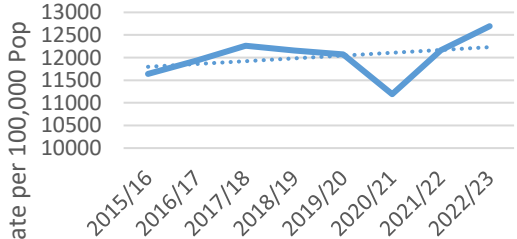
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF
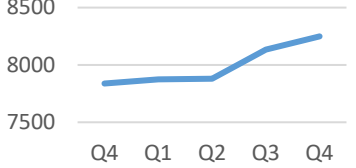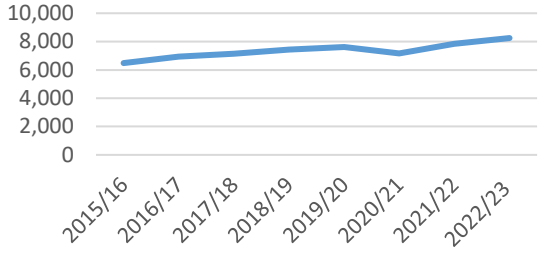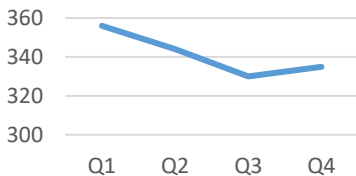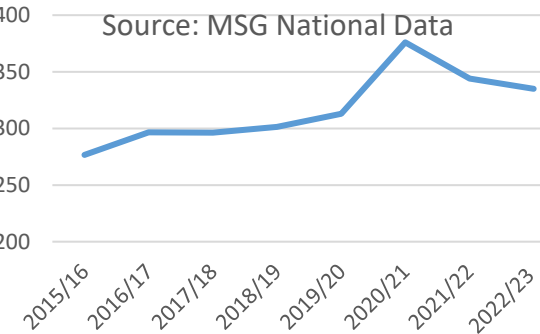
Please note that indicators 1-9 are reported from a biennial national survey – therefore short-term trends are not available. Longitudinal trends are also not available due to changes in suvrey methodology since 2015/16.
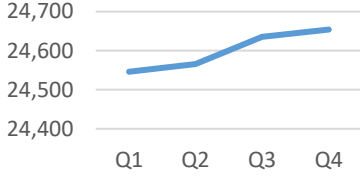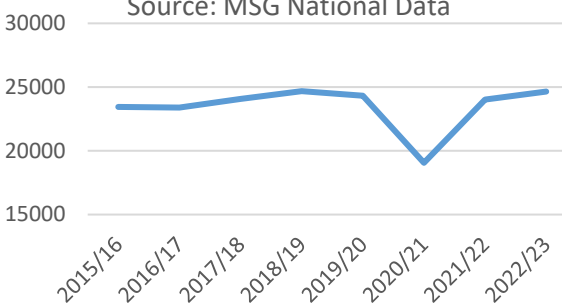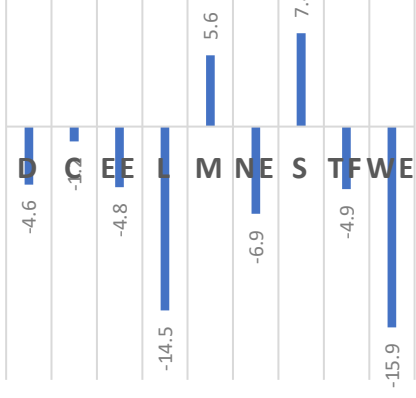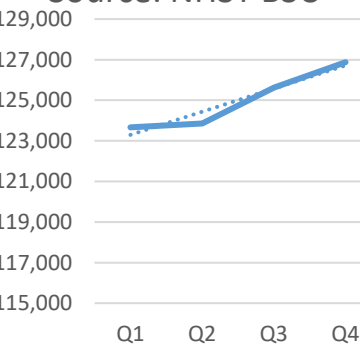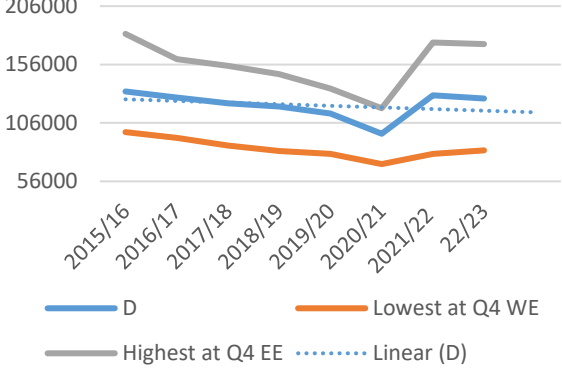
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				30th	5th (89%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				5th	1st (84%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				7th	2nd (75%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				2nd	2nd (76%)	2nd
5.% of adults receiving any care or support who rate it as excellent or good*				2nd	2nd (84%)	1st
6.% of people with positive experience of care at their GP practice*				16th	3rd (67%)	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
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	8th (72%)	3rd
8.% of carers who feel supported to continue in their caring role*				26th	7th (27%)	3rd
9.% of adults supported at home who agreed they felt safe*				20th	7th (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	29th	7th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12. Emer Admissions rate per 100,000 18+	8.9% (1,258 admissions) more in Q4 22/23 than 2015/16 (deterioration) (source: MSG)	Source: MSG National Data Source: NHST BSU	Source: NHST BSU Source: National MSG Data	24th	4th	3rd

National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions Numbers from A&E (MSG)	1,766 more attendances in Q4 22/23 than 2015/16	Source: MSG National Data (chart, Q4 Q1 Q2 Q3 Q4, 7500–8500)	Source: MSG National Data (chart, 2015/16–2022/23, 0–10,000)	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	58 higher at Q4 2022/23 than 2015/16	Source: MSG National Data (chart, Q1 Q2 Q3 Q4, 300–360) Although rate remains higher than in 2015/16, it decreased (improved) over the last 4 quarters.	Source: MSG National Data (chart, 2015/16–2022/23, 200–400)	Not Avail	Not Avail	Not Avail

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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
Accident & Emergency Attendances (MSG)	1,217 more in Q4 2022/23 than 2015/16	Source:MSG National Data	Source: MSG National Data	NA as number and not rate	NA as number and not rate	NA as number and not rate
13.Emer Bed days rate per 100,000 18+	SOURCE: NHST BSU	Source: NHST BSU Rate has risen (deterioration) over the last 4 quarters.		10th	1st	2nd

	7,570 (4.6%) less acute bed days in Q4 2022/23 than 2015/16 (improved) (source: NHST BSU)		**Source: National MSG Data (Acute Specialties)** 		
	5,228 (12%) less mental health bed days in Q4 2022/23 than 2015/16 (improved) (source: MSG)	**National MSG Data (Mental Health Specialties)** 	**National MSG Data (Mental Health Specialties)** 		
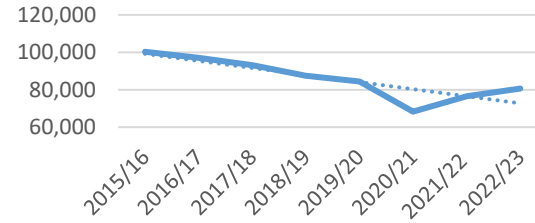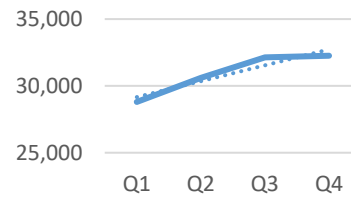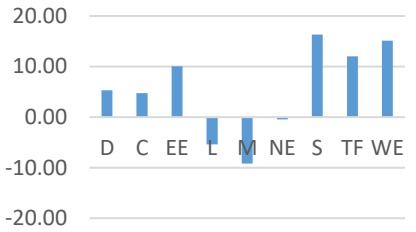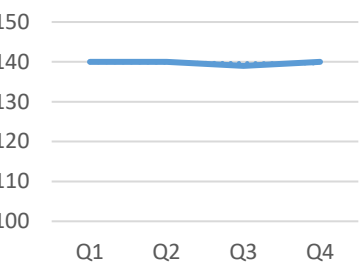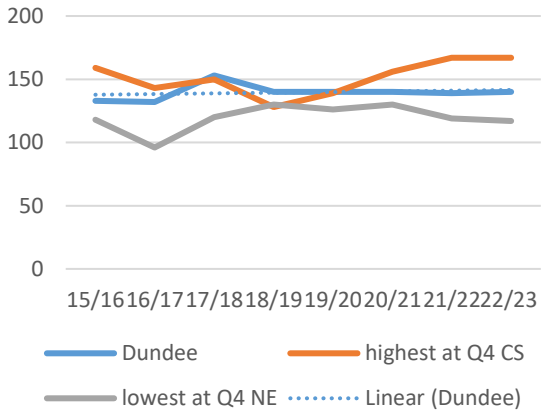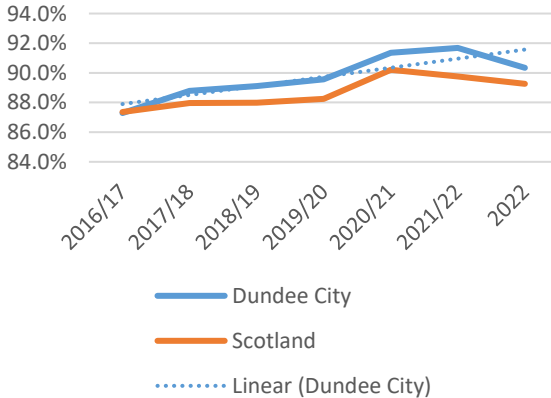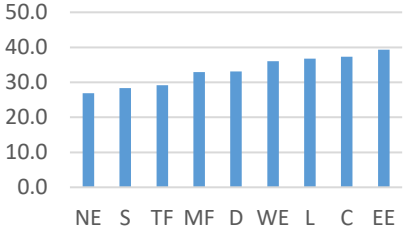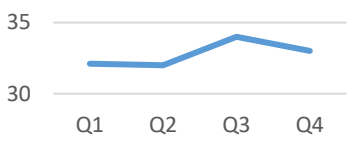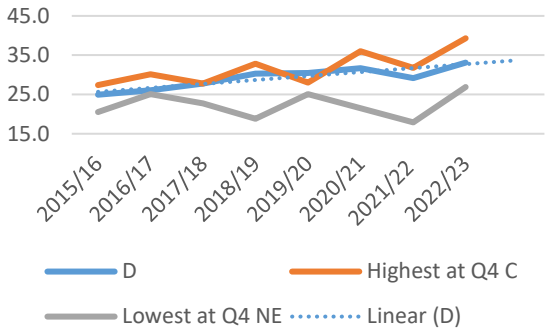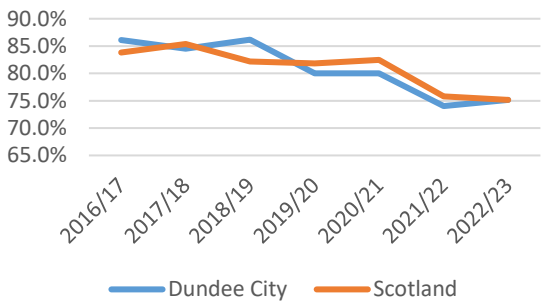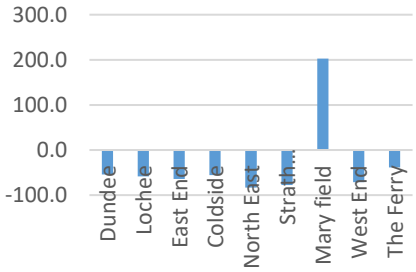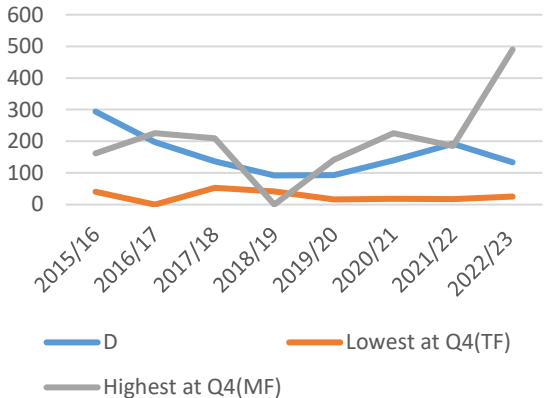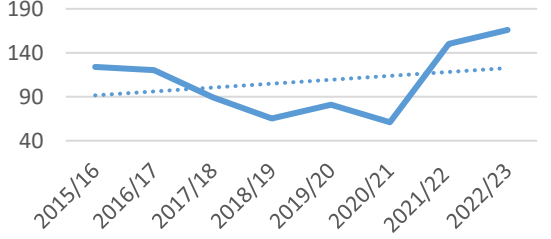
National Indicator	Difference From 15/16 Baseline	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 32 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14.Readmissions rate per 1,000 Admissions All Ages	Source: NHST BSU 5.3% more in Q4 22/23 than 15/16 (deterioration). Variation ranges from -9.2% in Maryfield to +16.4% in Strathmartine.	Source: NHST BSU	Source: NHST BSU	30th	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		9th	1st	2nd

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
16. Hospital admissions due to falls rate per 1,000 65+	 35% (223 falls admissions) more in Q4 2022/23 than 2015/16 (deterioration). Greatest increase (deterioration) was in The Ferry with 44% increase (50 fall related admissions) (deterioration).	 Decrease of 11 fall related admissions between Q3 and Q4.		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		21st	7th	1st

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
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** Chart: % adults with intensive care needs receiving care at home, 2016–2022, Dundee City and Scotland lines, range 40.0%–70.0%	28th	8th	2nd
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	**Source: PHS LIST** Bar chart by area: Dundee, Lochee, East End, Coldside, North East, Strath…, Mary field, West End, The Ferry 25% increase (deterioration) since 2015/16.	**Source: PHS LIST** Line chart Q1–Q4 Improvement since Q1 although slight increase between Q3 and Q4	**Source: PHS LIST** Line chart 15/16–22/23, Dundee, Lowest at Q4 MF, Highest at Q4 EE, range 0–1200	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
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	Source: PHS LIST Overall 55% improvement since 2015/16 although increase (deterioration) in Maryfield 202%. (this equates to an increase in bed days from 175 in 15/16 to 534 in 22/23.)	Source: PHS LIST Deterioration since Q3	Source: PHS LIST	NA	NA	NA
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	5,236 more bed days lost in Q4 2022/23 than 2015/16 (deterioration)	Source: MSG National Data	Source: MSG National Data	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	18th	3rd	3rd

Source: PHS

28.00%
26.00%
24.00%
22.00%
20.00%
18.00%

2015/16 2016/17 2017/18 2018/19 2019/20 2020/21

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 also 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.
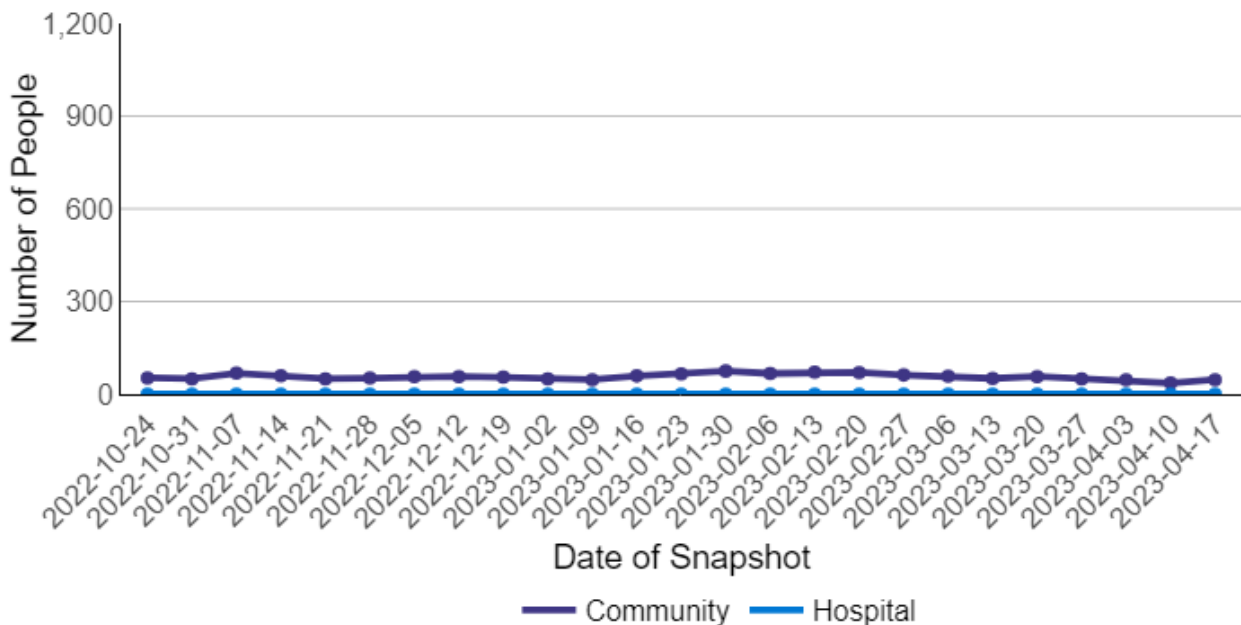
In Dundee as at 17th April 2023:

- 0 people waited in hospital and 47 people waited in the community for a social care assessment. This is an overall decrease on the previous 4 weeks from 57 people waiting in the community at 20 March 2023.

- 0 people have waited in hospital each week since 24 October 2022.

Chart 2

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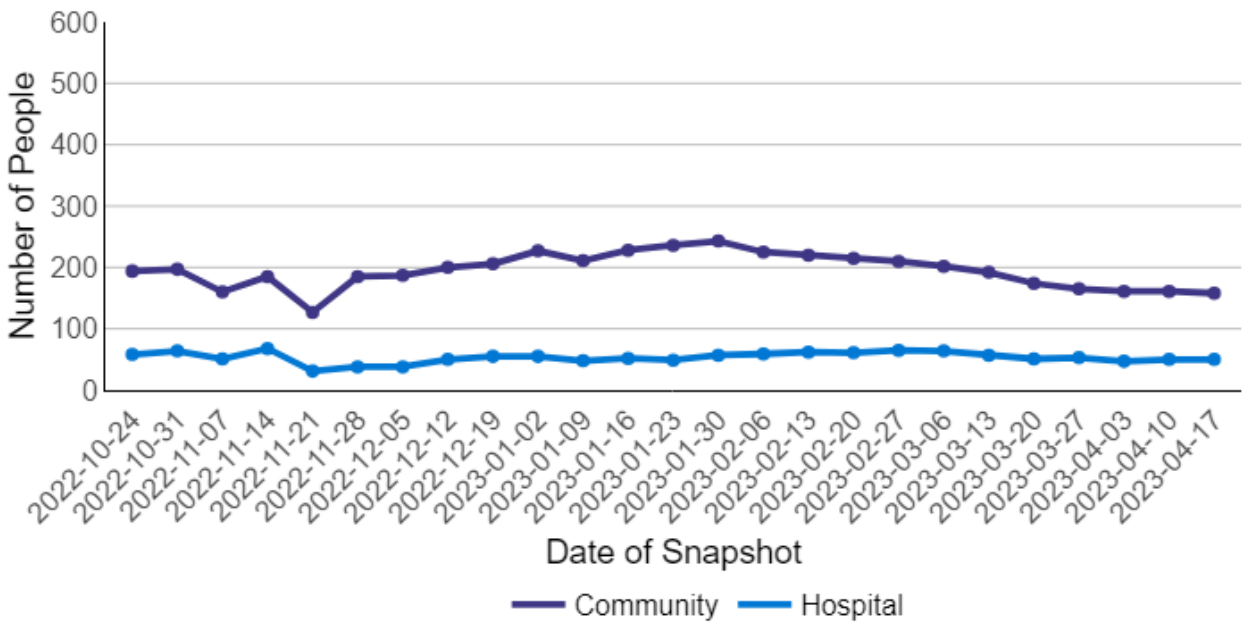

In Dundee as at 17th April 2023:

- 50 people were assessed and were waiting in hospital for a care at home package; this number has remained below 64 since 6 March 2023.

- 158 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 20 weeks.

Chart 3

## Number of Hours of Care at Home yet to be provided for Assessed Individuals in Dundee City.
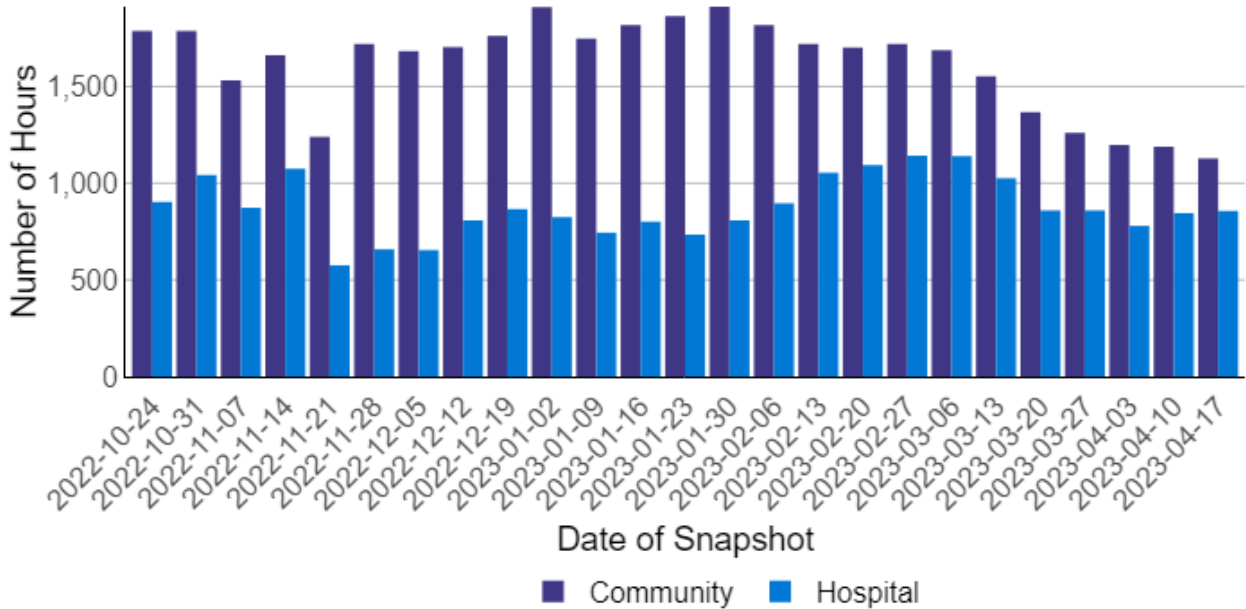
In Dundee as at 17th April 2023:

- 50 people were assessed and waiting for a care at home package in hospital (856 hours yet to be provided). The number of hours appears to be on a general downward trajectory since 27 February 2023, although more data points are required to establish a definite trend.

- 158 people were assessed and waiting for a care at home package in the community (1,129 hours yet to be provided). This is the lowest number of hours waiting to be provided in the last 24 weeks.

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.
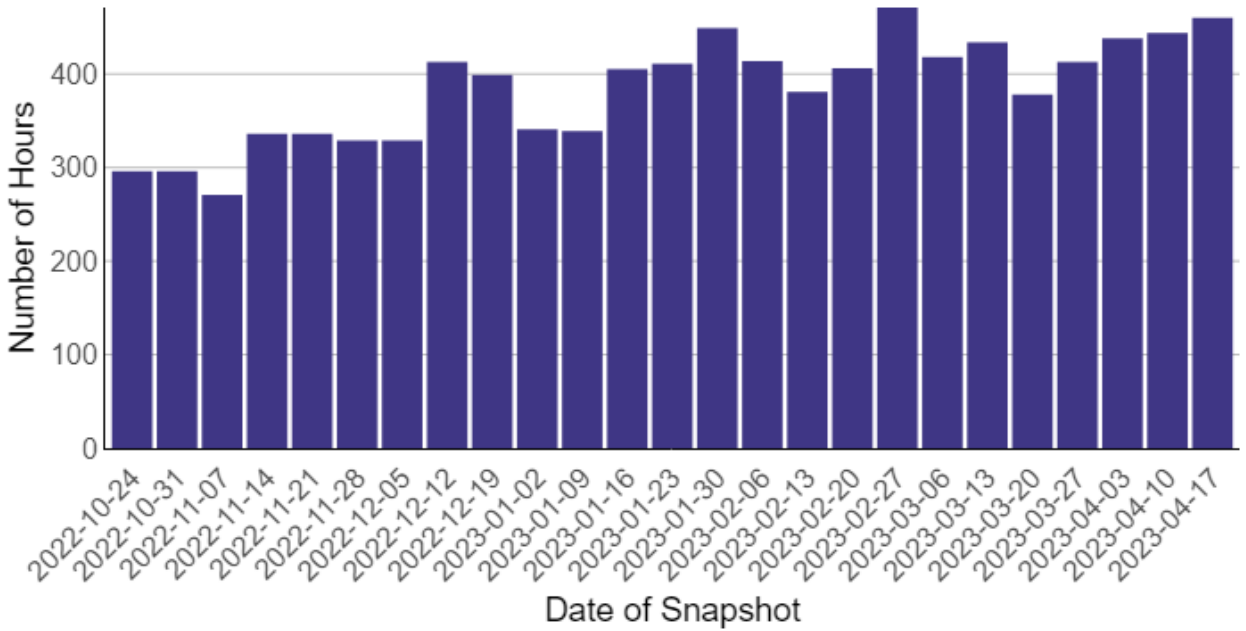
In Dundee as at 17ᵗʰ April 2023:

- For those already in receipt of a care at home package 460 additional hours were required and not provided. There is an increasing trend in hours waiting to be provided and at 17 April 2023 this number was this highest over the previous 7 weeks.

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[1] 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 4 shows the previous 12 months of data including the current quarter. Therefore, Quarter 4 data includes data from 1 April 2022 to 31 March 2023.