



Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

27th January, 2026

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE PERFORMANCE AND
AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND
SOCIAL CARE INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 4th February, 2026 at 10.00am.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeeicity.gov.uk by no later than 12 noon on Monday, 2nd February, 2026.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeeicity.gov.uk.

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

2 DECLARATION OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER**(a) MINUTE - Page 1**

The minute of previous meeting of the Committee held on 26th November, 2025 is attached for approval.

(b) ACTION TRACKER - Page 5

The Action Tracker (PAC1-2026) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 2 - Page 11

(Report No PAC4-2026 by the Chief Officer, copy attached – for noting).

5 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 39

(Report No PAC7-2026 by the Clinical Director, copy attached – for decision).

6 DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2 - Page 53

(Report No PAC2-2026 by the Chief Officer, copy attached – for noting).

7 MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2 - Page 69

(Report No PAC3-2026 by the Chief Officer, copy attached – for noting).

8 UNSCHEDULED CARE - Page 99

(Report No PAC5-2026 by the Chief Officer, copy attached – for noting).

9 CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25 - Page 109

(Report No PAC10-2026 by the Chief Finance Officer, copy attached – for noting).

10 OUR PROMISE 2023-26 ANNUAL UPDATE - Page 171

(Report No PAC9-2026 by the Chief Officer, copy attached – for a decision).

11 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 185

(Report No PAC8-2026 by the Chief Finance Officer, copy attached – for noting).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 219

(Report No PAC6-2026 by the Chief Finance Officer, copy attached – for noting).

13 ATTENDANCE LIST - Page 229

(A copy of the Attendance Return (PAC11-2026) for meetings of the Performance and Audit Committee held over 2025 is attached for information and record purposes).

14 DATE OF NEXT MEETING

The next meeting of the Committee will be held remotely on Wednesday 20th May, 2026 at 10.00am.

PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated January 2026)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

<u>Role</u>	<u>Recipient</u>
NHS Non Executive Member (Chair)	Bob Benson *
Elected Member	Councillor Dorothy McHugh *
Elected Member	Councillor Siobhan Tolland *
NHS Non Executive Member	David Cheape *
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai
Chief Social Work Officer	Glyn Lloyd
Chief Internal Auditor	Jocelyn Lyall
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Nicky Connor
NHS Non Executive Member – Proxy	Andrew Thomson
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Fiona Owens
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Legal rep)	Jackie Bell

Organisation	Recipient
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
Health and Social Care Partnership	Angie Smith
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
NHS Tayside	Jayne Smith
NHS Tayside	Russell Wood



At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 26th November, 2025.

Present:-

<u>Members</u>	<u>Role</u>
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Officer
Christine JONES	Acting Chief Finance Officer
Alison PENMAN	(for Glyn Lloyd, Chief Social Work Officer)
Martyn SLOAN	Person providing unpaid care in the area of the local authority

Non-members in attendance at the request of the Chief Finance Officer:-

Matthew KENDALL	Health and Social Care Partnership
Fiona OWENS	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were noted from:

Glyn LLOYD	Chief Social Work Officer
Jocelyn LYALL	Chief Internal Auditor
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Raymond MARSHALL	Staff Partnership Representative

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 24th September, 2025 was submitted and approved.

IV AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2024/2025

There was submitted Report No PAC47-2025 by the Chief Finance Officer presenting the Integration Joint Board's Draft Audited Annual Statement of Accounts for the year to 31st March, 2025 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to the report.

The Committee agreed:-

- (i) to note the contents of the Audit Scotland cover letter (attached as Appendix 1 to the report) and the draft external auditor's 2024/2025 Annual Audit Report (attached as Appendix 2) including the completed action plan outlined on page 20 of the report, and in particular that Audit Scotland had issued an unmodified audit opinion on the IJB's 2024/2025 Annual Accounts;
- (ii) to endorse the report as the IJB's formal response to the external auditor's report;
- (iii) to instruct the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by March 2026;
- (iv) to approve the Audited Annual Accounts (attached as Appendix 3) for signature and to instruct the Chief Finance Officer to return these to the external auditor; and
- (v) to instruct the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November, 2025.

V DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025/2026 QUARTER 1

There was submitted Report No PAC39-2025 by the Chief Finance Officer providing an update on 2025/2026 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

- (i) to note the content of the summary report;
- (ii) to 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);
- (iii) to note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3); and
- (iv) to 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 of the report.

VI DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC44-2025 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

The report related to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local Policy.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The Committee agreed:-

- (i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within the report was to 30th September, 2025; and
- (ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- there was evidence of a sound system of governance throughout Dundee HSCP;
- the identification of risk and subsequent management of risk was articulated well throughout services;
- there was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff; and
- there was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee further agreed:

- (iii) to note as advised by the Chief Officer that work was being undertaken with the Estates Service within NHS Tayside in relation to the roof at Kingsway Care Centre and that an update on progress would be provided on mitigations at the next meeting of the Committee.

VII QUARTERLY FEEDBACK REPORT - 1ST AND 2ND QUARTER 2025/2026

There was submitted Report No PAC46-2025 by the Chief Finance Officer summarising feedback received for the Health and Social Care Partnership (HSCP) in the first and second quarters of 2025/2026. The complaints included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Committee agreed:-

- (i) to note the complaints handling performance for health and social work complaints set out within the report;
- (ii) to note the work which had been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting;
- (iii) to note the recording of Planned Service Improvements following complaints that were upheld or partially upheld; and
- (iv) to note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

Following questions and answers the Committee further agreed:

(v) to note as advised by Lynsey Webster that future reports to Committee on this may contain Care Opinion Data.

VIII DATE OF NEXT MEETING

The date of next meeting of the Committee would be confirmed in due course.

Bob BENSON, Chairperson.

ITEM No ...3(b).....

PAC1-2026

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 4TH FEBRUARY 2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back	Lead Officer, Strategic Services	September 2024 January 2025 May 2025 November 2025	There is no longer a specific performance issue in West End and therefore it is recommended that this action is closed. At Q1 2526 West End performed better or the same as Dundee in 4/6 indicators. When comparing with the 2020/21 baseline West End performed better than 4/6 indicators and when comparing with the 2018/19 baseline West End performed better in 3/6 indicators. The only indicator which is standing out is 28 day readmissions with West End having the highest rate at Q1 2526.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
2	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that issues in relation to disengagement would be more fully addressed in future reports.	Lead Officer	September 2025 February 2026	Complete Additional information has been added to the report based on information currently available from systems. Future IT developments might allow further updates to be made in due course.
3	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Head of Health and Community Care would provide further information to Councillor McHugh on why the number of individuals starting alcohol treatment per quarter was remaining low.	Head of Health and Community Care	September 2025	Complete
4	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Lead Officer - Quality, Data and Intelligence would provide further information to Councillor McHugh on whether the number of people disengaging was more of an issue with alcohol dependency rather than drug dependency.	Lead Officer - Quality, Data and Intelligence	September 2025	Complete
5	21/05/25	IV	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2	that the Lead Officer – Quality, Data and Intelligence would consider with her team how the request for further analysis on data could be provided on a quarterly basis.	Lead Officer – Quality, Data and Intelligence	February 2026	Ongoing Further discussion required with operational colleagues

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
							who provide elements of accompanying analytical narrative. This has been delayed by competing work priorities, however a date has now been set for initial discussions within the Quality, Data and Intelligence Team.
6	24/09/25	III(b)	ACTION TRACKER	that any outstanding actions relating to performance would be reviewed.	Acting Head of Service, Strategic Services	November 2025	Complete
7	24/09/25	IV	REVISED PERFORMANCE AND AUDIT COMMITTEE (PAC) TERMS OF REFERENCE	that the internal officers' workplan would be submitted to each future PAC Pre-Meeting for consideration.	Chief Officer	November 2025	Complete
8	24/09/25	V	ANNUAL PERFORMANCE REPORT 2024-25	that consideration to be given to whether there was a different way of approving the report.	Chief Officer	November 2025	Complete – this will be discussed with the Legal Manager prior to approval of the 25/26 report (July 2026)

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
9	24/09/25	VIII	MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4	that consideration would be given to numbering the table of indicators and updates in future reports for ease of reference.	Acting Head of Service, Strategic Services	November 2025	Complete – this feedback has been accepted by the report author and will be applied in future reports.
10	24/09/25	VIII	MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4	that an update on the Tayside Psychological Therapies Services position would be brought to a future PAC meeting.	Chief Officer	January 2026 May 2026	In progress
11	24/09/25	IX	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4	that consideration would be given to providing further information on the Dundee Recovery Network to a future IJB meeting.	Chief Finance Officer	January 2026	Complete – information included in Drug and Alcohol Service Indicators report.
12	24/09/25	XI	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES	that the information on Substance Misuse/Homelessness that was missing from page 221 would be circulated to PAC members.	Acting Head of Service, Strategic Services	November 2025	Complete – information has been issued to all IJB members.
13	24/09/25	XIV	GOVERNANCE ACTION PLAN PROGRESS REPORT	that some work would be undertaken with Internal Audit to consider if there	Acting Head of Service, Strategic	January 2026	Ongoing

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
				could be streamlining of any of the actions.	Services and Chief Finance Officer		Work to review the IJB strategic risk register has been prioritised. GAP action will be started following this.
14	24/09/25	XVI	INTERNAL AUDIT PLAN 2025/26	to note that the Chair would be invited to join a planning meeting between the Chief Finance Officer and Internal Audit colleagues.	Chief Finance Officer	November 2025	Complete - Joint meeting has been arranged for 2 nd December 2025
15	26/11/25	VI	DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT	that an update would be provided to the next meeting on the roof works at Kingsway Care Centre.	Head of Service	February 2026	Complete - Please see report PAC08-2026 section related to Older People's Mental Health / Care Homes.

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 2

REPORT BY: CHIEF OFFICER

REPORT NO: PAC4-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 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. For Q2 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year and because 2020-21 performance is the pandemic era, hospital use may have been lower due to lockdowns and service disruptions, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 2 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2025-26 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.
- The 2020-21 baseline reflects the pandemic period, which was affected by lockdowns, reduced hospital admissions, disrupted service and change in patient pathways. Therefore, comparison has also been made to the 2018-19 baseline.

Performance against the 2020-21 baseline

- Performance is poorer for emergency admissions, bed days per 100,000 people aged 18+ and the rate of 28-day readmissions per 1,000 admissions of people aged 18+.
- Performance has improved for the rates of; falls related hospital admissions per 1,000 people aged 65+, standard and code 9 delayed discharge bed days lost per 1,000 people aged 75+.
- The rate of emergency admissions per 100,000 people aged 18+ has increased in all LCPP areas, with the highest increases in The Ferry (37.2%) and Coldside (26.5%).
- The rate of emergency bed days per 100,000 people aged 18+ shows variation across the LCPP areas with West End, Lochee and Maryfield showing an improvement. The remaining five LCPPs have shown a deterioration with the highest increase in The Ferry (36.6%).
- The rate of 28-day readmissions per 1,000 admissions of people aged 18+ has increased by 4% (deterioration). The Ferry (13%) and Maryfield (12%) have the highest increases. Lochee is the only LCPP to show an improvement (5%).
- The rate of falls hospital admissions per 1,000 people aged 65+ shows an improvement of 1%. There was improvement in Lochee (18%), West End (12%) and The Ferry (9%). Five LCPPs show deterioration, with the highest increases in North-East (22%) and Strathmartine (16%).
- The rate of standard delayed discharge bed days lost per 1,000 people aged 75+ has improved by 19% across Dundee. North-East showed the highest improvement at 47%, followed by Maryfield at 39%. Strathmartine and The Ferry were the only LCPPs area to show deterioration with an increase in The Ferry of 3% and Strathmartine of 11%.
- The rate of complex delayed discharge bed days lost per 1,000 people aged 75+ have improved by 28% across Dundee. However, there are extreme variations at LCPP level. Maryfield (-100%) and North-East (-94%) show significant improvements. In contrast, The Ferry (+366%) and Coldside (+98%) have seen substantial increases indicating a deterioration in performance. These variations in rates can be explained by small numerators (the numerator is the value above the line in the rate calculation, which in this calculation in the rate of bed days lost).

Performance against the 2018-19 baseline

- Performance is poorer for the rate of emergency admissions per 100,000 people aged 18+, the rate of 28-day readmissions per 1,000 admissions of people aged 18+, the rate of falls related hospital admissions per 1,000 people aged 65+ and the rate of complex delayed discharge bed days lost per 1,000 people aged 75.
- Performance has improved for the rate of emergency bed days per 100,000 people aged 18+ and the rate of standard delayed discharge bed days lost per 1,000 people aged 75
- The rate of emergency admissions per 100,000 people aged 18+ has increased in all LCPP areas, with the highest increases in The Ferry (25%) and Strathmartine (17.3%).
- The rate of emergency bed days per 100,000 people aged 18+ shows a 12% improvement across Dundee. Lochee showed the greatest improvement (decrease of 26.3%) followed by Maryfield (decrease of 22.8%). There was deterioration in North-East (increase of 4.4%) and The Ferry (increase of 3.8%)
- The rate of 28-day readmissions per 1,000 admissions of people aged 18+ increased by 3% indicating a deterioration. West End and Coldside experienced the highest increases, at 23% and 24% respectively. Lochee, East End and Strathmartine showed improvements.
- The rate of falls related hospital admissions per 1,000 people aged 65+ deteriorated by 3% across Dundee. The largest deterioration was seen in East End (20% increase), followed by Maryfield and Lochee (16% increase). West End (-15%) and Coldside (-10%) showed an improvement with a decrease in the rate of admissions.
- The rate of standard delayed discharge bed days lost per 1,000 people aged 75+ shows 49% improvement across Dundee, all LCPPs showed an improvement with the greatest improvement in Lochee (70%) and East End (65%).
- The rate of complex delayed discharge bed days lost per 1,000 people aged 75+ deteriorated by 1% across Dundee, however there are notable variations across LCPPs. Strathmartine, Lochee and North-East showed improvements of 92%, 62% and 88% respectively. Performance deteriorated in 4 LCPPs with increases in West End (355%), The Ferry (77%), Coldside (61%) and East End (53%). These variations in rates can be explained by small numerators (the numerator is the value above the line in the rate calculation, which in this calculation is the rate of bed days lost).

5.2 Public Health Scotland publishes a report on the number of people who are waiting for a 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 reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

The number of people waiting for assessments is showing an upward trend while the number of people waiting for care at home packages remains low.

In Dundee, as of 8 December 2025

- 0 people waited in hospital and 143 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 6 people were assessed and waiting for a care at home package in hospital (135 hours yet to be provided).

- 9 people were assessed and waiting for a care at home package in the community (94 hours yet to be provided).
- For those already in receipt of a care at home package 72 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

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers.
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)	<ul style="list-style-type: none"> - 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 Finance 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 OFFICER

DATE: 31 December 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Lisa Traynor
Information Assistant, Quality, Data and Intelligence

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APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q2 2025-26 against baseline year 2020-21



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+20.1%	+15.3%	+12.1%	+26.5%	+18.2%	+23.2%	+15.4%	+14.1%	+37.2%
Emer Bed Days rate per 100,000 18+	+9.1%	-2.4%	+17.8%	+9.9%	+2.9%	+18.9%	-2.7%	-8.1%	+36.6%
28 Day Readmissions rate per 1,000 Admissions 18+	+4%	-5%	+1%	+2%	0%	+4%	+12%	+6%	+13%
Hospital admissions due to falls rate per 1,000 65+	-1%	-18%	+10%	+2%	+22%	+16%	+7%	-12%	-9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-19%	-16%	-36%	-34%	-47%	+11%	-39%	-8%	+3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-28%	-72%	-19%	+98%	-94%	-85%	-100%	-66%	+366%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2020-21 baseline. Where performance is poorer than 2020-21 baseline, it is coded as red (worse than 2020-21). Where the performance is better than 2020-21 this is coded as green (better than 2020-21).

Key:  Improved/Better  Stayed the same  Declined/Worse

Table 1b: Performance in Dundee's LCPPs - % change in Q2 2025-26 against baseline year 2018-19



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+10.6%	+5.4%	+8.2%	+9.2%	+6.6%	+17.3%	+12.5%	+2.5%	+25%
Emer Bed Days rate per 100,000 18+	-12%	-26.3%	-5.4%	-14.6%	+4.4%	-4.5%	-22.8%	-20.6%	+3.8%
28 Day Readmissions rate per 1,000 Admissions 18+	+3%	-6%	-9%	+24%	0%	-4%	+1%	+23%	+10%
Hospital admissions due to falls rate per 1,000 65+	+3%	+16%	+20%	-10%	+14%	+6%	+16%	-15%	+2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-49%	-70%	-65%	-30%	-56%	-47%	-50%	-49%	-15%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	1%	-62%	+53%	+61%	-88%	-92%	0%	+355%	+77%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2018-19 baseline. Where performance is poorer than 2018-19 baseline, it is coded as red (worse than 2018-19). Where the performance is better than 2018-19 this is coded as green (better than 2018-19).

Key:  Improved/Better  Stayed the same  Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q2 2025-26 compared to Dundee



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	13,995	15,932	18,209	16,176	13,285	15,520	11,995	9,204	13,516
Emer Bed days rate per 100,000 18+	105,582	116,481	139,694	124,910	94,169	114,532	80,146	65,022	123,705
28 Day Readmissions rate per 1,000 Admissions 18+	145	133	149	159	130	146	151	162	131
Hospital admissions due to falls rate per 1,000 65+	31	29	40	36	21	31	30	31	31
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	141	133	107	147	110	119	132	167	174
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	93	56	130	344	11	7	0	68	75

Source: NHS Tayside BSU

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

Key:  Improved/Better  Stayed the same  Declined/Worse

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Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2025-26 compared to Dundee

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

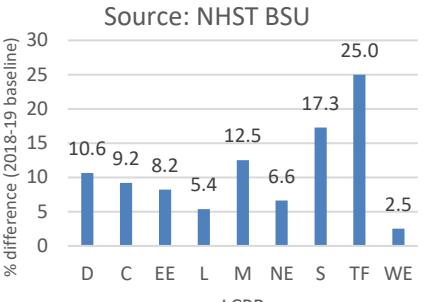
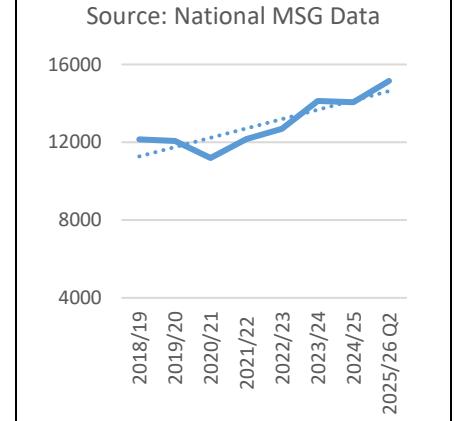
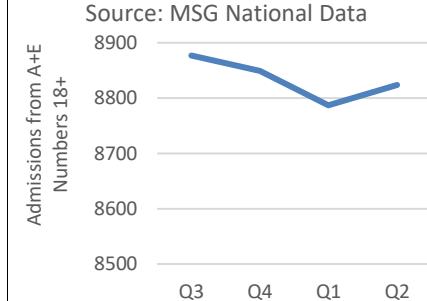
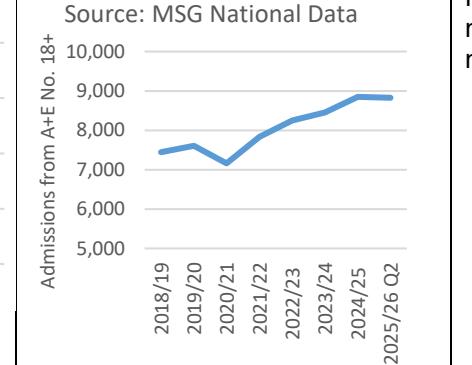
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
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* Indicators 1 to 9 are based on the Health and Care Experience Survey (HACE), which is a sample survey of people aged 17+ registered with a GP practice in Scotland. This data is reported every two years, with the most recent data available for 2023/24. Longitudinal comparisons are not available due to changes in the methodology of the survey made in previous years.

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 th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4 th (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 Baselines (2018-19 and 2020-21)	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 st (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. For the 2024 survey 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			

National Indicator	Difference From Baselines (2018-19 and 2020-21)	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																				
11. Premature mortality rate per 100,000 persons	<p>There was a 2.9% increase in 2023 than 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years.</p> <p>2023 is latest available published data. 2024 data currently planned for Spring 2026.</p>	Not Available	<p>Source : PHS</p> <p>Rate per 100,000 population</p> <p>2018 2019 2020 2021 2022 2023</p> <p>Dundee City (Blue Line) Scotland (Orange Line)</p>	30th	7th	3rd																				
12. Emer Admissions rate per 100,000 18+	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Local Authority</th> <th>% Difference (2020-21 baseline)</th> </tr> </thead> <tbody> <tr><td>D</td><td>26.5</td></tr> <tr><td>C</td><td>20.1</td></tr> <tr><td>EE</td><td>12.1</td></tr> <tr><td>L</td><td>15.3</td></tr> <tr><td>M</td><td>15.4</td></tr> <tr><td>NE</td><td>18.2</td></tr> <tr><td>S</td><td>23.2</td></tr> <tr><td>TF</td><td>37.2</td></tr> <tr><td>WE</td><td>14.1</td></tr> </tbody> </table> <p>There was an increase in emergency admissions rate by 20.1% in Q2 2025-26 compared with the 2020-21 baseline. This equates to an increase of 2,863 emergency admissions (deterioration).</p>	Local Authority	% Difference (2020-21 baseline)	D	26.5	C	20.1	EE	12.1	L	15.3	M	15.4	NE	18.2	S	23.2	TF	37.2	WE	14.1	<p>Source : MSG National Data</p> <p>Admissions rate per 100,000 population</p> <p>Q3 Q4 Q1 Q2</p> <p>D (Blue Line)</p> <p>Admissions rate dipped in Q4, then steadily increased through Q1 and Q2.</p>	<p>Source: NHST BSU</p> <p>Admissions rate per 100,000 population</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 2025/26 Q2</p> <p>D (Blue Line) Lowest at Q2 WE (Orange Line) Highest at Q2 EE (Grey Line) Linear (D) (Dotted Line)</p> <p>Note - Linear (D) is the trendline for Dundee</p>	29th	7th	3rd
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	 <p>Source: NHST BSU</p> <p>There was an increase in the emergency admissions rate by 10.6% in Q2 2025-26 compared with the 2018-19 baseline. This equates to an increase of 1,654 emergency admissions (deterioration).</p>		 <p>Source: National MSG Data</p> <p>Emergency admissions rate showing an increasing trend since the pandemic.</p>		
Emergency Admissions Numbers from A&E (MSG)	<p>1,664 more emergency admissions from A+E in Q2 2025-26 compared with the 2020-21 baseline.</p> <p>1,384 more emergency admissions from A+E in Q2 2025-26 compared with the 2018-19 baseline.</p>	 <p>Source: MSG National Data</p> <p>Admissions numbers have slightly declined from Q3 to Q1, then rose in Q2.</p>	 <p>Source: MSG National Data</p> <p>Admission numbers rose overall, with a slight dip in 2020-21, then a steady increase onward, levelling off near 9,000 in recent quarters</p>	NA as number and not rate	NA as number and not rate

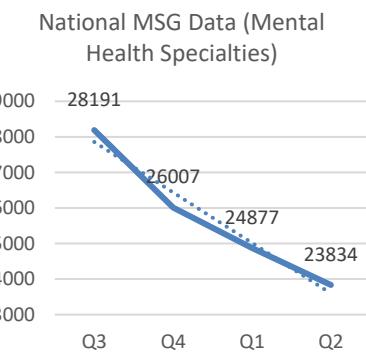
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions as a Rate per 1,000 of all Accident & Emergency Attendances (MSG)	<p>Rate decreased by 40, from 376 at the 2020-21 baseline to 336 at Q2 2025-26. This is a decrease of 11%.</p> <p>Rate increased by 35, from 301 at the 2018-19 baseline to 336 at Q2 2025-26. This is an increase of 12%.</p>	<p>Source : MSG National Data</p> <p>The rate has been fairly consistent in the past four quarters.</p>	<p>Source: MSG National Data</p> <p>A&E admission rates peaked during the pandemic followed by a decline, with rates now stabilising.</p>	Not Avail	Not Avail	Not Avail
Number of Accident & Emergency Attendances (MSG)	<p>7217 (38% increase) more A&E attendances in Q2 2025-26 than the 2020/21 baseline.</p> <p>1598 (6% increase) more A&E attendances in Q2 2025-26 than the 2018-19 baseline.</p>	<p>Source: MSG National Data</p> <p>Attendances declined from Q3 to Q1, then rose sharply in Q2.</p>	<p>Source: MSG National Data</p> <p>Upward trend following the pandemic</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate

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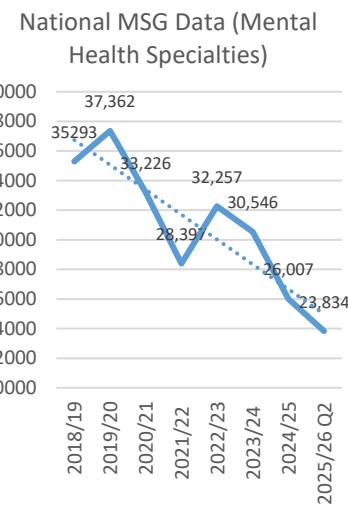
There was a decrease in the emergency bed days rate by 12% between the 2018-19 baseline and Q2 2025-26. This equates to a decrease of 17,529 emergency bed days (improvement).

9,392 (28%) less mental health bed days in Q2 2025-26 compared with the 2020-21 baseline (improvement) (source: MSG)

11,459 (32%) less mental health bed days in Q2 2025-26 compared with the 2018-19 baseline (improvement) (source: MSG)

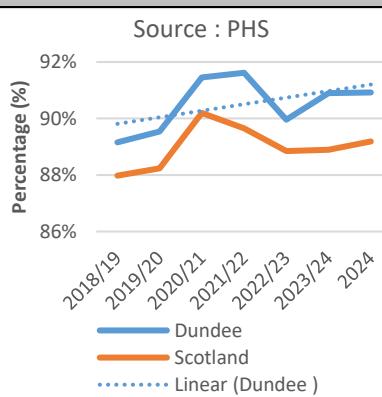
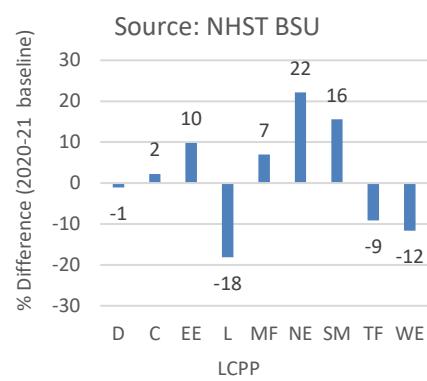
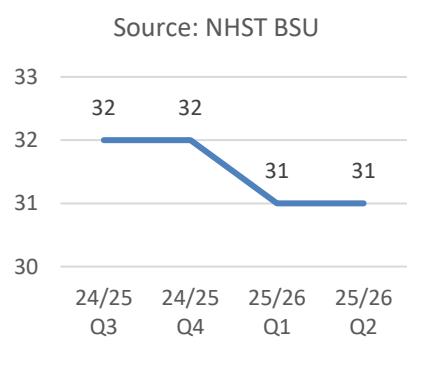
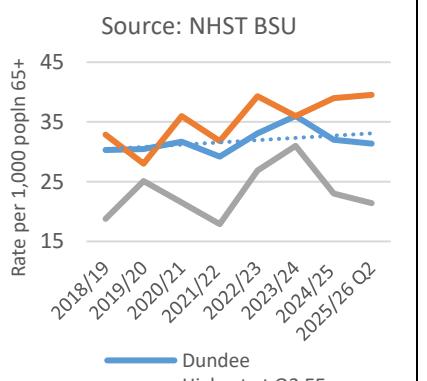


A decrease in the rate of mental health emergency bed days since Q3 2024-25 (improvement)

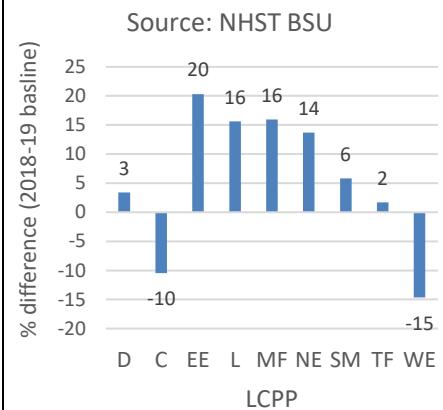


There has been a steady decrease since the pandemic, indicating an overall downward trend.

National Indicator	Difference From Baselines (2018-19 and 2020-21)	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. Emergency Readmissions rate per 1,000 Admissions 18+	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Region</th> <th>% Difference (2018-19 baseline)</th> </tr> </thead> <tbody> <tr><td>D</td><td>4</td></tr> <tr><td>C</td><td>2</td></tr> <tr><td>EE</td><td>1</td></tr> <tr><td>L</td><td>-5</td></tr> <tr><td>M</td><td>12</td></tr> <tr><td>NE</td><td>0</td></tr> <tr><td>S</td><td>4</td></tr> <tr><td>TF</td><td>13</td></tr> <tr><td>WE</td><td>6</td></tr> </tbody> </table> <p>The rate is 4% higher at Q2 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1037 readmissions between the 2020-21 baseline and Q2 2025-26.</p> <p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Region</th> <th>% Difference (2018-19 baseline)</th> </tr> </thead> <tbody> <tr><td>D</td><td>3</td></tr> <tr><td>C</td><td>24</td></tr> <tr><td>EE</td><td>-9</td></tr> <tr><td>L</td><td>-6</td></tr> <tr><td>M</td><td>1</td></tr> <tr><td>NE</td><td>0</td></tr> <tr><td>S</td><td>-4</td></tr> <tr><td>TF</td><td>10</td></tr> <tr><td>WE</td><td>23</td></tr> </tbody> </table> <p>The rate is 3% higher at Q2 2025-26 compared with the 2018-19 baseline. The number of readmissions (numerator) increased</p>	Region	% Difference (2018-19 baseline)	D	4	C	2	EE	1	L	-5	M	12	NE	0	S	4	TF	13	WE	6	Region	% Difference (2018-19 baseline)	D	3	C	24	EE	-9	L	-6	M	1	NE	0	S	-4	TF	10	WE	23	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Rate per 1,000 admissions</th> </tr> </thead> <tbody> <tr><td>Q3</td><td>143</td></tr> <tr><td>Q4</td><td>142</td></tr> <tr><td>Q1</td><td>145</td></tr> <tr><td>Q2</td><td>145</td></tr> </tbody> </table> <p>Admissions slightly decreased from Q3 to Q4, then rose and remained the same at 145 in Q1 and Q2</p>	Quarter	Rate per 1,000 admissions	Q3	143	Q4	142	Q1	145	Q2	145	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>Dundee</th> <th>highest at Q2 West End</th> <th>lowest at Q2 North East</th> </tr> </thead> <tbody> <tr><td>16/17</td><td>143</td><td>143</td><td>143</td></tr> <tr><td>17/18</td><td>152</td><td>160</td><td>120</td></tr> <tr><td>18/19</td><td>142</td><td>135</td><td>125</td></tr> <tr><td>19/20</td><td>145</td><td>150</td><td>125</td></tr> <tr><td>20/21</td><td>142</td><td>155</td><td>120</td></tr> <tr><td>21/22</td><td>140</td><td>160</td><td>115</td></tr> <tr><td>22/23</td><td>140</td><td>160</td><td>120</td></tr> <tr><td>23/24</td><td>155</td><td>160</td><td>145</td></tr> <tr><td>24/25</td><td>145</td><td>155</td><td>130</td></tr> <tr><td>25/26 Q2</td><td>145</td><td>160</td><td>125</td></tr> </tbody> </table>	Fiscal Year	Dundee	highest at Q2 West End	lowest at Q2 North East	16/17	143	143	143	17/18	152	160	120	18/19	142	135	125	19/20	145	150	125	20/21	142	155	120	21/22	140	160	115	22/23	140	160	120	23/24	155	160	145	24/25	145	155	130	25/26 Q2	145	160	125	29th	8th	2nd
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	by 952 readmissions between the 2018-19 baseline and Q2 2025-26.					
National Indicator	Difference From Baselines (2018-19 and 2020-21)	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	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7 th best in Scotland and 1 st in the family group.	Not Available	 <p>Source : PHS</p> <p>Percentage (%)</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024</p> <p>Dundee</p> <p>Scotland</p> <p>Linear (Dundee)</p>	7th	1st	2nd
16. Hospital admissions due to falls rate per 1,000 65+ population	<p>Source: NHST BSU</p>  <p>The rate of admissions has decreased by 1% in Q2 2025-26 from the 2020-21 baseline. This</p>	<p>Source: NHST BSU</p>  <p>The trend shows a slight decline, moving from 32 in 2024-25 Q3 and Q4 to 31 in 2025-26 Q1 and Q2.</p>	<p>Source: NHST BSU</p>  <p>Rate per 1,000 popln 65+</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 2025/26 Q2</p> <p>Dundee</p> <p>Highest at Q2 EE</p> <p>Lowest at Q2 NE</p> <p>Linear (Dundee)</p>	31st	8th	3rd

equates to an increase of 84 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in North East with a 22% increase (11 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2020-21 and East End has the highest rate of admissions in Q2 2025-26.

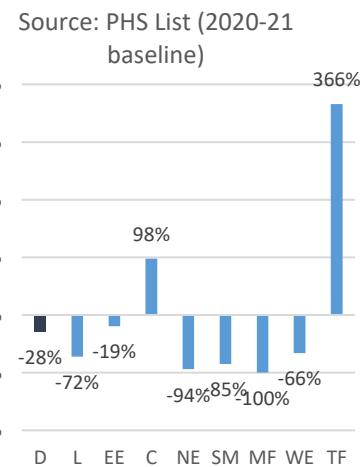


The rate of admissions has increased by 3% in Q2 2025-26 from the 2018-19 baseline. This equates to an increase of 56 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in East End.

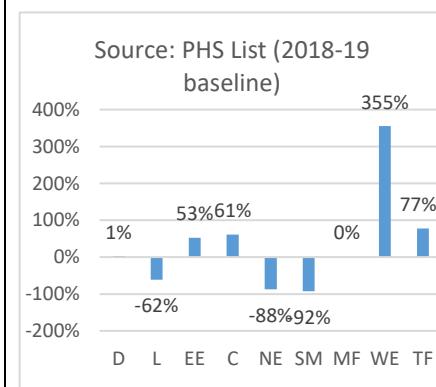
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<p>A deterioration of 3.6% compared to the 2018-19 baseline but a 2.6% improvement compared to the 2019/20 baseline.</p> <p>Grading during the pandemic deteriorated significantly to a low of 74% in 2021-22, followed by an improving trend.</p>	Not Available	<p>Source : PHS</p> <table border="1"> <caption>Estimated data for Line Chart</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>86</td><td>82</td></tr> <tr><td>2019/20</td><td>82</td><td>81</td></tr> <tr><td>2020/21</td><td>80</td><td>83</td></tr> <tr><td>2021/22</td><td>74</td><td>75</td></tr> <tr><td>2022/23</td><td>75</td><td>76</td></tr> <tr><td>2023/24</td><td>78</td><td>77</td></tr> <tr><td>2024/25</td><td>82</td><td>81</td></tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018/19	86	82	2019/20	82	81	2020/21	80	83	2021/22	74	75	2022/23	75	76	2023/24	78	77	2024/25	82	81	17th	6th	1st
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18. % adults with intensive care needs receiving care at home	<p>There has been an increasing trend in the proportion of adults receiving intensive care needs at home.</p> <p>In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.</p>	Not Available	<p>Source : PHS</p> <table border="1"> <caption>Estimated data for Line Chart</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2018</td><td>59</td><td>62</td></tr> <tr><td>2019</td><td>58</td><td>63</td></tr> <tr><td>2020</td><td>59</td><td>63</td></tr> <tr><td>2021</td><td>64</td><td>64</td></tr> <tr><td>2022</td><td>61</td><td>64</td></tr> <tr><td>2023</td><td>62</td><td>64</td></tr> <tr><td>2024</td><td>66</td><td>64</td></tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018	59	62	2019	58	63	2020	59	63	2021	64	64	2022	61	64	2023	62	64	2024	66	64	12th	5th	1st
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19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source : PHS List (2020-21 baseline)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>2018-19 Baseline</th> <th>2020-21 Baseline</th> <th>Change (%)</th> </tr> </thead> <tbody> <tr><td>D</td><td>-19%</td><td>-16%</td><td>3%</td></tr> <tr><td>L</td><td>-36%</td><td>-34%</td><td>2%</td></tr> <tr><td>EE</td><td>-47%</td><td>-34%</td><td>11%</td></tr> <tr><td>C</td><td>-39%</td><td>-39%</td><td>0%</td></tr> <tr><td>NE</td><td>-47%</td><td>-47%</td><td>0%</td></tr> <tr><td>SM</td><td>-39%</td><td>-39%</td><td>0%</td></tr> <tr><td>MF</td><td>-39%</td><td>-39%</td><td>0%</td></tr> <tr><td>WE</td><td>-39%</td><td>-39%</td><td>0%</td></tr> <tr><td>TF</td><td>-39%</td><td>-39%</td><td>0%</td></tr> </tbody> </table> <p>19% decrease (improvement) since the 2020-21 baseline.</p> <p>Source : PHS List (2018-19 baseline)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>2018-19 Baseline</th> <th>2020-21 Baseline</th> <th>Change (%)</th> </tr> </thead> <tbody> <tr><td>D</td><td>-49%</td><td>-49%</td><td>0%</td></tr> <tr><td>L</td><td>-70%</td><td>-65%</td><td>5%</td></tr> <tr><td>EE</td><td>-70%</td><td>-65%</td><td>5%</td></tr> <tr><td>C</td><td>-56%</td><td>-30%</td><td>26%</td></tr> <tr><td>NE</td><td>-56%</td><td>-47%</td><td>9%</td></tr> <tr><td>SM</td><td>-56%</td><td>-47%</td><td>9%</td></tr> <tr><td>MF</td><td>-56%</td><td>-47%</td><td>9%</td></tr> <tr><td>WE</td><td>-56%</td><td>-47%</td><td>9%</td></tr> <tr><td>TF</td><td>-56%</td><td>-49%</td><td>3%</td></tr> </tbody> </table> <p>49% decrease (improvement) since the 2018-19 baseline.</p>	Category	2018-19 Baseline	2020-21 Baseline	Change (%)	D	-19%	-16%	3%	L	-36%	-34%	2%	EE	-47%	-34%	11%	C	-39%	-39%	0%	NE	-47%	-47%	0%	SM	-39%	-39%	0%	MF	-39%	-39%	0%	WE	-39%	-39%	0%	TF	-39%	-39%	0%	Category	2018-19 Baseline	2020-21 Baseline	Change (%)	D	-49%	-49%	0%	L	-70%	-65%	5%	EE	-70%	-65%	5%	C	-56%	-30%	26%	NE	-56%	-47%	9%	SM	-56%	-47%	9%	MF	-56%	-47%	9%	WE	-56%	-47%	9%	TF	-56%	-49%	3%	<p>Source: PHS List</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Value</th> </tr> </thead> <tbody> <tr><td>Q3</td><td>240</td></tr> <tr><td>Q4</td><td>136</td></tr> <tr><td>Q1</td><td>133</td></tr> <tr><td>Q2</td><td>141</td></tr> </tbody> </table> <p>The trend shows decreasing short term trend with the most recent quarter showing an upward tick</p>	Quarter	Value	Q3	240	Q4	136	Q1	133	Q2	141	<p>Source: PHS List</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Dundee</th> <th>Lowest at Q2 EE</th> <th>Highest at Q2 TF</th> </tr> </thead> <tbody> <tr><td>19/20</td><td>380</td><td>280</td><td>350</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>850</td><td>500</td></tr> <tr><td>22/23</td><td>650</td><td>950</td><td>550</td></tr> <tr><td>23/24</td><td>550</td><td>850</td><td>450</td></tr> <tr><td>24/25</td><td>150</td><td>300</td><td>150</td></tr> <tr><td>25/26</td><td>150</td><td>150</td><td>150</td></tr> </tbody> </table> <p>Decline in rate of standard delays since 2022-23. This is an improving trend. Slight increase in Q2 2025-26.</p>	Year	Dundee	Lowest at Q2 EE	Highest at Q2 TF	19/20	380	280	350	20/21	200	200	200	21/22	600	850	500	22/23	650	950	550	23/24	550	850	450	24/25	150	300	150	25/26	150	150	150	NA	NA	NA
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19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)

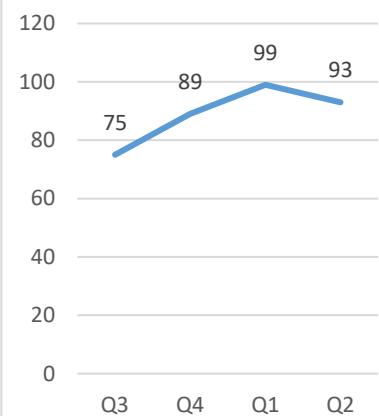


28% decrease (improvement) since 2020-21 and decrease (improvement) in 6 LCPPs.



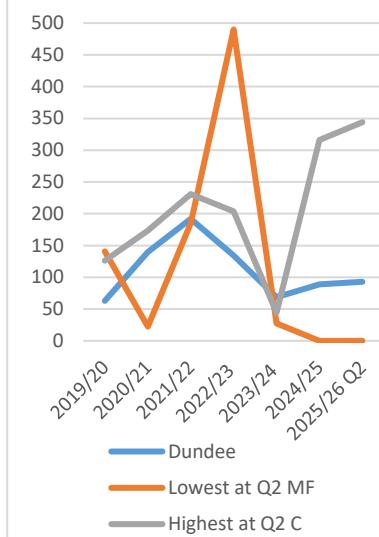
1% increase (deterioration) since 2018-19 and decrease (improvement) in 3 LCPPs.

Source: PHS List



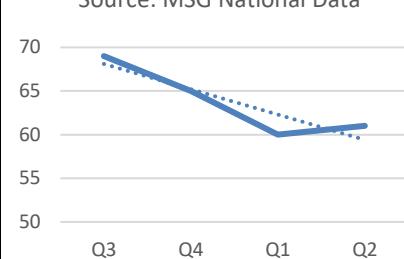
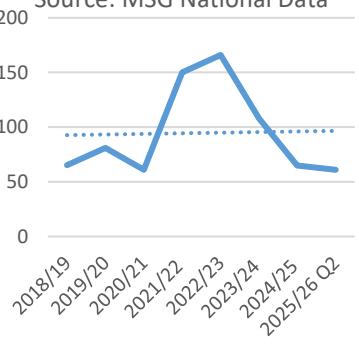
An increase in the first three quarters followed by a decrease in the latest quarter.

Source : PHS List



Long term trends show increase since 2023-24

NA NA NA

National Indicator	Difference From Baselines (2018-19 and 2020-21)	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
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	<p>Bed days rate have decreased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 7,456 at Q2 2025-26.</p> <p>Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 7,456 at Q2 2025-26.</p>	<p>Source: MSG National Data</p>  <p>Delayed Discharge bed days lost rate per 1,000 has reduced (improvement) steadily from Q3 to Q1, then slightly increased in Q2</p>	<p>Source: MSG National Data</p>  <p>Delayed Discharge bed days lost rate per 1,000 peaked in 2022/23, then declined steeply and stabilised at a lower rate by 2025-26.</p>	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	<p>5.8% less in 2020-21* than 2015-16 (improvement)</p> <p>*latest data available</p>	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 08 December 2025

- 0 people waited in hospital and 143 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

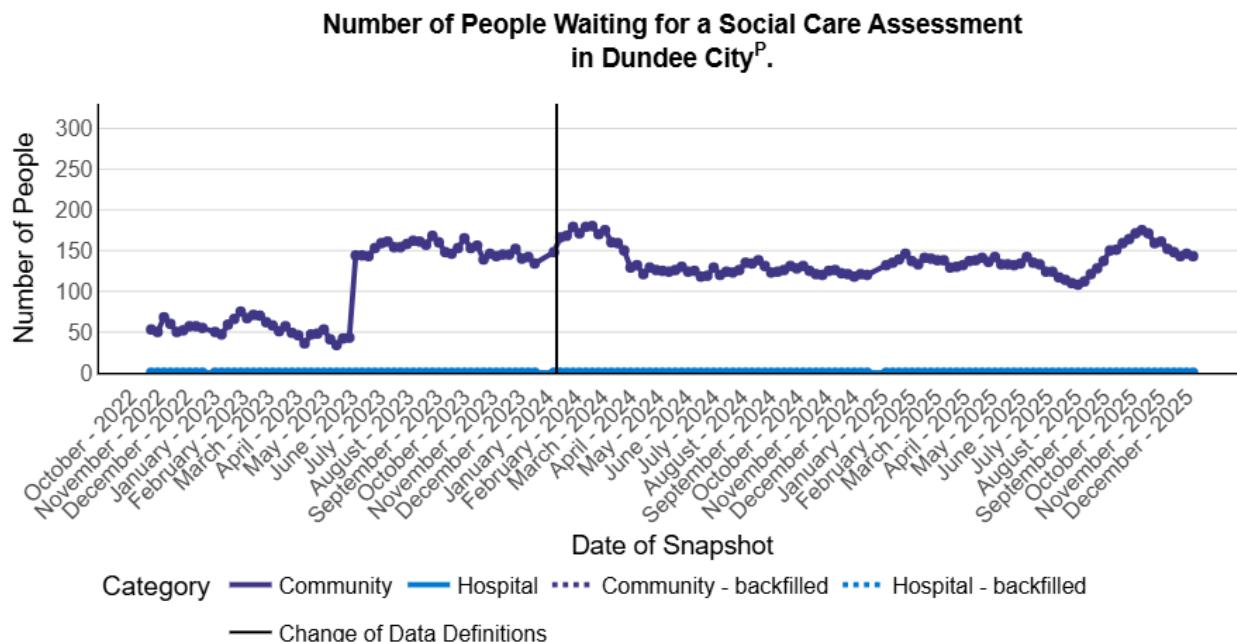
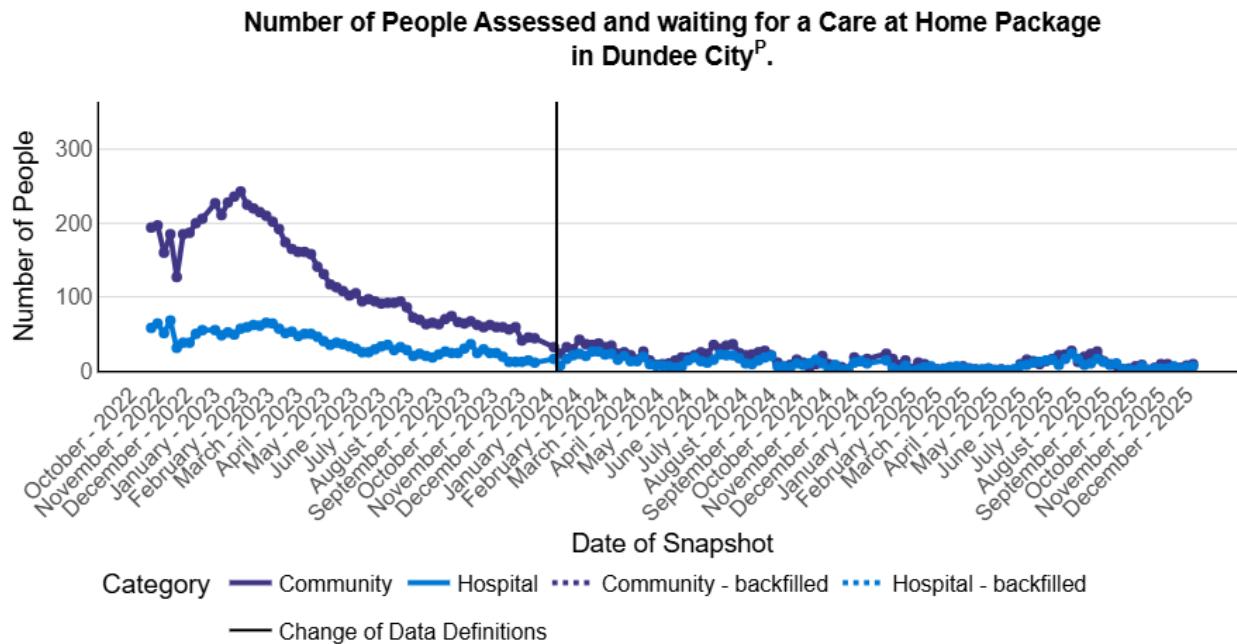


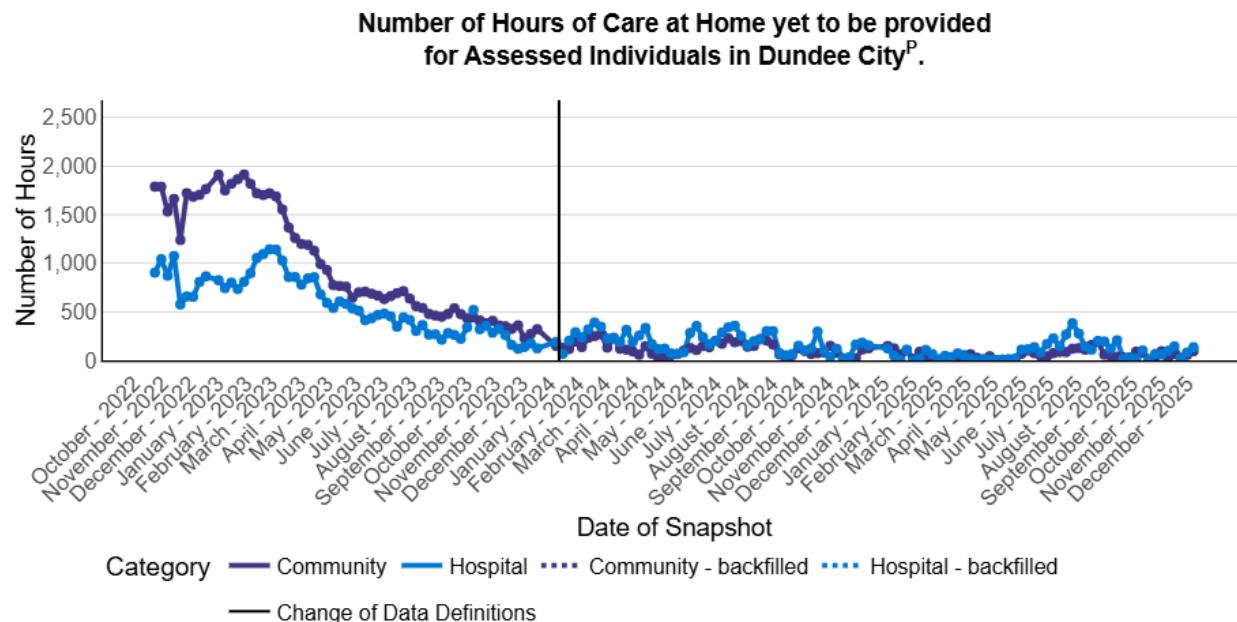
Chart 2



In Dundee as at 08 December 2025:

- 6 people was assessed and were waiting in hospital for a care at home package.
- 9 people were assessed and were waiting in the community for a care at home package.

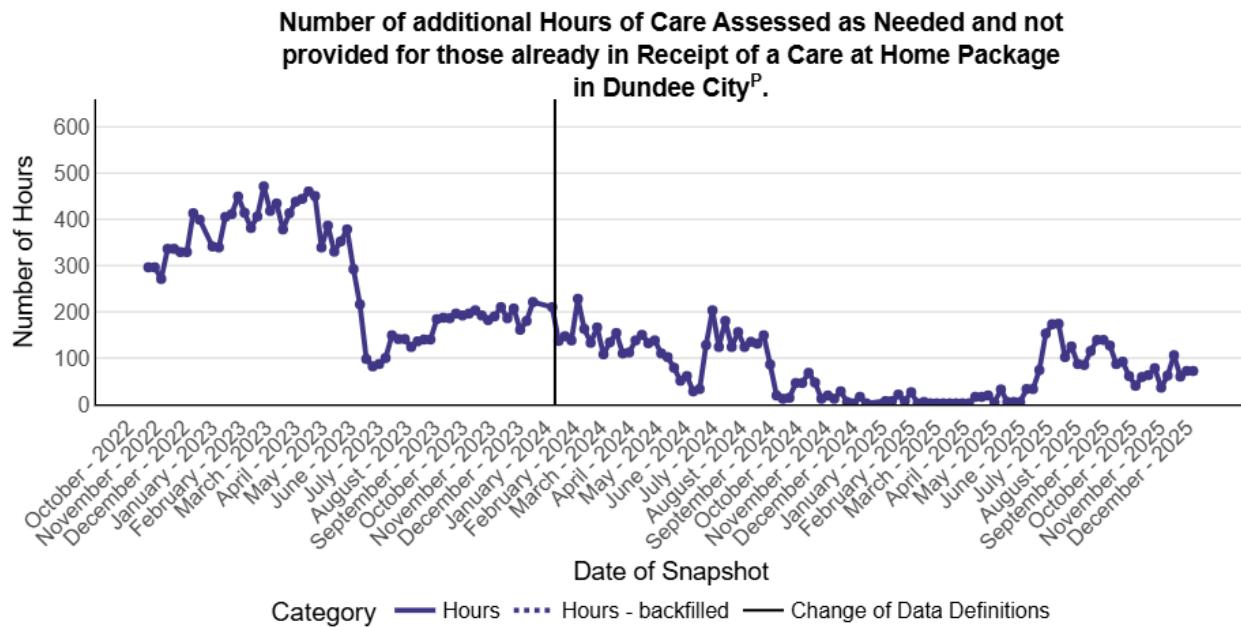
Chart 3



In Dundee as at 08 December 2025

- 6 people were assessed and waiting for a care at home package in hospital (135 hours yet to be provided).
- 9 people were assessed and waiting for a care at home package in the community (94 hours yet to be provided).

Chart 4



In Dundee as at 08 December 2025

- For those already in receipt of a care at home package 72 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 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 timely quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.

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.

¹ For Q2 the data is for the period 1 October 2024 to 30 September 2025.



REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 4TH FEBRUARY 2026**

REPORT ON: **DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC7-2026**

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance - Reasonable

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

2.0 RECOMMENDATIONS

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

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within this report is to 30th November 2025.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout Dundee HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 This report will highlight key risks, mitigations and impact. The report will also include recent improvement activity and any issues that require escalation.

4.2 The role of the Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Clinical Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

Each service attends DHSCP CCPGG and presents an annual Quality Assurance Report. The Quality Assurance Report is based on the Clinical Governance Framework with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Exception reports are presented at each CCPG Group highlighting emerging issues.

4.3 Strategic Risks and Service Risks are reported to DHSCP Risk Management Group bi-monthly and are subject to scrutiny by the group.

5.0 ASSESSMENT

a.1

Service	Current or Emergent Concern
Community Mental Health & Learning Disabilities	<p>Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services. Management capacity is a chronic risk as it has taken a significant period to agree a structure. It is further impacted by delays in HR processes and high levels of absence.</p> <p>The organisational change process for the Model of Care Transformation work across Tayside will further impact on recruitment to essential leadership posts, further reducing available leadership across mental health and learning disability teams.</p> <p>Mental Health</p> <p>New risk (1749): Absence of clinical lead</p> <p>As a result of there being no Clinical Lead in post, there is likely to be lack of specialist clinical representation from Dundee in Tayside discussions (for example, Model of Care transformation and Governance redesign) which could lead to decisions being taken that result in poor alignment between local Strategy and Tayside strategy.</p> <p>There will also be gaps in operational matters (for example in relation to complaints, adverse events) given the further reduced capacity of the management team.</p> <p>A formal risk had been previously raised regards the inability to undertake timely Morbidity and Mortality reviews and implement recommendations with the potential of failing to learn from these adverse events. Additional time continues to be realised by commissioning a retired consultant psychiatrist to work three sessions per week and utilising a limited amount of time from a single improvement advisor to support this work. There are currently 123 outstanding adverse events. Some mitigation exists in all events being considered when they happen, and any required immediate actions progressed through operational management systems.</p>

	<p>The service are currently exploring options with senior management to support the clinical lead role.</p> <p>Community Mental Health Team (CMHT)</p> <p>Referral rates continue to rise with no sign of plateauing. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 and 120, i.e. nearly double the pre-COVID rate. This is partly driven by increased referrals for neuro diversity and work is being done to understand this better.</p> <p>Patients are informed in writing of the acceptance of the referral. This notification can be either the offer of an appointment or to inform them that they have been placed on a waiting list. Contained within this letter is information about how to access mental health support in hours via the duty worker and out of hours including NHS24 for both statutory and third sector agencies. This letter also includes a Recovery Road Map QR code with access to local third-sector support services.</p> <p>The ultimate solution to the difficulties being experienced will lie in the redesign of Community Mental Health Services.</p>
Dundee Drug & Alcohol Recovery Service	<p>DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, and one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway.</p> <p>There has been an improvement in the waiting time for receiving toxicology and post mortem results which will support the team in managing both the historical and new morbidity and mortality reviews, although the resource to lead these reviews remains a challenge across the service. Management time has been allocated to support this work alongside administrative resource.</p>
Psychological Therapies	<p>In September 2024 the Scottish Government wrote to NHS Tayside confirming that NHS Tayside Psychological Therapies Service was one of seven mainland Boards being placed in “enhanced support,” consequent to referral to treatment time (RTT) performance being below the 90% RTT 18-week target.</p> <p>Performance has since shown improvement. In April 2025, RTT performance was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral. By November 2025, performance had increased to 78.4% with 684 patient commencing treatment within the 18-week standard. This improvement reflects both progress since April and the gradual impact of new staff who took up post in late July/August 2025.</p> <p>The total number waiting over 18 and over 52 weeks continues to follow a small but consistent downward trend. Waiting times remain most significantly influenced by the higher volume specialities, particularly Clinical Neuropsychology and adult services (Adult Psychological Therapies and Psychology within CMHTs). Adult services are balanced in terms of demand and new patients seen each month but are not impacting on the total volume of people waiting. New staff scheduled to start will support test of change work in reducing demand and enabling overall waiting list reductions.</p> <p>Actions underway to impact performance include:</p>

	<ul style="list-style-type: none"> • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • Allocating all additional staff to areas of greatest need; replacement and additional posts are with HR for advertising. • Tests of change in Clinical Health Psychology to ensure full matched care model being used and only those requiring specialist and enhanced psychological care are placed on waiting list. • Recruitment of 2.0wte psychologists to Clinical Neuropsychology (December 2025). The impact of this will become measurable over the coming weeks. • Further advertisement of Clinical Neuropsychology post that involves more integrated working (beginning with certain neurology sub-specialities) • Successful recruiting of 3.6wte specialist trainees who qualified in September 2025, 2.0wte of whom took up post towards the end of 2025. • Ongoing participation of the Psychology Director in whole system Neurology redesign work, resulting in 10 of the 13 longest waits being appointed and removed from the waiting list, where patients have been reviewed in the 'Joint Neuroscience Clinic' with colleagues from older peoples services, clinical neuropsychology, older people psychology and neurology supporting a short life working group exploring new clinical pathways. <p>There are 18 aggregated specialities under this target. 9 are meeting the standard consistently. 3 are currently performing well meeting the target in 80-90% of cases. The remaining 6 are the highest volume specialties (including adult psychological therapies, neuropsychology, community mental health and clinical health psychology). With the recruitment referenced above and current recruitment in process for Doctoral level posts showing positive signs for success 3 of these specialist areas are predicted to meet the standard by Nov 2025, March 2026 and June 2026. The Nov 2025 milestone has been delayed slightly due to an appointment withdrawing reducing available capacity.</p> <p>Neuropsychology posts remain hard to fill.</p>
Psychiatry of Old Age	<p>There are ongoing risks regarding the health environment due to the poor integrity of the roof on Kingsway Care Centre. This is assessed on a regular basis with Estates colleagues. NHS Tayside is progressing essential repairs of a proportion of the roof area to mitigate immediate risks; a full options appraisal has commenced to inform actions beyond this.</p>

a.2 New Current Risks

There were two new current risks added to the system in this reporting period:

- Emergency Call Alarm System in Roxburghe House. It has been identified that the call system does not reach all areas potentially impacting on support required in emergency situations. The alarm system is old and cannot be repaired. Measures are in place on the ward to ensure all appropriate staff are alerted when there is an emergency situation.
- Absence of clinical lead, Mental Health Service. See section 5: a1 for risk detail.

b. Workforce Risks

b.1 There are a number of risks (9, this is an increase of 2 since last reporting period) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Rating (current) as at 1st October 25	Rating (current) as at 5th January 26	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	12	↓	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	16	→	9
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	12	→	9
933	CBIR	Consultant medical staff	9	6	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff -- Diabetes Team	20	12	12	12	12	9	↓	6
1740	Tayside Sexual and Reproductive Health	Medical Staffing	9					9		3
1741	Tayside Sexual and Reproductive Health	Medical Staffing	12					12		3
877	Tayside Sexual and Reproductive Health	SRH Consultant Role	16	9	9					
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9				

b.2 Clinical & Care Governance Arrangements

MEETING DATE	29-Jan-25		26-Mar-25		21-May-25		16-Jul-25		10-Sep-25		5-Nov-25		14-Jan-26	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker								
Learning Disability & Mental Health	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	N	N
Psychology	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N
DDARS & Sexual Health	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y
Nutrition & Dietetics	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N
Primary Care	Y		Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	n/a	n/a	Y	Y	Y	Y	n/a	n/a	n/a	n/a

b.3 During this reporting period, exception reports were presented to the CCPG Group from the following services as outlined in the table above.

A Director and Deputy Director of Psychology have now been appointed so attendance at this meeting will now improve.

b.4 Key Elements Reported in CCPG Group

Community Services

- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways. All 7 posts have been appointed to with the final appointee commencing in post in March 2026.
 - The Community alarm service has been awarded the Platinum Award by the Scottish Government, the highest possible recognition for digital transformation. This award marks the successful completion of a seven-year journey to move from analogue systems to fully digital pathways—ensuring that every aspect of service delivery is now 100% digital. Platinum status is reserved for organisations that have achieved complete digital integration, and this milestone demonstrates our commitment to innovation and service improvement while still maintaining current service demands.

Mental Health and Learning Disability

- There is currently an external joint inspection of Adult Mental Health Services by Care Inspectorate and Healthcare Improvement Scotland. A planning group is established to manage the process. A draft report is due in February 2026.
- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 and 120, i.e. double the pre-COVID rate.

Primary Care

- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

Nutrition and Dietetics

- The Adult Weight Management waiting list continues to grow with referral rates 700% higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.

Dundee Drug and Alcohol Recovery Service

- All 10 Medication Assisted Treatment Standards are now Green in RAGB Report for Dundee HSCP.

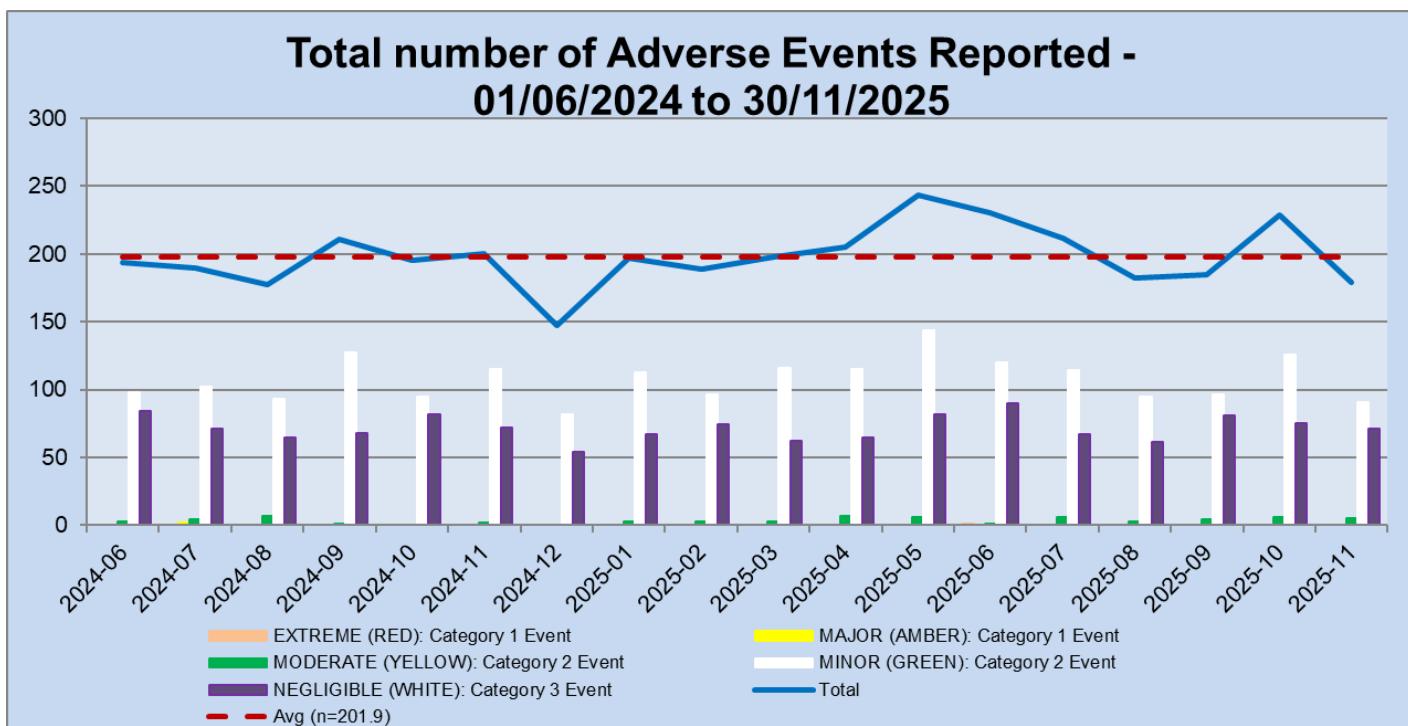
Early Intervention in Psychosis Service

- Funding for this service was extended to 31 March 2026 following a successful bid to the Tayside Charitable Foundation. The service are currently seeking funding sources to continue to develop this service.

c. Adverse Event Management

c.1 Dundee CCPG Forum regularly discusses the themes from adverse events reported, with a view to learning from adverse events and supporting quality improvement. The forum scorecards include good evidence of scrutiny and management of frequently reported adverse events.

A weekly governance huddle is well-established and supports review and management of adverse events, providing an overview of adverse events across the HSCP and early identification of changes in reporting patterns.



Current Themes

Parenteral Nutrition

Patients within NHS Tayside are currently not receiving the expected standard of care regarding Parenteral Nutrition (PN), resulting in adverse impacts on clinical outcomes and recovery times following surgery. Ongoing Datix reports continue to highlight serious concerns around the safe and timely administration of PN in surgical services. Key issues include:

- Delays in securing appropriate line access
- Increased incidence of extravasation
- Inappropriate indications for PN
- A clear need for enhanced staff education on PN administration

Without targeted intervention, patients will continue to face significant delays in meeting their nutritional needs, leading to deterioration in nutritional status and avoidable harm.

To address these concerns, a Quality Improvement (QI) team has been established with the following objectives:

- Ensure PN is used only when clinically appropriate and aligned with ESPEN guidelines
- Strengthen multidisciplinary collaboration in PN decision-making
- Improve the quality and consistency of documentation, data, and referrals
- Enhance staff knowledge and confidence in PN management
- Improve patient outcomes through standardised practices and timely reviews

While these objectives fall within the remit of the QI group, a critical barrier remains with the lack of timely access to appropriate vascular access. This issue lies outside the scope of the current QI initiative and continues to impact on nutritional care delivery.

The root cause is the absence of an agreed pathway for Peripherally Inserted Central Catheter (PICC) line insertion across NHS Tayside. Radiology services are unable to provide a responsive service due to high demand and competing priorities. Moreover, reliance on Interventional Radiology (IR) for PICC placement is neither cost-effective nor sustainable, as it diverts resources from other essential IR services.

Best practice recommends a dedicated ward-based PICC service, which would enable timely line placement and prevent delays in meeting patients' nutritional requirements. Establishing such a service would significantly improve care delivery and align with national standards.

Additionally, there is currently no dedicated resource to support the growing demand for education on PN practices within surgical services. Addressing this gap is essential to ensure safe, effective, and consistent PN management across the organisation.

Category 1 Adverse Events

There have been no Category 1 events recorded for the time period.

Significant Adverse Event Reviews (SAERs)

c.2 There are currently four active Significant Adverse Event Reviews in Dundee HSCP.

132774	Awaiting level 1 sign off
180810	Awaiting level 1 sign off
217481	Draft report being circulated for comment
240162	Lead Reviewer identified. Review to commence
189452	Completed

DHSCP meet weekly to review adverse events. This group also commissions Significant Adverse Event Reviews and monitors progress of ongoing reviews. 75% of SAERs currently breach the 140 days target for completion. There are multi-faceted reasons for this including identification of review teams and the complexities of the adverse events being investigated.

c.3 The table below shows the number of overdue events by the year and department.

Department	2020	2021	2022	2023	2024	2025	Total*	Change**
Community Mental Health Services	2	1	12	29	26	27	97(96)	↑
Primary Care (DDARS)	0	2	6	13	7	12	40(38)	↑
West (DDARS)	0	2	0	5	12	12	31(33)	↓
East (DDARS)	0	3	1	1	7	18	30(27)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	29	29(17)	↑
General Practice - Dundee HSCP	0	0	1	3	0	25	29(31)	↓
Central (DDARS)	0	0	0	2	4	15	21(26)	↓
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	8	17(18)	↓
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	5	5	5	15(22)	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	13	13(16)	↓
Area Psychological Therapy Service - Mental Health	0	1	0	0	1	11	13(9)	↑
Other - Mental Health (Dundee)	0	0	3	3	4	2	12(12)	↔
Allied Health Professions (Dundee HSCP)	0	0	1	2	1	3	7(7)	↔
Other (DDARS)	0	0	0	0	3	4	7(12)	↓
Other - Specialist Palliative Care	0	0	0	0	0	5	5(3)	↑
Stroke and Neuro Rehab Unit RVH	0	0	0	0	1	3	4(2)	↑
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	3	3(3)	↔
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	2	3(2)	↑
Palliative Medicine	0	0	0	0	0	3	3(0)	↑
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	2(2)	↔
Health Inclusion Team, Dundee HSCP Primary Care Services	0	0	0	0	0	2	2(2)	↔
Adults and Older People	0	0	0	0	0	2	2(1)	↑
(blank)	0	0	0	0	1	0	1(1)	↔
Tayside Sexual and Reproductive Health	0	0	0	0	0	1	1(0)	↓
Occupational Therapy - Allied Health Professions (Dundee HSCP)	0	0	0	0	0	1	1(0)	↓
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	1(1)	↔
CMHT - Social Work - DHSCP	0	0	0	1	0	0	1(1)	↔
Speech and Language Therapy (Allied Health Professions, Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	0	0	1	1(3)	↓
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	1	1(0)	↑
CAMHS (Child and Adolescent MH Services (in-patients) Regional)	0	0	0	0	0	0	0(1)	↓
General Practice - Dundee	0	0	0	0	0	0	0(1)	↓
Psychiatry of Old Age - Older Peoples' Services (Angus)	0	0	0	0	0	0	0(1)	↓
Total	2	9	28	68	78	208	393(389)	↑

* Figures in brackets relate to the end of Sept 2025 report

** Since end of Sept 2025 report

There has been a longstanding concern regards the overdue verified events, specifically for Mortality and Morbidity Review part 2 following a death of a patient. The focus for teams is very much on contemporary adverse events rather than historical adverse events, due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed, including awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2020	2021	2022	2023	2024	2025
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	0(1)	0(0)	1(2)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(1)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(8)	7(11)	26(26)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	3(4)	12(12)	15(23)	74(53)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	1(1)	5(5)	6(7)	36(36)
MORTALITY LEARNING EVENT (PURPLE)	1(1)	9(11)	22(24)	43(46)	49(60)	71(50)
(blank)	0(0)	0(0)	0(0)	0(1)	0(0)	0(0)
Total	2	9	28	68	78	208

d. Feedback

d.1 Complaints

Complaints management for stage 2 complaints has seen a reduction in performance across the Partnership in this reporting period. Closer collaboration with the Patient Experience Team to improve this performance is being developed which will also include review of internal processes to support complaints management.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

- Stage 1 complaints are within 5 working days.
- Stage 2 complaints are within 20 workings days.

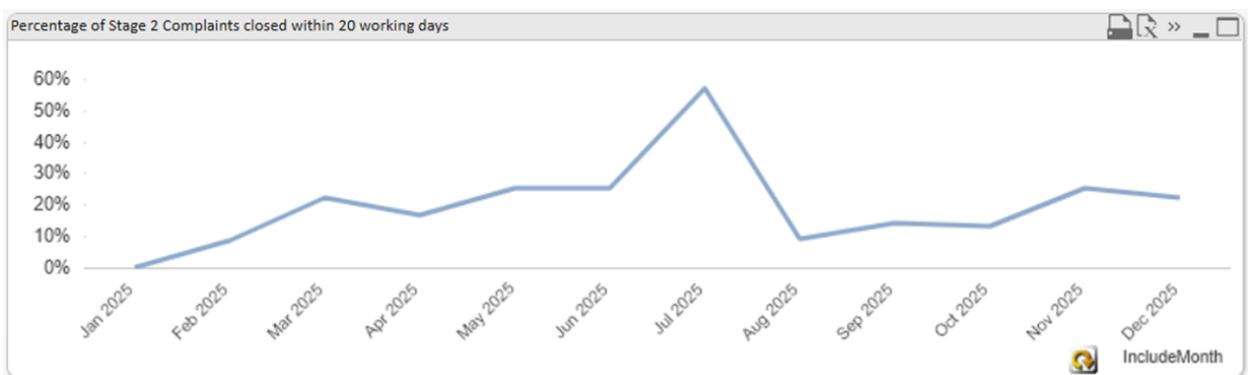
The complaints performance update for 1 January to 30 November 2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	16
May 2025	11
Jun 2025	16
Jul 2025	19
Aug 2025	12
Sep 2025	17
Oct 2025	18
Nov 2025	20
Total	173

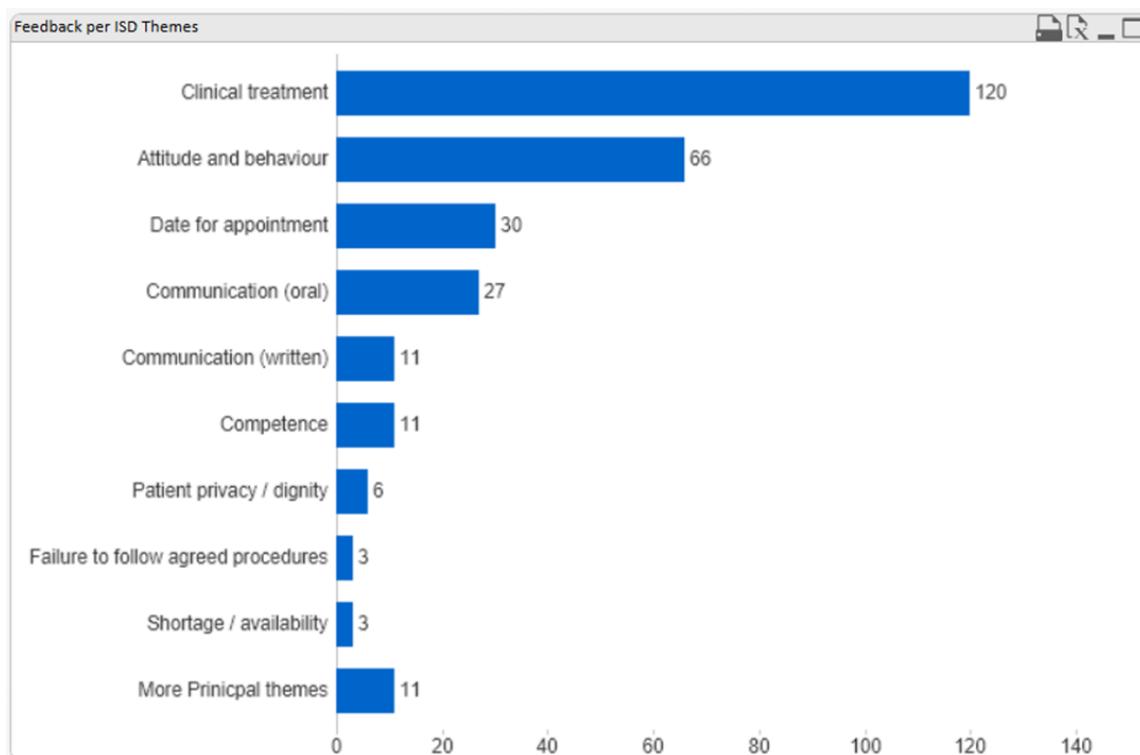
Performance of stage 1 complaints closed within 5 working days:



Performance of stage 2 complaints closed within 20 working days:



Key themes for complaints received during the reporting period:



d.3 Positive feedback

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

d.4 Scottish Public Services Ombudsman Reports

One case was referred to the Ombudsman for review from the Community Nursing Service. No further action was taken by the ombudsmen with them reporting they were highly satisfied with the care demonstrated from the community nursing team.

d.5 External Reports & Inspections

Service	Audits/Inspections
Psychiatry of Old Age	<p>The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025.</p> <p>There are seven recommendations within the SMART action plan. Six of the seven recommendations have been actioned:</p> <ul style="list-style-type: none"> • MDT documentation completion • Use of updated MDT document templates • Guardianship / power of attorney notification system • Consultation with welfare proxies • Locked door policy awareness • Involvement of patient and relatives in care planning <p>One of the seven recommendations is still in progress: this is ongoing with temporary screening in place. The teams have been successful in securing funding from the Charitable foundation to upgrade the garden spaces.</p> <ul style="list-style-type: none"> • Garden fencing improvements

Mental Health	A joint inspection of adult services in the Dundee Health and Social Care Partnership commenced in September 2025. This will focus on adults living with mental illness and their unpaid carers. A draft inspection report is due in Mid February 2026.
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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	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

8.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

None

Dr David Shaw
Clinical Director

DATE: 20 January 2026

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

Level of Assurance	System Adequacy	Controls	
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance. <input checked="" type="checkbox"/>
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026

REPORT ON: DRUG AND ALCOHOL SERVICES INDICATORS – 2025/26 QUARTER 2

REPORT BY: CHIEF OFFICER

REPORT NO: PAC2-2026

1.0 PURPOSE OF REPORT

The purpose of this report is to update the Performance and Audit Committee on the performance of Drug and Alcohol Services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the data presented in this report, including the improvements in key indicators relating to access to drug treatment services during 2025/26. (section 6 and appendix 1).
- 2.2 Note the range of ongoing improvement activity (section 7).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 BACKGROUND INFORMATION

- 4.1 Deprivation is high in Dundee, with one of the lowest employment rates and highest rates of people who are economically inactive in Scotland. Just under 28,000 (28.2%) people in Dundee are recorded as economically inactive, this is nearly 5% higher than the Scotland percentage of 23.3%. Health and wellbeing are known to vary by deprivation. Lifestyles that include smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities. In general, people whose lifestyles include all or some of these factors have, or will have, poorer health and can experience a range of other risks to their wellbeing or safety. In 2024, people in the most deprived areas of Scotland were 12 times more likely to have a drug related death compared to people in the least deprived areas.
- 4.2 Dundee has the second lowest life expectancy in Scotland; life expectancy is 76.9 years, compared to 78.8 years across Scotland as a whole. Life expectancy varies substantially by deprivation level and the occurrence of morbidity, including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide. Drug and alcohol use is also associated with other health and social problems, including poor mental health, crime, domestic abuse and child neglect and abuse. Drug and alcohol use is recognised both at a national and local level as a major public health and health equity issue.
- 4.3 In Dundee City, drug and alcohol services are provided by a range of organisations, including the Dundee Drug and Alcohol Recovery Service (DDARS), offering a mixed-model approach delivered by a multidisciplinary team in collaboration with social work, community justice and third sector services. The aim of this service model is to offer the right care, in the right place, at the right time for every person. It consists of both drop-in and appointment-based services alongside an assertive outreach component and additional services for children, families and intensive input for expectant mothers. All elements of the service seek to provide same day

access to treatment (Medication Assisted Treatment (MAT) Standard 1) and assertive outreach to those at the most risk of harm (MAT Standard 3).

5.0 DRUG AND ALCOHOL SUITE OF INDICATORS

- 5.1 In November 2022, PAC received the first suite of indicators focused on performance in drug and alcohol service (article VI of the minute of the meeting of the Dundee IJB Performance and Audit Committee held on 23 November 2022 refers). This followed a request from PAC for the development of a wider suite of indicators related to drugs and alcohol that would better demonstrate progress against local priorities and areas for improvement. Appendix 1 details the suite of indicators for alcohol and drug services, which were developed in collaboration with information and pharmacy colleagues in the Alcohol and Drug Partnership (ADP) and utilises many indicators already developed by the ADP for assurance and scrutiny purposes. In all data reports with public accessibility, content and disaggregation is assessed to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.
- 5.2 The aim of this dataset is to provide oversight and assurance regarding activity and performance in drug and alcohol services. It contains a summary of data, alongside accompanying analytical narrative.
- 5.3 Data for indicators 1 – 14 presents rolling averages for each quarter. This includes the reporting quarter plus the previous 3 quarters, to give an annual pattern based on the reporting quarter. For example, Q2 25/26 also includes data for Q3 24/25, Q4 24/25 and Q1 25/26. Reporting in this way allows for longitudinal comparison between the reporting quarter and previous years data.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The number of suspected near-fatal overdose incidents reported by the Scottish Ambulance Service and Police Scotland has shown an upward trend, increasing from 192 in Q4 2023/24 to 270 in Q2 2025/26. In response the Tayside Overdose Prevention Group has established a working group to refresh communication, harm reduction strategies and training supporting the response to near-fatal overdose.
- 6.2 The proportion of people who started treatment within 21 days of referral has remained high, consistently ranging between 89% and 94%. The waiting times standard has been met in the past four quarters.
- 6.3 The number of referrals for alcohol treatment has gradually increased since Q2 24/25, rising from 453 at Q2 24/25 to 580 at Q2 25/26. The number of individuals starting alcohol treatment has remained steady.
- 6.4 The number of referrals for drug treatment services declined from Q2 2024/25, reaching a high of 606, before steadily decreasing to 486 in Q2 25/26. The number of individuals starting drug treatment has also fallen, with 351 starting drug treatment in Q2 25/26.
- 6.5 The number of Alcohol Brief Interventions (ABIs) decreased by 41% between Q1 24/25 (1500 ABIs) and Q2 25/26 (885). The number of ABI peaked in Q1 2024/25 and has declined since.
- 6.6 The number of unplanned discharges where the service user disengaged decreased by 16% between Q4 23/24 and Q2 25/26 (from 353 to 297). Due to limitations in system reporting it is not possible at this time to determine if this was due to relapse, due to the person receiving an alternative positive intervention or due to the person completing detox and leaving the service prior to a fully planned discharge. Future IT developments are being considered that might allow improved reporting.
- 6.7 In addition to the suite of indicators contained in appendix 1, the National Records of Scotland published their statistical report on drug-related deaths in Scotland in 2024 (report available in full at: [Drug-related deaths in Scotland, 2024 - National Records of Scotland \(NRS\)](#)) In 2024 there were 1,017 deaths due to drug misuse in Scotland; a decrease of 13% (155 deaths) compared with 2023. In 2024 in Dundee, there were a total of 42 deaths; this is a decrease of

4 deaths in 2023. After adjusting for age, Dundee City, Glasgow City and Inverclyde had the highest rate of drug misuse deaths in Scotland in the period 2020-2024.

7.0 SERVICE IMPROVEMENT AND PRIORITIES

7.1 The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2025. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022. The next report will be in a similar timeframe in 2026, and the Partnership anticipate continued progress on all 10 standards

During 2025 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose were quickly identified and supported to access treatment, and increasing numbers have chosen to be supported by the shared-care arrangements with Primary Care. The Primary Care Project won a Scottish Healthcare award for the management of substance use issues (the wider DDARS team were also a finalist in this category). Partners continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT.

7.2 The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed. This work is being taken forward by a multi-agency group.

7.3 A Cocaine brief intervention training has been developed and has been rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine. A new report detailing the best practice in treating people with Cocaine use problems is being incorporated into future plans to address this issue.

7.4 The Residential Rehab Pathway in Dundee is undergoing an independent review commissioned by the ADP. This will report soon, with recommendations of how the Partnership can continue to develop both the use of residential rehabilitation providers as well as supporting individuals to have similar support in their own community in Dundee.

7.5 Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery.

7.6 Independent Advocacy (IA) continues to be available to all individuals accessing specialist substance use services, including the Shared Care scheme with Primary Care. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need. Staff from all services have had access to REACH advocacy training in relation to a human rights-based approach to providing care and support to those using our services.

7.7 The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). The MACH was discussed at a national mental health transformation conference facilitated by Health Improvement Scotland and many areas were keen to hear how Dundee has developed the model and solved issues like information governance.

8.0 RISK ASSESSMENT

Risk 1 Description	Risk of IJB not being sufficiently sighted on performance related to alcohol or drug services in Dundee.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 X Impact 3 = Risk Score 9 (High)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Develop a dataset which will provide a suitable level of detail. - Agree on the frequency of reporting. - Liaise with the information and pharmacy colleagues in the ADP to ensure timeous reporting. - Liaise with operational managers to inform analysis and contribute improvement information.
Residual Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Planned Risk Level	Unlikely 2 x Minor 2 = Risk Score 4 (Moderate)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

9.0 POLICY IMPLICATIONS

9.1 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.

10.0 CONSULTATIONS

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

11.0 BACKGROUND PAPERS

None.

DAVE BERRY
CHIEF OFFICER

DATE: 05 JANUARY 2026

Russell Wood
Service Manager, Dundee Drug & Alcohol Recovery Service

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

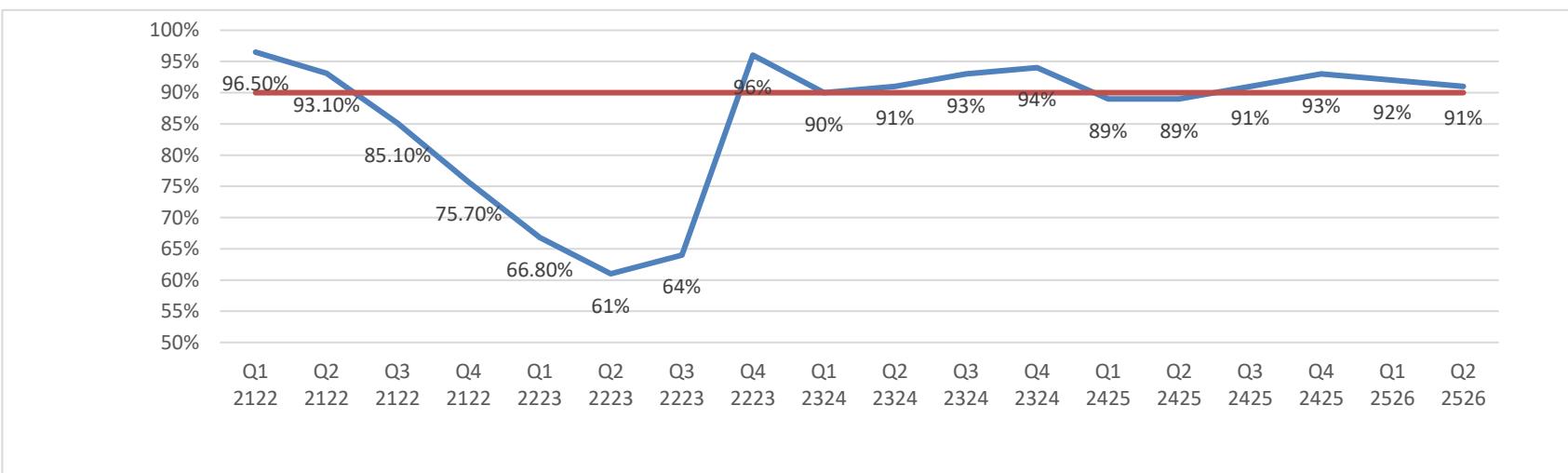
Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Appendix 1

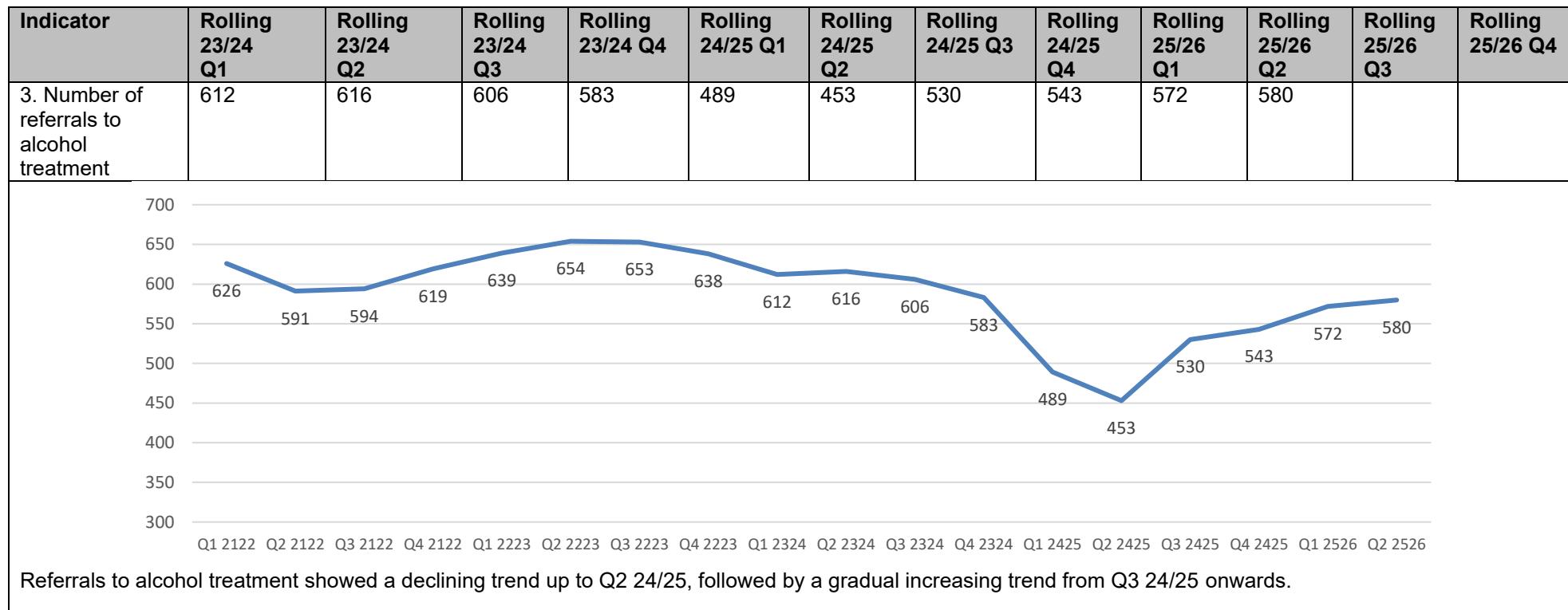
Drug and Alcohol Services Indicators – Q2 2025/26

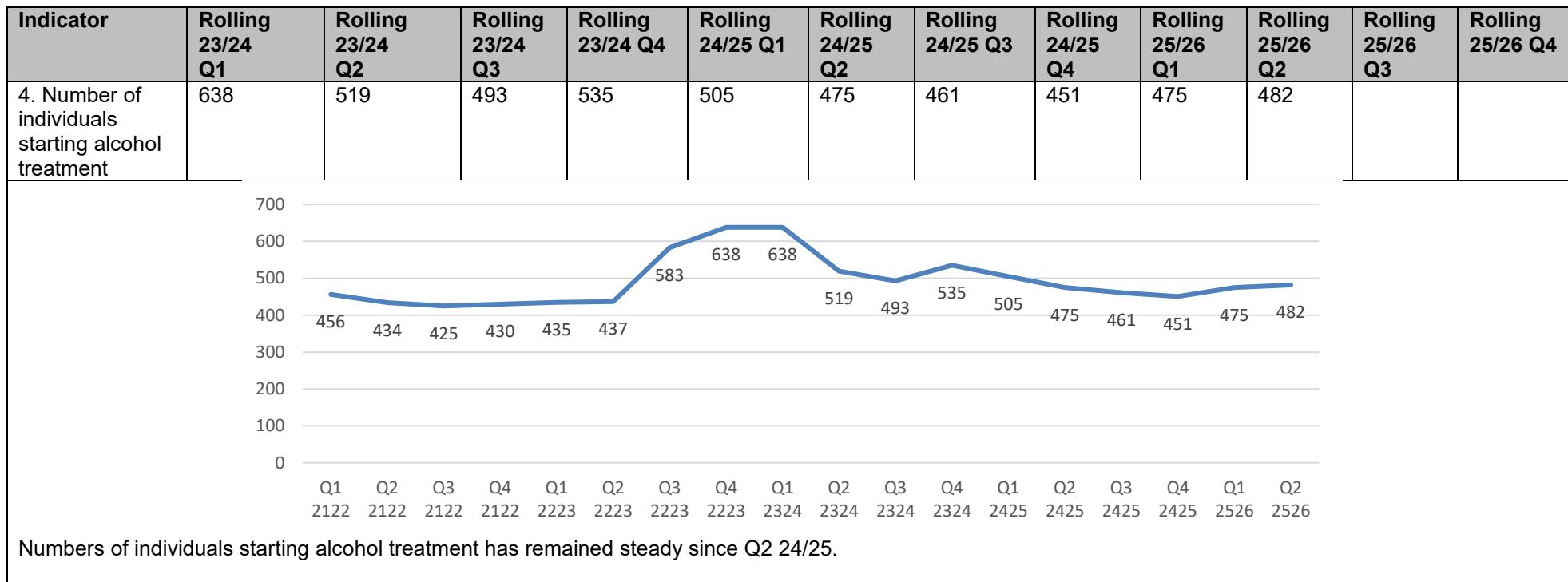
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4						
1. The number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service (and Police)	187	201	202	192	214	206	216	206	234	270								
	382	375	343	319	302	212	187	192	201	202	192	214	206	216	206	234	270	
	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026

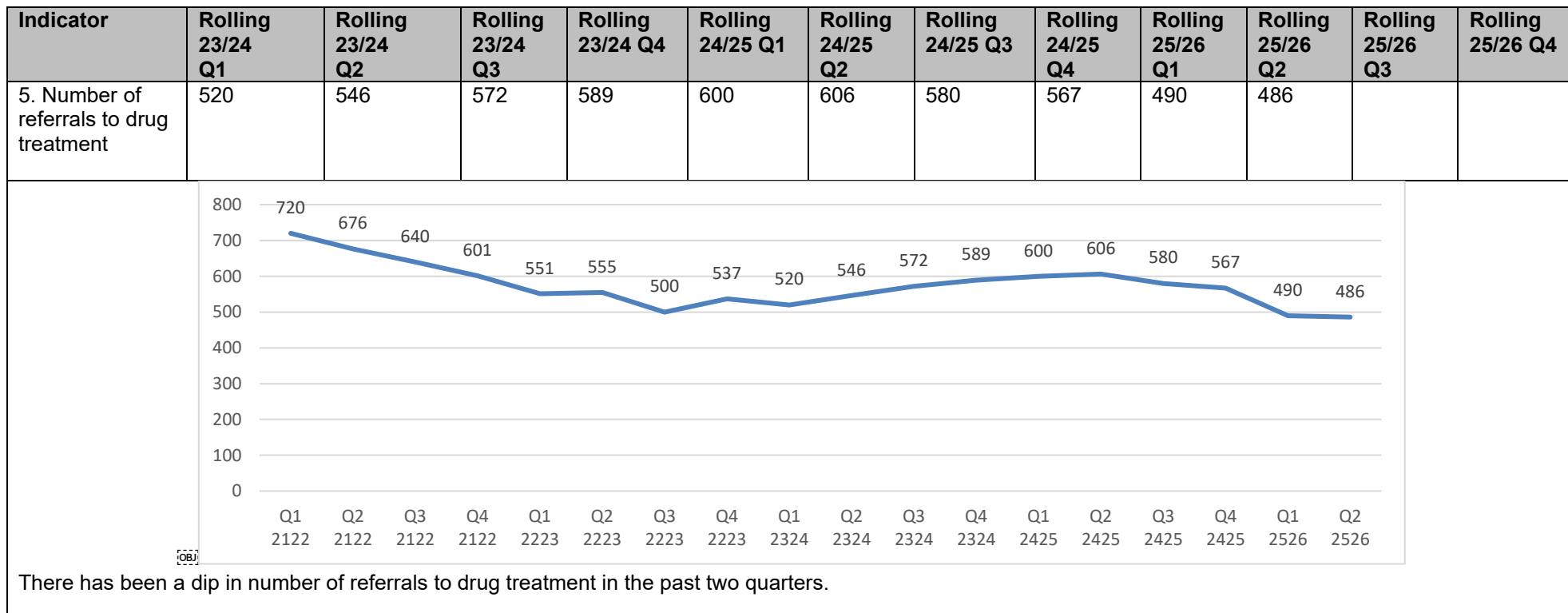
The number of suspected near-fatal overdose incidents show a steady upward trend since Q4 24/25. There has been a noted increase in cocaine and complex NFODS especially over summer months. This was noted nationally and partners in RADAR, the ADP and the Tayside Overdose Prevention group were aware early as the spike started and responded. A short life working group was established and focused on refreshing communication and harm reduction strategies and training.

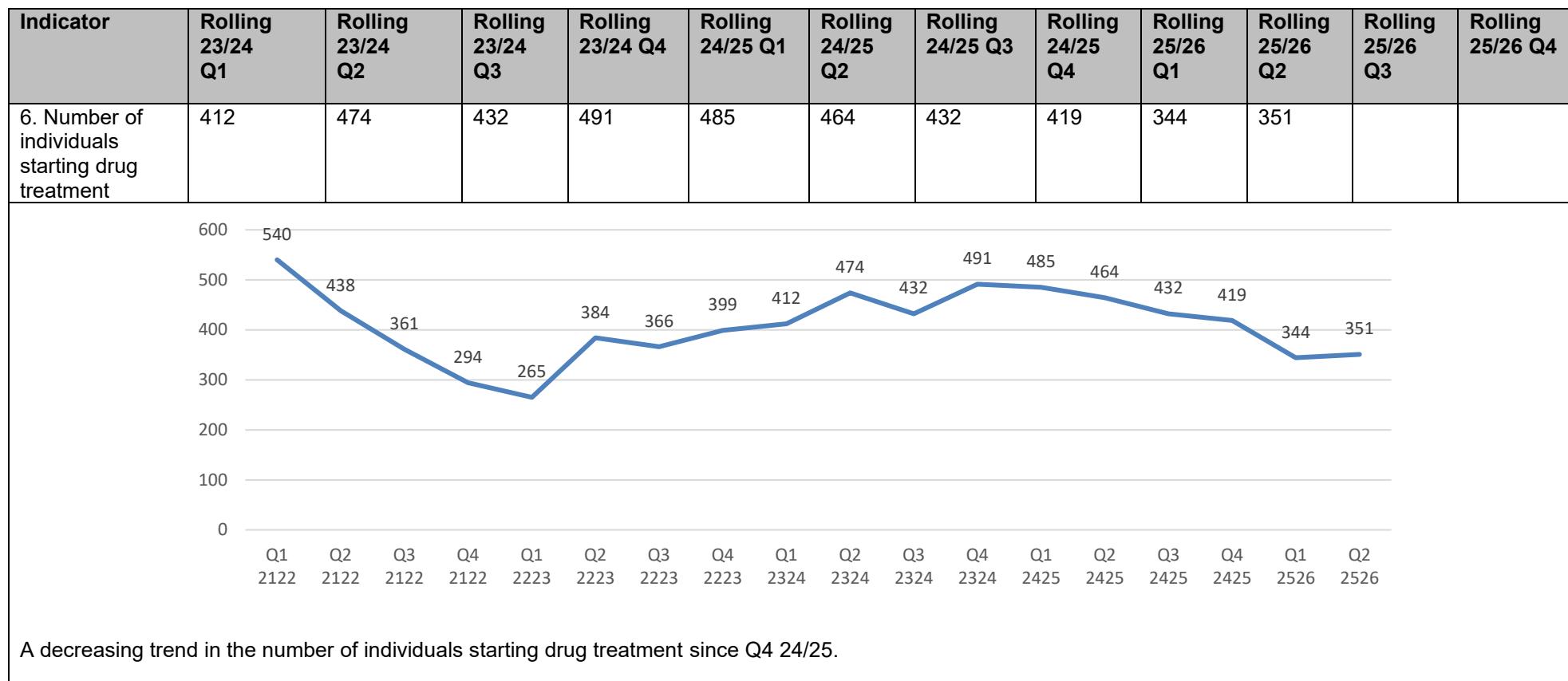
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4																																																												
2. Percentage of people referred to services who began treatment within 21 days of referral	90%	91%	93%	94%	89%	89%	91%	93%	92%	91%																																																														
 <p>The chart displays the percentage of people referred to services who began treatment within 21 days of referral over time. The y-axis represents the percentage from 50% to 100% in 5% increments. The x-axis shows quarters from Q1 21/22 to Q2 25/26. A blue line represents the actual data, which starts at 96.50% in Q1 21/22, drops to 93.10% in Q2, 85.10% in Q3, 75.70% in Q4, 66.80% in Q1 22/23, 61% in Q2 22/23, and 64% in Q3 22/23. It then rises sharply to 96% in Q4 22/23, 90% in Q1 23/24, 91% in Q2 23/24, 93% in Q3 23/24, 94% in Q4 23/24, 89% in Q1 24/25, 89% in Q2 24/25, 91% in Q3 24/25, 93% in Q4 24/25, 91% in Q1 25/26, and 92% in Q2 25/26. A horizontal red line at 90% represents the 90% waiting standard, which is consistently met throughout the period.</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Actual Data (%)</th> <th>90% Standard (%)</th> </tr> </thead> <tbody> <tr><td>Q1 21/22</td><td>96.50</td><td>90</td></tr> <tr><td>Q2 21/22</td><td>93.10</td><td>90</td></tr> <tr><td>Q3 21/22</td><td>85.10</td><td>90</td></tr> <tr><td>Q4 21/22</td><td>75.70</td><td>90</td></tr> <tr><td>Q1 22/23</td><td>66.80</td><td>90</td></tr> <tr><td>Q2 22/23</td><td>61</td><td>90</td></tr> <tr><td>Q3 22/23</td><td>64</td><td>90</td></tr> <tr><td>Q4 22/23</td><td>96</td><td>90</td></tr> <tr><td>Q1 23/24</td><td>90</td><td>90</td></tr> <tr><td>Q2 23/24</td><td>91</td><td>90</td></tr> <tr><td>Q3 23/24</td><td>93</td><td>90</td></tr> <tr><td>Q4 23/24</td><td>94</td><td>90</td></tr> <tr><td>Q1 24/25</td><td>89</td><td>90</td></tr> <tr><td>Q2 24/25</td><td>89</td><td>90</td></tr> <tr><td>Q3 24/25</td><td>91</td><td>90</td></tr> <tr><td>Q4 24/25</td><td>93</td><td>90</td></tr> <tr><td>Q1 25/26</td><td>91</td><td>90</td></tr> <tr><td>Q2 25/26</td><td>92</td><td>90</td></tr> <tr><td>Q3 25/26</td><td>91</td><td>90</td></tr> </tbody> </table>	Quarter	Actual Data (%)	90% Standard (%)	Q1 21/22	96.50	90	Q2 21/22	93.10	90	Q3 21/22	85.10	90	Q4 21/22	75.70	90	Q1 22/23	66.80	90	Q2 22/23	61	90	Q3 22/23	64	90	Q4 22/23	96	90	Q1 23/24	90	90	Q2 23/24	91	90	Q3 23/24	93	90	Q4 23/24	94	90	Q1 24/25	89	90	Q2 24/25	89	90	Q3 24/25	91	90	Q4 24/25	93	90	Q1 25/26	91	90	Q2 25/26	92	90	Q3 25/26	91	90												
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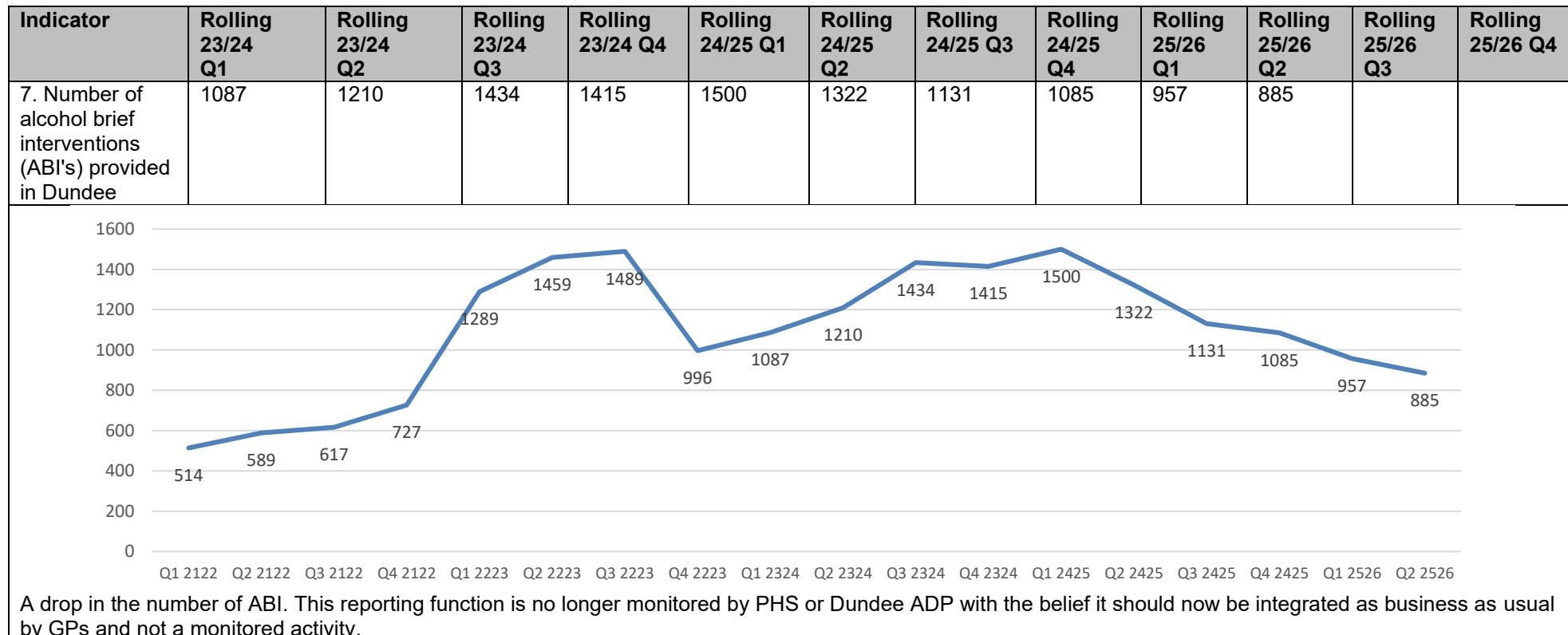
The 90% waiting standard is being met, represented by the red line on the chart.

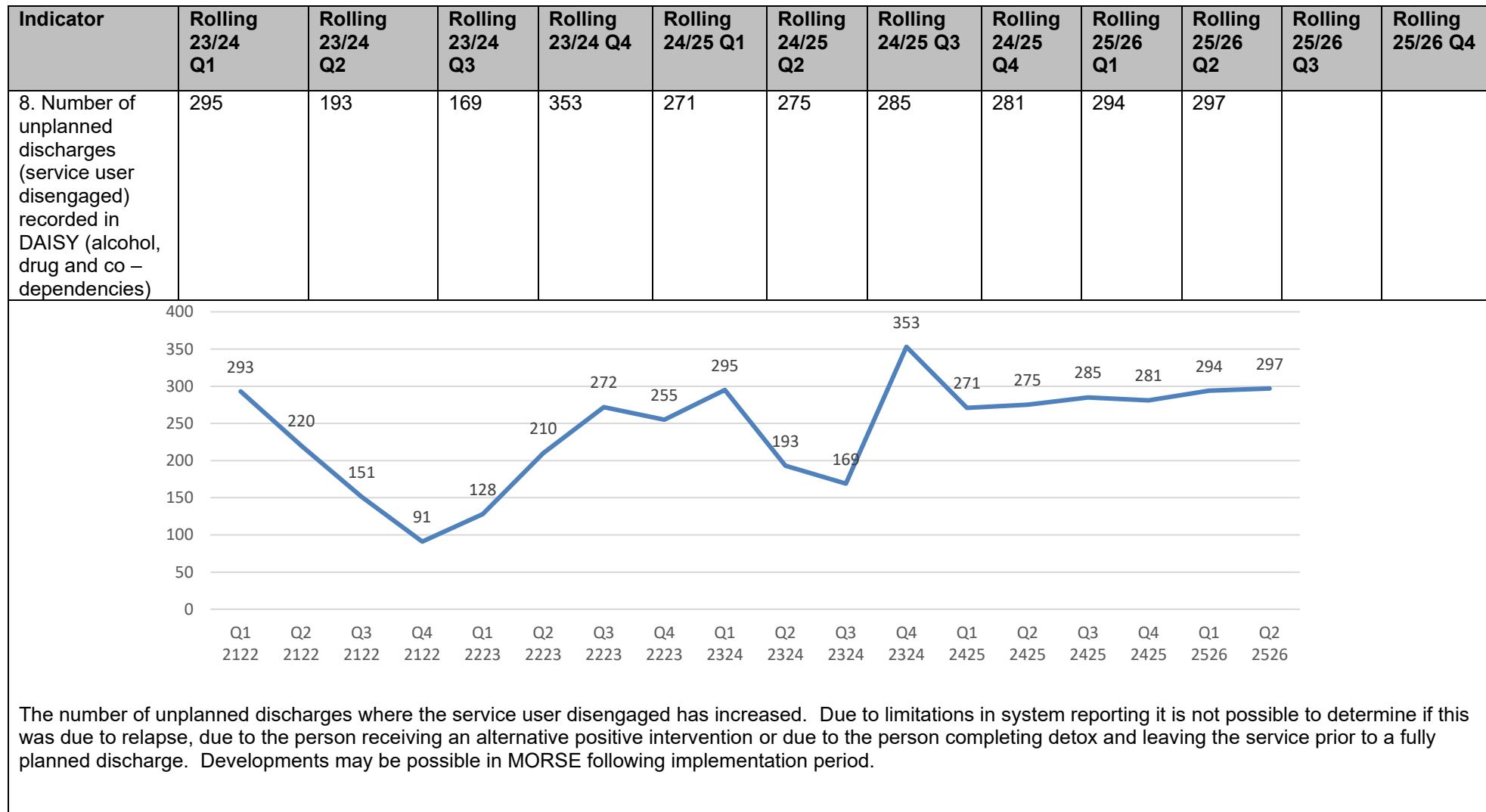






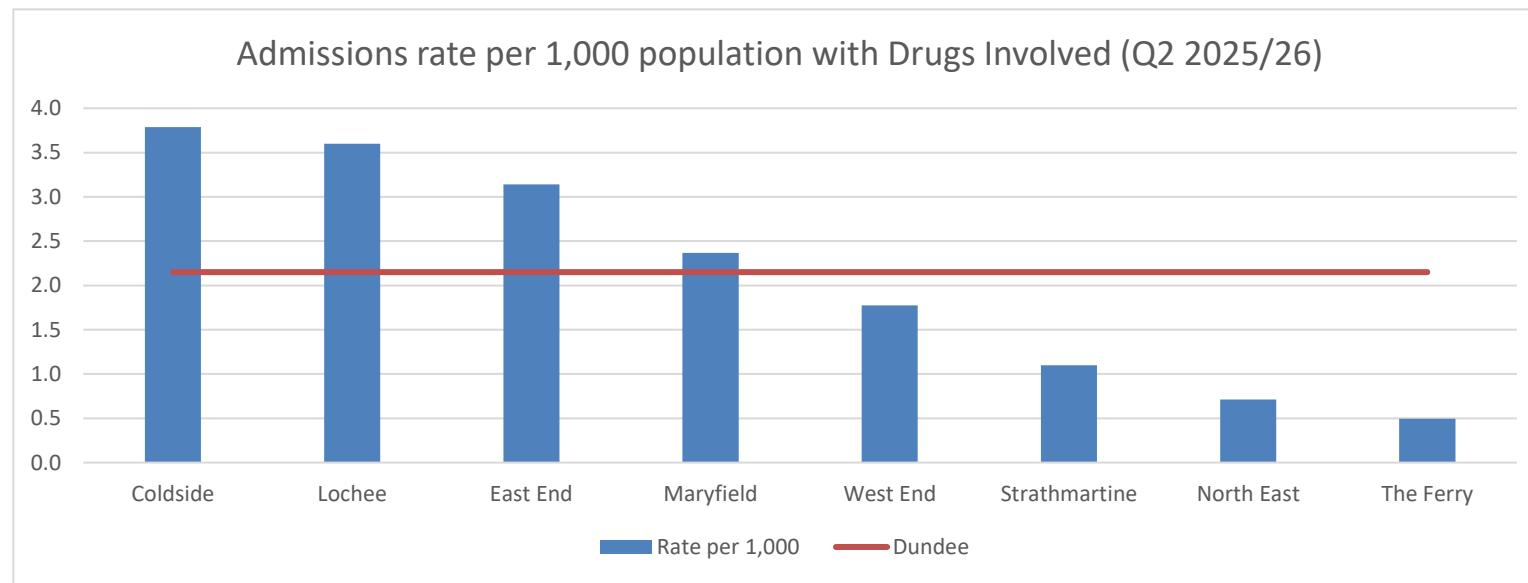






Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
9. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to drug use	260 (2.0)	288 (2.4)	282 (2.3)	274 (2.2)	279 (2.3)	287 (2.4)	277 (2.3)	299 (2.4)	284 (2.3)	263 (2.2)		

The rate of emergency admissions where the reason for admission was due to drug use has remained fairly stable.



Source : Business Unit, NHS Tayside

For the period Q2 2025/26 (Oct 24 to Sept 25) Colside had the highest rate per 1.000 population and The Ferry had the lowest. Please note that the numbers are relatively small, which may lead to fluctuations between quarters.												
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
10. Number (rate per 1,000 18+ population) of emergency admissions where reason for admission was due to alcohol use	462 (3.8)	488 (4.0)	472 (3.9)	487 (4.0)	461 (3.8)	445 (3.6)	446 (3.7)	424 (3.5)	432 (3.5)	435 (3.6)		

Gradual decline since Q4 23/24, the rate has now begun to stabilise.

Admission rate per 1,000 population with Alcohol Involved (Q2 2025/26)

Area	Rate per 1,000
Colside	5.9
East End	4.7
Lochee	4.6
Maryfield	4.1
North East	2.9
Strathmartine	2.5
West End	2.2
The Ferry	1.6

Source : Business Unit, NHS Tayside

For Alcohol admissions, rate per 1,000 population, Coldside had the highest rate and The Ferry the lowest

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
11. Naloxone Spend in Dundee	£82,549.4	£68,926.6	£55,817.9	£43,239.8	£35,342.7	£42,885.8	£47242.6	£52656.40	62223.00	66662.10		
An overpayment was identified which was refunded to DHSCP in Feb 2024												
12. Naloxone – Resupply Used	323	293	268	255	243	238	258	266	287	292		
All repeats have been consistently reported as it is accepted some may not disclose 'used' as the reason for repeat supply												
13. Total number of Naloxone Kits Issued	1528	1548	1456	1222	1303	1274	1394	1459	1543	1590		
Naloxone kits supplied in Dundee (report from Tayside Take Home Naloxone Programme PHS submissions)												
Naloxone spend does fluctuate across the year depending on when orders for stock are placed. Nyxoid intranasal kits were introduced around Q4 21/22 and a lot of services ordered stock of these kits for the first time, hence an increase in charges that quarter. There is a time lag for when we then see these kits appearing in supply figures.												
First supplies are starting to decrease as saturation point is reached. This means replacement kits will start to increase and first supplies decrease. Kits last for 2 years so it is likely a dip in supply will be observed for a short period before starting to issue replacement kits.												

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Indicator	Rolling 23/24 Q1	23/24 Q2 (Not rolling)	23/24 Q3 (Not Rolling)	23/24 Q4 (Not Rolling)	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4
14. Total Spend on prescriptions generated by Dundee Drug and Alcohol Recovery Service (DDARS(and Dundee Drug Treatment Service (DDT)	Data for Q1 23/24 not available	£204,20 4.64	£196,178. 98	£238,70 2.33	£825,912. 32	£853,721. 35	£897310. 04	£869,670. 96				

Prescription data for prescriptions generated by DDARS and DTTO, dispensed in community pharmacy (report from prescribing support unit).

Please note that this data describes prescription costs for methadone and oral formulations of buprenorphine. DDARS now holds stock of Buvidal (long-acting subcutaneous buprenorphine). The cost of this stock is not included in prescription data. The number of people choosing Buvidal as OST has increased.

Please note that work is underway to review this indicator. Data extraction depends on multiple systems, which makes timely reporting challenging.



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026

REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2

REPORT BY: CHIEF OFFICER

REPORT NO: PAC3-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to report a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).

2.2 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health functions delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.

4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.0 LOCAL CONTEXT

5.1 Dundee has the 2nd highest rate in Scotland of adults (aged 16+) who reported that they lived with a mental health condition in the 2022 Census. Dundee has a rate of 162 per 1,000 population (16+) compared to 131 per 1,000 population (16+) for Scotland. Dundee has 20,242 people in the 16+ age group who identified themselves as having a mental health condition; this equates to 16% of the 16+ population. The highest rate per 1,000 population was for the 16-34 age group. 17% of all females (16+) reported they had a mental health condition and 11% males. In the 2022 Census, Maryfield and Coldside had the highest rate per 1,000 population (16+ age group) and The Ferry had the lowest rate per 1,000 population. Maryfield had more than double the rate of people with a mental health condition, compared to The Ferry.

- 5.2 In the 2022 Census 24% of people with mental health conditions in Dundee rated their health as bad or very bad. This compares with 7% for the general Dundee population who rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 30% in the East End to 14% in the West End, of people who rated their health as bad or very bad.
- 5.3 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.9 years). (Source: NRS)
- 5.4 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources. It is estimated from Scottish Health Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, mental health and substance use disorders, and diabetes.
- 5.5 The effects of COVID-19 on the population have further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).
- 5.6 At 30 September 2025 there were 61 children on the child protection register for Dundee. Approximately a third of these children were placed on the register due to the mental health of their parent/carers.
- 5.7 In September 2025, the National Records of Scotland published its statistics for probable deaths by suicide during 2024. Across Scotland there was a decrease in probable suicides (86 deaths, 11%) from the 2023 figures, with a total of 704 probable suicide deaths in 2024. In Dundee specifically, in 2024, 25 people died by probable suicide, 19 males and 6 females, this is a decrease of five people from 2023 (for comparison 2023=30, 2022=29, 2021=25, 2020=34). At council level, the rate was higher (statistically significant) than the Scottish average in Dundee City, Highland, and North Lanarkshire. In Scotland, male suicides decreased by 71(12%) to 518 deaths in 2024, while female suicide deaths decreased by 15(7%) to 186 deaths in the latest year. The rate of suicide mortality in the most deprived areas in Scotland was 2.5 times higher than the least deprived areas in Scotland.

6.0 WHAT THE DATA IS TELLING US

- 6.1 For the 18-64 age groups, trends for mental health (MH) admissions show a slight decrease, following a peak in Q4 2023/24. For the over 65 age group numbers have remained broadly stable. This trend applies for all MH admissions and MH emergency admissions.
- 6.2 The rate for 18-64 MH admissions has gradually declined from a peak in Q4 2023/24 while for the over 65 age group the rate has remained steady. Lochee and Coldside have the highest rate per 1,000 population while West End has the lowest. For the over 65 age group, numbers are small so there is greater variation between LCPPs. North East has the highest rate per 1,000 population for both all admissions and emergency admissions.
- 6.3 Mental health occupied bed days (all and emergency bed days) have shown a consistent downward trend across both the 18-64 and over 65 age groups. Among localities, Lochee records the highest rate per 1,000 population for the 18-64 age group, while East End has the highest rate for the 65+over 65 age group.
- 6.4 When benchmarked across the 8 Family Group Partnerships and the national average for Scotland, Dundee had the 2nd highest rate of mental health emergency bed days for ages 18-64 and the 4th highest rate for those aged 65 and over.

6.5 There has been a steady decline in referrals to psychological therapies since Q4 2023/24 Lochee and Coldside have the highest number of new referrals. The percentage of patients who commenced their treatment within 18 weeks of referral has also declined, falling from 72% in Q1 2024/25 to 66% in Q2 2025/26.

6.6 Referrals to CMHT teams have steadily increased, despite this the acceptance rate has remained stable over time, with 62% accepted in Q2 2025/26. The number of community-based mental health appointments from Dundee Crisis Team has shown a decrease and the CMHT West Team has shown a significant increase, with the CMHT East Team having a stable number of appointments offered. The number of people discharged without being seen has been declining steadily, a drop has also been observed in the number of people not seen within the Crisis Team. In Q2 2025/26 the number of community-based mental health return appointments for every new patient seen was an average of 11.

6.7 Number of referrals to Psychiatry for Old Age are broadly stable with an acceptance rate around 61%. In Q2 2025/26, The Ferry had the highest number of new referrals while Maryfield had the lowest. In Q2 2025/26, the average number of return appointments for every patient seen was 11. There has been an overall increasing trend in the number of people discharged without being seen, peaking in Q1 24/25. The Ferry had the highest number of people who were discharged without being seen and North-East had the lowest.

6.8 Referrals to Learning Disabilities have gradually declined since peaking in Q2 2024/25. Strathmartine recorded the highest number of new referrals, while The Ferry had the lowest. The proportion of referrals accepted has risen from 51% in Q1 2023/24 to 71% in Q2 2025/26. In Q2 2025/26, the average number of return appointments per new patient was 15. There has been an upward trend in discharges without being seen, peaking in Q3 2024/25 before gradually declining. Lochee had the highest number of such discharges

6.9 Overall, number of referrals to Mental Health Officers Team have begun to stabilise. Referrals to Social Work Community Mental Health Teams (CMHT) are showing a declining trend. Caseloads for the Mental Health Officers team are showing a downward trend while caseloads for Community Mental Health team showing an increasing trend and a downward trend for CMHT (Older People) Team.

6.10 There has been an increase in both local authority and private guardianship applications. Short Term Detentions have shown an upward trend with numbers beginning to dip. Emergency Detentions in hospital have remained relatively stable, while the number of Compulsory Treatment Orders has shown a downward trend.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

7.1 Performance against the 18-week referral to treatment waiting time standard for psychological therapies has shown improvement, increasing from 72% to 78.4% (November 2025). As previously reported, an analysis of the resources required to achieve the 90% national target was completed over 12 months ago and identified a requirement for additional investment of approximately £1.5m. As this level of investment was not affordable, a smaller increase in resource was agreed. Targeted recruitment for specialties furthest from meeting the performance standard linked to this has partially commenced, with further appointments scheduled to take place between January and February 2026.

7.2 Failure to achieve the 90% target has been driven in part by prolonged recruitment challenges affecting specific teams, most notably Clinical Neuropsychology, where staffing levels had reduced to very low levels. These challenges have begun to be addressed through targeted additional support and internal reorganisation of existing resources.

7.3 Two additional psychologists have now been recruited to Clinical Neuropsychology, with both commencing shortly before Christmas 2025. One full-time vacancy remains; however, the increased staffing is expected to have a positive impact on reducing waits exceeding 52 weeks. Given the recent start dates, the impact of these changes will only become measurable over the coming weeks. New pathways within Clinical Neuropsychology have also been achieved to establish greater parity of care for people across services and reduce 10 of the 13 longest waits in this service. In addition, through service reconfiguration, an additional post within Learning Disabilities has been recruited, although the successful candidate is not yet in post.

7.4 The emergent model for management of ADHD and other Neurodevelopmental Conditions, is to remove from direct delivery within CMHTs and create new unified Neurodevelopment Condition Pathway which shifts the emphasis from diagnosis and, instead, provide support based on need. This pathway redesign project is well underway and the ADHD Test of Change will be part of this developmental process.

7.5 As previously highlighted, Dundee and Tayside continue to experience a significant imbalance between the number of qualified Clinical Psychologists (Doctorate level) and Clinical Associate Applied Psychologists (Masters level). While the latter provide important capacity, their scope of practice is limited to less complex presentations. This workforce profile presents ongoing challenges, as a significant proportion of referrals relate to complex cases requiring assessment and treatment by qualified Clinical Psychologists.

7.6 Further uncertainty remains regarding the impact of the reduced NHS Tayside working week due to be implemented from April 2026, as additional investment will be required to mitigate the resulting reduction in clinical capacity.

8.0 POLICY IMPLICATIONS

8.1 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.

9.0 RISK ASSESSMENT

Risk 1 Description	Poor performance 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)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance and activity. - Continue to report data to the PAC to highlight performance and activity. - Support operational managers by providing in depth analysis regarding areas of poor performance. - Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
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.
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9.0 CONSULTATIONS

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

10.0 BACKGROUND PAPERS

10.1 None.

DAVE BERRY
CHIEF OFFICER

DATE: 05 JANUARY 2026

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Orazia Giuffrida
Clinical Lead for Mental Health and Learning Disabilities

Lynsey Webster
Lead Officer for Quality, Data and Intelligence

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APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

Table 1 : Mental Health Admissions Summary (All MH Admissions and Emergency MH Admissions)

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health ALL Admissions for people aged 18-64	451	472	489	498	471	481	456	451	460	444			Admissions peaked in Q4 2023/24 followed by a slight decline.
Rate per 1,000 Mental Health ALL Admissions for people aged 18-64	4.8	5.0	5.2	5.2	4.9	5.1	4.8	4.7	4.8	4.7			Rates per 1,000 population have declined gradually to 4.7 in Q2 2025/26 following a peak of 5.2 in Q4 2023/24. Lochee and Coldside have the highest rate per 1,000 population.
Rate per 1,000 MH ALL Admissions by LCPP 18-64													
Q1 22/23	6.5	6.8	6.5	6.8	7.5	7.8	7.0	7.5	7.2	7.8	7.5	7.2	6.5
Q2 22/23	6.2	6.5	6.2	6.5	7.8	8.0	7.5	7.8	7.5	7.2	7.0	6.8	6.2
Q3 22/23	7.0	7.2	6.8	7.2	7.5	7.8	7.0	7.5	7.2	7.8	7.5	7.2	6.8
Q4 22/23	6.8	7.0	6.8	7.0	7.5	7.8	7.0	7.5	7.2	7.8	7.5	7.2	6.8
Q1 23/24	5.5	5.8	5.5	5.8	6.5	6.8	6.0	6.5	6.2	6.8	6.5	6.2	5.5
Q2 23/24	4.8	5.0	4.8	5.0	6.2	6.5	5.5	6.2	5.8	6.5	6.2	5.8	4.8
Q3 23/24	5.2	5.5	5.2	5.5	6.5	6.8	6.0	6.5	6.2	6.8	6.5	6.2	5.2
Q4 23/24	5.0	5.2	5.0	5.2	6.8	7.0	6.2	6.8	6.5	7.2	6.8	6.5	5.0
Q1 24/25	4.5	4.8	4.5	4.8	6.5	6.8	5.5	6.5	6.2	6.8	6.5	6.2	4.5
Q2 24/25	4.8	5.0	4.8	5.0	6.8	7.0	5.8	7.0	6.5	7.2	6.8	6.5	4.8
Q3 24/25	5.0	5.2	5.0	5.2	7.0	7.2	6.0	7.0	6.5	7.2	6.8	6.5	5.0
Q4 24/25	4.8	5.0	4.8	5.0	7.2	7.5	6.2	7.2	6.8	7.5	7.2	6.8	4.8
Q1 25/26	4.5	4.8	4.5	4.8	7.0	7.2	6.0	7.0	6.5	7.2	6.8	6.5	4.5
Q2 25/26	4.2	4.5	4.2	4.5	7.2	7.5	5.8	7.2	6.8	7.5	7.2	6.8	4.2
Lochee	7.5												
Coldside		6.8											
East End			5.5										
Maryfield				4.8									
Strathmartine					4.8								
North East						4.8							
The Ferry							4.8						
West End								4.8					
Dundee									4.8				
Q2 25/26										4.8			

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	306	319	338	351	334	349	328	311	312	295			Emergency Admissions peaked at 351 in Q4 2023/24 followed by a decline to 295 in Q2 2025/26.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.2	3.4	3.6	3.7	3.5	3.7	3.4	3.3	3.3	3.1			The rate per 1,000 reached 3.7 in Q4 2023/24 and Q2 2024/25 before dipping to 3.1 in Q2 2025/26. Lochee has the highest rate per 1,000 population and West End the lowest.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 18-64

Quarter	Lochee	Coldside	East End	Maryfield	Strathmartine	North East	The Ferry	West End
Q1 22/23	4.5	4.5	4.5	3.5	2.0	2.2	1.8	2.6
Q2 22/23	4.5	4.2	4.0	3.2	2.5	1.8	1.5	2.4
Q3 22/23	5.2	4.3	4.3	3.5	2.1	1.6	1.2	2.1
Q4 22/23	5.7	3.6	4.4	2.5	2.8	1.4	1.2	2.3
Q1 23/24	5.8	3.6	5.3	2.5	3.4	1.4	1.0	2.5
Q2 23/24	6.5	3.6	5.3	3.5	3.4	1.4	1.0	2.8
Q3 23/24	6.3	4.4	4.6	3.6	3.2	1.8	1.0	3.0
Q4 23/24	5.7	5.6	4.4	3.8	3.2	2.4	1.0	3.1
Q1 24/25	5.8	5.6	3.5	2.5	1.2	2.0	1.0	2.5
Q2 24/25	5.3	5.7	3.8	3.2	1.5	2.4	1.0	2.8
Q3 24/25	5.5	4.4	3.6	3.4	1.8	2.2	1.0	2.6
Q4 24/25	6.0	5.5	3.8	2.8	1.8	2.4	1.0	2.4
Q1 25/26	5.3	3.8	3.8	2.8	1.8	2.4	1.0	2.2
Q2 25/26	5.5	3.5	3.0	2.8	2.0	2.2	1.0	2.1

Q2 2025/26

LCPP	Rate (Q2 25/26)
Lochee	5.5
Coldside	3.6
East End	3.2
Maryfield	3.2
Strathmartine	2.8
North East	2.4
The Ferry	2.2
West End	2.1

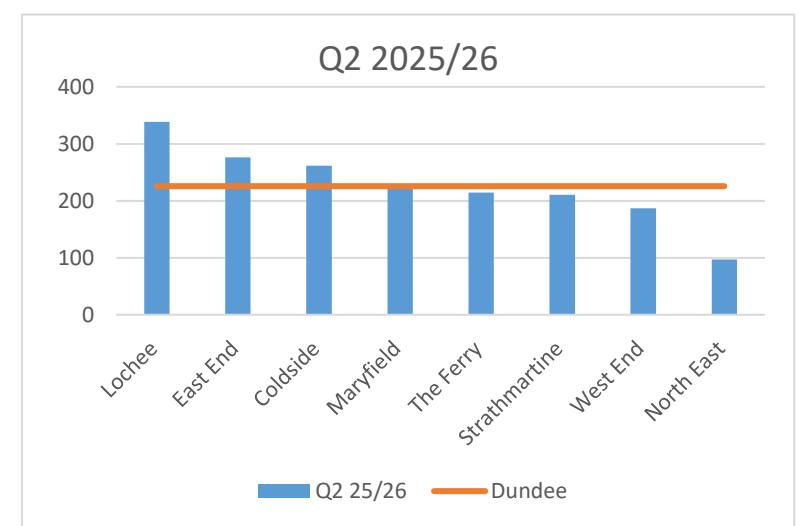
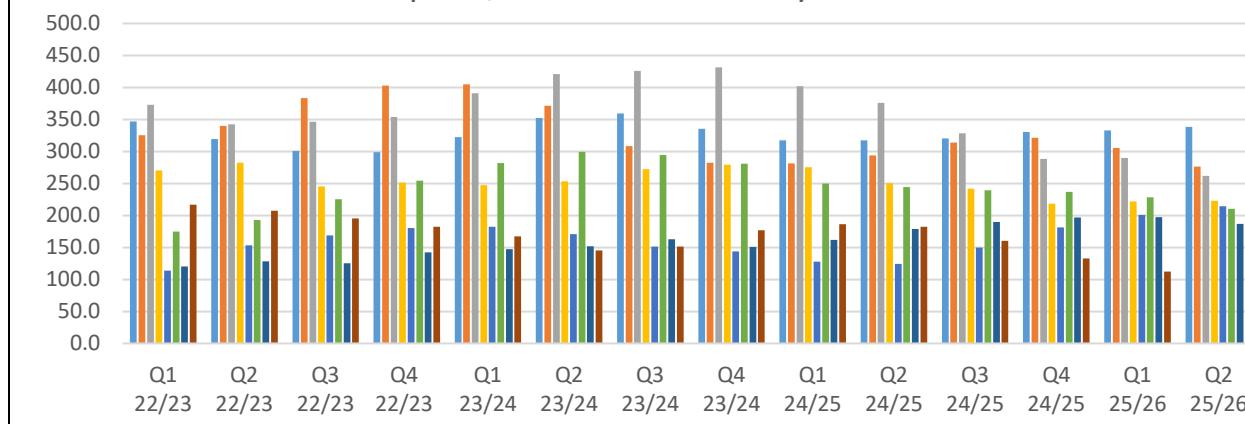
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	99	94	93	95	95	96	104	101	101	99			Numbers of admissions are broadly stable
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	3.8	3.6	3.5	3.6	3.5	3.6	3.9	3.8	3.8	3.7			The rates are fairly stable overall with a slight peak in Q3 2024/25. North East shows the highest rate, while Maryfield has the lowest. Due to small numbers, there is a greater variation between LCPP areas.
Rate per 1,000 MH ALL Admissions by LCPP 65+													
<p>Legend:</p> <ul style="list-style-type: none"> North East East End Coldside West End The Ferry Strathmartine Lochee Maryfield 													
<p>Legend:</p> <ul style="list-style-type: none"> Q2 25/26 Dundee 													

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	83	76	78	83	82	86	95	90	92	85			Following a peak at 95 in Q3 24/25. Numbers have fallen.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	3.2	2.9	3.0	3.2	3.0	3.2	3.5	3.3	3.4	3.2			The rate has fluctuated between 2.9 and 3.2, rising to 3.5 in Q3 2024/25. North has the highest rate and Lochee has the lowest. Due to small numbers, there is a greater variation between LCPP areas.
Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+													

Table 2 : Bed Days for Mental Health (All Mental Health Bed Days and Emergency Bed Days)

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	24800	25326	25146	24614	23722	23303	22996	22516	22365	21467			Following a peak in Q2 2023/24 there has been a gradual decrease, with Q2 2025/26 showing the lowest number of bed days.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	262	266.7	264.8	259.2	249.3	244.9	241.6	236.6	235.0	225.6			Q2 2023/24 had the highest rate at 266.7. Since then there has been a steady decline. Lochee has the highest rate while North-East had the lowest.

Rate per 1,000 ALL MH Bed Days 18-64



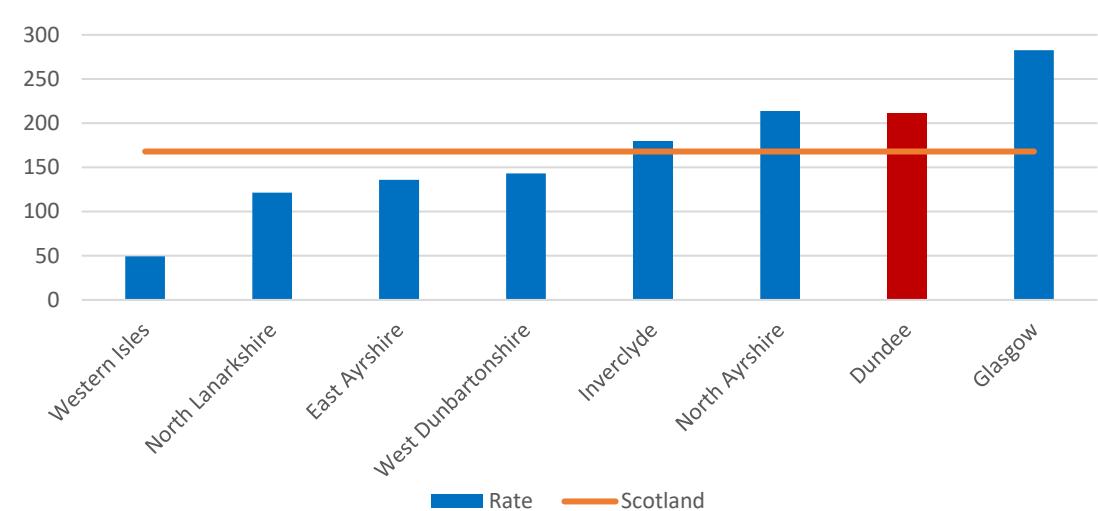
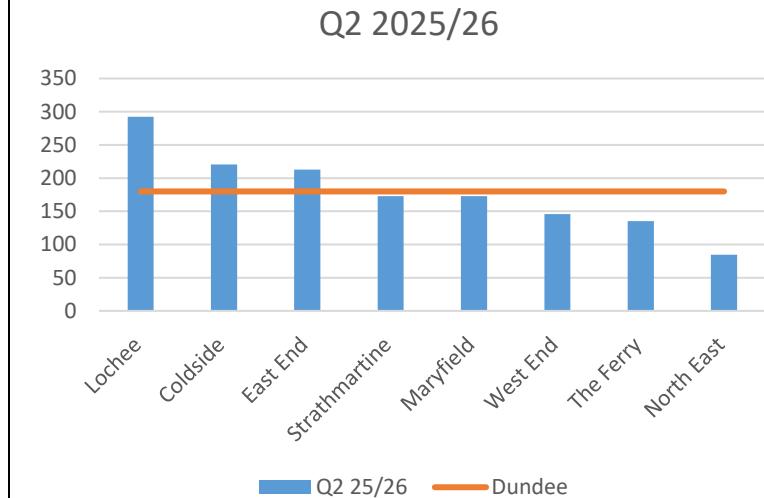
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	19601	19874	19888	19547	18922	18768	18675	18180	18008	17117			Following a peak in Q3 2023/24, there has been a steady decline with Q2 2025/26 having the lowest number of emergency bed days.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	206.4	209.3	209.5	205.9	198.8	197.2	196.2	191.0	189.2	179.9			Rates per 1,000 have been declining since Q3 2023/24. Lochee has the highest rate and North-East had the lowest.

Rate per 1,000 MH Emergency Bed Days 18-64

Location	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26
Lochee	210	190	180	190	210	220	230	210	200	220	250	280	290	220
Coldside	320	290	290	300	330	360	380	400	360	340	290	250	250	220
East End	240	270	320	340	330	300	250	220	230	240	250	260	250	220
Strathmartine	110	130	150	170	180	220	240	220	200	180	150	180	190	150
Maryfield	220	240	210	220	210	200	220	240	230	240	210	200	250	140
West End	90	100	110	120	130	140	120	140	130	140	150	160	170	140
The Ferry	80	70	100	110	120	130	140	150	160	170	180	190	200	150
North East	210	200	190	180	170	160	150	140	130	150	140	130	120	90

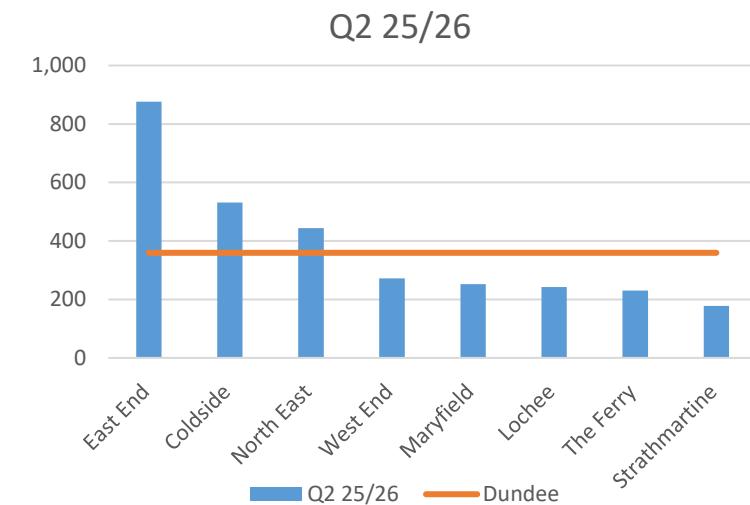
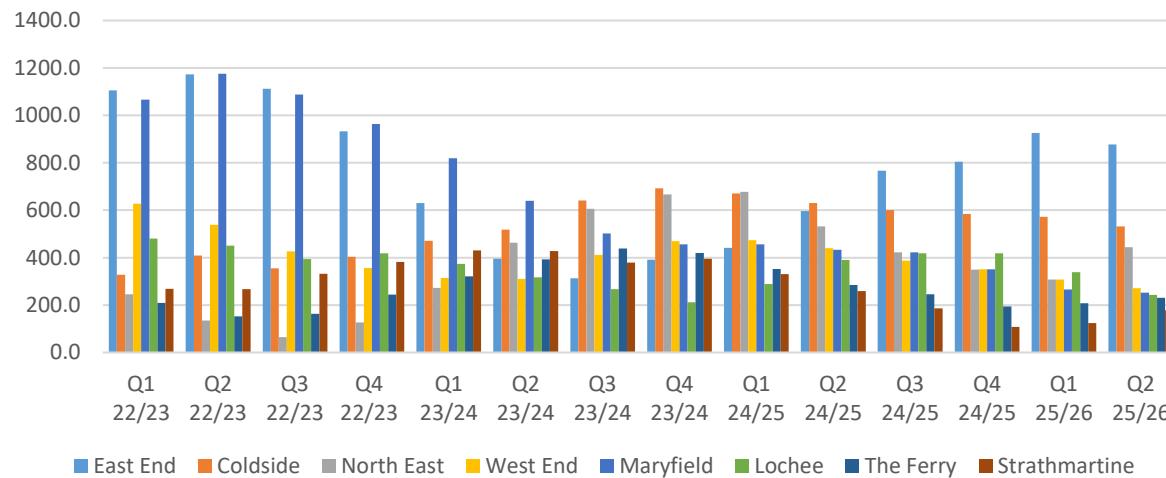
Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64

Q2 2025/26



Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	11754	11438	11806	12173	11930	11451	11014	10041	9785	9675			There has been a gradual decline in bed days with the lowest number of bed days in Q2 2025/26.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	447.9	435.8	449.9	463.9	443.2	425.4	409.2	373.0	363.5	359.4			There has been a consistent reduction in the rate. East End has the highest rate while Strathmartine had the lowest.

Rate per 1,000 ALL MH Bed Days 65+



Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health EMERGENCY Bed Days for people aged 65+	10769	10188	10202	10407	10284	9863	9685	8779	8504	8534			There has been a gradual and consistent decline, indicating a clear downward trend.
Rate per 1,000 Mental Health EMERGENCY Bed Days for people aged 65+	410.4	388.2	388.8	396.6	382.0	366.4	359.8	326.1	315.9	317.0			The rate has been decreasing consistently, with Q2 2025/26 showing the lowest rate, East End has the highest rate and Strathmartine had the lowest.

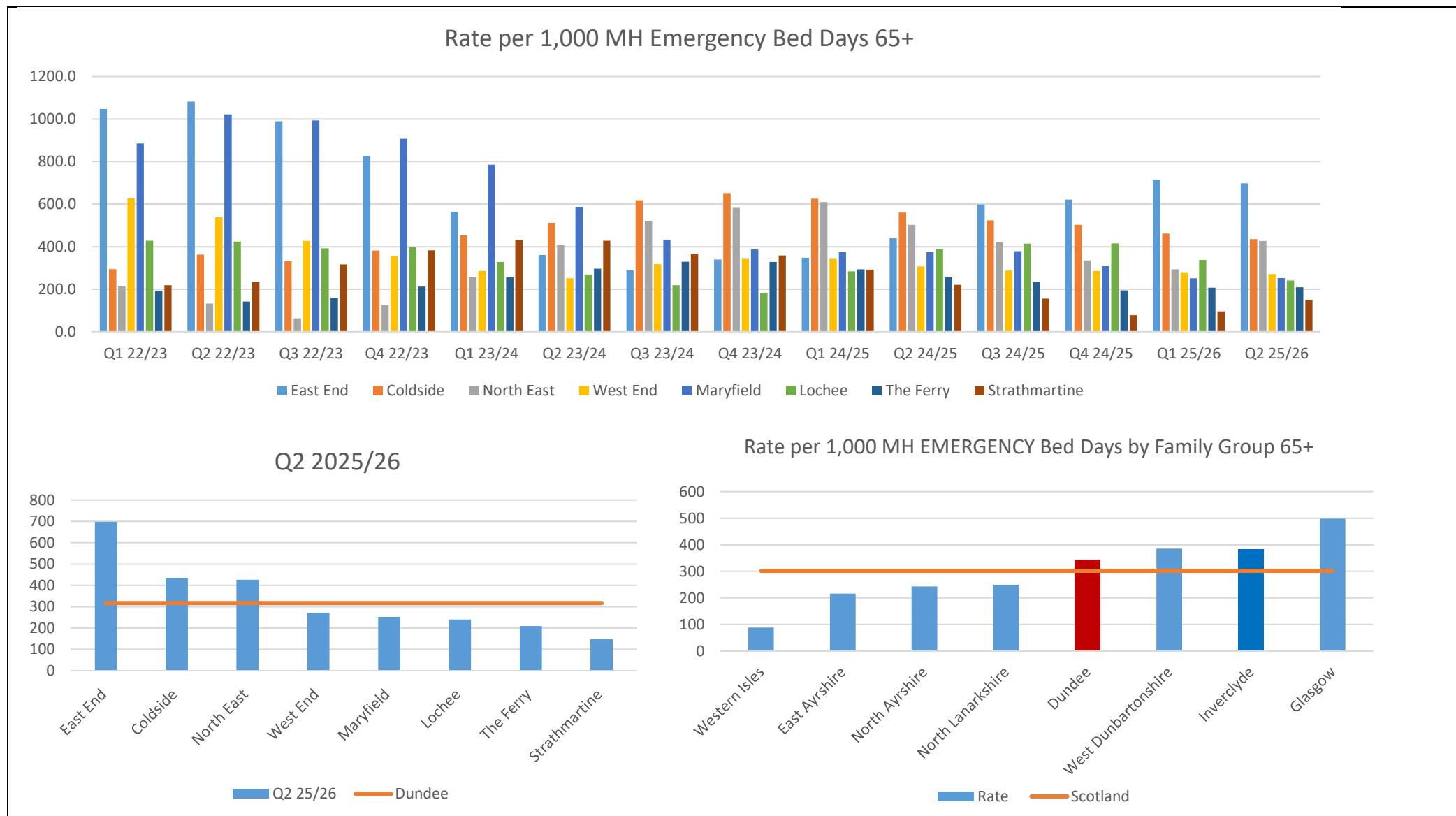
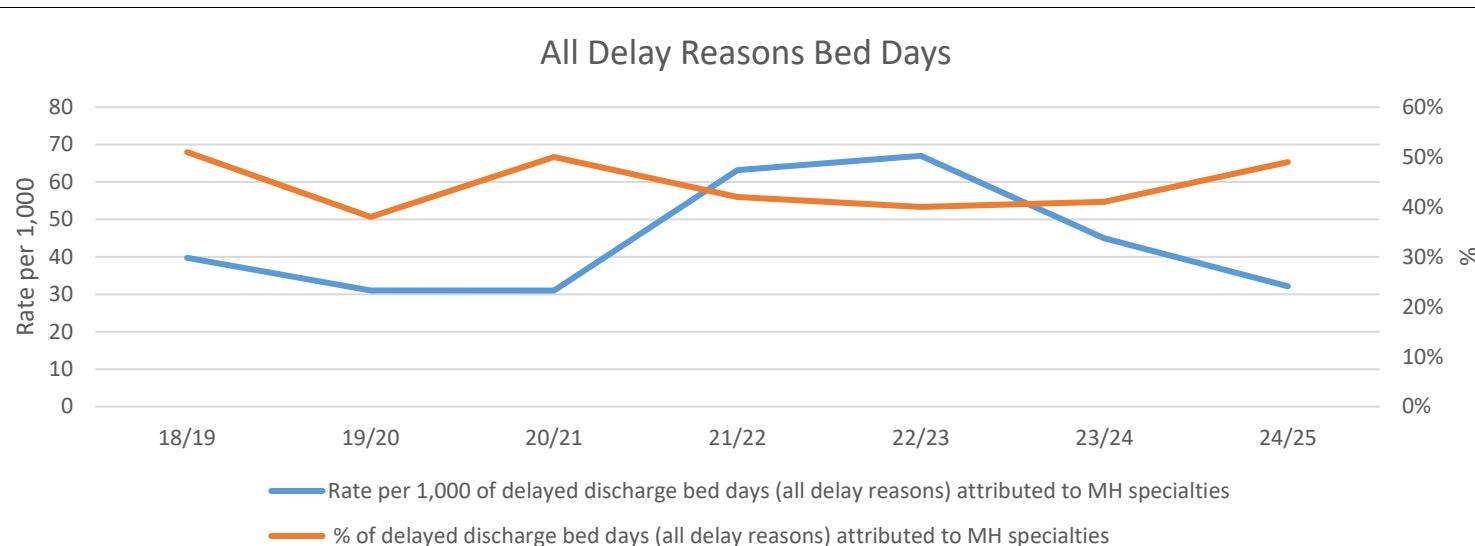


Table 3 : Delayed Discharge for Mental Health

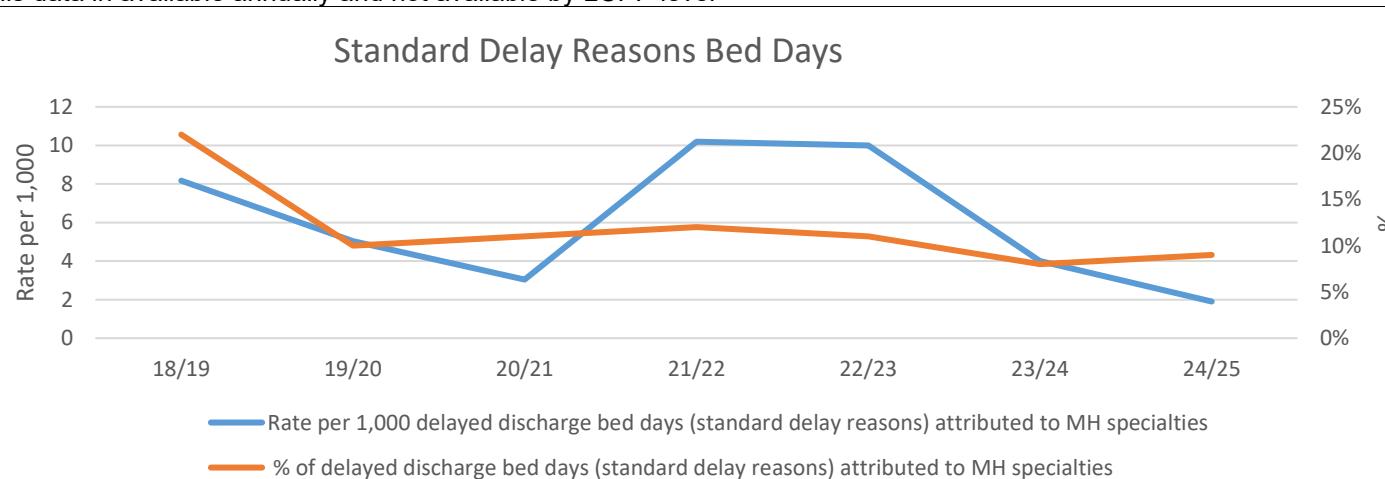
Delayed Discharge for Mental Health Specialities



Source: PHS Publication June 2025, *Delayed discharges in NHS Scotland annual*

This data is available annually and not available by LCPP level

The rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased after the pandemic and peaked in 2022/23 followed by declining trend. This indicates improvement in discharge efficiency. % of delayed discharge bed day (all delay reasons) attributed to MH specialities has increased from 40% in 2022/23 to 49% in 2024/25, this indicates that mental health accounts for a higher proportion of the delays.



Source: PHS Publication June 2025, Delayed discharges in NHSScotland annual. This data is available annually and not available by LCPP level.

The rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties has declined since 2022/23. The percentage of delayed discharge bed days (standard delay reasons) attributed to MH specialties shows a downward trend therefore mental health contributes to a small share of the standard delays.

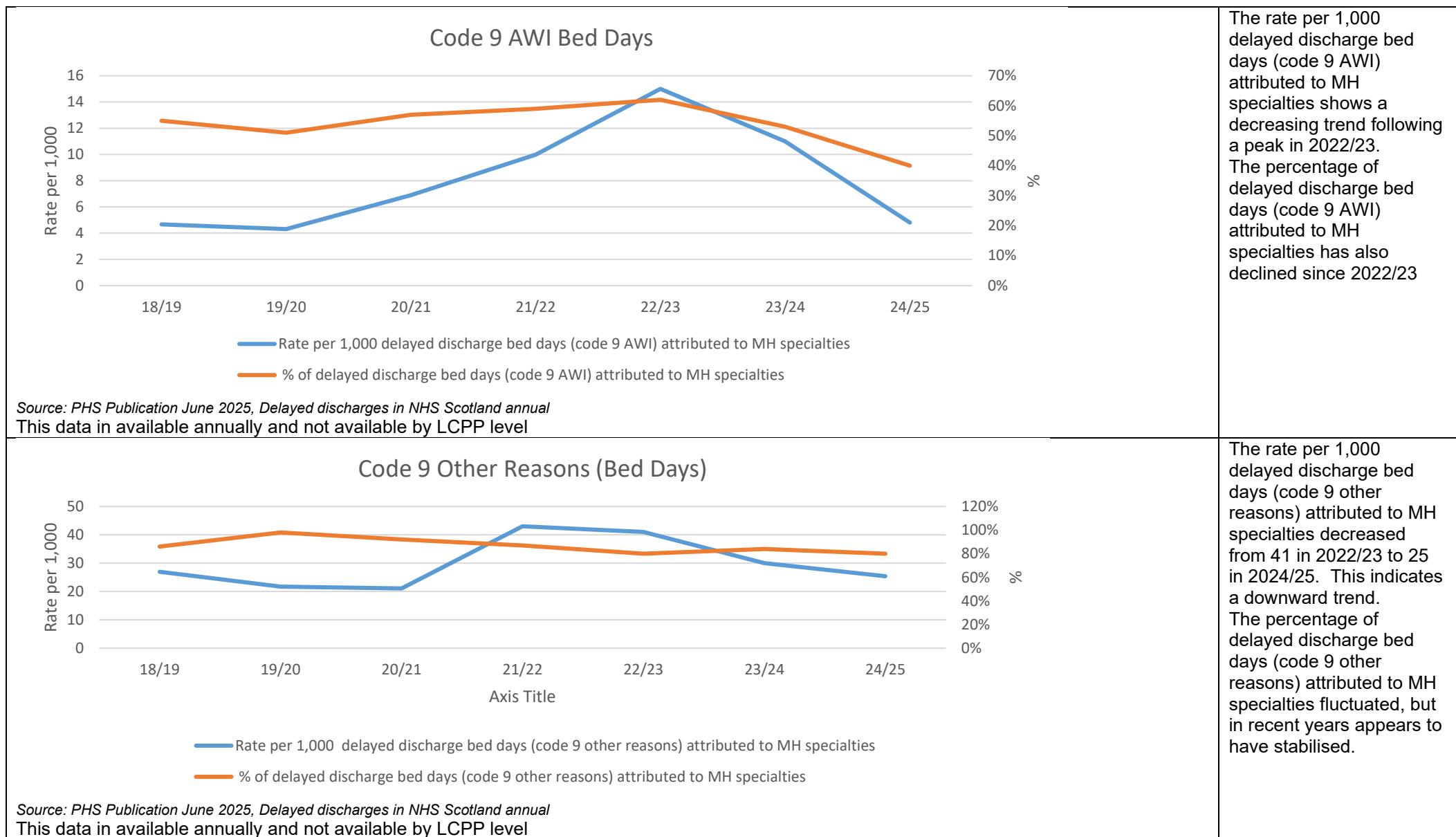


Table 4 Psychological Therapies

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis																																								
Psychological Therapies																																																					
Number of NEW referrals to psychological therapies (ALL)	3152	3423	3520	3631	3448	3436	3342	3320	3209	3022			There was a steady increase in referrals peaking in Q4 2023/24. Since then, there has been steady decline																																								
<p style="text-align: center;">No. New Referrals to Psychological Therapies</p> <table border="1"> <caption>Estimated data for No. New Referrals to Psychological Therapies</caption> <thead> <tr> <th>Quarter</th> <th>Q1 23/24</th> <th>Q2 23/24</th> <th>Q3 23/24</th> <th>Q4 23/24</th> <th>Q1 24/25</th> <th>Q2 24/25</th> <th>Q3 24/25</th> <th>Q4 24/25</th> <th>Q1 25/26</th> <th>Q2 25/26</th> </tr> </thead> <tbody> <tr> <td>Referrals</td> <td>3152</td> <td>3423</td> <td>3520</td> <td>3631</td> <td>3448</td> <td>3436</td> <td>3342</td> <td>3320</td> <td>3209</td> <td>3022</td> </tr> </tbody> </table> <p style="text-align: center;">Q2 25/26</p> <table border="1"> <caption>Estimated data for Q2 25/26</caption> <thead> <tr> <th>Location</th> <th>Referrals</th> </tr> </thead> <tbody> <tr> <td>Lochee</td> <td>436</td> </tr> <tr> <td>Coldside</td> <td>427</td> </tr> <tr> <td>Strathmartine</td> <td>413</td> </tr> <tr> <td>Maryfield</td> <td>390</td> </tr> <tr> <td>West End</td> <td>383</td> </tr> <tr> <td>East End</td> <td>331</td> </tr> <tr> <td>North East</td> <td>329</td> </tr> <tr> <td>The Ferry</td> <td>313</td> </tr> </tbody> </table>														Quarter	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Referrals	3152	3423	3520	3631	3448	3436	3342	3320	3209	3022	Location	Referrals	Lochee	436	Coldside	427	Strathmartine	413	Maryfield	390	West End	383	East End	331	North East	329	The Ferry	313
Quarter	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26																																											
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Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Psychological Therapies													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	71%	71%	71%	71%	72%	70%	69%	67%	67%	66%			The percentage of patients seen within 18 weeks of referral has shown a gradual and consistent decline over the period.

% of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)

Quarter	Percentage
Q1 23/24	75%
Q2 23/24	75%
Q3 23/24	70%
Q4 23/24	75%
Q1 24/25	72%
Q2 24/25	70%
Q3 24/25	69%
Q4 24/25	68%
Q1 25/26	67%
Q2 25/26	66%

Table 5 Community Mental Health Teams

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
Number of new referrals to CMHT (and % accepted)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)	4681 (61%)	4817 (62%)	4807 (62%)	4731 (62%)			Number of referrals had been steadily increasing and peaked in Q4 2024/25. The past two quarter have shown a slight decline.

Quarter	No. new referrals to CMHT	% Accepted
Q1 23/24	4330	67%
Q2 23/24	4354	65%
Q3 23/24	4354	63%
Q4 23/24	4319	63%
Q1 24/25	4379	62%
Q2 24/25	4623	61%
Q3 24/25	4681	61%
Q4 24/25	4817	62%
Q1 25/26	4807	62%
Q2 25/26	4731	62%
Q3 25/26	4731	62%
Q4 25/26	4731	62%

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis																																											
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)																																																								
Number of community based mental health appointments offered (included attended and DNA)	3362	3214	3147	3207	3334	3459	3444	3334	3338	3359			Stable level of activity in the past few quarters. CMHT West has shown significant increase and the Crisis Team showing a drop in appointments.																																											
<p style="text-align: center;">No. Community Based MH Appointments Offered</p> <table border="1"> <caption>Estimated data for No. Community Based MH Appointments Offered</caption> <thead> <tr> <th>Quarter</th> <th>Community Mental Health East Team (Blue)</th> <th>Community Mental Health West Team (Orange)</th> <th>General Psychiatry - Dundee Crisis Team (Grey)</th> </tr> </thead> <tbody> <tr><td>Q1 23/24</td><td>750</td><td>950</td><td>1650</td></tr> <tr><td>Q2 23/24</td><td>750</td><td>850</td><td>1600</td></tr> <tr><td>Q3 23/24</td><td>720</td><td>920</td><td>1550</td></tr> <tr><td>Q4 23/24</td><td>750</td><td>1020</td><td>1480</td></tr> <tr><td>Q1 24/25</td><td>750</td><td>1100</td><td>1420</td></tr> <tr><td>Q2 24/25</td><td>780</td><td>1250</td><td>1400</td></tr> <tr><td>Q3 24/25</td><td>780</td><td>1250</td><td>1380</td></tr> <tr><td>Q4 24/25</td><td>780</td><td>1250</td><td>1350</td></tr> <tr><td>Q1 25/26</td><td>800</td><td>1280</td><td>1300</td></tr> <tr><td>Q2 25/26</td><td>800</td><td>1320</td><td>1250</td></tr> </tbody> </table>													Quarter	Community Mental Health East Team (Blue)	Community Mental Health West Team (Orange)	General Psychiatry - Dundee Crisis Team (Grey)	Q1 23/24	750	950	1650	Q2 23/24	750	850	1600	Q3 23/24	720	920	1550	Q4 23/24	750	1020	1480	Q1 24/25	750	1100	1420	Q2 24/25	780	1250	1400	Q3 24/25	780	1250	1380	Q4 24/25	780	1250	1350	Q1 25/26	800	1280	1300	Q2 25/26	800	1320	1250
Quarter	Community Mental Health East Team (Blue)	Community Mental Health West Team (Orange)	General Psychiatry - Dundee Crisis Team (Grey)																																																					
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CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	11	11	12	11	11	10	10	11	11	11			Stable numbers in the past three quarters.
Number of people discharged without being seen	700	621	539	458	429	431	441	439	402	349			Steady decline with the lowest number in Q2 2025/26. Notable drop for the Crisis Team.

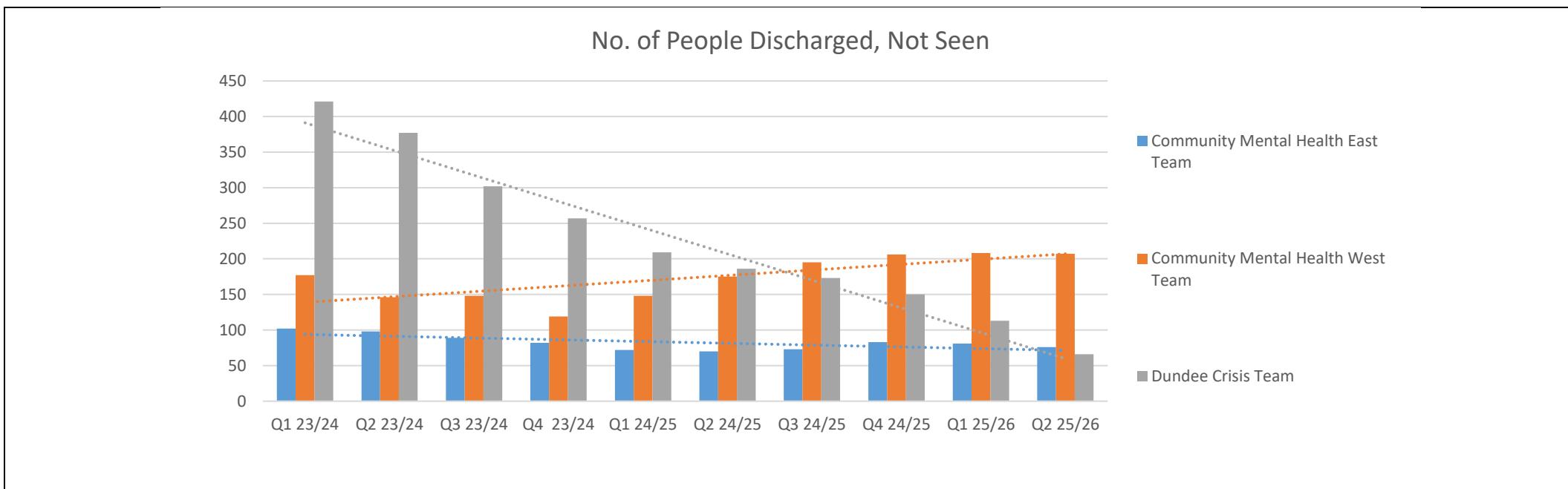
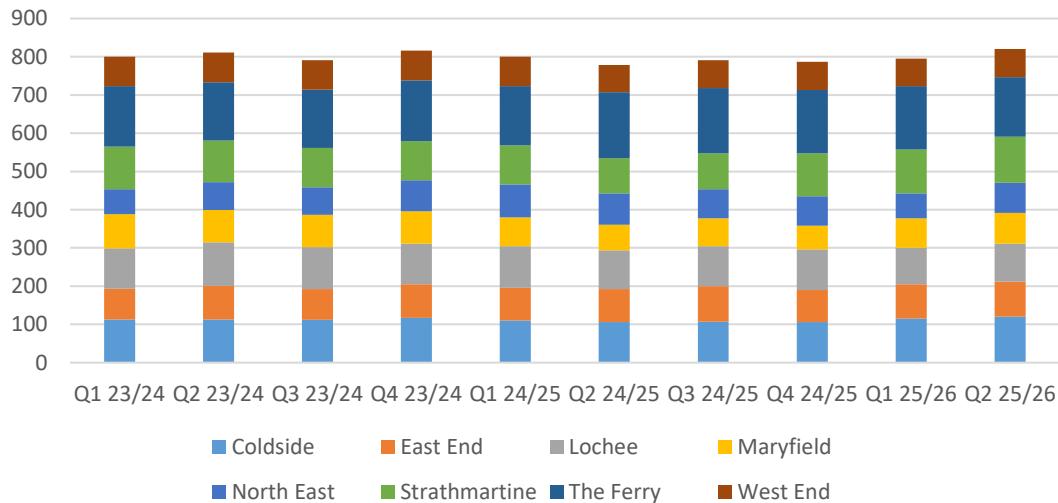


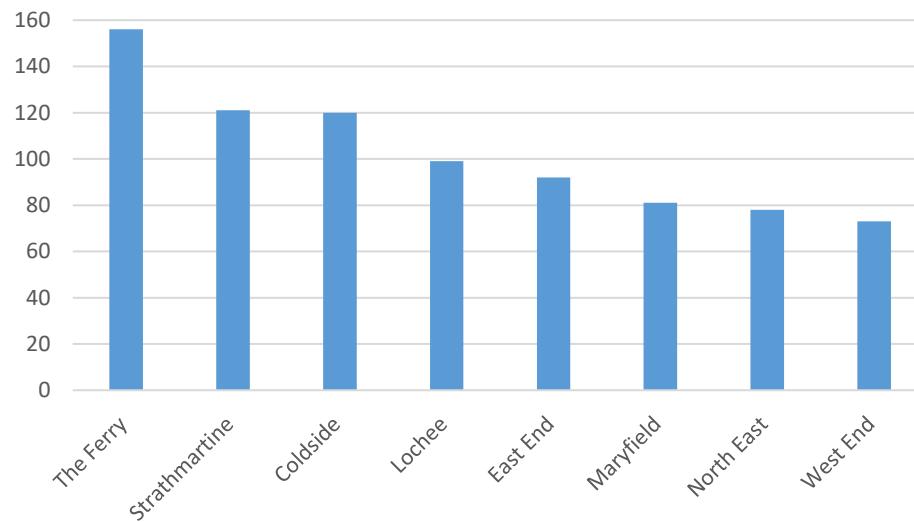
Table 6 : Psychiatry of Old Age

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Psychiatry of Old Age													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)	791 (61%)	787 (61%)	795 (60%)	820 (61%)			Broadly stable number of referrals with a dip in Q2 2024/25 and a new peak in Q2 2025/26. Acceptance rate is consistently around 61%. The Ferry has the highest number of referrals and West End the lowest.

No. of accepted POA referrals



Q2 25/26



Please note: There has been a change in the way referrals are counted in 2023/24 reporting period

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Number of return appointments for every new patient seen.	11	11	12	12	12	12	12	12	12	11			Numbers holding steady at around 12 return appointments
Number of people discharged without being seen	322	375	401	478	516	512	487	483	452	478			There is an overall increasing trend in the number of people discharged without being seen, with figures stabilising in the past few quarters. The Ferry has the highest number and

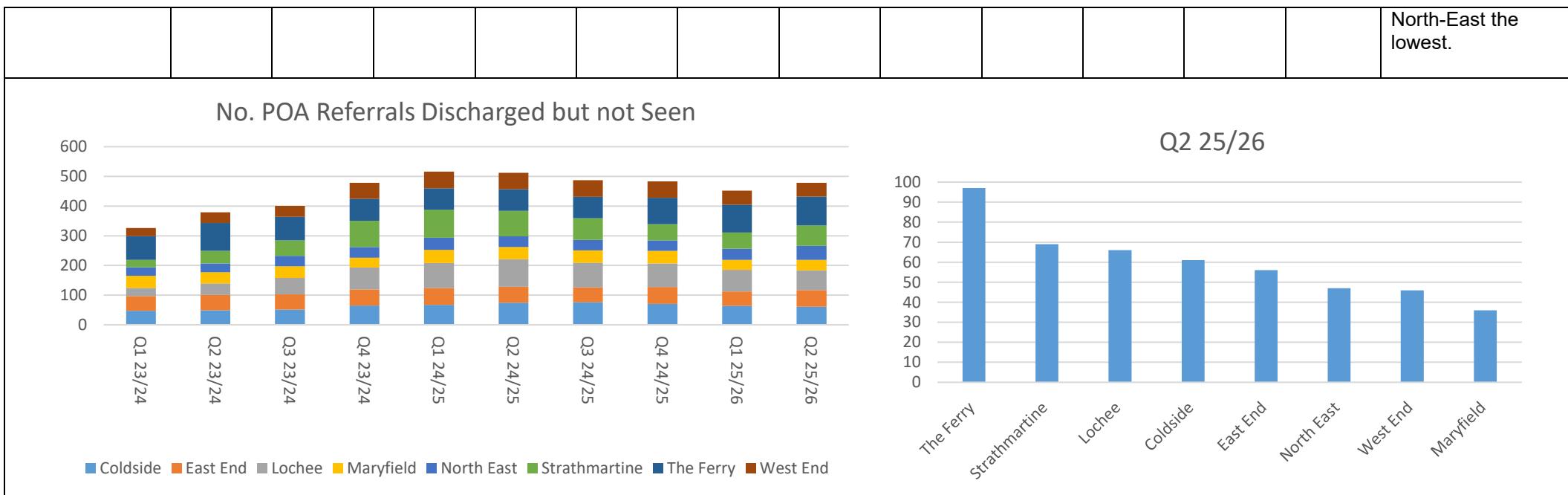
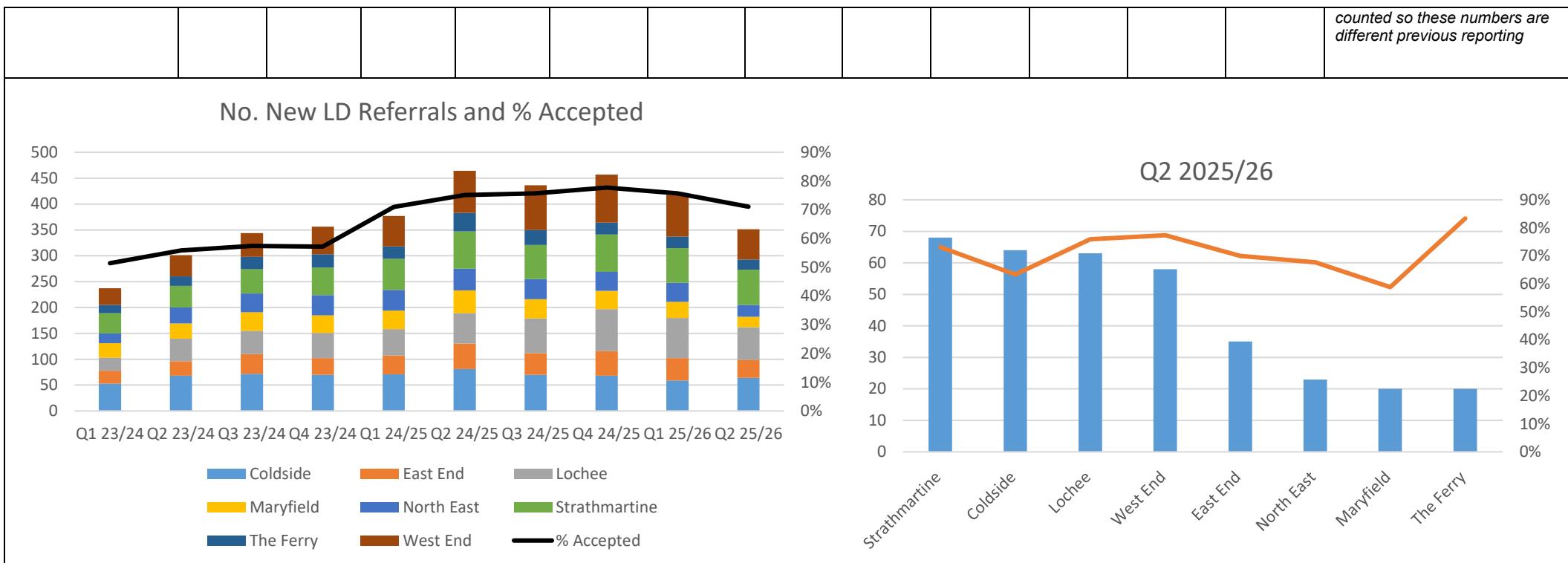


Table 7 : Learning Disabilities

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis	
	Learning Disability													
Number of new referrals to LD (and % accepted)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)	436 (76%)	457 (78%)	418 (76%)	351 (71%)				An overall upward trend, peaking in Q2 2024/25, followed by a gradual decline. Highest number of referrals are from Strathmartine and the lowest from The Ferry. The % accepted show an overall improvement. Please note: There has been a change in the way referrals are



Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis	
Learning Disability														
Number of return appointments for every new patient seen.	12	12	11	11	11	12	13	14	16	15				Numbers gradually increasing
Number of people discharged without being seen	102	123	134	163	189	193	202	180	173	172				A steady increasing trend people discharged without being

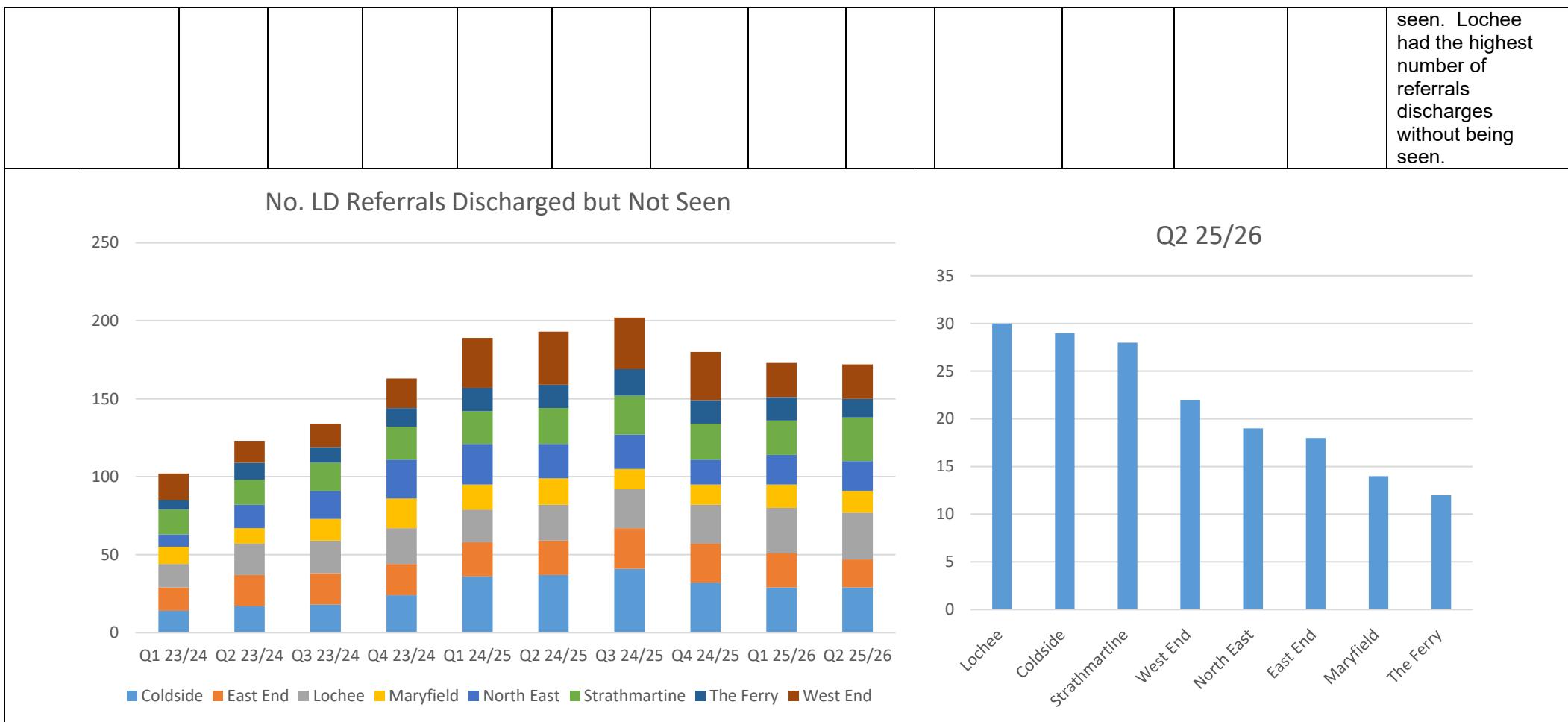


Table 8 : Social Work Mental Health Data

Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Social Work Demand Information													
MHO new referrals and Assessment	292	283	264	265	260	272	284	288	293	292			Following a downward trend, numbers have begun to stabilise.
CMHT (SW team) new referrals	134	121	78	66	57	66	68	82	102	97			Overall downward trend with a recent slight increase.
CMHT older people new referrals(SW team)	174	190	186	189	158	136	123	124	163	161			A decreasing trend since the peak in Q2 2023/24.
LA Guardianship applications	52	54	55	60	60	70	72	74	63	61			An upward trend in both local authority and private guardianship applications.
Private Guardianship application	64	70	69	73	80	88	90	99	101	99			
Emergency detention in hospital (up to 72 hours) (s36)	101	97	103	117	105	104	113	101	106	117			Numbers have fluctuated, reaching a peak in Q4 2023/24, followed by downward trend.

Short term detention in hospital (up to 28 days) (s44)	181	179	209	205	197	205	200	201	195	180			Stable overall with a peak in 2023/24 Q3 and a recent dip to 180 in 2025/26 Q2.
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
Compulsory Treatment Orders (s64)	58	59	63	60	54	45	44	41	42	40			Downward trajectory since 2023/24 Q3, reaching 40 in 2025/26 Q2.
No. of S44 with Social Circumstance report was considered	61	69	73	73	63	57	67	64	78	79			
No. of SCR that were prepared	35	38	42	46	41	44	52	51	65	67			Increase in the number of SCR that were prepared in Q2 2025/26.
MHO team caseload at period end	264	263	255	251	250	251	214	196	206	198			Downward trend in caseload, after a peak in Q1 2023/24.
MHO unallocated at end of quarter	37	36	51	42	52	40	17	15	20	16			Drop in number of unallocated cases.
% MHO unallocated out of all cases	14%	14%	20%	17%	21%	16%	8%	8%	10%	8%			A reduction in % unallocated.
CMHT (SW team) caseloads at period end	474	491	471	467	492	506	525	525	542	544			Increasing trend since Q3 2023/24.

CMHT (SW teams) unallocated at end of quarter	57	38	42	45	28	19	14	18	11	0			A reduction in numbers.
% CMHT (SW teams) unallocated out of all cases	12%	8%	9%	10%	6%	4%	3%	3%	2%	0%			A reduction in % unallocated cases in the past few quarters.
CMHT older people (SW team) caseloads at period end	280	267	258	269	275	268	266	249	242	237			Overall decrease in caseloads.
CMHT older people (SW team) unallocated at end of quarter	0	0	0	0	0	0	0	0	0	0			
% CMHT older people (SW team) unallocated out of all cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			

ITEM No ...8.....



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 04 FEBRUARY 2026

REPORT ON: UNSCHEDULED CARE

REPORT BY: CHIEF OFFICER

REPORT NO: PAC5-2026

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance and Audit Committee on Unscheduled Care Services and Discharge Management performance in Dundee.

2.0 RECOMMENDATIONS

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

- 2.1 Note the current position in relation to complex and standard delays as outlined in sections 5-8.
- 2.2 Note the improvement actions planned to respond to areas of pressure as outlined in section 9.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Dundee IJB's delegated financial resources continue to face a number of challenges in terms of in-year projected overspend and longer financial sustainability. Due to the current financial constraints, the IJB has had to approve a number of spend reduction proposals and implement financial recovery plans for 2025/26. As a result there is the risk that existing levels of activity and performance may not be able to be maintained.
- 3.2 While delegated community health and social care is a critical element of the overall unscheduled care pathways to support discharge without delay from hospital, the current levels of spend exceed the identified budgets and actions are being progressed to reduce overall spend levels. Whole-system efforts continue to be progressed to mitigate the impact on discharges for individuals through prioritisation of resources aligning to those of greatest assessed need.

4.0 MAIN TEXT

4.1 Background to Discharge Management

- 4.1.1 A delayed discharge refers to a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (Public Health Scotland Delayed Discharges Definitions and Data Recording Manual).
- 4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:
 - National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
 - National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Within Dundee key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan for Dundee and Tayside, as well as ensuring all actions are designed in alignment with the national Operational Delivery Plan, in particular the principles outlined in the Discharge Without Delay Collaborative Programme. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimize hospital inpatient stays wherever appropriate.

4.1.4 The Tayside Urgent and Unscheduled Care Board is chaired jointly by the Service Manager for Urgent & Unscheduled Care in Dundee Health and Social Care Partnership and the Associate Director for Medicine in NHS Tayside. Membership of the Board is made up of senior staff from key clinical areas. The Dundee position is represented by the Service Manager for Urgent & Unscheduled Care. Liaison between the local Board and the national team is undertaken by a Programme Manager within the NHS Tayside Improvement Team alongside the Programme Leadership Team.

4.1.5 The programme of work is split across 4 key workstreams:

1. Optimising Access - Aimed at creating clear and seamless communication and referral pathways between community urgent services in order to create alternatives to hospital admission where appropriate.
2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.
3. Integrated Health & Community Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee, development of the Frailty at Home service has continued. This is an advanced practice led service with community and cluster geriatrician support which offers advanced clinical assessment and decision making for frail older patients in the community. This service is largely funded by Primary Care Improvement monies with the aim of supporting both GP practice and the acute hospital wherever appropriate. Increasingly funding has also gradually transferred from the Medicine for the Elderly medical budget into this initiative as part of the collaborative commitment to shift the balance of care into a community setting.
4. Optimising Flow/Discharge Without Delay - This work continues to support improvement in capacity and flow management in every ward area across Tayside with the aim of improving patient outcomes as well as minimising delayed discharges. Dundee and Tayside remain committed to implementing the Discharge Without Delay principles as a means of supporting earlier discharge from frailty units to promote completion of long-term assessment at home. Budgetary constraints within social care continue to present challenges in fully achieving this aim.

4.1.6 These workstreams are closely linked to the aims contained within the NHS Tayside Annual Delivery Plan. As part of the collaborative working relating to this, each Health and Social Care Partnership in Tayside has agreed to work towards specific targets: achieving and maintaining GREEN RAG (Red / Amber / Green) status for delayed discharges against the locally set targets; and contributing to a 5% reduction in admissions.

4.1.7 Various reporting mechanisms are in place as well as datasets which supports the ongoing understanding of performance against the agreed targets.

This includes:

- Daily management and reporting of 'RAG' status across all sites;
- Weekly Dundee Oversight Report detailing performance across Partnership services including delayed discharge;
- Weekly Tayside level 'Discharge Without Delay' key measurement;

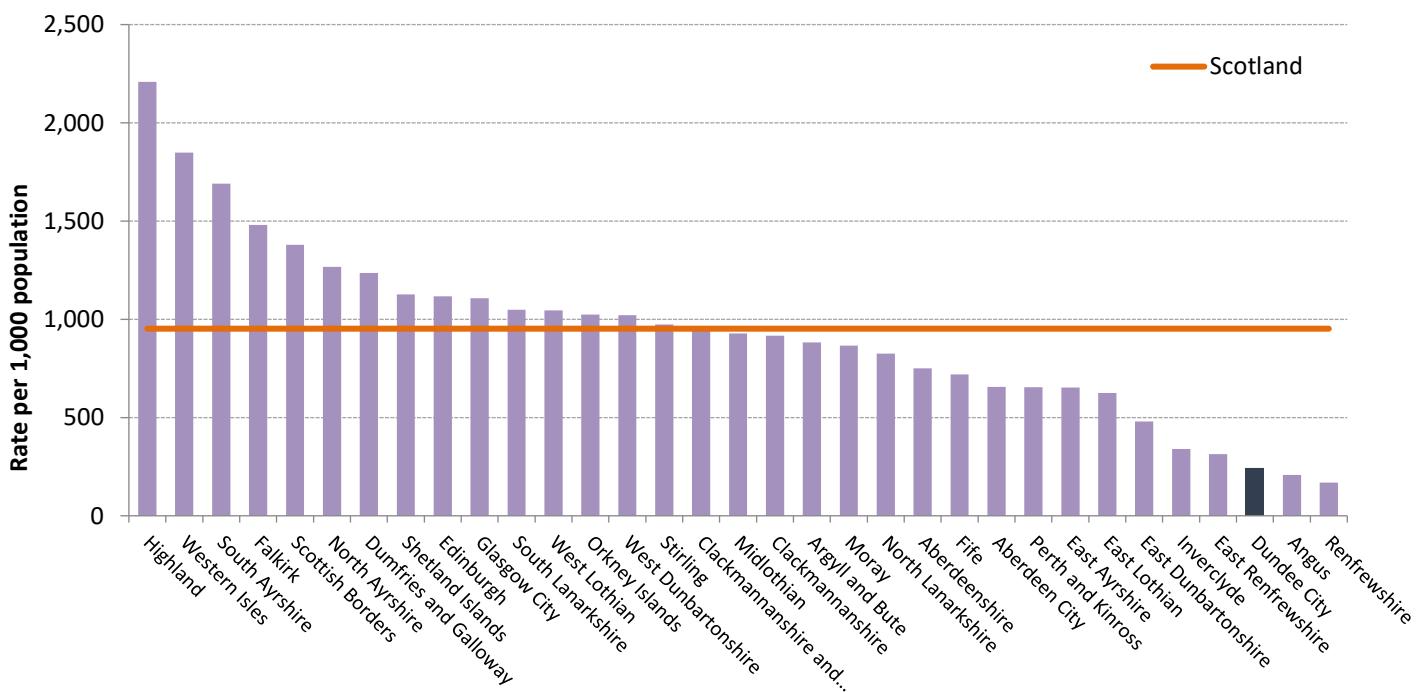
- New weekly community/access point performance report completed by Health & Business Intelligence Unit containing Dundee Frailty at Home data; and,
- Community hospital length of stay data pack monthly.

In addition, on a weekly basis a snapshot report of the delayed discharge position in Dundee is provided to the Dundee Health and Social Care Partnership Chief Officer, the NHS Tayside Chief Operating Officer and other key senior staff across Dundee Health and Social Care Partnership and NHS Tayside. This information is used to maintain an ongoing focus on enabling patients to be discharged from hospital when they are ready as well as to inform improvements.

5.0 CURRENT PERFORMANCE TOWARDS NATIONAL INDICATORS

5.1 The National Indicator is 'Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population' and the chart below presents the 2024/25 annual performance for every HSCP.

Chart 1 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population 2024/25



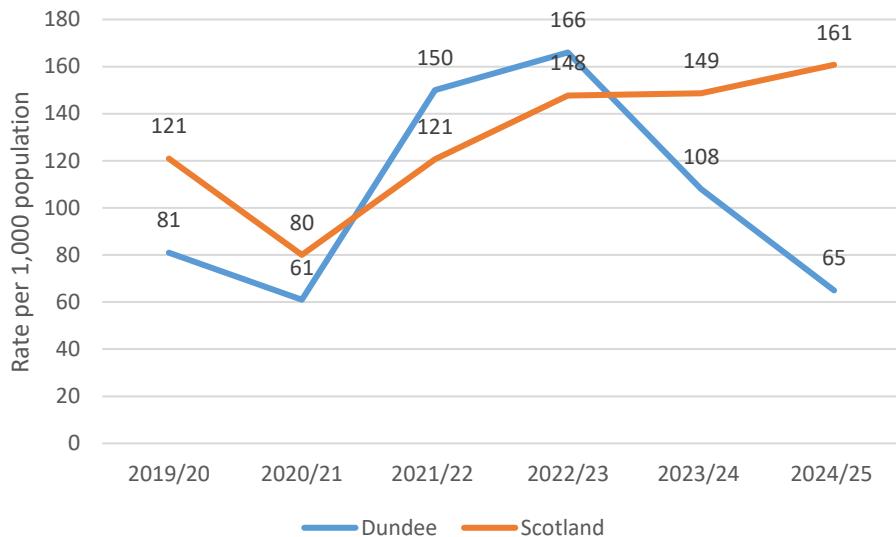
5.2 Dundee performs well against the National Indicator and is 3rd best in Scotland with a rate of 244.6 per 1,000 population compared with the Scotland rate of 952.3 per 1,000 population.

5.3 Longitudinally, Dundee performance has fluctuated but for every year except 2021/22 performance has been better than Scotland.

5.4 Dundee's performance broken down by Local Community Planning Partnerships and complex and non-complex delays is monitored quarterly and included in the PAC Quarterly Performance Reports.

5.5 In addition to the National Indicator, HSCPs are monitored against an Indicator agreed by the Ministerial Strategic Group and this monitors the rate of bed days lost per 1,000 of the 18+ population. This data is also monitored quarterly and included in the PAC Quarterly Performance Report.

Chart 2 Delayed Discharge Bed Days Lost per 1,000 18+ population



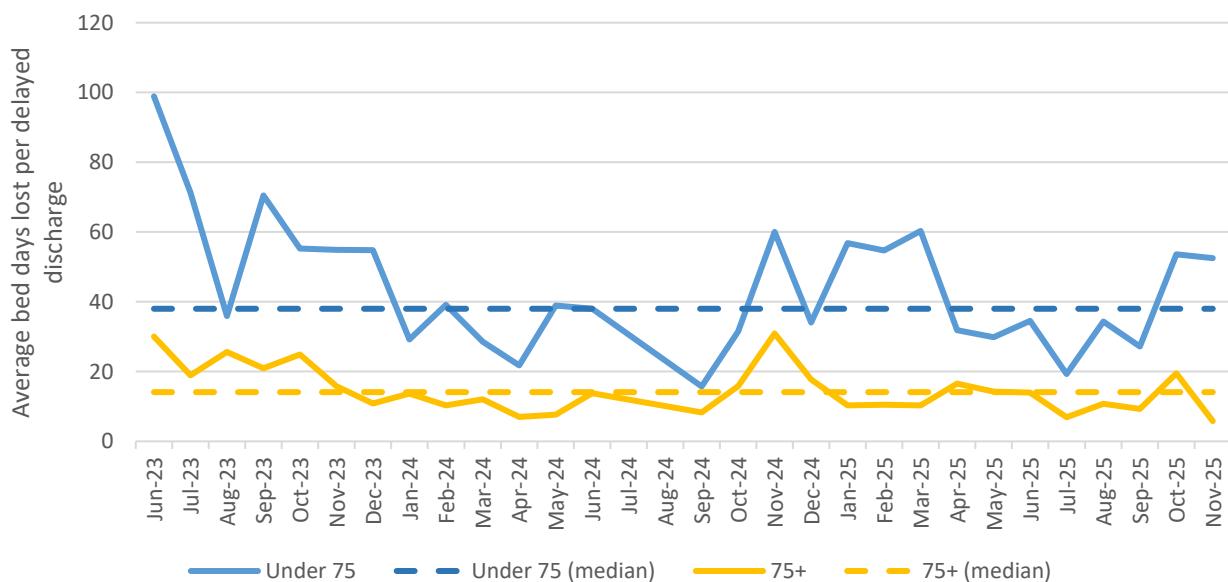
Source: NSS PHS Scotland

5.6 Comparing 2024/25 performance with the 2019/20 baseline shows an improved performance in Dundee whereas a poorer performance for Scotland as a whole.

6.0 Average Duration of Delay

6.1 As part of the further development of monitoring and reporting data, current analysis is focusing on the average duration of delay based on type, age group and location.

Chart 3 Average Duration of Delay by Age Group in Days



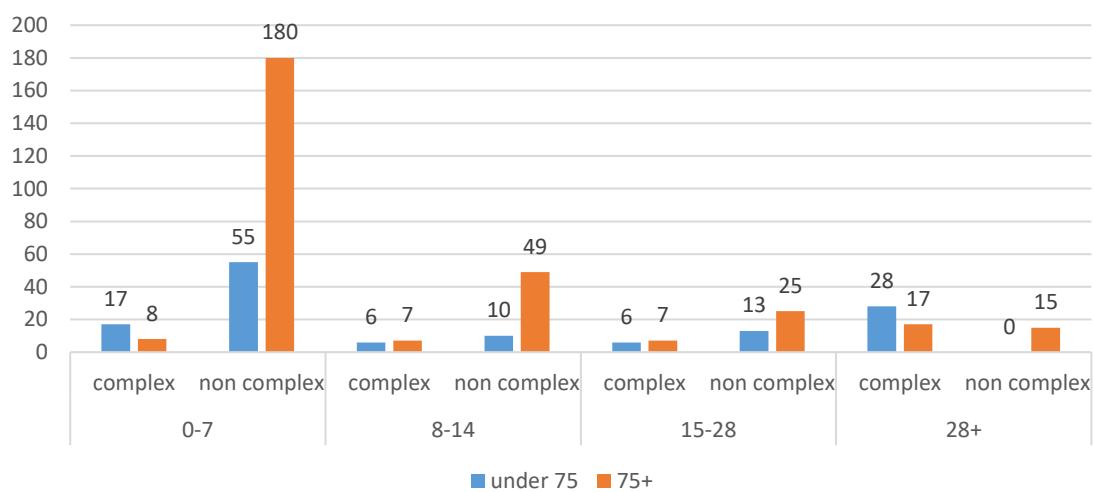
Source: Health and Business Intelligence Unit NHS Tayside

6.2 Chart 3 illustrates the average length of delay per month. Using the data available between June 2023 and November 2025, the median length of delay for people under 75 is 38 days. This reflects the complexity often associated in the younger adult inpatient population, particularly within General Adult Psychiatry and Learning Disability. Of note there also is an increase in younger adults in the acute hospital who have more complex needs and therefore longer delay.

6.3 The median length of delay for people over 75 is 14 days, reflecting the improvement work which has taken place to maximise capacity within social care services which largely supports discharge of older adults within the acute hospital. Of note will be the likely impact on this performance when the social care budget overspend is addressed.

6.4 Chart 4 illustrates that the majority of delays greater than 28 days are within the complex delay category, whereas non-complex delays tend to be shorter.

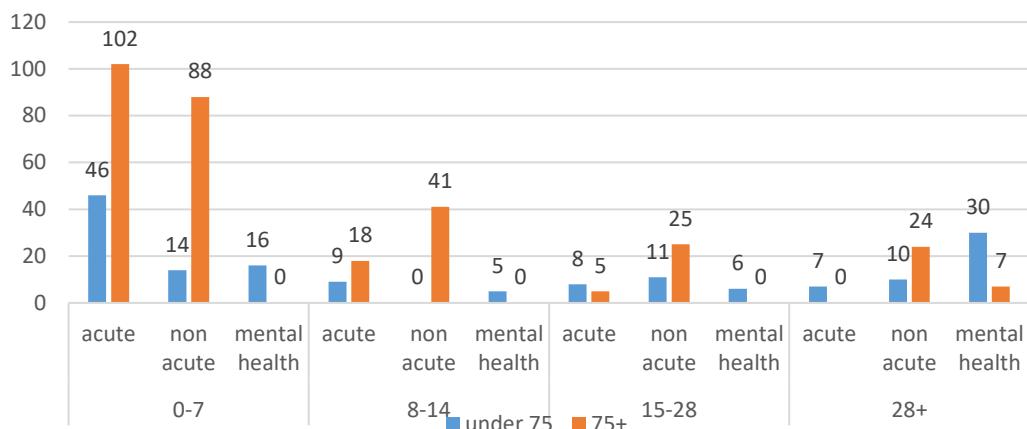
Chart 4 Average Duration of Delay by Type and Age Group September 2024 – November 2025



Source: Health And Business Intelligence Unit NHS Tayside

Note: Values <5 were rounded down to 0 for GDPR purposes

6.5 Chart 5 Average Duration of Delay by Age and Location

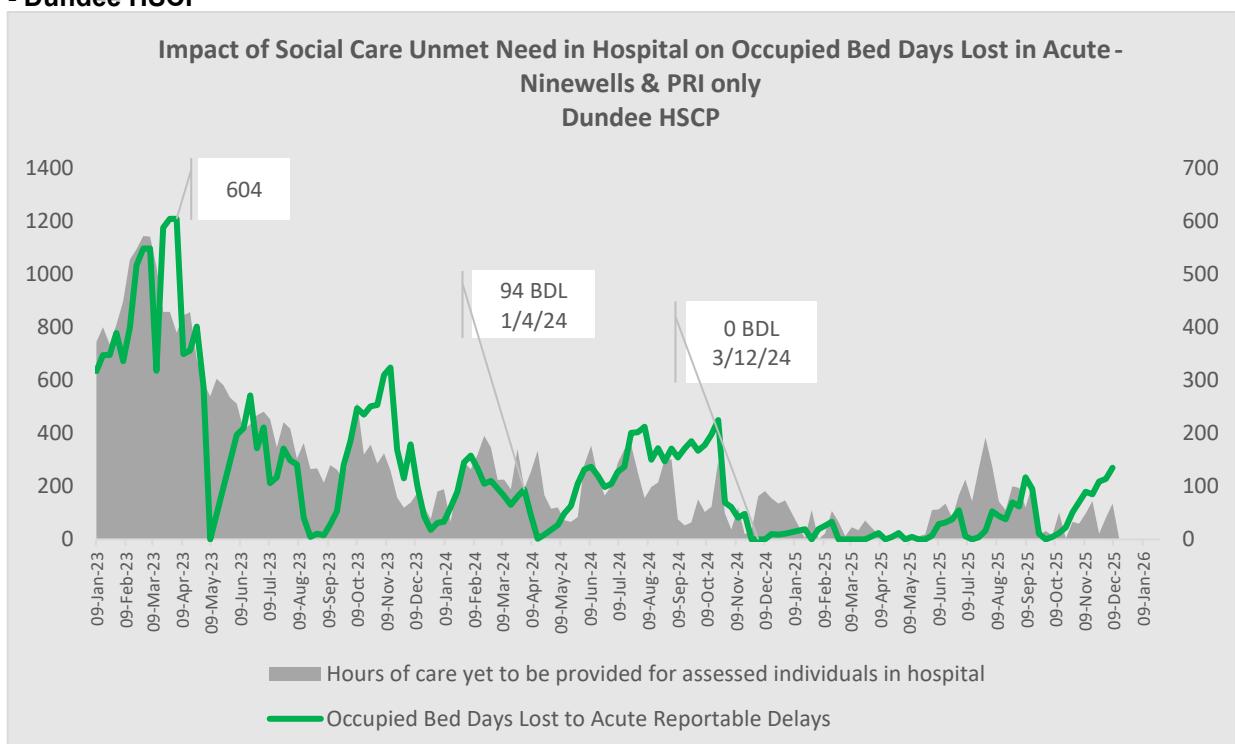


Source: Health and Business Intelligence Unit NHS Tayside

Note: Values <5 were rounded down to 0 for GDPR purposes

7.0 As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost due to delayed discharges demonstrates a longitudinal decrease. In April 2023, 604 acute bed days were lost due to reportable delays, compared to 94 in April 2024. This performance continued to improve to zero bed days lost in the acute hospital in early December 2024, however increases in unmet need have resulted in an increase in bed days lost.

Chart 6 Impact of Social Care Unmet Need on Bed Days Lost Delayed in Acute Hospital - Dundee HSCP

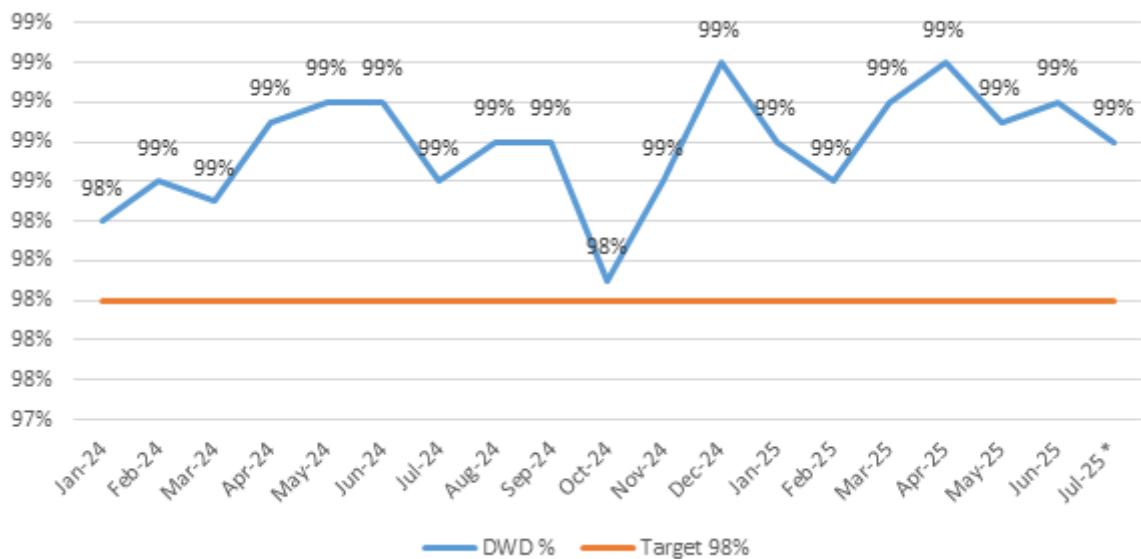


7.1 At 9 December 2025, there were 135 bed days lost to delayed discharges, showing the impact social care unmet need has on delays within the hospital system. However, efficiency gained through implementation of the Discharge Without Delay principles has continued to result in a slower deterioration in performance than the national position.

8.0 Discharge Without Delay

8.1 The majority of discharges across the whole system take place without delay. Chart 7 illustrates that Tayside has consistently performed at or above the 98% national performance target.

Chart 7 Discharge Without Delay (DWD) as a % of all Discharges (Tayside)



9.0 Key Outcome Focussed Actions

9.1 Partnership services are continuing to focus on the following areas to support further improvement:

- Continue to implement agreed actions identified within the Strategic Commissioning Plan.
- Expansion of Dundee Frailty at Home service with the aim of providing care closer to home in the form of advanced clinical assessment of frailty as an alternative to admission wherever appropriate. This will support (UUC) Board Optimising Access workstream aimed at reducing hospital presentations by 5%. This contributes to the wider Tayside Flow Navigation Centre Plus (FNC+) model in development.
- Continue to maintain and sustain GREEN RAG status for delayed discharge performance towards the suite of improvement measures across urgent and unscheduled care.
- Now that the Medicine for the Elderly Medical Team is aligned to GP clusters and Dundee Frailty at Home Team, there is a suite of improvement measures targeted at reducing harm caused by polypharmacy and creating 'virtual wards' to support primary care.
- Development of suite of performance measures for community urgent care services to track expansion progress in relation to the targets set by Scottish Government and to evidence quality indicators e.g. all patients within the service having a RESPECT conversation documented
- Targeted work to reinvigorate GP cluster meetings as a means of returning to 'early intervention and prevention' approach.

- Royal Victoria Hospital improvement plan in place and target of upper quartile length of stay set in all Medicine for the Elderly wards.
- Target Operating Model for Stroke Neuro Rehabilitation Unit now fully operationalised.
- Senior Nurse UUC leading on Optimising Flow workstream targeted at achieving upper quartile length of stay in all ward areas in Tayside.
- Frailty unit bed base has been increased and now provides opportunity for specialised frailty assessment for all frail patients in Dundee with developing links through Dundee Frailty at Home (DFAH) and into the GP clusters through virtual wards activity.
- Recruitment to additional inpatient Frailty ANPs to support the flow of frail older adults across the whole system pathway with the aim of reducing length of stay and promoting provision of care and treatment at home.
- Collaborative work across the acute, step down and community areas to develop a virtual advanced practice team approach to the management of capacity and flow, with the aim of 'right person, right place, right time'.
- Commissioned social care service (D2A) working with multidisciplinary team in Frailty Unit with aim of supporting early discharge and achieving zero delays in this area.
- Reinvigoration of Discharge to Assess model across the wider hospital as a means of minimising care home admissions and maximising social care efficiency/outcomes for people.
- Redesign of AHP services across whole system patient pathways
- Plan to add 2 Frailty Practitioners from an occupational therapy and physiotherapy professional background to the DFAH service
- Process mapping exercise commissioned and Centre for Sustainable Delivery improvement visit undertaken which will inform plans for further efficiency/improvement this year, particularly in relation to primary care.

10.0 POLICY IMPLICATIONS

10.1 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.

11.0 RISK ASSESSMENT

Risk 1 Description	Every unnecessary day in hospital increases the risk of an adverse outcome for the individual, drives up the demand for institutional care and reduces the level of investment that is available for community support.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Daily review of all delays. - Range of improvement actions underway to reduce risk of delays.
Residual Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)
Planned Risk Level	Likelihood 2 x Impact 5 = Risk Scoring 10 (High Risk)

Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.
Risk 2 Description	Financial recovery plans for 2025/26 will impact on performance in relation to unscheduled care, including reduced levels of performance for delayed discharge.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (Extreme Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continuous monitoring of unscheduled care performance (as described in section 4). - A range of actions have been progressed by Care at Home Services to maximize the efficiency of the service. - The financial recovery plan for 2025/26 is subject of governance oversight, including risk assessment, meaning that impact on performance will be visible to IJB members.
Residual Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Planned Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (Extreme Risk)
Approval recommendation	The PAC is recommended to accept the risk levels with the expectation that the mitigating actions are taken forward.

12.0 CONSULTATIONS

12.1 The Chief Finance Officer, Head of Health and Community Care and the Clerk were consulted in the preparation of this report.

13.0 BACKGROUND PAPERS

13.1 None.

DAVE BERRY
CHIEF OFFICER

DATE: 19 DECEMBER
2025

Lynne Morman
Service Manager, Urgent & Unscheduled Care

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

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ITEM No ...9.....



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 4TH FEBRUARY 2026

REPORT ON: CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC10-2026

1.0 PURPOSE OF REPORT

1.1 The third annual progress report on the City Plan for Dundee 2022-2032 was considered and agreed by the Dundee Partnership in September 2025. The Dundee Partnership Management Group committed to bring updates to their individual organisations for noting.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress made since the first report on the City Plan for Dundee 2022-32 in October 2023 (section 5 and appendix 1).

2.2 Notes that the Strategic Leadership Groups will review performance indicators that have deteriorated and take measures to improve these going forward.

2.3 Remits the Health and Social Care Partnership Leadership Team and Strategic Planning Advisory Group to monitor Dundee Health and Social Care Partnership's commitment and inputs to delivering actions supporting this plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. CPPs were required to prepare and publish a ten-year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is the current term to describe the document previously known as the single outcome agreement. In Dundee, the LOIP is known as the City Plan for Dundee.

4.2 The Dundee Partnership published its first City Plan in late 2017 for the period, 2017 to 2026. The Plan fully reflected the Scottish Government's guidance for CPPs by:

- Using our understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee.
- Focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3 and 10-year improvement targets.

- Acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services.
- Preparing locality plans which show how we will collaborate with communities to respond to their priorities.

4.3 When the first plan was agreed it was also highlighted that the City Plan would run on a five-year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the IJB, public bodies, and the Scottish Government in relation to Community Planning and Best Value.

4.4 The new City Plan for Dundee 2022-2032 was agreed by the Dundee Partnership in September 2022 and reported to the IJB in October 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers). The first annual report on this was published in October 2023.

5.0 PERFORMANCE AND PROGRESS

5.1 The City Plan for 2022-2032 focusses on a small number of priorities and sets targets which are reviewed annually. Monitoring continues in the same way as previously, showing whether they are on or close to target and whether they are showing a long-term improving trend.

5.2 The summary of the City Plan performance by priority theme in the table below shows that overall, 73% of the performance indicators have improved when compared to the previous year. The Plan contains ambitious targets and 14 of the 30 indicators have met or are within 5% of the target.

Priority Themes	Number of Indicators on or within 5% of Target	Number of Indicators that have improved over the previous year
 Reduce Child Poverty and Inequalities in Incomes, Education and Health	7* (58%)	10 (83%)
 Deliver Inclusive Economic Growth (including Community Wealth Building)	6 (40%)	11 (73%)
 Tackle Climate Change and reach Net Zero Emissions by 2045	1 (33%)	1 (33%)
Total Improved		14 (47%)
Total Number of Indicators		30

*Please note the number of drugs deaths indicator in this theme has a target of reduce rather than a numerical target so won't be counted in those on or within 5% of target

5.3 The purpose of this type of reporting is to ensure focus on delivering the levels of improvement on key measurable outcomes. The Dundee Partnership Management Group reviews all areas to ensure all plans help towards the priority outcomes. Looking across the total number of indicators in the appendix, the most improved indicators and the areas for improvement are noted below. The areas for improvement will be a focus for the Strategic Leadership Groups during the next year.

The indicators showing the most improvement so far are:

1. % care experienced school leavers entering positive destinations (41% increase)
2. % point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (29% decrease) *figure for 24/25 is an interim figure

3. Number of Business Gateway start-ups per 10,000 population (19% increase)
4. % point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas (11% decrease) *figure for 24/25 is an interim figure
5. Youth Unemployment rate (16-24) (9% decrease)

The top five performance indicators that are furthest away from target with no improvement on the year before are listed below.

1. City Centre retail units vacancy rate (%)
2. Number of workless households
3. Active travel (walking and cycling) as a proportion of trips to work
4. Proportion of people earning less than the real living wage
5. % of Primary 1 children classified as obese or overweight

5.4 Actions and indicators that are most closely aligned with adult health and social care functions are contained within the priority theme 'Reduce Child Poverty and Inequalities in Incomes, Education & Health'. While the number of drugs related deaths has demonstrated improvement in the last year, the rate of emergency admissions where the primary cause of the admission is mental health has increased (from 2.9 last year to 3.3 this year, although the long-term trend continues to show a reduction in rate). The current actions related to these indicators have been completed and will require to be reviewed and updated as part of the refresh of the City Plan due to take place during 2026.

5.5 The appendix attached is the full report setting out progress in detail. It includes the following sections:

- Introduction (page 3)
- Background (page 4)
- Progress Summary for 2024/25 (pages 6-7)
- Areas for Improvement - progress from 2023/24 and new areas for 2025/26 (pages 8-11)
- Reduce Child Poverty and Inequalities in Incomes, Education and Health (pages 12 to 31)
- Delivery Inclusive Economic Growth (pages 32 to 48)
- Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045 (pages 49 to 56)

The sections covering the three priority themes all include the following sub-sections:

- Strategic Highlights from last year
- Action in progress for completion in 2025/26
- Priorities in Action
- Performance Scorecard

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 actions and indicators contained within the City Plan 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 their Strategic Commissioning Framework (which has overlap with the content of the City 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)	<ul style="list-style-type: none"> - Dundee HSCP provides senior management representation to all the relevant groups within the Dundee Partnership. - Through the HSCP structures there are existing action plans to improve performance in areas such as drug and alcohol and mental health. The IJB's own Annual Performance Reports demonstrates improvements in quality of services and examples of impacts on service users. - The PAC receives regular datasets regarding key areas contained within the City Plan, including drug and alcohol services and mental health services.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk 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 Dundee Partnership Management Group, Co-Chairs of the Strategic Leadership Groups, The Clerk and the Health and Social Care Partnership Leadership Team were consulted on the contents of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 11 January 2026

Clare Lewis-Robertson
Lead Officer

Peter Allan
Community Planning Manager, Dundee City Council

DUNDEE
PARTNERSHIP

City Plan

for Dundee
2022-2032

Annual Progress Report 2024-25



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Introduction

by the Chair of the Dundee Partnership

The Dundee Partnership brings together all the public, private and voluntary organisations who work to shape our city and the lives of people who live, work, learn and visit here. Our City Plan is the document that sets out our vision for Dundee and the action we will take to deliver that.

This is our annual report for 2024/25. It shows that we are making progress even while we have so much more to do to achieve our ambitions for Dundee. Despite the challenges we face, we continue to aspire to the challenging but realistic goals we have agreed - to grow our economy in a way that benefits everyone; to reduce the unacceptable levels of child poverty and the other social injustices we see around us; and to make our contribution to slowing down the impact of climate change.

In this report you will find examples of the excellent work happening in Dundee as well as the areas where we know improvement is needed. It tells a story of how determined we are to make Dundee a city we can all be proud of and enjoy.

Councillor Mark Flynn
Chair of the Dundee Partnership
& Leader of Dundee City Council



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Background

The Dundee Partnership acts on the behalf of all the city's communities and the public, private and voluntary organisations committed to making it better. It is where our collective hopes and ambitions for Dundee come together.

The Partnership is well respected locally and across Scotland and has imagined and delivered many acclaimed projects. At the same time, the Partnership is acutely aware that the real success of the city is unequally shared. Too many Dundonians continue to experience inequalities in different aspects of their lives such as health, education and income. We must change that.

We will grow the city and make it more sustainable economically and environmentally, but we also need to continue to grow our city in ways that reduce inequality. Our ambitions are captured in the vision for the city that was agreed by the full Dundee Partnership in summer 2022.



The three strategic priorities provide the framework for our action plans, that reflect both the needs of our population and the aspirations of our communities, with the overall aim of reducing deprivation and inequalities, as follows:



Progress Summary

2024-2025

The table below shows that overall 47% of the performance indicators in the City Plan are on or within 5% of the target. The table also shows that overall 73% of performance indicators improved when comparing the latest figure to the previous year.

Table 1: City Plan Performance indicators

Priority Theme	Indicators on or within 5% of Target	Indicators that have improved over previous year	Total Indicators
 Reduce Child Poverty and Inequalities in Incomes, Education and Health	7*	10	12
 Deliver Inclusive Economic Growth (including Community Wealth Building)	6	11	15
 Tackle Climate Change and reach Net Zero Emissions by 2045	1	1	3
Total	14 (47%)	22 (73%)	30

*Please note the indicator "Number of Drugs Deaths" which is contained within the "Reduce child poverty and inequalities in incomes, education and health" theme does not have a specific numerical target associated with it – the target is to reduce.

Graph 1 shows the progress of all the actions contained in the City Plan. The percentage complete is a self-assessment of the progress of the individual actions contained in each theme of the plan. Officers who are assigned each action are advised to use the following guidance when assessing the progress of their action.

%	Definition
20%	The task is defined and agreed by relevant partners/stakeholders
40%	Necessary tasks planned and implementation in early stages
60%	Number of key actions achieved/agreed process or improvement taking shape or in place or underway
80%	Majority of actions achieved/agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule
100%	Action has been completed, and objectives have been achieved

City Plan Action Progress

Graph 1 below shows the majority of actions are in progress which means someone has been assigned, briefed and already taken steps towards achieving the action. Of the 37 actions in the City Plan, 7 (19%) have been completed, with 17 actions (46%) making progress of greater than 50%. Thirteen actions (35%) have made progress of between 20% and 50% which is not unexpected three years into a ten year plan.

Graph 1: City Plan Actions Progress



Areas for Improvement

This annual report addresses the third year of an ambitious ten-year plan and reflects the progress in the year 2024/25. Progress in some areas may therefore be modest and demonstrate the significant challenges ahead given the difficult social and economic context that currently exists.

Updates on areas for improvement identified in the 2023/24 annual report:

The following table shows the performance indicators which were highlighted as areas for improvement in the 2023/24 City Plan Annual Report. Whilst work continues to implement actions to address these areas, we acknowledge that there are areas where greater progress is needed and must be pursued.

Areas for improvement	
Performance Indicator	Latest Position
% of young people 16-24 who are unemployed	Statistics published on the NOMIS website reported in the period January to December 2024, the youth unemployment rate in Dundee decreased to 28.9% from the 31.7% reported for the period January to December 2023.
% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	<p>In 2023/24 the percentage point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5 stood at 4.3. This reduced slightly to 4.2 in 2024/25.</p> <p>Improving attendance remains a key priority as one of our stretch aims for the Strategic Equity Fund. The Scottish Government is now producing fortnightly attendance data, published at local authority level and supplied to us at school level. We are supplying our schools with an analysis of the data to enable them to track absence and attendance.</p>

Areas for improvement	
Performance Indicator	Latest Position
% of working age people with no qualifications	In 2023/24 it was reported that 7.7% of working age people in Dundee had no qualifications. This improved slightly to 7.2% in 2024/25. Whilst there has been a year on year reduction in the percentage of working aged people with no qualifications, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership.
Rate of emergency hospital admissions where primary cause of admission was regarding mental health	In 2023/24 the rate of emergency hospital admissions where the primary cause of admissions was regarding mental health stood at 3.58 this decreased to 3.3 in 2024/25. This equates to an improvement of 7.8%.
% of the Dundee Workforce in employment	In 2023/24, 63.7% of the working age population in Dundee were in employment. This increased to 69.1% in 2024/25. This indicator has been the subject of ongoing monitoring by the Inclusive Economic Growth Strategic Leadership Group since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit that the current rate remains below target and below the Scottish average.

The following indicators were identified as areas for improvement in the 2023/24 report and have again been highlighted as areas for improvement in this year's annual report.

- % active travel (walking and cycling) as a proportion of trips to work
- Percentage of Primary 1 children classified as obese or overweight.

Current Areas for Improvement

Based on analysis of performance against targets in the City Plan, the following performance indicators are furthest away from target with no improvement on the year before. A summary of what has been done to improve performance in these areas will be reported on in next year's annual City Plan report.

Current Areas for Improvement	
Performance Indicator	Reason why this has been selected as an area for improvement
City Centre retail units vacancy rate (%)	City Centre vacancy rates increased from 17.7% in 2023/24 to 19.8% in 2024/25. The Council remains committed to bringing vacant spaces in town and district centres back to life to make Dundee a vibrant city centre. The Council's City Centre Strategic Investment Plan sets out our ambitions for the development of the city centre up to 2050. The Council is making significant strides to improving public spaces, including pedestrian areas and green spaces to make the city centre more attractive.
Number of workless households	The data for this performance indicator is sourced from the ONS Annual Population Survey the latest data available is for January – December 2023. It was reported that there were 14,300 workless households in Dundee during this period - an increase from 10,300 reported in the period January to December 2022. Reducing the number of workless households in the city is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase, however it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.
Active travel (walking and cycling) as a proportion of trips to work	The data for this performance indicator is sourced from the Scottish Household Survey. The latest data relates to the 2023 survey which was published in 2024. This showed that 13% of respondents in Dundee stated that they used active travel (walking and cycling) as a proportion of trips to work. This decreased from 18% in the 2022 survey.

Current Areas for Improvement

Performance Indicator	Reason why this has been selected as an area for improvement
Proportion of people earning less than the real living wage	<p>The provisional proportion of people earning less than the real living wage reported in the ONS Annual Survey of Hours and Earnings 2024 was 12% in Dundee this increased from 9.8% which was reported in the 2023 Survey. The Dundee figure for 2024 is higher than the Scottish proportion which stood at 11.4%.</p>
% of Primary 1 children classified as obese or overweight	<p>Figures from Public Health Scotland reported that the percentage of Primary 1 pupils in Dundee who were classified as being obese or overweight stood at 25.1% in 2023/24 this increased from 23.8% in 2022/23. The situation remains a significant concern, both in Dundee City and across Scotland, as levels remain stubbornly high and are greater than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation families are living with food insecurity which has widespread impact, including increasing the risk of poor diet quality and obesity and further driving the socioeconomic inequalities in child healthy weight.</p>

Reduce Child Poverty and Inequalities in Incomes, Education & Health



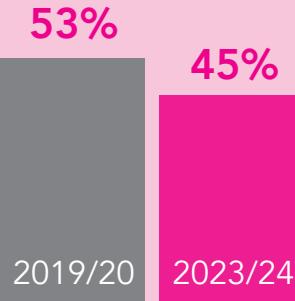
“Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.”

100%

of care experienced school leavers entered a positive destination in the period 2023/24.



Percentage gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas reduced from 53% in 2019/20 to 45% in 2023/24



91.3%

of 16-19 year olds in Dundee were participating in Education, Employment or Training.



Strategic Highlights

- The 2024-25 Fairness and Local Child Poverty Plan Report was agreed by the City Governance Committee in June 2025. In preparing the report, there were engagement sessions with key services and Dundee Fighting for Fairness to review the existing actions, assess progress and set new priorities. The report highlights that we remain committed to tackling child poverty and promoting fairness across the city. For more detail the report can be found on the [Dundee City Council website](#).
- Locality based work has continued to provide a strong drive to tackling child poverty through the Fairer Futures Partnership in Linlathen & Mid Craigie, and the Local Fairness Initiative in Stobswell West and Linlathen.
- Our Advice Strategy continues to guide progress in maximising the incomes of our citizens, most recently through targeted outreach to older people on Pension Credit and other relevant benefits.
- The Mental Health and Wellbeing Strategic Plan for 2024-27 aims for Primary Care to enable people to receive the support at the right time and in the right place.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following action within this theme has been completed since last year's report:

- Promote the uptake of concessionary travel scheme for young people, ensuring quick and easy access to entitlement.

There are 10 actions in this theme which have progress greater than 50%:

- Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers.
- Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West.
- Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready.
- Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education.
- Ensure maximum take up of all UK and Scottish Welfare Benefits.
- Implement the new advice strategy for Dundee and maximise provision.
- Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty.
- Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered.
- Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas.
- Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach.

Priorities in Action

Fairer Futures Partnership in Linlathen and Roll Out

A targeted door knocking and outreach approach has engaged 272 families in Linlathen, supporting them through targeted interventions and self-identification. There are 313 children in these households including 48 aged under four. Key workers provide support with advocacy, access to services, and follow-up checks. In Mid Craigie, targeted outreach has so far reached 91 out of 98 identified families receiving Housing Benefit and Council Tax benefit with no earned income. Additionally, 161 other households in Mid Craigie sought support, totalling 252 families and 236 children.

Since October 2022, the multi-agency drop-in has assisted with 4,426 concerns including energy support (1,535), benefits / cost of living support (1,158), employability/upskilling (660), and housing issues (373). Support has also been provided for domestic abuse, mental health crises, and emergency needs.

Of the 660 visits that involved employability / upskilling support provided mainly by adult and youth employability teams, 394 job related calculations were provided, leading to employment or college placements for some individuals. Linlathen families have made financial gains of £190,256 and Mid Craigie families £72,273 from successful job offers.

Financial Outcomes from the Child Poverty Pathfinder drop-ins include:

- Linlathen families received additional financial support totalling £278,403 from earned income and other sources. Benefit uptake added £93,891.
- Mid Craigie families received additional income totalling £117,145 and benefit gains of £49,524.
- Due to the 'no wrong door' approach, 768 families from other localities attending the drop-in gained £619,029 from non-benefit sources and £141,352 from benefit sources.

Local Fairness Initiative in Linlathen and Stobswell West

The Local Fairness Initiative (LFI) aligns with the Dundee City Plan 2022–2032, targeting improvements in income, health, and wellbeing by addressing the three key drivers of child poverty. The LFI brings together local partners, coordinated by Dundee City Council, including other public sector entities, third sector organisations, community groups, and local residents, to reduce the financial pressures on families in the community. Part of this has been achieved through income maximisation efforts that have put tens of thousands of pounds into local households. Employability support through the LFI (and the Fairer Futures Partnership in Linlathen) is another aspect of the initiative that has helped a number of people to gain additional income. Additionally:

In Linlathen:

- A whole-family approach to tackle intergenerational worklessness and build long-term resilience. This includes barrier-free access to employment support, including flexible childcare and outreach to families with no working adult.
 - Forty-four children are utilising a new, free out-of-school care service.
 - 103 individuals have been supported into employment city-wide via the Linlathen Works drop-in; included in these are 27 from Linlathen, 10 from Mid Craigie.
- 31 residents accepted college places, with additional accredited courses delivered locally through the D&A College Community Project to help increase uptake and confidence.
- There have been 456 visits to the drop-in for employability / upskilling, and 327 better-off-in-work calculations provided.
- 60 volunteers contributed 6,432 hours, with several progressing to employment, college, or university.
- Continued collaboration with D&A College, Discover Work, and Community Learning Development (CLD) to embed employability into wider wellbeing strategies.
- A comprehensive programme of external wall insulation and other energy efficiency measures aims to lower energy bills for many households in the area.
- New community groups have been formed and are working on making positive changes in the area. These include offering free local family activities during the day and evenings, creating a local litter picking hub, and collaborating with services to address local community priorities.
- DCC allocated £60,000 for active play trails for children at three sites within the area, with the local community collaborating in designing and establishing these.
- Close liaison with the Fairer Future Partnership has enabled both initiatives to support each other with their linked aims around increasing household incomes.

In Stobswell:

- A new multi-agency drop-in service, coordinated by Dundee International Women's Centre (DIWC) was launched in May 2025. It provides coordinated access to employability, housing, income maximisation, wellbeing support and more.
- The Stobswell Connect Shop, Arthurstone Library, Boomerang Community Centre and Morgan Academy are active hubs for community engagement and service delivery.
- A dedicated coordinator has been appointed to support partnership development, stakeholder engagement and data-informed service planning in the area.

- A collaborative employability offer involving DCC Employability Team, CLD and All in Dundee has been put in place. This offer is designed to provide holistic and accessible support for individuals in Stobswell West, ensuring they have the resources and guidance to succeed. This includes:
 - Key Worker Support at Morgan Academy providing weekly support for young people and parents, aligned with the Positive Destinations Framework.
 - Weekly Drop-in Support sessions.
 - A Job Shop at Arthurstone Library every Thursday.
 - 1:1 full-time tailored employability guidance.
 - Taster Sessions, Employability Academies and SQA Qualifications covering career exploration and job readiness.
 - Targeted employer engagement, creating local job opportunities.
 - CLD's Skills for Life – Introduction to Employment, supporting young people with essential job market skills.
 - All in Dundee's Enable Works providing drop-in support, health and wellbeing workshops, and practical employability sessions.
- Events such as a Volunteering Information Day have encouraged local involvement and strengthened community ties.
- Collaboration with Columba 1400 is helping to shape the long-term development of the initiative.

Concessionary Travel for Young People

By the end of March 2025 there were 24,309 Under 22s with a National Entitlement Card (NEC) that incorporates free bus travel. This is 81% of the Dundee 5-21 year old population. Systems are in place to increase and maintain the take up of NEC by Under 22s for free bus travel. In addition to the Scotland wide Get Your NEC (GYNEC) page, specific application routes in Dundee include:

- Customer Services support either face to face by appointment or over the telephone, with drop off points available for evidence in support of applications.
- The Parents Portal has been adopted and rolled out in Dundee.
- Schools offer support to apply but also signpost young people to use GYNEC and Parents Portal.

Reaching out to entitled young people that have not yet acquired a free bus pass will continue.

Dundee: Living Wage City

The Making Dundee a Living Wage City Action Group actively promoted the Living Wage initiative at the Meet the Buyer Event in March 2025, where they hosted a dedicated stall. The event attracted over 600 attendees, providing an excellent opportunity to engage with local businesses, suppliers and stakeholders about the benefits of Living Wage accreditation. Participation reinforced Dundee's ongoing commitment to being a Living Wage City, ensuring that fair pay remains at the heart of our city's economic growth and business practices.

The Promise – Implementing Recommendations

The 'Our Promise Annual Report' submitted to Elected Members in October 2024 illustrated significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people. The service continues to build capacity across kinship, foster care and local residential care options. The Fostering, Adoption and Continuing Care Service recently improved inspection grades across all three categories. Three of the seven Children's Houses have recently been inspected and two were graded Good and Very Good. The other had experienced challenges and the team at that location continues to receive support with making improvements.

Welfare Benefit Uptake

The Pension Credit / Council Tax Reduction take-up campaign, delivered by Council Advice Services working with Dundee CAB, began on 22nd February 2024 after extensive planning to identify potential recipients. In the sixteen months following its launch, engagement with 612 older people has taken place and led to £3,420,336 in financial gains (as at 25/6/25). The latest Council Advice Services benefit gains for 2024/25 now total £17,008,442, a 37% increase on the previous year.

Advice Strategy and Increased Provision

Agencies have successfully planned and implemented joint work to cover older people's benefit take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26 relating to Scottish Child Payment and Carers Benefits as well as continuing with the Older People Campaign. Recent joint work has also concentrated on the issues relating to Universal Credit Migration from Employment Support Allowance, escalation routes to Social Security Scotland and monitoring the issues faced by ex-service men in Dundee. Collating outputs in relation to benefit claim levels achieved by the various organisations in 2024/25 is currently underway.

Cash First Approach: Providing Dignified and Sustainable Poverty Support

A full programme of cash first assistance is in place at Dundee Foodbank including remote access to advice via Attend Anywhere. This backs up emergency food provision with access / referrals to financial advice services to ensure that those assisted are in receipt of all benefits they are entitled to. In turn this helps to reduce future food insecurity.

Steps are continuing to be made to invite other food organisations and larders to offer similar advice in their settings across the city. The Connect Team offer access at twelve community venues, and the Welfare Advice and Health Partnership offers support in twelve Dundee GP surgeries across the city. All services actively support a cash first approach whilst at the same time linking into the foodbank for additional emergency support.

Positive Destinations for Care Experienced Young People

Key workers in the Youth Employability Service are continuing to support Care Experienced Young People (CEYP) across Dundee into positive destinations. The young people referred to the service are offered bespoke 1:1 support to address their needs and aspirations, enabling creation of action plans with them. These action plans address topics including; CV creation, job applications, college applications, accessing training or preparing to join the workforce. This helps the young people feel ready to enter a positive destination, whether that be work, education or training. When an individual has entered a positive destination, they continue to receive aftercare support from their key worker, which helps them to sustain their progress.

Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas

Insight data tells us that of the fifteen looked after children who left school in session 23/24 all of them were in a positive initial destination. There were 616 leavers in 2023/24 living in SIMD Quintile 1. Of these, 93.2% went on to initial positive destinations, slightly lower than the national average of 93.6% but higher than Dundee's benchmarking virtual comparator figure of 92.3%.

The Skills Development Scotland participation measure for 2025 reported that 87.3% of Dundee's 16-19 years olds living in SIMD Quintile 1 were participating in education, employment or training. This was lower than the Scottish figure which stood at 88.8%.

MCR Pathways: Mentoring Our Young People

The programme is currently under review, and as such, there may be changes soon including that group work will no longer be included in the programme. However, staff met with MCR Pathways leads in August to evaluate and plan the most effective way forward. This meeting focused on maximising support for participants, discussing recruitment strategies, and addressing ongoing recruitment efforts across sectors.

Work Experience for Young People

Engagement continues with all secondary schools with the Startup Sherpas Real Work platform which provides live paid work experience opportunities for young people. A new cohort of Career Ready participants launched in November 2024 with 64 young people involved. They will all be engaged in a four week paid internship in Summer 2025.

A pilot programme, Pathway to Success, with St John's HS and Braeview Academy has fifteen young people engaged in a one day a week work experience related to trades - electrical, plumbing, construction, and automotive. Attendance and engagement have been very positive and feedback from all stakeholders is currently being sought. A new cohort of this programme is underway for session 25/26.

A cohort of ten young people are engaged with John Clark Motors / BOSH Training. These young people attend John Clark garages on a weekly basis, whilst also undergoing Basic Occupational Safety & Health (BOSH) training. If successful they will be offered an apprenticeship in September 2025. A further cohort of young people are currently being recruited for school session 25/26.

Dundee Mental Health and Wellbeing Strategic Plan 2024-2027

Developed during 2023/24 The Dundee Mental Health and Wellbeing (MHWB) Strategic Plan 2024-2027 recognises the unequal distribution of mental ill health. It is promoting a shift towards support being offered within local communities, so that more people can be supported where they live by accessing informal locality-based interventions and activities. The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place through staff who are knowledgeable and skilled to deliver this. This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework offering easy to access locality-based care, advice and support utilising a multi-disciplinary team.

Deliver on the Child Healthy Weight Strategy

The overall proportion of children with an unhealthy weight remains higher than pre-pandemic levels in Dundee and marked socioeconomic inequalities in child healthy weight still remain.

The Tayside Child Healthy Weight Strategy aims to address childhood obesity through a whole systems approach, involving local authorities and various partners. The strategy's first ambition is to recognize child healthy weight as a society-wide issue. However, progress has been slow due to capacity and resource challenges.

The second ambition focuses on giving children the best start in life. In February 2025, the Tayside Infant Food Insecurity Pathway was launched to provide sustainable support for parents and carers facing food insecurity, prioritizing a cash-first approach.

The third ambition aims to create an environment that supports healthier choices. This includes developing a Food and Health Padlet for schools and early years settings, which had 450 unique visitors between August 2024 and February 2025. Additionally, a multiagency working group is developing a Food and Health Framework and Policy Guidance for schools.

The strategy advocates for long-term, incremental changes through collaboration with many partners. Despite existing strategic commitments, additional support is needed to build capacity and transform current practices.

The agenda is supported by the Good Food Nation (Scotland) Act 2022, which mandates the creation of Good Food Nation Plans to achieve food-related outcomes. The proposed national plan includes indicators for monitoring child health, diet, and weight outcomes. The Population Health Framework, published in June 2025, also supports this agenda with a 10-year vision to improve health and reduce inequalities, with a focus on tackling obesity and promoting healthy weight.

Together, the Good Food Nation Act, local Good Food Nation Plans, and the Population Health Framework will support the ongoing implementation of the Tayside Child Healthy Weight Strategy.

Updates by Priority Theme

The tables below provide an update on progress towards targets and the actions being taken within each theme of the City Plan. The following legends are used within the tables.

Performance Indicator Key					
Status		Short Term Trend		Long Term Trend	
	More than 5% away from Target		Improving		Improving
	Within 5% of target		Maintaining		Maintaining
	On Target		Deteriorating		Deteriorating

Action progress symbols and stages explained	
	Unassigned - The action has been created on the system but hasn't yet had the required relevant officers assigned to it.
	<p>In Progress - Action is progressing well, on target for achieving all objectives set in the initiation phase.</p> <p>20% - The task is defined and agreed by relevant partners/stakeholders.</p> <p>40% - Necessary tasks planned and implementation in early stages.</p> <p>60% - Number of key actions achieved/agreed process or improvement taking shape or in place or underway.</p> <p>80% - Majority of actions achieved/ agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule.</p>
	Overdue - Action is still progressing; however, it has exceeded its due date.
	Completed - Action has been completed, and objectives have been achieved.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Reduce Child Poverty and inequalities in Incomes, Education & Health	5	2	4	12*	3 (25%)	11 (92%)

*The number of drugs deaths has a target of reduce as opposed to a numerical target so won't be counted within the on, within 5% or not on target columns in the above table but is counted in the overall total.

Most Improved PIs 	Most Deteriorating PIs 
% of care experienced leavers entering a positive destination	Percentage of Primary 1 Children classified as obese or overweight
% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Children living in poverty to be reduced by half by 2030*	27.1%	28.2%	26.1%	19.3%	11%			Figures for the period 2023/24 were published by End Child Poverty in June 2025. It is estimated that 26.1% of children (7,041 children) in Dundee City were in poverty after housing costs.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	% of 16-19 year olds participating in Education, Employment or Training	89.4%	90.5%	91.3%	92%	100%	▲	▲	Skills Development Scotland Published their Annual Participation Measure for 2025 on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training. It stated that of this 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.
⚠	% of 16-19 year olds participating in Education, Employment or Training from SIMD 1	84.1%	87.3%	87.3%	90%	100%	=	▲	Skills Development Scotland published their participation measure for 2025 on 26th August 2025. It was reported that 87.3% of 16-19 year olds in Dundee City living in SIMD Quintile 1 were participating in education, employment or training. This is consistent with the figure reported in 2024.
✓	% of care experienced school leavers entering positive destinations*	83%	71%	100%	93%	100%	▲	▲	Key workers in the youth employability service are continuing to support care experienced young people (CEYYP) across Dundee and support them into positive destinations.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas *	48%	49%	45%	47%	22%			Dundee City Council has seen a steady decrease in the percentage gap in tariff scores from 53% in 2019/20 to 45% in 2023/24. The percentage gap in 2023/24 is now the same as that seen nationally.
	% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	19.9%	16.6%	14.7%**	14.3%	N/A***			The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the literacy attainment gap reduced from 16.6% in 2023/24 to 14.7% in 2024/25.
	% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	16.3%	14.3%	10.2%**	13.0%	N/A***			The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the numeracy attainment gap reduced from 14.3% in 2023/24 to 10.2% in 2024/25.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
●	% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	4.3	4.3	4.2	3.1	2.2	▲	▲	The percentage point difference attendance gap between children living in SIMD 1 areas and the average from SIMD 2-5 decreased from 4.3% in 2023/24 to 4.2% in 2024/25. Pupil attendance continues to be regularly monitored.
●	% of Primary 1 children classified as obese or overweight*	26.6%	23.8%	25.1%	23.5%	14.8%	▼	▲	The situation remains a significant concern, as it does across Scotland, as levels still remain stubbornly higher than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation, more families are living with food insecurity which increases the risk of poor diet quality and obesity further driving the socioeconomic inequalities in child healthy weight.
Data Only Indicator	Number of drugs deaths****	38	46	42	Reduce	Reduce	▲	=	National Records of Scotland Drug Related Deaths in Scotland 2024 publication reported that there were 42 drug misuse deaths in Dundee City in 2024. This has decreased from 46 deaths reported in 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Rate of emergency hospital admissions where the primary cause of admission was regarding mental health	2.9	3.58	3.3	2.9	2.0			Improvement on last year, 7.8% fewer emergency admissions when comparing 2024/25 to 2023/24.
	Number of people employed by accredited living wage employers in Dundee	35,324	43,466	43,627	42,468	N/A*****			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.

* Data is a year behind i.e the latest figure and the target is for 2023/24.

** This is an interim figure for 2024/25 subject to final Scottish Government quality assurance checks.

*** Current targets are sourced from the Children and Families Stretch Aims which are set for the Scottish Government these targets don't currently go as far as the year 10 period.

**** The number of drugs deaths is a data only indicator which has a target of reduce as opposed to a numerical target.

***** A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period.

Progress of Actions

Status	Action	Progress %	Due date	Notes	Lead
✓	Increase the uptake of the under 22s free bus travel, ensuring that young people in the most deprived areas are benefitting at comparable levels to those in less deprived areas	100%	31st March 2027	This indicator will continue to be monitored and reported on via the service plan for the Chief Executive's Service.	Dundee City Council NEC Group
✓	Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services	100%	31st March 2032	In January 2023 the Alcohol and Drug Partnership (ADP) published its new five-year strategic framework and delivery plan. Implementation of the delivery plan has already begun and the ADP will now develop a specific performance framework to monitor the implementation of the plan.	Dundee Health & Social Care Partnership / Alcohol and Drug Partnership
✓	Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024	100%	31st March 2032	Strategic plans are in place to deliver mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place by skilled and knowledgeable staff.	Mental Health and Wellbeing Strategic Commissioning Group
▶	Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers	85%	31st March 2032	The Council has made significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people.	Discover Work Partnership

Status	Action	Progress %	Due date	Notes	Lead
▶	Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West	80% <div style="width: 20%; height: 10px; background-color: #f0f0f0; display: inline-block;"></div>	31st March 2032	A recent evaluation of the Linlathen LFI confirms that it is achieving its aim of reducing financial pressures on families. The Stobswell LFI is making strong progress with the opening of a multi-agency local drop-in session, employability outreach work and efforts to respond to the difficulties faced by private tenants in the area.	Local Fairness Initiatives Project Board
▶	Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready	80% <div style="width: 20%; height: 10px; background-color: #f0f0f0; display: inline-block;"></div>	31st March 2032	Various programmes are effectively providing opportunities in all our secondary schools.	Discover Work Partnership / Tayside Regional Improvement Collaborative
▶	Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education	80% <div style="width: 20%; height: 10px; background-color: #f0f0f0; display: inline-block;"></div>	31st March 2032	Key workers in the youth employability service are continuing to support Care Experienced Young People (CEYP) across Dundee and support them into positive destinations. Aftercare is available to help individuals to sustain their positive destinations.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners

Status	Action	Progress %	Due date	Notes	Lead
►	Ensure maximum take up of all UK and Scottish Welfare Benefits	75% <div style="width: 75%;"></div>	31st March 2032	The Pension Credit Older People take-up campaign began on 22/02/24 and has engaged with 612 older people's households.	Department of Work and Pensions / Social Security Scotland / Dundee Welfare Rights Forum
►	Implement the new advice strategy for Dundee and maximise provision	70% <div style="width: 70%;"></div>	31st March 2032	Agencies have successfully planned and implemented joint work to cover older peoples' take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26.	Dundee Welfare Rights Forum
►	Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty	70% <div style="width: 70%;"></div>	31st March 2032	All services actively support a cash first approach whilst at the same time linking into the Dundee Foodbank for additional emergency support.	Dundee Welfare Rights Forum / Dundee Community Food Network
►	Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered	65% <div style="width: 65%;"></div>	31st March 2032	The Fairness and Local Child Poverty Action Plan Report (LCPAR) was presented to the City Governance Committee on 23rd June 2025. New actions included the recommendations from the recent Fairness Leadership Panel report.	Dundee City Council / NHS Tayside

Status	Action	Progress %	Due date	Notes	Lead
▶	Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas	60% <div style="width: 40%; height: 10px; background-color: #f0f0f0; border: 1px solid #ccc; display: inline-block; vertical-align: middle;"></div>	31st March 2032	All of the looked after children who left school in session 23/24 entered a positive destination.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners
▶	Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach	60% <div style="width: 40%; height: 10px; background-color: #f0f0f0; border: 1px solid #ccc; display: inline-block; vertical-align: middle;"></div>	31st March 2032	Currently 128 pupils in our secondary schools are Meeting/Match Identified with a mentor with a further 69 in the pipeline.	Tayside Regional Improvement Collaborative
▶	Continue to develop and implement the Child Poverty Pathfinder	50% <div style="width: 50%; height: 10px; background-color: #f0f0f0; border: 1px solid #ccc; display: inline-block; vertical-align: middle;"></div>	31st March 2032	The Linlathen Pathfinder has supported 272 local families in households where 313 children live. The model has now been extended to Mid-Craigie where 98 families have been identified as potentially requiring support and 161 other families in Mid Craigie have sought support.	Dundee Child Poverty Pathfinder Programme Board

Status	Action	Progress %	Due date	Notes	Lead
	Deliver on the Child Healthy Weight Strategy	<div style="width: 40%;">40%</div>	31st March 2032	Marked socioeconomic inequalities in child healthy weight remain. This trend is similar to the picture at a national level. A Food and Health Framework and Policy Guidance for all early years, primary and secondary school settings is in development.	Dundee Healthy Weight Partnership (DHWP)
	Maintain the commitment to being the Living Wage City	<div style="width: 35%;">35%</div>	31st March 2032	Despite financial pressures on local companies, Living Wage accreditation in Dundee remains consistent. The Living Wage Action Group signed off an action plan, with targets for the next three years, in August.	Living Wage Action Group

Deliver Inclusive Economic Growth and Community Wealth Building



"Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all."

4.5%

increase in the numbers of visitors to Dundee, from **1,357k** in 2023/24 to **1,418k** in 2024/25.



19%

increase in the number of Business Gateway Start-ups per 10,000 population.



9%

decrease in the youth unemployment rate (those aged 16-24 years).



Strategic Highlights

- Engaging Local Businesses - The 'Dundee Economic Advisory Forum' held its first meeting in March 2024, involving key city business stakeholders from across the city. The key output was the creation of a City Vision and Action Plan which is under development. A proposal for a Dundee Economic Summit led to this event taking place in June 2025, with over 150 delegates.
- Attracting More Skilled Green Jobs - Work is taking place with the Scottish Offshore Wind Cluster, the Energy Skills Partnership, and Forth & Tay Offshore, to arrange a series of events promoting the sector / career opportunities to pupils, students, parents, and carers around the east coast of Scotland including Dundee. The aim of these events is to lead to an increase in the number of skilled green jobs.
- Despite ongoing economic challenges, the number of Living Wage accredited employers has shown a small positive increase, indicating continued engagement with the Living Wage commitment. In 2024/25, there were 126 accredited employers in Dundee, collectively employing 43,627 staff. Of these 2,128 staff have been uplifted to the real living wage rate.
- Plans for the Eden Project Scotland are ongoing, with permissions granted for the use of the proposed site and funding for the Capital works being sought.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following actions within this theme have been completed since last year's report:

- Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders.
- Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs.

There are 6 actions in this theme which have progress greater than 50%:

- Deliver the Tay Cities Deal and the Dundee Projects supported by the programme.
- Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs.
- Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors.
- Build on Dundee's Scotland Loves Local Campaign.
- Increase the number of start-ups and SME's in the city and support their expansion.
- Maximise apprenticeship opportunities.

Priorities in Action

Deliver Michelin Scotland Innovation Parc's Vision and Attract More Jobs

In January 2025, it was announced that Angus based textiles company, J&D Wilkie is to become the majority shareholder in MSIP and move its manufacturing operations from Kirriemuir and Forfar to Dundee. This move will see Wilkies potentially increase its workforce in Dundee up to 600, in addition to the 200 jobs already on the parc and invest a further £50m in cutting edge infrastructure, technology and development.

Under the change in ownership, the MSIP Innovation Campus remains at the core of the parc, with Wilkies using the large, currently vacant units to the south of the site for its manufacturing operations.

Raise Dundee's Economic Profile

The [Invest in Dundee web platform](#) has been refreshed with new content, merging the [dundeewaterfront.com](#) and [investindundee.com](#) websites into a single, streamlined site. The updated website includes a Meet the Team section, offering a more personal and accessible approach for those looking to connect with us. The official launch is scheduled for summer 2025.

Beyond the website, the Invest in Dundee team is actively promoting the city, with LinkedIn as the primary platform for engagement. Additionally, a programme of company engagement activities has been launched, including business visits, event sponsorships, and attendance at key industry events.

Deliver the Tay Cities Deal

Construction of the Life Sciences Innovation Hub (with additional funding confirmed from Scottish Enterprise in July 2024 of £8m) led to the Hub opening in Spring 2025. The first company working from the Hub is Hawkhill Therapeutics who are developing anti-obesity drugs that also preserve muscle mass.

The Tay5G project has seen completion of eight use case trials, and a second Challenge Fund round saw approval of a further four use case trials for completion in 2025. The Tay Cities Skills Programme is offering support in digital skills and SME upskilling.

Dundee's Scotland Loves Local Campaign

DCC & Dundee & Angus Chamber of Commerce implemented a new action plan to relaunch the Dundee Loves Local Scheme, renamed Dundee Gift Card. The relaunch took place on the 4th July 2025. Engagement with key stakeholders took place at a Meet the Buyer Tayside event in February 2025 and through other routes including a social media campaign and press activity developed for the relaunch.

Some of the aims of the rebranding and relaunch include doubling corporate spend, trebling consumer spend and increasing the onboarding of businesses by 20%.

Creation and Expansion of Start-Ups and SMEs

Business Gateway Tayside Service continues to meet or exceed performance targets. UK Shared Prosperity Funding (UKSPF) has been used in 2024/2025 to provide digital supports to SMEs, provide grant support (Dundee Business Growth and Innovation Grant; SME Development Grant; Overseas Market Development Grant); provide SME skills support via D&A College and to support delivery of a Digital Accelerator programme. Two Community Advisers have also been employed using UKSPF to offer outreach support to start-ups and SMEs.

Maximise Apprenticeship Opportunities Within DCC

Education continues to work with Learning and Organisational Development to look at ways of promoting apprenticeship and other job opportunities within the Council. Pilots have been agreed with schools in exploring 'A Day in Life of' e.g. a Civil Engineer and arranging opportunities for young people to visit / immerse themselves in the work of departments across the council.

Work continues in all secondary schools with Vocational Learning Advisers to support writing of CVs, application form completion and interview techniques. The potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.

More Jobs at Dundee Waterfront

The BT development on Site 1 is complete with BT taking occupancy of the office component of the development in early 2025. The Sleeperz hotel has been rebranded as Four Points Flex by Sheraton. Now part of the Marriot Bonvoy group, the hotel will benefit from being part of the world's leading hotel loyalty programme.

Construction of the James Thomson House continues and is due for completion in 2025. Discussions are continuing with prospective tenants for the office space and ground floor commercial units.

Employment Pathways

The second phase of the Council's new single Corporate Employability Service has progressed during 2024/25 with full implementation due in the near future. The Council's new approach will complement the outcome of the Challenge Fund and further support the vision and goals outlined in the [Discover Work Strategy & Action Plan 2022 – 2027](#). In addition, elements of All in Dundee's service offer are to be scaled up following the award of additional No One Left Behind funding for Specialist Employability Support. Information on performance of the Employability Pathway Programme for 2024/25 will be reported to the Fair Work, Economic Growth and Infrastructure Committee in October 2025.

Further progress has been made with the agreed Positive Destination Improvement Plan (PDIP) which responds to findings of our report [A Step Change in Positive Destinations for Young Dundonians](#). This has included the establishment of Improvement Groups within each Secondary School and as part of offsite Learning & Training.

Progress with the PDIP, corresponding Improvement Framework, and Improvement Groups activity continues to be the responsibility of the Positive Destinations Implementation Group.

Skills Development Scotland Published their [Annual Participation Measure for 2025](#) on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training this is our highest participation level since 2016. When broken down 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.

Life Sciences Innovation District Development

A Shadow Board with representation from Dundee City Council, Dundee University and Scottish Enterprise is in place and meeting quarterly to oversee the process of developing the first phase of the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/2025 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies. A proof of concept fund for potential spin-outs was also delivered in 2024/2025. In 2025/2026 work will be undertaken to develop branding, wayfaring and signage for phase 1.

Eden Scotland

The preferred site for the development of the Eden Project Scotland is the former Gas Works site on East Dock Street. The development phase includes planning, and planning permission for separate land remediation works has been granted and is underway. Planning applications for the main project proposal and enabling bridge elements have also been approved. Discussions continue with the project team on detailed design, land acquisition and fund raising for the capital element of the project.

City Centre Investment Plan Implementation

Major housing developments have been progressing around the city centre. While Phase 1 of Douglas Street's student accommodation is complete, other construction is continuing. GIS mapping for further development opportunities is in place.

Discussions regarding redeveloping the Wellgate Centre as a new college campus are ongoing, and efforts to establish a Business Improvement District are advancing following recent stakeholder meetings.

Hospitality and entertainment venues are being encouraged to boost the evening economy, most notably with the opening of Live House Dundee music venue in May 2025. Cruise ship offerings and visitor welcomes are being improved, supported by a new attraction map, and a five-year tourism strategy and event planning for 2025/26 are underway. Completed infrastructure projects include McManus Galleries' feature lighting, while the Caird Hall's application is in review.

The Bell Street Transport Hub is aiming for an autumn 2025 completion, alongside active travel plans funded by Transport Scotland. Secure cycle parking is nearly ready pending electrical approval. A sustainable transport plan has also been finalised, and tenders are being reviewed for a comprehensive traffic study.

Tree survey recommendations aim to improve CCTV lines, and grant applications for façade and interior improvements are under consideration. Regular meetings occur with police, youth agencies, and development staff to address security and inclusivity, including plans for a youth mural and continued work on cleanliness initiatives like painting and graffiti removal. A three day **community clean-up event** took place in March 2025. Finally, additional support measures have been put in place following overdose incidents in the Overgate area.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Deliver Inclusive Economic Growth (including Community Wealth Building)	3	3	9	15	3 (20%)	11 (73%)

Most Improved PIs 	Most Deteriorating PIs 
Number of Business Gateway start-ups per 10,000 population	Number of workless households in Dundee
Youth Unemployment rate (16-24)	Proportion of people earning less than the real living wage
% working age people in employment	City Centre retail units vacancy rate (%)

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
STOP	% of the Dundee Workforce in employment	68.8%	63.7%	69.1%	73.5%	78.8%	▲	▲	This indicator has been the subject to ongoing monitoring by the Inclusive Economic Growth SLG since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit the current rate remains below target and below the Scottish average. This figure is from January to December 2024.
STOP	Median earnings of total resident workers as a percentage of Scottish average	91%	87.5%	91%	96.8%	100%	▲	▲	There has been an improvement in the past 12 months in the average earnings for Dundee residents relative to the Scottish average, nevertheless, they continue to trail the National average by nine percentage points, reinforcing the need to continue to attract and catalyse quality jobs and invest in skills provision needed to enable Dundee residents to compete in the labour market.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Gross weekly pay for full time employees living in the area	£586.70	£624.80	£673.30	£665.63	£936.61			There has been a positive increase in the average earnings for full time employees in the city with current levels exceeding target. The challenge is to ensure that Dundee residents can compete for better paid employment given the gap between residents earnings and employee earnings which include commuters from neighbouring authorities. This will continue to be a priority for the Discover Work Employability Service and HE/FE organisations in the city.
	% of employees in Dundee earning less than the real living wage	7.2%	9.8%	12.0%*	10.3%	7.2%			Provisional figures in the ONS Annual Population Survey estimated that 12.0% of employees in Dundee were earning less than the real living wage. This has increased from 9.8% reported in 2023. Please note due to a change in methodology data for 2023 and 2024 is not directly comparable with data for 2022 and earlier years.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Number of living wage accredited employers based or headquartered in Dundee	122	128	126	126	N/A**			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.
	% participation rate of young people from SIMD 1 and 2	85.3%	87.8%	88%	89.0%	95.4%			Skills Development Scotland published their Annual Participation Measure for 2025 on 26th August 2025. It was reported that 88.0% of those aged 16-19 years living in SIMD Quintile 1 and 2 were participating in Education, Training or Employment.
	Number of workless households in Dundee	10,500	10,300	14,300	8,145	5,688			Reducing the number of workless households in the City is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase; however, it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% of young people 16 to 24 who are unemployed	21.7%	31.7%	28.9%	18.7%	13.1%			The Discover Work Employability Pathway the Council and partners have dedicated resources to support young people back into the labour market and will continue to prioritise this alongside delivery of the Step Change for Young Dundonians Youth Participation Improvement Plan. This figure is from January to December 2024.
	Claimant Count 16+	4,420	3,920	3,790	3,738	2,610			The claimant count remains above the target but there has been a positive downward trend over recent years.
	16-24 Claimant Count	830	830	820	669	467			The number of 16-24 year old claimants remains above target, however, there has been a positive downward trend over the past 5 years and continuing to support young people remains a priority for the Discover Work Service. The figure is from April 2024 to March 2025.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Claimants as a proportion of economically active residents aged 16+	4.3%	4.2%	4%	3.8%	2.6%			The percentage of claimants remains above target but has reduced steadily over the past 5 years. It remains a priority for the Discover Work Service to support both the unemployed and those further from the labour market to progress towards work. The data is for the financial year April 2024 to March 2025.
	% of working age people with no qualifications	6.7%	7.7%	7.2%	5.6%	3.9%			There has been a year on year reduction in the percentage of working age people with no qualifications, however, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership. The data is for calendar year January to December 2024.
	Number of Business Gateway start-ups per 10,000 population	14.7	16.2	19.3	19.68	27.69			The number of business gateway start-ups per 10,000 population increased from 16.2 in 2023/24 to 19.3 in 2024/25. The Dundee figure was higher than the Scottish figure which stood at 12.4 business gateway start-ups per 10,000 population

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Visitors to Dundee (000's)	1,249	1,357	1,418	752	1,227			Dundee's visitor numbers have shown strong and sustained growth. After a dip during the pandemic, figures have rebounded sharply, almost doubling in just three years. The current trend is upwards, with performance exceeding targets year-on-year which reflect a healthy and growing tourism economy for the city. This year's growth of 4.5% was driven by a rise in staying visitors, major event activity, new hotel openings and increased cruise ship arrivals.
	City Centre retail units vacancy rate (%)	18%	17.7%	19.8%	11.1%	7.8%			Filling vacant units is part of the City Centre Investment Plan to deliver a vibrant City Centre.

*Provisional figure for 2024 may be subject to revision by Office for National Statistics

** A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period

Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Create a Dundee Economic Advisory Group to provide regular engagement with local businesses and political leaders	100%	31st March 2032	The Dundee Economic Advisory Forum's vision and action plan are being developed. A successful Economic Summit was held recently.	Dundee and Angus Chamber of Commerce
✓	Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs	100%	30th Nov 2024	Dundee City Council's Community Wealth Building strategy and action plan were agreed, and implementation is underway across the CWB 'pillars'.	Dundee City Council Community Wealth Building Group and additional partners
▶	Deliver the Tay Cities Deal and the Dundee Projects supported by the programme	80%	31st March 2032	Significant progress was achieved including the Life Sciences Innovation Hub, the Tay 5G project and Tay Cities Skills programme.	Tay Cities Board
▶	Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs	70%	31st March 2032	J&D Wilkie has announced that it will move its manufacturing operations from Kirriemuir and Forfar to MSIP.	MSiP Board

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors	70% <div style="width: 70%;"></div>	31st March 2027	The Invest in Dundee team launched a programme of company engagement activities including business visits, event sponsorships and attendance at key industry events.	Invest Dundee / Tourism Leadership Group
▶	Build on Dundee's Scotland Loves Local Campaign	60% <div style="width: 60%;"></div>	31st March 2032	DCC and Dundee & Angus Chamber of Commerce launched the redesigned and rebranded Dundee Loves Local Scheme, now named Dundee Gift Card. Key stakeholders attended the Meet the Buyer Tayside event in February 2025.	Dundee & Angus Chamber of Commerce / Dundee City Council
▶	Increase the number of start-ups and SME's in the city and support their expansion	60% <div style="width: 60%;"></div>	31st March 2027	UK Shared Prosperity Funding has been used to provide digital supports to SME's, provide grant support, provide SME skills support via Dundee & Angus College and to support delivery of a Digital Accelerator Programme.	Business Gateway
▶	Maximise apprenticeship opportunities	55% <div style="width: 55%;"></div>	31st March 2027	Education continues to promote apprenticeships and other job opportunities within the Council. Potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.	Discover Work Partnership

Status	Actions	Progress %	Due Date	Notes	Lead
	Continue to grow the number of jobs within Dundee Waterfront	50% <div data-bbox="765 271 954 319" style="background-color: #0070C0; width: 84px; height: 15px; display: inline-block;"></div>	31st March 2027	The James Thomson House office development is nearing completion, and lease negotiations with prospective tenants are ongoing. The BT building is completed, and officers liaise regularly with other developers to ensure that the waterfront can accommodate new residential, commercial and office development as national policies and economic challenges are resolved. Due to escalating costs, the Tay Cities marina project is now under review.	Dundee City Council / Scottish Enterprise / Dundee and Angus Chamber of Commerce
	Increase and enhance employment pathways, in particular supporting around 11,000 economically inactive people towards job seeking and 16-19 year olds into positive destinations	40% <div data-bbox="765 668 954 716" style="background-color: #0070C0; width: 84px; height: 15px; display: inline-block;"></div>	31st March 2027	The new Employability Service has been established and 'All in Dundee' is to be scaled up with more specialist employability support. A Positive Destination Improvement Plan (PDIP) was agreed which includes Improvement Groups within each Secondary School and offsite Learning & Training.	Dundee Work Partnership
	Attract more skilled green jobs	40% <div data-bbox="765 959 954 1006" style="background-color: #0070C0; width: 84px; height: 15px; display: inline-block;"></div>	31st March 2032	Working with the Scottish Offshore Wind Cluster, The Energy Skills Partnership, and Forth & Tay Offshore to arrange a series of events promoting the sector / career opportunities to pupils, students, parents / carers around the east coast of Scotland including Dundee.	Dundee City Council / Scottish Enterprise / Dundee Port / MSiP
	Implement the long-term City Centre Investment Plan to deliver a vibrant City Centre	40% <div data-bbox="765 1202 954 1249" style="background-color: #0070C0; width: 84px; height: 15px; display: inline-block;"></div>	31st March 2027	Significant developments include the opening of Livehouse, improvements to McManus Galleries and better resources for cruise visitors. Future highlights include the Bell Street Transport Hub and Dundee and Angus College's ambitious proposals for the Wellgate Centre.	Dundee City Council / Dundee and Angus Chamber of Commerce

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to work with partners to take forward proposals for Eden Scotland	40% <div style="width: 40%;"></div>	31st March 2032	Planning permission for the main project proposal and enabling bridge elements has been approved. Discussions continue with project team on detailed design, land acquisition and funding raising for the capital element of the project.	Eden Project Dundee
▶	Continue work with partners to explore options to develop a Life Sciences Innovation District	35% <div style="width: 35%;"></div>	31st March 2032	A partnership is meeting quarterly to oversee the process of developing the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/25 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies.	Scottish Enterprise / University of Dundee / Dundee City Council
▶	Further grow the number of local organisations registered as Living Wage Employers	30% <div style="width: 30%;"></div>	31st March 2032	Despite ongoing economic challenges, the number of accredited employers has shown a small but positive increase, indicating continued engagement with the Living Wage City commitment.	Living Wage Action Group



Tackle Climate Change and Achieve Net Zero by 2045

“Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live.”

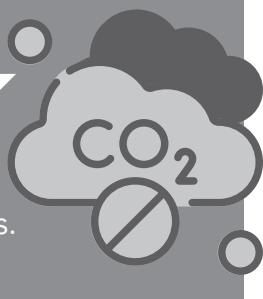
£745k



in grant funding awarded by Transport Scotland to develop and design proposals for a new “Sustainable Transport Corridor” along the Lochee Road and Arbroath Road arterial routes.

4%

reduction in
Citywide CO₂ emissions.



10

projects received
funding through the
Dundee Climate Fund 3.0



Strategic Highlights

- The [Local Area Energy Plan \(LAEP\) was approved by Committee on 23rd September 2024](#) and the [Local Heat and Energy Efficiency Strategy \(LHEES\)](#) was approved by Committee and published in April 2024. Together, these plans take a whole system approach to decarbonising, decentralising and digitising heat and energy systems at local level.
- Both of the above items contribute to the [Dundee Climate Action Plan](#) and [Net Zero Transition Plan 2024-2030](#), which aim to see Dundee reach Net Zero by 2045.
- Dundee’s [Sustainable Transport Delivery Plan](#) adds another aspect to this overall race towards Net Zero.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following actions within this theme have been completed since last year's report:

- Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production.
- Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making.

There is 1 action in this theme which has progress greater than 50%:

- Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy.

Priorities in Action

Dundee Climate Action Plan

The Dundee City Council Local Heat and Energy Efficiency Strategy (LHEES) was published in April 2024 and the accompanying Delivery Plan in December 2024. The LHEES is a long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategy sets out a strategic approach for improving the city's buildings by removing poor energy efficiency as one of the causes of fuel poverty and decarbonising heating systems in buildings and the Delivery Plan outlines 39 deliverable actions with a 5-year plan for the actions based on target completion timescales.

The Local Area Energy Plan has now been published, providing an understanding of the nature, scale, rate, and timing of the changes needed for Dundee to transition to a net zero energy system by 2045 and describes the priority interventions and recommended actions that will support the city in delivering its net zero target. The LAEP incorporates outputs from Dundee's statutory Local Heat and Energy Efficiency Strategy (LHEES) and captures the wider components of power and transport, energy distribution systems and storage. Work is underway to implement this and the LHEES. A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing. Climate View (an emissions modelling tool) is being updated with the LAEP Interventions to give a more accurate picture of the net zero pathways.

A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing.

Reduce, Reuse, Recycle and Recover

The Waste Strategy Team have been working on a range of activities to help reduce waste and increase recycling within the City. The Mobile App continues to gain traction with householders, with approximately 11,500 users and is now an established platform for providing updates and information to users.

The team have been updating the 2025 -2030 waste strategy for review and publication later this year. An interface with key actions and aspects of the Take Pride campaign will be included in the updated plan.

Community Engagement on the Climate Challenge

Dundee Climate Fund Round 3 took place using a participatory budgeting model, with the public vote closing on the 17th March 2025. A total of ten projects benefitted from the £106,762 funding available.

Sustainable Dundee Network meetings have continued and hosted a Networking Evening on the 18th March as part of Earth Hour. This included invitations to new groups to broaden participation.

Climate Vulnerability Assessment and Adaptability

A Climate Risk and Vulnerability Assessment has been updated and approved at Committee in April 2025. Next step to appraise the recommended options with relevant internal stakeholders. Business Continuity Plans have recently been updated. The assessment helped to inform the [Dundee Climate Action Plan](#).

A new Regional Adaptation Partnership has been established called Climate Ready Tayside to address regional impacts with larger scale solutions, attract bigger funding and investment opportunities, increase engagement and education and provide feedback to the Scottish Government of the challenges on the ground.

Decarbonising Transport Systems and Improving Active Travel Routes

The Council remains committed to securing external funding to advance public transport projects and initiatives that support the decarbonisation of the transport system, as set out in the [Sustainable Transport Delivery Plan 2024–2034](#). Most recently, £745,000 in grant funding was awarded by Transport Scotland to develop design proposals for a new 'sustainable transport corridor' along the Lochee Road and Arbroath Road arterial routes. This design phase will build upon and integrate earlier concepts focused on enhancing active travel and improving bus priority.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045	1	0	2	3	0 (0%)	1 (33%)

Most Improved PIs 	Most Deteriorating PIs 
Dundee City C0 ₂ Emissions (kt C0 ₂)	Active travel (walking and cycling) as a proportion of trips to work
	Percentage of household waste recycled or composted

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	City-wide C0 ₂ Emissions (Kt C0 ₂)	674	621	599*	630.8*	397.6			<p>This data is derived from 'The UK local authority greenhouse gas emissions statistics, 2005 to 2023'. This publication shows UK local authority area greenhouse gas emissions (ktCO₂e) allocated on an 'end-user' basis where emissions related to energy use are distributed according to the point of energy consumption.</p> <p>Previous versions of this publication only covered carbon dioxide (CO₂) emissions. This has now been expanded to include estimates of methane (CH₄) and nitrous oxide (N₂O). There is a two-year time lag on this data. 2023 is the latest available figure, published by the UK Government on 3 July 2025.</p>

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% Active Travel (Walking and Cycling) as a proportion of trips to work	Not Available	18%	13%	22%	30.9%			The data for this performance indicator is sourced from the Scottish Household Survey 2023 which was published in December 2024. This report stated that the active travel percentage stood at 13% in Dundee (12% stated walking and 1% stated cycling).
	% of Household Waste Recycled	35.6%	36.6%	36.4%**	40.2%	56.5%			The latest recycling rate shown in the table relates to 2024. This figure is provisional and is still to be reviewed and verified by SEPA. This process is expected to be undertaken in September/October 2025.

*Data is two years behind i.e the latest figure and the target is for 2023

**This is a provisional figure, figures are expected to be confirmed by SEPA in September/October

Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making	<div style="width: 100%;">100%</div>	31st March 2032	The Local Area Energy Plan has now been published and further engagement and funding applications are underway.	Dundee Climate Leadership Group
✓	Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production	<div style="width: 100%;">100%</div>	31st March 2027	The Local Area Energy Plan (LAEP) and the Local Heat and Energy Efficiency Strategy (LHEES) were approved by Dundee City Council in September and April respectively.	Dundee Climate Leadership Group
▶	Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy	<div style="width: 60%;">60%</div>	31st March 2032	The Dundee MyBins mobile app is firmly established and well used. The Waste Strategy for 2025-2030 will be published later this year.	Dundee City Council
▶	Take action to ensure our communities, green networks and infrastructure are adaptable to a changing climate and reduce the risks and vulnerability to unavoidable impacts	<div style="width: 45%;">45%</div>	31st March 2032	A Climate Risk and Vulnerability Assessment was updated and approved in early 2025. The 'Climate Ready Tayside' partnership is now pursuing funding and investment to regional initiatives.	Dundee City Council
▶	Engage with communities about the climate challenge and foster participation and collaboration to enable local action	<div style="width: 40%;">40%</div>	31st March 2032	The third round of public voting on the Dundee Climate Fund closed in March 2025. Further engagement continues through the Sustainable Dundee Network.	Sustainable Dundee

Status	Actions	Progress %	Due Date	Notes	Lead
	Support the decarbonisation of transport systems and improve infrastructure for walking, cycling, wheeling and reducing the need to travel	40% <div style="width: 40%; height: 10px; background-color: #0070C0;"></div>	31st March 2032	£745,000 in grant funding was secured from Transport Scotland to develop design proposals for new 'sustainable transport corridors' along the Lochee and Arbroath Road arterial routes.	Dundee City Council



For more or additional information please contact

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or visit the website

www.dundeepartnership.co.uk



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026

REPORT ON: OUR PROMISE 2023-26 ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: PAC09-2026

1.0 PURPOSE OF REPORT

1.1 This report provides the Performance and Audit Committee with the annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26 (Appendix 1). The report outlines key developments over the last 12 months and priorities going forwards, including developments in respect of Scottish Government Whole Family Wellbeing Funding (Appendix 2) and whole family support opportunities.

2.0 RECOMMENDATIONS

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

2.1 Note continued progress made in the implementation of Our Promise 2023-26 and improved outcomes for care experienced children, young people and care leavers (section 4).

2.2 Remit the Chief Social Work Officer to provide a further update on Our Promise in 12 months.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Children and Young People (Scotland) Act 2014 requires Local Authorities to develop what it refers to as a 'Corporate Parenting Plan' to outline how it will meet the needs of 'Looked After Children'. The Independent Care Review published in February 2020 was critical of this stigmatising language and promoted a stronger collective ambition to achieve transformational improvements in the way we provide support to vulnerable families. There is an emphasis on ensuring that families can remain together and when this is not possible that children live in family-based care settings. The review outlined five foundations: Family; Care; People; Voice; and, Scaffolding.

4.1.2 Although Dundee IJB is not a listed Corporate Parent under the Children and Young People (Scotland) Act 2014, both Dundee City Council and NHS Tayside, and therefore Dundee Health and Social Care Partnership, must consider and comply with duties in the course of their operations. However, the IJB has an interest in being informed of and co-operating with work to support, protect and improve outcomes for care experienced young people from a variety of perspectives:

- In Scotland, care experienced young people have additional protections and entitlements in law up until their 26th birthday and therefore are likely to be accessing and supported by a range of adult health and social care services.

- Services commissioned by the IJB will support adults who are connected to care experienced children and young people, whether as part of whole family support or for Kinship and Foster Carers.
- An effective approach to supporting care experienced children and young people is essential to reducing the inequalities gap in terms of health and social care outcomes, and in doing so contributes to reducing future demand for adult health and social care services.

4.2 Developments

4.2.1 In response to the Independent Care Review, Dundee City Council developed Our Promise to mirror the five foundations. Out of the total of 29 initiatives outlined in the current plan, work has started on all of them, 19 have been completed and 10 are making good progress. As outlined in Appendix 2, the 16 initiatives allocated WFWF funding have also been active in building the capacity of 6 existing services to help maximise resources or delivering 10 new services to help address priorities. Some trends, benchmarking and further learning over the last 3 years now includes:

- **Number in care** - the total number of care experienced children and young people reduced from 374 in March 2023 to 335 in March 2024 and 309 in March 2025. This 14% reduction compares with an overall national reduction of 6% and Social Work teams continue to support families on a voluntary basis where alternatives are not required. Over the period, there has also been an increase in Compulsory Supervision Orders (CSO) at home from 52 to 83, when children previously in care continue to receive support.
- **Balance of care** - the balance of family based versus residential care has increased from 85.7% in March 2023 to 91% in June 2025. This also compares favourably to a national average of 90%, although it remains behind an exemplar Local Authority where the balance is 95%. As this depends upon other care options being available, the service will continue to prioritise building the capacity of internal Kinship Care, Foster Care and Houses.
- **Missing episodes from Children's Houses** - a marked reduction in 'missing episodes' from Children's Houses from 470 in 2020 to 185 in 2024 and a projected 140 in 2025. Whilst a 'missing episode' is very broadly defined and includes instances of being late to arrive home in the evening, this is indicative of greater stability in the houses. All instances of more than 12 hours are escalated, and the service is now routinely collating data on episodes to proactively address themes as they emerge. In 2025, 8 (6%) of the 140 episodes were for more than 12 hours and the service adapted support to the young people concerned.
- **School attendance** – the overall attendance rate for care experienced pupils is now 82.8%, higher than the Local Government Benchmarking Framework Family Group average of 80.5%. The average figure is adversely affected by the significantly lower attendance levels of children and young people subject to a CSO or in Kinship Care, which is a key priority.
- **Attainment** – the percentage of care experienced pupils achieving one or more awards at SCQF Level 4 or better has steadily increased from 73% in 2020-21 to 81% in 2024-25. For the past four years the average achieving one or more awards at SCQF Level 5 or better has been 53% and they still lag their peers in educational attainment overall.

4.2.2 The key objectives of keeping vulnerable families together, supporting children and young people in family-based settings and improving outcomes are therefore being increasingly realised. However, as reported in last year's Annual Report, children and young people on CSOs at home or in Kinship Care continue to experience poorer outcomes; the recruitment of Foster Carers remains a challenge to sustain the drive towards family-based care; and educational outcomes need to continue to improve. These remain key priorities and further details on more recent and planned activity are outlined in this report.

4.3 People

- 4.3.1 In relation to the workforce, the service is implementing a Social Work/School cluster model to promote consistent support to families. In response to the identified needs of some families during evenings and weekends, the WFWF funded Total Mobile project involves a review of the working hours of Children's Social Work teams. It has included full consultation with the workforce and Unions and will make recommendations in November 2025, with a test for change to focus on one or more of the Social Work/School clusters providing support to vulnerable families at home, in schools and in the community.
- 4.3.2 The 5 other WFWF projects intended to re-design the delivery of services and maximise support are the Dundee Voluntary Action (DVA) development of a Volunteer Strategy; the Dundee Independent Advocacy (DIAS) development of an Advocacy Strategy; the Advice Infrastructure Fast Online Referral Tracking (FORT) system; the Mental Health Foundation coordination of Together to Thrive; and the Council development of a multi-disciplinary hub for adolescents. Four of these projects will be finalised this year and Together to Thrive will be scaled to further enhance the capacity of teams to respond to neuro-developmental concerns.
- 4.3.3 To evaluate and help further improve Children's Social Work practice, audits of assessments, plans, chronologies and engagement continue to be carried out 3 times a year. When this programme started in May 2021, 58% were graded as Good or better overall. This rose to 93% in June 2023 and 94% in December 2023. In an audit carried out in May 2024 focused specifically on support to adolescents, 83% were graded as Good or better. In the most recent audit in June 2025 focused on children and young people on CSOs at home, 93% were rated as Good or better and the activity described in paragraph 9.1 will extend support to this group.
- 4.3.4 The Children's Social Work teams continue to operate with an average caseload of 12 families per Social Worker, which is below the indicative optimum of 15 suggested by the Setting the Bar Report published in May 2022. To reduce the burden of administrative tasks and enable teams to increase direct support to families, the service is extending Magic Notes which utilises AI to transcribe reports. In a pilot carried out in the Community Justice Service, the system reduced the time spent on administrative tasks by an average 7 hours a week per worker. The case file audits include a focus on supervision and indicate teams receive close support.
- 4.3.5 In both the Children and Families Service and Health and Social Care Partnership, teams also continue to operate a national Newly Qualified Social Worker (NQSW) scheme, which places restrictions on the number of families they work with during the first 12 months of their career and provides protected learning time to enhance professional development and retention. A new Supervision Framework which promotes a focus on support, development, accountability and mediation has been developed in consultation with teams and will be launched in November 2025.

4.4 Family

- 4.4.1 The details in Appendix 2 provide an overview of progress with the other WFWF projects. As Scottish Government has extended funding to March 2027, the Council is currently exploring opportunities to coalesce the range of services into a Whole Family Support project and utilise remaining funding to further build capacity. Discussions with key partners are at an early stage but there is a shared commitment to learn from wider initiatives such as the Linlathen Pathfinder and develop a data-driven place-based focus on addressing child poverty, including with families in the 6 Child Poverty Priority Groups and families with children aged 0-5 years.
- 4.4.2 The Children and Families Service is also about to finalise a review of Third Sector commissioned services, which currently involves £2.3m annual funding to 14 organisations. They deliver a range of services, from supported accommodation to substance use, parenting, mediation, one parent families, advocacy and disability. The review is informed by the 10 principles of flexible family support outlined in the Independent Care Review and is designed to meet varying overlapping needs in more integrated, accessible and responsive ways, with a similar focus on the 6 Child Poverty priority groups and families with children aged 0-5 years.
- 4.4.3 In relation to Early Years, as infants aged 0-5 years remain disproportionately represented on the Child Protection Register or provided with alternative care and in recognition of the importance of the first 1,000 days of a child's life, the service has continued to provide or coordinate a range of support to vulnerable families. Currently, 26% of care experienced children are aged 0-5 years

compared with a national average of 17%. The New Beginnings Team is being supported by NHS Tayside Lead Clinicians for Infant Mental Health to implement the Infant Pledge and help encourage positive attachment between parent and baby.

4.4.4 This continues to strengthen the support provided by the New Beginnings Team and will be scaled to other Social Work teams supporting parents or carers with babies and infants. Over the last 12 months, 70% of referred babies were able to remain either at home in the care of their parent or with a Kinship Carer. The 2 WFWF initiatives focused on early years, delivered by Alternatives Counselling and Tayside Council on Alcohol, have similarly provided support to other vulnerable women with emotional health concerns and/or who have previously experienced children removed from their care.

4.5 Voice

4.5.1 For younger children, the New Beginnings Team has also been trained in using a Mental Health Observational Indicator Set to make observations of children with their main care giver and inform support. To help drive measurable improvements, the service has started to gather data on the proportion of 0-5's who either attend or, more frequently, have their views represented at key decision-making meetings in their absence. The first audit completed in June 2025 established a 50% baseline for this age group compared with 65% overall and this informs an action plan, which includes the development of resources to enable their views to be heard.

4.5.2 For older children, Mind of My Own (MOMO) forms one of several ways of obtaining children and young people's views to inform support. It provides an alternative option to 1:1 methods and Champions Boards have commented positively this year on its use. Where they need additional support to be heard, a Who Cares? advocacy service engaged with 83 children and young people. It retains a strong presence in all Children's Houses and advocated for 31 young people in external Foster Care and residential care. The audit of views provided at key meetings showed that 81% of children over 6 years attended or had their views represented.

4.5.3 The WFWF also contributes towards the delivery and evaluation of What Matters to You, which the Council continues to coordinate with the Hunter Foundation, BBC Children in Need and local communities. Increasingly, the approach involves the use of Cafe Conversations to pro-actively listen and respond to the needs of local communities, including how they might lead or contribute towards developments. Communities play a central role in the allocation of a Make it Happen Fund to enhance support. A full report on the initiative and next steps will be provided to the Children and Families Committee on 1 December 2025.

4.6 Care

4.6.1 A similar range of developments continue to strengthen support to children, young people and care leavers in different care settings. In response to the lower school attendance and attainment levels of children and young people on CSOs at home or in Kinship Care, the range of existing supports are being extended and systems tightened. In addition to welfare rights assessments, a Place2B online parenting programme, school holiday activity camps, targeted leisure and sports activities, engagement with What Matters to You and trauma informed support from 2 Clinical Psychologists:

- Education and Social Work leads are ensuring that all pupils on CSOs or in Kinship Care have a Coordinated Support Plan, including support from Pupil Support Workers.
- Mentoring providers in MCR Pathways, Volunteering Matters and Tayside Council on Alcohol will work as a collaborative to target available capacity at this cohort.
- The WFWF funded Total Mobile flexible working project will involve targeted out-of-hours and weekend engagement at home and in the community to this cohort as a priority

4.6.2 In relation to Foster Carers, key developments over the last 12 months include a Care Inspectorate inspection of the Fostering, Adoption and Continuing Care Service published in January 2025. In 2 out of 3 inspection categories, the Fostering and Continuing Care Teams improved from Adequate to Very Good and the Adoption Team improved from Adequate to Good. In the other category, they all improved from Weak to Adequate. In respect of the latter, the key cross-cutting area for improvement related to the oversight of panel functioning and membership. This related to a recruitment challenge and was addressed by March 2025.

4.6.3 However, both nationally and locally Children's Social Work services and Third Sector providers continue to experience challenges in the recruitment of new Foster Carers. The response to recruitment campaigns has been limited and the number of internal Foster Carers has gradually declined from 109 in 2022 to 95 in 2023, 83 in 2024 and 74 in 2025. Similarly, external Foster Carers recruited by Third Sector organisations and commissioned by the service have also declined over the same period from 95 to 75. It reduces opportunities to support children and young people in family-based settings and remains a key priority.

4.6.4 In the last 12 months the Care Inspectorate also carried out annual inspections of 3 Children's Houses. The inspections focused on 2 Quality Indicators of children and young people being safe, feeling loved and getting the most out of life; and leaders and staff having the capacity and resources to meet and champion their needs. In both categories, Forrester House improved from Good to Very Good; Gillburn Cottage maintained a grading of Good; and The Junction declined from Very Good to Adequate. The grade at The Junction mirrored very specific circumstances and all requirements and areas for improvement have been addressed.

4.7 Summary and Next Steps

4.7.1 This report describes how Our Promise continues to have a positive impact in supporting vulnerable families. The number of children and young people in care have continued to reduce; the balance of family-based care has increased; foundational Social Work practice is improving; children, young people, parents/carers and communities are increasingly listened to; Care Inspectorate inspections of regulated services are getting better overall; missing episodes from Children's Houses are reducing; costs are reducing; and WFWF initiatives are either contributing towards enhanced support or show promise.

4.7.2 However, there still remains a disproportionate number of babies and infants subject to formal Child Protection processes and ultimately in care; children and young people on CSOs at home and in Kinship Care are less likely to progress well at school; there are significant challenges in the recruitment of Foster Carers; and the care experienced population still lags their peers in educational attainment by some margin. These concerns are informing Council and partnership priorities, including the development of a data-driven place-based Whole Family Support initiative. In relation to the 10 actions not yet completed but making good progress:

- Review of Advocacy Services – WFWF funding has been allocated to a DIAS led collaborative and new Advocacy Strategy and Delivery Plan will be finalised in late 2025.
- Scale What Matters to You – Cafe Conversations and a Make it Happen Fund are operating in 3 localities and will be scaled to the other 5 over the next 12 months.
- Edge of care offer – the review of commissioned services in the context of Whole Family Support priority groups including early years is due to make proposals in November 2025.
- Review of working arrangements to provide support in times of need – WFWF funding was allocated to Total Mobile and proposals will be presented in November 2025.
- Contextual Safeguarding – delayed due to other priorities but will be progressed using co-located multi-disciplinary services at Crichton Street as a platform from March 2026.
- Secure Care self-evaluation – key provisions of the Care and Justice (Scotland) Act 2024 have been implemented, and a multi-agency group will evaluate practice in March 2026.
- Implement Getting it Right for Every Child Practice Profile – guidance has been developed, Team Around the Child data gathered and qualitative evaluation in March 2026.
- Revise Children's Social Work procedures to be compatible with Our Promise – several procedures have been updated and 12-month rolling schedule was finalised in October 2025.
- Explore and apply models of best practice in family support – review of commissioned services informed by principles of Flexible Family Support in the Independent Care Review.

- Develop and implement Foster Carer support strategy – Care Inspectorate inspection showed marked improvements and recruitment/retention remains a key priority.

5.0 POLICY IMPLICATIONS

5.1 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.

6.0 RISK ASSESSMENT

6.1 A risk assessment has not been provided as this report is being provided to the Performance and Audit Committee for information only.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 11 January 2026

Glyn Lloyd
Chief Social Work Officer

Appendix 1

Our Promise to Care Experienced Children, Young People and Families 2023-26
Action Plan

Foundation Voice	Actions	Leads	Measuring Impact	Timescales
Foundation Voice	Implement Infant Pledge for babies and toddlers in care - 'Hello in There Wee One' has now been published and is being implemented in the New Beginnings Team.	Service Manager	Audit of practice in test sites	1/4 audits
	Coordinate Champions Boards – now operate in all 7 Secondary Schools and are attended by the Chief Executive, Executive Director and Heads of Service.	Education Officer	Survey Champions Boards	1/4 meetings
	Review advocacy to improve access and impact – WFWF funding to DIAS collaborative and draft Advocacy Strategy and Delivery Plan to be finalised in 2025-26.	Service Manager	% offered and accessing	March 2024
	Implement findings of survey on brother/sister care – teams received training on being together, informing care plans, having contact and/or knowing of whereabouts, where appropriate.	Service Manager	Implementation of plan	March 2025
	Implement and scale What Matters to You in locality areas – Cafe Conversations and Make it Happen Fund operating in some locality areas to be scaled across the city.	Head of Service	Formal evaluation	March 2026
	Include a focus on voice in audits of practice – audits now provide data on different age group attendance and/or representation at key decision-making meetings.	Service Manager	% where voice informed plans	1/4 audits
Family	Coordinate targeted deployment of WFWF – all WFWF funding up to March 2026 allocated and partnership exploring options for SG extension and increase to March 2027.	Head of Service	Develop specific measures	Nov 2023
	Develop a clear edge of care offer to all families – relates to review of commissioned services and options appraisal delayed due to other priorities but to be finalised in October 2025.	Senior Manager	Numbers in care	June 2024
		Senior Manager	Family stability/disruption	June 2024

	Review working arrangements to provide support at time of need – WFWF Total Mobile initiative will make final proposals for additional evening/weekend working in October/November 2025.	Practice Manager	Income maximisation	June 2024
	Conduct Welfare Rights assessments with all families at risk – families with Kinship Care arrangements all receive Welfare Rights assessment.	Senior Manager	Audits of Child's Plans	March 2024
	Implement Contextual Safeguarding for adolescents at risk – delayed pending developments with co-located multi-disciplinary team at Crichton Street due to be launched in February 2026.	Senior Manager	specific measures	March 2025
	Explore and apply models of best practice in family support – relates to review of commissioned services and options appraisal delayed due to other priorities but to be finalised in October 2025.	Senior Manager	Measures inform by survey	June 2025
Care	Develop and implement brothers/sisters practice guidance – developed and implemented across teams, which continue to navigate complexities in care arrangements.	Service Manager	Numbers in Kinship Care	June 2025
	Implement therapeutic and other supports to Kinship Carers – Corra funded Clinical Psychologists provide routine trauma informed advice and support to both Kinship Care Team and Kinship Carers	Education Officer	Educational outcomes	March 2024
	Target school attendance support to pupils in Kinship Care – additional supports being extended and systems tightened to more effectively target	Service Manager	Recruitment and satisfaction	Nov 2023
	Develop and implement new Foster Carer support strategy – strategy developed and implemented. Inspection showed substantial improvement but still challenges with recruitment	Senior Manager	Compliance with standards	June 2024
	Complete secure care self-evaluation and implement improvements – not progressed due to competing priorities but multi-agency group will progress September to March 2025-26.	Senior Manager	Compliance with standards	June 2024
	Develop and implement new Continuing Care practice guidance – developed and implemented so Aftercare Team now receive advance notification and transfer aged 16 years	Senior Manager	Compliance with standards	June 2024

	Review Aftercare support to care leavers aged up to 26 years – reviewed and high % of eligible care leavers receive support, including Unaccompanied Asylum-Seeking Children (UASC)	Senior Manager	% supported and outcomes	June 2024
	Enhance supportive post-care housing support - new provision at Reid Square and Fairbairn Street. Policy of no 16–17-year-olds in homeless accommodation	Senior Manager	Homelessness	June 2024
	Implement Youth Participation action plan – being implemented with Youth Participation Group including additional capacity from WFWF and extension of mentoring support	Senior Manager	Positive destinations	June 2024
People	Implement risk assessment and defensible decision training – initial focus on Children's Homes and now delivered to all front-line Social Work teams	Service Manager	Audits of practice	1/4 audits
	Implement Welfare Rights training – Welfare Rights member of Our Promise Partnership; routine assessments of Kinship Carers; and advice/guidance available for other families	Service Manager	Audits of practice	1/4 audits
	Implement an annual foster carer training plan – developed and implemented and now also extends to Kinship and Foster Panels to promote consistency of approach	Service Manager	Attendance and satisfaction	Annual
	Ensure high quality Child's Plans for all care experienced children – audits show marked improvements in the % graded as Good or better	Service Manager	Audits of practice	1/4 audits
	Scale parenting programme training across teams – Place2B used by Kinship Team and review of commissioned services to include a focus on parenting	Service Manager	Audits of practice	1/4 audits
Scaffolding	Fully implement GIRFEC Practice Profile in all sites – guidance developed for all sites and data gathered on Team Around the Child Meetings. Audit of quality to take place in late 2025-26.	Education Officer	Audits of practice	Bi-annual audits
	Implement new Social Work Practice Standards – implemented across all teams and supporting workforce to prioritise support in accordance with levels of risk and need	Senior Manager	Audits of practice	January 2024

Revise all Social Work procedures to be Our Promise compatible – some procedures reviewed update report outlining next steps to be approved in October 2025

Service Manager Audits and staff survey

March 2024

APPENDIX 2

Appendix 2 Whole Family Wellbeing Fund			
Organisation	Funding	Description of service provided	Service Delivery Update
Alternatives	Yr1 - 20,110 Yr2 - £34,159 Yr3 - £34,267 <u>£89k</u>	Early intervention support to expectant or new parents with emotional health and wellbeing concerns, including group therapy. <u>Reflects the Early Years priority</u>	2024 – 2025 <ul style="list-style-type: none"> Referral redirected to Adult Psychological Services: 1 Women engaged in counselling: 13 Total perinatal sessions delivered: 177 Sessions for miscarriage/termination support: 52 Assessment/pregnancy choice sessions: 55
Tayside Council on Alcohol	Yr1 - £148k Yr2 - £249k Yr3 - £263k <u>£662k</u>	For The Birch Programme providing support to women who have had children removed from their care, remain vulnerable and are at risk of further pregnancy. <u>Reflects the Early Years priority</u>	2024-25 <ul style="list-style-type: none"> Referrals - 34 Group Sessions: 66 1:1 Appointments Offered: 908 (attended 651) Peer Support Appointments: 63 (attended 55)
Mental Health Foundation – Together to Thrive	Yr1 – £0 Yr2 – £157k Yr3 – £157k <u>£314k</u>	For Together to Thrive, a model which enhances the skills of teams providing support to parents of primary aged children with neuro-developmental concerns. <u>Reflects the Mental Health priority</u>	2024-25 <ul style="list-style-type: none"> Referrals - 168 Accepted – 132; not accepted 22; waiting allocation 14 1:1 support: 92 children/families Group support: 40 children/families Training cohorts: 6 Practitioners trained: 88 Coaching sessions: 100
Read Dundee	Yr1 – £44k Yr2 – £45k Yr3 – £46k <u>£135k</u>	For Talk and Play Together, a service which supports whole families to improve literacy skills whilst enhancing relationships and addressing barriers to learning. <u>Reflects the Inequalities priority</u>	2024-25 <ul style="list-style-type: none"> Total Sessions: 30 Total Families: 63 Total Children: 71 Books and Resource Packs Gifted During Delivery: 775
The Yard (1)	Yr1 – £22k Yr2 – £54k Yr3 – £57k <u>£133k</u>	For Family Support and Summer Play activities for families with children and young people with a disability, including play sessions for 5 days a week. <u>Reflects the Child Poverty priority</u>	2024 – 2025 <ul style="list-style-type: none"> Number of school holiday sessions run - 20 Number of weekend play sessions run - 50

			<ul style="list-style-type: none"> • Number of children/young people supported- 213 • Number of families supported - 100
The Yard (2)	Yr1 – £8k Yr2 – £41k Yr3 – £50k <u>£98k</u>	For additional support provided to pupils with ASN transitioning from Primary to Secondary school. <u>Reflects the Inequalities priority</u>	2024 – 2025 <ul style="list-style-type: none"> • Number of transitions sessions run - 17 • Number of school pupils attending sessions - 63 • Number of schools worked with - 10 • Number of families taking up wider support - 2
Advocacy (DIAS)*	Yr1 – £29k Yr2 – £99k Yr3 – £92k <u>£219,227</u>	For the coordination and maximisation of multiple advocacy services across the city. <u>Reflects the Inequalities priority</u>	Additional partnership working with Reach Advocacy to assist with the completion of the strategy document, with Action Plan now complete and due to be submitted to Strategic Leadership Group for approval in early 2026.
Dundee Bairns	Yr1 – £48k Yr2 – £93k Yr3 – £98k <u>£238,201</u>	For a capacity building approach towards child healthy weight, involving volunteer coaching in budgeting and nutrition and an expansion of tea clubs. <u>Reflects the Child Poverty priority</u>	Tea clubs run in 23 schools and serving approx. 750 meals per week. The Healthy Eating Coordinator worked in 19 schools and engaged with 154 pupils with an average feedback score of 4.38 out of 5 for delivery and quality of food.
DVVA *	Yr1 – £35k Yr2 – £73k Yr3 – £77k <u>£186k</u>	For the coordination and maximisation of multiple volunteer services across the city, with a view to consistent volunteer development, pathways and targeting. <u>Reflects the Inequalities priority</u>	Partnership working and research to gain clearer understanding of volunteering challenges, which has led to the design and introduction of the Volunteer Passport. Launch of the passport scheduled for late 2025.
Advice Infrastructure FORT *	Yr1 – £0 Yr2 – £54k Yr3 – £54k <u>£108,000</u>	Reinstate the Fast Online Referral Tracking (FORT) triage function for a coordinated partnership system and to accelerate access to services. <u>Reflects all priorities</u>	2024 – 2025 <ul style="list-style-type: none"> • 123 whole family referrals • 191 referrals to wider support services
Dundee REP	Yr1 – £0 Yr2 – £77k Yr3 – £80k <u>£157k</u>	A Creative Family Wellbeing Service that offers 1:1 and group dramatherapy sessions and psychoeducational support. <u>Reflects the Child Poverty priority</u>	September 2024 – March 2025 <ul style="list-style-type: none"> • 24 referrals from various sources • 8 clinical sessions being held weekly supporting 13 clients • Waiting list of 11 referrals (21 clients)
Total Mobile*	Yr1 – £0 Yr2 – £85k Yr3 – £0 <u>£85k</u>	Commissioned Consultancy Service to explore options to extend Children's Social Work out-of-hours support. <u>Reflects all priorities</u>	Consultation and proposals will be completed in November 2025.

What Matters To You*	Yr1 – £44k Yr2 – £0 Yr3 – £0 <u>£44k</u>	Data collation, analysis and learning in 2 pilot sites, feeding into both LCPPs. <u>Reflects the Child Poverty priority</u>	1 year allocation to support evaluation of WM2U.
DCC Holiday Programme Partnership	Yr1 – £31k Yr2 – £123k Yr3 – £127k <u>£281,661</u>	School holiday, including Summer Play, activity for priority children, young people and families, including low income, disabilities and in kinship care. <u>Reflects the Child Poverty priority</u>	April, Summer & October 2024 holidays <ul style="list-style-type: none"> • 7,720 pupils attended • Schools reporting increase in attendance of children • Reduction is crisis intervention
DCC Discover Work	Yr1 – £0 Yr2 – £101k Yr3 – £105k <u>£205k</u>	Implementation and delivery of the Improvement Framework for Positive Destinations. <u>Reflects the Child Poverty priority</u>	From Aug 2025 all schools will have a Positive Destinations Core Implementation Group operating in accordance with the framework.
DCC Social Work Crichton Street Hub*	Yr1 – £260k Yr2 – £91k Yr3 – £91k <u>£442,000</u>	Renovation costs for the co-location of a multi-disciplinary team at Crichton Street. <u>Reflects all priorities</u>	Building work to renovate the property will begin in October 2025, with scheduled completion and opening in February 2026.

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REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 4 FEBRUARY 2026

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC8-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

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

2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since November 2025, four actions have been completed, one additional action has been added and 35 actions remain ongoing.

4.2 Of the 36 ongoing and new actions fourteen have had progress recorded progress towards implementation since the last update was provided to PAC. The actions relating to the review of the IJB's Strategic Risk Register and statutory review of the strategic commissioning framework remain key priority areas. Both of these processes will be priority areas of the next six-month period, and it is therefore anticipated that associated actions within the Governance Action Plan will demonstrate progress over this period.

4.3 A work plan has now been implemented for the IJB and PAC for 2026. This sets out the schedule of expected items and reports for both meetings, including a number associated with progressing or completing outstanding actions within the Governance Action Plan.

5.0 POLICY IMPLICATIONS

5.1 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.

6.0 RISK ASSESSMENT

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a Moderate Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements. • The process of updating the progress against each action currently being undertaken by officers across the Partnership. • Governance Action Plan updates are now being routinely reported to PAC. • A process is being established for new actions to be added to GAP, for example recommendations from audit reports.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk 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.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Internal Auditor and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Clare Lewis-Robertson
Lead Officer

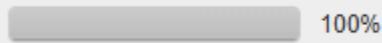
DATE: 8 January 2026

IJB Outstanding Actions – Governance Action Plan February 2026 Completed since last update

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		<p>DHSCPGAPIA20250618-8</p> <p>Revised NHS Tayside Clinical Governance Framework</p> <p>CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting.</p> <p>The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; background-color: #f0f0f0; width: 150px; height: 15px; margin-right: 10px;"></div> 100% </div> <p>Completed</p>	31 Dec 2025	Allied Health Professionals Lead	<p>8.01.26</p> <p>NHS Tayside Clinical Governance Team have provided educational sessions relating to the quality management system. Reporting paperwork has been updated to better reflect the requirements for reporting into the clinical governance quality assurance meeting and this will continue to be monitored and updated as the group matures through 2026-2027.</p> <p>Development sessions will be held through 2026-2027 to further support chairs of primary governance groups discharge their duties in relation to clinical, care and professional governance across the Partnership.</p>

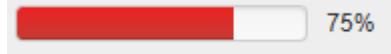
2	<input checked="" type="checkbox"/> DHSCPGAPIA20230927-2.1	Viability of External Providers - contract monitoring template It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. To assist in suitably embedding the new template across all care providers, a Senior Officer within DHSCP should undertake a sample inspection each quarter to assess the quality of monitoring reports. Any monitoring reports identified which lack sufficient documentation of the quality assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement. <div style="display: flex; align-items: center; justify-content: space-between;"><div style="flex: 1; text-align: center;"><div style="width: 100%; height: 100%; background-color: #ccc; border-radius: 5px; position: absolute; left: 0; top: 0;"></div><div style="width: 100%; height: 100%; background-color: #ccc; border-radius: 5px; position: absolute; left: 0; top: 0;"></div></div><div style="text-align: right;">100%</div></div>	30 April 2024	Head of Service, Strategic Services	7.01.26 Final element of action relating to preparation of contracts has now been completed.
	Completed				

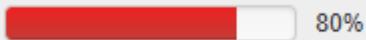
3	<input checked="" type="checkbox"/> DHSCPGAPIA20240619-10	<p>Financial monitoring and reporting</p> <p>Financial monitoring data should be enhanced to allow the Board to gauge progress against the budget especially in areas where brought forward reserves are being used to balance a budget and in savings targets. Financial reports should show actual savings assessed against planned savings. Savings should be categorised as recurring or non-recurring.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; background-color: #f0f0f0; width: 150px; height: 10px; margin-right: 10px;"></div> <div>100%</div> </div> <p>Completed</p>	31 Oct 2025	Chief Finance Officer	7.01.26 Financial monitoring reports have been further enhanced to highlight progress against planned savings proposals. Internal management reporting pack has also been enhanced to highlight additional information and key drivers. The format and content of regular reporting (to both IJB and internally) will continue to be reviewed and enhanced when a need is identified.
4	<input checked="" type="checkbox"/> DHSCPGAPIA20250618-12	<p>PAC Annual Report</p> <p>Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB “with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview” featured in DIJB’s Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024.</p> <p>The November 2024 GAP update to the PAC showed this action as completed with the second annual report submitted in December 2024. However, the PAC Annual Report submitted to the IJB in December 2024 still does not offer this assurance, with the purpose of the report being described as “an overview of the activities of the</p>	31 Aug 2025	Chief Finance Officer	7.01.2026 Annual assurance report provided to the IJB in 2025 and scheduled for both PAC and IJB in 2026.

		PAC over 2023/24".  100%			
		Completed			

In progress

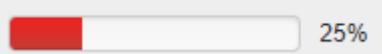
		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update

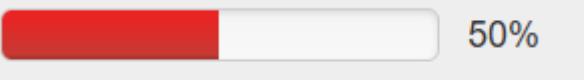
1		DHSCPGAPAIAR20190212 Improved hosted services arrangements Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services  20% increase in change achieved	31 Oct 2020	Chief Officer Chief Finance Officer	7.01.26 First Lead Partner Assurance Report submitted to all three IJBs across Tayside prior to the end of 2025.
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2	 <p>DHSCPGAPEA20201124</p> <p>Regular reporting against savings and transformation proposals</p> <p>Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1;">  <p>80%</p> </div> </div> <p>20% increase in change achieved</p>	31 Aug 2021	<p>Chief Officer</p> <p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	7.01.2026	<p>Financial reporting has continued to the IJB including updates on individual savings and transformation programmes. Senior Management Team Budget Delivery Group now embedded and meeting monthly to exercise oversight of progress.</p>
3	 <p>DHSCPGAPEA20211124</p> <p>Reporting against risk management improvement actions and strategic risk register</p> <p>Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.</p>	31 Oct 2022	<p>Chief Officer</p> <p>Head of Service, Strategic Services</p>	7.01.26	<p>Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented.</p>

		 95%				
		5% increase in change achieved				
4		<p>DHSCPGAPIA20210623-6</p> <p>Compliance from Partner Bodies</p> <p>There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation.</p>  75%	31 Dec 2021	Chief Finance Officer	7.01.26	<p>Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented.</p>
5		<p>DHSCPGAPIA20211124-1.1</p> <p>Revision of Integration Scheme</p>	30 Jun 2022	Head of Service, Strategic Services	7.01.26	<p>No further progress due to limited capacity within the relevant teams and need to prioritise other work, including review of the IJB's strategic needs assessment and routine reporting.</p>

		<p>As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 150px; height: 10px; background-color: #ccc; border-radius: 5px; position: relative;"> <div style="width: 25%; height: 100%; background-color: #d9534f; position: absolute; left: 0; top: 0;"></div> </div> 25% </div> <p>No change in % achieved</p>			
6		<p>DHSCPGAPIA20211124-1.2</p> <p>Enhanced Performance Reporting</p> <p>Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 150px; height: 10px; background-color: #ccc; border-radius: 5px; position: relative;"> <div style="width: 90%; height: 100%; background-color: #d9534f; position: absolute; left: 0; top: 0;"></div> </div> 90% </div> <p>No change in % achieved</p>	30 Jun 2022	Head of Service, Strategic Services	<p>7.01.26</p> <p>Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented, including considering strengthening links to performance reports. .</p>
7		DHSCPGAPIA20211124-1.5	31 Mar 2024	Head of Service, Strategic Services	7.01.26

	Development of Strategic Plan Performance Measures – 2023/24 The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs).  10% increase in % achieved			Report detailing recommendations from the statutory review of the strategic plan due to be submitted to the IJB in February 2026. This will include recommendations and associated risks regarding the performance framework. .
8	 DHSCPGAPIA20220622-4 The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)  No change in % achieved	31 Dec 2022	Chief Finance Officer	7.01.26 Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented.
9	 DHSCPGAPIA20220622-5	31 Dec 2022	Chief Officer	7.01.26

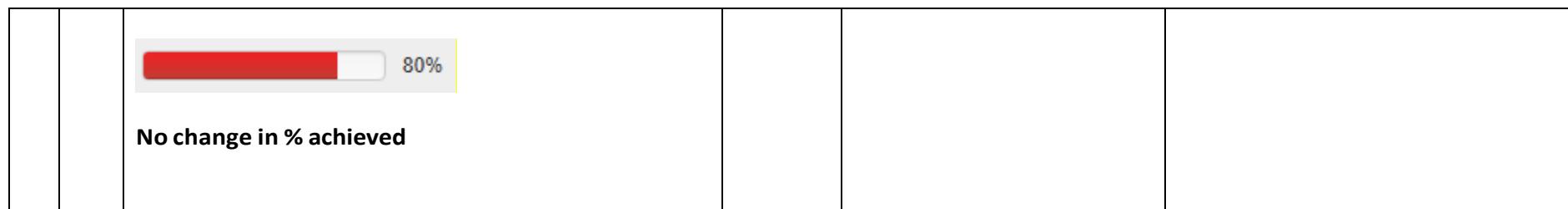
	<p>Clinical and care governance arrangements will feed into the formation of IJB directions</p> <p>A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions.</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">50%</div> <p>No change in % achieved</p>		Clinical Director	Review of Directions Policy was deferred to February 2026 meeting due to volume of business at December 2025 meeting.
10	<p>DHSCPGAPIA20220622-7</p> <p>Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.</p> <p>Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment.</p> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">  50% </div> <p>No change in % achieved</p>	30 Nov 2022	Chief Finance Officer	<p>7.01.26</p> <p>Update on Risk Management Action Plan was deferred to February 2026 to be part of wider paper on refresh of strategic risk management arrangements and reporting.</p>

11		<p>DHSCPGAPIA20220720-1</p> <p>Cat 1 Responder -Definition of IJB Duties</p> <p>Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 150px; height: 10px; background-color: #ccc; position: relative;"> <div style="width: 50%; height: 100%; background-color: #f00; position: absolute; left: 0; top: 0;"></div> </div> 50% </div> <p>45% increase in % achieved</p>	31 Oct 2022	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	7.01.26	IJB Standing Orders due to be updated in early 2026 where information about duties of the IJB as Cat 1 responder will be reflected as appropriate.
12		<p>DHSCPGAPIA20230130-1</p> <p>Sustainability of Primary Care - assurance from lead partner</p> <p>Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="width: 150px; height: 10px; background-color: #ccc; position: relative;"> <div style="width: 10%; height: 100%; background-color: #f00; position: absolute; left: 0; top: 0;"></div> </div> 10% </div> <p>5% increase in % achieved</p>	31 Mar 2023	<p>Head of Health and Community Care</p>	7.01.26	Request made to Angus Chief Officer and report scheduled for February 2026 PAC meeting.

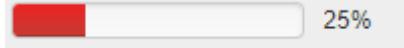
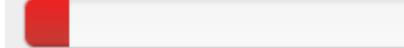
13		<p>DHSCPGAPIA20230621-1</p> <p>Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.</p> <p>Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; background-color: #f0f0f0; width: 150px; height: 10px; position: relative;"> <div style="width: 90%; height: 100%; background-color: red; position: absolute; left: 0; top: 0;"></div> </div> 90% </div> <p>No change in % achieved</p>	31 Dec 2023	Chief Finance Officer	<p>7.01.26</p> <p>Report reflecting outcomes and recommendations from the statutory review of the strategic plan to be submitted to the IJB in February 2026. This will reflect matters associated with resource pressures and the options available to the IJB to reflect this within the strategic planning moving forward.</p>
14		DHSCPGAPIA20230621-2.1	31 Dec 2023	Chief Finance Officer	7.01.26

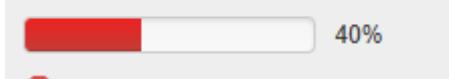
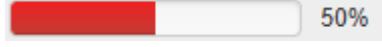
	<p>Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile.</p> <p>The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite". We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; background-color: #f0f0f0; height: 10px; width: 80%;"></div> <div style="background-color: #e63935; color: white; padding: 2px 5px; border-radius: 5px;">90%</div> </div> <p>No change in % achieved</p>			Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented. This will allow business as usual approach to be implemented including interaction with IJB members to contribute to the content and ongoing maintenance of the risk profile, appetite and register.
15	<p>● DHSCPGAPIA20230621-2.2</p> <p>Implementation of Risk Appetite</p> <p>To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:- risk appetite is to be taken into consideration as part of decision making- risk appetite affects</p>	31 Dec 2023	Chief Finance Officer	<p>7.01.26</p> <p>Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented.</p>

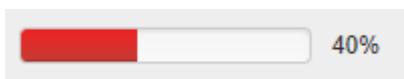
		<p>monitoring and escalation processes for individual risks. Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; background-color: #f0f0f0; width: 150px; height: 10px; position: relative;"> <div style="width: 85%; height: 100%; background-color: red; position: absolute; left: 0; top: 0;"></div> </div> 85% </div> <p>10% increase in % achieved</p>			
16		<p>DHSCPGAPIA20230927-1.1</p> <p>Viability of External Providers - Financial Monitoring Process</p> <p>It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken. To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.</p>	31 Dec 2023	<p>Head of Service, Strategic Services</p>	<p>7.01.26</p> <p>This work has not progressed further at this time due to competing pressures and priorities for the relevant officers / teams</p>

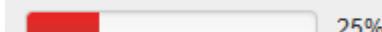


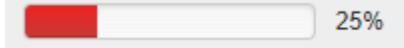
17		<p>DHSCPGAPIA20240131-1.1</p> <p>Operational Planning - Development of operational plans</p> <p>All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1; text-align: center;">  <div style="display: flex; align-items: center;"> 60% </div> </div> <p>5% increase in % achieved</p> </div>	30 Sept 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>7.01.26</p> <p>Some further progress has been made by the Strategic Planning Advisory Group as part of the statutory review of the strategic plan, however more focused work will be required following any decision made by the IJB in February about the outcome of that process.</p>
18		<p>DHSCPGAPIA20240131-2.1</p> <p>Operational Planning - Review of Terms of Reference</p> <p>Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>7.01.26</p> <p>No further progress at this time pending IJB decision regarding review of the strategic plan and linked planning groups.</p>

		 25%			
		No change in % achieved			
19		<p>DHSCPGAPIA20240131-3.1</p> <p>Operational Planning - project management arrangements</p> <p>The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>21.08.25</p> <p>No further progress at this time. It should be noted that the HSCP delegated workforce does not include corporate project management capacity. Some specific areas of work have dedicated project managers aligned to improvement work, for example unscheduled care.</p>
		 10%			
		No change in % achieved			
20		<p>DHSCPGAPIA20240131-4.1</p> <p>Operational Planning - alignment to strategic plan</p> <p>The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24. Groups responsible for the implementation of delivery plans and supporting</p>	30 June 2024	<p>Chief Finance Officer</p> <p>Head of Service, Strategic Services</p>	<p>7.01.26</p> <p>Review of Carers Strategy and Mental Health and Wellbeing Strategy have both improved alignment to the overall IJB strategic plan. These will be brought to the IJB for approval over the coming months.</p>

	<p>performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should:</p> <ul style="list-style-type: none"> • Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so • Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. <p>Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1; text-align: center;">  <p>40%</p> </div> </div> <p>30% increase in % achieved</p>			
21	<p>●</p> <p>DHSCPGAPIA20240619-2</p> <p>Resource Framework and Annual Delivery Plans</p> <p>A firm timeline for prioritised completion of the resource and performance frameworks and an Annual Delivery Plan should be put in place. These documents are key to DIJB achieving financial sustainability over the coming years and will need to demonstrate areas of investment and disinvestment. DIJB should ensure that updates on progress are given at each meeting until the documents are presented for approval.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1; text-align: center;">  <p>50%</p> </div> </div>	<p>31 Oct 2024</p>	<p>Head of Service, Strategic Services</p>	<p>7.01.2026</p> <p>Delivery Plan in place and has been subject of first mid-term report. It will be revised and updated again at the turn of the financial year.</p> <p>Resource Framework and Performance Framework remain delayed due to capacity issues across relevant officers and teams.</p> <p>Recommendations relating to these aspects to be included in the report to the IJB in February detailing outcomes and recommendations from the statutory review of the strategic plan.</p>

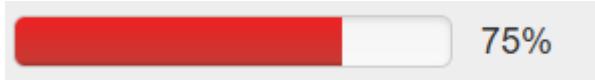
22		DHSCPGAPIA20240619-3	31 Aug 2024	Chief Finance Officer	7.01.2026
		<p>Terms of reference for PAC</p> <p>The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.</p> <div data-bbox="325 516 729 595">A horizontal progress bar consisting of a red rectangular bar on the left and a grey rectangular bar on the right. The red bar is approximately 40% of the total length. To the right of the bars, the text "40%" is displayed in a small, dark blue font.</div>			Next annual assurance report has been scheduled on the IJB planner for August 2026 and note has been added regarding assurance language to be incorporated within the report format.

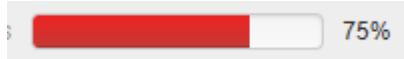
23		<p>DHSCPGAPIA20240619-4</p> <p>Register of Interests and Statutory Information</p> <p>A document control front sheet should be included with each statutory document, clearly showing the latest date of review and the version number.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; text-align: center;">  60% </div> </div>	31 Aug 2024	Chief Finance Officer	<p>7.01.2026</p> <p>Document control table was added to Financial Regulations when submitted to December 2025 IJB. This was omitted for the Scheme of Delegation and will be added at the next review (December 2026).</p> <p>The Register of Member Interests was last published for 2024. Arrangements will be made to revise and publish this again as soon as possible and thereafter on an annual basis.</p>
24		<p>DHSCPGAPIA20240619-5</p> <p>PAC and Strategic Risk Register</p> <p>In relation to the Strategic Risk Annual Report, the PAC should receive, review and then endorse this for onward submission to DIJB.</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex-grow: 1; text-align: center;">  25% </div> </div>	31 May 2025	Chief Finance Officer, Head of Service, Strategic Services	<p>23.06.25</p> <p>Noted – future annual reports will go to PAC then to IJB.</p>

25		DHSCPGAPIA20240619-6 Directions A monitoring process for directions should be implemented, including requesting progress reports from the partners as required.  60%	31 May 2025	Chief Finance Officer	7.01.2026 Assurance report regarding implementation of Directions commenced to PAC in May 2025. This will now take place on an annual basis and has been reflected in the IJB Report Planner. Arrangements for ongoing monitoring throughout the year to inform the annual overview report are being finalised.
26		DHSCPGAPIA20240619-9 Assurance Principles We recommend DIJB formally considers FTF's Assurance Principles and adopts these for use across the governance groups of Dundee City IJB. These will provide the clarity around the use of assurance levels that are used by the NHS Tayside Clinical Governance Committee.  25%	31 Oct 2024	Chief Finance Officer	8.01.2026 Recommendation to be reviewed as part of 25/26 updated Internal Control Evaluation and IA Annual Report, to consider any impact of changes from PSIAS to GIAS, as well as refreshed IJB Risk Register

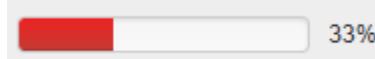
27		DHSCPGAPIA20250129-1 Workforce - modelling future service demand and workforce requirements The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to understanding Service demand and modelling staff requirement reflected in the Workforce	30 Apr 2025	Head of Service, Strategic Services Head of Health and Community Care Lead Officer, Quality Data and Intelligence	7.01.26 No further progress has been made at this time.
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	<p>Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation.</p> <p>Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales.</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="width: 150px; height: 10px; background-color: red; margin-right: 10px;"></div> 75% </div> <p>No change in % achieved</p>			
28	 <p>DHSCPGAPIA20250129-5</p> <p>Workforce - workforce planning group reporting</p> <p>There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide</p>	<p>31 Mar 2025</p>	<p>Head of Service, Strategic Services</p> <p>Head of Health and Community Care</p>	<p>7.01.26</p> <p>Next Workforce Plan report to the IJB scheduled for June 2026.</p>

		assurance over the effectiveness of arrangements to mitigate workforce risks.  75%			
29		DHSCPGAPIA20250618-2 Budget planning	31 Aug 2025	Chief Finance Officer	7.01.26 IJB Financial monitoring reports have been enhanced to include progress against planned savings, and progress towards financial recovery plan actions. Internal management finance packs have also been enhanced to highlight key drivers and other relevant information to assist budget holders

	<p>Budget monitoring reports, identifying significant variances, are provided to each IJB meeting.</p> <p>Overspends are reported in almost every delegated services, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.</p>  <p>50% increase in % achieved</p>			
30	 <p>DHSCPGAPIA20250618-5</p> <p>Fraud assurances to PAC</p> <p>The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud arrangements are in place within the partner bodies governance arrangements."</p> <p>No specific assurances have been presented to the PAC since update to the ToR.</p>  <p>50%</p>	31 Dec 2025	Chief Finance Officer	<p>7.01.26</p> <p>Assurance report to IJB scheduled on report tracker for August 2026.</p>

		40% increase in % achieved			
31		<p>DHSCPGAPIA20250618-7</p> <p>Committee papers, links to strategic risk and risk appetite</p> <p>Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it.</p> <p>The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the adoption and application of these will help to ensure links to risk and performance. Example reports from ICE fieldwork include:</p> <ul style="list-style-type: none"> • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 2022-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan 	31 Oct 2025	<p>Chief Finance Officer</p> <p>Acting Head of Strategic Services</p>	<p>7.01.26</p> <p>Draft of revised strategic risk register at final stages and to be submitted to the IJB for review in February 2026. Routine reporting against this will then be revised and implemented. This will include updating the IJB report format, risk assessment section to support a focus on the impact of reports and recommendations on the content of the strategic risk register including risk appetite.</p>

	links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score.  33%			
	23% increase in % achieved			

32		<p>DHSCPGAPIA20250618-9</p> <p>Information governance assurances</p> <p>The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties.... will adhere to the Information Sharing ProtocolPara 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST.A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided.</p> <p>The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital.</p>	31 Oct 2025	Acting Head of Strategic Services	7.01.2026	Information Governance Assurance Report scheduled on IJB Report Tracker for June 2026.
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		 55%			
		5% increase in % achieved			
33		DHSCPGAPIA20250618-10 Consolidated transformation reporting and results <p>Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations.</p>  75%	31 Dec 2025	Chief Finance Officer	7.01.2026 Regular financial monitoring reports have been enhanced to provide progress with savings delivery. Specific service Transformation reports are presented as regularly as possible. Ongoing emphasis on transformation and financial sustainability continues to be the priority for senior leadership team and budget delivery group.
34		DHSCPGAPIA20250618-11 Control document for suite of governance documents <p>We previously made recommendations about updating statutory documents and including a document control form to evidence update and review</p>	31 Dec 2025	Chief Finance Officer	21.08.2025 Not yet progressed. To be prioritized.

	<p>on a regular basis. DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate.</p> <div style="border: 1px solid #ccc; width: 100px; height: 10px; margin-top: 10px;"></div> <p>No change in % achieved</p>			
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New Actions (including initial update)

		Title and Description	Due Date	Ownership	Initial Update
1		<p>DHSCPGAPEA20251126-01</p> <p>Service Redesign to Improve Financial Sustainability</p> <p>The IJB is forecasting an operational overspend of £6 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £52 million over the five years to 2029/20. The IJB must use its strategic commissioning role to work with partners and engage with service users to accelerate redesign through the Transformation Programme.</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="width: 150px; height: 10px; background-color: #ccc; position: relative;"> <div style="width: 35%; height: 100%; background-color: #f08080; position: absolute; left: 0; top: 0;"></div> </div> 35% </div> <p>35% increase in change achieved</p>	31 Dec 2025	Chief Finance Officer	<p>7.01.2026</p> <p>Budget setting process has commenced, including programme of development sessions for IJB members. Preparation have progressed for public and stakeholder consultation taking into account feedback received in 2025/26.</p> <p>As part of the 20226/27 budget process the IJB will engage with stakeholders and service users through a public consultation process regarding the transformation of health and social care services. Opportunities for further collaboration with partner bodies and the other Tayside IJBs continue to be explored to transform services.</p>

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REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 4 FEBRUARY 2026

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC6-2025

1.0 PURPOSE OF REPORT

- 1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress of the one remaining review from 2024/25 and the 2025/26 internal audit plan.
- 1.2 This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the PAC:

- 2.1 Notes the ongoing work undertaken on the 2024/25 and 2025/26 plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 The Global Internal Audit Standards require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.
- 4.2 The PAC approved the 2025/26 Internal Audit Plan at the September 2025 meeting. Internal audit work undertaken to deliver the 2025/26 plan and the one remaining review from 2024/25 is set out in Appendix 1.
- 4.3 FTF Internal Audit, working with our partners in Dundee City Council, is committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed, and a RAG rating added showing an assessment using the following definitions:

Risk Assessment		Definition
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

4.4 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by the NHS Tayside and Dundee City Council Internal Audit Services. Following an initial delay due to work pressures and other priorities within the Dundee City Council Internal Audit Service, and initial engagement with officers to progress the review, fieldwork on Internal Audit D05-25 Lead Partner Services is nearing completion.

4.5 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

NHS Tayside reports:

Report Description	Assurance	Key findings
T17/25 Adverse Event Management	Limited Assurance	<p>An overarching Combined Clinical Governance Improvement Action Plan now brings together actions from new national guidance and the findings from this Internal Audit Report as well as local improvement priorities, and will be monitored through the Clinical Governance Quality Assurance Meeting (CGQAM) and Clinical Governance Committee.</p> <p>Agreed management actions in response to audit findings are:</p> <ul style="list-style-type: none"> • Review of the current Significant Adverse Event Review category 1 process, including the commissioning and sign off process. • Support to services to use Datix Dashboards so that data is used to monitor performance and drive improvement.

		<ul style="list-style-type: none"> • Introduction of action dashboards to monitor performance and drive improvement. • Introduction of a new CGQAM meeting. • Support services through resources, education, and training. • Work with the Business Unit, to revisit the possible solution of using Qlikview dashboards from Datix. • Include a glossary in the next iteration of the Adverse Event Management policy. • Review of how the CGQAM can be used to enable services to present their learning summaries.
T18/25 Medical Equipment & Devices	Reasonable Assurance	<p>Internal Audit identified no issues with approval, delivery and equipment acceptance. Data entry in the eEquip system (Equipment records register) was inconsistent and there was a lack of precise location tracking. Management are working to identify solutions and implementation of a tracking system is being explored.</p> <p>Management provided appropriate management responses and implementation dates to address audit findings related to the review and update of Guidance Documents; enhancing governance arrangements; prioritising improvement actions; the efficiency and effectiveness for the introduction of new medical equipment; and the implications from recent DL requirements and risks.</p>
T31/25 Data Breaches Learning Review	Limited Assurance	<p>Limited progress was made on Information Commissioner's Office March 2023 recommendations with 61% of actions not implemented, resulting in a disclosure in the 2024/25 Governance Statement.</p> <p>Progress was impacted by resourcing challenges in the Information Governance & Cyber Assurance (IG&CA) team.</p> <p>Actions have been agreed to improve the systems of governance, risk management, and control.</p>
T24/26 Post Transaction Monitoring	N/A	<p>The audit opinion categories for post transaction monitoring are pre-defined within the Scottish Government Health & Social Care Directorates (SGHSCD) Property Transactions Handbook (the Handbook). Therefore, we have not provided an overall opinion on the system but have concluded each transaction related to the Handbook property transaction categorisation requirements.</p> <p>In accordance with the requirements of Part A Section 6.9 of the Handbook, each transaction must be categorised as:</p> <p>A - Transaction has been properly conducted, or B - There are reservations on how the transaction was conducted, or C - A serious error of judgment has occurred in the handling of the transaction.</p>

		<p>The audit opinion for each transaction is:</p> <ul style="list-style-type: none"> • Sale of Aberfeldy Cottage Hospital – A • Granting of Lease, Retail Lease on Ninewells Concourse – WHSmith - A • Acquisition by Lease, 4 South Ward Road, Dundee – B <p>One significant and two merits attention findings were agreed. The significant finding was that the lessons learnt exercise for the 4 South Ward Road transaction, agreed at the October 2023 Asset Management Group, has not been undertaken. This creates a risk that a Handbook non-compliant decision-making process could occur again and commit partners to financially material contractual arrangements with ongoing costs.</p>
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Dundee City Council reports:

Report Description	Assurance	Key findings
Partnership Working - Dundee Alcohol and Drugs Partnership (ADP)	Comprehensive	<p>Scope</p> <p>Review of the arrangements which underpin the Council's delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework, including delivery plans, progress monitoring, and engagement with other members of the Partnership.</p> <p>Conclusion (No Recommendations)</p> <p>The Council has established effective governance arrangements that appropriately support its delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework. Representation, planning alignment, and monitoring processes are all operating effectively.</p> <p>Key Findings</p> <p>We identified a number of areas of good practice:</p> <ul style="list-style-type: none"> • The Council has implemented a representative structure that ensures appropriate engagement at all levels of the Alcohol and Drugs Partnership governance framework. • Council representatives who attend the main ADP group and/or its various subgroups, create a link between the ADP and Council services with information flowing through these designated staff members back to their respective service management teams. • There is a nested plan approach to ensure that ADP strategic priorities are effectively connect with service-level implementation, which enables strategic objectives established at the ADP level to cascade appropriately into operational activities at the service level.

		<ul style="list-style-type: none"> • Service plans demonstrate consideration of ADP objectives and there are mechanisms in place to incorporate any changes to ADP strategies into service planning. • Service performance indicators indirectly support broader substance use prevention and intervention strategies without duplicating ADP metrics. • There are monitoring and reporting processes for tracking council activities and performance indicators that directly support the priorities of the ADP
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5.0 POLICY IMPLICATIONS

5.1 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.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is a status update and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and Chief Internal Auditor were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 09 January 2026

Jocelyn Lyall
Chief Internal Auditor

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Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete 	✓	✓	✓	✓	N/A
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025 	✓	✓	✓	✓	N/A
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report. Follow up of previously agreed governance actions including Internal Audit recommendations.	IJB meeting June 2025 	✓	✓	✓	✓	Both the Internal Control Evaluation (ICE) and the Annual Report 2024/25 were reported at the June 2025 IJB meeting. Progress to address ICE findings will be reported to the IJB PAC within the Governance Action Plan.
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	IJB meeting June 2025 	✓	✓	✓	✓	

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D05-25	Lead Partner Services	<p>Lead Partner Governance and Assurance arrangements</p> <p>Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning.</p> <p>Update: Assignment plan was agreed with the Chief Officer on 19 August 2025 and fieldwork is ongoing.</p>	<p>May 2025</p> <p>September 2025</p> <p>November 2025</p> <p>February 2026</p> <p>20 May 2026</p> 	✓	✓			
2025/26								
D01-26	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2025	✓	✓	✓	✓	N/A
D02-26	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2026	✓	✓			
D03-26	Internal Control Evaluation (reported in March)	<p>Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report.</p> <p>Follow-up of previous agreed governance actions including Internal Audit recommendations.</p>	March 2026	✓	✓			

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D04-26	Annual Report 2025/26 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB Meeting June 2026					
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: <i>'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out its functions and requirements', including 'professional, technical and administrative resource.'</i>	TBC					

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PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)						
<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates 2025</u>				
		31/01	22/5	25/9	20/11 ^	26/11 ^^
NHS Tayside (Non Executive Member)	Bob Benson *	✓	✓	✓		✓
Dundee City Council (Elected Member)	Siobhan Tolland *	✓	✓	✓		✓
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓	✓		✓
NHS Tayside (Non Executive Member)	David Cheape *	✓	A	A/S		✓
Chief Social Work Officer	Glyn Lloyd	✓	A	A		A/S
Chief Officer	Dave Berry	✓	A	✓		✓
Acting Chief Finance Officer	Christine Jones	A	✓	✓		✓
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	A	A	✓		A
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	A		A
Carers' Representative	Martyn Sloan	✓	✓	A		✓
Chief Internal Auditor ***	Jocelyn Lyall	✓	✓	A/S		A

✓ Attended

A Submitted apologies

A/S Submitted apologies and was substituted

No longer a member and has been replaced / was not a member at the time

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

^ Meeting didn't take place as wasn't quorate.

^^ Special meeting.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland)).