ITEM No …4………..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE –21 MAY 2025**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 3**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC14-2025**

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 3 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 Q3 2024-25 performance is compared against the 2019-20 baseline year and, because 2019-20 performance was affected by the Covid-19 Pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 3 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 3 2024-25 period are:

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

- Performance is poorer against the 2019-20 baseline and the 2018-19 baseline for rate of emergency admissions 18+, 28 day readmissions rate 18+, emergency admissions as a rate of all A+E attendances 18+ and rate of hospital admissions due to a fall 65+.

- Performance has improved for emergency bed days rate per 100,000 18+ and standard delayed discharge bed days lost rate per 1,000 75+ compared with both the 2019-20 and 2018-19 baselines.

- Delay discharge (code 9) bed day lost rate per 1,000 shows a deterioration against the 2019-20 baseline but an improvement against the 2018-19 baseline.

- The rate of emergency admissions per 100,000 18+ population increased by 16.4% compared with the 2019-20 baseline and increased by 14.6% compared with the 2018-19 baseline and there was an increase across every LCPP. This is a deterioration in performance. The greatest increase compared with each of the 2018-19 and 2019-20 baselines was in The Ferry with an increase of 27.1% compared with 2018-19 and an increase of 32.3% compared with 2019-20.

- There was an improvement in performance compared with the 2019-20 baseline for the emergency bed day rate 18+, with a decrease by 1.9% and a decrease of 6.8% when compared to the 2018-19 baseline. This is a positive trend which reflects local improvements in community care to support earlier discharge. 4 LCPPs (West End, Maryfield, Coldside and Lochee) had a lower rate of emergency bed days in Q3 than both 2018-19 and 2019-20 baseline years and in Strathmartine the rate of emergency bed days was lower in Q3 than the 2018-19 baseline (improvement) but higher in Q3 than the 2019-20 baseline (deterioration).

- At Q3 2024-25 the rate of emergency readmissions within 28 days of any admission was 3% higher than both 2019-20 and 2018-19 baselines. This was a deterioration. The rate at Q3 2024-25 was lower (this was an improvement) in East End than both the 2018-19 and the 2019-20 baselines. The rate at Q3 2024-25 was lower (this was an improvement) in West End and Lochee than the 2019-20 baseline and at Q3 2024-25 the rate was lower (this was an improvement) in East End and Strathmartine than the 2018-19 baseline.

- At 2024-25 the rate of hospital admissions due to a fall was 5% higher than both the 2018-19 and 2019-20 baselines. Coldside and West End were the two LCPPs to show an improvement at Q3 2024-25 compared with the 2019-20 and 2018-19 baselines. Lochee showed a 2% improvement compared with the 2019-20 baseline.

- Rate of bed days lost to standard delayed discharge for people aged 75+ is 36% less (this is an improvement) than the 2019-20 baseline and improved in all LCPPs and13% less (this is an improvement) than the 2018-19 baseline and improved in 6 LCPPs. At Q3 the LCPP with the highest rate was Coldside (417 bed days lost per 1,000 people aged 75+) and the LCPP with the lowest rate was North East (95 bed days lost per 1,000 people aged 75+).

- Rate of bed days lost to complex (code 9) delayed discharges for people aged 75+ is 19% higher (this is a deterioration) than the 2019-20 baseline and 18% lower (this is an improvement) than the 2018-19 baseline. Lochee, North East, Maryfield and West End all showed a deterioration against both baseline years. Comparing the data against the 2018-19 baseline year shows an improvement in 4 LCPPs, two stayed the same and two declined. At Q3 The LCPP with the highest rate was Coldside (223 bed days lost per 1,000 people aged 75+) and the lowest was Maryfield with no 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.

In Dundee, as at 03 March 2025:

- 0 people waited in hospital and 138 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.

- 1 person was assessed and waiting for a care at home package in hospital (12 hours yet to be provided).

- 2 people were assessed and waiting for a care at home package in the community (4 hours yet to be provided).

- For those already in receipt of a care at home package 2 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, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in-depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0   CONSULTATIONS

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

9.0   BACKGROUND PAPERS

9.1   None.

Christine Jones
Acting Chief Finance Officer

DATE: 10 April 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

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Lead Officer, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q3 2024-25 against baseline year 2019-20

Most Deprived   Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	+16.4%	+14%	+9.3%	+17.5%	+12.2%	+19.2%	+17.0%	+10.8%	+32.3%
Emer Bed Days rate per 100,000 18+	-1.9%	-4.9%	+9.9%	-9.4%	+19.2%	+0.9%	-11.9%	-15.1%	+5.7%
28 Day Readmissions rate per 1,000 Admissions 18+	+3%	-1%	-13%	+15%	+2%	+1%	+8%	-7%	+13%
Hospital admissions due to falls rate per 1,000 65+	+5%	-2%	+37%	-15%	+9%	+8%	+26%	-2%	+3%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-36%	-35%	-30%	-14%	-28%	-54%	-4%	-63%	-27%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	19%	-43%	+270%	80%	-84%	+50%	-100%	-75%	+483%

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

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

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

Table 1b: Performance in Dundee's LCPPs - % change in Q3 2024-25 against baseline year 2018-19

Most Deprived → ← Least Deprived

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	+14.6%	+10.4%	+12.6%	+11.5%	+10.7%	+21.9%	+20.5%	+3.8%	+27.1%
Emer Bed Days rate per 100,000 18+	-6.8%	-15.1%	0.7%	-9.6%	+13.0%	-1.0%	-17.7%	-17.6%	+2.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+3%	+4%	-19%	+26%	-2%	-4%	+1%	+12%	+6%
Hospital admissions due to falls rate per 1,000 65+	+5%	+20%	+17%	-17%	+45%	+10%	+30%	-16%	+1%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-13%	-42%	-36%	98%	-62%	-21%	-34%	-29%	24%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-18%	-58%	0%	4%	-85%	-65%	0%	-36%	+122%

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

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

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

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q3 2024-25 compared to Dundee

| Most Deprived | | | | | | | | Least |

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	14,501	16,690	18,947	16,517	13,800	16,139	12,848	9,323	13,746
Emer Bed days rate per 100,000 18+	111,876	134,188	148,701	132,347	101,988	118,683	85,402	67,438	122,081
28 Day Readmissions rate per 1,000 Admissions 18+	143	146	145	154	128	149	150	144	125
Hospital admissions due to falls rate per 1,000 65+	32	30	39	33	27	33	33	31	30
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	240	261	196	417	95	178	174	233	254
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	75	61	85	223	13	31	0	10	93

Source: NHS Tayside BSU

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

Key: ▇ Improved/Better ▇ Stayed the same ▇ Declined/Worse
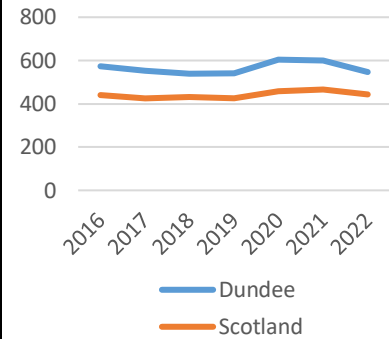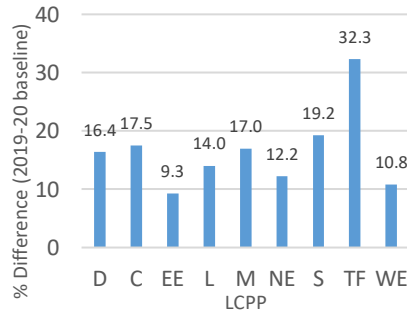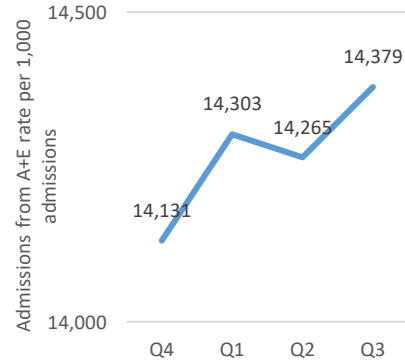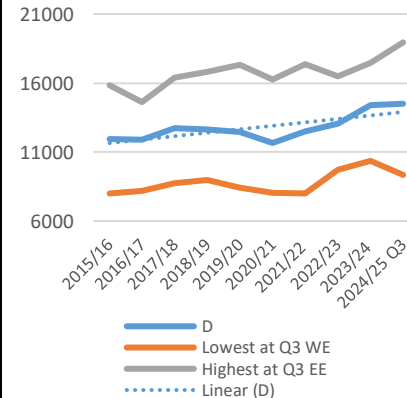
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q3 2024-25 compared to Dundee
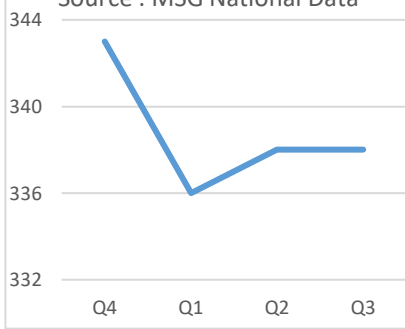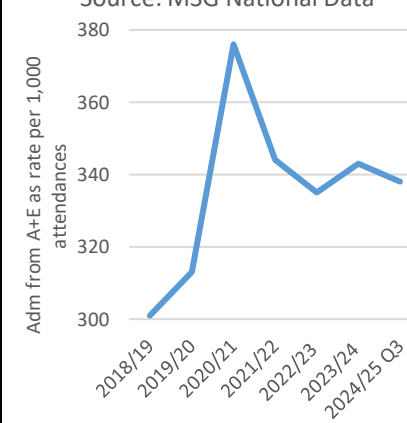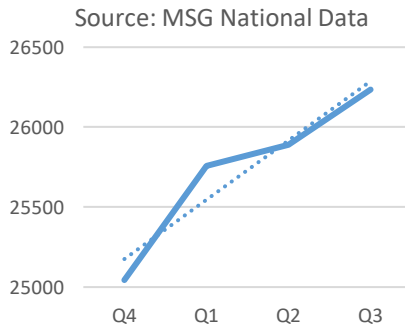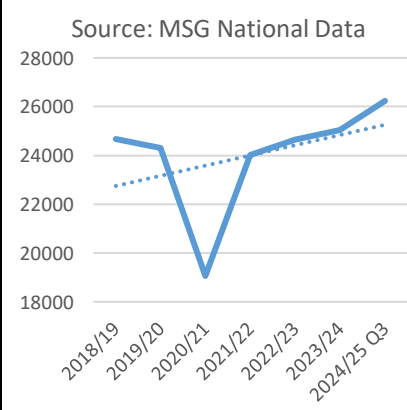
| Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF
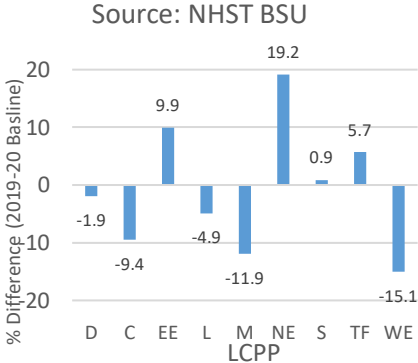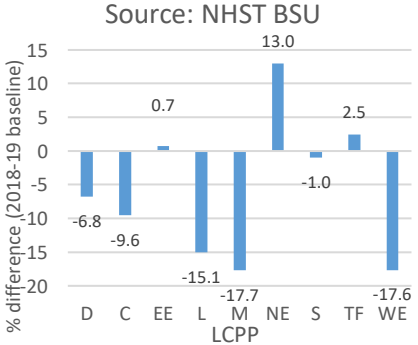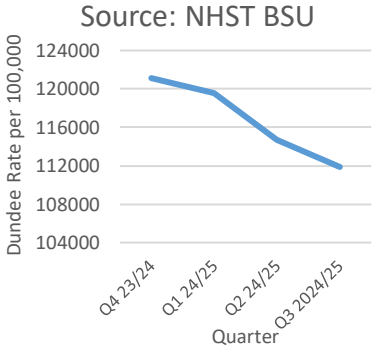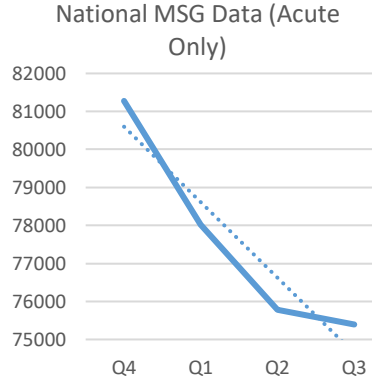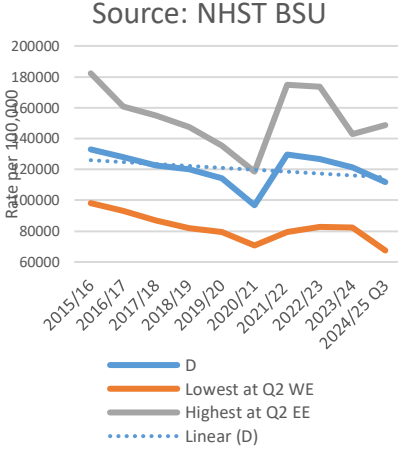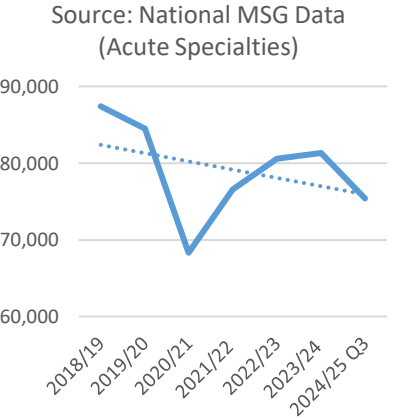
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

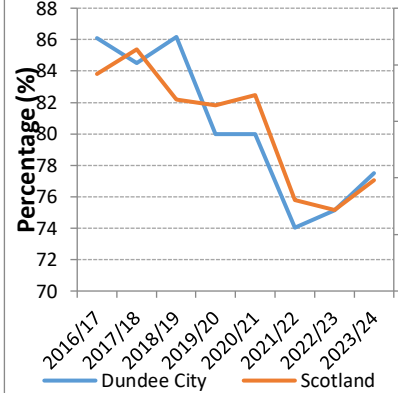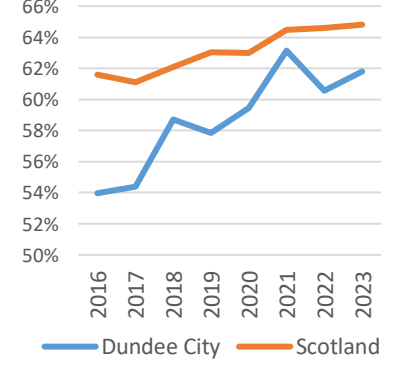| National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their 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	1st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.	Not Available Nationally	Not Available Nationally			

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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	4.5% less in 2022 than 2016 (improvement) 2022 is latest available published data	Not Available	Source : PHS	29th	6th	3rd
12. Emer Admissions rate per 100,000 18+	Source: NHST BSU There was an increase in emergency admissions rate by 16.4% in Q3 2024-25 compared with the 2019-20 baseline. This equates to an increase of 2,041 emergency admissions (deterioration).	Source : MSG National Data An increasing trend over the last 4 quarters	Source: NHST BSU Note - Linear (D) is the trendline for Dundee	28th	7th	3rd

	Source: NHST BSU There was an increase in the emergency admissions rate by 14.6% in Q3 2024-25 compared with the 2018-19 baseline. This equates to an increase of 1,852 emergency admissions (deterioration).		Source: National MSG Data Increase since 2020/21 as we moved out of the Pandemic emergency response.			
Emergency Admissions Numbers from A&E (MSG)	1,272 more emergency admissions from A+E in Q3 2024/25 compared with the 2019/20 baseline. 1,437 more emergency admissions from A+E in Q3 24/25 compared with the 2018/19 baseline.	Source: MSG National Data An increasing trend since Q4 2023/24	Source: MSG National Data Increase since 2020/21	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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)	Rate has increased by 25, from 313 at the 2019/20 baseline to 338 at Q3 2024/25. This is an increase of 8%. Rate has increased by 37, from 301 at the 2018/19 baseline to 338 at Q3 2024/25. This is an increase of 12%.	Source : MSG National Data Rate increased from 336 at Q1 24/25 to 338 at Q3 24/25	Source: MSG National Data A small decrease in Q3 2024/25 compared with 2023/24.	Not Avail	Not Avail	Not Avail
Number of Accident & Emergency Attendances (MSG)	1917 (8% increase) more A&E attendances in Q3 2024/25 than the 2019/20 baseline. 1555 (6% increase) more A&E attendances in Q3 2024/25 than the 2018/19 baseline.	Source: MSG National Data Increase in attendances since Q4	Source: MSG National Data	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	Source: NHST BSU There was a decrease in the emergency bed days rate by 1.9% between the 2019-20 baseline and Q3 2024-25. This equates to an decrease of 2616 emergency bed days (improvement). Source: NHST BSU There was a decrease in the emergency bed days rate by 6.8% between the 2018-19 baseline and Q3 2024-25. This equates to a	Source: NHST BSU The emergency bed days rate is showing a consistently decreasing trend over the past 4 quarters. National MSG Data (Acute Only)	Source: NHST BSU Source: National MSG Data (Acute Specialties)	15th	1st	2nd

	decrease of 9845 emergency bed days (improvement).				
	9171 (25%) less mental health bed days in Q3 2024-25 compared with the 2019-20 baseline (improvement) (source: MSG)

7102 (20%) less mental health bed days in Q3 2024-25 compared with the 2018-19 baseline (improvement) (source: MSG) | **National MSG Data (Mental Health Specialties)**
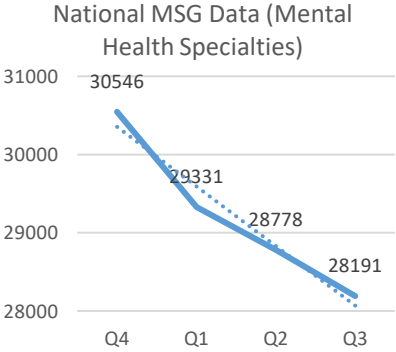
A decrease in the rate of mental health emergency bed days since Q4 2023/24 (improvement) | **National MSG Data (Mental Health Specialties)**
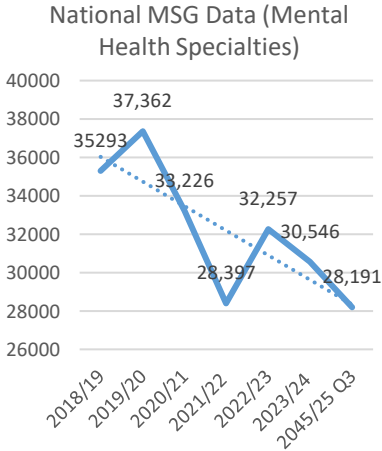
An overall decrease in the rate of mental health emergency bed days since 2022-23 (improvement) | | |

Chart 1 (Q4–Q3): Q4 30546, Q1 29331, Q2 28778, Q3 28191. Y-axis 28000–31000.

Chart 2 (2018/19–2045/25 Q3): 2018/19 35293, 2019/20 37,362, 2020/21 33,226, 2021/22 28,397, 2022/23 32,257, 2023/24 30,546, 2045/25 Q3 28,191. Y-axis 26000–40000.

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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+	Source: NHST BSU The rate is 3% higher at Q3 2024-25 than 2019-20. The number of readmissions (numerator) increased by 708 readmissions between the 2019-20 baseline and Q3 2024-25. Source: NHST BSU The rate is 3% higher at Q3 2024-25 compared with the 2018-19 baseline. The number of readmissions (numerator) increased by 819 readmissions between the 2018-19 baseline and Q3 2024-25.	Source: NHST BSU Decreasing trend over the last 4 quarters.	Source: NHST BSU	31st	8th	3rd

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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 89.1% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2023/24 (improvement)	Not Available	Source : MSG Indicators	20th	4th	2nd
16. Hospital admissions due to falls rate per 1,000 65+ population	Source: NHST BSU The rate of admissions has increased by 5% in Q3 24-25 from the 2019-20 baseline. This equates to an increase of 69 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions	Source: NHST BSU There has been a decreasing trend in the falls rate since Q4 2023/24.	Source: NHST BSU	31st	8th	3rd

was in East End with a 37% increase (39 fall related admissions) (deterioration). East End had the 3rd lowest rate of admissions in 2019-20 and the highest rate of admissions in Q3 2024-25.
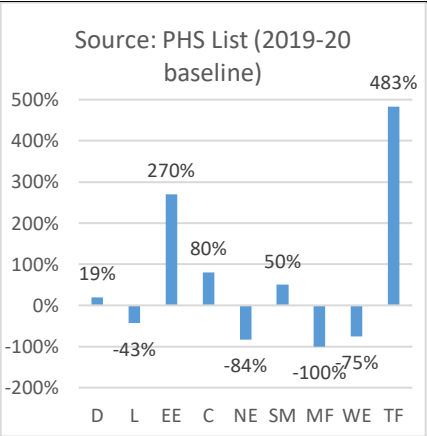
Source: NHST BSU
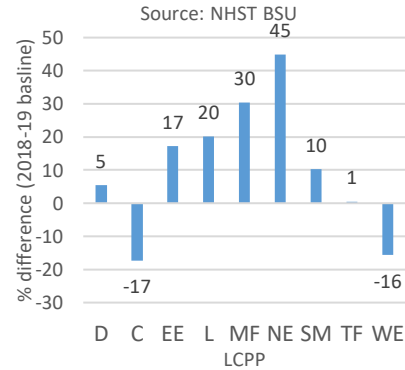
The rate of admissions has increased by 5% in Q3 24-25 from the 2018-19 baseline. This equates to an increase of 72 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in North East with a 45% increase (27 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2018/19 but despite the increasing rate, it still had the lowest rate out of all LCPPs at Q3 2024-25.
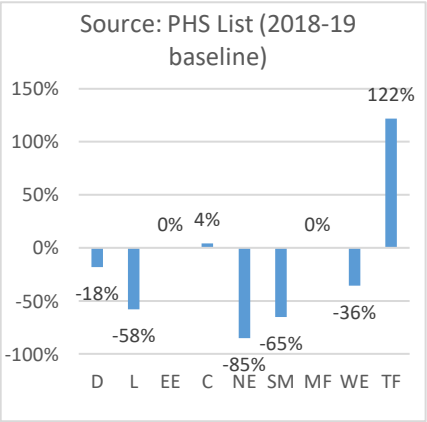
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	Dropped against 2018-19 and 2019-20 baselines, 86.2 in 2018-19 and 80 in 2019-20, 77.5% in 2023/24 (deterioration)	Not Available		19th	7th	1st
18. % adults with intensive care needs receiving care at home	Increasing trend in the number of adults receiving intensive care at home. In 2023, 62% received intensive care at home, which is an increase of 3.9% against 2019 and 3% against 2018. Baselines.	Not Available		24th	6th	3rd

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	36% decrease (improvement) since the 2019/20 baseline. 13% decrease (improvement) since the 2018/19 baseline.	An increase (deteriorating) from Q2 to Q3 after an improving trend in previous quarters.	Decline in standard delays since 2022/23. This is an improving trend..	NA	NA	NA

19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)				NA	NA	NA

Source: PHS List (2019-20 baseline)

500% 400% 300% 270% 200% 100% 80% 50% 19% 0% -43% -84% -75% -100% -100% -200%

D L EE C NE SM MF WE TF 483%

19% increase (deterioration) since 2019-20 and decrease (improvement) in 4 LCPPs.

Source: PHS List (2018-19 baseline)

150% 122% 100% 50% 0% 4% 0% 0% -18% -58% -85% -65% -36% -50% -100%

D L EE C NE SM MF WE TF

18% decrease (improvement) since 2018-19 and decrease (improvement) in 4 LCPPs. |

Source: PHS List

80 70 69 60 52 50 44 40 30 20 10 0

Q4 Q1 Q2 Q3 75
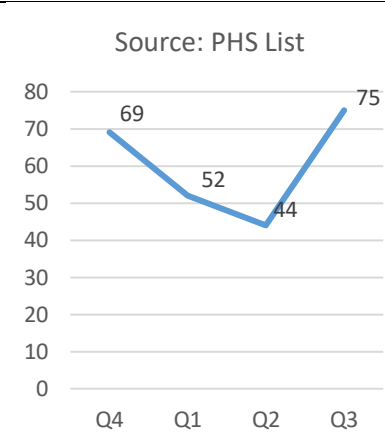
An increase (deterioration) between Q2 and Q3 following an improving trend between Q4 2023/24 and Q2 2024/25. |

Source : PHS List

500 400 300 200 100 0

2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 Q3

— Dundee
— Lowest at Q3 MF
— Highest at Q3 C
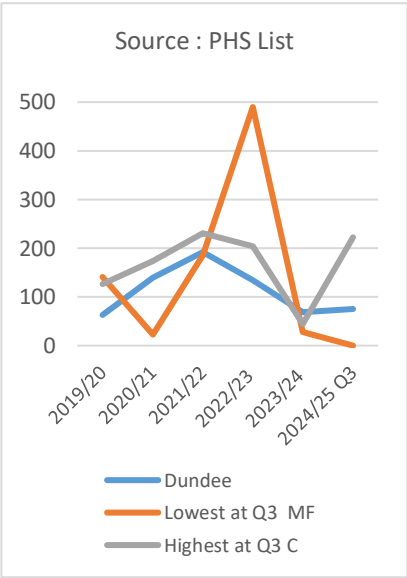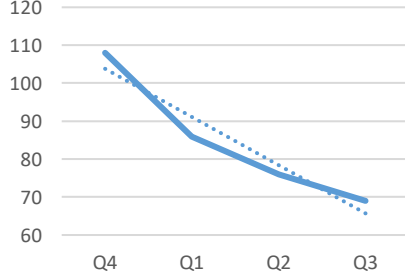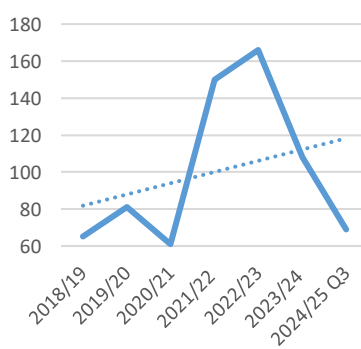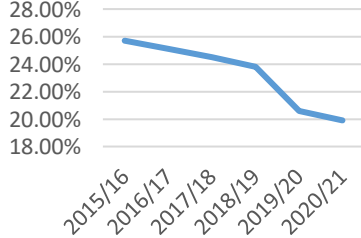
Decreasing trend since 2021/22, an improvement in performance. | | | |

National Indicator	Difference From Baselines (2018-19 and 2019-20)	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)	Bed days have decreased since the 2019-20 baseline. In 2019-20 there were 9,861 bed days lost and this decreased to 8,401 at Q3 2024-25. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 8,401 at Q3 2024-25.	 Reduction (improvement) over the last 4 quarters.	 A decrease in bed days lost rate since 2022/23.	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available		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
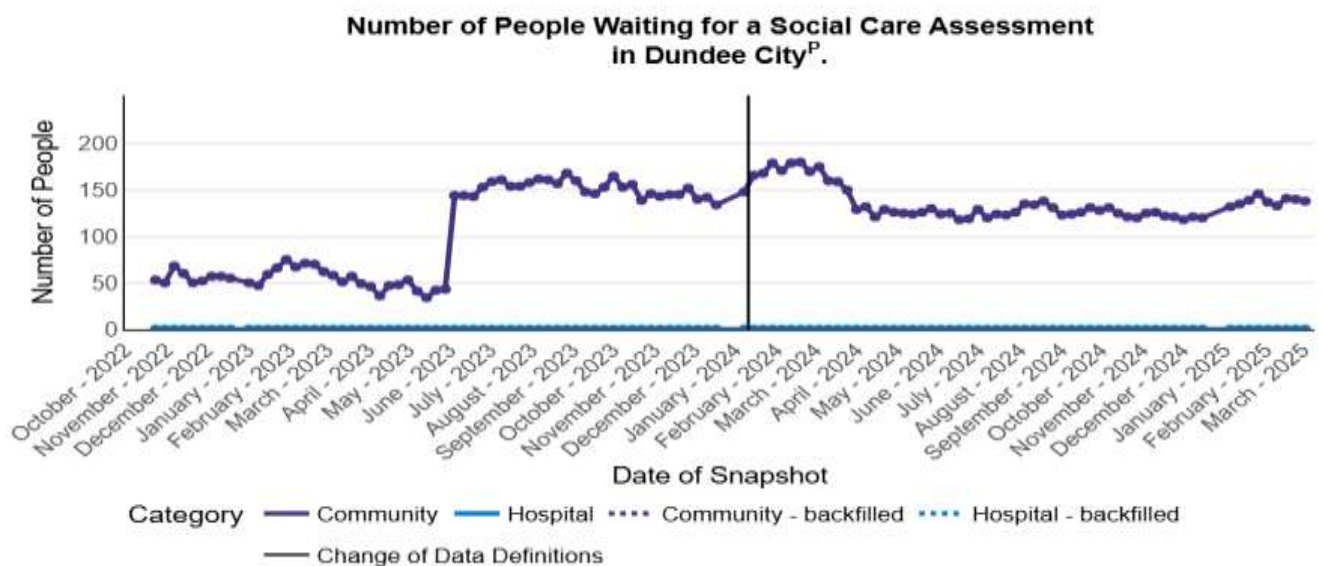
Number of People Waiting for a Social Care Assessment in Dundee City[P].

In Dundee as at 03 March 2025:

- 0 people waited in hospital and 138 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

Chart 2

Number of People Assessed and waiting for a Care at Home Package in Dundee City[P].
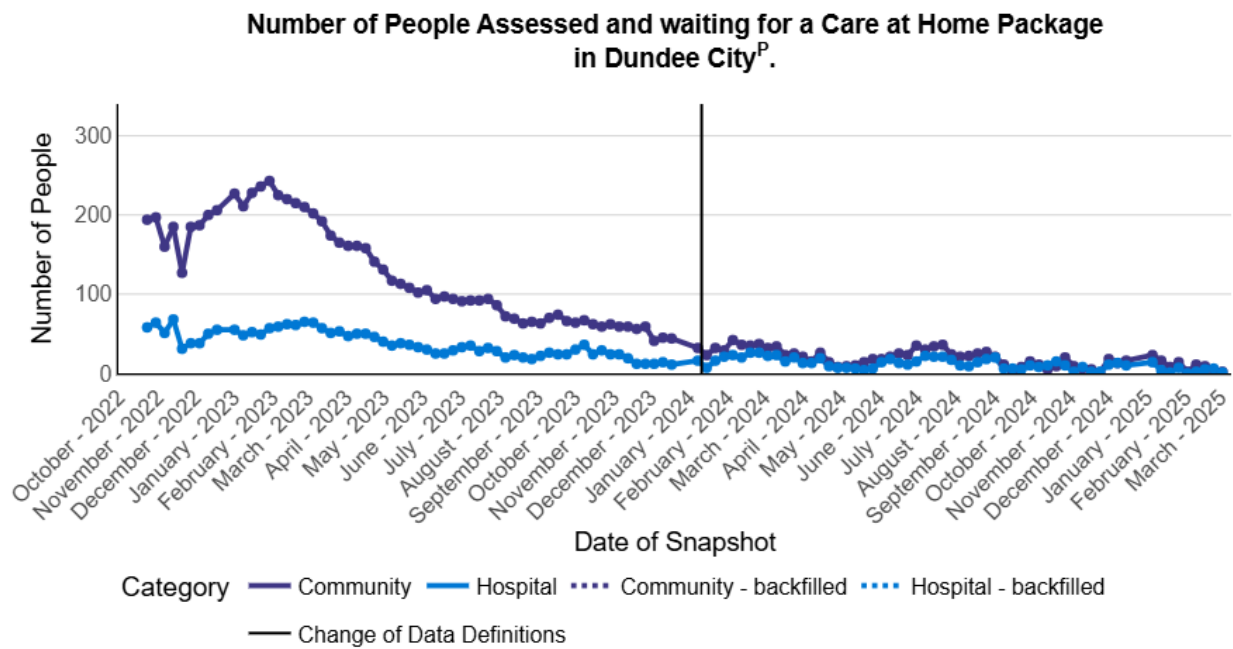
In Dundee as at 03 March 2025:

- 1 person was assessed and were waiting in hospital for a care at home package.
- 2 people were assessed and were waiting in the community for a care at home package.

Chart 3
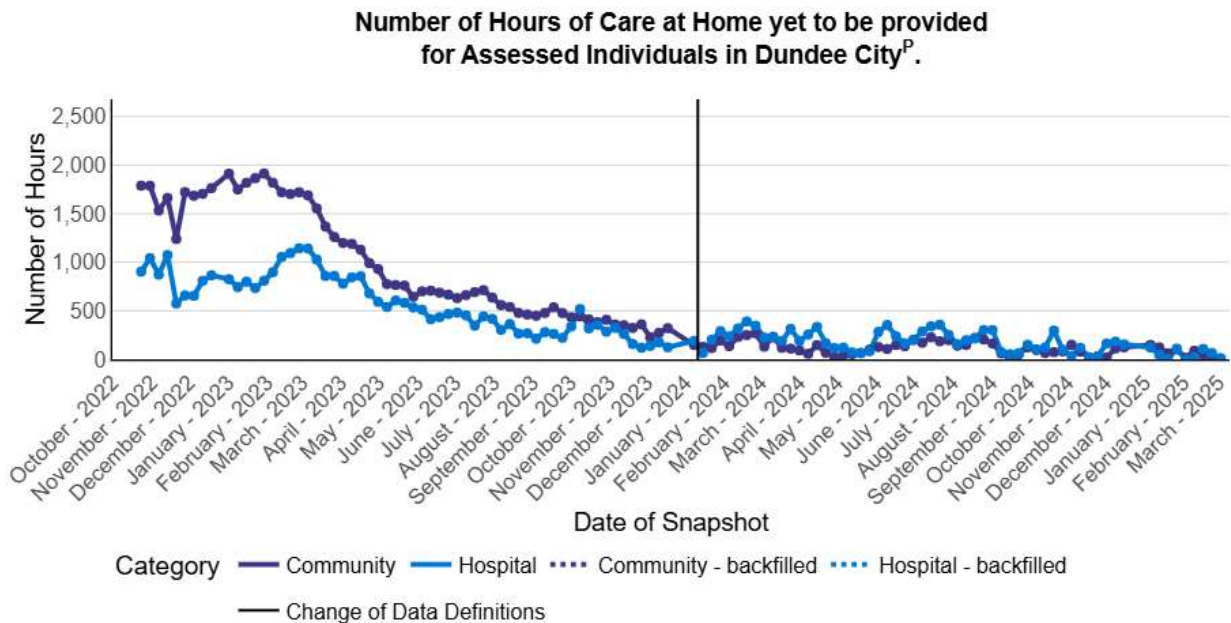
Number of Hours of Care at Home yet to be provided for Assessed Individuals in Dundee City[P].

In Dundee as at 03 March 2025:

- 1 person was assessed and waiting for a care at home package in hospital (12 hours yet to be provided).
- 2 people were assessed and waiting for a care at home package in the community (4 hours yet to be provided).

Chart 4

Number of additional Hours of Care Assessed as Needed and not provided for those already in Receipt of a Care at Home Package in Dundee City[P].
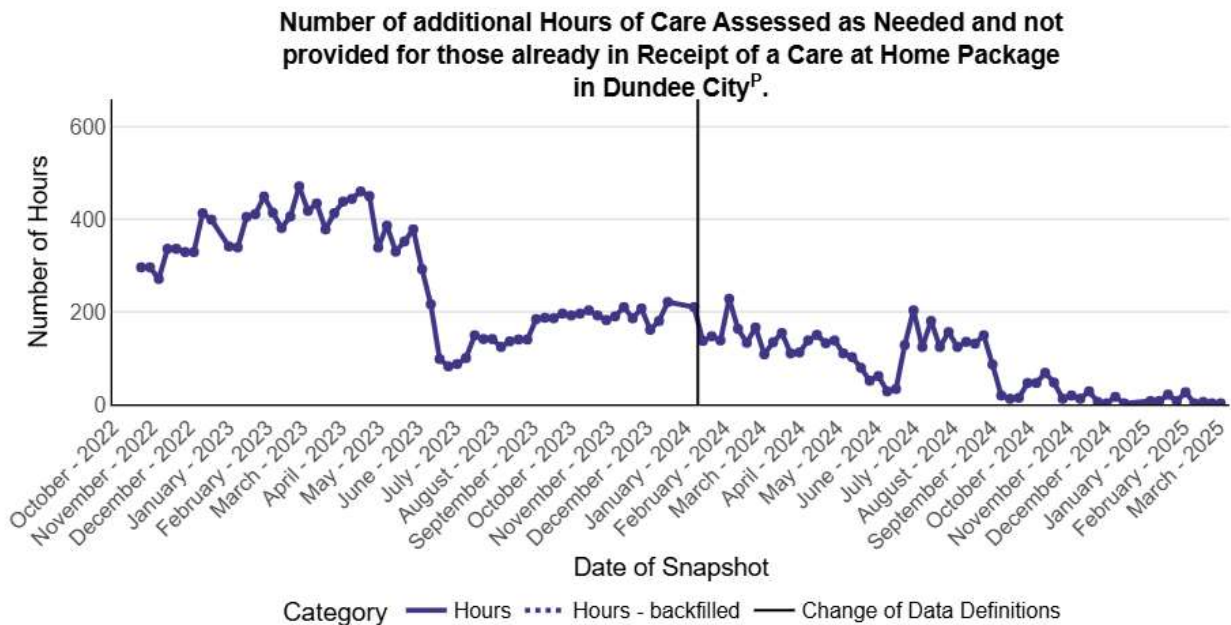
In Dundee as at 03 March 2025:

- For those already in receipt of a care at home package 2 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[1] monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

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

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

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[1] For Q3 the data is for the period 1 January 2024 – 31 December 2024.