ITEM No …4……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 3**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC14-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 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 Quarter 3 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year, however because performance in that year was significantly impacted by the COVID-19 pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 3 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 3 2025-26 period are:

- Significant variation by Local Community Planning Partnership (LCPP) continues, with poorest performance for many of the National Indicators in the most deprived LCPPs (see Table 2, Appendix 1).

Performance against the 2020-21 baseline (see Table 1a, Appendix 1)

- Performance is poorer than the baseline year 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+.
    - The rate of emergency admissions 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 has improved in West End, Lochee and Maryfield, however the remaining five LCPPs have shown a deterioration (with the highest increase in The Ferry (36.6%)).
    - The rate of 28-day readmissions 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%).
- Performance has improved for the rates of falls related hospital admissions per 1,000 people aged 65+, and for standard and code 9 delayed discharge bed days lost per 1,000 people aged 75+.
    - The rate of falls hospital admissions 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 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 has 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 is the rate of bed days lost).

Performance against the 2018-19 baseline (see Table 1b, Appendix 1)

- 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.
    - The rate of emergency admissions has increased in all LCPP areas, with the highest increases in The Ferry (25%) and Strathmartine (17.3%).
    - The rate of 28 day readmissions 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 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 complex delayed discharge bed days lost 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 in the rate of bed days lost).
- 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 bed days 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 standard delayed discharge bed days lost shows 49% improvement across Dundee, all LCPPs showed an improvement with the greatest improvement in Lochee (70%) and East End (65%).

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 2 March 2026:

- 0 people waited in hospital and 123 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 7 people were assessed and waiting for a care at home package in hospital (68 hours yet to be provided).

- 12 people were assessed and waiting for a care at home package in the community (46 hours yet to be provided).

- For those already in receipt of a care at home package 114 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

7.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

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: 16 April 2026

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Lisa Traynor
Assistant, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q3 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+	+21%	+20.7%	+10.9%	+26.2%	+19.2%	+26.9%	+10.2%	+17.6%	+36.9%
Emer Bed Days rate per 100,000 18+	+8.1%	-3.3%	+13.7%	+13.7%	+4.3%	+17.3%	-4.3%	-11.5%	+33.8%
28 Day Readmissions rate per 1,000 Admissions 18+	+8%	0%	5%	-1%	-7%	+7%	+23%	+17%	+17%
Hospital admissions due to falls rate per 1,000 65+	-1%	-5%	-12%	-9%	+41%	+12%	+17%	-10%	-7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	+22%	+23%	+5%	+67%	-12%	-3%	-3%	+21%	+31%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-62%	-78%	-62%	-15%	-88%	-85%	-100%	-69%	+108%

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 Q3 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+	+11.5%	+10.3%	+7.0%	+8.9%	+7.6%	+20.8%	+7.4%	+5.7%	+24.8%
Emer Bed Days rate per 100,000 18+	-12.8%	-26.9%	-8.7%	-11.7%	+5.8%	-5.8%	-24.1%	-23.5%	+1.8%
28 Day Readmissions rate per 1,000 Admissions 18+	+8%	-1%	-12%	+27%	-7%	-5%	+9%	+39%	+14%
Hospital admissions due to falls rate per 1,000 65+	+3%	+35%	-4%	-20%	+32%	+2%	+27%	-13%	+4%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-23%	-57%	-43%	+76%	-28%	-54%	-20%	-33%	+7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-46%	-69%	-27%	-31%	-75%	-92%	0%	+317%	-21%

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 Q3 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+	14,108	16,677	18,014	16,132	13,404	15,991	11,453	9,489	13,492
Emer Bed days rate per 100,000 18+	104,605	115,490	134,847	129,219	95,445	113,002	78,776	62,666	121,213
28 Day Readmissions rate per 1,000 Admissions 18+	148	141	152	155	122	148	158	171	133
Hospital admissions due to falls rate per 1,000 65+	31	34	32	32	25	30	33	32	31
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	212	194	177	370	182	104	210	220	220
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	49	44	62	148	21	7	0	63	33

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

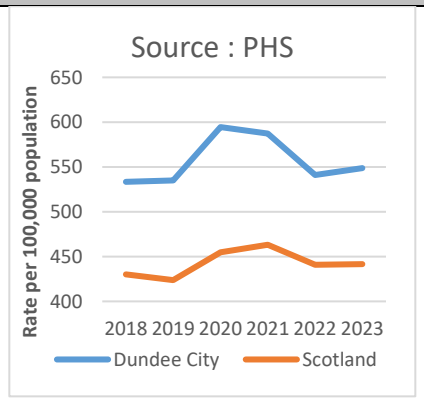
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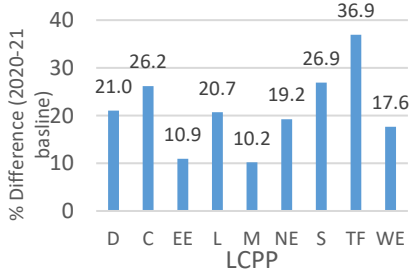
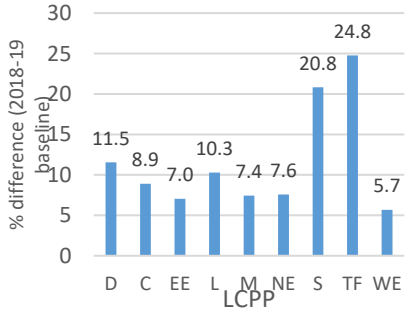
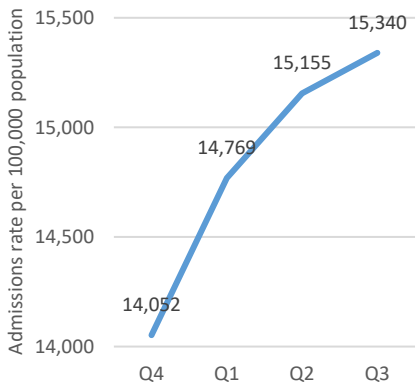
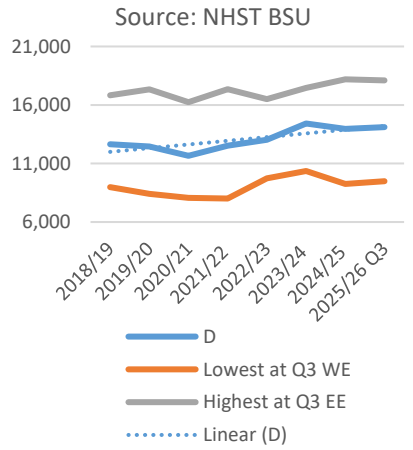
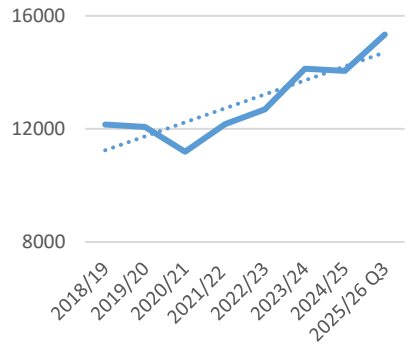
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q3 2025-26 compared to Dundee

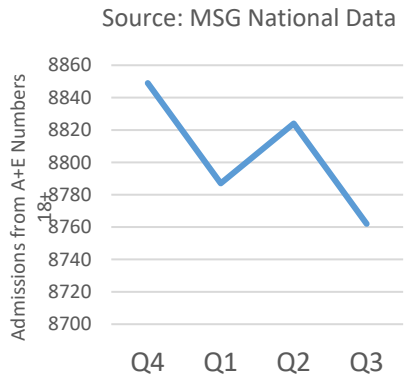
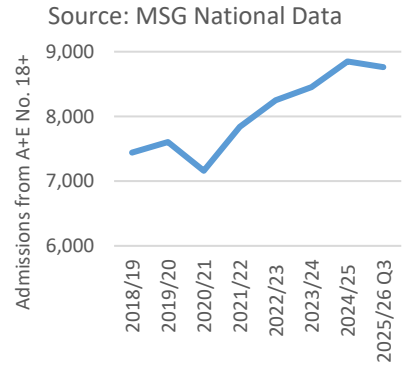
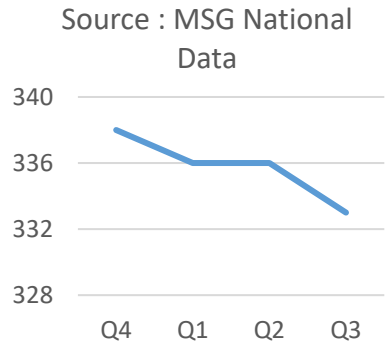
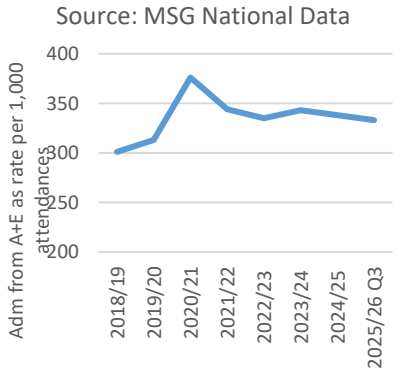
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

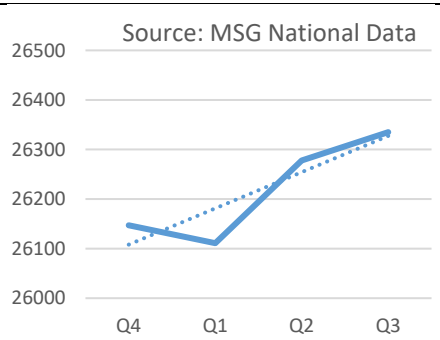
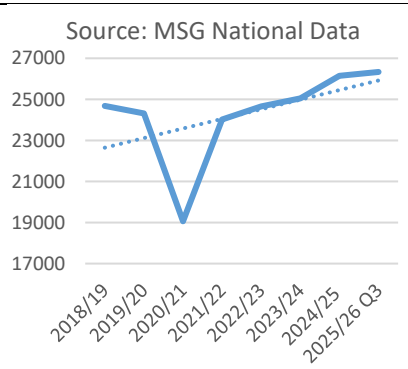
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
* Indicators 1 to 9 are based on the Health and Care Experience 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.						
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
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 2025 survey the	Not Available Nationally	Not Available Nationally			

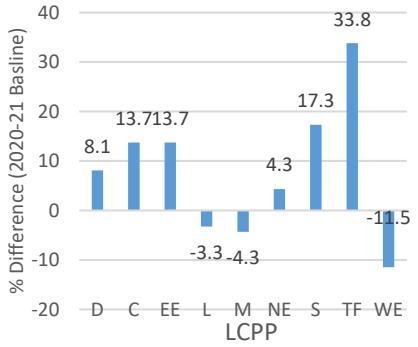
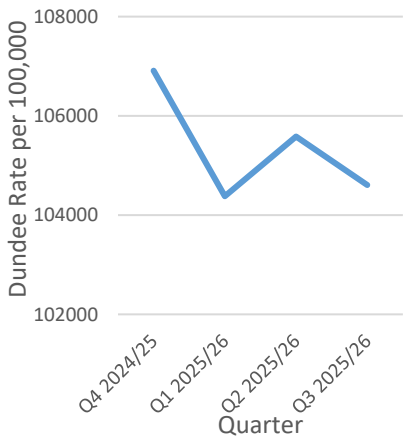
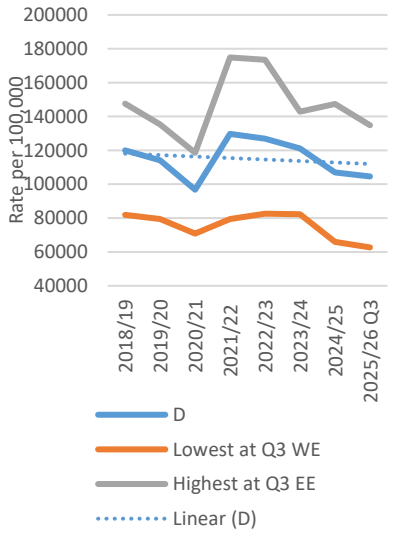
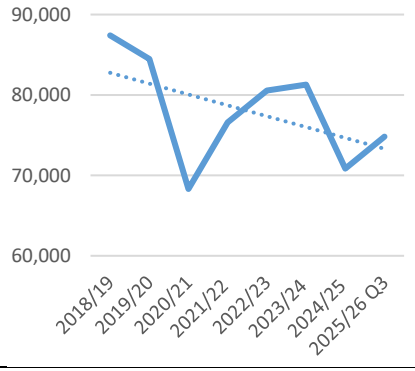
	response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.					

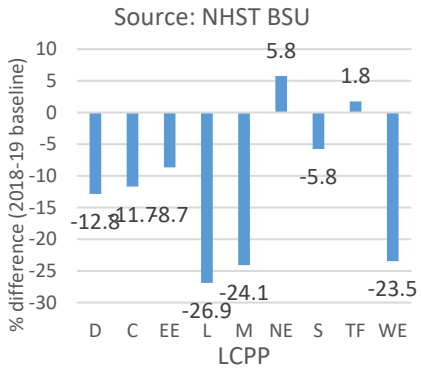
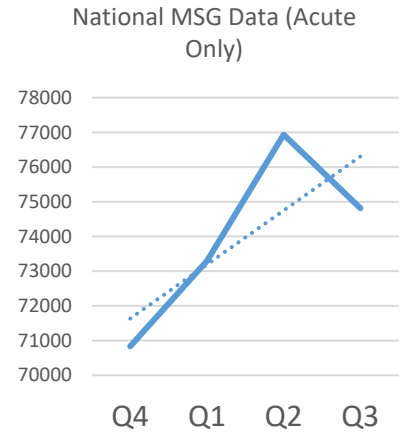
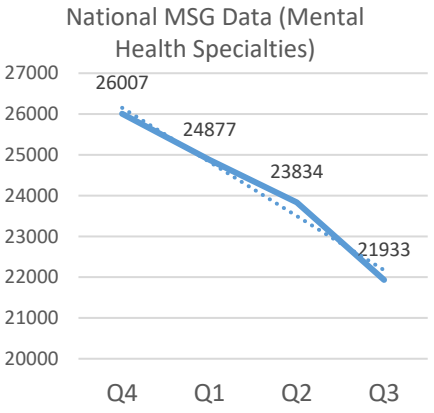
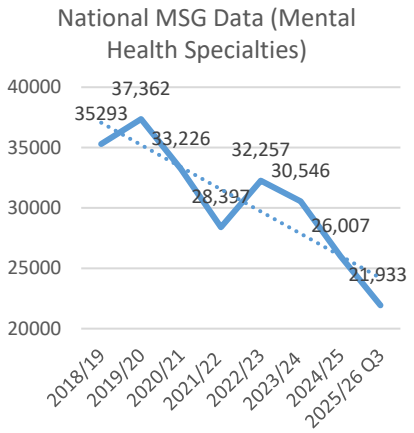
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
11. Premature mortality rate per 100,000 persons	There was a 2.9% increase in 2023 compared to 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years. 2023 is latest available published data. 2024 data will be provided in the May realease and figures will be updated in the next report.	Not Available		30th	7th	3rd

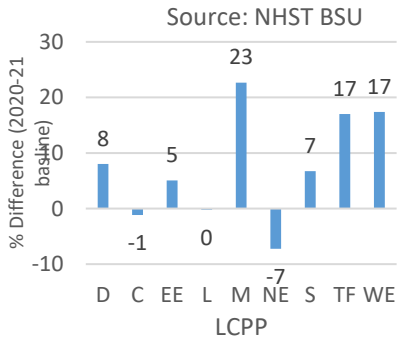
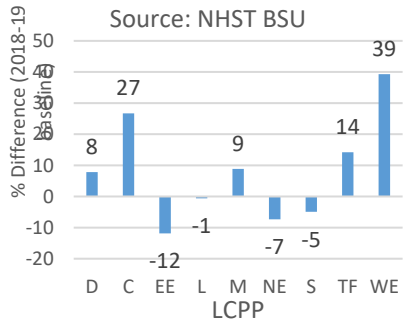
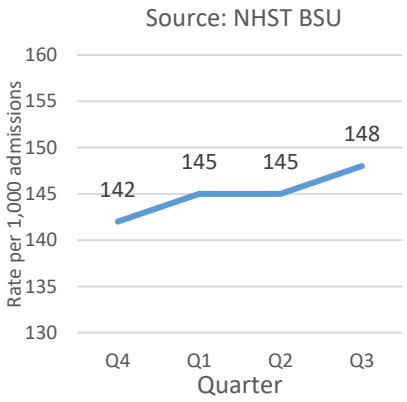
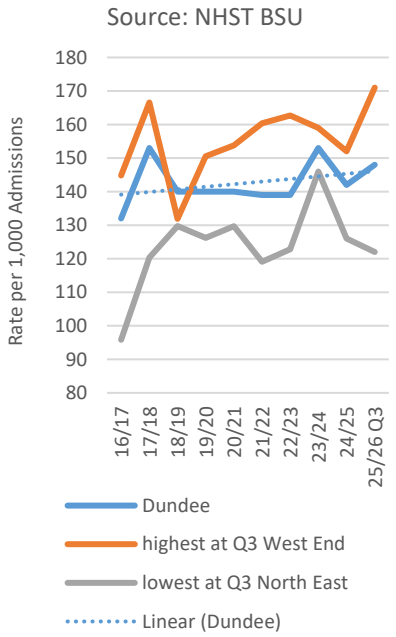
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12. Emer Admissions rate per 100,000 18+	Source: NHST BSU(2020-21)  There was an increase in emergency admissions rate by 21% in Q3 2025-26 compared with the 2020-21 baseline. This equates to an increase of 3001 emergency admissions (deterioration). Source: NHST BSU (2018-19)  There was an increase in the emergency admissions rate by 11.5% in Q3 2025-26 compared with the 2018-19 baseline. This equates	Source : MSG National Data  Admissions rate have steadily increased in the past four quarters.	Source: NHST BSU  Note - Linear (D) is the trendline for Dundee Source: National MSG Data 	29th	7th	3rd

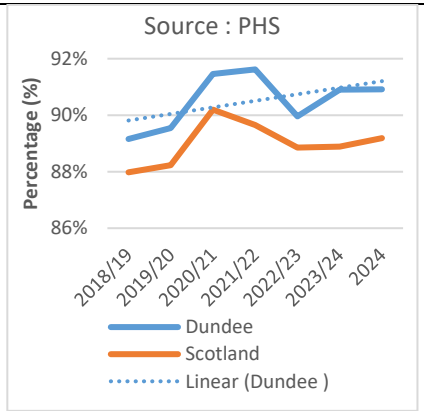
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	to an increase of 1,792 emergency admissions (deterioration).		Emergency admissions rate showing an increasing trend since the pandemic.			
Emergency Admissions Numbers from A&E (MSG)	1,602 more emergency admissions from A+E in Q3 25/26 compared with the 2020/21 baseline. 1,322 more emergency admissions from A+E in Q3 25/26 compared with the 18/19 baseline.	 Admissions show a slight short-term decreasing trend, with numbers falling modestly from Q2 to Q3.	 Admission numbers rose overall, with a slight dip in 2020/21, then a steady increase onward, levelling off near 9,000 in recent quarters.	NA as number and not rate	NA as number and not rate	NA as number and not rate
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate decreased by 43, from 376 at the 2020/21 baseline to 333 at Q3 2025/26. This is a decrease of 11%. Rate increased by 32, from 301 at the 2018/19 baseline to 333 at Q3 2025/26. This is an increase of 11%.	 A short term declining trend.		Not Available	Not Available	Not Available

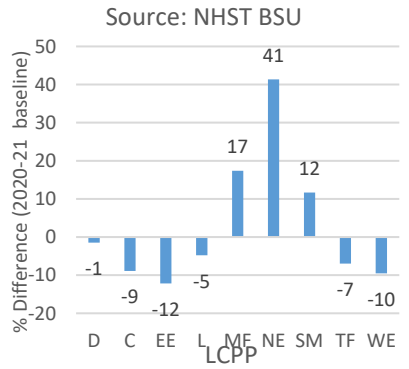
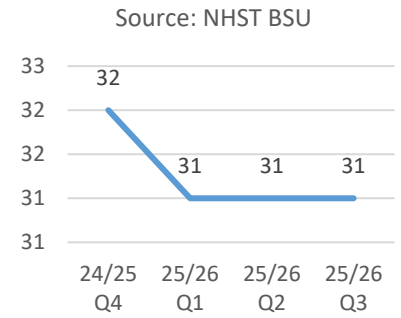
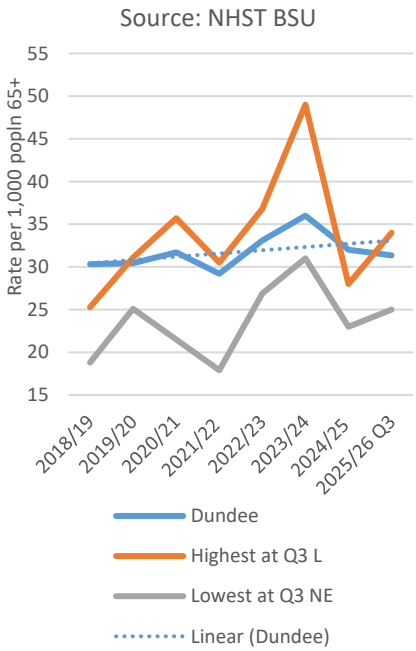
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
			A&E admission rates peaked during the pandemic followed by a decline, with rates now stabilising.			
Number of Accident & Emergency Attendances (MSG)	7274 (38% increase) more A&E attendances in Q3 2025/26 than the 2020/21 baseline. 1655 (7% increase) more A&E attendances in Q3 2025/26 than the 2018/19 baseline.	 Attendances have been rising since Q1.	 Upward trend following the pandemic	NA as number and not rate	NA as number and not rate	NA as number and not rate

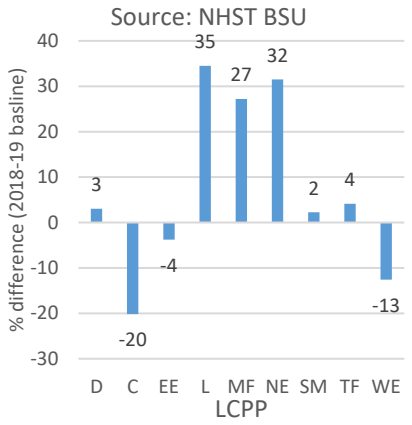
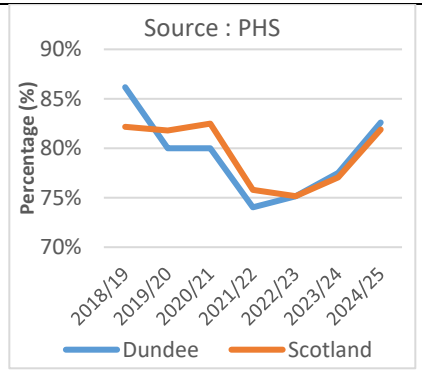
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	Source: NHST BSU  There was an increase in the emergency bed days rate by 8.1% between the 2020-21 baseline and Q3 2025-26. This equates to an increase of 9,661 emergency bed days (deterioration). 11,293 (34%) less mental health bed days in Q3 2025-26 compared with the 2020-21 baseline (improvement) (source: MSG)	Source: NHST BSU  The emergency bed days rate has shown a consistent downward trend with a slight uptick in Q2 2025/26 (improvement).	Source: NHST BSU  Source: National MSG Data (Acute Specialties) 	10th	1st	2nd

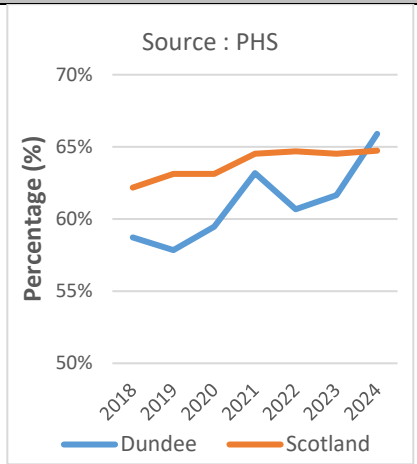
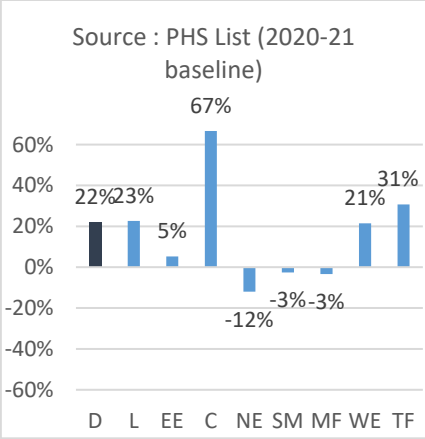
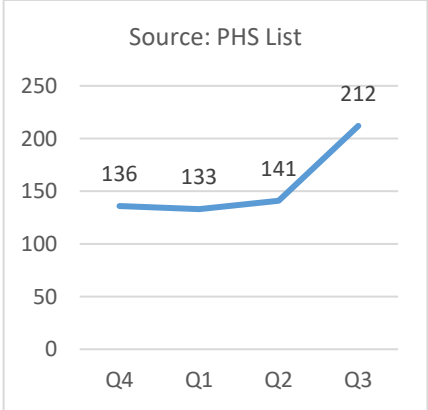
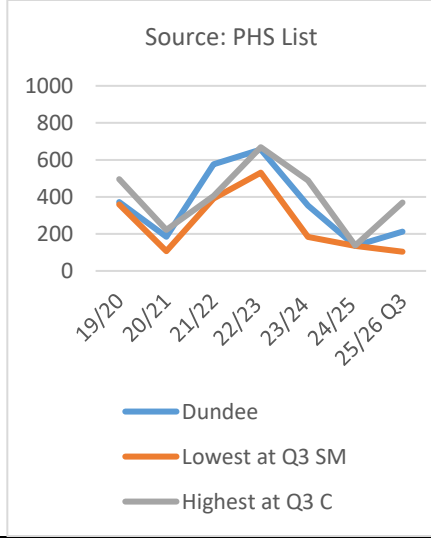
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	 There was a decrease in the emergency bed days rate by 12.8% between the 2018-19 baseline and Q3 2025-26. This equates to a decrease of 18,722 emergency bed days (improvement). 13,360 (38%) less mental health bed days in Q3 2025-26 compared with the 2018-19 baseline (improvement) (source: MSG)	 	 There has been a steady decrease since the pandemic, indicating an overall downward trend.			

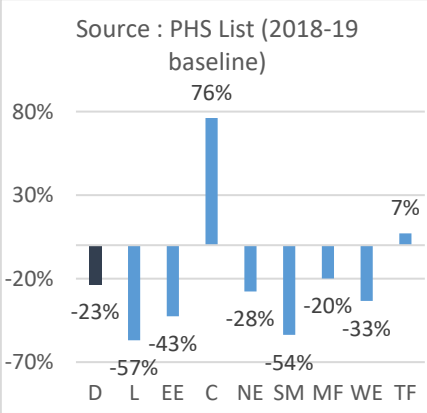
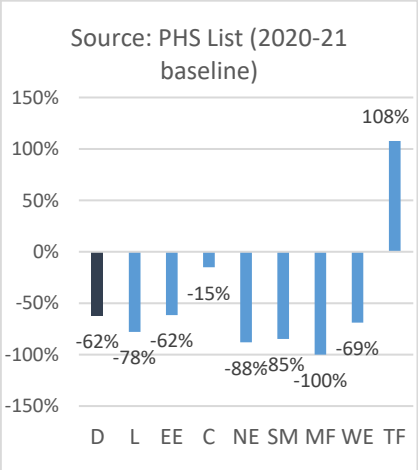
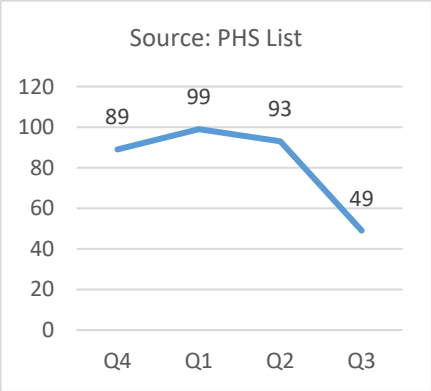
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
		A decrease in the rate of mental health emergency bed days since Q4 2024/25 (improvement)				
14. Emergency Readmissions rate per 1,000 Admissions 18+	 The rate is 8% higher at Q3 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1172 readmissions between the 2020-21 baseline and Q3 2025-26.  The rate is 8% higher at Q3 2025-26 compared with the 2018-19 baseline. The number of	 Admissions have shown a slight increase from Q4 to Q3 2025/26.		29th	8th	2nd

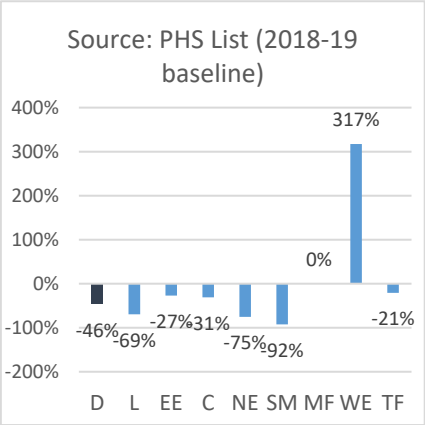
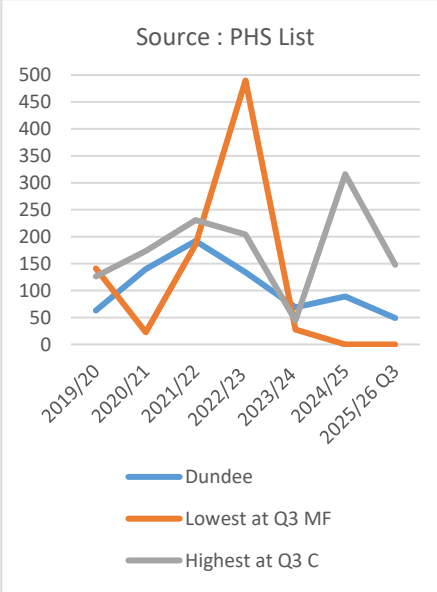
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
	readmissions (numerator) increased by 1087 readmissions between the 2018-19 baseline and Q3 2025-26.					
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 7th best in Scotland and 1st in the family group.	Not Available		7th	1st	2nd

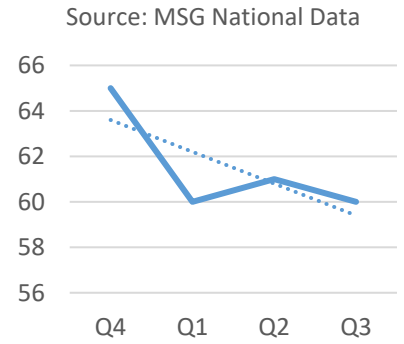
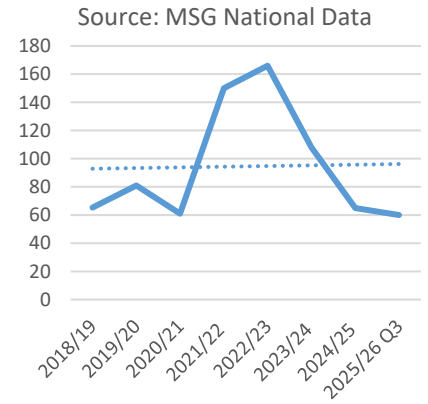
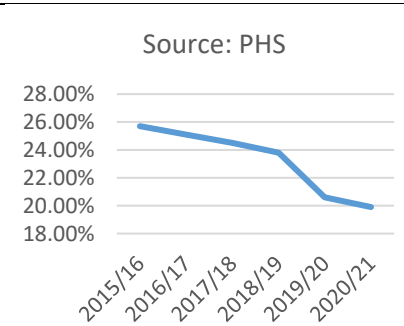
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
16. Hospital admissions due to falls rate per 1,000 65+ population	 The rate of admissions has decreased by 1% in Q3 25-26 from the 2020-21 baseline. This equates to an increase of 81 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in North East with a 41% increase (19 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2020-21.	 The trend shows stable number of falls per 1,000 since Q1 2025/26.		31st	8th	3rd

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
	 The rate of admissions has increased by 3% in Q3 25-26 from the 2018-19 baseline. This equates to an increase of 53 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Lochee.					
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	A deterioration of 3.6% compared to the 2018/19 baseline but a 2.6% improvement compared to the 2019/20 baseline. Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend.	Not Available		17th	6th	1st

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
18. % adults with intensive care needs receiving care at home	There has been an increasing trend in the proportion of adults receiving intensive care needs at home. In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.	Not Available		12th	5th	1st
19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	 22% increase (deterioration) since the 2020/21 baseline.	 The short-term trend shows an increase in standard delays.		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
	 23% decrease (improvement) since the 2018/19 baseline.		Overall decline in rate of standard delays since 2022/23. An increase in Q3 2025/26.			
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	 There has been a 62% decrease (improvement) since 2020–21, with	 A decreasing trend in the number of code 9 delays.		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
	reductions observed across all LCPPs except one.  46% decrease (improvement) since 2018-19 and with reductions in all LCPPS except one.		 Long term data shows a decreasing 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
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	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 7272 at Q3 2025-26. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 7,272 at Q3 2025-26.	 The delayed discharge bed days lost rate per 1,000 showed a steady improvement from Q4 to Q1, followed by a slight increase in Q2, before declining again.	 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.	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

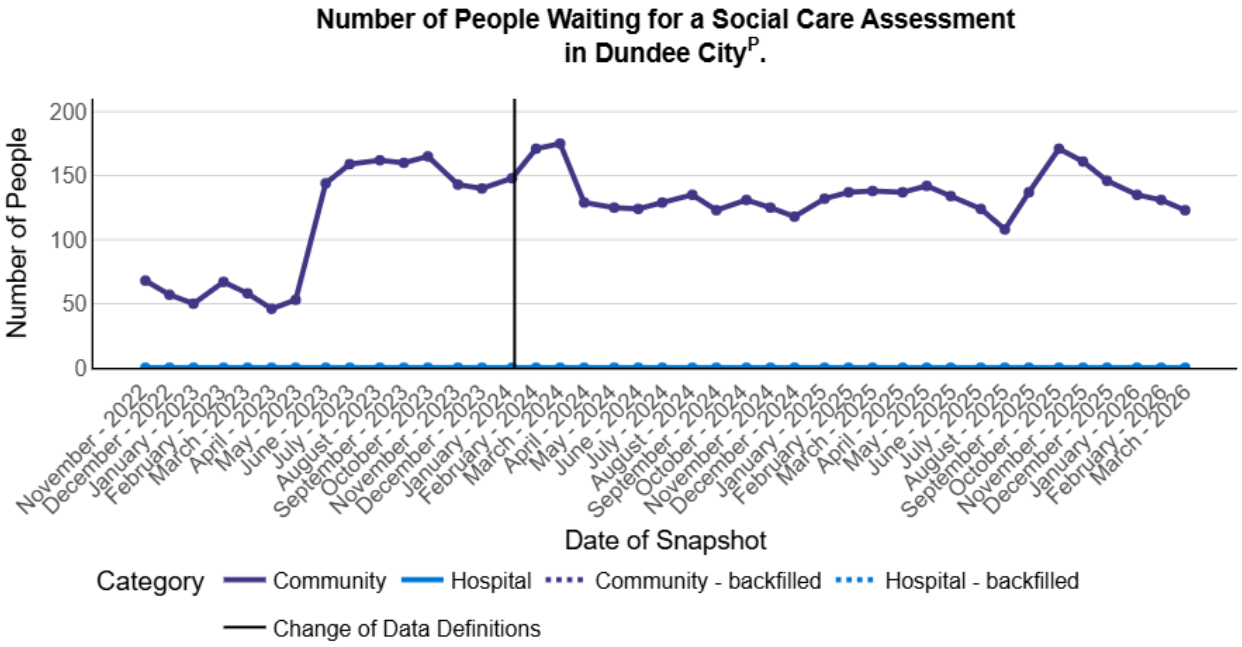
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APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

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.

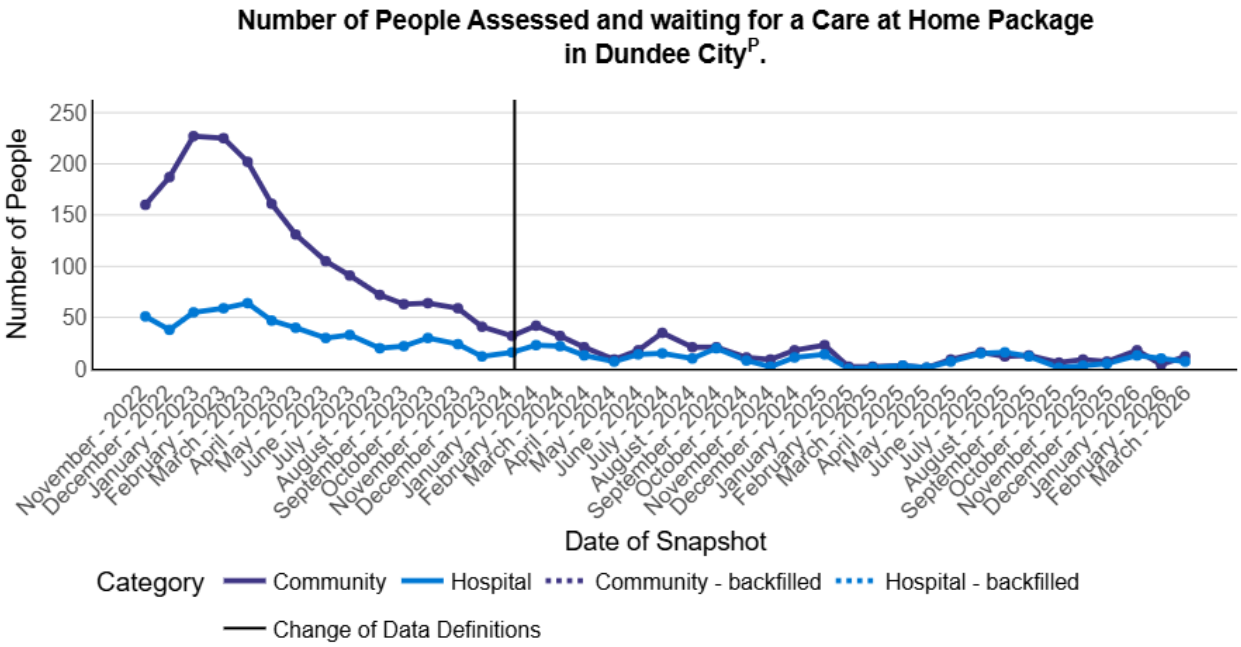
Chart 1



In Dundee as at 02 March 2026

- 0 people waited in hospital and 123 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

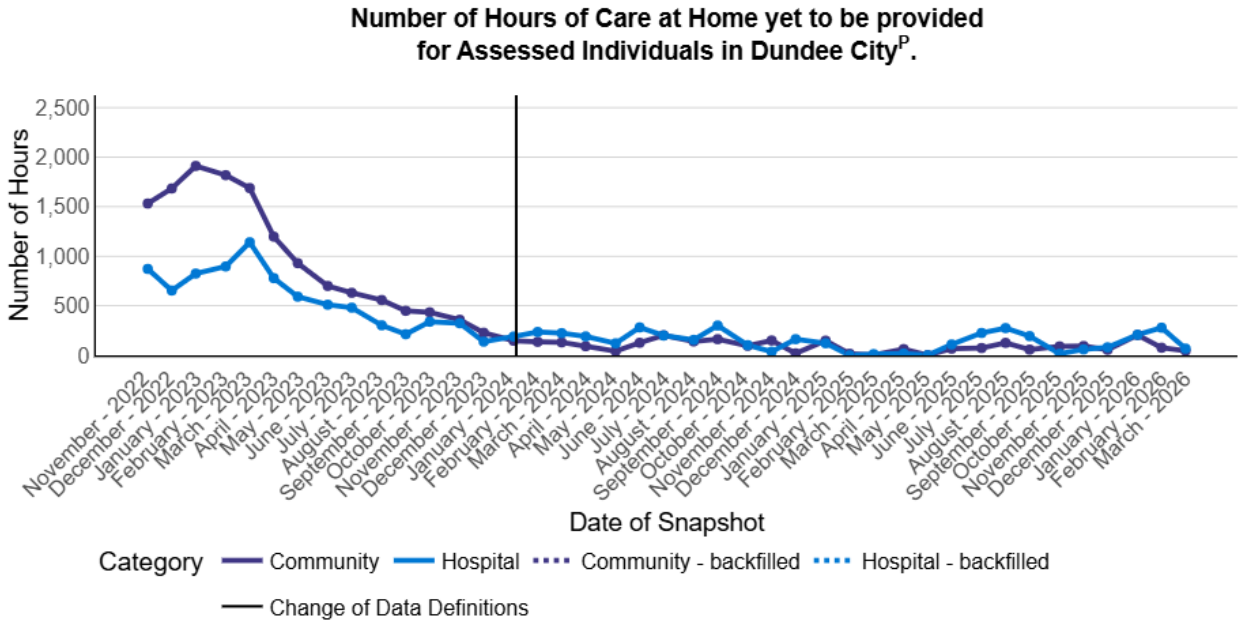
Chart 2



In Dundee as at 02 March 2026:

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

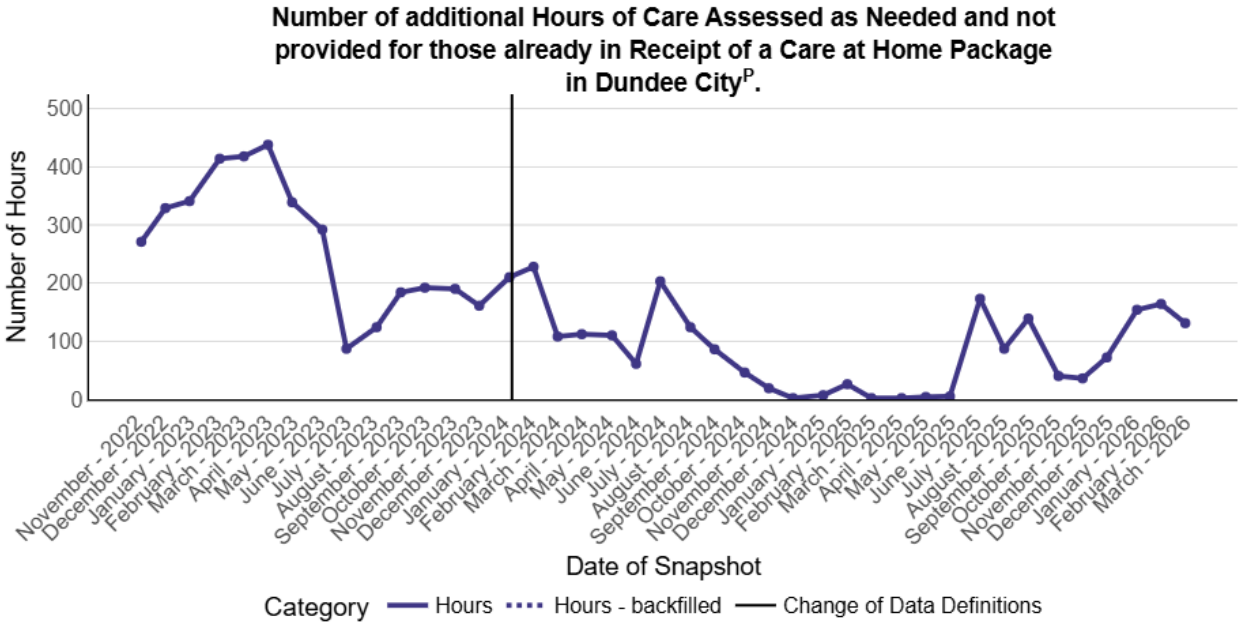
Chart 3



In Dundee as at 02 March 2026:

- 7 people were assessed and waiting for a care at home package in hospital (68 hours yet to be provided).
- 12 people were assessed and waiting for a care at home package in the community (46 hours yet to be provided).

Chart 4



In Dundee as at 02 March 2026:

- For those already in receipt of a care at home package 114 additional hours were required and not provided.

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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[1]. 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[2] 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 was 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 2025 to 31 December 2025.

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