ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE –26 NOVEMBER 2025**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 1**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC39-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this summary report.

2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).

2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).

2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting year and the preceding five reporting years. For Q1 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 1 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 1 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 would be 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 rate per 100,000 for 18+ age group, emergency bed day rate and the 28 readmissions rate.

- Performance has improved for hospital admissions due to a fall (65+), standard and code 9 delayed discharge bed days lost rate per 1,000 for 75+ age group.

- Emergency admissions rate (18+) has increased in all LCPP areas, with the most significant rise in The Ferry (37.2%) and Coldside (26%).

- Emergency bed days rate (18+) show variation across the LCPP areas, West End, Lochee and North East have shown an improvement. The remaining five LCPP have shown a deterioration with The Ferry showing an increase of 25.2%.

- 28-day readmission rate per 1,000 admissions (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.

- Hospital admissions due to a fall (65+) show an improvement of 2%. Improvement is notable in Lochee, West End and The Ferry. Five LCPP show deterioration, with the highest increases in North East (22%) and Strathmartine (13%).

- Delayed Discharge bed days lost due to standard delays (age 75+) have improved by 23% across Dundee. East End showed the most significant improvement at 58%, followed by North East at 51%. Strathmartine was the only LCPP area to show a worsening trend.

- Delayed Discharge bed days lost due to code 9 delays (age 75+) have improved by 24% across Dundee. However there are extreme variations at LCPP level, Maryfield (-100%) and North East (-94%) show significant improvements. In contrast, The Ferry (+525%) and Coldside (+106%) have seen substantial increases indicating a deterioration in performance.

Performance against the 2018-19 baseline

- Performance is poorer for emergency admissions rate per 100,000 for 18+ age group, 28 days re-admissions rate (18+), hospital admissions due to a fall (65+) and delayed discharge - code 9 delays (75+).

- Performance has improved for emergency bed days rate (18+) and delayed discharge - standard delays (75+).

- Emergency admissions rate (18+) has increased in all LCPP areas, with the most significant rise in The Ferry (25%) and Strathmartine (17.4%).

- Emergency bed days rate (18+) shows improvement of 13% across Dundee, with Lochee showing an improvement of 25.8% and West End (22.6%). North East and The Ferry had modest increases in comparison to 2018-19 baseline.

- 28 day readmission rate per 1,000 admissions (18+) has increased by 4% indicating a deterioration. West End and Coldside experienced the highest increases, both at 23%. Lochee, East End and Strathmartine showed improvements.

- Hospital admissions due to a falls (65+) have deteriorated by 2% across Dundee. The largest increase was seen in Maryfield (18%), East End (17%) and North East (14%), indicating a worsening trend. West End (-16%) and Coldside (-10%) showed an improvement with fewer admissions.

- Delayed Discharge bed days lost due to standard delays (75+) shows 52% improvement across Dundee, all LCPP showed an improvement with East End (77%) and Lochee (66%) showing significant improvement.

- Delayed Discharge bed days lost due to code 9 delays (75+) have deteriorated by 8% across Dundee, however there are notable variations across LCPP. Strathmartine and North East showed improvements, with reductions of 88%. West End (+232%) and The Ferry (+138%) have experienced significant increases, indicating deterioration.

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 29 September 2025:

- 0 people waited in hospital and 164 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.

- 2 people were assessed and waiting for a care at home package in hospital (32 hours yet to be provided).

- 3 people were assessed and waiting for a care at home package in the community (28 hours yet to be provided).

- For those already in receipt of a care at home package 61 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 August 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q1 2025-26 against baseline year 2020-21

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	+20%	+15.4%	+12%	+26%	+18.2%	+23.3%	+15.5%	+14.2%	+37.2%
Emer Bed Days rate per 100,000 18+	+6.7%	-1.5%	+17.8%	8.2%	-0.4%	8.6%	1.3%	-9.3%	+25.2%
28 Day Readmissions rate per 1,000 Admissions 18+	+4%	-5%	+1%	+1%	+0%	+4%	+12%	+6%	+13%
Hospital admissions due to falls rate per 1,000 65+	-2%	-20%	+7%	+2%	+22%	+13%	+8%	-13%	-9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-23%	-3%	-58%	-36%	-51%	8%	-25%	-17%	-12%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-24%	-66%	-33%	106%	-94%	-77%	-100%	-75%	+525%

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

Note: This table shows the position against the 2019-20 baseline. Where performance is poorer than 2019-20 baseline, it is coded as red (worse than 2019-20). Where the performance is better than 2019-20 this is coded as green (better than 2019-20).

Key: Improved/Better Stayed the same Declined/Worse

Table 1b: Performance in Dundee's LCPPs - % change in Q1 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%	+5.5%	+8.1%	+8.7%	+6.6%	+17.4%	+12.6%	+2.6%	+25%
Emer Bed Days rate per 100,000 18+	-13.0%	-25.8%	-3.3%	-14.2%	+1%	-11.2%	-19.4%	-22.6%	+0.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+4%	-5%	-9%	+23%	0%	-4%	+2%	+23%	+10%
Hospital admissions due to falls rate per 1,000 65+	+2%	+13%	+17%	-10%	+14%	+3%	+18%	-16%	+2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52%	-66%	-77%	-32%	-60%	-49%	-38%	-55%	-28%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	8%	-52%	+27%	+68%	-88%	-88%	0%	+232%	+138%

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 Q4 2024-25 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+	13,992	15951	18,192	16,106	13,285	15,533	12,007	9,215	13,516
Emer Bed days rate per 100,000 18+	104,380	117,208	142,708	125,533	91,127	106,411	83,633	63,382	119,689
28 Day Readmissions rate per 1,000 Admissions 18+	145	134	149	158	130	147	151	163	131
Hospital admissions due to falls rate per 1,000 65+	31	29	39	36	21	31	30	31	31
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	133	153	71	143	102	115	162	150	147
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	99	69	108	359	11	10	0	50	100

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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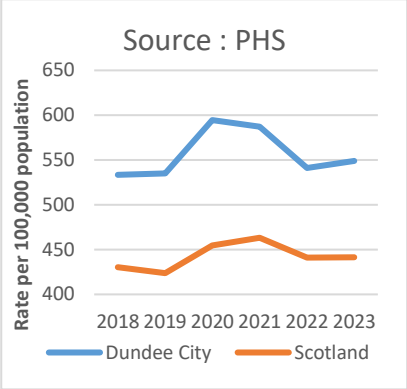
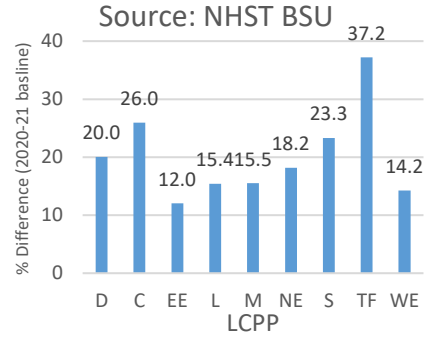
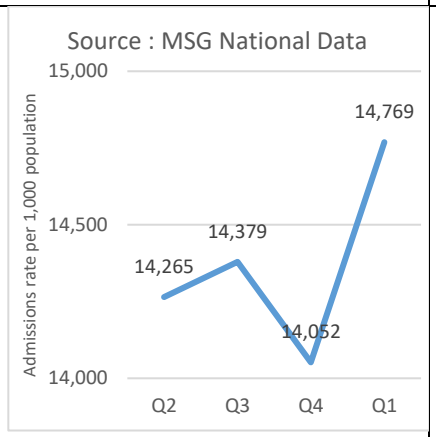
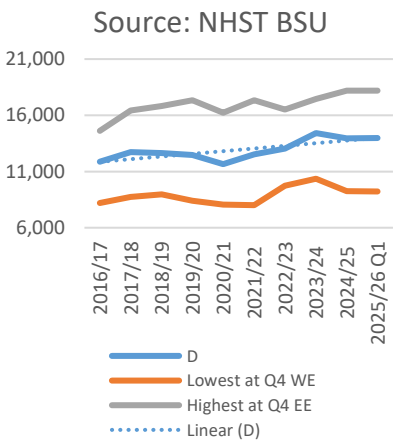
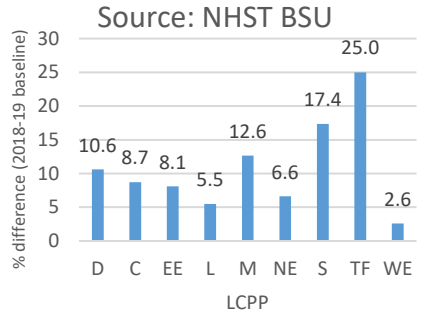
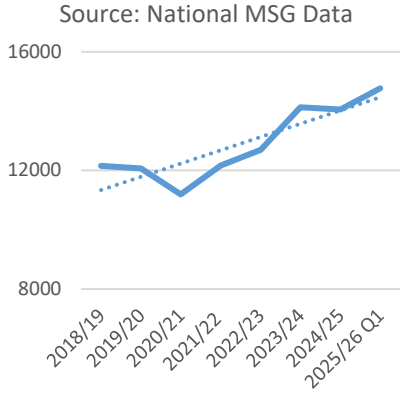
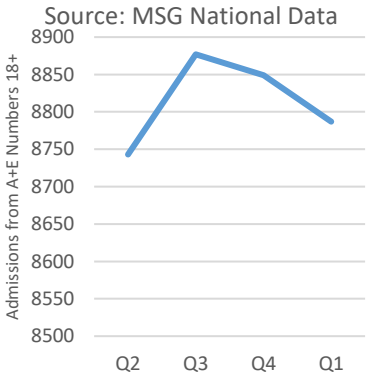
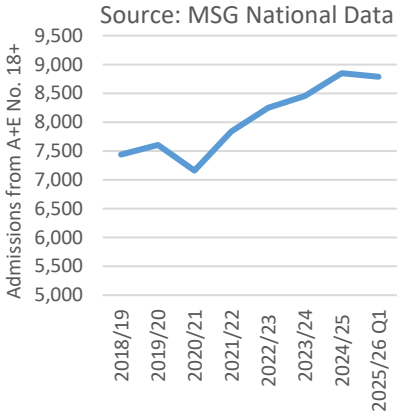
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2025-26 compared to Dundee

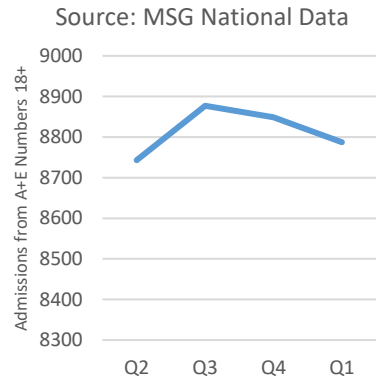
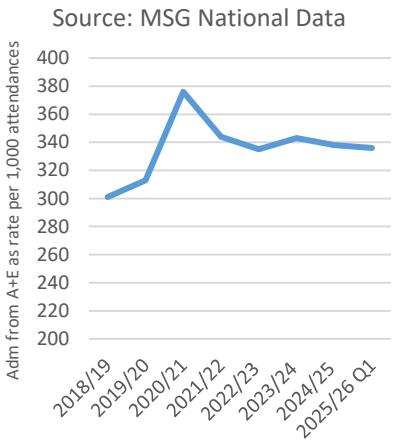
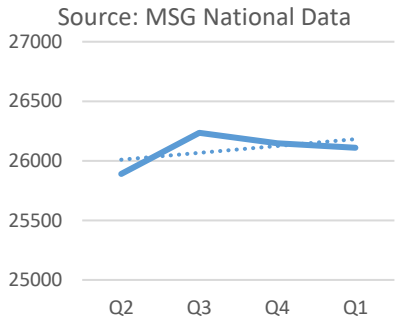
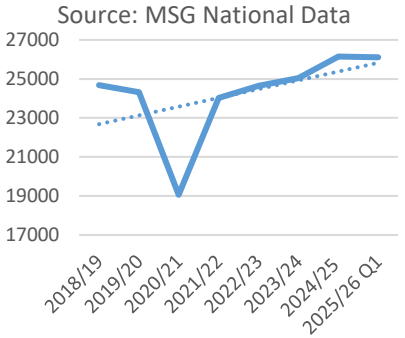
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

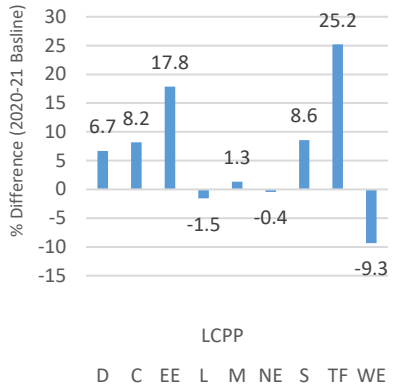
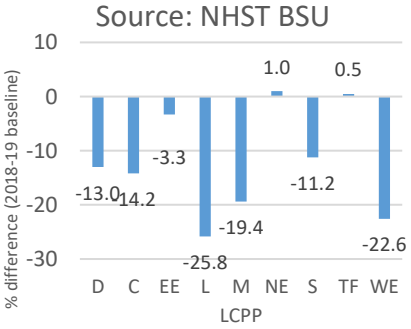
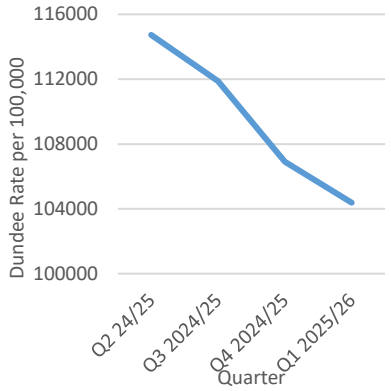
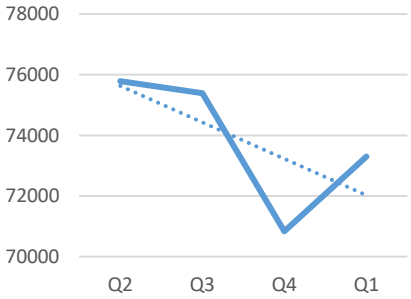
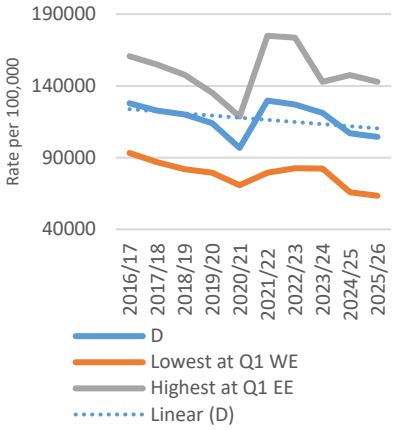
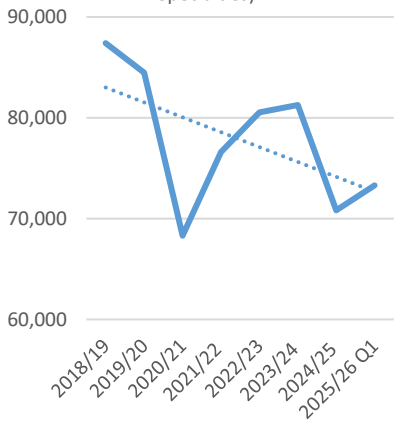
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well 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

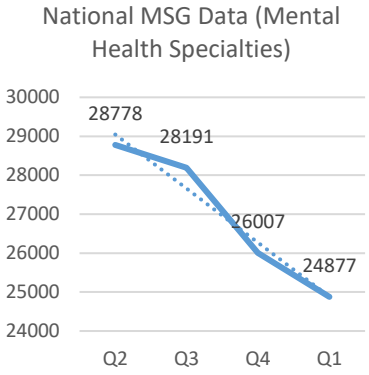
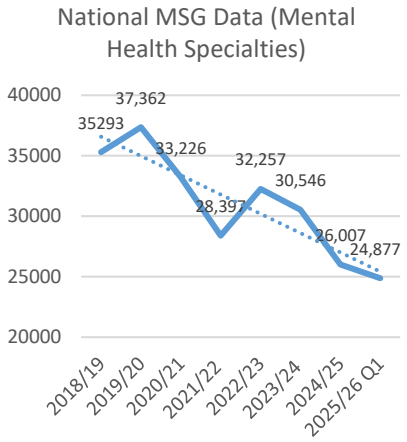
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services 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			

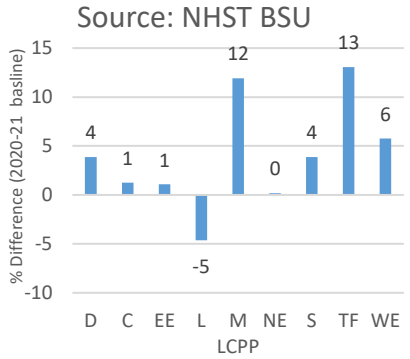
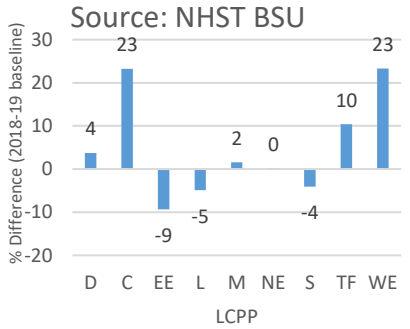
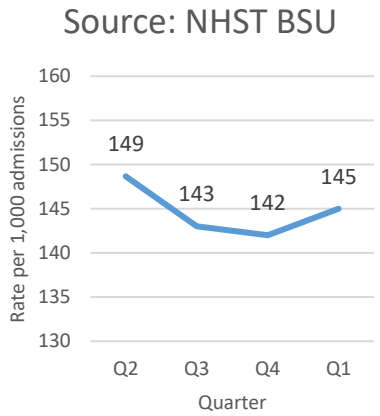
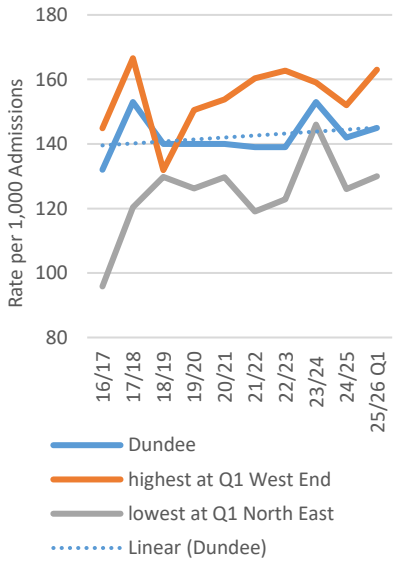
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
11. Premature mortality rate per 100,000 persons	There was a 2.9% increase in 2023 than 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years. 2023 is latest available published data	Not Available		30th	7th	3rd
12. Emer Admissions rate per 100,000 18+	 There was an increase in emergency admissions rate by 20% in Q1 2025-26 compared with the 2020-21 baseline. This equates to an increase of 2859 emergency admissions (deterioration).	 Following a drop in Q4 numbers have risen for Q1 2025-26	 Note - Linear (D) is the trendline for Dundee	29th	7th	3rd

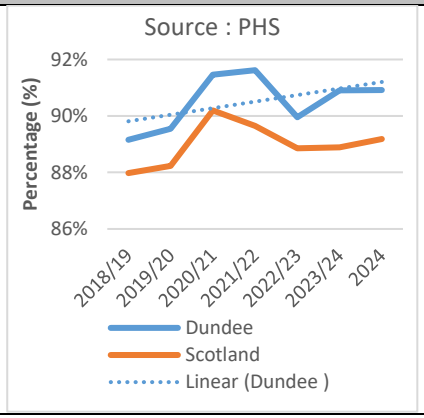
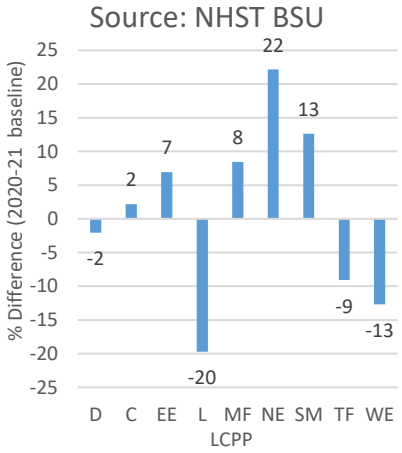
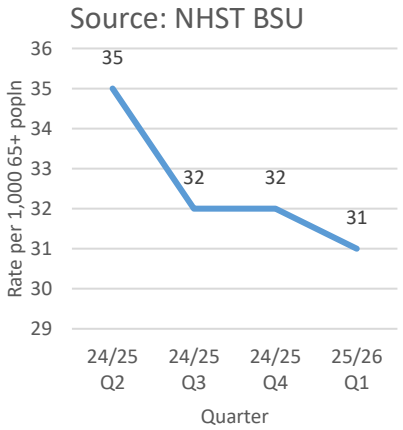
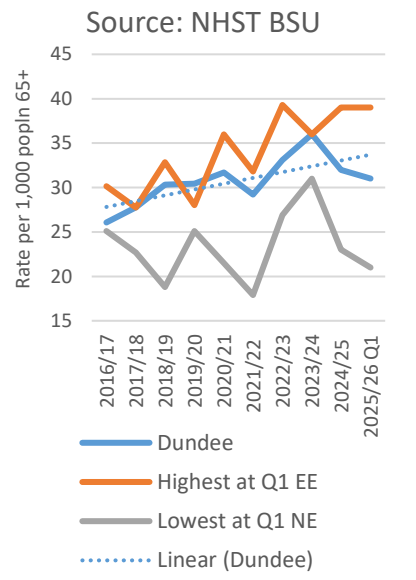
	 There was an increase in the emergency admissions rate by 10.6% in Q1 2025-26 compared with the 2018-19 baseline. This equates to an increase of 1,650 emergency admissions (deterioration).		 Emergency admissions showing an increasing trend since the pandemic.			
12.1 Emergency Admissions Numbers from A&E (MSG)	1,627 more emergency admissions from A+E in Q1 25/26 compared with the 2020/21 baseline. 1,347 more emergency admissions from A+E in Q1 25/26 compared with the 18/19 baseline.	 Peak at Q3 but a reduction in Q4 and Q1 2025/26.	 Increasing trend post pandemic with Q1 2025/26 showing a slight drop.	NA as number and not rate	NA as number and not rate	NA as number and not rate

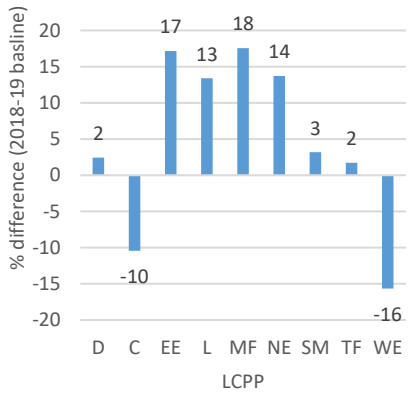
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12.2 Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate has decrease by 40, from 376 at the 2020/21 baseline to 336 at Q1 2025/26. This is a decrease of 11%. Rate has increased by 35, from 301 at the 2018/19 baseline to 336 at Q1 2025/26. This is an increase of 12%.	 The rate has been fairly consistent in the past four quarters.	 A&E admission rates peaked during the pandemic followed by a decline, with rates now stabilising.	Not Avail	Not Avail	Not Avail
12.3 Number of Accident & Emergency Attendances (MSG)	7050 (37% increase) more A&E attendances in Q1 2025/26 than the 2020/21 baseline. 1431 (6% increase) more A&E attendances in Q1 2025/26 than the 2018/19 baseline.	 A&E attendances peaked in Q3, followed by decrease in the following two quarters.	 Upward trend following the pandemic	NA as number and not rate	NA as number and not rate	NA as number and not rate

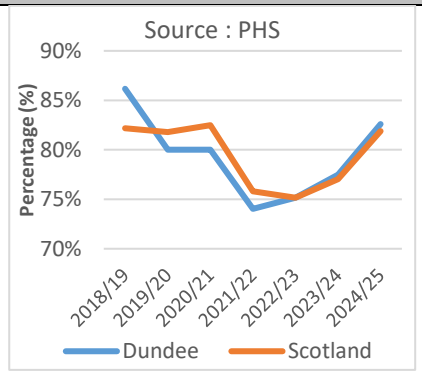
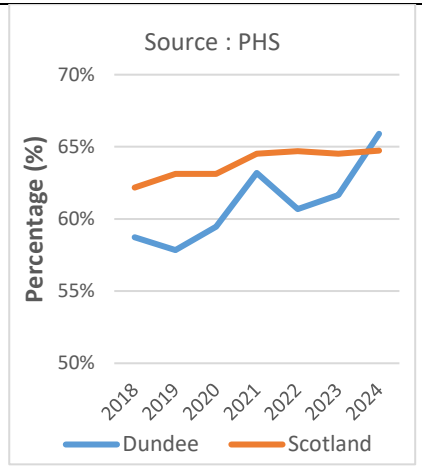
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
13.Emer Bed days rate per 100,000 18+	Source: NHST BSU  There was a increase in the emergency bed days rate by 6.7% between the 2020-21 baseline and Q1 2025-26. This equates to a decrease of 9,386 emergency bed days (deterioration). Source: NHST BSU  There was a decrease in the emergency bed days rate by 13%	Source: NHST BSU  The emergency bed days rate has shown a consistent downward trend over the past 4 quarters (improvement). National MSG Data (Acute Only) 	Source: NHST BSU  Source: National MSG Data (Acute Specialties) 	10th	1st	2nd

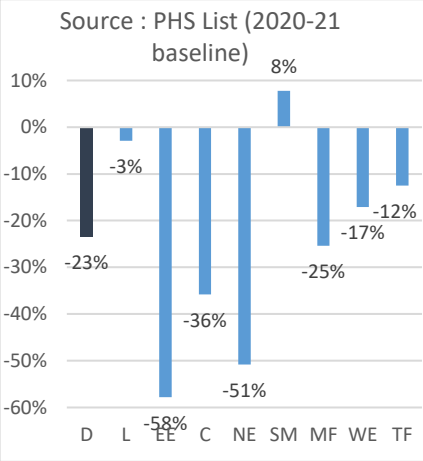
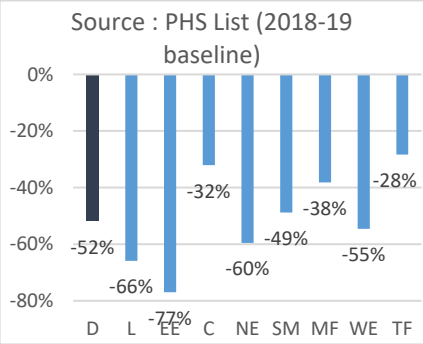
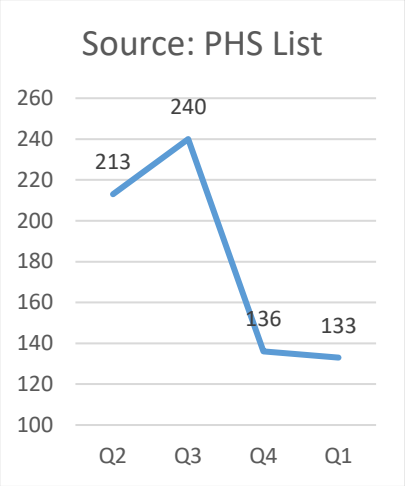
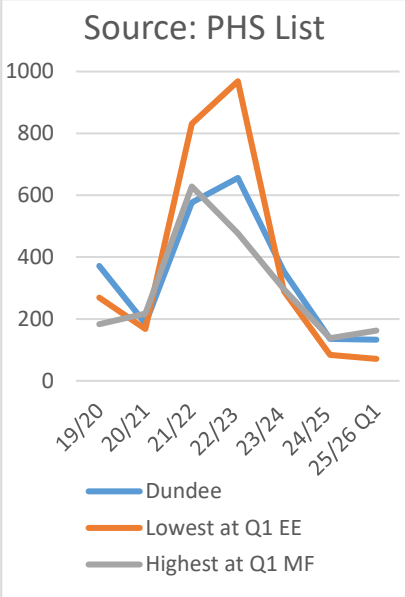
	between the 2018-19 baseline and Q1 2025-26. This equates to a decrease of 18,997 emergency bed days (improvement). 8,349 (25%) less mental health bed days in Q1 2025-26 compared with the 2020-21 baseline (improvement) (source: MSG) 10,416 (30%) less mental health bed days in Q1 2025-26 compared with the 2018-19 baseline (improvement) (source: MSG)	 A decrease in the rate of mental health emergency bed days since Q2 2024/25 (improvement)	 There has been a steady decrease since the pandemic, indicating an overall downward trend.			

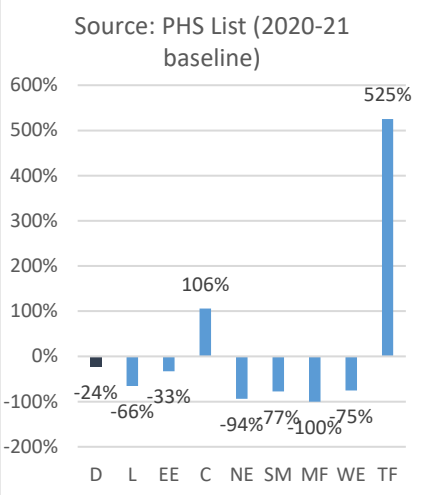
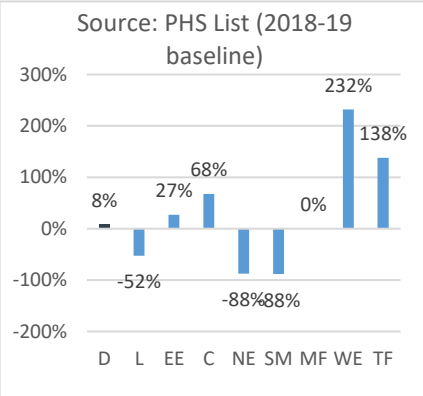
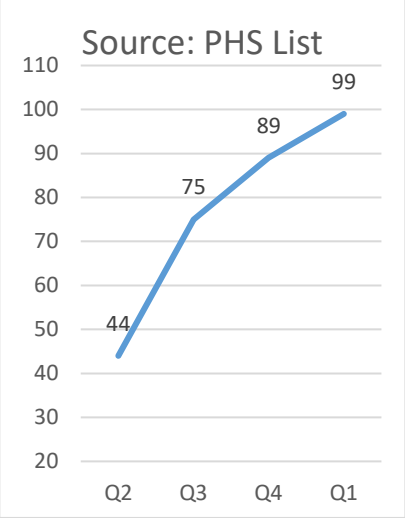
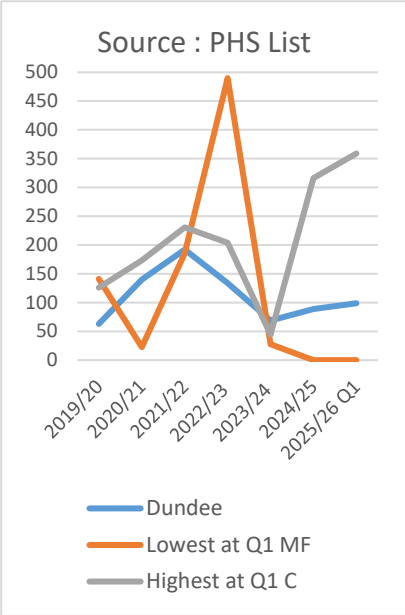
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14. Emergency Readmissions rate per 1,000 Admissions 18+	Source: NHST BSU  The rate is 4% higher at Q1 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1039 readmissions between the 2020-21 baseline and Q1 2025-26. Source: NHST BSU  The rate is 4% higher at Q1 2025-26 compared with the 2018-19 baseline. The number of readmissions (numerator) increased by 954 readmissions between the 2018-19 baseline and Q1 2025-26.	Source: NHST BSU  After three consecutive quarters of decline, the trend is now showing signs of an upward shift.	Source: NHST BSU 	29th	8th	2nd

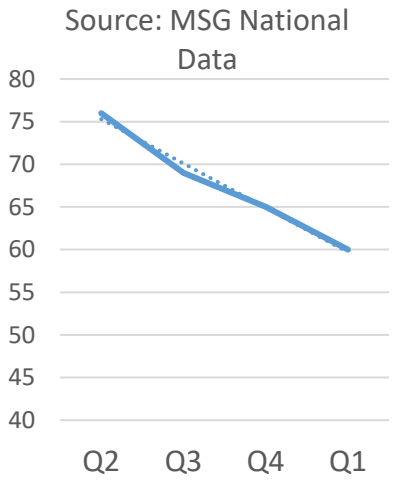
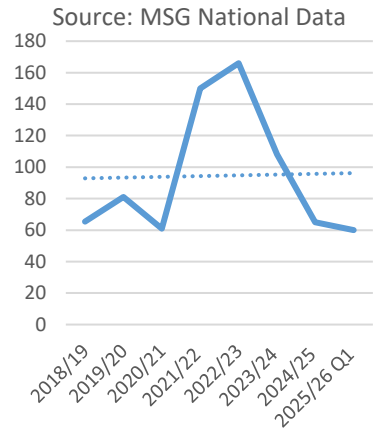
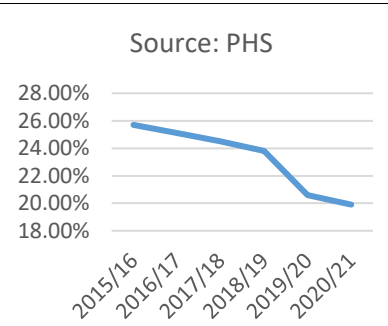
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
15. % of last 6 months of life spent at home or in a community 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
16. Hospital admissions due to falls rate per 1,000 65+ population	 The rate of admissions has decreased by 2% in Q1 25-26 from the 2020-21 baseline. This equates to an increase of 76 fall related	 A decreasing short term trend		31st	8th	3rd

	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 the highest rate of admissions in Q1 2025-26. Source: NHST BSU  The rate of admissions has increased by 2% in Q1 25-26 from the 2018-19 baseline. This equates to an increase of 76 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield.					

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	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
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

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)	 23% decrease (improvement) since the 2020/21 baseline.  52% decrease (improvement) since the 2018/19 baseline.	 The trend shows a decrease over the last three quarters	 Decline in rate of 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)	 24% decrease (improvement) since 2020-21 and decrease (improvement) in 6 LCPPs.  8% increase (deterioration) since 2018-19 and decrease (improvement) in 3 LCPPs.	 An increase (deterioration) between in the past 4 quarters.	 Long term trends show an upward tick in the recent quarter.	NA	NA	NA

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
19.3 Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have decreased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 7,368 at Q1 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 7,368 at Q1 2025-26.	 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

In Dundee as at 29 September 2025

- 0 people waited in hospital and 164 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

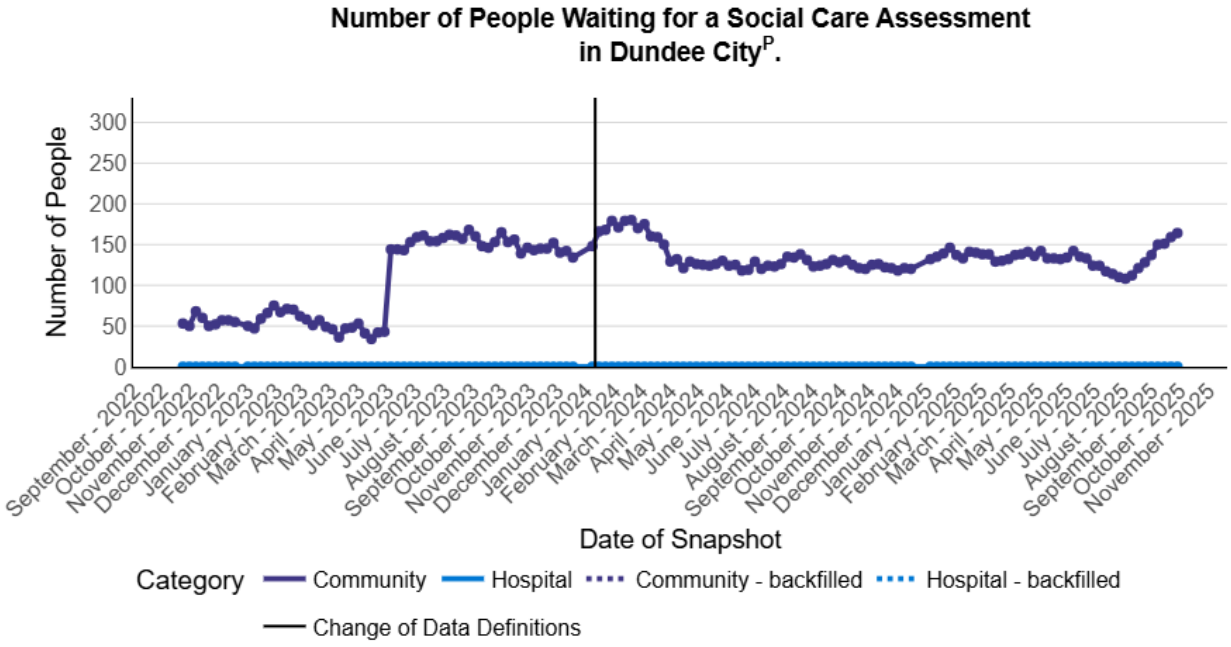
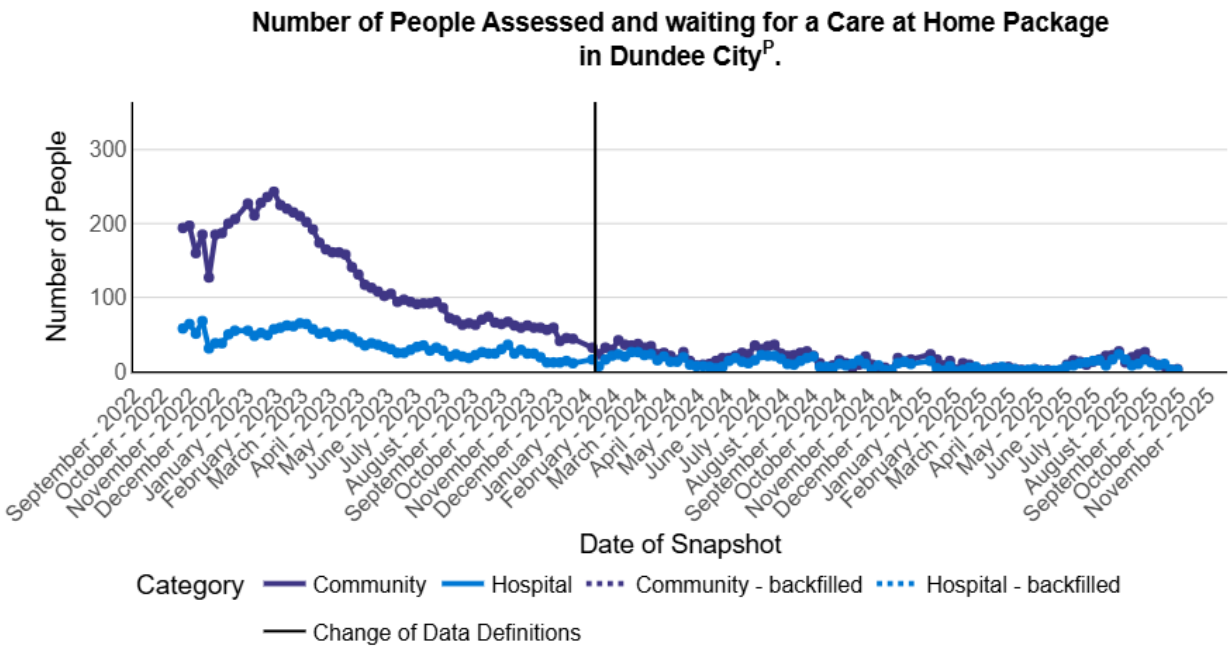


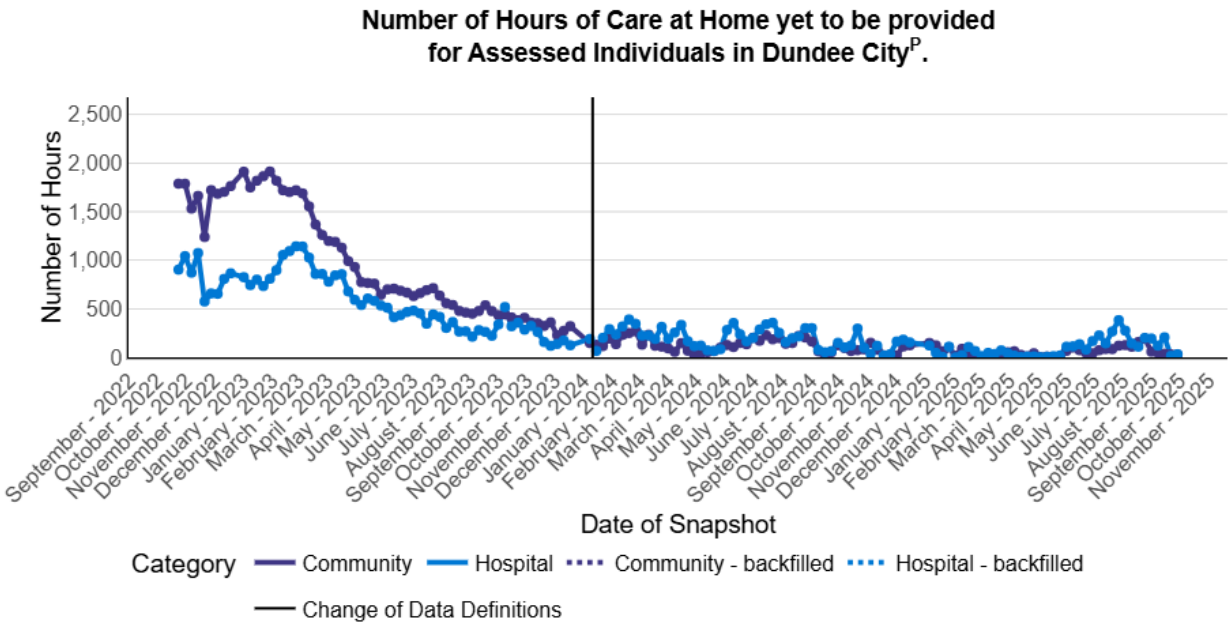
Chart 2



In Dundee as at 29 September 2025:

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

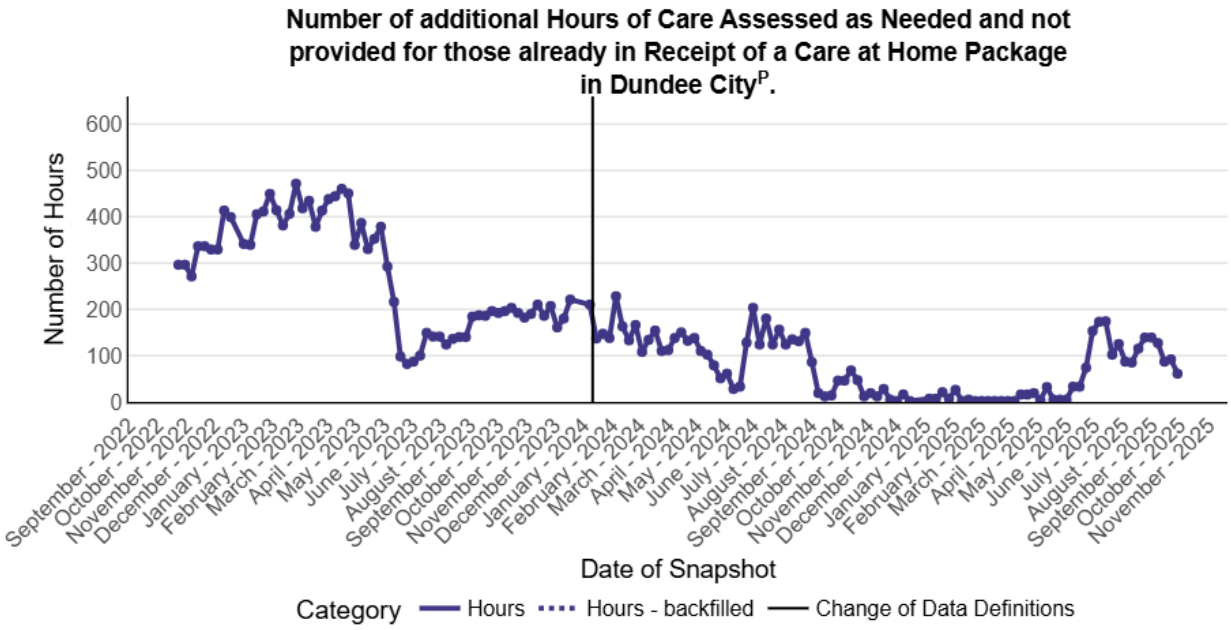
Chart 3



In Dundee as at 29 September 2025:

- 2 people were assessed and waiting for a care at home package in hospital (32 hours yet to be provided).
- 3 people were assessed and waiting for a care at home package in the community (28 hours yet to be provided).

Chart 4



In Dundee as at 29 September 2025:

- For those already in receipt of a care at home package 61 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.

[1] For Q1 the data is for the period 1 July 2024 – 30 June 2025.