



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026
REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 2
REPORT BY: CHIEF OFFICER
REPORT NO: PAC4-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 2 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this summary report.
- 2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).
- 2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).
- 2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

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

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting year and the preceding five reporting years. For Q2 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year and because 2020-21 performance is the pandemic era, hospital use may have been lower due to lockdowns and service disruptions, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 2 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 2 2025-26 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- The 2020-21 baseline reflects the pandemic period, which was affected by lockdowns, reduced hospital admissions, disrupted service and change in patient pathways. Therefore, comparison has also been made to the 2018-19 baseline.

Performance against the 2020-21 baseline

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

Performance against the 2018-19 baseline

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

5.2 Public Health Scotland publishes a report on the number of people who are waiting for a Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered.

Data published from 15 January 2024 onwards reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

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

In Dundee, as of 8 December 2025

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

- 9 people were assessed and waiting for a care at home package in the community (94 hours yet to be provided).
- For those already in receipt of a care at home package 72 additional hours were required and not provided.

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in-depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

DAVE BERRY
CHIEF OFFICER

DATE: 31 December 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

Lisa Traynor
Information Assistant, Quality, Data and Intelligence

This page is intentionally left blank

APPENDIX 1 – Performance Summary

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



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

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

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

Key: Improved/Better Stayed the same Declined/Worse

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



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

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

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

Key: Improved/Better Stayed the same Declined/Worse

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



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

Source: NHS Tayside BSU

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

Key: Improved/Better Stayed the same Declined/Worse

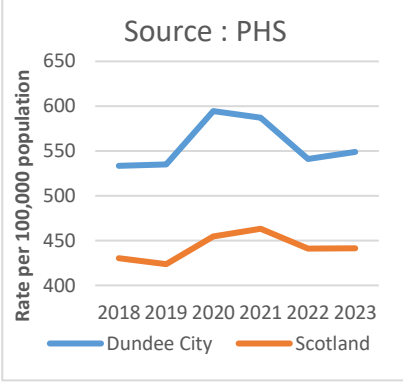
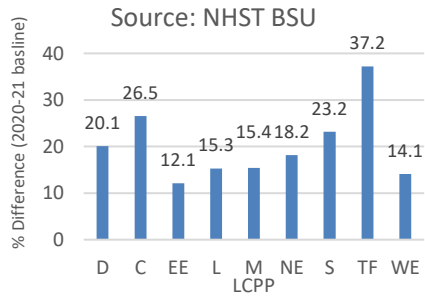
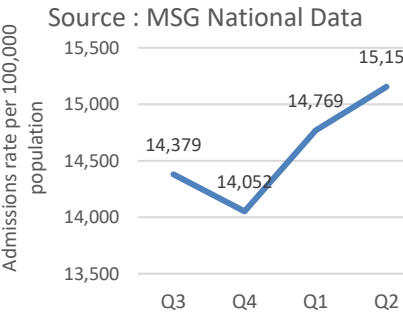
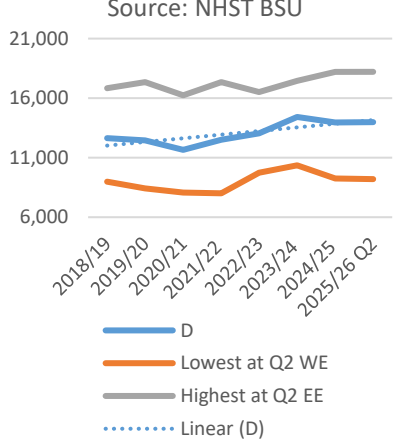
This page is intentionally left blank

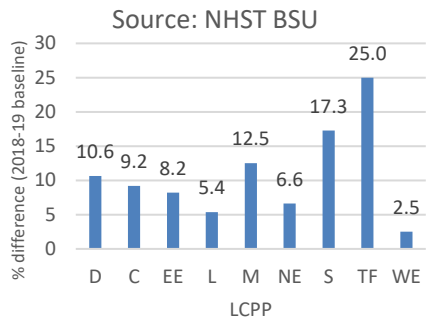
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q2 2025-26 compared to Dundee

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

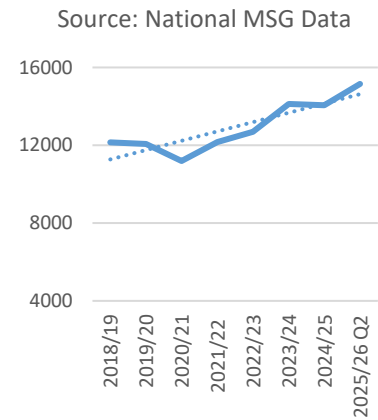
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
* Indicators 1 to 9 are based on the Health and Care Experience Survey (HACE), which is a sample survey of people aged 17+ registered with a GP practice in Scotland. This data is reported every two years, with the most recent data available for 2023/24. Longitudinal comparisons are not available due to changes in the methodology of the survey made in previous years.						
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4 th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	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 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1 st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	<p>Not Available Nationally</p> <p>iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%.</p> <p>76% of staff reported that they would recommend their organisation as a good place to work.</p>	Not Available Nationally	Not Available Nationally			

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																					
11. Premature mortality rate per 100,000 persons	<p>There was a 2.9% increase in 2023 than 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years.</p> <p>2023 is latest available published data. 2024 data currently planned for Spring 2026.</p>	Not Available	 <p>Source : PHS</p> <table border="1"> <caption>Rate per 100,000 population</caption> <thead> <tr> <th>Year</th> <th>Dundee City</th> <th>Scotland</th> </tr> </thead> <tbody> <tr> <td>2018</td> <td>~535</td> <td>~430</td> </tr> <tr> <td>2019</td> <td>~535</td> <td>~425</td> </tr> <tr> <td>2020</td> <td>~595</td> <td>~455</td> </tr> <tr> <td>2021</td> <td>~585</td> <td>~460</td> </tr> <tr> <td>2022</td> <td>~545</td> <td>~440</td> </tr> <tr> <td>2023</td> <td>~550</td> <td>~440</td> </tr> </tbody> </table>	Year	Dundee City	Scotland	2018	~535	~430	2019	~535	~425	2020	~595	~455	2021	~585	~460	2022	~545	~440	2023	~550	~440	30th	7th	3rd
Year	Dundee City	Scotland																									
2018	~535	~430																									
2019	~535	~425																									
2020	~595	~455																									
2021	~585	~460																									
2022	~545	~440																									
2023	~550	~440																									
12. Emer Admissions rate per 100,000 18+	 <p>Source: NHST BSU</p> <p>There was an increase in emergency admissions rate by 20.1% in Q2 2025-26 compared with the 2020-21 baseline. This equates to an increase of 2,863 emergency admissions (deterioration).</p>	 <p>Source : MSG National Data</p> <table border="1"> <caption>Admissions rate per 100,000 population</caption> <thead> <tr> <th>Quarter</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Q3</td> <td>14,379</td> </tr> <tr> <td>Q4</td> <td>14,052</td> </tr> <tr> <td>Q1</td> <td>14,769</td> </tr> <tr> <td>Q2</td> <td>15,155</td> </tr> </tbody> </table> <p>Admissions rate dipped in Q4, then steadily increased through Q1 and Q2.</p>	Quarter	Rate	Q3	14,379	Q4	14,052	Q1	14,769	Q2	15,155	 <p>Source: NHST BSU</p> <p>Note - Linear (D) is the trendline for Dundee</p>	29th	7th	3rd											
Quarter	Rate																										
Q3	14,379																										
Q4	14,052																										
Q1	14,769																										
Q2	15,155																										



There was an increase in the emergency admissions rate by 10.6% in Q2 2025-26 compared with the 2018-19 baseline. This equates to an increase of 1,654 emergency admissions (deterioration).

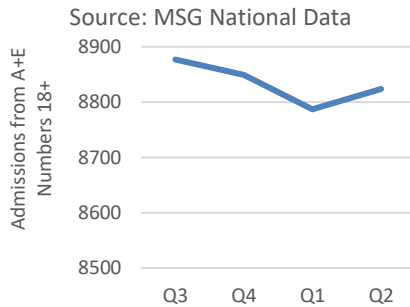


Emergency admissions rate showing an increasing trend since the pandemic.

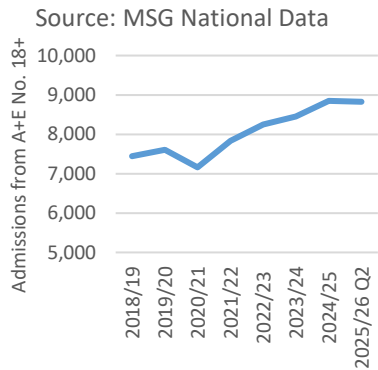
Emergency Admissions Numbers from A&E (MSG)

1,664 more emergency admissions from A+E in Q2 2025-26 compared with the 2020-21 baseline.

1,384 more emergency admissions from A+E in Q2 2025-26 compared with the 2018-19 baseline.



Admissions numbers have slightly declined from Q3 to Q1, then rose in Q2.

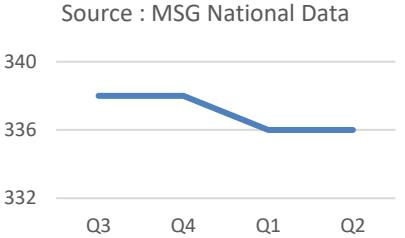
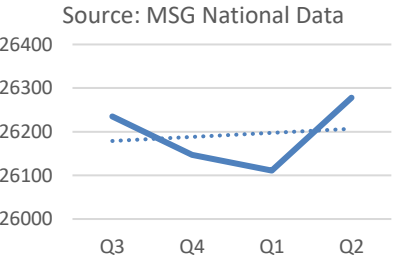


Admission numbers rose overall, with a slight dip in 2020-21, then a steady increase onward, levelling off near 9,000 in recent quarters

NA as number and not rate

NA as number and not rate

NA as number and not rate

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

National Indicator

Difference From Baselines (2018-19 and 2020-21)

Dundee Short Term Trend (last 4 quarters)

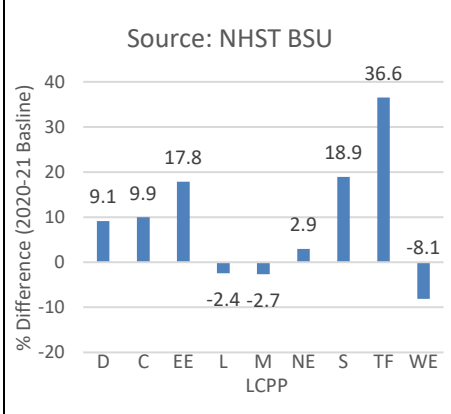
Long Term Trend

**Scotland Position
1= best, 31 = worst**

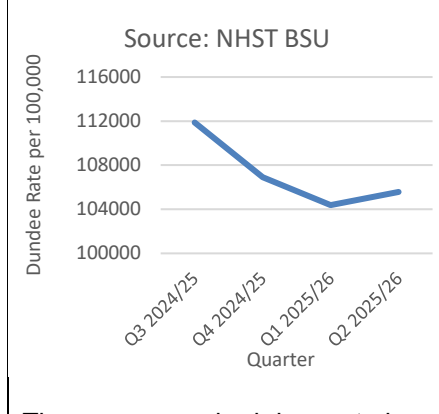
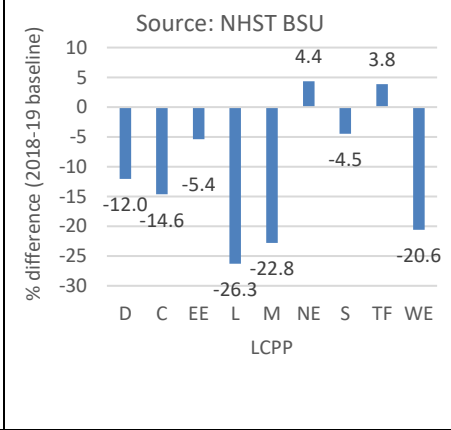
**Family Group Position
1= best, 8 = worst**

**Tayside Group Position
1= best, 3 = worst**

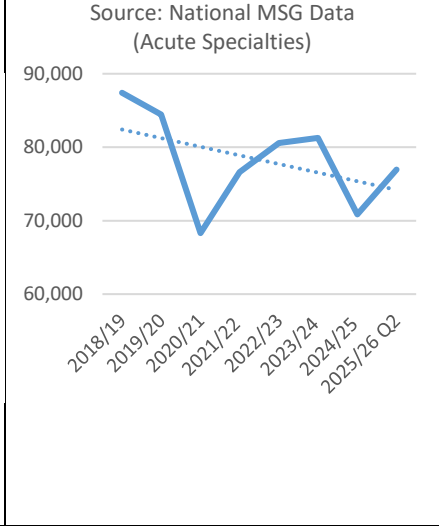
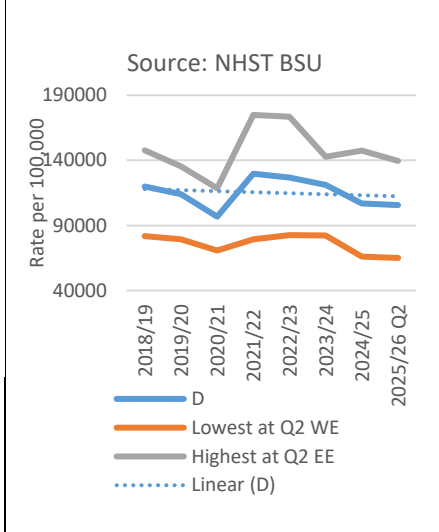
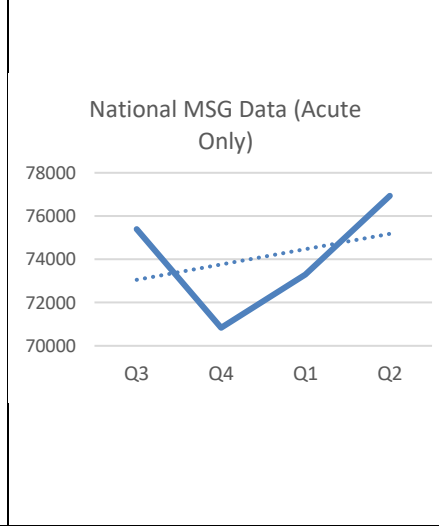
13. Emer Bed days rate per 100,000 18+



There was an increase in the emergency bed days rate by 9.1% between the 2020-21 baseline and Q2 2025-26. This equates to an increase of 10,854 emergency bed days (deterioration).



The emergency bed days rate has shown a consistent downward trend with a slight upturn in Q2 2025-26 (improvement).



10th

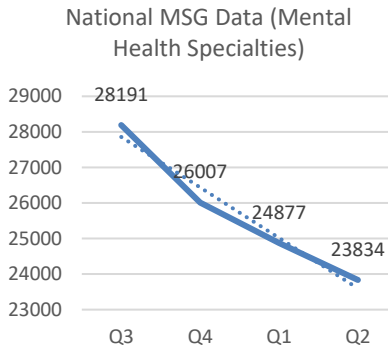
1st

2nd

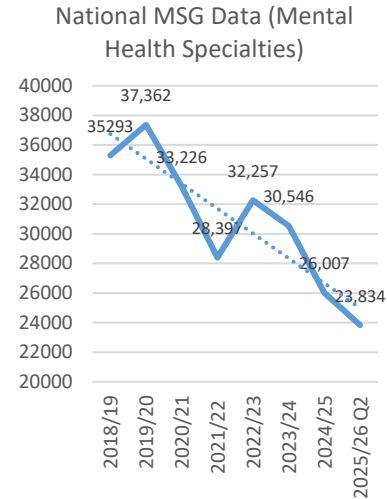
There was a decrease in the emergency bed days rate by 12% between the 2018-19 baseline and Q2 2025-26. This equates to a decrease of 17,529 emergency bed days (improvement).

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

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



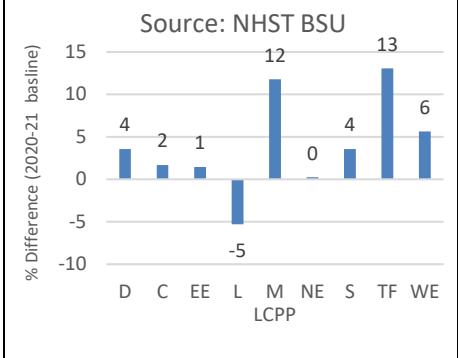
A decrease in the rate of mental health emergency bed days since Q3 2024-25 (improvement)



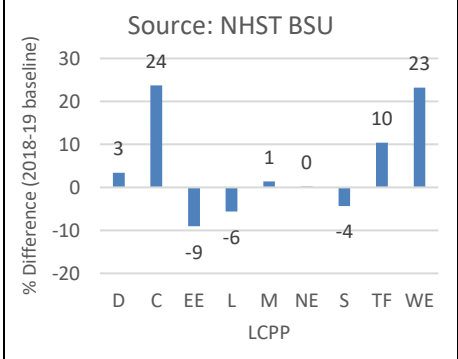
There has been a steady decrease since the pandemic, indicating an overall downward trend.

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
--------------------	---	---	-----------------	--	---	--

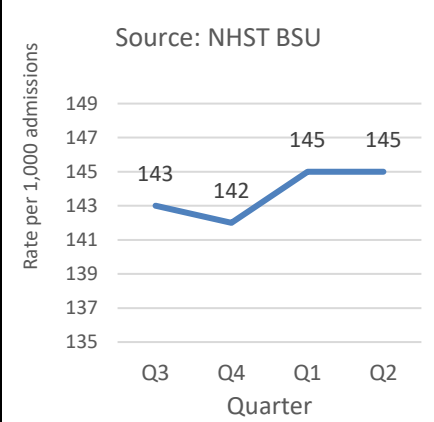
14. Emergency Readmissions rate per 1,000 Admissions 18+



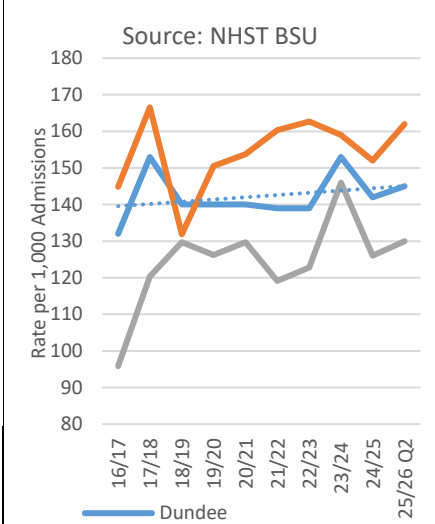
The rate is 4% higher at Q2 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1037 readmissions between the 2020-21 baseline and Q2 2025-26.



The rate is 3% higher at Q2 2025-26 compared with the 2018-19 baseline. The number of readmissions (numerator) increased



Admissions slightly decreased from Q3 to Q4, then rose and remained the same at 145 in Q1 and Q2



29th

8th

2nd

by 952 readmissions between the 2018-19 baseline and Q2 2025-26.

National Indicator

Difference From Baselines (2018-19 and 2020-21)

Dundee Short Term Trend (last 4 quarters)

Long Term Trend

Scotland Position
1= best, 31 = worst

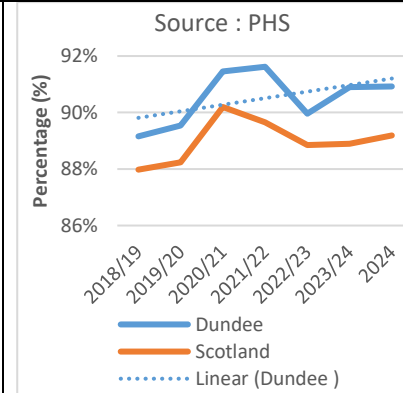
Family Group Position
1= best, 8 = worst

Tayside Group Position
1= best, 3 = worst

15. % of last 6 months of life spent at home or in a community setting

Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7th best in Scotland and 1st in the family group.

Not Available

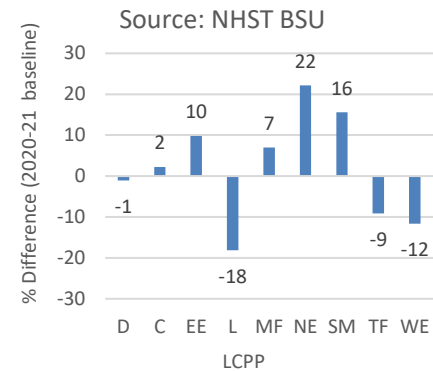


7th

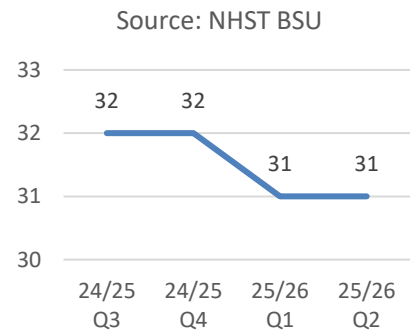
1st

2nd

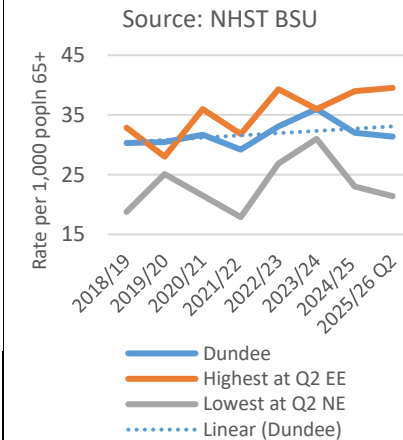
16. Hospital admissions due to falls rate per 1,000 65+ population



The rate of admissions has decreased by 1% in Q2 2025-26 from the 2020-21 baseline. This



The trend shows a slight decline, moving from 32 in 2024-25 Q3 and Q4 to 31 in 2025-26 Q1 and Q2.

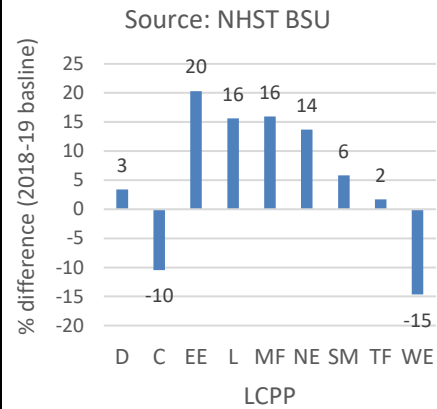


31st

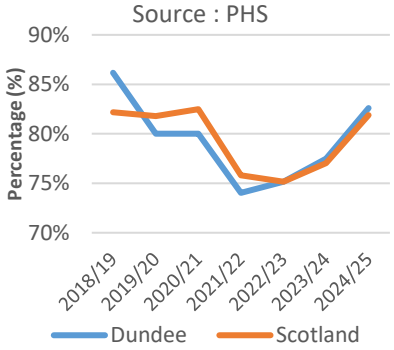
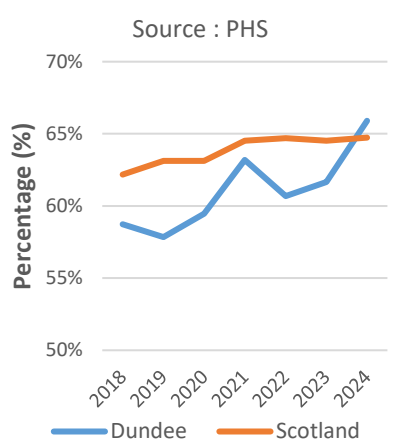
8th

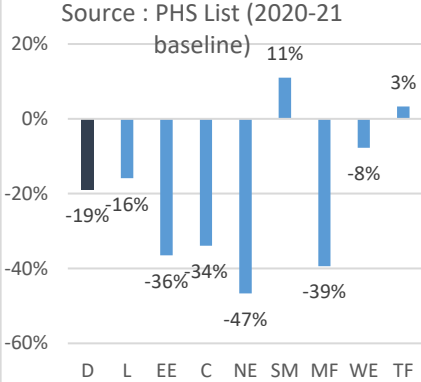
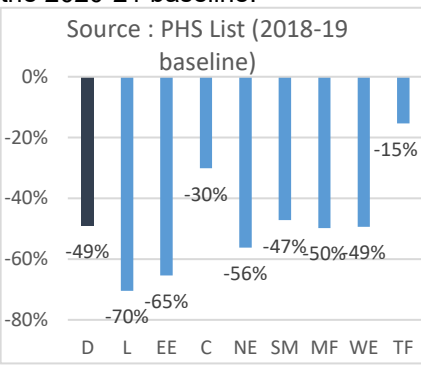
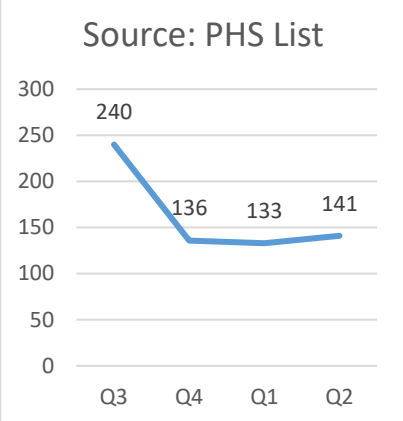
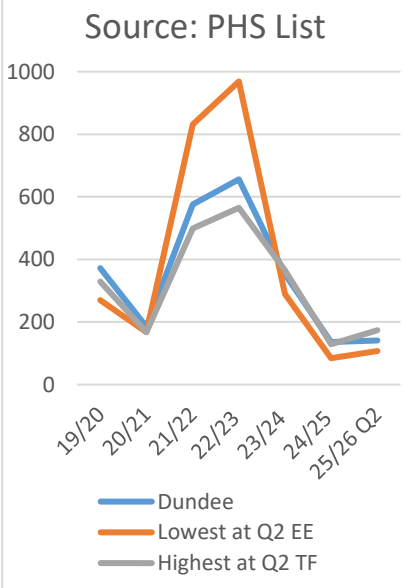
3rd

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

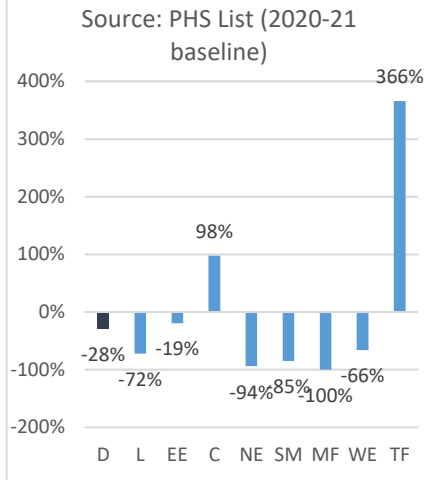


The rate of admissions has increased by 3% in Q2 2025-26 from the 2018-19 baseline. This equates to an increase of 56 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in East End.

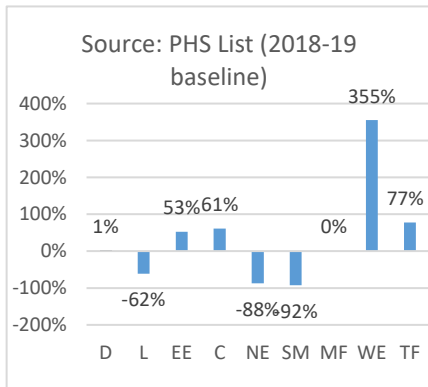
National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<p>A deterioration of 3.6% compared to the 2018-19 baseline but a 2.6% improvement compared to the 2019/20 baseline.</p> <p>Grading during the pandemic deteriorated significantly to a low of 74% in 2021-22, followed by an improving trend.</p>	Not Available	<p>Source : PHS</p>  <table border="1"> <caption>Data for Indicator 17: % care services graded 'good' or better</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>86</td><td>82</td></tr> <tr><td>2019/20</td><td>80</td><td>82</td></tr> <tr><td>2020/21</td><td>80</td><td>82</td></tr> <tr><td>2021/22</td><td>74</td><td>75</td></tr> <tr><td>2022/23</td><td>75</td><td>75</td></tr> <tr><td>2023/24</td><td>77</td><td>77</td></tr> <tr><td>2024/25</td><td>82</td><td>82</td></tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018/19	86	82	2019/20	80	82	2020/21	80	82	2021/22	74	75	2022/23	75	75	2023/24	77	77	2024/25	82	82	17th	6th	1st
Year	Dundee (%)	Scotland (%)																												
2018/19	86	82																												
2019/20	80	82																												
2020/21	80	82																												
2021/22	74	75																												
2022/23	75	75																												
2023/24	77	77																												
2024/25	82	82																												
18. % adults with intensive care needs receiving care at home	<p>There has been an increasing trend in the proportion of adults receiving intensive care needs at home.</p> <p>In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.</p>	Not Available	<p>Source : PHS</p>  <table border="1"> <caption>Data for Indicator 18: % adults with intensive care needs receiving care at home</caption> <thead> <tr> <th>Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2018</td><td>58</td><td>62</td></tr> <tr><td>2019</td><td>57</td><td>63</td></tr> <tr><td>2020</td><td>59</td><td>63</td></tr> <tr><td>2021</td><td>63</td><td>64</td></tr> <tr><td>2022</td><td>61</td><td>64</td></tr> <tr><td>2023</td><td>62</td><td>64</td></tr> <tr><td>2024</td><td>66</td><td>64</td></tr> </tbody> </table>	Year	Dundee (%)	Scotland (%)	2018	58	62	2019	57	63	2020	59	63	2021	63	64	2022	61	64	2023	62	64	2024	66	64	12th	5th	1st
Year	Dundee (%)	Scotland (%)																												
2018	58	62																												
2019	57	63																												
2020	59	63																												
2021	63	64																												
2022	61	64																												
2023	62	64																												
2024	66	64																												

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
<p>19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)</p>	<p>Source : PHS List (2020-21 baseline)</p>  <p>19% decrease (improvement) since the 2020-21 baseline.</p> <p>Source : PHS List (2018-19 baseline)</p>  <p>49% decrease (improvement) since the 2018-19 baseline.</p>	<p>Source: PHS List</p>  <p>The trend shows decreasing short term trend with the most recent quarter showing an upward tick</p>	<p>Source: PHS List</p>  <p>Decline in rate of standard delays since 2022-23. This is an improving trend. Slight increase in Q2 2025-26.</p>	NA	NA	NA

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

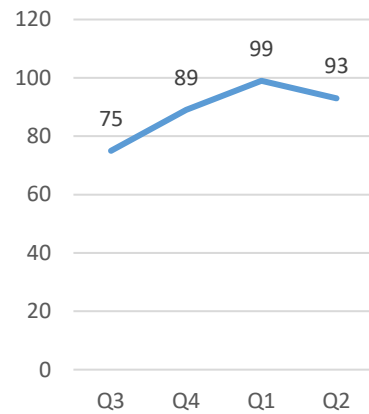


28% decrease (improvement) since 2020-21 and decrease (improvement) in 6 LCPPs.



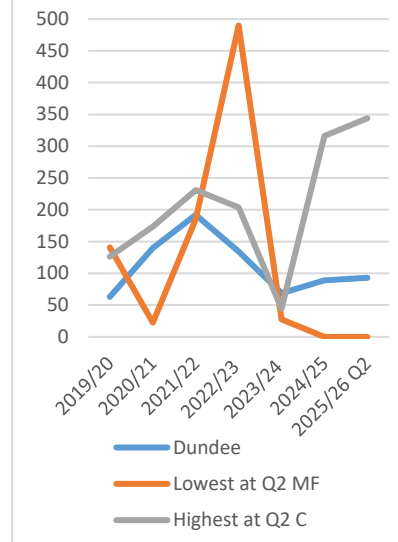
1% increase (deterioration) since 2018-19 and decrease (improvement) in 3 LCPPs.

Source: PHS List



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

Source : PHS List

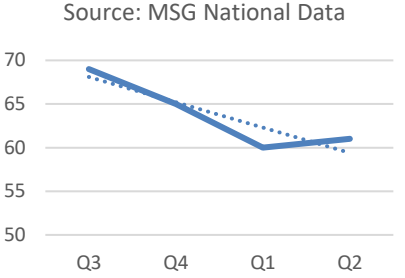
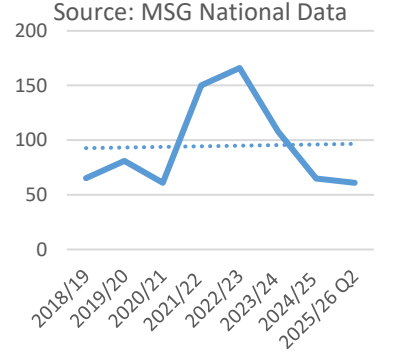
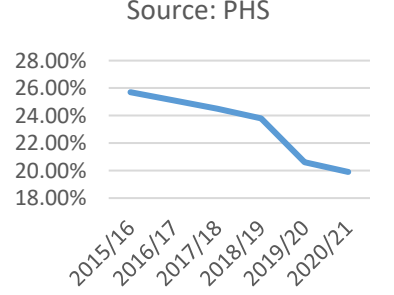


Long term trends show increase since 2023-24

NA

NA

NA

National Indicator	Difference From Baselines (2018-19 and 2020-21)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	<p>Bed days rate have decreased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 7,456 at Q2 2025-26.</p> <p>Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 7,456 at Q2 2025-26.</p>	<p>Source: MSG National Data</p>  <p>Delayed Discharge bed days lost rate per 1,000 has reduced (improvement) steadily from Q3 to Q1, then slightly increased in Q2</p>	<p>Source: MSG National Data</p>  <p>Delayed Discharge bed days lost rate per 1,000 peaked in 2022/23, then declined steeply and stabilised at a lower rate by 2025-26.</p>	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	<p>5.8% less in 2020-21* than 2015-16 (improvement)</p> <p>*latest data available</p>	Not Available	<p>Source: PHS</p> 	18th	3rd	3rd

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

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home services to be delivered.

The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

Chart 1

In Dundee as at 08 December 2025

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

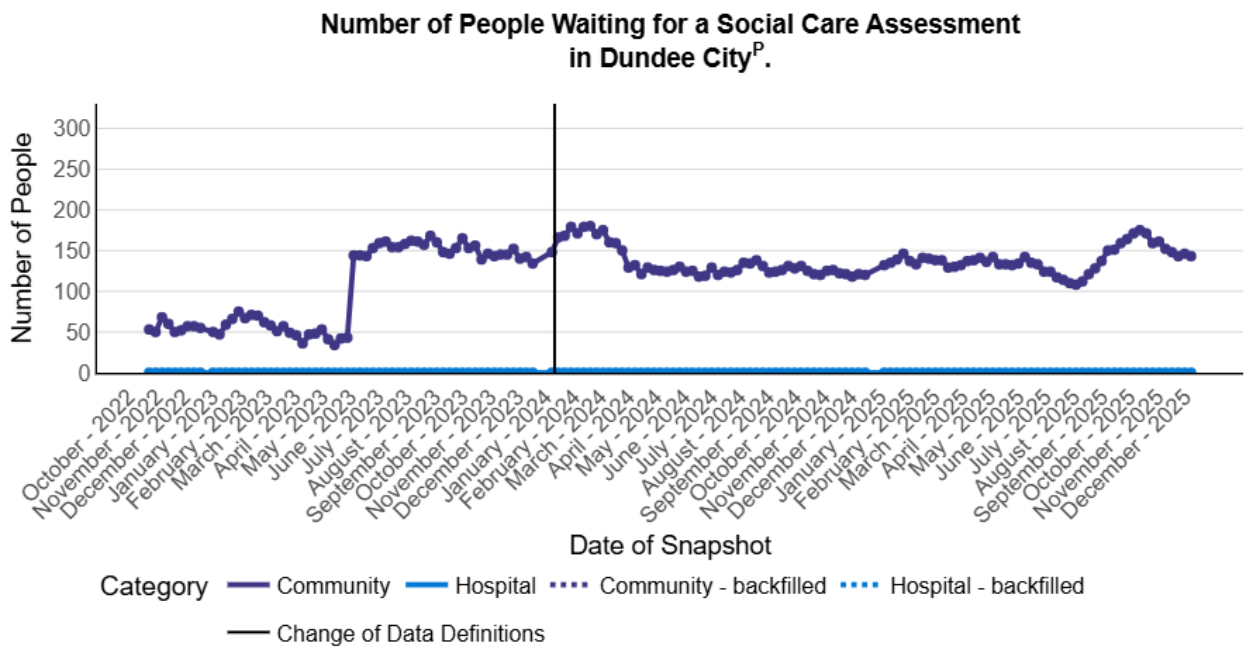
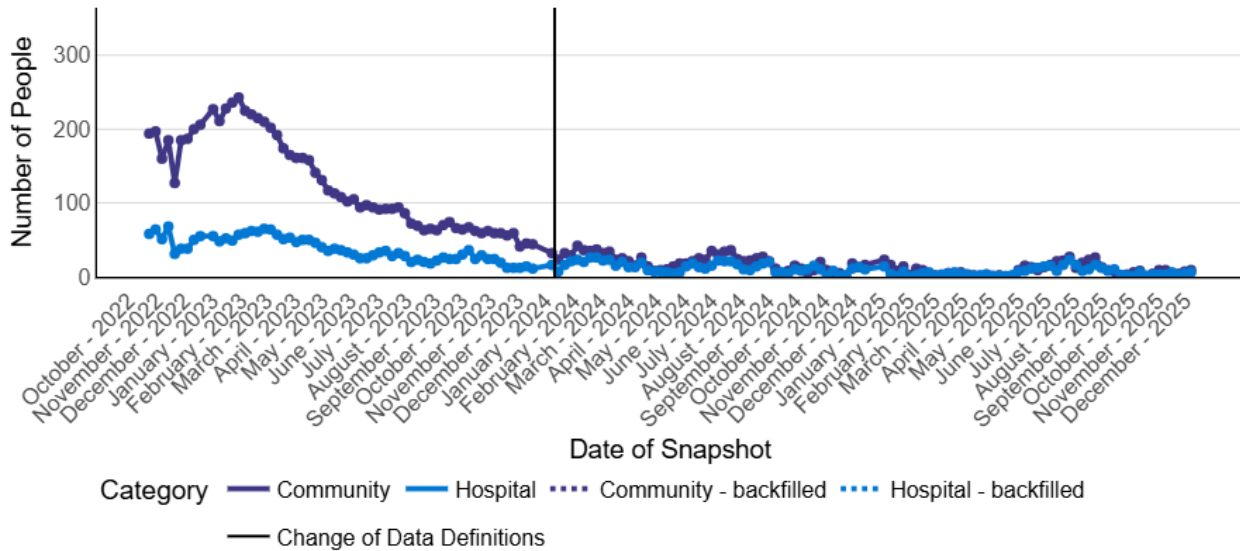


Chart 2

Number of People Assessed and waiting for a Care at Home Package in Dundee City^P.

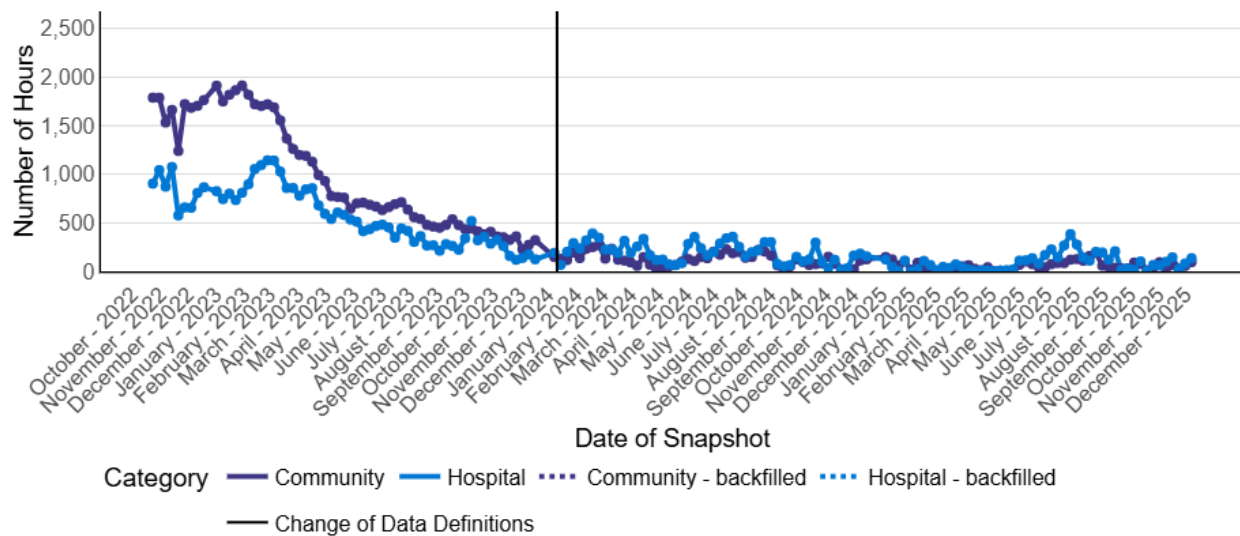


In Dundee as at 08 December 2025:

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

Chart 3

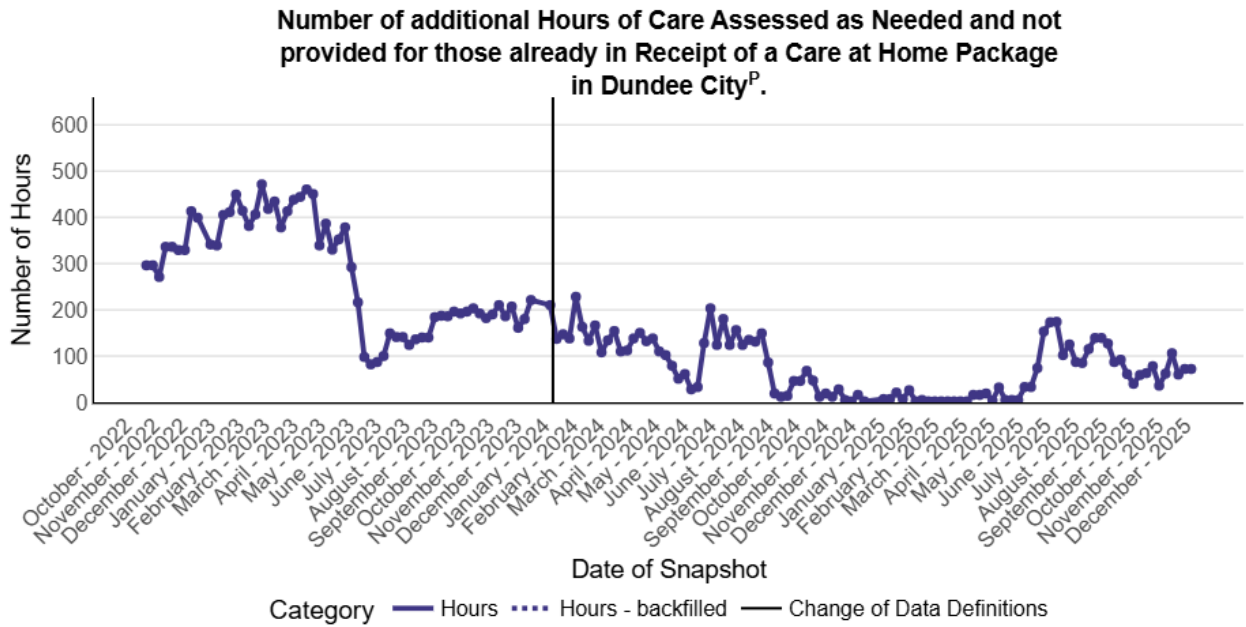
Number of Hours of Care at Home yet to be provided for Assessed Individuals in Dundee City^P.



In Dundee as at 08 December 2025

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

Chart 4



In Dundee as at 08 December 2025

- For those already in receipt of a care at home package 72 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling¹ monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more 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 Q2 the data is for the period 1 October 2024 to 30 September 2025-