



REPORT TO: **PERFORMANCE & AUDIT COMMITTEE –24 SEPTEMBER 2025**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 4**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **PAC23-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2024-25 Quarter 4 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 Q4 2024-25, quarterly performance reports performance is measured against the 2019-20 baseline year and because 2019-20 performance was affected by the Covid-19 Pandemic, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 4 PERFORMANCE 2024-25 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 4 2024-25 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.
- Performance is poorer against the 2019-20 baseline and the 2018-19 baseline for rate of emergency admissions 18+, 28-day readmissions rate 18+, emergency admissions as a rate of all A+E attendances 18+ and rate of hospital admissions due to a fall 65+.
- Performance has improved for emergency bed days rate per 100,000 18+ and standard delayed discharge bed days lost rate per 1,000 75+ compared with both the 2019-20 and 2018-19 baselines.
- Delayed discharge (code 9) bed day lost rate per 1,000 shows a deterioration against the 2019-20 baseline but an improvement against the 2018-19 baseline.
- The rate of emergency admissions per 100,000 population aged 18 and over increased by 12% compared to the 2019-20 baseline and increased by 10.3% compared to the 2018-19 baseline. This represents a deterioration in performance, with increases observed across all Local Community Partnerships (LCPP). The largest increase was in The Ferry with an increase of 29.7% compared to 2019-20 and an increase of 24.6% compared to 2018-19.
- There was an improvement in performance compared with the 2019-20 baseline for the emergency bed day rate per 100,000 population aged 18 and over, with a decrease of 6.3% compared to 2019-20 baseline and 10.9% decrease when compared to 2018-19. This is a positive trend which reflects local improvements in community care that support earlier discharge. Four LCPPs (West End, Strathmartine, Maryfield, Coldside and Lochee) had a lower rate of emergency bed days in Q4 than both 2018-19 and 2019-20 baseline years. In East End, the rate of emergency bed days was lower in Q4 than the 2018-19 baseline (indicating improvement), but higher in Q4 than the 2019-20 baseline (indicating deterioration). Dundee ranked 10th in Scotland for this indicator and was the top performer in the family group.
- At Q4 2024-25 the rate of emergency readmissions within 28 days of any admission was 1% higher than both 2019-20 and 2018-19 baselines, indicating a small deterioration. However, East End and Lochee showed improvement, with lower readmission rates compared to both baseline years. Five LCPPs, Lochee, East End, North East, Strathmartine and Maryfield, showed an improvement against the 2018-19 baseline only.
- At Q4 2024-25 the rate of hospital admissions due to a fall was 5% higher than both the 2018-19 and 2019-20 baselines, indicating a deterioration in performance. Coldside and West End were the only two LCPPs to show an improvement compared to both baseline years. Lochee and North East also showed improvement but only compared with the 2019-20 baseline.
- At Q4 2024-25, the rate of bed days lost to standard delayed discharge for people aged 75 and over was 63% lower than the 2019-20 baseline and 51% lower than the 2018-19 baseline, indicating a significant improvement. All eight LCPP showed an improvement. In Q4, the LCPP with the highest rate was West End with 197 bed days lost per 1,000

people aged 75 and over. The lowest rate was in North East with 75 bed days lost per 1,000 people aged 75 and over.

- At Q4 2024-25, the rate of bed days lost to complex (code 9) delayed discharges for people aged 75 and over was 42% higher than the 2019-20 baseline (deterioration) and 3% lower than the 2018-19 baseline (an improvement). Compared to the 2019-20 baseline year, Lochee, North East, Maryfield and West End showed improvement. Against the 2018-19 baseline, Lochee, North East and Stathmartine showed improvement. In Q4 2024-25, Coldside had the highest bed days lost (code 9) per 1,000 population aged 75 and over while Maryfield had the lowest.
- Updated figures for proportion of last 6 months of life spent at home or community settings, show an improvement, with 90.9% of time spent in these settings. Dundee ranked 7th in Scotland and was the top performer within the family group.
- There has been an increase in the proportion of people with intensive care needs receiving care at home, rising from 58.7% in 2018 to 65.9% in 2024. This is slightly higher than the Scottish average. Dundee ranked 12th in Scotland and was the top performer in Tayside.
- There has been an improvement in proportion of care services graded 'good' or 'better' in the Care Inspectorate Inspections. Following a drop to 74% during the pandemic, this figure has now risen to 82.6% which is slightly higher than the Scottish average.

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 packages of care is showing a slight upward trend, following a period of low numbers.

In Dundee, as of 30 June 2025:

- 0 people waited in hospital and 124 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.
- 14 people were assessed and waiting for a care at home package in hospital (168 hours yet to be provided).
- 13 people were assessed and waiting for a care at home package in the community (42 hours yet to be provided).
- For those already in receipt of a care at home package 153 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)	<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 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 Q4 2024-25 against baseline year 2019-20



National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+12%	+7.3%	+4.9%	+15.4%	+5.8%	+15.2%	+9.3%	+10%	+29.7%
Emer Bed Days rate per 100,000 18+	-6.3%	-13%	+8.9%	-12.3%	+9.2%	-6.3%	-15.4%	-16.9%	+4.4%
28 Day Readmissions rate per 1,000 Admissions 18+	+1%	-6%	-10%	+14%	+0%	+1%	+3%	+1%	+12%
Hospital admissions due to falls rate per 1,000 65+	+5%	-9%	+40%	-5%	-10%	+1%	+28%	-2%	+10%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-63%	-56%	-70%	-72%	-44%	-65%	-24%	-69%	-63%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	42%	-41%	+357%	155%	-84%	+50%	-100%	-49%	+435%

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 Q4 2024-25 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+	+10.3%	+3.9%	+8.1%	+9.5%	+4.4%	+17.8%	+12.6%	+3%	+24.6%
Emer Bed Days rate per 100,000 18+	-10.9%	-22.3%	-0.2%	-12.4%	+3.6%	-8%	-21%	-19.5%	+1.2%
28 Day Readmissions rate per 1,000 Admissions 18+	+1%	-3%	-14%	+23%	-3%	-2%	-2%	+16%	+5%
Hospital admissions due to falls rate per 1,000 65+	+5%	+12%	+19%	-8%	+20%	+3%	+32%	-16%	+7%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-51%	-60%	-73%	-35%	-70%	-40%	-47%	-40%	-37%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-3%	-56%	+24%	+47%	-85%	-65%	0%	+34%	+104%

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+	13,954	15,711	18,192	16,221	13,008	15,591	12,001	9,253	13,473
Emer Bed days rate per 100,000 18+	106,911	122,777	147,394	128,179	93,448	110,278	81,970	65,937	120,581
28 Day Readmissions rate per 1,000 Admissions 18+	142	137	142	158	126	149	145	152	124
Hospital admissions due to falls rate per 1,000 65+	32	28	39	37	23	31	34	31	32
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	136	178	84	137	75	136	138	197	129
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	89	63	105	316	13	31	0	20	86

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

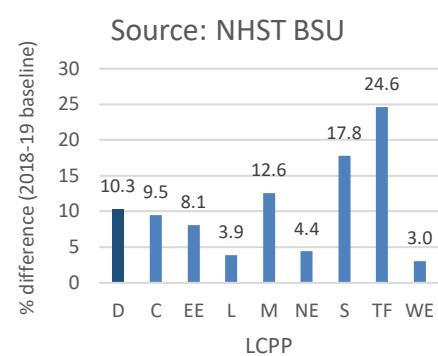
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q4 2024-25 compared to Dundee

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

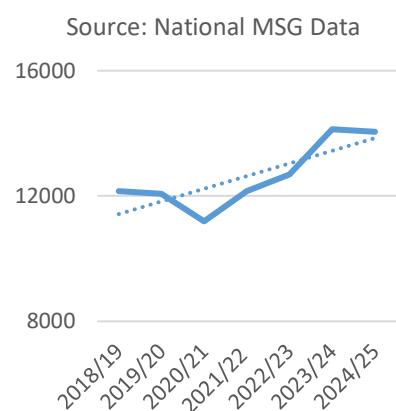
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1. % of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2. % of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3. % of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	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 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	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 Baseline (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	<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</p>	Not Available	<p>Source : PHS</p> <p>Rate per 100,000 population</p> <p>2018 2019 2020 2021 2022 2023</p> <p>Dundee City (Blue Line) Scotland (Orange Line)</p>	30th	7th	3rd																														
12. Emer Admissions rate per 100,000 18+	<p>Source: NHST BSU</p> <p>% Difference (2019-20 baseline)</p> <p>LCPP</p> <table border="1"> <thead> <tr> <th>Group</th> <th>% Difference</th> </tr> </thead> <tbody> <tr><td>D</td><td>12.0</td></tr> <tr><td>C</td><td>15.4</td></tr> <tr><td>EE</td><td>4.9</td></tr> <tr><td>L</td><td>7.3</td></tr> <tr><td>M</td><td>9.3</td></tr> <tr><td>NE</td><td>5.8</td></tr> <tr><td>S</td><td>15.2</td></tr> <tr><td>TF</td><td>29.7</td></tr> <tr><td>WE</td><td>10.0</td></tr> </tbody> </table> <p>There was an increase in emergency admissions rate by 12% in Q4 2024-25 compared with the 2019-20 baseline. This equates to an increase of 1,833 emergency admissions (deterioration).</p>	Group	% Difference	D	12.0	C	15.4	EE	4.9	L	7.3	M	9.3	NE	5.8	S	15.2	TF	29.7	WE	10.0	<p>Source : MSG National Data</p> <p>Admissions rate per 1,000 population</p> <p>Q1 Q2 Q3 Q4</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Admissions rate</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>14,303</td></tr> <tr><td>Q2</td><td>14,265</td></tr> <tr><td>Q3</td><td>14,379</td></tr> <tr><td>Q4</td><td>14,052</td></tr> </tbody> </table> <p>Following a peak in Q3, the admissions rate has begun to decrease (improve).</p>	Quarter	Admissions rate	Q1	14,303	Q2	14,265	Q3	14,379	Q4	14,052	<p>Source: NHST BSU</p> <p>Admissions rate per 1,000 population</p> <p>2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25</p> <p>D (Blue Line)</p> <p>Lowest at Q4 WE (Orange Line)</p> <p>Highest at Q4 EE (Grey Line)</p> <p>Linear (D) (Dotted Line)</p> <p>Note - Linear (D) is the trendline for Dundee</p>	29th	7th	3rd
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There was an increase in the emergency admissions rate by 10.3% in Q4 2024-25 compared with the 2018-19 baseline. This equates to an increase of 1,603 emergency admissions (deterioration).

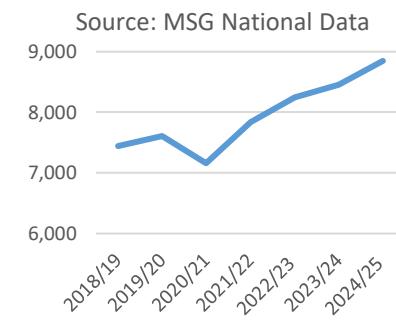
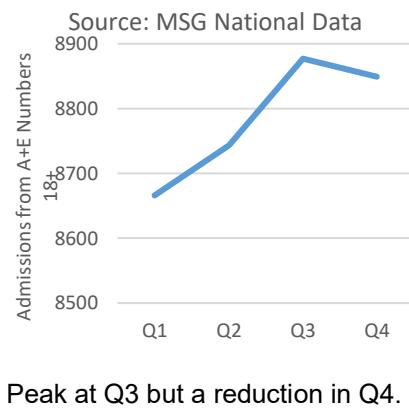


Increase during post pandemic recovery period.

Emergency Admissions Numbers from A&E (MSG)

1,2744 more emergency admissions from A+E in Q4 24/25 compared with the 2019/20 baseline.

1,409 more emergency admissions from A+E in Q4 24/25 compared with the 18/19 baseline.

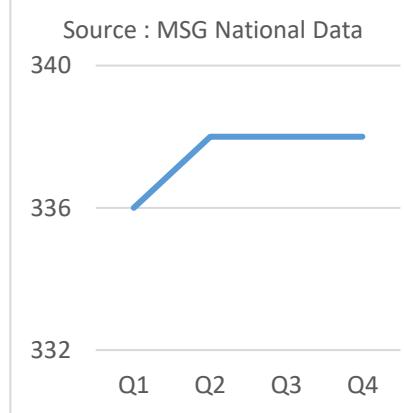
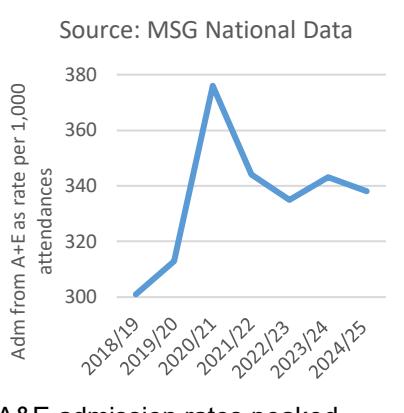
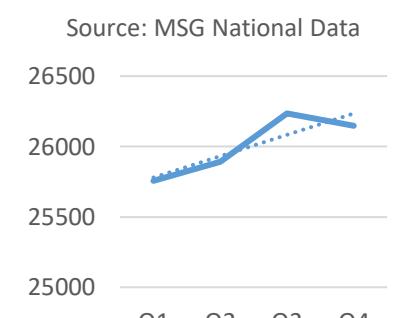
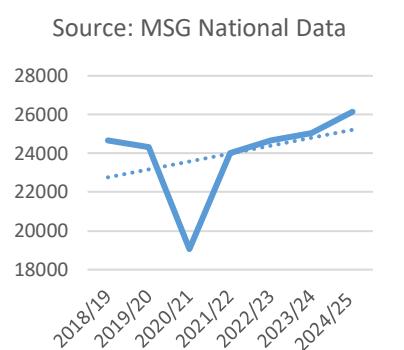


Increase during post pandemic recovery period which continued to Q4 2024/25.

NA as number and not rate

NA as number and not rate

NA as number and not rate

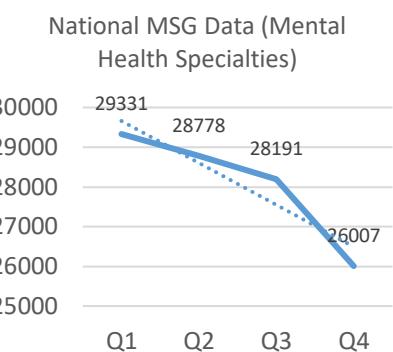
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	<p>Rate has increased by 25, from 313 at the 2019/20 baseline to 338 at Q4 2024/25. This is an increase of 8%.</p> <p>Rate has increased by 37, from 301 at the 2018/19 baseline to 338 at Q4 2024/25. This is an increase of 12%.</p>	<p>Source : MSG National Data</p>  <p>340 336 332</p> <p>Q1 Q2 Q3 Q4</p> <p>Rate has stabilised at 338 admissions from A&E as rate per 1,000 admissions</p>	<p>Source: MSG National Data</p>  <p>380 360 340 320 300</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25</p> <p>Adm from A+E as rate per 1,000 attendances</p> <p>A&E admission rates peaked during the pandemic. Since then there has been a decline, with rates now stabilising.</p>	Not Avail	Not Avail	Not Avail
Number of Accident & Emergency Attendances (MSG)	<p>1829 (8% increase) more A&E attendances in Q4 2024/25 than the 2019/20 baseline.</p> <p>1467 (6% increase) more A&E attendances in Q4 2024/25 than the 2018/19 baseline.</p>	<p>Source: MSG National Data</p>  <p>26500 26000 25500 25000</p> <p>Q1 Q2 Q3 Q4</p> <p>A&E attendances peaked in Q3, followed by a slight decrease in Q4.</p>	<p>Source: MSG National Data</p>  <p>28000 26000 24000 22000 20000 18000</p> <p>2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25</p> <p>Slight upwards trend since the pandemic.</p>	NA as number and not rate	NA as number and not rate	NA as number and not rate

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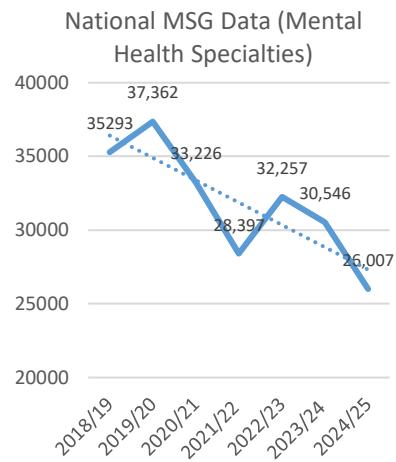
Q4 2024-25. This equates to a decrease of 15,907 emergency bed days (improvement).

11355 (30%) less mental health bed days in Q4 2024-25 compared with the 2019-20 baseline (improvement) (source: MSG)

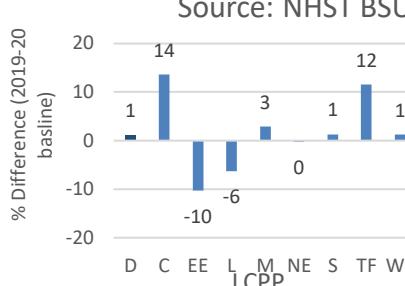
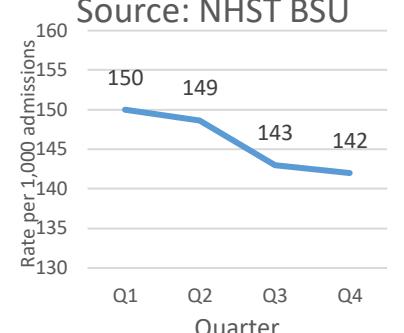
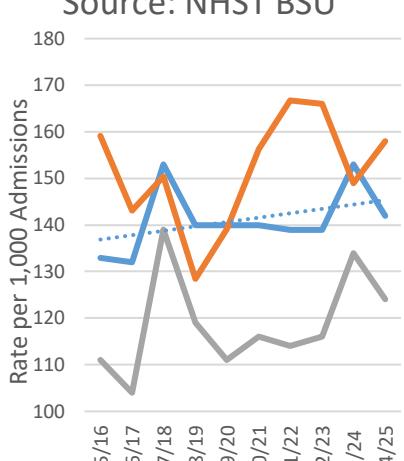
9286 (26%) less mental health bed days in Q4 2024-25 compared with the 2018-19 baseline (improvement) (source: MSG)



A decrease in the rate of mental health emergency bed days since Q1 2024/25 (improvement)

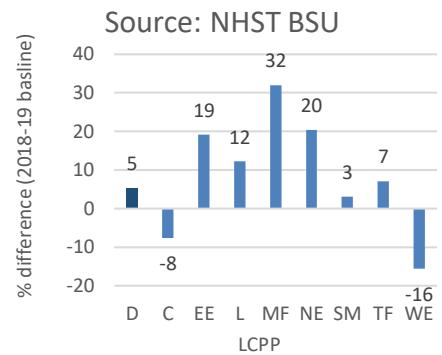


There has been a steady decrease since the pandemic, indicating an overall downward trend.

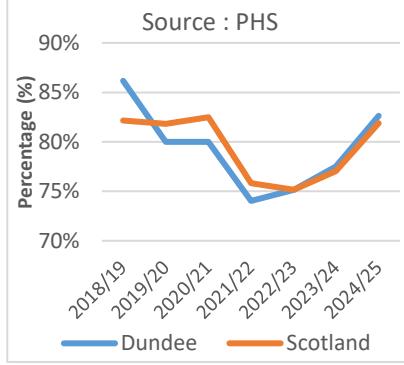
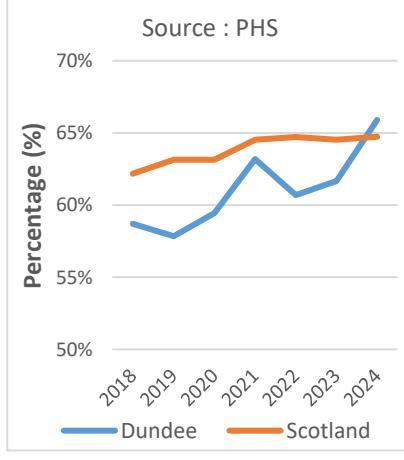
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15. % of last 6 months of life spent at home or in a community setting	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7 th best in Scotland and 1 st in the family group.	Not Available	<p>Source : PHS</p> <p>Percentage (%)</p> <p>2018/19, 2019/20, 2020/21, 2021/22, 2022/23, 2023/24, 2024</p> <p>Dundee (blue line)</p> <p>Scotland (orange line)</p> <p>Linear (Dundee) (dotted blue line)</p>	7th	1st	2nd																																																																																							
16. Hospital admissions due to falls rate per 1,000 65+ population	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Local Care Partnership (LCP)</th> <th>% Difference (2019-20 baseline)</th> </tr> </thead> <tbody> <tr><td>D</td><td>5</td></tr> <tr><td>C</td><td>-5</td></tr> <tr><td>EE</td><td>40</td></tr> <tr><td>L</td><td>-9</td></tr> <tr><td>MF</td><td>-10</td></tr> <tr><td>NE</td><td>28</td></tr> <tr><td>SM</td><td>1</td></tr> <tr><td>TF</td><td>10</td></tr> <tr><td>WE</td><td>-2</td></tr> <tr><td>LCP</td><td></td></tr> </tbody> </table>	Local Care Partnership (LCP)	% Difference (2019-20 baseline)	D	5	C	-5	EE	40	L	-9	MF	-10	NE	28	SM	1	TF	10	WE	-2	LCP		<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>Rate per 1,000 65+ population</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>35</td></tr> <tr><td>Q2</td><td>35</td></tr> <tr><td>Q3</td><td>32</td></tr> <tr><td>Q4</td><td>32</td></tr> </tbody> </table> <p>A small decrease in rate between Q2 and Q4.</p>	Quarter	Rate per 1,000 65+ population	Q1	35	Q2	35	Q3	32	Q4	32	<p>Source: NHST BSU</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Dundee (Blue)</th> <th>Highest at Q4 EE (Orange)</th> <th>Lowest at Q4 NE (Grey)</th> <th>Linear (Dundee) (Dotted Blue)</th> </tr> </thead> <tbody> <tr><td>2015/16</td><td>25</td><td>27</td><td>20</td><td>25</td></tr> <tr><td>2016/17</td><td>26</td><td>28</td><td>24</td><td>26</td></tr> <tr><td>2017/18</td><td>27</td><td>29</td><td>21</td><td>27</td></tr> <tr><td>2018/19</td><td>28</td><td>30</td><td>18</td><td>28</td></tr> <tr><td>2019/20</td><td>29</td><td>29</td><td>17</td><td>29</td></tr> <tr><td>2020/21</td><td>30</td><td>35</td><td>18</td><td>30</td></tr> <tr><td>2021/22</td><td>31</td><td>36</td><td>16</td><td>31</td></tr> <tr><td>2022/23</td><td>32</td><td>39</td><td>28</td><td>32</td></tr> <tr><td>2023/24</td><td>33</td><td>39</td><td>30</td><td>33</td></tr> <tr><td>2024/25</td><td>34</td><td>40</td><td>25</td><td>34</td></tr> </tbody> </table>	Year	Dundee (Blue)	Highest at Q4 EE (Orange)	Lowest at Q4 NE (Grey)	Linear (Dundee) (Dotted Blue)	2015/16	25	27	20	25	2016/17	26	28	24	26	2017/18	27	29	21	27	2018/19	28	30	18	28	2019/20	29	29	17	29	2020/21	30	35	18	30	2021/22	31	36	16	31	2022/23	32	39	28	32	2023/24	33	39	30	33	2024/25	34	40	25	34	31st	8th	3rd
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The rate of admissions has increased by 5% in Q4 24-25 from the 2019-20 baseline. This equates to an increase of 71 fall related hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in East End with a 40% increase (33 fall related admissions) (deterioration). East End had the 3rd lowest rate of admissions in 2019-20 and the highest rate of admissions in Q4 2024-25.

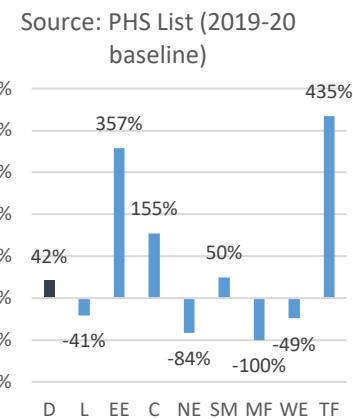


The rate of admissions has increased by 5% in Q4 24-25 from the 2018-19 baseline. This equates to an increase of 74 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield with a 32% increase (21 fall related admissions) (deterioration).

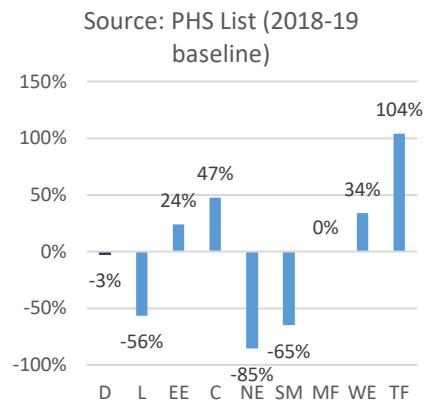
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst																								
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	<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"> <thead> <tr> <th>Financial Year</th> <th>Dundee (%)</th> <th>Scotland (%)</th> </tr> </thead> <tbody> <tr><td>2018/19</td><td>86</td><td>82</td></tr> <tr><td>2019/20</td><td>82</td><td>80</td></tr> <tr><td>2020/21</td><td>80</td><td>81</td></tr> <tr><td>2021/22</td><td>74</td><td>75</td></tr> <tr><td>2022/23</td><td>76</td><td>76</td></tr> <tr><td>2023/24</td><td>78</td><td>78</td></tr> <tr><td>2024/25</td><td>82</td><td>81</td></tr> </tbody> </table>	Financial Year	Dundee (%)	Scotland (%)	2018/19	86	82	2019/20	82	80	2020/21	80	81	2021/22	74	75	2022/23	76	76	2023/24	78	78	2024/25	82	81	17th	6th	1st
Financial Year	Dundee (%)	Scotland (%)																												
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18. % adults with intensive care needs receiving care at home	<p>There has been an increasing trend in the proportion of adults receiving intensive care needs at home.</p> <p>In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.</p>	Not Available	 <p>Source : PHS</p> <table border="1"> <thead> <tr> <th>Financial 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>60</td><td>64</td></tr> <tr><td>2021</td><td>64</td><td>65</td></tr> <tr><td>2022</td><td>62</td><td>65</td></tr> <tr><td>2023</td><td>61</td><td>65</td></tr> <tr><td>2024</td><td>66</td><td>65</td></tr> </tbody> </table>	Financial Year	Dundee (%)	Scotland (%)	2018	58	62	2019	57	63	2020	60	64	2021	64	65	2022	62	65	2023	61	65	2024	66	65	12th	5th	1st
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19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)	<p>Source : PHS List (2019-20 baseline)</p> <p>63% decrease (improvement) since the 2019/20 baseline.</p> <p>Source : PHS List (2018-19 baseline)</p> <p>51% decrease (improvement) since the 2018/19 baseline.</p>	<p>Source: PHS List</p> <p>The trend shows a decrease over the last four quarters</p>	<p>Source: PHS List</p> <p>Decline in rate of standard delays since 2022/23. This is an improving trend.</p>	NA	NA	NA

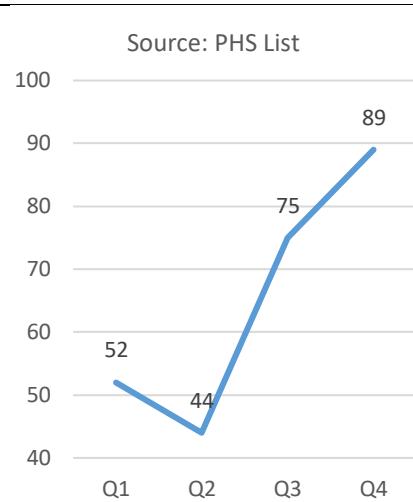
19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)



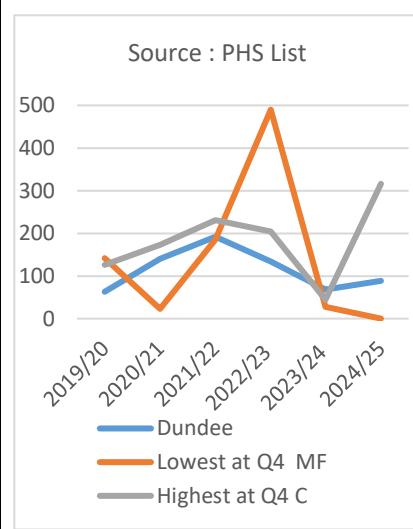
42% increase (deterioration) since 2019-20 and decrease (improvement) in 4 LCPPs.



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



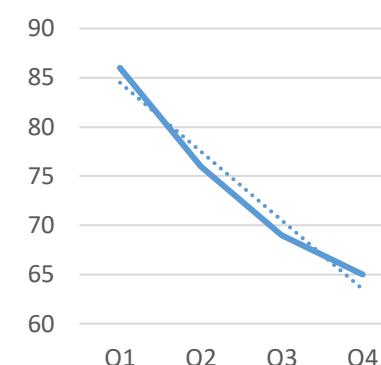
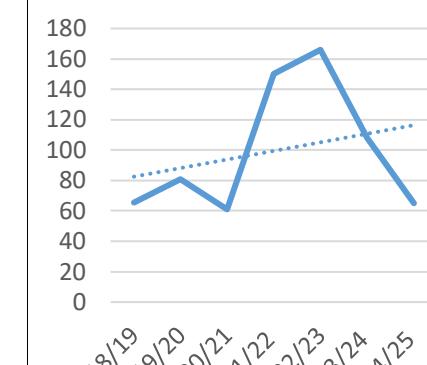
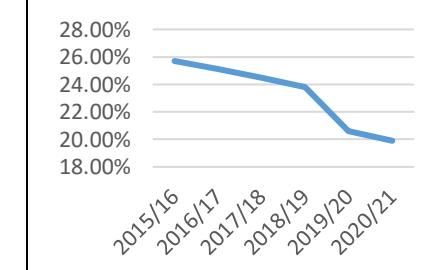
An increase (deterioration) between Q2 and Q4.



NA

NA

NA

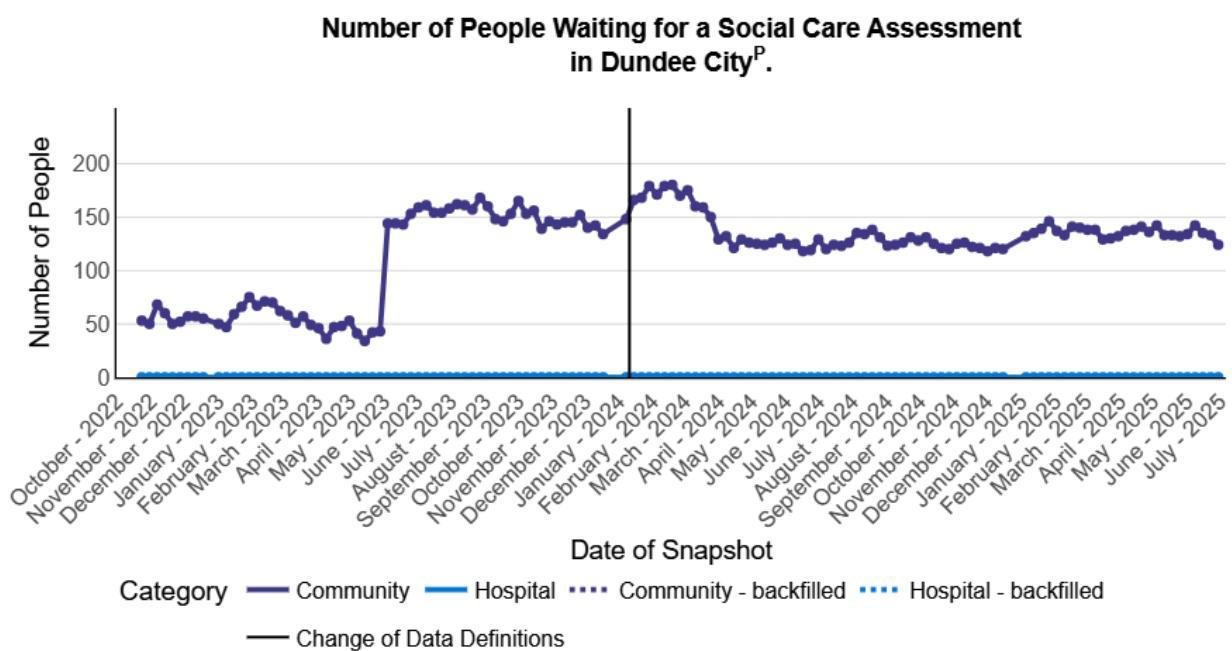
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	<p>Bed days have decreased since the 2019-20 baseline. In 2019-20 there were 9,861 bed days lost and this decreased to 8,401 at Q4 2024-25.</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 8,401 at Q4 2024-25.</p>	<p>Source: MSG National Data</p>  <p>Reduction (improvement) over the last 4 quarters.</p>	<p>Source: MSG National Data</p>  <p>A decrease in bed days lost rate since 2022/23.</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.

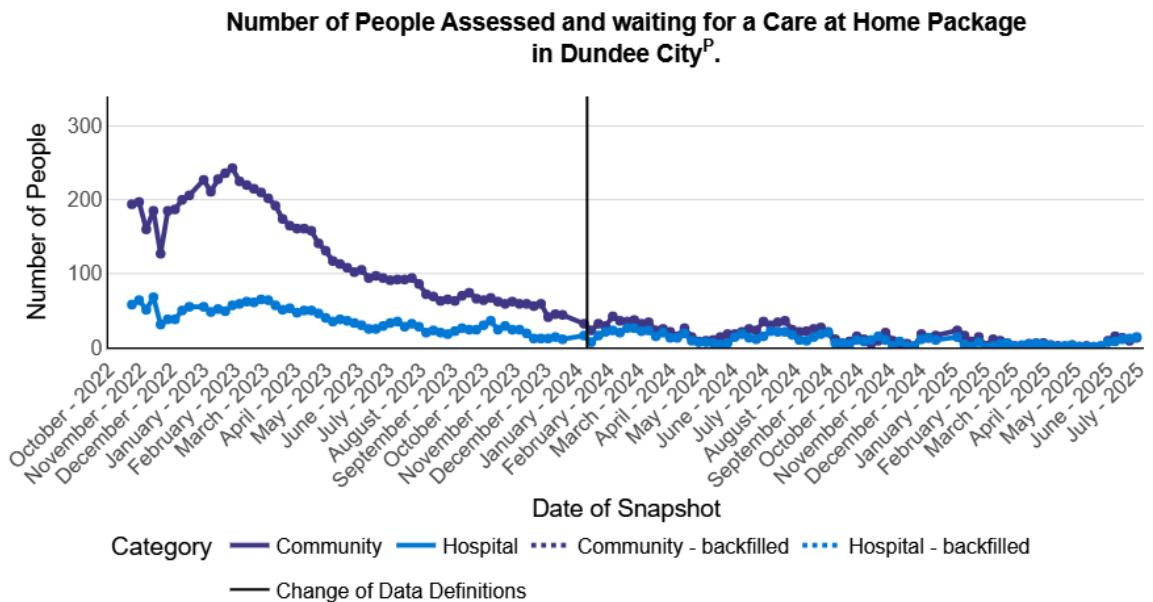
Chart 1



In Dundee as at 30 June 2025:

- 0 people waited in hospital and 124 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

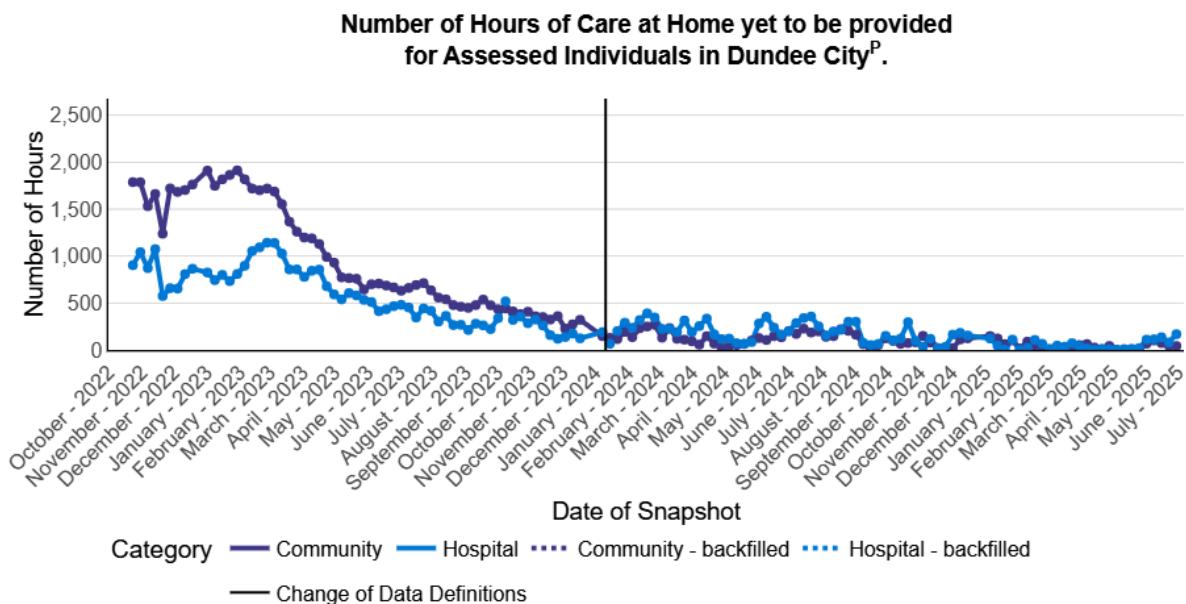
Chart 2



In Dundee as at 30 June 2025:

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

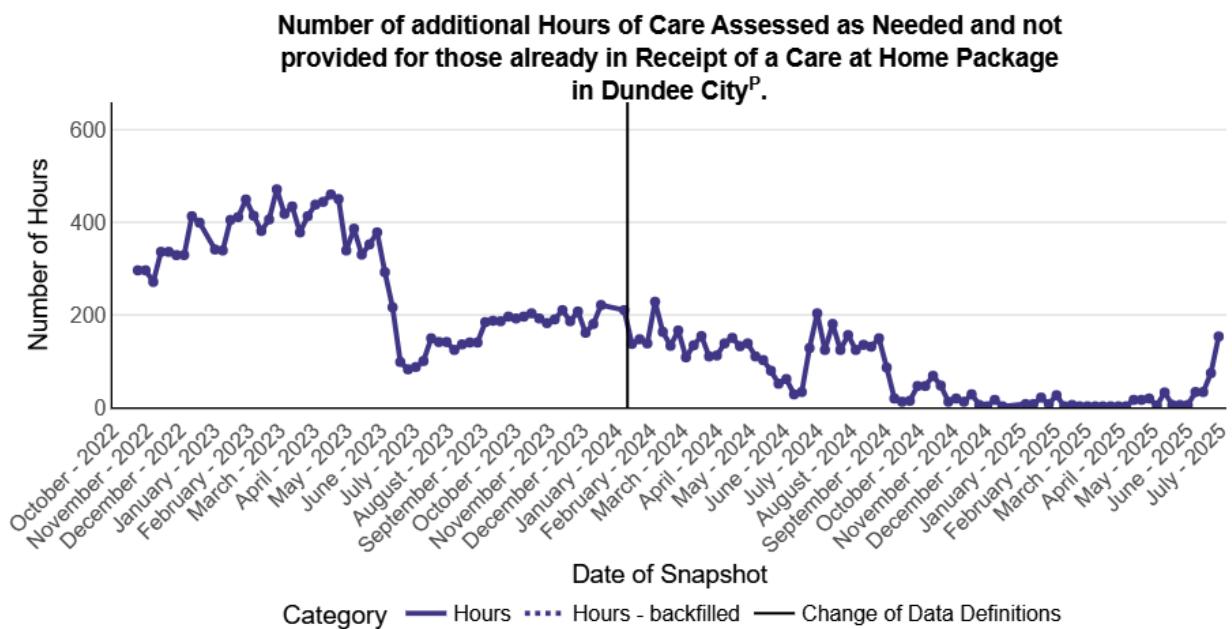
Chart 3



In Dundee as at 30 June 2025:

- 14 people were assessed and waiting for a care at home package in hospital (168 hours yet to be provided).
- 13 people were assessed and waiting for a care at home package in the community (42 hours yet to be provided).

Chart 4



In Dundee as at 30 June 2025:

- For those already in receipt of a care at home package 153 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

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

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

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

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

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

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

¹ For Q4 the data is for the period 1 April 2024 – 31 March 2025.