


























West Dunbartonshire Health and Social Care Partnership Performance Report 2021/22: Quarter 3 October-December 2021

Due to timing issues and service priorities during the current COVID-19 pandemic, both within the HSCP and externally, some data is not yet available. Community Health and Care targets are still under review in the absence of Scottish Government guidance in relation to Unscheduled Care targets. Targets for 2020/21 have been retained meantime.

PI Status		Short Term Trends	
	Alert		Improving
	Warning		No Change
	OK		Getting Worse
	Unknown		
	Data Only		

Early Intervention							
Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published late March	95%	Not yet available	Not yet available	96.6%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late March	95%	Not yet available	Not yet available	97.2%	
3	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%			100%	
4	Percentage of child protection investigations to case conference within 21 days	78.1%	95%			84.2%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	Not yet available	N/A	Not yet available		85	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A	Not yet available		27	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	Not yet available	0	Not yet available		11	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,280	1,460			2,505	

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,363	N/A			1,210	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	1,429	1,104			1,575	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	584	N/A			662	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,213	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,090	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	64.6	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	17,951	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,157	Not yet available	Not yet available	12,117	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	718.3	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,692	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.5%	24%			26.2%	
20	Number of clients receiving Home Care Pharmacy Team support	297	257			315	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	31%	90%			40%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97.6%	95%			97.5%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery*	Not yet available	90%	Not yet available	Not yet available	Not yet available	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	100%			100%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,933	2,200			1,955	
26	Number of patients with an eKIS record	20,636	N/A			20,819	

*Publication of waiting times for drug or alcohol treatment has been delayed by Public Health Scotland due to the move to a new IT system.

Access							
Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,443	N/A			1,445	

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,987	N/A			10,801	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	541	570			533	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	40.6%	35%			39.8%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.6%	95%			98.7%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,482	20,945			18,763	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	20.5%	30%			6.9%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	28.1%	32%			45.5%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	78%	98%			70.5%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79.7%	80%			84.5%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	47.6%	80%			31.3%	










Resilience

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
38	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	98.9%	90%			100%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	5	18			6	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	71.3%	90%			72.4%	

Assets
































Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	Not yet available	GGC average	Not yet available	Not yet available	£166.88	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available		76.05%	

Inequalities

Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
43	Balance of Care for looked after children: % of children being looked after in the Community	89.9%	90%			89.7%	
44	Percentage of looked after children being looked after in the community who are from BME communities	75%	N/A			78.9%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	75%			100%	

Please find July to September 2021 data below for those indicators we were unable to report on in our Quarter 2 Performance Report. Please note that Drug and Alcohol Waiting Times have not been published for any quarter in 2021-22 due to the implementation of a new IT system.

Early Intervention

Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	96.6%	95%			94.7%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.2%	95%			99.2%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	85	N/A			51	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	27	N/A			25	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	11	0			6	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,505	1,460			2,726	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,210	N/A			1,598	
12	Number of emergency admissions 18+	2,213	2,295			2,463	
13	Number of emergency admissions aged 65+	1,090	1,134			1,217	
14	Emergency admissions aged 65+ as a rate per 1,000 population	64.6	68			72.1	
15	Number of unscheduled bed days 18+	17,951	17,735			19,540	
16	Unplanned acute bed days (aged 65+)	12,117	12,156			13,508	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	718.3	726			800.8	
18	Number of Attendances at Accident and Emergency 18+	5,692	4,720			5,862	

Access

Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	6.9%	30%	✓	↑	23%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	45.5%	32%	⛔	↓	26%	

Assets

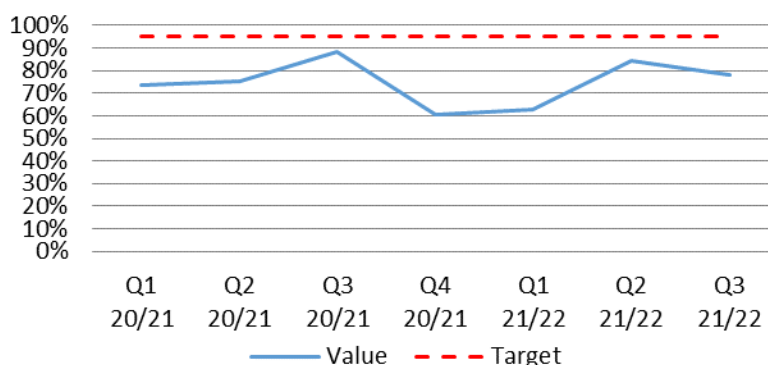
Ref	Performance Indicator	Q2 2021/22				Q1 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£166.88	£158.57	⚠	↓	£165.48	
42	Compliance with Formulary Preferred List	76.05%	78%	⚠	↓	79.16%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October-December 2021

Performance Area: Child Protection

Quarter	Value	Target
Q1 20/21	73.3%	95%
Q2 20/21	75.0%	95%
Q3 20/21	88.0%	95%
Q4 20/21	60.5%	95%
Q1 21/22	62.5%	95%
Q2 21/22	84.2%	95%
Q3 21/22	78.1%	95%

% of Child Protection investigations to Case Conference within 21 days



Key Points:

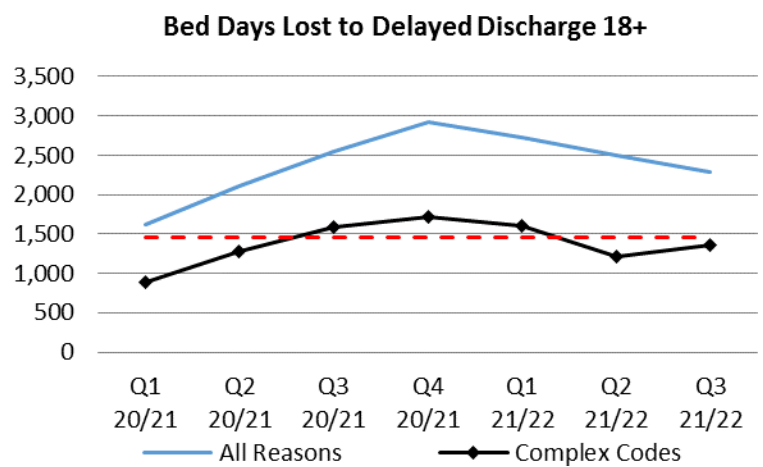
Of the 32 case conferences due to take place during October to December, 25 were carried out within the 21 day timescale. While still below the 95% target and dipping slightly on the previous quarter, the trend for 2021/22 has been one of improvement.

Improvement Actions:

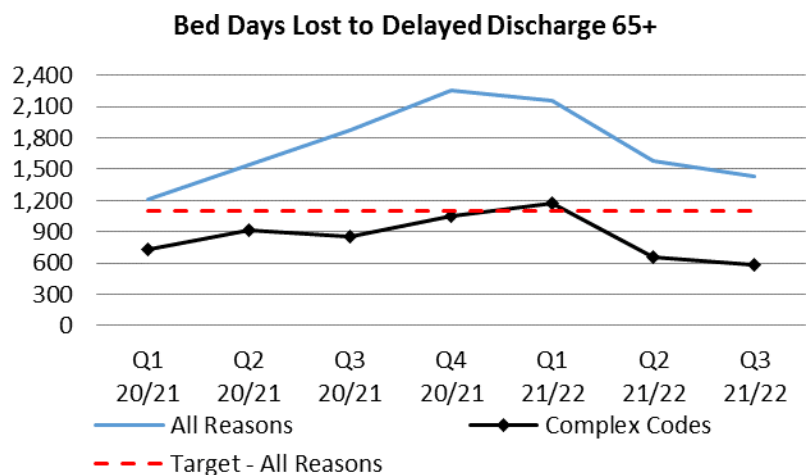
Timescales for a number of key stages in the Child Protection journey are now being routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to identify trends, areas for improvement and any recording gaps.

Performance Area: Delayed Discharge

Quarter	All Reasons	Complex Codes
Q1 20/21	1621	893
Q2 20/21	2101	1276
Q3 20/21	2542	1594
Q4 20/21	2913	1718
Q1 21/22	2726	1598
Q2 21/22	2505	1210
Q3 21/22	2280	1363



Quarter	All Reasons	Complex Codes
Q1 20/21	1210	727
Q2 20/21	1541	910
Q3 20/21	1878	848
Q4 20/21	2256	1053
Q1 21/22	2163	1180
Q2 21/22	1575	662
Q3 21/22	1429	584



Key Points:

Focused efforts to facilitate hospital discharges in a safe and timely way continue to show progress during this quarter. A reduction in Adults with Incapacity delays has been seen, as well as a significant reduction in number of bed days lost due to delayed discharge.

The number of daily delays in the quarter was brought down to 18 mid-October and as at the 31st of December 24 people were experiencing a delay.

Improvement Actions:

Daily meetings between all 6 Health and Social Care Partnerships and the Health Board have commenced this quarter. These meetings provide supportive inputs from peers and senior figures, as well as provide transparency and accountability across the HSCPs and Health Board.

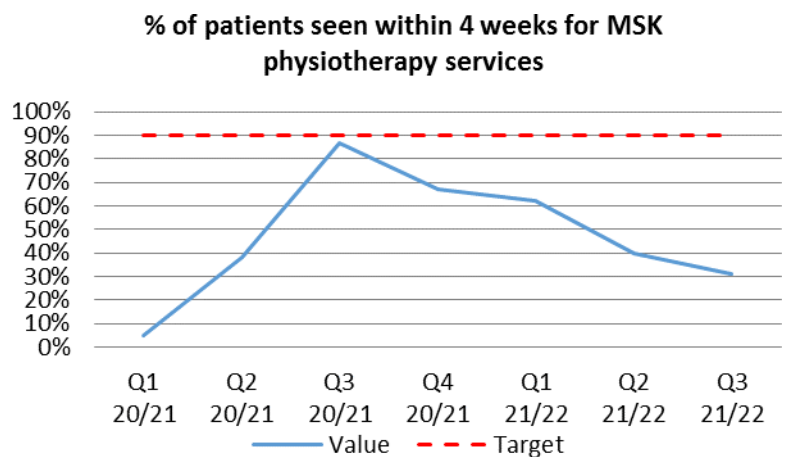
Weekly meetings with a focus on all West Dunbartonshire delays continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

Local data is continually monitored and analysed to identify areas for improvement.

Chronology data-gathering complete on long term Adults with Incapacity (AWI) cases and non-AWI cases. This work continues to be used to evidence and identify any bottlenecks or delays in processes.

Performance Area: Musculoskeletal (MSK) Physiotherapy

Quarter	Value	Target
Q1 20/21	5%	90%
Q2 20/21	38%	90%
Q3 20/21	87%	90%
Q4 20/21	67%	90%
Q1 21/22	62%	90%
Q2 21/22	40%	90%
Q3 21/22	31%	90%



Key Points :

Referrals to the MSK service continue to be high and consistent with pre-Covid levels. There were 1,079 referrals during October to December. Performance improved significantly to 39% in November as staff returned temporarily from redeployment to Acute where they were supporting the pandemic effort.

In December, in common with other services, MSK Physiotherapy services experienced greater than normal staffing problems through sick leave, Covid-related absence and vacancy levels.

Improvement Actions

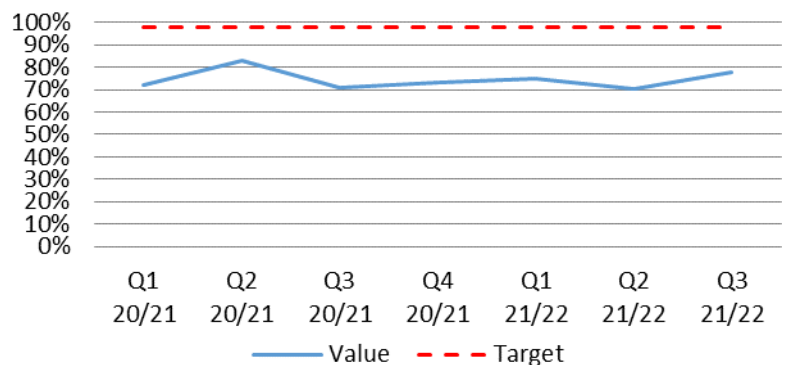
All patients requiring a first appointment continue to predominately be managed by Virtual Patient Management in the first instance. We are continuing to remobilise face to face provision based on clinical decision making/clinical need and orthopaedic post-operative patients are now escalated for face to face at first point of contact. Due to the ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across Greater Glasgow and Clyde is around 30% of normal service provision.

Further redeployment of MSK staff to assist with the anticipated impact of the Omicron variant on Acute Services is planned for January.

Performance Area: Criminal Justice Social Work

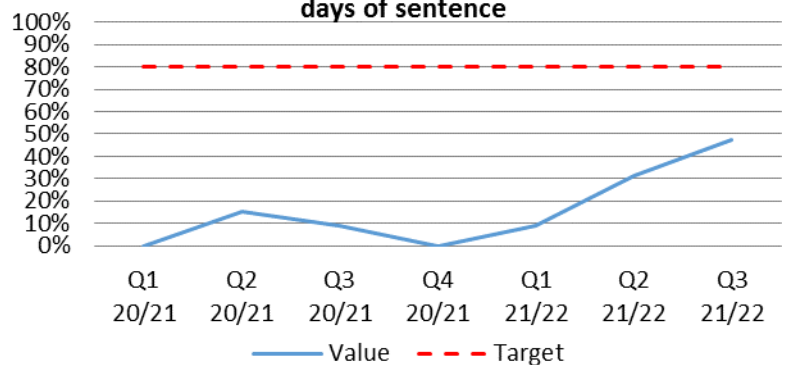
Quarter	Value	Target
Q1 20/21	72%	98%
Q2 20/21	83%	98%
Q3 20/21	71%	98%
Q4 20/21	73%	98%
Q1 21/22	75%	98%
Q2 21/22	71%	98%
Q3 21/22	78%	98%

% Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling



Quarter	Value	Target
Q1 20/21	0%	80%
Q2 20/21	15%	80%
Q3 20/21	9%	80%
Q4 20/21	0%	80%
Q1 21/22	9%	80%
Q2 21/22	31%	80%
Q3 21/22	48%	80%

% Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence



Key Points:

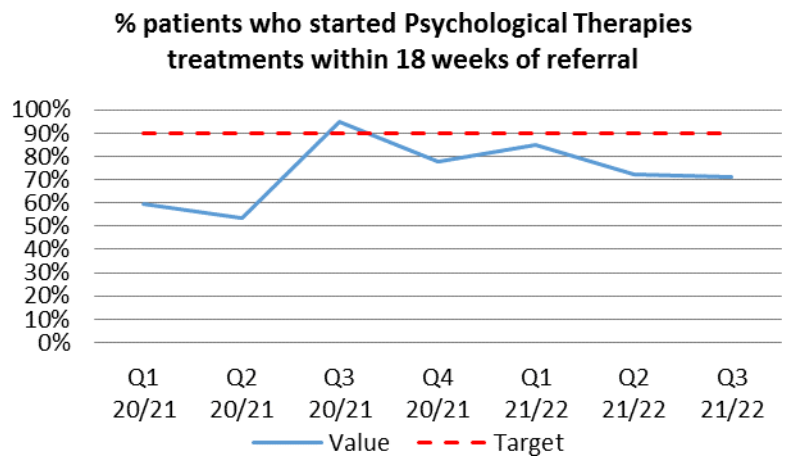
The recruitment of additional Community Payback Supervisors has increased capacity and as a result we have seen a significant increase in service users commencing their unpaid work hours within timescales. Criminal Justice Social Work reports have also increased, reflective of the reduction in levels of staff absence.

Improvement Actions:

The forthcoming refurbishment of the unpaid work workshop will facilitate further opportunities to both expand the service and increased opportunities for service users.

Performance Area: Psychological Therapies

Quarter	Value	Target
Q1 20/21	59.6%	90%
Q2 20/21	53.4%	90%
Q3 20/21	95.1%	90%
Q4 20/21	77.6%	90%
Q1 21/22	84.8%	90%
Q2 21/22	72.4%	90%
Q3 21/22	71.3%	90%



Key Points:

101 people started Psychological Therapies treatments between October and December: 72 waited less than 18 weeks from the point of referral.

There are a number of vacancies across the teams which is impacting on caseload capacities.

Improvement Actions:

We are actively processing vacancies as quickly as possible to ensure as little impact on waiting times as possible and longest waits are being offered appointments across the area as space becomes available.

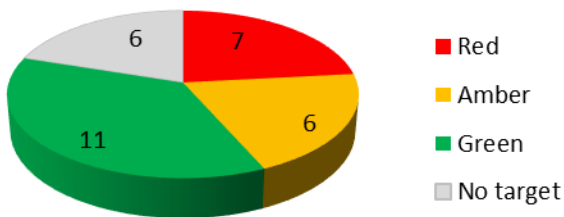
Three members of staff within the Primary Care Mental Health Team are working additional hours between December 2021 and March 2022 to ensure some cover for team vacancies.

Wellbeing Nurse rollout continuing: a full time Wellbeing Nurse is now in post and we are aiming for the service to be fully up and running by the end of February 2022.

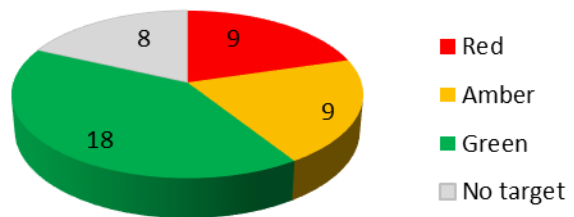
We have also reactivated the local Psychological Therapies monitoring group and are currently targeting erroneous data on the dashboard.

Summary of Strategic Plan Key Performance Indicators

Quarter 3: October to December 2021
(Partial Data)



Quarter 2: July to September 2021 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October-December 2021

Within the Model Complaints Handling Procedure developed by the Scottish Public Services Ombudsman (SPSO) is a requirement to report performance in relation to complaints internally on a quarterly basis and publicly on an annual basis in line with the SPSO’s Model Complaints Handling Reporting Framework.

As part of our commitment to best practice, openness and transparency we will include this framework within our Quarterly Performance Report going forward.

These indicators are set by the SPSO and should provide opportunities for benchmarking and identify good practice and areas for improvement on a local and national basis.

Indicator 1: Learning from complaints

During October-December 2021 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
MSK Physiotherapy	<ul style="list-style-type: none"> • Waiting areas to be checked more frequently. • Patients should be seen for the remainder of the appointment time in line with the MSK Physiotherapy Standard Operating Procedure. • The MSK Physiotherapy Team Lead will request that a brief explanatory is added to cancellations where possible.

SPSO Indicator	Measure	Q1	Q2	Q3
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21	13
	Number of complaints direct to Stage 2	8	7	6
	Total number of complaints	24	28	19
3	% closed within timescale - Stage 1	Not yet available		
	% closed within timescale - direct to Stage 2	2	1	2
	% closed within timescale - escalated to Stage 2	1	None recorded as escalated	None recorded as escalated
4	Average response time - Stage 1	Not yet available		
	Average response time - direct to Stage 2	25	23	23
	Average response time - escalated to Stage 2	18	None recorded as escalated	None recorded as escalated

The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is in early development stages.

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 2 2021/22

	Model Complaints Handling Procedure		
Outcome	NHSGGC	WDC	% of total
Fully Upheld			0%
Partially Upheld	2	1	50%
Not Upheld		3	50%
Unsubstantiated			0%
Total	2	4	6

Stage 2 – Quarter 3 2021/22

	Model Complaints Handling Procedure		
Outcome	NHSGGC	WDC	% of total
Fully Upheld			0%
Partially Upheld	1		25%
Not Upheld	1	2	75%
Unsubstantiated			0%
Total	2	2	4