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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. On review, Unscheduled Care targets for 2020/21 have been retained for 2021/22 due to the impact of the pandemic on the workstreams upon which these targets were based.

It should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

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

Early Intervention							
Ref	Performance Indicator	Q4 2021/22				Q3 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 June	95%	Not yet available	Not yet available	93.4%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published late June	95%	Not yet available	Not yet available	98.6%	
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	60%	95%			78.1%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	121	N/A			95	
		Q4 2021/22				Q3 2021/22	

Ref	Performance Indicator	Value	Target	Status	Short Trend	Value	Trend over 8 Qtrs
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	22	N/A			16	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	15	0			7	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,749	1,459			2,280	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,452	N/A			1,363	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,225	1,104			1,429	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,138	N/A			584	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,145	
13	Number of emergency admissions aged 65+	Not yet available	1,135	Not yet available	Not yet available	1,127	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	66.8	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	18,439	
16	Unplanned acute bed days (aged 65+)	Not yet available	12,157	Not yet available	Not yet available	13,192	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	782.1	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,078	
19	Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	25.1%	24%			25.5%	
20	Number of clients receiving Home Care Pharmacy Team support	259	258			297	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	33%	90%			31%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	97.4%	95%			97.6%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late June	90%	Not yet available	Not yet available	95.8%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and	73%	100%			50%	

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
	care plan/protection plan						
25	Number of people receiving Telecare/Community Alarm service - All ages	1,918	2,200			1,933	
26	Number of patients with an eKIS record	20,509	N/A			20,636	

## Access

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,425	N/A			1,443	
28	Number of weekly hours of homecare - All ages	10,519	N/A			10,987	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	524	570			541	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	38.1%	35%			40.6%	
31	Percentage of homecare clients aged 65+ receiving personal care	98.6%	95%			98.6%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,384	20,945			18,482	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	Not yet available	30%	Not yet available	Not yet available	20.5%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	Not yet available	32%	Not yet available	Not yet available	28.1%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	65.9%	98%			78%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	79.5%	80%			79.7%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	32.9%	80%			47.6%	

## Resilience

Ref	Performance Indicator	Q4 2021/22				Q3 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	96%	90%			98.9%	

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6	18			5	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	45.6%	90%			71.3%	

## Assets

Ref	Performance Indicator	Q4 2021/22				Q3 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£163.36	GGC average	Not yet available		£171.00	
42	Compliance with Formulary Preferred List	77.13%	78%			77.54%	

## Inequalities

Ref	Performance Indicator	Q4 2021/22				Q3 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%	90%			89.9%	
44	Percentage of looked after children being looked after in the community who are from BME communities	71%	N/A			75%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	N/A*	75%			100%	

\*No 16 or 17 year olds left care in the quarter

Please find October to December 2021 data below for those indicators we were unable to report on in our Quarter 3 Performance Report.

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	93.4%	95%			96.6%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	98.6%	95%			97.2%	

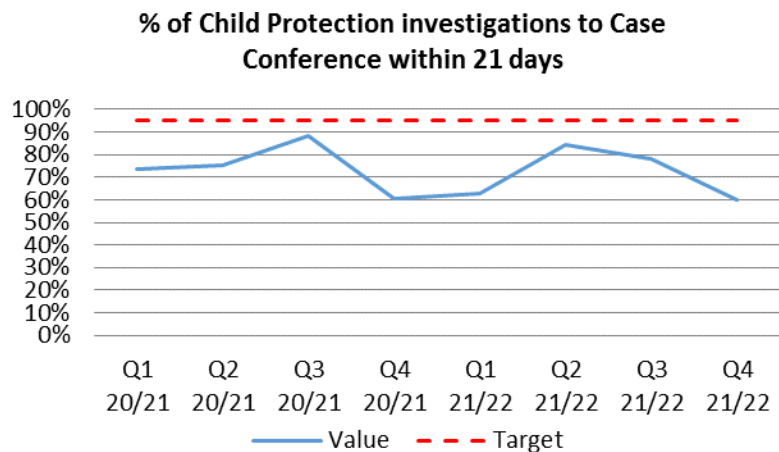
Ref	Performance Indicator	Q3 2021/22				Q2 2021/22	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	95	N/A		↓	85	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	16	N/A		↑	27	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	7	0		↑	11	
12	Number of emergency admissions 18+	2,145	2,295		↑	2,213	
13	Number of emergency admissions aged 65+	1,127	1,134		↓	1,090	
14	Emergency admissions aged 65+ as a rate per 1,000 population	66.8	68		↓	64.6	
15	Number of unscheduled bed days 18+	18,439	17,735		↑	18,633	
16	Unplanned acute bed days (aged 65+)	13,192	12,157		↓	12,571	
17	Unplanned acute bed days (aged 65+) as a rate per 1,000 population	782.1	727		↓	745.3	
18	Number of Attendances at Accident and Emergency 18+	5,078	4,720		↑	5,692	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95.8%	90%		↑	95.3%	

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)	£171.00	GGC average	N/A	↓	£166.88	
42	Compliance with Formulary Preferred List	77.54%	78%		↑	76.05%	

## West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 4 January - March 2022

### 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%
Q4 21/22	60.0%	95%



### Key Points:

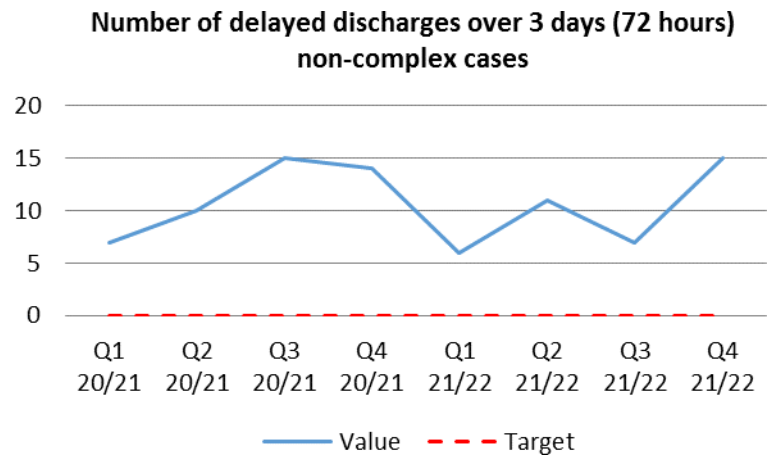
Of the 25 case conferences due to take place during January to March, 15 were carried out within the 21 day timescale.

### Improvement Actions:

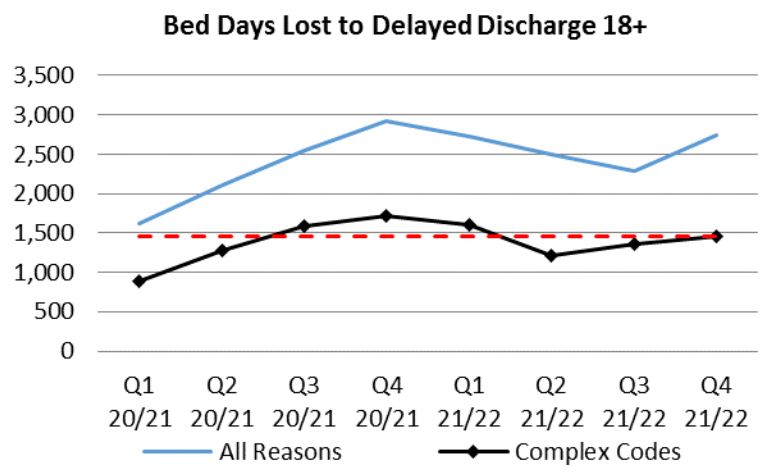
Timescales for a number of key stages in the Child Protection journey are now being routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to identify trends, areas for improvement and any recording gaps. Independent audit activity is currently underway in respect of children who have been subject to child protection registration in the last 12 months using the Care Inspectorate audit tool. A full report with analysis and recommendations will be produced for Children's Services to drive improvement activities, this will be reported to Child Protection Committee in due course.

## Performance Area: Delayed Discharge

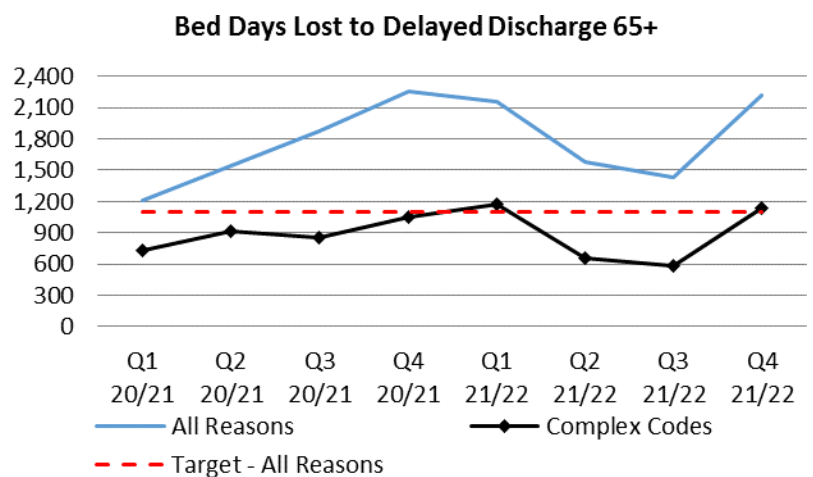
Quarter	Value	Target
Q1 20/21	7	0
Q2 20/21	10	0
Q3 20/21	15	0
Q4 20/21	14	0
Q1 21/22	6	0
Q2 21/22	11	0
Q3 21/22	7	0
Q4 21/22	15	0



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
Q4 21/22	2749	1452



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
Q4 21/22	2225	1138



### Key Points:

Focused efforts to facilitate hospital discharges in a safe and timely way have continued however delays have steadily risen throughout the quarter from 24 in early January to a peak of 39 at the end of March. In total there were 85 people with a delayed discharge compared with 62 in the previous quarter. While overall numbers of delays have increased, a small number of people with particularly lengthy delays were able to be discharged during this period.

### Improvement Actions:

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

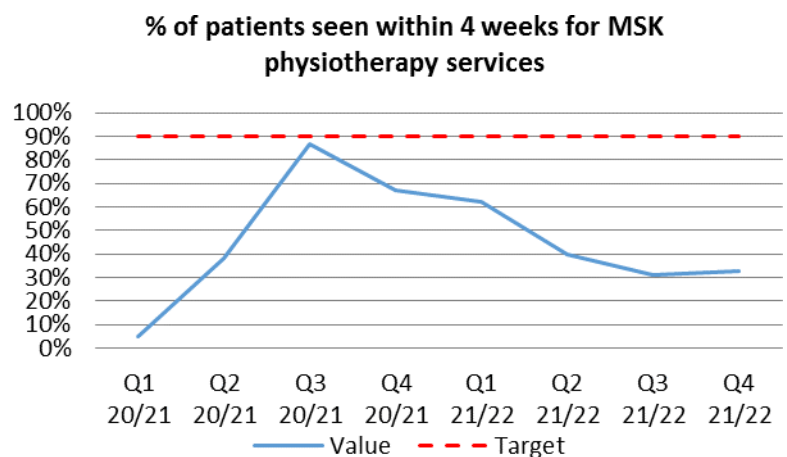
Weekly meetings with a focus on all West Dunbartonshire delays continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

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%
Q4 21/22	33%	90%



### Key Points:

There has been a sharp rise in the number of patients waiting over the 4 week target during January to March 2022 however all patients categorised as urgent continue to be seen within 4 weeks. During January the service once again had to redeploy 13% of the available workforce to support acute colleagues with the impact of the Omicron variant. This meant that caseloads had to be fully absorbed by remaining staff to ensure continuity of patient care.



There were also unprecedented levels of sickness absence within the service in February 2022.

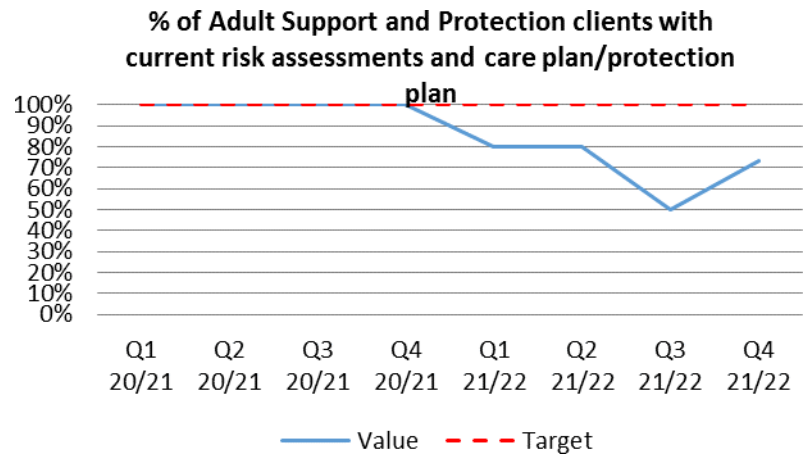
Newly qualified staff have had very little face to face experience due to the pandemic affecting practice placement experience. This has resulted in newly qualified practitioners requiring more time for supervision and support to ensure governance requirements are met.

**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.

**Performance Area: Adult Support and Protection**

Quarter	Value	Target
Q1 20/21	100%	100%
Q2 20/21	100%	100%
Q3 20/21	100%	100%
Q4 20/21	100%	100%
Q1 21/22	80%	100%
Q2 21/22	80%	100%
Q3 21/22	50%	100%
Q4 21/22	73%	100%



**Key Points:**

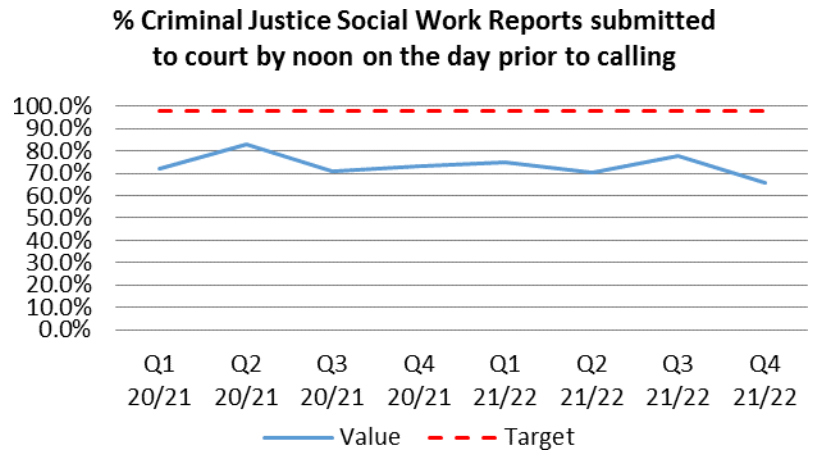
8 of the 11 Adult Support and Protection clients during January to March 2022 have a current risk assessment and care plan/protection plan. Increase scrutiny has identified that not all plans are in place and figures for 2021/22 have been amended to reflect this.

**Improvement Actions:**

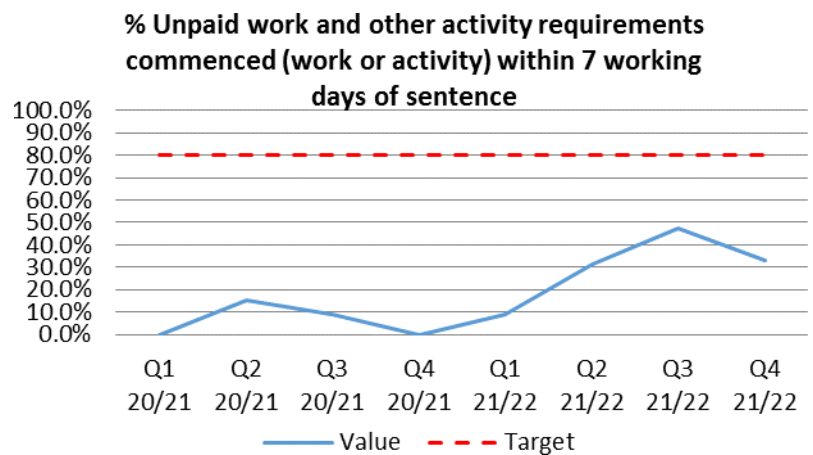
This increased level of scrutiny will continue and processes are being put in place to highlight any gaps to officers involved. Extensive training has been undertaken across all staffing levels ensuring that there is strong governance and clarity around the procedures. Procedures have been updated with regard to the duty system and audit work is being implemented over the next few months the outcomes of which will be reported to the Adult Protection Committee at an appropriate time. This will provide assurance that improvement actions have been imbedded into practice.

**Performance Area: Criminal Justice**

Quarter	Value	Target
Q1 20/21	72.0%	98%
Q2 20/21	83.0%	98%
Q3 20/21	71.0%	98%
Q4 20/21	73.0%	98%
Q1 21/22	75.0%	98%
Q2 21/22	70.5%	98%
Q3 21/22	78.0%	98%
Q4 21/22	65.9%	98%



Quarter	Value	Target
Q1 20/21	0.0%	80%
Q2 20/21	15.0%	80%
Q3 20/21	9.0%	80%
Q4 20/21	0.0%	80%
Q1 21/22	9.0%	80%
Q2 21/22	31.3%	80%
Q3 21/22	47.6%	80%
Q4 21/22	32.9%	80%



**Key Points:**

At the outset of Quarter 4 the Omicron variant began causing a spike in Covid-19 transmission rates. In an attempt to create a circuit break and protect staff and service users, the Unpaid Work Service extended its normal closure period into the 2nd week in January. As the quarter progressed the transmission of Covid cases continued to increase, in particular during March 2022, increasing staff and service user sickness rates.

Some staff turnover was also a factor with new staff requiring training.

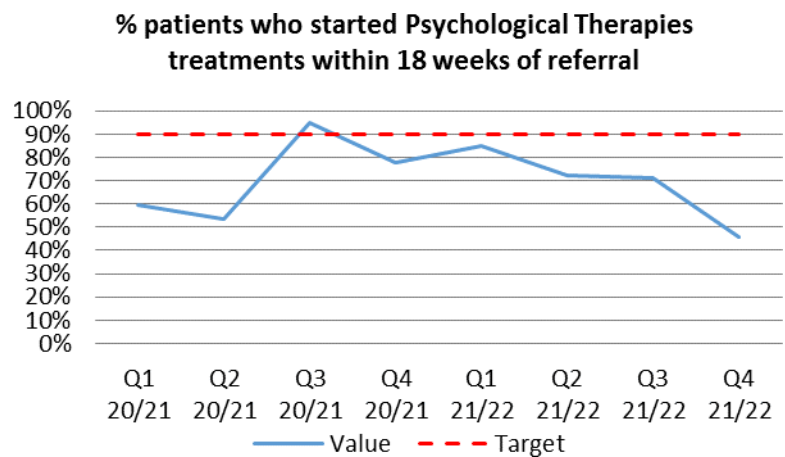
**Improvement Actions:**

With restrictions lifting and the threat of Covid reducing, figures should start to return to that of Quarter 3.

The refurbishment of the unpaid work workshop is nearing completion and this 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%
Q4 21/22	45.6%	90%



**Key Points:**

92 people started Psychological Therapies treatments between January and March: 42 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. However, we have a new Consultant Psychologist in post in Helensburgh Community Mental Health Team and an additional 1 Whole Time Equivalent Mental Health Therapist has been employed within the Primary Care Mental Health Team. This increases the number of assessments and treatment capacity.

**Improvement Actions:**

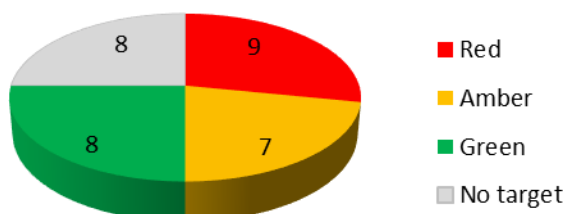
We are actively processing vacancies as quickly as possible to ensure as little impact on waiting times as possible and longest waits are being offered appointments across the area as space becomes available.

Three members of staff within the Primary Care Mental Health Team are working 9 additional hours per week.

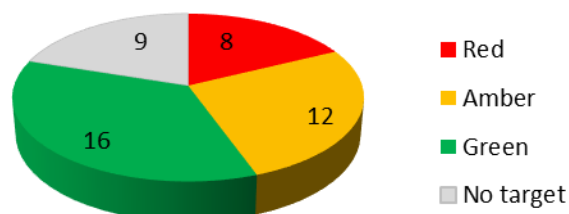
We are continuing the Wellbeing Nurse rollout and continue to monitor waiting times progress via the local Psychological Therapies monitoring group and are currently targeting erroneous data on the dashboard.

**Summary of Strategic Plan Key Performance Indicators**

**Quarter 4: January to March 2022  
(Partial Data)**



**Quarter 3: October to December 2021  
(Full Data)**



## West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 4 January-March 2022

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.

During January – March 2022 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
Children’s Health, Care and Criminal Justice	<ul style="list-style-type: none"> <li>Requirement to raise awareness for Social Work staff around scope of involvement particularly when court order exists and ensure that any advice/guidance offered is not contrary or in relation to legal matters.</li> </ul>
MSK Physiotherapy	<ul style="list-style-type: none"> <li>A change to the filing system has been recommended to ensure outstanding queries are not lost to follow up.</li> </ul>

SPSO Indicator	Measure	Q1	Q2	Q3	Q4

<b>2</b>	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	16	21	13	16
	Number of complaints direct to Stage 2	8	7	6	10
	Total number of complaints	24	28	19	26
<b>3</b>	% closed within timescale - Stage 1	Not yet available			
	% closed within timescale - direct to Stage 2	2	1	2	2
	% closed within timescale - escalated to Stage 2	1	None recorded as escalated	None recorded as escalated	None recorded as escalated
<b>4</b>	Average response time - Stage 1	Not yet available			
	Average response time - direct to Stage 2	25	23	23	24
	Average response time - escalated to Stage 2	18	None recorded as escalated	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 4 2021/22

Outcome	Model Complaints Handling Procedure	
	NHSGGC	WDC*
Fully Upheld		
Partially Upheld	1	1
Not Upheld	2	2
Unsubstantiated		
Total	3	3

\*4 Complaints ongoing