

West Dunbartonshire Health and Social Care Partnership Performance Report 2022/23: Quarter 1 April – June 2022

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. Targets for 2022/23 are currently under review.

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 | Q1 2022/23 | | | | Q4 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 September | 95% | Not yet available | Not yet available | 94% | |
| 2 | Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years | Published late September | 95% | Not yet available | Not yet available | 95.7% | |
| 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 | 70% | 95% | | | 60% | |
| 5 | Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground | 119 | N/A | | | 121 | |
| 6 | Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds | 34 | N/A | | | 22 | |

| Ref | Performance Indicator | Q1 2022/23 | | | | Q4 2021/22 | Trend over 8 Qtrs |
|-----|---|--------------------------|--------|-------------------|-------------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 7 | Number of delayed discharges over 3 days (72 hours) non-complex cases | 15 | 0 | | | 15 | |
| 8 | Number of bed days lost to delayed discharge 18+ All reasons | 2,924 | 1,460 | | | 2,749 | |
| 9 | Number of bed days lost to delayed discharge 18+ Complex Codes | 1,506 | N/A | | | 1,452 | |
| 10 | Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over | 2,195 | 1,104 | | | 2,225 | |
| 11 | Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over | 1,135 | N/A | | | 1,138 | |
| 12 | Number of emergency admissions 18+ | Not yet available | 2,295 | Not yet available | Not yet available | 2,049 | |
| 13 | Number of emergency admissions aged 65+ | Not yet available | 1,134 | Not yet available | Not yet available | 1,056 | |
| 14 | Emergency admissions aged 65+ as a rate per 1,000 population | Not yet available | 67 | Not yet available | Not yet available | 62.6 | |
| 15 | Number of unscheduled bed days 18+ | Not yet available | 17,735 | Not yet available | Not yet available | 18,753 | |
| 16 | Unplanned acute bed days (aged 65+) | Not yet available | 12,156 | Not yet available | Not yet available | 13,555 | |
| 17 | Unplanned acute bed days (aged 65+) as a rate per 1,000 population | Not yet available | 726 | Not yet available | Not yet available | 803.6 | |
| 18 | Number of Attendances at Accident and Emergency 18+ | 5,750 | 4,720 | | | 5,150 | |
| 19 | Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment | Not yet available | 24% | Not yet available | Not yet available | 25.1% | |
| 20 | Number of clients receiving Home Care Pharmacy Team support | 300 | 258 | | | 259 | |
| 21 | Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP | 26% | 90% | | | 33% | |
| 22 | Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan | 100% | 95% | | | 97.4% | |
| 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 September | 90% | Not yet available | Not yet available | 88.1% | |
| 24 | Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan | 71% | 100% | | | 73% | |
| 25 | Number of people receiving Telecare/Community Alarm service - All ages | 1,888 | 2,200 | | | 1,918 | |
| 26 | Number of patients with an eKIS record | 20,357 | N/A | | | 20,509 | |

Access

| Ref | Performance Indicator | Q1 2022/23 | | | | Q4 2021/22 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 27 | Number of people receiving homecare - All ages | 1,443 | N/A | | ↑ | 1,425 | |
| 28 | Number of weekly hours of homecare - All ages | 10,854 | N/A | | ↑ | 10,519 | |
| 29 | Total number of homecare hours provided as a rate per 1,000 population aged 65+ | 538 | 570 | | ↑ | 524 | |
| 30 | Percentage of people aged 65 and over who receive 20 or more interventions per week | 40.9% | 35% | | ↑ | 38.1% | |
| 31 | Percentage of homecare clients aged 65+ receiving personal care | 99% | 95% | | ↑ | 98.6% | |
| 32 | Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population | 18,145 | 20,945 | | ↓ | 18,384 | |
| 33 | Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register) | 37.5% | 30% | | ↓ | 23.6% | |
| 34 | Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register) | 46.2% | 32% | | ↓ | 36.8% | |
| 35 | Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling. | 75.5% | 98% | | ↑ | 65.9% | |
| 36 | Percentage of Community Payback Orders attending an induction session within 5 working days of sentence. | 81.6% | 80% | | ↑ | 79.5% | |
| 37 | Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence. | 20.5% | 80% | | ↓ | 32.9% | |

Resilience

| Ref | Performance Indicator | Q1 2022/23 | | | | Q4 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 | Not yet available | 90% | Not yet available | Not yet available | 96% | |
| 39 | Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services | 10 | 18 | | ↓ | 6 | |
| 40 | Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral | 59.8% | 90% | | ↑ | 45.6% | |

Assets

| Ref | Performance Indicator | Q1 2022/23 | | | | Q4 2021/22 | Trend over 8 Qtrs |
|-----|--|------------|-------------|-------------------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 41 | Prescribing cost per weighted patient (Annualised) | £167.00 | GGC average | Not yet available | ↓ | £163.36 | |
| 42 | Compliance with Formulary Preferred List | 77.17% | 78% | ⚠ | ↑ | 77.13% | |

Inequalities

| Ref | Performance Indicator | Q1 2022/23 | | | | Q4 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 | 90% | 90% | ✅ | ↑ | 89% | |
| 44 | Percentage of looked after children being looked after in the community who are from BME communities | 76.5% | N/A | 📄 | ↑ | 71% | |
| 45 | Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care | 100% | 75% | ✅ | ▬ | N/A | |

Please find January to March 2022 data below for those indicators we were unable to report on in our Quarter 4 2021/22 Performance Report.

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 | 94% | 95% | ⚠ | ↑ | 93.4% | |
| 2 | Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years | 95.7% | 95% | ✅ | ↓ | 98.6% | |
| 12 | Number of emergency admissions 18+ | 2,049 | 2,295 | ✅ | ↑ | 2,146 | |
| 13 | Number of emergency admissions aged 65+ | 1,056 | 1,135 | ✅ | ↑ | 1,126 | |
| 14 | Emergency admissions aged 65+ as a rate per 1,000 population | 62.6 | 68 | ✅ | ↑ | 66.8 | |
| 15 | Number of unscheduled bed days 18+ | 18,753 | 17,735 | ⚠ | ↑ | 19,260 | |
| 16 | Unplanned acute bed days (aged 65+) | 13,555 | 12,157 | ⚠ | ↑ | 13,842 | |
| 17 | Unplanned acute bed days (aged 65+) as a rate per 1,000 population | 803.6 | 727 | ⚠ | ↑ | 820.6 | |
| 18 | Number of Attendances at Accident and Emergency 18+ | 5,150 | 4,720 | ⚠ | ↓ | 5,078 | |

| Ref | Performance Indicator | Q4 2021/22 | | | | Q3 2021/22 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 23 | Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery | 88.1% | 90% | | | 95.8% | |

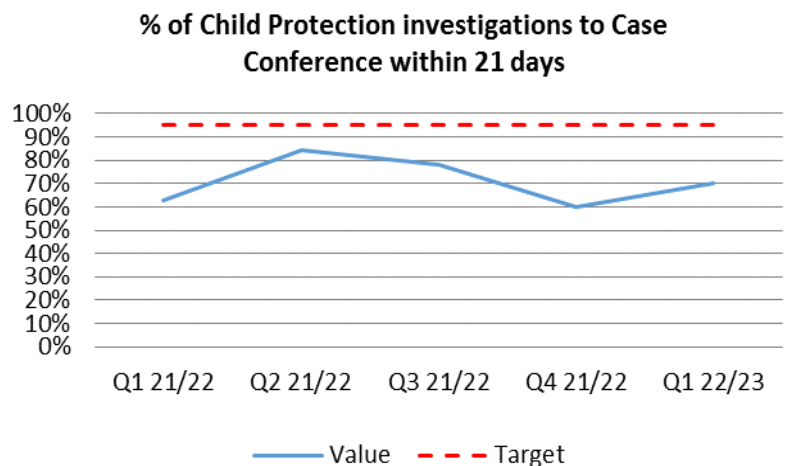
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| Ref | Performance Indicator | Q4 2021/22 | | | | Q3 2021/22 | Trend over 8 Qtrs |
|-----|--|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 33 | Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register) | 23.6% | 30% | | | 20.5% | |
| 34 | Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register) | 36.8% | 32% | | | 28.1% | |

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April - June 2022

Performance Area: Child Protection

| Quarter | Value | Target |
|----------|--------|--------|
| Q1 21/22 | 62.5% | 95% |
| Q2 21/22 | 84.2% | 95% |
| Q3 21/22 | 78.1% | 95% |
| Q4 21/22 | 60.0% | 95% |
| Q1 22/23 | 70.00% | 95% |



Key Points:

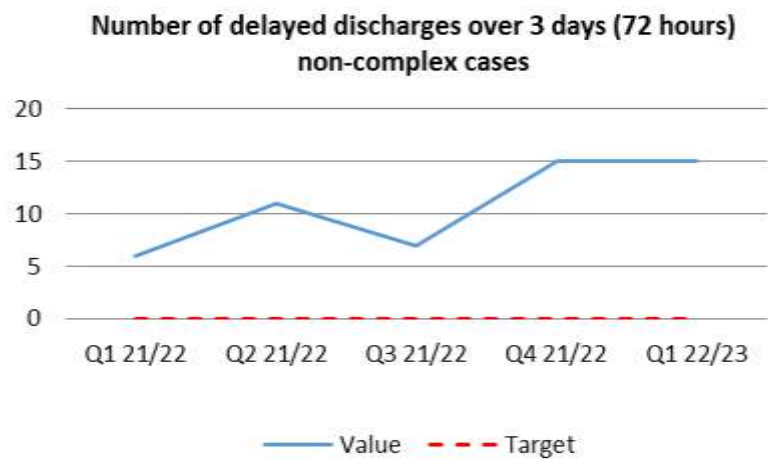
Of the 20 case conferences due to take place during April to June, 14 were carried out within the 21 day timescale. The 6 investigations outwith the timescale were for 2 family groups, one of which was a complex case.

Improvement Actions:

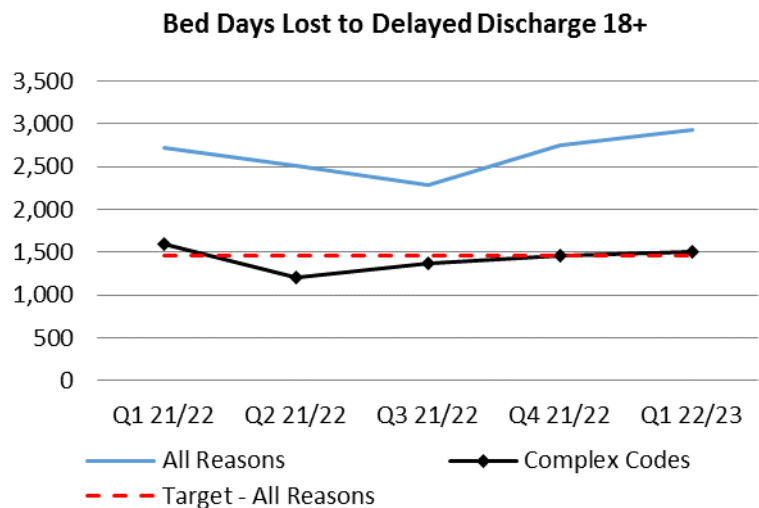
Timescales for a number of key stages in the Child Protection journey are now being routinely monitored through the implementation of the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to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

Performance Area: Delayed Discharge

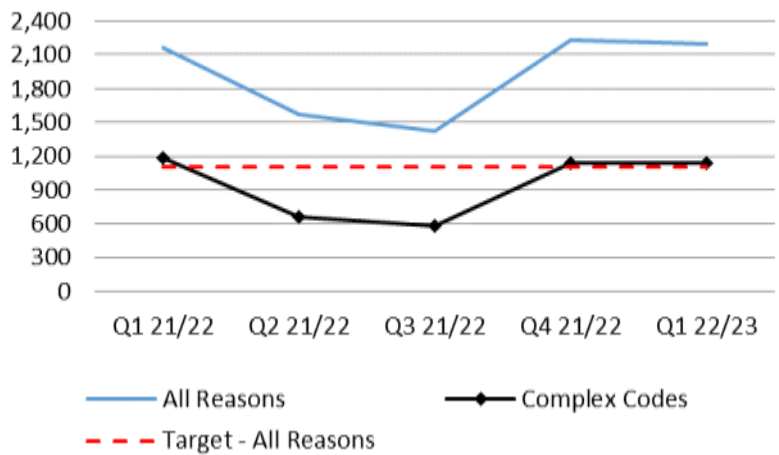
| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 6 | 0 |
| Q2 21/22 | 11 | 0 |
| Q3 21/22 | 7 | 0 |
| Q4 21/22 | 15 | 0 |
| Q1 22/23 | 15 | 0 |



| Quarter | All Reasons | Complex Codes |
|----------|-------------|---------------|
| Q1 21/22 | 2726 | 1598 |
| Q2 21/22 | 2505 | 1210 |
| Q3 21/22 | 2280 | 1363 |
| Q4 21/22 | 2749 | 1452 |
| Q1 22/23 | 2924 | 1506 |



Bed Days Lost to Delayed Discharge 65+



| Quarter | All Reasons | Complex Codes |
|----------|-------------|---------------|
| Q1 21/22 | 2163 | 1180 |
| Q2 21/22 | 1575 | 662 |
| Q3 21/22 | 1429 | 584 |
| Q4 21/22 | 2225 | 1138 |
| Q1 22/23 | 2195 | 1135 |

Key Points:

Focused efforts to facilitate hospital discharges in a safe and timely way have continued however delays have remained high throughout the quarter peaking at 41 in the first week of May. There were 62 new delays in the quarter. While the numbers of delayed discharges were high, the majority are shorter delays.

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.

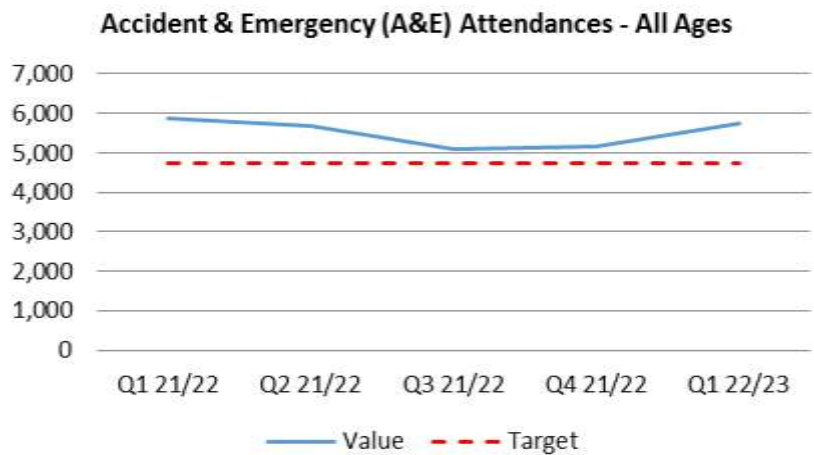
Weekly meetings with a focus on all West Dunbartonshire delays continue with the Discharge Team which has representation from the Hospital Discharge team, Social Work and Mental Health Officer team to facilitate discharges.

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: Attendances at A&E

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 5862 | 4720 |
| Q2 21/22 | 5692 | 4720 |
| Q3 21/22 | 5078 | 4720 |
| Q4 21/22 | 5150 | 4720 |
| Q1 22/23 | 5750 | 4720 |



Key Points:

Performance for A&E attendances has been above target since April 2021, however the time lag in reporting the data has not shown this an exception till this quarter. Targets for 2020/21 and 2021/22 were set in the basis of a number of workstreams and their impact on pre-pandemic figures. Targets are currently under review for 2022/23.

Improvement Actions:

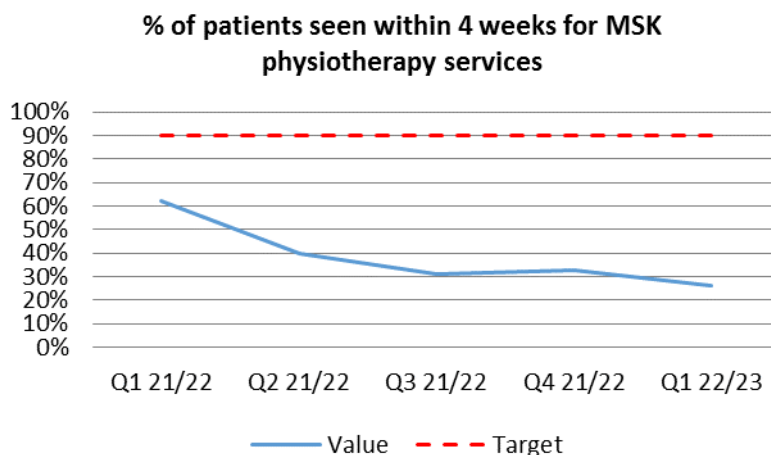
Frequent attenders who are known to Addictions or Mental Health services are identified in a timely manner and interventions are put in place to provide alternative support.

NHSGGC also provide monthly data on frequent attenders which is currently being analysed and will be looked at by services involved.

The pandemic changed people's behaviours in relation to attendance and this is part of the work involved in the revised GGC Board-wide Unscheduled Care Joint Commissioning Plan approved by the IJB in March 2022.

Performance Area: Musculoskeletal (MSK) Physiotherapy

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 62% | 90% |
| Q2 21/22 | 40% | 90% |
| Q3 21/22 | 31% | 90% |
| Q4 21/22 | 33% | 90% |
| Q1 22/23 | 26% | 90% |



Key Points:

All patients categorised as urgent continue to be seen within 4 weeks.

The number of patients waiting over target is still very high and recruitment of available workforce remains an issue, not only within GGC but nationally.

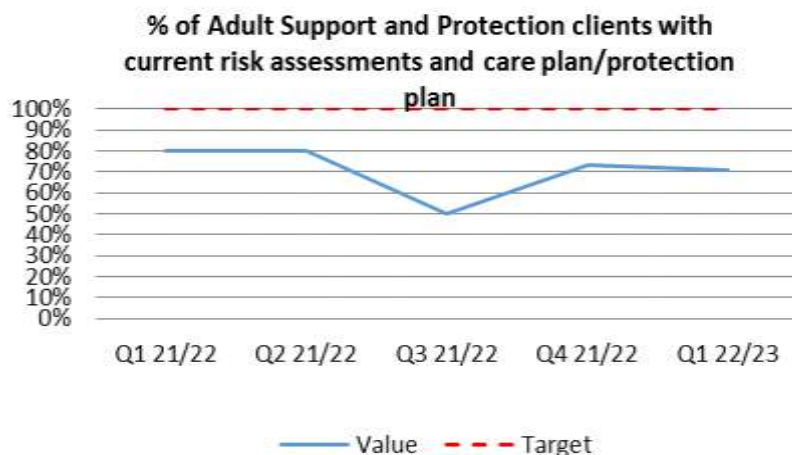
Improvement Actions

11 whole time equivalent staff were recruited within April and May which has helped towards the improvement in the number of patients waiting over the 4 week target across GGC: newly qualified staff have had very little face-to-face experience due to the pandemic and require more time for supervision and support to ensure governance requirements are met.

The MSK service has started a priority project to focus on addressing the routine waiting list.

Performance Area: Adult Support and Protection

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 80% | 100% |
| Q2 21/22 | 80% | 100% |
| Q3 21/22 | 50% | 100% |
| Q4 21/22 | 73% | 100% |
| Q1 22/23 | 71% | 100% |



Key Points:

5 of the 7 Adult Support and Protection clients during April to June 2022 have a current risk assessment and care plan/protection plan. Increased 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 workers involved.

Performance Area: Palliative Care Deaths in Hospital

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 23.0% | 30% |
| Q2 21/22 | 6.9% | 30% |
| Q3 21/22 | 20.5% | 30% |
| Q4 21/22 | 23.6% | 30% |
| Q1 22/23 | 37.5% | 30% |

Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)



Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 26.0% | 32% |
| Q2 21/22 | 45.5% | 32% |
| Q3 21/22 | 28.1% | 32% |
| Q4 21/22 | 36.8% | 32% |
| Q1 22/23 | 46.2% | 32% |



Key Points:

The District Nursing service strive to ensure people die in their chosen place of care, and most of our patients choose to die at home. However, due to the range of potential and unexpected complexities of non-cancer deaths, it is inevitable that sometimes hospital is the safest place to manage a person’s care.

Another contributory factor in this complex category is the need to also care for carers, and occasionally admissions can happen due to the sense they may have of being overwhelmed by their role at such an emotional time, particularly if the symptoms their loved one is experiencing are significant.

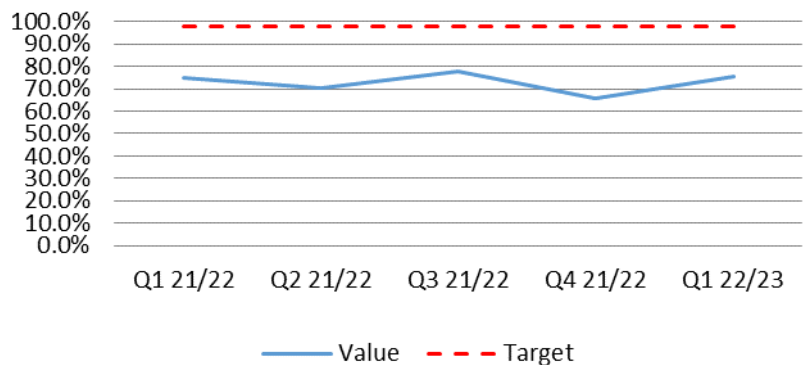
Improvement Actions:

We will continue to strive to ensure people die in their chosen place of care and we will continue to monitor how effectively we have been able to do this while acknowledging the complexities above.

Performance Area: Criminal Justice

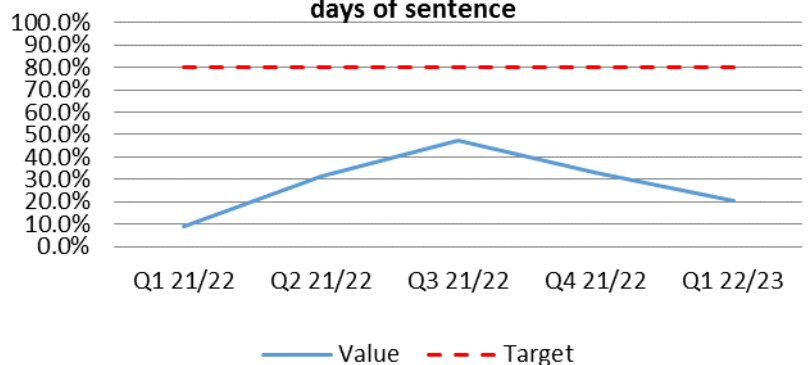
| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 75.0% | 98% |
| Q2 21/22 | 70.5% | 98% |
| Q3 21/22 | 78.0% | 98% |
| Q4 21/22 | 65.9% | 98% |
| Q1 22/23 | 75.5% | 98% |

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



| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 9.0% | 80% |
| Q2 21/22 | 31.3% | 80% |
| Q3 21/22 | 47.6% | 80% |
| Q4 21/22 | 32.9% | 80% |
| Q1 22/23 | 20.5% | 80% |

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



Key Points:

The service has seen a notable increase in orders being imposed.

Improvement Actions:

We have built on learning from the changes introduced during the pandemic, with home learning packs around the reduction of re-offending and substance misuse continuing to provide educational support to individuals subject to a Community Payback Order whilst encouraging learning at home.

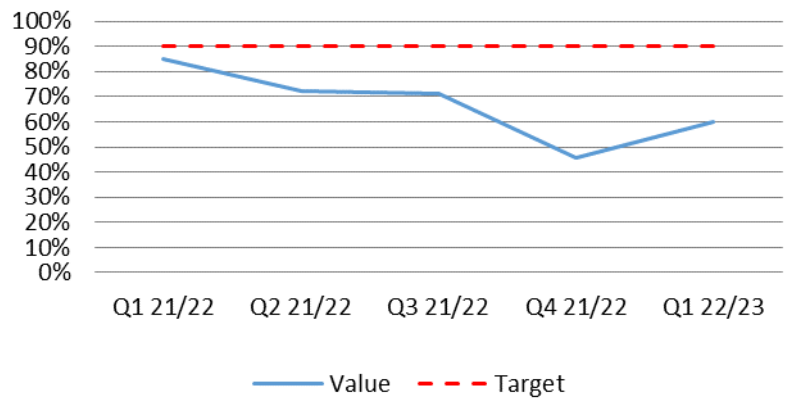
Ongoing collaborative work with the Council’s Greenspace project and colleagues from the Knowetop, Alternatives project contribute to the local authority’s green space initiatives. Third sector partners, Street Cones, continue to deliver creative workshops using online platforms, designed around lived experiences. Our ongoing collaboration with The Wise Group provides additional support opportunities and the Libertie Project ensures service users are not disadvantaged in terms of digital poverty.

Having secured a new workspace for unpaid work orders in 2020/21, work is ongoing to configure these premises to enable the delivery of a wider range of supports and learning. The team continues to maintain face-to-face contact with service users alongside any digital and online support being provided.

Performance Area: Psychological Therapies

% patients who started Psychological Therapies treatments within 18 weeks of referral

| Quarter | Value | Target |
|----------|-------|--------|
| Q1 21/22 | 84.8% | 90% |
| Q2 21/22 | 72.4% | 90% |
| Q3 21/22 | 71.3% | 90% |
| Q4 21/22 | 45.6% | 90% |
| Q1 22/23 | 59.8% | 90% |



Key Points:

92 people started Psychological Therapies treatments between April and June: 52 waited less than 18 weeks from the point of referral.

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

Improvement Actions:

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

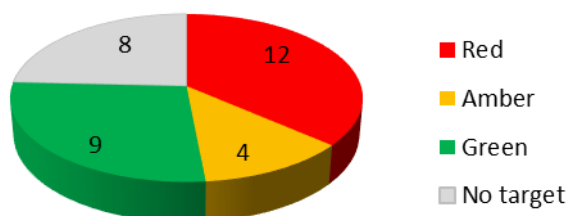
The recruitment process for a Psychology vacancy is underway.

Consultant Psychology at Community Mental Health Team are providing additional clinics.

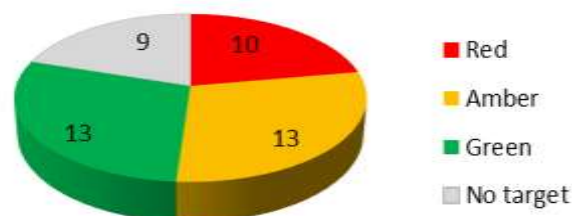
We are continuing the Wellbeing Nurse rollout and continue to monitor waiting times progress via the local Psychological Therapies monitoring group and are currently targeting erroneous data on the dashboard.

Summary of Strategic Plan Key Performance Indicators

Quarter 1: April to June 2022 (Partial Data)



Quarter 4: January to March 2022 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 1 April - June 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 identifying good practice and areas for improvement on a local and national basis.

During April - June 2022 no Stage 2 complaints were upheld by the HSCP and no actions or learning points were identified. It is likely that there was learning from Stage 1 frontline complaints however these will sit within individual records and are not currently collated centrally.

| SPSO Indicator | Measure | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Q1 22/23 |
|----------------|--|-------------------|----------|----------|----------|----------|
| 2 | Number of Stage 1 complaints (whether escalated to Stage 2 or not) | 16 | 21 | 13 | 16 | 13 |
| | Number of complaints direct to Stage 2 | 8 | 7 | 6 | 10 | 7 |
| | Total number of complaints | 24 | 28 | 19 | 26 | 20 |
| 3 | % closed within timescale - Stage 1 | Not yet available | | | | |
| | % closed within timescale - direct to Stage 2 | 2 | 1 | 2 | 2 | 3 |
| | % closed within timescale - escalated to Stage 2 | 1 | N/A | N/A | N/A | N/A |
| 4 | Average response time - Stage 1 | Not yet available | | | | |
| | Average response time - direct to Stage 2 | 25 | 23 | 23 | 24 | 29 |
| | Average response time - escalated to Stage 2 | 18 | N/A | N/A | N/A | N/A |

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 1 2022/23

| Outcome | Model Complaints Handling Procedure | | % of total |
|------------------|-------------------------------------|------|------------|
| | NHSGGC | WDC* | |
| Fully Upheld | 0 | 0 | 0% |
| Partially Upheld | 0 | 0 | 0% |
| Not Upheld | 2 | 3 | 100% |
| Unsubstantiated | 0 | 0 | 0% |
| Total | 2 | 3 | 5 |

*2 complaints are still ongoing