

West Dunbartonshire Health and Social Care Partnership Performance Report 2022/23: Quarter 2 July - September 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 | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
| | | Value | Target | Status | Short Trend | Value | |
| 1 | Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months | Published late December | 95% | Not yet available | Not yet available | 93.9% | |
| 2 | Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years | Published late December | 95% | Not yet available | Not yet available | 98.3% | |
| 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 | 69.6% | 95% | | | 70% | |
| 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 | 119 | |
| 6 | Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds | Not yet available | N/A | | Not yet available | 34 | |
| 7 | Number of delayed discharges over 3 days (72 hours) non-complex cases | Published November | 0 | Not yet available | Not yet available | 15 | |
| 8 | Number of bed days lost to delayed discharge 18+ All reasons | Not yet available | 1,460 | Not yet available | Not yet available | 2,924 | |
| 9 | Number of bed days lost to delayed discharge 18+ Complex Codes | Not yet available | N/A | | Not yet available | 1,506 | |
| 10 | Number of acute bed days lost to delayed | 2,676 | 1,104 | | | 2,195 | |

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|-------------------------|--------|-------------------|-------------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| | discharges (inc Adults With Incapacity) Age 65 years & over | | | | | | |
| 11 | Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over | 1,030 | N/A | | | 1,135 | |
| 12 | Number of emergency admissions 18+ | Not yet available | 2,295 | Not yet available | Not yet available | 2,211 | |
| 13 | Number of emergency admissions aged 65+ | Not yet available | 1,134 | Not yet available | Not yet available | 1,190 | |
| 14 | Emergency admissions aged 65+ as a rate per 1,000 population | Not yet available | 67 | Not yet available | Not yet available | 70.5 | |
| 15 | Number of unscheduled bed days 18+ | Not yet available | 17,735 | Not yet available | Not yet available | 20,873 | |
| 16 | Unplanned acute bed days (aged 65+) | Not yet available | 12,156 | Not yet available | Not yet available | 15,137 | |
| 17 | Unplanned acute bed days (aged 65+) as a rate per 1,000 population | Not yet available | 726 | Not yet available | Not yet available | 897.4 | |
| 18 | Number of Attendances at Accident and Emergency 18+ | Not yet available | 4,720 | Not yet available | Not yet available | 5,750 | |
| 19 | Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment | 17.4% | 24% | | | 17.8% | |
| 20 | Number of clients receiving Home Care Pharmacy Team support | 280 | 258 | | | 300 | |
| 21 | Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP | 30% | 90% | | | 26% | |
| 22 | Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan | 91.8% | 95% | | | 100% | |
| 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 December | 90% | Not yet available | Not yet available | 96.1% | |
| 24 | Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan | 67% | 100% | | | 71% | |
| 25 | Number of people receiving Telecare/Community Alarm service - All ages | 1,912 | 2,200 | | | 1,888 | |
| 26 | Number of patients with an eKIS record | 20,205 | N/A | | | 20,357 | |

Access

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 27 | Number of people receiving homecare - All ages | 1,454 | N/A | | | 1,443 | |
| 28 | Number of weekly hours of homecare - All ages | 10,637 | N/A | | | 10,854 | |
| 29 | Total number of homecare hours provided as a rate per 1,000 population aged 65+ | 526.5 | 570 | | | 538 | |

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 30 | Percentage of people aged 65 and over who receive 20 or more interventions per week | 41.9% | 35% | ✓ | ↑ | 40.9% | |
| 31 | Percentage of homecare clients aged 65+ receiving personal care | 99.3% | 95% | ✓ | ↑ | 99% | |
| 32 | Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population | 18,426 | 20,945 | ⚠ | ↑ | 18,145 | |
| 33 | Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register) | 30% | 30% | ✓ | ↑ | 37.5% | |
| 34 | Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register) | 57.8% | 32% | ✗ | ↓ | 46.2% | |
| 35 | Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling. | 79.7% | 98% | ✗ | ↑ | 75.5% | |
| 36 | Percentage of Community Payback Orders attending an induction session within 5 working days of sentence. | 75.3% | 80% | ⚠ | ↓ | 81.6% | |
| 37 | Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence. | 3.3% | 80% | ✗ | ↓ | 20.5% | |

Resilience

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | 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% | ✓ | ↑ | 97.5% | |
| 39 | Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services | 8 | 18 | ✓ | ↑ | 10 | |
| 40 | Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral | 49.6% | 90% | ✗ | ↑ | 37.4%* | |

*Amended from 59.8% - error in spreadsheet formula

Assets

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | 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 | £167.00 | |
| 42 | Compliance with Formulary Preferred List | Not yet available | 78% | Not yet available | Not yet available | 77.17% | |

Inequalities

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | 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 | 89.5% | 90% | | | 90% | |
| 44 | Percentage of looked after children being looked after in the community who are from BME communities | 81.8% | N/A | | | 76.5% | |
| 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 April to June 2022 data below for those indicators we were unable to report on in our Quarter 1 2022/23 Performance Report.

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 | 93.9% | 95% | | | 94% | |
| 2 | Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years | 98.3% | 95% | | | 95.7% | |
| 12 | Number of emergency admissions 18+ | 2,211 | 2,295 | | | 2,049 | |
| 13 | Number of emergency admissions aged 65+ | 1,190 | 1,134 | | | 1,056 | |
| 14 | Emergency admissions aged 65+ as a rate per 1,000 population | 70.5 | 67 | | | 62.6 | |
| 15 | Number of unscheduled bed days 18+ | 20,873 | 17,735 | | | 18,753 | |
| 16 | Unplanned acute bed days (aged 65+) | 15,137 | 12,156 | | | 13,555 | |
| 17 | Unplanned acute bed days (aged 65+) as a rate per 1,000 population | 897.4 | 726 | | | 803.6 | |
| 19 | Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment | 17.8% | 24% | | | 25.1% | |
| 23 | Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery | 96.1% | 90% | | | 88.1% | |

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 | 97.5% | 90% | | | 96% | |

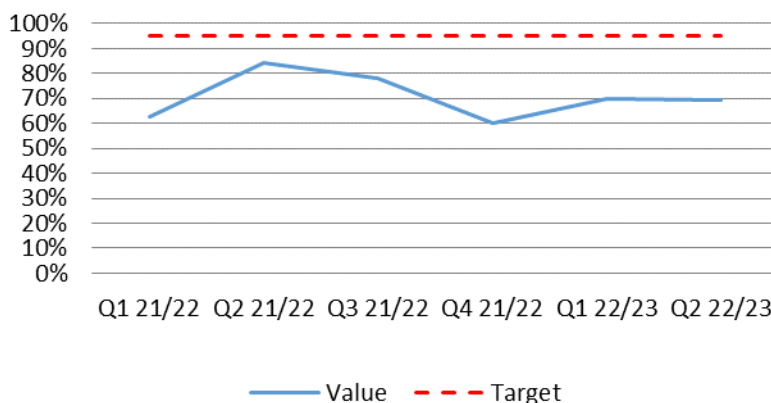
West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 2 July to September 2022

Performance Area: Child Protection

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|------------|--------|--|---|------------|---|
| | | Value | Target | Status | Short Trend | Value | |
| 4 | Percentage of child protection investigations to case conference within 21 days | 69.6% | 95% |  |  | 70% |  |

% of Child Protection investigations to Case Conference within 21 days

| 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 | 70.0% | 95% |
| Q2 22/23 | 69.6% | 95% |



Key Points:

Of the 23 case conferences due to take place during July to September, 16 were carried out within the 21 day timescale. The 7 investigations outwith the timescale involved a small number of family groups.

Improvement Actions:

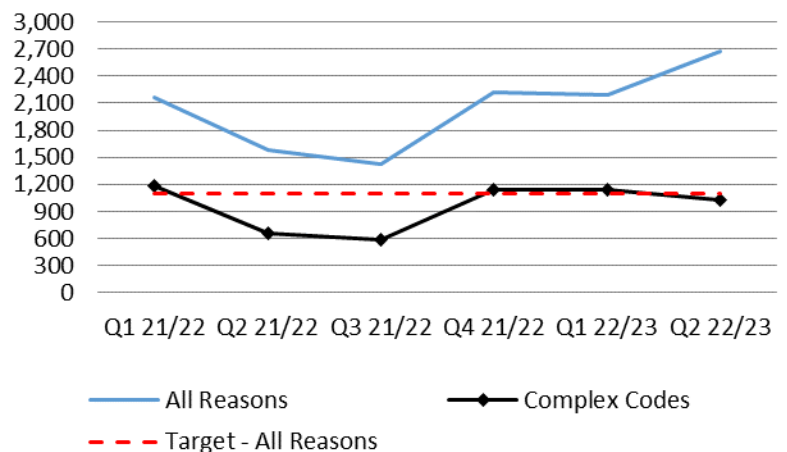
We are continuing to monitor timescales for a number of key stages in the Child Protection journey through the Child Protection Minimum Dataset which is being analysed and reported to the Child Protection Committee on a quarterly basis. This rich dataset should allow us to identify trends, areas for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

Performance Area: Delayed Discharge

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|--|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 10 | Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over | 2,676 | 1,104 | | | 2,195 | |
| 11 | Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over | 1,030 | N/A | | | 1,135 | |

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 |
| Q2 22/23 | 2676 | 1030 |



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 45 at the end of September. There were 94 new delays in the quarter: an increase of 32 (52%) on the previous 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.

Daily 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.

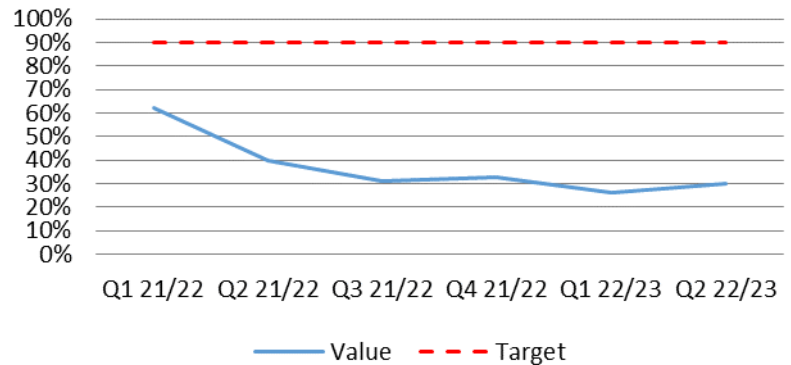
Chronology data-gathering complete on long term Adults with Incapacity (AWI) cases and non-AWI cases. This work continues to be used to evidence and identify any bottlenecks or delays in processes.

Performance Area: Musculoskeletal Physiotherapy

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|--|------------|--------|--|---|------------|---|
| | | Value | Target | Status | Short Trend | Value | |
| 21 | Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP | 30% | 90% |  |  | 26% |  |

% of patients seen within 4 weeks for MSK physiotherapy services

| 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% |
| Q2 22/23 | 30% | 90% |



Key Points:




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

Improvement Actions

Due to a focused project to try and address recruitment challenges, general capacity has increased across the service during July to September. As a consequence both new and return appointments saw an increase of 29% on the previous quarter.

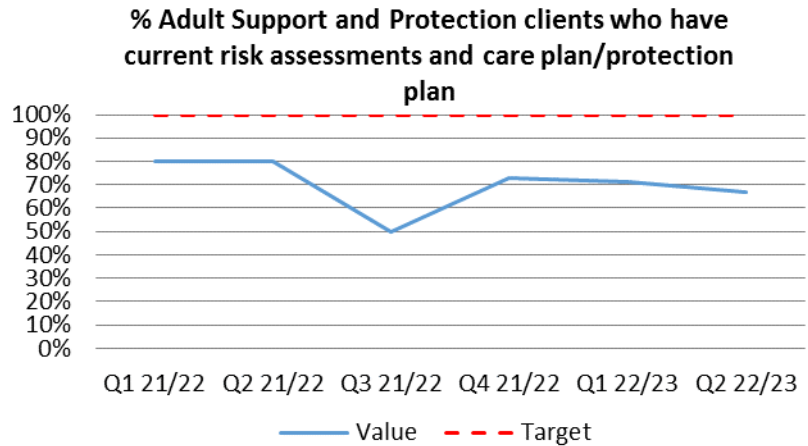
Priority project work is also being done within the service to try and address routine waiting times and the number of patients waiting for a routine appointment.

Performance Area: Adult Support and Protection

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|--|------------|--------|--|---|------------|---|
| | | Value | Target | Status | Short Trend | Value | |
| 24 | Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan | 67% | 100% |  |  | 71% |  |

| 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% |
| Q2 22/23 | 67% | 100% |



Key Points:

There were a very small number of Adult Support and Protection clients in the period July to September. These small numbers mean percentages will fluctuate more significantly.

Improvement Actions:

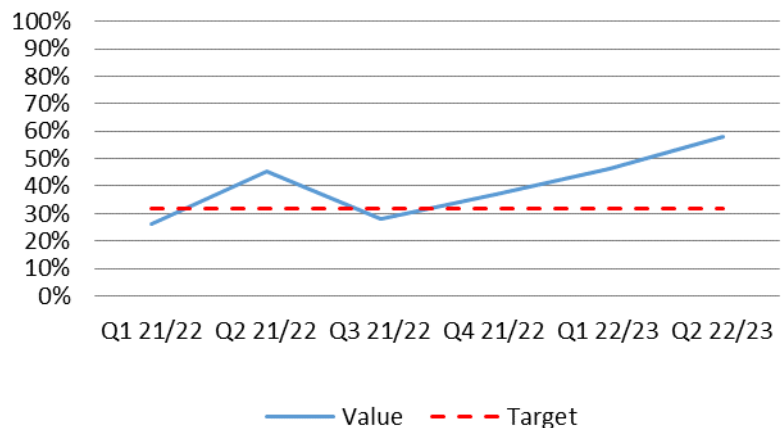
Increased levels of scrutiny continue and processes are being put in place to highlight any gaps to workers involved.

Performance Area: Palliative Care Deaths in Hospital

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|--|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 34 | Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register) | 57.8% | 32% | | | 46.2% | |

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% |
| Q2 22/23 | 57.8% | 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 contributing 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.

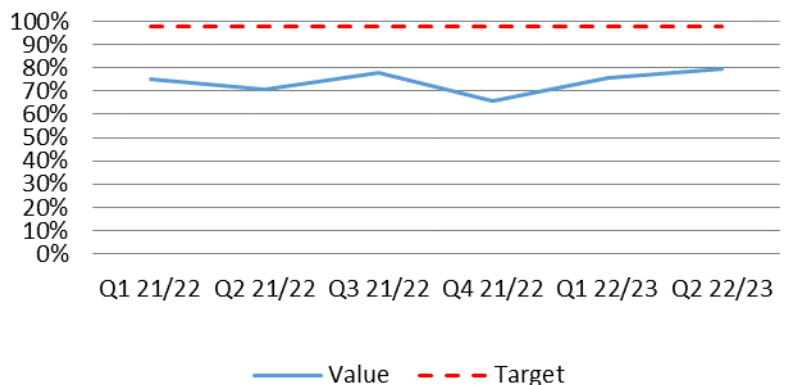
Improvement Actions:

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

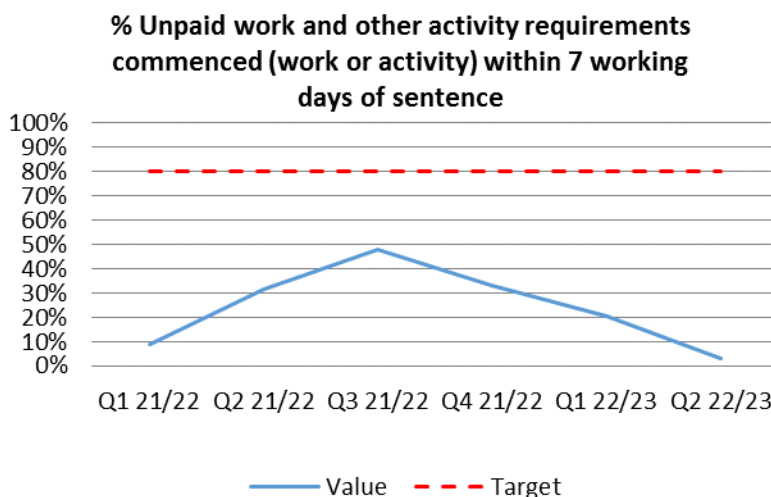
| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 35 | Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling. | 79.7% | 98% | | | 75.5% | |
| 37 | Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence. | 3.3% | 80% | | | 20.5% | |

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



| 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% |
| Q2 22/23 | 79.7% | 98% |

| 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% |
| Q2 22/23 | 3.3% | 80% |



Key Points:

Long term sickness is impacting on the ability to start Unpaid Work Orders within 7 working days. Delays in recruitment have compromised existing staff supporting the induction of unpaid work. The decrease in commencing orders has also been created by lack of availability of squad placements with high demand for weekends where there is a waiting list.

Improvement Actions:

With additional government funding received, we are now recruiting staff to enable us to tackle the backlog of orders created by the pandemic and ensuing restrictions placed on the service.

We continue to have commissioned third sector colleagues providing virtual workshops and addressing digital poverty to enable service users to complete their unpaid work hours within timescales.

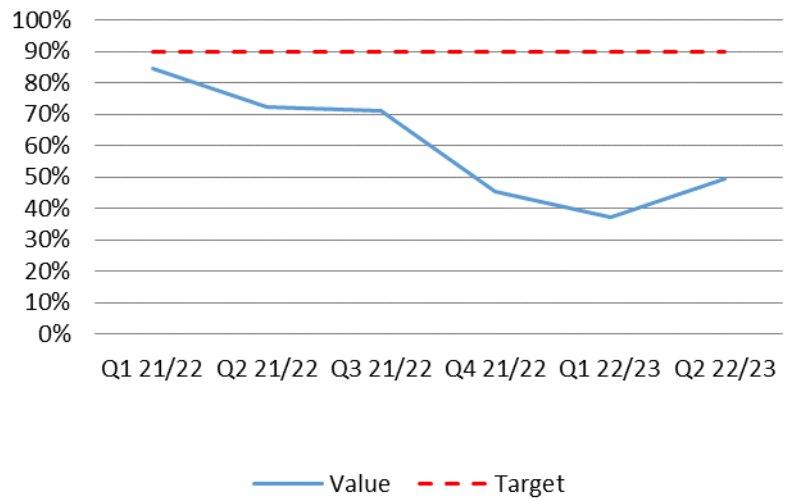
Performance Area: Psychological Therapies

| Ref | Performance Indicator | Q2 2022/23 | | | | Q1 2022/23 | Trend over 8 Qtrs |
|-----|---|------------|--------|--------|-------------|------------|-------------------|
| | | Value | Target | Status | Short Trend | Value | |
| 40 | Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral | 49.6% | 90% | | | 37.4%* | |

*Amended from 59.8% - error in spreadsheet formula

% 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 | 37.4% | 90% |
| Q2 22/23 | 49.6% | 90% |



Key Points:

127 people started Psychological Therapies treatments between July and September: 63 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:

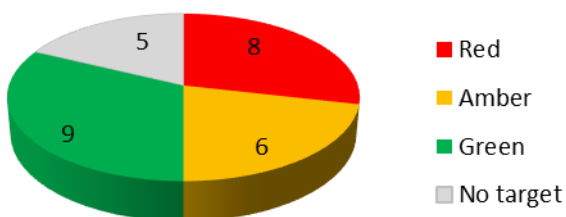
Staff vacancies are being processed as quickly as possible to minimise the impact on waiting times.

Those people waiting longest are being offered appointments across the area as appropriate.

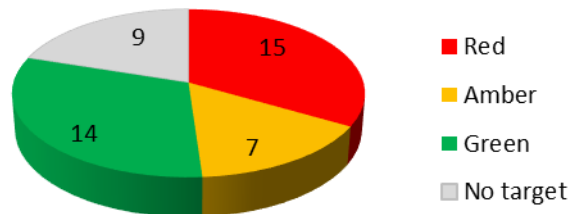
The Community Mental Health Teams are maximising usage of NHS Greater Glasgow and Clyde's Psychological Therapy Group Service as appropriate.

Summary of Strategic Plan Key Performance Indicators

Quarter 2: July - September 2022 (Partial Data)



Quarter 1: April to June 2022 (Full Data)



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 2 July - September 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 July to September 2022 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"> • Change to orthopaedic plan to be highlighted to physiotherapy directly rather than patient advised to rearrange appointment with provided time frame. • If a member or staff is met with aggressive behaviour to remove themselves from the situation but stating clearly to the patients that this is being done and that someone else will come to speak to them. Alternatively patient asked to leave the department. • Member of staff feeling intimidated to remove themselves to a private area not open reception. |
| District Nursing | <p>Learning Event took place with all team members involved to review case and investigate what when wrong and future steps to be taken to reduce future occurrence.</p> <p>Future steps:</p> <ul style="list-style-type: none"> • Agreement that in the absence of a Band 6, caseload to be reassigned in full to another Band 6 staff member. • Staff to ensure care plans updated at time of any changes being identified. • Staff to take ownership of changes and not to pass on or have expectation other team members will follow up. • Staff to raise any concerns regards workload to a Band 6, Team Lead or Senior Nurse. |

| SPSO Indicator | Measure | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Q1 22/23 | Q2 22/23 |
|----------------|--|--------------------|----------|----------|----------|----------|----------|
| 2 | Number of Stage 1 complaints (whether escalated to Stage 2 or not) | 16 | 21 | 13 | 16 | 13 | 23 |
| | Number of complaints direct to Stage 2 | 8 | 7 | 6 | 10 | 7 | 11 |
| | Total number of complaints | 24 | 28 | 19 | 26 | 20 | 34 |
| 3 | % closed within timescale - Stage 1 | Not yet available* | | | | | |
| | % closed within timescale - direct to Stage 2 | 25% | 29% | 33% | 20% | 43% | 36% |
| | % closed within timescale - escalated to Stage 2 | 100% | N/A | 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 | 22 |
| | Average response time - escalated to Stage 2 | 18 | N/A | 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 2 2022/23

| Outcome | Model Complaints Handling Procedure | | % of total |
|------------------|-------------------------------------|------|------------|
| | NHSGGC | WDC* | |
| Fully Upheld | 2 | 0 | 22% |
| Partially Upheld | 2 | 0 | 22% |
| Not Upheld | 4 | 1 | 56% |
| Unsubstantiated | 0 | 0 | 0% |
| Total | 8 | 1 | 9 |

*2 complaints are still ongoing