























West Dunbartonshire Health and Social Care Partnership Performance Report 2022/23: Quarter 3 October - December 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	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
1	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	Published March	95%	Not yet available	Not yet available	95.4%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	Published March	95%	Not yet available	Not yet available	95.9%	
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	85.7%	95%			69.6%	
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	159	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A		Not yet available	35	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published February	0	Not yet available	Not yet available	5	
8	Number of bed days lost to delayed discharge 18+ All reasons	Published February	1,460	Not yet available	Not yet available	2,083	

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	Published February	N/A		Not yet available	1,337	
10	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	Published February	1,104	Not yet available	Not yet available	2,676	
11	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	Published February	N/A		Not yet available	1,030	
12	Number of emergency admissions 18+	Not yet available	2,295	Not yet available	Not yet available	2,186	
13	Number of emergency admissions aged 65+	Not yet available	1,134	Not yet available	Not yet available	1,179	
14	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	68	Not yet available	Not yet available	69.9	
15	Number of unscheduled bed days 18+	Not yet available	17,735	Not yet available	Not yet available	19,783	
16	Unscheduled acute bed days (aged 65+)	Not yet available	12,156	Not yet available	Not yet available	13,936	
17	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	727	Not yet available	Not yet available	826.2	
18	Number of Attendances at Accident and Emergency 18+	Not yet available	4,720	Not yet available	Not yet available	5,936	
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	17.4%	
20	Number of clients receiving Home Care Pharmacy Team support	281	258			280	
21	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	37%	90%			30%	
22	Percentage of carers who feel supported to continue in their caring role when asked through their Adult Carer Support Plan	95.3%	95%			91.8%	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published March	90%	Not yet available	Not yet available	97.4%	
24	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	100%	100%			67%	
25	Number of people receiving Telecare/Community Alarm service - All ages	1,903	2,200			1,912	
26	Number of patients with an eKIS record	20,045	N/A			20,205	

Access

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
27	Number of people receiving homecare - All ages	1,436	N/A			1,454	

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
28	Number of weekly hours of homecare - All ages	10,552	N/A			10,637	
29	Total number of homecare hours provided as a rate per 1,000 population aged 65+	523.3	570			526.5	
30	Percentage of people aged 65 and over who receive 20 or more interventions per week	40.7%	35%			41.9%	
31	Percentage of homecare clients aged 65+ receiving personal care	99.1%	95%			99.3%	
32	Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	18,210	20,945			18,426	
33	Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	29.2%	30%			30%	
34	Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	28.9%	32%			48.2%	
35	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69.8%	98%			79.7%	
36	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	80.2%	80%			75.3%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15.9%	80%			3.3%	










Resilience

Ref	Performance Indicator	Q3 2022/23				Q2 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	Not yet available	90%	Not yet available	Not yet available	98.9%	
39	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	Not yet available	18	Not yet available	Not yet available	8	
40	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.3%	90%			49.6%	

Assets














































Ref	Performance Indicator	Q3 2022/23				Q2 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	£172.20	
42	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	77.79%	

Inequalities

Ref	Performance Indicator	Q3 2022/23				Q2 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	89.9%	90%			89.5%	
44	Percentage of looked after children being looked after in the community who are from BME communities	92%	N/A			81.8%	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	75%			100%	

Please find July to September 2022 data below for those indicators we were unable to report on in our Quarter 2 2022/23 Performance Report.

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	95.4%	95%			93.9%	
2	Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	95.9%	95%			98.3%	
5	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	159	N/A			119	
6	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	35	N/A			34	
7	Number of delayed discharges over 3 days (72 hours) non-complex cases	5	0			15	
8	Number of bed days lost to delayed discharge 18+ All reasons	2,083	1,460			2,924	
9	Number of bed days lost to delayed discharge 18+ Complex Codes	1,337	N/A			1,506	
12	Number of emergency admissions 18+	2,186	2,295			2,211	
13	Number of emergency admissions aged 65+	1,179	1,134			1,189	
14	Emergency admissions aged 65+ as a rate per 1,000 population	69.9	68			70.5	
15	Number of unscheduled bed days 18+	19,783	17,735			22,160	
16	Unscheduled acute bed days (aged 65+)	13,936	12,156			16,125	
17	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	826.2	726			956	
18	Number of Attendances at Accident and Emergency 18+	5,936	4,720			5,789	
23	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	97.4%	90%			96.1%	

Assets

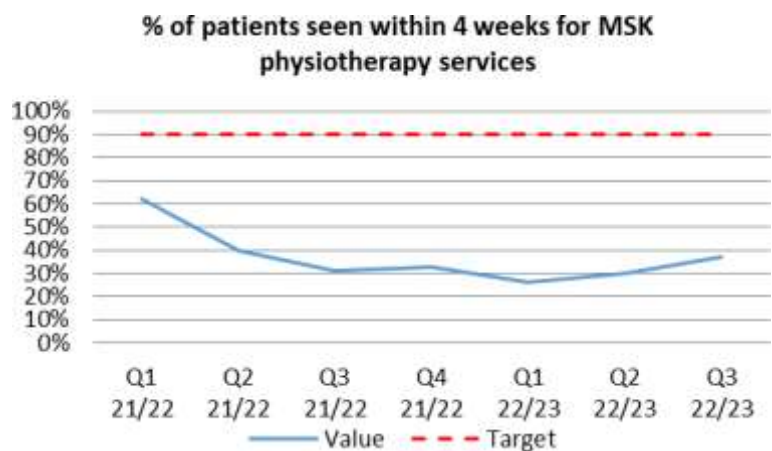
Ref	Performance Indicator	Q2 2022/23				Q1 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
41	Prescribing cost per weighted patient (Annualised)	£172.20	GGC average	Not yet available	↓	£167.00	
42	Compliance with Formulary Preferred List	77.79%	78%	⚠	↑	77.17%	

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October to December 2022

Performance Area: Musculoskeletal Physiotherapy

Ref	Performance Indicator	Q3 2022/23				Q2 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	37%	90%	⚠	↑	30%	

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%
Q3 22/23	37%	90%



Key Points:







The number of patients waiting over the 4 week target has decreased over the quarter and the maximum wait for a routine appointment has improved by 3 weeks.

Improvement Actions:

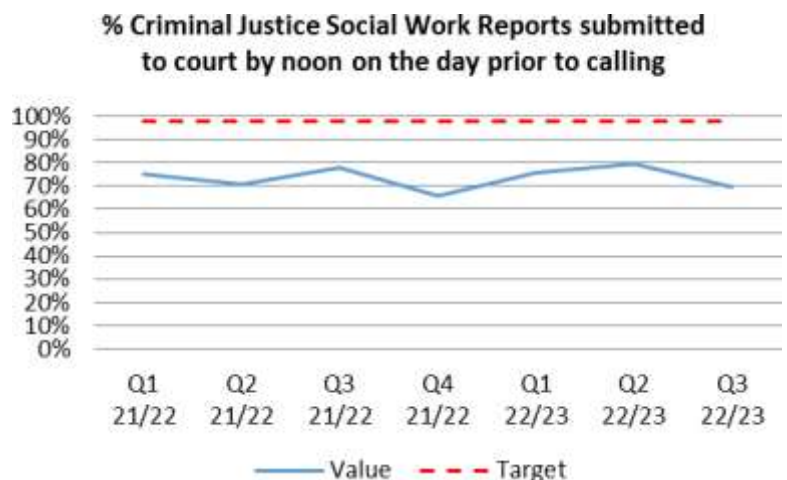
Priority project work is being done within the service to try and address routine waiting times and the number of patients waiting for a routine appointment. Any urgent appointments not utilised are being converted to routine appointments and offered to those who have waited longest.

This included conversion of almost all urgent appointments to routine appointments in the second week of November. This was a test of change which realised improvement in the data and will be repeated again in early 2023.

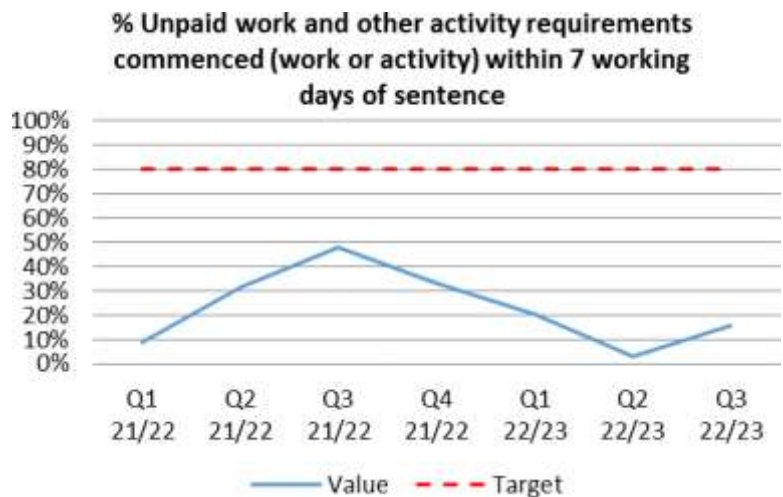
Performance Area: Criminal Justice

Ref	Performance Indicator	Q3 2022/23				Q2 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.	69.8%	98%			79.7%	
37	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	15.9%	80%			3.3%	

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%
Q3 22/23	69.8%	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%
Q3 22/23	15.9%	80%



Key Points:

Of the 202 court reports submitted, 141 were submitted by the due date.

Unpaid work activity commenced within timescales for 11 of 69 payback orders.

Improvement Actions:

With additional government funding received, we are continuing 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	Q3 2022/23				Q2 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	47.3%	90%			49.6%	

% 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%
Q3 22/23	47.3%	90%

Key Points:

91 people started Psychological Therapies treatments between October and December: 43 waited less than 18 weeks from the point of referral.

Majority of psychological work delivered by Attend Anywhere with reintroduction of face to face contacts where appropriate.

Recruited to two Consultant Psychologist posts within Helensburgh CMHT and Primary Care Mental Health Team.

Full rollout of GP practice Wellbeing Service across West Dunbartonshire despite current recruitment issues, leading to a 30% reduction in referrals to PCMH.




Introduction of local Psychological Therapies Monitoring Group to ensure consistency of recording and delivery across services.

Improvement Actions:

All waits over 26 weeks are within the Primary Care Mental Health Teams (PCMH) and are due to staffing vacancies we are unable to fill. Conversion of Band 6 vacancies within PCMH to Band 7 in line with the rest of NHS Greater Glasgow and Clyde will allow us to offer additional treatment sessions. Currently recruiting to 3.6 WTE Band 7 posts.

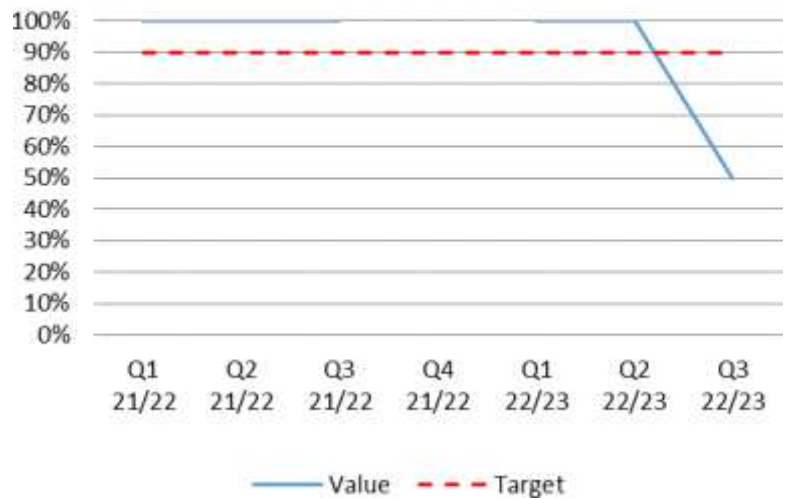
PCMH staff and Psychology staff from Community Mental Health Teams are working additional sessions to increase access to treatment.

Performance Area: Looked After Children

Ref	Performance Indicator	Q3 2022/23				Q2 2022/23	Trend over 8 Qtrs
		Value	Target	Status	Short Trend	Value	
45	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	75%			100%	

Percentage of 16 or 17 year olds in positive destinations at point of leaving care

Quarter	Value	Target
Q1 21/22	100%	90%
Q2 21/22	100%	90%
Q3 21/22	100%	90%
Q4 21/22	N/A*	90%
Q1 22/23	100%	90%
Q2 22/23	100%	90%
Q3 22/23	50%	90%



*No young people aged 16 or 17 left care in Q4 21/22

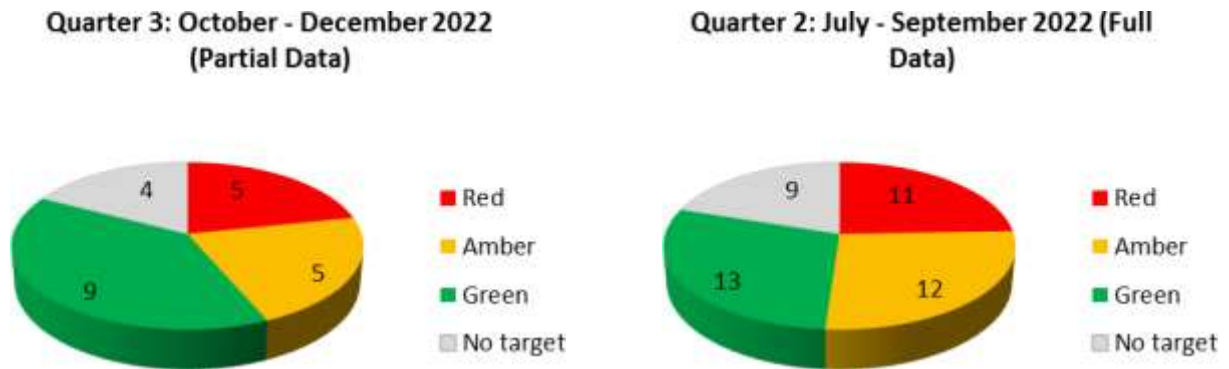
Key Points:

This relates to a very small number of young people and therefore percentages fluctuate more significantly. Numbers are also so low that they are potentially identifiable.

Improvement Actions:

The HSCP's Throughcare and Aftercare service continue to support care experienced young people to access education, employment and training alongside a range of supports in relation to housing, finances and developing confidence and lifeskills.

Summary of Strategic Plan Key Performance Indicators



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October to December 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 October to December 2022 a detailed audit of Blue Badge was initiated in response to the investigation of complaints received by the HSCP.

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

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC*	WDC**	
Fully Upheld	0	0	0%
Partially Upheld	0	6	75%
Not Upheld	1	1	25%
Unsubstantiated	0	0	0%
Total	1	7	8

*4 complaints are still ongoing

**1 complaint was withdrawn (WDC Policy)