West Dunbartonshire Health & Social Care Partnership

West Dunbartonshire Health and Social Care Partnership Performance Report 2023/24: Quarter 2 July to September 2023

This report will outline the HSCP's performance against the priorities set out in our new Strategic Plan 2023-2026: Improving Lives Together.

Local targets set in 2019/20 were retained in 2020/21 through to 2022/23 in light of the unpredictability of the pandemic. These targets have been reviewed alongside the development of the new Strategic Plan and reflect our aims to improve or sustain performance using 2022/23 as a baseline.

Key Highlights/Challenges

All children and young people waiting for treatment from CAMHS have been waiting less than 18 weeks with an average wait of 6 weeks.

Acute bed days lost to delayed discharge for people aged 65 and over below our local targets.

Almost 98% of people starting drug or alcohol treatment within 3 weeks of referral.

West Dunbartonshire Justice Services hosted the inaugural training for trainers for unpaid work event in September 2023 at our Levengrove training facility.

Significant increases in Community Payback Orders and those with Unpaid Work Orders on the same period in 2022/23.

Priority project work to tackle MSK Physiotherapy waiting times continues with several tests of change both ongoing and in the planning stage.

Maximum wait for a routine MSK appointment reduced from 13 to 12 weeks.

Some improvement in Psychological Therapies waiting times although still below target.

Lack of fully validated emergency admission and unscheduled bed days data from Public Health Scotland from June 2023.

Strategic Plan Performance Indicators

Due to timing issues some data is not yet available and it should also be noted that Unscheduled Care data, i.e. hospital data, is subject to change historically.

	PI Status		Short Term Trends
	Alert – Target missed by 15% or more	1	Improving*
	Warning – Target narrowly missed		No Change
0	OK – Target achieved	4	Getting Worse*
	Data Only – no target set		*Where an indicator is Data Only with no target set, the up and
			down arrows denote whether the number or percentage is increasing (up) or decreasing (down).

Caring Communities

Def	Performance Indicator		Q2 202	23/24		Q1 2023/24	Q2 2022/23	Trend over 8
Rei	Performance indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs
1	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	93.2%	95%		•	97%	91.8%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	95.5%	95%	②	•	98.5%	98.5%	
3	Number of Adult Carer Support Plans completed	46	N/A		1	67	51	
4	Balance of Care for looked after children: % of children being looked after in the Community	88.3%	90%	<u> </u>	•	89%	89.5%	
5	Number of Looked After Children	477	N/A	-	1	474	466	
6	Number of Looked After children looked after in a residential setting	56	N/A		1	52	49	
7	Number of Looked After children looked after at home with parents	65	N/A		1	63	78	
8	Number of Looked After children looked after by foster carers	119	N/A		1	117	107	
9	Number of Looked After children looked after in other community settings	237	N/A		•	242	232	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	②	1	98.6%	98.9%	
11	Mean number of weeks for referral to treatment for specialist Child and	6	18	②	1	9	8	

Ref	Performance Indicator		Q2 202	23/24	Q1 2023/24	Q2 2022/23	Trend over 8	
Rei		Value	Target	Status	Short Trend	Value	Value	Qtrs
	Adolescent Mental Health Services							
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	64.3%	90%		1	52.9%	49.6%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published December	90%	Not yet available	Not yet available	97.8%	97.4%	

Safe and Thriving Communities

Def	Doufour and Talianton		Q2 202	23/24		Q1 2023/24	Q2 2022/23	Trend over 8
Ref	Performance Indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	Ø	-	100%	100%	
15	Percentage of child protection investigations to case conference within 21 days	71.4%	95%		•	90.5%	69.6%	
16	Number of Child Protection investigations	57	N/A		1	71	59	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	45	N/A		1	60	41	
18	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	179	159	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	Not yet available	N/A		Not yet available	37	35	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	Not yet available	100%	Not yet available	Not yet available	Not yet available	67%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published November	0	Not yet available	Not yet available	19	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	Published November	2,781	Not yet available	Not yet available	3,581	3,420	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	Published November	1,406	Not yet available	Not yet available	1,568	1,337	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,115	2,278	②	1	2,996	2,676	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	668	983	②	1	1,387	1,030	
26	Number of clients receiving Home Care Pharmacy Team support	445	312		1	285	280	

Ref	Performance Indicator		Q2 202	23/24	Q1 2023/24	Q2 2022/23	Trend over 8	
Kei		Value	Target	Status	Short Trend	Value	Value	Qtrs
27	Number of people receiving Telecare/Community Alarm service - All ages	1,863	1,942		1	1,856	1,912	
28	Number of people receiving homecare - All ages	1,440	1,200		1	1,429	1,454	
29	Number of weekly hours of homecare - All ages	10,408	9,000		•	10,535	10,637	
30	Percentage of people who receive 20 or more interventions per week	40.6%	40%		1	40.2%	New PI	
31	Percentage of homecare clients receiving personal care	99.4%	99%		1	99.2%	New PI	

Equal Communities

Def	Performance Indicator		Q2 202	23/24		Q1 2023/24	Q2 2022/23	Trend over 8
Ref	renormance indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs
32	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	66.9%	98%		1	63.3%	75.9%	
33	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	76.9%	80%		•	92.2%	81.3%	
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	21.4%	80%		•	41.7%	19.4%	
35	Percentage of children from BME communities who are looked after that are being looked after in the community	85.7%	90%		•	88%	76.5%	
36	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	80%	②	1	67%	100%	

Healthy Communities

Ref	Performance Indicator		Q2 202	23/24		Q1 2023/24	Q2 2022/23	Trend over 8
Kei		Value	Target	Status	Short Trend	Value	Value	Qtrs
37	Number of emergency admissions 18+	Not yet available	1,990	Not yet available	Not yet available	Not yet available	2,186	
38	Number of emergency admissions aged 65+	Not yet available	1,066	Not yet available	Not yet available	Not yet available	1,178	
39	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	62	Not yet available	Not yet available	Not yet available	68.7	
40	Number of unscheduled bed days 18+	Not yet available	20,094	Not yet available	Not yet available	Not yet available	22,379	
41	Unscheduled acute bed days (aged 65+)	Not yet available	14,566	Not yet available	Not yet available	Not yet available	15,904	

Ref	Performance Indicator		Q2 202	23/24	Q1 2023/24	Q2 2022/23	Trend over 8	
Kei	renormance indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs
42	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	850	Not yet available	Not yet available	Not yet available	927.8	
43	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	Not yet available	Not yet available	5,937	5,936	
44	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	44%	90%		1	46%	30%	
45	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	Not yet available	Not yet available	Not yet available	£172.20	
46	Compliance with Formulary Preferred List	Not yet available	78%	Not yet available	Not yet available	Not yet available	77.79%	

Please find April to June 2023 data below for indicators we were unable to report on in our Quarter 1 2023/24 Performance Report. Health Board data has yet to be fully validated to allow reporting of Quarter 1 emergency admissions and unscheduled bed days.

Caring Communities

Ref	Performance Indicator		Q1 202	23/24	Q4 2022/23	Q1 2022/23	Trend over 8	
Rei		Value	Target	Status	Short Trend	Value	Value	Qtrs
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	97.8%	90%	>	•	96.4%	95.7%	

Healthy Communities

Ref	Performance Indicator		Q1 202	23/24	Q4 2022/23	Q1 2022/23	Trend over 8	
		Value	Target	Status	Short Trend	Value	Value	Qtrs
43	Number of Attendances at Accident and Emergency 18+	5,937	5,005		1	5,225	5,789	

Financial Update

The HSCP Board meeting on 21 November will consider the financial position to 30 September 2023 and a revised projection to 31 March 2024 based on Quarter 2 activity and performance. This is still being finalised at the time of writing.

The initial financial projection based on Quarter 1 data reported an overspend of £2.983m (1.59%) mainly due to continuing demand for both supporting children and young people in both community placements and other residential accommodation and care at home and care home services for older people.

The Senior Management Team have continued to make progress to mitigate elements of this pressure through weekly scrutiny of all vacancies, a programme of reviews across all care packages and, where appropriate, the application of earmarked reserves.

The November Financial Performance Report will provide more detail on these actions and demonstrate the progress made in reducing the projected overspend. The key risk around the progress made continues to remain within Prescribing and the lack of robust and timeous data being made available by National Services Scotland.

Absence

West Dunbartonshire Council and NHS Greater Glasgow and Clyde report staff absence for West Dunbartonshire HSCP staff in different ways: WDC by Full Time Equivalent (FTE) lost per FTE employee each quarter and NHS by the percentage of rostered hours lost to staff absence.

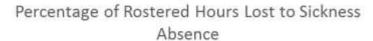
WDC HSCP staff absence was slightly lower in July to September 2023 than in the previous quarter but higher than the same period in 2022.

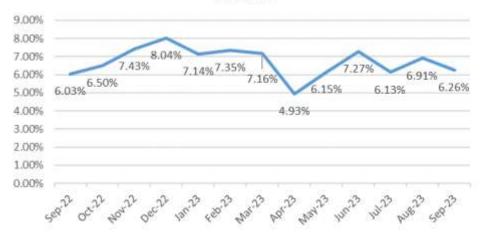


Nationally, West Dunbartonshire Council (all non-teaching staff) absence is published by the Improvement Service through the Local Government Benchmarking Framework. Latest figures are for 2021/22 where WDC had a higher number of Full Time Equivalent (FTE) days lost per employee than the Scotland figure and had dropped from 8th lowest number of days in 2020/21 to the 23rd lowest (or 10th highest) in Scotland.

			Ranking 1 - lowest to 32 - highest FTE days lost per
	WDC	Scotland	employee
2019/20	11.4	11.9	13
2020/21	8.38	9.58	8
2021/22	13.28	12.19	23

NHS HSCP staff absence is reported monthly. While the percentage of rostered hours lost to sickness absence dipped in July 2023 to 6.13%, it rose again in August to 6.91% and ended the quarter slightly lower at 6.26%. This was an improvement on the June 2023 figure but higher than September 2022.





Latest available data at national and health board level is for July 2023 where West Dunbartonshire's figure is higher than both NHS Scotland (5.78%) and NHS Greater Glasgow (5.96%).

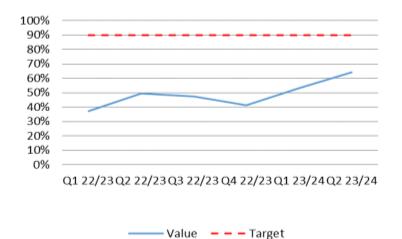
West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 2 July to September 2023

Performance Area: Psychological Therapies

			Q2 :	2023/24		Q1 2023/24	Q2 2022/23	Trand over 9
Ref	Performance Indicator	Value	Target	Status	Short Trend	Value	Value	Trend over 8 Qtrs
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	64.3%	90%	•	•	52.9%	49.6%	

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

Quarter	Value	Target
Q1 22/23	37.4%	90%
Q2 22/23	49.6%	90%
Q3 22/23	47.3%	90%
Q4 22/23	41.4%	90%
Q1 23/24	53.2%	90%
Q2 23/24	64.3%	90%



Key Points:

The percentage of people starting treatment within 18 weeks has seen an improving trend since March 2023 and is significantly higher during July to September 2023 than in the same period in 2022.

As at 30th September 2023 there were 194 people waiting to start treatment: 101 had been waiting less than 12 weeks; 139 waiting less than 18 weeks.

Increasing case complexity, due to change in referral criteria, means many cases require longer term work which reduces throughput.

Improvement Actions:

Small number of referrals accepted by the Digital Psychology Service.

Teams being encouraged to use Psychological Therapies Group Services where appropriate.

Exploring potential uses of previous NHS Education Scotland funding to reduce waiting times.

Performance Area: Child Protection

Ref	Performance Indicator	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8
		Value	Target	Status	Short Trend	Value	Value	Qtrs
15	Percentage of child protection investigations to case conference within 21 days	71.4%	95%		1	90.5%	69.6%	

% of Child Protection investigations to Case Conference within 21 days

Quarter	Value	Target
Q1 22/23	70.0%	95%
Q2 22/23	69.6%	95%
Q3 22/23	85.7%	95%
Q4 22/23	72.7%	95%
Q1 23/24	90.5%	95%
Q2 23/24	71.4%	95%



Key Points:

There was a significant drop in the number of case conferences in Quarter 2: from an average of 22 per quarter since April 2022 to 7 in this quarter. The timescale of 21 days from investigation was met for 5 of these 7.

Improvement Actions:

Review decision making thresholds from IRD to CP investigation and requirement for case conference in Quarter 2 23/24.

The drop in case conferences appears quite significant however this is the school holiday period during which referrals from education largely cease. However, this may not fully explain the reduced level of conferences during this period and requires further interrogation.

There is a risk that timescales are impacted by staffing capacity at present regarding completion of investigations and progress to case conference. Ten day meetings (during the 21 day completion period) are in place, with chairs ensuring children requiring a conference are prioritised.

We plan to move to the new national guidance of 28 days in the new year and systems will require to be adjusted to support this change.

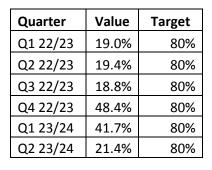
Performance Area: Criminal Justice Social Work

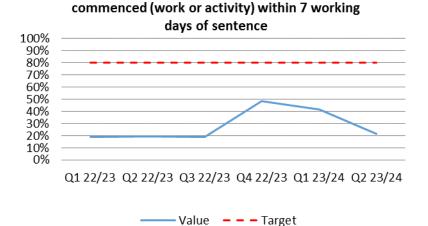
Def	Desferons and Indicates	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8	
Ref	Performance Indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs	
32	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	66.9%	98%		1	63.3%	75.9%		
34	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	21.4%	80%		1	41.7%	19.4%		

Value Quarter **Target** Q1 22/23 73.0% 98% 75.9% Q2 22/23 98% Q3 22/23 69.2% 98% Q4 22/23 71.7% 98% Q1 23/24 63.3% 98% Q2 23/24 66.9% 98%

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







% Unpaid work and other activity requirements

Key Points:

Report requests peaked in August during Quarter 2, with 94 reports being requested by sentencers: 105 when including supplementary requests. The Performance Indicators reported do not reflect the

additional reports to Court such as Progress Reports and Supplementary Court Reports which saw an increase of 21.6% on the same quarter in 2022/23.

The impact of sickness and annual leave also meant only 36% of letters to Court were completed in August: our poorest performance in the quarter. Sheriffs' leave and shortened timescales for reports also played a part in these figures.

Quarter 2 saw a 40% increase in all Community Payback Orders and a 33.3% increase in those with Unpaid Work requirements on the same period in 2022/23. Induction of those on orders is sitting at 76.9%.

Community Justice Officers have also been utilised in the bail and diversion services. Both these services have seen numbers rise exponentially, reducing capacity for allocation of unpaid work orders.

Improvement Actions:

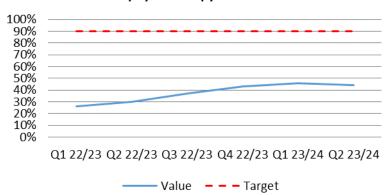
West Dunbartonshire has been part of the training for trainers for unpaid work, para professional staff and hosted the inaugural event in September 2023 at our Levengrove training facility. Unpaid work staff from across North Strathclyde participated in this event. This week-long national training for unpaid work officers and supervisors has now been rolled out nationally.

Performance Area: MSK Physiotherapy

Ref		Danfarra I. diankar	Q2 2023/24				Q1 2023/24	Q2 2022/23	Trend over 8
	Kei	Performance Indicator	Value	Target	Status	Short Trend	Value	Value	Qtrs
	44	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	44%	90%		•	46%	30%	

Quarter	Value	Target
Q1 22/23	26%	90%
Q2 22/23	30%	90%
Q3 22/23	37%	90%
Q4 22/23	43%	90%
Q1 23/24	46%	90%
Q2 23/24	44%	90%

% of patients seen within 4 weeks for MSK physiotherapy services

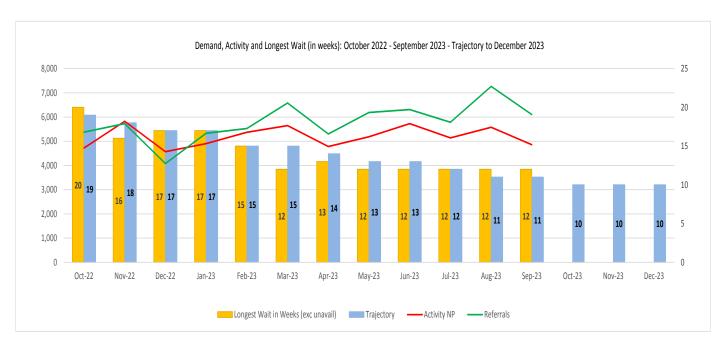


Key Points:

Demand for MSK service provision has seen an ongoing rise within Quarter 2, especially in August when referral rates across Greater Glasgow and Clyde peaked to over 7,000 which is exceptional for the service. Typically prior to Quarter 2 referral rates were 5,000 – 5,500. There is a general upwards trend in demand. There were 1,462 West Dunbartonshire referrals.

There has been an increase in the number of patients waiting over the 4 week target within Quarter 2. This is in part due to increased demand, peak summer holiday period and, in September, the loss of agency staff across the service however the maximum wait for a routine appointment has reduced from 13 weeks to 12 weeks at the end of Quarter 2 despite the increase in referral rate.

Routine waiting times; demand; activity and trajectory MSK Physiotherapy



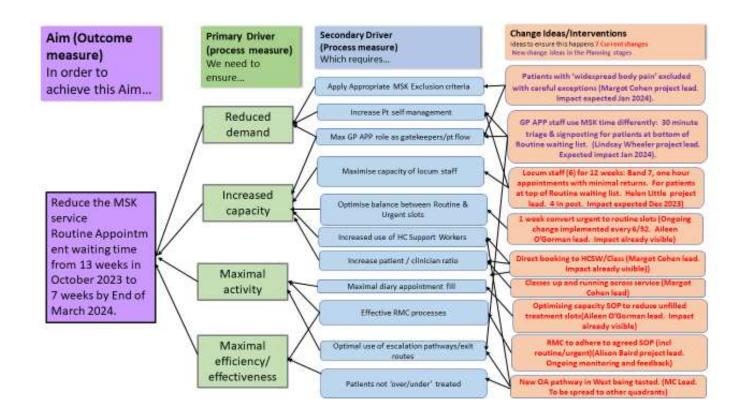
Improvement Actions:

Priority project work to tackle waiting times continues. There are several tests of change, both ongoing and in the planning stage. An updated driver diagram showing these tests of change is below.

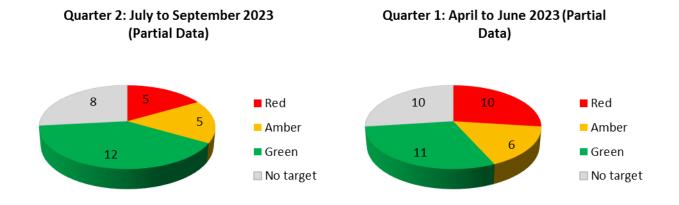
There are plans to use identified reserves budget for agency staff (6-7) to commence waiting list initiative clinics within October and November 2023.

There are also plans to utilise GP Advanced Practice Physiotherapists to assess routine patients at point of referral to the waiting list to increase the percentage seen within the 4 week target.

Every 6-8 weeks, for one week, the majority of urgent new patient slots are converted to routine slots to support those patients waiting longest.



Summary of Strategic Plan Key Performance Indicators



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 2 July to September 2023

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.

SPSO Indicator	Measure	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
	Number of Stage 1 complaints (whether escalated						
2	to Stage 2 or not)	13	23	16	29	47	45
	Number of complaints direct to Stage 2	7	11	13	9	16	15
	Total number of complaints	20	34	29	38	63	60
3	% closed within timescale - Stage 1	Not available					
	% closed within timescale - direct to Stage 2	43%	36%	23%	33%	31%	40%
	% closed within timescale - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	N/A
4	Average response time - Stage 1	Not available					
	Average response time - direct to Stage 2	29	22	25	25	24	20
	Average response time - escalated to Stage 2	N/A	N/A	N/A	N/A	N/A	N/A

Indicator 5: Outcomes of Complaints

Stage 2 – Quarter 2 2023/24

	Model Compla		
	Handling Proce		
Outcome	NHSGGC	WDC*	% of
Outcome	NIISOGC	WDC	total
Fully Upheld	0	1	8.3%
Partially Upheld	0	1	8.3%
Not Upheld	4	6	83.3%
Unsubstantiated	0	0	0%
Total	4	8	

^{*3} complaints are still ongoing

Themes of Complaints

