

**West Dunbartonshire Health and Social Care Partnership**  
**Performance Report 2025/26: Quarter 1 April to June 2025**

This report will outline the Health and Social Care Partnership's performance against the priorities set out in our Strategic Plan 2023-2026: Improving Lives Together.

Local targets for 2025/26 have not yet been reviewed and 2025/25 targets have been retained in the interim.

**Key Highlights/Challenges**

A projected overspend of £2.312m (1.07%) after net application of earmarked reserves of £1.325m are accounted for.

Continued financial pressures in relation to care at home services and ongoing demand for supporting children and young people in both community and residential placements.

A slight increase in the proportion of carers who felt able and willing to continue with their caring role when asked as part of their Adult Carer Support Plan.

All children and young people continue receiving Child and Adolescent Mental Health Services treatment within 18 weeks of referral and an average wait of 4 weeks.

A significant decrease in the number of children referred to the Scottish Children's Reporter Administration on non-offence (care and welfare) grounds from 237 during January to March 2025 to 145 during April to June 2025: this is still higher than the Quarter 1 2024/25 figure of 71.

Less than half of people waited less than the target time of 18 weeks for Psychological Therapies treatment.









While higher than in the previous quarter, January to March 2025, we have sustained improvement in the number of bed days lost to delayed discharges for complex cases for adults aged 18 and over.

Continued challenges in reaching targets within Criminal Justice Social Work.

WDC HSCP staff absence has fallen in April to June 2025 after peaking at 7.02 in January to March but is slightly higher than the 6.11 in April to June 2024.































## 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		Target Type		Short Term Trends	
	Alert	N	National Target		Improving*
	Warning	L	Local Target		No Change
	OK	M	Monitoring only – no target set		Getting Worse*
	Unknown				
	Data Only				




























\*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

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
1	Percentage of carers who feel able to continue in their caring role when asked through their Adult Carer Support Plan	97.4%	95%	L			96.6%	91.7%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	98.7%	95%	L			96.6%	91.7%	
3	Number of Adult Carer Support Plans completed	77	N/A	M			58	48	
4	Balance of Care for looked after children: % of children being looked after in the Community	89.3%	90%	N			90.5%	89.5%	
5	Number of Looked After Children	484	N/A	M			483	504	
6	Number of Looked After children looked after in a residential setting	52	N/A	M			46	53	
7	Number of Looked After children looked after at home with parents	86	N/A	M			82	68	
8	Number of Looked After children looked after by foster carers	120	N/A	M			122	127	
9	Number of Looked After children looked after in other community settings	226	N/A	M			233	256	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	N			100%	100%	
















Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	4	18	L			4	3	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	48.5%	90%	N			57.4%	75%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published late Sept	90%	N	Not yet available	Not yet available	97.4%	96.8%	













## Safe and Thriving Communities

















Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
14	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	N			100%	100%	
15	Percentage of child protection investigations to case conference within 28 days	New recording processes in relation to Child Protection have resulted in an issue with dates meaning we are unable to accurately capture timescales for contact to case conference. We have therefore temporarily paused reporting of this performance indicator. Implementation of our new Duty system should address this issue.							
16	Number of Child Protection investigations	86	N/A	M			85	108	
17	Number of children on the Child Protection Register at end of reporting period (Excluding temporary and transfers in)	69	N/A	M			75	58	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	145	N/A	M			237	71	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	31	N/A	M			30	42	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	64.3%	100%	N			67%	63%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	22	0	N			22	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,512	2,850	L			3,064	3,953	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	1,303	1,440	L			1,197	1,416	

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,927	2,335	L			2,577	3,097	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	929	982	L			981	1,020	
26	Number of clients receiving Home Care Pharmacy Team support	256	312	L			280	288	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,818	1,894	L			1,894	1,844	
28	Number of people receiving homecare - All ages	1,116	N/A	M			1,145	1,241	
29	Number of weekly hours of homecare - All ages	7,242	N/A	M			8,283	9,214	
30	Percentage of people who receive 20 or more interventions per week	44.4%	40%	L			46.8%	46.6%	
31	Percentage of homecare clients receiving personal care	99.6%	99%	L			99.9%	99.8%	
32	Number of people receiving reablement homecare	113	N/A	M			91	25	
33	Number of hours of reablement homecare	153	N/A	M			188	180	

## Equal Communities

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69.6%	98%	N			71.7%	72.8%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67.7%	80%	N			65.3%	54%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	32.9%	80%	N			31.3%	28.4%	
37	Percentage of children from BME communities who are looked after that are being looked after in the community	81.3%	90%	L			85.7%	92.3%	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	80%	L			100%	67%	

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
39	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	25.8%	N/A	L			32.3%	20%	
40	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	9.1%	N/A	L			17.2%	10%	
41	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	8.5%	N/A	L			19.7%	17%	
42	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	17.1%	N/A	L			22.8%	10%	

Healthy Communities									
Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
43	Number of emergency admissions 18+	Not yet available	1,989	L	Not yet available	Not yet available	Not yet available	2,367	
44	Number of emergency admissions aged 65+	Not yet available	1,066	L	Not yet available	Not yet available	Not yet available	1,268	
45	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	60	L	Not yet available	Not yet available	Not yet available	69.8	
46	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	Not yet available	24,156	
47	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	Not yet available	17,569	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	817	L	Not yet available	Not yet available	Not yet available	967.1	
49	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	5,789	6,446	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	31%	90%	N			41%	40%	
51	Prescribing cost per weighted patient (Annualised)	£179.35	£187.73	L			£188.77	£193.15	
52	Compliance with Formulary Preferred List	74.28%	78%	N			74.36%	74.51%	

## Financial Update

The HSCP Board meeting on 19th August 2025 considered the following financial papers:

- 2024/25 Financial Performance Report as at Period 3 (30th June 2025)

The financial performance report provided an update on the position to 30th June 2025 and a projection to 31st March 2026 based on Quarter 1 activity and performance.

The financial projection based on Quarter 1 data reported an overspend of £2.312m (1.07%) after net application of earmarked reserves of £1.325m are accounted for. There continues to be financial pressures in relation to care at home services and ongoing demand for supporting children and young people (in both community placements and other residential accommodation).

The report highlighted the impact of the current overspend projection and an update to pay and non-pay inflationary assumptions on the previously reported budget gaps for 2026/27 and 2027/28 with gaps of circa £13m and £23m now anticipated as reported below.

<b>Consolidated Budget Gap Analysis</b>	<b>2025/26</b>	<b>2026/27</b>	<b>2027/28</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Budget Gap Reported March 2025	-	9,003	18,850
Forecast Deficit @ June 2025	2,312		
Reduction in £12 p/hr funding for C&F		148	222
SRA Funding		(38)	(38)
Pay Inflation Funding for Health Care (Assume full funding)	(463)	(1,917)	(1,917)
<b>Budget Adjustments / Pressures not Reported</b>			
Social Care Pay Inflation increased on average 1%	523	810	876
Health Care Pay Inflation increased on average 1.34%	463	1,917	1,917
Increase in NCHC Assumptions		592	632
Increase in Residential Schools Rate Uplift Assumptions		268	285
NHS employees pay award for recharged salaries		5	5
Pressures within Community Placements and Childrens Residential Care		2,000	2,084
Pressures within Older People Services		1,276	1,314
Other		(1,046)	(1,015)
<b>Revised Budget Gap @ June 2025</b>	<b>2,835</b>	<b>13,017</b>	<b>23,216</b>
Health Care	(182)	4,438	7,359
Social Care	3,017	8,579	15,857
<b>Revised Budget Gap @ June 2025</b>	<b>2,835</b>	<b>13,017</b>	<b>23,216</b>

The 2026/27 budget setting process is underway and the Senior Management Team have each been allocated a savings target across the range of services they are responsible for, along with the issue of savings and equality impact assessment templates for completion and return by mid-September. A range of savings options for 2026/27 and options to close the gap will be presented to the HSCP Board at a future meeting.

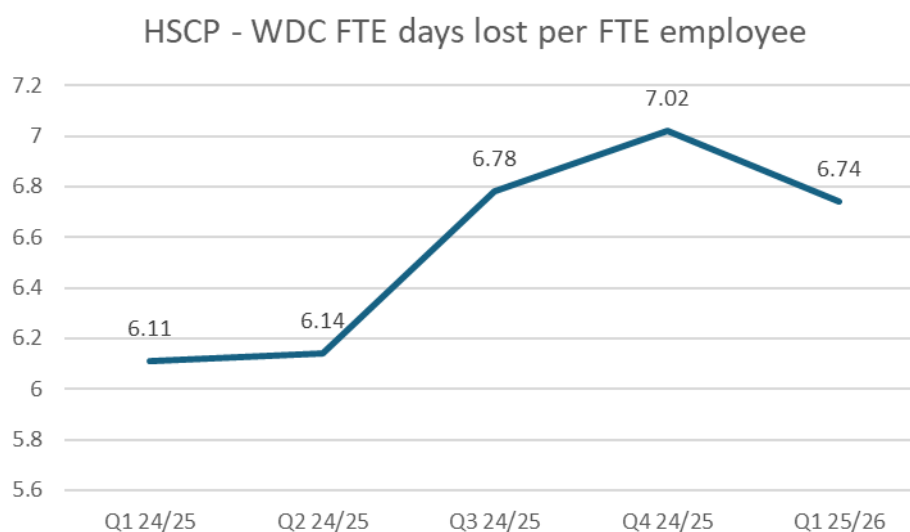
Minimising the projected overspend will be an ongoing priority and is likely to take the form of early adoption of proposed management adjustments and savings options (where possible) along with a range of actions including review of individual care packages across a range of services, ongoing vacancy management and no discretionary spend unless authorised by the Chief Officer.

The HSCP's Chief Officer and Chief Financial Officer continue to meet with both NHS Greater Glasgow and Clyde and West Dunbartonshire Council Chief Executives to consider the reported financial position of the Health and Social Care Partnership.

## 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.

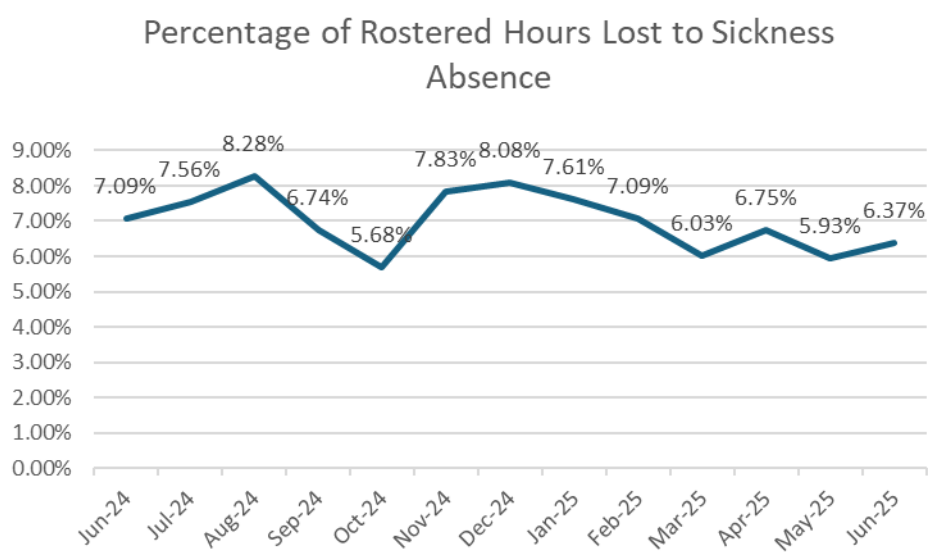
WDC HSCP staff absence has fallen in April to June 2025 after peaking at 7.02 in January to March but is slightly higher than the 6.11 in April to June 2024.



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 2023/24 where WDC had a higher number of Full Time Equivalent (FTE) days lost per employee at 15.06 than the Scotland figure of 13.89 but had improved slightly on the previous year's figure of 15.32 and had moved from 27<sup>th</sup> lowest (or 6<sup>th</sup> highest) in Scotland to 24<sup>th</sup> lowest (9<sup>th</sup> highest).

	WDC	Scotland	Ranking 1 - lowest to 32 - highest FTE days lost per employee
2020/21	8.38	9.58	8
2021/22	13.28	12.17	23
2022/23	15.32	13.21	27
2023/24	15.06	13.89	24




NHS HSCP staff absence is reported monthly. Absence rates saw a decreasing trend during April to June 2025 with the 2<sup>nd</sup> lowest rate in the last year in May 2025 at 5.93%. June 2025 was also 0.72% lower than in the same month in 2024.



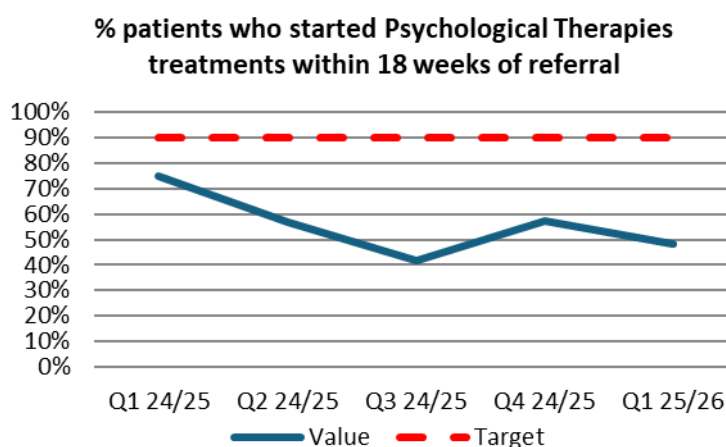


## West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April to June 2025

### Performance Area: Psychological Therapies

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	48.5%	90%	N			57.4%	75%	

Quarter	Value	Target
Q1 24/25	75.0%	90%
Q2 24/25	57.0%	90%
Q3 24/25	41.6%	90%
Q4 24/25	57.4%	90%
Q1 25/26	48.5%	90%



#### Key Points:

64 of the 132 people who started psychological therapies between April and June 2025 did so within 18 weeks of referral.

Staff vacancies within psychology and across the multi-disciplinary teams continue to impact on waiting times.




#### Improvement Actions:

Community Mental Health teams are continuing to maximise use of the Psychological Therapies Groups service.

All psychology staff are picking up cases from across the teams according to the longest wait.

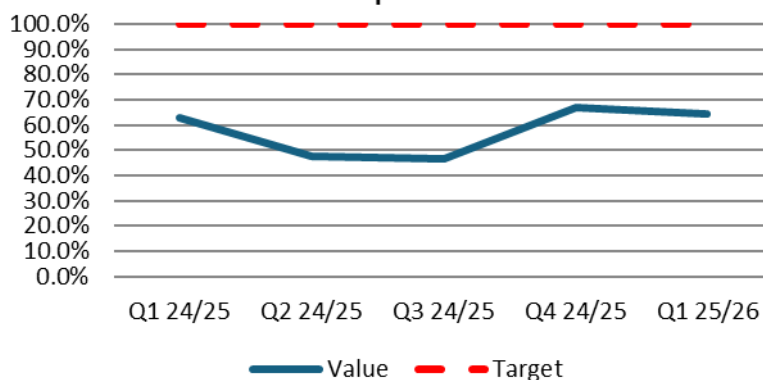
Staff reducing attendance at meetings as much as possible in order to prioritise clinical work.

## Performance Area: Adult Support and Protection

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	64.3%	100%	N			67%	63%	

**% Adult Support and Protection clients who have current risk assessments and care plan/protection plan**

Quarter	Value	Target
Q1 24/25	63.0%	100%
Q2 24/25	47.4%	100%
Q3 24/25	46.7%	100%
Q4 24/25	67.0%	100%
Q1 25/26	64.3%	100%



### Key Points:

Appropriate risk assessments and protection plans are in place for 9 of the 14 Adult Support and Protection clients brought to case conference during April to June 2025. Another 3 individuals have partial paperwork in place.










There is no Adult Support and Protection Lead Officer currently in post.

### Improvement Actions:

Processes were put in place during 2024/25 to flag up gaps in recording. While there has been some improvement since then, which has been sustained across Quarter 4 2024/25 and the current quarter, it is likely that more timely and frequent checks and prompts are required.

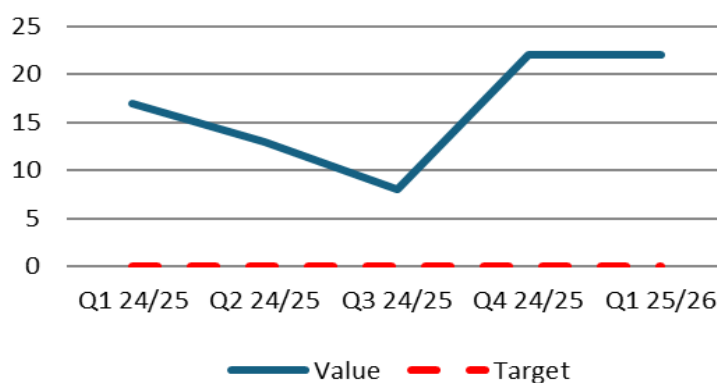
The HSCP's Information Team will be issuing updates on a monthly rather than quarterly basis to address this and improvements in recording will continue to be monitored.

## Performance Area: Delayed Discharge

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	22	0	L			22	17	
22	Number of bed days lost to delayed discharge 18+ All reasons	3,512	2,850	L			3,064	3,953	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	2,927	2,335	L			2,577	3,097	

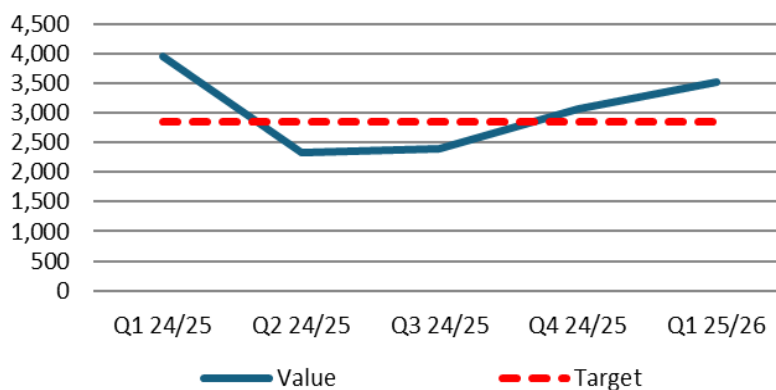
Quarter	Value	Target
Q1 24/25	17	0
Q2 24/25	13	0
Q3 24/25	8	0
Q4 24/25	22	0
Q1 25/26	22	0

**Number of delayed discharges over 3 days (72 hours) non-complex cases**

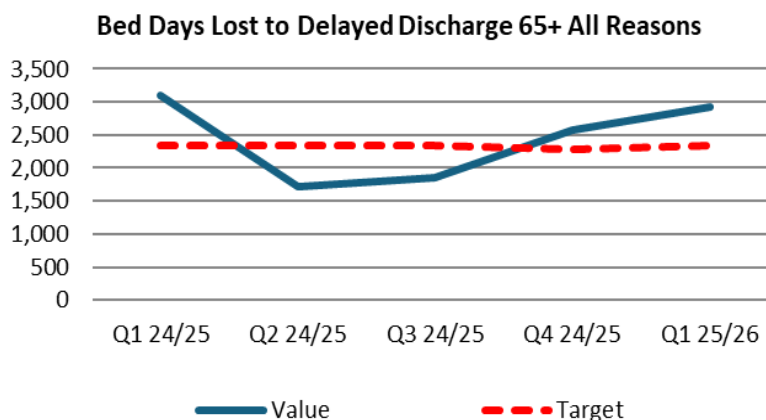


Quarter	Value	Target
Q1 24/25	3953	2850
Q2 24/25	2327	2850
Q3 24/25	2399	2850
Q4 24/25	3064	2850
Q1 25/26	3512	2850

**Bed Days Lost to Delayed Discharge 18+ All Reasons**



Quarter	Value	Target
Q1 24/25	3097	2335
Q2 24/25	1724	2335
Q3 24/25	1854	2335
Q4 24/25	2577	2278
Q1 25/26	2927	2335



### Key Points:

The Scottish Government's aspirational target is that no one with a non-complex discharge should experience a delay of more than 3 days. This figure is a snapshot as at the monthly census point.

The average number of complex and non-complex daily delays was 39 in April to June compared with 34 in the previous quarter. There were fewer delays due to the availability of care at home services.

Bed days lost to delayed discharge for all reasons were higher than in the previous quarter but slightly lower than in the same period last year.

Bed Days Lost	Increase on previous quarter	Decrease on same quarter last year
18+	14%	5%
65+	15%	11%




### Improvement Actions:

An Unscheduled Care Development Session was held on 1st April 2025 in the Vale Centre for Health and Care, attended by staff across HSCP teams, the HSCP Chief Officer, Senior Management, Clinical Director, Allied Health Professionals and representatives from a range of stakeholders including the Scottish Ambulance Service and independent sector care homes in West Dunbartonshire.

Discussions included consideration of the unscheduled care data and the culture shift required to deliver new ways of working including: digital, virtual wards; better use of care home capacity; supporting frail patients; and ensuring service users are at the heart of our services.

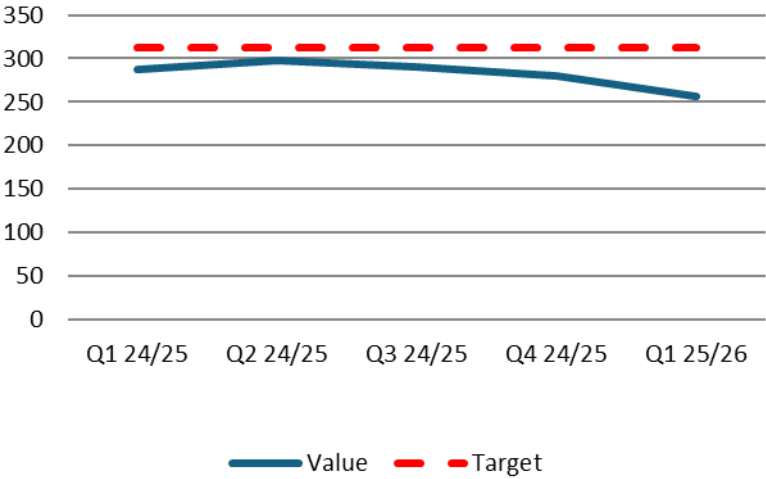
Feedback from breakout sessions considering challenges, what we do well and what we could do better was collated and an action plan for delivery by the Unscheduled Care Group is currently in development. This action plan will also be in line with NHS GGC's developing Transformation delivery plan for Unscheduled Care.

Performance Area: Home Care Pharmacy

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
26	Number of clients receiving Home Care Pharmacy Team support	256	312	L			280	288	

Number of People Receiving Homecare Pharmacy Team Support

Quarter	Value	Target
Q1 24/25	288	312
Q2 24/25	298	312
Q3 24/25	291	312
Q4 24/25	280	312
Q1 25/26	256	312



Key Points:

Over the past year, the Homecare Pharmacy Team service has developed in that we now offer a more comprehensive and patient-focused approach. Senior Pharmacy Technicians have taken on expanded roles, delivering Level 2 medication reviews, while in parallel our support workers have been instrumental in maintaining high standards of care by consistently delivering core services. This collaborative model is delivering better outcomes for patients across West Dunbartonshire.

While the current figures provide a useful snapshot of activity levels, they primarily reflect the quantity of visits rather than the quality or added value they bring. These visits often involve complex, person-centred interactions that contribute significantly to patient outcomes, which take longer than the traditional core visits.

The pharmacy team's input during these visits frequently leads to:

- Enhanced medication safety and optimisation
- Improved patient understanding and adherence
- Strengthened multidisciplinary working
- Identification and resolution of systemic issues

Improvement Actions:

Daily reports have been updated in line with new hospital discharge triage processes to ensure all patients who may require support from the service are being identified.

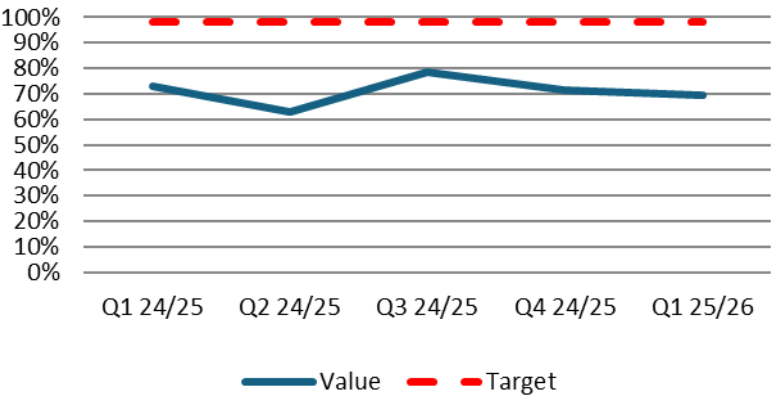
Given the significant improvements made, the target may require to be reviewed to reflect the ongoing development of the service and the more comprehensive interactions taking place with service users.

Performance Area: Criminal Justice Social Work

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	69.6%	98%	N			71.7%	72.8%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67.7%	80%	N			65.3%	54%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	32.9%	80%	N			31.3%	28.4%	

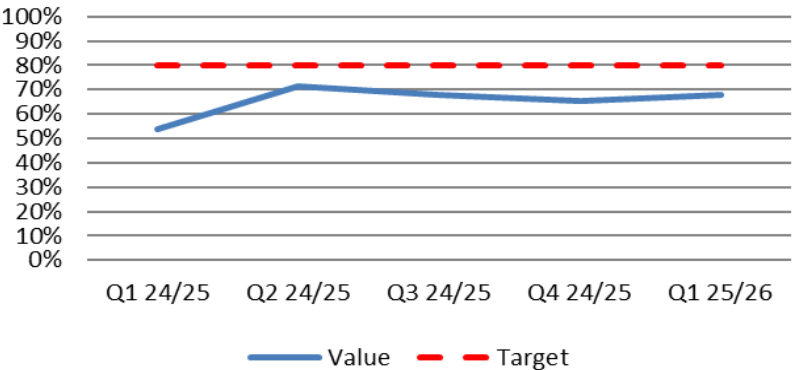
Quarter	Value	Target
Q1 24/25	72.8%	98%
Q2 24/25	62.7%	98%
Q3 24/25	78.7%	98%
Q4 24/25	71.7%	98%
Q1 25/26	69.6%	98%

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

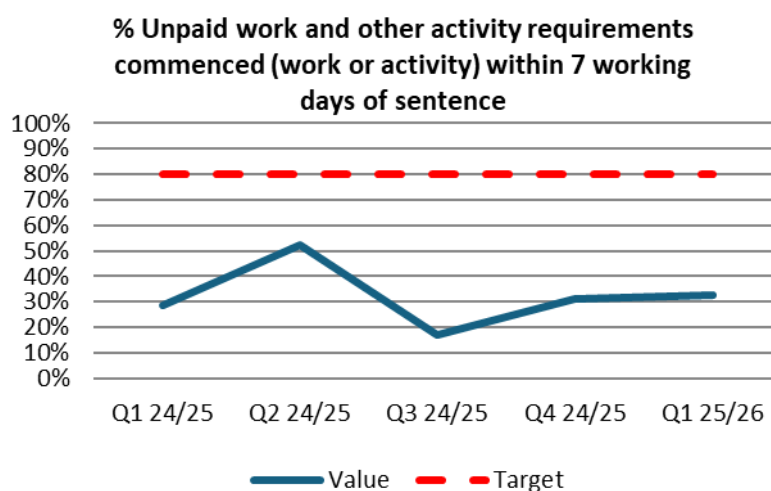


Quarter	Value	Target
Q1 24/25	54.0%	80%
Q2 24/25	71.2%	80%
Q3 24/25	67.7%	80%
Q4 24/25	65.3%	80%
Q1 25/26	67.7%	80%

% Community Payback Orders attending an induction session within 5 working days of sentence



Quarter	Value	Target
Q1 24/25	28.4%	80.0%
Q2 24/25	52.1%	80.0%
Q3 24/25	16.9%	80.0%
Q4 24/25	31.3%	80.0%
Q1 25/26	32.9%	80.0%



### Key Points:

In Quarter 1 there were requests for 227 Justice Social Work Reports to Courts between April and June 2025. A decrease of 4.2% on Quarter 4 2024/25. Figures indicate an average of 69.6% of these reports were completed on time. For every report not completed a letter is sent to Court outlining the rationale for the requested report not having been sent.

The number of Community Payback Orders imposed in Quarter 1 was 99 with 73 of these having an unpaid work requirement. Of those 99 imposed orders, 67.7% of individuals attended an induction session within 5 working days of sentence.




Service users attending work placements within 7 days has increased slightly from 31.3% in Quarter 4 2024/25 to 32.9% in Quarter 1 2025/26.

Every service user made subject to a statutory Community Payback Order at Dumbarton Sheriff Court is seen within 24 hours of the Court imposing the order.

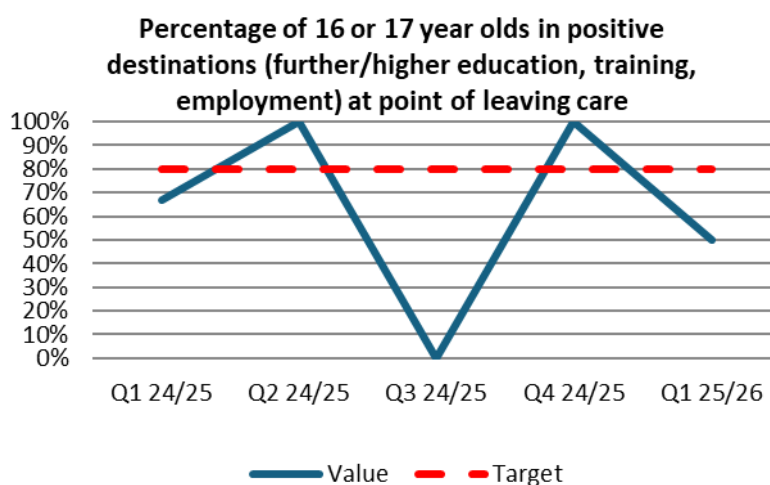
### Improvement Actions:

We require further investment in main grade qualified social worker posts to support the demands placed on the service by additional Domestic Abuse assessments for Caledonian work and to negate the impact of long-term absence on our ability to meet key performance indicators.

## Performance Area: Looked After Children

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	50%	80%	L			100%	67%	

Quarter	Value	Target
Q1 24/25	67%	80%
Q2 24/25	100%	80%
Q3 24/25	N/A*	80%
Q4 24/25	100%	80%
Q1 25/26	50%	80%



\*No young people aged 16 or 17 left care during this quarter.

### 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:

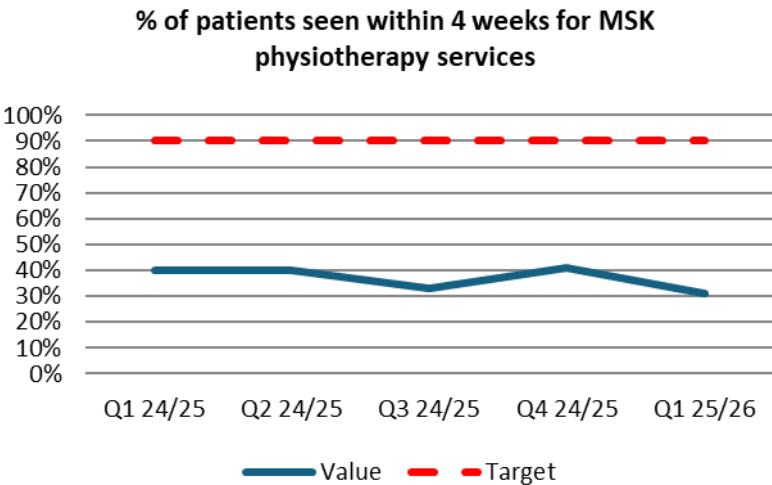
The HSCP's Throughcare and Aftercare service continue to support care experienced young people to access education, employment and training alongside a range of supports in relation to housing, finances and developing confidence and life skills.



Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q1 2025/26					Q4 2024/25	Q1 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	31%	90%	N			41%	40%	

Quarter	Value	Target
Q1 24/25	40%	90%
Q2 24/25	40%	90%
Q3 24/25	33%	90%
Q4 24/25	41%	90%
Q1 25/26	31%	90%



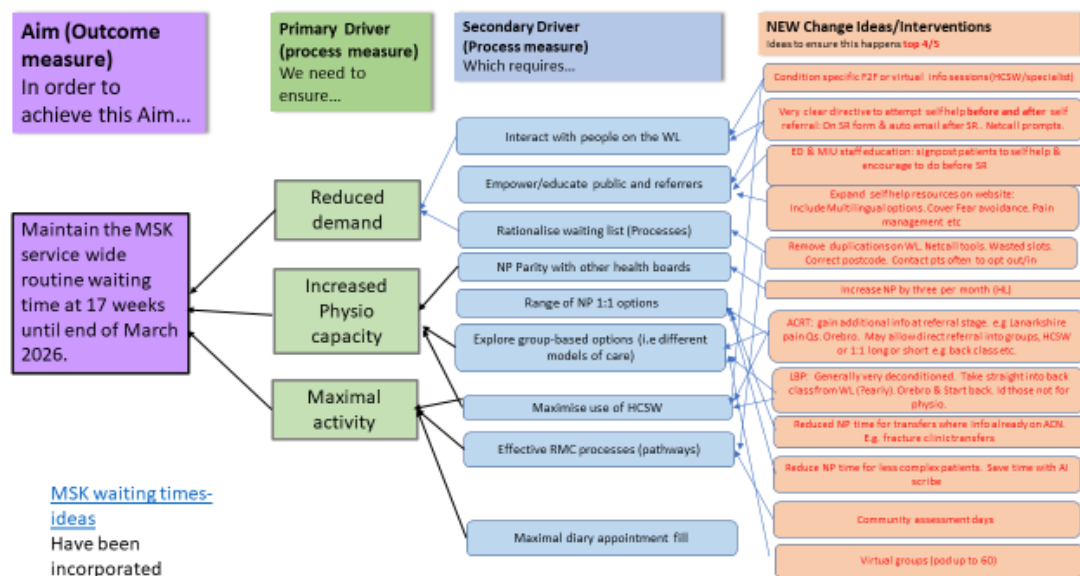
Key Points:

Demand for the MSK service continues to rise on an ongoing basis across Greater Glasgow and Clyde. The workforce has not increased to meet rising demand due to financial constraints. The service was also required to make financial savings in 2024/25 which have impacted on capacity. MSK waiting times for a routine appointment have started to rise as rising demand exceeds capacity.

In Quarter 1 the service was challenged in ensuring that all urgent patients were seen within 4 weeks. This was due to several factors. Firstly as demand has risen so too has the need for urgent appointments to meet the proportion of demand that relates to urgent referrals. The availability of urgent appointments had been approaching the 4 weeks over several months and in Quarter 1 the service reached tipping point where urgent patients could not all be accommodated within the 4 weeks. The service took steps to remedy this. The only way to do this was by prioritisation of urgent patients by converting routine appointments to urgent appointments. This resulted in the maximum routine waiting times for MSK increasing within Quarter 1.

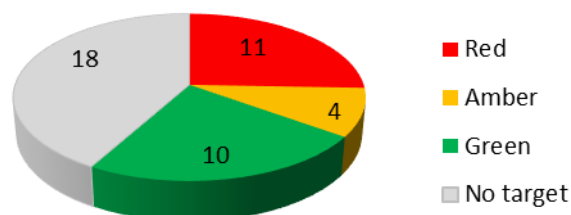
Improvement Actions:

Waiting times remains a priority project within the service and the 13% increase in demand within 2023/24 and further 7% rise in 2024/25 across GGC has meant that some of the impact of the waiting times work has not been realised. The updated driver diagram below illustrates the ongoing tests of change within the service. The focus is on routine waiting times, as until the routine waits come closer to the 4 week target, the % seen within the 4 week target will be relatively unchanged.



## Summary of Strategic Plan Key Performance Indicators

Quarter 1: April to June 2025 (Partial Data)



## West Dunbartonshire Health and Social Care Partnership

### Complaints Reporting: Quarter 1 April to June 2025

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 to June 2025 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

Service Area	Lessons Learned/Actions Taken
Community Health and Care Services	<p>Reflective learning around the role of Duty to reprioritise in response to changing needs.</p> <p>My Life Assessment Screenings now carried out face-to-face where possible to better assess an individual's needs.</p> <p>Processes reviewed in relation to how we communicate respite availability with families and carers.</p>

SPSO Indicator	Measure	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	73	83	67	56	56
	Number of complaints direct to Stage 2	27	10	17	26	30
	Total number of complaints	100	93	84	82	86
3	% closed within timescale - Stage 1	Not available*				
	% closed within timescale - direct to Stage 2	55%	40%	65%	68%	80%
	% closed within timescale - escalated to Stage 2	N/A	50%	N/A	N/A	N/A
4	Average response time - Stage 1	Not available*				
	Average response time - direct to Stage 2	23	21	17	22	17
	Average response time - escalated to Stage 2	N/A	31	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

