

West Dunbartonshire Health and Social Care Partnership
Performance Report 2025/26: Quarter 3 October to December 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 have been reviewed for 2025/26 and provisionally used in this report pending final approval. Delayed discharge targets have been reviewed in line with performance to August 2025 and an improvement trajectory to March 2026. Targets based on rates per population have been revised in line with the latest population estimates published by National Records of Scotland, mid-year 2024.

Key Highlights/Challenges

A projected overspend of £2.109m (1.01%) after net application of earmarked reserves of £0.547m are accounted with 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.

99.4% of people starting drug or alcohol treatment within 3 weeks of referral in Quarter 2.

99.8% of homecare service users receiving personal care, reflecting appropriate targeting of resources.

All children and young people continue receiving Child and Adolescent Mental Health Services treatment within 18 weeks of referral and an average wait of 3 weeks.

Homecare Pharmacy have employed a support worker who is able to undertake compliance visits and additional administrative support which will allow more visits to be undertaken.

Recruitment to a Clinical Associate in Applied Psychology (CAAP) vacant since August 2025.

Significant challenges in relation to delayed discharge.

Long term sickness absence within Criminal Justice Social Work meaning an inability to allocate orders within National Standards and continued challenges with meeting targets. An agency worker has commenced with the service, with recruitment currently ongoing for a fixed term (until March 2027) social work post.

Improvement in MSK Physiotherapy waiting times from 30% in Quarter 2 to 42% during October to December.

Increased staff absence across both Council and NHS employees.

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	Q3 2025/26					Q2 2025/26	Q3 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	94.4%	95%	L			94.2%	89.6%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	98.1%	95%	L			96.2%	91.7%	
3	Number of Adult Carer Support Plans completed	55	N/A	M			52	48	
4	Balance of Care for looked after children: % of children being looked after in the Community	89.8%	90%	N			89.2%	90.9%	
5	Number of Looked After Children	443	N/A	M			473	472	
6	Number of Looked After children looked after in a residential setting	45	N/A	M			51	43	
7	Number of Looked After children looked after at home with parents	81	N/A	M			87	82	
8	Number of Looked After children looked after by foster carers	110	N/A	M			118	118	
9	Number of Looked After children looked after in other community settings	207	N/A	M			217	229	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
10	Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	90%	N			100%	100%	
11	Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	3	18	L			3	3	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	47.1%	90%	N			48.1%	41.6%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published March	90%	N	Not yet available	Not yet available	99.4%	99.4%	

Safe and Thriving Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	96%	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 and are working to address this issue.							
16	Number of Child Protection investigations	61	N/A	M			77	91	
17	Number of children on the Child Protection Register at end of reporting period	49	N/A	M			70	55	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	137	N/A	M			162	130	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	24	N/A	M			32	28	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	80%	100%	N			100%	46.7%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	Published February	0	N	Not yet available	Not yet available	27	8	
22	Number of bed days lost to delayed discharge 18+ All reasons	Published February	3,420	L	Not yet available	Not yet available	4,061	2,399	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
23	Number of bed days lost to delayed discharge 18+ Complex Codes	Published February	1,422	L	Not yet available	Not yet available	1,865	1,023	
24	Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,958	2,694	L			3,307	1,854	
25	Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,132	1,049	L			1,318	787	
26	Number of clients receiving Home Care Pharmacy Team support	241	290	L			251	291	
27	Number of people receiving Telecare/Community Alarm service - All ages	1,834	1,894	L			1,813	1,885	
28	Number of people receiving homecare - All ages	1,156	N/A	M			1,138	1,204	
29	Number of weekly hours of homecare - All ages	8,681	N/A	M			8,286	8,705	
30	Percentage of people who receive 20 or more interventions per week	45%	40%	L			39.8%	46.9%	
31	Percentage of homecare clients receiving personal care	99.8%	99%	L			100%	99.7%	
32	Number of people receiving reablement homecare	30	N/A	M			234	53	
33	Number of hours of reablement homecare	171.25	N/A	M			418	143	

Equal Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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.	70%	98%	N			64.8%	78.7%	
35	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	74.1%	80%	N			69.2%	67.7%	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	20%	80%	N			12.8%	16.9%	
37	Percentage of children from BME communities who are looked after that are being looked after in the community	89.3%	90%	L			81.3%	78.5%	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	100%	80%	L			0%	N/A	
39	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	17.9%	N/A	M			18.9%	30%	
40	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	8.7%	N/A	M			4.9%	19%	
41	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	14.1%	N/A	M			7.5%	14%	
42	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	8.3%	N/A	M			9.6%	30%	

Healthy Communities

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	2,398	
44	Number of emergency admissions aged 65+	Not yet available	1,067	L	Not yet available	Not yet available	Not yet available	1,294	
45	Emergency admissions aged 65+ as a rate per 1,000 population	Not yet available	57.5	L	Not yet available	Not yet available	Not yet available	71.2	
46	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	Not yet available	22,653	
47	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	Not yet available	17,073	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	Not yet available	787.5	L	Not yet available	Not yet available	Not yet available	939.8	
49	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	6,450	6,039	
50	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	42%	90%	N			30%	33%	
51	Prescribing cost per weighted patient (Annualised)	Not yet available	£187.73	L	Not yet available	Not yet available	£190.60	£191.99	
52	Compliance with Formulary Preferred List	Not yet available	78%	N	Not yet available	Not yet available	74.46%	74.03%	

Please find July to September 2025 data below for indicators we were unable to report on in our Quarter 2 2025/26 Performance Report.

Caring Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	99.4%	90%	N			98.4%	97.8%	

Safe and Thriving Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
18	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	162	N/A	M			180	58	
19	Number of children referred to the Scottish Children's Reporter Administration (SCRA) on offence grounds	32	N/A	M			32	30	

Healthy Communities									
Ref	Performance Indicator	Q2 2025/26					Q1 2025/26	Q2 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
51	Prescribing cost per weighted patient (Annualised)	£190.60	£187.73	N			£179.35	£192.24	
52	Compliance with Formulary Preferred List	74.4%	78%	N			74.28%	74.54%	

Fully validated unscheduled care data has now been received up to June 2025 and below is the data we were unable to report in our Quarter 1 2025/26 Performance Report.

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+	2,255	1,989	L			2,267	2,367	
44	Number of emergency admissions aged 65+	1,146	1,066	L			1,222	1,268	

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	
45	Emergency admissions aged 65+ as a rate per 1,000 population	63.1	57.5	L			67.3	69.8	
46	Number of unscheduled bed days 18+	21,516	20,094	L			22,631	24,367	
47	Unscheduled acute bed days (aged 65+)	15,054	14,565	L			17,329	17,780	
48	Unscheduled acute bed days (aged 65+) as a rate per 1,000 population	813.9	787.5	L			953.9	978.7	
49	Number of Attendances at Accident and Emergency 18+	6,294	5,005	L			5,789	6,446	

Financial Update

The HSCP Board meeting on 27th January 2026 considered the following financial papers:

- 2025/26 Financial Performance Report as at Period 8 (30th November 2025)
- 2026/27 Annual Budget Setting Update (Revenue Estimates)

The financial performance report provided an update on the position to 30th November 2025 and a projection to 31st March 2026 based on month 8 activity and performance.

The financial projection based on month 8 data reported an overspend of £2.109m (1.01%) after net application of earmarked reserves of £0.547m 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).

While the projected overspend has reduced by £0.369m from the Q2 reported position minimising the updated projected overspend will be an ongoing priority. The Board has recently approved the latest update to the Recovery Plan. This follows a thorough review of current actions and a challenge issued to the Senior Management Team to develop additional measures aimed at reducing reliance on non-recurring reserves to address the overspend. The Recovery Plan will continue to be reviewed and updated as further actions are developed.

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.

The annual budget setting update report provided the HSCP Board with an update on the revenue estimates exercise for 2026/27, including the main cost pressures, funding assumptions and key financial risks for the HSCP Board.

Options to close the gap will be presented to the Board on the 24 March 2026.

Absence

NHS Absence – Quarterly Cumulative Position:

Quarter 1 (Apr–Jun): 6.35%

Quarter 2 (Jul–Sep): 5.55%

Quarter 3 (Oct–Dec): 8.03%

Trend Analysis – NHS:

Absence improved between Quarter 1 and Quarter 2, reducing by 0.8 percentage points over the summer period. However, Quarter 3 shows a marked increase to 8.03%, representing a rise of 2.48 percentage points compared to Quarter 2. This pattern indicates a significant winter escalation effect and suggests increased operational pressure during the October to December period.

If Quarter 3 levels were sustained across a full year, the annualised absence rate would be 8.03%.

Council Absence – Quarterly Cumulative Position:

Quarter 1 (Apr–Jun): 11.31%

Quarter 2 (Jul–Sep): 10.85%

Quarter 3 (Oct–Dec): 10.64%

Trend Analysis – Council:

Council absence remains consistently high across all three quarters. There has been a marginal reduction from Quarter 1 to Quarter 3, decreasing by 0.67 percentage points overall. However, absence levels remain structurally above 10% throughout the reporting period, indicating sustained workforce capacity challenges. If Quarter 3 levels were sustained across a full year, the annualised absence rate would be 10.64%.

Comparative Position:

Quarter 3 highlights a widening differential between NHS and Council workforce absence:

NHS Quarter 3: 8.03%

Council Quarter 3: 10.64%

While NHS absence shows seasonal volatility, Council absence appears persistently elevated across the year. Both positions represent material workforce capacity pressures with implications for service delivery, financial sustainability and staff wellbeing.

Conclusion:

The cumulative quarterly analysis demonstrates:

- A winter-related escalation in NHS absence during Quarter 3
- Sustained high absence levels within Council services across all quarters
- Continued risk to service resilience if Quarter 3 levels persist

Absence performance will continue to be closely monitored, with further diagnostic analysis underway to understand contributory factors and target interventions appropriately.

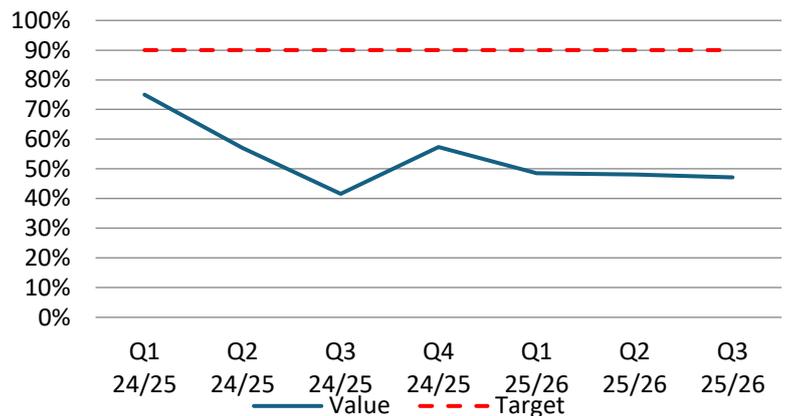
West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 3 October to December 2025

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	47.1%	90%	N			48.1%	41.6%	

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

Quarter	Value	Target
Q1 24/25	75.0%	90%
Q2 24/25	57.0%	90%
Q3 24/25	41.6%	90%
Q4 24/25	57.3%	90%
Q1 25/26	48.5%	90%
Q2 25/26	48.1%	90%
Q3 25/26	47.1%	90%



Key Points:

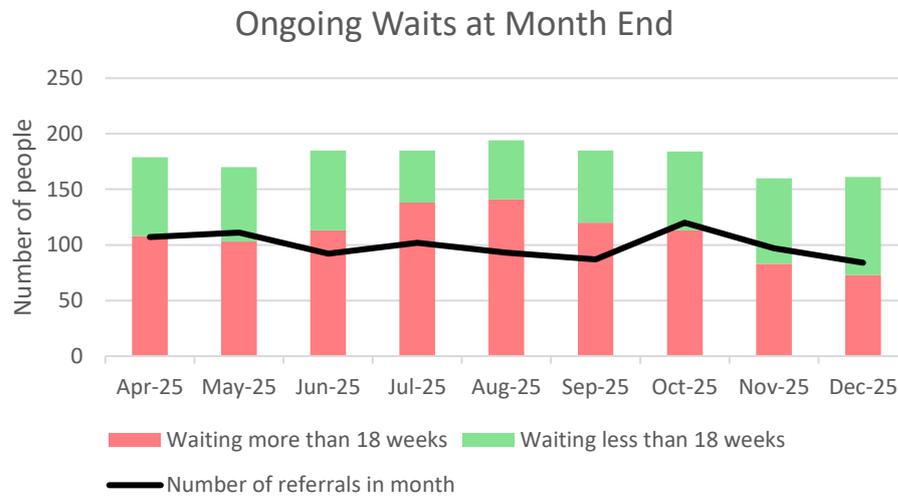
57 of the 121 people who started psychological therapies between October to December 2025 did so within 18 weeks of referral.

Some clients on the waiting list are awaiting specific treatments that require specialist-trained clinicians, which contributes to longer wait times.

Client preferences are accommodated, including gender of clinician and in some cases mode of delivery: face-to-face or remote sessions.

A further complicating factor is that we are being referred more complex cases which take longer to assess, with the outcome often being that no service is suitable.

Given the above however, we are seeing some improvement longer term with the number of ongoing waits over 18 weeks reducing towards the end of the year while referrals have remained fairly consistent.



Improvement Actions:

Successful recruitment to a vacant Band 7 post, however this was an internal candidate. Discussions are underway with Finance and HR to discuss recruitment to the subsequent Band 6 vacancy.

A 12 month fixed term 0.6 WTE Clinical Associate in Applied Psychology (CAAP)/Cognitive Behavioural Therapy (CBT) therapist will be in post as of 5th January 2026.

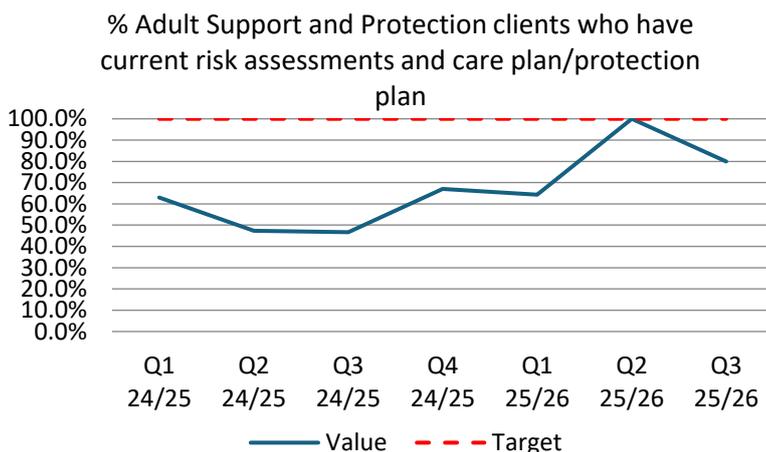
Digital Psychological Therapies team taking some referrals.

Performance Area: Adult Protection

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	80%	100%	N	●	↓	100%	46.7%	

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%
Q2 25/26	100.0%	100%

Q3 25/26	80.0%	100%
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Key Points:

8 of the 10 people discussed at case conference in Quarter 3 have the appropriate risk assessments and protections plans in place.

Improvement Actions:

A weekly Adult Support and Protection meeting now takes place with Integrated Operations Managers and Senior Social Workers to confirm reports are being completed.

Weekly reports are being generated and improvement work is underway with the Council’s Data and Audit Manager to ensure Senior Social Workers are using reports correctly.

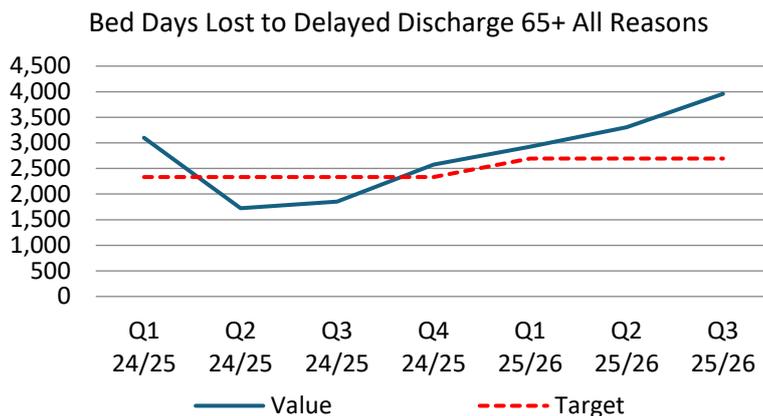
A quarterly audit by Senior Social Workers around ASP and care management cases is being undertaken and this will report to the Adult Protection Committee and Audit and Performance.

Performance Area: Delayed Discharge

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	3,958	2,694	L			3,307	1,854	

Quarter	Value	Target
Q1 24/25	3097	2335
Q2 24/25	1724	2335
Q3 24/25	1854	2335
Q4 24/25	2577	2333
Q1 25/26	2927	2694
Q2 25/26	3307	2694

Q3 25/26	3958	2694
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Key Points:

Local delayed discharge targets were reviewed in line with performance up to August 2025. An ambitious improvement trajectory was agreed to reduce these delays to a maximum of 27 acute delays and 3 mental health delays by March 2026. This adjustment reflected performance at the time of agreement, however recent performance indicates that this is a challenging trajectory due to various interdependent factors.

The average number of complex and non-complex daily delays was 52, compared with 44 in the previous quarter. A moratorium on one care home within West Dunbartonshire and limited bed availability in other care homes have impacted the pace of discharges from acute sites. Additionally, capacity challenges in specific areas of Care at Home led to a surge in delays due to a package of care, an area the HSCP historically has had low delays attributed to. Social Work vacancies in the Community Hospital Discharge Team have also compounded the factors relating to the decline in performance.

Improvement Actions:

The Reablement pathway is under review to enhance efficiency in referrals from Acute sites and ensure timely transfers to mainstream care at home following the reablement period.

The Integrated Operations Manager for the Hospital Discharge Team is collaborating closely with the Senior Social Worker and the team to ensure assessment timescales are met, thereby reducing bed days lost.

Delays due to Adults with Incapacity (AWI) legislation continue to impact on bed days lost, particularly related to the progress of private guardianship applications.

A System Reset across NHS Greater Glasgow and Clyde and the six partnerships was conducted in November/December 2025. This focused initiative aims to stabilise patient flow, reduce hospital occupancy, and improve the experience for both patients and staff. It unites teams from across the Whole System to address discharge delays, launch new pathways, and ensure patients receive appropriate care in the right setting at the right time.

The impact of Reset 1 was monitored locally, especially concerning discharges with care packages or to care home placements. Data analysis of both Reset 1 and 2 will identify impacts from both Acute

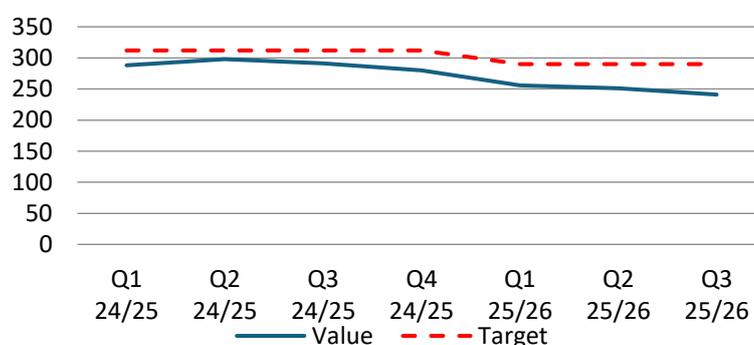
and HSCP perspectives. Another System Reset will commence on 17th January 2026, with several dashboards developed by GGC to closely monitor and analyse impacts and areas for improvement.

Performance Area: Homecare Pharmacy

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	241	290	L			251	291	

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	290
Q2 25/26	251	290
Q3 25/26	241	290

Number of People Receiving Homecare Pharmacy Team Support



Key Points:

Over the past year, our 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 which take longer to undertake. We have also been training support workers new to the role which impacts on the delivery of core services. In addition, we have supported Care at Home with medication refresher sessions

Improvement Actions:

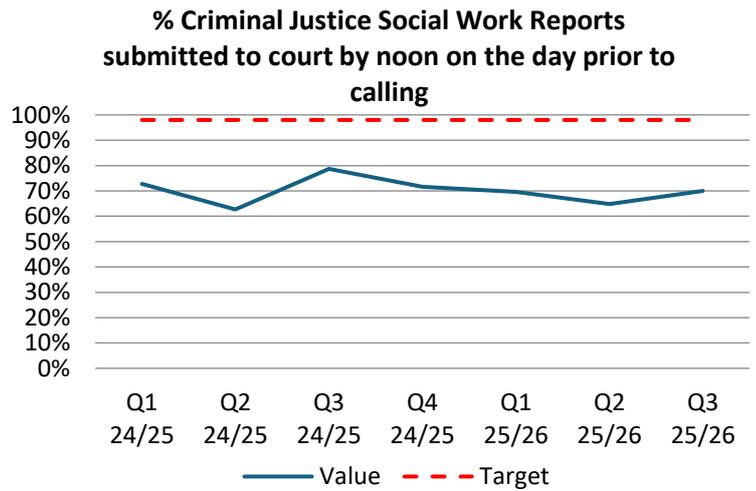
We now have another support worker who is able to undertake compliance visits and some additional administrative support to allow more visits to be undertaken.

Performance Area: Criminal Justice Social Work

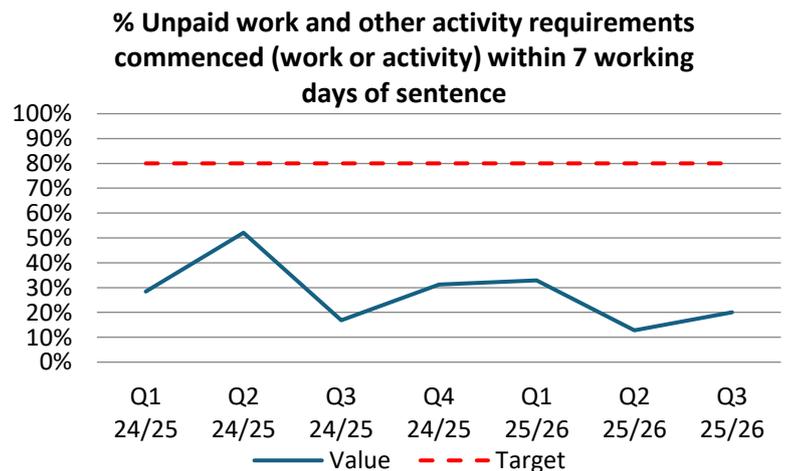
Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
34	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	70%	98%	N			64.8%	78.7%	

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 2024/25	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
36	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	20%	80%	N			12.8%	16.9%	

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%
Q2 25/26	64.8%	98%
Q3 25/26	70.0%	98%



Quarter	Value	Target
Q1 24/25	28.4%	80%
Q2 24/25	52.1%	80%
Q3 24/25	16.9%	80%
Q4 24/25	31.3%	80%
Q1 25/26	32.9%	80%
Q2 25/26	12.8%	80%
Q3 25/26	20.0%	80%



Key Points:

In Quarter 3 there were 207 requests for Justice Social Work Reports to Courts between October and December 2025. There has been a 26.3% decrease of requests compared to the previous Quarter 2

2025/26 with 281 Requests. Figures indicate an average of 70% 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.

Service users attending work placements within 7 days has increased from 12.8% in Quarter 2 to 20% in Quarter 3 2025/26. This is reflective, during Quarter 3, of our ability to allocate orders within timescales, which in turn supports service users to commence placements.

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:

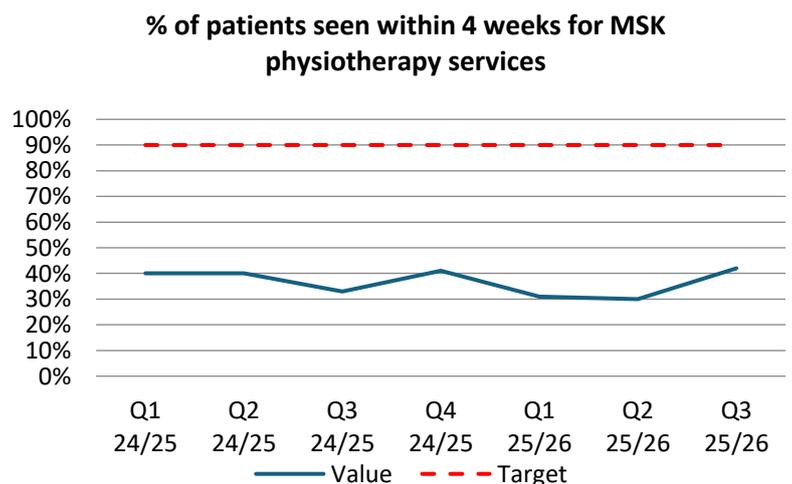
We require further investment in main grade qualified social worker posts to support the demands placed on the service by additional domestic abuse assessments for Caledonian work and to negate the impact of long-term absence on our ability to meet key performance indicators.

We have an agency worker commenced with the service, with recruitment currently ongoing for a fixed term social work post to March 2027. This has been agreed to alleviate the increased demands on our staff. While this is only a short-term solution, it is required to meet the immediate needs of the service.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q3 2025/26					Q2 2025/26	Q3 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	42%	90%	N			30%	33%	

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%
Q2 25/26	30%	90%
Q3 25/26	42%	90%



Key Points:

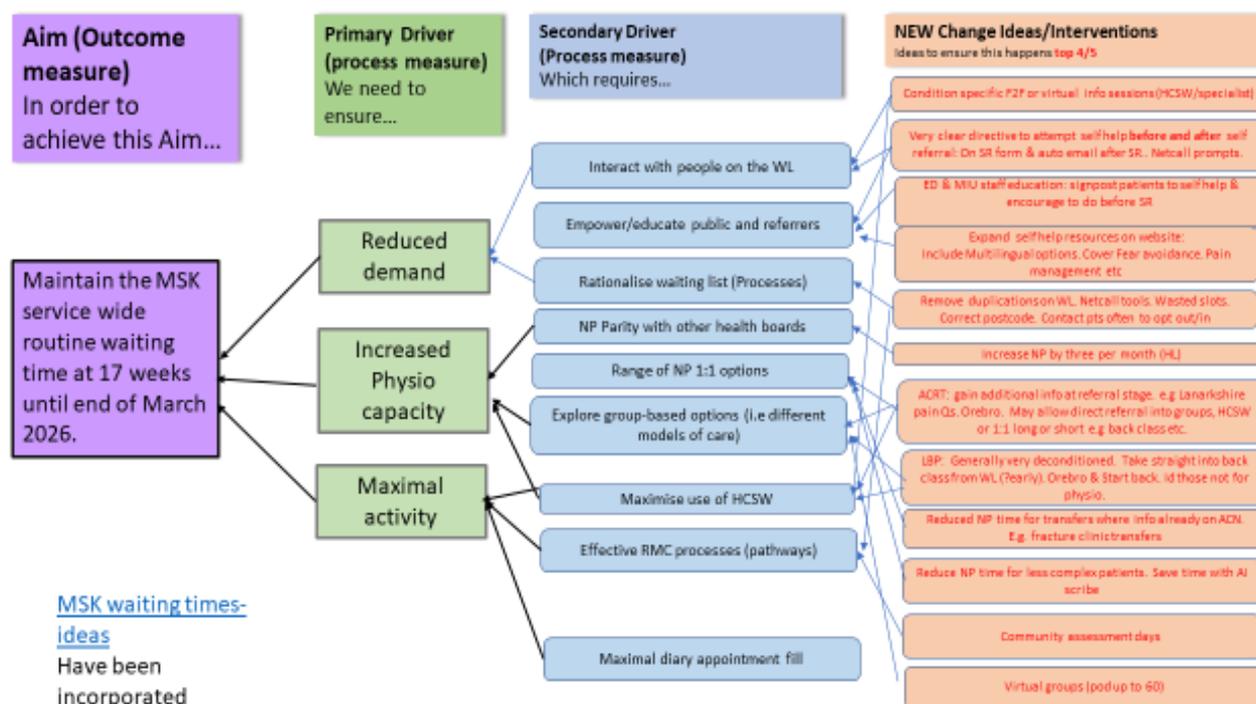
Demand for MSK service continues to rise and has risen 20% across NHS Greater Glasgow and Clyde over the last 2 years but has started to stabilise in 2025/26. Workforce has not increased over the last 2 years to meet rising demand due to financial constraints and therefore demand continues to exceed capacity.

In Q1 and Q2 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 Q1 and throughout Q2 the service reached tipping point where urgent patients could not all be accommodated within the 4 weeks.

Improvement Actions:

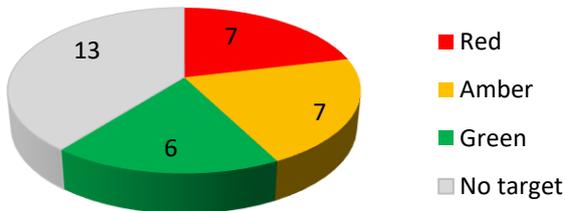
The service took steps to remedy this and the improvement was realised at the end of Q3. The service continues to do a lot of background work with Referral Management colleagues to ensure that urgent patients are prioritised with no clinical detriment.

All referrals categorised as urgent are seen within the 4 week target. The number of patients waiting on a routine appointment has decreased within Q3 due to all of the ongoing efficiency work having a focus on those patients who wait longest.

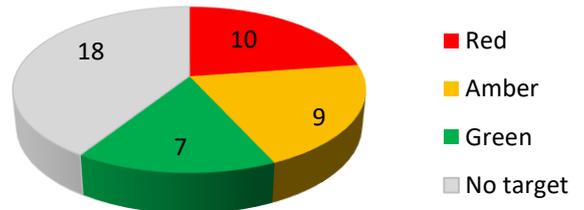


Summary of Strategic Plan Key Performance Indicators

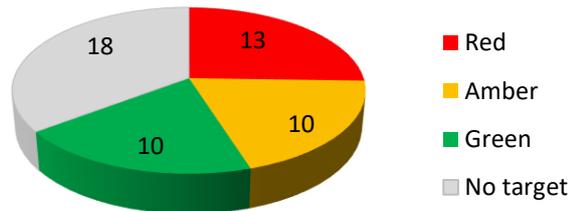
Quarter 3: October to December 2025
(Partial Data)



Quarter 2: July to September 2025
(Partial Data)



Quarter 1: April to June 2025 (Full Data)* 1 PI paused



West Dunbartonshire Health and Social Care Partnership Complaints Reporting: Quarter 3 October – December 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 October to December 2025 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

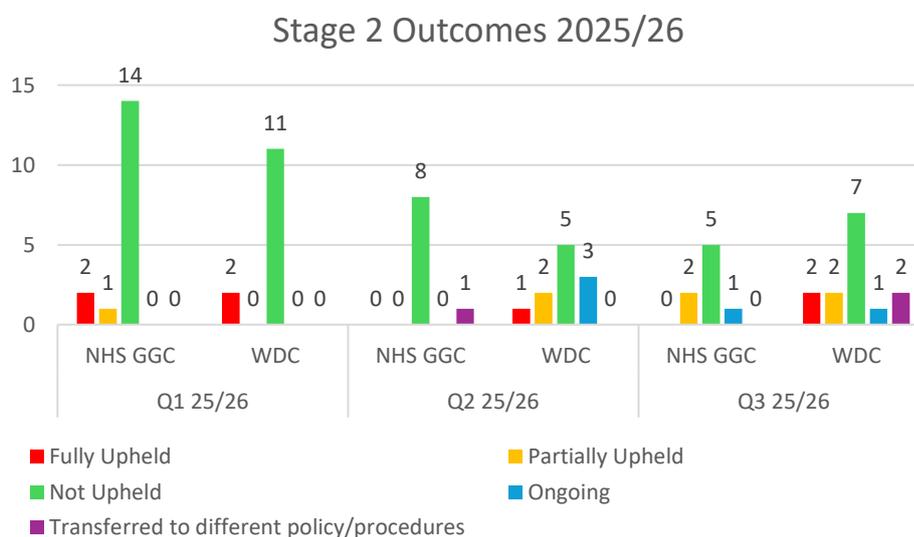
Service Area	Lessons Learned/Actions Taken
Children and Families	<ul style="list-style-type: none"> • Communication with families regarding letterbox contact to be reviewed to ensure that this is done in a timely manner.
Community Health & Care Social Work	<ul style="list-style-type: none"> • Communication, internal process review for respite provision, timely allocation and reduction in social care packages of support. • There has been work done with the teams to ensure effective communication and relationship-based practice is key to their service delivery. • We have been reviewing and screening more efficiently the activity within the single point of access duty system to ensure that there is not unnecessary delay in responding to needs. • The delay in timely re-allocation of respite services has an immediate resolution in that we will allow roll-on of respite until annual review can be completed to minimise unnecessary stress for carers, once reviewed the "rolled over" provision will be deducted from the new allocation.
MSK	<ul style="list-style-type: none"> • Transferred to different Physiotherapist

SPSO Indicator	Measure	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	73	83	67	56	56	82	66
	Number of complaints direct to Stage 2	27	10	17	26	30	19	22
	Total number of complaints	100	93	84	82	86	101	88
3	% closed within timescale - Stage 1	Not available*						
	% closed within timescale - direct to Stage 2	55%	40%	65%	68%	80%	74%	50%
	% closed within timescale - escalated to Stage 2	N/A	50%	N/A	N/A	N/A	100%	N/A
4	Average response time - Stage 1	Not available*						
	Average response time - direct to Stage 2	23	21	17	22	17	17	19
	Average response time - escalated to Stage 2	N/A	31	N/A	N/A	N/A	20	N/A

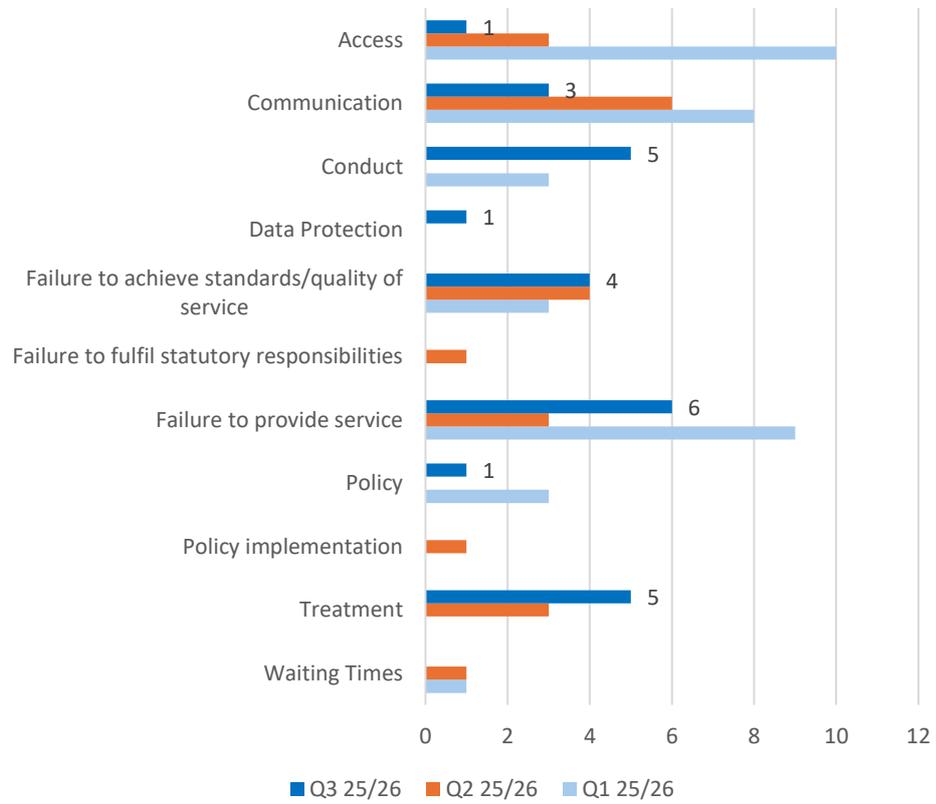
*The accurate recording of Stage 1 complaints, their outcomes and timescales across both West Dunbartonshire Council and NHS Greater Glasgow and Clyde systems is still in development stages.

Indicator 5: Outcomes of Complaints

Stage 2 Outcomes Q3 2025/26	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld	0	2	9%
Partially Upheld	2	2	18%
Not Upheld	5	7	55%
Ongoing	1	1	9%
Transferred to different policy/procedure	0	2	9%
Total	8	14	100%



Themes of Stage 2 Complaints 2025/26



Complaints may cover more than one theme.