

West Dunbartonshire Health and Social Care Partnership **Performance Report 2026/27: Quarter 1 April to June 2026**

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, which has been extended to March 2027.

Unscheduled Care targets for emergency hospital admissions, unplanned bed days and A&E attendances are currently being considered as part of the Transforming Together Agenda. Due to the validation and timing of Public Health Scotland data, no Quarter 1 figures are yet available for these measures.

All other local targets have been reviewed for 2026/27.

Key Highlights/Challenges

- A projected year-end overspend of £0.664m, or 0.30%, against the revised annual revenue budget of £224.817m.
- 91.1% of looked after children being looked after in the community.
- 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.
- All children on the Child Protection Register have a completed and current risk assessment.
- Psychological Therapies successfully recruited to a 1.0 WTE Band 7 12-month fixed term post, starting at the end of August 2026.
- Significant challenges in relation to delayed discharge. Additional senior management resource has been deployed for a three-month period to review pathways, processes and workload management.
- An intermediate discharge team model implemented at the Vale of Leven Hospital, involving Social Work and Allied Health Professional participation in ward rounds.
- Criminal Justice Social Work recruited two fixed term qualified social worker posts until March 2027.
- Improvement in MSK Physiotherapy maximum wait for the service has decreased by two weeks within Quarter 1.
- £1.2 million in funding to address waiting times across Greater Glasgow and Clyde for MSK Physiotherapy over the next 2 years. As a result, 8 additional posts are currently out to advertisement to increase service capacity.
- A sustained reduction in NHS absence over the previous three quarters and an improvement in Council absence this quarter.

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	
	Alert
	Warning
	OK
	Unknown
	Data Only

Target Type	
N	National Target
L	Local Target
M	Monitoring only – no target set

Short Term Trends	
	Improving*
	No Change
	Getting Worse*

*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 2026/27					Q4 2025/26	Q1 2025/26	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	92.7%	95%	L			96.6%	97.4%	
2	Percentage of carers who feel willing to continue in their caring role when asked through their Adult Carer Support Plan	96.4%	95%	L			100%	98.7%	
3	Number of Adult Carer Support Plans completed	55	N/A	M			58	77	
4	Balance of Care for looked after children: % of children being looked after in the Community	91.1%	90%	N			90.5%	89.3%	
5	Number of Looked After Children	448	N/A	M			432	484	
6	Number of Looked After children looked after in a residential setting	40	N/A	M			41	52	
7	Number of Looked After children looked after at home with parents	91	N/A	M			76	86	
8	Number of Looked After children looked after by foster carers	107	N/A	M			105	120	
9	Number of Looked After children looked after in other community settings (includes kinship, friends/relatives, placed for adoption, supported accommodation and other community settings)	210	N/A	M			210	226	

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	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	5	18	L			5	4	
12	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	58.5%	90%	N			51.9%	48.5%	
13	Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Published September	90%	N	Not yet available	Not yet available	90.6%	98.4%	

Safe and Thriving Communities

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	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 from IRD meeting	11%	95%	N		N/A	Was paused – Now being reported from IRD meeting date		
16	Number of Child Protection investigations	102	N/A	M			84	86	
17	Number of children on the Child Protection Register at end of reporting period	50	N/A	M			45	69	
18	Number of children referred in total to the Scottish Children's Reporter Administration (SCRA) on non-offence (care and protection) ground	106	N/A	M			153	180	
19	Number of children referred in total to the Scottish Children's Reporter Administration (SCRA) on offence grounds	23	N/A	M			21	32	
20	Percentage of Adult Support and Protection clients who have current risk assessments and care plan/protection plan	54%	100%	N			88.5%	64.3%	
21	Number of delayed discharges over 3 days (72 hours) non-complex cases	50	0	N			30	22	
22	Number of acute bed days lost to delayed discharge 18+ All reasons	4,702	3,420	L			4,746	3,512	

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
23	Number of acute bed days lost to delayed discharge 18+ Complex Codes	1,223	1,422	L	✅	⬆️	1,509	1,303	
24	Number of acute bed days lost to delayed discharges 65+ All reasons	3,524	2,694	L	❌	⬇️	3,439	2,927	
25	Number of acute bed days lost to delayed discharge 65+ Complex Codes	679	1,049	L	✅	⬆️	1,030	929	
26	Number of people receiving Telecare/Community Alarm service - All ages	1,845	N/A	M	📈	⬇️	1,858	1,818	
27	Number of people receiving homecare - All ages	1,159	N/A	M	📈	⬇️	1,189	1,116	
28	Number of weekly hours of homecare - All ages	9,847	N/A	M	📈	⬆️	8,798	7,242	

Equal Communities

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
29	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	68.9%	98%	N	❌	⬆️	65%	69.6%	
30	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67%	80%	N	❌	⬇️	68.4%	67.7%	
31	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	11.8%	80%	N	❌	⬇️	33.3%	32.9%	
32	Percentage of children from BME communities who are looked after that are being looked after in the community	87%	90%	L	⚠️	⬇️	88.9%	81.3%	
33	Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	100%	80%	L	✅	⬆️	66.7%	50%	
34	Percentage of people under 65 consenting to a referral for benefits maximisation at point of assessment/review	14%	N/A	M	📈	⬇️	15.7%	25.8%	
35	Percentage of people aged 65 and over consenting to a referral for benefits maximisation at point of assessment/review	21.1%	N/A	M	📈	⬆️	9.6%	9.1%	

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
36	Percentage of females consenting to a referral for benefits maximisation at point of assessment/review	13%	N/A	M			11.6%	8.5%	
37	Percentage of males consenting to a referral for benefits maximisation at point of assessment/review	27.7%	N/A	M			11.4%	17.1%	

Healthy Communities									
Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
38	Number of emergency admissions 18+	Not yet available	1,989	L	Not yet available	Not yet available	Not yet available	2,260	
39	Number of emergency admissions aged 65+	Not yet available	1,066	L	Not yet available	Not yet available	Not yet available	1,149	
40	Number of unscheduled bed days 18+	Not yet available	20,094	L	Not yet available	Not yet available	Not yet available	23,180	
41	Unscheduled acute bed days (aged 65+)	Not yet available	14,565	L	Not yet available	Not yet available	Not yet available	16,134	
42	Number of Attendances at Accident and Emergency 18+	Not yet available	5,005	L	Not yet available	Not yet available	5,685	6,295	
43	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	38%	90%	N			37%	31%	
44	Prescribing cost per weighted patient (Annualised)	Not yet available	£199.38	N	Not yet available	Not yet available	£180.33	£179.35	
45	Compliance with Formulary Preferred List	Not yet available	78%	N	Not yet available	Not yet available	74.58%	74.28%	

Financial Update

The HSCP Board considered the 2026/27 Financial Performance Period 3 Report at its meeting on 18 August 2026. The report provided an update on the financial position to 30 June 2026 and an early projection to 31 March 2027, based on activity and financial performance during the first quarter of the year.

At Period 3, the year-to-date position is a small underspend of £0.118m, representing 0.23% of the budget for the first three months. However, the latest forecast projects a year-end overspend of £0.664m, or 0.30%, against the revised annual revenue budget of £224.817m. This is an early forecast and will continue to be refined as further activity and expenditure data becomes available.

Key Financial Risks

- Care at Home demand, capacity and commissioned care costs.
- Emerging General Medical Services cost pressures.
- Delivery of the 2026/27 savings programme.
- Potential reliance on unearmarked reserves to support the year-end position.
- Medium-term financial sustainability and projected funding gaps.

The main pressures continue to be in Adult and Older People services, particularly Care at Home and externally commissioned non-residential care packages. These pressures are linked and reflect demand across the wider older people care pathway, where capacity within HSCP delivered services, complexity of need and reliance on external provision all influence both performance and cost. Recent recruitment and full implementation of Care at Home work patterns are expected to improve internal capacity and reduce reliance on agency staffing, overtime and external commissioning as the year progresses, although this remains a key assumption within the forecast position.

There is also an emerging financial risk within General Medical Services. Early forecasts indicate a potential overspend across NHS Greater Glasgow and Clyde, with West Dunbartonshire HSCP's share currently estimated at around £0.250m. This is mainly linked to superannuation, locum and premises-related costs, and remains subject to ongoing discussion with the Health Board and Scottish Government.

Delivery of the 2026/27 savings programme remains critical. Savings totaling £5.080m are being monitored, with around 41% assessed as achieved or on track at this stage. The remaining savings require further action and will continue to be monitored by the Senior Management Team.

The forecast overspend remains subject to ongoing management action across all service areas. Maintaining financial balance through expenditure control, delivery of planned savings and active management of demand pressures remains a collective responsibility across the HSCP. Should the forecast overspend materialise, a drawdown from unearmarked reserves would be required.

The continued use of reserves to support recurring expenditure reduces financial resilience and reinforces the need to deliver sustainable recurring savings and address the underlying drivers of demand and cost growth.

Looking ahead, the 2027/28 budget setting process will commence shortly. Current modelling indicates medium-range budget gaps of £10.4m in 2027/28 and £14.3m in 2028/29 if current demand and cost pressures continue. A refreshed budget gap analysis and updated medium-term financial outlook will be reported to the HSCP Board as the budget development process progresses.

Absence

NHS Absence – Quarterly Cumulative Position

- Quarter 3 (Oct-Dec): 8.03%
- Quarter 4 (Jan-Mar): 6.82%
- Quarter 1 (Apr-Jun): 6.18%

Trend Analysis – NHS

NHS absence has shown a sustained improvement over the last three quarters. Following a peak of 8.03% in Quarter 3, absence reduced to 6.82% in Quarter 4 and further improved to 6.18% in Quarter 1. This represents an overall reduction of 1.85 percentage points across the period.

The downward trend suggests that the significant winter pressures experienced during Quarter 3 have eased, with absence levels continuing to stabilise into the new financial year. If Quarter 1 levels were sustained across a full year, the annualised absence rate would be 6.18%.

Council Absence – Quarterly Cumulative Position

- Quarter 3 (Oct-Dec): 10.64%
- Quarter 4 (Jan-Mar): 11.84%
- Quarter 1 (Apr-Jun): 9.77%

Trend Analysis – Council

Council absence remained at a high level throughout the period, increasing from 10.64% in Quarter 3 to 11.84% in Quarter 4 before reducing significantly to 9.77% in Quarter 1. The Quarter 1 figure represents an improvement of 2.07 percentage points compared with Quarter 4 and an overall reduction of 0.87 percentage points compared with Quarter 3.

While the recent decrease is encouraging, absence levels remain elevated and continue to present workforce capacity challenges. If Quarter 1 levels were sustained across a full year, the annualised absence rate would be 9.77%.

Overall Position

The most recent quarter demonstrates improving absence trends across both NHS and Council workforces. NHS absence has reduced steadily over the three-quarter period, falling from 8.03% in Quarter 3 to 6.18% in Quarter 1. Council absence increased during Quarter 4 before reducing to 9.77% in Quarter 1, representing its lowest position across the reporting period.

While absence levels and patterns differ across the two workforces, both services have shown improvement in the most recent quarter. Attendance performance remains a key priority, with continued focus on supporting employee wellbeing, attendance management and workforce resilience.

Conclusion

The cumulative quarterly analysis demonstrates:

- A sustained reduction in NHS absence over the three-quarter period.
- An improvement in Council absence in Quarter 1 following an increase in Quarter 4.
- Positive attendance trends across both workforces in the most recent quarter.
- The continuing importance of targeted attendance support and wellbeing interventions to maintain workforce resilience and service continuity.

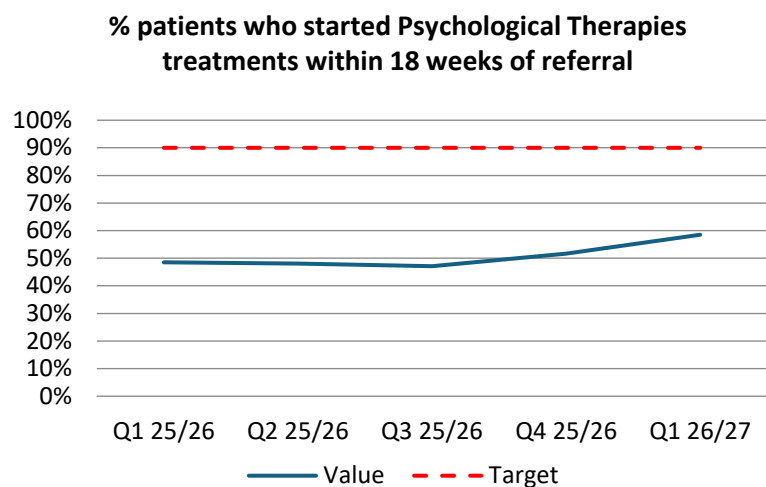
Absence performance will continue to be monitored, with further analysis undertaken to understand contributory factors and support ongoing improvement activity.

West Dunbartonshire Health and Social Care Partnership Exceptions Reporting: Quarter 1 April to June 2026

Performance Area: Psychological Therapies

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	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	58.5%	90%	N			51.9%	48.5%	

Quarter	Value	Target
Q1 25/26	48.5%	90%
Q2 25/26	48.1%	90%
Q3 25/26	47.1%	90%
Q4 25/26	51.9%	90%
Q1 26/27	58.5%	90%



Key Points:

83 of the 142 people who started psychological therapies between April to June 2026 did so within 18 weeks of referral.

Clients on the waiting list may be awaiting specific treatments such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), Eye Movement Desensitisation and Reprocessing Therapy (EMDR) and Interpersonal Psychotherapy (IPT). These require specialist-trained clinicians, which contributes to longer wait times.

Some client preferences are also accommodated, e.g. gender of clinician and in some cases where appropriate, mode of delivery: face-to-face or remote sessions.

No assessment input from Wellbeing Nurses at present.

Improvement Actions:

Successfully recruited to the 1.0 WTE Band 7 12- month fixed term post (starting at the end of August 2026).

Unable to recruit to the 0.5 WTE Band 7 12- month fixed term post. Options being discussed with Integrated Operations Manager around how to use these funds most appropriately.

Performance Area: Child Protection

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
15	Percentage of child protection investigations to case conference within 28 days from IRD meeting	11%	95%	N		N/A	Was paused – Now being reported from IRD meeting date		

Key Points:

This indicator has been paused since April 2024 due to the implementation of new paperwork which complicated the process of identifying where an investigation should be proceeding to case conference and the associated timescales.

As of April 2026, we will measure the 28 days from the point of the Inter-Agency Referral Discussion (IRD) meeting pending improved recording processes.

3 of the 28 children proceeding to case conference were conferenced within 28 days of the IRD meeting. Annual leave of key people, including parents and social workers, have impacted on availability and conference timescales.

Improvement Actions:

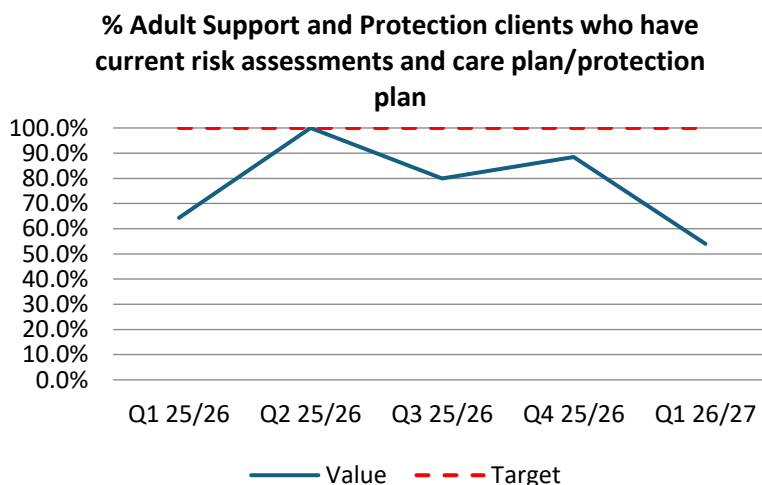
A project has been initiated to improve Child Protection processes and timescales, beginning with process mapping to identify pinch points.

Team Leaders will now no longer chair their own team's Child Protection Planning Meetings, so increasing the pool of chairs and to reduce the likelihood on no chair availability.

Performance Area: Adult Support and Protection

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	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	54%	100%	N			88.5%	64.3%	

Quarter	Value	Target
Q1 25/26	64.3%	100%
Q2 25/26	100.0%	100%
Q3 25/26	80.0%	100%
Q4 25/26	88.5%	100%
Q1 26/27	54.0%	100%



Key Points:

All relevant paperwork was in place for 7 of the 13 Adult Support and Protection clients with a case conference in Quarter 1.

Annual leave during the summer period and staff absence may have impacted on meeting timescales for paperwork completion.

Improvement Actions:

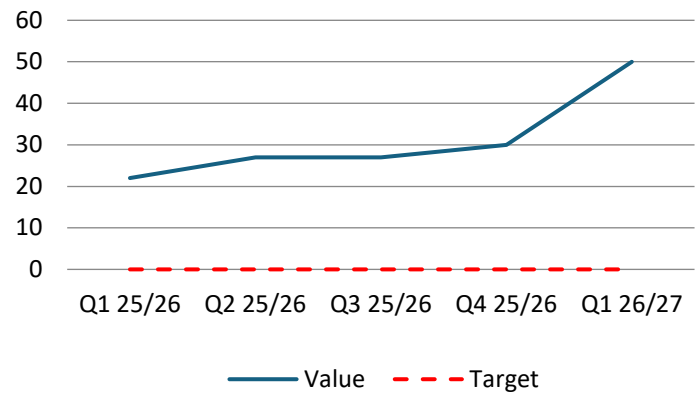
We continue to identify gaps in recording with prompts sent out to service areas.

Performance Area: Delayed Discharge

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	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	50	0	N	🛑	⬇️	30	22	
22	Number of acute bed days lost to delayed discharge 18+ All reasons	4,702	3,420	L	🛑	⬆️	4,746	3,512	
24	Number of acute bed days lost to delayed discharges 65+ All reasons	3,524	2,694	L	🛑	⬇️	3,439	2,927	

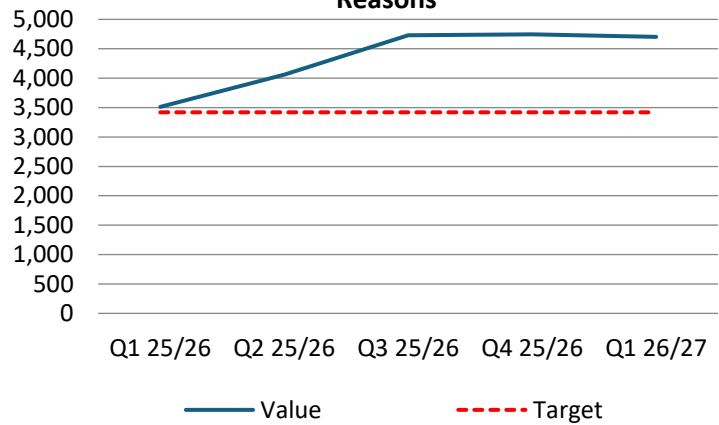
Quarter	Value	Target
Q1 25/26	22	0
Q2 25/26	27	0
Q3 25/26	27	0
Q4 25/26	30	0
Q1 26/27	50	0

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



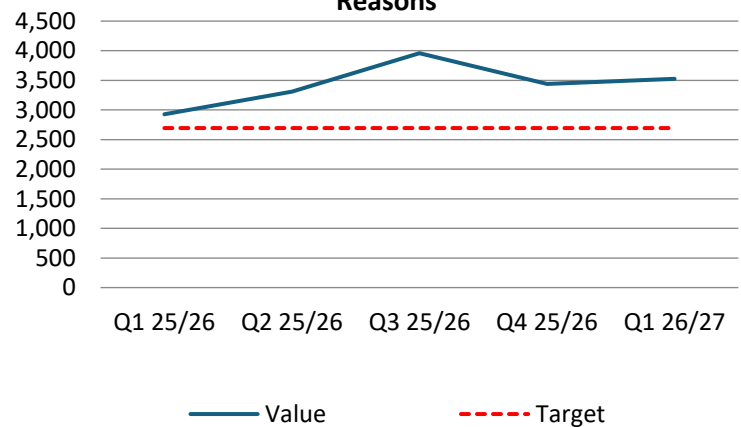
Quarter	Value	Target
Q1 25/26	3512	3420
Q2 25/26	4061	3420
Q3 25/26	4730	3420
Q4 25/26	4746	3420
Q1 26/27	4702	3420

Bed Days Lost to Delayed Discharge 18+ All Reasons



Quarter	Value	Target
Q1 25/26	2927	2694
Q2 25/26	3307	2694
Q3 25/26	3958	2694
Q4 25/26	3439	2694
Q1 26/27	3524	2694

Bed Days Lost to Delayed Discharge 65+ All Reasons



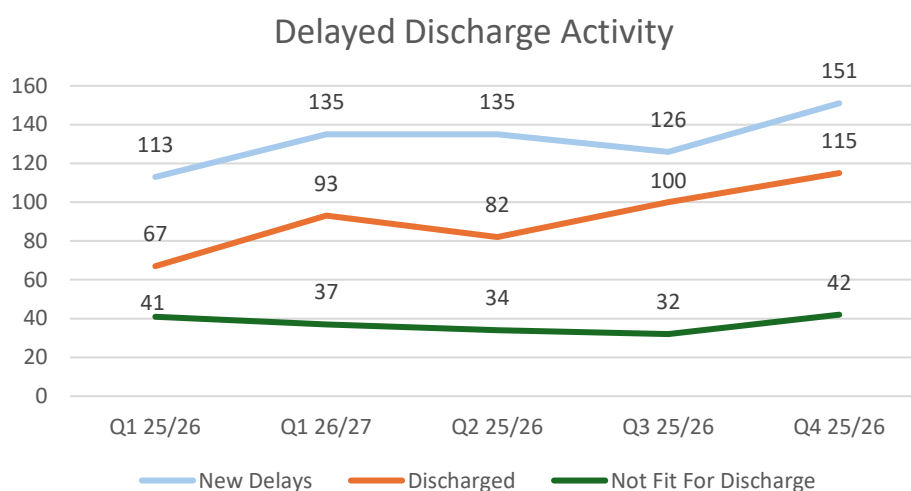
Key Points:

The Scottish Government's aspirational target is that no one should experience a delay in discharge from hospital of more than 3 days where the reason for the delay is standard and not complex e.g. relating to Adults with Incapacity legislation. At 30th June 2026, the number of people with a standard delay of more than 3 days was 50, the highest recorded at a quarter end. This census point figure is an accurate reflection of delay levels during the quarter as the average number of daily delays was 52, compared with 39 in Quarter 1 2025/26.

While bed days for delays due to any reason have continued to exceed our local targets, by 37% for all adults 18 and over, bed days for complex cases have seen a reduction and are below target for the first time since Quarter 1 2025/26.

	Q1 26/27	Target	% Below Target
Bed days lost to complex delays 18+	1223	1422	14.0%
Bed days lost to complex delays 65+	679	1049	35.3%

The majority of the increase in delays therefore are standard delays, which are shorter in duration, but are exceeding the 3 day timescale in many cases. As at 30th June 2026, the average length of standard delay was 18 days. The chart below demonstrates levels of activity and the throughput of delays.

**Improvement Actions:**

Additional senior management resource has been deployed for a three-month period to review pathways, processes and workload management. Identified improvement actions will be supported by implementation plans, impact measures and regular performance reporting to the Head of Service.

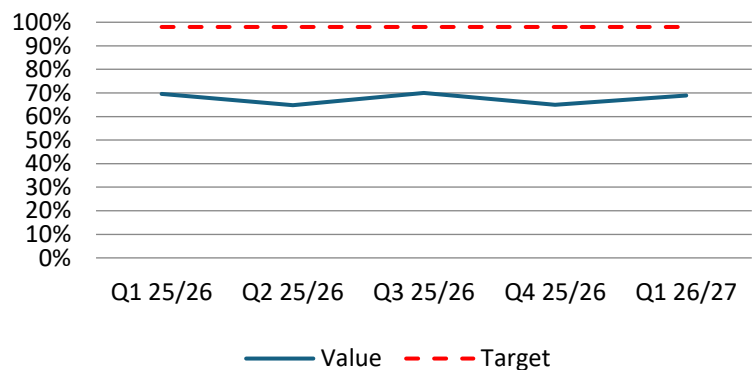
An intermediate discharge team model has also been implemented at the Vale of Leven Hospital, involving Social Work and Allied Health Professional participation in ward rounds. The impact of this model is being monitored through the Whole System Division.

Performance Area: Criminal Justice Social Work

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
31	Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	68.9%	98%	N			65%	69.6%	
32	Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	67%	80%	N			68.4%	67.7%	
33	Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	11.8%	80%	N			33.3%	32.9%	

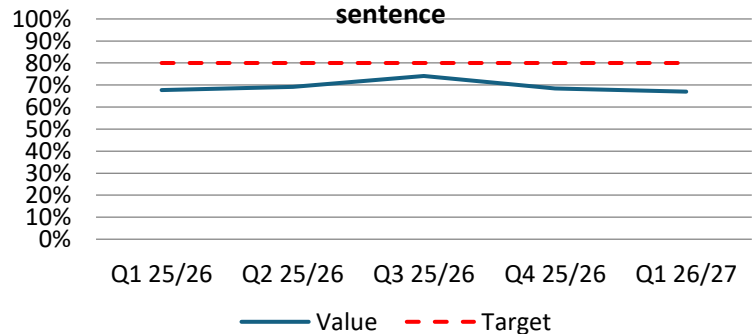
Quarter	Value	Target
Q1 25/26	69.6%	98%
Q2 25/26	64.8%	98%
Q3 25/26	70.0%	98%
Q4 25/26	65.0%	98%
Q1 26/27	68.9%	98%

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

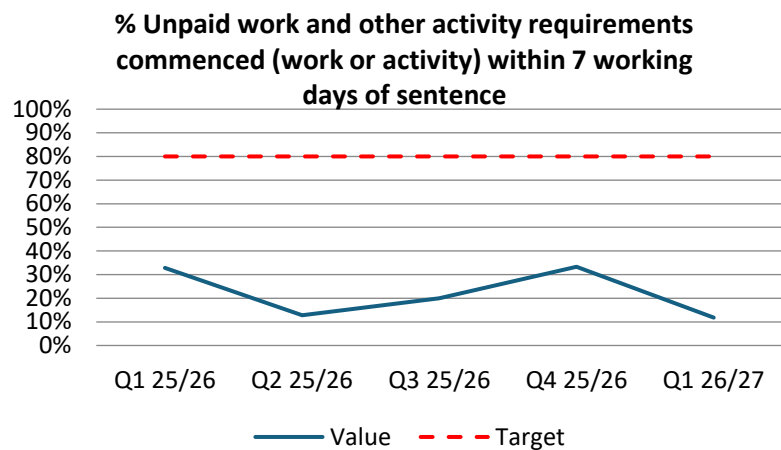


Quarter	Value	Target
Q1 25/26	67.7%	80%
Q2 25/26	69.2%	80%
Q3 25/26	74.1%	80%
Q4 25/26	68.4%	80%
Q1 26/27	67.0%	80%

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



Quarter	Value	Target
Q1 25/26	32.9%	80%
Q2 25/26	12.8%	80%
Q3 25/26	20.0%	80%
Q4 25/26	33.3%	80%
Q4 26/27	11.8%	80%



Key Points:

In Quarter 1 there were 235 requests for Justice Social Work Reports to Courts between April and June 2026. There has been an 8.6% decrease of requests compared to the previous Quarter 4 2025/26 with 257 Requests. 68.9% 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 an induction session within 5 working days of sentence has decreased slightly from 68.4% in Quarter 4 to 67% during April to June 2026.

Service users attending work placements within 7 days has decreased from 33.3% in Quarter 4 2025/26 to 11.8% in Quarter 1 2026/27. Two full time vacancies which are in the process of being recruited to have been a contributing factor. It is hoped these vacancies will be filled and that a marked improvement will be seen once the successful applicants are in post.

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:

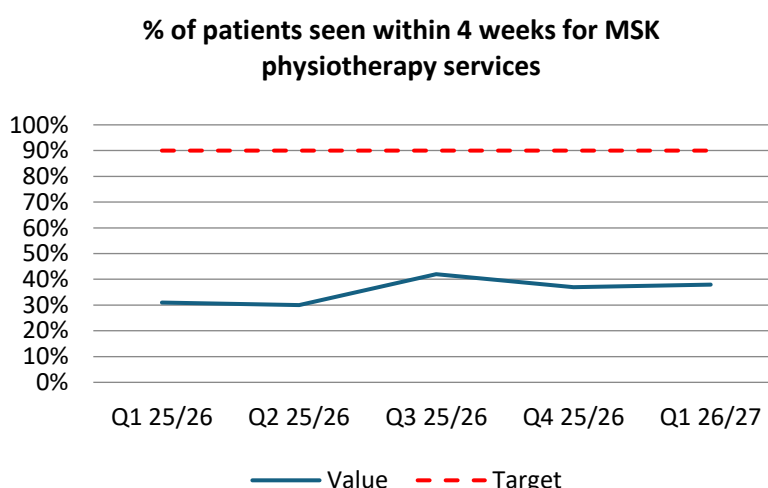
We have recruited two fixed term qualified social worker posts to March 2027, however investment is needed on a permanent basis to sustain improvements within the service.

We require to provide additional capacity within the unpaid work service to support meeting national standards within this area. Budgetary constraints remain a pivotal consideration in our inability to recruit to additional posts.

Performance Area: MSK Physiotherapy

Ref	Performance Indicator	Q1 2026/27					Q4 2025/26	Q1 2025/26	Trend over 8 Qtrs
		Value	Target	Target Type	Status	Short Trend	Value	Value	
47	Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	38%	90%	N			37%	31%	

Quarter	Value	Target
Q1 25/26	31%	90%
Q2 25/26	30%	90%
Q3 25/26	42%	90%
Q4 25/26	37%	90%
Q1 26/27	38%	90%



Key Points

Demand for MSK service provision has risen 20% over the last 3 years, but was relatively static in 2025/26. Demand has risen across Quarter 1 2026/27 and continues to be significantly above service capacity.

All referrals categorised as urgent are seen within the 4 week target. The number of patients waiting on a routine appointment has increased slightly within Quarter 1. This is due to higher than normal turnover and vacancy levels during April to June and, despite promptly getting posts to advert, the recruitment process is taking some time.

There was also increased sickness absence within May which resulted in caseloads having to be absorbed and impacted on June waiting times.

Improvement Actions

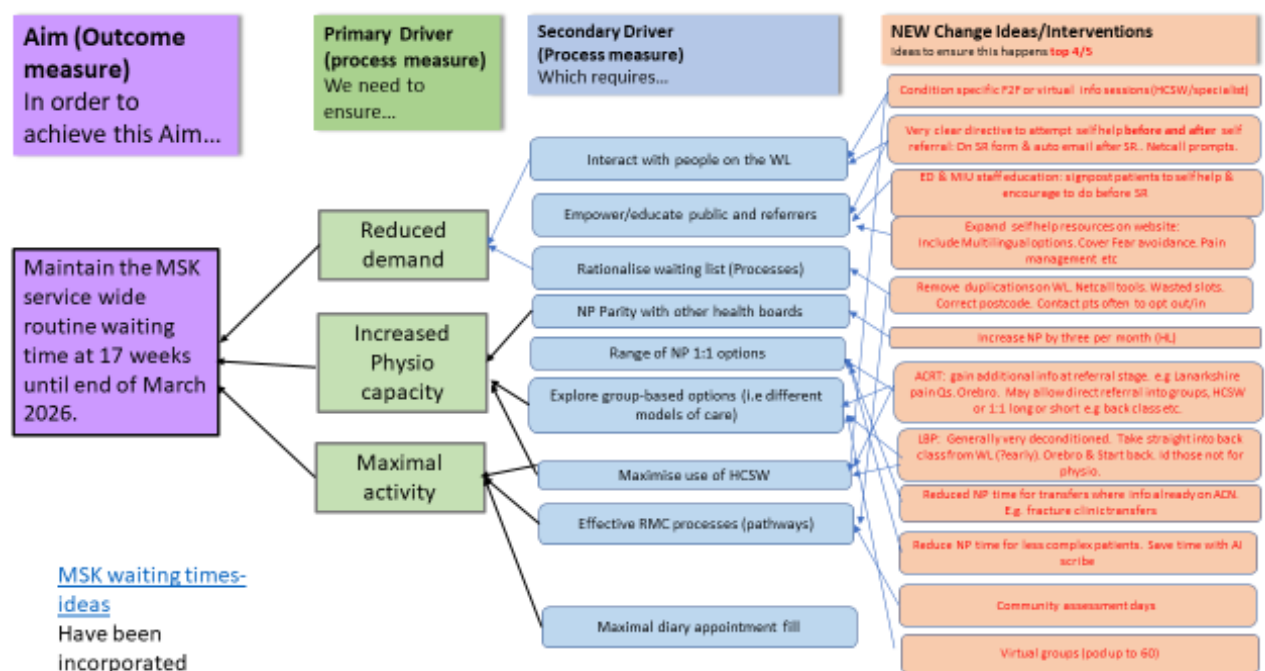
The service recently received £1.2 million in funding to address waiting times across Greater Glasgow and Clyde over the next 2 years. As a result there are 8 additional posts currently out to advertisement to increase service capacity. The service will also plan for any required service change to support waiting times work.

Waiting times remain a priority project within the service and the 20% increase in demand over the last 3 years has meant that some of the impact of the waiting times improvement work to increase capacity has only served to stabilise the increasing trend in routine waiting times.

The maximum wait for the service has decreased by two weeks within Quarter 1, which is positive given the level of demand and staff turnover.

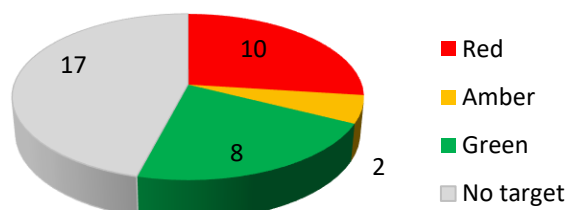
The driver diagram below illustrates the ongoing tests of change within the service and will be updated for 2026/27. The focus is on routine waiting times, as until the routine waits come closer to the 4-week target, the percentage seen within the 4-week target will be relatively unchanged.

The updated aim statement is being worked on by the service to reflect current levels of demand and future staffing.



Summary of Strategic Plan Key Performance Indicators

Quarter 1: April to June 2026 (Partial Data)



West Dunbartonshire Health and Social Care Partnership

Complaints Reporting: Quarter 1 April to June 2026

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 2026 the following learning points or actions were identified through the investigation of complaints received by the HSCP.

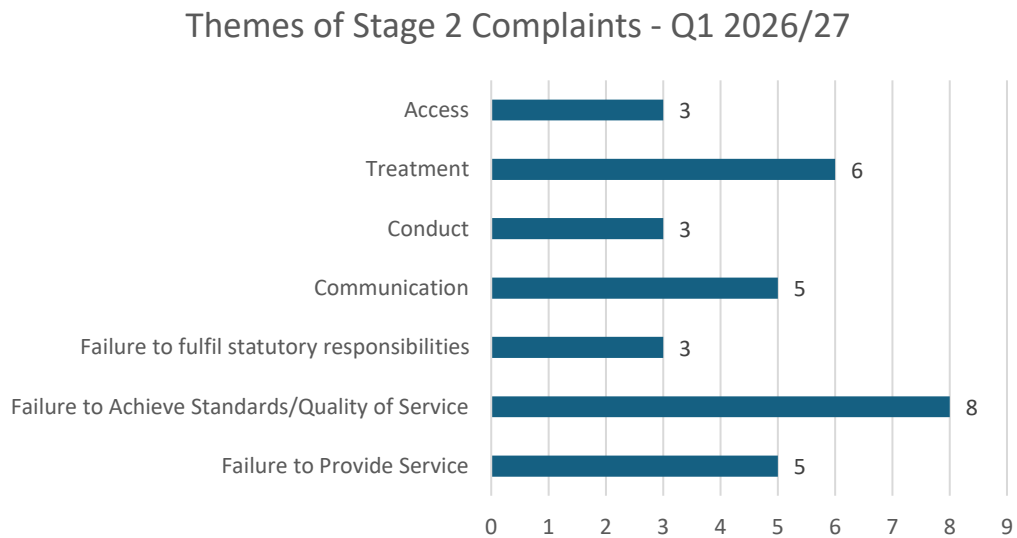
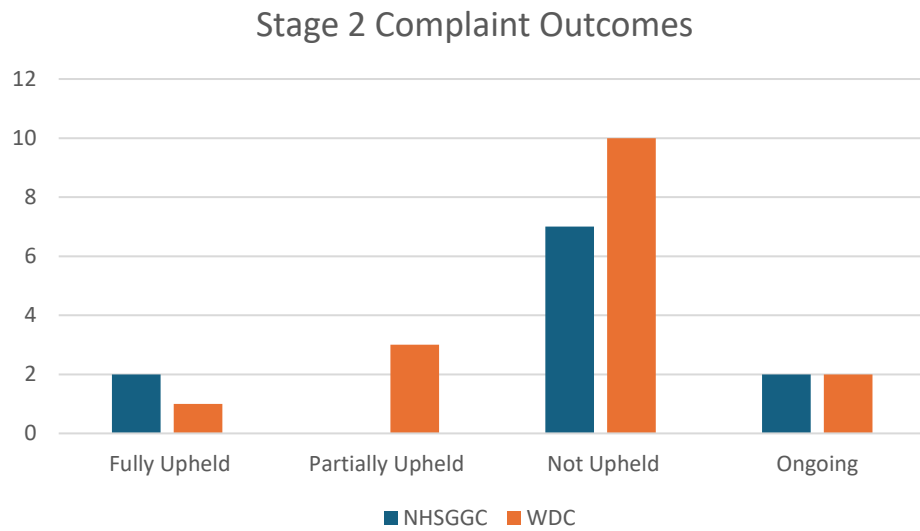
Service Area	Lessons Learned/Actions Taken
Residential Care	All staff have been reminded of the importance of checking emails daily and ensuring that any respite admissions are promptly and accurately recorded in the service diary. A monthly respite plan will now be provided to the service by the Respite Co-ordinator. This will introduce a more robust and reliable system for managing respite admissions. Staff have been reminded of the importance of ensuring foot plates remain on the correct wheelchair and this will be part of quality assurance audit processes.
District Nursing	Recommendations were made to enhance safe practice when reviewing vaccination records. To strengthen our local processes, contact arrangements for patients who require vaccination in their own homes are being reviewed.

SPSO Indicator	Measure	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Q1 26/27
2	Number of Stage 1 complaints (whether escalated to Stage 2 or not)	56	82	66	100	78
	Number of complaints direct to Stage 2	30	20	22	26	27
	Total number of complaints	86	101	88	126	105
3	% closed within timescale - Stage 1	Not Available*				
	% closed within timescale - direct to Stage 2	80%	74%	50%	31%	56%
	% closed within timescale - escalated to Stage 2	N/A	100%	N/A	N/A	N/A
4	Average response time - Stage 1	Not Available*				
	Average response time - direct to Stage 2	17	17	19	23	19
	Average response time - escalated to Stage 2	N/A	20	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 still in development stages.

Indicator 5: Outcomes of Complaints – Stage 2

Outcome	Model Complaints Handling Procedure		% of total
	NHSGGC	WDC	
Fully Upheld	2	1	11%
Partially Upheld	0	3	11%
Not Upheld	7	10	63%
Ongoing	2	2	15%
Total	11	16	27



Complaints may cover more than one theme.