



Western Health  
and Social Care Trust

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# PERFORMANCE REPORT JULY – SEPTEMBER 2023

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Trust Board – 2nd November 2023

## Context

This report provides an update for Hospital and Community Services on progress at the end of 2023/24 Quarter 2 (July to September 23). Information is provided on the Trust's performance against:

- Targets set out in the 2023/24 HSC Service Delivery Plan (SDP); and
- Access targets within the Ministerial standards, as set out in the last Commissioning Plan Direction (CPD).

The 2023/24 SDP (final version 4) was issued on 8<sup>th</sup> September 2023 and includes the agreed target for Unallocated Cases. The service are expected to achieve a 10% reduction of the June 23 baseline by March 24; this reflects a change in % target to be achieved and the baseline month, from those detailed in previous versions of the SDP. The DSF related target remains to be confirmed.

## Executive Summary

In 2023/24 Quarter 2 (July to September 23), Trust performance was reported against 65 metrics; of these 37% assessed as "Red", 22% "Amber" and 38% "Green". Unfortunately, at the time of publishing this report, we are not in receipt of the Performance and Transformation Executive Board (PTEB) report, which provides the regional comparison across the Trusts.

Service areas where the cumulative Quarter 2 (July to September 23) performance has met or exceeded baseline activity and the expected/SBA target include (RAG assessed green):

### Hospital Services

- *Cancer Services*: 14 Day Activity and Access, 31 Day Access and Red Flag 1<sup>st</sup> OP appointment
- *Imaging*: MRI, CT and Non-Obstetric ultrasound

### Community Services

- *Community Care*: Domiciliary Care Unmet Need (Full & Partial packages)
- *Children's Social Care*: Child Protection Case Conferences (15 Days and 3 months) and Unallocated Cases
- *Mental Health Services*: Psychological Therapies and CAMHS (New and Review Total)
- *District Nursing*: Contacts and Quality Indicators x 2 (Skin Bundle & PCQI)
- *Allied Health Professionals*: Dietetics, Orthoptics and Speech and Language (New and Review Total)
- *Community Dental*: Contacts (New and Review Total) and GA sessions (Total)

Service areas where the cumulative Quarter 2 (July to September 23) performance has almost met or exceeded baseline activity and the expected/SBA target include (RAG assessed amber):

### **Hospital Services**

- *Cardiac*: MRI
- *Elective Care*: Day case
- *Elective Care*: Theatre operating times (Main)
- *Elective Care*: Average Length of Stay (Altnagelvin)
- *Unscheduled Care*: ED 12 Hour Performance

### **Community Services**

- *Community Care*: Direct Payments
- *Children's Social Care*: Child Protection Case Conferences (6 months)
- *Mental Health Services*: Adult Mental Health and Dementia (New and Review Total)
- *District Nursing*: Quality Indicator x 1 (MUST)
- *Allied Health Professionals*: Physiotherapy (New and Review Total)
- *Stroke Service*: Thrombolysis (Altnagelvin)

Service areas where the cumulative Quarter 2 (July to September 23) performance has not met baseline activity and the expected/SBA target; with an under-delivery in performance of 5% or more (RAG assessed red) include:

### **Hospital Services**

- *Cancer Services*: 31 and 62 Day Activity and 62 Day Access
- *Cardiac*: CT, Echo and Cath Lab procedures
- *Elective Care*: Outpatients (New and Review), Inpatient, Endoscopy, Scheduled Theatre minutes and Theatre operating times (DPU)
- *Unscheduled Care*: Weekend Discharges (Complex and Simple: Altnagelvin and South West Acute) and Average Length of Stay (South West Acute)

### **Community Services**

- *Allied Health Professionals*: Occupational Therapy and Podiatry (New and Review Total)
- *Stroke Service*: Thrombolysis (South West Acute)

In previous PTEB reports there was an additional assessment by SPPG/PHA Lead where performance is deemed acceptable or unacceptable; that is expected to continue in future PTEB reports but is not available at the point of publishing this report.

The September 23 performance was impacted by cancellations due to industrial action across a number of service areas. Although we cannot be sure of the exact September 23 out turn, had industrial action not taken place it would have resulted in a better position for the services listed below:

- Outpatients: **92.7%** of the 2019/20 Baseline activity achieved with 745 cancellations. Inclusion of the lost appointments, the Trust would have potentially achieved **96.4%** of the 2019/20 Baseline activity.
- Inpatients: **80.1%** of the 2019/20 Baseline activity achieved with 27 cancellations. Inclusion of the lost appointments, the Trust would have potentially achieved **84.1%** of the 2019/20 Baseline activity.
- Day Case: **92.8%** of the 2019/20 Baseline activity achieved with 72 cancellations. Inclusion of the lost appointments, the Trust would have potentially achieved **96.1%** of the 2019/20 Baseline activity.
- Cardiac CT: **95.5%** of the 2019/20 Baseline activity achieved with 12 cancellations. Inclusion of the lost appointments, the Trust would have potentially achieved **122.7%** of the 2019/20 Baseline activity.
- Cath Lab Procedures: **81.8%** of the 2019/20 Baseline activity achieved with 24 cancellations. Inclusion of the lost appointments, the Trust would have potentially achieved **94.7%** of the 2019/20 Baseline activity.

A detailed assessment of the 2023/24 Quarter 2 (July to September 23) activity delivered and baseline target for each service area is provided in Section 2.

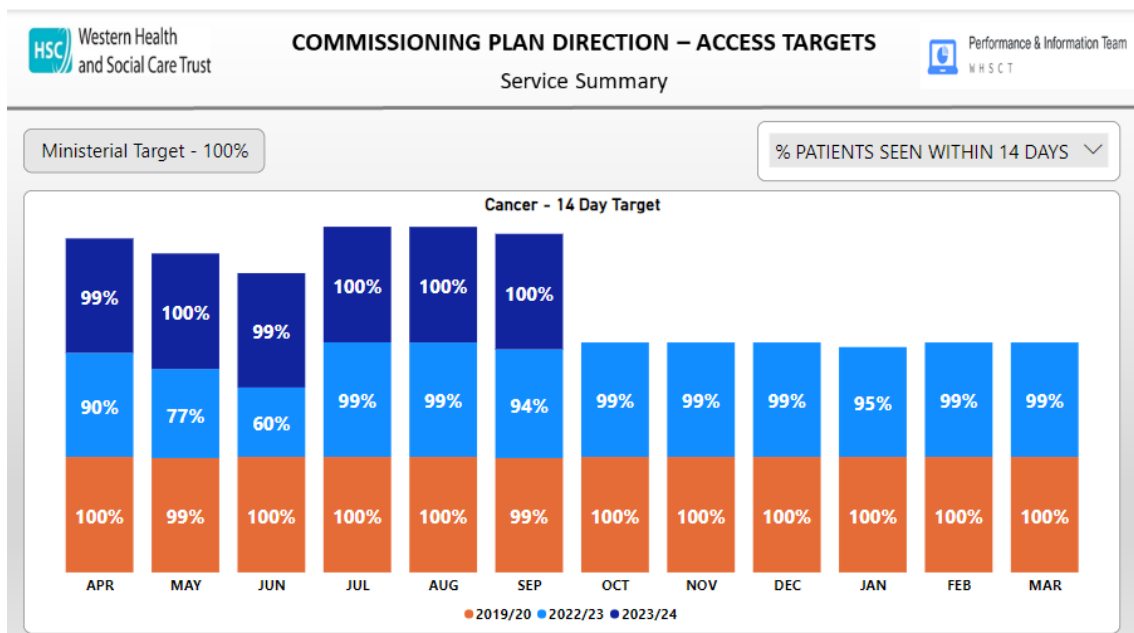
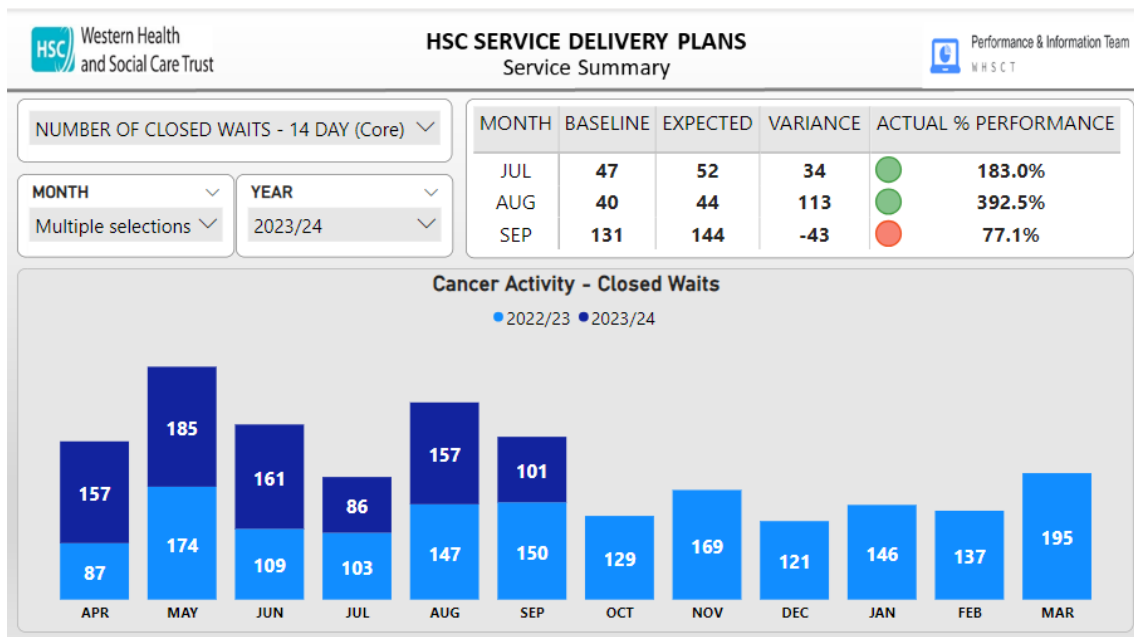
## HOSPITAL SERVICES

### Cancer services – Service Delivery Plan & Access Performance

The 2023/24 SDP target is to deliver 110% of 2021/22 activity levels (Core Activity).

**14 Day Target:** the cumulative number of closed waits completed during Quarter 2 (July to September 23) (344) reflects **157.8%** of the cumulative 2021/22 Baseline activity (218). The Trust continue to provide support to Southern Health & Social Care Trust by seeing approximately 15 patients per week; this has contributed to the strong Quarter 2 performance.

Performance against the Ministerial Cancer access target remains strong with **100%** achieved.

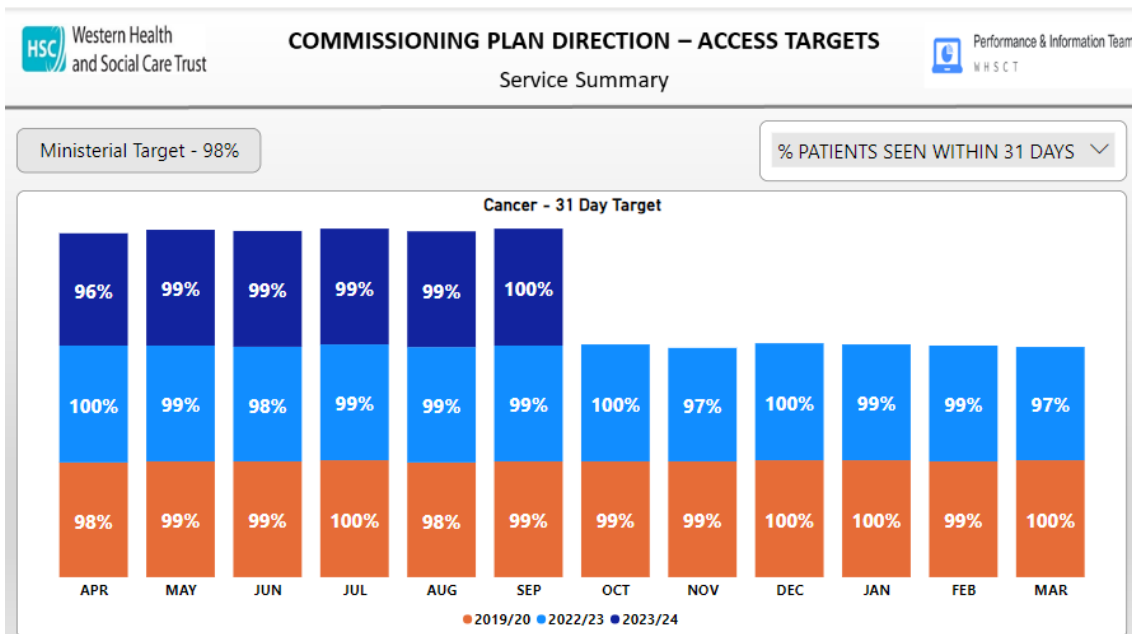
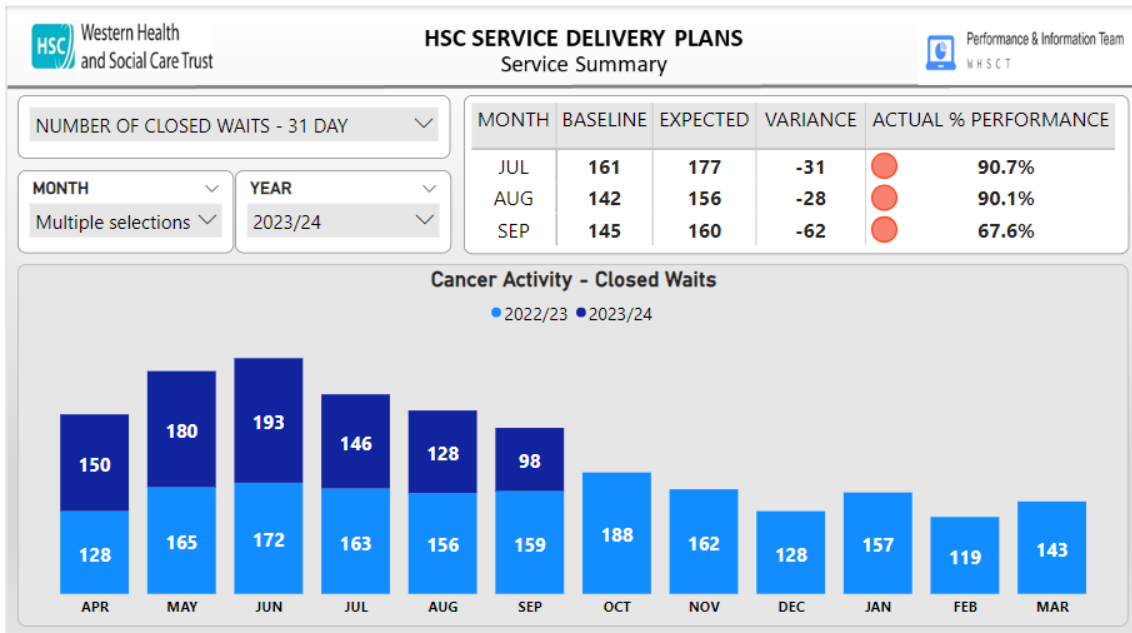


## Cancer services – Service Delivery Plan & Access Performance

The 2023/24 SDP target is to deliver 110% of 2021/22 activity levels.

**31 Day Target:** the cumulative number of closed waits completed during Quarter 2 (July to September 23) (372) reflects **83.0%** of the cumulative 2021/22 Baseline activity (448). Underperformance in Quarter 2 reflects the one month time lag in the target and a lower level of demand for the service when compared to the baseline period. It is expected that the Quarter 2 activity performance will improve on validation.

Performance against the Ministerial Cancer access target remains strong with the target achieved each month from May to September 23.

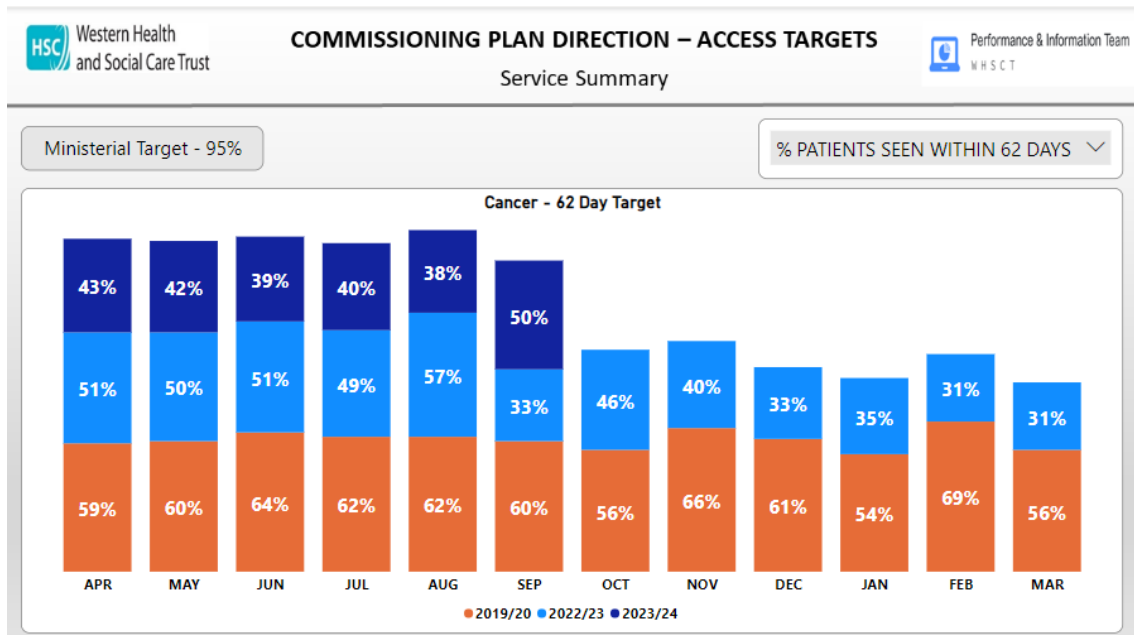
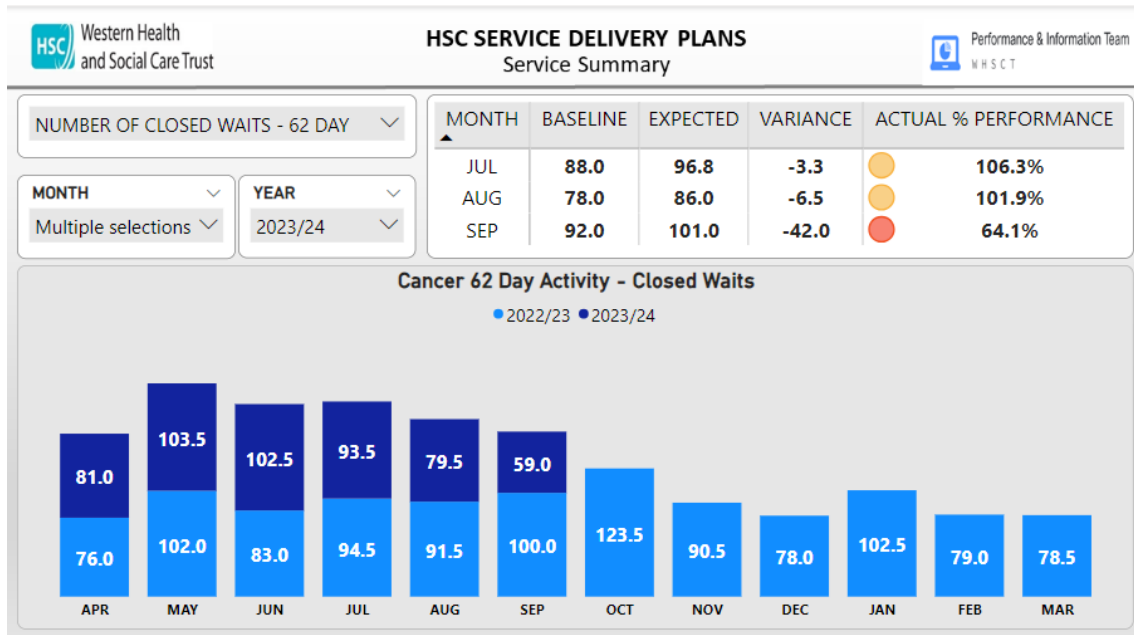


## Cancer services – Service Delivery Plan & Access Performance

The 2023/24 SDP target is to deliver 110% of 2021/22 activity levels.

**62 Day Target:** the cumulative number of closed waits completed during Quarter 2 (July to September 23) (232) reflects **89.9%** of the cumulative 2021/22 Baseline activity (258); it is expected this will increase in line with the two month time lag and updated validation.

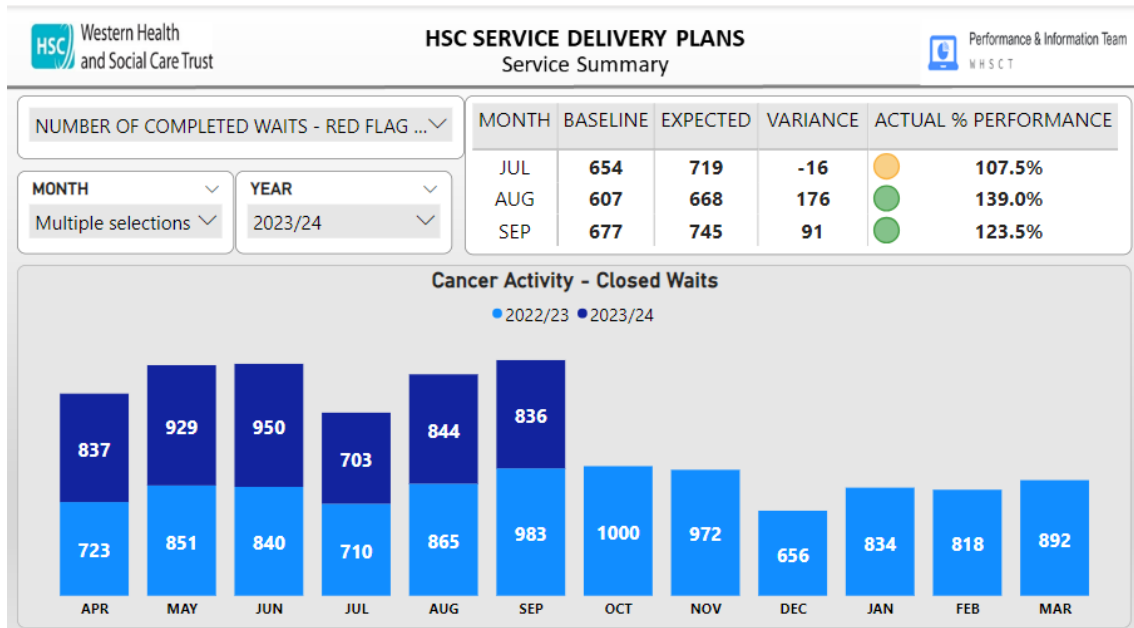
Performance against the access target remains challenging with the target not achieved during Quarter 2 (July to September 23), however the September 23 position reflects the best performance since August 2022.



## Red Flag (New) Completed Waits (Excluding Breast)

The 2023/24 SDP target is to deliver 110% of 2019/20 activity.

The cumulative number of closed waits completed during Quarter 2 (July to September 23) (2,383) reflects **123.0%** of the cumulative 2019/20 Baseline activity (1,938).



Increasing red flag demand and workforce challenges within GI, Urology, Gynaecology, Head and Neck and Dermatology and ongoing Pathology challenges continue to impact performance. These challenges continue to be addressed as part of the Trust's internal Cancer Performance meetings and Regional Cancer Performance meetings.

The number of Red Flag Referrals Received (All Tumour sites) during Quarter 2 (July to September 23) (6,001), increased by **18%** compared to same period 2021/22 (5,083) (Baseline year); 918 additional Red Flag referrals.

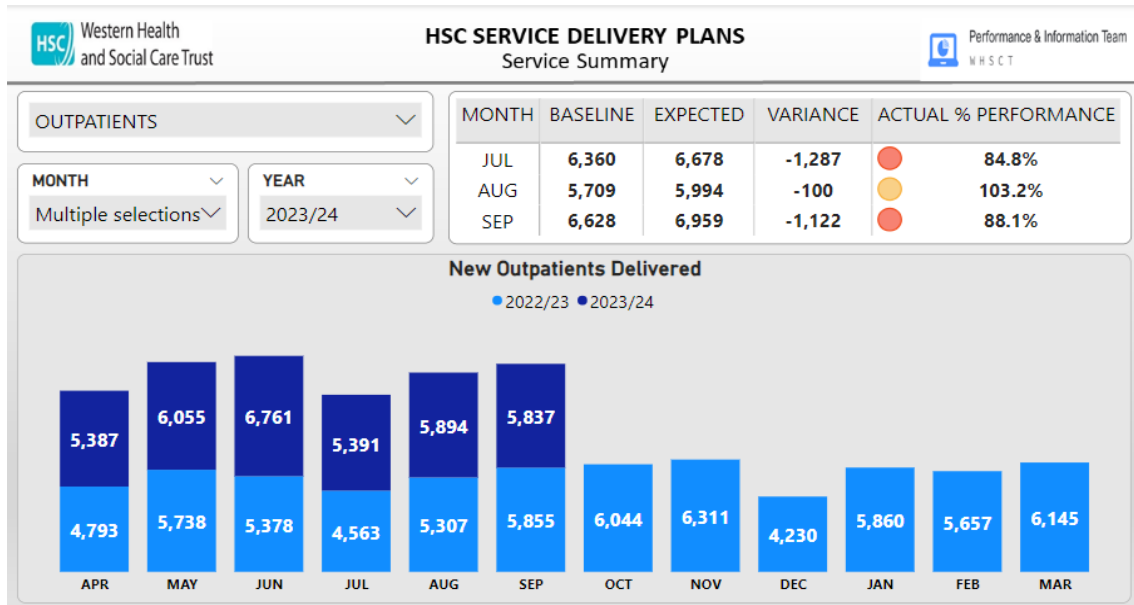


## Elective Care – Outpatients Service Delivery Plan

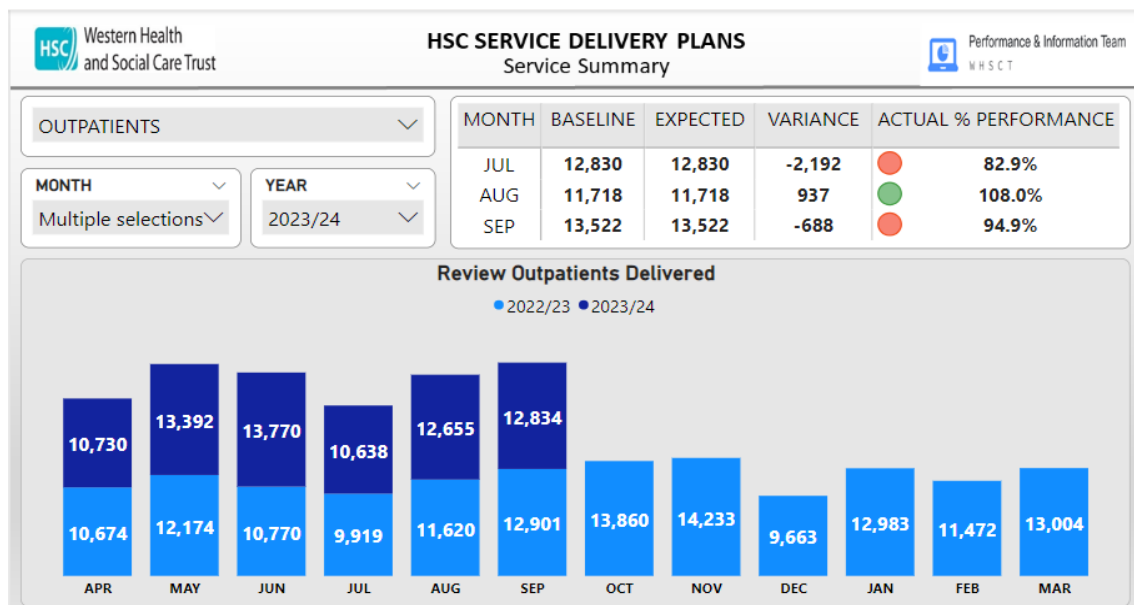
The 2023/24 SDP target is to deliver 105% (New) and 100% (Review) of 2019/20 activity.

Overall, the total New and Review activity dipped in July 23 but increased in August and September 23. Although impacted by industrial action, the total September 23 out turn represented the highest activity delivered during Quarter 2 (July to September 23). The increased baseline in Quarter 2 affected the overall performance out turn (94.0%) when compared to Quarter 1 (99.0%).

The cumulative New outpatient activity delivered during Quarter 2 (July to September 23) (17,122) reflects **91.6%** of the 2019/20 Baseline activity (18,697).



The cumulative Review outpatient activity delivered during Quarter 2 (July to September 23) (36,127) reflects **94.9%** of the 2019/20 Baseline activity (38,070).



Improvement plans for the five most challenged specialities continue to be reviewed and monitored at the Elective Performance Meetings. Of these specialities, Ophthalmology and Cardiology are performing well against the planned activity; which is a result of successful recruitment to vacant posts. It is anticipated that improvement against the SDP target will be realised from November 23.

### **Elective Care – Outpatients Access Performance**

*By March 2024, 50% of patients should be waiting no longer than 9 weeks for an outpatient appointment and no patient waits longer than 52 weeks. For ALL Specialties*

At the end of September 23, the Trust reported **71,828** patients waiting for an outpatient appointment; with **60,607** patients waiting longer than 9 weeks. Performance has further deteriorated when compared to June 23, end of Quarter 1 position; there were **69,549** patients in total waiting; with **57,792** waiting longer than 9 weeks.

A Regional Outpatient Modernisation Group has been established involving the five Trusts and led by SPPG which will provide a forum for Trusts to share innovative practice, co-ordinate improvement work within their outpatient services and introduce new practices with regional support. It has been agreed that the initial areas of focus will be enhanced triage and patient initiated follow-up (PIFU).

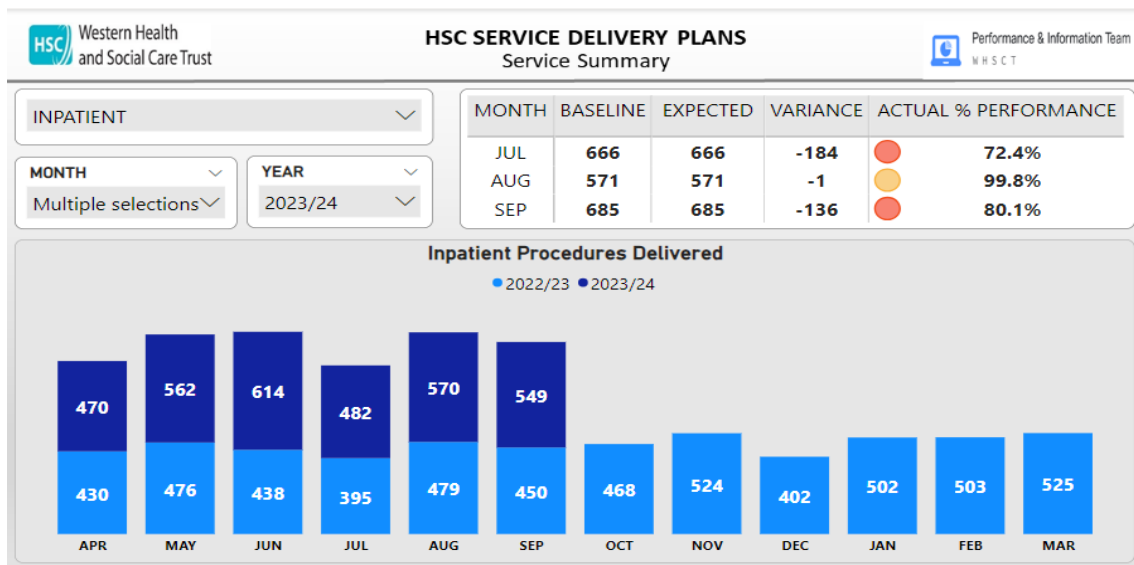
## Elective Care – Inpatient and Day Case Service Delivery Plan

The 2023/24 SDP target is to deliver 100% of 2019/20 activity.

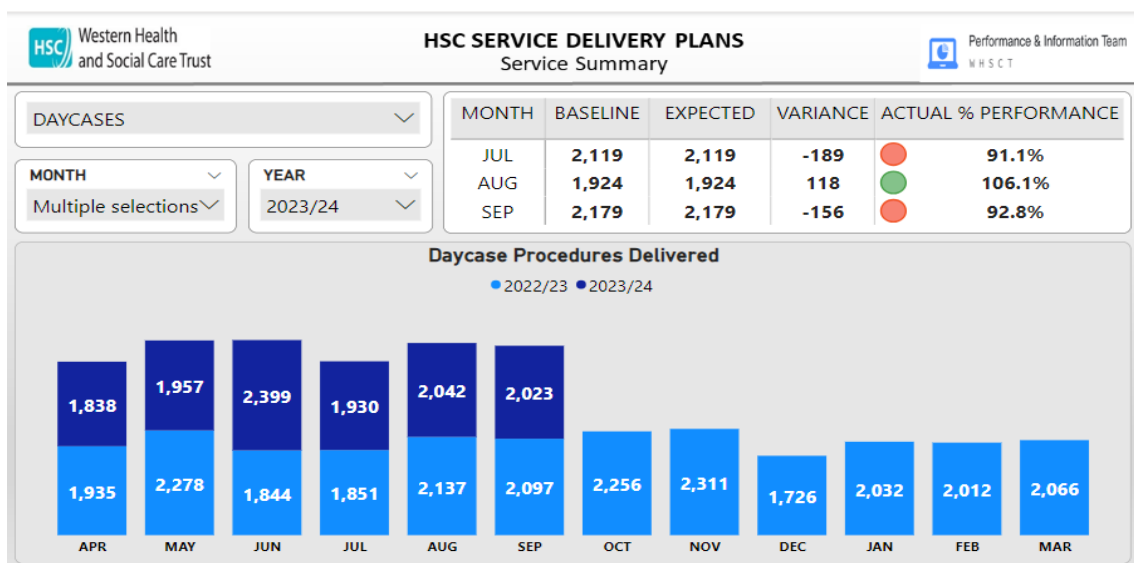
Inpatient and Day case activity marginally decreased during Quarter 2 (July to September 23) when compared to Quarter 1 (April to June 23).

Despite some impact from cancellations due to industrial action on the September 23 out turn; the Quarter 2 actual % performance has improved for Inpatient activity but remained 'Red' and dropped for Day case activity but remained 'Amber'; this is largely due to a lower baseline target during Quarter 2.

The cumulative Inpatient activity delivered during Quarter 2 (July to September 23) (1,601) reflects **83.3%** of the 2019/20 Baseline activity (1,922).



The cumulative Day case activity delivered during Quarter 2 (July to September 23) (5,995) reflects **96.4%** of the 2019/20 Baseline activity (6,222).



Focus remains on rebuilding Altnagelvin Hospital Theatre sessions and the plan for rebuilding Theatre sessions in South West Acute Hospital and Omagh Hospital is largely on

track. In Altnagelvin, from August 23 the number of inpatient elective sessions increased to 46 per week which equates to 82% of pre-pandemic level. Further increases are planned by December 23 and March 24 to bring sessions to over 90% of pre-pandemic levels.

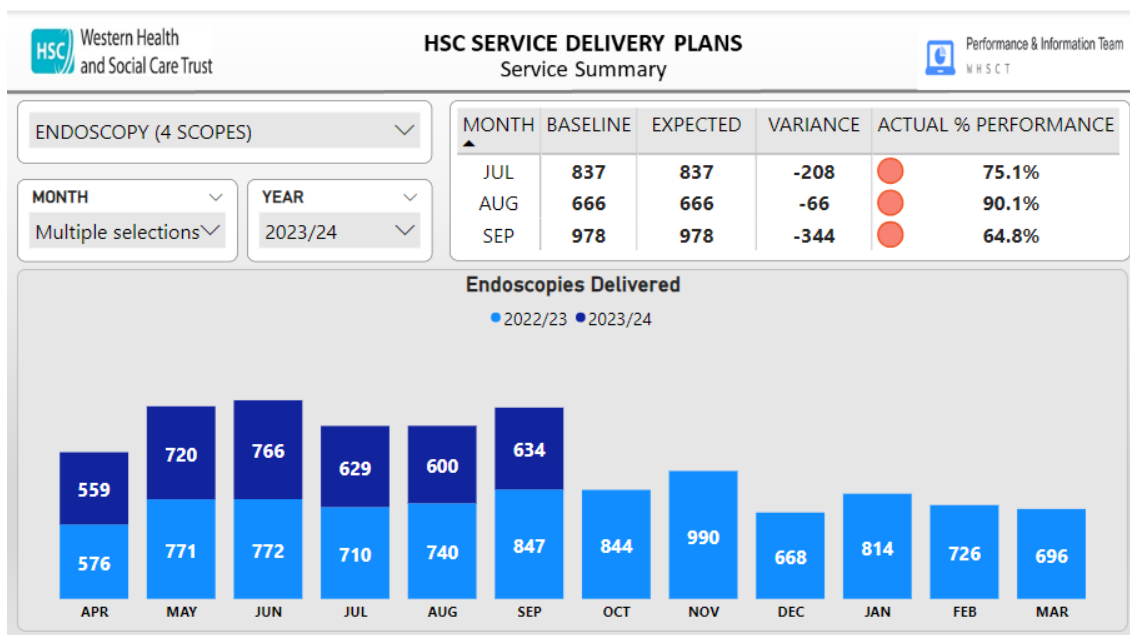
In respect of Day case activity, the Trust is focused on rebuilding Omagh Theatre sessions and improving productivity where performance has been impacted by staffing limitations within General Surgery, Urology and Gynae. The Trust has put in place mitigations for General Surgery and Urology and improvement over the coming months is expected.

### Elective Care – Endoscopy Service Delivery Plan

*The 2023/24 SDP target is to deliver, as a minimum, activity in line with the corresponding month in 2019/20. Interim target pending move to points-based monitoring from Quarter 3.*

The number of endoscopies delivered during Quarter 2 (July to September 23), remained at a consistent level each month.

The cumulative activity delivered during Quarter 2 (July to September 23) (1,863) reflects **75.1%** of the cumulative 2019/20 Baseline activity (2,481).



Capacity in this service remains impacted by vacant posts and maternity leave. Currently, the number of available core sessions of 50.5 per week is reduced by 11.5 which equates to approximately 294 patients per month.

A Service trajectory, which includes the predicted activity to be delivered each month, based on available capacity, has been developed up to December 23. It incorporates Core Service, Medinet insourcing and Omagh DPC capacity as detailed below:

**Core Capacity;** current available capacity enables the service to provide 39 sessions per week; the predicted activity from October to December 23 equates to 1,905 patients to be treated in this period.

**Omagh DPC:** although challenges remain in filling key clinical posts, in the interim the Trust has secured temporary medical consultant support from Western and Southern Trust employees. This will support the provision of 12 sessions in October 23 and 15 sessions in November 23 which equates to a total of 153 patients to be treated in this period.

**Medinet insourcing;** support from this independent sector provider has been extended from October to December 23. This will support an additional four sessions per week with a total of 330 patients expected to be treated in this period.

As highlighted in the Quarter 1 (April to June 23) Trust Board Performance Report, the Trust utilised additional support for core service from Lagan Valley up to September 23; however this has now been paused due to the roll out of Encompass in the South Eastern Health & Social Care Trust.

The external out sourcing to the Independent Sector remains in place under the WLI programme to enable 900 patients to be seen from April – December 23. At the end of September 23, a total of 656 patients have been treated.

### **Elective Care – Inpatients and Day Case Access Performance**

*By March 2024, 55% of patients should wait no longer than 13 weeks for inpatient/day case treatment and no patients wait longer than 52 weeks.*

At the end of September 23, the Trust reported an overall total of **24,355** waiting for Inpatient and Day case treatment with **18,816** waiting longer than 13 weeks. Of these there were:

- **8,329** patients waiting for Inpatient Treatment with **7,433** waiting longer than 13 weeks. Marginal improvement in performance, when compared to June 23, end of Quarter 1 position; there were 8,395 in total waiting and 7,464 waiting longer than 13 weeks.
- **16,026** patients waiting for Day case Treatment, with **11,383** waiting longer than 13 weeks. Deterioration in performance, when compared to June 23, end of Quarter 1 position; there were 16,016 in total waiting and 11,272 waiting longer than 13 weeks.

### Endoscopy

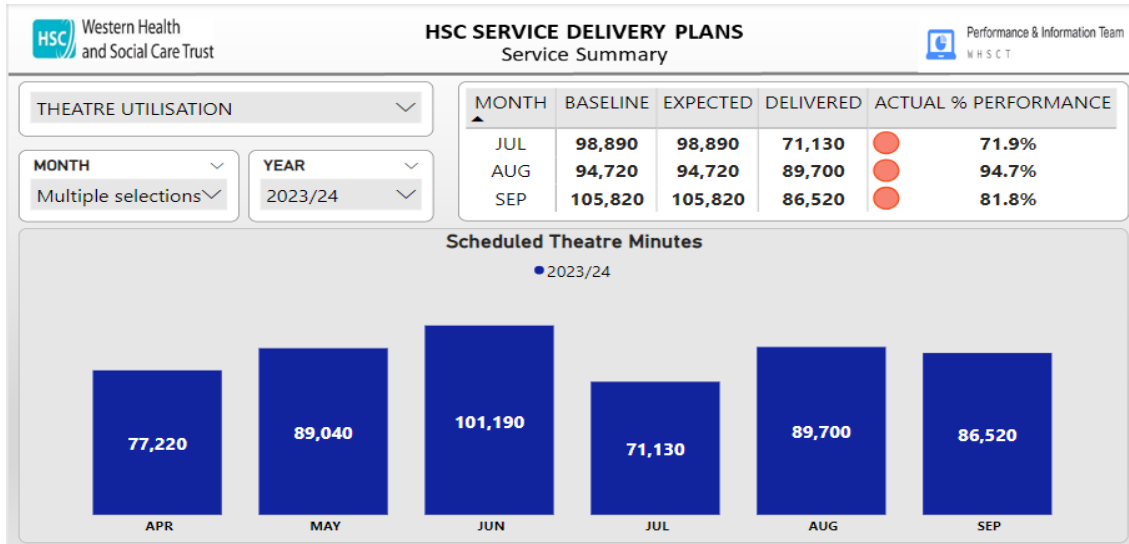
Of the number waiting for Inpatient and Daycare treatment (24,355) at the end of September 23 there were:

- **5,960** people waiting for an Endoscopy of which **1,300** are red flag patients. Of the 1,300 red flag patients waiting, **872** are waiting longer than 21 days. The number of red flag patients has remained quite static compared to June 23 (1,303), however the overall total number waiting has increased.

## Elective Care – Theatre Scheduled Minutes Service Delivery Plan

Trusts to deliver at least the average elective (planned) theatre minutes delivered in 2018/19 and 2019/20 adjusted where appropriate to reflect new investment

The cumulative number of Scheduled Theatre Minutes delivered during Quarter 2 (July to September 23) (247,350) reflects **82.6%** of the cumulative number delivered against Baseline activity (299,430).

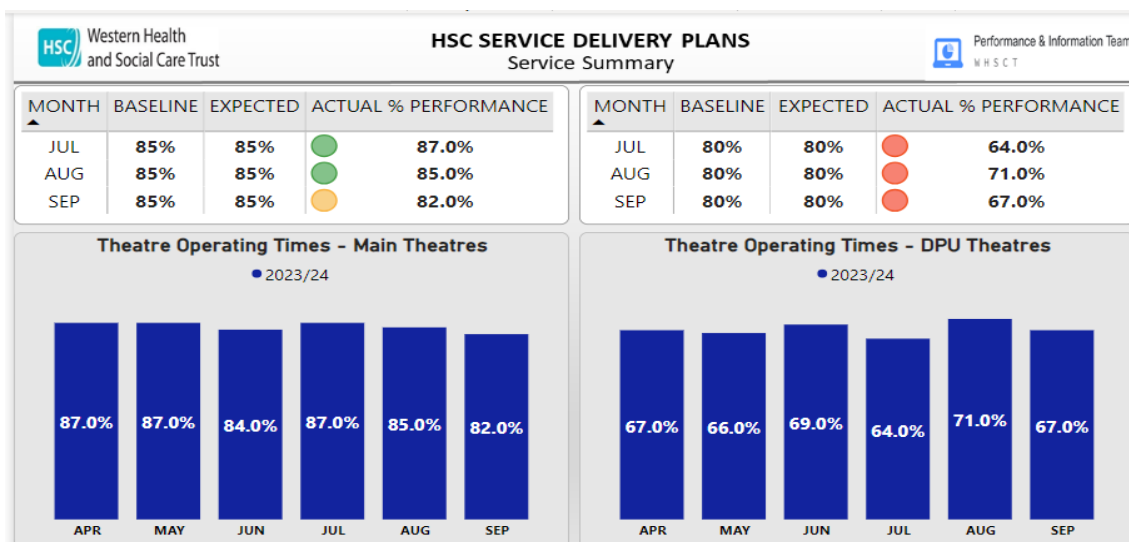


## Elective Care – Theatre Operating Times Service Delivery Plan

Trusts to deliver an OP time of 85% for main theatres and 80% for day procedure units

The cumulative Quarter 2 (July to September 23) performance achieved:

- **Main Theatres: 84.7%** against the 85% target.
- **DPU Theatres: 67.3%** against the 80% target.



The Omagh site remains most the challenged in terms of DPC Theatres, with a reduction in sessions due to Consultant vacancies in General Surgery and Urology. It is anticipated that all Omagh sessions will be utilised by the end of November 23. Theatre utilisation remains a key priority and a significant programme of work is being led by the Interim Director of Planned Care Services.

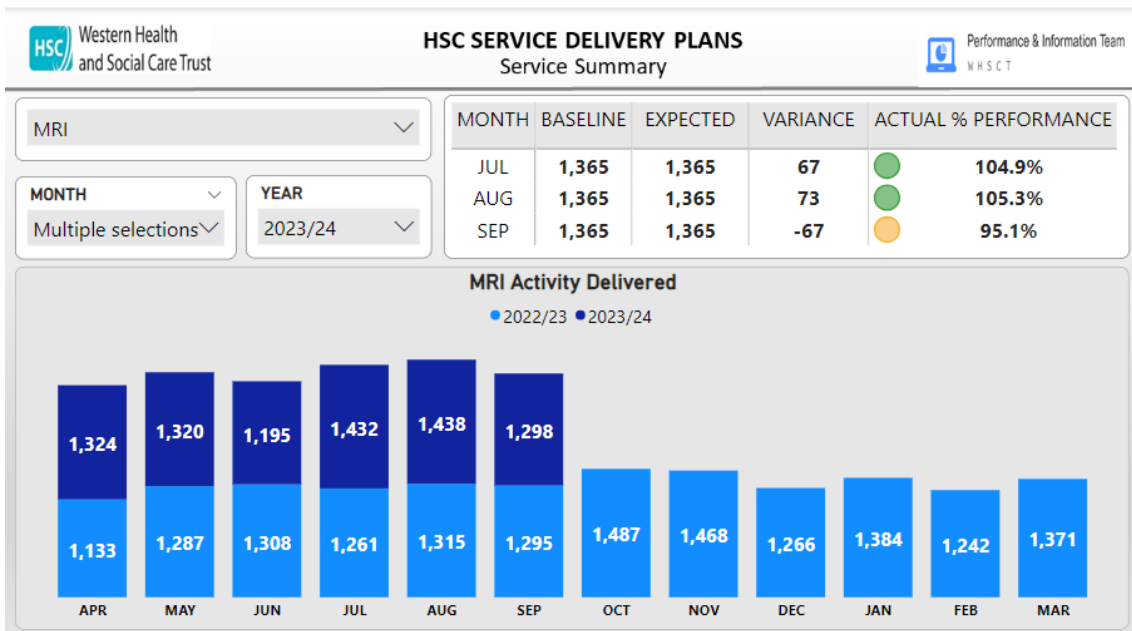
## Imaging Diagnostics – Service Delivery Plan

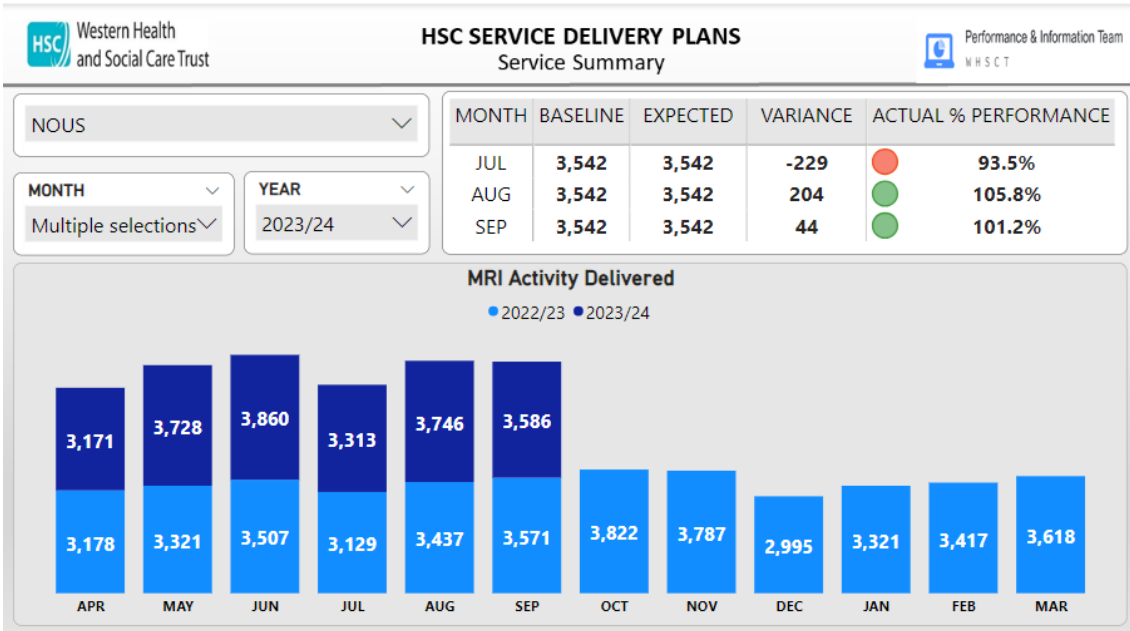
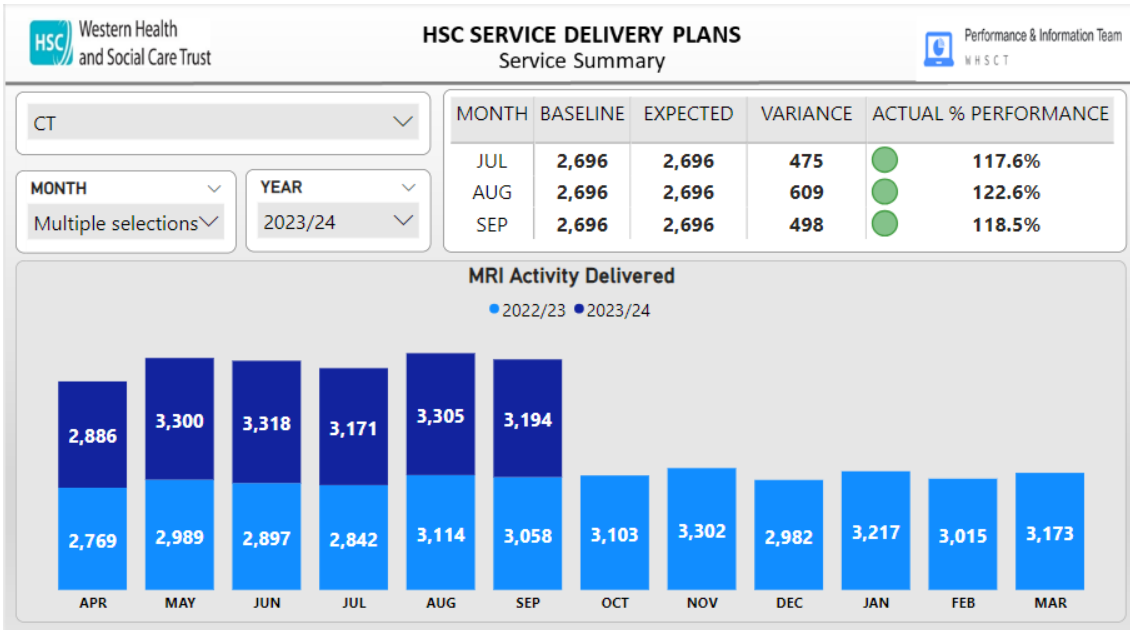
The 2023/24 SDP target is to deliver activity in line with agreed SBA volumes.

High levels of performance maintained across the three areas, throughout Quarter 2 (July to September 23). Activity delivered during Quarter 2 exceeded the monthly SBA target each month; with the exception of Non-Obstetric Ultrasound in July 23 and MRI in September 23. MRI performance impacted by industrial action in September 23 which resulted in 112 cancellations.

The cumulative performance achieved during Quarter 2 (July to September 23) for:

- **MRI: 101.8%** of SBA volume achieved; cumulatively the service delivered 4,168 scans compared to the cumulative SBA target of 4,095.
- **CT: 119.6%** of SBA volume achieved; cumulatively the service delivered 9,670 scans delivered compared to the cumulative SBA target of 8,088.
- **Non-Obstetric Ultrasound: 100.2%** of SBA volume achieved; cumulatively the service delivered 10,645 scans delivered compared to the cumulative SBA target of 10,626.





### Imaging Diagnostics – Access Performance

*By March 2024, 75% of patients should wait no longer than 9 weeks for a diagnostic test and no patient waits longer than 26 weeks.*

At the end of September 23, the Trust reported a total of **16,338** patients waiting for a Diagnostic test with **6,118** waiting longer than 9 weeks. Performance has deteriorated when compared to June 23, end of Quarter 1 position; 15,286 patients waiting with 5,074 waiting longer than 9 weeks.



## Cardiac Services – Service Delivery Plan

**Cardiac MRI & Echo:** the 2023/24 SDP target is to deliver activity in line with agreed SBA volume.

**Cardiac CT & Cath Lab procedures:** the 2023/24 SDP target is to deliver activity 110% of 2019/20 activity.

The cumulative activity delivered in Quarter 2 (July to September 23) for Cardiac MRI and CT was broadly in line with SBA and 2019/20 Baseline targets.

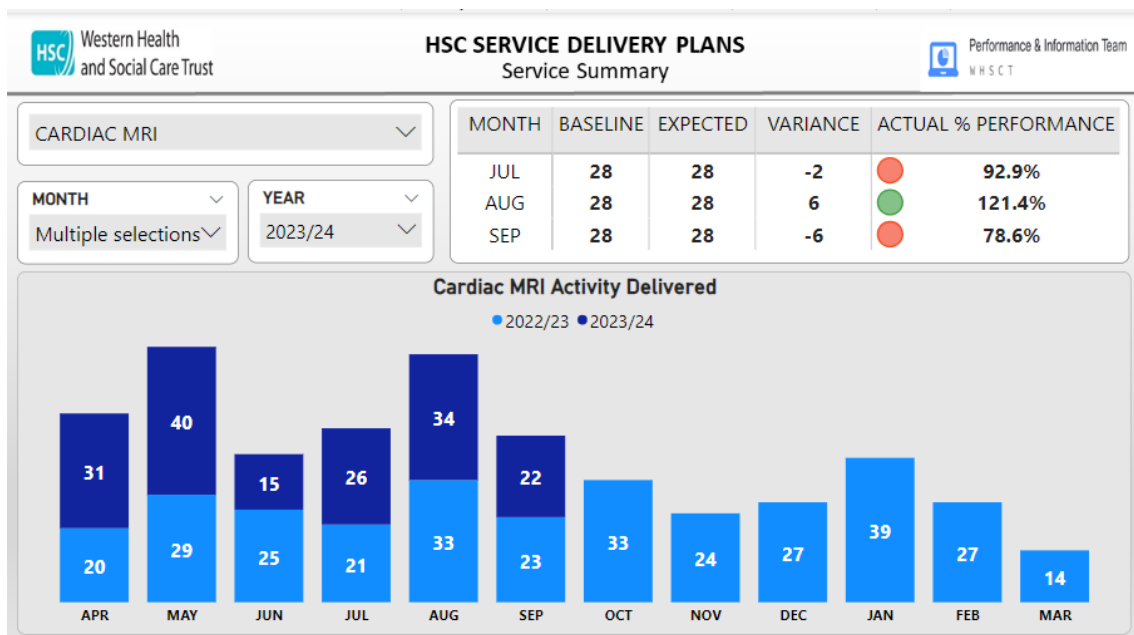
A higher baseline target in Quarter 2 (July to September 23) and cancellations due to industrial action, within Cardiac CT and Cath lab, impacted the Quarter 2 performance.

Echo activity delivered below SBA target each month during Quarter 2 (July to September 23); capacity impacted due to requirement to provide cover for unplanned sickness absence and vacant posts in the Cath Lab service. It is expected that as the Cath Lab workforce issues resolve following recruitment, Echo performance will improve.

The Trust has recruited three substantive Consultant Cardiologists who are expected to join the Trust between now and January 2024; this will contribute to an overall improvement in Cardiac performance.

The cumulative performance achieved during Quarter 2 (July to September 23) for:

- **Cardiac MRI:** 97.6% of SBA volume achieved; cumulatively the service delivered 82 tests compared to the cumulative SBA target of 84.
- **Cardiac CT:** 99.2% of 2019/20 Baseline achieved; cumulatively the service delivered 129 tests compared to the cumulative 2019/20 Baseline activity of 130.
- **Echo:** 72.1% of SBA volume achieved; cumulatively the service delivered 1,499 tests compared to the cumulative SBA target of 2,079.
- **Cath Lab Procedures:** 89.9% of 2019/20 Baseline achieved; cumulatively 491 procedures delivered compared to the cumulative 2019/20 Baseline activity of 546.



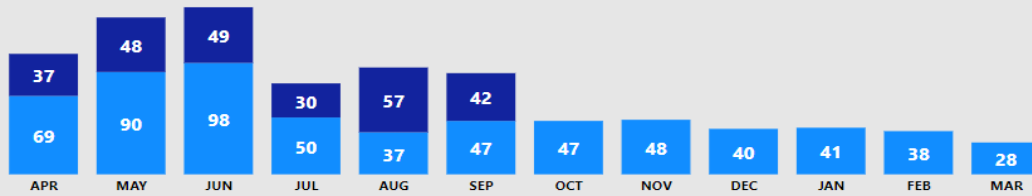
CARDIAC CT

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JUL	42	46	-16	71.4%
AUG	44	48	9	129.5%
SEP	44	48	-6	95.5%

MONTH: Multiple selections  
YEAR: 2023/24

**Cardiac CT Activity Delivered**

2022/23 2023/24



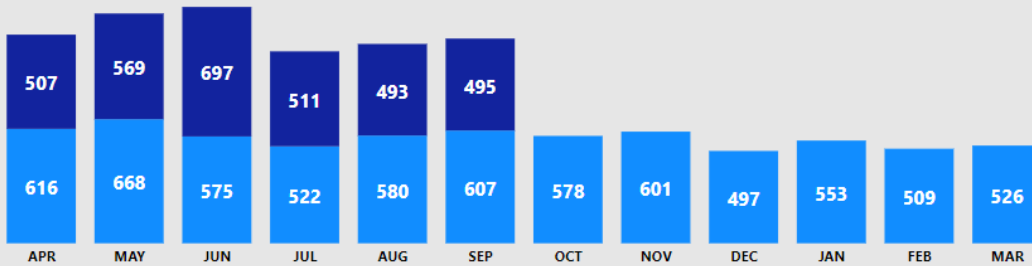
ECHO

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JUL	693	693	-182	73.7%
AUG	693	693	-200	71.1%
SEP	693	693	-198	71.4%

MONTH: Multiple selections  
YEAR: 2023/24

**Echocardiogram Activity Delivered**

2022/23 2023/24



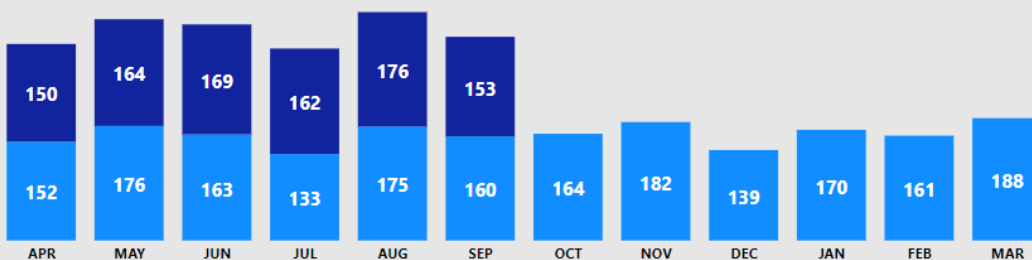
CATH LAB PROCEDURES

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JUL	186	205	-43	87.1%
AUG	173	190	-14	101.7%
SEP	187	209	-56	81.8%

MONTH: Multiple selections  
YEAR: 2023/24

**Cath Lab Procedures Delivered**

2022/23 2023/24

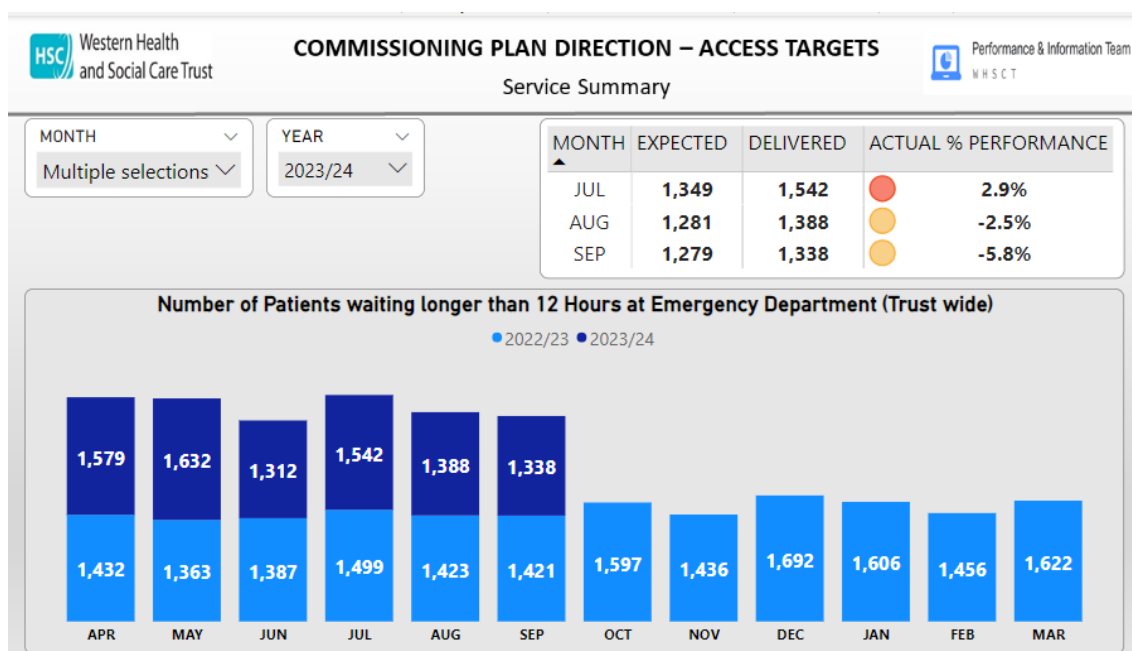


## Unscheduled Care – ED Performance (12 Hours) Service Delivery Plan

By March 2024, reduce the number of patients who waited longer than 12 hours in ED in 2022/23 by 10%

During Quarter 2 (July to September 23), 4,268 patients waited longer than 12 hours in ED compared to 4,343 during the same period in 2022/23; a decrease of 75 (-1.7%).

Unscheduled Care is one of the Trust’s most challenged areas of service delivery. The Trust has in place an Unscheduled Care board for this area of performance.



Performance against the Northern Ireland Ambulance Service (NIAS) Handover Times deteriorated during Quarter 2 (July to September 23) in two areas when compared to Quarter 1 (April to June 23); these include patient handover times of less than or equal to 15 minutes and those greater than 2 hours.

The individual target and performance for Quarter 2 (July to September 23) is detailed in the table below:

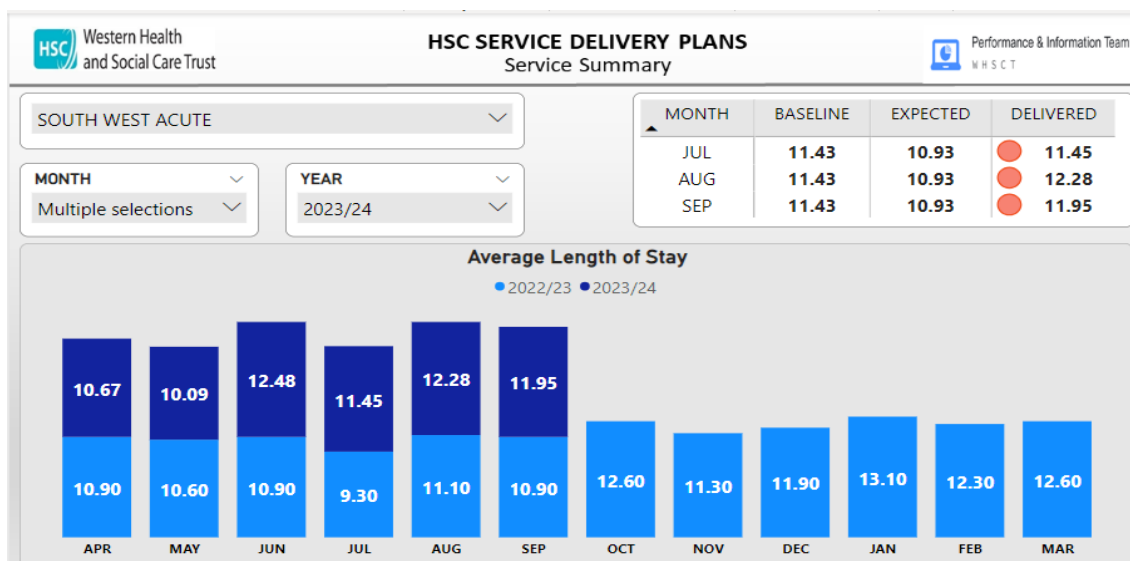
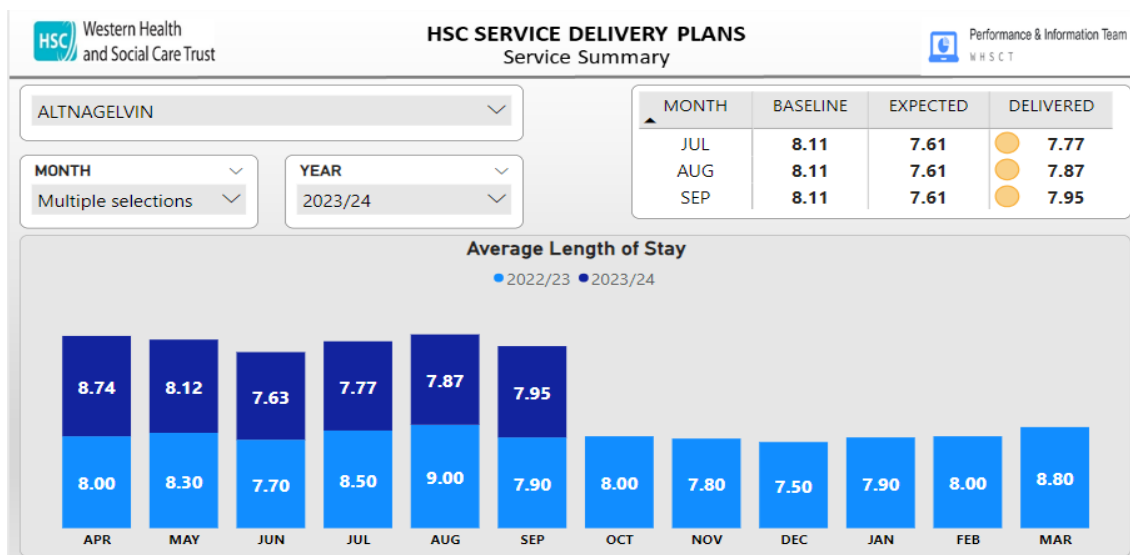
Service Area	2023/24 Target Trajectory	Jul-23	Aug-23	Sep-23	Quarter 2
NIAS Handover < 15 mins	Apr 2%; May 4%; Jun & Jul 8%; Aug 12% & Sep 15%	8.8%	8.7%	7.6%	
NIAS Handover < 30 mins	Apr/May 14%; Jun 20%; Jul 25%; Aug 30% & Sep 35%	33.2%	35.9%	35.2%	
NIAS Handover < 60 mins	Apr 59%; May & Jun 65%; Jul, Aug & Sep 70%	73.6%	78.2%	79.0%	
NIAS Handover > 2 hours	0%	7.2%	3.9%	4.6%	5.3%

## Average non-elective Length of Stay – Service Delivery Plan

1 Day reduction by Quarter 4 of 2022/23 Baseline  
 (Incremental reduction Q1: -0.25 days, Q2: -0.5 days, Q3: -0.75 days & Q4: -1.0 days)

The cumulative Quarter 2 (July to September 23) average length of stay for:

- Altnagelvin: **7.86 days** compared to **8.11 days** in the same period 2022/23.
- South West Acute: **11.92 days** compared to **11.43 days** in the same period 2022/23.



The Trust has an action plan agreed, as a result of the audit on complex delays by SPPG, to include stabilising the Hospital social work staffing complement and increasing the available care places.

In addition, the number of Delayed Discharges, particularly within the Older People Wards, continues to impact on hospital length of stay. The main reasons for delay include awaiting Hospital Social Work allocation, Domiciliary Care package and delays in securing Dementia Nursing Home Beds and/or General Nursing/Residential Beds.

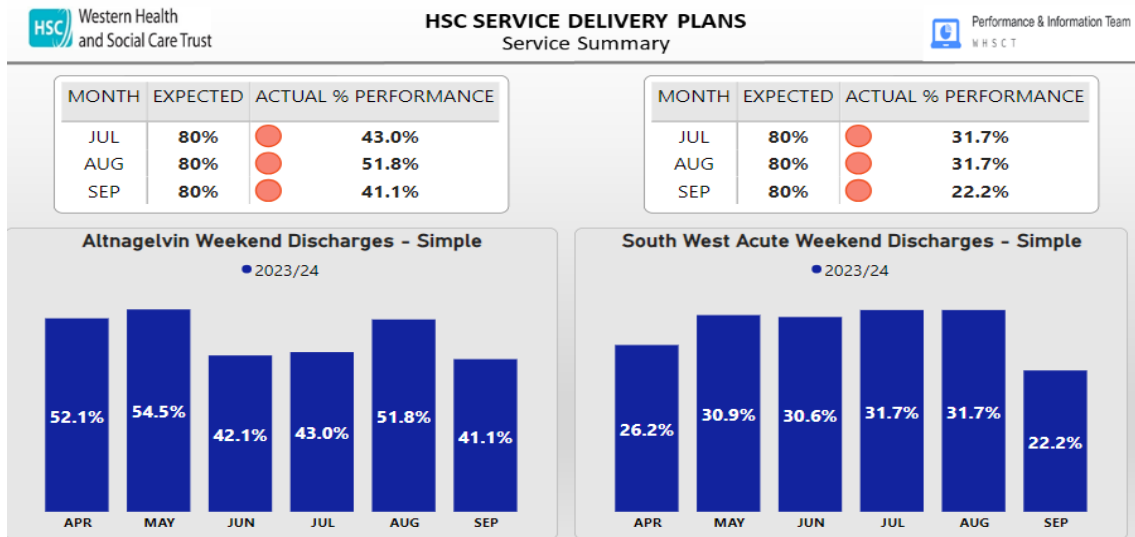
## Weekend Discharge Rates - Service Delivery Plan

The number of Simple Discharges on any Saturday and any Sunday should be at least 80% of the average daily number of Simple Discharges from Mon-Fri in that week.

The number of Complex Discharges on any Saturday and any Sunday should be at least 60% of the average daily number of Complex Discharges from Mon-Fri in that week.

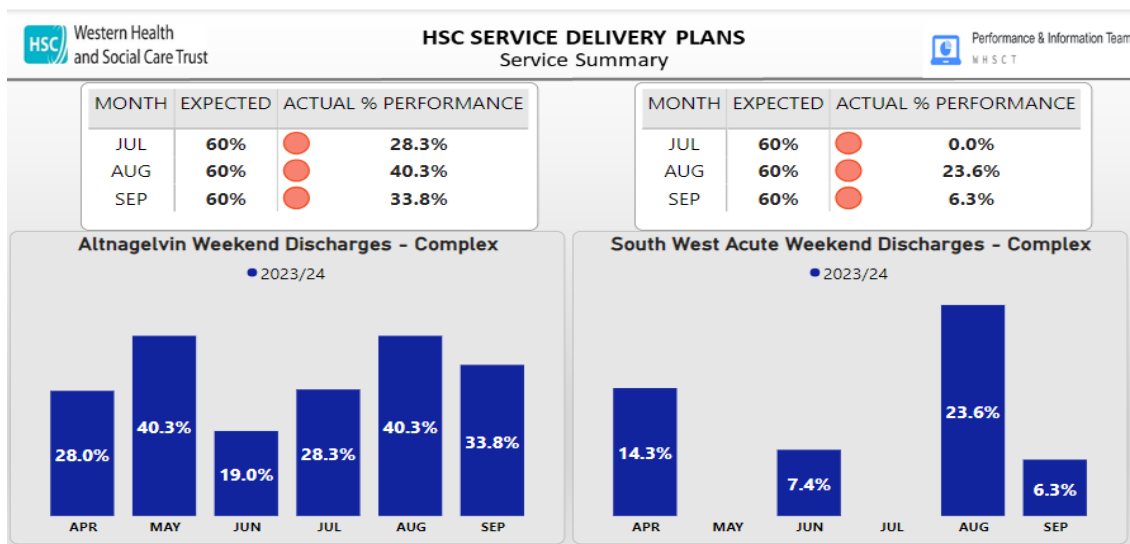
### Simple Discharges - Quarter 2 (July to September 23) cumulative performance achieved:

- Altnagelvin: **45.2%** against the 80% target.
- South West Acute: **28.4%** against the 80% target.



### Complex Discharges - Quarter 2 (July to September 23) cumulative performance achieved:

- Altnagelvin: **34.0%** against the 60% target.
- South West Acute: **11.5%** against the 60% target.

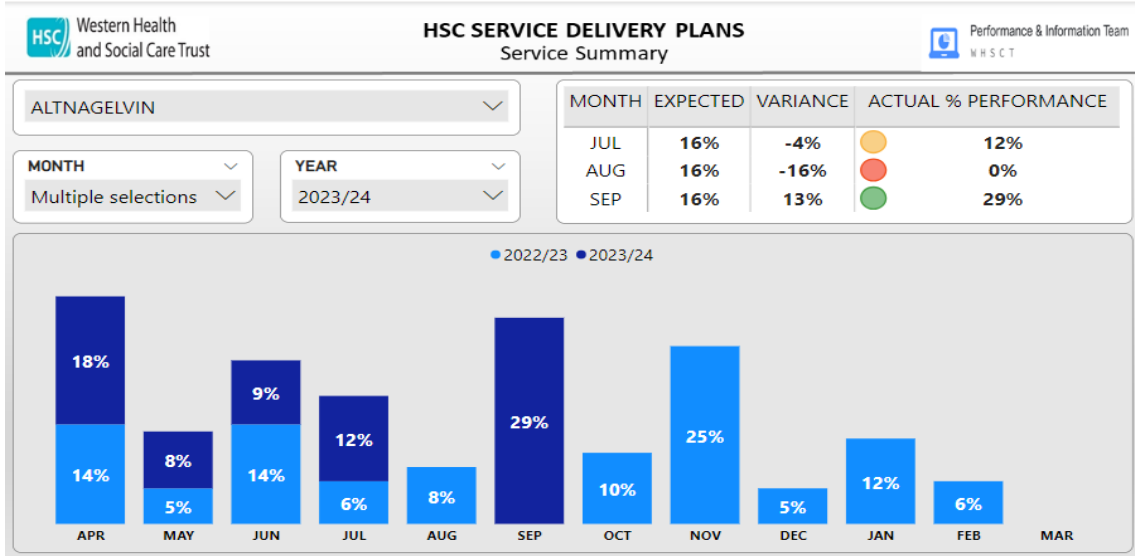


Discharge performance remains challenging and is impacted by the fact that some but not all services are commissioned on a seven day basis; this is subject to ongoing discussion with SPPG.

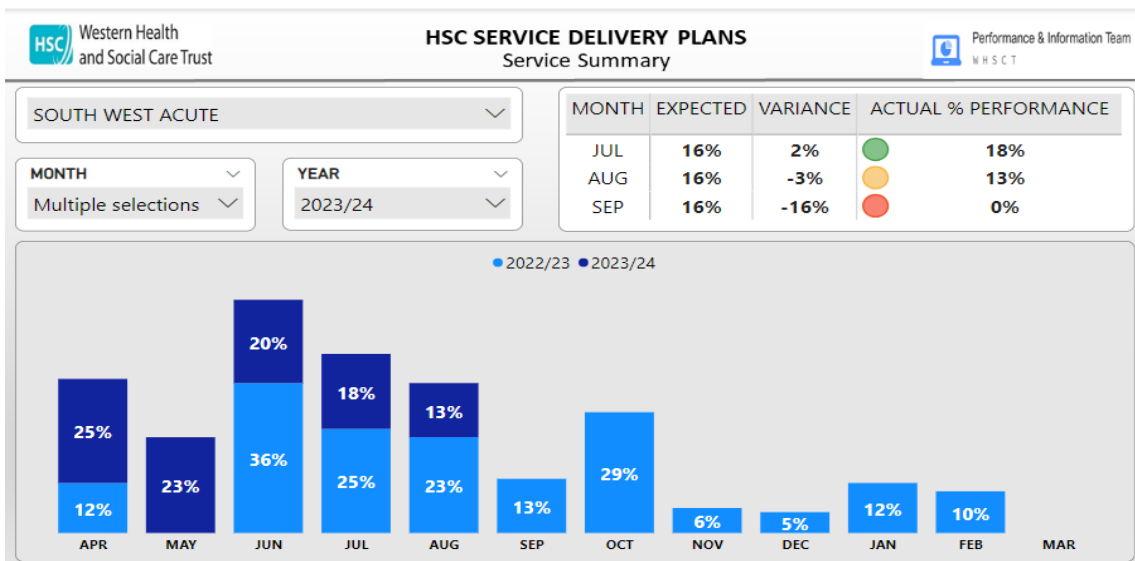
## Stroke Services – Service Delivery Plan

The 2023/24 SDP target is that 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.

**Altnagelvin:** the Quarter 2 (July to September 23) average performance achieved; **13.7%** against the 3 month average target of 16%.



**South West Acute:** the Quarter 2 (July to September 23) average performance achieved; **10.3%** against the 3 month average target of 16%.



## % Admitted to stroke unit within 4 hours of arrival

The 2023/24 SDP target - **43%** of patients at Altnagelvin Hospital and **90%** of patients at South West Acute Hospital are admitted to a stroke unit with 4 hours of arrival.

This information is extracted from SPPG Return. SPPG source this from the SSNAP Return.

Quarter 2 (July to September 23) performance data not currently available due to technical issues with the stroke database.

## Public Health – Service Delivery Plan

HCAI - Clostridioides difficile (CDI): **71 maximum target** (no. of episodes)

HCAI - Methicillin-resistant staphylococcus aureus (MRSA): **6 maximum target** (no. of episodes)

Antimicrobial Consumption - total antibiotic prescribing: **2% reduction**

Antimicrobial Consumption - carbapenem use: **3% reduction**

Antimicrobial Consumption - piperacillin-tazobactam use: **3% reduction**

Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category: **52.75%**

The Trust has consistently met three of the six Health Care Acquired Infection (HCAI) targets throughout Quarter 1 (April to June 23) and Quarter 2 (July to September 23); these include HCAI - Clostridioides difficile (CDI), HCAI- Methicillin-resistant staphylococcus aureus (MRSA) and Antimicrobial Consumption - Carbapenem use.

With the exception of April 23, performance has proved challenging against the remaining three targets; Antimicrobial Consumption - Total antibiotic prescribing, Piperacillin-tazobactam use and the use of antibiotics from the WHO Access AWaRe category.

The individual target and performance for Quarter 1 and Quarter 2 is detailed in the table below:

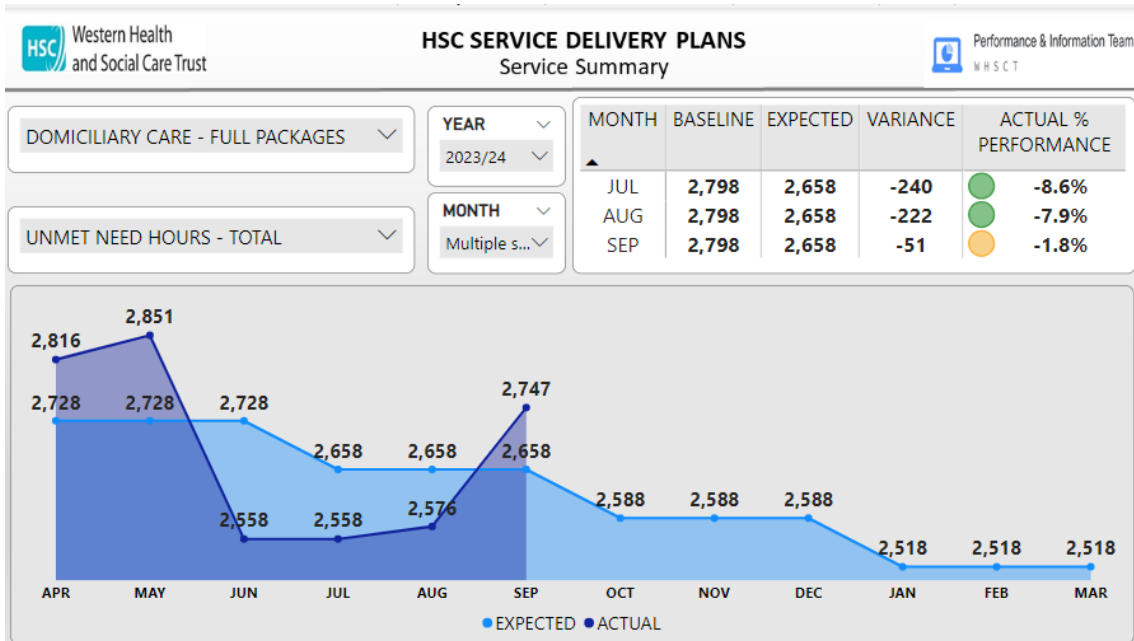
Service Area	2023/24 Target Trajectory	Quarter 1	Quarter 2
HCAI - clostridioides difficile (CDI)	71 - maximum target - number of episodes	14	19
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	6 - maximum target - number of episodes	0	1
Antimicrobial Consumption - total antibiotic prescribing	by 31 March 2024, Trusts to secure (in secondary care) a 2% reduction in total antibiotic prescribing (DDD per 1000 admissions).	2.0%	3.0%
Antimicrobial Consumption - carbapenem use	by 31 March 2024, Trusts to secure (in secondary care) a 3% reduction in carbapenem use, measured in DDD per 1000 admissions	-20.5%	-16.8%
Antimicrobial Consumption - piperacillin-tazobactam use	by 31 March 2024, Trusts to secure (in secondary care) a 3% reduction in piperacillin-tazobactam use, measured in DDD per 1000 admissions	-1.1%	-0.6%
Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category	52.75%	52.46%	51.37%

## COMMUNITY CARE

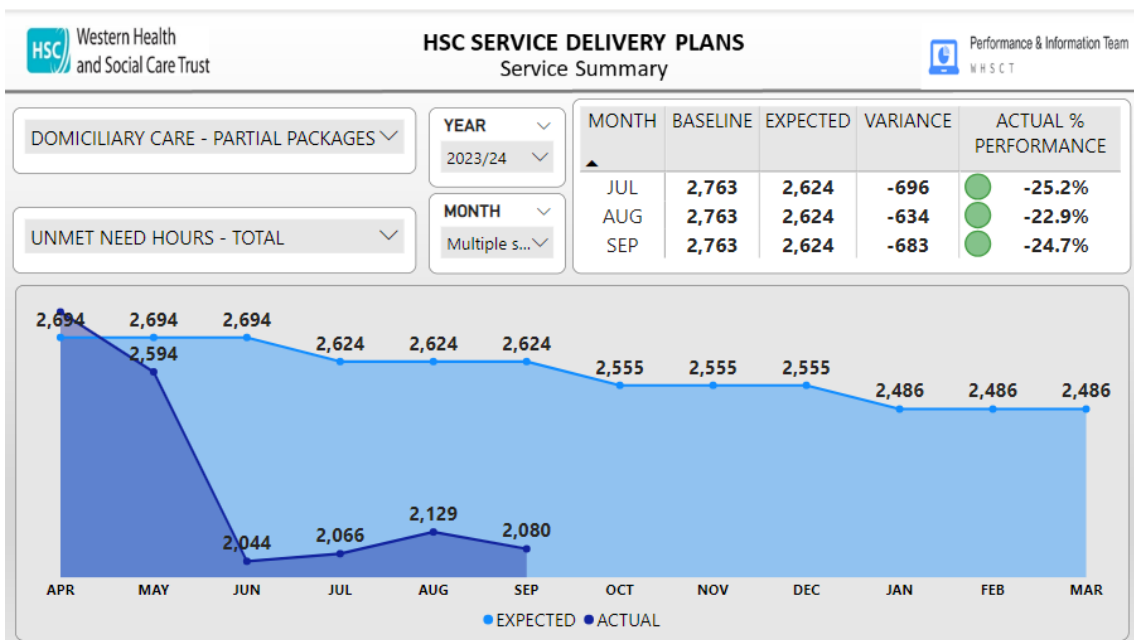
### Domiciliary Care – Service Delivery Plan

The 2023/24 SDP target is to achieve a 10% reduction in unmet need hours by March 2024 (full and partial packages across all POCs) (2.5% reduction per quarter).

**Full Packages:** at the end of September 23, the Trust reported 2,747 unmet need hours against the expected target of 2,658.



**Partial Packages:** at the end of September, the Trust reported 2,080 unmet need hours against the expected target of 2,624.



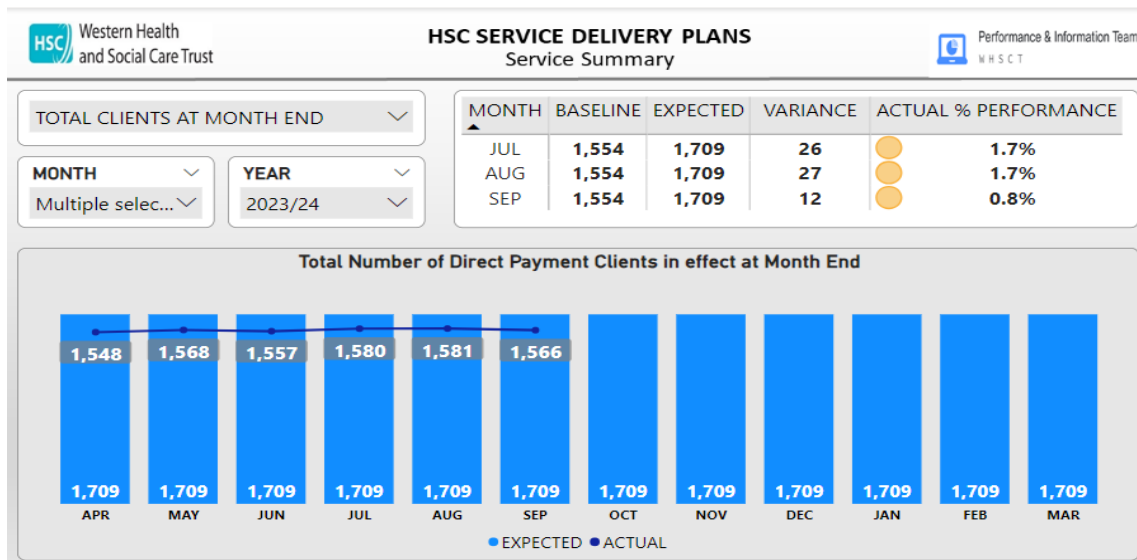


## Direct Payments – Service Delivery Plan

The 2023/24 SDP target is to achieve 10% increase in the number of service user Direct Payments in effect by March 2024.

The Trust are expected to achieve **1,709** Direct Payment Clients in effect by the end of March 24.

At the end of September 23, there are **1,566** Direct Payment Clients in effect. The position has increased further against the March 23 Baseline (1,554) and June 23 (1,557) position.



## Children’s Social Care – Service Delivery Plan

The 2023/24 SDP target for Child Protection Case Conferences is to achieve **84%** of Initial Child Protection Case Conferences held <15 days; **85%** of Review Case Conferences held <3 months and **89%** of Subsequent Review Case Conferences held <6 months.

High levels of performance maintained throughout Quarter 2 (July to September 23) with all three targets either exceeded or almost achieved each month; with the exception of Child Case Conferences held within 6 months at September 23.

September 23 performance for Case Conferences (6 months), was impacted by a higher number of case conferences being held compared to the previous two months. Securing quorum remains challenging particularly during holiday periods and school closures; to mitigate this, the service schedule more case conferences in June and September. Short notice cancellations due to parent and/or family sickness also remains a factor on performance.

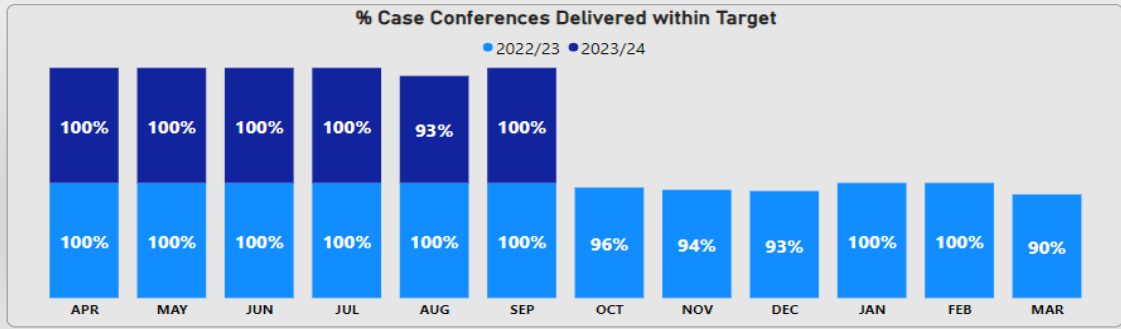
The cumulative Quarter 2 (July to September 23) performance achieved:

- Initial Child Protection Case Conferences held <15 days: **98.1%** against the 84% target.
- Review Case Conferences held <3 months: **94.9%** against the 85% target.
- Subsequent Review Case Conferences held <6 months: **86.5%** against the 89% target.

INITIAL CHILD PROTECTION CASE CONFERENCES - 15 DAYS

MONTH	EXPECTED	ACTUAL % PERFORMANCE
JUL	84%	100.0%
AUG	84%	93.0%
SEP	84%	100.0%

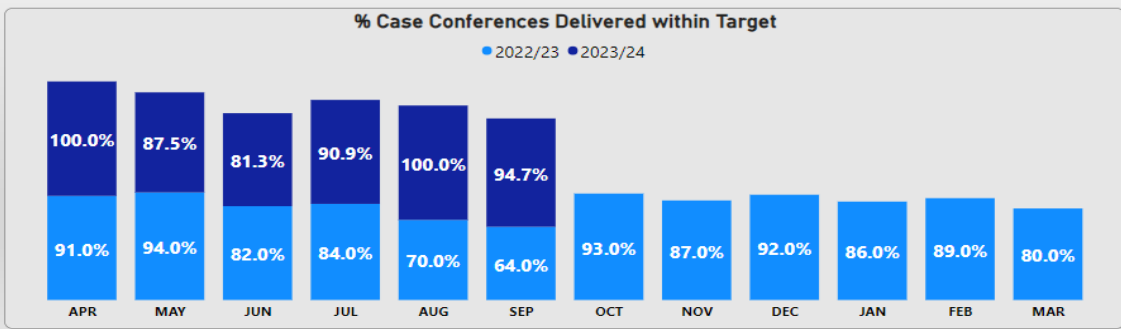
MONTH: Multiple selections  
YEAR: 2023/24



REVIEW CHILD PROTECTION CASE CONFERENCES - 3 MONTHS

MONTH	EXPECTED	ACTUAL % PERFORMANCE
JUL	85%	90.9%
AUG	85%	100.0%
SEP	85%	94.7%

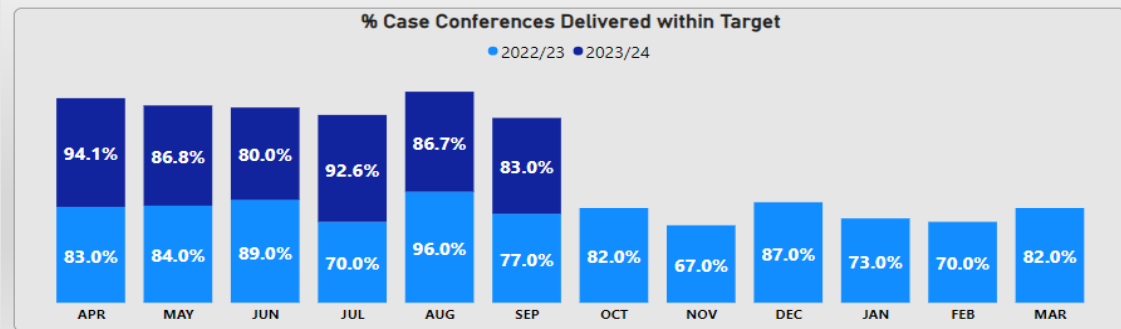
MONTH: Multiple selections  
YEAR: 2023/24



SUBSEQUENT CHILD PROTECTION CASE CONFERENCES - 6 MON...

MONTH	EXPECTED	ACTUAL % PERFORMANCE
JUL	89%	92.6%
AUG	89%	86.7%
SEP	89%	83.0%

MONTH: Multiple selections  
YEAR: 2023/24



## Mental Health Services – Service Delivery Plan

The 2023/24 SDP target - deliver 110% of 2019/20 activity for Adult Mental Health and Dementia.

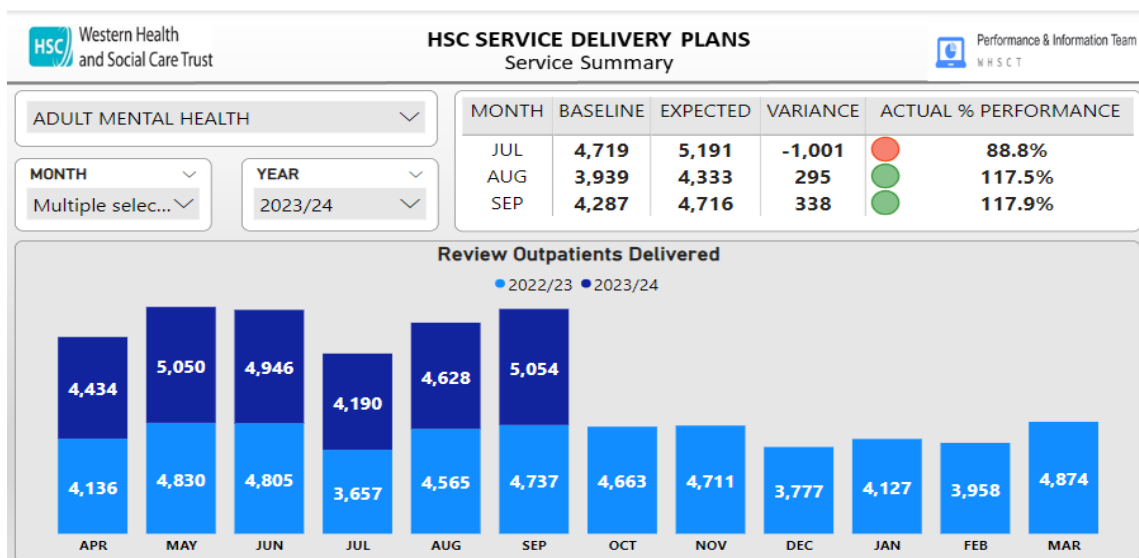
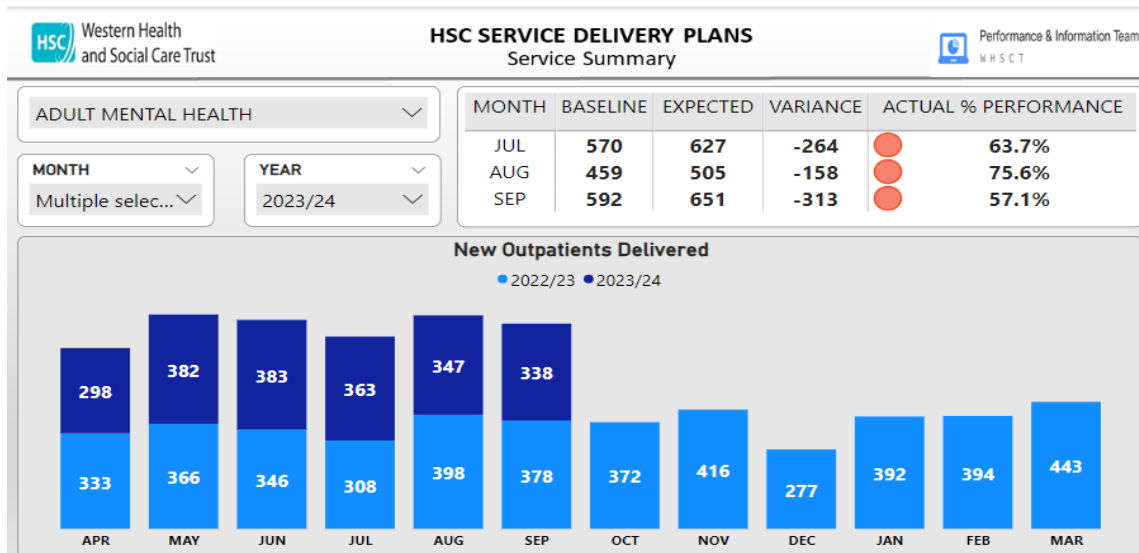
The 2023/24 SDP target - deliver 100% of 2019/20 activity for Psychological Therapies.

The 2023/24 SDP target - deliver 100% (New) and 110% (Review) of 2019/20 activity for Child & Adolescent Mental Health Service

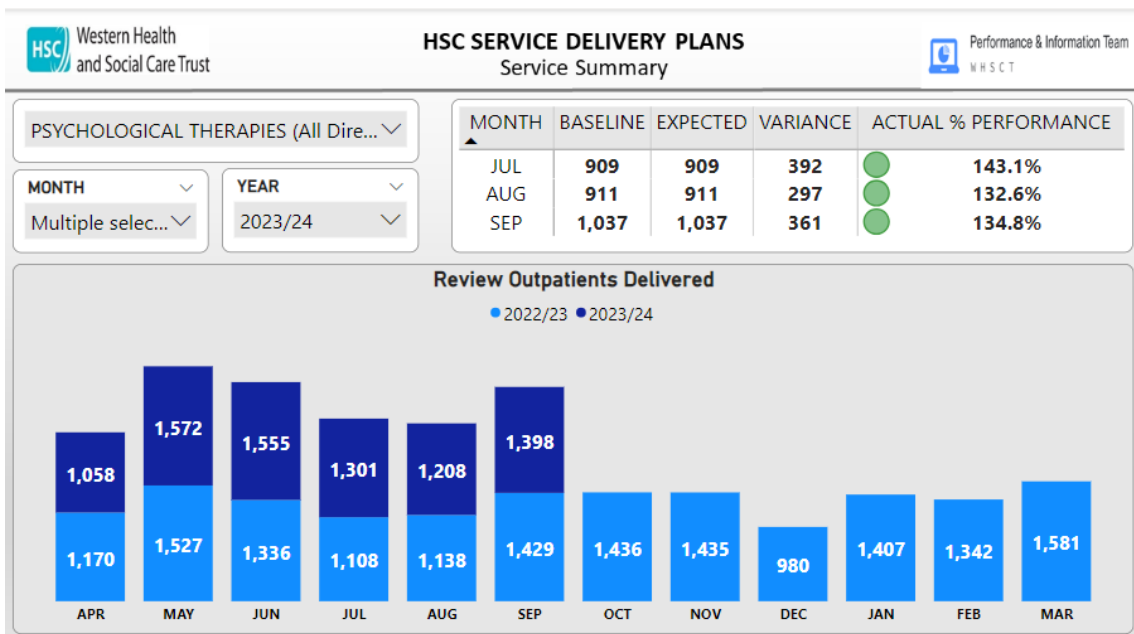
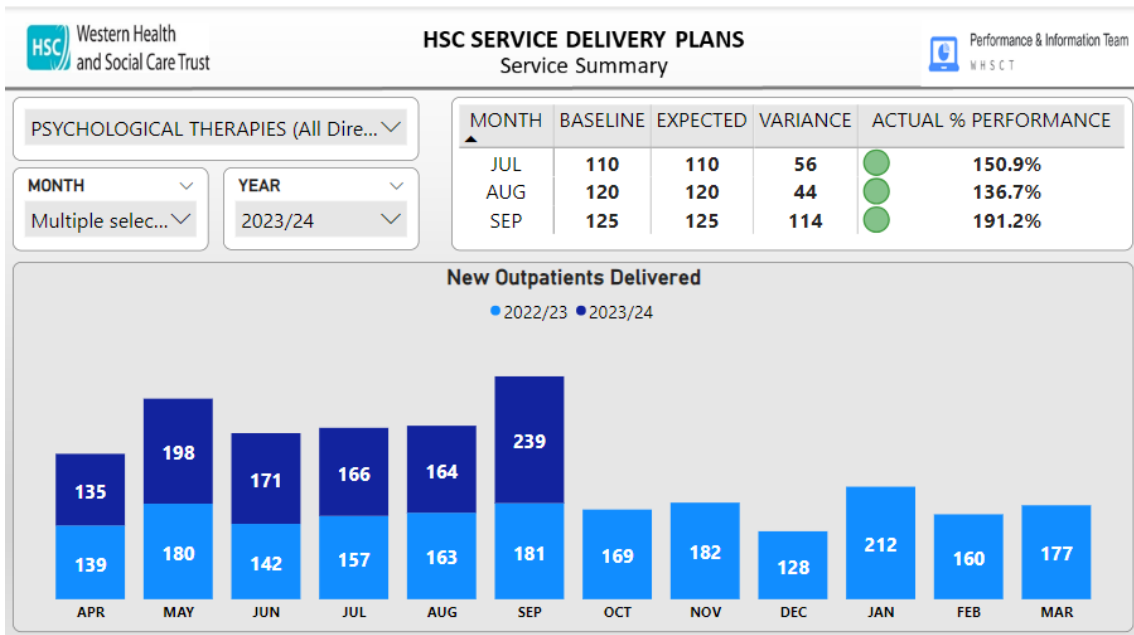
The cumulative New and Review activity delivered during Quarter 2 (July to September 23) (23,134), across the four service areas, represents **110.2%** of the cumulative 2019/20 Baseline activity (20,994); a marginal decrease when compared to Quarter 1 (April to June 23) (24,143). The over performance continues to be attributed to additional activity within Psychological Therapies and Child and Adolescent Mental Health Service. Individual summaries for each service areas is provided below:

Adult Mental Health (New) Quarter 2 performance continued to be affected by reduced capacity from vacant posts and sickness absence. Focus remains on recruitment to vacant posts; following a recent recruitment process two new employees are to commence post and further interviews are scheduled for mid-October 23.

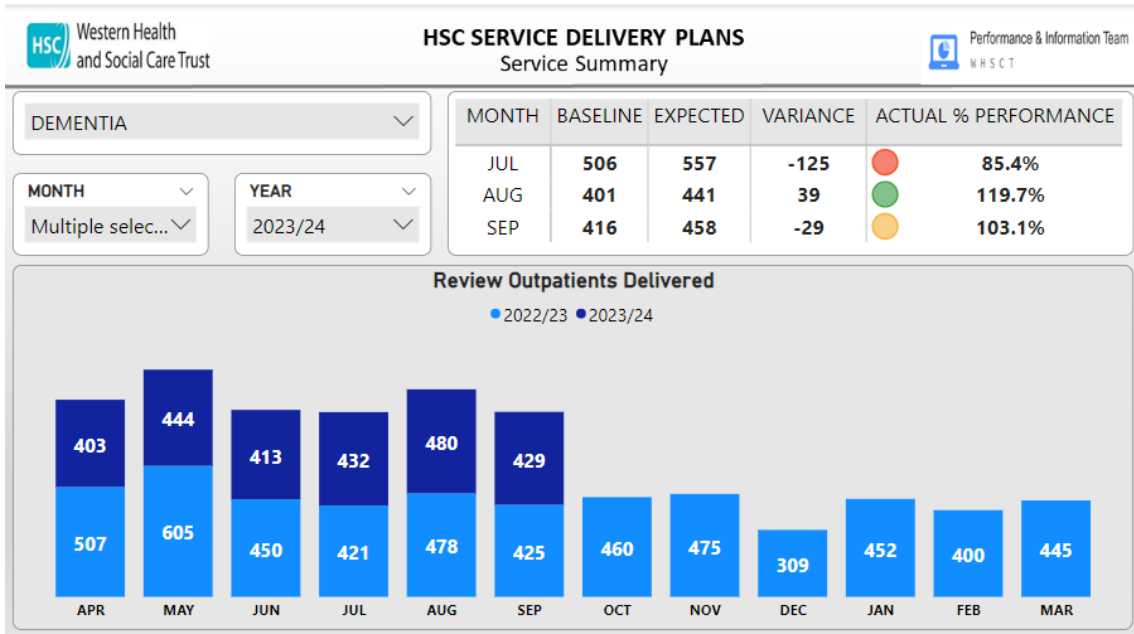
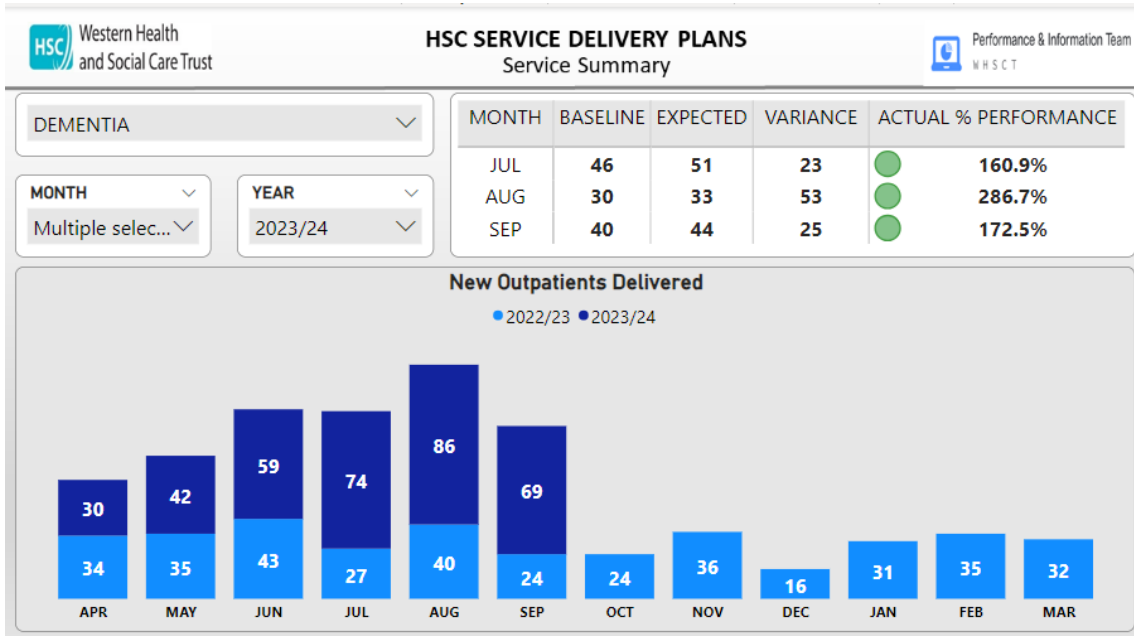
**Adult Mental Health:** the cumulative new and review activity delivered during Quarter 2 (July to September 23) (14,920) reflects **102.4%** of the 2019/20 Baseline activity (14,566).



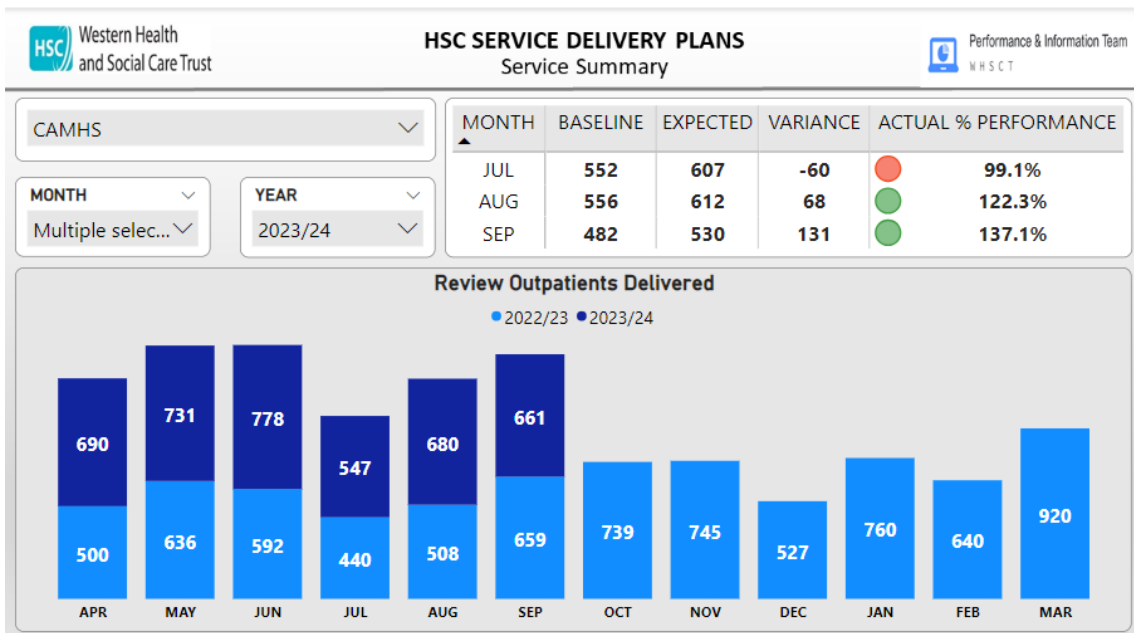
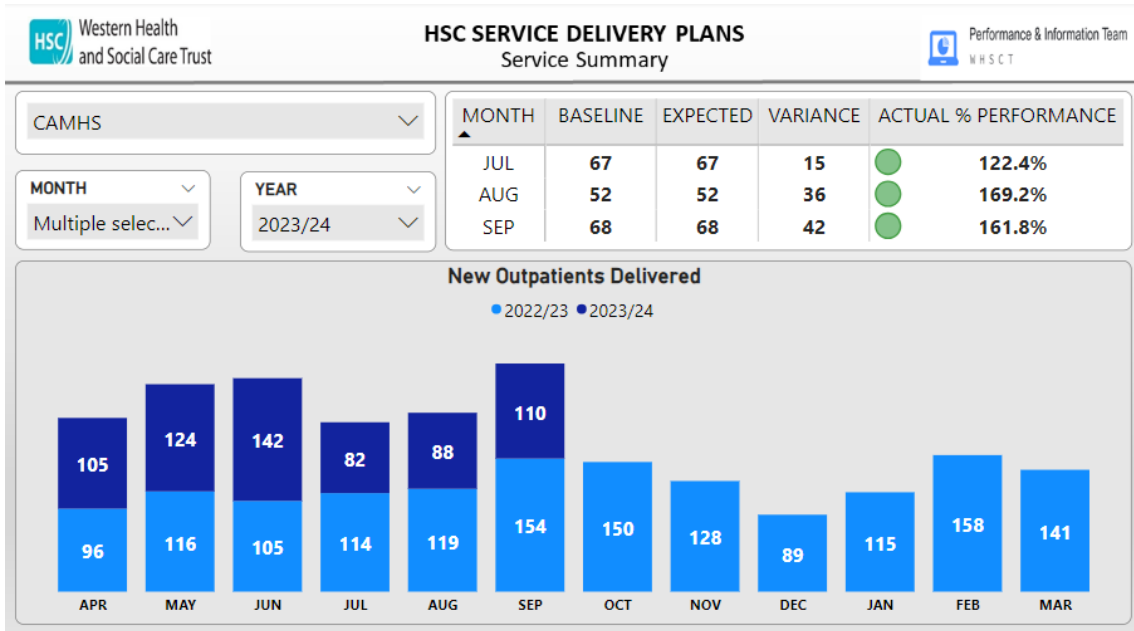
**Psychological Therapies:** the cumulative new and review activity delivered during Quarter 2 (July to September 23) (4,476) reflects **139.4%** of the 2019/20 Baseline activity (3,212).



**Dementia:** the cumulative new and review activity delivered during Quarter 2 (July to September 23) (1,570) reflects **109.1%** of the 2019/20 Baseline activity (1,439).



**Child and Adolescent Mental Health Service:** the cumulative new and review activity delivered during Quarter 2 (July to September 23) (2,168) reflects **122%** (149.7% New and 118.7% Review) of the 2019/20 Baseline activity (1,777).



## Mental Health Services – Access Performance

By March 2024, no patient waits longer than 9 weeks to access Adult Mental Health, Dementia and Child and Adolescent Mental Health services and no patient waits longer than 13 weeks to access Psychological Therapy services.

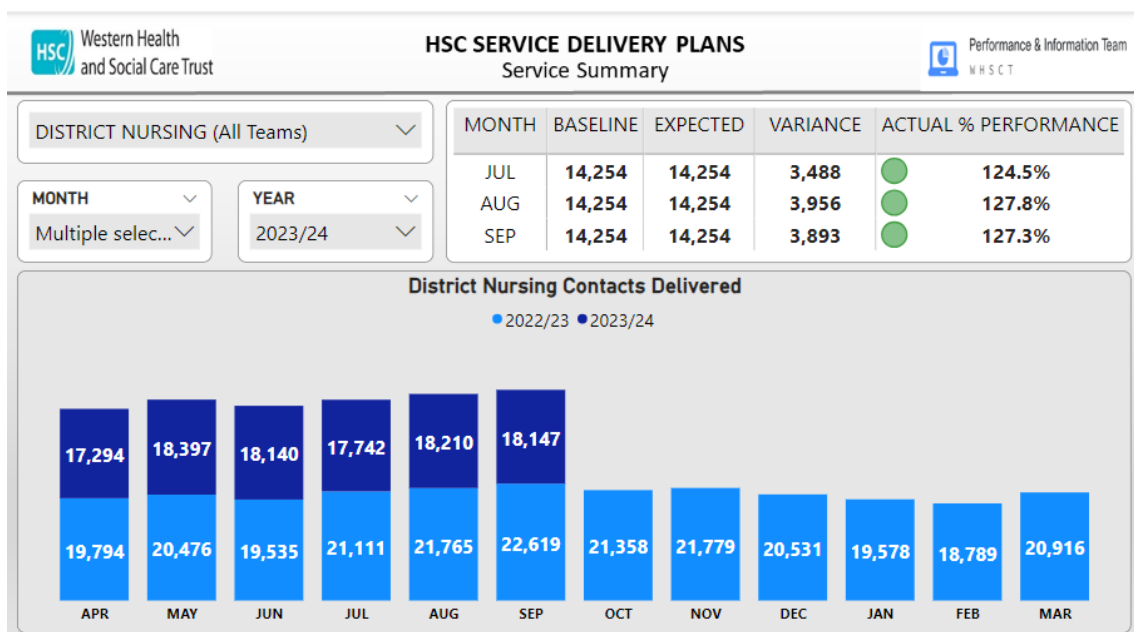
At the end of September 23, the Trust reported a total of:

- **808** patients waiting to access the Adult Mental Health Service with **281** waiting longer than 9 weeks. Further improvement in performance, when compared to June 23 end of Quarter 1 position; there were 806 in total waiting and 342 waiting longer than 9 weeks.
- **1,157** patients waiting to access the Dementia Service with **992** waiting longer than 9 weeks. Deterioration in performance, when compared to June 23 end of Quarter 1 position; there were 1,125 in total waiting and 942 waiting longer than 9 weeks.
- **331** patients waiting to access the Child and Adolescent Mental Health Service with **214** waiting longer than 9 weeks. Performance has remained static when compared to June 23 end of Quarter 1 position; there were 333 in total waiting and 214 waiting longer than 9 weeks.
- **1,339** patients waiting to access Psychological Therapy Services with **1,119** waiting longer than 13 weeks. Deterioration in performance, when compared to June 23 end of Quarter 1 position; there were 1,375 in total waiting and 1,075 waiting longer than 13 weeks.

## District Nursing – Service Delivery Plan

**District Nursing Contacts:** the 2023/24 SDP target is to deliver 100% of 2019/20 activity.

Performance against this target remains strong. The cumulative number of contacts delivered during Quarter 2 (July to September 23) (54,099) reflects **126.5%** of the Baseline (2019/20 Average volume) (42,762). The additional investment received in 2021 and stable workforce continues to support this level of delivery.



## District Nursing Quality Indicators

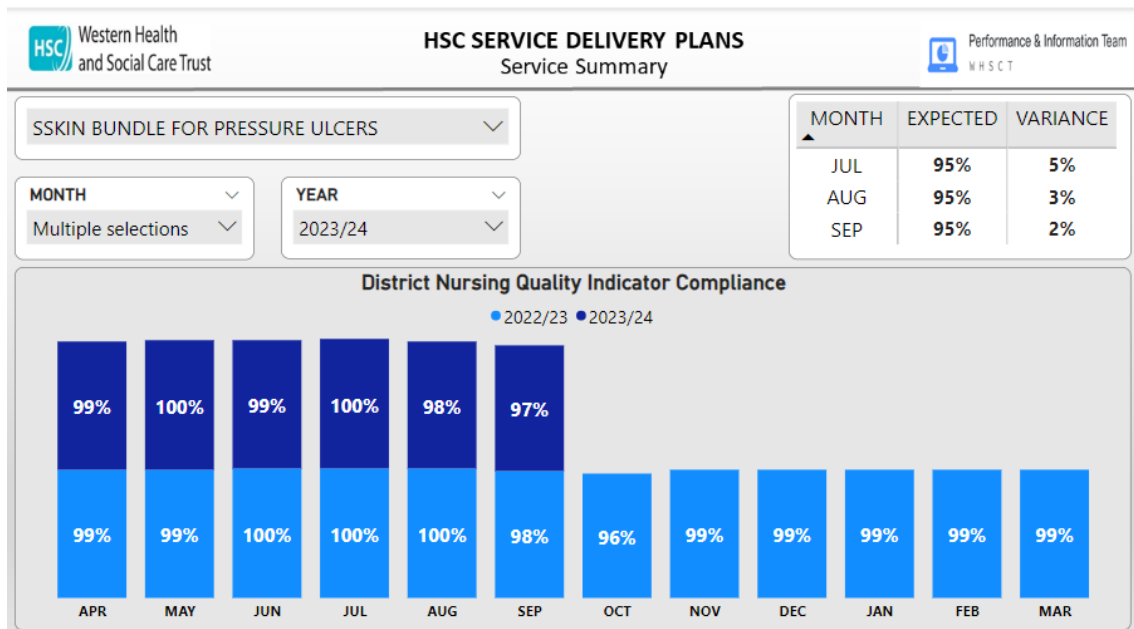
**SSKIN Bundle for Pressure Ulcers:** the 2023/24 SDP target is to achieve **95%** compliance in Quarter 1 & 2 and **100%** compliance in Quarter 3 & 4.

**Malnutrition Universal Screen Tool (MUST):** the 2023/24 SDP target is to achieve **75%** compliance in Quarter 1 & 2, **85%** compliance in Quarter 3 and **95%** compliance in Quarter 4.

**Palliative Care Quality Indicator (PCQI):** the 2023/24 SDP target is to achieve **60%** compliance in Quarter 1 & 2, **75%** compliance in Quarter 3 and **80%** compliance in Quarter 4.

The service continue to deliver very strong performance against the three District Nursing Quality Indicators. The Quarter 2 (July to September 23) performance for:

- **SSKIN Bundle for Pressure Ulcers: 98.3%** achieved against the 95% target.
- **Malnutrition Universal Screen Tool (MUST): 74.3%** achieved against the 75% target.
- **Palliative Care Quality Indicator (PCQI): 76.0%** achieved against the 60% target.





ALL ELEMENTS OF MUST

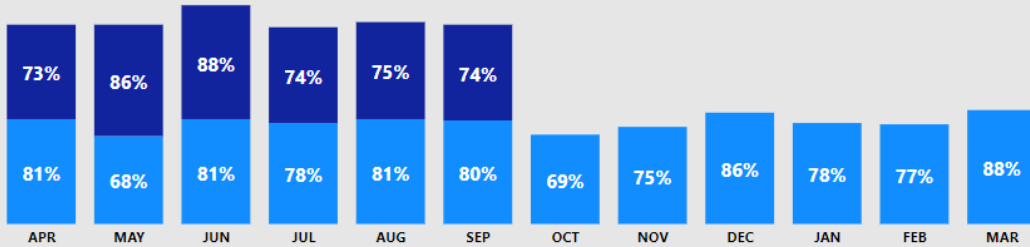
MONTH  
Multiple selections

YEAR  
2023/24

MONTH	EXPECTED	VARIANCE
JUL	75%	-1%
AUG	75%	0%
SEP	75%	-1%

District Nursing Quality Indicator Compliance

2022/23 2023/24



ALL ELEMENTS OF PCQI

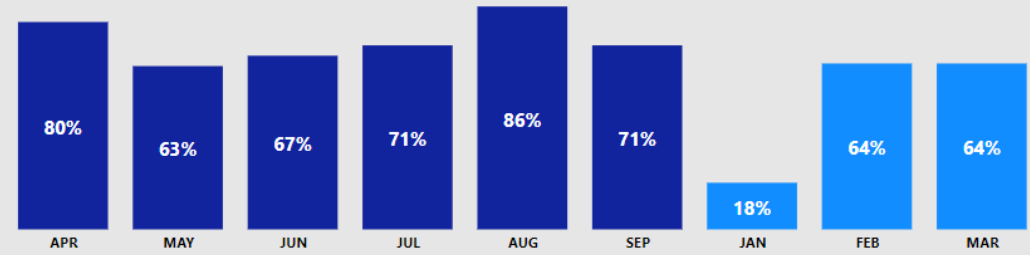
MONTH  
Multiple selections

YEAR  
2023/24

MONTH	EXPECTED	VARIANCE
JUL	60%	11%
AUG	60%	26%
SEP	60%	11%

District Nursing Quality Indicator Compliance

2022/23 2023/24



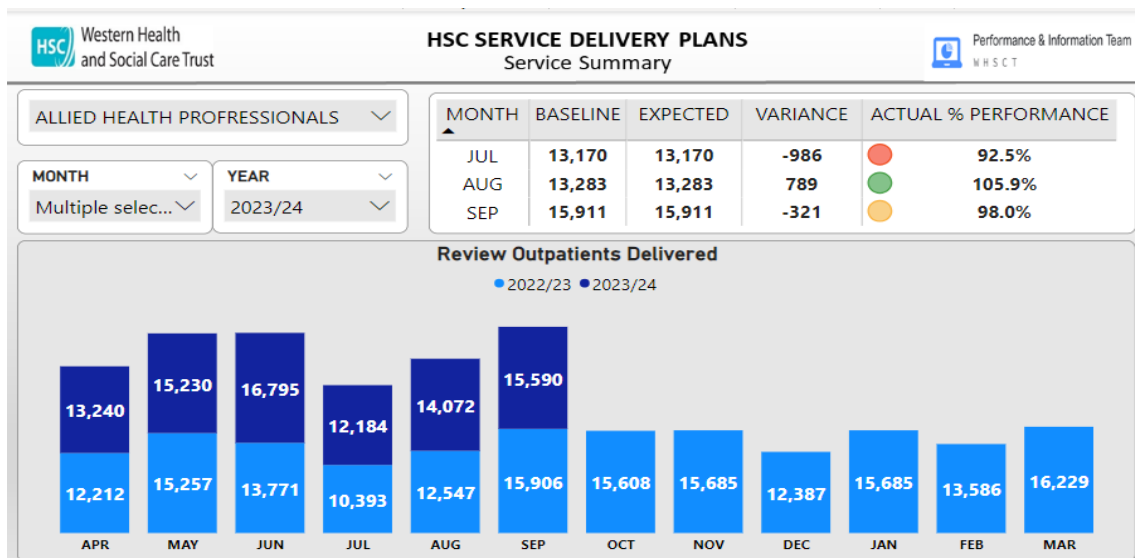
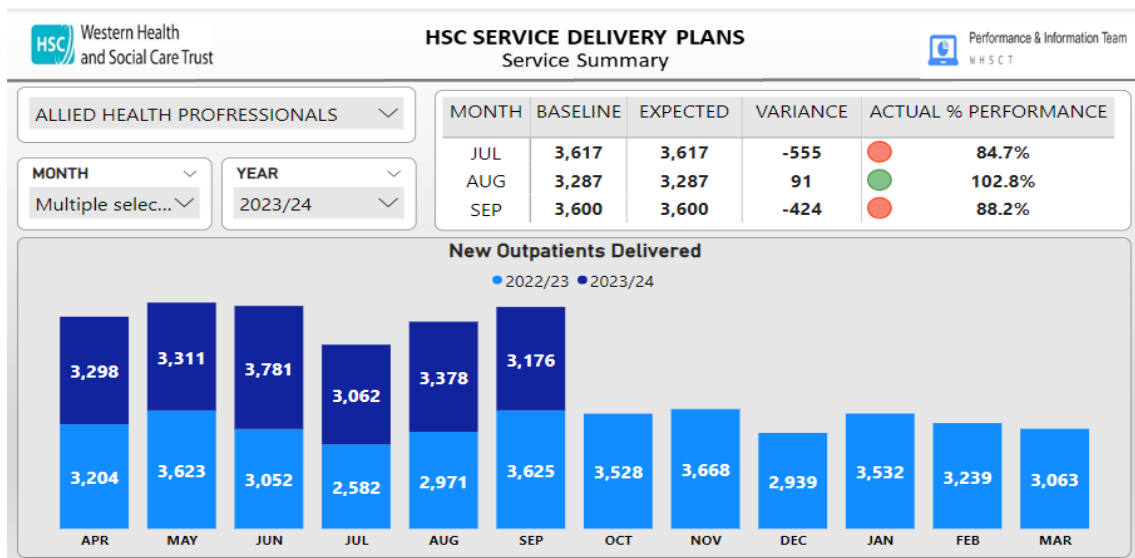
## Allied Health Professionals (AHPs) – Service Delivery Plan

The 2023/24 SDP target is to deliver 100% of 2019/20 activity for Physiotherapy, Occupational Therapy, Orthoptics and Podiatry.

The 2023/24 SDP target is to deliver 100% of 2022/23 activity for Dietetics and Speech & Language Therapy.

The cumulative New and Review activity delivered during Quarter 2 (July to September 23) (51,462), across the six service areas, represents **97.3%** (91.5% New and 98.8% Review) of the cumulative 2019/20 Baseline activity (52,868); a decrease when compared to Quarter 1 (April to July 23) (55,655).

Service capacity remains impacted by sickness absence and vacant posts. The impacted services are continuing to progress all available options to increase capacity. Following recent recruitment; one staff member to commence post mid-October and a further three are awaiting start dates. Some improvement in activity is anticipated in Quarter 3 (October to December 23).



## Allied Health Professionals (AHPs) – Access Performance

By March 2024, no patient waits longer than 13 weeks from referral to commencement of AHP treatment.

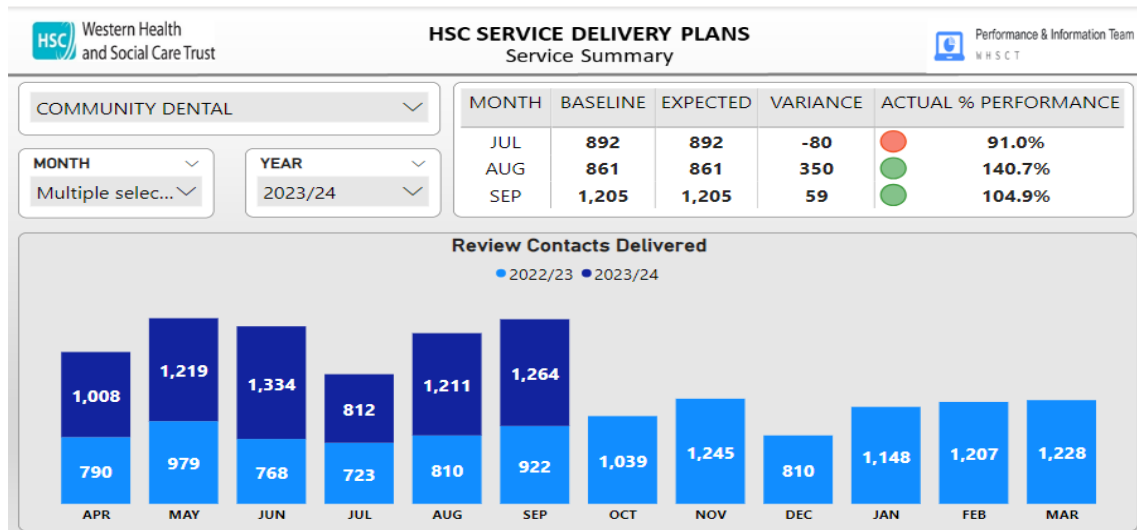
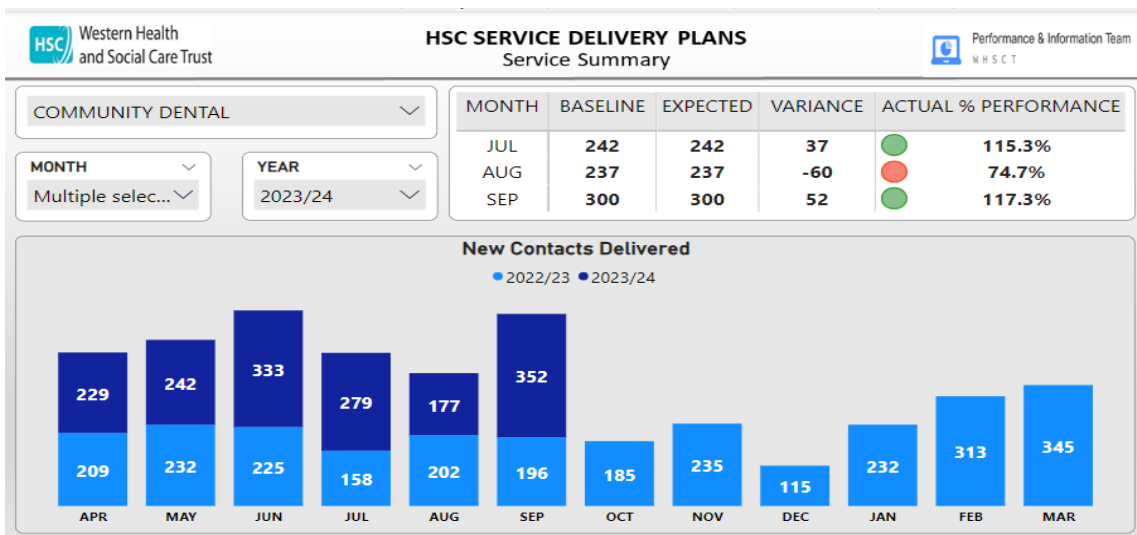
At the end of September 23, the Trust reported a total of 16,063 patients waiting to commence Allied Health Professional treatment with **8,751** waiting longer than 13 weeks. Deterioration in performance, when compared to June 23 end of year position; there were 15,936 in total waiting and 8,586 waiting longer than 13 weeks.

## Community Dental

The 2023/24 SDP target for Community Dental Contacts (new and review) is to achieve **100%** of 2019/20 in Quarter 1 & 2, **105%** in Quarter 3 and **110%** in Quarter 4.

### Community Dental Contacts

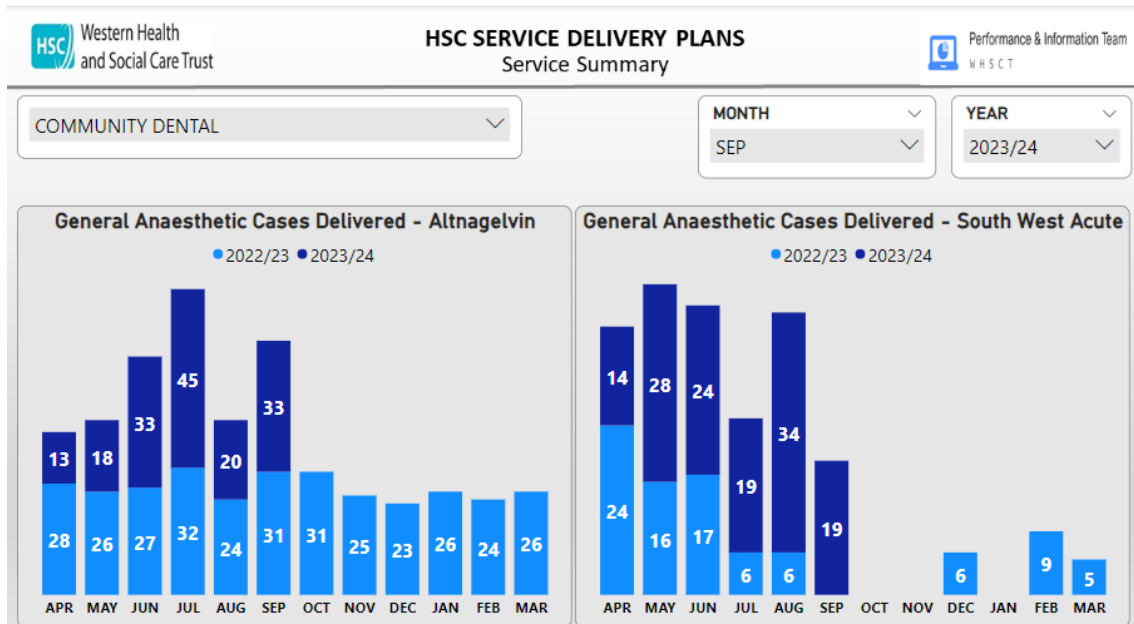
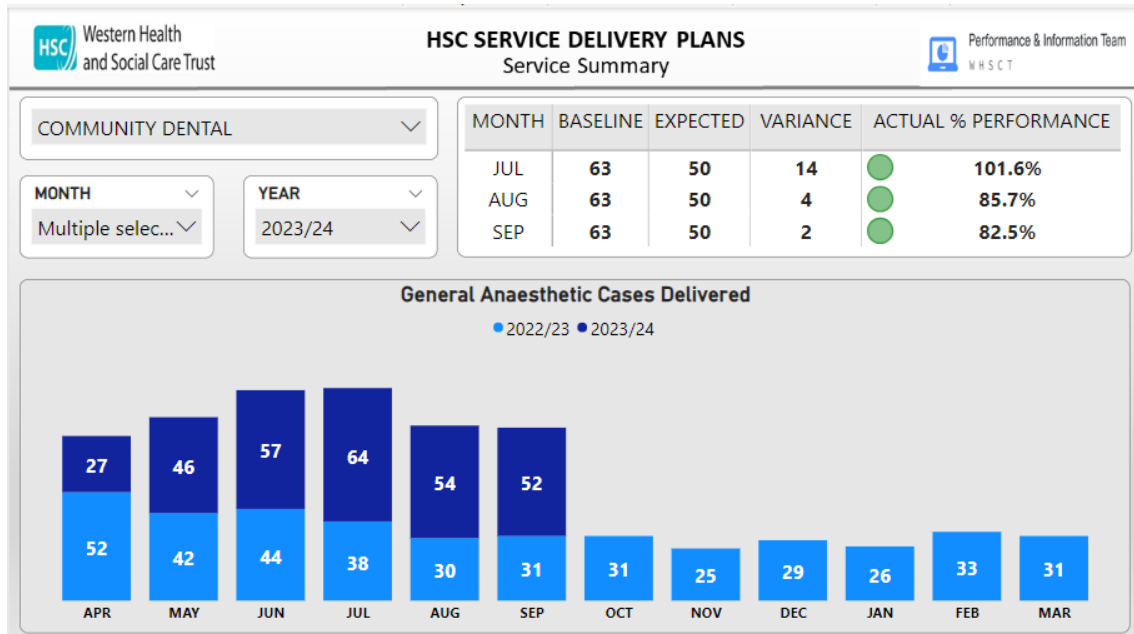
The cumulative number of New and Review contacts delivered during Quarter 2 (July to September 23) (4,095) reflects **109.6%** (103.7% New and 111.1% Review) of the cumulative 2019/20 Baseline activity (3,737).



## Community Dental – General Anaesthetic Cases Delivered

The 2023/24 SDP target for Community Dental - General Anaesthetic (GA) Children's Cases is to achieve 80% of 2019/20 activity.

The number of GA cases delivered during Quarter 2 (July to September 23) (170), represents **89.9%** (74.2% Altnagelvin and 126.3% South West Acute) of the cumulative 2019/20 Baseline (189) and is an increase when compared to Quarter 1 (April to June 23) (130).



## Section 2: Western Trust – SDP RAG Key & Performance



Western Health  
and Social Care Trust

HSC SERVICE DELIVERY PLANS  
HOSPITAL SERVICES 2023/24

LINK TO  
SPPG TARGETS

		QUARTER 2 (JULY - SEPTEMBER 2023)				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
<b>CANCER</b>						
<b>ACTIVITY</b>	14 DAYS 110% OF 2021/22 BASELINE	218	240	344	104	157.8%
	14 DAY TARGET - TOTAL ACTIVITY NO LONGER MONITORED ON TOTAL (CORE ACTIVITY ONLY)	670	737	769	32	115%
	31 DAYS 110% OF 2021/22 BASELINE	448	493	372	-121	83.0%
	62 DAYS 110% OF 2021/22 BASELINE	258	284	232	-52	89.9%
<b>PERFORMANCE</b>	14 DAYS	100%	100%	100%	0%	100%
	31 DAYS	98%	98%	99%	1%	99%
	62 DAYS	95%	95%	43%	-52%	43%
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE		1,938	2,132	2,383	251	123.0%
<b>IMAGING</b>						
<b>MRI</b>	TARGET SBA VOLUMES	4,095	4,095	4,168	73	101.8%
<b>CT</b>	TARGET SBA VOLUMES	8,088	8,088	9,670	1,582	119.6%
<b>NOUS</b>	TARGET SBA VOLUMES	10,626	10,626	10,645	19	100.2%
<b>CARDIOLOGY / CARDIAC</b>						
<b>CARDIAC MRI</b>	TARGET SBA VOLUMES	84	84	82	-2	97.6%
<b>CARDIAC CT</b>	110% OF 2019/20 BASELINE	130	142	129	-13	99.2%
<b>ECHO</b>	TARGET SBA VOLUMES	2,079	2,079	1,499	-580	72.1%
<b>CATH LAB</b>	110% OF 2019/20 BASELINE	546	604	491	-113	89.9%
<b>ELECTIVE</b>						
<b>NEW OUTPATIENTS</b> 105% OF 2019/20 BASELINE	FACE TO FACE	18,697	19,632	12,965	-2,510	91.6%
	VIRTUAL			1,059		
	OTHER			3,098		
	<b>TOTAL</b>			<b>17,122</b>		
<b>REVIEW OUTPATIENTS</b> 100% OF 2019/20 BASELINE	FACE TO FACE	38,070	38,070	23,439	-1,943	94.9%
	VIRTUAL			5,585		
	OTHER			7,103		
	<b>TOTAL</b>			<b>36,127</b>		
<b>OUTPATIENTS (OVERALL)</b>		<b>56,767</b>	<b>57,702</b>	<b>53,249</b>	<b>-4,453</b>	<b>94%</b>
<b>INPATIENT</b> 100% OF 2019/20 BASELINE	CORE	1,571	1,571	1,263	-308	80.4%
	OTHER	351	351	338	-13	96.3%
	<b>TOTAL</b>	<b>1,922</b>	<b>1,922</b>	<b>1,601</b>	<b>-321</b>	<b>83.3%</b>
<b>DAY CASES</b> 100% OF 2019/20 BASELINE	CORE	4,032	4,032	3,975	-57	98.6%
	OTHER	2,190	2,190	2,020	-170	92.2%
	<b>TOTAL</b>	<b>6,222</b>	<b>6,222</b>	<b>5,995</b>	<b>-227</b>	<b>96.4%</b>
<b>INPATIENT AND DAYCASE (OVERALL)</b>		<b>8,144</b>	<b>8,144</b>	<b>7,596</b>	<b>-548</b>	<b>93.3%</b>
<b>ENDOSCOPY</b>	100% OF 2019/20 BASELINE	2,481	2,481	1,863	-618	75.1%
<b>THEATRE UTILISATION</b>						
<b>SCHEDULED THEATRE MINUTES</b>	SESSION DURATION (MINS)	299,430	299,430	247,350	-52,080	82.6%
<b>THEATRE OPERATING TIMES</b>	MAIN THEATRES	85%	85%	84.7%	0%	84.7%
	DPU THEATRES	80%	80%	67.3%	-13%	67.3%
<b>UNSCHEDULED CARE</b>						
<b>ED PERFORMANCES - 12 HOURS</b>	10% REDUCTION OF 2022/23 BASELINE	4,343	3,909	4,268	-75	-1.7%
<b>WEEKEND DISCHARGES</b>						
<b>ALTNAGELVIN</b>	SIMPLE	80%	80%	45%	-35%	45.2%
	COMPLEX	60%	60%	34%	-26%	34.0%
<b>SOUTH WEST ACUTE</b>	SIMPLE	80%	80%	28%	-52%	28.4%
	COMPLEX	60%	60%	12%	-49%	11.5%
<b>AVERAGE LOS</b>						
<b>ALTNAGELVIN</b>	1 DAY REDUCTION BY Q4 2022/23 BASELINE	8.11	7.61	7.86	0.25	7.86
<b>SOUTH WEST ACUTE</b>	1 DAY REDUCTION BY Q4 2022/23 BASELINE	11.43	10.93	11.92	0.99	11.92

HSC SERVICE DELIVERY PLANS  
COMMUNITY SERVICES 2023/24

[LINK TO  
SPPG TARGETS](#)

		QUARTER 2 (JULY - SEPTEMBER 2023)				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
<b>COMMUNITY CARE</b>						
<b>DOMICILIARY CARE</b> <small>2.5% REDUCTION OF BASELINE Q1 5% REDUCTION OF BASELINE Q2 7.5% REDUCTION OF BASELINE Q3 10% REDUCTION OF BASELINE Q4</small>	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)	2,798	2,658	2,627	-171	-6.1%
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)	2,763	2,625	2,092	-671	-24.3%
	<b>TOTAL</b>	<b>5,561</b>	<b>5,283</b>	<b>4,719</b>	<b>-842</b>	<b>-15.1%</b>
<b>DIRECT PAYMENTS</b>	DIRECT PAYMENTS <small>10% INCREASE BY MARCH 2024</small>	1,554	1,709	1,576	22	1.4%
<b>CHILDRENS SOCIAL CARE</b>						
<b>CHILD PROTECTION CASE CONFERENCES</b>	WITHIN 15 DAYS			52		98.1%
	TOTAL	N/A	84%	53	14%	
	% WITHIN 15 DAYS			98%		
	WITHIN 3 MONTHS			37		94.9%
	TOTAL	N/A	85%	39	10%	
	% WITHIN 3 MONTHS			95%		
	WITHIN 6 MONTHS			77		86.5%
	TOTAL	N/A	89%	89	-2%	
	% WITHIN 6 MONTHS			87%		
<b>UNALLOCATED FAMILY SUPPORT CASES (QUARTERLY MONITORING WITH EFFECT FROM Q2)</b> <small>10% REDUCTION BY MARCH 2024 (JUNE 2023 BASELINE)</small>		71.0	63.9	35.3	-35.7	-50.2%
<b>MENTAL HEALTH SERVICES</b>						
<b>ADULT MENTAL HEALTH (NON INPATIENT)</b> <small>110% OF 2019/20 BASELINE</small>	NEW	1,621	1,783	1,048	-735	64.7%
	REVIEW	12,945	14,240	13,872	-368	107.2%
	<b>TOTAL</b>	<b>14,566</b>	<b>16,022</b>	<b>14,920</b>	<b>-1,102</b>	<b>102.4%</b>
<b>PSYCHOLOGICAL THERAPIES</b> <small>100% OF 2019/20 BASELINE</small>	NEW	355	355	569	214	160.3%
	REVIEW	2,857	2,857	3,907	1,050	136.8%
	<b>TOTAL</b>	<b>3,212</b>	<b>3,212</b>	<b>4,476</b>	<b>1,264</b>	<b>139.4%</b>
<b>DEMENTIA</b> <small>110% OF 2019/20 BASELINE</small>	NEW	116	128	229	101	197.4%
	REVIEW	1,323	1,455	1,341	-114	101.4%
	<b>TOTAL</b>	<b>1,439</b>	<b>1,583</b>	<b>1,570</b>	<b>-13</b>	<b>109.1%</b>
<b>CAMHS</b> <small>100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)</small>	NEW	187	187	280	93	149.7%
	REVIEW	1,590	1,749	1,888	139	118.7%
	<b>TOTAL</b>	<b>1,777</b>	<b>1,936</b>	<b>2,168</b>	<b>232</b>	<b>122.0%</b>
<b>MENTAL HEALTH SERVICES (OVERALL)</b>		<b>20,994</b>	<b>22,753</b>	<b>23,134</b>	<b>381</b>	<b>110.2%</b>

LINK TO  
SPPG TARGETS

		QUARTER 2 (JULY - SEPTEMBER 2023)				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
<b>DISTRICT NURSING</b>						
<b>CONTACTS</b>	100% OF BASELINE	42,762	42,762	54,099	11,337	126.5%
<b>COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS</b>		N/A	95%	98%	3%	98.3%
<b>COMPLIANCE WITH ELEMENTS OF MUST</b>		N/A	75%	74%	-1%	74.3%
<b>COMPLIANCE WITH ALL ELEMENTS OF THE PCQI</b>		N/A	60%	76%	16%	76.0%
<b>ALLIED HEALTH PROFESSIONALS</b>						
<b>PHYSIOTHERAPY</b> 100% OF 2019/20 BASELINE	NEW	4,679	4,679	4,277	-402	91.4%
	REVIEW	12,402	12,402	12,326	-76	99.4%
	<b>TOTAL</b>	<b>17,081</b>	<b>17,081</b>	<b>16,603</b>	<b>-478</b>	<b>97.2%</b>
<b>OCCUPATIONAL THERAPY</b> 100% OF 2019/20 BASELINE	NEW	2,653	2,653	1,651	-1,002	62.2%
	REVIEW	8,178	8,178	8,557	379	104.6%
	<b>TOTAL</b>	<b>10,831</b>	<b>10,831</b>	<b>10,208</b>	<b>-623</b>	<b>94.2%</b>
<b>DIETETICS</b> 100% OF 2022/23 BASELINE	NEW	962	962	997	35	103.6%
	REVIEW	3,287	3,287	3,645	358	110.9%
	<b>TOTAL</b>	<b>4,249</b>	<b>4,249</b>	<b>4,642</b>	<b>393</b>	<b>109.2%</b>
<b>ORTHOPTICS</b> 100% OF 2019/20 BASELINE	NEW	653	653	797	144	122.1%
	REVIEW	2,197	2,197	2,053	-144	93.4%
	<b>TOTAL</b>	<b>2,850</b>	<b>2,850</b>	<b>2,850</b>	<b>0</b>	<b>100.0%</b>
<b>SPEECH &amp; LANGUAGE</b> 100% OF 2022/23 BASELINE	NEW	682	682	955	273	140.0%
	REVIEW	6,242	6,242	6,891	649	110.4%
	<b>TOTAL</b>	<b>6,924</b>	<b>6,924</b>	<b>7,846</b>	<b>922</b>	<b>113.3%</b>
<b>PODIATRY</b> 100% OF 2019/20 BASELINE	NEW	875	875	939	64	107.3%
	REVIEW	10,058	10,058	8,374	-1,684	83.3%
	<b>TOTAL</b>	<b>10,933</b>	<b>10,933</b>	<b>9,313</b>	<b>-1,620</b>	<b>85.2%</b>
<b>ALLIED HEALTH PROFESSIONALS (OVERALL)</b>	NEW	10,504	10,504	9,616	-888	91.5%
	REVIEW	42,364	42,364	41,846	-518	98.8%
	<b>TOTAL</b>	<b>52,868</b>	<b>52,868</b>	<b>51,462</b>	<b>-1,406</b>	<b>97.3%</b>
<b>STROKE SERVICES</b>						
<b>THROMBOLYSIS RATE</b> IN LINE WITH WHSCT RETURN	ALTNAGELVIN	N/A	16%	14%	-2%	13.7%
	SOUTH WEST ACUTE	N/A	16%	10%	-6%	10.3%
<b>% ADMITTED &lt;4 HOURS</b> FIGURES PROVIDED BY SPPG	ALTNAGELVIN	N/A	43%	TBC		
	SOUTH WEST ACUTE	N/A	90%	TBC		
<b>COMMUNITY DENTAL</b>						
<b>CONTACTS</b> 100% OF 2019/20 BASELINE FOR Q1 & Q2 105% OF 2019/20 BASELINE FOR Q3	NEW	779	779	808	29	103.7%
	REVIEW	2,958	2,958	3,287	329	111.1%
	<b>TOTAL</b>	<b>3,737</b>	<b>3,737</b>	<b>4,095</b>	<b>358</b>	<b>109.6%</b>
<b>GENERAL ANAESTHETIC CASES DELIVERED</b> CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	ALTNAGELVIN	132	106	98	-8	74.2%
	SOUTH WEST ACUTE	57	46	72	26	126.3%
	<b>TOTAL</b>	<b>189</b>	<b>151</b>	<b>170</b>	<b>19</b>	<b>89.9%</b>

**QUARTER 2 (JULY - SEPTEMBER 2023)**

<b>Total Metrics</b> Hospital & Community: 55 NIAS: 4 HCAI: 6	Total Number of SDP Metrics	<b>65</b>	
	Overall RAG Assessment	<b>24</b>	<b>37%</b>
		<b>14</b>	<b>22%</b>
		<b>25</b>	<b>38%</b>
No. of Metrics where performance is not available	<b>2</b>	<b>3%</b>	