



Western Health
and Social Care Trust

PERFORMANCE REPORT

APRIL – JUNE 23

Trust Board – 7th September 2023

Context

This report provides the first update for Hospital and Community Services on progress at the end of 2023/24 Quarter 1 (April to June 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 SDP RAG assessment and reporting format for 2023/24 has been revised by SPPG with performance focused on service delivery compared to core levels of activity in the baseline year. The Actual % Performance RAG has been assessed in line with the specific service target. The associated RAG keys for each service area are detailed in Section 2: Western Trust – SDP RAG Key and Performance.

The 2023/24 SDP Plan incorporates a number of new service areas; these include Domiciliary Care Unmet Need Hours, Unallocated Cases and Delegated Statutory Function (DSF) related targets, Theatre Minutes and Operating Times, ED Performance 12 hours, Compliance with all Elements of the PCQI and Health Care Acquired Infection (HCAI) and Antimicrobial Consumption. The target for Weekend Discharges has been amended to reflect both Simple and Complex Discharges.

The HCAI and Antimicrobial Consumption targets have recently been confirmed, however the specific Unallocated Cases and DSF related targets remain to be confirmed. It is expected that the Quarter 1 2023/24 performance for these service areas would be available in subsequent performance reports.

Executive Summary

The 2023/24 Quarter 1 (April to June) showed the Trust reporting the lowest number of areas in the SDP as "Red"; across the five Health and Social Care Trusts. Of the 56 WHSCT metrics in Quarter 1, the Trust reported 39% as "Red", 23% as "Amber" and 38% "Green".

Service areas where the cumulative Quarter 1 (April to June 23) Actual % Performance has met or exceeded the Baseline/SBA activity includes:

Hospital Services

- *Cancer Services*: 14 and 62 Day activity, 31 Day Access and Red Flag 1st OP appointment.
- *Imaging*: CT and Non-Obstetric ultrasound.
- *Cardiac*: MRI and CT.
- *Elective Care*: Theatre Operating Times – Main Theatres and Average Length of Stay (South West Acute)

Community Services

- *Community Care*: Domiciliary Care Unmet Need (Full & Partial packages).
- *Children's Social Care*: Initial Family assessments, Child Protection Case Conferences (15 Days and 3 months).
- *Mental Health Services*: Adult Mental Health (Review), Psychological Therapies and CAMHS (New and Review).
- *District Nursing*: Contacts and Quality Indicators x 3.
- *Allied Health Professionals*: Physiotherapy (New), Occupational Therapy (Review), Podiatry (New).
- *Community Dental*: New Contacts and GA sessions (South West Acute).
- *Stroke Services*: Thrombolysis (South West Acute).
- *Community Dental*: Contacts.

Service areas where the cumulative Quarter 1 (April to June 23) Actual % Performance has almost met the Baseline/SBA target includes:

Hospital Services

- *Cancer Services*: 14 Day Access performance
- *Elective Care*: Outpatients (Review) and Day case.

Community Services

- *Community Care*: Direct Payments
- *Children's Social Care*: Child Protection Case Conferences (6 months).
- *Mental Health Services*: Dementia (New).
- *Allied Health Professionals*: Dietetics (Review).
- *Stroke Services*: Thrombolysis (Altnagelvin).

Service areas where the cumulative Quarter 1 (April to June 23) Actual % Performance has not met the Baseline/SBA target includes:

Hospital Services

- *Cancer Services*: 31 Day activity and 62 Day Access performance
- *Imaging*: MRI
- *Cardiac*: Echo and Cath Lab procedures
- *Elective Care*: Outpatients (New), Inpatient, Endoscopy, Scheduled Theatre minutes and Theatre operating times (DPU).
- *Unscheduled Care*: ED 12 Hour Performance, Weekend Discharges, Average Length of Stay (Altnagelvin)

Community Services

- *Mental Health Services*: Adult Mental Health (New) and Dementia (Review).
- *Allied Health Professionals*: Physiotherapy (Review), Occupational Therapy (New), Dietetics (New), Orthoptics and Speech and Language Therapy (New and Review) and Podiatry (Review).
- *Stroke Services*: % Admitted < 4 Hours (Altnagelvin and South West Acute).
- *Community Dental*: General Anaesthetic Cases.

A detailed assessment of the 2023/24 Quarter 1 (April to June 23) activity delivered and baseline target for each service area is provided in Section 2.

Looking forward into July 23, out turn has been impacted by the holiday period and re-emerging Covid infection.

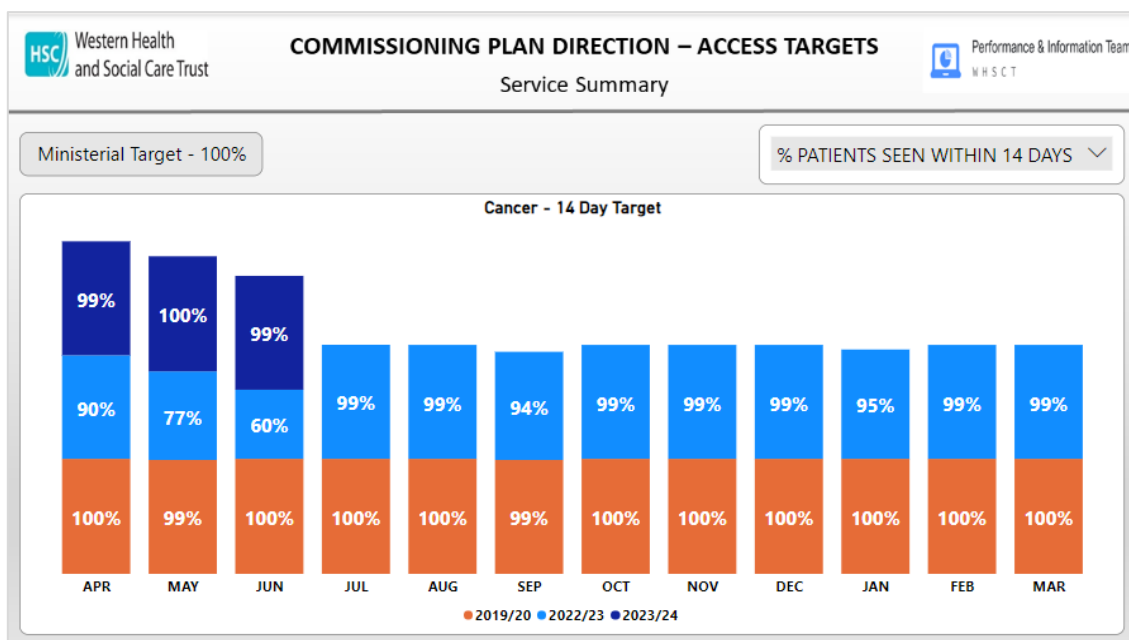
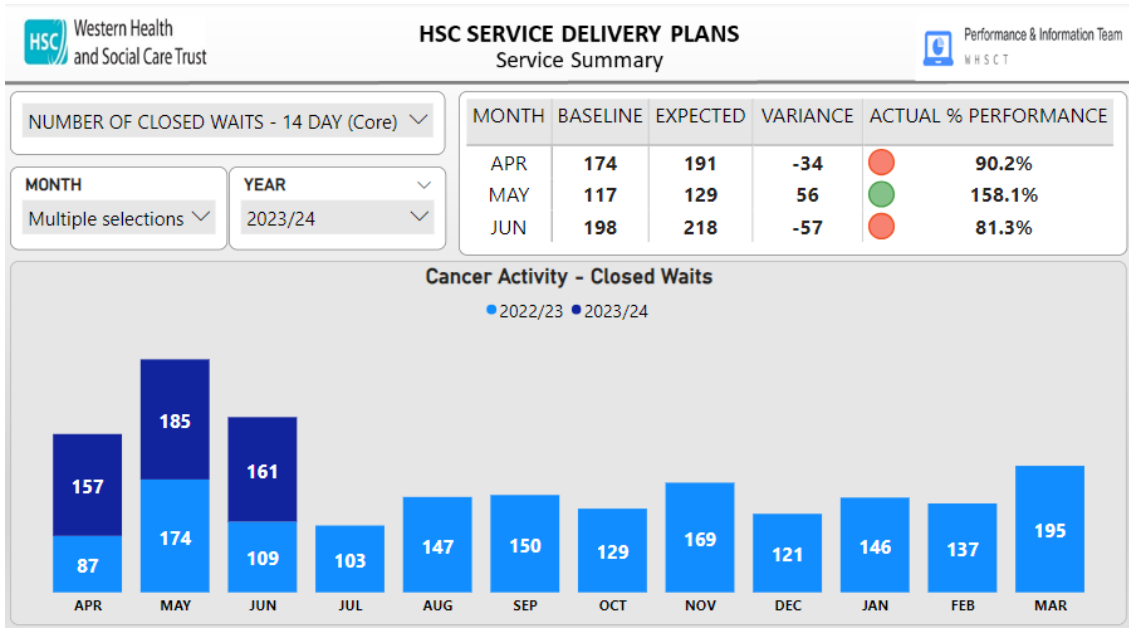
HOSPITAL SERVICES

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 1 (April to June 23) (503) reflects **102.9%** of the cumulative 2021/22 Baseline activity (489).

There was a higher number of closed waits completed during April to June 23 compared to the same period in 2022/23. Performance against the Ministerial Cancer access target remains strong with **99%** achieved; three patients waited longer than 14 days (longest wait 21 days). The actual % performance at June 23 reflects a lower level of demand for the service, when compared to the baseline period.



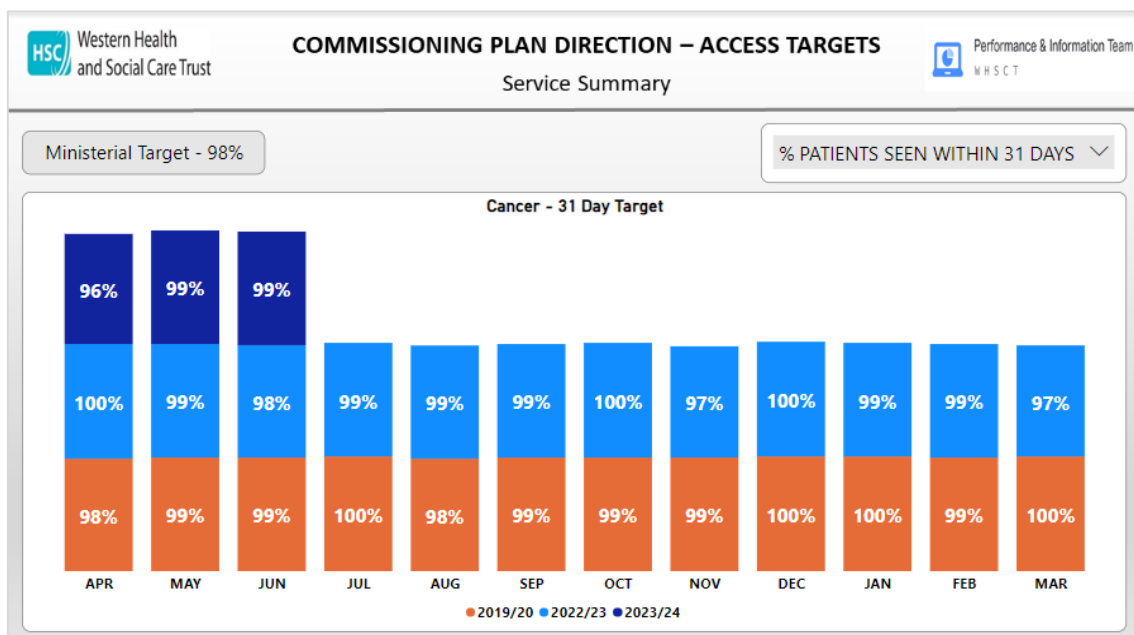
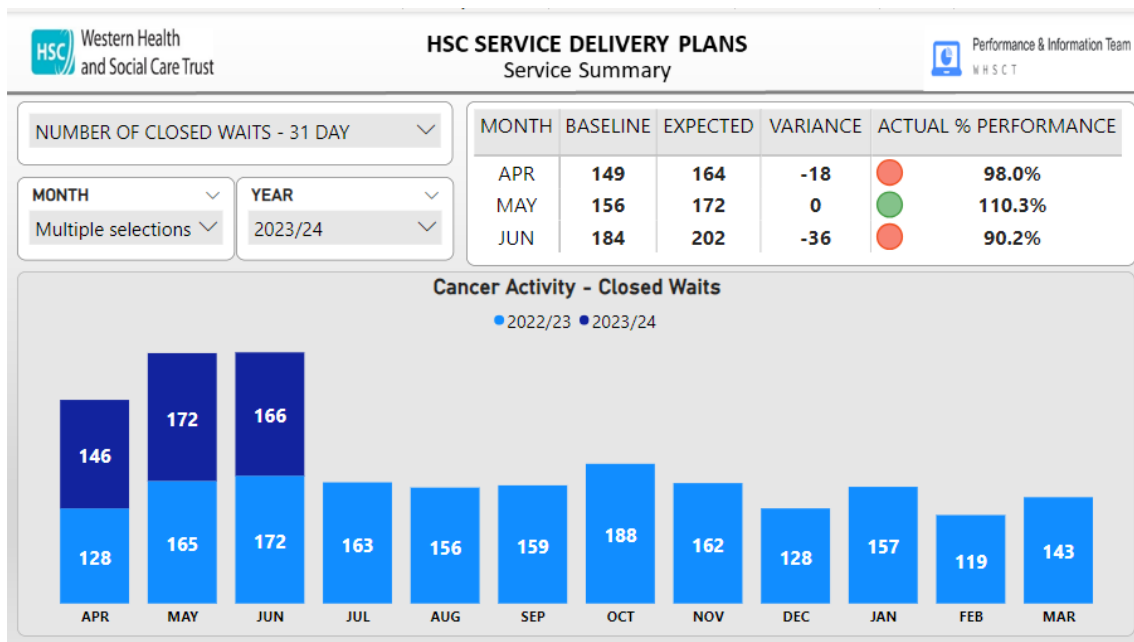
Cancer services – Service Delivery Plan & Access Performance

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 1 (April to June 23) (484) reflects **99%** of the cumulative 2021/22 Baseline activity (489).

This target is subject to a one month time lag and it is expected that the % performance will improve. The 2022/23 Quarter 4 activity and Access performance has been updated in line with DoH/SPPG reporting schedule.

Performance against the Ministerial Cancer access target remains strong with the target achieved during May and June 23. Regionally, Western Trust continues to be the only Trust to achieve a high level of performance for this Ministerial target.



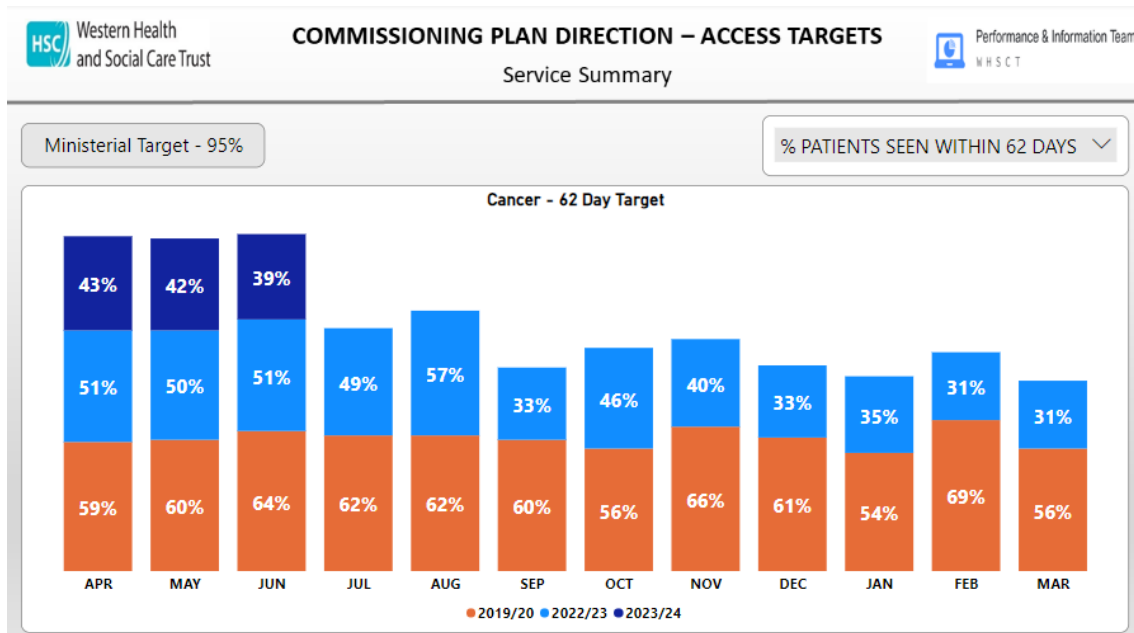
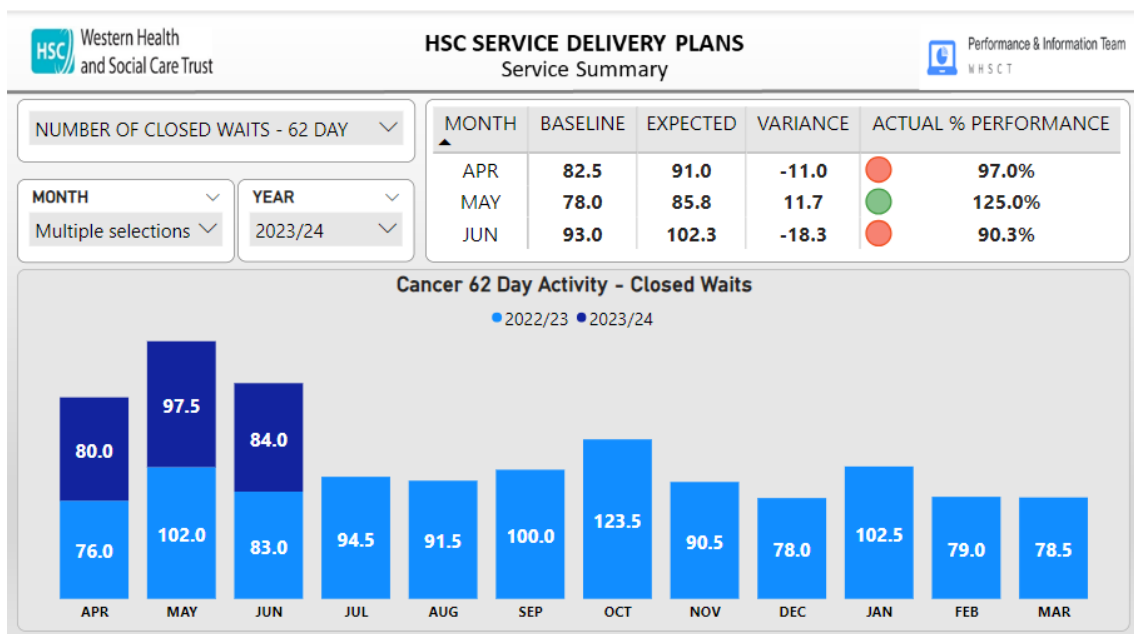
Cancer services – Service Delivery Plan & Access Performance

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 1 (April to June 23) (262) reflects **103.2%** of the cumulative 2021/22 Baseline activity (254); it is expected this will increase in line with the two month time lag and updated validation.

Although the access target was not met during Quarter 1 (April to June 23), performance has gradually improved during these months when compared to March 23 End of Year position. Performance against this access target remains challenging across the region, as no Trust achieved the 95% access target.

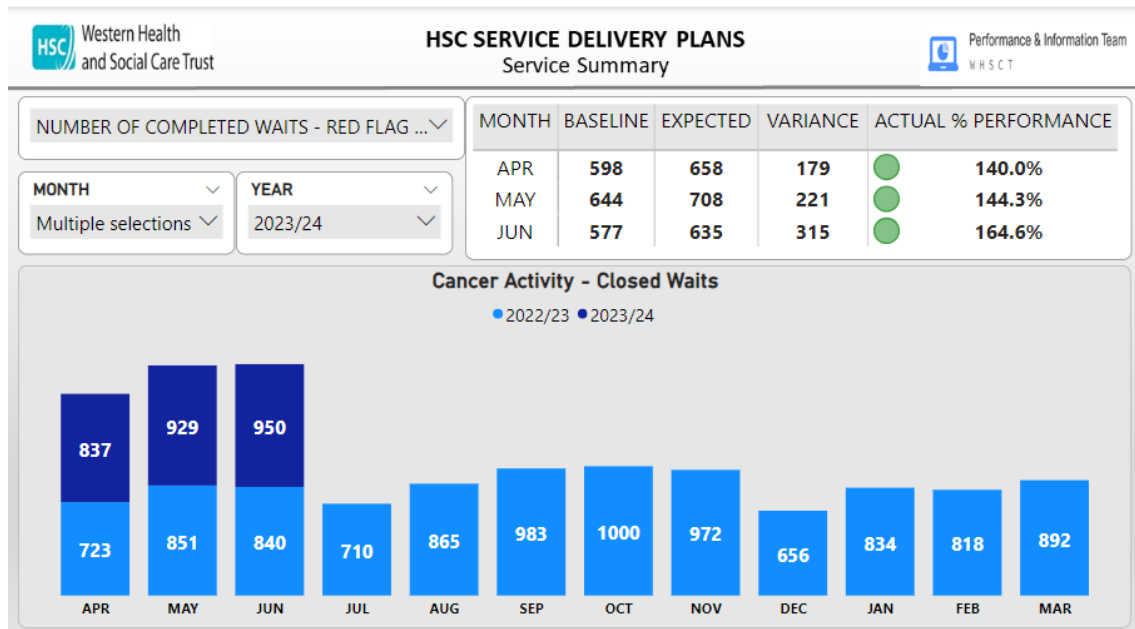
The 2022/23 Quarter 4 activity and Access performance has been updated in line with DoH/SPPG reporting schedule.



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 1 (April to June 23) (2,716) reflects **149.3%** of the cumulative 2019/20 Baseline activity (1,819). Trust performance continues to exceed the monthly Baseline activity levels.



The Trust continues to utilise additional investment to support the Cancer 14 Day activity and access performance. Ongoing workforce challenges and increasing demand are factors that impact on performance; a number of mitigations are being progressed within affected specialities.

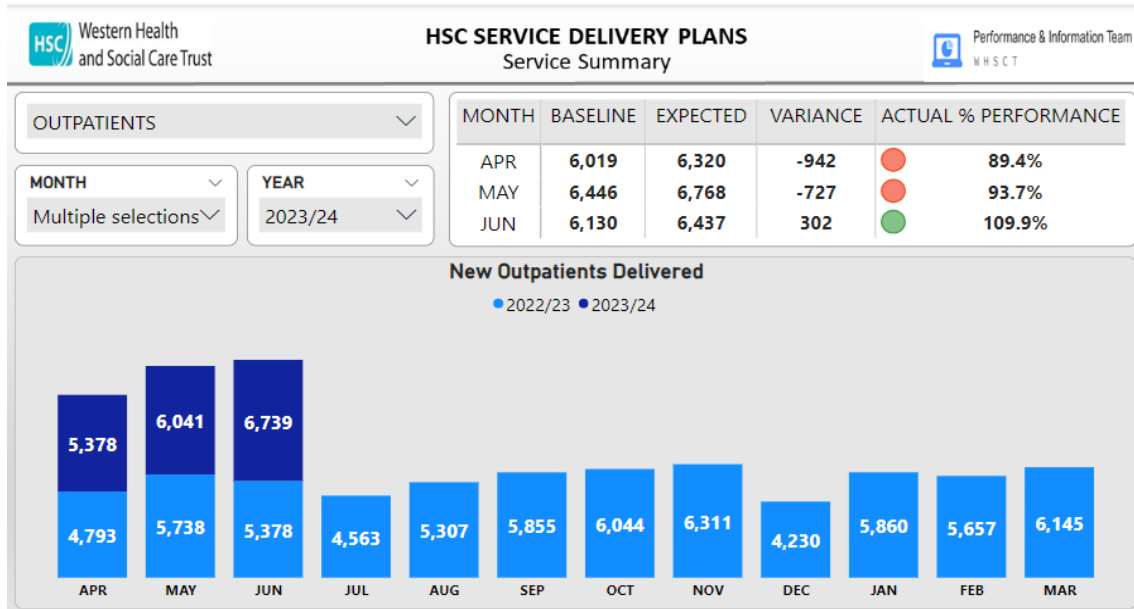
The number of Red Flag Referrals Received (All Tumour sites) during Quarter 1 (April to June 23) (6,437), increased by **22%** compared to same period 2021/22 (5,269) (Baseline year); 1168 additional Red Flag referrals. The increasing demand and Cancer Optimisation plans, which are in place for four tumour sites; Gynaecology, Urology, Dermatology and Lower GI; are the key focus at the Trust's internal Cancer Performance meetings and Regional Cancer Performance meetings.

Elective Care – Outpatients Service Delivery Plan

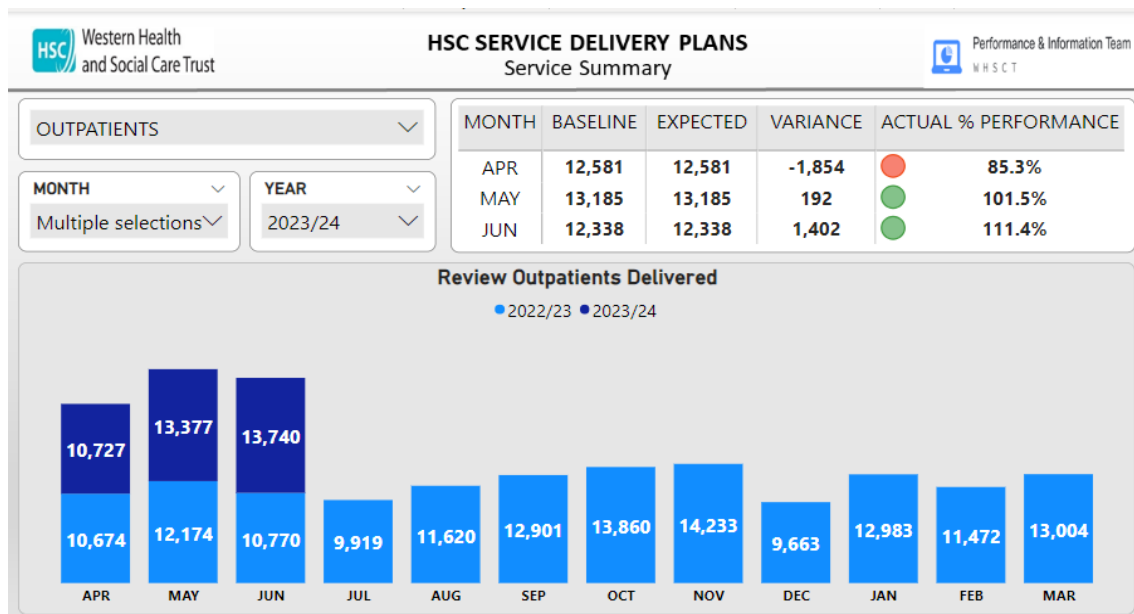
The 2023/24 SDP target is to deliver 105% (New) and 100% (Review) of 2019/20 activity.

Overall New and Review activity incrementally increased during each month of Quarter 1 (April to June 23).

The cumulative New outpatient activity delivered during Quarter 1 (April to June 23) (18,158) reflects **97.6%** of the 2019/20 Baseline activity (18,595).



The cumulative Review outpatient activity delivered during Quarter 1 (April to June 23) (37,844) reflects **99.3%** of the 2019/20 Baseline activity (38,104).



Performance and capacity continues to be impacted by workforce issues across a number of specialities. The most challenged areas include; General Surgery, ENT, Gynaecology, Cardiology and Ophthalmology. Improvement plans for these specific specialities; which includes activity pre and post pandemic, clinic capacity and the agreed monthly expected activity; continue to be reviewed at the Elective Weekly Performance Meetings.

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

In May 23, the DoH launched the online system 'My waiting times NI', which enables patients across the five Health and Social Care Trusts, to access the average waiting time by speciality for a first outpatient appointment. The system is updated on the first Thursday of each month with the latest waiting time information.

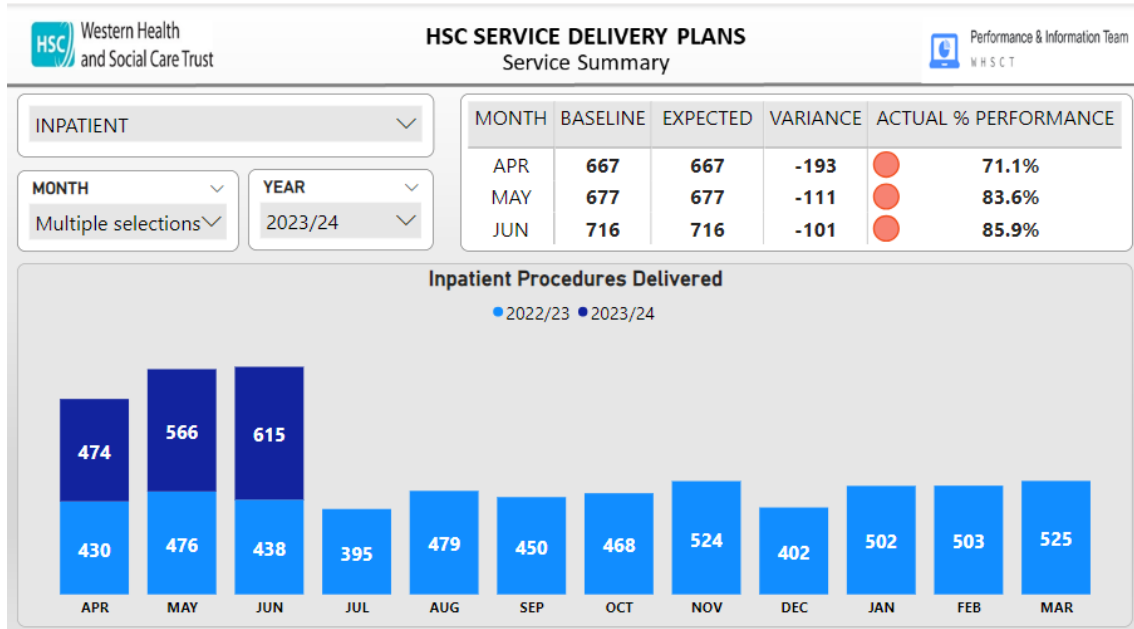
At the end of June 23, the Trust reported **69,549** patients waiting for an outpatient appointment; with **57,792** patients waiting longer than 9 weeks. Performance has deteriorated when compared to March 23 end of year position; there was 65,096 patients in total waiting; with 53,004 waiting longer than 9 weeks.

Elective Care – Inpatient and Day Case Service Delivery Plan

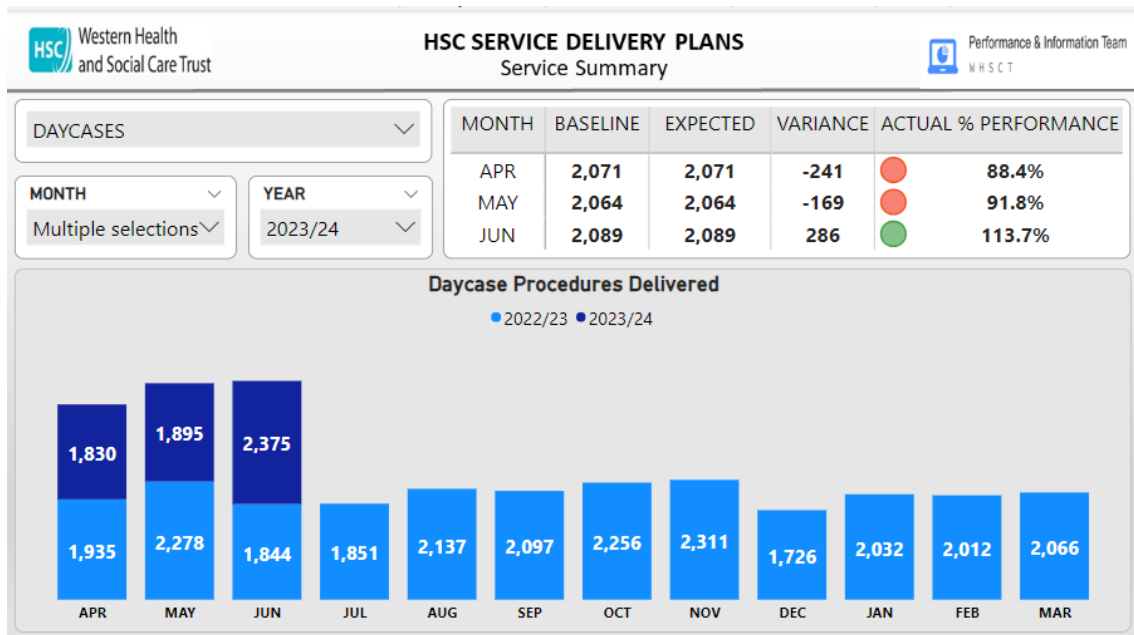
The 2023/24 SDP target is to deliver 100% of 2019/20 activity.

Inpatient and Day case activity has steadily improved, increasing incrementally during each month of Quarter 1 (April to June 23); delivering higher levels of activity compared to the same period in 2022/23.

The cumulative Inpatient activity delivered during Quarter 1 (April to June 23) (1,655) reflects **80.3%** of the 2019/20 Baseline activity (2,060).



The cumulative Day case activity delivered during Quarter 1 (April to June 23) (6,100) reflects **98.0%** of the 2019/20 Baseline activity (6,224).

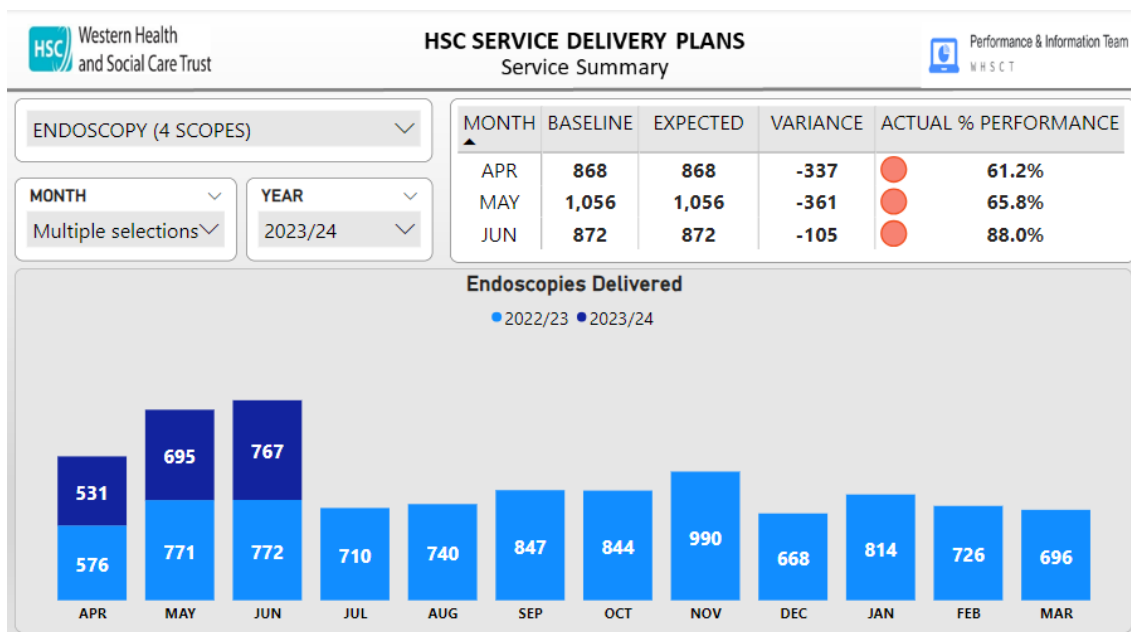


Elective Care – Endoscopy Service Delivery Plan

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 incrementally increased during each month of Quarter 1 (April to June 23), although remained below the level delivered in 2019/20 baseline year.

The cumulative activity delivered during Quarter 1 (April to June 23) (1,993) reflects **71.3%** of the cumulative 2019/20 Baseline activity (2,796).



Core Endoscopy Service capacity remains impacted by vacant Consultant Gastroenterologist and Nurse Endoscopist posts, maternity leave and flexible working arrangements. As a result, the number of available core sessions per week has reduced by 14; this equates to approximately 274 patients per month.

The available options being utilised to support core capacity include:

- **Lagan Valley;** Western Trust red flag patients being seen at this site. The number of patients scoped is dependent on case mix; during June and July 23, a total of 323 patients were treated and removed from the waiting list.
- **Medinet insourcing;** support from this independent sector provider will enable 64 scopes to be completed each weekend. At the end of July 23, a total of 284 patients have been treated.
- **External out sourcing to the Independent Sector** will enable 900 patients to be seen from April – December 23. At the end of July 23, at total of 174 patients have been treated.
- **Mutual Aid:** the Trust continues to seek support from colleagues across the Region and SPPG in relation to our request for mutual aid. To date, the Trust has received one offer of assistance from the Medinet consultant.

The Omagh DPC was commissioned to support Western and other Trusts with Endoscopy waiting times. The plan was to provide 10 sessions per week with an average of 12 patients per day; approximately 3,000 patients per year (50 week year).

The Trust has experienced significant difficulties in staffing key clinical posts in this service and is continuing to work with SPPG and other Trusts to seek alternative options for delivery.

In the interim, the funding is being used to support additional core capacity through the use of Medinet. The Trust is also exploring further options to support the Omagh sessions from an Independent provider and the Southern Health and Social Care Trust.

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 waits longer than 52 weeks.

At the end of June 23, the Trust reported an overall total of **24,411** waiting for Inpatient and Day case treatment with **18,736** waiting longer than 13 weeks. Of these there were:

- **8,395** patients waiting for Inpatient Treatment with **7,464** waiting longer than 13 weeks. Improvement in performance, when compared to March 23 end of year position; there were 8,536 in total waiting and 7,625 waiting longer than 13 weeks.
- **16,016** patients waiting for Day case Treatment, with **11,272** waiting longer than 13 weeks. Deterioration in performance, when compared to March 23 end of year position; there were 15,799 in total waiting and 11,215 waiting longer than 13 weeks.

Endoscopy

Of the number waiting for Inpatient and Daycare treatment (24,411) at the end of June 23 there were:

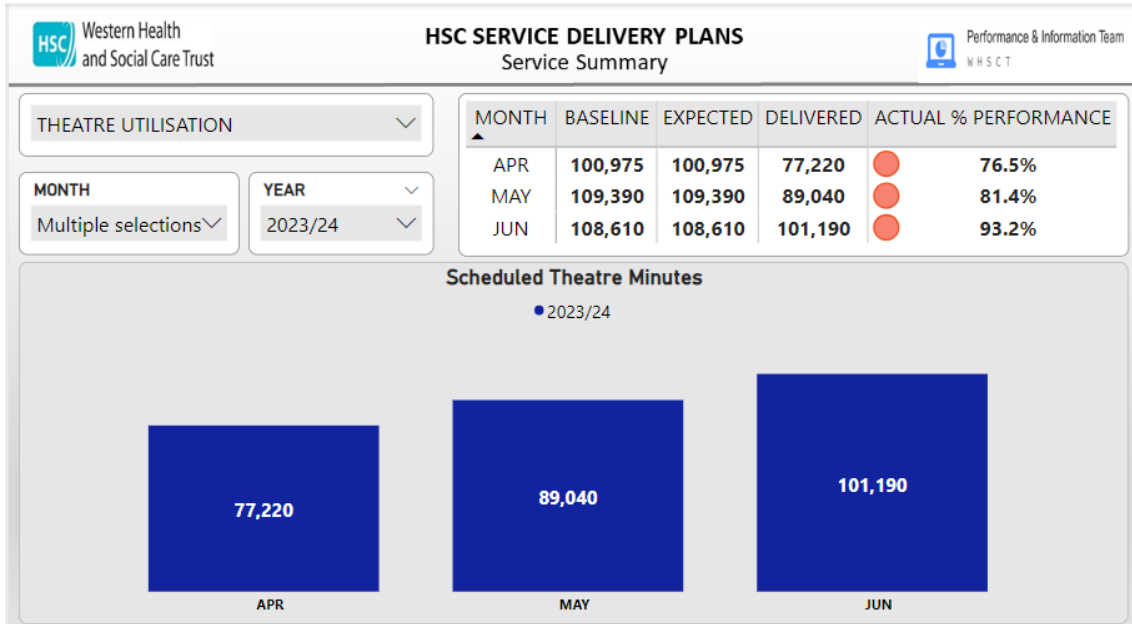
- **5,696** people waiting for an Endoscopy with **692** red flag patients waiting longer than 21 days. Compared to March 23 end of year position, there has been improvement in the number of red flag patients waiting longer than 21 days (830), although the total number waiting has increased.

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 1 (April to June 23) (267,450) reflects **83.8%** of the cumulative number delivered against Baseline activity (318,975).

The Trust continues to rebuild Theatre sessions to pre-pandemic levels, striving to increase the number of available sessions and maximising utilisation.

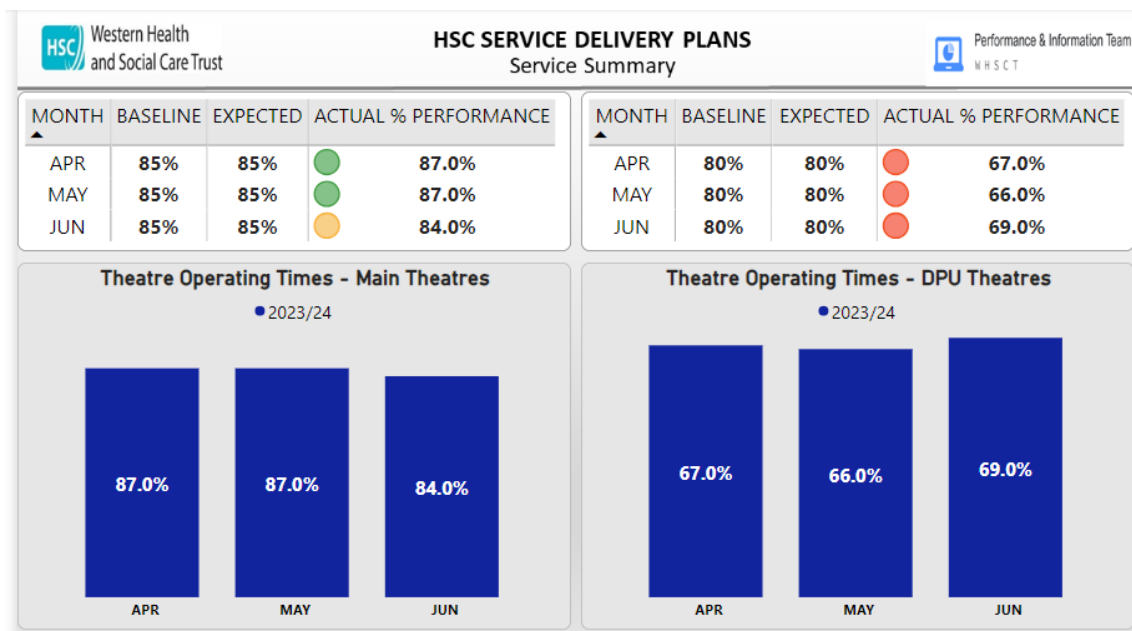


Elective Care – Theatre Operating Times Service Delivery Plan

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

The cumulative Quarter 1 (April to June 23) performance achieved:

- **Main Theatres: 86.0%** against the 85% target.
- **DPU Theatres: 67.3%** against the 80% target.



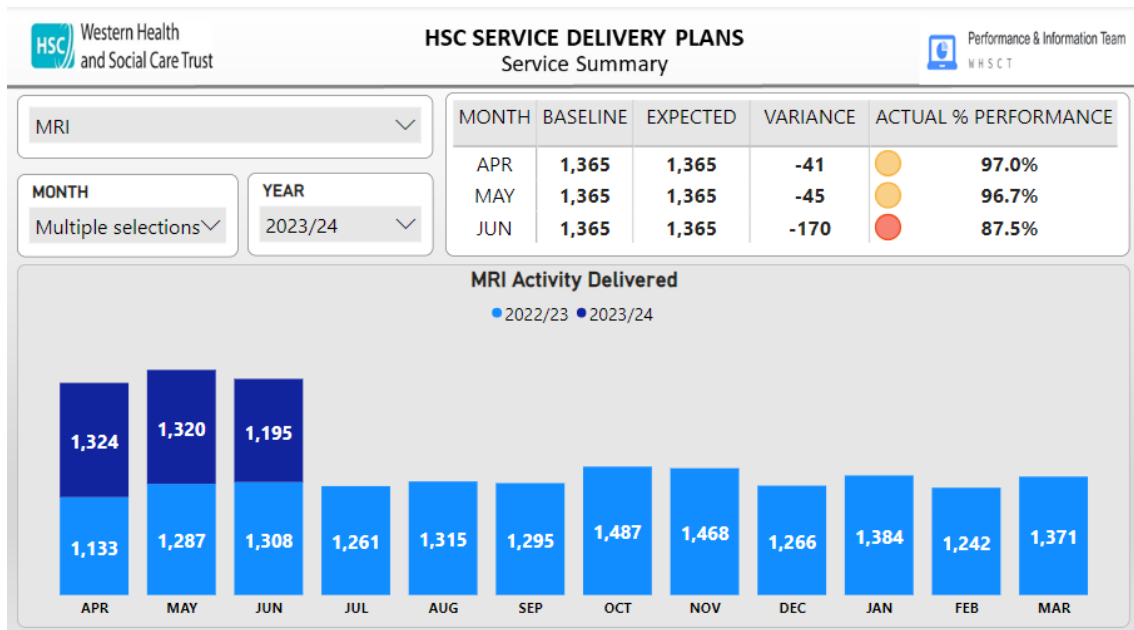
Imaging Diagnostics – Service Delivery Plan

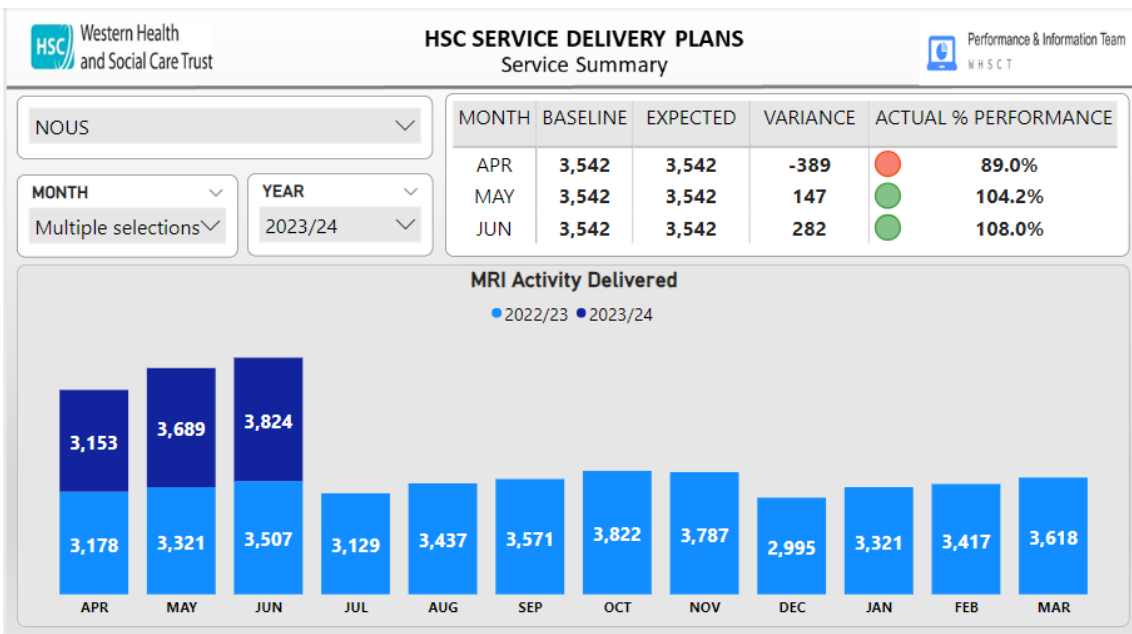
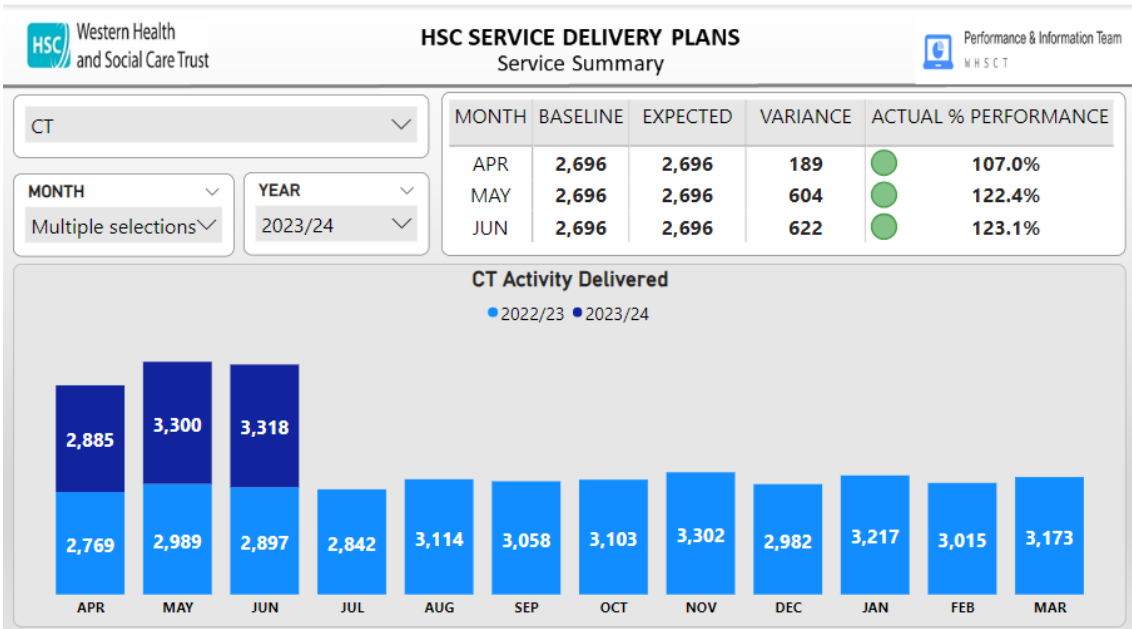
The 2023/24 SDP target is to deliver activity in line with agreed SBA volumes.

Overall activity delivered, across the three areas, has been quite good during Quarter 1 (April to June 23); with a dip in MRI activity in June 23 and Non-obstetric ultrasounds in April 23.

The actual % performance achieved during Quarter 1 (April to June 23) for:

- **MRI: 93.7%** of SBA volume achieved; cumulatively the service delivered 3,839 scans compared to the cumulative SBA target of 4,095.
- **CT: 117.5%** of SBA volume achieved; cumulatively the service delivered 9,503 scans delivered compared to the cumulative SBA target of 8,088.
- **Non-Obstetric Ultrasound: 100.4%** of SBA volume achieved; cumulatively the service delivered 10,666 scans delivered compared to the cumulative SBA target of 10,627.





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 June 23, the Trust reported a total of **15,286** patients waiting for a Diagnostic test with **5,074** waiting longer than 9 weeks. Performance has deteriorated when compared to March 23 end of year position; 13,625 patients waiting with 3,715 waiting longer than 9 weeks.

Cardiac Services – Service Delivery Plan

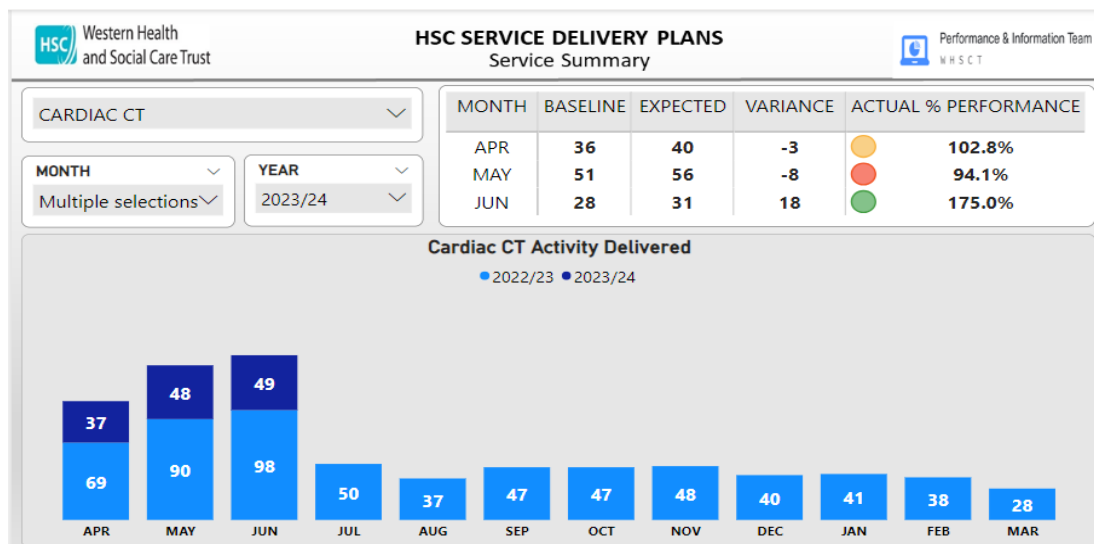
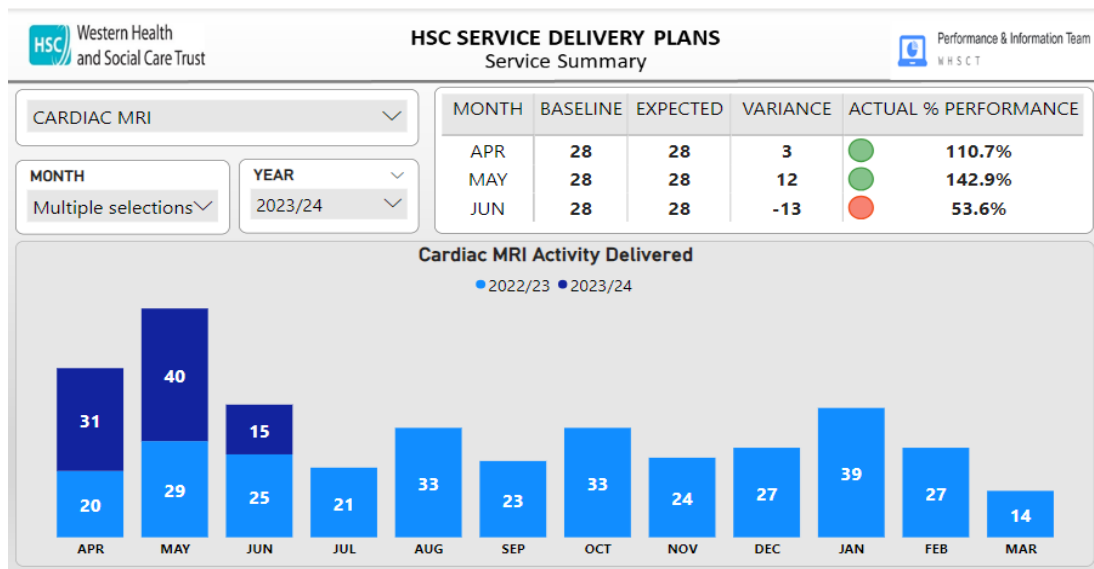
Cardiac MRI & Echo: the 2023/24 SDP target is to deliver activity in line with agreed SBA volume.

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

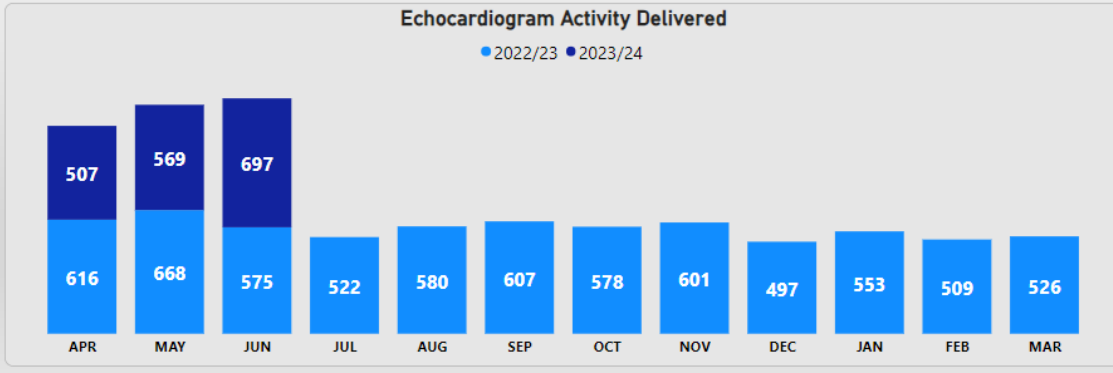
The cumulative activity delivered in Quarter 1 (April to June 23) for Cardiac MRI and Cardiac CT was been quite good; with a dip in activity for Cardiac MRI in June 23 and Cardiac CT in May 23. Echo and Cath lab activity below target in April and May 23 but an improved position achieved in June 23.

The actual % performance achieved during Quarter 1 (April to June 23) for:

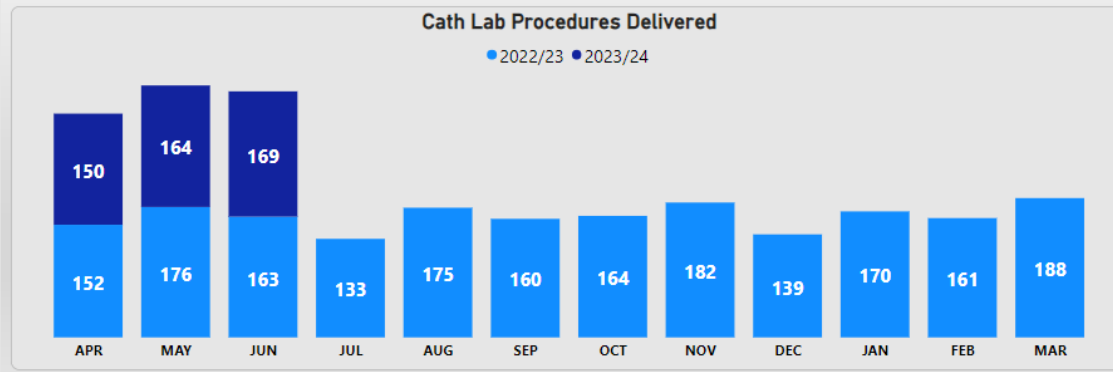
- **Cardiac MRI: 102.4%** of SBA volume achieved; cumulatively the service delivered 86 tests compared to the cumulative SBA target of 84.
- **Cardiac CT: 116.5%** of 2019/20 Baseline achieved; cumulatively the service delivered 134 tests compared to the cumulative 2019/20 Baseline activity of 115.
- **Echo: 85.3%** of SBA volume achieved; cumulatively the service delivered 1,773 tests compared to the cumulative SBA target of 2,079.
- **Cath Lab Procedures: 95.6%** of 2019/20 Baseline achieved; cumulatively 483 procedures delivered compared to the cumulative 2019/20 Baseline activity of 505.



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|---|--|-------|----------|----------|----------|----------------------|
| ECHO | | MONTH | BASELINE | EXPECTED | VARIANCE | ACTUAL % PERFORMANCE |
| MONTH: Multiple selections YEAR: 2023/24 | | APR | 693 | 693 | -186 | 73.2% |
| | | MAY | 693 | 693 | -124 | 82.1% |
| | | JUN | 693 | 693 | 4 | 100.6% |



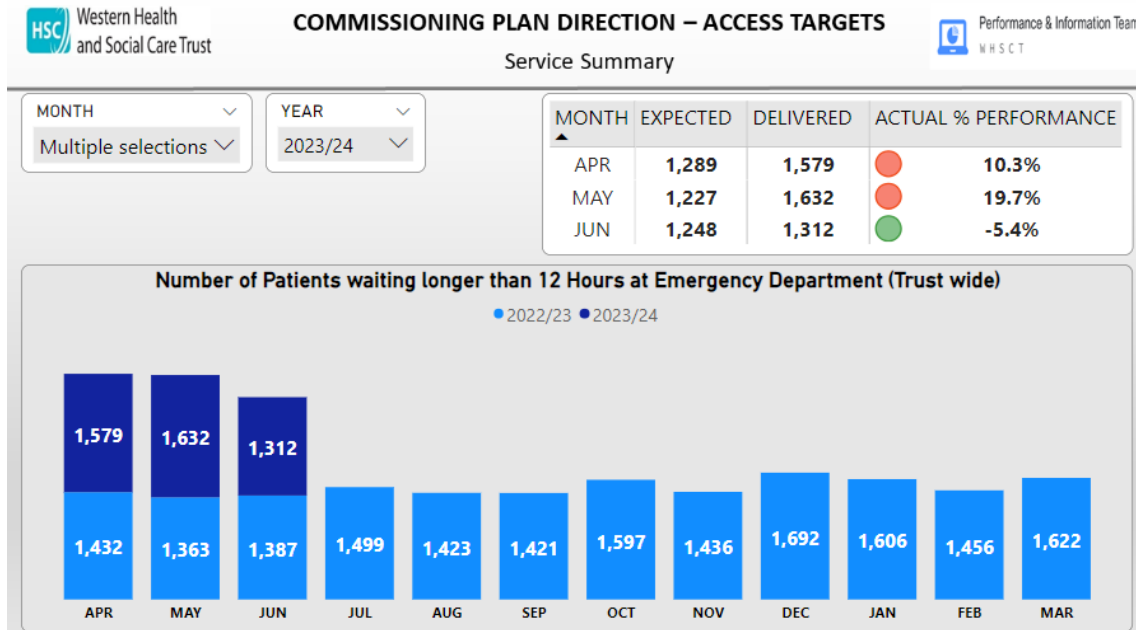
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|---|--|-------|----------|----------|----------|----------------------|
| CATH LAB PROCEDURES | | MONTH | BASELINE | EXPECTED | VARIANCE | ACTUAL % PERFORMANCE |
| MONTH: Multiple selections YEAR: 2023/24 | | APR | 161 | 177 | -27 | 93.2% |
| | | MAY | 177 | 195 | -31 | 92.7% |
| | | JUN | 167 | 184 | -15 | 101.2% |



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 1 (April to June 23), 4,523 patients waited longer than 12 hours in ED compared to 4,182 during the same period in 2022/23; an increase of 341 (8%).



Performance was achieved against the Northern Ireland Ambulance Service (NIAS) Handover Times of less than or equal to 15, 30 and 60 minutes during Quarter 1 (April to June 23).

Actual performance against the Handover Times greater than 2 hours remains challenging across the region, however, the Western Trust is one of two Trusts regionally that achieved an Amber rating assessment during this quarter.

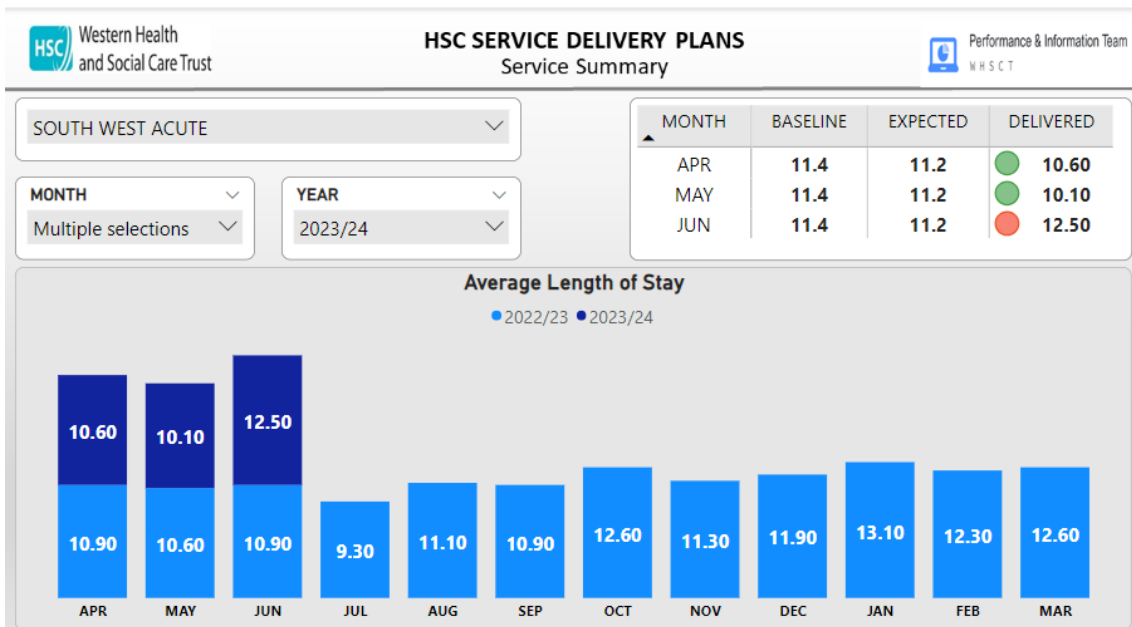
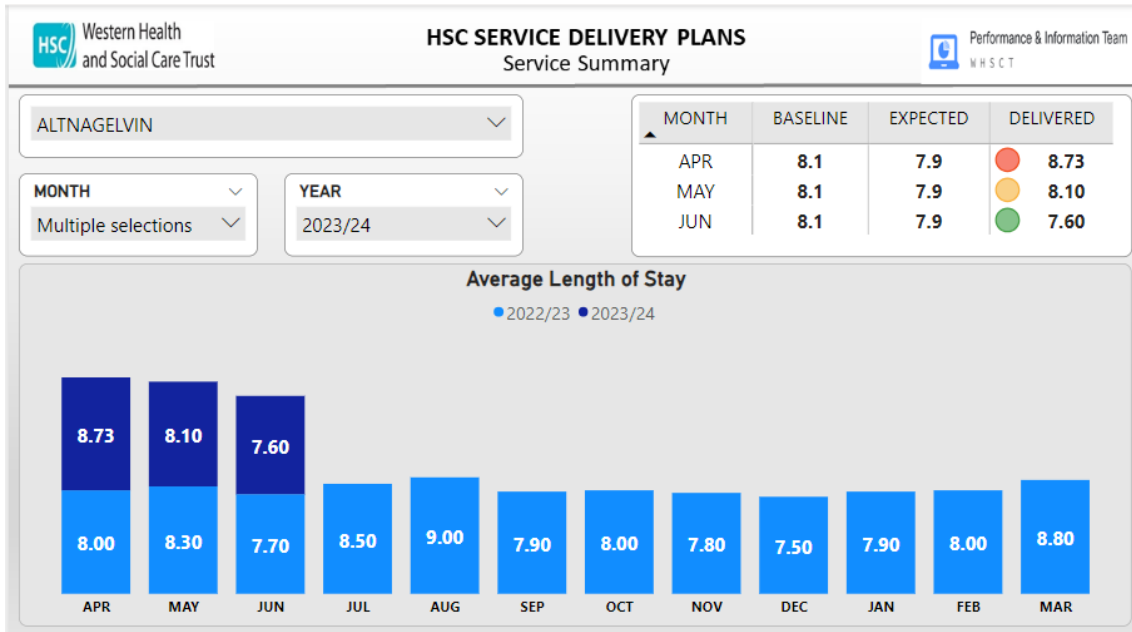
Average non-elective Length of Stay – Service Delivery Plan

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 1 (April to June 23) average length of stay for:

- Altnagelvin: **8.2 days** compared to 8.1 days in the same period 2022/23.
- South West Acute: **11.1 days** compared to 11.4 days in the same period 2022/23.



Weekend Discharge Rates - Service Delivery Plan

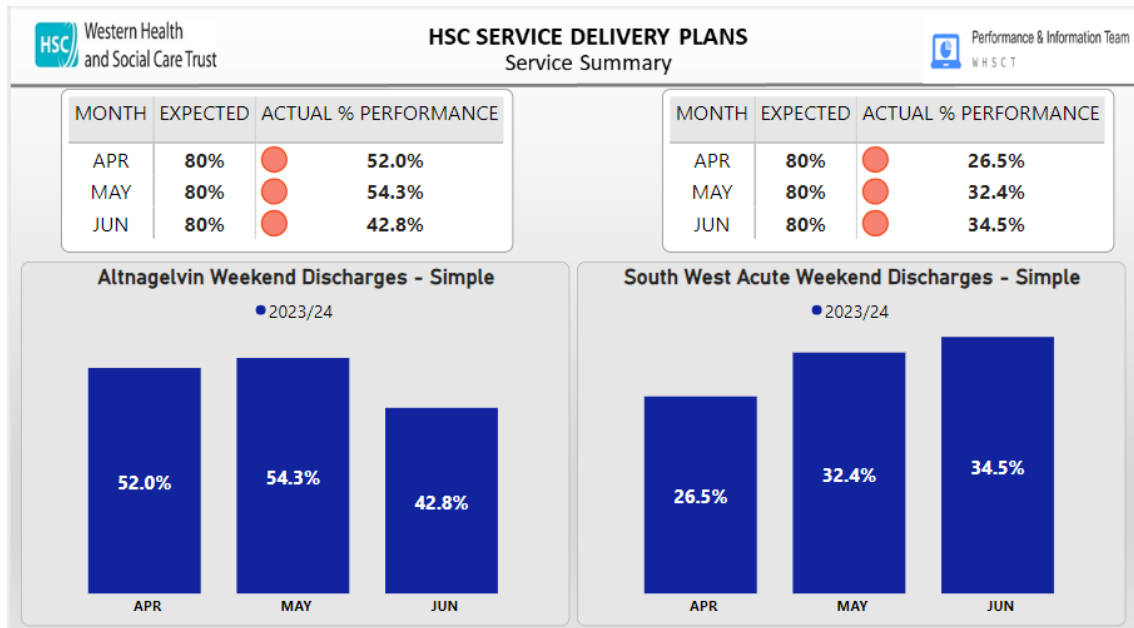
The number of Simple Discharges on any Saturday and any Sunday should be at least 80% of the average daily number of Simple Discharges from Mon-Fri in that week.

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; the cumulative Quarter 1 (April to June 23) performance achieved:

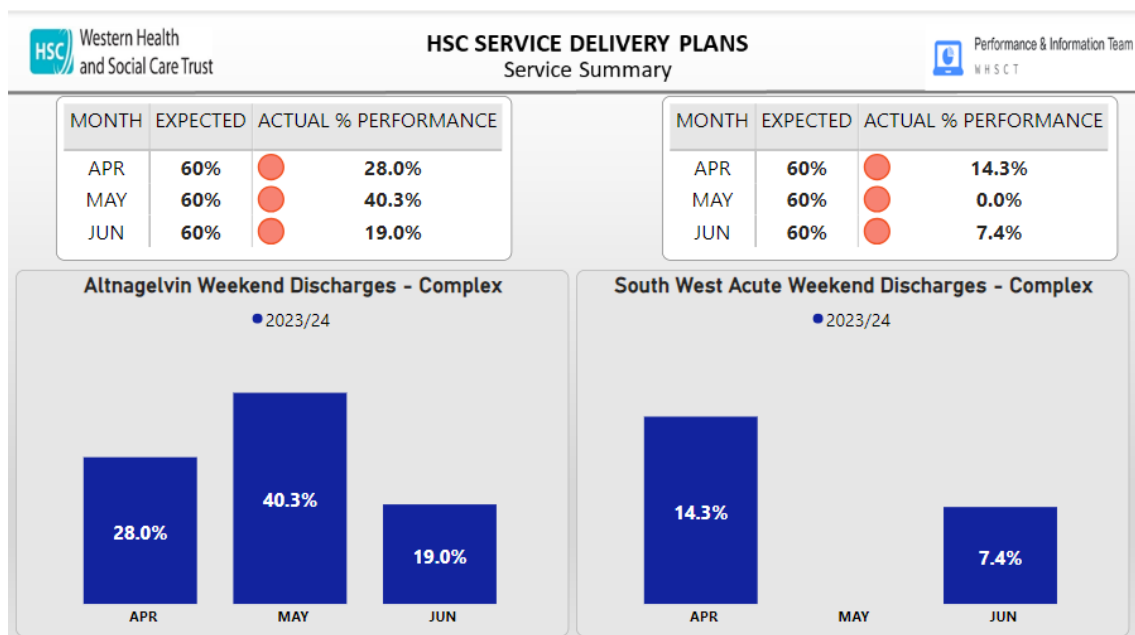
- Altnagelvin: **49.5%** against the 80% target.
- South West Acute: **30.9%** against the 80% target.

Regionally, performance against this target is challenging across all Trusts.



Complex Discharges; the cumulative Quarter 1 (April to June 23) performance achieved:

- Altnagelvin: **29.5%** against the 60% target.
- South West Acute: **9.0%** against the 60% target.



Performance against this target is challenging in the majority of sites regionally; as a result a number of improvement initiatives are being implemented through social care leads and the Unscheduled Care Management Unit (UCMU) to improve discharge processes.

Within South West Acute Hospital, an audit of 20 patients, assessed as medically fit, was undertaken by SPPG due to the high number of complex delayed discharges. A number of internal hospital processes and limited capacity across multiple community services, were identified as contributing to the delayed discharges. The Trust have developed an action plan to address the audit findings and met with SPPG several times regarding the steps involved. SPPG will monitor progress against the action plan.

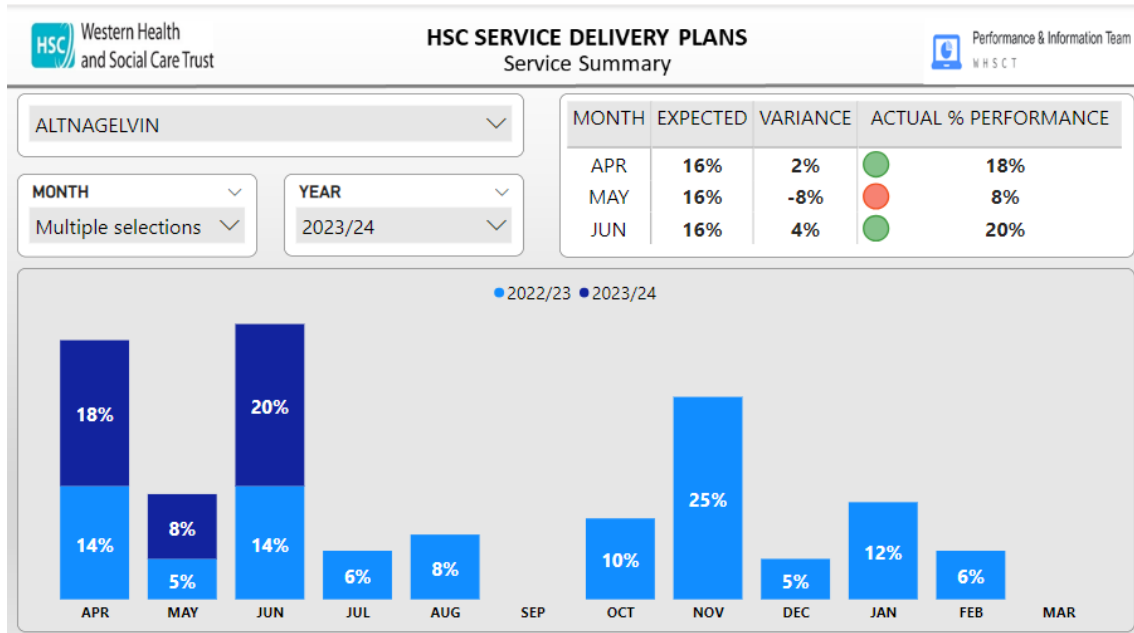
The Trust is currently developing a Winter Plan for 2023/24 for submission to SPPG, DoH by the 6th September. This will focus on getting our arrangements in place to enhance hospital flow and protect elective as much as possible. As requested by SPPG the plan will focus on three high impact areas which are:

- Maximising Ambulance Capacity
- Reduce time spent by patients in emergency departments awaiting clinical decision and next stage of care
- Timely hospital discharge for patients who are medically fit for discharge.

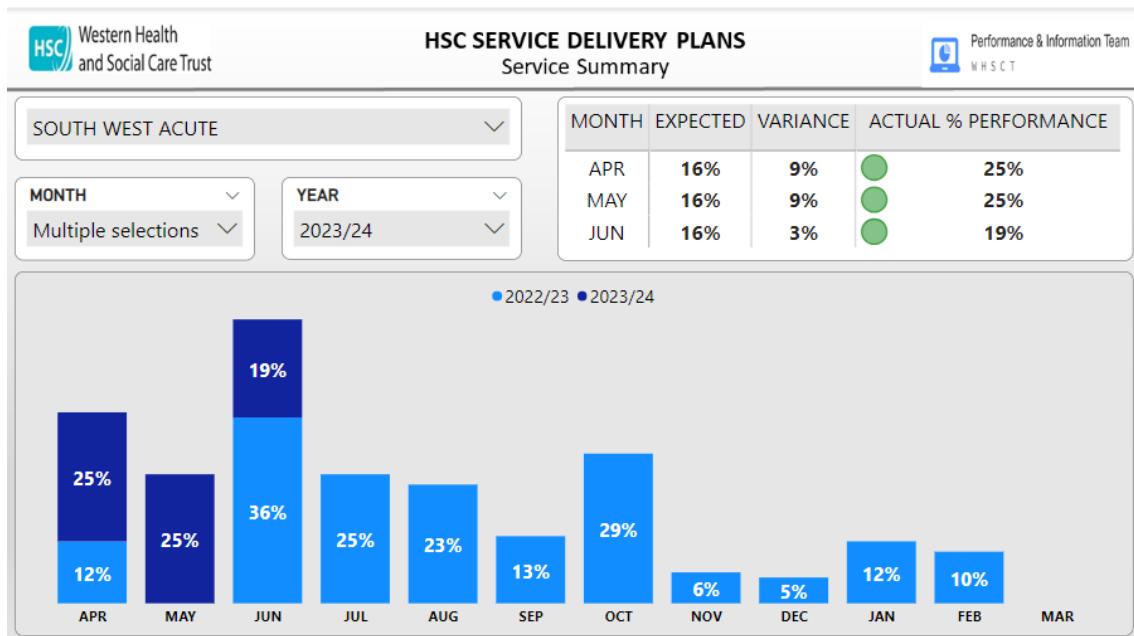
Stroke Services – Service Delivery Plan

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

Altnagelvin: the Quarter 1 (April to June 23) average performance achieved; **15%** against the 3 month average target of 16%.



South West Acute: the Quarter 1 (April to June 23) average performance achieved; **23%** against the 3 month average target of 16%.

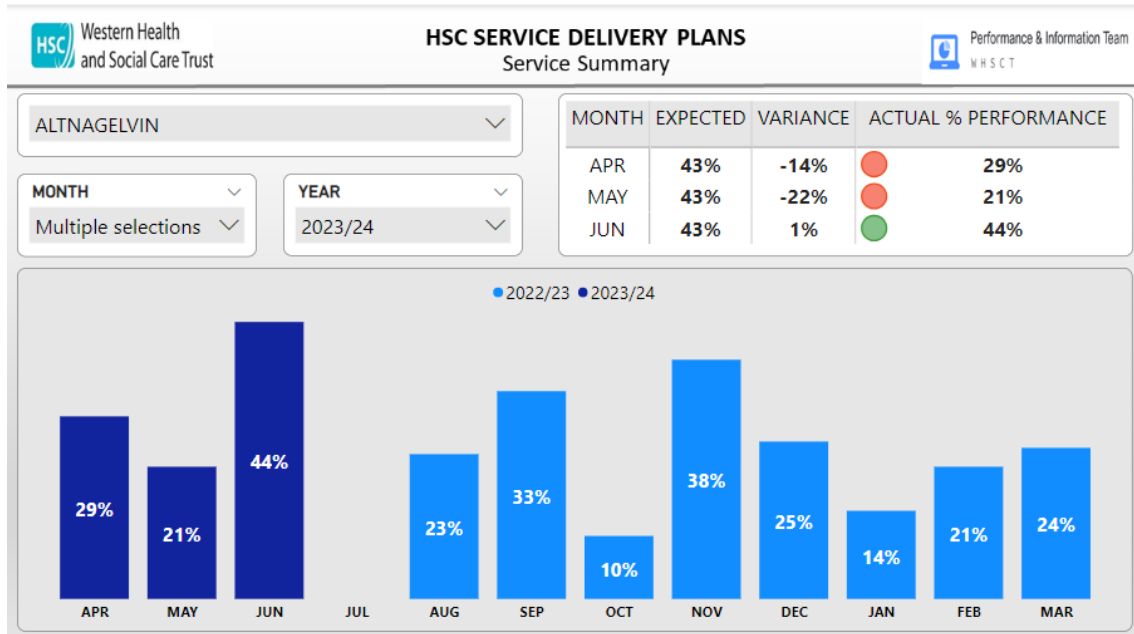


% Admitted to stroke unit within 4 hours of arrival

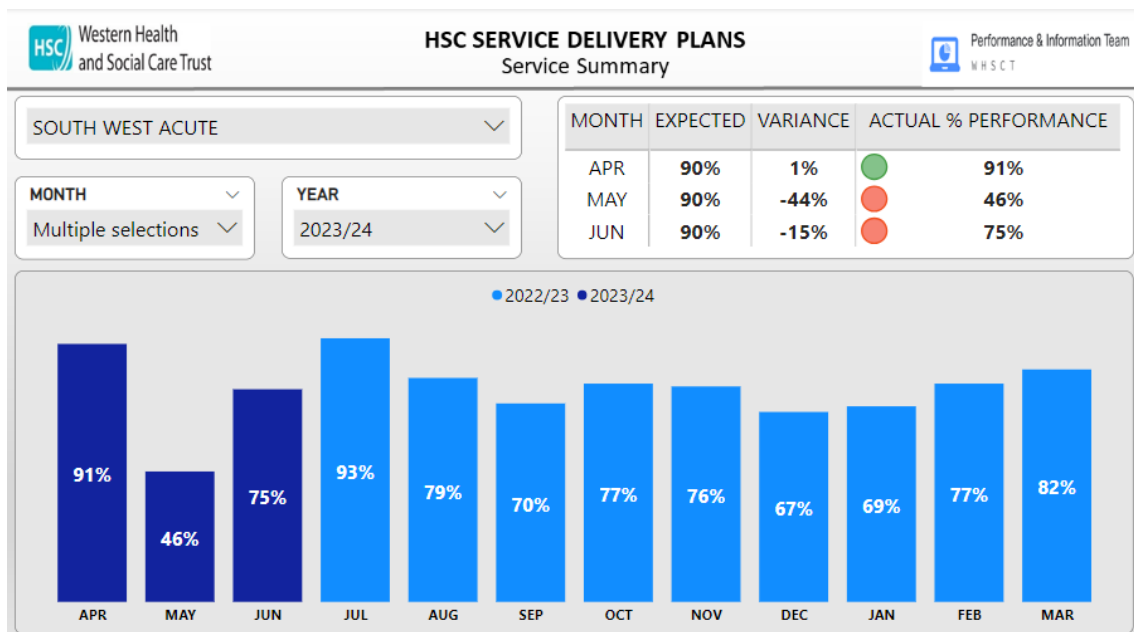
The 2023/24 SDP target - **43%** of patients at Altnagelvin Hospital and **90%** of patients at South West Acute Hospital are admitted to a stroke unit with 4 hours of arrival.

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

Altnagelvin: the Quarter 1 (April to June 23) average performance achieved; **27%** against the 3 month average target of 43%.



South West Acute: the Quarter 1 (April to June 23) average performance achieved; **71%** against the 3 month average target of 90%.



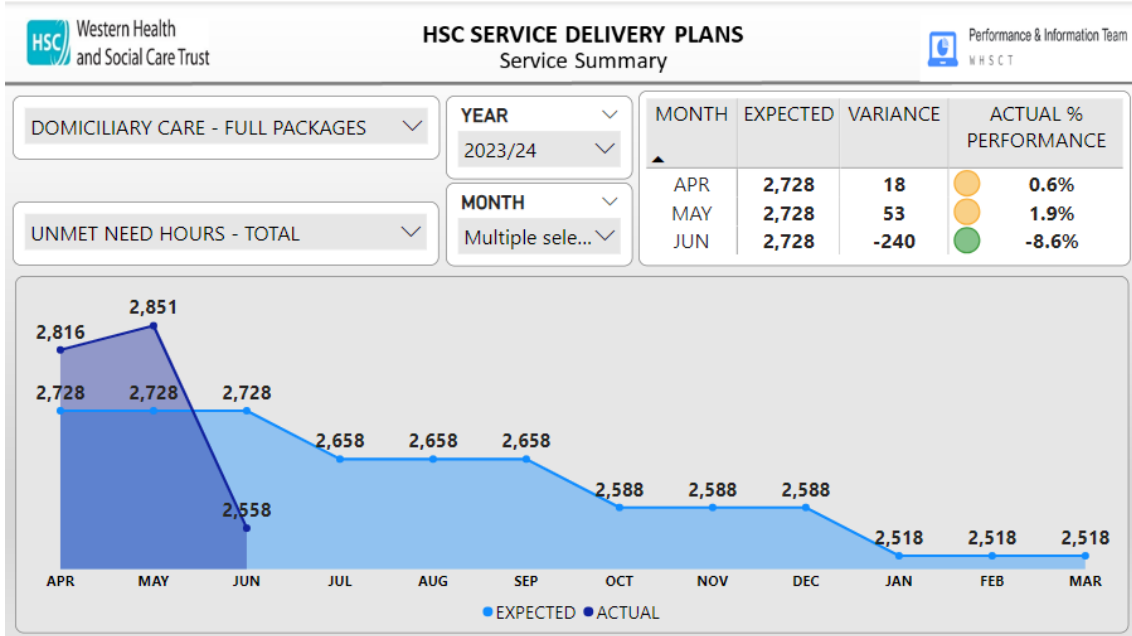
Performance at the Altnagelvin site has improved in June 23 following the introduction of a Stroke Assessment Bay, with two beds to support direct to stroke ward admission. The 5 day working continues to impact on patient flow over weekend and bank holidays. Patients waiting for MRIs have also impacted on patient flow on in both stroke sites.

COMMUNITY CARE

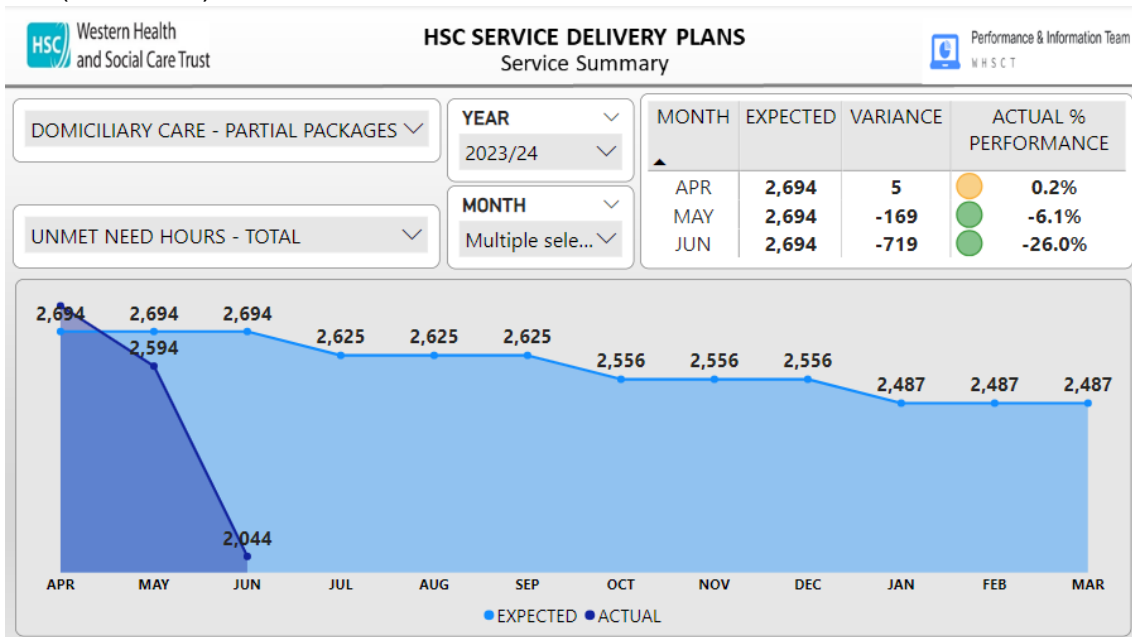
Domiciliary Care – Service Delivery Plan

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 June 23, the Trust reported 2,558 unmet need hours against the expected target of 2,728; reducing the unmet need hours by 240 hours more than baseline (March 23).



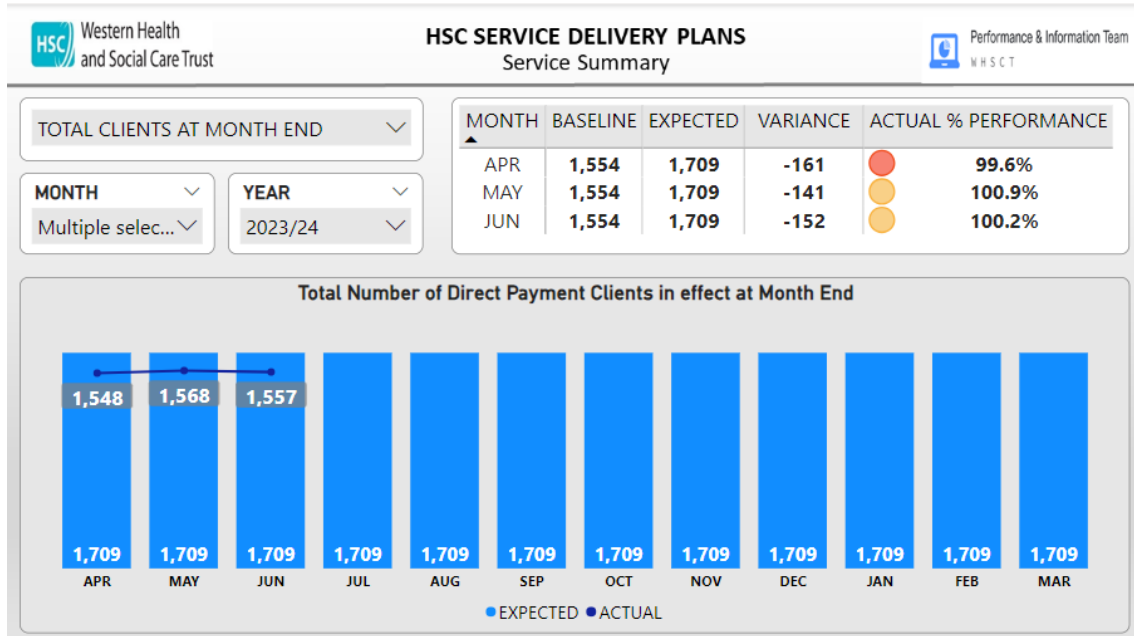
Partial Packages: at the end of June 23, the Trust reported 2,044 unmet need hours against the expected target of 2,694; reducing the unmet need hours by 719 hours more than baseline (March 23).



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.

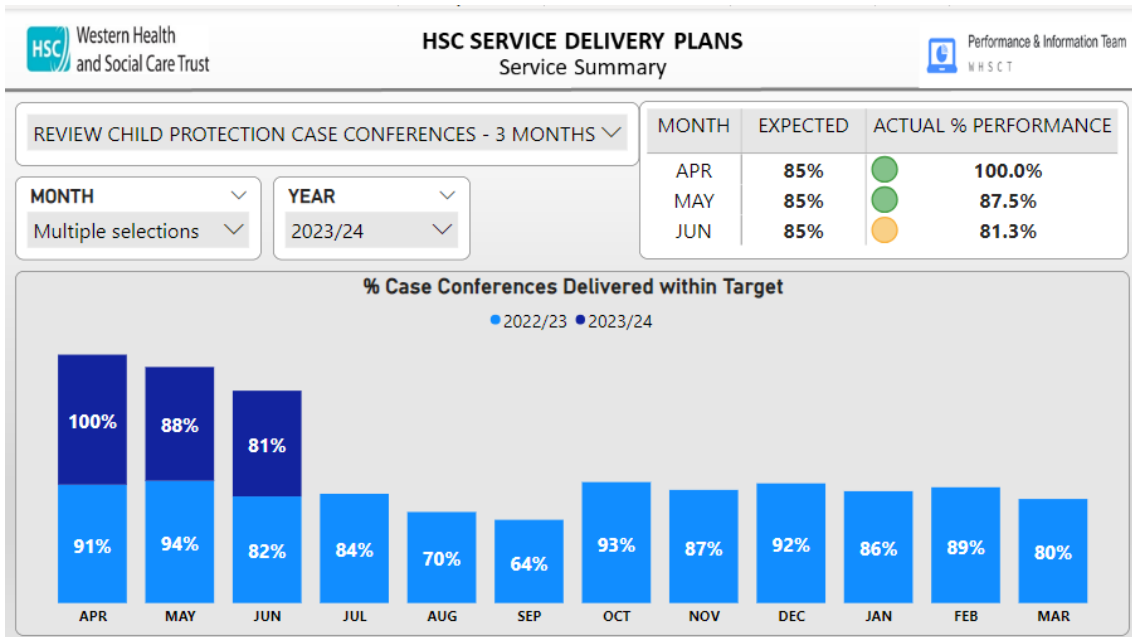
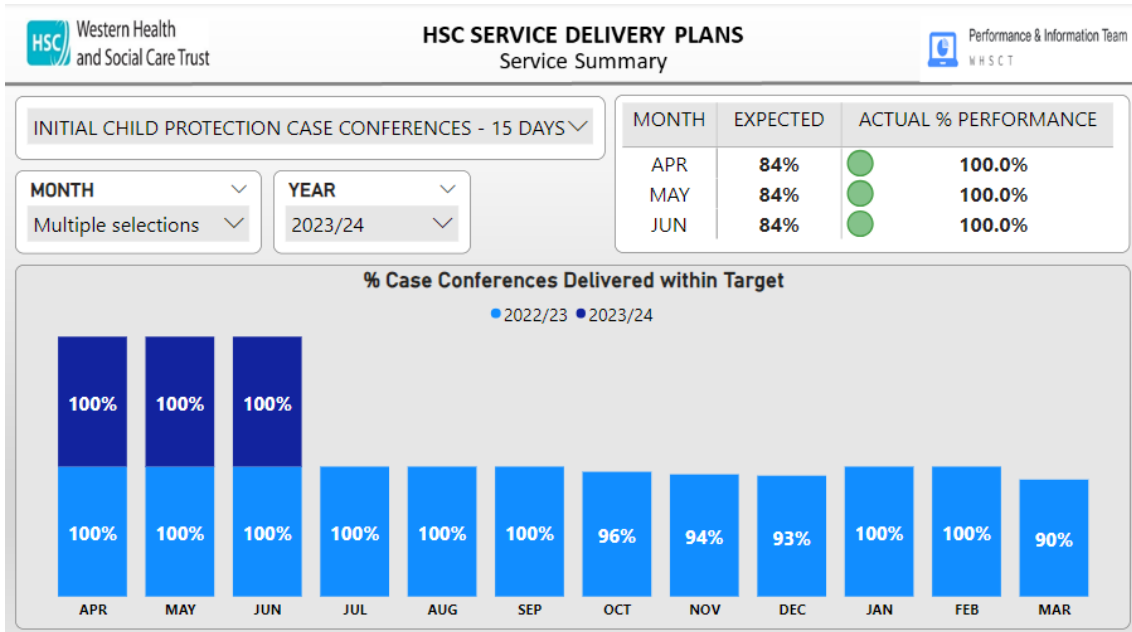
At the end of Quarter 1 (April to June 23), there are **1,557** Direct Payment Clients in effect. The position has increased marginally against the March 23 Baseline (1,554). The Trust are expected to achieve 1,709 Direct Payment Clients in effect by the end of March 24.



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.

The strong performance accomplished throughout 2022/23 has been maintained during Quarter 1 (April to June 23); with all three targets either achieved or almost achieved each month; with the exception of Child Case Conferences held within 6 months at June 23.

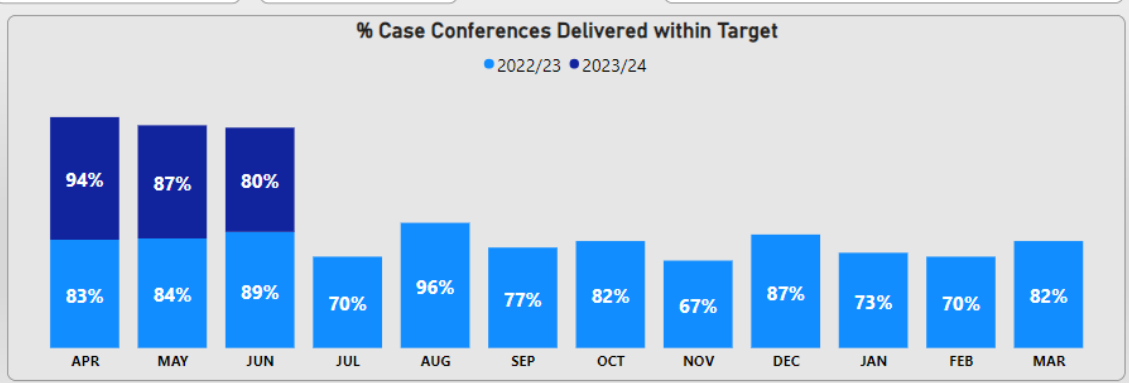


SUBSEQUENT CHILD PROTECTION CASE CONFERENCES - 6 MON... ▾

MONTH ▾
Multiple selections ▾

YEAR ▾
2023/24 ▾

| MONTH | EXPECTED | ACTUAL % PERFORMANCE |
|-------|----------|----------------------|
| APR | 89% | 94.1% |
| MAY | 89% | 86.8% |
| JUN | 89% | 80.0% |



Case Conferences continue to be scheduled within the required timeframes. Performance against the Case Conferences to be held within 6 months, is challenged during periods of holiday and school closures; as there can be difficulty in securing quorum.

Mental Health Services – Service Delivery Plan

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

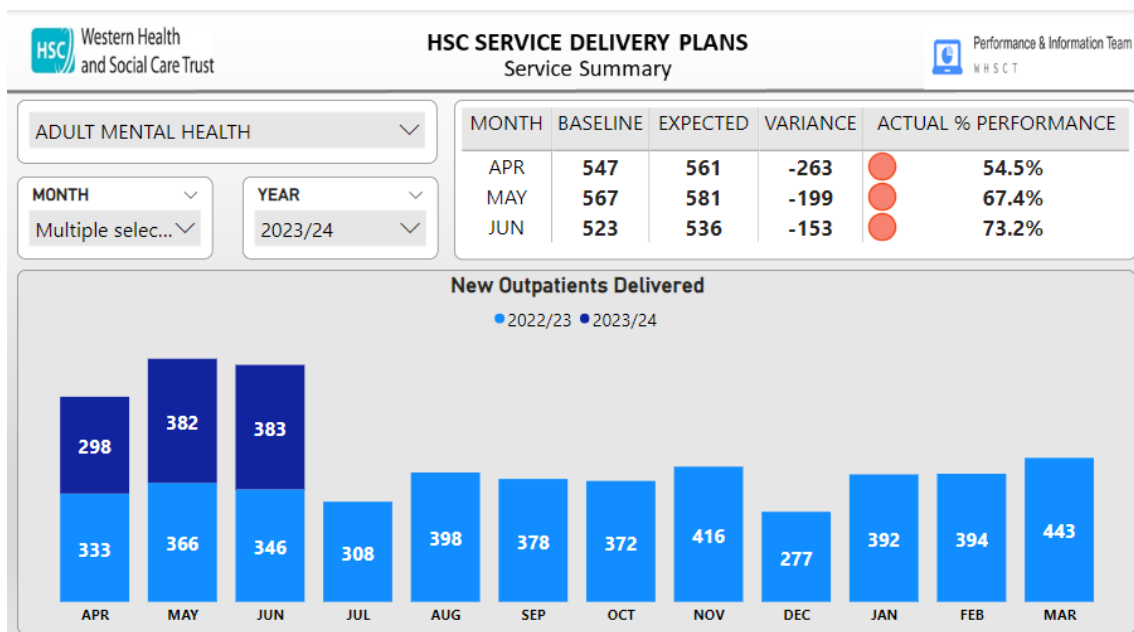
The 2023/24 SDP target - deliver 100% of 2019/20 activity for Psychological Therapies.

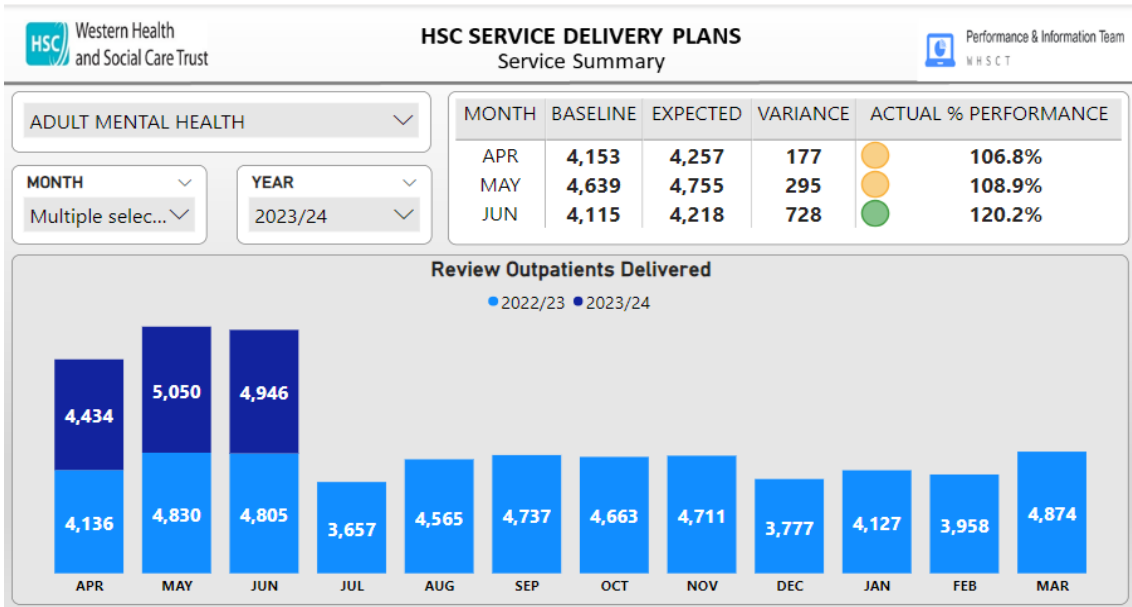
The 2023/24 SDP target - deliver 100% (New) and 110% (Review) of 2019/20 activity for Child & Adolescent Mental Health Service

The cumulative New and Review activity delivered during Quarter 1 (April to June 23) (24,143), across the four service areas, represents **111%** of the cumulative 2019/20 Baseline activity (21,719); an increase when compared to 2022/23 Quarter 4 (January to March 23) (23,196). The over performance is attributed mainly to additional activity within Psychological Therapies and Child and Adolescent Mental Health Service. Individual summaries for each service areas is provided below:

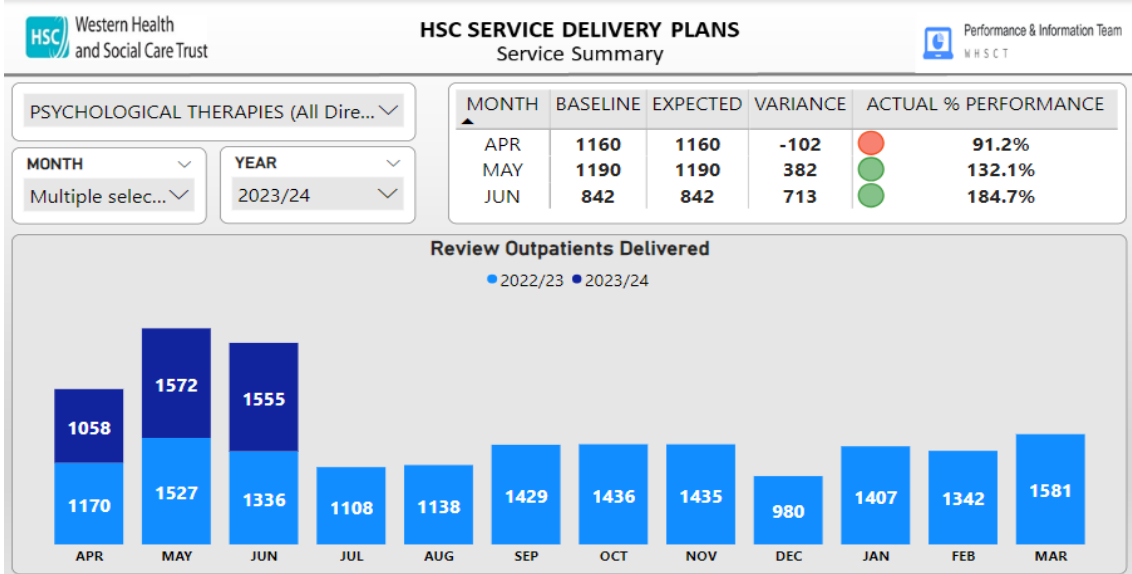
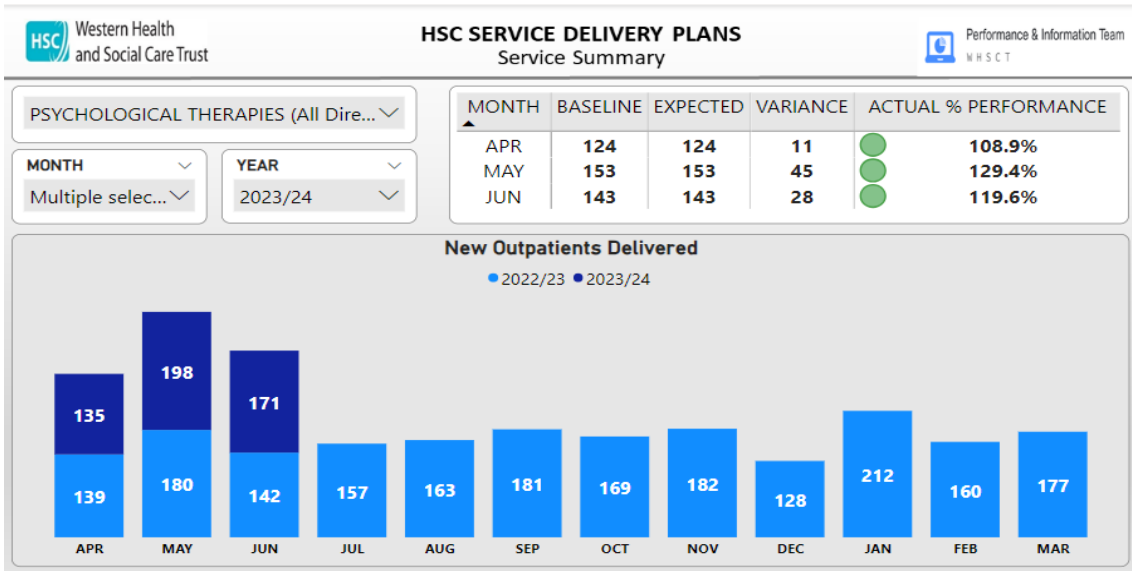
Vacant posts and sickness absence continues to impact available capacity. Adult Mental Health (New) and Dementia (Review) performance mainly affected during Quarter 1. These services continue to progress all available options to increase capacity, this includes the commencement of a UK wide recruitment drive to fill vacant posts within the Dementia/Older People’s Mental Health Service. Adult Mental Health anticipate improvement in Quarter 2 performance following the return of two staff following sickness absence.

Adult Mental Health: the cumulative new and review activity delivered during Quarter 1 (April to June 23) (15,493) reflects **106.5%** of the 2019/20 Baseline activity (14,544).

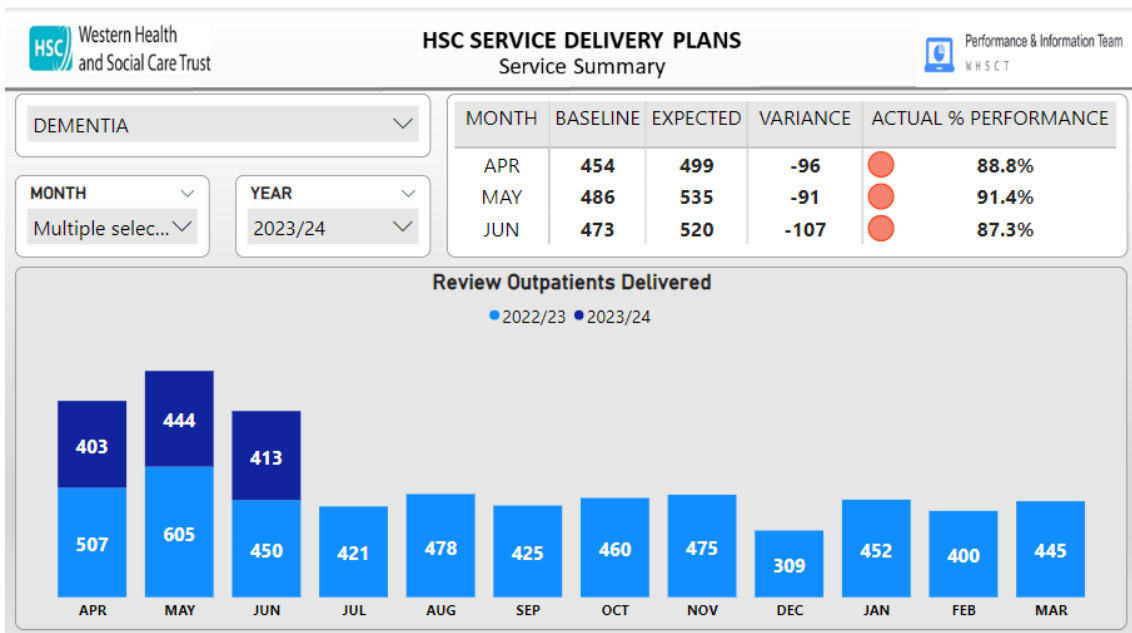
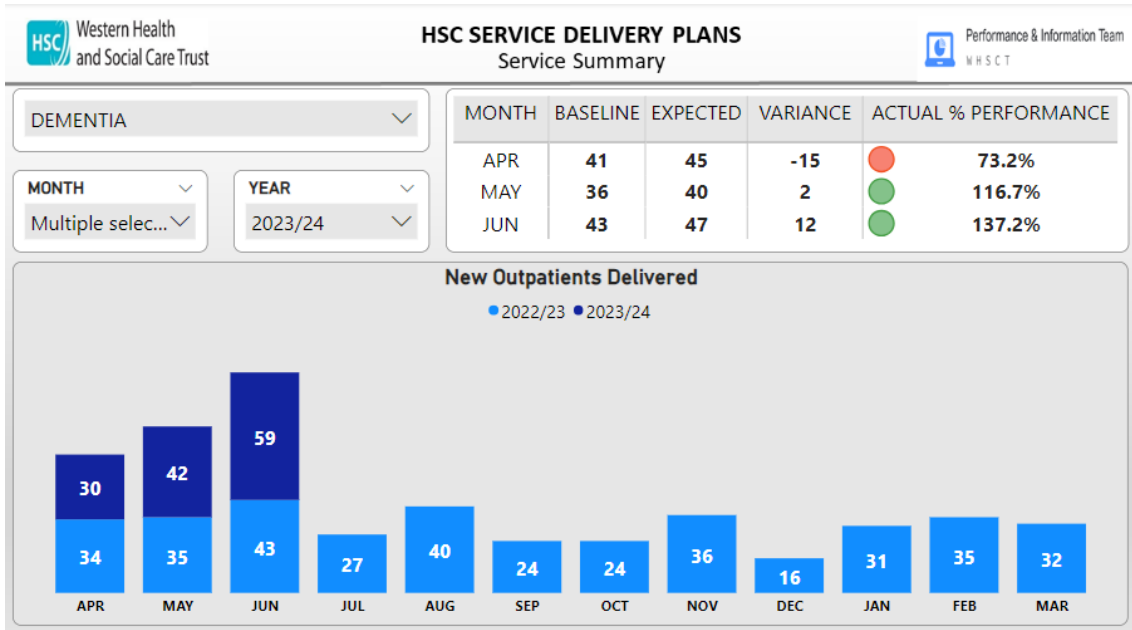




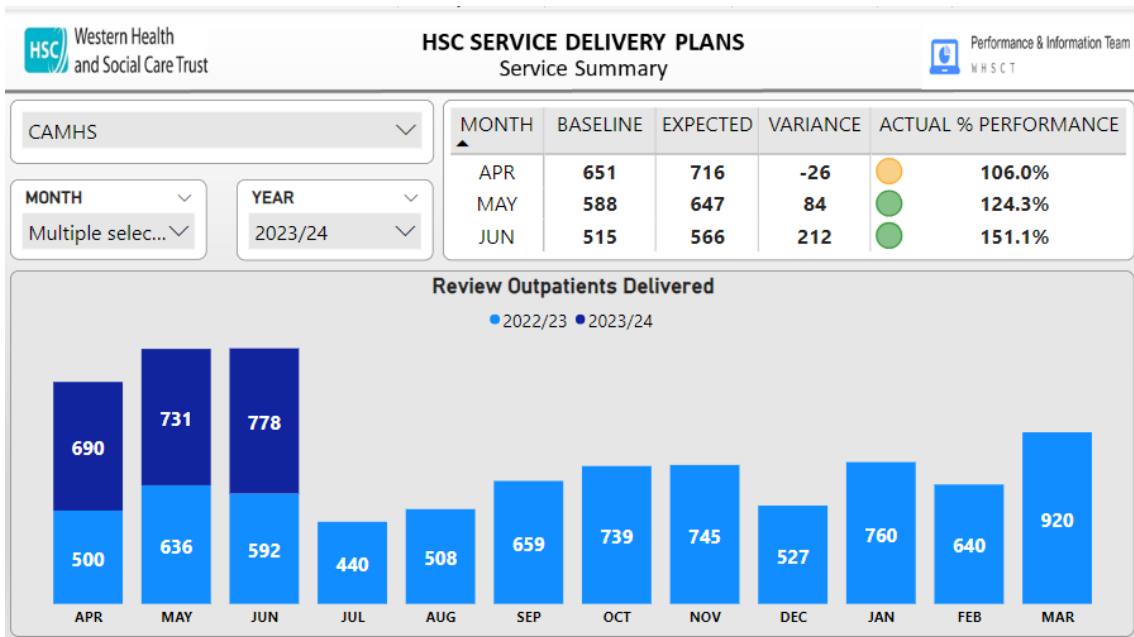
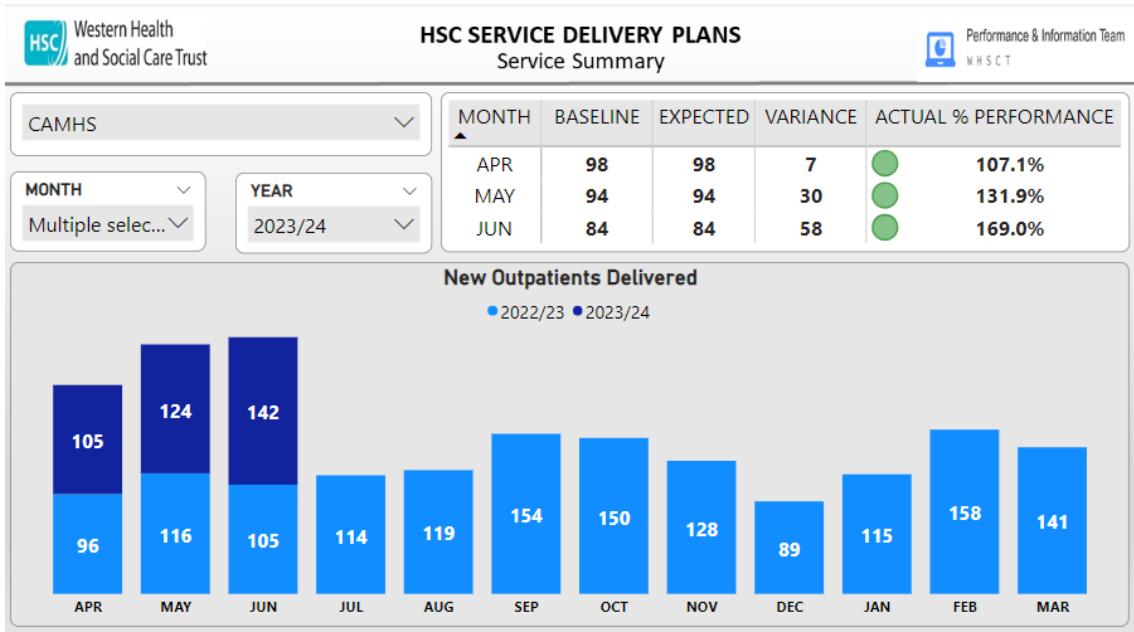
Psychological Therapies: the cumulative new and review activity delivered during Quarter 1 (April to June 23) (4,689) reflects **129.8%** of the 2019/20 Baseline activity (3,612).



Dementia: the cumulative new and review activity delivered during Quarter 1 (April to June 23) (1,391) reflects **90.7%** of the 2019/20 Baseline activity (1,533).



Child and Adolescent Mental Health Service: the cumulative new and review activity delivered during Quarter 1 (April to June 23) (2,570) reflects **127%** (134.4% New and 125.4% Review) of the 2019/20 Baseline activity (2,030).



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 June 23, the Trust reported a total of:

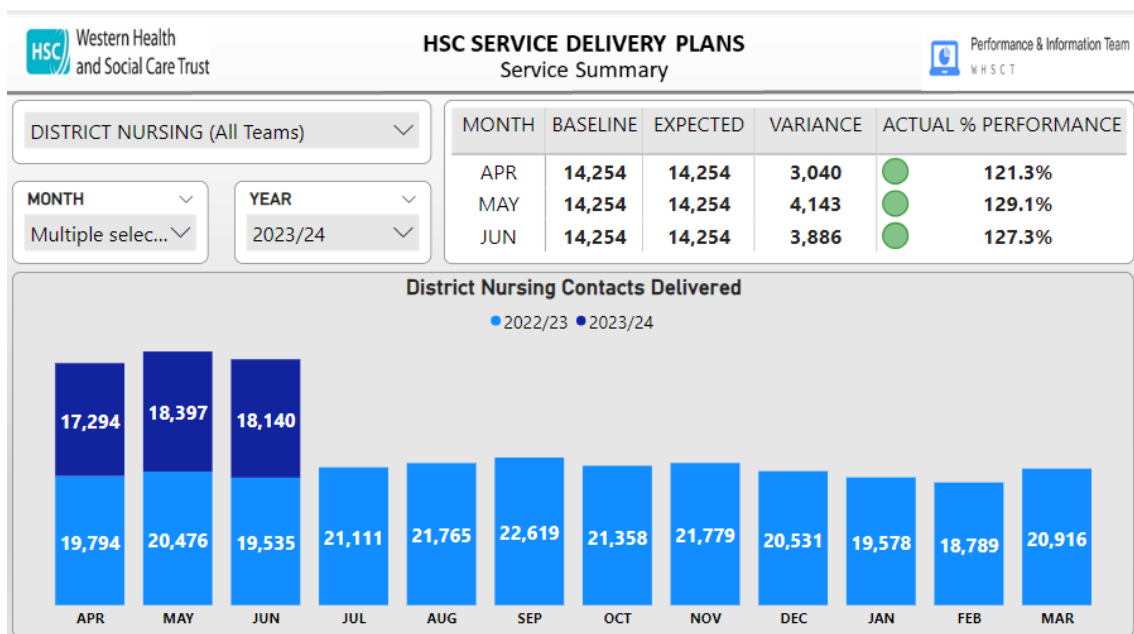
- **806** patients waiting to access the Adult Mental Health Service with **342** waiting longer than 9 weeks. Improvement in performance, when compared to March 23 end of year position; there were 960 in total waiting and 443 waiting longer than 9 weeks.
- **1,125** patients waiting to access the Dementia Service with **942** waiting longer than 9 weeks. Deterioration in performance, when compared to March 23 end of year position; there were 1,042 in total waiting and 872 waiting longer than 9 weeks.
- **333** patients waiting to access the Child and Adolescent Mental Health Service with **214** waiting longer than 9 weeks. Deterioration in performance, when compared to March 23 end of year position; there were 313 in total waiting and 155 waiting longer than 9 weeks.
- **1,375** patients waiting to access Psychological Therapy Services with **1,075** waiting longer than 13 weeks. Improvement in performance, when compared to March 23 end of year position; there were 1,410 in total waiting and 1,121 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 1 (April to June 23) (53,831) reflects **125.9%** 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.

Regionally, the Western Trust is one of two Trusts that met and exceeded this target throughout Quarter 1 (April to June 23).



District Nursing Quality Indicators

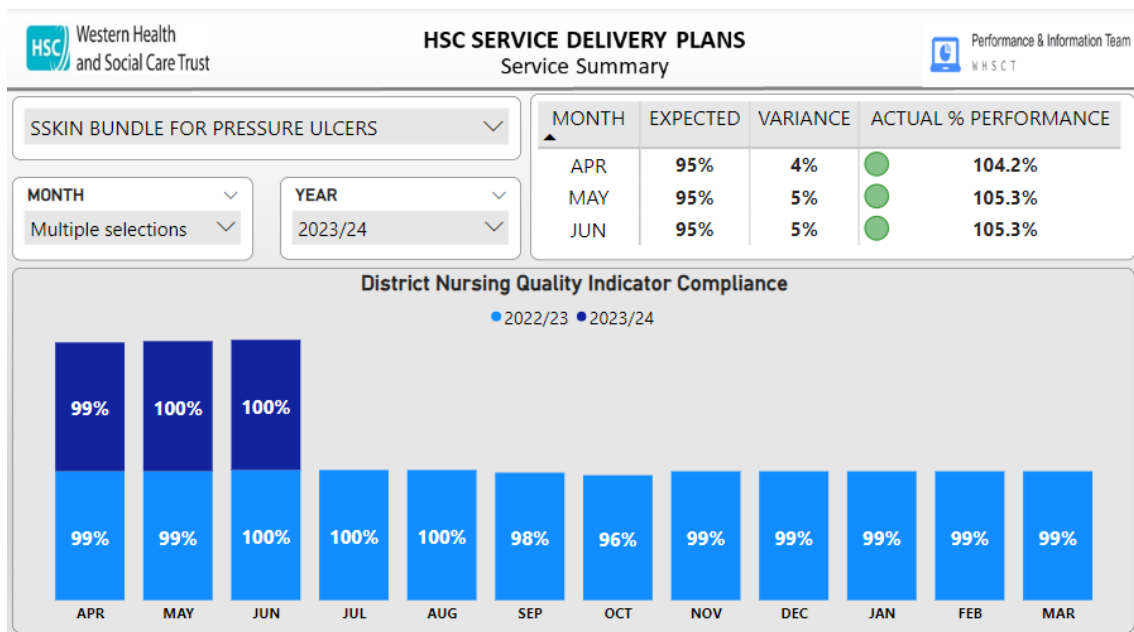
SSKIN Bundle for Pressure Ulcers: the 2023/24 SDP target is to achieve **95%** compliance in Quarter 1 & 2 and **100%** compliance in Quarter 3 & 4.

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 1 (April to June 23) performance for:

- **SSKIN Bundle for Pressure Ulcers:** **100%** achieved against the 95% target.
- **Malnutrition Universal Screen Tool (MUST):** **82%** achieved against the 75% target.
- **Palliative Care Quality Indicator (PCQI):** **70%** achieved against the 60% target.



ALL ELEMENTS OF MUST

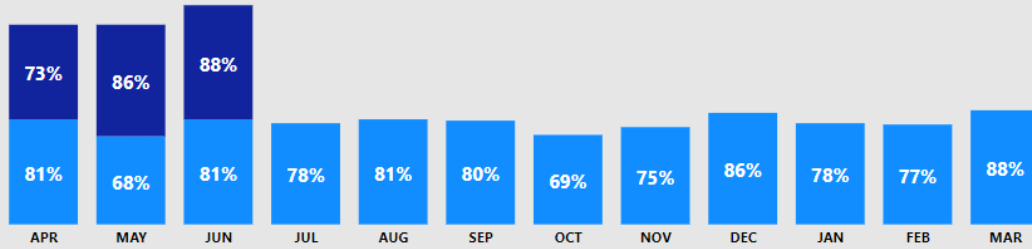
MONTH
Multiple selections

YEAR
2023/24

| MONTH | EXPECTED | VARIANCE | ACTUAL % PERFORMANCE |
|-------|----------|----------|----------------------|
| APR | 75% | -2% | 97.3% |
| MAY | 75% | 11% | 114.7% |
| JUN | 75% | 13% | 117.3% |

District Nursing Quality Indicator Compliance

2022/23 2023/24



ALL ELEMENTS OF PCQI

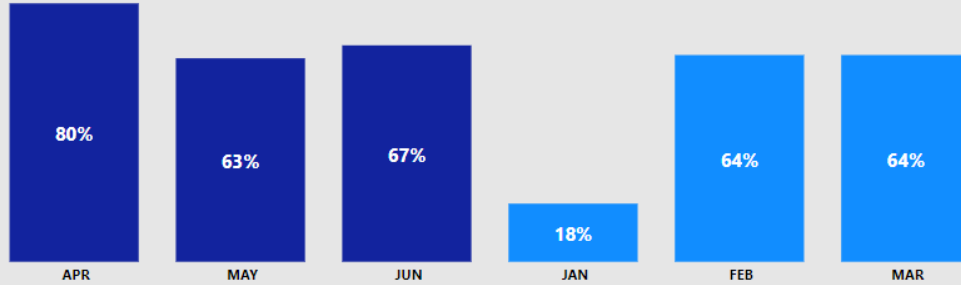
MONTH
Multiple selections

YEAR
2023/24

| MONTH | EXPECTED | VARIANCE | ACTUAL % PERFORMANCE |
|-------|----------|----------|----------------------|
| APR | 60% | 20% | 133.3% |
| MAY | 60% | 3% | 105.0% |
| JUN | 60% | 7% | 111.7% |

District Nursing Quality Indicator Compliance

2022/23 2023/24



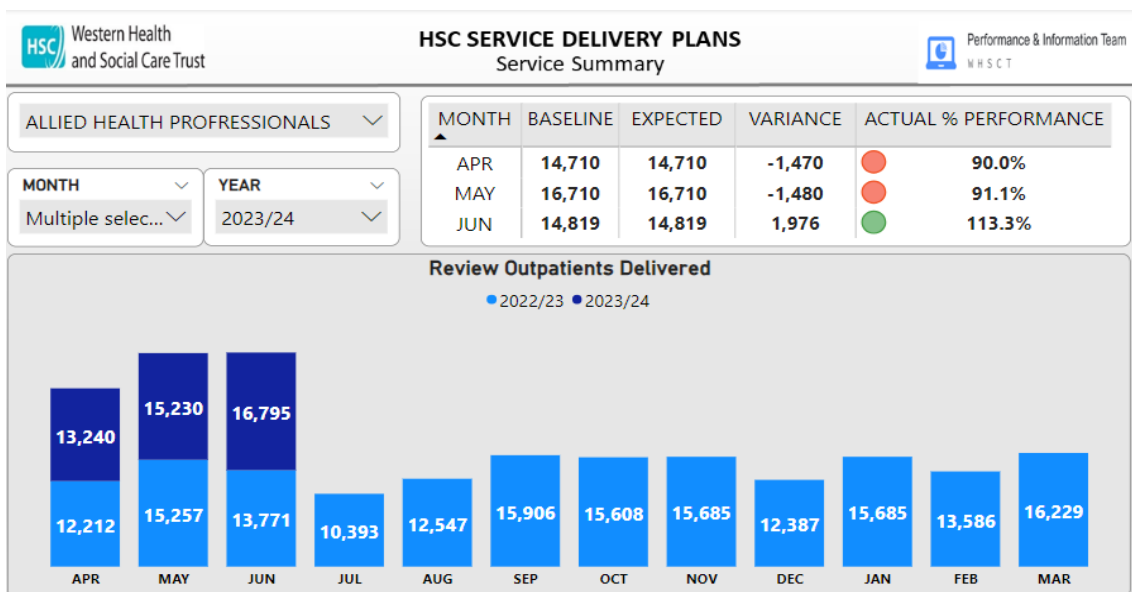
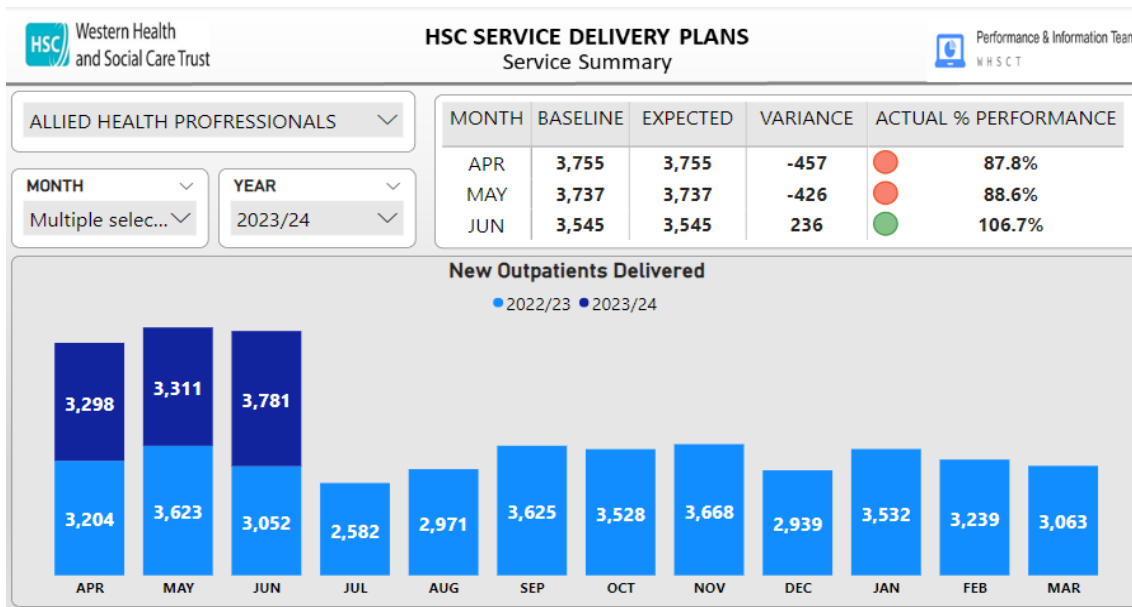
Allied Health Professionals (AHPs) – Service Delivery Plan

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 1 (April to June 23) (55,655), across the six service areas, represents **97.2%** (94.1% New and 97.9% Review) of the cumulative 2019/20 Baseline activity (57,276) and is an increase when compared to 2022/23 Quarter 4 (January to March 23) (55,655).

Vacant posts, sickness absence and parental leave continue to impact available capacity. The affected service areas continue to progress recruitment, filling vacant posts from regional waiting lists or temporary internal recruitment. In addition, regional work is progressing on the recommendations identified in the Regional AHP Elective Activity Overview report. The AHP Elective Task and Finish group, led by Lead AHP Consultant (PHA), are undertaking this work which includes a review of data definitions, activity, capacity, work force and caseload complexity tools.



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 June 23, the Trust reported a total of 15,936 patients waiting to commence Allied Health Professional treatment with **8,586** waiting longer than 13 weeks. . Deterioration in performance, when compared to March 23 end of year position; there were 15,480 in total waiting and 8,124 waiting longer than 13 weeks.

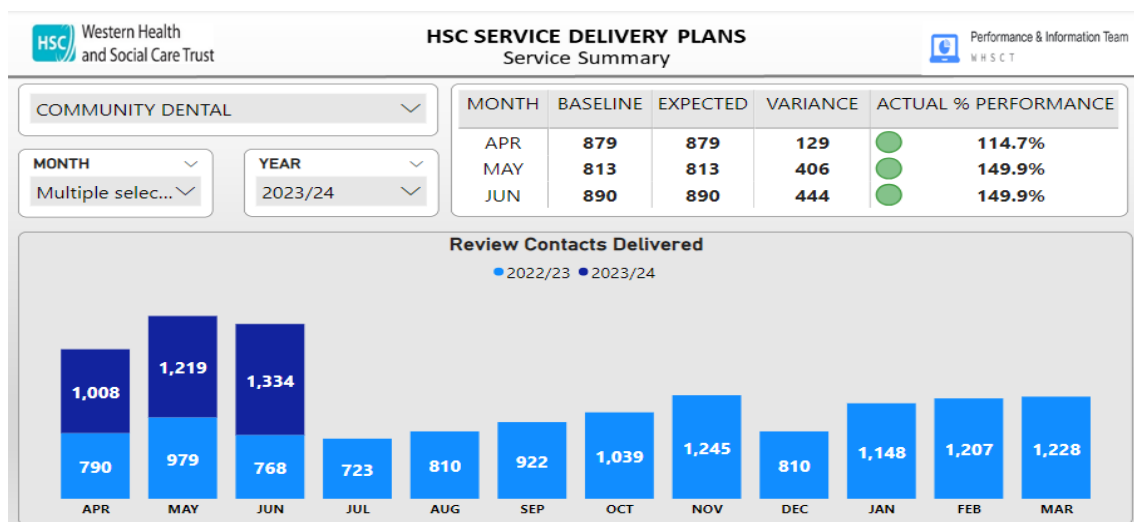
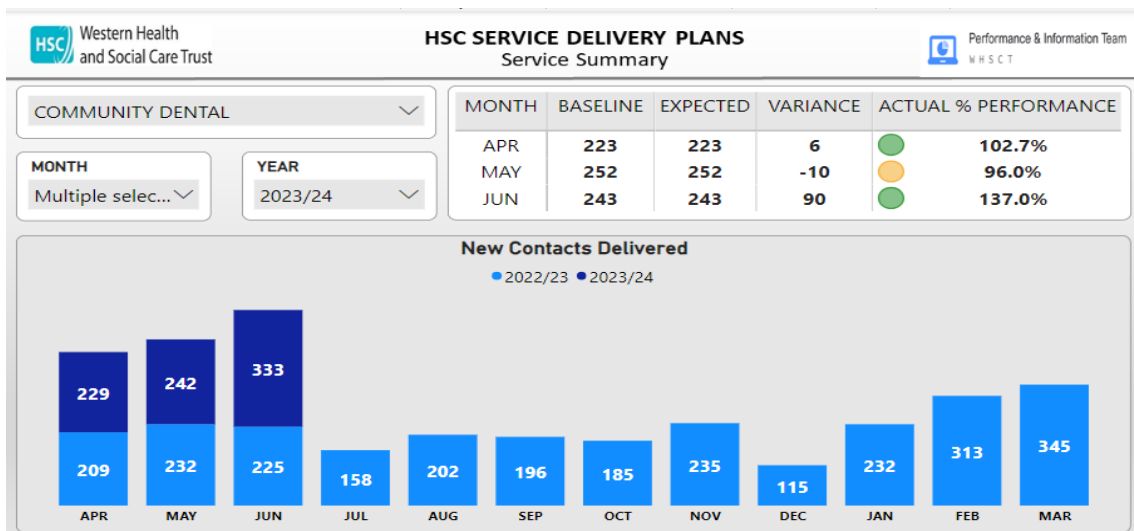
Community Dental

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 1 (April to June 23) (4,365) reflects **132.3%** (112.0% New and 137.9% Review) of the cumulative 2019/20 Baseline activity (3,300).

Regionally, the Western Trust is the only Trust that met and exceeded this target throughout Quarter 1 (April to June 23).

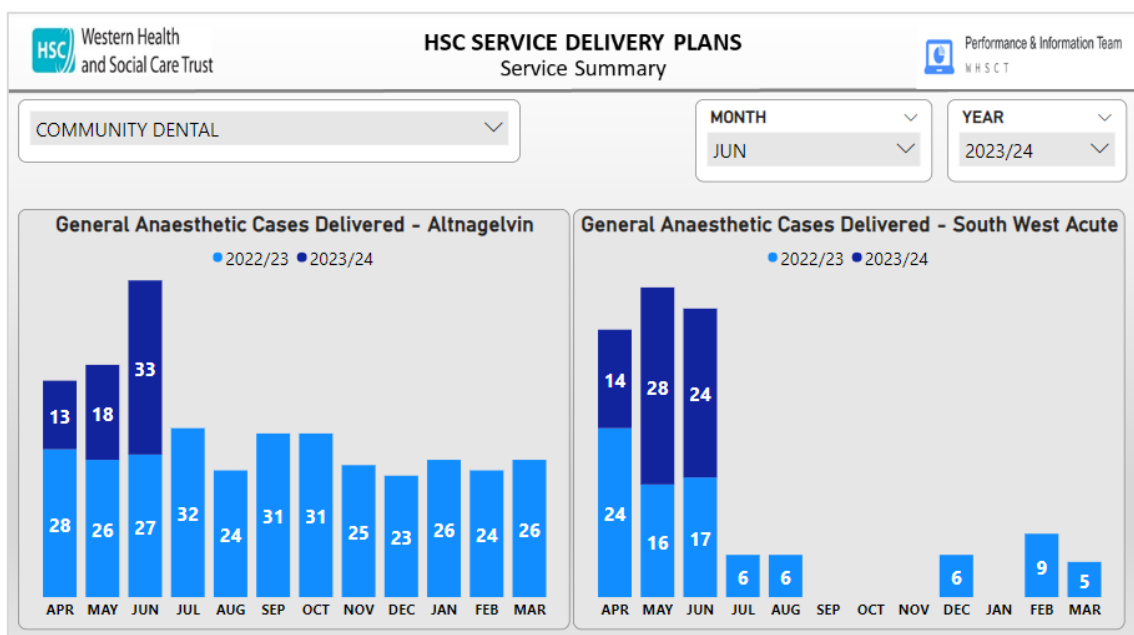
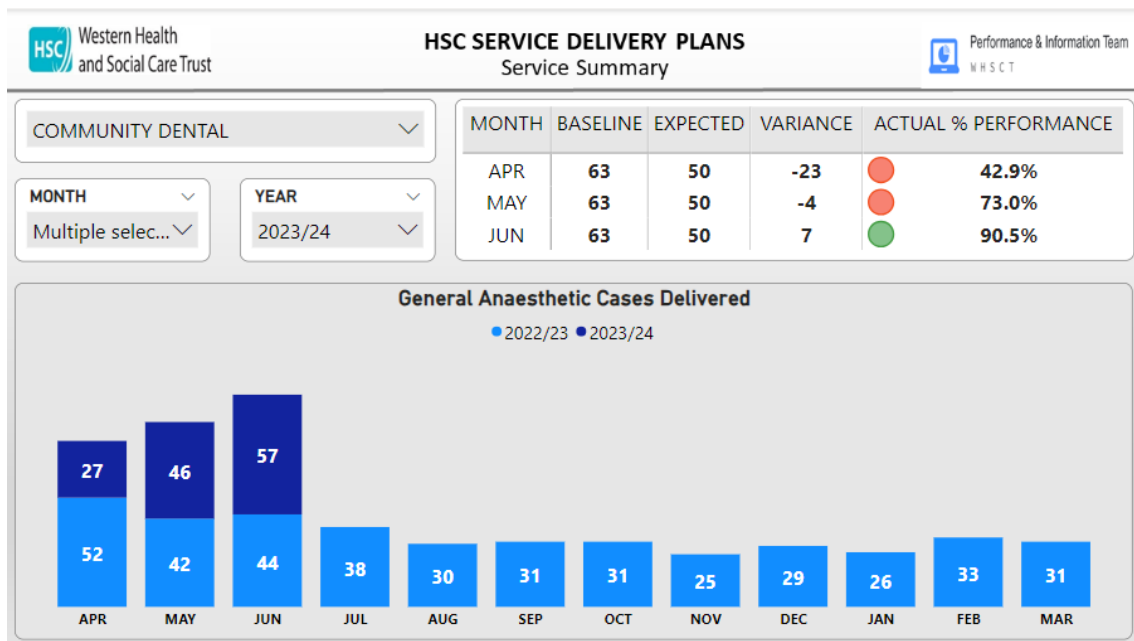


Community Dental – General Anaesthetic Cases Delivered

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 1 (April to June 23) (130), represents **68.8%** (48.5% Altnagelvin and 115.8% South West Acute) of the cumulative 2019/20 Baseline (189) and is an increase when compared to 2022/23 Quarter 4 (January to March 23) (90).

Performance continues to be impacted by reduced theatre capacity compared to pre-pandemic. Although the number of sessions in Altnagelvin continues to be affected (-28 Day cases per month), the number in South West Acute returned to pre-pandemic level from May 23; this has contributed to the overall increase in delivery.



Section 2: Western Trust – SDP RAG Key & Performance



LINK TO
ACUTE SUMMARY

LINK TO
COMMUNITY SUMMARY

| HSC SERVICE DELIVERY PLANS (2023/24 SPPG TARGETS) | | ACUTE SERVICES | COMMUNITY SERVICES |
|--|--|---|---|
| ACHIEVE 110% OF THE BASELINE / SBA VOLUME GREATER THAN OR EQUAL TO 110% GREATER THAN 100% BUT LESS THAN 110% LESS THAN OR EQUAL TO 100% | | CANCER - ALL ACTIVITY CARDIAC - CT CARDIAC - CATH LABS | ADULT MENTAL HEALTH DEMENTIA CAMHS (REVIEW CONTACTS ONLY) COMMUNITY DENTAL - CONTACTS (QUARTER 4 ONLY) DIRECT PAYMENTS |
| ACHIEVE 105% OF THE BASELINE / SBA VOLUME GREATER THAN OR EQUAL TO 105% GREATER THAN 100% BUT LESS THAN 105% LESS THAN OR EQUAL TO 100% | | OUTPATIENTS (NEW CONTACTS ONLY) | COMMUNITY DENTAL - CONTACTS (QUARTER 3 ONLY) |
| ACHIEVE 100% OF THE BASELINE / SBA VOLUME GREATER THAN OR EQUAL TO 100% GREATER THAN 95% BUT LESS THAN 100% LESS THAN OR EQUAL TO 95% | | OUTPATIENTS (REVIEW CONTACTS ONLY) INPATIENT, DAY CASE & ENDOSCOPY IMAGING DIAGNOSTICS - ALL ACTIVITY CARDIAC - MRI CARDIAC - ECHO THEATRE UTILISATION - SCHEDULED THEATRE MINUTES | PSYCHOLOGICAL THERAPIES CAMHS (NEW CONTACTS ONLY) ALLIED HEALTH PROFESSIONALS - ALL SERVICES DISTRICT NURSING - CONTACTS COMMUNITY DENTAL - CONTACTS (QUARTER 1 & 2 ONLY) |
| ACHIEVE 80% OF THE BASELINE / SBA VOLUME GREATER THAN OR EQUAL TO 80% GREATER THAN 75% BUT LESS THAN 80% LESS THAN OR EQUAL TO 75% | | | COMMUNITY DENTAL - CHILDRENS GA CASES |
| % BASED TARGETS GREATER THAN OR EQUAL TO 100% GREATER THAN 95% BUT LESS THAN 100% LESS THAN OR EQUAL TO 95% | | WEEKEND DISCHARGES THEATRE UTILISATION OPERATING TIMES | CHILDRENS SOCIAL CARE - CASE CONFERENCES DISTRICT NURSING - COMPLIANCE STROKE SERVICES |
| % REDUCTION TARGETS TARGETS FOR EACH SERVICE SPECIFIED ON SUMMARY TABS | | AVERAGE LOS UNSCHEDULE CARE: ED PERFORMANCE 12 HOURS | DOMICILIARY CARE - UNMET NEED CHILDRENS SOCIAL CARE - UNALLOCATED CASES (FIS) |

* SERVICES NOT LISTED ABOVE ARE MONITORED INTERNALLY ONLY (100% OF BASELINE)

LINK TO
SPPG TARGETS

QUARTER 1 (APRIL - JUNE 2023)

| | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
|--|---|----------|----------|-----------|----------|--------------------|
| CANCER | | | | | | |
| ACTIVITY | 14 DAYS 110% OF 2021/22 BASELINE | 489 | 538 | 503 | -35 | 102.9% |
| | 14 DAY TARGET - TOTAL ACTIVITY (No longer being monitored on Total - Only Core Activity) | 1,052 | 1,158 | 794 | -364 | 75% |
| | 31 DAYS 110% OF 2021/22 BASELINE | 489 | 538 | 484 | -54 | 99.0% |
| | 62 DAYS 110% OF 2021/22 BASELINE | 254 | 279 | 262 | -18 | 103.2% |
| PERFORMANCE | 14 DAYS | 100% | 100% | 99% | -1% | 99% |
| | 31 DAYS | 98% | 98% | 98% | 0% | 98% |
| | 62 DAYS | 95% | 95% | 41% | -54% | 41% |
| RED FLAG - FIRST OUTPATIENT APPOINTMENT (excluding Breast) 110% OF 2019/20 BASELINE | | 1819 | 2001 | 2716 | 715 | 149.3% |
| IMAGING | | | | | | |
| MRI | TARGET SBA VOLUMES | 4,095 | 4,095 | 3,839 | -256 | 93.7% |
| CT | TARGET SBA VOLUMES | 8,088 | 8,088 | 9,503 | 1,415 | 117.5% |
| NOUS | TARGET SBA VOLUMES | 10,627 | 10,627 | 10,666 | 39 | 100.4% |
| CARDIOLOGY / CARDIAC | | | | | | |
| CARDIAC MRI | TARGET SBA VOLUMES | 84 | 84 | 86 | 2 | 102.4% |
| CARDIAC CT | 110% OF 2019/20 BASELINE | 115 | 127 | 134 | 7 | 116.5% |
| ECHO | TARGET SBA VOLUMES | 2,079 | 2,079 | 1,773 | -306 | 85.3% |
| CATH LAB | 110% OF 2019/20 BASELINE | 505 | 556 | 483 | -73 | 95.6% |
| ELECTIVE | | | | | | |
| NEW OUTPATIENTS 105% OF 2019/20 BASELINE | FACE TO FACE | 18,595 | 19,525 | 13,917 | -1,367 | 97.6% |
| | VIRTUAL | | | 1,056 | | |
| | OTHER | | | 3,185 | | |
| | TOTAL | | | 18,158 | | |
| REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE | FACE TO FACE | 38,104 | 38,104 | 23,924 | -260 | 99.3% |
| | VIRTUAL | | | 6,382 | | |
| | OTHER | | | 7,538 | | |
| | TOTAL | | | 37,844 | | |
| OVERALL TOTAL | | 56,699 | 57,629 | 56,002 | -1,627 | 99% |
| INPATIENT 100% OF 2019/20 BASELINE | CORE | 1,664 | 1,664 | 1,347 | -317 | 81% |
| | OTHER | 396 | 396 | 308 | -88 | 78% |
| | TOTAL | 2,060 | 2,060 | 1,655 | -405 | 80.3% |
| DAY CASES 100% OF 2019/20 BASELINE | CORE | 4,115 | 4,115 | 3,995 | -120 | 97% |
| | OTHER | 2,109 | 2,109 | 2,105 | -4 | 100% |
| | TOTAL | 6,224 | 6,224 | 6,100 | -124 | 98.0% |
| INPATIENTS + DAYCASES TOTAL = | | 8,284 | 8,284 | 7,755 | -529 | 94% |
| ENDOSCOPY | 100% OF 2019/20 BASELINE | 2,796 | 2,796 | 1,993 | -803 | 71.3% |
| THEATRE UTILISATION | | | | | | |
| SCHEDULED THEATRE MINUTES | SESSION DURATION (Mins) | 318,975 | 318,975 | 267,450 | -51,525 | 83.8% |
| THEATRE OPERATING TIMES | MAIN THEATRES | 85% | 85% | 86.0% | 1% | 86.0% |
| | DPU THEATRES | 80% | 80% | 67.3% | -13% | 67.3% |
| UNSCHEDULED CARE | | | | | | |
| ED PERFORMANCES - 12 HOURS | 10% REDUCTION OF 2022/23 BASELINE | 4,182 | 3,764 | 4,523 | 341 | 8.2% |
| WEEKEND DISCHARGE | | | | | | |
| ALTNAGELVIN | | | | | | |
| WEEKEND DISCHARGES - SIMPLE | | 80% | 80% | 49.5% | -31% | 49.5% |
| WEEKEND DISCHARGES - COMPLEX | | 60% | 60% | 29.5% | -31% | 29.5% |
| SOUTH WEST ACUTE | | | | | | |
| WEEKEND DISCHARGES - SIMPLE | | 80% | 80% | 30.9% | -49% | 30.9% |
| WEEKEND DISCHARGES - COMPLEX | | 60% | 60% | 9.0% | -51% | 9.0% |
| AVERAGE LOS | | | | | | |
| ALTNAGELVIN | 1 DAY REDUCTION BY Q4 2022/23 BASELINE | 8.1 | 7.9 | 8.20 | 0.1 | 8.20 |
| SOUTH WEST ACUTE | 1 DAY REDUCTION BY Q4 2022/23 BASELINE | 11.4 | 11.2 | 11.10 | -0.3 | 11.10 |

HSC SERVICE DELIVERY PLANS
COMMUNITY SERVICES 2023/24

LINK TO
SPPG TARGETS

| | | QUARTER 1 (APRIL - JUNE 2023) | | | | |
|---|--|-------------------------------|----------|-----------|----------|--------------------|
| | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
| COMMUNITY CARE | | | | | | |
| ADULT DAY CARE | ATTENDANCES (EXCLUDING ALD DAY OPPORTUNITIES) INTERNAL MONITORING ONLY (100% OF FEB 2020) | 33,870 | 33,870 | 29,434 | -4,436 | 87% |
| ADULT SHORT BREAKS | HOURS DELIVERED INTERNAL MONITORING ONLY (100% OF 2019/20) | 110,555 | 110,555 | 94,405 | -16,150 | 85% |
| DOMICILIARY CARE 2.5% REDUCTION OF 5% REDUCTION OF BASELINE 7.5% REDUCTION OF 10% REDUCTION OF BASELINE | UNMET NEED HOURS (FULL PACKAGES, ALL POCS) | 2,798 | 2,728 | 2,742 | -56 | -2.0% |
| | UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS) | 2,763 | 2,694 | 2,469 | -294 | -10.7% |
| | TOTAL | 5,561 | 5,422 | 5,210 | -351 | -6.3% |
| DIRECT PAYMENTS | DIRECT PAYMENTS 10% INCREASE BY MARCH 2024 | 1,554 | 1,709 | 1,558 | -152 | 100.2% |
| CHILDRENS SOCIAL CARE | | | | | | |
| INITIAL FAMILY ASSESSMENTS COMPLETED INTERNAL MONITORING ONLY (100% OF 2019/20 BASELINE) | | 197 | 197 | 379 | 182 | 192% |
| CHILD PROTECTION CASE CONFERENCES | WITHIN 15 DAYS | | | 54 | | 100.0% |
| | TOTAL | N/A | 84% | 54 | 16% | |
| | % WITHIN 15 DAYS | | | 100% | | |
| | WITHIN 3 MONTHS | | | 26 | | 86.7% |
| | TOTAL | N/A | 85% | 30 | 2% | |
| | % WITHIN 3 MONTHS | | | 87% | | |
| | WITHIN 6 MONTHS | | | 109 | | 85.8% |
| | TOTAL | N/A | 89% | 127 | -3% | |
| | % WITHIN 6 MONTHS | | | 86% | | |
| UNALLOCATED CASES (QUARTERLY MONITORING WITH EFFECT FROM Q2) 20% REDUCTION BY MARCH 2024 (BASELINE MARCH 2023 SUBJECT TO CHANGE) | | 20 | 19 | 71 | -52 | |
| DSF RELATED TARGETS | | REPORTING SCHEDULE TBC | | | | |
| MENTAL HEALTH SERVICES | | | | | | |
| ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 2019/20 BASELINE | NEW | 1,637 | 1,801 | 1,063 | -738 | 64.9% |
| | REVIEW | 12,907 | 14,198 | 14,430 | 232 | 111.8% |
| | TOTAL | 14,544 | 15,998 | 15,493 | -505 | 106.5% |
| PSYCHOLOGICAL THERAPIES 100% OF 2019/20 BASELINE | NEW | 420 | 420 | 504 | 84 | 120.0% |
| | REVIEW | 3,192 | 3,192 | 4,185 | 993 | 131.1% |
| | TOTAL | 3,612 | 3,612 | 4,689 | 1,077 | 129.8% |
| DEMENTIA 110% OF 2019/20 BASELINE | NEW | 120 | 132 | 131 | -1 | 109.2% |
| | REVIEW | 1,413 | 1,554 | 1,260 | -294 | 89.2% |
| | TOTAL | 1,533 | 1,686 | 1,391 | -295 | 90.7% |
| CAMHS 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS) | NEW | 276 | 276 | 371 | 95 | 134.4% |
| | REVIEW | 1,754 | 1,929 | 2,199 | 270 | 125.4% |
| | TOTAL | 2,030 | 2,205 | 2,570 | 365 | 127% |
| MENTAL HEALTH SERVICES (OVERALL) | | 21,719 | 23,502 | 24,143 | 641 | 111% |

HSC SERVICE DELIVERY PLANS
COMMUNITY SERVICES 2023/24

LINK TO
SPPG TARGETS

| | | QUARTER 1 (APRIL - JUNE 2023) | | | | |
|--|------------------|-------------------------------|----------|-----------|----------|--------------------|
| | | BASELINE | EXPECTED | DELIVERED | VARIANCE | ACTUAL PERFORMANCE |
| DISTRICT NURSING | | | | | | |
| CONTACTS | 100% OF BASELINE | 42,762 | 42,762 | 53,831 | 11,069 | 125.9% |
| COMPLIANCE WITH SSKIN BUNDLE FOR PRESSURE ULCERS | | N/A | 95% | 100% | 5% | 105.3% |
| COMPLIANCE WITH ELEMENTS OF MUST | | N/A | 75% | 82% | 7% | 109.8% |
| COMPLIANCE WITH ALL ELEMENTS OF THE PCQI | | N/A | 60% | 70% | 10% | 116.7% |
| ALLIED HEALTH PROFESSIONALS | | | | | | |
| PHYSIOTHERAPY | NEW | 4,470 | 4,470 | 4,816 | 346 | 107.7% |
| | REVIEW | 13,934 | 13,934 | 12,739 | -1,195 | 91.4% |
| | TOTAL | 18,404 | 18,404 | 17,555 | -849 | 95.4% |
| OCCUPATIONAL THERAPY | NEW | 2,532 | 2,532 | 2,179 | -353 | 86.1% |
| | REVIEW | 7,960 | 7,960 | 10,380 | 2,420 | 130.4% |
| | TOTAL | 10,492 | 10,492 | 12,559 | 2,067 | 119.7% |
| DIETETICS | NEW | 1,264 | 1,264 | 1,047 | -217 | 82.8% |
| | REVIEW | 3,809 | 3,809 | 3,762 | -47 | 98.8% |
| | TOTAL | 5,073 | 5,073 | 4,809 | -264 | 94.8% |
| ORTHOPTICS | NEW | 772 | 772 | 595 | -177 | 77.1% |
| | REVIEW | 2,479 | 2,479 | 1,897 | -582 | 76.5% |
| | TOTAL | 3,251 | 3,251 | 2,492 | -759 | 76.7% |
| SPEECH & LANGUAGE | NEW | 942 | 942 | 645 | -297 | 68.5% |
| | REVIEW | 8,131 | 8,131 | 7,139 | -992 | 87.8% |
| | TOTAL | 9,073 | 9,073 | 7,784 | -1,289 | 85.8% |
| PODIATRY | NEW | 1,057 | 1,057 | 1,108 | 51 | 104.8% |
| | REVIEW | 9,926 | 9,926 | 9,348 | -578 | 94.2% |
| | TOTAL | 10,983 | 10,983 | 10,456 | -527 | 95.2% |
| ALLIED HEALTH PROFESSIONALS (OVERALL) | NEW | 11,037 | 11,037 | 10,390 | -647 | 94.1% |
| | REVIEW | 46,239 | 46,239 | 45,265 | -974 | 97.9% |
| | TOTAL | 57,276 | 57,276 | 55,655 | -1,621 | 97.2% |
| STROKE SERVICES | | | | | | |
| THROMBOLYSIS RATE | ALTNAGELVIN | N/A | 16% | 15% | -1% | 15% |
| | SOUTH WEST ACUTE | N/A | 16% | 23% | 7% | 23% |
| % ADMITTED <4 HOURS | ALTNAGELVIN | N/A | 43% | 27% | -16% | 27% |
| | SOUTH WEST ACUTE | N/A | 90% | 71% | -19% | 71% |
| COMMUNITY DENTAL | | | | | | |
| CONTACTS | NEW | 718 | 718 | 804 | 86 | 112.0% |
| | REVIEW | 2,582 | 2,582 | 3,561 | 979 | 137.9% |
| | TOTAL | 3,300 | 3,300 | 4,365 | 1,065 | 132.3% |
| GENERAL ANAESTHETIC CASES DELIVERED (CHILDREN CASES ONLY (SUBSET OF ACUTE DAY CASES)) | ALTNAGELVIN | 132 | 106 | 64 | -42 | 48.5% |
| | SOUTH WEST ACUTE | 57 | 46 | 66 | 20 | 115.8% |
| | TOTAL | 189 | 151 | 130 | -21 | 68.8% |