



Western Health
and Social Care Trust

PERFORMANCE REPORT OCTOBER – DECEMBER 2023

Trust Board – 1 February 2024

Context

This report provides an update for Hospital and Community Services on progress at the end of 2023/24 Quarter 3 (October to December 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 5) was issued on 10th November 2023 and included clarification that the Direct payments target covered all POCs, amendment to NIAS response time targets in line with Winter Preparedness Plan (October 2023) and confirmation that the Endoscopy target for Quarter 3 & 4 will remain as Quarter 1 and 2; to deliver activity in line with the corresponding month in 2019/20; SPPG Commissioning Lead advised that they are not in a position to move to points based monitoring.

At the November 23 PTEB meeting, it was agreed that reporting against the 14, 31 and 62-day cancer activity targets is paused with effect from October 23 (Month 7) given that this is a demand driven service. The Quarter 3 (October to December 23) performance and RAG assessment is therefore not indicated in the table at Section 2.

In December 23, changes to the Outpatient and Day case targets were agreed with SPPG to reflect additional investment received. The in-year uplift in expected activity has been applied from November 23 to March 24 and is reflected in the relevant sections of this report.

The impact of winter pressures on Acute Hospital sites and specifically Unscheduled Care performance, resulted in the Trust activating Business Continuity arrangements from 14th December 2023. Trust's Silver Command was operational from 14th – 22nd December 23.

Executive Summary

In 2023/24 Quarter 3 (October to December 23), Trust performance was reported against 64 metrics; of these 44% assessed as "Red", 11% "Amber", 44% "Green" and 1% not RAG assessment as performance information unavailable at the time of this report.

Service areas where the cumulative Quarter 3 (October to December 23), performance has met or exceeded baseline activity and the expected/SBA target include (RAG assessed green):

Hospital Services

- *Cancer Services*: 14 and 31 Day Access and Red Flag 1st OP appointment
- *Imaging*: MRI, CT and Non-Obstetric ultrasound
- *Elective Care*: Outpatients (Review), Day case, Scheduled Theatre minutes and Theatre operating times (Main)
- *Unscheduled Care*: Average Length of Stay (South West Acute)

Community Services

- *Children's Social Care*: Child Protection Case Conferences (15 Days, 3 and 6 months) and Unallocated Cases.
- *Mental Health Services*: Adult Mental Health, Psychological Therapies, Dementia (New and Review Total) and CAMHS (New)
- *District Nursing*: Contacts and Quality Indicators x 2 (MUST & PCQI)
- *Allied Health Professionals*: Dietetics and Speech and Language (New and Review Total)

Service areas where the cumulative Quarter 3 (October to December 23), performance has almost met or exceeded baseline activity and the expected/SBA target include (RAG assessed amber):

Hospital Services

- *Cardiac*: CT
- *Elective Care*: Outpatients (New), Inpatient and Endoscopy

Community Services

- *Community Care*: Domiciliary Care Unmet Need (Total packages) and Direct Payments
- *Stroke Service*: Thrombolysis (Altnagelvin)

Service areas where the cumulative Quarter 3 (October to December 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*: 62 Day Access
- *Cardiac*: MRI, Echo and Cath Lab procedures
- *Elective Care*: Theatre operating times (DPU)
- *Unscheduled Care*: ED 12 Hour Performance, Weekend Discharges (Complex and Simple: Altnagelvin and South West Acute) and Average Length of Stay (Altnagelvin)

Community Services

- *Mental Health Services*: CAMHS (Review)
- *Allied Health Professionals*: Physiotherapy, Occupational Therapy, Orthoptics and Podiatry (New and Review Total)
- *Stroke Service*: Thrombolysis (South West Acute) and % Admitted <4 hours (Altnagelvin and South West Acute)
- *Community Dental*: Contacts (New and Review Total) and GA sessions (Total)

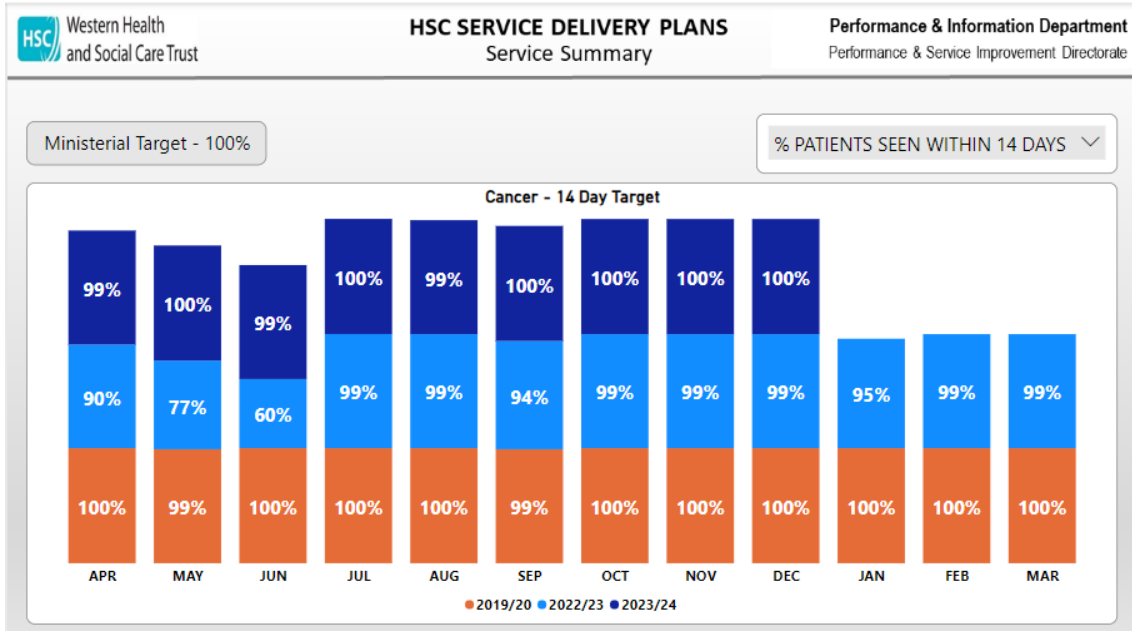
A detailed assessment of the 2023/24 Quarter 3 (October to December 23) activity delivered and baseline target for each service area is provided in Section 2.

HOSPITAL SERVICES

Cancer services – Commissioning Plan Direction: Access Performance

During 2023/24, all urgent suspected breast cancer referrals should be seen within 14 days.

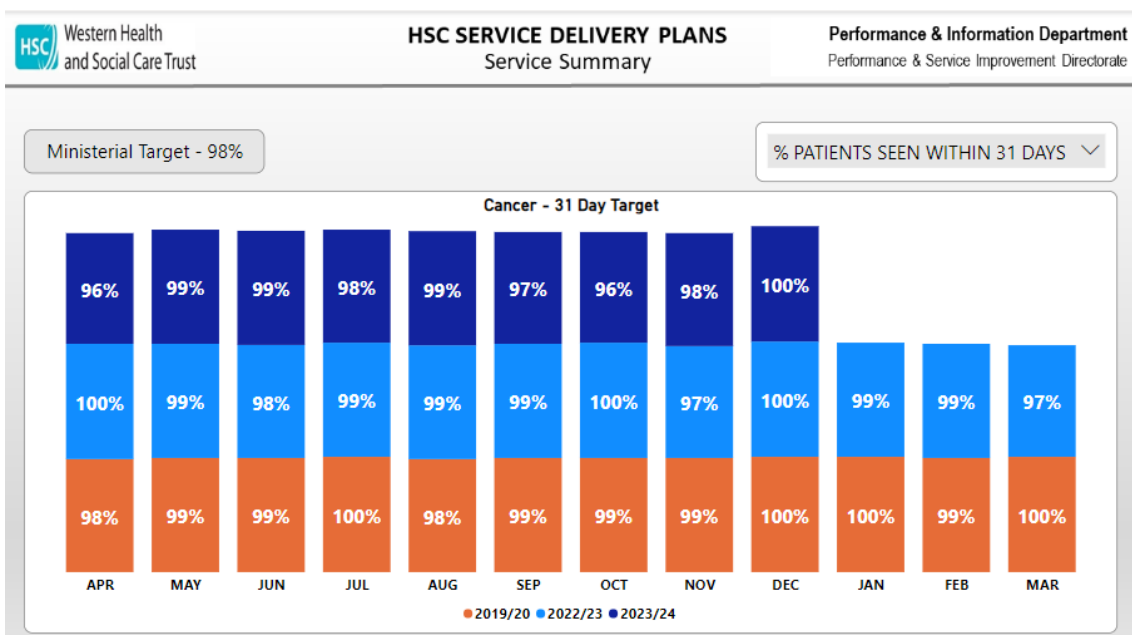
14 Day Target: Performance remains strong with **100%** achieved against the 100% target.



Cancer services – Commissioning Plan Direction: Access Performance

During 2023/24, at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

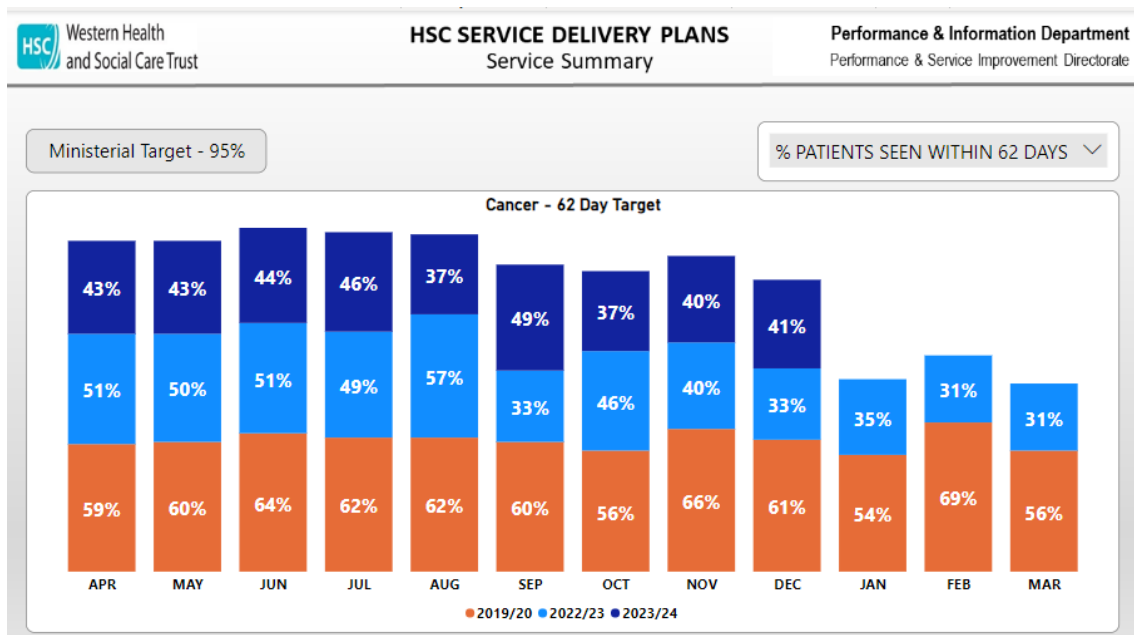
31 Day Target: Trust performance against this target remains strong across the region with the target achieved in six of the nine months from April to December 23.



Cancer services – Commissioning Plan Direction: Access Performance

During 2023/24, at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

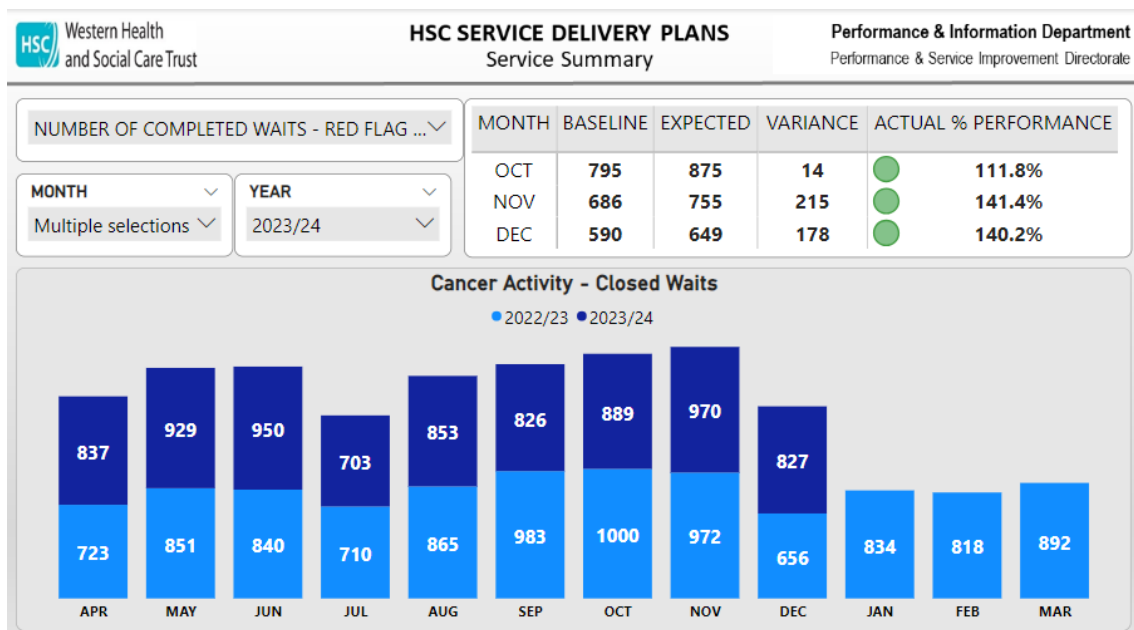
62 Day Target: performance remains challenging with target not met during Quarter 3 (October to December 23).



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 3 (October to December 23) (2,686) reflects **129.7%** of the cumulative 2019/20 Baseline activity (2,071).



Increasing red flag demand and workforce challenges within GI, Urology, Gynaecology, Head and Neck and Dermatology and ongoing Pathology challenges continue to impact performance. The Service continues to take forward all available actions to mitigate these challenges; including implementation of escalation processes to minimise the number of patients waiting, ongoing recruitment and maximisation of skills mix, taking opportunities to avail of additional capacity through waiting list initiative monies and additional core, continued collaboration with MDT Clinical Leads and Service managers to address any bottle necks in pathways and implementation of additional investment for Tracking resource.

The number of Red Flag Referrals Received (All Tumour sites) during Quarter 3 (October to December 23) (6,061), increased by **22%** compared to same period 2021/22 (4,950) (Baseline year); 1,111 additional Red Flag referrals.

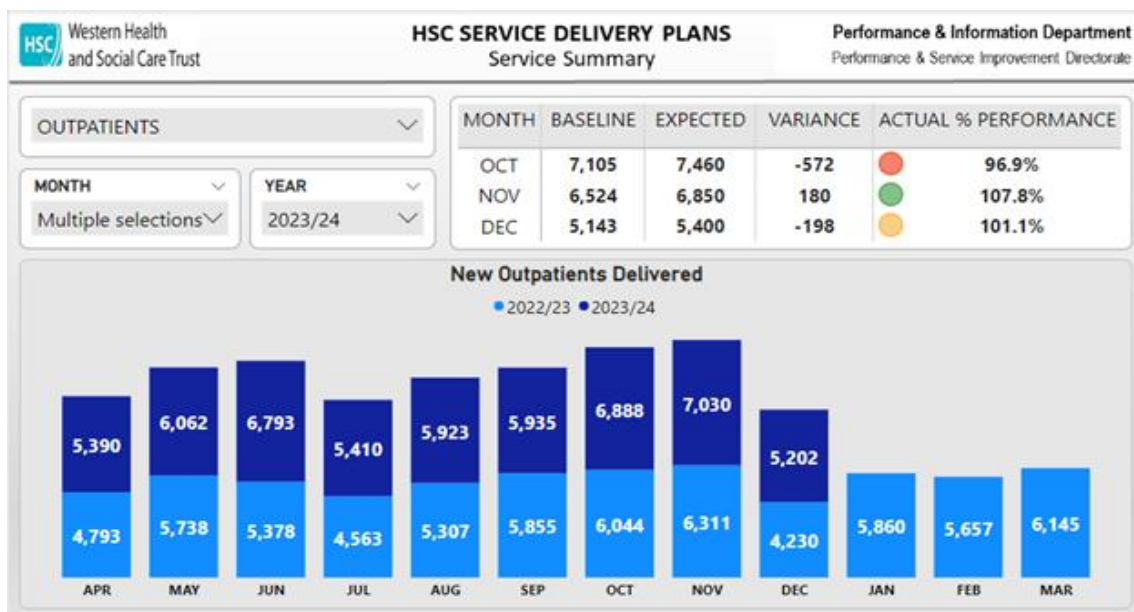
Elective Care – Outpatients Service Delivery Plan

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

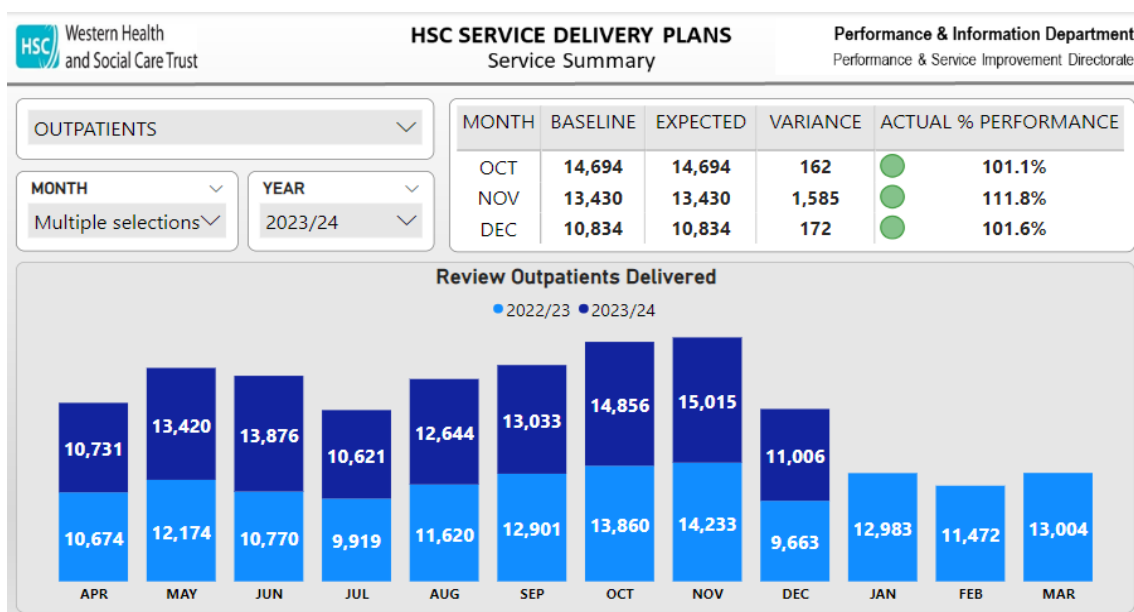
The total New and Review activity delivered during Quarter 3 (October to December 23) (59,997) has significantly increased compared to Quarter (56,272) 1 and Quarter 2 (53,566);

The baseline and expected targets for New and Review activity have been up-lifted in November and December 23 to reflect additional investment received. Despite this increase, the Quarter 3 activity delivered represents the highest level of activity delivered during any Quarter this year to date.

The cumulative New outpatient activity delivered during Quarter 3 (October to December 23) (19,120) reflects **101.9%** of the 2019/20 Baseline activity (18,772).



The cumulative Review outpatient activity delivered during Quarter 3 (October to December 23) (40,877) reflects **104.9%** of the 2019/20 Baseline activity (38,958).



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 December 23, the Trust reported **71,468** patients waiting for an outpatient appointment; with **61,275** patients waiting longer than 9 weeks. Performance has further deteriorated when compared to September 23, end of Quarter 2 position; there were **71,828** patients in total waiting; with **60,607** waiting longer than 9 weeks.

From the establishment of the Regional Outpatient Modernisation Group, two sub-groups have been set up to focus on the agreed areas of work; namely enhanced triage and patient initiated follow up. and expansion of virtual / remote appointments.

The Patient Initiated Follow up (PIFU) Task and Finish Group will facilitate the implementation and appropriate recording of PIFU pathways across Trusts. The first meeting was held on the 15th January 24 to review scoping template and Terms of Reference. The second sub-group concentrating on enhanced triage has yet to meet but are due to hold their first meeting on 29th January 24.

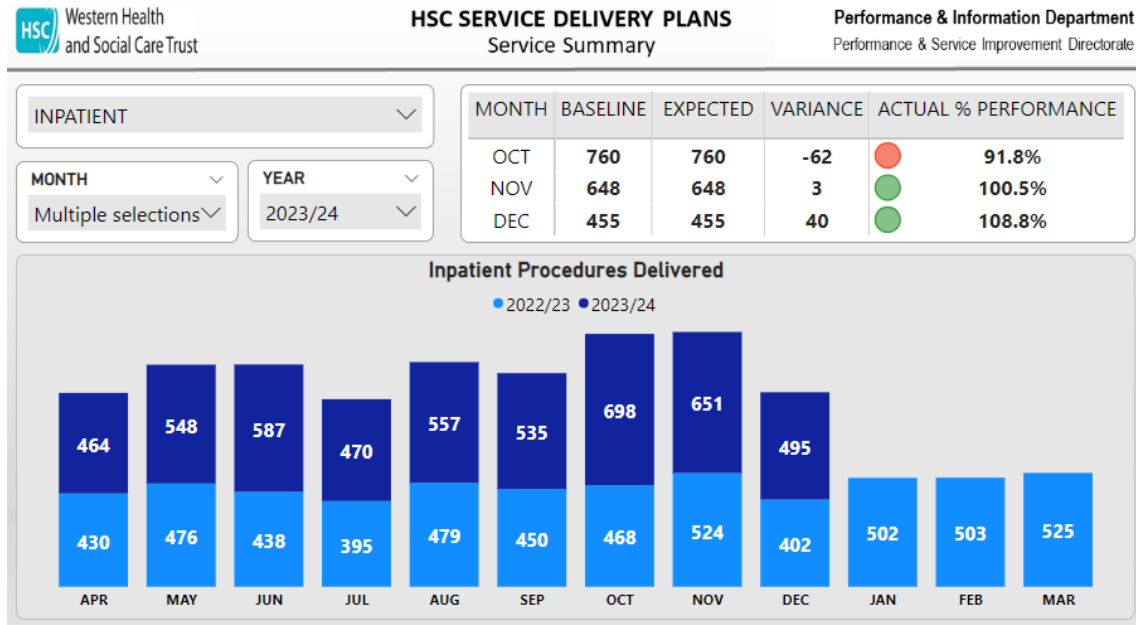
In addition, the Trust is continuing to progress other improvement actions internally; including the development of a KPI on appointment fill rate aimed at providing assurance on the utilisation of outpatient capacity. This metric will focus on all speciality bookings made by the central booking office via Patient Access in the first instance.

Elective Care – Inpatient and Day Case Service Delivery Plan

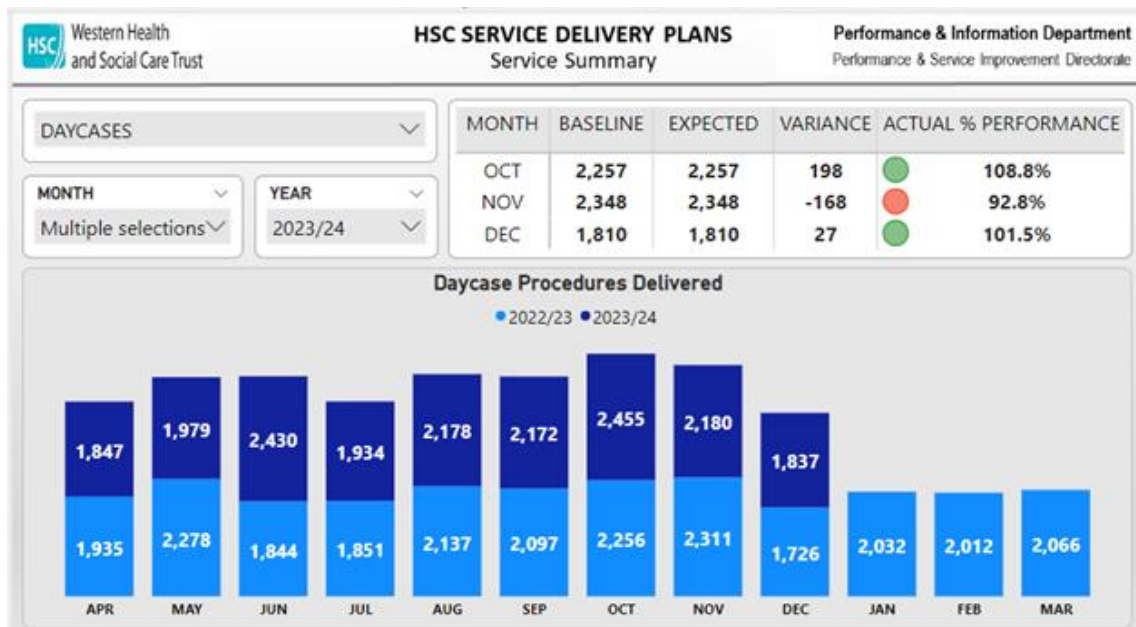
The 2023/24 SDP target is to deliver 100% of 2019/20 activity.

Inpatient and Day case activity further improved during Quarter 3 (October to December 23) compared to Quarter 1 and 2 (April to September 23); with the highest level of delivery achieved this year to date.

The cumulative Inpatient activity delivered during Quarter 3 (October to December 23) (1,844) reflects **99.0%** of the 2019/20 Baseline activity (1,863).



The cumulative Day case activity delivered during Quarter 3 (October to December 23) (6,472) reflects **100.9%** of the 2019/20 Baseline activity (6,415).



The rebuild of Theatre sessions in South West Acute and Omagh Hospitals is on track. Good progress has been made with South West Acute Hospital where work continues to deliver the funded 19.5 inpatient/day case sessions with 17 sessions per week currently being scheduled through a combination of Core and Elective Overnight Stay Centre (EOSC)

sessions. Omagh is currently delivering 30 funded sessions per week; 29 (7 regional and 22 core) now being scheduled and the remaining one being filled on a non-recurrent basis. It is anticipated that all 30 sessions will be recurrently scheduled on a weekly basis into February 24.

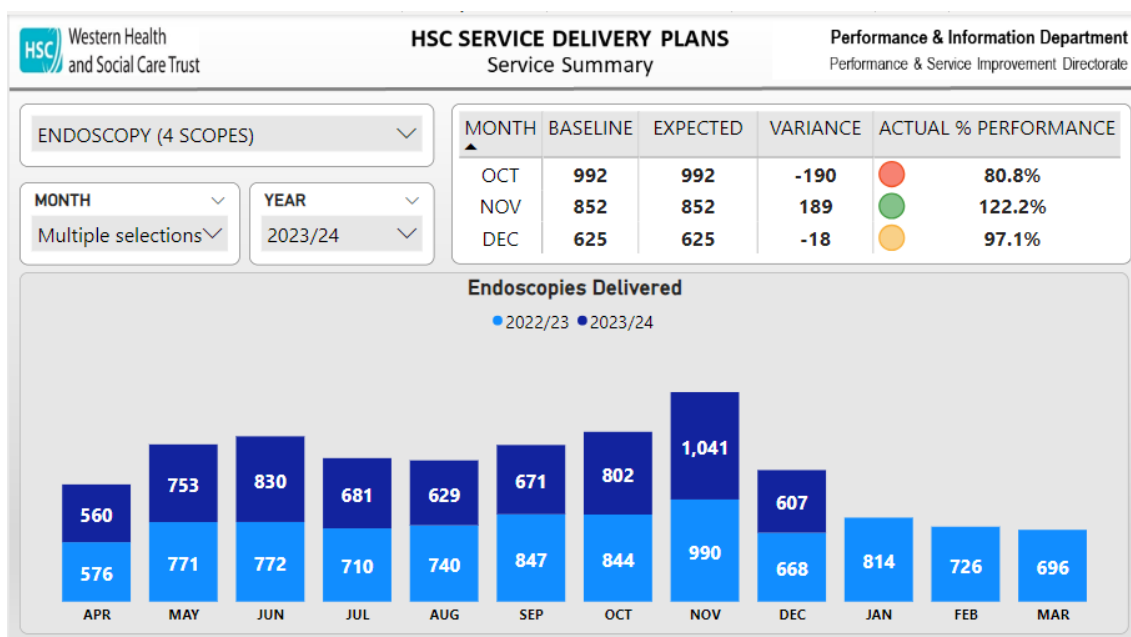
Challenges remain at Altnagelvin in returning to pre-Covid levels as a result of gaps in theatre nurse staffing. Currently, there are 18 WTE theatre nurse vacancies which are being addressed through a Trust Task and Finish Group. There is particular focus on Orthopaedic rebuild and the Trust provides regular updates on the recovery plan submitted to the Regional Orthopaedic Recovery Board.

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 3 (October to December 23) has substantially increased compared to Quarter 1 (2,143) and Quarter 2 (1,981). Actual % performance has improved from 76.6% in Quarter 1 to 79.8% in Quarter 2 and increased further in Quarter 3.

The cumulative activity delivered during Quarter 3 (October to December 23) (2,450) reflects **99.2%** of the cumulative 2019/20 Baseline activity (2,469).



As detailed in the Quarter 2 (July to September 23) Trust Board Performance Report, the Endoscopy Service trajectory includes predicted activity that can be delivered each month based on the available capacity; as core capacity remains impacted by vacant posts and maternity leave.

The Quarter 3 (October to December 23) performance includes:

Core Capacity: 38 available sessions per week equated to predicted activity of 1,905 patients; during this period 1,882 patients attended.

Omagh DPC: capacity continues to be provided by temporary medical Consultant support, whilst recruitment and training progresses. There were 39 available sessions during Quarter 3 which equated to predicted activity of 219 patients; 196 patients attended.

Medinet insourcing: predicted activity during Quarter 3 equated to 378 patients; 372 patients attended. Support from this independent sector provider has been extended from January to March 2024; a further 330 patients are expected to be treated in this period.

The variance (-52) in predicted activity (2,502) against actual activity (2,450) is a result of patient non attendances (DNA & cancellations), Consultant short term sickness absence and regional colonoscopy training in October 23.

Following the successful go live of Encompass in the South Eastern Health & Social Care Trust in November 23, additional support for core service from Lagan Valley recommenced at the end of December 23.

The external out sourcing to the Independent Sector (WLI) was in place from April to December 23 with 1,055 patients expected to be seen; at the end of December 23, a total of **900** patients have been treated. SPPG have allocated additional funding to continue this contract into January 24 with 200 patients expected to be seen.

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.

Improvement in performance at the end of December 23; the Trust reported an overall total of **23,994** waiting for Inpatient and Day case treatment with **18,421** waiting longer than 13 weeks; compared to total waiting of 24,355 with 18,816 waiting longer than 13 weeks at the end of September 23. Of those waiting at the end of December 23 there were:

- **8,410** patients waiting for Inpatient Treatment with **7,450** waiting longer than 13 weeks. Performance remains broadly stable when compared to September 23, end of Quarter 2 position; there were 8,329 in total waiting and 7,433 waiting longer than 13 weeks.
- **15,584** patients waiting for Day case Treatment, with **10,971** waiting longer than 13 weeks. Improvement in performance, when compared to September 23, end of Quarter 2 position; there were 16,026 in total waiting and 11,383 waiting longer than 13 weeks.

Endoscopy

Of the number waiting for Inpatient and Daycare treatment (23,994) at the end of December 23 there were:

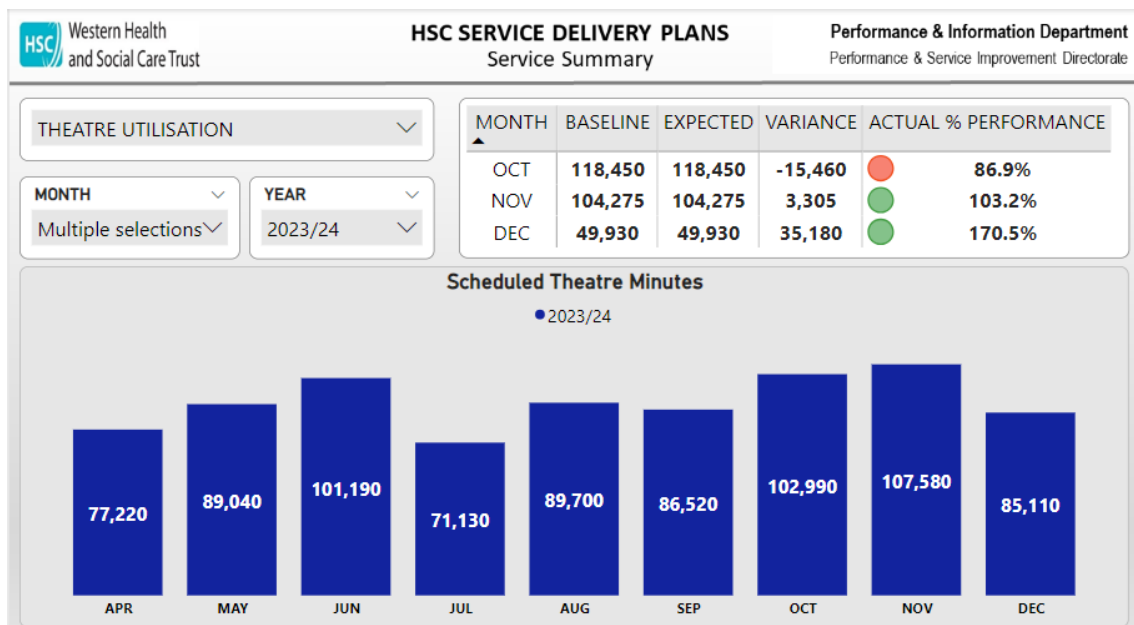
- **5,631** people waiting for an Endoscopy of which **1,088** are red flag patients. Of the 1,088 red flag patients waiting, **746** are waiting longer than 21 days. The overall total number waiting for an Endoscopy, the number of red flag patients and those waiting longer than 21 days has improved compared to September 23 (5,960 total waiting, 1,300 red flag patients with 872 waiting longer than 21 days).

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 number of Scheduled Theatre Minutes delivered during Quarter 3 (October to December 23) (295,680) improved compared to Quarter 1 (267,450) and Quarter 2 (247,350); with the highest level of delivery achieved this year to date. This reflects the improved Inpatient/Day case and increase in theatre sessions.

The cumulative Scheduled Theatre Minutes delivered during Quarter 3 (October to December 23) (295,680) reflects **108.4%** of the cumulative number delivered against Baseline activity (272,655).

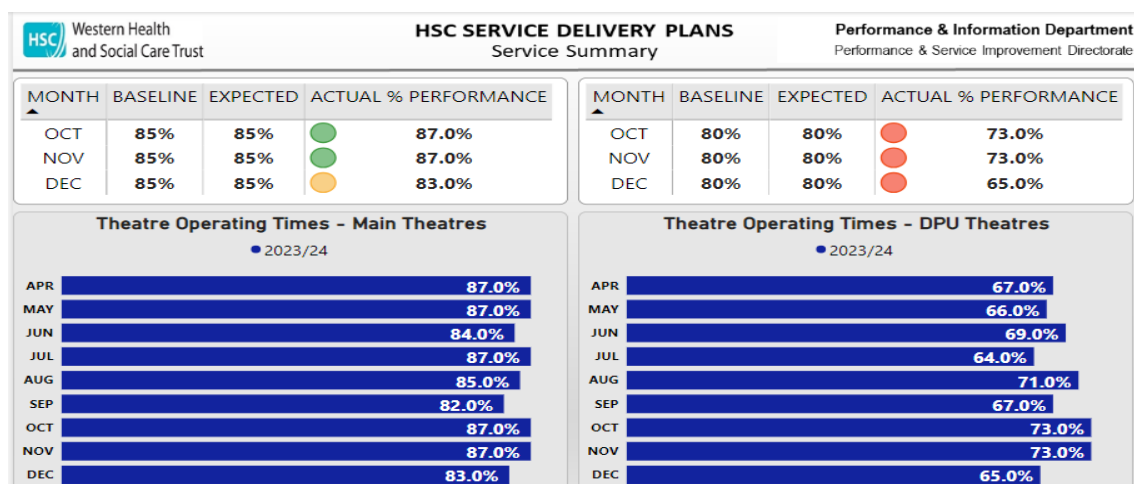


Elective Care – Theatre Operating Times Service Delivery Plan

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

The cumulative Quarter 3 (October to December 23) performance achieved:

- **Main Theatres: 85.7%** against the 85% target.
- **DPU Theatres: 70.3%** against the 80% target.



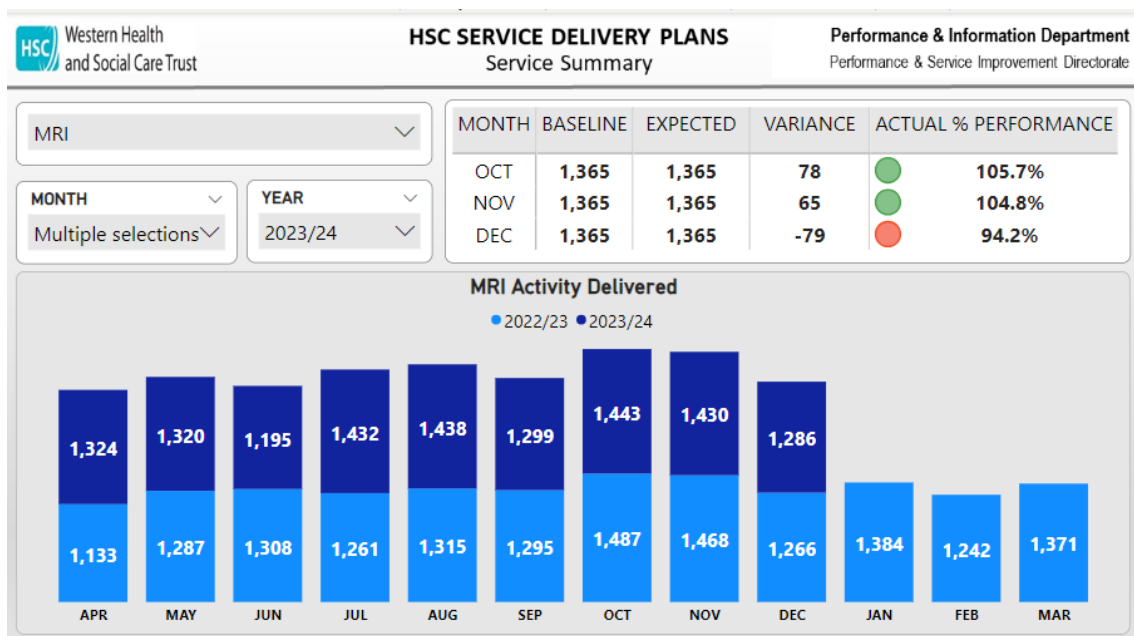
Imaging Diagnostics – Service Delivery Plan

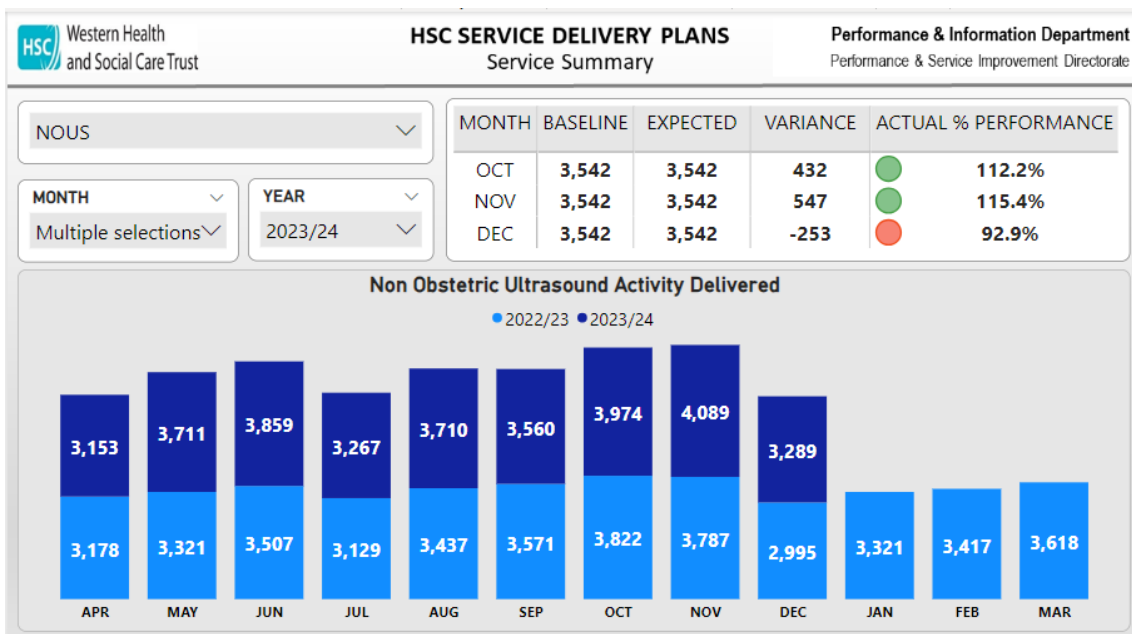
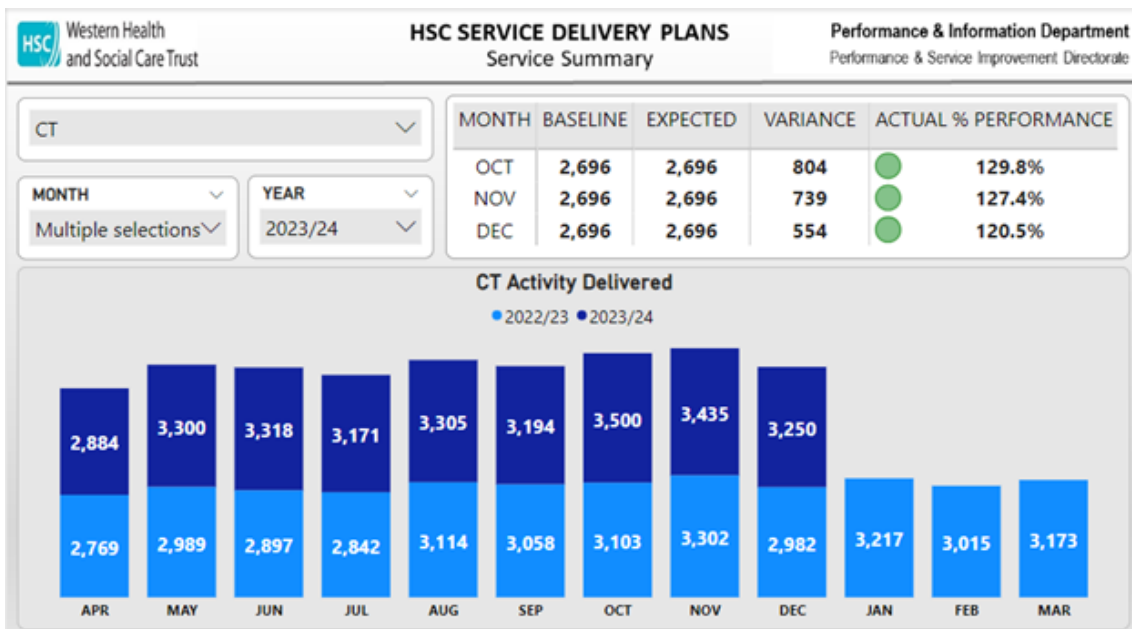
The 2023/24 SDP target is to deliver activity in line with agreed SBA volumes.

The high level of performance achieved this year to date, has continued throughout Quarter 3 (October to December 23). The cumulative SBA target was exceeded in this Quarter for all three areas.

The cumulative performance achieved during Quarter 3 (October to December 23) for:

- **MRI: 101.6%** of SBA volume achieved; cumulatively the service delivered 4,159 scans compared to the cumulative SBA target of 4,095.
- **CT: 125.9%** of SBA volume achieved; cumulatively the service delivered 10,185 scans delivered compared to the cumulative SBA target of 8,088.
- **Non-Obstetric Ultrasound: 106.8%** of SBA volume achieved; cumulatively the service delivered 11,352 scans delivered compared to the cumulative SBA target of 10,626.





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.

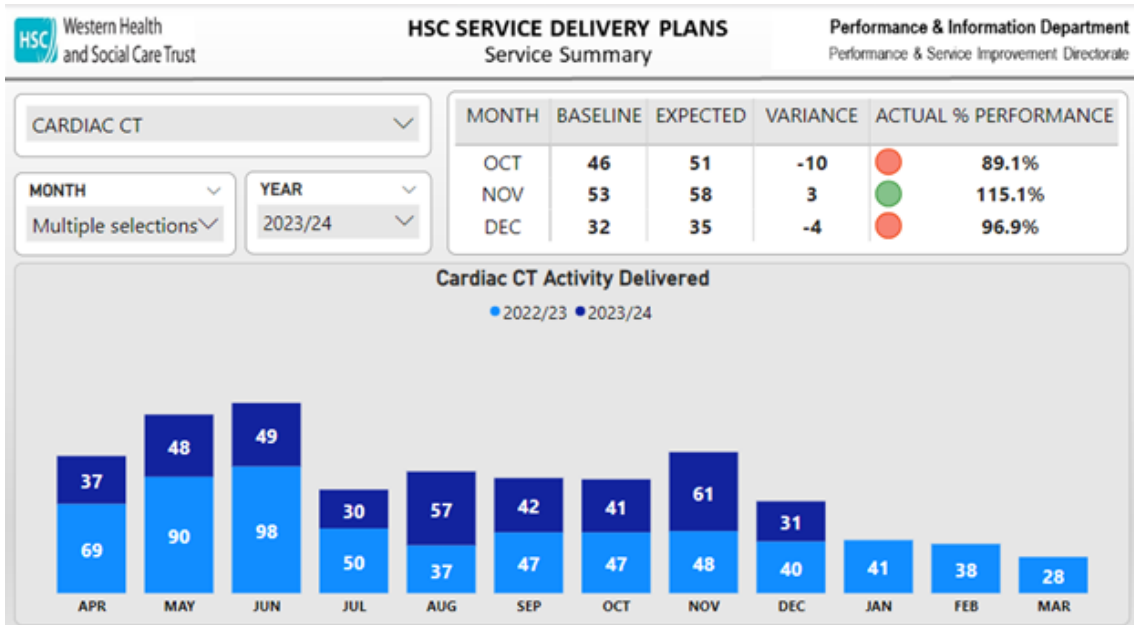
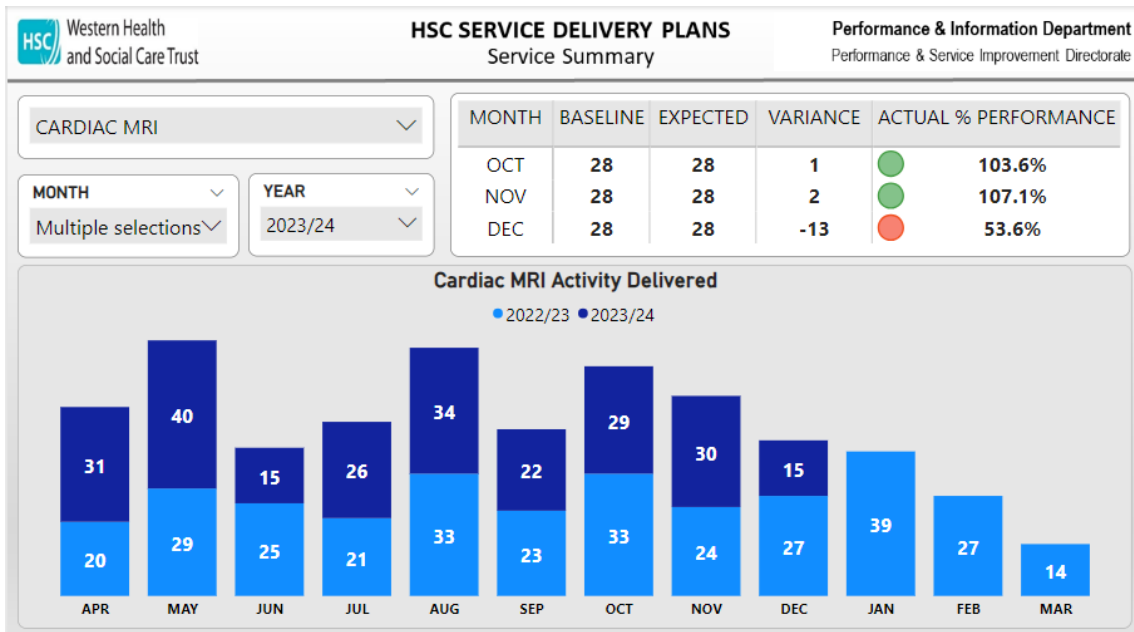
The cumulative activity delivered in Quarter 3 (October to December 23) for Cardiac MRI and CT again remains broadly in line with SBA and 2019/20 Baseline targets; additional annual leave taken in December 23 accounting for the marginal variance in activity.

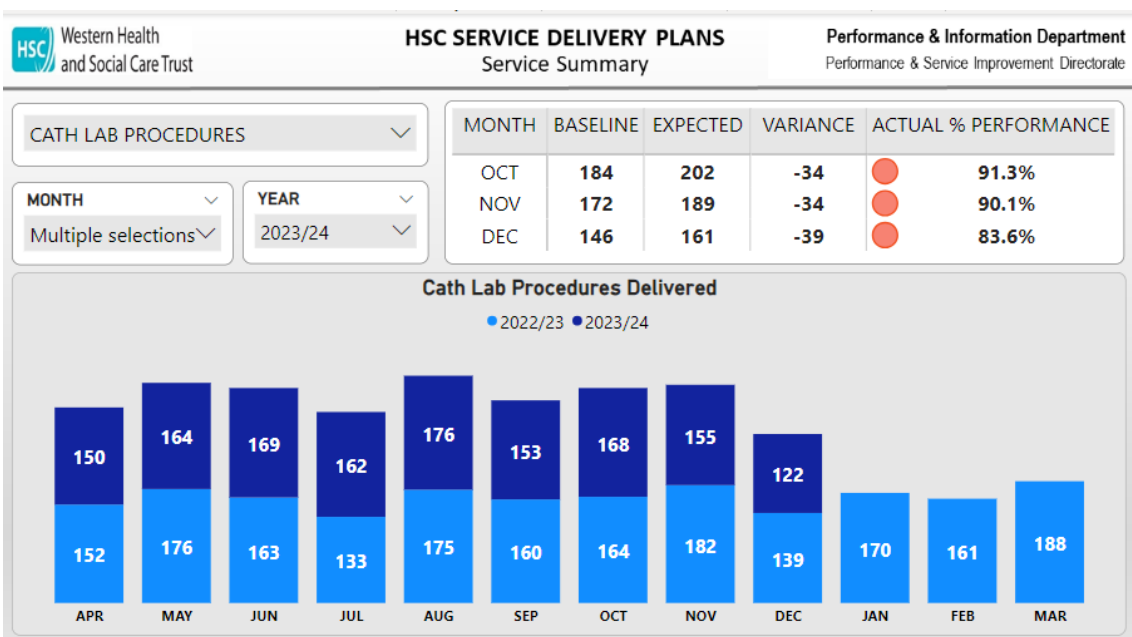
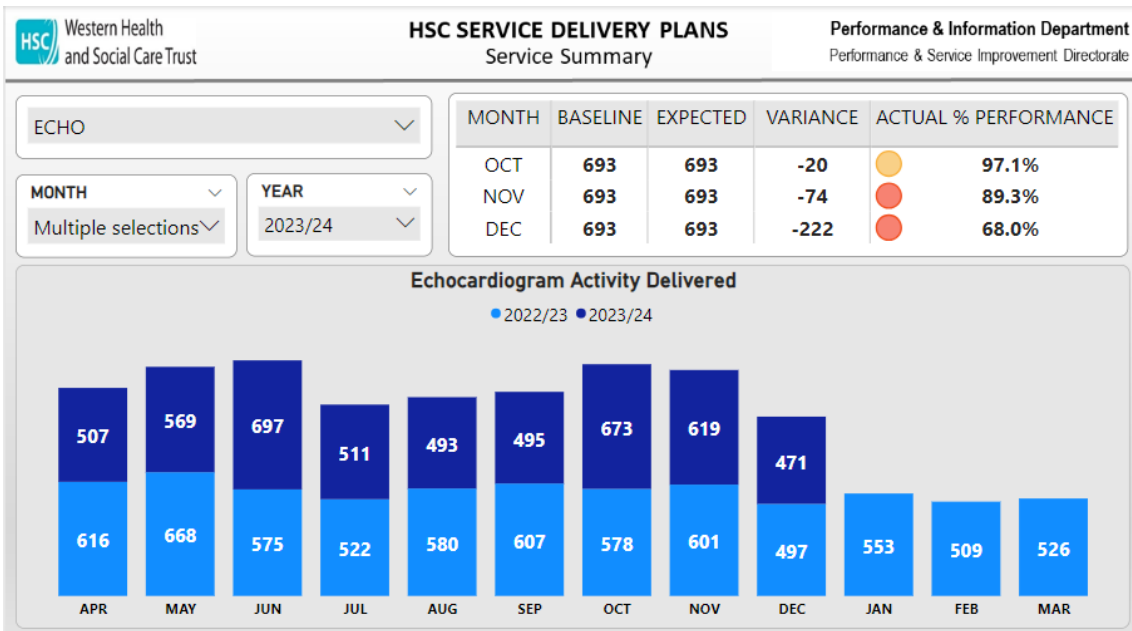
Cath Lab performance impacted in Quarter 3 (October to December 23) by patient non attendances, Consultant and patient sickness, reduced list due to extended procedure and a one day equipment failure.

Echo activity remained below SBA target each month during Quarter 3 (October to December 23) with capacity impacted by sickness absence, annual leave and professional training.

The cumulative performance achieved during Quarter 3 (October to December 23) for:

- **Cardiac MRI: 88.1%** of SBA volume achieved; cumulatively the service delivered 74 tests compared to the cumulative SBA target of 84.
- **Cardiac CT: 101.5%** of 2019/20 Baseline achieved; cumulatively the service delivered 133 tests compared to the cumulative 2019/20 Baseline activity of 131.
- **Echo: 84.8%** of SBA volume achieved; cumulatively the service delivered 1,763 tests compared to the cumulative SBA target of 2,079.
- **Cath Lab Procedures: 88.6%** of 2019/20 Baseline achieved; cumulatively 445 procedures delivered compared to the cumulative 2019/20 Baseline activity of 502.





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 December 23, the Trust reported a total of **17,206** patients waiting for a Diagnostic test (both imaging and physiological measurement) with **7,572** waiting longer than 9 weeks. Performance has deteriorated further when compared to September 23, end of Quarter 2 position; 16,378 patients waiting with 6,118 waiting longer than 9 weeks.

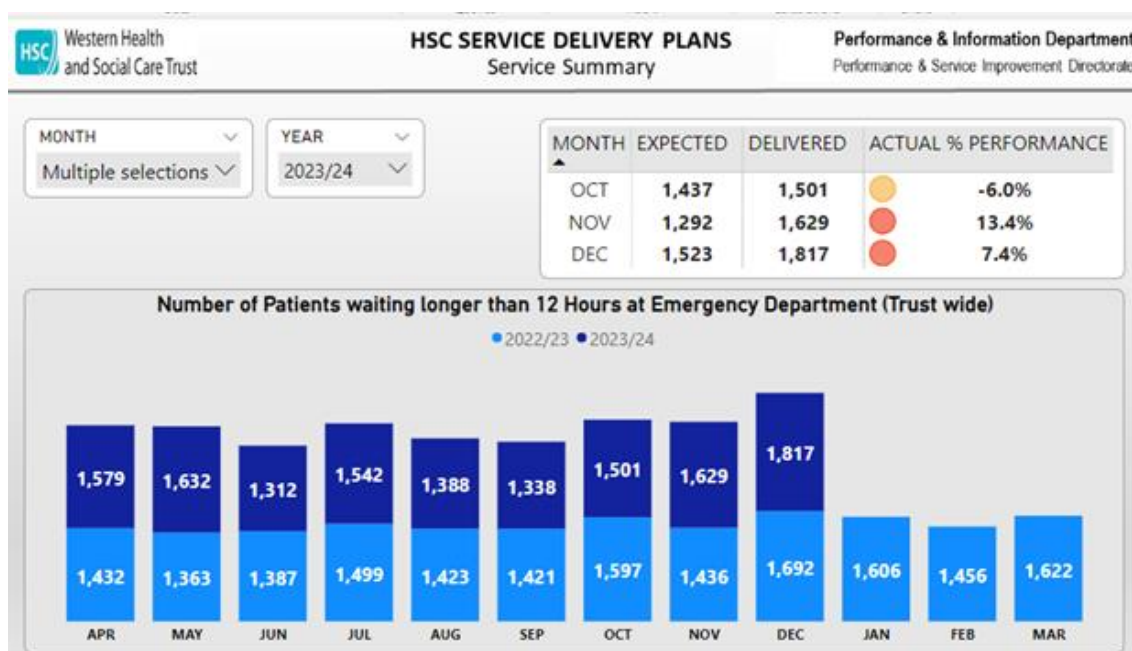
Within Imaging, the waiting list continues to grow despite overperformance against activity targets; this indicates a demand issue that will require commissioning support to address.

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 3 (October to December 23), 4,947 patients waited longer than 12 hours in ED compared to 4,725 during the same period in 2022/23; an increase of 222 (4.7%).

The deterioration in December 23 reflects the impact of winter pressures on Unscheduled Care performance which remains one of the Trust's most challenged areas of service delivery. Performance remains a key area of focus at the Trust's internal Unscheduled Care Board and externally at the Trust/SPPG Unscheduled Care Performance meetings.



Performance against the Northern Ireland Ambulance Service (NIAS) targets deteriorated further during Quarter 3 (October to December 23) when compared to the previous two Quarters; with the exception of patient handover times of less than or equal to 30 minutes (October 23) and 60 minutes (October and November 23).

The individual target and performance for Quarter 3 (October to December 23) is detailed in the table below:

Service Area	2023/24 Target Trajectory	Oct-23	Nov-23	Dec-23	Quarter 3
NIAS Handover < 15 mins	Apr 2%; May 4%; Jun & Jul 8%; Aug 12%, Sep 15%, Oct 17%, Nov 19% & Dec 22%	8.6%	9.0%	8.5%	8.7%
NIAS Handover < 30 mins	Apr/May 14%; Jun 20%; Jul 25%; Aug 30%, Sep/Oct 35% & Nov/Dec 40%	31.5%	34.8%	29.2%	31.8%
NIAS Handover < 60 mins	Apr 59%; May & Jun 65%; Jul, Aug & Sep 70%, Oct/Nov 70% & Dec 80%	70.1%	75.6%	68.8%	71.4%
NIAS Handover > 2 hours	0%	9.3%	5.8%	9.2%	8.1%
Ambulance Turnaround within 30 mins	Q1 - 30% / Q2 - 37% / Q3 - 44% / Q4 - 51%	14.3%	16.9%	12.5%	14.5%

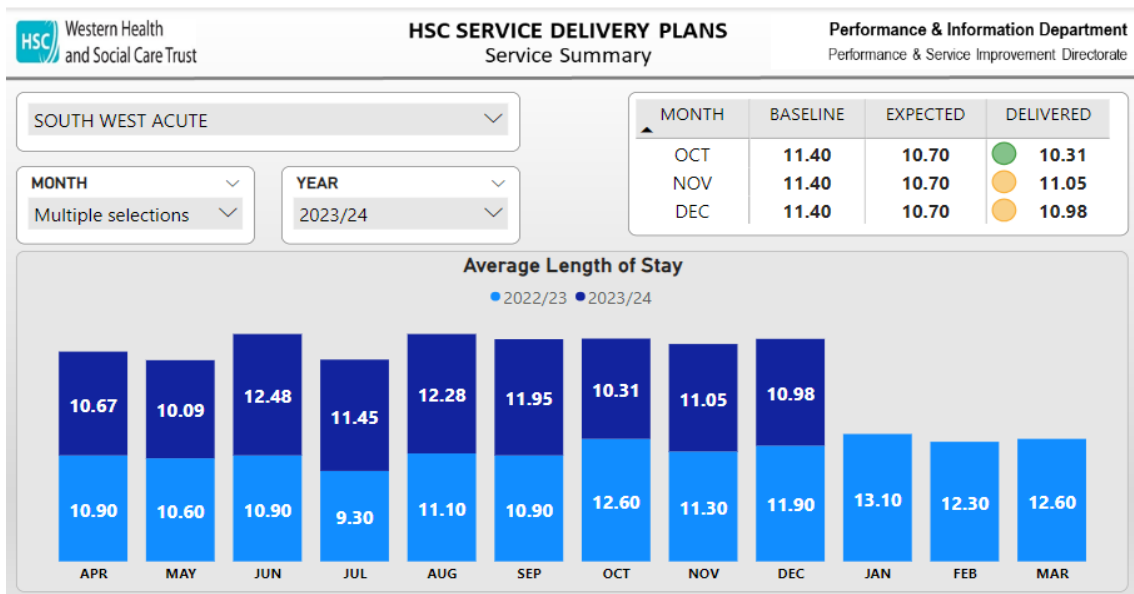
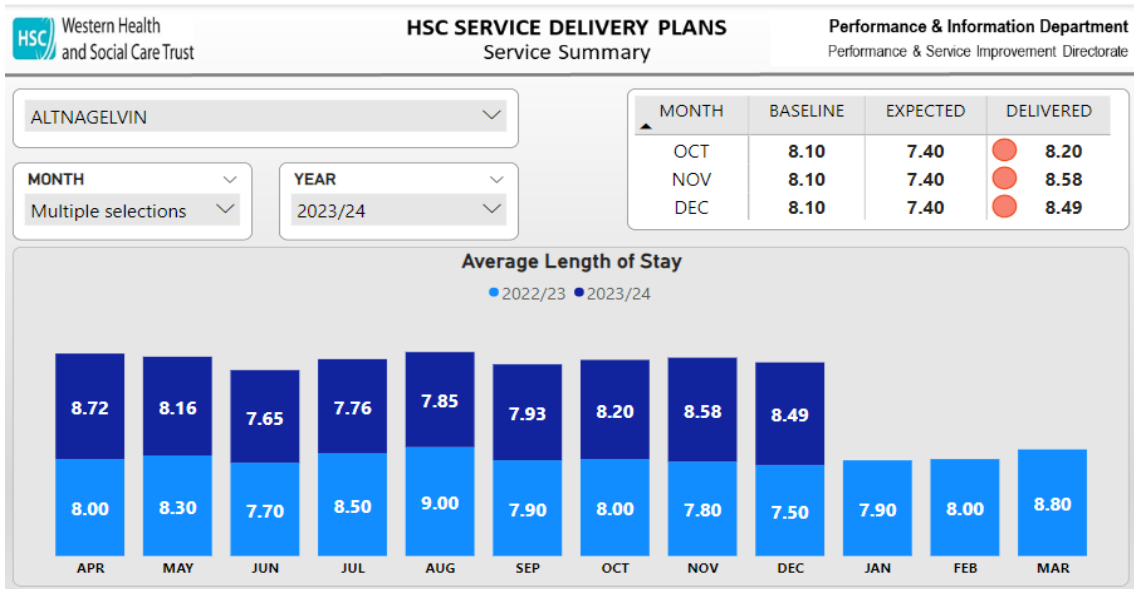
Average non-elective Length of Stay – Service Delivery Plan

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 3 (October to December 23) average length of stay for:

- Altnagelvin: **8.42 days** compared to 8.10 days in the same period 2022/23.
- South West Acute: **10.74 days** compared to 11.40 days in the same period 2022/23.



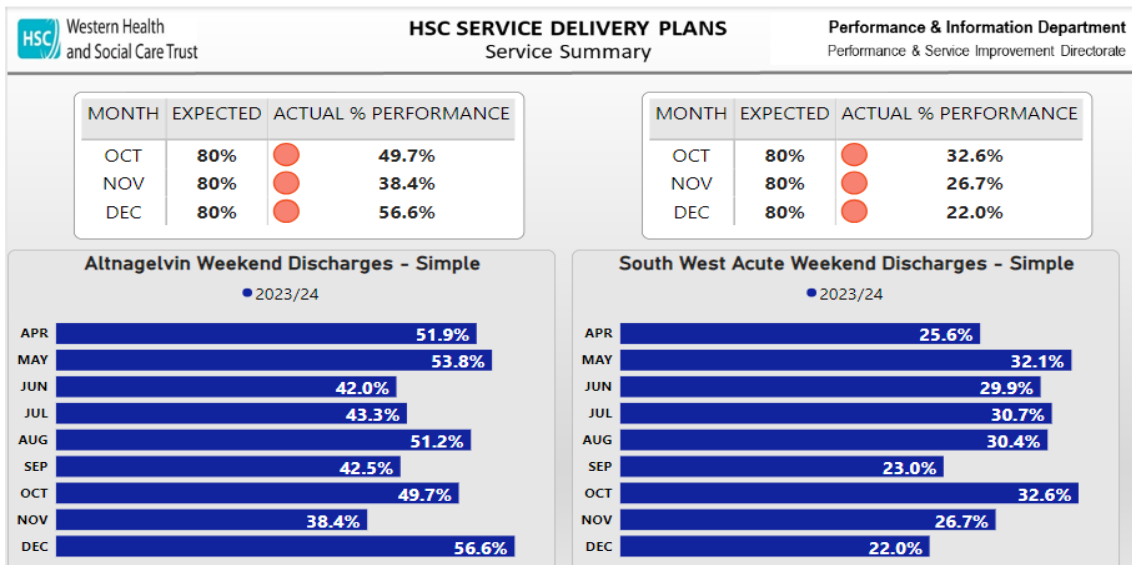
Weekend Discharge Rates - Service Delivery Plan

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.

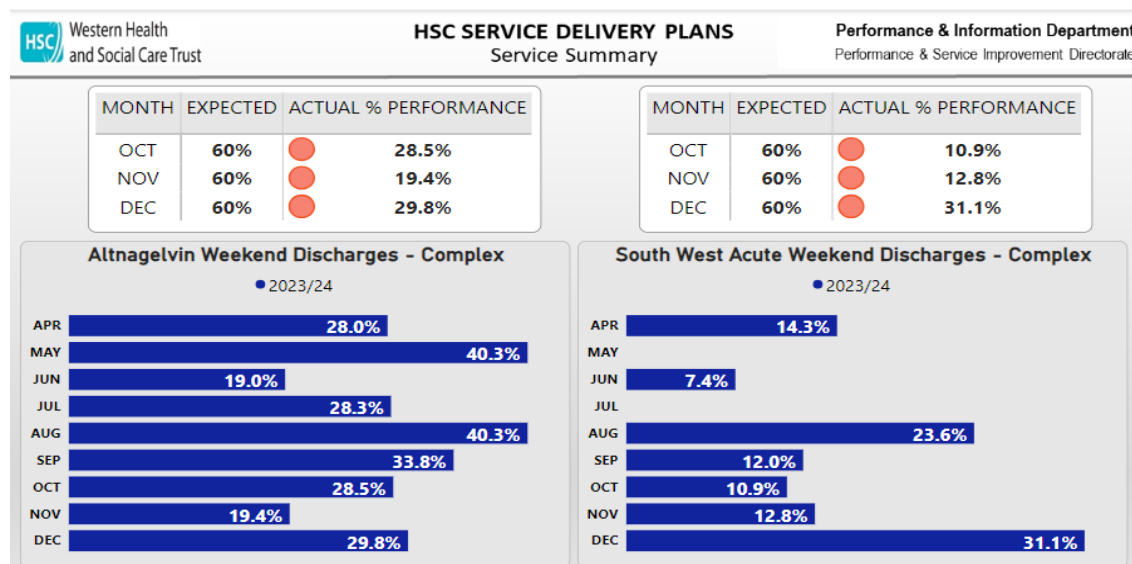
Simple Discharges: Quarter 3 (October to December 23) cumulative performance:

- Altnagelvin: **47.7%** against the 80% target.
- South West Acute: **28.0%** against the 80% target.



Complex Discharge: Quarter 3 (October to December 23) cumulative performance:

- Altnagelvin: **25.6%** against the 60% target.
- South West Acute: **20.3%** against the 60% target.



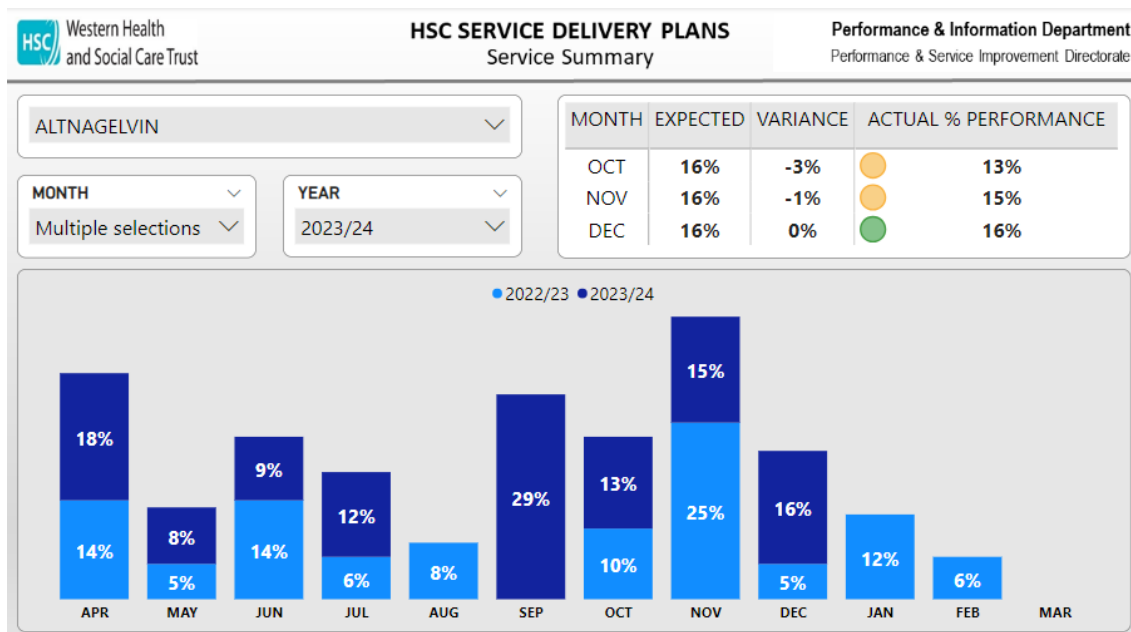
A high level plan was presented to the January 24 Strategic Change Board outlining the key work areas that the Unscheduled Care and Flow Board will focus on going forward. The lead Director and PSI colleagues are working together to develop a detailed action plan in relation to this.

Stroke Services – Service Delivery Plan

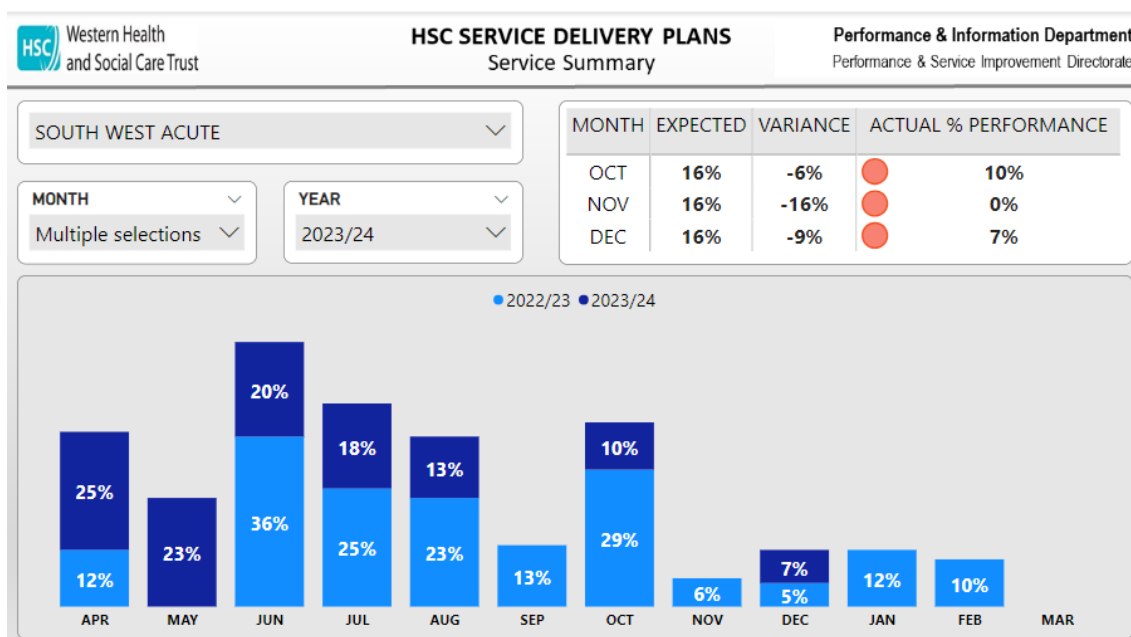
The 2023/24 SDP target is that 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.

Altnagelvin: the Quarter 3 (October to December 23) average performance achieved; **14.7%** against the 3 month average target of 16%.

Quarter 3 information extracted from SPPG portal; these figures are validated by SPPG. Trust internal performance analysis indicates that the Altnagelvin Quarter 3 cumulative performance is RAG assessed 'Green'.



South West Acute: the Quarter 3 (October to December 23) average performance achieved; **5.7%** against the 3 month average target of 16%. Quarter 3 information extracted from SPPG portal.

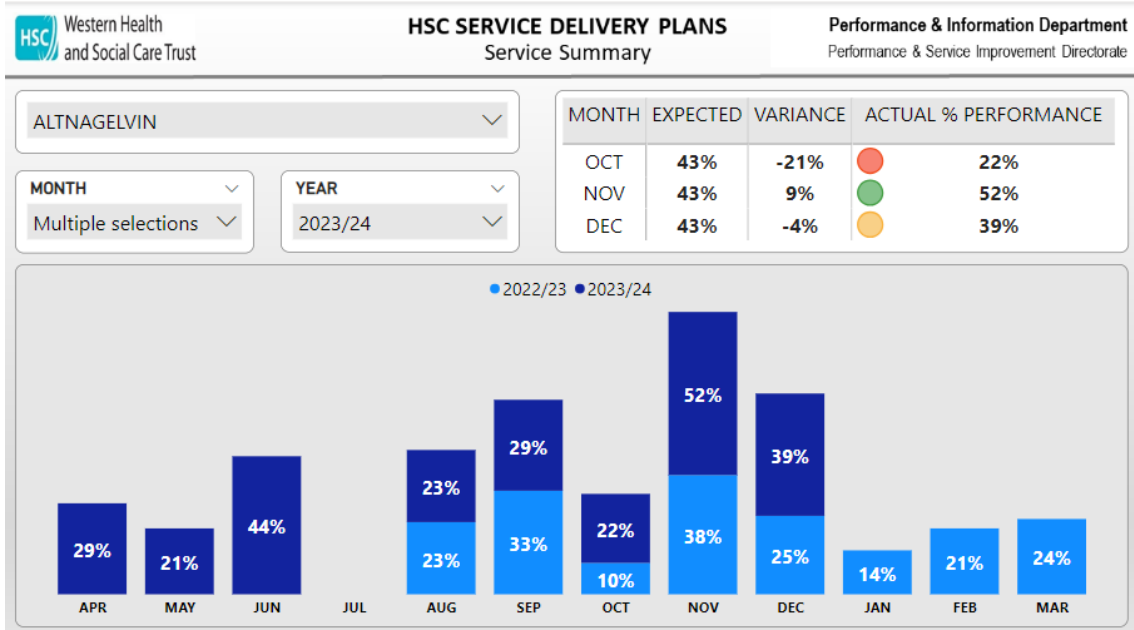


% Admitted to stroke unit within 4 hours of arrival

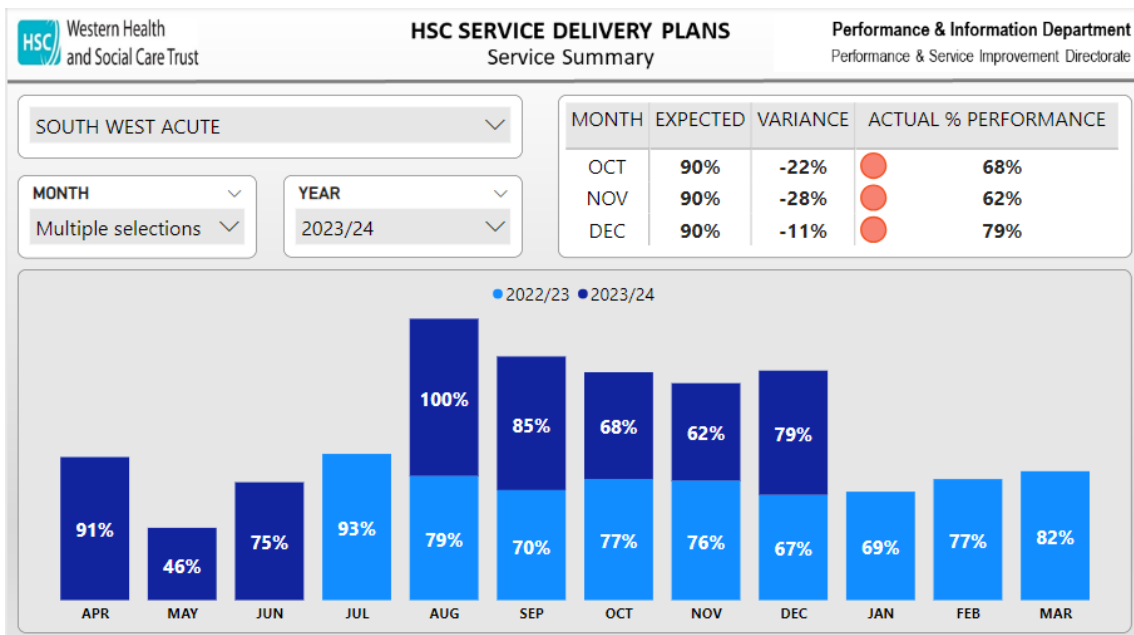
The 2023/24 SDP target - **43%** of patients at Altnagelvin Hospital and **90%** of patients at South West Acute Hospital are admitted to a stroke unit with 4 hours of arrival.

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

Altnagelvin: the Quarter 3 (October to December 23) average performance achieved; **37.7%** against the 3 month average target of 43%.



South West Acute: the Quarter 3 (October to December 23) average performance achieved; **69.7%** against the 3 month average target of 90%.



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%**

Strong performance has been maintained in four of the six Health Care Acquired Infection (HCAI) targets during Quarter 3 (October to December 23); namely HCAI - Clostridioides difficile (CDI), HCAI- Methicillin-resistant staphylococcus aureus (MRSA), Antimicrobial Consumption - Carbapenem use and Piperacillin-tazobactam use.

Performance against Antimicrobial Consumption - Total antibiotic prescribing, and the use of antibiotics from the WHO Access AWaRe category remains challenging; targets not met in any Quarter this year to date.

The individual target and performance for Quarter 1 to Quarter 3 is detailed in the table below:

Service Area	2023/24 Target Trajectory	Quarter 1 (Apr-Jun 23 cumulative)	Quarter 2 (Apr-Sep 23 cumulative)	Quarter 3 (Apr-Dec 23 cumulative)
HCAI - clostridioides difficile (CDI)	71 - maximum target - number of episodes	14	19	25
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	6 - maximum target - number of episodes	0	1	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).	1.9%	0.9%	2.5%
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	-20.7%	-18.5%	-20.1%
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%	-2.5%	-3.1%
Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category	52.75%	52.49%	51.39%	51.43%

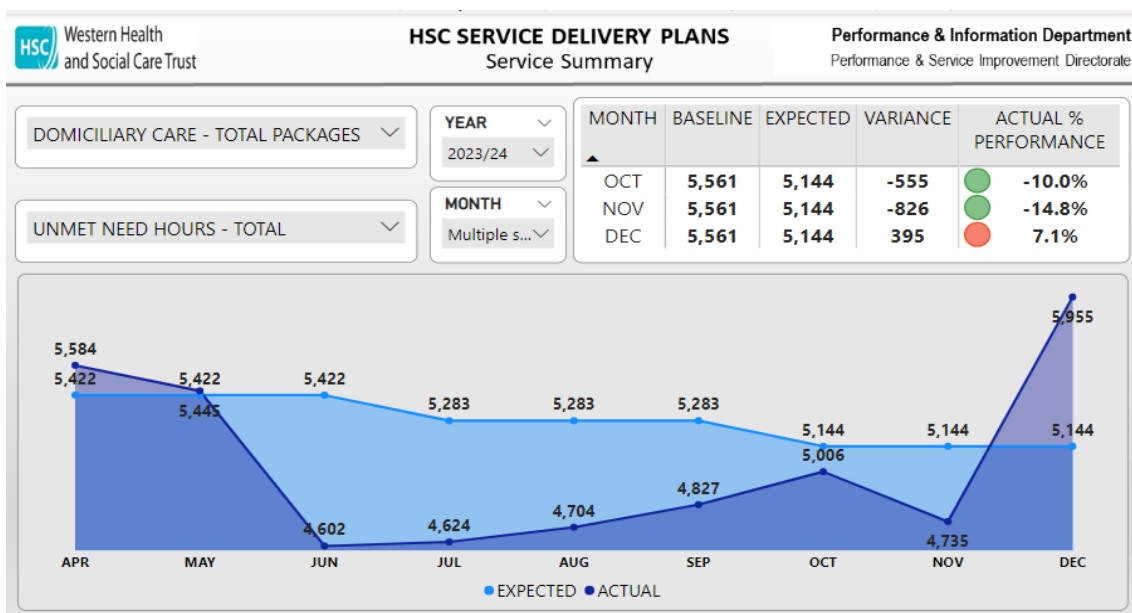
COMMUNITY CARE

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).

Total Packages: at the end of December 23, the Trust reported 5,955 unmet need hours against the expected target of 5,144.

From the 20th December 23, the service advised of a downturn in the accommodation of referrals by homecare providers as they focused on sustaining existing services over the Christmas period. An increase in staff sickness levels, across homecare providers, during this period further impacted on the ability to commence new referrals. The service expect this position to improve during January 24.

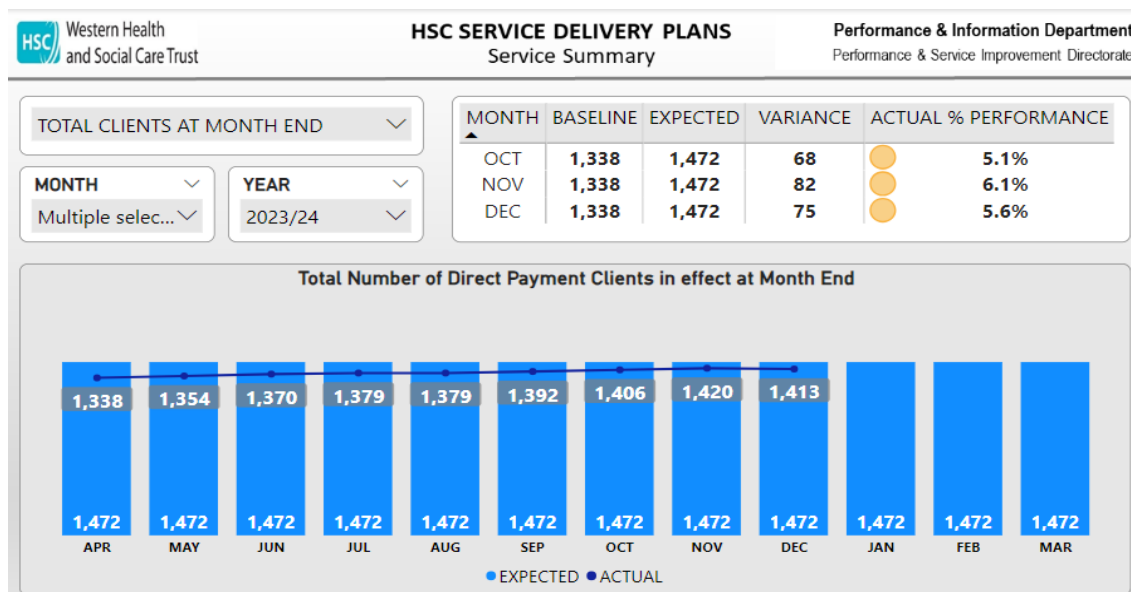


Direct Payments – Service Delivery Plan

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 1,472 Direct Payment Clients in effect by the end of March 24. Baseline activity updated to reflect data validation following transition to new Finance System.

At the end of December 23, there are **1,413** Direct Payment Clients in effect. This position and associated budgets continue to be reviewed in light of the current financial landscape.



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 3 (October to December 23) with all three targets exceeded each month; with the exception of Child Case Conferences held within 3 months at October 23.

The October 23 performance for Case Conferences (3 months), was impacted by meeting postponements due to parent and/or family sickness.

The cumulative Quarter 3 (October to December 23) performance achieved:

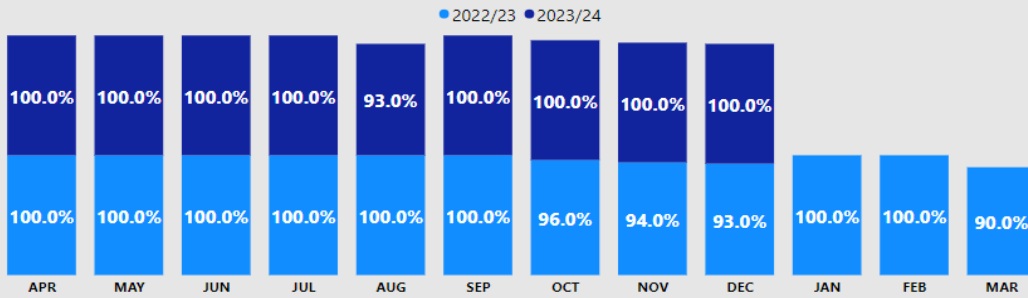
- Initial Child Protection Case Conferences held <15 days: **100%** against the 84% target.
- Review Case Conferences held <3 months: **90.2%** against the 85% target.
- Subsequent Review Case Conferences held <6 months: **97.2%** against the 89% target.

INITIAL CHILD PROTECTION CASE CONFERENCES - 15 DAYS

MONTH	EXPECTED	ACTUAL % PERFORMANCE
OCT	84%	100.0%
NOV	84%	100.0%
DEC	84%	100.0%

MONTH: Multiple selections
 YEAR: 2023/24

% Case Conferences Delivered within Target

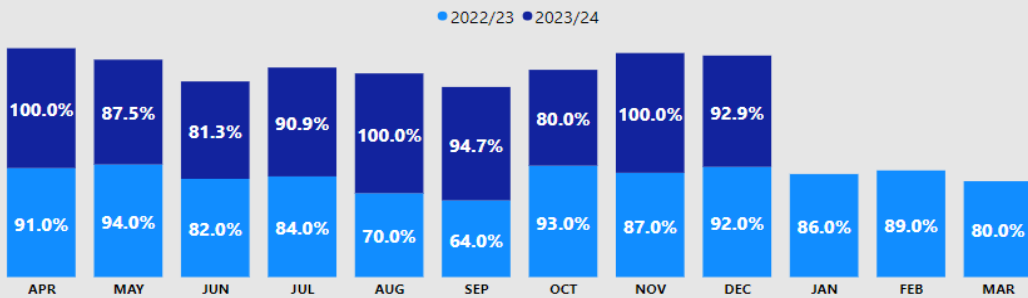


REVIEW CHILD PROTECTION CASE CONFERENCES - 3 MONTHS

MONTH	EXPECTED	ACTUAL % PERFORMANCE
OCT	85%	80.0%
NOV	85%	100.0%
DEC	85%	92.9%

MONTH: Multiple selections
 YEAR: 2023/24

% Case Conferences Delivered within Target

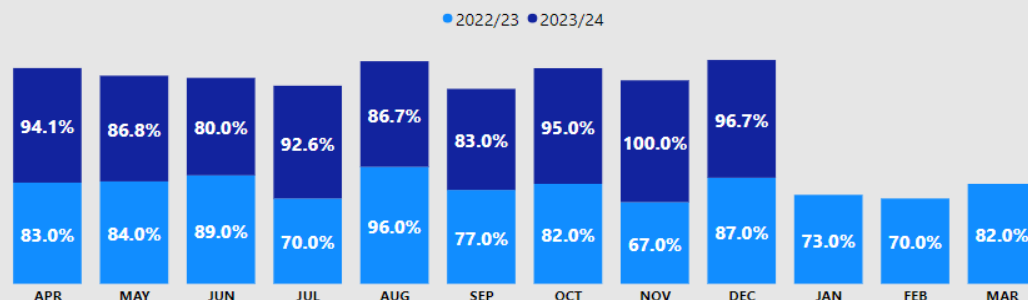


SUBSEQUENT CHILD PROTECTION CASE CONFERENCES - 6 MON...

MONTH	EXPECTED	ACTUAL % PERFORMANCE
OCT	89%	95.0%
NOV	89%	100.0%
DEC	89%	96.7%

MONTH: Multiple selections
 YEAR: 2023/24

% Case Conferences Delivered within Target



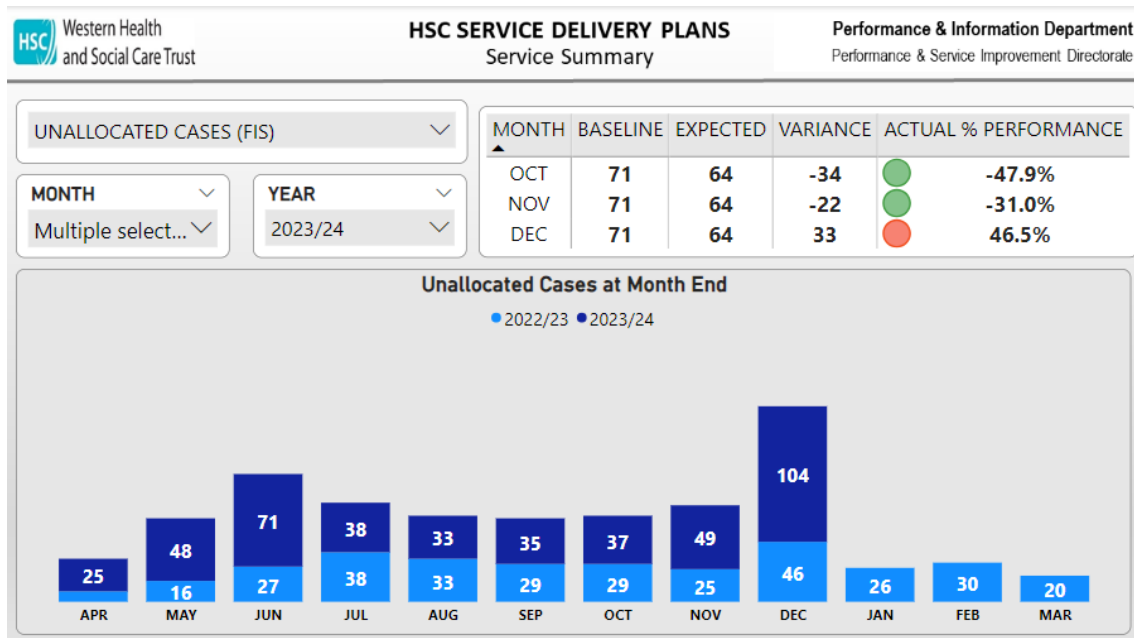
Children's Social Care – Unallocated Cases - Service Delivery Plan

The 2023/24 SDP target is to achieve a 10% reduction in the number of Unallocated Family Support cases by March 2024

SPPG commenced Quarterly monitoring with effect from Quarter 2 (July to September 23); the June 23 position confirmed as the Baseline Target (71).

Performance has been strong against the expected target throughout Quarter 2 and October and November 23. December 23 performance impacted by an increase in sickness absence, vacant posts and the completion of Student Social Work placements. The service have a number of measures in place to manage these cases; with return of some staff and commencement of new students in the New Year, the service are anticipating an improvement at the end of January 24.

Despite the dip in December 23 performance, the cumulative Quarter 3 (October to December 23) performance achieved – 63 (RAG assessed Green).



Mental Health Services – Service Delivery Plan

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

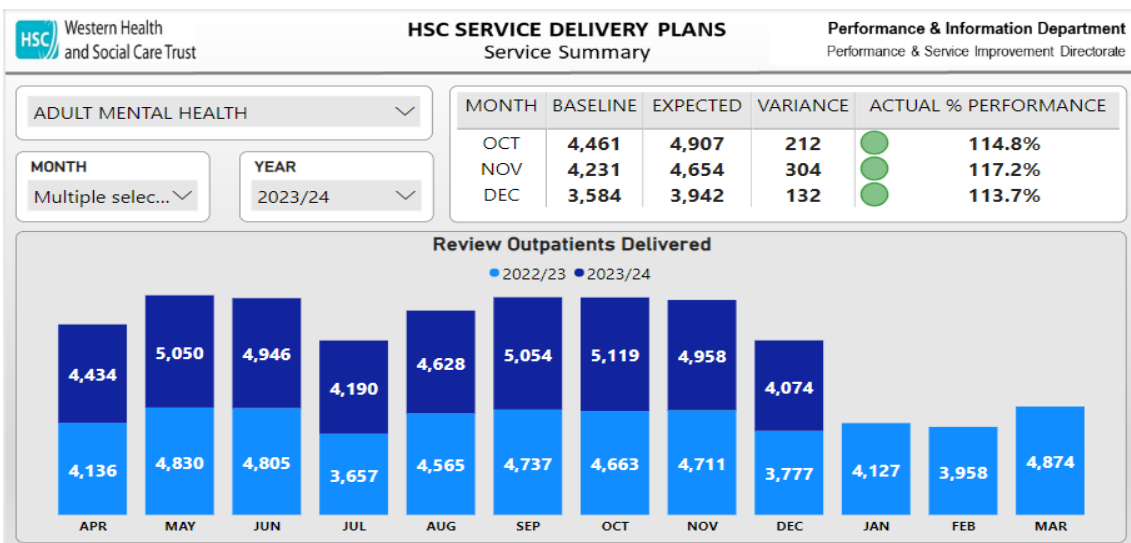
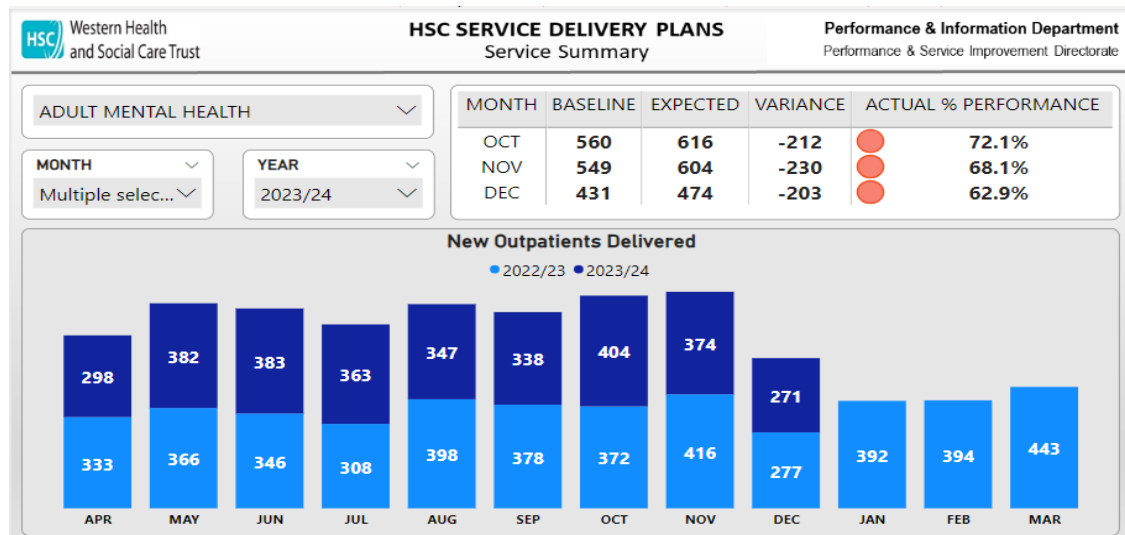
The 2023/24 SDP target - deliver 100% of 2019/20 activity for Psychological Therapies.

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

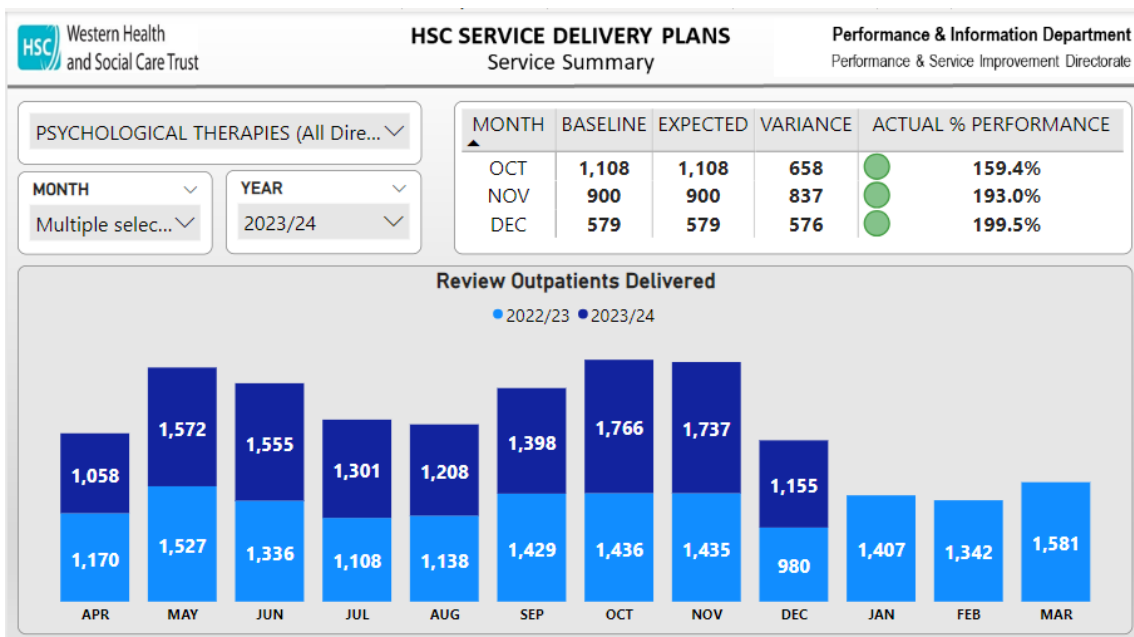
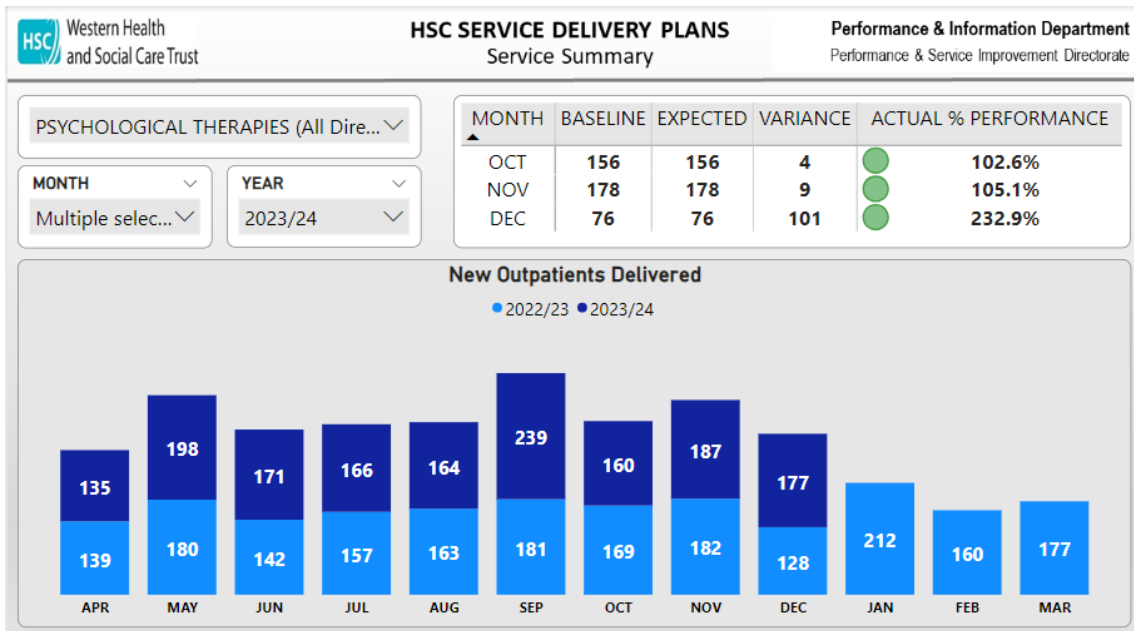
The cumulative New and Review activity delivered during Quarter 3 (October to December 23) (23,827), across the four service areas, represents **118.6%** of the cumulative 2019/20 Baseline activity (20,094); an increase in activity when compared to Quarter 2 (July to September 23) (23,134). Individual summaries for each service areas is provided below.

Adult Mental Health (New) and CAMHs (New and Review) activity in Quarter 3 affected by reduced capacity from vacant posts, sickness absence, including Covid, and additional annual leave utilised in December 23; services continue to progress recruitment to vacant posts. A Consultant is due to return at the end of January 24, long term sickness absence and maternity leave on phased returns will provide some support in Adult Mental Health.

Adult Mental Health: the cumulative new and review activity delivered during Quarter 3 (October to December 23) (15,200) reflects **110.0%** of the 2019/20 Baseline activity (13,816); an improvement on Quarter 2 cumulative activity (14,920).

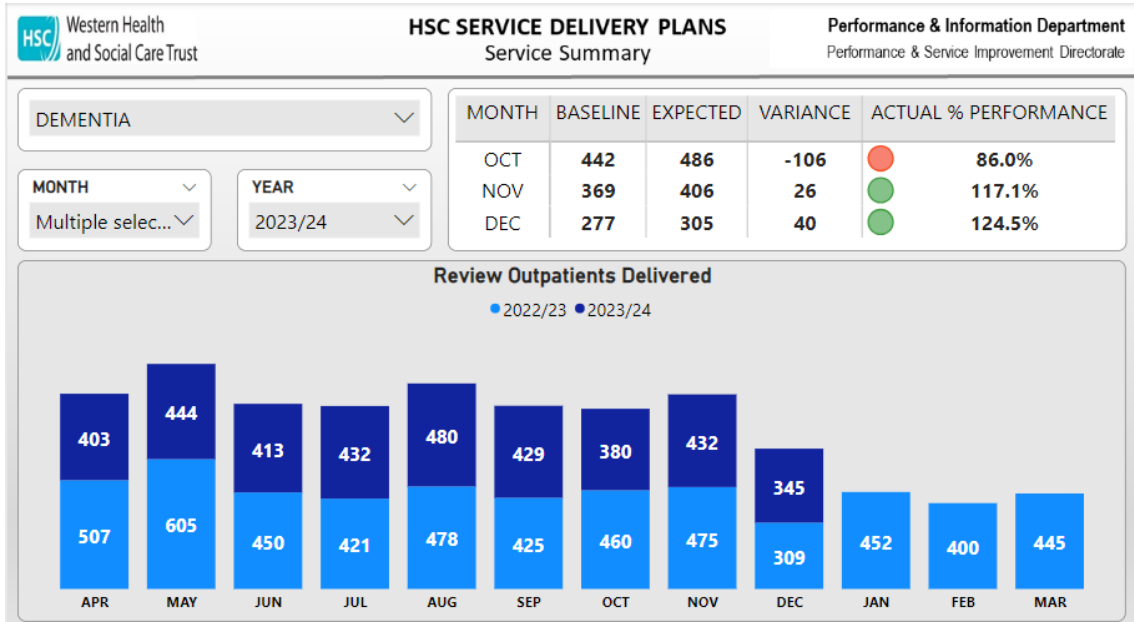
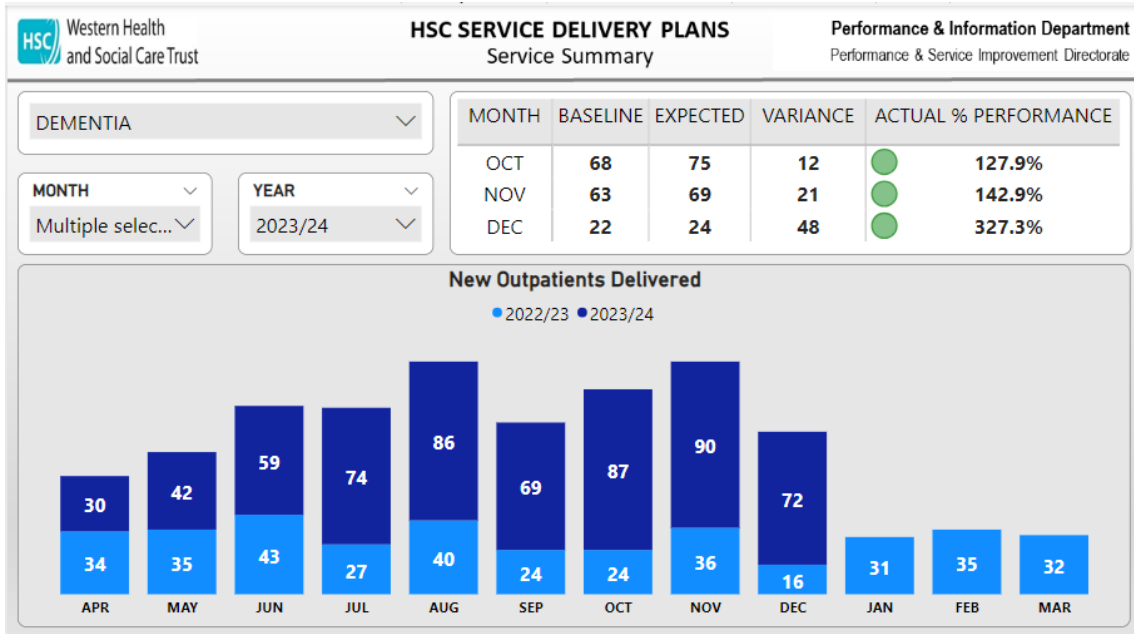


Psychological Therapies: the cumulative new and review activity delivered during Quarter 3 (October to December 23) (5,182) reflects **172.9%** of the 2019/20 Baseline activity (2,997); an improvement on Quarter 1 (4,689) and Quarter 2 (4,476) cumulative activity.

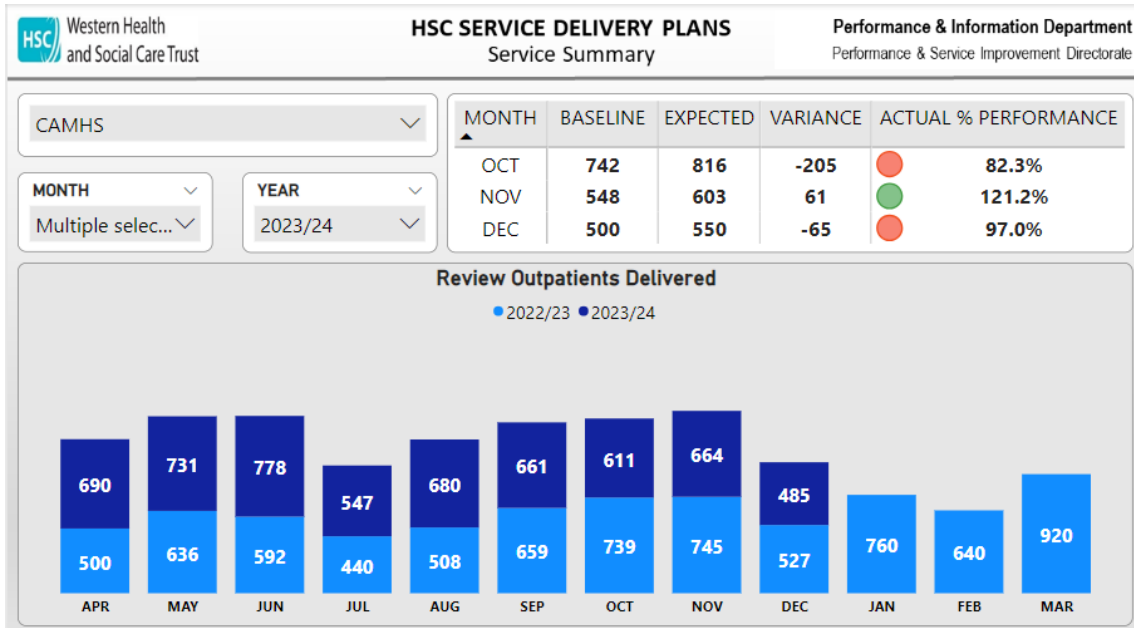
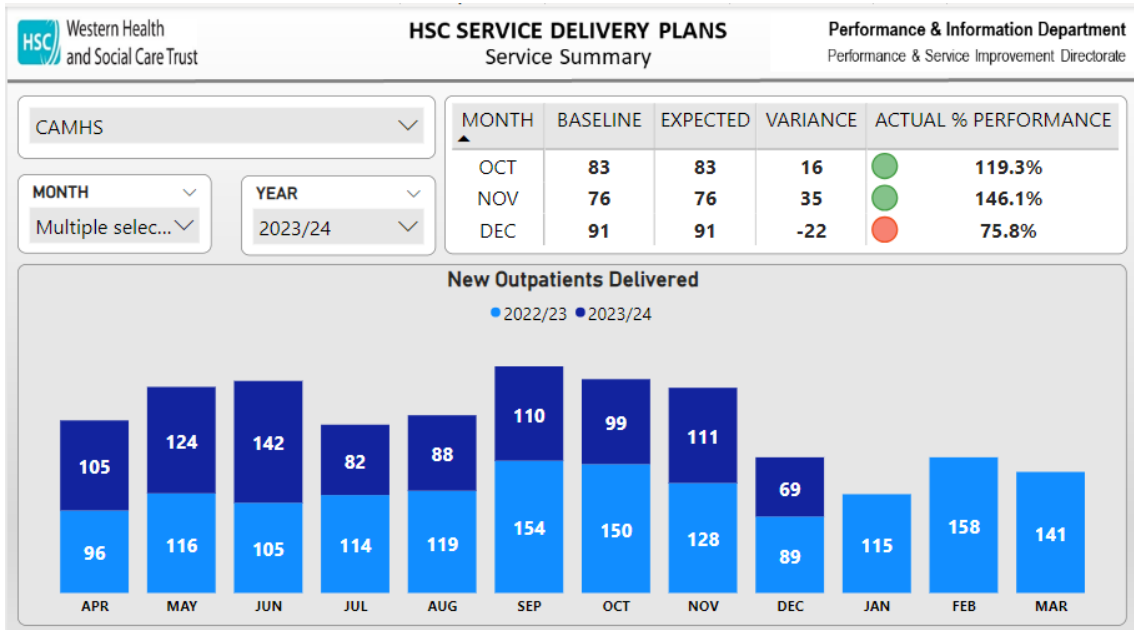


Dementia: the cumulative new and review activity delivered during Quarter 3 (October to December 23) (1,406) reflects **113.3%** of the 2019/20 Baseline activity (1,241); a deterioration on Quarter 2 (1,570) and improvement on Quarter 1 (1,391) cumulative activity.

New activity levels have increased from Quarter 1 (131), Quarter 2 (229) and Quarter 3 (249); with the highest level of new patient cumulative activity delivered this year to date. This is reflected with some improvement in access performance as detailed on page 30 below.



Child and Adolescent Mental Health Service: the cumulative new and review activity delivered during Quarter 3 (October to December 23) (2,039) reflects **100%** (111.6% New and 98.3% Review) of the 2019/20 Baseline activity (2,040); a deterioration on Quarter 1 (2,570) and Quarter 2 (2,168) cumulative activity.



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.

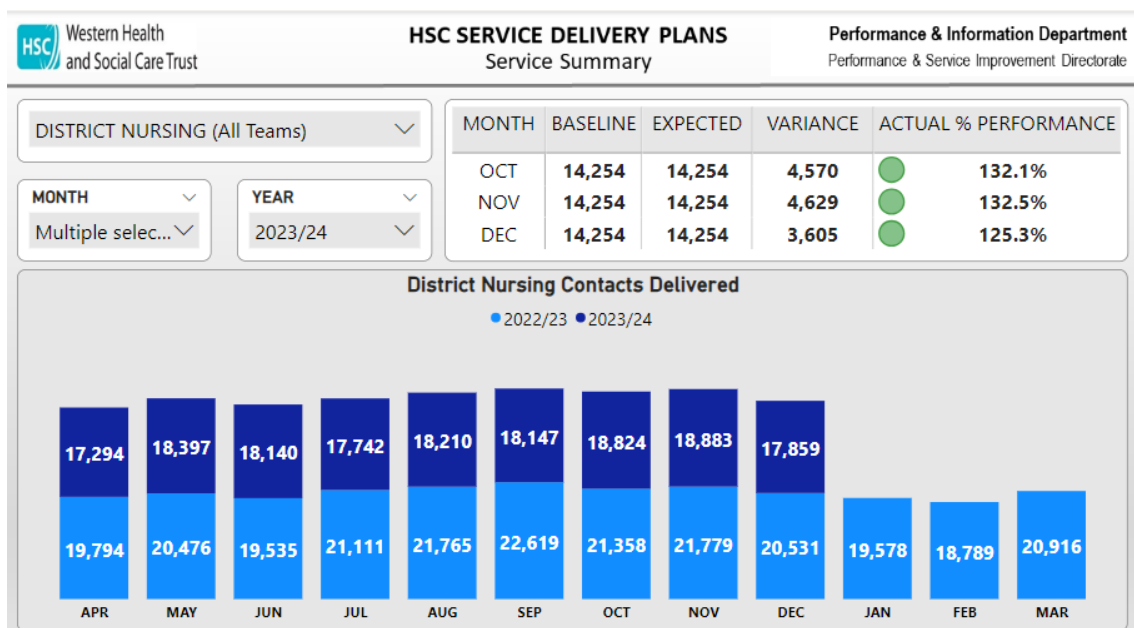
At the end of December 23, the Trust reported a total of:

- **718** patients waiting to access the Adult Mental Health Service with **241** waiting longer than 9 weeks. Further improvement in performance, when compared to September 23 end of Quarter 2 position; there were 808 in total waiting and 281 waiting longer than 9 weeks.
- **1,116** patients waiting to access the Dementia Service with **952** waiting longer than 9 weeks. Improvement in performance, when compared to September 23 end of Quarter 2 position; there were 1,157 in total waiting and 992 waiting longer than 9 weeks.
- **372** patients waiting to access the Child and Adolescent Mental Health Service with **233** waiting longer than 9 weeks. Deterioration in performance when compared to September 23 end of Quarter 2 position; there were 331 in total waiting and 214 waiting longer than 9 weeks.
- **1,368** patients waiting to access Psychological Therapy Services with **1,078** waiting longer than 13 weeks. Improvement in performance, when compared to September 23 end of Quarter 2 position; there were 1,339 in total waiting and 1,119 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.

The strong performance achieved this year to date, has been maintained throughout Quarter 3. The cumulative number of contacts delivered during Quarter 3 (October to December 23) (55,566) reflects **129.9%** 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.



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.

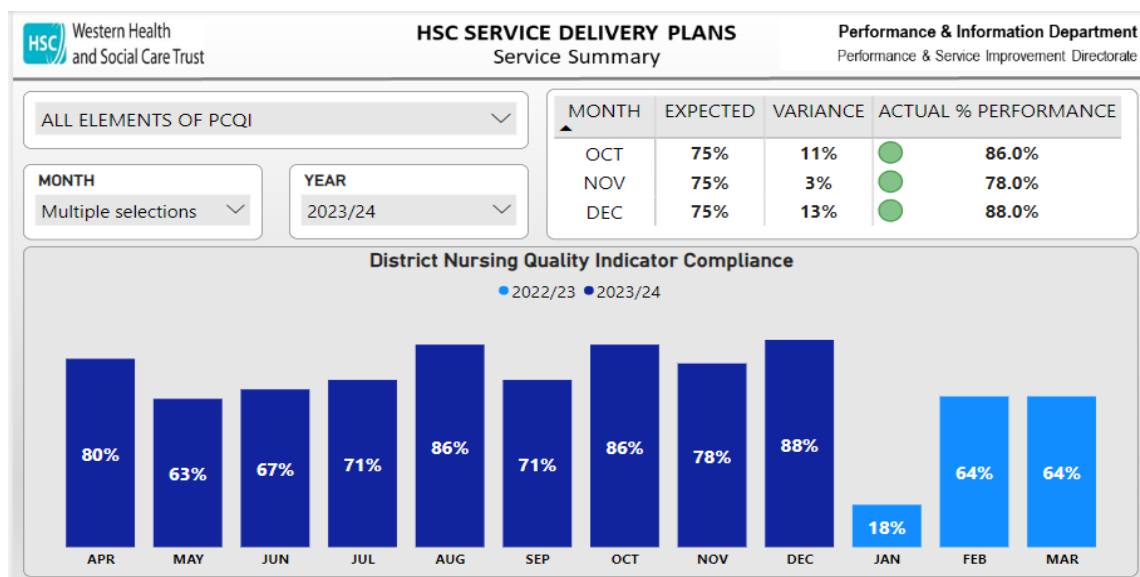
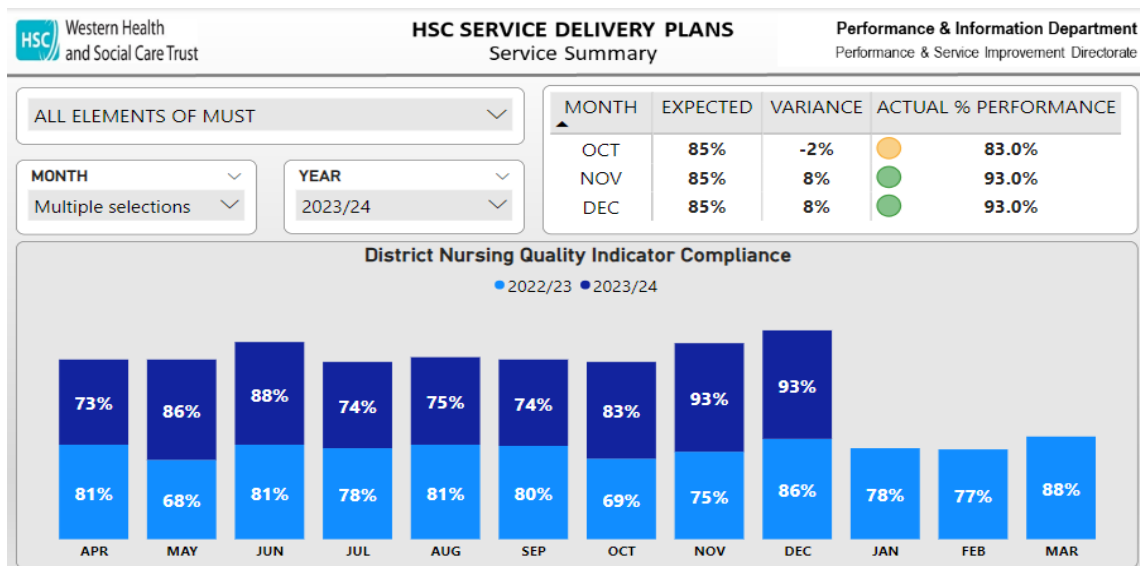
Malnutrition Universal Screen Tool (MUST): the 2023/24 SDP target is to achieve **75%** compliance in Quarter 1 & 2, **85%** compliance in Quarter 3 and **95%** compliance in Quarter 4.

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 Quarter 3 (October to December 23) performance remains strong against the District Nursing Quality Indicators; these include:

- **Malnutrition Universal Screen Tool (MUST): 89.7%** achieved against the 85% target.
- **Palliative Care Quality Indicator (PCQI): 84.0%** achieved against the 75% target.

The December 23 and Quarter 3 cumulative position on SSKIN Bundle for Pressure Ulcers is unavailable at the time of this report.



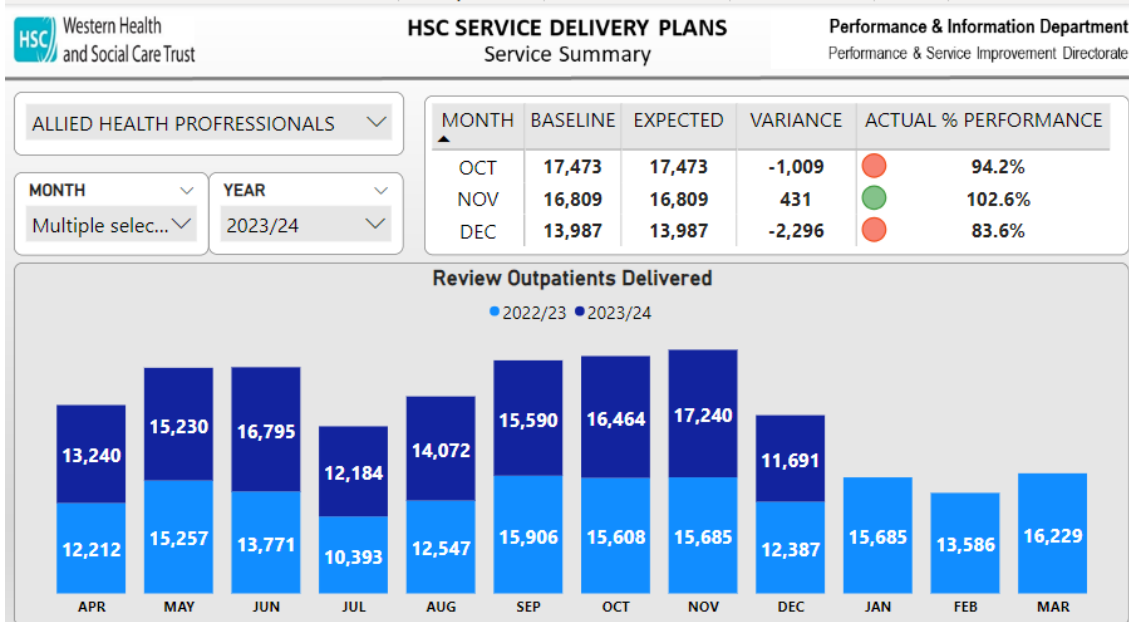
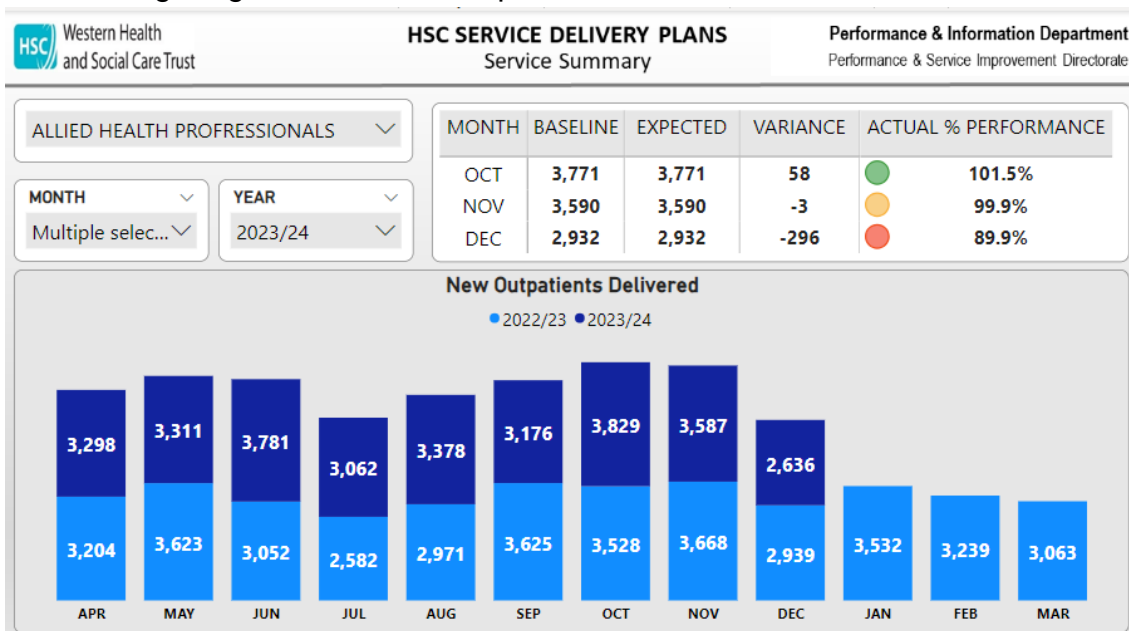
Allied Health Professionals (AHPs) – Service Delivery Plan

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 3 (October to December 23) (55,447), across the six service areas, represents **94.7%** (97.7% New and 94.0% Review) of the cumulative 2019/20 Baseline activity (58,562).

This reflects an improvement on Quarter 2 (July to September 23) (51,462) activity and is broadly in line with activity delivered during Quarter 1 (April to July 23) (55,655). Sickness absence (including Covid), vacant posts and the use of additional annual leave during the Christmas period impacted performance in the Quarter; the December 23 activity fell significantly as a result. Recruitment to vacant posts continues to be progressed by Heads of Service through regional and internal processes.



Allied Health Professionals (AHPs) – Access Performance

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

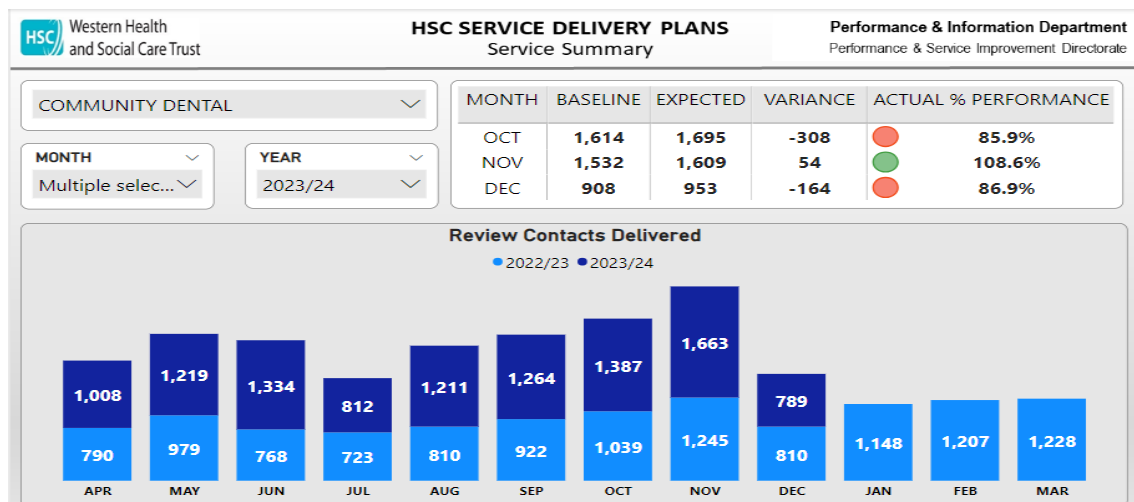
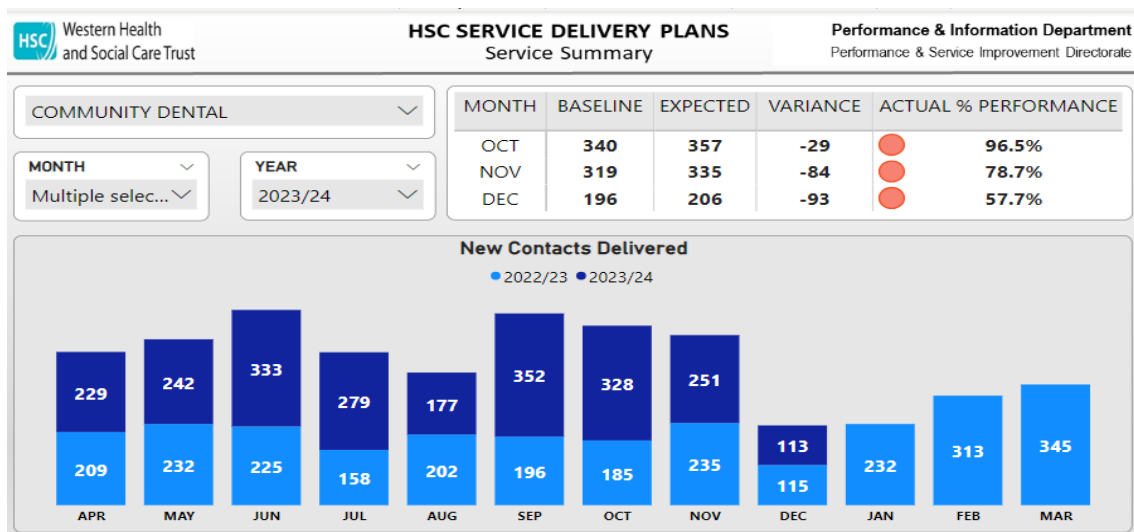
At the end of December 23, the Trust reported a total of **15,786** patients waiting to commence Allied Health Professional treatment with **9,051** waiting longer than 13 weeks. Deterioration in performance, when compared to September 23 position; there were 16,063 in total waiting and 8,751 waiting longer than 13 weeks.

Community Dental - Contacts

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.

The cumulative number of New and Review contacts delivered during Quarter 3 (October to December 23) (4,531) reflects **92.3%** (80.9% New and 94.7% Review) of the cumulative 2019/20 Baseline activity (4,909); an improvement on Quarter 1 (4,365) and Quarter 2 (4,095) cumulative activity.

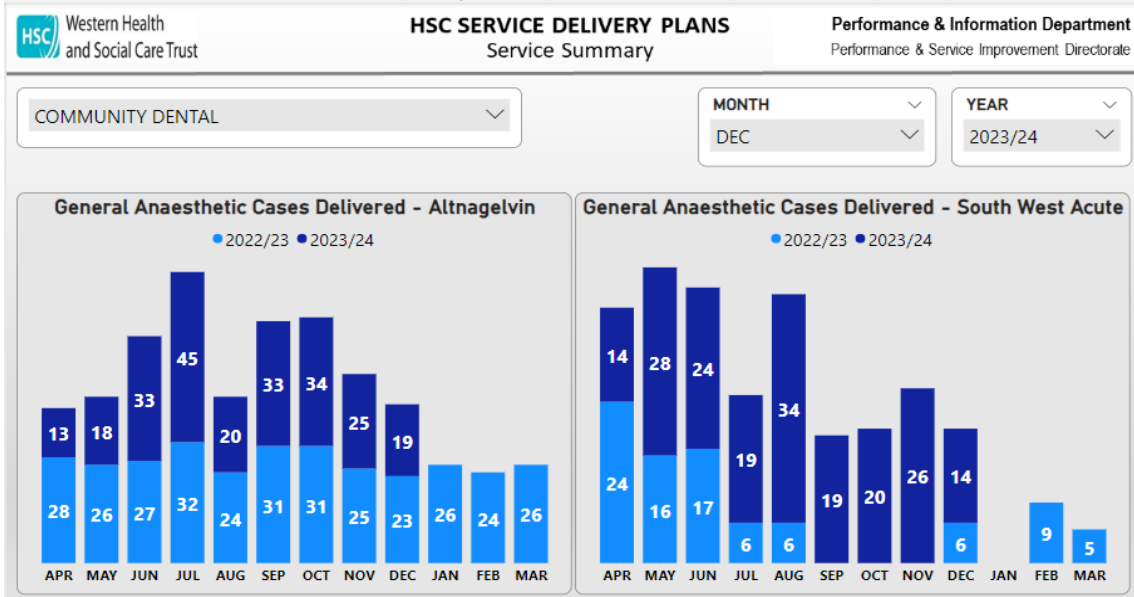
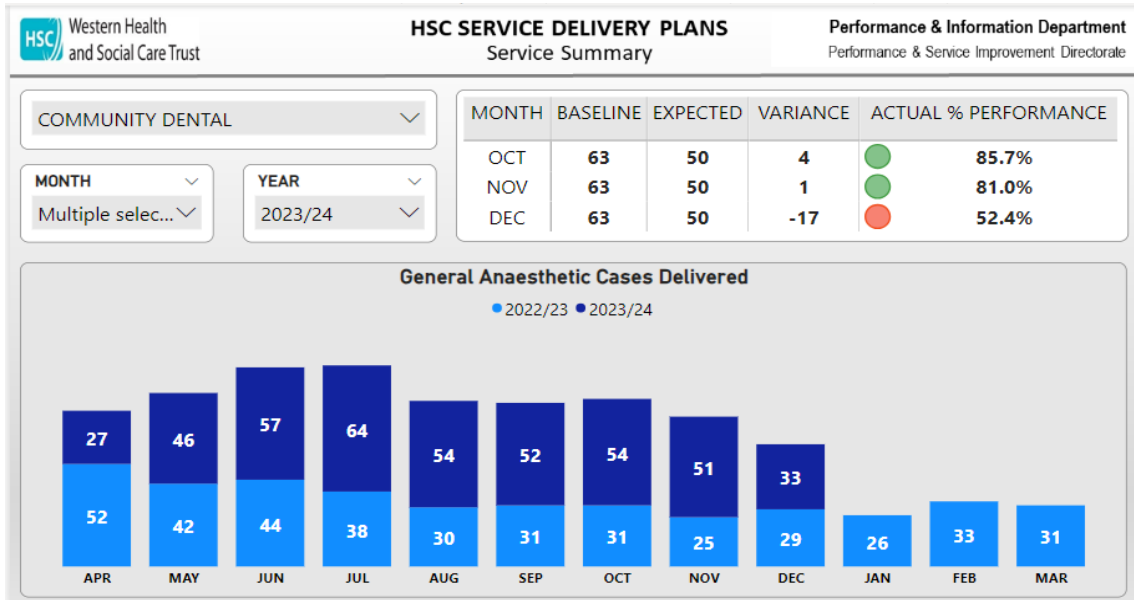
The increased target (105%) impacted the RAG assessment in Quarter 3 as the service delivered the highest level of activity this year to date during this Quarter. Performance also impacted by unplanned short term and long term sickness absence during November and December 23 and a professional training day in December 23; this resulted in an overall reduction in capacity. The service anticipate some improvement in January 24 activity.



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 3 (October to December 23) (138), represents **73.0%** (59.1% Altnagelvin and 105.3% South West Acute) of the cumulative 2019/20 Baseline (189); a decrease when compared to Quarter 2 (July to September 23) (170).



Section 2: Western Trust – SDP RAG Key & Performance



HSC SERVICE DELIVERY PLANS
HOSPITAL SERVICES 2023/24

LINK TO
SPPG TARGETS

QUARTER 3 (OCTOBER - DECEMBER 2023)

		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
CANCER						
PERFORMANCE	14 DAYS	100%	100%	100%	0%	100%
	31 DAYS	98%	98%	98%	0%	98%
	62 DAYS	95%	95%	39%	-56%	39%
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE		2,071	2,279	2,686	408	129.7%
IMAGING						
MRI	TARGET SBA VOLUMES	4,095	4,095	4,159	64	101.6%
CT	TARGET SBA VOLUMES	8,088	8,088	10,185	2,097	125.9%
NOUS	TARGET SBA VOLUMES	10,626	10,626	11,352	726	106.8%
CARDIOLOGY / CARDIAC						
CARDIAC MRI	TARGET SBA VOLUMES	84	84	74	-10	88.1%
CARDIAC CT	110% OF 2019/20 BASELINE	131	144	133	-11	101.5%
ECHO	TARGET SBA VOLUMES	2,079	2,079	1,763	-316	84.8%
CATH LAB	110% OF 2019/20 BASELINE	502	552	445	-107	88.6%
ELECTIVE						
NEW OUTPATIENTS 105% OF 2019/20 BASELINE	TOTAL	18,772	19,711	19,120	-591	101.9%
REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE	TOTAL	38,958	38,958	40,877	1,919	104.9%
OUTPATIENTS (OVERALL)		57,730	58,669	59,997	1,328	104%
INPATIENT 100% OF 2019/20 BASELINE	TOTAL	1,863	1,863	1,844	-19	99.0%
DAY CASES 100% OF 2019/20 BASELINE	TOTAL	6,415	6,415	6,472	57	100.9%
INPATIENT AND DAYCASE (OVERALL)		8,278	8,278	8,316	38	100.5%
ENDOSCOPY	100% OF 2019/20 BASELINE	2,469	2,469	2,450	-19	99.2%
THEATRE UTILISATION						
SCHEDULED THEATRE MINUTES	SESSION DURATION (MINS)	272,655	272,655	295,680	23,025	108.4%
THEATRE OPERATING TIMES	MAIN THEATRES	85%	85%	85.7%	1%	85.7%
	DPU THEATRES	80%	80%	70.3%	-10%	70.3%
UNSCHEDULED CARE						
ED PERFORMANCES - 12 HOURS	10% REDUCTION OF 2022/23 BASELINE	4,725	4,252	4,947	222	4.7%
WEEKEND DISCHARGES						
ALTNAGELVIN	SIMPLE	80%	80%	47.7%	-32%	47.7%
	COMPLEX	60%	60%	25.6%	-34%	25.6%
SOUTH WEST ACUTE	SIMPLE	80%	80%	28.0%	-52%	28.0%
	COMPLEX	60%	60%	20.3%	-40%	20.3%
AVERAGE LOS						
ALTNAGELVIN	1 DAY REDUCTION BY Q4 2022/23 BASELINE	8.10	7.40	8.42	1.02	8.42
SOUTH WEST ACUTE	1 DAY REDUCTION BY Q4 2022/23 BASELINE	11.40	10.70	10.74	0.04	10.74

LINK TO
SPPG TARGETS

		QUARTER 3 (OCTOBER - DECEMBER 2023)				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
COMMUNITY CARE						
DOMICILIARY CARE 7.5% REDUCTION OF BASELINE Q3	TOTAL	5,561	5,144	5,232	-329	-5.9%
DIRECT PAYMENTS	NO. OF CLIENTS IN EFFECT AT MONTH END 10% INCREASE BY MARCH 2024 (MARCH 2023)	1,338	1,472	1,413	75	5.6%
CHILDRENS SOCIAL CARE						
CHILD PROTECTION CASE CONFERENCES	WITHIN 15 DAYS			84		100.0%
	TOTAL	N/A	84%	84	16%	
	% WITHIN 15 DAYS			100%		
	WITHIN 3 MONTHS			46		90.2%
	TOTAL	N/A	85%	51	5%	
	% WITHIN 3 MONTHS			90%		
	WITHIN 6 MONTHS			104		97.2%
	TOTAL	N/A	89%	107	8%	
	% WITHIN 6 MONTHS			97%		
UNALLOCATED FAMILY SUPPORT CASES QUARTELY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MARCH 2024 (JUNE 2023 BASELINE)		71.0	63.9	63.3	-7.7	-10.8%
MENTAL HEALTH SERVICES						
ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 2019/20 BASELINE	TOTAL	13,816	15,198	15,200	2	110.0%
PSYCHOLOGICAL THERAPIES 100% OF 2019/20 BASELINE	TOTAL	2,997	2,997	5,182	2,185	172.9%
DEMENTIA 110% OF 2019/20 BASELINE	TOTAL	1,241	1,365	1,406	41	113.3%
CAMHS 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)	NEW	250	250	279	29	111.6%
	REVIEW	1,790	1,969	1,760	-209	98.3%
	TOTAL	2,040	2,219	2,039	-180	100.0%
MENTAL HEALTH SERVICES (OVERALL)		20,094	21,779	23,827	2,048	118.6%
DISTRICT NURSING						
CONTACTS 100% OF BASELINE		42,762	42,762	55,566	12,804	129.9%
COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS		N/A	100%	Quarter 3 cumulative performance TBC		
COMPLIANCE WITH ELEMENTS OF MUST		N/A	85%	90%	5%	89.7%
COMPLIANCE WITH ALL ELEMENTS OF THE PCQI		N/A	75%	84%	9%	84.0%
ALLIED HEALTH PROFESSIONALS						
PHYSIOTHERAPY 100% OF 2019/20 BASELINE	TOTAL	17,774	17,774	16,362	-1,412	92.1%
OCCUPATIONAL THERAPY 100% OF 2019/20 BASELINE	TOTAL	12,658	12,658	11,762	-896	92.9%
DIETETICS 100% OF 2022/23 BASELINE	TOTAL	4,166	4,166	4,616	450	110.8%
ORTHOPTICS 100% OF 2019/20 BASELINE	TOTAL	3,294	3,294	2,677	-617	81.3%
SPEECH & LANGUAGE 100% OF 2022/23 BASELINE	TOTAL	8,806	8,806	9,894	1,088	112.4%
PODIATRY 100% OF 2019/20 BASELINE	TOTAL	11,864	11,864	10,136	-1,728	85.4%
ALLIED HEALTH PROFESSIONALS (OVERALL)	TOTAL	58,562	58,562	55,447	-3,115	94.7%
STROKE SERVICES						
THROMBOLYSIS RATE IN LINE WITH WHSCT RETURN	ALTNAGELVIN	N/A	16%	14.7%	-1%	14.7%
	SOUTH WEST ACUTE	N/A	16%	5.7%	-10%	5.7%
% ADMITTED <4 HOURS FIGURES PROVIDED BY SPPG	ALTNAGELVIN	N/A	43%	37.7%	-5%	37.7%
	SOUTH WEST ACUTE	N/A	90%	69.7%	-20%	69.7%
COMMUNITY DENTAL						
CONTACTS 105% OF 2019/20 BASELINE FOR Q3	TOTAL	4,909	5,155	4,531	-624	92.3%
GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	TOTAL	189	151	138	-13	73.0%

QUARTER 3 (OCTOBER - DECEMBER 2023)

Total Metrics Hospital & Community: 53 NIAS: 5 HCAI: 6	Total Number of SDP Metrics	64	
	Overall RAG Assessment	28	44%
		7	11%
		28	44%
No. of Metrics where performance is not available	1	1%	