
PERFORMANCE REPORT JANUARY – MARCH 2024 & 2023/24 END OF YEAR REPORT

Trust Board – 6th June 2024

Context

This report provides an update for Hospital and Community Services on progress at the end of 2023/24 Quarter 4 (January to March 24) and the 2023/24 End of Year. 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).

SDP 2024/25 – Approach

SPPG have proposed that the majority of the 2023/24 SDP Trajectories and associated monitoring and reporting arrangements will be rolled forward into 2024/25 for at least the first half of the year, subject to Permanent Secretary / Ministerial approval. SPPG have suggested an increase to one of the Unscheduled Care targets however they remain under discussion at the time of this report, and the Trust has proposed that improvement trajectories would be a more relevant approach to the area of Unscheduled Flow.

Executive Summary

The 2023/24 full year performance position (April 23 to March 24) was reported against 64 metrics; of these **39%** assessed as “Red”, **28%** “Amber” and **33%** “Green”.

Regionally, the Western Trust reported the lowest number of service targets categorised as “Red” and the lowest number of service targets deemed “Unacceptable”. This is commonly used to indicate overall Trust Service Delivery Performance in the accountability processes with SPPG and DoH and would indicate that Western Trust is the best performing Trust in 2023/24.

The detailed assessment of Western Trust 2023/24 (April 23 to March 24) cumulative activity delivered, baseline and expected target for each service area is summarised in summarised in Section 2, and the changing position against the full 12 months is provided in detail in Section 3.

Service areas where the cumulative 2023/24 (April 23 to March 24), performance has met or exceeded the baseline activity and the expected/SBA target (RAG assessed Green) are:

Hospital Services

- *Cancer Services*: Red Flag 1st OP appointment.
- *Imaging*: CT and Non-Obstetric ultrasound.
- *Elective Care*: Review Outpatients, Day case and Theatre Operating Times (Main).

Community Services

- *Children's Social Care*: Child Protection Case Conferences (15 Days, 3 and 6 months) and Unallocated Cases.

- *Mental Health Services*: Psychological Therapies, Dementia (New and Review Total) and Child and Adolescent Mental Health Service (New).
- *District Nursing*: Contacts and Quality Indicators x 2 (MUST & PCQI).
- *Allied Health Professionals*: Dietetics and Speech and Language (New and Review Total).

Public Health

- *Healthcare Associated Infections (HCAI)*: Clostridioides Difficile (CDI) and Methicillin-resistant Staphylococcus aureus (MRSA).
- *Antimicrobial Consumption*: Carbapenem use.

Service areas where the cumulative 2023/24 (April 23 to March 24), performance has almost met the baseline activity and the expected/SBA target (RAG assessed Amber) are:

Hospital Services

- *Cancer Services*: 14 & 31 Cancer Access performance.
- *Imaging*: MRI.
- *Cardiac*: MRI and CT.
- *Elective Care*: New Outpatients and Scheduled Theatre Minutes.

Community Services

- *Community Care*: Domiciliary Care Unmet Need (Total packages) and Direct Payments.
- *Mental Health Services*: Adult Mental Health (New and Review Total) and Child and Adolescent Mental Health Service (Review).
- *District Nursing*: Quality Indicator x 1 (SSKin Bundle).
- *Allied Health Professionals*: Occupational Therapy (New and Review Total).
- *Stroke Service*: Thrombolysis (Altnagelvin and South West Acute).
- *Community Dental*: Contacts (New and Review Total) and GA sessions (Total).

Public Health

- *Antimicrobial Consumption*: Piperacillin-tazobactam use

Service areas where the cumulative 2023/24 (April 23 to March 24), 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*: Echo and Cath Lab procedures.
- *Elective Care*: Inpatient, Endoscopy and 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 and South West Acute).

Community Services

- *Allied Health Professionals:* Physiotherapy, Orthoptics and Podiatry (New and Review Total).
- *Stroke Service:* % Admitted <4 hours (Altnagelvin and South West Acute).

Public Health

- *Antimicrobial Consumption:* Total antibiotic prescribing and Use of Antibiotics from the WHO access AWaRe Category

Northern Ireland Ambulance Service (NIAS)

- *Handover Times:* < 15 , 30 and 60 minutes, > 2 hours and Ambulance Turnaround Times within 30 mins

Within Hospital and Community Services, a number of services which commenced the year in a difficult position recovered well by the end of the year with the RAG status improving from “Red” in April 23 to “Amber” or “Green” at March 24. These services should be commended for their improvement efforts during 2023/24, which are:

Elective Care: New and Review Outpatients, Inpatients, Day case, Scheduled Theatre Minutes and Community GA Cases

Diagnostics: Non-obstetric Ultrasound.

Mental Health: Dementia Services.

In summary, the Trust reported an increase in the level of activity delivered in 2023/24 within a number of Hospital and Community services when compared to 2022/23; further detail is provided at the relevant sections in the following report. However, key factors that impacted performance during 2023/24 include:

- Increase in SDP Targets within Cardiac CT, Cath Lab, New Outpatients, Adult Mental Health and Dementia (New & Review Total) and CAMHS (Review), which were set to exceed 100% baselines.
- Workforce challenges with recruitment, retention and sickness absence (long and short term). Sickness absence particularly impacted available capacity within smaller resourced teams.
- Increasing demand (Unscheduled Care Beds, Red Flag Demand, Diagnostics and Dementia).
- Periods of Industrial action which disrupted planned care services (September 23, January and March 24).

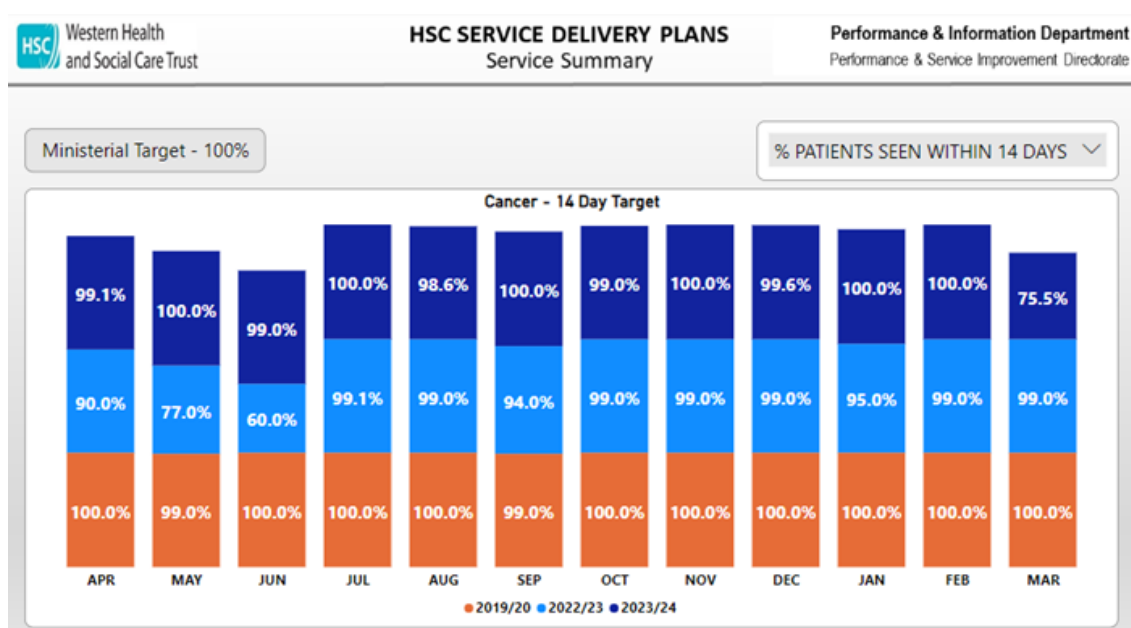
HOSPITAL SERVICES

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: High level of performance achieved against the Ministerial Access throughout 2023/24 with the exception of March 24.

Western Trust provided support to South Eastern Trust (SET) to help address their suspect breast cancer waiting times. During March 24, the Western Trust accepted and assessed 77 SET patients; which resulted in an overall month end performance of **75.5%** against the 100% Target. Of this, Western Trust performance was **99%** (2 patients waited longer than 14 days) and South Eastern Trust was **0%** (77 patients waited longer than 14 days). The regional average was 41% and the Western Trust was the only Trust to deliver an “Acceptable” performance.



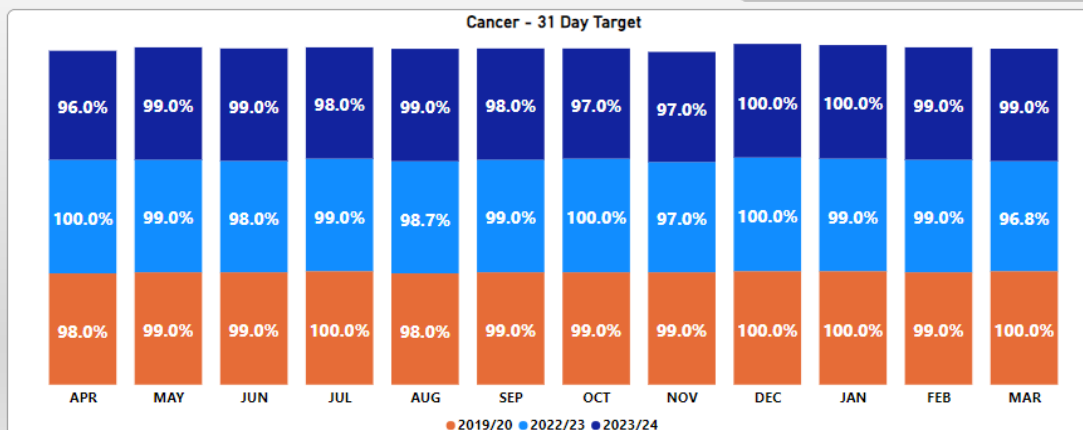
Cancer services – Commissioning Plan Direction: Access Performance

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 with the target achieved in 9 of the 12 months of 2023/24. The final March 24 and End of Year position will be available on 10th June 2024; this is on completion of year end validation and in line with DoH HIB reporting schedule.

Ministerial Target - 98%

% PATIENTS SEEN WITHIN 31 DAYS



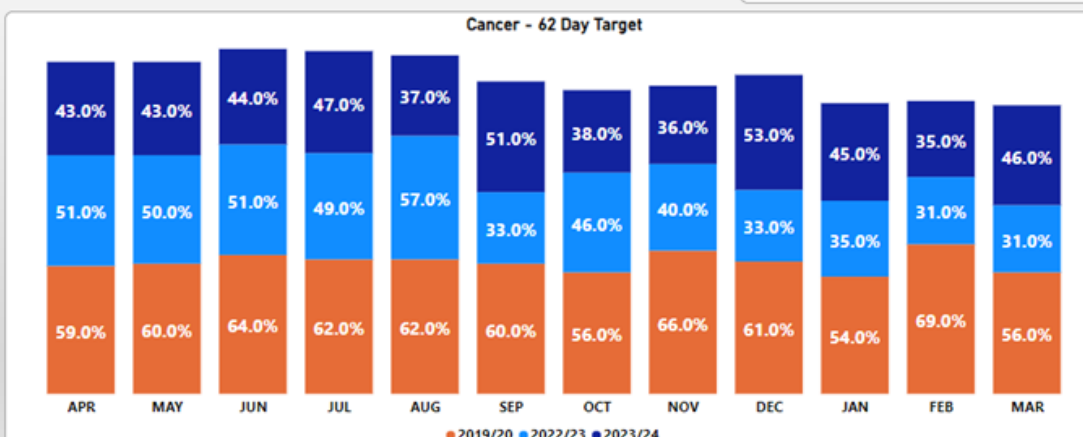
Cancer services – Commissioning Plan Direction: Access Performance

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 against this target remains challenging and was not met any month during 2023/24. The final March 24 and End of Year position will available on 10th June 2024; this is on completion of year end validation and in line with DoH HIB reporting schedule.

Ministerial Target - 95%

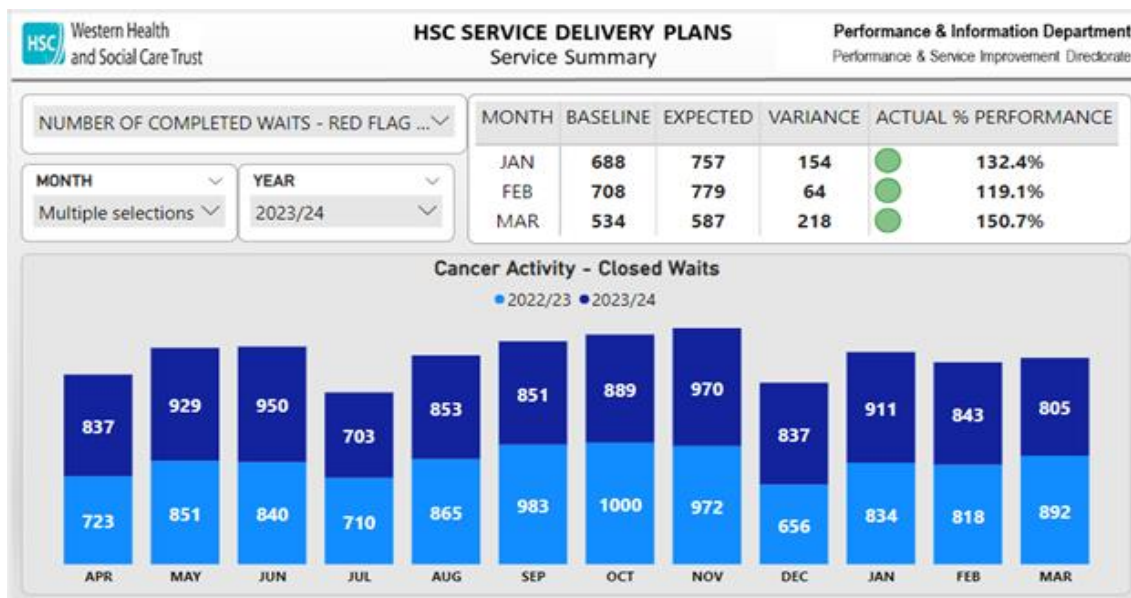
% PATIENTS SEEN WITHIN 62 DAYS



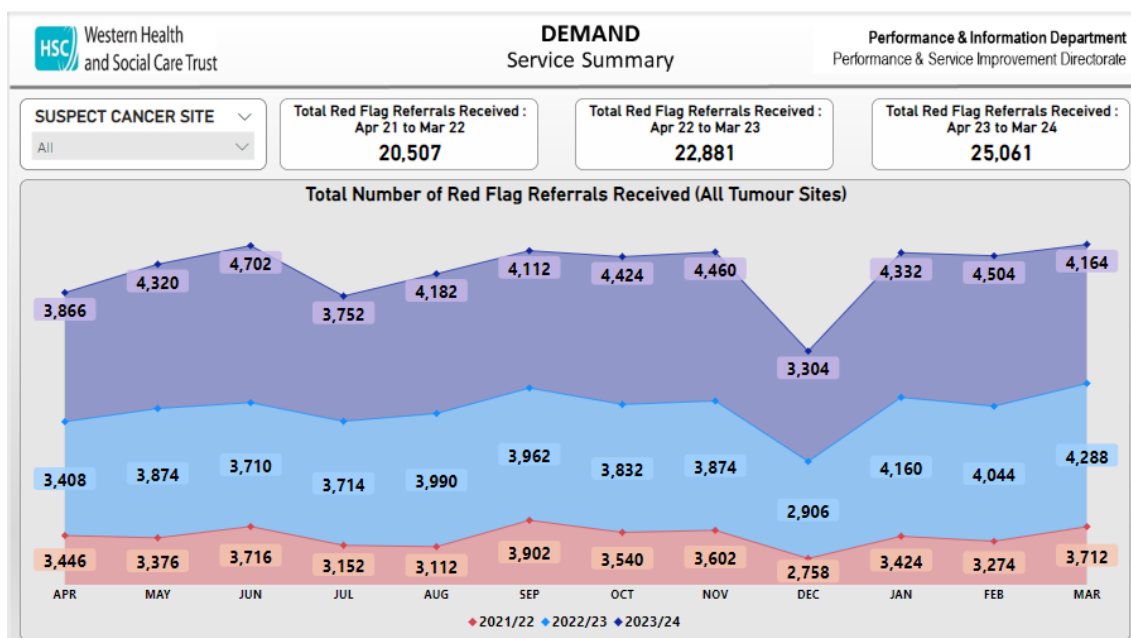
Red Flag (New) Completed Waits (Excluding Breast)

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

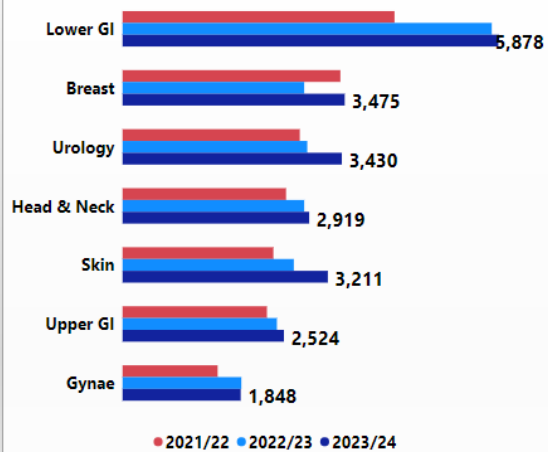
Western Trust performance exceeded the 2019/20 Baseline Target each month of 2023/24. The cumulative number of closed waits completed during Quarter 1 to 4 (April 23 to March 24) (10,378) reflects **133.8%** of the cumulative 2019/20 Baseline activity (7,758), and was the best performance of the 5 Trusts.



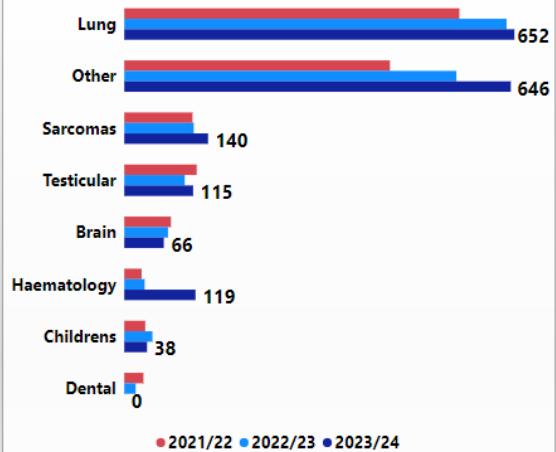
The number of Red Flag Referrals Received (All Tumour sites) during 2023/24 Quarter 1 to 4 (April 23 to March 24) (25,061), increased by **22%** compared to same period 2021/22 (20,507) (Baseline year); equivalent to 4,554 additional Red Flag referrals.



**Total Red Flag Referrals Received by Suspect
Cancer Site (Apr to Mar)**



**Total Red Flag Referrals Received by Suspect
Cancer Site (Apr to Mar)**



Elective Care – Outpatients Service Delivery Plan

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

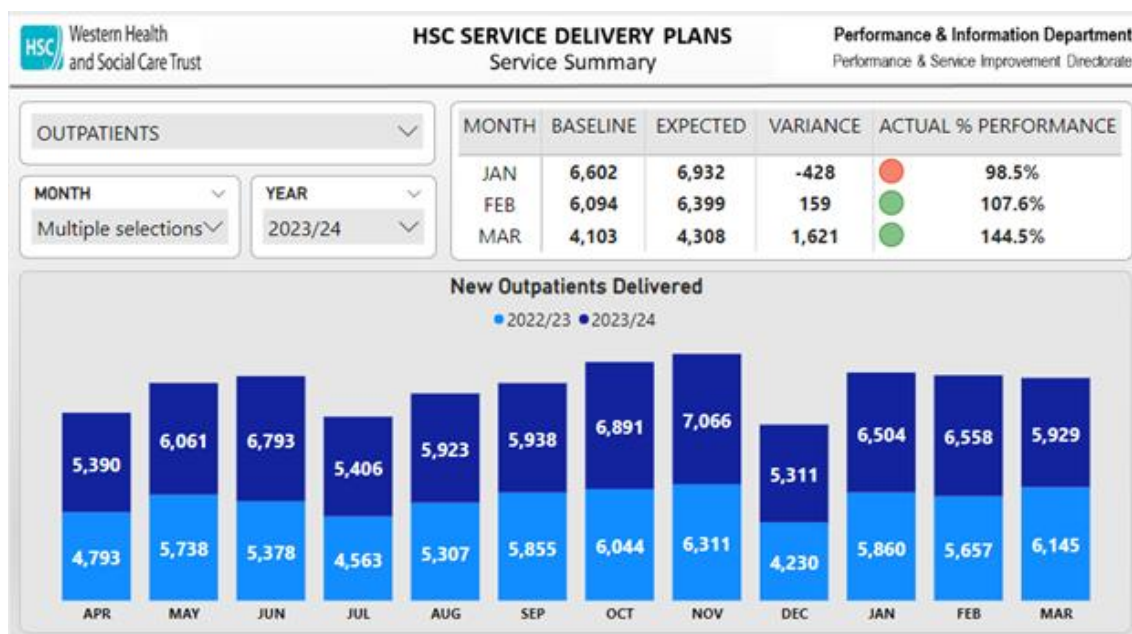
The total New and Review activity continued to improve in the second half of 2023/24 with an encouraging out turn achieved for the year.

Overall a total of **229,513** New (73,770) and Review (155,743) Outpatients was delivered during 2023/24; reflecting a 3% increase on 2019/20 Baseline activity (6,706 additional attendances) and a 9.7% increase on 2022/23 activity (20,359 additional attendances). The activity delivered was higher each month in 2023/24 when compared to the same month in 2022/23 with the exception of March 24, and Western Trust delivered the second highest performance in the region. A breakdown by New and Review is provided below.

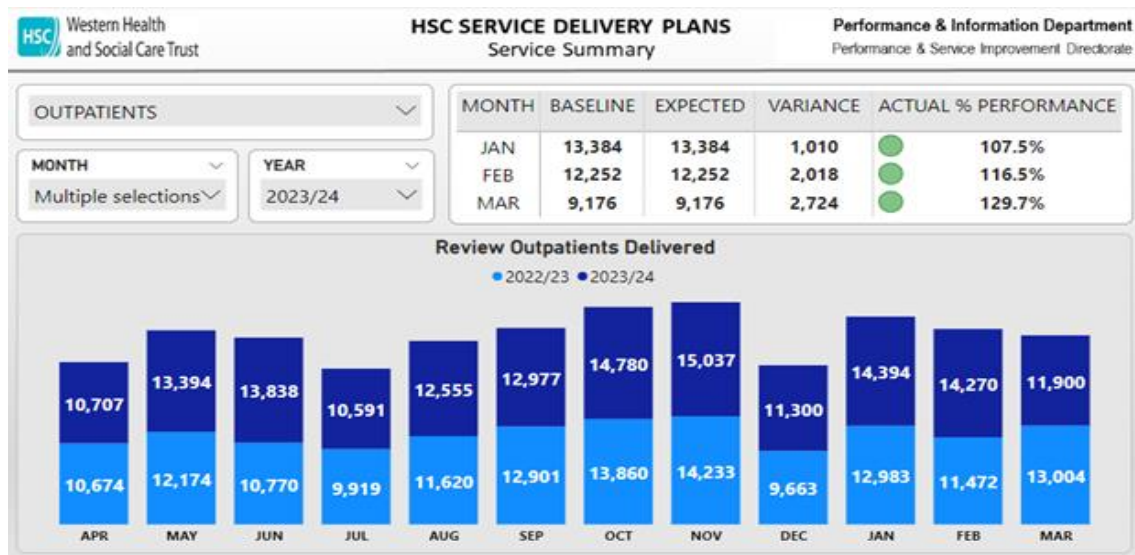
The increase in attendances is despite the impact from:

- industrial action in September 23, January and March 24, which resulted in 1,814 lost out patient appointments (New and Review);
- the up-lift in the Baseline and Expected Targets from November 23 to reflect additional investment received; and
- reduced capacity due to vacant medical posts within General Surgery, Gynaecology, Cardiology, Dermatology and ENT. Recruitment continues to be progressed through internal, regional and international processes and where available Locum cover is utilised, whilst recruitment completes.

The cumulative New outpatient activity delivered during Quarter 1 to 4 (April 23 to March 24) (73,770) reflects **101.2%** of the cumulative 2019/20 Baseline activity (72,863).



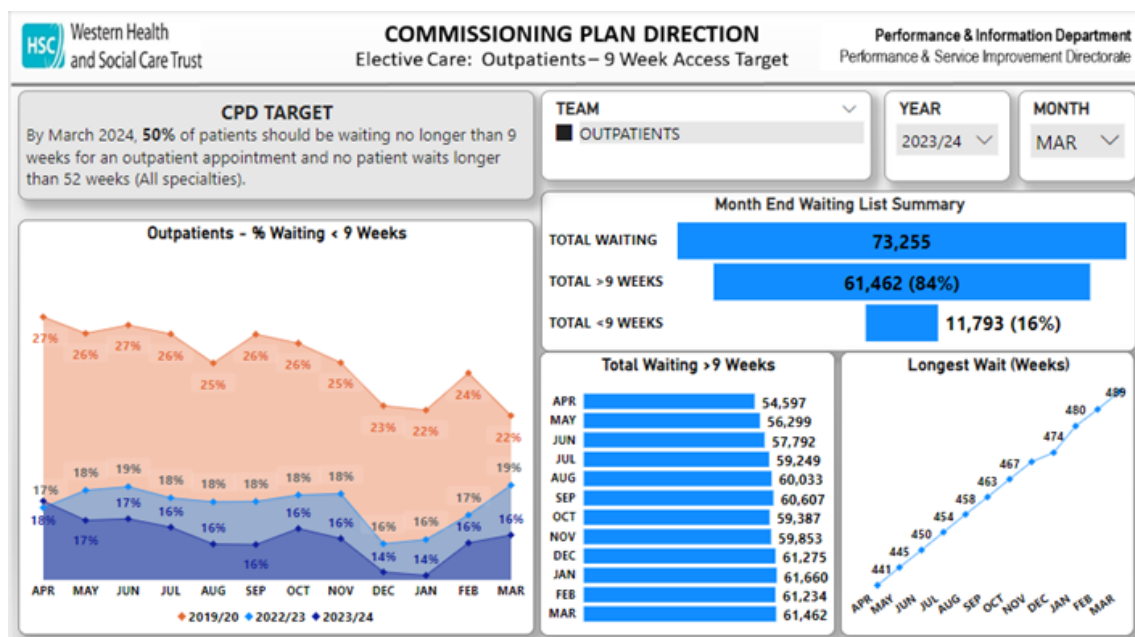
The cumulative Review outpatient activity delivered during Quarter 1 to 4 (April 23 to March 24) (155,743) reflects **103.9%** of the cumulative 2019/20 Baseline activity (149,944).



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

The End of Year March 24 position, the Trust reported **73,255** patients waiting for an outpatient appointment; with **61,462** patients waiting longer than 9 weeks. Performance has deteriorated when compared to End of Year March 23; when there were **65,096** patients in total waiting; with **53,004** waiting longer than 9 weeks.



Elective Care – Inpatient and Day Case Service Delivery Plan

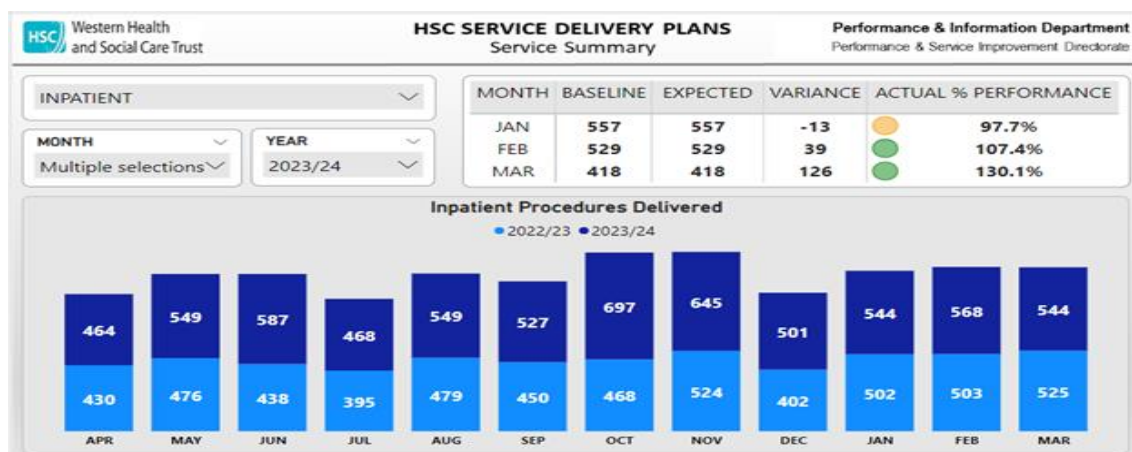
The 2023/24 SDP target is to deliver 100% of 2019/20 activity.

Achievement of the SDP Inpatient Target remained challenging throughout April to October 23 with improvement in performance from November 23. Overall the SDP Inpatient target was almost met or exceeded in 6 of the 12 months throughout 2023/24, and the Western Trust delivered the second best performance against target in the region.

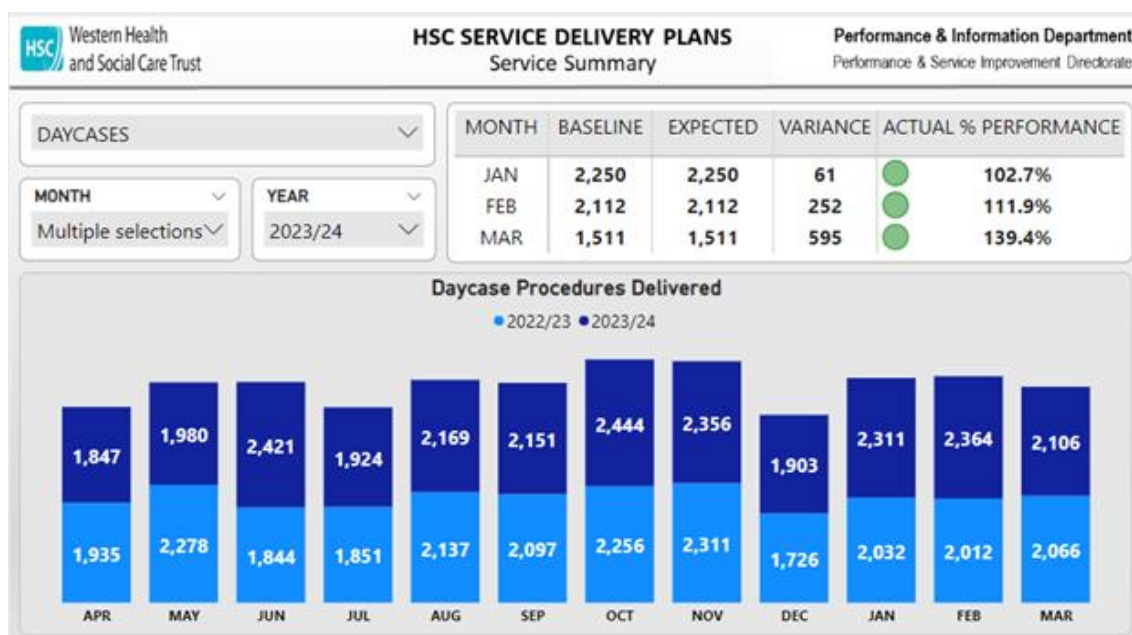
A high level of performance was achieved against the SDP Day case Target with more activity delivered during Quarter 3 and 4 (October 23 to March 24). The SDP Target was almost met or exceeded in 10 of the 12 months of 2023/24, and the Western Trust delivered the best performance against target in the region.

The cumulative Inpatient activity delivered during Quarter 1 to 4 (April 23 to March 24) (6,643) reflects **90.4%** of the 2019/20 Baseline activity (7,349).

Despite being below target, the service level achieved was deemed “Acceptable” by SPPG in its report to PTEB.



The cumulative Day case activity delivered during Quarter 1 to 4 (April 23 to March 24) (25,976) reflects **105.0%** of the 2019/20 Baseline activity (24,734).

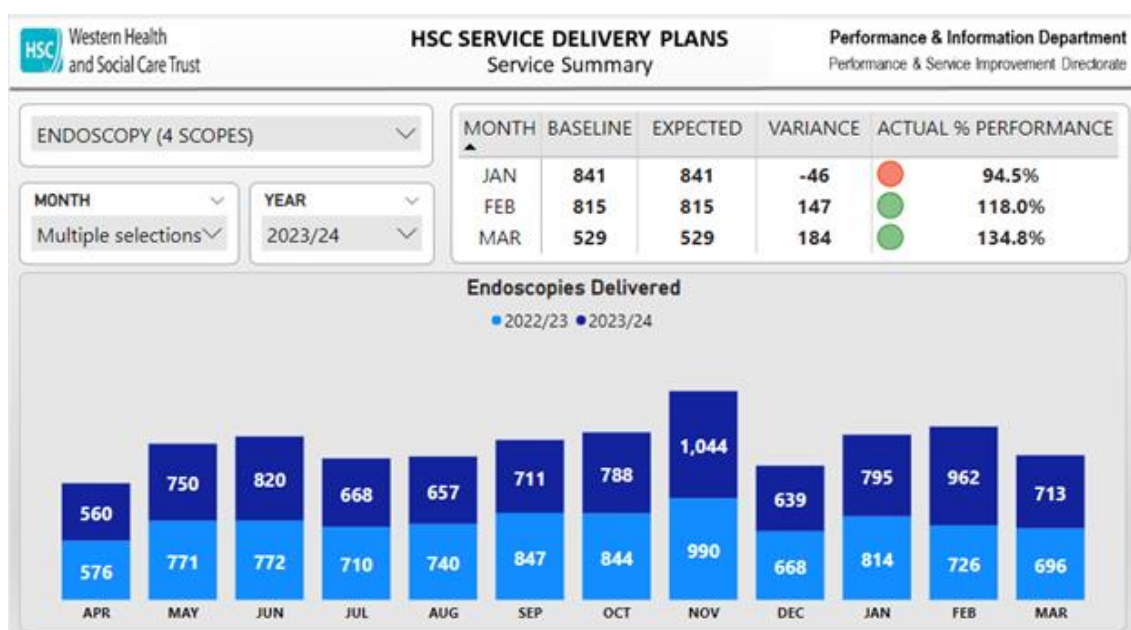


Elective Care – Endoscopy Service Delivery Plan

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.

This service continued to build on recovery achieved in 2022/23. Performance and activity improved during Quarter 3 and 4 (October 23 to March 24) compared to the previous two Quarters of 2023/24. The SDP Target was almost met or exceeded in 5 of the 12 months of 2023/24, however the service delivery level was deemed “unacceptable by SPPG in its year-end report to PTEB.

The cumulative activity delivered during Quarter 1 to 4 (April 23 to March 24) (9,107) reflects **91.7%** of the cumulative 2019/20 Baseline activity (9,931).



To ascertain the predicted out turn, a Service Trajectory was developed for 2023/24; this included predicted activity that could be delivered each month, based on available capacity and incorporated Trust Core Service, Medinet insourcing and Omagh DPC, set out below:

- **Core Service:** 38 available sessions per week equated to predicted activity of 7,028 patients during this period, of which **7,663** patients attended.
- **Medinet insourcing:** support from this independent sector provider was utilised from July 23 to March 24 and equated to predicted activity of 1,023 patients of which **1,000** patients attended.
- **Omagh DPC:** due to the challenges in filling key clinical posts, capacity was provided by temporary medical Consultants and Nurse Endoscopists, whilst recruitment and training progressed. From September 23 to March 24, there were 97 available sessions which equated to predicted activity of 549 patients of which **444** patients attended.

Underperformance against the 2023/24 Trajectory was a result of patient non attendances (DNA & cancellations), Consultant short term sickness absence, regional colonoscopy training in October 23 and cancelled sessions due to Industrial action.

To further support core capacity, the Service utilised resource from the Regional Endoscopy Centre (Lagan Valley) and two Independent Sector providers. The patients treated at these sites are additional and separate to the Western Trust SDP activity delivered during 2023/24 (9,107) and these were:

- **Lagan Valley:** Western Trust red flag patients seen at this site from July to September 23, at which point it was paused due to the roll out of Encompass in the South Eastern Trust. The support recommenced at the end of December 23 and continued to March 24. A total of **688** patients attended and were treated during these periods.
- **External out sourcing to the Independent Sector** was in place from April 23 to March 24 with 2,987 patients expected to be seen; a total of **2,918** patients attended. SPPG allocated additional funding to support this contract. Under-delivery was a result of patient non attendances particularly at the end of March 24.

Detailed in previous 2023/24 Trust Board Performance Reports, the primary issue that reduced the Endoscopy service capacity included vacant Consultant posts (Surgical and Gastroenterology) and Nurse Endoscopist posts, maternity leave and flexible working arrangements throughout the year. As a result of recruitment processes, three Consultant Surgeons are planned to commence employment with the Trust in August 24 and two Nurses are currently undertaking the Nurse Endoscopy training until August 25.

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.

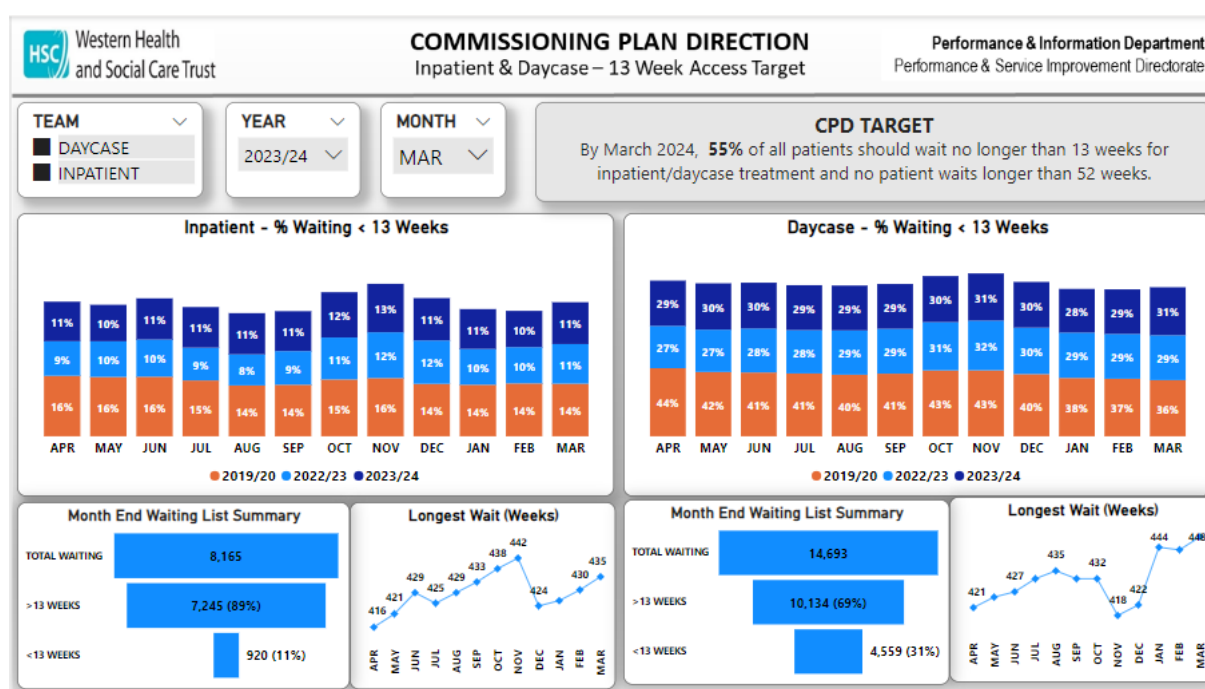
There has been continued improvement in performance in this service. At the End of Year March 24 position the Trust reported an overall total of **22,858** waiting for Inpatient and Day case treatment with **17,379** waiting longer than 13 weeks; compared to total waiting of **24,335** with **18,840** waiting longer than 13 weeks at the End of Year March 23. Of those waiting at the end of March 24 there were:

- **8,165** patients waiting for Inpatient Treatment with **7,245** waiting longer than 13 weeks. Performance has improved when compared to End of Year March 23; when there were **8,536** in total waiting and **7,625** waiting longer than 13 weeks.
- **14,693** patients waiting for Day case Treatment, with **10,134** waiting longer than 13 weeks. Performance has improved when compared to End of Year March 23; when 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 (22,858) at the End of Year March 24 there were:

- **4,857** people waiting for an Endoscopy of which **999** are red flag patients. Of the 999 red flag patients waiting, **497** 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 End of Year March 23 (5,593 total waiting, 1,277 red flag patients with 830 waiting longer than 21 days).

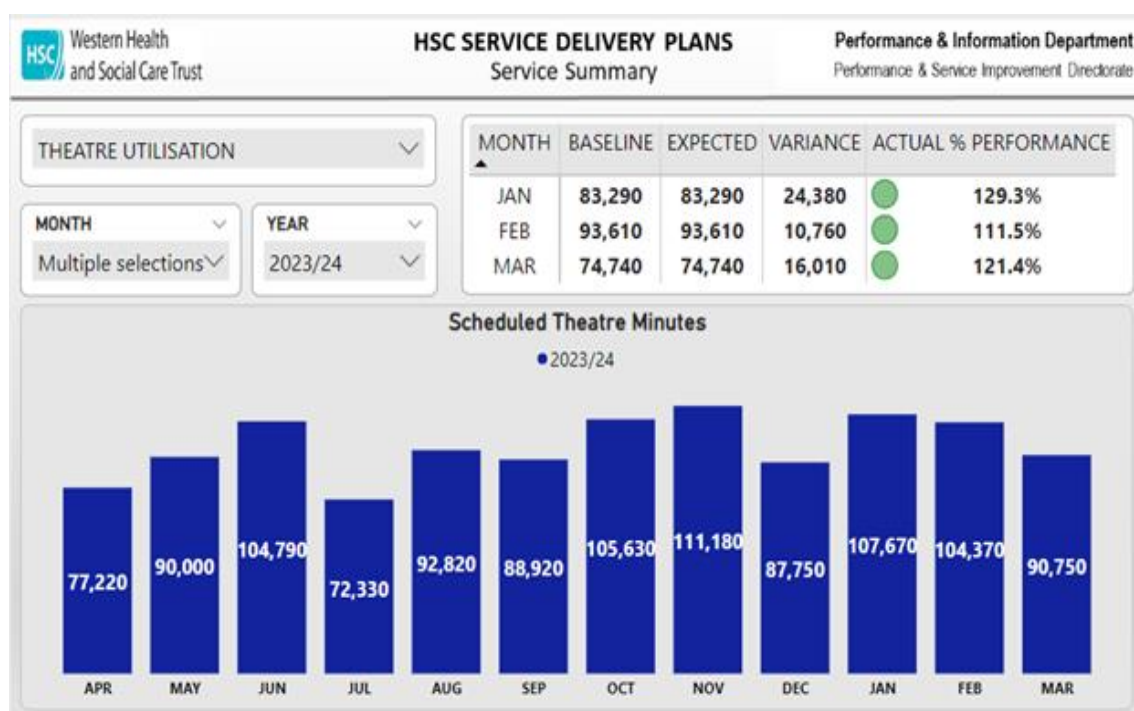


Elective Care – Theatre Scheduled Minutes Service Delivery Plan

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 Trust's focus for 2023/24 was to continue to increase and maximise the number of available Theatre sessions. During 2023/24, the number of Scheduled Theatre Minutes delivered improved in the second half of the year, with the SDP Target exceeded each month from November 23 to March 24, and Western Trust was the best performing Trust in 2023/24.

The cumulative Scheduled Theatre Minutes delivered during Quarter 1 to 4 (April 23 to March 24) (1,133,430) reflects **99.2%** of the cumulative number delivered against Baseline activity (1,142,700).



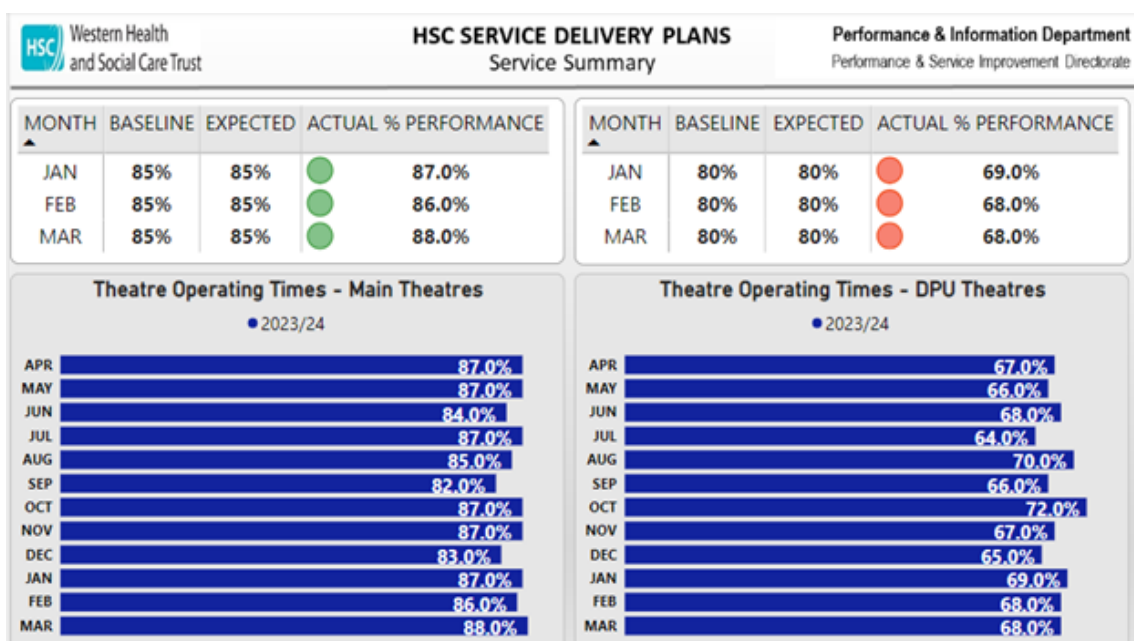
Elective Care – Theatre Operating Times Service Delivery Plan

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

The Trust continues to work on theatre efficiency and in particular is focussing on its DPU Operating times, with an improvement approach to DPU theatres particularly, where Western Trust was 4th of the 5 Trusts in its performance delivery, and was deemed “Unacceptable” by SPPG in its report to PTEB.

The cumulative Quarter 1 to 4 (April 23 to March 24) performance achieved:

- **Main Theatres: 86.0%** against the 85% target.
- **DPU Theatres: 68.0%** against the 80% target.



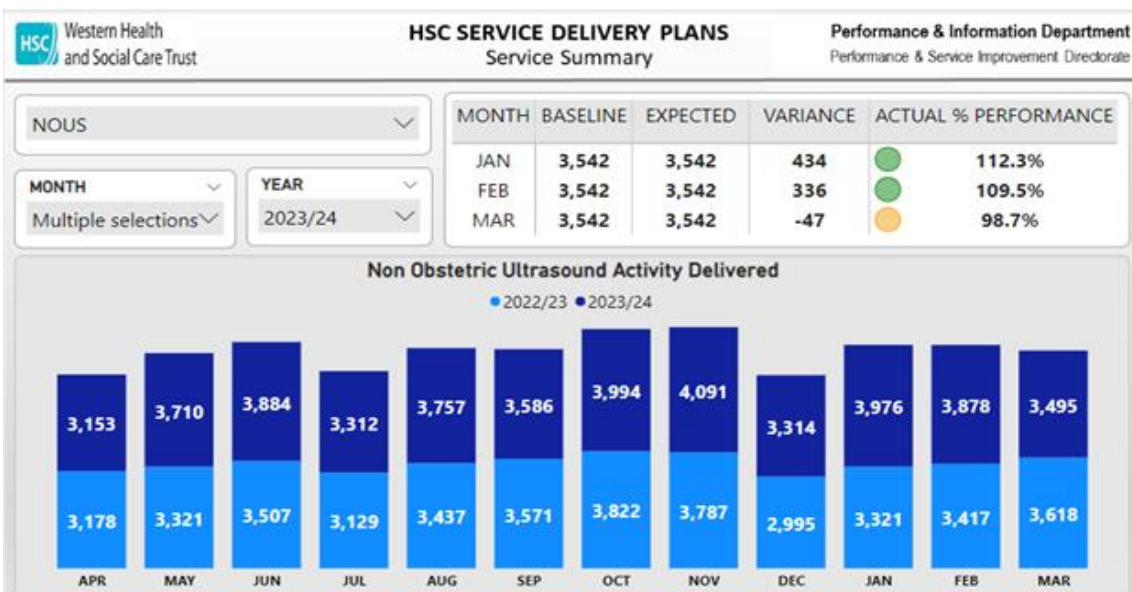
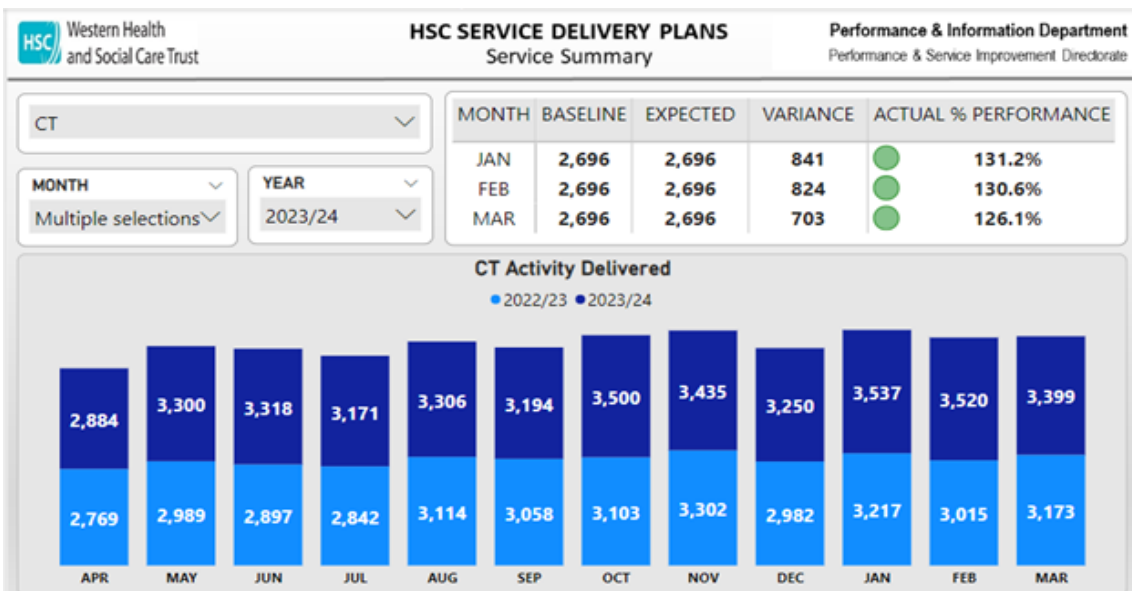
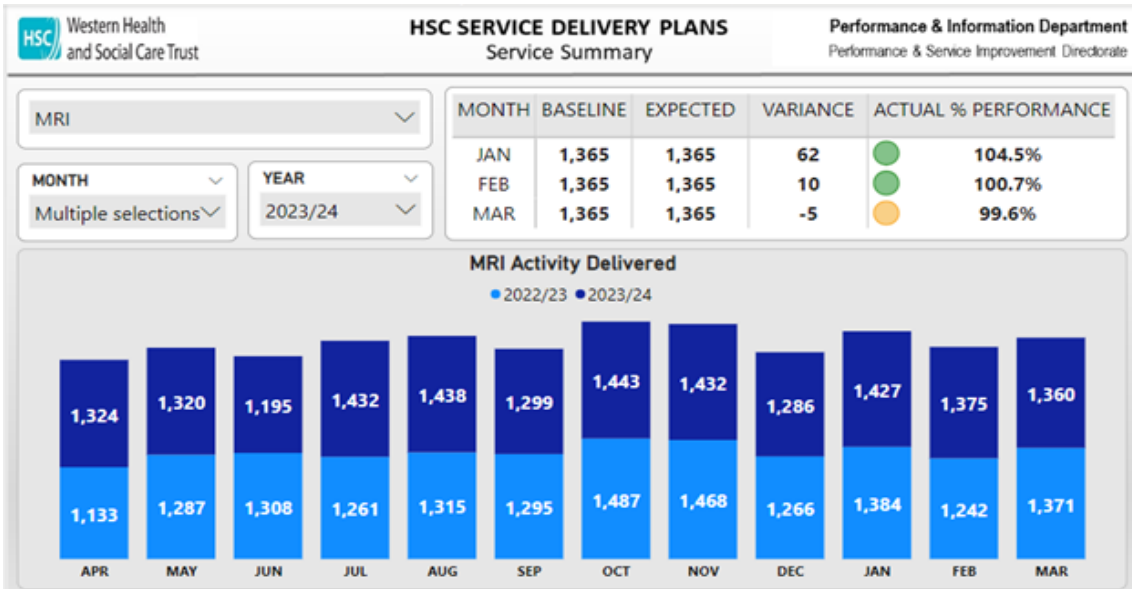
Imaging Diagnostics – Service Delivery Plan

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

The strong performance achieved in 2022/23 was maintained across these three areas throughout 2023/24.

The cumulative performance achieved during Quarter 1 to 4 (April 23 to March 24) for:

- **MRI: 99.7%** of SBA volume achieved; cumulatively the service delivered 16,331 scans compared to the cumulative SBA target of 16,380. The SBA target was almost met or exceeded in 10 of the 12 months of 2023/24. Capacity impacted by industrial action in September 23 which resulted in loss of 112 scans.
- **CT: 123.1%** of SBA volume achieved; cumulatively the service delivered 39,814 scans delivered compared to the cumulative SBA target of 32,352. The SBA target was exceeded every month of 2023/24.
- **Non-Obstetric Ultrasound: 103.9%** of SBA volume achieved; cumulatively the service delivered 44,150 scans delivered compared to the cumulative SBA target of 42,505. The SBA target was almost met or exceeded in 9 of the 12 months of 2023/24.



Cardiac Services – Service Delivery Plan

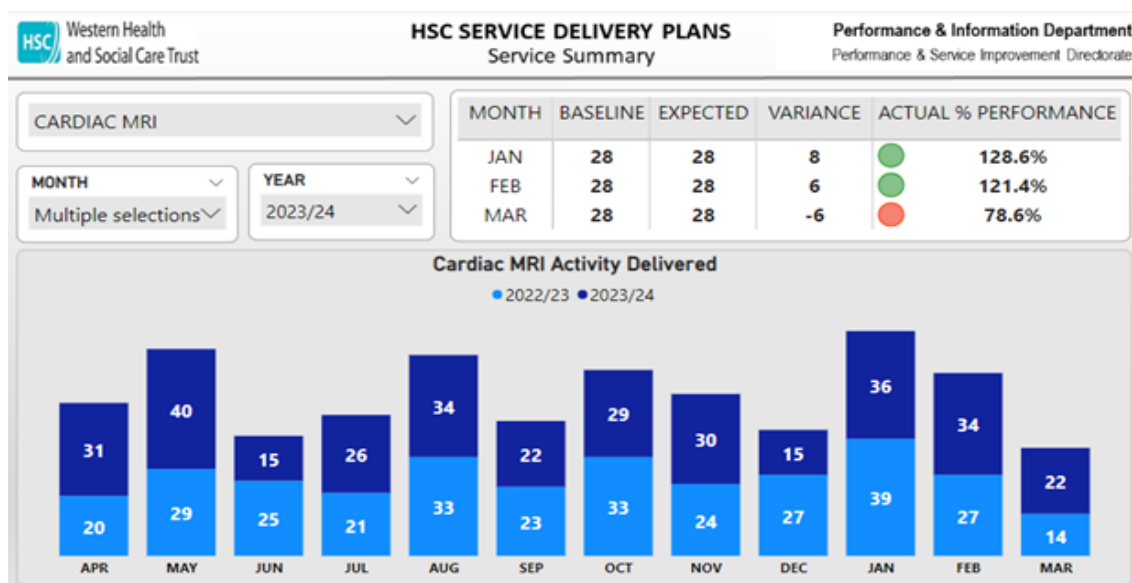
Cardiac MRI & Echo: the 2023/24 SDP target is to deliver activity in line with agreed SBA volume.

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

A high level of performance was achieved at 2023/24 Year End within Cardiac MRI and Cardiac CT, whilst performance remained challenging for Echo and Cath Lab procedures. Despite being below target, in 3 of the 4 areas, performance was categorised as “Acceptable” by SPPG in its report to PTEB.

The cumulative performance achieved during Quarter 1 to 4 (April 23 to March 24) for:

- **Cardiac MRI: 99.4%** of SBA volume achieved; cumulatively the service delivered 334 tests compared to the cumulative SBA target of 336. The SBA target was almost met or exceeded in 7 of the 12 months of 2023/24.
- **Cardiac CT: 103.6%** of 2019/20 Baseline achieved; cumulatively the service delivered 521 tests compared to the cumulative 2019/20 Baseline activity of 503. The SDP target was almost met or exceeded in 5 of the 12 months of 2023/24; capacity impacted by industrial action in September 23 and February 24 which resulted in loss of 24 scans.
- **Echo: 81.3%** of SBA volume achieved; cumulatively the service delivered 6,757 tests compared to the cumulative SBA target of 8,316. The SBA target was almost met once and exceeded once during 2023/24; capacity impacted due to requirement to provide cover for unplanned sickness absence and vacant posts in the Cath Lab service, sickness absence and professional training.
- **Cath Lab Procedures: 93.8%** of 2019/20 Baseline achieved; cumulatively 1,917 procedures delivered compared to the cumulative 2019/20 Baseline activity of 2,043. The SDP target was almost met in 3 of the 12 months of 2023/24; capacity impacted by industrial action in September 23 which resulted in loss of 24 procedures, patient non attendances, Consultant and patient sickness and reduced lists due to complex cases which require two Consultants and extended procedure time.



CARDIAC CT

MONTH

Multiple selections

YEAR

2023/24

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JAN	53	58	-11	88.7%
FEB	44	48	-11	84.1%
MAR	30	33	8	136.7%

Cardiac CT Activity Delivered

2022/23 2023/24



ECHO

MONTH

Multiple selections

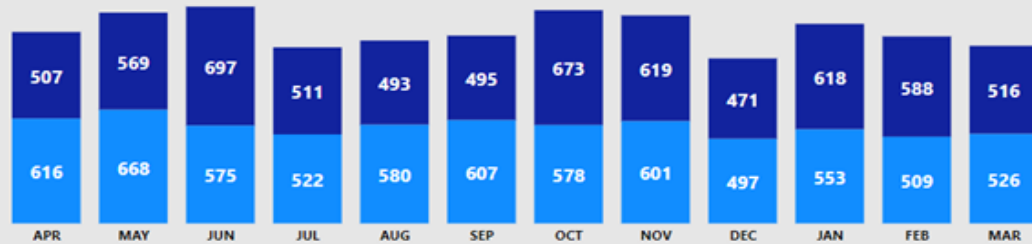
YEAR

2023/24

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JAN	693	693	-75	89.2%
FEB	693	693	-105	84.8%
MAR	693	693	-177	74.5%

Echocardiogram Activity Delivered

2022/23 2023/24



CATH LAB PROCEDURES

MONTH

Multiple selections

YEAR

2023/24

MONTH	BASELINE	EXPECTED	VARIANCE	ACTUAL % PERFORMANCE
JAN	169	186	-17	100.0%
FEB	160	176	-8	105.0%
MAR	161	176	-30	90.7%

Cath Lab Procedures Delivered

2022/23 2023/24

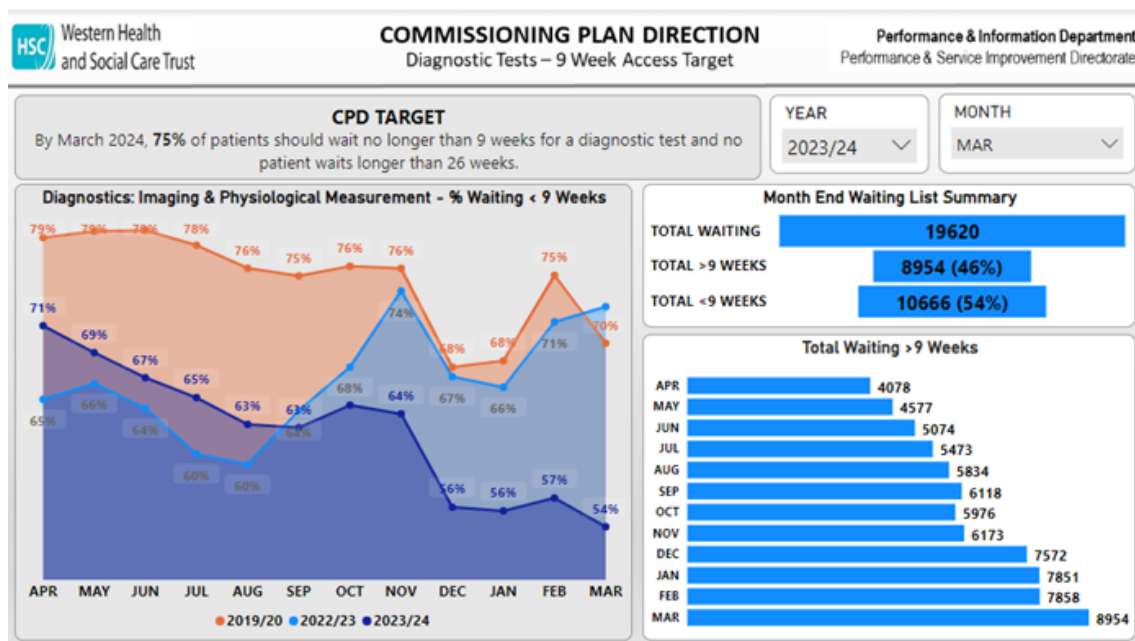


Imaging / Diagnostics – Access Performance

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.

The End of Year March 24 position, the Trust reported **19,620** patients waiting for Diagnostic test (both imaging and physiological measurement); with **8,954** patients waiting longer than 9 weeks. Performance has deteriorated when compared to End of Year March 23; when there were **13,625** patients in total waiting; with **3,715** waiting longer than 9 weeks.

The waiting list continues to grow despite overperformance against SDP activity targets; this indicates a demand issue that will require commissioning support to address.

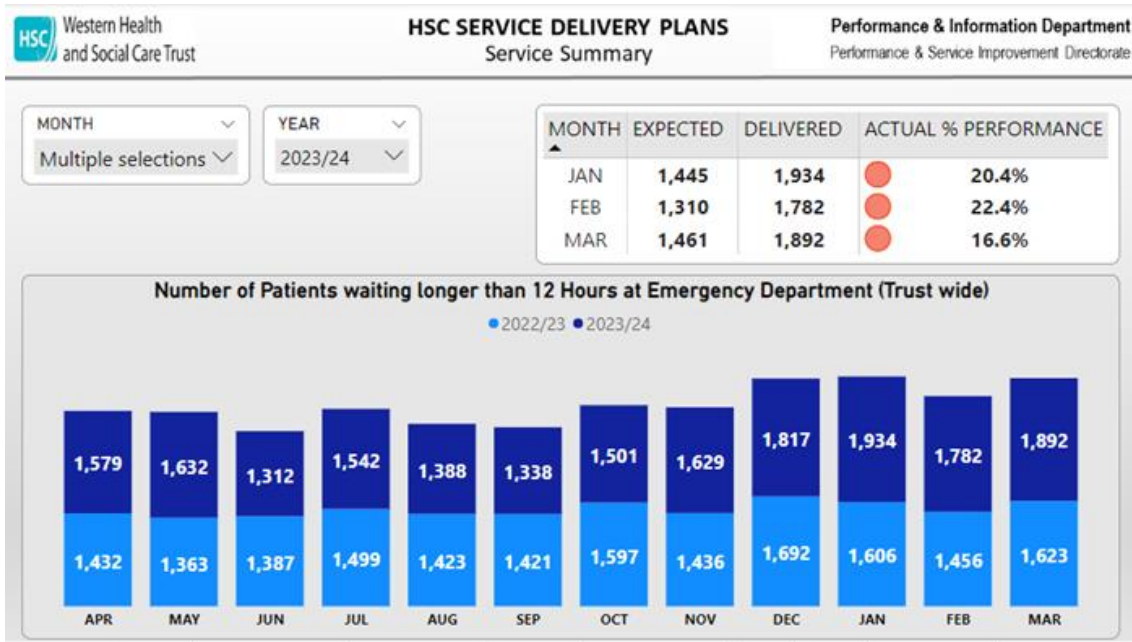


Unscheduled Care – ED Performance (12 Hours) Service Delivery Plan

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

This remains the Trust's most challenged area of service delivery and there are 12 SDP targets all of which are "Red" and deemed "Unacceptable" by SPPG in their report to PTEB. However, there is a broadly similar picture across all Trusts in this area of care.

Performance deteriorated in the latter part of 2023/24, notably from December 23 to March 24; reflecting the impact of winter pressures. During 2023/24 (April 23 to March 24), **19,346** patients waited longer than 12 hours in ED compared to **17,935** during the same period in 2022/23; an increase of 1,411 (7.9%).



Performance against the Northern Ireland Ambulance Service (NIAS) targets remained challenging during Quarter 3 and 4 (October 23 to March 24) with no target met when compared to the previous two Quarters; with the exception of patient handover time of less than or equal to 60 minutes in November 23. The deterioration in Quarter 3 and 4 performance was experienced across the region.

The individual target and performance for Quarter 1 - 4 (April 23 to March 24) and 2023/24 End of Year is detailed in the table below:

Service Area	2023/24 Target Trajectory	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YEAR END
NIAS Handover < 15 mins	Apr 2%; May 4%; Jun & Jul 8%; Aug 12%, Sep 15%, Oct 17%, Nov 19%, Dec 22%, Jan - Mar 25%	9.5%	8.4%	8.7%	7.1%	6.4%
NIAS Handover < 30 mins	Apr/May 14%; Jun 20%; Jul 25%; Aug 30%, Sep/Oct 35% & Nov/Dec 40%, Jan 45%, Feb 55% & Mar 60%	41.7%	34.8%	31.8%	26.7%	28.1%
NIAS Handover < 60 mins	Apr 59%; May & Jun 65%; Jul, Aug & Sep 70%, Oct/Nov 75% & Dec 80%, Jan 85%, Feb 90% & Mar 95%	82.0%	76.9%	71.4%	63.4%	63.9%
NIAS Handover > 2 hours	0%	2.8%	5.3%	8.1%	11.1%	6.8%
Ambulance Turnaround within 30 mins	Q1 - 30% / Q2 - 37% / Q3 - 44% / Q4 - 51%	19.7%	15.8%	14.5%	12.1%	12.1%

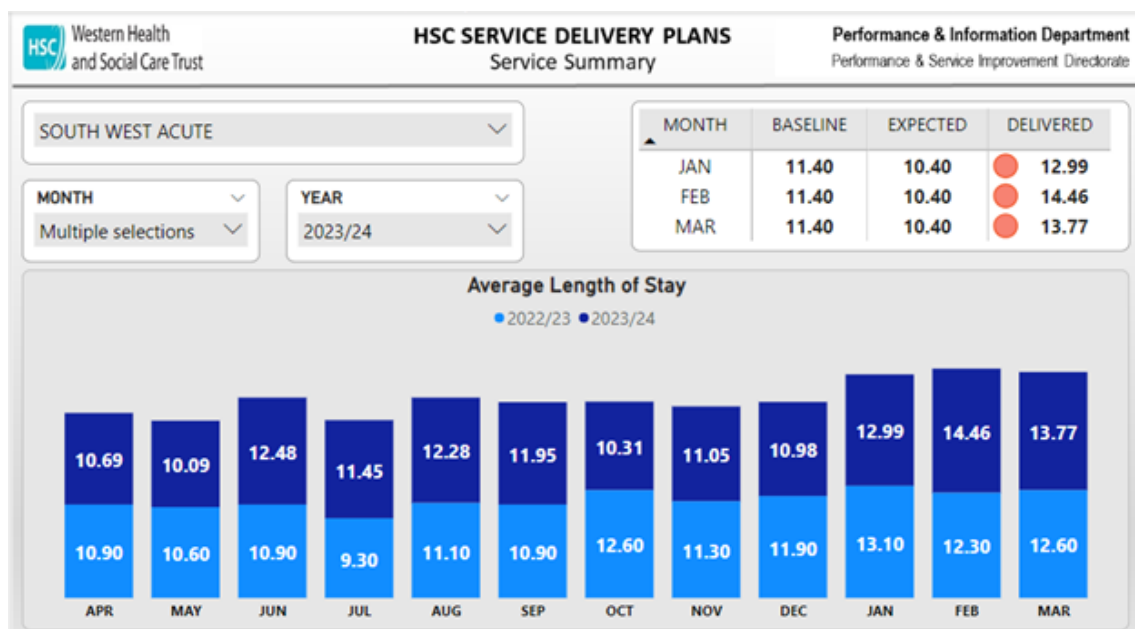
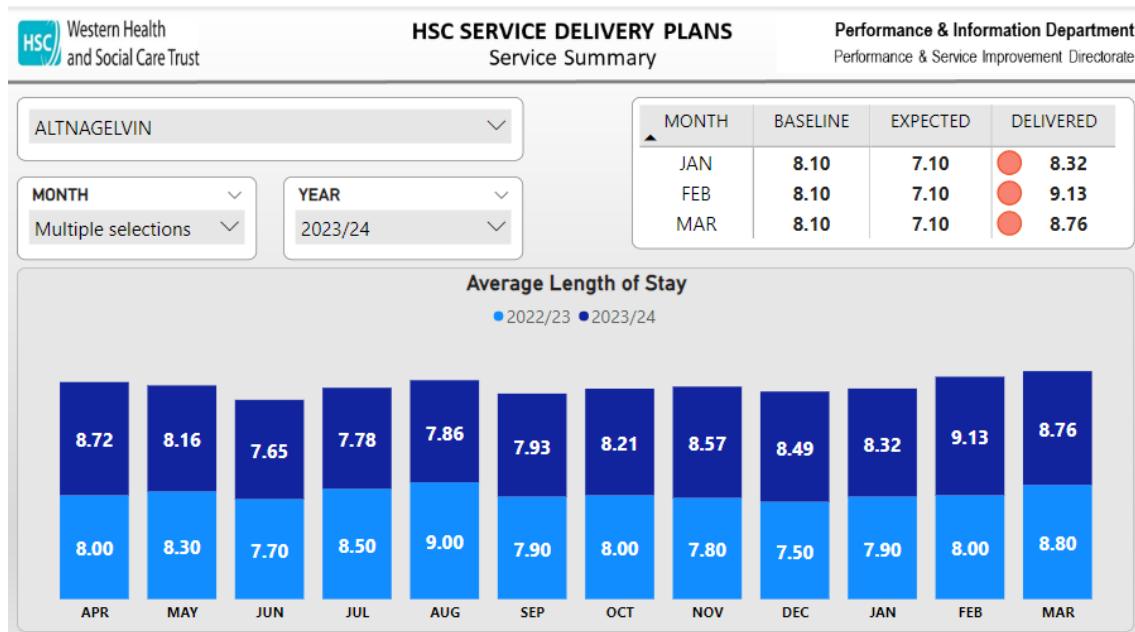
Average non-elective Length of Stay – Service Delivery Plan

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 performance achieved during Quarter 1 to 4 (April 23 to March 24) for:

- Altnagelvin: **8.29 days** compared to 8.10 days in the same period 2022/23.
- South West Acute: **11.84 days** compared to 11.40 days in the same period 2022/23.



South West Acute performance particularly impacted in Quarter 4 (January to March 24) as a number of complex patients were discharged during these months, affecting the ALOS.

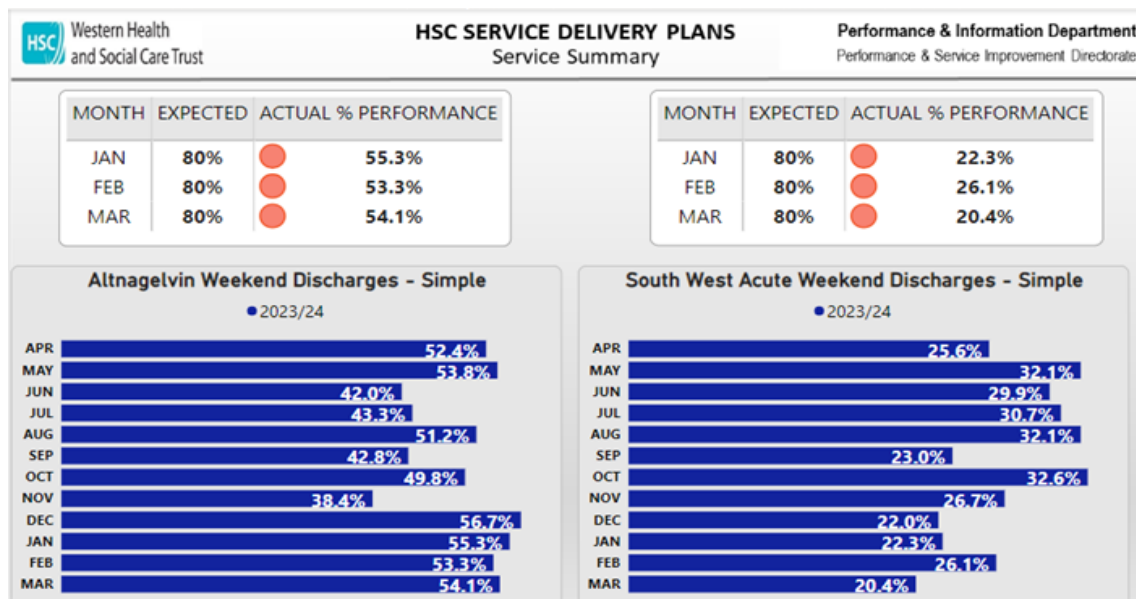
Weekend Discharge Rates - Service Delivery Plan

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.

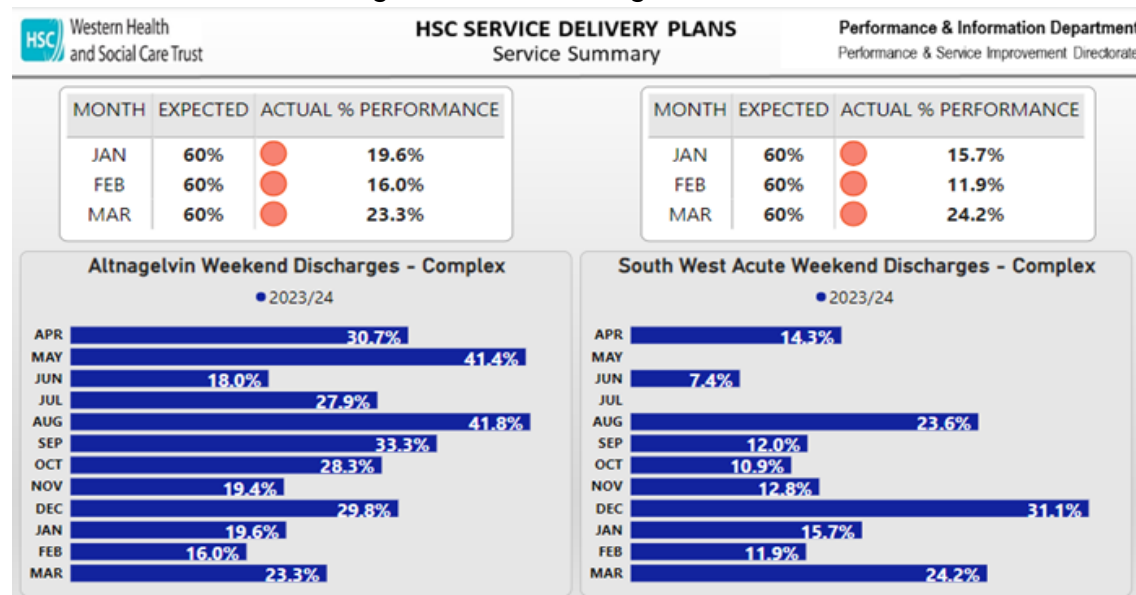
Simple Discharges: Quarter 1 to 4 (April 23 to March 24) cumulative performance:

- Altnagelvin: **49.1%** against the 80% target.
- South West Acute: **27.3%** against the 80% target.



Complex Discharge: Quarter 1 to 4 (April 23 to March 24) cumulative performance:

- Altnagelvin: **27.7%** against the 60% target.
- South West Acute: **15.1%** against the 60% target.



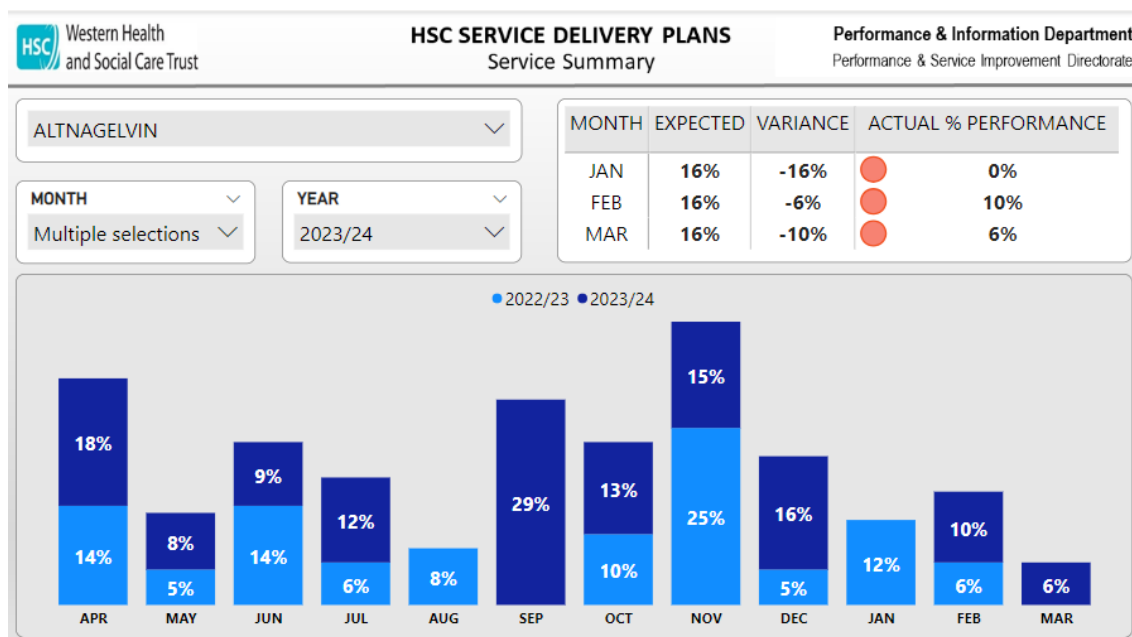
It should be noted that the Trust is not commissioned to provide 7 day a week support to discharges services and this is part of ongoing discussions with the Commissioner.

Stroke Services – Service Delivery Plan

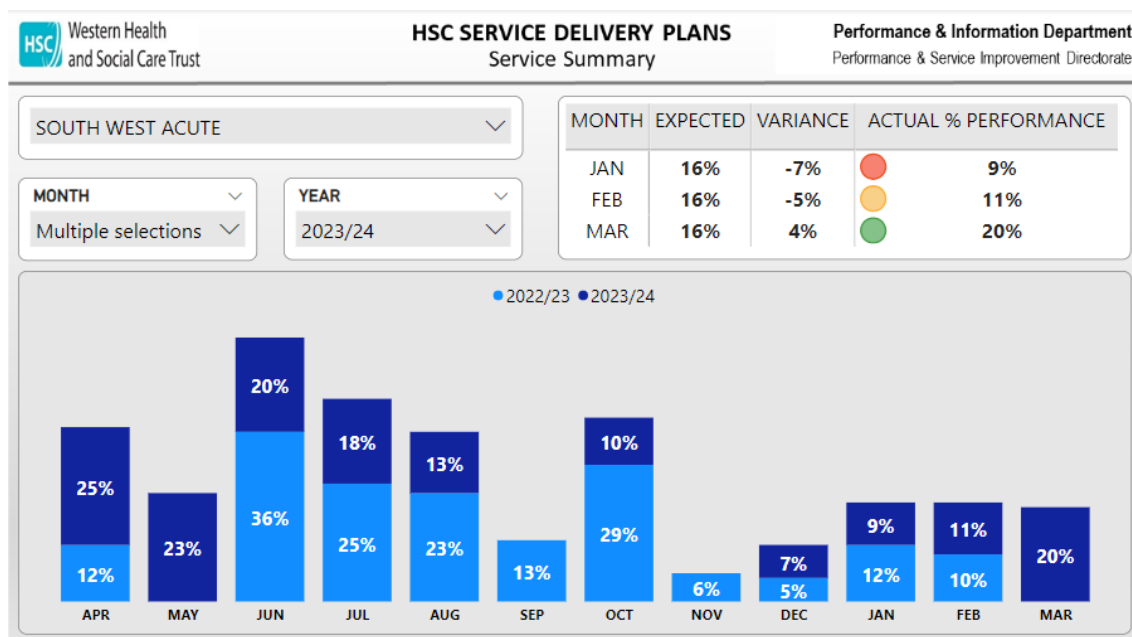
The 2023/24 SDP target is that 16% of patients with confirmed ischaemic stroke receive thrombolysis treatment, where clinically appropriate.

This information is extracted from SPPG Return from September 23. SPPG source this from the SSNAP Return.

Altnagelvin: Quarter 1 to 4 (April 23 to March 24) cumulative average performance achieved; 11% against the 3 month average target of 16%.



South West Acute: Quarter 1 to 4 (April 23 to March 24) cumulative average performance achieved; 13% against the 3 month average target of 16%.

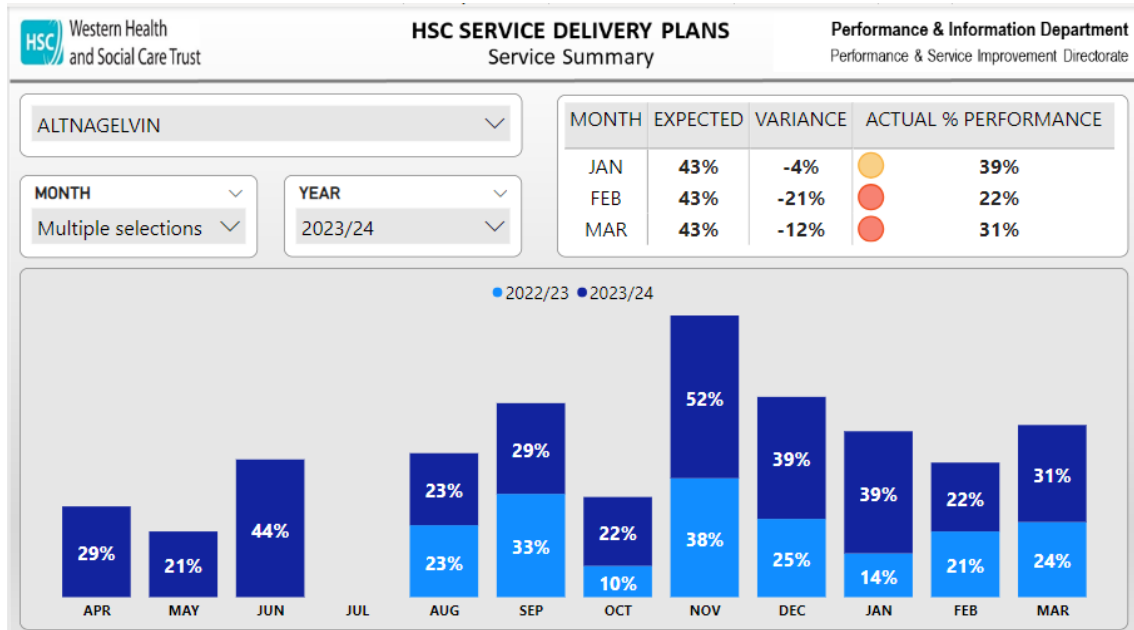


% Admitted to stroke unit within 4 hours of arrival

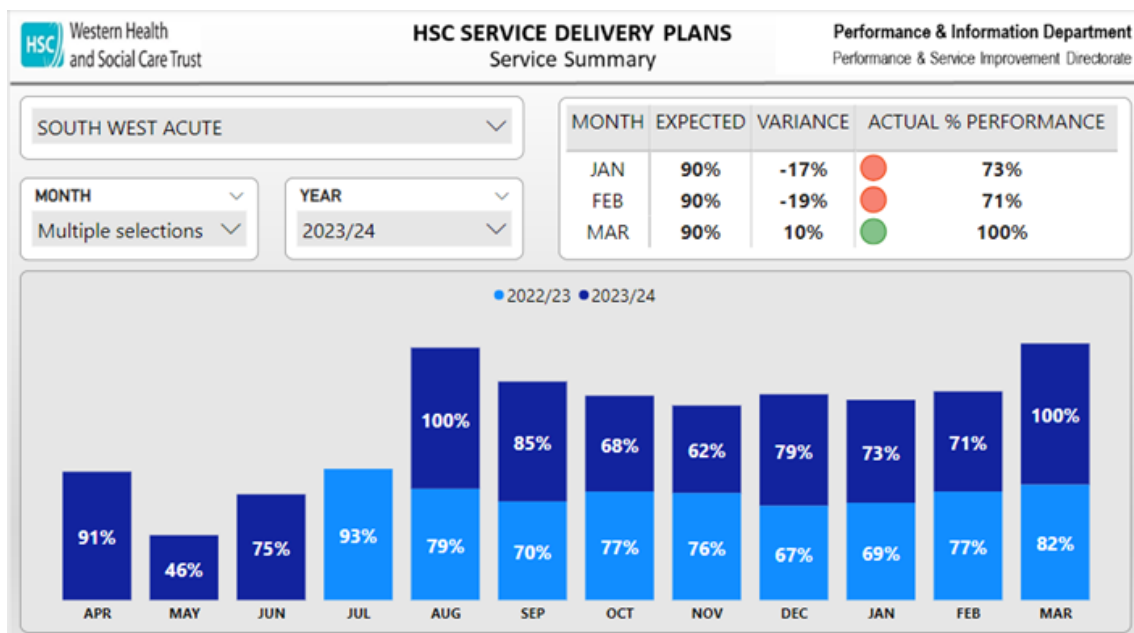
The 2023/24 SDP target - **43%** of patients at Altnagelvin Hospital and **90%** of patients at South West Acute Hospital are admitted to a stroke unit with 4 hours of arrival.

This information is extracted from SPPG Return. SPPG source this from the SSNAP Return. It should be noted that difficulties in flow affect bed availability, which impacts the ability to meet the 4 hour Target.

Altnagelvin: Quarter 1 to 4 (April 23 to March 24) cumulative average performance achieved; **32%** against the 3 month average target of 43%.



South West Acute: Quarter 1 to 4 (April 23 to March 24) cumulative average performance achieved; **74%** 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: **52.72%**

Throughout 2023/24, strong performance was maintained in three of the six Health Care Acquired Infection (HCAI) targets; namely HCAI - *Clostridioides difficile* (CDI), HCAI-Methicillin-resistant staphylococcus aureus (MRSA) and Antimicrobial Consumption – Carbapenem.

The Piperacillin-tazobactam performance improved during Quarter 3 (October to December 23) however deteriorated in Quarter 4 (January to March 24); therefore the 3% reduction required by March 24 was not achieved.

Performance remained challenging throughout 2023/24 against the targets set for Antimicrobial Consumption - Total antibiotic prescribing and the use of antibiotics from the WHO Access AWaRe category, and delivery against these targets was deemed “Unacceptable” by SPPG in the report to PTEB. It is important however to note that Western Trust delivered the fewest “Red” areas of any Trust, and by far the fewest C-Diff cases reported.

The individual target and performance for Quarter 1 to Quarter 4 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)	Quarter 4 (Apr 23-Mar 24 cumulative)
HCAI - clostridioides difficile (CDI)	71 - maximum target - number of episodes	14	19	25	36
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	6 - maximum target - number of episodes	0	1	1	3
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%	5.8%
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%	-14.7%
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%	-0.4%
Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category	52.72%	52.49%	51.39%	51.43%	51.44%

COMMUNITY CARE

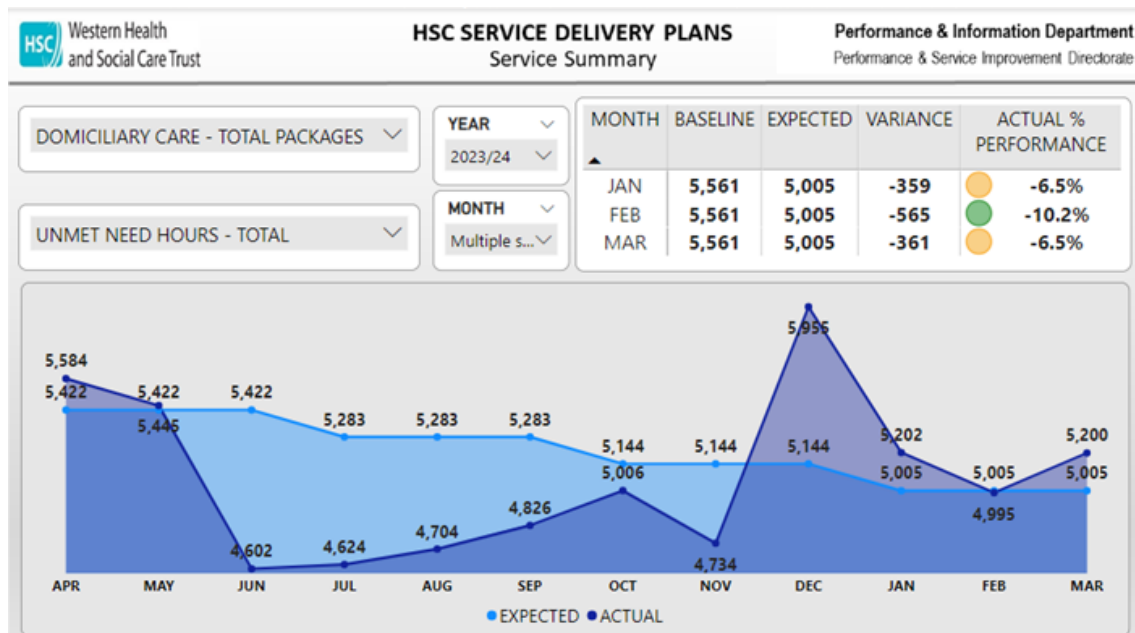
It is important to note that overall, Western Trust had no area of service with delivery deemed “Unacceptable” by SPPG in its delivery for the 2023/24, which is a commendable position for these Services.

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 March 24, the Trust reported **5,200** unmet need hours against the expected target of 5,005.

The SDP Target was almost met or exceeded in 11 of the 12 months of 2023/24 with the exception of December 23; at this time performance impacted by homecare provider capacity to accommodate new referrals as they sustained existing services over the Christmas period and an increase in staff sickness levels, across homecare providers.



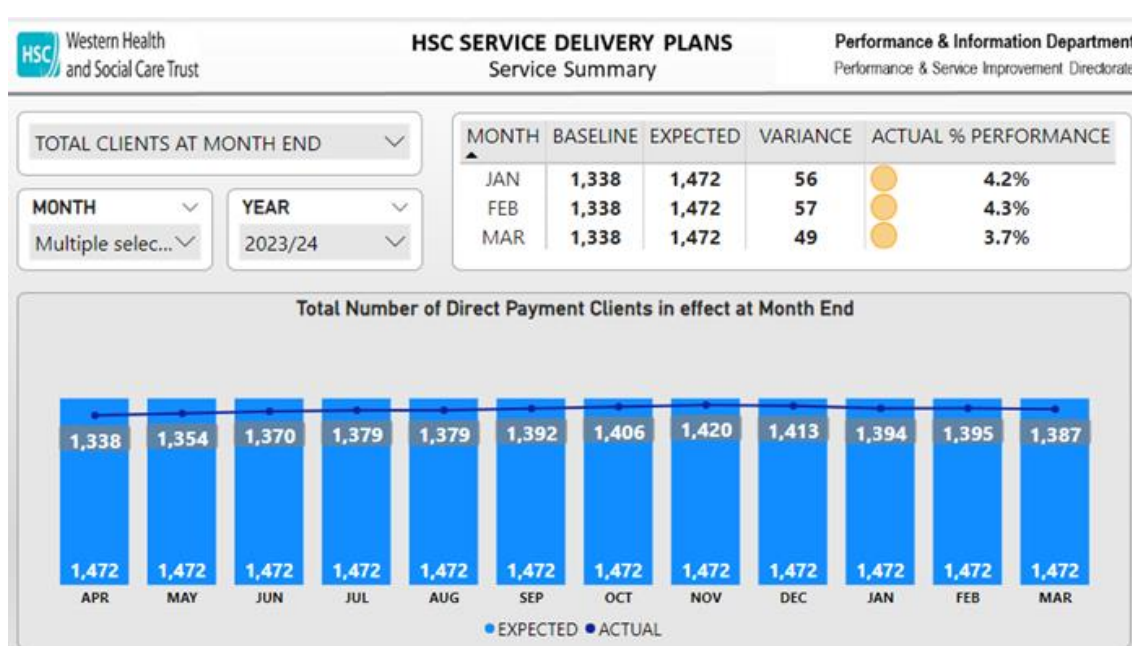
Direct Payments – Service Delivery Plan

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.

Performance has remained quite static throughout 2023/24 with a marginal increase in the number of Direct Payment Clients in effect during Quarter 3 (October to December 23), however this has not been sustained at End of Year. The individual Directorate Target was achieved by Adult Mental Health and Older People's Services.

At the end of March 24, there were **1,387** Direct Payment Clients in effect.



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.*

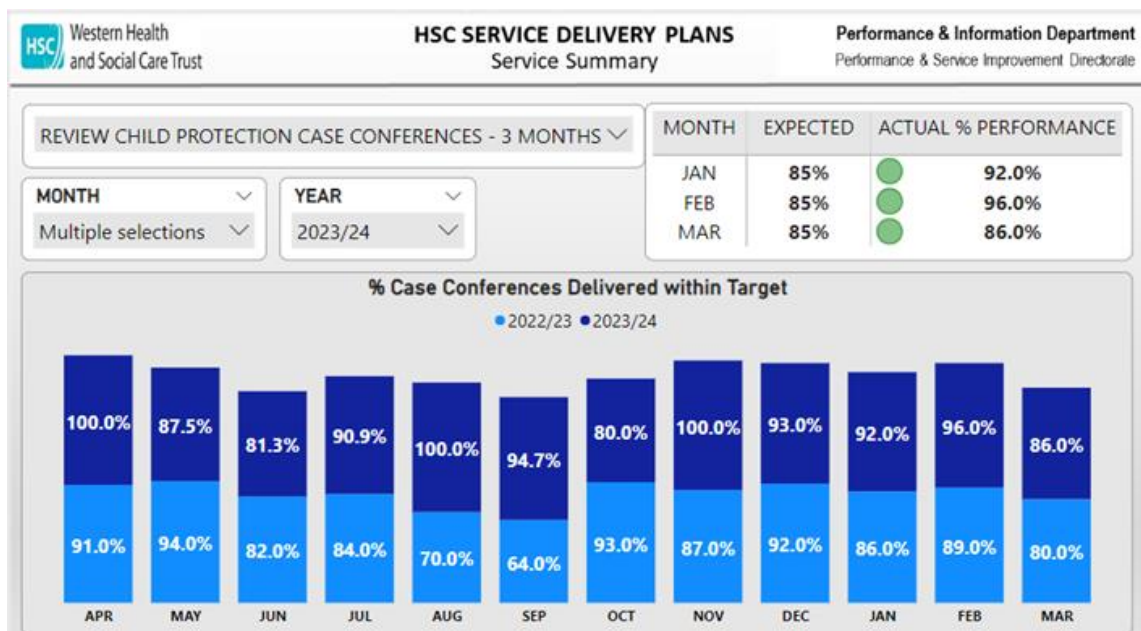
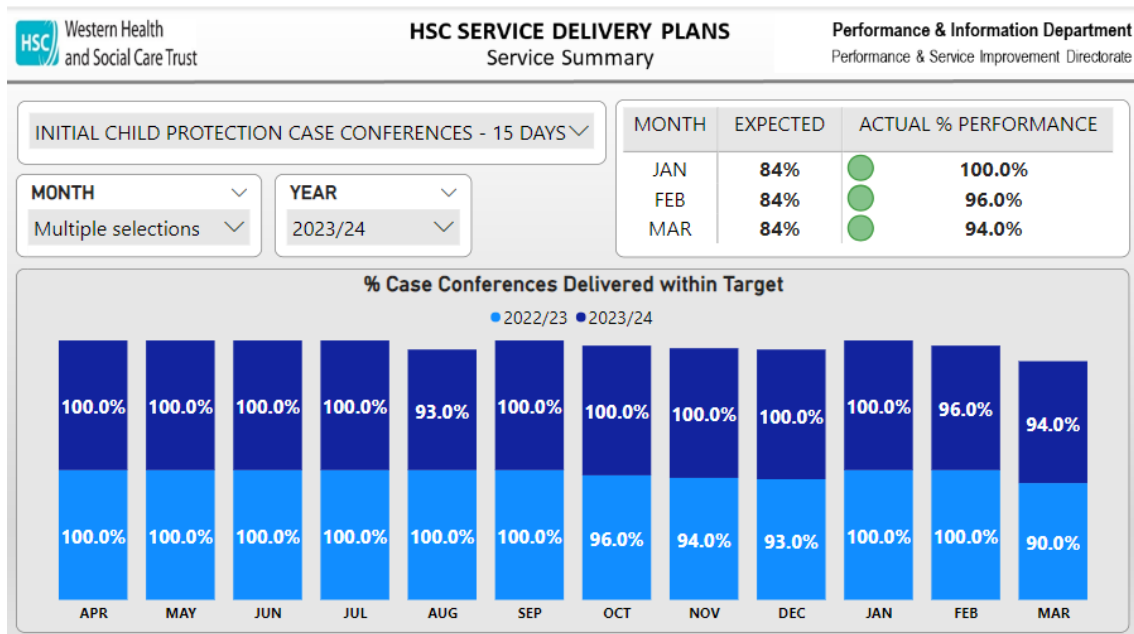
The strong performance achieved throughout 2022/23 has been maintained throughout Quarter 1 to 4 (April 23 to March 24) with all three targets met or exceeded each month; with the exception of:

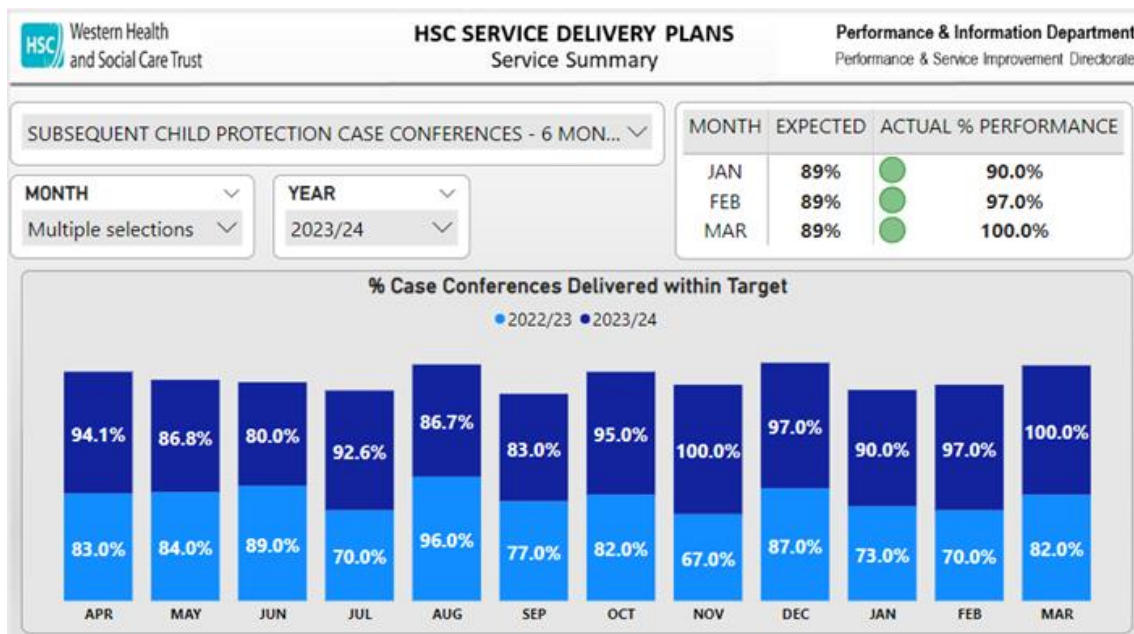
- Child Case Conferences held within 3 months at June and October 23 and
- Child Case Conferences held within 6 months at May, June, August and September 23

The 2023/24 performance against the Case Conferences (3 and 6 months) targets, was impacted by meeting postponements due to parent and/or family sickness, the ability to secure meeting quorum which remains challenging particularly during periods of holiday and school closures and workforce challenges (sickness absence, vacant posts).

The cumulative performance achieved during Quarter 1 to 4 (April 23 to March 24) for:

- Initial Child Protection Case Conferences held <15 days: **98.5%** against the 84% target.
- Review Case Conferences held <3 months: **91.4%** against the 85% target.
- Subsequent Review Case Conferences held <6 months: **91.3%** against the 89% target.





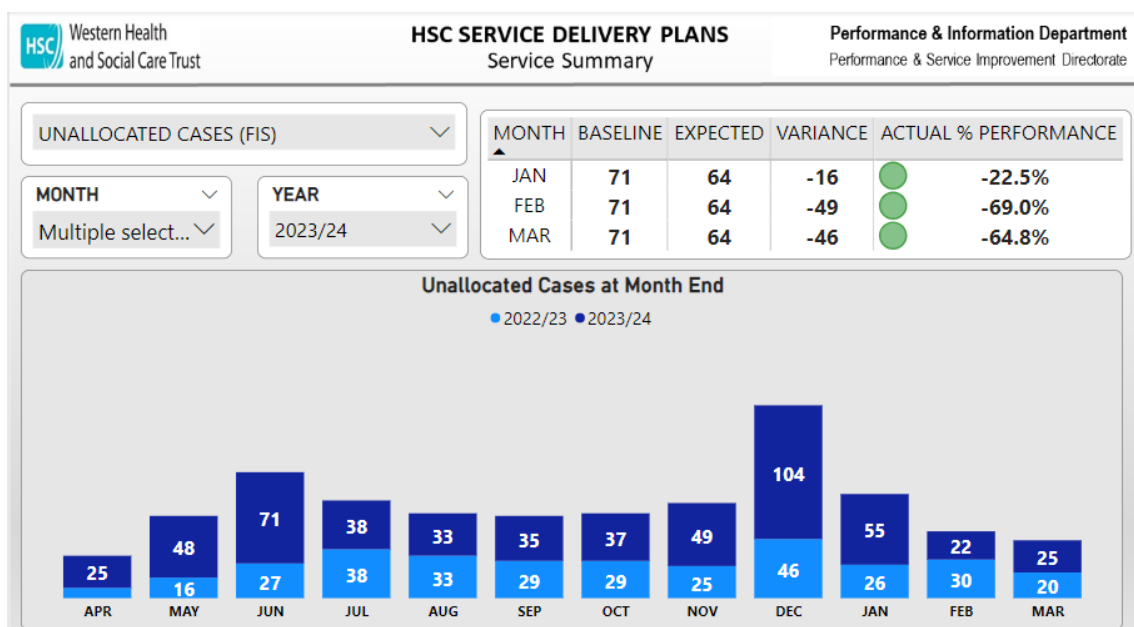
Children's Social Care – Unallocated Cases - Service Delivery Plan

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 remained strong throughout 2023/24 Quarter 2 to Quarter 4 (July 23 to March 24) with the SDP Target exceeded in 8 of the 9 months reporting against this Target. The dip in December 23 performance was a result of increased sickness absence, vacant posts and the completion of Student Social Work placements.

The cumulative performance achieved during Quarter 1 to 4 (April 23 to March 24) – **25 (RAG assessed Green)**, and Western Trust achieved the best performance in the reduction of unallocated cases in the region.



Mental Health Services – Service Delivery Plan

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

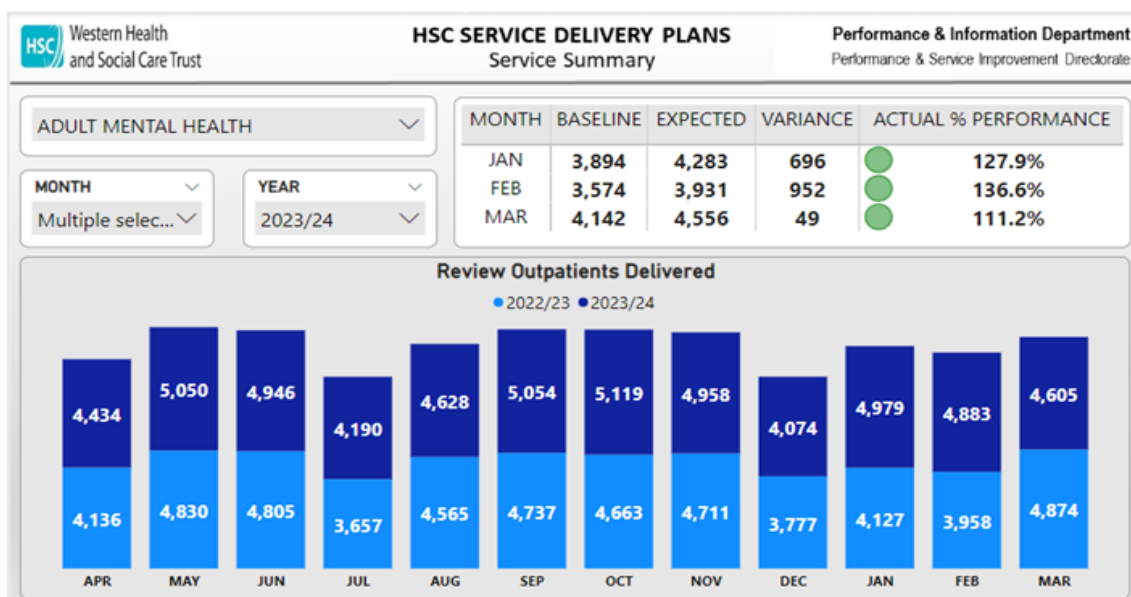
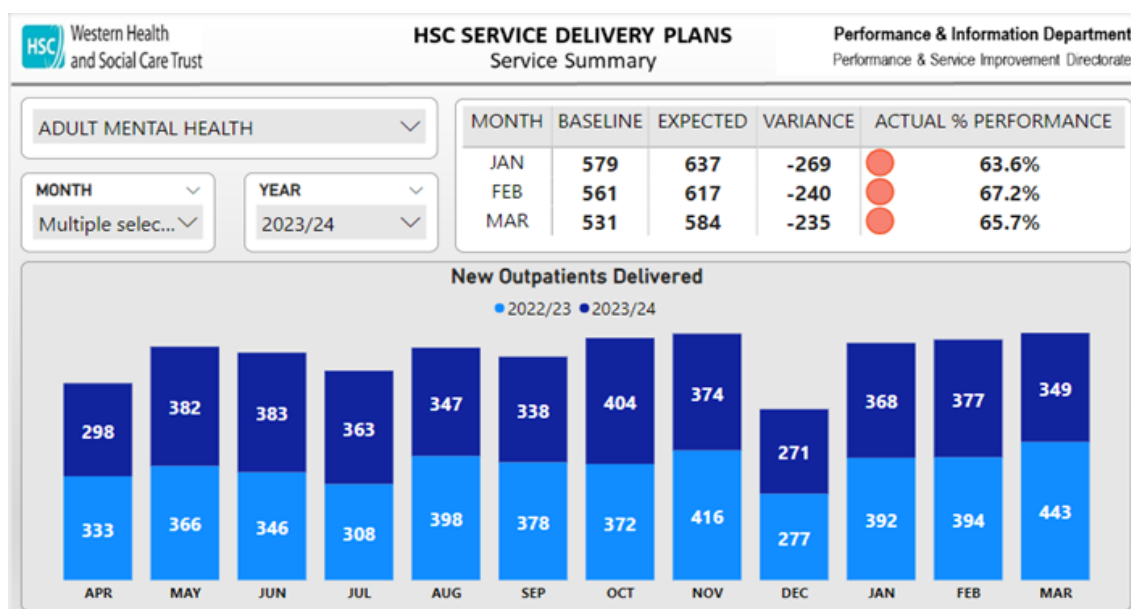
The 2023/24 SDP target - deliver 100% of 2019/20 activity for Psychological Therapies.

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

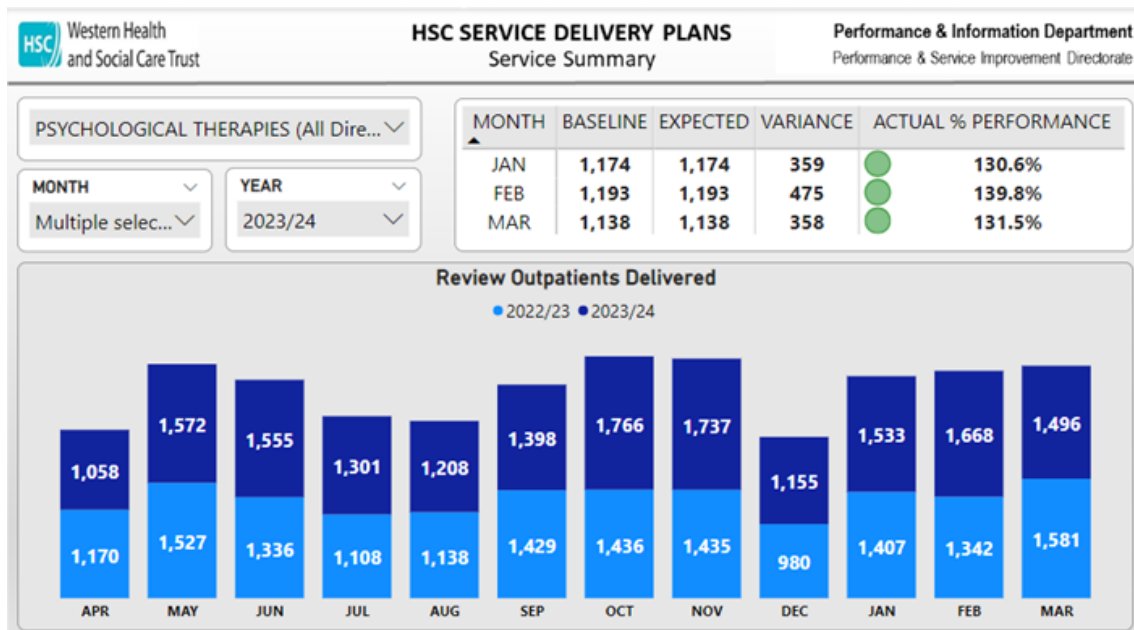
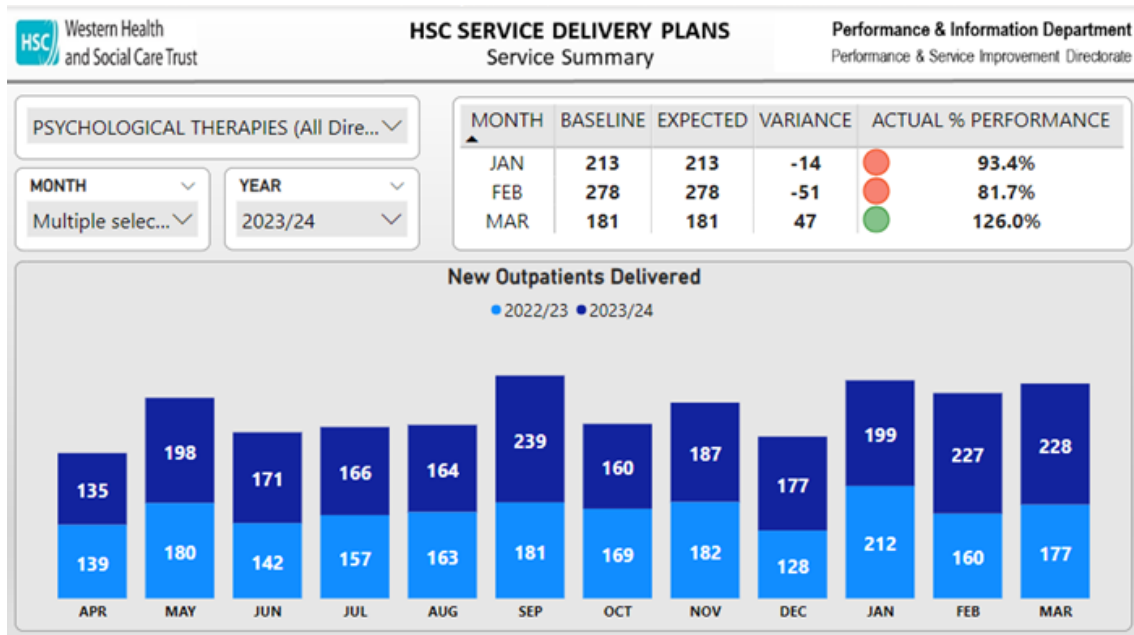
Overall a total of **95,934** New (8,787) and Review (87,147) Outpatients was delivered during 2023/24 across the four service areas; reflecting a 14% increase on 2019/20 Baseline activity (11,789 additional attendances) and a 6% increase on 2022/23 activity (5,837 additional attendances). A breakdown by Service area is provided below.

Although the overall level of attendances in 2023/24 increased compared to 2019/20 and 2022/23, capacity across these service areas remained impacted by vacant posts, and sickness absence (long and short term).

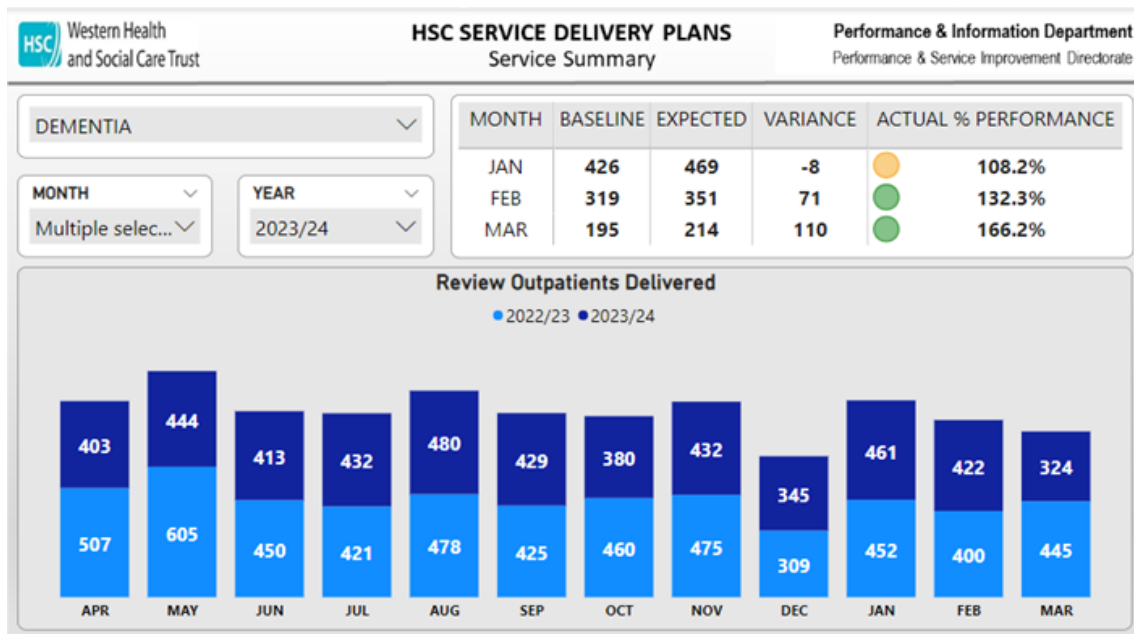
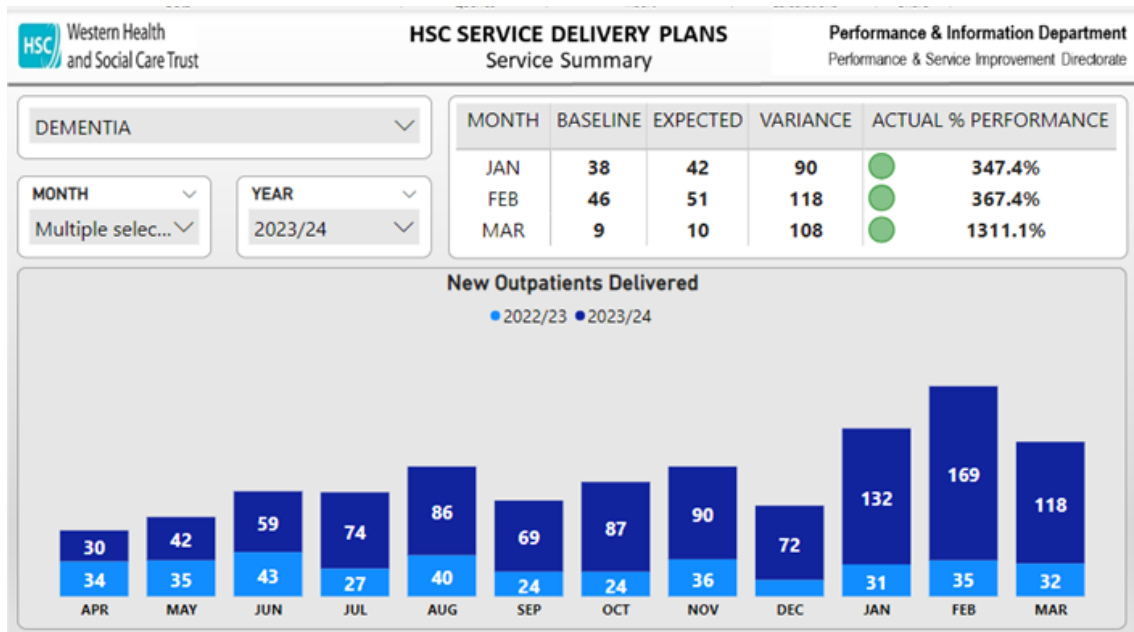
Adult Mental Health: the cumulative new and review activity delivered during Quarter 1 to 4 (April 23 to March 24) (61,174) reflects **108.8%** of the cumulative 2019/20 Baseline activity (56,207).



Psychological Therapies: the cumulative new and review activity delivered during Quarter 1 to 4 (April 23 to March 24) (19,698) reflects **140.7%** of the cumulative 2019/20 Baseline activity (13,998), and the Western Trust delivered the best performance in the region in these services.

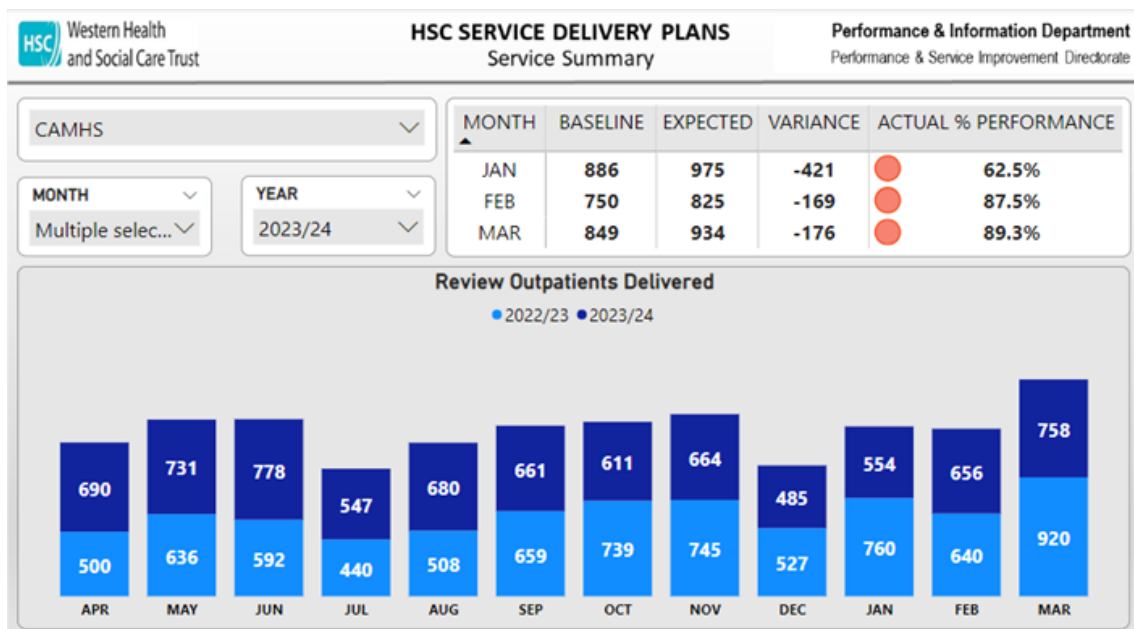
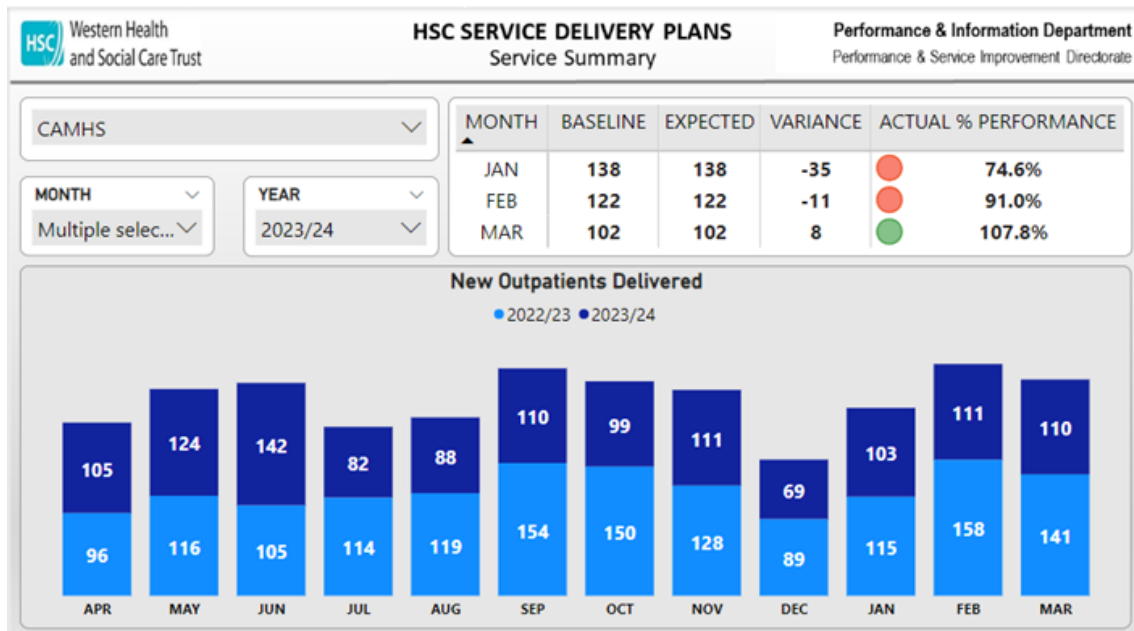


Dementia: the cumulative new and review activity delivered during Quarter 1 to 4 (April 23 to March 24) (5,993) reflects **114.2%** of the cumulative 2019/20 Baseline activity (5,246). The new activity increased each Quarter throughout the year and this is reflected in an improvement in the access Targets as highlighted on page 34. This service continue to experience workforce challenges but utilise all available resources to support capacity; the improvement planned is included within the Quality/Service improvement projects the service are undertaking.



Child and Adolescent Mental Health Service: the cumulative new and review activity delivered during Quarter 1 to 4 (April 23 to March 24) (9,069) reflects **104.3%** (116.7% New and 102.6% Review) of the cumulative 2019/20 Baseline activity (8,694).

The excellent overall activity delivered throughout 2023/24 reflects the efforts made by the Service to maintain access despite ongoing workforce challenges in recruitment, retention and sickness absence which has been experienced this year, and the delivery against the “New” assessment target was the best in the region.

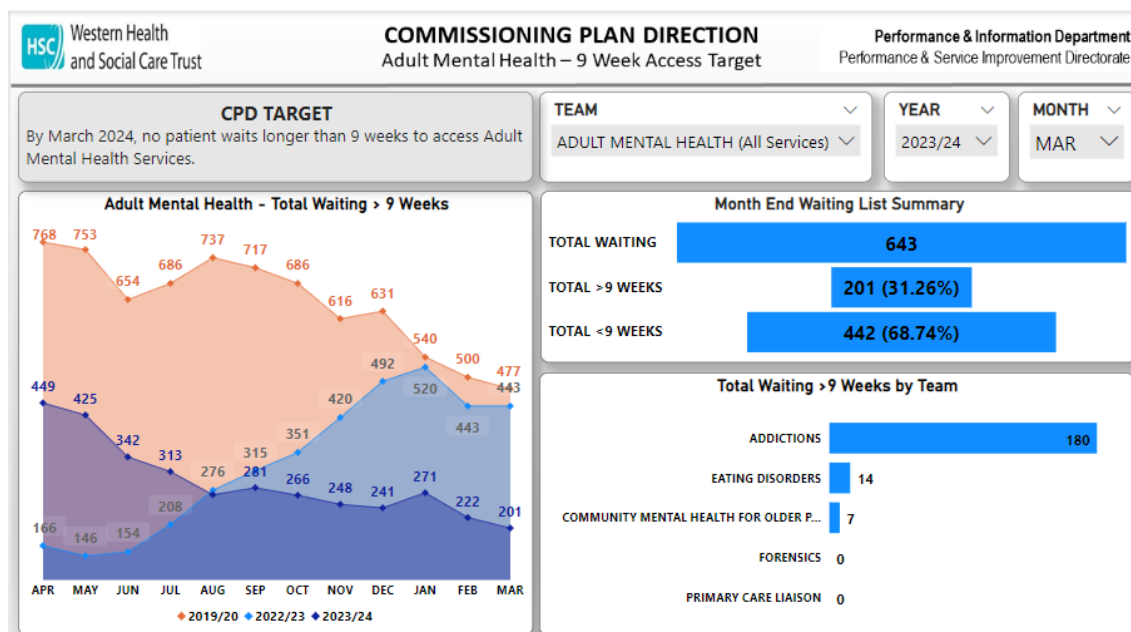


Mental Health Services – Access Performance

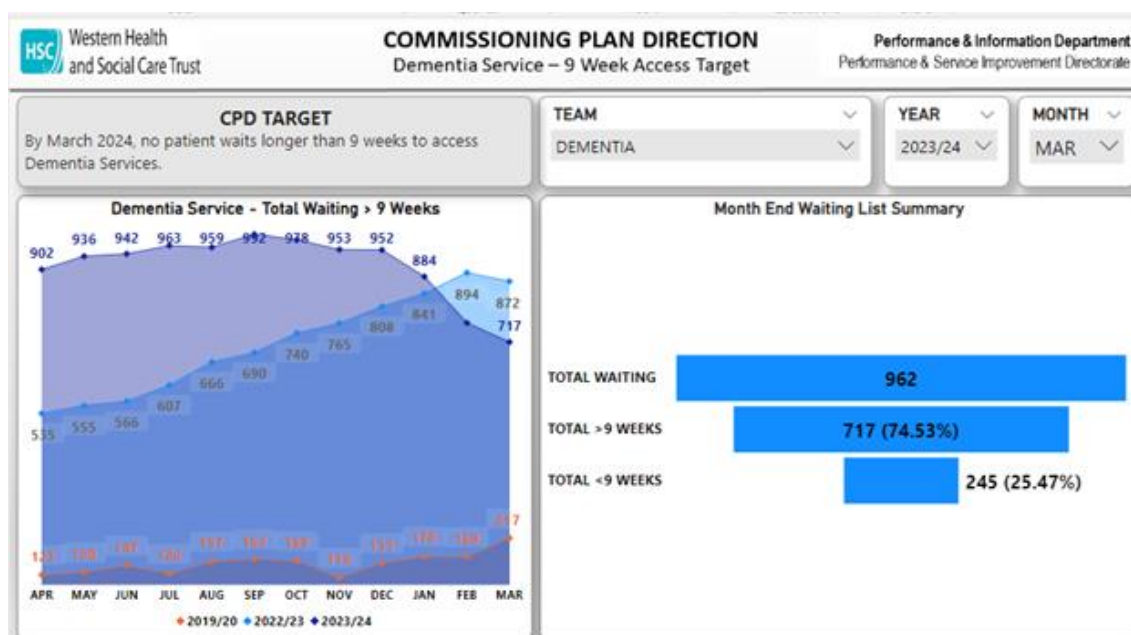
By March 2024, no patient waits longer than 9 weeks to access Adult Mental Health, Dementia and Child and Adolescent Mental Health services and no patient waits longer than 13 weeks to access Psychological Therapy services.

The End of Year March 24 position, the Trust reported a total of:

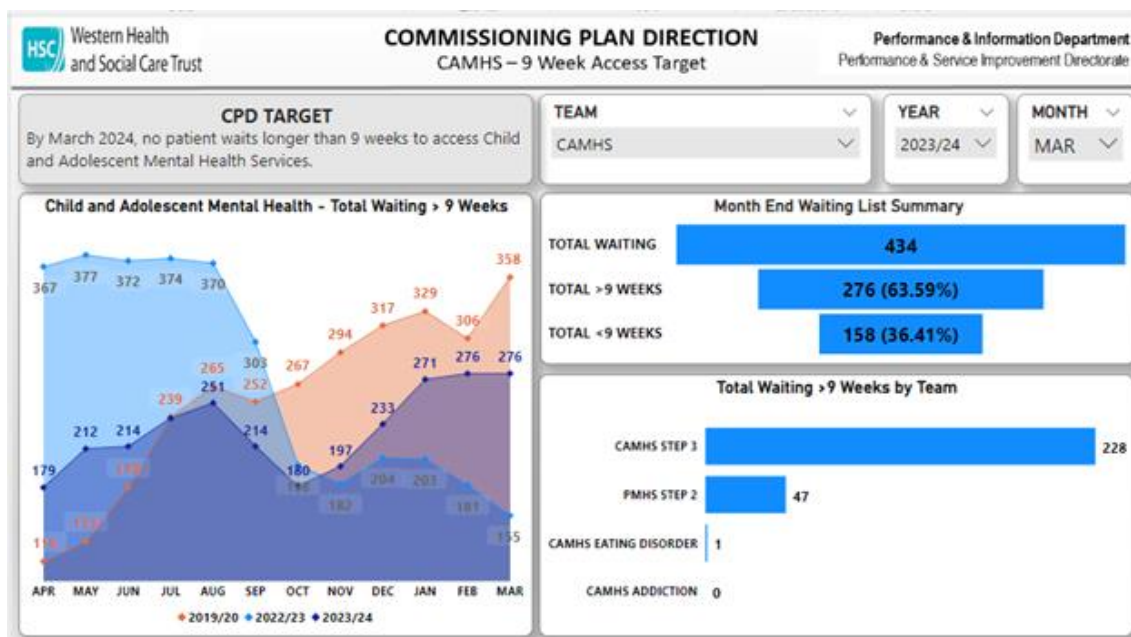
- **643** patients waiting to access the Adult Mental Health Service with **201** waiting longer than 9 weeks. This is a significant improvement in access to this service, when compared to End of Year March 23; when there were **960** patients in total waiting; with **443** waiting longer than 9 weeks.



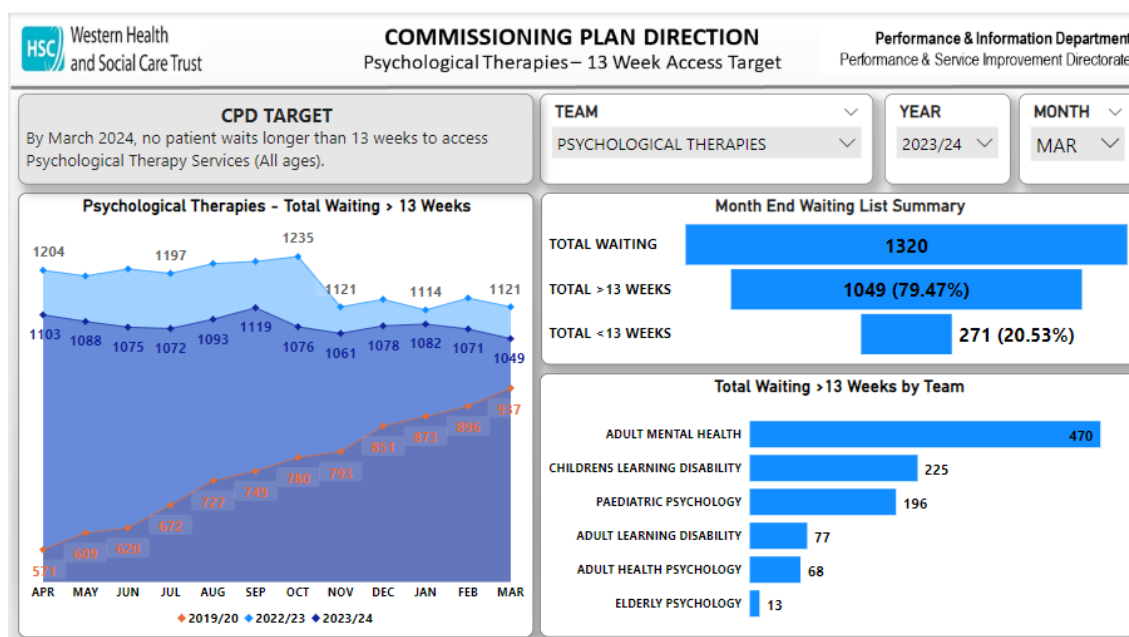
- **962** patients waiting to access the Dementia Service with **717** waiting longer than 9 weeks. This is a slight improvement in access, when compared to End of Year March 23; when there were **1,042** in total waiting and **872** waiting longer than 9 weeks.



- **434** patients waiting to access the Child and Adolescent Mental Health Service with **276** waiting longer than 9 weeks. This represents a deterioration in access to this service when compared to End of Year March 23; when there were **313** in total waiting and **155** waiting longer than 9 weeks.



- **1,320** patients waiting to access Psychological Therapy Services with **1,049** waiting longer than 13 weeks. This is an improvement in access to this service, when compared to End of Year March 23; when there were **1,410** in total waiting and **1,121** waiting longer than 13 weeks.

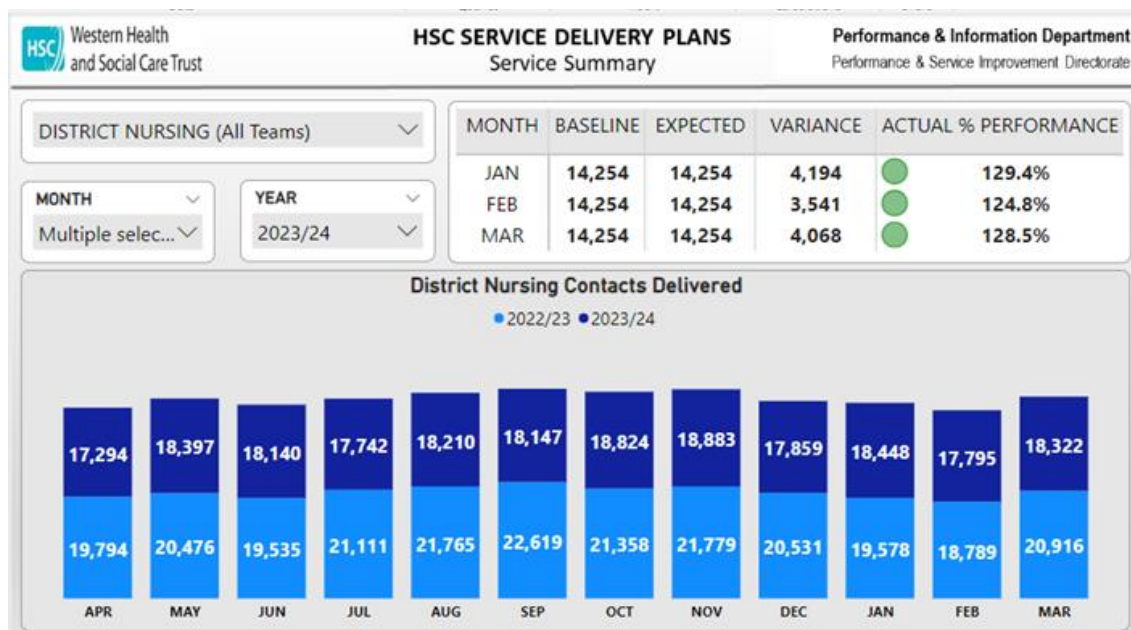


District Nursing – Service Delivery Plan

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

A strong performance was maintained throughout 2023/24 with the expected target exceeded each month. The additional investment received in 2021 and stable workforce continues to support this level of delivery, and the Western Trust delivered the best level of performance in the region by a considerable margin.

The cumulative number of contacts delivered during Quarter 1 to 4 (April 23 to March 24) (218,061) reflects 127.5% of the Baseline (2019/20 Average volume) (171,048).



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.

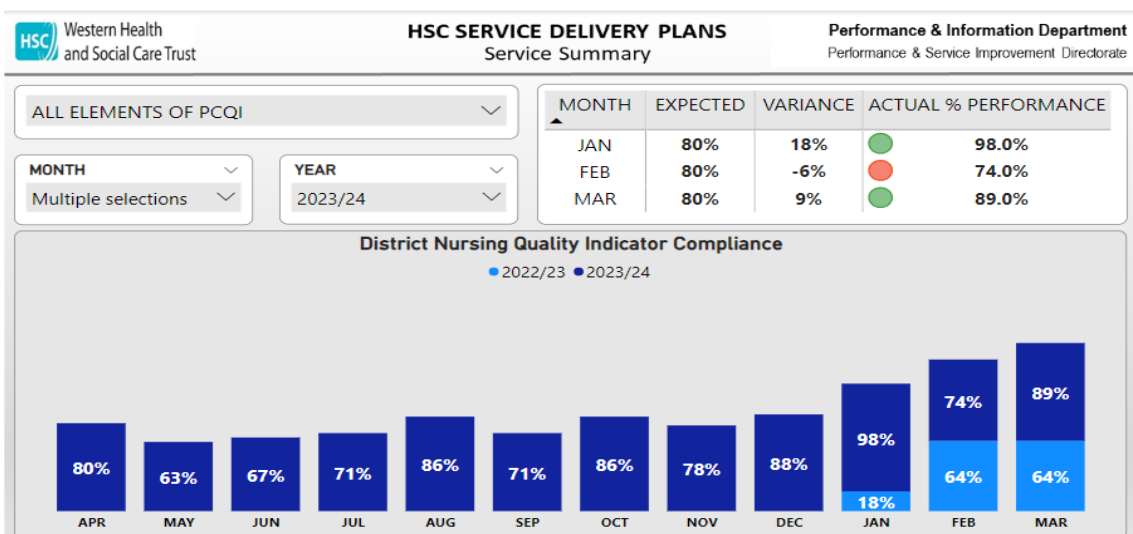
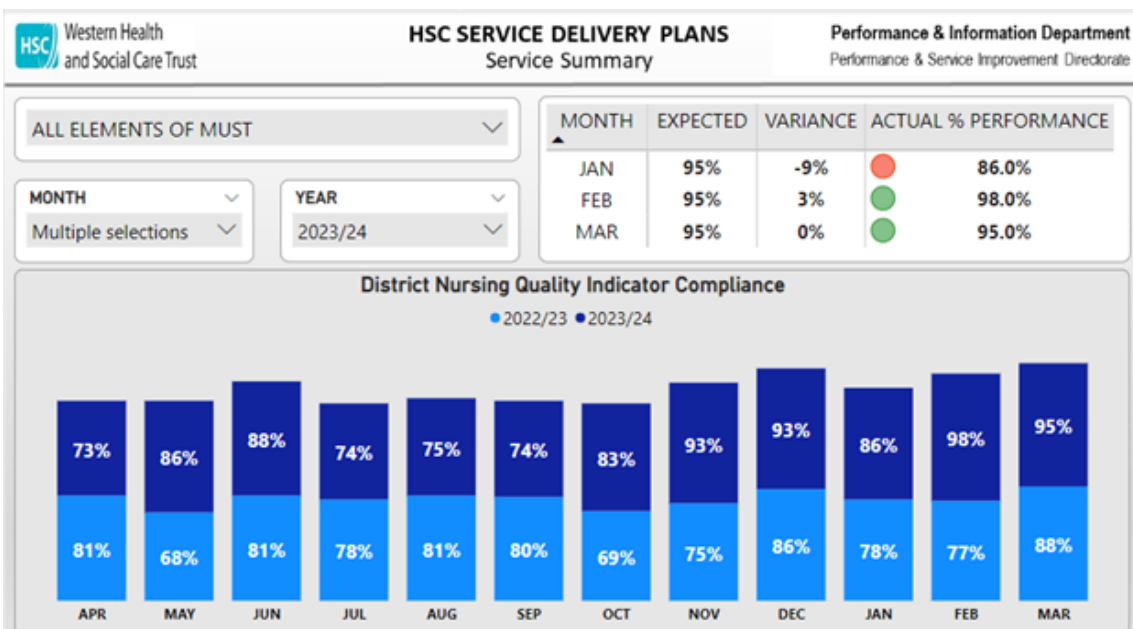
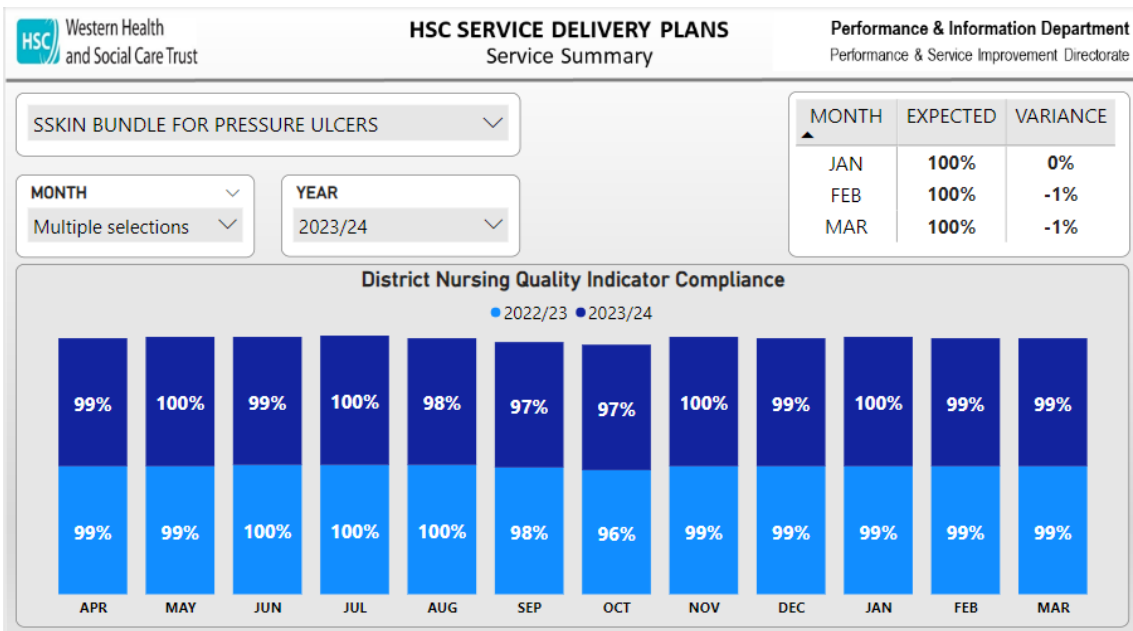
Malnutrition Universal Screen Tool (MUST): the 2023/24 SDP target is to achieve **75%** compliance in Quarter 1 & 2, **85%** compliance in Quarter 3 and **95%** compliance in Quarter 4.

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.

A high level of performance was achieved throughout 2023/24 with the expected targets exceeded each month with the exception of MUST (January 24) and PCQI (February 24).

The cumulative performance achieved during Quarter 1 to 4 (April 23 to March 24)

- **SSKIN Bundle for Pressure Ulcers:** 99% achieved against the 100% target.
- **Malnutrition Universal Screen Tool (MUST):** 95.0% achieved against the 95% target.
- **Palliative Care Quality Indicator (PCQI):** 89.0% achieved against the 80% target.



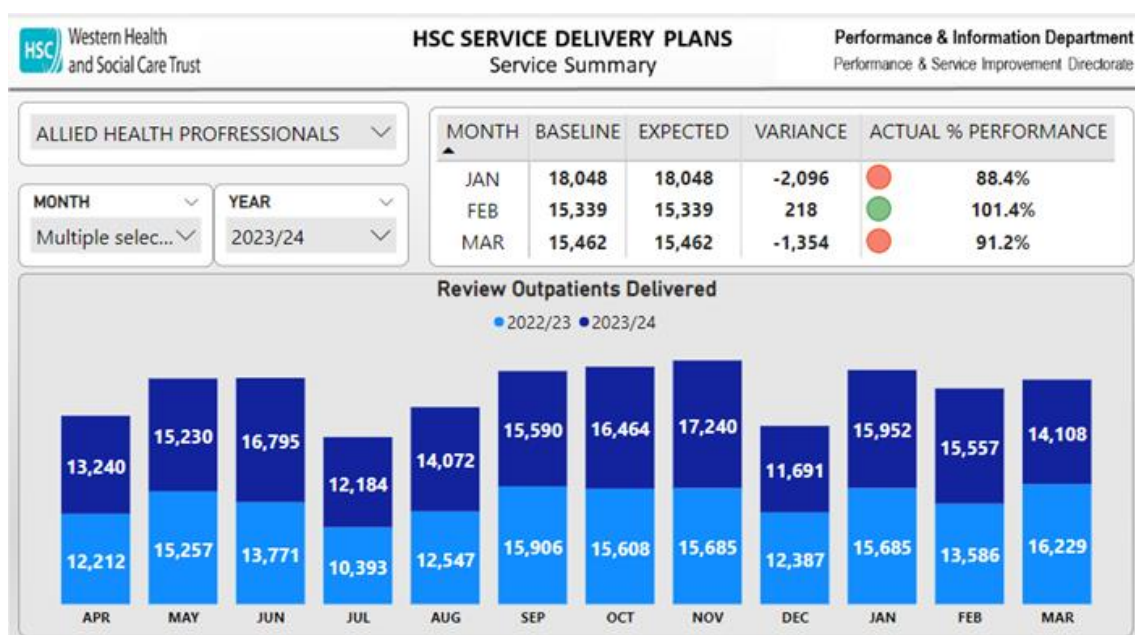
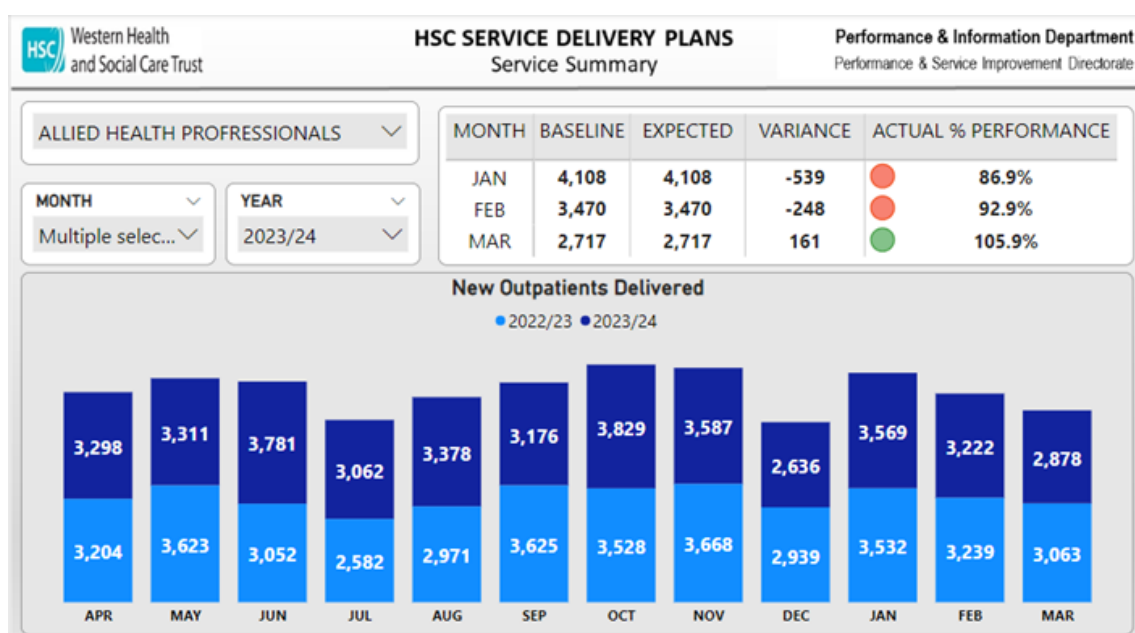
Allied Health Professionals (AHPs) – Service Delivery Plan

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 to 4 (April 23 to March 24) (**217,850**), across the six service areas, represents **95.6%** (94.3% New and 95.9% Review) of the cumulative Baseline activity (227,850). The 2023/24 out turn reflects a 5% increase on 2022/23 activity (9,558 additional attendances).

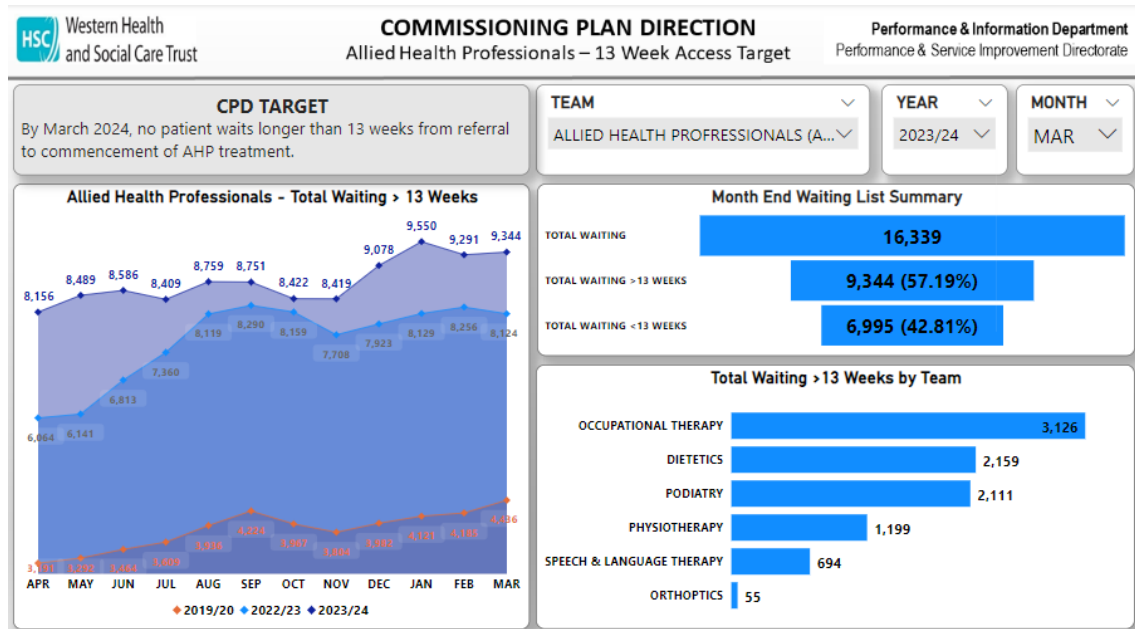
Throughout 2023/24 capacity across these service areas remained impacted by vacant posts, sickness absence (long and short term), use of additional annual leave, industrial action and professional training. Recruitment to vacant posts continues to be progressed by Heads of Service through regional and 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 Year March 24 position, the Trust reported a total of **16,339** patients waiting to commence Allied Health Professional treatment with **9,344** waiting longer than 13 weeks. This represents a deterioration in access to this service, when compared to to End of Year March 23; when there were **15,480** in total waiting and **8,124** waiting longer than 13 weeks.

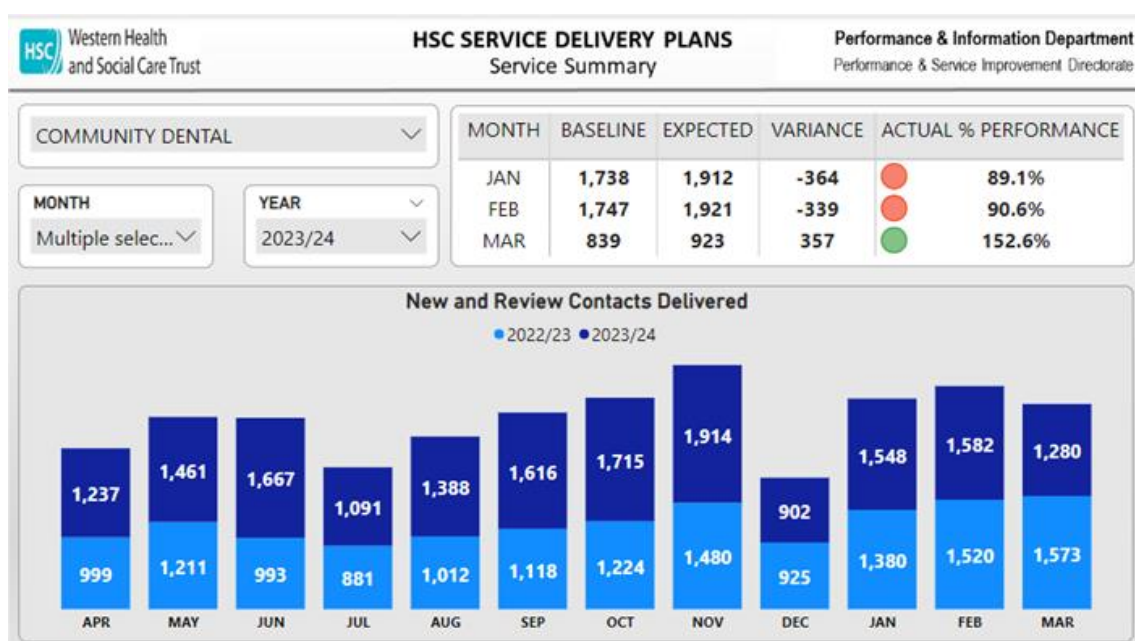


Community Dental - Contacts

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.

Overall a high level of performance was achieved in the Community dental activity throughout Quarter 1 and 2 (April to September 23); with the target exceeded in 5 of this 6 month period. However, performance remained challenging in the second half of 2023/24 as a result of the incremental increase to 110% in the expected target and unplanned short term and long term sickness absence.

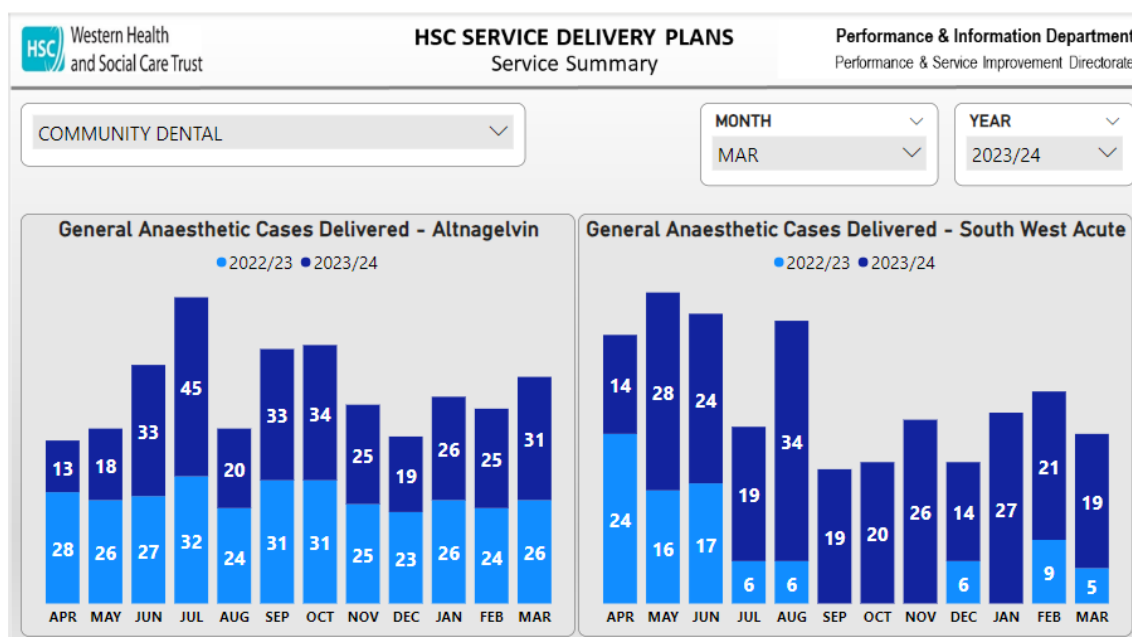
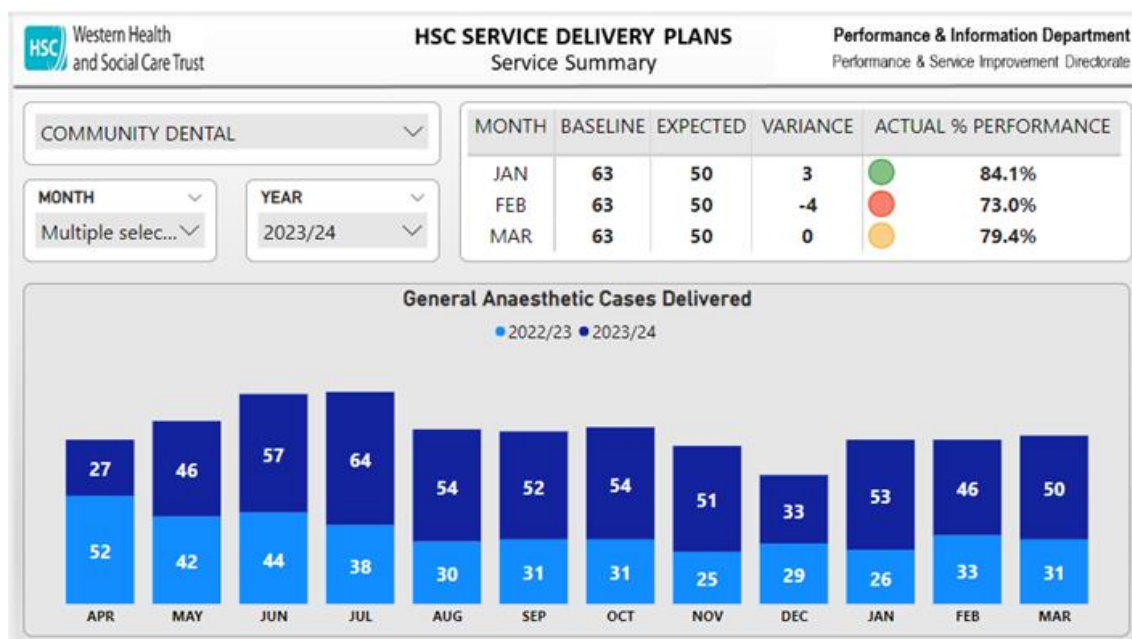
The cumulative number of New and Review contacts delivered during Quarter 1 to 4 (April 23 to March 24) (17,401) reflects **107%** (94.9% New and 109.9% Review) of the cumulative 2019/20 Baseline activity (16,270).



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 to 4 (April 23 to March 24) (587), represents **77.6%** (61.0% Altnagelvin and 116.2% South West Acute) of the cumulative 2019/20 Baseline (756). The SDP target was almost met or exceeded in 8 of the 12 months of 2023/24.



End of Report

Section 2: Western Trust: Summary of Activity Delivered: April 2023 to March 2024



HSC SERVICE DELIVERY PLANS

HOSPITAL SERVICES 2023/24

LINK TO
SPPG TARGETS

		YEAR END 2023/24				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
CANCER						
PERFORMANCE	14 DAYS	100%	100%	97.2%	-2.8%	97.2%
	31 DAYS	98%	98%	97%	-1%	97%
	62 DAYS	95%	95%	43%	-52%	43%
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST) 110% OF 2019/20 BASELINE		7,758	8,534	10,378	1,844	133.8%
IMAGING						
MRI	TARGET SBA VOLUMES	16,380	16,380	16,331	-49	99.7%
CT	TARGET SBA VOLUMES	32,352	32,352	39,814	7,462	123.1%
NOUS	TARGET SBA VOLUMES	42,505	42,505	44,150	1,645	103.9%
CARDIOLOGY / CARDIAC						
CARDIAC MRI	TARGET SBA VOLUMES	336	336	334	-2	99.4%
CARDIAC CT	110% OF 2019/20 BASELINE	503	552	521	-31	103.6%
ECHO	TARGET SBA VOLUMES	8,316	8,316	6,757	-1,559	81.3%
CATH LAB	110% OF 2019/20 BASELINE	2,043	2,250	1,917	-333	93.8%
ELECTIVE						
NEW OUTPATIENTS 105% OF 2019/20 BASELINE	FACE TO FACE	72,863	76,506	56,447	-2,736	101.2%
	VIRTUAL			4,162		
	OTHER			13,161		
	TOTAL			73,770		
REVIEW OUTPATIENTS 100% OF 2019/20 BASELINE	FACE TO FACE	149,944	149,944	100,304	5,799	103.9%
	VIRTUAL			24,792		
	OTHER			30,647		
	TOTAL			155,743		
OUTPATIENTS (OVERALL)		222,807	226,450	229,513	3,063	103%
INPATIENT 100% OF 2019/20 BASELINE	CORE	6,077	6,077	5,213	-864	85.8%
	OTHER	1,272	1,272	1,430	158	112.4%
	TOTAL	7,349	7,349	6,643	-706	90.4%
DAY CASES 100% OF 2019/20 BASELINE	CORE	16,465	16,465	17,045	580	103.5%
	OTHER	8,269	8,269	8,931	662	108.0%
	TOTAL	24,734	24,734	25,976	1,242	105.0%
INPATIENT AND DAYCASE (OVERALL)		32,083	32,083	32,619	536	101.7%
ENDOSCOPY 100% OF 2019/20 BASELINE		9,931	9,931	9,107	-824	91.7%
THEATRE UTILISATION						
SCHEDULED THEATRE MINUTES	SESSION DURATION (MINS)	1,142,700	1,142,700	1,133,430	-9,270	99.2%
THEATRE OPERATING TIMES	MAIN THEATRES	85%	85%	86%	1%	86.0%
	DPU THEATRES	80%	80%	68%	-12%	68.0%
UNSCHEDULED CARE						
ED PERFORMANCES - 12 HOURS 10% REDUCTION OF 2022/23 BASELINE		17,935	16,141	19,346	1,411	7.9%
WEEKEND DISCHARGES						
ALTNAGELVIN	SIMPLE	80%	80%	49.1%	-31%	49.1%
	COMPLEX	60%	60%	27.7%	-32%	27.7%
SOUTH WEST ACUTE	SIMPLE	80%	80%	27.3%	-53%	27.3%
	COMPLEX	60%	60%	15.1%	-45%	15.1%
AVERAGE LOS						
ALTNAGELVIN 1 DAY REDUCTION BY Q4 2022/23 BASELINE		8.10	7.10	8.29	1.19	8.29
SOUTH WEST ACUTE 1 DAY REDUCTION BY Q4 2022/23 BASELINE		11.40	10.40	11.84	1.44	11.84

HSC SERVICE DELIVERY PLANS

COMMUNITY SERVICES 2023/24

[LINK TO
SPPG TARGETS](#)

		YEAR END 2023/24				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
COMMUNITY CARE						
DOMICILIARY CARE 2.5% REDUCTION OF BASELINE Q1 5% REDUCTION OF BASELINE Q2 7.5% REDUCTION OF BASELINE Q3 10% REDUCTION OF BASELINE Q4	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)	2,798	2,518	2,992	194	6.9%
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)	2,763	2,487	2,208	-555	-20.1%
	TOTAL	5,561	5,005	5,200	-361	-6.5%
DIRECT PAYMENTS	NO. OF CLIENTS IN EFFECT AT MONTH END 10% INCREASE BY MARCH 2024 (MARCH 2023 BASELINE)	1,338	1,472	1,387	49	3.7%
CHILDRENS SOCIAL CARE						
CHILD PROTECTION CASE CONFERENCES	WITHIN 15 DAYS	N/A	84%	270	15%	98.5%
	TOTAL			274		
	% WITHIN 15 DAYS			99%		
	WITHIN 3 MONTHS	N/A	85%	170	6%	91.4%
	TOTAL			186		
	% WITHIN 3 MONTHS			91%		
	WITHIN 6 MONTHS	N/A	89%	386	2%	91.3%
	TOTAL			423		
	% WITHIN 6 MONTHS			91%		
UNALLOCATED FAMILY SUPPORT CASES QUARTETLY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MARCH 2024 (JUNE 2023 BASELINE)		71.0	63.9	25.0	-46.0	-64.8%
MENTAL HEALTH SERVICES						
ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 2019/20 BASELINE	NEW	6,469	7,116	4,254	-2,862	65.8%
	REVIEW	49,738	54,712	56,920	2,208	114.4%
	TOTAL	56,207	61,827	61,174	-653	108.8%
PSYCHOLOGICAL THERAPIES 100% OF 2019/20 BASELINE	NEW	1,857	1,857	2,251	394	121.2%
	REVIEW	12,141	12,141	17,447	5,306	143.7%
	TOTAL	13,998	13,998	19,698	5,700	140.7%
DEMENTIA 110% OF 2019/20 BASELINE	NEW	482	530	1,028	498	213.3%
	REVIEW	4,764	5,241	4,965	-276	104.2%
	TOTAL	5,246	5,772	5,993	221	114.2%
CAMHS 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)	NEW	1,075	1,075	1,254	179	116.7%
	REVIEW	7,619	8,382	7,815	-567	102.6%
	TOTAL	8,694	9,457	9,069	-388	104.3%
MENTAL HEALTH SERVICES (OVERALL)		84,145	91,054	95,934	4,881	114.0%
DISTRICT NURSING						
CONTACTS 100% OF BASELINE		171,048	171,048	218,061	47,013	127.5%
COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS		N/A	100%	99%	-1%	99.0%
COMPLIANCE WITH ELEMENTS OF MUST		N/A	95%	95%	0%	95.0%
COMPLIANCE WITH ALL ELEMENTS OF THE PCQI		N/A	80%	89%	9%	89.0%

HSC SERVICE DELIVERY PLANS
COMMUNITY SERVICES 2023/24

LINK TO
SPPG TARGETS

		YEAR END 2023/24				
		BASELINE	EXPECTED	DELIVERED	VARIANCE	ACTUAL PERFORMANCE
					DELIVERED - EXPECTED EXCEPTIONS APPLY	DELIVERED / BASELINE EXCEPTIONS APPLY
ALLIED HEALTH PROFESSIONALS						
PHYSIOTHERAPY 100% OF 2019/20 BASELINE	NEW	18,174	18,174	17,895	-279	98.5%
	REVIEW	53,433	53,433	49,261	-4,172	92.2%
	TOTAL	71,607	71,607	67,156	-4,451	93.8%
OCCUPATIONAL THERAPY 100% OF 2019/20 BASELINE	NEW	10,039	10,039	8,091	-1,948	80.6%
	REVIEW	36,193	36,193	38,098	1,905	105.3%
	TOTAL	46,232	46,232	46,189	-43	99.9%
DIETETICS 100% OF 2022/23 BASELINE	NEW	4,023	4,023	4,106	83	102.1%
	REVIEW	13,819	13,819	13,893	74	100.5%
	TOTAL	17,842	17,842	17,999	157	100.9%
ORTHOPTICS 100% OF 2019/20 BASELINE	NEW	2,562	2,562	2,658	96	103.7%
	REVIEW	9,975	9,975	8,394	-1,581	84.2%
	TOTAL	12,537	12,537	11,052	-1,485	88.2%
SPEECH & LANGUAGE 100% OF 2022/23 BASELINE	NEW	2,806	2,806	2,918	112	104.0%
	REVIEW	31,487	31,487	32,623	1,136	103.6%
	TOTAL	34,293	34,293	35,541	1,248	103.6%
PODIATRY 100% OF 2019/20 BASELINE	NEW	4,525	4,525	4,059	-466	89.7%
	REVIEW	40,814	40,814	35,854	-4,960	87.8%
	TOTAL	45,339	45,339	39,913	-5,426	88.0%
ALLIED HEALTH PROFESSIONALS (OVERALL)	NEW	42,129	42,129	39,727	-2,402	94.3%
	REVIEW	185,721	185,721	178,123	-7,598	95.9%
	TOTAL	227,850	227,850	217,850	-10,000	95.6%
STROKE SERVICES						
THROMBOLYSIS RATE IN LINE WITH WHSCT RETURN	ALTNAGELVIN	N/A	16%	11%	-5%	11%
	SOUTH WEST ACUTE	N/A	16%	13%	-3%	13%
% ADMITTED <4 HOURS FIGURES PROVIDED BY SPPG	ALTNAGELVIN	N/A	43%	32%	-11%	32%
	SOUTH WEST ACUTE	N/A	90%	74%	-16%	74%
COMMUNITY DENTAL						
CONTACTS 100% OF 2019/20 BASELINE FOR Q1 & Q2 105% OF 2019/20 BASELINE FOR Q3 110% OF 2019/20 BASELINE FOR Q4	NEW	3,158	3,282	2,997	-285	94.9%
	REVIEW	13,112	13,666	14,404	738	109.9%
	TOTAL	16,270	16,948	17,401	453	107.0%
GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	ALTNAGELVIN	528	422	322	-100	61.0%
	SOUTH WEST ACUTE	228	182	265	83	116.2%
	TOTAL	756	605	587	-18	77.6%

Public Health: Performance Summary April 2023 to March 2024

Service Area	2023/24 Target Trajectory	Quarter 1 (Apr-Jun 23 cumulative)	Quarter 2 (Apr-Sep 23 cumulative)	Quarter 3 (Apr-Dec 23 cumulative)	Quarter 4 (Apr 23-Mar 24 cumulative)
HCAI - clostridioides difficile (CDI)	71 - maximum target - number of episodes	14	19	25	36
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	6 - maximum target - number of episodes	0	1	1	3
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%	5.8%
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%	-14.7%
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%	-0.4%
Antimicrobial Consumption - use of antibiotics from the WHO Access AWaRe category	52.72%	52.49%	51.39%	51.43%	51.44%

Northern Ireland Ambulance Service (NIAS): WHSCT Performance Summary April 2023 to March 2024

Service Area	2023/24 Target Trajectory	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YEAR END
NIAS Handover < 15 mins	Apr 2%; May 4%; Jun & Jul 8%; Aug 12%, Sep 15%, Oct 17%, Nov 19%, Dec 22%, Jan - Mar 25%	9.5%	8.4%	8.7%	7.1%	6.4%
NIAS Handover < 30 mins	Apr/May 14%; Jun 20%; Jul 25%; Aug 30%, Sep/Oct 35% & Nov/Dec 40%, Jan 45%, Feb 55% & Mar 60%	41.7%	34.8%	31.8%	26.7%	28.1%
NIAS Handover < 60 mins	Apr 59%; May & Jun 65%; Jul, Aug & Sep 70%, Oct/Nov 75% & Dec 80%, Jan 85%, Feb 90% & Mar 95%	82.0%	76.9%	71.4%	63.4%	63.9%
NIAS Handover > 2 hours	0%	2.8%	5.3%	8.1%	11.1%	6.8%
Ambulance Turnaround within 30 mins	Q1 - 30% / Q2 - 37% / Q3 - 44% / Q4 - 51%	19.7%	15.8%	14.5%	12.1%	12.1%

Overall RAG assessment

		YEAR END	
Total Metrics Hospital & Community: 53 HCAI: 6 NIAS: 5	Total Number of SDP Metrics	64	
	Overall RAG Assessment	25	39%
		18	28%
		21	33%
	No. of Metrics where performance is not available	0	0%

Section 3: 2023/24 RAG Status summary by month

<div><div><div>HSC</div><div>Western Health and Social Care Trust</div></div><div>LINK TO SPPG TARGETS</div></div>		ACTUAL % PERFORMANCE												
HSC SERVICE DELIVERY PLANS		APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	YEAR END 2023/24
HOSPITAL SERVICES 2023/24														
CANCER														
PERFORMANCE	14 DAYS													
	31 DAYS													
	62 DAYS													
RED FLAG - FIRST OUTPATIENT APPOINTMENT (EXCLUDING BREAST)														
110% OF 2019/20 BASELINE														
IMAGING														
MRI	TARGET SBA VOLUMES													
CT	TARGET SBA VOLUMES													
NOUS	TARGET SBA VOLUMES													
CARDIOLOGY / CARDIAC														
CARDIAC MRI	TARGET SBA VOLUMES													
CARDIAC CT	110% OF 2019/20 BASELINE													
ECHO	TARGET SBA VOLUMES													
CATH LAB	110% OF 2019/20 BASELINE													
ELECTIVE														
NEW OUTPATIENTS	FACE TO FACE													
	VIRTUAL													
	OTHER													
	TOTAL													
REVIEW OUTPATIENTS	FACE TO FACE													
	VIRTUAL													
	OTHER													
	TOTAL													
INPATIENT	CORE													
	OTHER													
	TOTAL													
DAY CASES	CORE													
	OTHER													
	TOTAL													
INPATIENT AND DAYCASE (OVERALL)														
ENDOSCOPY														
100% OF 2019/20 BASELINE														
THEATRE UTILISATION														
SCHEDULED THEATRE MINUTES	SESSION DURATION (MINS)													
THEATRE OPERATING TIMES	MAIN THEATRES													
	DPU THEATRES													
UNSCHEDULED CARE														
ED PERFORMANCES - 12 HOURS														
10% REDUCTION OF 2022/23 BASELINE														
WEEKEND DISCHARGES														
ALTNAGELVIN	SIMPLE													
	COMPLEX													
SOUTH WEST ACUTE	SIMPLE													
	COMPLEX													
AVERAGE LOS														
ALTNAGELVIN														
1 DAY REDUCTION BY Q4 2022/23 BASELINE														
SOUTH WEST ACUTE														
1 DAY REDUCTION BY Q4 2022/23 BASELINE														

HSC SERVICE DELIVERY PLANS		LINK TO SPPG TARGETS		APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	YEAR END 2023/24
COMMUNITY SERVICES 2023/24																
COMMUNITY CARE																
DOMICILIARY CARE 2.5% REDUCTION OF BASELINE Q1 5% REDUCTION OF BASELINE Q2 7.5% REDUCTION OF BASELINE Q3 10% REDUCTION OF BASELINE Q4	UNMET NEED HOURS (FULL PACKAGES, ALL POCS)															
	UNMET NEED HOURS (PARTIAL PACKAGES, ALL POCS)															
	TOTAL															
	NO. OF CLIENTS IN EFFECT AT MONTH END 10% INCREASE BY MARCH 2024 (MARCH 2023 BASELINE)															
DIRECT PAYMENTS																
CHILDRENS SOCIAL CARE																
CHILD PROTECTION CASE CONFERENCES	WITHIN 15 DAYS															
	TOTAL															
	% WITHIN 15 DAYS															
	WITHIN 3 MONTHS															
	TOTAL															
	% WITHIN 3 MONTHS															
	WITHIN 6 MONTHS															
	TOTAL															
UNALLOCATED FAMILY SUPPORT CASES QUARTETLY MONITORING WITH EFFECT FROM Q2 10% REDUCTION BY MARCH 2024 (JUNE 2023 BASELINE)	Monitoring commenced Quarter 2															
MENTAL HEALTH SERVICES																
ADULT MENTAL HEALTH (NON INPATIENT) 110% OF 2019/20 BASELINE	NEW															
	REVIEW															
	TOTAL															
PSYCHOLOGICAL THERAPIES 100% OF 2019/20 BASELINE	NEW															
	REVIEW															
	TOTAL															
DEMENTIA 110% OF 2019/20 BASELINE	NEW															
	REVIEW															
	TOTAL															
CAMHS 100% OF 2019/20 BASELINE (NEW CONTACTS) 110% OF 2019/20 BASELINE (REVIEW CONTACTS)	NEW															
	REVIEW															
	TOTAL															
DISTRICT NURSING																
CONTACTS 100% OF BASELINE																
COMPLIANCE WITH SKIN BUNDLE FOR PRESSURE ULCERS																
COMPLIANCE WITH ELEMENTS OF MUST																
COMPLIANCE WITH ALL ELEMENTS OF THE PCQI																

HSC SERVICE DELIVERY PLANS
COMMUNITY SERVICES 2023/24

[LINK TO
SPPG TARGETS](#)

ACTUAL % PERFORMANCE

		APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	YEAR END 2023/24
ALLIED HEALTH PROFESSIONALS														
PHYSIOTHERAPY 100% OF 2019/20 BASELINE	NEW													
	REVIEW													
	TOTAL													
OCCUPATIONAL THERAPY 100% OF 2019/20 BASELINE	NEW													
	REVIEW													
	TOTAL													
DIETETICS 100% OF 2022/23 BASELINE	NEW													
	REVIEW													
	TOTAL													
ORTHOPTICS 100% OF 2019/20 BASELINE	NEW													
	REVIEW													
	TOTAL													
SPEECH & LANGUAGE 100% OF 2022/23 BASELINE	NEW													
	REVIEW													
	TOTAL													
PODIATRY 100% OF 2019/20 BASELINE	NEW													
	REVIEW													
	TOTAL													
ALLIED HEALTH PROFESSIONALS (OVERALL)	NEW													
	REVIEW													
	TOTAL													
STROKE SERVICES														
THROMBOLYSIS RATE IN LINE WITH WHSCT RETURN	ALTNAGELVIN													
	SOUTH WEST ACUTE													
% ADMITTED <4 HOURS FIGURES PROVIDED BY SPPG	ALTNAGELVIN													
	SOUTH WEST ACUTE													
COMMUNITY DENTAL														
CONTACTS 100% OF 2019/20 BASELINE FOR Q1 & Q2 105% OF 2019/20 BASELINE FOR Q3 110% OF 2019/20 BASELINE FOR Q4	NEW													
	REVIEW													
	TOTAL													
GENERAL ANAESTHETIC CASES DELIVERED CHILDRENS CASES (SUBSET OF HOSPITAL DAY CASES) 80% OF 2019/20 BASELINE	ALTNAGELVIN													
	SOUTH WEST ACUTE													
	TOTAL													