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Purpose: For Assurance

Local Delivery Plan Reporting Summary and Activity Report

September 2018

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v) Percentage cancelled/moved appointments
vi) Percentage conversion to IP/DC

2.5 OUTPATIENT ACTIVITY OUTWITH WESTERN ISLES Page 21 *Source: SMR00*

Graphs showing Mainland Outpatient activity by:
i) New/Return
ii) Percentage DNA
iii) Return/New Ratio

2.6 INPATIENT AND DAYCASE <u>CONTINUOUS INPATIENT STAYS (CIS)</u> WITHIN WESTERN ISLES Pages 22-23 *Source: ACaDMe*

Graphs showing:
i) Total Inpatient/Daycase CIS activity
ii) Inpatient CIS by Elective/Emergency for:
a. All Western Isles Hospitals
b. Western Isles Hospital only
c. Uist & Barra Hospital only
d. St Brendan's Hospital only

APPENDIX INPATIENTS AND DAYCASES BY SPECIALTY Pages 24-25 *Source: TOPAS*

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Performance & Activity Report: 2018/19 Quarter 1

1) Target Performance: Local Delivery Plan (LDP) Trajectories and Local Delivery Plan

This report contains a review of Western Isles NHS performance status against the current Local Delivery Plan (LDP) standards for 2018/19 (previously HEAT targets/standards). The LDP standards are those targets retained from previous years as ongoing performance measures and reported as part of SG Scotland Performs framework. They are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 Vision.

The report is based around following three sections:

a) Current LDP Standards
b) LDP Key Performance Measures (KPMs) monitoring update for 2018/19 Quarter 1 April to June.
c) Exception report on KPMs not meeting latest planned trajectory.

a) Current LDP Standards

LDP Standards

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%.
- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.
- NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- Deliver faster access to mental health services by delivering 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services; and 18 weeks referral to treatment for Psychological Therapies.
- To deliver expected rates of dementia diagnosis, and, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.
- Eligible patients will commence IVF treatment within 12 months of referral.

- Further reduce healthcare associated infections so that NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 15 and over is 0.32 cases or less per 1000 total occupied bed days.

- NHSScotland to deliver universal smoking cessation services to achieve a number of successful quits, at 12 weeks post quit, in the 40% most deprived within board SIMD areas (60% for island health boards).

- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.

- 90% of planned/elective patients to commence treatment within 18 weeks of referral.

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team.

- To respond to 75% of Category A calls within 8 minutes across Scotland (Scottish Ambulance Service).

- 98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

- NHS Boards to achieve a sickness absence rate of 4%.

- 95% of all patients referred for first outpatient appointment must wait no longer than 12 weeks from referral (all sources). In addition to this, long waits for outpatient appointments are unacceptable and NHS Boards must also eradicate waits over 16 weeks, which is the longstop.

- 100% of inpatients and daycases are to be seen within the 12 week Treatment Time Guarantee.

- NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.

b) Performance Review and Improvement Plans

A summary of performance status to date and plans for improvement is provided below for those KPMs which are identified above as not meeting their planned trajectory – highlighted Red in RAG status.

Note: Exception reporting for GP Access (Advance booking with GP) submitted in Performance Monitoring report to Qtr 4 2017/18.

Standards not meeting target in June 2018:

6a	GP Access – Advance booking with GP
10	Number of people on QoF Dementia Register
15	Delivery of Alcohol Brief Interventions
16	Smoking Cessation
20	Psychological Therapies Waiting Times
27	Sickness Absence
92a	New Outpatients waiting over 12 weeks
92b	New Outpatients waiting over 16 weeks
97	Detect Cancer Early
98	Early Access to Ante-Natal Services
129	Dementia Post-Diagnostic Support

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LOCAL DELIVERY PLAN STANDARD MEASURES 2018/19 – QUARTER 1

The LDP Standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 Vision.

All measures reported to Quarter 1 unless otherwise stated. Some of these figures are local and provisional and may be subject to amendment.

REF	STANDARD	*Associated Key Measures*	*Latest Period*	Latest Status	Comments
6a	Advance booking – GP Percentage of patients, who indicate that they were able to book an appointment with a GP more than 2 days ahead.	***Able to book an appointment with a GP more than 48 days in advance or 48-hour access to an appropriate member of the GP Practice Team. Biennial patient satisfaction survey.***	*Mar-18*	**R**	Standard: 90% **Actual: 85.2%** Variance: 5.3%
6b	48 Hr Access – GP Practice Team At least 90% of patients respond that they were able to obtain a consultation with a GP or appropriate healthcare professional within 2 working days of initial contact.		*Mar-18*	**G**	Standard: 90% **Actual: 99.3%** Variance: 10.3%
7	Faster access to specialist CaMHS Deliver 18 weeks from referral to treatment for specialist CaMHS services.	***90% of patients to be seen within 18 weeks.***	*Jun-18*	**G**	Standard:90% **Actual: 100%** Variance: 11.1%
8	Suspicion-of-cancer referrals (62 days) % of urgent referrals (inc. via A&E) with suspicion of cancer seen within 62 days of treatment starting.	***The maximum wait from urgent referral with a suspicion of cancer, to treatment is 62 days; the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer is 31 days.***	*Jun-18*	**G**	Standard: 95% **Actual: 100%** Variance: 5.3% *9 of 9 seen within 62 days*
9	All Cancer Treatment (31 days) % of cancer patients treated within 31 days of diagnosis.		*Jun-18*	**G**	Standard: 95% **Actual: 100%** Variance: 5.3% *15 of 15 seen within 31 days*
10	Dementia To deliver expected rates of dementia diagnosis using Eurocode prevalence model.	***To maintain Western Isles Dementia QOF Register (50% of estimated number of people with dementia) – target 324.***	*Jun-18*	**R**	Standard: 324 **Actual: 295** Variance: 9.0%
11	Financial Performance NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.	***No trajectories required for this financial performance target as monitored and reported in Monthly Finance returns.***	*Jun-18*	**G**	Breakeven standard maintained

REF	STANDARD	*Associated Key Measures*	*Latest Period*	Latest Status	Comments
13	MRSA/MSSA Bacterium To further reduce healthcare associated infections so that staphylococcus aureus bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days.	***Boards achieving a rolling rate of 0.24 or less.***	*Jun-18*	**G**	Standard: 0.24 **Actual: 0.22 (Provisional)** Variance: 8.3% *7 in 12 months*
14	C. Diff infections To further reduce healthcare associated infections so that the rate of Clostridium Difficile in patients aged 15 and over is 0.32 cases or less per 1000 total occupied bed days.	***Boards to achieve a rolling rate of 0.32 or less.***	*Jun-18*	**G**	Standard: 0.32 **Actual: 0.10 (Provisional)** Variance: 68.8% *3 in 12 months*
15	Alcohol Brief Interventions Number of alcohol brief interventions delivered in SIGN settings.	***To maintain delivery of 317 ABIs; 80% of which should be in priority settings and 20% in wider settings.***	*Jun-18*	**R**	Plan: 80 **Actual: 67** Variance: 16.3%
16	Smoking Cessation Delivery of universal smoking cessation services to achieve a number of successful quits at 12 weeks post quit in the 60% most deprived within-island board SIMD areas.	***To achieve 47 successful quits at 12wks post-quit for people residing in the three most deprived local quintiles.***	*Jun-18*	**R**	Plan: 12 **Actual: 10** Variance: 16.7% *Provisional figures likely to be incomplete*
17	Referral to Treatment: Drugs and Alcohol 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	***The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.***	*Jun-18*	**G**	Standard: 90% **Actual: 91.0%** Variance: 1.1%
19	18 weeks Referral to Treatment 90% of planned/elective patients are to commence treatment within 18 weeks of referral.	***The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.***	*Jun-18*	**G**	Standard: 90% **Actual: 94.8%** Variance: 5.3%
20	Faster access to Psychological Therapies Deliver 18 weeks referral to treatment for Psychological Therapies.	***NHS Boards to achieve a rate of 90%.***	*Jun-18*	**R**	Standard: 90% **Actual: 78%** Variance: 13.3%
27	Sickness Absence % Hrs lost due to sickness absence.	***NHS Boards to achieve a sickness absence rate of 4%.***	*Jun-18*	**R**	Standard: 4.0% **Actual: 4.7%** Variance: 18% *Hours lost:6301*

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REF	STANDARD	*Associated Key Measures*	*Latest Period*	Latest Status	Comments
55	Emergency Department Waiting Times – 4 hours The percentage of patients seen waiting no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	***Standard is 95% with stretch target of 98% Based on all new and unplanned attendances at all hospitals in Board.***	*Jun-18*	**G**	Standard: (95%) 98% **Actual: 98.6%** Variance against 95%: 3.8%
91	12 week Treatment Time Guarantee for Inpatients The proportion of inpatient and daycases that were seen within the 12 week Treatment Time Guarantee.	***100% compliance required.***	*Jun-18*	**G**	Standard: 100% **Actual: 100%**
92a	New Outpatients Waiting over 12 weeks The percentage of patients waiting no more than 12 weeks from referral (all sources) to a first outpatient appointment.	***95% with stretch 100%.***	*Jun-18*	**R**	Plan: 95.0% **Actual: 79.9%** Variance: 15.9% 889 of 1113 pts seen within 12 wks *Provisional figures*
92b	New outpatients Waiting over 16 weeks Percentage of patients waiting no more than 16 weeks from referral (all sources) to a first outpatient appointment.	***100% compliance required. Waits over 16 weeks must be eradicated.***	*Jun-18*	**R**	Plan: 100% **Actual: 89.4%** Variance: 10.6% 995 of 1113 pts seen within 16 wks *Provisional figures*
97	Detect Cancer Early NHS Scotland is to achieve a 25% increase in the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 2014/15. A 25% increase on baseline performance in 2010/11 equates to 29% diagnosed at Stage 1 by 2014/15.	***Data based on combined sets of 2 calendar years. Performance should be at least 29%.***	*2016-2017*	**R**	Plan: 29% **Actual: 21.3%** Variance: 26.6% *29 of 136 diagnosed and treated at Stage 1*
98	Early Access to Antenatal Services At least 80% of pregnant in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	***Performance is calculated for each of the 5 quintiles and the lowest performing quintile will be reported. Provisional figures reported which are local and subject to change.***	*Jun-18*	**R**	Plan: 80% **Actual: 67%** Variance: 16.3% *10 of 15 not booked within 12wks* *Provisional figures subject to amendment*
101	IVF Treatment Waiting Times Eligible patients will commence IVF treatment within 12 months. The target will be based on the proportion of patients who were screened at an IVF centre within 12 months of the decision to treat.	***A proportion of WI patients are treated in Glasgow and will be included in waiting times for GG&C.***	*Jun-18*	**G**	Plan: 90% **Actual: 100%**
129	Dementia: Post-Diagnostic Support All newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker, including the building of a person-centered support plan.	***Percentage of people newly diagnosed who receive a minimum of one year of post-diagnostic support and who have a person-centered plan in place at the end of that support period.***	*Jun-18*	**R**	Standard: 100% **Actual: 32%** Variance: 68%

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WI Balanced Scorecard Indicator: PI27: Sickness Absence	**Executive Lead:** **HR Director (Vacant)**
QOM/HEAT/LOCAL Target: HS: Board sickness absence level to be 4.0	**Responsible Officer:** **Stuart King**
Trajectory Performance to date:	**Supporting Analysis (where available):**

Month Ending	Actual	Planned Value	Deviation (%)
Apr-18	4.5	4.0	11.8%
May-18	4.9	4.0	23.0%
Jun-18	4.7	4.0	18.0%

1. Performance Narrative

The sickness absence level for NHS Western Isles remains higher than the desired target of 4%. NHS Western Isles continues to experience poor levels of long and short term sick leave.

Although the rate rose slightly in May, these are still lower than in previous years. However, sickness absence levels remain higher than desired and it is hoped that the planned performance improvements listed below will continue to assist in reducing the absence rate.

2. Planned Performance Improvements:

1. A national review of the Promoting Attendance PIN Policy & Guidelines has been undertaken – we are awaiting release of this new PIN. NHS Western Isles therefore continues to work to the existing agreed policy and guidelines.

Continuing to support staff and managers with awareness and training on the policy and processes.

A workshop, on *Effective Absence Management – How to stay on the right side of the law,* was delivered the NHS NES Central Legal Office in March 2018. This was aimed at all managers and was very well received. Further training with the CLO was carried out in July 2018 for managers.

2. The EASY (Early Access for Support for You), delivered by NHS Lanarkshire, is embedded throughout the organisation. The objective being to support the reduction in sickness absence and provide managers with additional support when managing staff absence. Quarterly statistical reports are developed by NHS Lanarkshire showing sickness absence trends to inform management decision making related to promoting attendance.

3. Focussed reporting developed by HR to support senior managers to monitor staff absence is in place.
Continuing to provide support and guidance to managers who are experiencing high sickness absence levels within their areas of responsibility. This includes 1-2-1 support with managers to agree ways forward in managing staff absence.

The HR and OH departments work closely, together with line managers, using statistical information developed by HR and EASY teams, to manage and support staff. New systems have been developed to enhance information sharing to better support this process.

HR/OH meets on a monthly basis to discuss and assess each employee off sick to agree a return to work plan.

3. Key Groups/Committees consulted:

1. SGC
2. APF
3.

Completed by: Stuart King	Date Completed: 04/09/2018
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

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WI Balanced Scorecard Indicator:
PI15 Alcohol Brief Interventions

Executive Lead:
Director of Public Health

QOM/HEAT/LOCAL Target:

To maintain delivery of 317 ABIs; 80% of which should be in priority settings and 20% in wider settings.

Responsible Officer:
Maggie Watts, Director Public Health

Trajectory Performance to date:

Quarter Ending	Actual	Planned Value	Deviation (%)
Jun-18	67	80	-16.3%

Supporting Analysis (where available):

Quarter Ending	*Priority Settings*	*Planned Value*	*compliance with 80%*
Jun-2018	*37*	*64*	*14.6%*

Quarter Ending	*Wider Settings*	*Planned Value*	*compliance with 20%*
Jun-2018	*30*	*16*	*47.3%*

1. Performance Narrative (include key reasons for under performance status)
Reduced awareness of need to carry out ABI in some settings – A&E patients due for ABI then admitted to Medical ward and ABI carried out in that non priority setting.
HCA in A&E not considered to be priority setting worker

2. Planned Performance Improvements:

1. ABI training for A&E staff planned for November
2. ABI training for street pastors later in year
3. Review of training materials to focus course and reduce training time

3. Key Groups/Committees consulted:

1. Alcohol and drug partnership
2.
3.

Completed by: Maggie Watts	Date Completed: 3/9/18
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

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WI Balanced Scorecard Indicator:
PI97: NHS Scotland is to achieve a 25% increase in the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 2014/15.

Executive Lead:
Director of Public Health

QOM/HEAT/LOCAL Target:
Each board has a target of 29% of breast, colorectal and lung cancer cases to be diagnosed at Stage 1 of the disease.

Responsible Officer:
Maggie Watts

Trajectory Performance to date:

Period Ending	Actual	Planned Value	Deviation (%)
31/12/2011	28.9	baseline	
31/12/2012	33.8	28	20.7%
31/12/2013	24.4	28	-12.9%
31/12/2014	28.3	29	-2.4%
31/12/2015	25.0	29	-13.8%
31/12/2016	15.4	29	-46.9%
31/12/2017	21.3	29	-26.6%

Supporting Analysis (where available):

1. Performance Narrative (include key reasons for under performance status)
May well be impacted by the triennial breast screening unit visit during 2017. We used this year's breast cancer awareness activities to increase uptake of breast screening, which tends to bring a rise in number of cases diagnosed. We are also aware that bowel cancer diagnoses are often at a later stage through low screening rates.

2. Planned Performance Improvements:

1. Using key sites for encouraging uptake of bowel cancer screening particularly among men eg agricultural shows, and teaming up with other campaigns such as ticks and Lyme disease to provide an 'in' for discussion on other health related topics such as cancer screening and awareness.
2. Supporting national awareness campaigns work especially around early detection of lung cancer.
3.

3. Key Groups/Committees consulted:

1. Public Health Governance Group
2.
3.

Completed by: Maggie Watts	Date Completed: 3/9/18
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

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WI Balanced Scorecard Indicator: PI129: Dementia Post-diagnostic Support	**Executive Lead:** **Nurse Director**
QOM/HEAT/LOCAL Target: All people newly diagnosed will have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker.	**Responsible Officer:** **Elizabeth Shelby**
Trajectory Performance to date:	**Supporting Analysis (where available):**

Qtr Ending	Actual	Planned Value	Deviation (%)
Jun-18	32	100	-68.0%

1. Performance Narrative (include key reasons for under performance status)

Funding for provision of service across all islands is agreed at IJB level as 5 days of band 5 worker. New job description was banded at a mainland matching panel as 6 and this has been challenged since the experience did not require a 6, there is a matching panel in the next 2 weeks. While waiting for MH redesign to allocate resources for PDS, this will be a fixed term contract for 6 months however may be filled by redeployment from Clisham. Dementia nurse posts in MH are planned to supply PDS as part of their role have been banded at 6 which is exceeds needs. MH will take over the PDS in Uists/Barra after training and shadowing with hand over expected by end of October.

The bank worker who was supplying 10- 15 hours per week has moved on to a fixed term contract and there are no suitably trained bank workers to take on this in the short term. The caseload is being covered by extra hours from the Clinical nurse specialist who is already full time(bank band 5). The Nurse Consultant now has a caseload of 20 including 8 in Uist/Barra. 4 patients are newly diagnosed and will be referred in the next 2 weeks. A caseload of 24 will require about half the nurse consultant's time. A further 10 patients will not be reviewed until the post is filled.

2. Planned Performance Improvements:

1. Request to mental health to use suitably experienced staff to fill role until Clisham is closed.
2.
3.

3. Key Groups/Committees consulted:

1. PDS Leads network quarterly meetings
2. Dementia MCN
2. Mental Health Steering Group

Completed by: Elizabeth Shelby	Date Completed: 31/08/18
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

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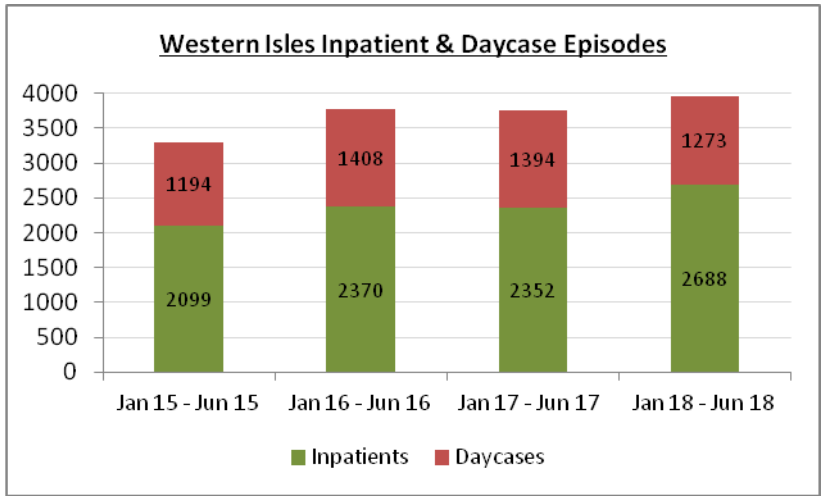
Patient Activity – January 2018 to June 2018 and trends

2.1 INPATIENT AND DAYCASE ACTIVITY WITHIN WESTERN ISLES

(Excludes Obstetrics and Psychiatry Specialties)

a) All Western Isles Hospitals

i)



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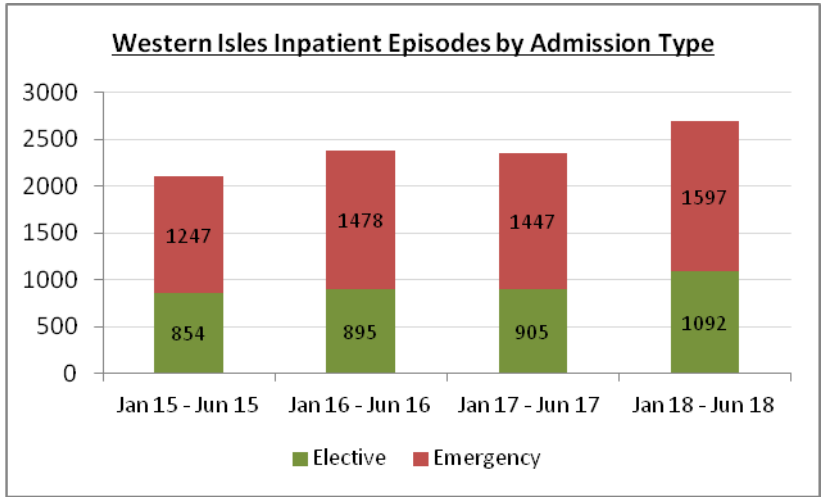
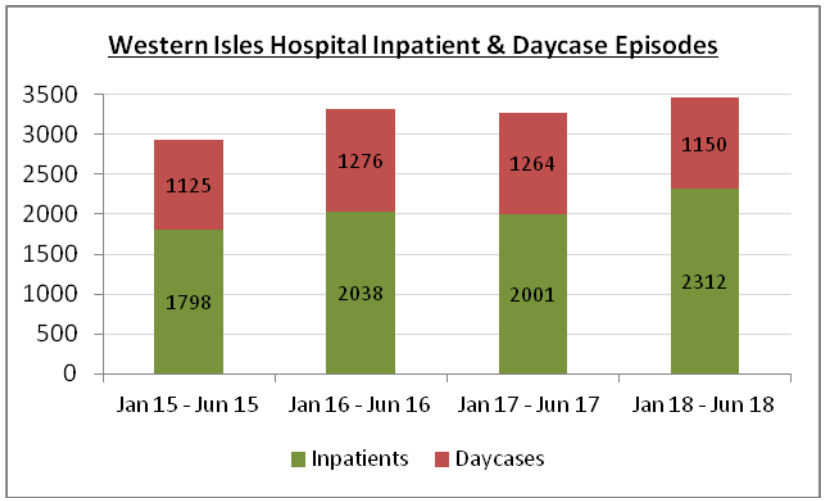
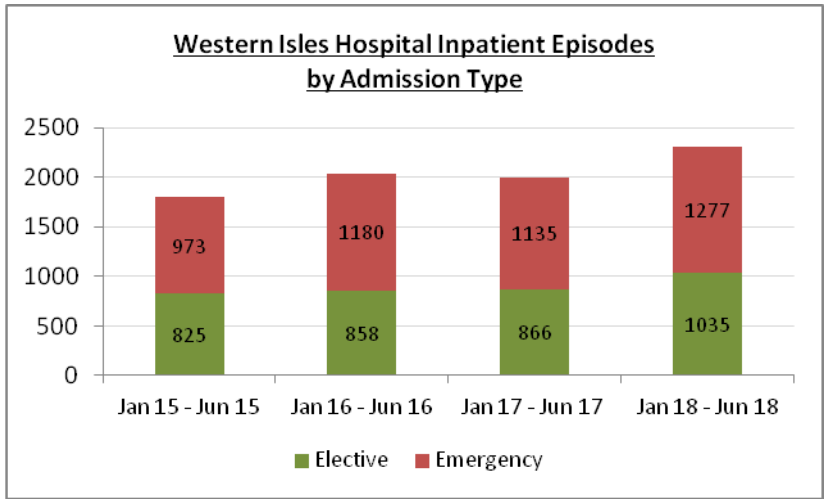


b) Western Isles Hospital

i)

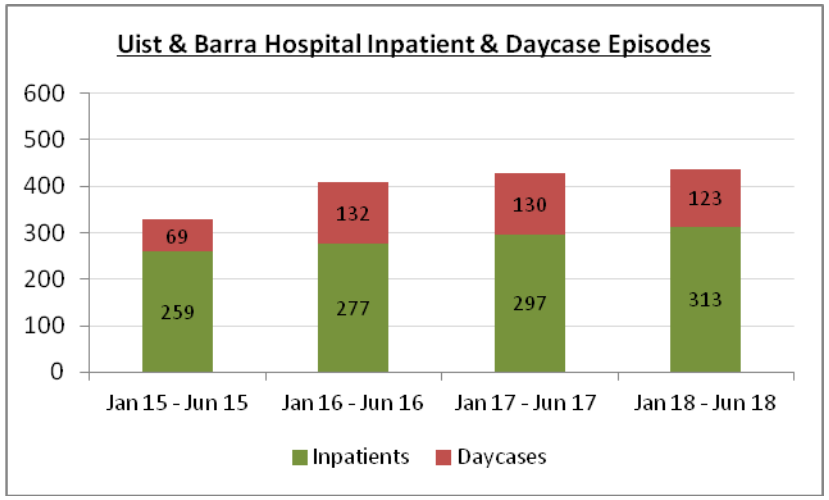
ii)





c) Uist & Barra Hospital

i)



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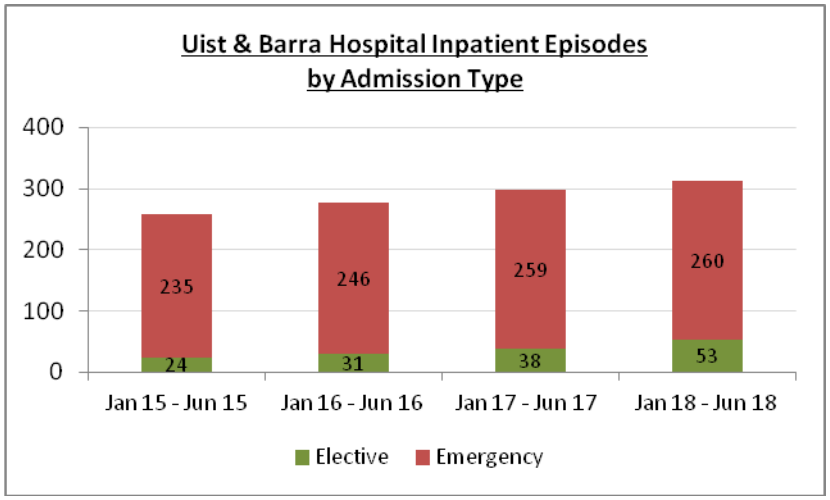
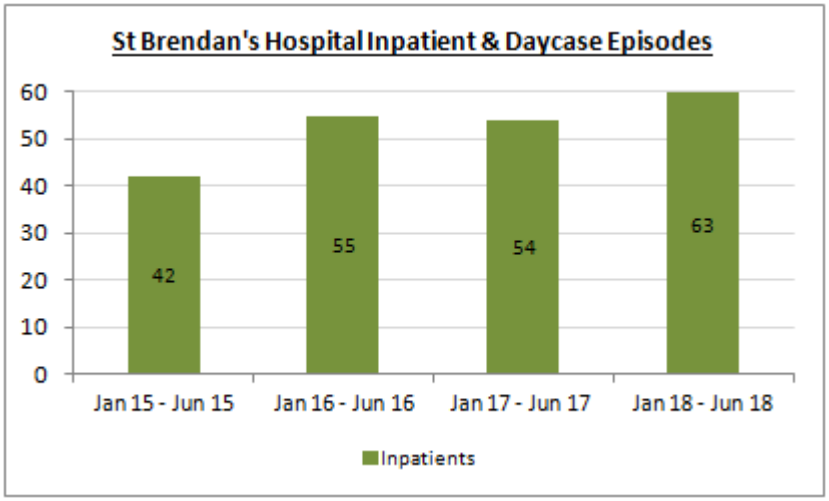


d) St Brendan's Hospital

i)



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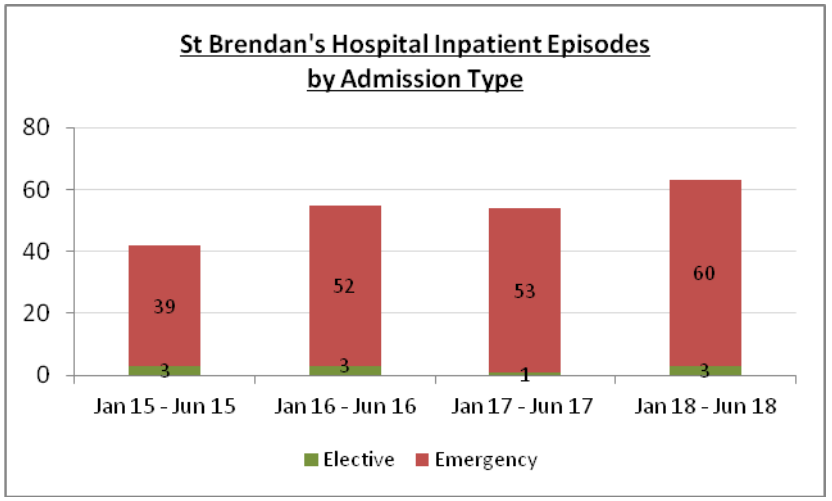
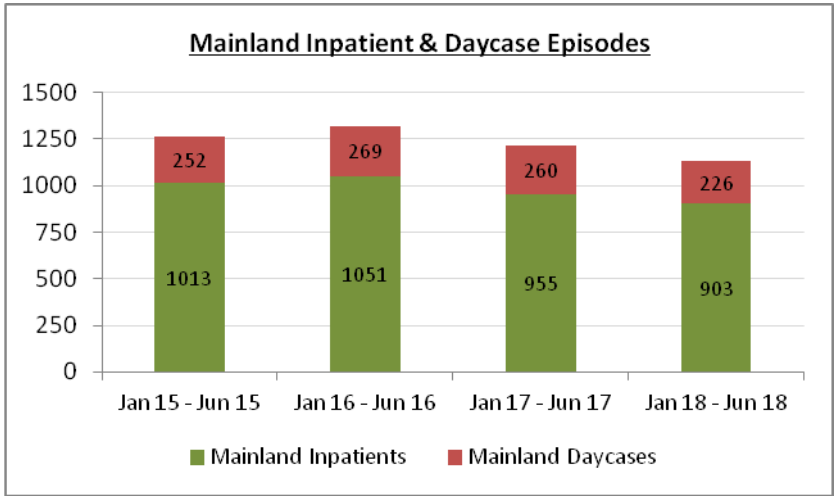


2.2 INPATIENT AND DAYCASE ACTIVITY OUTWITH WESTERN ISLES

All Mainland Locations

i)



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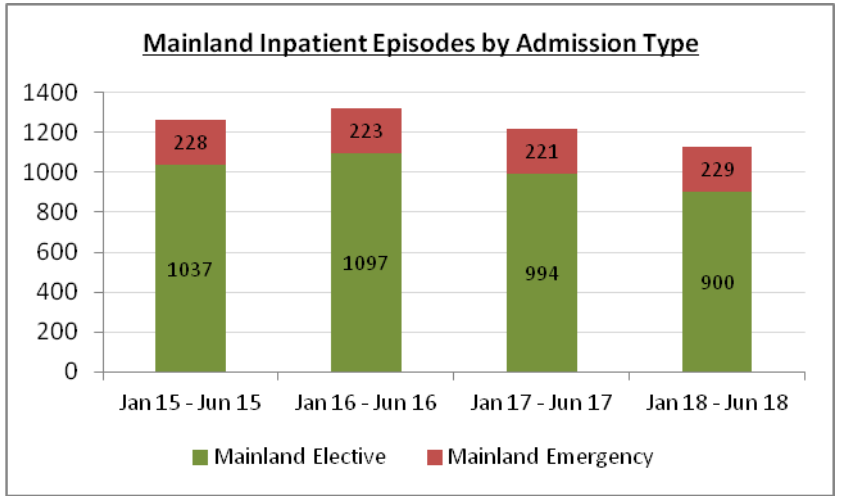

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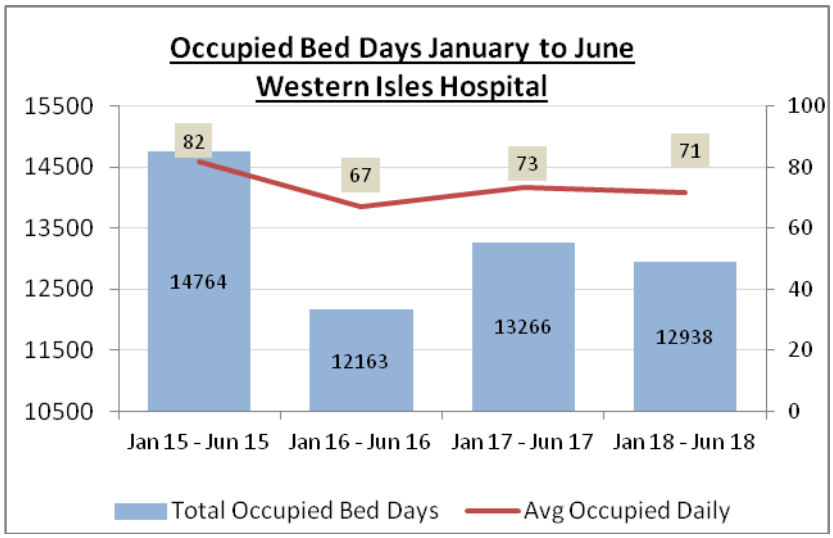
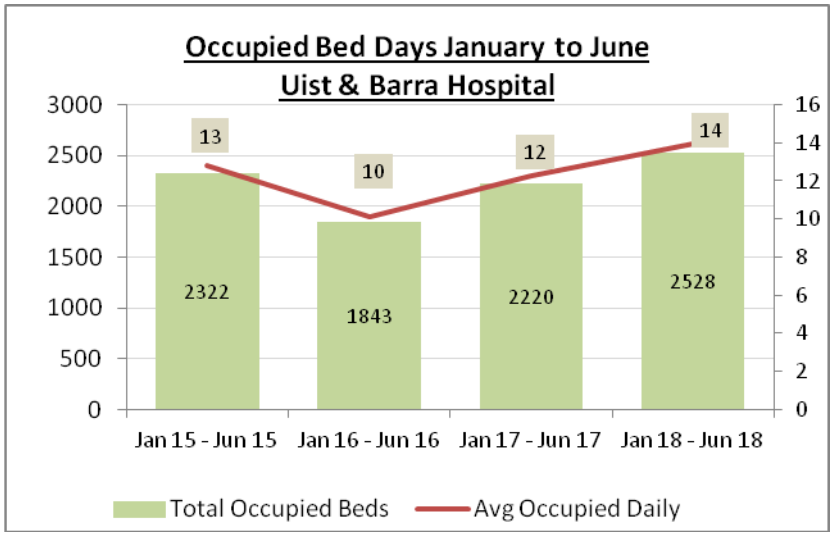
2.3 OCCUPIED BED DAYS AT WESTERN ISLES

a) Western Isles Hospital



b) Uist & Barra Hospital



c) St Brendan's Hospital

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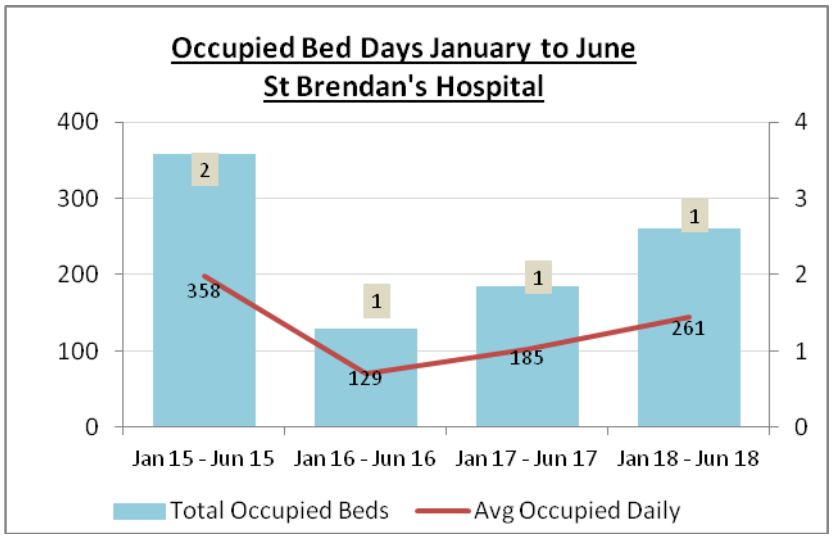


d) Daily Percentage Occupancy – All Hospitals

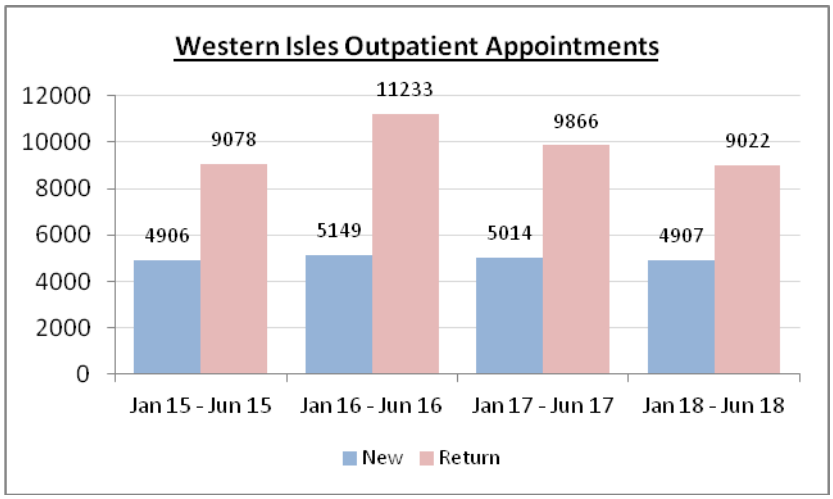
% OCCUPANCY	NUMBER OF DAYS DURING JAN 15 - JUN 15	NUMBER OF DAYS DURING JAN 16 - JUN 16	NUMBER OF DAYS DURING JAN 17 - JUN 17	NUMBER OF DAYS DURING JAN 18 - JUN 18
100	0	0	0	0
95-99	0	0	0	0
90-94	0	0	0	2
85-89	1	0	7	27
80-84	18	0	39	44
75-79	61	3	66	55
70-74	68	27	38	33
65-69	31	48	19	19
60-64	2	32	12	1
<60	0	72	0	0

2.4 OUTPATIENT ACTIVITY WITHIN WESTERN ISLES

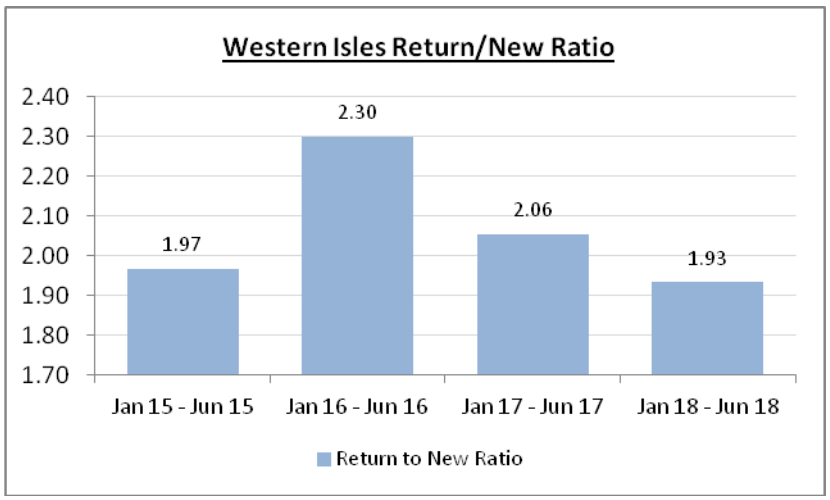
All Western Isles Locations

N.B. AHP Referrals and Appointments - 'R Specialties' - are excluded. Headings in blue are quick links to the relevant Qlikview report.

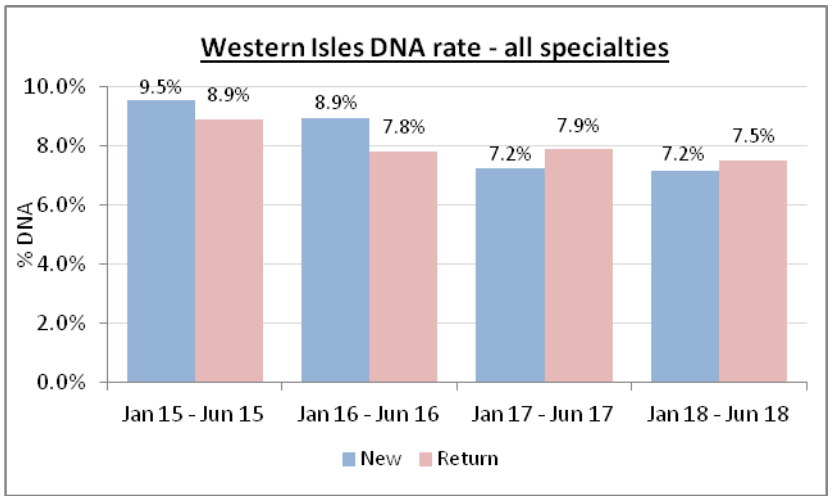
i) Outpatient Appointments



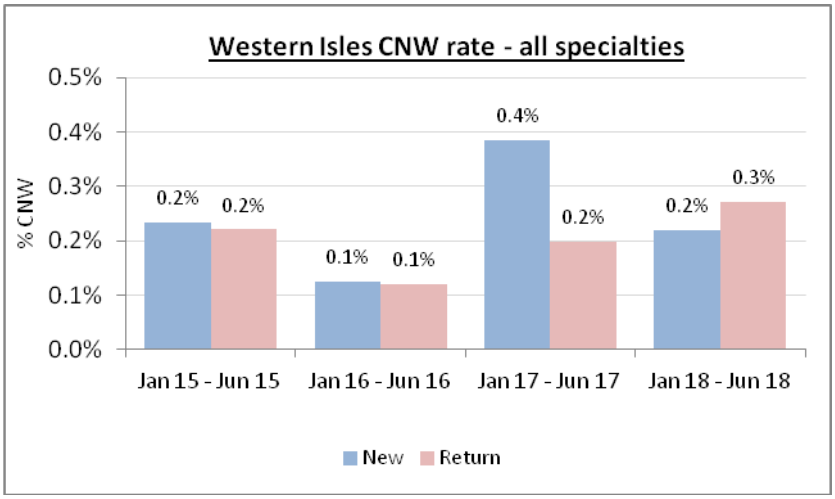
ii) Return to New Ratio



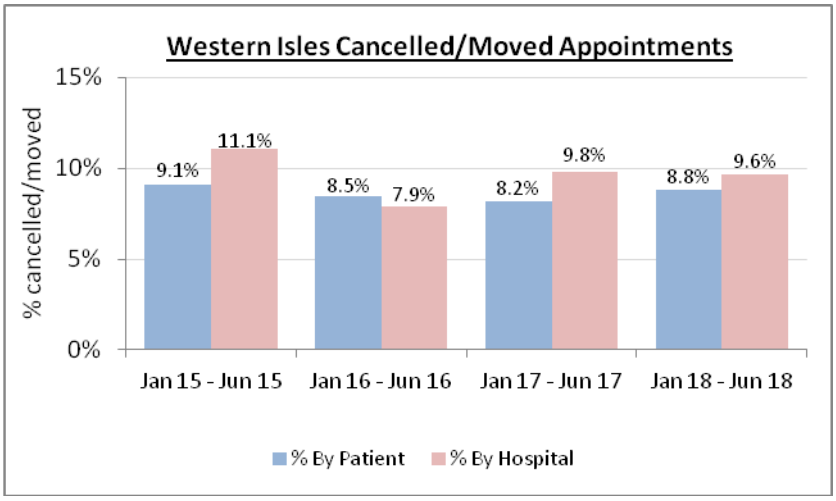
iii) % DNA



iv) **% CNW**



v) **% cancelled/moved appointments**



vi) **% Conversion to IP or Daycase**

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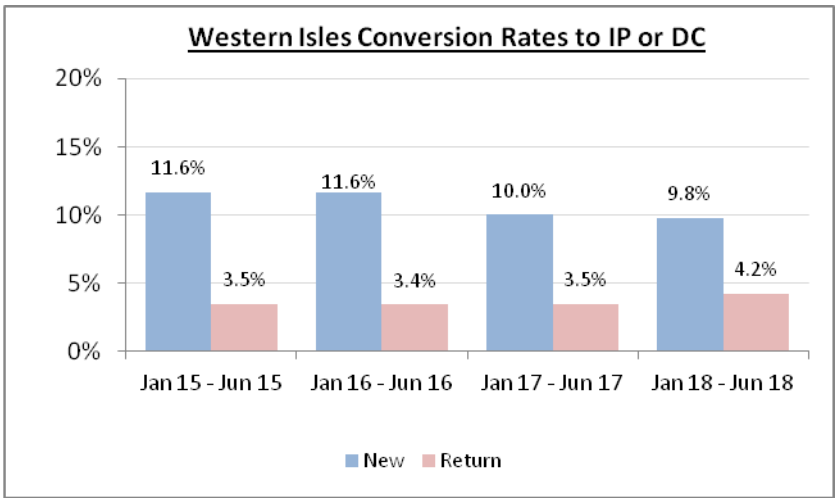
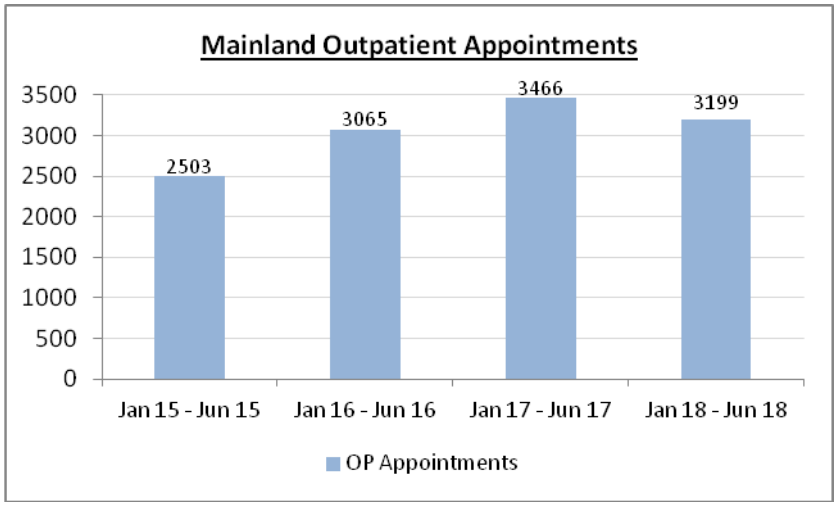


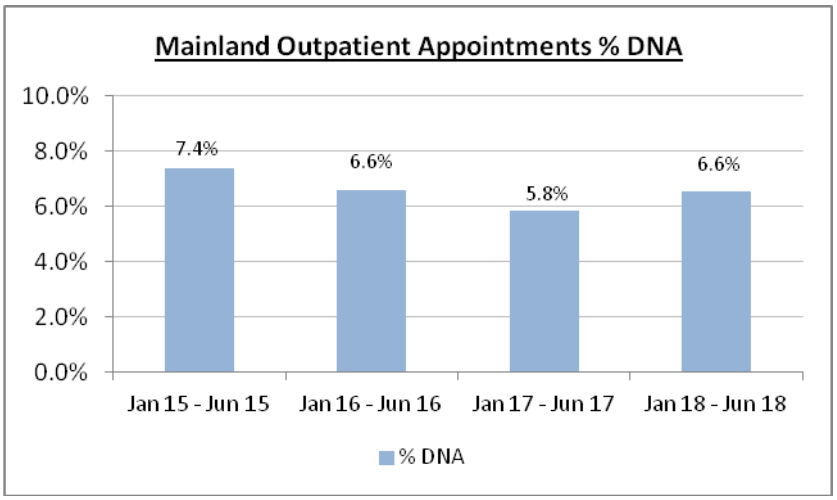
2.5 OUTPATIENT ACTIVITY OUTWITH WESTERN ISLES

All Mainland Locations

i)



ii)



iii)

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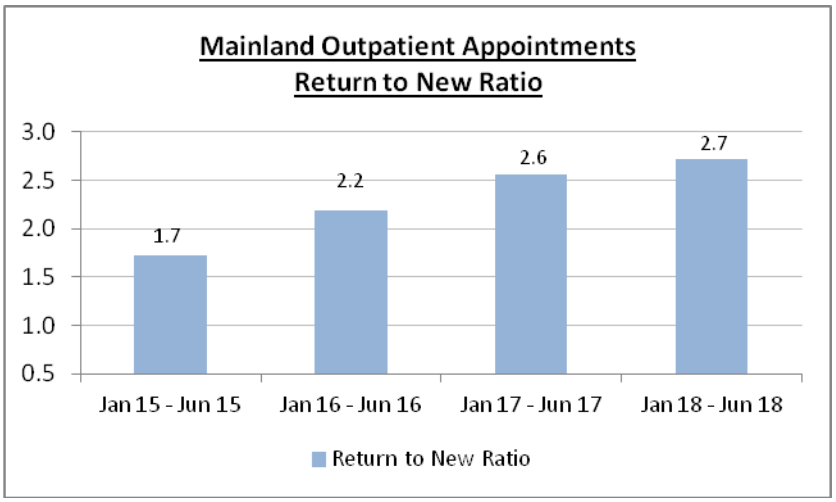
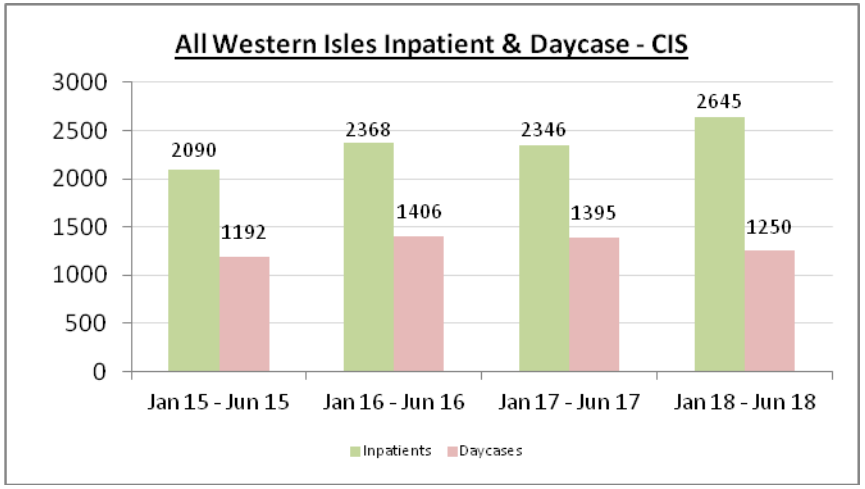
Purpose: For Assurance



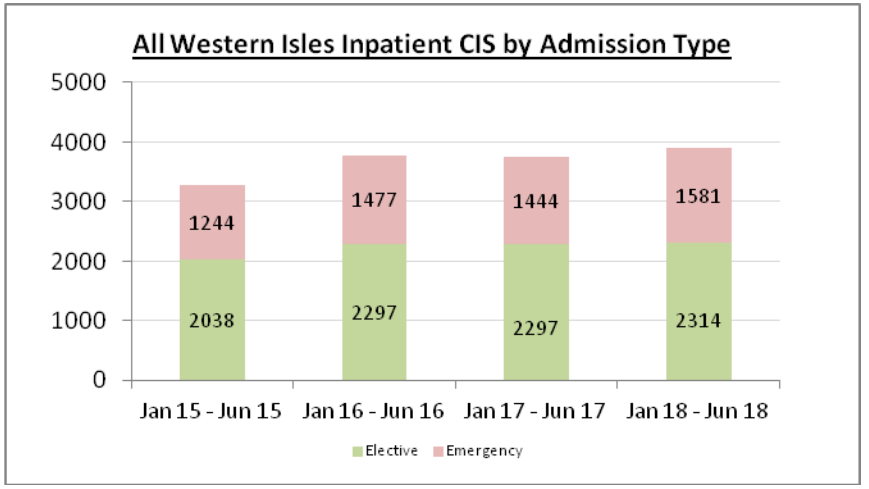
2.6 INPATIENT AND DAYCASE CONTINUOUS INPATIENT STAYS WITHIN WESTERN ISLES

a) All Western Isles Hospitals

i)



ii)



b) Western Isles Hospital

i)

ii)

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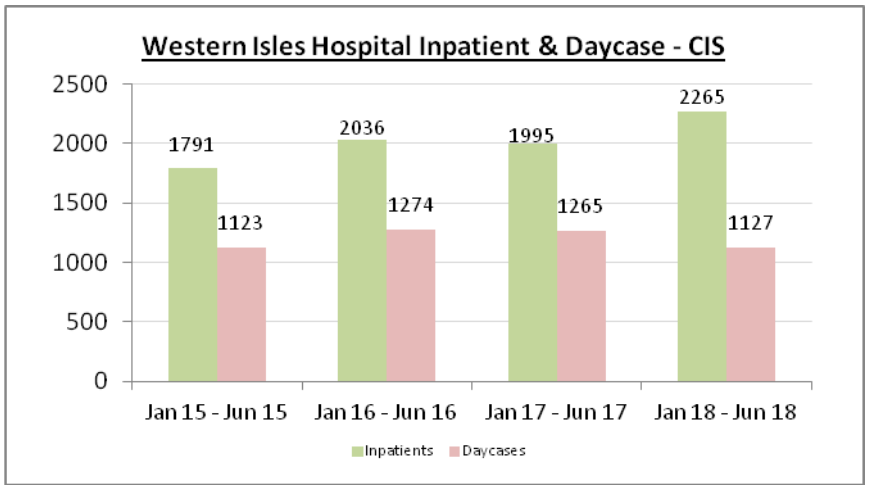
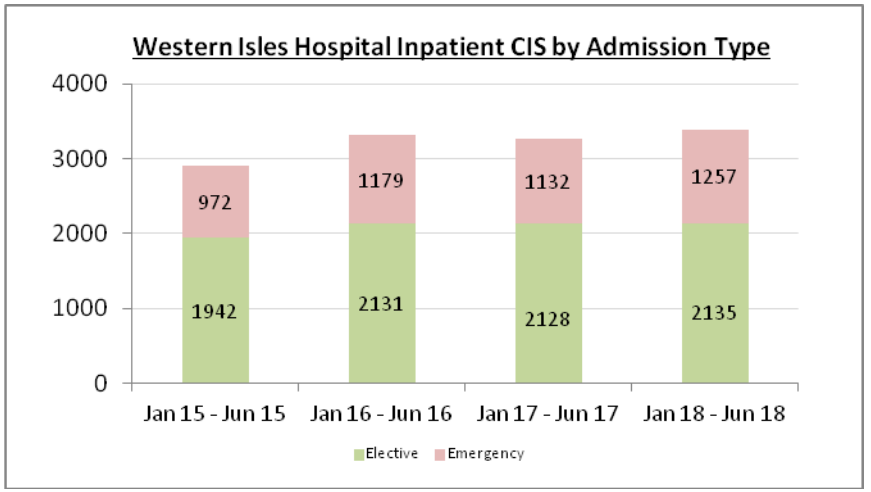
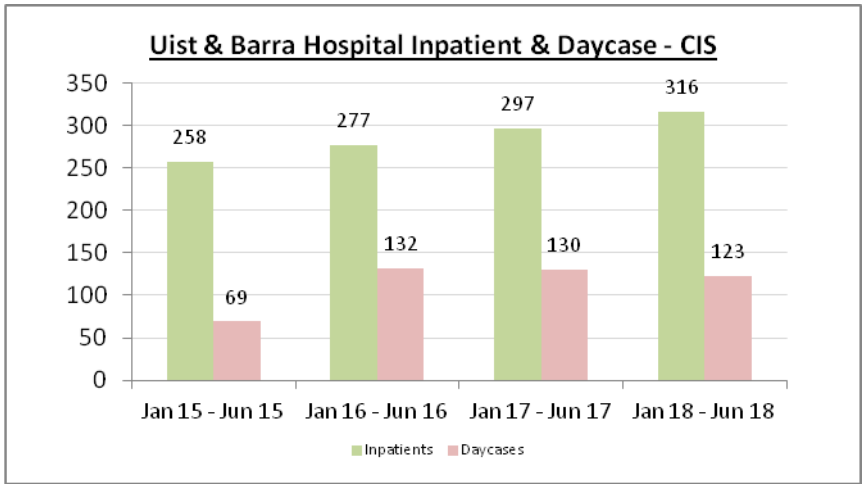


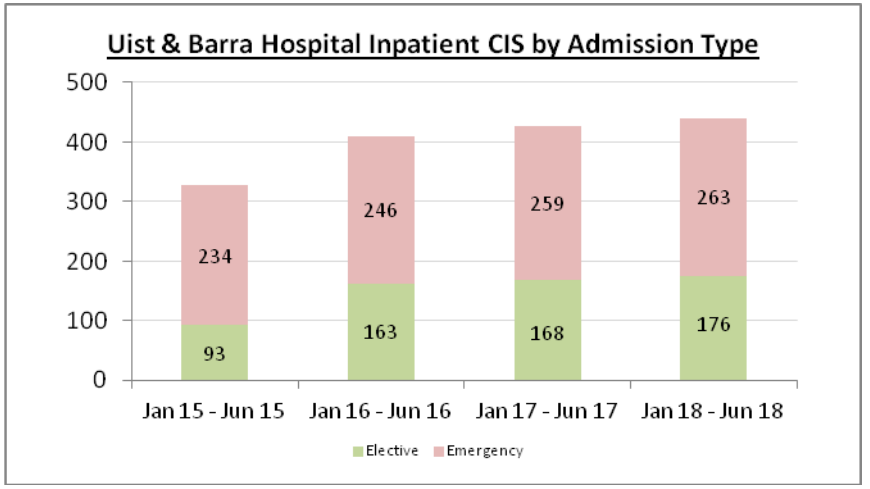


c) Uist & Barra Hospital

i)

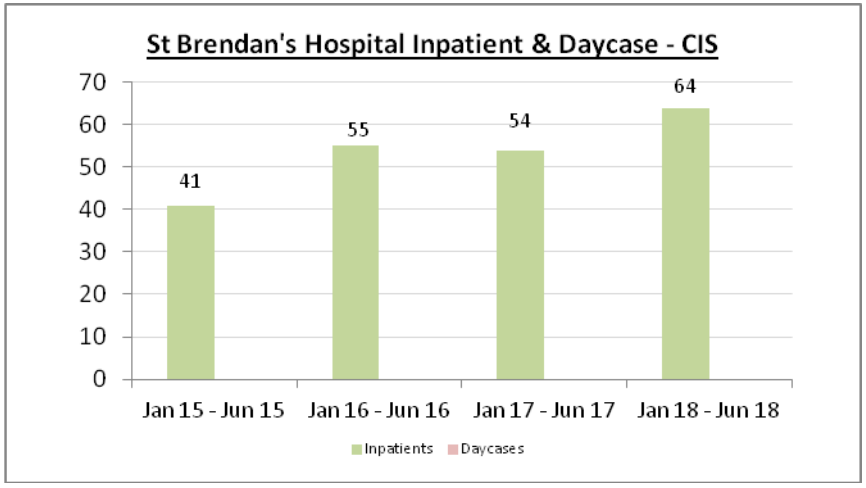


ii)

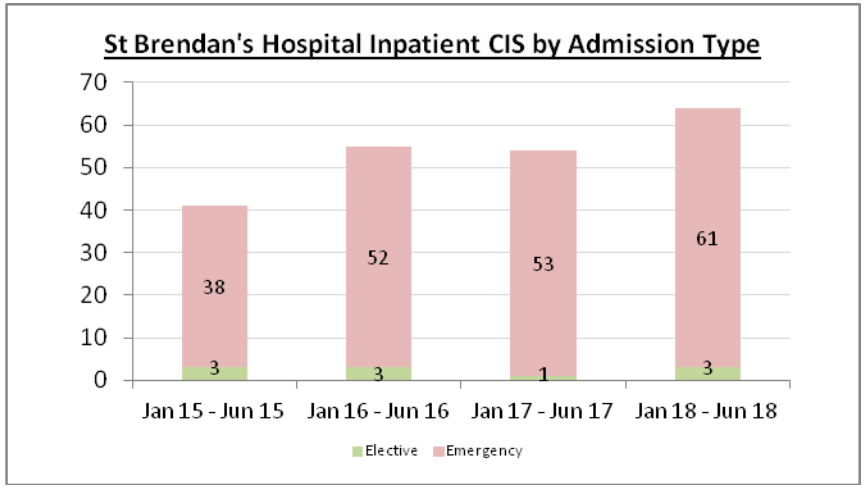


d) St Brendan's Hospital

i)



ii)



Board Meeting 24.10.18
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Purpose: For Assurance

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Agenda Item: 11.3
Purpose: For Assurance

APPENDIX

INPATIENTS AND DAYCASES BY SPECIALTY

a) All Western Isles Locations - all specialties excluding Obstetrics and Psychiatry

Data relates to periods 01 January to 30 June incl. for each year

SPECIALTY	Inpatients					Daycases					IP & DC
	2015	2016	2017	2018	IP TOTAL	2015	2016	2017	2018	DC TOTAL	TOTAL
Ear, Nose & Throat (ENT)	11	11	7	6	35	32	39	44	48	163	198
General Medicine	1054	1159	1201	1344	4758	5	2	2	16	25	4783
General Surgery	359	479	460	506	1804	681	776	732	617	2806	4610
GP Other than Obstetrics	299	328	344	370	1341	5	2		5	12	1353
Gynaecology	44	46	40	41	171	42	31	39	57	169	340
Medical Oncology			1		1					0	1
Ophthalmology	2	4	5	4	15	202	263	277	279	1021	1036
Oral and Maxillofacial Surgery	3	1	1	2	7	14	11	7	12	44	51
Oral Surgery	3	1			4	2	1			3	7
Paediatrics	42	49	60	50	201	2		4		6	207
Trauma and Orthopaedic Surgery	277	287	230	365	1159	126	137	138	74	475	1634
Urology	5	3	1		9	83	144	149	162	538	547
Oral Medicine		1	2		3		2	2		4	7
Clinical Oncology					0				1	1	1
Rehabilitation Medicine		1			1					0	1
Rheumatology					0				1	1	1
Dermatology					0				1	1	1
Grand Total	**2099**	**2370**	**2352**	**2688**	**9509**	**1194**	**1408**	**1394**	**1273**	**5269**	**14778**

b) Western Isles Hospital only - all specialties excluding Obstetrics and Psychiatry

Data relates to periods 01 January to 30 June incl. for each year

	Inpatients					Daycases					IP & DC
	2015	2016	2017	2018	IP TOTAL	2015	2016	2017	2018	DC TOTAL	TOTAL
Ear, Nose & Throat (ENT)	11	11	7	6	35	32	39	44	48	163	198
General Medicine	1054	1158	1201	1344	4757	5	1	2	16	24	4781
General Surgery	357	476	452	500	1785	619	649	610	499	2377	4162
GP Other than Obstetrics	1	1	1	1	4					0	4
Gynaecology	44	46	40	41	171	42	31	39	57	169	340
Medical Oncology			1		1					0	1
Ophthalmology	2	4	5	4	15	202	263	277	279	1021	1036
Oral and Maxillofacial Surgery	3	1	1	2	7	14	11	7	12	44	51
Oral Surgery	3	1			4	2	1			3	7
Paediatrics	42	49	60	50	201	2		4		6	207
Trauma and Orthopaedic Surgery	276	286	230	364	1156	124	135	130	74	463	1619
Urology	5	3	1		9	83	144	149	162	538	547
Oral Medicine		1	2		3		2	2		4	7
Clinical Oncology					0				1	1	1
Rehabilitation Medicine		1			1					0	1
Rheumatology					0				1	1	1
Dermatology					0				1	1	1
Grand Total	**1798**	**2038**	**2001**	**2312**	**8149**	**1125**	**1276**	**1264**	**1150**	**4815**	**12964**