



Standards & Hospital Performance Report

Report for Qtr.3 2024-25

Contents

Standards & Hospital Performance Report	1
1. Target Performance: Trajectories and Local Delivery Plan	1
2. LDP STANDARD MEASURES 2024/25 (Qtr. 3)	5
Hospital Performance Section	15
3. Western Isles Hospital	15
A&E	15
Inpatient and Day Case Activity	17
Inpatient and Day Case – specialty breakdown	18
Number IP/DC on Waiting List	19
Number of New Outpatients on Waiting List	20
Hospital at Home Admissions	21
8 Key Tests	22
Theatre Utilisation	23
Hospital Beds (WIH)	24
Outpatient Appointments	28
4. Ospadal Uibhist agus Barraigh (OUAB)	31
A&E OUAB	31
Inpatient and Day Case Activity	33
Hospital Beds (OUAB)	34
5. St. Brendan’s Hospital (St. B)	38
Inpatient and Day Case Activity	38
6. Mainland Hospitals	41
Inpatient and Day Case Activity	41

1. Target Performance: Trajectories and Local Delivery Plan

Table 1 Current LDP Standards

Area	Standard	Associated Key Measures	Period	Status	Comments
Acute	<u>Suspicion-of-cancer referrals (62 days)</u> % of urgent referrals (inc. via A&E) with suspicion of cancer seen within 62 days of treatment starting.	<i>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.</i>	Dec-24	▼	Standard: 95%
					Actual: 72% Variance: -24.3% 23 of 32 seen within 62 days
	<u>All Cancer Treatment (31 days)</u> % of cancer patients treated within 31 days of diagnosis.		Dec-24	◀▶	Standard: 95%
					Actual: 100% Variance: 5.3% 21 of 21 seen within 31 days
	<u>Emergency Department Waiting Times – 4 hours</u> The percentage of patients seen waiting no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	<i>Standard is 95% with stretch target of 98%</i>	Dec-24	▲	Standard: (95%) 98%
					Actual: 96.7% Variance: 1.8%
	<u>Early Access to Antenatal Services</u> At least 80% of pregnant in each SIMD quintile will have booked for antenatal care by the 12 th week of gestation.	<i>Performance is calculated for each of the 5 quintiles and the lowest performing quintile will be reported.</i>	Dec-24	▼	Plan: 80%
					Actual: 83.3% Variance: 7.1% 5 of 6 in quintile 2
	<u>IVF Treatment Waiting Times</u> 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.	<i>A proportion of WI patients are treated in Glasgow and will be included in waiting times for GG&C.</i>	Dec-24	◀▶	Plan: 90%
					Actual: 100% Variance: 11.1% 2 of 2
	<u>18 weeks Referral to Treatment</u> 90% of planned/elective patients are to commence treatment within 18 weeks of referral.	<i>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.</i>	Dec-24	▲	Standard: 90%
					Actual: 86.1% Variance: -4.6% 327 patients seen ≤18 wks 53 patients seen >18 wks

Area	Standard	Associated Key Measures	Period	Status	Comments
Acute	12 week Treatment Time Guarantee for Inpatients	<i>100% compliance required.</i>	Dec-24	▼	Standard: 100%
	The proportion of inpatient and day cases that were seen within the 12 week Treatment Time Guarantee.				Actual: 72.3%
					Variance: -27.7%
					109 of 394 seen within 12wks
	New Outpatients Waiting over 12 weeks	<i>95% with stretch 100%.</i>	Dec-24	▲	Plan: 95.0%
	The percentage of patients waiting no more than 12 weeks from referral (all sources) to a first outpatient appointment.				Actual: 69.3%
					Variance:-27.06%
					862 of 1244 seen within 12 wks
	New outpatients Waiting over 16 weeks	<i>100% compliance required. Waits over 16 weeks must be eradicated.</i>	Dec-24	▲	Plan: 100%
	Percentage of patients waiting no more than 16 weeks from referral (all sources) to a first outpatient appointment.				Actual: 76.4%
					Variance: -23.6%
					950 of 1244 pts seen in 16wks
	MRSA/MSSA Bacterium	<i>Measure is flawed as it is looking for a 10% reduction based on a year with only 1 case</i>	Dec-24	▼	Local Figure Qtr.3
	To further reduce healthcare associated infections of staphylococcus aureus bacteraemia (including MRSA) case Healthcare Associated (Rate per 100,000 Total Occupied Bed Days) and Community Associated (rate per 100000 population)				Target 3.2
					Healthcare Asso SAB :30.5 (2 Cases)
					Target 16.8
		<i>No update on target for 24/25 currently still using 21/22 target.</i>		▲	Community Associated SAB : 0 (0 cases)
	Clostridioides Difficile Infections	<i>Board deemed an exception if incidence rate is above upper 95% confidence limit in current quarter OR above third standard deviation upper warning limit for current quarter of long term trend analysis.</i>	Dec-24	▼	Local Figure Qtr.3
	To further reduce healthcare associated infections of Clostridium Difficile in patients aged 15 and over Healthcare Associated (Rate per 100,000 Total Occupied Bed Days) and Community Associated (rate per 100000 population)				Target Rate 3.2
					Healthcare Associated CDI : 30.53 (2 cases)
					Target Rate 3.4
		<i>No update on target for 24/25 currently still using 21/22 target.</i>		▲	Community Associated CDI : 0 (0 cases)

Area	Standard	Associated Key Measures	Period	Status	Comments
Mental Health	<u>Faster access to specialist CaMHS</u>	90% of patients to be seen within 18 weeks.	Dec-24	◀▶	Standard:90%
	Deliver 18 weeks from referral to treatment for specialist CaMHS services.				Actual: 100%
					Variance: 11.1%
	<u>Dementia: Diagnosed & Post-Diagnostic Support</u>	Newly diagnosed dementia cases in a performance year who are offered the service, as a percentage of the overall estimate of newly diagnosed dementia cases within that performance year. % of those referred for PDS who received a minimum of a year's support	Dec-24	▲	35 of 35 pts seen within 18 weeks
					33 Newly diagnosed dementia cases per qtr. (133 annually)
					Current Target: 100
					Actual: 44
					Variance: -55.8%
	<i>No update from PHS on Projected diagnoses targets so still using 2021 target.</i>	% of those referred for PDS who received a minimum of a year's support		◀▶	Percentage receiving PDS: 100%
Public Care	<u>Faster access to Psychological Therapies</u>	NHS Boards to achieve a rate of 90%.	Dec-24	▲	Standard: 90%
	Deliver 18 weeks referral to treatment for Psychological Therapies.				Actual: 85.2%
					Variance: -5.3%
					46 of 54 patients seen within 18 weeks
	<u>Referral to Treatment: Drugs and Alcohol</u>		Dec-24	◀▶	Standard: 90%
	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.				Actual: 89%
					Variance: -0.7%
					34 of 38 seen within 3 weeks
	<u>Smoking Cessation</u>	To achieve 30 successful quits at 12wks post-quit for people residing in the three most deprived local quintiles.	Nov-24	◀▶	Target 7
	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.				Actual: 3
					Variance: -57.1%
					One month in arrears

Area	Standard	Associated Key Measures	Period	Status	Comments
Primary Care	<u>Advance booking – GP</u>	Able to book an appointment with a GP more than 48 days in advance	Mar-24 (Latest)	▼	Standard: 90%
	Percentage of patients, who indicate that they were able to book an appointment with a GP more than 3 days ahead.				Actual: 76%
					Variance: -15.6%
	<u>Access to an appropriate care</u>	Biennial patient satisfaction survey.	Mar-24 (Latest)	▼	Standard: 90%
	Positive response to questions regarding access to an appropriate member of the GP Practice Team.	Doctor			83%
		Nurse			88%
		Physiotherapist			65%
		Mental Health Professional			56%
		Another Healthcare Professional			63%
Corporate	<u>Sickness Absence</u>	NHS Boards to achieve a sickness absence rate of 4%.	Dec-24	▼	Standard: 4.0%
	% Hrs lost due to sickness absence.				Actual: 5.6
					Variance: 40%
					Lost Hours:8260.21

2. LDP STANDARD MEASURES 2024/25 (Qtr. 3)

Exception report on KPMs not meeting latest planned trajectory.

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

8: Cancer Waiting Times

Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

62-day standard from receipt of referral to start of treatment for newly diagnosed primary cancers.

Responsible Officer:

Ronnie Murray
Planning & Performance Manager

Trajectory Performance to date:

Quarter Ending	Actual	Planned Value	Deviation (%)
Mar-24	68%	95%	-28.2%
Jun-24	73%	95%	-23.1%
Sep-24	77%	95%	-18.7%
Dec-24	72%	95%	-24.3%

Supporting Analysis (where available):

Quarter Ending	Referral	Seen
Mar-24	22	15
Jun-24	26	19
Sep-24	22	17
Dec-24	32	23

Source: Business Objects - Waiting Times

1. Performance Narrative (include key reasons for underperformance status)

The Q4 performance of 72% related to 9 breaches out of 33 cases - these breaches were in Breast, Lung and Urology (x7), as per below.

	Q1-JAN-MAR			Q2-APR-JUN			Q3-JUL-SEP			Q4-OCT-DEC			2024 TOTAL		
62 DAYS (ALL)	❌	✅	Total	❌	✅	Total	❌	✅	Total	❌	✅	Total	❌	✅	Total
Breast		2	2		1	1			0	1	1	2	1	4	5
Cervical			0			0			0			0	0	0	0
Colorectal	1	5	6	2	2	4	1	1	2		2	2	4	10	14
Head & Neck	2		2			0			0			0	2	0	2
Lung		2	2		4	4		5	5	1	7	8	1	18	19
Lymphoma		2	2		1	1		1	1			0	0	4	4
Melanoma			0			0		1	1		3	3	0	4	4
Mesothelioma															
Multiple Myeloma															
Neurological															
Ovarian			0			0			0		2	2	0	2	2
Sarcoma															
Upper GI		5	5		3	3	1	5	6		3	3	1	16	17
Urological	4	2	6	5	9	14	3	5	8	7	6	13	19	22	41
Totals	7	18	25	7	20	27	5	18	23	9	24	33	28	80	108
	72.0%			74.1%			78.3%			72.7%			74%		

Cancer pathways for the majority of these specialities are through NHS Highland and so performance is dependent on performance at Highland (and Glasgow for selected specialities).

2. Planned Performance Improvements:

- Breaches to be discussed by Cancer Steering Group each month.
- A weekly report is submitted to Scottish Government and monthly calls with SG lead Rebekah MacQueen.
- SLA meetings to be re-established with NHSH in order to address issues affecting performance.

3. Key Group/Committees consulted:

- Cancer Steering Group
- Performance Group
- OSDT

Section below to be completed following SOD/CMT review	
Date Reviewed:	Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

92a: New OP: maximum 12 weeks from referral (excluded from TTT)

Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment

Responsible Officer:

Ronnie Murray
Planning & Performance Manager

Trajectory Performance to date:

Supporting Analysis (where available):

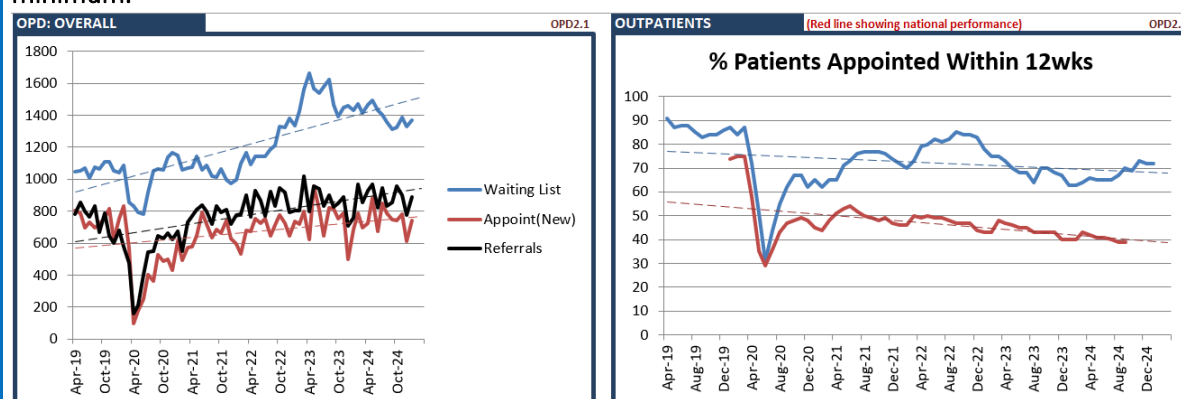
<u>Qtr. Ending</u>	<u>Actual</u>	<u>Planned Value against 12 week target</u>	<u>Deviation (%) against 12 week target</u>	<u>Month Ending</u>	<u>Patients Seen within 12wks</u>
Mar-24	64.3%	95%	-32.34%	Oct-24	843 of 1249
Jun-24	63.5%	95%	-33.14%	Nov-24	806 of 1180
Sep-24	65.2%	95%	-31.34%	Dec-24	862 of 1244
Dec-24	69.3%	95%	-27.06%	Last Qtr. by month <i>Source: Business Objects - Waiting Times</i>	

1. Performance Narrative (include key reasons for underperformance status)

We are encouraged that despite a 40% reduction in capacity for visiting services our Outpatient performance remains very strong with 70% of patients being appointed within 12 weeks. As shown in the above table, this performance has continuously improved throughout 2024.

The national Outpatient performance remains around 40%.

We are arranging WLIs in specialities such as Urology and ENT to reduce waiting lists and keep long-waiters to a minimum.



2. Planned Performance Improvements:

1. Liaise with visiting clinicians in order to schedule clinics and to manage waiting lists.
2. Arrange Waiting List Initiatives, where financially possible.
3. Seek to engage with patients in new and innovative ways (ACRT etc).

3. Key Group/Committees consulted:

1. Performance Group
2. OSDT
3. SLA meetings

Section below to be completed following SOD/CMT review

Date Reviewed:

Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

92b: New OP: maximum 16 wks from referral (excluded from TTG)

Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

100% of patients to wait no longer than 16 weeks from referral (all sources) to a first outpatient appointment

Responsible Officer:

Ronnie Murray
Planning & Performance Manager

Trajectory Performance to date:

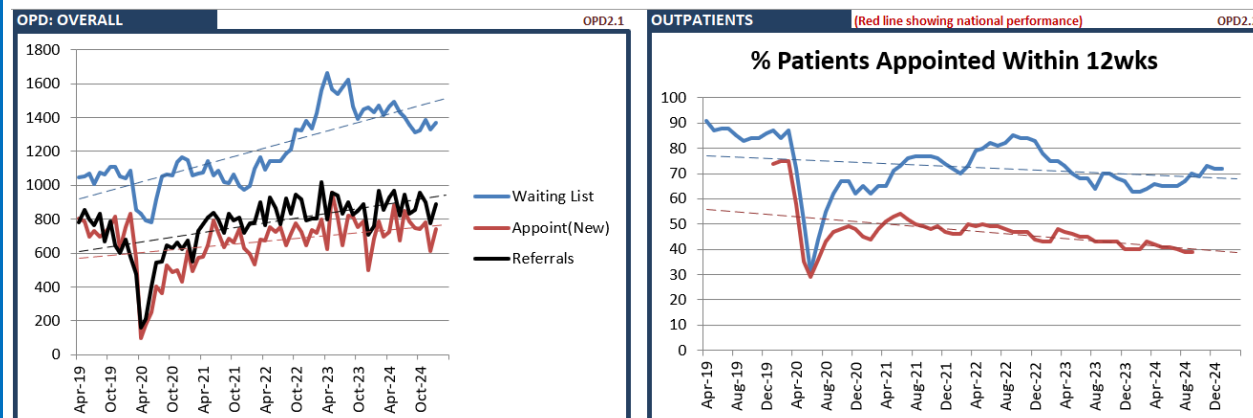
Supporting Analysis (where available):

<u>Quarter Ending</u>	<u>Actual</u>	<u>Planned Value against 16 week target</u>	<u>Deviation (%) against 16 week target</u>	<u>Month Ending</u>	<u>Patients Seen within 12wks</u>
Mar-24	71.0%	100%	-29.0%	Oct-24	956 of 1249
Jun-24	72.3%	100%	-27.7%	Nov-24	887 of 1180
Sep-24	73.0%	100%	-27.0%	Dec-24	950 of 1244
Dec-24	76.4%	100%	-23.6%	Last Qtr. by month <i>Source: Business Objects - Waiting Times</i>	

1. Performance Narrative (include key reasons for underperformance status)

We are encouraged that despite a 40% reduction in capacity for visiting services our Outpatient performance remains very strong with 76% of patients being appointed within 16 weeks. As shown in the above table, this performance has continuously improved throughout 2024.

We are arranging WLs in specialties such as Urology and ENT to reduce waiting lists and keep long-waiters to a minimum.



2. Planned Performance Improvements:

1. Liaise with visiting clinicians in order to schedule clinics and to manage waiting lists.
2. Arrange Waiting List Initiatives, where financially possible.
3. Seek to engage with patients in new and innovative ways (ACRT etc).

3. Key Group/Committees consulted:

1. Performance Group
2. OSDT
3. SLA meetings

Section below to be completed following SOD/CMT review

Date Reviewed:

Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

19: Deliver 18 weeks RTT

Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

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

Responsible Officer:

Ronnie Murray
Planning & Performance Manager

Trajectory Performance to date:

Supporting Analysis (where available):

<u>Quarter Ending</u>	<u>Actual</u>	<u>Planned Value</u>	<u>Deviation (%)</u>
Mar-24	80.1%	90%	-11.0%
Jun-24	77.2%	90%	-14.2%
Sep-24	78.2%	90%	-13.1%
Dec-24	86.1%	90%	-4.4%

<u>Month</u>	<u>Performance</u>	<u><=18</u>	<u>>18</u>
Oct-24	79.6%	391	100
Nov-24	84.5%	431	79
Dec-24	86.1%	327	53

1. Performance Narrative (include key reasons for underperformance status)

Despite significant challenges in the RTT pathway, particularly with reduced/removed flight timetables affecting visiting services, our RTT performance of 86.1% is hugely encouraging and very close to the target of 90%.

We have this year lost 40% of capacity across visiting services from NHS Highland and have also encountered other inter-island logistical issues which have affected travel to and from the Southern Isles.

We are arranging WLIs in specialities such as Urology and ENT to reduce waiting lists and keep long-waiters to a minimum.

Our Inpatient/Day Case waiting list has recovered well which helps the RTT pathway.

2. Planned Performance Improvements:

1. Validate Waiting Lists to ensure that they are accurate and up-to-date.
2. Arrange Waiting List Initiatives to shorten waiting times
3. Cleanse 18-wk RTT data to ensure accuracy of reporting.

3. Key Group/Committees consulted:

1. Performance Group
2. OSDT
3. SLA meetings

Section below to be completed following SOD/CMT review

Date Reviewed:

Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

91: IP: maximum 12 week Treatment Time Guarantee

Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

Once planned inpatient and day case treatment has been agreed with the patient the patient must receive that treatment within 12 weeks.

Responsible Officer:

Ronnie Murray
Planning & Performance Manager

Trajectory Performance to date by Qtr end:

Quarter Ending	Actual	Planned Value	Deviation %
Mar-24	67%	100%	-33%
Jun-24	71%	100%	-29%
Sep-24	79%	100%	-21%
Dec-24	72.3%	100%	-27.7%

Supporting Analysis (where available):

Month Ending	Patients waiting > 12wks
Oct-24	100 of 364
Nov-24	106 of 407
Dec-24	109 of 394

Last Qtr. by month

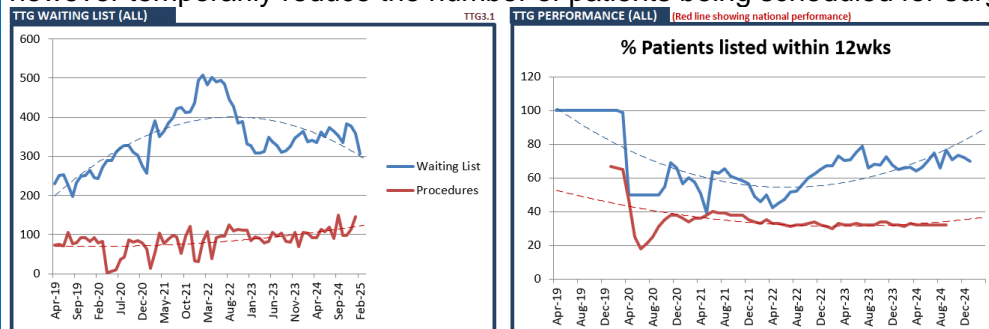
Source: Business Objects - Waiting Times

1. Performance Narrative (include key reasons for underperformance status)

Our performance of 72.3% at the end of Q3 (Dec 24) remains very pleasing.

Since Q3 we have carried out another Waiting List Initiative in Ophthalmology and the current waiting list is now down to around 300 patients, the lowest it has been for 4 years as per the below left graph.

Due to the refurbishment of our ED and the subsequent re-housing of AAU to Day Surgery, we will however temporarily reduce the number of patients being scheduled for surgery for the next 12 weeks.



2. Planned Performance Improvements:

1. Weekly Theatre Scheduling meetings held to list patients appropriately.
2. Liaising with clinicians to ensure that waiting lists are correct.
3. Arrange Waiting List Initiatives where possible.

3. Key Group/Committees consulted:

1. Performance Group
2. Theatre Users Group
3. OSDT

Section below to be completed following SOD/CMT review

Date Reviewed:

Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

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Executive Lead:

Lachlan MacPherson
Hospital Manager

HEAT Target:

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Responsible Officer:

Ronnie Murray
Planning & Performance Manager

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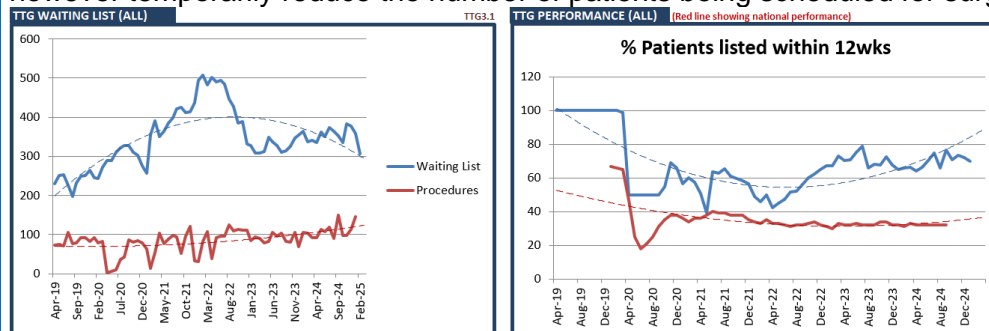
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3. Key Group/Committees consulted:

1. Performance Group
2. Theatre Users Group
3. OSDT

Section below to be completed following SOD/CMT review

Date Reviewed:

Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

27 Sickness Absence Rate

Executive Lead:

Diane Macdonald
HR Manager

HEAT Target:

Target Standard is 4% sickness absence level

Responsible Officer:

Christine Kennedy
Employee & Relations Officer

Trajectory Performance to date:

<u>Month Ending</u>	<u>Actual</u>	<u>Planned Value</u>	<u>Deviation (%)</u>
Oct-24	5.21	4.0	30.3%
Nov-24	4.54	4.0	13.5%
Dec-24	5.60	4.0	40.0%

Supporting Analysis (where available):

<u>Month Ending</u>	<u>Lost Hors</u>
Oct-24	7669.29
Nov-24	6465.72
Dec-24	8260.21

1. Performance Narrative (include key reasons for underperformance status)

There has been a steady reduction in both long term and short term sickness absence since June 2024, with November 2024 showing the lowest sickness rate in the past three years down to 4.54%.

Managers who have input 'unknown' reasons for absence have been contacted with an instruction to input an absence category.

All managers have been invited to training on attendance management to ensure consistent application of policy and procedure across the organisation.

Staff communications on attendance management have been issued to highlight manager and employee responsibilities in the process.

Employee Relations Officer's and Occupational Health are working closely to monitor absence and ensure all absences are being managed. Monthly meetings are held to analyse absence and follow up with managers on any absences that are not being managed appropriately.

Performance review of senior managers includes management of sickness absence.

Increased data analysis of sickness absence by roster area is being reported to the Strategic Workforce Group and Corporate Management Team

The Director of HR & Workforce Development has met with managers for areas in the top 10 highest levels of absence to ensure appropriate actions are in place and that policy is being consistently applied.

2. Planned Performance Improvements:

- All are being actively managed and employees supported appropriately with HR and OH working closely to monitor absences and ensure all absences are being managed in line with OfS policy. This is a continual process.

2.	Along with ongoing training on attendance management to managers, staff communications have been issued to highlight both manager and employee responsibilities in the process.
3.	The Wellbeing Group have agreed a Wellbeing Strategy and Action Plan which has a focus on mental wellbeing.
3. Key Group/Committees consulted:	
1.	Staff Governance
2.	Partnership Forum (APF)
3.	CMT/OSDT
Section below to be completed following SOD/CMT review	
Date Reviewed:	Decision:

Local Delivery Plan – HEAT Standard Performance Assessment Q3 2024/25

WI Balanced Scorecard Indicator:

13a: SAB bacterium Healthcare Associated

Executive Lead:

Fiona Mackenzie
Nurse/AHP Director & Chief Operating Officer

HEAT Target:

Reduction of 10% on 2018/19 baseline by 2022

Responsible Officer:

Janice Mackay
Head of IPC & Decontamination

Trajectory Performance to date:

<u>Qtr. End</u>	<u>Actual</u>	<u>Planned Value</u>
Mar-24	14.0	3.2
Jun-24	30.7	3.2
Sep-24	27.7	3.2
Dec-24	30.5	3.2

Supporting Analysis (where available):

<u>No. of people</u>	<u>Est. Bed Days</u>
1	7127
2	6507
2	7208
2	6551

1. Performance Narrative (include key reasons for underperformance status)

The national denominator of patients per. occupied bed days for us as an island health board is difficult to achieve due to the small number of beds we have in comparison to larger mainland boards.

2. Planned Performance Improvements:

1. The IPCT continue to monitor and audit invasive devices throughout NHS WI and report the results in the monthly Infection Control Activity Report (ICMAR) which is circulated widely within NHS WI.
2. The message of zero preventable SABs continues to be cascaded to all staff by the Infection Prevention & Control Team (IPCT) in their education sessions, visits to clinical areas, and discussions held with both nursing and medical staff. Blood cultures are being aspirated more timeously on admission to hospital from patients presenting with a sepsis and those who have underlying chronic condition.
3. Critical incident reports continue to be completed for all patients who cultured either a MRSAB or a SAB. All lessons learned from these reports are circulated with the appropriate staff groups within NHS Western Isles (NHS WI) to ensure the findings are appropriately acted on and lessons shared. The lessons learnt are also sent to NHS WI's Learning Review Group.

3. Key Group/Committees consulted:

1. ICC
2. OSDT
3. AMT

Section below to be completed following OSDT/CMT review

Date Reviewed:	Decision:

Hospital Performance Section

3. Western Isles Hospital

A&E

Figure 1 - No. A&E Attendances

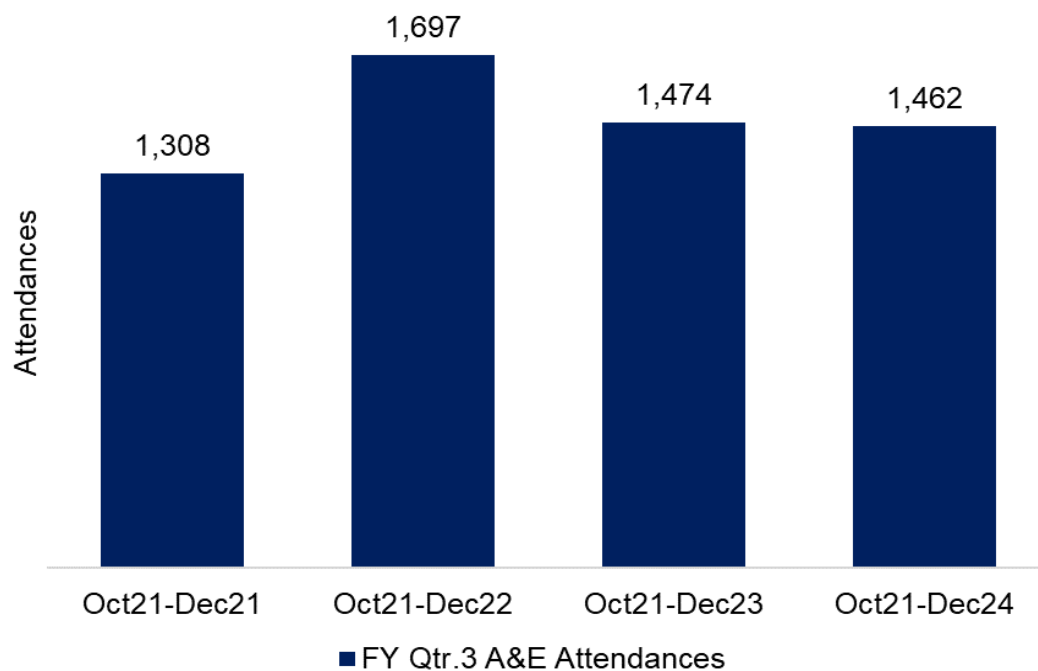


Figure 2 - % Attendances admitted

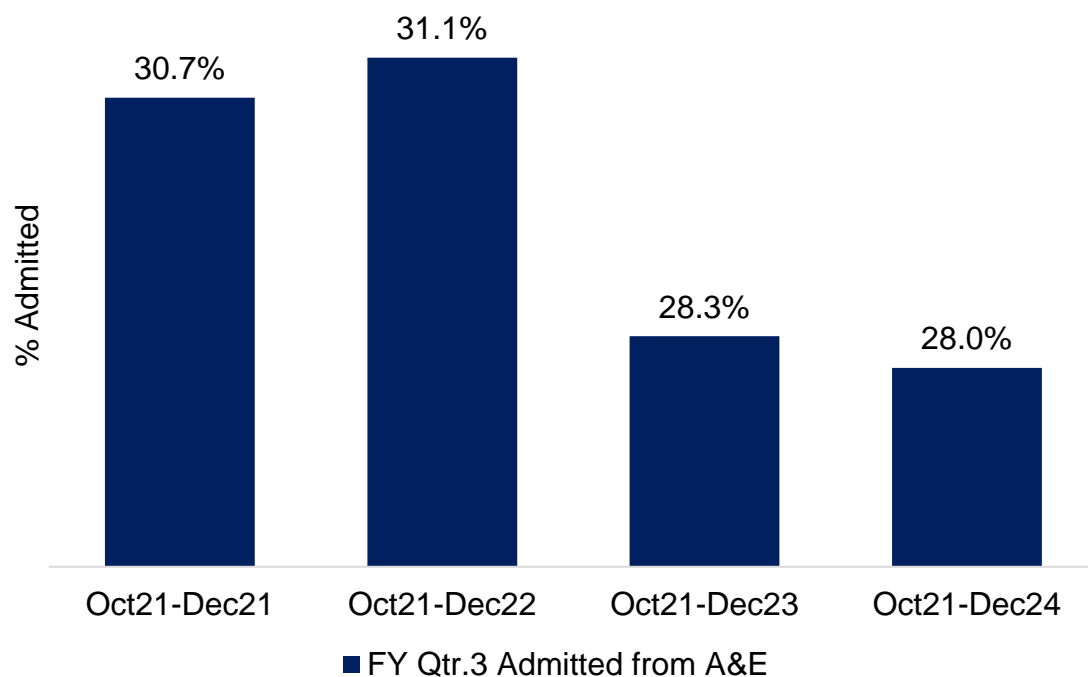


Table 2 - Outcome for WIH A&E Attendances

Disposition Description - (Oct-Dec)	2021	2022	2023	2024
Discharged With no follow up	40%	41%	41%	41%
Admitted	31%	31%	28%	28%
Discharged With referral	16%	14%	17%	17%
Discharged With follow up by primary team	10%	9%	10%	8%

Over 95% of attendances are included in these 4 descriptions

Table 3 - Referrals from WIH A&E Attendances

Referral from ED - (Oct-Dec)	2021	2022	2023	2024
No Follow Up Required	60%	66%	63%	63%
Other clinic	11%	9%	13%	13%
GP	13%	10%	11%	10%
A&E Clinic	4%	3%	3%	2%
Other	4%	2%	1%	2%
Practice nurse	2%	2%	2%	2%
Fracture clinic	1%	1%	1%	2%
Mental health service	1%	2%	1%	1%

Over 95% of attendances are included in these 8 descriptions

Excludes patients that had an outcome of Admission

Table 4 - Flow of WIH A&E Attendances

Flow Type - (Oct-Dec)	2021	2022	2023	2024
Flow 1 (Minor Injury & Illness)	66%	64%	67%	68%
Flow 2 (Acute assessment)	3%	2%	2%	0%
Flow 3 (Medical Admissions)	21%	23%	22%	20%
Flow 4 (Surgical Admissions)	9%	8%	6%	8%
Flow 5 (Out of hospital Care)	1%	3%	2%	3%

Inpatient and Day Case Activity

Figure 3 - Inpatient and Day Case Activity (Episodes)

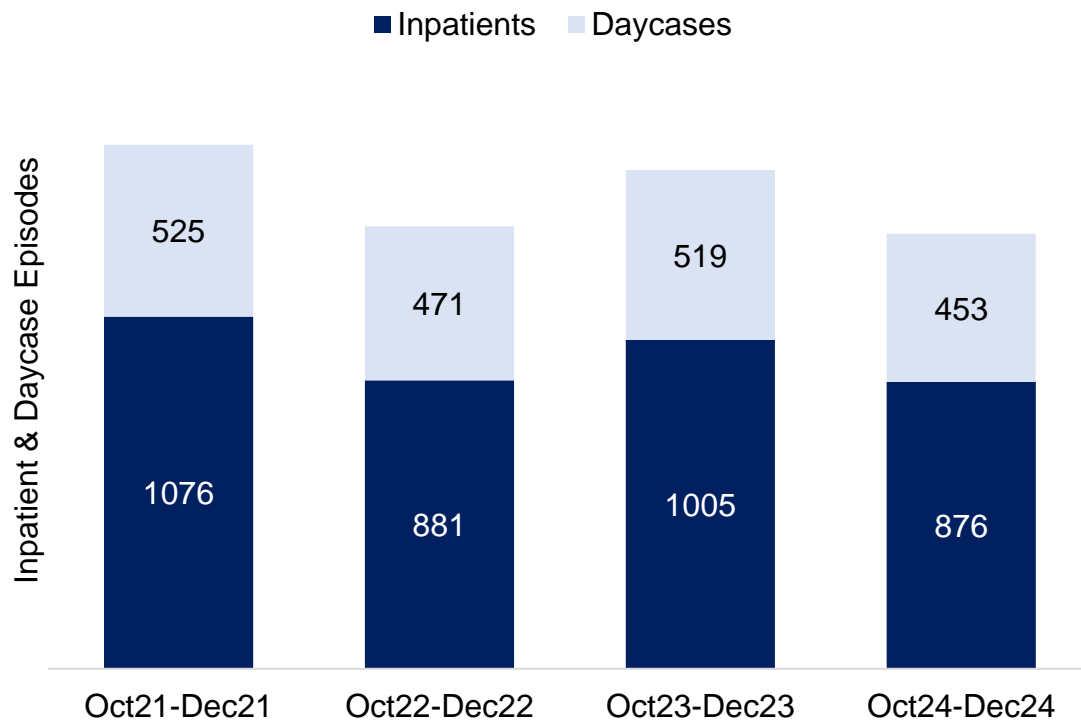
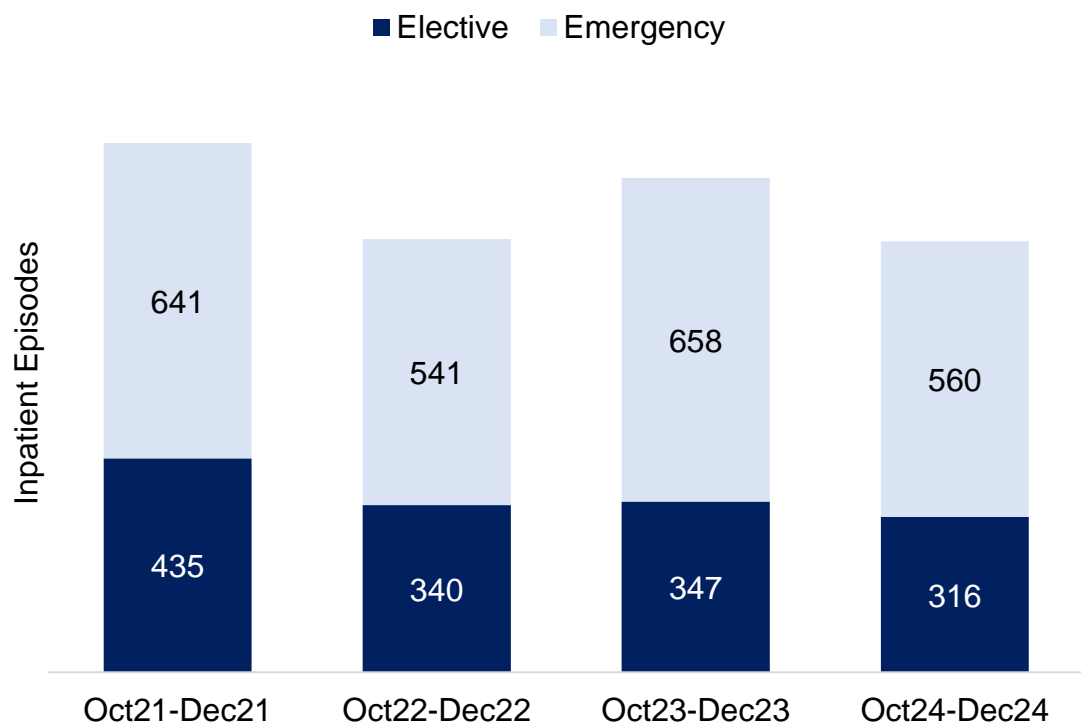


Figure 4 - Inpatient Activity by Type



Inpatient and Day Case – specialty breakdown

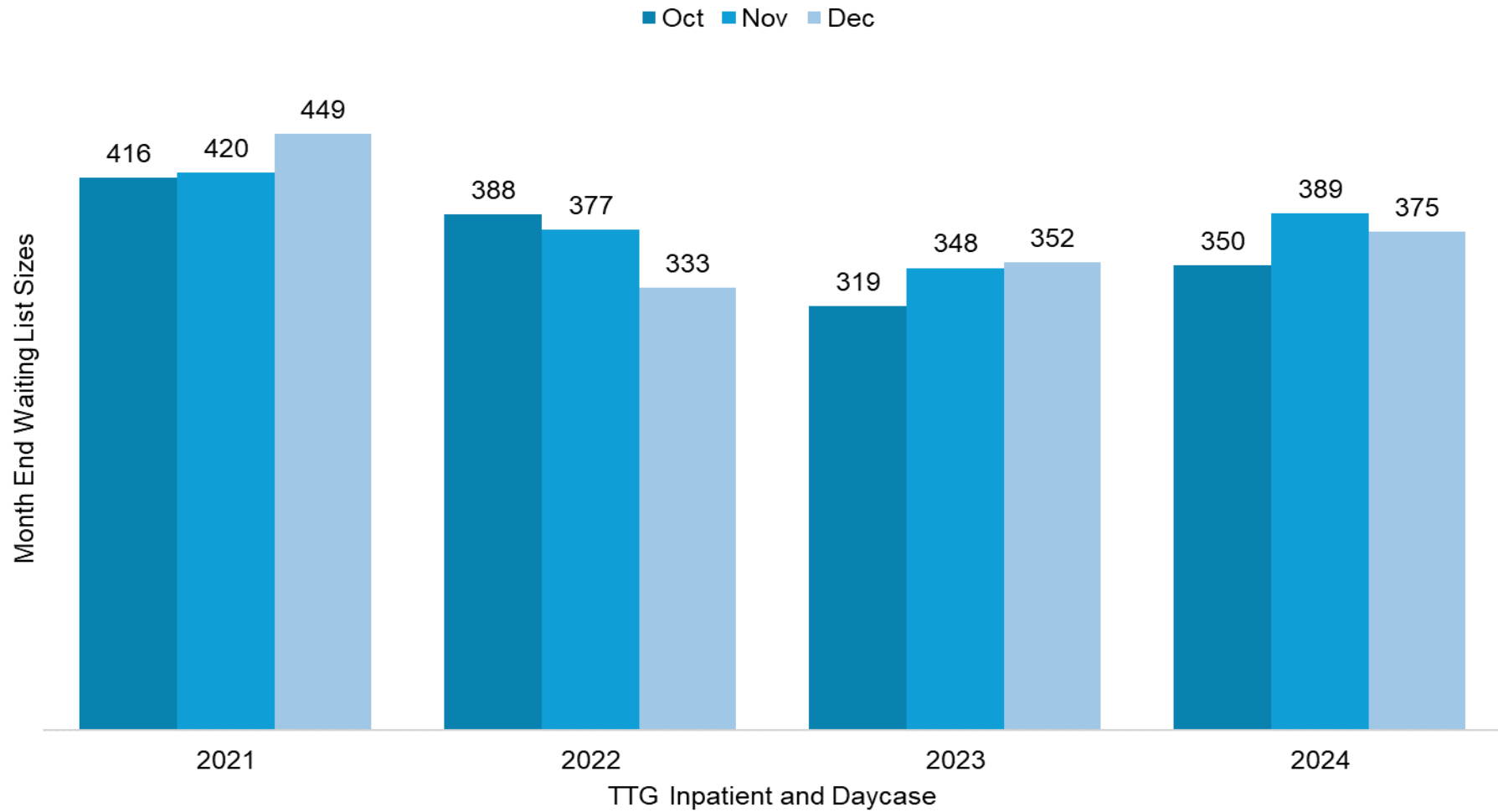
Table 5 - Western Isles Hospital only - all specialties excluding Obstetrics and Psychiatry

SPECIALTY	Inpatients - (Oct-Dec)					Daycases - (Oct-Dec)					IP & DC
	2021	2022	2023	2024	IP TOTAL	2021	2022	2023	2024	DC TOTAL	TOTAL
General Medicine	533	544	540	526	2143		1	1	3	5	2148
General Surgery	174	236	144	173	727	262	299	302	301	1164	1891
Trauma and Orthopaedic Surgery	119	150	121	141	531	45	40	42	40	167	698
Ophthalmology				2	2	88	103	72	70	333	335
Paediatrics	37	58	55	46	196					0	196
Urology					0	41	40	28	36	145	145
Gynaecology	18	18	13	2	51	19	25	19	22	85	136
Oral and Maxillofacial Surgery			1	1	2	4	11	3	7	25	27
Ear, Nose & Throat (ENT)					0	7				7	7
Respiratory Medicine					0	2				2	2
Clinical Oncology					0	2				2	2
Anaesthetics			2		2					0	2
Oral Surgery					0	1				1	1
Grand Total	881	1006	876	891	3654	471	519	467	479	1936	5590

Number IP/DC on Waiting List

Note : *Acute and medical specialties only, also as appointment locations are not determined until they are scheduled, the waiting list is not split by island.

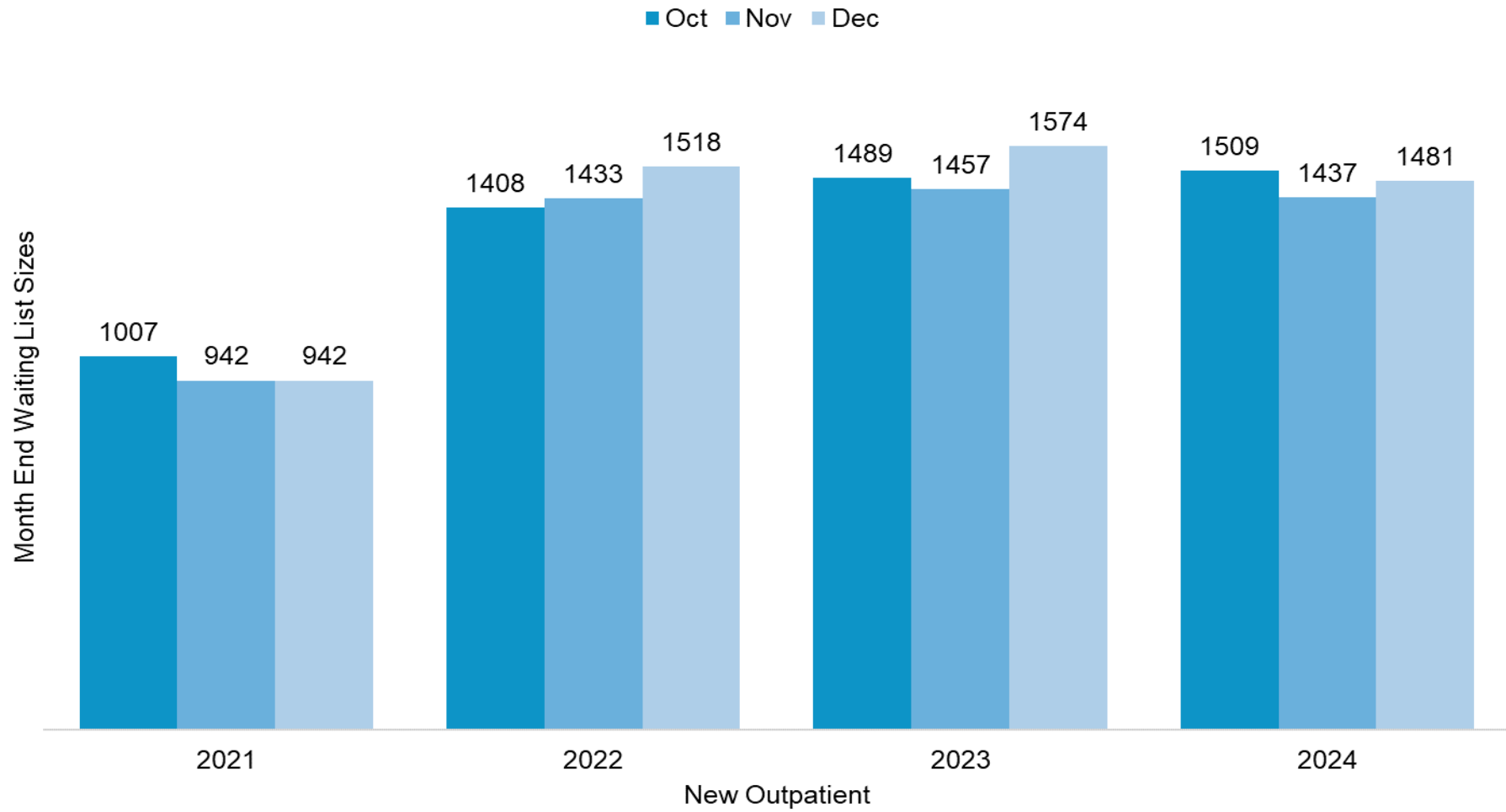
Figure 5 - TTG Inpatients and Daycases waiting list sizes



Number of New Outpatients on Waiting List

Note : *Acute and medical specialties only, also as appointment locations are not determined until they are scheduled, the waiting list is not split by island.

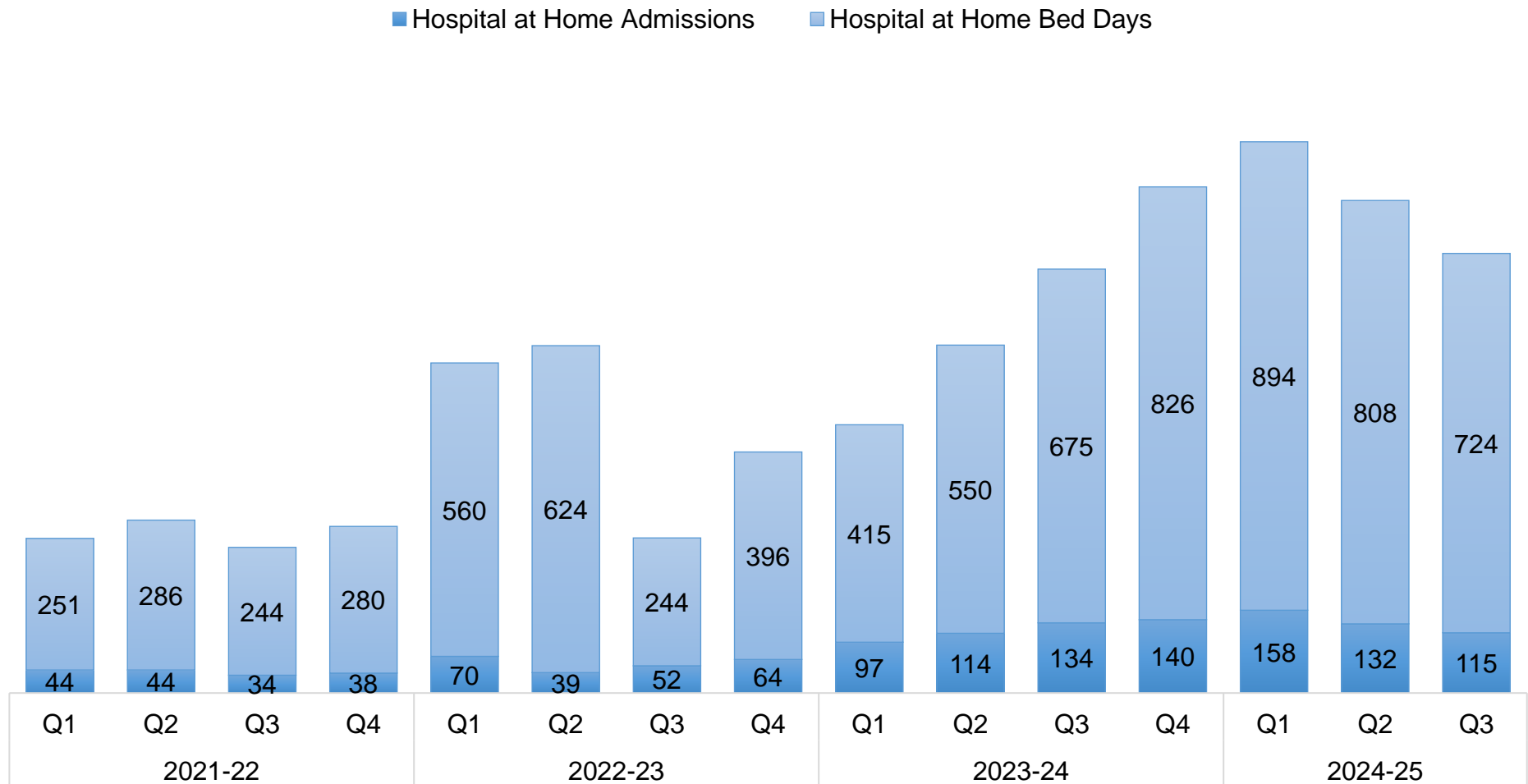
Figure 6 - New Outpatients on Waiting List



Hospital at Home Admissions

Note: Includes admissions with LOS - some of these are CCE daycases under General Surgery but there are additional General Medicine and Orthopaedic patients too. 140 episodes with LOS = 0

Figure 7 - Hospital at Home Admissions



8 Key Tests

Endoscopy: Upper Endoscopy , Lower Endoscopy (excluding Colonoscopy) , Colonoscopy , Cystoscopy

Radiology: CT Scan , MRI Scan , Barium Studies , Non-obstetric ultrasound

Figure 8 - 8 Key Diagnostic Tests Waiting Times

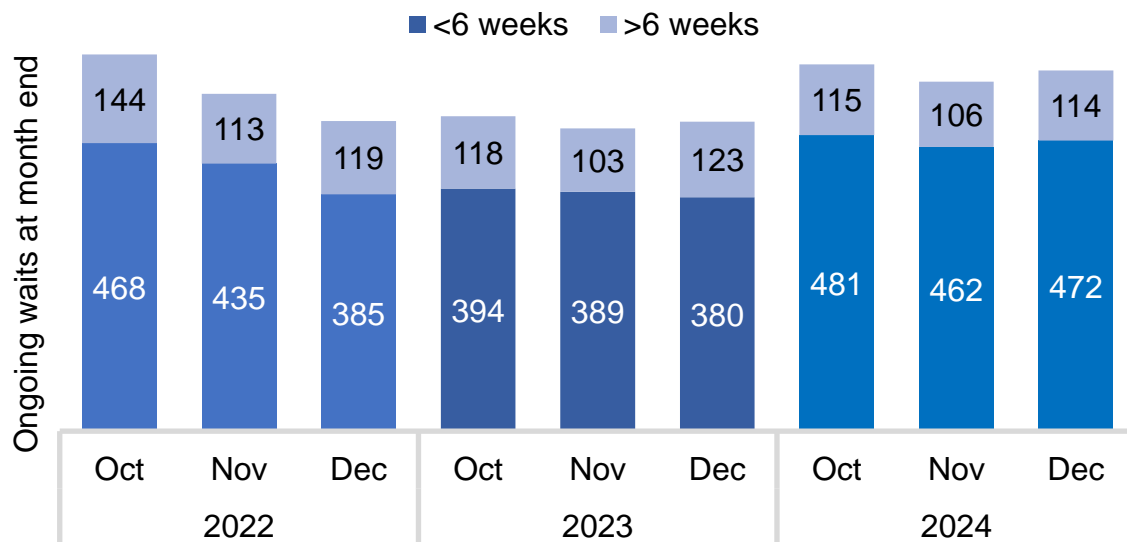
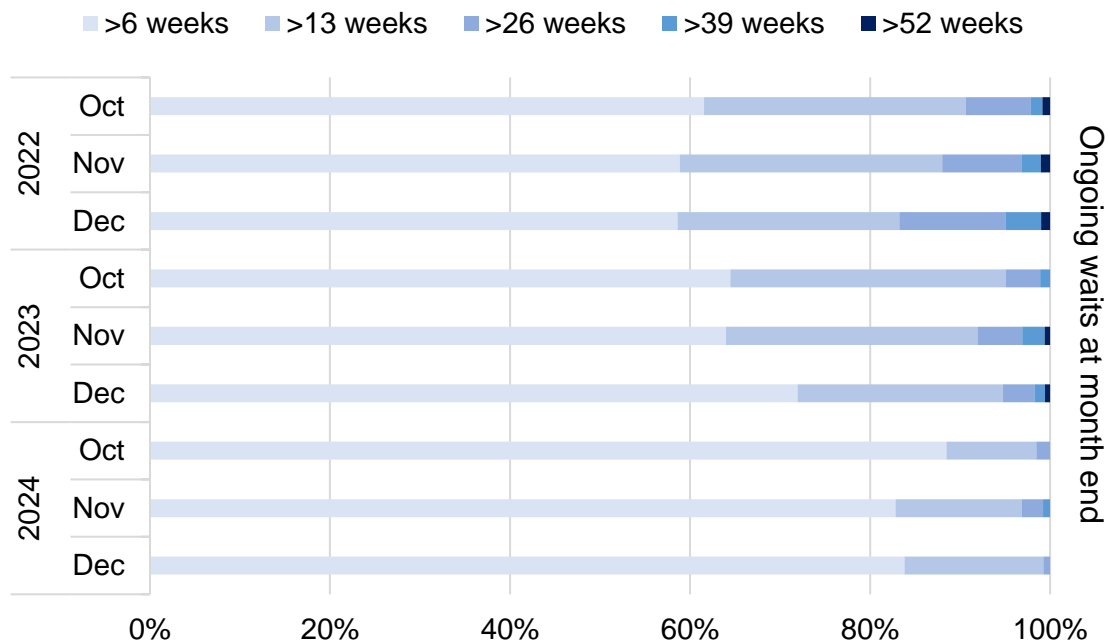
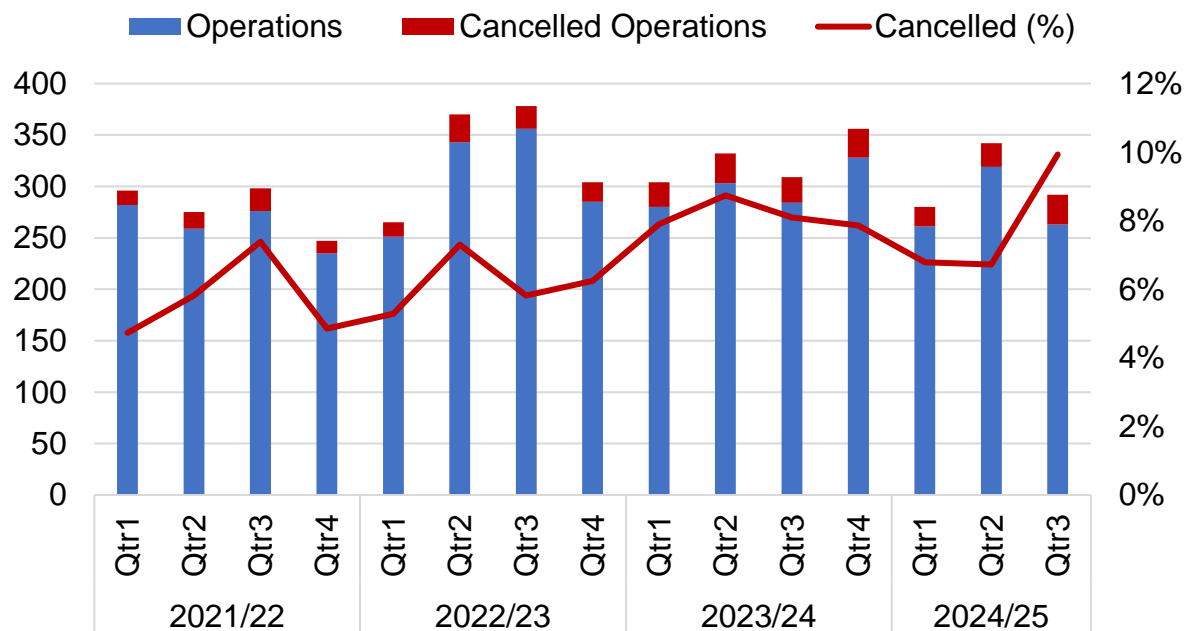


Figure 9 - Waits exceeding 6 weeks



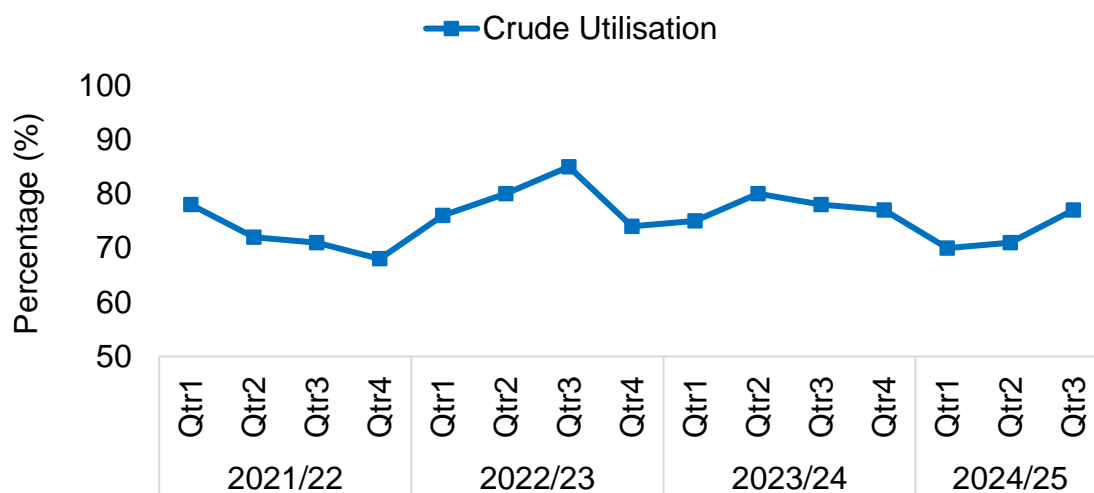
Theatre Utilisation

Figure 10 - Cancelled Operations



Note : Data Includes Theatre 1 and Theatre 2 Only

Figure 11 - Theatre Utilisation (%)



Note : Crude utilization measures the efficiency of allocated working hours by comparing the planned (allocated) hours with the actual hours spent on tasks. A high crude utilization indicates that most of the assigned hours were effectively used, whereas a low value suggests inefficiencies or underutilization.

Hospital Beds (WIH)

Table 6 - Current Bed Complement (WIH)

Wards	Bed complement
Medical 1	8
Medical 2	22
Surgical Ward	18
HDU	4
APU	5
Maternity Ward	6
Children	3
WIH	66
*WIH (Acute)	52

**Acute beds include Medical 1, Medical 2, Surgical & HDU*

Table 7 - Percentage Occupancy Wards %

Wards	% Occupancy based on bed complement	% Occupancy based on staffed beds
Medical 1	**160%	100%
Medical 2	**113%	99%
Surgical Ward	96%	92%
HDU	67%	67%
APU	68%	68%
Maternity Ward	26%	26%
Children	24%	24%
WIH	80%	73%
*WIH (Acute)	**111%	95%

**Acute beds include Medical 1, Medical 2, Surgical & HDU*

*** Where occupancy exceeds 100% this means the bed complement for that ward has been exceeded however contingency beds come into use and so staffed beds never exceeds 100%*

Figure 12 - Occupied Bed Days & Percentage Occupancy (All Beds)

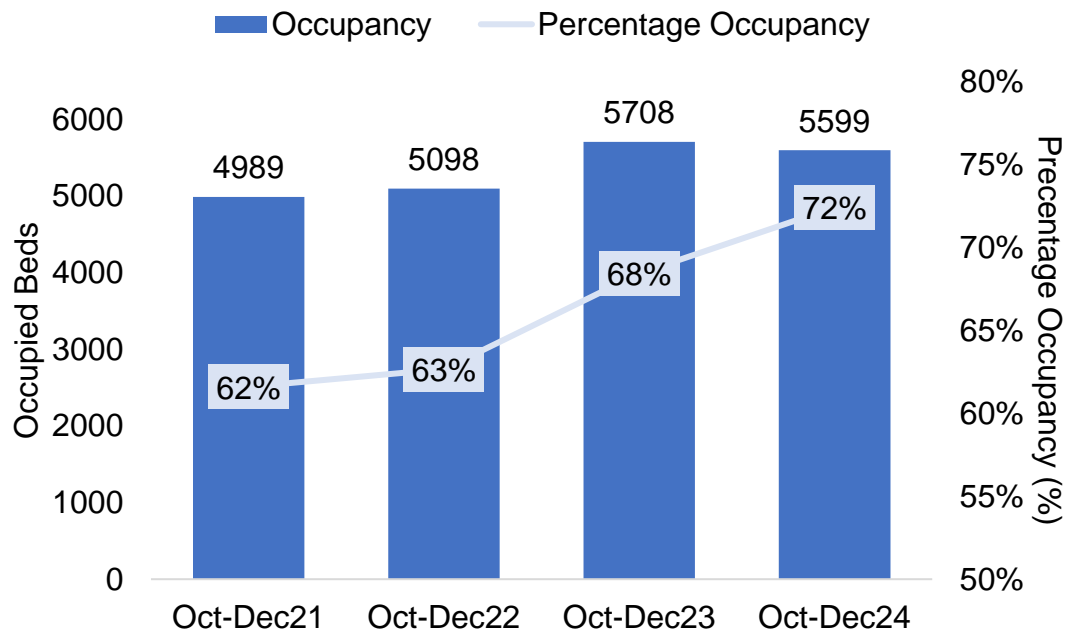
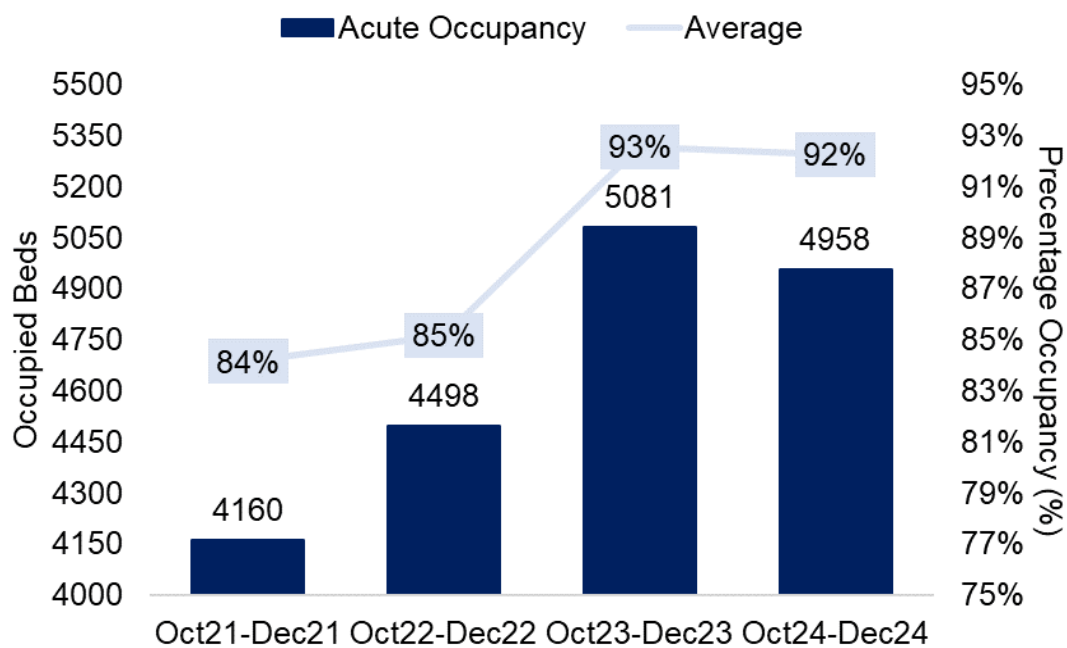


Figure 13 - Occupied Bed Days & Percentage Occupancy (Acute Beds Only)



Note: Acute Beds - include Medical 1, Medical 2, Surgical & HDU

Figure 14 - Number of Episodes and ALOS

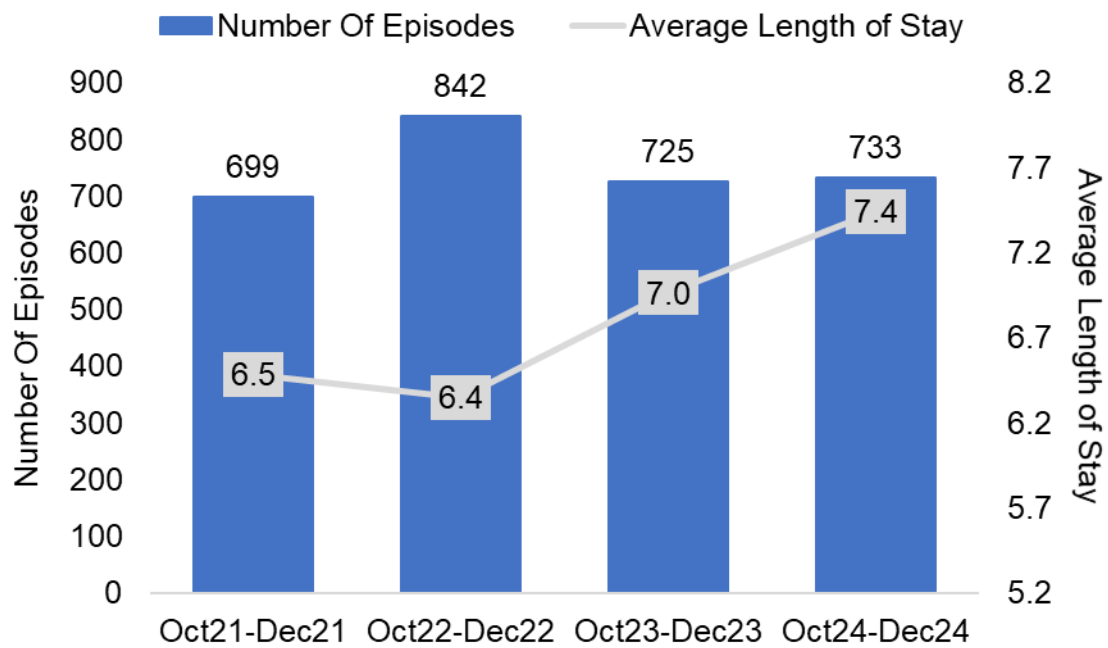


Figure 15 - Average Length of Stay by Speciality

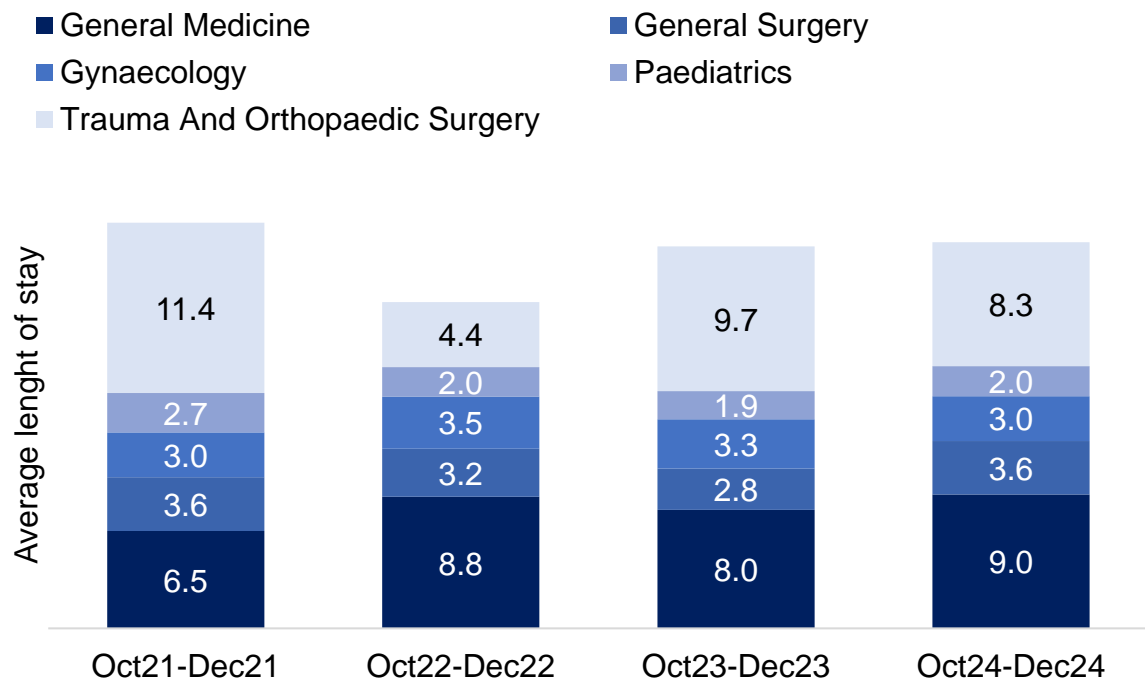


Table 8 - Daily Occupancy Bands

% Occupancy based on staffed beds	Number of days
	Oct to Dec 2024
100	7
95-99	29
90-94	26
85-89	23
80-84	6
75-79	1
70-74	-
65-69	-
60-64	-
<60	-

Table 9 - Daily Occupancy Bands

Ward	Number of days Oct to Dec 2024
Medical 1	85
Medical 2	78
Surgical	25
HDU	25
APU	42
Children	6

Outpatient Appointments

Figure 16 - New and Repeat Outpatient Appointments

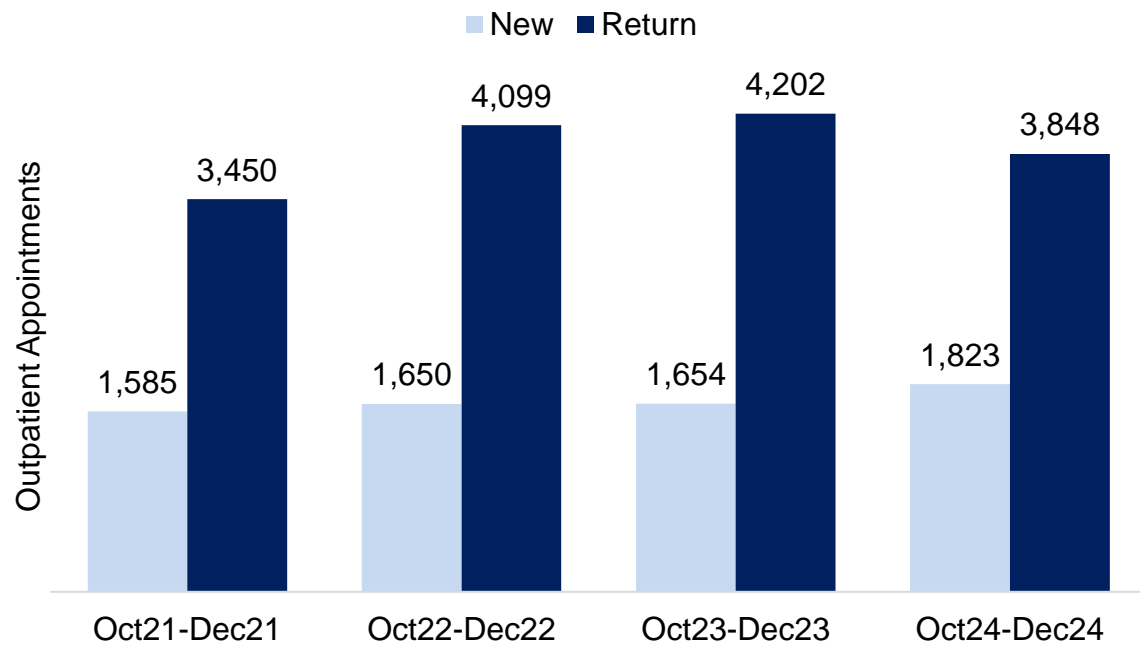


Figure 17 - Outpatients Return to New Ratio

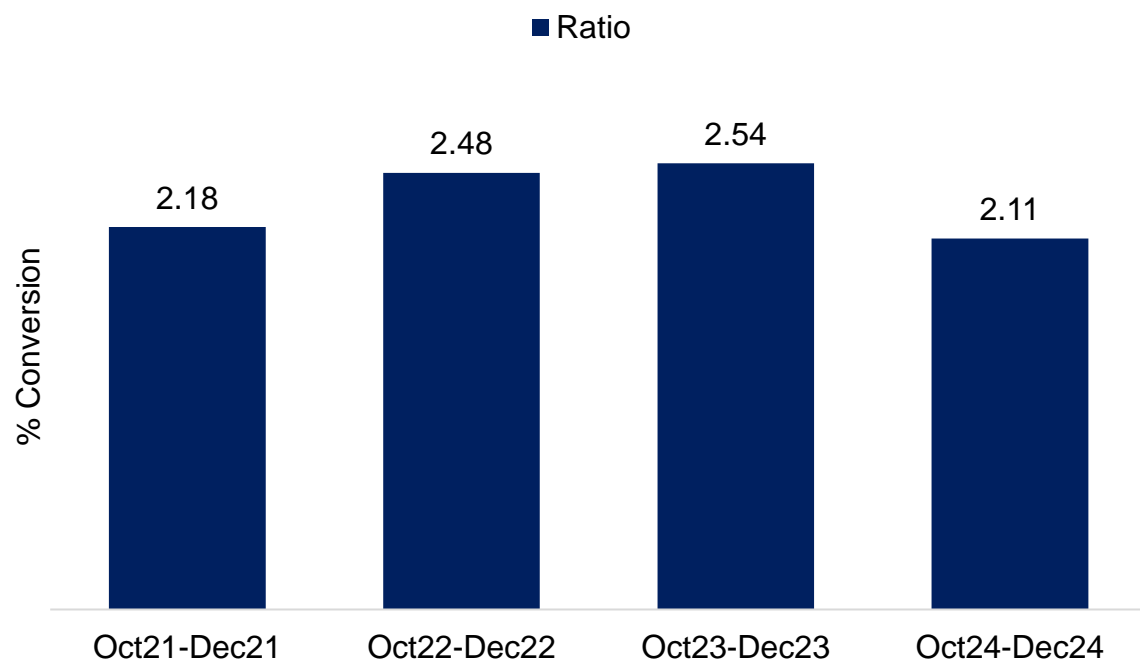


Figure 18 – Percentage Did Not Attend (% DNA)

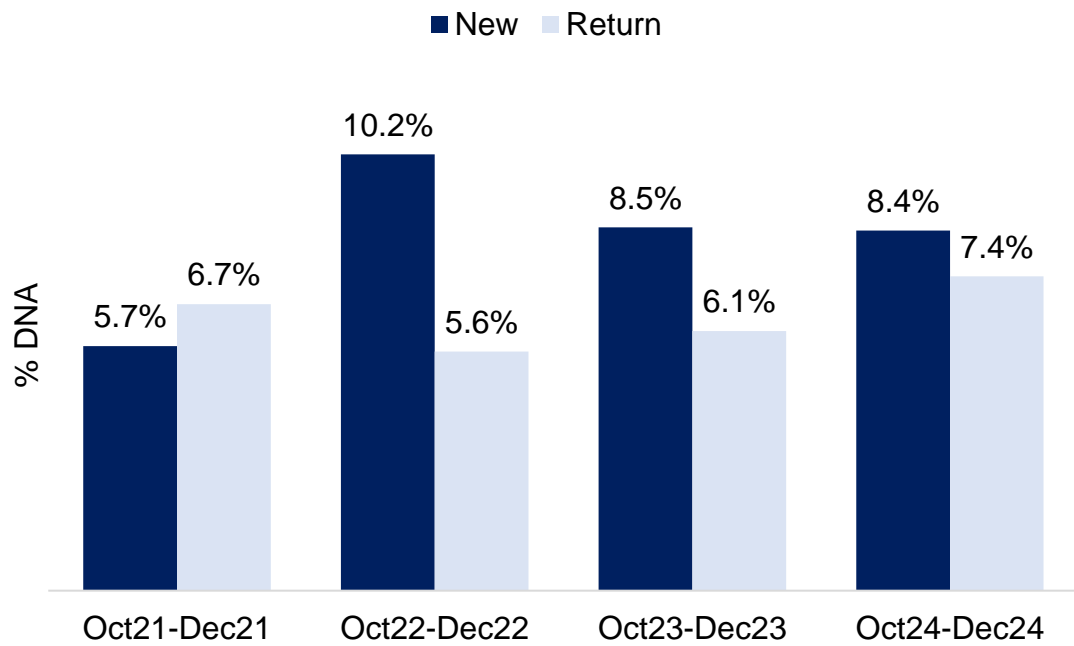


Figure 19 - Percentage Could Not Wait (CNW %)

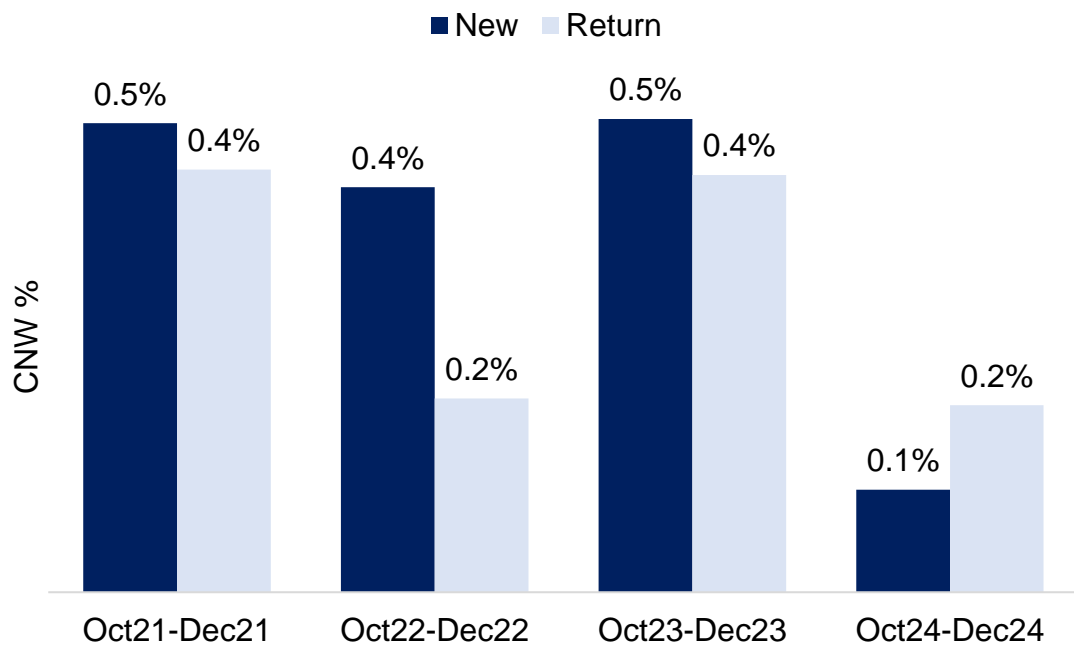


Figure 20 - Percentage Cancelled Appointments (%)

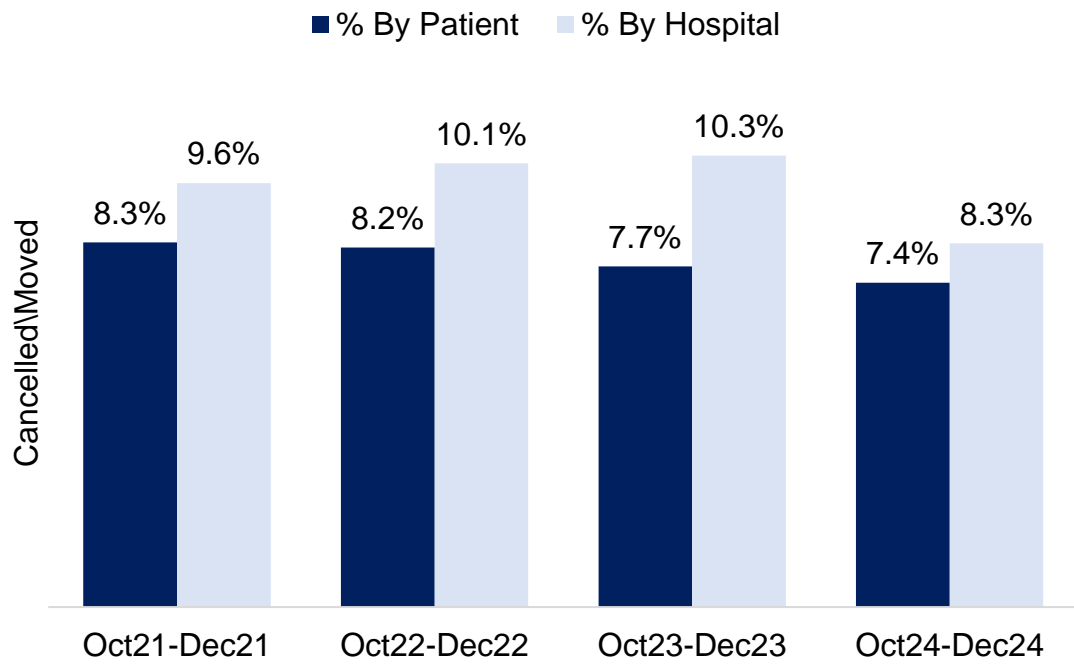
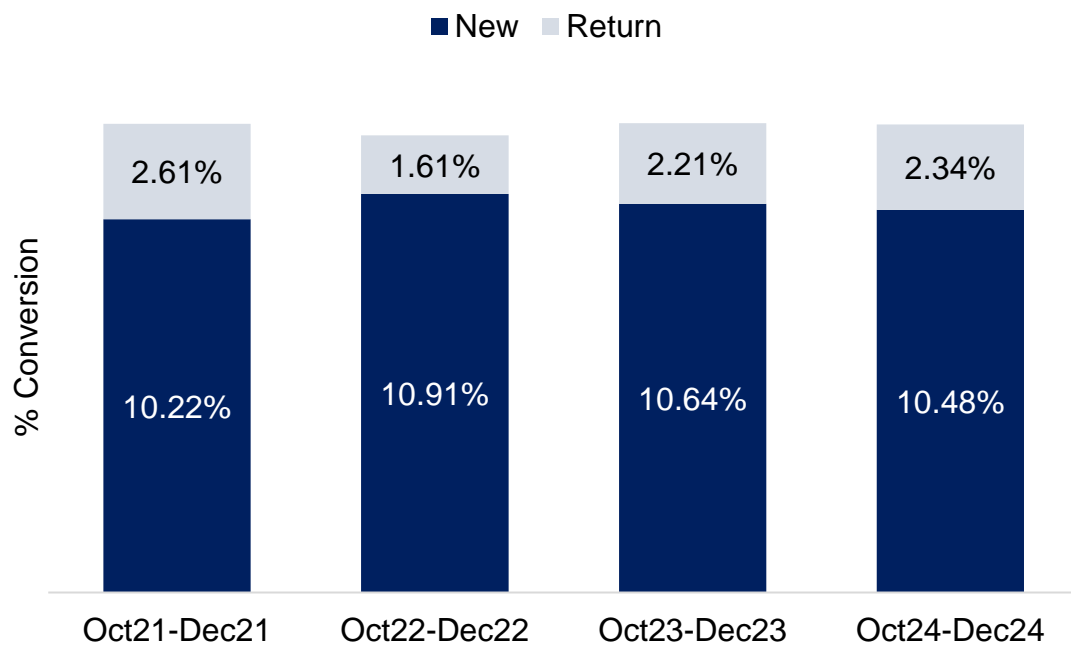


Figure 21 - Percentage Conversion to IP/DC



4. Ospadal Uibhist agus Barraigh (OUAB)

A&E OUAB

Figure 22 - No. A&E Attendances

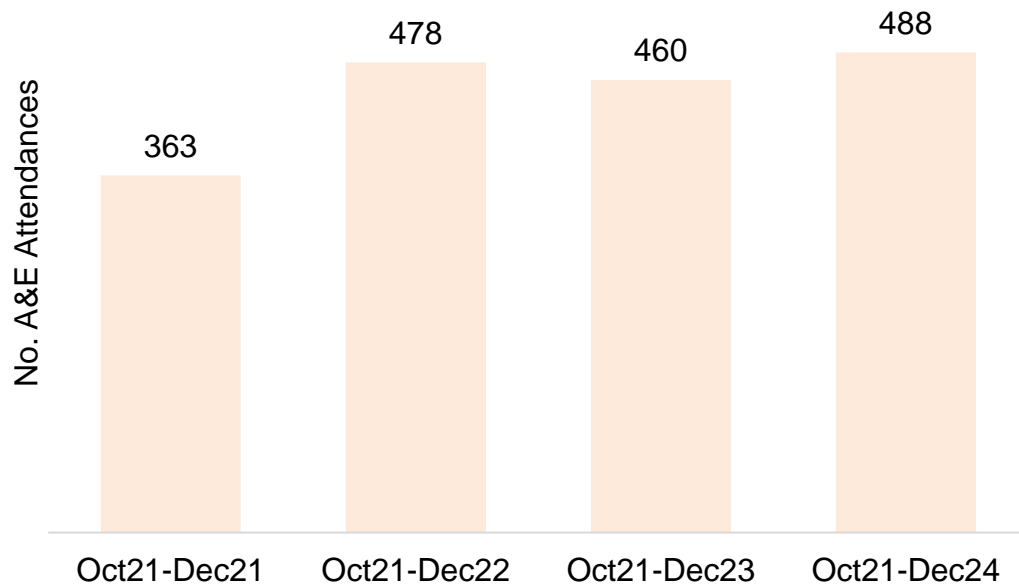


Figure 23 - % Attendances admitted

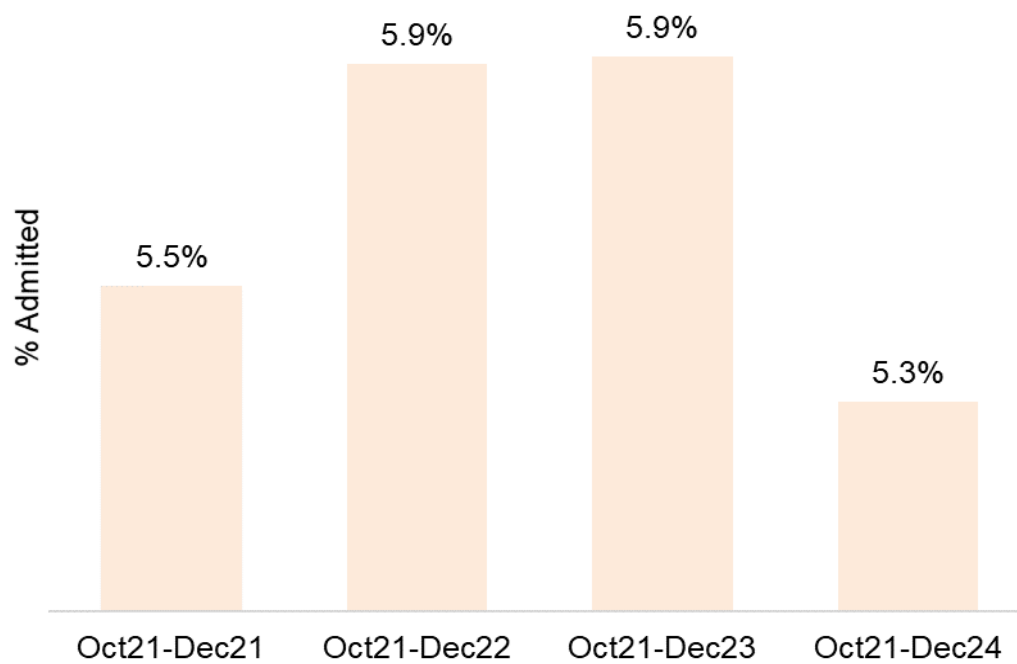


Table 10 - Outcome for OUAB A&E Attendances

Disposition Description - (Oct-Dec)	2021	2022	2023	2024
Discharged With no follow up	54%	52%	51%	58%
Discharged With follow up by primary team	19%	27%	27%	20%
Discharged With referral	17%	14%	15%	10%
Admitted	6%	6%	5%	5%

Table 11 - Referrals from OUAB A&E Attendances

Referral from ED - (Oct-Dec)	2021	2022	2023	2024
No Follow Up Required	58%	58%	55%	58%
A&E Clinic	17%	17%	18%	13%
GP	8%	11%	16%	17%
Other clinic	6%	4%	5%	4%
Other	2%	2%	2%	1%
Other Healthcare professional/ service or organisation	2%	3%	1%	1%
Fracture clinic	1%	2%	0%	1%
Specialist nurse	1%	2%	1%	0%

Table 12 - Referrals from OUAB A&E Attendances

Flow Type - (Oct-Dec)	2021	2022	2023	2024
Flow 1 (Minor Injury & Illness)	93%	91%	91%	92%
Flow 2 (Acute assessment)	2%	3%	3%	3%
Flow 3 (Medical Admissions)	6%	6%	6%	5%

Inpatient and Day Case Activity

Figure 24 - IP/DC Activity (episodes)

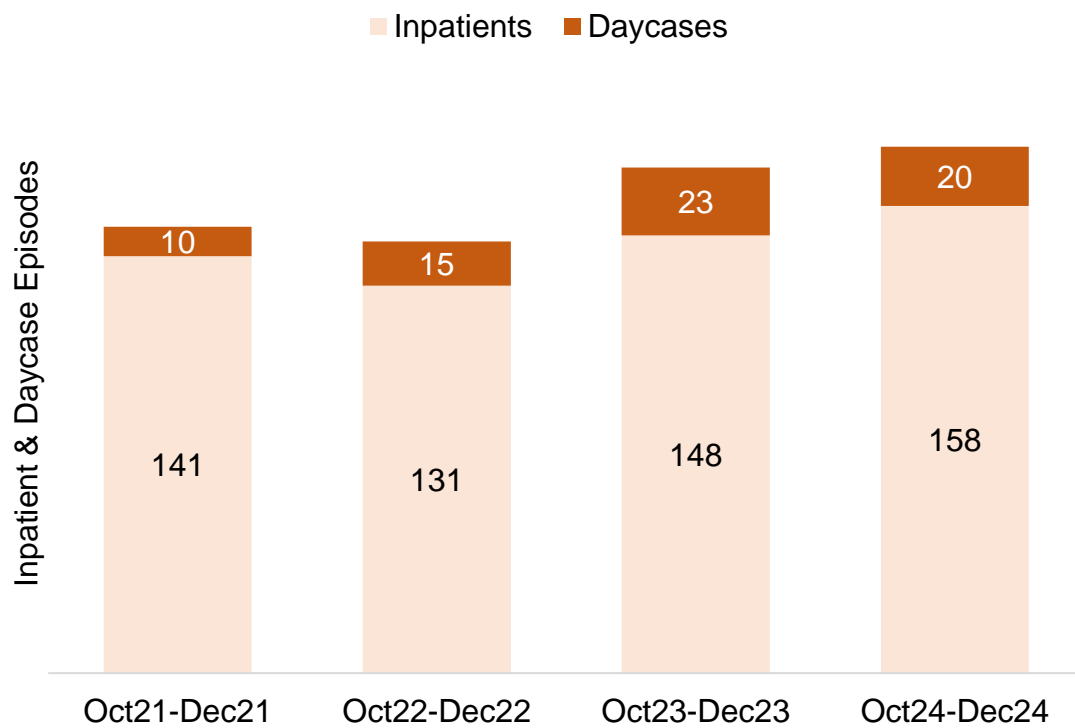
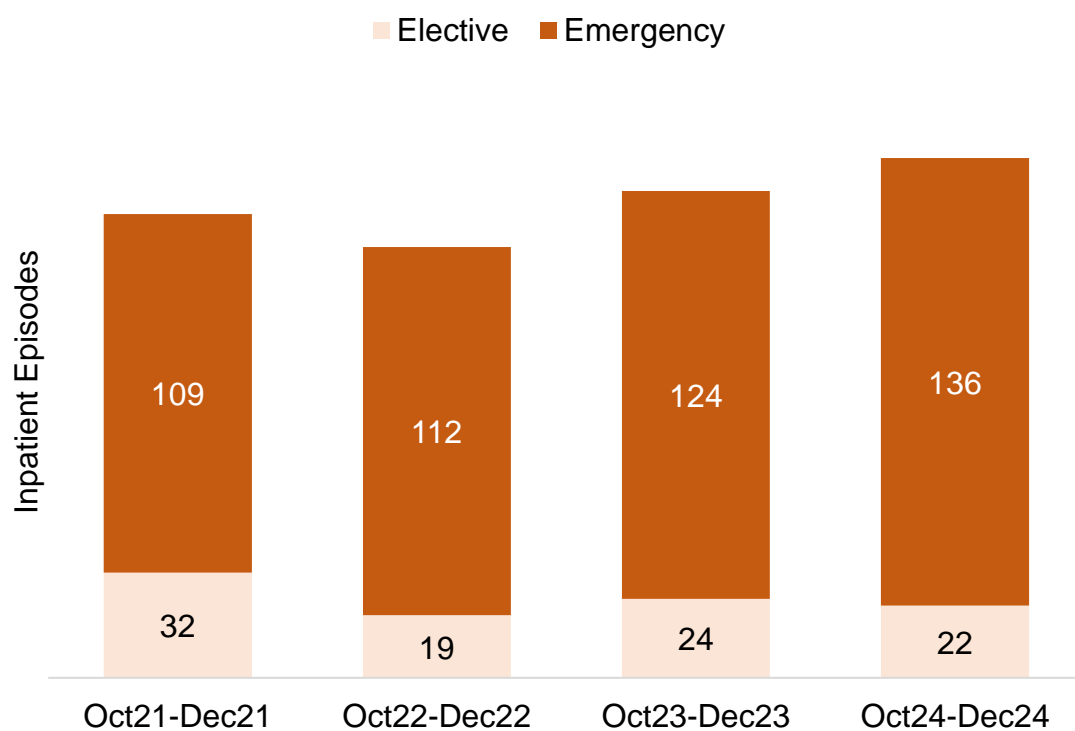


Figure 25 - Inpatients by Admission Type



Hospital Beds (OUAB)

Table 13 - Current Bed Complement

Ward/Location	Bed Complement
Uist and Barra	16

Figure 26 - Occupied Bed Days

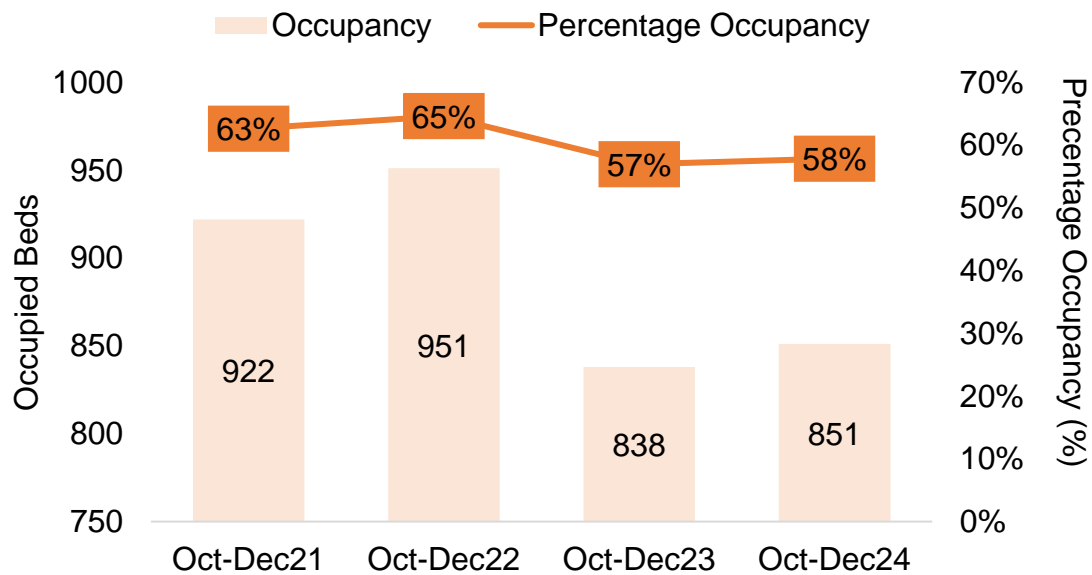


Figure 27 - Average Length of Stay

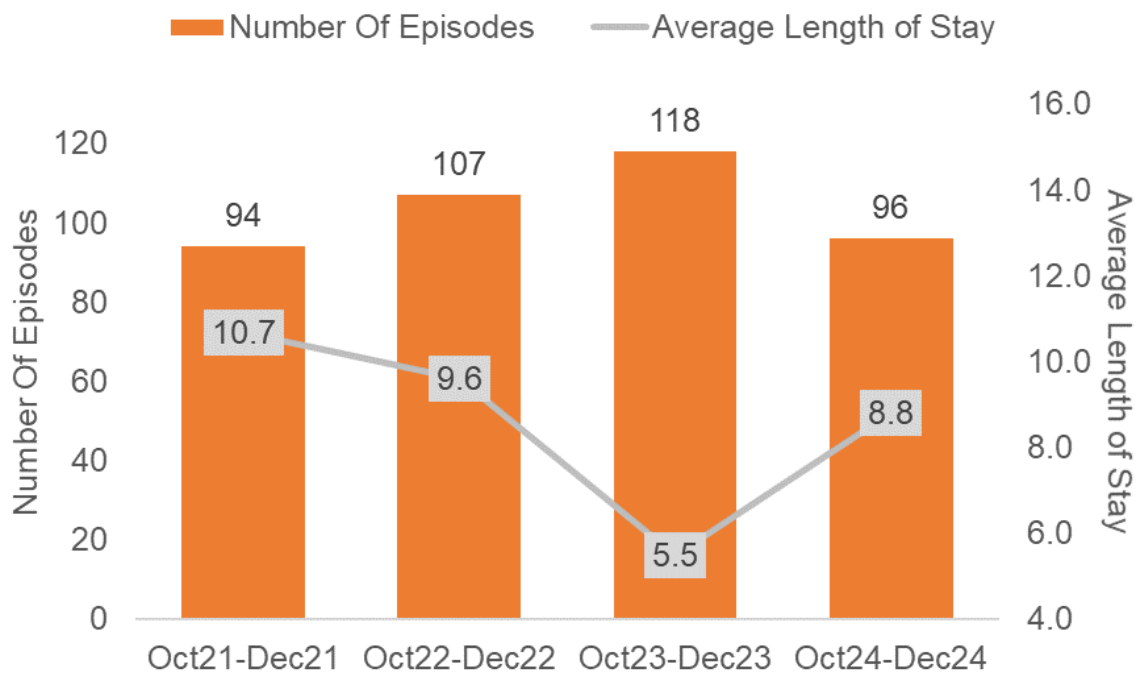


Table 14 - Daily Occupancy Bands

% Occupancy	Number of days
	Oct to Dec 2024
100	1
95-99	-
90-94	-
85-89	5
80-84	3
75-79	5
70-74	-
65-69	9
60-64	12
<60	57

Figure 28 - New and Repeat Outpatient attendances

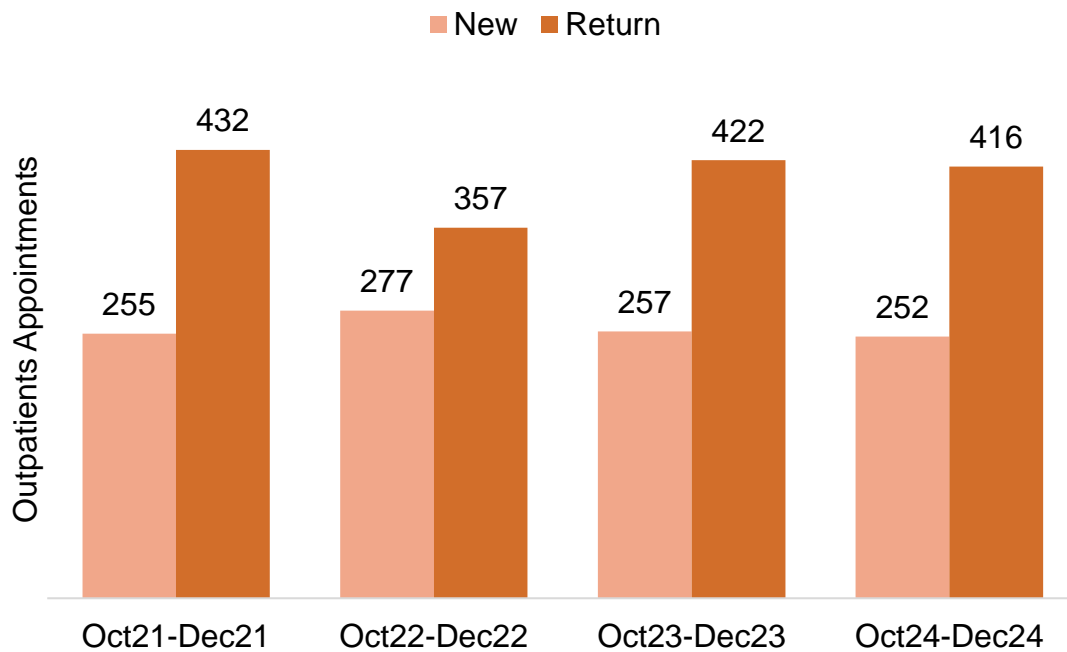


Figure 29 - Outpatient Return to New Ratio

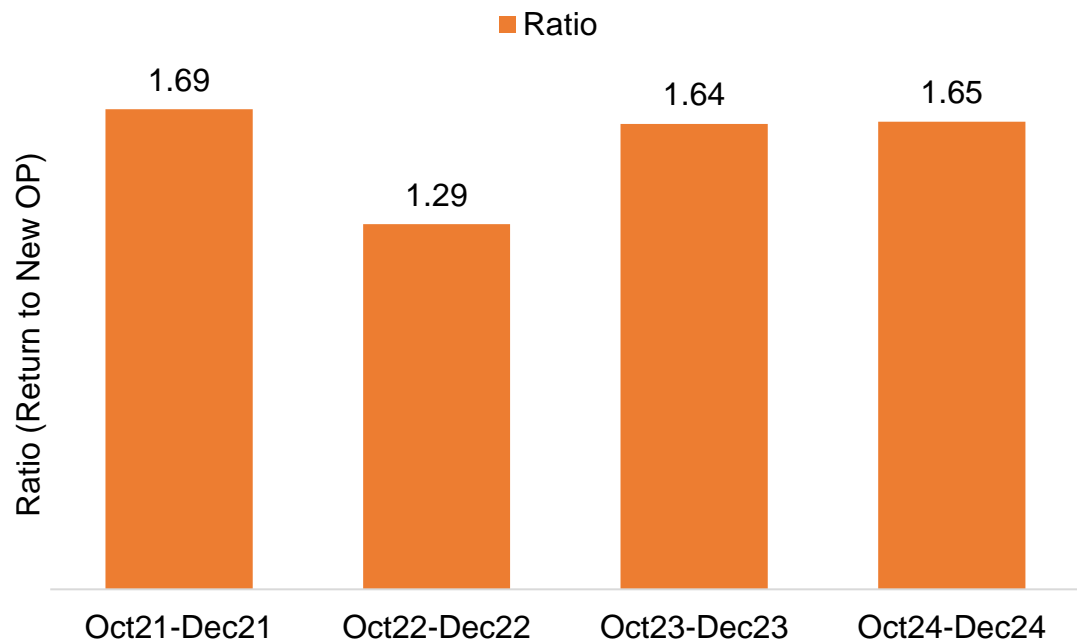


Figure 30 - Percentage Did Not Attend (% DNA)

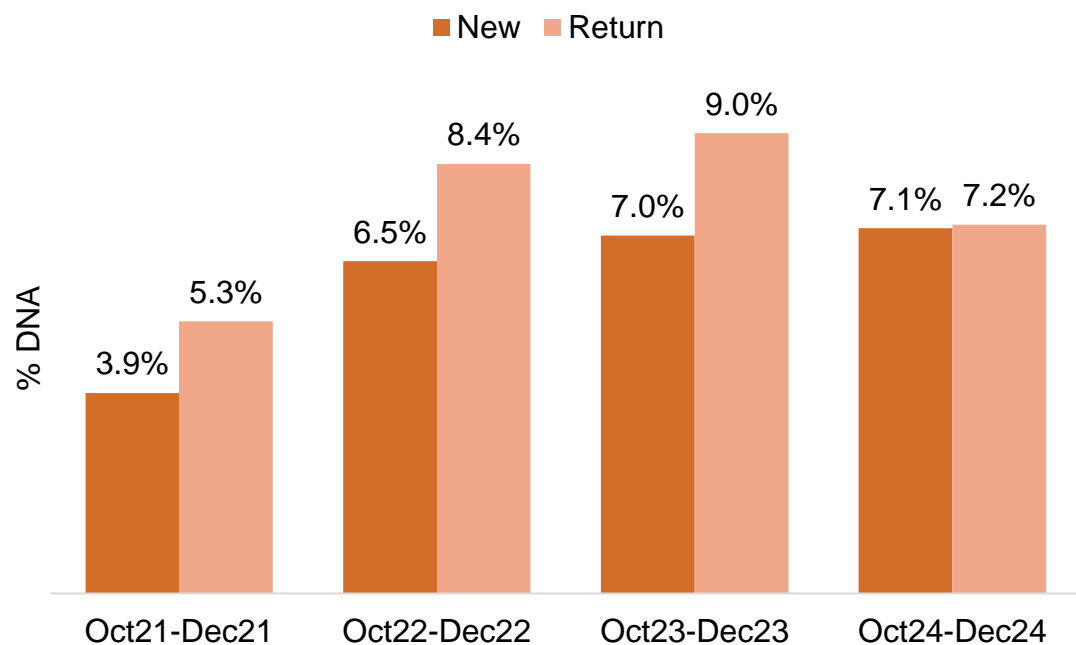


Figure 31 - Percentage Cancelled Appointments (%)

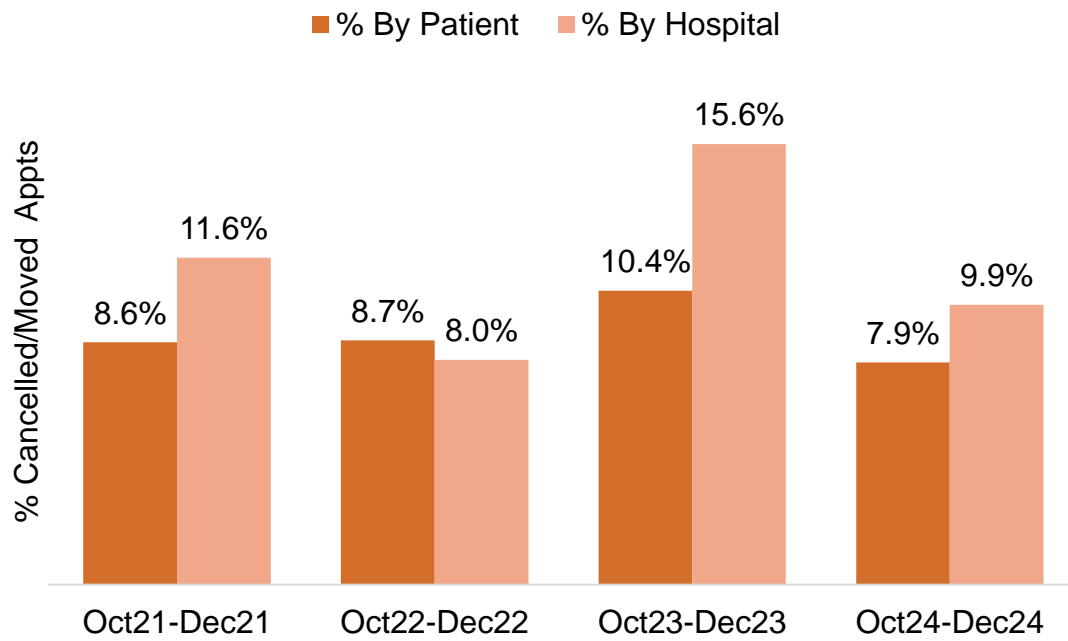
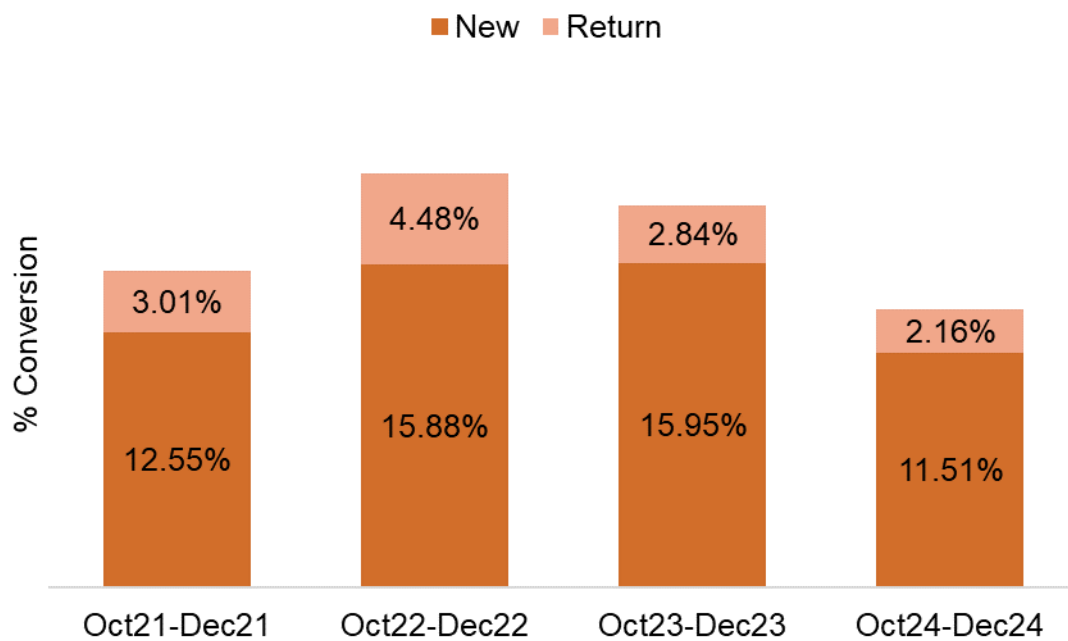


Figure 32. Percentage Conversion to IP/DC (%)



5. St. Brendan's Hospital (St. B)

Inpatient and Day Case Activity

Figure 33 - Inpatient and Day Case Activity St. B (episodes)

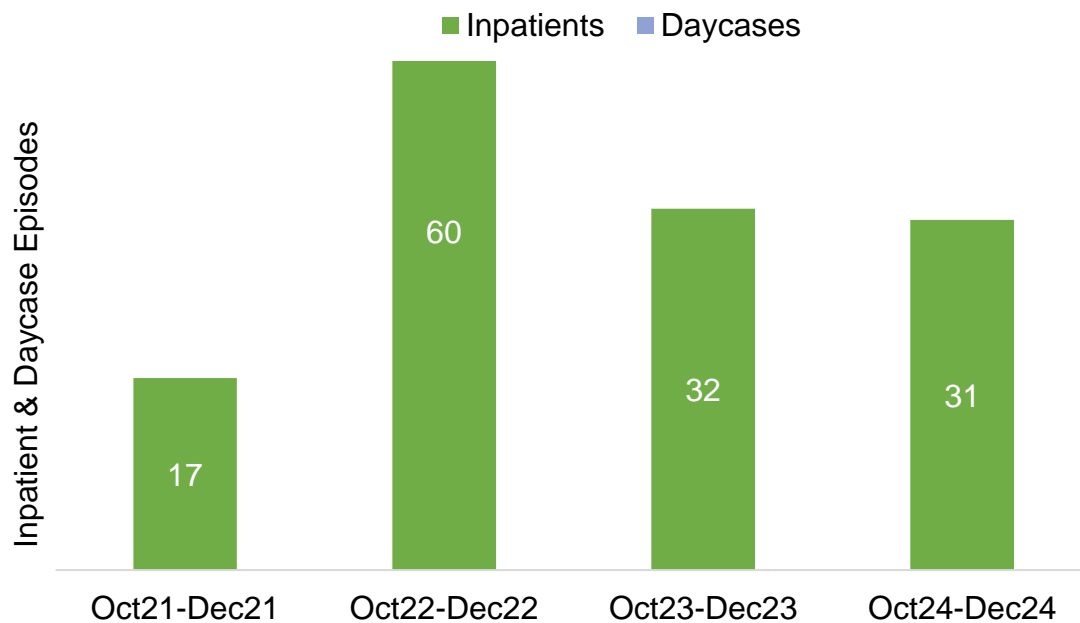


Figure 34 - St. B Inpatient Episodes by Admission Type

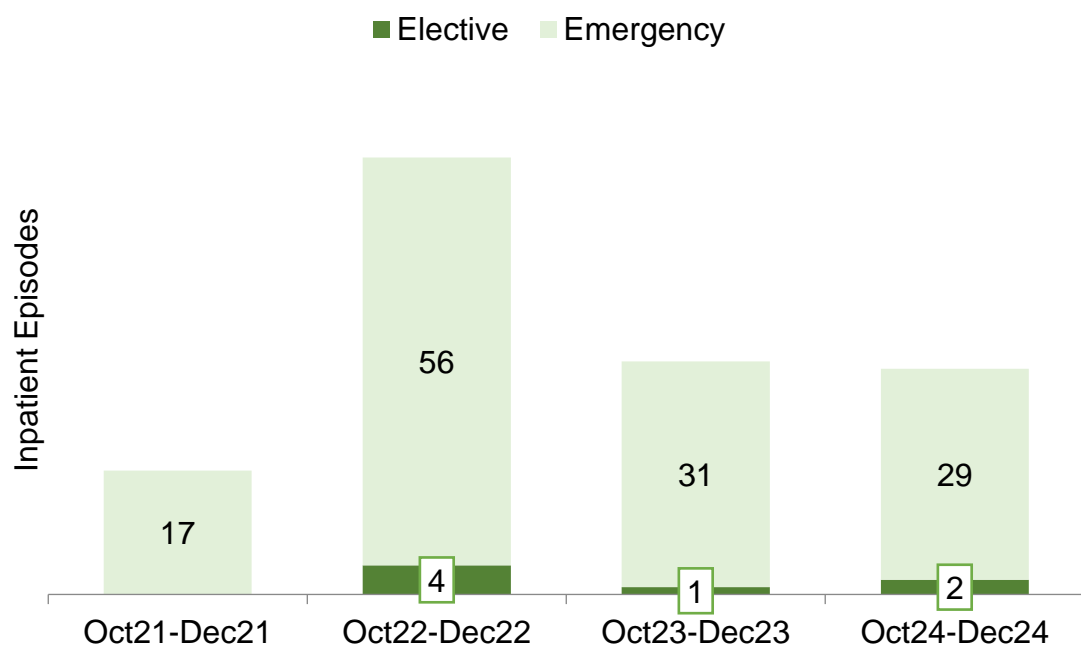


Table 15 - St. B Current Bed Complement

Ward/Location	Bed Complement
St Brendan's	3

Figure 35 - Occupied Bed Days

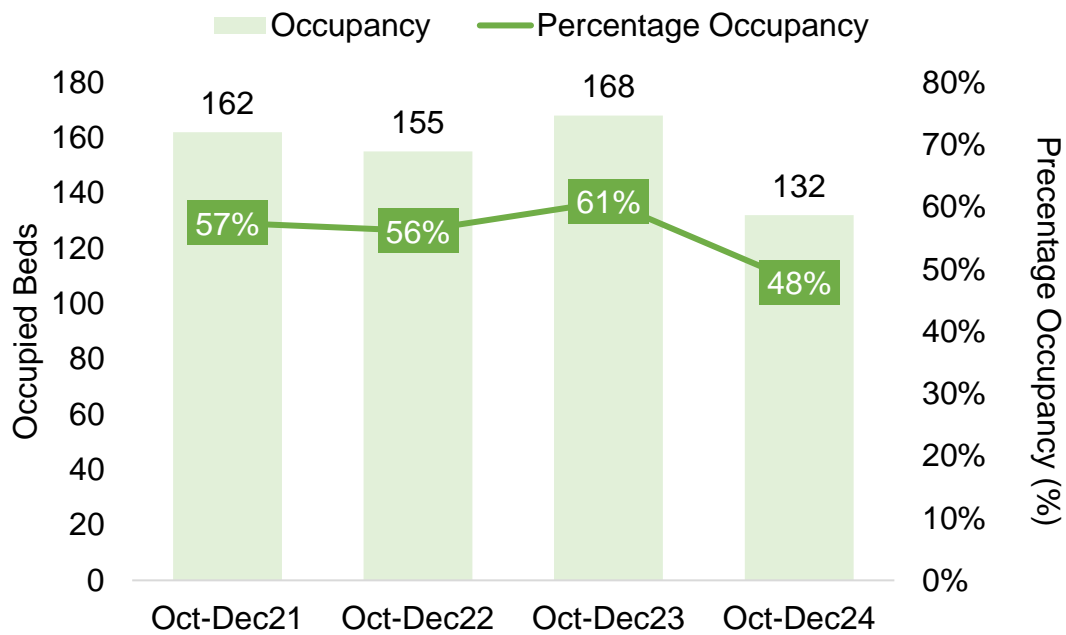


Figure 36 – Number of Episodes & Average Length of Stay

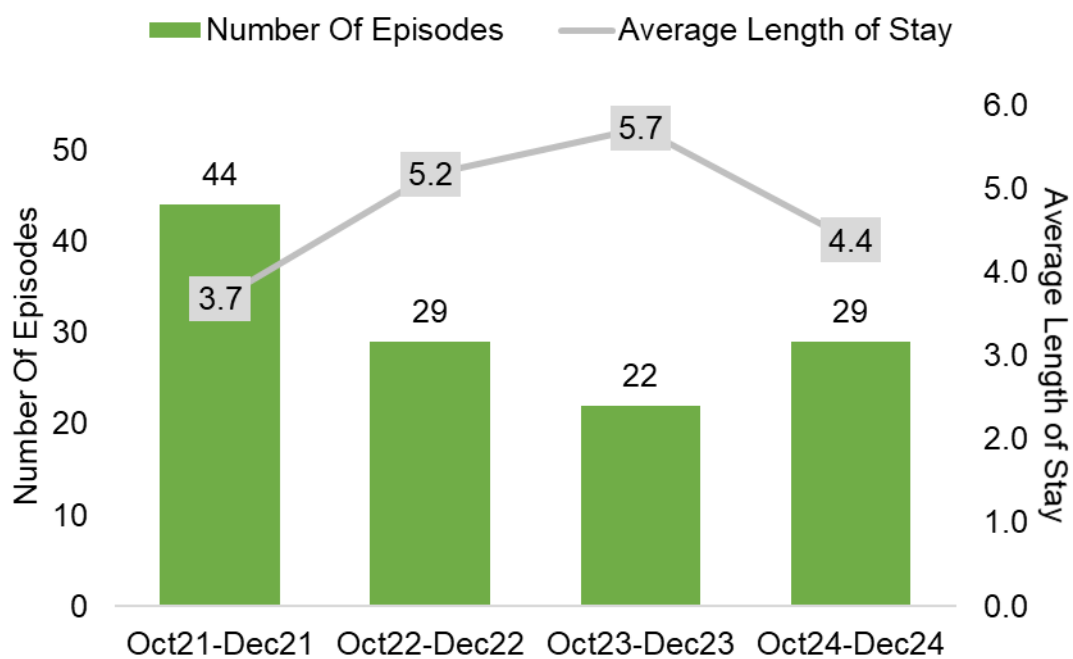


Table 16 - Daily Occupancy Bands

% Occupancy	Number of days
	Oct to Dec 2024
100	12
95-99	-
90-94	-
85-89	-
80-84	-
75-79	-
70-74	-
65-69	29
60-64	-
<60	51

6. Mainland Hospitals

Inpatient and Day Case Activity

Figure 37 - Mainland Inpatient & Daycase Episodes

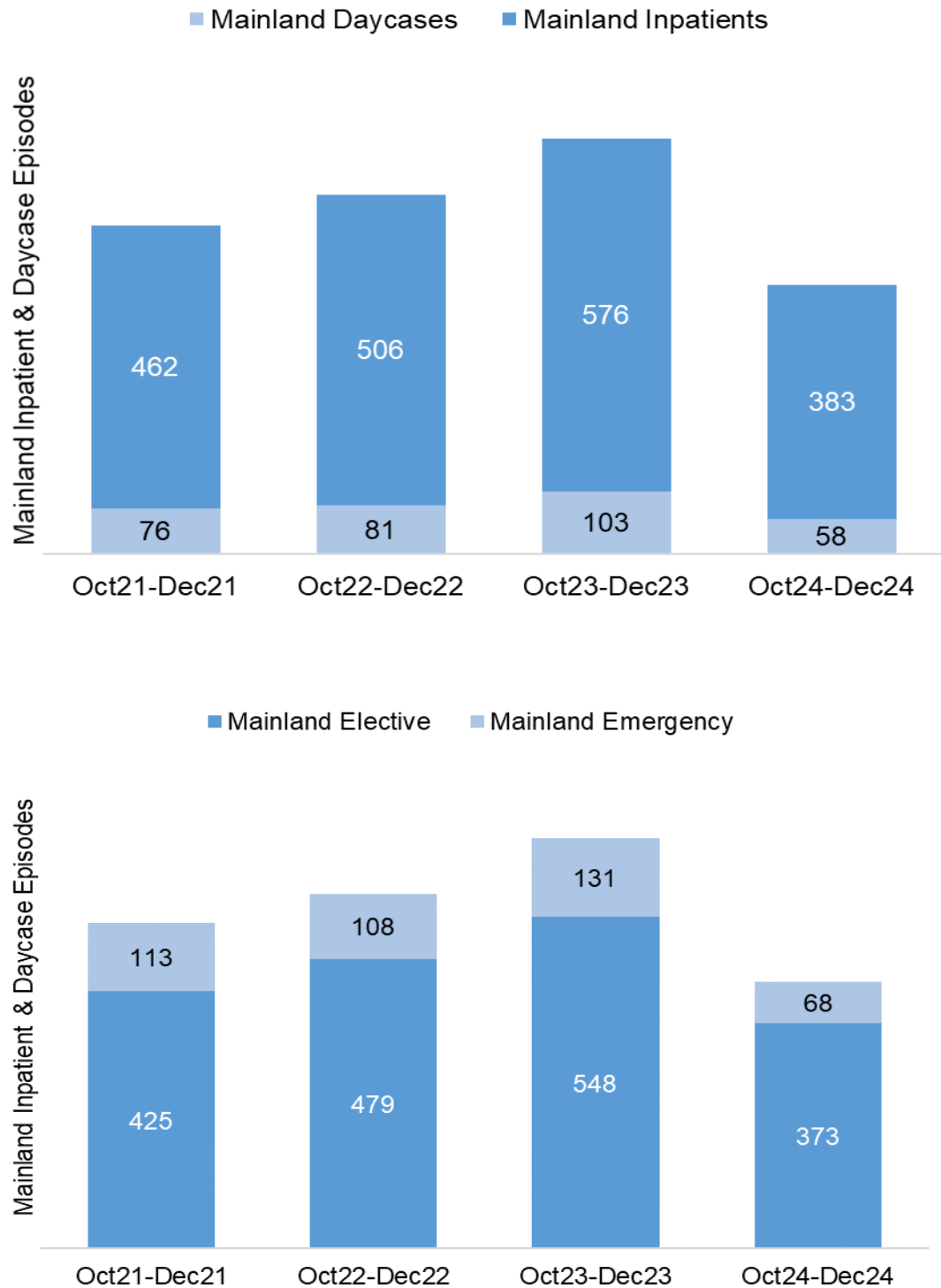


Figure 38 - Mainland Outpatient Appointments

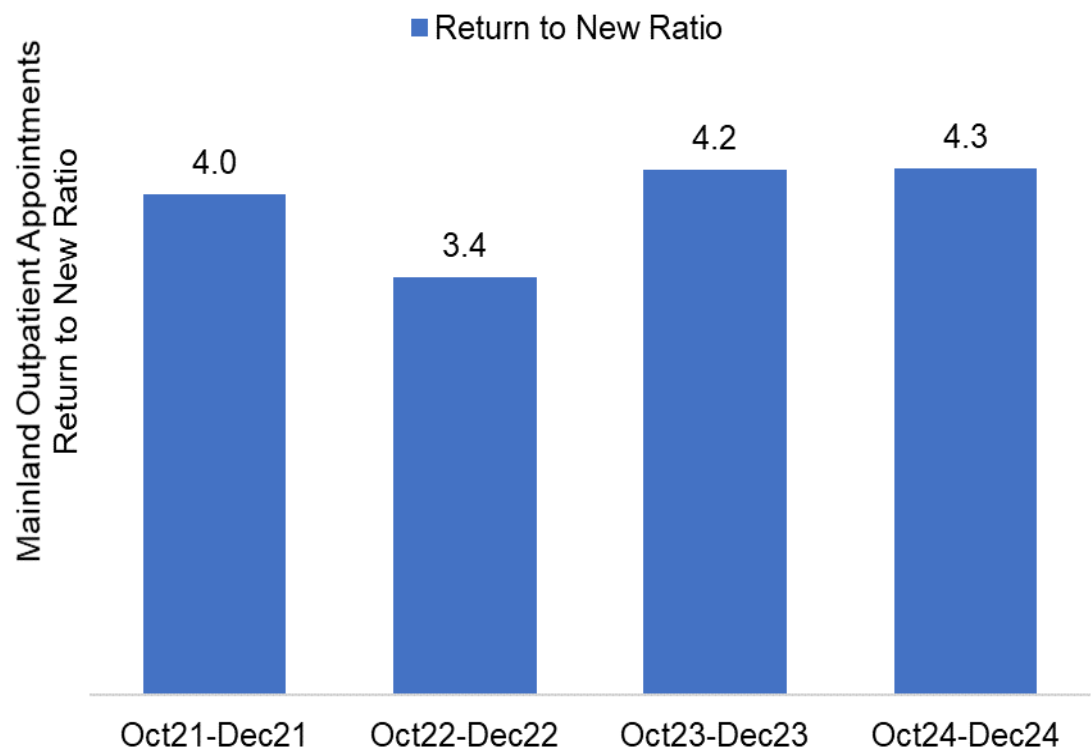


Figure 9 - Mainland Outpatient Appointments

