



Performance Report

2025/26 Quarter 4: January to March 2026 &
End of Year 2025/26

Trust Board: 7th May 2026

INTRODUCTION

This report provides an update on the Acute, Community, Safety and Quality and Access Targets at the end of 2025/26 Quarter 4 (January to March 2026) and the 2025/26 End of Year. Information is provided on the Trust's performance against the:

- Strategic Priorities 2025/26 – System Oversight Measures (SOMs) – Reporting Schedule version 3 (26 June 2025).

EXECUTIVE SUMMARY

At March 2026, the Trust reported a total of 45 of the 47 quantitative SOMs; of these **16 (34%)** are **High Confidence** (RAG Green), **14 (30%)** are **Medium Confidence** (RAG Amber), and **15 (32%)** are **Low Confidence** (RAG Red) and **2 metrics (4%)** are **Unavailable**.

		Dec-25		Mar-26	
Total Metrics : 47 (Qualitative)	Total Number of SOMs Metrics	47		47	
	Confidence Level RAG	23	49%	15	32%
		7	15%	14	30%
		11	23%	16	34%
No. of unavailable metrics*	6	13%	2	4%	

Western Trust Total Metrics : 47 (Acute 22, Community 4, Safety & Quality 4 & Access Targets 17)

* Unavailable metrics : epic reports developed - under review/testing

Throughout 2025/26 Quarter 4 (January to March 2026), further improvement has been achieved in the Confidence Levels of the data with an increase in the number of metrics assessed as “High” (RAG Green) and “Medium” (RAG Amber) when compared to 2025/26 Quarter 3 (October to December 2025). This has been achieved as a result of the ongoing validation work undertaken by the P&I team in collaboration with service colleagues. These metrics include:

Change in Confidence Level	Service Area / Metric
Low / Medium to High	<ul style="list-style-type: none"> • Patients waiting >9 weeks for Child and Adolescent Mental Health Service. • Patients waiting >9 weeks for Adult Mental Health Services. • Patients waiting >9 weeks for Dementia Service. • Patients waiting >13 weeks for Allied Health Professionals (2 service areas: Podiatry and Physiotherapy)
Low to Medium	<ul style="list-style-type: none"> • Theatres – DNA/cancellations on the day (3 metrics) • Patients waiting >13 weeks for Allied Health Professionals (4 service areas: Occupational Therapy, Dietetics, Speech and Language Therapy and Orthoptics). • Patients waiting >13 weeks for Psychological Therapies waiting times.

The number of metrics Western Trust have assessed as “Low” confidence are similar across all five Trusts with the exception of Theatre utilisation; Western and Southern Trusts reporting Low confidence in these metrics whilst the three other Trusts are reporting High and/or Medium confidence.

In addition, 4 new encompass report IDs were provided to Trust P&I staff in March 2026 to commence validation and reporting within SOMs. These metrics include:

- Mental Health: 3 day follow up assessments completed post discharge from inpatient psychiatric admission
- Safety and Quality Nursing Indicators (Compliance with all elements of SSKIN and MUST bundles)
- Patient Initiated Follow Up (PIFU).

A breakdown of the March 2026 Confidence Level and metrics is provided below:

Confidence unchanged (Non Epic Data and reports)

- Hours of Unmet Need for Full & Partial Packages
- Service User Direct Payments In Effect
- Family Support Category Unallocated Cases >20 days
- Neck Of Femur patients treated <48 hours
- Other Fractures patients treated < 7days

High Confidence (EPIC reports)

- Number of patients who do not wait in ED
- Number of Patients who wait >12 hours in ED
- ED Attendances waiting <4 hours for treatment, discharge, admission
- Suspect Breast Cancer Referrals seen <14 days
- Cancer Diagnosis receive 1st Definitive Treatment <31 days of DTT
- Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral
- Access Targets: Patients waiting >13 weeks for Allied Health Professionals (Podiatry and Physiotherapy)
- Access Targets: Patients waiting >9 weeks for Child and Adolescent Mental Health Service
- Access Targets: Patients waiting >9 weeks for Adult Mental Health Services
- Access Targets: Patients waiting >9 weeks for Dementia Service appointment

Medium Confidence (EPIC reports)

- DNA / on the day cancellation rates (New and Review Outpatients - 2 metrics)
- Average Length of Stay
- Theatres – DNA/cancellations on the day (3 metrics)
- Access Targets: 1st Consultant Outpatient, Diagnostic Tests, Inpatient/Day case
- Access Targets: Patients waiting >13 weeks for Allied Health Professionals (Occupational Therapy, Dietetics, Speech and Language Therapy and Orthoptics)
- Access Targets: Patients waiting >13 weeks for Psychological Therapies waiting times.

Low Confidence (EPIC reports)

- Simple discharge delays – weekend discharges
- Complex discharge delays – weekend discharges
- Non Elective Readmissions
- Patient Initiated Follow Up (PIFU)
- Admission on Day of Inpatient Surgery
- Theatres – Utilisation (Run times – 3 metrics and Op times – 2 metrics)
- Mental Health: 3 day follow up assessments completed post discharge from inpatient psychiatric admission
- District Nursing: Compliance with Falls Prevention Bundle, Compliance with all elements of SSKIN bundle, MUST and Palliative Care bundle (4 metrics).

The remaining 2 quantitative SOMs remain unavailable for reporting by Trusts, these include Review appointments and Day case rates. A status update from SPPG Information on their readiness for SOM reporting is provided below:

- **Review appointments:** regional work ongoing with service leads. Data available on report however no baseline has been agreed; therefore this metric is not being performance managed by SPPG at this time.
- **Day case rates – in line with British Association of Day Surgery (BADs) recommended rates:** the report and dashboard remains under validation by Trust and SPPG Informatics team. Trusts providing feedback on initial queries identified and is not being performance managed by SPPG at this time.

A detailed assessment of the Western Trust 2025/26 Quarter 4 (January to March 2026) and 2025/26 full year performance for SOMs, with High and Medium Confidence in the reporting, is provided in Section 2 below. Within this section, SOMs data included during the stabilisation phase (May to November 2025) was under validation during this period.

SECTION 2 : System Oversight Measures (SOMs)

ACUTE CARE

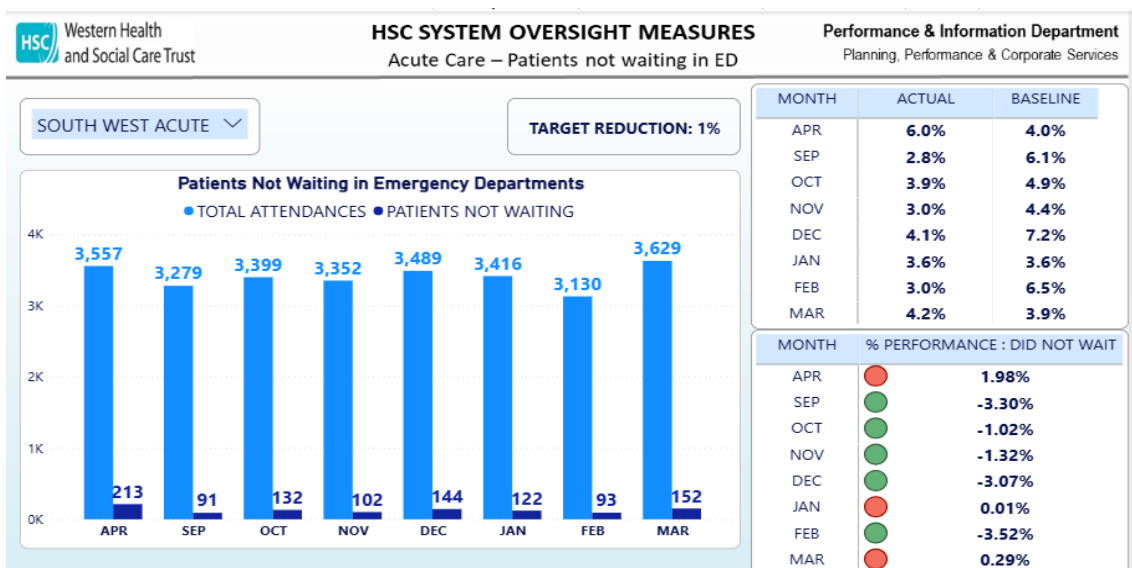
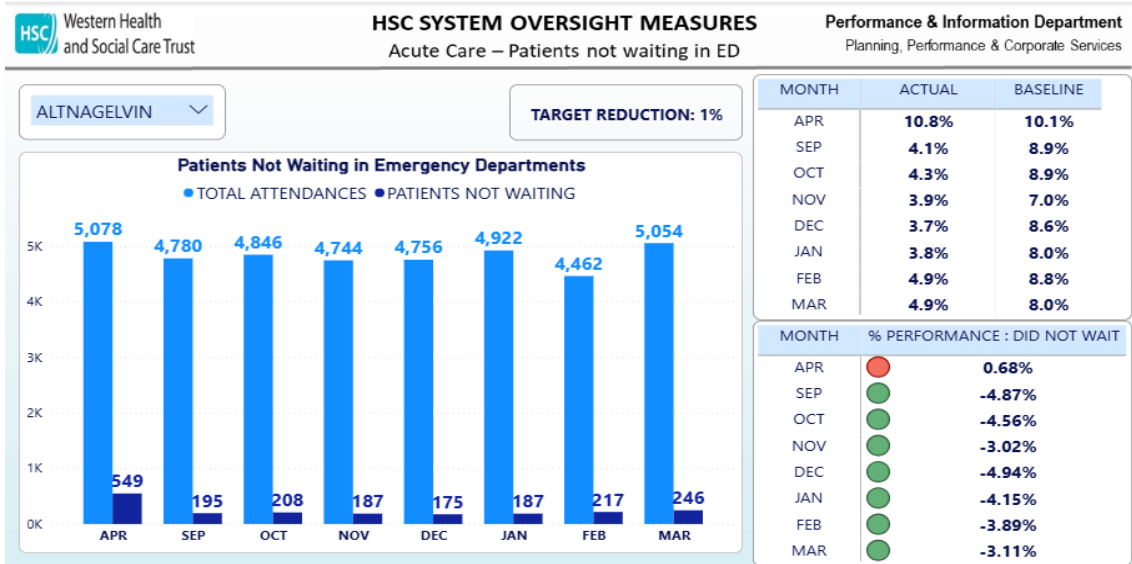
Patients not waiting in ED (High Confidence)

The % of patients who leave ED without treatment complete should not exceed 1% in each month during 2025-26 when compared to 2024-25 figures.

This Target was **achieved each month from July 2025 to March 2026** across both hospital sites with the exception of January and March 2026 in South West Acute.

The 2025/26 (April 2025 to March 2026) cumulative % of patients who left ED without treatment complete include:

- **Altnagelvin Hospital:** 3,077 patients / 57,777 attendances (**3.30% reduction** against the 1% reduction target).
- **South West Acute Hospital:** 1,558 patients / 41,035 attendances (**1.30% reduction** against the 1% reduction target).

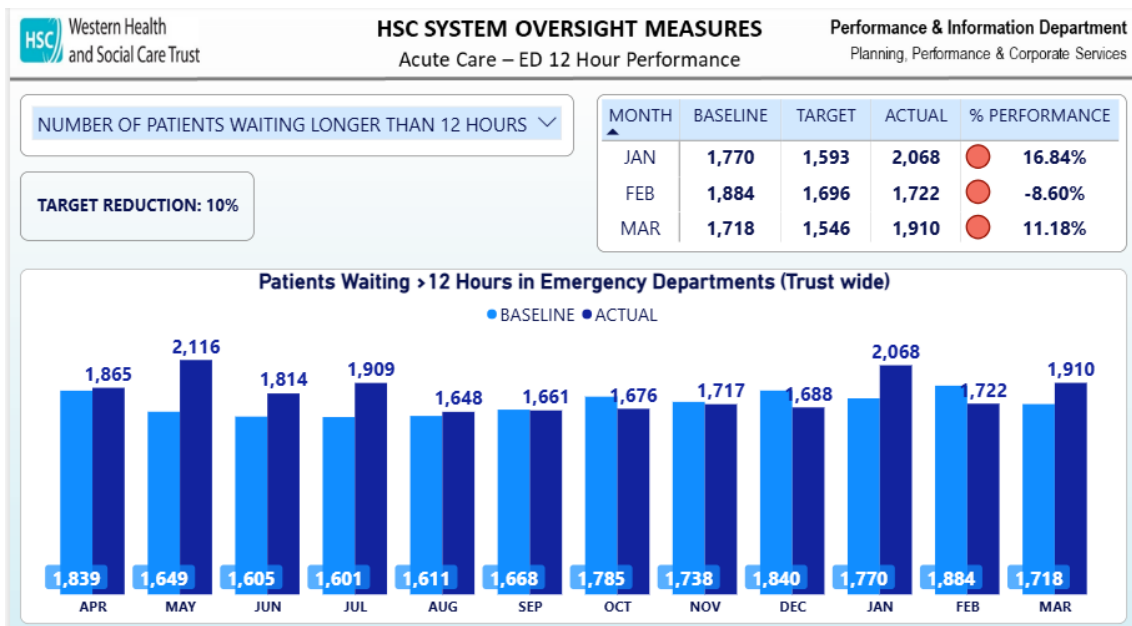


Emergency Department (ED) 12 Hour Performance (High Confidence)

By March 2026, reduce the number of patients who waited longer than 12 hours in ED in 2024/25 by 10%.

This remains a challenging area of service delivery for the Trust, which continues to require significant management focus. An improving position was reported during the months of September to December 2025 and February 2026, as the number of patients who waited longer than 12 Hours in ED reduced during these months. Unfortunately, the month of March 2026 proved challenging as performance deteriorated.

During 2025/26 (April 2025 to March 2026), **21,794** patients waited longer than 12 hours in ED against a target of 18,637 (Trust wide); representing a **5.2%** increase against the 10% reduction target.

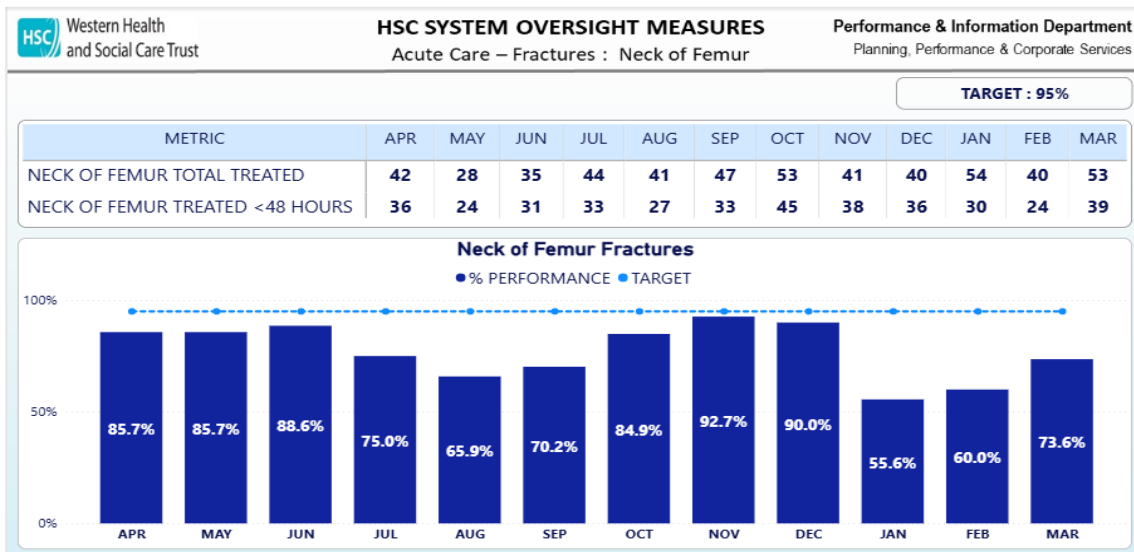


Fractures - Neck of Femur (High Confidence – Non Epic Data)

95% of patients where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures.

Performance against the 95% target remained challenging throughout 2025/26. The target was **not achieved** in any month of 2025/26 but performance did improve in November and December 2025.

During 2025/26 (April 2025 to March 2026), the Trust reported **518** Neck of Femur Fractures with **396** clinically appropriate patients treated within 48 hours (**76%**). The total number of patients treated increased in each Quarter of 2025/26 with Quarter 4 (January to March 2026) reporting the highest number treated (147).

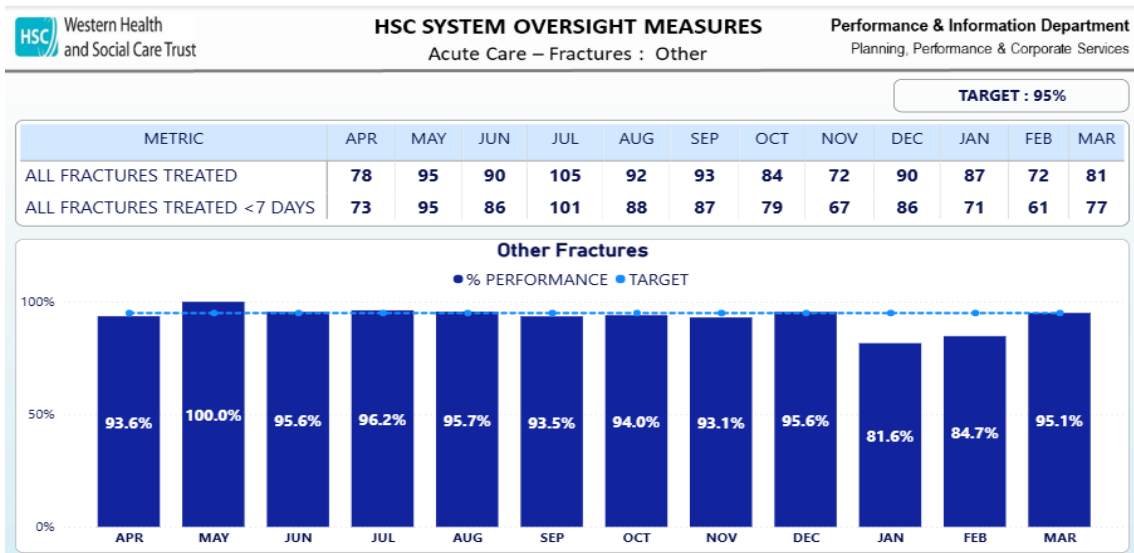


Fractures – Other (High Confidence - Non Epic Data)

95% of all fracture patients where clinically appropriate, wait no longer than 7 days for inpatient treatment for fractures.

The Trust has **achieved or almost achieved** this target each month of 2025/26.

During 2025/26 (April 2025 to March 2026), the Trust reported a total of **1,039** fractures with **971** clinically appropriate patients treated within 7 days (**93.5%**).



The May to September 2025 information is unavailable for Did Not Attend/Cancellations on the Day Rate (New and Review Outpatients) and Average Length of Stay due to validation undertaken by the P&I team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a position to report “Medium Confidence” (RAG Amber) in this service data. Validation by the P&I team and service colleagues will continue until high confidence in the data is achieved.

**Outpatients: Did Not Attend / Cancellations on the Day (CND) Rate
(Medium Confidence)**

Trusts to achieve a maximum of 5% (New) and 8% (Review) DNAs/CNDs of total intended attendances

Throughout 2025/26 Quarter 3 and 4, the Trust **did not achieve** the New or Review DNA/CND targets.

Trust performance against these targets is provided in the tables below.

New Outpatients (5% Target)	Apr-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Activity (Seen + DNA/CND)	6,474	8,749	7,471	6,833	7,763	8,024	8,204
Total DNAs + CND	355	777	773	763	808	739	779
% Performance achieved	5.48%	8.88%	10.35%	11.17%	10.41%	9.21%	9.50%

Review Outpatients (8% Target)	Apr-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total Activity (Seen + DNA/CND)	11,129	14,096	11,234	11,232	13,260	12,651	11,868
Total DNAs + CND	674	1,470	1,162	1,247	1,545	1,182	1,166
% Performance achieved	6.06%	10.43%	10.34%	11.10%	11.65%	9.34%	9.82%

Average Length of Stay (Medium Confidence)

Trusts to reduce average length of stay (LOS) across those specialties currently above CHKS peer group levels.

The Trust are expected to reduce the Average Length of Stay in hospital for Elective Inpatient Admissions for five main Acute Specialties; these include Cardiology, General Surgery, Gynaecology, Haematology and Urology.

At March 2026, the average LOS within General Surgery, Haematology and Urology **exceeded** the CHKS Peer Value 2024/25. The table below details the Trust average length of stay and performance for these specialties.

SPECIALITY	CHKS PEER VALUE	Apr-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
CARDIOLOGY	3.40	2.96	4.20	5.24	5.00	9.27	4.08	3.91
GENERAL SURGERY	4.30	3.03	3.01	2.80	2.98	2.77	3.29	3.21
GYNAECOLOGY	1.91	2.38	2.26	2.06	2.02	2.41	2.41	2.29
HAEMATOLOGY	10.20	10.75	7.83	7.71	5.67	4.67	14.83	7.64
UROLOGY	2.26	3.07	3.24	1.90	2.05	2.81	1.96	2.00

**Theatres: Did Not Attend / Cancellations on the Day (CND) Rate
(Medium Confidence)**

Trusts to achieve a maximum DNA / CND rate for Main, DPU and Endoscopy theatres of 5%

The May to December 2025 information is unavailable for Theatre Did Not Attend/Cancellations on the Day Rate due to validation undertaken by the P&I team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a position to report “Medium Confidence” (RAG Amber) in this service data. Validation by the P&I team and service colleagues will continue until high confidence in the data is achieved.

This target is subject to a reporting time lag, out turn is reported monthly in arrears.

At end of February 2026:

- Target **not achieved** in the Main, DPU or Endoscopy theatres, however performance has improved when compared to the April 2025 position.

Service Area	Metric	Target	Apr-25			Feb-26		
	DNA / Cancellations on the day		Total Activity	Total DNA/CND	% Performance	Total Activity	Total DNA/CND	% Performance
Theatres	Main	Maximum of 5%	443	58	13.09%	468	52	11.11%
	DPU		733	117	15.96%	630	62	9.84%
	Endoscopy		772	96	12.44%	1,058	84	7.94%

Unscheduled Care – Northern Ireland Ambulance Service (NIAS)

Ambulance Handover Times (handover delays)

>2hours - 0% by March 2026

Throughout 2025/26, performance against this target remains challenging across the region.

The Trust reported the **lowest number** of Northern Ireland Ambulance Service (NIAS) Patient handover times > 2 hours, when compared across the region.

The cumulative number of Patient handover times > 2 hours from April 2025 to March 2026 (**2,125**), highlights the Trust as the **best performing across the region (10.1%)**.

The table below provide a breakdown by Trust.

Handover Times : Number of Patients > 2 Hours

Trust	Service Area	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Western	Total Patient Handovers	1,730	1,788	1,753	1,763	1,761	1,678	1,800	1,771	1,784	1,832	1,560	1,722	20,942
	Number >2 Hours	125	203	153	142	195	192	170	169	208	289	152	127	2,125
	% >2 Hours	7.2%	11.4%	8.7%	8.1%	11.1%	11.4%	9.4%	9.5%	11.7%	15.8%	9.7%	7.4%	10.1%
Belfast	Total Patient Handovers	2,591	2,737	2,597	2,850	2,714	2,557	2,800	2,626	2,436	2,243	2,211	2,590	30,952
	Number >2 Hours	402	364	339	323	219	263	335	310	342	500	329	214	3,940
	% >2 Hours	15.5%	13.3%	13.1%	11.3%	8.1%	10.3%	12.0%	11.8%	14.0%	22.3%	14.9%	8.3%	12.7%
Northern	Total Patient Handovers	2,191	2,277	2,174	2,212	2,203	2,048	2,269	2,100	2,094	1,899	1,879	2,127	25,473
	Number >2 Hours	349	328	289	357	365	482	563	418	586	612	327	398	5,074
	% >2 Hours	15.9%	14.4%	13.3%	16.1%	16.6%	23.5%	24.8%	19.9%	28.0%	32.2%	17.4%	18.7%	19.9%
South Eastern	Total Patient Handovers	1,527	1,451	1,338	1,471	1,392	1,300	1,412	1,356	1,332	1,117	1,094	1,322	16,112
	Number >2 Hours	385	441	324	408	393	529	469	475	498	545	414	393	5,274
	% >2 Hours	25.2%	30.4%	24.2%	27.7%	28.2%	40.7%	33.2%	35.0%	37.4%	48.8%	37.8%	29.7%	32.7%
Southern	Total Patient Handovers	1,783	1,792	1,749	1,851	1,868	1,820	1,940	1,828	1,806	1,618	1,548	1,772	21,375
	Number >2 Hours	361	386	395	381	315	241	367	403	374	540	332	397	4,492
	% >2 Hours	20.2%	21.5%	22.6%	20.6%	16.9%	13.2%	18.9%	22.0%	20.7%	33.4%	21.4%	22.4%	21.0%
Region	Total Patient Handovers	9,822	10,045	9,611	10,147	9,938	9,403	10,221	9,681	9,452	8,709	8,292	9,533	114,854
	Number >2 Hours	1,622	1,722	1,500	1,611	1,487	1,707	1,904	1,775	2,008	2,486	1,554	1,529	20,905
	% >2 Hours	16.5%	17.1%	15.6%	15.9%	15.0%	18.2%	18.6%	18.3%	21.2%	28.5%	18.7%	16.0%	18.2%

Source : Northern Ireland Ambulance Service Dashboard

Source: Northern Ireland Ambulance Service: Please note that data provided is for operational use only – NIAS will cleanse and update their data over a rolling 90 days, therefore there may be discrepancies between data provided previously as this is subject to change.

Ambulance Turnaround Times

51% to be Turned Around <30 minutes

During 2025/26, the Trust reported **2,484** Northern Ireland Ambulance Service (NIAS) Turnarounds within 30 minutes; this represents **11.8%** against the 51% Target.

This target remains challenging across the region with all Trusts reporting a similar cumulative position against this specific target.

The table below provides a breakdown by Trust.

Turnaround Times : Within 30 minutes

Trust	Service Area	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total
Western	Ambulance Turnarounds	1,743	1,799	1,764	1,777	1,769	1,686	1,818	1,790	1,804	1,848	1,571	1,744	21,113
	< 30 minutes	213	162	171	185	170	162	231	237	232	258	203	260	2,484
	% < 30 minutes	12.2%	9.0%	9.7%	10.4%	9.6%	9.6%	12.7%	13.2%	12.9%	14.0%	12.9%	14.9%	11.8%
Belfast	Ambulance Turnarounds	2,617	2,760	2,632	2,888	2,741	2,583	2,830	2,662	2,477	2,285	2,242	2,632	31,349
	< 30 minutes	294	348	385	401	425	443	459	491	483	374	359	483	4,945
	% < 30 minutes	11.2%	12.6%	14.6%	13.9%	15.5%	17.2%	16.2%	18.4%	19.5%	16.4%	16.0%	18.4%	15.8%
Northern	Ambulance Turnarounds	2,201	2,282	2,184	2,218	2,213	2,052	2,279	2,110	2,115	1,918	1,887	2,143	25,602
	< 30 minutes	209	208	233	239	233	190	239	227	261	159	206	252	2,656
	% < 30 minutes	9.5%	9.1%	10.7%	10.8%	10.5%	9.3%	10.5%	10.8%	12.3%	8.3%	10.9%	11.8%	10.4%
South Eastern	Ambulance Turnarounds	1,530	1,460	1,349	1,482	1,409	1,314	1,423	1,389	1,357	1,136	1,108	1,332	16,289
	< 30 minutes	160	141	198	205	203	204	201	198	171	184	159	251	2,275
	% < 30 minutes	10.5%	9.7%	14.7%	13.8%	14.4%	15.5%	14.1%	14.3%	12.6%	16.2%	14.4%	18.8%	14.0%
Southern	Ambulance Turnarounds	1,791	1,803	1,763	1,863	1,879	1,829	1,954	1,845	1,824	1,634	1,565	1,792	21,542
	< 30 minutes	190	182	199	203	220	266	257	223	238	212	215	261	2,666
	% < 30 minutes	10.6%	10.1%	11.3%	10.9%	11.7%	14.5%	13.2%	12.1%	13.0%	13.0%	13.7%	14.6%	12.4%
Region	Ambulance Turnarounds	9,882	10,104	9,692	10,228	10,011	9,464	10,304	9,796	9,577	8,821	8,373	9,643	115,895
	< 30 minutes	1,066	1,041	1,186	1,233	1,251	1,265	1,387	1,376	1,385	1,187	1,142	1,507	15,026
	% < 30 minutes	10.8%	10.3%	12.2%	12.1%	12.5%	13.4%	13.5%	14.0%	14.5%	13.5%	13.6%	15.6%	13.0%

Source : Northern Ireland Ambulance Service Dashboard

Source: Northern Ireland Ambulance Service: Please note that data provided is for operational use only – NIAS will cleanse and update their data over a rolling 90 days, therefore there may be discrepancies between data provided previously as this is subject to change.

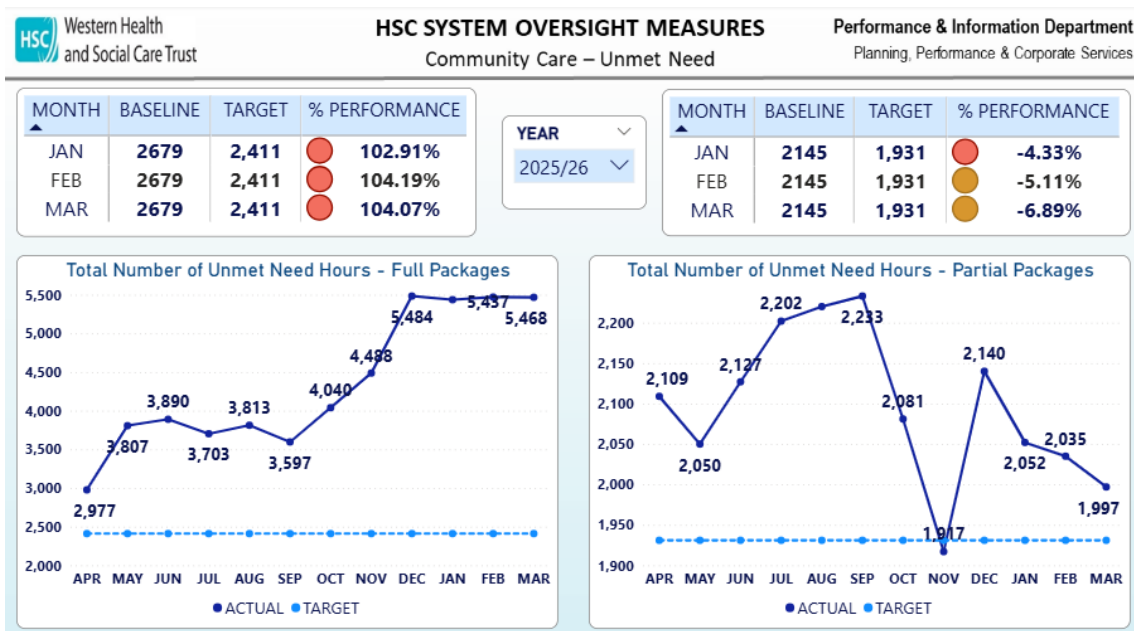
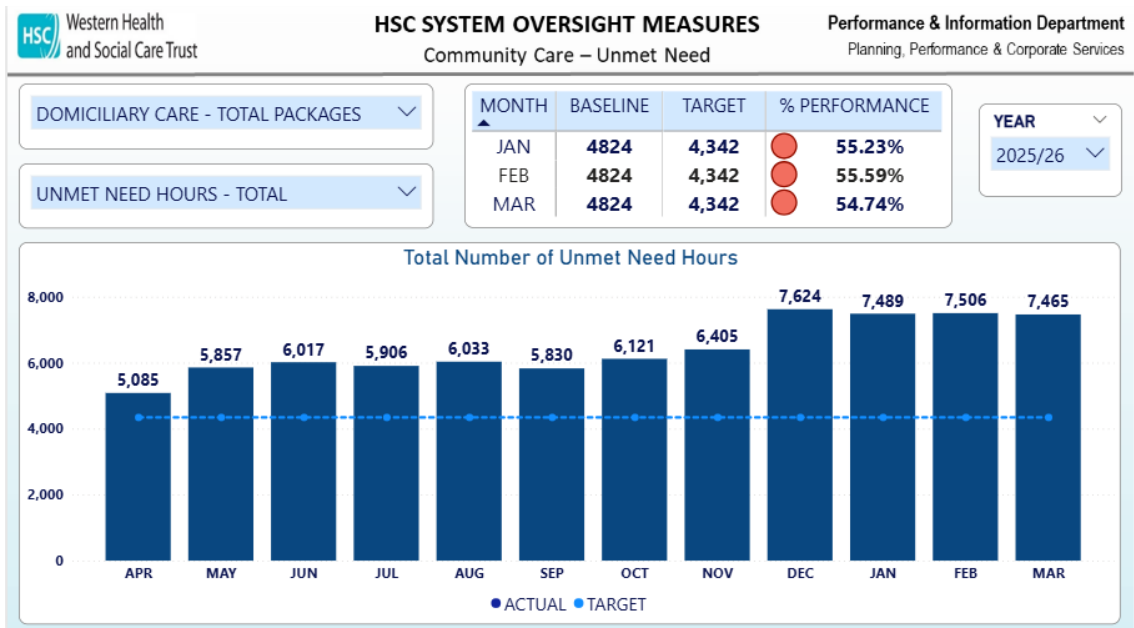
COMMUNITY CARE

Unmet Need (High Confidence – Non Epic Data)

10% reduction in unmet need hours by March 2026 compared to position at 31 March 25 (full and partial packages across all POCs)

Performance against this target remained challenging throughout 2025/26 and the Trust remains an outlier across the region against this SOM.

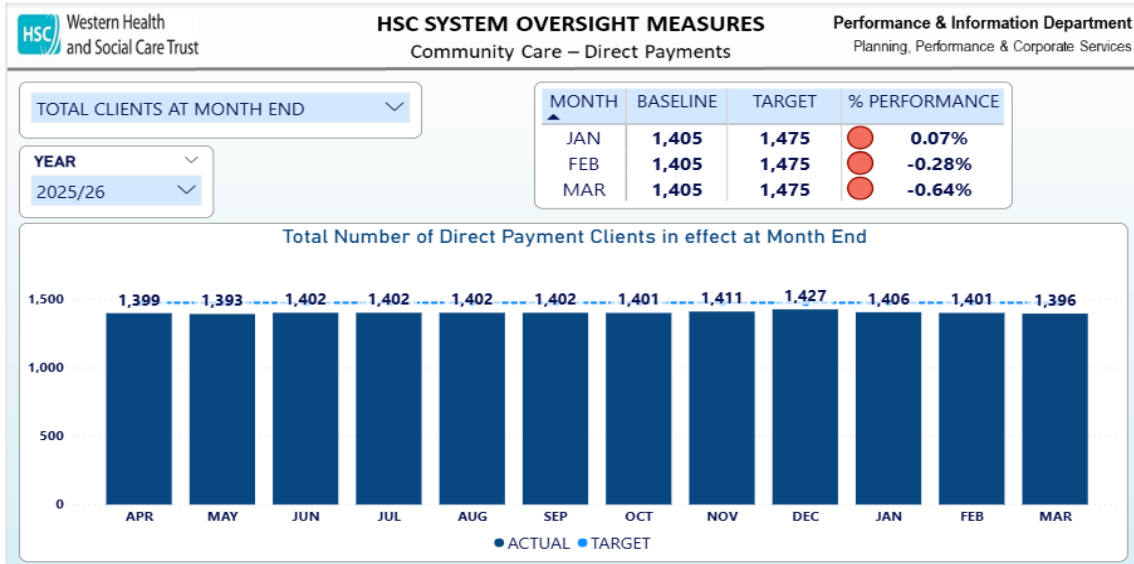
Total Packages: at the end of March 2026, the Trust reported **7,465** unmet need hours against the expected target of **4,342**; (**54.74% increase**); target **not achieved**. A reduction in the number of unmet need hours for partial packages was reported from January to March 2026.



Direct Payments (High Confidence - Non Epic Data)

5% increase in Direct Payments in effect for service users by March 2026 (compared to position at 31 March 2025)

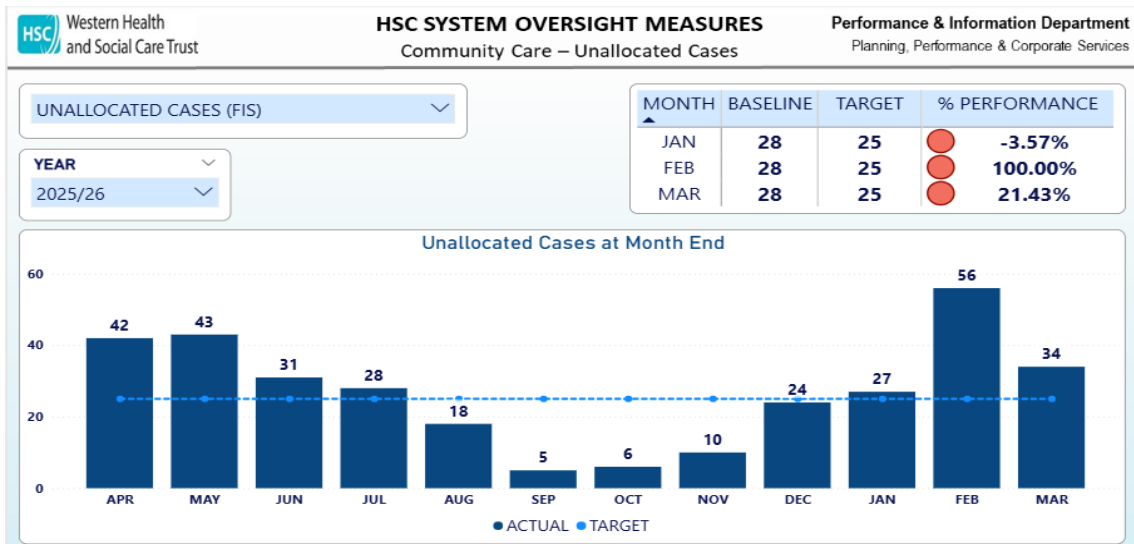
By the end of March 2026, the Trust were expected to achieve 1,475 Service User Direct Payments in effect. At the end of March 2026, there were **1,396** Direct Payment Clients in effect. The Trust was close to meeting this target throughout 2025/26; only one Trust across the region achieved this target at year end.



Unallocated cases - Children's Services (High Confidence – Non Epic Data)

To reduce unallocated cases (family support only) by 10% by March 2026 (compared to position at end March 2025) for those case >than 20 days and for family support cases only

By the end of March 2026, the Trust were expected to report **25** Family Support Unallocated Cases. This target was **achieved by the Trust in each month from August to December 2025**. At the end of March 2026, the Trust reported **34** Family Support Unallocated Cases against the Target of 25 (21% increase). This target was **not achieved** but reflects a reduction in the number of unallocated cases from February 2026.



SAFETY & QUALITY

The Public Health Agency (PHA) Monthly Target Monitoring Report for the Western Trust stipulates that a new methodology has been adopted for the setting of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridioides Difficile Infection (CDI) targets. The previous count of cases has been replaced by incidence rates which PHA contends provides more accurate and standardised comparisons over time and across Trusts, taking into consideration variations in patient volume and exposure to infection risks within each Trust. This methodology is in line with the new UK AMR National Action Plan (NAP).

Hospital Acquired Infection - Clostridioides Difficile Infection (CDI)

Trust-specific targets to deliver a reduction in the rate of inpatient episodes of CDI, measured per 100,000 occupied beds, in patients aged two years and over by the end of the 2025/26 financial year.

Targets for individual Trusts vary depending on their performance during the 2023/24 baseline financial year.

Source: HSC Trust Reporting Dashboard (SPPG)

Service Area	2025/26 Target Trajectory	Quarter 1	Quarter 2	Quarter 3	Quarter 4
HCAI - clostridioides difficile (CDI)	CDI RATE	16.4	12.7	11.7	12.1
	CDI TARGET	13.5	13.2	12.9	12.7

**CDI target was based on the 2023/24 baseline, a year in which the Trust observed a substantial reduction in CDI episodes in comparison to previous years.*

- Throughout 2025/26, a high level of performance was reported; the CDI target was **achieved** in Quarters 2, 3 and 4.

Hospital Acquired Infection - Methicillin-resistant Staphylococcus aureus (MRSA)

Trust-specific targets to deliver a reduction in the rate of MRSA episodes, measured per 100,000 occupied beds by the end of the 2025/26 financial year have been agreed.

Targets for individual Trusts vary depending on their performance during the 2019/20 baseline financial year.

Source: HSC Trust Reporting Dashboard (SPPG)

Service Area	2025/26 Target Trajectory	Quarter 1	Quarter 2	Quarter 3	Quarter 4
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	MRSA RATE	0.000	0.000	0.489	0.734
	MRSA TARGET	1.613	1.613	1.613	1.613

- The Trust **achieved** the MRSA target in each Quarter of 2025/26.

ACCESS TARGETS

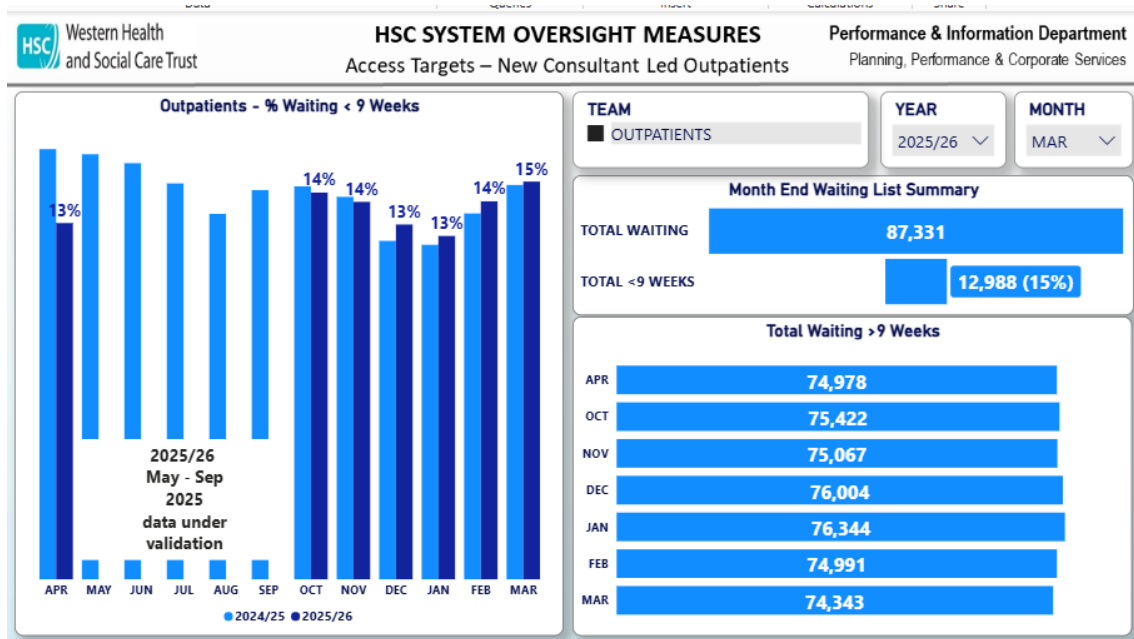
The May to September 2025 information is unavailable (New Consultant-Led Outpatients, Diagnostic Tests and Inpatient Daycase) due to validation undertaken by the P&I team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a position to report “Medium Confidence” (RAG Amber) in this service data. Validation by the P&I team, service colleagues and Data Quality Task and Finish Group will continue until high confidence in the data is achieved.

Access Performance – 1st New Cons-Led Outpatient Appointment (Medium Confidence)

50% of patients waiting <9 weeks. No patients >52 weeks

At the end of March 2026:

- **87,331** patients were waiting for an outpatient appointment; with **74,343** patients waiting longer than 9 weeks; target **not achieved** as 15% of patients were waiting less than 9 weeks. This represents a **deterioration in access** to this service compared to End of Year March 2025; when there were **85,180** in total waiting and **72,619** waiting longer than 9 weeks.

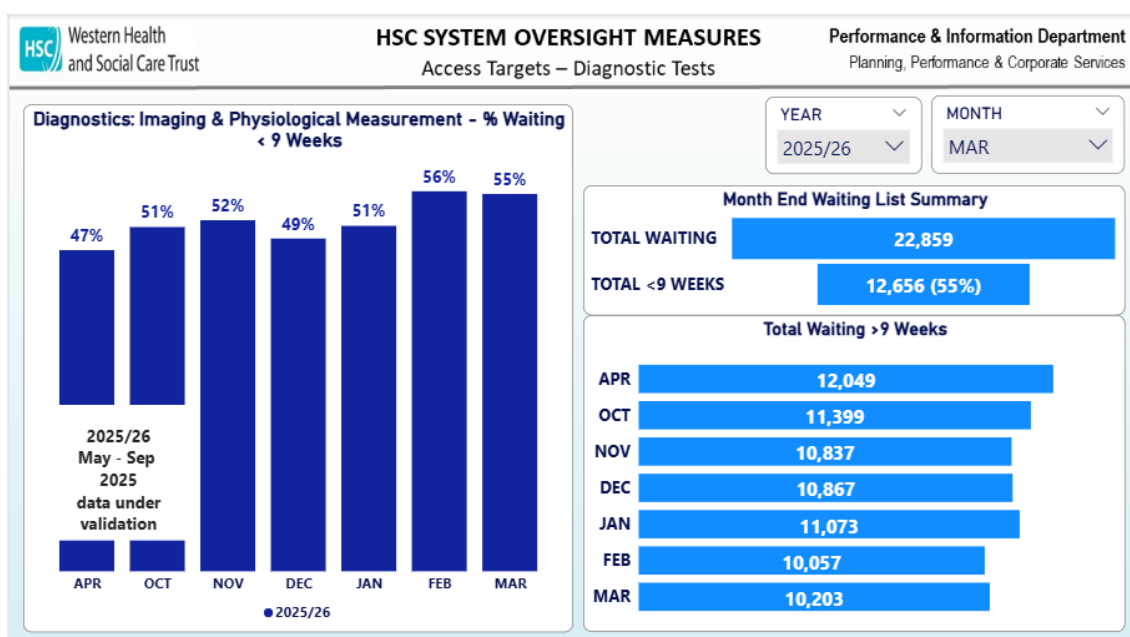


Access Performance – Diagnostic Tests (Medium Confidence)

75% of patients waiting <9 weeks. No patients >26 weeks

At the end of March 2026:

- **22,859** patients waiting for Diagnostic test (imaging and physiological measurement); with **10,203** patients waiting longer than 9 weeks; 55% of patients waited less than 9 weeks so the target was **not achieved**.
- The number of people waiting longer than 9 weeks has improved throughout 2025/26 and when compared to End of Year March 2025 (**11,911**), however the overall total number waiting has increased from **22,753**.



Access Performance – Inpatient/Day Case (Medium Confidence)

55% of patients waiting <13 weeks. No patients >52 weeks

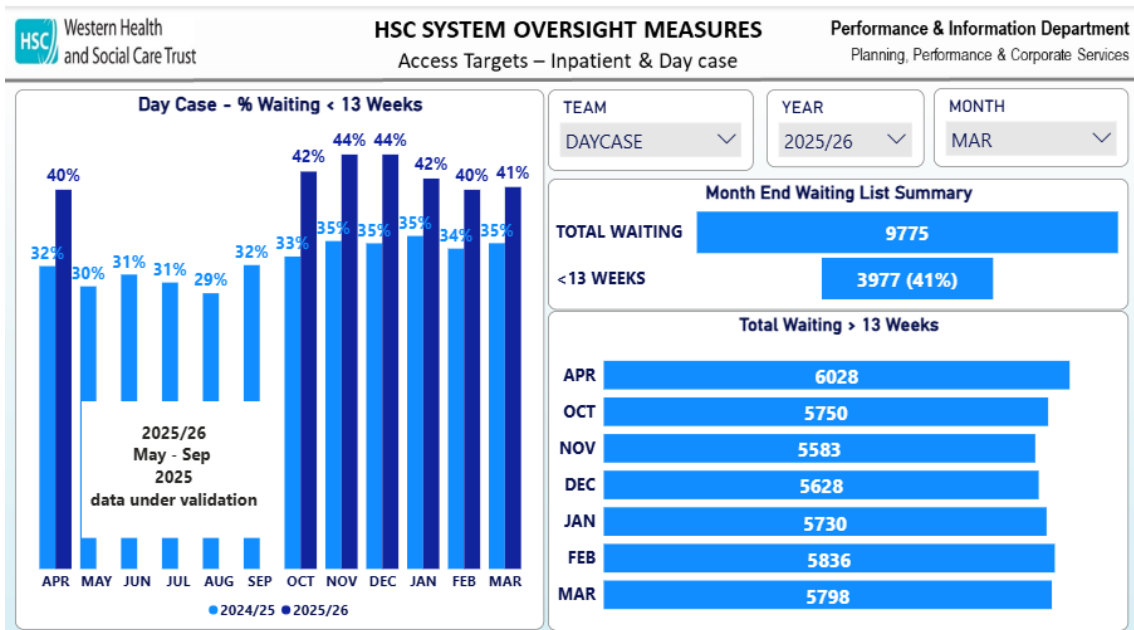
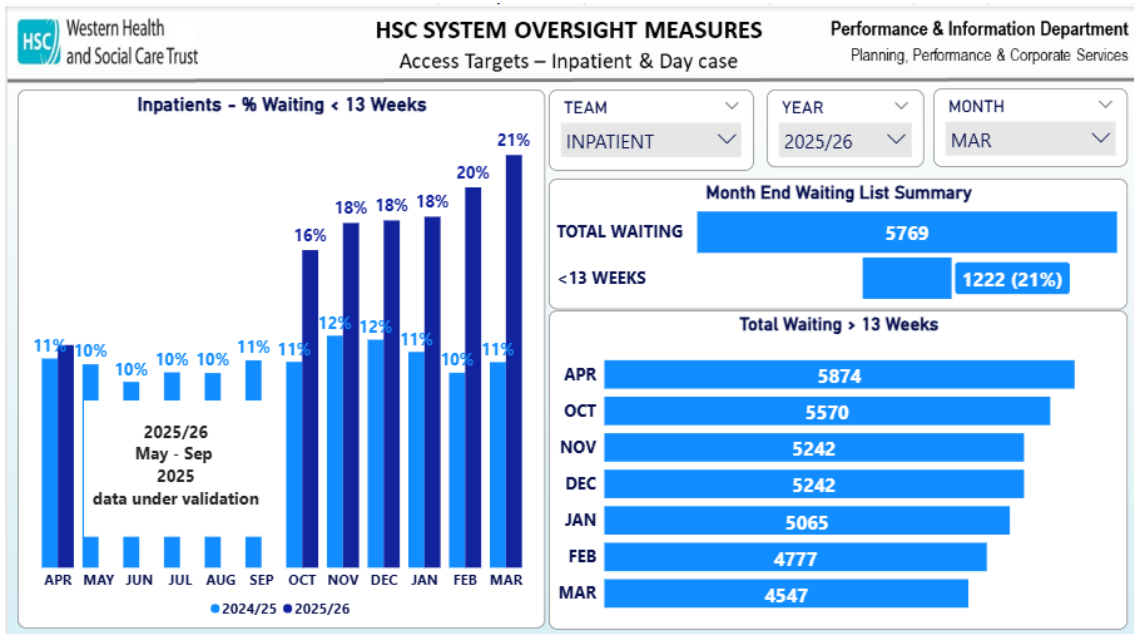
At the end of March 2026:

- **15,544** waiting for Inpatient and Day case treatment with **10,345** waiting longer than 13 weeks. Target **not achieved** as 33% of patients waiting less than 13 weeks. Performance has improved when compared to End of Year March 2025 when there were **17,631** in total waiting with **13,106** waiting longer than 13 weeks.

Of those waiting at the end of March 2026 there were:

- **5,769** patients waiting for Inpatient Treatment with **4,547** waiting longer than 13 weeks. Target **not achieved** as 21% of patients waiting less than 13 weeks. Performance has improved when compared to End of Year March 2025; when there were **6,597** in total waiting and **5,901** waiting longer than 13 weeks.
- **9,775** patients waiting for Day case Treatment, with **5,798** waiting longer than 13 weeks. Target **not achieved** as 41% of patients waiting less than 13 weeks.

Performance has improved when compared to End of Year March 2025; when there were **11,034** in total waiting and **7,205** waiting longer than 13 weeks.

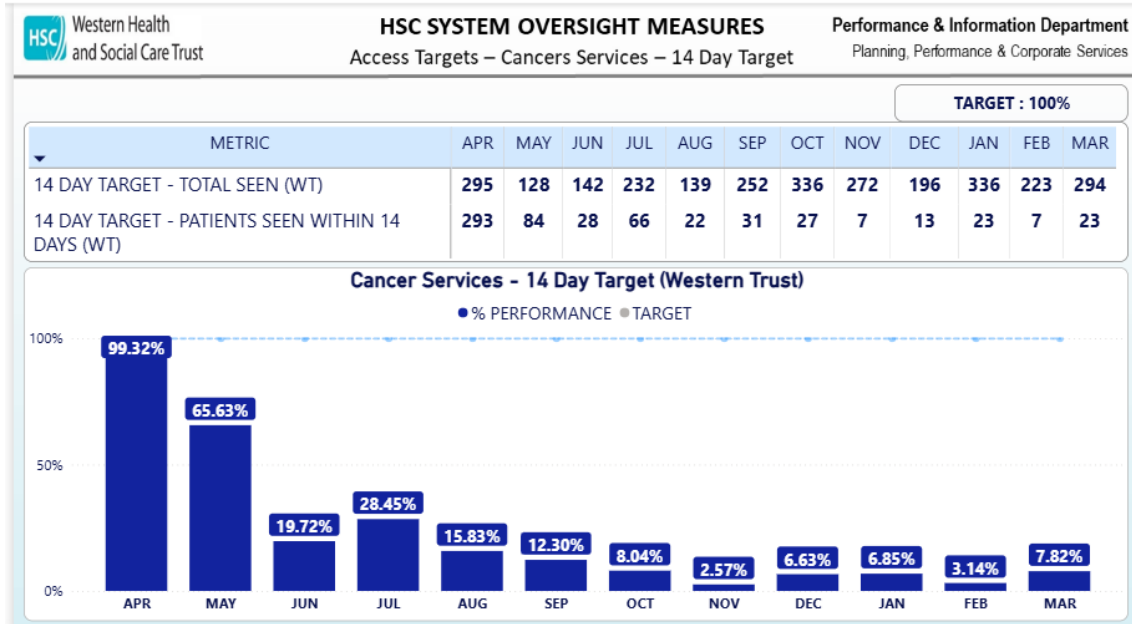
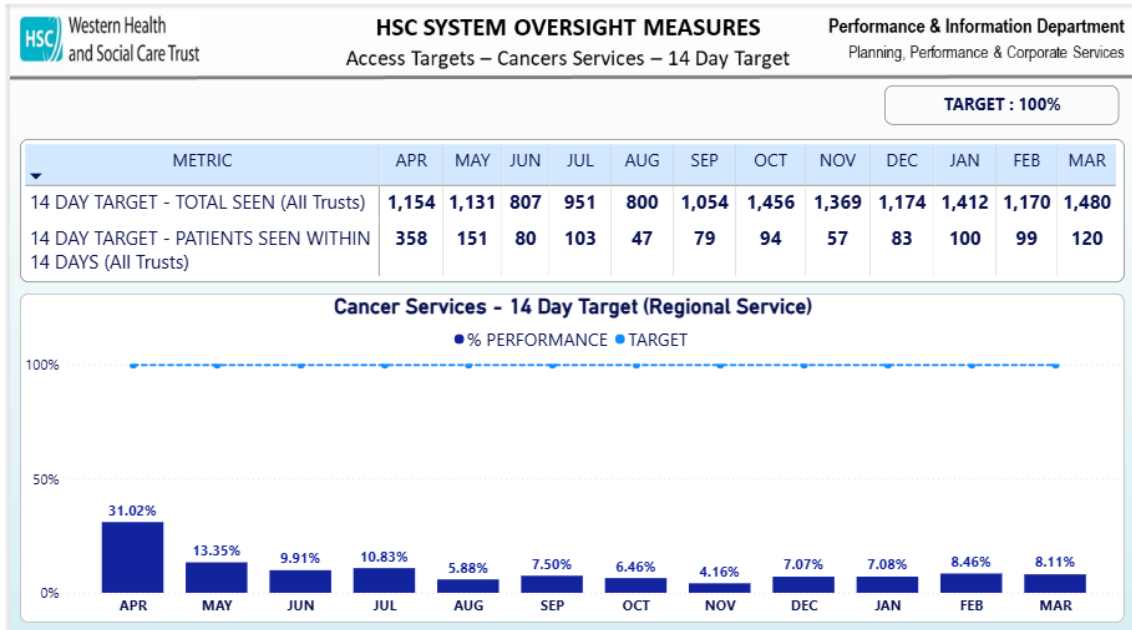


Access Performance – 14 Day Breast Cancer : Regional Service (High Confidence)

100% of Suspect Breast Cancer Referrals to be seen <14 Days

This is a regional access target and the Regional Breast Service has been operational from 8th May 2025.

Regionally, during 2025/26, a total of **13,958** patients were seen with **1,371** seen within the 14 day target; this reflects **9.82%** against the 100% Target. Of the 13,958 patients seen across the region, **2,845** patients were seen by Western Trust clinicians with **624** seen within 14 days. This data remains under validation in line with End of Year processes.



Source: HSC Trust Reporting Dashboard (SPPG)

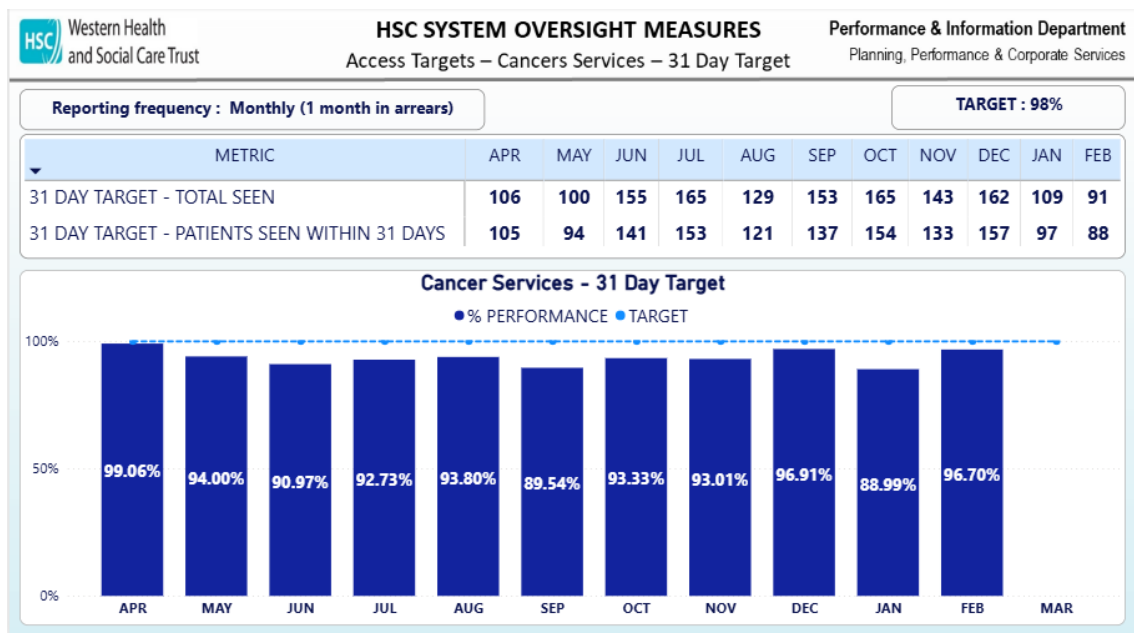
Access Performance – Cancer Services 31 Day Target (High Confidence)

At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

This target is subject to a reporting time lag, out turn is reported monthly in arrears.

During 2025/26 (April 2025 to February 2026), a total of **1,478** patients seen with **1,380** seen within 31 days of a decision to treat; this reflects **93%** against the 98% Target. This target was **achieved** once during 2025/25 in April 2025.

The final March 2026 and End of Year position will be available on 8th June 2026; this is on completion of year end validation and in line with DoH Hospital Information Branch (HIB) reporting schedule.



Source: HSC Trust Reporting Dashboard (SPPG)

Access Performance – Cancer Services 62 Day Target (High Confidence)

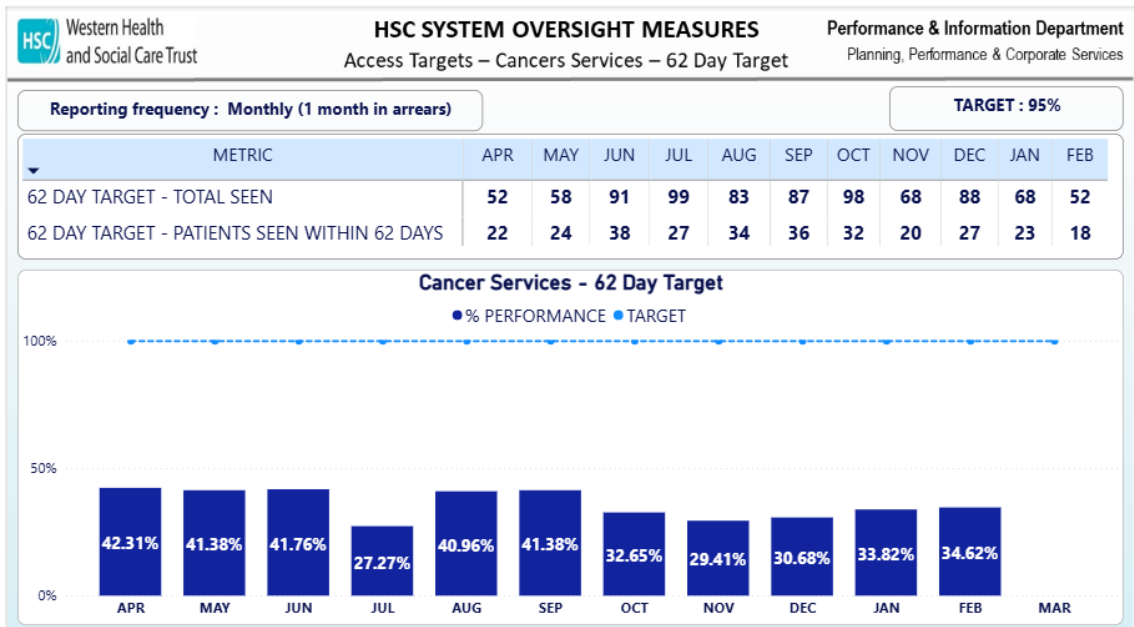
At least 95% of patients referred with a suspected cancer should begin their first definitive treatment within 62 days.

This target is subject to a reporting time lag, out turn is reported monthly in arrears.

During 2025/26 (April 2025 to February 2026), a total of **842** patients seen with **298** beginning their first treatment within 62 days of referral; this reflects **35%** against the 95% Target.

Achievement against this Target remains challenging across the region with performance across the five Trusts broadly in line.

The final March 2026 and End of Year position will be available on 8th June 2026; this is on completion of year end validation and in line with DoH Hospital Information Branch (HIB) reporting schedule.



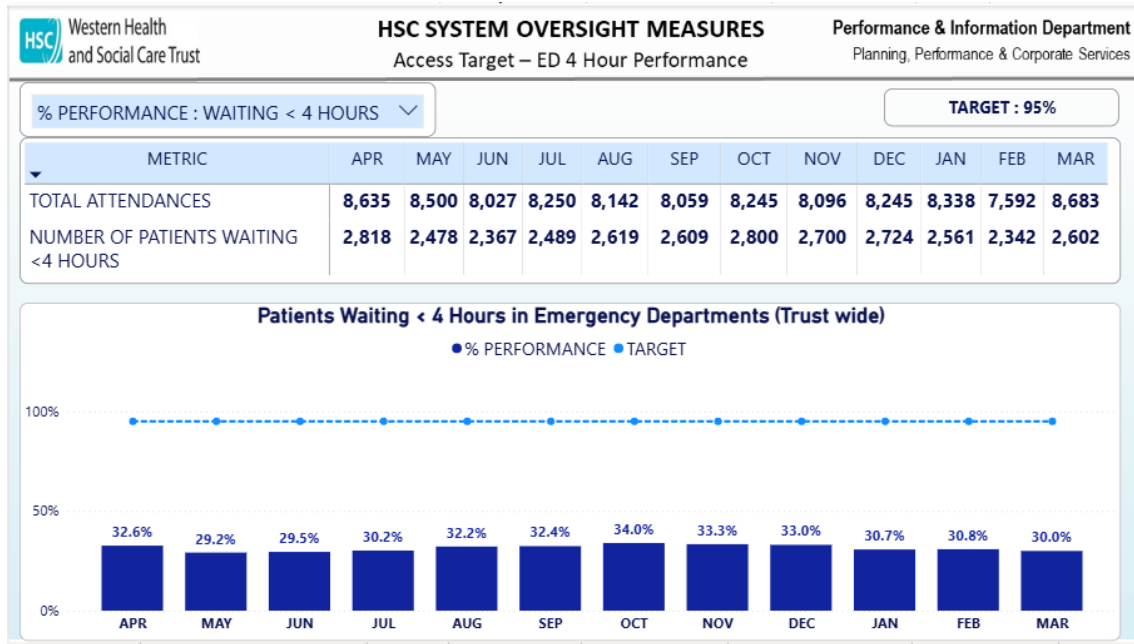
Source: HSC Trust Reporting Dashboard (SPPG)

Access Performance – Emergency Department (High Confidence)

95% of patients waiting (ED Attendances) <4hrs for treatment, discharge, admission or transfer

At the end of March 2026:

- **2,602** patients waited less than 4 Hours in ED for treatment, discharge, admission or transfer, representing **30%** against the 95% target.
- Performance has remained static throughout 2025/26 and the target was not met in any month by any Trust.

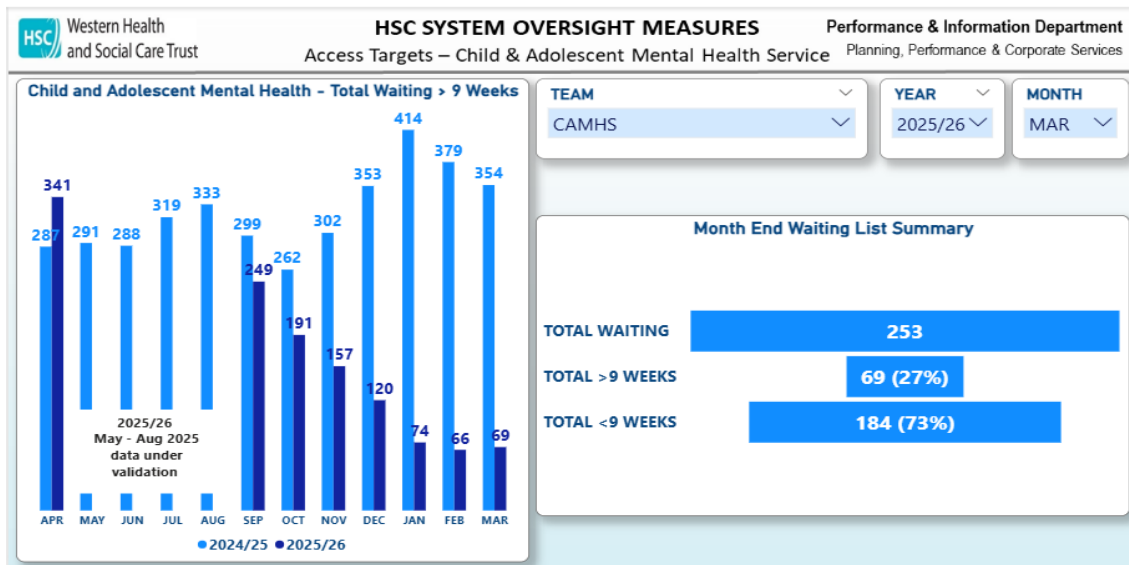


Access Performance – Child & Adolescent Mental Health Service (CAMHS) (High Confidence)

No patient waits longer than 9 weeks to access the Child & Adolescent Mental Health Service

At the end of March 2026:

- **253** children/young people waiting to access CAMHS with **69** waiting longer than 9 weeks. This represents a significant improvement in access to this service throughout 2025/26 and the End of Year March 2025; when there were **507** in total waiting and **354** waiting longer than 9 weeks.

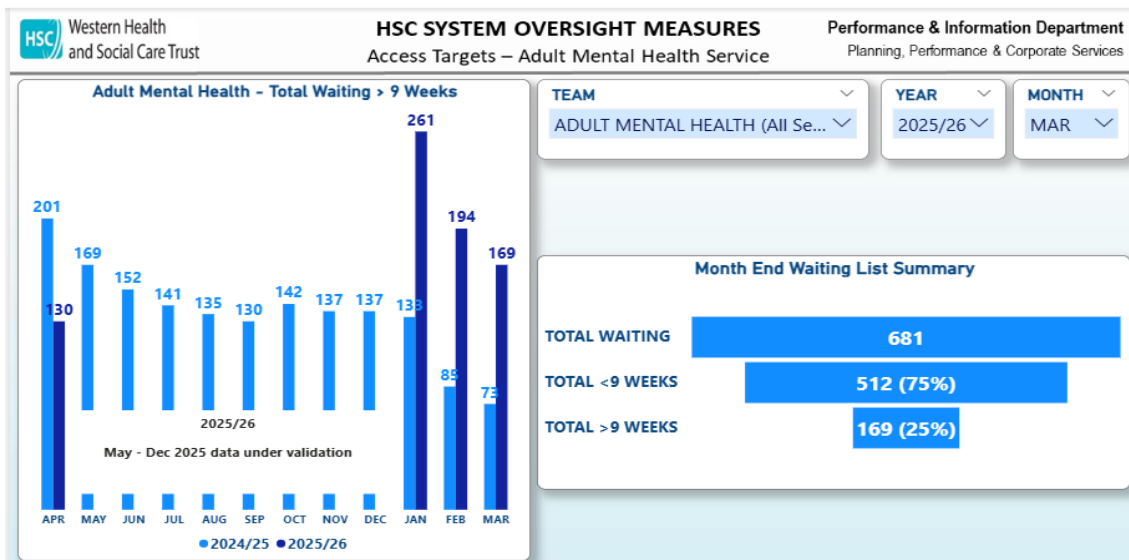


Access Performance – Adult Mental Health Service (High Confidence)

No patient waits longer than 9 weeks to access Adult Mental Health Services

At the end of March 2026:

- **681** patients were waiting to access Adult Mental Health Services with **169** waiting longer than 9 weeks. This represents a deterioration in access to this service throughout 2025/26 and the End of Year March 2025; when there were **501** in total waiting and **73** waiting longer than 9 weeks.

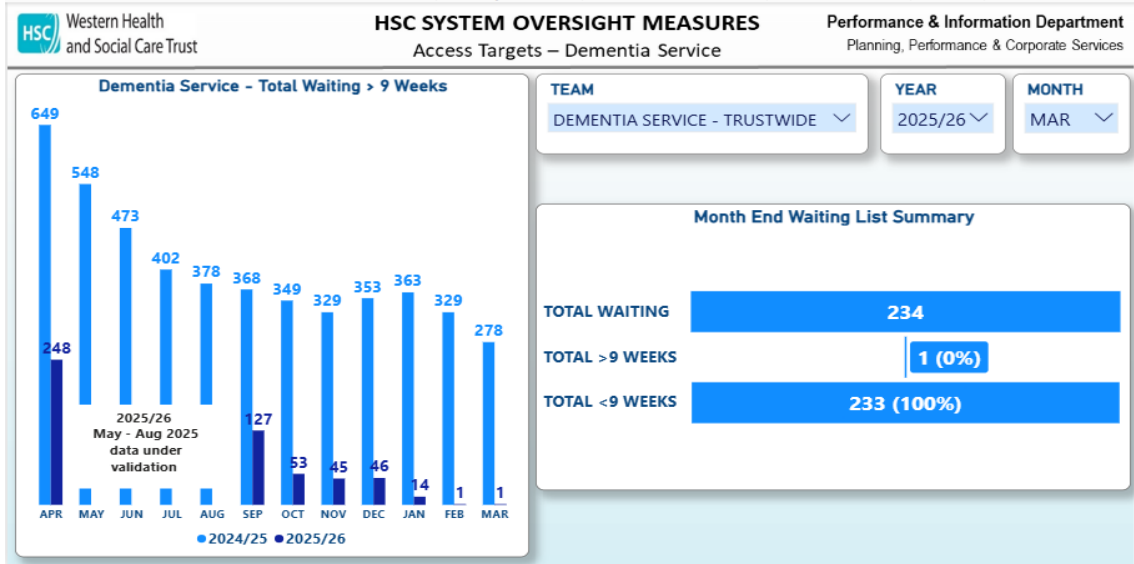


Access Performance – Dementia Service (High Confidence)

No patient waits longer than 9 weeks to access the Dementia Service

At the end of March 2026:

- **234** patients were waiting to access the Dementia Service with **1** waiting longer than 9 weeks. This represents a significant improvement in access to this service throughout 2025/26 and the End of Year March 2025; when there were **555** in total waiting and **278** waiting longer than 9 weeks.

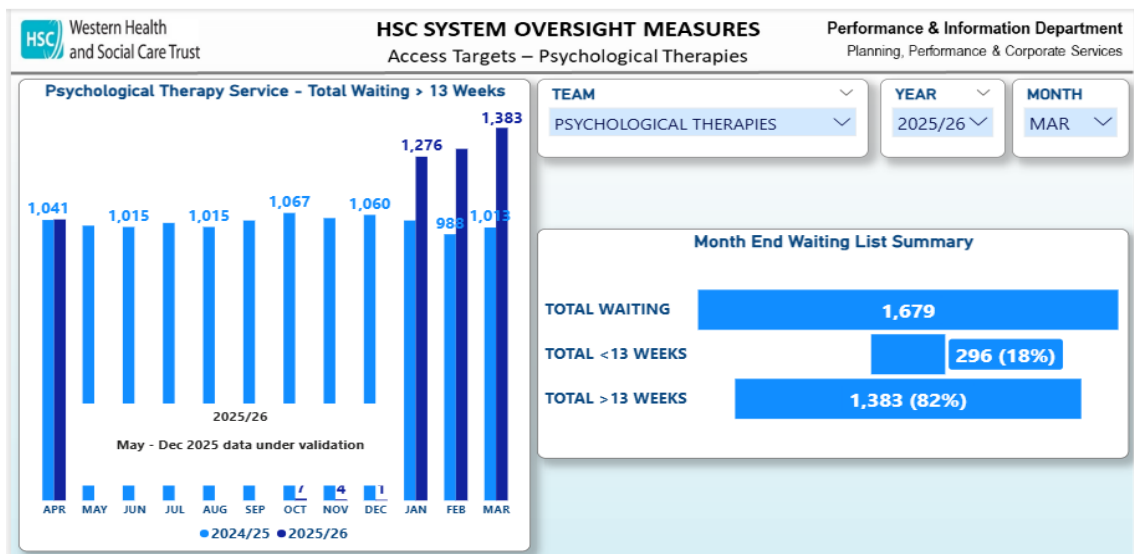


Access Performance – Psychological Therapy Service (Medium Confidence)

No patient waits longer than 13 weeks to access Psychological Therapy Service

At the end of March 2026:

- **1,679** patients were waiting to access a Psychological Therapy Service with **1,383** waiting longer than 13 weeks. This represents continued deterioration in access throughout 2025/26 and the End of Year March 2025; when there were **1,260** in total waiting and **1,013** waiting longer than 13 weeks.



Access Performance – Allied Health Professionals (Medium Confidence)

No patient waits longer than 13 weeks from referral to commencement of AHP treatment

At the end of March 2026:

- **21,280** patients were waiting to access an Allied Health Professional Service with **11,802** waiting longer than 13 weeks. This represents deterioration in access throughout 2025/26 and the End of Year March 2025; when there were **17,337** in total waiting and **9,246** waiting longer than 13 weeks.

