

2026/27 Quarter 1 (April to June 2026)

Performance Report

Trust Board: 24th September 2026

INTRODUCTION

This report provides an update on the Systems Oversight Measures (SOMs) for 2026/27 Quarter 1 (April to June 2026). The Strategic Planning & Performance Group (SPPG) confirmed in May 2026 that the SOMs Targets are rolled forward and remain unchanged with the exception of baseline adjustments for:

- **Patients not waiting in ED:** 2026/27 Baseline is 2025/26 actual activity.
- **Number of Service User Direct Payments in effect:** 2026/27 Baseline updated to March 2026.

Performance monitoring of the SOMs Targets in 2026/27 will remain in place whilst assessment on the reporting capability of the metrics identified within the **Draft Strategic and Operational Planning Guidance (SOPG) 2026/27**, is completed by SPPG. This guidance sets out the strategic context, priorities, and planning assumptions for the HSC, including service delivery expectations.

A total of 52 Targets/Indicators have been identified and of these:

- 17 are based on or are similar to the current SOMs.
- 35 are not reported within SOMs: 6 pending clarification on epic reports and 29 require further development/clarification.

A phased implementation of monitoring will be necessary for the targets/indicators that require additional work. It is expected that any system changes or development will be prioritised by encompass under the direction of the Senior Leadership Team (SLT). A list of the 52 Targets/Indicators is included in Appendix 1 and future Performance Reports will include progress against these targets when finalized by SPPG.

EXECUTIVE SUMMARY

At June 2026, the Trust reported a total of 45 of the 47 quantitative SOMs; of these **24 (51%)** are **High Confidence** (RAG Green), **11 (23%)** are **Medium Confidence** (RAG Amber), **10 (21%)** are **Low Confidence** (RAG Red) and **2 metrics (4%)** remain **Unavailable**.

		Mar-26		Jun-26	
Total Metrics : 47 (Qualitative)	Total Number of SOMs Metrics	47		47	
	Confidence Level RAG	15	32%	10	21%
		14	30%	11	23%
		16	34%	24	51%
	No. of unavailable metrics*	2	4%	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**

Further improvement has been achieved in the Data Confidence Levels with an increase in the number of metrics assessed as “High” (RAG Green) when compared to 2025/26 Quarter 4 (January to March 2026). 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	- Complex discharge delays – weekend discharges - Theatres – DNA/cancellations on the day (3 metrics) - Access Targets: 1st Consultant Outpatient - Patients waiting >13 weeks for Allied Health Professionals (4 service areas: Occupational Therapy, Dietetics, Speech and Language Therapy and Orthoptics).
Low to Medium	Theatres – Utilisation (Run times – 3 metrics and Op times – 2 metrics)
High to Low	Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral

A regional coding issue was identified in regard to suspended patients which resulted in the Trust reporting the 62 Day Cancer June 2026 data confidence as “Low”. A system fix was put in place by Epic and data validation completed by the service; the Trust are therefore in a position to report the data confidence as “High” from the end of August 2026.

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

Confidence Level	Service Area / Metric
Unchanged (Non Epic Data and reports)	- Neck Of Femur patients treated <48 hours - Other Fractures patients treated < 7days - Hours of Unmet Need for Full & Partial Packages - Service User Direct Payments In Effect - Family Support Category Unallocated Cases >20 days
High (Epic reports)	- Number of patients who do not wait in ED - Number of Patients who wait>12 hours in ED - Complex discharge delays – weekend discharges - Theatres – DNA/cancellations on the day (3 metrics) - Access Targets: 1st Consultant Outpatient - Access Targets: Patients waiting >13 weeks for Allied Health Professionals (all 6 specialities) - Suspect Breast Cancer Referrals seen <14 days - Cancer Diagnosis receive 1st Definitive Treatment <31 days of DTT - ED Attendances waiting <4 hours for treatment, discharge, admission - 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 (Epic reports)	• DNA / on the day cancellation rates (New and Review Outpatients - 2 metrics) • Average Length of Stay • Theatres – Utilisation (Run times – 3 metrics and Op times – 2 metrics) • Access Targets: Diagnostic Tests & Inpatient/Day case • Access Targets: Patients waiting >13 weeks for Psychological Therapies waiting times
Low (EPIC reports)	• Simple discharge delays – weekend discharges • Non Elective Readmissions • Patient Initiated Follow Up (PIFU) • Admission on Day of Inpatient Surgery • 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) • Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral

The remaining 2 quantitative SOMs, Review appointments and Day case rates – in line with British Association of Day Surgery (BADs) recommended rates, remain unavailable for reporting by Trusts and are not being performance managed by SPPG at this time.

A detailed assessment of the Western Trust 2026/27 Quarter 1 (April to June 2026) SOMs performance, for High and Medium Confidence metrics, is provided in Section 2 below.

OTHER RELEVANT ISSUES

Waiting List Initiative (WLI) Plan

The Trust received additional waiting list initiative funding of £11.6m for 2026/27 to support red flag and time critical activity and to address waiting list backlogs. The backlog funding will support the reduction of waiting times for a number of targeted inpatient/day case procedures and outpatient assessments as set out below:

Activity Type	Red Flag / Time Critical Volumes	Backlog Reduction Volumes
In House		
New Outpatient	3248	1838
Review Outpatient	1355	120
Inpatient	171	60
Day Case	210	160
Echoes / Respiratory	2804	6690
Sub-Total In House	7,788	8,874
Independent Sector		
KBNW – IP Hips/Knees	76	264
KBNW – DC -Shoulders	19	
Musgrave House – Hips/Knees	77	215
Cathedral Eye – Corneal	7	
Lap Chole		20
Hernia		15
Sub-Total Independent Sector	179	514
Other		
Endoscopy (IS)	361	
Imaging MRI (IS)	861	
CAMHS NOP		240
AHPs NOP		572
Sub-Total Other	1222	812
Overall Total	9,189	10,200

SPPG have asked Trusts to submit further reserve bids to address red flag/time critical and backlog waiting times. The Trust bid is currently being finalised for submission.

Support and Information Framework (SIF)

The SIF bi-lateral meetings, with senior SPPG officers, Chief Executive and Director of Planning, Performance and Corporate Services, have been ongoing since its introduction in November 2024.

The recent performance review of the Trust's escalated areas took place on the 5th August 2026 and a summary of the Western Trust position includes:

Level 1 (3 escalations)
ENT services - (originally escalated as Complex Head and Neck Cancer) <i>(previously de-escalated from Level 2, continues to be assessed as Level 1)</i>
Omagh Theatre Scheduling <i>(de-escalated from Level 2 to Level 1)</i>
Child and Adolescent Mental Health Service (CAMHS) waiting lists <i>(de-escalated from Level 2 to Level 1)</i>
Level 2 (3 escalations)
Non-compliance with timescales for the Regional Procedure for the reporting and follow-up of SAls <i>(re-escalated from Level 1 to Level 2)</i>
Ongoing inability to provide short breaks for children with disabilities <i>(Maintained at Level 2)</i>
Ambulance Handover <i>(de-escalated from Level 3 to Level 2)</i>
Level 3 (1 escalation)
Reducing Time Spent in ED for patients (with a particular focus on >12 hours) <i>(Maintained at Level 3)</i>

At the 5th August 2026 meeting, it was agreed to de-escalate the Gynaecology escalation from Level 1 to the 'watching brief'. This was a result of the progress achieved in reducing the number of patients waiting greater than three years and service developments including enhancements to e-triage, expansion of sonography capacity, and the introduction of procedure nurses to support colposcopy and hysteroscopy services.

SECTION 2 : System Oversight Measures (SOMs)

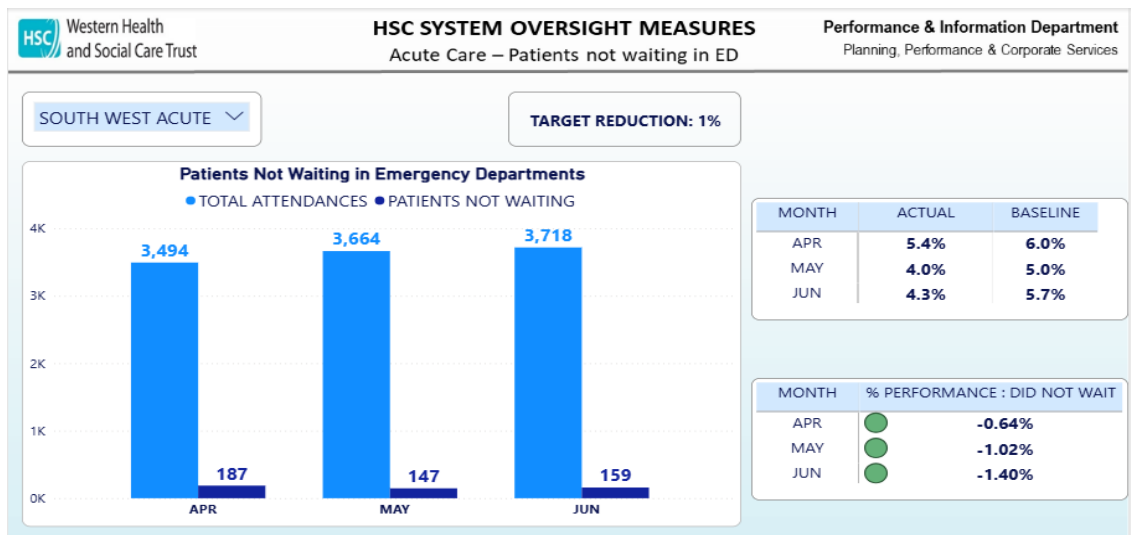
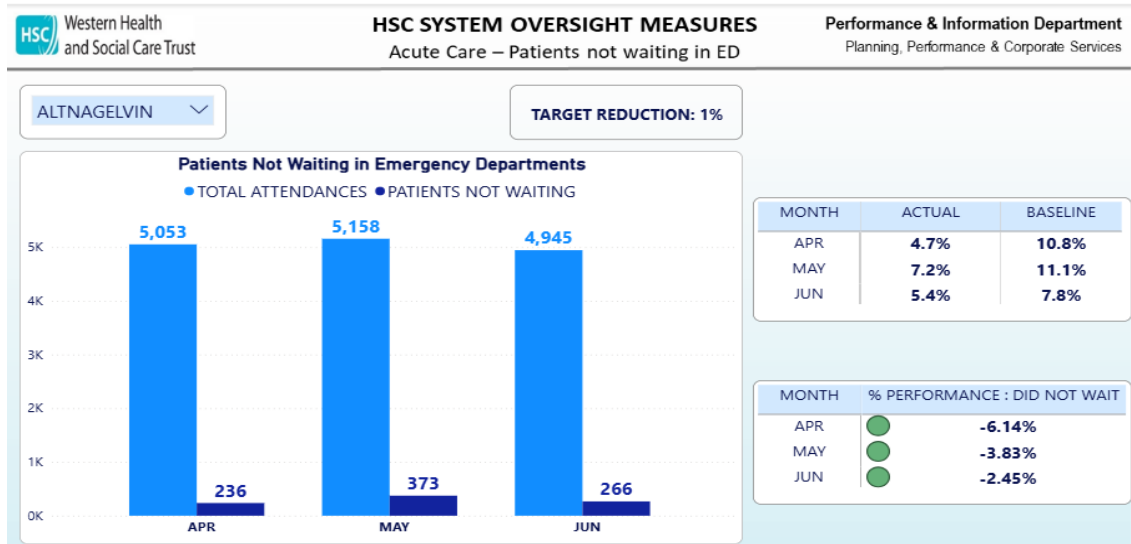
ACUTE CARE

Patients not waiting in ED (High Confidence)

The % of patients who leave ED without treatment complete should not exceed 1% in each month during 2026-27 when compared to 2025-26 figures.

This Target was **achieved each month of Quarter 1** (April to June 2026) across both hospital sites. At the end of June 2026, the % of patients who left ED without treatment complete include:

- **Altnagelvin Hospital: 266 patients (2.45% reduction** against the 1% reduction target).
- **South West Acute Hospital: 159 patients (1.40% reduction** against the 1% reduction target).



During 2026/27 Quarter 1 (April to June 2026), the Trust wide Total Attendances (26,032) **increased 3%** whilst the number of Patients not waiting (1,368) **decreased 33%**, compared to the same period in 2025/26 (25,160 Total Attendances / 2,038 Patients not waiting).

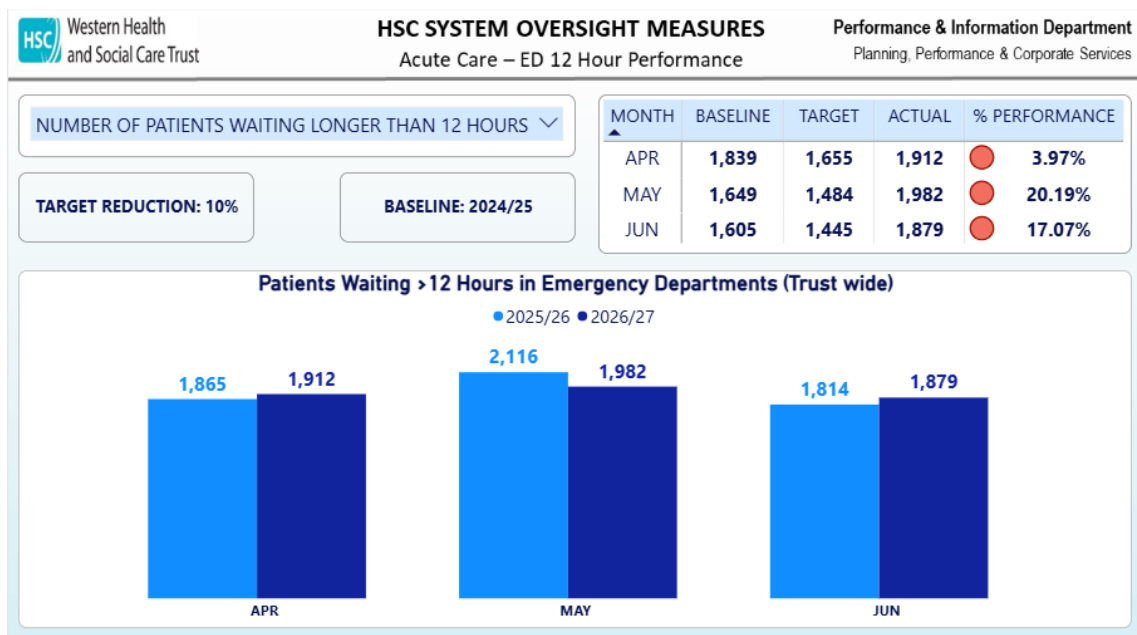
Emergency Department (ED) 12 Hour Performance (High Confidence)

By March 2027, reduce the number of patients who waited longer than 12 hours in ED in 2024/25 by 10%.

This target was not achieved in any month of 2026/27 Quarter 1 (April to June 2026), at the end of June 2026, **1,879** patients waited longer than 12 Hours in ED, against a target of 1,445 (Trust wide); representing a **17%** increase against the 10% reduction target.

The total number of patients who waited longer than 12 Hours in ED during 2026/27 Quarter 1 (April to June 2026) (5,773), was marginally lower when compared to the same period in 2025/26 (5,795).

This Target remains at Level 3 escalation of the Support and Intervention Framework (SIF) despite the unscheduled care improvement programme which includes system-wide flow and discharge actions. Following, recent reviews of unscheduled care, it was agreed that the current USC reform plan would be revised around five priorities to reduce delay-related harm and restore flow quickly with focus on reducing number of patients waiting over 12 hours in ED. A detailed implementation plan and associated timescales is currently being finalized.



Complex Discharge Delays (High Confidence)

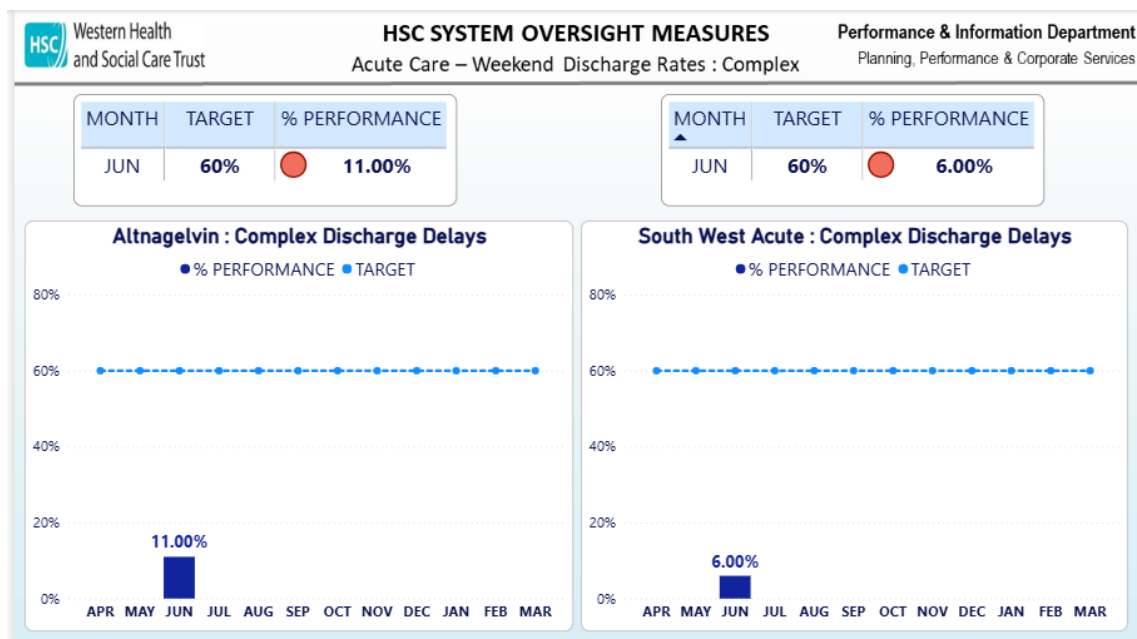
The number of Complex Discharges on any Saturday and any Sunday should be at least 60% of the average daily number of Complex Discharges from Mon-Fri in that week.

The 2025/26 (May 2025 to March 2026) and 2026/27 April and May information is unavailable due to validation undertaken by the P&I team and service colleagues, following the encompass go live.

Regional work is ongoing in respect of the creation of a “hard stop” on epic which ensures that both the medically fit date and reason for delay are completed. Within the Trust, the Community Discharge Team (CDT) have a robust process in place to ensure the accuracy of this data and that the medically fit date and reason for delay are aligned. As a result, the Trust are now in a position to report “High confidence” in this service data.

The June 26 performance includes:

- **Altnagelvin: 11%** against the 60% target (RAG Red).
- **South West Acute: 6%** against the 60% target (RAG Red).



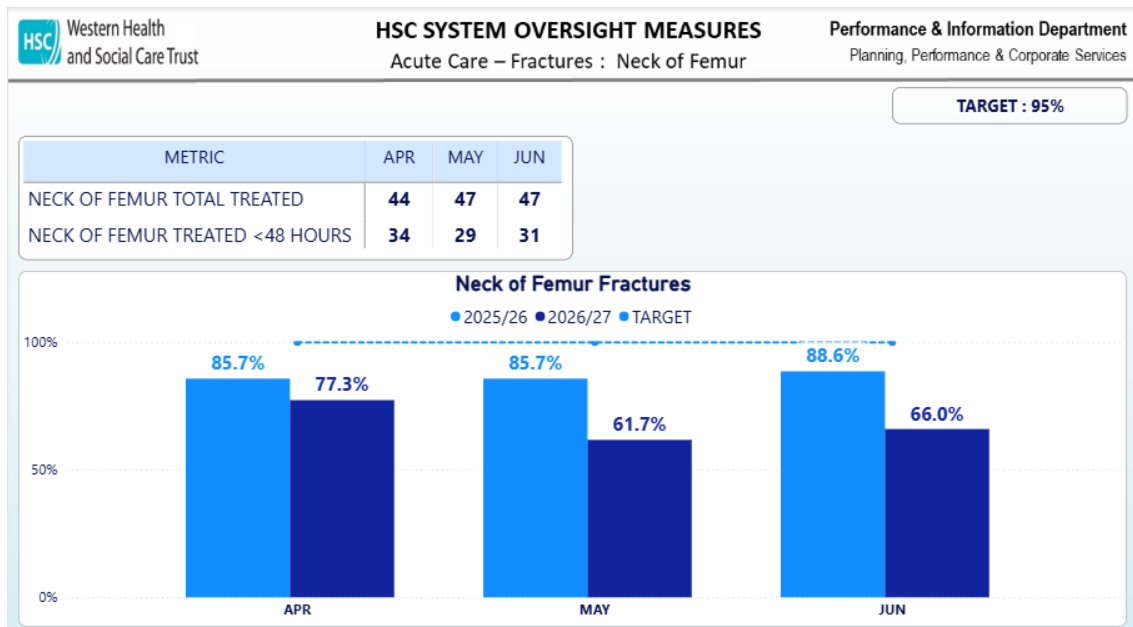
Fractures - Neck of Femur (High Confidence – Non Epic Data)

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 2026/27 Quarter 1 (April to June 2026). The target was **not achieved** in any month during this period, despite some improvement in April 2026 when compared to March 2026 End of Year.

The increase in the total number of patients treated during 2025/26 Quarter 2-4 (July 2025 to March 2026), was sustained during 2026/27 Quarter 1 (April to June 2026) with the Trust reporting **138** Neck of Femur Fractures with **94** clinically appropriate patients waiting no longer than 48 hours for inpatient treatment.

This reflects a **31%** increase in the total number of Neck of Femur Fractures treated when compared to the same time period 2025/26 (105) and a **3% increase** in the number of clinically appropriate patients waiting no longer than 48 hours for inpatient treatment (91).



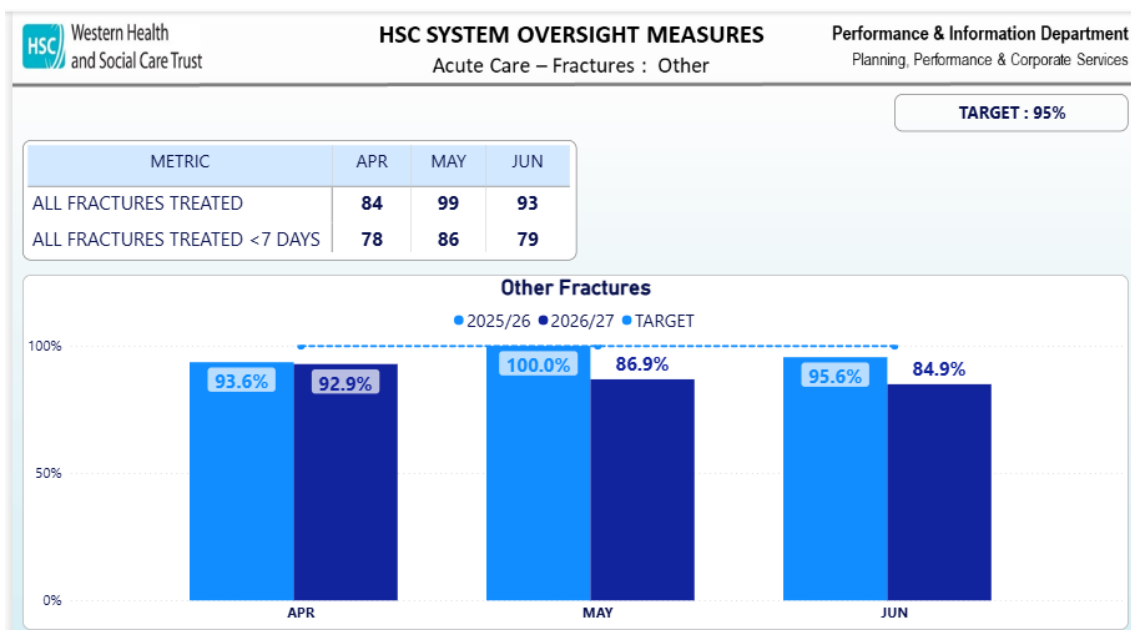
Fractures – Other (High Confidence - Non Epic Data)

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

Performance against this target deteriorated during 2026/27 Quarter 1 (April to June 2026) when compared to 2025/26. The Target was **almost achieved** in April and unfortunately **not achieved** in May and June 2026.

During 2026/27 (April to June 2026), the Trust reported a total of **276** fractures with **243** clinically appropriate patients waiting no longer than 7 days for inpatient treatment (**88%**).

This reflects a **5% increase** in all fracture patients treated when compared to the same time period 2025/26 (263) and a **4% decrease** in the number of clinically appropriate patients waiting no longer than 7 days for inpatient treatment (**254**).



The 2026/27 Quarter 1 (April to June 2026) Performance against the two Fracture targets (Neck of Femur and Other Fractures) was impacted by the increase in demand and patient complexity, hospital flow and delayed discharges.

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.

The Trust **did not achieve** the New or Review DNA/CND targets in any month of 2026/27 Quarter 1 (April to June 2026).

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

New Outpatients (5% Target)	2025/26 Quarter 4 (January to March 2026)			2026/27 Quarter 1 (April to June 2026)		
	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Total Activity (Seen + DNA/CND)	7,763	8,024	8,204	7,654	7,326	8,127
Total DNAs + CND	808	739	779	658	653	749
% Performance achieved	10.41%	9.21%	9.50%	8.60%	8.91%	9.22%

Some improvement achieved in the 2026/27 Quarter 1 New DNA/CND Target (**9.2%**) when compared to 2025/26 End of Year position (**9.5%**). This Target remains challenging across the region as no Trust achieved the New DNA/CND Target.

Review Outpatients (8% Target)	2025/26 Quarter 4 (January to March 2026)			2026/27 Quarter 1 (April to June 2026)		
	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Total Activity (Seen + DNA/CND)	13,260	12,651	11,868	12,282	10,585	12,925
Total DNAs + CND	1,545	1,182	1,166	1,148	1,041	1,270
% Performance achieved	11.65%	9.34%	9.82%	9.35%	9.83%	9.83%

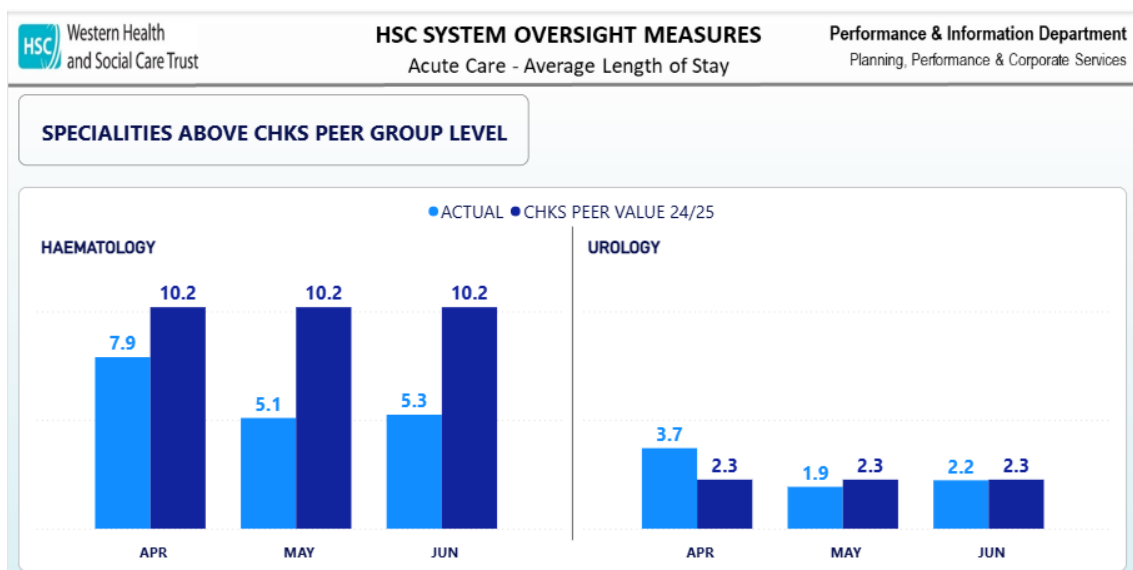
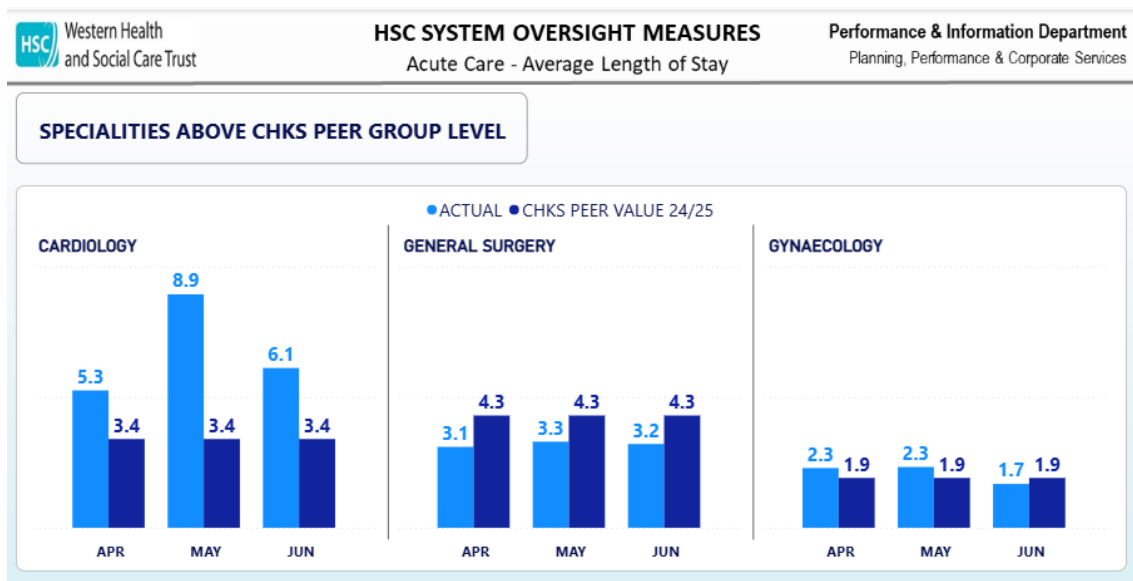
Performance against the Review DNA/CND Target has remained static throughout 2026/27 Quarter 1. Regionally, the Review DNA/CND Target was achieved by three of the five Trusts.

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 June 2026, the target was **achieved** within General Surgery, Gynaecology, Haematology and Urology with the average length of stay **below** the CHKS Peer Value 2024/25. The Cardiology average length of stay continues to **exceed** the CHKS Peer Value.



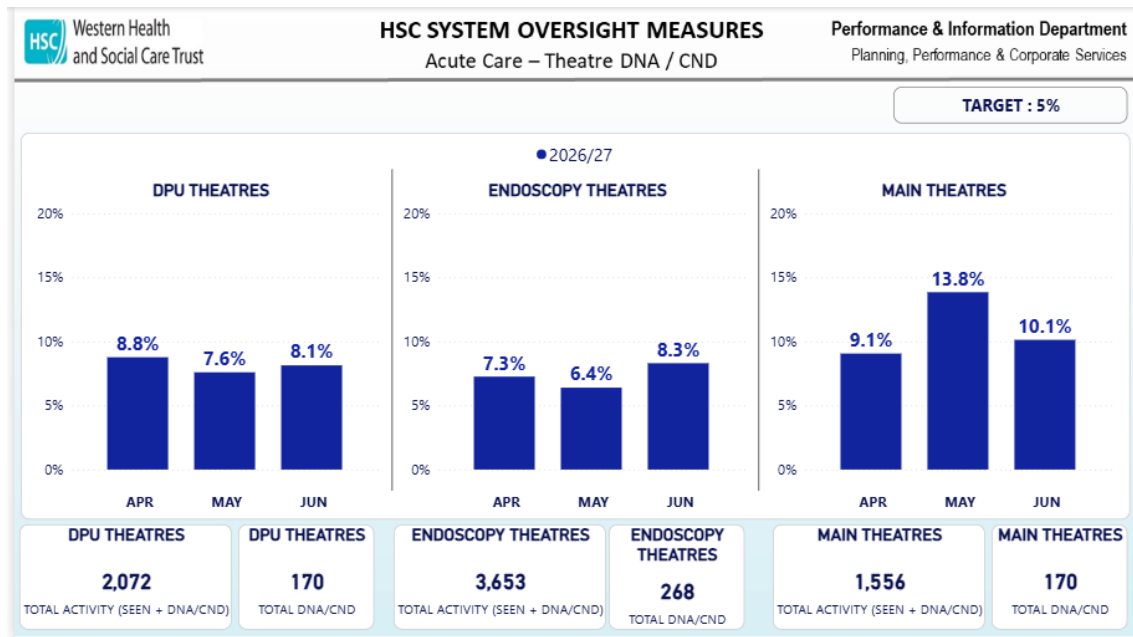
Theatres: Did Not Attend / Cancellations on the Day (CND) Rate (High Confidence)

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

The 2026/27 Quarter 1 (April to June 2026) performance against this target was **not achieved** in either Main, DPU or Endoscopy theatres; performance impacted by cancellations due to industrial action at the end of June 2026.

The Trust reported some improvement with a reduction in the DNA/CND rate within Main (10.1%) and DPU (8.1%) Theatres when compared to 2025/26 End of Year position Main (11.0%) and DPU (9.8%).

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

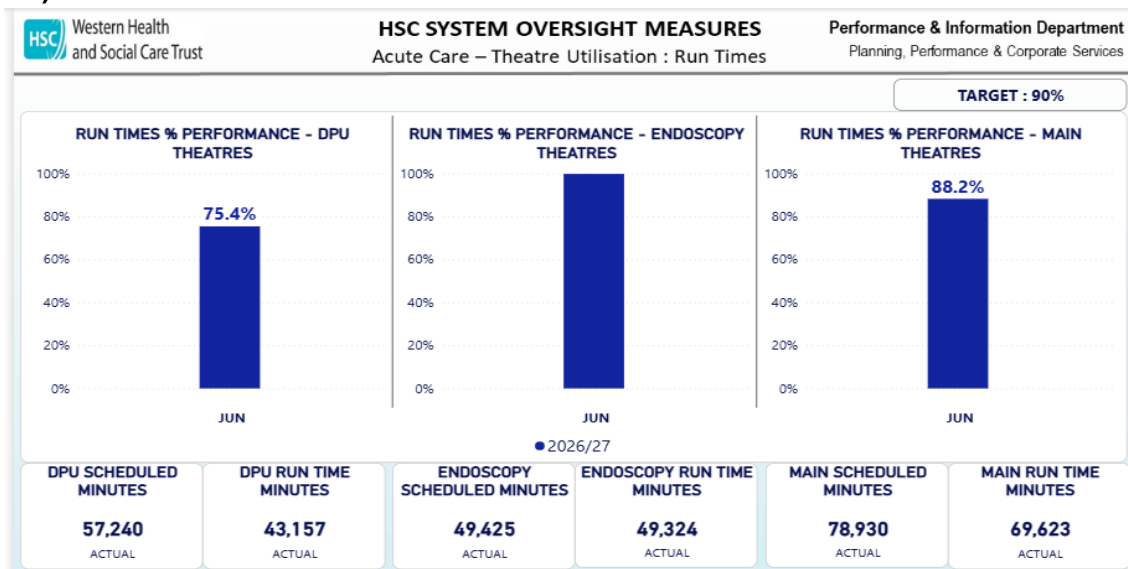


Theatre Utilisation : Run Times (Main, DPU Theatres & Endoscopy suites) (Medium Confidence)

Trusts to achieve a minimum Run time rate of 90% for Main & DPU Theatres & Endoscopy suites

The April and May 2026 information is unavailable for Theatre Utilisation (Run and Operating Times) due to ongoing validation by the P&I team and service colleagues. As a result, 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.

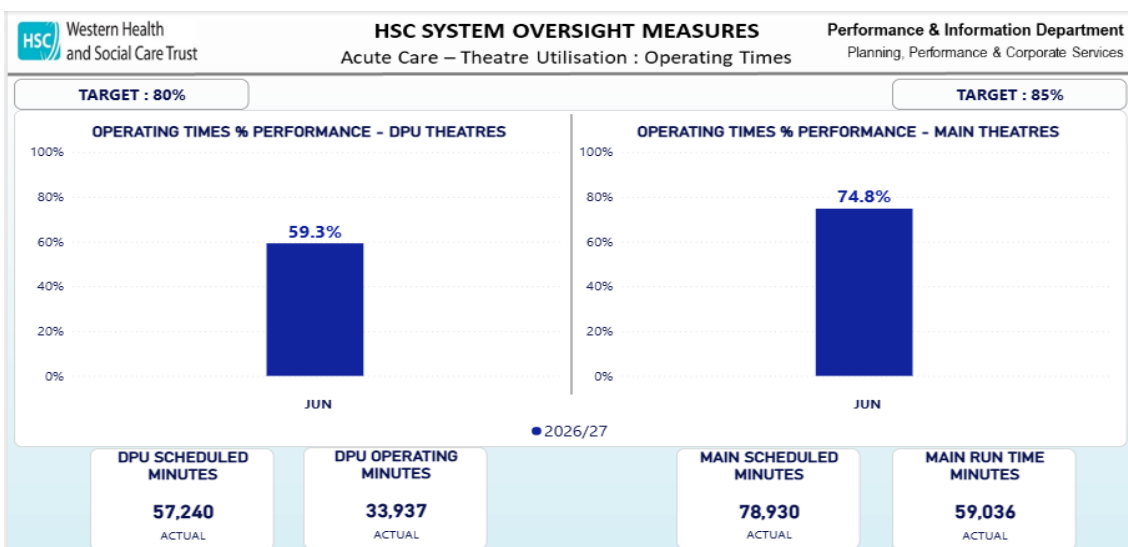
At the end of June 2026, performance against the Run Time Target (90%) was **achieved** in Endoscopy Theatres (**99%**) and **almost achieved** in Main Theatres (**88%**).



Theatre Utilisation : Operating Times (Main & DPU Theatres) (Medium Confidence)

Trusts to achieve a minimum Operating time rate of 85% for Main & 80% for DPU Theatres

At the end of June 2026, performance against the Operating Times Target was **not achieved** in Main (**75%**) and DPU Theatres (**60%**).



Unscheduled Care – Northern Ireland Ambulance Service (NIAS)

Ambulance Handover Times (handover delays)

>2hours - 0% by March 2027

Performance against this target during 2026/27 Quarter 1 (April to June 2026) has improved in each Trust across the region when compared to the same period in 2025/26.

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 to June 2026 (**180**), highlights the Trust as the **best performing across the region (3.4%)**.

This Target was de-escalated to Level 2 of the Support and Intervention Framework (SIF) from December 2025. The improvement achieved to date was a result of the funding of service developments; these include the enhancement of existing clinical coordinator team to support 24/7 cover, a NIAS direct to ACU pathway and increased oversight during site coordination meetings with enhanced focus on performance.

The table below provides a breakdown by Trust.

Handover Times : Number of Patients > 2 Hours

Trust	Service Area	Apr-25	May-25	Jun-25	Total	Apr-26	May-26	Jun-26	Total
Western	Total Patient Handovers	1,730	1,788	1,753	5,271	1,708	1,781	1,759	5,248
	Number >2 Hours	125	203	153	481	139	21	20	180
	% >2 Hours	7.2%	11.4%	8.7%	9.1%	8.1%	1.2%	1.1%	3.4%
Belfast	Total Patient Handovers	2,591	2,737	2,597	7,925	2,435	2,796	2,703	7,934
	Number >2 Hours	402	364	339	1,105	272	69	66	407
	% >2 Hours	15.5%	13.3%	13.1%	13.9%	11.2%	2.5%	2.4%	5.1%
Northern	Total Patient Handovers	2,191	2,277	2,174	6,642	2,114	2,265	2,318	6,697
	Number >2 Hours	349	328	289	966	350	51	69	470
	% >2 Hours	15.9%	14.4%	13.3%	14.5%	16.6%	2.3%	3.0%	7.0%
South Eastern	Total Patient Handovers	1,527	1,451	1,338	4,316	1,200	1,497	1,405	4,102
	Number >2 Hours	385	441	324	1,150	355	103	361	819
	% >2 Hours	25.2%	30.4%	24.2%	26.6%	29.6%	6.9%	25.7%	20.0%
Southern	Total Patient Handovers	1,783	1,792	1,749	5,324	1,771	1,860	1,941	5,572
	Number >2 Hours	361	386	395	1,142	277	110	72	459
	% >2 Hours	20.2%	21.5%	22.6%	21.5%	15.6%	5.9%	3.7%	8.2%
Region	Total Patient Handovers	9,822	10,045	9,611	29,478	9,228	10,199	10,126	29,553
	Number >2 Hours	1,622	1,722	1,500	4,844	1,393	354	588	2,335
	% >2 Hours	16.5%	17.1%	15.6%	16.4%	15.1%	3.5%	5.8%	7.9%

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 2026/27 Quarter 1 (April to June 2026), the Trust reported **997** Northern Ireland Ambulance Service (NIAS) Turnarounds within 30 minutes; this represents **18.8%** against the 51% Target.

This target remains challenging across the region, however performance has improved in each Trust across the region when compared to the same period in 2025/26.

The table below provides a breakdown by Trust.

Turnaround Times : Within 30 minutes

Trust	Service Area	Apr-25	May-25	Jun-25	Total	Apr-26	May-26	Jun-26	Total
Western	Ambulance Turnarounds	1,743	1,799	1,764	5,306	1,729	1,813	1,775	5,317
	< 30 minutes	213	162	171	546	244	363	390	997
	% < 30 minutes	12.2%	9.0%	9.7%	10.3%	14.1%	20.0%	22.0%	18.8%
Belfast	Ambulance Turnarounds	2,617	2,760	2,632	8,009	2,467	2,898	2,740	8,105
	< 30 minutes	294	348	385	1,027	477	672	629	1,778
	% < 30 minutes	11.2%	12.6%	14.6%	12.8%	19.3%	23.2%	23.0%	21.9%
Northern	Ambulance Turnarounds	2,201	2,282	2,184	6,667	2,134	2,326	2,332	6,792
	< 30 minutes	209	208	233	650	264	454	482	1,200
	% < 30 minutes	9.5%	9.1%	10.7%	9.7%	12.4%	19.5%	20.7%	17.7%
South Eastern	Ambulance Turnarounds	1,530	1,460	1,349	4,339	1,219	1,616	1,422	4,257
	< 30 minutes	160	141	198	499	242	352	246	840
	% < 30 minutes	10.5%	9.7%	14.7%	11.5%	19.9%	21.8%	17.3%	19.7%
Southern	Ambulance Turnarounds	1,791	1,803	1,763	5,357	1,792	1,986	1,957	5,735
	< 30 minutes	190	182	199	571	347	497	508	1,352
	% < 30 minutes	10.6%	10.1%	11.3%	10.7%	19.4%	25.0%	26.0%	23.6%
Region	Ambulance Turnarounds	9,882	10,104	9,692	29,678	9,341	10,639	10,226	30,206
	< 30 minutes	1,066	1,041	1,186	3,293	1,574	2,338	2,255	6,167
	% < 30 minutes	10.8%	10.3%	12.2%	11.1%	16.9%	22.0%	22.1%	20.4%

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

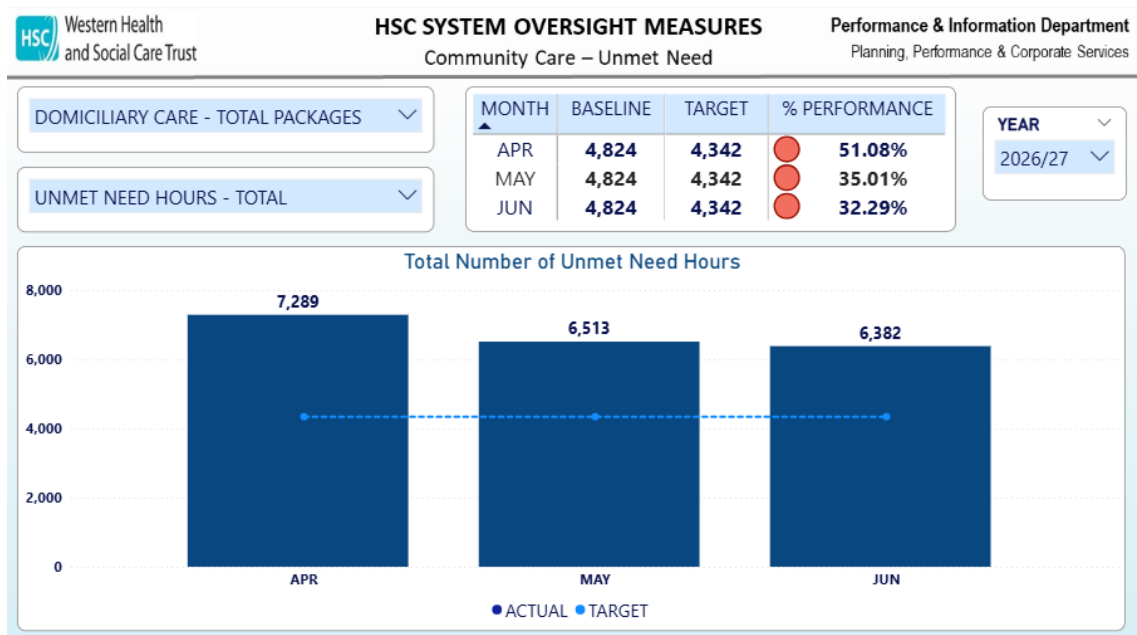
Unmet Need (High Confidence – Non Epic Data)

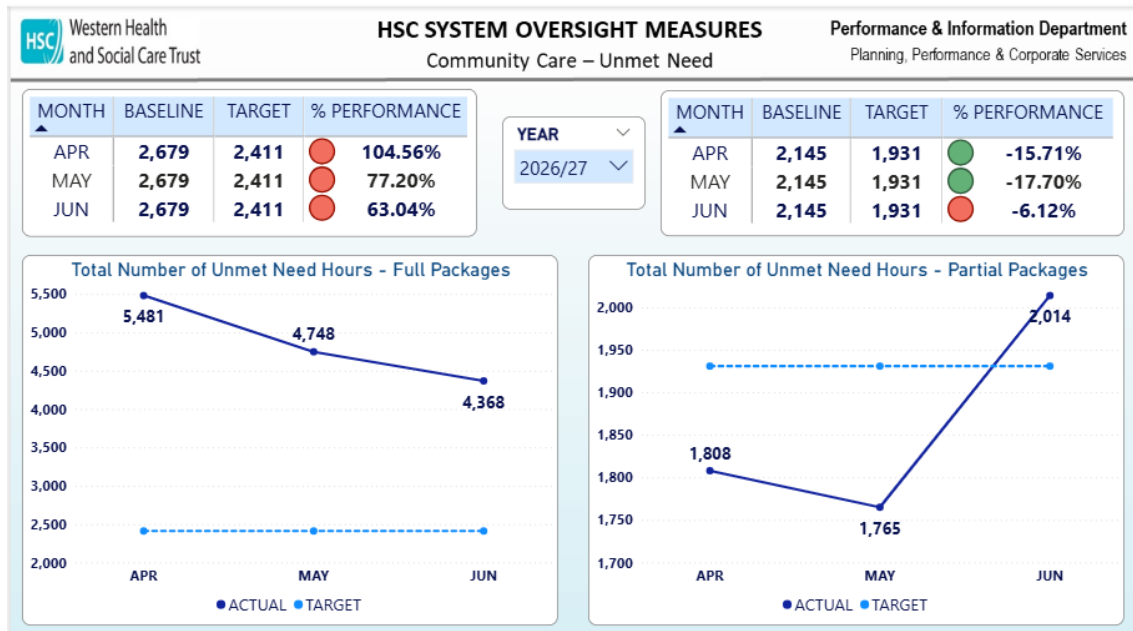
10% reduction in unmet need hours by March 2027 compared to position at 31 March 25 (full and partial packages across all POCs)

Performance against this target remains challenging, however during 2026/27 Quarter 1 (April to June 2026), the Trust reported a reduction in the number of unmet need hours for full packages (April – June 2026) and a reduction in partial packages (April and May 2026) when compared to 2025/26 End of Year position.

The Trust remains an outlier across the region against this SOM. Service improvement work within the Southern Sector of the Trust commenced in April 2026. This included a review and validation of client lists, meeting with Providers, Social Work Managers and the Early Review Team. As a result, a total of 163 cases have been closed to date, which equates to 2,181 unmet need hours. However, due to the increasing demand for this service, the full impact of the improvement work was not realized in the 2026/27 Quarter 1 performance.

Total Packages: at the end of June 2026, the Trust reported **6,382** unmet need hours against the expected target of **4,342**; **(32.29% increase)**; target **not achieved**. This is an improvement compared to 2025/26 End of Year position (7,465 unmet need hours).

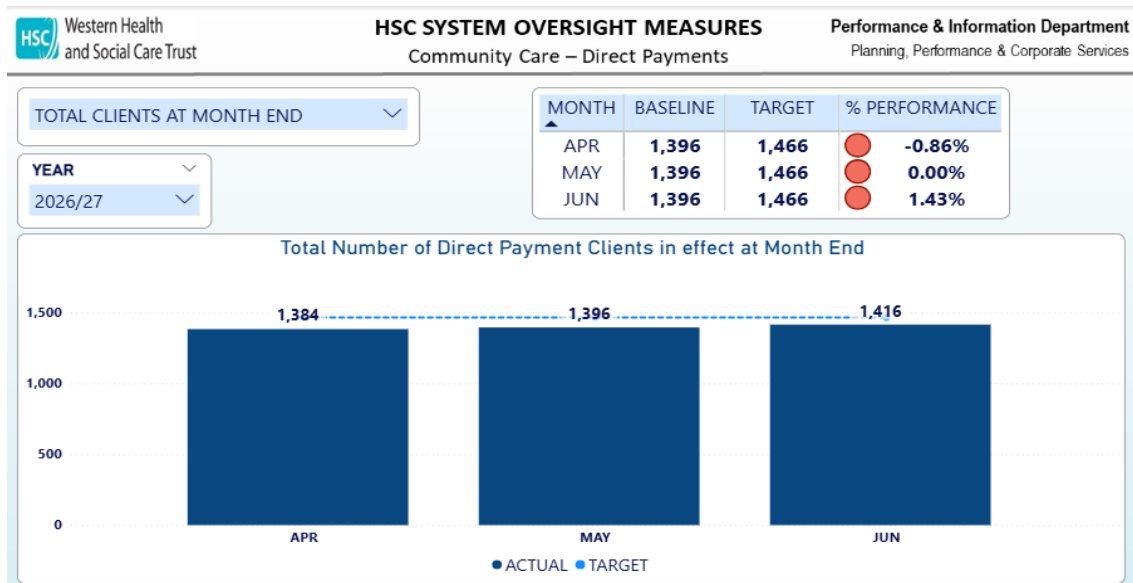




Direct Payments (High Confidence - Non Epic Data)

5% increase in Direct Payments in effect for service users by March 2027 (compared to position at 31 March 2026)

By the end of March 2027, the Trust are expected to achieve 1,466 Service User Direct Payments in effect. At the end of June 2026, there were **1,416** Direct Payment Clients in effect; this reflects a **1.43% increase** against the 5% target. The Target was not achieved by any Trust across the region during 2026/27 Quarter 1 (April to June 2026).



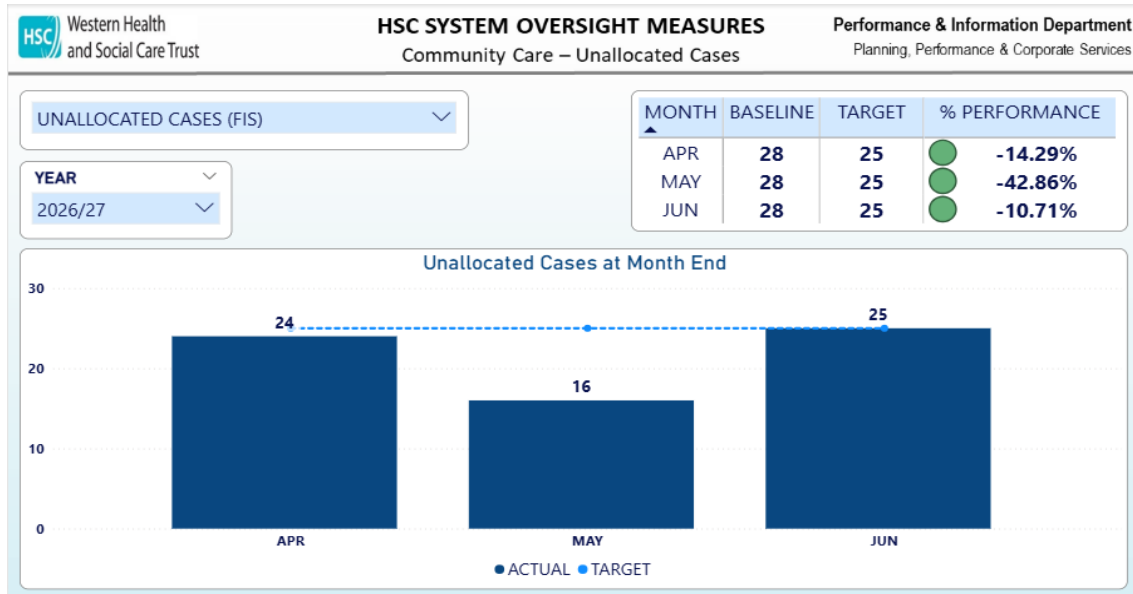
Unallocated cases - Children's Services (High Confidence – Non Epic Data)

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 2027, the Trust are expected to report **25** Family Support Unallocated Cases.

At the end of June 2026, the Trust reported **25** Family Support Unallocated Cases against the Target of 25 (10% reduction).

Regionally, the Western Trust was one of three Trusts who **achieved** the target in each month of 2026/27 Quarter 1 (April to June 2026).



SAFETY & QUALITY

Healthcare-associated infections (HCAI) targets detailed below include outcome targets defined as reductions in CDI and MRSA incidence rates. Incidence rates have been employed instead of previously used counts of cases to facilitate more accurate and comparable assessments across different HSC Trusts.

The infection data included in the tables below reflects what has been reported to HI-Surv. The service use multiple methods to extract data for submission which includes previous system, labs and encompass. As a result the service are reporting “High confidence” in the data that is submitted.

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 2026/27 financial year.

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

Throughout 2026/27 Quarter 1 (April to June 2026), the CDI target was **not achieved**. The incidence rate during this period relates to 10 cases.

Service Area	2026/27 Target Trajectory	Quarter 1
HCAI - clostridioides difficile (CDI)	CDI RATE	15.0
	CDI TARGET	13.5

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.

The Trust **achieved** the MRSA target in 2026/27 Quarter 1 (April to June 2026) with no cases reported.

Service Area	2026/27 Target Trajectory	Quarter 1
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	MRSA RATE	0.000
	MRSA TARGET	1.613

Source: HSC Trust Reporting Dashboard (SPPG)

ACCESS TARGETS

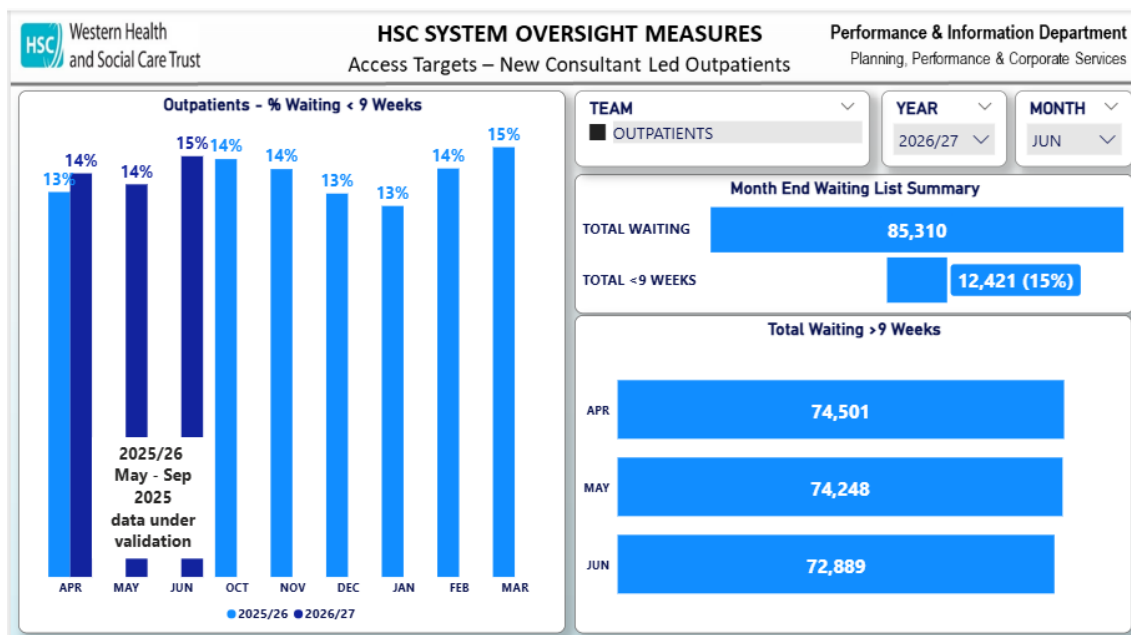
The Trust is reporting “High Confidence” in all Access Targets with the exception of Diagnostic Tests, Inpatient Daycase and Psychological Therapies. These service areas remain at “Medium Confidence” and validation between the P&I team and service colleagues will continue until high confidence in the data is achieved.

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

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

At the end of June 2026:

- **85,310** patients were waiting for an outpatient appointment; with **72,889** patients waiting longer than 9 weeks; target **not achieved** as 15% of patients were waiting less than 9 weeks. This represents an **improvement in access** to this service compared to End of Year March 2026; when there were **87,331** in total waiting and **74,343** waiting longer than 9 weeks.
- The 2026/27 Waiting List Initiative funding, as summarised on page 5 of this report, will support improvement in the New Outpatient Access Target with a plan to provide an additional 3,248 Red Flag/Time Critical and 1,838 waiting list backlog appointments (In House).

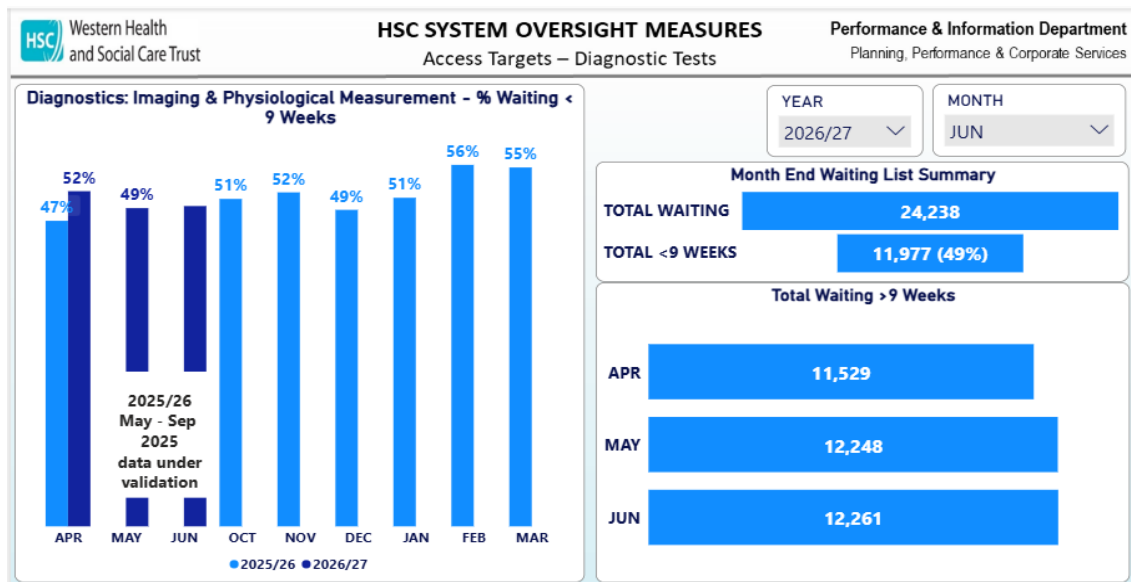


Access Performance – Diagnostic Tests (Medium Confidence)

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

At the end of June 2026:

- **24,238** patients waiting for Diagnostic test (imaging and physiological measurement); with **11,977** patients waiting longer than 9 weeks; **49%** of patients waited less than 9 weeks so the target was **not achieved**.
- The total number waiting and the total number of people waiting longer than 9 weeks has **deteriorated** throughout 2026/27 Quarter 1 (April to June 2026) compared to End of Year March 2026 (22,859 Total Waiting / 10,203 Total Waiting longer than 9 weeks).
- The 2026/27 Waiting List Initiative funding, as summarised on page 5 of this report, will support improvement in this target with a plan to provide 2,804 Red Flag/Time Critical and 6,690 waiting list backlog appointments for Echos / Respiratory and 861 additional MRI examinations.



Access Performance – Inpatient/Day Case (Medium Confidence)

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

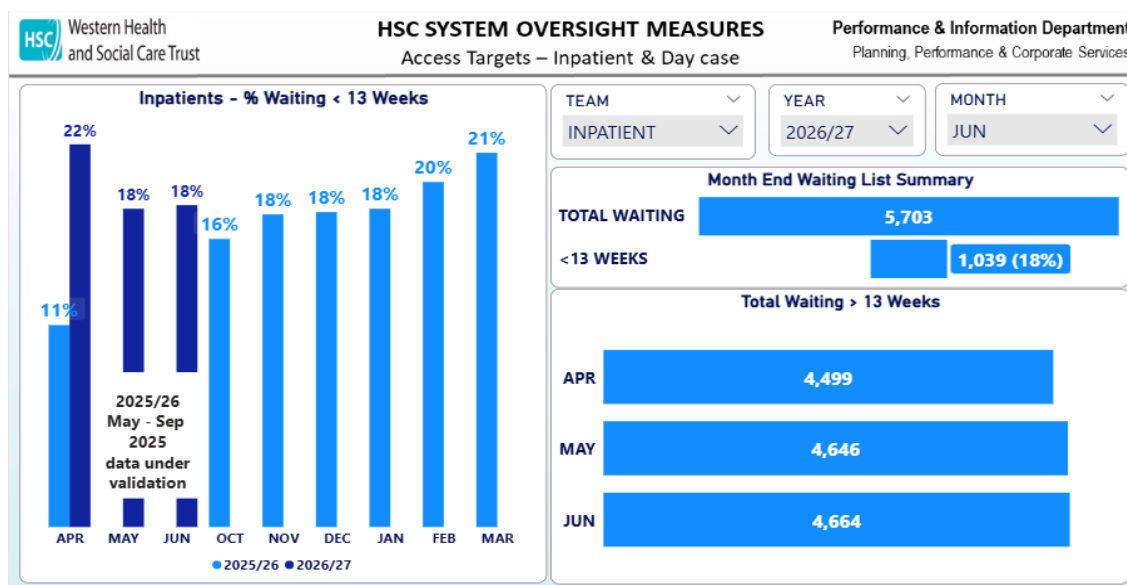
At the end of June 2026:

- **15,649** waiting for Inpatient and Day case treatment with **10,458** waiting longer than 13 weeks. Target **not achieved** as 33% of patients waiting less than 13 weeks. Performance has marginally deteriorated when compared to End of Year March 2026 when there were **15,544** in total waiting with **10,345** waiting longer than 13 weeks.
- The 2026/27 Waiting List Initiative funding, as summarised on page 5 of this report, will support improvement in the Inpatient Daycase Access Target with a plan to provide an additional:
 - 171 Inpatient and 210 Daycase Red Flag/Time Critical (In House) and
 - 60 Inpatient and 160 Daycase waiting list backlog procedures (In House)

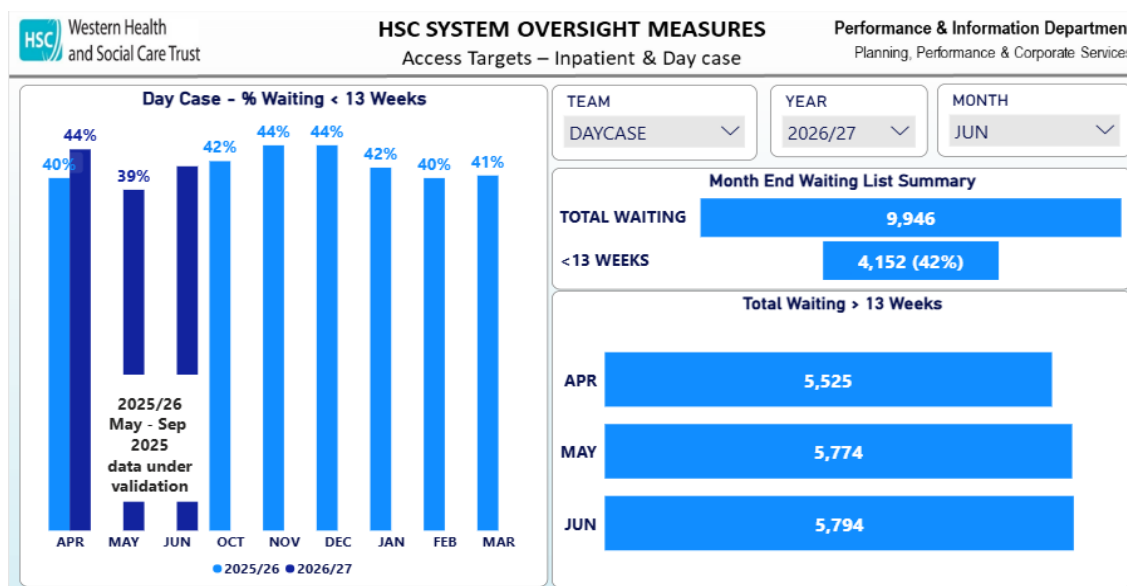
- 179 Red Flag/Time Critical and 514 waiting list backlog procedures (Independent Sector) and
- 361 Endoscopies.

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

- **5,703** patients waiting for Inpatient Treatment with **4,664** waiting longer than 13 weeks. Target **not achieved** as 18% of patients waiting less than 13 weeks. Improvement in the Total Number waiting was achieved when compared to End of Year March 2026 (**5,769**), however there was a deterioration in the number waiting longer than 13 weeks (**4,547**).



- **9,946** patients waiting for Day case Treatment, with **5,794** waiting longer than 13 weeks. Target **not achieved** as 42% of patients waiting less than 13 weeks. The Total Number waiting has increased when compared to End of Year March 2026 (**9,775**) and the total number waiting longer than 13 weeks has marginally reduced (**5,798**).

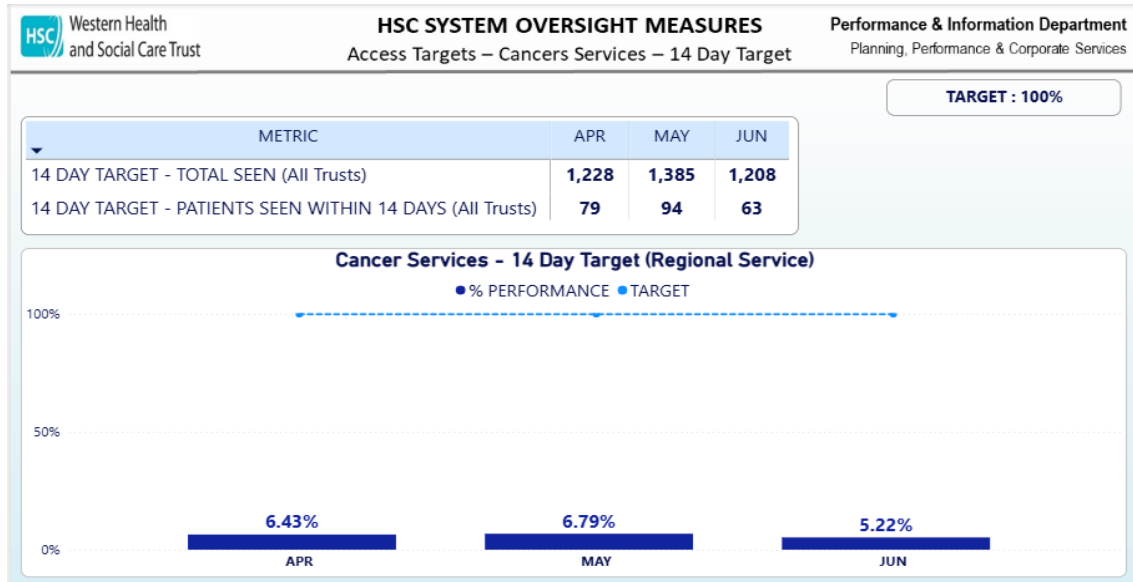


Access Performance – 14 Day Breast Cancer : Regional Service (High Confidence)

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

Regional Access Target: the Regional Breast Service has been operational from 8th May 2025.

Regionally, during 2026/27 Quarter 1 (April to June 2026), a total of **3,821** patients were seen with **236** seen within the 14 day target; this reflects **6%** against the 100% Target. Of the 3,821 patients seen across the region, **646** patients were seen by Western Trust clinicians with **53** seen within 14 days.

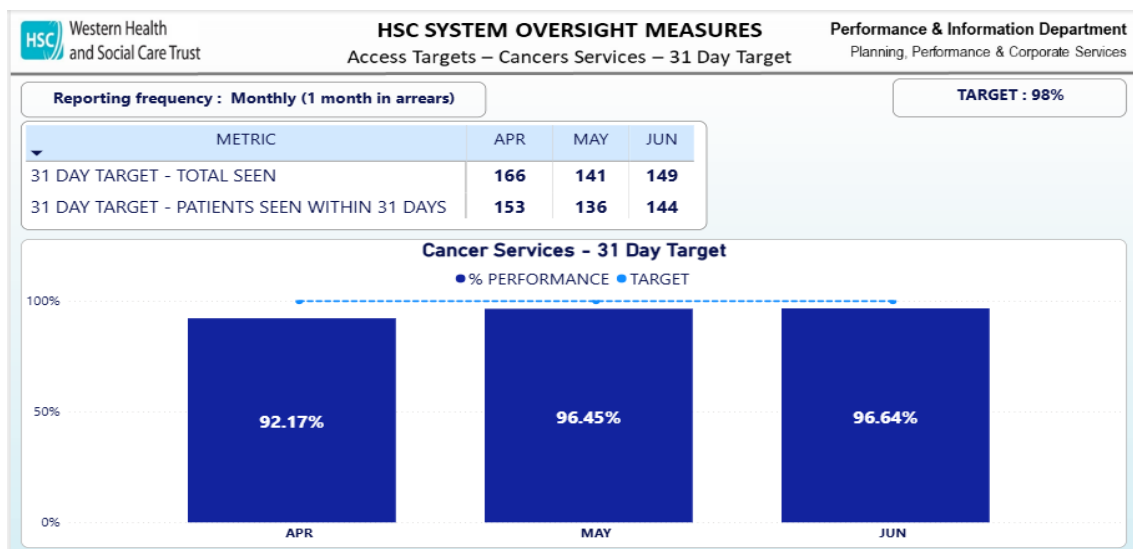


Access Performance – Cancer Services 31 Day Target (High Confidence)

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 2026/27 (April to June 2026), this Target was **almost achieved**. A total of **456** patients seen with **433** seen within 31 days of a decision to treat; this reflects **95%** against the 98% Target.



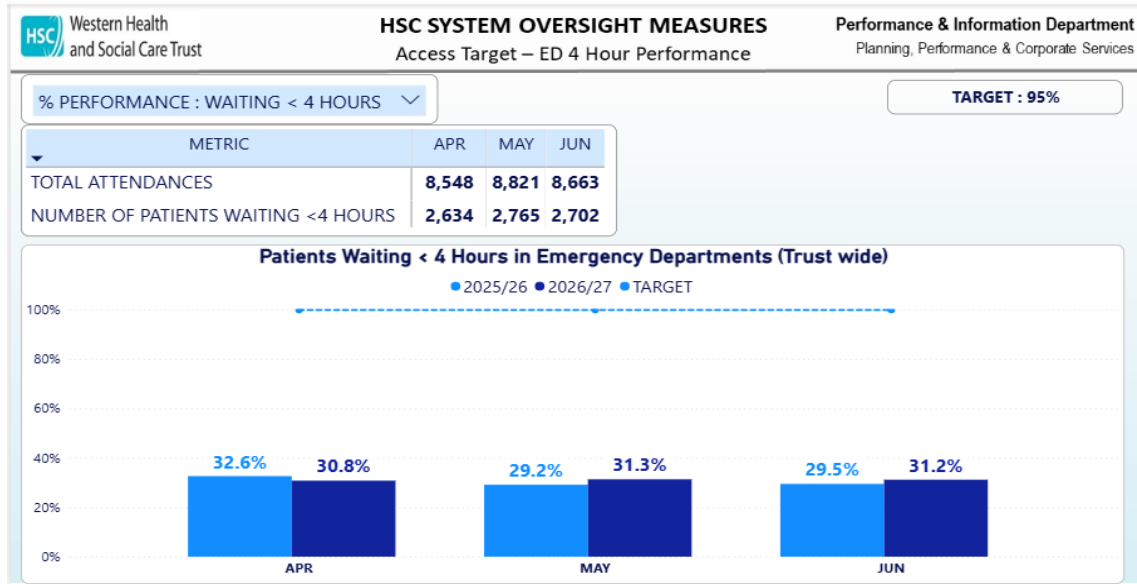
Source: HSC Trust Reporting Dashboard (SPPG)

Access Performance – Emergency Department (High Confidence)

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

At the end of June 2026:

- **2,702** patients waited less than 4 Hours in ED for treatment, discharge, admission or transfer, representing **31%** against the 95% target.
- Performance has remained static throughout 2026/27 Quarter 1 (April to June 2026); the target was **not achieved** in any month this quarter by any Trust.



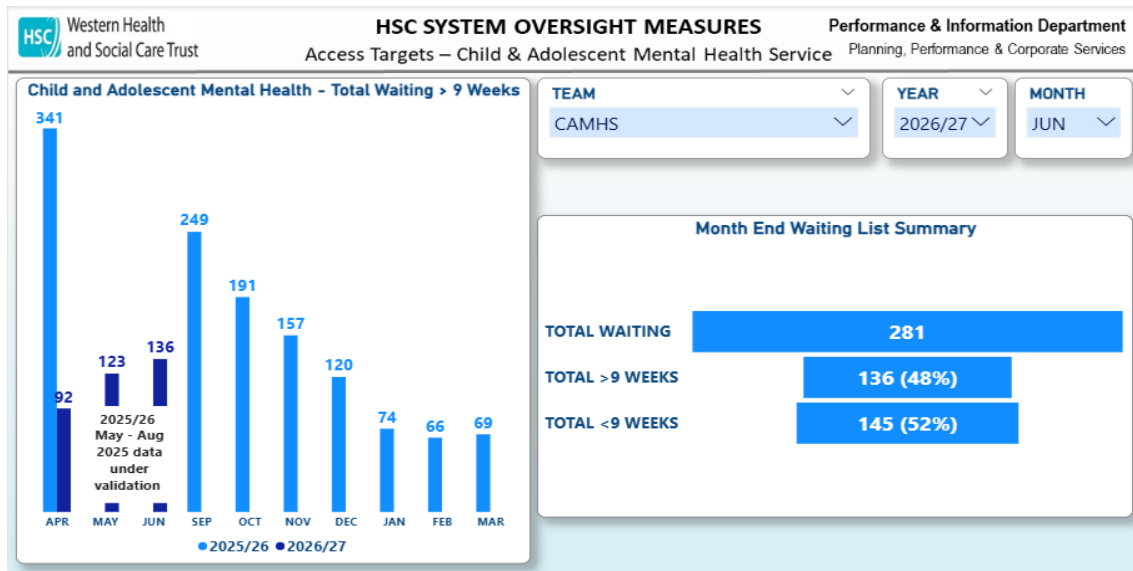
Access Performance – Child & Adolescent Mental Health Service (CAMHS) (High Confidence)

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

At the end of June 2026:

- **281** children/young people waiting to access CAMHS with **136** waiting longer than 9 weeks. This represents a **deterioration** in access to this service compared to End of Year March 2026; when there were **253** in total waiting and **69** waiting longer than 9 weeks.
- The 2026/27 Waiting List Initiative funding, as summarised on page 5 of this report, will support improvement in the CAMHS Access Target with a plan to provide an additional 240 new outpatient appointments and associated follow up interventions through an existing independent sector contract.

This Target was de-escalated to Level 1 of the Support and Intervention Framework (SIF) in April 2026. SPPG has acknowledged the increase in demand for this service and are satisfied with the ongoing improvement actions being taken by the service to address vacancy and absence levels. It was agreed that SPPG will continue to monitor performance and work collaboratively with the Trust to support an improvement in access performance, workforce stabilization and service capacity.

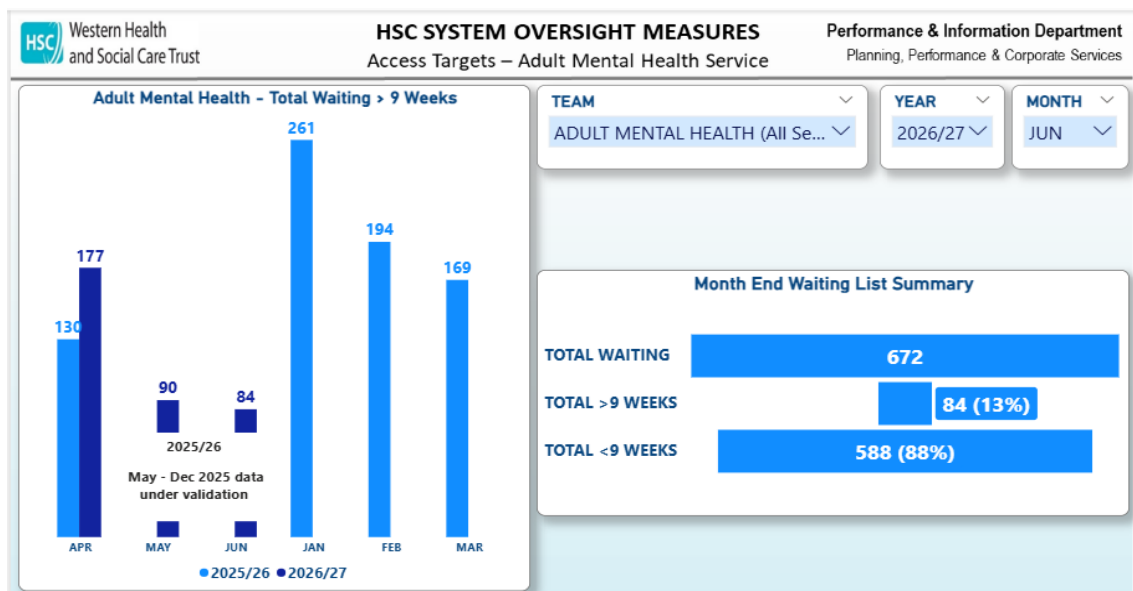


Access Performance – Adult Mental Health Service (High Confidence)

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

At the end of June 2026:

- **672** patients were waiting to access Adult Mental Health Services with **84** waiting longer than 9 weeks. This represents an **improvement** in access to this service compared to End of Year March 2026; when there were **681** in total waiting and **169** waiting longer than 9 weeks.

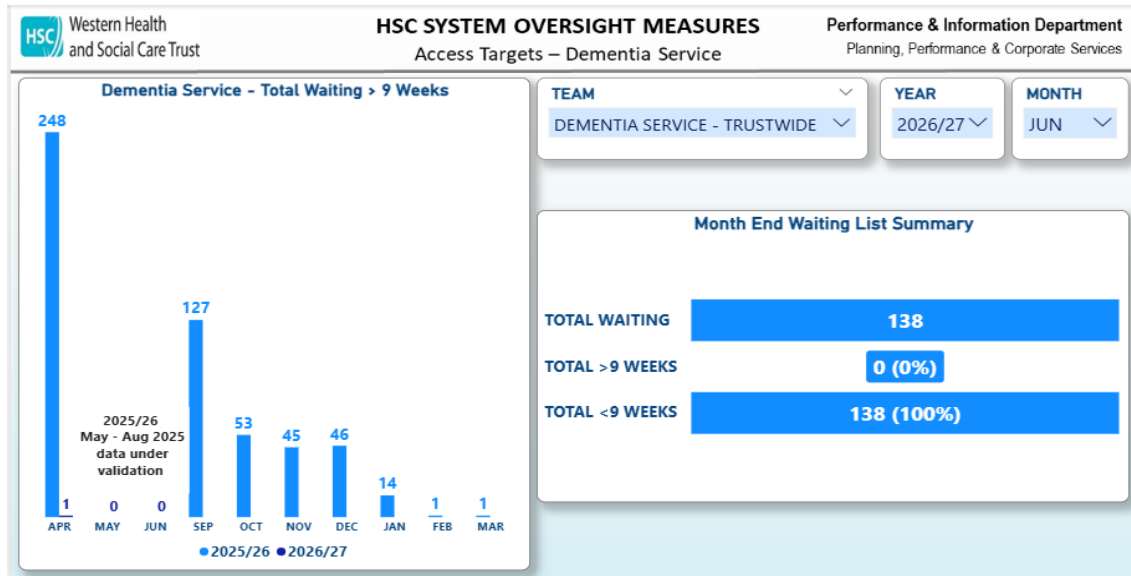


Access Performance – Dementia Service (High Confidence)

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

At the end of June 2026:

- **138** patients were waiting to access the Dementia Service with **0** waiting longer than 9 weeks; **access target achieved**. This represents further **improvement** in access to this service compared to 2025/26 and the End of Year March 2026; when there were **234** in total waiting and **1** waiting longer than 9 weeks.

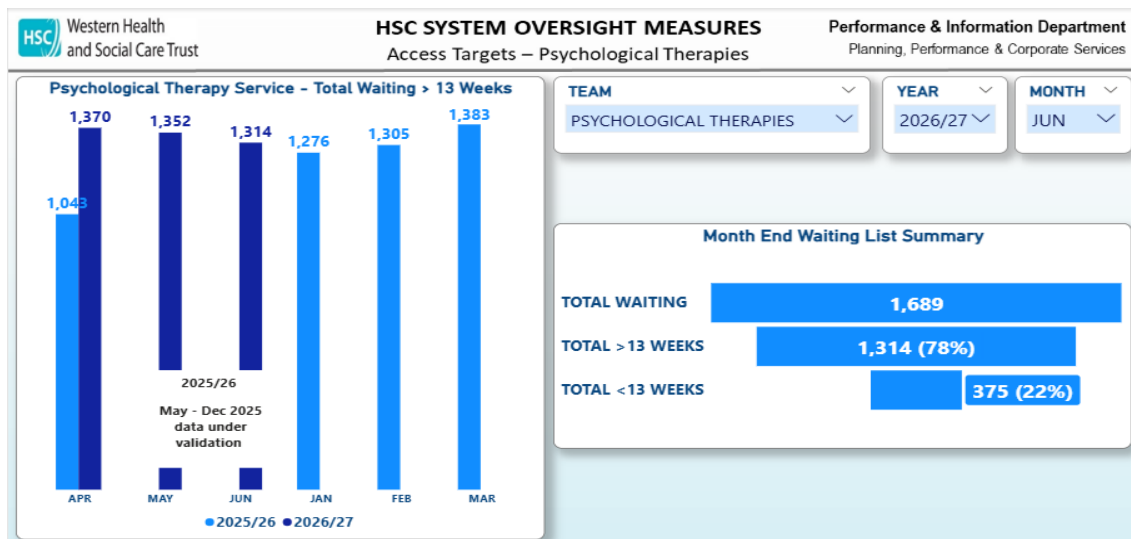


Access Performance – Psychological Therapy Service (Medium Confidence)

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

At the end of June 2026:

- **1,689** patients were waiting to access a Psychological Therapy Service with **1,314** waiting longer than 13 weeks. This represents an **improvement** in the number waiting longer than 13 weeks compared to End of Year March 2026; when there were **1,679** in total waiting and **1,383** waiting longer than 13 weeks.

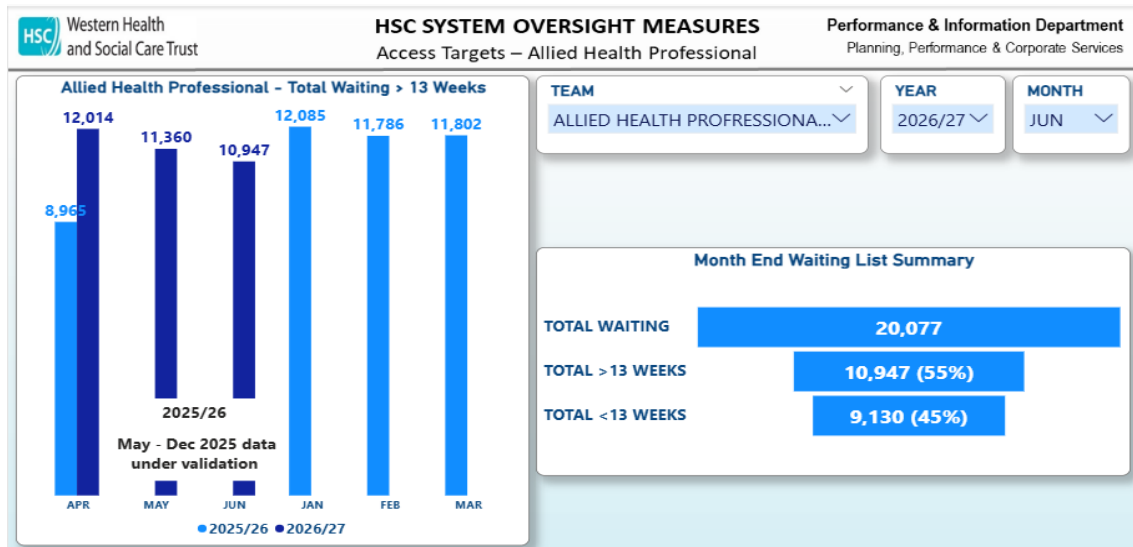


Access Performance – Allied Health Professionals (High Confidence)

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

At the end of June 2026:

- **20,077** patients were waiting to access an Allied Health Professional (AHP) Service with **10,947** waiting longer than 13 weeks. This represents an **improvement** in access compared to End of Year March 2026; when there were **21,280** in total waiting and **11,802** waiting longer than 13 weeks.
- The 2026/27 Waiting List Initiative funding, as summarised on page 5 of this report, will support improvement in the AHP Access Target with a plan to provide an additional 572 new outpatient appointments.



Appendix 1: Draft Strategic & Operational Planning Guidance (SOPG) Indicators

Number	Draft Strategic & Operational Planning Targets/Indicators
1	20% of referrals to be directed to an alternative pathway other than outpatient waiting list following initial triage.
2	Demonstrable improved diagnostic capacity and reduction in unwarranted and/or repeated diagnostic investigations in line with principles of SENSIBLE care.
3	There should be no duplication of activity in secondary care for pathways which have been established as part of Primary Care Elective Services (PCES) or MDTs.
4	SPPG working with General Practice should ensure that opportunities to extend Primary Care Elective Services have been maximised within available resources
5	At the end of each month from April 2026 there should be no new outpatient waiting over 6 months whose record has not been validated.
6	HSC Trusts should set out how they will demonstrate compliance with EUR policy and support the identification of other procedures for consideration of inclusion in 2026/27.
7	Trusts should not exceed a combined 5% target for DNAs and on the day cancellations across all elective activity.
8	10% increase in throughput of MRI compared to 2025/26 converting the benefit from capital investment in which AI was secured in 2025/26.
9	5% reduction in the number of bed days lost due to unnecessary overnight stays for BADS procedures against the 2025/26 baseline.
10	5% increase in the number of elective inpatients admitted on the day of surgery for those specialties currently below the CHKS peer group.
11	Theatre utilisation: Run time of 90% for all main theatres, DPUs and endoscopy sessions. 85% operation time for main theatres and 80% for DPUs
12	Theatre sessions should be booked to 100% capacity (minimum of 4 hours per list and delivering at least minimum GIRFT throughput levels)
13	5% reduction in bed days for those specialties currently below CHKS peer group against the 2025/26 baseline.
14	A minimum of 7.5% of patients that potentially require a review are to be managed through a PIFU pathway
15	Active management of patients who do not arrive to take up appointments or planned operation appointments.
16	Hear & Treat target of 10% of total emergency calls so that NIAS's integrated clinical hub can provide advice to prevent an ambulance dispatch
17	See & Treat target of 15.5% of total emergency calls thereby avoiding conveyance to emergency departments.
18	Hospital Handover backstop of 45 minutes which will require full implementation of the Handover Protocol (including safety withdrawal), in order that ambulance crews can be released for community response.

19	Increased proportion of patients seen, treated and discharged by Same Day Emergency Care, in accordance with the Trust specific GIRFT recommendations.
20	Increased urgent care offered via Trust Urgent Care Centres for lower acuity patients in line with Summary Emergency Department Indicator Table (SEDT) benchmarking.
21	Simple delayed discharges are to be no more than 4 hours by 30/06/2026
22	Discharge delays associated with Trust's Internal Hospital Assessment Processes (IHAP) are to be eradicated by 01/04/26 as Trusts should ensure action commences at point of admission and is completed in line with estimated discharge date.
23	Discharge lounges, discharge to assess and early review teams are to be maximised within existing resource.
24	Maximise Hospital at home (acute care at home) – intensive hospital level care provided to people at home, on a short term basis.
25	Maximise Bed-based intermediate care
26	Maximise Home-based intermediate care
27	Maximise Reablement – care and treatment to promote confidence and maximise independence so people can remain in their own home for as long as possible.
28	Trusts are to maintain the faecal immunochemical test (FIT) in lower gastrointestinal pathways.
29	Trusts are to improve productivity in teledermatology through use of AI for urgent suspected skin cancer referrals and specialist nurse led local anaesthetic excisions
30	Trusts are to reduce the number of patients breaching the 14, 31 and 62 day pathways by a significant percentage in line with recurrent investments at specialty level and implementation of pathways as set out by the relevant cancer clinical reference group.
31	Trusts are to demonstrate how they will work as a network to smooth access variation across cancer services to ensure equity, support fragile service on a whole system basis.
32	Ensure a reduction in unmet need hours by each HSC Trust by 31 March 2027 (improvements in each consecutive quarter required).
33	Increase homecare capacity within existing resources by 5% - 10% by 31 March 2027 (improvements in each consecutive quarter is required)
34	Increase Self Directed Support in effect for service users by 5% by 31 March 2027 (improvements in each consecutive quarter required).
35	Trusts to deliver the Big Discussion improvement of preventative home visits for >75 in their neighbourhoods.
36	Trusts to ensure that all Care Home residents have an advanced care plan in place by end of March 2027 (trajectory to be agreed with SPPG)
37	Each Trust to achieve the 9-week target for access to treatment following referral into HSCT memory services.

38	Each Trust to engage with the Regional Dementia Board and to implement a regionally consistent offer of assessment, treatment and support in line with the Regional Dementia Care pathway.
39	Trusts are required to maintain a Trust-wide Palliative Care Register (those people identified as likely to be in their last year of life) and achieve compliance with the District Nursing Palliative Care Keyworker Quality indicators.
40	Trusts are required to support the Workforce Review recommendations, the Regional MH Collaborative Board and the Regional MH Crisis Service network to drive consistency and eradicate inequality through the development and implementation of regionalised pathways, operating procedures, thresholds, documentation, information, and training.
41	Trusts are to reduce delayed discharges linked to placement availability against 2025/26 levels.
42	Utilise all resources available to them to minimise delayed learning disability discharges in their area
43	Work on a networked basis to ensure that where inpatient bed availability arises, this capacity is promptly utilised and shared as a regional resource based on prioritised need.
44	Work with the independent sector, statutory providers and others to actively explore options for locally provided accommodation solutions, reducing the need for unnecessary out of area placements.
45	Maximise workforce capability and integration across health and social care to ensure the right care at the right time and support consistency in undertaking annual health reviews.
46	SPPG will lead a review with Trusts regarding CAMHS ID operational policy, admissions and discharge processes including the requirement for inpatient MH assessment and treatment ensuring this is in line with best clinical practice and ensures value for money. This should be completed by March 2027 and will determine the future plans for this service.
47	Every child on the Child Protection Register and every Looked After Child (LAC) to have a named social worker.
48	Every child looked after has an appropriate placement where their assessed needs are met within an appropriate regulated placement
49	The number of unallocated cases is reduced to zero for LAC and CP.
50	The number of unallocated cases is reduced in line with each Trust's Statutory Functions Action Plan for Family Support.
51	Implementation of Healthy Child, Healthy Future over the next 3 years.
52	Ensure children and young people are prioritised in the delivery of elective care capacity and delivery.