



Performance Report

2025/26 Quarter 3: October to December 2025

Trust Board: 5th February 2026

INTRODUCTION

This report provides an update on the Acute, Community, Safety and Quality and Access Targets at the end of 2025/26 Quarter 3 (October to December 2025). 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).

In addition, a summary of the Activity Stabilisation post go-live programme is provided in Section 3 of this report. This programme commenced following encompass Go-Live on the 8th May 2025 and ceased at the end of November 2025. The update reflects the cumulative Activity Stabilization position as the Trust returns to formal performance monitoring from December 2025.

The Performance and Information Team have put in place Performance and Information (P&I) Accountability meetings, which include Data quality “Clinics”, between the P&I Team and Hospital and Community service managers. The core purpose of these monthly meetings is twofold and will focus on the level of confidence in epic data and performance management against the System Oversight Measures (SOMs). These meetings provide an opportunity to discuss the challenges and issues impacting on service delivery, agree and document the actions and mitigations being undertaken to address under-delivery, and assess any additional support required e.g. data quality task and finish work on specific issues, additional training for staff on workflows.

EXECUTIVE SUMMARY

At December 2025, the Trust reported a total of 41 of the 47 quantitative SOMs; of these **11 (23%)** are **High Confidence** (RAG Green), **7 (15%)** are **Medium Confidence** (RAG Amber), and **23 (49%)** are **Low Confidence** (RAG Red) and **6 metrics (13%)** are **Unavailable**.

		Sep-25		Dec-25	
Total Metrics : 47 (Qualitative)	Total Number of SOMs Metrics	47		47	
	Confidence Level RAG	22	47%	23	49%
		5	11%	7	15%
		9	19%	11	23%
No. of unavailable metrics*	11	23%	6	13%	

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

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

Overall, during 2025/26 Quarter 3 (October to December 25) there has been an improvement in the Confidence Levels of the data with an increase in the number of metrics RAG assessed “Amber and Green” when compared to 2025/26 Quarter 2.

In addition, during this Quarter, 5 new encompass report IDs were provided to Trust P&I staff by the central encompass team to commence validation and reporting within SOMs. These include: Safety and Quality Nursing Indicators (2 metrics in October 2025); Theatre DNA/cancellations for Endoscopy suites; Non Elective Readmissions Rates and Admission on Day of Inpatient Surgery (3 metrics in November 2025). This resulted in a marginal increase in the number of metrics RAG assessed “Red”, when compared to 2025/26 Quarter 2 (July to September 25).

A breakdown of the 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

Medium Confidence (EPIC reports)

- DNA / on the day cancellation rates (New and Review Outpatients - 2 metrics)
- Average Length of Stay
- Access Targets: 1st Consultant Outpatient, Diagnostic Tests, Inpatient/Day case
- Access Targets: Patients waiting >9 weeks for Dementia Service appointment

Low Confidence (EPIC reports)

- Simple discharge delays – weekend discharges
- Complex discharge delays – weekend discharges
- Non Elective Readmissions
- Admission on Day of Inpatient Surgery
- Theatres – DNA/cancellations on the day (3 metrics)
- Theatres – Utilisation (Run times – 3 metrics and Op times – 2 metrics)
- District Nursing : Compliance with Falls Prevention Bundle and Compliance rate PCQI
- Access Targets: Patients waiting >9 weeks for Adult Mental Health and Child and Adolescent Mental Health Services and Patients waiting >13 weeks for Allied Health Professionals (6 specialities) and Psychological Therapies waiting times (9 metrics).

At the time of this report, the remaining 6 quantitative SOMs remain unavailable for reporting by Trusts. These outstanding reports are with the central encompass Team, and we are advised that they have been built by Epic and a status update from SPPG Information on their readiness for SOM reporting is provided below:

- **Review appointments:** regional work is ongoing in respect of outcome codes. Encompass and Trust CCIOs have reviewed the visit outcomes list and proposed rationalisation of the codes. The list is to be reviewed with Trust encompass Admin leads to ensure that the outworking of this rationalisation are understood and acceptable

operationally. A regional workshop is planned with all relevant stakeholders to progress this work.

- **Patient Initiated Follow Up (PIFU):** CCIOs agreed to include the 'Added to PIFU' outcome code, at the Trusts' CCIO group on 2nd December 2025. This code was made available for Trust's to utilise after 22nd December 2025 when the encompass work was completed. The definition guidance was published and shared with all Trusts by DHCNI Data Standards on 20th January 2026 for circulation and implementation across the organisation.
- **Safety and Quality Nursing Indicators (2 metrics):** Work is ongoing on report completion/validation. The report does not provide required summary for reporting. Epic/encompass to update report and it is anticipated that these metrics will be included in February 2026 SOMs reporting schedule.
- **Day case rates – in line with British Association of Day Surgery (BADS) recommended rates:** this report remains under initial validation by SPPG Informatics team. Report ID shared with Trust Information staff in January 2026 and it is anticipated that this metric will be included in the February 2026 SOMs reporting schedule.
- **Mental Health 3 Day Follow up assessment.** Work continues to be progressed through the Regional Post Discharge Task and Finish Group; which includes all Trusts Service and PPI colleagues, SPPG and Epic/encompass. At this time, data extracted from the Epic Discharge report and Mental Health Discharge report do not align. This requires further validation by epic to review report logic and by the service to review workflow compliance. Findings will be discussed at a follow up meeting 29th January 2026.

A detailed assessment of the Western Trust 2025/26 Quarter 3 (October to December 2025) performance for these SOMs where there is High and Medium Confidence in the reporting is provided in Section 2 below.

SECTION 2 : System Oversight Measures (SOMs)

ACUTE CARE

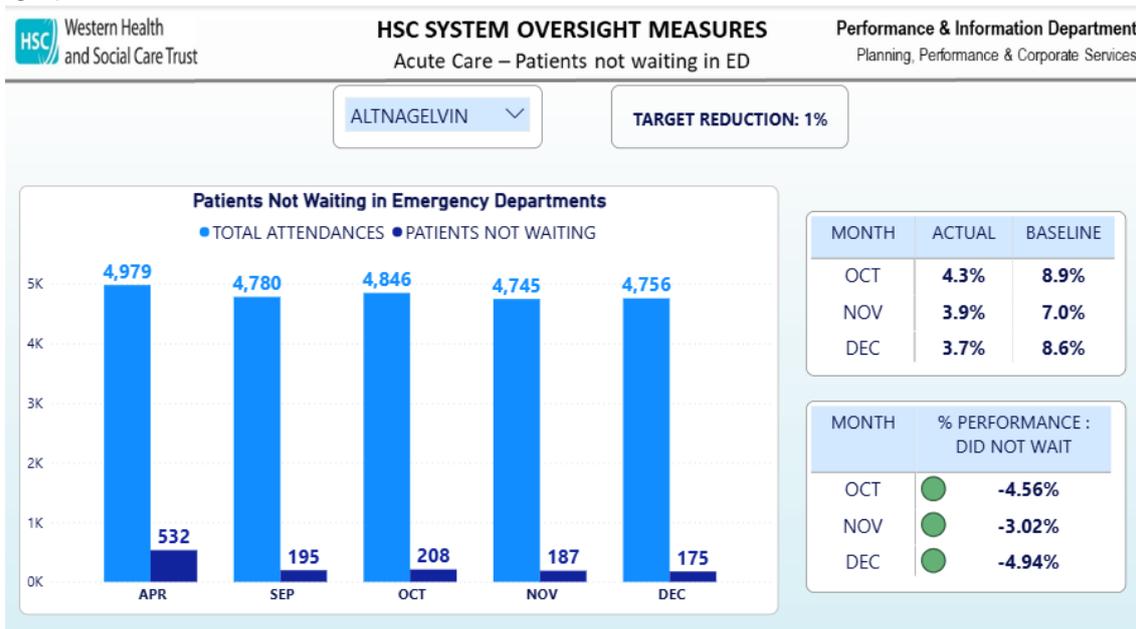
Patients not waiting in ED (High Confidence)

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.

The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of validation by the P&I team and service colleagues.

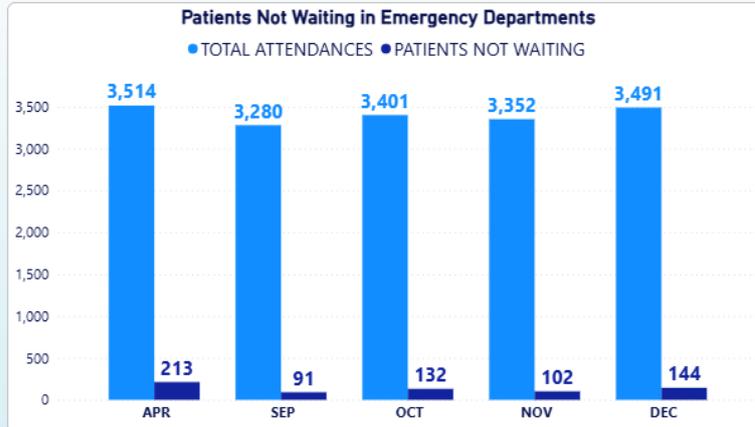
This Target was **achieved each month of Quarter 3** (October to December 2025) across both hospital sites. At the end of December 2025, the % of patients who left ED without treatment complete include:

- **Altnagelvin Hospital: 175 patients (4.94% reduction against the 1% reduction target).**
- **South West Acute Hospital: 144 patients (3.08% reduction against the 1% reduction target).**



SOUTH WEST ACUTE

TARGET REDUCTION: 1%



MONTH	ACTUAL	BASELINE
OCT	3.9%	4.9%
NOV	3.0%	4.4%
DEC	4.1%	7.2%

MONTH	% PERFORMANCE : DID NOT WAIT
OCT	-1.02%
NOV	-1.32%
DEC	-3.08%

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%.

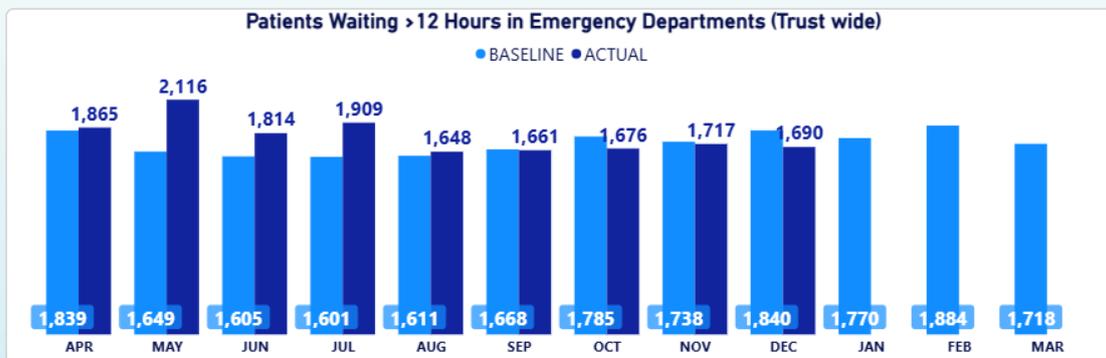
The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of validation by the P&I team and service colleagues.

At the end of December 2025, **1,690** patients waited longer than 12 Hours in ED, against a target of 1,656 (Trust wide); representing an **8.15%** reduction against the 10% target, which was **not achieved** in each month of Quarter 3, but shows an improving picture in the quarter.

NUMBER OF PATIENTS WAITING LONGER THAN 12 HOURS

TARGET REDUCTION: 10%

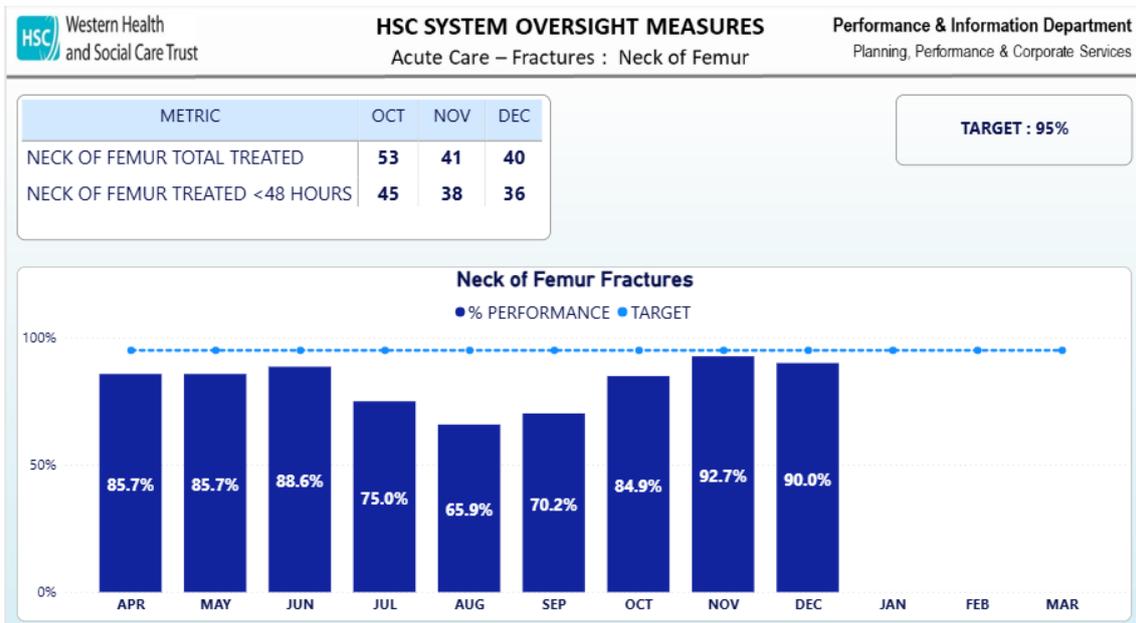
MONTH	BASELINE	TARGET	ACTUAL	% PERFORMANCE
OCT	1,785	1,607	1,676	-6.11%
NOV	1,738	1,564	1,717	-1.21%
DEC	1,840	1,656	1,690	-8.15%



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.

At the end of December 2025, the Trust reported 40 Neck of Femur Fractures with 36 clinically appropriate patients treated within 48 hours (90%). The target was **not achieved** in each month of Quarter 3, but shows an improving picture in the quarter. .

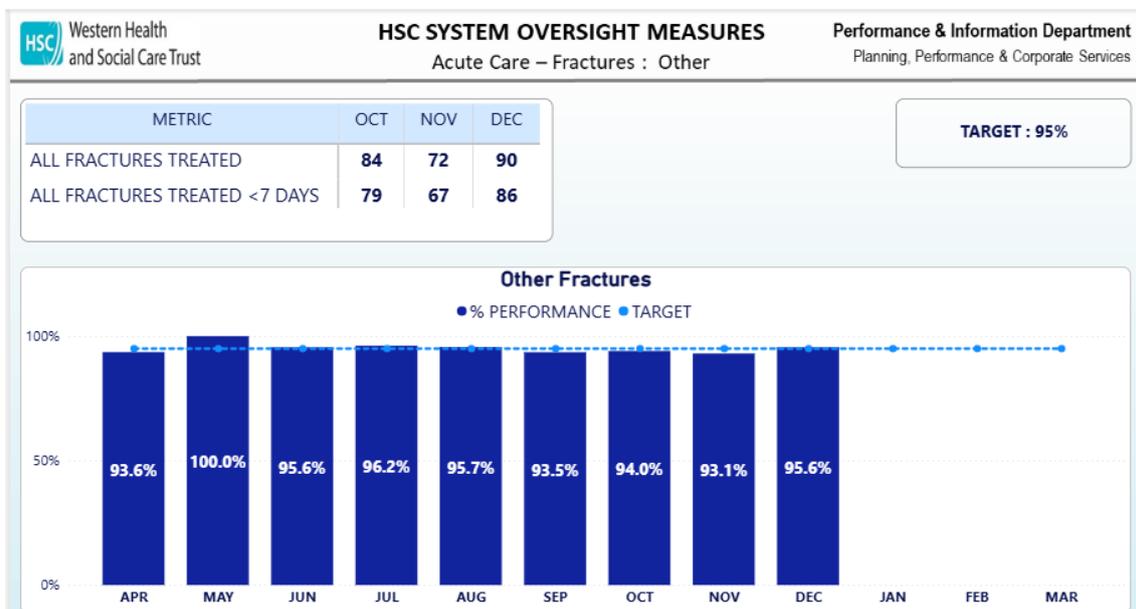


Fractures – Other (High Confidence - Non Epic Data)

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

At the end of December 2025, the Trust reported a total of 90 fractures with 86 clinically appropriate patients treated within 7 days (95.6%).

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



The May to September 2025 information is unavailable (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, service colleagues and Data Quality Task and Finish Group 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

At the end of December 2025, 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
Total Activity (Seen + DNA/CND)	6,477	8,785	7,770	6,983
Total DNAs + CND	356	783	826	787
% Performance achieved	5.50%	8.91%	10.63%	11.27%

Review Outpatients (8% Target)	Apr-25	Oct-25	Nov-25	Dec-25
Total Activity (Seen + DNA/CND)	11,131	14,228	12,359	12,077
Total DNAs + CND	674	1,491	1,349	1,402
% Performance achieved	6.06%	10.48%	10.92%	11.61%

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 December 2025, the average LOS within General Surgery, Haematology and Urology **met or exceeded** the CHKS Peer Value 2024/25.

The table below details the Trust average length of stay and performance for these specialties.

Speciality	Measure	Apr-25	Oct-25	Nov-25	Dec-25
Cardiology	Avg LoS	2.96	4.20	5.24	5.00
	CHKS Peer Value 24/25	3.40	3.40	3.40	3.40
General Surgery	Avg LoS	3.03	2.81	2.61	2.86
	CHKS Peer Value 24/25	4.30	4.30	4.30	4.30
Gynaecology	Avg LoS	2.38	2.26	2.06	2.61
	CHKS Peer Value 24/25	1.91	1.91	1.91	1.91
Haematology	Avg LoS	10.75	7.31	5.70	5.67
	CHKS Peer Value 24/25	10.20	10.20	10.20	10.20
Urology	Avg LoS	3.07	3.24	1.90	2.11
	CHKS Peer Value 24/25	2.26	2.26	2.26	2.26

Unscheduled Care – Northern Ireland Ambulance Service (NIAS)

Ambulance Handover Times (handover delays)

>2hours - 0% by March 2026

Performance against this target remains challenging across the region throughout this reporting period.

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

At December 2025, the Trust reported **208** Patient handover times > 2 hours.

The cumulative number of Patient handover times > 2 hours from April to December 2025 (**1,557**), highlights the Trust as the **best performing across the region (9.8%)**.

The tables below provide a breakdown by Trust and hospital site for the Western 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	Total
Western	Total Patient Handovers	1,730	1,788	1,753	1,763	1,761	1,678	1,800	1,771	1,784	15,828
	Number >2 Hours	125	203	153	142	195	192	170	169	208	1,557
	% >2 Hours	7.2%	11.4%	8.7%	8.1%	11.1%	11.4%	9.4%	9.5%	11.7%	9.8%
Belfast	Total Patient Handovers	2,591	2,737	2,597	2,850	2,714	2,557	2,800	2,626	2,436	23,908
	Number >2 Hours	402	364	339	323	219	263	335	310	342	2,897
	% >2 Hours	15.5%	13.3%	13.1%	11.3%	8.1%	10.3%	12.0%	11.8%	14.0%	12.1%
Northern	Total Patient Handovers	2,191	2,277	2,174	2,212	2,203	2,048	2,269	2,100	2,094	19,568
	Number >2 Hours	349	328	289	357	365	482	563	418	586	3,737
	% >2 Hours	15.9%	14.4%	13.3%	16.1%	16.6%	23.5%	24.8%	19.9%	28.0%	19.1%
South Eastern	Total Patient Handovers	1,527	1,451	1,338	1,471	1,392	1,300	1,412	1,356	1,332	12,579
	Number >2 Hours	385	441	324	408	393	529	469	475	498	3,922
	% >2 Hours	25.2%	30.4%	24.2%	27.7%	28.2%	40.7%	33.2%	35.0%	37.4%	31.2%
Southern	Total Patient Handovers	1,783	1,792	1,749	1,851	1,868	1,820	1,940	1,828	1,806	16,437
	Number >2 Hours	361	386	395	381	315	241	367	403	374	3,223
	% >2 Hours	20.2%	21.5%	22.6%	20.6%	16.9%	13.2%	18.9%	22.0%	20.7%	19.6%
Region	Total Patient Handovers	9,822	10,045	9,611	10,147	9,938	9,403	10,221	9,681	9,452	88,320
	Number >2 Hours	1,622	1,722	1,500	1,611	1,487	1,707	1,904	1,775	2,008	15,336
	% >2 Hours	16.5%	17.1%	15.6%	15.9%	15.0%	18.2%	18.6%	18.3%	21.2%	17.4%

Source : Northern Ireland Ambulance Service Dashboard

Western Trust by Hospital Site : Handover Times : Number of Patients > 2 Hours

Site	Service Area	Oct-25	Nov-25	Dec-25	Total
Altnagelvin	Total Patient Handovers	1,115	1,127	1,141	3,383
	Number >2 Hours	127	130	143	400
	% >2 Hours	11.4%	11.5%	12.5%	11.8%
South West Acute	Total Patient Handovers	685	644	643	1,972
	Number >2 Hours	43	39	65	147
	% >2 Hours	6.3%	6.1%	10.1%	7.5%
Western Trust Total	Total Patient Handovers	1,800	1,771	1,784	5,355
	Number >2 Hours	170	169	208	547
	% >2 Hours	9.4%	9.5%	11.7%	10.2%

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

At December 2025, the Trust reported **232** Northern Ireland Ambulance Service (NIAS) Turnarounds within 30 minutes; this represents **12.9%** against the 51% Target.

This target remains challenging across the region with all Trusts reporting a similar cumulative position (April to December 2025) 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	Total
Western	Ambulance Turnarounds	1,743	1,799	1,764	1,777	1,769	1,686	1,818	1,790	1,804	15,950
	< 30 minutes	213	162	171	185	170	162	231	237	232	1,763
	% < 30 minutes	12.2%	9.0%	9.7%	10.4%	9.6%	9.6%	12.7%	13.2%	12.9%	11.1%
Belfast	Ambulance Turnarounds	2,617	2,760	2,632	2,888	2,741	2,583	2,830	2,662	2,477	24,190
	< 30 minutes	294	348	385	401	425	443	459	491	483	3,729
	% < 30 minutes	11.2%	12.6%	14.6%	13.9%	15.5%	17.2%	16.2%	18.4%	19.5%	15.4%
Northern	Ambulance Turnarounds	2,201	2,282	2,184	2,218	2,213	2,052	2,279	2,110	2,115	19,654
	< 30 minutes	209	208	233	239	233	190	239	227	261	2,039
	% < 30 minutes	9.5%	9.1%	10.7%	10.8%	10.5%	9.3%	10.5%	10.8%	12.3%	10.4%
South Eastern	Ambulance Turnarounds	1,530	1,460	1,349	1,482	1,409	1,314	1,423	1,389	1,357	12,713
	< 30 minutes	160	141	198	205	203	204	201	198	171	1,681
	% < 30 minutes	10.5%	9.7%	14.7%	13.8%	14.4%	15.5%	14.1%	14.3%	12.6%	13.2%
Southern	Ambulance Turnarounds	1,791	1,803	1,763	1,863	1,879	1,829	1,954	1,845	1,824	16,551
	< 30 minutes	190	182	199	203	220	266	257	223	238	1,978
	% < 30 minutes	10.6%	10.1%	11.3%	10.9%	11.7%	14.5%	13.2%	12.1%	13.0%	12.0%
Region	Ambulance Turnarounds	9,882	10,104	9,692	10,228	10,011	9,464	10,304	9,796	9,577	89,058
	< 30 minutes	1,066	1,041	1,186	1,233	1,251	1,265	1,387	1,376	1,385	11,190
	% < 30 minutes	10.8%	10.3%	12.2%	12.1%	12.5%	13.4%	13.5%	14.0%	14.5%	12.6%

Source : Northern Ireland Ambulance Service Dashboard

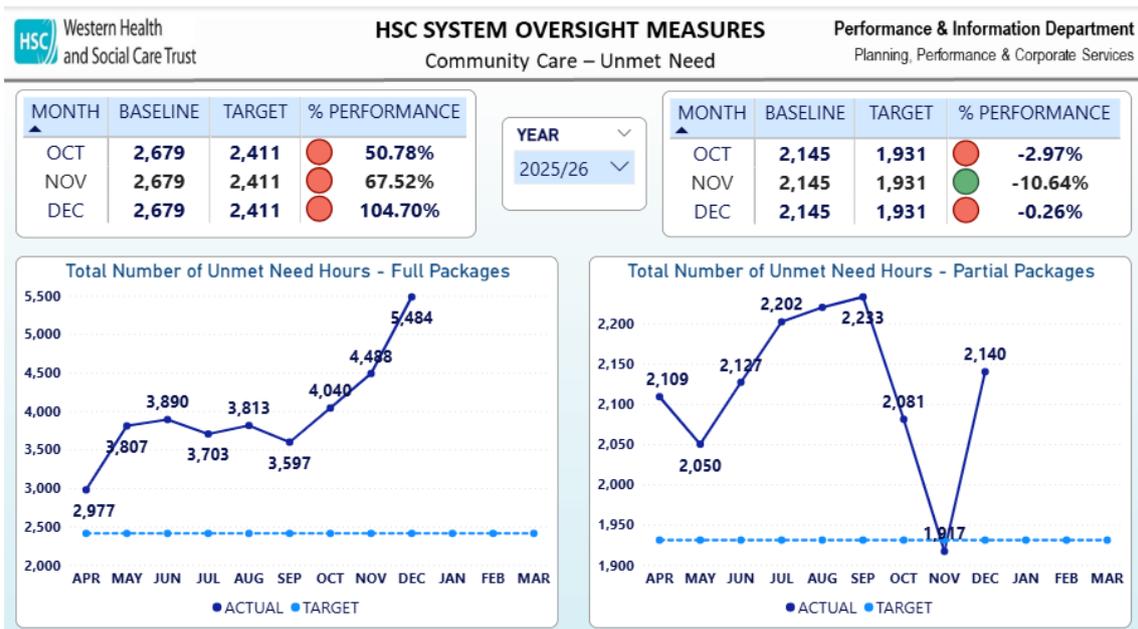
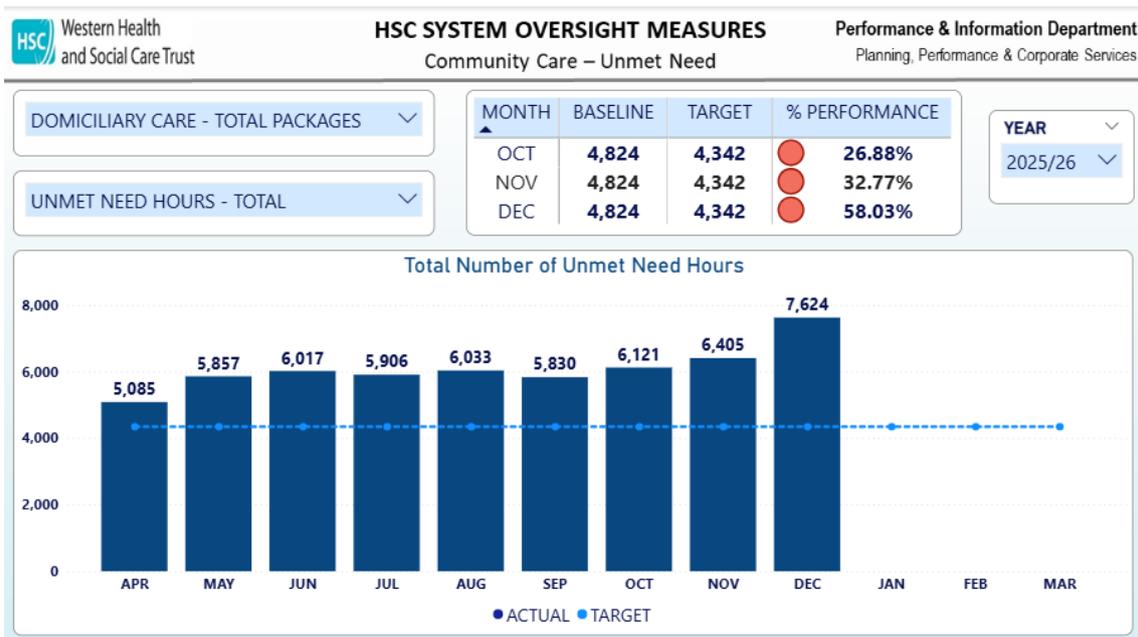
COMMUNITY CARE

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)

Total Packages: at the end of December 2025, the Trust reported **7,624** unmet need hours against the expected target of **4,342**; (**58.03% increase**) and the target was **not achieved** in each month of the quarter. The confidence in this data remains unchanged at “High” (RAG Green) as it is currently sourced from a non-epic system.

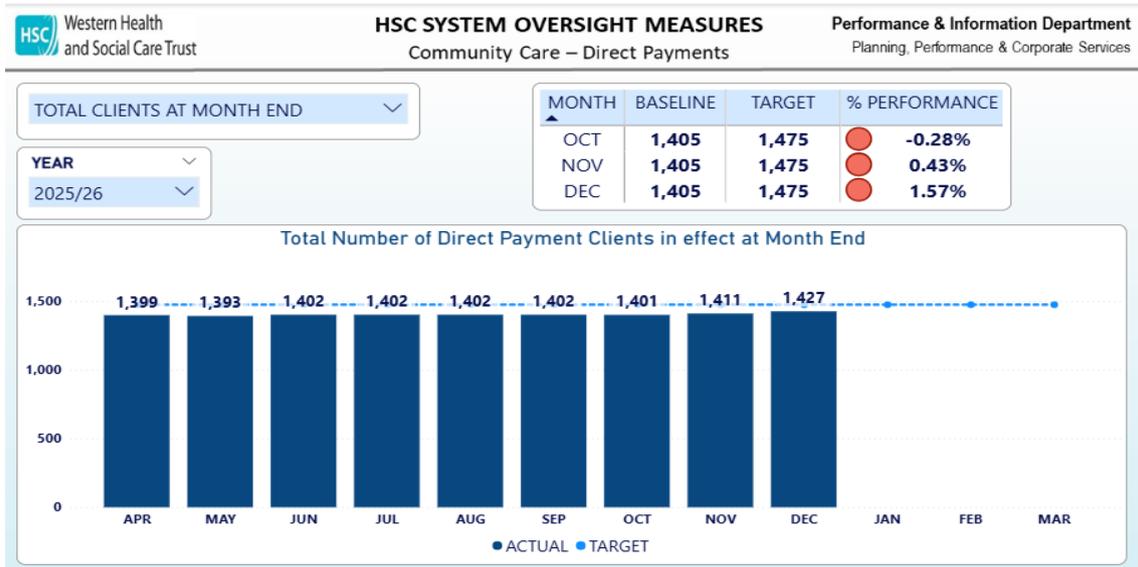
The Trust has asked SPPG for a review of the data collected against practice in other Trusts, as the Trust presents as a significant outlier in this SOM.



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 are expected to achieve 1,475 Service User Direct Payments in effect. At the end of December 2025, there were 1,427 Direct Payment Clients in effect, and the Trust remains close to meeting this target. The confidence in this data remains unchanged at “High” (RAG Green) as it is currently sourced from a non-epic system.

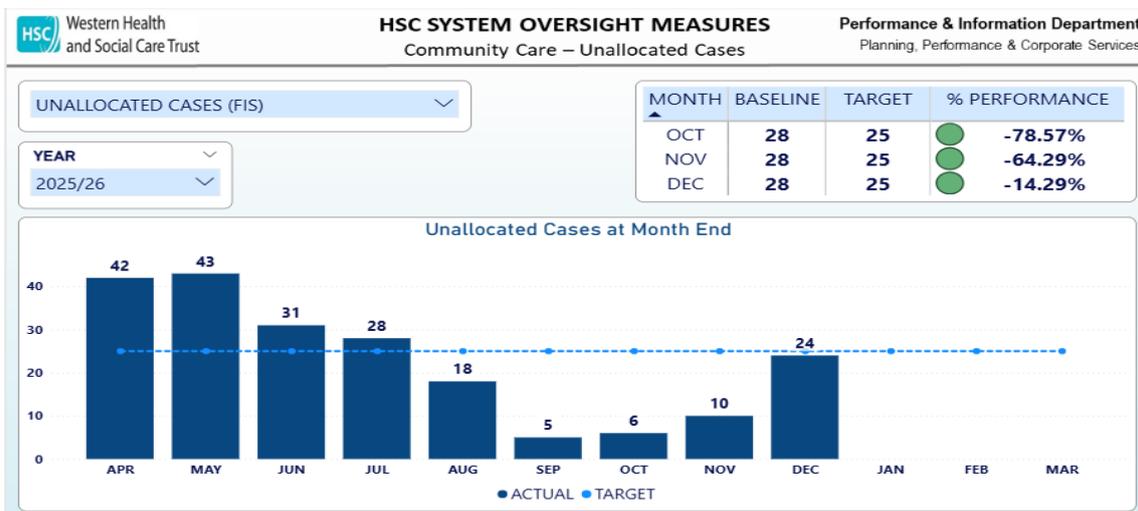


Unallocated cases - Children’s Services (High Confidence – Non Epic Data)

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

To achieve the 10% reduction, the Trust are expected to report 25 Family Support Unallocated Cases at the end of March 2026. This target was **achieved by the Trust in each month from August to December 2025**. At the end of December 2025, the Trust reported 24 Family Support Unallocated Cases against the Target of 25 (14.3% reduction), however the trend shows a growing number of unallocated cases in the quarter.

The confidence in this data remains unchanged at “High” (RAG Green) as it is currently sourced from a non-epic system.



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
HCAI - clostridioides difficile (CDI)	CDI RATE	16.4	12.7	11.7
	CDI TARGET	13.5	13.2	12.9

**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.*

The Trust **achieved** the CDI target in the quarter.

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
HCAI - Methicillin-resistant staphylococcus aureus (MRSA)	MRSA RATE	0.000	0.000	0.489
	MRSA TARGET	1.613	1.613	1.613

The Trust **achieved** the MRSA target in the quarter.

Monitoring against the Antimicrobial Consumption (AMC) metrics; Total Antimicrobial Consumption, Carbapenem Use, Piperacillin-Tazobactam use and WHO AWaRE Access Category Antibiotic use; is currently unavailable. The HCAI/AMR surveillance team have advised that due to the rollout of encompass the AMC data is still undergoing validation by Trust pharmacists.

ACCESS TARGETS

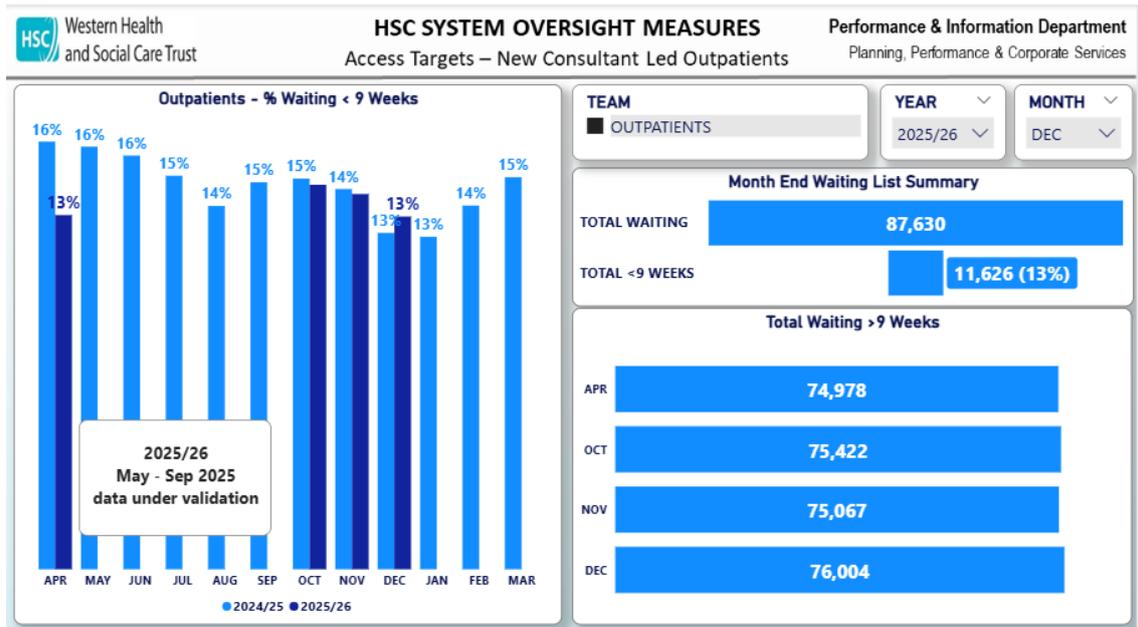
The May to September 2025 information is unavailable (New Consultant-Led Outpatients, Diagnostic Tests and Inpatient Daycase) due to validation undertaken by the P&I team and service colleagues, following the encompass go live. As a result of this validation, the Trust are in a position to report “Medium 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 December 2025:

- **87,630** patients were waiting for an outpatient appointment; with **76,004** patients waiting longer than 9 weeks. This represents a **deterioration in access** to this service compared to April 2025; when there were **86,501** in total waiting and **74,978** waiting longer than 9 weeks. 13% of patients were waiting less than 9 weeks and the target was **not achieved**.

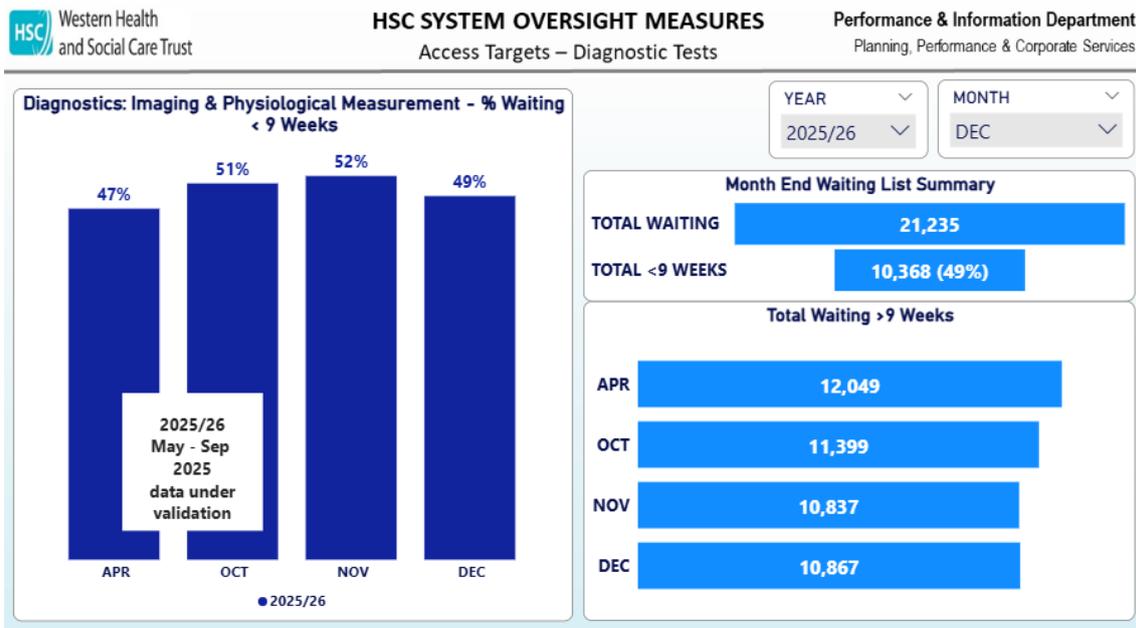


Access Performance – Diagnostic Tests (Medium Confidence)

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

At the end of December 2025:

21,235 patients waiting for Diagnostic test (imaging and physiological measurement); with **10,867** patients waiting longer than 9 weeks. Performance has improved when compared to April 2025; when there were **22,792** waiting and **12,049** waiting longer than 9 weeks. 49% of patients waited less than 9 weeks so the target was **not achieved**.

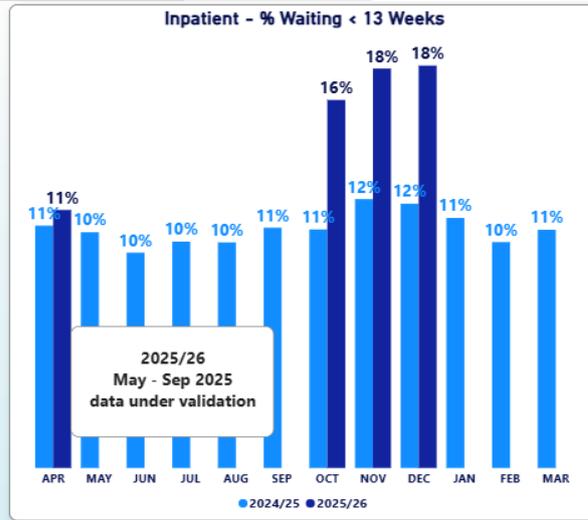


Access Performance – Inpatient/Day Case (Medium Confidence)

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

At the end of December 2025:

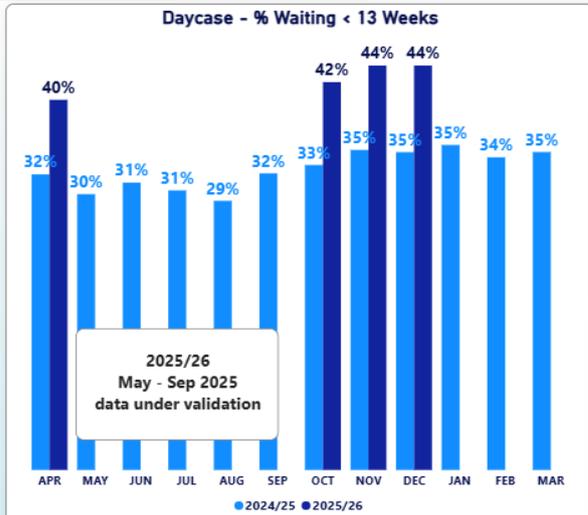
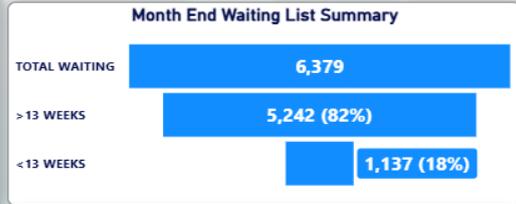
- **16,456** waiting for Inpatient and Day case treatment with **10,870** waiting longer than 13 weeks; compared to total waiting of **16,746** with **11,902** waiting longer than 13 weeks at the end of April 2025. Of those waiting at the end of December 2025 there were:
 - o **6,379** patients waiting for Inpatient Treatment with **5,242** waiting longer than 13 weeks. Performance has improved when compared to April 2025; when there were **6,632** in total waiting and **5,874** waiting longer than 13 weeks. 18% of patients were treated within the target of 13 weeks, and the target was therefore **not achieved**.
 - o **10,077** patients waiting for Day case Treatment, with **5,628** waiting longer than 13 weeks. Performance has improved when compared to April 2025; when there were **10,114** in total waiting and **6,028** waiting longer than 13 weeks. 44% of day case patients were treated within the target of 13 weeks, and the target was therefore **not achieved**.
 - o



TEAM: DAYCASE (selected), INPATIENT

YEAR: 2025/26

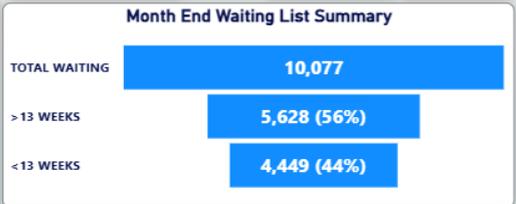
MONTH: DEC



TEAM: DAYCASE (selected), INPATIENT

YEAR: 2025/26

MONTH: DEC



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.

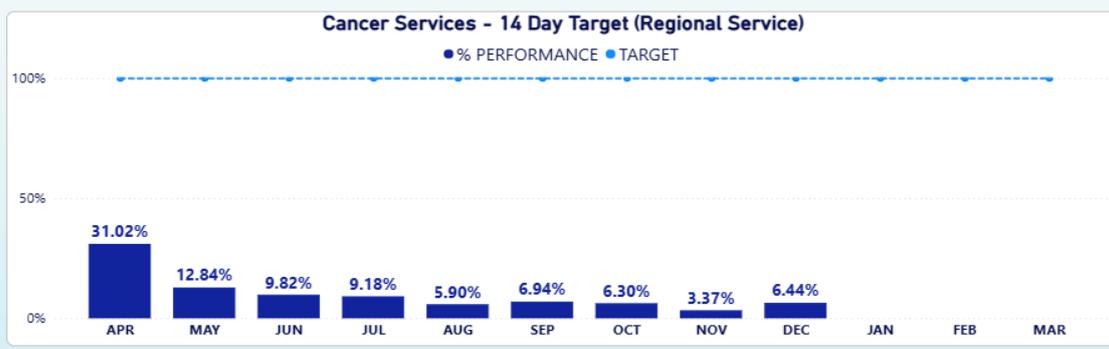
Regionally, at the end of December 2025, a total of **1,133** patients were seen with **73** seen within the 14 day target; this reflects **6.44%** against the 100% Target. Of the 1,133 patients seen across the region, **186** patients were seen by Western Trust clinicians with **11** of the 73 seen within 14 days.

Finance and Performance Committee are scheduled to receive a briefing of this area of care from SPPG prior to the Trust Board meeting.

HSC SYSTEM OVERSIGHT MEASURES Access Targets – Cancers Services – 14 Day Target

METRIC	OCT	NOV	DEC
14 DAY TARGET - TOTAL SEEN (All Trusts)	1,412	1,336	1,133
14 DAY TARGET - PATIENTS SEEN WITHIN 14 DAYS (All Trusts)	89	45	73

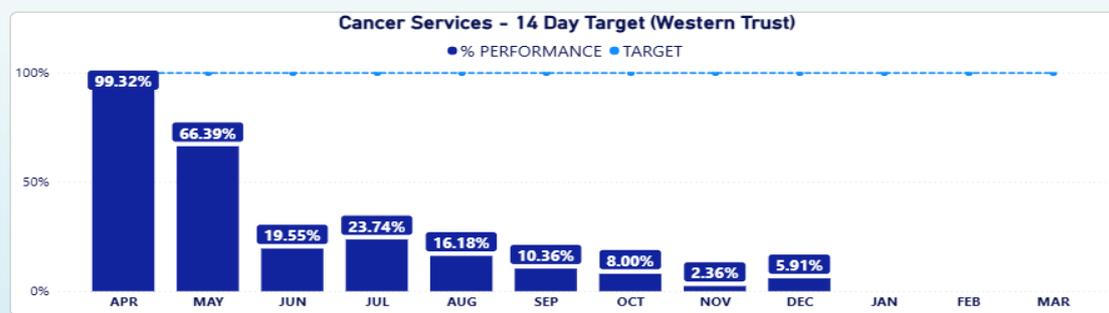
TARGET : 100%



HSC SYSTEM OVERSIGHT MEASURES Access Targets – Cancers Services – 14 Day Target

METRIC	OCT	NOV	DEC
14 DAY TARGET - TOTAL SEEN (WT)	300	254	186
14 DAY TARGET - PATIENTS SEEN WITHIN 14 DAYS (WT)	24	6	11

TARGET : 100%



Source: HSC Trust Reporting Dashboard (SPPG)

The 14 Day Breast Cancer waiting times data continues to be validated by the P&I team in conjunction with Cancer service colleagues. The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of this validation.

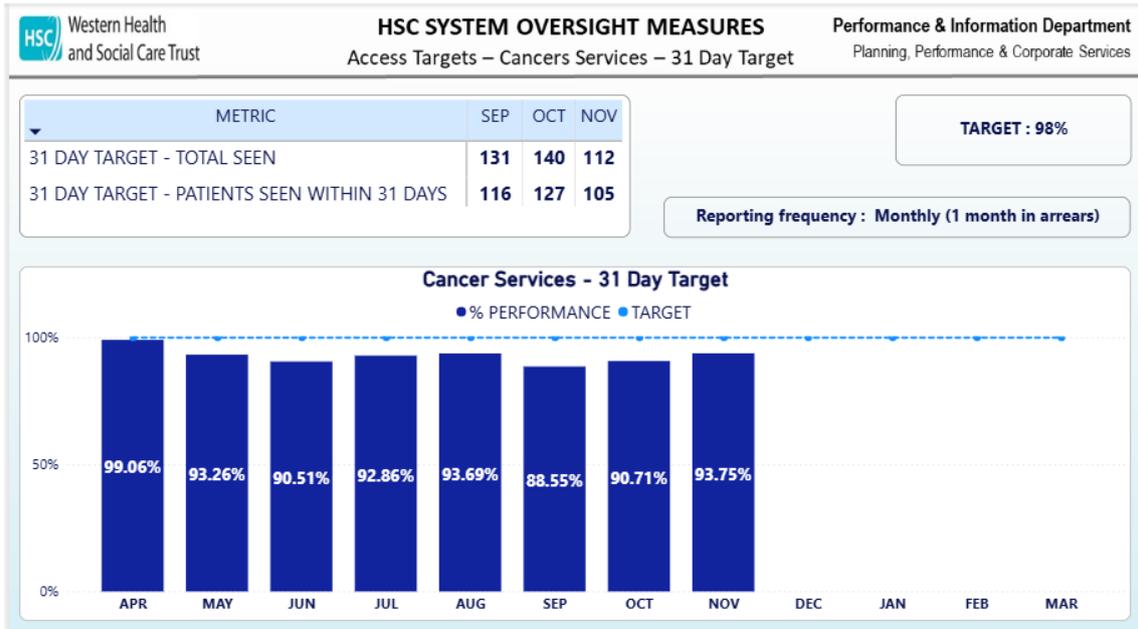
Access Performance – Cancer Services 31 Day Target (High Confidence)

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

The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of validation by the P&I team and service colleagues.

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

At the end of November 2025, a total of **112** patients seen with **105** seen within 31 days of a decision to treat; this reflects **93.75%** against the 98% Target, and the target was **not achieved** in any month of the quarter.



Source: HSC Trust Reporting Dashboard (SPPG)

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

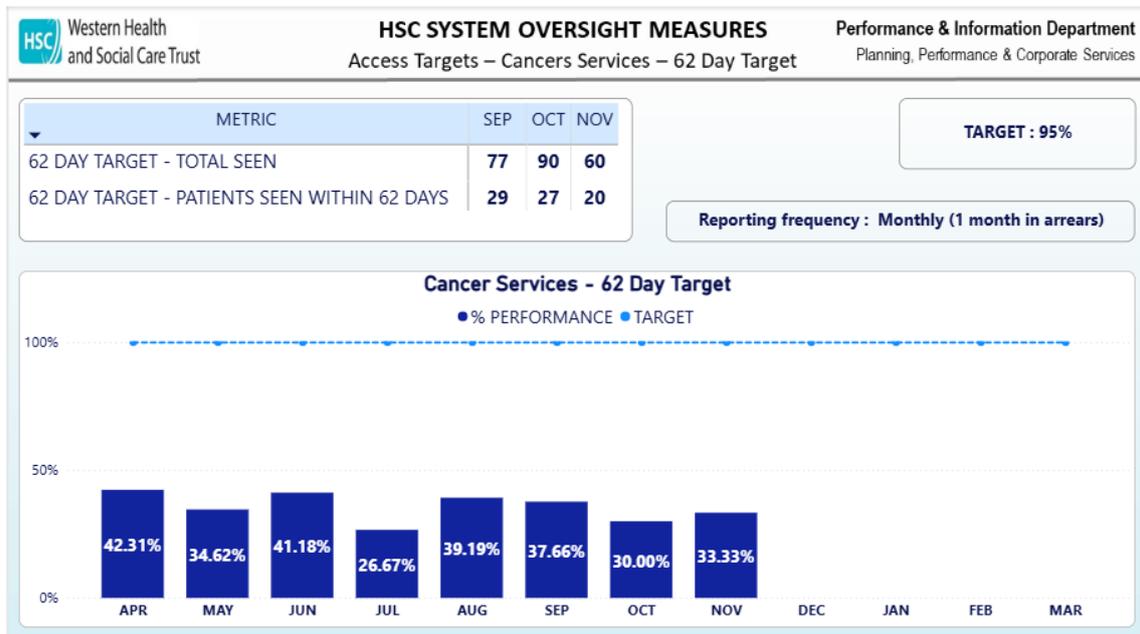
At least 95% of patients referred with a suspected cancer should begin their first definitive treatment within 62 days.

The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of validation by the P&I team and service colleagues.

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

At the end of November 2025, a total of **60** patients seen with **20** beginning their first treatment within 62 days of referral; this reflects **32.77%** against the 95% Target.

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



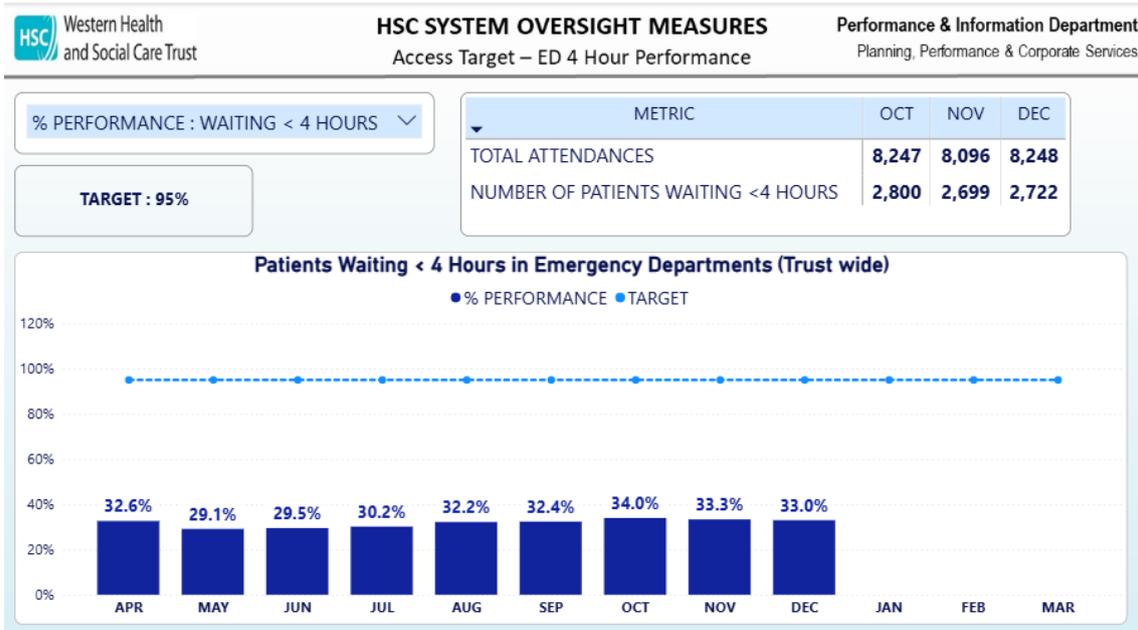
Source: HSC Trust Reporting Dashboard (SPPG)

Access Performance – Emergency Department (High Confidence)

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

The Trust are reporting “High Confidence” (RAG Green) in this service data, as a result of validation by the P&I team and service colleagues.

At the end of December 2025, **2,722** patients waited less than 4 Hours in ED for treatment, discharge, admission or transfer, representing **33.0%** against the 95% target, and the target was not met in the quarter by any Trust.



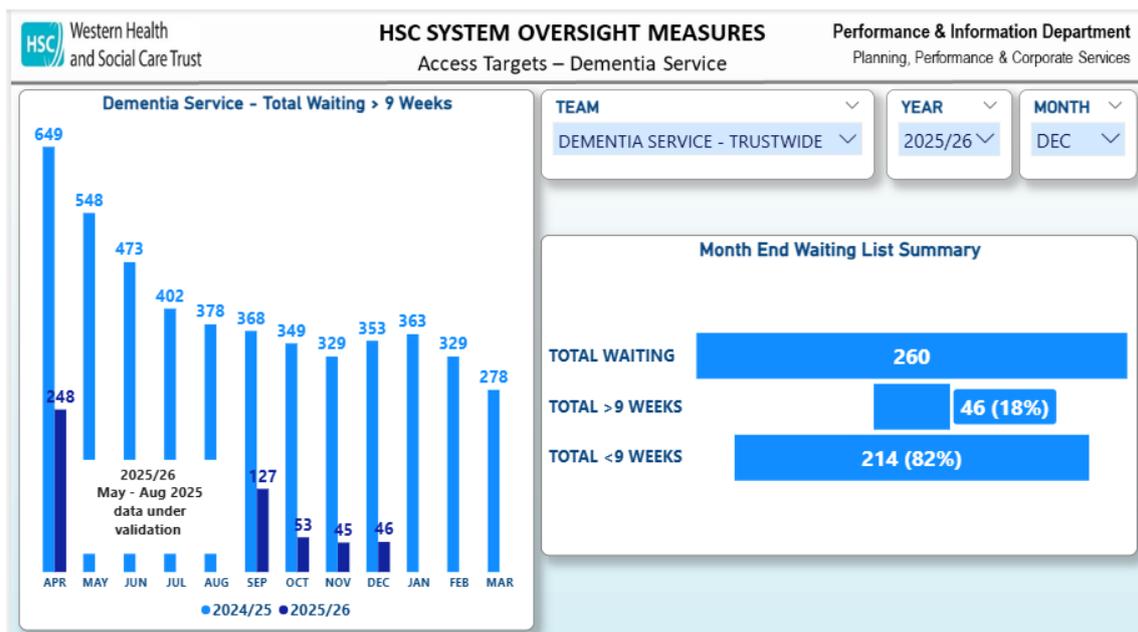
Access Performance – Dementia Service (Medium Confidence)

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

At the end of December 2025:

- **260** patients were waiting to access the Dementia Service with **46** waiting longer than 9 weeks. This represents a significant improvement in access to this service compared to April 2025; when there were **511** in total waiting and **248** waiting longer than 9 weeks, which is 82% against the target of 100%. Although the target was **not achieved** the trajectory of improvement would indicate that the service will come close to meeting the target by year end.

The waiting times information is unavailable from May to August 2025, due to regional development on the epic Dementia Dashboard. The data was available from August 2025, at which point validation was undertaken by the P&I team in conjunction with SPPG and Dementia service colleagues. As a result of this validation exercise, one team has fully validated and are reporting high confidence in their waiting list data. An issue was identified in the waiting list data within the remaining Dementia team and an epic resolution has been sought. This being the case, the Trust are reporting “Medium Confidence” (RAG Amber) in the Dementia waiting times data.



SECTION 3 : ACTIVITY STABILISATION

As detailed in the 2025/26 Quarter 2 (July to September 2025) Performance Report, the Trust's Performance and Informatics team have been engaged in an ongoing programme of Activity Stabilisation from May to the end of November 2025.

During the period 16th June to 28th November 25 (Week 6 – 29) the Trust cumulatively delivered:

- **96,231** Hospital outpatient attendances against the baseline activity 104,025 (93% achieved) and
- **116,176** Community outpatient attendances against the baseline activity 167,710 (69% achieved). This includes Adult Mental Health, Child and Adolescent Mental Health, Psychological Therapies, Allied Health Professionals and Community Dental.

Overall the cumulative activity delivered across Hospital and Community services during this period reflects positively with the majority of teams/specialities delivering activity above, in line with or just below baseline data.

A small number of service areas impacted by system issues, which required system development and support from epic colleagues; these include:

- **Allied Health Professionals:** gaps identified in department, staff and clinic codes. EPIC, P&I and service colleagues were involved in clinic code and staff remapping. This work is being led by EPIC and has been divided into three phase with a target completion date of end January 2026.
- **Community Dental:** encompass is currently unable to capture Nursing Home Screenings; this is high volume of activity not captured when compared to baseline data. This is an issue across the region and a number of solutions are being trialled within other Trusts. Once a final solution has been agreed, the service will proceed to implement.

The remainder of Hospital and Community services that under delivered against baseline data were impacted by a reduction in capacity due to vacant posts and sickness absence. These include a small number of teams/specialities within Hospital, Mental Health and Psychological Therapies.

Appendix 1: Strategic Priorities 2025/26 – System Oversight Measures (SOMs)

STRATEGIC PRIORITIES 2025/26 - SYSTEM OVERSIGHT MEASURES (SOMs)

Domain	Service Area/Metric	Indicator / Target	Target detail	Type of Reporting Update	Reporting Source	Frequency of reporting
ACUTE CARE						
Unscheduled Care - NIAS						
Performance	Ambulance Response Times Category 1, 2 and 3	Improvement against ambulance response times	Cat 1 (mean) 10 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 (90th percentile) 21 mins by March 26	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 T (mean) 15 mins by March 26	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 1 T (90th percentile) 30 mins	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 2 (mean) 36mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 2 (90th percentile) 80 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
			Cat 3 (90th percentile) 233 mins (by March 2026)	Quantitative Update	NIAS Submission to SPPG	Monthly
	Call Answering	Improvement against call answering times	Call answering Time - 90% to be answered <5seconds	Quantitative Update	NIAS Submission to SPPG	Monthly
	Ambulance Handover Times (handover delays)	% improvement against 15 min handover standard	<15 mins - 25% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			<30 mins - 45% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			<60 mins - 85% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
			>2hours - 0% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
	Ambulance Turnaround Times	Improve Ambulance Turnaround Times	51% to be Turned Around <30 mins	Quantitative Update	NIAS Submission to SPPG	Monthly
	See and Treat Rates	Achieve 15.5% rate	15.5% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly
Hear and Treat Rates	Achieve 10% rate	10% by March 2026	Quantitative Update	NIAS Submission to SPPG	Monthly	

ACUTE CARE						
Unscheduled Care: Provider Trust						
Performance	Patients not waiting in ED	Reduce number of patients who do not wait in ED	1% reduction on ED attendances classified as do not wait (site specific) when compared to 2024/25	Quantitative Update	Epic	Monthly
	12 hour ED delay (delay-related harm)	Reduce the number of patients who wait >12 hours in ED	By March 2026, reduce the number of patients who waited longer than 12 hours in ED in 2024/25 by 10%	Quantitative Update	Epic	Monthly
	Simple Discharge Delays	Weekend discharges - Reduce patients waiting >4 hours for discharge	The number of Simple Discharges on any Saturday and any Sunday should be at least 80% of the average daily number of Simple Discharges from Mon-Fri in that week.	Quantitative Update	Epic	Monthly
	Complex Discharge Delays	Weekend discharges - Reduce patients waiting >48 hours for discharge	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.	Quantitative Update	Epic	Monthly
	Re-Admission rates	Reduce number of patients readmitted within 7 days and between 8 and 30 days from discharge	10% reduction in readmission rates. Reduction will be based on individual Trusts' 2023/24 position.	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)
	Fractured Neck of Femur – reduce number of patients who wait >48 hours for treatment	Achieve 95% of NOF patients treated within 48 hours	95% of patients where clinically appropriate, wait no longer than 48 hours for inpatient treatment for hip fractures	Quantitative Update	FORD	Monthly
	Other Fractures – reduce number of patients who wait >7 days for treatment	Achieve 95% of all Fractures patients treated within 7 days	95% of all fracture patients, where clinically appropriate, wait no longer than 7 Days for inpatient treatment for fractures	Quantitative Update	FORD	Monthly

ACUTE CARE							
Scheduled Care: Outpatients							
Performance	DNA / on the day cancellation rates	New OP appointment: 5% (max.)	Trusts to achieve a maximum of 5% DNAs/CNDs, of total intended attendances	Quantitative Update	Epic	Monthly	
		Review OP appointment: 8% (max.)	Trusts to achieve a maximum of 8% DNAs/CNDs, of total intended attendances.	Quantitative Update	Epic	Monthly	
	Review appointments reduce the number of outpatient follow-ups being added to waiting list	25% reduction (against 2019/20 activity levels for agreed specialties)	By March 2026, Trusts to achieve a 25% reduction in the number of patients being added to the review waiting list in comparison to 2019/20.	Quantitative Update	Epic	Monthly	
	Expand the use of patient-initiated follow-up (PIFU)	Move 5% of outpatient review attendances to PIFU pathways	Expand the uptake of PIFU to all major outpatient specialties, transferring 5% of all patients that potentially require follow-up to PIFU pathways by March 2026	Quantitative Update	Epic	Monthly	
Scheduled Care: Theatres / Inpatients / Day Cases							
Performance	DNA / on the day patient / hospital cancellations (combined)	Theatres – main, DPU/Endoscopy: 5% (max.)	Trusts to achieve a maximum DNA / CND rate for main theatres of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears	
			Trusts to achieve a maximum DNA / CND rate for DPU of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears	
			Trusts to achieve a maximum DNA / CND rate for endoscopy suites of 5%	Quantitative Update	Epic	Monthly - 1 month in arrears	
	Theatre utilisation – run and op times	Run times - main / DPU / Endoscopy theatres: 90%	Trusts to achieve a minimum Run time rate for main theatres of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears	
			Trusts to achieve a minimum Run time rate for DPU theatres of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears	
			Trusts to achieve a minimum Run time rate for endoscopy suites of 90%	Quantitative Update	Epic	Monthly - 1 month in arrears	
			- Op time - main theatres: 85%	Trusts to achieve a minimum Op time rate for main theatres of 85%	Quantitative Update	Epic	Monthly - 1 month in arrears
	- Op time - DPU theatres: 80%	Trusts to achieve a minimum Op time rate for DPU theatres of 80%	Quantitative Update	Epic	Monthly - 1 month in arrears		
	Efficiency and Productivity	Theatre throughput - ensure adherence to GIRFT recommended theatre throughput rates.	Ensure adherence to GIRFT recommended theatre throughput rates for cataracts	* cataract (8 -10 cases per four-hour list (depending on junior trainee participation))	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly
			Ensure adherence to GIRFT recommended theatre throughput rates for hip replacements	* total hip replacement (2 cases per four-hour list)	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly
Ensure adherence to GIRFT recommended theatre throughput rates for knee replacements			* total knee replacement (2 cases per four-hour list)	Progress Report/Narrative/Qualitative Assessment	Trust	Quarterly	
Efficiency and Productivity	Day case rates – as per British Association of Day Surgery (BADS) recommended rates	Procedure room/OPP rates for individual procedures – as per BADS rates	For those BADs procedures where Trust have not yet achieved the recommended day case rates, they will be required to demonstrate an incremental improvement for each procedures by 31 March 2026 (against the March 2025 baseline)	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)	
		Procedures with zero length of stay as per BADS rates D29 D31	To improve Daycases Rates to BADS recommended	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)	
	Admissions on day of inpatient surgery	Increase across those specialties currently below CHKS peer group levels	Need to compare to CHKS peer group - proposed group is HES Acute Peer Group	Quantitative Update	Epic	Quarterly in arrears (Q1 reported in Q2)	
Average length of stay for elective inpatients	Decrease across those specialties currently above CHKS peer group levels (reduce average LOS)	Need to compare to CHKS peer group - proposed group is HES Acute Peer Group	Quantitative Update	Epic	Quarterly		

COMMUNITY CARE							
Mental health							
Performance	3 day follow up assessments	% of 3 day follow up assessments completed post discharge from in-patient psychiatric admission	% of 3 day follow up assessments completed post discharge from in-patient psychiatric admission	Quantitative Update	Epic	Monthly (reporting will not commenced October 2025)	
Maximize Home Care Capacity							
Performance	Create greater efficiencies in home care provision to address unmet need.	10% reduction in unmet need hours by each HSC Trust by 31 March 2026	10% reduction in unmet need hours by March 2026 compared to position at 31 March 25 (full and partial packages across all POCs)	Quantitative Update	Due to data quality issues, BT, NT & SET Trusts are currently reporting out of ebrokerage. Trusts are using encompass data for validation. Trusts to work	Monthly	
	Digital solution introduced for Trust Home Care Service to manage and reduce unused hours, to strengthen governance and communication and improve the experience for the Service user and their carers	Minimum of 5% in recycled hours through use of Care Line Live	Minimum of 5% in recycled hours through use of Care Line Live	Progress Report/Narrative/Qualitative Assessment	Service Lead	Monthly (reporting will not commenced October 2025)	
	Promotion of Direct Payments as an alternative to a traditional package of home care	5% increase in Direct Payments in effect for service users by 31 March 2026	5% increase in Direct Payments in effect for service users by March 2026 (compared to position at 31 March 2025)	Quantitative Update	Due to data quality issues, BT, NT & SET Trusts are currently reporting out of ebrokerage. Trusts are using encompass data for validation. Trusts to work toward standing down use of	Monthly	
Home Care Project Steering Group							
Performance	Minimum Regional Definition & Data Set	A detailed regionally consistent Home Care data return to be in place by 31 March 2025	Regional data set to be developed end Jan 2025. Trusts to confirm reporting arrangements end Feb 2025. Consistent data return to be in place for end March 2025.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
	Review of Home Care Standards for home care	Review and agreement reached by all key stakeholders. To be rolled out by 31 March 2025	Home care Standards to be reviewed by end November 2024. Implementation end March 2025.	Progress Report/Narrative/Qualitative Assessment	Policy - Debbie Murray	Quarterly	
	Detailed Drill down on investment in Home Care Services/Demand & Capacity and VFM	Full financial breakdown of costs and spending investment. Full Transparency – by 31 March 2025	Completion end March 2025.	Progress Report/Narrative/Qualitative Assessment	SPPG Finance	Quarterly	
Children's Social Care Reform Board Actions							
Performance	Ensure consistent governance around the management of unallocated cases within Children's Services - Family Support only.	Development of regional guidance and a clear accountability framework for HSC Trusts for the management and	Development of regional guidance and a clear accountability framework for HSC Trusts for the management and oversight of unallocated cases in family support by September 2024	Qualitative - Governance assurance and Guidance change - progress report due.	Regional Service Lead	Quarterly	
		To reduce unallocated cases by 10% by March 2026 (compared to position at end March 2025)	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	Quantitative Any Data Return - manual return from Trusts (although Defs may Change)	Trust	Monthly	
	Agree a regionally consistent model for CAMHS Intellectual Disability	Review current service profile in each Trust by September 2024.	Scoping of existing service profile to be completed by end September 2024	Gap analysis between existing service provision and regionally agreed Service Model for CAMHS ID to be completed by end Feb 2025.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly
		Identify what steps each Trust will take to move towards a regionally agreed model by February 2025					Quarterly
	Develop an implementation plan for Children with Disability Framework for approval by Reform Board	Develop costs implementation plan with each Trust by September 2024.	Individual Trust cost implementation plan to be completed by September 2024.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
	Agree a regionally consistent model for Children with Disabilities Teams	Review current service profile in each Trust by September 2024.	Scoping of existing service profile to be completed by end September 2024	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
		Identify what steps each Trust will take to move towards a regionally agreed model by February 2025	Gap analysis between existing service provision and regionally agreed Service Model for Children with disabilities to be completed by end Feb 2025.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
	Work with HSC Trusts to address significant deficits in placement capacity for children in care and short breaks.	Finalise assessment of need through residential workstream of the Children's Services Reform Board	Assessment of need to be completed by each Trust by end Feb 2025	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
		Set up monitoring system to track high cost cases and ensure when placement is no longer required funding can be repurposed by February 2025.	Assessment of need to be completed by each Trust by end Feb 2025	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	
	Statutory Functions						
Performance	All Trusts Statutory Function Reports for 2024/25 to be completed by end March 2026.	All Trusts SF Reports to be reviewed and Action Plans to be developed for each of the 5 Trusts by end June 2025. All plans to be implemented and reviewed end March 2026.	All Trusts SF Reports completed and Action Plans to be developed by end June 2025. SF Action Plans to be implemented and reviewed end March 2026.	Progress Report/Narrative/Qualitative Assessment	Regional Service Lead	Quarterly	

PRIMARY CARE						
Performance	GMS Activity	Compliance with NICAF across a range of domains and indicators	The Northern Ireland Contract Assurance Framework (NICAF) has been introduced to provide governance and assurance re: delivery of service in GMS. NICAF is a one year deal, negotiated and agreed between DoH policy and NIGPC and therefore is subject to change. Negotiations for the 2025/26 year will determine the approach for the next contracting year.	Quantitative Update	SPPG Primary Care	Annually
	GDS Activity	Reduce the percentage of five year old children with caries experience (31% from last survey carried out in 2022)	30% for 2024 survey results	Quantitative Update	SPPG Primary Care	Bi-annually
	GDS Activity	Maintain the number of patients registered with a General Dental Practitioner at April 2025 levels	Ensure the number of patients registered with a General Dental Practitioner in March 2026 is no fewer than the number registered in April 2025.	Quantitative Update	SPPG Primary Care	Annually
	GDS Activity	Maintain 2024/25 GDS activity levels	Ensure that the number patients treated in the GDS in each quarter of 2025/26 is no fewer than the number treated in the corresponding quarter of 2024/25	Quantitative Update	SPPG Primary Care	Quarterly
	Community pharmacy	Number of Community Pharmacy Assurance Framework Declarations (CPAF) completed (target: 100%) and number of targeted visits	All community pharmacies to submit completed Assurance Declaration template on an annual basis All community pharmacies that have an issue (non-compliance with any aspect of declaration) identified via a review of Assurance Declaration to receive a visit from SPPG Community Pharmacy Adviser	Quantitative Update	SPPG Primary Care	Annually (Q1 of following year)
	Ophthalmic	Maintenance of GOS & enhanced service activity levels in line with historical and commissioned levels.	Numbers of HSC-funded General Ophthalmic Services Sight Tests delivered annually. [Caveat: demand-led service]	Quantitative Update	SPPG Primary Care	Annually
	Ophthalmic	•90% access to NI PEARS within 48 hours.	Percentage of acute eye presentations appointed within 48 hrs between date of referral and date seen.	Quantitative Update	SPPG Primary Care	Quarterly
SAFETY AND QUALITY						
Safety and quality	All Healthcare Providers - 6 x Trusts, Primary Care and Others	Compliance with SAI Processes.	Number of Terms of Reference overdue (due date either by 4 week timescale for Level 2 or by date agreed between SPPG/PHA and HSC Trust for Level 3)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue - Level 1 (due within 8 weeks from Notification)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue - Level 2 (due within 12 weeks from notification)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of SAI Review Reports overdue -Level 3 (due by date as agreed between SPPG/PHA and HSC Trust)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
			Number of action plans overdue for Level 2 and Level 3 SAIs (should accompany SAI report submitted to SPPG)	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)
	Level of complaints (trend analysis)	Number of Complaints linked to Adverse Incidents - Graded Medium or Above	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)	
		Number of Complaints Referred and Upheld by NIPSO	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)	
		Number of Complaints managed outside of response timeframe (20 days) - where extension was agreed.	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)	
		Number of Complaints managed outside of response timeframe (20 days) - where extension was not agreed.	Quantitative Update	SPPG Quality and Safety Team	Monthly (in arrears)	
	Safety and Quality	Develop Encompass Medication Safety Dashboard metrics for specific high-risk medicines and situations including baseline data collation	Year 1. Develop Encompass Medication Safety Dashboard Year 2. Develop metrics for specific high-risk medicines and situations including baseline data collation	Progress Report/Narrative/Qualitative Assessment	SPPG Primary Care	Quarterly
			Total antibiotic prescribing - secure (in secondary care) a 2% reduction in total antibiotic prescribing (DDD per 1,000 admissions) by the end of March 2026	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
		Reduce antimicrobial consumption	Carbapenem use - secure (in secondary care) a 2% reduction in carbapenem use (measured in DDD per 1,000 admissions) by end of March 2026.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			Piperacillin-tazobactam use - secure (in secondary care) a 2% reduction in piperacillin-tazobactam use (measured in DDD per 1,000 admissions) by end of March 2026.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			WHO AWaRe Access category antibiotic use- Trusts to secure a total of 55% usage of antibiotics from the UK aligned Access AWaRe category	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
		Reduce Hospital Acquired Infections	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.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
			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.	Quantitative Update	Epic - via PHA	Quarterly (one month lag)
		Compliance with Falls Prevention Audits	Achieve 95% compliance of all elements of the KPI	Quantitative Update	Epic	Quarterly
Compliance with Skin Bundle Audits for Pressure Ulcers		95% by March 2026	Quantitative Update	Epic	Monthly	
Compliance with MUST		95% by March 2026	Quantitative Update	Epic	Monthly	
Compliance with all elements of Palliative Care Quality indicators		95% by March 2026	Quantitative Update	Epic	Monthly	

ACCESS IMPROVEMENT/MINISTERIAL ACCESS TARGETS						
Access Improvement	Elective Care	Patients waiting > 9weeks or >52weeks for a 1st New Cons-Led Outpatient Appt	50% of patients waiting <9 weeks. No patients >52 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 9weeks or >26 weeks for a Diagnostic Test	75% of patients waiting <9 weeks. No patients >26 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks or >52 weeks for Inpatient/Day Case Treatment	55% of patients waiting <13 weeks. No patients >52 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Dietetic (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Occupational Therapy (OT) (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Orthoptics (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Physiotherapy (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Podiatry (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
		Patients waiting > 13weeks from referral to treatment for Speech & Language Therapy (AHP)	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly
	Cancer Services	Suspect Breast Cancer Referrals seen <14 days	100% of Suspect Breast Cancer Referrals to be seen <14 Days	Quantitative Update	Epic	Monthly
		Cancer Diagnosis Patients receive 1st Definitive Treatment <31 days of DTT	98% of Patients to receive their first definitive treatment <31 days of a DTT	Quantitative Update	Epic	Monthly - 1 month in arrears
		Suspect Cancer Patients receive their 1st definitive treatment <62 days of referral	95% of Patients red flag referred to begin definitive treatment <62 days	Quantitative Update	Epic	Monthly - 1 month in arrears
	Unscheduled Care	ED Attendances waiting <4hrs for treatment, discharge, admission	95% of patients waiting <4hrs	Quantitative Update	Epic	Monthly
	Mental Health Services	Patients waiting >9 weeks for CAMHS Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >9 weeks for Adult MH Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >9 weeks for Dementia Service Appt	No patients waiting >9 weeks	Quantitative Update	Epic	Monthly
		Patients waiting >13 weeks for Psychological Therapies Appt	No patients waiting >13 weeks	Quantitative Update	Epic	Monthly