

Integrated Performance Monitoring Report

Month: January 2026

Paper Number: SET/30/26



South Eastern Health
and Social Care Trust

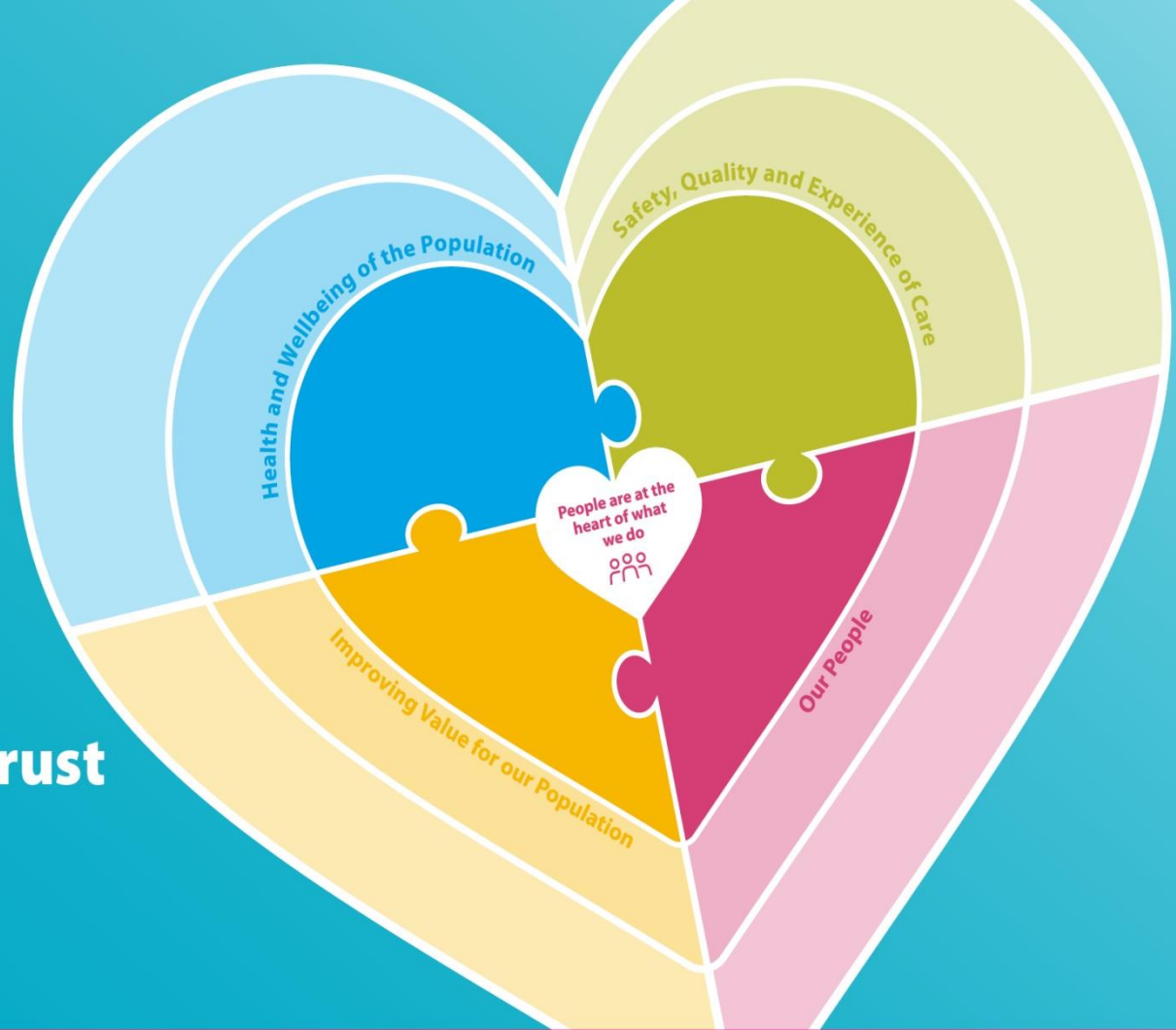




South Eastern Health
and Social Care Trust

Quality 4 All

South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

Glossary of Terms

Term	Definition	Term	Definition
AH	Ards Hospital	LVH	Lagan Valley Hospital
AHP	Allied Health Professional	LOS	Length of Stay
ASD	Autism Spectrum Disorder	MIU	Minor Injury Unit
BHSCT	Belfast Health and Social Care Trust	MRI	Magnetic Resonance Imaging
CDI	Clostridium Difficile Infection	MRSA	Methicillin Resistant Staphylococcus Aureus
CDS	Community Dental Service	NOUS	Non-Obstetric Ultrasound
C-Section	Caesarean Section	OP	Outpatient
CT	Computed Tomography Scan	OT	Occupational Therapy
CUP	Collaborative Unallocated Progress	PCOP	Primary Care and Older People
ECHO	Echocardiogram	PHA	Public Health Agency
ED	Emergency Department	POC	Programme of Care
GNB	Gram Negative Bacteraemia	PTEB	Performance and Transformation Executive Board
HAI	Hospital Acquired Infection	SDP	Service Delivery Plan
HCAI	Healthcare Acquired Infection	SET	South Eastern Trust
ICU	Intensive Care Unit	SLT	Speech and Language Therapy
iIP	Investors in People	SPPG	Strategic Planning and Performance Group
IP	Inpatient	UHD	Ulster Hospital Dundonald
IPC	Infection prevention Control	WL	Waiting List
LAC	Looked After Children	WLI	Waiting List Initiative



Overview

This Integrated Performance Management Report assesses the Trust position for January 2026 in relation to a number of key metrics including the Ministerial targets, Department of Health legacy Service Delivery Plan and a number of the new System Oversight measures (SOMs). In the future this report will include additional reporting against the SOMs metrics as definitions and performance reports are fully established..

The new System Oversight Measures have been devised around six key domains.

- Performance
- Safety and Quality
- Finance and governance
- Efficiency and Productivity
- Access improvement and tackling health inequalities; and,
- Workforce.

It is expected that all performance metrics will be available in SPC format and in a summary table. SPC charts will be shown by exception for Trust Board reporting, however all performance metrics being monitored will be available in the summary tables.

The Strategic Priorities document issued in July 2024 sets the strategic priorities for the HSC for the year ahead; this articulated the System Oversight Measures (SOMs), providing short-term Ministerial and Departmental priorities to the HSC system.

Performance is published monthly by SPPG on a dashboard and Trusts must validate and return a confidence measurement of the data produced. Measures which are assigned a “Low” confidence may be due to significant data quality issues, or where the Trust cannot replicate the figures given by SPPG within a tolerable error. Low confidence metrics will not be reported on.



System Oversight Measures

The table below shows the summary RAG thresholds for the metrics the Trust has determined as 'High' or 'Medium' confidence.

Other Trust-specific SOMs which are not assigned a RAG status are also available throughout this Trust Board report.

Metrics with a RAG status	January Confidence	April	May	June	Jul	Aug	Sept	Oct	Nov	December	January
Patients who left without being seen (LWBS)	High	Red	Red	Green	Green	Green	Red	Green	Red	Green	Red
12 Hour Waits	High	Red	Red	Red	Red	Red	Red	Green	Red	Red	Red
Hip Fractures – 48 Hours	High	Red	Red	Red	Red	Red	Red	Red	Green	Red	Red
Other Fractures – 7 Days	High	Red	Red	Yellow	Green	Yellow	Yellow	Green	Green	Yellow	Green
New Outpatient DNA/Cancellation on the Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Review Outpatient DNA/Cancellation on the Day	High	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Theatres % Main Theatre DNA/Cancelled on Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Theatres % DPU Theatre DNA/Cancelled on Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Yellow	Red
Theatres % Endo Theatre DNA/Cancelled on Day	High	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red
Theatres % Main Theatre Run Time	High	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Theatres % DPU Theatre Run Time	High	Yellow	Red	Red	Red	Red	Red	Red	Yellow	Red	Red
Theatres % Endo Theatre Run Time	High	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Theatres % Main Theatre Op Time	High	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow	Yellow	Red	Red
Theatres % DPU Theatre Op Time	High	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Unmet Need – Full Packages	High	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green
Unmet Need – Partial Packages	High	Green	Yellow	Green	Green	Green	Green	Green	Green	Green	Green
Direct Payments	High	Yellow	Red	Yellow	Yellow	Red	Red	Red	Red	Yellow	Red
Unallocated Cases	High	Red	Red	Red	Red	Red	Red	Green	Red	Red	Green
General Surgery – Average length of stay	High	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Green
Gynaecology – Average length of stay	High	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Urology – Average length of stay	High	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Terms of Reference Overdue	N/A	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Level 1 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Level 2 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Level 3 SAI Reports Overdue	N/A	Green	Green	Green	Green	Green	Green	Red	Red	Red	Red
Action Plans Overdue	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

Statistical Process Control

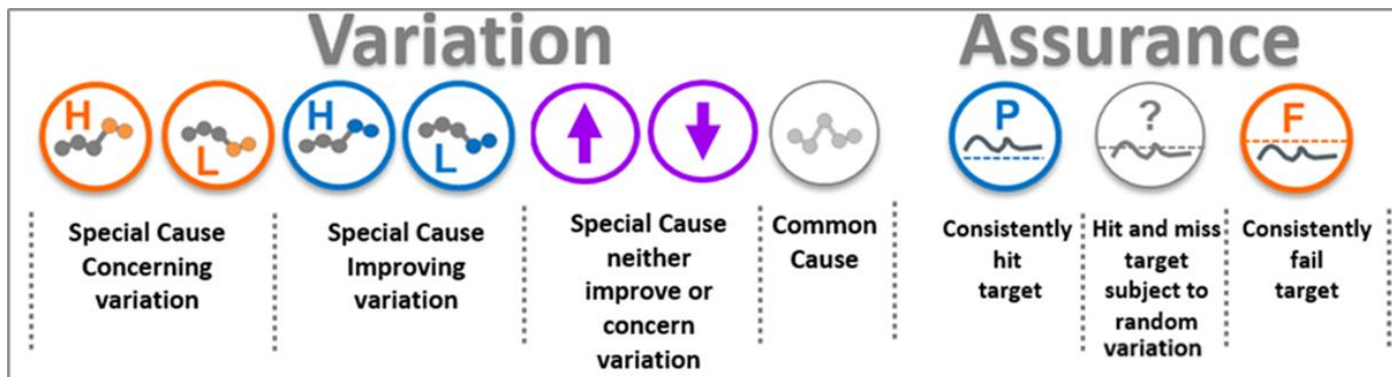
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

SPC is a good technique to use when implementing change as it enables you to understand whether changes you are making are resulting in improvement — a key component of the Model for Improvement widely used within the NHS.

SPC is widely used in the NHS to understand whether change results in improvement. This tool provides an easy way for people to track the impact of improvement projects.

SPC charts contain two dotted lines showing the upper and lower control limits, as well as a solid black line indicating the average. If there are also targets associated with the metric these are shown as a red line on the chart. The most recent month's performance and target is shown in the summary table, if there is no associated target this will be denoted with a hyphen (-).

An explanation of the icons used is included below:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

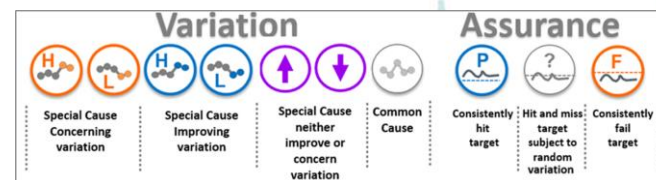
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the ministerial targets and System Oversight Measures (SOMs).

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

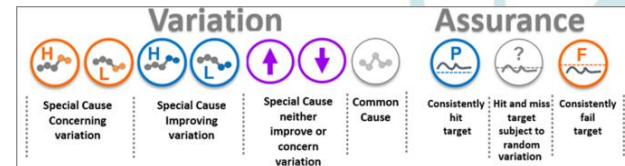
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In January 2026 the following metrics monitored have had either an improving variation or consistently hit their target:

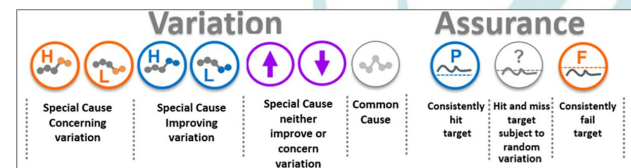
- 12 hour breaches Downe
- Outpatients Waiting % > 52 weeks.
- Diagnostics Waiting – Imaging % >9 Weeks
- Diagnostics Waiting – Imaging % >26 Weeks
- Diagnostics Endoscopy – Imaging % >9 Weeks
- Diagnostics Endoscopy – Imaging % >26 Weeks
- Inpatients Waiting - % >13 Weeks
- Inpatients Waiting - % >52 Weeks
- Day cases Waiting - % >13 Weeks
- Day cases Waiting - % >52 Weeks
- MRI
- CT
- Fractures – Neck of Femur <48 Hours
- Fractures – Other Fractures < 7 Days



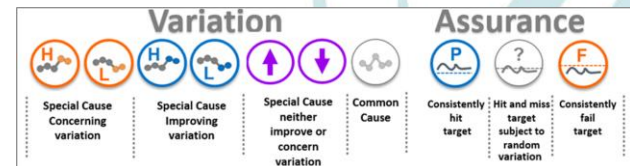
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity - Breast (Regional)	Jan 26	1339	-		
Cancer 31 Day Activity	Dec 25	182	-		
Cancer 62 Day Activity	Dec 25	119.0	-		
Cancer 14 Day % - Breast (Regional)	Jan 26	6.9%	100.0%		
Cancer 31 Day %	Dec 25	95.1%	98.0%		
Cancer 62 Day %	Dec 25	23.5%	95.0%		



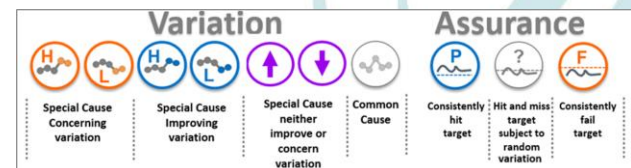
KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	Jan 26	13516	-		
Urgent & Emergency Care Attendances - Downe	Jan 26	1317	-		
Urgent & Emergency Care Attendances - Lagan Valley	Jan 26	1844	-		
Urgent & Emergency Care Attendances - Ulster Total	Jan 26	10355	-		
4 Hour % - SET	Jan 26	46%	95%		
4 Hour % - Downe	Jan 26	94%	95%		
4 Hour % - Lagan Valley	Jan 26	72%	95%		
4 Hour % - Ulster Total	Jan 26	36%	95%		



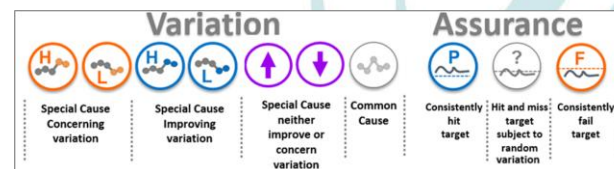
KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	Jan 26	2498	0		
12 Hour Breaches - Downe	Jan 26	0	0		
12 Hour Breaches - Lagan Valley	Jan 26	3	0		
12 Hour Breaches - Ulster Total	Jan 26	2495	0		
NIAS Ambulance Arrivals (Ulster)	Jan 26	1012	-		
NIAS Handovers > 2 hours % (Ulster)	Jan 26	51%	-		













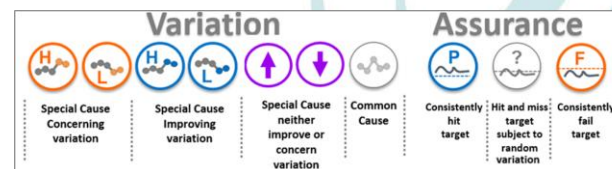
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Jan 26	8068	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Jan 26	7.4%	5.0%		
Outpatient Contacts Review - Total	Jan 26	12759	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	Jan 26	7.7%	8.0%		
Outpatients Waiting - Total for First New Appointment	Jan 26	101769	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Jan 26	87.0%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Jan 26	56.8%	0.0%		



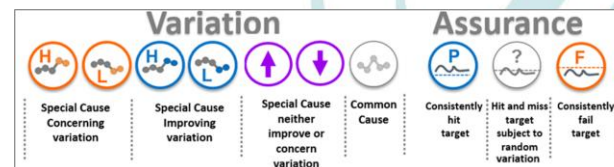
KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Jan 26	20842	-		
Diagnostics Waiting - Imaging % >9 Weeks	Jan 26	53.8%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Jan 26	23.8%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Jan 26	23059	-		
Diagnostics Waiting - Physiological % >9 Weeks	Jan 26	79.4%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Jan 26	50.8%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Jan 26	3970	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Jan 26	44.7%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Jan 26	29.0%	0.0%		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatients Waiting - Total	Jan 26	2459	-		
Inpatients Waiting - % >13 Weeks	Jan 26	75.80%	45.00%		
Inpatients Waiting - % >52 Weeks	Jan 26	54.94%	0.00%		
Daycases Waiting - Total	Jan 26	11200	-		
Daycases Waiting - % >13 Weeks	Jan 26	55.18%	45.00%		
Daycases Waiting - % >52 Weeks	Jan 26	30.5%	0.0%		



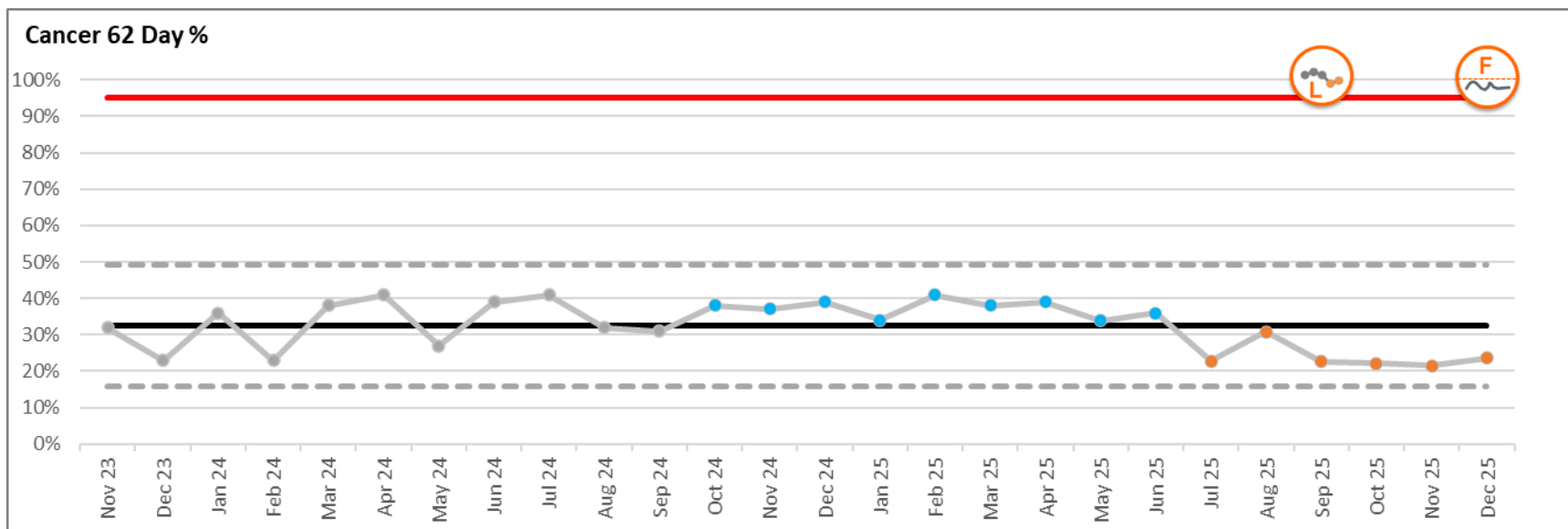
KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Avg LOS - Elective General Surgery	Jan 26	3.12	4.30		
Inpatient Avg LOS - Elective Gynaecology	Jan 26	2.95	1.91		
Inpatient Avg LOS - Elective Urology	Jan 26	2.39	2.26		
Fractures - Neck of Femur <48 Hours	Jan 26	79.0%	95.0%		
Fractures - Other Fractures <7 Days	Jan 26	100.0%	95.0%		
Cath Lab Procedures	Jan 26	30	-		
MRI	Jan 26	1336	-		
CT	Jan 26	4496	-		
NOUS	Jan 26	2809	-		
Cardiac CT	Jan 26	130	-		
Echo	Jan 26	1322	-		



Cancer 62 Day %

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

The 'Cancer 62 Day %' metric is monitored as part of the System Oversight Measures and was 23.5% compared to the expected 95% target.

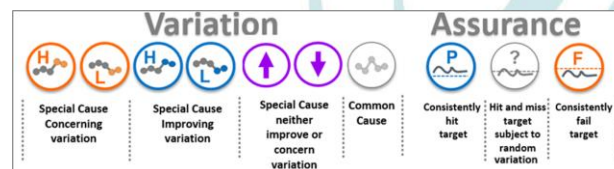


Please note:

Cancer 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology therefore the December figure will change.



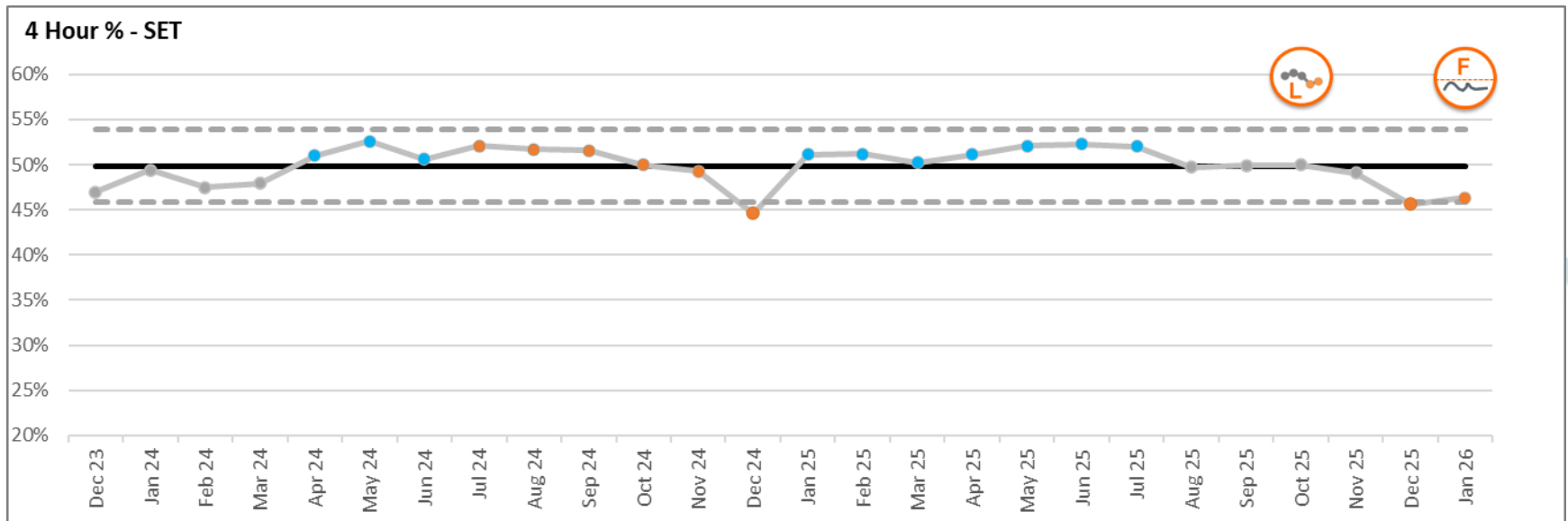
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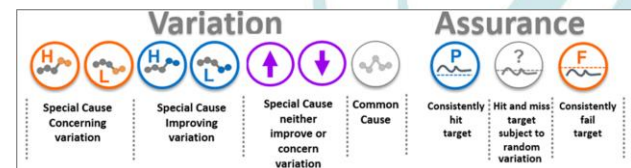
4 Hour Target % – South Eastern Trust (1/3)

Emergency Department 4hr performance is monitored as part of ministerial targets. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In January 2026, 46% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries Units (MIU) across the South Eastern Trust met the 4 hour target.



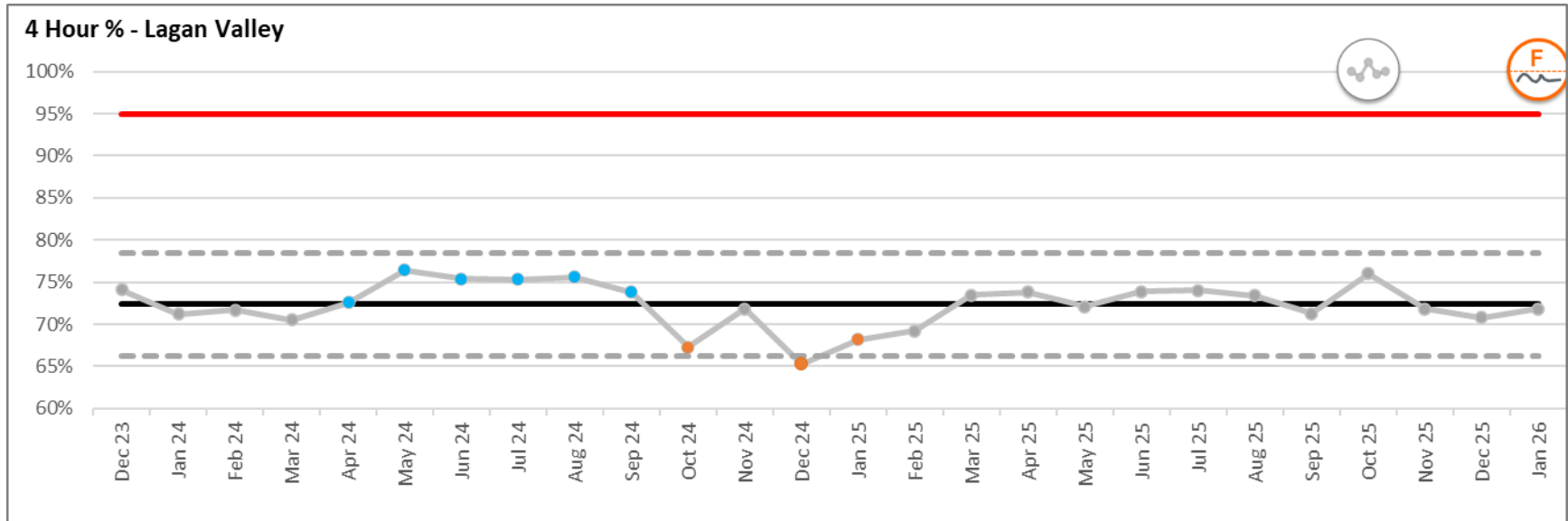
NB: Chart axis starts at 20%



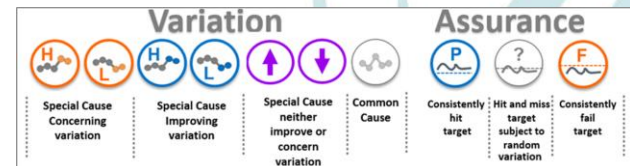
4 Hour Target % – Lagan Valley (2/3)

Emergency Department 4hr performance is monitored as part of ministerial targets. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In January 2026, 72% of all patients within the Emergency Department at Lagan Valley, met the 4 hour target.



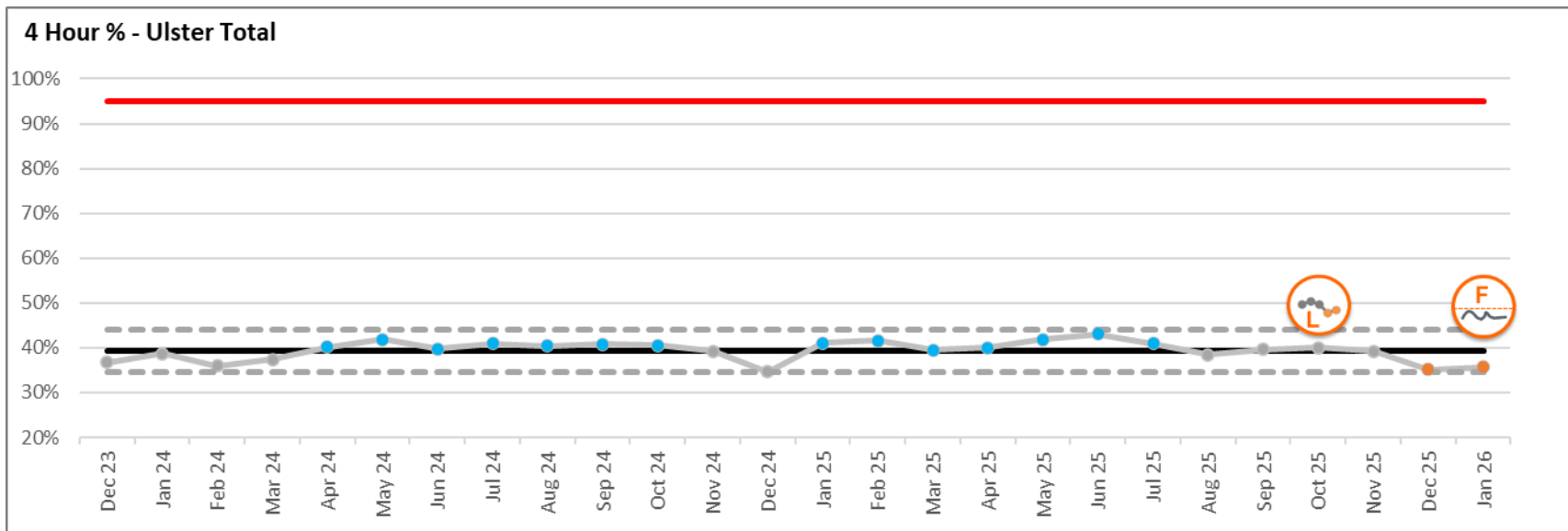
NB: Chart axis starts at 60%



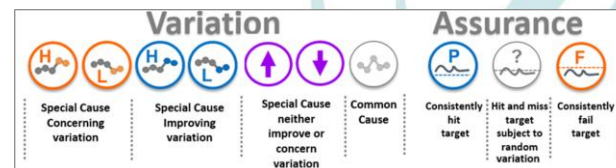
4 Hour Target % – Ulster (3/3)

Emergency Department 4hr performance is monitored as part of ministerial targets. 95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In January 2026, 36% of all patients within the Ulster Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries Units (MIU) met the 4 hour target.



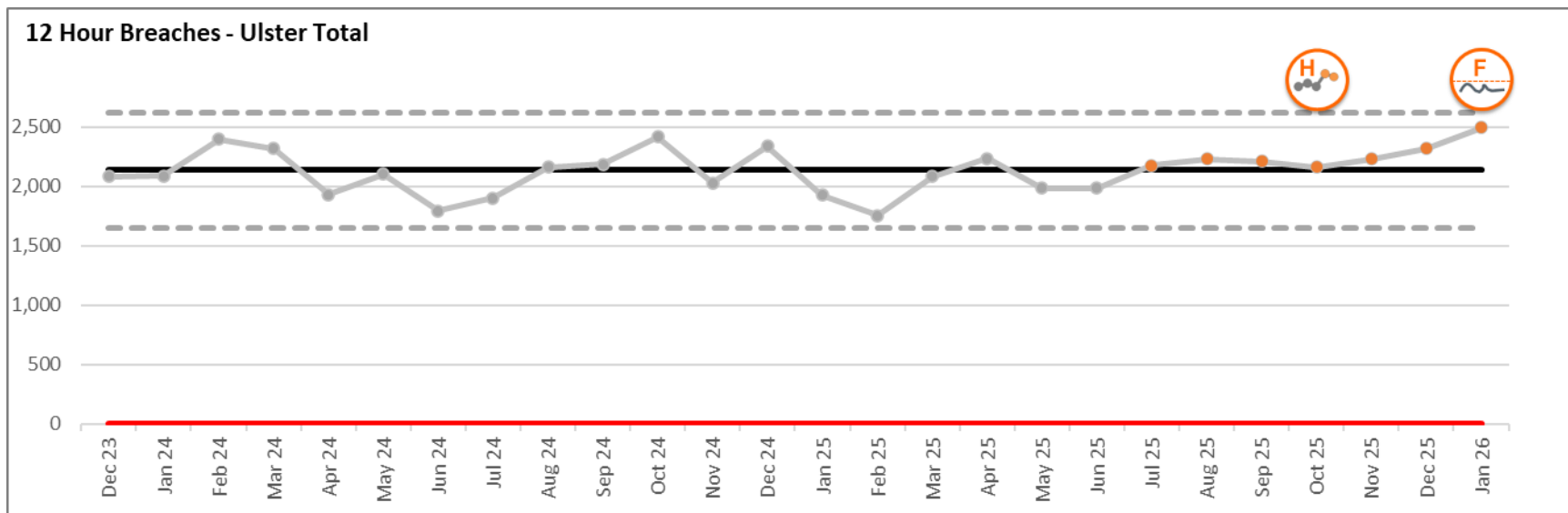
NB: Chart axis starts at 20%



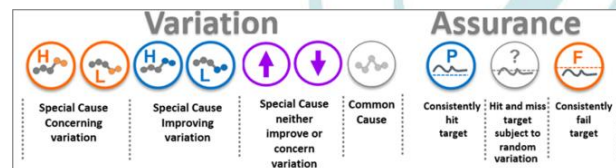
12 Hour Breaches – Ulster Hospital

Emergency Department 12 Hour breaches are monitored as part of the ministerial targets.

No patient attending any Emergency Department should wait longer than 12 hours. In January 2026, 2495 patients waited over 12 hours.



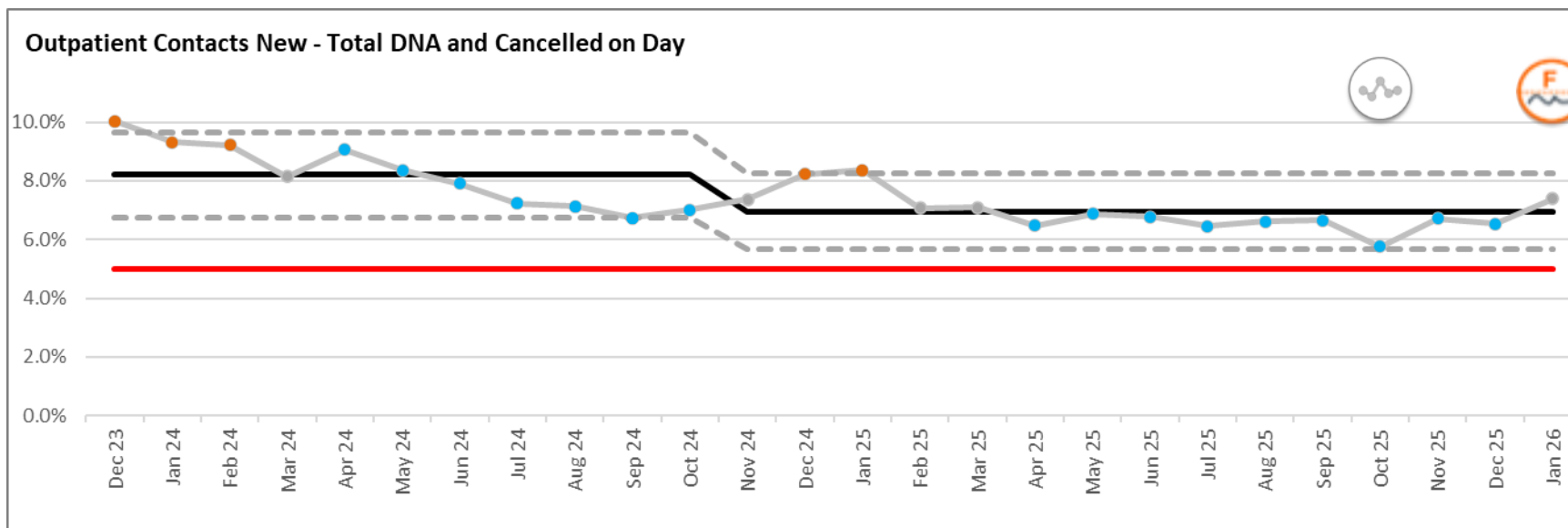
South Eastern Health and Social Care Trust



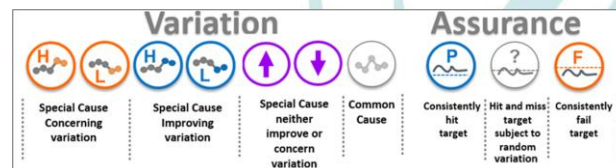
Outpatient DNA and Cancelled on Day - New

Outpatient new contacts DNA and cancelled on the day is monitored as part of the System Oversight Measures.

In January 2026 there was a 7.4% DNA and cancelled on day rate for new contacts against an expected rate of 5%. This equates to 2.4 percentage points above the expected trajectory.



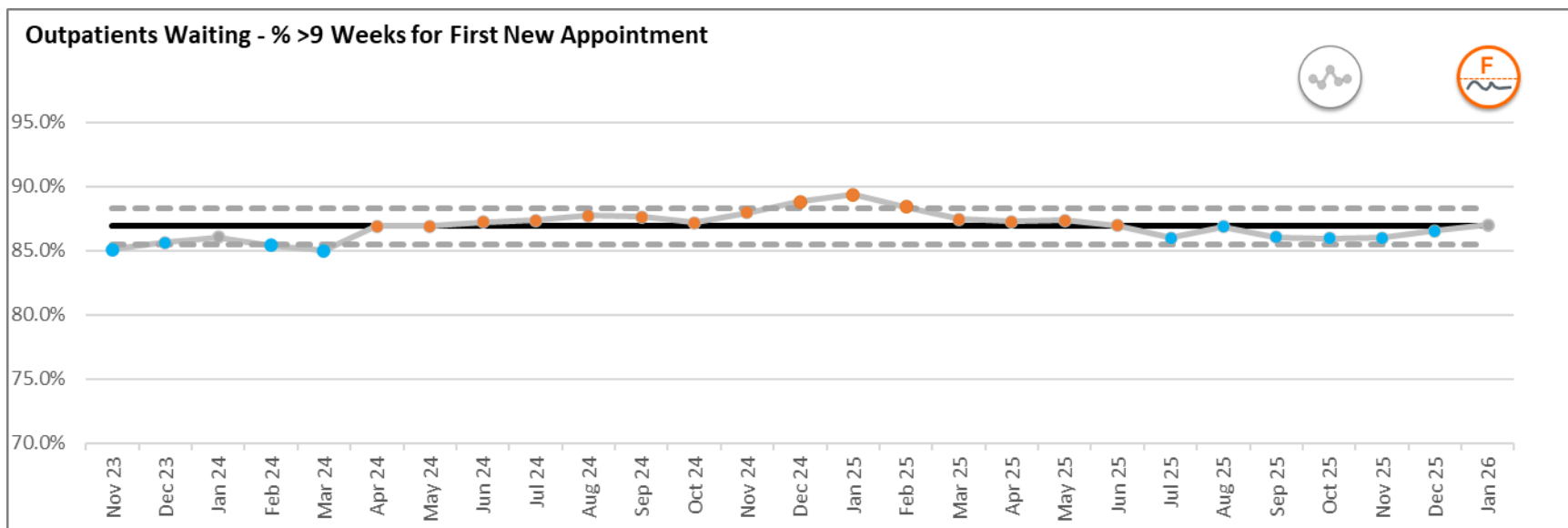
South Eastern Health and Social Care Trust



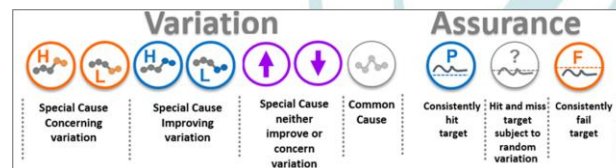
Outpatient > 9 Weeks %

Outpatients number waiting > 9 weeks is monitored as part of the System Oversight Measures.

No more than 50% of patients should wait over 9 weeks. In January 2026 there were 87% of patients waiting over 9 weeks for an outpatient appointment.



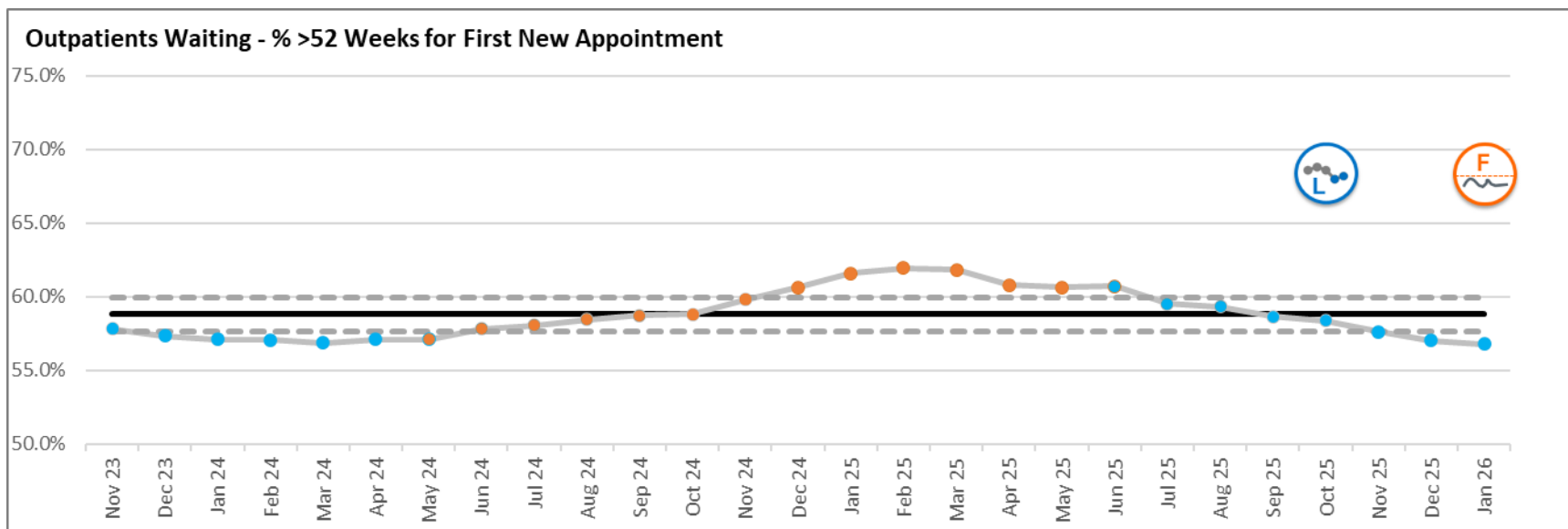
NB: Chart axis starts at 70%



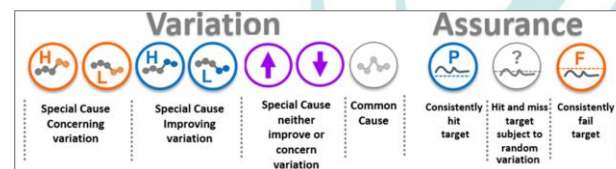
Outpatient > 52 Weeks %

Outpatients number waiting > 52 weeks is monitored as part of the System Oversight Measures.

No patients should wait over 52 weeks. In January 2026 there were 56.8% of patients waiting over 52 weeks for an outpatient appointment.



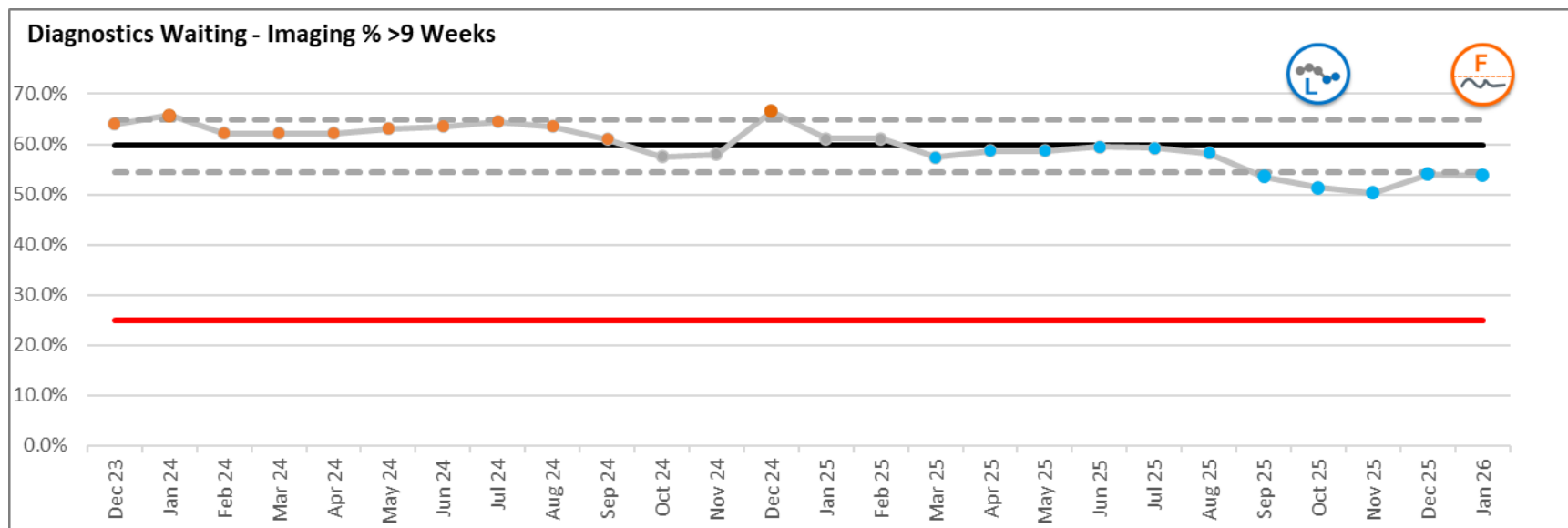
NB: Chart axis starts at 50%



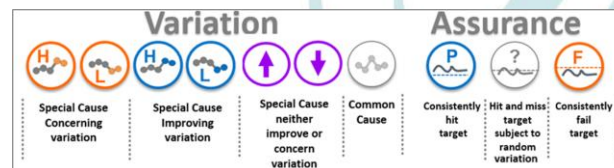
Diagnostic Waits Imaging > 9 Weeks %

Diagnostic waits: imaging is monitored as part of the System Oversight Measures.

No more than 25% of patients should wait more than 9 weeks for a diagnostic imaging test. In January 2026, 53.8% of patients waited over 9 weeks for a diagnostic imaging test.



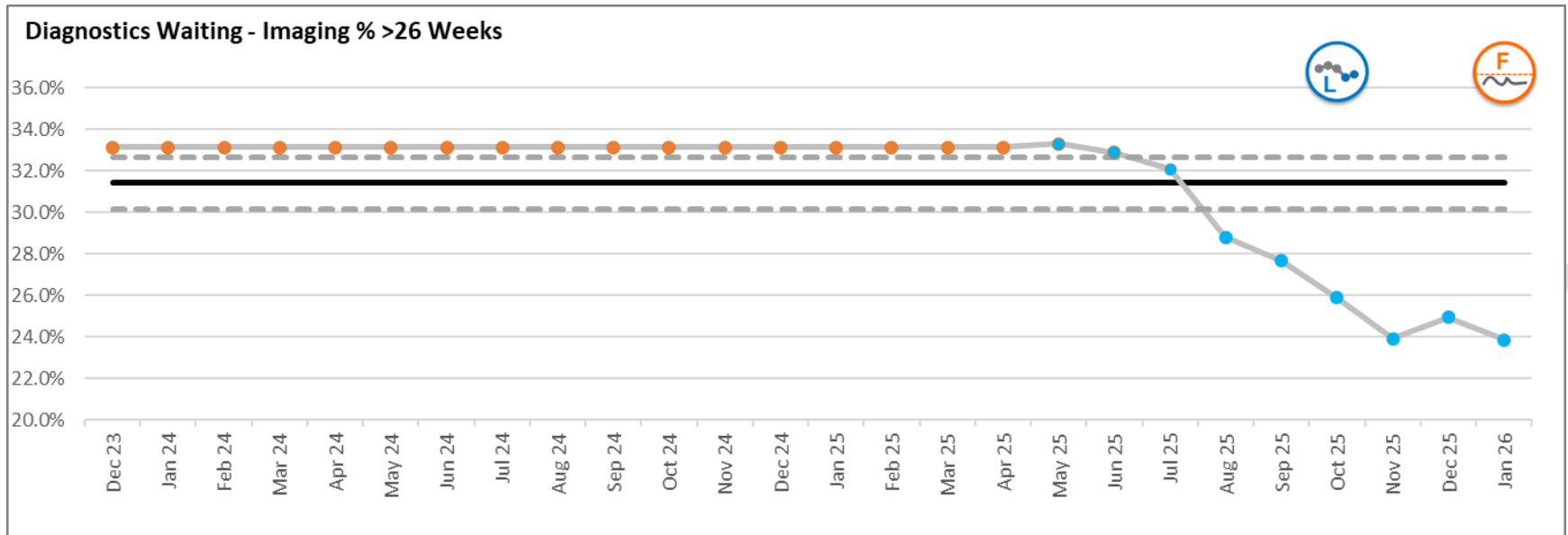
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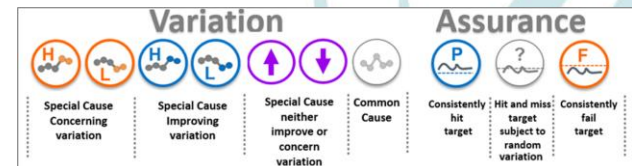
Diagnostic Waits Imaging > 26 Weeks %

Diagnostic waits: imaging is monitored as part of the System Oversight Measures.

No patients should wait more than 26 weeks for a diagnostic imaging test. In January 2026, 23.8% of patients waited over 26 weeks for a diagnostic imaging test.



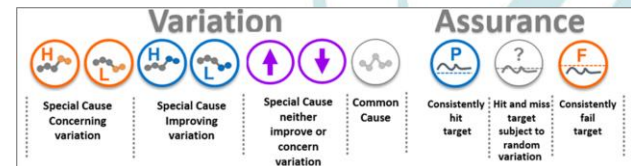
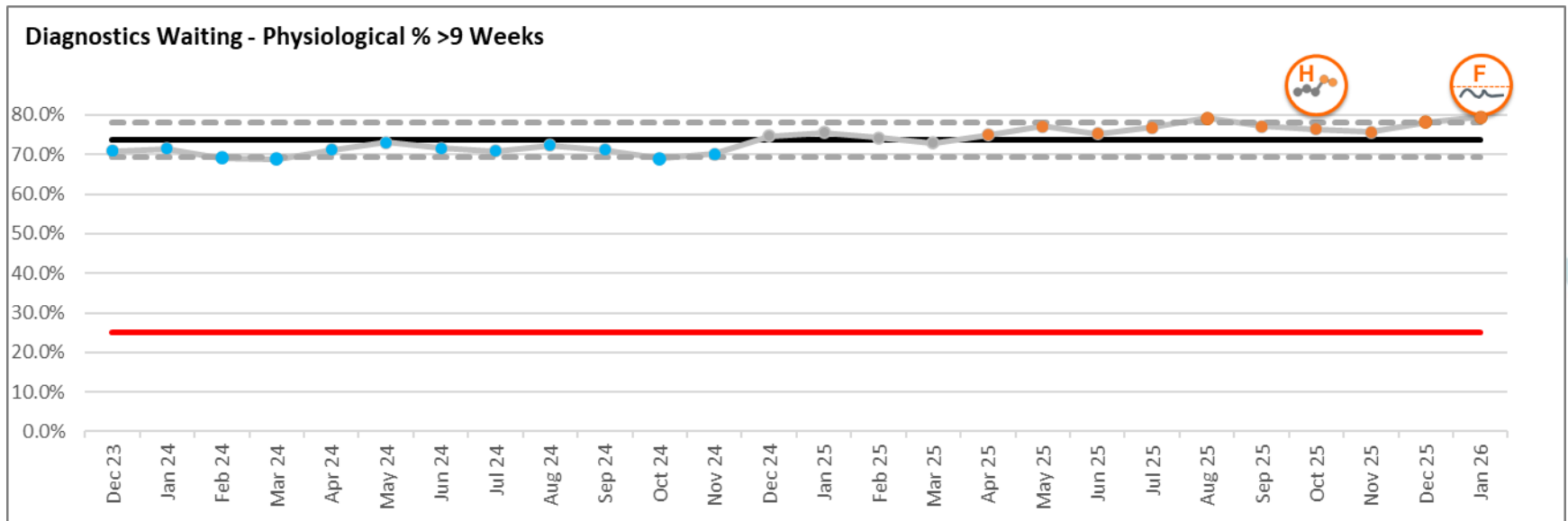
NB: Chart axis starts at 20%



Diagnostic Waits Physiological > 9 Weeks %

Diagnostic waits: physiological is monitored as part of the System Oversight Measures.

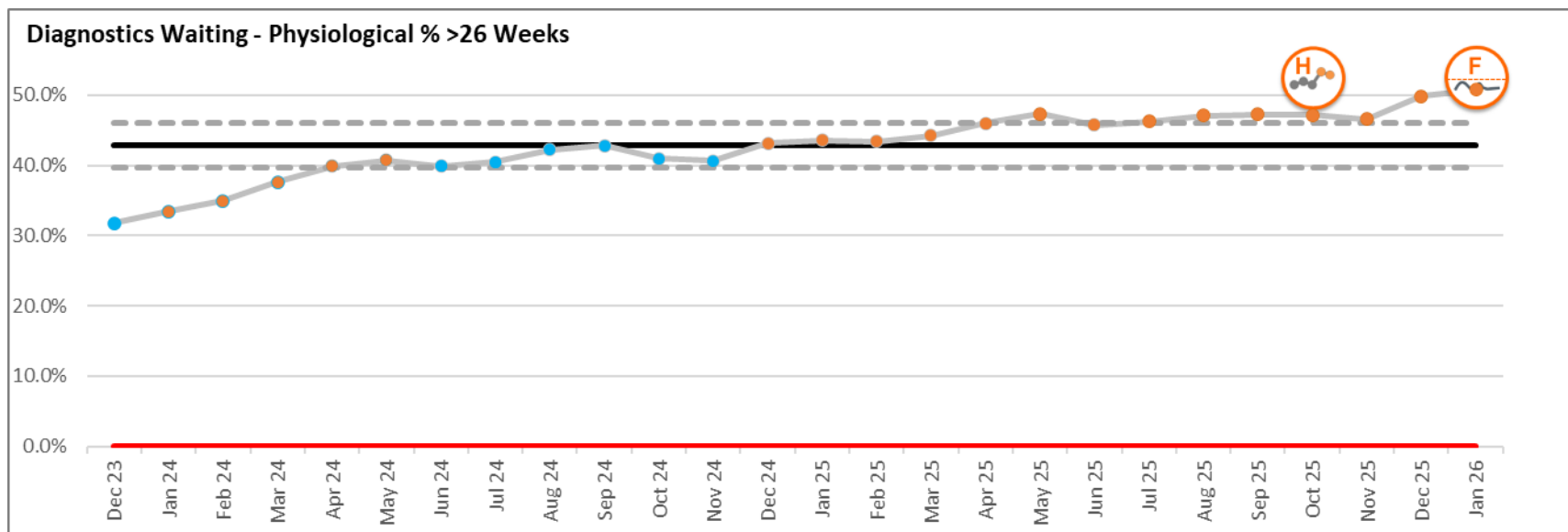
No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In January 2026, 79.4% of patients waited over 9 weeks for a diagnostic physiological test.



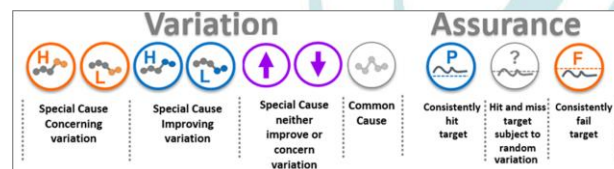
Diagnostic Waits Physiological > 26 Weeks %

Diagnostic waits: physiological is monitored as part of the System Oversight Measures.

No patients should wait more than 26 weeks for a diagnostic physiological test. In January 2026, 50.8% of patients waited over 26 weeks for a diagnostic physiological test.



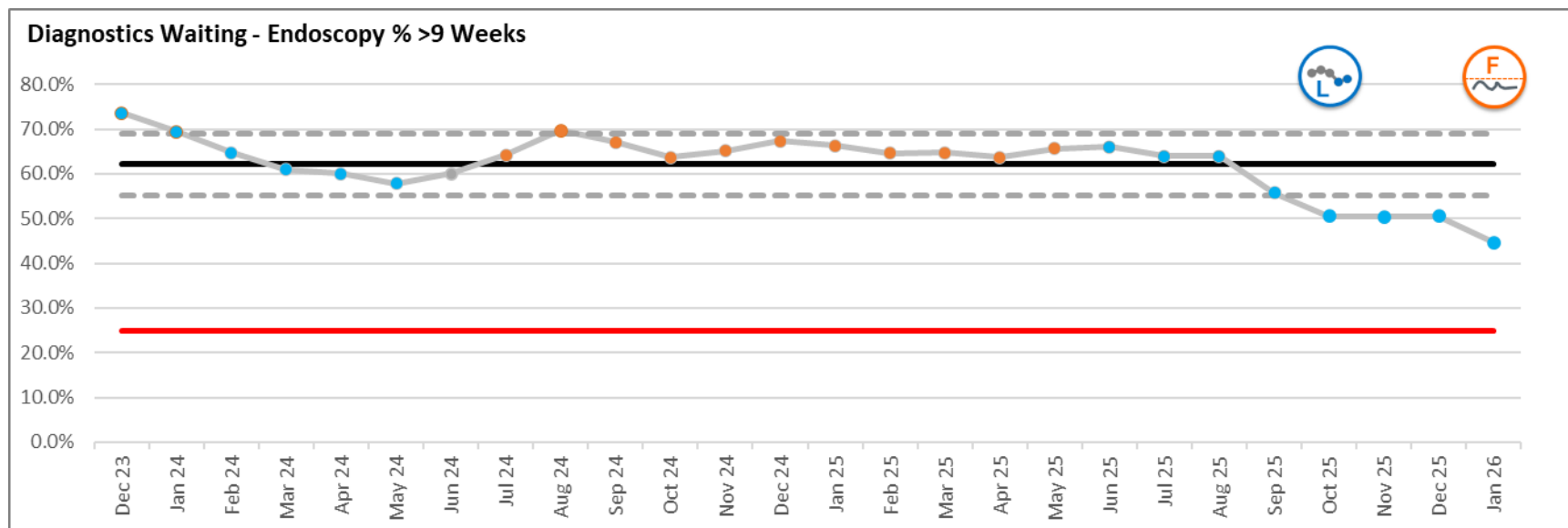
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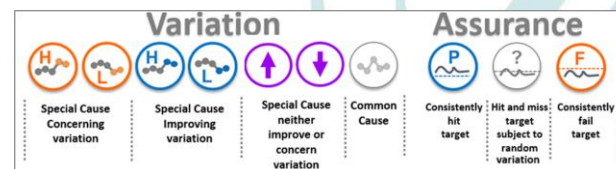
Diagnostic Waits Endoscopy > 9 Weeks %

Diagnostic waits: endoscopy is monitored as part of the System Oversight Measures. Note this includes regional waits for Regional Day Procedure Centre (DPC.).

No more than 25% of patients should wait more than 9 weeks for a diagnostic endoscopy test. In January 2026, 44.7% of patients waited over 9 weeks for a diagnostic endoscopy test.



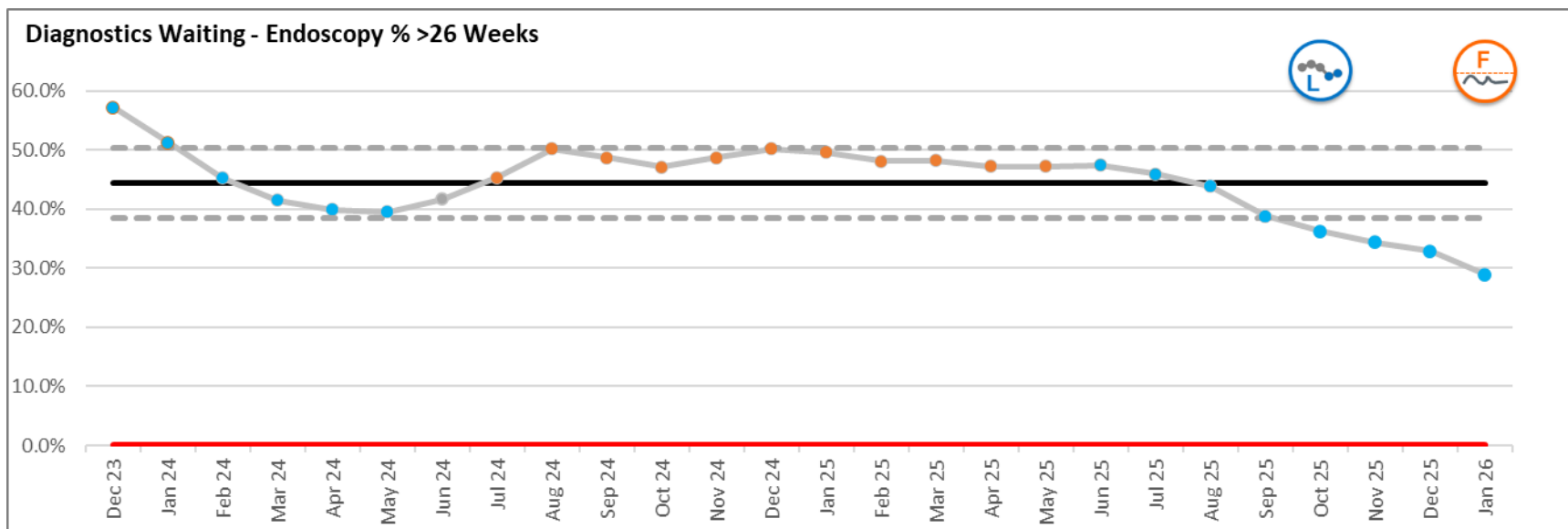
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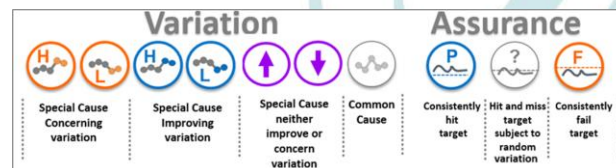
Diagnostic Waits Endoscopy > 26 Weeks %

Diagnostic waits: endoscopy is monitored as part of the System Oversight Measures. Note this includes regional waits for the Regional Day Procedure Centre (DPC).

No patients should wait more than 26 weeks for a diagnostic endoscopy test. In January 2026, 29.0% of patients waited over 26 weeks for a diagnostic endoscopy test.



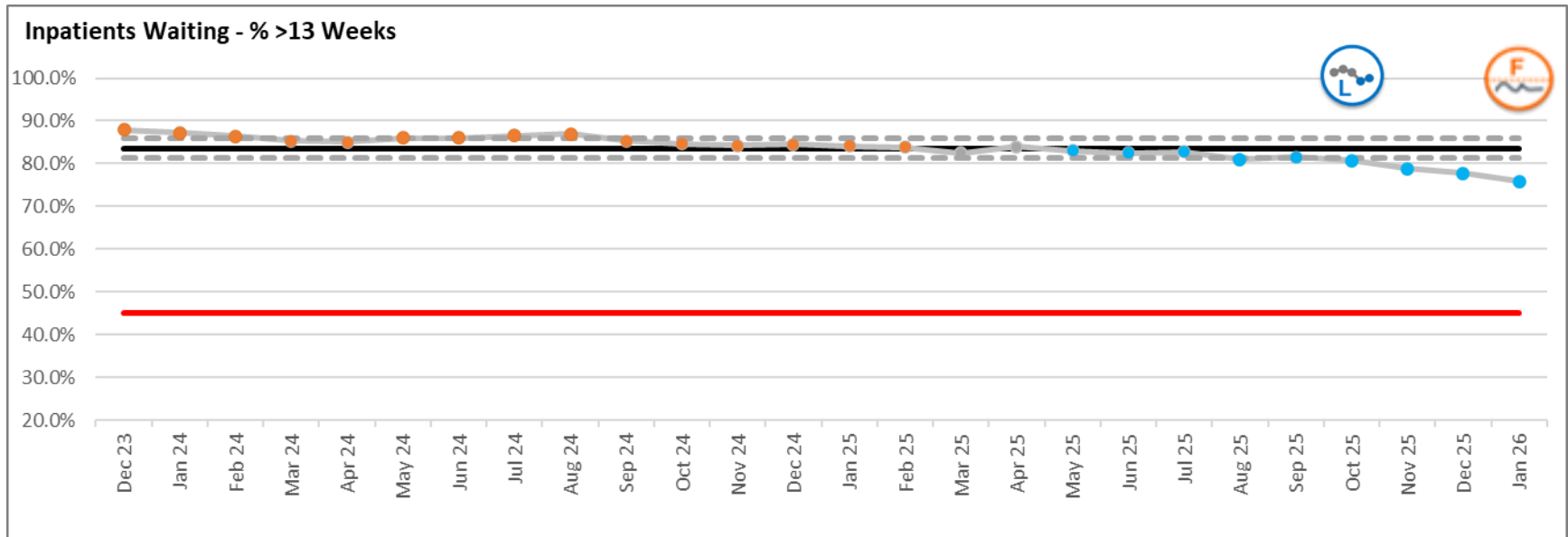
NB: Chart axis starts at 20%



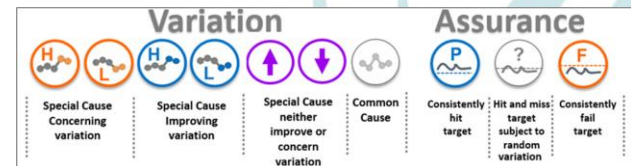
Inpatient Waits > 13 Weeks %

Inpatient waits over 13 weeks are monitored as part of the System Oversight Measures.

No more than 45% of patient should wait more than 13 weeks for inpatient admission. In January 2026, 75.8% of patients waited over 13 weeks for a inpatient admission.



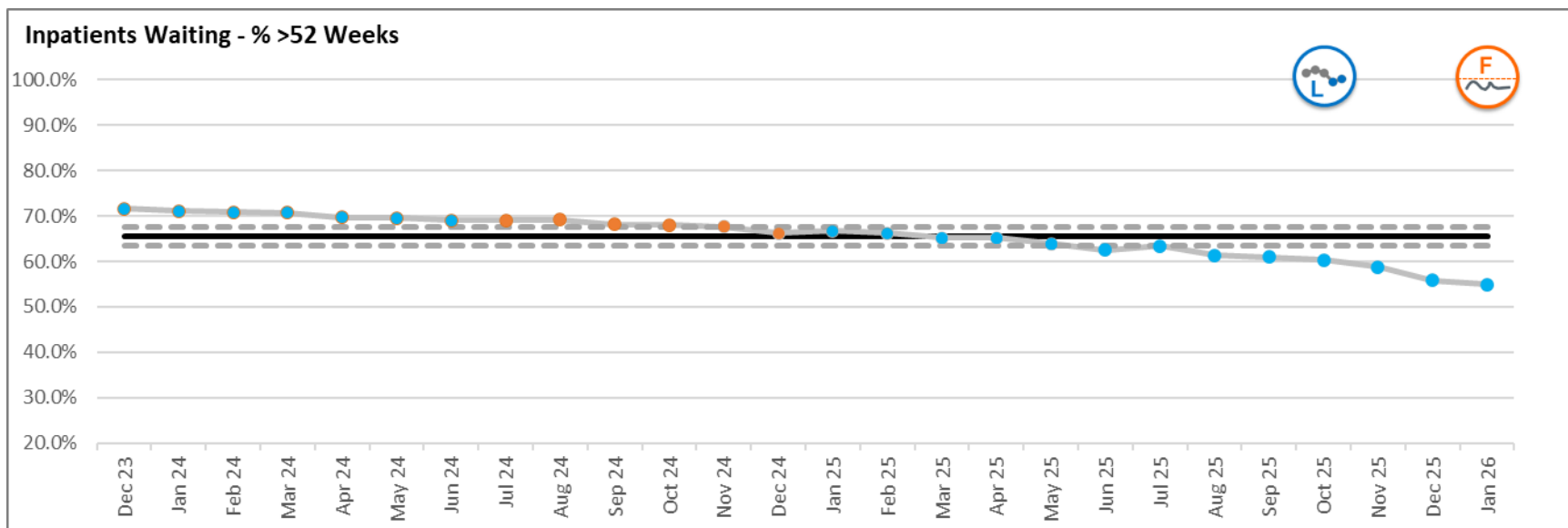
NB: Chart axis starts at 20%



Inpatient Waits > 52 Weeks %

Inpatient waits over 52 weeks are monitored as part of the System Oversight Measures.

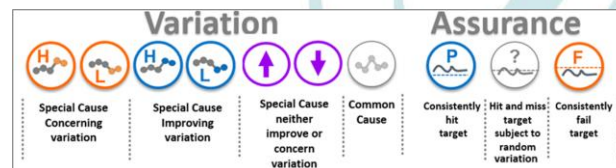
No patient should wait more than 52 weeks for inpatient admission. In January 2026, 54.94% of patients waited over 52 weeks for an inpatient admission.



NB: Chart axis starts at 20%



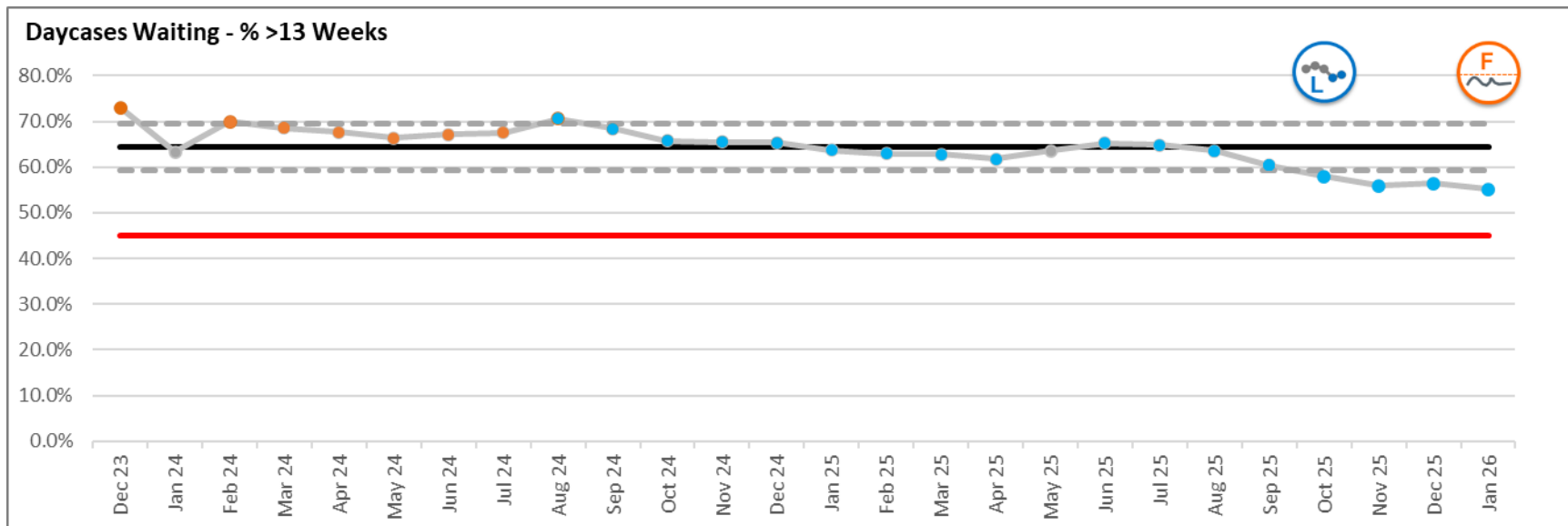
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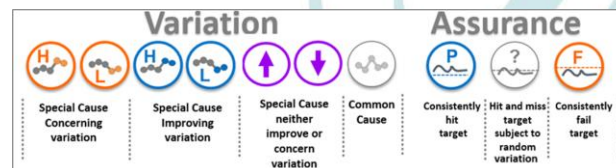
Day Case Waits > 13 Weeks %

Day case waits over 13 weeks are monitored as part of the System Oversight Measures. Note this includes regional waits for the day procedure centre.

No more than 45% of patients should wait more than 13 weeks for a day case treatment. In January 2026, 55.2% of patients waited over 13 weeks for a day case treatment.



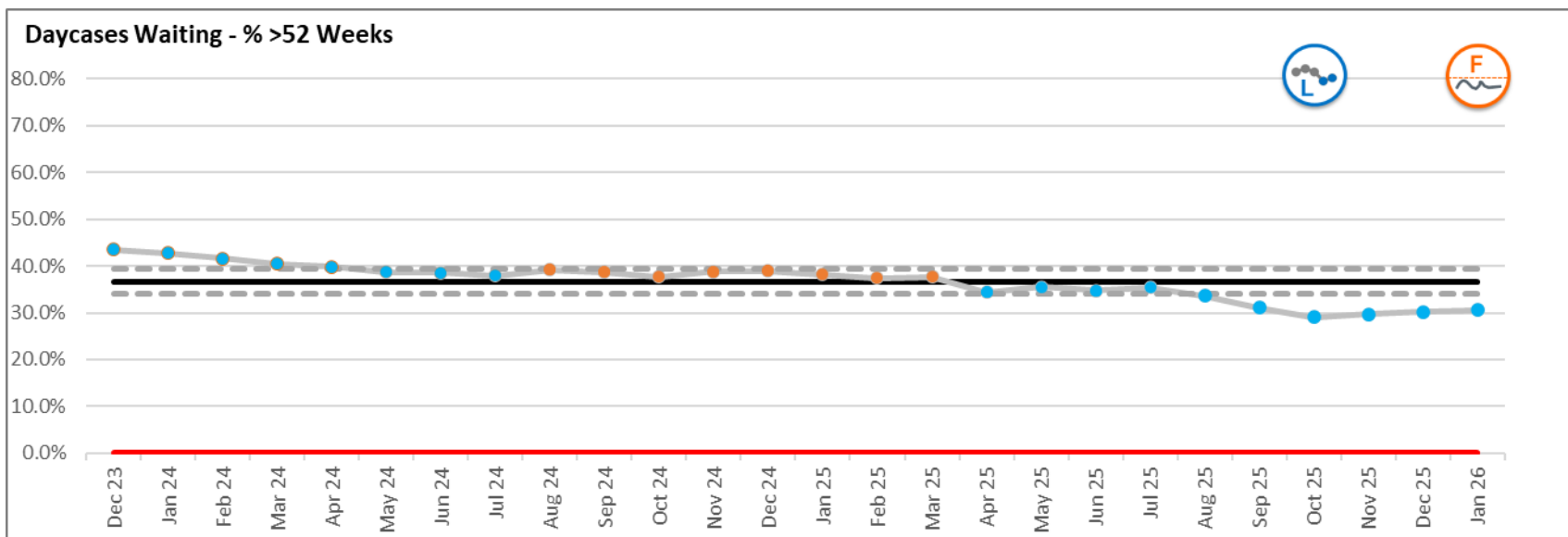
South Eastern Health and Social Care Trust



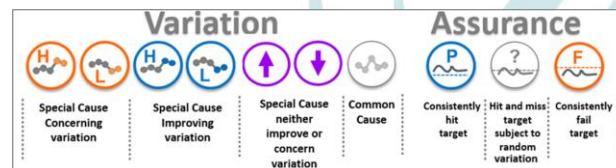
Day Case Waits > 52 Weeks %

Day case waits over 52 weeks are monitored as part of the System Oversight Measures. Note this includes regional waits for the day procedure centre.

No patient should wait more than 52 weeks for a day case treatment. In January 2026, 30.5% of patents waited over 52 weeks for a day case treatment.



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



TITLE **Target** **2025/26:**

In September 2024 PHA issued their new metrics of calculating infections. Currently only Clostridium difficile infection (CDI) and MRSA are available

The PHA established new goals aimed at reducing the total number of inpatient episodes by March 2026. Specifically, they aim to reduce CDI rates in patient's aged 2 years and older to 25.70 infections per 100,000 bed days, and reduce Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections to 2.96 infections per 100,000 bed days.

The current rates published by PHA are at least one month behind.

The GNB target is still awaiting target review but remains currently that the Trust should secure an aggregate reduction of 11% of (GNB) *Escherichia coli*, *Klebsiella spp.* and *Pseudomonas aeruginosa* bloodstream infections acquired after two days from the documented decision to admit.

HCAI

NARRATIVE

CDI: 10 < 48 hours
: 38 > 48 hours

MRSA :2 < 48 hours,
:1 > 48 hours

Gram Negative Bacteraemias (GNB)
Reportable only if >48hrs

E. coli : 57
Pseudo. Aeruginosa : 7
Klebsiella Oxytoca : 2
Klebsiella Pneumoniae: 14

.....

The first ten months of 25/26 have shown an overall reduction in CDI cases over those of 24/25.

MRSA figures are currently down on those of 24/25.

Those infections < 48hrs from "decision to admit" are not deemed hospital acquired infections (HAI) but are still included in Trust overall figures and included in the rates.

All HCAI's are actively monitored. Patient reviews are completed by the IPC team in the first instance prior to the decision to proceed to a MDT PIR if required. Any learning identified is shared with the clinical teams and via governance structures.

PERFORMANCE

* Using 24/25 data	Target 24/25	Outturn 24/25	*Target 25/26	Target no. of cases / month	Avg cases as of end of January	April - Jan Episodes
C.difficile	64	88	64	5.33	4.8	48
MRSA	6	11	6	0.5	0.3	3
All Gram Negative#	39	98	39	3.25	8	80

Legend: Current (Red), 24/25 (Green), 23/24 (Orange)

TREND

Public Health Metric: Infections per 100,000 bed days

Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CDI: Target 25.7	8.53	8.35	11.16	13.5	13.3	13.2	16.00	17.20	18.5			
MRSA: Target 2.96	0.00	4.10	2.75	2.08	1.66	1.389	1.188	1.04	1.388			

Legend: Mean (Grey), Rate/100000 bed days (Blue), Process limits - 3σ (Dashed), Special cause - concern (Orange), Special cause - improvement (Blue), Target (Red), Special cause neither (Purple)

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust

Performance Summary

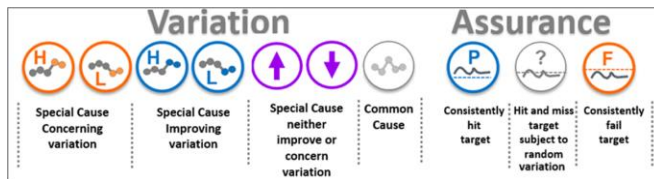
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

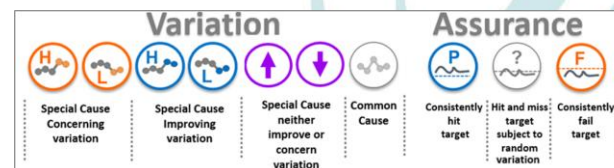
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In January 2026 the following metrics monitored have had either an improving variation or consistently hit their target:

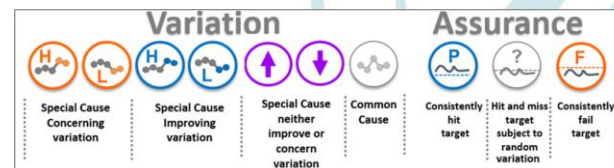
- Unmet Need Hours (Partial Packages)
- Unmet Need Hours (Full Packages)
- Dietetics Review Contacts
- Podiatry waits > 13 weeks
- Dietetics waits > 13 weeks
- Speech and Language Therapy Total Waits > 13 weeks



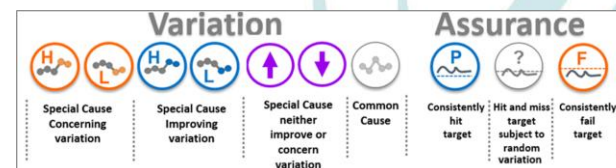
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Jan 26	191	-		
Community Dental Services Review	Jan 26	891	-		
CDS General Anaesthetic (Ulster)	Jan 26	88	-		
Unmet Need Hours (Full Packages)	Jan 26	675	927		
Unmet Need Hours (Partial Packages)	Jan 26	53	138		
Direct Payments (PCOP only)	Jan 26	585			
Direct Payments (ALL)	Jan 26	1117	1192		











KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Jan 26	534	-		
Speech and Language Therapy Review Contacts	Jan 26	3610	-		
Physiotherapy New Contacts	Jan 26	2468	-		
Physiotherapy Review Contacts	Jan 26	5763	-		
Occupational Therapy New Contacts	Jan 26	922	-		
Occupational Therapy Review Contacts	Jan 26	1477	-		
Dietetics New Contacts	Jan 26	664	-		
Dietetics Review Contacts	Jan 26	1506	-		
Orthoptics New Contacts	Jan 26	108	-		
Orthoptics Review Contacts	Jan 26	601	-		
Podiatry New Contacts	Jan 26	437	-		
Podiatry Review Contacts	Jan 26	2134	-		



KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Jan 26	19526	-		
AHP Waits >13 weeks	Jan 26	51%	0%		
Occupational Therapy Waits (n)	Jan 26	3001	-		
Occupational Therapy Waits >13 weeks	Jan 26	1757	0		
Orthoptics Waits (n)	Jan 26	312	-		
Orthoptics Waits >13 weeks	Jan 26	78	0		
Podiatry Waits (n)	Jan 26	2938	-		
Podiatry Waits >13 weeks	Jan 26	1705	0		



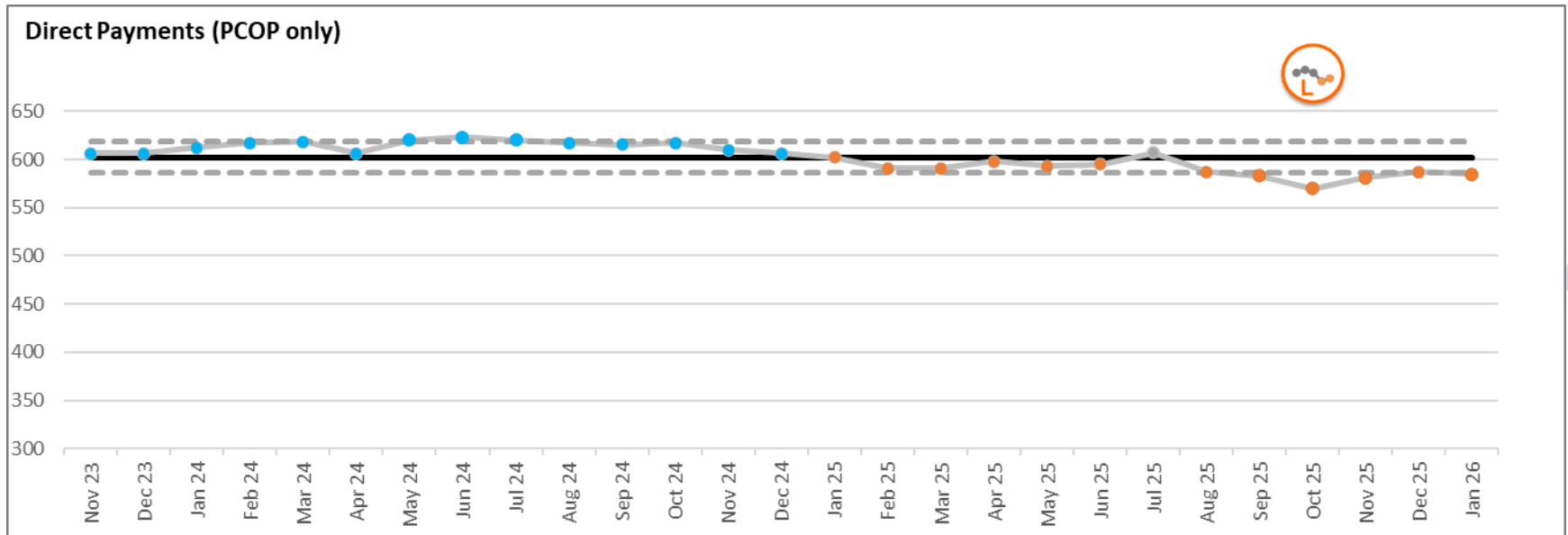
KPI	Latest month	Measure	Target	Variation	Assurance
Physiotherapy Waits (n)	Jan 26	10114	-		
Physiotherapy Waits >13 weeks	Jan 26	5774	0		
Dietetics Waits (n)	Jan 26	2047	-		
Dietetics Waits >13 weeks	Jan 26	431	0		
Speech and Language Therapy Total Waits (n)	Jan 26	1114	-		
Speech and Language Therapy Total Waits >13 weeks	Jan 26	294	0		



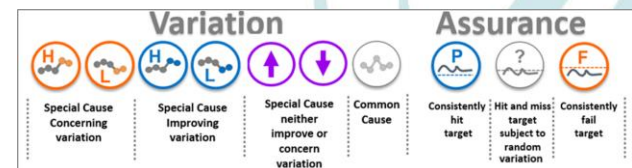
Direct Payments (PCOP Directorate)

Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct payments by March 2026 based on March 2025 figures.

In January 2026 there were 585 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



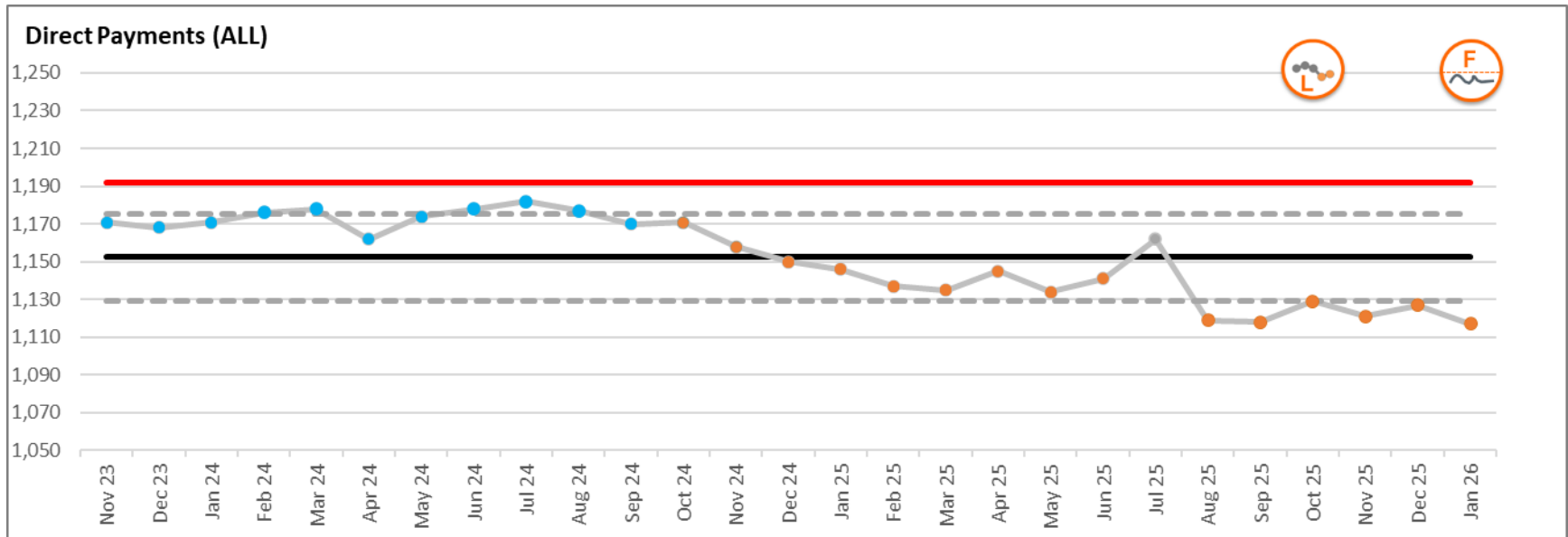
NB: Chart axis starts at 300



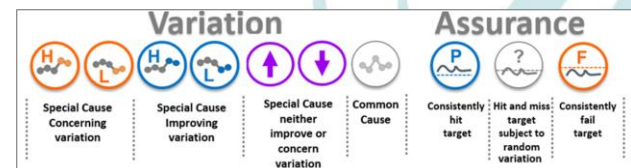
Direct Payments (All Directorates)

Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct payments by March 2026 based on March 2025 figures.

In January 2026 there were 1,117 Direct payments against a trajectory of 1,192 equating to 94% of expected trajectory.



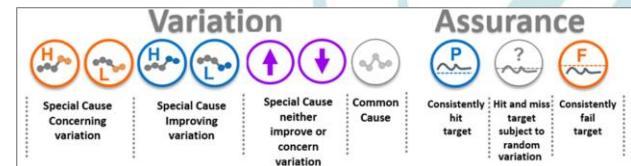
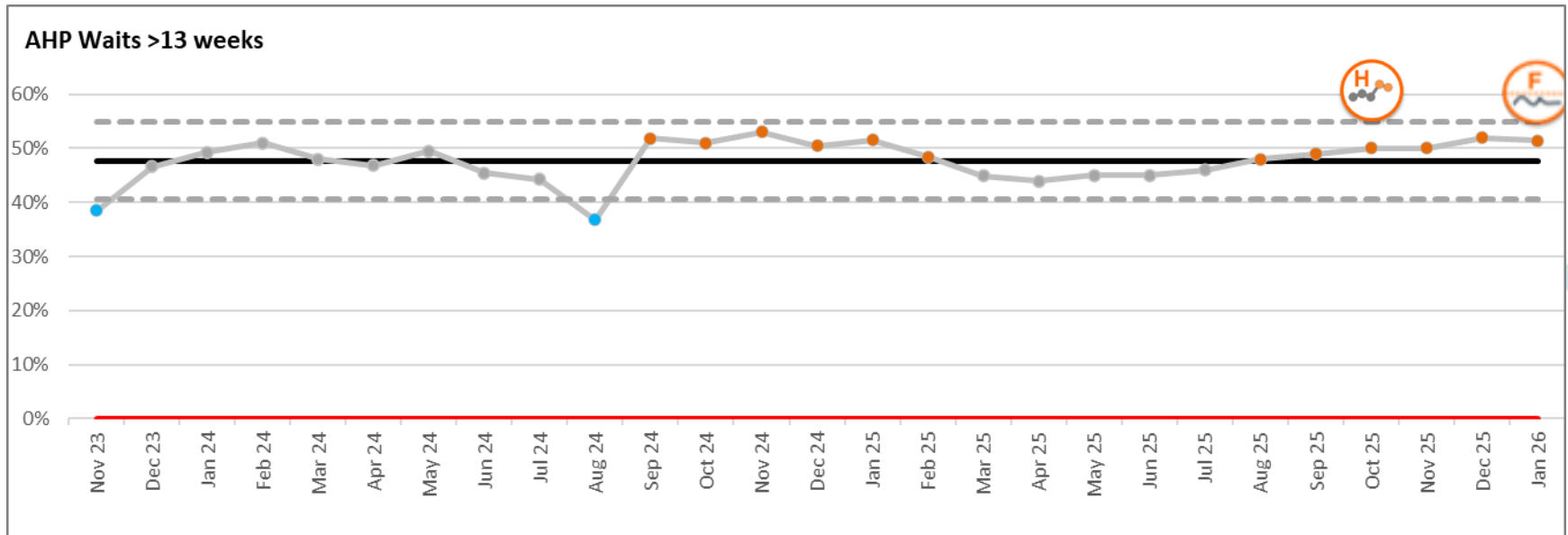
NB: Chart axis starts at 1,050



AHP waits > 13 weeks %

Allied Health Professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as part of the System Oversight Measures.

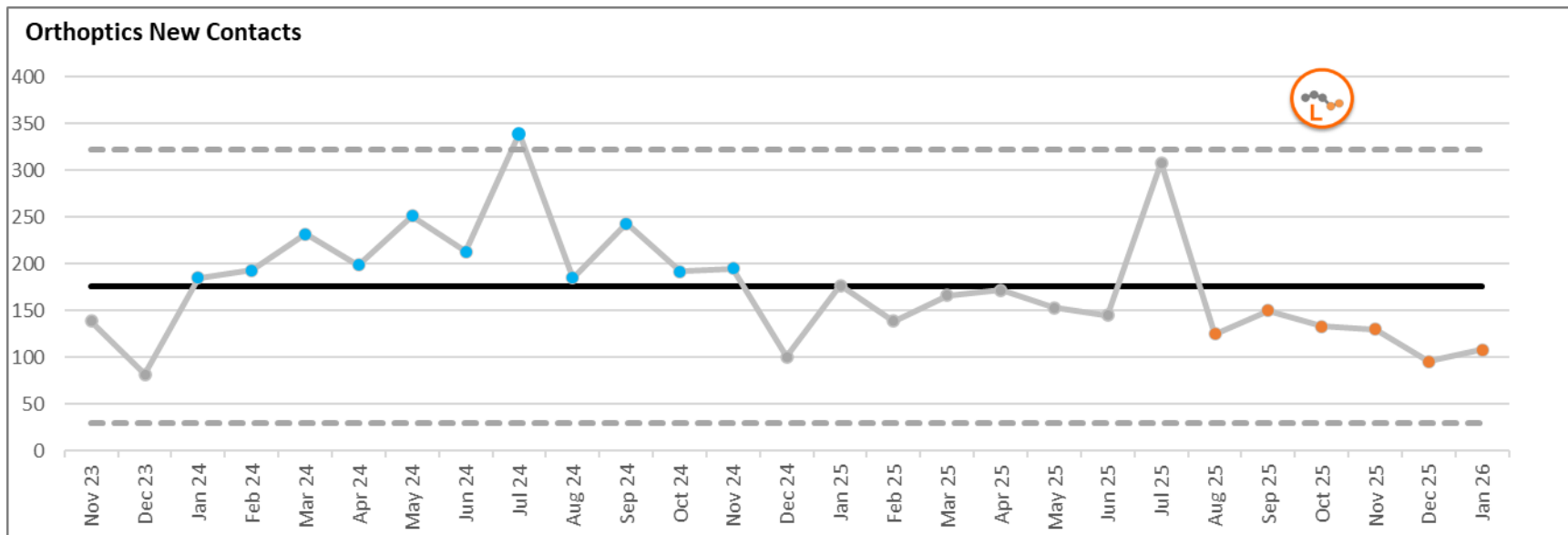
In January 2026 51% of patients waited longer than 13 weeks for treatment. Breakdown by specialty is shown in the summary table.



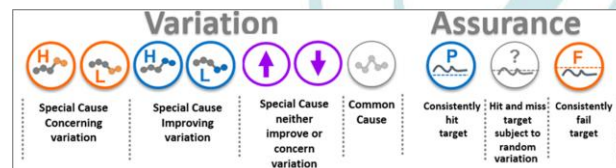
Orthoptics New Contacts

New Orthoptics Contacts is a legacy Service Delivery Plan metric which the Trust continues to monitor

In January 2026 there were 108 Orthoptics New Contacts.



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
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Performance Summary

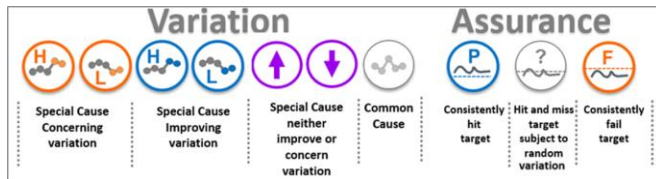
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from legacy Service Delivery Plan Metrics.

A summary table for Service delivery plan targets being monitored through performance and Encompass is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

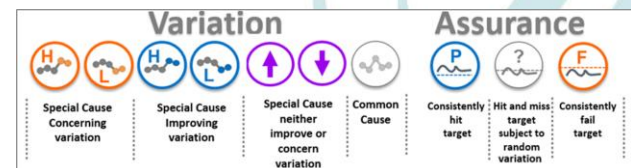
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In January 2026 the following metric either had an improving variation or consistently hit their target:

- Direct payments learning disability



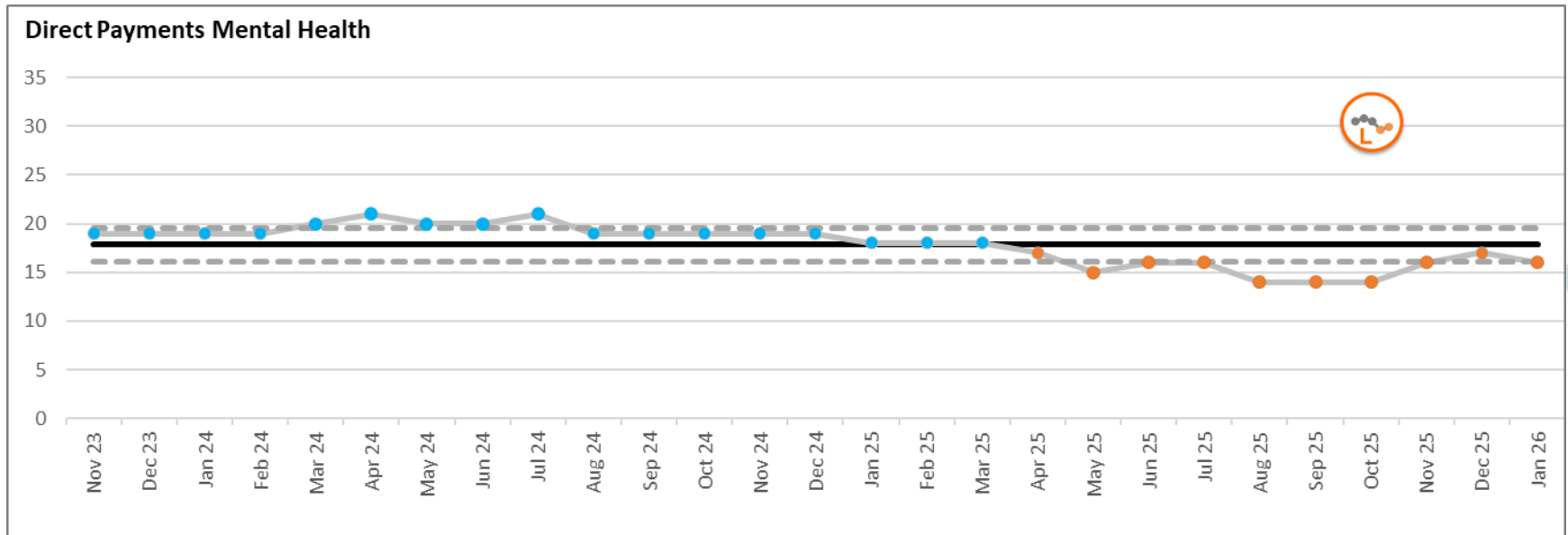
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Jan 26	840	-		
Adult Mental Health Non-Inpatient Contacts Review	Jan 26	4746	-		
Psychological Therapies Contacts New	Jan 26	230	-		
Psychological Therapies Contacts Review	Jan 26	1938	-		
Direct Payments Mental Health	Jan 26	16	-		
Direct Payments Learning Disability	Jan 26	272	-		



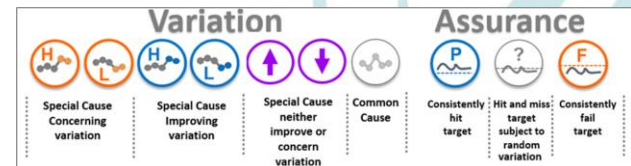
Direct Payments (MH Directorate)

Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct payments by March 2026 based on March 2025 figures.

In January 2026 there were 16 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



Note: The small numbers of direct payments in Mental Health will impact the SPC chart variance and assurance compared with other areas



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

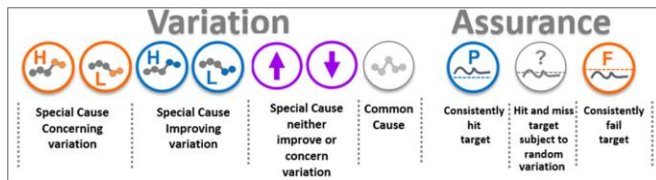
Children's Services Performance Summary is comprised targets relating to the strategic priority of Unallocated Cases and SOMs.

A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

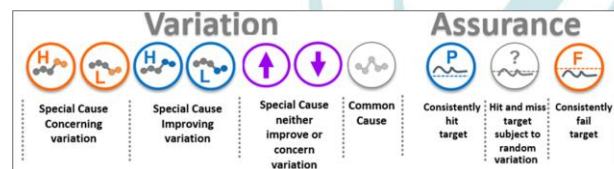
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In January 2026 the following metrics monitored have had either an improving variation or consistently hit their target.

- Unallocated Cases (All cases)
- Unallocated Cases >20 days
- Unallocated Cases >30 days
- Unallocated Disability Cases (All cases)



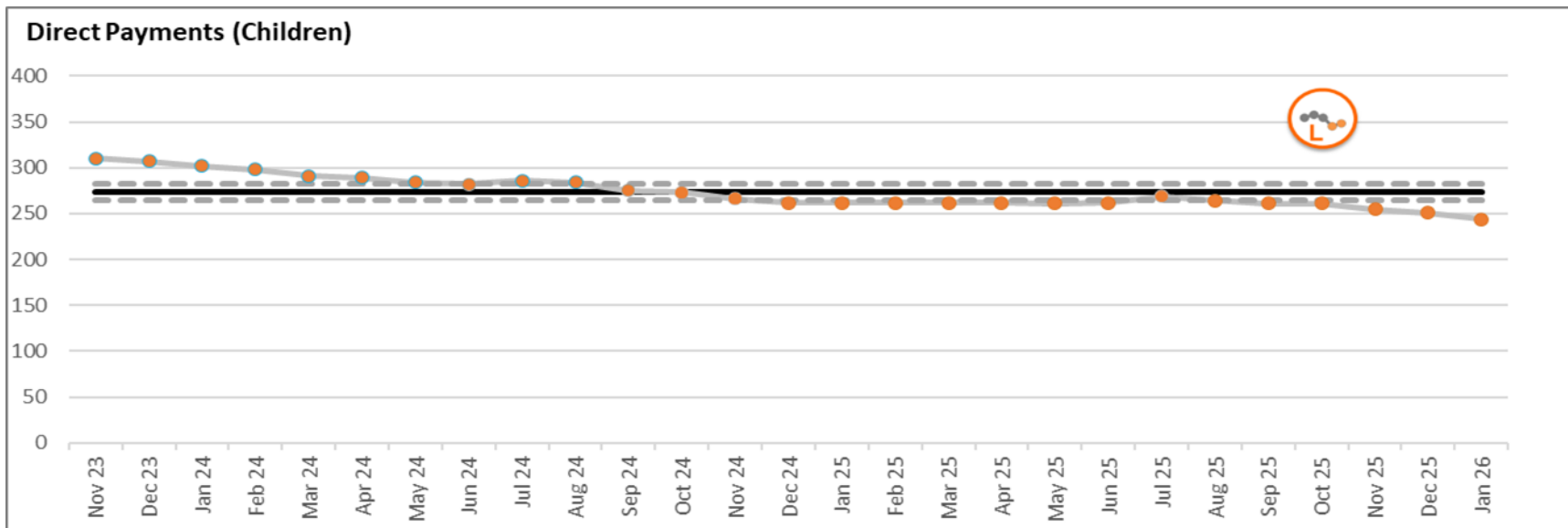
KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (All cases) (n)	Jan 26	536	-		
Unallocated Cases > 20 Days	Jan 26	426	-		
Unallocated Cases > 30 Days	Jan 26	401	-		
Unallocated Cases - > 20 days -Family Support Only	Jan 26	114	141		
Unallocated Gateway Cases (All cases)	Jan 26	188	-		
Unallocated Family Support Cases (All cases)	Jan 26	137	-		
Unallocated Disability Cases (All cases)	Jan 26	211	-		
Direct Payments (Children)	Jan 26	244	-		



Children's Direct Payments

Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall direct payments by March 2026 based on March 2025 figures.

In January 2026 there were 244 Direct Payments for Children Services Directorate. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



South Eastern Health and Social Care Trust

