# Integrated Performance Monitoring Report

Month: February 2026

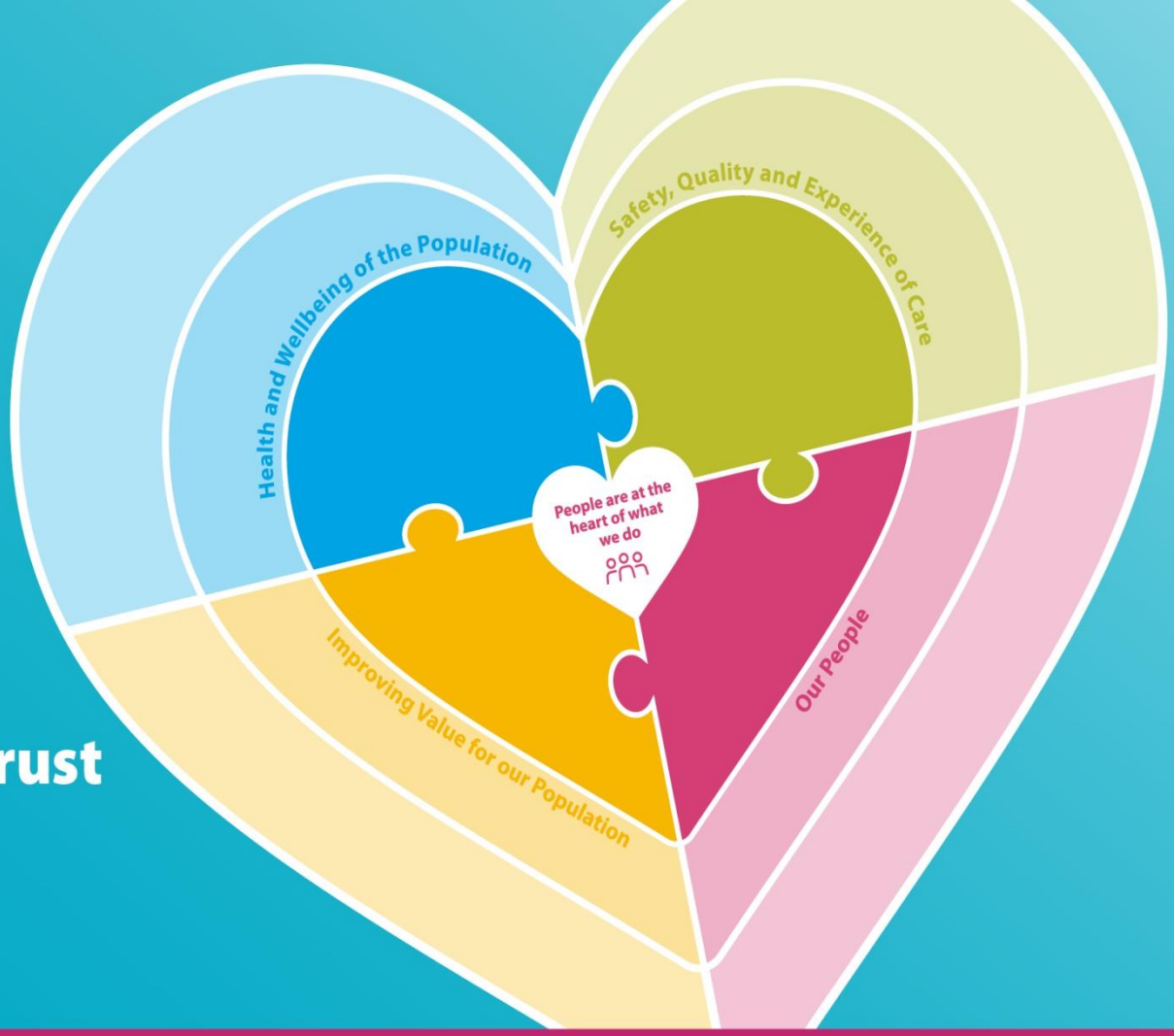
Paper Number: SET/53/26

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 February 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 | February Confidence | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patients who left without being seen (LWBS) | High | | | | | | | | | | | |
| 12 Hour Waits | High | | | | | | | | | | | |
| Hip Fractures – 48 Hours | High | | | | | | | | | | | |
| Other Fractures – 7 Days | High | | | | | | | | | | | |
| New Outpatient DNA/Cancellation on the Day | High | | | | | | | | | | | |
| Review Outpatient DNA/Cancellation on the Day | High | | | | | | | | | | | |
| Admission on the day of Inpatient Surgery – Gen. Surg. | High | | | | | | | | | | | |
| Admission on the day of Inpatient Surgery – Urology | High | | | | | | | | | | | |
| Admission on the day of Inpatient Surgery – Gynaecology | High | | | | | | | | | | | |
| Theatres % Main Theatre DNA/Cancelled on Day | High | | | | | | | | | | | |
| Theatres % DPU Theatre DNA/Cancelled on Day | High | | | | | | | | | | | |
| Theatres % Endo Theatre DNA/Cancelled on Day | High | | | | | | | | | | | |
| Theatres % Main Theatre Run Time | High | | | | | | | | | | | |
| Theatres % DPU Theatre Run Time | High | | | | | | | | | | | |
| Theatres % Endo Theatre Run Time | High | | | | | | | | | | | |
| Theatres % Main Theatre Op Time | High | | | | | | | | | | | |
| Theatres % DPU Theatre Op Time | High | | | | | | | | | | | |
| Unmet Need – Full Packages | High | | | | | | | | | | | |
| Unmet Need – Partial Packages | High | | | | | | | | | | | |
| Direct Payments | High | | | | | | | | | | | |
| Unallocated Cases | High | | | | | | | | | | | |
| General Surgery – Average length of stay | High | | | | | | | | | | | |
| Gynaecology – Average length of stay | High | | | | | | | | | | | |
| Urology – Average length of stay | High | | | | | | | | | | | |
| Terms of Reference Overdue | N/A | | | | | | | | | | | |
| Level 1 SAI Reports Overdue | N/A | | | | | | | | | | | |
| Level 2 SAI Reports Overdue | N/A | | | | | | | | | | | |
| Level 3 SAI Reports Overdue | N/A | | | | | | | | | | | |
| Action Plans Overdue | N/A | | | | | | | | | | | |

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# 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

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# Performance Summary

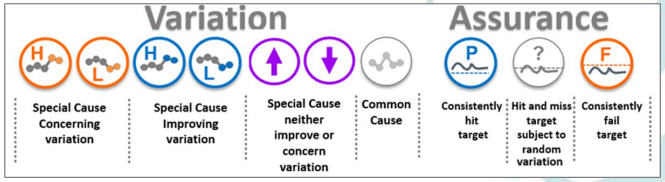
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the ministerial targets and System Oversight Measures (SOMs).

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 on key areas.

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

- 12 hour breaches Downe
- Outpatients Contacts New - Total
- 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

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| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Cancer 14 Day Activity - Breast (Regional) | Feb 26 | 1153 | - | | |
| Cancer 31 Day Activity | Jan 26 | 182 | - | | |
| Cancer 62 Day Activity | Jan 26 | 97.0 | - | | |
| Cancer 14 Day % - Breast (Regional) | Feb 26 | 7.9% | 100.0% | | |
| Cancer 31 Day % | Jan 26 | 91.2% | 98.0% | | |
| Cancer 62 Day % | Jan 26 | 20.1% | 95.0% | | |

* Cancer 31 day and Cancer 62 day percentage and activity are finalised 6-8 weeks after submission due to delays in pathology. These cancer figures are therefore presented a month in arrears for better accuracy.

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Urgent & Emergency Care Attendances - SET | Feb 26 | 12310 | - | | |
| Urgent & Emergency Care Attendances - Downe | Feb 26 | 1207 | - | | |
| Urgent & Emergency Care Attendances - Lagan Valley | Feb 26 | 1591 | - | | |
| Urgent & Emergency Care Attendances - Ulster Total | Feb 26 | 9512 | - | | |
| Left Without Being Seen - Ulster ED Only | Feb 26 | 6.6% | 4.0% | | ? |
| 4 Hour % - SET | Feb 26 | 44.6% | 95.0% | L | F |
| 4 Hour % - Downe | Feb 26 | 94.2% | 95.0% | L | ? |
| 4 Hour % - Lagan Valley | Feb 26 | 69.2% | 95.0% | | F |
| 4 Hour % - Ulster Total | Feb 26 | 34.1% | 95.0% | L | F |

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| 12 Hour Breaches - SET | Feb 26 | 2389 | 0 |  |  |
| 12 Hour Breaches - Downe | Feb 26 | 0 | 0 |  |  |
| 12 Hour Breaches - Lagan Valley | Feb 26 | 1 | 0 |  |  |
| 12 Hour Breaches - Ulster Total | Feb 26 | 2388 | 0 |  |  |
| NIAS Ambulance Arrivals (Ulster) | Feb 26 | 1007 | - |  | |
| NIAS Handovers > 2 hours % (Ulster) | Feb 26 | 36% | - |  | |

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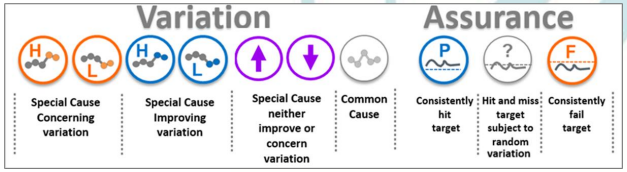

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Outpatient Contacts New - Total | Feb 26 | 7723 | - | | |
| Outpatient Contacts New - Total DNA and Cancelled on Day | Feb 26 | 5.7% | 5.0% | | |
| Outpatient Contacts Review- Total | Feb 26 | 12166 | - | | |
| Outpatient Contacts Review - Total DNA and Cancelled on Day | Feb 26 | 6.1% | 8.0% | | |
| Outpatients Waiting - Total for First New Appointment | Feb 26 | 100367 | - | | |
| Outpatients Waiting - % >9 Weeks for First New Appointment | Feb 26 | 85.9% | 50.0% | | |
| Outpatients Waiting - % >52 Weeks for First New Appointment | Feb 26 | 56.2% | 0.0% | | |

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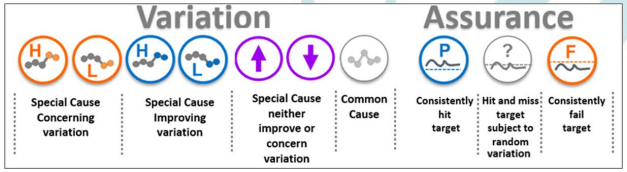

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Diagnostics Waiting - Imaging Total Waiting | Feb 26 | 19665 | - | | |
| Diagnostics Waiting - Imaging % >9 Weeks | Feb 26 | 49.4% | 25.0% | | |
| Diagnostics Waiting - Imaging % >26 Weeks | Feb 26 | 25.1% | 0.0% | | |
| Diagnostics Waiting - Physiological Total Waiting | Feb 26 | 23173 | - | | |
| Diagnostics Waiting - Physiological % >9 Weeks | Feb 26 | 76.9% | 25.0% | | |
| Diagnostics Waiting - Physiological % >26 Weeks | Feb 26 | 50.1% | 0.0% | | |
| Diagnostics Waiting - Endoscopy Total Waiting | Feb 26 | 4004 | - | | |
| Diagnostics Waiting - Endoscopy % >9 Weeks | Feb 26 | 40.9% | 25.0% | | |
| Diagnostics Waiting - Endoscopy % >26 Weeks | Feb 26 | 27.9% | 0.0% | | |

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Inpatient Activity - Total Elective | Feb 26 | 391 | - | | |
| Inpatients Waiting - Total | Feb 26 | 2430 | - | | |
| Inpatients Waiting - % >13 Weeks | Feb 26 | 74.4% | 45.0% | | |
| Inpatients Waiting - % >52 Weeks | Feb 26 | 53.0% | 0.0% | | |
| Daycases Waiting - Total | Feb 26 | 11208 | - | | |
| Daycases Waiting - % >13 Weeks | Feb 26 | 53.0% | 45.0% | | |
| Daycases Waiting - % >52 Weeks | Feb 26 | 29.4% | 0.0% | | |

* Inpatient Activity – Total Elective has been updated to align with current regional reporting, with exclusions applied for ambulatory hubs, obstetrics, mental health, and any non-hospital-based services.

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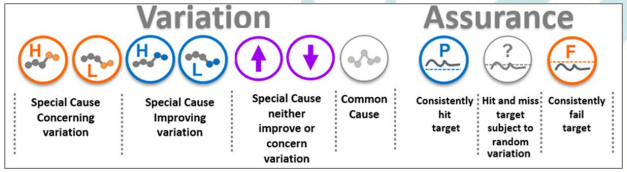

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Inpatient Avg LOS - Elective General Surgery | Feb 26 | 3.47 | 4.30 | | |
| Inpatient Avg LOS - Elective Gynaecology | Feb 26 | 2.56 | 1.91 | | |
| Inpatient Avg LOS - Elective Urology | Feb 26 | 3.27 | 2.26 | | |
| Fractures - Neck of Femur <48 Hours | Feb 26 | 72.7% | 95.0% | | |
| Fractures - Other Fractures <7 Days | Feb 26 | 93.8% | 95.0% | | |
| Cath Lab Procedures | Feb 26 | 61 | - | | |
| MRI | Feb 26 | 1295 | - | | |
| CT | Feb 26 | 4227 | - | | |
| NOUS | Feb 26 | 2651 | - | | |
| Cardiac CT | Feb 26 | 144 | - | | |
| Echo | Feb 26 | 1159 | - | | |

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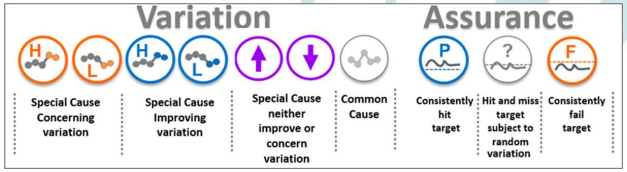
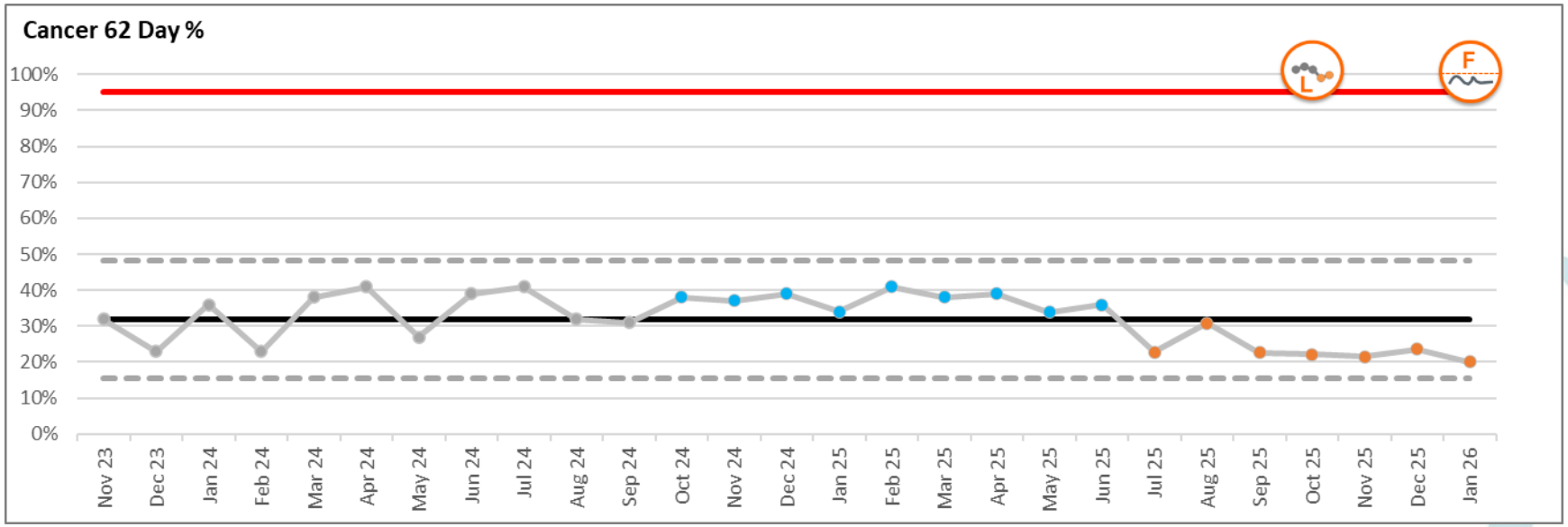


# Cancer 62 Day %

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 20.1% compared to the expected 95% target.

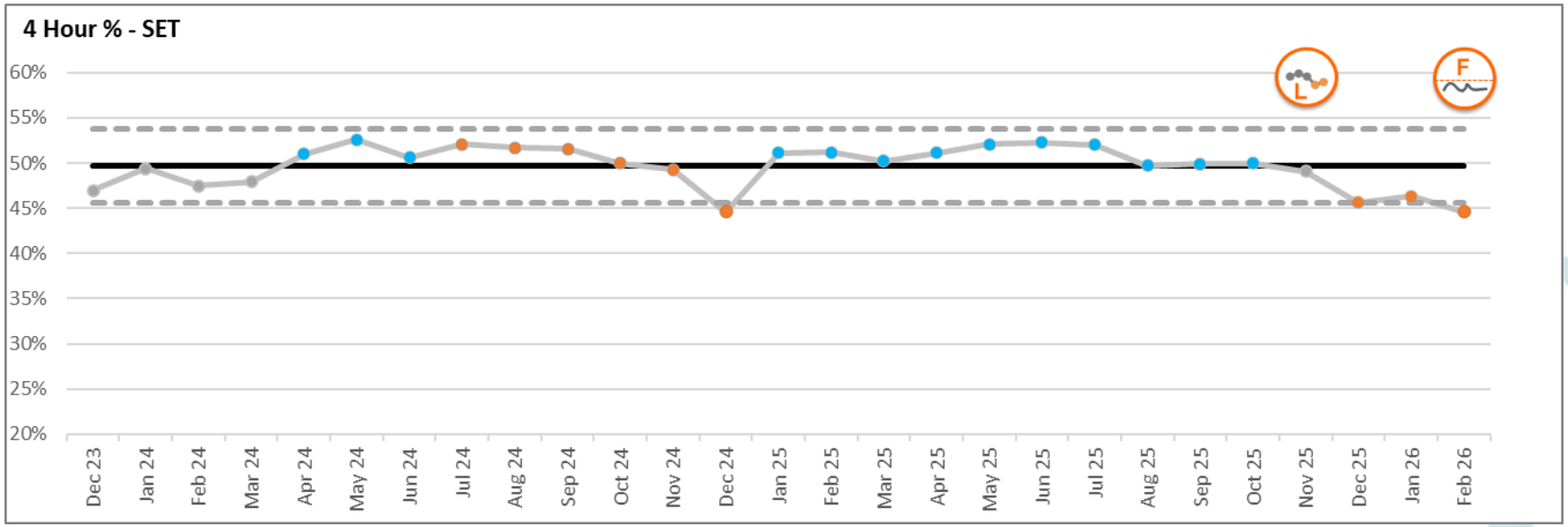



* Cancer 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology therefore this indicator is reported a month in arrears and it is anticipated figures across from up to the last two displayed months may be revised.

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

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 February 2026, 44.6% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries Unit (MIU) across the South Eastern Trust met the 4 hour target.




NB: Chart axis starts at 20%

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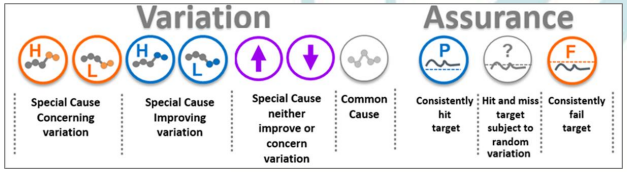
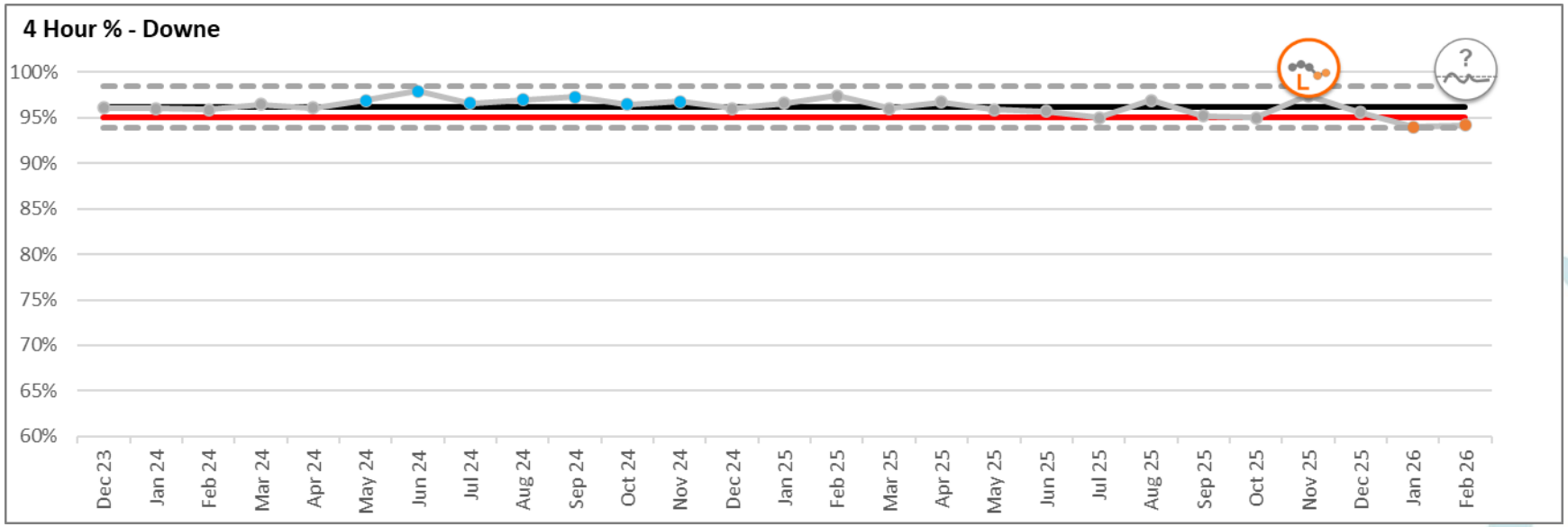


# 4 Hour Target % – Downe (2/4)

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 February 2026, 94.2% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries Unit (MIU) across the South Eastern Trust met the 4 hour target.




NB: Chart axis starts at 60%

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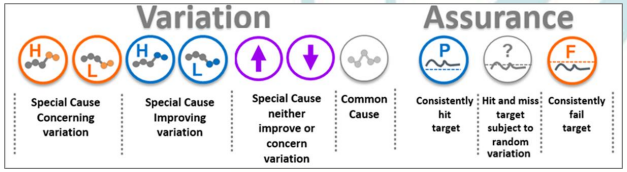
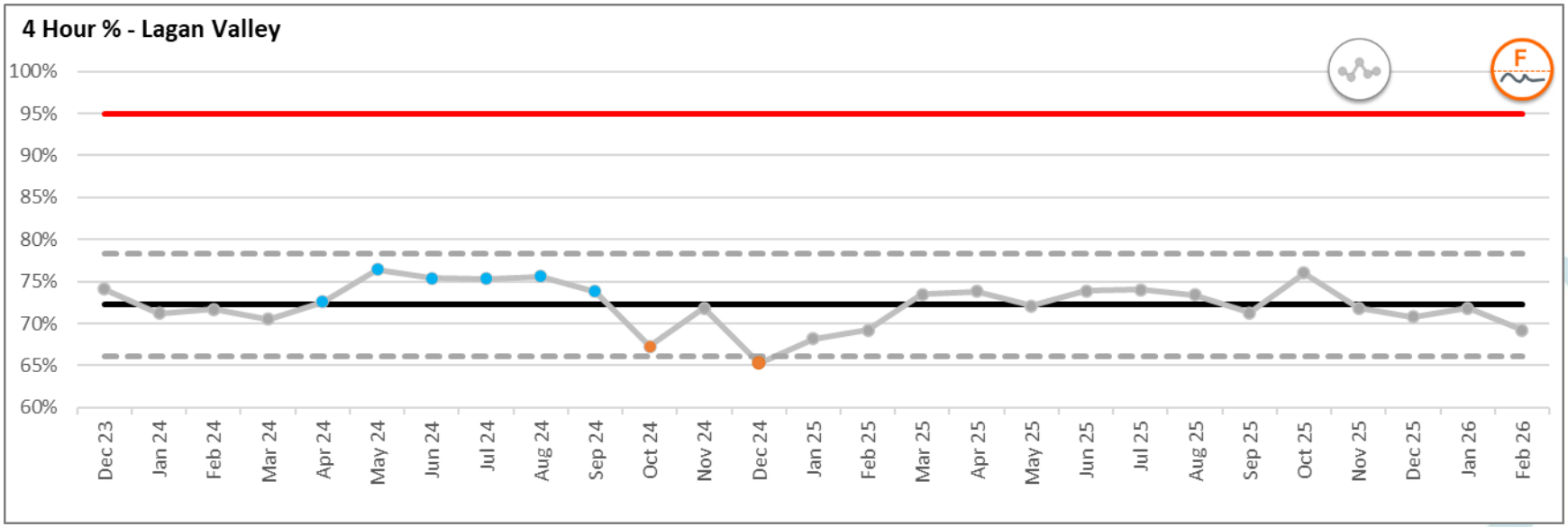


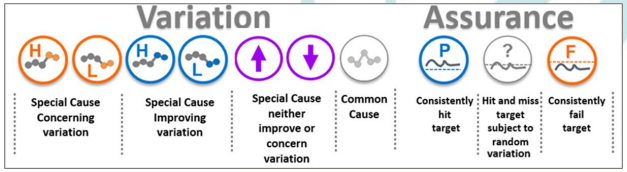
# 4 Hour Target % – Lagan Valley (3/4)

Emergency Department 4hr performance is a 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 February 2026, 69.2% of all patients within the Emergency Department at Lagan Valley, met the 4 hour target.



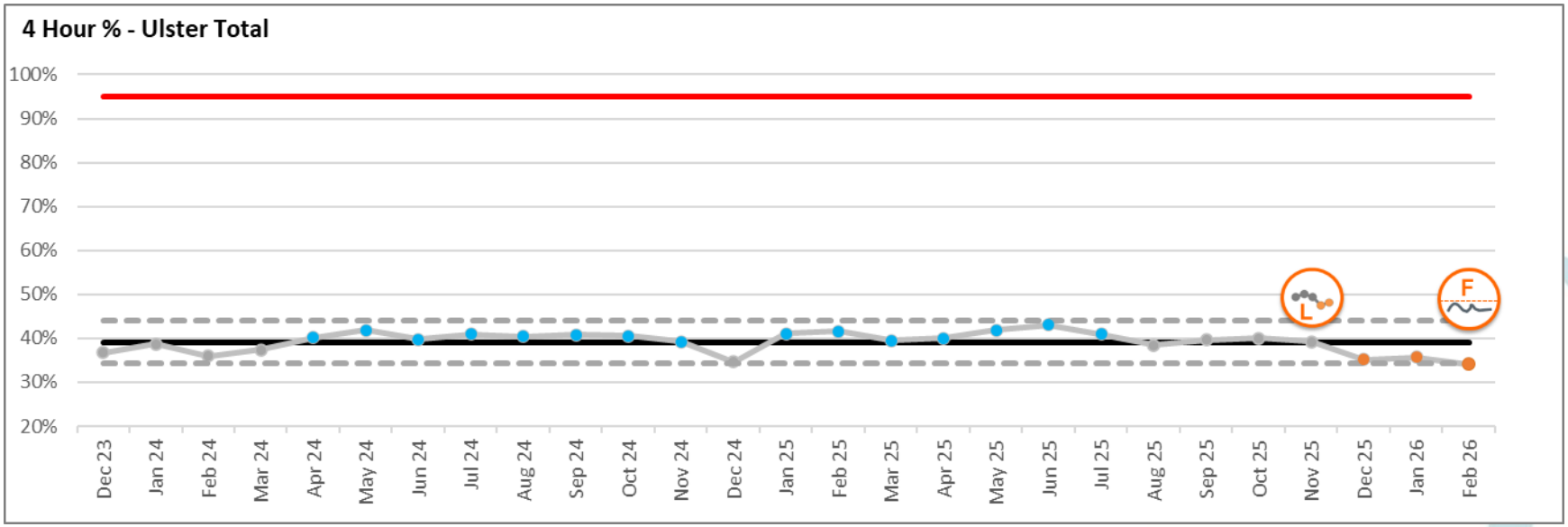

NB: Chart axis starts at 60%



# 4 Hour Target % – Ulster (4/4)

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 February 2026, 34.1% of all patients within the Ulster Emergency Departments, including Urgent Care Centres (UCC) stream, met the 4 hour target.




NB: Chart axis starts at 20%

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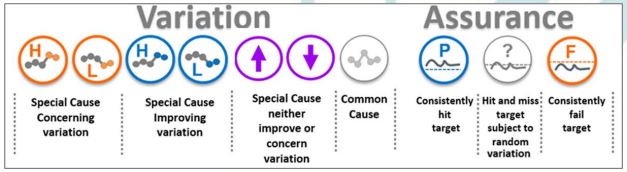
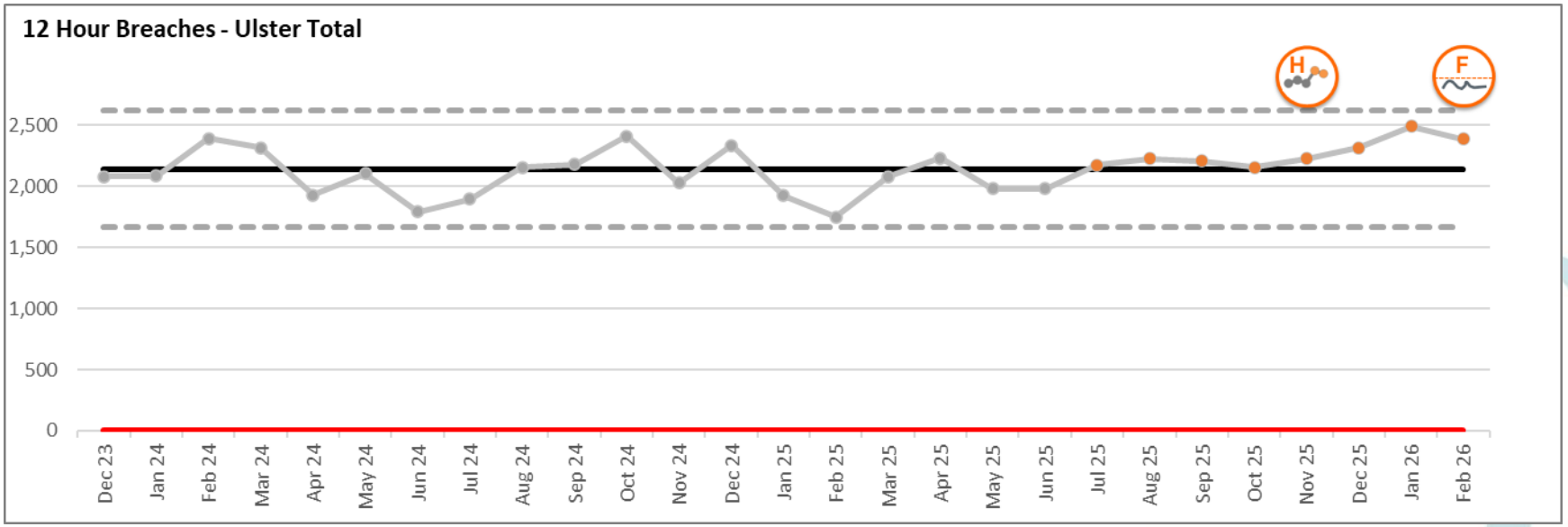


# 12 Hour Breaches – Ulster Hospital

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 February  2026, 2388 patients waited over 12 hours.

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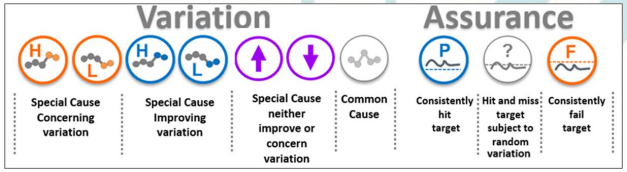
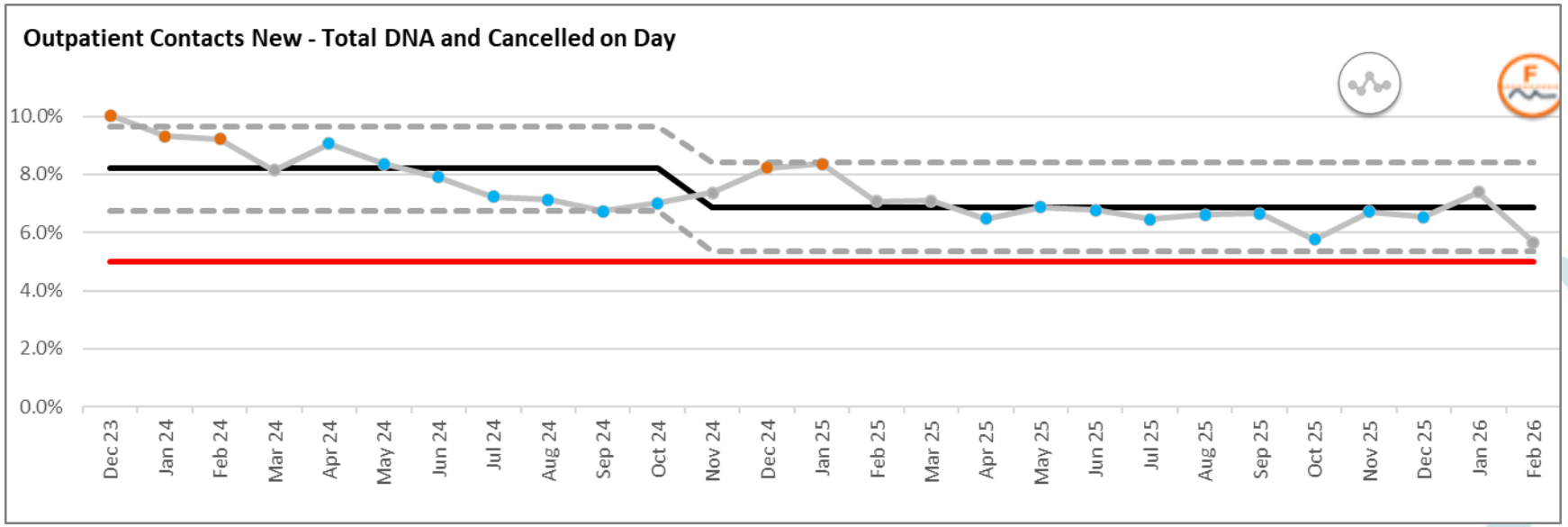
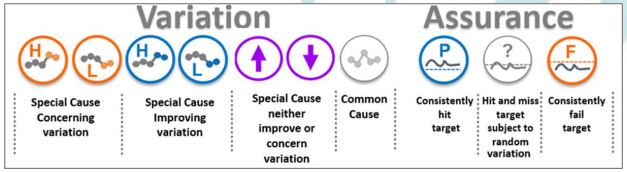


# Outpatient DNA and Cancelled on Day - New

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

In February 2026 there was a 5.7% DNA and cancelled on day rate for new contacts against an expected rate of 5%. This equates to 0.7 percentage points above the expected trajectory.

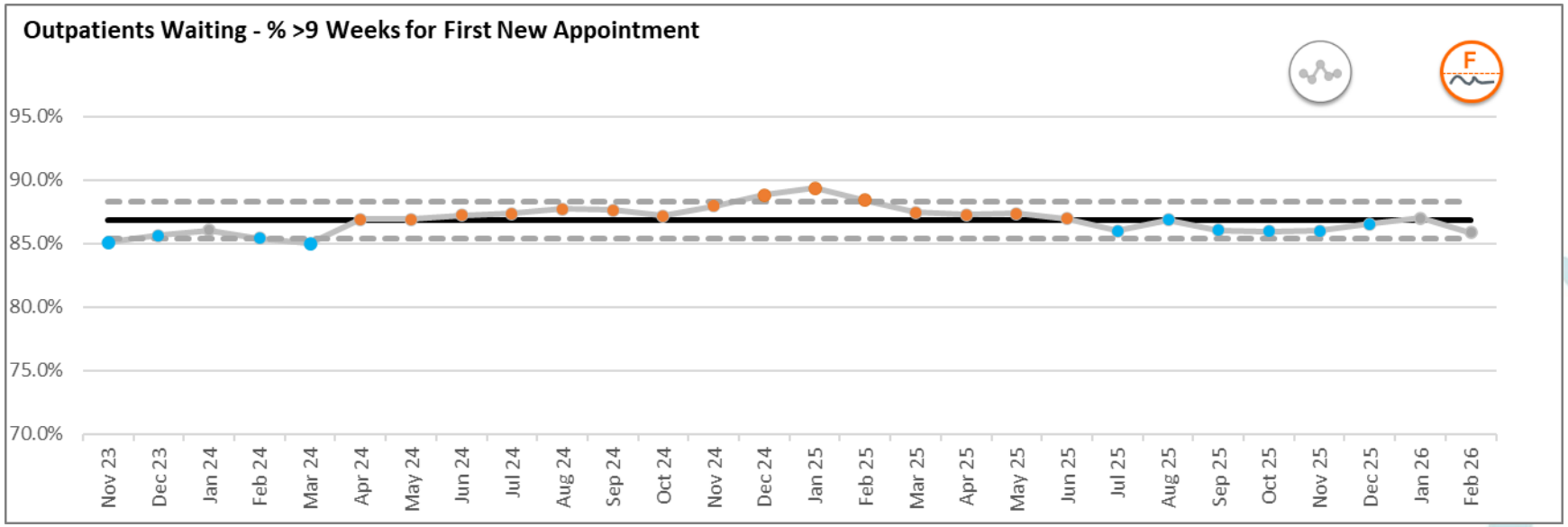


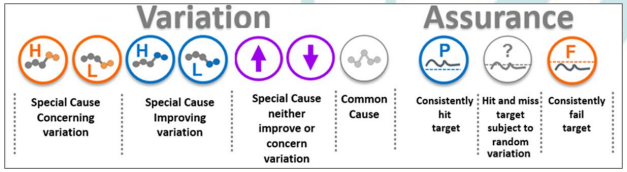
# Outpatient > 9 Weeks %

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 February 2026 there were 85.9% of patients waiting over 9 weeks for an outpatient appointment.



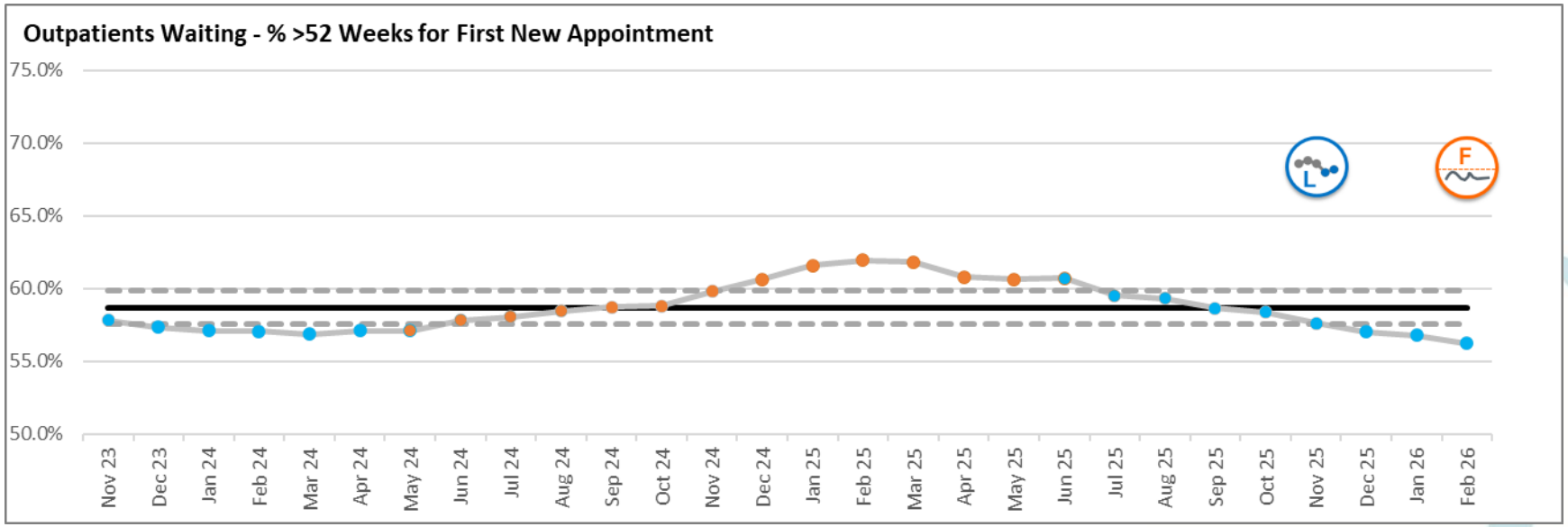

NB: Chart axis starts at 70%



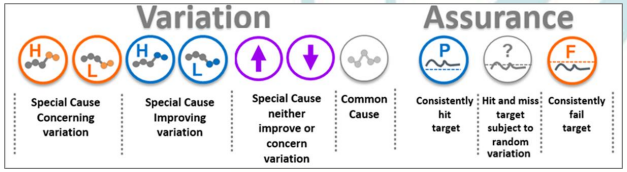
# Outpatient > 52 Weeks %

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

No patients should wait over 52 weeks. In February 2026 there were 56.2% of patients waiting over 52 weeks for an outpatient appointment.



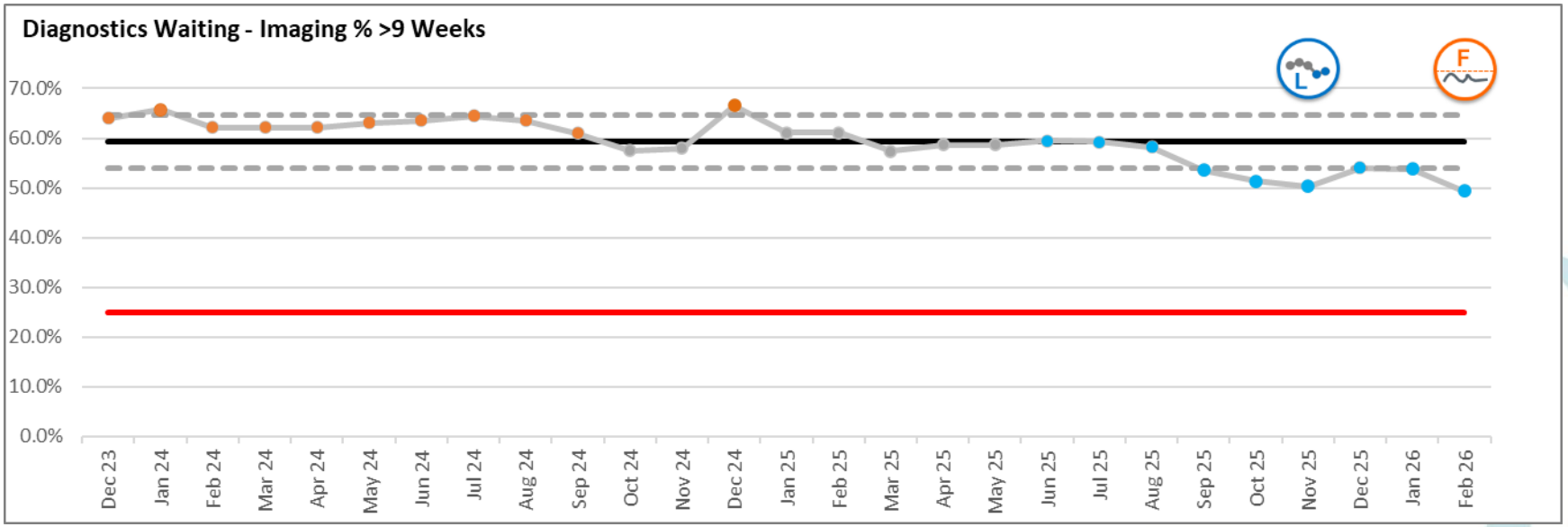

NB: Chart axis starts at 50%

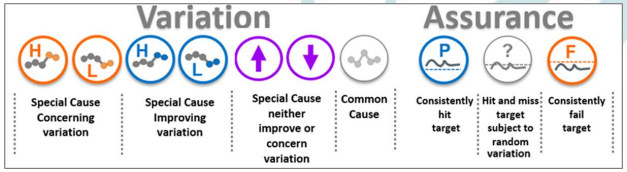


# Diagnostic Waits Imaging > 9 Weeks %

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 February 2026, 49.4% of patients waited over 9 weeks for a diagnostic imaging test.

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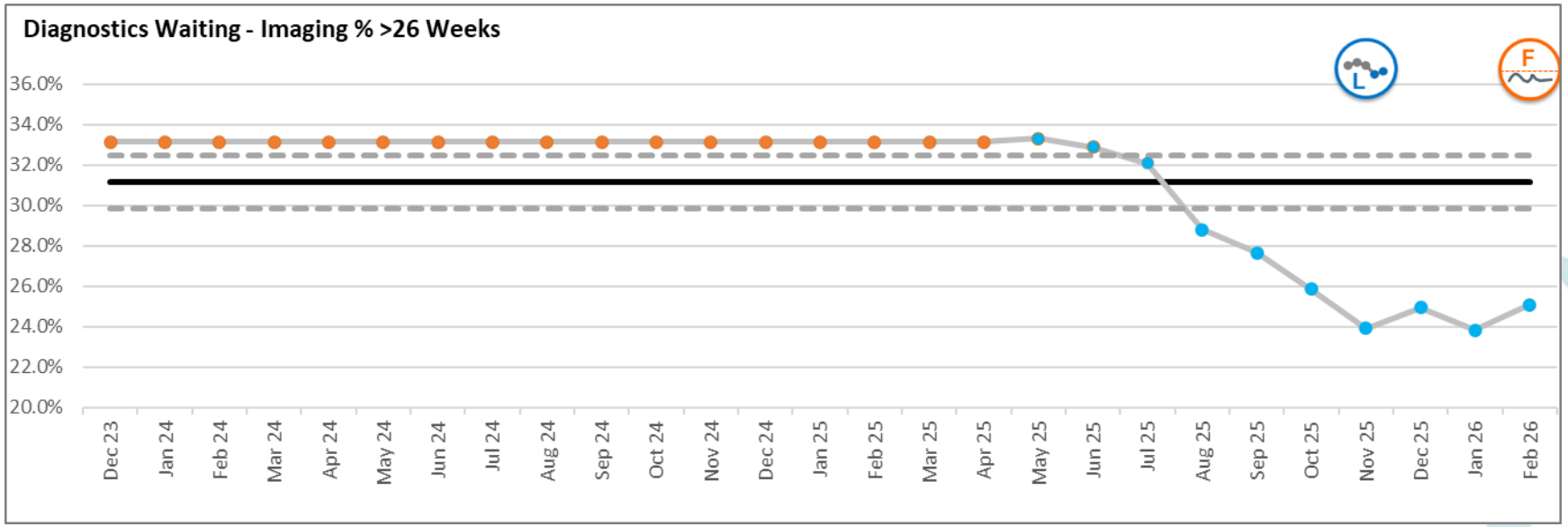
# Diagnostic Waits Imaging > 26 Weeks %

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 February 2026, 25.1% of patents waited over 26 weeks for a diagnostic imaging test.




NB: Chart axis starts at 20%

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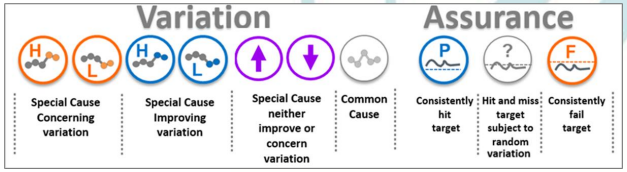
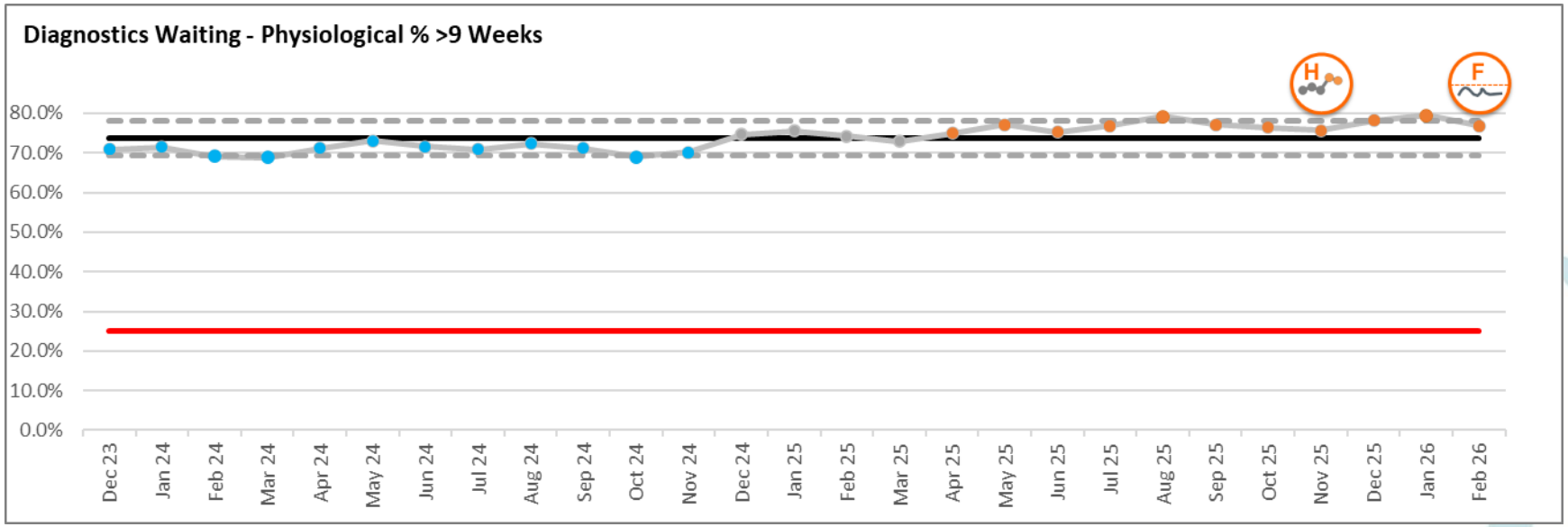


# Diagnostic Waits Physiological > 9 Weeks %

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 February 2026, 76.9% of patients waited over 9 weeks for a diagnostic physiological test.

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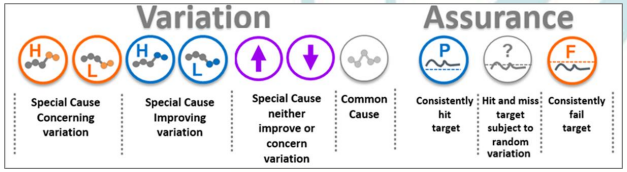
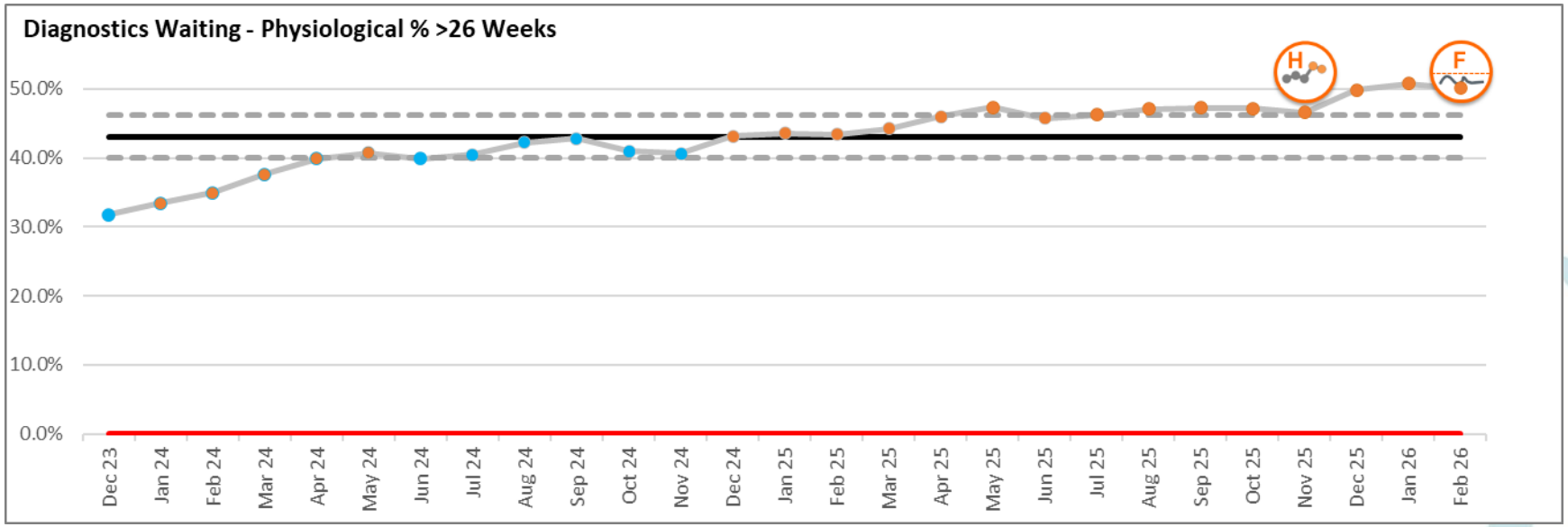


# Diagnostic Waits Physiological > 26 Weeks %

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 February  2026, 50.1% of patents waited over 26 weeks for a diagnostic physiological test.

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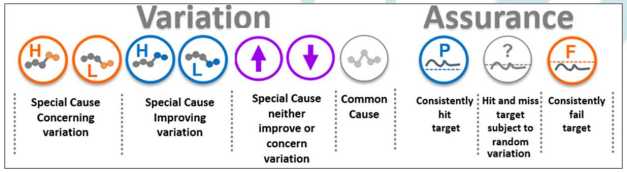
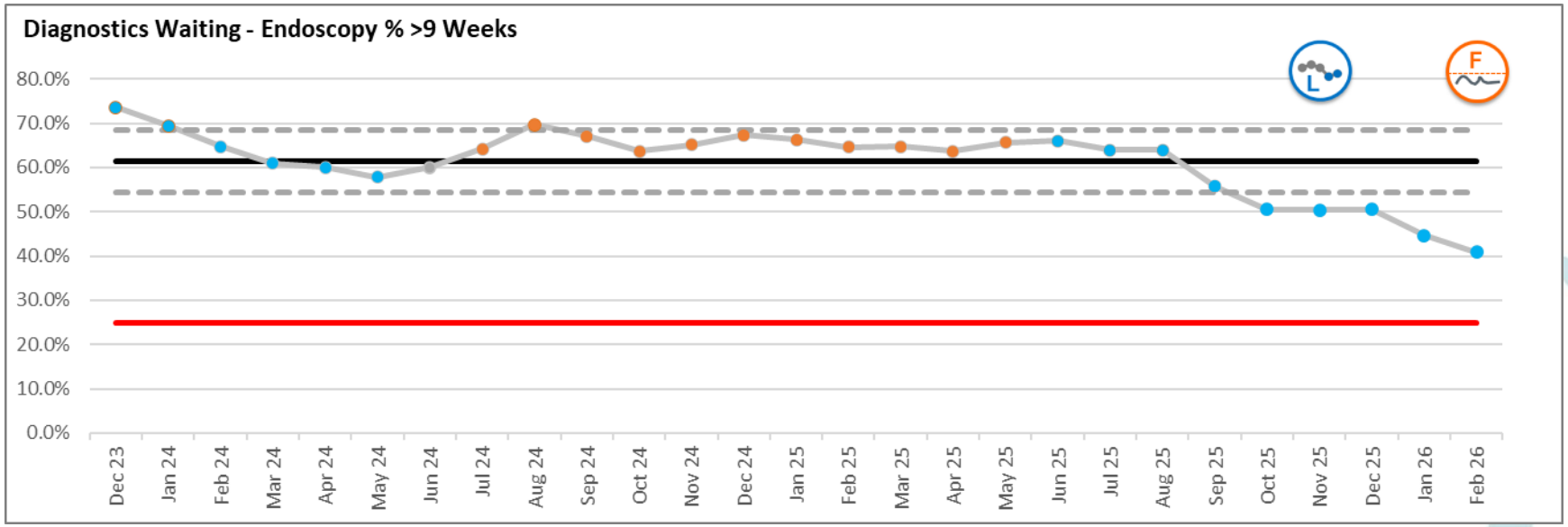
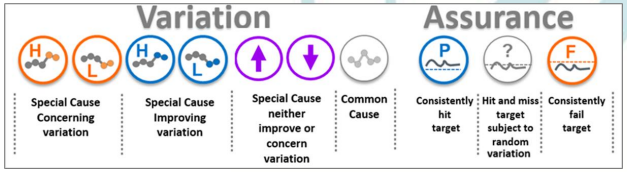


# Diagnostic Waits Endoscopy > 9 Weeks %

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 February 2026, 40.9% of patients waited over 9 weeks for a diagnostic endoscopy test.

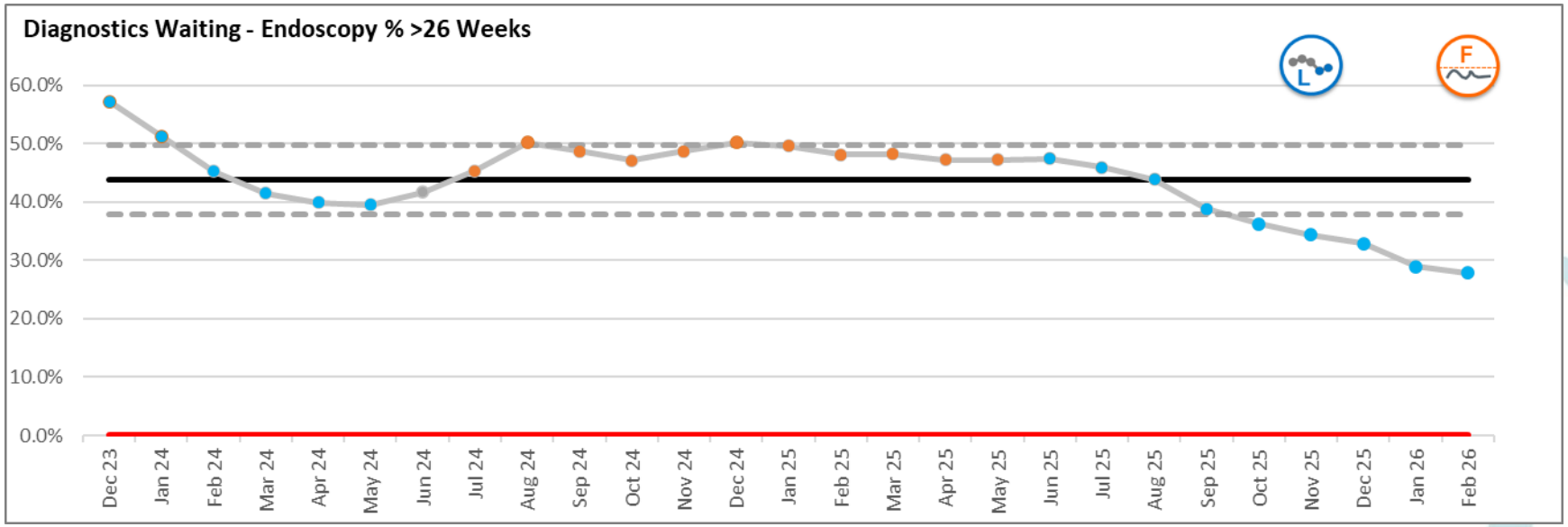


# Diagnostic Waits Endoscopy > 26 Weeks %

Diagnostic waits: endoscopy is monitored as of the System Oversight Measures. Note this includes regional waits for DPC.

No patients should wait more than 26 weeks for a diagnostic endoscopy test. In February 2026, 27.9% of patents waited over 26 weeks for a diagnostic endoscopy test.




NB: Chart axis starts at 20%

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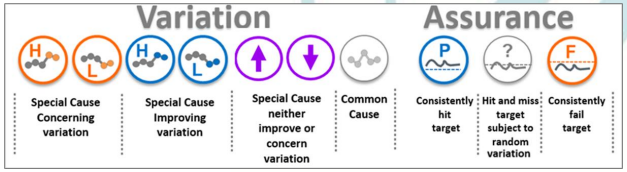
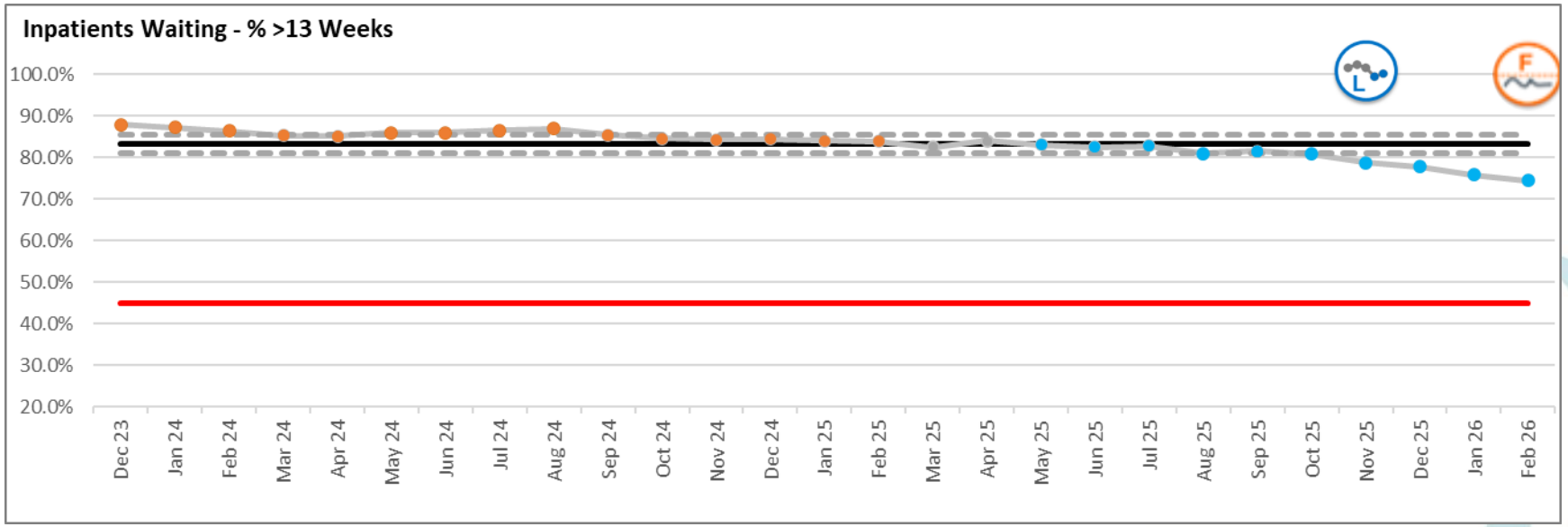


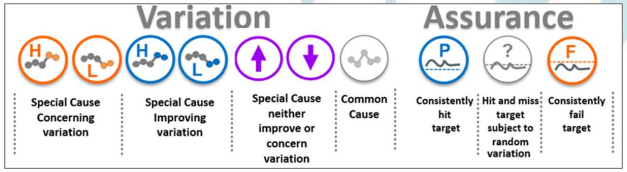
# Inpatient Waits > 13 Weeks %

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 February 2026, 74.4% of patients waited over 13 weeks for a inpatient admission.



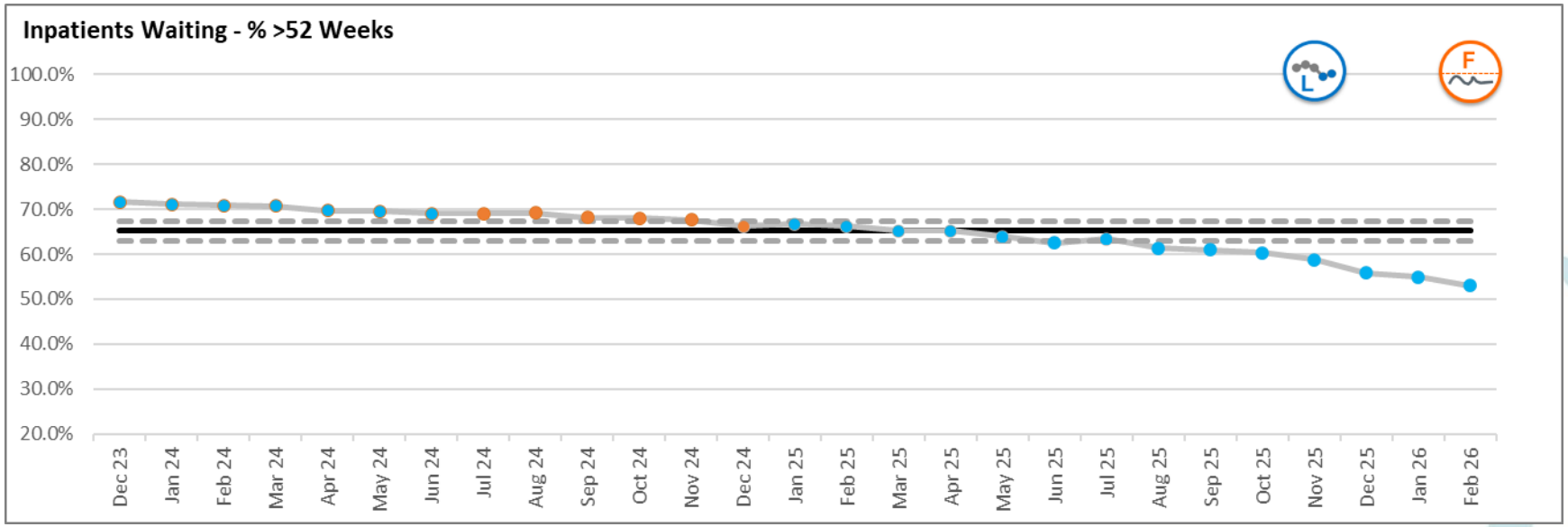

NB: Chart axis starts at 20%



# 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 February 2026, 53.0% of patents waited over 52 weeks for a inpatient admission.




NB: Chart axis starts at 20%

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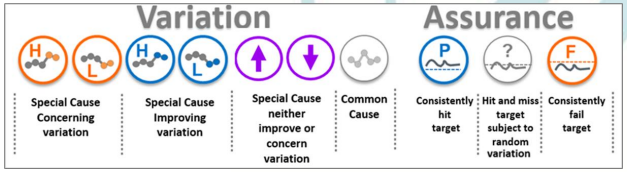
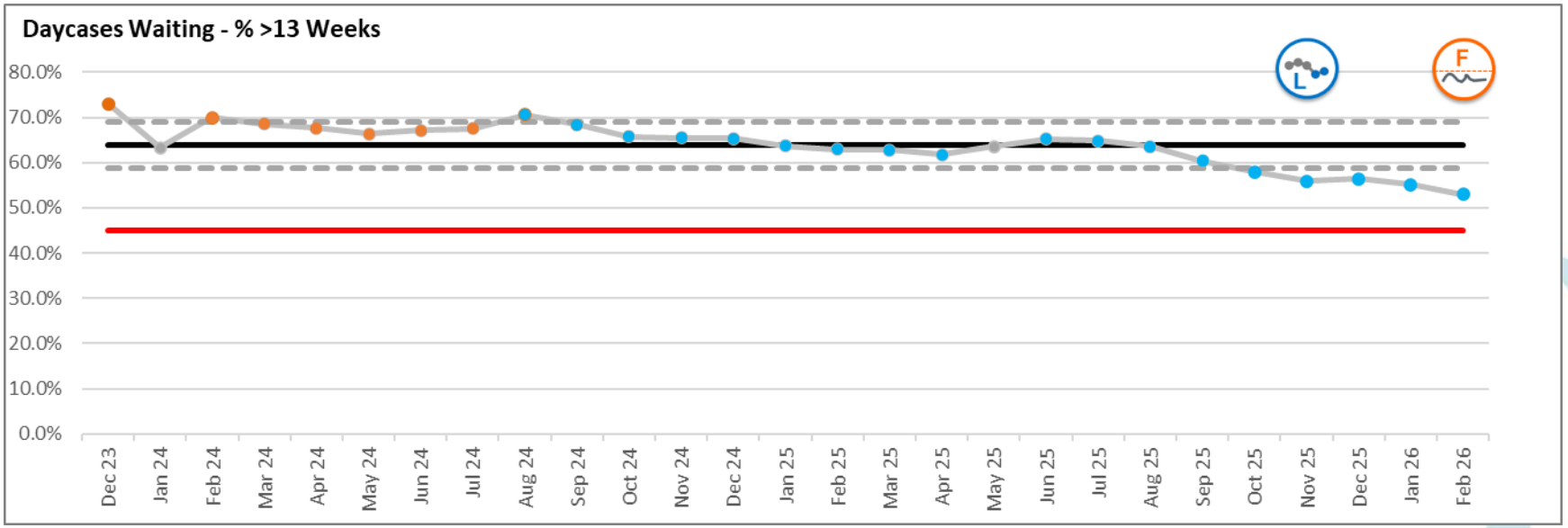


# Day Case Waits > 13 Weeks %

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 patient should wait more than 13 weeks for a day case treatment. In February 2026, 53.0% of patients waited over 13 weeks for a day case treatment.

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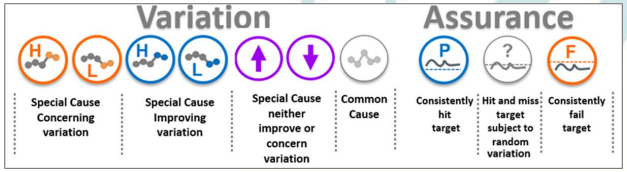
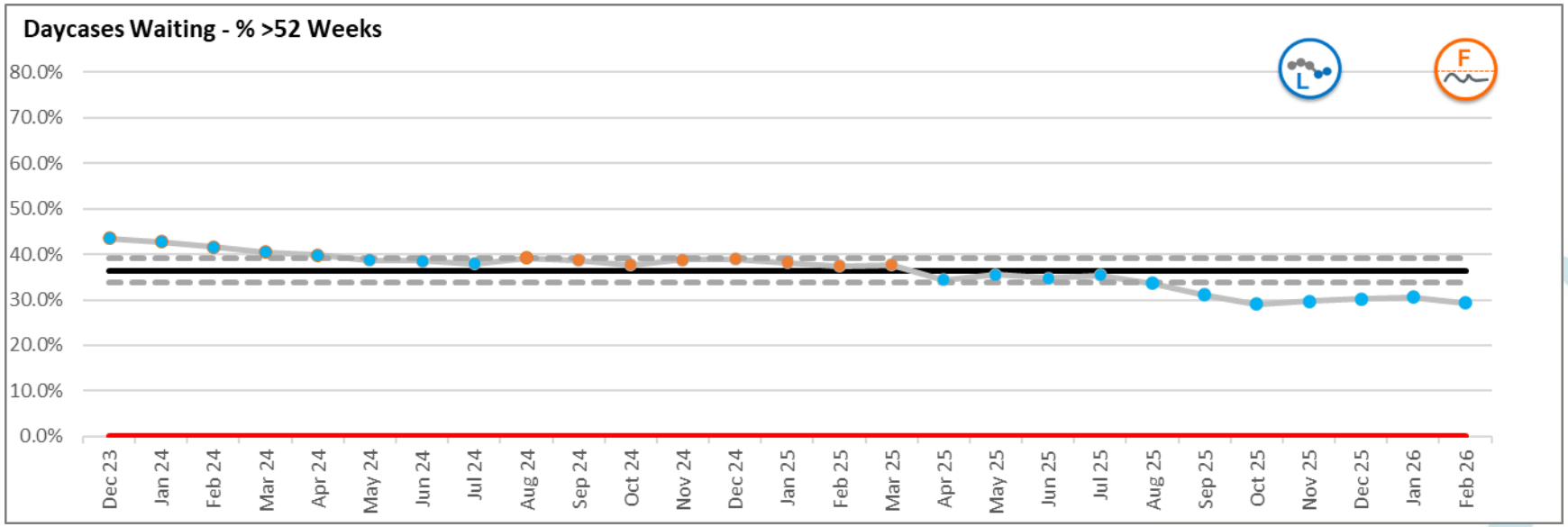


# Day Case Waits > 52 Weeks %

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 February 2026, 29.4 % of patents waited over 52 weeks for a day case treatment.

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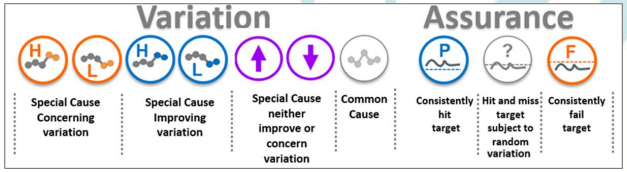

# Fractures – Neck of Femur <48 Hours

Neck of femur fractures waiting under 48 hours is monitored as part of the System Oversight Measures.

95% of patients where clinically appropriate should wait no longer than 48 hours for inpatient treatment for hip fractures. In February 2026, 72.7% of patients waited under 48 hours.

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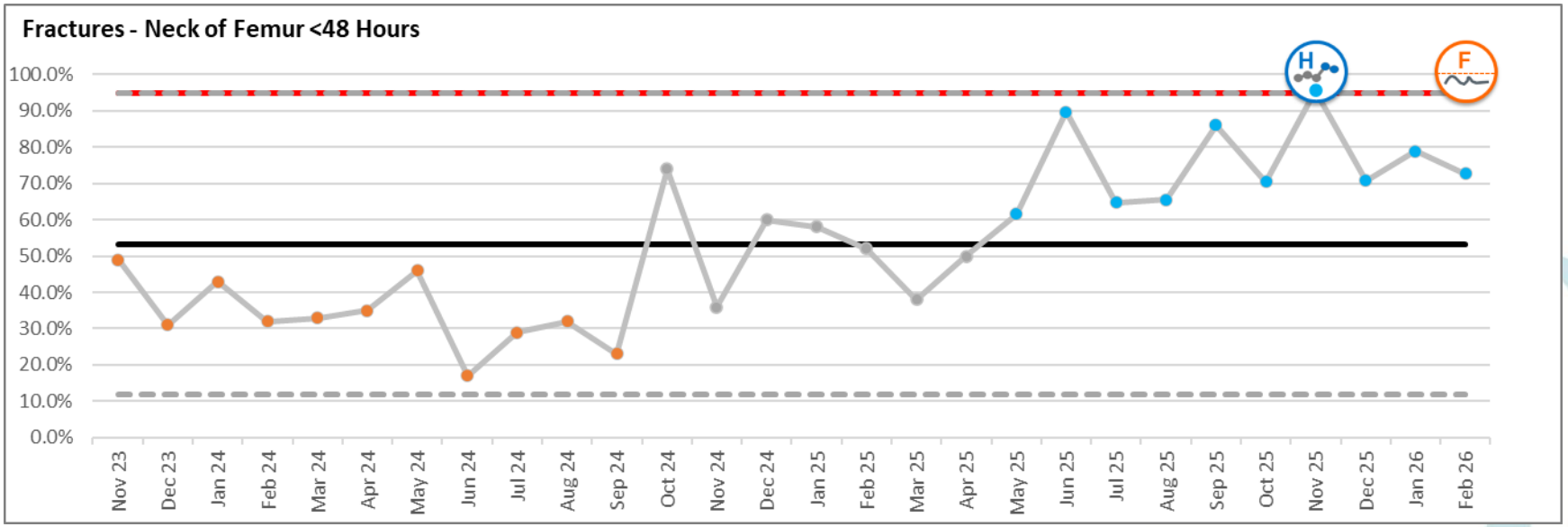


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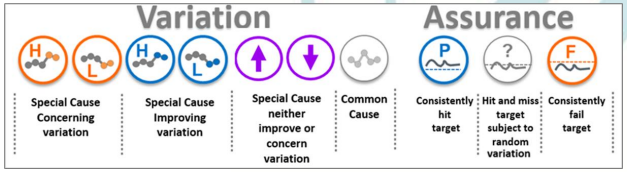


Safety, Quality and Experience of Care

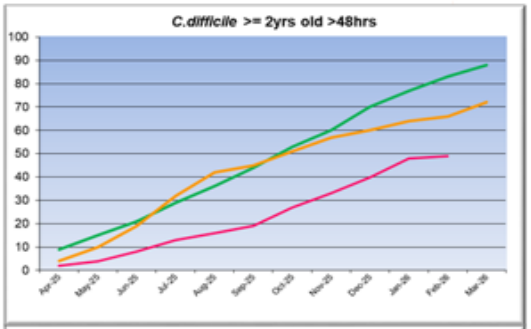
# HEALTHCARE ACQUIRED INFECTIONS

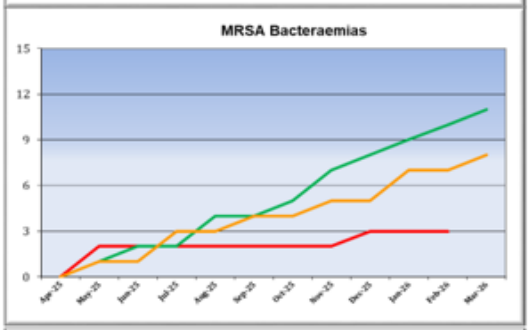
South Eastern Health and Social Care Trust

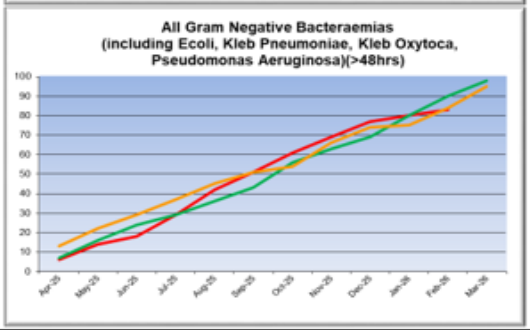
| TITLE | Target | NARRATIVE | PERFORMANCE | TREND |
|---|---|---|---|---|
| HCAI | In September 2024 PHA issued their new metrics of calculating infections. Currently only Clostridium difficile infection (CDI) and MRSA are available<br><br>The PHA established new goals aimed at reducing the total number 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.<br><br>The current rates published by PHA are at least one month behind.<br><br>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. | **2025/26:**<br>**CDI**: 10 < 48 hours<br>: 39 > 48 hours<br><br>**MRSA** :2 < 48 hours,<br>:1 > 48 hours<br><br>**Gram Negative Bacteraemias (GNB)**<br>Reportable only if >48hrs<br><br>*Ecoli* : 59<br>*Pseudo. Aeruginosa* : 7<br>*Klebsiella Oxytoca*: 2<br>*Klebsiella Pneumoniae*: 15<br><br>**********<br><br>The first eleven months of 25/26 have shown a dramatic reduction in CDI cases over those of 24/25.<br><br>MRSA figures are also substantially down on those of 24/25.<br><br>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.<br><br>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. | | |

| * Using 24/25 data | Target 24/25 | Outturn 24/25 | *Target 25/26 | Target no. of cases / month | Avg cases as of end of February | April - Feb Episodes |
|---|---|---|---|---|---|---|
| *C.difficile* | 64 | 88 | 64 | 5.33 [25.5] | 4.45 | 49 |
| MRSA | 6 | 11 | 6 | 0.5 [2.96] | 0.27 | 3 |
| All Gram Negative# | 39 | 98 | 39 | 3.25 | 7.45 | 83 |

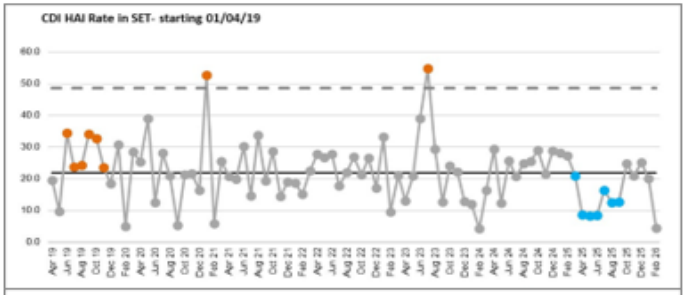
Current
24/25
23/24

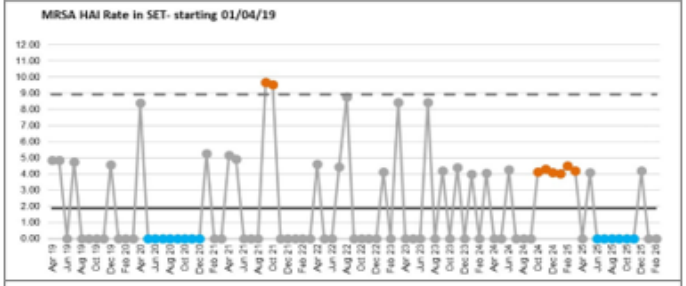


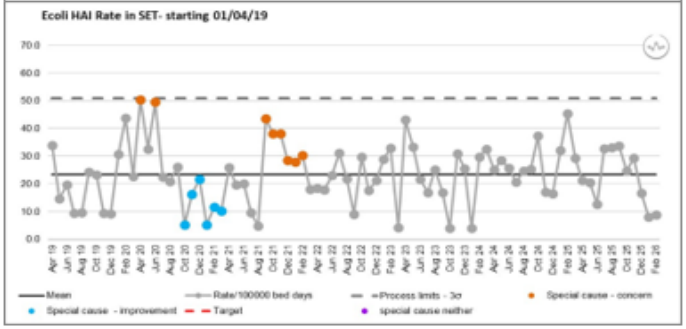




| Public Health Metric: Infections per 100,000 bed days | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Month | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| CDI: Target 25.7 | 8.53 | 8.35 | 11.16 | 13.5 | 13.3 | 13.2 | 16.00 | 17.20 | 18.5 | 19.9 | | |
| MRSA: Target 2.96 | 0.00 | 4.18 | 2.79 | 2.08 | 1.66 | 1.39 | 1.19 | 1.04 | 1.39 | 1.24 | | |



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

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

South Eastern Health and Social Care Trust

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Community Dental Services New | Feb 26 | 188 | - | | |
| Community Dental Services Review | Feb 26 | 1028 | - | | |
| CDS General Anaesthetic (Ulster) | Feb 26 | 78 | - | | |
| Unmet Need Hours (Full Packages) | Feb 26 | 842 | 927 | L | ? |
| Unmet Need Hours (Partial Packages) | Feb 26 | 152 | 138 | | ? |
| Direct Payments (PCOP only) | Feb 26 | 587 | | L | |
| Direct Payments (ALL) | Feb 26 | 1114 | 1192 | L | F |

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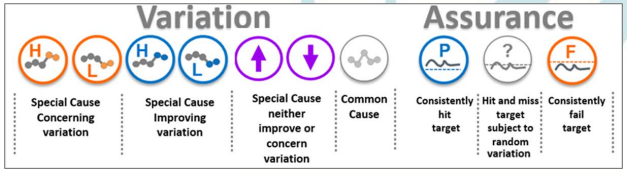

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Speech and Language Therapy New Contacts | Feb 26 | 497 | - | | |
| Speech and Language Therapy Review Contacts | Feb 26 | 2968 | - | | |
| Physiotherapy New Contacts | Feb 26 | 2044 | - | | |
| Physiotherapy Review Contacts | Feb 26 | 5601 | - | | |
| Occupational Therapy New Contacts | Feb 26 | 806 | - | | |
| Occupational Therapy Review Contacts | Feb 26 | 1387 | - | | |
| Dietetics New Contacts | Feb 26 | 613 | - | | |
| Dietetics Review Contacts | Feb 26 | 1663 | - | H | |
| Orthoptics New Contacts | Feb 26 | 99 | - | L | |
| Orthoptics Review Contacts | Feb 26 | 546 | - | | |
| Podiatry New Contacts | Feb 26 | 357 | - | | |
| Podiatry Review Contacts | Feb 26 | 2027 | - | | |

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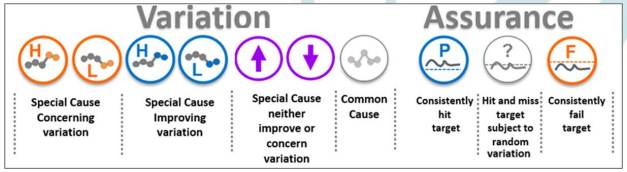

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| AHP Waits (n) | Feb 26 | 19558 | - | | |
| AHP Waits >13 weeks | Feb 26 | 50% | 0% | H | F |
| Occupational Therapy Waits (n) | Feb 26 | 2870 | - | | |
| Occupational Therapy Waits >13 weeks | Feb 26 | 1564 | 0 | | F |
| Orthoptics Waits (n) | Feb 26 | 365 | - | ↓ | |
| Orthoptics Waits >13 weeks | Feb 26 | 63 | 0 | | F |
| Podiatry Waits (n) | Feb 26 | 3073 | - | ↓ | |
| Podiatry Waits >13 weeks | Feb 26 | 1790 | 0 | | F |

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Physiotherapy Waits (n) | Feb 26 | 9973 | - | | |
| Physiotherapy Waits >13 weeks | Feb 26 | 5627 | 0 | | |
| Dietetics Waits (n) | Feb 26 | 2182 | - | | |
| Dietetics Waits >13 weeks | Feb 26 | 454 | 0 | | |
| Speech and Language Therapy Total Waits (n) | Feb 26 | 1095 | - | | |
| Speech and Language Therapy Total Waits >13 weeks | Feb 26 | 282 | 0 | | |

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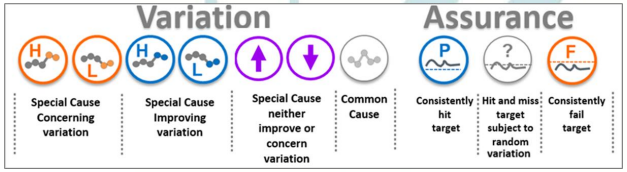
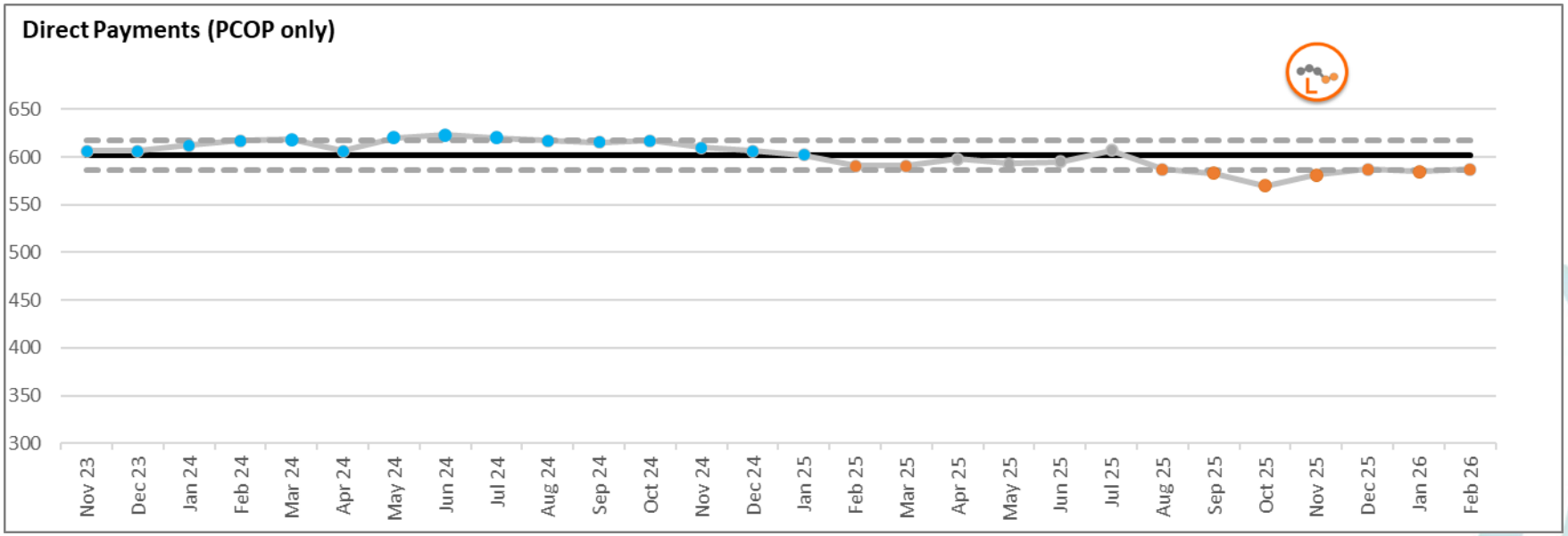


# Direct Payments (PCOP)

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 February 2026 there were 587 Direct payments within Primary Care and Older People Service. Progress towards the overall SOMs target is shown in the Direct Payments (All Directorates) slide.

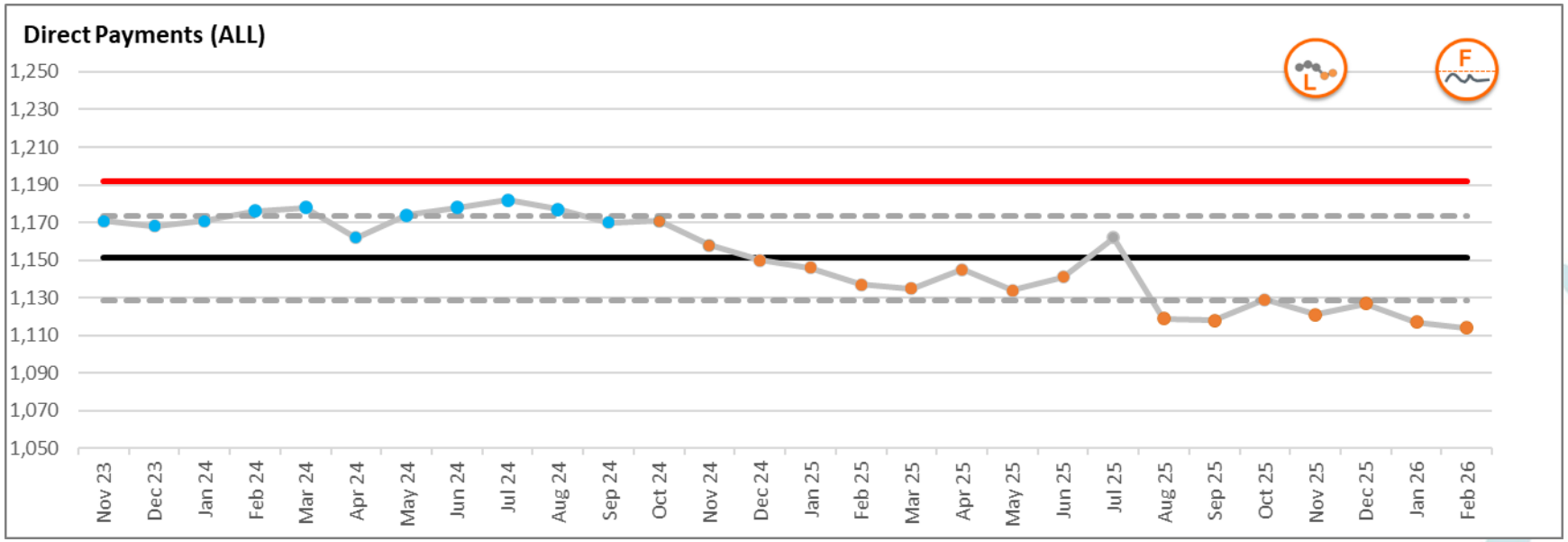



NB: Chart axis starts at 300

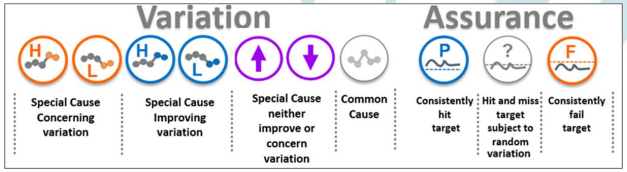
# Direct Payments (All Directorates)

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 February 2026 there were 1,114 Direct payments against a trajectory of 1,192 equating to 93% of expected trajectory.



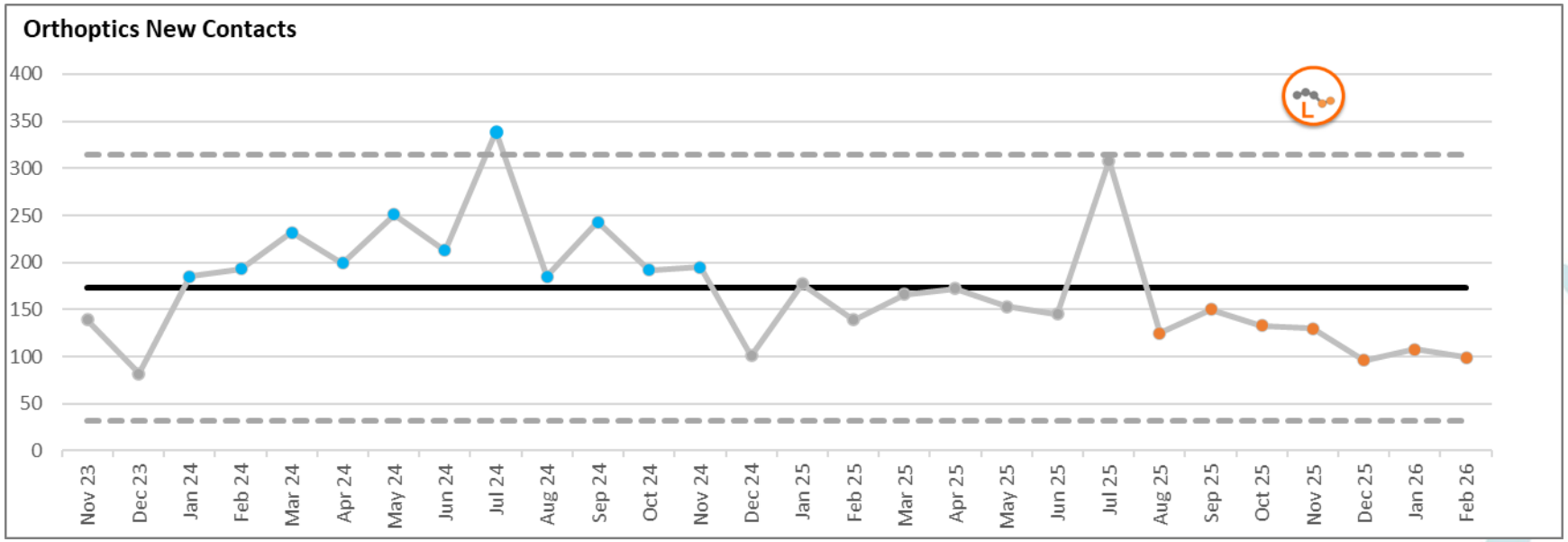

NB: Chart axis starts at 1,050



# Orthoptics New Contacts

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

In February 2026 there were 99 Orthoptics New Contacts.

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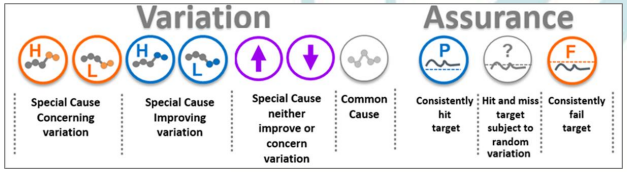
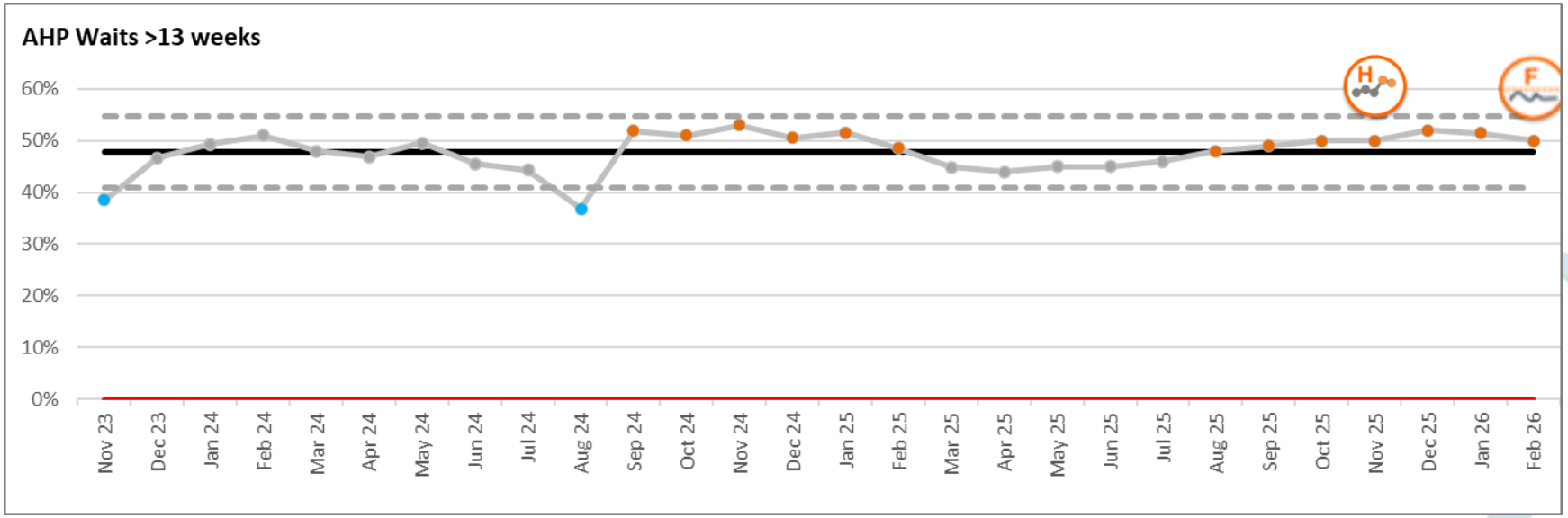


# AHP waits > 13 weeks %

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 February 2026 50% of patients waited longer than 13 weeks for treatment.  Breakdown by specialty is shown in the summary table.

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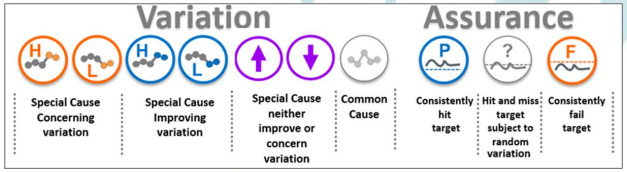

Safety, Quality and Experience of Care

# ADULT SERVICES AND PRISON HEALTHCARE

South Eastern Health and Social Care Trust

# 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 on key areas.

In February 2026  the following metrics showed improving variation or consistently hit their target:

- Psychological Therapies Contacts New
- Direct payments Learning Disability

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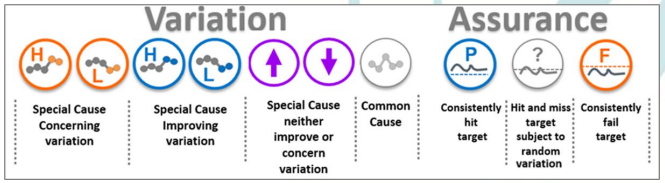

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Adult Mental Health Non-Inpatient Contacts New | Feb 26 | 835 | - | | |
| Adult Mental Health Non-Inpatient Contacts Review | Feb 26 | 4724 | - | | |
| Psychological Therapies Contacts New | Feb 26 | 183 | - | | |
| Psychological Therapies Contacts Review | Feb 26 | 1896 | - | | |
| Direct Payments Mental Health | Feb 26 | 15 | - | | |
| Direct Payments Learning Disability | Feb 26 | 271 | - | | |

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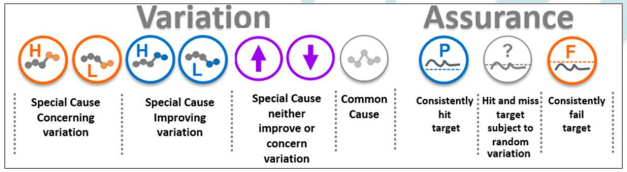
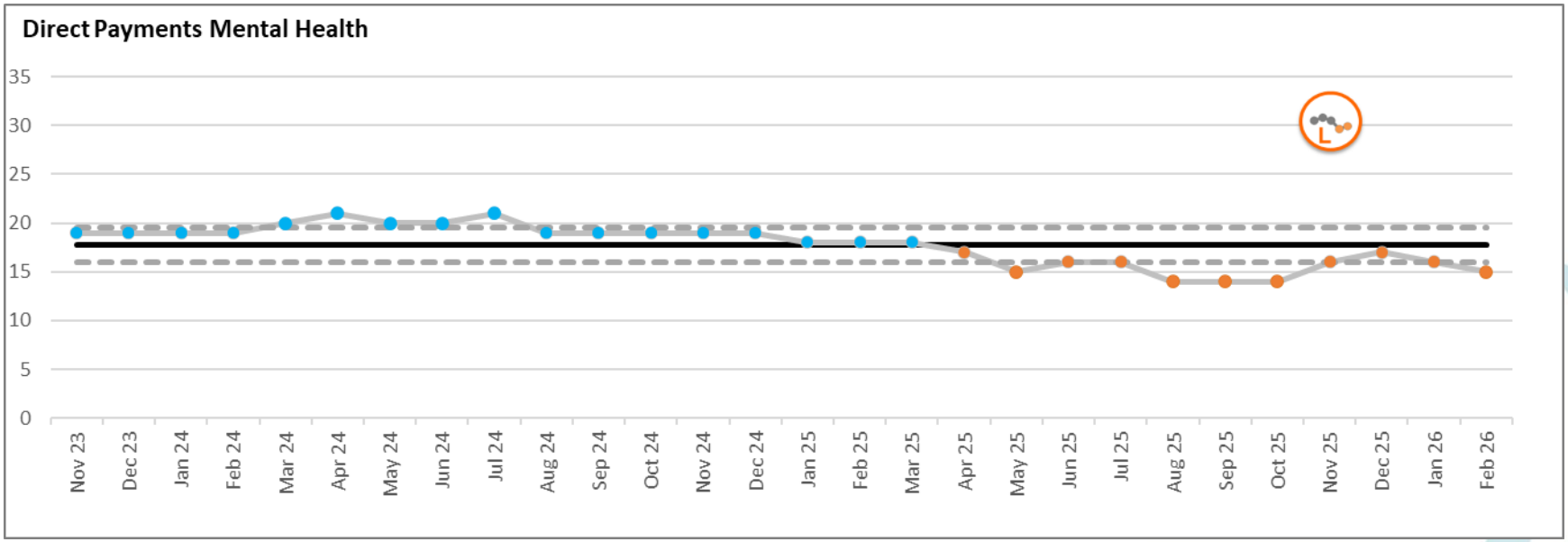


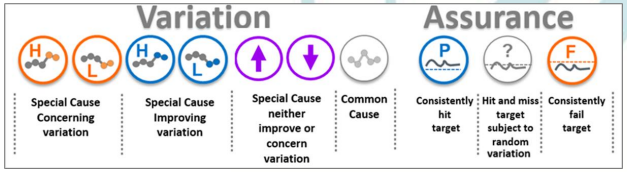
# Direct Payments (Mental health)

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 February 2026 there were 15 Direct payments within Mental Health - Adult Service. Progress towards the overall SOMs target is shown in the Direct Payments (All directorates) 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 on key areas.

In February 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)

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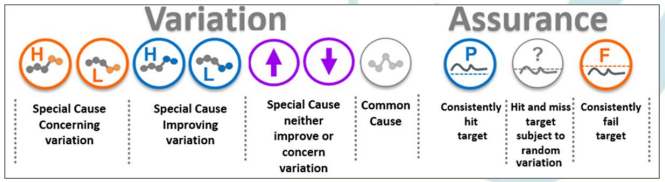

| KPI | Latest month | Measure | Target | Variation | Assurance |
|---|---|---|---|---|---|
| Unallocated Cases (All cases) (n) | Feb 26 | 435 | - | | |
| Unallocated Cases > 20 Days | Feb 26 | 325 | - | | |
| Unallocated Cases > 30 Days | Feb 26 | 276 | - | | |
| Unallocated Cases - > 20 days -Family Support Only | Feb 26 | 120 | 141 | | |
| Unallocated Gateway Cases (All cases) | Feb 26 | 141 | - | | |
| Unallocated Family Support Cases (All cases) | Feb 26 | 147 | - | | |
| Unallocated Disability Cases (All cases) | Feb 26 | 147 | - | | |
| Direct Payments (Children) | Feb 26 | 241 | - | | |

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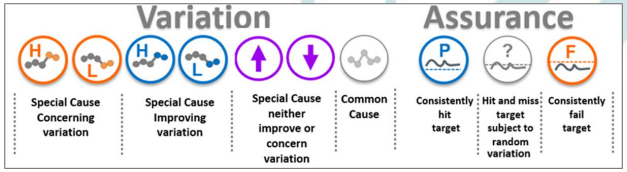
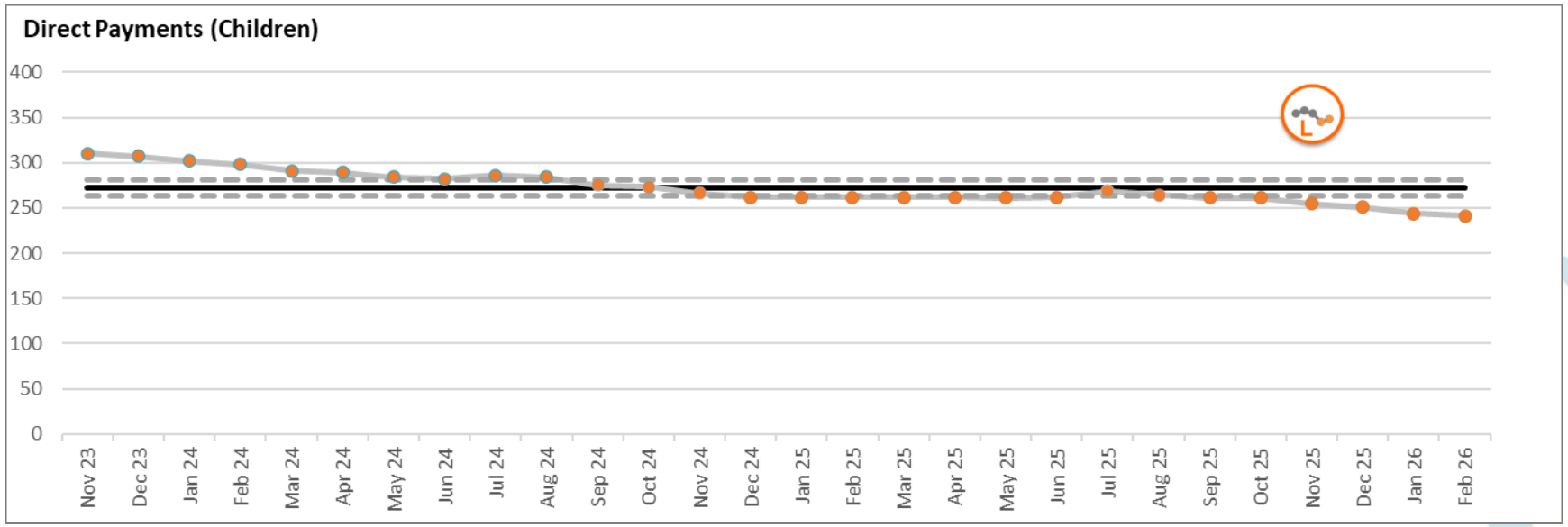


# Direct Payments- Children

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 February 2026 there were 241 Direct Payments within Children Service. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.

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