Integrated Performance Monitoring Report

Month: May 2026

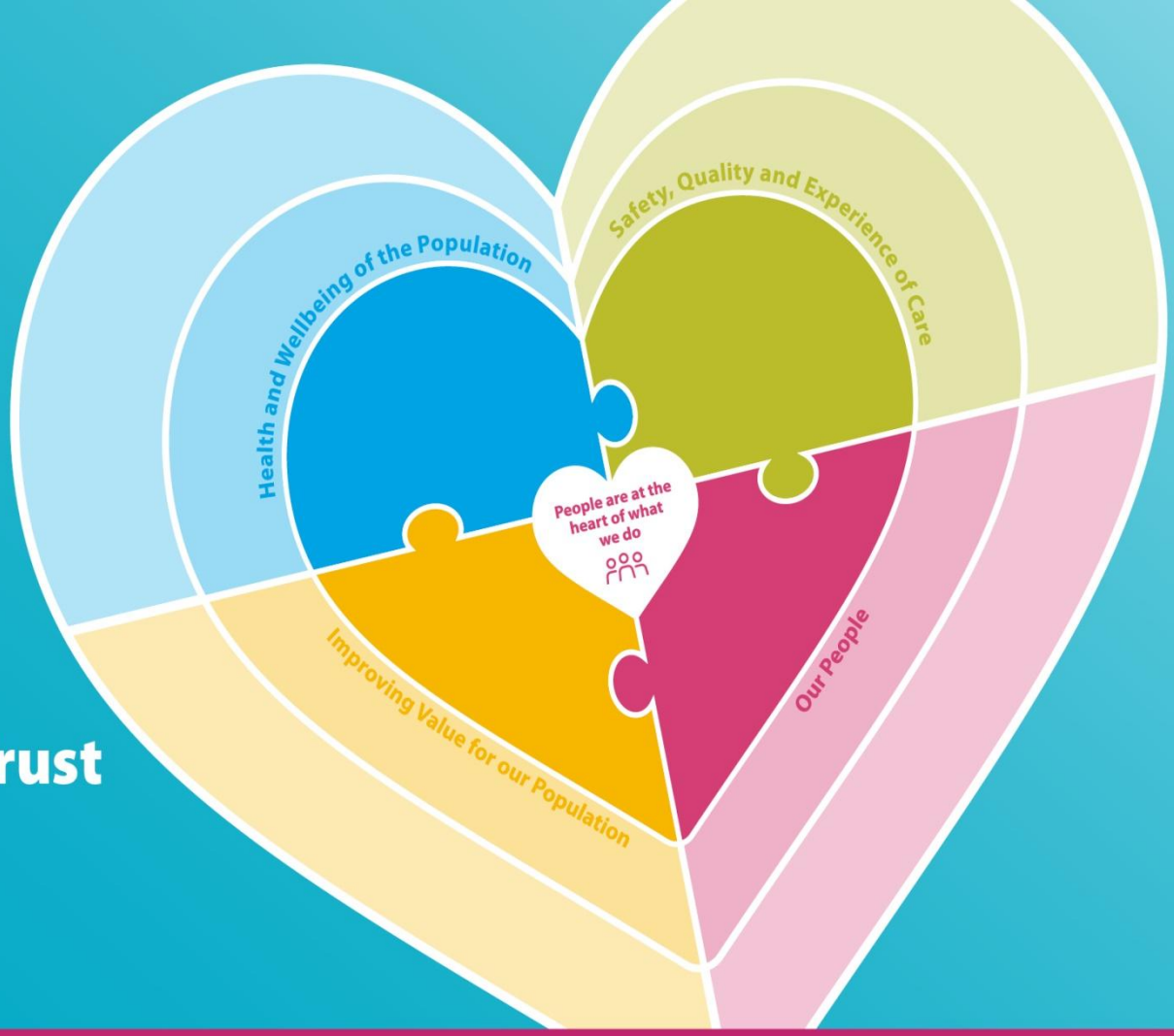
Paper Number: SET/102/26

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 May 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	May Confidence	April 2026	May 2026
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	High	*	*
Patient Initiated Follow Up	Medium		
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		
Mental Health 3 Day Follow up	Low		
Compliance with Inpatient Falls Prevention	Medium	Quarterly	

Metrics with a RAG status	May Confidence	April 2026	May 2026
Palliative Care NQI 1	Medium		
Palliative Care NQI 2	Medium		
Palliative Care NQI 3	Medium		
Palliative Care NQI 4	Medium		
Palliative Care NQI 5	Medium		
Palliative Care NQI 6	Medium		
General Surgery – Average length of stay	High		
Gynaecology – Average length of stay	High		
Haematology – Average length of stay	Medium		
Urology – Average length of stay	High		
Terms of Reference Overdue	High		
Level 1 SAI Reports Overdue	High		
Level 2 SAI Reports Overdue	High		
Level 3 SAI Reports Overdue	High		
Action Plans Overdue	High		

* Performance not available for this period due to clinical coding lag

South Eastern Health and Social Care Trust

Support and Intervention Framework

The table on the left shows the escalations relating to South Eastern Trust on the Support and Intervention Framework and the level as at 11th June 2026, an explanation of the level is available on the right.

Level 1

ENT – service concerns
Women's Health Tulip Service
Non compliance with timescales for the Regional Procedure for reporting and follow up of SAIs
Theatre scheduling and cancellations in LVH
Ulster Hospital Stroke Service
Diagnostic Reporting Turnaround Time

Level 2

Ongoing inability to provide short breaks for Children with Disabilities
Increase in Prison Population above commissioned capacity

Level 3

Iveagh Inpatient Facility – Delayed Discharge
Safety and Quality in Lakewood Secure Facility

Level 4

12 Hour Waits in ED and Ambulance Handover Delays

Level 5

Steady state – no intervention required – Trust generally operating effectively – any issues picked up through routine oversight arrangements

Level 1 – area of concern identified- emerging, potentially serious concern to service delivery, quality, safety, effectiveness– Informal level of support and guidance but no intervention e.g. Failure to demonstrate budgetary control and/or insufficient focus on productivity/efficiency. Notified in writing. Local recovery plan required. More frequent monitoring

Level 2 – enhanced monitoring of area of concern –issues not resolved by Level 1 or direct escalation to level 2 given seriousness. Local recovery plan and enhanced monitoring – regular meetings at Director level– need to show proactivity e.g. ongoing performance challenges, risks with no identified action/timetable

Level 3 – enhanced monitoring and support for provider – where previous concerns not resolved at levels 1 or 2, scale of concern, systemic concerns or ongoing performance challenges – Formal recovery plan –proactive approach, clear milestones and responsibilities – significantly enhanced monitoring and scrutiny. Trust CE to cooperate and provide leadership re agreed recovery actions

Level 4* - senior external support for provider. Targeted intervention – decision taken by Perm Sec. Failure to deliver recovery plan at level 3, significant weaknesses re financial sustainability, reputation, governance, quality of care or patient safety. DOH take/coordinate action and direct intervention to support Trust. Interventions undertaken by SPPG as directed by Perm Sec. Appropriate external support may be given to Trust. E.g. Mentoring for Board/ET members - co-opting experts onto Board as Independent Advisors for finite period. DOH Review.

Level 5* - Intervention at HSC Board level- Decision by Health Minister as advised by DOH/SPPG/PHA. Involves exercise of Ministers' power of intervention. Only used in exeptional circumstance. Targeted support, suspension/removal of duties from individuals or whole Board. Assessment through quality surveillance, existing knowledge, formal and informal investigations. Draw on expertise/advice of national colleagues and use of external organisationa and independent advisors

*NI Public made aware of concerns at Level 4 and 5.
Level 4 and 5 - serious problems or concerns re existing leadership's ability to rectify

Escalation and de-escalation to and from Level 1 will take place as necessary and be decided by DOH/SPPG/PHA

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

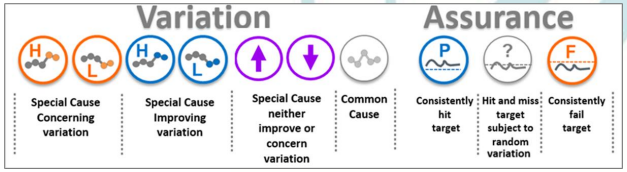
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the ministerial targets and System Oversight Measures (SOMs).

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 on key areas.

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

- NIAS handovers >2 hours % (Ulster)
- 12 hour breaches Downe
- Outpatients Contacts New – Total
- Outpatient Contacts Review – Total DNA and Cancelled on Day
- Outpatients Waiting - % >9 Weeks for First New Appointment
- Outpatients Waiting - % >52 Weeks for First New Appointment
- Diagnostics Waiting – Imaging % >9 Weeks
- Diagnostics Waiting – Imaging % >26 Weeks
- Diagnostics Waiting – Endoscopy % >9 Weeks
- Diagnostics Waiting – Endoscopy % >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)	May 26	1386	-		
Cancer 31 Day Activity	Apr 26	156	-		
Cancer 62 Day Activity	Apr 26	103.0	-		
Cancer 14 Day % - Breast (Regional)	May 26	6.5%	100.0%	L	F
Cancer 31 Day %	Apr 26	89.1%	98.0%		?
Cancer 62 Day %	Apr 26	20.0%	95.0%	L	F

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.

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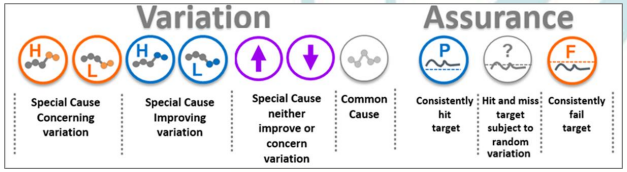

KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	May 26	14237	-		
Urgent & Emergency Care Attendances - Downe	May 26	1642	-		
Urgent & Emergency Care Attendances - Lagan Valley	May 26	1638	-		
Urgent & Emergency Care Attendances - Ulster Total	May 26	10957	-		
Left Without Being Seen - Ulster ED Only	May 26	7.5%	4.0%		?
4 Hour % - SET	May 26	45.1%	95.0%	L	F
4 Hour % - Downe	May 26	94.4%	95.0%	L	?
4 Hour % - Lagan Valley	May 26	72.5%	95.0%		F
4 Hour % - Ulster Total	May 26	33.6%	95.0%	L	F

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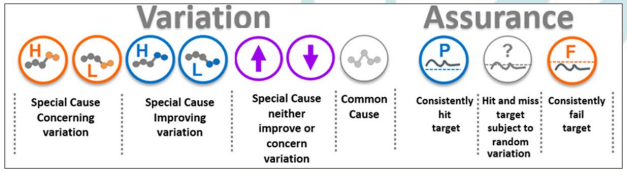
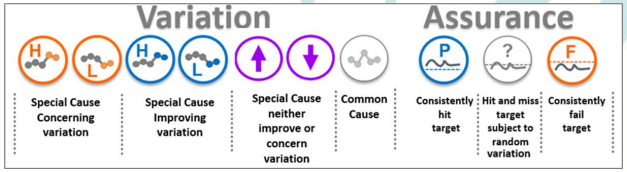


KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	May 26	2694	0		
12 Hour Breaches - Downe	May 26	0	0		
12 Hour Breaches - Lagan Valley	May 26	2	0		
12 Hour Breaches - Ulster Total	May 26	2692	0		
NIAS Ambulance Arrivals (Ulster)	May 26	1505	-		
NIAS Handovers > 2 hours % (Ulster)	May 26	7.0%	0.0%		

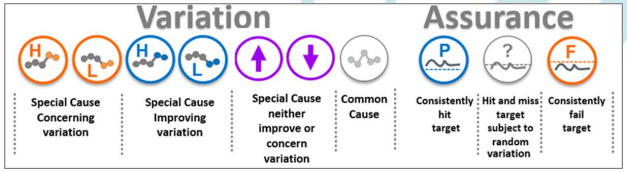
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	May 26	7546	-	H	
Outpatient Contacts New - Total DNA and Cancelled on Day	May 26	5.8%	5.0%		F
Outpatient Contacts Review - Total	May 26	12338	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	May 26	6.0%	8.0%	L	?
Outpatients Waiting - Total for First New Appointment	May 26	95125	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	May 26	85.4%	50.0%	L	F
Outpatients Waiting - % >52 Weeks for First New Appointment	May 26	55.1%	0.0%	L	F

KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	May 26	22081	-		
Diagnostics Waiting - Imaging % >9 Weeks	May 26	51.4%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	May 26	26.8%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	May 26	24703	-		
Diagnostics Waiting - Physiological % >9 Weeks	May 26	78.8%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	May 26	52.1%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	May 26	3621	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	May 26	46.5%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	May 26	31.0%	0.0%		

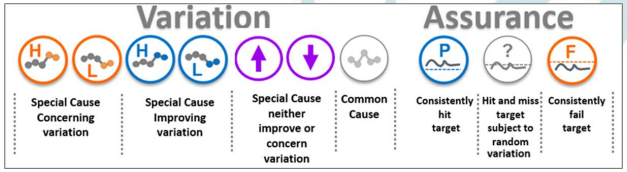


KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	May 26	383	-		
Inpatients Waiting - Total	May 26	2332	-		
Inpatients Waiting - % >13 Weeks	May 26	74.4%	45.0%		
Inpatients Waiting - % >52 Weeks	May 26	47.0%	0.0%		
Daycases Waiting - Total	May 26	10358	-		
Daycases Waiting - % >13 Weeks	May 26	54.7%	45.0%		
Daycases Waiting - % >52 Weeks	May 26	28.2%	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.



KPI	Latest month	Measure	Target	Variation	Assurance
Cath Lab Procedures	May 26	52	-		
MRI	May 26	1542	-	H	
CT	May 26	4372	-	H	
NOUS	May 26	2728	-		
Cardiac CT	May 26	156	-		
Echo	May 26	1170	-		
Inpatient Avg LOS - Elective General Surgery	May 26	3.21	4.30		?
Inpatient Avg LOS - Elective Gynaecology	May 26	3.73	1.91		?
Inpatient Avg LOS - Elective Haematology	May 26	7.31	10.20		?
Inpatient Avg LOS - Elective Urology	May 26	2.47	2.26		?
Fractures - Neck of Femur <48 Hours	May 26	61.8%	95.0%	H	F
Fractures - Other Fractures <7 Days	May 26	91.9%	95.0%	H	?



KPI	Latest month	Measure	Target	Variation	Assurance
Theatres Main - Total DNA and Cancelled on Day	Apr 26	11.1%	5.0%		
Theatres DPU - Total DNA and Cancelled on Day	Apr 26	7.7%	5.0%		
Theatres Endoscopy - Total DNA and Cancelled on Day	Apr 26	5.4%	5.0%		
Theatres Main - Run Time	Apr 26	95.8%	90.0%		
Theatres DPU - Run Time	Apr 26	86.5%	90.0%		
Theatres Endoscopy - Run Time	Apr 26	84.9%	90.0%		
Theatres Main - Operating Time	Apr 26	83.3%	85.0%		
Theatres DPU - Operating Time	Apr 26	68.3%	80.0%		
Theatres Main - Minutes Scheduled	Apr 26	59100	-		
Theatres DPU - Minutes Scheduled	Apr 26	73200	-		
Theatres Endoscopy - Minutes Scheduled	Apr 26	45870	-		

Theatres metrics are reported one month in arrears.

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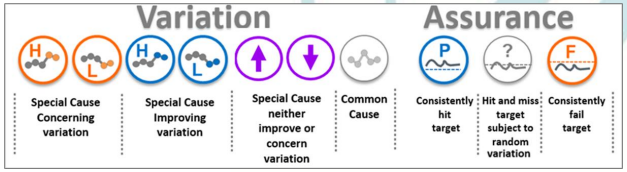

KPI	Latest month	Measure	Target	Variation	Assurance
Admission on Day of Surgery - General Surgery	Dec 25	97.1%	89.5%		
Admission on Day of Surgery - Urology	Dec 25	93.3%	95.9%		
Admission on Day of Surgery - Gynaecology	Dec 25	100.0%	96.9%		

Admission on the Day of Surgery metrics are dependant on Clinical Coding with a current time lag to December 2025. Note that there are not yet enough data points of monitoring available to provide a reliable variation or assurance indicator.

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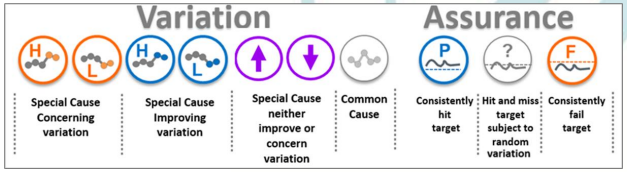
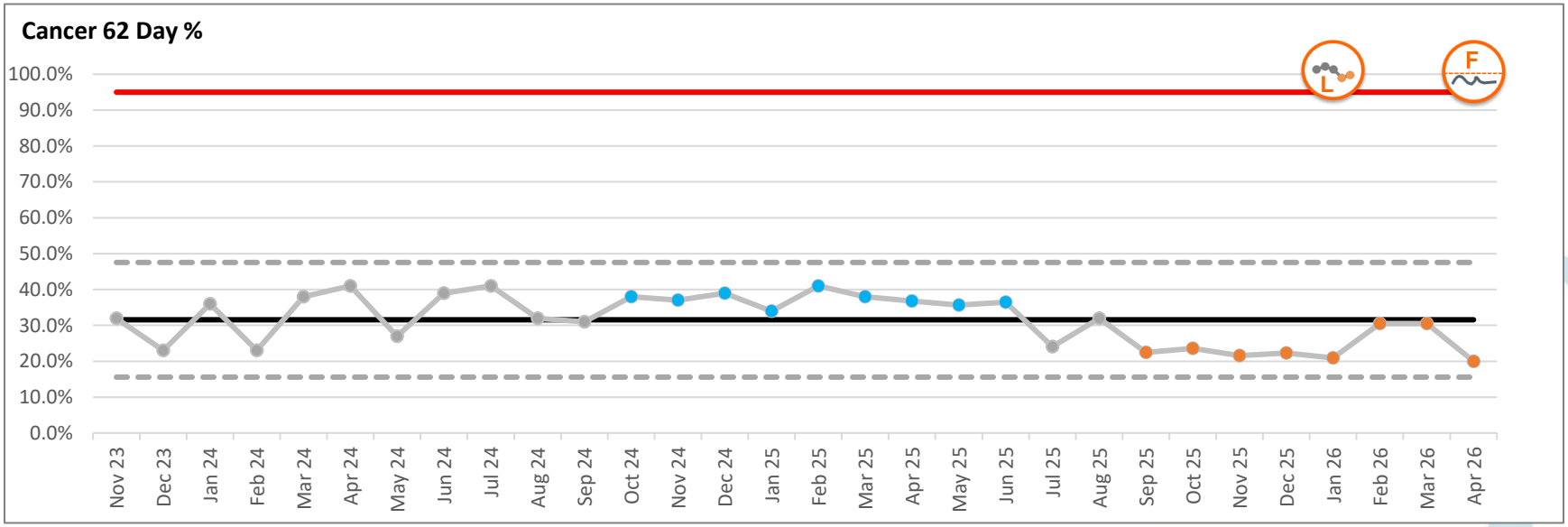


Cancer 62 Day %

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 20.0% compared to the expected 95% target.

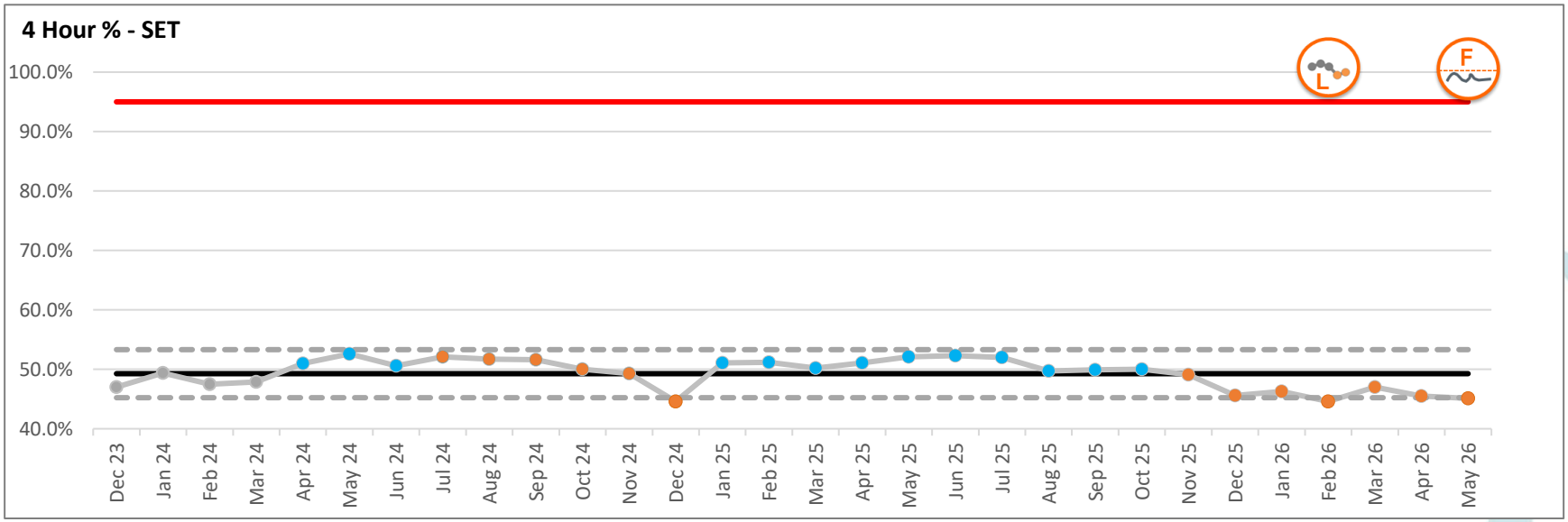


Cancer 62 day % figures are 6-8 weeks after submission due to delays in pathology therefore this indicator is reported a month in arrears and it is anticipated that the latest two months of data will be subject to revision.

4 Hour Target % – South Eastern Trust

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 May 2026, 45.1% 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.



Note: Chart axis starts at 40%

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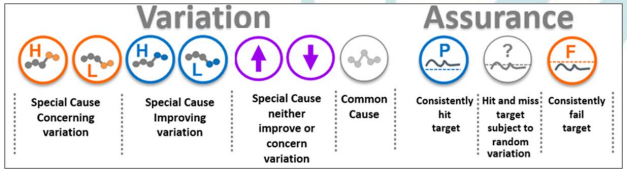
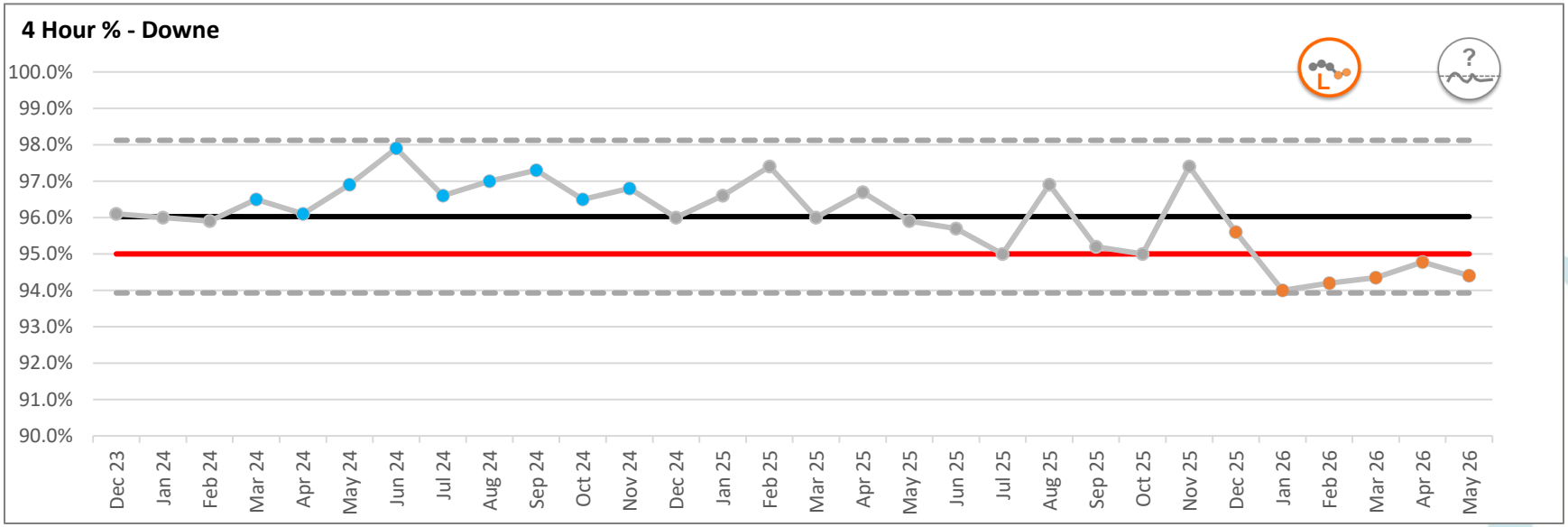


4 Hour Target % – Downe

Emergency Department and Urgent Care Centre 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 May 2026, 94.4% of all patients within the Urgent Care Centre at Downe Hospital met the 4 hour target.



Note: Chart axis starts at 90%

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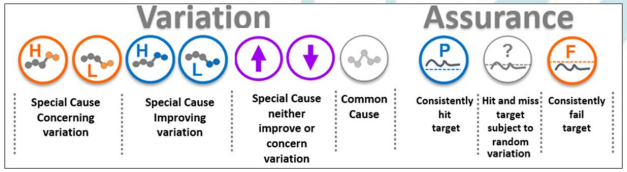
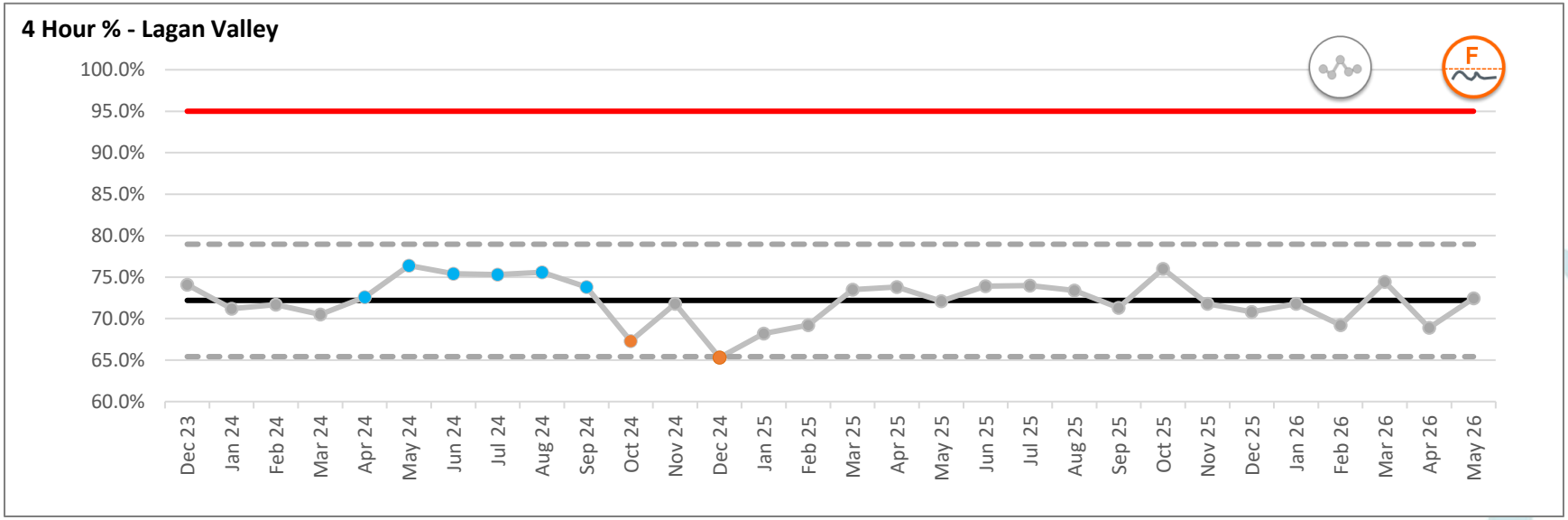


4 Hour Target % – Lagan Valley

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 May 2026, 72.5% of all patients within the Emergency Department at Lagan Valley, met the 4 hour target.



Note: Chart axis starts at 60%

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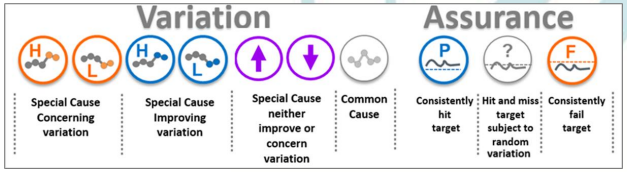
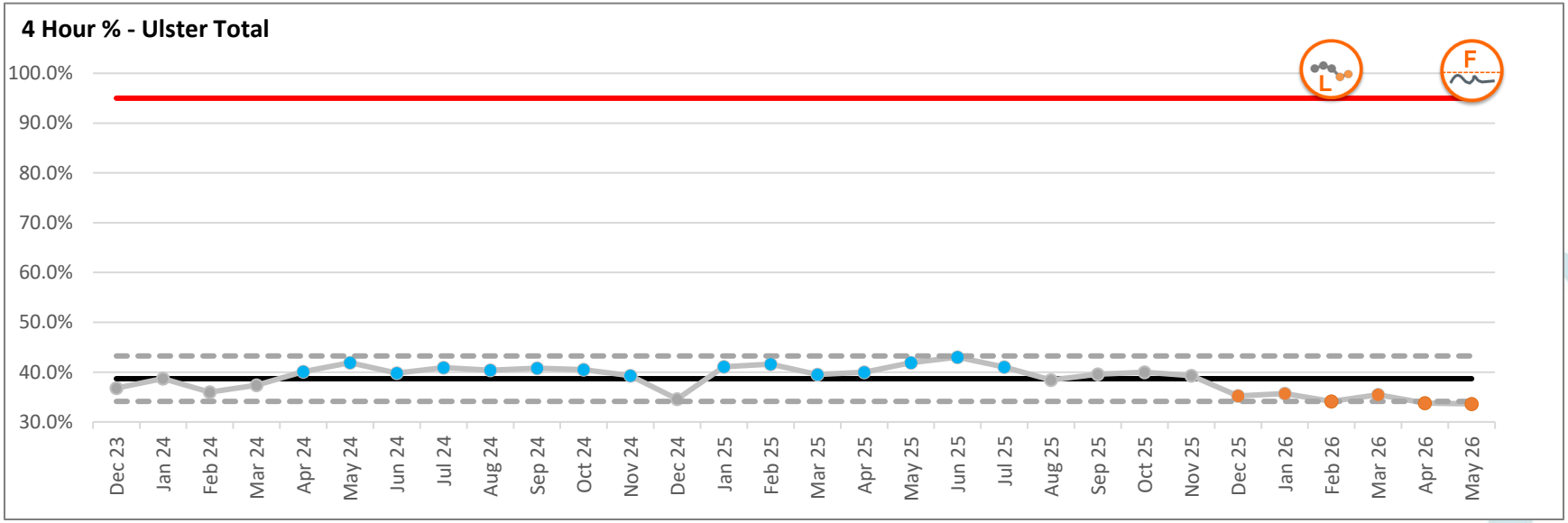


4 Hour Target % – Ulster

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 May 2026, 33.6% of all patients within the Ulster Emergency Departments, including Urgent Care Centres (UCC) stream, met the 4 hour target.



Note: Chart axis starts at 30%

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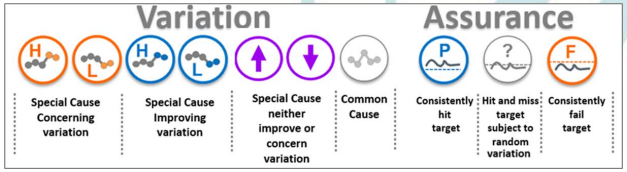
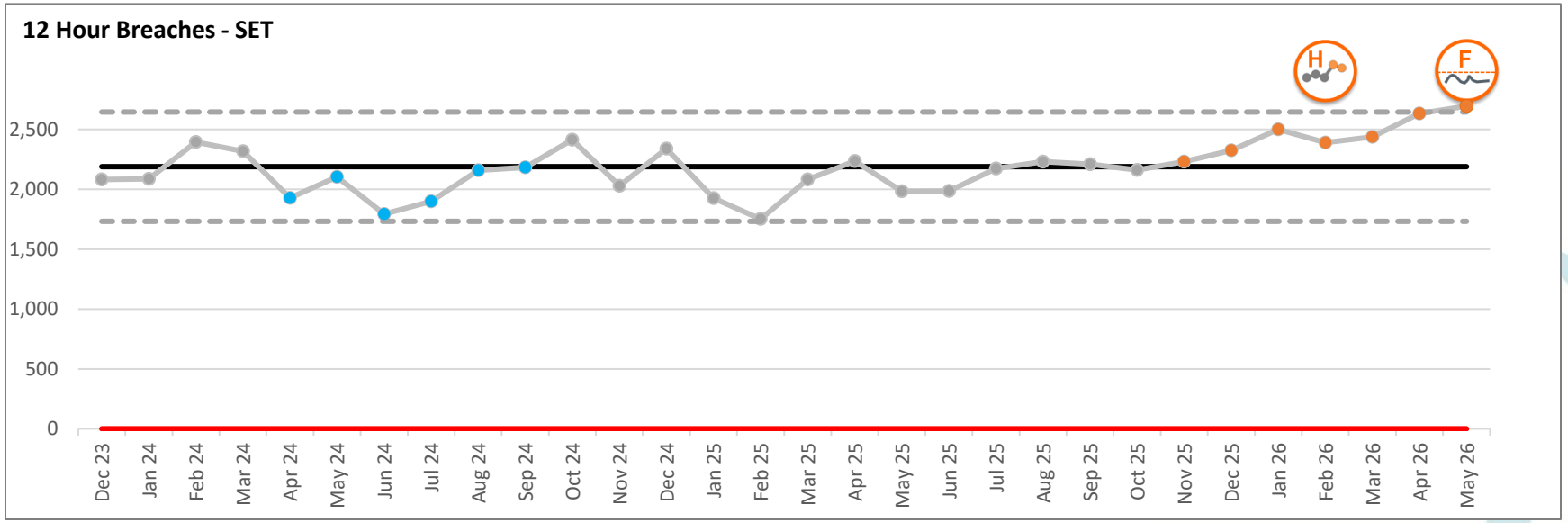


12 Hour Breaches – Ulster Hospital

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 May 2026, 2,692 patients waited over 12 hours.



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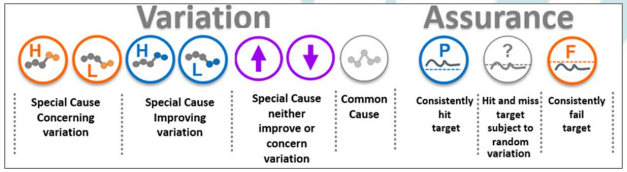
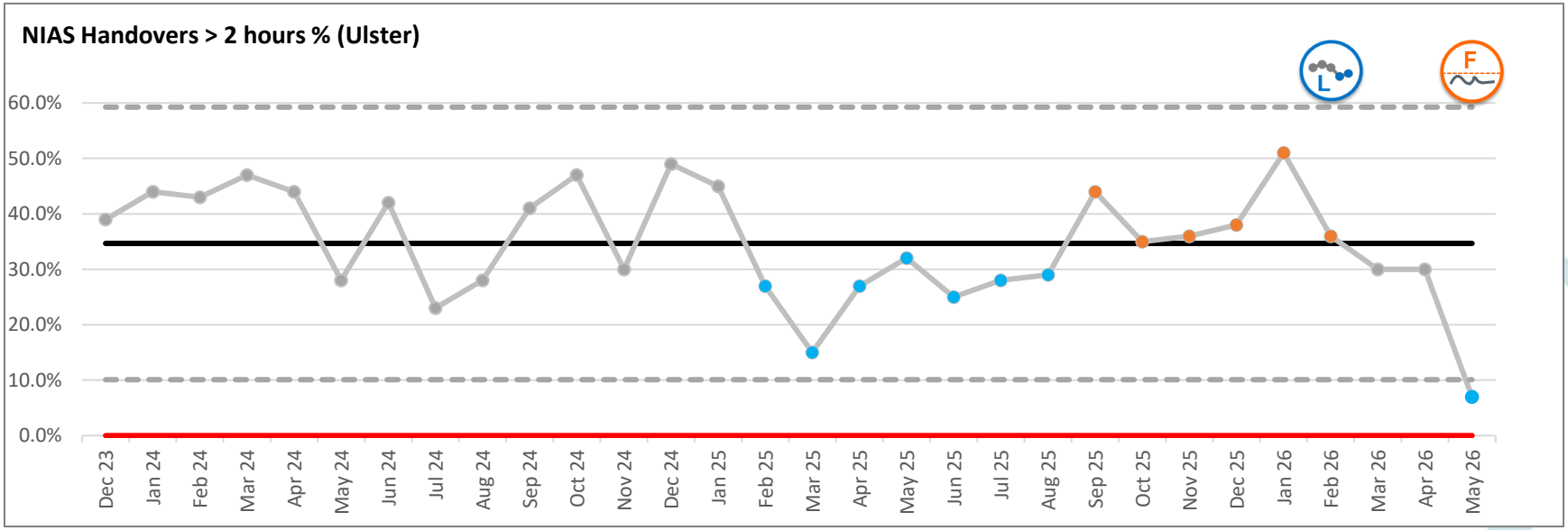


NIAS Handovers – Ulster Hospital

NIAS Handover 2 hour breaches are monitored as part of the System Oversight Measures.

No patient should wait longer than 2 hours for a handover from NIAS to receiving department. In May 2026, 7% of patients waited over 2 hours.



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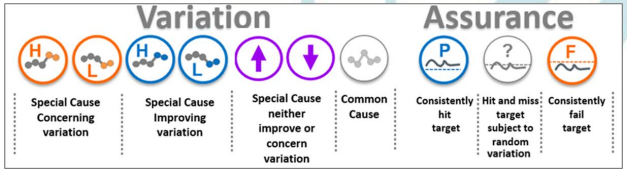
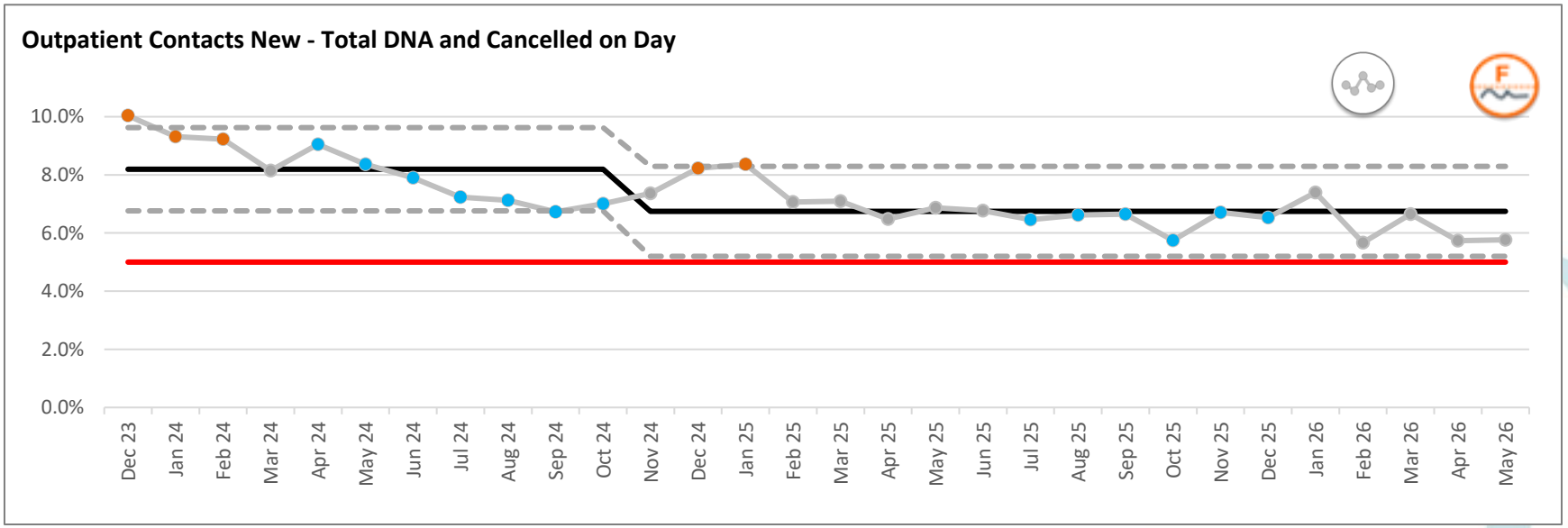


Outpatient DNA and Cancelled on Day - New

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

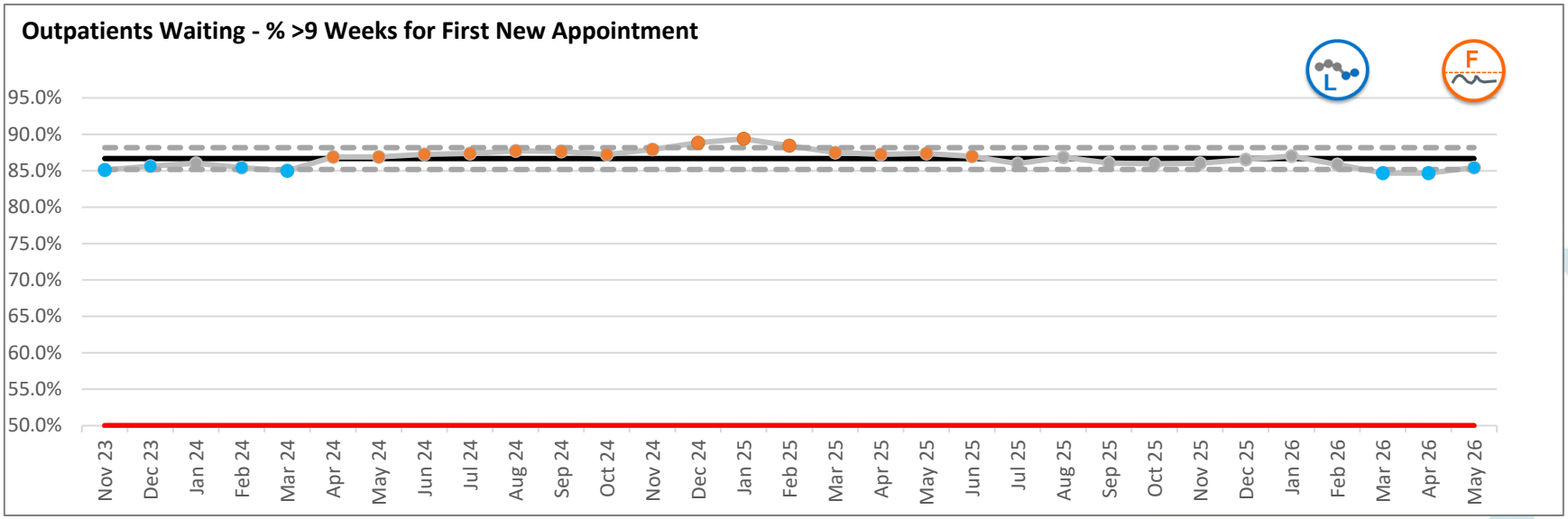
In May 2026 there was a 5.8% DNA and cancelled on day rate for new contacts against an expected rate of 5%.



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 May 2026 there were 85.4% of patients waiting over 9 weeks for an outpatient appointment.



Note: Chart axis starts at 50%

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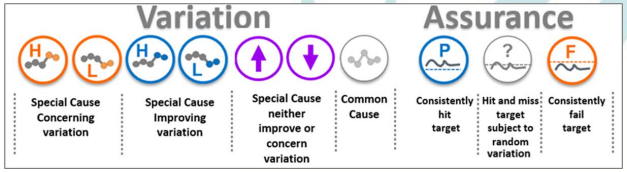
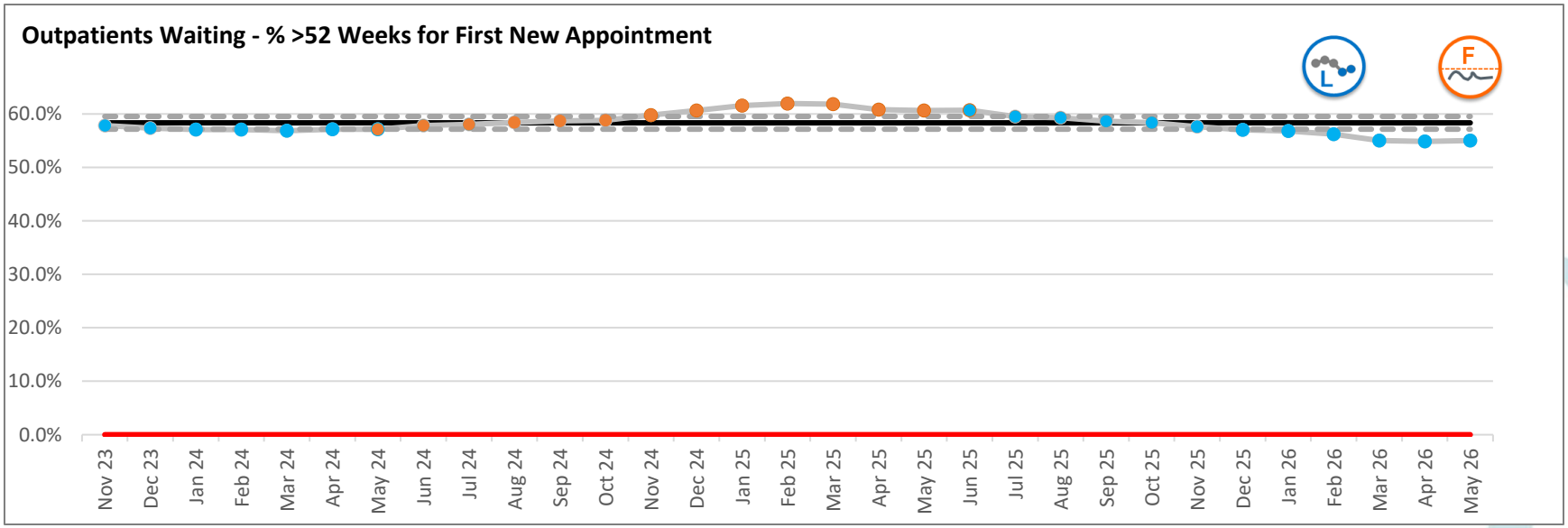
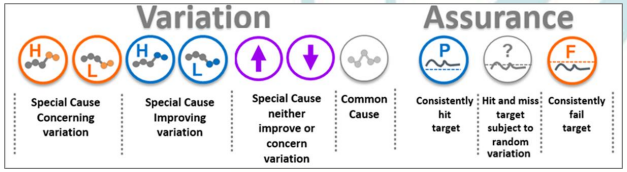


Outpatient > 52 Weeks %

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

No patients should wait over 52 weeks. In May 2026 there were 55.1% of patients waiting over 52 weeks for an outpatient appointment.

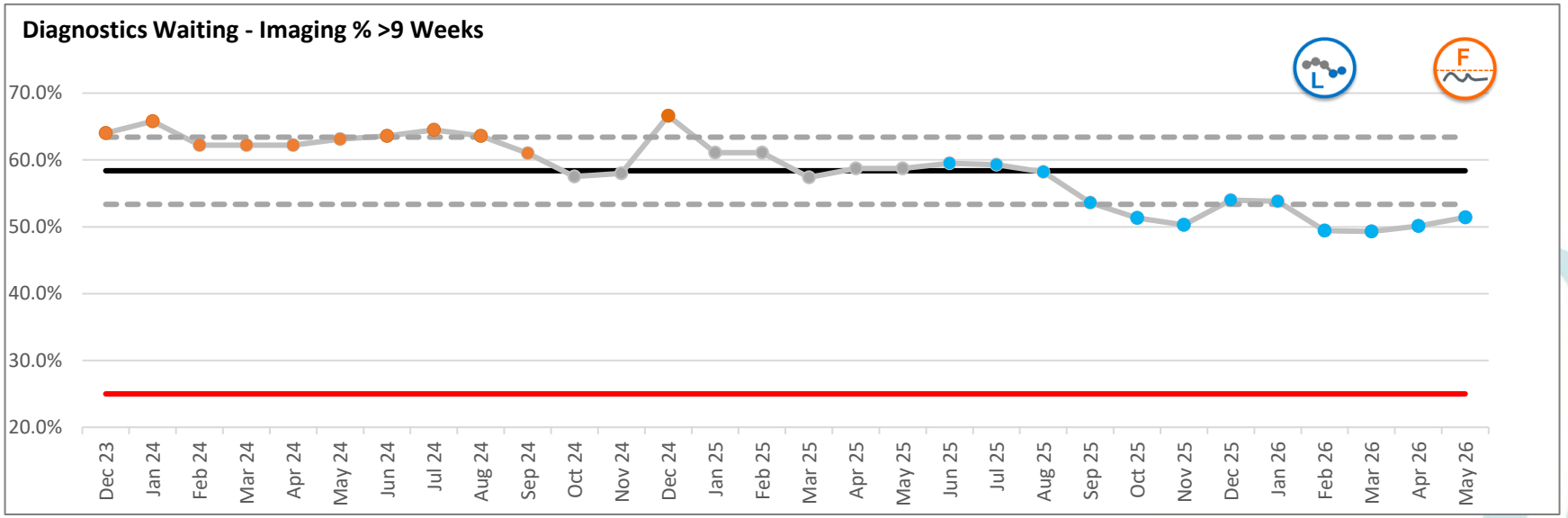




Diagnostic Waits Imaging > 9 Weeks %

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 May 2026, 51.4% of patients waited over 9 weeks for a diagnostic imaging test.



Note: Chart axis starts at 20%

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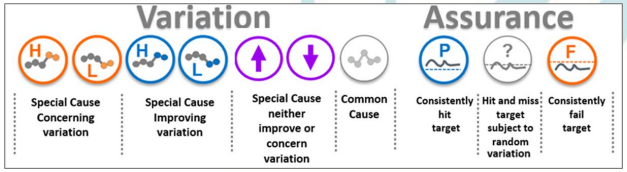
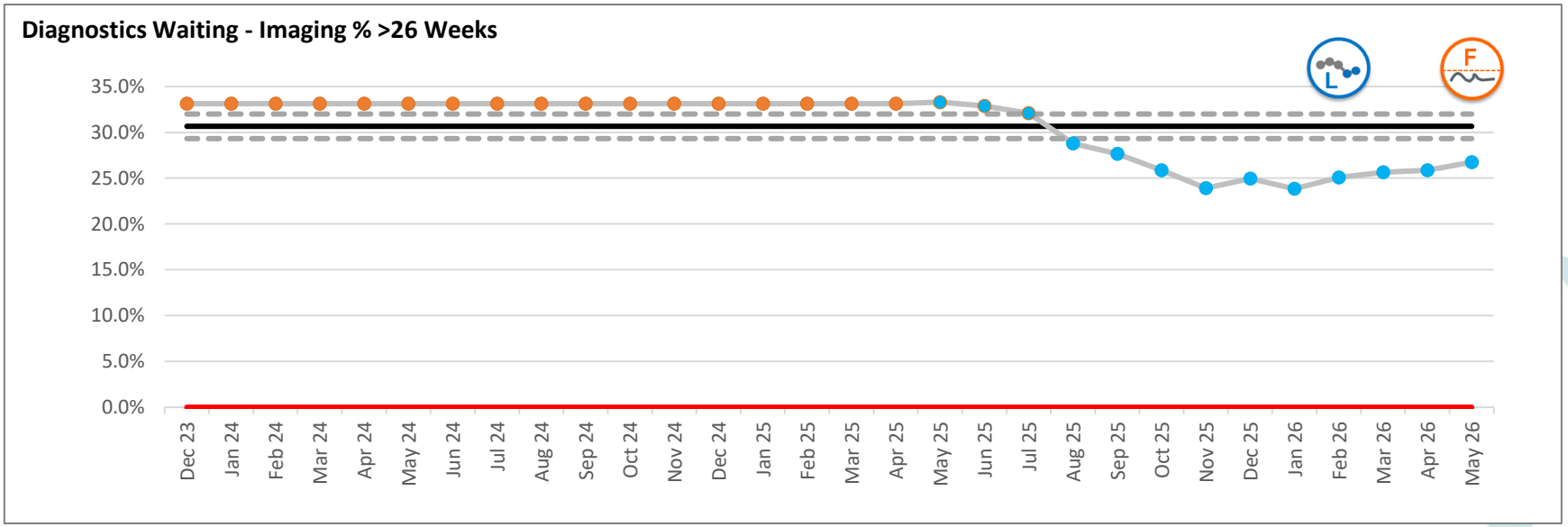


Diagnostic Waits Imaging > 26 Weeks %

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 May 2026, 26.8% of patents waited over 26 weeks for a diagnostic imaging test.



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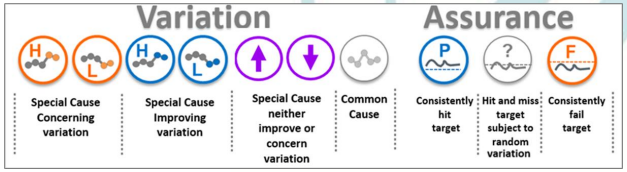
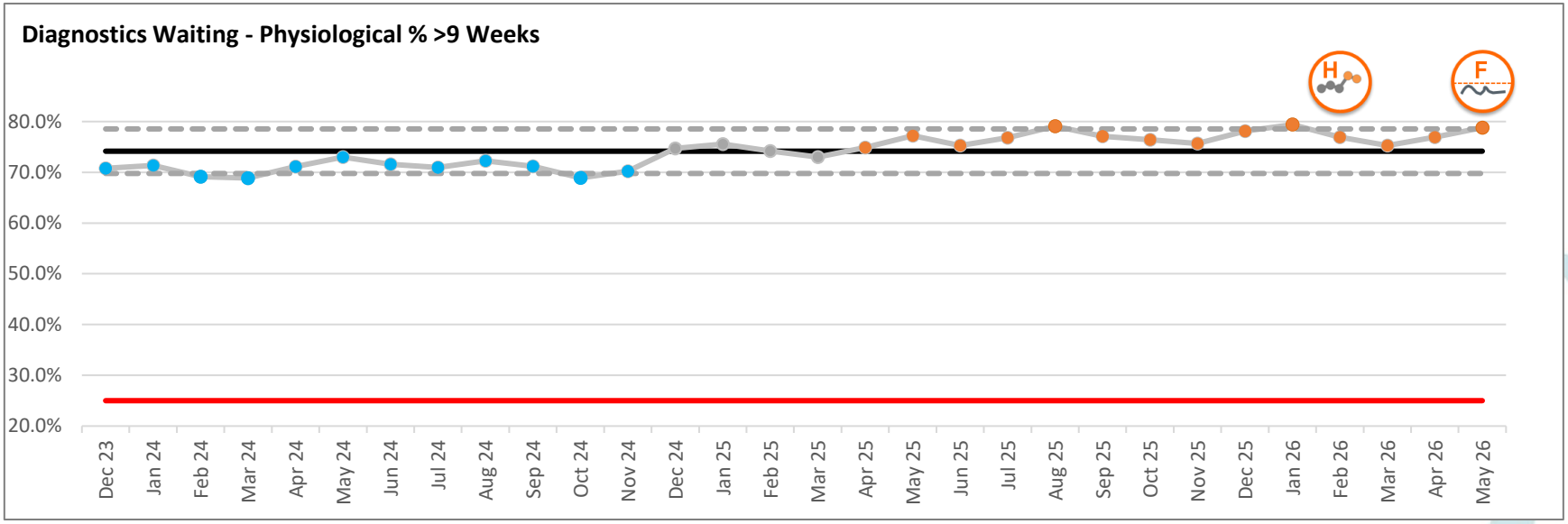


Diagnostic Waits Physiological > 9 Weeks %

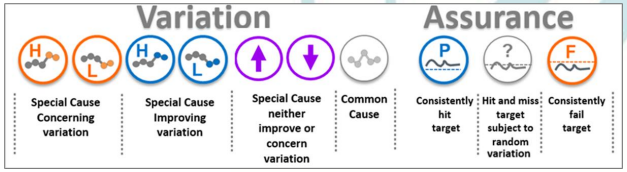
Diagnostic waits: physiological is monitored as part of the System Oversight Measures.

No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In May 2026, 78.8% of patients waited over 9 weeks for a diagnostic physiological test.



Note: Chart axis starts at 20%

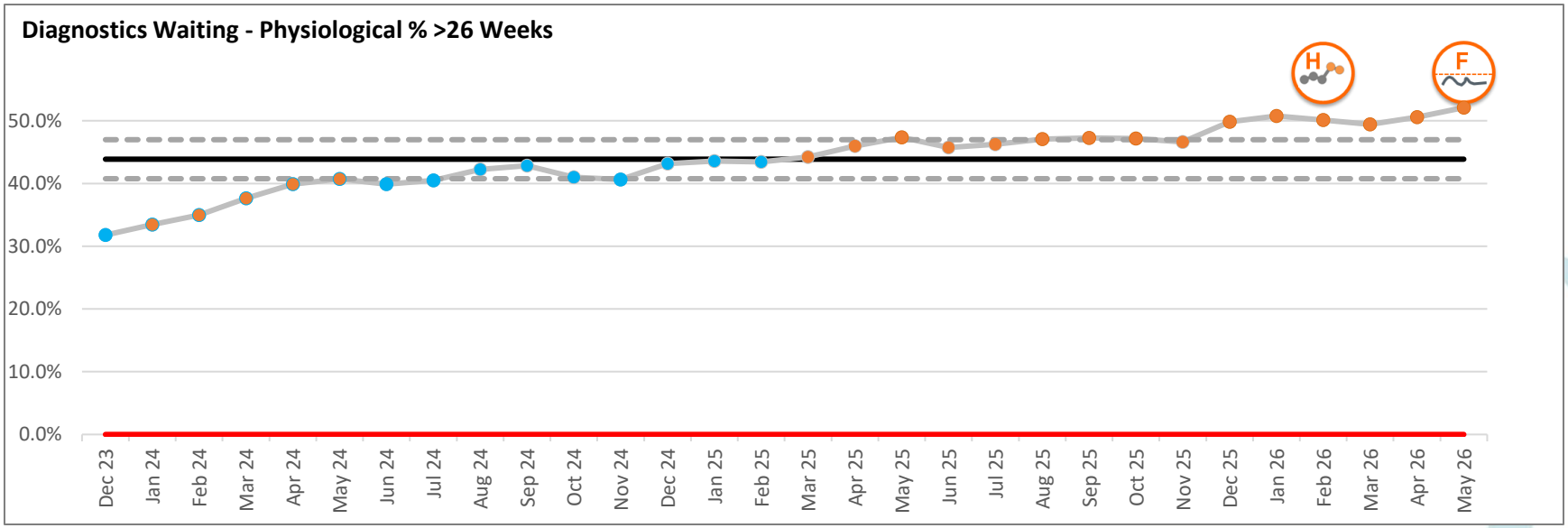
South Eastern Health and Social Care Trust



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 May 2026, 52.1% of patents waited over 26 weeks for a diagnostic physiological test.



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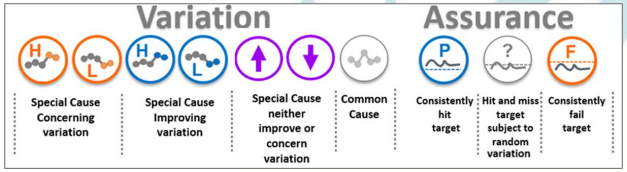
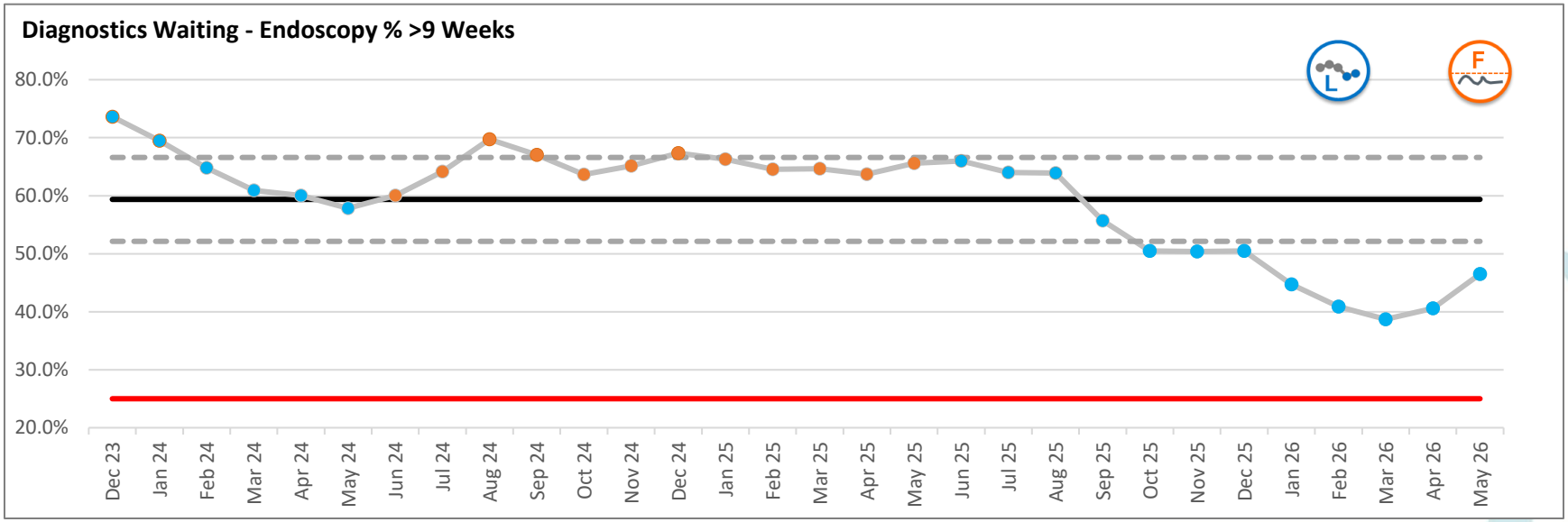


Diagnostic Waits Endoscopy > 9 Weeks %

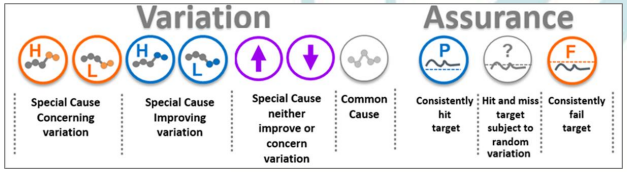
Diagnostic waits: endoscopy is monitored as part of the System Oversight Measures. Note this includes regional waits for Regional Day Procedure centre (DPC).

No more than 25% of patients should wait more than 9 weeks for a diagnostic endoscopy test. In May 2026, 46.5% of patients waited over 9 weeks for a diagnostic endoscopy test.



Note: Chart axis starts at 20%

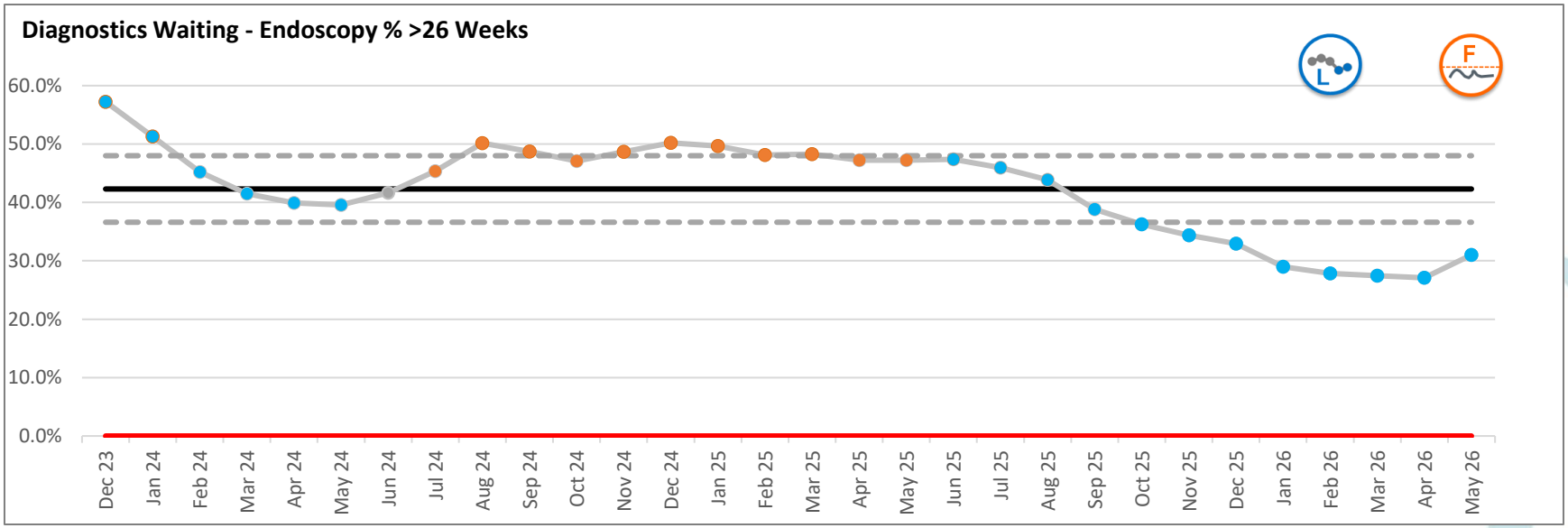
South Eastern Health and Social Care Trust



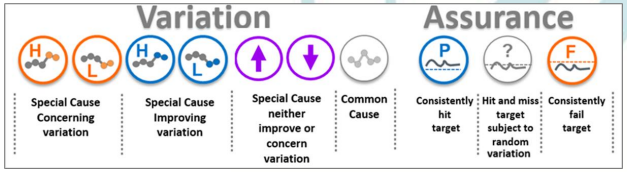
Diagnostic Waits Endoscopy > 26 Weeks %

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 May 2026, 31.0% of patents waited over 26 weeks for a diagnostic endoscopy test.



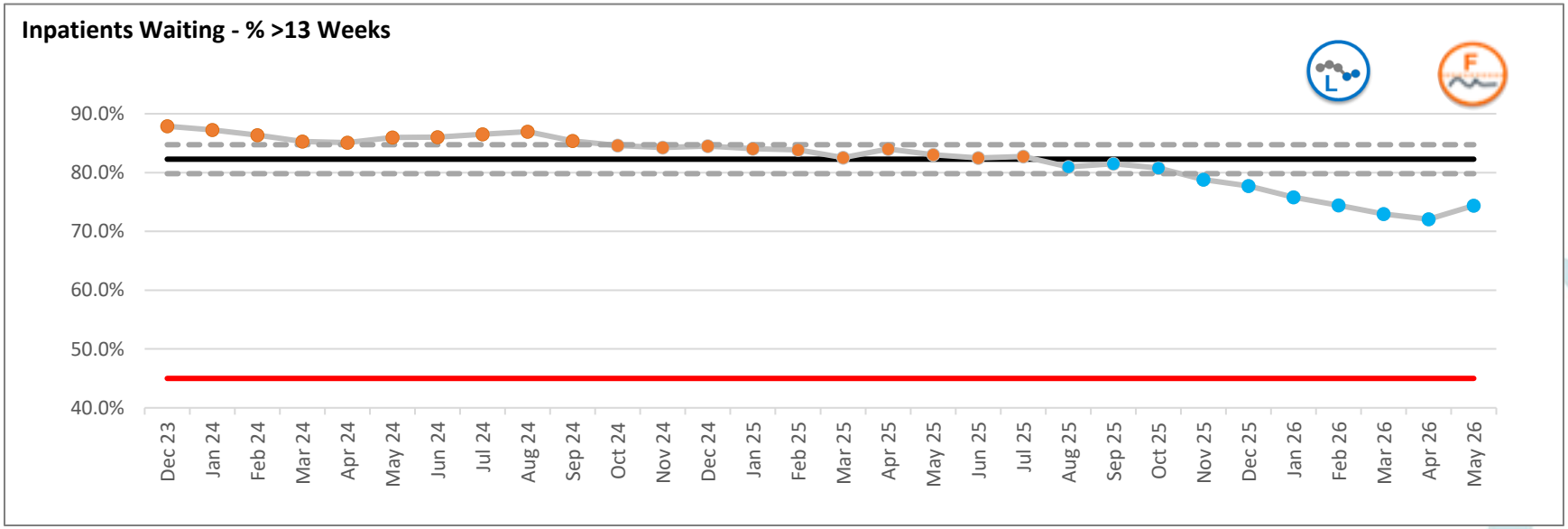
South Eastern Health and Social Care Trust



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

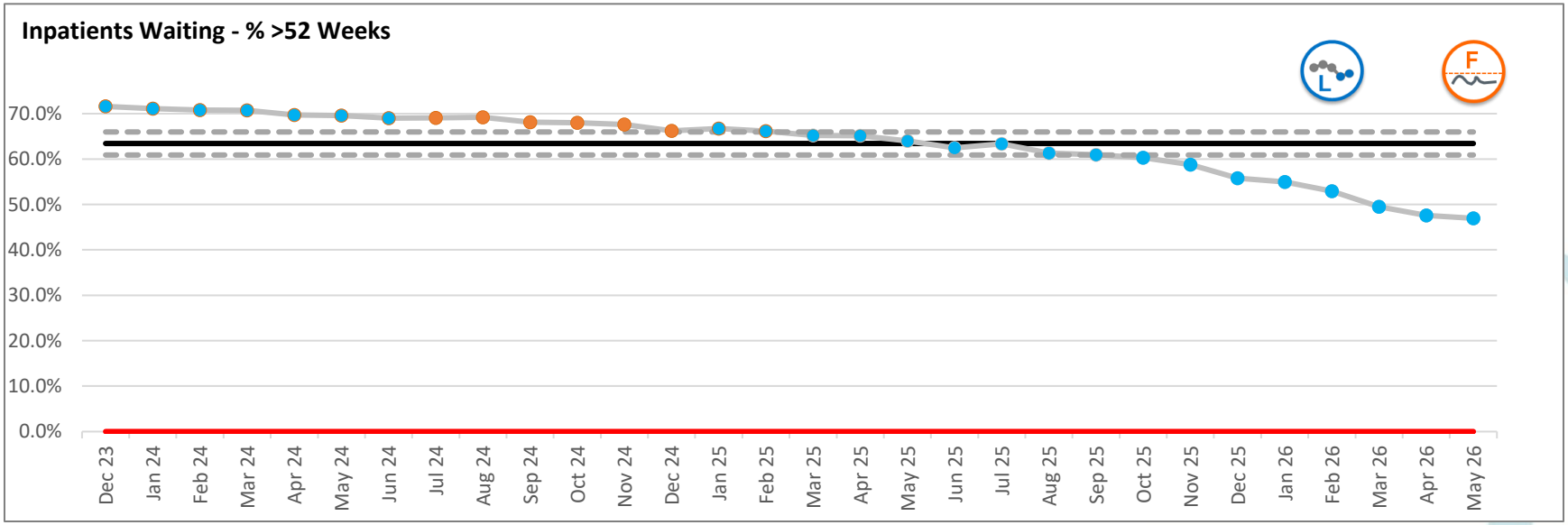


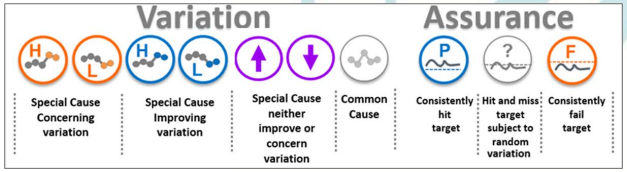
Note: Chart axis starts at 40%

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 May 2026, 47.0% of patents waited over 52 weeks for a inpatient admission.

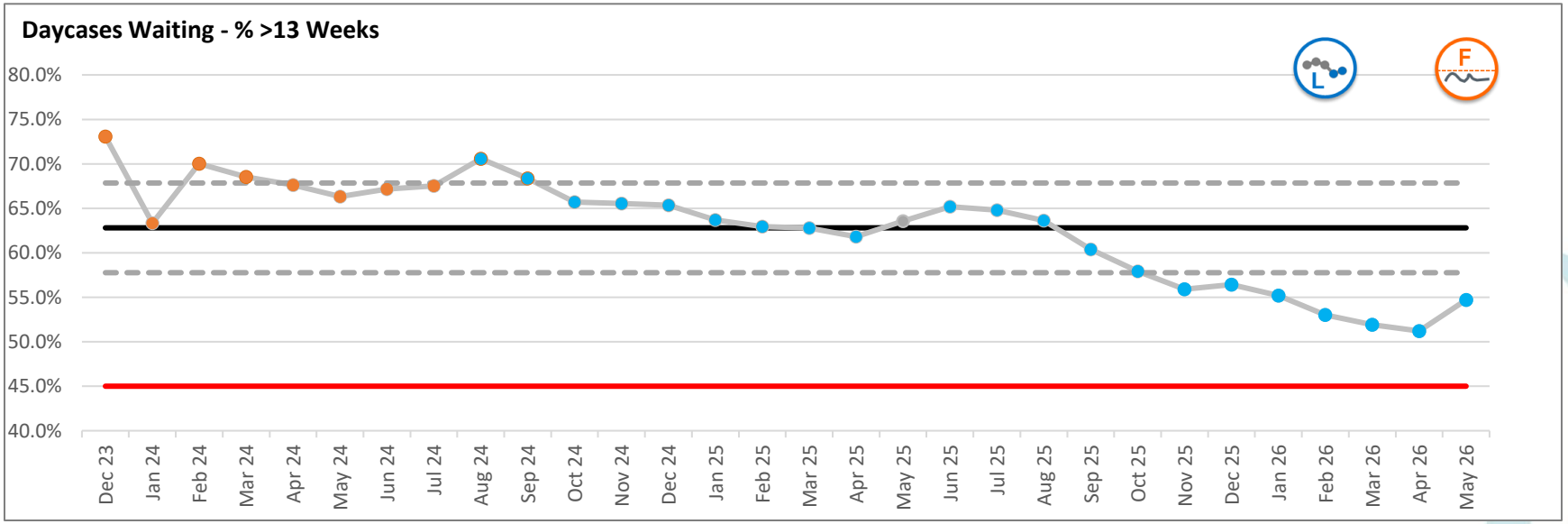




Day Case Waits > 13 Weeks %

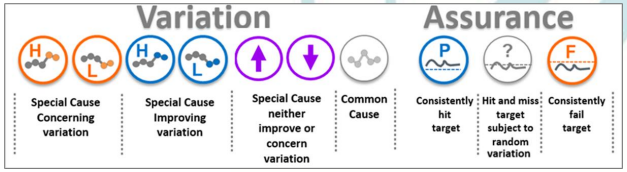
Day case waits over 13 weeks are monitored as part of the System Oversight Measures. Note this includes regional waits for the day procedure centre.

No more than 45% of patient should wait more than 13 weeks for a daycase treatment. In May 2026, 54.7% of patients waited over 13 weeks for a day case treatment.



Note: Chart axis starts at 40%

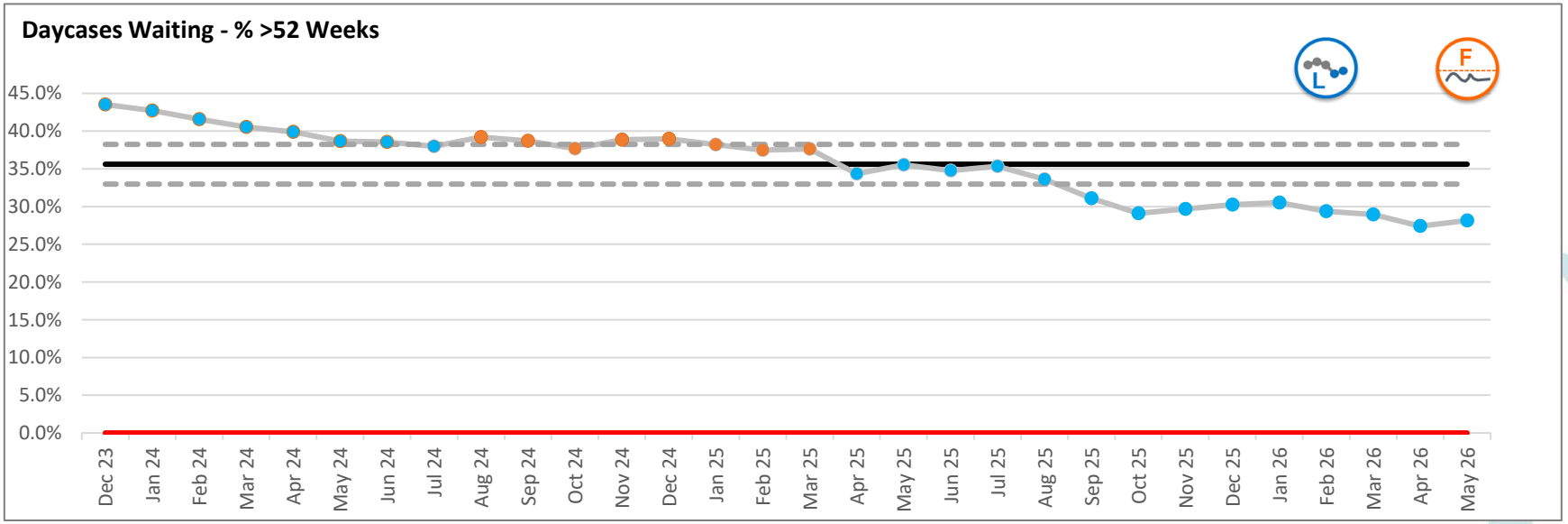
South Eastern Health and Social Care Trust



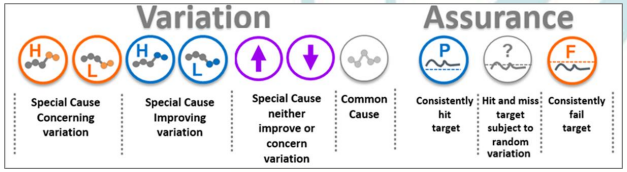
Day Case Waits > 52 Weeks %

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 May 2026, 28.2% of patents waited over 52 weeks for a day case treatment.



South Eastern Health and Social Care Trust



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 May 2026, 61.8% of patients waited under 48 hours.

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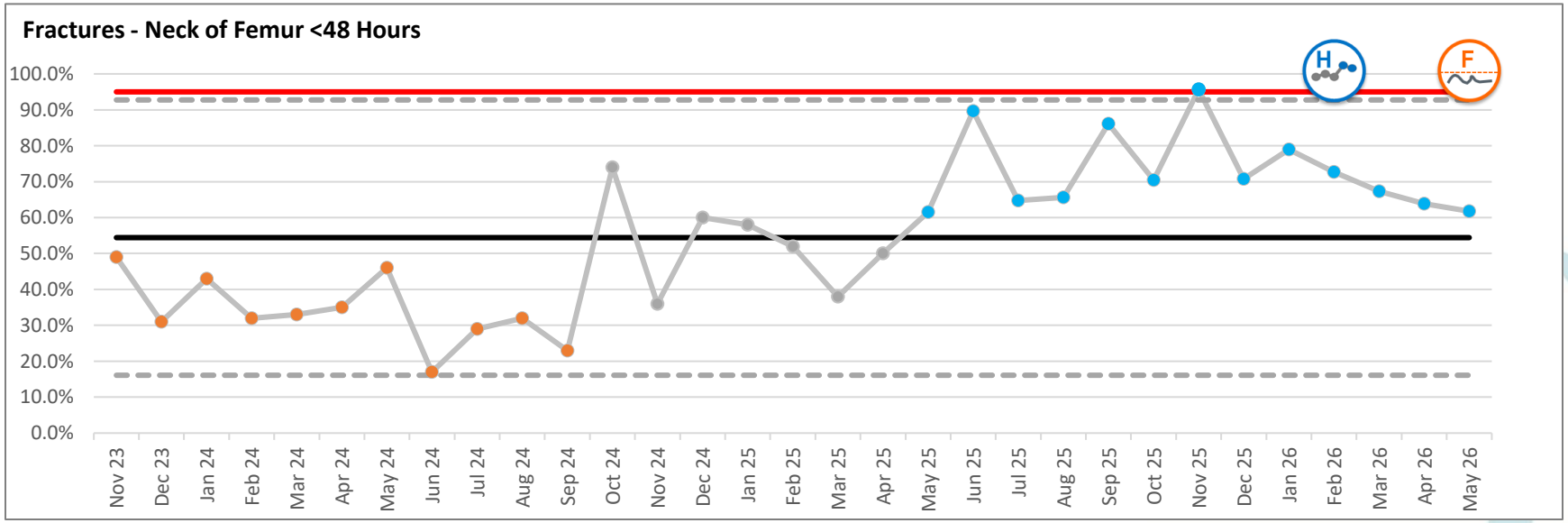

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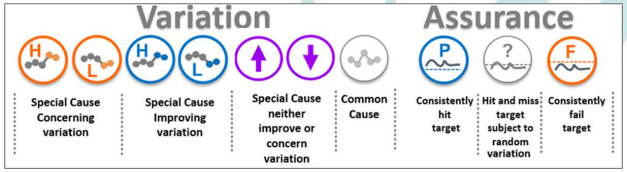

Theatres Main - Total DNA and Cancelled on Day

Theatres Did Not Attend (DNA) and Cancelled on the Day 48 hours is monitored as part of the System Oversight Measures.

No more than 5% of theatre cases should DNA or Cancel on the Day. In April 2026, 11.1% of patients in Main Theatres DNA or Cancelled on the Day.

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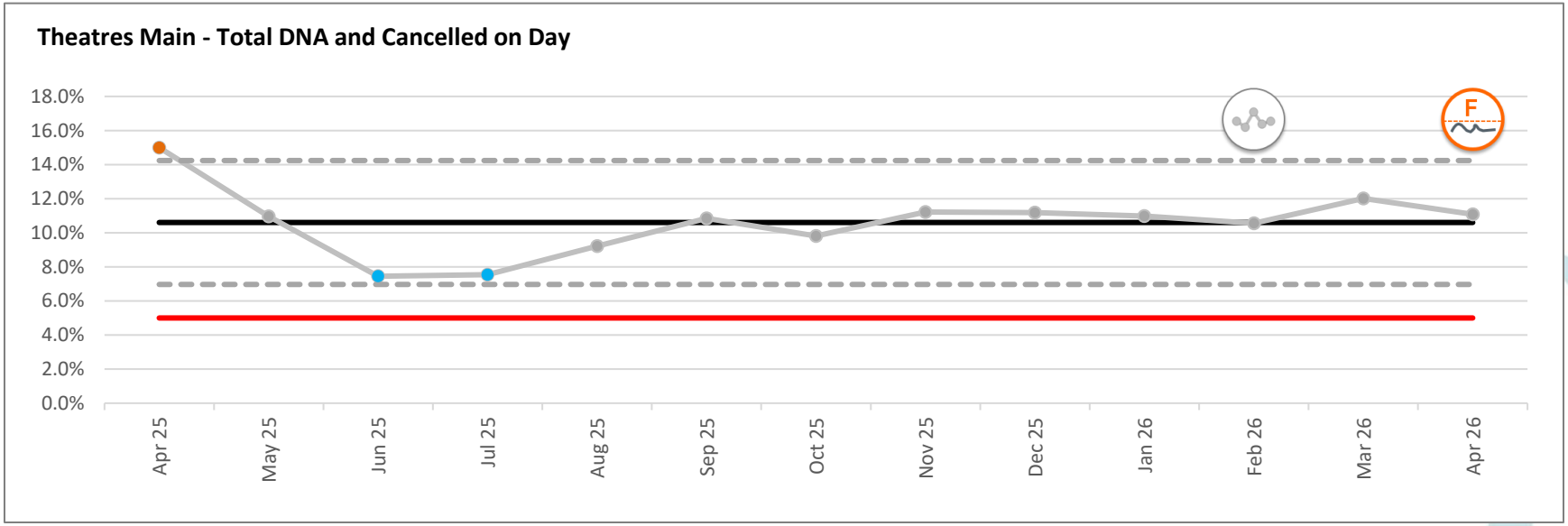

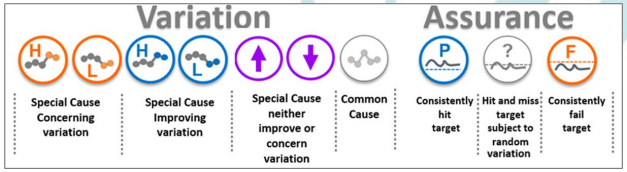

Theatres Day Procedure Unit (DPU) – Run Time

Theatres Run Time is monitored as part of the System Oversight Measures.

Theatres should achieve a minimum run time rate of 90% for Main Theatres, DPU and Endoscopy Suites. In April 2026, 86.5% run time rate was achieved in DPU theatres.

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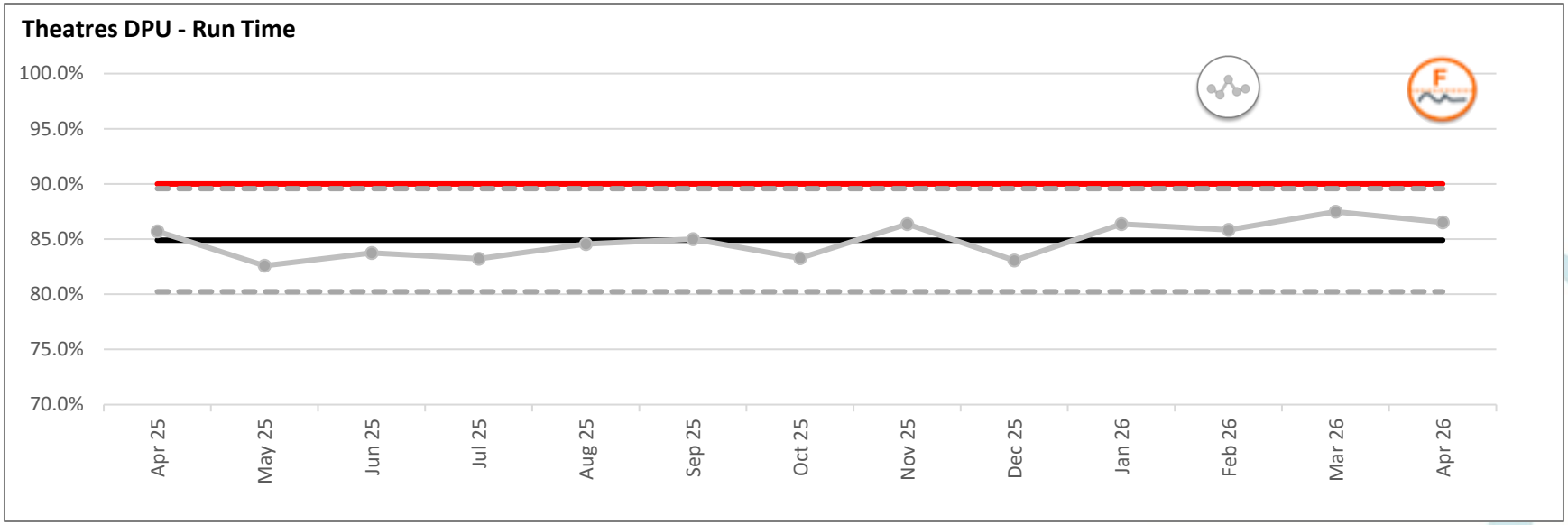
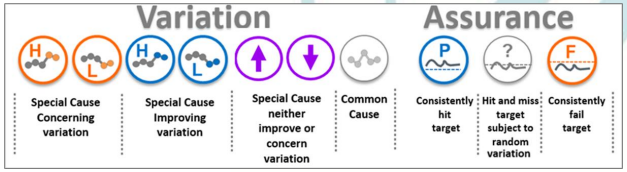


Note: Chart axis starts at 70%



Theatres Endoscopy – Run Time

Theatres Run Time is monitored as part of the System Oversight Measures.

Theatres should achieve a minimum run time rate of 90% for Main Theatres, DPU and Endoscopy Suites. In April 2026, 84.9% run time rate was achieved in Endoscopy theatres.

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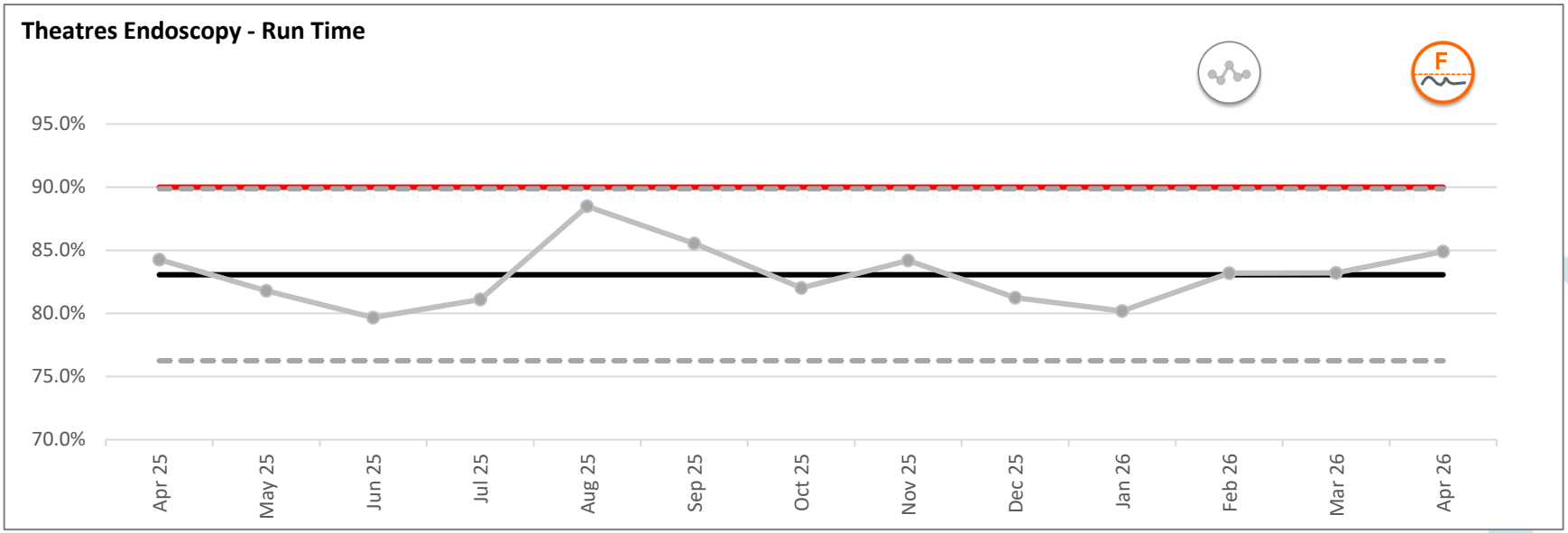
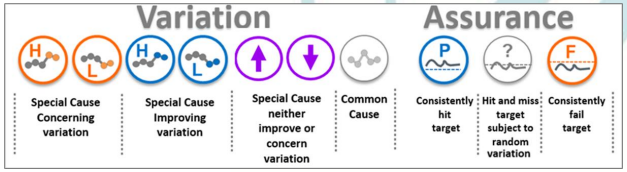


Note : Chart axis starts at 70%



Theatres Day Procedure Unit (DPU) – Operating Time

Theatres Operating Time is monitored as part of the System Oversight Measures.

DPU Theatres should achieve a minimum operating time rate of 80%. In April 2026, 68.3% operating time rate was achieved in DPU theatres.

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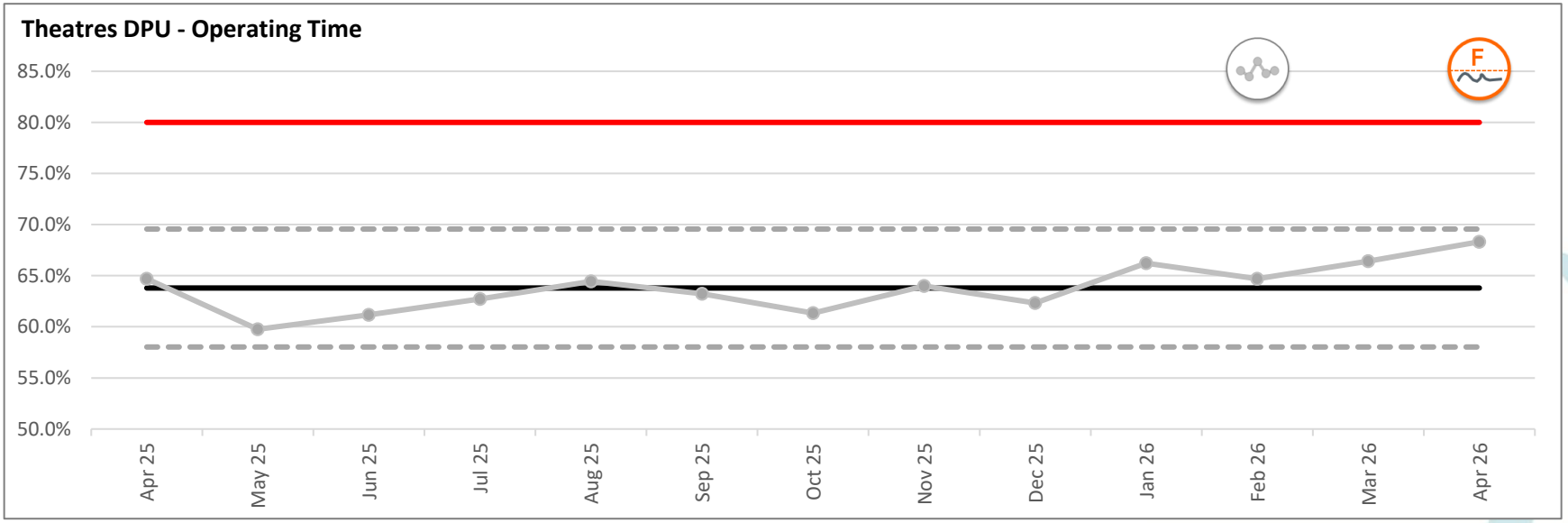
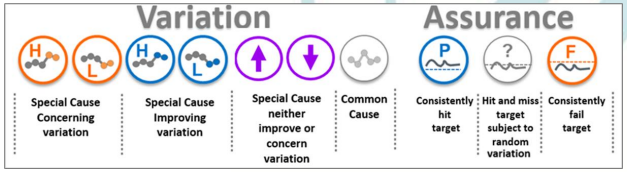


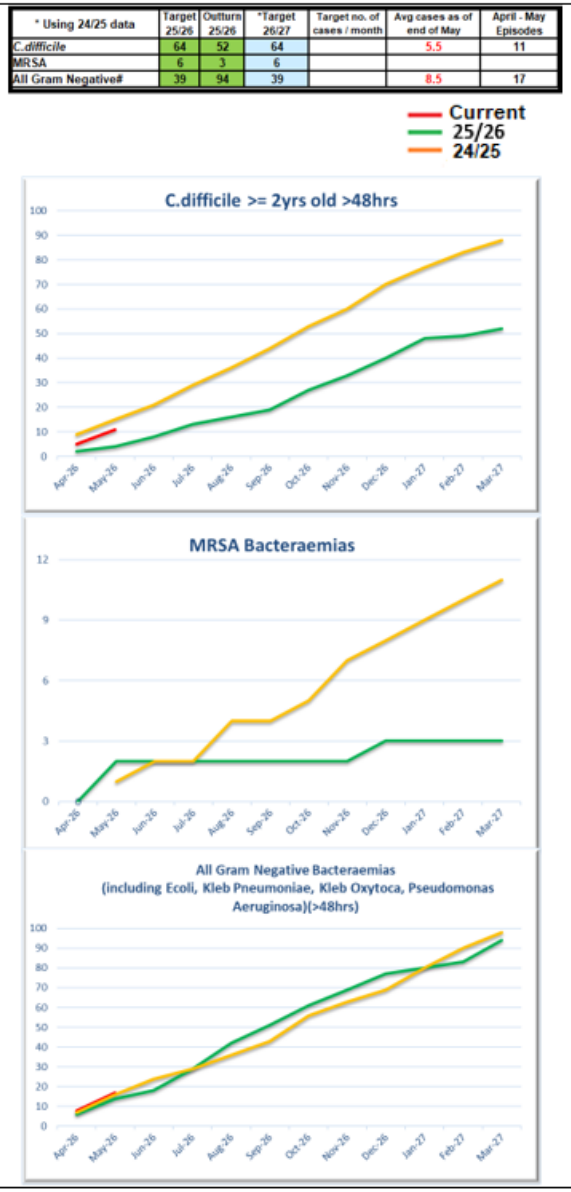
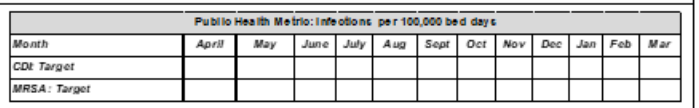
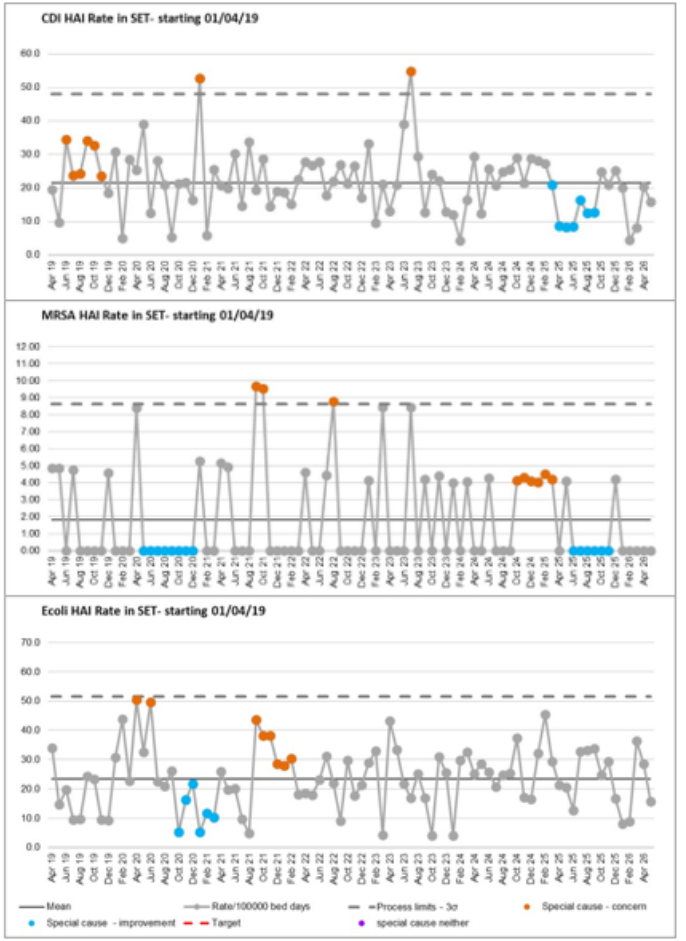
Note: Chart axis starts at 50%



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 The PHA established new goals aimed at reducing the total number of inpatient episodes by March 2027. We await the new targets. 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	**2026/27:** **CDI**: 2 < 48 hours : 9 > 48 hours **MRSA** :0 < 48 hours, :0 > 48 hours **Gram Negative Bacteraemias (GNB)** Reportable only if >48hrs *E.coli* : 11 *Pseudo. Aeruginosa* : 0 *Klebsiella Oxytoca*: 0 *Klebsiella Pneumoniae*: 6 ********** During 25/26 there was a 40% reduction in CDI HAI cases in comparison to 24/25. MRSA figures were also down 60% 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.		 PHA still haven't released this information 

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

- Community Dental Services Review
- Dietetic Review Contacts
- Occupational Therapy Waits > 13 weeks
- Dietetics waits > 13 weeks
- Speech and Language Therapy Total Waits > 13 weeks

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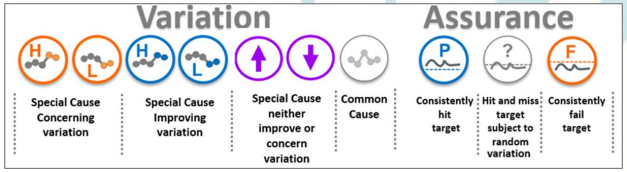
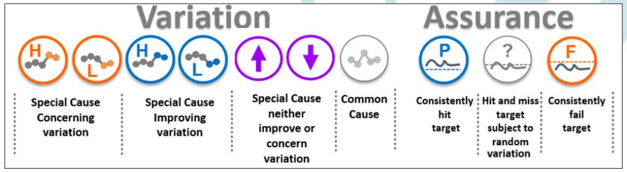


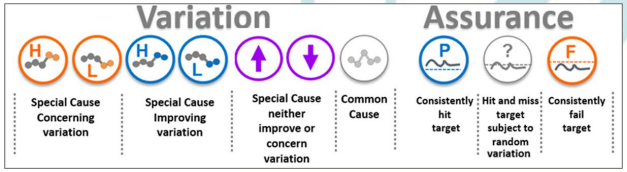
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	May 26	153	-		
Community Dental Services Review	May 26	1199	-		
CDS General Anaesthetic (Ulster)	May 26	85	-		
Unmet Need Hours (Full Packages)	May 26	671	927		
Unmet Need Hours (Partial Packages)	May 26	95	138		
Direct Payments (PCOP only)	May 26	564			
Direct Payments (ALL)	May 26	1086	1192		

South Eastern Health and Social Care Trust



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	May 26	413	-		
Speech and Language Therapy Review Contacts	May 26	3402	-		
Physiotherapy New Contacts	May 26	2152	-		
Physiotherapy Review Contacts	May 26	4886	-		
Occupational Therapy New Contacts	May 26	825	-		
Occupational Therapy Review Contacts	May 26	1309	-		
Dietetics New Contacts	May 26	652	-		
Dietetics Review Contacts	May 26	1344	-	H	
Orthoptics New Contacts	May 26	157	-	L	
Orthoptics Review Contacts	May 26	480	-		
Podiatry New Contacts	May 26	365	-	L	
Podiatry Review Contacts	May 26	2025	-		

South Eastern Health and Social Care Trust



KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	May 26	20329	-		
AHP Waits >13 weeks	May 26	46%	0%		F
Occupational Therapy Waits (n)	May 26	2721	-		
Occupational Therapy Waits >13 weeks	May 26	1429	0	L	F
Orthoptics Waits (n)	May 26	530	-		
Orthoptics Waits >13 weeks	May 26	57	0		F
Podiatry Waits (n)	May 26	3660	-		
Podiatry Waits >13 weeks	May 26	2126	0		F

KPI	Latest month	Measure	Target	Variation	Assurance
Physiotherapy Waits (n)	May 26	10046	-		
Physiotherapy Waits >13 weeks	May 26	5049	0		
Dietetics Waits (n)	May 26	2300	-		
Dietetics Waits >13 weeks	May 26	440	0		
Speech and Language Therapy Total Waits (n)	May 26	1072	-		
Speech and Language Therapy Total Waits >13 weeks	May 26	263	0		

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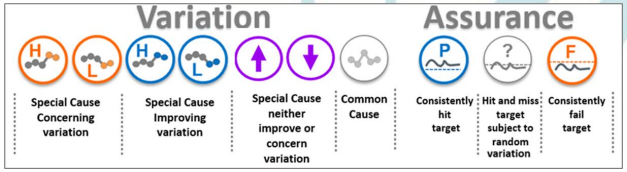
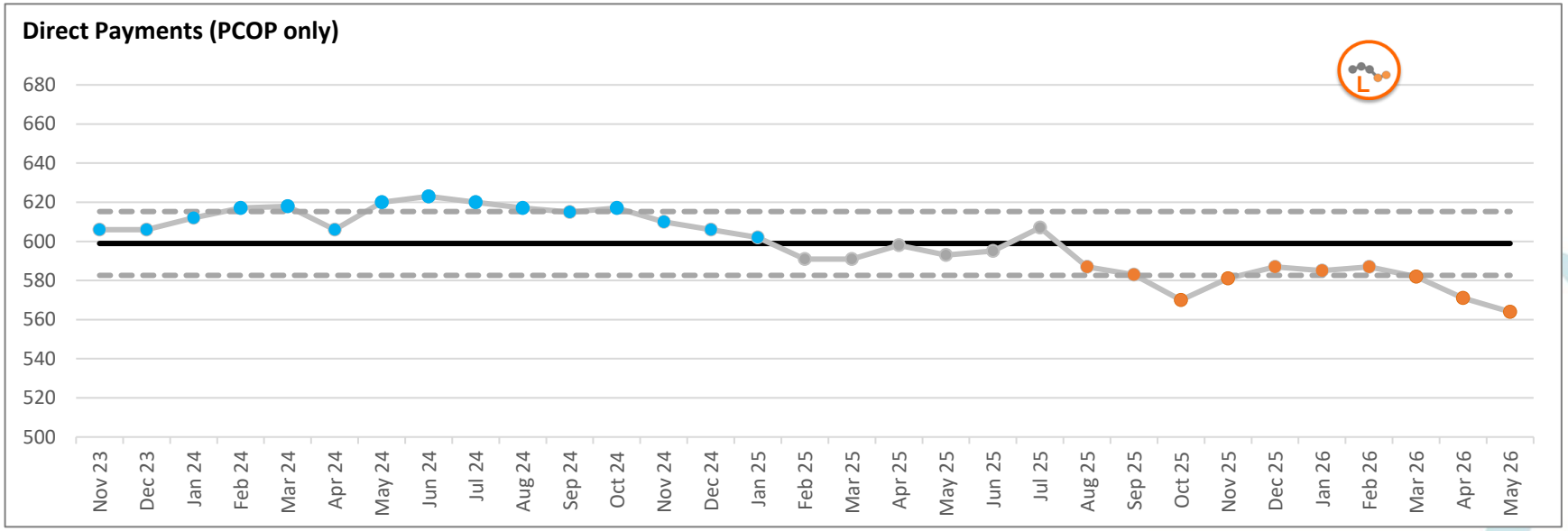


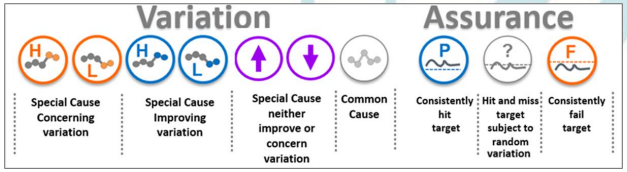
Direct Payments (PCOP)

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

In May 2026 there were 564 Direct payments within Primary Care and Older People Service. Progress towards the overall SOMs target is shown in the Direct Payments (All Directorates) slide.



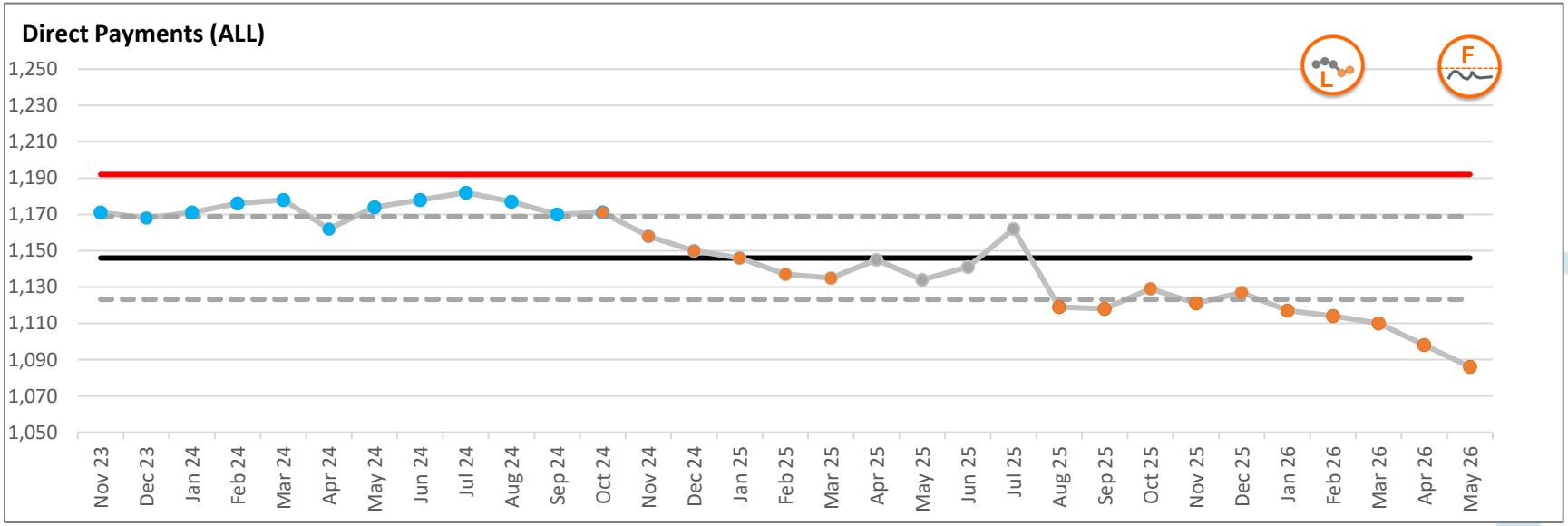
Note: Chart axis starts at 500



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 based on March 2025 figures.

In May 2026 there were 1,146 Direct payments against a trajectory of 1,192 equating to 96% of expected trajectory.



Note: Chart axis starts at 1,050

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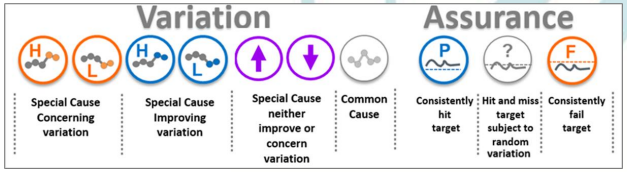
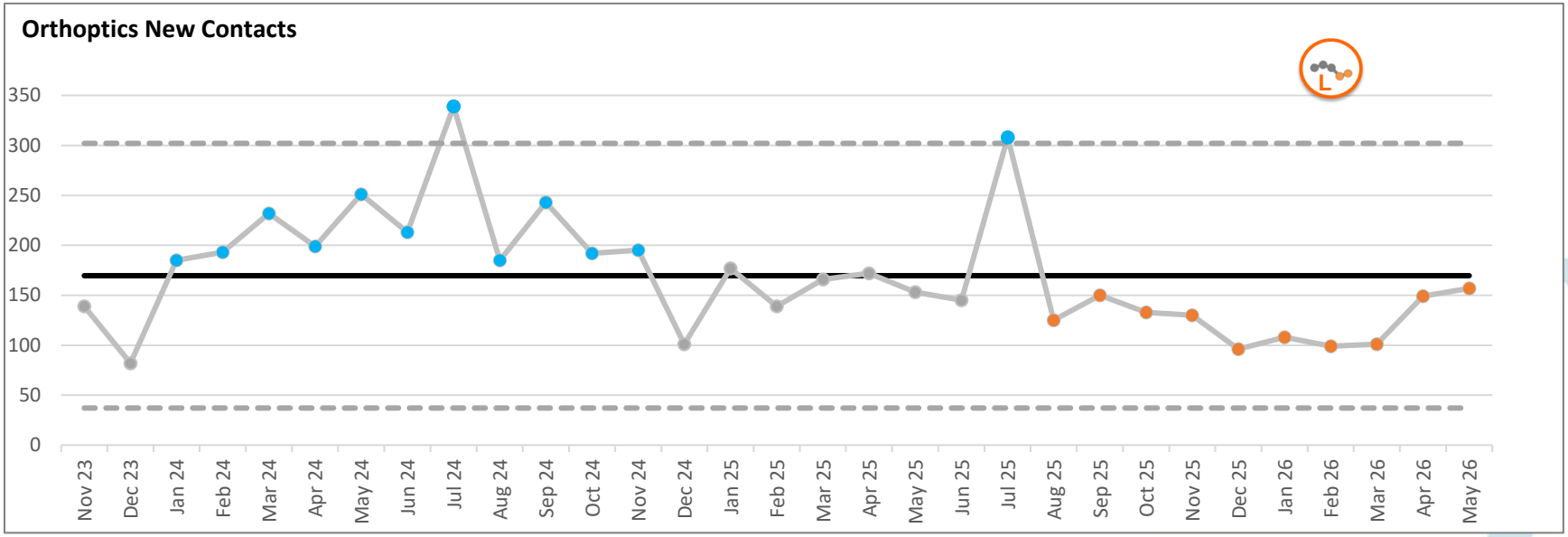


Orthoptics New Contacts

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

In May 2026 there were 157 Orthoptics New Contacts.



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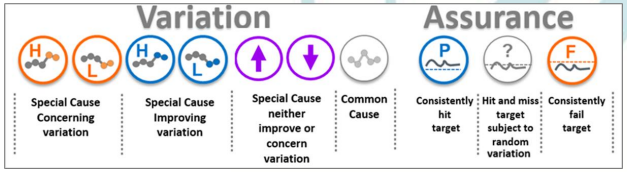
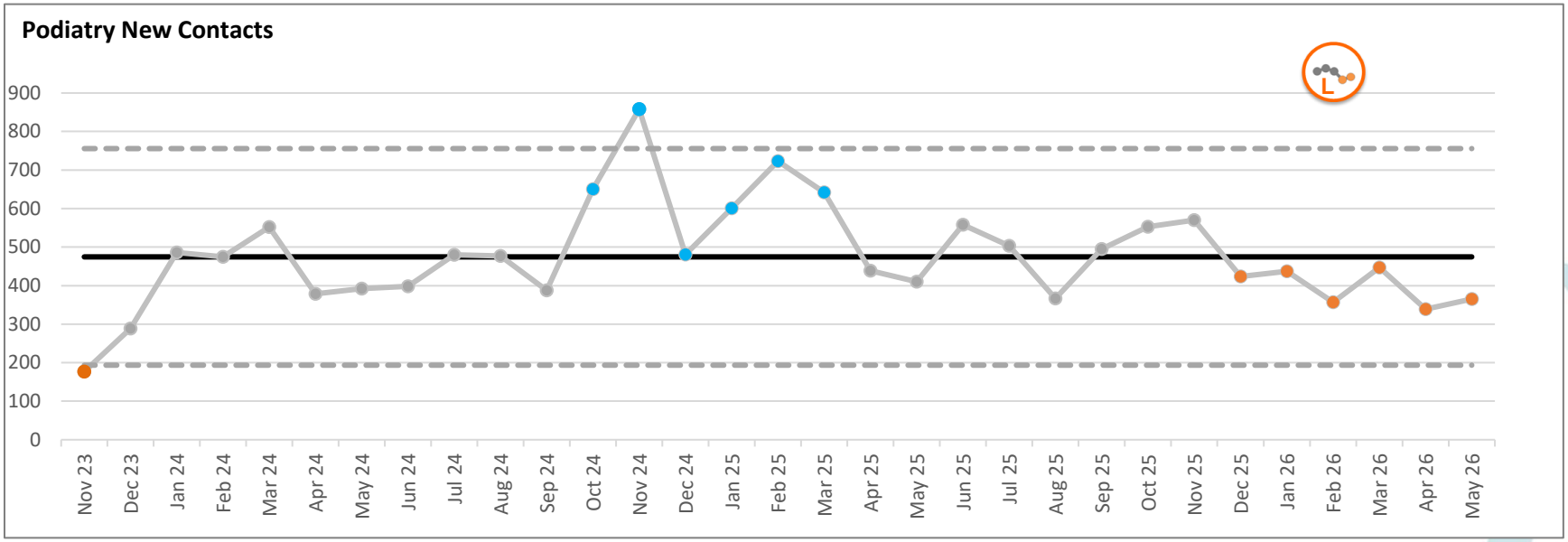
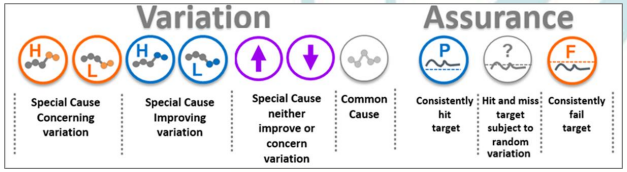


Podiatry New Contacts

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

In May 2026 there were 475 Podiatry New Contacts.





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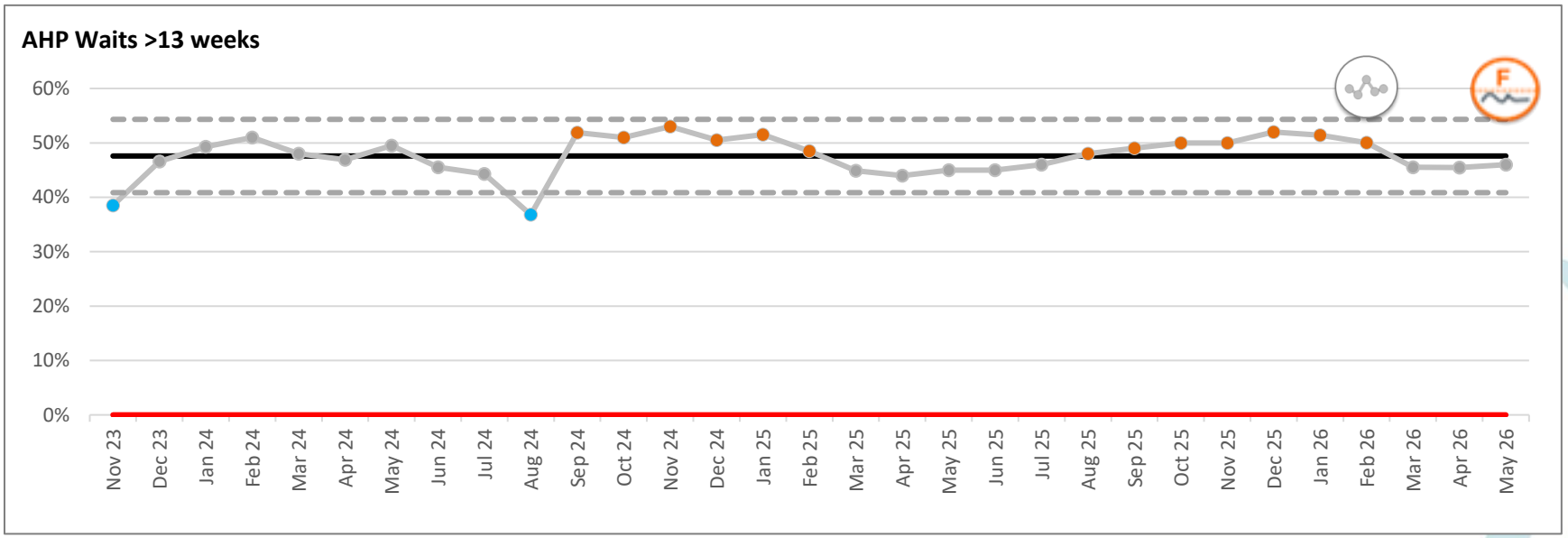
AHP waits > 13 weeks %

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 May 2026 46% of patients waited longer than 13 weeks for treatment. Breakdown by specialty is shown in the summary table.



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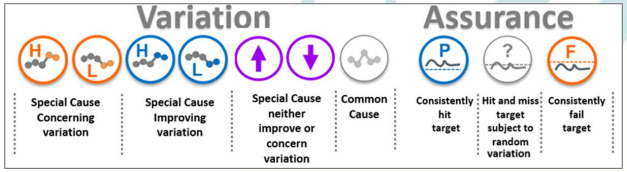

Safety, Quality and Experience of Care

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

- Direct payments (Learning Disability)

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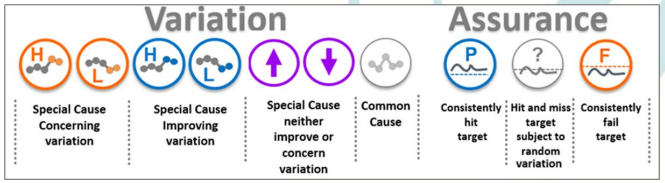

KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	May 26	742	-		
Adult Mental Health Non-Inpatient Contacts Review	May 26	4602	-		
Psychological Therapies Contacts New	May 26	178	-		
Psychological Therapies Contacts Review	May 26	1799	-		
Direct Payments Mental Health	May 26	16	-	L	
Direct Payments Learning Disability	May 26	279	-	H	
Mental Health Waiting list (n) for first new appointment	May 26	1564	-		
Mental Health % Waiting > 9 weeks for first new appointment	May 26	38%	0%		
Psychological Therapies Waits (n) for first new appointment	May 26	2496	-		
Psychological Therapies % Waiting > 13 weeks for first new appointment	May 26	80%	0%		
Dementia Waits (n) for first new appointment	May 26	888	-		
Dementia % Waiting > 9 weeks for first new appointment	May 26	69%	0%		

Adult waits do not yet have the required number of data points to produce dependable variation and assurance indicators for Mental Health, Psychological Therapies and Dementia. These will be available when a total of 12 data points are reached.

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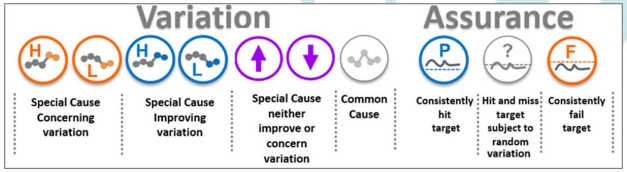
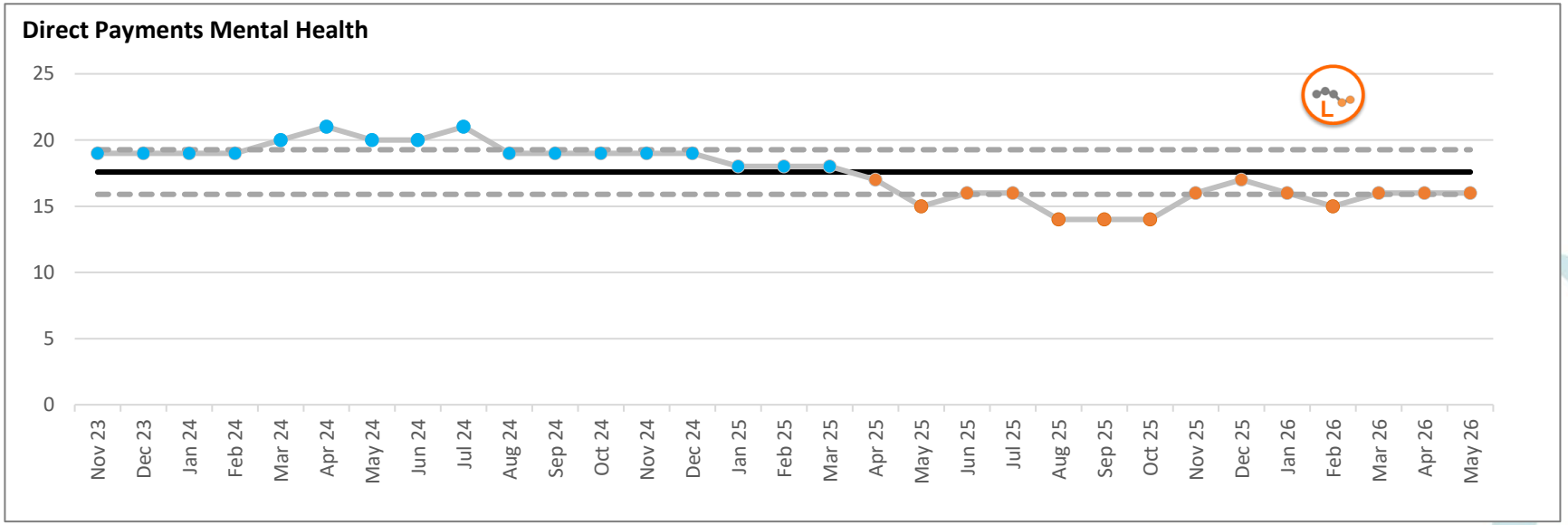


Direct Payments (Mental Health)

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

In May 2026 there were 16 Direct payments within Mental Health. 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

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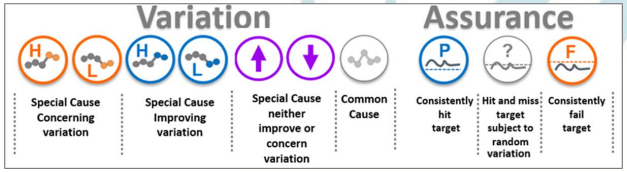

Safety, Quality and Experience of Care

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 May 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 Case > 20 days – Family Support Only
- Unallocated Disability Cases (All cases)

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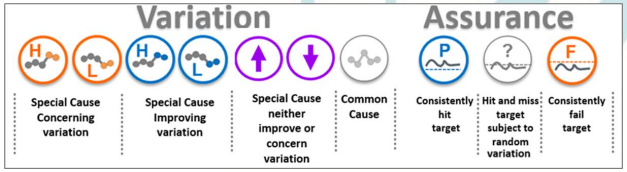

KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (All cases) (n)	May 26	531	-		
Unallocated Cases > 20 Days	May 26	358	-		
Unallocated Cases > 30 Days	May 26	305	-		
Unallocated Cases > 20 days Family Support Only	May 26	57	141		
Unallocated Gateway Cases (All cases)	May 26	237	-		
Unallocated Family Support Cases (All cases)	May 26	127	-		
Unallocated Disability Cases (All cases)	May 26	167	-		
Direct Payments (Children)	May 26	227	-		

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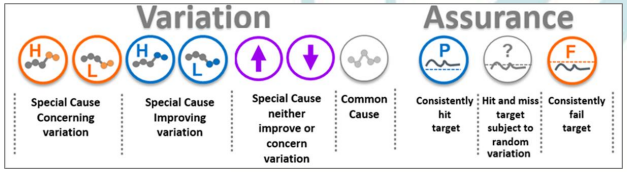
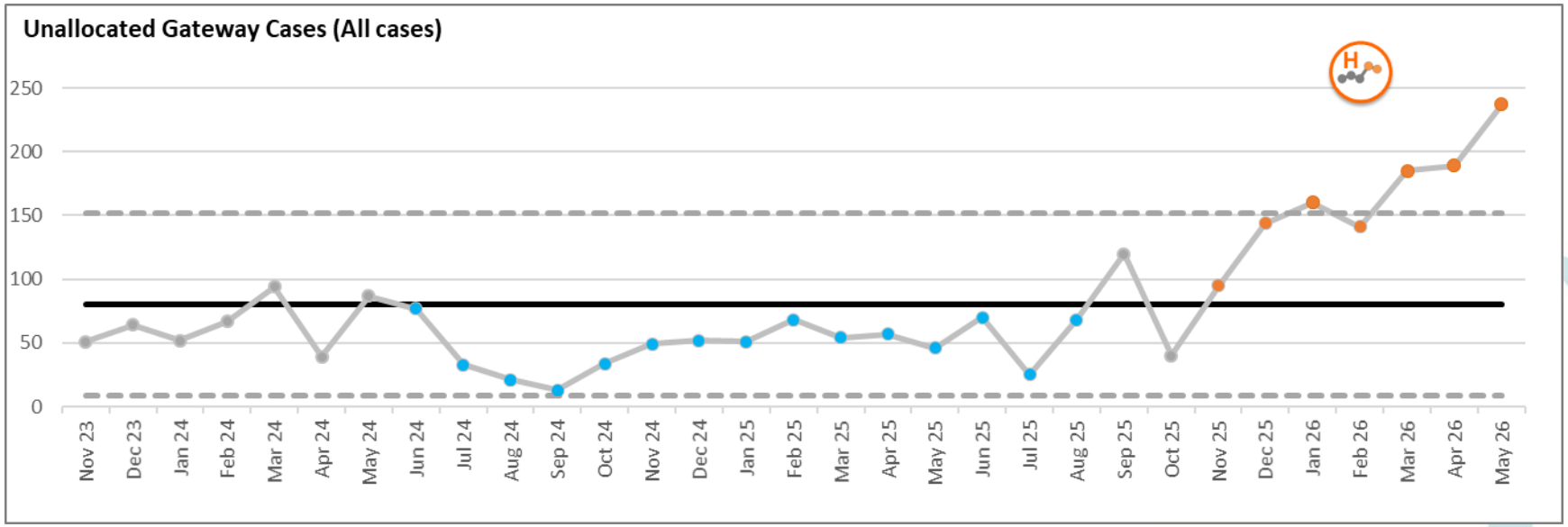


Unallocated Gateway- (All cases)

Unallocated Gateway Cases (All cases) are monitored as part of the System Oversight Measures.

In May 2026 there were 237 Unallocated Gateway Cases (All cases) within Children Service.



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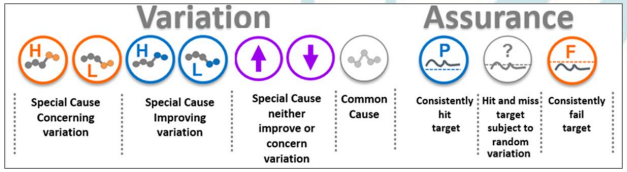
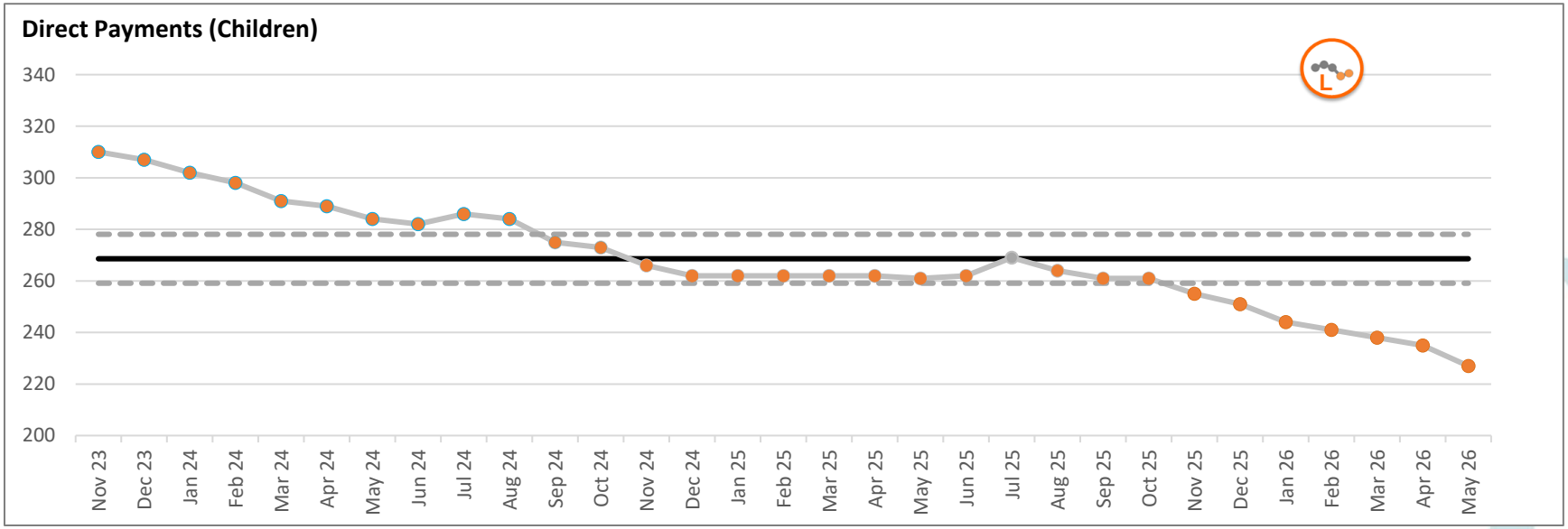


Direct Payments - Children

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 May 2026 there were 227 Direct Payments within Children Service. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



Note: Chart axis starts at 200

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