Integrated Performance Monitoring Report

Month: August 2026

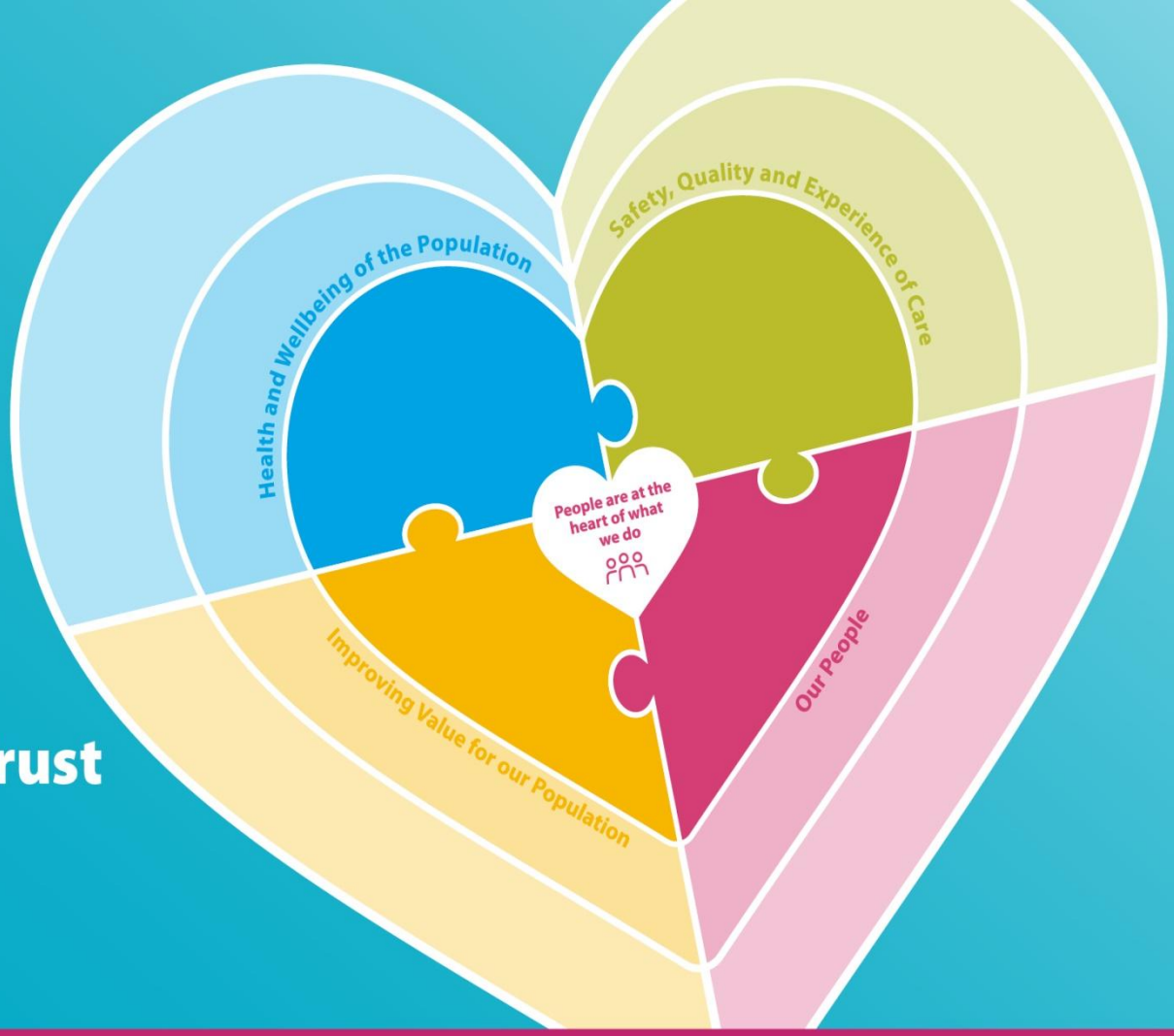
Paper Number: SET/168/26

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
SOM	System Oversight Measure	SOPG	Strategic and Operational Planning Guidance

Overview

This Integrated Performance Management Report assesses the Trust position for August 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	August Confidence	April 2026	May 2026	June 2026	July 2026	Aug 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 % 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					

Metrics with a RAG status	August Confidence	April 2026	May 2026	June 2026	July 2026	Aug 2026
Direct Payments	High					
Unallocated Cases	High					
Compliance with Inpatient Falls Prevention	Medium	Quarterly				
Palliative Care NQI 1	High					
Palliative Care NQI 2	High					
Palliative Care NQI 3	High					
Palliative Care NQI 4	High					
Palliative Care NQI 5	High					
Palliative Care NQI 6	High					
General Surgery – Average length of stay	High					
Gynaecology – Average length of stay	High					
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

HSC 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 7 Sept 2026, an explanation of the level is available on the right.

Level 1

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
Safety and Quality in Lakewood Secure Facility

Level 3

Iveagh Inpatient Facility – Delayed Discharge

Level 4

Ambulance Handover & Reducing Time Spent in ED

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

South Eastern Health and Social Care Trust

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:



South Eastern Health and Social Care Trust

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

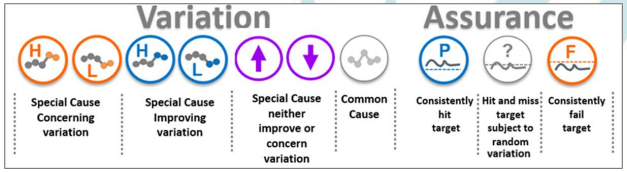
- Cancer 31 Day %
- 12 hour breaches Downe
- NIAS Handovers > 2 hours % (Ulster)
- Outpatients Contacts New – Total
- Outpatient Contacts Review – Total DNA and Cancelled on Day
- Outpatients Waiting - % >9 Weeks and %>52 Weeks for First New Appointment
- Diagnostics Waiting – % >9 Weeks and % >26 Weeks Diagnostics Waiting – Imaging
- Diagnostics Waiting – % >9 Weeks and % >26 Weeks Diagnostics Waiting – Endoscopy
- Inpatient Activity – Total Elective
- Inpatients Waiting - % >13 Weeks and % >52 Weeks Inpatients Waiting
- Daycases Waiting - % >13 Weeks and % >52 Weeks Day cases Waiting
- CT
- Fractures – Neck of Femur <48 Hours
- Fractures – Other Fractures < 7 Days
- Theatre Endoscopy – Run Time
- Admission on Day of Surgery – General Surgery

KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity - Breast (Regional)	Aug 26	1014	-		
Cancer 31 Day Activity	Jul 26	108	-		
Cancer 62 Day Activity	Jul 26	61.0	-		
Cancer 14 Day % - Breast (Regional)	Aug 26	4.4%	100.0%		F
Cancer 31 Day %	Jul 26	93.5%	98.0%	H	?
Cancer 62 Day %	Jul 26	18.0%	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.

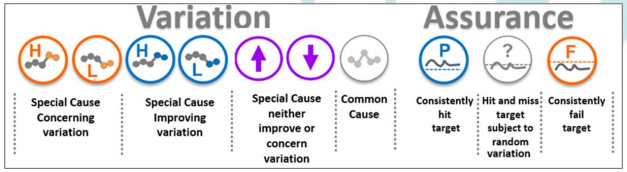
KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	Aug 26	13805	-		
Urgent & Emergency Care Attendances - Downe	Aug 26	1363	-		
Urgent & Emergency Care Attendances - Lagan Valley	Aug 26	1526	-		
Urgent & Emergency Care Attendances - Ulster Total	Aug 26	10916	-		
4 Hour % - SET	Aug 26	45.1%	95.0%		
4 Hour % - Downe	Aug 26	95.3%	95.0%		
4 Hour % - Lagan Valley	Aug 26	76.1%	95.0%		
4 Hour % - Ulster Total	Aug 26	34.4%	95.0%		

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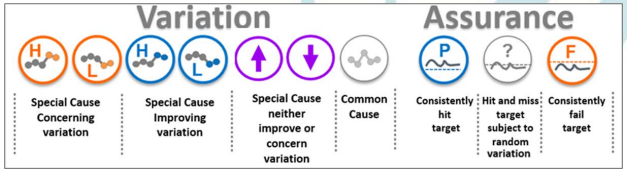
KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	Aug 26	2851	0		
12 Hour Breaches - Downe	Aug 26	0	0		
12 Hour Breaches - Lagan Valley	Aug 26	0	0		
12 Hour Breaches - Ulster Total	Aug 26	2851	0		
NIAS Ambulance Arrivals (Ulster)	Aug 26	1501	-		
NIAS Handovers > 2 hours % (Ulster)	Aug 26	15.0%	0.0%		

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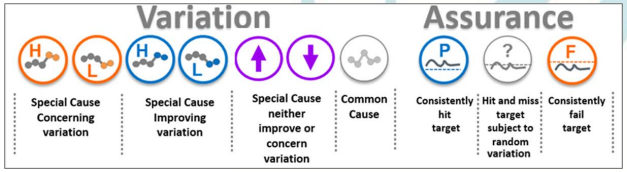


KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Aug 26	7307	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Aug 26	5.2%	5.0%		
Outpatient Contacts Review- Total	Aug 26	11971	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	Aug 26	6.3%	8.0%		
Outpatients Waiting - Total for First New Appointment	Aug 26	77775	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Aug 26	83.3%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Aug 26	49.8%	0.0%		

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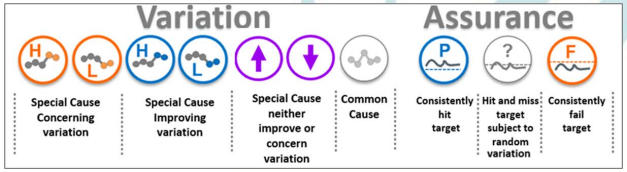


KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Aug 26	25048	-		
Diagnostics Waiting - Imaging % >9 Weeks	Aug 26	57.4%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Aug 26	29.5%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Aug 26	25656	-		
Diagnostics Waiting - Physiological % >9 Weeks	Aug 26	82.0%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Aug 26	55.3%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Aug 26	3395	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Aug 26	45.1%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Aug 26	31.8%	0.0%		



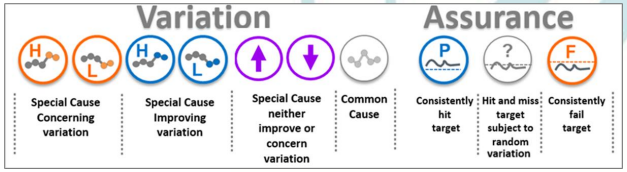
KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	Aug 26	379	-		
Inpatients Waiting - Total	Aug 26	2384	-		
Inpatients Waiting - % >13 Weeks	Aug 26	77.4%	45.0%		
Inpatients Waiting - % >52 Weeks	Aug 26	46.6%	0.0%		
Daycases Waiting - Total	Aug 26	9728	-		
Daycases Waiting - % >13 Weeks	Aug 26	54.8%	45.0%		
Daycases Waiting - % >52 Weeks	Aug 26	26.2%	0.0%		

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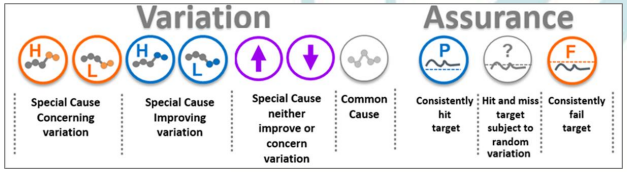
KPI	Latest month	Measure	Target	Variation	Assurance
Cath Lab Procedures	Aug 26	31	-		
MRI	Aug 26	1304	-		
CT	Aug 26	4548	-	H	
NOUS	Aug 26	3173	-		
Cardiac CT	Aug 26	148	-		
Echo	Aug 26	1131	-		
Inpatient Avg LOS - Elective General Surgery	Aug 26	3.77	4.30		?
Inpatient Avg LOS - Elective Gynaecology	Aug 26	2.61	1.91		?
Inpatient Avg LOS - Elective Urology	Aug 26	2.47	2.26		?
Fractures - Neck of Femur <48 Hours	Aug 26	86.7%	95.0%	H	F
Fractures - Other Fractures <7 Days	Aug 26	95.7%	95.0%	H	?

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KPI	Latest month	Measure	Target	Variation	Assurance
Theatres Endoscopy - Total DNA and Cancelled on Day	Jul 26	4.9%	5.0%		
Theatres Main - Run Time	Jul 26	90.4%	90.0%		
Theatres DPU - Run Time	Jul 26	86.9%	90.0%		
Theatres Endoscopy - Run Time	Jul 26	83.7%	90.0%		
Theatres Main - Operating Time	Jul 26	79.1%	85.0%		
Theatres DPU - Operating Time	Jul 26	65.9%	80.0%		
Theatres Main - Minutes Scheduled	Jul 26	62340	-		
Theatres DPU - Minutes Scheduled	Jul 26	77730	-		

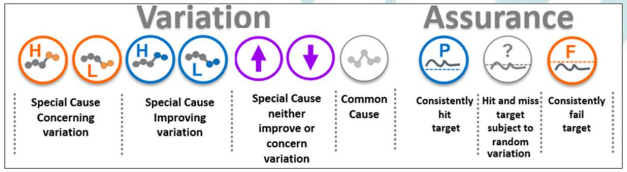
Theatres metrics are reported one month in arrears.



KPI	Latest month	Measure	Target	Variation	Assurance
Admission on Day of Surgery - General Surgery	Apr 26	95.5%	89.5%		P
Admission on Day of Surgery - Urology	Apr 26	90.3%	95.9%		?
Admission on Day of Surgery - Gynaecology	Apr 26	95.0%	96.9%		?

Admission on the Day of Surgery metrics are dependent on Clinical Coding with a current time lag to April 2026.

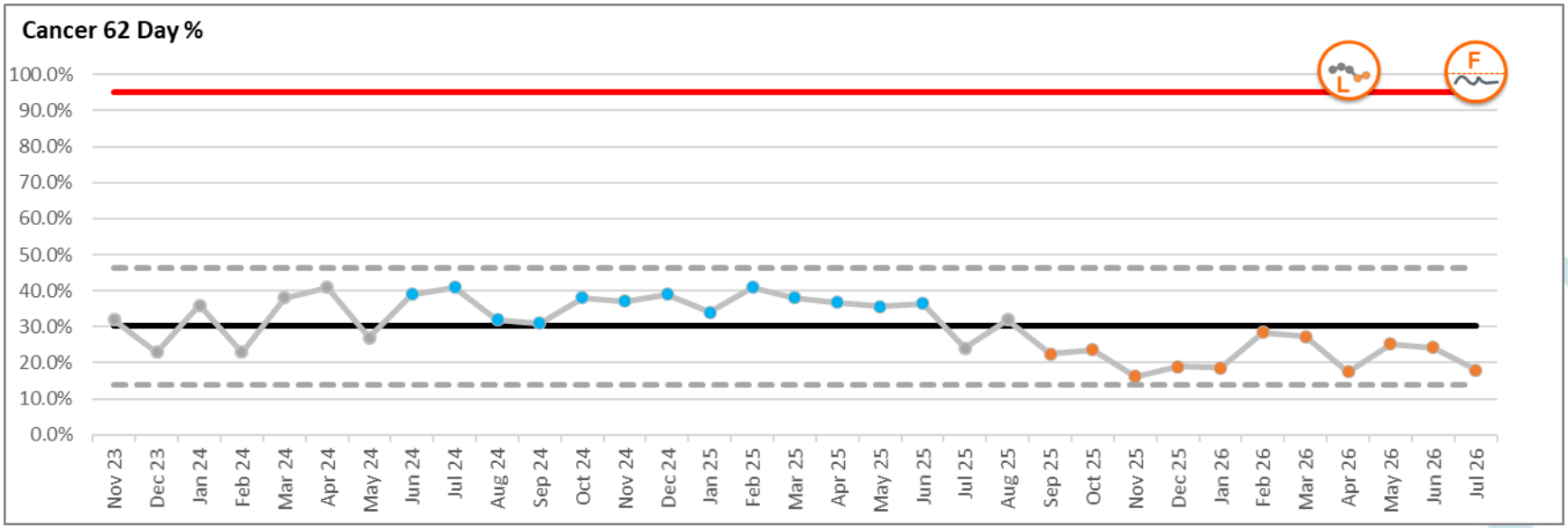
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Cancer 62 Day %

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 18.0% compared to the expected 95% target.

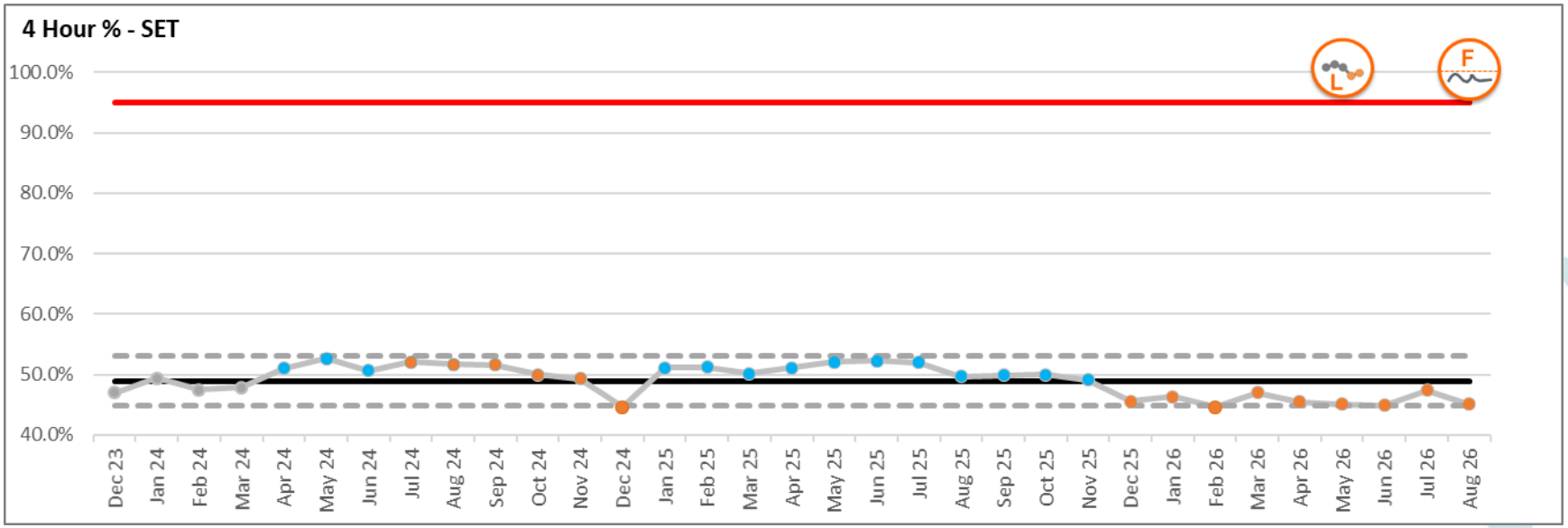


Cancer 62 day % figures are 6-8 weeks after submission due to delays in pathology therefore this indicator is reported a month in arrears and it is anticipated that the latest two months of data will be subject to revision.

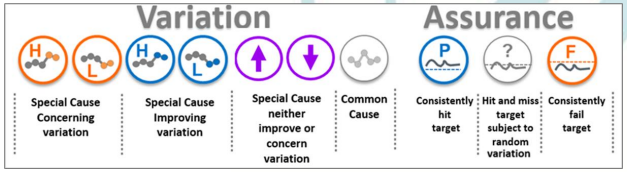
4 Hour Target % – South Eastern Trust

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 August 2026, 45.1% of all patients within the Emergency Departments, including Urgent Care Centre (UCC) and Minor Injuries Unit (MIU) across the South Eastern Trust met the 4 hour target.



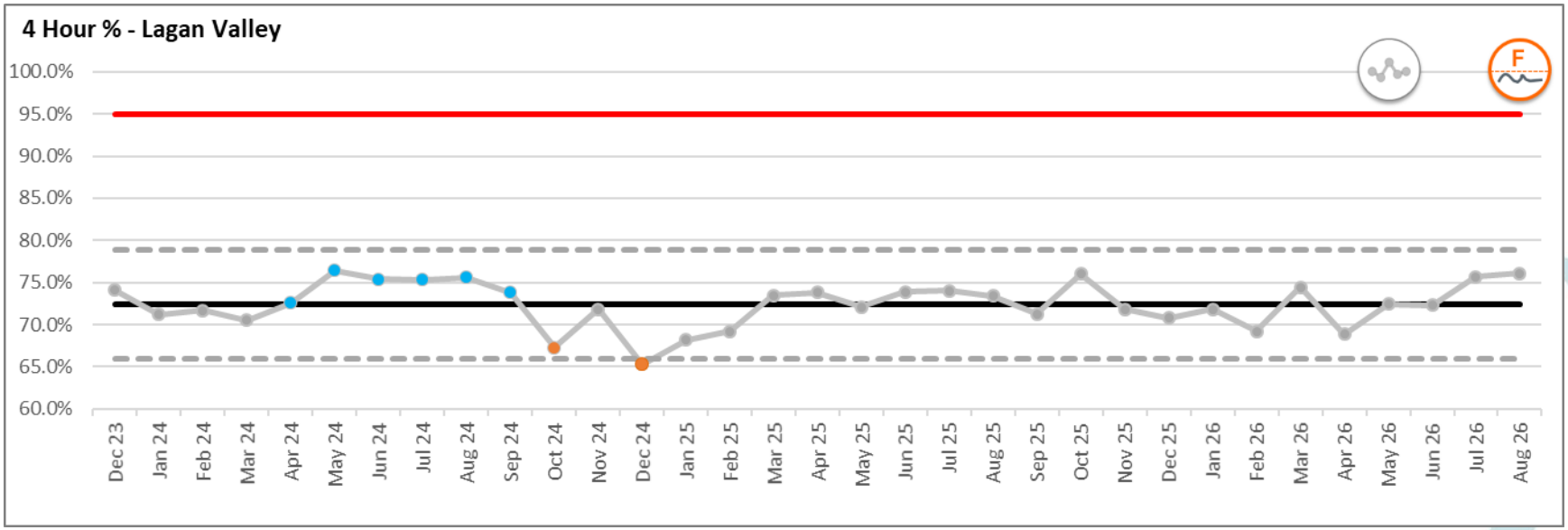
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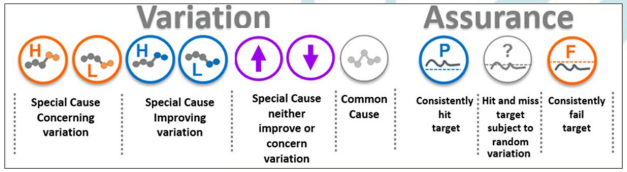
4 Hour Target % – Lagan Valley

Emergency Department and Urgent Care Centre 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 August 2026, 76.1% of all patients within the Urgent Care Centre at Lagan Valley, met the 4 hour target.



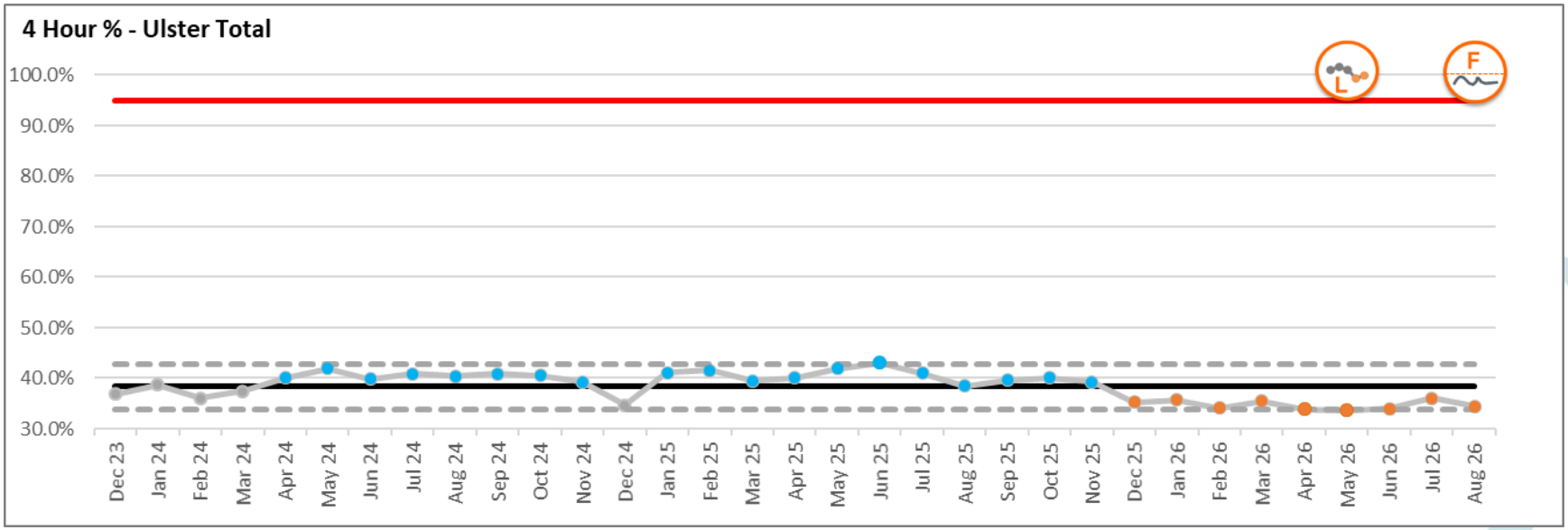
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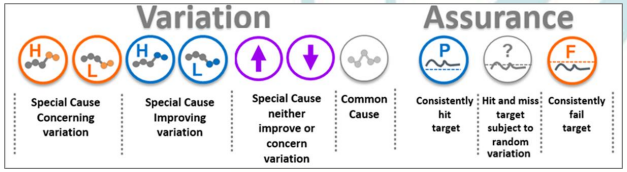
4 Hour Target % – Ulster Total

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 August 2026, 34.4% of all patients within the Ulster Emergency Departments, including Urgent Care Centre (UCC) stream, met the 4 hour target.



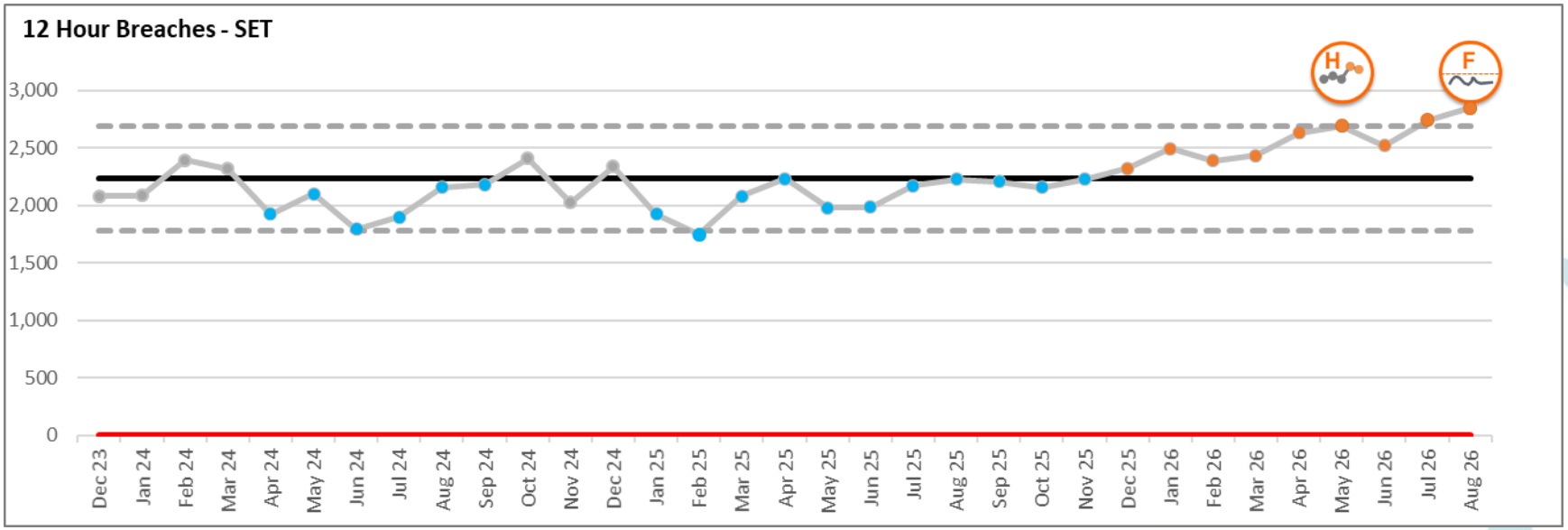
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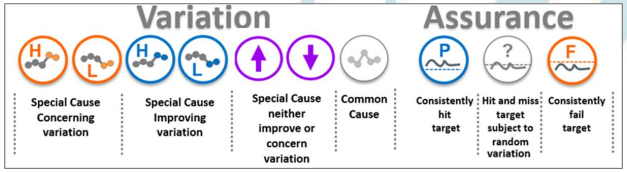


12 Hour Breaches – SET

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 August 2026, 2,851 patients waited over 12 hours.

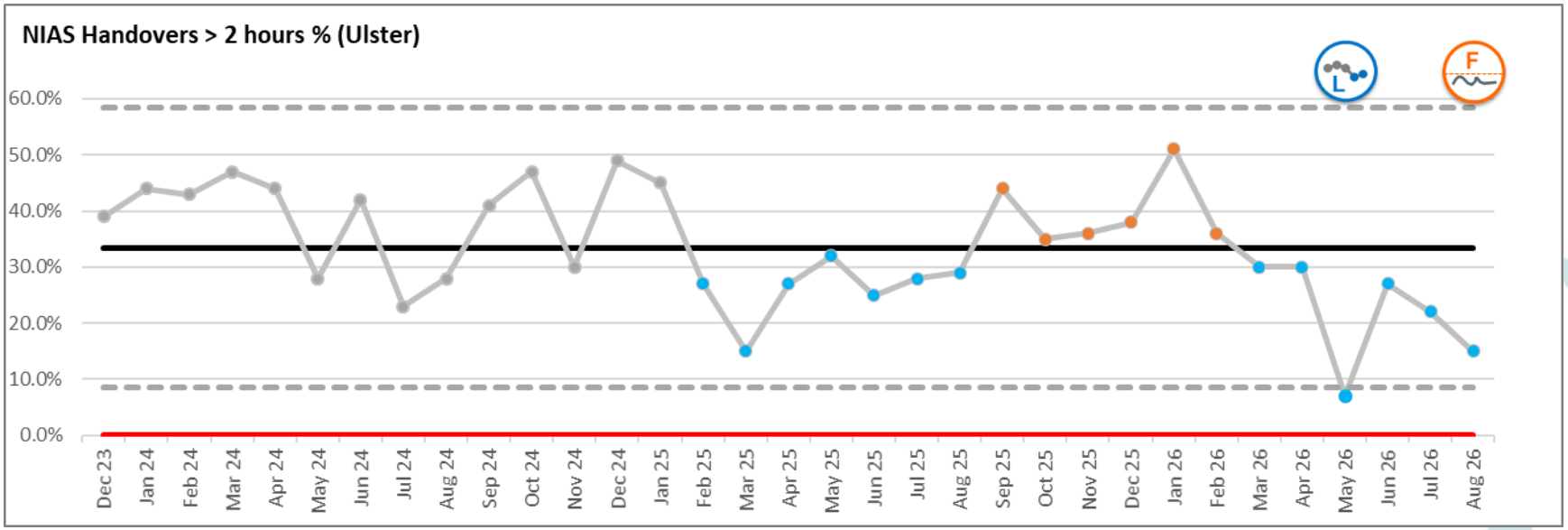


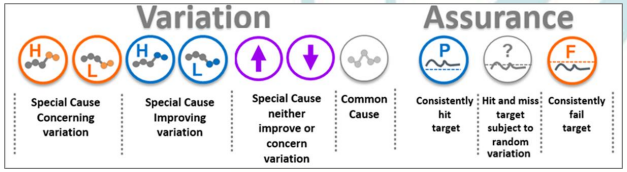


NIAS Handovers – Ulster Hospital

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 August 2026, 15.0% of patients waited over 2 hours.

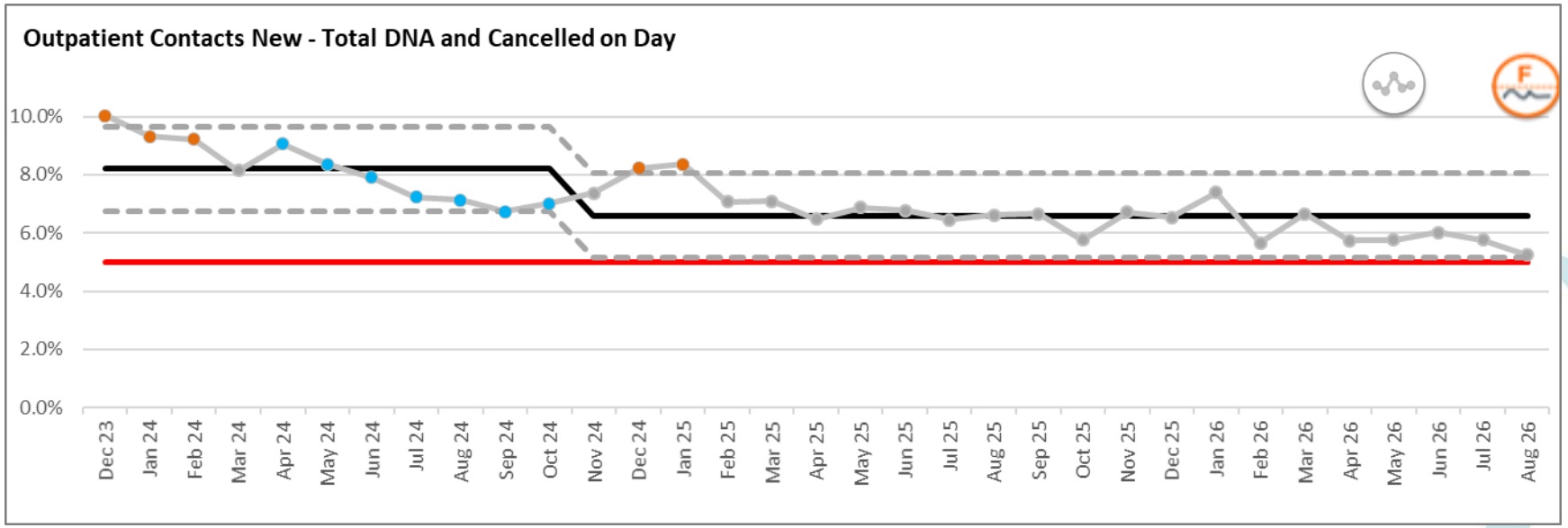




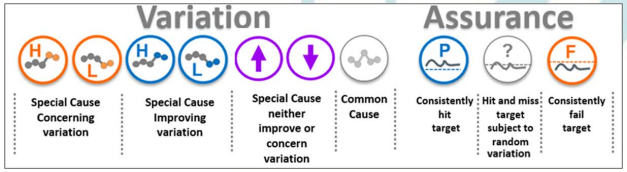
Outpatient DNA and Cancelled on Day - New

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

In August 2026 there was a 5.2% DNA and cancelled on day rate for new contacts against an expected rate of 5%.



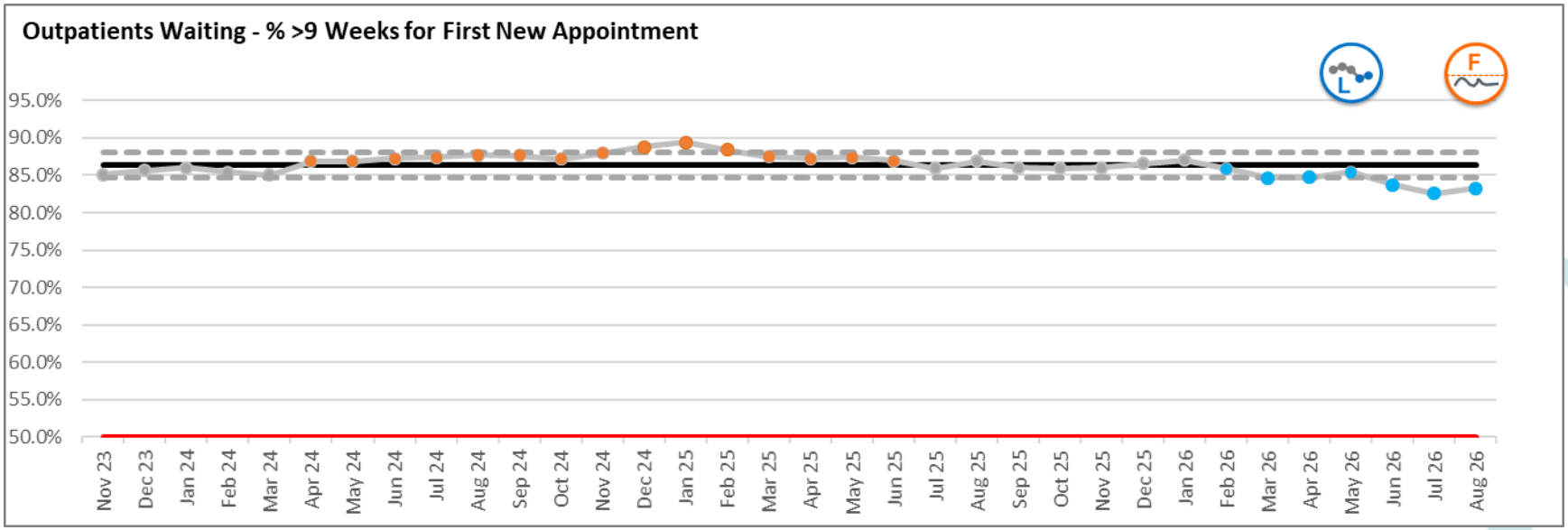
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Outpatient > 9 Weeks %

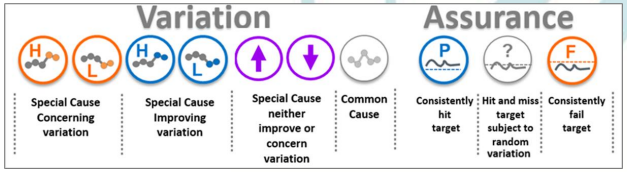
Outpatients number waiting > 9 weeks is monitored as part of the System Oversight Measures.

No more than 50% of patients should wait over 9 weeks. In August 2026 there were 83.3% of patients waiting over 9 weeks for an outpatient appointment.



Note: Chart axis starts at 50%

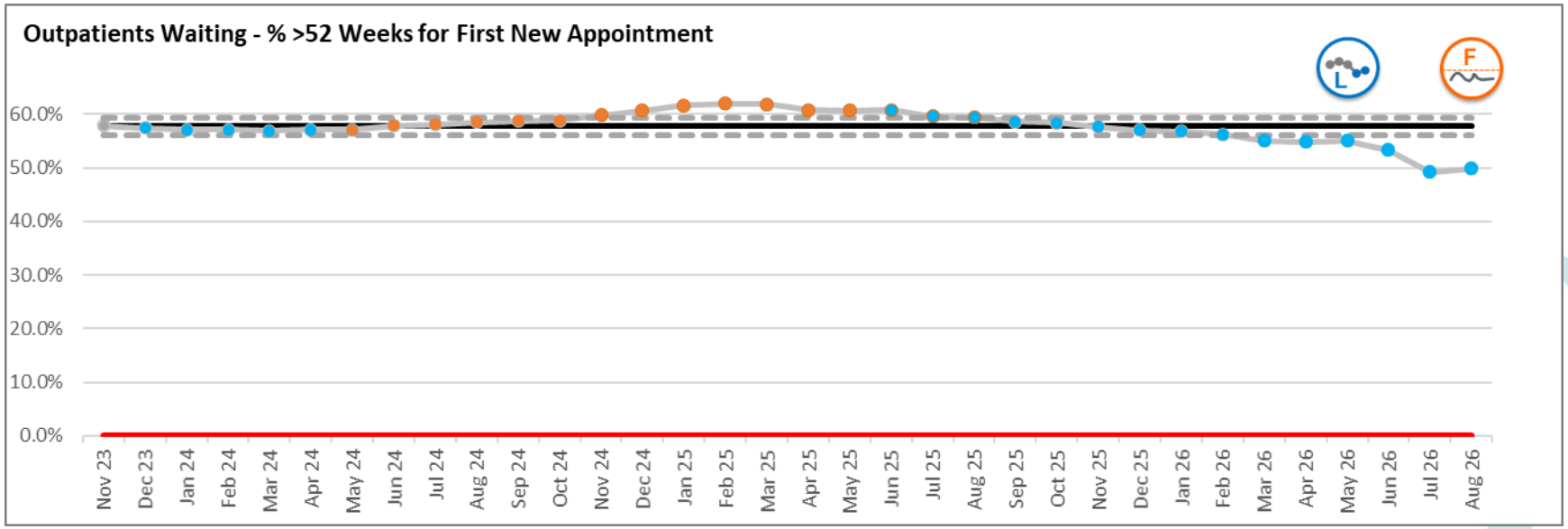
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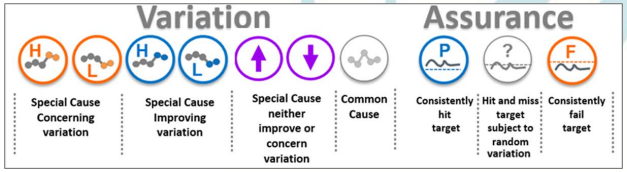
Outpatient > 52 Weeks %

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

No patient should wait over 52 weeks. In August 2026 there were 49.8% of patients waiting over 52 weeks for an outpatient appointment.



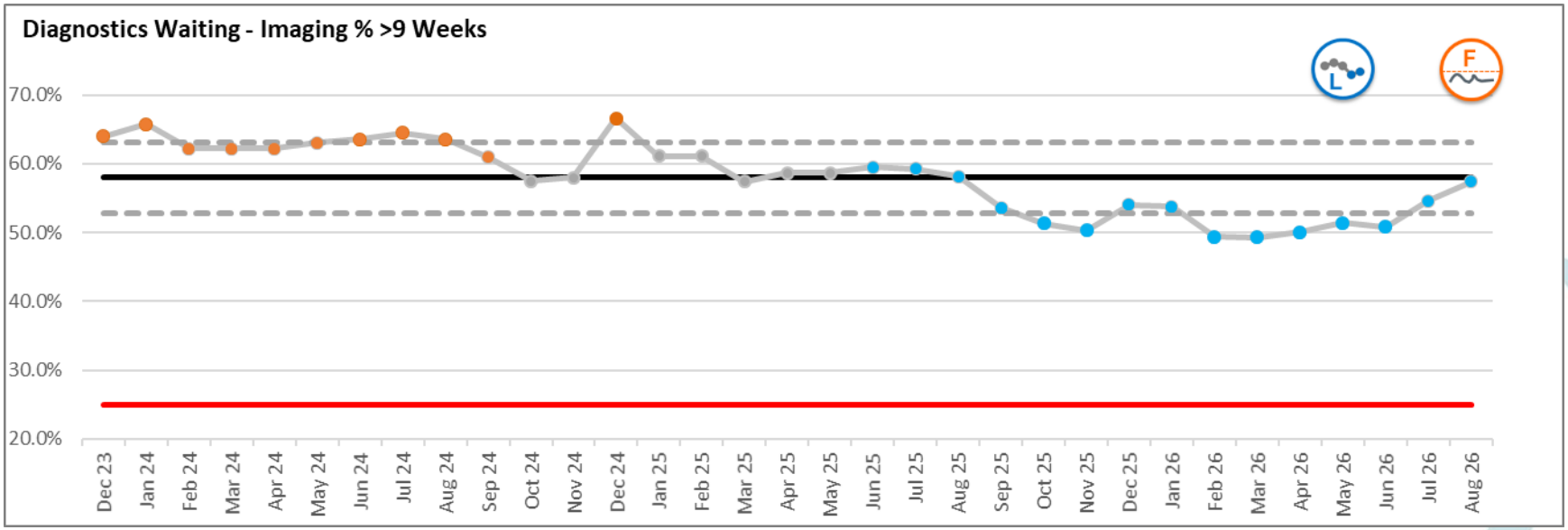
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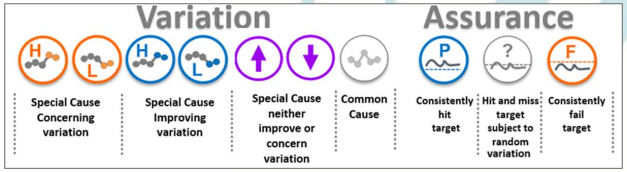
Diagnostic Waits Imaging > 9 Weeks %

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 August 2026, 57.4% of patients waited over 9 weeks for a diagnostic imaging test.



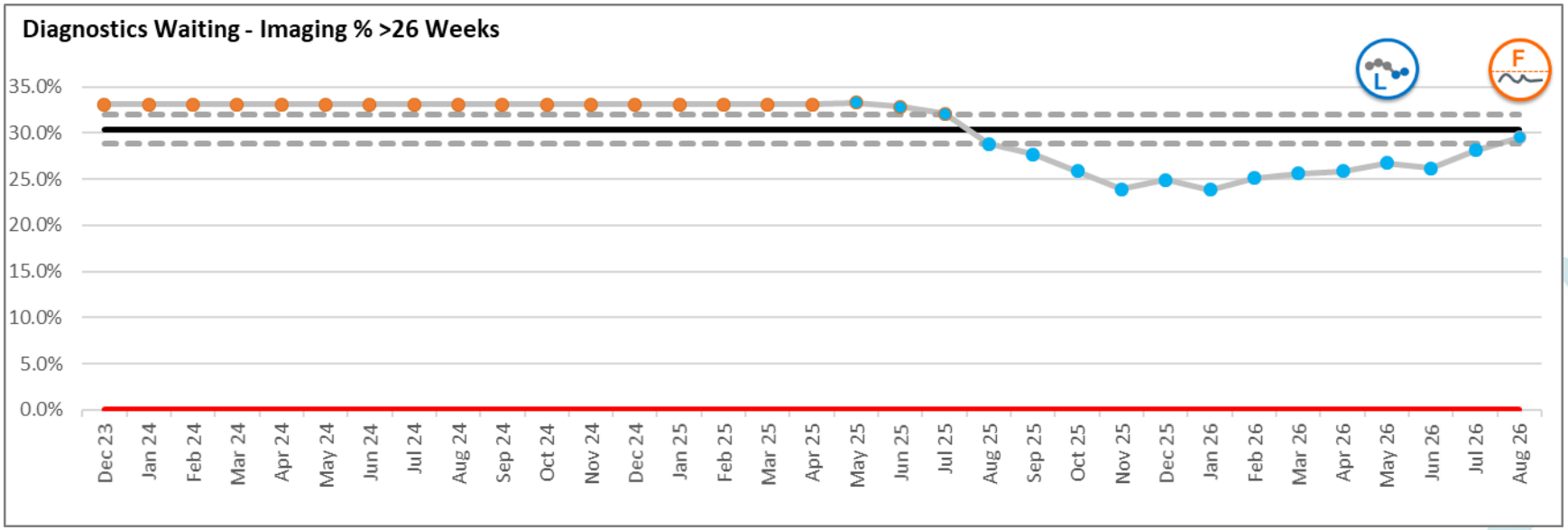
Note: Chart axis starts at 20%



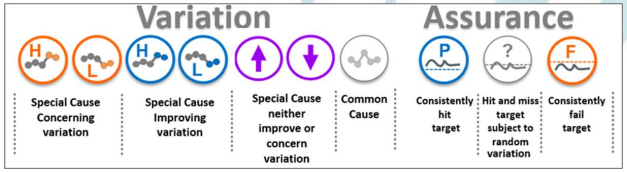
Diagnostic Waits Imaging > 26 Weeks %

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

No patient should wait more than 26 weeks for a diagnostic imaging test. In August 2026, 29.5% of patents waited over 26 weeks for a diagnostic imaging test.



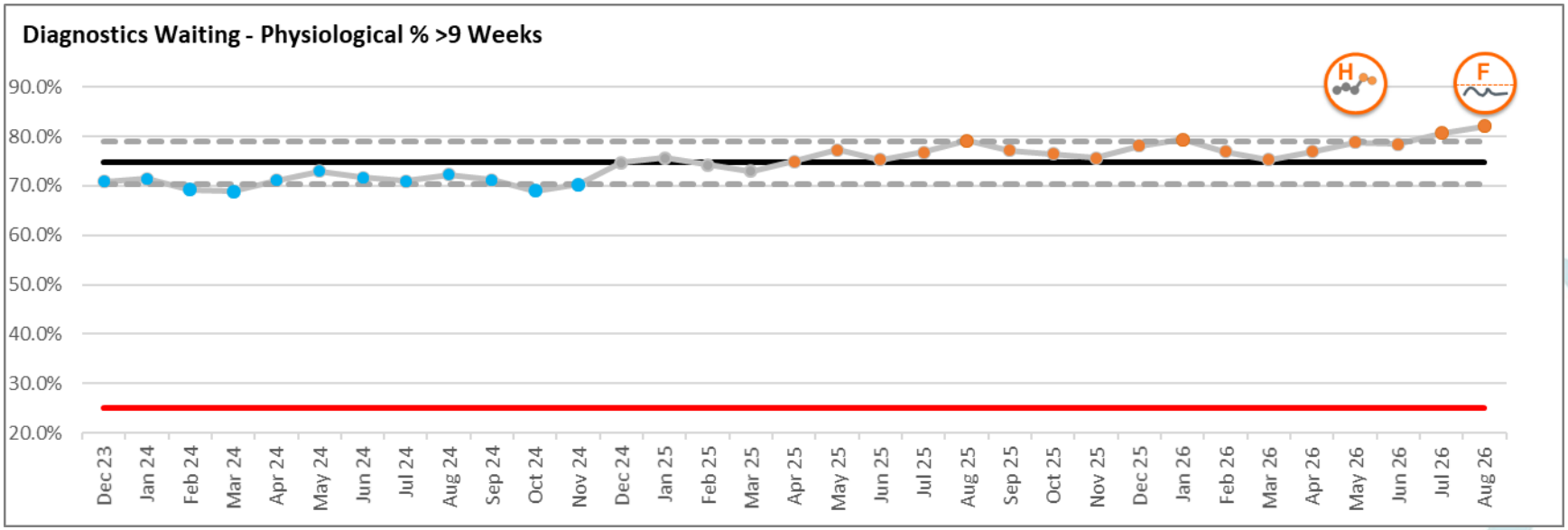
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Diagnostic Waits Physiological > 9 Weeks %

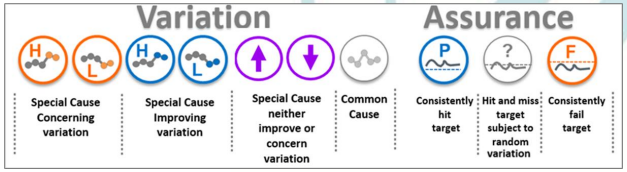
Diagnostic waits: physiological is monitored as part of the System Oversight Measures.

No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In August 2026, 82.0% of patients waited over 9 weeks for a diagnostic physiological test.



Note: Chart axis starts at 20%

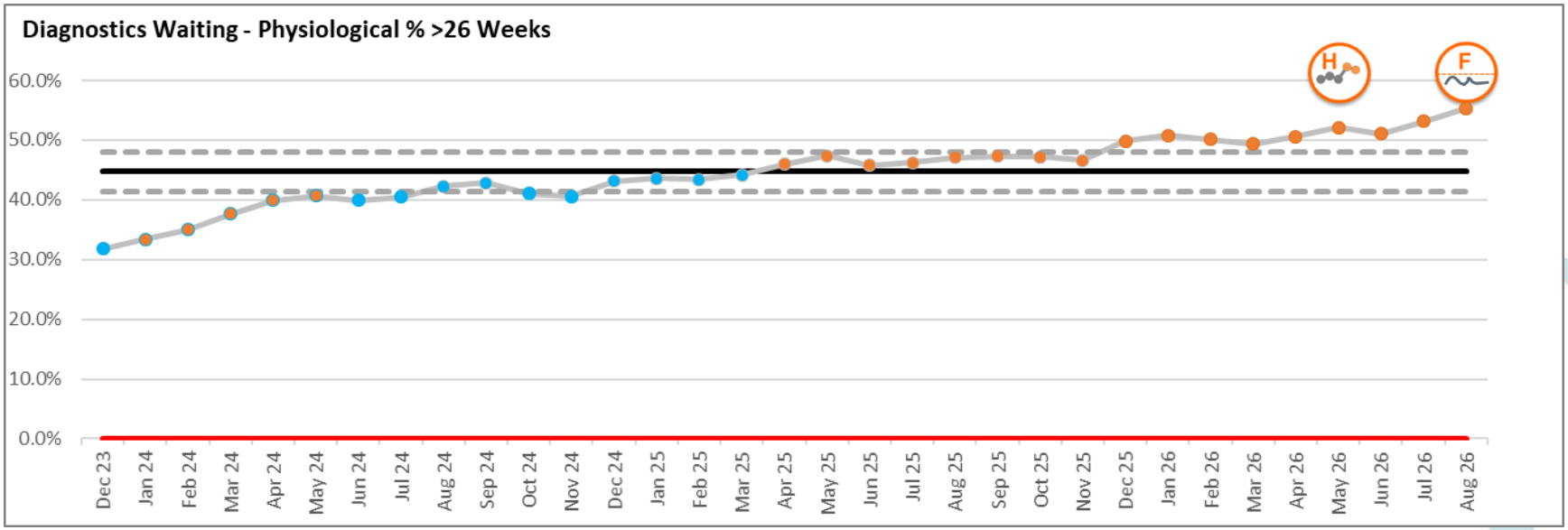
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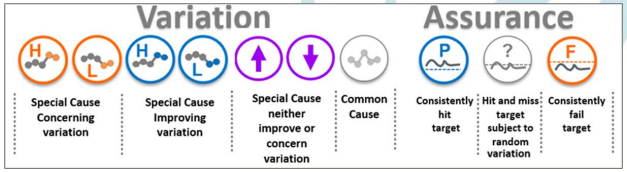


Diagnostic Waits Physiological > 26 Weeks %

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

No patient should wait more than 26 weeks for a diagnostic physiological test. In August 2026, 55.3% of patents waited over 26 weeks for a diagnostic physiological test.

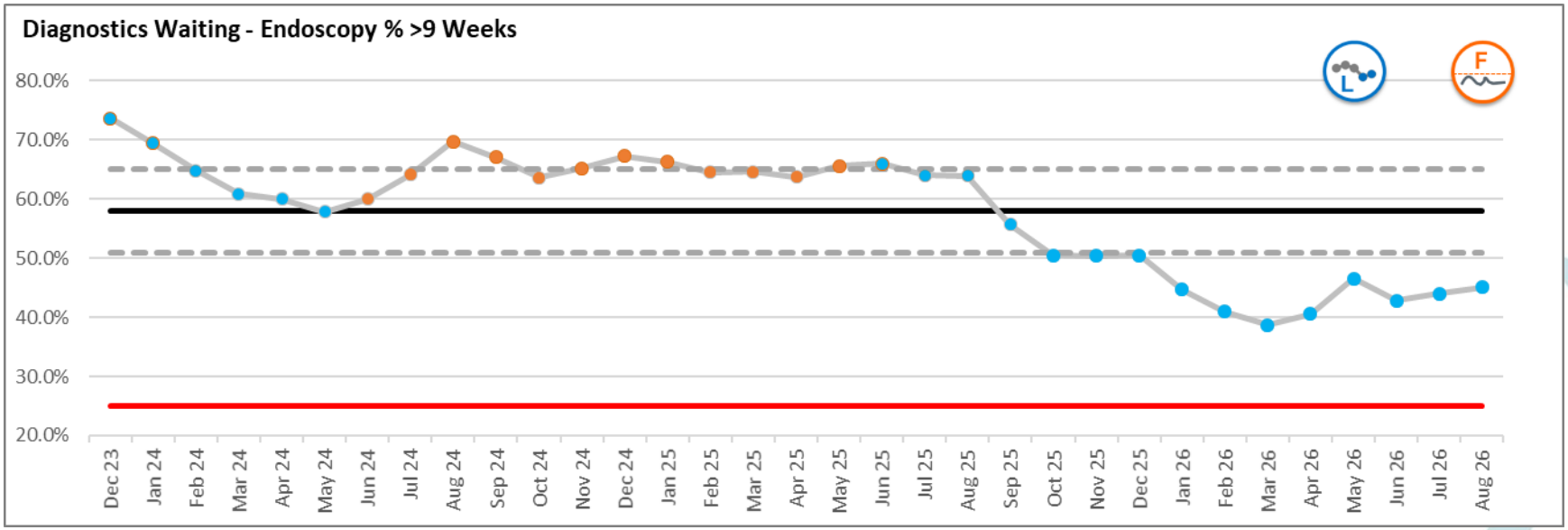




Diagnostic Waits Endoscopy > 9 Weeks %

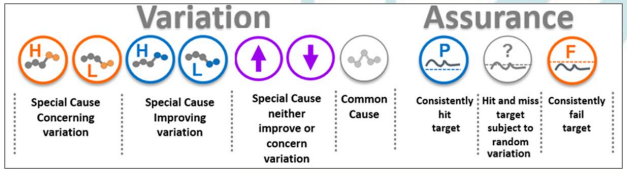
Diagnostic waits: endoscopy is monitored as part of the System Oversight Measures. Note this includes regional waits for Regional Day Procedure centre (DPC).

No more than 25% of patients should wait more than 9 weeks for a diagnostic endoscopy test. In August 2026, 45.1% of patients waited over 9 weeks for a diagnostic endoscopy test.



Note: Chart axis starts at 20%

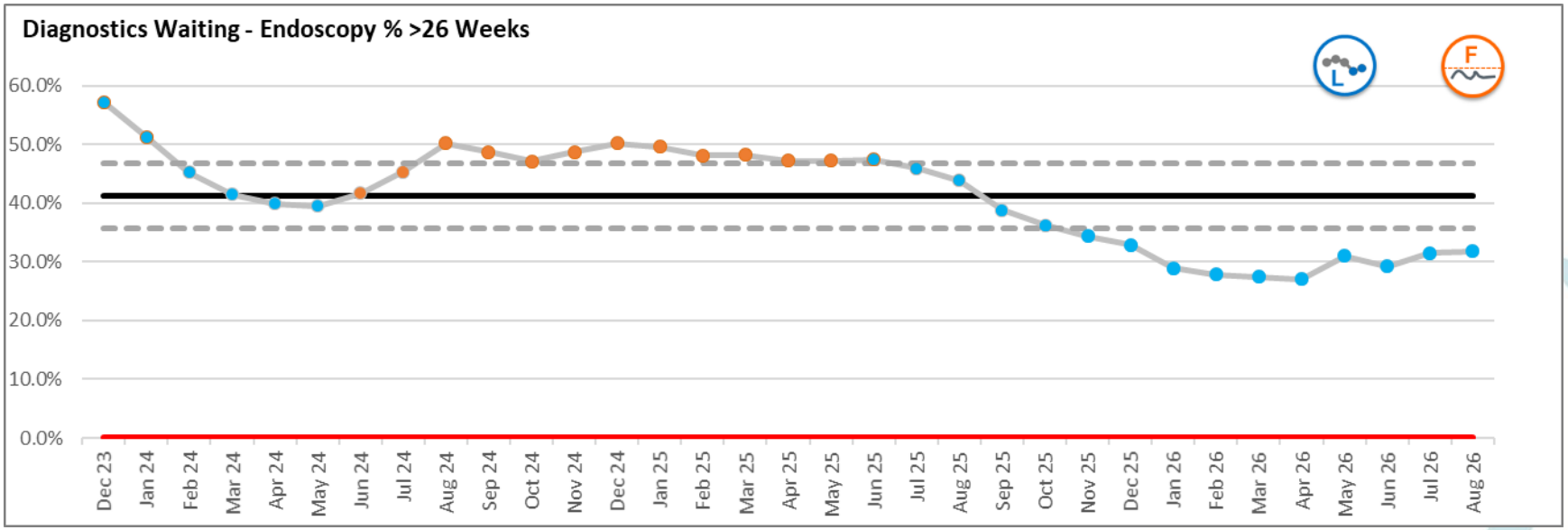
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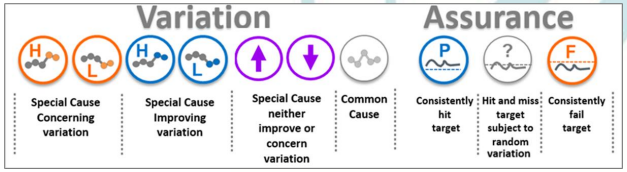
Diagnostic Waits Endoscopy > 26 Weeks %

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

No patient should wait more than 26 weeks for a diagnostic endoscopy test. In August 2026, 31.8% of patents waited over 26 weeks for a diagnostic endoscopy test.



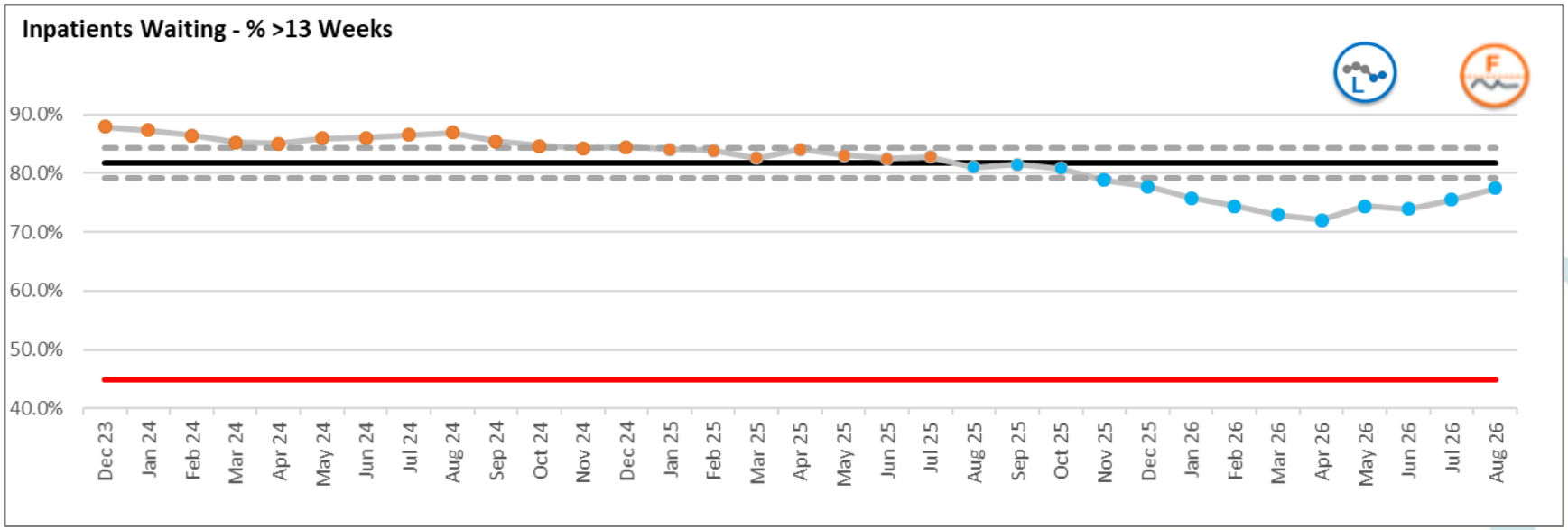
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Inpatient Waits > 13 Weeks %

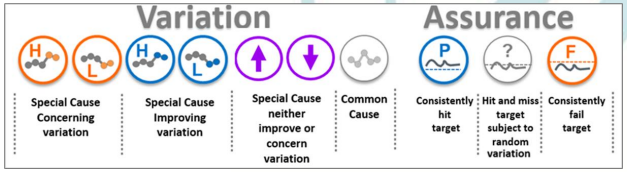
Inpatient waits over 13 weeks are monitored as part of the System Oversight Measures.

No more than 45% of patients should wait more than 13 weeks for inpatient admission. In August 2026, 77.4% of patients waited over 13 weeks for a inpatient admission.



Note: Chart axis starts at 40%

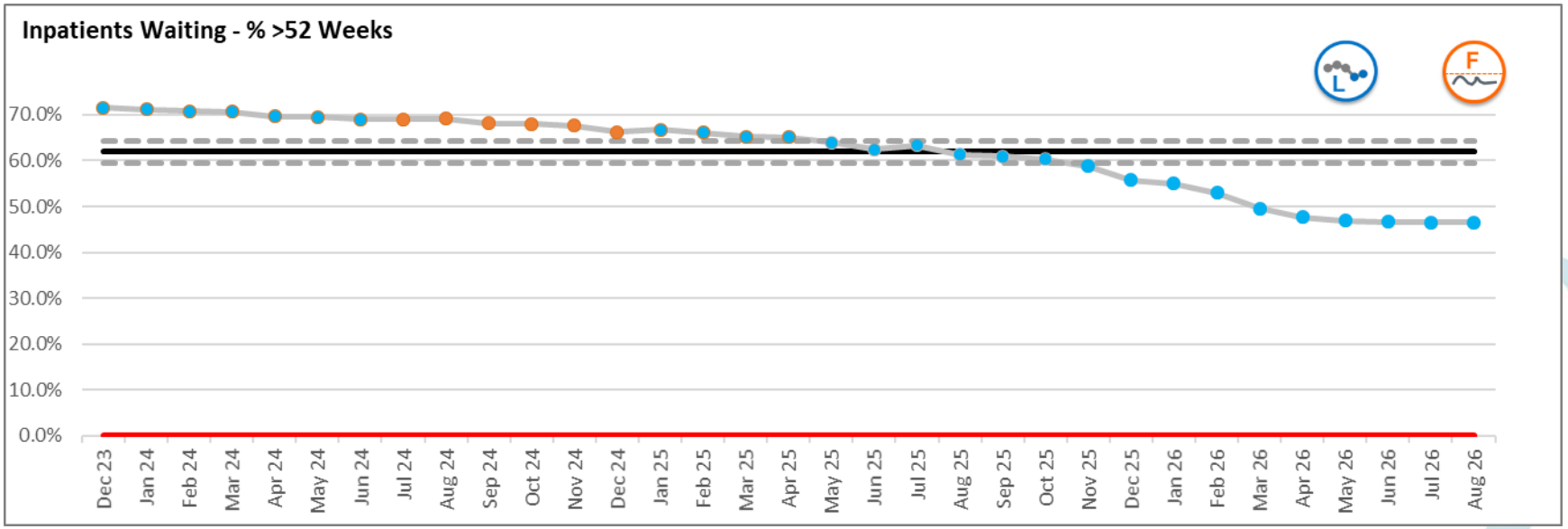
South Eastern Health and Social Care Trust

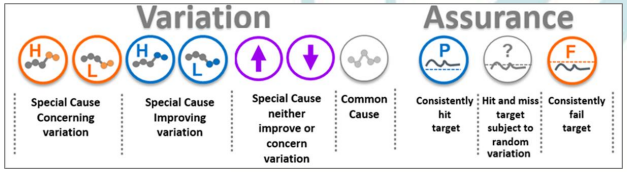


Inpatient Waits > 52 Weeks %

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 August 2026, 46.6% of patents waited over 52 weeks for a inpatient admission.

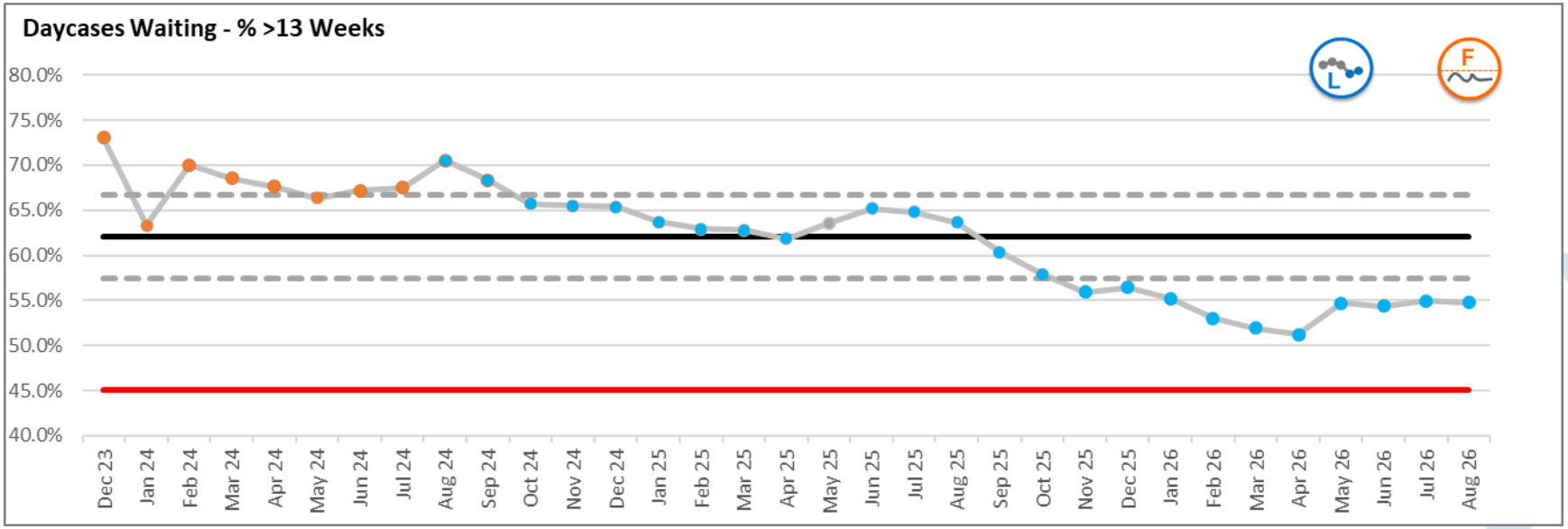




Daycase Waits > 13 Weeks %

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

No more than 45% of patients should wait more than 13 weeks for a Daycase treatment. In August 2026, 54.8% of patients waited over 13 weeks for a aycase treatment.

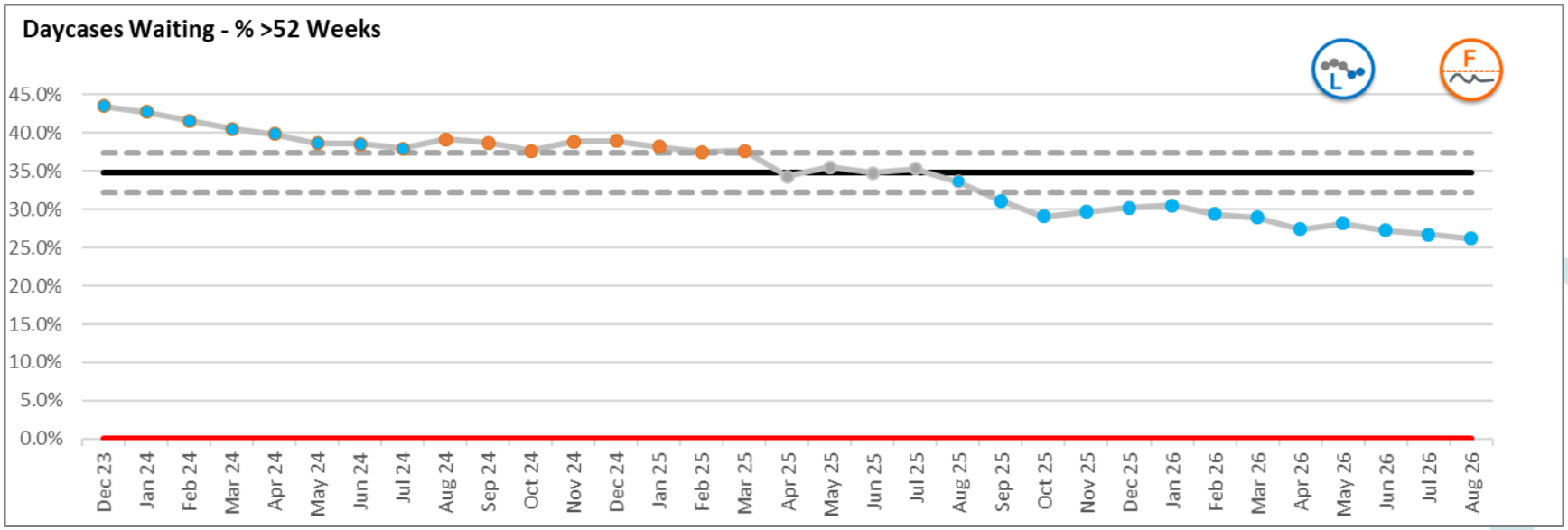


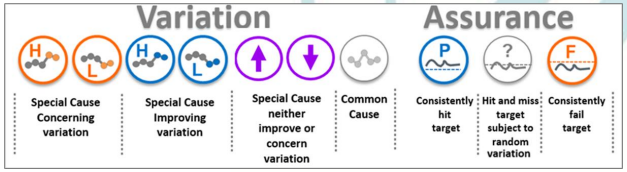
Note: Chart axis starts at 40%

Daycase Waits > 52 Weeks %

Daycase 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 Daycase treatment. In August 2026, 26.2% of patents waited over 52 weeks for a Daycase treatment.

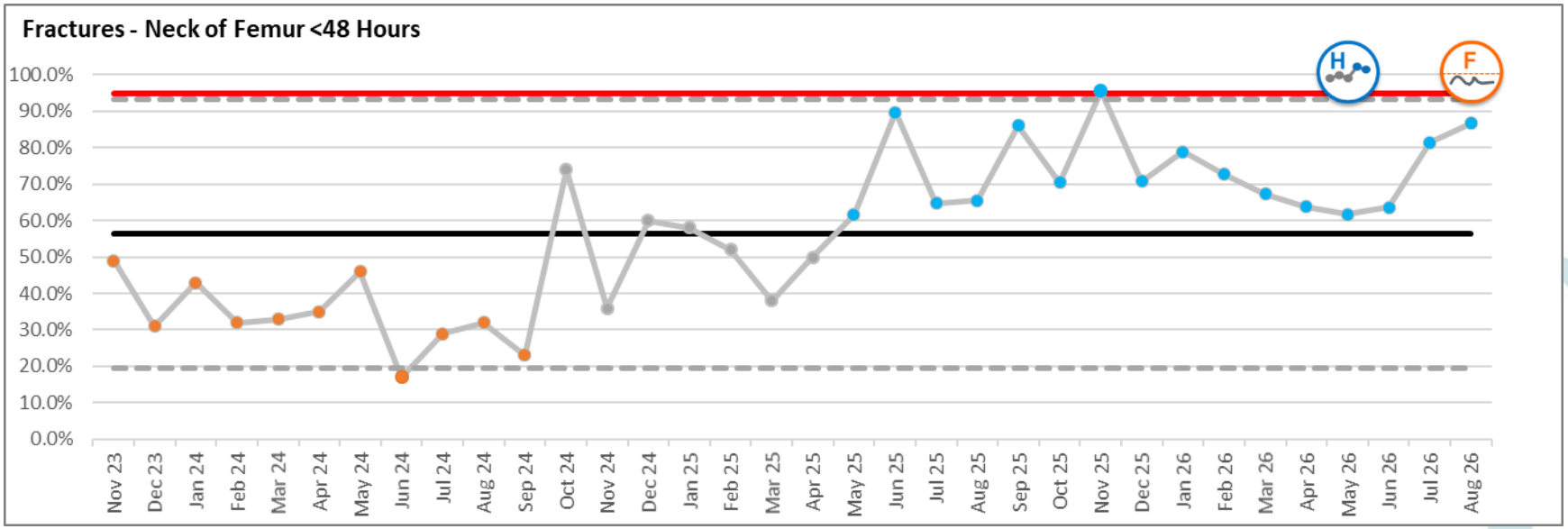




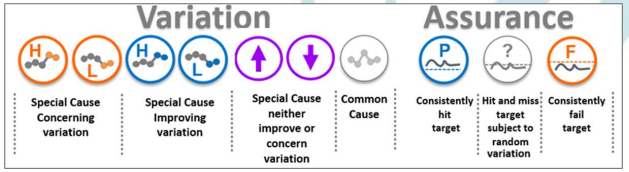
Fractures – Neck of Femur < 48 Hours

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 August 2026, 86.7% of patients waited under 48 hours.



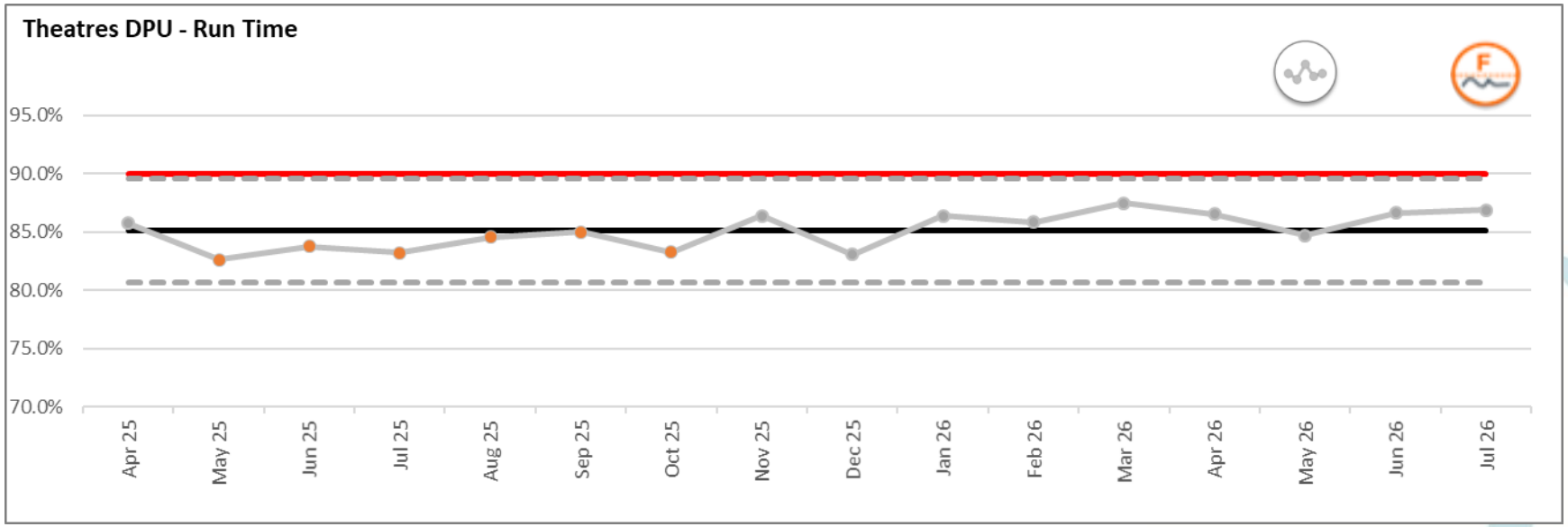
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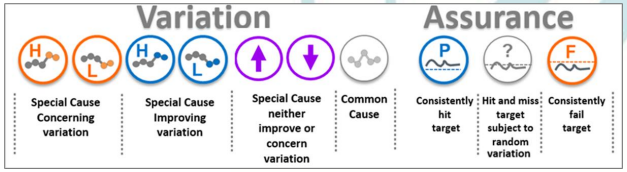
Theatres Day Procedure Unit (DPU) – Run Time

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 July 2026, 86.9% run time rate was achieved in DPU theatres.



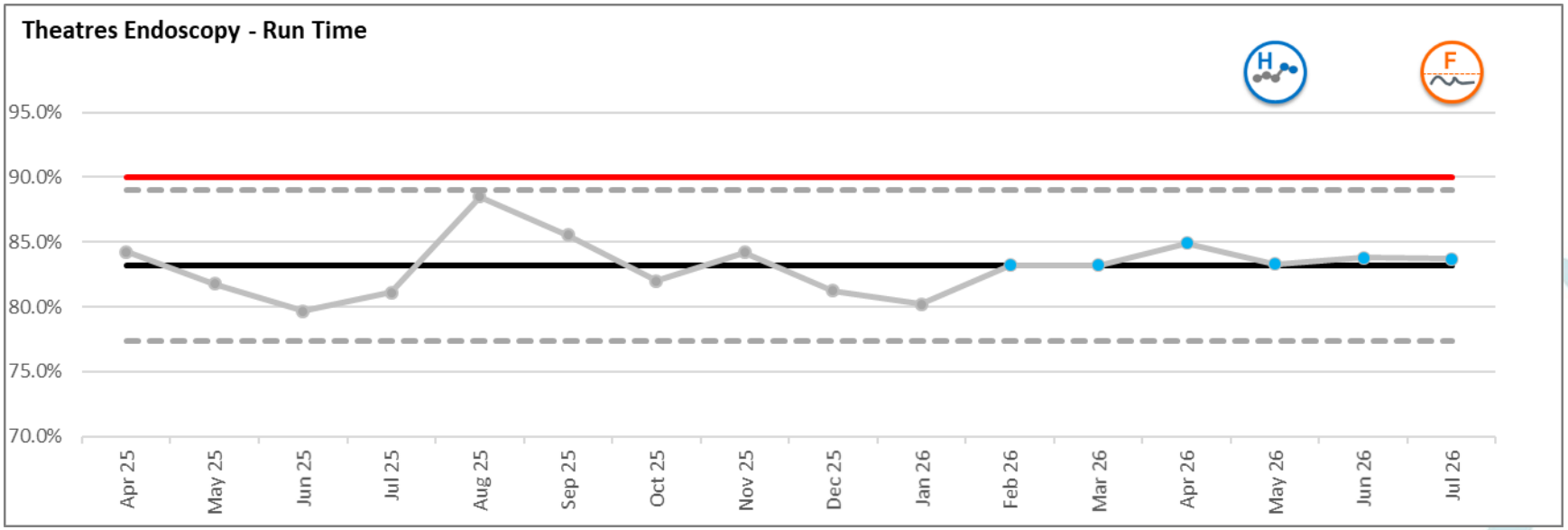
Note: Chart axis starts at 70%



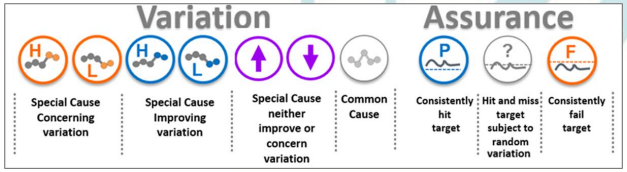
Theatres Endoscopy – Run Time

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 July 2026, 83.7% run time rate was achieved in Endoscopy theatres.



Note : Chart axis starts at 70%

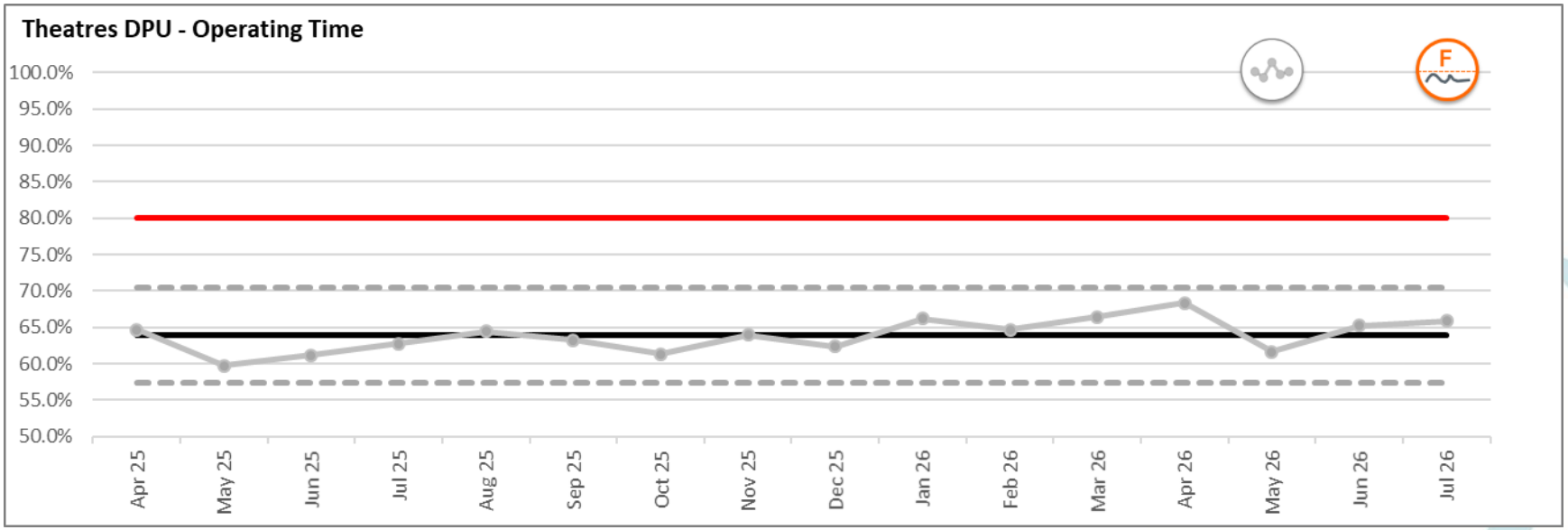


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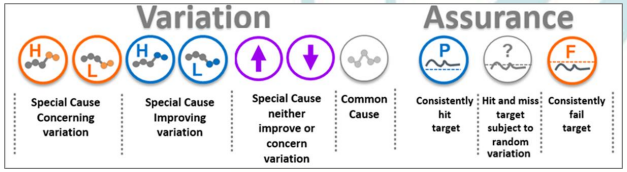
Theatres Day Procedure Unit (DPU) – Operating Time

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

DPU Theatres should achieve a minimum operating time rate of 80%. In July 2026, 65.9% operating time rate was achieved in DPU theatres.



Note: Chart axis starts at 50%



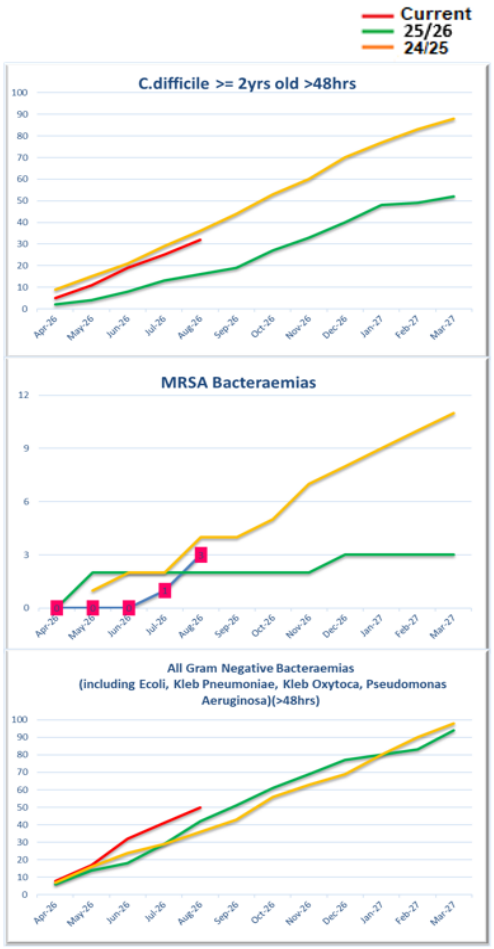
Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS

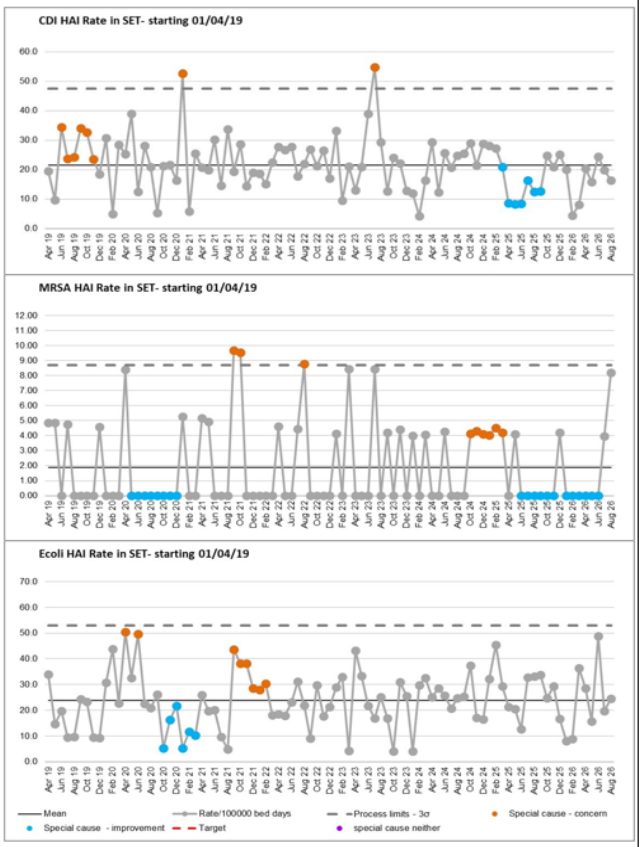
South Eastern Health and Social Care Trust

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:** 8 < 48 hours : 24 > 48 hours **MRSA** :2 < 48 hours, :1 > 48 hours **Gram Negative Bacteraemias (GNB)** Reportable only if >48hrs *E.coli* : 34 *Pseudo. Aeruginosa* : 3 *Klebsiella Oxytoca*: 0 *Klebsiella Pneumoniae*: 13 ********** 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.		

* Using 24/25 data	Target 25/26	Outturn 25/26	*Target 26/27	Target no. of cases / month	Avg cases as of end of Aug	April - Aug Episodes
C.difficile	64	52	64	5.3 [24.5]	6.4	32
MRSA	6	3	6	0.5 [2.92]	0.6	3
All Gram Negative#	39	94	39		10	50



Public Health Metric: Infections per 100,000 bed days											
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CDI: Target 24.5	20.40	24.00	26.80	25.1								
MRSA: Target 2.92	0.00	0.00	0.00	1.00								



South Eastern Health and Social Care Trust

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).

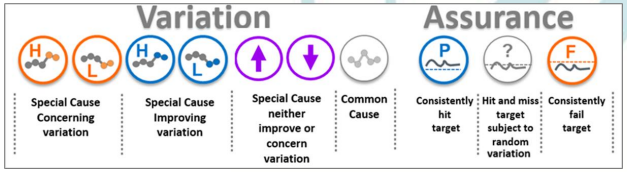
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

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

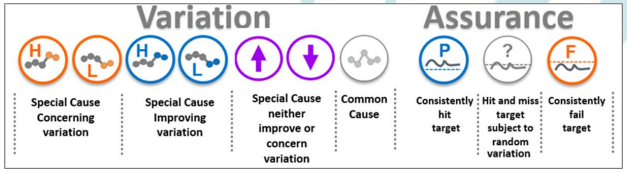
- Occupational Therapy New Contacts
- Dietetics Review Contacts
- Occupational Therapy Waits > 13 weeks
- Speech and Language Therapy Total Waits > 13 weeks

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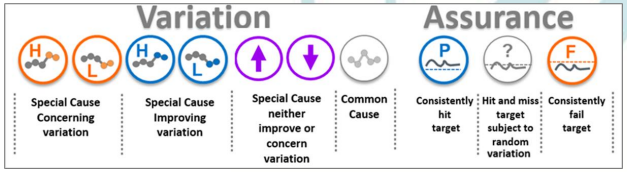


KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Aug 26	159	-		
Community Dental Services Review	Aug 26	827	-		
CDS General Anaesthetic (Ulster)	Aug 26	83	-		
Unmet Need Hours (Full Packages)	Aug 26	633	927		
Unmet Need Hours (Partial Packages)	Aug 26	96	138		
Direct Payments (PCOP only)	Aug 26	575			
Direct Payments (ALL)	Aug 26	1134	1192		

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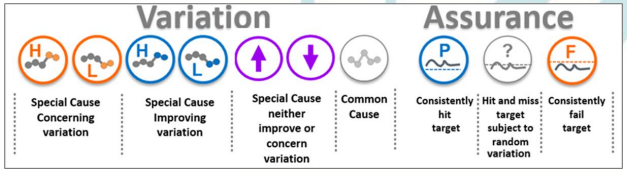


KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Aug 26	448	-		
Speech and Language Therapy Review Contacts	Aug 26	1382	-		
Physiotherapy New Contacts	Aug 26	1763	-		
Physiotherapy Review Contacts	Aug 26	4551	-		
Occupational Therapy New Contacts	Aug 26	915	-		
Occupational Therapy Review Contacts	Aug 26	1269	-		
Dietetics New Contacts	Aug 26	765	-		
Dietetics Review Contacts	Aug 26	1397	-		
Orthoptics New Contacts	Aug 26	192	-		
Orthoptics Review Contacts	Aug 26	385	-		
Podiatry New Contacts	Aug 26	263	-		
Podiatry Review Contacts	Aug 26	1976	-		

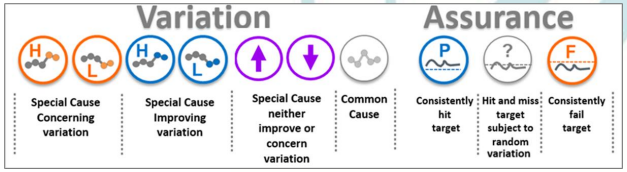


KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Aug 26	20841	-		
AHP Waits >13 weeks	Aug 26	50%	0%		
Occupational Therapy Waits (n)	Aug 26	2544	-		
Occupational Therapy Waits >13 weeks	Aug 26	1389	0		
Orthoptics Waits (n)	Aug 26	498	-		
Orthoptics Waits >13 weeks	Aug 26	130	0		
Podiatry Waits (n)	Aug 26	4219	-		
Podiatry Waits >13 weeks	Aug 26	2568	0		

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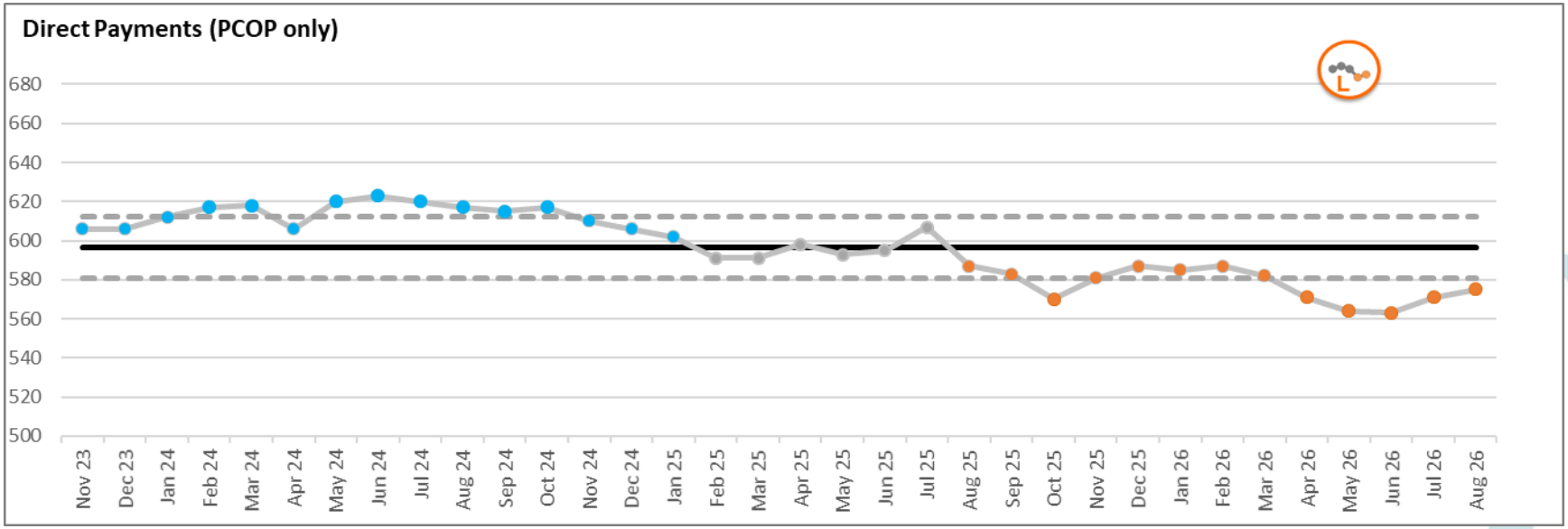
KPI	Latest month	Measure	Target	Variation	Assurance
Physiotherapy Waits (n)	Aug 26	10229	-		
Physiotherapy Waits >13 weeks	Aug 26	5470	0		
Dietetics Waits (n)	Aug 26	2381	-		
Dietetics Waits >13 weeks	Aug 26	579	0		
Speech and Language Therapy Total Waits (n)	Aug 26	970	-		
Speech and Language Therapy Total Waits >13 weeks	Aug 26	238	0		



Direct Payments (PCOP)

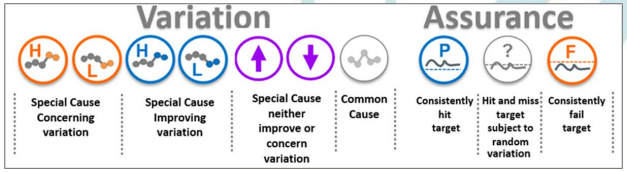
Direct Payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct Payments based on March 2025 figures.

In August 2026 there were 575 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

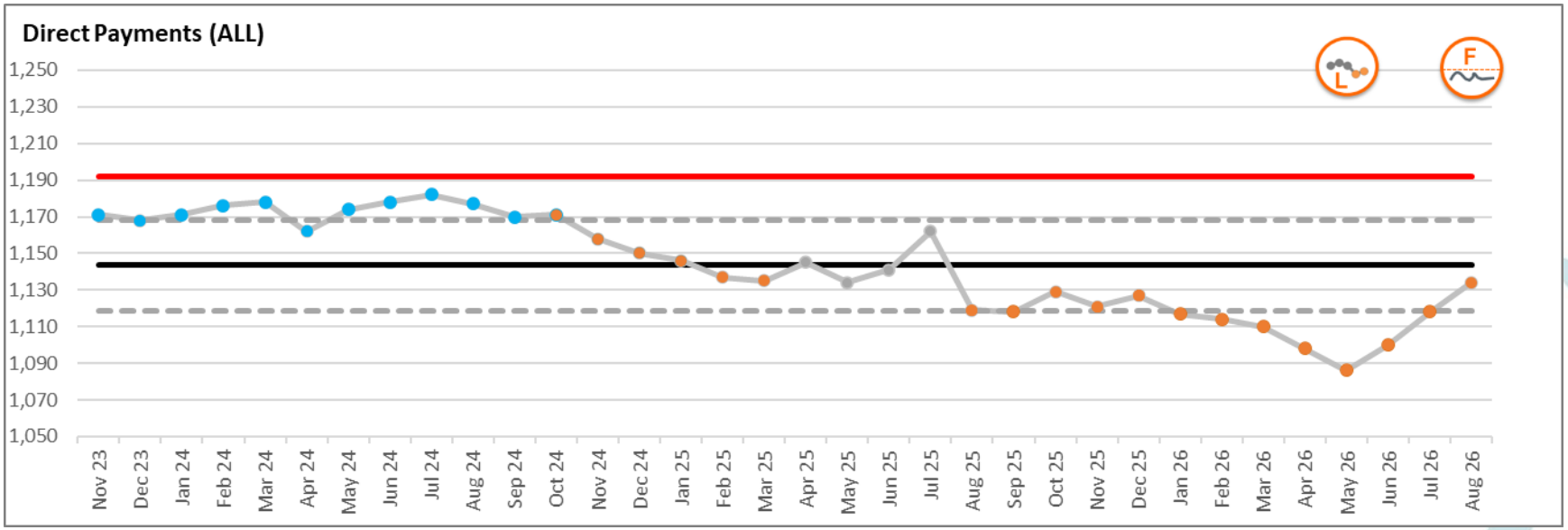
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Direct Payments (All Directorates)

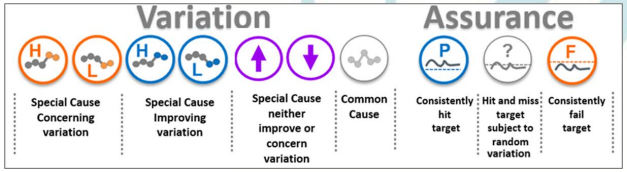
Direct Payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct Payments based on March 2025 figures.

In August 2026 there were 1,134 Direct Payments against a trajectory of 1,192 equating to 94% of expected trajectory.



Note: Chart axis starts at 1,050

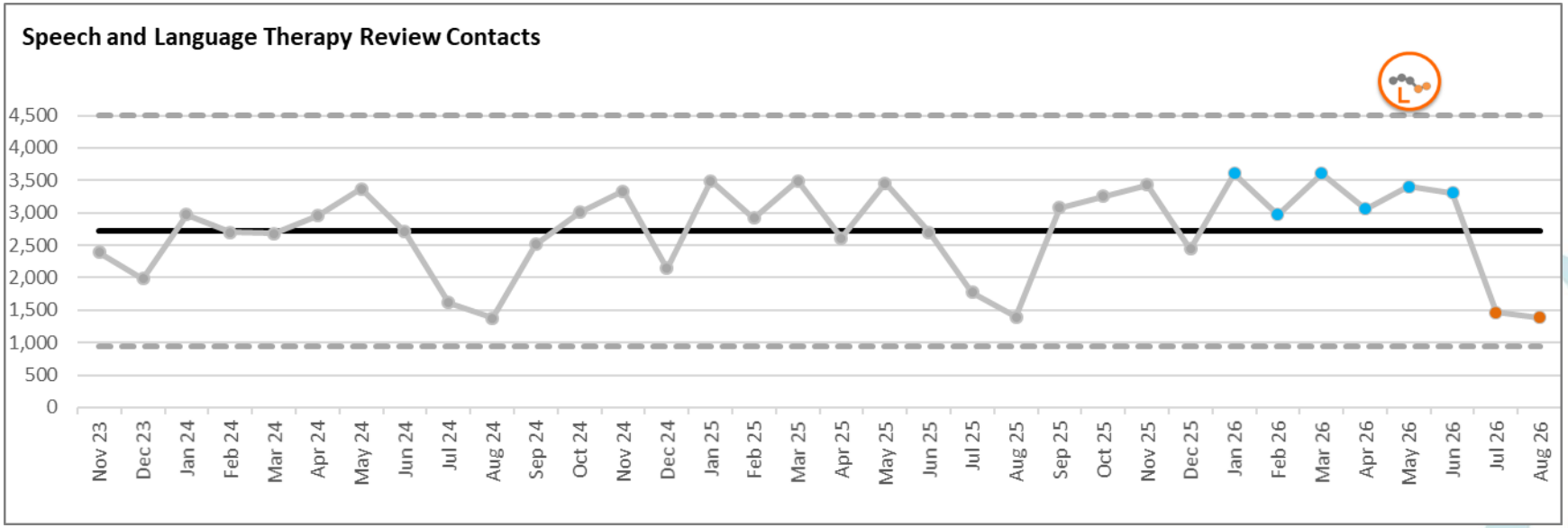
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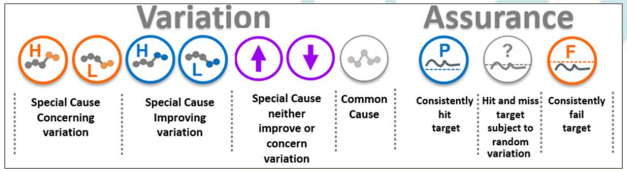
Speech and Language Therapy Review Contacts

Speech and Language Therapy Review Contacts is a legacy Service Delivery Plan metric which the trust continues to monitor.

In August 2026 there were 1382 Speech and Language Review Contacts.



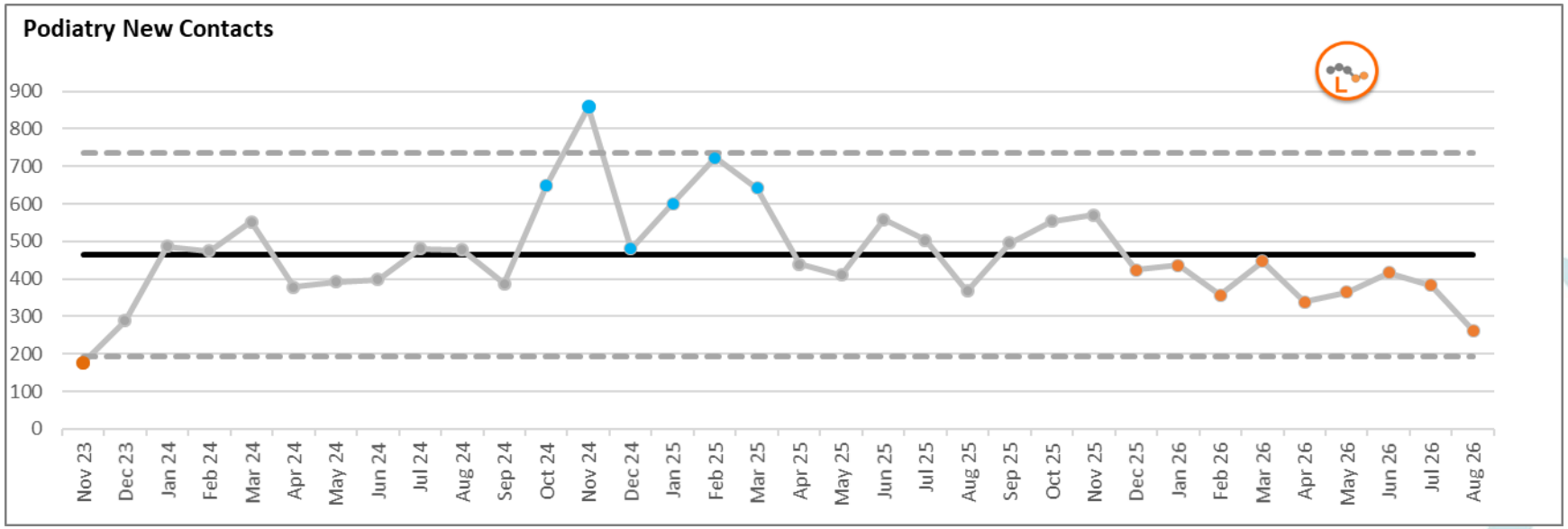
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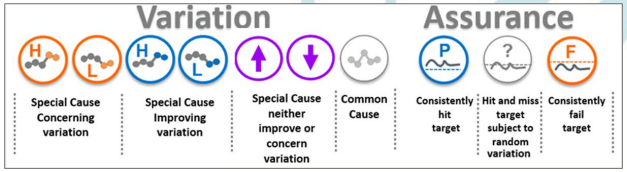
Podiatry New Contacts

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

In August 2026 there were 263 Podiatry New Contacts.



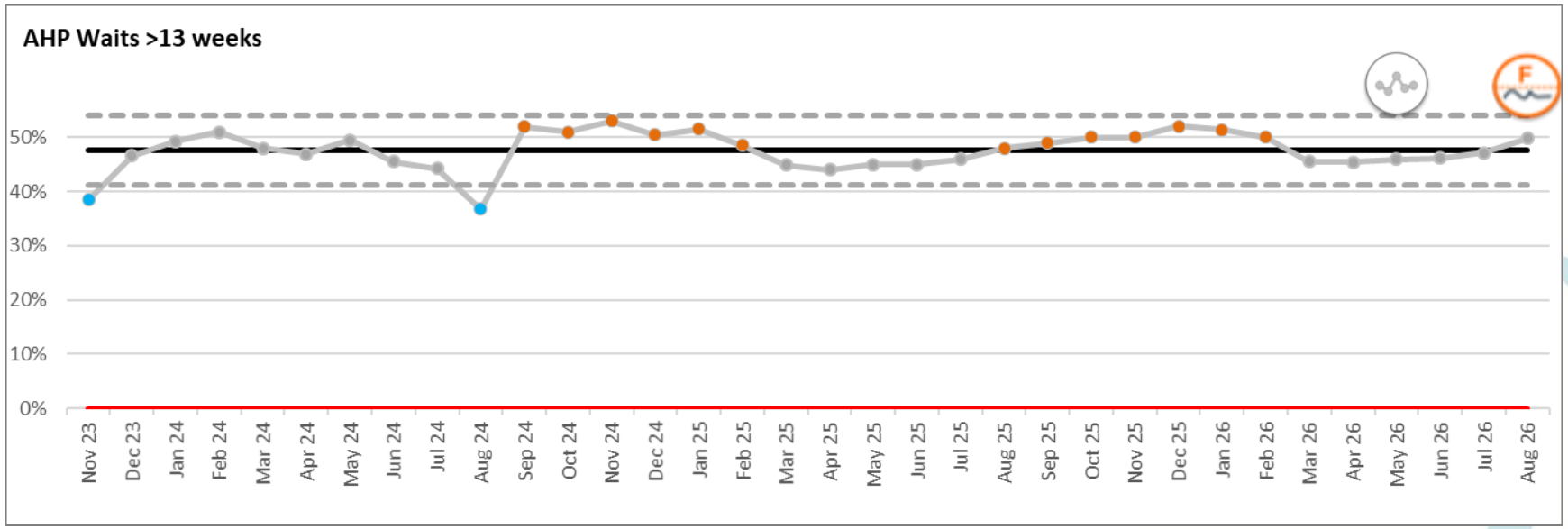
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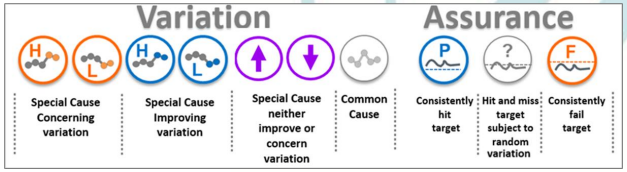
AHP waits > 13 weeks %

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



South Eastern Health and Social Care Trust



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.

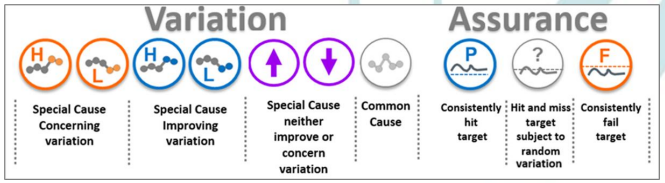
A summary table for Service delivery plan targets being monitored through performance and Encompass is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts on key areas.

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

- Direct Payments Learning Disability

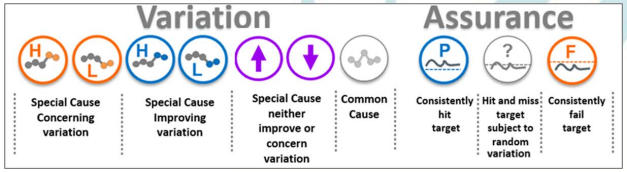
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KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Aug 26	739	-		
Adult Mental Health Non-Inpatient Contacts Review	Aug 26	4537	-		
Psychological Therapies Contacts New	Aug 26	119	-		
Psychological Therapies Contacts Review	Aug 26	1598	-		
Direct Payments Mental Health	Aug 26	17	-		
Direct Payments Learning Disability	Aug 26	297	-		
Mental Health Waits (n) for first new appointment	Aug 26	1542	-		
Mental Health % Waiting > 9 weeks for first new appointment	Aug 26	31%	0%		
Psychological Therapies Waits (n) for first new appointment	Aug 26	2683	-		
Psychological Therapies % Waiting > 13 weeks for first new appointment	Aug 26	79%	0%		
Dementia Waits (n) for first new appointment	Aug 26	1011	-		
Dementia % Waiting > 9 weeks for first new appointment	Aug 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.

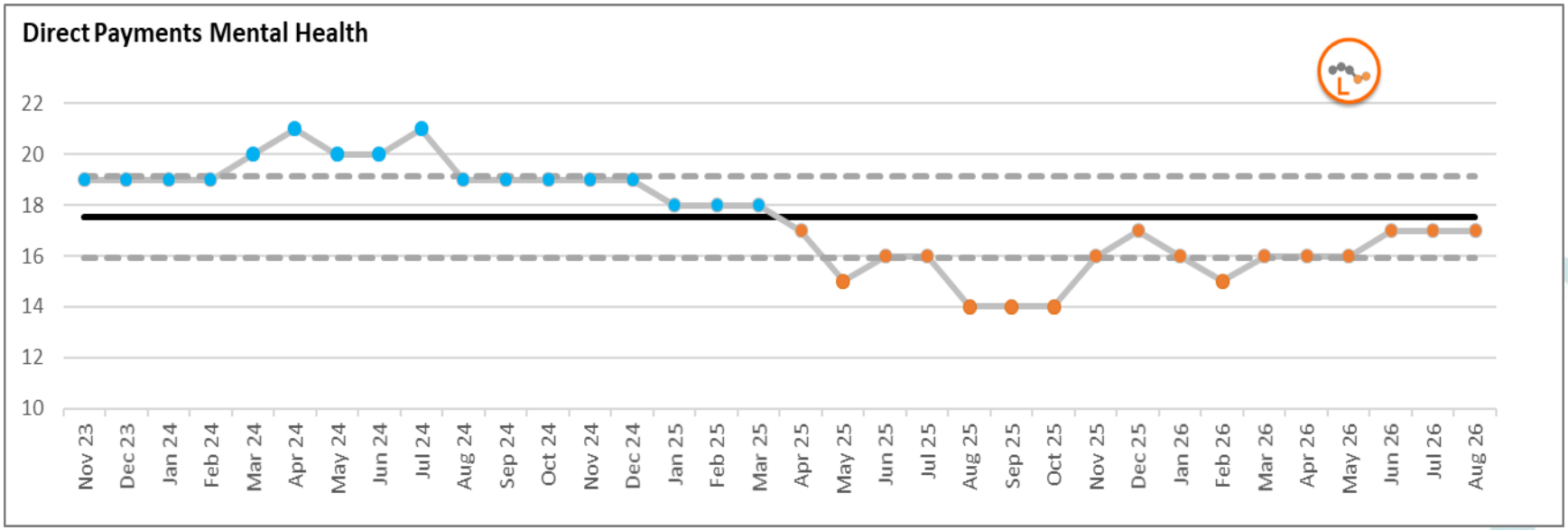
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Direct Payments (Mental Health)

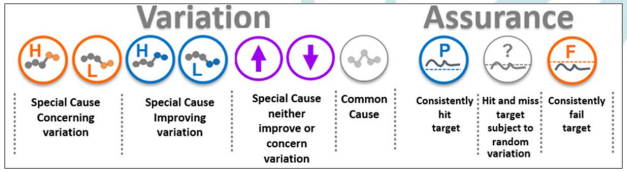
Direct Payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct Payments based on March 2025 figures.

In August 2026 there were 17 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.

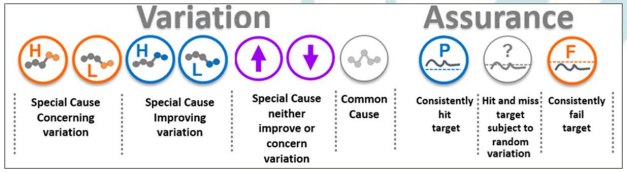
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

The summary table is followed by detailed SPC charts on key areas.

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

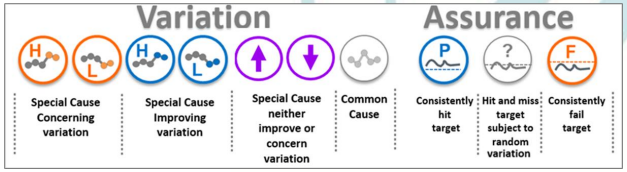
- Unallocated Cases (All cases)
- Unallocated Cases > 20 days
- Unallocated Cases > 30 days
- Unallocated Cases > 20 days – Family Support Only
- Unallocated Family Support Cases (All cases)
- Unallocated Disability Cases (All cases)

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KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (All cases) (n)	Aug 26	492	-		
Unallocated Cases > 20 Days	Aug 26	413	-		
Unallocated Cases > 30 Days	Aug 26	368	-		
Unallocated Cases > 20 Days - Family Support Only	Aug 26	84	141		
Unallocated Gateway Cases (All cases)	Aug 26	197	-		
Unallocated Family Support Cases (All cases)	Aug 26	105	-		
Unallocated Disability Cases (All cases)	Aug 26	190	-		
Direct Payments (Children)	Aug 26	255	-		

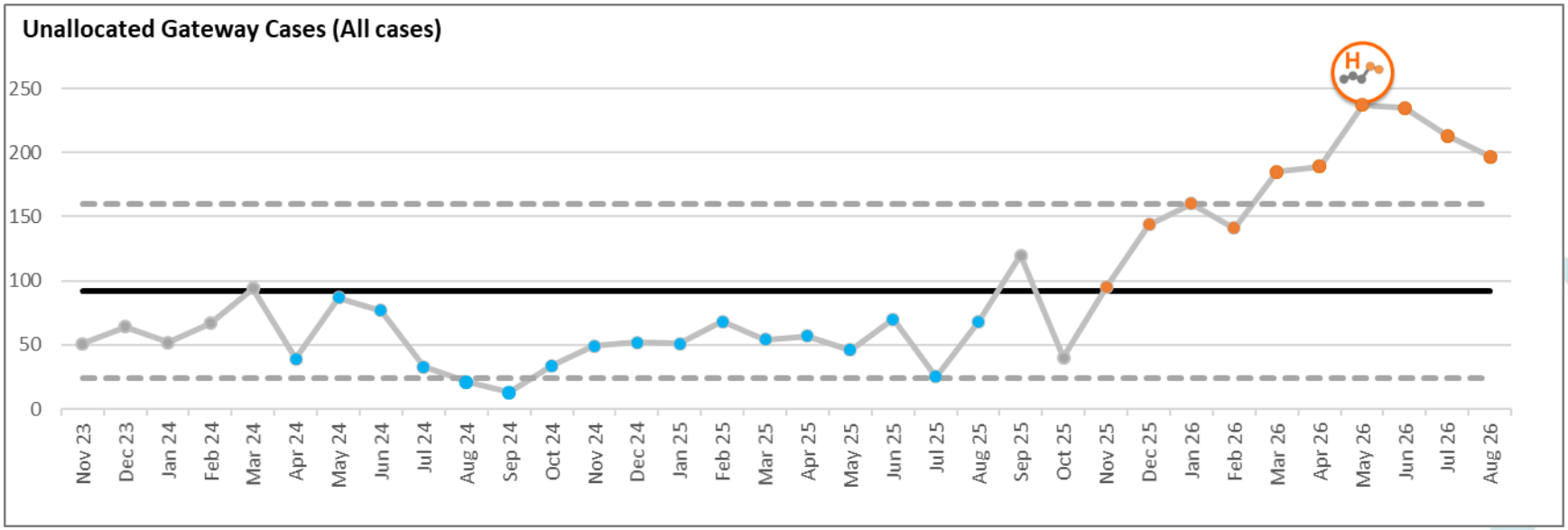
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Unallocated Gateway (All cases)

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

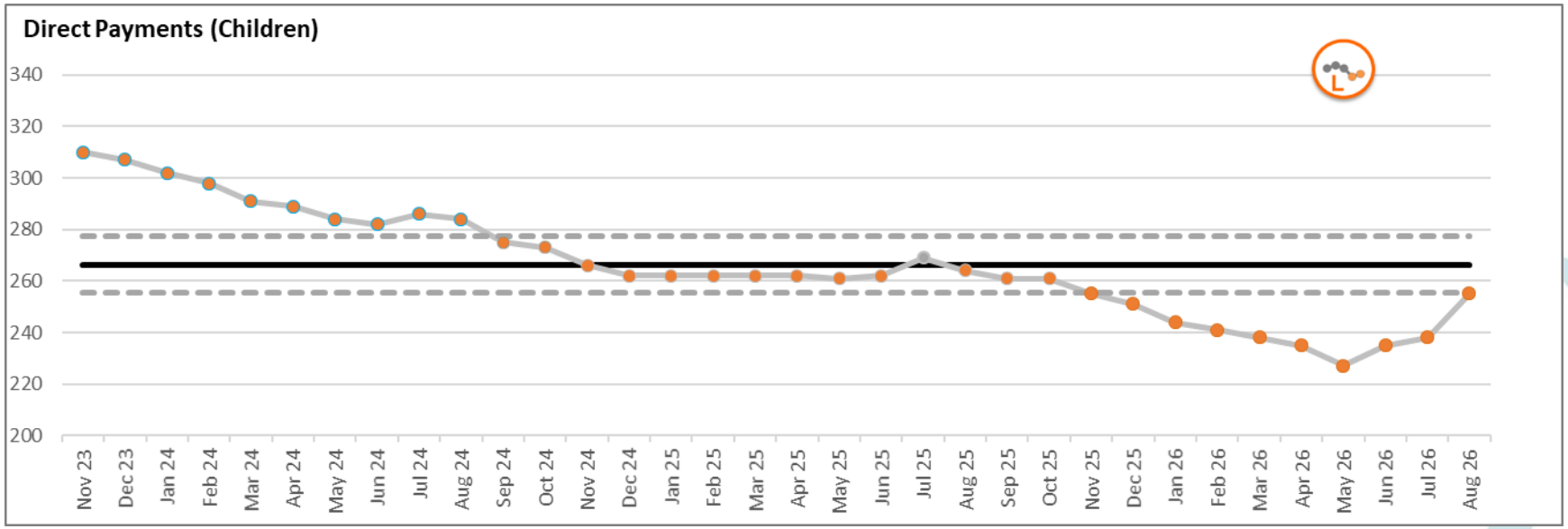
In August 2026 there were 197 Unallocated Gateway Cases (All cases) within Children Service.



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 August 2026 there were 255 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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