

Integrated Performance Monitoring Report

August

Paper Number: SET/118/25



South Eastern Health
and Social Care Trust

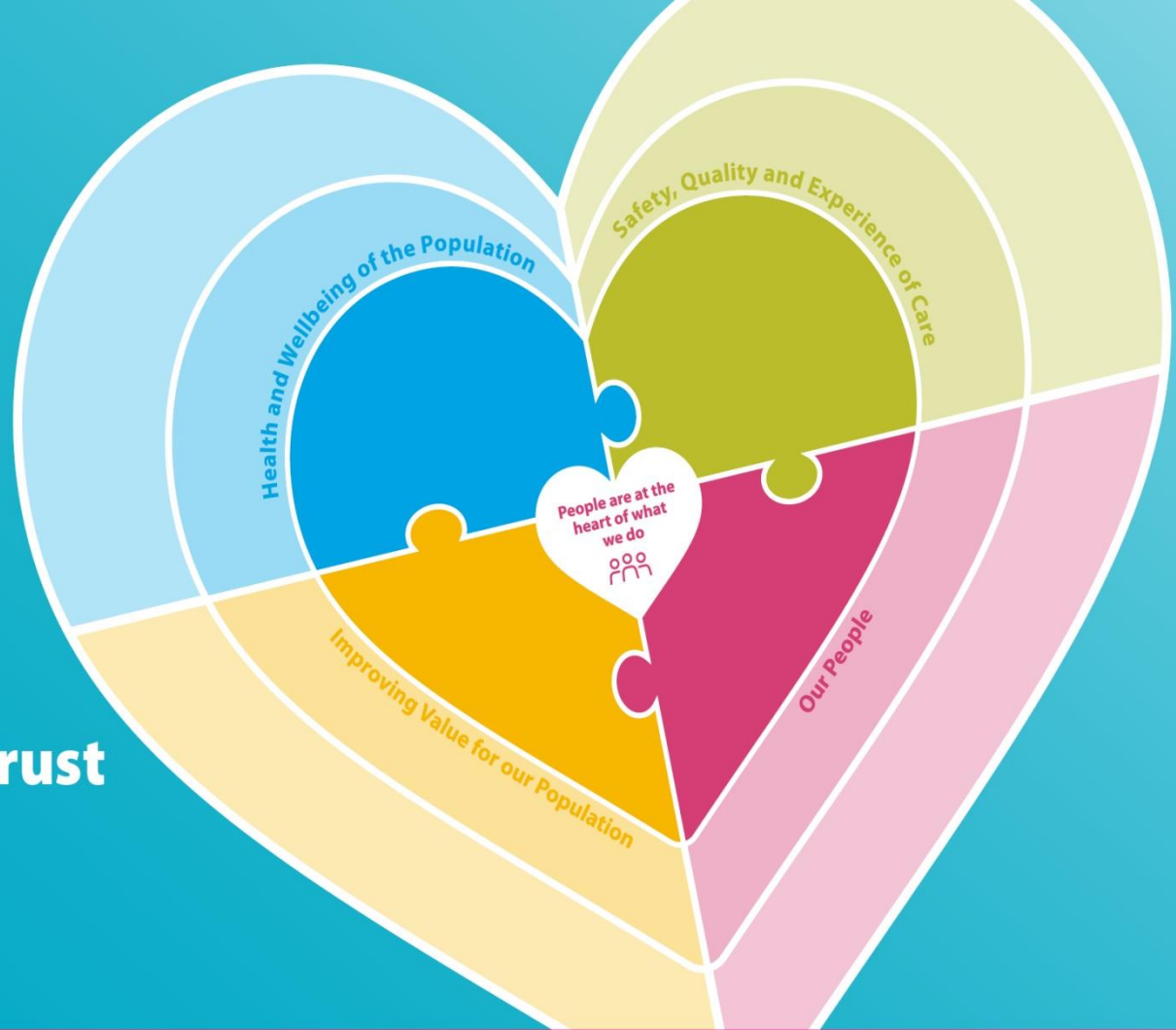




South Eastern Health
and Social Care Trust

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 August 2025 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.

Measures with a RAG status	April	May	June	July	Aug
12 Hour Waits	Red	Red	Yellow	Red	Red
Hip Fractures – 48 Hours	Red	Red	Red	Red	Red
All Fractures – 7 Days	Red	Red	Yellow	Green	Yellow
New Outpatient DNA/Cancellation on the Day	Red	Red	Red	Red	Red
Review Outpatient DNA/Cancellation on the Day	Green	Green	Green	Green	Green
Theatres % Main Theatre DNA/Cancelled on Day	Red	Red	Red	Red	n/a
Theatres % DPU Theatre DNA/Cancelled on Day	Red	Red	Red	Red	n/a
Theatres % Main Theatre Run Time	Green	Green	Green	Green	n/a
Theatres % DPU Theatre Run Time	Yellow	Red	Red	Red	n/a
Theatres % Endo Theatre Run Time	Red	Red	Red	Red	n/a
Theatres % Main Theatre Op Time	Yellow	Yellow	Yellow	Red	n/a
Theatres % DPU Theatre Op Time	Red	Red	Red	Red	n/a
Unmet Need – Full Packages	Red	Red	Green	Green	Green
Unmet Need – Partial Packages	Green	Yellow	Green	Green	Green
Direct Payments	Yellow	Red	Yellow	Yellow	Yellow
Unallocated Cases	Red	Red	Red	Red	Red
General Surgery – Average elective length of stay	Green	Green	Green	Green	Green
Gynaecology – Average elective length of stay	Red	Red	Red	Red	Red
Haematology – Average elective length of stay	Green	Yellow	Green	Green	Green
Urology – Average elective length of stay	Green	Red	Red	Red	Red
Terms of Reference Overdue	Green	Green	Green	Green	Green
Level 1 SAI Reports Overdue	Red	Red	Red	Red	Red
Level 2 SAI Reports Overdue	Red	Red	Red	Red	Red
Level 3 SAI Reports Overdue	Green	Green	Green	Green	Green
Action Plans Overdue	Green	Green	Green	Green	Green



Statistical Process Control

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

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

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

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

An explanation of the icons used is included below:



Safety, Quality and Experience of Care

HOSPITAL SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

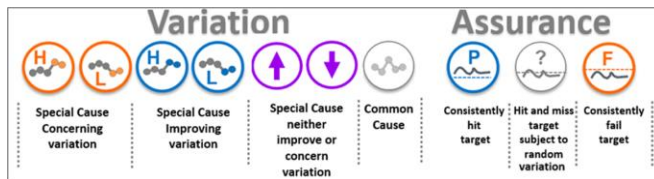
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the ministerial targets and System Oversight Measures (SOMs).

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

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

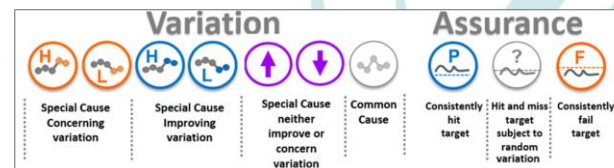
In August 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- NIAS Turnaround > 2 Hours % (Ulster)
- Outpatient Contacts New – Total DNA and Cancelled on Day
- Outpatient Contacts Review – Total DNA and Cancelled on Day
- Diagnostics Waiting – Imaging % >9 Weeks
- Diagnostics Waiting – Imaging % >26 Weeks
- Inpatients Waiting - % >13 Weeks
- Inpatients Waiting - % >52 Weeks
- Daycases Waiting - % >13 Weeks
- Daycases Waiting - % >52 Weeks
- MRI

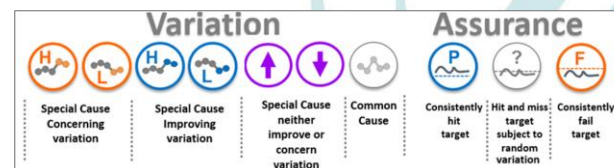


KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity - Breast (Regional)	Jul 25	918	-		
Cancer 31 Day Activity	Jul 25	128	-		
Cancer 62 Day Activity	Jul 25	75.0	-		
Cancer 14 Day % - Breast (Regional)	Jul 25	10%	100%		
Cancer 31 Day %	Jul 25	87%	98%		
Cancer 62 Day %	Jul 25	23%	95%		

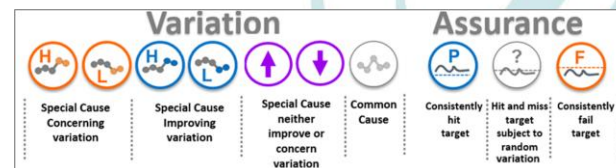
Please note:
Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology



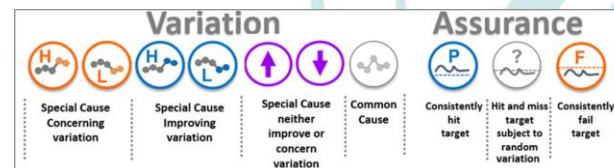
KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	Aug 25	13802	-		
Urgent & Emergency Care Attendances - Downe	Aug 25	1617	-		
Urgent & Emergency Care Attendances - Lagan Valley	Aug 25	1741	-		
Urgent & Emergency Care Attendances - Ulster Total	Aug 25	10444	-		
4 Hour % - SET	Aug 25	50%	95%		
4 Hour % - Downe	Aug 25	97%	95%		
4 Hour % - Lagan Valley	Aug 25	73%	95%		
4 Hour % - Ulster Total	Aug 25	38%	95%		



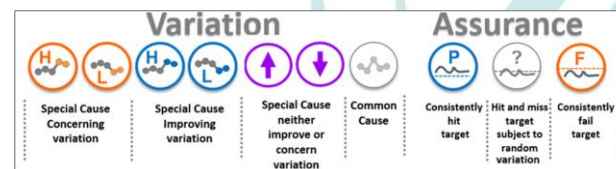
KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	Aug 25	2225	0		
12 Hour Breaches - Downe	Aug 25	0	0		
12 Hour Breaches - Lagan Valley	Aug 25	0	0		
12 Hour Breaches - Ulster Total	Aug 25	2225	0		
NIAS Ambulance Arrivals (Ulster)	Aug 25	1283	-		
NIAS Handovers > 2 hours % (Ulster)	Aug 25	29.0%	-		



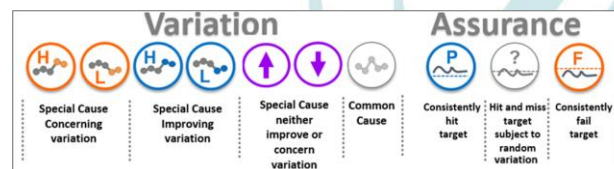
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Aug 25	6334	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Aug 25	6.7%	5.0%		
Outpatient Contacts Review - Total	Aug 25	11901	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	Aug 25	6.6%	8.0%		
Outpatients Waiting - Total for First New Appointment	Aug 25	114492	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Aug 25	86.9%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Aug 25	59.3%	0.0%		









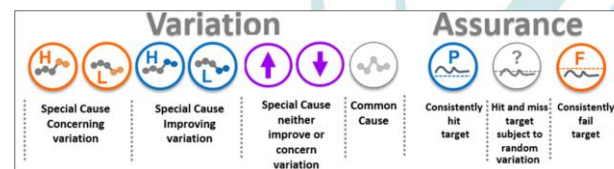
KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Aug 25	21670	-		
Diagnostics Waiting - Imaging % >9 Weeks	Aug 25	58.2%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Aug 25	28.8%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Aug 25	21436	-		
Diagnostics Waiting - Physiological % >9 Weeks	Aug 25	79.1%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Aug 25	47.1%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Aug 25	5308	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Aug 25	63.9%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Aug 25	43.9%	0.0%		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	Aug 25	688	-		
Inpatients Waiting - Total	Aug 25	2789	-		
Inpatients Waiting - % >13 Weeks	Aug 25	80.96%	45.00%		
Inpatients Waiting - % >52 Weeks	Aug 25	61.31%	0.00%		
Daycases Waiting - Total	Aug 25	12557	-		
Daycases Waiting - % >13 Weeks	Aug 25	63.62%	45.00%		
Daycases Waiting - % >52 Weeks	Aug 25	33.62%	0.00%		

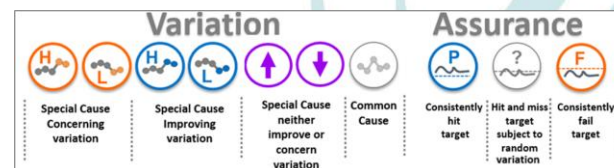


KPI	Latest month	Measure	Target	Variation	Assurance
Cath Lab Procedures	Aug 25	34	-		
MRI	Aug 25	1262	-		
CT	Aug 25	4253	-		
NOUS	Aug 25	2712	-		
Cardiac CT	Aug 25	132	-		
Echo	Aug 25	1219	-		

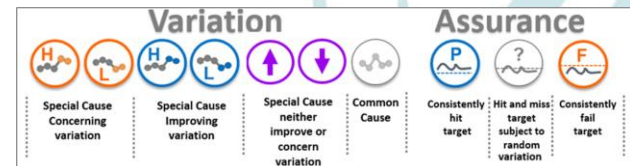
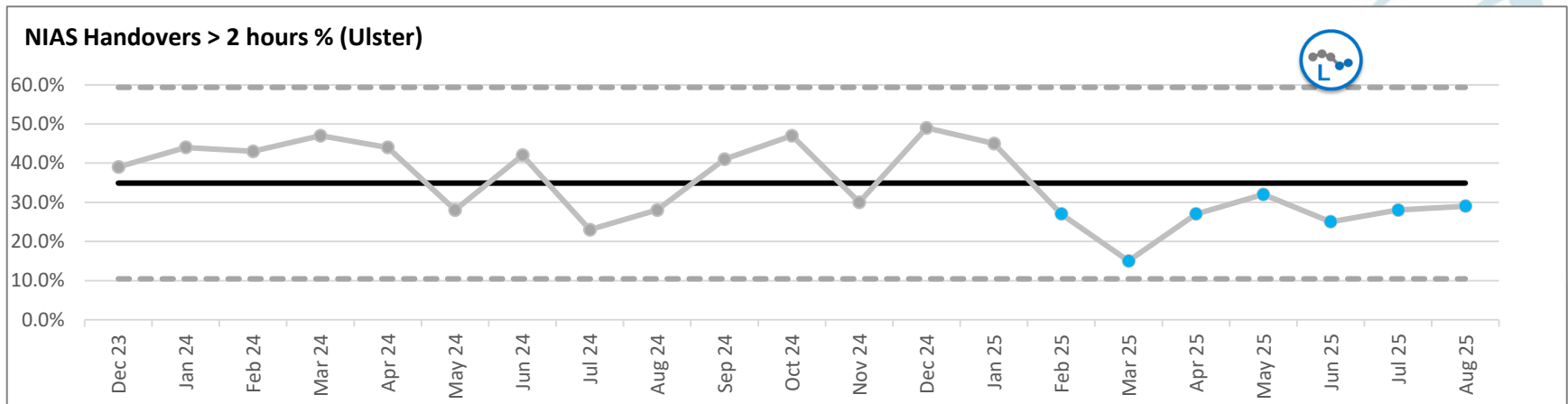
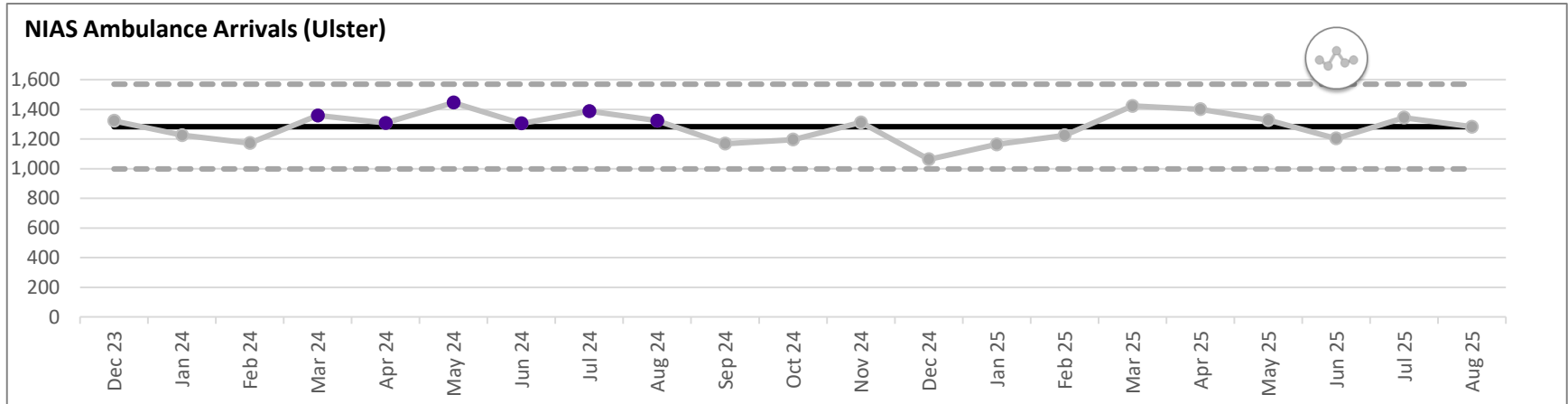


KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Avg LOS - Elective General Surgery	Aug 25	3.71	4.30		
Inpatient Avg LOS - Elective Gynaecology	Aug 25	3.50	1.90		
Inpatient Avg LOS - Elective Haematology	Aug 25	9.38	10.20		
Inpatient Avg LOS - Elective Urology	Aug 25	2.49	2.26		
Fractures - Neck of Femur <48 Hours	Aug 25	65.6%	95.0%		
Fractures - Other Fractures <7 Days	Aug 25	92.0%	95.0%		

Please note:
Elective haematology length of stay is comprised of 14 patient stays in August and should not be used for statistical analysis



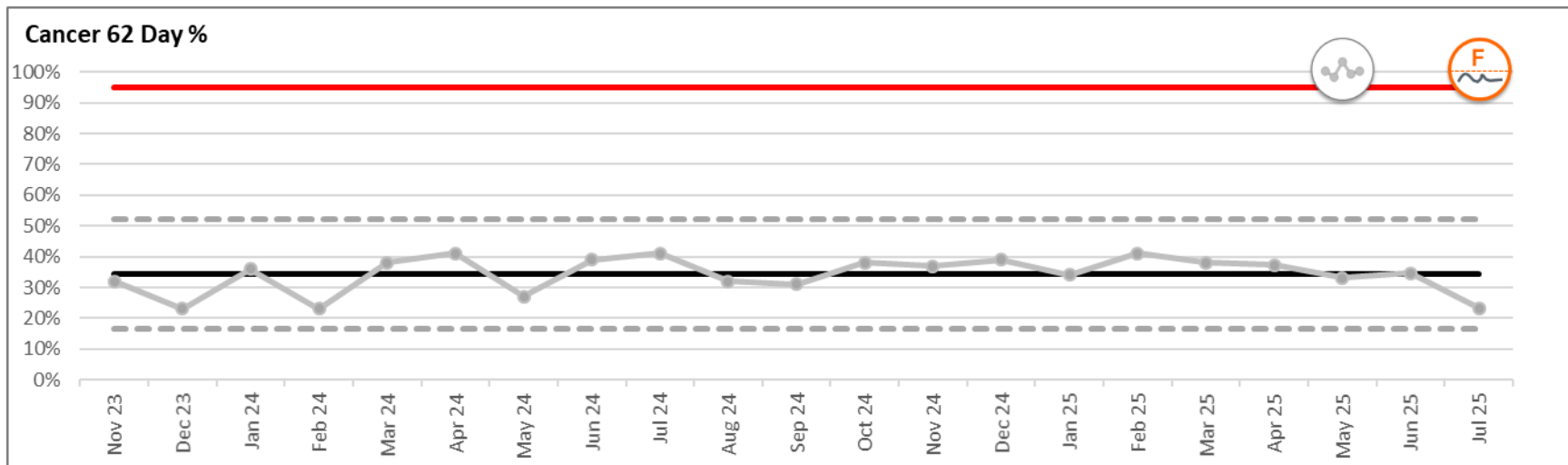
NIAS Handovers > 2 Hours



Cancer 62 Day %

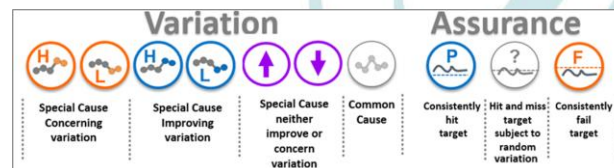
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric is monitored as part of the System Oversight Measures and was 23% compared to the expected 95% target.



Please note:

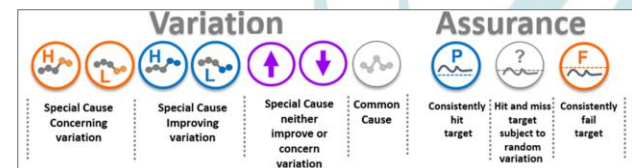
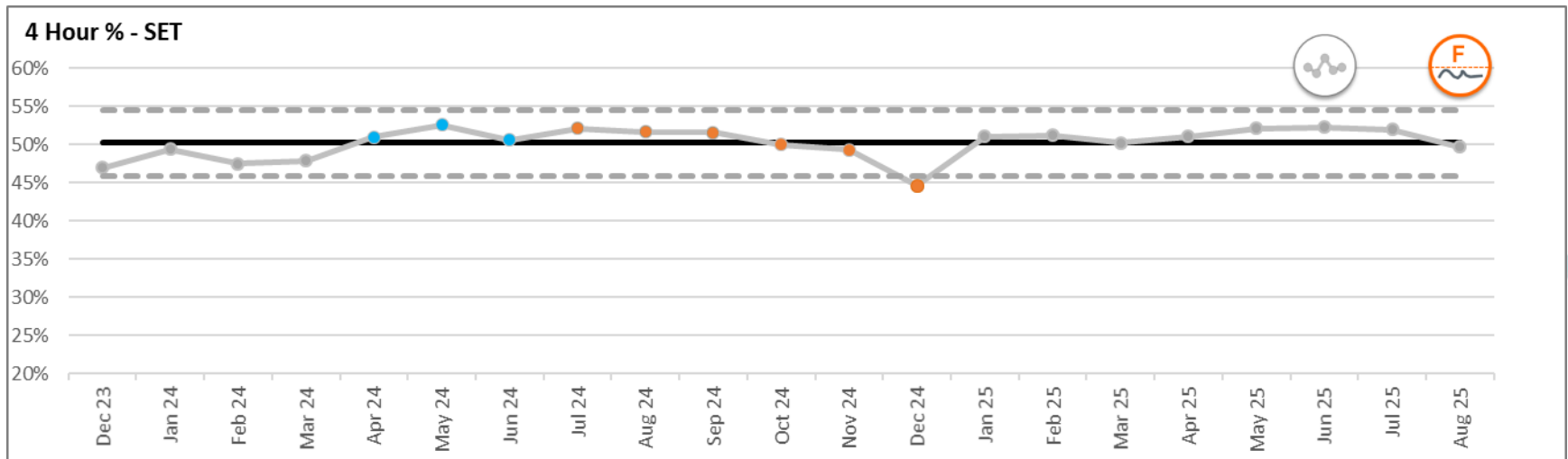
Cancer 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology therefore the July figure will change



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

Emergency Department 4hr performance is a ministerial target based on the 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.

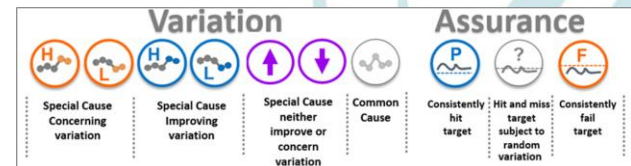
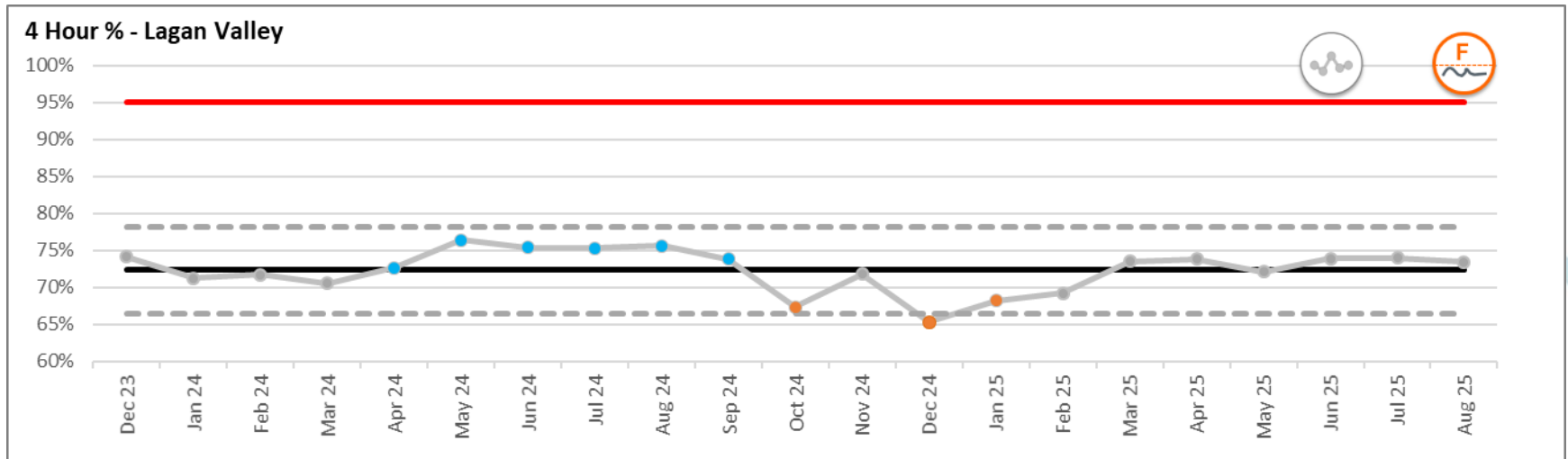
In August 2025, 50% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries (MIU) across the South Eastern Trust met the 4 hour target.



4 Hour Target % – Lagan Valley (2/3)

Emergency Department 4hr performance is a ministerial target based on the 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.

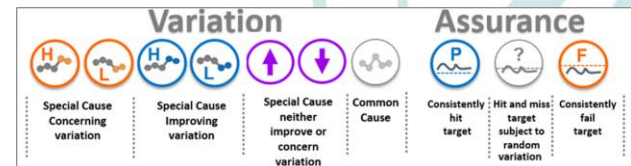
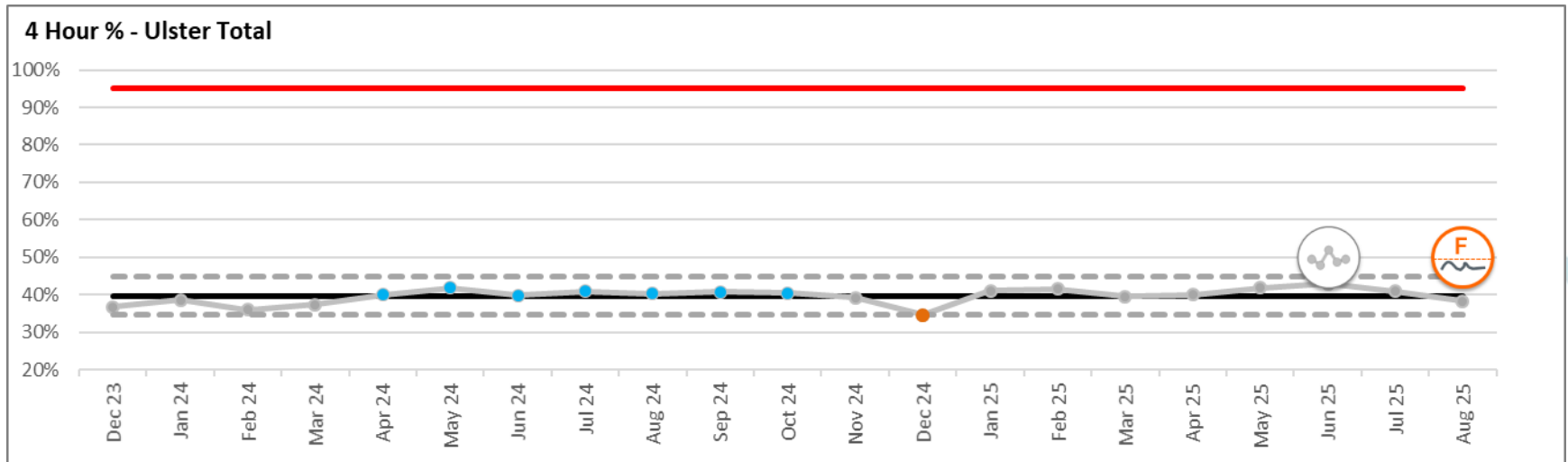
In August 2025, 50% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries (MIU) across the South Eastern Trust met the 4 hour target.



4 Hour Target % – Ulster (3/3)

Emergency Department 4hr performance is a ministerial target based on the 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.

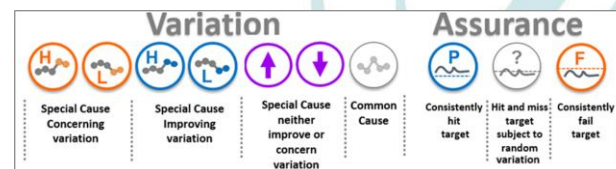
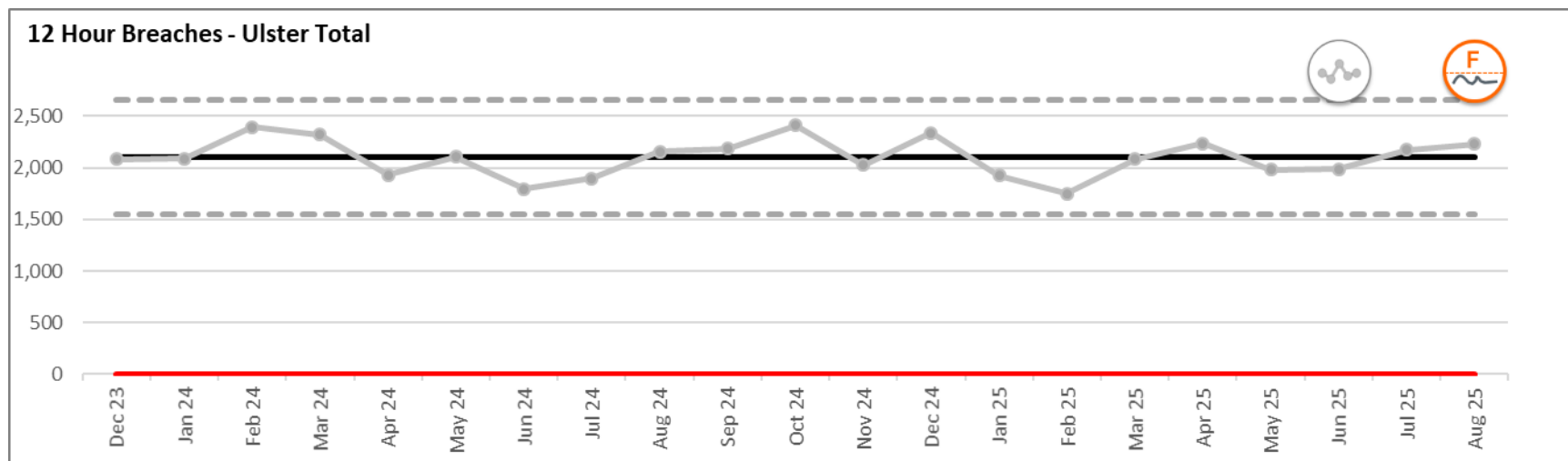
In August 2025, 50% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries (MIU) across the South Eastern Trust met the 4 hour target.



12 Hour Breaches – Ulster Hospital

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

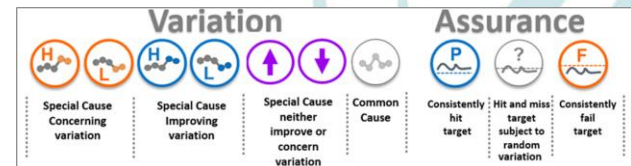
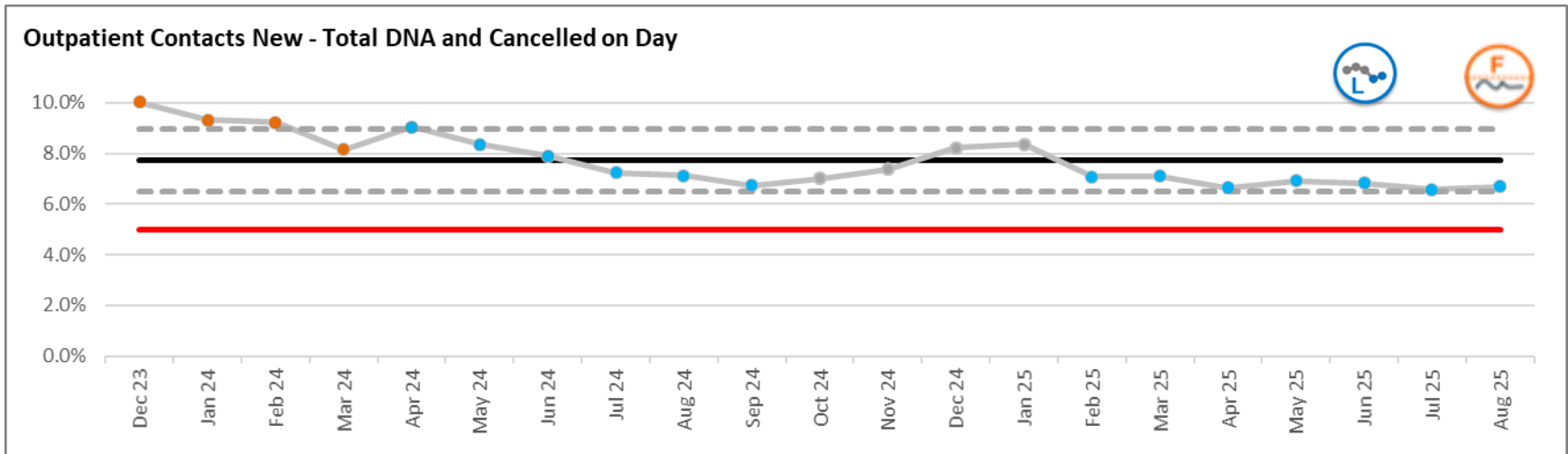
No patient attending any Emergency Department should wait longer than 12 hours. In August 2025, 2225 patients waited over 12 hours. All breaches this month were in the Ulster Hospital



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.

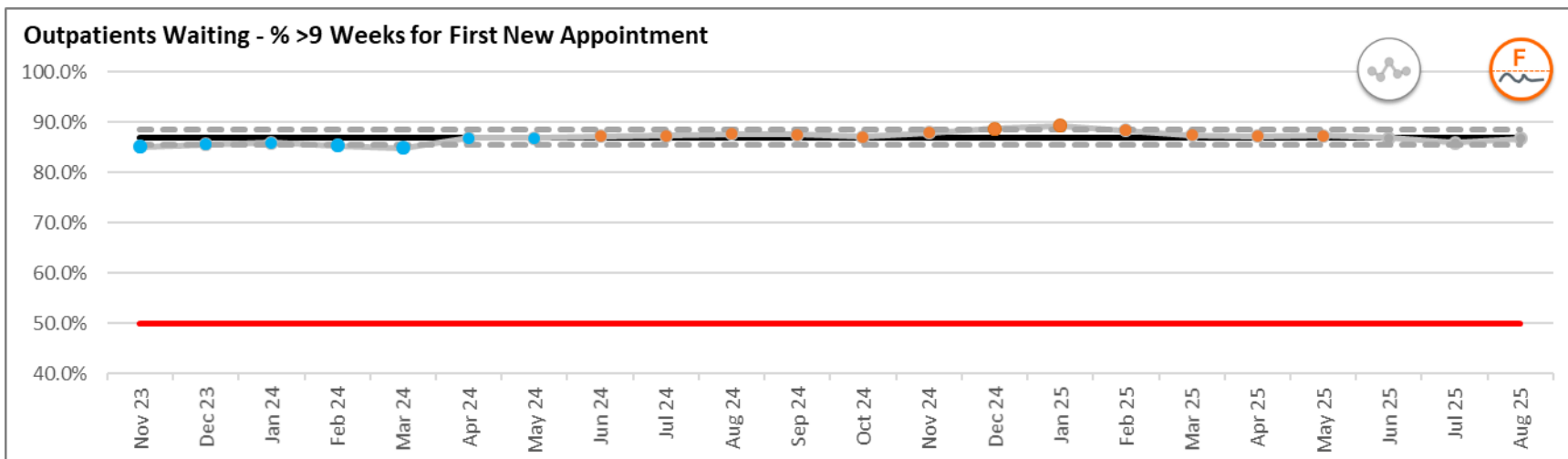
In August 2025 there was a 6.7% DNA and cancelled on day rate for new contacts against an expected rate of 5%. This equates to 1.7 percentage points above the expected trajectory.



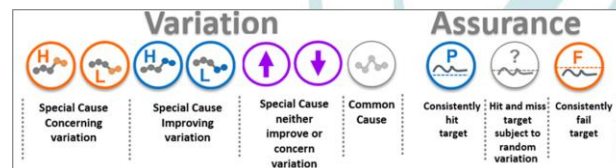
Outpatient > 9 Weeks %

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

No more than 50% of patients should wait over 9 weeks. In August 2025 there were 86.9% of patients waiting over 9 weeks for an outpatient appointment.



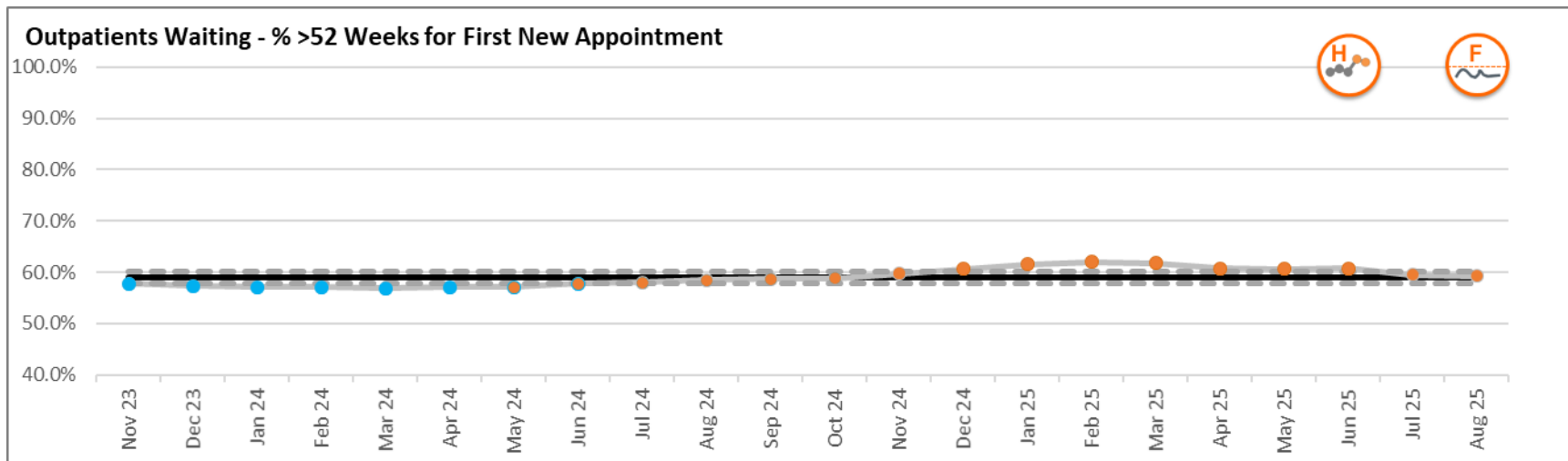
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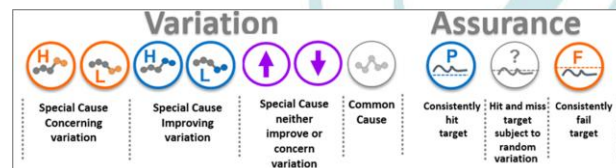
Outpatient > 52 Weeks %

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

No patient should wait over 52 weeks. In August 2025 there were 59.3% of patients waiting over 9 weeks for an outpatient appointment.



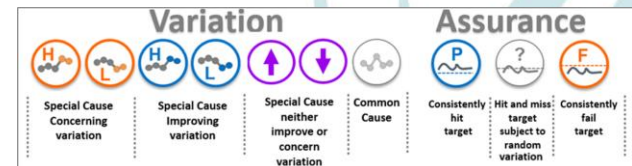
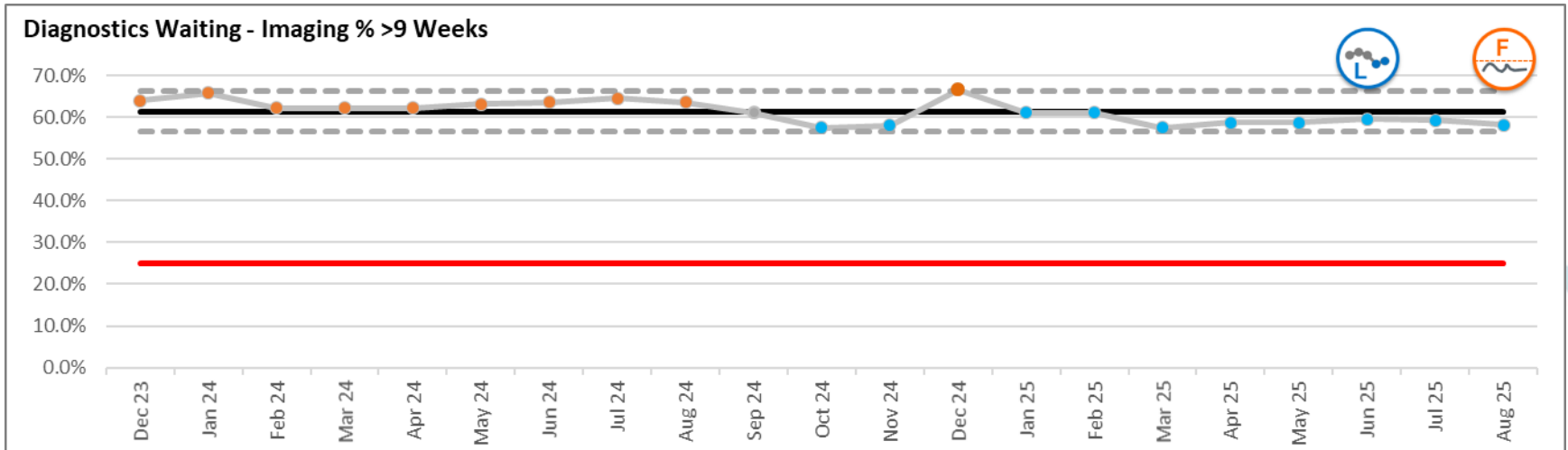
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Diagnostic Waits Imaging > 9 Weeks %

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

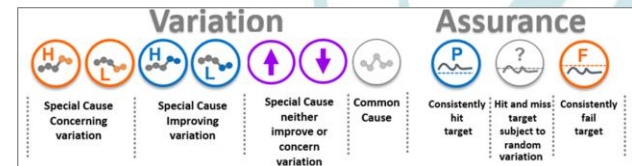
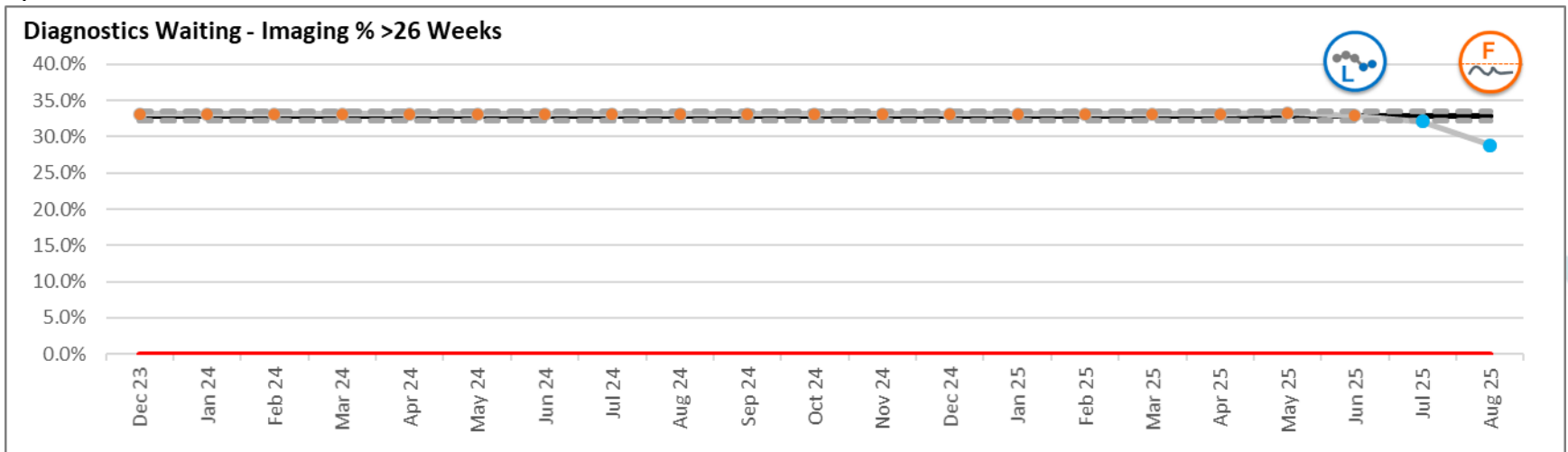
No more than 25% of patients should wait more than 9 weeks for a diagnostic imaging test. In August 2025, 58.2% of patients waited over 9 weeks for a diagnostic imaging test



Diagnostic Waits Imaging > 26 Weeks %

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

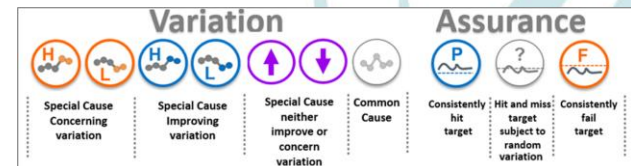
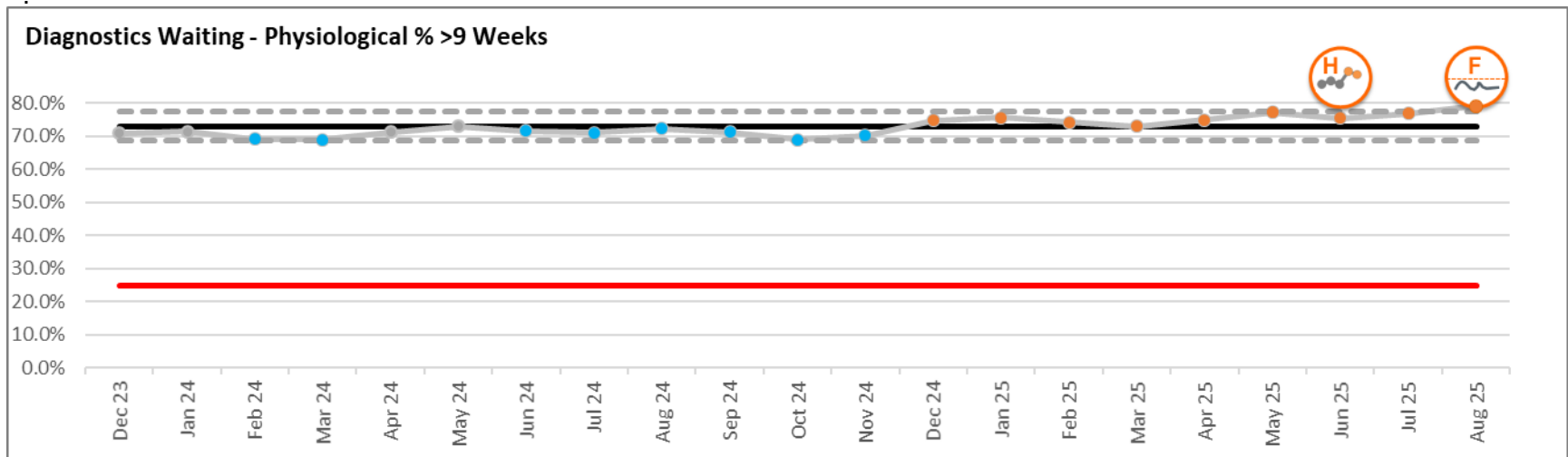
No patients should wait more than 26 weeks for a diagnostic imaging test. In August 2025, 28.8% of patents waited over 52 weeks for a diagnostic imaging test



Diagnostic Waits Physiological > 9 Weeks %

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

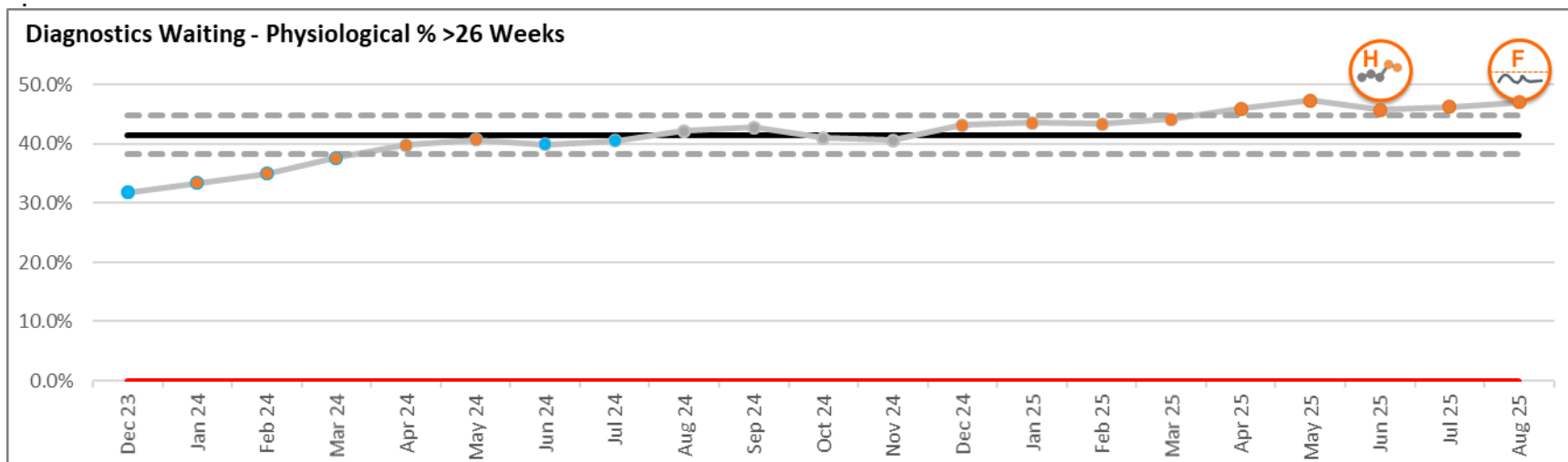
No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In August 2025, 79.1% of patients waited over 9 weeks for a diagnostic physiological test



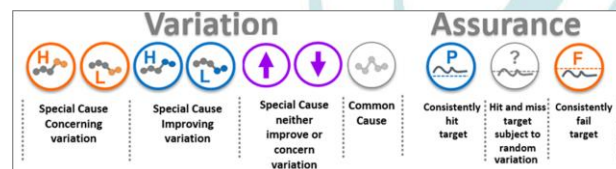
Diagnostic Waits Physiological > 26 Weeks %

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

No patients should wait more than 26 weeks for a diagnostic physiological test. In August 2025, 47.1% of patents waited over 52 weeks for a diagnostic physiological test



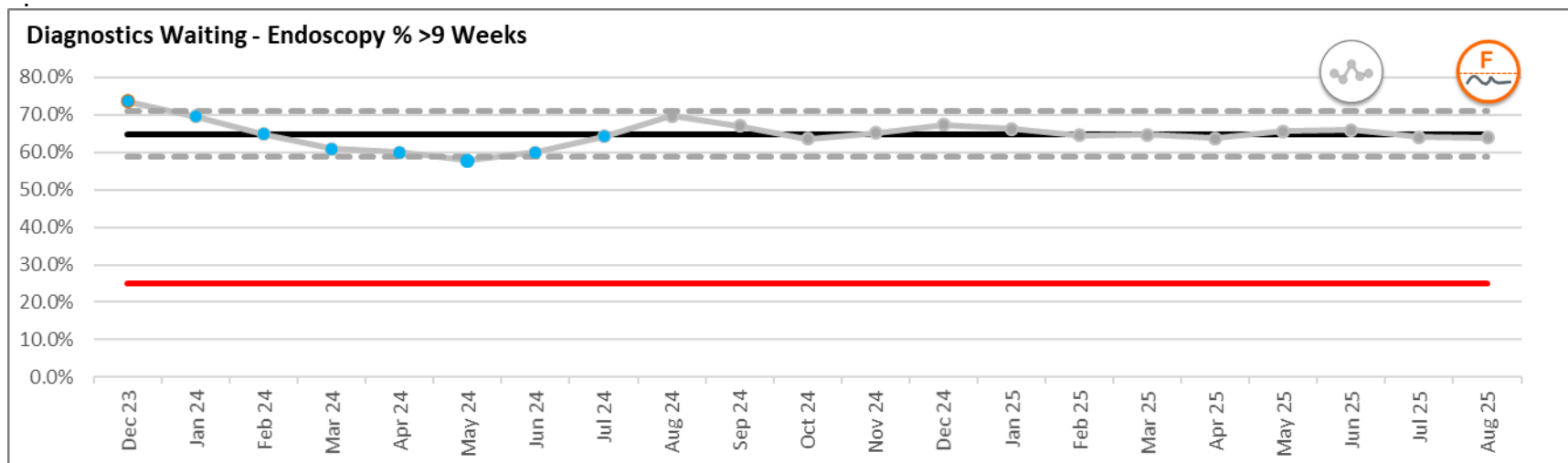
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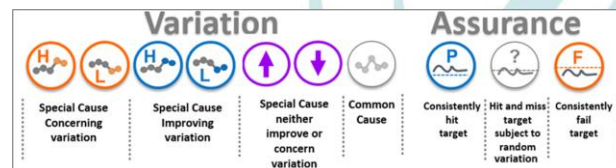
Diagnostic Waits Endoscopy > 9 Weeks %

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

No more than 25% of patients should wait more than 9 weeks for a diagnostic endoscopy test. In August 2025, 63.9% of patients waited over 9 weeks for a diagnostic endoscopy test



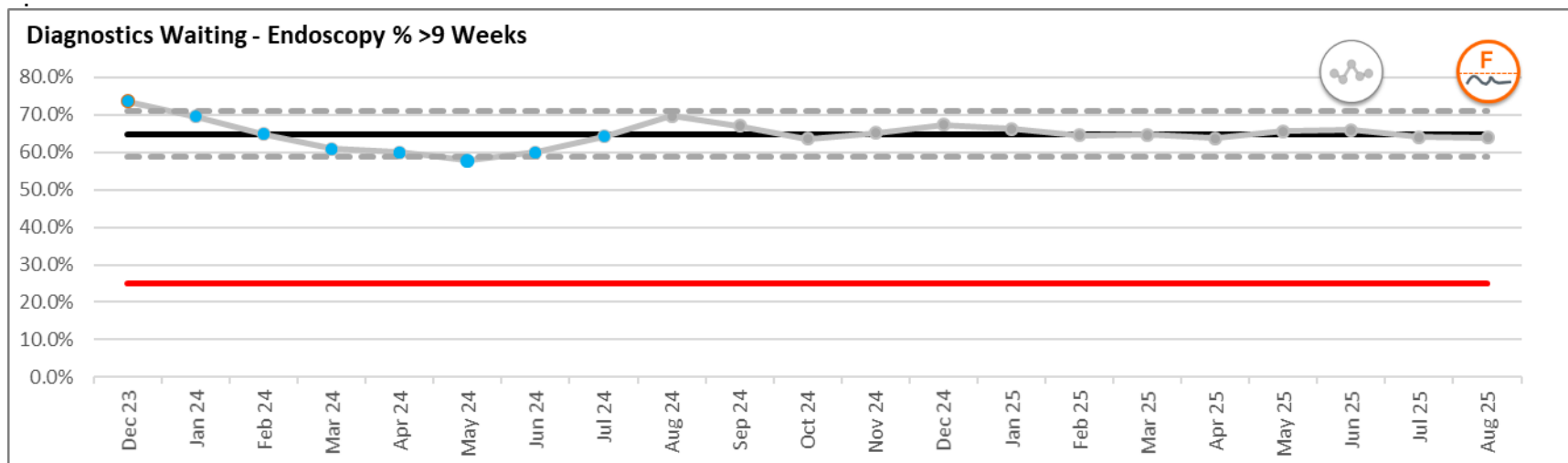
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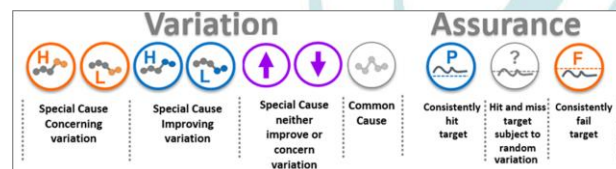
Diagnostic Waits Endoscopy > 26 Weeks %

Diagnostic waits: endoscopy is monitored as part of tracked as part 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 August 2025, 43.9% of patents waited over 52 weeks for a diagnostic endoscopy test



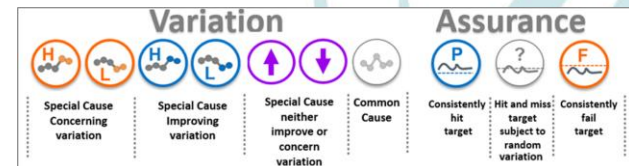
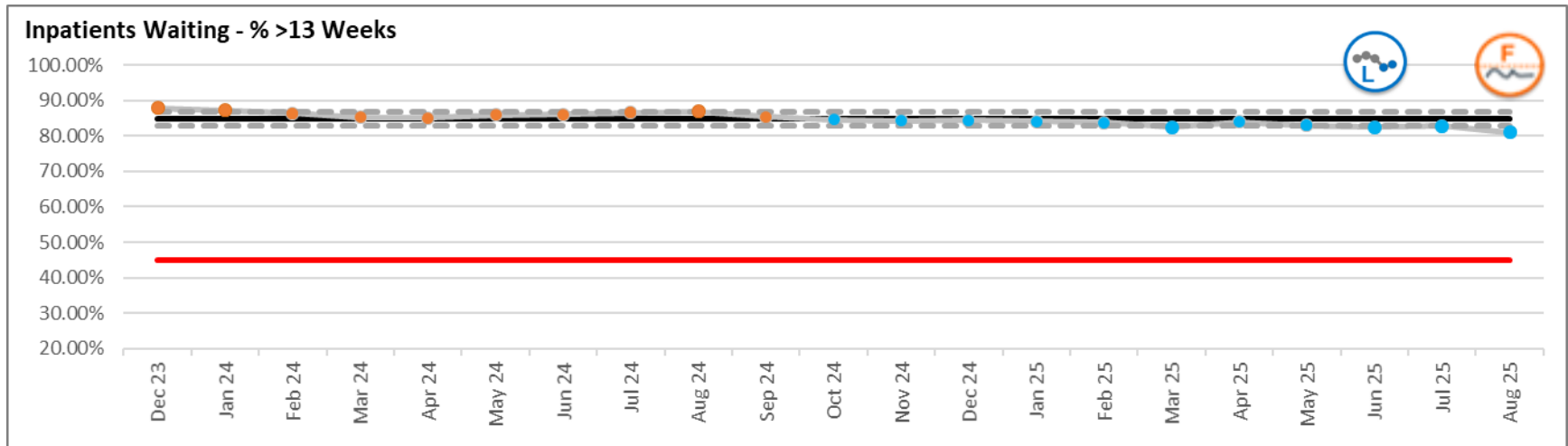
South Eastern Health and Social Care Trust



Inpatient Waits > 13 Weeks %

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

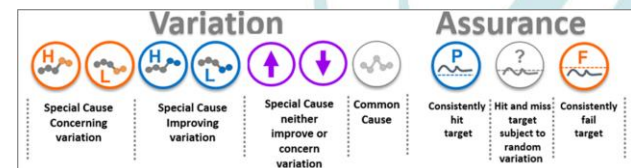
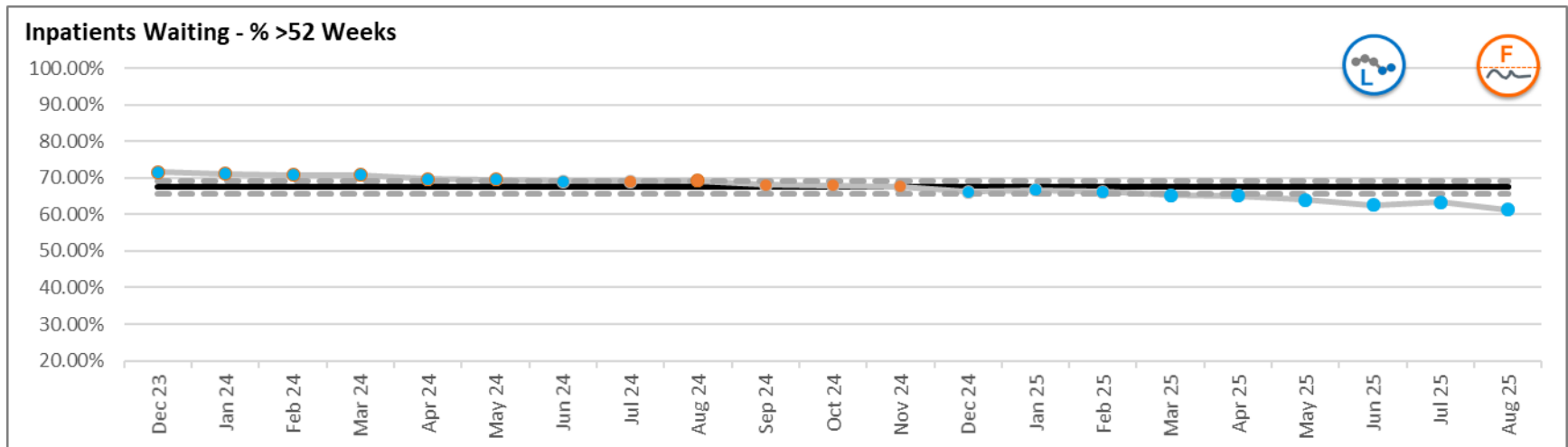
No more than 45% of patient should wait more than 13 weeks and no patient should wait more than 52 weeks for inpatient admission. In August 2025, 81.0% of patients waited over 13 weeks for a inpatient admission.



Inpatient Waits > 52 Weeks %

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

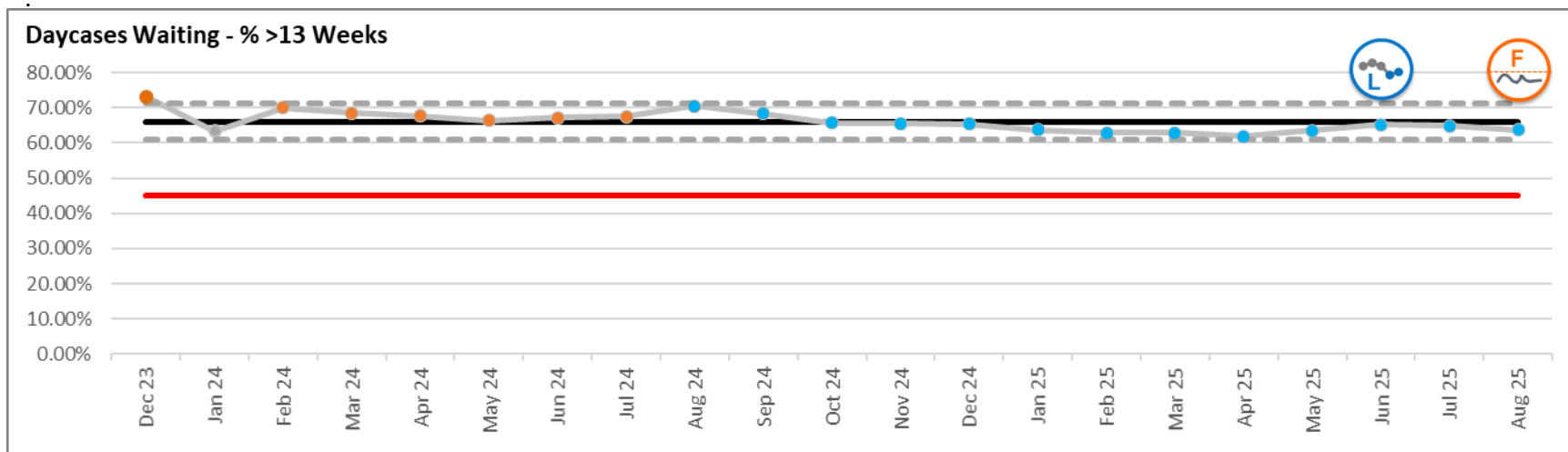
No more than 45% of patient should wait more than 13 weeks and no patient should wait more than 52 weeks for inpatient admission. In August 2025, 61.3% of patients waited over 52 weeks for an inpatient admission.



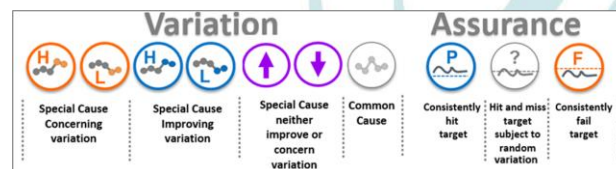
Day Case Waits > 13 Weeks %

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 and no patient should wait more than 52 weeks for a day case treatment. In August 2025, 63.6% of patients waited over 13 weeks for a day case treatment.



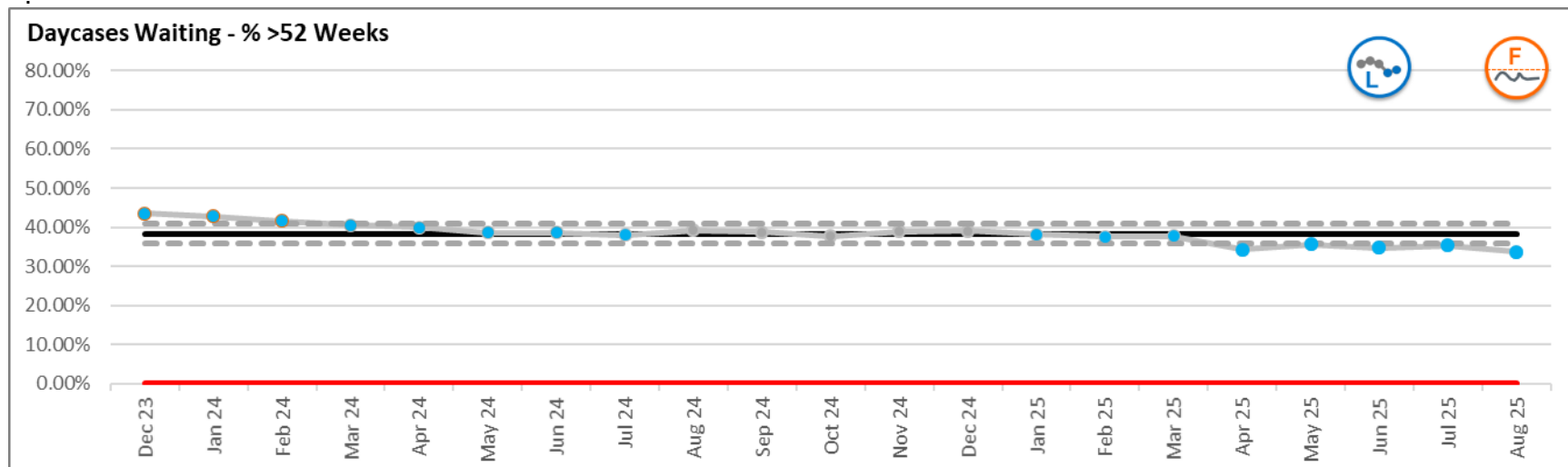
South Eastern Health and Social Care Trust



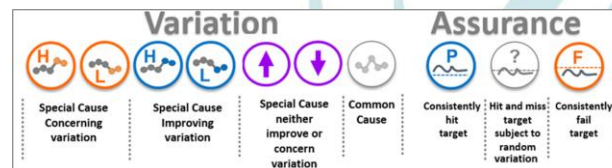
Day Case Waits > 52 Weeks %

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

No more than 45% of patient should wait more than 13 weeks and no patient should wait more than 52 weeks for a day case treatment. In August 2025, 33.6% of patients waited over 52 weeks for a day case treatment.



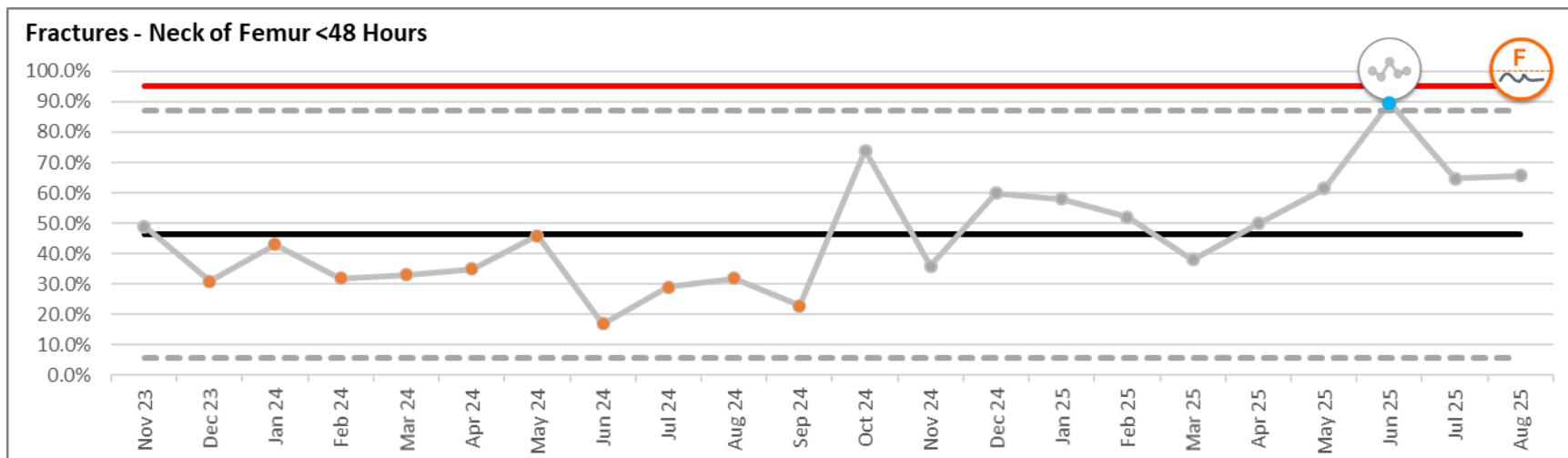
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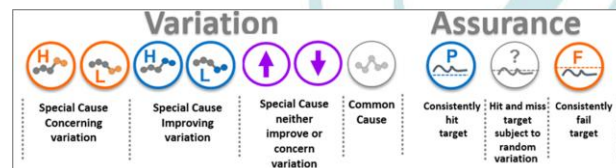
Fractures – Neck of Femur < 48 Hours %

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

95% of patients where clinically appropriate should wait no longer than 48 hours for inpatient treatment for hip fractures. In August 2025, 65.6% of patients waited under 48 hours.



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



TITLE	Target	NARRATIVE	PERFORMANCE	TREND																																																																		
<p>HCAI</p> <p>In September 2024 PHA issued their new metrics of calculating infections. Currently only Clostridium difficile infection (CDI) and MRSA are available</p> <p>The PHA established new goals aimed at reducing the total number of inpatient episodes by March 2026. Specifically, they aim to reduce CDI rates in patient's aged 2 years and older to 25.70 infections per 100,000 bed days, and reduce Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections to 2.96 infections per 100,000 bed days.</p> <p>The current rates published by PHA are at least one month behind.</p> <p>The GNB target is still awaiting target review but remains currently that the Trust should secure an aggregate reduction of 11% of (GNB) <i>Escherichia coli</i>, <i>Klebsiella spp.</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days from the documented decision to admit.</p>	<p>2025/26: CDI: 3 < 48 hours : 13 > 48 hours</p> <p>MRSA :1 < 48 hours, :1 > 48 hours</p> <p>Gram Negative Bacteraemias (GNB) Reportable only if >48hrs</p> <p><i>Ecoli</i> :30 <i>Pseudo. Aeruginosa</i> : 3 <i>Klebsiella Oxytoca</i> : 2 <i>Klebsiella Pneumoniae</i> : 7</p> <p>*****</p> <p>The first four months of 25/26 show a decrease in CDI cases over those of 24/25. MRSA figures are still reflective of the previous year.</p> <p>Those infections < 48hrs from admission are not deemed hospital acquired infections but are still included in Trust overall figures and included in the rates.</p> <p>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.</p>	<table border="1"> <thead> <tr> <th>* Using 24/25 data</th> <th>Target 24/25</th> <th>Outturn 24/25</th> <th>*Target 25/26</th> <th>Target no. of cases / month</th> <th>Avg cases as of end of August</th> <th>April - Aug Episodes</th> </tr> </thead> <tbody> <tr> <td><i>C. difficile</i></td> <td>64</td> <td>88</td> <td>64</td> <td>5.33</td> <td>3.2</td> <td>16</td> </tr> <tr> <td>MRSA</td> <td>6</td> <td>11</td> <td>6</td> <td>0.5</td> <td>0.4</td> <td>2</td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>98</td> <td>39</td> <td>3.25</td> <td>8.4</td> <td>42</td> </tr> </tbody> </table> <p>— Current — 24/25 — 23/24</p>	* Using 24/25 data	Target 24/25	Outturn 24/25	*Target 25/26	Target no. of cases / month	Avg cases as of end of August	April - Aug Episodes	<i>C. difficile</i>	64	88	64	5.33	3.2	16	MRSA	6	11	6	0.5	0.4	2	All Gram Negative#	39	98	39	3.25	8.4	42	<p>Public Health Metric: Infections per 100,000 bed days</p> <table border="1"> <thead> <tr> <th>Month</th> <th>April</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> <th>Sept</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> </tr> </thead> <tbody> <tr> <td>CDI: Target 25.7</td> <td>8.53</td> <td>8.35</td> <td>11.16</td> <td>13.5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MRSA: Target 2.96</td> <td>0.00</td> <td>4.18</td> <td>2.79</td> <td>2.08</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	CDI: Target 25.7	8.53	8.35	11.16	13.5									MRSA: Target 2.96	0.00	4.18	2.79	2.08								
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust



Performance Summary

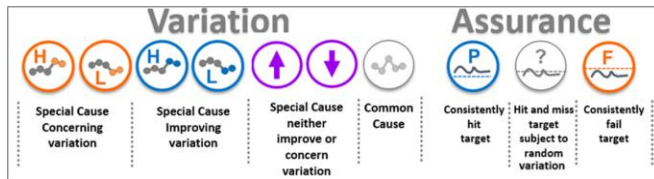
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)









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.

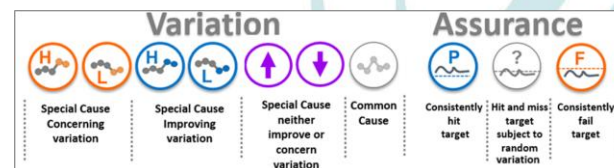
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In August 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

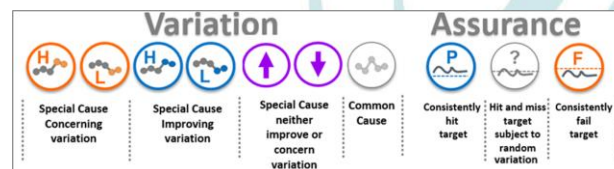
- CDS General anesthetic (Ulster)
- Occupational therapy Review Contacts
- Dietetic review contacts
- Unmet need (Full Packages)
- Unmet need (Partial Packages)



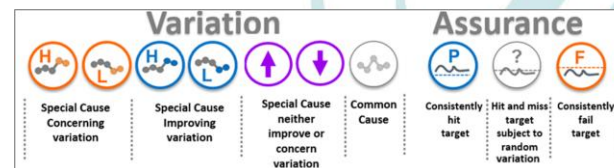
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Aug 25	202	-		
Community Dental Services Review	Aug 25	813	-		
CDS General Anaesthetic (Ulster)	Aug 25	77	-		
Unmet Need Hours (Full Packages)	Aug 25	511	927		
Unmet Need Hours (Partial Packages)	Aug 25	63	138		
Direct Payments (PCOP only)	Aug 25	587			
Direct Payments (ALL)	Aug 25	1119	1192		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Aug 25	451	-		
Speech and Language Therapy Review Contacts	Aug 25	1399	-		
Physiotherapy New Contacts	Aug 25	1868	-		
Physiotherapy Review Contacts	Aug 25	4630	-		
Occupational Therapy New Contacts	Aug 25	786	-		
Occupational Therapy Review Contacts	Aug 25	1471	-		
Dietetics New Contacts	Aug 25	605	-		
Dietetics Review Contacts	Aug 25	1407	-		
Orthoptics New Contacts	Aug 25	125	-		
Orthoptics Review Contacts	Aug 25	476	-		
Podiatry New Contacts	Aug 25	367	-		
Podiatry Review Contacts	Aug 25	1960	-		



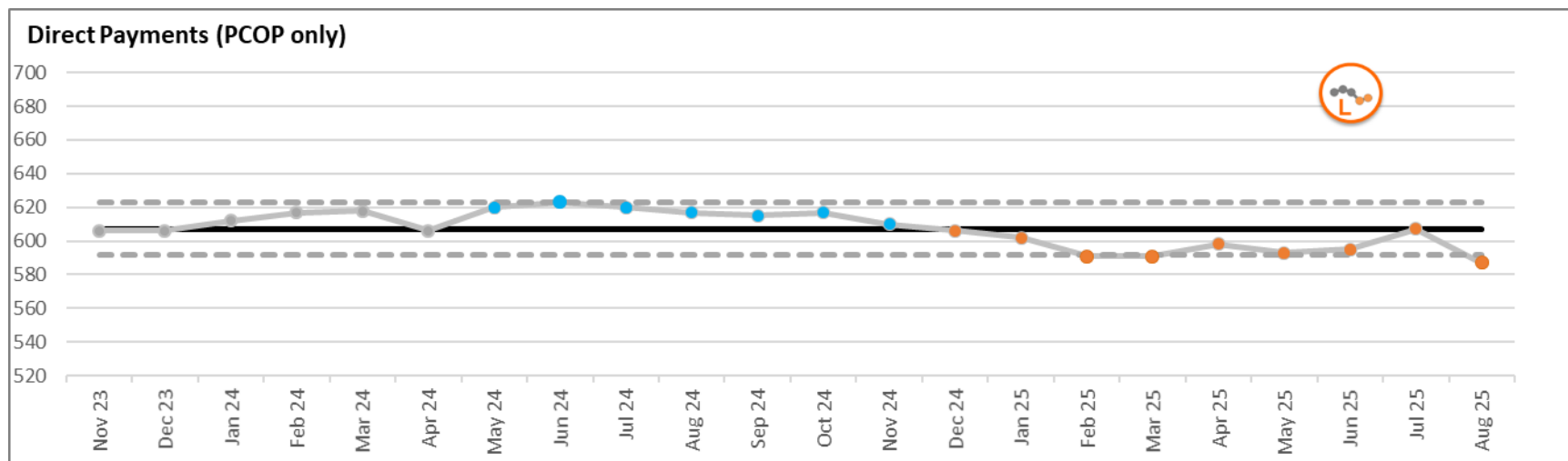
KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Aug 25	19822	-		
AHP Waits >13 weeks	Aug 25	48%	0%		
Occupational Therapy Waits (n)	Aug 25	3016	-		
Occupational Therapy Waits >13 weeks	Aug 25	1765	0		
Orthoptics Waits (n)	Aug 25	454	-		
Orthoptics Waits >13 weeks	Aug 25	82	0		
Podiatry Waits (n)	Aug 25	3199	-		
Podiatry Waits >13 weeks	Aug 25	1351	0		
Physiotherapy Waits (n)	Aug 25	9940	-		
Physiotherapy Waits >13 weeks	Aug 25	5375	0		
Dietetics Waits (n)	Aug 25	2069	-		
Dietetics Waits >13 weeks	Aug 25	538	0		
Speech and Language Therapy Total Waits (n)	Aug 25	1144	-		
Speech and Language Therapy Total Waits >13 weeks	Aug 25	353	0		



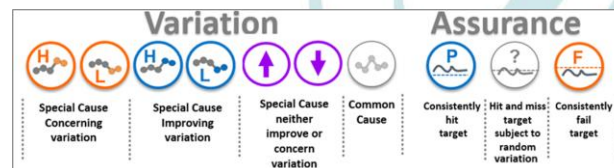
Direct Payments (PCOP Directorate)

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

In August 2025 there were 587 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



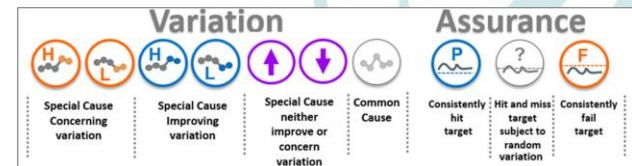
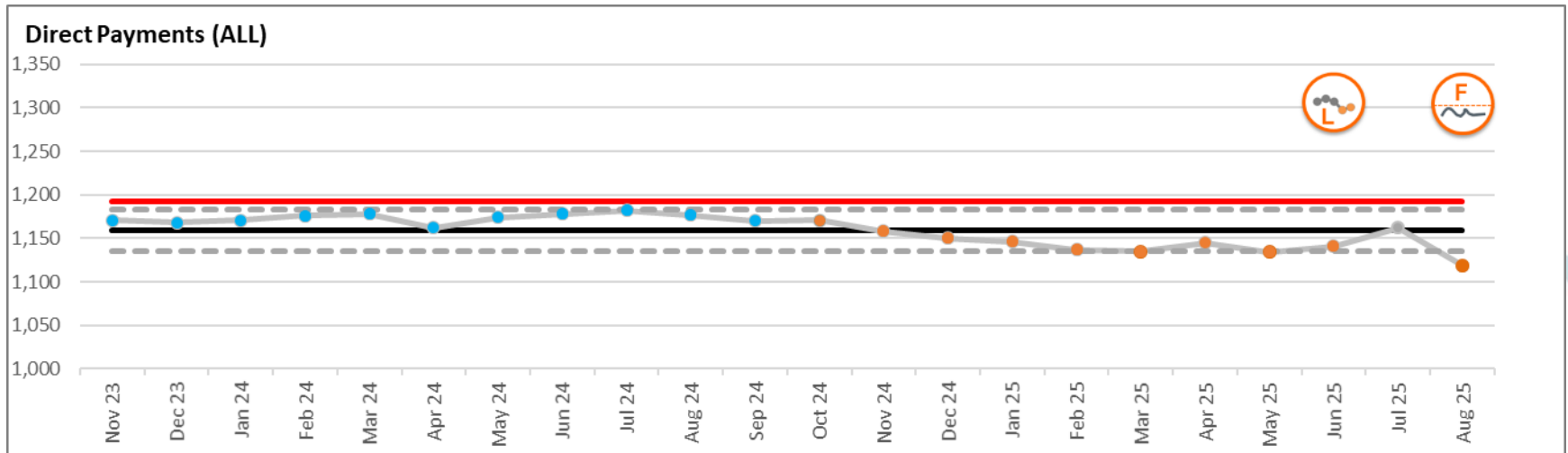
South Eastern Health and Social Care Trust



Direct Payments (All Directorates)

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

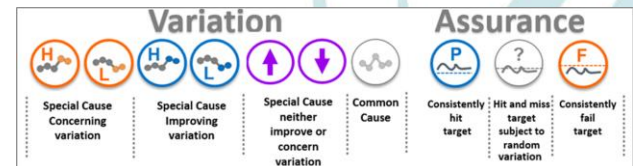
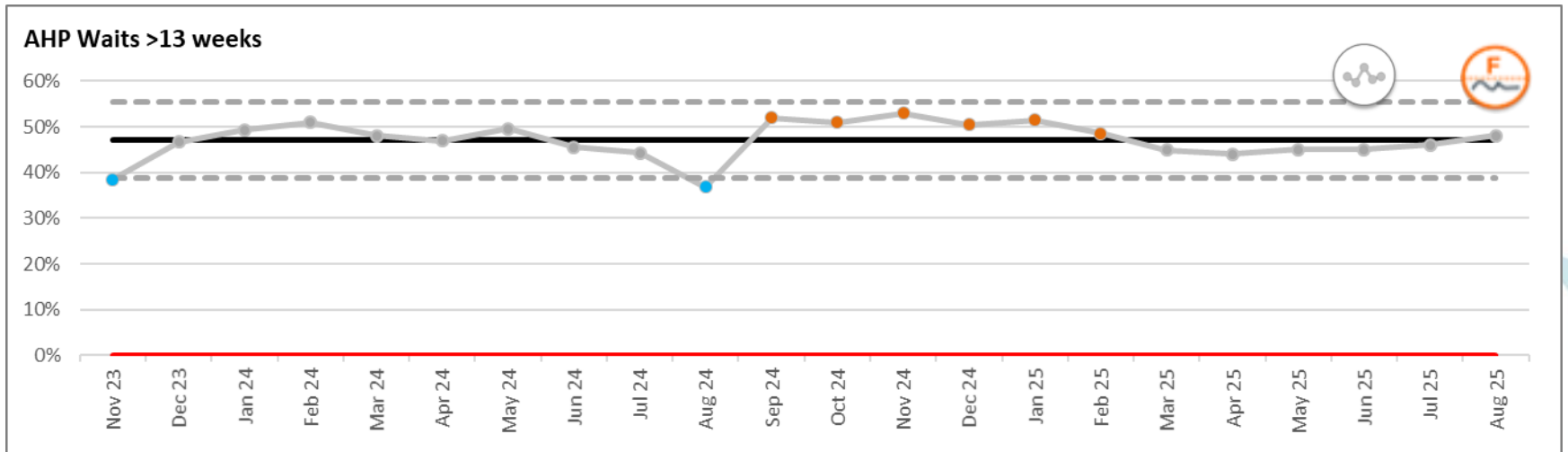
In August 2025 there were 1,119 Direct payments against a trajectory of 1,192 equating to 94% of expected trajectory..



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 2025 48% of patients waited longer than 13 weeks for treatment. Breakdown by specialty is shown in the summary table.



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health
and Social Care Trust



Performance Summary

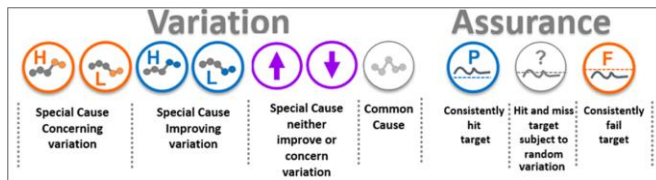
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from legacy Service Delivery Plan Metrics.







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.

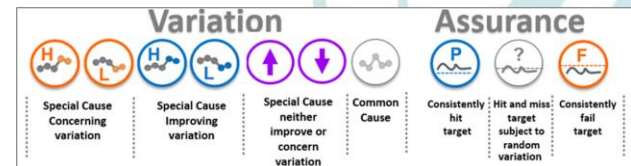
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In August 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- Adult Mental Health Non-Inpatient Review Contacts
- Psychological Therapies Contacts Review



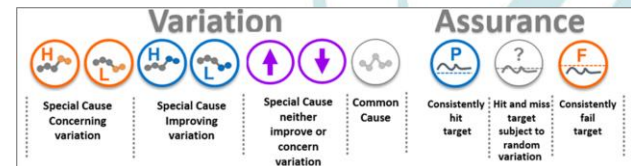
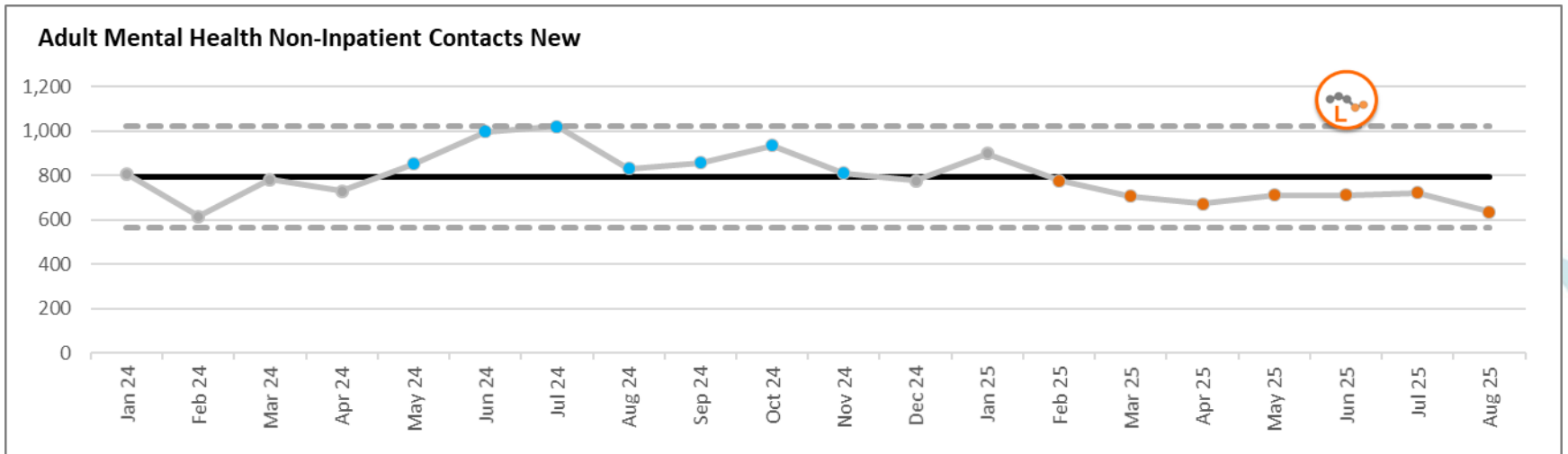
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Aug 25	635	-		
Adult Mental Health Non-Inpatient Contacts Review	Aug 25	4317	-		
Psychological Therapies Contacts New	Aug 25	152	-		
Psychological Therapies Contacts Review	Aug 25	1542	-		
Direct Payments Mental Health	Aug 25	14	-		
Direct Payments Learning Disability	Aug 25	254	-		



Adult Mental Health Non-Inpatient Contacts New

Adult mental health non-inpatient contacts are measured as part of the legacy Service Delivery Plan measures.

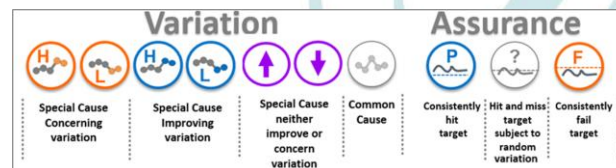
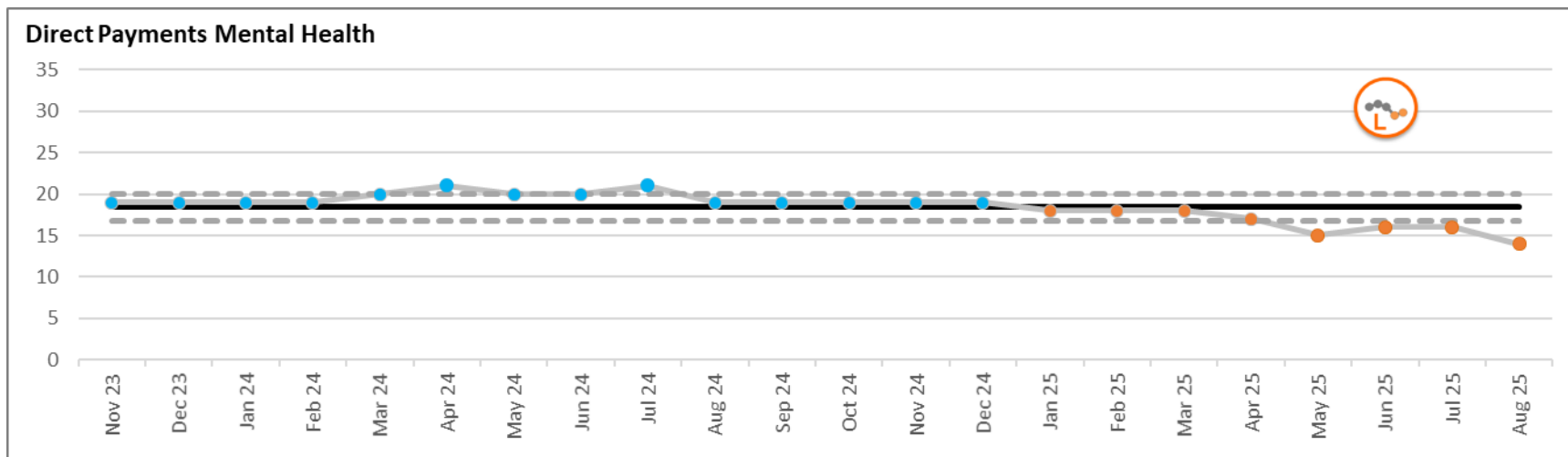
In August 2025 there were 635 new contacts for adult mental health non-inpatient services.



Mental Health Direct Payments

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

In August 2025 there were 14 direct payments within mental health. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

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

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

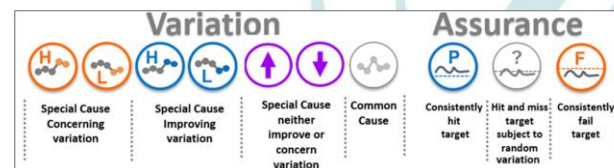
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In August 2025 the following metrics monitored have had either an improving variation or consistently hit their target.

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



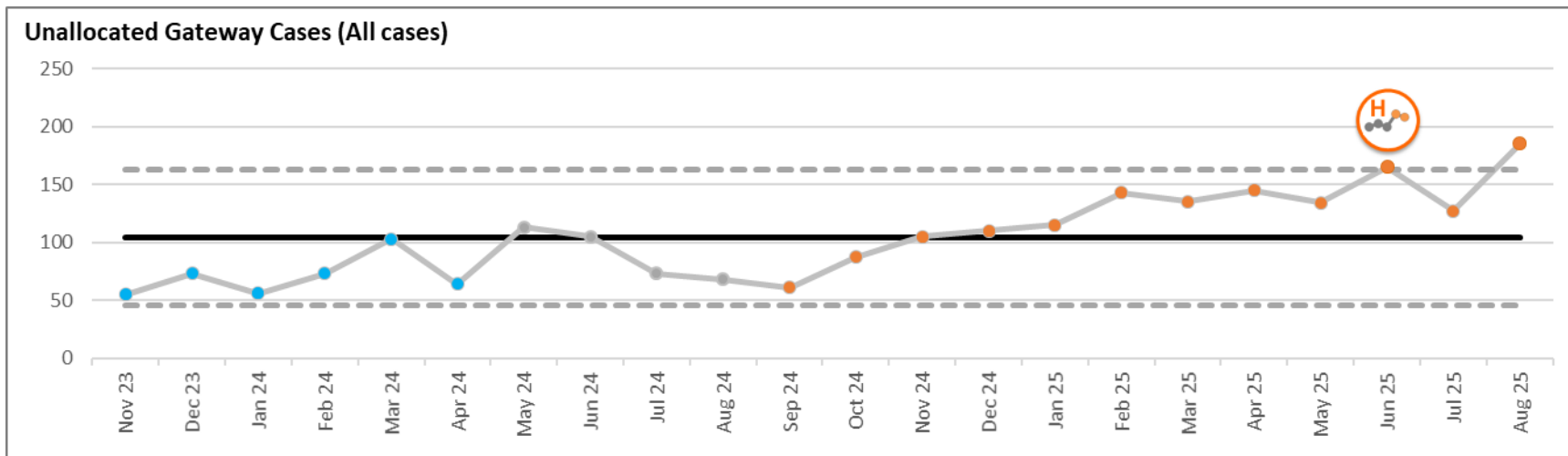
KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (n)	Aug 25	557	-		
Unallocated Cases > 20 Days	Aug 25	472	-		
Unallocated Cases > 30 Days	Aug 25	431	-		
Unallocated Cases - > 20 days -Family Support Only	Aug 25	135	141		
Unallocated Gateway Cases (All cases)	Aug 25	185	-		
Unallocated Family Support Cases (All cases)	Aug 25	149	-		
Unallocated Disability Cases (All cases)	Aug 25	223	-		
Direct Payments (Children)	Aug 25	264	-		



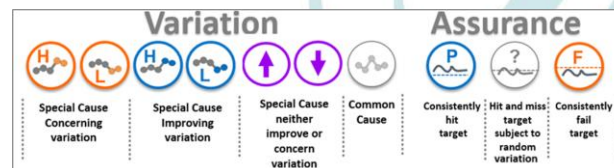
Unallocated Gateway Cases

Unallocated cases form part of the Trust's corporate strategic priority – to reduce the number of cases on waiting lists in Children's Services.

In August 2025 there were 185 unallocated cases for Gateway.



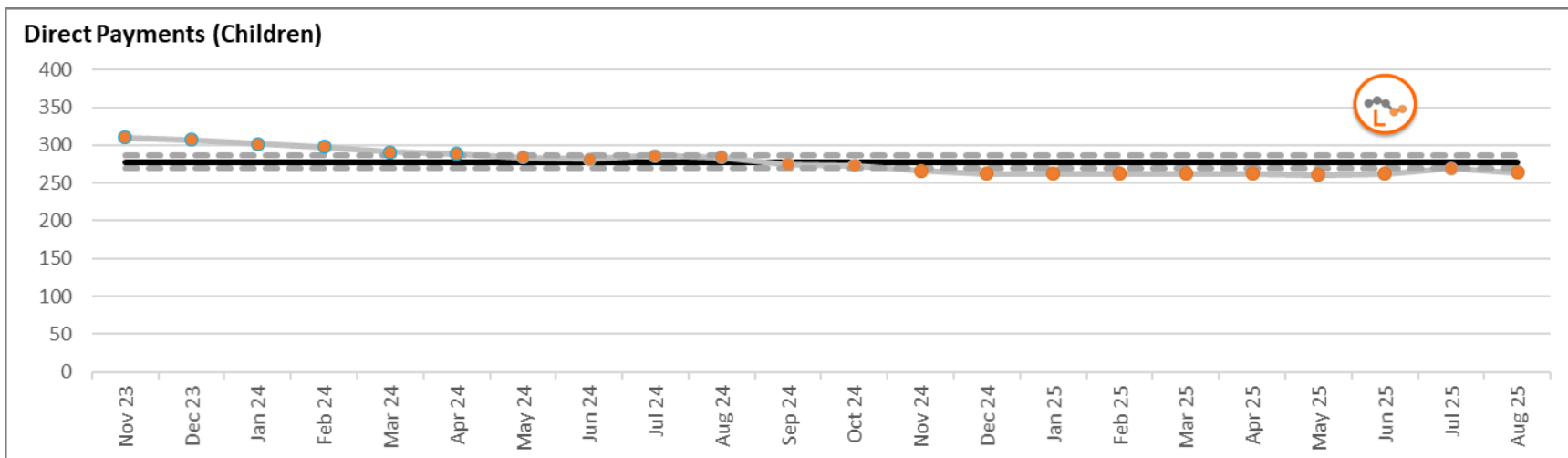
South Eastern Health and Social Care Trust



Children's Direct Payments

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

In August 2025 there were 264 Direct Payments for children. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



South Eastern Health and Social Care Trust

