

# Integrated Performance Monitoring Report

July 2025

Paper Number: SET/91/25



South Eastern Health  
and Social Care Trust

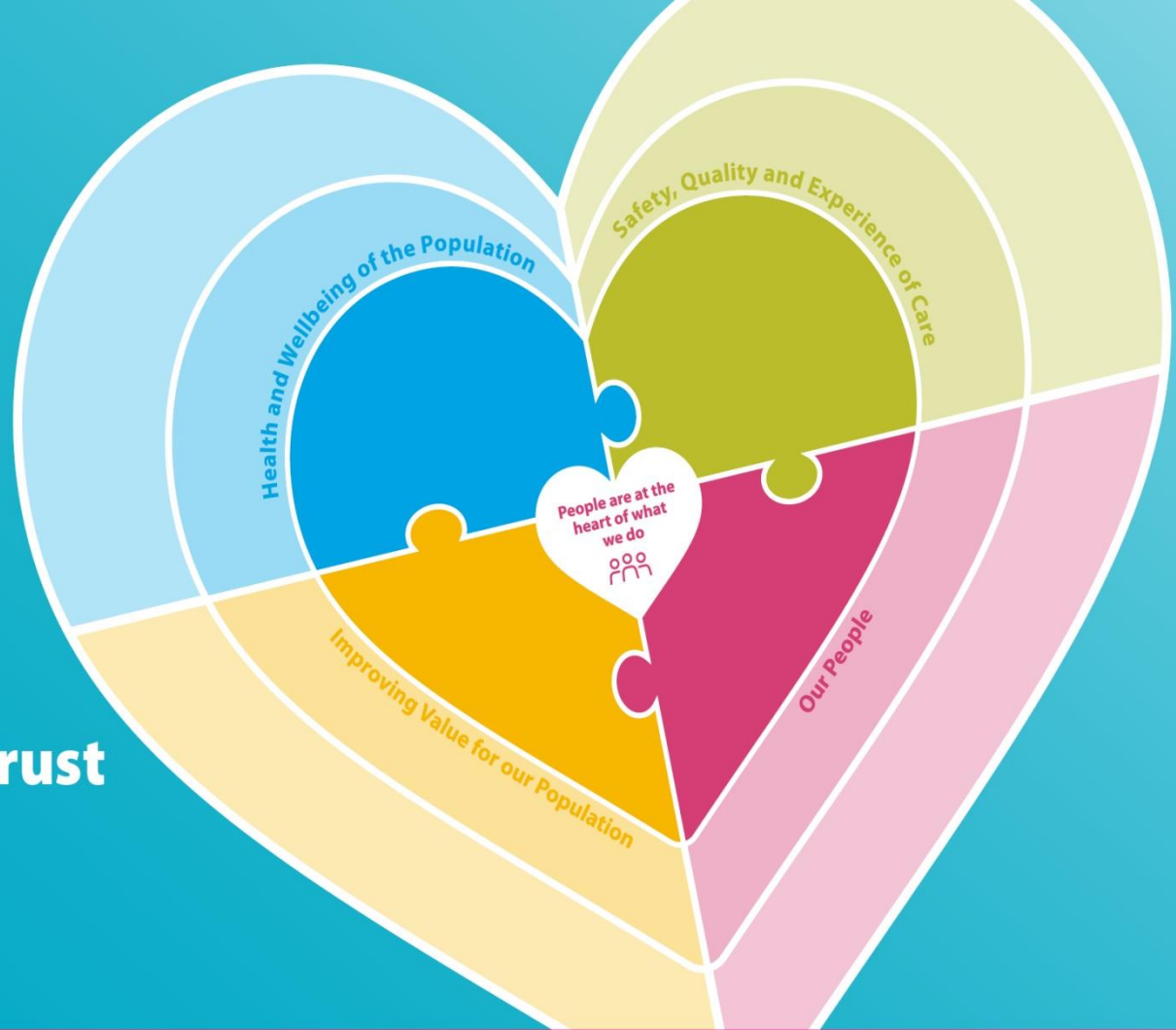




South Eastern Health  
and Social Care Trust

# 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 July 2025 in relation to a number of key metrics including the Ministerial targets previously included within the Commissioning Plan, 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.



# System Oversight Measures

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.

The table on the right shows the summary RAG thresholds for the metrics the Trust has determined as ‘High’ or ‘Medium’ confidence. Other SOMs which are not assigned a RAG status are also available throughout this Trust Board report.

These are:

- Patients waiting for a diagnostic imaging test <9 weeks & >26 weeks
- Patients waiting for a diagnostic physiological test <9 weeks & >26 weeks
- Patients waiting for a diagnostic endoscopy daycase test <9 weeks & >26 weeks
- % patients waiting less than 4 hours in ED
- Patient waiting for a new OP appointment <9 weeks & >52 weeks
- Patient waiting for an inpatient treatment <13 weeks & >52 weeks
- Patient waiting for a daycase treatment <13 weeks & >52 weeks
- Patients waiting >13 weeks for AHP services (by Department)
- Suspect Cancer Patients <31 days of DTT
- Suspect Cancer Patients treated <62 days of referral

Measures with a RAG status	April	May	June	July
Patients who left without being seen (LWBS)	Red	Red	Green	Green
12 Hour Waits	Red	Red	Yellow	Red
Hip Fractures – 48 Hours	Red	Red	Red	Red
All Fractures – 7 Days	Red	Red	Yellow	Green
New Outpatient DNA/Cancellation on the Day	Red	Red	Red	Red
Review Outpatient DNA/Cancellation on the Day	Green	Green	Green	Green
Theatres % Main Theatre DNA/Cancelled on Day	Red	Red	Red	n/a
Theatres % DPU Theatre DNA/Cancelled on Day	Red	Red	Red	n/a
Theatres % Main Theatre Run Time	Green	Green	Green	n/a
Theatres % DPU Theatre Run Time	Yellow	Red	Red	n/a
Theatres % Endo Theatre Run Time	Red	Red	Red	n/a
Theatres % Main Theatre Op Time	Yellow	Yellow	Yellow	n/a
Theatres % DPU Theatre Op Time	Red	Red	Red	n/a
Unmet Need – Full Packages	Red	Red	Green	Green
Unmet Need – Partial Packages	Green	Yellow	Green	Green
Direct Payments	Yellow	Red	Yellow	Yellow
Unallocated Cases	Red	Red	Red	Red
Terms of Reference Overdue	Green	Green	Green	Green
Level 1 SAI Reports Overdue	Red	Red	Red	Red
Level 2 SAI Reports Overdue	Red	Red	Red	Red
Level 3 SAI Reports Overdue	Green	Green	Green	Green
Action Plans Overdue	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

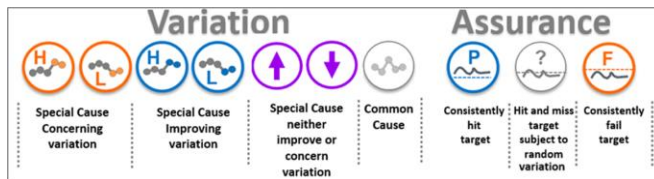
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the Commissioning Plan Direction and new System Oversight Measures (SOMs).

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.

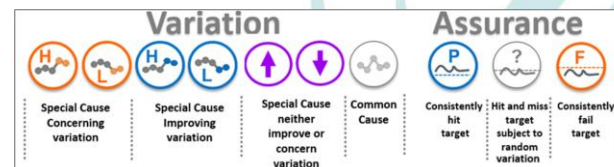
In July 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- NIAS turnaround > 2 hours
- Outpatient Contacts New – Total DNA and Cancelled on Day
- Outpatient Contacts Review – Total DNA and Cancelled on Day
- Diagnostic imaging – waiting % >9 weeks
- Diagnostic imaging – waiting % >26 weeks
- Inpatient Activity
- Inpatient number waiting >13 weeks
- Inpatient number waiting >52 weeks
- Day case number waiting >13 weeks
- Day case number waiting >52 weeks
- MRI

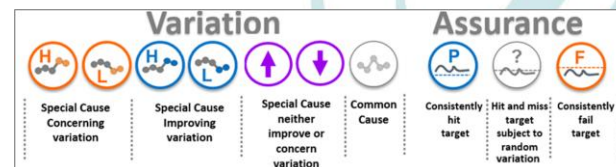


KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity - Breast (Regional)	Jun 25	83	-		
Cancer 31 Day Activity	Jun 25	167	-		
Cancer 62 Day Activity	Jun 25	91.0	-		
Cancer 14 Day % - Breast (Regional)	Jun 25	11%	100%		
Cancer 31 Day %	Jun 25	93%	98%		
Cancer 62 Day %	Jun 25	35%	95%		
Urgent & Emergency Care Attendances - SET	Jul 25	13853	-		
Urgent & Emergency Care Attendances - Downe	Jul 25	1581	-		
Urgent & Emergency Care Attendances - Lagan Valley	Jul 25	2011	-		
Urgent & Emergency Care Attendances - Ulster ED and UCC	Jul 25	10261	-		

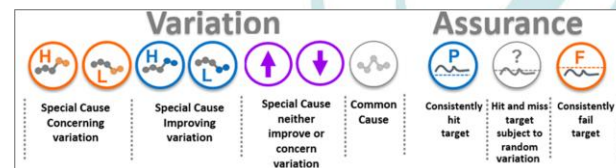
NB: Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology.



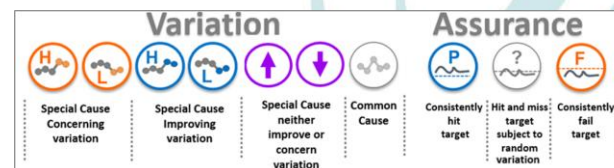
KPI	Latest month	Measure	Target	Variation	Assurance
4 Hour % - SET	Jul 25	52%	95%		
4 Hour % - Downe	Jul 25	95%	95%		
4 Hour % - Lagan Valley	Jul 25	74%	95%		
4 Hour % - Ulster (ED and MIU/UCC)	Jul 25	41%	95%		
12 Hour Breaches - SET	Jul 25	2173	0		
12 Hour Breaches - Downe	Jul 25	1	0		
12 Hour Breaches - Lagan Valley	Jul 25	1	0		
12 Hour Breaches - Ulster (ED and MIU/UCC)	Jul 25	2171	0		
NIAS Ambulance Arrivals (Ulster)	Jul 25	1344	-		
NIAS Turnaround > 2 hours % (Ulster)	Jul 25	28%	-		



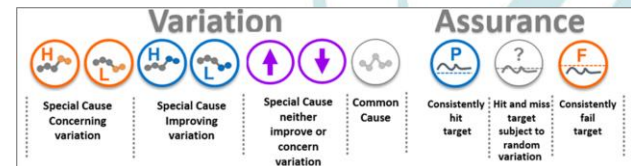
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Jul 25	6850	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Jul 25	6.5%	5.0%		
Outpatient Contacts Review - Total	Jul 25	12412	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	Jul 25	6.4%	8.0%		
Outpatients Waiting - Total for First New Appointment	Jul 25	115719	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Jul 25	86.0%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Jul 25	59.6%	0.0%		



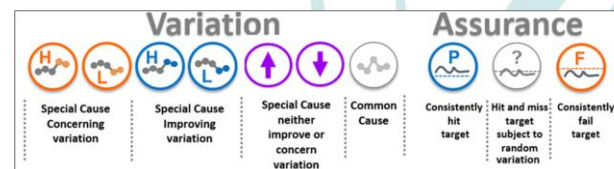
KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Jul 25	23957	-		
Diagnostics Waiting - Imaging % >9 Weeks	Jul 25	59.7%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Jul 25	31.8%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Jul 25	21183	-		
Diagnostics Waiting - Physiological % >9 Weeks	Jul 25	76.8%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Jul 25	46.3%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Jul 25	5940	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Jul 25	64.0%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Jul 25	46.0%	0.0%		



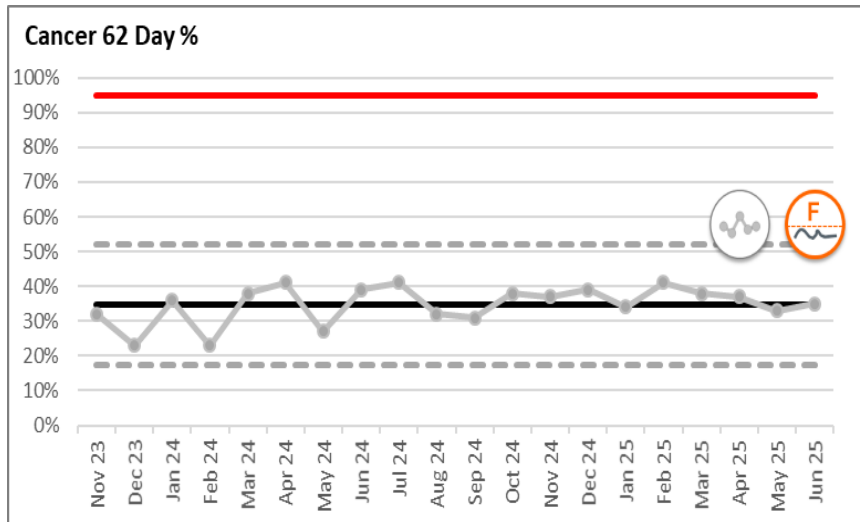
KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	Jul 25	696	-		
Inpatients Waiting - Total	Jul 25	2819	-		
Inpatients Waiting - % >13 Weeks	Jul 25	82.70%	45.00%		
Inpatients Waiting - % >52 Weeks	Jul 25	63.39%	0.00%		
Daycases Waiting - Total	Jul 25	13489	-		
Daycases Waiting - % >13 Weeks	Jul 25	64.39%	45.00%		
Daycases Waiting - % >52 Weeks	Jul 25	35.95%	0.00%		



KPI	Latest month	Measure	Target	Variation	Assurance
Cath Lab Procedures	Jul 25	24	-		
MRI	Jul 25	1293	-		
CT	Jul 25	4450	-		
NOUS	Jul 25	2809	-		
Cardiac CT	Jul 25	122	-		
Echo	Jul 25	1336	-		



# Cancer 62 Day %

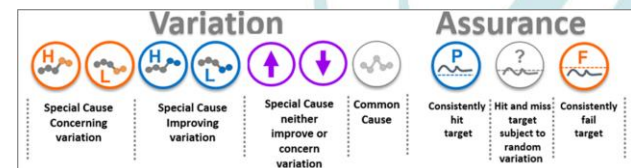


**At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.**

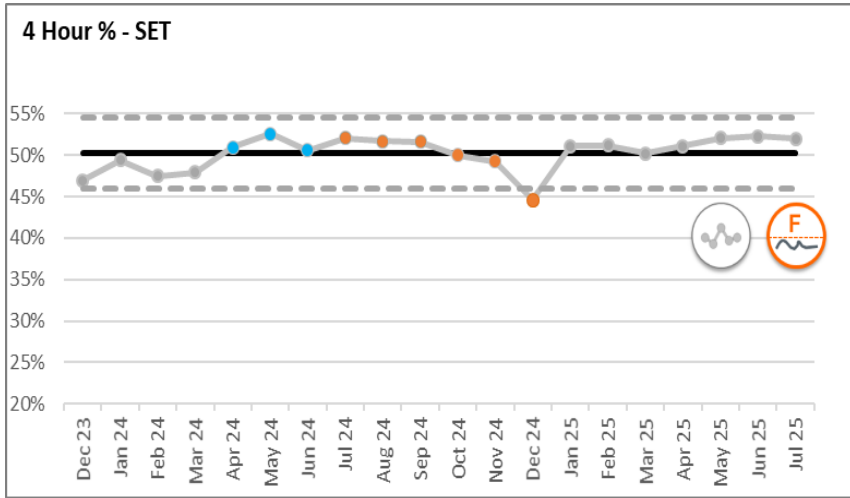
**The 'Cancer 62 Day %' metric is monitored as part of the System Oversight Measures and was 35% compared to the expected 95% June target.**

Significant delays in waiting times for first outpatients appointments and diagnostics affecting performance. Work on going to clear backlogs and reduce waiting times. Recent examples include:

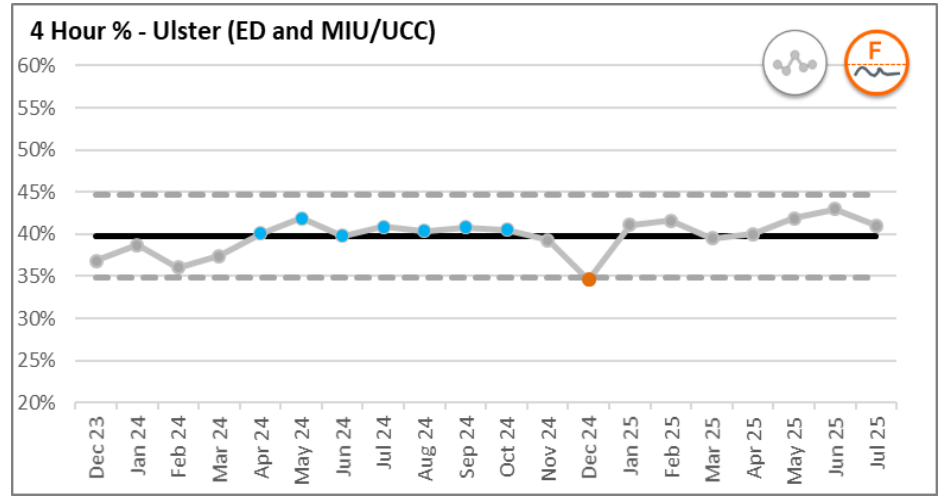
- Gastroenterology: Converting a number of clinics into red flag only
- Haematology: Adding additional red flag patients to clinic week commencing 18/8.
- ENT: Converted a number of clinics to red flag
- Gynaecology: WLI clinics being setup
- Colorectal: WLI clinics being setup
- Plastics: Restarted the IS contract



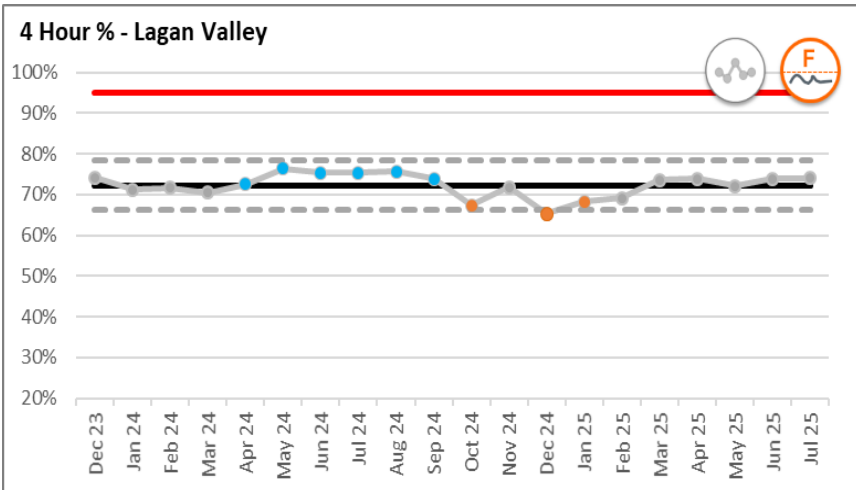
# Unscheduled Care 4 Hour Target(1/2)



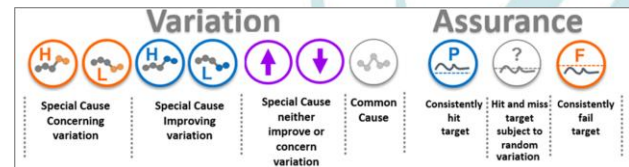
Note change of axis beginning at 20%.



Note change of axis beginning at 20%.



Note change of axis beginning at 20%.



# Unscheduled Care 4 Hour Target (2/2)

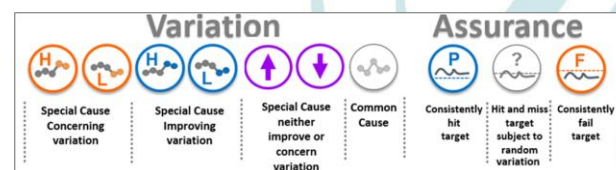
**Emergency Department 4hr performance is a ministerial target based on the Commissioning Plan Direction.**

**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.**

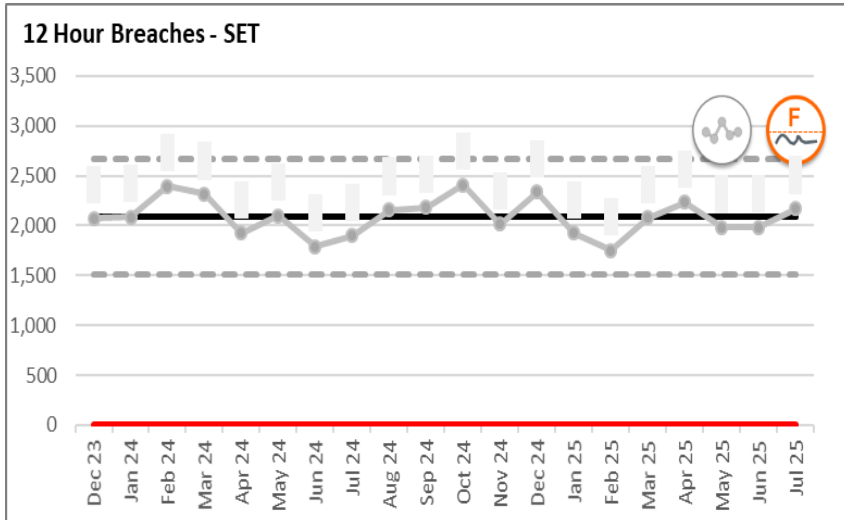
**In July 2025, 52% of all patients within the Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries (MIU) across the South Eastern Trust met the 4 hour target. There has been minimal change to this performance over the past 3 months.**

At both the Downe and LVH Urgent care centres, performance against the 4 Hour target is comparable to previous months with the Downe being 95% and LVH 74%.

In June 2025, the MIU unit at the Ulster site closed and the new Urgent Care Centre opened. The adjacency of the UCC to the ED provides greater opportunity for patients to move between both ED and UCC as clinically appropriate or as required. However, while this report does not specifically include UCC at the Ulster performance alone, any such figure would need to have the caveat that patients may move from ED to UCC, therefore their overall time will include both time spent in ED and UCC. The report does now includes the 4 Hour performance for both the ED and UCC at the Ulster site combined, and for the first time the ED alone. The Ulster Emergency Department (ED) site including Urgent Care Centre (UCC) performs at 41%, while the Ulster ED excluding UCC is 19%. This performance falls well below the target but is reflective of the challenges across the wider hospital and community system. The Trust Locality Plan focuses on improvement across the hospital and community services. This has been update for the 25/26 period.



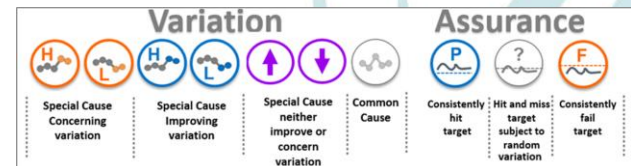
# Unscheduled Care 12 hour Breaches



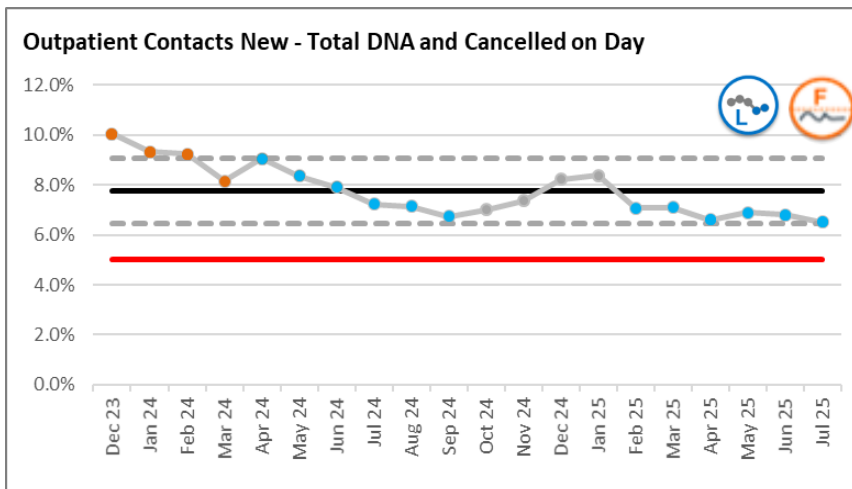
**Emergency Department 12 Hour breaches is monitored as part of the ministerial targets based on the Commissioning Plan Direction.**

**No patient attending any Emergency Department should wait longer than 12 hours. In July 2025, 2173 patients waited over 12 hours.**

The number of 12 our breaches are reflective of activity within ED at the Ulster Hospital. As per the narrative regarding performance against the 4 hour standard, 12 hour breaches will be reflective of the challenges across the wider hospital and community services.



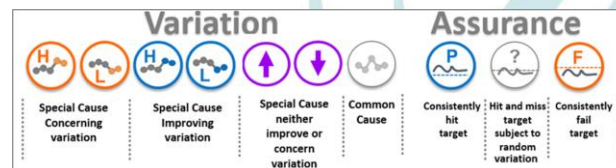
# Outpatient DNA and Cancelled on Day Face to Face New



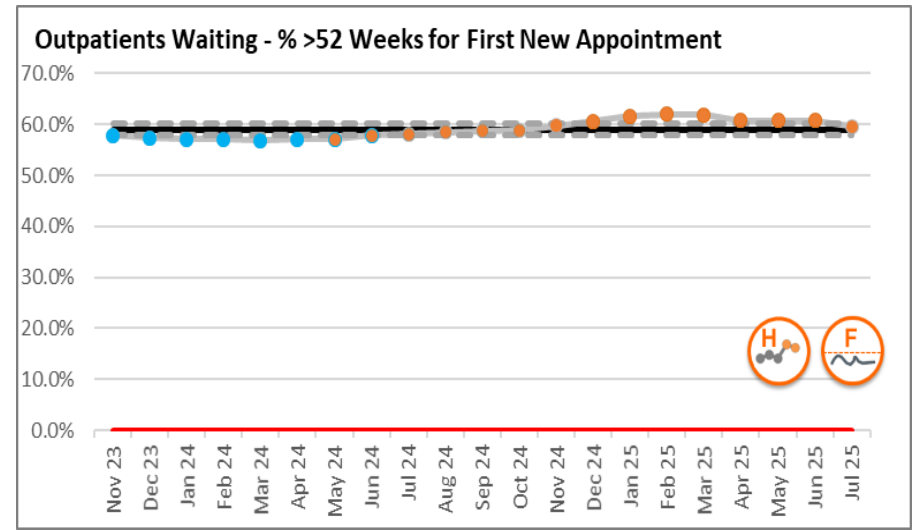
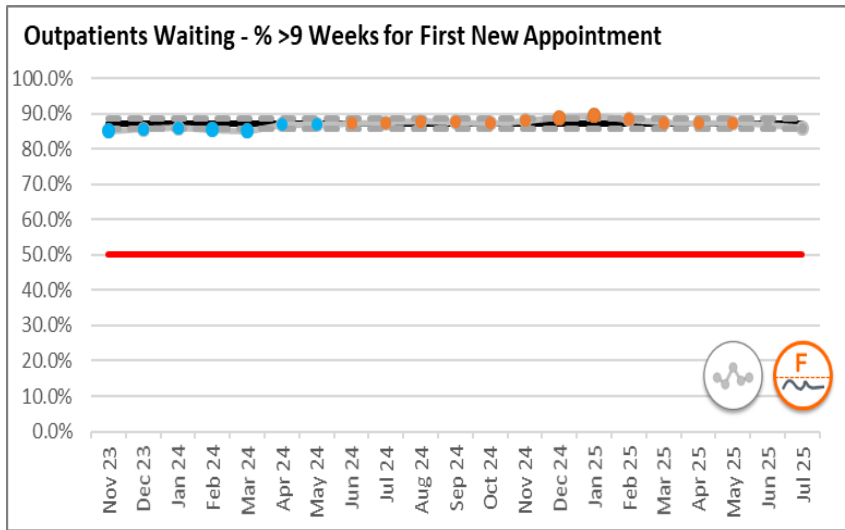
Outpatient DNA and Cancelled on the Day Face to Face New is monitored as part of the System Oversight Measures.

In July 2025 there was a 6.5% DNA and Cancelled on Day rate for Face to Face New against an expected rate of 5%. This equates to 1.5 percentage points above the expected trajectory.

An outpatient modernisation group has been established which will look at capacity, needs analysis and physical space. There has been significant work to realign admin booking services which continues to be developed



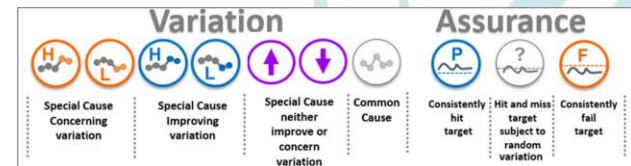
# Outpatient % waiting >9 and > 52 weeks



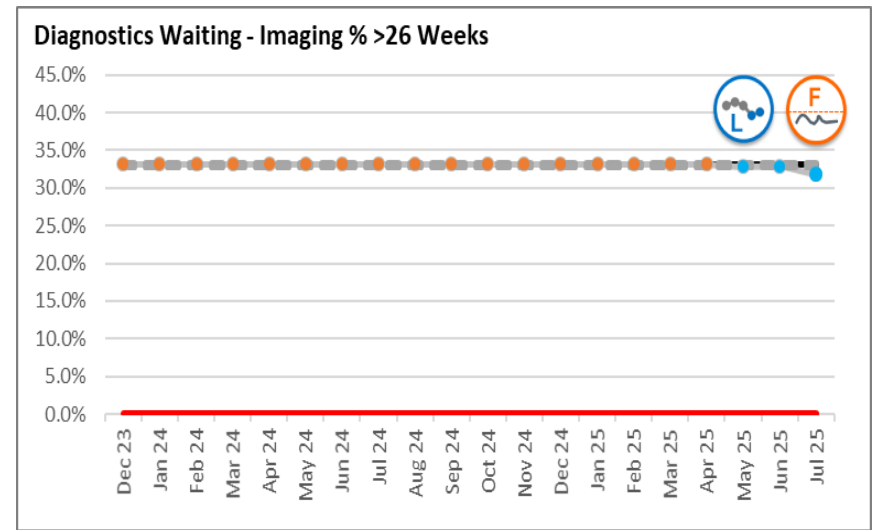
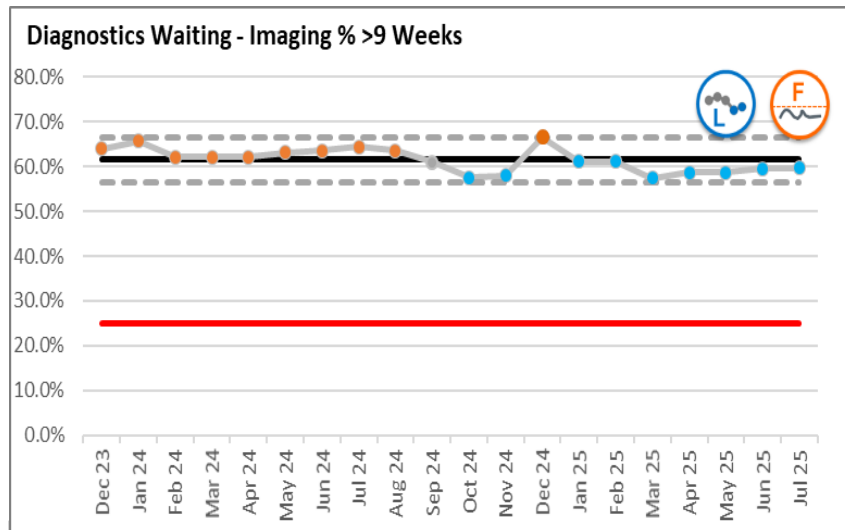
Outpatients number waiting > 9 and > 52 weeks is monitored as part of the System Oversight Measures.

No more than 50% of patients should wait over 9 week and no patients should wait over 52 weeks. In July 2025 there were 86.0% of patients waiting over 9 weeks and 59.6% of patients waiting over 52 weeks for an outpatient appointment.

Patients are taken in priority and chronological order so waits may increase



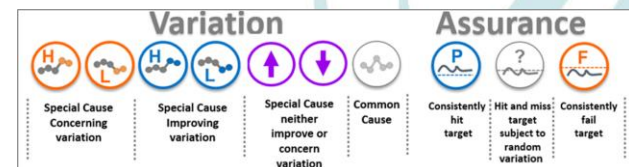
# Diagnostic waits: imaging > 9 and > 26 weeks



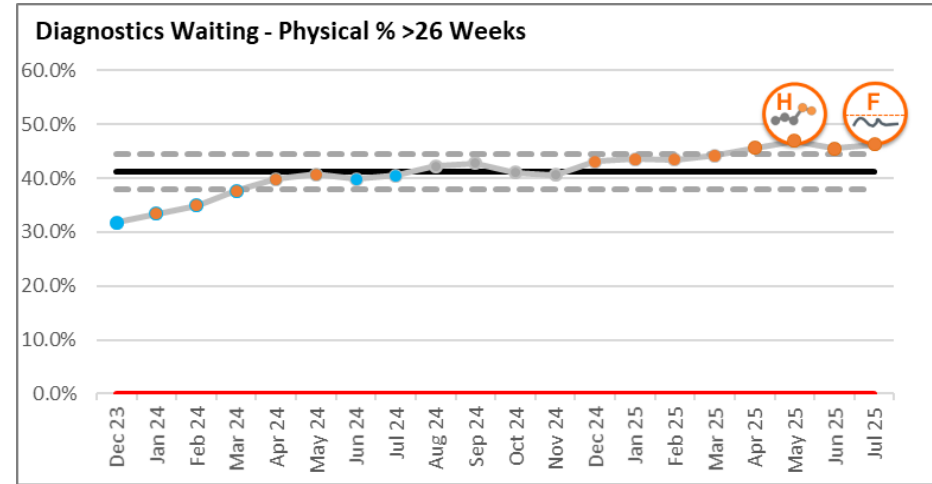
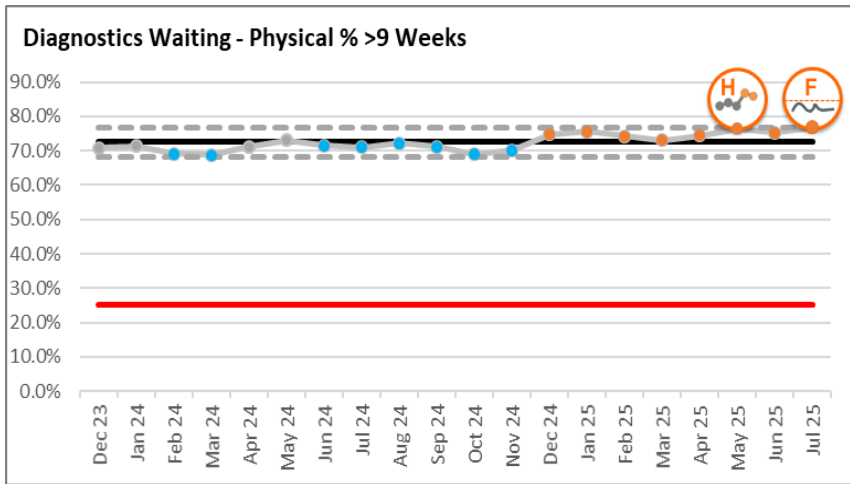
**Diagnostic waits: imaging is monitored as part of the System Oversight Measures.**

**No more than 25% of patient should wait more than 9 weeks and no patient should wait more than 26 weeks for a diagnostic imaging test. In July 2025, 59.7% of patients waited over 9 weeks and 31.8% of patients waited over 26 weeks for a diagnostic imaging test**

Insourcing is taking place at weekends targeting long waiting routines or planned beyond indicative dates.



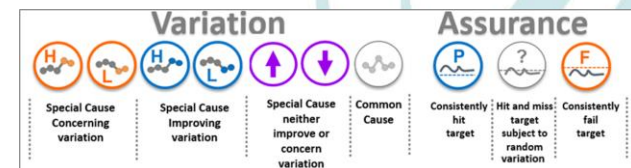
# Diagnostic waits: Physiological > and > 26 weeks



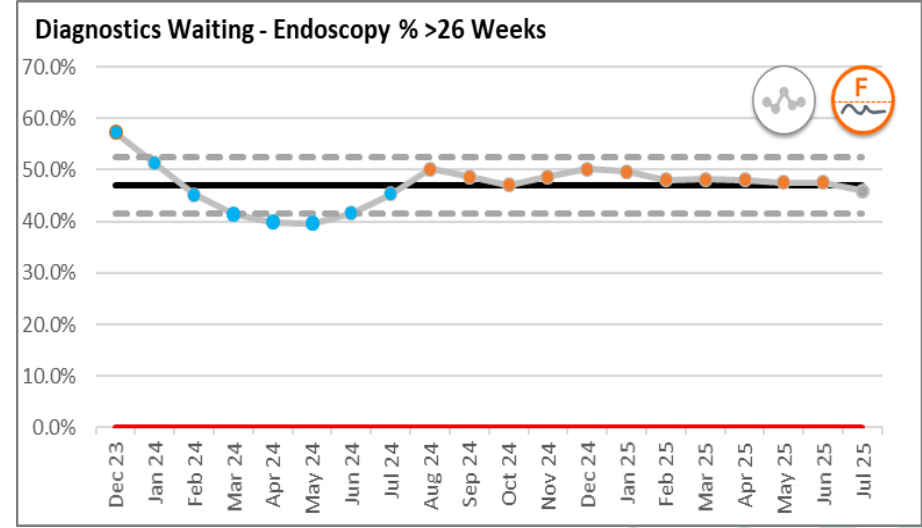
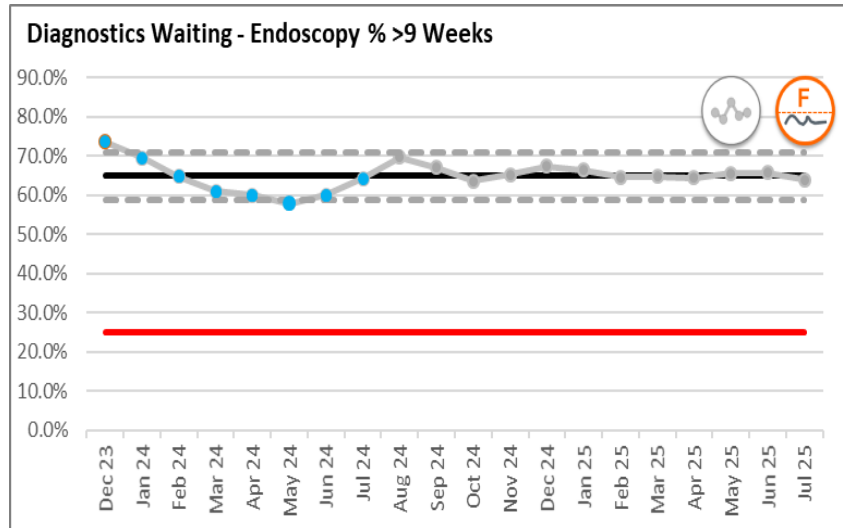
**Diagnostic waits: physiological is monitored as part of the System Oversight Measures.**

**No more than 25% of patient should wait more than 9 weeks and no patient should wait more than 26 weeks for a diagnostic physiological test. In July 2025, 76.8% of patients waited over 9 weeks and 46.3% of patients waited over 52 weeks for a diagnostic physiological test**

Waiting list validation is required which is beyond the current Elective Care Framework scope.



# Diagnostic waits: Endoscopy > 9 and > 26 weeks



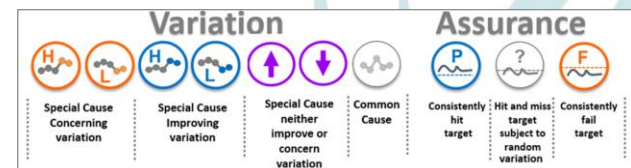
Diagnostic waits: endoscopy is monitored as part of tracked as part of the System Oversight Measures. Note this includes regional waits for DPC.

No more than 25% of patient should wait more than 9 weeks and no patient should wait more than 26 weeks for a diagnostic endoscopy test. In July 2025, 64.0% of patients waited over 9 weeks and 46.0% of patents waited over 52 weeks for a diagnostic endoscopy test

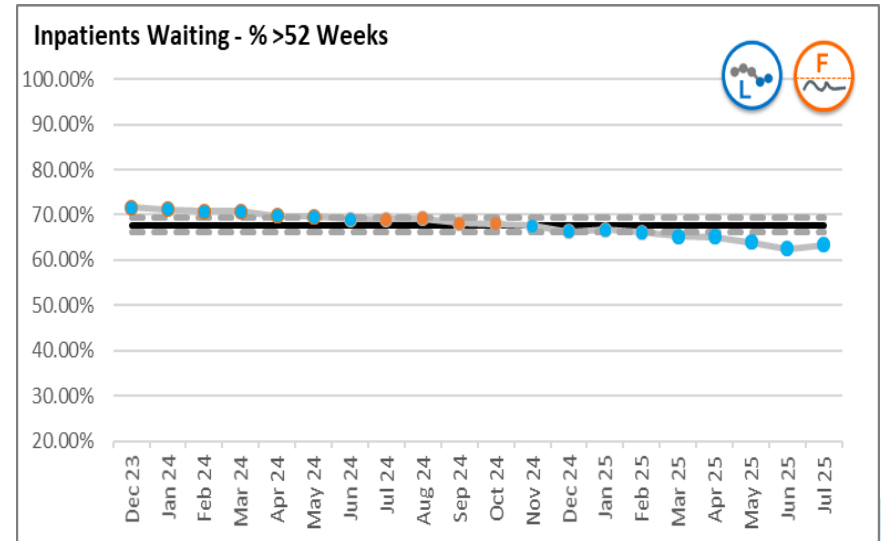
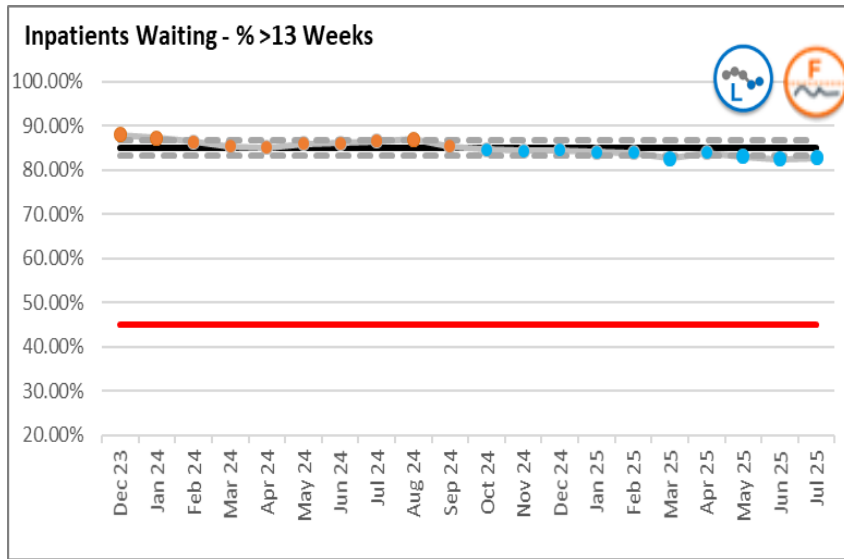
Cleansing of scope waiting lists has resulted in a reduction of waits.



South Eastern Health and Social Care Trust



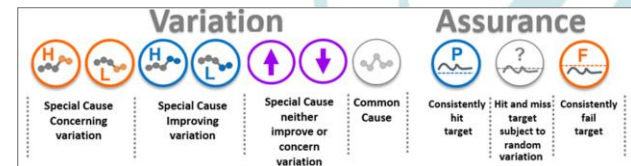
# Inpatient waits: > 13 and > 52 weeks



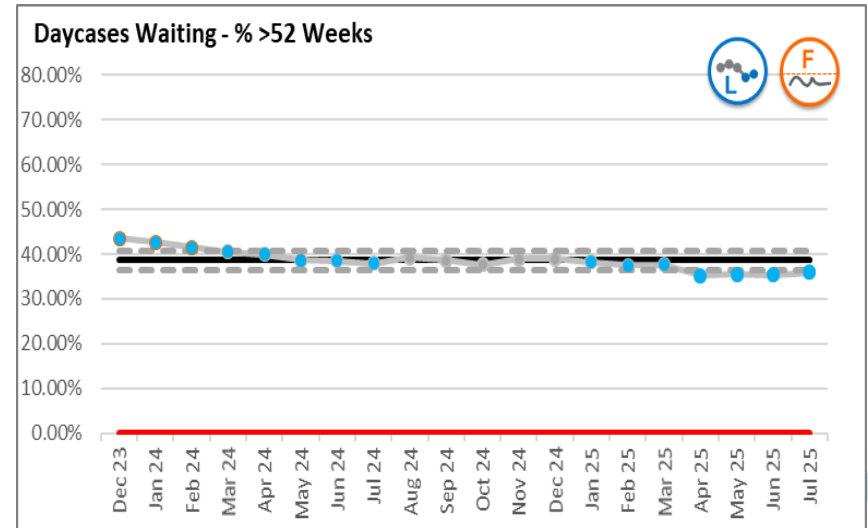
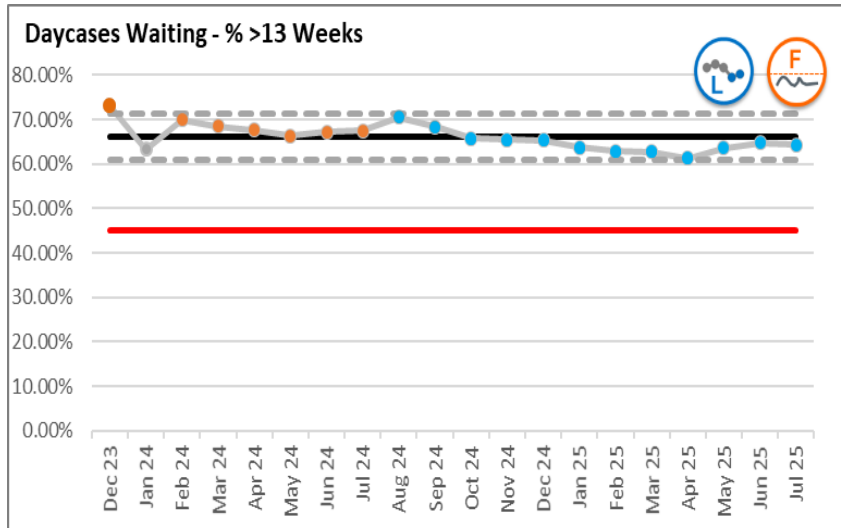
**Inpatient waits over 13 and 52 weeks are monitored as part of the System Oversight Measures.**

**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 July 2025, 82.7% of patients waited over 13 weeks and 63.4% of patents waited over 52 weeks for a inpatient admission.**

Patients are taken in priority and chronological order so waits may increase



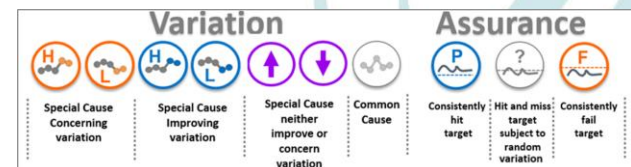
# Day case waits: > 13 and > 52 weeks



Day case waits over 13 and 52 weeks are monitored as part of the System Oversight Measures. Note this includes regional waits for DPC.

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 July 2025, 64.4% of patients waited over 13 weeks and 35.9% of patents waited over 52 weeks for a day case admission.

Patients are taken in priority and chronological order so waits may increase



Safety, Quality and Experience of Care

# HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health  
and Social Care Trust



TITLE	Target	NARRATIVE	PERFORMANCE	TREND																																																																															
HCAI	<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><b>2025/26:</b>  <b>CDI:</b> 3 &lt; 48 hours  :10 &gt; 48 hours</p> <p><b>MRSA:</b> &lt; 1 &lt; 48 hours,  :1 &gt; 48 hours</p> <p><b>Gram Negative Bacteraemias (GNB)</b>  Reportable only if &gt;48hrs</p> <p><b>E. coli:</b> :21  <i>Pseudo. Aeruginosa:</i> :2  <i>Klebsiella Oxytoca:</i> :1  <i>Klebsiella Pneumoniae:</i> :5</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 &lt; 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 July</th> <th>April - July Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>64</td> <td>68</td> <td>64</td> <td>5.33</td> <td>3.25</td> <td>13</td> </tr> <tr> <td>MRSA</td> <td>6</td> <td>11</td> <td>6</td> <td>0.5</td> <td>0.5</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>7.25</td> <td>29</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 July	April - July Episodes	C.difficile	64	68	64	5.33	3.25	13	MRSA	6	11	6	0.5	0.5	2	All Gram Negative#	39	98	39	3.25	7.25	29	<table border="1"> <thead> <tr> <th colspan="12">Public Health Metric: Infections per 100,000 bed days</th> </tr> <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></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>4.38</td> <td>2.79</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Public Health Metric: Infections per 100,000 bed days												Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	CDI: Target 25.7	8.53	8.35	11.16										MRSA: Target 2.96	0.00	4.38	2.79									
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Safety, Quality and Experience of Care

# PRIMARY CARE AND OLDER PEOPLE



South Eastern Health  
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# Performance Summary

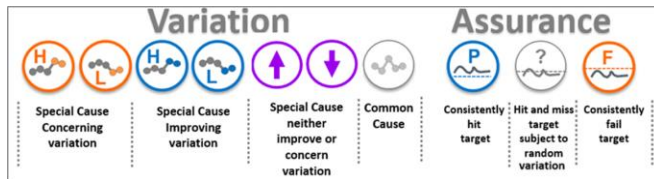
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)

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.

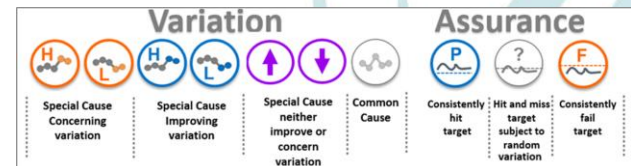
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

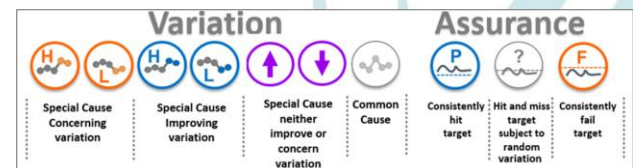
- CDS General Anesthetic Ulster
- Unmet Need (full packages)
- Unmet Need (partial packages)
- Occupational Therapy Review
- Dietetics Review
- Occupational therapy >13 Week Waits
- Podiatry >13 Week Waits
- Dietetics >13 Week Waits
- Speech and Language Therapy Child > 13 weeks Waits



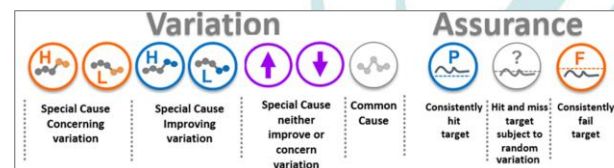
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Jul 25	138	-		
Community Dental Services Review	Jul 25	846	-		
CDS General Anaesthetic (Ulster)	Jul 25	96	-		
Unmet Need Hours (Full Packages)	Jul 25	504	927		
Unmet Need Hours (Partial Packages)	Jul 25	31	138		
Direct Payments (PCOP only)	Jul 25	607			
Direct Payments (ALL)	Jul 25	1162	1192		



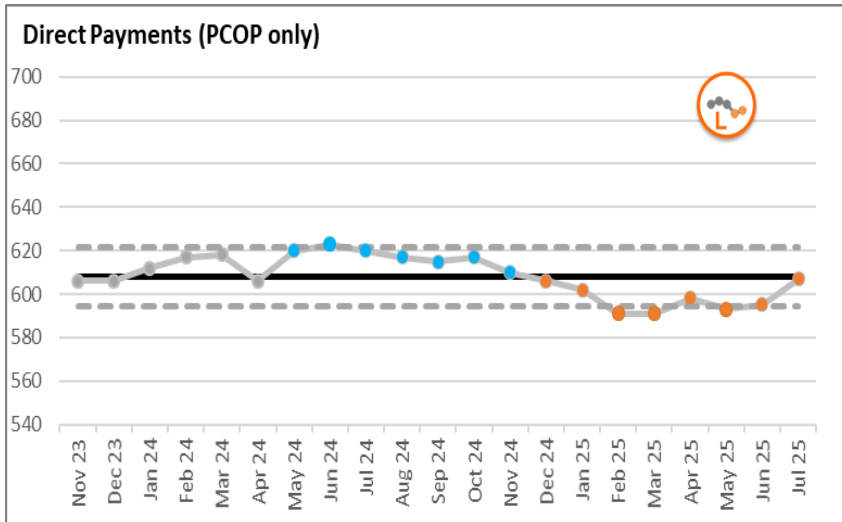
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Jul 25	575	-		
Speech and Language Therapy Review Contacts	Jul 25	1771	-		
Physiotherapy New Contacts	Jul 25	2104	-		
Physiotherapy Review Contacts	Jul 25	5350	-		
Occupational Therapy New Contacts	Jul 25	824	-		
Occupational Therapy Review Contacts	Jul 25	1616	-		
Dietetics New Contacts	Jul 25	660	-		
Dietetics Review Contacts	Jul 25	1468	-		
Orthoptics New Contacts	Jul 25	308	-		
Orthoptics Review Contacts	Jul 25	468	-		
Podiatry New Contacts	Jul 25	503	-		
Podiatry Review Contacts	Jul 25	2362	-		



KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Jul 25	19668	-		
AHP Waits >13 weeks	Jul 25	46%	0%		
Occupational Therapy Waits (n)	Jul 25	3066	-		
Occupational Therapy Waits >13 weeks	Jul 25	1717	0		
Orthoptics Waits (n)	Jul 25	479	-		
Orthoptics Waits >13 weeks	Jul 25	73	0		
Podiatry Waits (n)	Jul 25	3032	-		
Podiatry Waits >13 weeks	Jul 25	1186	0		
Physiotherapy Waits (n)	Jul 25	9841	-		
Physiotherapy Waits >13 weeks	Jul 25	5237	0		
Dietetics Waits (n)	Jul 25	2041	-		
Dietetics Waits >13 weeks	Jul 25	481	0		
Speech and Language Therapy Total Waits (n)	Jul 25	1209	-		
Speech and Language Therapy Total Waits >13 weeks	Jul 25	355	0		



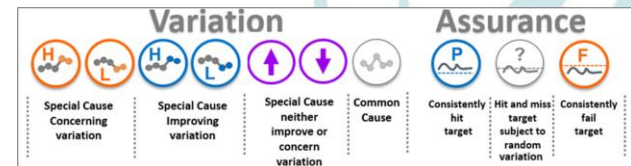
# Direct payments (PCOP)



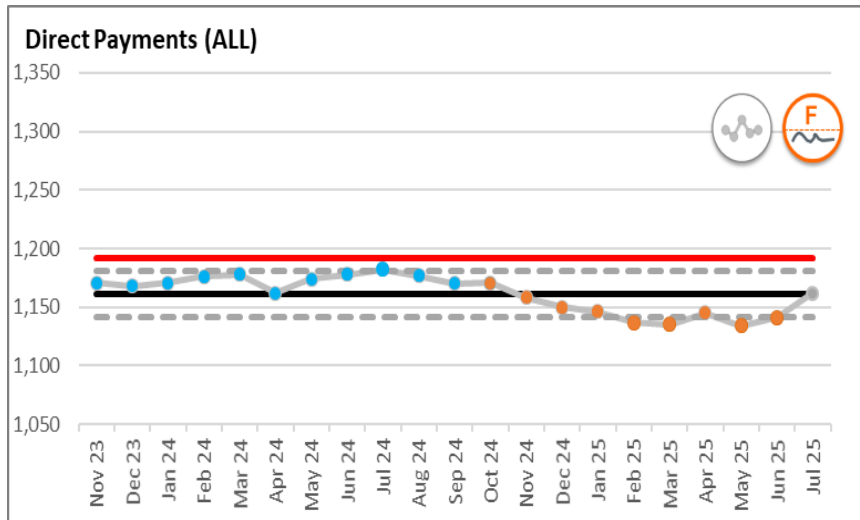
Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct payments by March 2026 based on March 2025 figures.

In July 2025 there were 607 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.

Whilst Direct Payments(DPs) are actively promoted by PCOP teams, DPs remain less commonly utilised among older people's services. This is partly due to many feeling that the responsibility associated with organising and managing DPs is particularly complex. Teams will continue to promote the use of DPs where appropriate in order to meet the target by March 2026



# Direct payments (All)

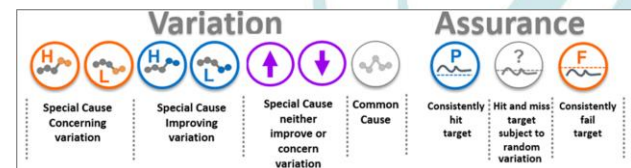


Direct payments are monitored as part of the System Oversight Measures. A target has been set for a 5% increase in overall Direct payments by March 2026 based on March 2025 figures.

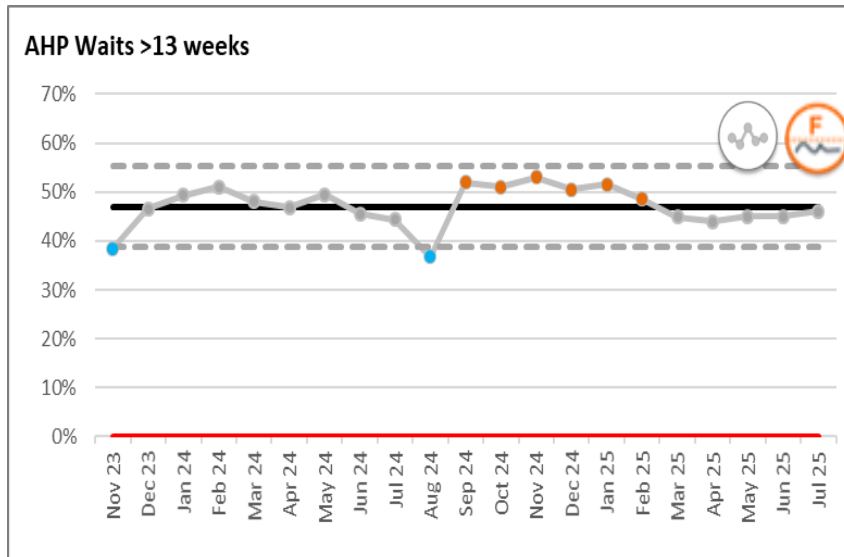
In July 2025 there were 1162 Direct payments against a trajectory of 1192 equating to 97% of expected trajectory..



South Eastern Health and Social Care Trust



# AHP > 13 weeks %

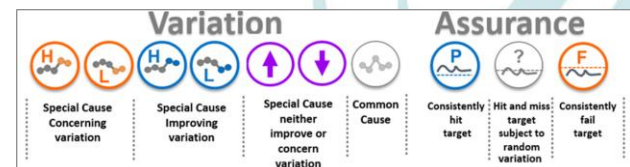


**Allied Health Professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as part of the System Oversight Measures.**

**In July 2025 46% of patients waited longer than 13 weeks for treatment. Breakdown by specialty is shown in the summary table.**

Although AHP waiting times collectively remain high there has been a small improvement across a number of services. Referral rates to AHP services continue to be constant with physiotherapy and occupational therapy seeing an increase within this quarter. Financial constraints across services has impacted activity levels which will effect waiting times. These continue to be monitored closely and prioritisation measures are in place across all services.

Waiting List Initiative funding could support AHP services in addressing waiting list pressures and support validation of admin and clinical data. AHPs have been reviewing clinics that could increase activity with additional non-recurrent resources to make an impact on service provision.



Safety, Quality and Experience of Care

# ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health  
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# Performance Summary

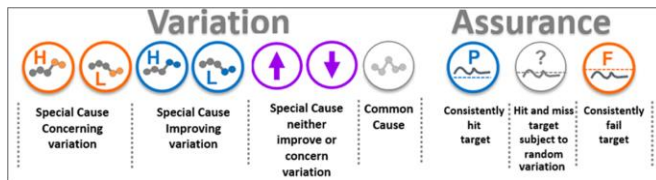
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from legacy Service Delivery Plan Metrics.







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

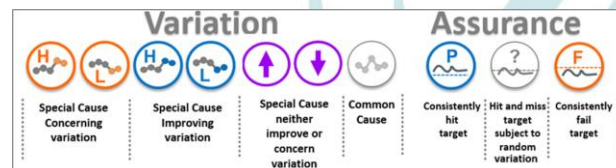
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

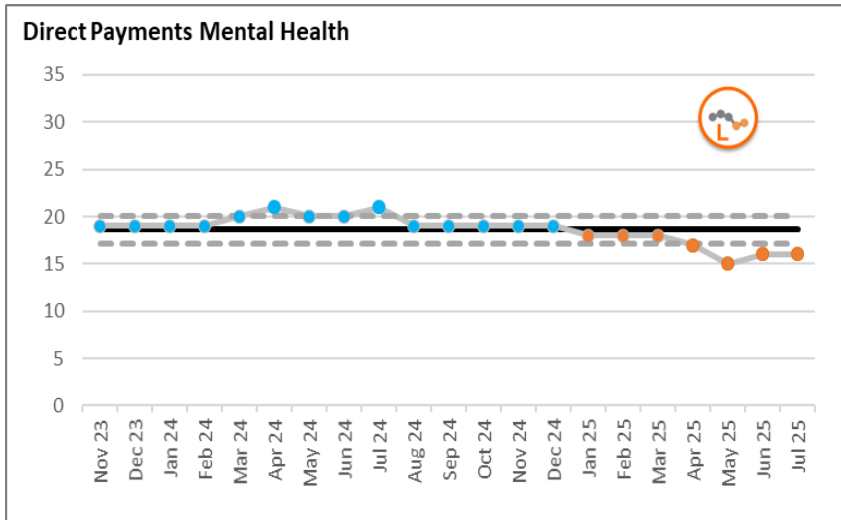
- Direct payments (Learning Disability)



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Jul 25	722	-		
Adult Mental Health Non-Inpatient Contacts Review	Jul 25	5563	-		
Psychological Therapies Contacts New	Jul 25	201	-		
Psychological Therapies Contacts Review	Jul 25	1754	-		
Direct Payments Mental Health	Jul 25	16	-		
Direct Payments Learning Disability	Jul 25	309	-		



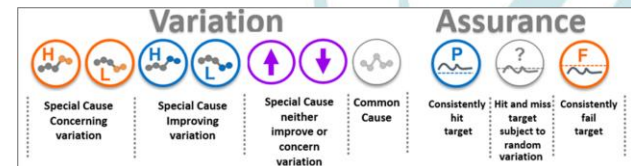
# Direct payments (Mental Health)



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

In July 2025 there were 16 direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.

Service is seeking to improve promotion and uptake of Direct Payments with plans to have bespoke training to reach this target by end of year across hospital and Care Management Mental Health Services



Safety, Quality and Experience of Care

# CHILDREN'S SERVICES



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# Performance Summary

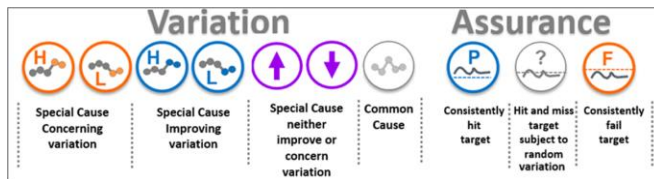
Children's Services Performance Summary is comprised targets relating to the strategic priority of Unallocated Cases and SOMs.

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.

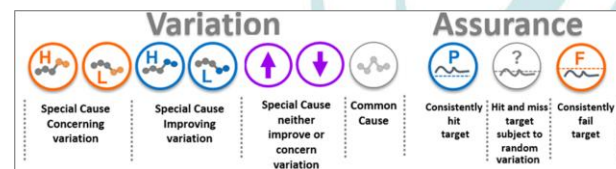
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

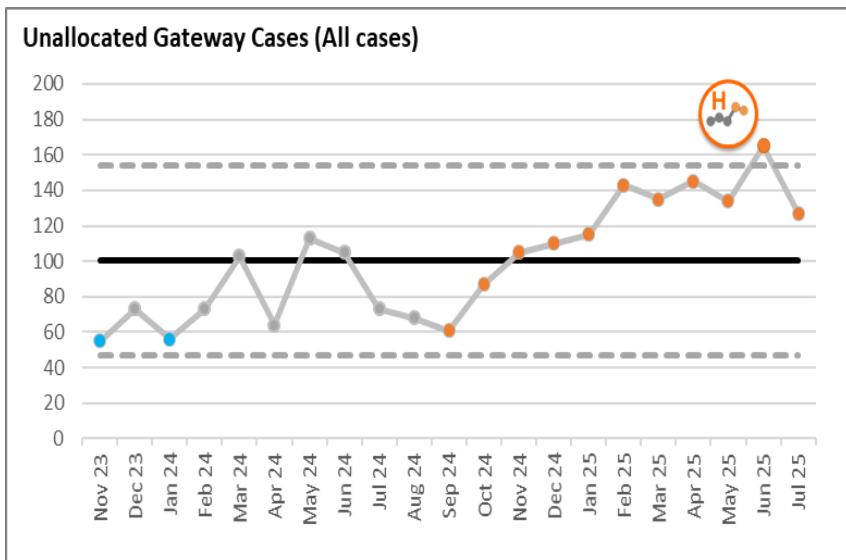
- Unallocated Disability cases (all cases)



KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (n)	Jul 25	726	-		
Unallocated Cases > 20 Days	Jul 25	680	-		
Unallocated Cases > 30 Days	Jul 25	662	-		
Unallocated Cases - > 20 days -Family Support Only	Jul 25	157	141		
Unallocated Gateway Cases (All cases)	Jul 25	127	-		
Unallocated Family Support Cases (All cases)	Jul 25	176	-		
Unallocated Disability Cases (All cases)	Jul 25	423	-		
Direct Payments (Children)	Jul 25	269	-		



# Unallocated Gateway Cases

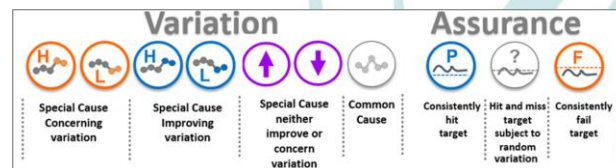


**Unallocated cases form part of the Corporate Strategic Priority – to reduce the number of cases on waiting lists in Children’s Services.**

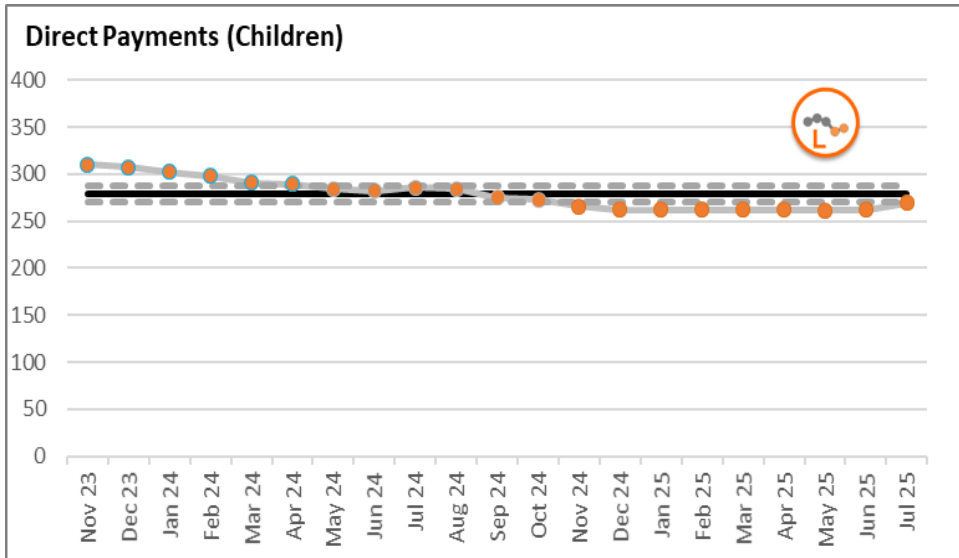
**In July 2025 there were 127 unallocated cases for Gateway.**

As of July, Gateway reported 127 unallocated cases, representing a modest reduction from May’s position of 134. However, significant operational pressures remain, driven by a marked increase in demand. Referrals rose from 447 in May to 621 in July, with demand continuing to outstrip the service’s capacity to allocate cases. Weekly governance meetings continue to review, triage and monitor all unallocated cases to ensure appropriate safeguarding and support is maintained.

Staffing challenges remain a key constraint, with the service impacted by both vacancies and long-term sickness absence. Two new recruits from the 2025 student cohort have been aligned to Gateway; one has recently commenced in post, while the second is due to start in September. It is anticipated that it will take several months for these staff to complete induction and reach the point where they can contribute to reducing the unallocated caseload.



# 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 July 2025 there were 269 Direct Payments for children. In July 2025 there were 607 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.

Children's Services continue to promote Direct Payments for all those meeting the criteria

