

Integrated Performance Monitoring Report

Month: October 2025

Paper Number: SET/138/25



South Eastern Health
and Social Care Trust

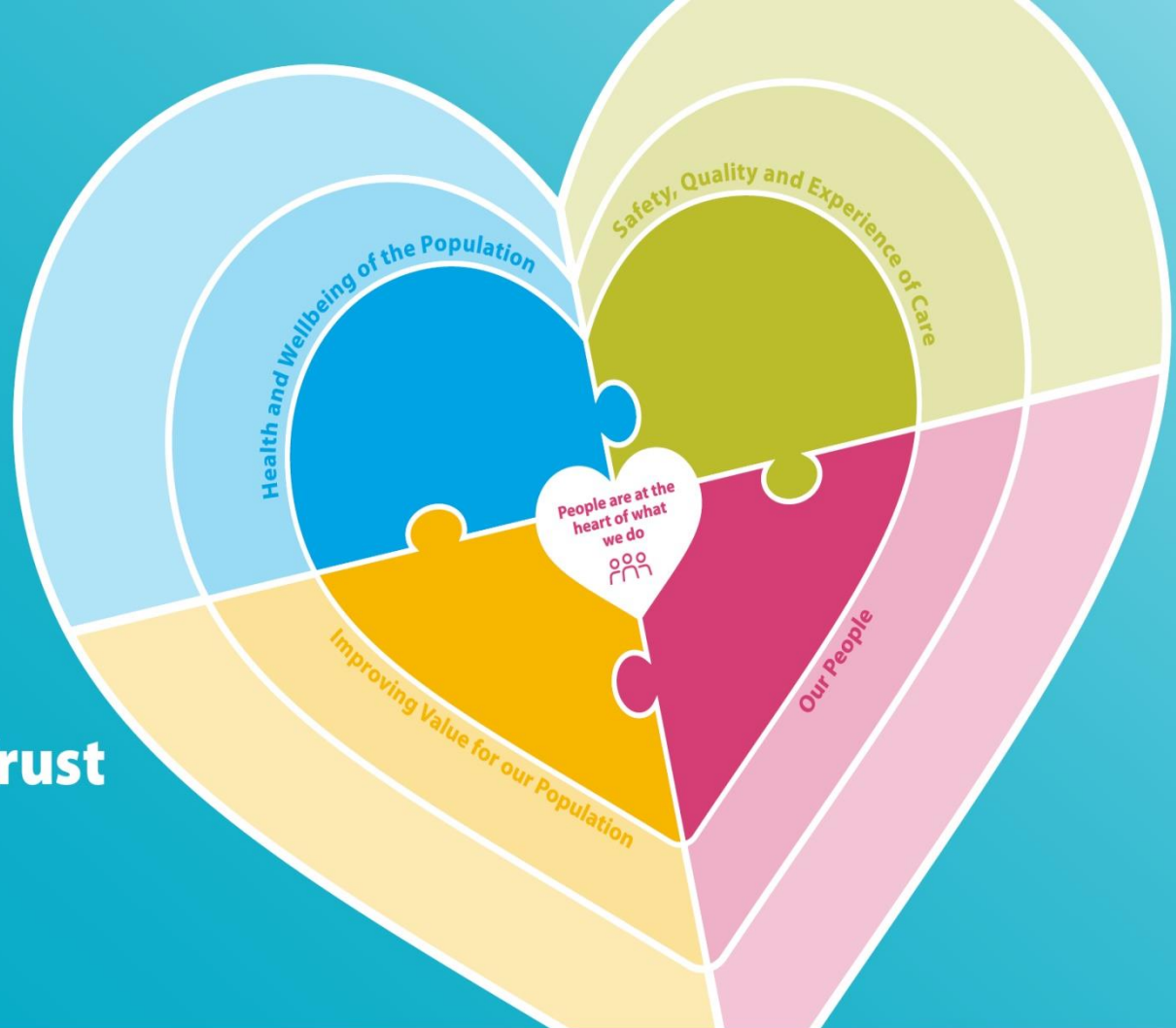




South Eastern Health
and Social Care Trust

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.

Metrics with a RAG status	October Confidence	April	May	June	Jul	Aug	Sept	Oct
Patients who left without being seen (LWBS)	High	Red	Red	Green	Green	Green	Red	Green
12 Hour Waits	High	Red	Red	Red	Red	Red	Red	Red
Hip Fractures – 48 Hours	High	Red	Red	Red	Red	Red	Red	Red
All Fractures – 7 Days	High	Red	Red	Yellow	Green	Yellow	Yellow	Green
New Outpatient DNA/Cancellation on the Day	High	Red	Red	Red	Red	Red	Red	Red
Review Outpatient DNA/Cancellation on the Day	High	Green	Green	Green	Green	Green	Green	Green
Theatres % Main Theatre DNA/Cancelled on Day	Medium	Red	Red	Red	Red	Red	Red	Red
Theatres % DPU Theatre DNA/Cancelled on Day	Medium	Red	Red	Red	Red	Red	Red	Red
Theatres % Main Theatre Run Time	High	Green	Green	Green	Green	Green	Green	Green
Theatres % DPU Theatre Run Time	High	Yellow	Red	Red	Red	Red	Red	Red
Theatres % Endo Theatre Run Time	Medium	Red	Red	Red	Red	Red	Red	Red
Theatres % Main Theatre Op Time	High	Yellow	Yellow	Yellow	Red	Yellow	Red	Red
Theatres % DPU Theatre Op Time	High	Red	Red	Red	Red	Red	Red	Red
Unmet Need – Full Packages	High	Red	Red	Red	Red	Red	Red	Green
Unmet Need – Partial Packages	High	Green	Yellow	Green	Green	Green	Green	Green
Direct Payments	High	Yellow	Red	Yellow	Yellow	Red	Red	Red
Unallocated Cases	High	Red	Red	Red	Red	Red	Green	Green
General Surgery – Average length of stay	High	Green	Green	Green	Green	Green	Green	Green
Gynaecology – Average length of stay	High	Red	Red	Red	Red	Red	Red	Red
Urology – Average length of stay	High	Green	Red	Red	Red	Red	Red	Red
Terms of Reference Overdue	N/A	Green	Green	Green	Green	Green	Green	Green
Level 1 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red
Level 2 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red
Level 3 SAI Reports Overdue	N/A	Green	Green	Green	Green	Green	Green	Red
Action Plans Overdue	N/A	Red	Red	Red	Red	Red	Red	Red



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

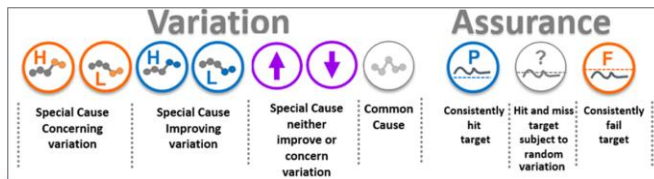
Hospital Services Performance Summary is comprised of key metrics relating to ministerial targets based on the ministerial targets and System Oversight Measures (SOMs).

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

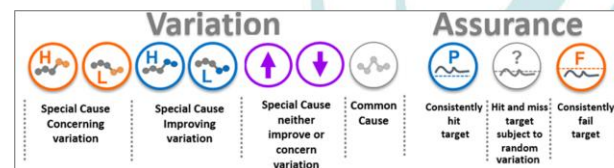
- Outpatient Contacts New
- Total DNA and Cancelled on Day – New
- Total DNA and Cancelled on Day - Review
- Diagnostics Waiting – Imaging % >9 Weeks
- Diagnostics Waiting – Imaging % >26 Weeks
- Diagnostics Endoscopy – Imaging % >9 Weeks
- Diagnostics Endoscopy – Imaging % >26 Weeks
- Inpatients Waiting - % >13 Weeks
- Inpatients Waiting - % >52 Weeks
- Day cases Waiting - % >13 Weeks
- Day cases Waiting - % >52 Weeks
- MRI
- CT
- Fractures – Neck of Femur <48 Hours
- Fractures – Other Fractures < 7 Days



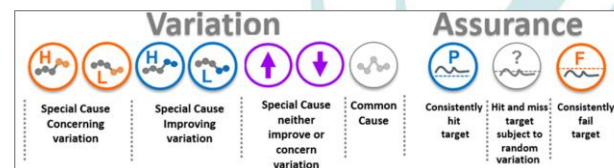
KPI	Latest month	Measure	Target
Cancer 14 Day Activity - Breast (Regional)	Oct 25	1387	-
Cancer 31 Day Activity	Sep 25	183	-
Cancer 62 Day Activity	Sep 25	113.0	-
Cancer 14 Day % - Breast (Regional)	Oct 25	6.0%	100.0%
Cancer 31 Day %	Sep 25	88.5%	98.0%
Cancer 62 Day %	Sep 25	22.6%	95.0%

Please note:

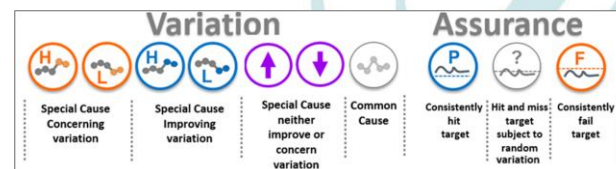
Cancer figures are presented a month in lieu. Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology




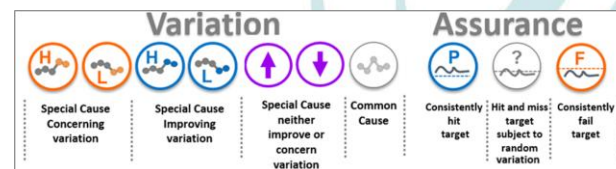
KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	Oct 25	14318	-		
Urgent & Emergency Care Attendances - Downe	Oct 25	1475	-		
Urgent & Emergency Care Attendances - Lagan Valley	Oct 25	1977	-		
Urgent & Emergency Care Attendances - Ulster Total	Oct 25	10866	-		
4 Hour % - SET	Oct 25	50%	95%		
4 Hour % - Downe	Oct 25	95%	95%		
4 Hour % - Lagan Valley	Oct 25	76%	95%		
4 Hour % - Ulster Total	Oct 25	40%	95%		


















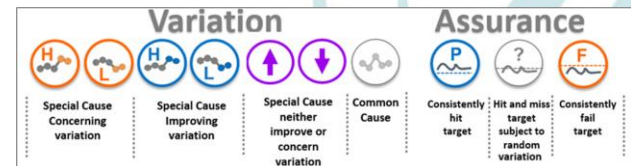
KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	Oct 25	2160	0		
12 Hour Breaches - Downe	Oct 25	0	0		
12 Hour Breaches - Lagan Valley	Oct 25	3	0		
12 Hour Breaches - Ulster Total	Oct 25	2158	0		
NIAS Ambulance Arrivals (Ulster)	Oct 25	1287	-		
NIAS Handovers > 2 hours % (Ulster)	Oct 25	35%	-		



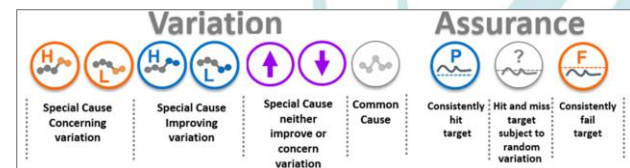
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Oct 25	9200	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Oct 25	5.7%	5.0%		
Outpatient Contacts Review- Total	Oct 25	12496	-		
Outpatient Contacts Review - Total DNA and Cancelled on Day	Oct 25	6.5%	8.0%		
Outpatients Waiting - Total for First New Appointment	Oct 25	110672	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Oct 25	86.0%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Oct 25	58.4%	0.0%		



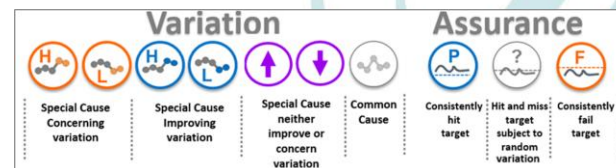
KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Oct 25	20661	-		
Diagnostics Waiting - Imaging % >9 Weeks	Oct 25	51.3%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Oct 25	25.9%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Oct 25	21839	-		
Diagnostics Waiting - Physiological % >9 Weeks	Oct 25	76.4%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Oct 25	47.2%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Oct 25	4991	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Oct 25	50.5%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Oct 25	36.3%	0.0%		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	Oct 25	704	-		
Inpatients Waiting - Total	Oct 25	2593	-		
Inpatients Waiting - % >13 Weeks	Oct 25	80.79%	45.00%		
Inpatients Waiting - % >52 Weeks	Oct 25	60.28%	0.00%		
Daycases Waiting - Total	Oct 25	11960	-		
Daycases Waiting - % >13 Weeks	Oct 25	57.92%	45.00%		
Daycases Waiting - % >52 Weeks	Oct 25	29.11%	0.00%		



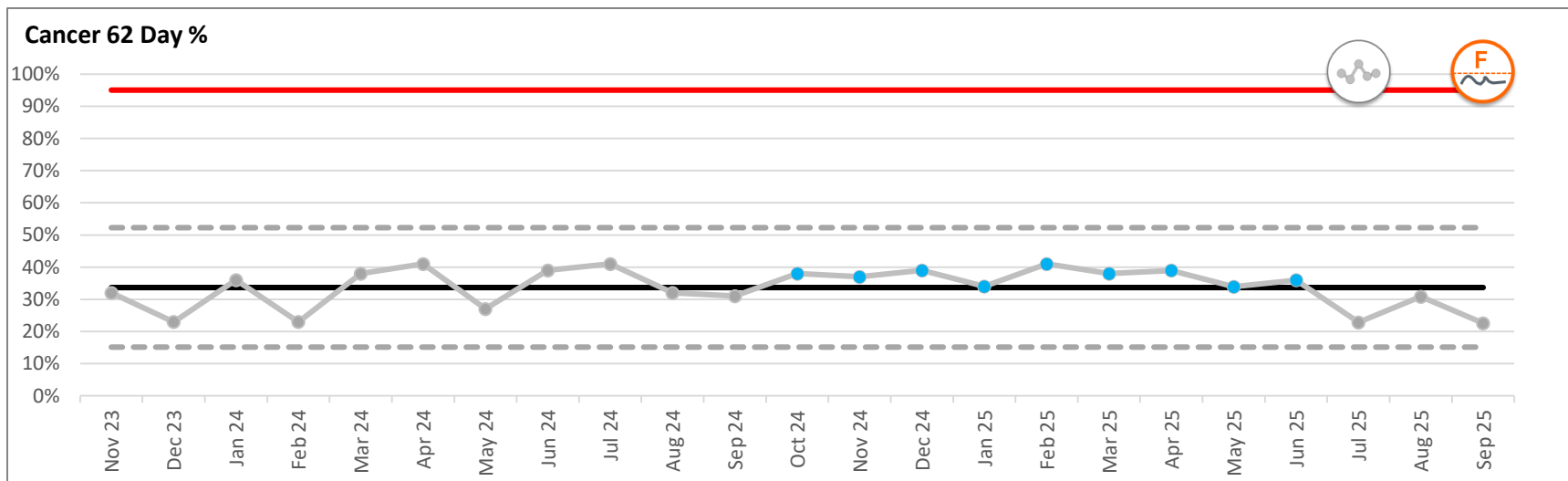
KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Avg LOS - Elective General Surgery	Oct 25	4.25	4.30		
Inpatient Avg LOS - Elective Gynaecology	Oct 25	4.03	1.91		
Inpatient Avg LOS - Elective Urology	Oct 25	4.18	2.26		
Fractures - Neck of Femur <48 Hours	Oct 25	70.5%	95.0%		
Fractures - Other Fractures <7 Days	Oct 25	98.2%	95.0%		
Cath Lab Procedures	Oct 25	46	-		
MRI	Oct 25	1493	-		
CT	Oct 25	4561	-		
NOUS	Oct 25	3321	-		
Cardiac CT	Oct 25	183	-		
Echo	Oct 25	1468	-		



Cancer 62 Day %

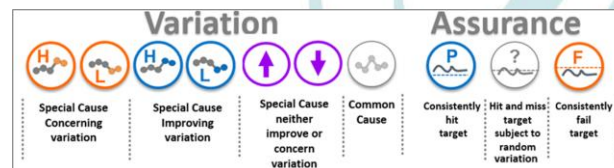
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric is monitored as part of the System Oversight Measures and was 22.6% compared to the expected 95% target.



Please note:

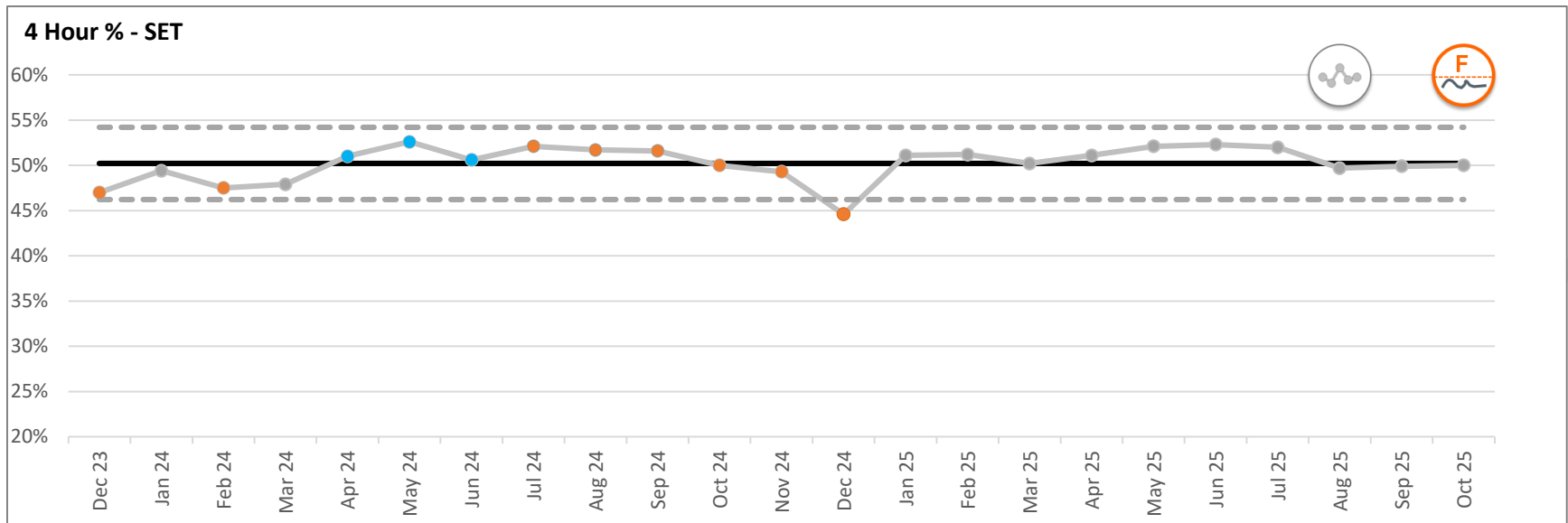
Cancer 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology therefore the September figure will change



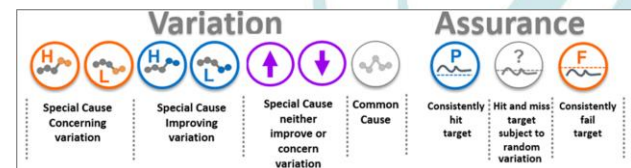
4 Hour Target % – South Eastern Trust (1/3)

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 October 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.



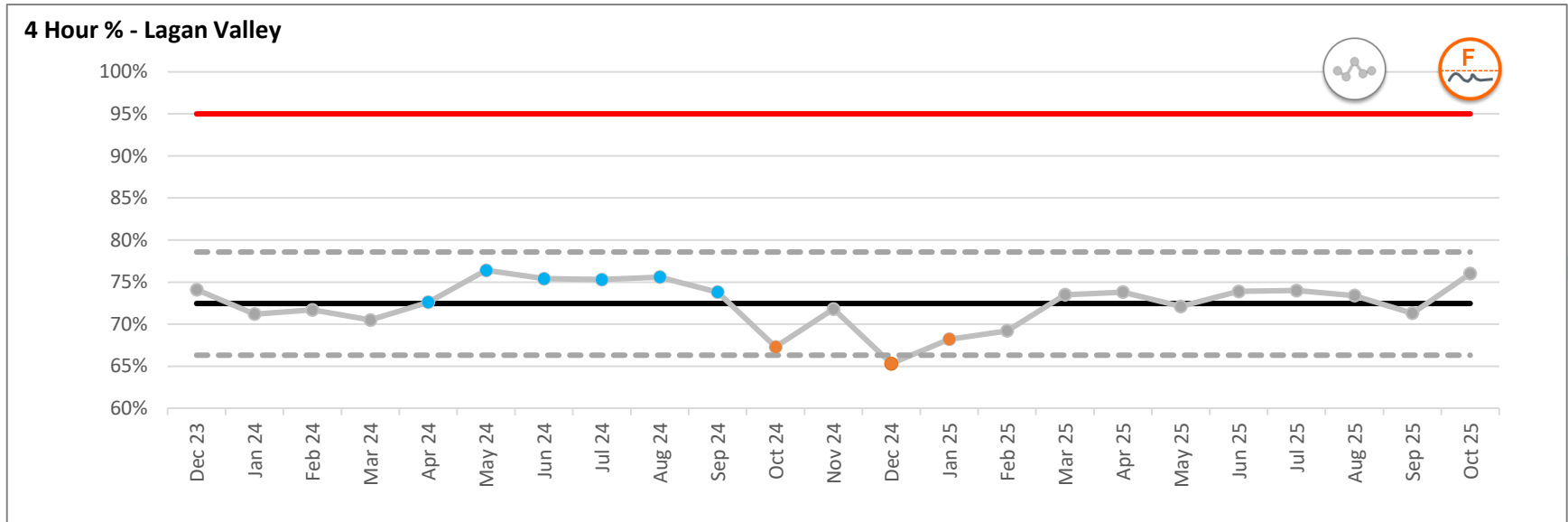
NB: Chart axis starts at 20%



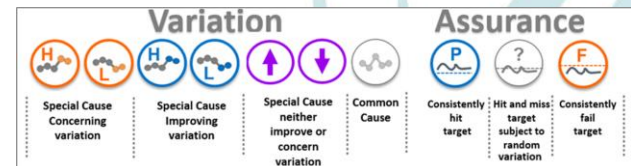
4 Hour Target % – Lagan Valley (2/3)

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 October 2025, 76% of all patients within the Emergency Department at Lagan Valley, met the 4 hour target.



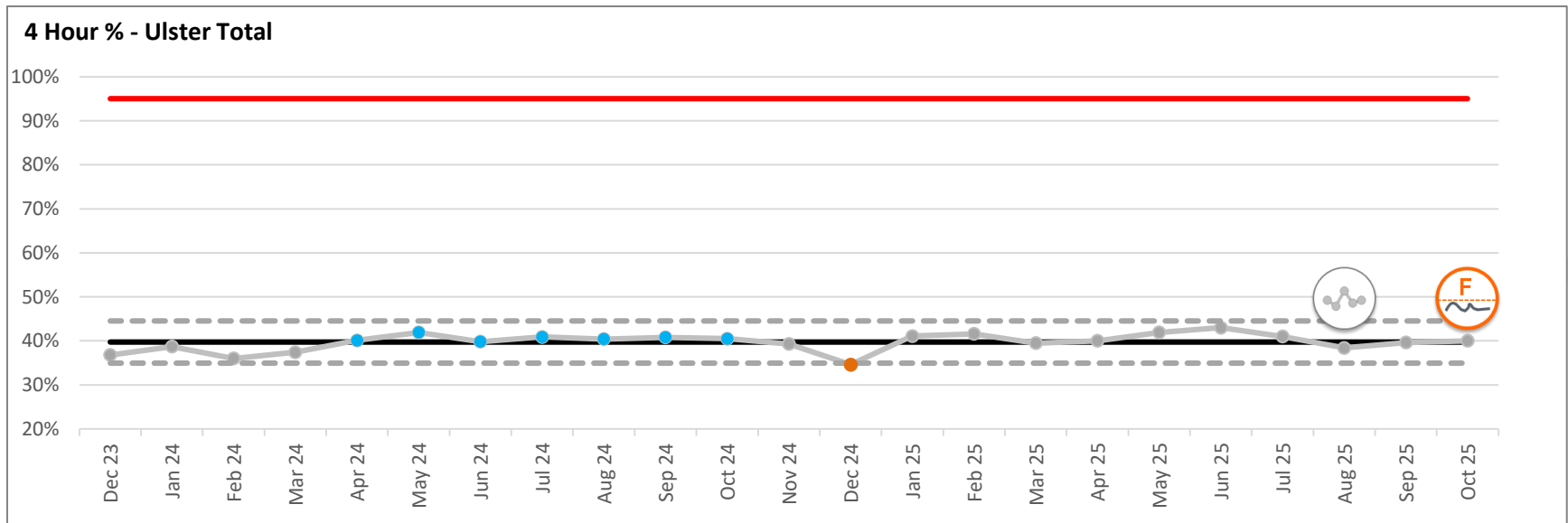
NB: Chart axis starts at 60%



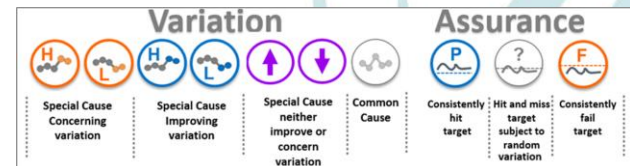
4 Hour Target % – Ulster (3/3)

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 October 2025, 40% 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.



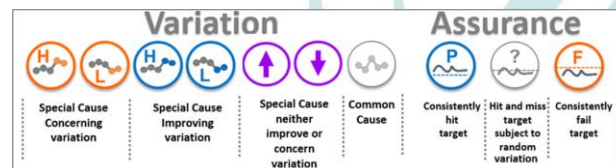
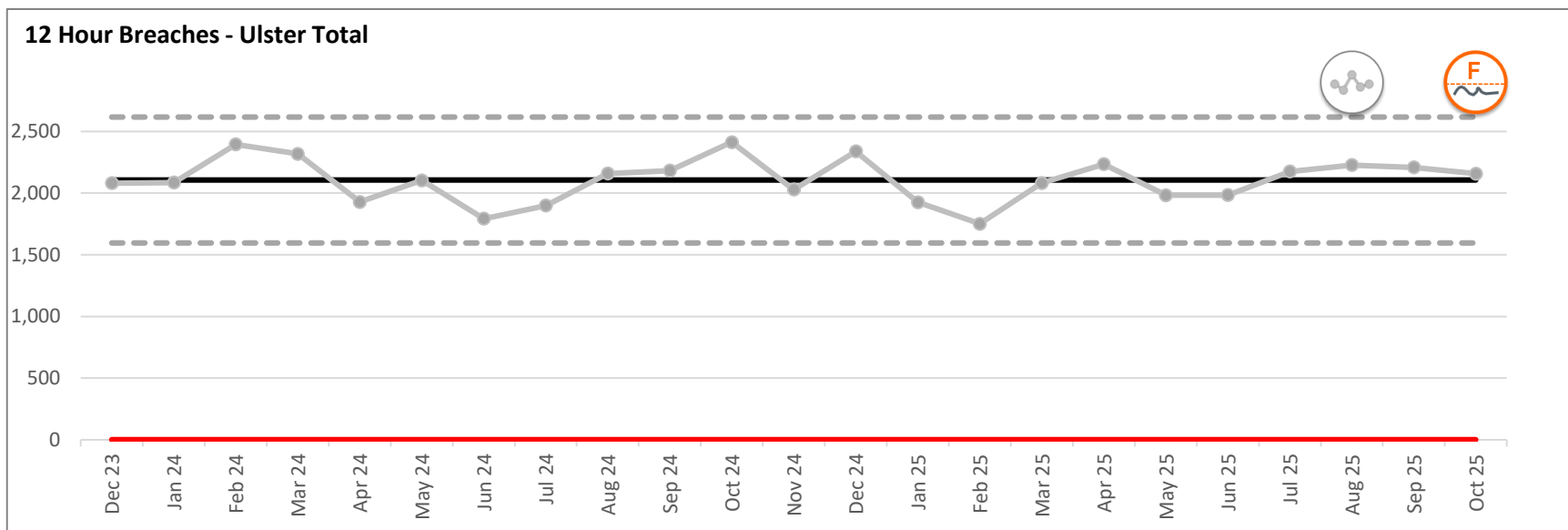
NB: Chart axis starts at 40%



12 Hour Breaches – Ulster Hospital

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

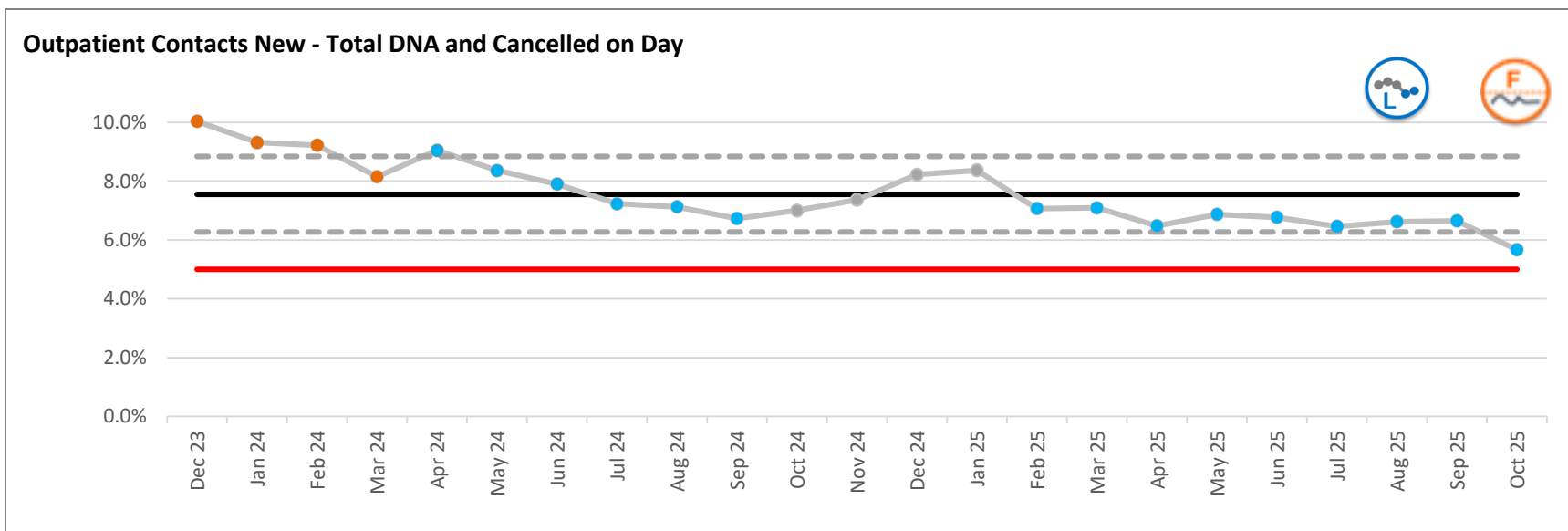
No patient attending any Emergency Department should wait longer than 12 hours. In October 2025, 2158 patients waited over 12 hours.



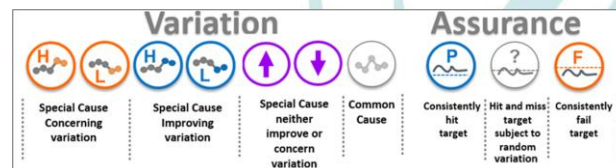
Outpatient DNA and Cancelled on Day - New

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

In October 2025 there was a 5.7% 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.



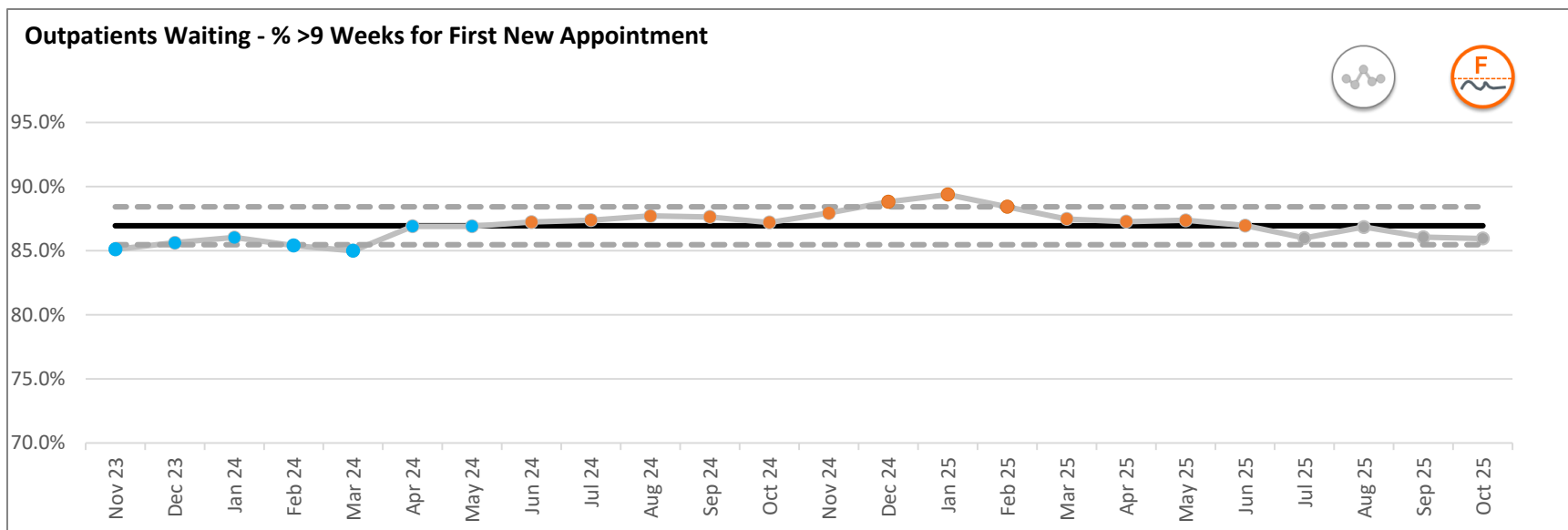
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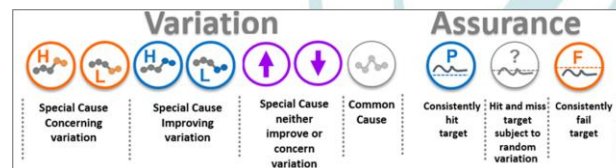
Outpatient > 9 Weeks %

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 October 2025 there were 86% of patients waiting over 9 weeks for an outpatient appointment.



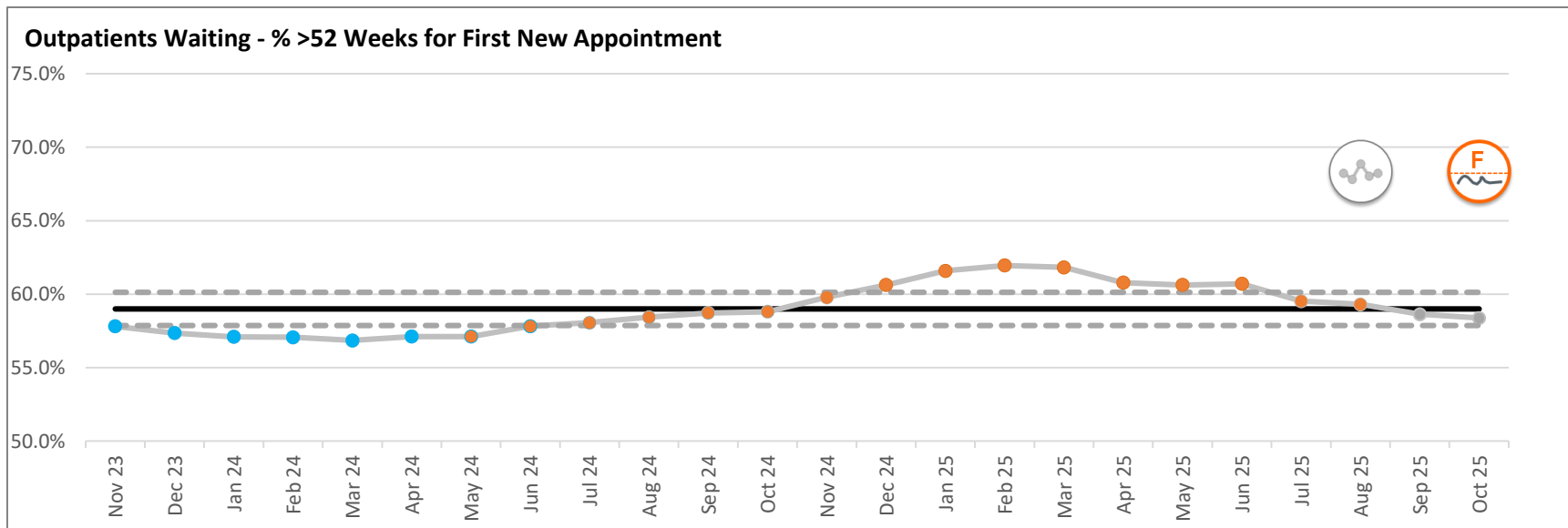
NB: Chart axis starts at 70%



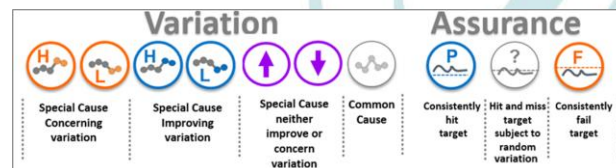
Outpatient > 52 Weeks %

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

No patients should wait over 52 weeks. In October 2025 there were 58.4% of patients waiting over 52 weeks for an outpatient appointment.



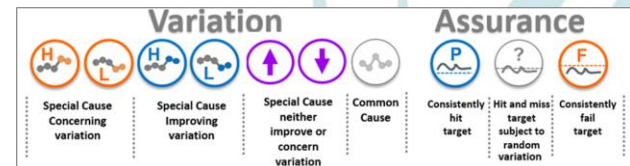
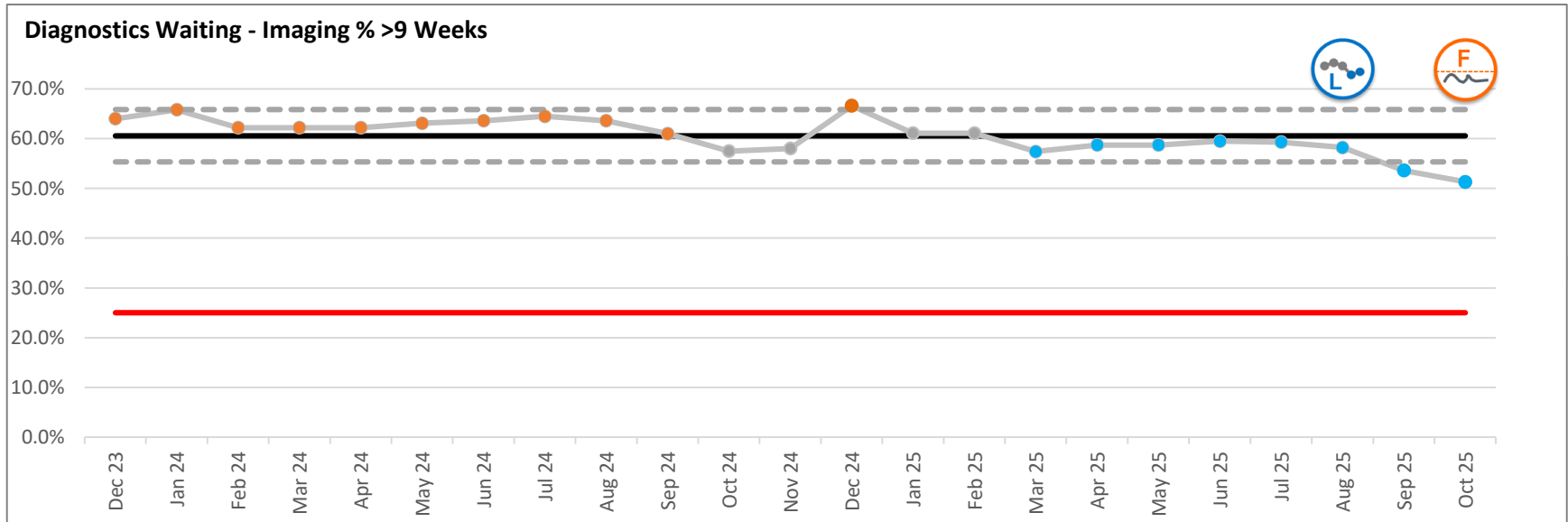
NB: Chart axis starts at 50%



Diagnostic Waits Imaging > 9 Weeks %

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

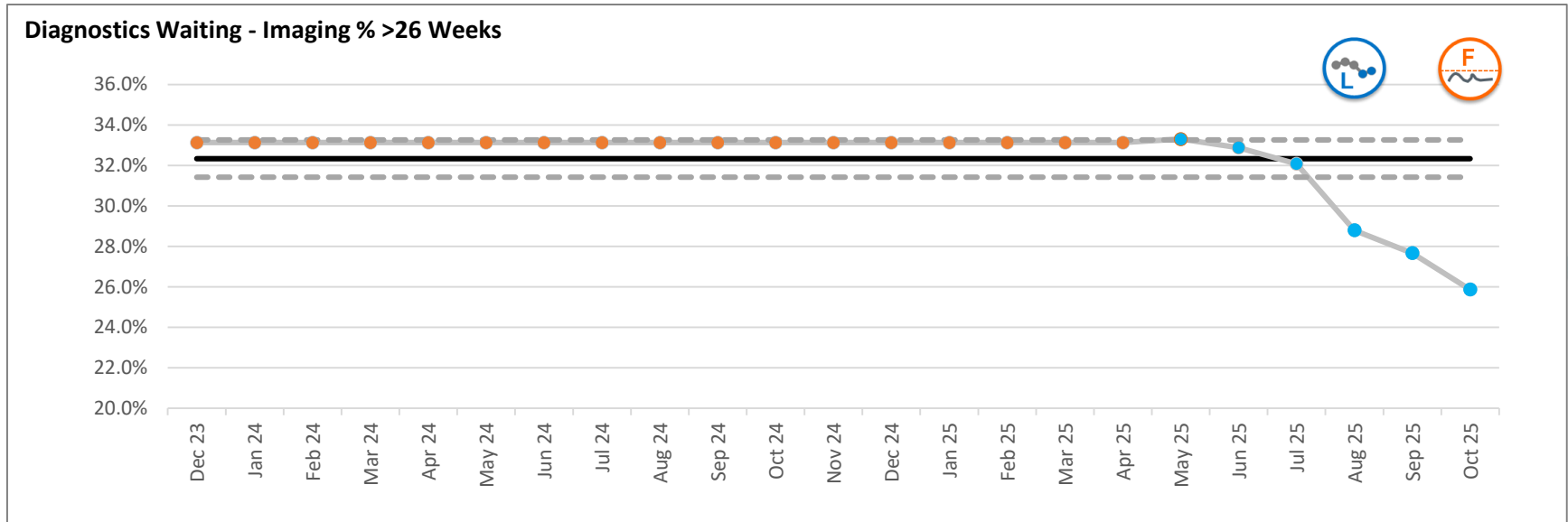
No more than 25% of patients should wait more than 9 weeks for a diagnostic imaging test. In October 2025, 51.3% of patients waited over 9 weeks for a diagnostic imaging test



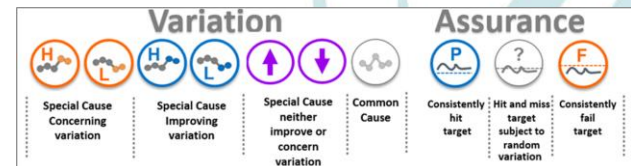
Diagnostic Waits Imaging > 26 Weeks %

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

No patients should wait more than 26 weeks for a diagnostic imaging test. In October 2025, 25.9% of patients waited over 52 weeks for a diagnostic imaging test



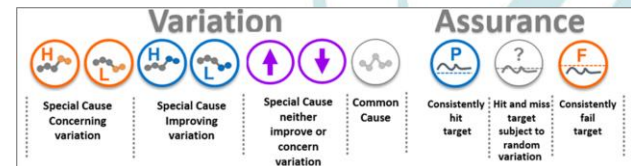
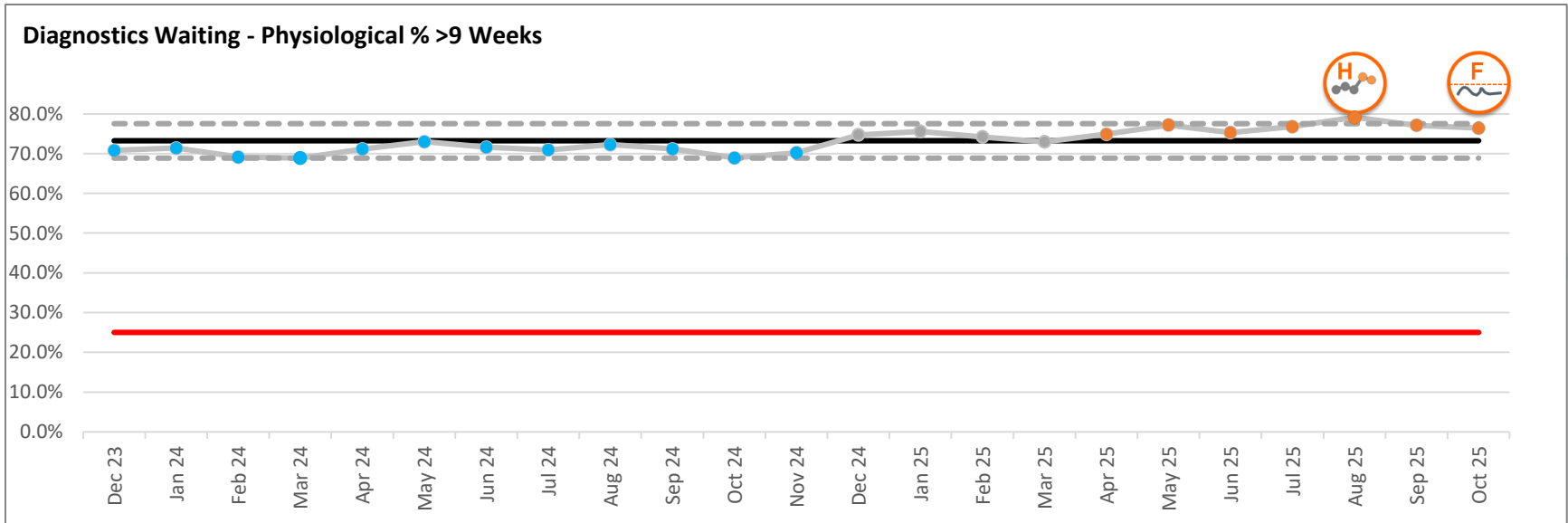
NB: Chart axis starts a 20%



Diagnostic Waits Physiological > 9 Weeks %

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

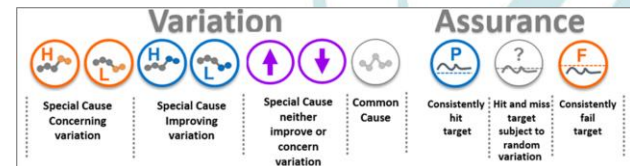
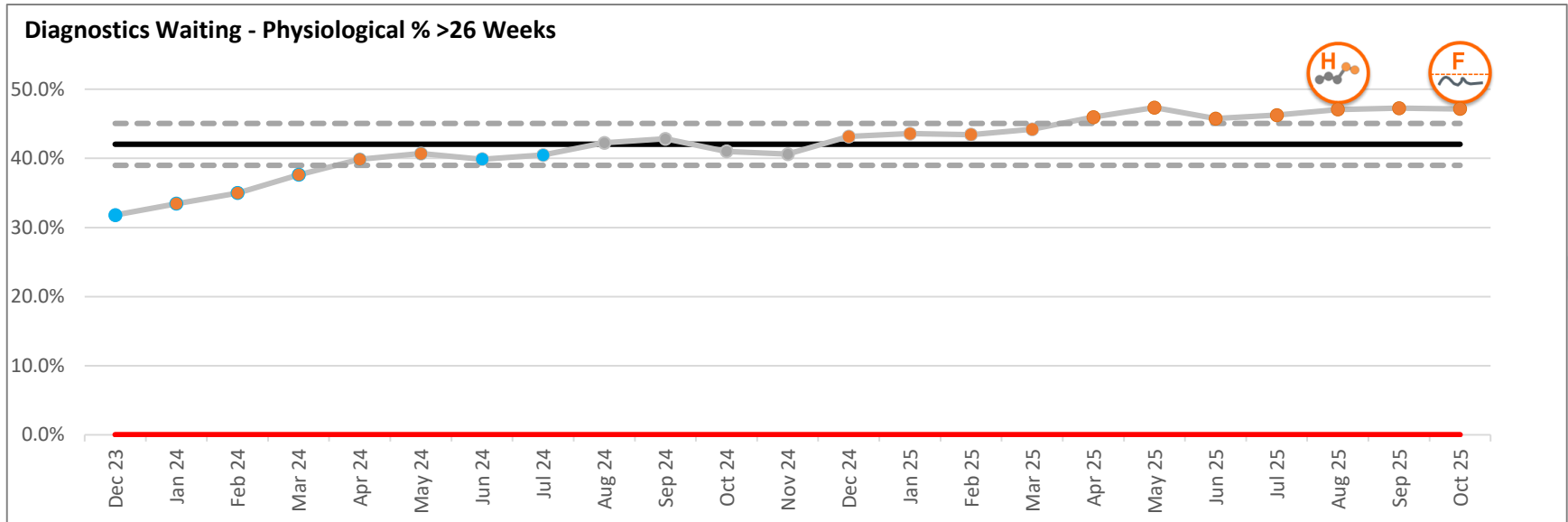
No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In October 2025, 76.4% of patients waited over 9 weeks for a diagnostic physiological test



Diagnostic Waits Physiological > 26 Weeks %

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

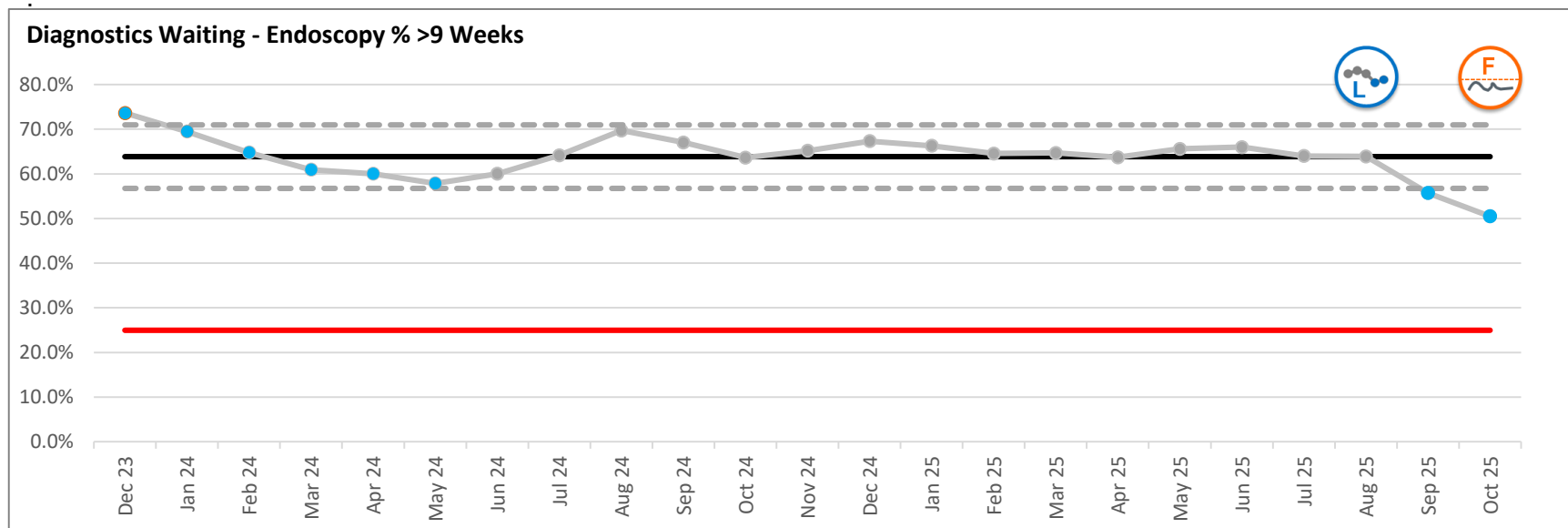
No patients should wait more than 26 weeks for a diagnostic physiological test. In October 2025, 47.2% of patents waited over 52 weeks for a diagnostic physiological test



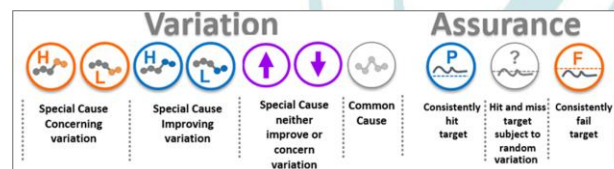
Diagnostic Waits Endoscopy > 9 Weeks %

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 October 2025, 50.5% of patients waited over 9 weeks for a diagnostic endoscopy test



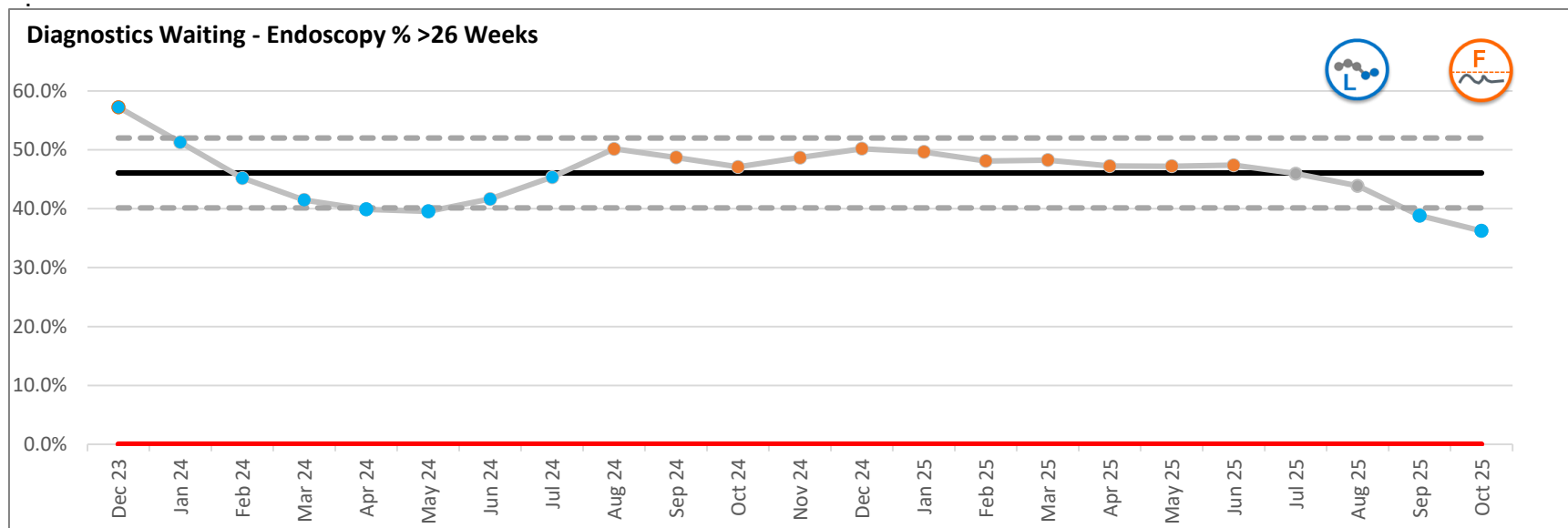
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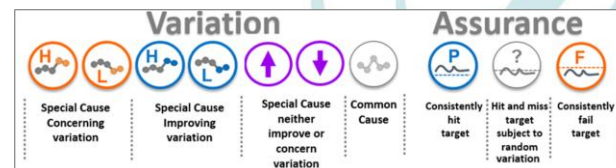
Diagnostic Waits Endoscopy > 26 Weeks %

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 October 2025, 36.3% of patents waited over 52 weeks for a diagnostic endoscopy test



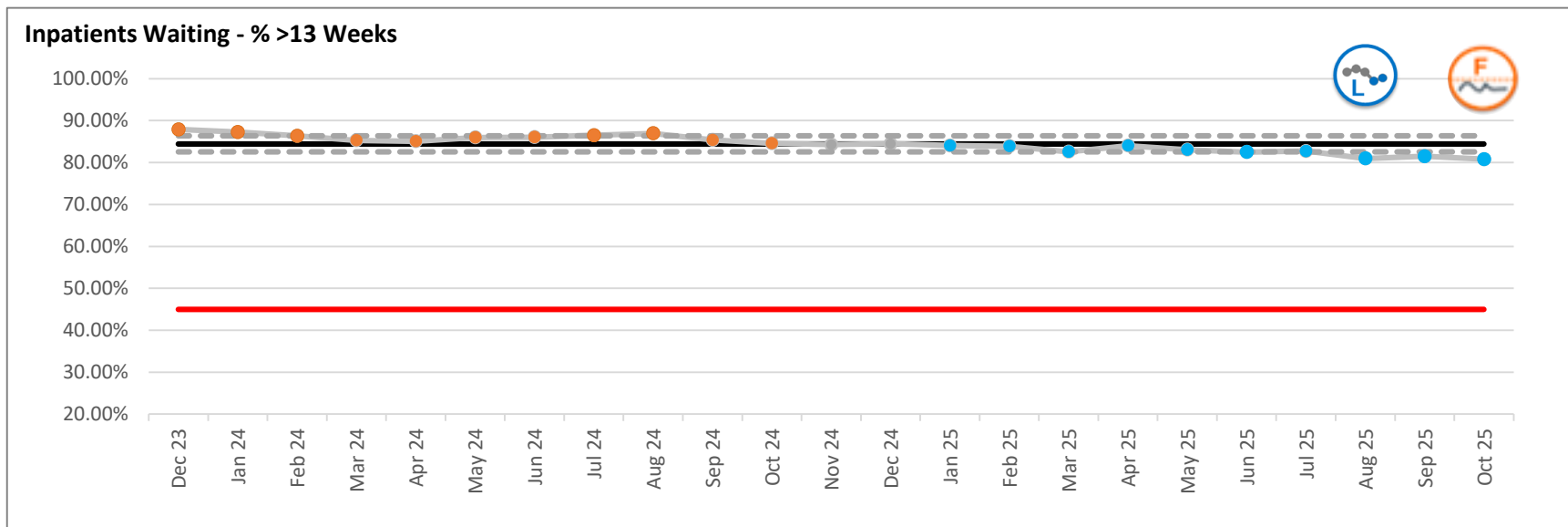
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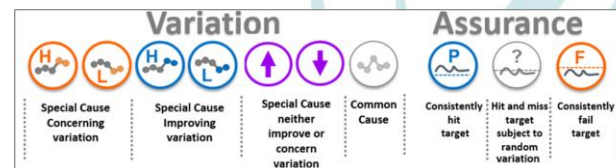
Inpatient Waits > 13 Weeks %

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

No more than 45% of patient should wait more than 13 weeks for inpatient admission. In October 2025, 80.79% of patients waited over 13 weeks for a inpatient admission.



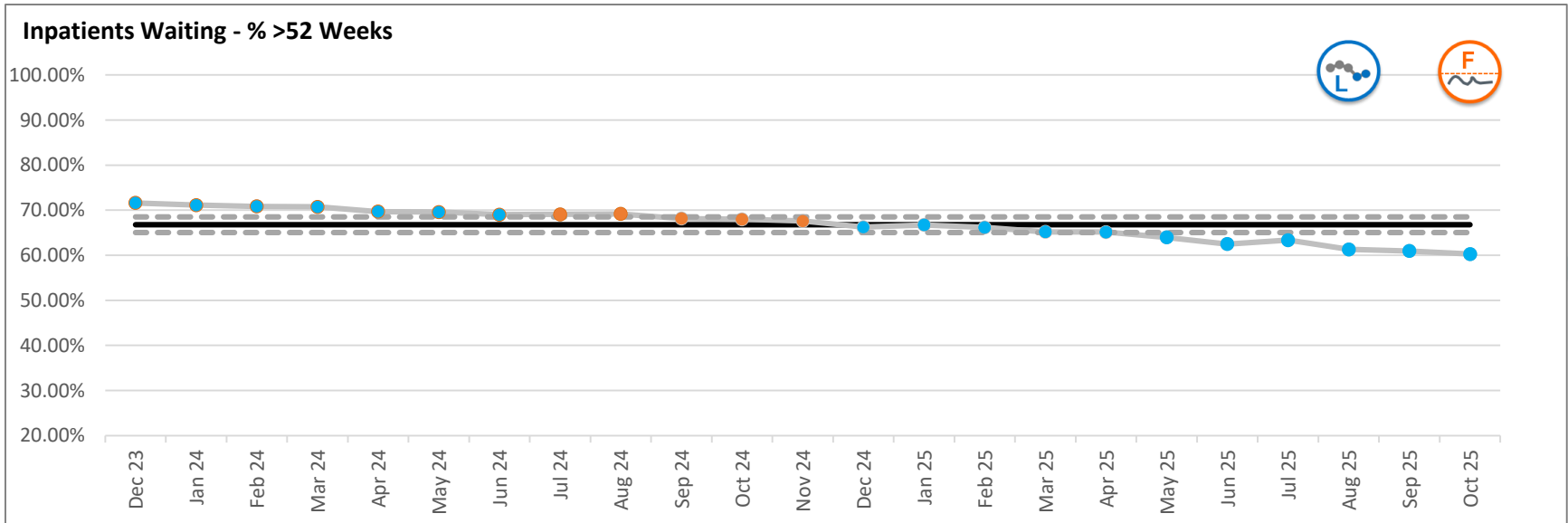
NB: Chart axis starts at 20%



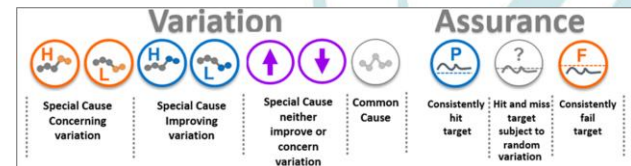
Inpatient Waits > 52 Weeks %

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

No patient should wait more than 52 weeks for inpatient admission. In October 2025, 60.28% of patients waited over 52 weeks for an inpatient admission.



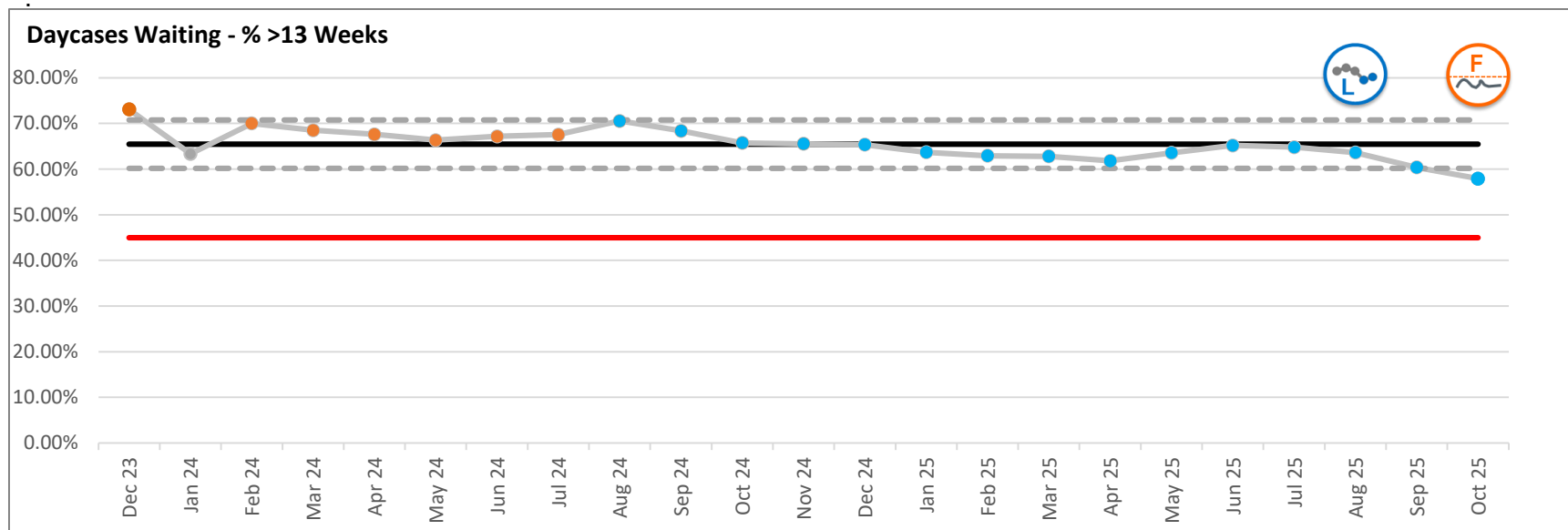
NB: Chart axis starts at 20%



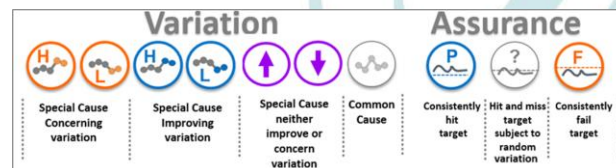
Day Case Waits > 13 Weeks %

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

No more than 45% of patient should wait more than 13 weeks for a day case treatment. In October 2025, 57.92% of patients waited over 13 weeks for a day case treatment.



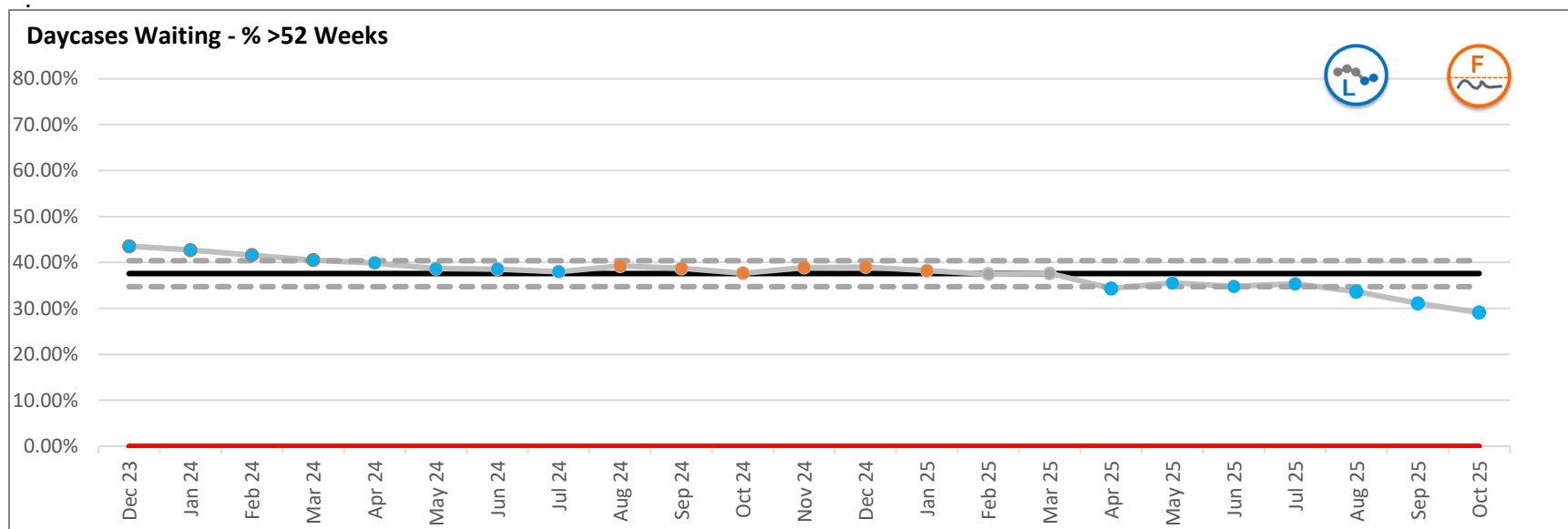
South Eastern Health and Social Care Trust



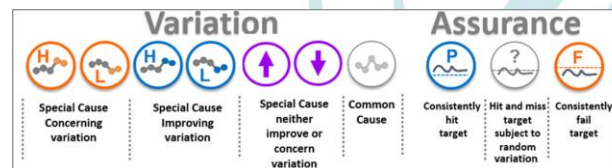
Day Case Waits > 52 Weeks %

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 patient should wait more than 52 weeks for a day case treatment. In October 2025, 29.11% of patients waited over 52 weeks for a day case treatment.



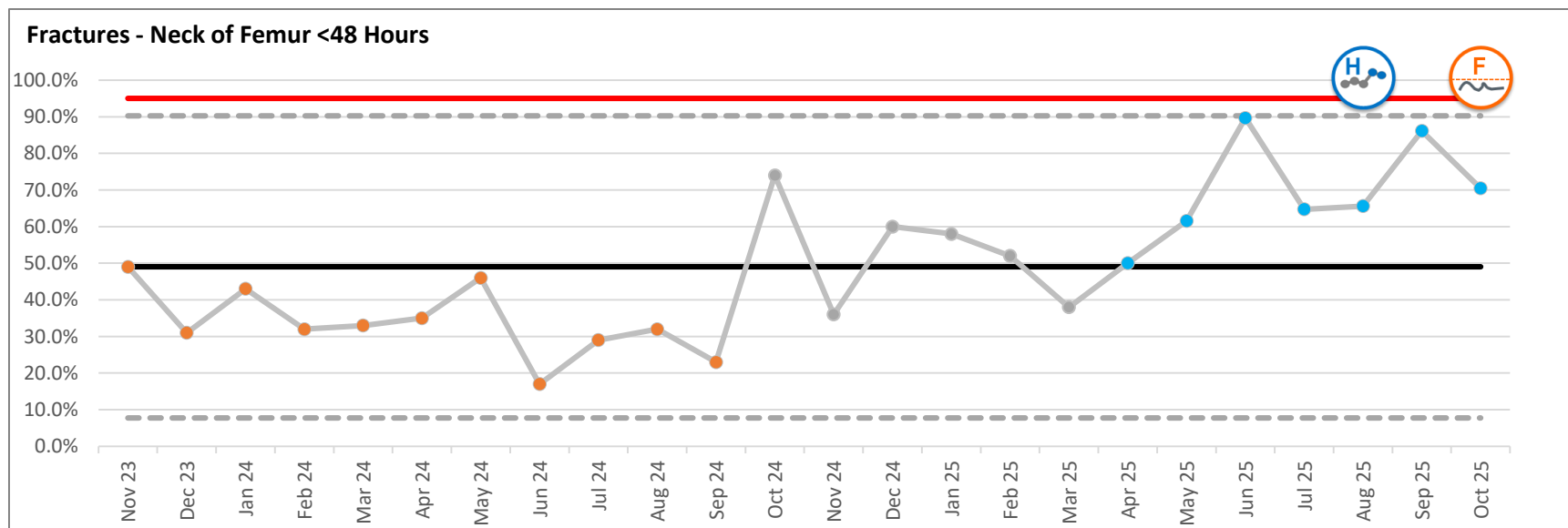
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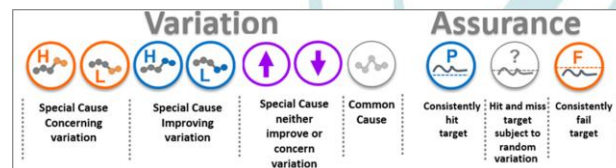
Fractures – Neck of Femur < 48 Hours %

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 October 2025, 70.5% of patients waited under 48 hours.



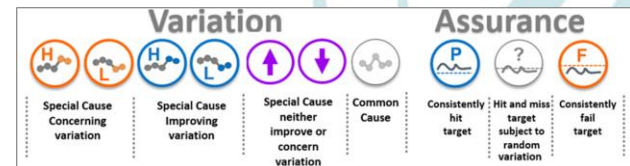
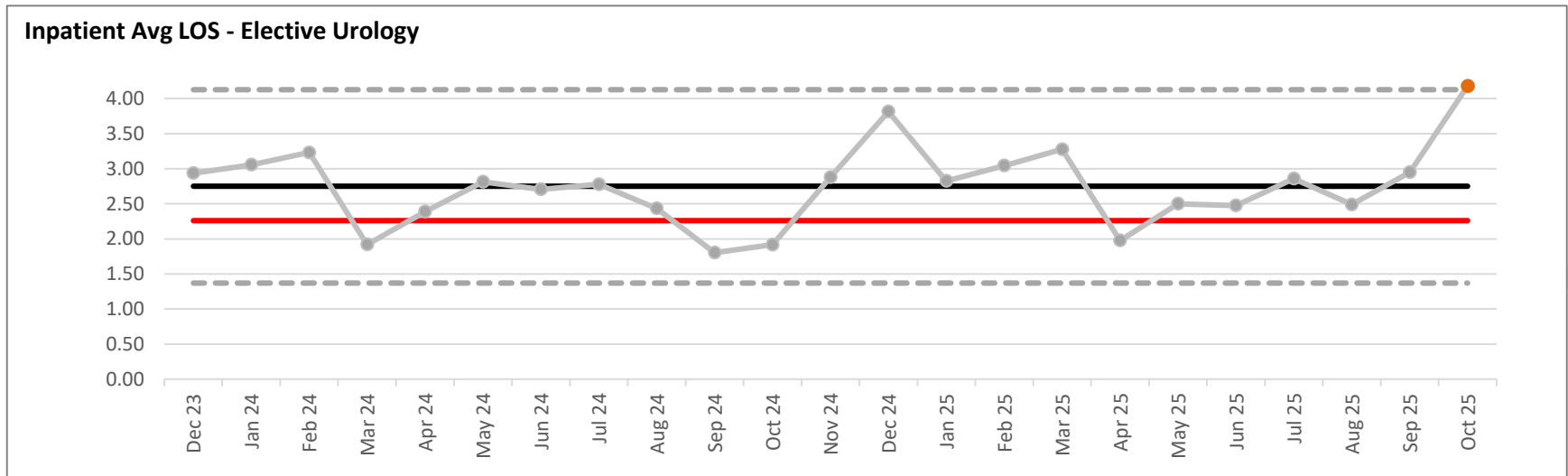
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Inpatient Average Length of Stay(LOS) – Elective Urology

Inpatient average length of Stay for Elective urology is monitored as part of the System Oversight Measures.

In October 2025 the average length of stay for inpatient elective urology was 4.18 against an expected LOS of 2.26.



Safety, Quality and Experience of Care

HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
and Social Care Trust



Target

NARRATIVE

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 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.

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.

2025/26:
 CDI: 5 < 48 hours
 : 22 > 48 hours

MRSA :1 < 48 hours,
 :1 > 48 hours

Gram Negative Bacteraemias (GNB)

Reportable only if >48hrs

Ecoli : 44
Pseudo. Aeruginosa : 5
Klebsiella Oxytoca: 2
Klebsiella Pneumoniae: 10

The first seven months of 25/26 have shown an overall reduction in CDI cases over those of 24/25.

MRSA figures are currently 50% down on those of 24/25.

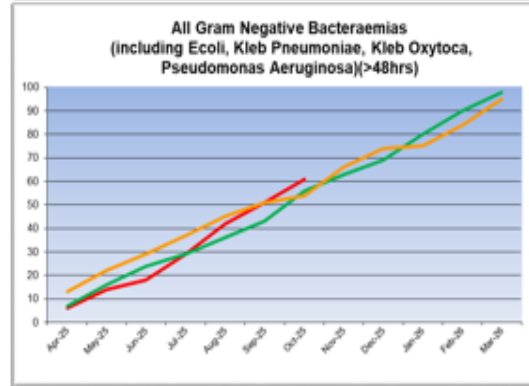
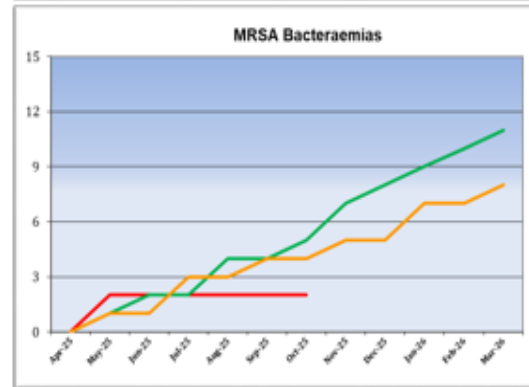
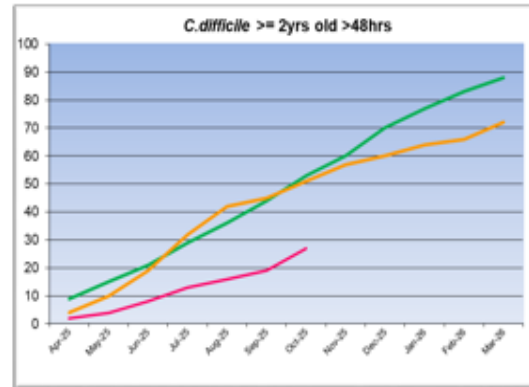
Those infections < 48hrs from admission are not deemed hospital acquired infections but are still included in Trust overall figures and included in the rates.

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.

PERFORMANCE

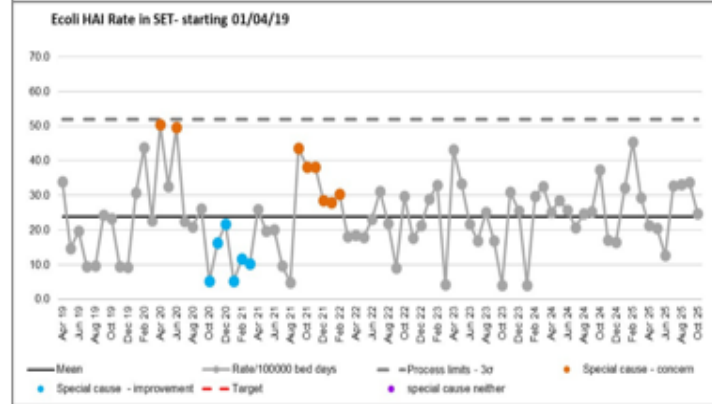
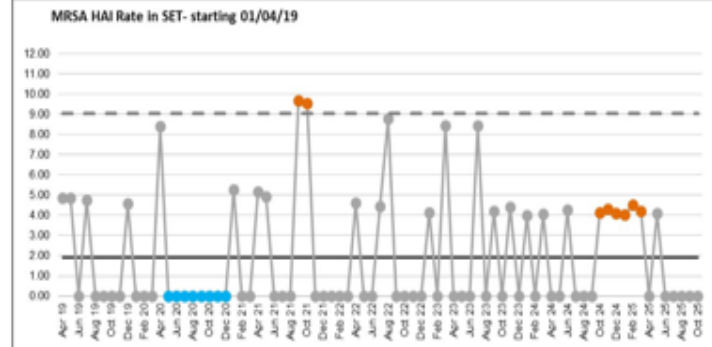
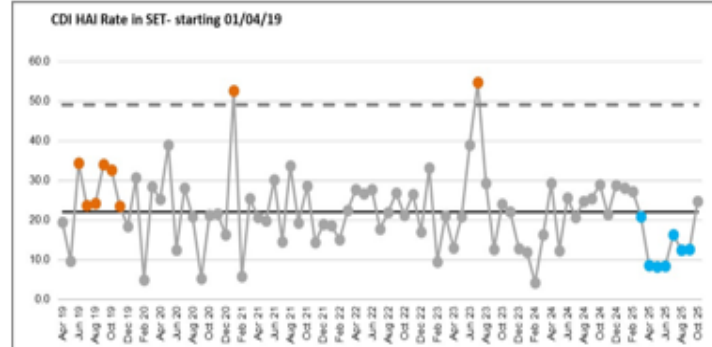
* Using 24/25 data	Target 24/25	Outturn 24/25	*Target 25/26	Target no. of cases / month	Avg cases as of end of October	April - Oct Episodes
<i>C.difficile</i>	64	88	64	5.33	3.86	27
MRSA	6	11	6	0.5	0.29	2
All Gram Negative#	39	98	39	3.25	8.7	61

— Current
 — 24/25
 — 23/24



TREND

Public Health Metric: Infections per 100,000 bed days												
Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
CDI: Target 25.7	8.53	8.35	11.16	13.5	13.3	13.2						
MRSA: Target 2.96	0.00	4.10	2.79	2.08	1.66	1.389						



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.

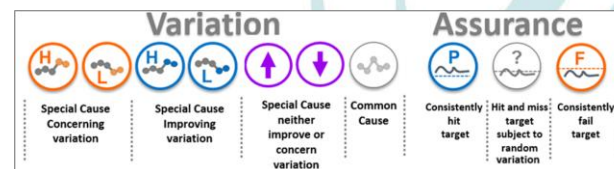
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

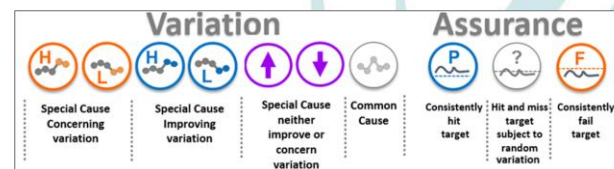
- CDS General Anesthetic (Ulster)
- Unmet Need Hours (Full Packages)
- Occupational Therapy Review Contact
- Dietetics Review Contacts
- Podiatry waits > 13 weeks
- Dietetics waits > 13 weeks
- Speech and Language Therapy Total Waits > 13 weeks



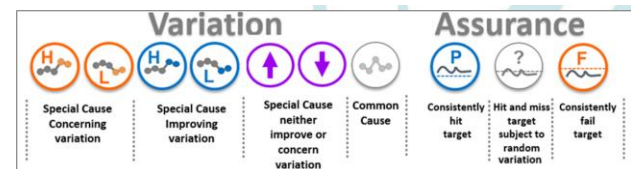
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Oct 25	243	-		
Community Dental Services Review	Oct 25	1044	-		
CDS General Anaesthetic (Ulster)	Oct 25	93	-		
Unmet Need Hours (Full Packages)	Oct 25	425	927		
Unmet Need Hours (Partial Packages)	Oct 25	66	138		
Direct Payments (PCOP only)	Oct 25	570			
Direct Payments (ALL)	Oct 25	1129	1192		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Oct 25	534	-		
Speech and Language Therapy Review Contacts	Oct 25	3253	-		
Physiotherapy New Contacts	Oct 25	2095	-		
Physiotherapy Review Contacts	Oct 25	5748	-		
Occupational Therapy New Contacts	Oct 25	845	-		
Occupational Therapy Review Contacts	Oct 25	1656	-		
Dietetics New Contacts	Oct 25	765	-		
Dietetics Review Contacts	Oct 25	1479	-		
Orthoptics New Contacts	Oct 25	133	-		
Orthoptics Review Contacts	Oct 25	700	-		
Podiatry New Contacts	Oct 25	553	-		
Podiatry Review Contacts	Oct 25	2353	-		



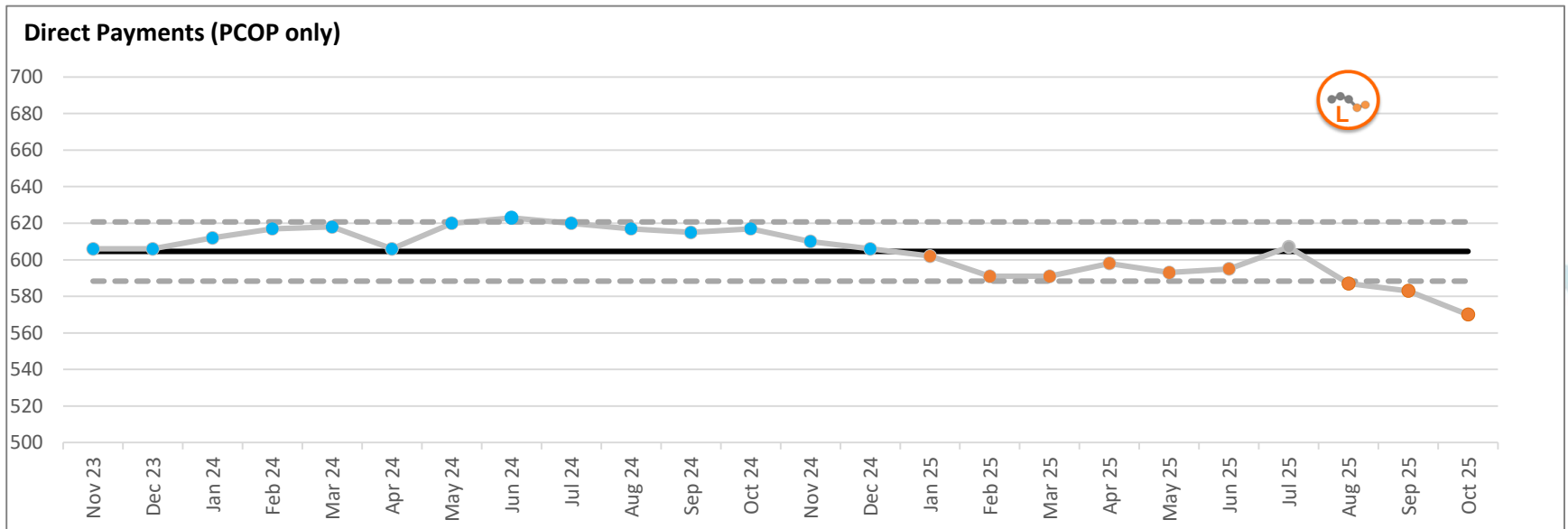
KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Oct 25	20317	-		
AHP Waits >13 weeks	Oct 25	50%	0%		
Occupational Therapy Waits (n)	Oct 25	3192	-		
Occupational Therapy Waits >13 weeks	Oct 25	1816	0		
Orthoptics Waits (n)	Oct 25	392	-		
Orthoptics Waits >13 weeks	Oct 25	110	0		
Podiatry Waits (n)	Oct 25	3175	-		
Podiatry Waits >13 weeks	Oct 25	1449	0		
Physiotherapy Waits (n)	Oct 25	10494	-		
Physiotherapy Waits >13 weeks	Oct 25	6109	0		
Dietetics Waits (n)	Oct 25	1964	-		
Dietetics Waits >13 weeks	Oct 25	415	0		
Speech and Language Therapy Total Waits (n)	Oct 25	1100	-		
Speech and Language Therapy Total Waits >13 weeks	Oct 25	284	0		



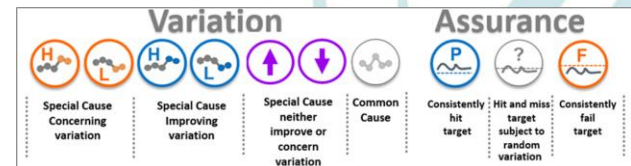
Direct Payments (PCOP Directorate)

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 October 2025 there were 570 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



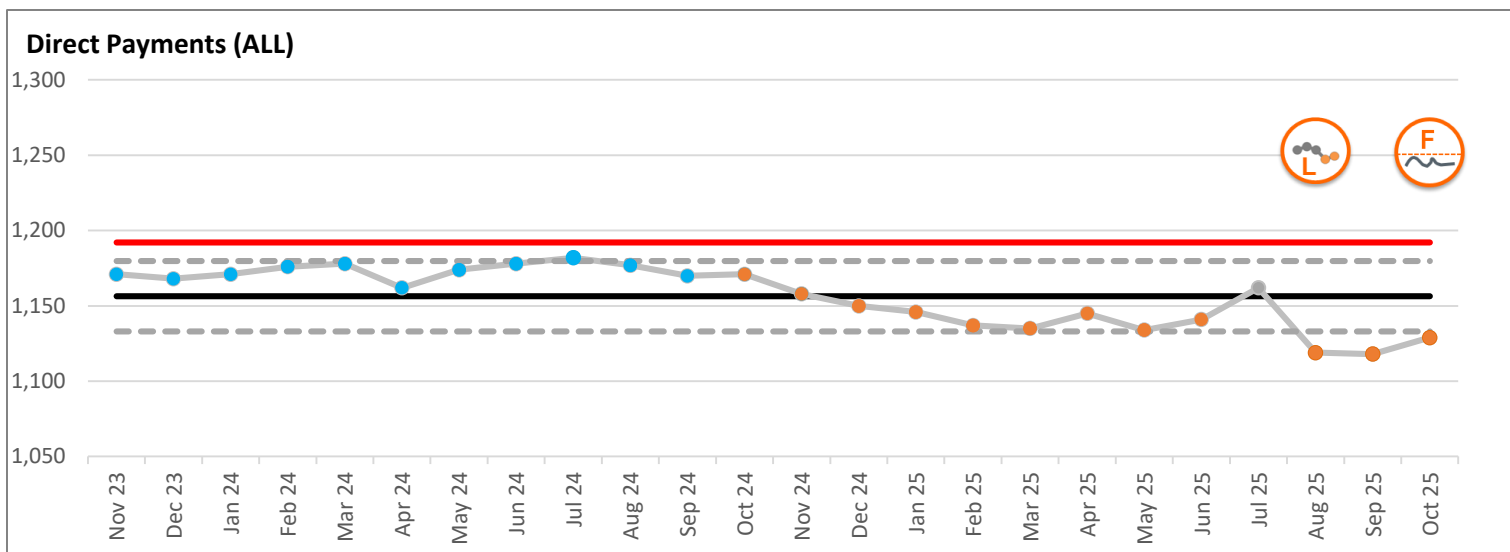
NB: Chart axis starts at 500



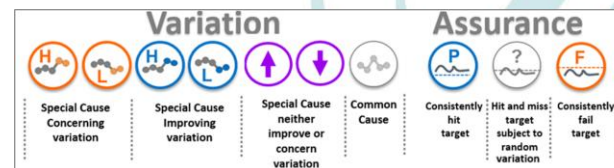
Direct Payments (All Directorates)

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

In October 2025 there were 1,129 Direct payments against a trajectory of 1,192 equating to 94% of expected trajectory..



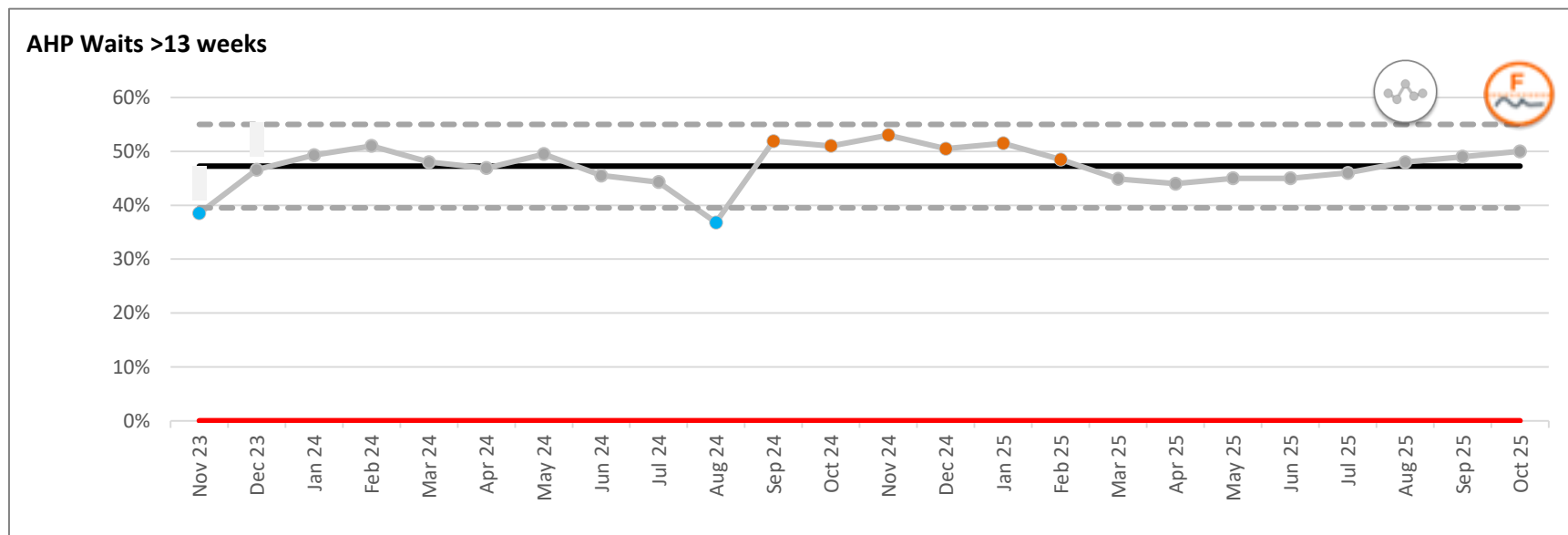
NB: Chart axis starts at 1050



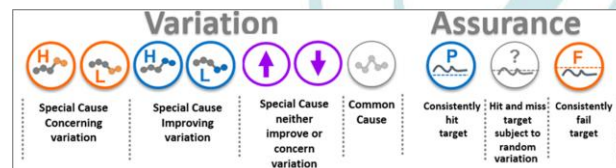
AHP waits > 13 weeks %

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 October 2025 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



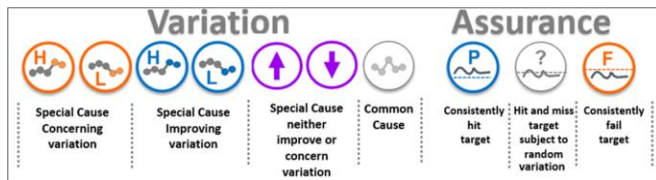
Performance Summary

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

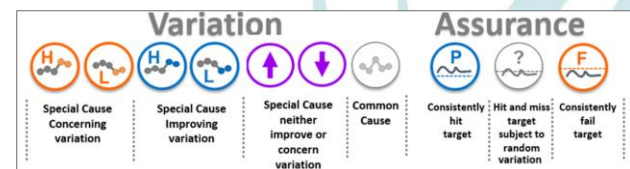
A summary table for Service delivery plan targets being monitored through performance and Encompass is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

In October 2025 no metrics had either an improving variation or consistently hit their target:



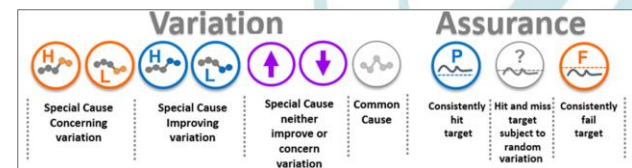
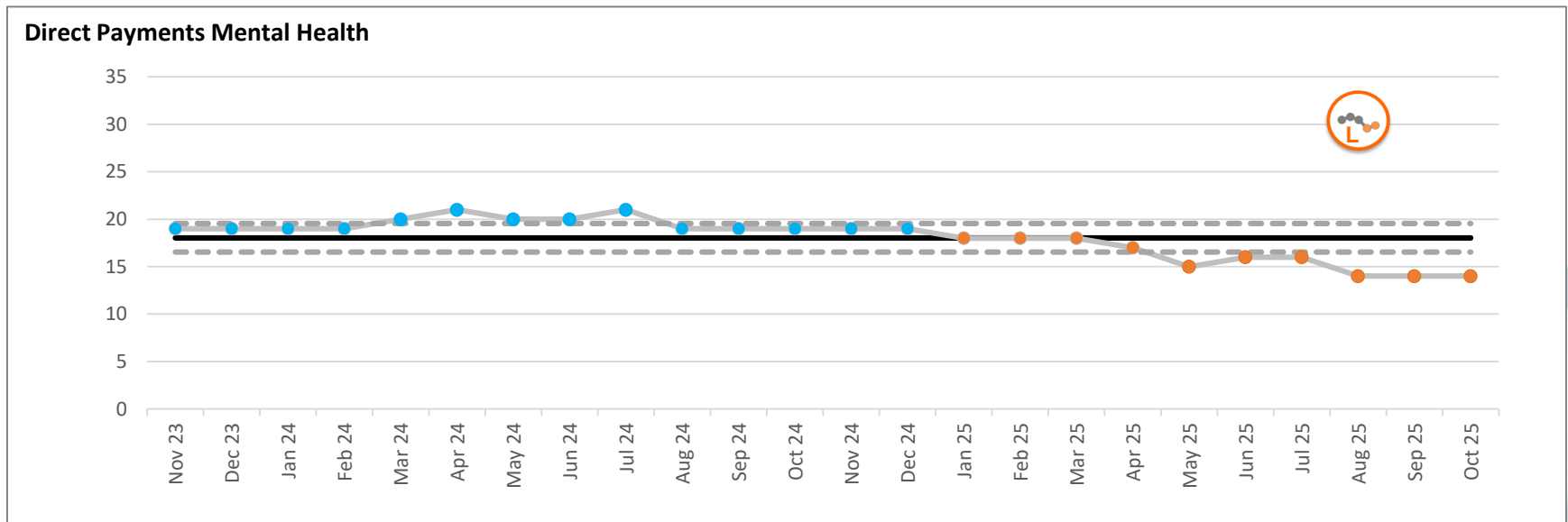
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Oct 25	833	-		
Adult Mental Health Non-Inpatient Contacts Review	Oct 25	5017	-		
Psychological Therapies Contacts New	Oct 25	229	-		
Psychological Therapies Contacts Review	Oct 25	1960	-		
Direct Payments Mental Health	Oct 25	14	-		
Direct Payments Learning Disability	Oct 25	265	-		



Direct Payments (MH 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 October 2025 there were 14 Direct payments. 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

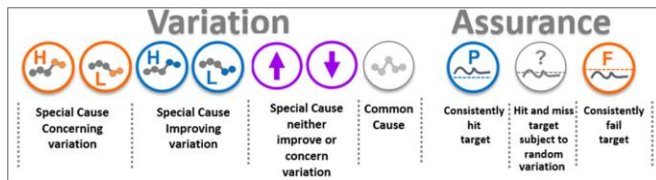
Children's Services Performance Summary is comprised targets relating to the strategic priority of Unallocated Cases and SOMs.

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.

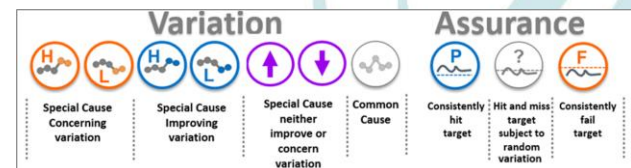
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In October 2025 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)



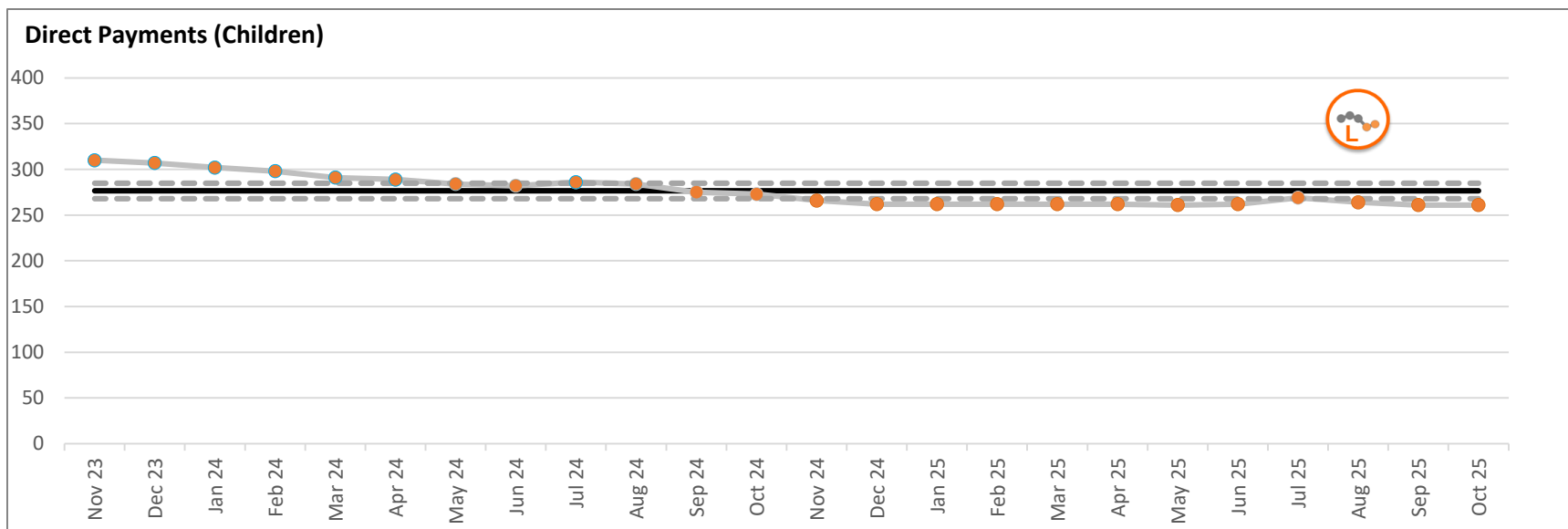
KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (All cases) (n)	Oct 25	368	-		
Unallocated Cases > 20 Days	Oct 25	341	-		
Unallocated Cases > 30 Days	Oct 25	302	-		
Unallocated Cases - > 20 days -Family Support Only	Oct 25	111	141		
Unallocated Gateway Cases (All cases)	Oct 25	40	-		
Unallocated Family Support Cases (All cases)	Oct 25	114	-		
Unallocated Disability Cases (All cases)	Oct 25	214	-		
Direct Payments (Children)	Oct 25	261	-		



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 October 2025 there were 261 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

