

Integrated Performance Monitoring Report

Month: December 2026

Paper Number: SET/03/26



South Eastern Health
and Social Care Trust

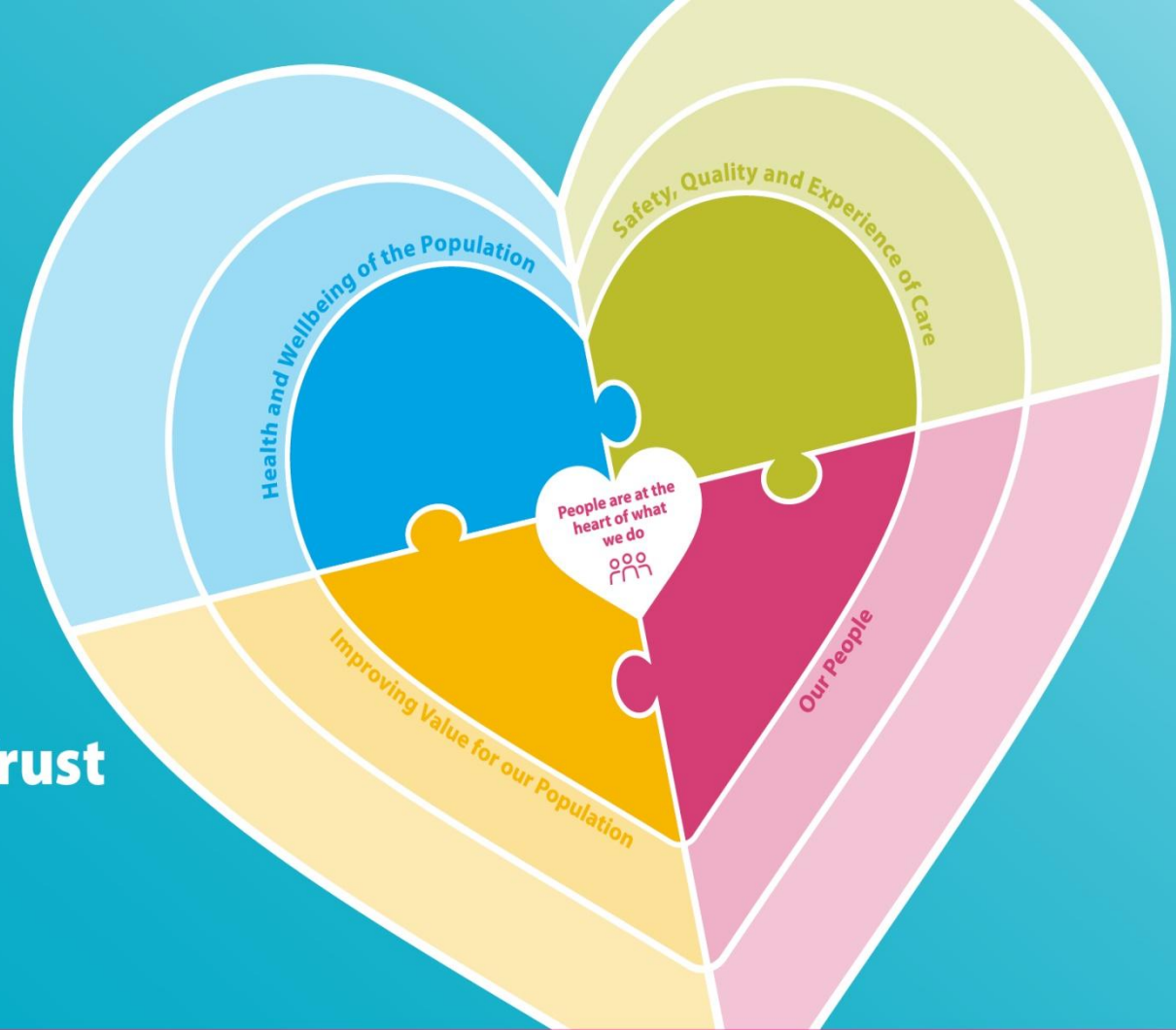




South Eastern Health
and Social Care Trust

Quality 4 All

South Eastern HSC Trust Quality Strategy 2021-2026



A great place to **Live**

A great place to **Work**

A great place for **Care & Support**

Glossary of Terms

Term	Definition	Term	Definition
AH	Ards Hospital	LVH	Lagan Valley Hospital
AHP	Allied Health Professional	LOS	Length of Stay
ASD	Autism Spectrum Disorder	MIU	Minor Injury Unit
BHSCT	Belfast Health and Social Care Trust	MRI	Magnetic Resonance Imaging
CDI	Clostridium Difficile Infection	MRSA	Methicillin Resistant Staphylococcus Aureus
CDS	Community Dental Service	NOUS	Non-Obstetric Ultrasound
C-Section	Caesarean Section	OP	Outpatient
CT	Computed Tomography Scan	OT	Occupational Therapy
CUP	Collaborative Unallocated Progress	PCOP	Primary Care and Older People
ECHO	Echocardiogram	PHA	Public Health Agency
ED	Emergency Department	POC	Programme of Care
GNB	Gram Negative Bacteraemia	PTEB	Performance and Transformation Executive Board
HAI	Hospital Acquired Infection	SDP	Service Delivery Plan
HCAI	Healthcare Acquired Infection	SET	South Eastern Trust
ICU	Intensive Care Unit	SLT	Speech and Language Therapy
iiP	Investors in People	SPPG	Strategic Planning and Performance Group
IP	Inpatient	UHD	Ulster Hospital Dundonald
IPC	Infection prevention Control	WL	Waiting List
LAC	Looked After Children	WLI	Waiting List Initiative



Overview

This Integrated Performance Management Report assesses the Trust position for December 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	December Confidence	April	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Patients who left without being seen (LWBS)	High	Red	Red	Green	Green	Green	Red	Green	Red	Green
12 Hour Waits	High	Red	Red	Red	Red	Red	Red	Green	Red	Green
Hip Fractures – 48 Hours	High	Red	Red	Red	Red	Red	Red	Red	Green	Red
Other Fractures – 7 Days	High	Red	Red	Yellow	Green	Yellow	Yellow	Green	Green	Yellow
New Outpatient DNA/Cancellation on the Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Review Outpatient DNA/Cancellation on the Day	High	Green	Green	Green	Green	Green	Green	Green	Green	Green
Theatres % Main Theatre DNA/Cancelled on Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Theatres % DPU Theatre DNA/Cancelled on Day	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Theatres % Endo Theatre DNA/Cancelled on Day	High	Green	Green	Green	Green	Green	Green	Green	Green	Green
Theatres % Main Theatre Run Time	High	Green	Green	Green	Green	Green	Green	Green	Green	Green
Theatres % DPU Theatre Run Time	High	Yellow	Red	Red	Red	Red	Red	Red	Yellow	Red
Theatres % Endo Theatre Run Time	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Theatres % Main Theatre Op Time	High	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow	Yellow	Red
Theatres % DPU Theatre Op Time	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Unmet Need – Full Packages	High	Red	Red	Green	Green	Green	Green	Green	Green	Green
Unmet Need – Partial Packages	High	Red	Yellow	Red	Red	Red	Red	Red	Red	Red
Direct Payments	High	Yellow	Red	Red	Yellow	Red	Red	Red	Red	Yellow
Unallocated Cases	High	Red	Red	Red	Red	Red	Green	Green	Red	Red
General Surgery – Average length of stay	High	Red	Red	Red	Red	Red	Red	Red	Red	Yellow
Gynaecology – Average length of stay	High	Red	Red	Red	Red	Red	Red	Red	Red	Red
Urology – Average length of stay	High	Green	Red	Red	Red	Red	Red	Red	Red	Red
Terms of Reference Overdue	N/A	Green	Green	Green	Green	Green	Green	Green	Green	Green
Level 1 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red	Red	Red
Level 2 SAI Reports Overdue	N/A	Red	Red	Red	Red	Red	Red	Red	Red	Red
Level 3 SAI Reports Overdue	N/A	Red	Green	Green	Green	Green	Green	Red	Red	Red
Action Plans Overdue	N/A	Green	Green	Green	Green	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
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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.

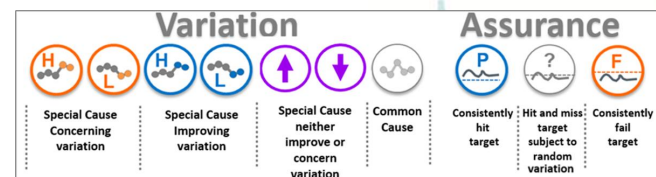
The summary table is followed by detailed SPC charts and narrative from the service on key areas.







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

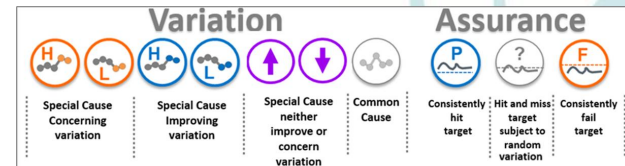
- Outpatients Waiting % > 52 weeks.
- Outpatients waiting % > 9 weeks
- Total DNA and Cancelled on Day – New
- Total DNA and Cancelled on Day - Review
- Diagnostics Waiting – Imaging % >9 Weeks
- Diagnostics Waiting – Imaging % >26 Weeks
- Diagnostics Endoscopy – Imaging % >9 Weeks
- Diagnostics Endoscopy – 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



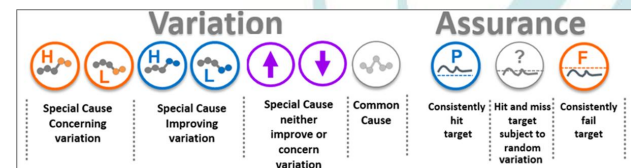
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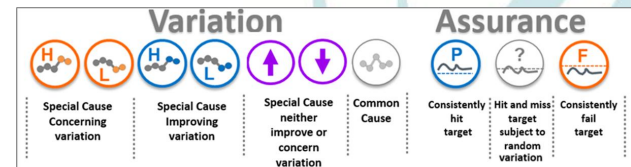
KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity - Breast (Regional)	Nov 25	1336	-		
Cancer 31 Day Activity	Nov 25	142	-		
Cancer 62 Day Activity	Nov 25	93.0	-		
Cancer 14 Day % - Breast (Regional)	Nov 25	3.4%	100.0%		
Cancer 31 Day %	Nov 25	95.1%	98.0%		
Cancer 62 Day %	Nov 25	21.5%	95.0%		



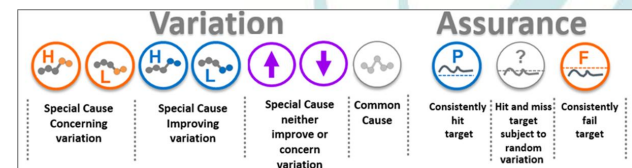
KPI	Latest month	Measure	Target	Variation	Assurance
Urgent & Emergency Care Attendances - SET	Dec 25	13302	-		
Urgent & Emergency Care Attendances - Downe	Dec 25	1318	-		
Urgent & Emergency Care Attendances - Lagan Valley	Dec 25	1666	-		
Urgent & Emergency Care Attendances - Ulster Total	Dec 25	10318	-		
4 Hour % - SET	Dec 25	46%	95%		
4 Hour % - Downe	Dec 25	96%	95%		
4 Hour % - Lagan Valley	Dec 25	71%	95%		
4 Hour % - Ulster Total	Dec 25	35%	95%		



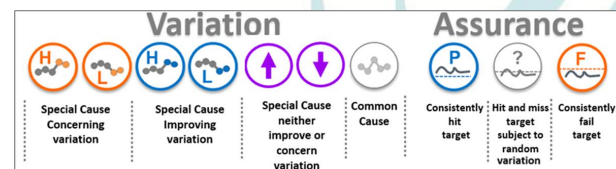
KPI	Latest month	Measure	Target	Variation	Assurance
12 Hour Breaches - SET	Dec 25	2324	0		
12 Hour Breaches - Downe	Dec 25	0	0		
12 Hour Breaches - Lagan Valley	Dec 25	5	0		
12 Hour Breaches - Ulster Total	Dec 25	2319	0		
NIAS Ambulance Arrivals (Ulster)	Dec 25	1242	-		
NIAS Handovers > 2 hours % (Ulster)	Dec 25	38%	-		














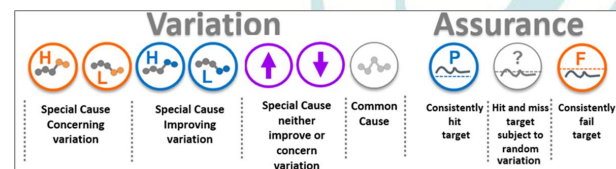
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New - Total	Dec 25	6973	-		
Outpatient Contacts New - Total DNA and Cancelled on Day	Dec 25	6.7%	5.0%		
Outpatient Contacts Review- Total	Dec 25	11571	-		
Outpatient Contacts Review - Total DNA and Cancelled on D	Dec 25	6.7%	8.0%		
Outpatients Waiting - Total for First New Appointment	Dec 25	104568	-		
Outpatients Waiting - % >9 Weeks for First New Appointment	Dec 25	86.6%	50.0%		
Outpatients Waiting - % >52 Weeks for First New Appointment	Dec 25	57.0%	0.0%		



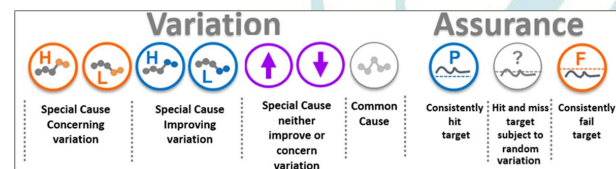
KPI	Latest month	Measure	Target	Variation	Assurance
Diagnostics Waiting - Imaging Total Waiting	Dec 25	20610	-		
Diagnostics Waiting - Imaging % >9 Weeks	Dec 25	54.0%	25.0%		
Diagnostics Waiting - Imaging % >26 Weeks	Dec 25	24.9%	0.0%		
Diagnostics Waiting - Physiological Total Waiting	Dec 25	22581	-		
Diagnostics Waiting - Physiological % >9 Weeks	Dec 25	78.1%	25.0%		
Diagnostics Waiting - Physiological % >26 Weeks	Dec 25	49.8%	0.0%		
Diagnostics Waiting - Endoscopy Total Waiting	Dec 25	4163	-		
Diagnostics Waiting - Endoscopy % >9 Weeks	Dec 25	50.5%	25.0%		
Diagnostics Waiting - Endoscopy % >26 Weeks	Dec 25	32.9%	0.0%		



KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity - Total Elective	Dec 25	627	-		
Inpatients Waiting - Total	Dec 25	2535	-		
Inpatients Waiting - % >13 Weeks	Dec 25	77.71%	45.00%		
Inpatients Waiting - % >52 Weeks	Dec 25	55.78%	0.00%		
Daycases Waiting - Total	Dec 25	11509	-		
Daycases Waiting - % >13 Weeks	Dec 25	56.44%	45.00%		
Daycases Waiting - % >52 Weeks	Dec 25	30.24%	0.00%		



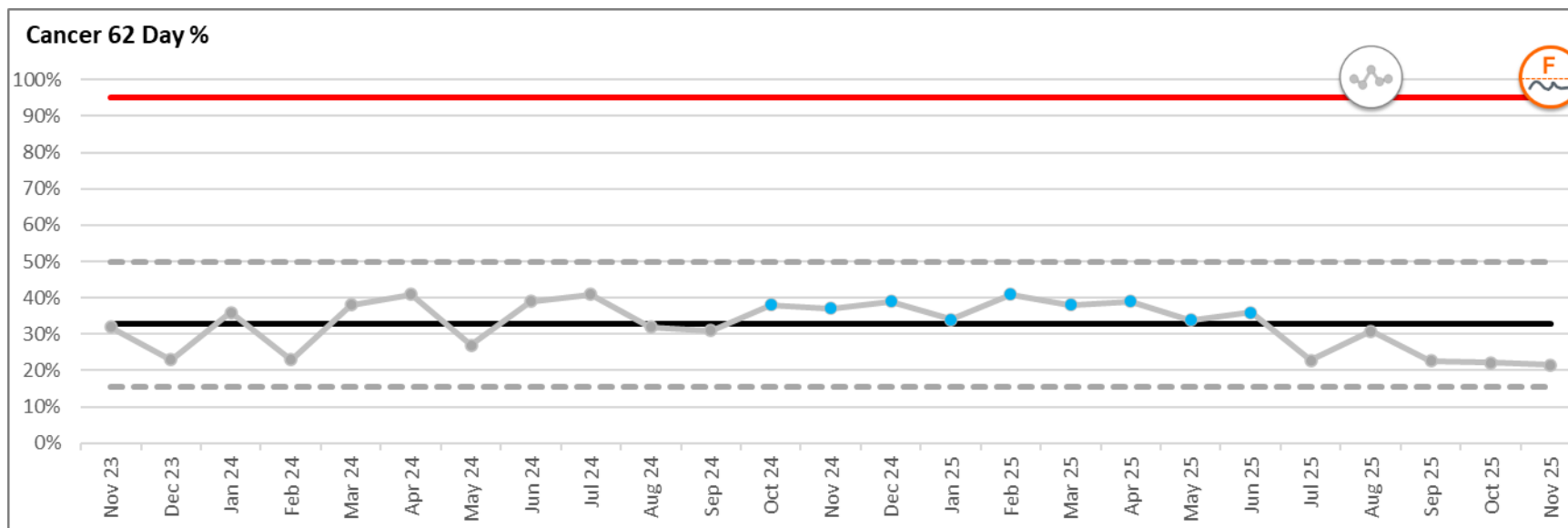
KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Avg LOS - Elective General Surgery	Dec 25	4.47	4.30		
Inpatient Avg LOS - Elective Gynaecology	Dec 25	3.13	1.91		
Inpatient Avg LOS - Elective Urology	Dec 25	2.52	2.26		
Fractures - Neck of Femur <48 Hours	Dec 25	70.7%	95.0%		
Fractures - Other Fractures <7 Days	Dec 25	90.7%	95.0%		
Cath Lab Procedures	Dec 25	30	-		
MRI	Dec 25	1290	-		
CT	Dec 25	4207	-		
NOUS	Dec 25	2600	-		
Cardiac CT	Dec 25	116	-		
Echo	Dec 25	1342	-		



Cancer 62 Day %

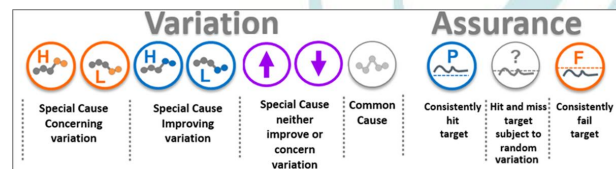
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric is monitored as part of the System Oversight Measures and was 21.5% compared to the expected 95% target.



Please note:

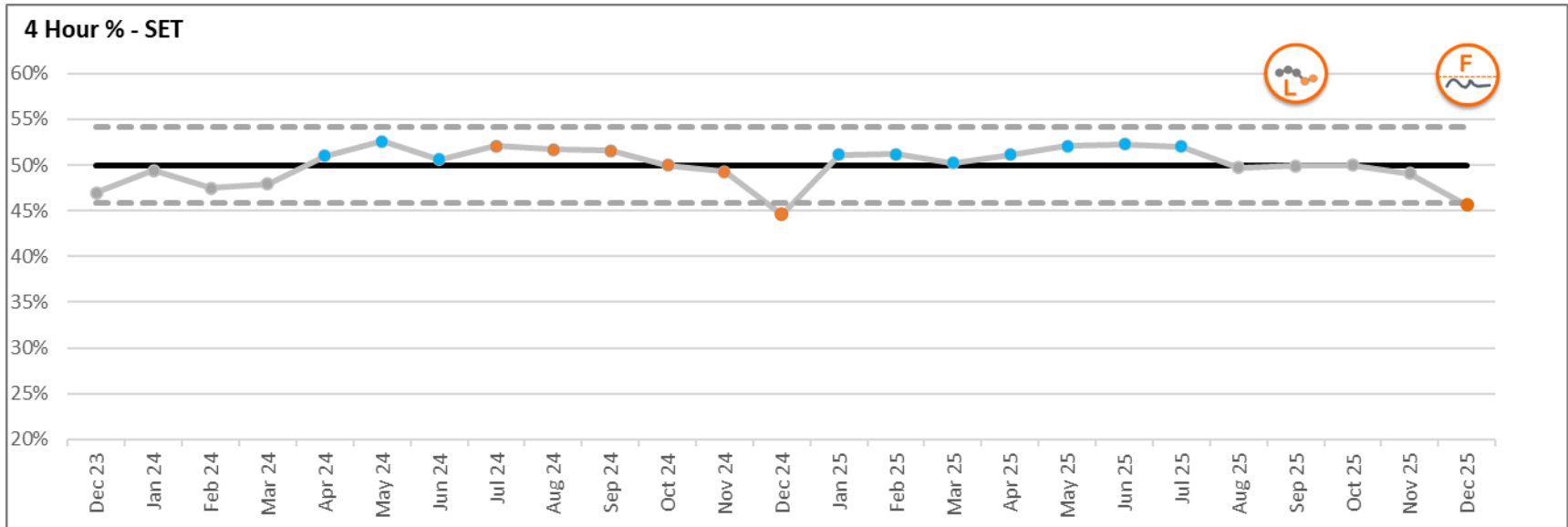
Cancer 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology therefore the October figure will change.



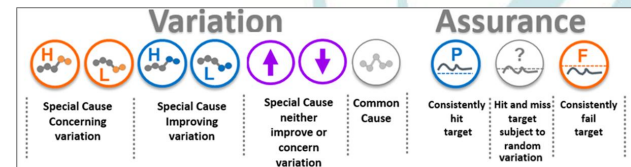
4 Hour Target % – South Eastern Trust (1/3)

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 December 2025, 46% 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.



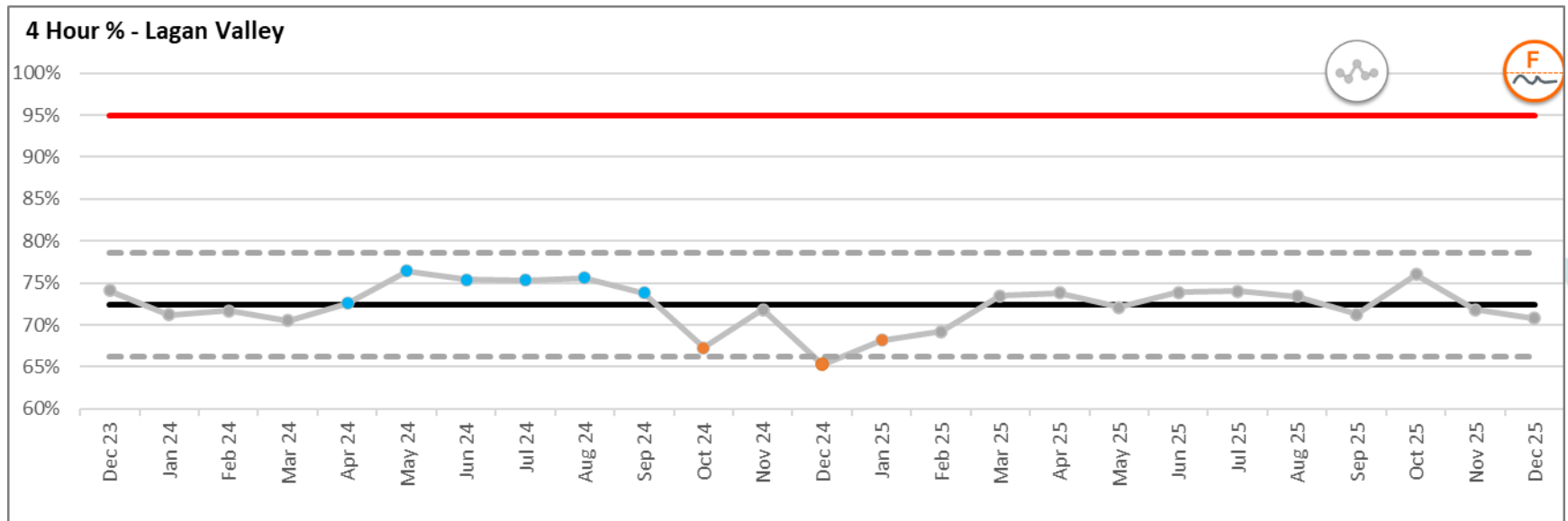
NB: Chart axis starts at 20%



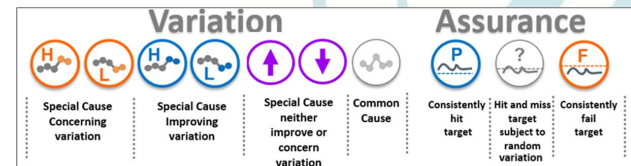
4 Hour Target % – Lagan Valley (2/3)

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 December 2025, 71% of all patients within the Emergency Department at Lagan Valley, met the 4 hour target.



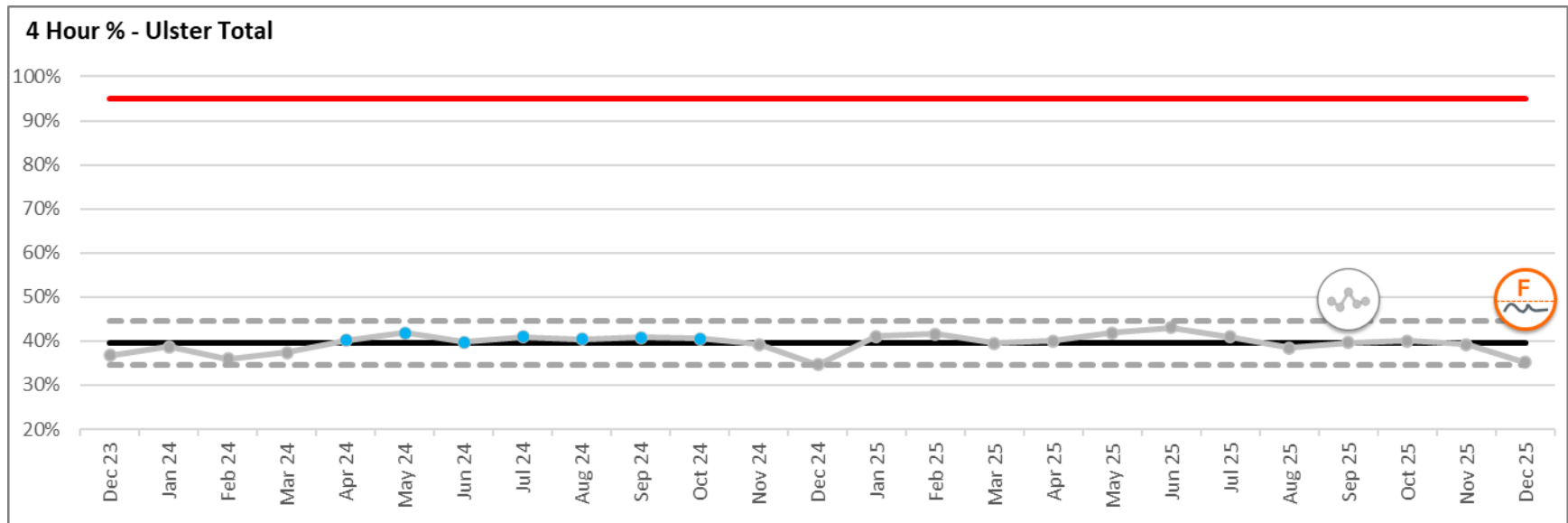
NB: Chart axis starts at 60%



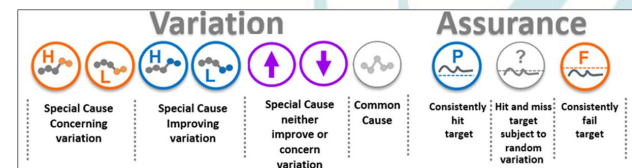
4 Hour Target % – Ulster (3/3)

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 December 2025, 35% of all patients within the Ulster Emergency Departments, including Urgent Care Centres (UCC) and Minor Injuries (MIU) met the 4 hour target.



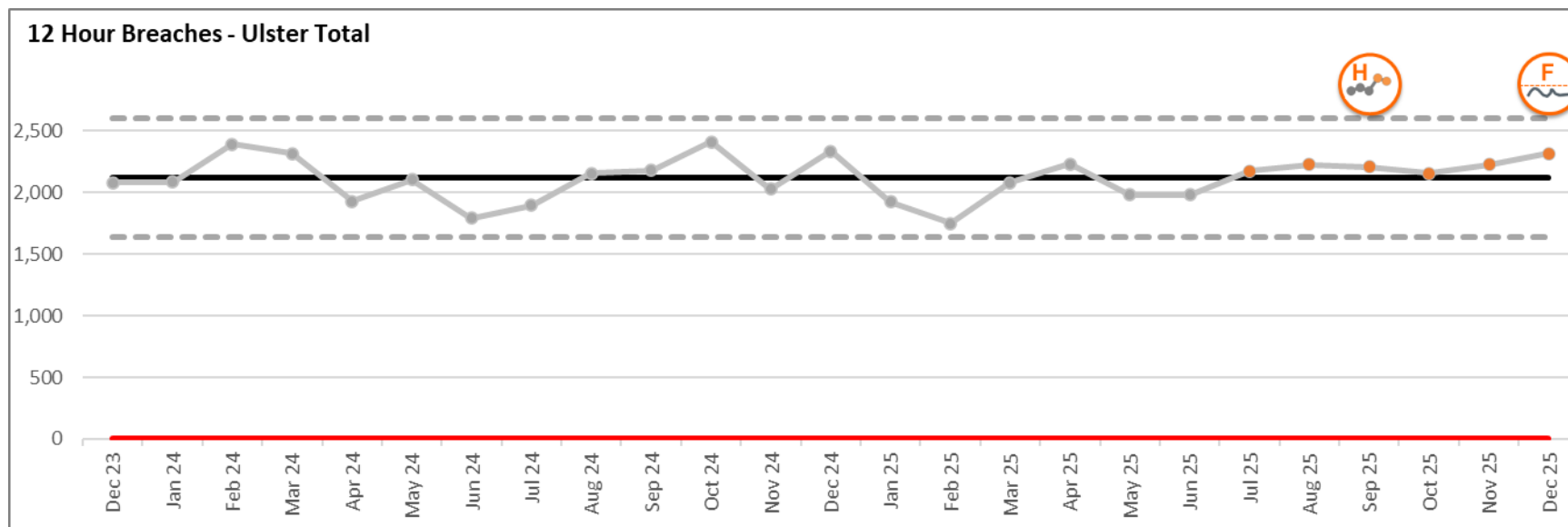
NB: Chart axis starts at 20%



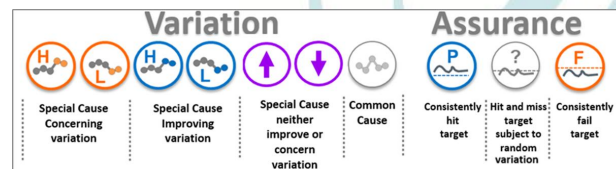
12 Hour Breaches – Ulster Hospital

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 December 2025, 2319 patients waited over 12 hours.



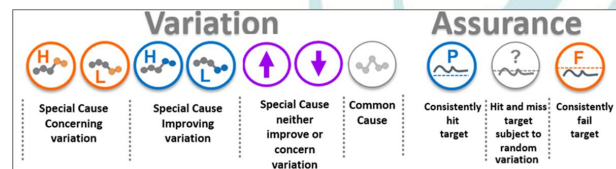
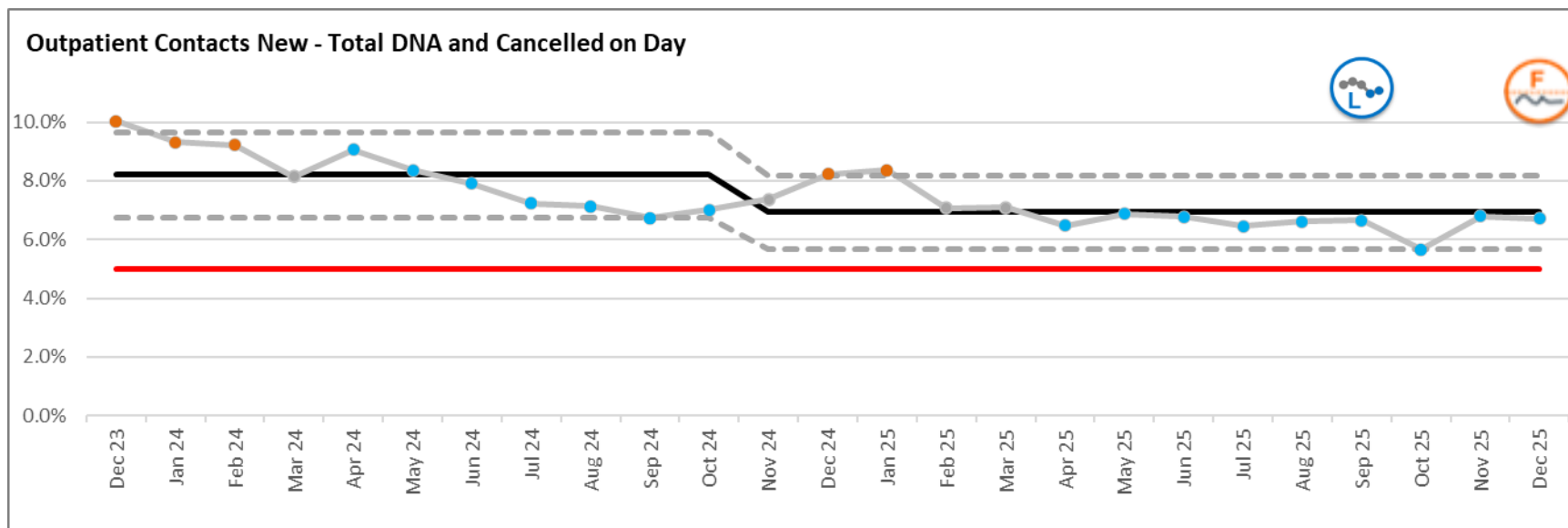
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Outpatient DNA and Cancelled on Day - New

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

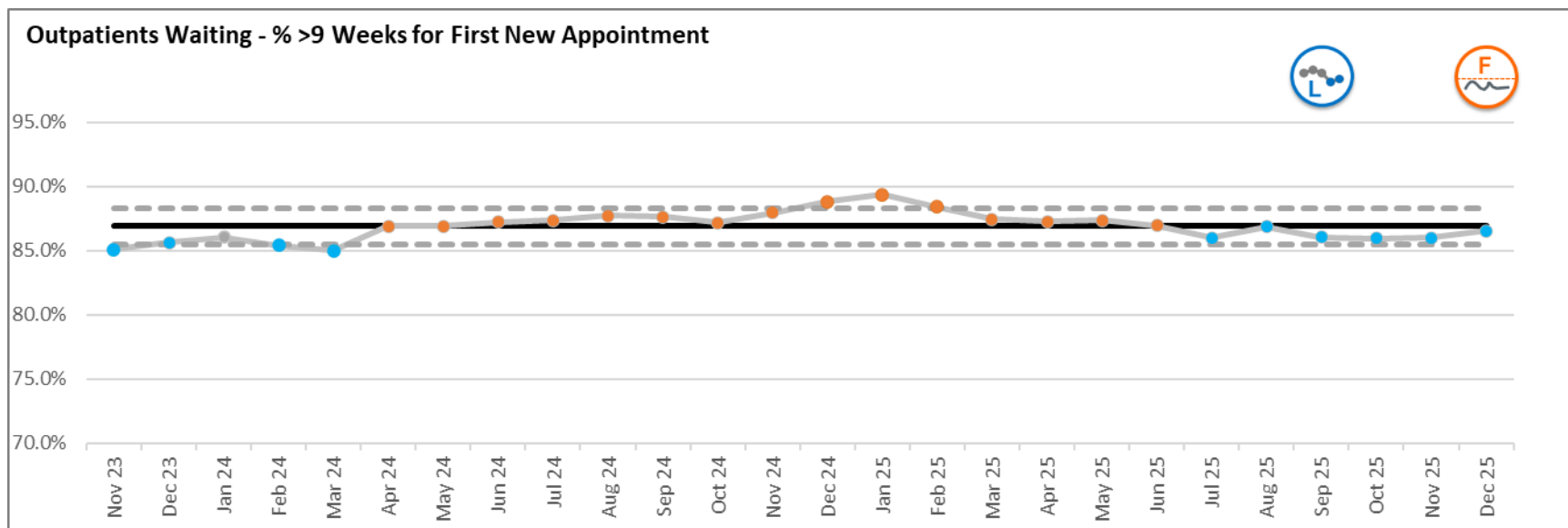
In December 2025 there was a 6.7% DNA and cancelled on day rate for new contacts against an expected rate of 5%. This equates to 1.7 percentage points above the expected trajectory.



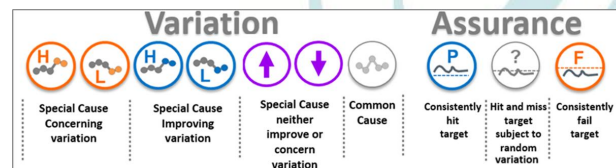
Outpatient > 9 Weeks %

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 December 2025 there were 86.6% of patients waiting over 9 weeks for an outpatient appointment.



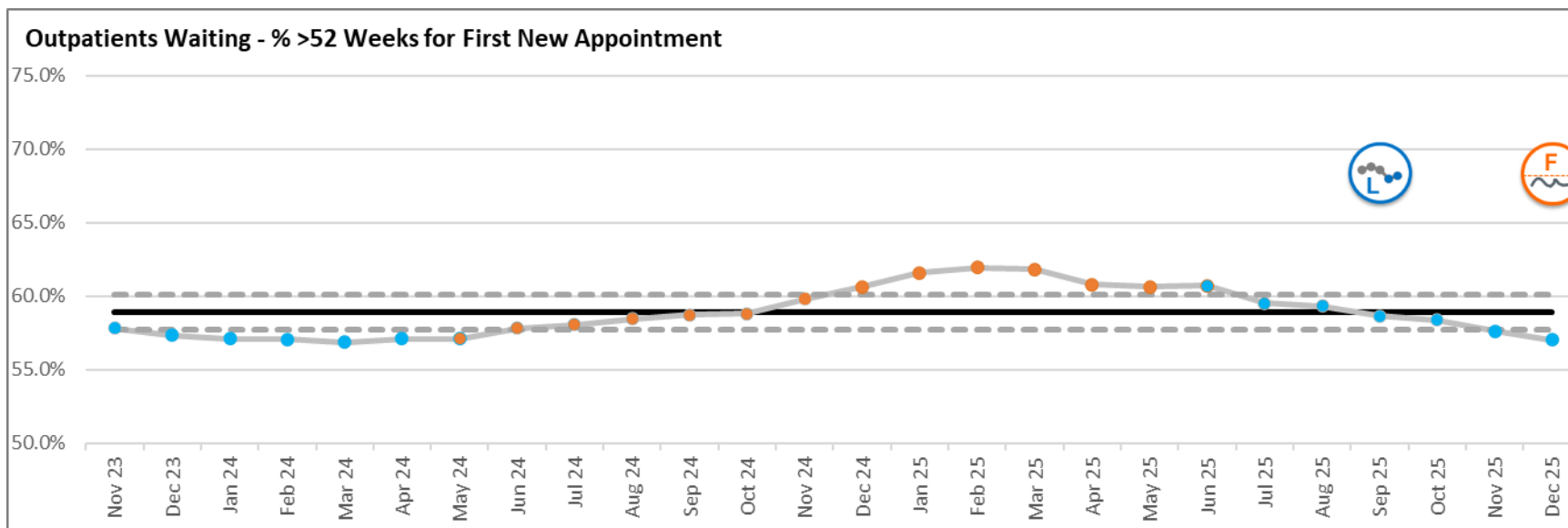
NB: Chart axis starts at 70%



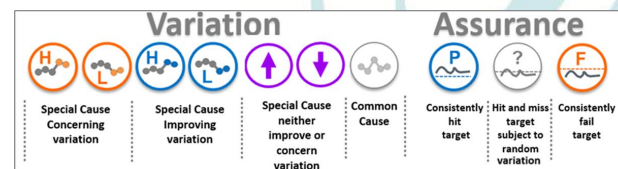
Outpatient > 52 Weeks %

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

No patients should wait over 52 weeks. In December 2025 there were 57% of patients waiting over 52 weeks for an outpatient appointment.



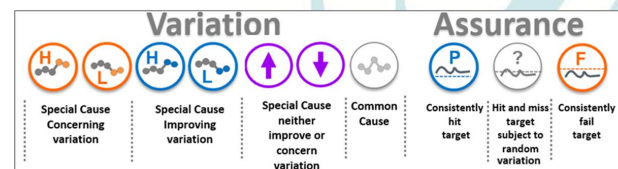
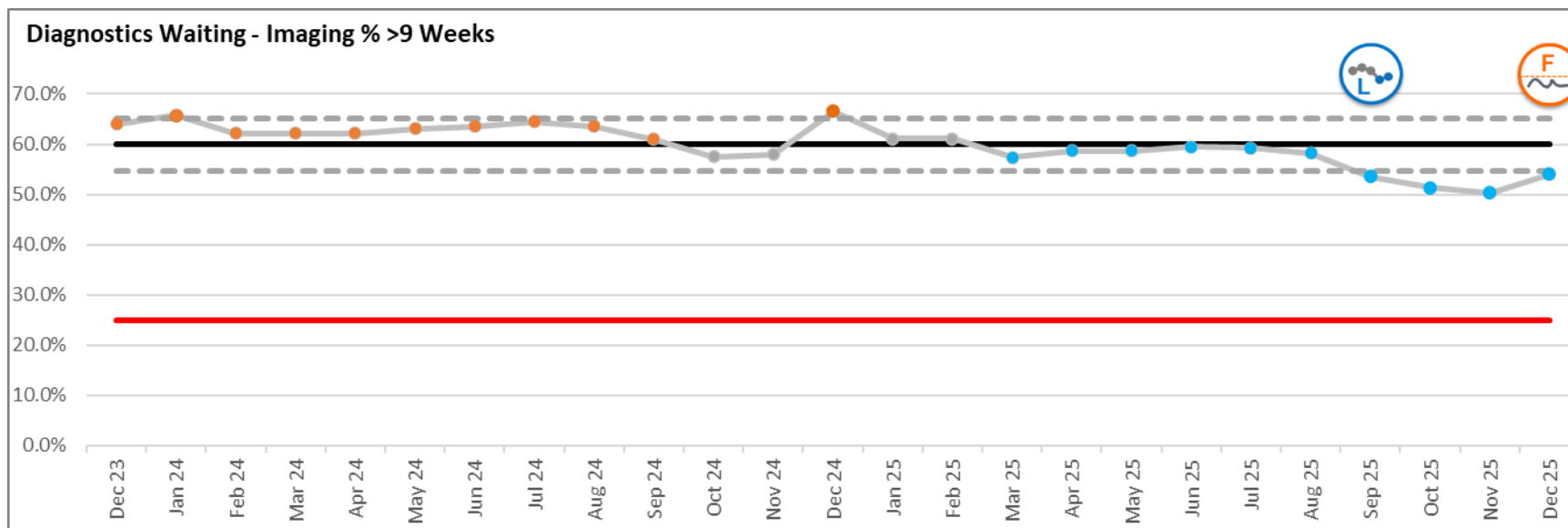
NB: Chart axis starts at 50%



Diagnostic Waits Imaging > 9 Weeks %

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

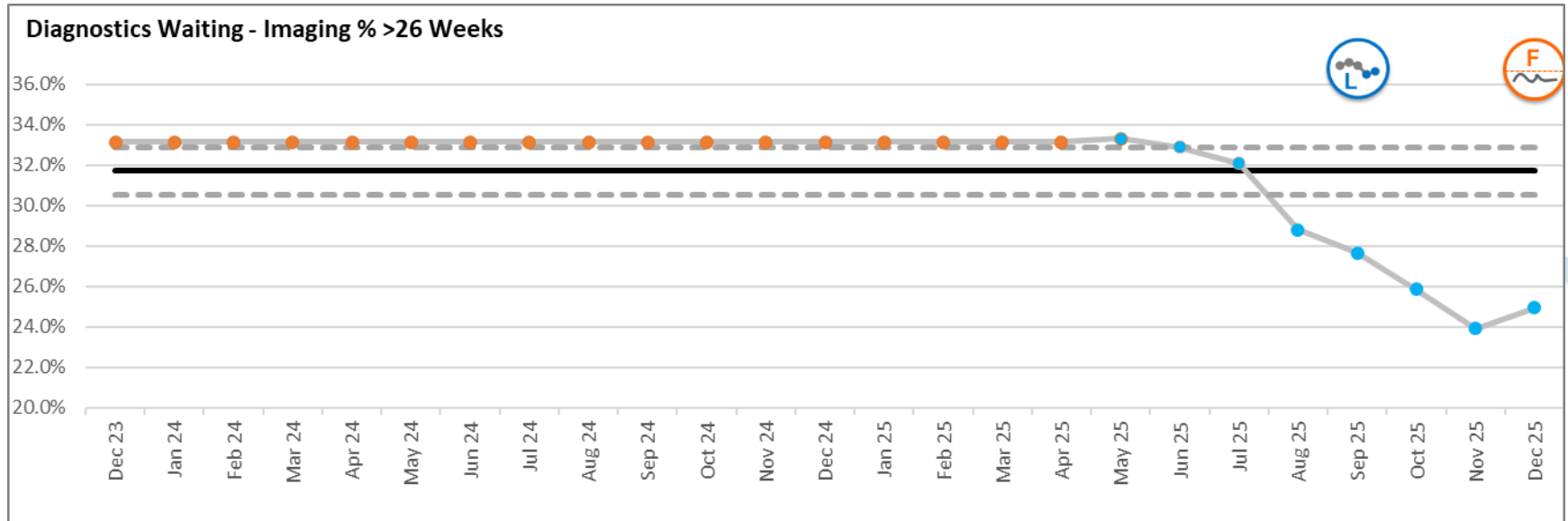
No more than 25% of patients should wait more than 9 weeks for a diagnostic imaging test. In December 2025, 54% of patients waited over 9 weeks for a diagnostic imaging test.



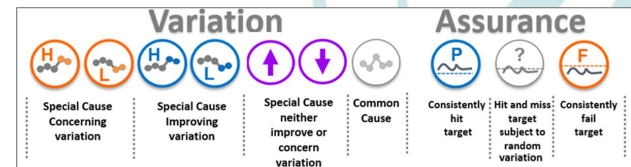
Diagnostic Waits Imaging > 26 Weeks %

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 December 2025, 24.9% of patients waited over 26 weeks for a diagnostic imaging test.



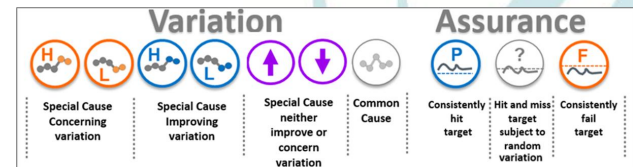
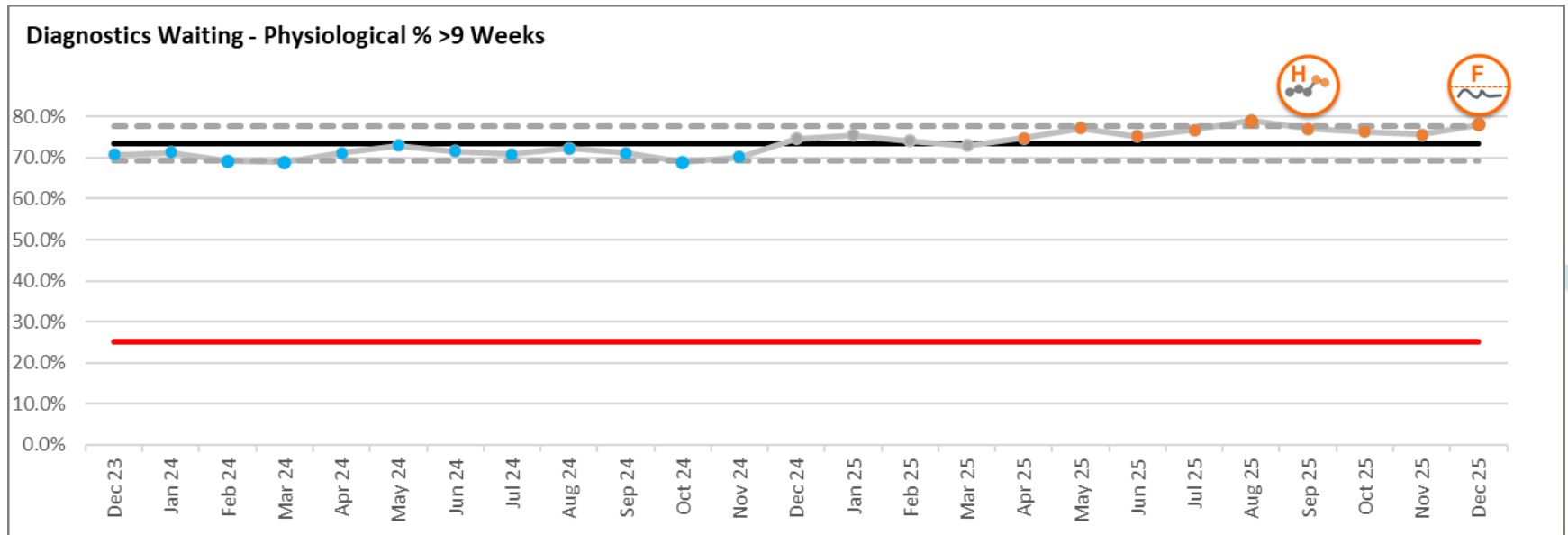
NB: Chart axis starts at 20%



Diagnostic Waits Physiological > 9 Weeks %

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

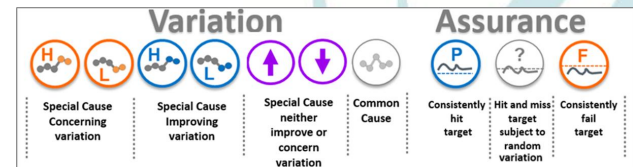
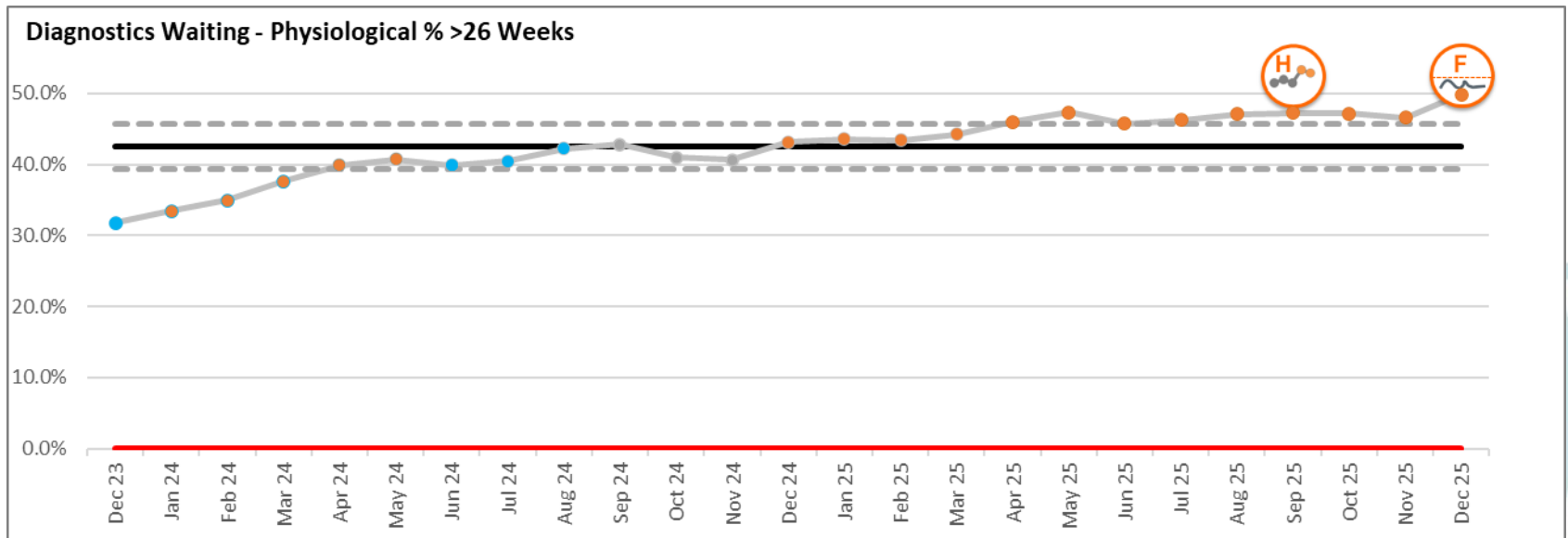
No more than 25% of patients should wait more than 9 weeks for a diagnostic physiological test. In December 2025, 78.1% of patients waited over 9 weeks for a diagnostic physiological test.



Diagnostic Waits Physiological > 26 Weeks %

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

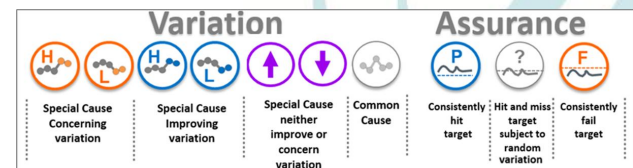
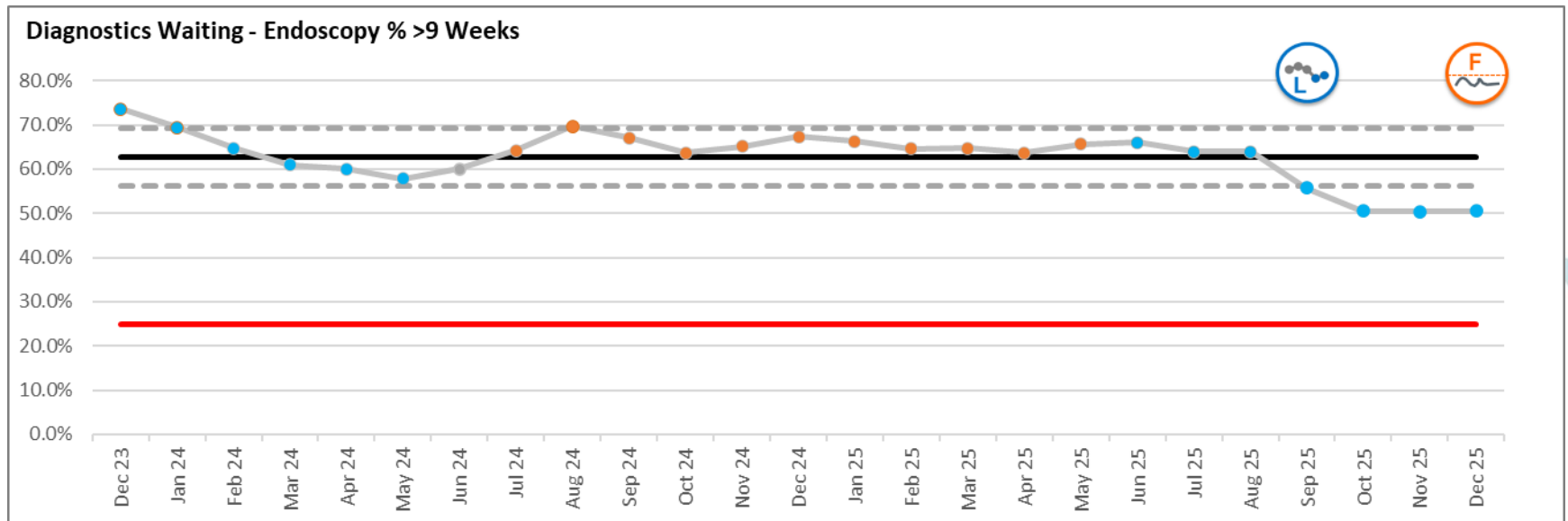
No patients should wait more than 26 weeks for a diagnostic physiological test. In December 2025, 49.8% of patients waited over 26 weeks for a diagnostic physiological test.



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.

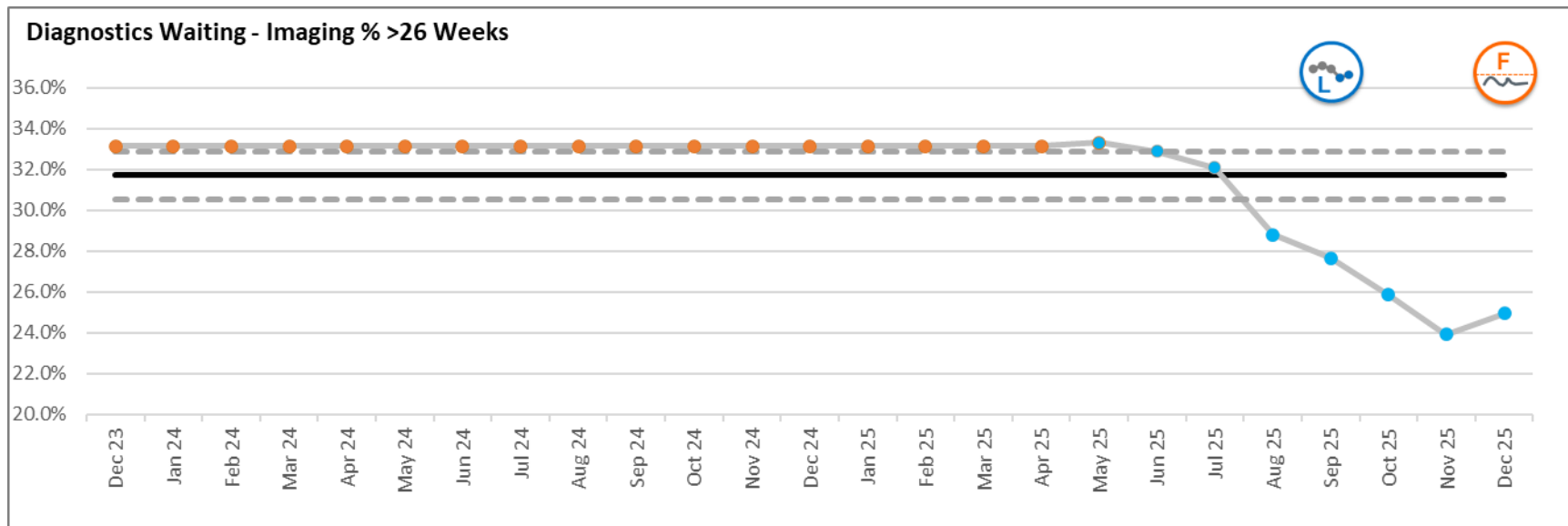
No more than 25% of patients should wait more than 9 weeks for a diagnostic endoscopy test. In December 2025, 50.5% of patients waited over 9 weeks for a diagnostic endoscopy test.



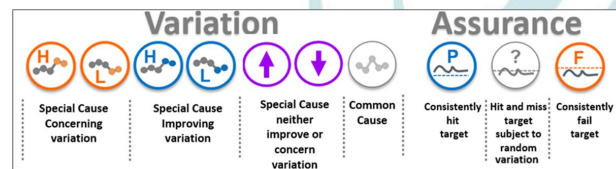
Diagnostic Waits Endoscopy > 26 Weeks %

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 December 2025, 32.9% of patents waited over 26 weeks for a diagnostic endoscopy test.



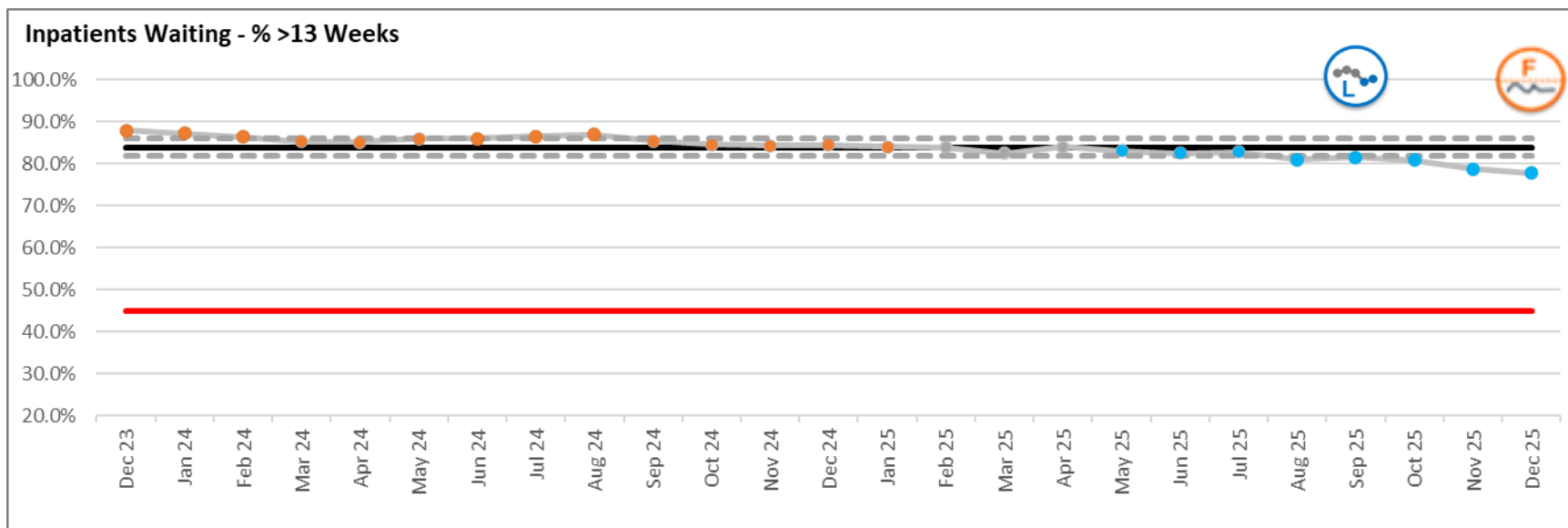
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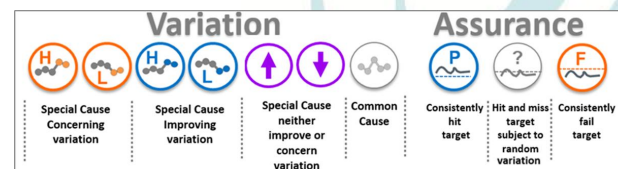
Inpatient Waits > 13 Weeks %

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

No more than 45% of patient should wait more than 13 weeks for inpatient admission. In December 2025, 77.71% of patients waited over 13 weeks for a inpatient admission.



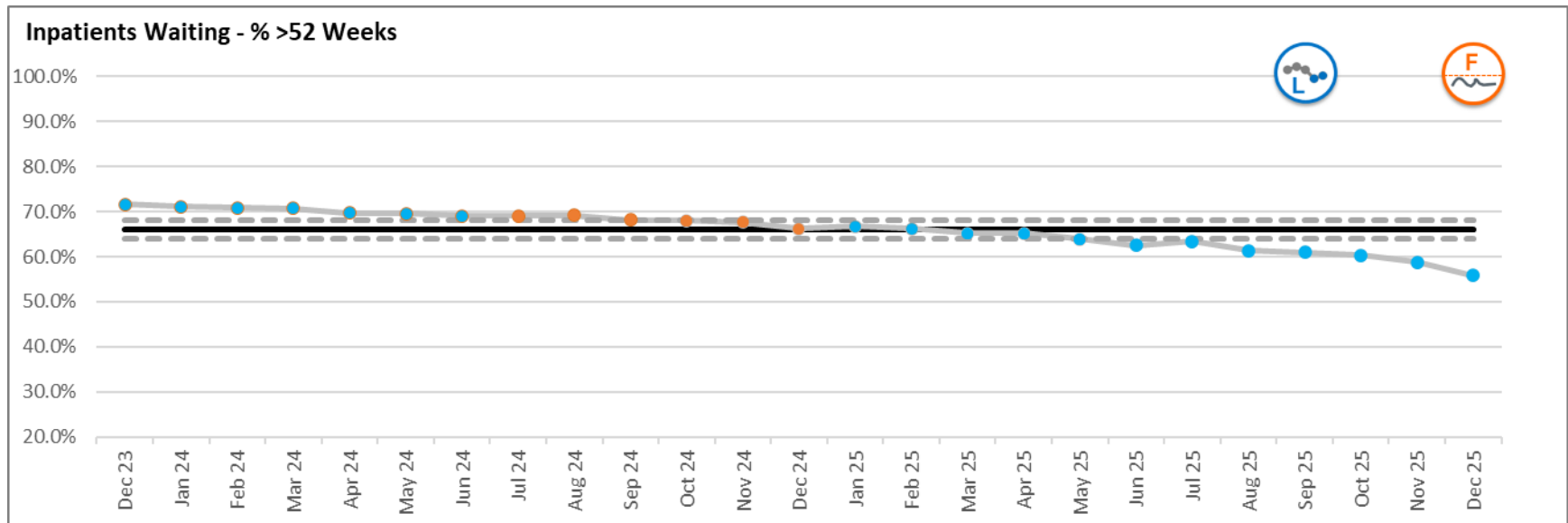
NB: Chart axis starts at 20%



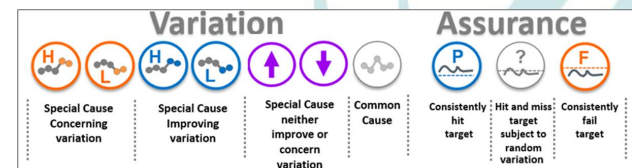
Inpatient Waits > 52 Weeks %

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 December 2025, 55.78% of patients waited over 52 weeks for an inpatient admission.



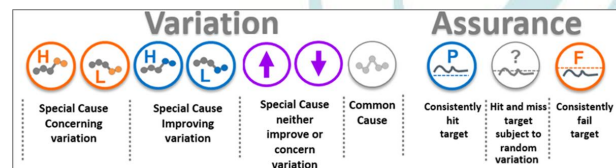
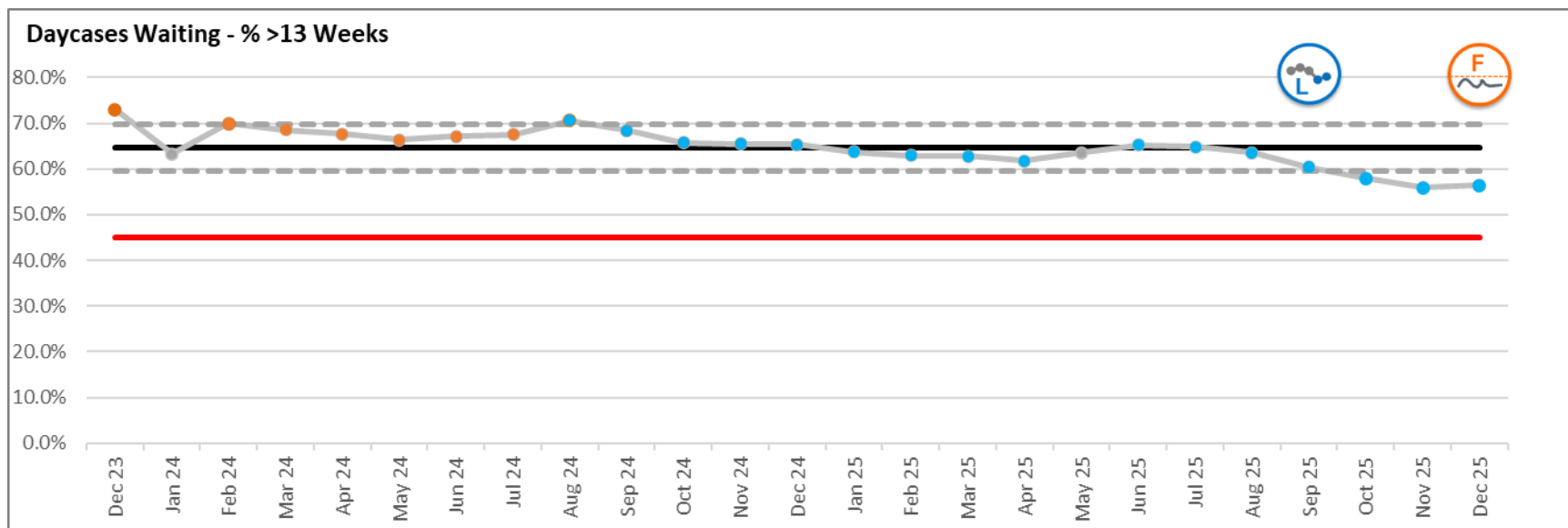
NB: Chart axis starts at 20%



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.

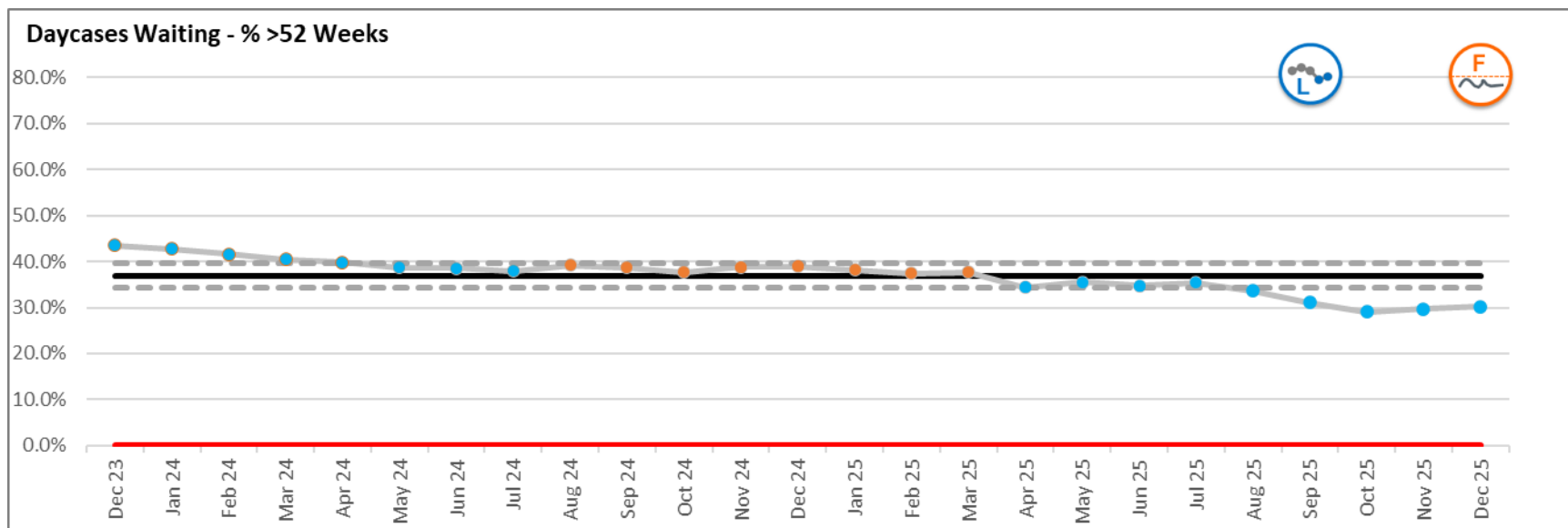
No more than 45% of patient should wait more than 13 weeks for a day case treatment. In December 2025, 56.44% of patients waited over 13 weeks for a day case treatment.



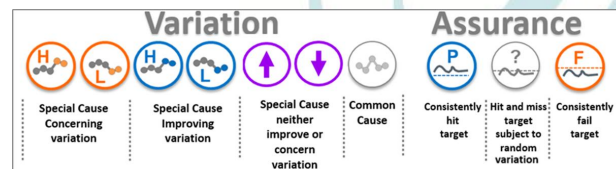
Day Case Waits > 52 Weeks %

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 December 2025, 30.24% of patents waited over 52 weeks for a day case treatment.



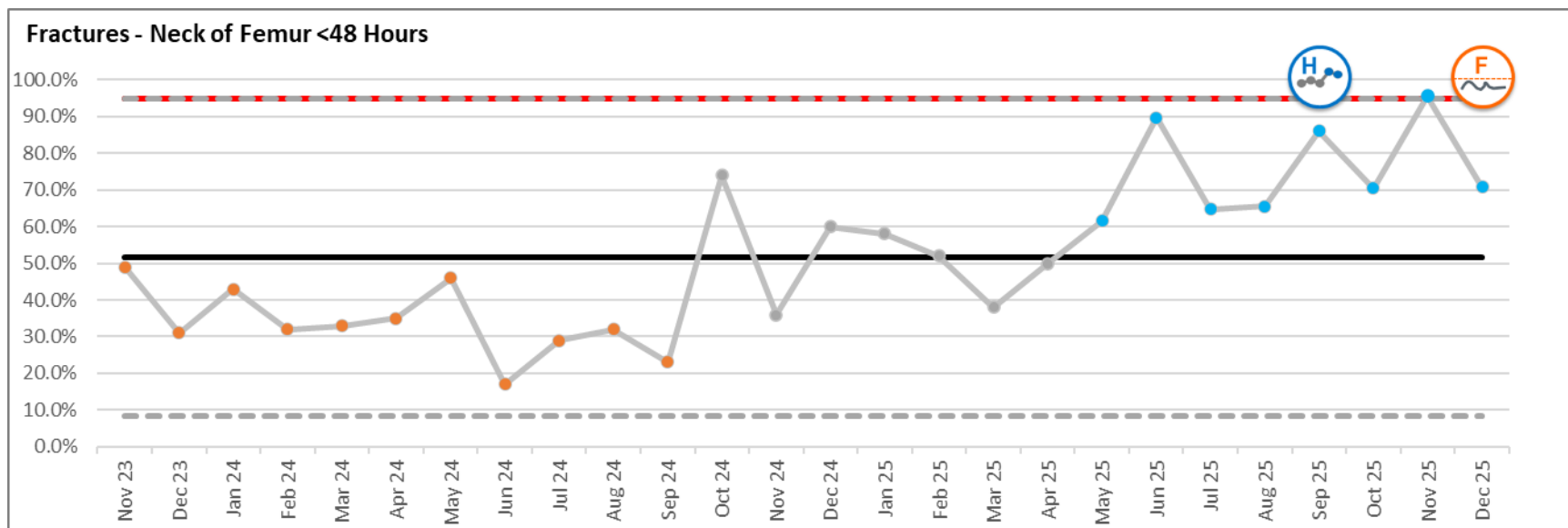
South Eastern Health and Social Care Trust



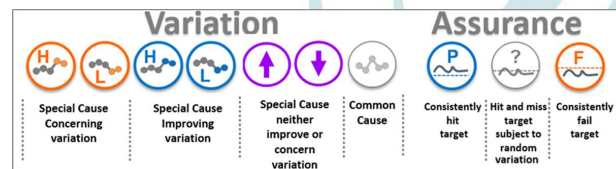
Fractures – Neck of Femur < 48 Hours %

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

95% of patients where clinically appropriate should wait no longer than 48 hours for inpatient treatment for hip fractures. In December 2025, 70.7% 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

2025/26:
 CDI: 7 < 48 hours
 : 33 > 48 hours

MRSA :2 < 48 hours,
 :1 > 48 hours

Gram Negative Bacteraemias (GNB)
 Reportable only if >48hrs

E. coli : 55
Pseudo. Aeruginosa : 6
Klebsiella Oxytoca: 2
Klebsiella Pneumoniae: 14

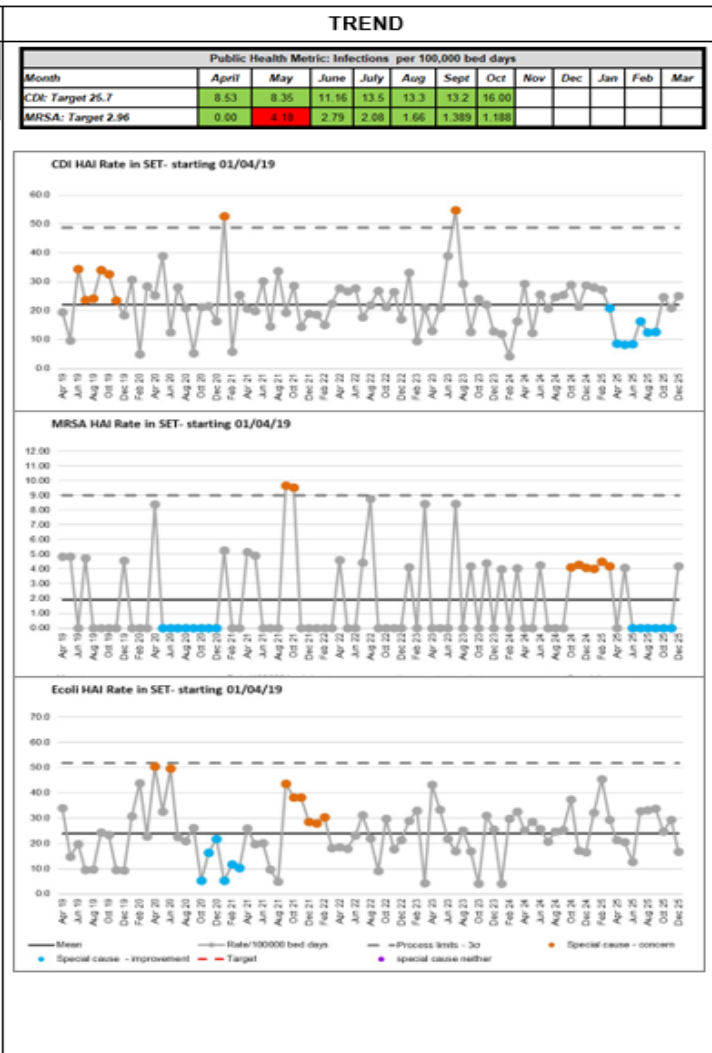
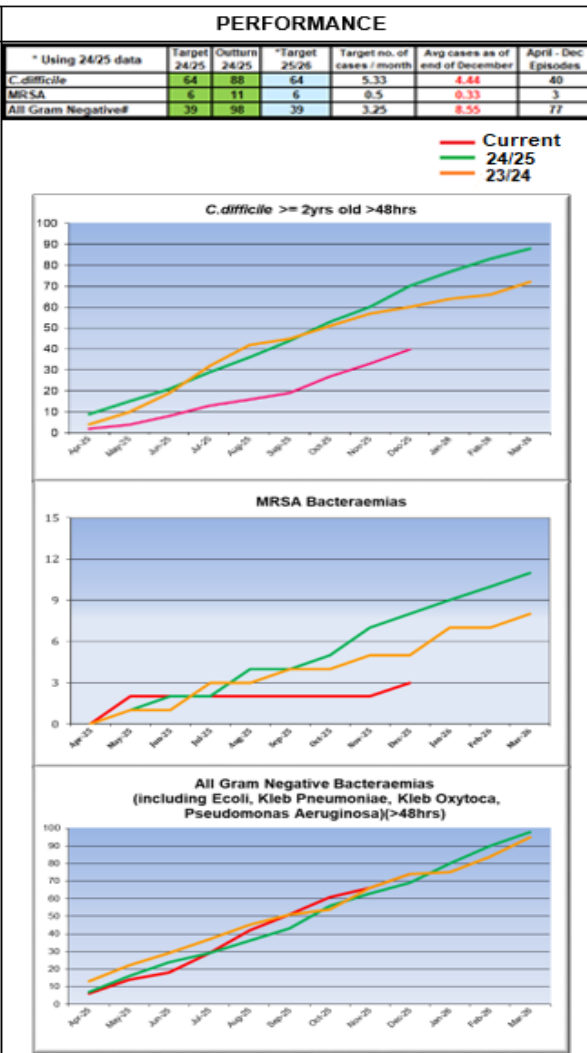
.....

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

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

Those infections < 48hrs from "decision to admit" are not deemed hospital acquired infections (HAI) but are still included in Trust overall figures and included in the rates.

All HCAI's are actively monitored. Patient reviews are completed by the IPC team in the first instance prior to the decision to proceed to a MDT PIR if required. Any learning identified is shared with the clinical teams and via governance structures.



HCAI

Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
and Social Care Trust



Performance Summary

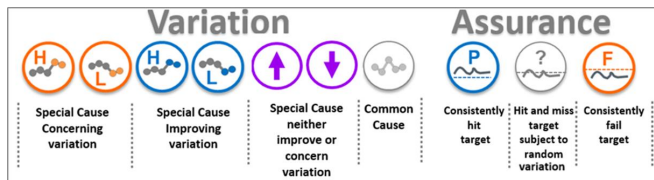
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)

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.

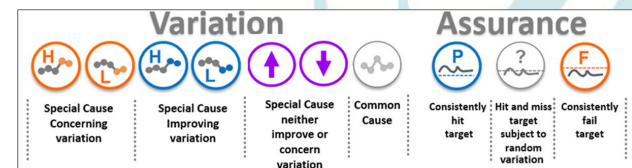
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

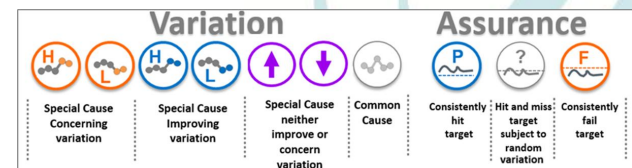
- Unmet Need Hours (Partial Packages)
- Unmet Need Hours (Full Packages)
- Dietetics Review Contacts
- Podiatry waits > 13 weeks
- Dietetics waits > 13 weeks
- Speech and Language Therapy Total Waits > 13 weeks



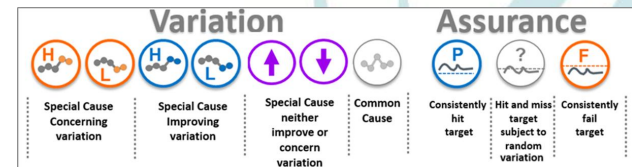
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Dec 25	209	-		
Community Dental Services Review	Dec 25	740	-		
CDS General Anaesthetic (Ulster)	Dec 25	65	-		
Unmet Need Hours (Full Packages)	Dec 25	608	927		
Unmet Need Hours (Partial Packages)	Dec 25	77	138		
Direct Payments (PCOP only)	Dec 25	594			
Direct Payments (ALL)	Dec 25	1141	1192		











KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Dec 25	387	-		
Speech and Language Therapy Review Contacts	Dec 25	2441	-		
Physiotherapy New Contacts	Dec 25	1721	-		
Physiotherapy Review Contacts	Dec 25	4844	-		
Occupational Therapy New Contacts	Dec 25	778	-		
Occupational Therapy Review Contacts	Dec 25	1298	-		
Dietetics New Contacts	Dec 25	529	-		
Dietetics Review Contacts	Dec 25	1521	-		
Orthoptics New Contacts	Dec 25	96	-		
Orthoptics Review Contacts	Dec 25	475	-		
Podiatry New Contacts	Dec 25	424	-		
Podiatry Review Contacts	Dec 25	2094	-		



KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Dec 25	19727	-		
AHP Waits >13 weeks	Dec 25	52%	0%		
Occupational Therapy Waits (n)	Dec 25	3025	-		
Occupational Therapy Waits >13 weeks	Dec 25	1815	0		
Orthoptics Waits (n)	Dec 25	330	-		
Orthoptics Waits >13 weeks	Dec 25	101	0		
Podiatry Waits (n)	Dec 25	2905	-		
Podiatry Waits >13 weeks	Dec 25	1551	0		



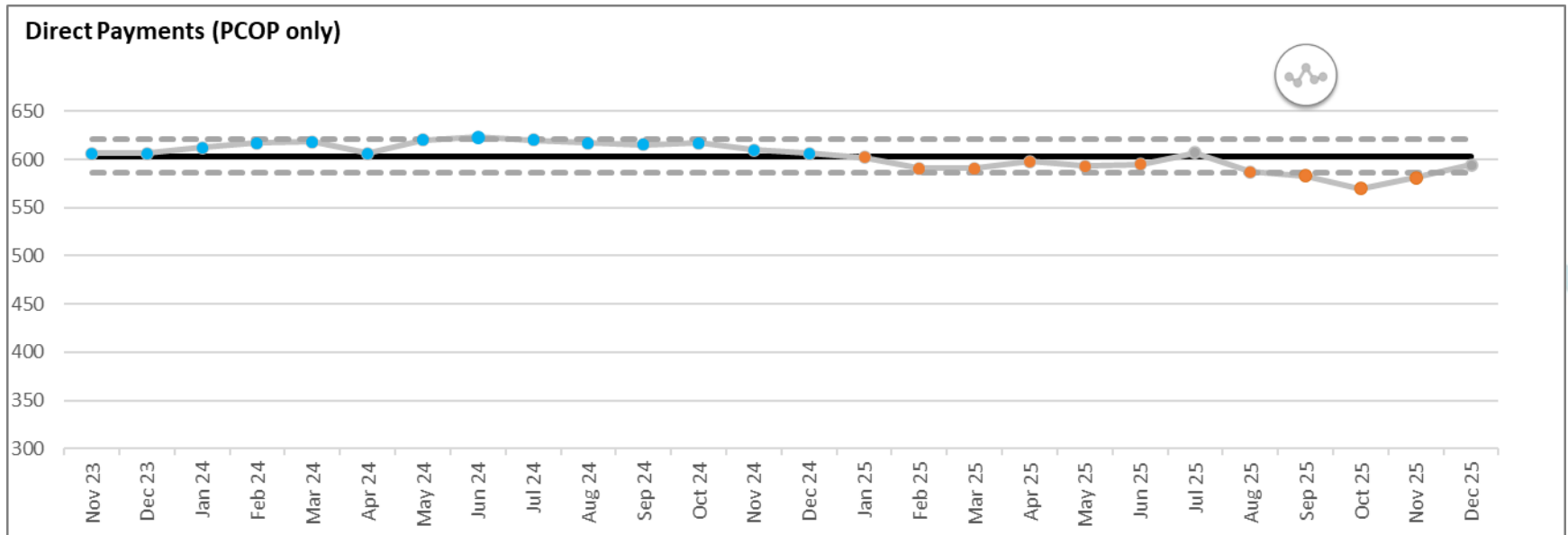
KPI	Latest month	Measure	Target	Variation	Assurance
Physiotherapy Waits (n)	Dec 25	10338	-		
Physiotherapy Waits >13 weeks	Dec 25	6041	0		
Dietetics Waits (n)	Dec 25	2039	-		
Dietetics Waits >13 weeks	Dec 25	479	0		
Speech and Language Therapy Total Waits (n)	Dec 25	1090	-		
Speech and Language Therapy Total Waits >13 weeks	Dec 25	271	0		



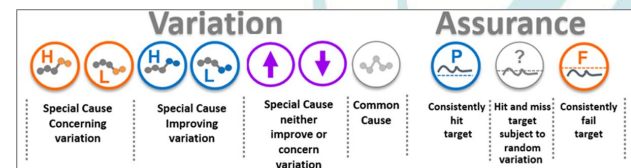
Direct Payments (PCOP Directorate)

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 December 2025 there were 594 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



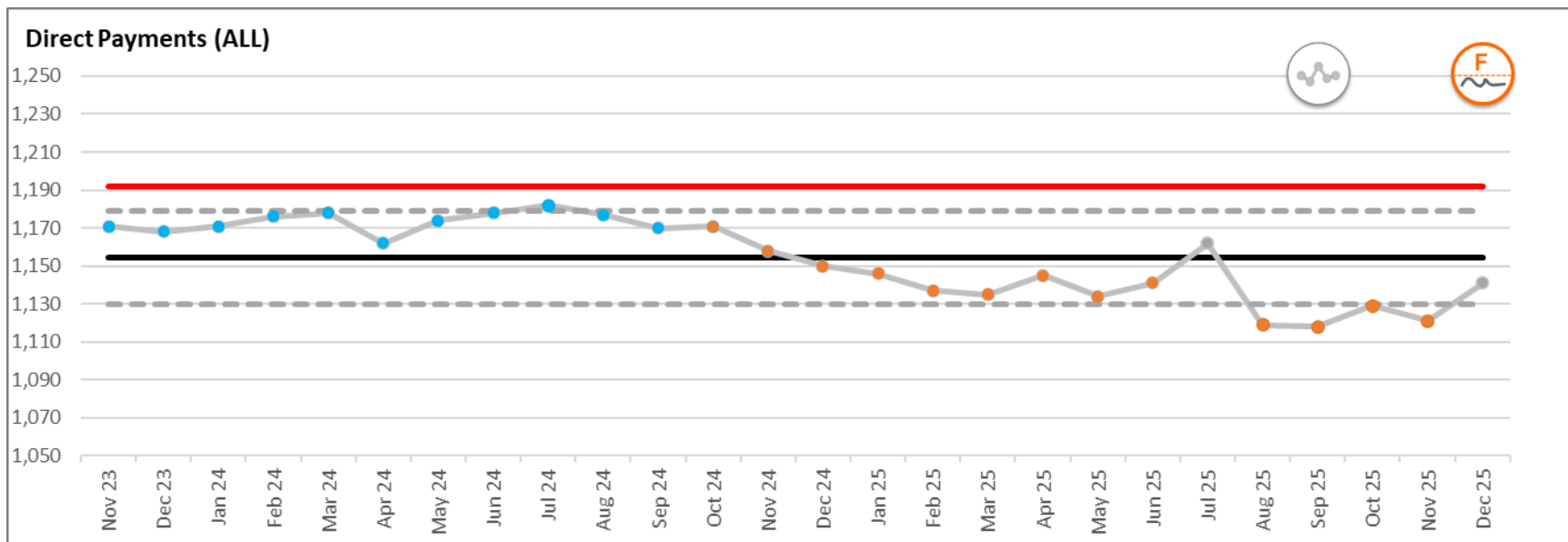
NB: Chart axis starts at 300



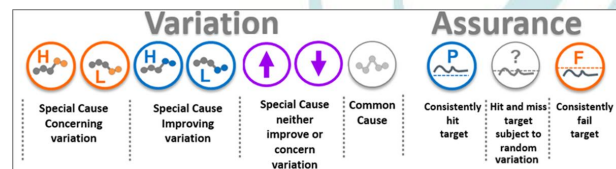
Direct Payments (All Directorates)

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 December 2025 there were 1,141 Direct payments against a trajectory of 1,192 equating to 96% of expected trajectory.



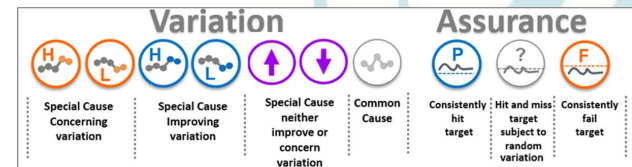
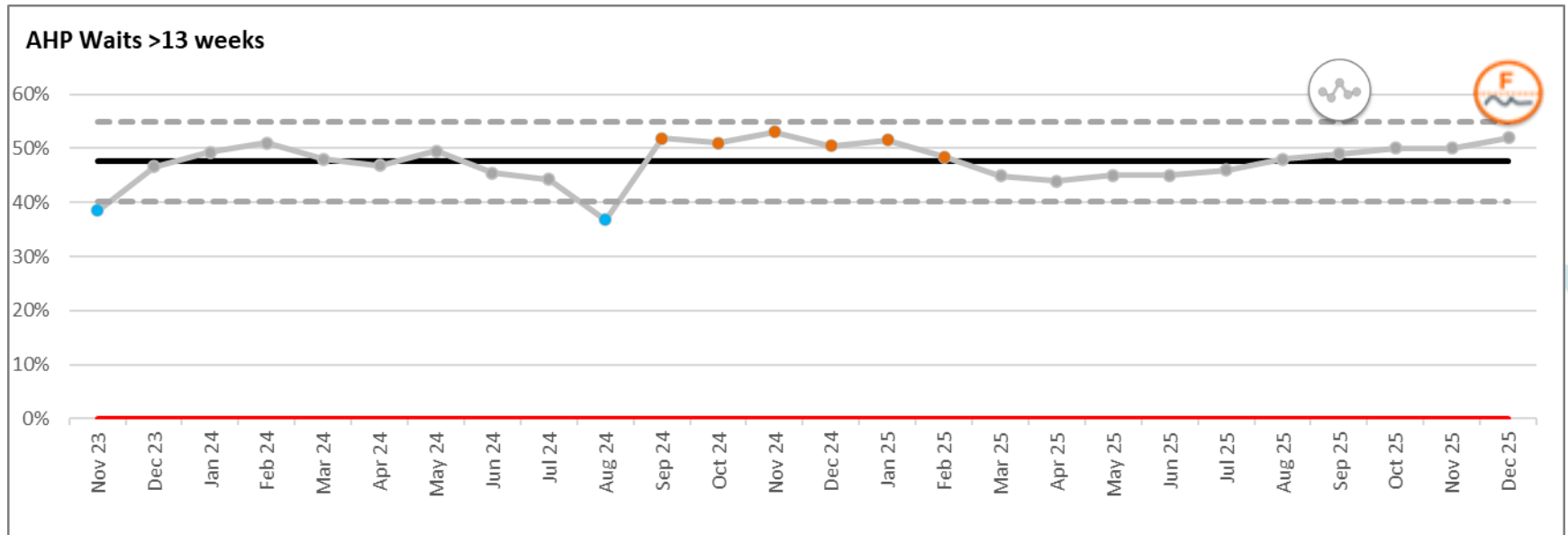
NB: Chart axis starts at 1,050



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 December 2025 52% 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.

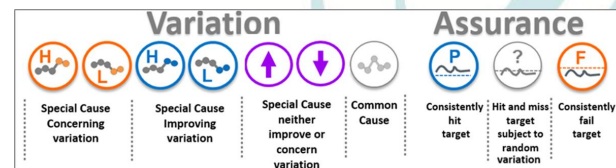
A summary table for Service delivery plan targets being monitored through performance and Encompass is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

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



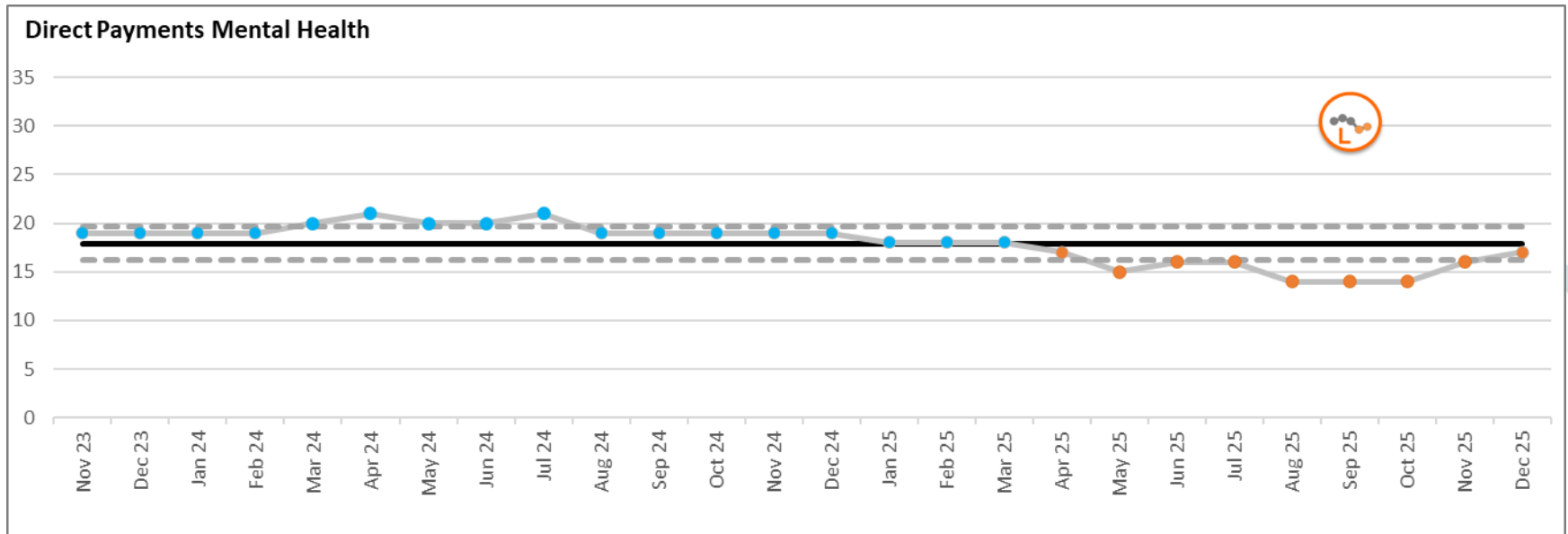
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Dec 25	750	-		
Adult Mental Health Non-Inpatient Contacts Review	Dec 25	4334	-		
Psychological Therapies Contacts New	Dec 25	196	-		
Psychological Therapies Contacts Review	Dec 25	1456	-		
Direct Payments Mental Health	Dec 25	17	-		
Direct Payments Learning Disability	Dec 25	273	-		



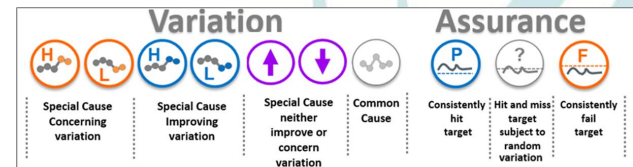
Direct Payments (MH Directorate)

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 December 2025 there were 17 Direct payments. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.



Note: The small numbers of direct payments in Mental Health will impact the SPC chart variance and assurance compared with other areas



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.

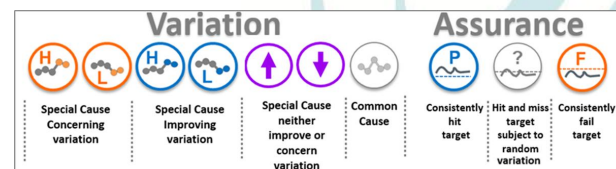
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

In December 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 Disability Cases (All cases)



KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (All cases) (n)	Dec 25	478	-		
Unallocated Cases > 20 Days	Dec 25	406	-		
Unallocated Cases > 30 Days	Dec 25	372	-		
Unallocated Cases - > 20 days -Family Support Only	Dec 25	161	141		
Unallocated Gateway Cases (All cases)	Dec 25	79	-		
Unallocated Family Support Cases (All cases)	Dec 25	187	-		
Unallocated Disability Cases (All cases)	Dec 25	212	-		
Direct Payments (Children)	Dec 25	257	-		



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 December 2025 there were 257 Direct Payments for Children Services Directorate. Progress towards the overall SOMs target is shown in the Direct Payments (All) slide.

