

Integrated Performance Monitoring Report

April 2025

Paper Number: SET/45/25



South Eastern Health
and Social Care Trust

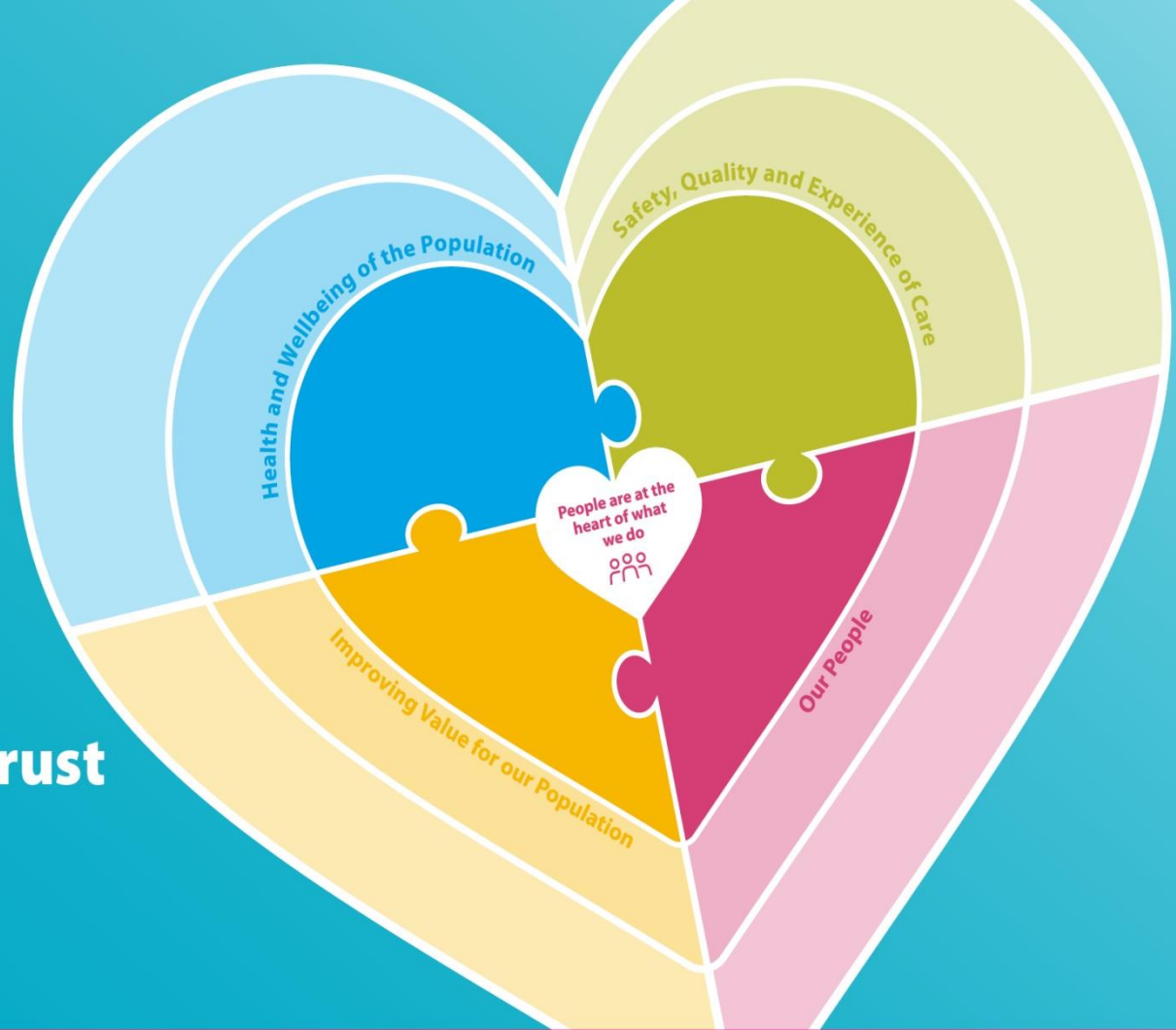




South Eastern Health
and Social Care Trust

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 April 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.

Target Trajectories 2025/2026

Target trajectories used are related to equivalent monthly activity in 2024/2025 in the absence of new targets being set unless otherwise specified on individual slides.

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

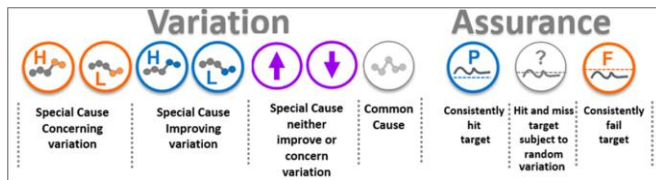
Hospital Services Performance Summary is comprised of key metrics from the legacy Service Delivery Plan and targets relating to the strategic priority of Unscheduled Care, and new System Oversight Measures (SOMs).

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.

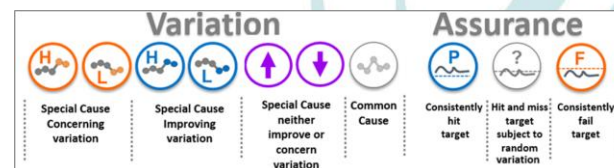
In April 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- Cancer 31 Day %
- Cancer 62 Day %
- Outpatient Contacts Virtual Review
- Outpatient DNA and Cancelled on Day Face to Face New
- Outpatient DNA and Cancelled on Day Virtual New
- Outpatient DNA and Cancelled on Day Virtual Review
- Inpatient Activity
- Daycase Activity (Core Only)
- IDPC number waiting 52 weeks

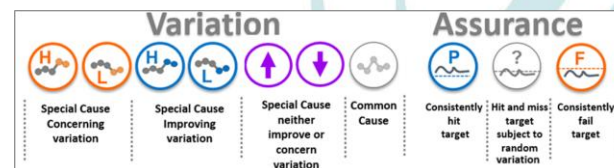


KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Apr 25	206	178		
Cancer 31 Day Activity	Apr 25	96	140		
Cancer 62 Day Activity	Apr 25	49.5	75.5		
Cancer 14 Day %	Apr 25	7%	100%		
Cancer 31 Day %	Apr 25	100%	98%		
Cancer 62 Day %	Apr 25	37%	95%		
Attendances - SET	Apr 25	14324	-		
Attendances - Downe	Apr 25	1640	-		
Attendances - Lagan Valley	Apr 25	1952	-		
Attendances - Ulster (ED and MIU)	Apr 25	10732	-		

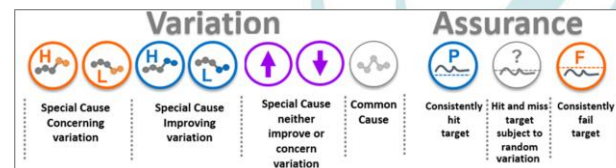
NB: Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology.



KPI	Latest month	Measure	Target	Variation	Assurance
4 Hour % - SET	Apr 25	51%	95%		
4 Hour % - Downe	Apr 25	97%	95%		
4 Hour % - Lagan Valley	Apr 25	74%	95%		
4 Hour % - Ulster (ED and MIU)	Apr 25	40%	95%		
12 Hour Breaches - SET	Apr 25	2237	0		
12 Hour Breaches - Downe	Apr 25	0	0		
12 Hour Breaches - Lagan Valley	Apr 25	2	0		
12 Hour Breaches - Ulster (ED and MIU)	Apr 25	2237	0		
Non-Elective Length of Stay	Apr 25	7.7	8.2		
NIAS Ambulance Arrivals (Ulster)	Apr 25	1401	-		
NIAS Turnaround > 2 hours % (Ulster)	Apr 25	27%	-		

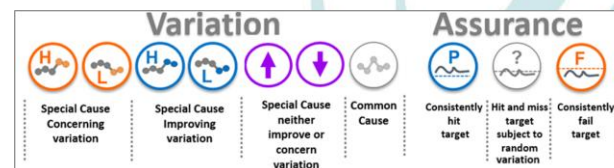


KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts Face to Face New	Apr 25	5274	5207		
Outpatient Contacts Face to Face Review	Apr 25	11007	11035		
Outpatient Contacts Virtual New	Apr 25	1344	1212		
Outpatient Contacts Virtual Review	Apr 25	2304	1988		
Outpatient DNA and Cancelled on Day Face to Face New	Apr 25	7.7%	5.0%		
Outpatient DNA and Cancelled on Day Face to Face Review	Apr 25	8.1%	8.0%		
Outpatient DNA and Cancelled on Day Virtual New	Apr 25	1.8%	5.0%		
Outpatient DNA and Cancelled on Day Virtual Review	Apr 25	2.5%	8.0%		
Outpatient Number Waiting	Apr 25	111877	-		

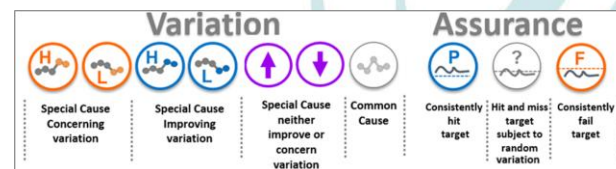


KPI	Latest month	Measure	Target	Variation	Assurance
Inpatient Activity	Apr 25	674	594		
Daycase Activity (Core)	Apr 25	2284	1554		
Daycase Activity (DPC)	Apr 25	486	421		
IPDC Number Waiting	Apr 25	12999	-		
IPDC Number Waiting > 52 weeks	Apr 25	36%	0%		
Endoscopy 4 Scopes (Core)	Apr 25	697	679		
Endoscopy 4 Scopes (DPC)	Apr 25	272	523		

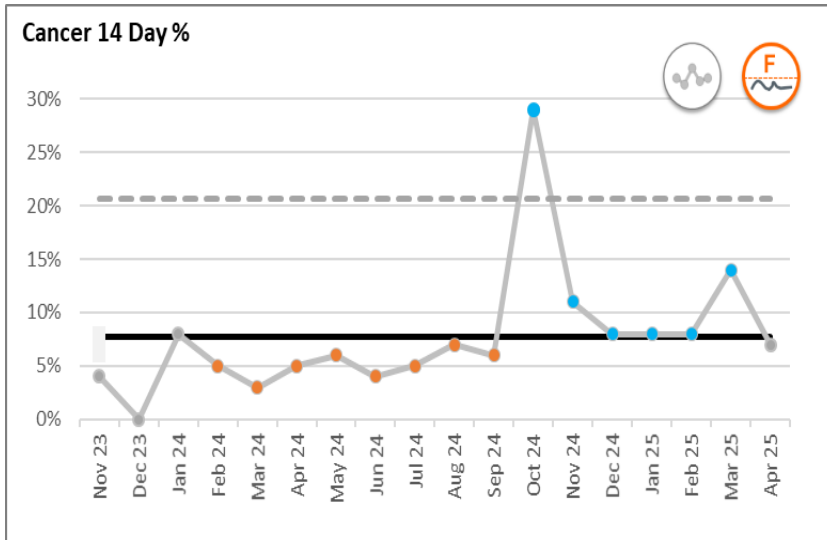
Note : Daycase Activity excludes Endoscopy 4 Scopes. Daycase Activity (DPC) target amended in line with retraction of funds.



KPI	Latest month	Measure	Target	Variation	Assurance
Cath Lab Procedures	Apr 25	52	51		
MRI	Apr 25	1130	1067		
CT	Apr 25	3984	3884		
NOUS	Apr 25	2759	2740		
Cardiac CT	Apr 25	160	100		
Echo	Apr 25	1236	1399		



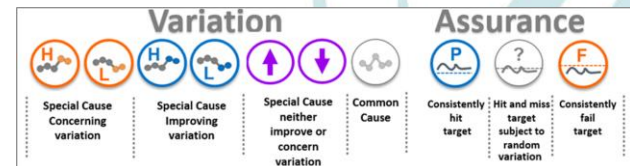
Cancer 14 Day %



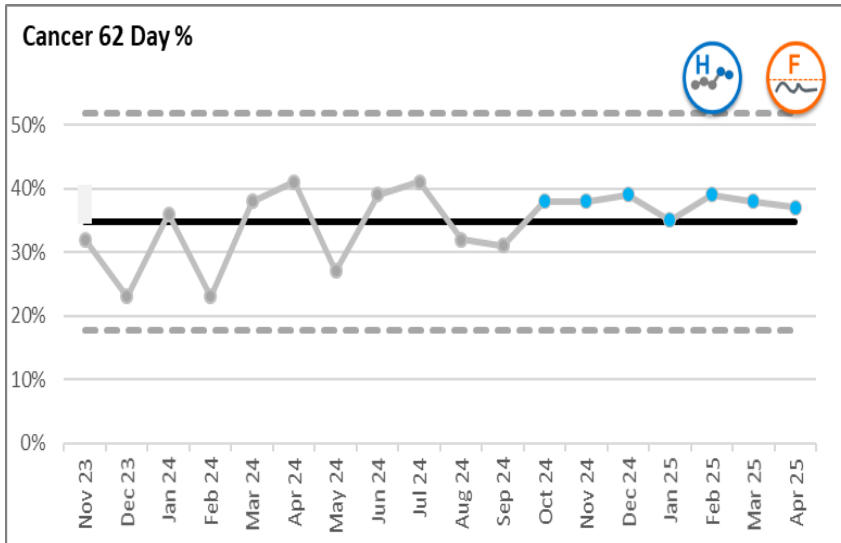
100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days.

The 'Cancer 14 Day %' metric relates to traditional CPD target and was 7% compared to the expected 100% April target.

The number of referrals received has continued to increase. 256 referrals received in March 2025, average for previous 12 months 204 per month. Ongoing issues with planned and unplanned leave within radiology affecting capacity, although position has improved since January/February with a radiologist returning from maternity leave. Waiting List Initiative clinic planned for May, with additional dates being pursued.



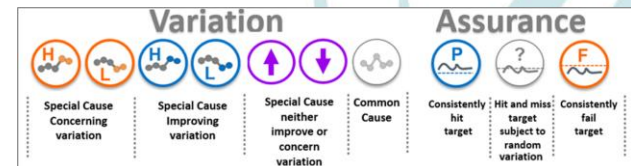
Cancer 62 Day %



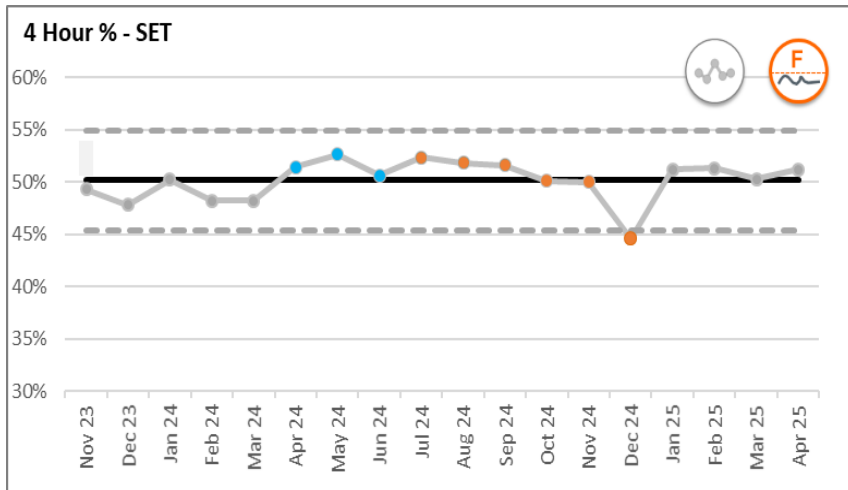
At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

The 'Cancer 62 Day %' metric relates to traditional CPD target and was 37% compared to the expected 95% April target.

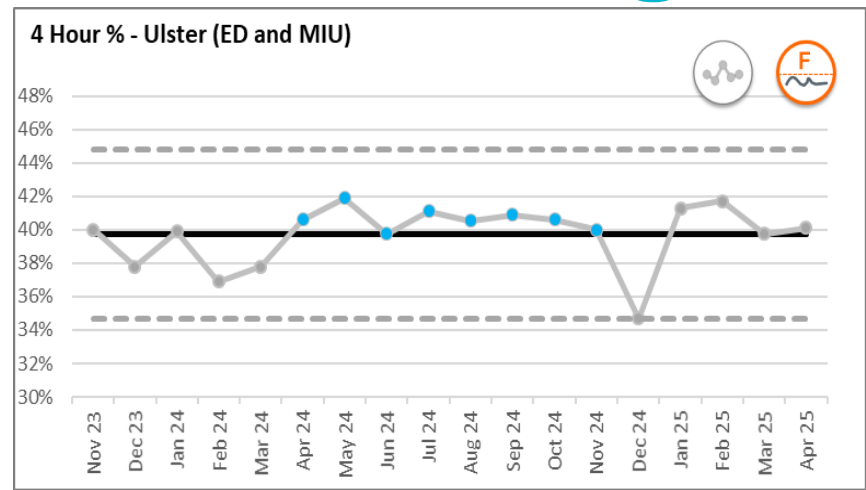
Significant delays in waiting times for first outpatients appointments and diagnostics impacting performance. Work ongoing to clear backlogs and reduce waiting times. Recent examples include significant number of patients transferred to the independent sector for gynaecology, clinics being reconfigured to maximise red flag capacity and ongoing insourcing of diagnostic investigations. April position is still being validated due to delays in pathology reporting.



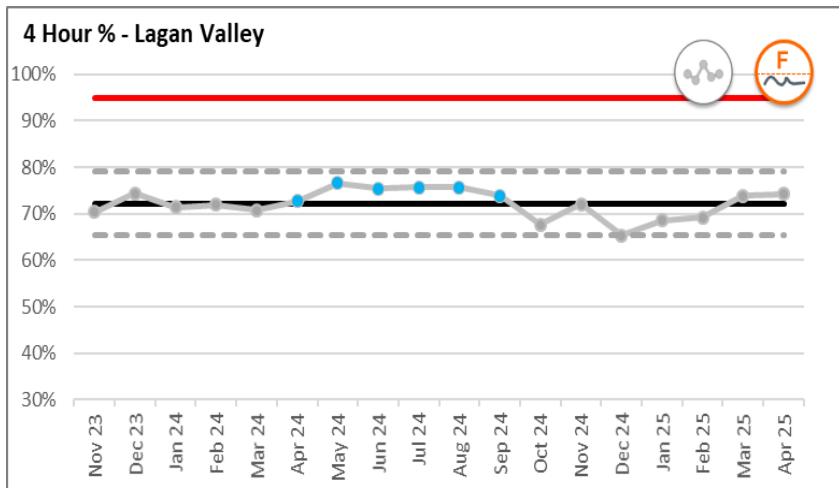
Unscheduled Care 4 Hour Target 1/2



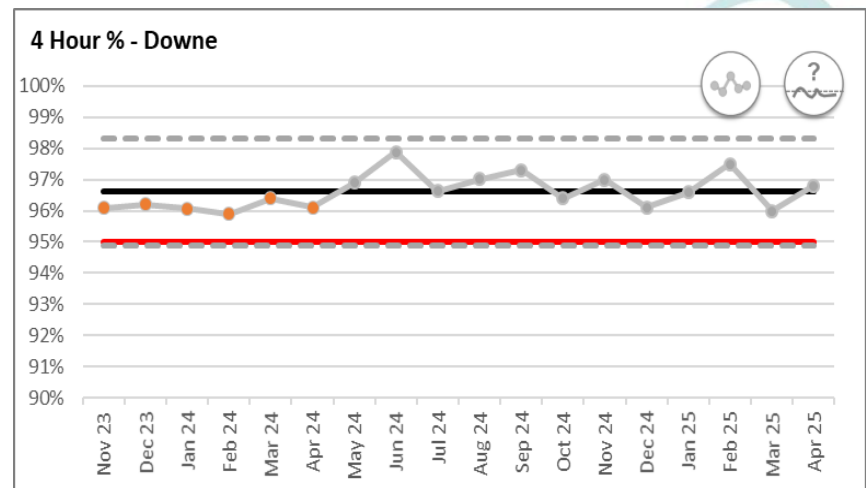
Note change of axis beginning at 30%.



Note change of axis beginning at 30%.



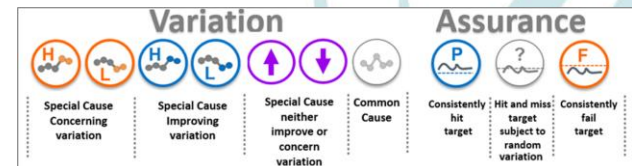
Note change of axis beginning at 30%.



Note change of axis beginning at 92%.



South Eastern Health and Social Care Trust



Unscheduled Care 4 Hour Target 2/2

Emergency Department 4hr performance is a CPD metric.

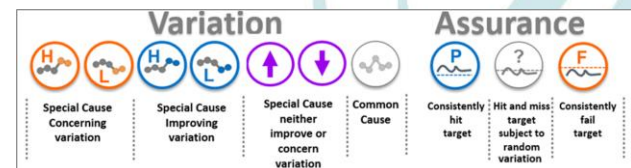
95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In April 2025, 51% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target. At the Ulster site the figure was 40%, Lagan Valley 74% and 97% in Downe Urgent Care Centre.

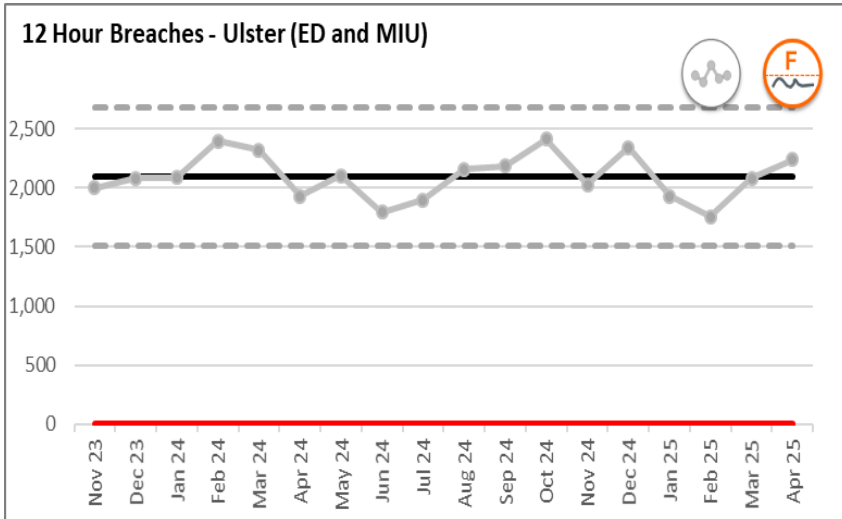
51% sees a marginal improvement from March 2025 (50%).

Total combined attendances for all departments is slightly down from March 2025 (220 fewer), however, attendances at Downe and Lagan Valley Urgent Care Centres are slightly increased this month.

Improvement in this performance, particularly on the Ulster site requires a system wide approach which is reflected in the Hospital and Community Flow work stream. The 2024/2025 Hospital and Community Flow Plan has been reviewed and updated for 2025/2026.



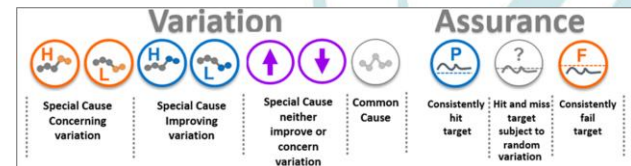
Unscheduled Care 12 hour Breaches



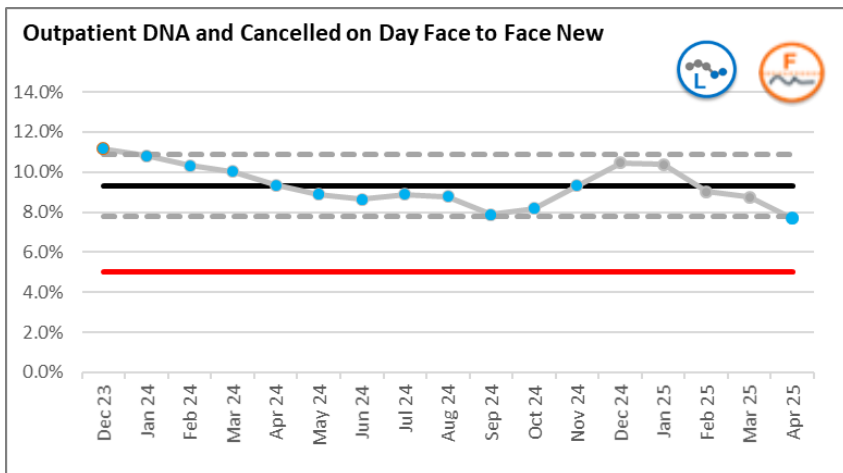
Emergency Department 12 Hour breaches is a CPD metric.

No patient attending any Emergency Department should wait longer than 12 hours. In April 2025, 2237 patients waited over 12 hours.

This sees an increase of 152 patients waiting longer than 12 hours. These are primarily patients waiting on admission to wards. The site Control Room function is operational 8am – 8pm, 7 days a week to ensure we maximise bed availability to strive to reduce waiting times for patients awaiting admission



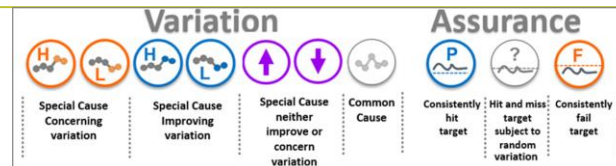
Outpatient DNA and Cancelled on Day Face to Face New



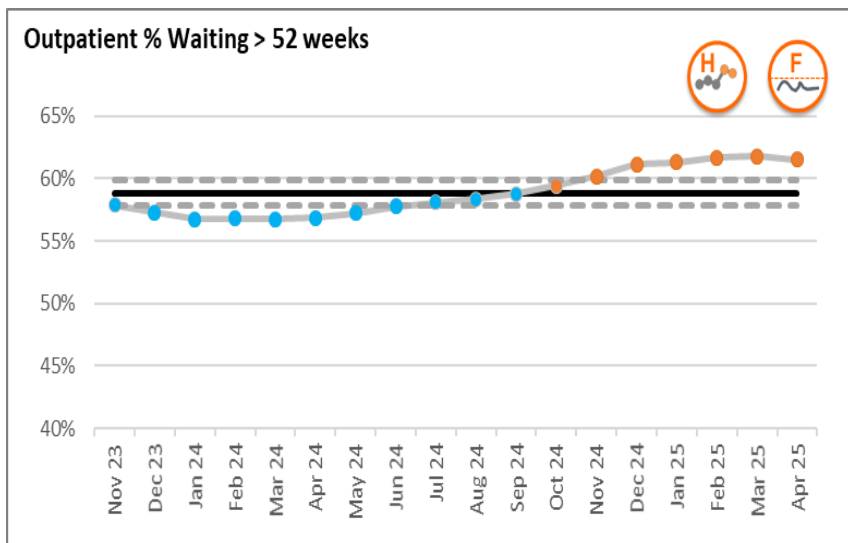
Outpatient DNA and Cancelled on the Day Face to Face New. These are tracked as part of the System Oversight Measures. In April 2025 there was a 7.7% DNA and Cancelled on Day rate for Face to Face New against an expected rate of 5%. This equates to 2.7% above the expected trajectory.

The Trust has established Long Waits Implementation and Oversight groups to direct and monitor ongoing administrative and clinical validation of long waits. This has enabled accurate demand figures, with identified patients being offered next available appointments across a range of specialities, for longest waiting thus far. This work will continue to address the various range of the identified waiting time brackets.

Despite implementation of Waiting List Management Unit recommendations of specific text reminders, the expected improvements have not been fully realised although DNA rates have reduced overall. We continue to work towards implementation of Patient Initiated Follow Up (PIFU) which may have a positive impact on the reduction of DNA, as patients will be initiating contact with their clinician reflective of need.



Outpatient % waiting >52 weeks



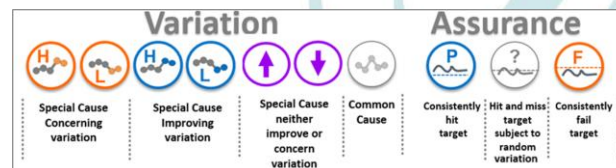
NB: axis starts at 40%

IDPC Number waiting > 52 weeks is tracked as part of the System Oversight Measures

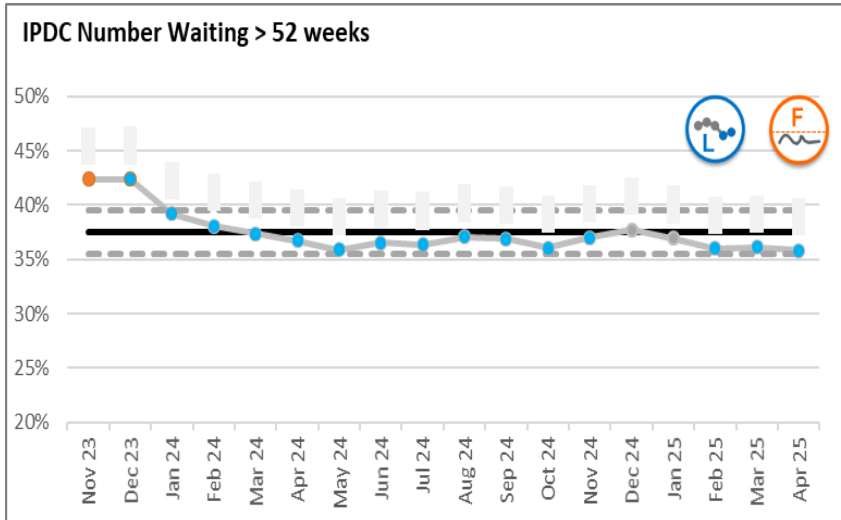
No patient should wait over 52 weeks. In April 2025 there were 62% of patients waiting over 52 weeks for an outpatient appointment.

The Trust has established Long Waits Implementation and Oversight groups to direct and monitor ongoing administrative and clinical validation of long waits. This has enabled accurate demand figures, with identified patients being offered next available appointments across a range of specialities, for longest waiting thus far. This work will continue to address the various range of the identified waiting time brackets.

The Trust continues to concentrate on red flag and urgent waits. This focus of resources will impact the routine outpatient waits.



IPDC Number Waiting >52 weeks

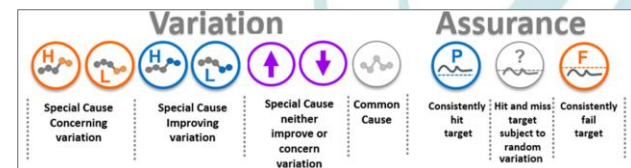


NB: axis starts at 20%

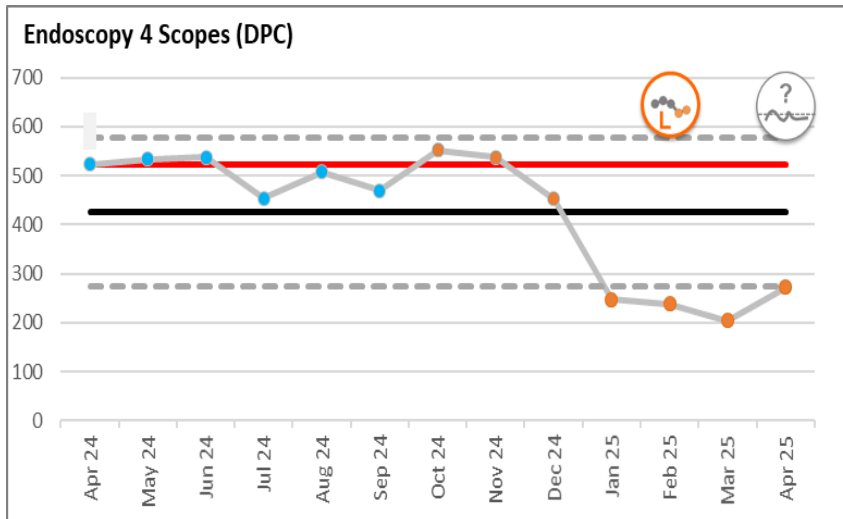
IDPC Number waiting > 52 weeks is tracked as part of the System Oversight Measures.

No patient should wait more than 52 weeks for an inpatient / daycase appointment. In April 2025 36% waited over 52 weeks.

The Trust has established Long Waits Implementation and Oversight groups to direct and monitor ongoing administrative and clinical validation of long waits. This has enabled accurate demand figures, with identified patients being offered next available appointments across a range of specialities, for longest waiting thus far. This work will continue to address the various range of the identified waiting time brackets.

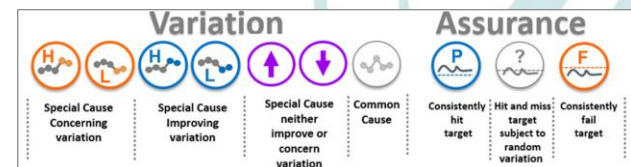


Endoscopes (DPC only)



Endoscope activity is tracked as part of legacy SDP monitoring. Latest figures from April 2025 recorded 272 Endoscopes (DPC only) against an expected trajectory of 523. This equates to an expected trajectory of 52%.

DPC Endoscopy is funded for 50 weeks activity. However it remains challenging to book operators to deliver 50 weeks. Therefore expected trajectory is compromised.



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 has established new goals aimed at reducing the total number of inpatient episodes by March 2025. Specifically, they aim to reduce CDI rates in patient's aged 2 years and older to 25.40 infections per 100,000 bed days, and reduce Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections to 2.87 infections per 100,000 bed days. The figures from PHA are 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>2024/25: CDI: 18 < 48 hours : 65 > 48 hours</p> <p>MRSA :4 < 48 hours, : >6 > 48 hours</p> <p><u>Gram Negative Bacteraemias (GNB)</u> Reportable only if >48hrs</p> <p><i>Ecoli</i> :71 <i>Pseudo. Aeruginosa</i> : 5 <i>Klebsiella Oxytoca</i>: 2 <i>Klebsiella Pneumoniae</i>: 12</p> <p>*****</p> <p>The targets set by PHA for CDI and MRSA have been exceeded. Review of data shows an increase in CDI and MRSA cases sampled <48hrs from admission suggesting they are not hospital acquired infections.</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></th> <th>Target 23/24</th> <th>Outturn 23/24</th> <th>Target 24/25</th> <th>Target no. of cases / month</th> <th>Avg cases as of end of Feb</th> <th>April - Feb Episodes</th> </tr> </thead> <tbody> <tr> <td><i>C.difficile</i></td> <td>55</td> <td>72</td> <td>64</td> <td>5.33</td> <td>7.54 (34.1)</td> <td>83</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>8</td> <td>6</td> <td>0.5</td> <td>0.91(3.93)</td> <td>10</td> </tr> <tr> <td>All Gram Negative</td> <td>39</td> <td>95</td> <td>39</td> <td>3.25</td> <td>8.2</td> <td>90</td> </tr> </tbody> </table> <p> — Current — 23/24 — 22/23 </p>		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of Feb	April - Feb Episodes	<i>C.difficile</i>	55	72	64	5.33	7.54 (34.1)	83	MRSA	5	8	6	0.5	0.91(3.93)	10	All Gram Negative	39	95	39	3.25	8.2	90	<table border="1"> <thead> <tr> <th colspan="13">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 25.40</td> <td>38.03</td> <td>31.18</td> <td>29.26</td> <td>31.17</td> <td>30.86</td> <td>31.2</td> <td>32.61</td> <td>32.76</td> <td>34.2</td> <td>34.1</td> <td></td> <td></td> </tr> <tr> <td>MRSA: Target 2.87</td> <td>0</td> <td>2.08</td> <td>2.79</td> <td>2.08</td> <td>3.31</td> <td>2.77</td> <td>3.02</td> <td>3.76</td> <td>3.86</td> <td>3.93</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 25.40	38.03	31.18	29.26	31.17	30.86	31.2	32.61	32.76	34.2	34.1			MRSA: Target 2.87	0	2.08	2.79	2.08	3.31	2.77	3.02	3.76	3.86	3.93		
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
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Performance Summary

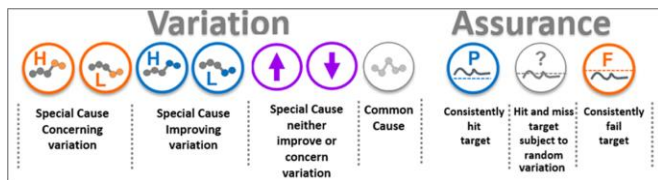
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)

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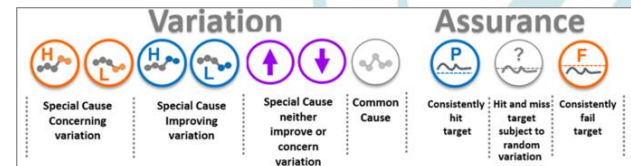
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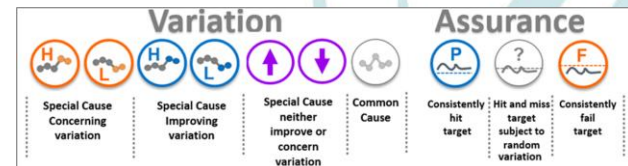
- CDS Contact Review
- CDS General Anesthetic Ulster
- Unmet Need (full packages)
- Unmet Need (partial packages)
- Occupational Therapy Review
- Dietetics Review
- Orthoptics >13 Week Waits
- Podiatry >13 Week Waits
- Dietetics >13 Week Waits
- Speech and Language Therapy Child > 13 weeks Waits



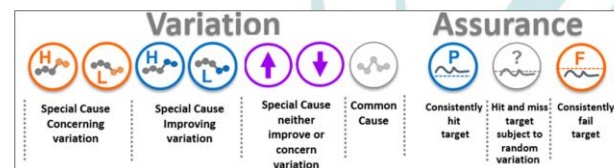
KPI	Latest month	Measure	Target	Variation	Assurance
Community Dental Services New	Apr 25	225	237		
Community Dental Services Review	Apr 25	1045	734		
CDS General Anaesthetic (Ulster)	Apr 25	74	56		
Unmet Need Hours (Full Packages)	Apr 25	1392	-		
Unmet Need Hours (Partial Packages)	Apr 25	116	-		






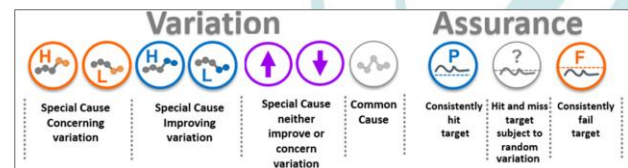
KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy New Contacts	Apr 25	541	535		
Speech and Language Therapy Review Contacts	Apr 25	2607	2954		
Physiotherapy New Contacts	Apr 25	1886	2058		
Physiotherapy Review Contacts	Apr 25	4653	5396		
Occupational Therapy New Contacts	Apr 25	758	636		
Occupational Therapy Review Contacts	Apr 25	1514	1177		
Dietetics New Contacts	Apr 25	741	673		
Dietetics Review Contacts	Apr 25	1684	1054		
Orthoptics New Contacts	Apr 25	172	199		
Orthoptics Review Contacts	Apr 25	499	488		
Podiatry New Contacts	Apr 25	439	379		
Podiatry Review Contacts	Apr 25	2394	1922		



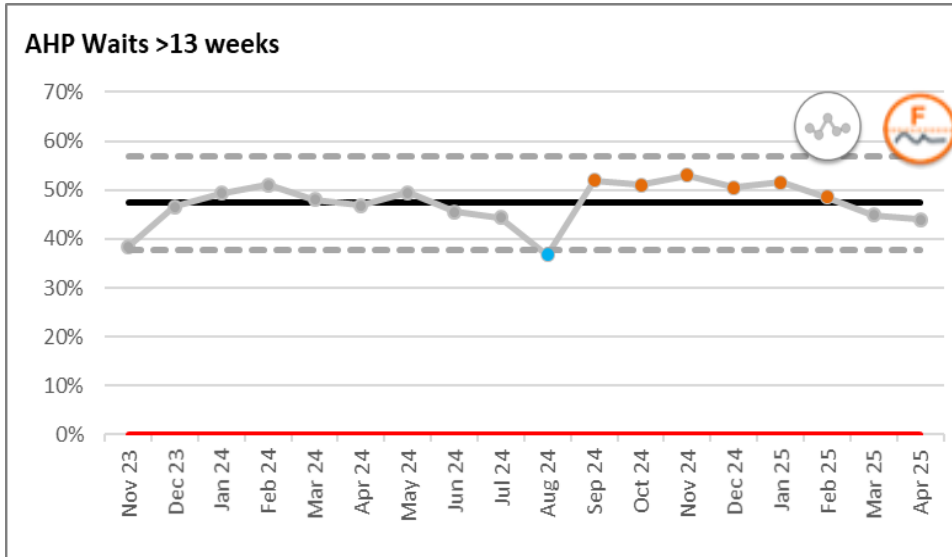
KPI	Latest month	Measure	Target	Variation	Assurance
AHP Waits (n)	Apr 25	18942	-		
AHP Waits >13 weeks	Apr 25	44%	0%		
Occupational Therapy Waits (n)	Apr 25	2858	-		
Occupational Therapy Waits >13 weeks	Apr 25	1647	0		
Orthoptics Waits (n)	Apr 25	564	-		
Orthoptics Waits >13 weeks	Apr 25	9	0		
Podiatry Waits (n)	Apr 25	2658	-		
Podiatry Waits >13 weeks	Apr 25	1205	0		
Physiotherapy Waits (n)	Apr 25	9527	-		
Physiotherapy Waits >13 weeks	Apr 25	4733	0		
Dietetics Waits (n)	Apr 25	2012	-		
Dietetics Waits >13 weeks	Apr 25	369	0		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Waits (n)	Apr 25	857	-		
Speech and Language Therapy Adult Waits >13 weeks	Apr 25	293	0		
Speech and Language Therapy Child Waits (n)	Apr 25	466	-		
Speech and Language Therapy Child Waits >13 weeks	Apr 25	88	0		



AHP > 13 weeks



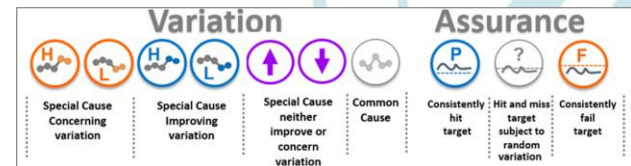
Allied Health Professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.

In April 44% of patients waited longer than 13 weeks for treatment. Breakdown by specialty is shown in the summary table.

While data quality issues related to encompass reporting are improving, challenges persist in Allied Health Professional services. Efforts are underway, in collaborations with information teams, to ensure quality and enhanced reporting. As a result, some patients across all services remain on waiting lists despite already being seen. The process of cleaning up the waiting lists is ongoing. This requires clinical staff to support which reduces the overall clinical activity that can be delivered.

Complex workflows across all professions continue to require more time to complete. Allied Health Professional Services have dedicated significant time to supporting SHCT and WHSCT during their pre go-live phases, a commitment that is on-going.

Waiting List Initiative funding could support AHP services in addressing waiting list pressures. Allied Health Professionals 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
and Social Care Trust



Performance Summary

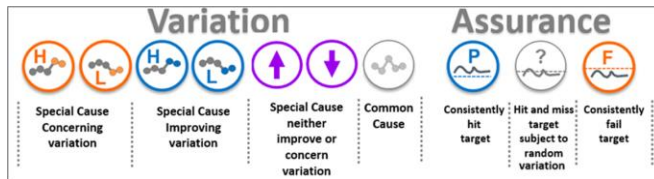
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from legacy Service Delivery Plan Metrics.

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.

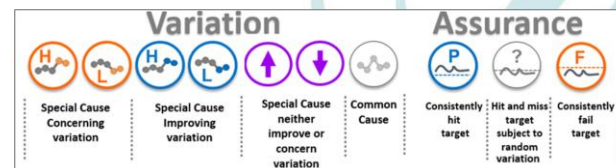
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

- Adult Mental Health Non-Inpatient Review



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient Contacts New	Apr 25	672	729		
Adult Mental Health Non-Inpatient Contacts Review	Apr 25	4836	4608		
Psychological Therapies Contacts New	Apr 25	199	128		
Psychological Therapies Contacts Review	Apr 25	1649	1559		



Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



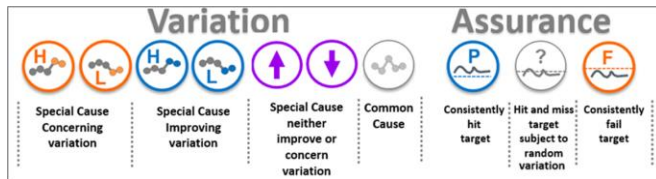
Performance Summary








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

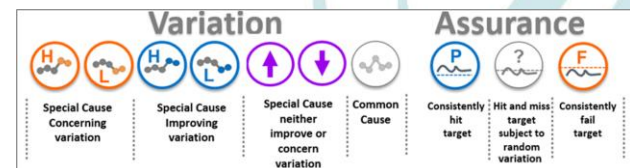
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

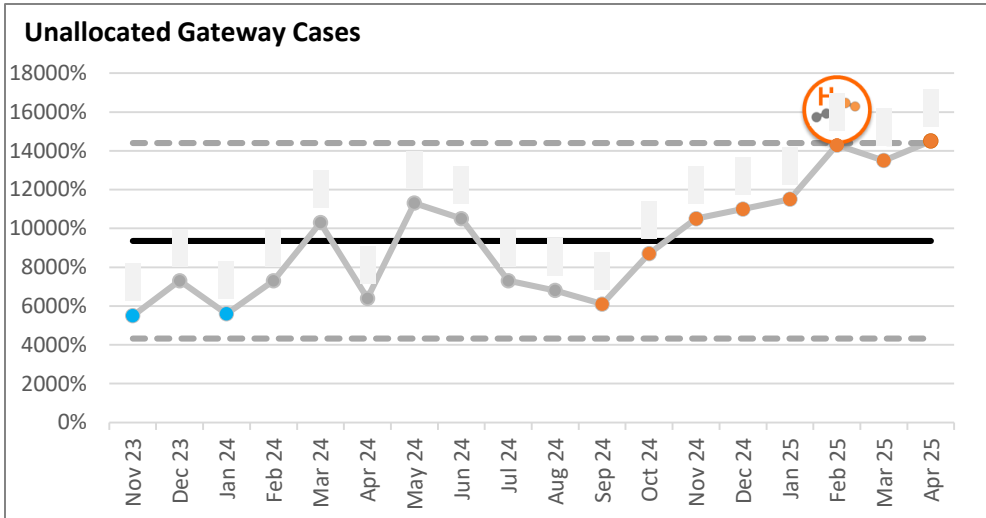
In April 2025 no metrics monitored have had either an improving variation or consistently hit their target.



KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases (n)	Apr 25	748	-		
Unallocated Cases > 20 Days	Apr 25	661	-		
Unallocated Cases > 30 Days	Apr 25	543	-		
Unallocated Gateway Cases	Apr 25	145	-		
Unallocated Family Support Cases	Apr 25	178	-		
Unallocated Disability Cases	Apr 25	425	-		
Unallocated Family Support Cases > 20 Days	Apr 25	152	-		



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 April 2025 there were 145 unallocated cases for Gateway.

An increase in vacancies and complexity of cases entering the service has led to an increase in cases waiting over 20 days for assessment at Gateway. Governance over all cases on the waiting list in Safeguarding continues, with weekly Collaborative Unallocated Process (CUP) meetings reviewing and triaging all cases on the waiting list, to ensure the appropriate level and pathway for support is provided.

