

# Integrated Performance Monitoring Report

24/25 Year End

Paper Number: SET/44/25



South Eastern Health  
and Social Care Trust

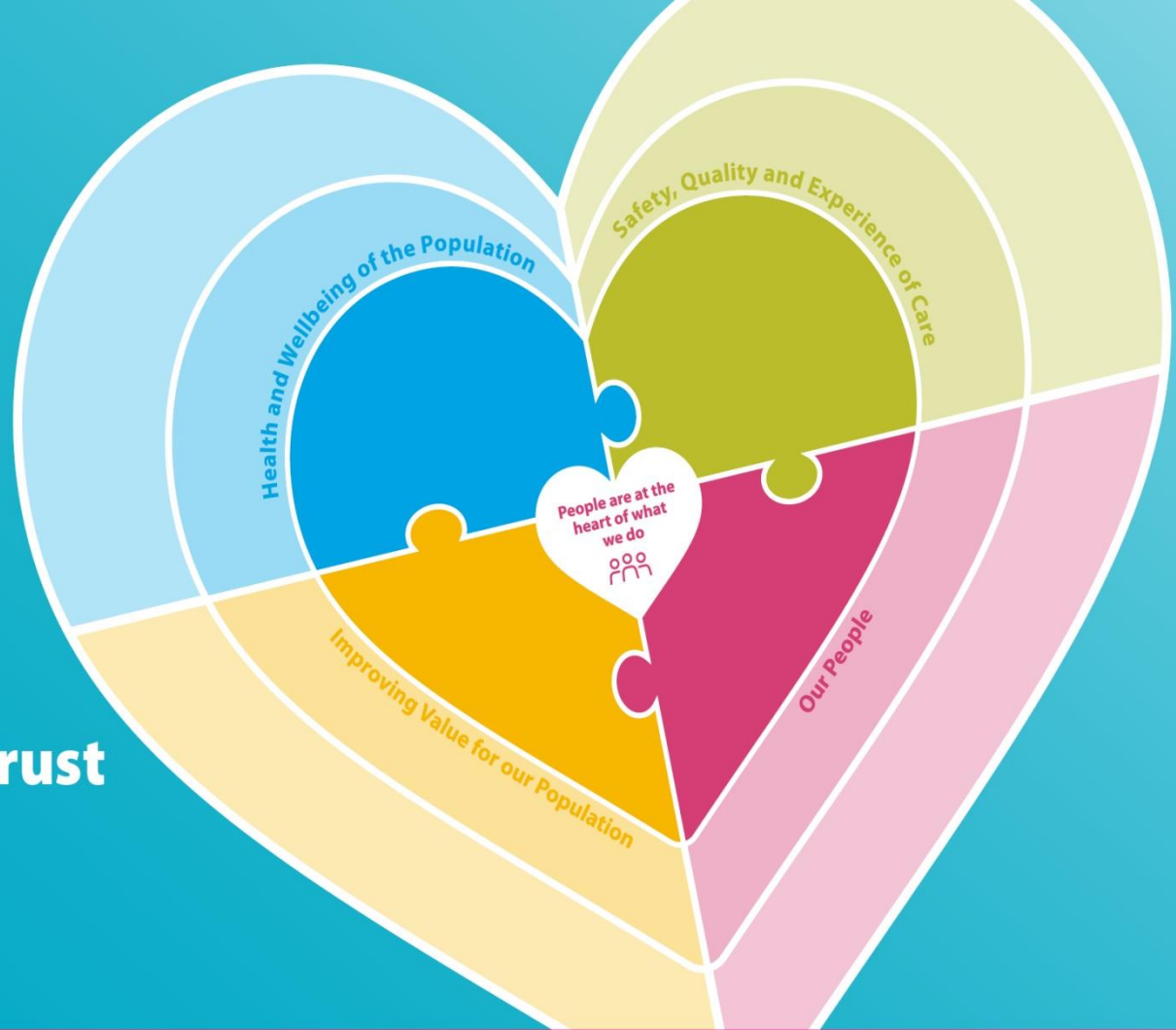




South Eastern Health  
and Social Care Trust

# 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 March 2025 in relation to a number of key metrics including the Ministerial targets previously included within the Commissioning Plan, Department of Health Service Delivery Plan and the three corporate improvement priorities detailed below. This is a significant change to reporting and will be implemented and developed over the coming months. In the future, this report will also include reporting against the population health based Strategic Outcomes Framework being developed by the Department of Health's Strategic Planning and Performance Group (SPPG). 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.

## Service Delivery Plan

2024/25 metrics for monitoring were released by SPPG on 10<sup>th</sup> June 2024. Targets mostly remain the same as in 23/24, however, a small number of target trajectories have been revised. Any changes to trajectories have been detailed on the Service Delivery Plan slide.

## Strategic Priorities

The Trust has conducted a number of engagement events across teams to develop proposed new quality improvement priorities for 24-25. These priorities are Frailty, Workforce (Our People) and encompass. These are reflective of the necessity to ensure that we support provision of high quality safe care despite significant constraints across the system. This includes financial and workforce related impact which require us to utilise our resources efficiently to maximise our capacity and efficiency. These will ensure that a robust framework supports our staff with innovative implementation of digital systems, with associated improved performance. As the demographic of our population changes we will reflect our services to maximise appropriate care for frail patients to ensure they receive services that will optimise their outcomes, whilst efficiently using Trust resources.



# Service Delivery Plan

Target trajectories and schedule of submission for 24/25 were provided on 10<sup>th</sup> June 2024. Targets mostly remain the same as in 23/24, however, a small number of target trajectories have been revised :

- 10% reduction in unmet need hours (full and partial packages) across all POCs by March 2025
- 5% increase in Direct Payments in effect by March 2025
- Endoscopy 19/20 baseline + 6,000 scopes per year
- Average Non-elective LOS reduced by 1.0 day

Performance against trajectories for Service Delivery Plan metrics will be reported monthly and tabled at the quarterly Performance and Transformation Executive Board (PTEB) meetings.

Prior to the PTEB paper, the Commissioner will liaise with Trust Directors of Performance to establish any narrative which may be required for specific service areas as a result of the performance submitted. The PTEB reviewed performance levels and have applied a variance of 5% for reporting purposes.

South Eastern Trust performance against trajectories, and new variance levels, for the month of March 2025 is summarised below

Status against Trajectory	Total	% of Total
Between 0% and 5%	24	52%
<0% and >-5%	2	4%
<-5%	20	44%
Total	46	



# Service Delivery Plan

Service delivery plan metrics derived from encompass have been assigned a level of confidence (see below). SET are working with encompass teams to drive and review this process to increase data accuracy.

Confidence	Number	%	Metrics included in this category
Low	6	25%	Community Nursing – MUST* and Community Nursing – MUST Skin Bundle*, Dementia, Simple Discharges, Complex Discharges & District Nursing Contacts.
Medium	5	21%	Outpatients, Psychological Therapies, Adult Mental Health, Antimicrobial Resistance & AHP Activity.
High	13	54%	Adult Social Care, Average Length of Stay, Cardiac Services, Cdiff, Community Dental, Community Dental-General Anaesthetic, Endoscopes, MRSA, Theatre, ED Performance, Cancer Services, Inpatients & Day cases.

\*NB: A new suite of metrics have been developed to replace MUST and Skin Bundle.



# Statistical Process Control

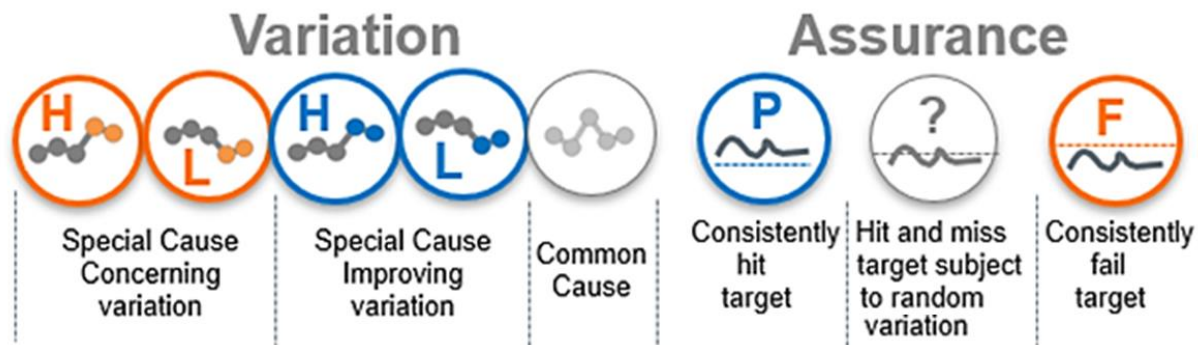
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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 Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

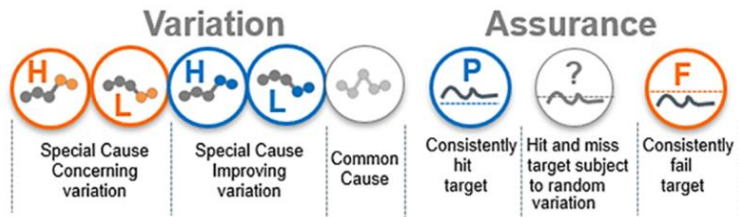
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

High-level metrics are being monitored weekly through the encompass Stabilisation Group to allow comparisons in reporting baselines in legacy systems and encompass. Individual specialty meetings are in progress to ensure baseline data is correct and reflects the correct activity in encompass, thereby allowing performance to be monitored effectively.

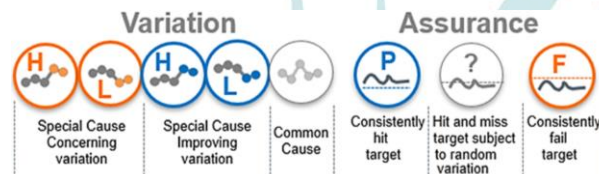
In March 2025 the following metrics monitored have had either an improving variation or consistently hit their target:















- Cancer 14 day %
- Cancer 62 Day %
- Outpatient Contacts Review Virtual
- Inpatient Activity
- Daycase Activity (Core)
- CT
- ECHO

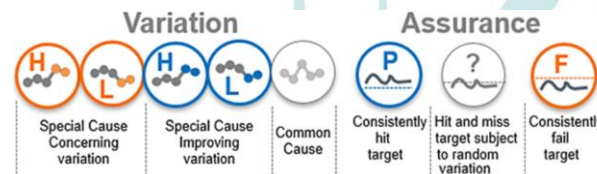


KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Mar 25	232	294		
Cancer 31 Day Activity	Mar 25	97	222		
Cancer 62 Day Activity	Mar 25	72.0	91.0		
Cancer 14 Day %	Mar 25	14%	100%		
Cancer 31 Day %	Mar 25	97%	98%		
Cancer 62 Day %	Mar 25	36%	95%		
Attendances - All SET	Mar 25	14544	-		
Attendances - Lagan Valley	Mar 25	1921	-		
Attendances - Downe	Mar 25	1579	-		
Attendances - Ulster ED and MIU	Mar 25	11044	-		

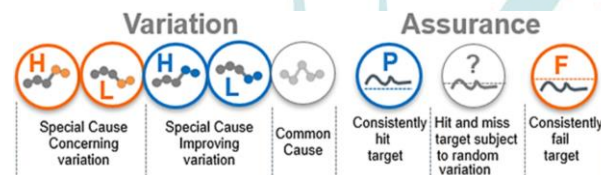
NB: Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology.



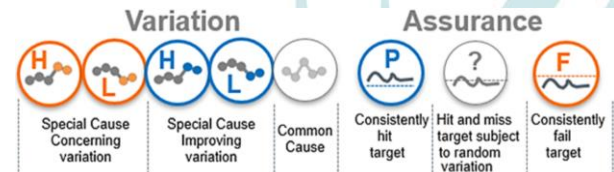
KPI	Latest month	Measure	Target	Variation	Assurance
4hr % - All SET	Mar 25	50%	95%		
4hr % - Lagan Valley	Mar 25	74%	95%		
4hr % - Downe	Mar 25	96%	95%		
4hr % - Ulster ED and MIU	Mar 25	40%	95%		
12hr Breaches - All SET	Mar 25	2085	-		
12hr Breaches - Lagan Valley	Mar 25	0	-		
12hr Breaches - Downe	Mar 25	1	-		
12hr Breaches - Ulster ED and MIU	Mar 25	2084	-		
Non-Elective Average Length of Stay	Mar 25	7.8	7.0		







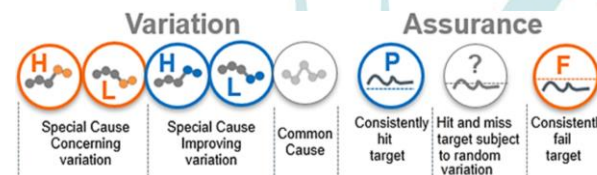
KPI	Latest month	Measure	Target	Variation	Assurance
Outpatient Contacts New	Mar 25	6564	5957		
Outpatient Contacts New Face to Face	Mar 25	5273	-		
Outpatient Contacts New Virtual	Mar 25	1291	-		
Outpatient Contacts Review	Mar 25	11567	8783		
Outpatient Contacts Review Face to Face	Mar 25	8639	-		
Outpatient Contacts Review Virtual	Mar 25	2928	-		
Inpatient Activity	Mar 25	391	266		
Daycase Activity (core only)	Mar 25	1356	1180		
Endoscopy - 4 main scopes	Mar 25	487	749		



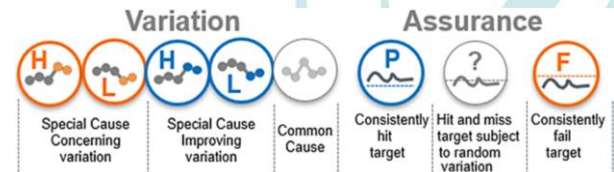
KPI	Latest month	Measure	Target	Variation	Assurance
Cath Labs Procedures	Mar 25	60	55		
MRI	Mar 25	1121	1294		
CT	Mar 25	3989	2589		
NOUS	Mar 25	2724	2994		
Cardiac CT (incl CT TAVI Workup & excl Ca Scoring)	Mar 25	113	99		
Echo	Mar 25	1136	804		
Endoscopy - DPC Only	Mar 25	204	500		
Daycases - DPC Only	Mar 25	455	582		



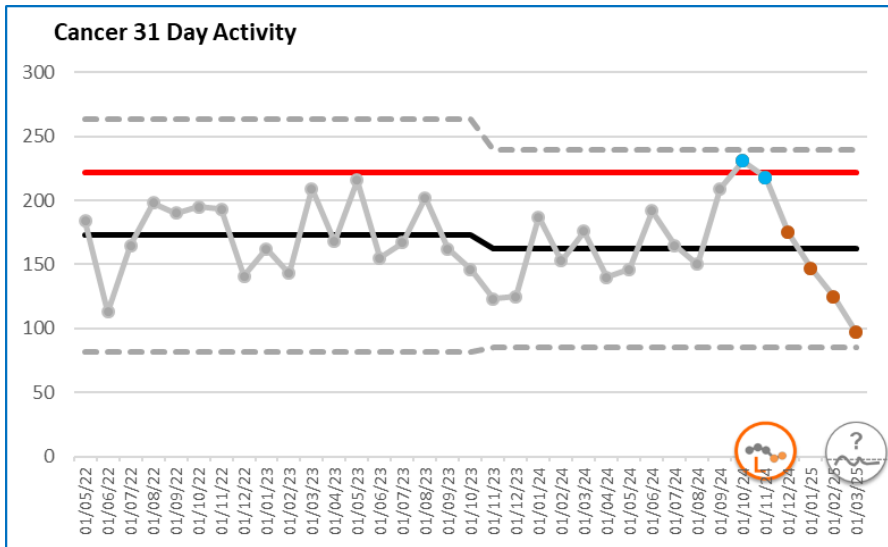
KPI	Latest month	Measure	Variation	Assurance
Number of Births	Mar 25	281		
% C-Sections	Mar 25	46%		
# C-Sections	Mar 25	128		
% Elective C-Sections	Mar 25	26%		
# Elective C-Sections	Mar 25	74		
% Emergency C-Sections	Mar 25	19%		
# Emergency C-Sections	Mar 25	54		
% Instrumental Births	Mar 25	14%		
# Instrumental Births	Mar 25	38		
Induction of Labour Rate	Mar 25	37%		



KPI	Latest month	Measure	Variation	Assurance
% Spontaneous Vaginal Births	Mar 25	40%		
# Spontaneous Vaginal Births	Mar 25	113		
Still Birth Rate (per 1000)	Mar 25	0		
Full Term Neonatal Unit (ICU) Admissions	Mar 25	19		
Post Partum Haemorrhage (>2000ml)	Mar 25	2%		
Shoulder Dystocia Rate	Mar 25	4%		



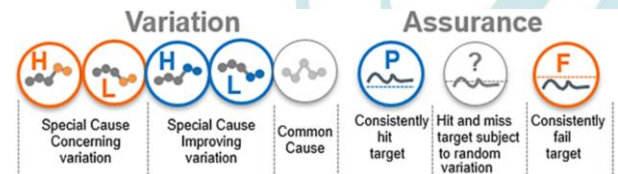
# Cancer 31 Day Activity



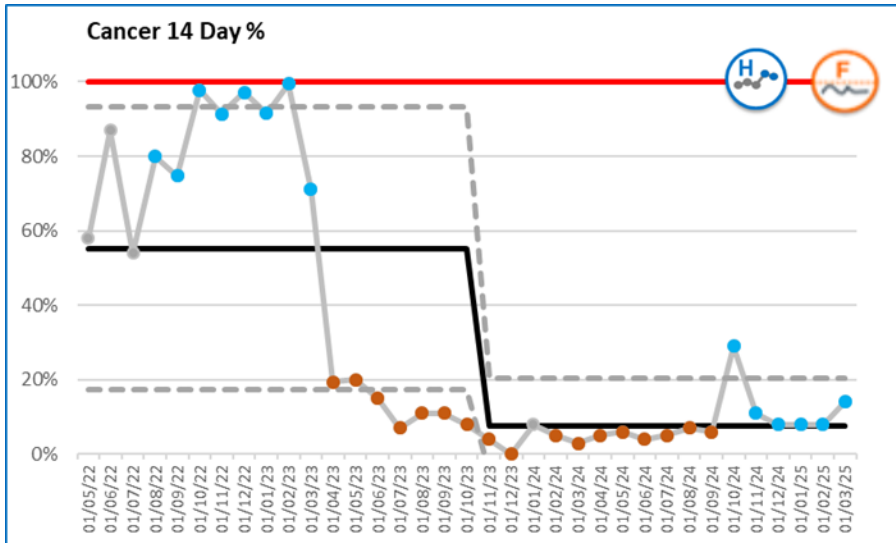
**98% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 31 days. The 'Cancer 31 Day Activity' metric relates to the Service Delivery. In March 97 patients began treatment within 31 days against an expected trajectory of 222. In 24/25 the Trust exceeded the monthly target for 5 out of the 12 months**

The Service will be impacted over March, April and May as Monday clinics will be reduced due to Bank Holidays. Plans to mitigate the impact are being considered through exploring additional clinics. However, if these can be delivered, the aim will be to maintain capacity rather than expand capacity.

Performance against the 31 day activity cancer target remains low due to tracking and pathologies (6-8 week timeframe) and this position will improve once tracking is closed. 2 months should be allowed for more accurate reporting.



# Cancer 14 Day %



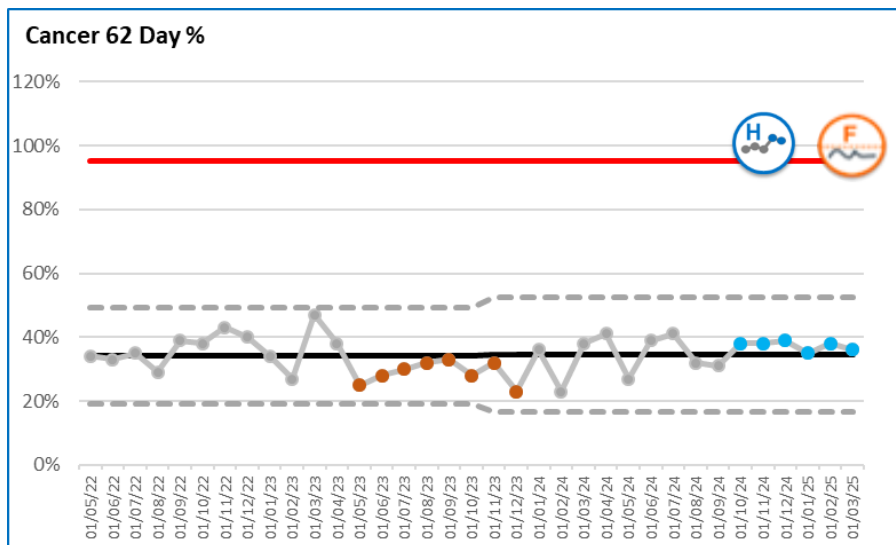
**100% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 14 days. The 'Cancer 14 Day %' metric relates to traditional CPD target and was 14% compared to the expected 100% March target. The Trust has not met the 100% target during FY 24/25.**

The Service will be impacted over March, April and May as Monday clinics will be reduced due to Bank Holidays. Plans to mitigate the impact are being considered through exploring additional clinics. However, if these can be delivered, the aim will be to maintain capacity

The breast 14 day % target has improved due to Waiting List Initiative clinics.

The breast 14 day target will move to regional reporting as the regional booking system for all Trusts commences 8 May. SET will host the booking system and book patients from all Trusts into the next available slot across all five Trusts. While not directly improving performance this will equalise waits across the region. A backlog of 1,100 patients waiting to be booked is expected and SPPG recognises that the region is 3.5 triple assessment clinics in deficit each week.

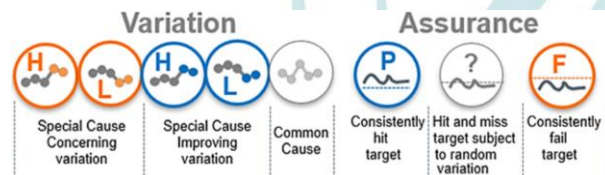
# Cancer 62 Day %



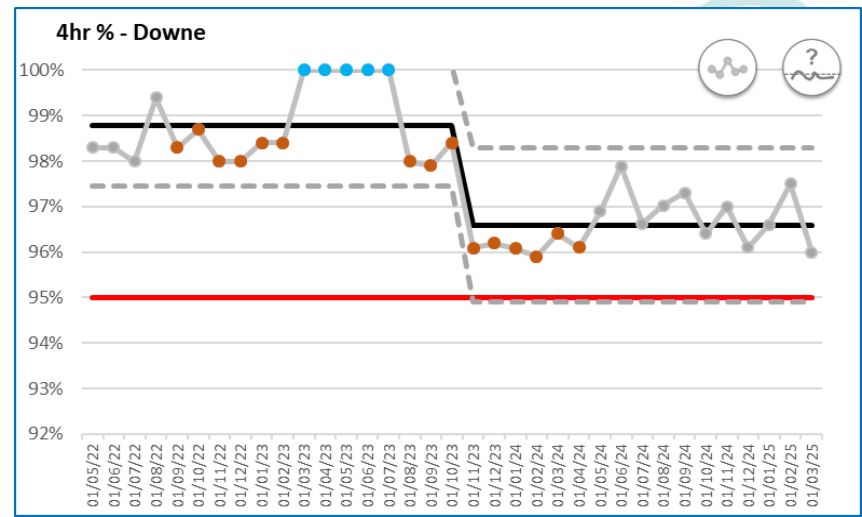
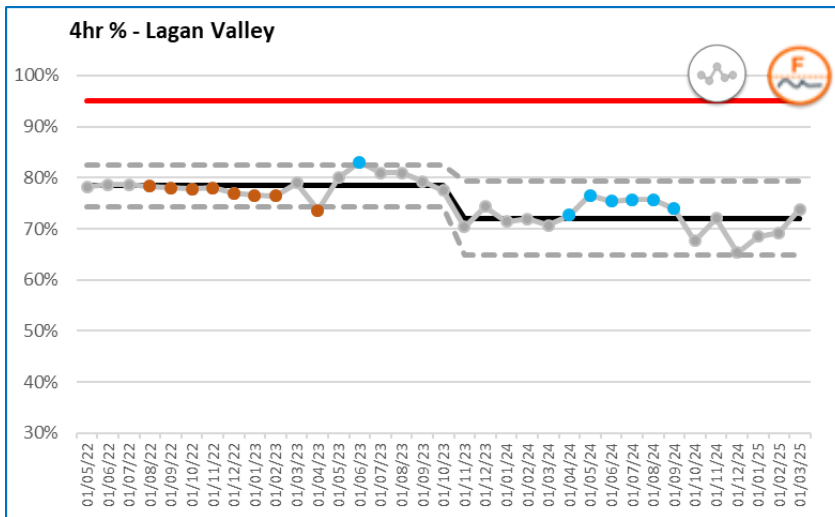
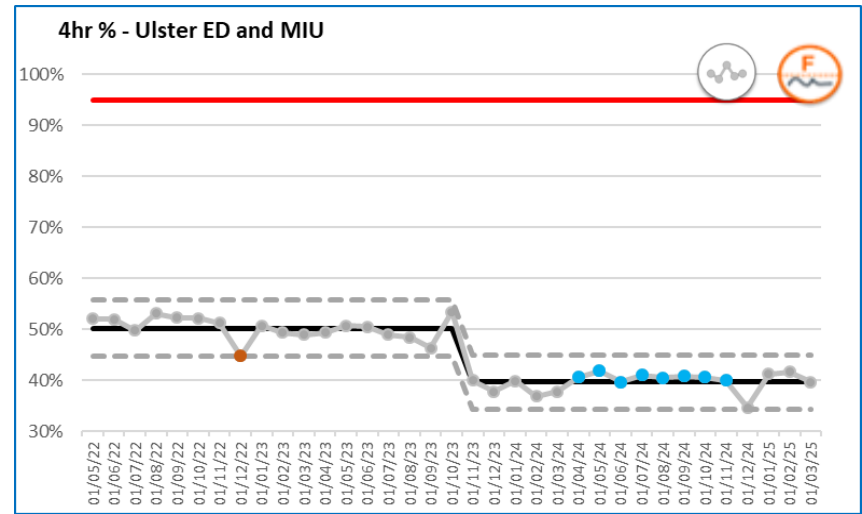
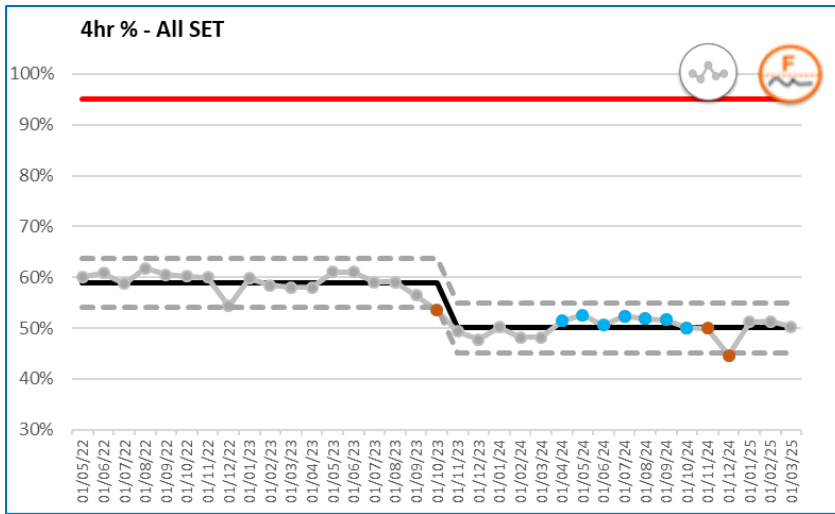
**At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days. The 'Cancer 62 Day %' metric relates to traditional CPD target and was 36% compared to the expected 95% March target. The Trust has not met the 95% target during FY 24/25.**

The Service will be impacted over March, April and May as Monday clinics will be reduced due to Bank Holidays. Plans to mitigate the impact are being considered through exploring additional clinics. However, if these can be delivered, the aim will be to maintain capacity rather than expand capacity.

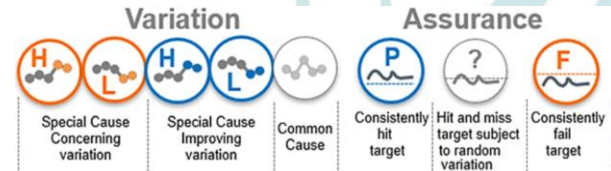
Performance against the 62 day % cancer target remains low due to tracking and pathologies (6-8 week timeframe) and this position will improve once tracking is closed. Two months should be allowed for more accurate reporting.



# Unscheduled Care 4 Hour Target 1/2



Note change of axis beginning at 92%.



# 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.

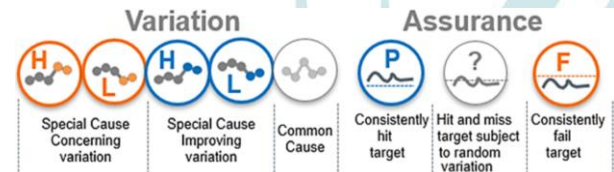
In March 2025 50% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target.

At the Ulster site the figure was 40%, Lagan Valley 74% and 96% in Downe Urgent Care Centre.

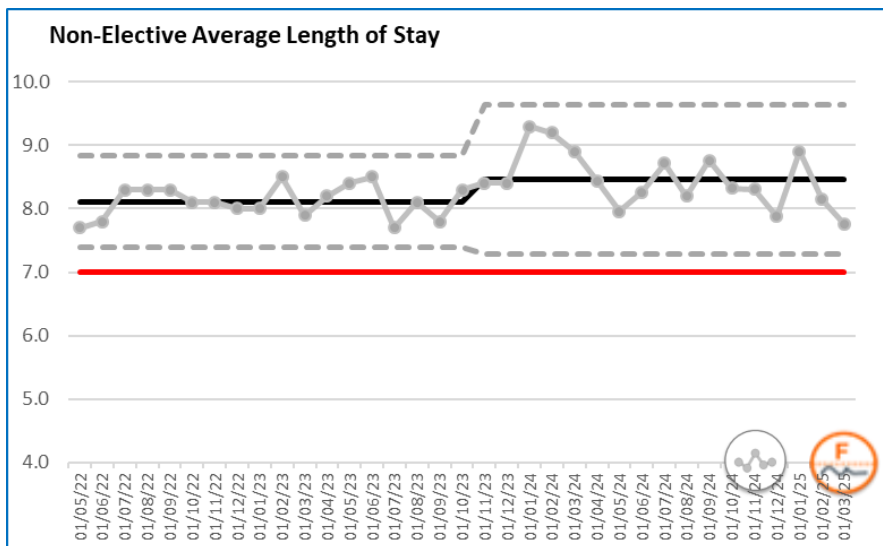
The Downe was the only site to meet the 95% target throughout 24/25.



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# Non-Elective Average Length of Stay

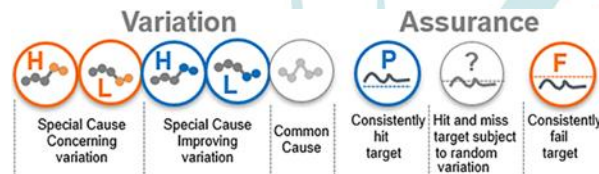


**Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring. In March 2025 the average length of stay was 7.8 against an expected trajectory of 7.0. The Trust did not meet the 7.0 target during 24/25**

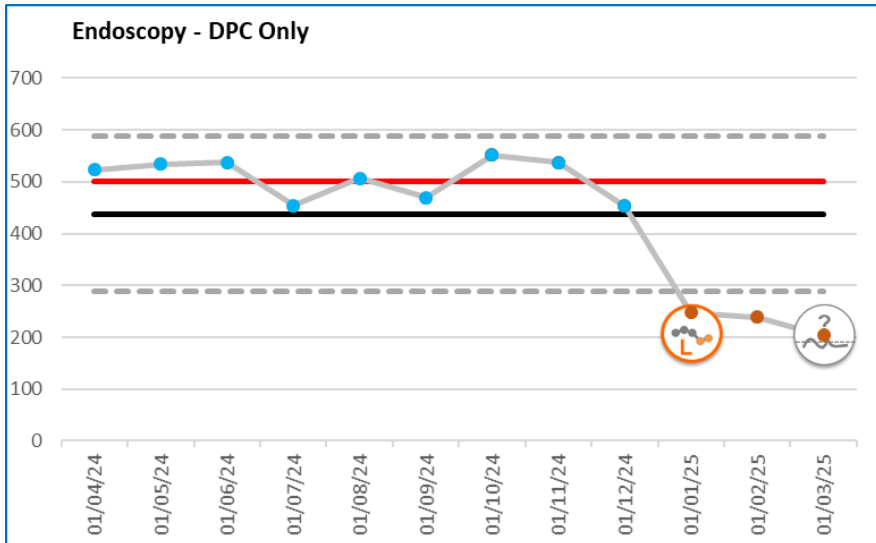
Although Non-elective length of stay remains high, there has been an improvement from January 2025 and is on an improved trajectory.



South Eastern Health and Social Care Trust



# Endoscopes (DPC Only)



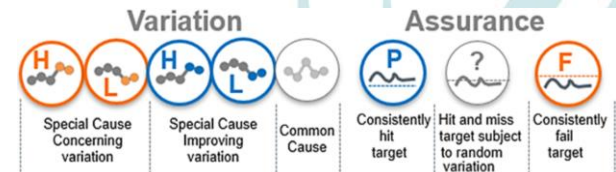
Endoscope activity is tracked as part of SDP monitoring.

**Latest figures from March 2025 recorded 204 Endoscopes (DPC only) against an expected trajectory of 500. This equates to an expected trajectory of 41%. The Trust met the target for the majority of 24/25, however has deteriorated in recent months.**

Throughout the financial year 2024/25 Endoscopy activity in DPC remained high through the ability to utilise DPC slippage funding to deliver in-sourced activity at weekends. Unfortunately, due to the unavailability of funding at year end, this has been paused. In addition to reduced IS capacity the service was impacted by the St Patrick's Day bank holiday and year end leave. Plans are being developed to understand capacity for IS delivery in 2025/26 to ensure activity is maximised.



South Eastern Health and Social Care Trust



Safety, Quality and Experience of Care

# HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health  
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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 &lt; 48 hours : 70&gt; 48 hours</p> <p>MRSA :4 &lt; 48 hours, :7&gt; 48 hours</p> <p><u>Gram Negative Bacteraemias (GNB)</u> Reportable only if &gt;48hrs</p> <p><i>Ecoli</i> :78 <i>Pseudo. Aeruginosa</i> : 5 <i>Klebsiella Oxytoca</i> : 3 <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</p> <p>Those infections &lt; 48hrs from admission are not deemed hospital acquired infections but are still included in Trust overall figures and included in the rates.</p> <p>All HCAI's are actively monitored. Patient reviews are completed by the IPC team in the first instance prior to the decision to proceed to a MDT PIR if required. Any learning identified is shared with the clinical teams and via governance structures.</p>	<table border="1"> <thead> <tr> <th></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 March</th> <th>April - Mar 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>7.33 [33.72]</td> <td>88</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>8</td> <td>6</td> <td>0.5</td> <td>0.92[4]</td> <td>11</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>98</td> </tr> </tbody> </table> 		Target 23/24	Outturn 23/24	Target 24/25	Target no. of cases / month	Avg cases as of end of March	April - Mar Episodes	<i>C. difficile</i>	55	72	64	5.33	7.33 [33.72]	88	MRSA	5	8	6	0.5	0.92[4]	11	All Gram Negative#	39	95	39	3.25	8.2	98	<table border="1"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="12">Public Health Metric: Infections per 100,000 bed days</th> </tr> <tr> <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>39.68</td> <td>31.17</td> <td>32.81</td> <td>32.76</td> <td>34.22</td> <td>34.1</td> <td>33.7</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>3.42</td> <td>3.26</td> <td>3.86</td> <td>3.93</td> <td>4</td> <td></td> </tr> </tbody> </table> 	Month	Public Health Metric: Infections per 100,000 bed days												April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	CDI: Target 25.40	38.03	31.18	29.26	31.17	39.68	31.17	32.81	32.76	34.22	34.1	33.7		MRSA: Target 2.87	0	2.08	2.79	2.08	3.31	2.77	3.42	3.26	3.86	3.93	4	
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MRSA: Target 2.87	0	2.08	2.79	2.08	3.31	2.77	3.42	3.26	3.86	3.93	4																																																																								



Safety, Quality and Experience of Care

# PRIMARY CARE AND OLDER PEOPLE



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# Performance Summary

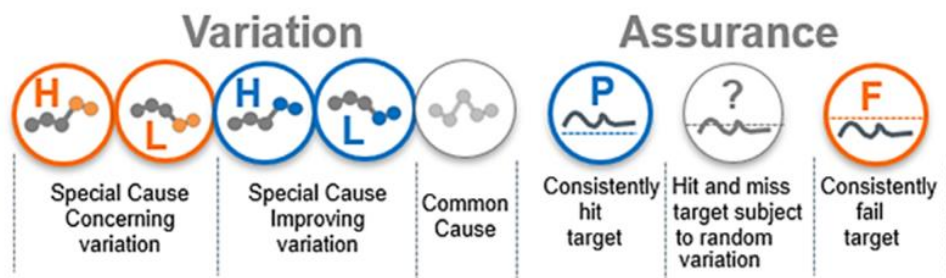
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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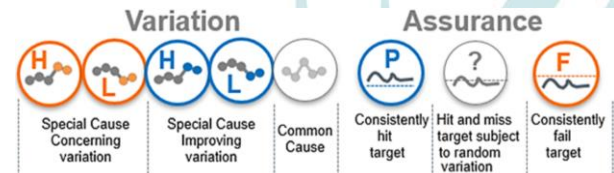
In March 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- CDS contact Review
- CDS General Anaesthetic Ulster
- Occupational Therapy Review
- Dietetics Review

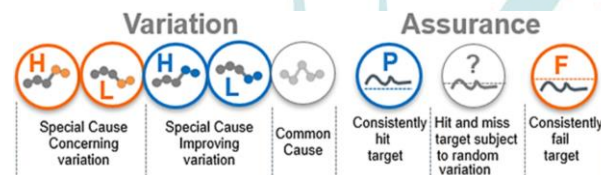


KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Mar 25	235	152		
CDS Contact Review	Mar 25	1005	1013		
AHP < 13 weeks	Mar 25	55%	100%		
CDS General Anaesthetic Ulster	Mar 25	91	83		

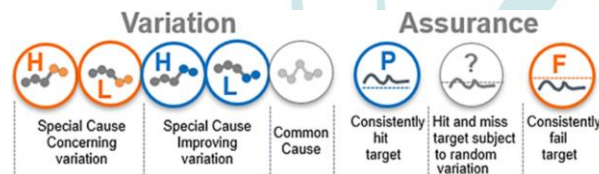
NB. District nursing contacts are not measured as previously. Prior to encompass multiple interventions completed during one home visit appointment would be counted as one direct contact. On encompass, when two or more interventions with differing visiting frequency are scheduled for the same visit appointment, these need to be added as to the system as multiple contacts. Comparison to the targets illustrated above are no longer applicable. Reporting against this SDP metric has been paused, target removed.



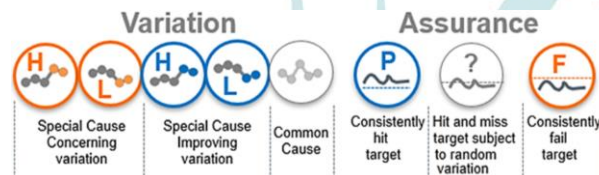
KPI	Latest month	Measure	Target	Variation	Assurance
Speech & Language Therapy New Contacts	Mar 25	630	476		
Speech & Language Therapy Review Contacts	Mar 25	3489	4505		
Physio New	Mar 25	1758	1946		
Physio Review	Mar 25	4994	4540		
Occupational Therapy New	Mar 25	784	735		
Occupational Therapy Review	Mar 25	1503	2598		
Dietetics New	Mar 25	671	764		
Dietetics Review	Mar 25	1554	1025		
Orthoptics New	Mar 25	166	81		
Orthoptics Review	Mar 25	482	364		
Podiatry New	Mar 25	642	415		
Podiatry Review	Mar 25	2045	2522		



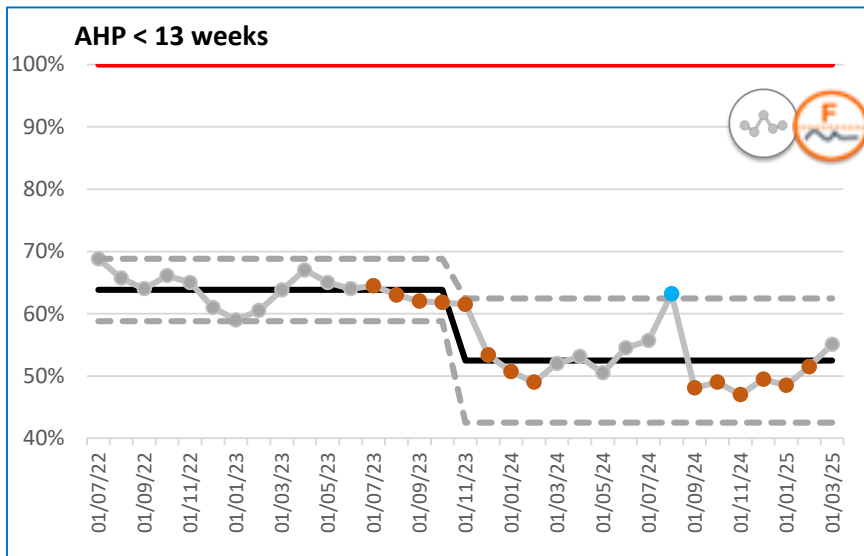
KPI	Latest month	Measure	Target	Variation	Assurance
Occupational Therapy Number on WL	Mar 25	2830	-		
Occupational Therapy >13 Week Waits	Mar 25	1618	0		
Orthoptics Number on WL	Mar 25	472	-		
Orthoptics >13 Week Waits	Mar 25	9	0		
Podiatry Number on WL	Mar 25	2547	-		
Podiatry >13 Week Waits	Mar 25	1246	0		
Physiotherapy Number on WL	Mar 25	9255	-		
Physiotherapy >13 Week Waits	Mar 25	4531	0		
Dietetics Number on WL	Mar 25	1946	-		
Dietetics >13 Week Waits	Mar 25	371	0		



KPI	Latest month	Measure	Target	Variation	Assurance
Speech and Language Therapy Adult Number on WL	Mar 25	929	-		
Speech and Language Therapy Adult >13 Week Waits	Mar 25	400	0		
Speech and Language Therapy Child Number on WL	Mar 25	445	-		
Speech and Language Therapy Child >13 Week Waits	Mar 25	89	0		



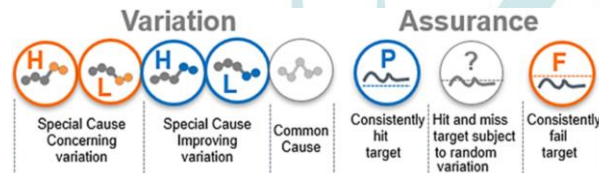
# AHP < 13 weeks



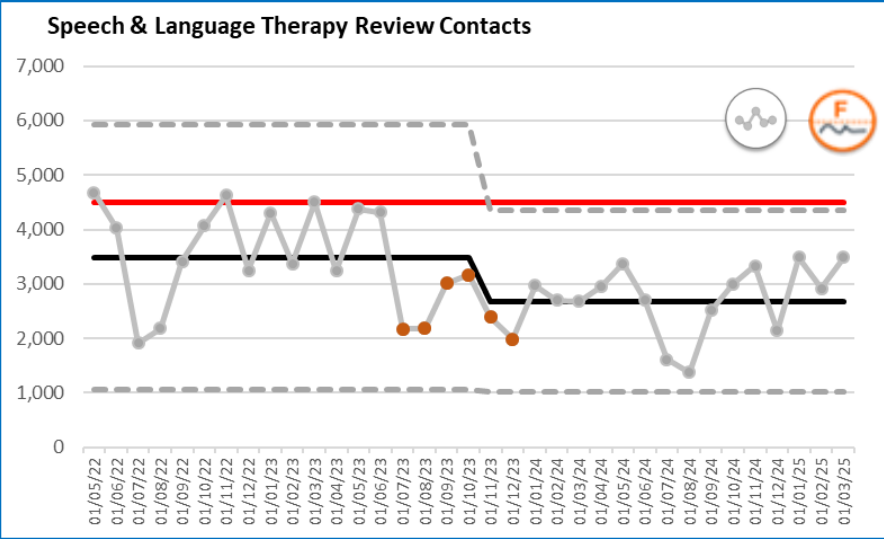
**Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target. In March 55% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table. The Trust did not meet the 13 week target during 24/25**

While data quality issues related to encompass reporting are improving, challenges persist in AHP 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. AHP services have dedicated significant time to supporting SHSCT and WHSCT during their pre go-live phases, a commitment that is on-going.



# Speech & Language Review Contacts

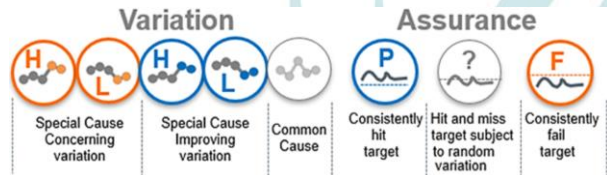


Speech and Language Therapy Review Contacts are monitored as part of the Service Delivery Plan.

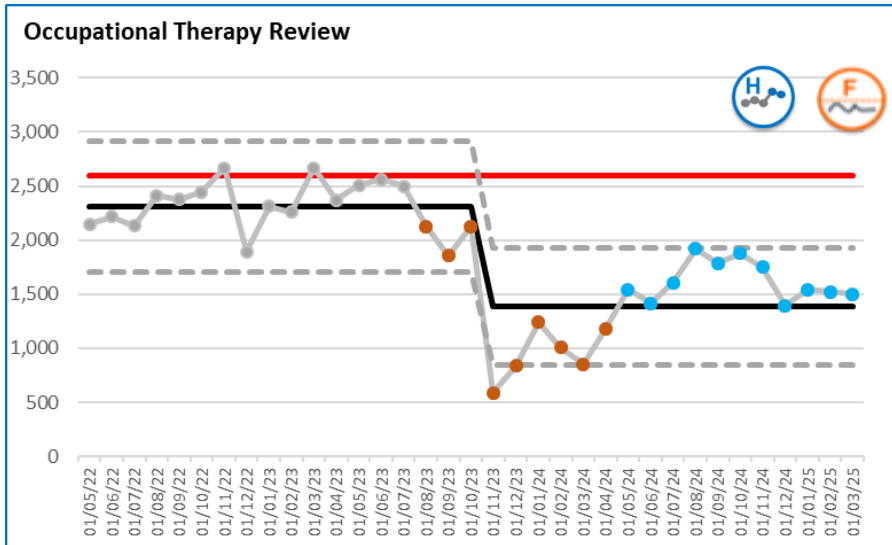
March 2025 recorded 3,489 review contacts against an expected trajectory of 4,505 review contacts. This equates to 77% of expected activity. In 24/25 the Trust did not meet the monthly target for review contacts, however exceeded the target for new contacts in 10 out of 12 months.

Speech and Language Therapy are still impacted by indirect/direct recording of activity for reviews which will continue to show variation when compared to current target.

Speech and Language Therapy Waiting List: impact of complexity of presentation, staffing (maternity leave, secondments, sickness - 18% in Q3). Still ongoing issues with workques and accuracy of data which are slowly improving and are being targeted on an ongoing basis.



# Occupational Therapy Review Contacts



Occupational Therapy Contacts are monitored as part of the Service Delivery Plan.

March 2025 recorded 1,503 review contacts against an expected trajectory of 2,598. This equates to an expected trajectory of 58%. In 24/25 the Trust did not meet the monthly target for review contacts.

Currently addressing maternity leaves and vacancies within paediatrics and adult community which is impacting on activity levels. Processes are in place to address these as appropriate.

A large number of complex referrals from the community are requiring more intensive, long-term interventions, which has impacted capacity. Efforts to maximise capacity, such as waiting list validations, the introduction of community clinics, and other initiatives, are ongoing. Additionally, work is continuing to improve on reporting to ensure all activities are accurately recorded.

A significant portion of activity previously counted as review work before the implementation of encompass is now classified as indirect activity and is no longer included in data submissions. As a result, previous activity levels will not be achieved due to this change in reporting.

Safety, Quality and Experience of Care

# ADULT SERVICES AND PRISON HEALTHCARE



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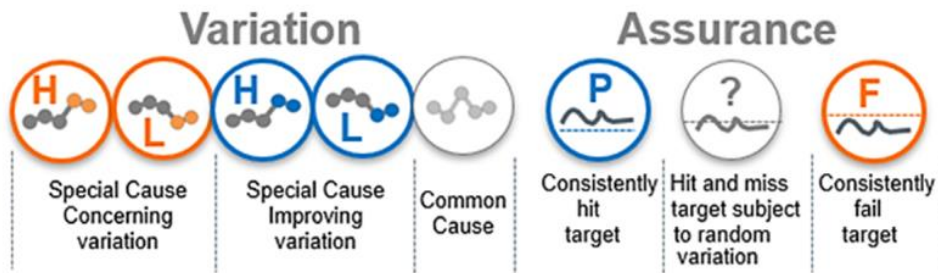
# Performance Summary

Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from Commissioning Plan targets.

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.

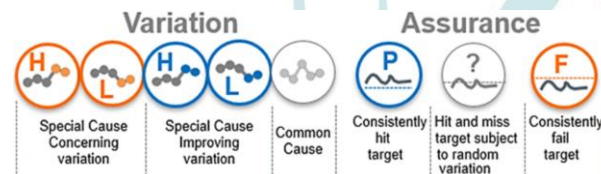
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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



KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Non-Inpatient New	Mar 25	706	780		
Adult Mental Health Non-Inpatient Review	Mar 25	4862	3312		
Psychological Therapies - New Contacts	Mar 25	236	84		
Psychological Therapies - Review Contacts	Mar 25	1690	1603		
Dementia Contacts New	Mar 25	156	-		
Dementia Contacts Review	Mar 25	531	-		

NB. Reporting against Dementia SDP metric has been paused, target removed.



Safety, Quality and Experience of Care

# CHILDREN'S SERVICES



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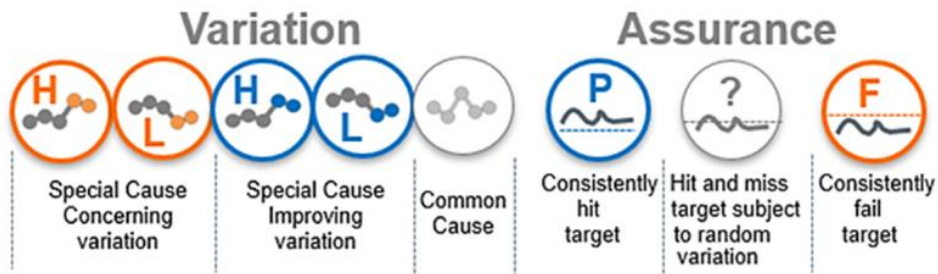
# Performance Summary

Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

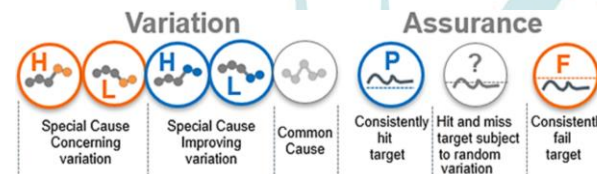
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

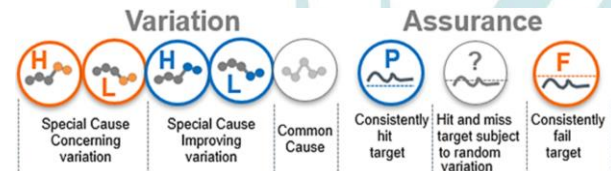
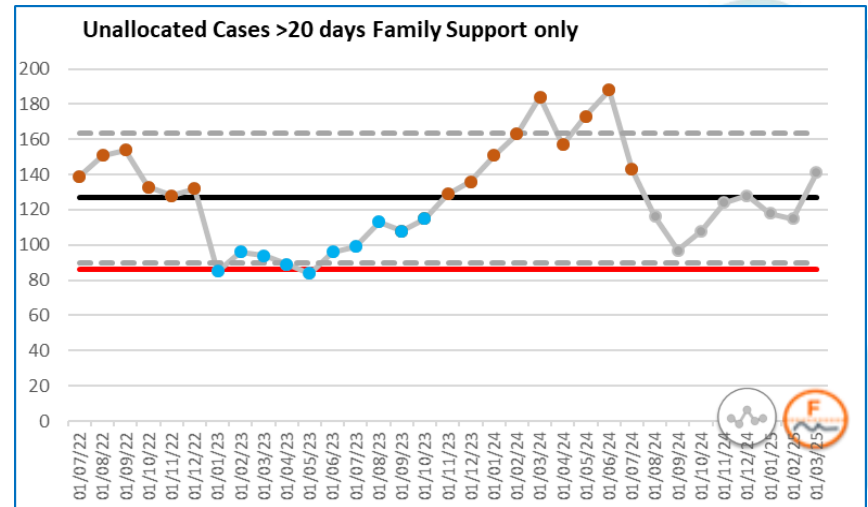
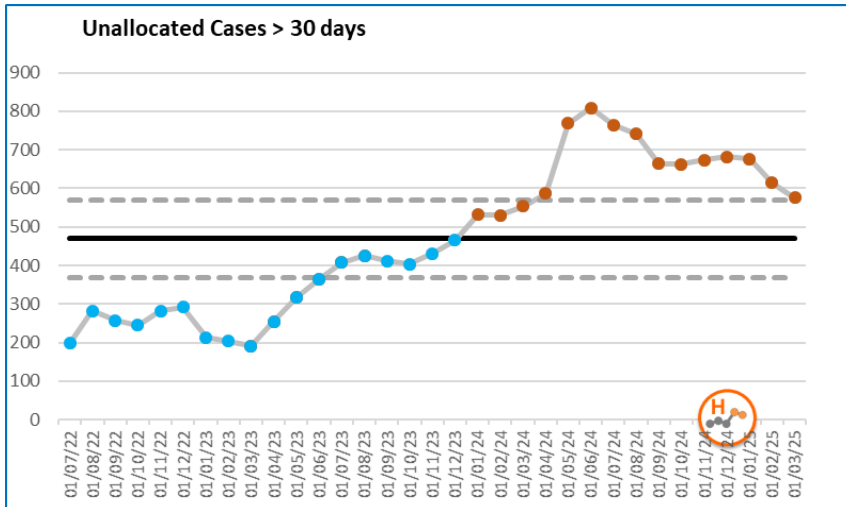
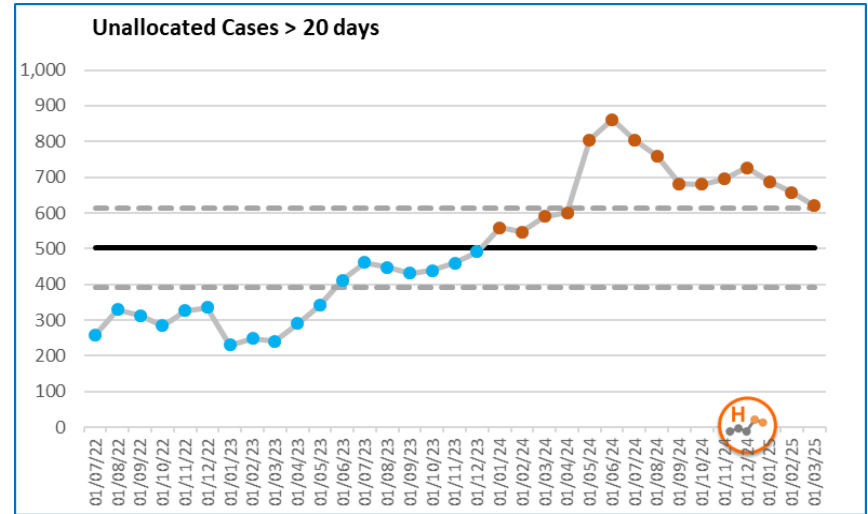
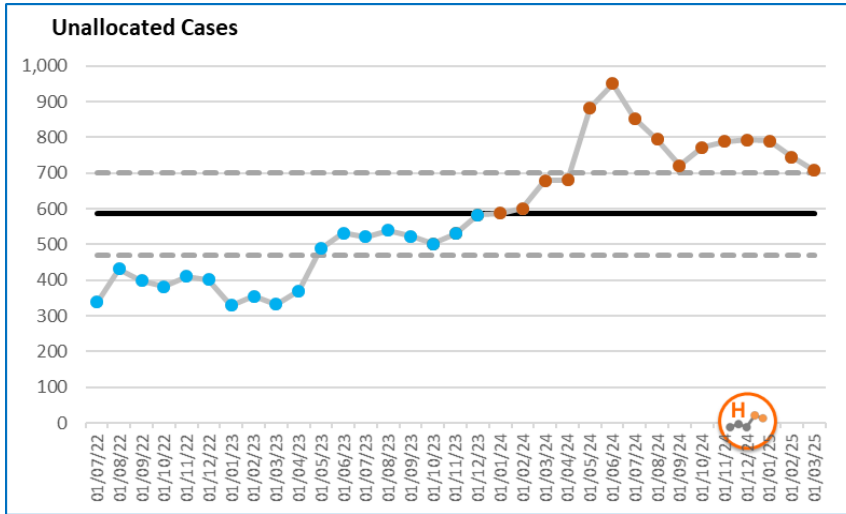
In March 2025 no metrics monitored have had either an improving variation or consistently hit their target.



KPI	Latest month	Measure	Target	Variation	Assurance
Unallocated Cases	Mar 25	707	-		
Unallocated Cases > 20 days	Mar 25	620	-		
Unallocated Cases > 30 days	Mar 25	575	-		
Unallocated Cases >20 days Family Support only	Mar 25	141	86		
Total Unallocated Gateway	Mar 25	135	-		
Total Unallocated Family support	Mar 25	167	-		
Total Unallocated Disability	Mar 25	405	-		



# Unallocated Cases (1/3)



# Unallocated Cases by Service Area (2/3)

**March 2025**

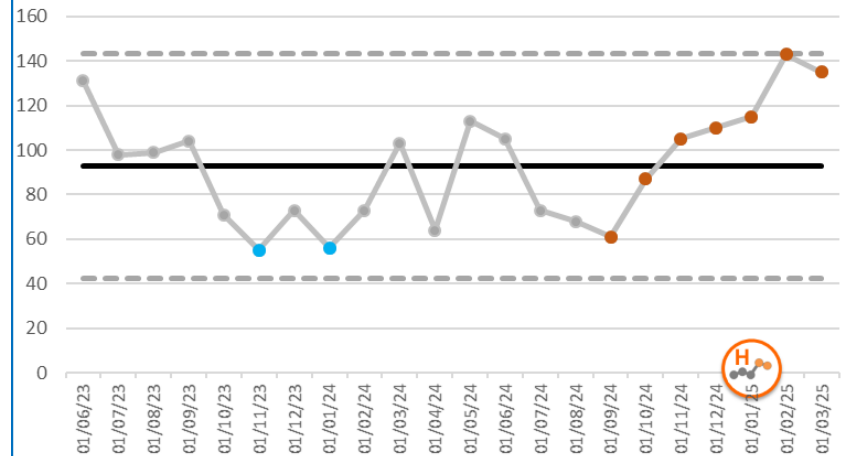
Total Unallocated Cases (from day 1) = 707

Total Unallocated Gateway (from day 1) = 135

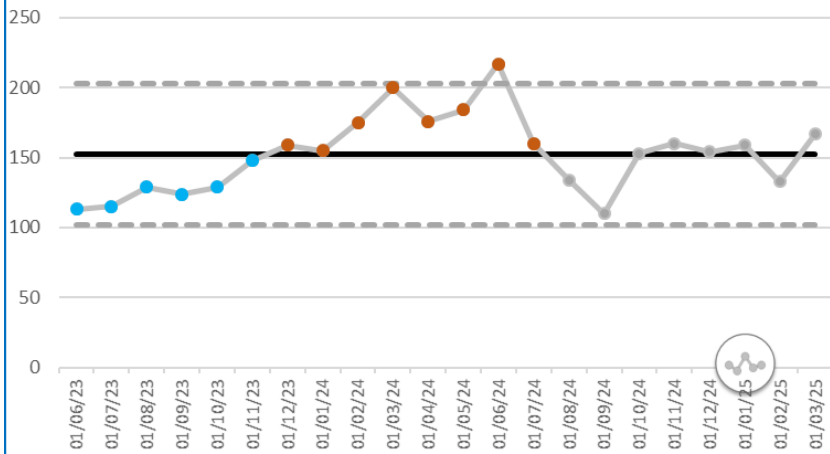
Total Unallocated Family Support (from day 1) = 167

Total Unallocated Disability = 405 NB: new disability tracker introduced April/ May 24

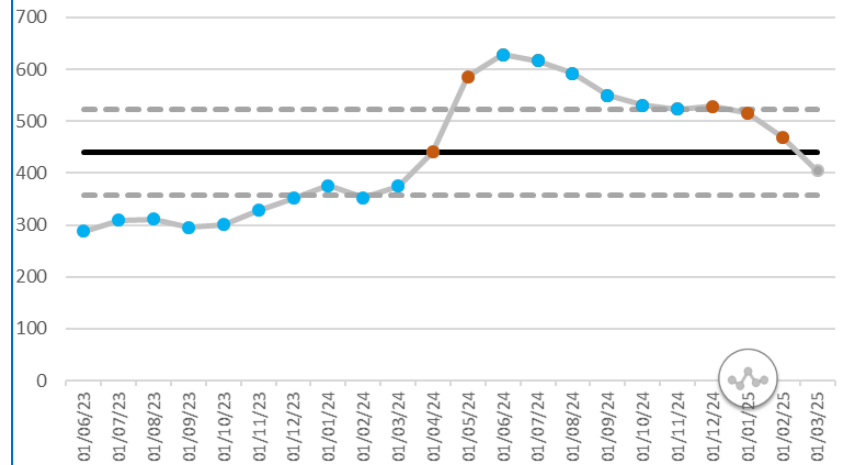
**Total Unallocated Gateway**



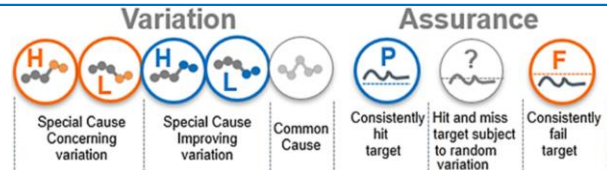
**Total Unallocated Family support**



**Total Unallocated Disability**



South Eastern Health and Social Care Trust



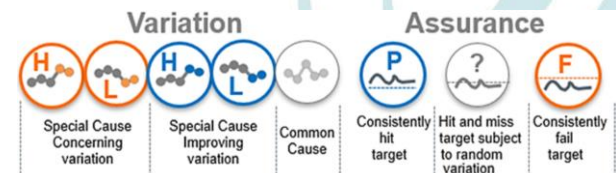
# Unallocated Cases (3/3)

Waiting list cases (total, over 20 days and over 30 days) are from CPD targets and form part of the Corporate Strategic Priority – to reduce the number of cases on waiting lists in Children’s Services. A new Service Delivery Plan metric for Family Support only is shown in the summary table.

In March 2025 there were 141 unallocated over 20 days, for the Family Support metric. These cases exclude cases for Gateway and Children’s Disability Services.

In March 2025 there were 707 cases on the waiting list for Children’s Safeguarding and Disability services, with 620 of these waiting over 20 days and 575 waiting over 30 days. This metric includes waiting list cases 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. Child and Family Teams are slowly seeing a reduction in their waiting list cases over 20 days, but this is subject to staffing across the service which remains volatile, with a 25% vacancy rate. There has been a reduction in cases waiting over 20 days for initial assessment at Gateway, but the volume and complexity of cases transferring to child and family teams remains high.



# Appendix 1

## SPC Monitoring across all Directorates



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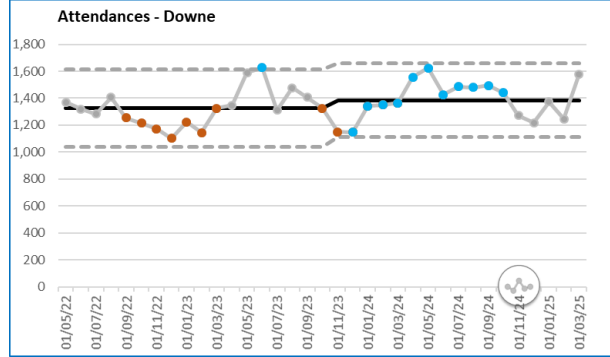
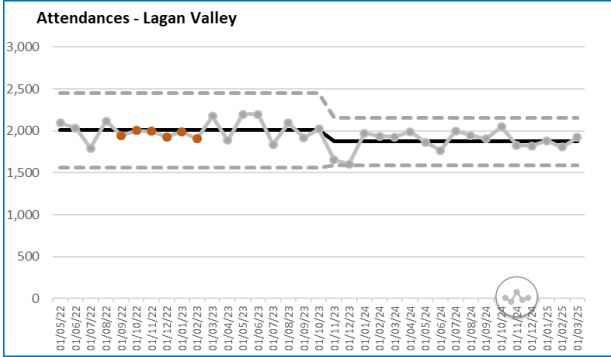
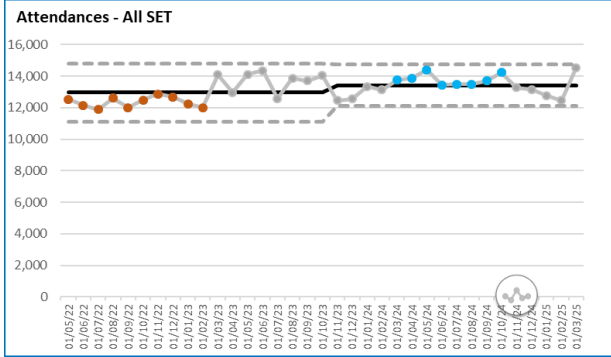
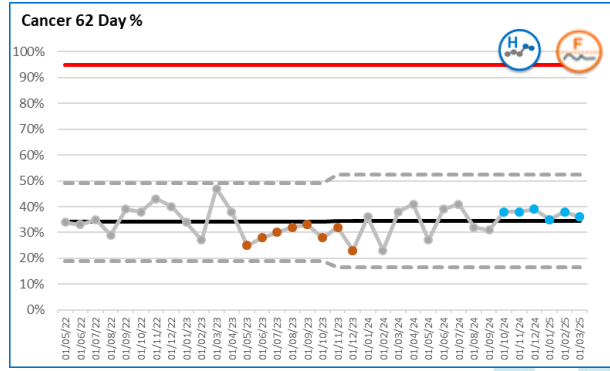
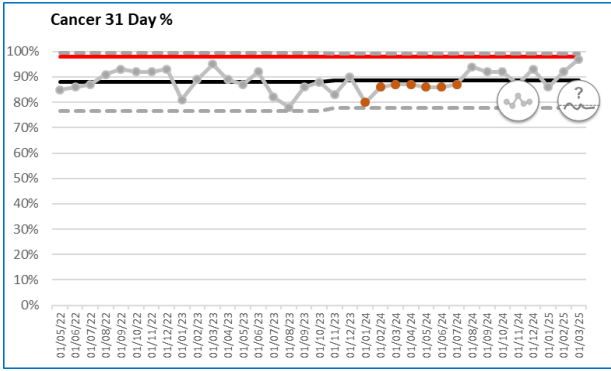
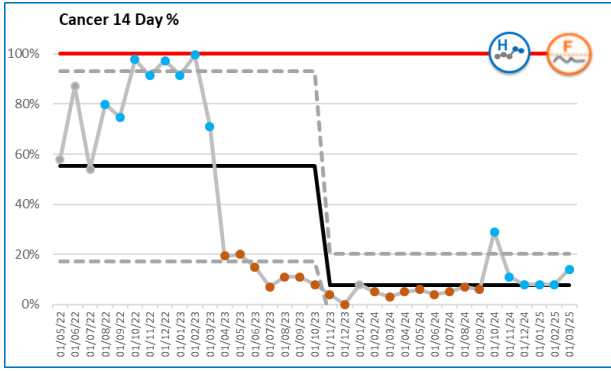
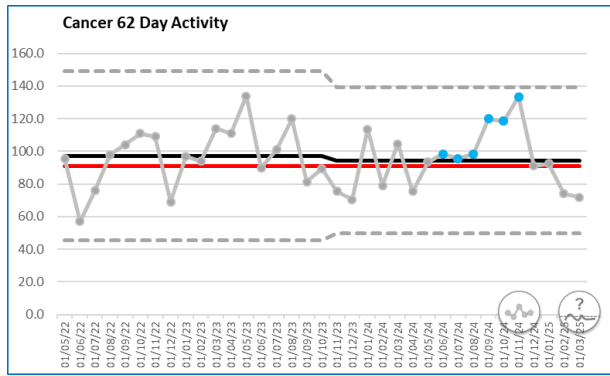
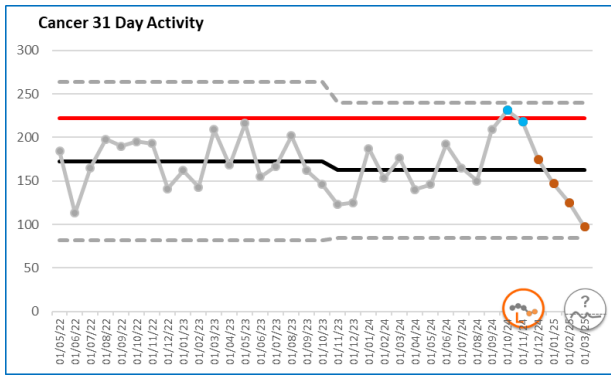
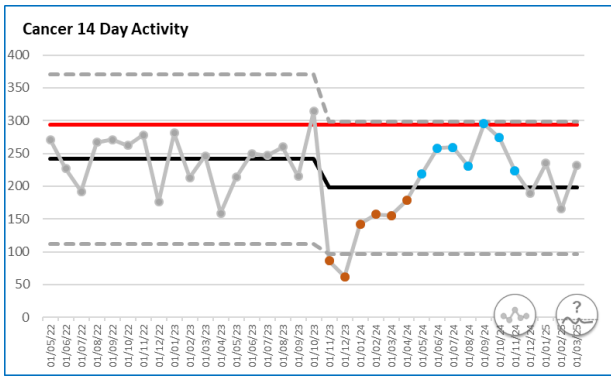
Safety, Quality and Experience of Care

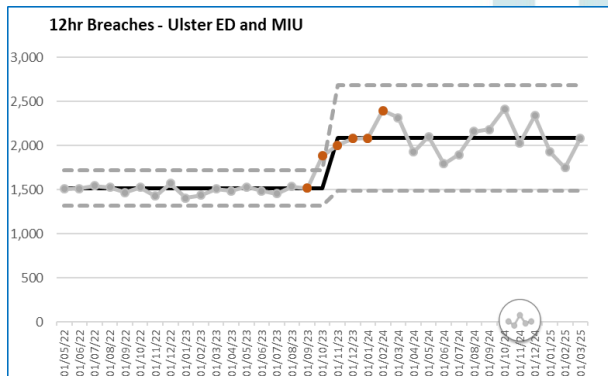
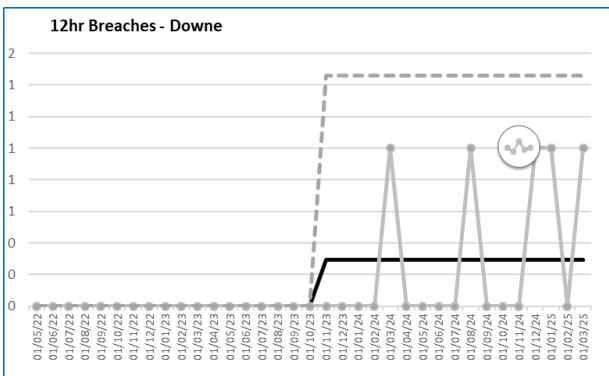
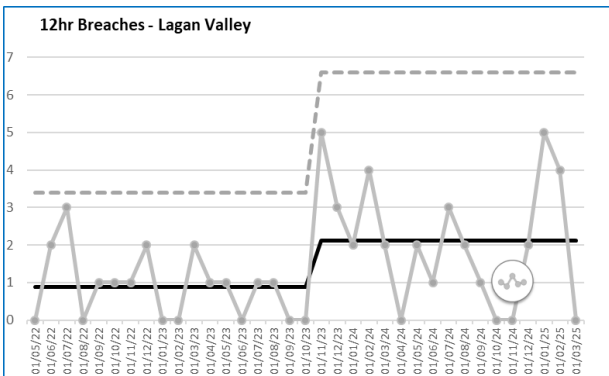
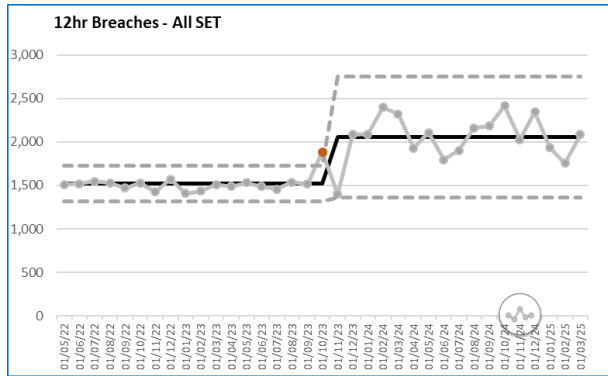
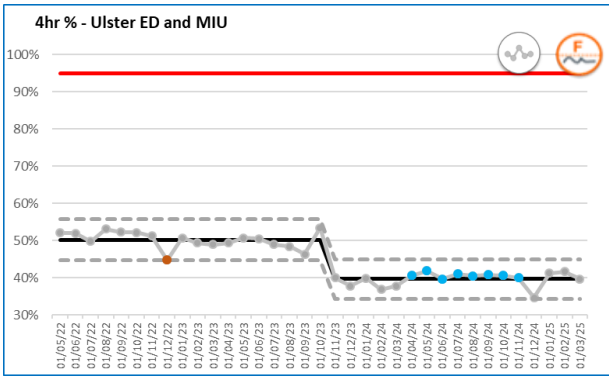
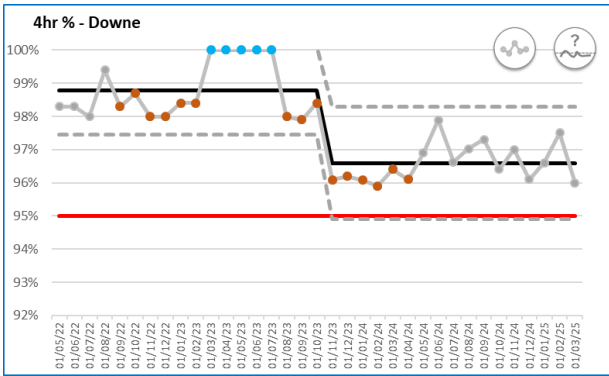
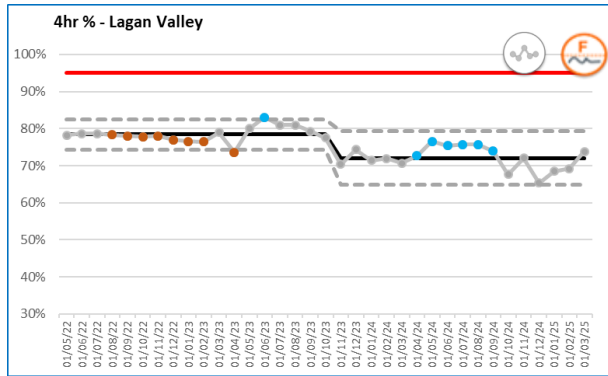
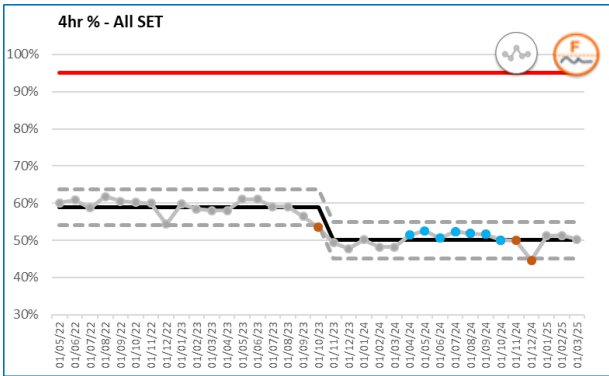
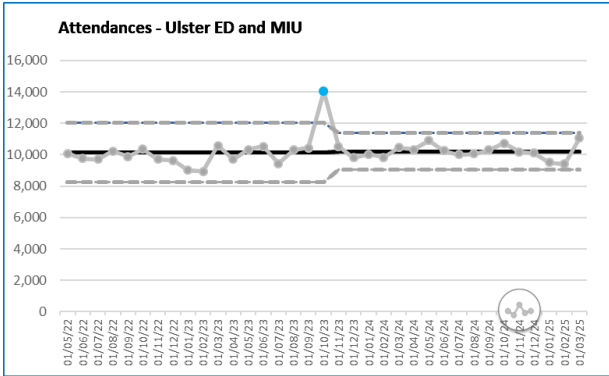
# HOSPITAL SERVICES

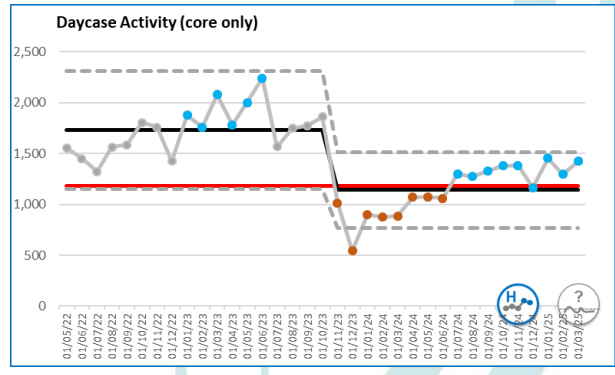
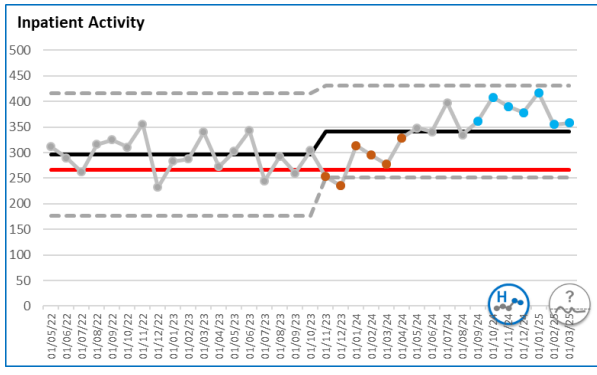
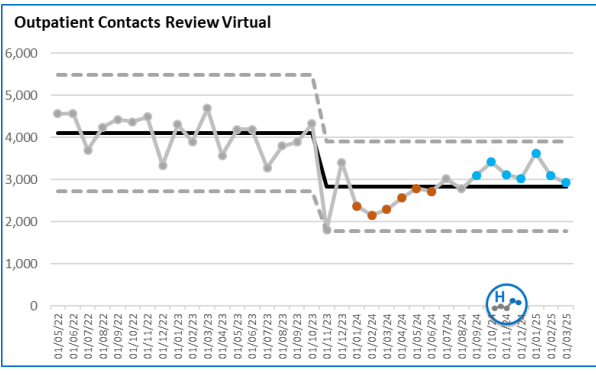
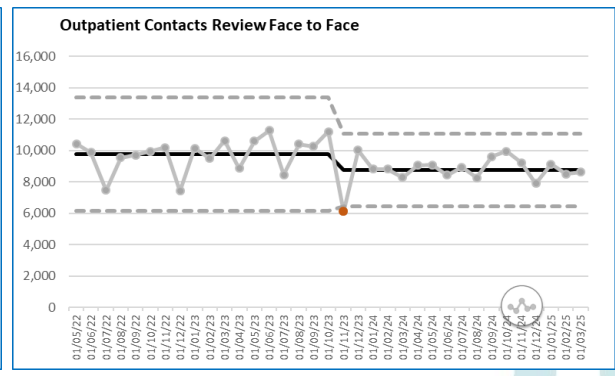
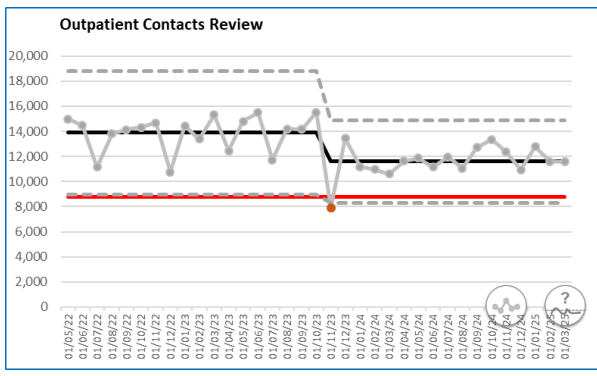
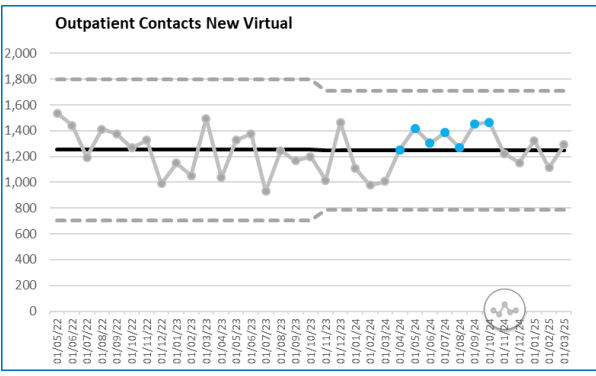
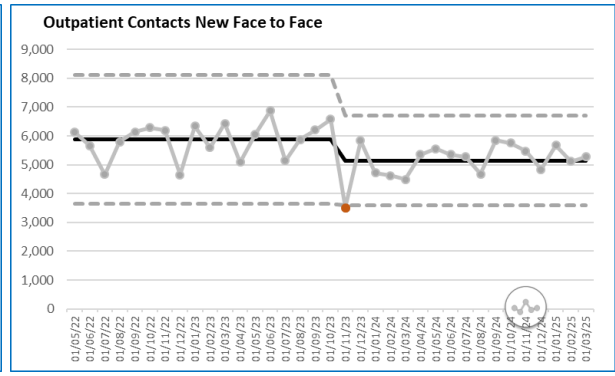
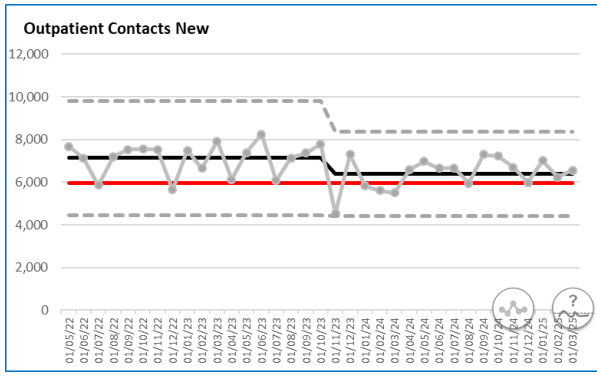
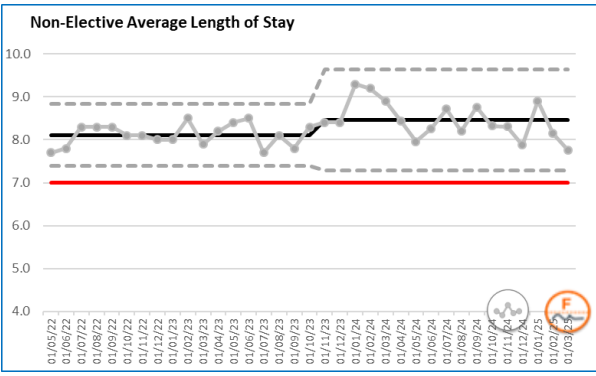


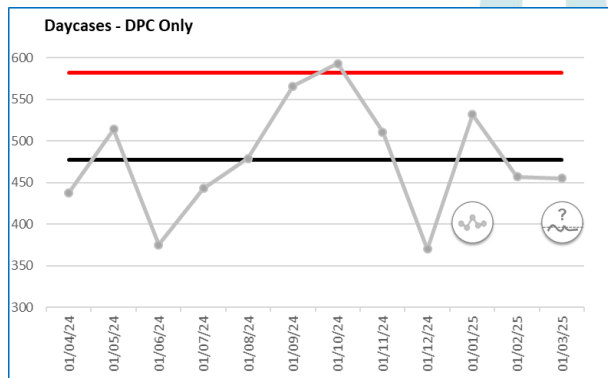
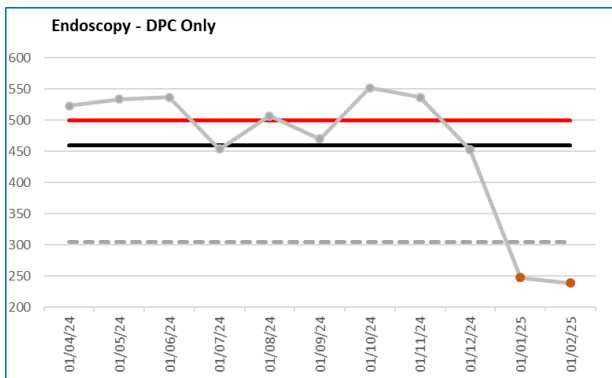
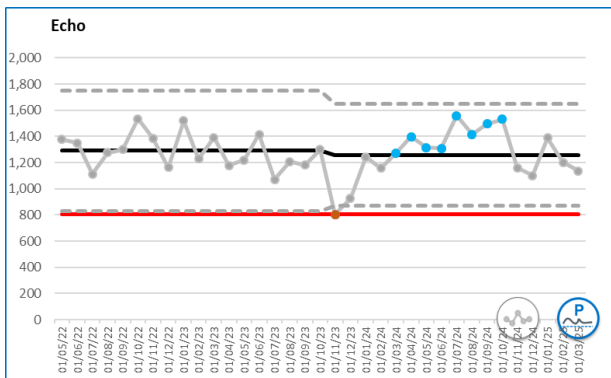
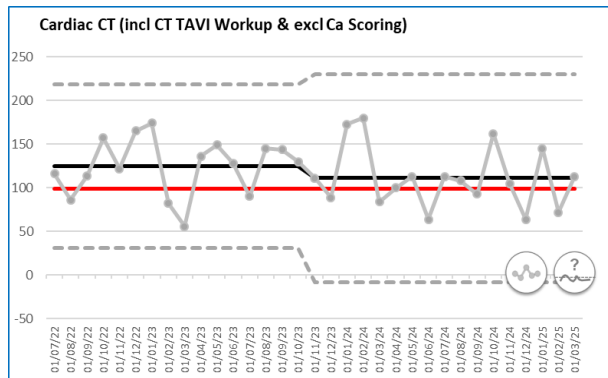
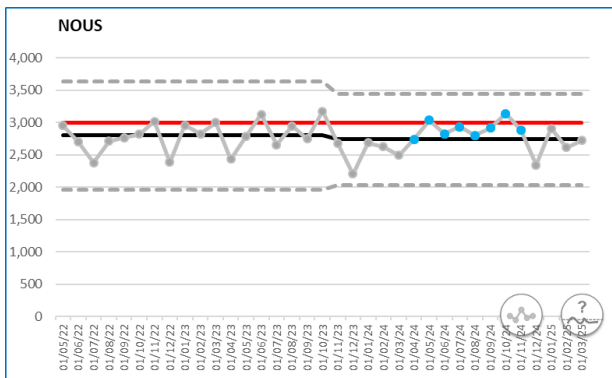
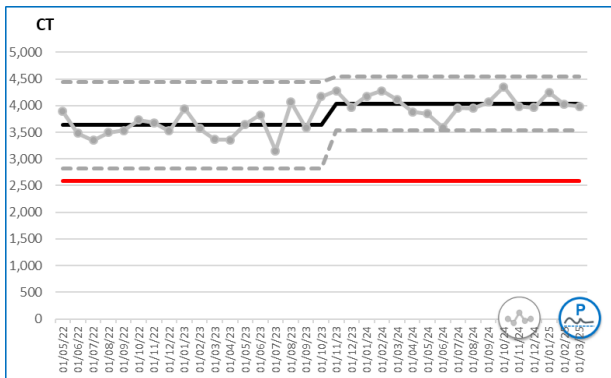
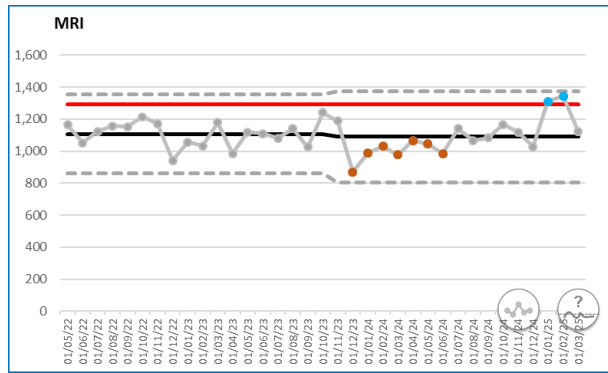
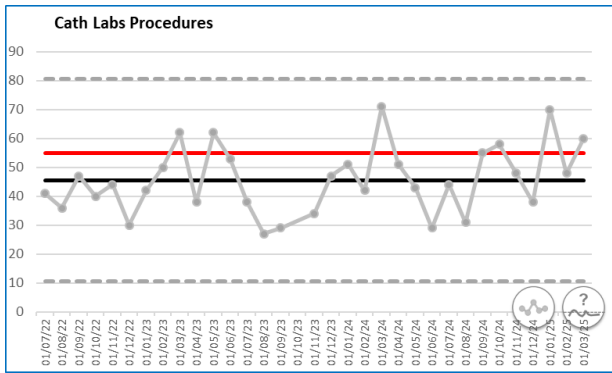
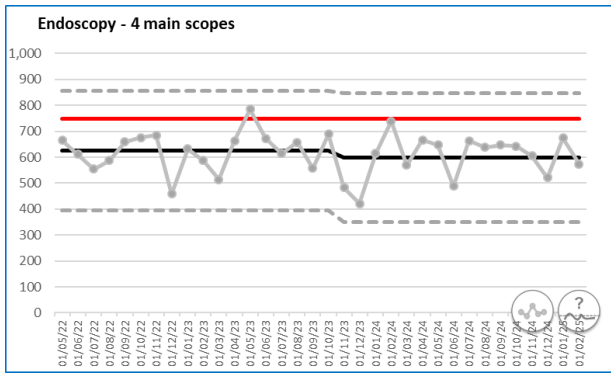
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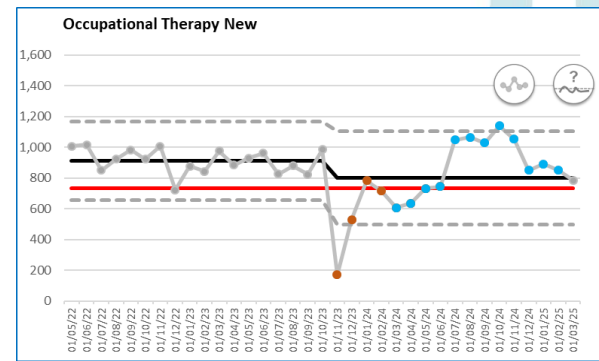
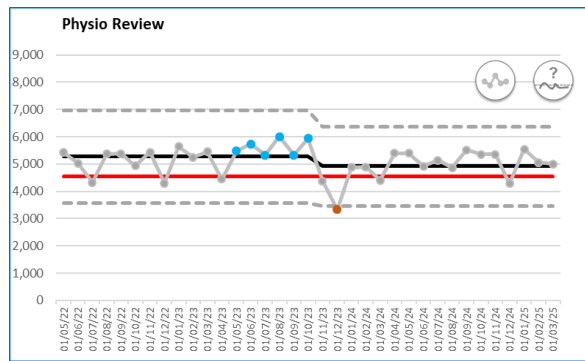
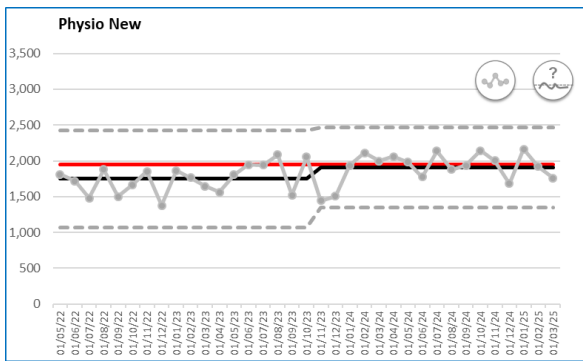
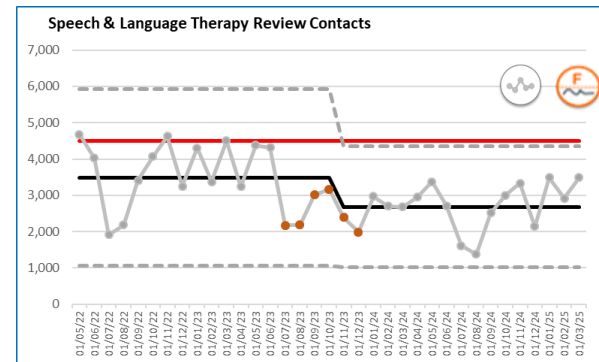
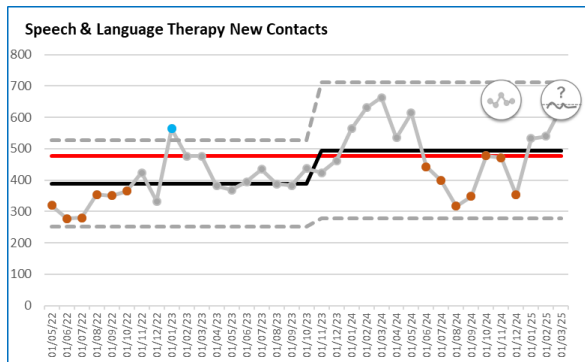
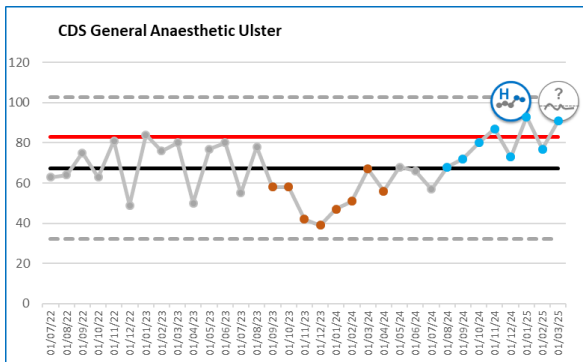
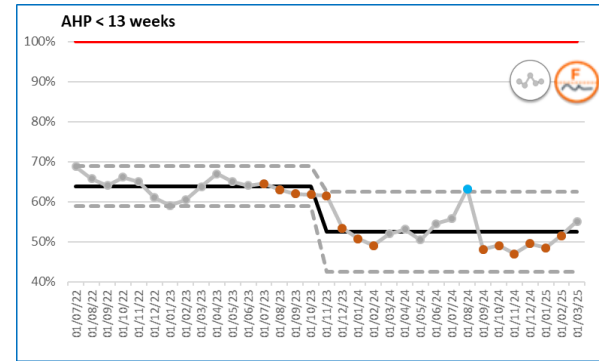
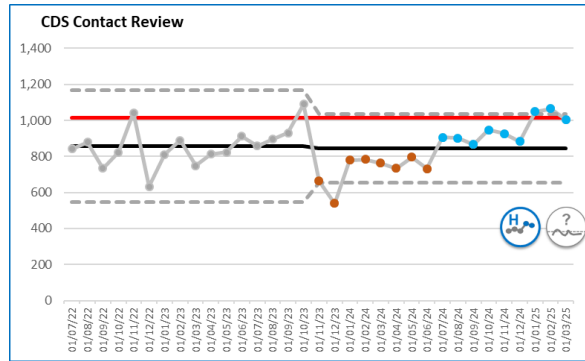
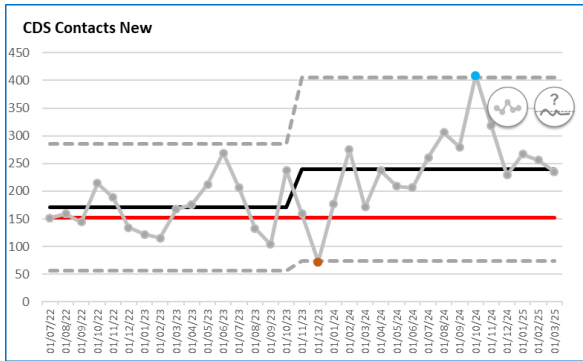
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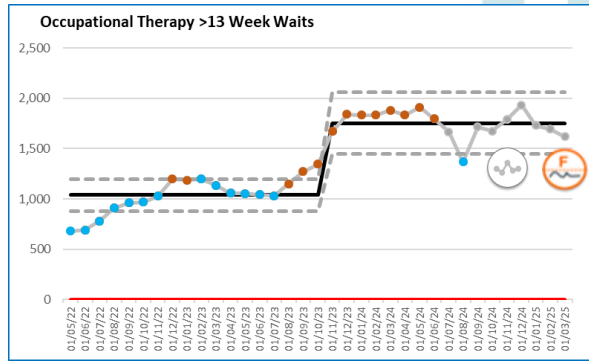
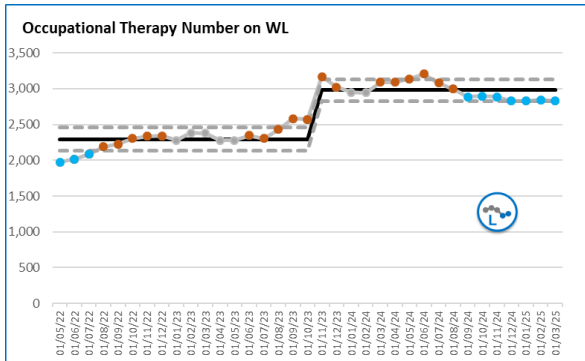
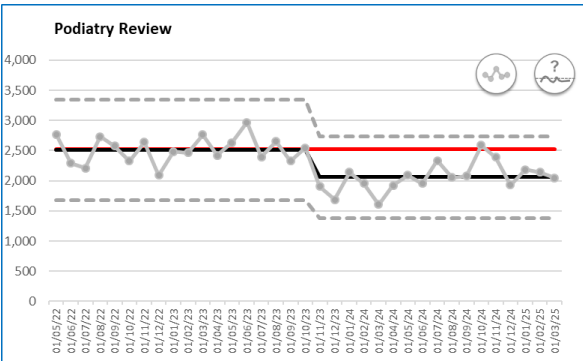
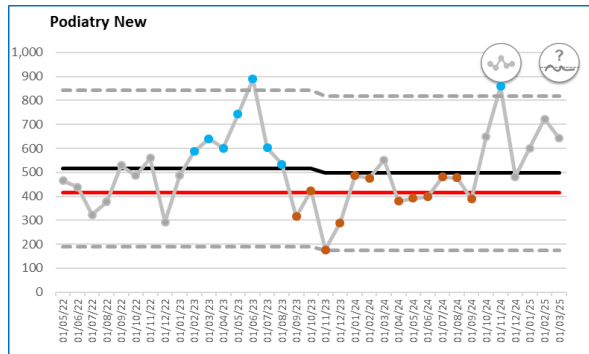
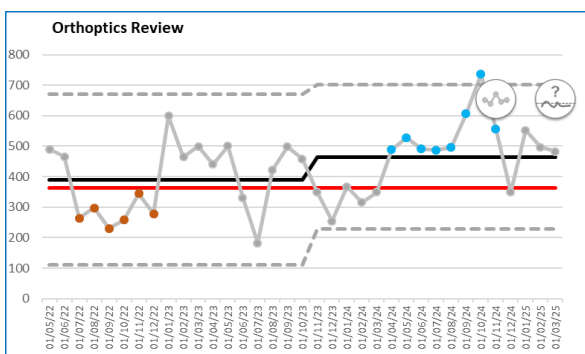
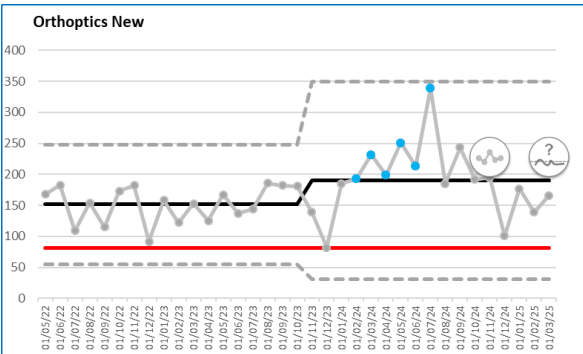
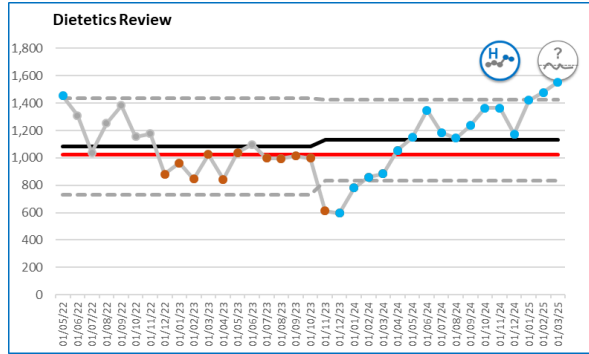
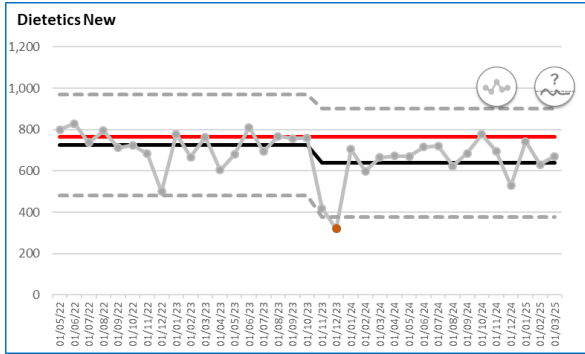
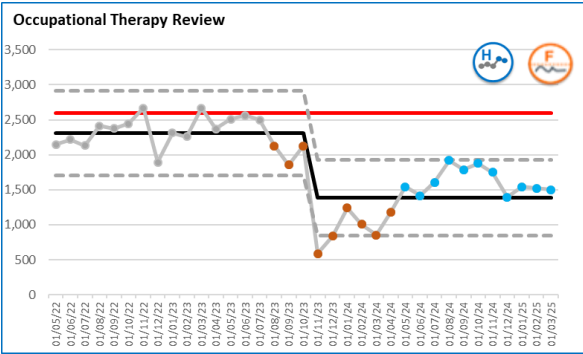
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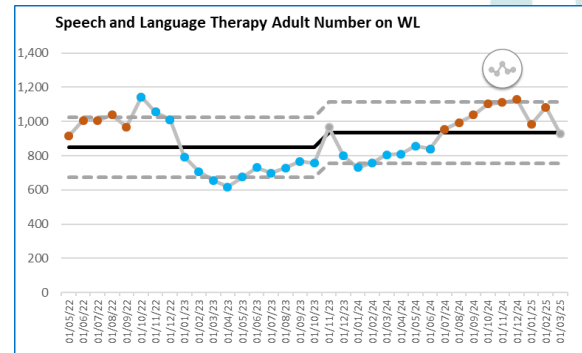
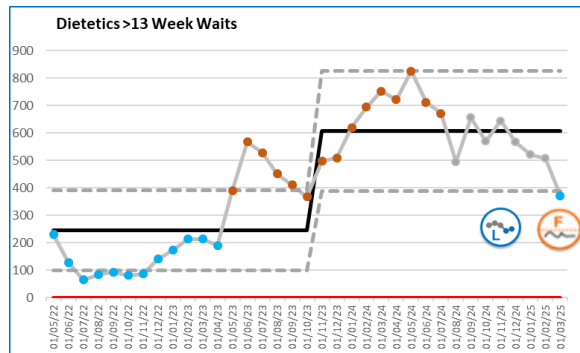
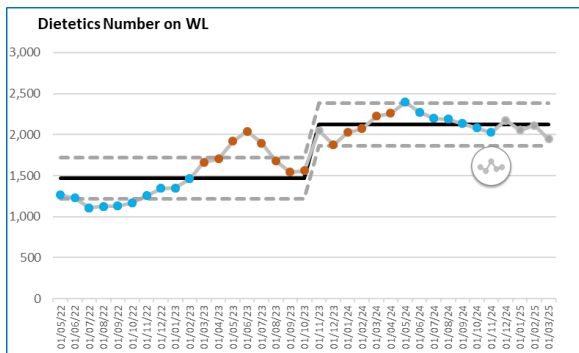
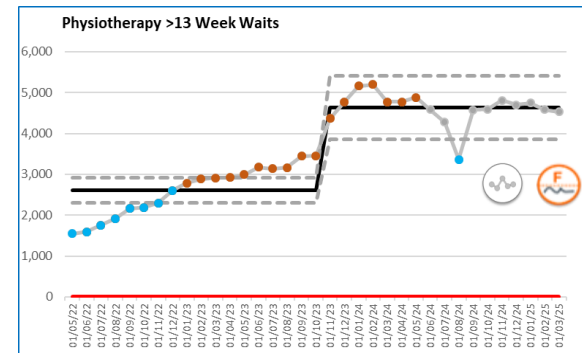
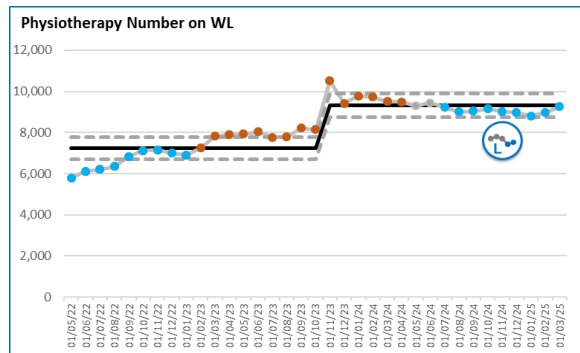
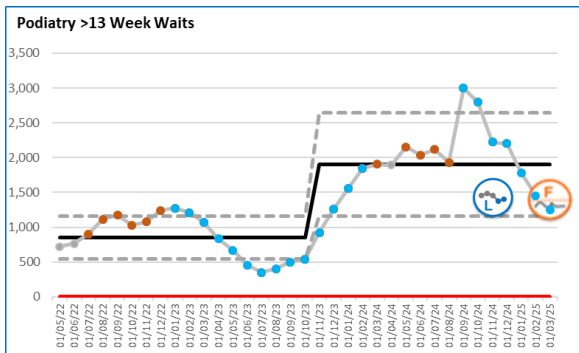
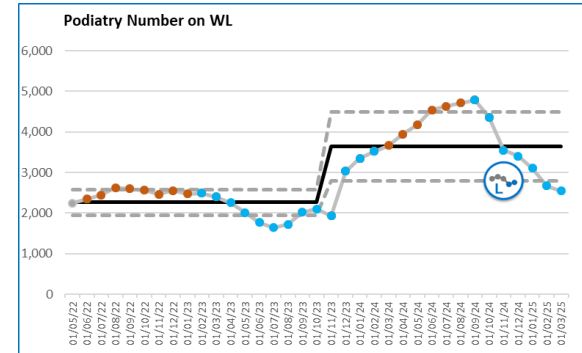
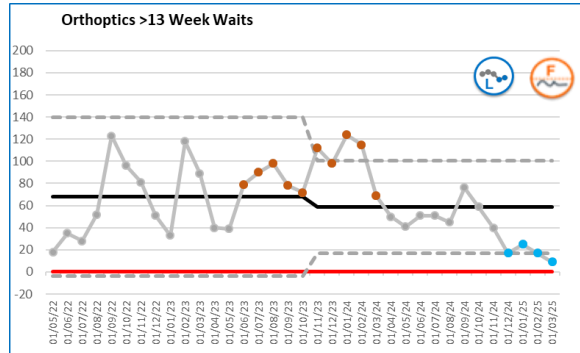
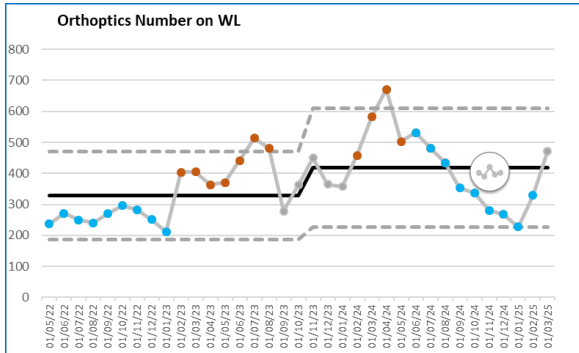


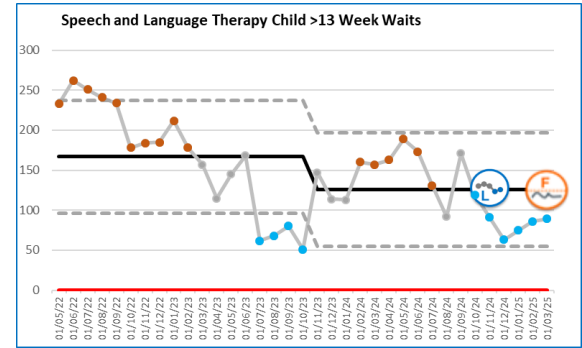
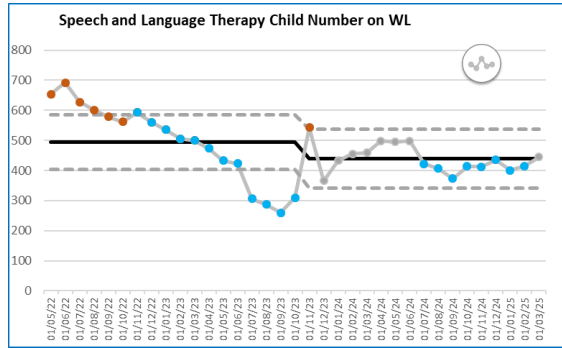
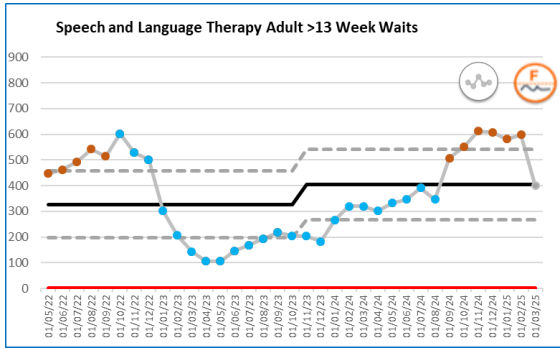
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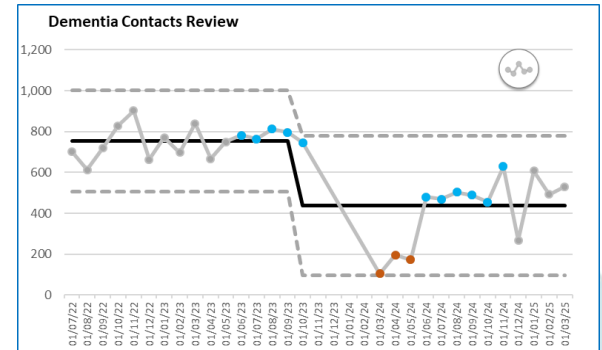
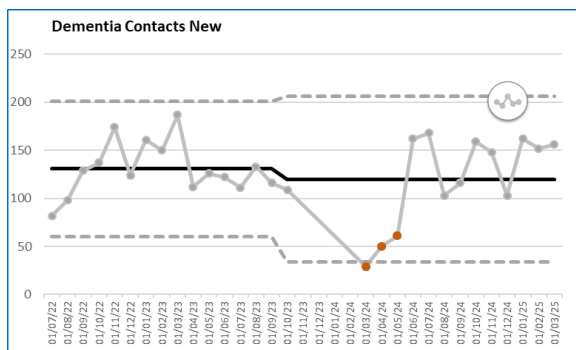
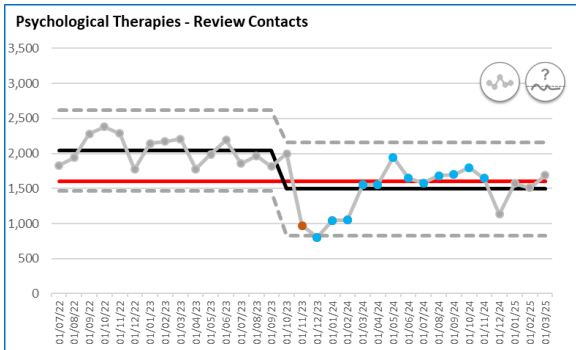
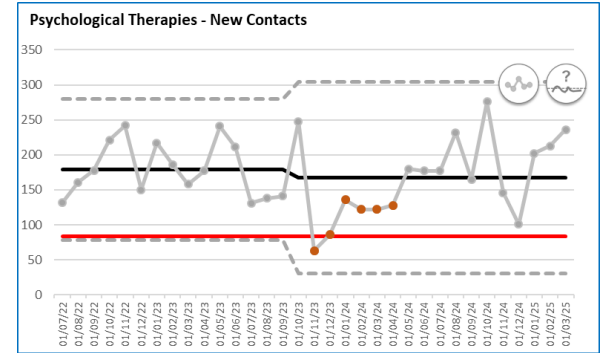
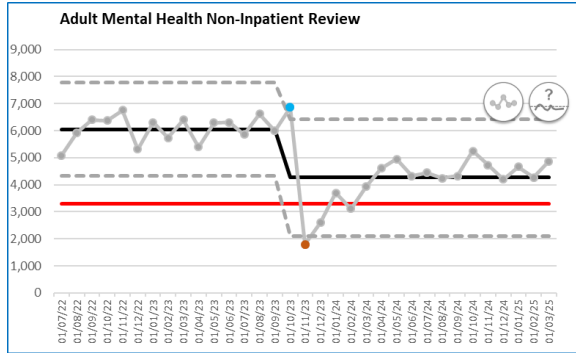
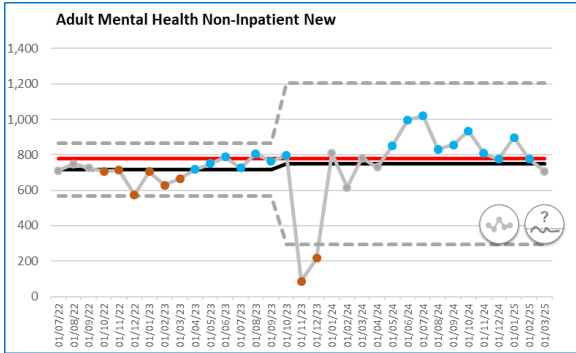
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# ADULT SERVICES AND PRISON HEALTHCARE



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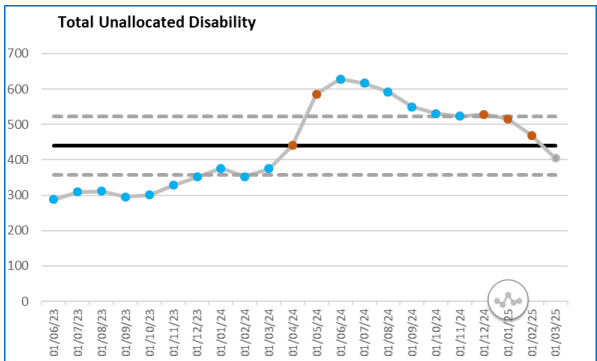
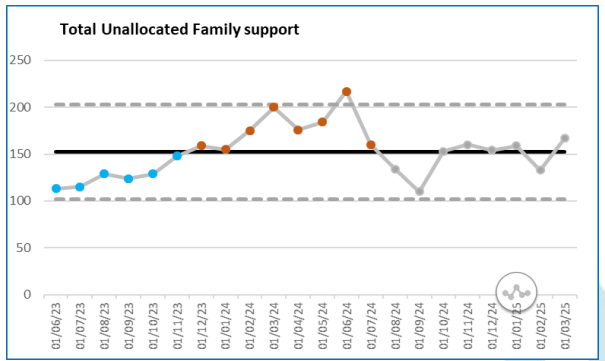
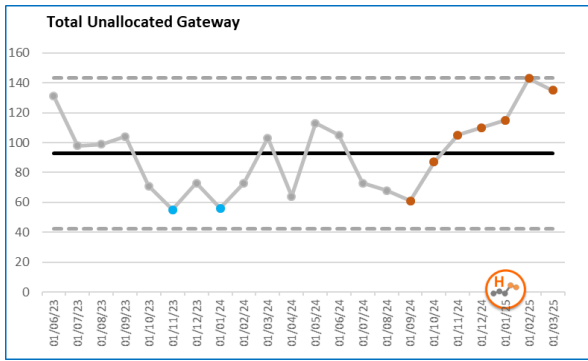
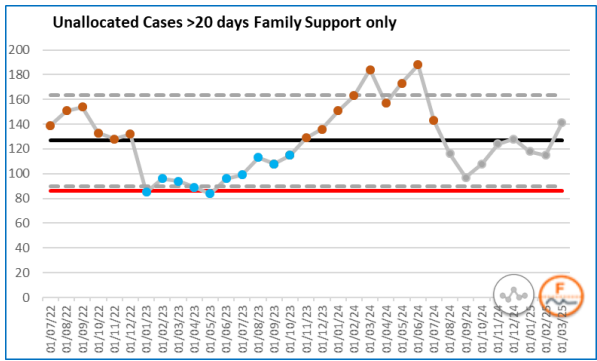
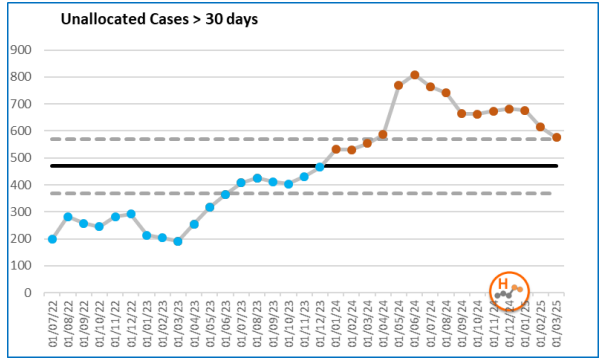
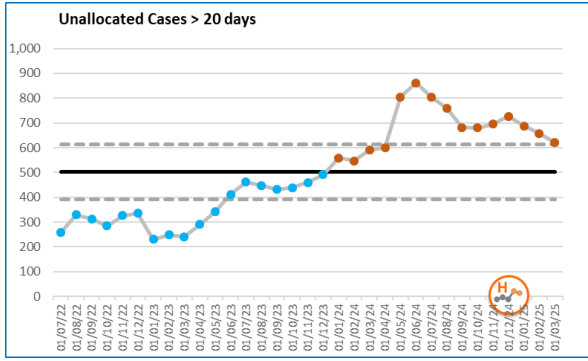
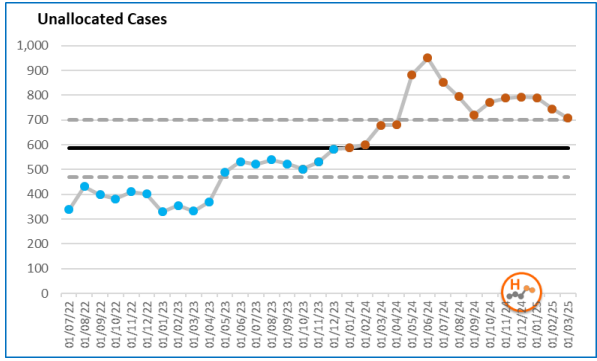
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# CHILDREN'S SERVICES



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# Appendix 2

## Service Delivery Plan Regional End of Year Position 2024/25



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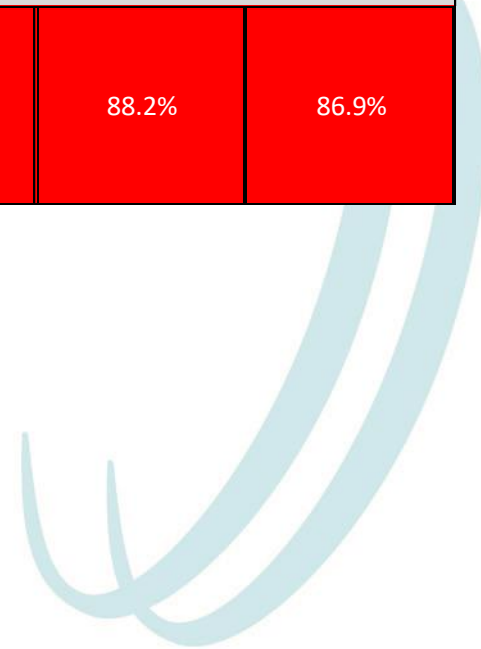


	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Position 2024/25
≥5% below target	61	61	61	61	61
0.1% - 4.9% below target	25	20	15	12	14
target achieved / exceeded	6	7	5	4	5
	11	8	8	11	8
No. of Metrics where performance is not available	19	26	33	34	34



Service Area	2024/25 Target Trajectory	Quarter 1	Quarter 2	Quarter 3	Quarter 4	End of Year Position 2024/25
<b>UNSCHEDULED CARE</b>						
ED Performance (12 hours)	By March 2025, reduce the number of patients who waited longer than 12 hours in ED in 2022/23 by <b>10%</b>	32.1%	20.2%	26.9%	16.1%	23.5%
NIAS Handover <15 mins	<b>Q1:12% Q2:15% Q3:20% Q4:25%</b>	7.6%	7.2%	6.3%	7.0%	7.0%
NIAS Handover <30 mins	<b>Q1:32% Q2:36% Q3:40% Q4:45%</b>	30.3%	28.7%	25.9%	28.8%	28.4%
NIAS Handover <60 mins	<b>Q1:64% Q2:70% Q3:76% Q4:85%</b>	66.0%	63.9%	58.3%	61.4%	62.5%
NIAS Handover >2 hours	0%	14.9%	16.1%	21.8%	19.2%	18.0%
Ambulance Turnaround <30 mins	<b>Q1:20% Q2:30% Q3:40% Q4:51%</b>	11.4%	10.5%	10.4%	10.6%	10.7%
Average LOS	7 days	8.1	8.3	NT data is not available due to Encompass		
Weekend Discharge (simple)	80% of Mon-Fri discharges	SET data is not available due to Encompass	BT and SET data is not available due to Encompass			
Weekend Discharge (complex)	60% of Mon-Fri discharges	35.5%	33.7%	NT and SET data is not available due to Encompass		

ELECTIVE CARE						
OP (new)	105%	88.2%	88.4%	92.9%	103.9%	93.1%
OP (review)	100%	94.0%	95.0%	101.5%	108.1%	99.5%
IP	100%	82.5%	88.8%			
DC	100%	85.0%	90.8%			
MPH IP	100%	89.1%	105.7%	125.7%	96.6%	103.8%
MPH DC	105%	62.1%	53.6%	68.6%	111.6%	70.2%
Theatre OP times (DPU)	Deliver an OP time of 80%	A regional position is not appropriate due to the variation in calculation of Trust baselines				
Theatre OP times (main theatres)	Deliver an OP time of 85%					
Theatre scheduled minutes	Trusts to deliver at least the average elective (planned) theatre minutes delivered in 2018/19 and 2019/20 adjusted where appropriate to reflect new investment					
Endoscopy	BT, NT, ST: 19/20 baseline; SET: 19/20 baseline + 6,000 scopes per year; WT: 19/20 Baseline + 3,000 scopes per year	84.3%	86.6%	88.8%	88.2%	86.9%



ELECTIVE CARE						
MRI	Deliver activity in line with agreed SBA volumes	87.6%	93.8%	92.1%	94.9%	92.1%
CT		138.0%	140.8%	144.2%	143.2%	141.5%
NOUS		94.1%	94.1%	95.7%	97.2%	95.3%
Cardiac MRI (Belfast, Northern and Western Trusts)	Deliver activity in line with agreed SBA volumes	106.9%	96.7%	106.9%	107.5%	104.5%
Cardiac CT	110% of 2019/20	105.8%	130.8%	120.9%	123.8%	120.2%
Echo (TTE only)	Deliver activity in line with agreed SBA volumes	90.1%	95.1%	97.7%	100.7%	95.9%
Cath Lab (Belfast, South Eastern, Southern and Western Trusts)	110% of 2019/20	83.4%	88.2%	92.9%	97.3%	90.3%
Cardiac Surgery (Belfast Trust only)	72 cases per month	81.9%	96.3%	97.7%	90.7%	91.7%
AHP - Physiotherapy	Deliver 100% of 19/20 or 22/23 activity, whichever is greater	89.5%	BT data is not available due to Encompass	BT and NT data is not available due to Encompass		
AHP - Dietetics		92.2%				
AHP - Speech & Language Therapy		102.9%				
AHP - Podiatry		86.9%				
AHP - Occupational Therapy		81.3%				
AHP - Orthoptics		100% of 2019/20				



ELECTIVE CARE						
Cancer - 14-day performance	100% <14 days	31%	30%	32%	BT Data unavailable due to Encompass	
Cancer - 31-day performance	98% <31 days	89%	88%	88%	88%	88%
Cancer - 62-day performance	95% <62 days	34%	32%	32%	32%	33%
Red Flag - 1st OP appointment	110% (of 2019/20)	BT data is not available	BT data is not available	BT data is not available	BT data is not available	BT data is not available
Stroke - Thrombolysis	16%	14.0%	12.0%	14.0%	17.0%	14.0%
Direct to Stroke Unit	50%	Regional position is not appropriate due to variation in Trusts' targets				



COMMUNITY CARE						
Direct Payments	5% increase in Service User Direct Payments in effect by March 2025 (compared to position at 31.3.24 )	1.5%	2.2%	3.1%	2.4%	2.4%
Domiciliary Care Unmet Need Hours	10% reduction in unmet need hours by March 2025 compared to position at 31.3.24 (full and partial packages across all POCs) (2.5% reduction per quarter)	-11.9%	-2.2%	3.7%	-13.0%	-13.0%
Child Protection <15 days	84%	to gaps in reporti to gaps in reporti to gaps in reporti to gaps in reporti to gaps in reporti				
Child Protection <3 months	85%					
Child Protection <6 months	89%					
Unallocated cases	10% reduction in the number of unallocated family support cases by March 2025					
Adult Mental Health (non inpatient) (new and review)	110%	105.2%	101.3%	NT data is not available due to Encompass		
Psychological Therapies	100%	108.3%	103.4%			
Dementia (new and review)	110%	121.1%	Regional position not available for Belfast, Northern and South Eastern Trust due to Encompass			
CAMHS New Contacts	100% (22/23: BT & SET) (19/20: NT, ST & SET)	114.5%	124.7%	NT data is not available due to Encompass		
CAMHS Review Contacts	100% (22/23: BT & SET) 110% (19/20: NT, ST & WT)	Regional position is not appropriate due to variation in Trusts' targets.				
Community Dental (new and review)	Trust specific					
CDS GA	Trust specific					
MDT - Core Physio	Total number of patients contacts/consultations	103%	105%	107%	103%	105%
MDT - Core Social Work		109%	102%	109%	131%	135%
MDT - Core Mental Health		156%	122%	137%	111%	107%

PUBLIC HEALTH		
HCAI - <i>Methicillin-resistant staphylococcus aureus</i>	Trust specific	Regional position is not appropriate due to variation in Trusts' targets
HCAI - <i>clostridioides difficile (CDI)</i>	Trust specific	
Antimicrobial Consumption - <i>total antibiotic prescribing</i>	by 31st March 2025, Trusts to secure (in secondary care) a 1% reduction in total antibiotic prescribing (DDD per 1000	Regional position is not available due to no encompass data for SET or BT
Antimicrobial Consumption - <i>carbapenem use</i>	by 31st March 2025, Trusts to secure (in secondary care) a 1% reduction in carbapenem use, measured in DDD per 1000 admissions	
Antimicrobial Consumption - <i>piperacillin-tazobactam use</i>	by 31st March 2025, Trusts to secure (in secondary care) a 1% reduction in piperacillin-tazobactam use, measured in DDD per 1000 admissions	
Antimicrobial Consumption - use of antibiotics from the WHO Access Aware category	by 31st March 2025, all Trusts to secure (in secondary care) a total of 55% usage of antibiotics from the WHO Access AWaRe category	

