

# Integrated Performance Monitoring Report

May 2025

Paper Number: SET/69/25



South Eastern Health  
and Social Care Trust

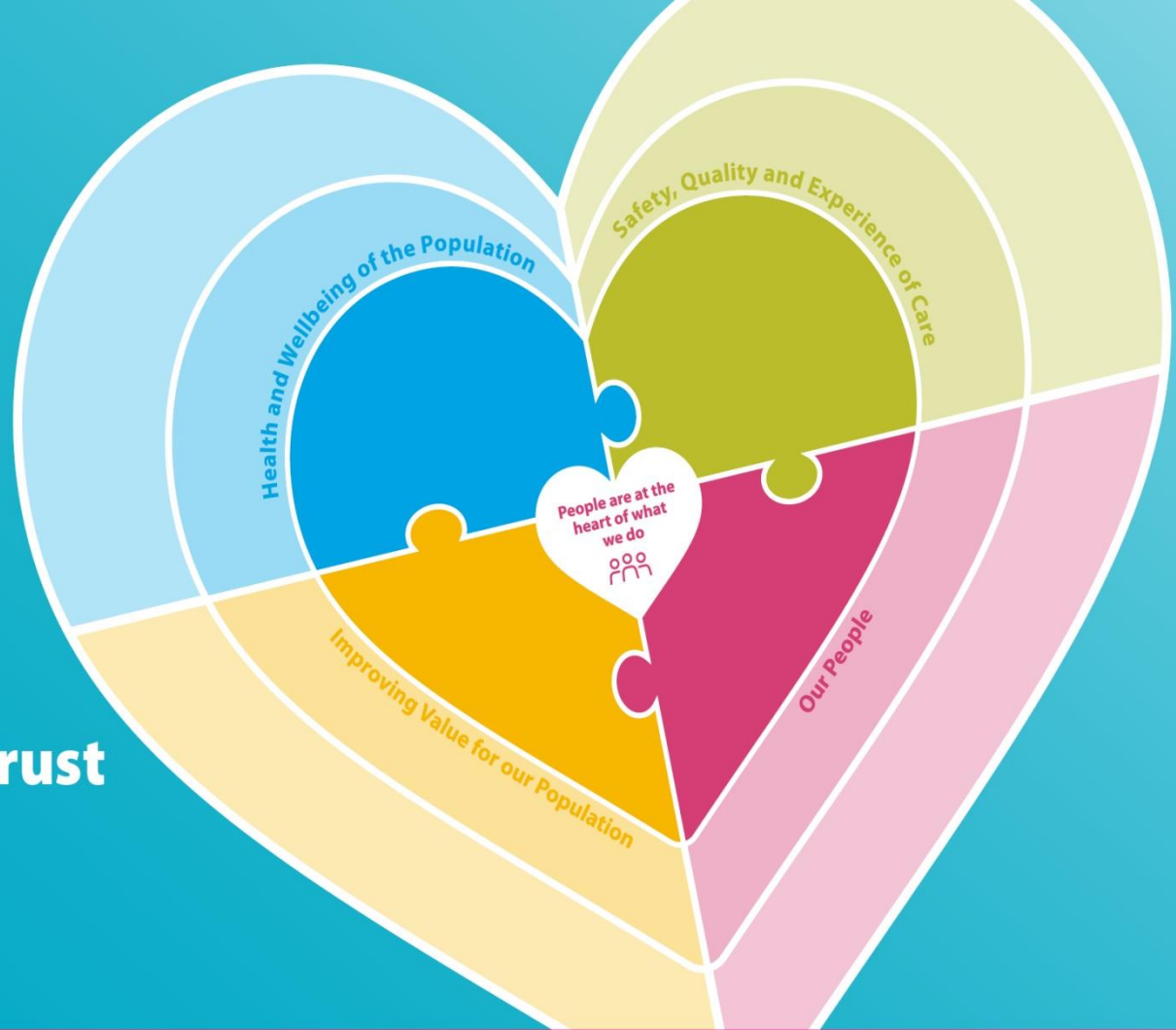




South Eastern Health  
and Social Care Trust

# 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  
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# Performance Summary

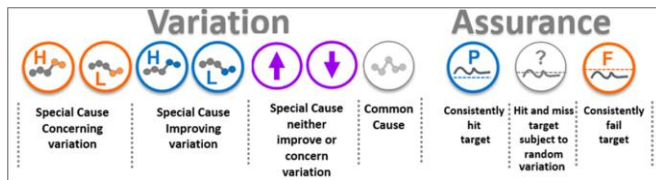
Hospital Services Performance Summary is comprised of key metrics from the legacy Service Delivery Plan and targets relating to the strategic priority of Unscheduled Care, and new System Oversight Measures (SOMs).

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.

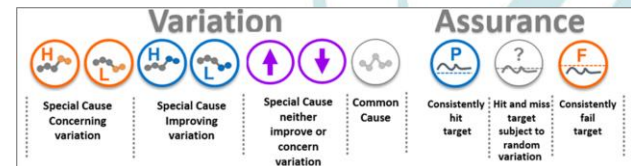
In May 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- Outpatient Contacts Virtual Review
- Outpatient DNA and Cancelled on Day Virtual New
- Outpatient DNA and Cancelled on Day Virtual Review
- Inpatient Activity
- Daycase (Core)

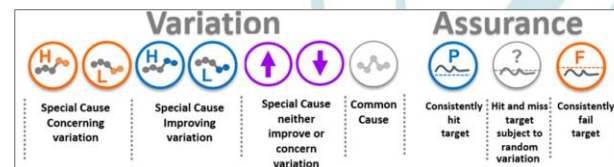


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Cancer 14 Day Activity - Breast (Regional)	May 25	192	219			Outturn
Cancer 31 Day Activity	Mar 25	148	146			Outturn
Cancer 62 Day Activity	Mar 25	103.5	93.5			Outturn
Cancer 14 Day % - Breast (Regional)	May 25	5%	100%			Ministerial
Cancer 31 Day %	Mar 25	92%	98%			Ministerial
Cancer 62 Day %	Mar 25	39%	95%			Ministerial
Attendances - SET	May 25	14758	-			
Attendances - Downe	May 25	1664	-			
Attendances - Lagan Valley	May 25	1996	-			
Attendances - Ulster (ED and MIU)	May 25	11098	-			

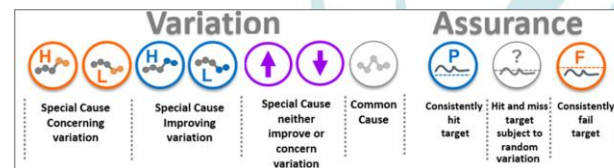
NB: Cancer 31 day % & 62 day % figures are presented with a 2 month lag due to 6-8 week delays in pathology.



KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
4 Hour % - SET	May 25	52%	95%			Ministerial
4 Hour % - Downe	May 25	96%	95%			Ministerial
4 Hour % - Lagan Valley	May 25	72%	95%			Ministerial
4 Hour % - Ulster (ED and MIU)	May 25	42%	95%			Ministerial
12 Hour Breaches - SET	May 25	1983	0			Ministerial
12 Hour Breaches - Downe	May 25	0	0			Ministerial
12 Hour Breaches - Lagan Valley	May 25	0	0			Ministerial
12 Hour Breaches - Ulster (ED and MIU)	May 25	1983	0			Ministerial
Non-Elective Length of Stay	May 25	8.0	7.9			Outturn
NIAS Ambulance Arrivals (Ulster)	May 25	1327	-			
NIAS Turnaround > 2 hours % (Ulster)	May 25	32%	-			

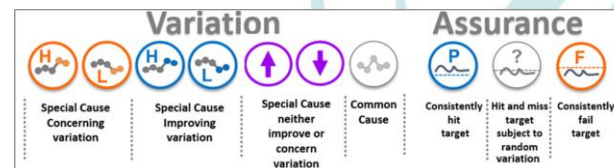


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Outpatient Contacts Face to Face New	May 25	5390	5408			Outturn
Outpatient Contacts Face to Face Review	May 25	9208	10934			Outturn
Outpatient Contacts Virtual New	May 25	1419	1447			Outturn
Outpatient Contacts Virtual Review	May 25	3040	2097			Outturn
Outpatient DNA and Cancelled on Day Face to Face New	May 25	8.4%	5.0%			Outturn
Outpatient DNA and Cancelled on Day Face to Face Review	May 25	8.7%	8.0%			Outturn
Outpatient DNA and Cancelled on Day Virtual New	May 25	2.2%	5.0%			Outturn
Outpatient DNA and Cancelled on Day Virtual Review	May 25	3.2%	8.0%			Outturn
Outpatient Number Waiting	May 25	115445	-			
Outpatient % Waiting > 52 weeks	May 25	60%	0%			Ministerial

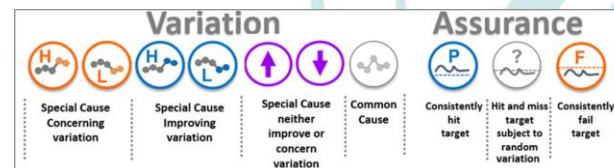


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Inpatient Activity	May 25	705	605			Outturn
Daycase Activity (Core)	May 25	2222	1520			Outturn
Daycase Activity (DPC)	May 25	486	421			Outturn
IPDC Number Waiting	May 25	12873	-			
IPDC Number Waiting > 52 weeks	May 25	37%	0%			Ministerial
Endoscopy 4 Scopes (Core)	May 25	709	679			Outturn
Endoscopy 4 Scopes (DPC)	May 25	314	534			Outturn

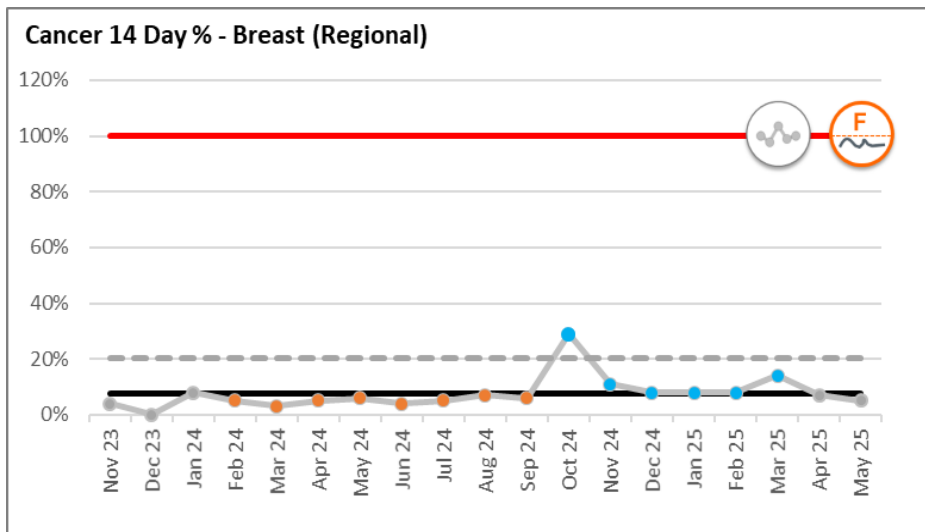
Note : Endoscopy 4 Scopes Core and DPC activity provisional until clinical coding of procedures completed by 20 June.  
Daycase Activity excludes Endoscopy 4 Scopes. Daycase Activity (DPC) target amended in line with retraction of funds.



KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Cath Lab Procedures	May25	40	43			Outturn
MRI	May25	1212	1046			Outturn
CT	May25	3879	3846			Outturn
NOUS	May25	2818	3040			Outturn
Cardiac CT	May25	166	113			Outturn
Echo	May25	1341	1314			Outturn



# Cancer 14 Day % - Breast (Regional)



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

**The 'Cancer 14 Day % - Breast' metric relates to traditional CPD target and was 5% compared to the expected 100% May target.**

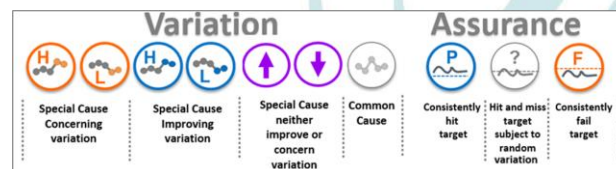
The number of referrals received has continued to increase. 256 referrals received in March 2025, average for previous 12 months 204. Ongoing issues with planned and unplanned leave within radiology affecting capacity, although position has improved since January/February with a radiologist returning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

On the 8<sup>th</sup> May a single Breast Waiting List was implemented for Northern Ireland. This is hosted by South Eastern Trust. Patients are being offered the first available appointment anywhere in Northern Ireland.

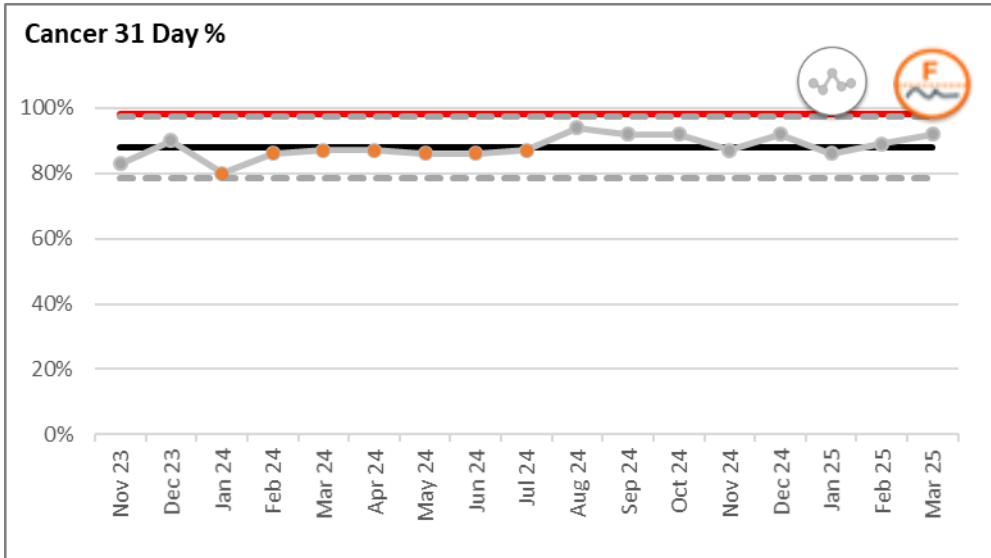
***Performance will be reported for NI and not individual trusts going forward.***



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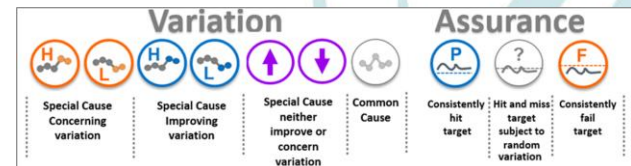


# Cancer 31 Day %

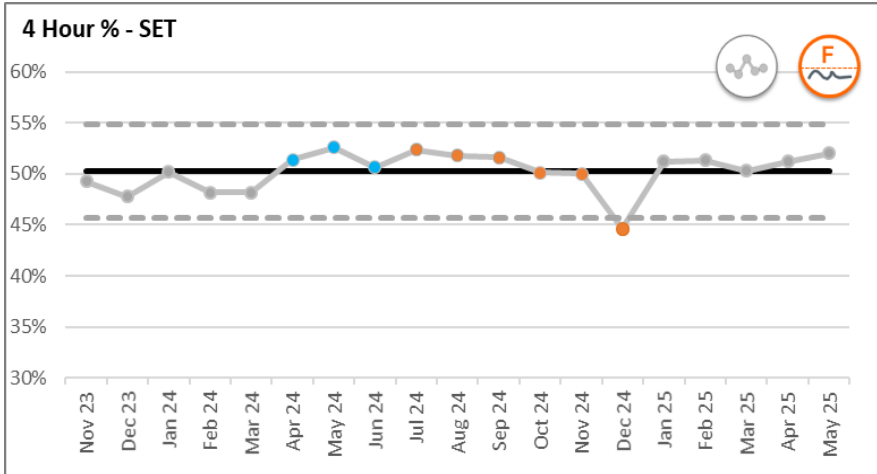


**In May 2025 69 patients began treatment after a decision to treat against an expected trajectory of 219. This equates to 31.5% of expected activity.**

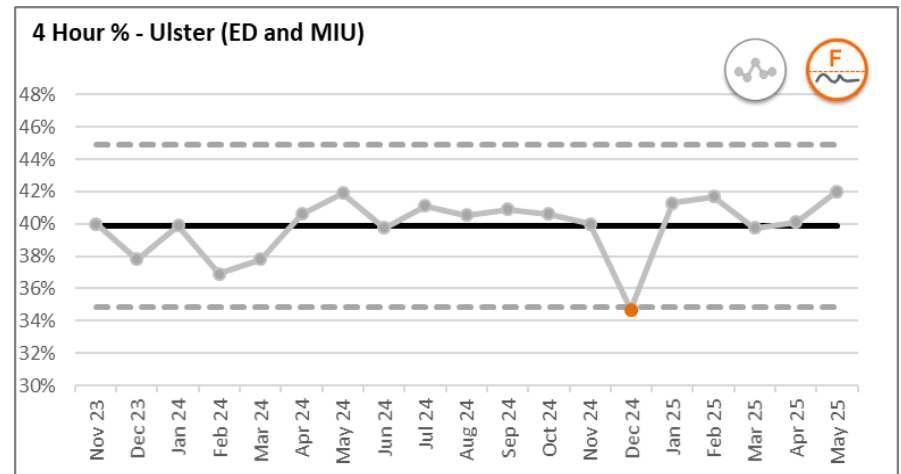
Delays in pathology reporting mean that the position for April and May is still being finalised. As at 13/6 the total number of patients completed in May has risen to 96.



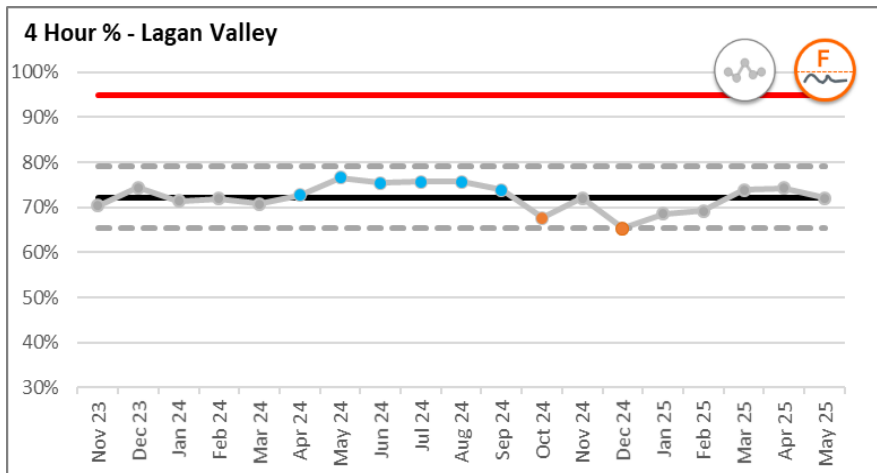
# Unscheduled Care 4 Hour Target 1/2



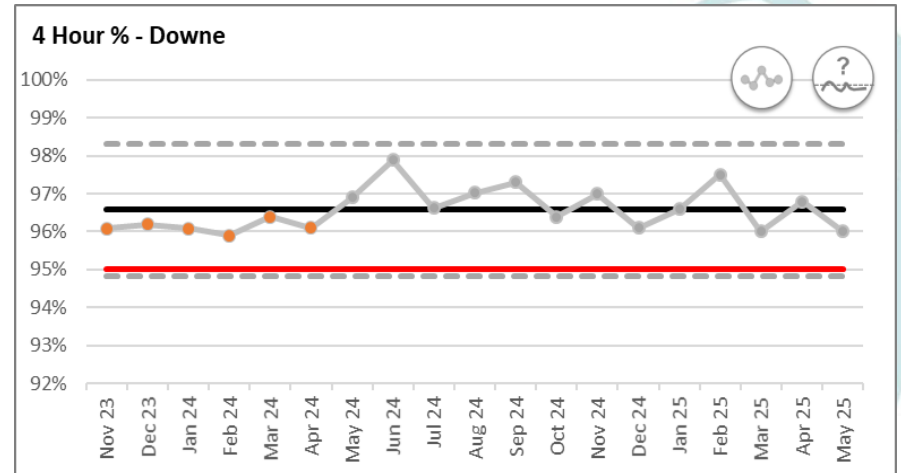
Note change of axis beginning at 30%.



Note change of axis beginning at 30%.



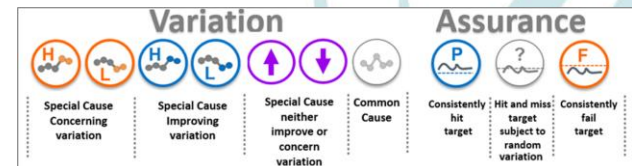
Note change of axis beginning at 30%.



Note change of axis beginning at 92%.



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# Unscheduled Care 4 Hour Target 2/2

Emergency Department 4hr performance is a CPD metric.

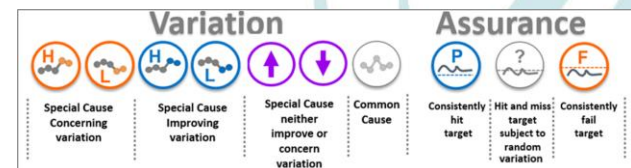
95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In May 2025, 52% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target. At the Ulster site the figure was 42%, Lagan Valley 72% and 96% in Downe Urgent Care Centre.

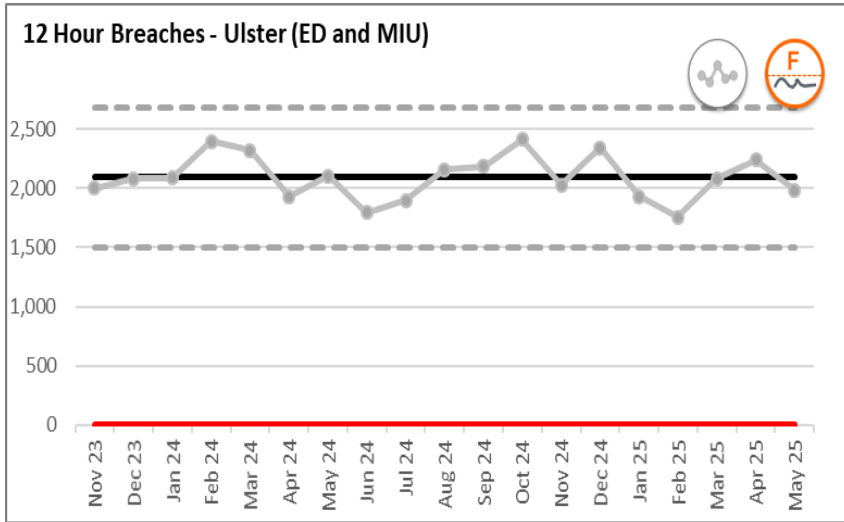
Despite an additional 366 attendances to ED/MIU at the Ulster Hospital site, there was a slight improvement in 4 hour performance increasing from 40 to 42%.



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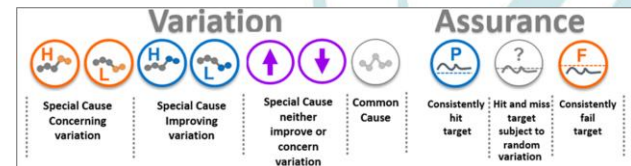
# Unscheduled Care 12 hour Breaches



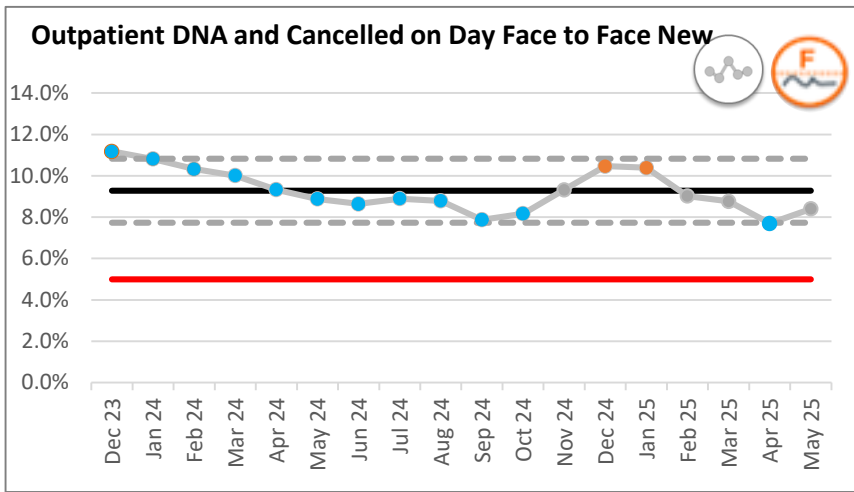
**Emergency Department 12 Hour breaches is a CPD metric.**

**No patient attending any Emergency Department should wait longer than 12 hours. In May 2025, 1983 patients waited over 12 in the Ulster ED and MIU.**

Alongside a higher level of attendances for May compared with April 25, there was slight reduction of 254 patients who waited more than 12 hours. However, these delays are far from the experience we strive to achieve for our patients. The Trust Hospital and Community Flow Group continue to focus on patient flow improvement work within the 25/26 Locality Plan which spans across both hospital services and community. May 25 was a particularly challenging month as Easter was later in April and there were two Bank Holidays within May. This was also reflected in the increased average ambulance handover time of 2hrs 03mins for May.



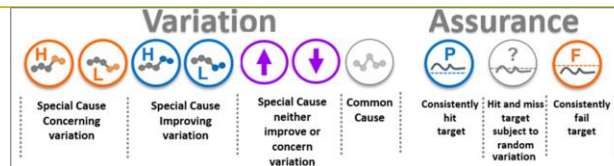
# Outpatient DNA and Cancelled on Day Face to Face New



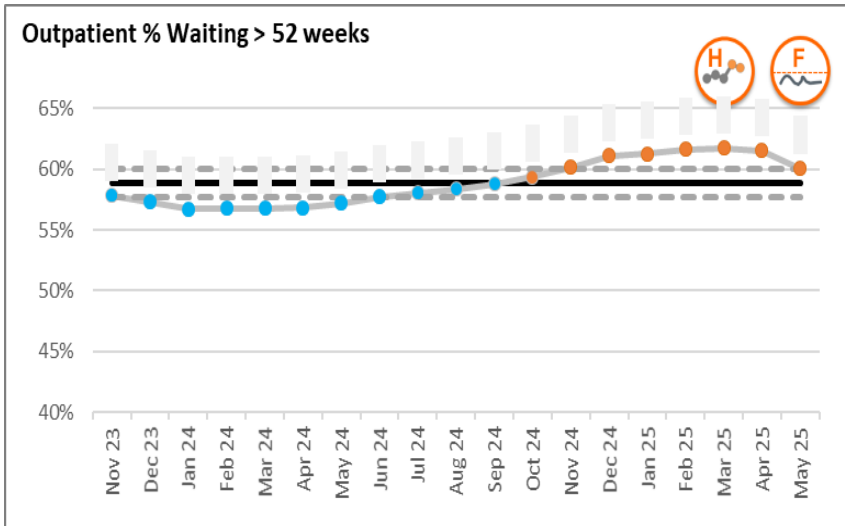
**Outpatient DNA and Cancelled on the Day Face to Face New. These are tracked as part of the System Oversight Measures.**

**In May 2025 there was a 8.4% DNA and Cancelled on Day rate for Face to Face New against an expected rate of 5%. This equates to 3.4 percentage points above the expected trajectory.**

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

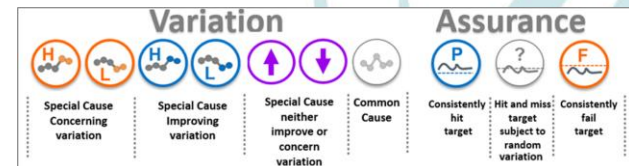


NB: axis starts at 40%

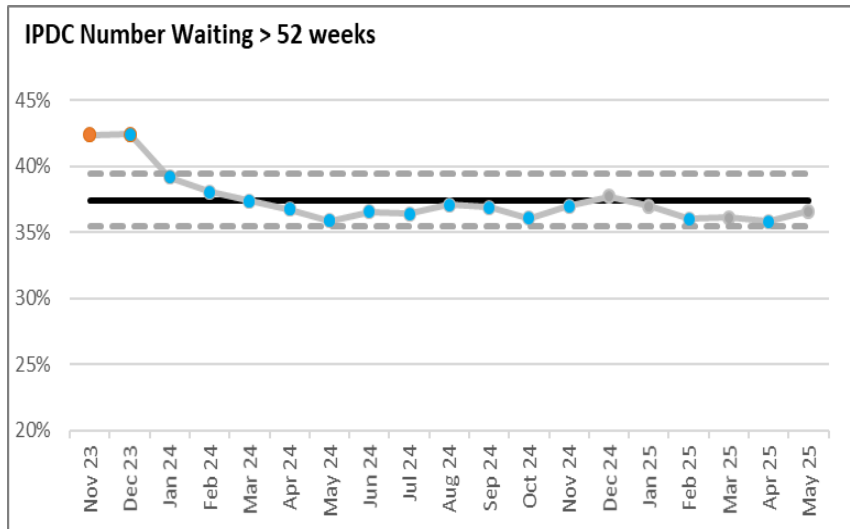
## Number of outpatients waiting > 52 weeks is tracked as part of the System Oversight Measures

**No patient should wait over 52 weeks. In May 2025 there were 60% 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.



# Inpatient / Daycase (IPDC) % Waiting >52 weeks

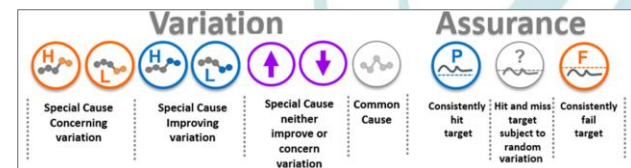


NB: axis starts at 20%

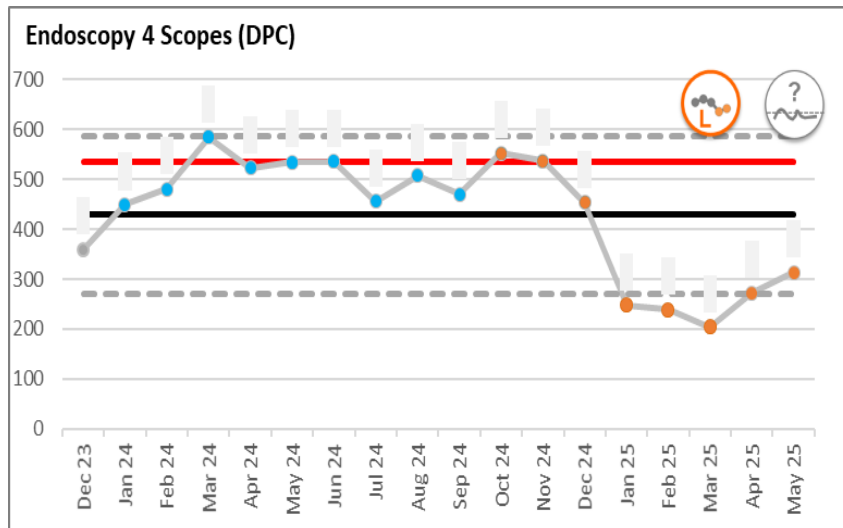
**IDPC Number waiting > 52 weeks is tracked as part of the System Oversight Measures.**

**No patient should wait more than 52 weeks for an inpatient / daycase appointment. In May 2025 37% waited over 52 weeks.**

Unfortunately due to the demand for Red Flag and urgent procedures routine procedures continue to see extending waits. A focused piece of work has been undertaken to validate all patients currently waiting



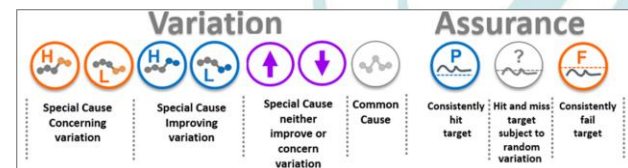
# Endoscopes (DPC Only)



Endoscope activity is tracked as part of legacy Service Delivery Plan monitoring.

Latest figures from May 2025 recorded 314 Endoscopes (DPC only) against an expected trajectory of 534. This equates to an expected trajectory of 59%.

May had two bank holidays which reduced numbers. May lists contained an unusually high double procedure volume – so numbers are patients not procedures which has impacted on figures



Safety, Quality and Experience of Care

# HEALTHCARE ACQUIRED INFECTIONS



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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 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>2025/26 targets have not yet been released so using 24/25.</p> <p>The GNB target is still awaiting target review but remains currently that the Trust should secure an aggregate reduction of 11% of (GNB) <i>Escherichia coli</i>, <i>Klebsiella spp.</i> and <i>Pseudomonas aeruginosa</i> bloodstream infections acquired after two days from the documented decision to admit.</p>	<p><b>2025/26:</b>  <b>CDI:</b> 0 &lt; 48 hours  : 4 &gt; 48 hours</p> <p><b>MRSA:</b> &lt; 1 &lt; 48 hours,  : 1 &gt; 48 hours</p> <p><b>Gram Negative Bacteraemia (GNB)</b>  Reportable only if &gt;48hrs</p> <p><i>E.coli</i> :10  <i>Pseudo. Aeruginosa</i> : 2  <i>Klebsiella Oxytoca</i>: 0  <i>Klebsiella Pneumoniae</i>: 2</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 24/25</th> <th>Outputs 24/25</th> <th>Target 25/26</th> <th>Target no. of cases / month</th> <th>Avg cases as of end of May</th> <th>May Episodes</th> </tr> </thead> <tbody> <tr> <td>C. difficile</td> <td>64</td> <td>89</td> <td>64</td> <td>5.73</td> <td>2.0</td> <td>2</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>11</td> <td>5</td> <td>0.5</td> <td>1.0</td> <td>2</td> </tr> <tr> <td>All Gram Negative</td> <td>35</td> <td>50</td> <td>35</td> <td>3.25</td> <td>1.7</td> <td>8</td> </tr> </tbody> </table> <p> <span style="color:red">●</span> Current  <span style="color:green">●</span> 24/25  <span style="color:orange">●</span> 23/24 </p>		Target 24/25	Outputs 24/25	Target 25/26	Target no. of cases / month	Avg cases as of end of May	May Episodes	C. difficile	64	89	64	5.73	2.0	2	MRSA	5	11	5	0.5	1.0	2	All Gram Negative	35	50	35	3.25	1.7	8	<p><b>Public Health Metric: infections per 100,000 bed days 25/26</b></p> <table border="1"> <thead> <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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MRSA: Target 2.87</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	CDI: Target 25.40													MRSA: Target 2.87												
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Safety, Quality and Experience of Care

# PRIMARY CARE AND OLDER PEOPLE



South Eastern Health  
and Social Care Trust



# Performance Summary

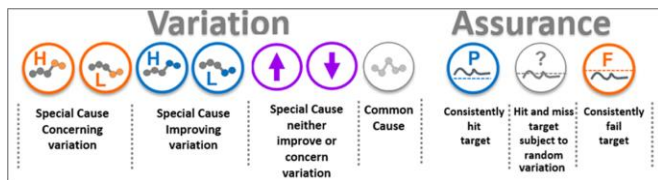
Primary Care and Older People Performance Summary is comprised of key metrics from the legacy Service Delivery Plan metrics and targets relating to the new system oversights measures (SOMs)

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

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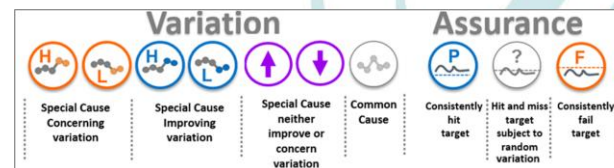
In May 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

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

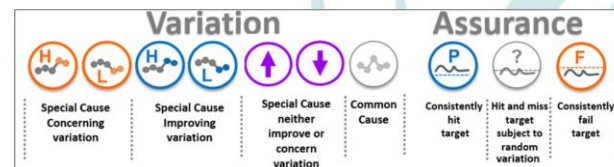


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Community Dental Services New	May 25	236	209			Outturn
Community Dental Services Review	May 25	821	796			Outturn
CDS General Anaesthetic (Ulster)	May 25	74	68			Outturn
Unmet Need Hours (Full Packages)	May 25	1078	-			
Unmet Need Hours (Partial Packages)	May 25	141	-			
Direct Payments (PCOP only)	May 25	593	621			SOM

.NB: Direct payment target for PCOP is SOM's target based on 5% increase on March 2025 figure

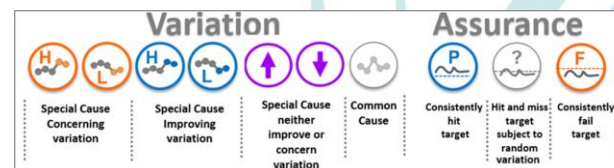


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Speech and Language Therapy New Contacts	May 25	634	614			Outturn
Speech and Language Therapy Review Contacts	May 25	3458	3371			Outturn
Physiotherapy New Contacts	May 25	1916	1982			Outturn
Physiotherapy Review Contacts	May 25	5103	5395			Outturn
Occupational Therapy New Contacts	May 25	821	732			Outturn
Occupational Therapy Review Contacts	May 25	1519	1545			Outturn
Dietetics New Contacts	May 25	694	670			Outturn
Dietetics Review Contacts	May 25	1515	1149			Outturn
Orthoptics New Contacts	May 25	153	251			Outturn
Orthoptics Review Contacts	May 25	552	528			Outturn
Podiatry New Contacts	May 25	410	392			Outturn
Podiatry Review Contacts	May 25	2414	2092			Outturn

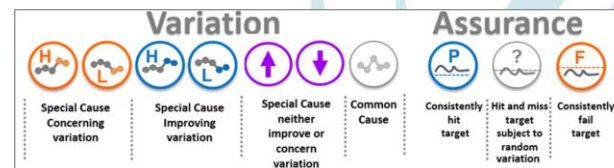


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
AHP Waits (n)	May 25	19493	-			
AHP Waits >13 weeks	May 25	45%	0%			Ministerial
Occupational Therapy Waits (n)	May 25	2949	-			
Occupational Therapy Waits >13 weeks	May 25	1714	0			Ministerial
Orthoptics Waits (n)	May 25	666	-			
Orthoptics Waits >13 weeks	May 25	48	0			Ministerial
Podiatry Waits (n)	May 25	2832	-			
Podiatry Waits >13 weeks	May 25	1225	0			Ministerial
Physiotherapy Waits (n)	May 25	9741	-			
Physiotherapy Waits >13 weeks	May 25	5014	0			Ministerial
Dietetics Waits (n)	May 25	2011	-			
Dietetics Waits >13 weeks	May 25	403	0			Ministerial

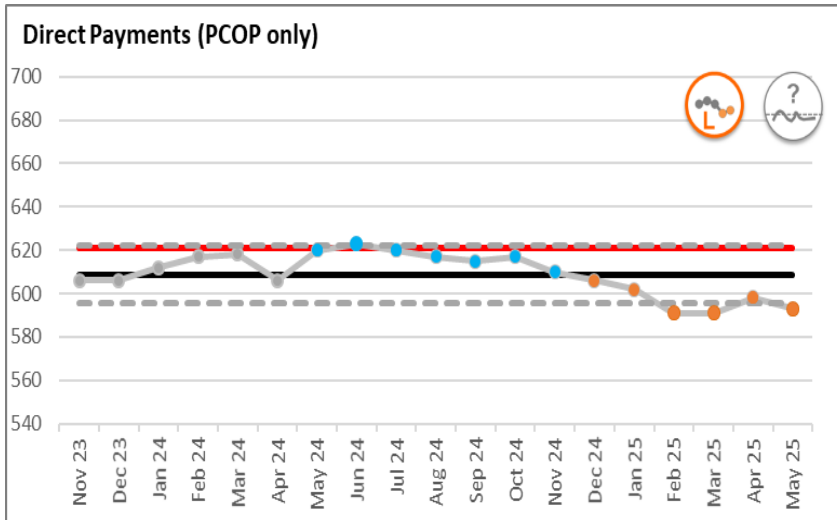
NB: Orthoptics waits include planned waits.



KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Speech and Language Therapy Adult Waits (n)	May 25	803	-			
Speech and Language Therapy Adult Waits >13 weeks	May 25	189	0			Ministerial
Speech and Language Therapy Child Waits (n)	May 25	491	-			
Speech and Language Therapy Child Waits >13 weeks	May 25	135	0			Ministerial



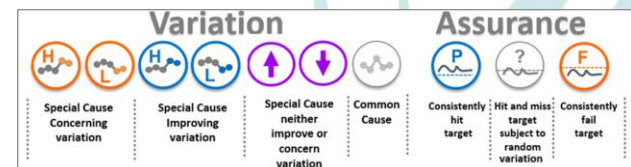
# Direct payments (PCOP)



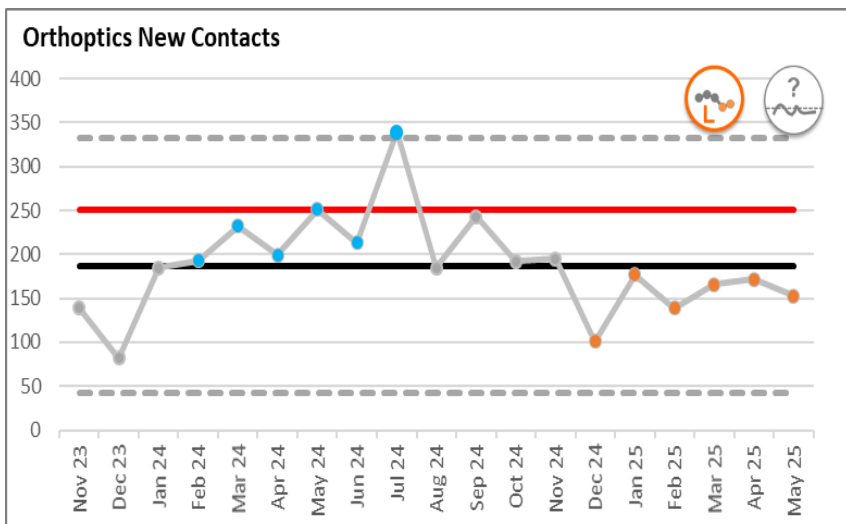
**Direct payments is tracked as part of the System Oversight Measures. A target has been set for a 5% increase in direct payments by March 2026 based on March 2025 figures.**

**In May 2025, there were 593 direct payments against an expected trajectory of 621. This equates to 95% of the expected trajectory.**

Whilst Direct Payments (DPs) are actively promoted by PCOP teams, DPs remain less commonly utilised among older people's services. This is partly due to many feeling that the responsibility associated with organising and managing DPs is particularly complex. Teams will continue to promote the use of DPs where appropriate in order to meet the target of 621 by March 2026.

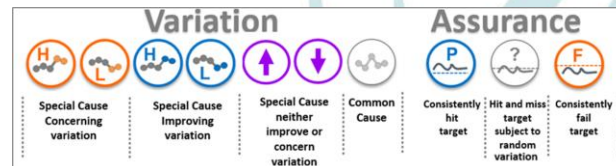


# Orthoptics New Contacts

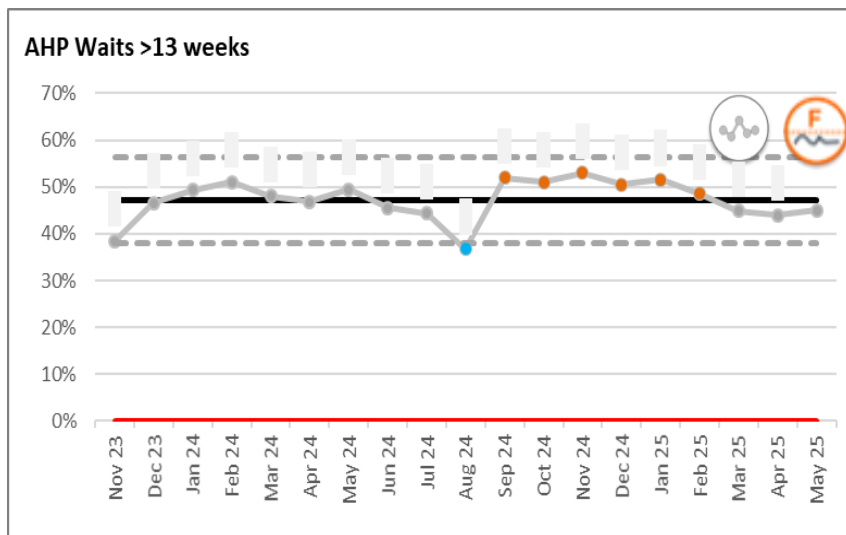


**Orthoptics New Contacts is measured as part of legacy Service Delivery Plan reporting. May 2025 recorded 153 new contacts against a target of 251. This equates to 61% of target.**

A concerted effort has been made over the last few months to reduce the number of new patients waiting over 13 weeks, which has now reduced to 7%. As a result of this improvement, teams are now focussing on review patients in order to manage demand. The service will continue to monitor and balance the demand for new and review contacts.



# AHP > 13 weeks

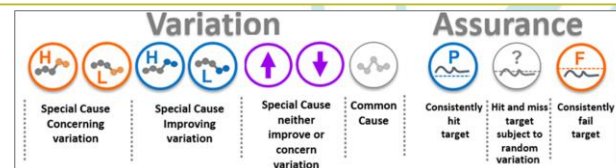


**Allied Health Professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.**

**In May 2025 45% 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 AHP services. Efforts are underway, in collaborations with information teams, to ensure quality and enhanced reporting. In May, the Senior Management Team had a workshop to review reporting templates, and put a plan in place to look at quality assuring the data in a more structured approach.

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



Safety, Quality and Experience of Care

# ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health  
and Social Care Trust



# Performance Summary

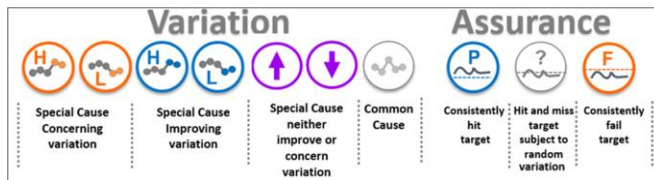
Adult Services and Prison Healthcare Performance Summary is comprised of key priorities identified from legacy Service Delivery Plan Metrics.

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.

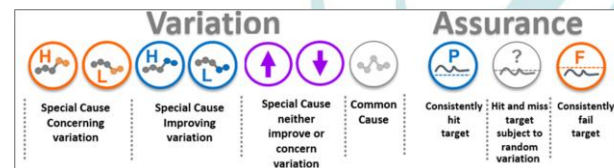
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

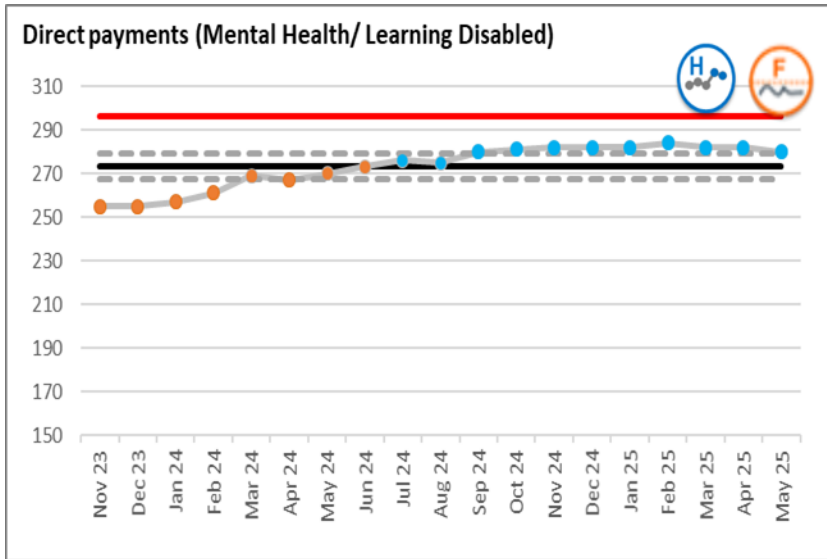
- Adult Mental Health Non-Inpatient Review
- Direct Payments, (Mental Health / Learning Disabled only)



KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Adult Mental Health Non-Inpatient Contacts New	May 25	712	852			Outturn
Adult Mental Health Non-Inpatient Contacts Review	May 25	4850	4947			Outturn
Psychological Therapies Contacts New	May 25	209	180			Outturn
Psychological Therapies Contacts Review	May 25	1887	1944			Outturn
Direct payments (Mental Health/ Learning Disabled)	May 25	280	296			SOM



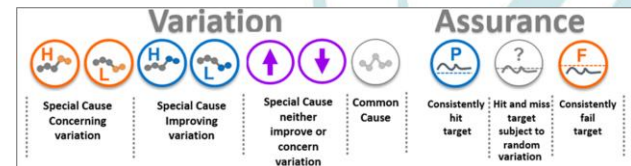
# Direct payments (Mental Health/ Learning Disabled)



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

In May 2025, there were 280 direct payments against an expected trajectory of 296. This equates to 95% of the expected trajectory.

The services have seen a steady increase and subsequent stabilization of direct payments. They will continue the effort to maintain and improve.



Safety, Quality and Experience of Care

# CHILDREN'S SERVICES



South Eastern Health  
and Social Care Trust



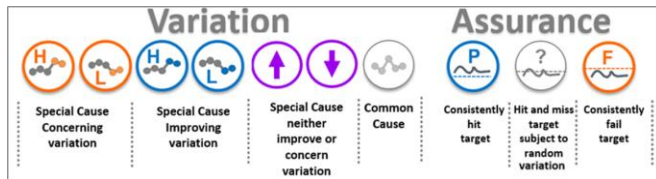
# Performance Summary

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.

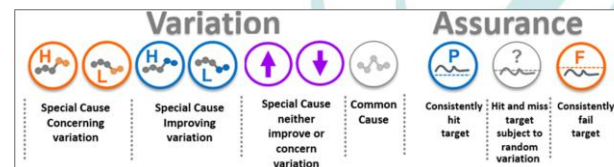
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

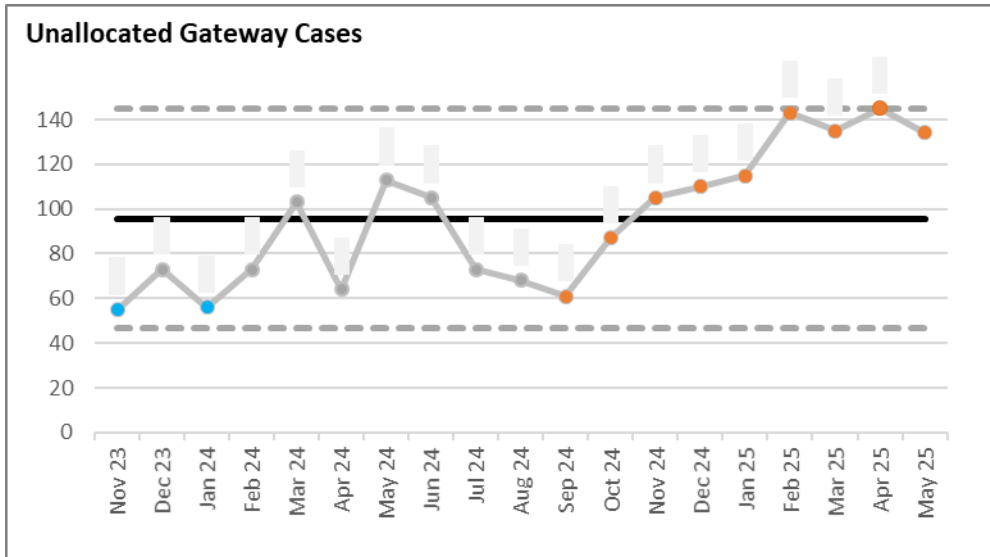


KPI	Latest month	Measure	Target	Variation	Assurance	Target Description
Unallocated Cases (n)	May 25	732	-			
Unallocated Cases > 20 Days	May 25	672	-			
Unallocated Cases > 30 Days	May 25	622	-			
Unallocated Gateway Cases (All cases)	May 25	134	-			
Unallocated Family Support Cases (All cases)	May 25	172	-			
Unallocated Disability Cases (All cases)	May 25	426	-			
Unallocated Family Support Cases > 20 Days	May 25	155	-			
Direct Payments (Children)	May 25	261	275			SOM

NB. Direct payment target for children is a SOM's target based on 5% increase on March 2025 figure.



# Unallocated Gateway Cases (all cases)

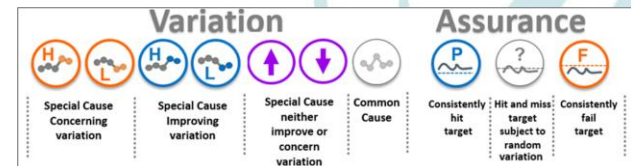


**Unallocated cases form part of the Corporate Strategic Priority – to reduce the number of cases on waiting lists in Children’s Services. In May 2025 there were 134 unallocated cases for Gateway.**

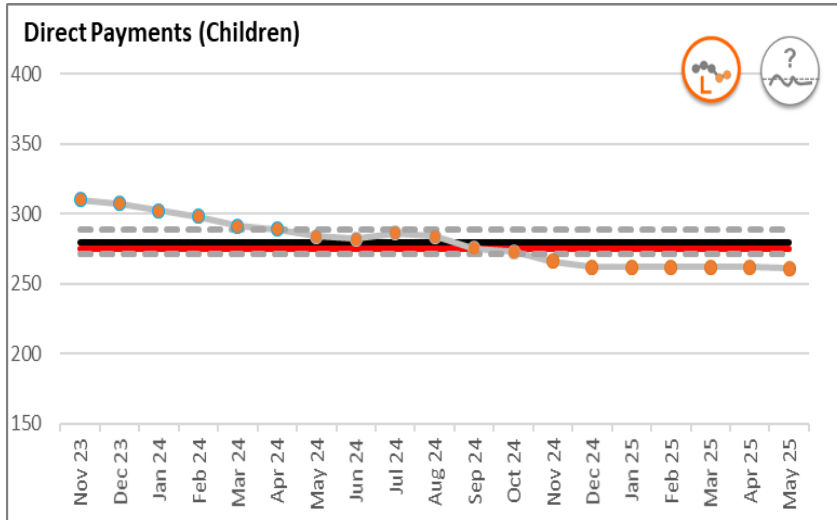
As of May, Gateway reported 134 unallocated cases, driven by a rise in both volume and case complexity – 151 more assessments in the latter half of the reporting period.

Capacity was further constrained by ongoing, significant staffing challenges. Two new recruits from the 2025 student cohort are scheduled to join in July and September, enabling targeted efforts to reduce unallocated cases by utilising more experienced staff for focused case allocation. Gateway’s waiting list has already declined to 87 cases - 26 pending over 20 days.

Additional workforce capacity is expected by September with seven newly qualifying social workers due to join the service / CAFT (Child and Family Teams). Weekly robust governance (CUP) meetings continue to triage and monitor all unallocated cases, ensuring appropriate support and safeguarding.



# Direct payments (Children)



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

In May 2025, there were 261 Direct Payments against an expected trajectory of 275. This equates to 95% of the expected trajectory.

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

