

# Integrated Performance Monitoring Report

January 2025

Paper Number: SET/20/25



South Eastern Health  
and Social Care Trust

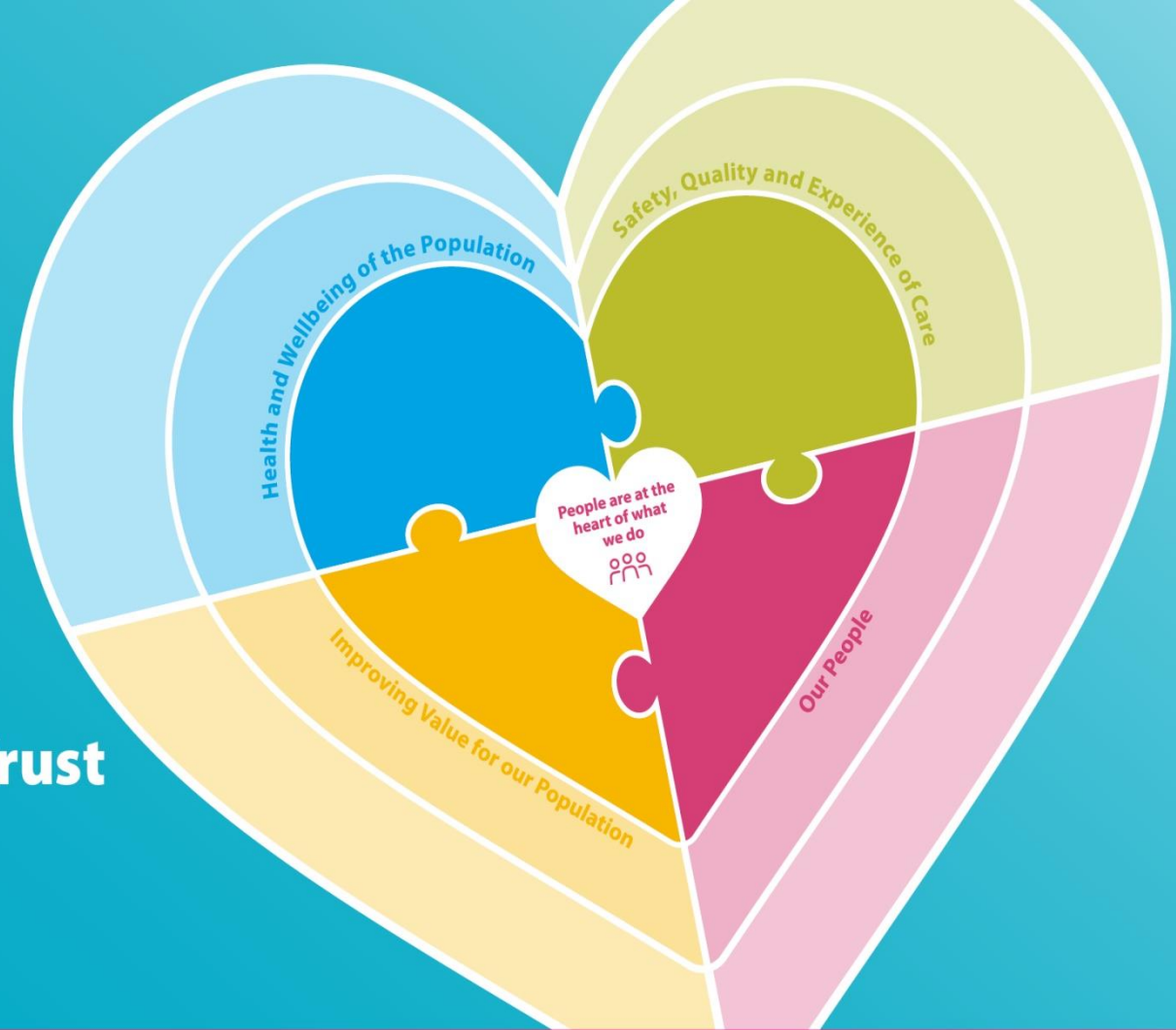




South Eastern Health  
and Social Care Trust

# 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 January 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 January 2025 is summarised below

| Status against Trajectory | Total     | % of Total  |
|---------------------------|-----------|-------------|
| Between 0% and 5%         | 19        | 41%         |
| <0% and >-5%              | 6         | 13%         |
| <-5%                      | 21        | 46%         |
| <b>Total</b>              | <b>46</b> | <b>100%</b> |



# 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, Delayed Discharges & District Nursing Contacts.  |
| Medium     | 5      | 21% | Outpatients, Psychological Therapies, Adult Mental Health, Antimicrobial Resistance, Complex Discharges & 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

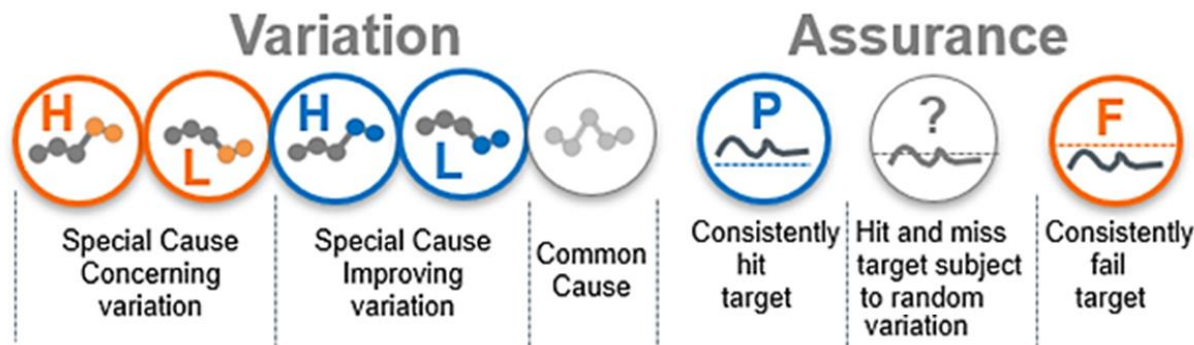
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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.

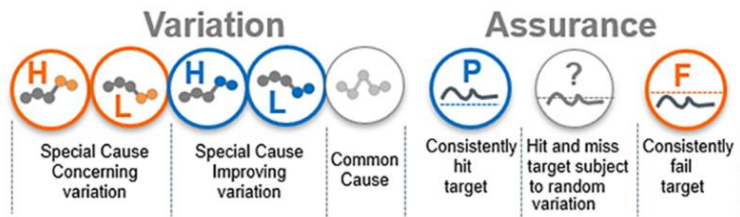
A summary table for all targets being monitored is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

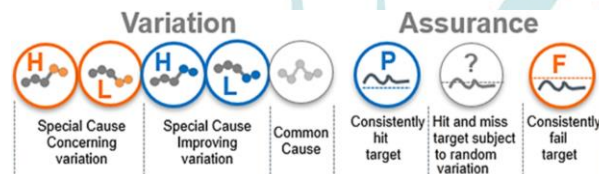
- 4hr % - Downe
- Daycase Activity (core)
- CT



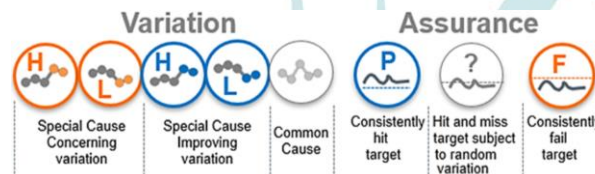
South Eastern Health  
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| KPI                             | Latest month | Measure | Target | Variation | Assurance |
|---------------------------------|--------------|---------|--------|-----------|-----------|
| Cancer 14 Day Activity          | Jan 25       | 235     | 289    |           |           |
| Cancer 31 Day Activity          | Jan 25       | 102     | 157    |           |           |
| Cancer 62 Day Activity          | Jan 25       | 65.0    | 90.0   |           |           |
| Cancer 14 Day %                 | Jan 25       | 8%      | 100%   |           |           |
| Cancer 31 Day %                 | Jan 25       | 93%     | 98%    |           |           |
| Cancer 62 Day %                 | Jan 25       | 36%     | 95%    |           |           |
| Attendances - All SET           | Jan 25       | 12772   | -      |           |           |
| Attendances - Lagan Valley      | Jan 25       | 1883    | -      |           |           |
| Attendances - Downe             | Jan 25       | 1373    | -      |           |           |
| Attendances - Ulster ED and MIU | Jan 25       | 9516    | -      |           |           |

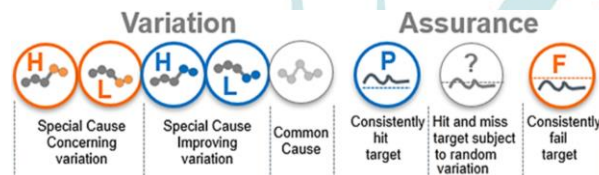
NB: Cancer 31 day % & 62 day % figures are finalised 6-8 weeks after submission due to delays in pathology.



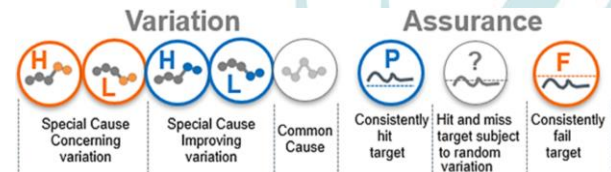
| KPI                                 | Latest month | Measure | Target | Variation | Assurance |
|-------------------------------------|--------------|---------|--------|-----------|-----------|
| 4hr % - All SET                     | Jan 25       | 51%     | 95%    |           |           |
| 4hr % - Lagan Valley                | Jan 25       | 69%     | 95%    |           |           |
| 4hr % - Downe                       | Jan 25       | 97%     | 95%    |           |           |
| 4hr % - Ulster ED and MIU           | Jan 25       | 41%     | 95%    |           |           |
| 12hr Breaches - All SET             | Jan 25       | 1933    | -      |           |           |
| 12hr Breaches - Lagan Valley        | Jan 25       | 5       | -      |           |           |
| 12hr Breaches - Downe               | Jan 25       | 1       | -      |           |           |
| 12hr Breaches - Ulster ED and MIU   | Jan 25       | 1927    | -      |           |           |
| Non-Elective Average Length of Stay | Jan 25       | 8.9     | 7.0    |           |           |







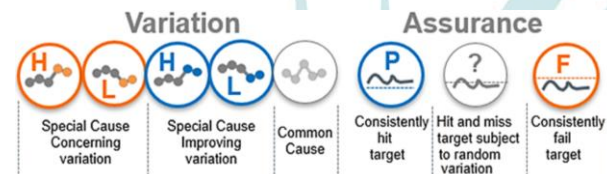
| KPI                                     | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| Outpatient Contacts New                 | Jan 25       | 6996    | 8253   |           |           |
| Outpatient Contacts New Face to Face    | Jan 25       | 5678    | -      |           |           |
| Outpatient Contacts New Virtual         | Jan 25       | 1318    | -      |           |           |
| Outpatient Contacts Review              | Jan 25       | 12729   | 12787  |           |           |
| Outpatient Contacts Review Face to Face | Jan 25       | 9130    | -      |           |           |
| Outpatient Contacts Review Virtual      | Jan 25       | 3599    | -      |           |           |
| Inpatient Activity                      | Jan 25       | 417     | 382    |           |           |
| Daycase Activity (core only)            | Jan 25       | 1506    | 1988   |           |           |
| Endoscopy - 4 main scopes               | Dec 24       | 521     | 676    |           |           |



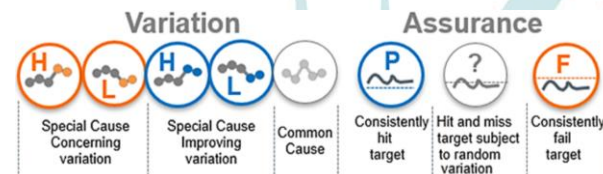
| KPI  | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| Cath Labs Procedures                               | Jan 25       | 70      | 55     |           |           |
| MRI  | Jan 25       | 1311    | 1294   |           |           |
| CT   | Jan 25       | 4245    | 2589   |           |           |
| NOUS   | Jan 25       | 2912    | 2994   |           |           |
| Cardiac CT (incl CT TAVI Workup & excl Ca Scoring) | Jan 25       | 145     | 135    |           |           |
| Echo   | Jan 25       | 1388    | 1227   |           |           |
| Endoscopy - DPC Only                               | Dec 24       | 453     | 500    |           |           |
| Daycases - DPC Only                                | Jan 25       | 483     | 582    |           |           |



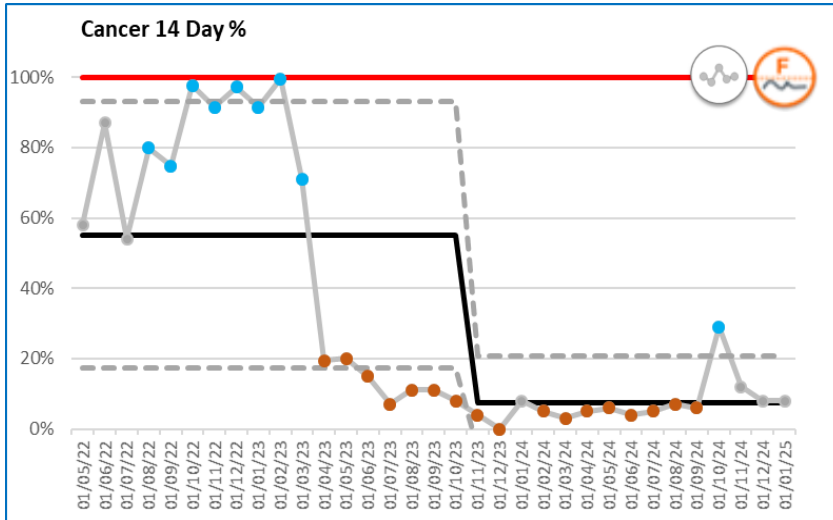
| KPI                      | Latest month | Measure | Variation | Assurance   |
|--------------------------|--------------|---------|-----------|---|
| Number of Births         | Jan 25       | 276     |           |   |
| % C-Sections             | Jan 25       | 47%     |           |  |
| # C-Sections             | Jan 25       | 130     |           |   |
| % Elective C-Sections    | Jan 25       | 27%     |           |  |
| # Elective C-Sections    | Jan 25       | 74      |           |   |
| % Emergency C-Sections   | Jan 25       | 20%     |           |  |
| # Emergency C-Sections   | Jan 25       | 56      |           |   |
| % Instrumental Births    | Jan 25       | 12%     |           |  |
| # Instrumental Births    | Jan 25       | 34      |           |   |
| Induction of Labour Rate | Jan 25       | 30%     |           |   |



| KPI                                      | Latest month | Measure | Variation | Assurance |
|--|--------------|---------|-----------|-----------|
| % Spontaneous Vaginal Births             | Jan 25       | 39%     |           |           |
| # Spontaneous Vaginal Births             | Jan 25       | 109     |           |           |
| Still Birth Rate (per 1000)              | Jan 25       | 0       |           |           |
| Full Term Neonatal Unit (ICU) Admissions | Jan 25       | 8       |           |           |
| Post Partum Haemorrhage (>2000ml)        | Jan 25       | 1%      |           |           |
| Shoulder Dystocia Rate                   | Jan 25       | 1%      |           |           |



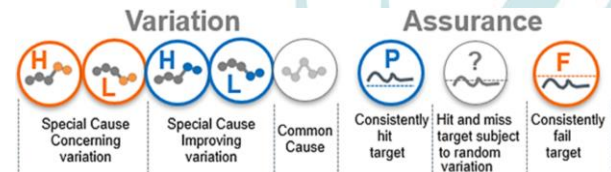
# Cancer 14 day Activity/ 14 day %



**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 8% compared to the expected 100% January target.**

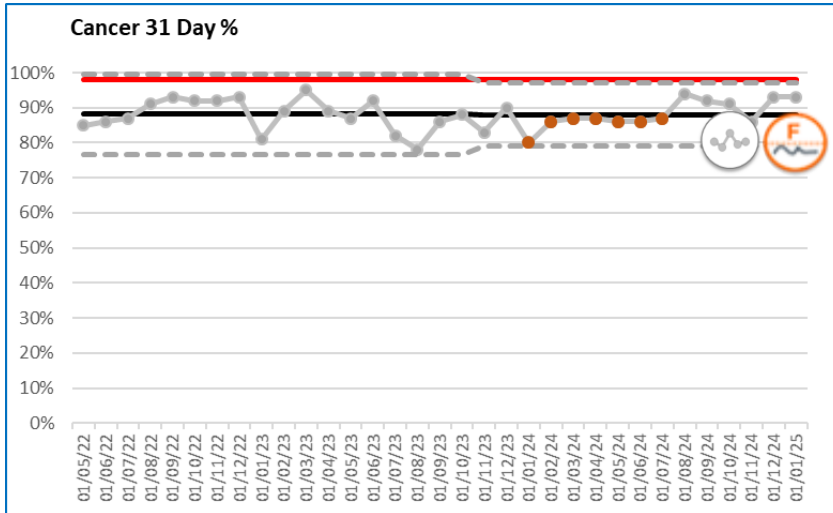
As noted in the October 24 trust board the breast assessment has been significantly impacted by shortages within the Radiology workforce. This has resulted in reduced capacity which has subsequently reduced activity and performance against the 14 day target. The team are exploring options to mitigate the impact of this such as putting on additional clinics similar to October 24 and also using capacity to see routine patients who do not require a Radiologist.

January 25 has continued to be extremely challenging with the service being down to one radiologist for a period of time. A further additional clinic to be scoped in March 25.





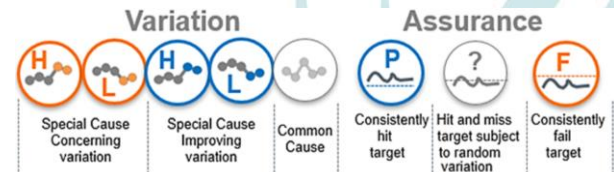
# Cancer 31 Day %



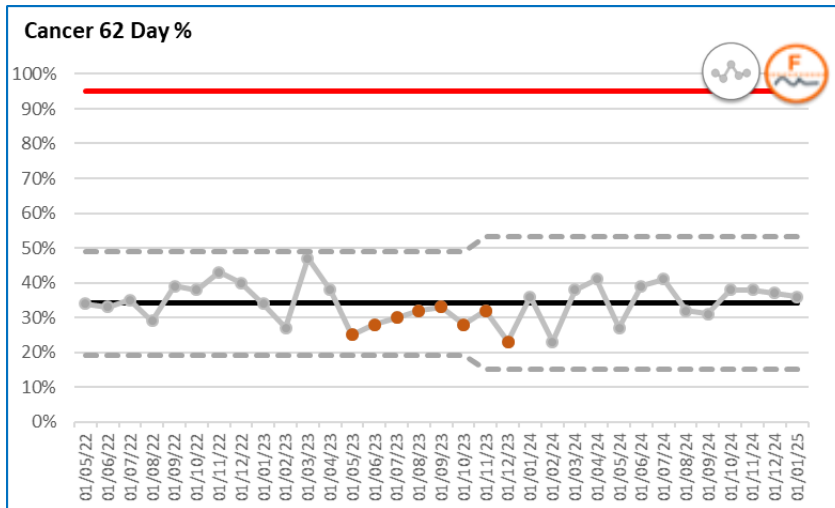
**98% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 31 days.**

**The 'Cancer 31 Day %' metric relates to traditional CPD target and was 93% compared to the expected 98% January target.**

Since running this report, performance against the 31 day % target has increased to 94%. Although this remains slightly below the target this is the highest performance since March 2023. This could still increase as the service close down pathways.



# Cancer 62 Day %

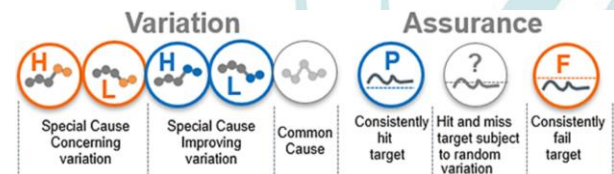


**At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.**

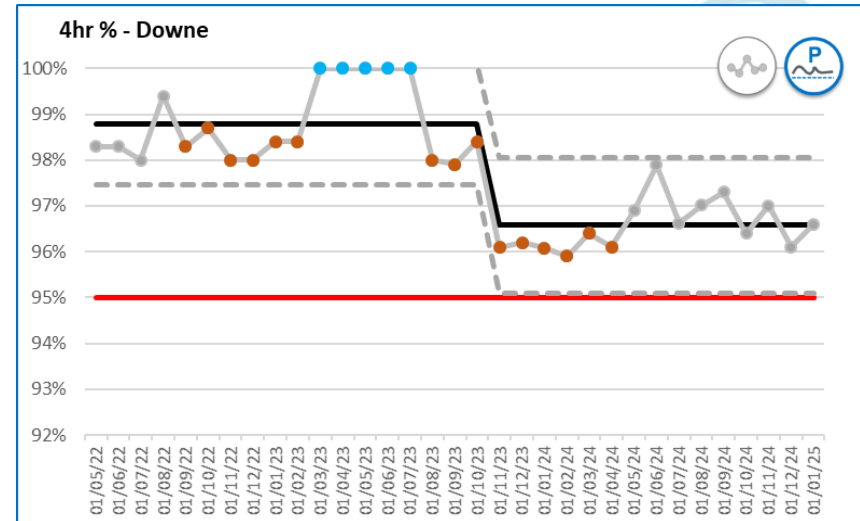
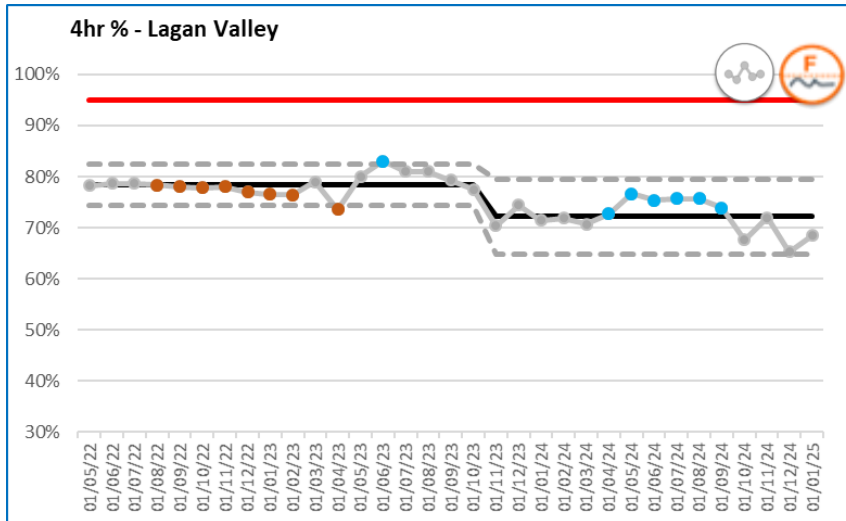
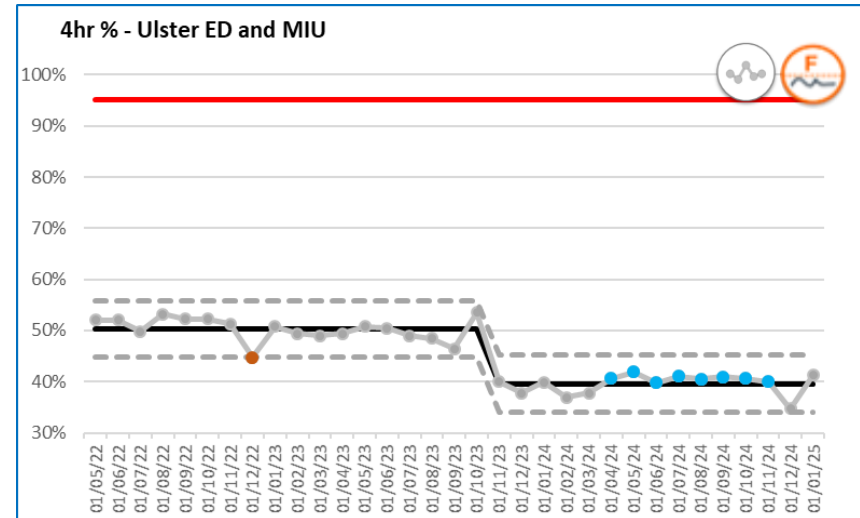
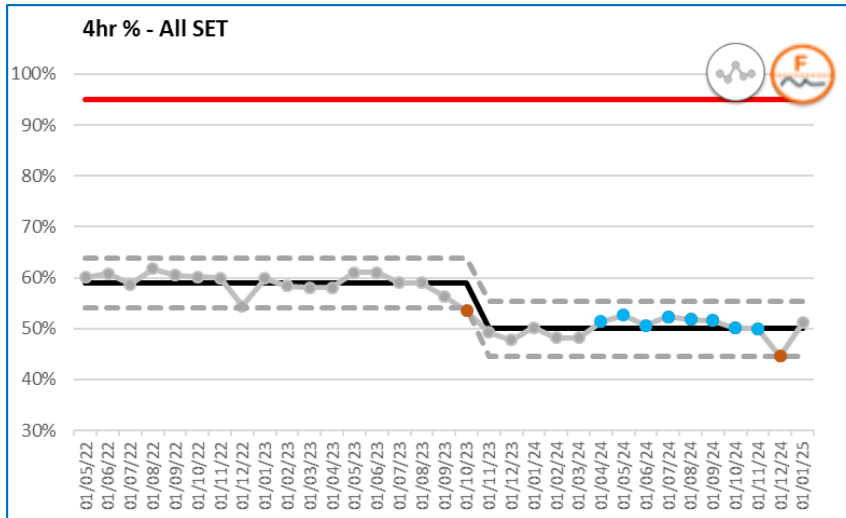
**The 'Cancer 62 Day %' metric relates to traditional CPD target and was 36% compared to the expected 95% January target.**

The 62 day % has remained consistent over the last number of months. Delays in first outpatient appointments and diagnostic tests continue to be a barrier to achieving the 95% target. As per the 31 day target it is likely the current figure will improve as the team are able to close treatment pathways.

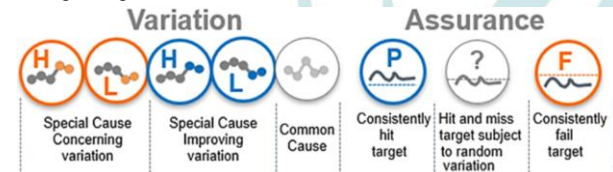
The team continue to utilise waiting list initiative funding to provide additional capacity within outpatients and diagnostics with the aim of improving the 62 day target. Significant progress made in Gynaecology to reduce number of patients waiting for first appointment.



# 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.

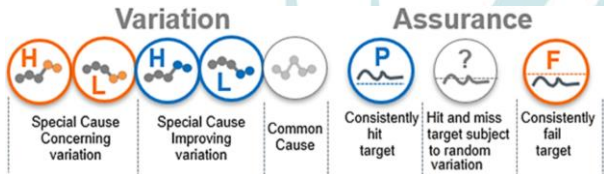
95% of patients attending any Emergency Department are to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department.

In January 2025 51% of all patients within the Emergency Departments across the South Eastern Trust met the 4 hour target. At the Ulster site the figure was 41%, Lagan Valley 69% and 97% in Downe Urgent Care Centre.

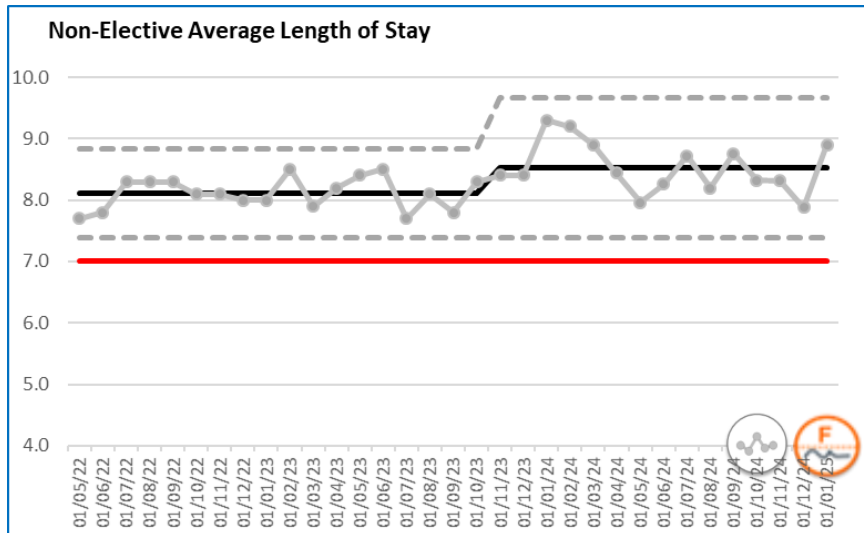
Attendances to the Ulster Hospital Emergency Department (UHD), Lagan Valley Urgent Care Centre (LVH), and the Downe Urgent Care Centre remain high with the Trust seeing 12,772 patients. Despite the high attendance numbers, 4 hour performance has improved slightly across all sites in comparison to last month (Dec 24). This improvement reflects the great work delivered by teams across the Trust, in particular during the Regional Reset Week. Unfortunately, Reset Week was impacted by Storm Eowyn on 24th Jan 25.

Despite this improvement it is recognised that 4 hour performance remains challenged as a consequence of sustained and ongoing system wide pressure and includes high length of stay, delays in discharging patients from hospital and high numbers of decisions to admit waiting for an inpatient bed.

Key learning has been identified following Reset week and in conjunction with the Regional Coordination Centre (RCC) plans are being developed to implement improvements. This includes the potential of a site specific Reset Week.



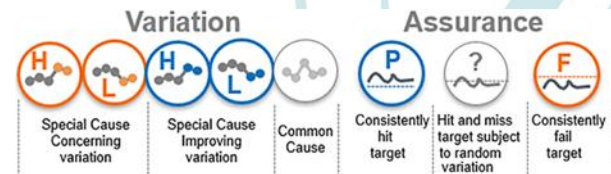
# Non-Elective Average Length of Stay



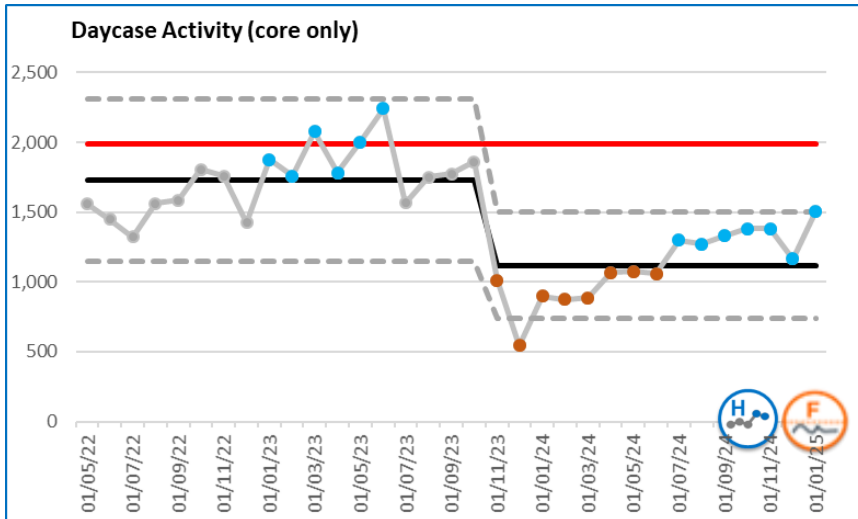
**Non Elective Length of Stay at the Ulster Hospital is tracked as part of SDP monitoring.**

**In January 2025 the average length of stay was 8.9 against an expected trajectory of 7.0.**

Non-elective length of stay increased from 7.9 in Dec 24 to 8.9 Jan 25. This reflects the complexity of patients requiring care in hospital and then onward packages of care in the community. Work is continuing, through the Hospital and Community Flow Structure and across operational teams, to improve timeliness of assessments with the aim of reducing length of stay.



# Daycase Activity (Core Only)

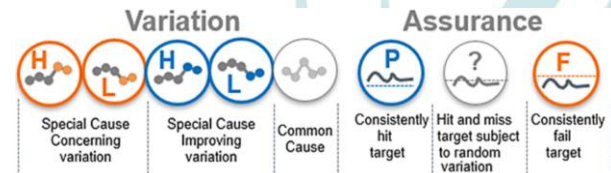


Daycase activity is tracked as part of SDP monitoring.

In January 2025 1,506 Daycases (Core Only) were delivered against an expected trajectory of 1,988. This equates to an expected trajectory of 76%.

Daycase activity has been improving with the figure of 1506 in Jan 25 giving the highest level of activity since Oct 23. This is in line with recent improvements and is reflective of the actions taken forward by operational teams and via the Elective Care Reform structures to improve activity and waits across all elective provision.

It is important to note that figures prior to encompass go live were not split between Core and DPC meaning it may be a challenge to achieve this level of activity in core alone.



Safety, Quality and Experience of Care

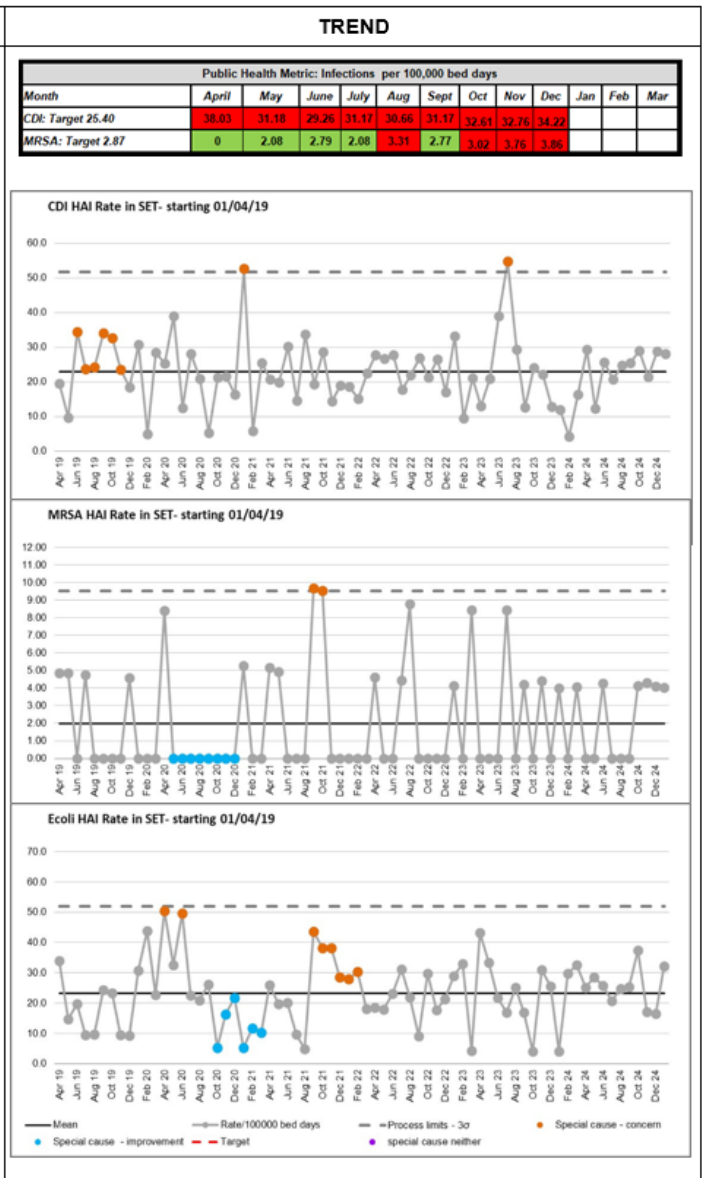
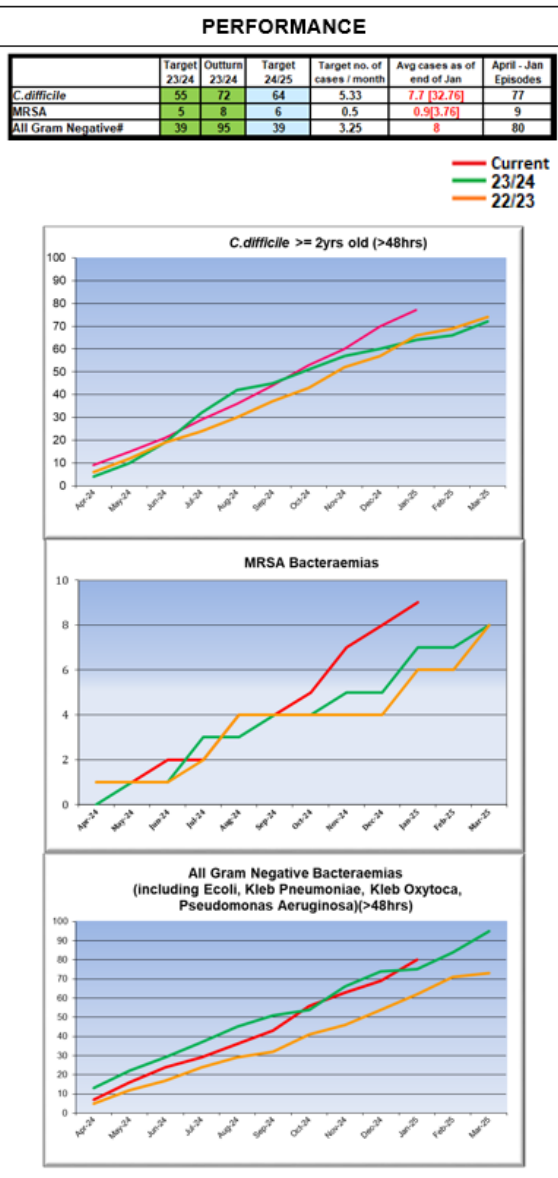
# HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health  
and Social Care Trust



| TITLE | Target  | NARRATIVE   |
|-------|---|---|
| HCAI  | In September 2024 PHA issued their new metrics of calculating infections. Currently only Clostridium difficile infection (CDI) and MRSA are available   | <p><b>2024/25:</b><br/>           CDI: 18 &lt; 48 hours<br/>                 :59&gt; 48 hours</p> <p><b>MRSA</b> :4 &lt; 48 hours,<br/>                 :5&gt; 48 hours</p> <p><b>Gram Negative Bacteraemias (GNB)</b><br/>           Reportable only if &gt;48hrs</p> <p><i>E. coli</i> :61<br/> <i>Pseudo. Aeruginosa</i> : 5<br/> <i>Klebsiella Oxytoca</i>: 2<br/> <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 &lt;48hrs from admission suggesting they are not hospital acquired infections.</p> <p>All HCAI's are actively monitored. Patient reviews are completed by the IPC team in the first instance prior to the decision to proceed to a MDT PIR if required. Any learning identified is shared with the clinical teams and via governance structures.</p> |
|       | 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>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>   |





Safety, Quality and Experience of Care

# PRIMARY CARE AND OLDER PEOPLE



South Eastern Health  
and Social Care Trust

# Performance Summary

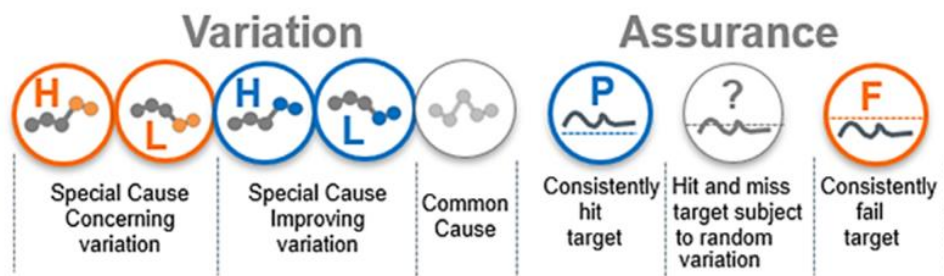
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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.

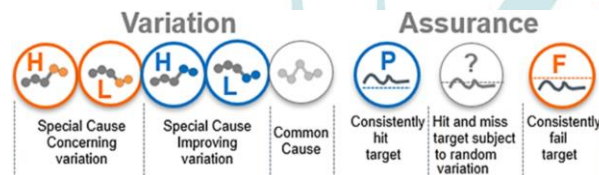
In January 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- CDS Contact Review
- CDS General Anaesthetic Ulster
- Dietetics Review
- Occupational Therapy number on waiting list
- Orthoptics number on waiting list
- Physiotherapy number on waiting list
- Speech and Language Therapy – Child – number on waiting list
- Speech and Language Therapy – Child – >13 weeks

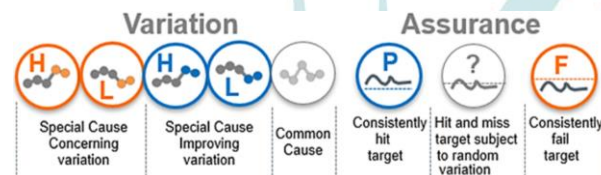


| KPI                            | Latest month | Measure | Target | Variation | Assurance |
|--------------------------------|--------------|---------|--------|-----------|-----------|
| CDS Contacts New               | Jan 25       | 267     | 152    |           |           |
| CDS Contact Review             | Jan 25       | 1048    | 1013   |           |           |
| AHP < 13 weeks                 | Jan 25       | 49%     | 100%   |           |           |
| CDS General Anaesthetic Ulster | Jan 25       | 93      | 83     |           |           |

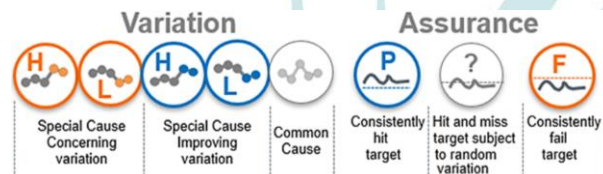
NB. District nursing contacts are not measured as previously. Prior to Encompass multiple interventions completed during one home visit appointment would be counted as one direct contact. On Encompass, when two or more interventions with differing visiting frequency are scheduled for the same visit appointment, 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.



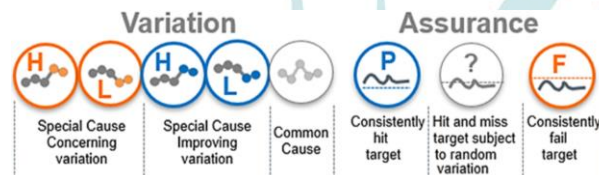
| KPI                                       | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| Speech & Language Therapy New Contacts    | Jan 25       | 472     | 546    |           |           |
| Speech & Language Therapy Review Contacts | Jan 25       | 3333    | 4301   |           |           |
| Physio New                                | Jan 25       | 2005    | 2744   |           |           |
| Physio Review                             | Jan 25       | 5249    | 8131   |           |           |
| Occupational Therapy New                  | Jan 25       | 861     | 1204   |           |           |
| Occupational Therapy Review               | Jan 25       | 1612    | 3362   |           |           |
| Dietetics New                             | Jan 25       | 689     | 779    |           |           |
| Dietetics Review                          | Jan 25       | 1357    | 962    |           |           |
| Orthoptics New                            | Jan 25       | 195     | 141    |           |           |
| Orthoptics Review                         | Jan 25       | 557     | 530    |           |           |
| Podiatry New                              | Jan 25       | 858     | 661    |           |           |
| Podiatry Review                           | Jan 25       | 2387    | 3467   |           |           |



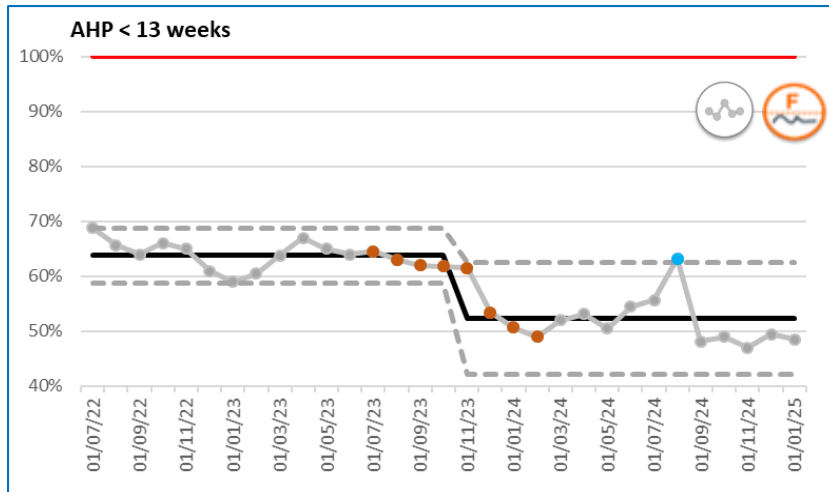
| KPI                                 | Latest month | Measure | Target | Variation | Assurance |
|-------------------------------------|--------------|---------|--------|-----------|-----------|
| Occupational Therapy Number on WL   | Jan 25       | 2826    | -      |           |           |
| Occupational Therapy >13 Week Waits | Jan 25       | 1730    | 0      |           |           |
| Orthoptics Number on WL             | Jan 25       | 227     | -      |           |           |
| Orthoptics >13 Week Waits           | Jan 25       | 25      | 0      |           |           |
| Podiatry Number on WL               | Jan 25       | 3103    | -      |           |           |
| Podiatry >13 Week Waits             | Jan 25       | 1782    | 0      |           |           |
| Physiotherapy Number on WL          | Jan 25       | 8808    | -      |           |           |
| Physiotherapy >13 Week Waits        | Jan 25       | 4746    | 0      |           |           |
| Dietetics Number on WL              | Jan 25       | 2055    | -      |           |           |
| Dietetics >13 Week Waits            | Jan 25       | 521     | 0      |           |           |



| KPI  | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| Speech and Language Therapy Adult Number on WL   | Jan 25       | 983     | -      |           |           |
| Speech and Language Therapy Adult >13 Week Waits | Jan 25       | 581     | 0      |           |           |
| Speech and Language Therapy Child Number on WL   | Jan 25       | 401     | -      |           |           |
| Speech and Language Therapy Child >13 Week Waits | Jan 25       | 75      | 0      |           |           |



# AHP < 13 Weeks



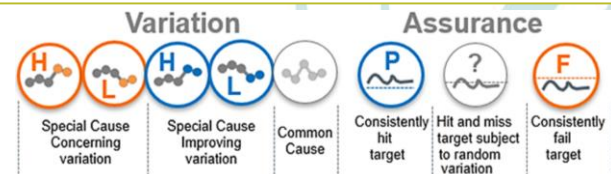
**Allied Health professionals: no patient is to wait longer than 13 weeks from referral to commencement of treatment. This metric is monitored as a CPD target.**

**In January 49% of patients received treatment within 13 weeks against the 100% target. Breakdown by specialty is shown in the summary table.**

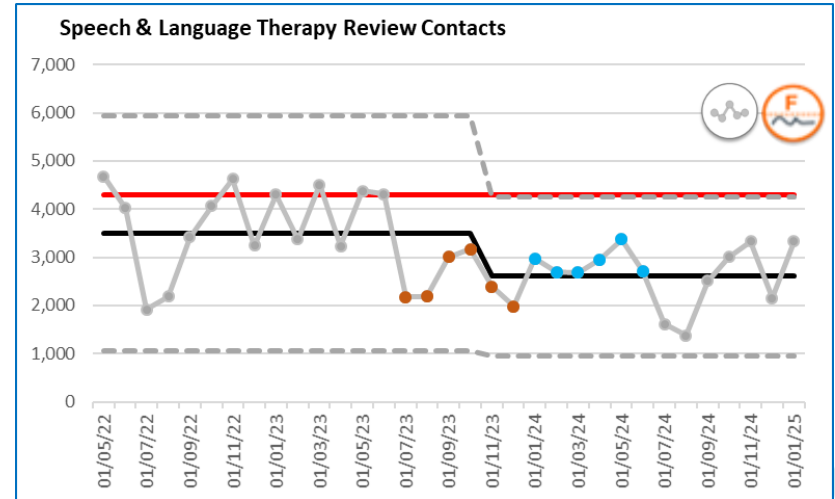
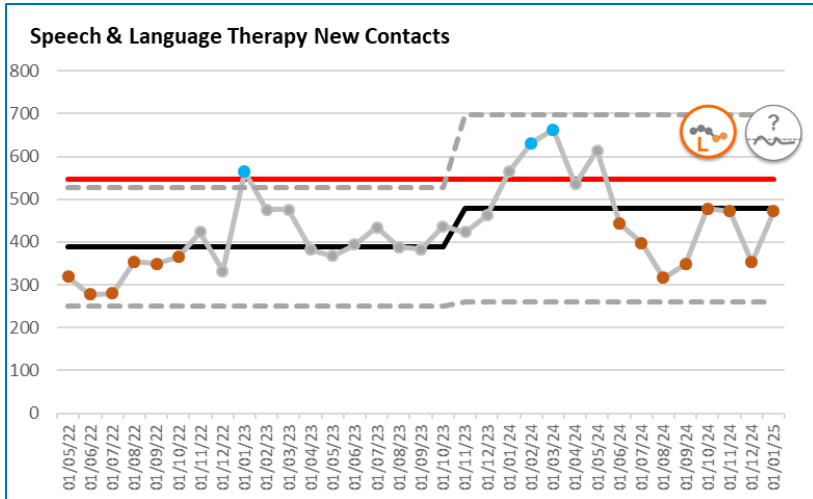
Allied Health Professional (AHP) services are facing vacancy rates, which are affecting both scheduled and unscheduled services. This issue is further exacerbated by high maternity leave and significant long-term sick leave, although compassionate and effective absence management has reduced overall absence rates in most clinical areas.

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.

Complex workflows across all professions continue to require more time to complete. AHP Services have dedicated significant time to supporting Belfast and Northern Trusts during their go-live phases, a commitment that is on-going.



# Speech and Language Therapy New and Review Contacts

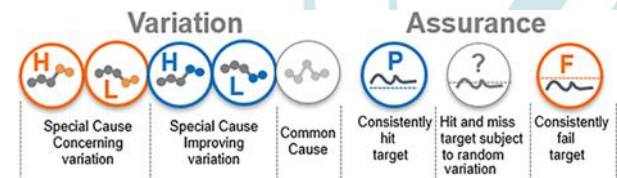


Speech and Language Therapy New and Review Contacts are monitored as part of the Service Delivery Plan.

January 2025 recorded 472 New against 546 expected new contacts and 3,333 Review against 4301 expected review contacts equating to 86% of new and 77% of review expected activity

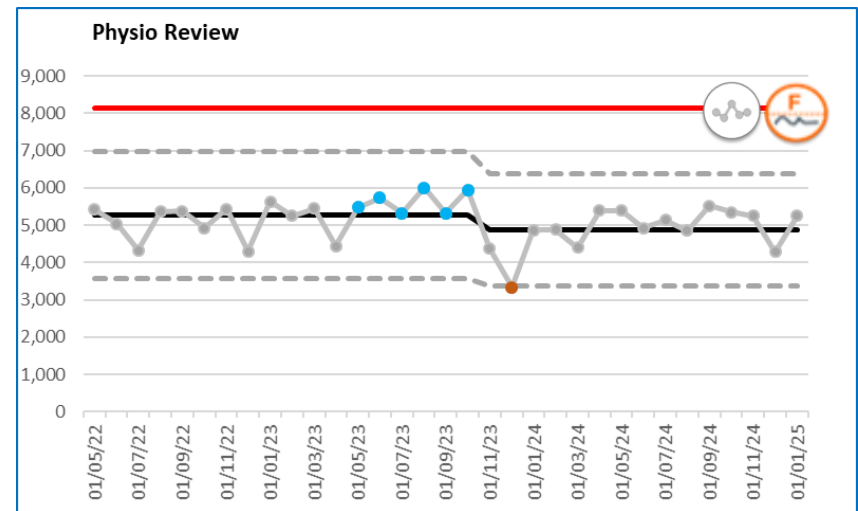
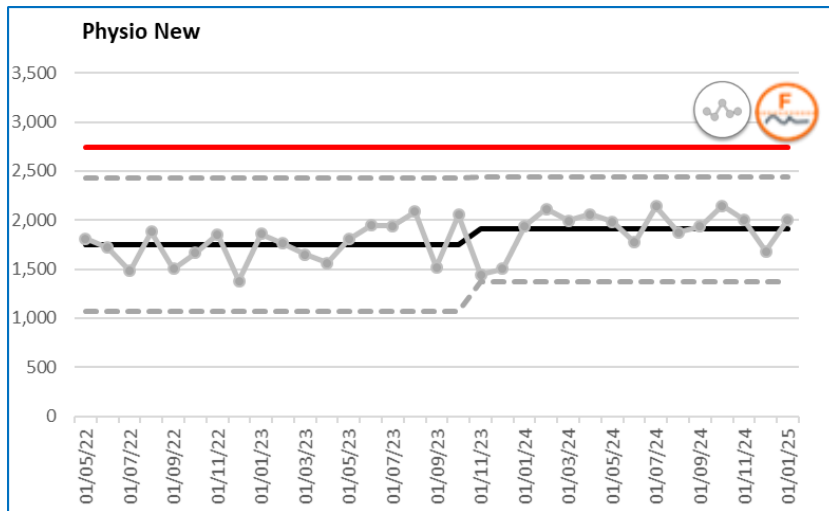
Review activity for SLT significantly impacted by previous activity counted as direct now counted as indirect. Also continued focus on news and new advice and support pathways have resulted in less reviews.

Continued high levels of vacancy and maternity leaves have impacted activity along with higher than normal sickness levels. This has resulted in an ~18% reduction in staffing for Q3. SLT scheduled activity in January 2025 impacted by some staff diverted to unscheduled care to ensure patient flow.





# Physiotherapy Review Contacts

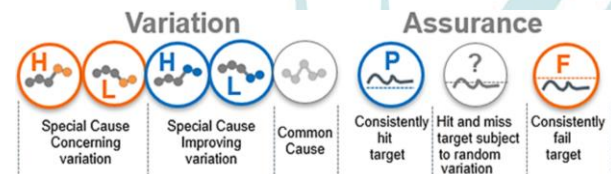


Physiotherapy Contacts are monitored as part of the Service Delivery Plan.

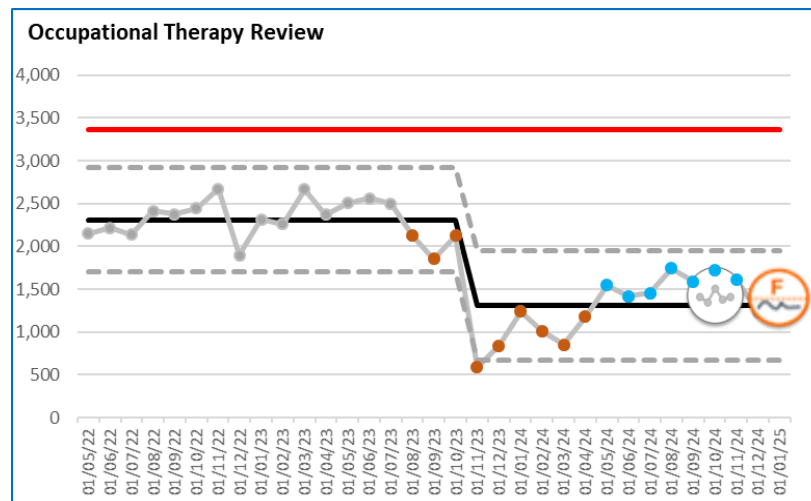
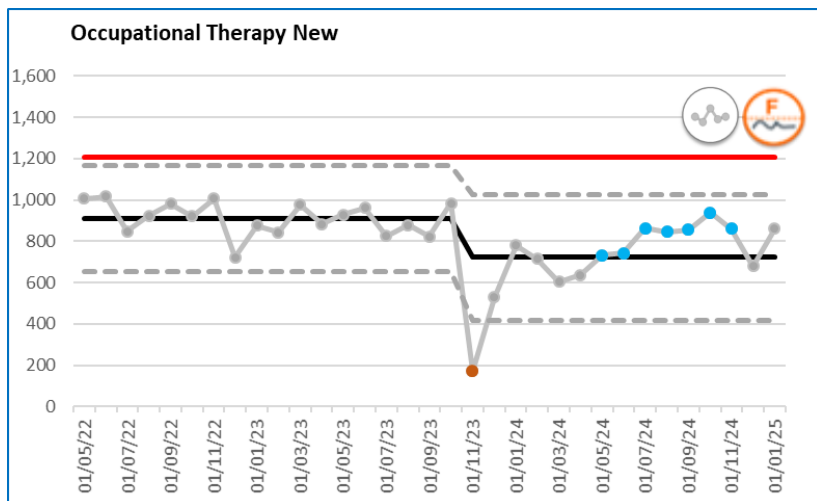
January recorded 2,005 new and 5,249 review contacts against an expected trajectory of 2,744 new and 8,131 review. This equates to 73% of new and 65% of review expected activity.

Ongoing staff vacancies in certain areas continue to affect activity levels. Increasingly complex referrals to community results in longer periods of more frequent intensive intervention often requiring multiple staff which impacts capacity. A concentrated effort to reduce patient wait times has increased new patient contacts but has limited capacity for review appointments.

Efforts are also ongoing to enhance reporting across several teams to ensure all activities are accurately captured.



# Occupational Therapy New and Review Contacts



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

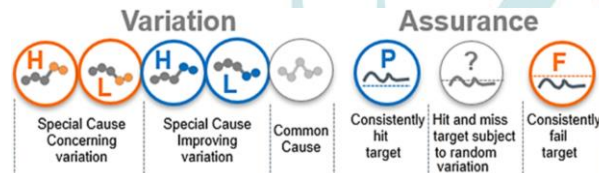
January 2025 recorded 861 new and 1,612 review contacts against an expected trajectory of 1,204 new and 3,362 review. This equates to 72% of new and 48% of review expected activity.

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

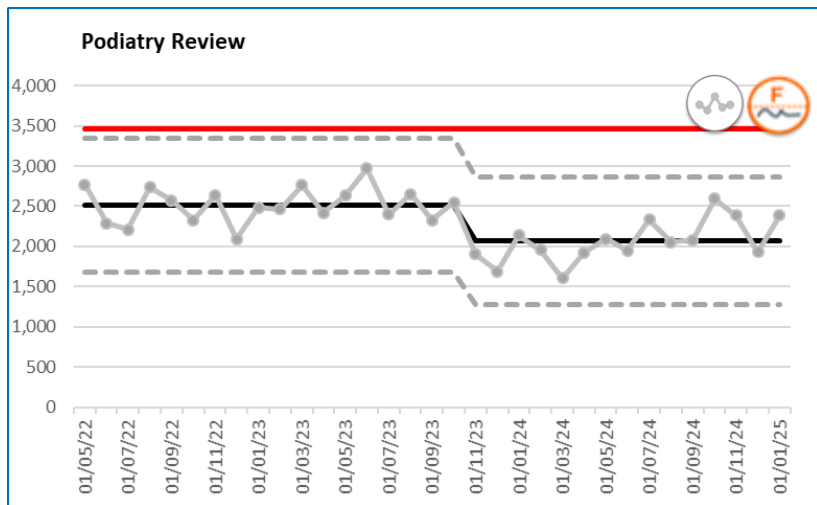
A significant portion of activity previously counted as review work before the implementation of encompass is now classified as indirect activity and is no longer included in data submissions. As a result, previous activity levels will not be achieved due to this change in reporting.



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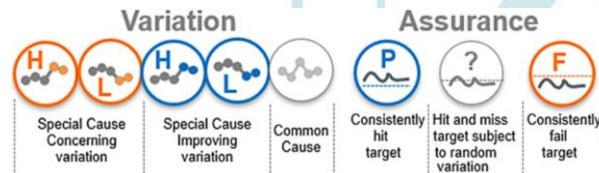
# Podiatry Review Contacts



**Podiatry Contacts are monitored as part of the Service Delivery Plan.**

**January 2025 recorded 2,387 review contacts against an expected trajectory of 3,467. This equates to 69% of expected activity.**

A number of key vacancies in small team, particularly at senior levels continues to significantly impact activity. A concentrated effort to reduce patient wait times has increased new patient contacts but has limited capacity for review appointments. Efforts are also ongoing to enhance reporting across several teams to ensure all activities are accurately captured.



Safety, Quality and Experience of Care

# ADULT SERVICES AND PRISON HEALTHCARE



South Eastern Health  
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# Performance Summary

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

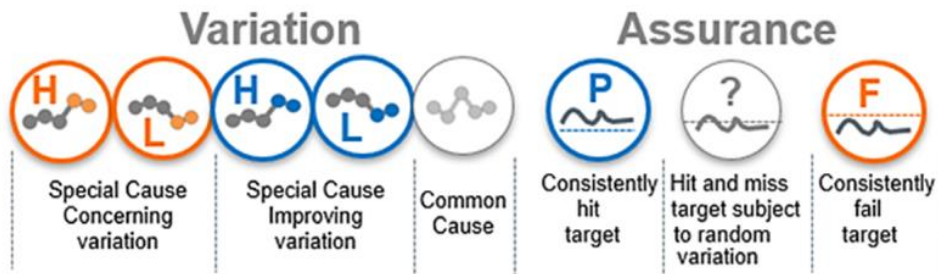
A summary table for Service delivery plan targets being monitored through performance and Encompass is included, this shows the previous month activity, the target (if applicable), an icon describing the variation shown and (if applicable) an icon showing the assurance against target.

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

Mental health and dementia wait reporting is still in progress as there is ongoing encompass build and data review. The last available month is October 2023.

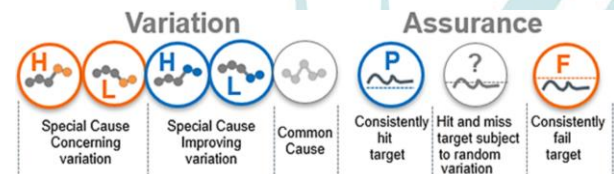
In January 2025 the following metrics monitored have had either an improving variation or consistently hit their target:

- Adult Mental Health Non-Inpatient New



| KPI                                       | Latest month | Measure | Target | Variation | Assurance |
|---|--------------|---------|--------|-----------|-----------|
| Adult Mental Health Non-Inpatient New     | Jan 25       | 897     | 905    |           |           |
| Adult Mental Health Non-Inpatient Review  | Jan 25       | 4668    | 4533   |           |           |
| Psychological Therapies - New Contacts    | Jan 25       | 202     | 123    |           |           |
| Psychological Therapies - Review Contacts | Jan 25       | 1576    | 1916   |           |           |
| Dementia Contacts New                     | Jan 25       | 162     | -      |           |           |
| Dementia Contacts Review                  | Jan 25       | 608     | -      |           |           |

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



Safety, Quality and Experience of Care

# CHILDREN'S SERVICES



South Eastern Health  
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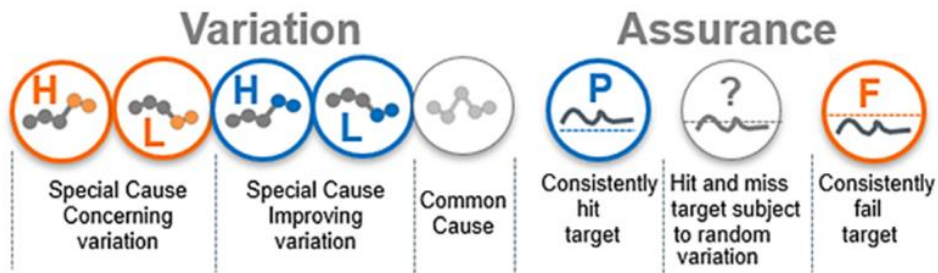
# Performance Summary

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.

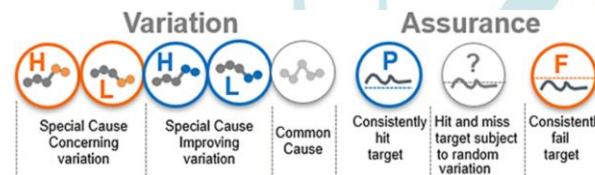
The summary table is followed by detailed SPC charts and narrative from the service on key areas.

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

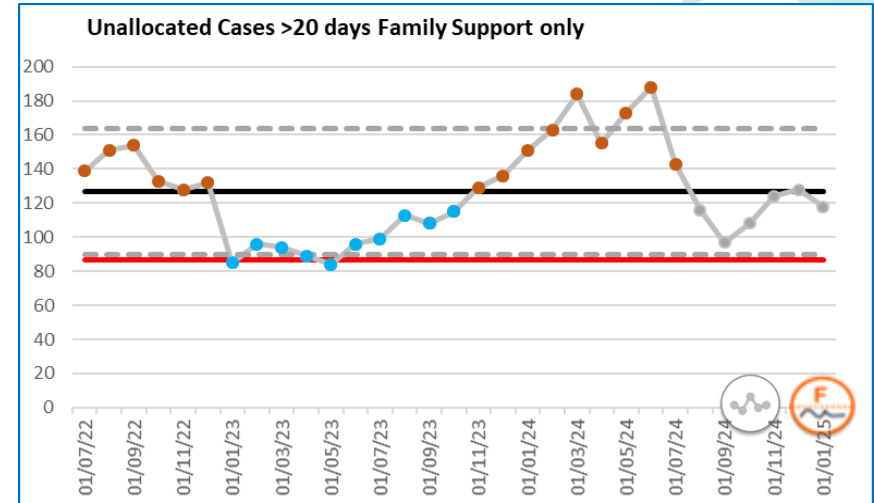
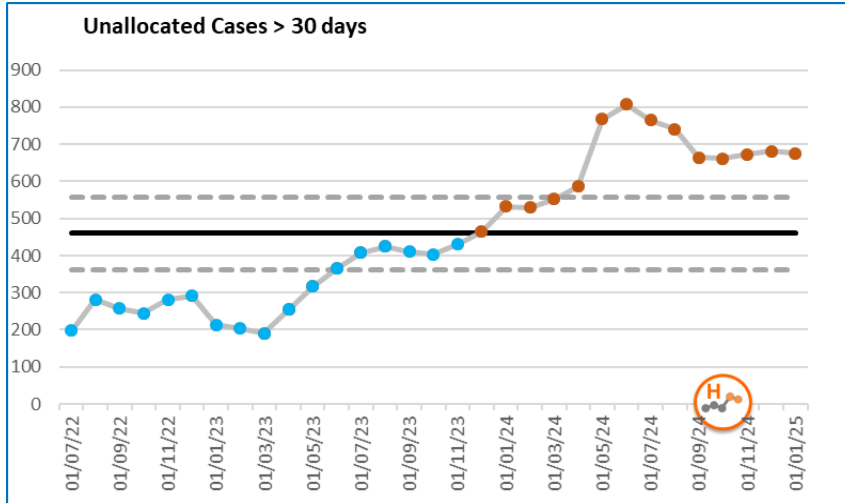
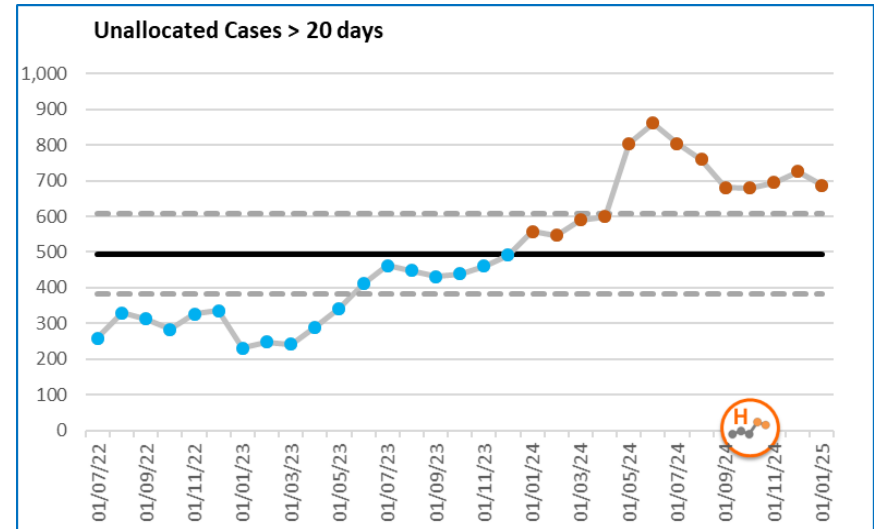
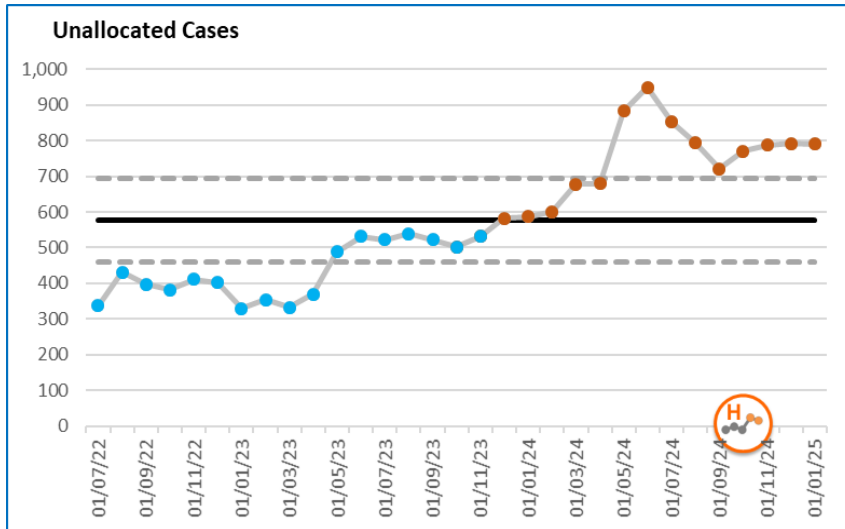




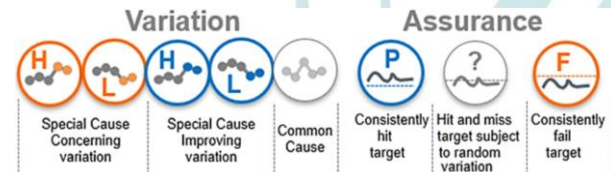
| KPI  | Latest month | Measure | Target | Variation | Assurance |
|--|--------------|---------|--------|-----------|-----------|
| Unallocated Cases                              | Jan 25       | 790     | -      |           |           |
| Unallocated Cases > 20 days                    | Jan 25       | 688     | -      |           |           |
| Unallocated Cases > 30 days                    | Jan 25       | 676     | -      |           |           |
| Unallocated Cases >20 days Family Support only | Jan 25       | 118     | 86     |           |           |
| Total Unallocated Gateway                      | Jan 25       | 71      | -      |           |           |
| Total Unallocated Family support               | Jan 25       | 189     | -      |           |           |
| Total Unallocated Disability                   | Jan 25       | 499     | -      |           |           |



# Unallocated Cases (1/3)



South Eastern Health and Social Care Trust



# Unallocated Cases by Service Area (2/3)

## January 2025

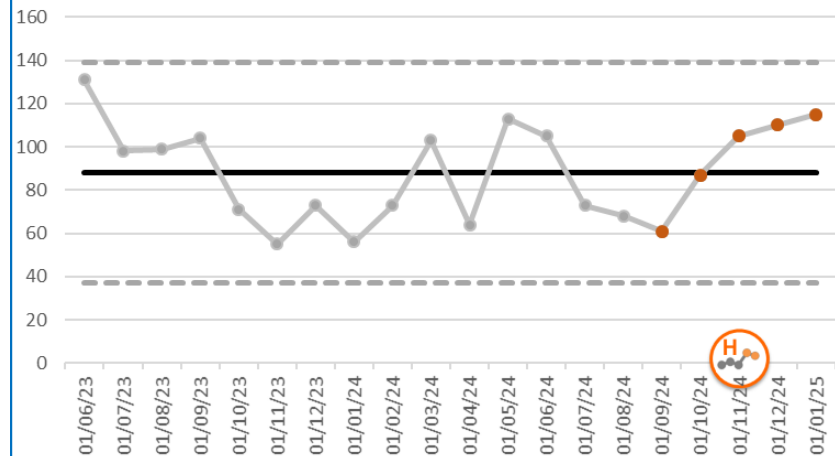
Total Unallocated Cases (from day 1)= 790

Total Unallocated Gateway (from day 1) = 115

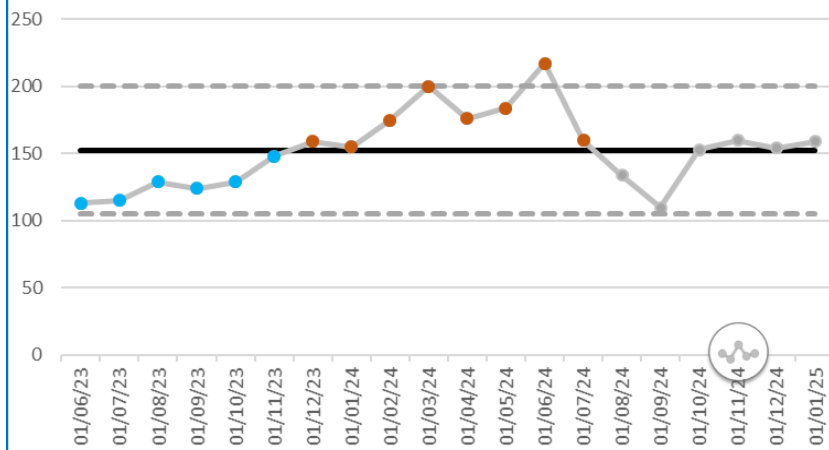
Total Unallocated Family Support (from day 1)= 159

Total Unallocated Disability = 516 NB: new disability tracker introduced April/ May 24

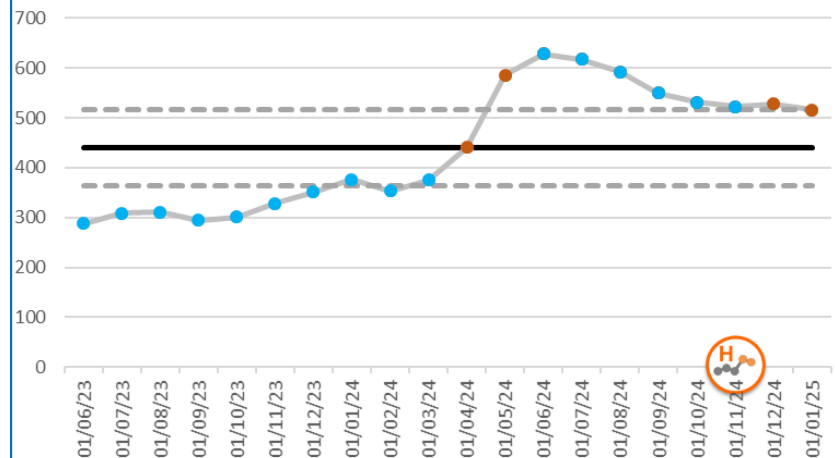
Total Unallocated Gateway



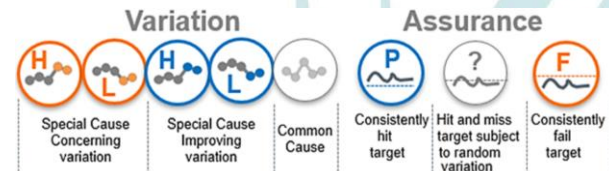
Total Unallocated Family support



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 January 2025 there were 118 unallocated over 20 days, for the Family Support metric. These cases exclude cases for Gateway and Children’s Disability Services.**

**In January there were 790 cases on the waiting list for Children’s Safeguarding and Disability services, with 688 of these waiting over 20 days and 676 waiting over 30 days. This metric includes waiting list cases at Gateway.**

Children’s services continue to actively work on improving case management for those cases, triaged as LOW risk, that remain on the Waiting List for a social work service (unallocated), or have been placed back on the Waiting List (WL) to create capacity to allocate Child Protection or Looked After Children cases.

The Directorate continues to operate the Collaborative Unallocated Progress (CUP) across all Safeguarding teams in the Trust; with incremental improvements to the number of cases on the waiting list evident when workforce challenges improve. The Children’s Services Waiting List Oversight Group is in place, co-chaired by, Assistant Directors for Safeguarding and Children’s Disability. Whilst efforts to recruit and retain social work staff remain ongoing and there have been new qualified social work staff commencing post over the past months, there remains significant vacancy rates across these services. Safeguarding rate for social work and social work support staff is currently 27% and children’s disability fieldwork teams is 26.6%. Therefore, the waiting list reflects demand exceeding service capacity, rather than a failure in control measures. “In response to ongoing staffing challenges within the Ards locality, an interim measure redirecting all statutorily cases within the Ards locality to Down and Lisburn teams was commenced at the start of November until the end of January 2025”. The children’s disability service has prioritised Looked After Child (LAC), child protection and edge of care cases for allocation, consequently, there remains a significant number of cases awaiting a children’s disability service. The Assistant Director and Head of Service for Children’s Disability have undertaken public engagement sessions to explain the current service pressures and mitigation measures. Specific remedial measures currently being taken forward include:

- Dedicated recruitment campaign within children’s disability Service to address workforce deficits.
- Adoption of the revised regionally agreed children with disability service criteria.
- Development of an enhanced ASD/Neurodevelopmental service by January 2025.
- Adoption of the new regional Transition Protocol enabling young people aged 18+ in the service to transfer to Adult Services.

