

Integrated Performance Monitoring Report

July 2022

Paper Number: SET/57/22



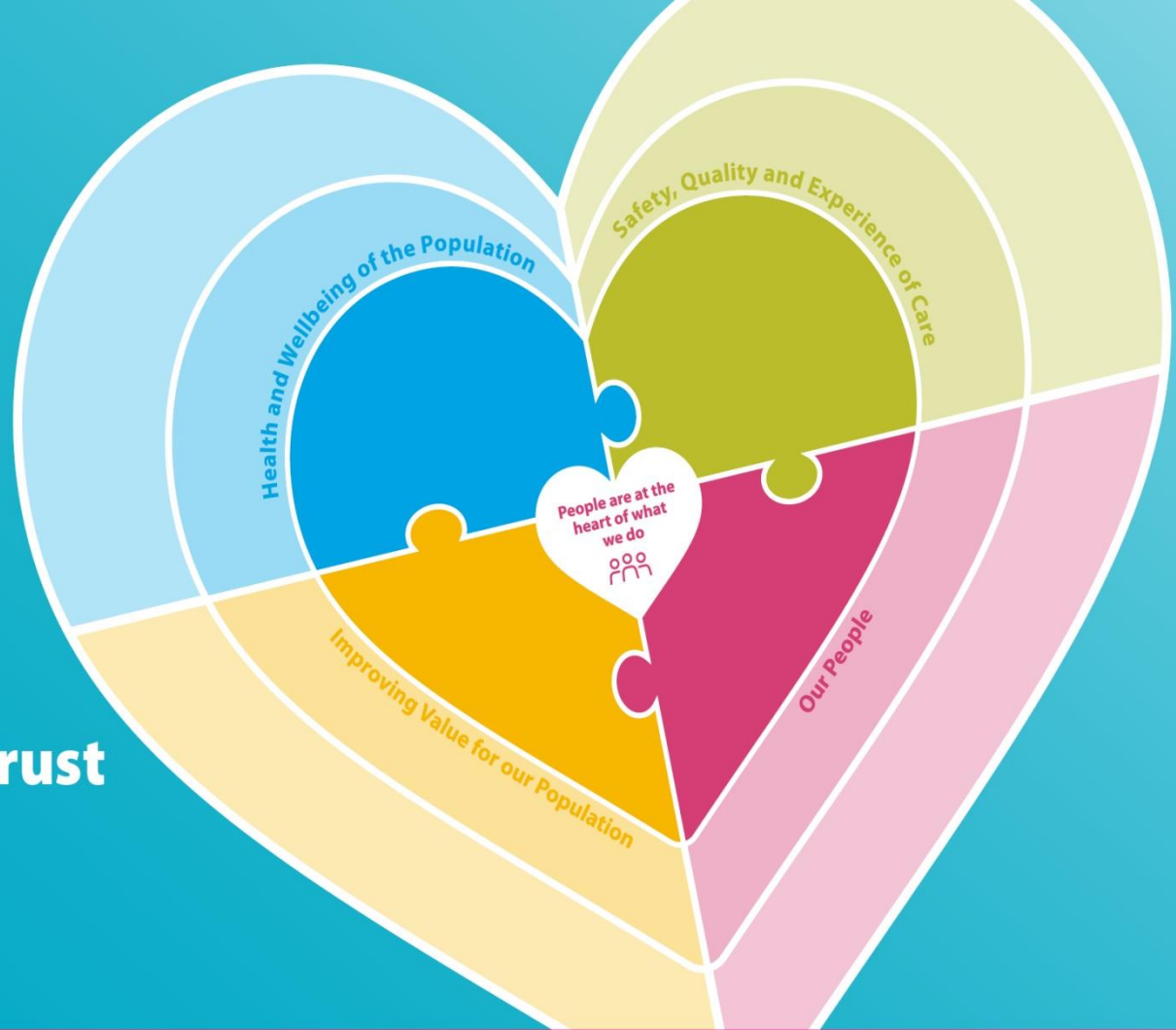
South Eastern Health
and Social Care Trust



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**

Overview

This Integrated Performance Management Report assesses the Trust position in July 2022 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). By the end of March 2023 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

At the Regional Management Board meeting on 8 June 2022, the Permanent Secretary for Health noted the need to return to pre COVID-19 activity levels as soon as possible; ideally aiming to return to these levels by September 2022. Trusts received a follow-up letter from Sharon Gallagher on 9 June highlighting the approach as follows:

- SPPG (DoH) will determine the performance trajectories required
- Services that have already reached pre-Covid-19 activity levels - these levels of service provision are to be maintained or increased
- Performance will be managed and reported on a monthly basis and if targets not achieved escalation measures will be put in place

Areas within the Service Delivery Plan which have been identified as having challenging trajectories are included in the main body of the report.

Strategic Priorities

The Trust has identified three corporate improvement priorities:

1. Unscheduled Care
2. Domiciliary Care
3. Children's Unallocated Cases

These areas are receiving support from the Quality Improvement (QI) Team and the wider corporate team to improve performance.

Glossary of Terms

AH	Ards Hospital	IP&C	Infection Prevention & Control
AHP	Allied Health Professional	KPI	Key Performance Indicator
ASD	Autistic Spectrum Disorder	KSF	Key Skills Framework
BH	Bangor Hospital	LVH	Lagan Valley Hospital
BHSCT	Belfast Trust	MPD	Monitored Patient Days
C Diff	Clostridium Difficile	MRSA	Methicillin Resistant Staphylococcus Aureus
C Section	Caesarean Section	MSS	Manager Self Service (in relation to HRPTS)
CAUTI	Catheter Associated Urinary Tract Infection	MUST	Malnutrition Universal Screening Tool
CBYL	Card Before You Leave	NICAN	Northern Ireland Cancer Network
CCU	Coronary Care Unit	NICE	National Institute for Health and Clinical Excellence
CDS	Community Dental Services	NIMATS	Northern Ireland Maternity System
CHS	Child Health System	OP	Outpatient
CLABSI	Central Line Associated Blood Stream Infection	OT	Occupational Therapy
CNA	Could Not Attend (eg at a clinic)	PAS	Patient Administration System
DC	Day Case	PC&OP	Primary Care & Older People
DH	Downe Hospital	PDP	Personal Development Plan
DNA	Did Not Attend (eg at a clinic)	PfA PfG	Priorities for Action Programme for Government
ED	Emergency Department	PMSID	Performance Management & Service Improvement Directorate (at Department of Health)
EMT	Executive Management Team	RAMI	Risk Adjusted Mortality Index
ERCP	Endoscopic Retrograde Cholangiopancreatography	SET	South Eastern Trust
ESS	Employee Self Service (in relation to HRPTS)	S<	Speech & Language Therapy
FIT	Family Intervention Team	SPC	Statistical Process Control
FOI	Freedom of Information	SPPG	Strategic Planning and Performance Group
HAI	Hospital Acquired Infection	SQE	Safety, Quality and Experience
HCAI	Healthcare Acquired Infection	SSI	Surgical Site Infection
HR	Human Resources	TDP	Trust Delivery Plan
HRMS	Human Resource Management System	UH	Ulster Hospital
HRPTS	Human Resources, Payroll, Travel & Subsistence	VAP	Ventilator Associated Pneumonia
HSMR	Hospital Standardised Mortality Ratios	VTE	Venous Thromboembolism
ICU	Intensive Care Unit	W&CH	Women and Child Health
iiP	Investors in People	WHO	World Health Organisation
IP	Inpatient	WLI	Waiting List Initiative



Service Delivery Plan

Performance against trajectories for Service Delivery Plan metrics will be tabled at the monthly 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.

South Eastern Trust performance against trajectories for the month of July 2022 is summarised below:

Status	Total
Meeting/Exceeding target	28
Outside target	17
New metric / no baseline data available from SPPG / delayed or quarterly return	7
Total number of metrics	52



Statistical Process Control

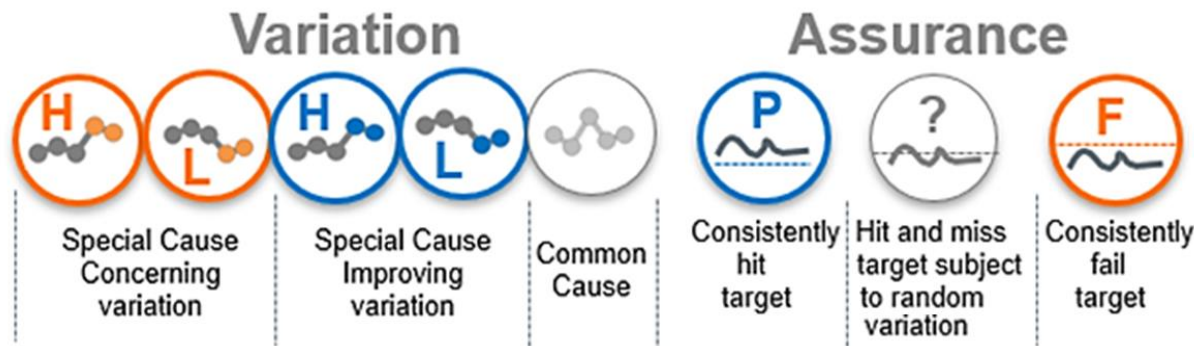
This report uses Statistical Process Control (SPC) charts throughout. SPC is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

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

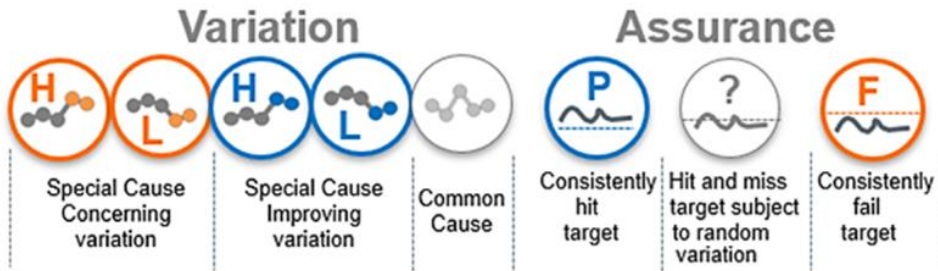
Hospital Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unscheduled Care.

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.

Charts prioritised in this report for Hospital Services are as follows:

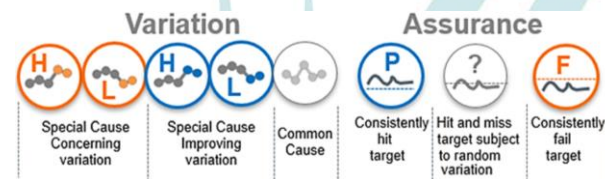
- Cancer Performance - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory
- Emergency Department – this is aligned to the unscheduled care strategic priority
- Adult Non-Elective Discharges - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory



KPI	Latest month	Measure	Target	Variation	Assurance
Cancer 14 Day Activity	Jul 22	129	212		
Cancer 31 Day Activity	Jul 22	84	147		
Cancer 62 Day Activity	Jul 22	43.0	72.0		
Cancer 14 Day %	Jul 22	54%	100%		
Cancer 31 Day %	Jul 22	97%	98%		
Cancer 62 Day %	Jul 22	46%	95%		
ED Attendances - All SET	Jul 22	11881	-		
ED Attendances - Ulster	Jul 22	8805	-		
ED Attendances - Lagan Valley	Jul 22	1793	-		
ED Attendances - Downe	Jul 22	1283	-		



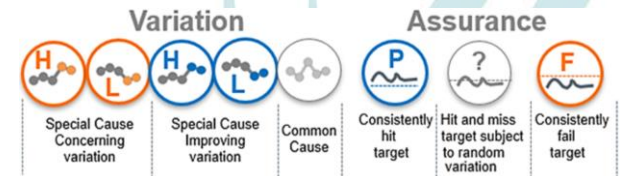
South Eastern Health and Social Care Trust



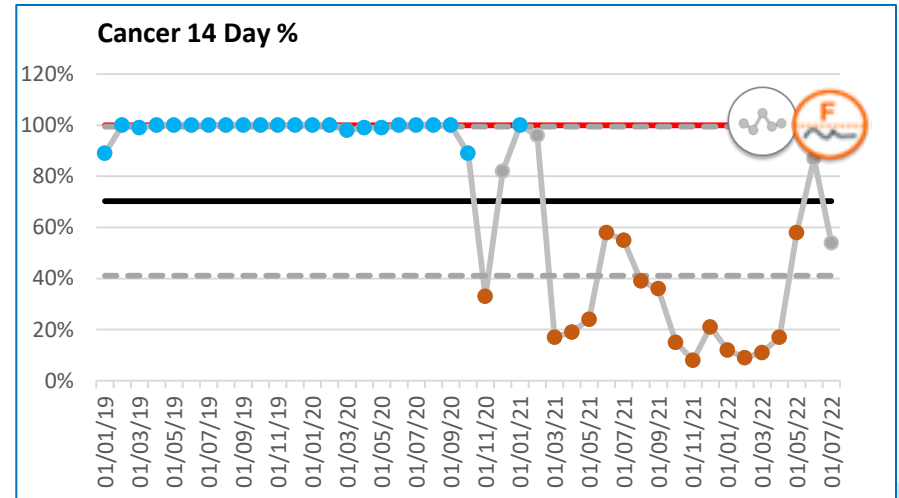
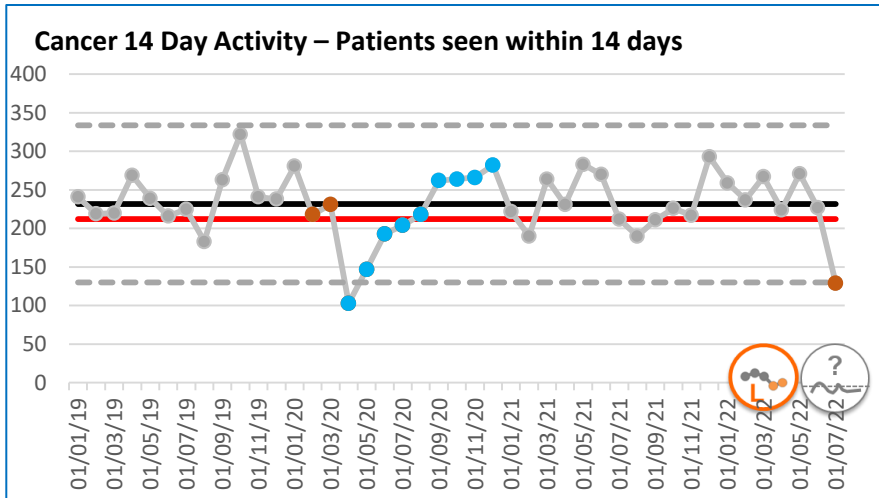
KPI	Latest month	Measure	Target	Variation	Assurance
ED 4hr % - All SET	Jul 22	58.7%	95.0%		
ED 4hr % - Ulster	Jul 22	45%	95%		
ED 4hr % - Lagan Valley	Jul 22	79%	95%		
ED 4hr % - Downe	Jul 22	98%	95%		
ED 12hr Breaches - All SET	Jul 22	1547	-		
ED 12hr Breaches - Ulster	Jul 22	1544	-		
ED 12hr Breaches - Lagan Valley	Jul 22	3	-		
ED 12hr Breaches - Downe	Jul 22	0	-		
Adult Non-Elective Discharges	Jul 22	19%	21%		
Non-Elective Average Length of Stay	Jul 22	8.3	6.4		



South Eastern Health and Social Care Trust



Cancer Services 14 Day

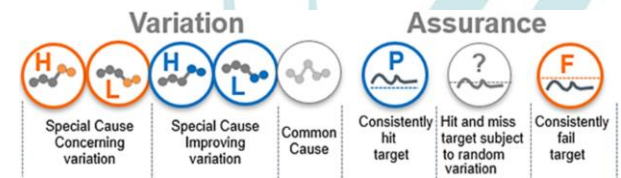


All urgent breast cancer referrals should be seen within 14 days.

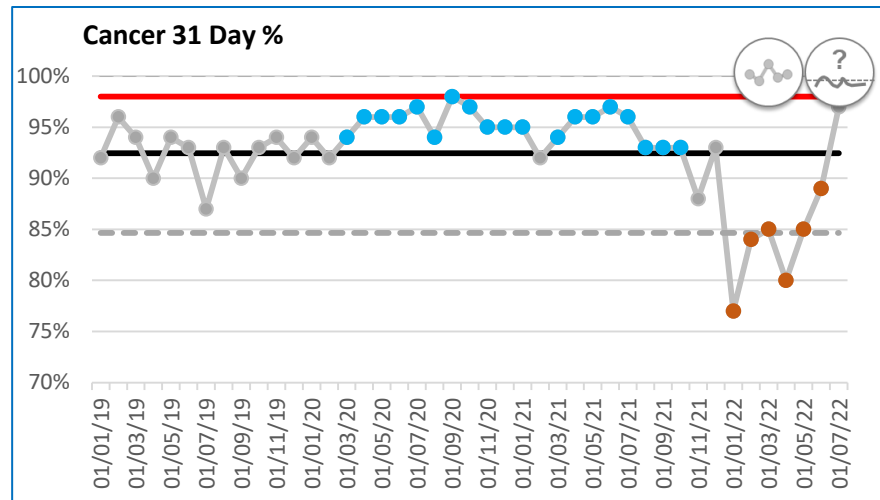
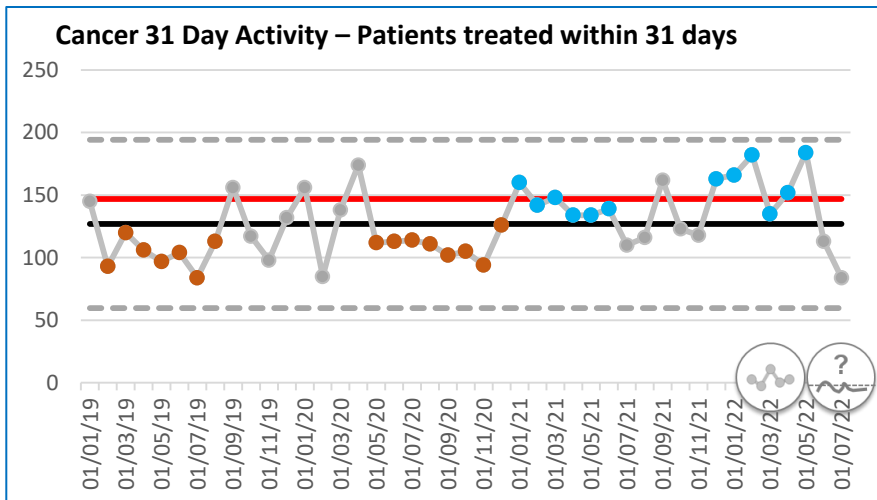
The 'Cancer 14 Day Activity' metric relates to the Service Delivery Plan and was 129 for the month of July 2022 61% of the 212 expected trajectory.

The 'Cancer 14 Day %' metric relates to traditional CPD targets and was 54% for July 2022 against the 100% target.

The service has been under pressure since the end of 2020 due to sick leave and other unplanned leave. Clinic templates are reviewed and where possible urgent new slots are increased. The bank holiday in July meant that a clinic had to be cancelled and due to the multi-professional nature of the clinics this could not be rescheduled.



Cancer Services 31 Day



At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.

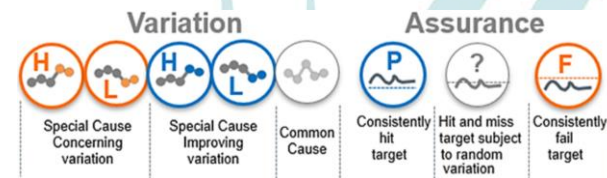
The ‘Cancer 31 Day Activity’ metric relates to the Service Delivery Plan and was 84 for the month of July 2022, 54% of the 147 expected trajectory.

The ‘Cancer 31 Day %’ metric relates to traditional CPD targets and was 97% for July 2022 against the 100% target.

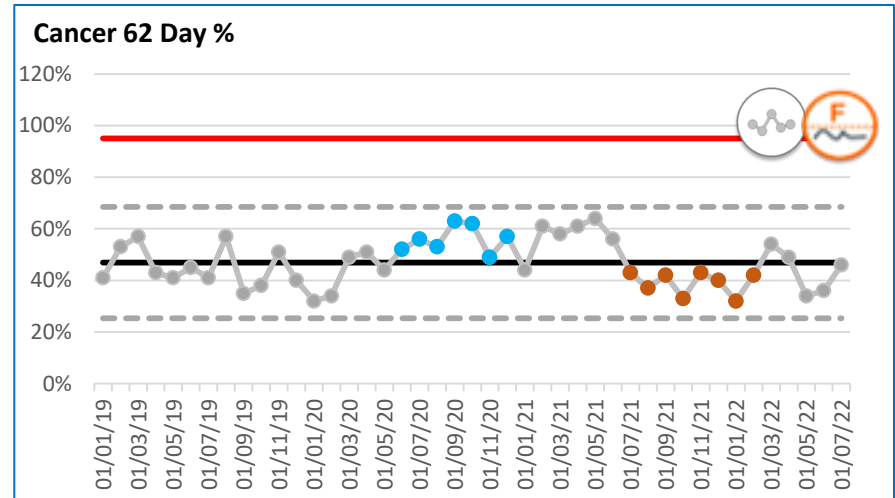
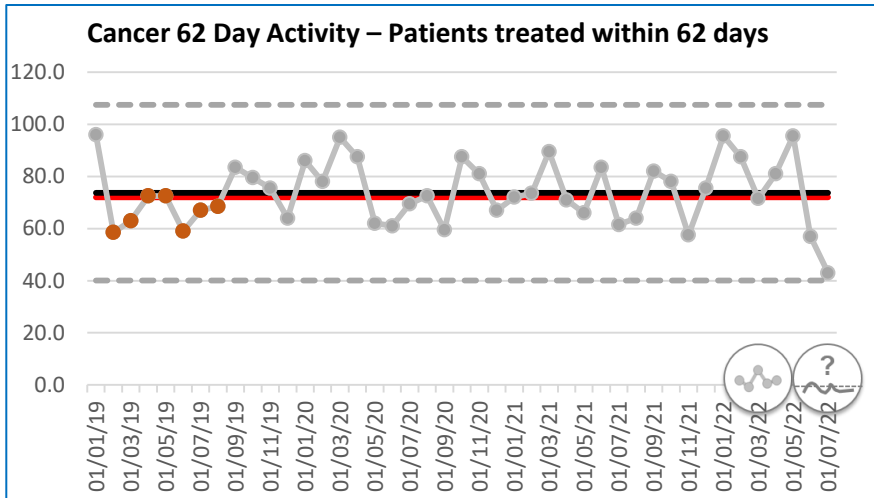
Please note the percentage and activity figures will change for June and July due to delays in pathology reporting.

Within SET there are a number of tumour sites which have seen increased diagnosis and referral rates. SET has seen an 11% increase in skin cancers when comparing 2021/22 with 2019/20, where as the overall figure for SET is 3.25%. This does affect the ability to achieve the 31 day standard.

SET activity levels are exceeding pre-covid levels.



Cancer Services 62 Day

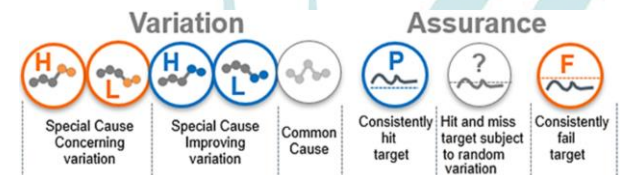


At least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

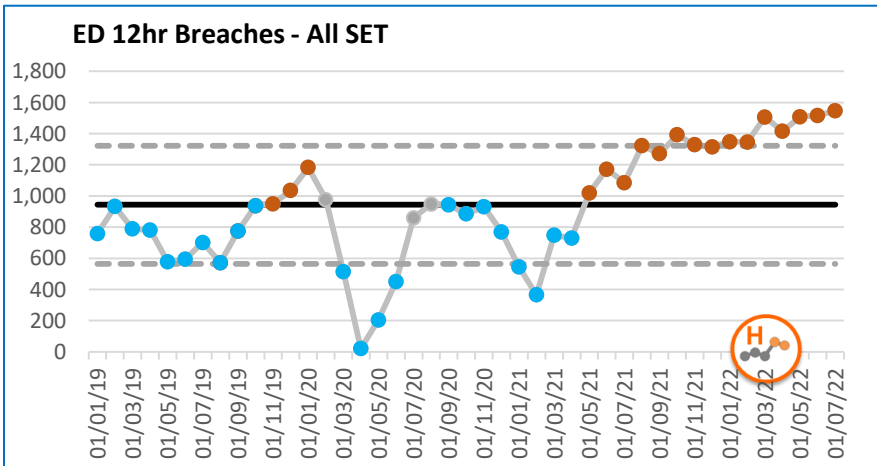
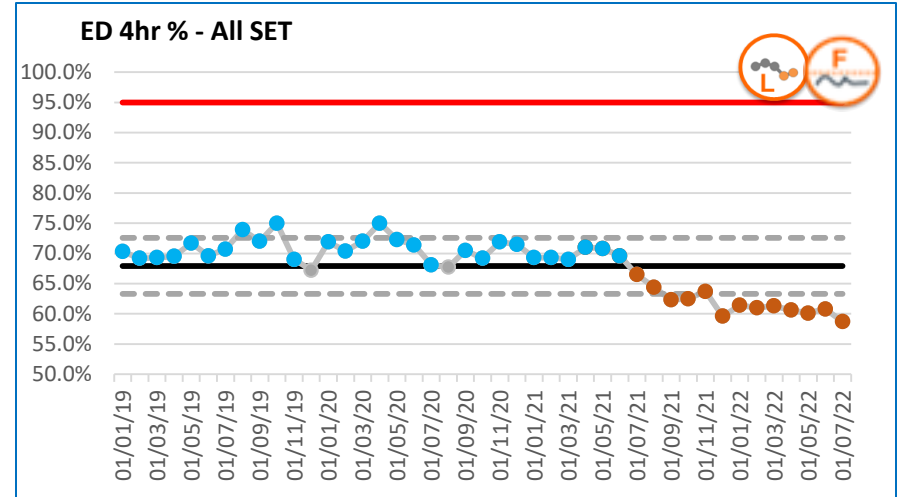
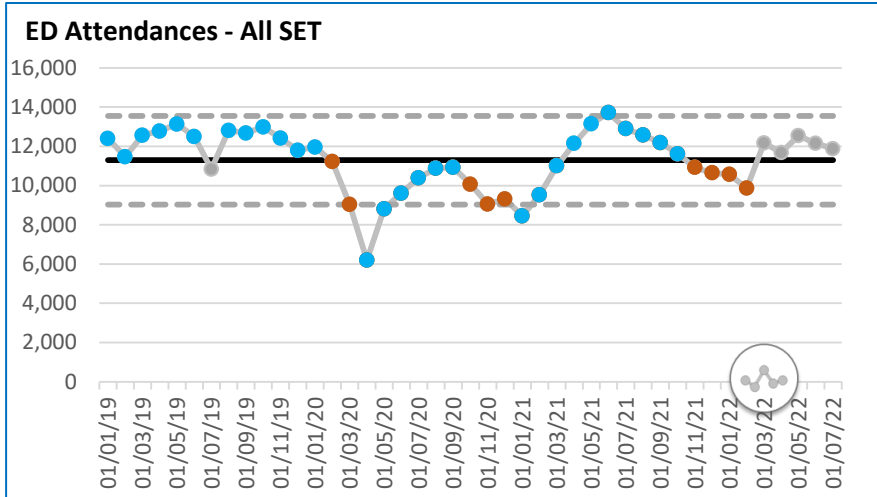
The ‘Cancer 62 Day Activity’ metric relates to the Service Delivery Plan and was 43 for the month of July 2022, 60% of the 72 expected trajectory.

The ‘Cancer 62 Day %’ metric relates to traditional CPD targets and was 46% for July 2022 against the 95% target.

The outlook for the 62 day standard remains challenging for SET. Referral rates have continued to rise with 10.2% increase between 2019/20 and 2021/22. In total 28,837 cancer referrals were received in 2021/22 which was more than any other trust in Northern Ireland. Work is on-going with clinical teams to reduce waiting times for outpatient appointments and diagnostic tests. A number of areas have converted significant proportions of their clinic templates to red flag in order to reduce the waiting times.



Emergency Department

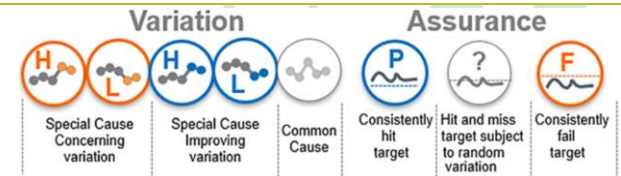


95% of patients attending any Emergency Department to be either treated and discharged home, or admitted, within 4 hours of their arrival in the department. No patient attending any Emergency Department should wait longer than 12 hours.

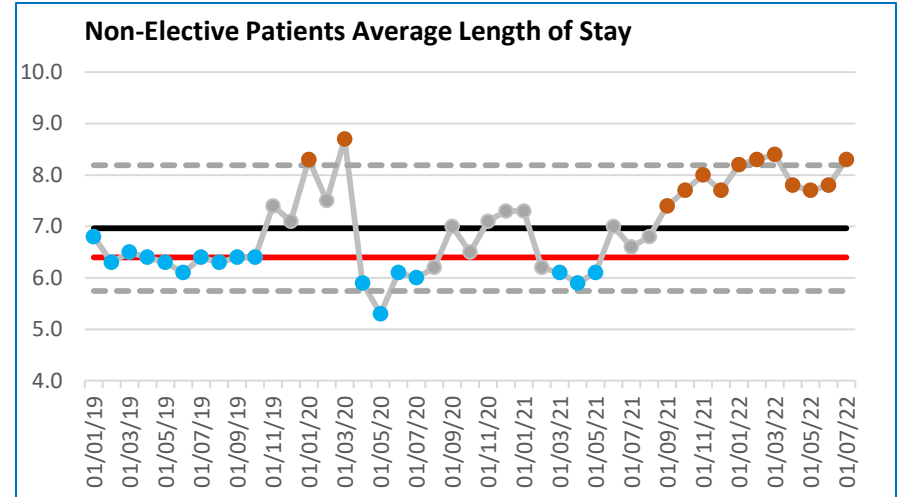
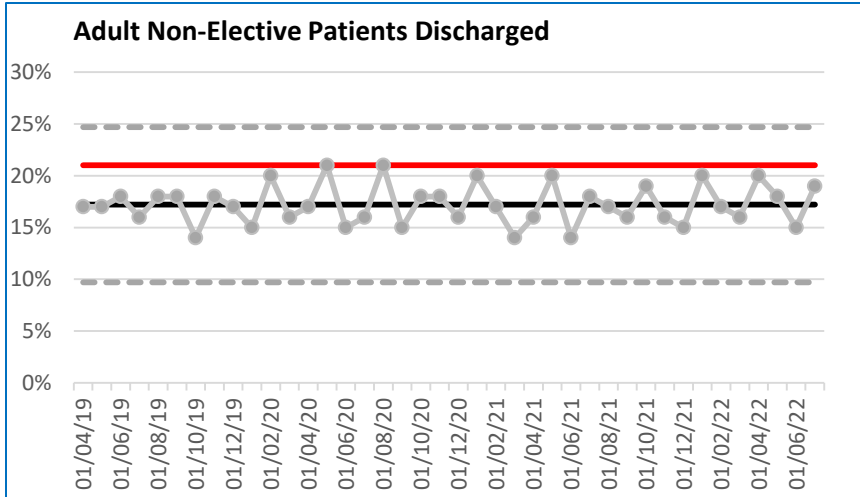
All Emergency Department metrics relate to traditional CPD targets. 'ED Attendances – All SET' recorded 11,881 attendances for July 2022 a slight decrease from 12,155 in June 2022.

'ED 4hr% - All SET' saw 58.7% of patients treated and discharged home, or admitted within 4 hours of arrival in July 2022 a slight decrease from 60.8% in June 2022.

'ED 12hr breaches - All SET' recorded 1,547 patients waiting longer than 12 hours in July 2022 an increase from 1,517 in June 2022.



Adult Non-Elective Discharges



Adult Non Elective Discharges (Ex ambulatory, virtual wards, obstetrics and Mental Health) is included in the Service Delivery Plan metrics. Trusts must discharge more than they admit over a full week, and average discharge rates at weekends should increase.

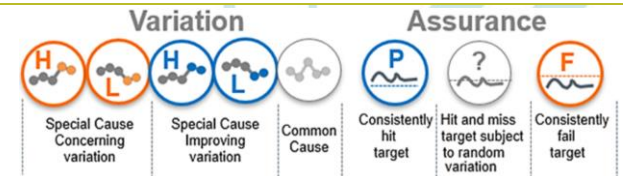
July 2022 average weekend discharge rate was 19% just below the expected trajectory of 21%.

Trust have commented that achieving the articulated performance will not be delivered without significant additional investment in senior medical cover. To provide the additional senior medical cover at weekends requires additional consultants to facilitate growth in rota. It will also be impacted by capacity within junior medical team, and investment in non-medical prescribers. This target will not be achieved.

Average non-elective length of stay is included in the Service Delivery Plan metrics and the expectation is LoS should be reduced by 0.2 days based on the 21/22 year.

July 2022 non-elective average length of stay was 8.3 days with an expected trajectory of 6.4 days.

Review on-going of length of stay, readmissions, and length of time lost whilst people are medically fit and unable to leave hospital. For example, in June 2022, we had 710 bed days utilised when people were medically fit > 48 hours, compared to 309 in June 2021 (12 beds worth at 90% occupancy). Also reviewing timeliness and effectiveness of stay in hospital through improving medical take, reviewing demand on inpatient radiology, links to ambulatory hubs, AHP support to the additional beds. All factors in improving LoS. Whilst we are focusing on reducing LoS; with the increase in ambulatory activity we do not anticipate a return to 2019/20 levels. Access to fracture theatre lists is detrimentally affecting the LOS in the fracture patient



Safety, Quality and Experience of Care

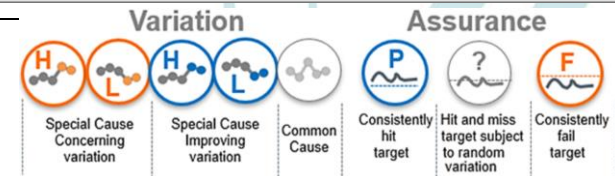
HEALTHCARE ACQUIRED INFECTIONS



South Eastern Health
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Target	NARRATIVE	PERFORMANCE	TREND																												
<p>No new Targets have yet been set by PHA.</p> <p>The last targets set by PHA were that by March 2020 secure a reduction of 7.5% in the total number of in-patient episodes of Clostridium difficile infection (CDI) in patients aged 2 years and over, and episodes of Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infection compared to 2017/18.</p> <p>By March 2020 secure an aggregate reduction of 11% of (GNB) Escherichia coli, Klebsiella spp. and Pseudomonas aeruginosa bloodstream infections acquired after two days of hospital admission, compared to 2017/18.</p>	<p>2021/22: CDI: $16 \leq 48$ hours : $53 > 48$ hours</p> <p>MRSA: $0 \leq 48$ hours, : $6 > 48$ hours</p> <p>2022/23: CDI: $2 \leq 48$ hours : $22 > 48$ hours</p> <p>MRSA: $1 \leq 48$ hours, : $1 > 48$ hours</p>	<table border="1"> <thead> <tr> <th>~ based on 19/20 Targets</th> <th>Target 21/22~</th> <th>Outturn 21/22</th> <th>Target 22/23~</th> <th>Target no. of cases/month</th> <th>Avg cases as of end of July</th> <th>Apr - July Episodes</th> </tr> </thead> <tbody> <tr> <td>C.difficile</td> <td>55</td> <td>69</td> <td>55</td> <td>4.58</td> <td>6</td> <td>24</td> </tr> <tr> <td>MRSA</td> <td>5</td> <td>6</td> <td>5</td> <td>0.42</td> <td>0.5</td> <td>2</td> </tr> <tr> <td>All Gram Negative#</td> <td>39</td> <td>78</td> <td>39</td> <td>3.25</td> <td>6</td> <td>24</td> </tr> </tbody> </table>	~ based on 19/20 Targets	Target 21/22~	Outturn 21/22	Target 22/23~	Target no. of cases/month	Avg cases as of end of July	Apr - July Episodes	C.difficile	55	69	55	4.58	6	24	MRSA	5	6	5	0.42	0.5	2	All Gram Negative#	39	78	39	3.25	6	24	
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Safety, Quality and Experience of Care

PRIMARY CARE AND OLDER PEOPLE



South Eastern Health
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Performance Summary

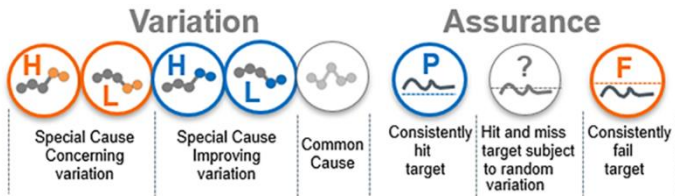
Primary Care and Older People Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Domiciliary Care.

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.

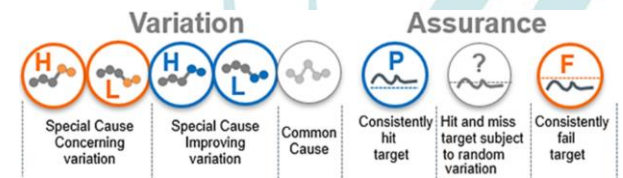
Charts prioritised in this report for Primary Care and Older People are as follows:

- Community Dental - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory
- Complex Discharges – this is aligned to the domiciliary care strategic priority

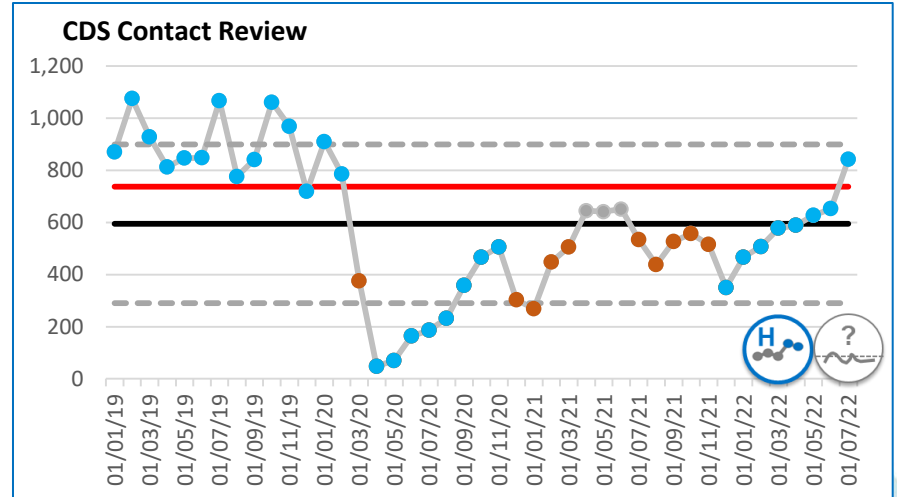
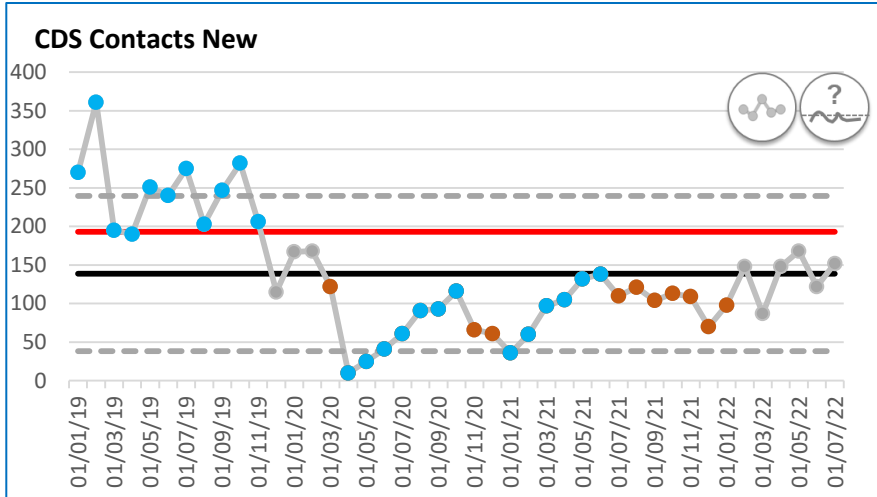
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



KPI	Latest month	Measure	Target	Variation	Assurance
CDS Contacts New	Jul 22	152	193		
CDS Contact Review	Jul 22	842	737		
Complex Discharges (n)	Jul 22	389	-		
Complex Discharges < 48hrs - All SET	Jul 22	48%	90%		
Complex Discharges < 7 days	Jul 22	77%	100%		



Community Dental

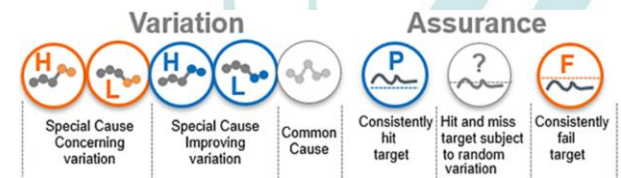


Community Dental Service - Patient contacts, New and Review, as a percentage of 2019-20 contacts are metrics relating to the Service Delivery Plan.

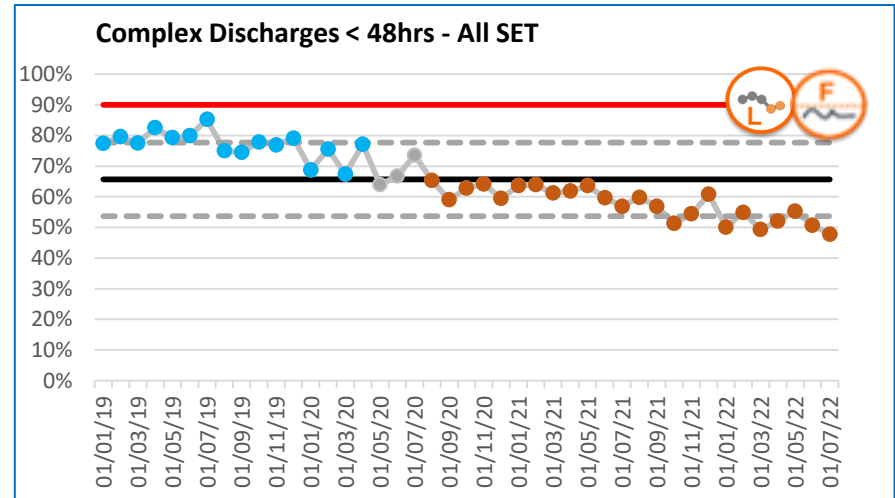
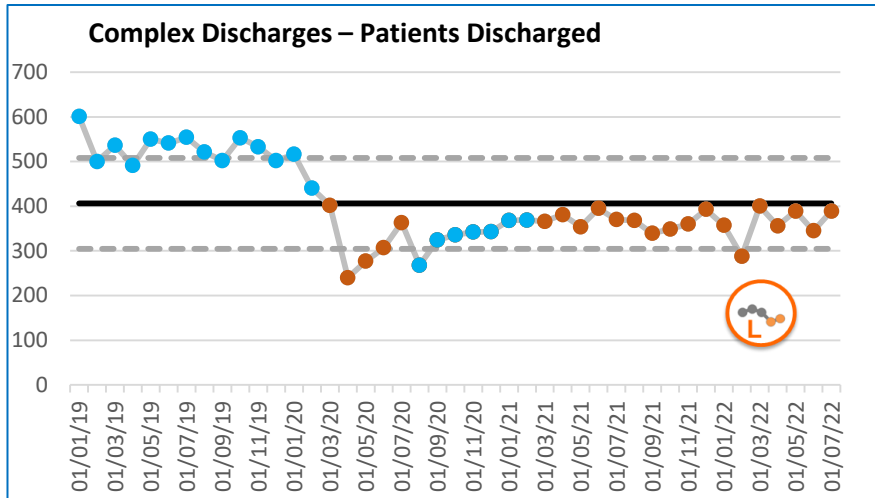
July 2022 New Contacts recorded 152 contacts against an expected trajectory of 193 equating to 79%.

July 2022 Review Contacts recorded 842 contacts against an expected trajectory 737. This was an over-delivery against trajectory and equates to 114% of the expected activity.

The shortfall in new patient assessments is due to staff having to deal with a backlog of existing patients unable to be treated effectively during Covid. The service is also down two dental surgeries in a main site due to a major refurbishment project. Staff have been relocated to the Bangor clinic and will be increasing their activity in Care home settings including Oral Health Assessments now that IPC restrictions are easing



Complex Discharges (1/2)

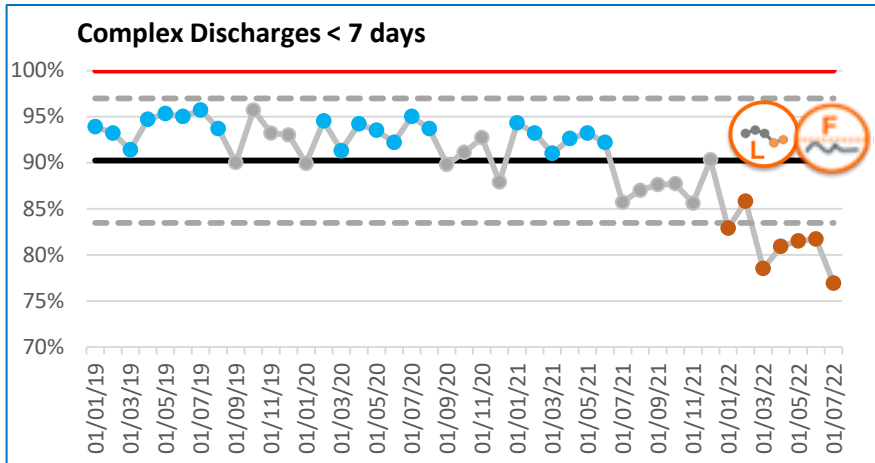


90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the traditional CPD reporting targets. All qualifying patients (any Trust of Residence) in SET beds.

The total number of complex discharges was 389 in July 2022 an increase on the previous month 345 in June 2022.

July 2022 recorded 47.8% of complex discharges <48 hours against the 90% target. This was a decrease from 50.7% the previous month June 2022.

Complex Discharges (2/2)



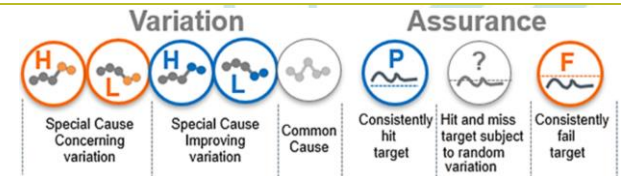
90% of complex discharges should take place within 48 hours. No complex discharge should take longer than 7 days. These metrics are included from the traditional CPD reporting targets.

Complex Discharges < 7 days for July 2022 saw 76.9% of patients discharged against the 100% target. This was a decrease from 81.7% the previous month June 2022.

Performance is reflective of challenges faced across the region in regards to the availability of Domiciliary Care in order to facilitate hospital discharges. Care Home availability for temporary or permanent placement from hospital also remains challenging. In addition to managing on-going outbreaks, Care Homes report workforce challenges in regards to recruitment and retention of staff and inability to secure agency staff. This is also impacting on ability to accept admission for those patients presenting with significant complex needs and therefore difficulty in sourcing placements is impacting on 7 day breaches.

Mitigation:

- Digitalisation of SEHSCT Domiciliary Care Service achieved Trust-wide roll out in May 2022. Evidencing improvements in a number of areas, including, efficiency, responsiveness and maximisation of resources
- Domiciliary Care included as one of the three Trust Improvement Priorities for 22/23. Undertaking a collective approach across departments and wider corporate teams with additional support from SEHSCT Quality Improvement Team
- Extraordinary meetings held with Independent Sector Providers for Domiciliary Care & Care Homes. Solution focused engagement and partnership working to collectively address challenges and pressure on hospital services.



Safety, Quality and Experience of Care

ADULT SERVICES AND PRISON HEALTHCARE



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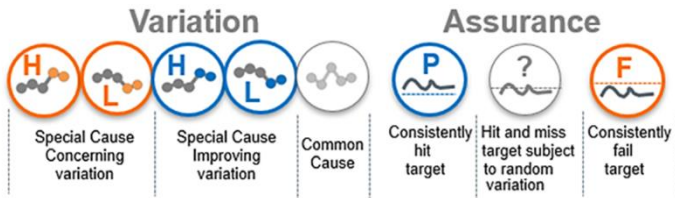
Performance Summary




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

A summary table for 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.

Charts prioritised in this report for Adult Services and Prison Healthcare are regarding Adult Mental Health as this was identified as a key area of focus from the legacy reporting metrics

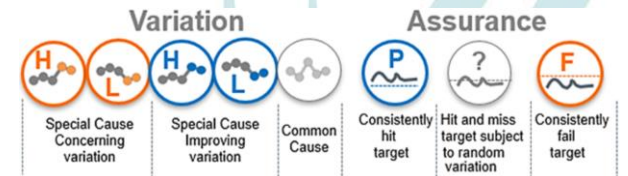
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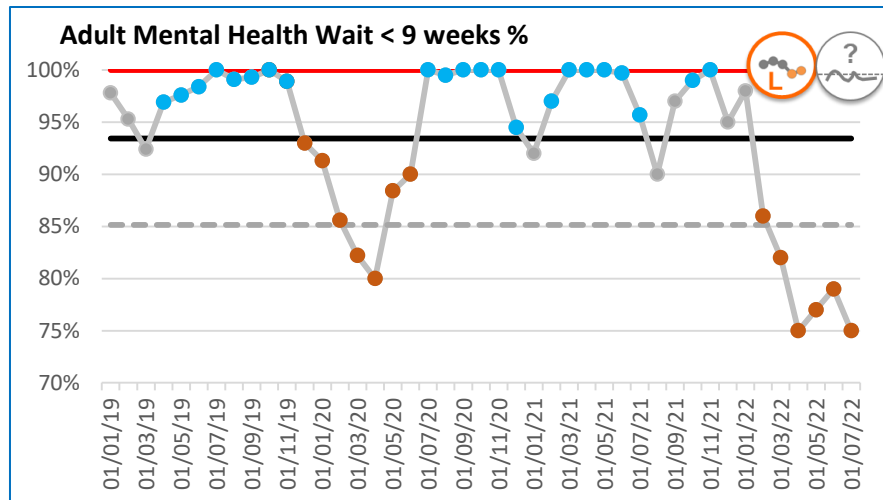
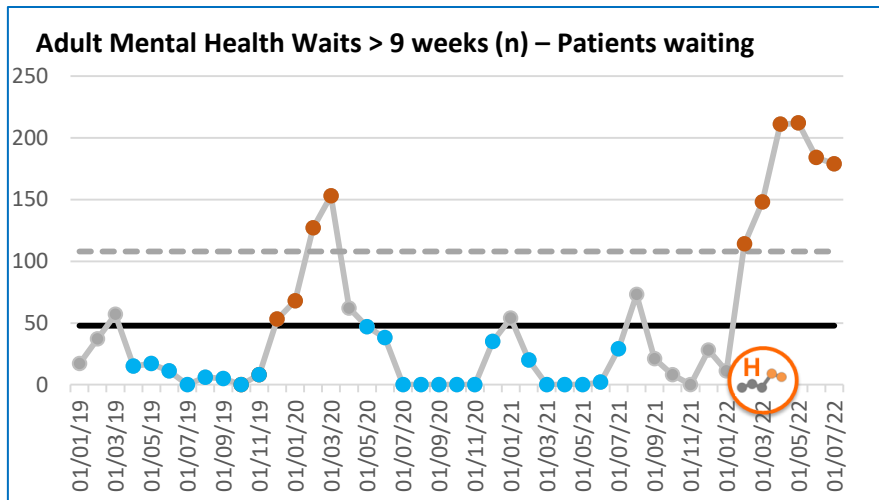
KPI	Latest month	Measure	Target	Variation	Assurance
Adult Mental Health Waits > 9 weeks (n)	Jul 22	179	-		
Adult Mental Health Wait < 9 weeks %	Jul 22	75%	100%		



South Eastern Health and Social Care Trust



Adult Mental Health



No patient to wait more than 9 weeks from referral to assessment and commencement of treatment in Adult Mental Health Services. These metrics form part of the traditional CPD targets.

‘Adult Mental Health Waits >9 weeks (n)’ totalled 179 for July 2022 a slight decrease from 184 in June 2022.

‘Adult Mental Health Waits <9 weeks %’ recorded 75% of patients receiving assessment and commencement of treatment against the 100% target. This was a slight decrease from the previous month with 79% in June 2022.

An ‘Adult Mental Health (Non-Inpatient)’ metric forms part of the Mental Health section of the Service Delivery Plan and will be included in future reports. This metric showed an over-delivery for July 2022 against the expected trajectory.

As a consequence of a consistently higher rate of demand recently, combined with staff vacancies, difficulties recruiting and staff sickness/absence, there had been an increase in the number of patients waiting more than 9 weeks for assessment. This is beginning to decrease.

The breaches are occurring in one team and there are 179 people waiting more than 9 weeks = 52% of all referrals in that sector. The Service would highlight the increased rate of referral, amongst other variables, as indicators of the anticipated mental health surge.

Safety, Quality and Experience of Care

CHILDREN'S SERVICES



South Eastern Health
and Social Care Trust



Performance Summary

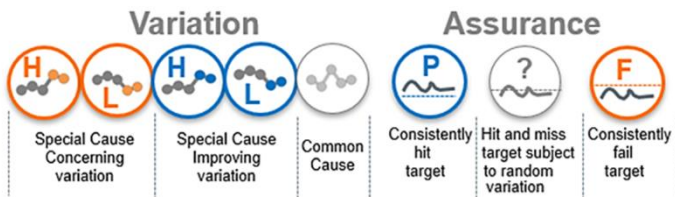
Children's Services Performance Summary is comprised of key Service Delivery Plan metrics and targets relating to the strategic priority of Unallocated Cases.

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.

Charts prioritised in this report for Children's Services are as follows:

- Initial Family Assessments Completed - this was identified as an area of focus in the Service Delivery Plan in which we may not meet the trajectory
- Unallocated Cases – this is aligned to the strategic priority to reduce unallocated cases

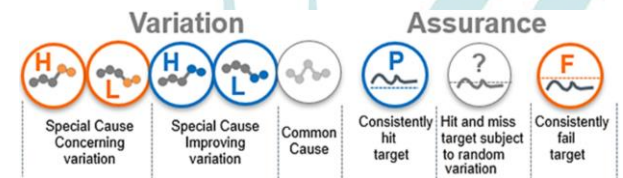
The summary table is followed by detailed SPC charts and narrative from the service on key areas.



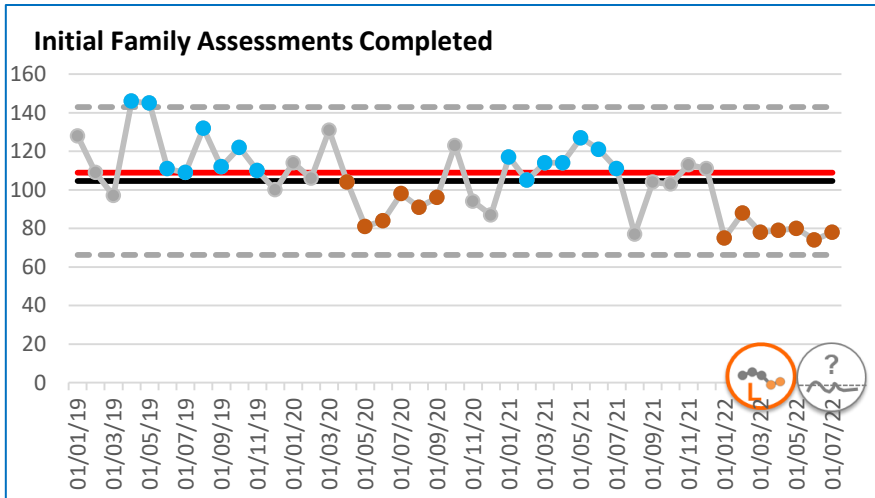
KPI	Latest month	Measure	Target	Variation	Assurance
Initial Family Assessments Completed	Jul 22	78	109		
Unallocated Cases	Jul 22	338	-		
Unallocated Cases > 20 days	Jul 22	259	-		
Unallocated Cases > 30 days	Jul 22	198	-		



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Initial Family Assessments



Number of initial Family Support assessments completed in the year (22/23) is taken from the Service Delivery Plan. The expected trajectory will total a minimum 6,759 for the year ending 31/3/23.

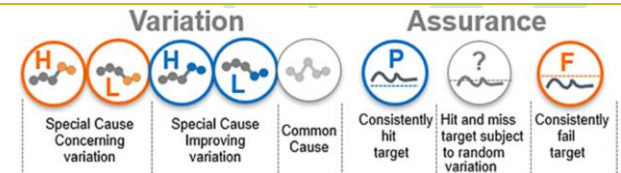
In July 2022, 78 assessments were completed against the trajectory of 109 equating to 72% of the expected activity. This was an increase from 74 in June 2022.

There is a direct correlation between reduced assessment activity and staffing pressures in the services.

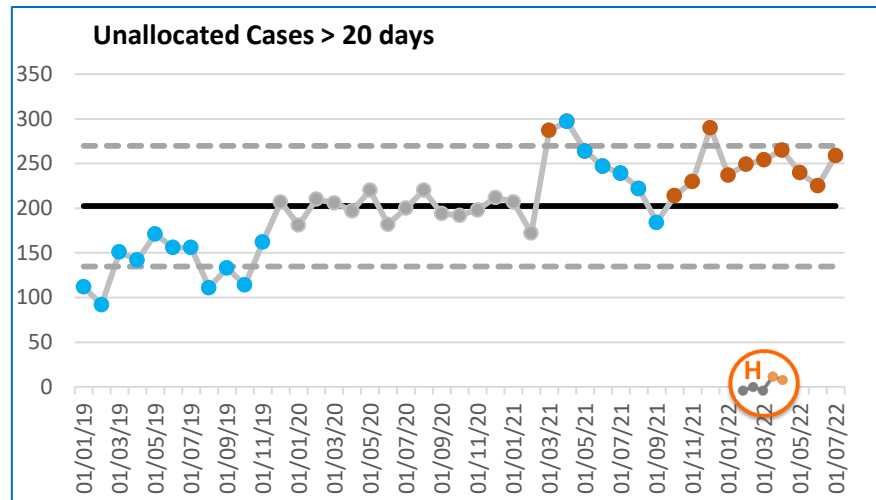
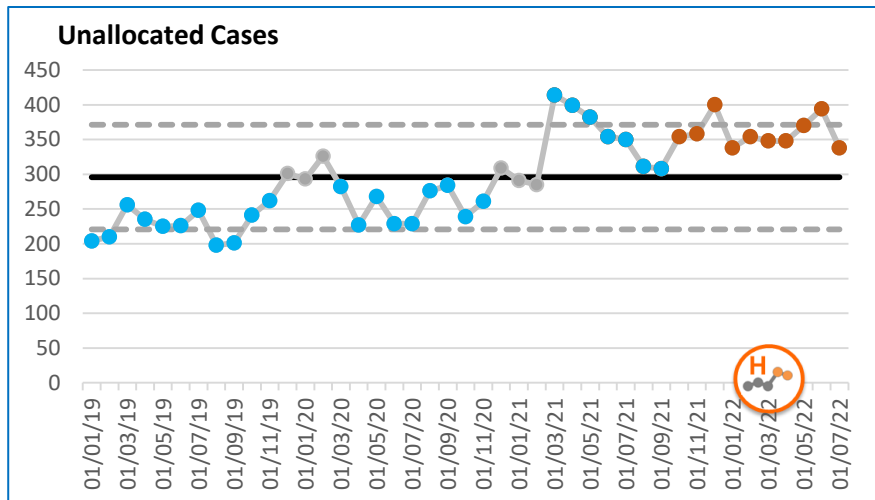
The Gateway team have carried 10 vacancies over the past year, although 3 staff have recently been appointed, they are still currently down 7 social work staff. This is in comparison with being fully staffed in 2019. Agencies have been exhausted, and can no longer fill any vacant posts.

All 3 new members of the team have little experience and are going through an induction programme, until this is complete they will not have a full allocated caseload, and capacity is still reduced.

In November 2021- there were 151 cases waiting for Initial Assessment at CWD. This was slowly reducing and in June 2022 there were 80 cases remaining unallocated for IA. A small team was identified to work on all remaining historic unallocated cases (those that had been referred for initial assessment prior to June 22), with 74 cases allocated. There are now 11 cases waiting for initial assessment – 6 of which are historic and 5 which have been referred SINCE June 2022.



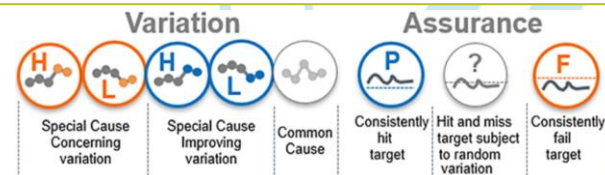
Unallocated Cases (1/2)



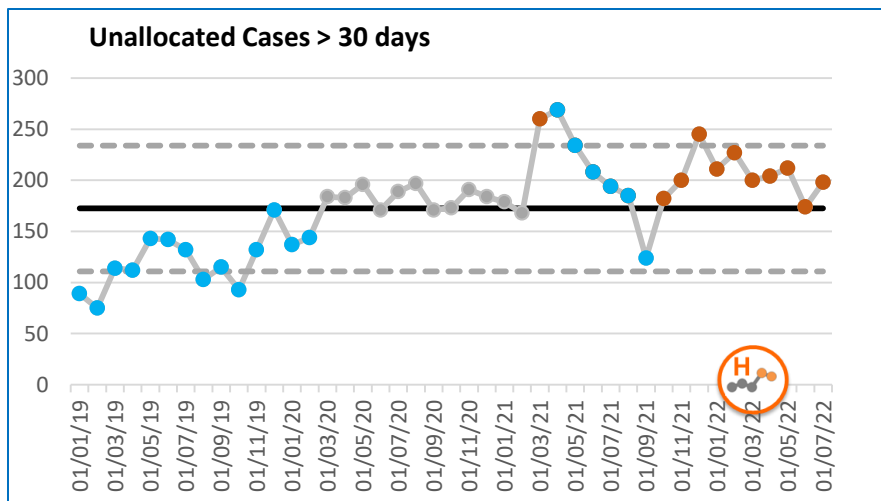
Unallocated cases are taken from the traditional CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.

In July 2022 the total number of allocated cases was 338 a decrease from 394 in June 2022.

Unallocated Cases >20 days totalled 259 for July 2022 and increase of 34 from 225 in June 2022.



Unallocated Cases (2/2)



Unallocated cases are taken from the traditional CPD targets and form part of the Corporate Strategic Priority – to reduce the number of unallocated cases in Children’s Services.

In July 2022 there were 198 Unallocated Cases >30 days an increase from 174 in June 2022.

While recruitment of Social Work staff remains a challenge, which has already been escalated to SPPG and DOH, work is on-going to reduce the number of Unallocated cases. The Director has established an Improvement Collaborative across Directorate which is intended support improvement and pathway change, with a particular focus on the provision of earlier help.

The social work staff have increased their duty activities, to minimise unallocated cases associated with the staffing gaps, but this further reduces their capacity for new assessments. The safe-guarding team created a ‘Collaborative Unallocated Progress’ (CUP) to triage and review every unallocated case once per month. This approach is rolling out across the Services (Safe-guarding and Children with Disability), as despite the limitations due to vacancies this has supported the reduction of unallocated cases and reduced the risk to those associated children.

Disability has 74 unallocated cases- the majority sitting within community teams. There remains long waits/historic cases within these teams but the work of the new dedicated team for outstanding cases and new (June 22) streamlined processes in place will address this.

Any work to support the trajectory towards reaching the performance targets will be reliant on stabilization of workforce and successful recruitment across all skill mix.

