



Integrated Performance Report
Supporting Information
Contract Performance

November 2019

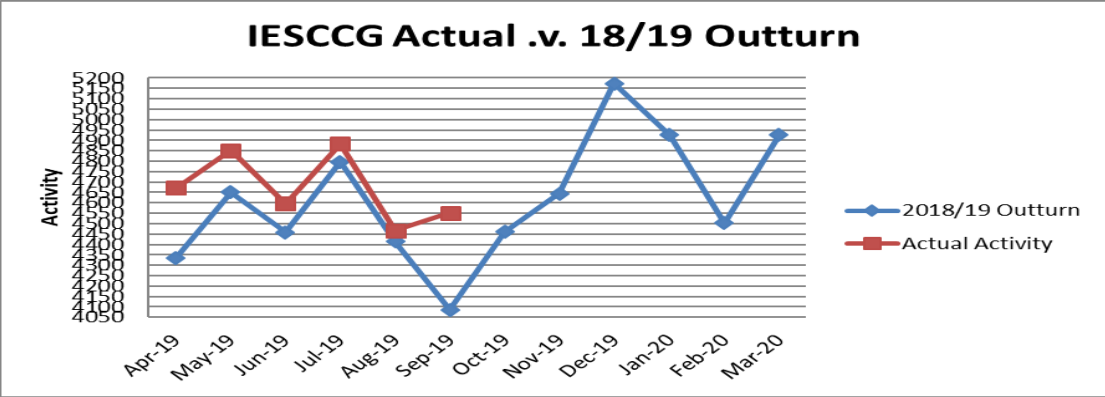
East of England Ambulance Service NHS Trust

Performance - September

RAG	Indicators	Comments	Change
	Cat 1 mean response time <7mins	Category 1 mean arrival time was 8:37mins (8:11mins in August 2019).	↓
	Handover < 15mins. Regulator target 100%	Handover <15mins was 50%. STP trajectory target of 100% of patients being clinically handed over <15mins.	↓
	Cat 2 mean response time <18mins	Category 2 mean arrival time was 28:40mins (24:11mins in August 2019).	↓

Finance/Activity

Final finance agreement is still being negotiated for 19/20 for consortium.



Updates

- New Independent Service Review targets for performance and recruitment being developed, to be available in November 2019.
- New EEAST HR director leading new recruitment and retention programme of work, actions/goals shared with the CCGs.
- Performance and recruitment is being monitored/reviewed at bi-weekly Operational Performance Group EEAST by CCGs against the Independent Service Report.
- Clinical Support Desk 'hear and treat' performance was 6.3% in September (was 6.2% in August 2019)
- 111 enhanced clinical validation of C3/4 calls. Currently validating 60% of calls and redirecting 70%. CCG have set up programme with 111 for ambulance validation to improve this position.

Clinical Quality

Performance Indicator	Threshold	Jun	Jul	Aug	Change month on month	YTD 2019/20	Comments
Return of Spontaneous Circulation (ROSC) at time at arrival at hospital	30%	35%	28%	25%	-3%	25%	August cases – 48 (combined STP position from April)
Outcome for Cardiac Arrest – Survival to Discharge overall survival rate	11%	12%	4%	7%	3%	7%	August cases – 45 (combined STP position from April)
Outcome for Cardiac Arrest – Survival to Discharge – Utstein comparator group	36%	33%	0%	25%	25%	28%	August cases – 4 (combined STP position from April)
ROSC Utstein	56%	50%	50%	60%	10%	43%	August cases – 5

What are the top 3 risks and issues?

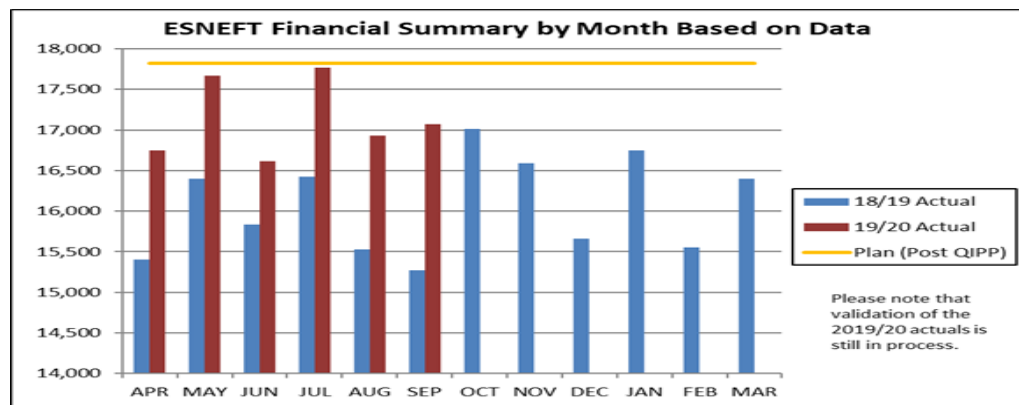
Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Underachieving against C1 ambulance targets resulting in potential safety and outcome risks to patients. These are measured at trust level with indicative targets for each CCG area.	EEAST/ CCG	High	High	<ul style="list-style-type: none"> • Bi-weekly performance meeting in place with EEAST and commissioners, focussing on Cat 1. EEAST predictions of demand and modelling capacity. Greater scrutiny at Operational Performance Group meetings. • Risk Summit actions will support improving C1 performance. • Independent Service Review complete and EEAST are working to achieving quarterly targets for recruitment and performance. This is monitored contractually and operationally by CCG.
2	Increasing activity of high risk categories. Risk that more serious calls are not seen in a timely manner. Ongoing review of impact of new Cat 1-4 targets.	EEAST/ CCG	Med	High	<ul style="list-style-type: none"> • 111 and 999 meet monthly to review referred calls. • EEAST focus on high acuity calls. Cat 1 achievement progress discussed at bi-weekly performance meeting. • Ambulance Response Programme actual impacts addressed in Independent Service Review final report to align operational model with C1 demand. • Discussions with 111 service provider to ensure validation is maximised with changing targets and piloting new Category 2 review before dispatch.
3	Recruitment/staffing. EEAST continues to struggle to recruit and retain sufficient levels of qualified staff to meet target requirements.	EEAST	High	High	<ul style="list-style-type: none"> • On-going recruitment plan being reviewed monthly as part of contractual meetings. • New internal recruitment and retention plan signed off by EEAST. • Plans are in place with other Providers to trial staff cross working/rotation.

East Suffolk and North Essex Foundation Trust



September performance

RAG	Indicator	National Constitutional Indicators	Change
Red	RTT 18 weeks - 92%	IHT site. RTT performance was 82.1%. 11 specialties non compliant; General Surgery, General Medicine Ophthalmology, T&O, Urology, Gynaecology, Neurology, Cardiology, Rheumatology, Dermatology and Plastic Surgery.	↓
Red	999 Handover	Handover <15mins was 50%. STP target 100% of patients clinically handed over <15mins.	↓
Red	2ww cancer referral - 93%	Achieved 86.4% (un-validated)	↑
Red	62 Urgent Cancer - 85%	Achieved 73% (un-validated). Bottom two underperforming specialties were Upper and lower Gastro Intestinal.	↓
Green	Diagnostic 6 weeks - 99%	99.7% - 15 breaches in total at Ipswich site. Overall ESNEFT position was 99%.	↑
Red	A&E 4 hour	Achieved 82.8% against a target of 95%. Additional recovery action plans are being monitored by the A+E delivery board.	↓



Performance Indicator	Threshold	Jul	Aug	Sep	Change mth on mth	YTD 19/20	Comments
Total number of MRSA: (Hospital)	0	0	0	1	↑	1	AF – S05 figures ESNEFT wide
Clostridium difficile incidence	107 per year	8	6	1	↓	26	AF– S08 – 2018/19 target 107 figures ESNEFT wide
Pressure Ulcers - no. of avoidable hospital acquired pressure ulcers	0	15	27	17	↓	142	Grade 2, 3 and 4 ESNEFT total August – 14 x grade 2, 3 x grade 3, 0 x grade 4.
Inpatient Diabetes Patients With Admission Care Plan Within 1WD	100 %	97%	99%	98%	↓	98%	140 of 143 patients based on Ipswich site
VTE completed risk assessment	95%	97%	96%	96%	↔	96%	AF – S30 based on Ipswich site

Updates

- Cancer: 62 day – ICS wide cancer summit held on 4th November, outcomes included new actions and agreements to work and share learning across system. ESNEFT trajectory to reach full compliance of 85% by March 2020 in line with NHSE/I target.
- The Primary Care Streaming service in A+E streamed an average of 13 per day in the last 4 weeks. Primary care streaming model being adapted to ensure 100% clinical rota fill.
- Outpatient activity firsts and follow ups. A monthly meeting with the Associate Directors is in place. Each specialty presents / scrutinises a performance dashboard. Meridian capacity/demand piece of work across trust ongoing.
- Overall, the 18ww waiting list has decreased from last month by 490 patients at c. 26,546.
- Currently the trust is 6,444 patients over the March 2018 total waiting list target.
- Delayed Transfers of Care were 4.3% - breaches mainly due to availability of care packages.

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	18ww performance and increasing waiting list, >20% away from planned position vs waiting list trajectory. Unfinished capacity and demand modelling. Delays to patient treatment.	CCG/ESNEFT	High	Med	<ul style="list-style-type: none"> • ESNEFT have shared an improvement plan and trajectory to achieve 92% by the end of March 2020. However, there are highlighted risks to achieving this which are being worked through with the trust. • Monthly dashboards have been created which include; performance, waiting list and 'housekeeping' of waiting list metrics. • Monthly Elective Care Performance Group instigated putting emphasis on Specialty Assistant Directors of Operations to present and explain monthly position. • Capacity and Demand Modelling underway.
2	Cancer Performance. Risk that delay in improving performance/meeting new trajectory could have severe impact on quality and care of service, alongside impact on regional cancer funding not being available.	CCG/ESNEFT – IHT site	High	High	<ul style="list-style-type: none"> • New trajectory drafted for review and to help focus cancer summit discussions in November. • Regulators confirmed no.1 priority for system to achieve this contract year. Cancer summit on 4 Nov. • Specialities have reviewed their service against 7 must do's which creates overall action plan. • Monthly NHSE/I, CCG's and ESNEFT cancer meetings in place. • CCG receive weekly updated performance position and attend cancer board and PTL meetings.
3	A&E performance. Failure to treat patients in a timely manner presents risks to patient outcomes, and minimum targets set by NHSE are unmet.	CCGs/ESNEFT – IHT site/A+E delivery board	High	Med	<ul style="list-style-type: none"> • A+E delivery board headline focuses are; discharge to assess, patient flow, 111 and 999 referrals to ED. ED action plan continuing to be worked through. • GP streaming in ED with operational review board in place to maximise performance. • REACT service including admission avoidance schemes in place. • New ED site service managers in place and overarching senior manager of ESNEFT A+E.

Norfolk and Suffolk NHS Foundation Trust

Performance – Validated August 2019 position (plus unvalidated Sept 2019)

RAG	Indicator	Comments	Change
Green	Early Intervention in Psychosis (EIP)	75% of patients with RTT within 14 days compared to 66.7% July 2019 (target 56%). <i>Unvalidated Sept: 68.42%</i>	↑
Orange	CPA: 7 day follow up post inpatient care	94.09% against 95.0% target <i>Unvalidated Sept 94.9%</i>	↓
Red	CPA: 12 months review	92.78% against 95% target. <i>Unvalidated Sept: 91.28%</i>	↓
Red	Under 18 routine referrals seen within 28 days	73.08% of service users seen within 28 days (was 66.04%) <i>Unvalidated Sept: 71.11%</i>	↑
Green	IAPT Prevalence	At M6 I&ESCCG are ahead of target at 10.91%, WSCCG are ahead of target at 10.54% against a M5 target of 9.50%	↑
Green	IAPT Recovery	At M6 I&ESCCG are ahead of target at 51.2% and WSCCG are above target at 53.9%. Standard is 50%	↑

Updates:

- CQC Inspection has taken place -outcome awaited
- Trust restructuring continuing: localities now replaced by care groups – Senior leadership team now in place
- New trust strategy due to be published this month
- Serious concerns continue with regards to poor performance against some KPIs, and high staff vacancy levels Financial disaggregation discussions ongoing
- Priority focus for contracting is ongoing monitoring/review of recovery action plans & processes; & procedures for management of waiting lists

Finance 2019/20:

Contract	Ipswich and East Suffolk CCG	West Suffolk CCG	Total
Mental Health Main Contract	£41.6m	£22.0m	£63.7m
Primary Mental Health Care Contract	£6.4m	£3.4m	£9.8m
Total	£47.0m	£25.4m	£73.5m

Suffolk CCGs Quality – taken from <https://www.safetythermometer.nhs.uk/index.php/classic-thermometer/analyse-data-classic/dashboard-classic>

Measure	LT median	July	Aug	Sept	NSFT Trend	
Pressure ulcers (% of all patients) – all grades	NSFT wide	1.94	2.0	1.1	0.9	Falling
	National		4.7	4.6	4.6	Below national
Falls (% of patients with or without harm)	NSFT wide	4.42	7.1	4.3	7.5	Rising
	National		1.6	1.6	1.6	Above national
New VTE (% of patients)	NSFT wide	0.40	1.0	1.1	0	Falling
	National		0.5	0.5	0.4	Similar to national
Harm free care (% of patients)	NSFT wide	93.98	93.8	93.9	96.2	Rising
	National		94.9	95.7	93.9	Above national

	Risks and Issues	Owner	Likelihood	Impact	Mitigation
1	CQC rates NSFT as inadequate: Safety – ligature points, facilities, staffing numbers and mandatory training, risk assessments, restrictive practices, physical health checks and learning from Sis Effectiveness – care planning and records, appraisal and supervision, application of DOLs and Mental Health Act Leadership – improvements not addressed, missing safety narrative, data inaccuracies, risk capture and learning	CCG/ NSFT	Med	High	<ul style="list-style-type: none"> • CCG addressing all points of CQC review • Highest risk rating on GBAF • Alliance agreed strategy to stabilise NSFT prior to commencing MCP process • Outcome of CQC October 2019 inspection awaited
2	Long waits for Youth services particularly waits for screening/triage with the EWB Hub, and within IDTs for Routine Assessment within 28 days,	NSFT/CCG	High	High	<ul style="list-style-type: none"> • Remedial Action Plan and recovery trajectory of December 2019 for 28 day routine assessment. performance improving • Trajectory to meet KPI of 10 working days total time in Hub agreed as Nov 2019 • Additional recurrent investment made into EWB Hub • Clinical Quality team have reviewed processes for managing long waiters
3	Very long waiting times within ADHD (Youth service)	NSFT/CCG	High	High	<ul style="list-style-type: none"> • Multi Agency stakeholder group with oversight • Improved tracking of waiting list numbers established • Use of Slippage funds for additional posts • 'Safety netting' process for long waiters agreed • Trajectory to clear backlog of new cases agreed: November 2019: Trajectory to clear follow up cases remains a work in progress

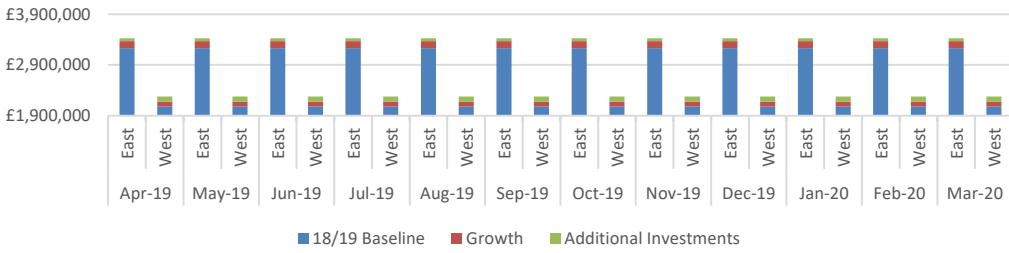
Community services

September performance – ESNEFT (Ipswich site) and Suffolk GP Federation

RAG	Indicator	Comments	Change
Orange	Response times	The Community Health Care Teams met most response times for referrals within 4, 72 hours and 18 week RTT. The 18 wk RTT for Paediatric Consultant Led services was missed at 67.09% (53/79). And the 18 week non-Consultant led was missed at 94.96%.	↔
Red	Children in Care Initial Health Assessments (provided by WSFT) (threshold 95%)	The % of children who had an initial health assessment completed within 15 days of receiving all paperwork was at 21.05% (4/19). The CCG are awaiting a business case from the Integrated Community Paediatric Service to propose a new model for this service to improve response times for children.	↔
Red	Care coordination centre (threshold 95%)	% of calls answered in 60 seconds was at 90.10% however, this metric shall change from 1 October 19 to a threshold of 90% to allow for 3 additional KPI's relating to the quality of calls.	↔
Red	Delayed Transfers of Care (east) (threshold <3.5%)	Overall DTOC's: 14.18% . The number of patients whose discharge was delayed was 43 , and 'lost' occupied days were 255 . Bluebird Lodge – 9.83%, Hartismere – 0.00% , Aldeburgh – 24.91%, Felixstowe – 9.85% this month in performance.	↓
Green	Children's wheelchairs – 18 wks. Referral to treatment (threshold 95%)	100.00% across both CCGs (21/21). IES CCG 100% (14/14) WS CCG 100% (7/7)	↔

Finance:

Community Contract - 2019/20 Finances



UPDATE

- A task and finish group has been established to discuss the service provided by the Care Co-ordination centre and how other social care and health services can be integrated within this service and how processes can be aligned, where possible. An agreement has been made to change the KPI threshold for calls answered in 60 seconds from 95% to 90%, Oct 19 onwards. Some additional quality metrics and audits will be introduced to ensure the quality of the service provided. The focus will be on accuracy of calls and onward referral.
- The whole service review of the Integrated Children's Paediatric Service is ongoing led by CCG transformation and WSFT. Staff engagement is currently taking place and an online survey has been developed for all stakeholders of the service to provide feedback by end of Sept 19. Draft report to be developed by end of October 19 and planned to be presented to CYP Board in November 19.
- The Alliance have serviced notice on the NEL contract for IT services from October 2020. The first exit meeting has taken place and individual work steams are currently being developed.
- Community Finance - Discussions have taken place with WSFT, ESNEFT and SGPF regarding some finance challenges around how the funding is apportioned across the contracts. Providers currently working up a finance model and principles to be agreed by all parties. Plan is to have this completed by no later than end of March 2020.
- The Children's Speech, Language and Communication needs service is continuing to be implemented. Recruitment has been successful and service changes are progressing. A dashboard has been developed to monitor the impact of the changes and additional funding that was approved. Outcome measures to determine the impact of the improved service for children are being developed.

What are the top risks and issues?

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Children's Complex Care Team – Difficulty in recruitment - There are continued struggles within the children's service to recruit to the complex care team resulting in difficulties in commissioning packages of care to meet the needs of the child	All	Medium	Medium	<ul style="list-style-type: none"> Recruitment is ongoing and risk is being mitigated by using agency staff and through the use of Personal Health Budgets. To incorporate the issue relating to this service, into the Integrated Community Paediatric Service review and appropriate recommendations determined.
2	Delayed completion of Children in Care initial health assessments could mean the child's health needs are not understood and acted upon in a timely way.	All	High	High	<ul style="list-style-type: none"> Closely monitor the waiting list profile. The CCGs have approved the appointment of two GP's in East Suffolk for 6 months (to match the West Suffolk model) to provide initial health assessments for children over 5 years. Funding per assessment has been increased across East and West to allow a more flexible approach to providing appointments after school hours and at weekends. The CCG are awaiting a business case from the Integrated Community Paediatric Service to propose a new model for this service to improve response times for children.

Care UK Limited – Integrated Urgent Care service

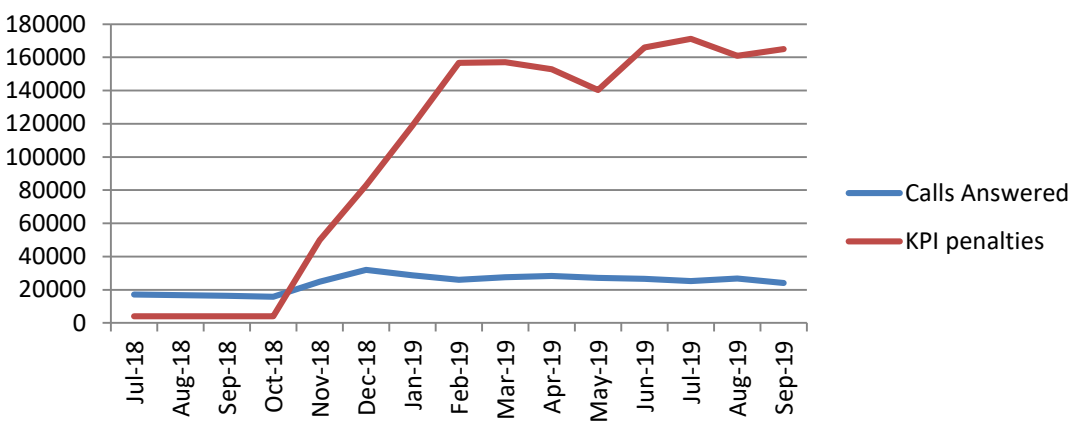
September performance

RAG	Indicator	Comments	Change
Green	OOH KPIs	96.67% of all Suffolk patients seen within required timescales.	↔
Red	111 – Calls answered in 60 secs – 95% threshold	79.2 % against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 49 seconds.	↑
Green	Clinical contact – 50%	70.05% of patients had direct contact with a clinician prior to any face to face consultation.	↔
Green	Emergency Department referrals	Number of patients sent to ED decreased in September was 7.6% of calls triaged against a trajectory of 8%	↑
Red	Category 3/4 Ambulance validation	61.4% of Cat 3/4 calls were validated against a trajectory of 80%. 45.7% of total C3/C4 ambulances were redirected to a more appropriate resource.	↑

- 111 are now able to direct book into over 85% of GP surgeries within Suffolk.
- An Informal Remedial Action Plan has been agreed to recover C3/C4 Ambulance/ED Validation.
- The Suffolk Face to Face Minimum Data set from the 24 April 19 is outstanding. Work is ongoing with Care UK to provide this data.
- A care home pilot is being planned for this winter which will give care homes direct access to the Clinical Assessment Service.
- Calls answered in 60 seconds - performance is struggling and hasn't improved as per the agreed recovery plan following issue of the Contract Performance Notice. The next level of contract escalation (an Exception Report) has been issued and a new Recovery Plan has been agreed with the provider for performance to fully recover to 95% by April 2020
- There are no longer any appropriate EAST staff to work on 999 Validation In Care UK.

Finance/Activity

It has been agreed that financial penalties will be re-invested into the service to support remedial action to address those areas of performance failure (** 2.5% Cap of contractual value maximum fine has been met)



Clinical Quality					
Performance Indicator	Threshold	July	August	September	Comments
Local Health Advisor Audits (111) over 3 months employment – average score	86%	91%	91%	87%	HAs were on performance plans in September for audit competency
Local Clinical Advisor Audits (111) over 3 months employment – average score	86%	95%	93%	91%	no staff on action plans
Suffolk Clinicians paper records documentation and assessment audit (OOH)	90%	92%	92%	N/S	
Suffolk & North East Essex Clinicians voice recording audits (OOH)	90%	99%	99%	90%	

What are the top 3 risks and issues?

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Care UK have informed the CCG that they are currently unable to answer calls within the specified 60 seconds	CCG/Care UK	High	High	<ul style="list-style-type: none"> • Contract Performance Notice issued to Care UK, with recovery by 1 April 2019. • Care UK was unable to recover performance in the agreed timeframe. Exception Report issued (the next stage of contract escalation). A revised recovery plan has been agreed for recovery by 1 April 2020.
2	Increasing number of ambulance and Emergency Department (ED) referrals sent from 111 linked with the risk above.	CCG	Medium	High	<ul style="list-style-type: none"> • Category 3/4 ambulance referrals are being clinically validated by 'protected' skilled clinicians across the network - Clinical Validation queuing is taking place as directed by NHS England.
3	Number of ED referrals increasing as a result of redirected ambulance referrals.	CGG	Medium	Medium	<ul style="list-style-type: none"> • 80% target for clinical validation of ED referrals taking place in Suffolk (currently only 24% of referrals are being validated). • Informal Remedial Action plan in place

Outstanding Performance Notices



Contract	R A G	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				July	Aug	Sept (unvalidated)		
NSFT		Indicator CO12/OP12a: Wait to Routine Assessment - Youth Services (0-18): Target 95%	Remedial Action Plan	66.04%	73.08%	71.11%	↑	Recovery trajectory agreed as December 2019: this is subject to trust fully recruiting all vacant posts
NSFT		Indicator CO15/OP12b: Wait to Routine Assessment - Adult Services (18 and over): Target 95%	Remedial Action Plan	77.97%	75.27%	69.57%	↓	Significant levels of staff vacancies and capacity constraints continue to be the main reasons for non compliance against this indicator. Recovery trajectory awaited from Trust

Contract	R A G	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				July	Aug	Sept		
Care UK		Calls Answered in 60 Seconds	Exception Report	70.85%	82.68%	79.20%	↓	Improvement is expected with full recovery by the 1 st April 2020

Glossary

- EEAST- East of England Ambulance Service Trust
- IH/IHT – Ipswich Hospital NHS Trust (merged with Colchester Hospital from 1 July 2018 to form ESNEFT)
- ESNEFT – East Suffolk and North Essex Foundation Trust (formed from merger of Ipswich and Colchester Hospitals (CHUFT))
- NSFT – Norfolk and Suffolk Foundation Trust – Mental health services provider for Norfolk and Suffolk
- WSFT- West Suffolk Hospital Foundation NHS Trust
- IUC – Integrated Urgent Care
- OOH - Out of Hours
- MH- Mental Health
- DTOC- Delayed Transfer of Care
- EIP- Early Intervention of Psychosis
- CQUIN- Commissioning for Quality & Innovation
- IAPT- Improving Access to Psychological Therapies
- DOLS- Deprivation of Liberty Safeguards
- CQC- Care Quality Commission
- RCA- Root Cause Analysis
- RTT- Referral to Treatment

Top IESCCG Contracts Key Performance Indicators

Contract	Top Key Performance Indicators
<p>East of England Ambulance Service NHS Trust</p>	<ul style="list-style-type: none"> • Category 1 calls mean arrival time <07:00 minutes • Category 2 calls mean arrival time <18:00min • Clinical handover from arrival <15mins 100% target
<p>Ipswich Hospital Site (ESNEFT)</p>	<ul style="list-style-type: none"> • A&E - Patients seen within 4 Hours: 95% target. • From referral to treatment within 18 weeks : 92% target • 62 day cancer pathway from GP referral to treatment: 85% target • Cancer 2WW: 2 weeks from GP referral to first appointment: 93% target • Diagnostic Tests within 6 weeks: 99% target
<p>Norfolk and Suffolk NHS Foundation Trust</p>	<ul style="list-style-type: none"> • Early Intervention in Psychosis performance: 56% target • Routine referral to assessment within 28 days performance • Improving Access to Psychological Therapies recovery rates : 50% target • CPA: 7 day follow up post inpatient care: 95% target • CPA: 12 months review: 95% target
<p>Care UK: GP Out Of Hours</p>	<ul style="list-style-type: none"> • Face to Face consultation within 2 hours • Base and Face to Face consultation within 2 Hours
<p>Care UK: 111</p>	<ul style="list-style-type: none"> • Calls Answered in 60 Seconds: 95% target • Direct clinical contact prior to any face to face consultation: 50% target • C3/C4 Ambulance validation: 80 % target
<p>Community services (was Suffolk Community Healthcare)</p>	<ul style="list-style-type: none"> • From referral to treatment within 18 weeks : 92% target • Patient bed days identified as Delayed Transfer Of Care: <3.5% • Children in care, initial health assessments completed within 15 working days : 95% target • Timeliness of response to Education, Health and Care plans (EHCP) 'information and advice responses' submitted to LA within 6 weeks: 90% target • Wheelchair Service Users (children)- equipment delivered in 18 weeks of being referred: 92% target