



Integrated Performance Report

Supporting Information

Contractual Information

January 2019

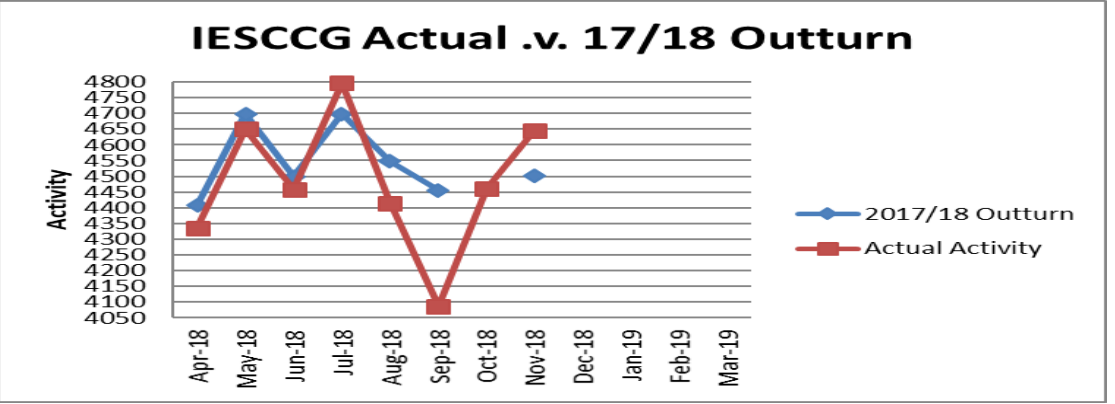
East of England Ambulance Service NHS Trust

Performance

RAG	Indicator	Comments	Change
Red	Cat 1 mean time <07:00min	November Category 1 performance mean arrival time was 8:37mins (8:46mins in October 2018).	↑
Red	Arrival to Handover >15mins	November performance handover <15mins 52%. STP trajectory target of 100% of patients being clinically handed over <15mins.	↓
Red	Cat 2 mean time <18:00min	November Category 2 performance mean arrival time 22:59mins (24:25min in October 2018).	↑

Finance/Activity

There is a block finance agreement in place for 18/19.



Updates

- 999 EEASt 'Risk Summit' actions continue including; ensuring bottom line hours of staff 'on the road', 30 min maximum handover process, reducing demand from care homes and implementing GP triage of pathways triggered ambulance response calls.
- Independent Service Review (ISR) STP Q2 target for Cat 1 calls was 8:13 and actual performance was 8:13.
- Performance and recruitment is being monitored/reviewed at bi-weekly Operational Performance Group EEASt by CCG's.
- CQUIN – Clinical Support Desk 'hear and treat' performance was 6.5% in November (was 6.3% in October 2018)
- 111 enhanced clinical validation of C3/4 calls agreed to continue until IUC starts. Currently validating 80% of calls redirecting 50%. Pilot 'live' clinical support for Health Advisor C2 generated calls is now live.

Clinical Quality

Performance Indicator	Threshold	Aug	Sep	Oct	Change month on month	YTD 2018/19	Comments
ROSC (Return of Spontaneous Circulation) at time at arrival at hospital	27%	24%	15%	29%	14%	33%	October cases – 14
Outcome for Cardiac Arrest – Survival to Discharge overall survival rate	7%	12%	0%	14%	14%	14%	October cases – 14
Outcome for Cardiac Arrest – Survival to Discharge – Utstein comparator group	27%	50%	0%	33%	33%	35%	October cases – 3
Outcome for Cardiac Arrest – Survival to Discharge STEMI appropriate care bundle	86%	90%	86%	100%	14%	90%	October cases – 9
Stroke - FAST positive stroke patients HASU <60mins	56%	47%	32%	42%	10%	46%	October cases – 33

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, focus on Cat 1. EEASt predicting of demand and modelling capacity have greater scrutiny at OPG meetings. Risk Summit actions will support improving performance for C1. ISR 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. The risk is the 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 are meeting monthly to review referred calls. EEASt focus on high acuity calls. Cat 1 achievement progress discussed in bi-weekly performance meeting ARP actual impacts addressed in ISR final report to align operational model with C1 demand Discussions with 111 service provider to ensure validation is maximised with changing targets
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. Development of Ops plan to encourage career pathway. New band 6 paramedic post developed Plans are in place with other Providers to trial staff cross working/rotation.

Ipswich Hospital NHS Trust

November performance

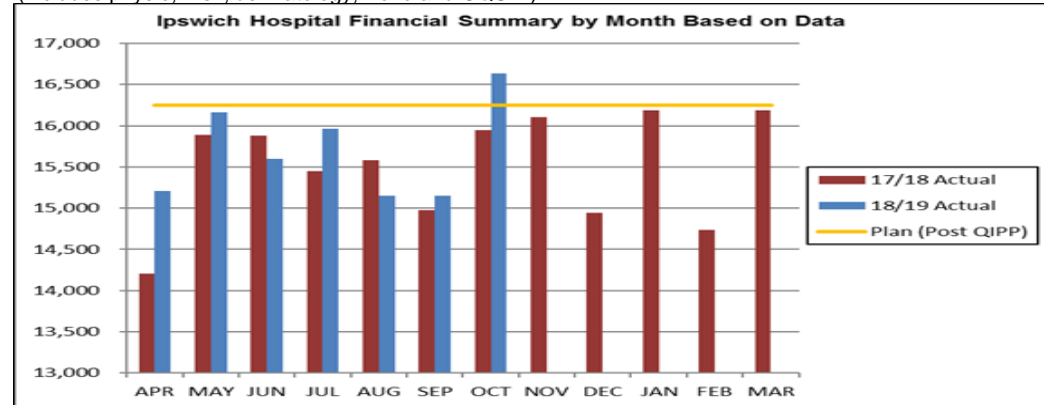
RAG	Indicator	National Constitutional Indicators	Change
Orange	RTT 18 weeks 92%	IHT site. RTT performance was 90.6%. Five specialties non compliant. General Surgery, Ophthalmology, T&O, Urology and Rheumatology.	↑
Red	999 Handover	Handover <15mins was 52%. STP target 100% of patients clinically handed over <15mins.	↓
Green	2ww cancer symptomatic breast (93%)	93.7% as ESNEFT in November (compliant)	↓
Red	62 Urgent Cancer (85%)	Un validated November performance 78% in line with trajectory. The un validated December position is approx. 74% under improvement trajectory of 81%.	↔
Orange	Diagnostic 6 weeks (target 99%)	98.6% (compliant) 50 breaches in total at (Ipswich site) still predominantly ultrasound (28). Overall ESNEFT position 98.2%. Endoscopy (Colchester site) 101 breaches.	↓
Orange	A&E 4 hour	November performance was 87.9%, December performance 85.4%. Additional recovery action plans are being monitored at the A+E delivery board. Target 95% by March 2019.	↓

Updates

- Cancer: 62 day – New improvement trajectory shows compliance for overall performance is now due May 2019 for ESNEFT. Additional ESNEFT executive led meeting in place following CCG letter of concern.
- The Primary Care Streaming service in A+E streamed an average of 15 per day in the last 4 weeks no increase on previous month.
- Outpatient activity firsts and follow up backlog in the process of being reviewed by specialty during red to green sessions. Actions being followed through. Overall backlog reduction is currently not achieving trajectory and has 'flat lined'.
- Overall waiting list for 18ww has reduced from last month at c. 21,746. Still above start of year NHSE trajectory.
- Discussions with NEECCG and ESNEFT ongoing to align 2019/20 contract and individual work streams have been set up.

Finance

The Ipswich Hospital - Guaranteed income contract with the Trust for 18/19 agreed at £190m (includes physio, msk, dermatology, Echo and CQUIN).



Performance Indicator	Threshold	Sep ESNEFT	Oct ESNEFT	Nov ESNEFT	Change mth on mth	YTD 18/19	Comments
Total number of MRSA: (Hospital)	0	0	0	0	↔	0	AF – S05
Clostridium difficile incidence	30 per year	5	4	4	↔	23	AF– S08
Pressure Ulcers - no. of avoidable hospital acquired pressure ulcers	0	10	16	11	↑	69	Grade 2, 3 and 4 avoidable only. October – 8 x grade 2, 3 x grade 3, 0 x grade 4
Nutrition Assessment	95%	No rep	No rep	no report	↔	93%	Planned nutrition improvement work written into 17/19 contract
Falls Assessments within 24 hours of admission	95%	No rep	No rep	no report	↔		AF – S40

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Delayed Transfers of Care (DIOC). Impacts on the ability to meet the A&E 4 hour standard. Also risk to achieving set and signed up to NHSE target of <3.5% consistently. November position was 3%.	CCG/IHT/Local Authority	Med	High	<ul style="list-style-type: none"> • A+E delivery board focussing on DIOC issues • Joint task force remains in place focusing and impacting DIOC. • D2A business case having impact along with implementation of CHC 5Q model. • Nursing home delirium beds already being utilised in supporting discharge
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/IHT	High	High	<ul style="list-style-type: none"> • Current trajectory in place to achieve compliance in May 2019. • Specialities have reviewed their service against 7 must do's which creates overall action plan. • Weekly ESNEFT director cancer meeting in place which CCG attends assuring oversight of improvement trajectory. • CCG receive weekly updated performance position and attend cancer board meetings and PTL.
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/IHT/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. • Further action plan 'breaking the cycle' being updated daily.

Norfolk and Suffolk NHS Foundation Trust

Performance – October 2018 validated position (*November validated position)

RAG	Indicator	Comments	Change
	Early Intervention in Psychosis (EIP)	75% of patients with RTT within 14 days compared to 57.1% September 2018 (target 53%) <i>Un-validated November position: 53.8%</i>	↑
	CPA: 7 day follow up post inpatient care	97.3% against 95% target. <i>Un-validated November position: 96.7%</i>	↑
	CPA:12 months review	96% against 95% target. <i>Un-validated November position 95.4%</i>	↑
	Under 18 routine referrals seen within 28 days	63% of service users seen within 28 days (was 39.6%). <i>Un-validated November position 69.2%</i>	↑
	IAPT Prevalence*	At M8 I&ESCCG are ahead of target at 14.59%, WSCCG are ahead of target at 13.29% against an M8 target of 12.40%	↑
	IAPT Recovery*	WSCCG at 50.7% and IESCCG at 50.3%. Standard is 50%	↔

Updates for

- Intensive Support Team visit - EIP services 07/11/18 – report received
- Business case for additional investment into EWB Hub approved by CCG Governing Bodies
- Discussions taking place to review opportunities for additional investment against slippage in Q2
- Long term Condition Priorities agreed for roll out of IAPT services (diabetes, pain, cardio, respiratory) – Business case received from Trust
- CQC report issued

Finance 2018/19:

Contract	Ipswich and East Suffolk CCG	West Suffolk CCG	Total
Mental Health Main Contract	£38.8m	£20.7m	£59.5m
Primary Mental Health Care Contract	£4.8m	£3.2m	£8.0m
Total	£43.6m	£23.9m	£67.5m

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

Measure	LT median	Sept	Oct	Nov	NSFT Trend	
Pressure ulcers (% of all patients) – all grades	NSFT wide	1.94	2.0	3.0	3.2	Rising
	National		4.5	4.5	4.3	Below national
Falls (% of patients with or without harm)	NSFT wide	4.55	5.0	3.0	7.4	Rising
	National		1.5	1.4	1.5	Above national
New VTE (% of patients)	NSFT wide	0.40	1.0	0.0	0.0	Steady
	National		0.4	0.5	0.4	Similar to national
Harm free care (% of patients)	NSFT wide	93.98	92.9	94.0	91.6	Falling
	National		94.0	94.0	94.3	Similar to 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 • Procurement options being addressed
2	MH Outcomes measures (PROMS/SWEMWEBS/FFT) are not clearly defined and agreed with the Provider. Risk that Provider is not aware which interventions are effective and which require improvement.	NSFT	Med	High	<ul style="list-style-type: none"> • NSFT is working on their internal Performance Accountability Review and internal Task and Finish Group to look at outcomes measures for both adult and CYP. • Timescale for delivery for Children and Young People is 31 May and Adults is 31 October 2017 • CCGs Clinical Lead to discuss with NSFT clinical lead on outcomes measures
3	Funding not available to implement the Mental Health Five Year Forward View must do's delaying service improvement	CCG/ NSFT	High	High	<ul style="list-style-type: none"> • CCG and Trust pursuing all options for securing additional funds, including bid to NHSE • Funding priorities for 18/19 agreed.

Care UK Limited – 111 & Out of Hours

November performance

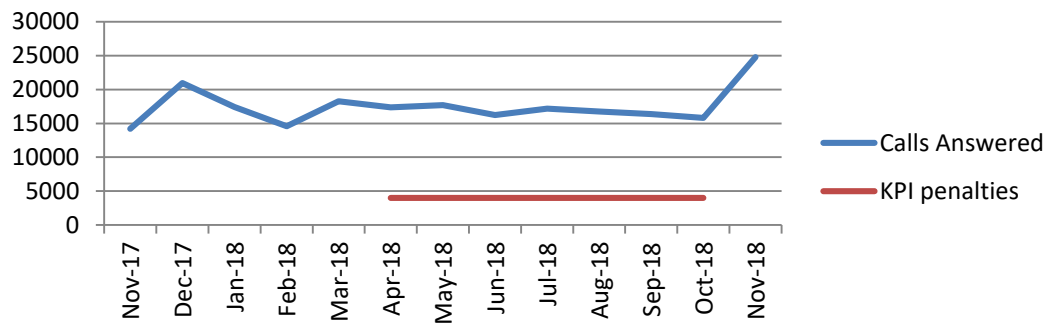
RAG	Indicator	Comments	Change
Orange	OOH KPI's	Performance has started to show signs of improvement now the Integrated Urgent Care service has gone live.	↑
Red	111 – Calls answered in 60 secs	84.70% against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 28 seconds.	↓
Green	Clinical Contact	56.3% of patients had direct contact with a clinician prior to any face to face.	↔
Red	ED Referrals	Number of patients sent to ED decreased in November at 9.5% of calls triaged against a trajectory of 8%	↑
Green	Green ambulance divert	56.77% of Cat 3/4 calls were diverted to a more appropriate service after clinical validation against a trajectory of 34%.	↔

Updates

- The Integrated Urgent Care (IUC) service Clinical Assessment Service launched on the 6th December 2018. There are a number of IT requirements that are being implemented as part of the IUC service and this work is ongoing to transfer the OOH service to the GP Federation.
- Care UK's "Calls answered in 60 seconds" Performance has deteriorated and a performance notice has been issued (further information can be found in Risk 1)

Finance/Activity

Financial penalties have been withdrawn for this Contract. North East Essex joined the Contract in November 18.



Clinical Quality					
Performance Indicator	Threshold	September	October	November	Comments
Local Health Advisor Audits (111) over 3 months employment – average score	86%	92%	90%	91%	2 HA's on action Plans
Local Clinical Advisor Audits (111) over 3 months employment – average score	86%	88%	92%	92%	1 HA's on action Plans
Suffolk Clinicians paper records documentation and assessment audit (OOH)	90%	No Data Submitted	96%	95%	Feedback given to clinicians.
Suffolk & North East Essex Clinicians voice recording audits (OOH)	90%	No Data Submitted	97%	97%	Feedback given to clinicians.
Monthly audits following Care UK audit schedule	n/a	No Data Submitted	n/a	IG Audit	Monthly audits following Care UK audit schedule.

What are the top 3 risks and issues?

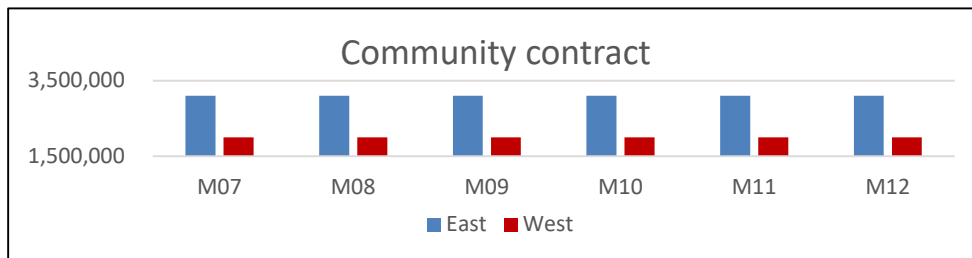
Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Care UK have informed the CCG that they are unable to answer calls within the specified 60 seconds over the winter period	CCG/Care UK	High	High	<ul style="list-style-type: none"> A performance notice has been issued to Care UK A remedial action plan will be created and monitored by the CCG.
2	Increasing number of ambulances sent from 111	CCG	Medium	High	<ul style="list-style-type: none"> C3/4 ambulance referrals clinically validated by skilled clinicians across the network. Clinical Validation queuing taking place as directed by NHS England. C2 ambulance pilot to be undertaken for 6 months with a Clinical Advisor being available to review the calls immediately
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 Care UK to look at ED efficiencies, working closely with other providers that support ED activity – ESNEFT have agreed to undertake an audit with Care UK.

Suffolk Community Healthcare

November performance – ESNEFT (IH site) and Suffolk GP Federation

RAG	Indicator	Comments	Change
Orange	Response times	The adult Community Health Care Teams met response times for referrals within 4 and 72 hours and some of the 18 weeks services. The services did not achieve the 18 week RTT for paediatric consultant led services due to service capacity – 87.10% (54/62) – Threshold 95%.	↓
Orange	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 85.33%	↑
Orange	Care coordination centre (threshold 95%)	% of calls answered in 60 seconds has increased to 93.95% (was 93.30% in October). A recovery plan is in place and recovery was expected by November 2018, however, unfortunately the service has been hit with unexpected IT problems on the telephony service. This is being worked on by NEL and has been escalated to the CCG's ICT and Informatics team to support in rectifying this as a matter of urgency.	↑
Red	Delayed transfers of care (east only) (threshold <3.5%)	The number of patients whose discharge was delayed was 25 (33 in October), and occupied days were 279 (326 in October). DTOCs were; Bluebird Lodge – 1.96%, Hartismere – 5.82%, Aldeburgh – 22.59% & Felixstowe – 24.79%	↑
Orange	Children's wheelchairs – 18 wks. Referral to treatment (threshold 95%)	83.33% across both CCGs (10/12). IES CCG 100% (7/7) WS CCG 60% (3/5) One delay due to delayed assessment as patient required a specialist appointment and clinic spaces not available and also patient choice for delivery date. The other was a delay between order date and delivery.	↓

Finance -



UPDATE

- The children's service is struggling to recruit to the complex care team and it can be challenging to commission packages of care to meet the needs of the child. Recruitment is ongoing and a capacity report is being developed to enable the capacity of the team to be monitored regularly and to enable assumptions/trajectories to be made to aid recovery. Risk is being mitigated by using agency staff and through the use of PHB's.
- Following approval of transformation/additional monies from the CCG, the following services have been informed and work is progressing to develop implementation plans:
 - The integrated adult speech and language service for people with dementia / other non acquired neurological disorders and Learning Disabilities, including the integration of the current LD Dysphagia post.
 - The adult wheelchair service so that they can provide a chair within 18 weeks of referral (as per children's wheelchairs). The current model is to assess adults within 18 weeks and some people are waiting a year for delivery of their chair.
 - The transformation of children's services at St Helen's House.
 - The Community Respiratory HOT Clinic, a rapid access clinic to help patients with COPD avoid hospital admissions until 31 March 2019.
 - Increasing capacity and clinic locations of the Home Oxygen assessment service until 31 March 2019
- The Chief Nursing and Contracts team is working with the Alliance to review various patient pathways i.e. bowel care and care-coordination.

What are the top risks and issues?

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	The children's speech and language service re-design is delayed and waiting times to start a course of therapy may increase.	SCC/CCG/WSFT	Medium	Medium	<ul style="list-style-type: none"> • Closely monitor the waiting list profile • New service model shared with parents and carers at Feedback Sessions in September. Feedback incorporated into business case which has been approved by the Children's Alliance on 27th November 18. The Public Consultation is being prepared for January 19.
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. A full review will be undertaken on the service during this time to inform the model going forwards.

Outstanding Performance Notices



Contract	R A G	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				August	Sept	Oct		
NSFT		Access and Assessment Team Over 18s 4 hrs emergency assessment Target: 95%	Exception Report 2016-17-01	95.9%	91.7%	95.8%	↑	Un-validated November position 96.7% RAP recovery date April 2019
		Over 18s 72 hrs urgent assessment Target: 98%		47.4%	44.0%	41.0%	↓	Un-validated November position 64.9% RAP recovery date April 2019
		Over 18s 28 days for routine assessment Target 95%		69.0%	59.6%	51.1%	↓	Un-validated November position: 45.9% RAP recovery date April 2019
		Under 18's: 28 days for routine Assessment Target 95%	Recovery Plan	28.4%	39.6%	63.0%	↑	Un-validated November position: 69.2% Original RAP with recovery date of August under further review.