



# **Integrated Performance Report**

## **Contractual Performance**

### **Supporting Information**

**May 2019**

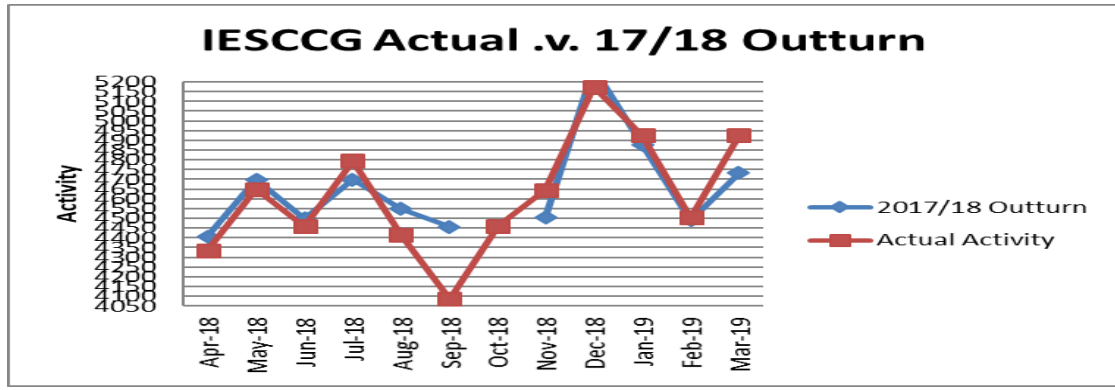
# East of England Ambulance Service NHS Trust

## March Performance

RAG	Indicator	Comments	Change
Red	Cat 1 mean time <07:00min	Category 1 mean arrival time was 8:47mins (8:38mins in February 2019).	↓
Orange	Arrival to Handover >15mins	Handover <15mins was 59%. STP trajectory target of 100% of patients being clinically handed over <15mins.	↑
Red	Cat 2 mean time <18:00min	Category 2 mean arrival time was 24:07mins (22:36 mins in February 2019).	↓

## Finance/Activity

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



### Updates

- 999 E EAST '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 which triggered ambulance response calls.
- Performance and recruitment is being monitored/reviewed at bi-weekly Operational Performance Group E EAST by CCG's.
- CQUIN – Clinical Support Desk 'hear and treat' performance was 7% in March (was 6.9% in February 2019)
- 111 enhanced clinical validation of C3/4 calls. Currently validating 50% of calls and redirecting 60%. CCG have set up focused programme with 111 for ambulance validation
- Discussions ongoing around fast track response for Emergency Medical Technicians staff to IUC Clinical Advice Service.

## Clinical Quality

Performance Indicator	Threshold	Dec	Jan	Feb	Change month on month	YTD 2018/19	Comments
ROSC (Return of Spontaneous Circulation) at time at arrival at hospital	27%	18%	41%	37%	-4%	32%	February cases – 19
Outcome for Cardiac Arrest – Survival to Discharge overall survival rate	7%	10%	18%	32%	14%	15%	February cases – 19
Outcome for Cardiac Arrest – Survival to Discharge – Utstein comparator group	27%	33%	33%	100%	77%	38%	February cases – 3
Outcome for Cardiac Arrest – Survival to Discharge STEMI appropriate care bundle	86%	100%	100%	100%	0%	91%	February cases – 3
Stroke - FAST positive stroke patients HASU <60mins	56%	38%	63%	38%	-25%	44%	February cases – 34

## 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.	E EAST/ CCG	High	High	<ul style="list-style-type: none"> <li>Bi-weekly performance meeting in place with E EAST and commissioners, focussing on Cat 1. E EAST predicting of demand and modelling capacity have greater scrutiny at Operational Performance Group meetings.</li> <li>Risk Summit actions will support improving performance for C1.</li> <li>Independent Service Review complete and E EAST are working to achieving quarterly targets for recruitment and performance. This is monitored contractually and operationally by CCG.</li> </ul>
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.	E EAST/ CCG	Med	High	<ul style="list-style-type: none"> <li>111 and 999 are meeting monthly to review referred calls.</li> <li>E EAST focus on high acuity calls. Cat 1 achievement progress discussed in bi-weekly performance meeting</li> <li>Ambulance Response Programme actual impacts addressed in ISR final report to align operational model with C1 demand</li> <li>Discussions with 111 service provider to ensure validation is maximised with changing targets and piloting of new Category 2 review before dispatch.</li> </ul>
3	Recruitment/staffing. E EAST continues to struggle to recruit and retain sufficient levels of qualified staff to meet target requirements.	E EAST	High	High	<ul style="list-style-type: none"> <li>On-going recruitment plan being reviewed monthly as part of contractual meetings.</li> <li>Development of Ops plan to encourage career pathway. New Band 6 paramedic post developed</li> <li>Plans are in place with other Providers to trial staff cross working/rotation.</li> </ul>

# East Suffolk and North Essex Foundation Trust

## March performance

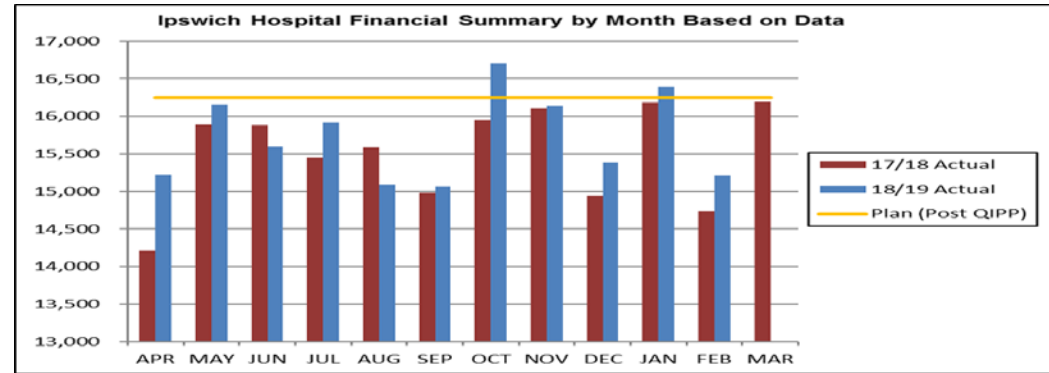
RAG	Indicator	National Constitutional Indicators	Change
Red	RTT 18 weeks 92%	IHT site. RTT performance was 88.8%. Five specialties non compliant; General Surgery, Ophthalmology, T&O, Urology and Plastic Surgery.	↓
Orange	999 Handover	Handover <15mins was 59%. STP target 100% of patients clinically handed over <15mins.	↑
Orange	2ww cancer referral	Achieved 87% against a target of 93%	↓
Red	62 Urgent Cancer (85%)	Un validated March performance 77% broadly in line with improvement trajectory.	↔
Orange	Diagnostic 6 weeks (target 99%)	97.4% - 157 breaches in total. At Ipswich site, still predominantly ultrasound (117). Overall ESNEFT position was 98.1%.	↓
Red	A&E 4 hour	Achieved 86.2% against a target of 95%, 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.
- The Primary Care Streaming service in A+E streamed an average of 14 per day in the last 4 weeks. Decrease of 2 on previous month.
- Outpatient activity firsts and follow up backlog in the process of being reviewed by speciality 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 increased from last month at c. 23,339. Still above start of year NHSE trajectory. Plan being developed to achieve March 2018 waiting list volume by end of contract year

## 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	Jan	Feb	Mar	Change mth on mth	YTD 18/19	Comments (figures based on Ipswich Site)
Total number of MRSA: (Hospital)	0	0	0	0	↓	1	AF – S05
Clostridium difficile incidence	30 per year	3	1	5	↔	28	AF– S08
Pressure Ulcers - no. of avoidable hospital acquired pressure ulcers	0	15	17	0	↑	99	Grade 2, 3 and 4 avoidable only from Feb reporting unavoidable as well. March – 0 x grade 2, 0 x grade 3, 0 x grade 4 –
Nutrition Assessment	95%	98%	88%	92%	↔	97%	Planned nutrition improvement work written into 17/19 contract
Falls Assessments within 24 hours of admission	95%	94%	n/r	n/r	↔	94%	AF – S40

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Delayed Transfers of Care (DTCO). Impacts on the ability to meet the A&E 4 hour standard. Also risk to achieving set and signed up to NHSE maximum target of <3.5% consistently. March position was 3.2%.	CCG/IHT/Local Authority	Low	High	<ul style="list-style-type: none"> <li>• A+E delivery board focussing on DTCO issues</li> <li>• Joint task force remains in place focusing on DTCO with good performance for 3 months</li> <li>• D2A business case having impact along with implementation of CHC 5Q model.</li> <li>• Nursing home delirium beds being used to support discharge</li> </ul>
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"> <li>• Current trajectory in place to achieve compliance in May 2019.</li> <li>• Specialities have reviewed their service against 7 must do's which creates overall action plan.</li> <li>• Weekly ESNEFT director cancer meeting in place which CCG attends assuring oversight of improvement trajectory.</li> <li>• CCG receive weekly updated performance position and attend cancer board meetings and PTL.</li> </ul>
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"> <li>• 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.</li> <li>• GP streaming in ED with operational review board in place to maximise performance.</li> <li>• REACT service including admission avoidance schemes in place.</li> <li>• New ED site service managers in place and overarching senior manager of ESNEFT A+E.</li> </ul>

Performance – Feb 2019 validated position (\* IAPT data – March 2019 validated)

RAG	Indicator	Comments	Change
	Early Intervention in Psychosis (EIP)	100% of patients with RTT within 14 days compared to 64.3% January 2019 (target 53%) <i>Un-validated March position: 100.00%</i>	↑
	CPA: 7 day follow up post inpatient care	92.5% against 95.0% target. <i>Un-validated March position: 90.9%</i>	↓
	CPA:12 months review	93.9% against 95% target. <i>Un-validated March position 92.1%</i>	↓
	Under 18 routine referrals seen within 28 days	52.8% of service users seen within 28 days (was 68.6%). <i>Un-validated March position 64.4%</i>	↓
	IAPT Prevalence*	At M12 I&ESCCG are ahead of target at 22.05%, WSCCG are ahead of target at 20.28% against a M11 target of 18.70%	↑
	IAPT Recovery*	At M12 I&ESCCG are ahead of target at 53.4% and WSCCG are ahead of target at 52.5%. Standard is 50%	↑

### Updates

- Process for reconfiguration of services to commence 21 June 2019 as agreed with all Alliance partners
- Programme of Service reviews continuing to be undertaken by CNO
- Development of service specifications continuing
- Financial disaggregation ongoing and expected to be complete end May 2019
- Priority focus for Contracting is ongoing monitoring/review of recovery action plans and processes; and procedures for management of waiting lists

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
<b>Total</b>	<b>£43.6m</b>	<b>£23.9m</b>	<b>£67.5m</b>

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

Measure		LT median	Jan	Feb	Mar	NSFT Trend
Pressure ulcers (% of all patients) – all grades	NSFT wide	1.94	1.0	1.8	2.0	Rising
	National		4.6	4.7	4.6	Below national
Falls (% of patients with or without harm)	NSFT wide	4.55	3.1	1.8	5.9	Rising
	National		1.5	1.5	1.5	Above national
New VTE (% of patients)	NSFT wide	0.40	2.1	1.8	2.0	Rising
	National		0.5	0.5	0.6	Above national
Harm free care (% of patients)	NSFT wide	93.98	94.8	94.6	92.2	Falling
	National		94.0	93.9	93.9	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"> <li>• CCG addressing all points of CQC review</li> <li>• Highest risk rating on GBAF</li> <li>• MCP process to commence 21 June 2019</li> </ul>
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"> <li>• Remedial Action Plan and recovery trajectory under review</li> <li>• Additional recurrent investment made into EWB Hub</li> <li>• Clinical Quality team have reviewed processes for managing long waiters</li> </ul>
3	Very long waiting times within ADHD (Youth service)	NSFT/CCG	High	High	<ul style="list-style-type: none"> <li>• Multi Agency stakeholder group with oversight</li> <li>• Improved tracking of waiting list numbers established</li> <li>• Use of Slippage funds for additional posts</li> <li>• 'Safety netting' process for long waiters agreed</li> <li>• Trajectory to clear backlog being finalised</li> </ul>

# Care UK Limited – Integrated Urgent Care service

## March performance

RAG	Indicator	Comments	Change
Red	OOH KPIs	Performance stayed the same for home visits in March. High level of urgent cases, 50% of cases requiring a Home Visit needed this within 2 hours.	↑
Red	111 – Calls answered in 60 secs	87.68 % against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 30 seconds.	↑
Green	Clinical contact	53.9 % of patients had direct contact with a clinician prior to any face to face consultation. Target 50%	↔
Red	ED referrals	Number of patients sent to ED increased in March to 8.60% of calls triaged against a trajectory of 8%	↓
Red	C3/C4 Ambulance validation	51.62% of Cat 3/4 calls were validated against a trajectory of 80%. Care UK are currently limiting the validation of calls to specific age groups (18-65 yrs.) due to operational pressures. 30.6% of total C3/C4 ambulances were redirected in March to a more appropriate resource which is a drop on February's performance. The CCG is working with Care UK to look at other innovations to support ambulance validations.	↓

**Updates**

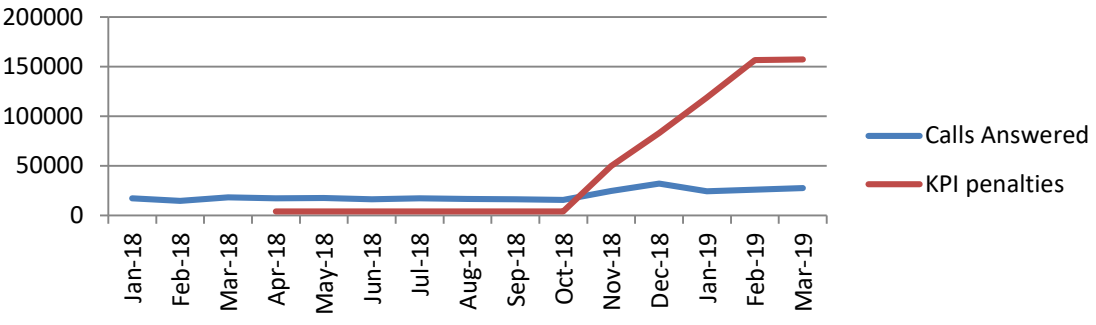
- The Integrated Urgent Care (IUC) service Clinical Assessment Service launched on 6 December 2018. There are a number of IT requirements that are being implemented as part of the IUC service. The Out of Hours service transferred to the Suffolk GP Federation on 24 April 2019.
- Care UK's "Calls answered in 60 seconds" performance is struggling with high demand, a new trajectory has been requested.

### 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"> <li>A performance notice was issued to Care UK, with recovery expected by 1 April. Care UK has been unable to recover performance in the agreed timeframe, and a new improvement trajectory has been requested.</li> </ul>
=1	Increasing number of ambulances sent from 111 due to risk above	CCG	High	High	<ul style="list-style-type: none"> <li>C3/4 ambulance referrals clinically validated by skilled clinicians across the network – currently this is performing poorly. Clinical Validation queuing is taking place as directed by NHS England.</li> <li>C2 ambulance pilot to be undertaken for 6 months with a Clinical Advisor being available to review the calls immediately – clinician uptake of this pilot has been poor.</li> </ul>
3	Number of ED referrals increasing as a result of redirected ambulance referrals	CGG	Medium	Medium	<ul style="list-style-type: none"> <li>80% target for clinical validation of ED referrals taking place in Suffolk</li> <li>Care UK to look at ED efficiencies, working closely with other providers that support ED activity. ESNEFT is undertaking an audit with Care UK looking at the appropriateness of ED patients. There are some information governance issues that currently need to be resolved before the audit timeline is set.</li> </ul>

## Finance/Activity

It has been agreed Financial penalties will be re-invested into the service to support remedial action to address those areas of performance failure. North East Essex joined the Contract in November 18. (\*financial penalties are estimated on current performance)



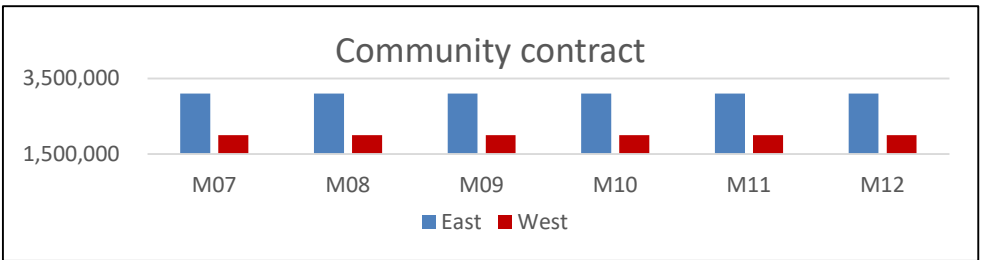
Clinical Quality					
Performance Indicator	Threshold	January	February	March	Comments
Local Health Advisor Audits (111) over 3 months employment – average score	86%	90%	90%	88%	2 HA's on action Plans
Local Clinical Advisor Audits (111) over 3 months employment – average score	86%	92%	92%	96%	No clinicians are on action plans.
Suffolk Clinicians paper records documentation and assessment audit (OOH)	90%	95%	93%	95%	Feedback given to clinicians.
Suffolk & North East Essex Clinicians voice recording audits (OOH)	90%	94%	96%	93%	Feedback given to clinicians.
Monthly audits following Care UK audit schedule	n/a	N/A	N/A	N/A	Monthly audits following Care UK audit schedule.

# Suffolk Community Healthcare

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

RAG	Indicator	Comments	Change
Green	Response times	The adult Community Health Care Teams met response times for referrals within 4, 72 hours and the 18 week RTT waiting times were all met for the month.	↑
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 increased to <b>64.29%</b> (Performance in February was 25%)	↑
Green	Care coordination centre (threshold 95%)	% of calls answered in 60 seconds increased to <b>95.25%</b> (was 94.77% in February).	↑
Red	Delayed transfers of care (east only) (threshold <3.5%)	The number of patients whose discharge was delayed was <b>36</b> (28 in February), and 'lost' occupied days were <b>260</b> (200 in February). DTOCs were as follows; Bluebird Lodge – 6.47%, Hartismere – 0%, Aldeburgh – 12.29% & Felixstowe – 27.72%. Overall DTOC's: <b>12.04%</b> .	↓
Green	Children's wheelchairs – 18 wks. Referral to treatment (threshold 95%)	<b>100%</b> across both CCGs (32/32). IES CCG 100% (20/20) WS CCG 100% (12/12)	↑

## Finance:



### UPDATE

- 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. Recruitment is ongoing and risk is being mitigated by using agency staff and through the use of Personal Health Budgets. An independent expert has been commissioned to support us to review the service.
- Updates on current investments into the service:
  - Recruitment is progressing well into the integrated adult speech and language service for people with dementia / other non acquired neurological disorders and Learning Disabilities. Full launch of the integrated service due August 2019.
  - A Project Lead has been recruited into the wheelchair service to transform the service into an 18 week RTT service for adults. A full implementation plan will follow once post is established.
  - St Helen's House – Phase one of the refurbishment was successful and is now complete with minimal impact on service users.
- 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 initial scoping meeting has taken place with relevant stakeholders in relation to the whole service review of the Integrated Children's Paediatric Service. This will be led by CCG transformation, the initial scope of the meeting, members and potential impacts have been discussed and a plan is being established currently.

## 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"> <li>• Closely monitor the waiting list profile</li> <li>• The Business Case for the Integrated Children's SLCN Service has been approved by the East and West Suffolk Governing Bodies in January 2019. Outcome of the public consultation not yet published. Trajectory for the recruitment of staff and the development of outcomes is progressing well including baselining of current data.</li> </ul>
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"> <li>• Closely monitor the waiting list profile.</li> <li>• 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.</li> </ul>

# Outstanding Performance Notices



Contract	R A G	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				Dec	Jan	Feb		
NSFT		Indicator CO12: Wait to Routine Assessment - Youth Services (0-18): Target 95%	Remedial Action Plan	78.9%	68.6%	52.8%	↓	<i>Recovery trajectory under further revision in light of declining performance</i>
NSFT		Indicator CO15: Wait to Routine Assessment - Adult Services (18 and over): Target 95%	Remedial Action Plan	65.6%	56.0%	82.7%	↑	<i>Recovery trajectory May 2019</i>

# 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