Integrated Performance Report
Supporting Information
Finance & Information
August 2019 (Month 5)
Contents

Month Ending 31st August 2019

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**Financial Statement**

**Month Ending 31st August 2019 (Month 5)**

<table>
<thead>
<tr>
<th>Source &amp; Apps</th>
<th>Budget £m</th>
<th>Actual £m</th>
<th>Variance £m</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent</td>
<td>238.9</td>
<td>238.9</td>
<td>0.0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Non Recurrent</td>
<td>3.1</td>
<td>3.1</td>
<td>0.0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>242.1</td>
<td>242.1</td>
<td>0.0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YTD Budget £m</th>
<th>YTD Forecast £m</th>
<th>YTD Outturn £m</th>
<th>Variance £m</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Programme Costs</td>
<td>241.4</td>
<td>241.4</td>
<td>0.0</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full Year Budget £m</th>
<th>Full Year Forecast Outturn £m</th>
<th>Full Year Variance £m</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Programme Costs</td>
<td>578.1</td>
<td>581.0</td>
<td>(2.9)</td>
<td>(0.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>In Year' Surplus/ (Deficit) £m</th>
<th>Variance £m</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(4.0)</td>
<td>0.0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

- At the end of Month 5, the CCG is on target to achieve its £1.9m in year surplus.
- Key adverse variances include Other Programme (£2.4m), Primary Care Co-Commissioning (£0.4m) and Mental Health (£0.3m).
- These are mitigated by underspends in Primary Care (£1.8m), Acute Services (£1.2m) and Community (£0.1m).
Risks/Opportunities

Month Ending 31st August 2019 (Month 5)

The CCG currently has a balanced position.

Identified risks are RTT, additional contract risks, overspend on GP delegated budgets, and anticipated cost pressures on prescribing.

These are mitigated by contingency, reserves and Year End Flexibilities.

<table>
<thead>
<tr>
<th>Risks</th>
<th>Full Risk Value £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCGs</td>
<td></td>
</tr>
<tr>
<td>Acute Contracts systems pressure</td>
<td>2.92</td>
</tr>
<tr>
<td>Acute Contract -Other</td>
<td>0.50</td>
</tr>
<tr>
<td>Primary Care Prescribing</td>
<td>0.60</td>
</tr>
<tr>
<td>Continuing Care</td>
<td></td>
</tr>
<tr>
<td>Community Health Services</td>
<td>0.18</td>
</tr>
<tr>
<td>Primary Care Other</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>TOTAL RISKS</strong></td>
<td><strong>5.27</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mitigations</th>
<th>Full Mitigation Value £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract/ General Reserve</td>
<td>2.92</td>
</tr>
<tr>
<td>Delay/ Reduce Investments</td>
<td>0.50</td>
</tr>
<tr>
<td>Contingency</td>
<td>1.23</td>
</tr>
<tr>
<td>Other</td>
<td>0.62</td>
</tr>
<tr>
<td><strong>TOTAL MITIGATION</strong></td>
<td><strong>5.27</strong></td>
</tr>
</tbody>
</table>

**NET RISK / HEADROOM**  **0.00**
Statement of Cash Flow
Month Ending 31st August 2019 (Month 5)

At 31st August 2019 Total Assets Employed were (£44.3m/ Jul 19 £38.8m).
At 31st March 2019 Total Assets Employed were (£36.4m).

• **Significant liabilities were as follows:**
  - Prescribing Creditor - £9.2m / Jul 19 £9.3m
  - Payables and Accrued Expenditure with NHS Bodies - £7.8m / Jul 19 £6.1m
  - Payables and Accrued Expenditure with Non NHS Bodies - £31.5m / Jul 19 £26.3m
  - Other Payables - £0.3m / Jul 19 £0.4m
  - Continuing Healthcare Provision - £1.3m / Jul 19 £1.6m
  - Other Provisions:- £2.0m / Jul 19 £2.0m

• **Significant assets were:-**
  - Cash – (£0.0m) / Jul 19 £0.4m
  - Receivable Balances - £0.9m / Jul 19 £1.2m
  - Accrued Income - £1.2m / Jul 19 £0.6m
  - Prepaid Expenditure - £5.6m / Jul 19 £4.7m

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### NHS Ipswich and East Suffolk CCG

**Statement of Cash Flows - Detailed Breakdown**

**19/20 YTD Actuals**

<table>
<thead>
<tr>
<th>Period</th>
<th>Aug 19</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets Employed</td>
<td>£44,300,000</td>
<td></td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>£43,800,000</td>
<td></td>
</tr>
</tbody>
</table>

#### CASH FLOWS FROM OPERATING ACTIVITIES

- **Net Operating Cost Before Interest**
  - £246,027
- **Depreciation and Amortisation**
  - £5

#### (Increase)/Decrease in Current Assets

- **Sales Debtors**
  - £642
- **Prepaid Expenditure**
  - (£3,987)
- **Accrued Income**
  - (£1,103)
- **Other Receivables**
  - (£30)

#### Increase / (Decrease) in Current Liabilities

- **Prescribing Creditor**
  - £281
- **NHS Payables and Accruals**
  - £2,280
- **Non NHS Payables and Accruals**
  - £9,867
- **Other Payables**
  - (£207)

#### Increase/(Decrease) in Provisions

- **Continuing Healthcare Provision**
  - (£128)
- **Other Provisions**
  - £0

#### Net Cash Inflow/(Outflow) from Operating Activities

- (£238,427)

#### CASH FLOWS FROM INVESTING ACTIVITIES

- **(Payments) for Property, Plant and Equipment**
  - £0

#### Net Cash Inflow/(Outflow) from Investing Activities

- £0

#### NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING

- (£238,427)

#### CASH FLOWS FROM FINANCING ACTIVITIES

- **Net Funding**
  - £238,162

#### Net Cash Inflow/(Outflow) from Financing Activities

- £265

#### NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS

- Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period
  - £260
- Cash and Cash Equivalents (and Bank Overdraft) at YTD
  - (£5)

---

![](actual_cash_balance_v_target_cash_balance.png)
Integrated Performance Report
Supporting Information
Contractual Performance

September 2019
### What are the top 3 risks and issues?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Risk</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| 1    | Underachieving against C1 ambulance targets resulting in potential   | EEAST/CCG   | High       | High   | • Bi-weekly performance meeting in place with EEAST and commissioners, focussing on Cat 1. EEAST predicting of demand and modelling capacity have greater scrutiny at Operational Performance Group meetings.  
  • Independent Service Review complete and EEAST are working to achieving quarterly targets for recruitment and performance. This is monitored contractually and operationally by CCG. |
|      | safety and outcome risks to patients. These are measured at trust    |             |            |        |                                                                                                                                 |
|      | level with indicative targets for each CCG area.                     |             |            |        |                                                                                                                                 |
| 2    | Increasing activity of high risk categories. The risk is the more    | EEAST/CCG   | Med        | High   | • 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  
  • Ambulance Response Programme 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 and piloting of new Category 2 review before dispatch. |
|      | serious calls are not seen in a timely manner. Ongoing review of     |             |            |        |                                                                                                                                 |
|      | impact of new Cat 1-4 targets.                                       |             |            |        |                                                                                                                                 |
| 3    | Recruitment/staffing. EEAST continues to struggle to recruit and     | EEAST       | High       | High   | • 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. |
|      | retain sufficient levels of qualified staff to meet target            |             |            |        |                                                                                                                                 |
|      | requirements.                                                        |             |            |        |                                                                                                                                 |
What are the top 3 risks and issues?

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<thead>
<tr>
<th>Rank</th>
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<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| 1    | 18ww performance and increasing waiting list, approximately 20% away from planned position vs waiting list trajectory. Unfinished capacity and demand modelling. Delays to patient treatment. | CCG/ESNEFT                   | High       | Med    | • ESNEFT have shared improvement plan and trajectory for achievement end of March 2020 although there are highlighted risks to achieving to be worked through with provider.  
• Monthly dashboards 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 Ops 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   | • Current trajectory in place to achieve compliance in September 2019.  
• Regulators confirmed no.1 priority for systems to achieve this contract year, cancer summit being arranged  
• Specialties 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. | CCG/ESNEFT – IHT site/A+E delivery board | High       | Med    | • 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. |
## Risks and Issues

### 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

<table>
<thead>
<tr>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| CCG/ NSFT | Med | High | CCG addressing all points of CQC review  
- Highest risk rating on GBAF  
- Alliance agreed strategy to stabilise NSFT prior to commencing MCP process |

### 2. Long waits for Youth services particularly waits for screening/triage with the EWB Hub, and within IDTs for Routine Assessment within 28 days,

<table>
<thead>
<tr>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| NSFT/CCG | High | High | Remedial Action Plan and recovery trajectory under review for 28 day routine assessment  
- Trajectory to meet KPI of 10 working days total time in Hun 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)

<table>
<thead>
<tr>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| NSFT/CCG | High | High | 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 |
RAG Indicator | Comments | Change
--- | --- | ---
OOH KPIs | Performance for face to face activity has seen substantial improvement with 96.03% of all patients seen within required timescales in July. | ↑
111 – Calls answered in 60 seconds – 95% threshold | 70.85% against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 42 seconds. | ↓
Clinical contact – 50% | 65.58% of patients had direct contact with a clinician prior to any face to face consultation. | ↔
Emergency Department referrals | Number of patients sent to ED decreased in July to 7.25% of calls triaged against a trajectory of 8% | ↑
C3/C4 Ambulance validation | 43% of Cat 3/4 calls were validated against a trajectory of 80%. 33.7% of total C3/C4 ambulances were redirected to a more appropriate resource. | ↓

There has been a delay to November 2019 in establishing a joint workforce where EEAST staff will work in Care UK to validate Ambulances and Emergency Department outcomes.

- 111 direct booking into GP Surgeries has started in Suffolk.
- 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 is being agreed with the provider.
- Care UK has submitted most of the outstanding Integrated Urgent Care data, however Suffolk Face to Face data since 24th April is outstanding. Because Care UK hasn’t confirmed when the overdue data will be provided this has been escalated.
- A care home pilot is being planned for this winter which will give care homes direct access to the Clinical Assessment Service.

**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 | • A Contract Performance Notice was issued to Care UK, with recovery agreed by 1 April. Care UK has been unable to recover performance in the agreed timeframe and an Exception Report (the next level of contract escalation) has been issued by the CCG with a requirement to meet the 95% KPI. A new recovery plan is being agreed with Care UK.

=1 | Increasing number of ambulances and Emergency Department (ED) referrals sent from 111 linked with the risk above | CCG | High | High | • 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.
| • 80% target for clinical validation of ED referrals taking place in Suffolk, currently only 24% of referrals are being validated.
| • EEAST staff on light duties will be redeployed within the system to Care UK to support the validation of ambulances and possibly ED calls.

3 | The provider is unable to see 95% of urgent patients within the required timeframe (determined by the NHS Pathways Disposition) | CCG | High | Medium | • The CCG has undertaken a Joint Investigation into the current service provided by Care UK and the Suffolk GP Federation and actions are ongoing.
| • Clinical Safety call backs and triaging is being undertaken to ensure a safe service.

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).

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**Clinical Quality**

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Threshold</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Health Advisor Audits (111) over 3 months employment – average score</td>
<td>86%</td>
<td>91%</td>
<td>91%</td>
<td>90%</td>
<td>3 Health Advisors are have improvement action plans.</td>
</tr>
<tr>
<td>Local Clinical Advisor Audits (111) over 3 months employment – average score</td>
<td>86%</td>
<td>93%</td>
<td>91%</td>
<td>95%</td>
<td>1 Clinical Advisor is on a stage 1 capability plan.</td>
</tr>
<tr>
<td>Suffolk Clinicians paper records documentation and assessment audit (OOH)</td>
<td>90%</td>
<td>92%</td>
<td>92%</td>
<td>N/S</td>
<td>Feedback given to clinicians.</td>
</tr>
<tr>
<td>Suffolk &amp; North East Essex Clinicians voice recording audits (OOH)</td>
<td>90%</td>
<td>96%</td>
<td>94%</td>
<td>99%</td>
<td></td>
</tr>
</tbody>
</table>
### What are the top risks and issues?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Risk</th>
<th>Owner</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| 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 | • Closely monitor the waiting list profile  
• The Business Case for the Integrated Children’s SLCN Service was approved by the East and West Suffolk Governing Bodies in January 2019. Trajectory for the recruitment of staff and the development of outcomes is progressing well including baselining of current data. |
| 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   | • 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. Awaiting outcome of independent review. |
### Outstanding Performance Notices

<table>
<thead>
<tr>
<th>Contract</th>
<th>RAG</th>
<th>Performance Issue</th>
<th>Contract Notice Stage</th>
<th>Last 3 months performance</th>
<th>Change from prev. month</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSFT</td>
<td>Red</td>
<td>Indicator CO12/OP12a: Wait to Routine Assessment - Youth Services (0-18): Target 95%</td>
<td>Remedial Action Plan</td>
<td>May: 74.3%</td>
<td>June: 58.5%</td>
<td>July: 67.3%</td>
</tr>
<tr>
<td>NSFT</td>
<td>Red</td>
<td>Indicator CO15/OP12b: Wait to Routine Assessment - Adult Services (18 and over): Target 95%</td>
<td>Remedial Action Plan</td>
<td>May: 91.4%</td>
<td>June: 80.1%</td>
<td>July: 78.2%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Contract</th>
<th>Top Key Performance Indicators</th>
</tr>
</thead>
</table>
| East of England Ambulance Service NHS Trust        | • Category 1 calls mean arrival time <07:00 minutes  
• Category 2 calls mean arrival time <18:00min  
• Clinical handover from arrival <15mins 100% target |
| Ipswich Hospital Site (ESNEFT)                      | • 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 |
| Norfolk and Suffolk NHS Foundation Trust           | • 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 |
| Care UK: GP Out Of Hours                           | • Face to Face consultation within 2 hours  
• Base and Face to Face consultation within 2 Hours |
| Care UK: 111                                       | • 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 |
| Community services (was Suffolk Community Healthcare)| • 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 |