



Ipswich and East Suffolk
Clinical Commissioning Group

Integrated Performance Report Supporting Information Finance & Information

August 2019 (Month 5)



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Month Ending 31st August 2019



Ipswich and East Suffolk
Clinical Commissioning Group

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Financial Statement

Month Ending 31st August 2019 (Month 5)



Ipswich and East Suffolk
Clinical Commissioning Group

Source & Apps	YTD				Full Year			
	Budget	Actual	Variance	Variance %	19-20 Budget	Forecast Outturn	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	%
Recurrent	238.9	238.9	0.0	0.0%	578.4	578.4	0.0	0.0%
Non Recurrent	3.1	3.1	0.0	0.0%	12.7	12.7	0.0	0.0%
Total Income	242.1	242.1	0.0	0.0%	591.1	591.1	0.0	0.0%
Acute	124.0	122.8	1.2	1.0%	295.9	294.0	1.9	0.7%
Mental Health	24.1	24.4	(0.3)	(1.1%)	57.8	58.2	(0.3)	(0.6%)
Community	20.6	20.4	0.1	0.7%	49.4	49.3	0.1	0.2%
Continuing Care	10.8	10.8	0.0	0.2%	25.9	25.9	0.0	0.0%
Primary Care	30.3	28.5	1.8	5.8%	73.2	71.4	1.8	2.4%
Other Programme	7.9	10.3	(2.4)	(30.9%)	18.9	24.2	(5.4)	(28.4%)
Primary Care Delegated Commissioning	23.8	24.2	(0.4)	(1.8%)	57.0	58.1	(1.0)	(1.8%)
Total Programme Costs	241.4	241.4	0.0	0.0%	578.1	581.0	(2.9)	(0.5%)
Running Costs	3.4	3.4	0.0	0.0%	8.1	8.1	0.0	0.0%
Contingency	1.2	1.2	0.0	0.0%	2.9	0.0	2.9	100.0%
Total Expenditure	246.0	246.0	0.0	0.0%	589.2	589.2	0.000	0.0%
In Year' Surplus/ (Deficit)	(4.0)	(4.0)	0.0	0.0%	1.9	1.9	0.0	0.0%

- 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)

Risks	Full Risk Value £m
CCGs	
Acute Contracts systems pressure	2.92
Acute Contract -Other	0.50
Primary Care Prescribing	0.60
Continuing Care	
Community Health Services	0.18
Primary Care Other	1.07
TOTAL RISKS	5.27
Mitigations	
Contract/ General Reserve	2.92
Delay/ Reduce Investments	0.50
Contingency	1.23
Other	0.62
TOTAL MITIGATION	5.27
NET RISK / HEADROOM	0.00

- 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.



Statement of Cash Flow

Month Ending 31st August 2019 (Month 5)



Ipswich and East Suffolk
Clinical Commissioning Group

NHS Ipswich and East Suffolk CCG Statement of Cash Flows - Detailed Breakdown

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	2,260
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

260

Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period
Cash and Cash Equivalents (and Bank Overdraft) at YTD

-5

19/20
YTD Actuals
Aug 19
Period 05
£000

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

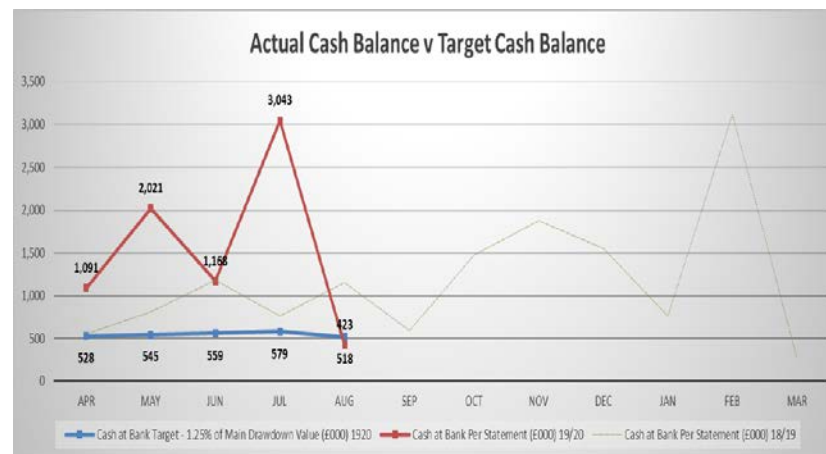
At 31st March 2019 Total Assets Employed were (£36.4m).

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





Integrated Performance Report Supporting Information Contractual Performance

September 2019

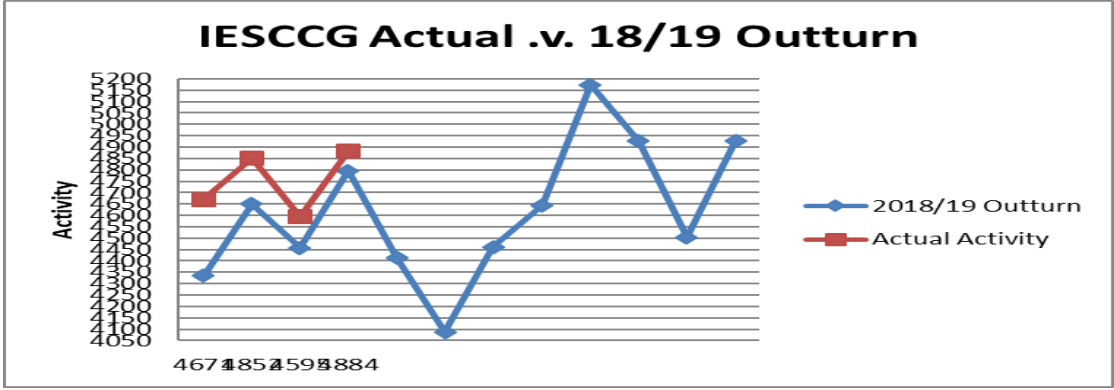
East of England Ambulance Service NHS Trust

Performance - July

RAG	Indicators	Comments	Change
Red	Mean response time <7mins	Category 1 mean arrival time was 9:31 mins (8:01mins in June 2019).	↓
Orange	Regulator target 100%	Handover <15mins was 52%. STP trajectory target of 100% of patients being clinically handed over <15mins.	↓
Red	Mean response time <18mins	Category 2 mean arrival time was 31:13 mins (25:46 mins in June 2019).	↓

Finance/Activity

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



Updates

- 999 EEAAT '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 EEAAT by CCG's against the Independent Service Report.
- Clinical Support Desk 'hear and treat' performance was 6.4% in July (was 6.2% in June 2019)
- 111 enhanced clinical validation of C3/4 calls. Currently validating 46% of calls and redirecting 70%. CCG have set up programme with 111 for ambulance validation to improve this position.
- Discussions still ongoing around fast track response for Emergency Medical Technicians staff to the Care UK Integrated Urgent Care Clinical Advice Service.

Clinical Quality

Performance Indicator	Threshold	Apr	May	Jun	Change month on month	YTD 2019/20	Comments
Return of Spontaneous Circulation (ROSC) at time at arrival at hospital	30%	18%	27%	35%	9%	24%	June cases – 52 (combined STP position from April)
Outcome for Cardiac Arrest – Survival to Discharge overall survival rate	11%	2%	12%	12%	-%	8%	June cases – 51 (combined STP position from April)
Outcome for Cardiac Arrest – Survival to Discharge – Utstein comparator group	36%	17%	42%	33%	-9%	30%	June cases – 6 (combined STP position from April)
ROSC Utstein	56%	33%	42%	50%	8%	41%	June cases – 6

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.	EEAAT/ CCG	High	High	<ul style="list-style-type: none"> Bi-weekly performance meeting in place with EEAAT and commissioners, focussing on Cat 1. EEAAT predicting of demand and modelling capacity have greater scrutiny at Operational Performance Group meetings. Risk Summit actions will support improving performance for C1. Independent Service Review complete and EEAAT 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.	EEAAT/ CCG	Med	High	<ul style="list-style-type: none"> 111 and 999 are meeting monthly to review referred calls. EEAAT 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.
3	Recruitment/staffing. EEAAT continues to struggle to recruit and retain sufficient levels of qualified staff to meet target requirements.	EEAAT	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.

July performance

RAG	Indicator	National Constitutional Indicators	Change
Red	RTT 18 weeks - 92%	IHT site. RTT performance was 84.7%. Ten specialties non compliant; General Surgery, Ophthalmology, T&O, Urology, Gynaecology, Neurology, General Medicine, Rheumatology, Dermatology and Plastic Surgery.	↓
Red	999 Handover	Handover <15mins was 52%. STP target 100% of patients clinically handed over <15mins.	↓
Orange	2ww cancer referral – 93%	Achieved 91.4% (unvalidated)	↑
Red	62 Urgent Cancer - 85%	Achieved 73% (unvalidated). Bottom three underperforming specialties were Urology, Skin and lower Gastro Intestinal.	↓
Green	Diagnostic 6 weeks - 99%	99.3% - 37 breaches in total. At Ipswich site, respiratory sleep studies and echo cardiology were 24 of the breaches. 5 out of 15 tests have had at least one case not achieving the KPI. Overall ESNEFT position was 99.5%.	↑
Red	A&E 4 hour	Achieved 83% against a target of 95%. Additional recovery action plans are being monitored by the A+E delivery board.	↓

Performance Indicator	Threshold	May	Jun	Jul	Change mth on mth	YTD 19/20	Comments (figures based on Ipswich Site)
Total number of MRSA: (Hospital)	0	0	0	0	↔	0	AF – S05
Clostridium difficile incidence	107 per year	4	6	8	↑	19	AF– S08 – 2018/19 target 107
Pressure Ulcers - no. of avoidable hospital acquired pressure ulcers	0	41	16	15	↓	98	Grade 2, 3 and 4 ESNEFT total July – 11 x grade 2, 4 x grade 3, 0 x grade 4.
Inpatient Diabetes Patients With Admission Care Plan Within 1WD	100 %	99%	99%	97%	↓	98%	163 of 168 patients
VTE completed risk assessment	95%	96%	97%	97%	↔	96%	AF – S30

Updates

- Cancer: 62 day – Trajectory shows compliance for overall performance is now due September 2019. This now looks unlikely. A STP wide cancer ‘summit’ is being arranged for end of October. NHSE/I confirmed this is priority target to achieve in contract year.
- The Primary Care Streaming service in A+E streamed an average of 14 per day in the last 4 weeks.
- 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 waiting list for 18ww has increased from last month at c. 26,354. Smallest increase for 5 months, potentially due to increased validation of patient list.
- DTOC position for July is 3.5%.

Rank	Risk	Owner	Likelihood	Impact	Mitigation
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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 • 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.

Performance – Validated June 2019 position (plus unvalidated July 2019)

RAG	Indicator	Comments	Change
	Early Intervention in Psychosis (EIP)	60% of patients with RTT within 14 days compared to 77% May 2019 (target 56%). <i>Unvalidated July: 63%</i>	↓
	CPA: 7 day follow up post inpatient care	95.6% against 95.0% target <i>Unvalidated July: 95.6%</i>	↑
	CPA:12 months review	94.4% against 95% target. <i>Unvalidated July: 91.6%</i>	↑
	Under 18 routine referrals seen within 28 days	58.5% of service users seen within 28 days (was 74.3%) <i>Unvalidated July: 67.3%</i>	↓
	IAPT Prevalence	At M4 I&ESCCG are ahead of target at 7.37%, WSCCG are ahead of target at 7.39% against a M4 target of 6.33%	↑
	IAPT Recovery	At M4 I&ESCCG are below target at 49.6% and WSCCG are on target at 50%. Standard is 50%	↓

Updates:

- Timeline for implementation of new model September 2020: Four priority areas identified
- Serious concerns continue with regards to poor performance against KPIs, and high staff vacancy levels in youth services, particularly Ipswich Team
- 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	June	July	Aug	NSFT Trend	
Pressure ulcers (% of all patients) – all grades	NSFT wide	1.94	5.7	2.0	1.1	Falling
	National		4.7	4.7	4.6	Below national
Falls (% of patients with or without harm)	NSFT wide	4.42	6.7	7.1	4.3	Falling
	National		1.5	1.6	1.6	Above national
New VTE (% of patients)	NSFT wide	0.40	0	1.0	1.1	Rising
	National		0.5	0.5	0.5	Above national
Harm free care (% of patients)	NSFT wide	93.98	93.3	93.8	93.9	Stable
	National		93.8	94.9	95.7	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	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,	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)	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

Care UK Limited – Integrated Urgent Care service

July performance

RAG	Indicator	Comments	Change
Orange	OOH KPIs	Performance for face to face activity has seen substantial improvement with 96.03% of all patients seen within required timescales in July.	↑
Red	111 – Calls answered in 60 secs – 95% threshold	70.85% against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 42 seconds.	↓
Green	Clinical contact – 50%	65.58% 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 July to 7.25% of calls triaged against a trajectory of 8%	↑
Red	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.	↓

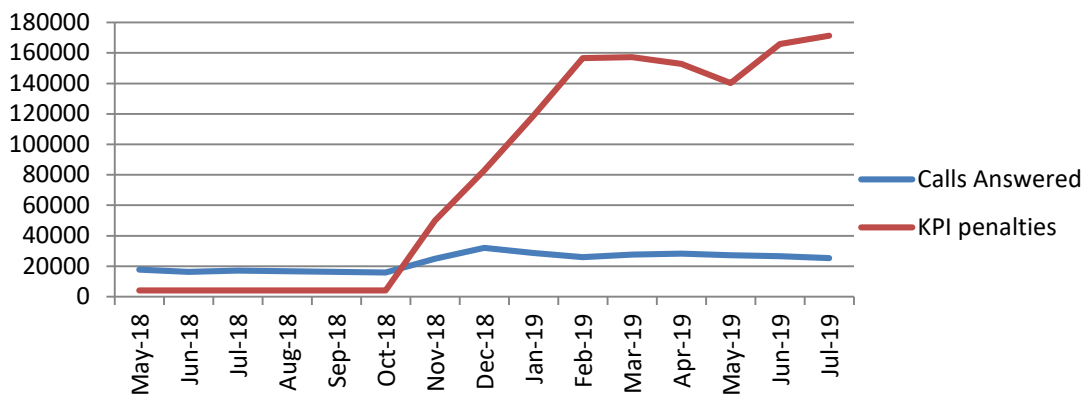
- There has been a delay to November 2019 in establishing a joint workforce where EEAST staff will work in Care UK to validate Ambulances and Emergency Department outcomes.
- 111 direct booking into GP Surgeries has started in Suffolk.
- Calls answered in 60 seconds - performance is struggling and hasn't 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	CGG	High	Medium	<ul style="list-style-type: none"> • 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.

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	May	June	July	Comments
Local Health Advisor Audits (111) over 3 months employment – average score	86%	91%	91%	90%	3 Health Advisors are have improvement action plans.
Local Clinical Advisor Audits (111) over 3 months employment – average score	86%	93%	91%	95%	1 Clinical Advisor is on a stage 1 capability plan.
Suffolk Clinicians paper records documentation and assessment audit (OOH)	90%	92%	92%	N/S	Feedback given to clinicians.
Suffolk & North East Essex Clinicians voice recording audits (OOH)	90%	96%	94%	99%	

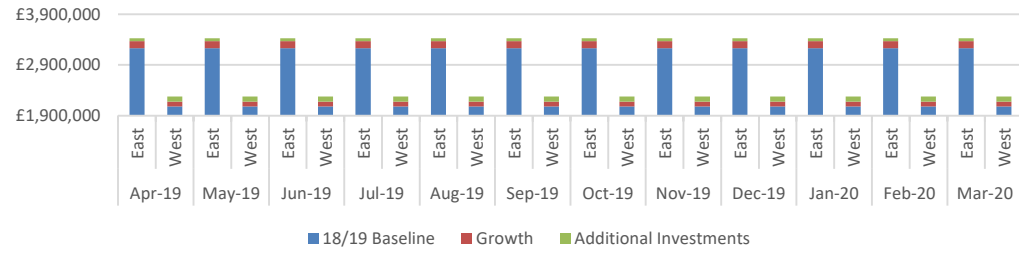
Community services

July 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.	↔
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 50% (6/12) (Performance in June was 46.15%)	↔
Red	Care coordination centre (threshold 95%)	% of calls answered in 60 seconds was 92.43% (was 92.74% in June).	↔
Red	Delayed Transfers of Care (east) (threshold <3.5%)	Overall DTOC's: 10.34% . The number of patients whose discharge was delayed was 29 (16 in June), and 'lost' occupied days were 201 (109 in June). Bluebird Lodge – 5.31%, Hartismere – 3.29%, Aldeburgh – 16.91%, Felixstowe – 13.31% this month in performance.	↓
Green	Children's wheelchairs – 18 wks. Referral to treatment (threshold 95%)	96.30% across both CCGs (26/27). IES CCG 100% (16/16) WS CCG 100% (9/9)	↔

Finance:

Community Contract - 2019/20 Finances



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 has been developed basing its principles on the 'Right Chair, Right Time, Right Now' campaign and wheelchair charter. An overview of the service presented at Governing Body with a positive response on the changes within the service. Another meeting has taken place with patient representatives to gather feedback and provide updates regarding the service.
 - 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. A review of the KPI's is also currently taking place with a proposal due for Exec shortly.
- The whole service review of the Integrated Children's Paediatric Service is progressing. This is being led by CCG transformation and WSFT, the plan is currently being established with the aim of engaging with staff within the service, patients and families, stakeholders that directly impact on the service and those that are impacted by the service. The review is due to be finalised in December 2019.

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 • 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	<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. Awaiting outcome of independent review.

Outstanding Performance Notices



Contract	R A G	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				May	June	July (unvalidated)		
NSFT		Indicator CO12/OP12a: Wait to Routine Assessment - Youth Services (0-18): Target 95%	Remedial Action Plan	74.3%	58.5%	67.3%	↓	Recovery trajectory under further revision in light of sustained underperformance
NSFT		Indicator CO15/OP12b: Wait to Routine Assessment - Adult Services (18 and over): Target 95%	Remedial Action Plan	91.4%	80.1%	78.2%	↓	Recovery trajectory for May not met: under further revision in light of sustained underperformance: Performance not anticipated to recover until IDT acting as 'stand alone' team – Significant levels of staff vacancies and capacity constraints continue to be the main reasons for non compliance against this indicator

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
East of England Ambulance Service NHS Trust	<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
Ipswich Hospital Site (ESNEFT)	<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
Norfolk and Suffolk NHS Foundation Trust	<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
Care UK: GP Out Of Hours	<ul style="list-style-type: none"> • Face to Face consultation within 2 hours • Base and Face to Face consultation within 2 Hours
Care UK: 111	<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
Community services (was Suffolk Community Healthcare)	<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