

integrated working

NHS

West Suffolk
Clinical Commissioning Group

Contractual Performance

Supporting Information Contractual Performance

November 2018

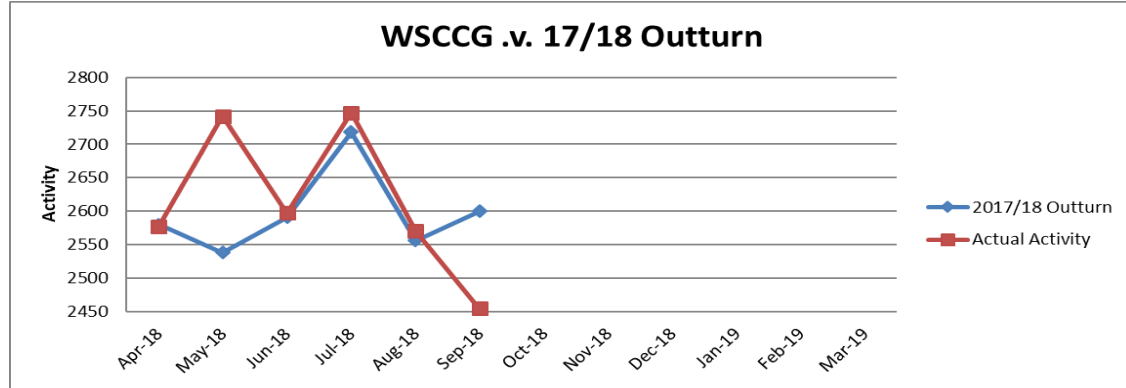
East of England Ambulance Service NHS Trust

Performance

RAG	Indicator	Comments	Change
Red	Cat 1 mean time <07:00 min	September Category 1 mean arrival time was 09:00 min's (was 10:04 min's in August 2018).	↑
Red	Arrival to Handover >15mins	September performance for handover in <15mins was 30%. STP trajectory target of 100% of patients being clinically handed over <15mins.	↔
Red	Cat 2 mean time <18:00min	September Category 2 mean arrival time was 25:16 min's (was 24:45mins in August).	↓

Finance/Activity

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



Updates

- 999 E EAST 'Risk Summit' actions include; 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 E EAST by CCG's.
- CQUIN – Clinical Support Desk 'hear and treat' performance was 6.6% in September, (was 6.9% in August 2018)
- 111 enhanced clinical validation of C3/4 calls agreed to continue until IUC starts. Currently validating 80% of calls redirecting 50%.

Clinical Quality

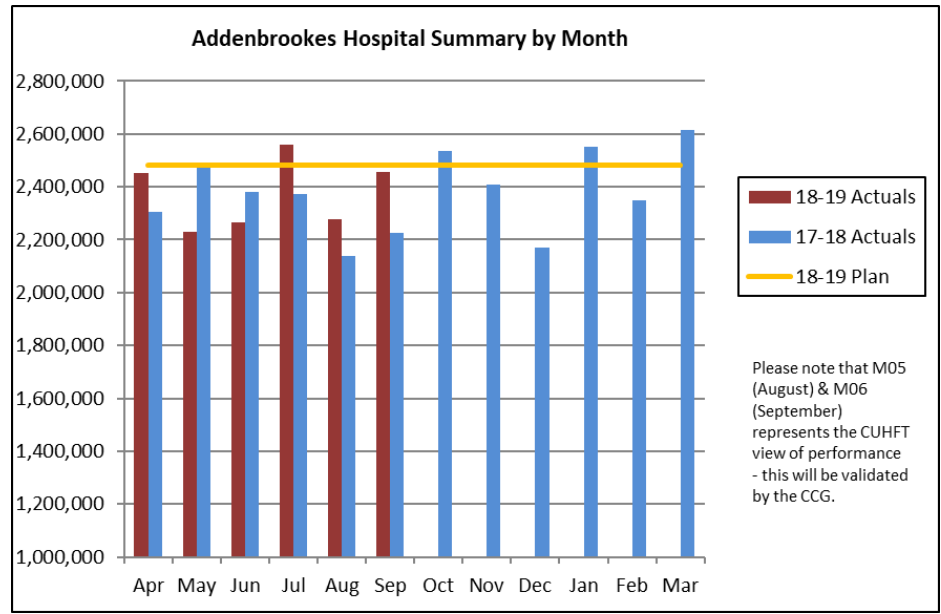
Performance Indicator	Threshold	June	July	August	Change month on month	YTD – 2018/19	Comments
ROSC (Return of Spontaneous Circulation) at time at arrival at hospital	27%	29%	67%	46%	38%	24%	August cases – 13
Outcome for Cardiac Arrest – Survival to Discharge overall survival rate	7%	0%	22%	15%	-7%	4%	August cases – 13
Outcome for Cardiac Arrest – Survival to Discharge – Utstein comparator group	25%	0%	67%	0%	-67%	33%	August cases – 2
Outcome for Cardiac Arrest – Survival to Discharge STEMI appropriate care bundle	81%	100%	80%	100%	20%	84%	August cases – 8
Stroke - FAST positive stroke patients HASU <60mins	56%	29%	21%	62%	41%	26%	August cases – 21

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 outcomes 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"> Bi-weekly performance meeting in place with E EAST and commissioners, focus on Cat 1. E EAST predicting of demand and modelling capacity have greater scrutiny at OPG meetings. Risk Summit actions will support improving performance for C1. ISR complete and E EAST 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 Cat1-4 targets.	E EAST/ CCG	Med	High	<ul style="list-style-type: none"> 111 and 999 are meeting monthly to review referred calls. E EAST 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. 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"> 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.

RAG	Indicator	National Constitutional Indicators April and May	Change
Red	A&E 4 hour	Performance in September was 85.8% compared to 88.2% in August. Financial YTD performance is 88.0%. Increased average number of attendances and some patients bedded overnight in ED.	↓
Green	Cancer 2WW - target 93%	August performance improved to 94.1% - an increase from 89% in June. The last 12 months performance is 91.7%	↑
Red	Cancer 62-day wait for first treatment from standard urgent referral – target 85%	August performance was 80.1%, a decrease from 83.4% in July. 42 patients breached the standard of which 32 were shared pathways with other trusts.	↓
Red	RTT 18 weeks – 92%	September performance was 88.9%. A decrease from August which was 89.4%. The last 12 months performance is 89.5% The trust reported 4 over 52 week breaches in September	↓
Green	Diagnostic 6 weeks - target 99%	September performance was 0.64% compared to 1.26% in August, against a target of <1%	↑
Red	999 Handover delays – target 100%	During September 58.7% of clinical handovers were managed within the target of 15 minutes. The trust were ranked regionally at 2/17 trusts.	↓

Finance/Activity



Updates

Cancer performance trajectory – the Trust has submitted a plan for 2018/19 expecting to sustain performance against the 62 day urgent standard above the required 85%. Performance is forecasting to improve from August for both the 62 day and 2ww standards but the achievement of the target is at risk.

We are working with the CCG and Trust to review issues with the Varicose Vein prior approval checklist.

The CCG Finance and Contracts team now meet the Trust every 3 months to review / address charging queries. The aim is to resolve queries in a timely way, which has been challenging in the past.

What are the top risks and issues?

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Lack of cardiology service capacity (including echocardiogram undertaking and interpretation) will impact WSFT and IHT activity / waiting lists	Trust/CCG	Low	Low	<ul style="list-style-type: none"> Trust seeking interim capacity (outsourcing) Trust increasing staff capacity (consultant weekend working) Revised recovery plan has been requested
2	Difficulties repatriating patients who have had a stroke to local trusts means they experience a longer length of stay at CUHFT and CUHFT capacity to take new referrals is reduced.	Trust/local trusts	Medium	Medium	<ul style="list-style-type: none"> Trust is seeking Executive lead support from local trusts to agree / sign off the repatriation policy.

Norfolk and Suffolk NHS Foundation Trust

Performance – August 2018 validated position

RAG	Indicator	Comments	Change
Red	Early Intervention in Psychosis (EIP)	33.3% of patients with RTT within 14 days compared to 66.7% in July 2018 (target 53%)	↓
Green	CPA: 7 day follow up post inpatient care	96.2% against 95% target. This is a quarterly target and was compliant in Q1	↑
Green	CPA:12 months review	96.0% against 95% target.	↑
Red	Under 18 routine referrals seen within 28 days	28.4% of service users seen within 28 days (was 35.0%). EWB HUB operational 16/04/18 for U25s: Recovery action plan under review to establish revised recovery date	↓
Red	IAPT Prevalence	At M5 I&ESCCG are ahead of target at 7.88%, WSCCG are behind target at 7.41% against an M5 target of 7.75%	↓
Green	IAPT Recovery	Both WSCCG and IESCCG at 50.9%. Standard is 50%	↑

Updates for

- Intensive Support Team visit took place for EIP services 07/11/18 – report awaited
- Business case for additional investment into EWB Hub received
- Meeting scheduled to take 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)
- Follow up CQC visit took place in September – draft report due early November

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	June	July	August	NSFT Trend	
Pressure ulcers (% of all patients) – all grades	NSFT wide	1.9	4.2	3.1	1.0	Falling
	National		4.5	4.7	4.6	Below national
Falls (% of patients with or without harm)	NSFT wide	8.4	8.4	8.2	6.1	Falling
	National		1.5	1.5	1.5	Above national
New VTE (% of patients)	NSFT wide	0.40	2.1	0.0	0.0	Below national
	National		0.40	0.30	0.4	Similar to national
Harm free care (% of patients)	NSFT wide	94.04	89.47	95.9	93.9	Similar to national
	National		94.18	94.1%	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"> • NSFT and CCG will systematically work through any concerns raised and form plans to address them. • Clinical Scrutiny Committee has received a ‘Deep Dive’ review.
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

Performance

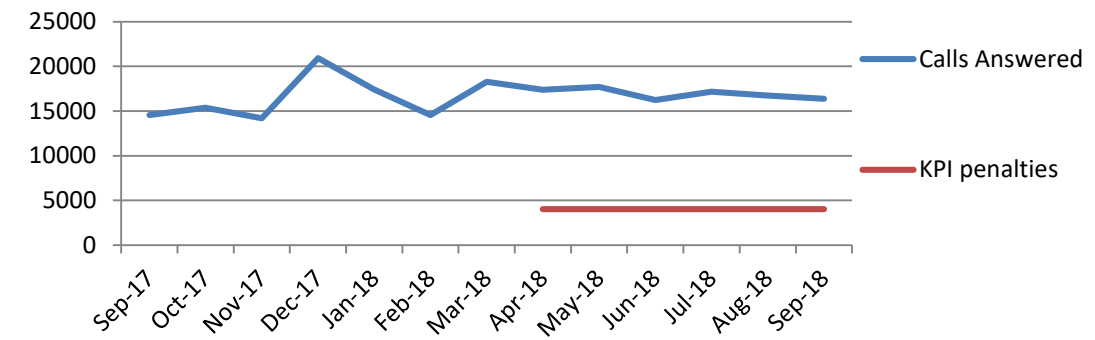
RAG	Indicator	Comments	Change
Red	OOH KPI's	Performance has continued to suffer in September due to demand and capacity. Informal remedial action plan has been created to address deficiencies.	↓
Red	111 – Calls answered in 60 secs	94.41 % against a trajectory of 95%, with the average speed to answer for Suffolk 111 calls being 18 seconds for September.	↓
Green	Clinical Contact	57.36% of patients in September had direct contact with a clinician prior to any face to face.	↓
Red	ED Referrals	Number of patients sent to ED increased in September at 10.05% of calls triaged against a trajectory of 8%	↑
Green	Green ambulance divert	46.76% of Cat 3/4 calls were diverted to a more appropriate service after clinical validation against the trajectory of 34%.	↑

Updates

- The Integrated Urgent Care (IUC) service is aiming to be fully launched by 6th December 2018
- Care UK have been awarded the IUC contract with the Suffolk GP Federation supporting.

Finance/Activity

Financial penalties restarted for contract year 2018/ 19



Clinical Quality					
Performance Indicator	Threshold	July	August	September	Comments
Local Health Advisor Audits (111) over 3 months employment – average score	86%	91%	90%	90%	1 HA on stage 1 capability 4 Ha's on Action plans
Local Clinical Advisor Audits (111) over 3 months employment – average score	86%	92%	93%	88%	
Suffolk Clinicians paper records documentation and assessment audit (OOH)	90%	98%	95%	No Data Submitted	Feedback given to clinicians.
Suffolk Clinicians voice recording audits (OOH)	90%	93%	95%	No Data Submitted	Feedback given to clinicians.
Monthly audits following Care UK audit schedule	n/a	n/a	n/a	No Data Submitted	Monthly audits following Care UK audit schedule.

What are the top 3 risks and issues?

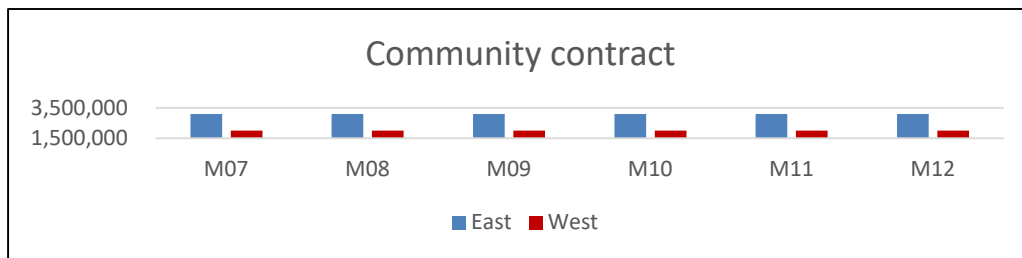
Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	Increasing number of ambulances sent from 111	CCG	Medium	High	<ul style="list-style-type: none"> C3/4 ambulance referrals clinically validated by skilled clinicians across the network. Clinical Validation queuing taking place as directed by NHS England.
2	Number of ED referrals increasing as a result of redirected ambulance referrals	CGG	Medium	Medium	<ul style="list-style-type: none"> Some clinical validation of ED referrals taking place in Suffolk. Lower rates of ED referrals have been noted. Care UK to look at ED efficiencies, working closely with other providers that support ED activity.
3	Slippage on KPI's throughout transition period into IUC	CCG/ Care UK	High	Low	<ul style="list-style-type: none"> Re-introduction of financial penalties for 111 for 2018/19.

Suffolk Community Healthcare

Performance

RAG	Indicator	Comments	Change
Green	Response times	The adult Community Health Care Teams met response times for referrals within 4 and 72 hours, and 18 weeks. The services achieved 18 week RTT for all Consultant and non Consultant led services.	↔
Red	Children in Care Initial Health Assessments (provided by WSFT) (threshold 95%)	The % of children who had an initial health assessment completed within 28 days of the service receiving all paperwork was 23.53% (4/17) (was 42.11% in August) falling from the previous months performance. The main reasons for the poor performance were either due to patient choice of appointments, lack of capacity and late receipt of paperwork to the service.	↓
Red		The % of assessments completed within 28 days of becoming an entrant into care has decreased to 11.76% (2/17) . The reasons for the above performance are a combination of increased referrals, patient choice and capacity issues.	↓
Red	Care coordination centre (threshold 95%)	% of calls answered in 60 seconds has increased to 88.74% (was 84.26% in August). Main reason is staff capacity issues. A recovery plan is in place with expected recovery by November 2018.	↓
Red	Delayed transfers of care (WSFT only) (threshold <3.5%)	The number of patients whose discharge was delayed significantly was 24 (18 in August). The number of lost occupied bed days was 209 (159 in July). Community services did not achieve the target of less than 3.5% bed days – DTOCs were 15.90% in Newmarket, 22.11% in Glastonbury and 0% in Hazell Court.	↓
Green	Children's wheelchairs – 18 wks. Referral to treatment (threshold 95%)	100% across both CCGs (18/18). IES CCG 100% (13/13) WS CCG 100% (5/5)	↑

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. However, interviews are due to take place 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.
- The mobilisation of the new integrated community equipment service has continued to progress well.
- In response to historic commissioning gaps, the Alliance has developed a model to provide an integrated adult speech and language service for people with dementia / other non acquired neurological disorders and Learning Disabilities. This will be taken to Clinical Executives and Governing Body with a funding decision made by the end of November 2018.
- Funding has been approved by Clinical Scrutiny for a Locum Speech and Language Therapist to be appointed within the LD Dysphagia service. This is to alleviate the clinical risks to patients due to unmanageable caseloads within the service.
- The Alliance has developed a business case to transform 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. This will be taken to Clinical Executives and Governing Body with a funding decision made by the end of November 2018.
- The Chief Nursing and Contracts team is working with the Alliance to review various patient pathways i.e. bowel care and care-coordination.
- Lymphoedema Service has transitioned across from Suffolk GP Fed to West Suffolk Hospital as from 1 October 2018. Backlog of patients waiting in service is increasing due to historic recruitment issues and transition of service. Training and recruitment is going well and recovery due by January 2018.

Clinical quality – escalated issues

Timeliness of Children in Care initial health assessments (see risk below)

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 is currently being progressed, due to be finalised in November.
2	Delayed completion of Children in Care initial health assessments could mean the child's health needs are not understood and acted upon.	All	High	High	<ul style="list-style-type: none"> • Reviewing options to commission more clinical assessment capacity • Closely monitor the waiting list profile. • Chief officer escalation - Outcome – was taken to System Executive Group for discussion and the pathway is being reviewed. This is continuing at pace to ensure the risk can be mitigated as soon as possible.

West Suffolk Hospital NHS Foundation Trust

Performance - September 2018 – data from WSFT KPI report

RAG	National Quality requirement	Performance	Change
Green	A & E - 4 Hour Target	95.9%	↑
Red	Cancer 2ww	80.9%	↓
Green	Cancer 2WW Symptomatic breast	93.9%	↓
Red	18 Week RTT-Incomplete	89.9%	↑
Red	RTT waits over 52 weeks	2 breaches	↑
Green	Diagnostics	99.5%	↑
Red	Cancer 62 days GP referral	77.4%	↓
RAG	Local Quality requirement	Performance	Change
Green	Stroke – admission to unit within 4 hrs	82.8%	↑
Red	Acute Oncology Service: Door to Needle	90.0%	↑

Update

- Prioritising staffing services safely over winter – e.g., Trust held Multi Agency Discharge (MADE) event; focus on continued roll out of D2OA models
- Good take up of staff flu vaccinations
- Red bag pilot being rolled out to all care homes in west Suffolk
- Continue to work with NEESPS to address pathology concerns
- Shortlisted for HSJ Award for development of Medic Bleep App
- New intake of students commenced on Cams. Graduate course in medicine- increased from 21 to 36

Finance/Activity

CCG Month 5 provisional data indicates WSCCG is £396K over and I&ESCCG is £74k over plan against the GIC values

Clinical Quality							
Performance Indicator	Threshold	July	August	Sept.	Change mth on mth	YTD	Comments
MRSA - Total number of MRSA: Hospital	0	0	1	0	↑	1	
C.Diff - Maintain Clostridium difficile Incidence below target (total incidence pre review)	16 per year trajectory	1	1	1	↔	4	
Clinical - Pressure Ulcers - No. of hospital acquired pressure ulcers (Avoidable & Unavoidable)	<5	6	10	14	↓	52	September – 3 x grade 3, 11 x grade 2. Tissue viability teams continue to work on NHSI PU Collaborative. Although the last two months have seen an increase, there is an overall reduction compared to last year
Falls per 1000 bed days	5.6	2.82	5.73	5.27	↓	5.25	September - 71 falls of which 64 on IP service and 7 on STGH service. 3 Falls resulted in harm.. Continuing to work on NHSI collaborative – pilot of new symbols in G8 and Rosemary Ward (NMH)
Mixed Sex Accommodation breaches	0	0	0	0	↔	1	

What are the top 3 risks and issues?

Rank	Risk	Owner	Likelihood	Impact	Mitigation
1	High numbers of patients waiting more that 52 weeks for intervention following referral giving concern over potential harm sustained	Trust	High	High	<ul style="list-style-type: none"> • Trust completing clinical harm reviews and RCA for all patients waiting over 52 weeks • Quality team discussing RCAs/Duty of Candour at monthly meetings
2	Significant challenges within RTT plan in order to deliver and sustain compliance of 18wks from October 2017	Trust/CCG	High	High	<ul style="list-style-type: none"> • Steering group in place to discuss and mitigate early risks to delivery of plan • Accurate reporting now in place,, cerner continuing to address data quality issues • IST and KPMG working within Trust to support RTT compliance and sustainability
3	Financial position, failure to deliver CIP/QIPP plans	CCG/Trust	Med	Med	<ul style="list-style-type: none"> • Block contract with GIC for 17/18 in place

Outstanding Performance Notices



Contract	RAG	Performance Issue	Contract Notice Stage	Last 3 months performance			Change from prev. month	Current Status
				June	July	August		
NSFT		Access and Assessment Team Over 18s 4 hrs emergency assessment Target: 95%	Exception Report 2016-17-01	100%	97.1%	95.9%	↓	<ul style="list-style-type: none"> Compliant for last 9 months
		Over 18s 72 hrs urgent assessment Target: 98%		73.9%	46.2%	47.4%	↑	<ul style="list-style-type: none"> The Parties shall undertake a joint clinical review of the Provider's proposal to remove part b of this Quality Requirement No longer performance monitored as of August data.
		Over 18s 28 days for routine assessment Target 95%		76.0%	59.5%	69.0%	↑	<ul style="list-style-type: none"> Ongoing capacity issues Revised clinical model adopted 28/03/18 within AAT to triage/screen every referral. Draft recovery plan submitted indicating proposed recovery date of April 2019.
		Under 18's: 28 days for routine Assessment Target 95%	Recovery Plan	30.5%	35.0%	28.4%	↓	<ul style="list-style-type: none"> Original RAP with recovery date of August under further review.
WSFT		Acute Oncology Service: 1 hour door to needle time 'DTN' for all Service Users presenting to A&E or MDU with suspected neutropenic sepsis.: Target: 100% overall and 85% for Contract Management	Exception Report (ER201516_01)	80%	72.2%	90.9%	↑	Action plan to improve performance being progressed through clinical Quality meetings
		Acute Oncology: A&E performance		66.67%	69.23%	Data not yet available		
		Acute oncology: MacMillan Unit		100%	75%	Data not yet available		