

CATEGORY OF PAPER					
Specific action required:		Provides Assurance:	✓	For Information:	✓

Board of Directors' Meeting – 25/10/2018

Report title:	Integrated Quality and Performance Report – September 2018
Purpose of report:	To provide the Board with an overview of key performance metrics for September 2018
Key issues: <i>(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)</i>	<p>Workforce</p> <p>Trust wide sickness levels continue to show improvements compared to 2017/18. However, at 6.31% for September 2018 this remains above the Trust target of 5%, with the highest sickness rates for the month reported in the Operations Centre at 6.69%.</p> <p>Unscheduled Care continue to report high vacancy levels, at 126.77 as at August 2018. This reflects the additional posts which were created following investment from commissioners at the beginning of the year.</p> <p>Statutory and Mandatory compliance continues to improve, reaching 75.05%. The reduction against previous year performance is as a result of the introduction of new competencies in April 2018, which automatically reduced the compliance rate. Compliance against previous competencies is at 87.66%.</p> <p>Appraisal rates remain below the 95% target at 71.1% for September 2018, with the lowest compliance rates reported in Support Services (57.75%).</p> <p>Operations Centre</p> <p>September 2018 saw call demand for 999 and 111 services increase by 3.9% compared to September 2017, with over 110,000 calls answered.</p> <p>Call taking performance has improved for both services (999-92.31%; 111-91.23%) and although the service level target has not been achieved this month both services continue to perform above the England average for call taking performance.</p> <p>Hear and Treat rates remain below 2017/18 performance at 5.2%. Following implementation of the new IUC service in October 2018, and changes to call flow, we will be monitoring the impact on Hear and Treat rates as well as transfers to 999 from 111.</p> <p>Key Actions:</p> <ul style="list-style-type: none"> The mobilisation of the new IUC contract, and maintenance of quality and performance standards remains a focus for the service during the implementation phase. Monitoring of the new service is underway, and development of reporting in line with the new IUC KPIs continues. New baselines will be set to understand performance and identify areas for improvement. <p>Unscheduled Care</p> <p>NEAS has maintained performance as the best placed Ambulance Trust for Cat 1 response times, however performance has deteriorated for each of the other categories, both Mean and 90th Centile.</p> <p>Response time performance is better than the national average for each category except Cat 2 Mean and 90th Centile and Cat 4 90th Centile.</p> <p>There has been a small increase in overall demand which is 0.3% higher than for the same month last year.</p> <p>See and Treat rates have decreased to 24.1% and NEAS continues to be below the England average for See and Treat outcomes. Whilst overall conveyance rates remain high compared to other Trusts (70.65%), only 59.2% of incidents were transported to an Emergency Department, with a high proportion of alternative locations used.</p>

	<p>Handover to clear times (post-handover) have reduced to 19m 18s in September, only slightly above the locally agreed target for 2018/19 of 19minutes.</p> <p>There has been an increase in the proportion of incidents with long waits for each category since August. Performance for Cat 3 has reduced to Amber on the RAG rating with 290 patients waiting more than 4 hours for a response in September.</p> <p>In May 2018 NEAS decreased performance across a number of clinical indicators, including Cardiac Arrest ROSC, Survival to Discharge and Stroke; although improvements were in the STEMI indicators.</p> <p>NEAS National Ranking has decreased position for all Cardiac Arrest indicators and Stroke, however we have increased our position for both STEMI Mean and 90th Centile where we are now ranked 1st nationally.</p> <p>Key Actions:</p> <ul style="list-style-type: none"> • The Handover Task and Finish Group continues to focus on reducing handover to clear times. The 15 minute target is now embedded in staff appraisals and forms part of managers' routine meetings with staff. The CARE platform is being rolled out allowing crews access to their individual performance information. • Work to implement new rosters aligned to demand is on track with staff roadshows taking place in October 2018. • To support reductions in conveyance to Emergency Departments a new pathways team is now in place. This team will initially focus on reviewing existing pathways before working with commissioners and partners to map and agree alternatives. • Community First Responder(CFRs) programme to increase attendance at non-injury falls has been implemented, with CFRs receiving additional training and equipment to help manage fallers in the community. <p>Scheduled Care</p> <p>Arrival Time performance has remained stable between August and September in terms of On Time arrivals, although there has been a decrease in Early Arrivals and an increase in Late Arrivals.</p> <p>There has been a small decrease in the performance for Collection within 60 minutes and Time on Vehicle, with both measures continuing to achieve local standard.</p> <p>The overall proportion of Completed Journeys has remained static for a number of months, although there has been a monthly decrease in the number of total completed journeys.</p> <p>There has been a decrease in the number of Completed Same Day Journeys as well as a small decrease in the proportion of Planned completed journeys.</p> <p>Third Party Rate performance has marginally increased for both Planned and Same Day journeys.</p> <p>Please note:</p> <ul style="list-style-type: none"> • Finance data for April 2018 is not reported due to year end close down. Vacancies and DBS compliance are reported a month in arrears. • Revalidation data is currently undergoing a data quality review. • Quality KPIs reflect Quality Dashboard reporting; reported levels of harm now reflects those incidents closed in the month and not initial reported levels of harm • There is a known discrepancy between local Validated and National response time data for Cat 3 due to the introduction of new HCP and IFT Levels; currently awaiting additional instructions from NHSE on the recording of these new Levels.
Issue previously considered by:	Please Enter previously considered issues
Recommended actions:	Board members are asked to note monthly performance in September 2018.
Sponsor / approving director:	Caroline Thurlbeck, Director of Strategy, Transformation and Workforce
Report author:	Hannah Winney, Planning and Performance Manager

Governance and assurance						
Link to Trust Priorities: <i>(please tick)</i>	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
				✓	✓	
Link to CQC / KLOE: <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe
				✓	✓	
Link to Trust values: <i>(please tick)</i> <i>(Please explain how this paper supports the application of the Trust's values in practice)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
		✓			✓	
	This paper ultimately links to all of our values, but particularly strong linkages can be seen in respect of taking responsibility and being accountable (i.e. demonstrating how the Trust is performing, both in respect of identifying issues and also highlighting areas of positive progress, which link directly to patient care. The paper enables the Board to hold the Directors to account for core aspects of delivery).					
Any relevant legal / statutory issues? <i>(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</i>	A number of targets are nationally set (ambulance response) and others, such as the Scheduled Care targets, are locally agreed. Performance against these targets is a core part of monitoring by our regulators.					
Equality analysis completed If this is not relevant please explain why:	Yes		No		Not Relevant	
					✓	
This is not a policy review or major service change and therefore does not require an equality analysis to be completed.						
Key considerations	Details					
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	ORR-41 – risk of failure to deliver ambulance KPIs in relation to response times. ORR-51 – risk of insufficient manpower resources and inability to recruit to vacancies impacting on financial and performance targets. ORR-55 – risk of inability to develop, spread and embed a robust quality improvement culture impacts on the ability to drive continuous improvement in patient safety, effectiveness and experience.					
Please specify any Financial Implications Please explain whether there are any associated efficiency savings or increased productivity opportunities?	There are no immediate financial implications – although performance information is used to inform contracting and commissioning meetings.					
Are any additional resources required e.g. staff capacity?	None identified.					
Is there any current or expected impact on patient outcomes/experience/quality?	Monitoring the metrics contained within this report, identifying good practice and areas for improvement are critical to ensuring that we continue to strive to deliver high quality patient care.					
Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i>	Not applicable to this paper.					

Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? <i>(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)</i>	Yes	No	Positive	Negative
	✓			
	Proactive	Reactive	Internal	External
			✓	✓
This paper is shared with the public, Governors and staff, demonstrating transparency on performance.				

Document Information

Author Name:	Hannah Winney
Author Title:	Planning and Performance Manager

Sponsor Name:	Caroline Thurlbeck
Sponsor Title:	Director of Strategy, Transformation and Workforce

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