Paper 031415

BOARD PAPER - NHS ENGLAND

Title: Performance report
Clearance: Bill McCarthy, National Director: Policy
Purpose of paper: • This is the fourth report on NHS England performance, focusing on the delivery of the Business Plan, *Putting Patients First.*
Key issues and recommendations: This is the fourth comprehensive report to the NHS England Board, tracking progress against the 11-Point Scorecard and the actions and deliverables set out in the Business Plan.
Actions required by Board Members: • To note the content of the Performance Report.

Performance report

Summary

1. This is the fourth Report to the NHS England Board setting out progress against the Business Plan, *Putting Patients First*.

Contents and summary

2. The Table below sets out the main sections of the Board Report, with this paper providing a summary.

3. Taken together this Report gives a generally positive assessment of performance to date. On the 11-point scorecard, 21 of 37 indicators which have a RAG rating are rated `green'. None of the deliverables from the Business Plan due for the period to date are rated `red'.

Table 1: Board Report Annexes

Annex	Contents
A. The 11-Point Scorecard	Indicators in the 11-Point Scorecard for which we have data for the period after 1 April 2013.
B. Business Plan deliverables	Covering the period up to 24th January 2014.
C. NHS Performance & Finance	Further detail on current NHS performance and finance.
D. Organisational Health	Further detail on the organisational health of NHS England.

4. The first reports to the Board also included an Annex containing indicators for which we only had data pre-dating 1 April 2013. We continue to update this material and make it available alongside this Report but do not include it here.

Performance against the 11-Point Scorecard

5. As set out in previous Reports, we currently lack data on most outcomes indicators for the period post April 2013. In February, we received a feasibility report from the Office for National Statistics (ONS) regarding the availability of more timely outcomes data, and are in the process of reviewing its contents.

6. We are able to include a number of new data items within the scorecard including, Maternity Friends and Family (see below), and four Patient Reported Outcome Measures (PROMs) for Hip Replacement, Knee Replacement, Groin Hernia, and Varicose Veins. Data for the PROMs indicators remain provisional. All four indicators show improvements in health gain, Knee Replacement, is rated 'green', with the other three indicators rated 'amber'.

7. Of 11 `red' rated indicators, 4 are linked to very challenging standards where performance is relatively stable or improving when assessed by changes over last year:
   - Priority 7: On a year on year measure the number of MRSA incidents has fallen by almost 3% (the standard is zero MRSA incidents);

- Priority 9: On a year-on-year measure the number of people waiting for treatment for over 52 weeks has fallen by 81% (the standard is for no-one to wait over 52 weeks);
- Priority 9: On a year-on-year measure the number of Mixed Sex Accommodation breaches has fallen by 23% (the standard is for no breaches); and
- Priority 9: The standard on cancellations is that 100% of patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.

Table 2: Summary of performance against the 11-point scorecard

Priority	**Number of 11-point scorecard indicators**		
	Red	Amber/not assessed	Green
1: Satisfied Patients	See below, not RAG rated		
5: Helping people to recover from episodes of ill health or following injury	0	3	1
7: Treating and caring for people in a safe environment and protecting them from avoidable harm	1	0	1
9: NHS Constitution rights and pledges	6	1*	14
10: Becoming an excellent organisation	See below, not RAG rated		
11: High quality financial management	4	2	5
Overall	11	5	21

*The commitment to a maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) does not have an associated performance standard.

8. The issues to note for this Report are:

- We have 9 months of data on the Friends and Family Test (FFT) for inpatients and A&E, and 3 months of data for Maternity, the latter included here for the first time. For inpatients, the response rates increased to 31.3% in November (the highest to date), though subsequently fell back to 28.8% in December, and the FFT Score (a measure of positive recommendations) remained stable at around 72;
- For A&E, the FFT Score for December reached 56, and the response rate of 15.3% was the highest to date;
- For Maternity, the October, November and December data for the four questions (Antenatal Care, Birth, the Postnatal Ward and Postnatal Community Provision) record a FFT Score ranging from 63 to 77. Response rates, based on the Birth question, are consistent at around 19%;

- For Priority 10: Becoming an excellent organisation, to improve the quality of the workforce data, an Electronic Staff Record validation exercise was undertaken, and as of January 85% of staff have up to date data on equality and diversity. The percentage of budgeted posts which are filled has increased to just over 95%, sickness absence rates remain broadly consistent and staff turnover has fallen to a little under 9%;
- Almost all NHS Constitution standards have been met except as noted above at para. 7. This includes the 95% standard for A&E in Q2 and Q3, alongside the standards on cancer and referral-to-treatment times, with the exception of 'the percentage of patients waiting less than six-weeks from referral for a diagnostic test', which at 98.7% has slipped below the very high operational standard of 99.0%. Two out of three ambulance standards have been missed. The Red 1 standard for urgent calls has been missed for two consecutive months, and the Red 2 standard for less urgent, but still time critical calls has been missed for four consecutive months. More detail is provided in Annex C.

9. Priority 11 on Finance is covered below.

Finance Month 9

10. The 2013/14 month 9 year to date and full year forecast of the financial outturn across NHS England and CCGs are summarised below:

Table 3:Financial Summary

	Month 9 year to date surplus				Full year forecast surplus/(deficit)			
	Plan £m	Actual £m	Variance £m	Variance as % allocation	Plan £m	Actual £m	Variance £m	Variance as % allocation
CCGs	464	465	1	0.0%	615	676	62	0.1%
Direct commissioning	164	(180)	(345)	(1.7%)	225	(39)	(264)	(1.0%)
Other (incl. NHS England Running/Programme Costs)	0	122	122	8.6%	0	65	65	2.8%
Drawdown held in reserve	0	0	0		(305)	0	305	
Total before technical adjustments & legacy	**628**	**407**	**(222)**	**(0.3%)**	**534**	**702**	**168**	**0.2%**

Note: the variance as a % of allocation refers to the variance against planned suplus amount (i.e. plan - actual) taken as a proportion of the year to date or fully year allocation (as appropriate).

11. The full year forecast surplus before risk adjustment has increased by £14m to a full year surplus £168m (0.2%) above plan. The largest movements in the full year position include a £(60)m worsening of Direct Commissioning (including a £(64)m adverse movement in Specialised) netted off by a £28m improvement in CCGs.

12. Sections C (financial performance) and D (running costs and programme costs) provide more detail.

13. Key themes in the year to date and full year reported positions (which in turn give rise to the combination of differing RAG ratings in Priority 11- High quality financial management) are as follows:

14. In aggregate, the CCG financial position is on track (leading to green RAG ratings for indicators 1 and 2), though there is variation in individual CCG financial health. At month 9, 65 CCGs are forecasting a higher surplus than plan (an increase of 13 CCGs since month 8), and 41 CCGs are now reporting positions less than plan (an increase of 4 CCGs this month).

15. Eight of the nine CCGs with planned deficits continue to forecast deficits, together with 16 other CCGs forecasting unplanned deficits, making a total of 24 (reflecting the red RAG rating for indicator 11). This is unchanged from month 8, although two CCGs have moved in and out of the position respectively. Key drivers across CCG positions remain the impact of baseline issues with Specialised, activity pressures and QIPP delivery.

16. Overspends in specialised commissioning – £(366)m or (3.8%) in year to date, and £(292)m or (2.2%) in the full year (the key driver for the red RAG ratings in indicators 3 and 4). This is a deterioration of £(64)m in the full year position since month 8, mainly due to the impact of continued increases in contract over performance and further identification of activity-related pressures. The slowing down of underperformance in the full year compared to the year to date run rate is mostly attributable to the phasing of the release of centrally held reserves.

17. Net underspends forecast in other Direct Commissioning areas of £28m. This includes full year underspends in Primary Care of £40m (0.4% of allocation), due to under spending against reserves and contingency offsetting the shortfall in QIPP, netted against £(19)m full year overspend in Secondary Dental, caused mainly by SLA over-performance and higher than expected growth.

18. The forecast outturn in Programme Costs has improved by £6m to show a full year overspend of £(14)m at month 9. The most significant unbudgeted cost remains additional support to providers for transitional support (£122m in total), leading to the red rating for indicator 9. The year to date position is showing an underspend of £52m mainly due to budget profiles and delays in expenditure, although further potential upsides in the full year position are reflected in the risk adjusted position.

19. The full year underspend in Running Costs remains unchanged from last month at £40m. This largely reflects vacancy levels and underspends on non-pay items, such as legal services and procurement, in the first part of the year.

20. QIPP delivery (86% delivered in both year to date and full year forecast) has remained steady from previous months (reflected in the amber ratings in indicators 6 and 7). Underperformance is mainly occurring in South and Midlands and East CCGs, Specialised Commissioning and Primary Care. The majority of full year underperformance relates to Transformational schemes (£203m).

21. Balance in the overall financial position (indicator 5) will be achieved in large part through the full agreed drawdown of the surpluses carried forward from previous years.

22. The forecast surplus of £702m is after allowing for the cost of £150m funding for winter pressures. This is in addition to the £250m provided by DH in the first tranche of winter funding by DH.

23. The surplus forecast has been further refined into a 'risk adjusted' forecast for the year by combining the views of the CCGs, Area Team, regional and national teams on risks and available mitigations. At month 9, this has resulted in a risk adjusted forecast adverse variance of £(93)m against the planned surplus, as summarised in the table 4 below:

Table 4: Suplus Forecast

	£m	£m
Unadjusted forecast variance from planned surplus (management reporting)		168
Net operational risks & opportunities	-82	
Potential further underspends on running & central programme costs	87	
Release of remaining reserves	108	
Sub total: risk adjusted forecast variance from planned surplus (management reporting)		**281**
Impact of Treasury rules on depreciation & provisions	-222 *	
Initial estimate of 12/13 legacy balances brought forward	-152	
Risk adjusted forecast variance from planned surplus		**-93**

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24. Work is now underway to assess the net balance arising from the closedown of the final PCT and SHA accounts. The initial estimate indicates the risk of a net charge of circa £150m, but this includes significant uncertainties which will be clarified over the coming weeks, and it is highly likely that the position will

* Underspends on depreciation amounting to £134m are included in the forecasts of CCGs and NHS England but exclude depreciation attributable to assets 'inherited' from PCTs and SHAs and are, in any case, ring-fenced for Treasury accounting purposes. Similarly, Treasury accounting rules charge spend on provisions in the year they are paid out rather than when provisions are taken (as under IFRS). In 2013/14 the impact of spend against provisions carried forward from PCTs and SHAs, mainly related to Continuing Healthcare claims, is £88m.

change before the full year accounts for 2013/14 are produced in April.

Other key achievements in this reporting period

25. Annex B updates on the business plan deliverables that were expected to be delivered to date and none are currently rated `red'. The following section outlines some key highlights.

26. On 20 December 2013, NHS England published 'Everyone Counts; Planning for Patients 2014/15 to 2018/19'. As well as setting out the framework which commissioners can work with their providers and partners in local government to develop both two-year operational and five-year strategic plans, 'Everyone Counts' outlines the six characteristics NHS England has identified that any high quality, sustainable health and care system in England will have in five years' time:

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and those patients are fully empowered in their own care;
- Wider primary care, provided at scale;
- A modern model of integrated care;
- Access to the highest quality urgent and emergency care;
- A step-change in the productivity of elective care; and
- Specialised services concentrated in centres of excellence.

27. Alongside 'Everyone Counts' a suite of information, tools and guidance were published to support commissioners to develop strong, robust and ambitious plans including:

- NHS financial allocations – which allocated £196 billion to the commissioning system;
- The 2014/15 national tariff payment system;
- The Commissioning for Quality and Innovation (CQUIN) framework for 2014/15;
- The 'Any town' toolkit which uses high level health system modelling to enable Clinical Commissioning Groups (CCGs) to map how interventions could improve health services and close the financial gap;
- The 'planning and delivering service changes' guidance which supports CCGs, should they choose to develop proposals for major service change or reconfiguration; and
- Guidance on the Better Care Fund to facilitate more integration with social care.

28. To support the delivery of improved outcomes a set of clinically led visions were developed and published on the NHS England website. These domain visions are united by an overarching narrative that connects NHS England's mission of high quality care for all now and for future generations, with how care should look and feel like for patients if we are to drive improved outcomes across the five domains of the NHS Outcomes Framework. This overall narrative and the individual domain visions have helped to articulate where the greatest opportunities for improving outcomes exist and have informed the development of the 14/15 planning guidance, the structure of the Call to Action engagement activity and the work programme for NHS Improving Quality.

29. High level principles of the Urgent & Emergency Care Review were published in October 2013. Further work is now underway which will involve developing a framework for urgent and emergency care following completion of the wide-scale consultation.

30. To support the promotion of equality and reducing health inequalities, two meetings of the Equality and Diversity Council (EDC) have been held. Chaired by the Chief Executive of NHS England, with other members representing patients, voluntary sector and national organisations the first meeting resulted in the identification of priorities around the way organisations work, data, measurement and leadership with a number of EDC sub-groups confirmed to work on these areas.

31. In support of the commitment to develop the GP contract to support improvements in outcomes, an agreement has been reached between the British Medical Authority, General Practitioners Committee and NHS England on amendments that will apply to General Medical Services contractual arrangements from April 2014. This will support the strategic objectives for primary care in England, including providing more proactive care for people with more complex health needs, empowering patients and the public, promoting consistently high standards of quality and reducing inequalities.

Incomplete deliverables in the reporting period (these also include part-completed deliverables which have approved changes)

32. NHS England produced and published single operating models for all directly commissioned services prior to April 2013, which are being embedded via the area teams with work on implementation included in their 2013/14 plans. To ensure there is robust strategic oversight of primary care, the primary care oversight groups are being held monthly. The Direct Commissioning Assurance Framework was published on 28 November 2013.

33. The Customer Service Platform, which was due to be launched in November 2013, has now been superseded by a new programme to provide an enhanced digital NHS Choices Online Channel (NHS Choices 2), which is being monitored as one of NHS England's major programmes. The delivery of an information, advocacy and support service is part of the continued development of the current NHS Choices Managed Service and is a key dependency for the NHS Choices Online Channel Major Programme.

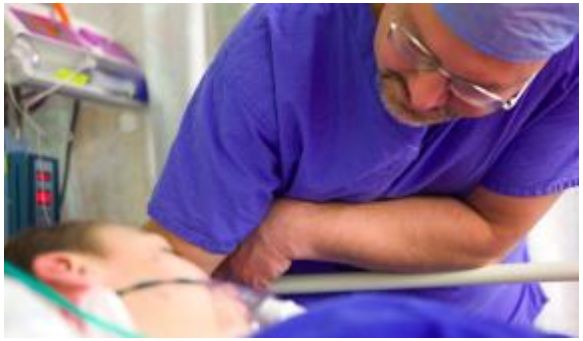
Conclusion

34. This is the fourth Report to the NHS England Board on performance against the Business Plan. The Board is invited to note this Report.

Bill McCarthy
National Director: Policy
March 2014

Item

Section A: The 11-Point Scorecard



NHS England Board Report
March 2014

THE NHS CONSTITUTION
the NHS belongs to us all

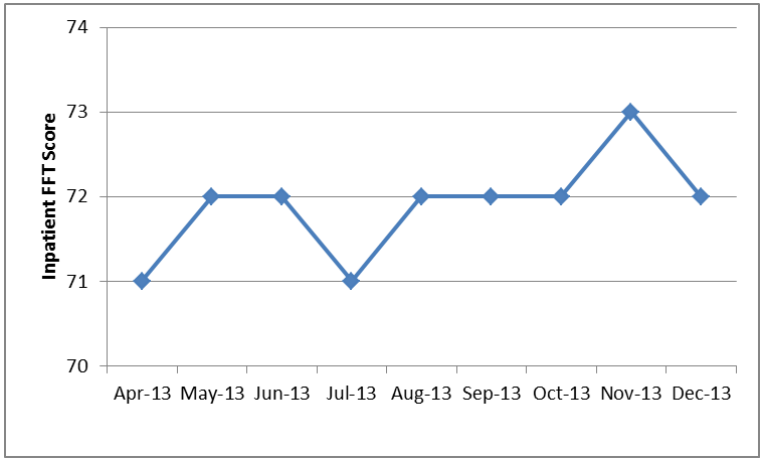
Priority 1 - Satisfied Patients

NHS Outcomes Framework, indicator 4c: Friends and Family Test

Inpatient FFT (Includes Independent Sector)

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
FFT Score	71	72	72	71	72	72	72	73	72
No. Responses	73,671	87,102	93,466	100,750	101,239	99,985	111,646	109,837	98,191
Response Rate	21.7%	24%	27.1%	27.8%	28.9%	29.4%	30.4%	31.3%	28.8%

Desired direction: Up



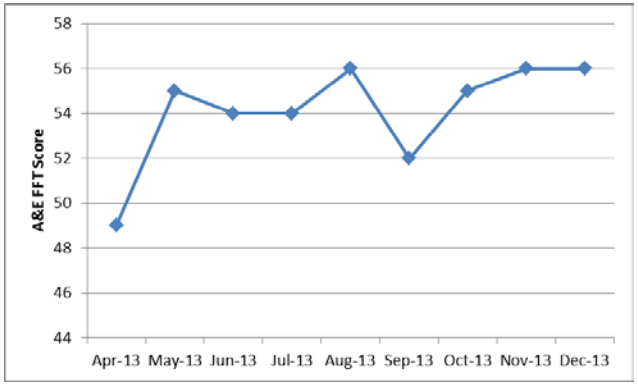
Priority 1 - Satisfied Patients

NHS Outcomes Framework, indicator 4c: Friends and Family Test

A&E FFT

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
FFT Score	49	55	54	54	56	52	55	56	56
No. Responses	38,988	53,184	71,643	77,783	82,225	90,295	94,585	97,944	98,836
Response Rate	5.6%	7.5%	10.3%	10.4%	11.3%	13.2%	13.8%	15.2%	15.3%

Desired direction: Up



Unified Response Rate (Includes Independent Sector)

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Response Rate	10.9%	13.2%	15.9%	16.1%	17.1%	18.6%	19.6%	20.9%	19.9%

Desired direction: Up

Priority 1 - Satisfied Patients

NHS Outcomes Framework, indicator 4c: Friends and Family Test

Maternity FFT (Includes Independent Sector)

Period	Oct-13	Nov-13	Dec-13
Antenatal Care (Question 1)	64	65	63
Birth (Question 2)	76	77	75
Postnatal Ward (Question 3)	65	66	66
Postnatal Community Provision (Question 4)	71	72	74

Desired direction: Up

Response rates (based on question 2)

Oct-13	Nov-13	Dec-13
19.35%	19.59%	19.1%

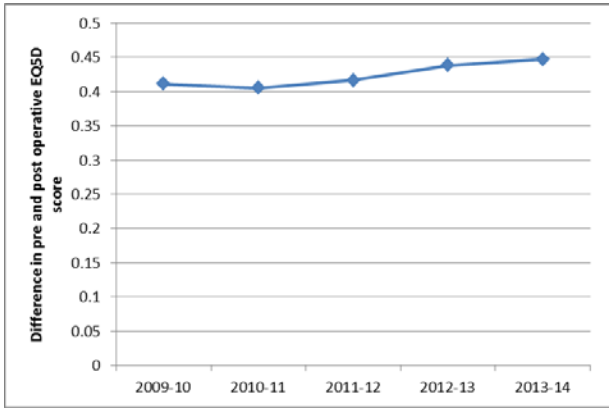
Priority 5: Helping people to recover from episodes of ill health or following injury

NHS Outcomes Framework, Indicator 3.1.i - Total health gain as assessed by patients for elective procedures: Hip Replacement

		Difference in pre and post operative EQ5D score	% Change	Direction	RAG Colour
Current Value	2013-14*	0.45			
Change on previous year	2012-13**	0.01	2.05%	↑	Amber
Long term change	2009-10	0.0	8.76%	↑	Green

Desired direction: Up
RAG Rating based on comparison to 95% confidence intervals

*Data for 2013-14 are provisional and currently only cover the period Apr – Sep 2013
**Data for 2012-13 are also provisional



NHS Outcomes Framework, Indicator 3.1.iii - Total health gain as assessed by patients for elective procedures: Knee Replacement

		Difference in pre and post operative EQ5D score	% Change	Direction	RAG Colour
Current Value	2013-14*	0.34			
Change on previous year	2012-13**	0.02	6.27%	↑	Green
Long term change	2009-10	0.0	15.31%	↑	Green

Desired direction: Up
RAG Rating based on comparison to 95% confidence intervals

*Data for 2013-14 are provisional and currently only cover the period Apr – Sep 2013
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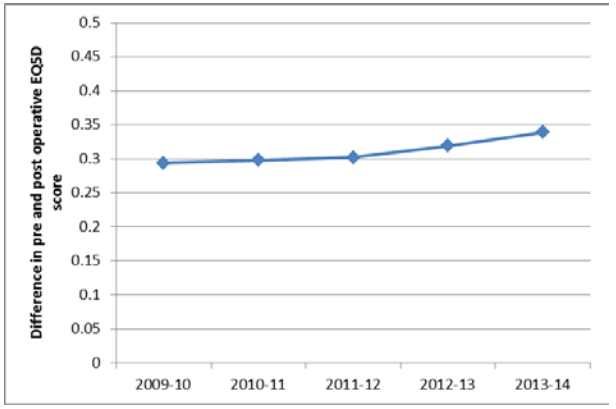
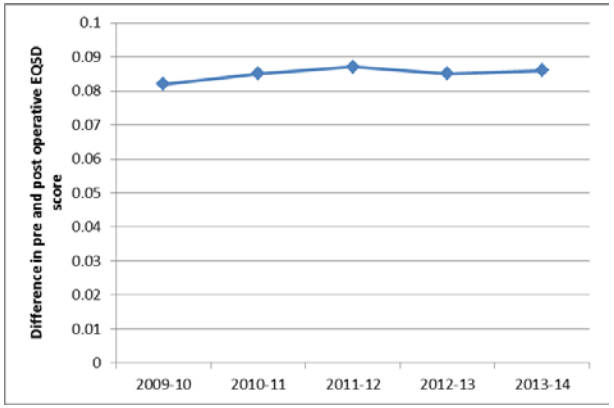


Priority 5: Helping people to recover from episodes of ill health or following injury

NHS Outcomes Framework, Indicator 3.1.iii - Total health gain as assessed by patients for elective procedures: Groin Hernia

		Difference in pre and post operative EQ5D score	% Change	Direction	RAG Colour
Current Value	2013-14*	0.09			
Change on previous year	2012-13**	0.00	1.18%	↑	Amber
Long term change	2009-10	0.0	4.88%	↑	Amber

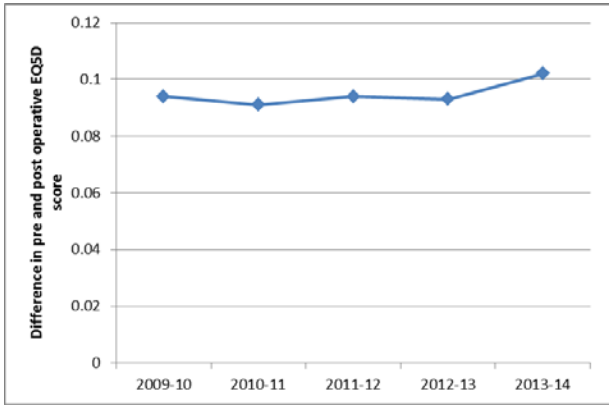


Desired direction: Up
RAG Rating based on comparison to 95% confidence intervals

*Data for 2013-14 are provisional and currently only cover the period Apr – Sep 2013
**Data for 2012-13 are also provisional

NHS Outcomes Framework, Indicator 3.1.iv - Total health gain as assessed by patients for elective procedures: Varicose veins

		Difference in pre and post operative EQ5D score	% Change	Direction	RAG Colour
Current Value	2013-14*	0.10			
Change on previous year	2012-13**	0.01	9.68%	↑	Amber
Long term change	2009-10	0.0	8.51%	↑	Amber



Desired direction: Up
RAG Rating based on comparison to 95% confidence intervals

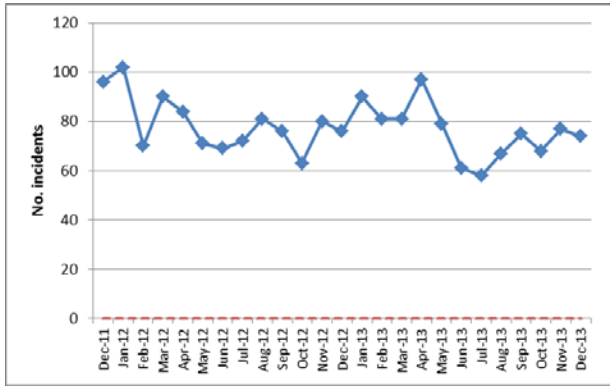
*Data for 2013-14 are provisional and currently only cover the period Apr – Sep 2013
**Data for 2012-13 are also provisional

Priority 7: Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS Outcomes Framework, Indicator 5.2.i: Incidence of MRSA

		No. incidents	% Change	Direction	RAG Colour
Current Value	Dec-13	74			Red
Change on previous year	Dec-12	-2	-2.63%	↓	
Long term change	Apr-11	-39	-34.51%	↓	

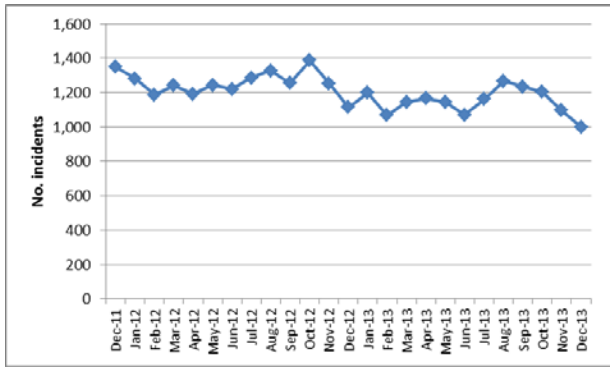
RAG based on comparison to Operational Standard of 0



NHS Outcomes Framework, Indicator 5.2.ii: Incidence of C Difficile

		No. incidents	% Change	Direction	RAG Colour
Current Value	Dec-13	1,000			
Change on previous year	Dec-12	-115	-10.31%	↓	Green
Long term change	Apr-11	-566	-36.14%	↓	Green

Desired direction: Down
RAG Rating based on changes +/- 1% from previous period

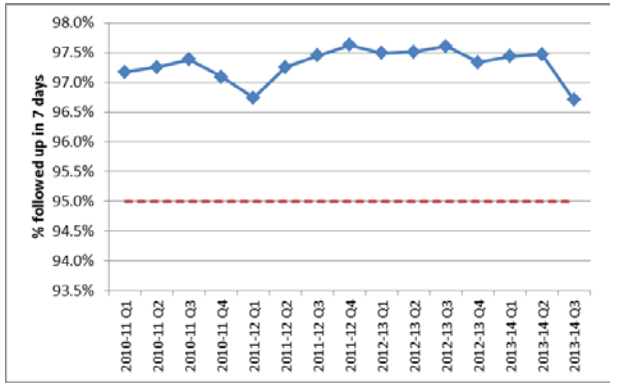


Priority 9 - NHS Constitution rights and pledges

% of patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care

		% followed up in 7 days	% Change	Direction	RAG Colour
Current Value	2013-14 Q3	96.7%			Green
Change on previous year	2012-13 Q3	-0.9%	-0.92%	↓	
Long term change	2010-11 Q1	-0.5%	-0.48%	↓	

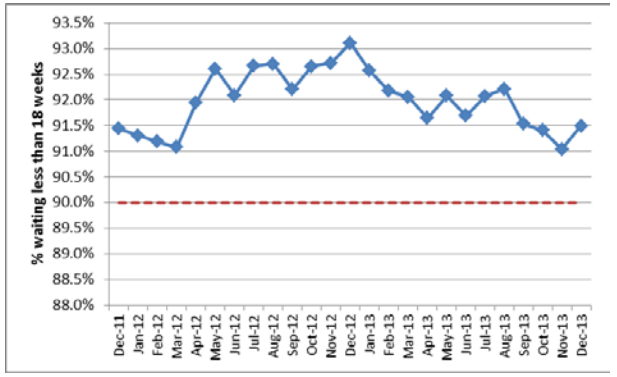
RAG based on comparison to Operational Standard of 95%



Admitted patients to start treatment within a maximum of 18 weeks from referral

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Dec-13	91.5%			Green
Change on previous year	Dec-12	-1.6%	-1.73%	↓	
Long term change	Mar-08	4.4%	5.05%	↑	

RAG based on comparison to Operational Standard of 90%.

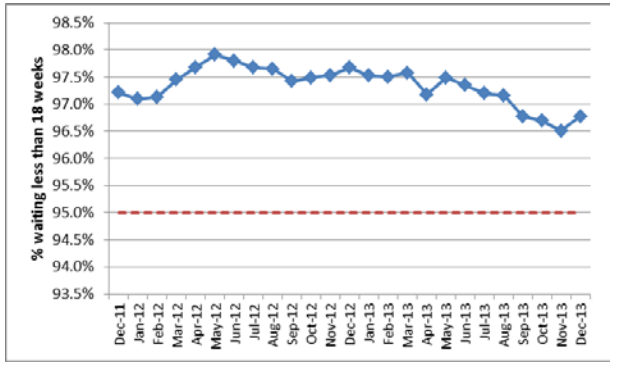


Priority 9 - NHS Constitution rights and pledges

Non-admitted patients to start treatment within a maximum of 18 weeks from referral

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Dec-13	96.8%			Green
Change on previous year	Dec-12	-0.9%	-0.91%	↓	
Long term change	Aug-07	20.6%	27.11%	↑	

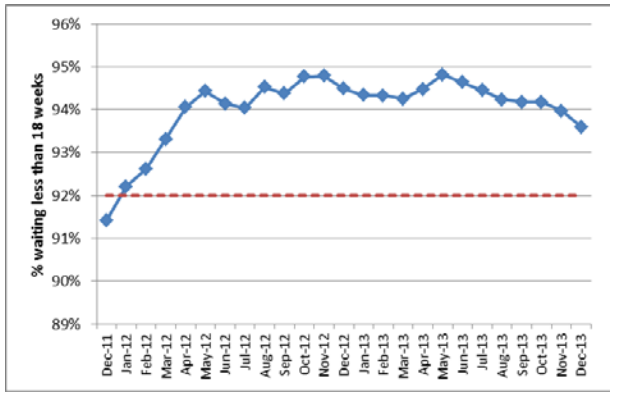
RAG based on comparison to Operational Standard of 95%.



Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Dec-13	93.6%			Green
Change on previous year	Dec-12	-0.9%	-0.95%	↓	
Long term change	Aug-07	36.4%	63.58%	↑	

RAG based on comparison to Operational Standard of 92%.

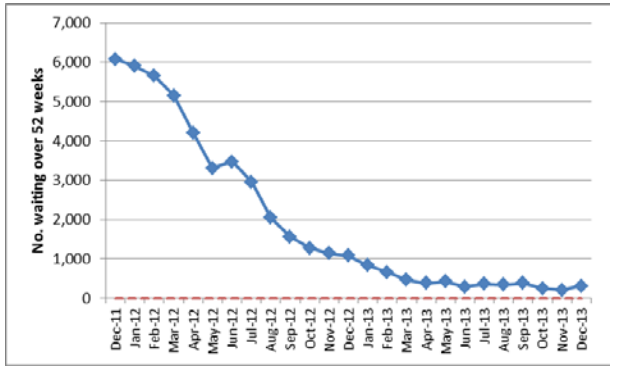


Priority 9 - NHS Constitution rights and pledges

Number of patients waiting more than 52 weeks

		No. waiting over 52 weeks	% Change	Direction	RAG Colour
Current Value	Dec-13	317			Red
Change on previous year	Dec-12	-768	-70.78%	↓	
Long term change	Aug-07	-578,365	-99.95%	↓	

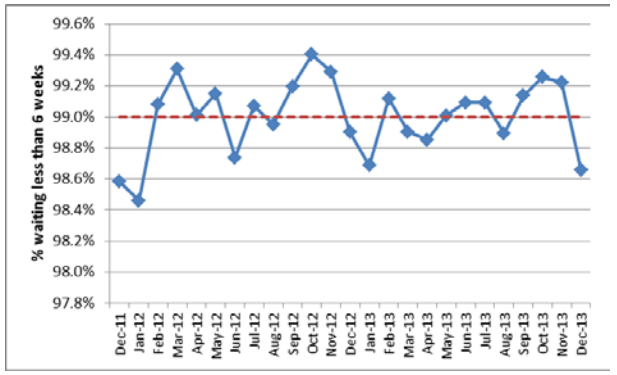
RAG based on comparison to Operational Standard of 0



Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

		% waiting less than 6 weeks	% Change	Direction	RAG Colour
Current Value	Dec-13	98.7%			Red
Change on previous year	Dec-12	-0.2%	-0.24%	↓	
Long term change	Jan-06	53.5%	118.50%	↑	

RAG based on comparison to Operational Standard of 99%

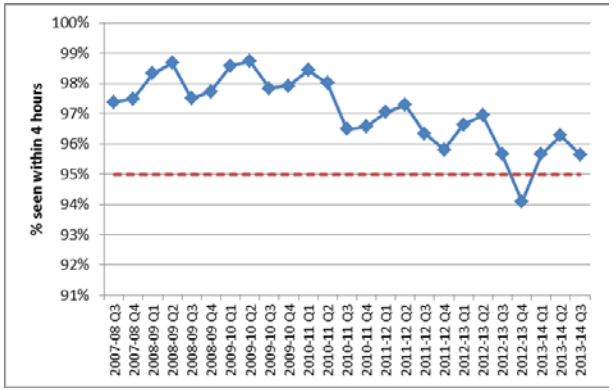


Priority 9 - NHS Constitution rights and pledges

Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department

		% seen within 4 hours	% Change	Direction	RAG Colour
Current Value	2013-14 Q3	95.6%			Green
Change on previous year	2012-13 Q3	0.0%	-0.02%	↓	
Long term change	2004-05 Q1	0.9%	0.98%	↑	

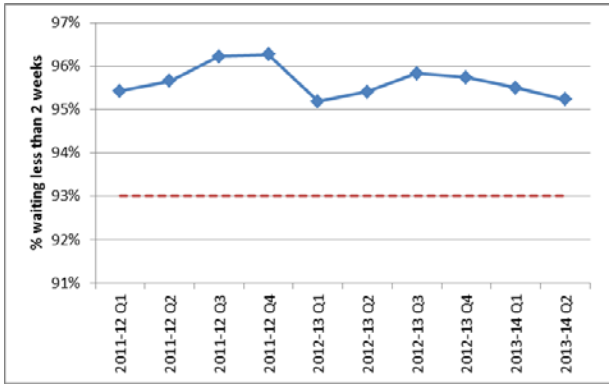
RAG based on comparison to Operational Standard of 95%



Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP

		% waiting less than 2 weeks	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	95.2%			Green
Change on previous year	2012-13 Q2	-0.2%	-0.18%	↓	
Long term change	2011-12 Q1	-0.2%	-0.20%	↓	

RAG based on comparison to Operational Standard of 93%

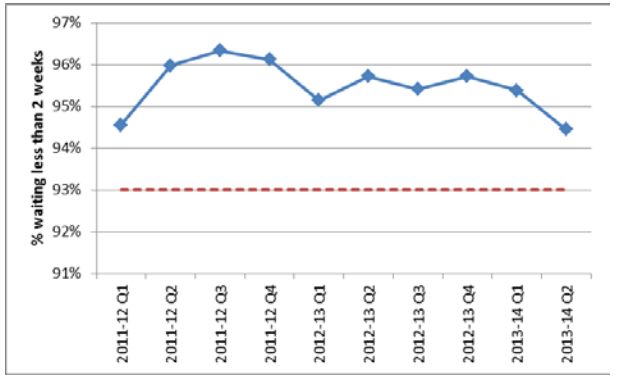


Priority 9 - NHS Constitution rights and pledges

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)

		% waiting less than 2 weeks	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	94.5%			Green
Change on previous year	2012-13 Q2	-1.3%	-1.33%	↓	
Long term change	2011-12 Q1	-0.1%	-0.10%	↓	

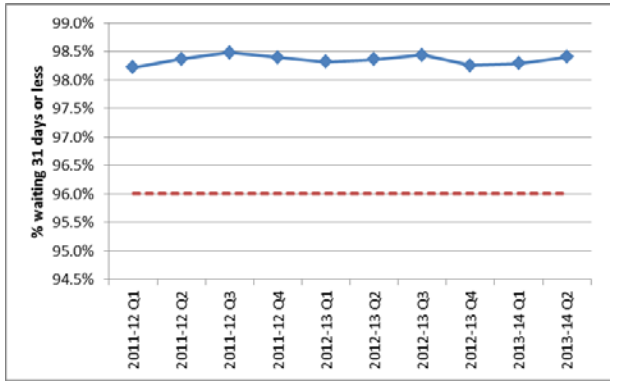
RAG based on comparison to Operational Standard of 93%



Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers

		% waiting 31 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	98.4%			Green
Change on previous year	2012-13 Q2	0.0%	0.04%	↑	
Long term change	2011-12 Q1	0.2%	0.19%	↑	

RAG based on comparison to Operational Standard of 96%

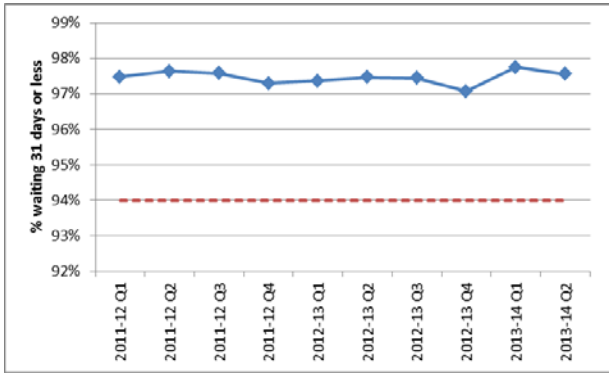


Priority 9 - NHS Constitution rights and pledges

Maximum 31-day wait for subsequent treatment where that treatment is surgery

		% waiting 31 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	97.6%			Green
Change on previous year	2012-13 Q2	0.1%	0.10%	↑	
Long term change	2011-12 Q1	0.1%	0.08%	↑	

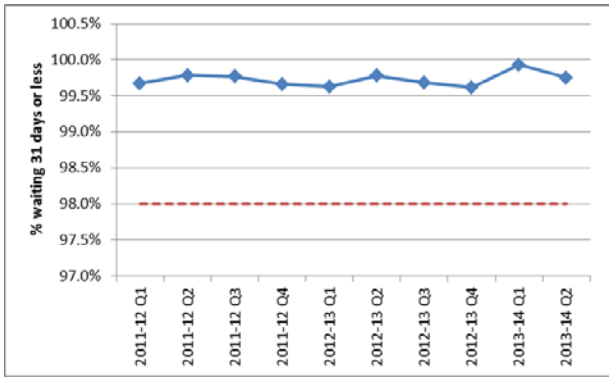
RAG based on comparison to Operational Standard of 94%



Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen

c		% waiting 31 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	99.8%			Green
Change on previous year	2012-13 Q2	0.0%	-0.03%	↓	
Long term change	2011-12 Q1	0.1%	0.08%	↑	

RAG based on comparison to Operational Standard of 98%

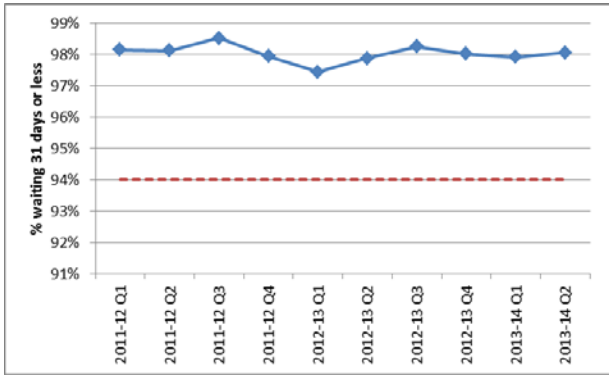


Priority 9 - NHS Constitution rights and pledges

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy

		% waiting 31 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	98.0%			Green
Change on previous year	2012-13 Q2	0.2%	0.18%	↑	
Long term change	2011-12 Q1	-0.1%	-0.09%	↓	

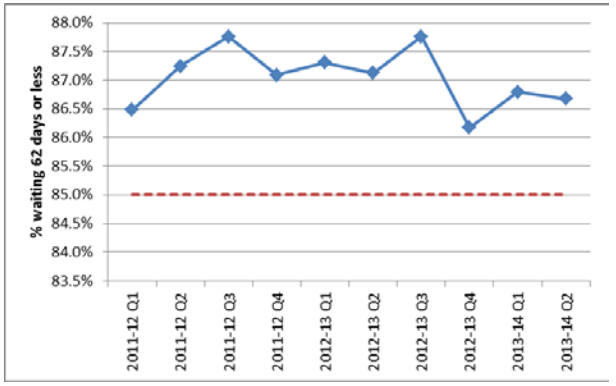
RAG based on comparison to Operational Standard of 94%



Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer

		% waiting 62 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	86.7%			Green
Change on previous year	2012-13 Q2	-0.4%	-0.51%	↓	
Long term change	2011-12 Q1	0.2%	0.23%	↑	

RAG based on comparison to Operational Standard of 85%

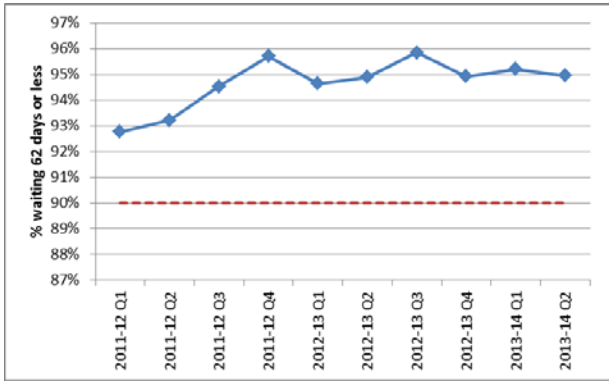


Priority 9 - NHS Constitution rights and pledges

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers

		% waiting 62 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	94.9%			Green
Change on previous year	2012-13 Q2	0.1%	0.06%	↑	
Long term change	2011-12 Q1	2.2%	2.36%	↑	

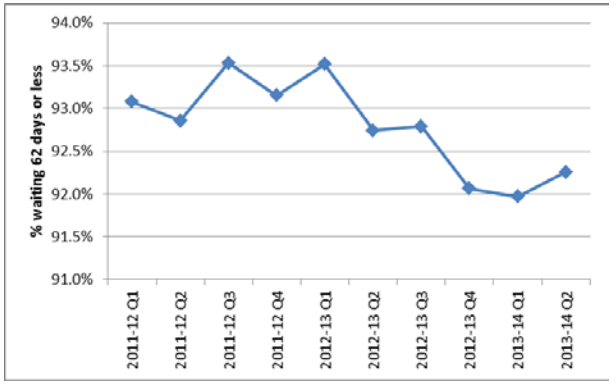
RAG based on comparison to Operational Standard of 90%



Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)

		% waiting 62 days or less	% Change	Direction
Current Value	2013-14 Q2	92.3%		
Change on previous year	2012-13 Q2	-0.5%	-0.52%	↓
Long term change	2011-12 Q1	-0.8%	-0.88%	↓

As there is no operational standard for this metric it has not been RAG rated

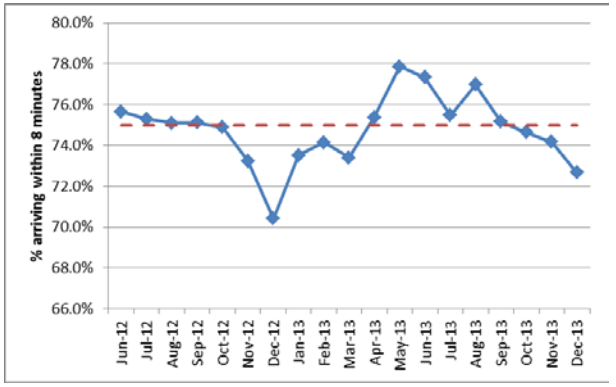


Priority 9 - NHS Constitution rights and pledges

Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)

		% arriving within 8	% Change	Direction	RAG Colour
Current Value	Dec-13	72.7%			Red
Change on previous year	Dec-12	2.2%	3.18%	↑	
Long term change	Jun-12	-3.0%	-3.95%	↓	

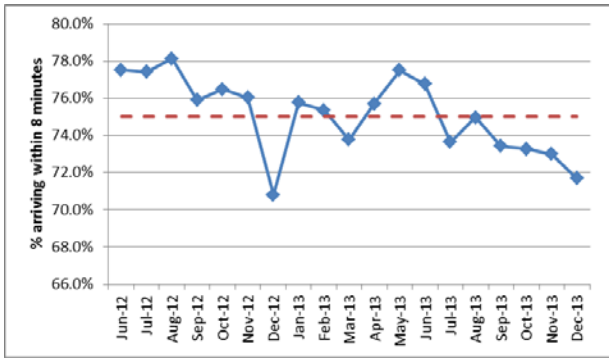
RAG based on comparison to Operational Standard of 75%.



Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)

		% arriving within 8	% Change	Direction	RAG Colour
Current Value	Dec-13	71.7%			Red
Change on previous year	Dec-12	0.9%	1.27%	↑	
Long term change	Jun-12	-5.8%	-7.51%	↓	

RAG based on comparison to Operational Standard of 75%.

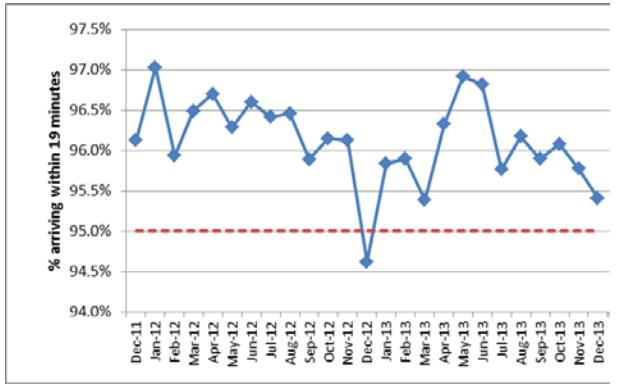


Priority 9 - NHS Constitution rights and pledges

Category A calls resulting in an ambulance arriving at the scene within 19 minutes

		% arriving within 19	% Change	Direction	RAG Colour
Current Value	Dec-13	95.4%			Green
Change on previous year	Dec-12	0.8%	0.84%	↑	
Long term change	Apr-11	-1.9%	-1.93%	↓	

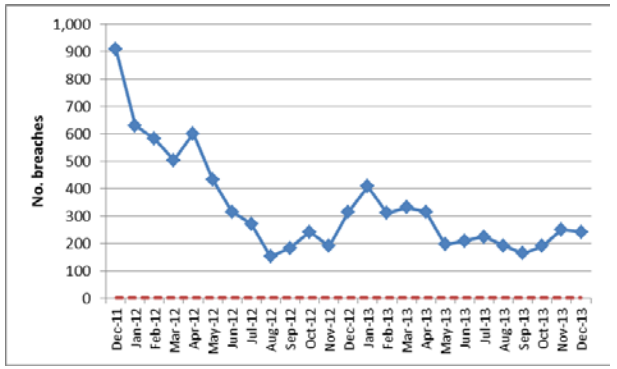
RAG based on comparison to Operational Standard of 95%



Mixed Sex Accommodation Breaches

		No. breaches	% Change	Direction	RAG Colour
Current Value	Dec-13	241			Red
Change on previous year	Dec-12	-73	-23.25%	↓	
Long term change	Dec-10	-11561	-97.96%	↓	

RAG based on comparison to Operational Standard of 0

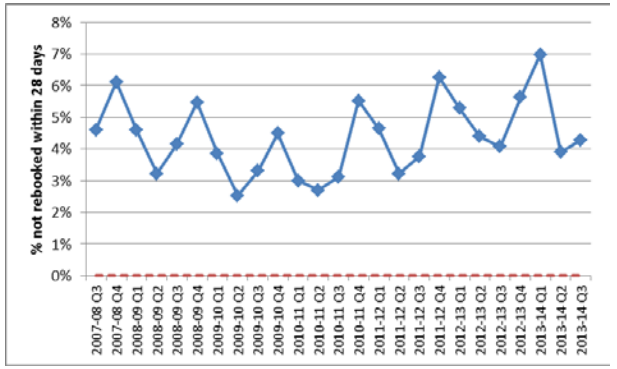


Priority 9 - NHS Constitution rights and pledges

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.

		% not rebooked within 28 days	% Change	Direction	RAG Colour
Current Value	2013-14 Q3	4.3%			Red
Change on previous year	2012-13 Q3	0.2%	5.18%	↑	
Long term change	1994-95 Q1	-9.4%	-68.68%	↓	

RAG based on comparison to Operational Standard of 0%



Priority 10 - Becoming an excellent organisation

NHS England Staff Barometer

	Positive Responses	
Barometer Theme	Jun-13	Oct-13
Overall	62%	63%
Staff Motivation	64%	63%
Job Design	58%	62%
Staff Engagement	65%	63%
Staff Satisfaction	63%	63%
View of NHS England	59%	61%
Living Our Behaviours	n/a	49%
Survey Responses	2,170	2,896
Response rate	36%	49%

Priority 11 - High quality financial management – Month 9 Data

	Surplus	Planned £m	Actual/FOT £m	Variance £m	Variance % allocation	RAG	Change on previous month
1	Clinical Commissioning Groups - year to date	463.9	464.9	1.0	(0.0%)	Green	
2	Clinical Commissioning Groups - full year forecast outturn	614.8	676.4	61.6	0.1%	Green	
3	Direct Commissioning - year to date	164.5	(180.4)	(344.9)	(1.7%)	Red	
4	Direct Commissioning - full year forecast outturn	224.6	(39.2)	(263.8)	(1.0%)	Red	
5	NHS England (total) - full year forecast outturn	534.0	701.8	167.8	0.2%	Green	

	QIPP (excluding implied provider efficiencies)	Planned £m	FOT £m	Variance £m	Variance % allocation	RAG	Change on previous month
6	Clinical Commissioning Groups - full year forecast outturn delivery	1,634.9	1,428.1	(206.8)	(0.3%)	Amber	
7	Direct Commissioning - full year forecast outturn delivery	379.9	308.7	(71.2)	(0.3%)	Amber	

	Costs management*	Within budget	Within budget	Variance £m	Variance % allocation	RAG	Change on previous month
8	Central - management costs	Y	Y	40.3	6.0%	Green	
9	Central - programme costs	Y	N	(14.3)	(1.5%)	Red	
10	Clinical Commissioning Groups - management costs	Y	Y	59.1	4.4%	Green	1 CCG breaching within this position

*Full year forecast outturn

	Deficit reporting	Planned number	Forecast number	Variance	RAG	Change on previous month
11	Number of CCGs forecasting a deficit position	9	24	-15	Red	Remains red (no net change)

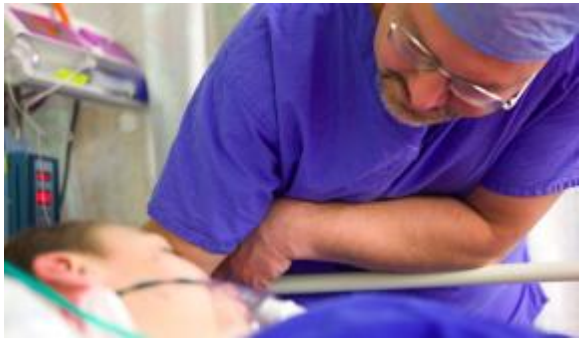
Business Plan Deliverable Status Report: 04 Nov 2013 - 24 Jan 2014

Deliverable Lead	Deliverable Ref.	Deliverable description	Baseline Deliverable Date	Latest Forecast date/ Actual date	Previous Deliverable Status	Business Plan Deliverables: Status	
						Current Deliverable Status	Rationale for deliverable RAG rating including actions to address the Red or Amber-Red Status and key activities this period:
Deliverables with baseline date in this reporting period and deliverables with baseline date in the past							
National Medical Director / Chief Nursing Officer	1.1	• Clinical leadership will underpin all of our work to ensure sufficient focus on outcomes. We will produce vision statements for each Outcomes Framework domain by May 2013 setting out the high level approach the commissioning system will take to improve outcomes and reduce health inequalities	May-13		AG	Complete	The visions were a central part of informing the development of the planning guidance for 2014-15 and beyond, on the use of incentives for 2014-15 and informed the structure of the Call to Action engagement activity. This material is available on the NHS England website and will be updated periodically with additional resources and information for commissioners.
Chief Operating Officer	1.2	• We will produce and embed single operating models for all directly commissioned services by June 2013. These will deliver improved outcomes by driving up standards in mental and physical health service provision and address unwarranted variation in current practice. At least 80% of direct commissioning intentions delivered to time by April 2014.	Jun-13	Mar-14	AR	AR	The primary care oversight group is developing a workplan to ensure the outcomes across primary care are articulated clearly.
National Medical Director	2.2	• Our clinical vision for domain one (published in May 2013) will set out the approach the commissioning system will take to improve outcomes and tackle inequalities in relation to mortality. This will focus particularly on prevention and earlier diagnosis of illness.	May-13		AG	Complete	The visions were a central part of informing the development of the planning guidance for 2014-15 and beyond, on the use of incentives for 2014-15 and informed the structure of the Call to Action engagement activity. This material is available on the NHS England website and will be updated periodically with additional resources and information for commissioners.
National Director: Patients and Information	5.1	• We are developing information, advocacy and support services to empower use of information as a means of managing health. We will launch the Customer Services Platform, a public facing multi-channel customer response service spanning health and social care, by November 2013.	Nov-13		A	A	The Customer Service Platform is now obsolete and has been superseded by a new programme to provide an enhanced digital NHS Choices Online Channel (NHS Choices 2) which will be reported via the Corporate and Major Programme reporting mechanisms. Information, advocacy and support services are part of the continued development of the current NHS Choices Managed Service and is a key dependency for the NHS Choices Online Channel Major Programme.
National Director: Patients and Information	5.2	• 80% of CCGs will be commissioning to support patients' participation and decisions over their own care or will have a plan to do so by December 2013. This includes information and support for self-management, personalised care planning and shared decision making within normal service planning and commissioning.	Dec-13	Apr-14	A	A	The Patient Participation Programme develop principles for personalised care planning, develop a strategy for 'information as a service' whereby patients and carers are given personalised, quality information to help them have more choice and control of their care, taking into consideration the different levels of health literacy and build an evidence-base of the benefits and impact of self-management and peer support services by encouraging the commissioning of this kind of support. There are challenges around the commitment that 80% of CCGs will have plans for patient participation. This Public Commitment is delayed until April 2014 when the programme will have a clear picture of how CCGs are performing. This was due to the delay in being able to put support programmes in place earlier in the year. CCGs continue to not prioritise patient participation but the programme works to provide guidance and encourage engagement.
National Director: Patients and Information	5.7	• We will use the reported experience of people to assess whether they feel they are being supported to manage their conditions (outcomes framework indicator 2.1)	Dec-13	Dec-13	G	G	The annual GP Patient Survey 2013 includes a question directly relating to how patients feel they are being supported in managing their conditions. The survey is now open for patients to take part in and the Patient Participation team is looking at specific evidence of patient involvement in decisions about their care. The public commitment to assess patient experience regarding support to manage Long Term Conditions by Dec 2013 has not been realised. However this is a cross cutting objective and leads in patient experience & insight are developing a clear strategy for the patient experience survey programme which is expected in April 2014. Progress on the strategy is being made with an advisory group now set up and meetings on-going with the DH. Plans have also been received from the 4 CCGs taking part in an Action Learning Set to test out a new Patient Activation Measure (PAM).
National Medical Director	8.3	• Our clinical vision for domain two of the outcomes framework will be published in May 2013. This will include how the commissioning system can work to deliver improved outcomes for dementia.	May-13		AG	Complete	The visions were a central part of informing the development of the planning guidance for 2014-15 and beyond, on the use of incentives for 2014-15 and informed the structure of the Call to Action engagement activity. This material is available on the NHS England website and will be updated periodically with additional resources and information for commissioners.
National Director: Patients and Information	15.1	• The Friends and Family Test will be introduced for women who have used maternity services from October 2013. We will use this, and indicator 4.5 of the Outcomes Framework (improving women and their families experience of maternity services) to assess overall progress against this objective.	Oct-13	Oct-13	G	G	The Friends and Family Test went live on Maternity Services on 1st October 2013. The PMO is currently awaiting confirmation of formal closure for this deliverable.
National Medical Director	16.1	• Our vision statement for Domain 2 will be published May 2013 will include how the system we will deliver improved outcomes and reduced inequalities for children and young adults with special education needs or disabilities.	May-13		AG	Complete	The visions were a central part of informing the development of the planning guidance for 2014-15 and beyond, on the use of incentives for 2014-15 and informed the structure of the Call to Action engagement activity. This material is available on the NHS England website and will be updated periodically with additional resources and information for commissioners.
National Director: Commissioning Development	18.4	• CQUIN payment by commissioners when providers deliver a level of quality over and above that stipulated in the NHS Standard Contract. A portion of the CQUIN funding will be linked specifically to improvement against the NHS Safety Thermometer.	Dec-13	Jan-14	G	Complete	CQUIN guidance published

Business Plan Deliverable Status Report: 04 Nov 2013 - 24 Jan 2014

Deliverable Lead	Deliverable Ref.	Deliverable description	Baseline Deliverable Date	Latest Forecast date/ Actual date	Previous Deliverable Status	Business Plan Deliverables: Status	
						Current Deliverable Status	Rationale for deliverable RAG rating including actions to address the Red or Amber-Red Status and key activities this period:
National Director: Policy / Chief Finance Officer (Reporting by Policy)	20.1	• A Choice and Competition framework and supporting documents will be published by July 2013. This will set out guidance for how CCGs can use choice and competition as levers to improve standards of care. This include guidance in relation to the use of Any Qualified Provider contracts.	Jul-13		AR	A	There is a risk that our partnership with Monitor on choice and competition prevents us from providing the system with the clear, robust and consistent policy framework, evidence and advice it needs to help improve patient outcomes. New policy owners with Monitor have unpicked the agreed content of the first tranche of the Choice and Competition Framework, pulled back from its agreed philosophy, and confirmed its publication is contingent on Monitor first publishing their S75 guidance. We have secured improved messaging to the system by gaining revisions to Monitor's S75 guidance and accompanying statement, however agreement to publish the Framework is not guaranteed as new policy owners in Monitor view their guidance as the key resource for commissioners to understand choice and competition in the NHS. We are however developing with Monitor a joined up NHS England / Monitor engagement plan to embed understanding of choice and competition issues with commissioners. There is ongoing dialogue between NHS England Chief Executive & National Policy Director and Monitor Chief Executive & Executive Director for Cooperation and Competition.
Chief Finance Officer	23.2	• We will review NHS allocations methodology to ensure it is as fair as possible and consistent with our objectives. Interim findings will be published by July 2013 and a final report by July 2014.	Sep-13	Dec-13	A	Complete	This deliverable is now closed as the methodology for confirming NHS England Allocations has been agreed. The Allocations Review Steering Group managed this process in a joint project with ACRA. The information was published on our web pages throughout the week commencing 16th December 2013 http://www.england.nhs.uk/2013/12/20/ccg-allocations/

Section C: NHS Performance and Finance



NHS England Board
Report March 2014

THE NHS CONSTITUTION
the NHS belongs to us all

Contents

This section presents latest information on a number of important areas of performance and other developments in the NHS. This supplements the information presented in other sections by giving a focus on the most current indicators and by also moving beyond the indicators in the 11-Point Scorecard. As this section will be based on the latest issues arising in the NHS, its content can vary from quarter to quarter in the light of actual performance.

For the March 2014 Board Report it contains:

- Urgent Care
    - A&E
    - Ambulance performance
    - NHS 111
- 18 weeks referral to treatment waiting times
- Cancer Waits
- Activity, including the number of GP referrals to hospital and the number of hospital admissions
- The Friends and Family Test including maternity
- Financial Performance

At a glance – national performance against standards

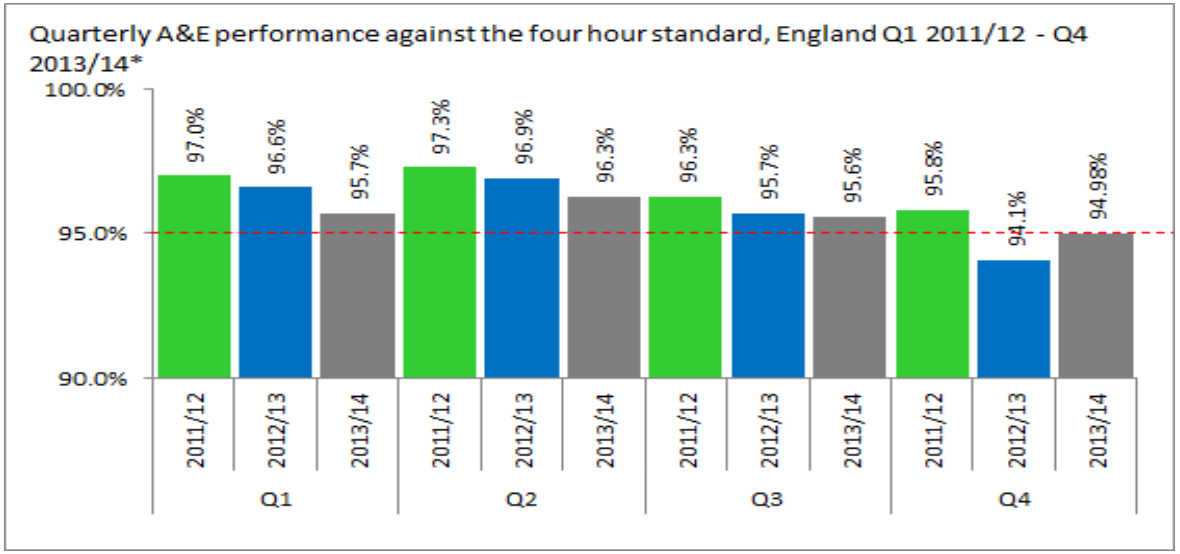
Performance area	Latest data	Standard	Performance against standard	Performance in		
				Last Period	Same Period in Previous Year	Same Period in 2011/12
A&E	Week ending 9th February 2014	95% of patients waiting less than four hours	94.3% (×)	95.30%	94.80%	95.40%
Ambulance	Dec-13	75% of Red 1 Cat A calls responded to within 8 minutes	72.7% (×)	74.20%	70.40%	74.10%
	Dec-13	75% of Red 2 Cat A calls responded to within 8 minutes	71.7% (×)	73.00%	70.80%	
	Dec-13	95% of Cat A calls responded to within 19 minutes	95.4% (✓)	95.80%	94.60%	96.10%
RTT	Dec-13	90% of admitted patients treated within 18 weeks	91.5% (✓)	91.00%	93.10%	91.60%
	Dec-13	95% of non-admitted patients treated within 18 weeks	96.8% (✓)	96.50%	97.60%	97.20%
	Dec-13	92% of patients with incomplete pathways waiting less than 18 weeks	93.6% (✓)	94.00%	94.40%	n/a
Diagnostics	Dec-13	Less than 1% of patients waiting more than 6 weeks	1.3%(×)	0.80%	1.10%	n/a
Cancer waits	Q2 2013/14	93% of patients waiting less than two weeks to see a specialist	95.2% (✓)	95.50%	95.40%	n/a
	Q2 2013/14	96% of patients waiting less than 31 days to start first treatment	98.4% (✓)	98.30%	98.40%	n/a
	Q2 2013/14	85% of patients waiting less than 62 days to start first treatment	86.7% (✓)	86.90%	87.30%	n/a
MRSA	Dec-13	Zero tolerance to infection	74 (×)	77	76	96

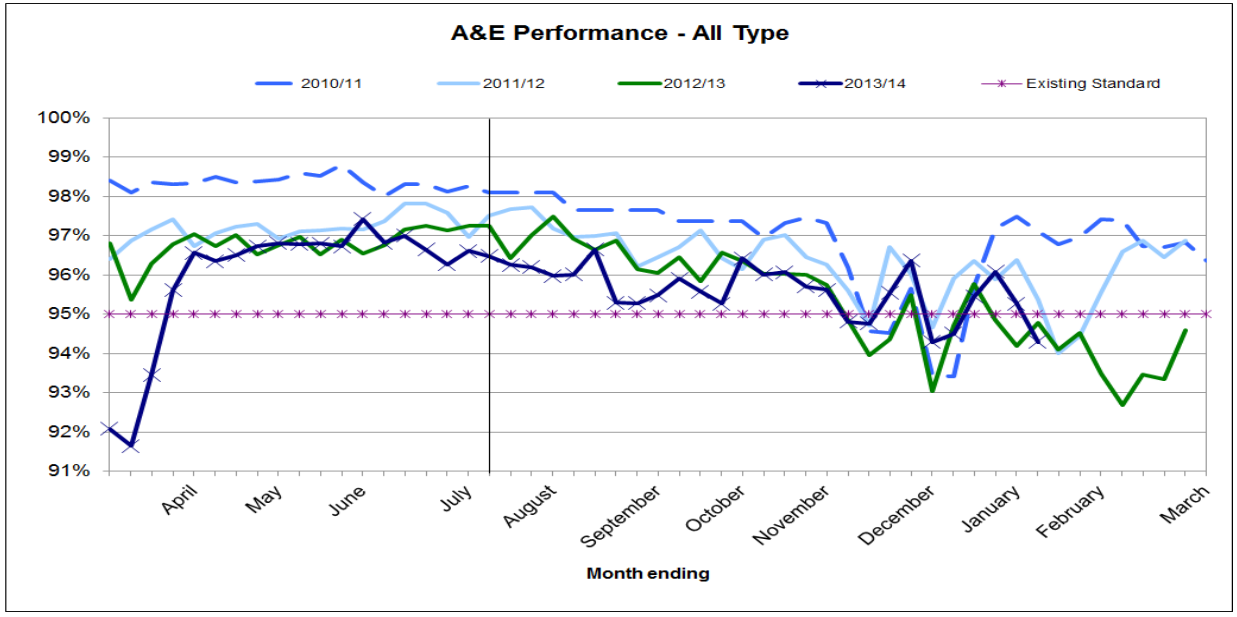
At a glance – performance drivers and other indicators

Indicator	Latest Data	Latest Data	Performance in	
			Last Period	Same period in the previous year
Emergency admissions through A&E per week	Week ending 09 Feb 2014	77,088	76,085	72,685
A&E attendances per week	Week ending 09 Feb 2014	418,838	406,931	415,039
Proportion of cancelled operations not treated within 28 days of cancellation	Q3 2013/14	4.3%	3.9%	4.1%
Average occupancy rates for all beds open overnight	Q2 2013/14	85.2%	86.5%	85.4%
Number of delayed days for NHS organisations in England	Dec-13	112,700	116,810	107,652
Mixed sex accommodation breach rate in England	Dec-13	0.2	0.2	0.2
Total number of C.Difficile infections in England	Dec-13	1,000	1,095	1,115

A&E Performance

- The NHS Standard for A&E waiting times was missed this week after three weeks of achieving the standard in a row. Quarter to date performance for the week ending 9th February is 94.98%.
- Emergency admissions through A&E were 1.3% higher than the week before and 6.1% higher than the same week last year.
- Attendances were 2.8% higher than last week, and 0.9% higher than the same week last year





Patients waiting less than four hours in A&E		
Standard	QTD	Week ending 09-Feb-14
95%	94.98%	94.30%

Emergency admissions through A&E		
Average for the QTD in the same period last year	Average for this quarter	Week ending 09-Feb-14
72,472	75,563	77,088

A&E Attendances		
Average for the QTD in the same period last year	Average for this quarter	Week ending 09-Feb-14
298,063	397,487	418,838

NHS England

Ambulance Performance

The three standards for ambulance response times are given in the tables below.

Headline performance (December 2013)

•The Cat A Red 1 standard was not met in December (72.7%), for the third consecutive month. This standard has been missed in three out of the nine months 2013/14.

•The NHS standard for the less urgent, but time critical, ambulance calls(Cat A Red 2) was missed in December (71.7%), for the fourth consecutive month. This standard has not been met in five out of the nine months of 2013/14.

•Performance against the Cat A19 standard has been met in December (95.4%), and for all months in 2013/14.

Assessment, risks, concerns and actions

•Performance in East of England and East Midlands Ambulance service trusts is consistently low on all three standards and are not showing any signs of improvement.

•East of England have missed the Cat A Red 1 standard in 10 of the last 12 months, and have never met the Cat A Red 2 standard. The Cat A19 standard was last met in July 2012. East Midlands have similar performance, having missed the standards in 10, 8 and 12 months of the last years, respectively.

Additional winter funding to support the delivery of ambulance services was announced to the system at the end of December 2013, and has been directed towards a variety of initiatives aimed at improving the service provided for patients, including additional staffing cover and availability of vehicles. We expect to see the impact of this additional winter funding demonstrated with performance improving for data reported for January.

Cat A calls responded to within 8 minutes				
	Standard	Dec-12	Nov-13	Dec-13
Red 1	75%	70.40%	74.20%	72.70%
Red 2	75%	70.80%	73.00%	71.70%

Cat A calls responded to within 19 minutes				
	Standard	Dec-12	Nov-13	Dec-13
CAT A 19	95%	94.60%	95.80%	95.40%

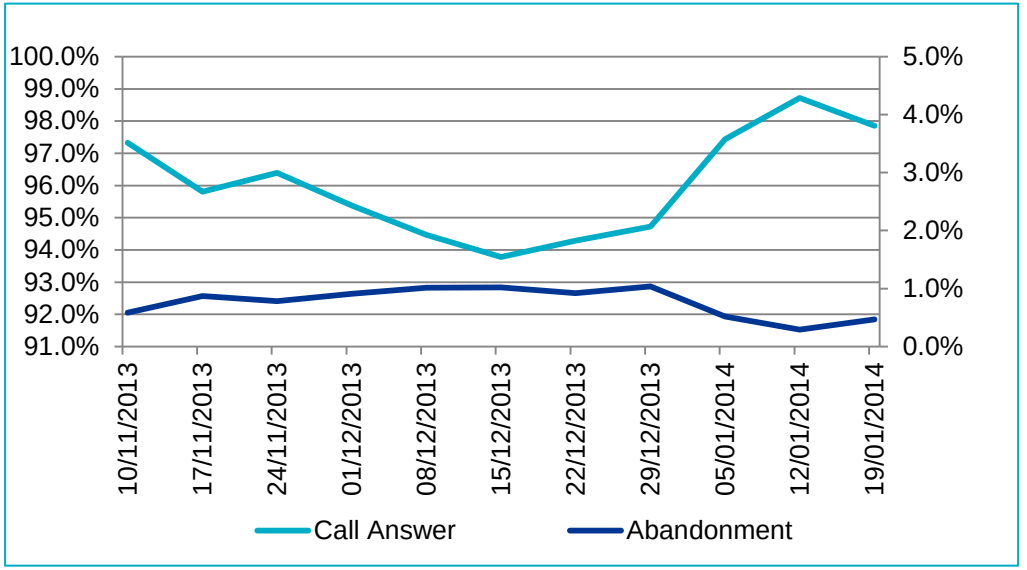
Ambulance journeys per day		
Dec-12	Nov-13	Dec-13
14,120	13,161	13,425
Data for 2013-14 are not directly comparable with earlier years		

NHS England

NHS111 Performance

The calls abandoned KPI (under 5%) is being met across the country Many sites were unable to meet the calls answered within 60 seconds KPI (over 95%). Performance since Christmas has been solid with only occasional dips below the call answering standard on individual days.

Date	Call Answering	Abandonment
10/11/2013	97.3%	0.6%
17/11/2013	95.8%	0.9%
24/11/2013	96.4%	0.8%
01/12/2013	95.4%	0.9%
08/12/2013	94.5%	1.0%
15/12/2013	93.8%	1.0%
22/12/2013	94.3%	0.9%
29/12/2013	94.7%	1.0%
05/01/2014	97.4%	0.5%
12/01/2014	98.7%	0.3%
19/01/2014	97.9%	0.5%



- All of NHS Direct's 111 contract have now been transferred to alternative providers – primarily Ambulance Trusts. On 24 October, NHS Direct announced it would be closing as an NHS Trust by the end of the financial year.
- NHS England has developed and implemented a national Checkpoint approval system, before sites are launched, to robustly test quality and capacity. Only two sites are now left to go live – Cornwall and Luton & Bedfordshire.
- In response to concerns raised by GPs about the length of messages received from NHS 111, NHS England has developed a streamlined post-event messaging system, which gives GPs only the most relevant facts about a patient's interaction with NHS 111.
- NHS England will ensure there is enough time to learn lessons from its Urgent & Emergency Care Review, the NHS 111 Clinical Quality and Safety Review, and the Futures work stream, before further procurements for NHS 111 services take place.

RTT - Standards met but performance fell for 3rd consecutive month.

Headline performance (December 2013)

- The NHS Standards for RTT waiting times were met in December.
- Performance against the admitted and non-admitted standards has increased for the first month, but remains lower than the same time last year. The number of providers failing the admitted and non-admitted standards has also increased for the third consecutive month.
- Performance against the incomplete pathway standard continues to remain relatively stable, which suggests no growing backlog of long waiters nationally – although there are potential issues with data quality. The number of providers failing this standard is increasing.
- Average (median) waiting times continue to follow seasonal trends, but remain higher than the same time last year.

Assessment, risks and concerns

- Although the performance has increased, the continuing fall in performance against the admitted and non-admitted standards, and the increase in the number of providers failing all standards, is a concern.
- Two indicators may be influencing performance nationally:
  - the waiting list continues to remain more than 10% higher than last year, and has not fallen by as much as we would expect in December 2013 given previous seasonal trends.

RTT Admitted pathway within 18 weeks			
Standard	Dec-12	Nov-13	Dec-13
90%	93.1%	91.0%	91.5%

RTT Non-admitted pathways within 18 weeks			
Standard	Dec-12	Nov-13	Dec-13
95%	97.7%	96.5%	96.8%

RTT Incomplete pathway within 18 weeks			
Standard	Dec-12	Nov-13	Dec-13
92%	94.5%	94.0%	93.6%

Indicators of future risk

Assessment of risk

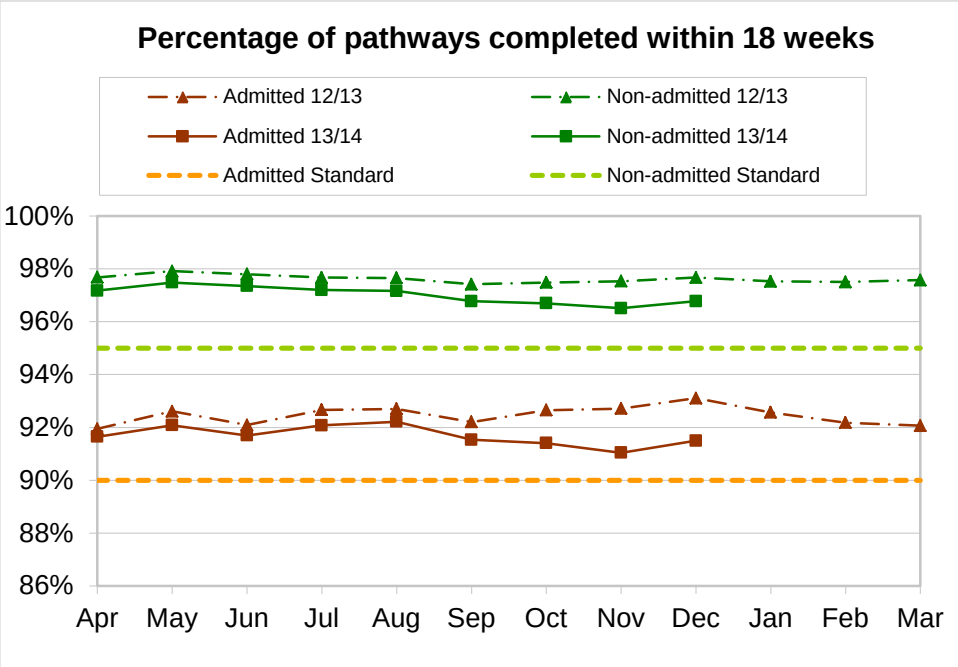
✗ = indicator displaying risk

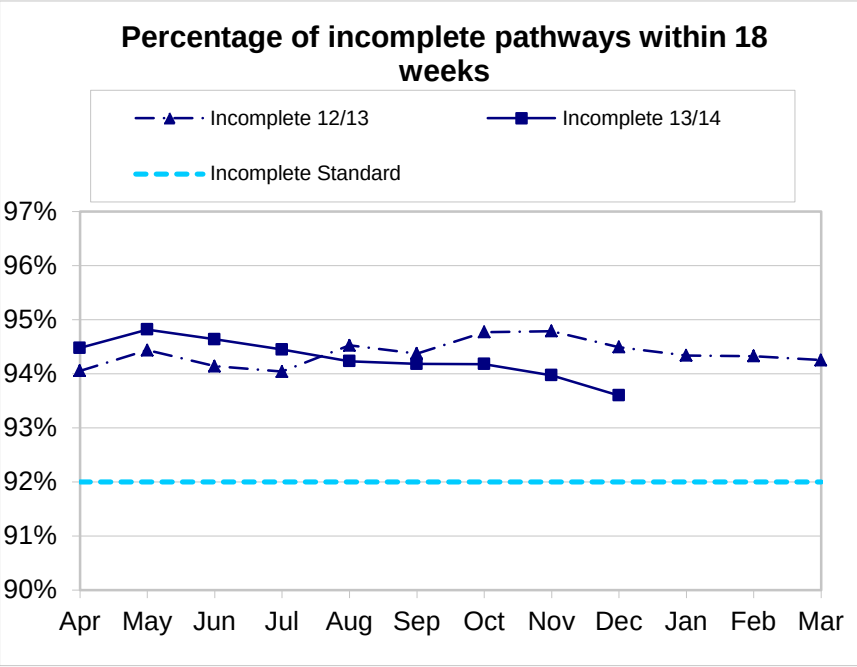
- Declining national performance in delivering the waiting times standards ✓ — In December 2013, performance against the admitted and non – admitted increased compared to November 2013 however, remains below performance in the same month last year so margins are tighter.
- Growth in waiting lists and/or clearance times ✗ — The waiting list and clearance times increased in December 2013 and remain higher than the same time last year.
- Shift in distribution of waiters ✓ — The distribution of waiters remains broadly stable, with a small reduction in the % of waiters waiting less than 6 weeks.
- Increasing average (median) waiting times nationally ✓ — Median waiting times for admitted patients reduced from 8.7 in Nov-13 to 8.1 in Dec-13, and for non-admitted patients decreased to 3.1 weeks.
- Increases in the number of providers failing' the standards ✗ — Providers failing the admitted and non-admitted standards increased for the third consecutive month, with 29 failing the admitted standard, 17 failing the non-admitted standard and 20 failing the incomplete standard.

RTT- monthly trends in performance against the standard are declining

Performance trend

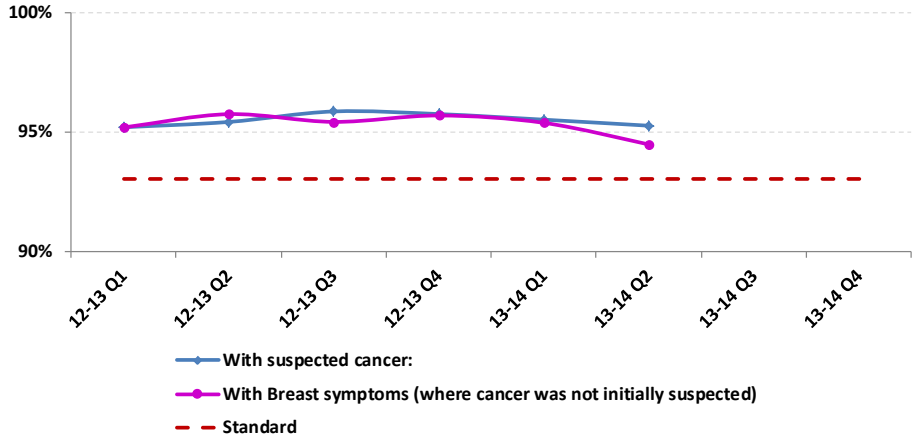
- Performance in all three standards is below performance at the same point last year.
- Performance against the admitted and non-admitted standards increased in December compared to November.
- Performance against the incomplete standard has been declining since May.



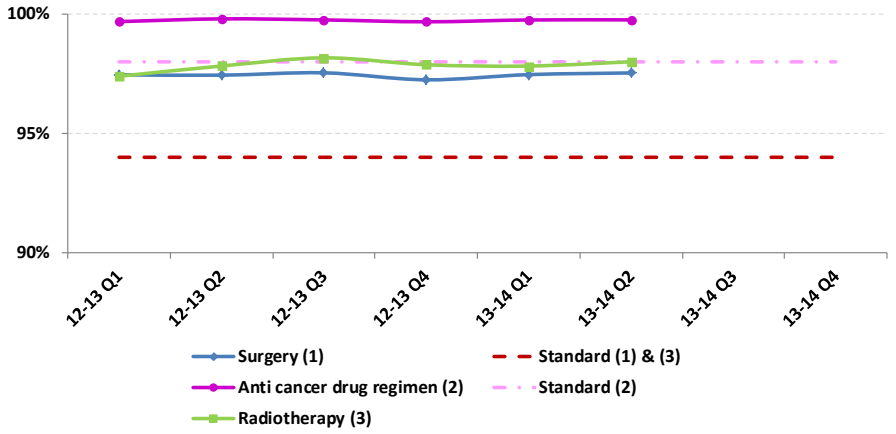


Cancer Waits

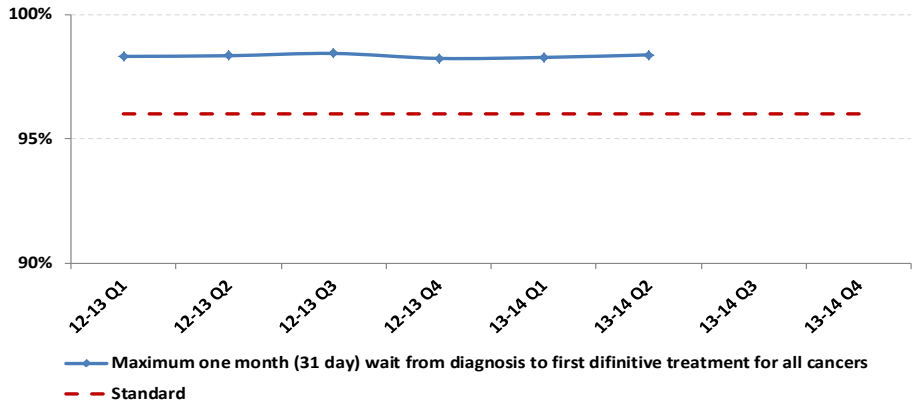
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP



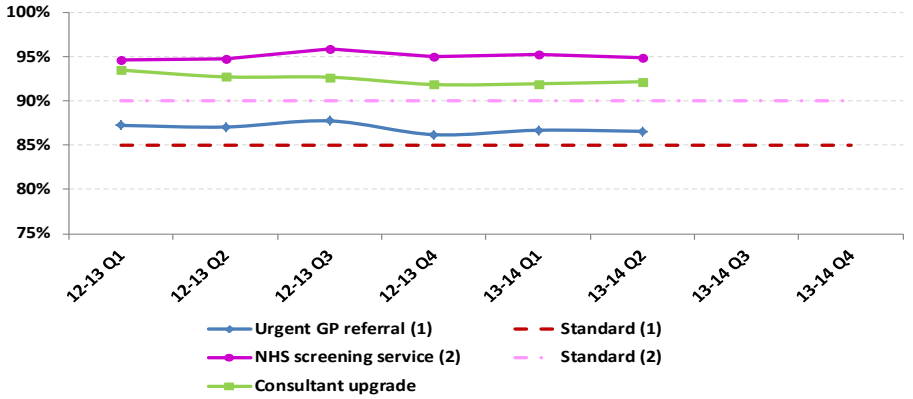
Maximum 31-day wait for subsequent treatment



Maximum one month (31-day) wait from diagnosis to first difinitive treatment for all cancers



Maximum two month (62-day) wait from referral to first difinitive treatment for cancer



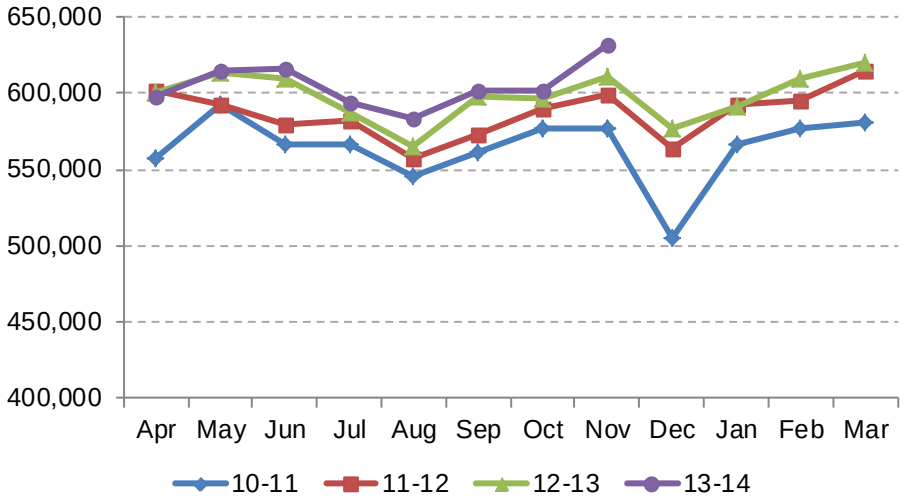
No standard for consultant upgrade

The latest Q2 13/14 data shows that the NHS continues to meet all cancer waiting time operational standards at the national level.

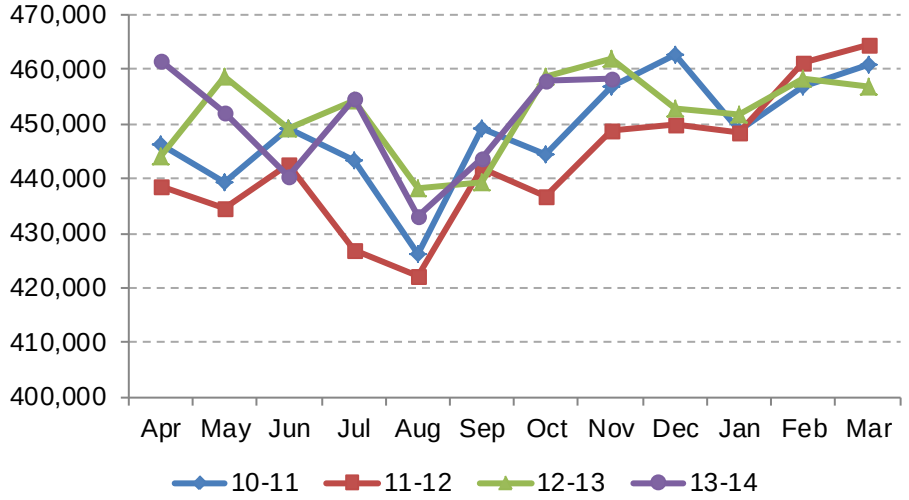
Activity

Not withstanding the data problems with activity, the most recent monthly return indicates that both elective activity is 2.5% higher in the first eight months of 2013/14 as compared to the same period in 2012/13.

Elective Activity - year on year
(Standardised for 20 working days per month)



Non-elective Activity - year on year
(Standardised for 30 days per month)



	April to November 2012	April to November 2013	% Change	% change last month	Annual growth last year	2013-14 CCG Plan
GP referrals made	7,590,849	7,904,438	2.9%	2.7%	3.4%	
Other referrals made	4,544,561	4,612,395	0.3%	0.1%	4.7%	
GP referrals seen	6,312,422	6,626,082	3.7%	3.5%	2.4%	
1st outpatients appointments seen	11,009,026	11,127,531	-0.1%	-0.4%	2.7%	-7.1%
Day case rate	79.6%	80.4%				
All G&A ordinary admissions and day case admissions (elective growth)	5,048,692	5,174,432	1.3%	1.0%	2.0%	-4.8%
Non-elective admissions (G&A)	3,665,059	3,661,904	0.1%	0.0%	1.8%	-3.3%
A&E Attendances (to w-e 09 Feb-14)	18,821,178	18,755,634	-0.4%	4.0%		

NHS England

Friends and Family Test (Dec-13 data)

Headlines : We now have 9 months data on the test for inpatients and A&E, and 3 months data for Maternity, the latter included here for the first time. For inpatients, the response rates increased to 31.3% in November (the highest to date), although subsequently fell back to 28.8% in December, and the Friends and Family Score (a measure of positive recommendations) remained stable at around 72. For A&E, the latest month's data shows the highest score to date of 56, and response rate of 15.3%. For Maternity, the October, November and December data for the four questions (Antenatal Care, Birth, The Postnatal Ward and Postnatal Community Provision) record a score ranging from 63 to 77. Response rates, based on the Birth question, are consistent at around 19%.

The FFT is a simple test which provides a mechanism to track patient perception over time and encourage staff to make improvements where services do not live up to expectations. It means that staff from "boards to wards" have access to timely patient feedback and thus are informed to take action to tackle areas needing improvement and build on success. Patients will be able to use the information to support decision making about their care. Commissioners will have an up-to-date measure to use to monitor providers and use in contract discussions. Tracking trends will provide validation of where targeted improvements are most effective.

Inpatient FFT (Incl Independent Sector)	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
FFT Score	71	72	72	71	72	72	72	73	72
No of Responses	73,671	87,102	93,466	100,750	101,239	99,985	111,646	109,837	98,191
Response Rate	21.7%	24.0%	27.1%	27.8%	28.9%	29.4%	30.4%	31.3%	28.8%

A&E FFT	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
FFT Score	49	55	54	54	56	52	55	56	56
No of Responses	38,988	53,184	71,643	77,783	82,225	90,295	94,585	97,944	98,836
Response Rate	5.6%	7.5%	10.3%	10.4%	11.3%	13.2%	13.8%	15.2%	15.3%

Maternity FFT (Incl Independent Sector)	Oct-13	Nov-13	Dec-13
Q1 Antenatal Care	64	65	63
Q2 Birth	76	77	75
Q3 Postnatal Ward	65	66	66
Q4 Postnatal Community Provision	71	72	74
Response Rates (based on Q2 only)	19.35%	19.59%	19.10%

NHS England

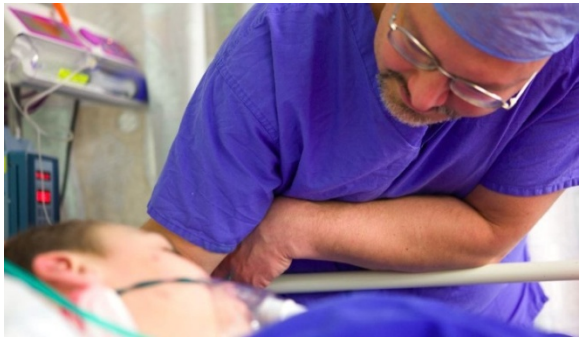
Financial Performance December 2013

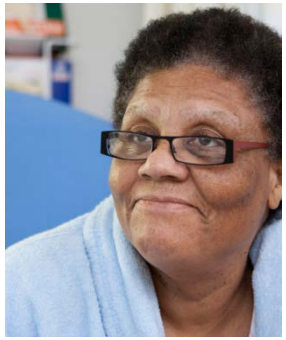
NHS England - Executive Summary - Surplus

	Year to Date					Forecast Outturn Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var % of allocation	RAG	Plan £m	Forecast £m	Var £m	Var % of allocation	RAG	Previous Month £m	Change £m
Local Surplus												
North	179.7	209.9	30.2	0.2%	G	239.5	302.1	62.6	0.3%	G	291.2	10.9
Midlands & East	139.5	92.9	(46.6)	(0.3%)	A	184.3	118.9	(65.4)	(0.3%)	A	119.4	(0.5)
London	63.6	92.6	28.9	0.4%	G	88.7	158.5	69.8	0.7%	G	143.4	15.1
South	81.1	71.3	(9.8)	(0.1%)	G	102.3	96.9	(5.4)	(0.0%)	G	94.3	2.6
Social Care	0.0	(1.8)	(1.8)	(0.3%)	A	0.0	0.0	0.0	0.0%	G	0.0	0.0
Total Local Surplus	**463.9**	**464.9**	**1.0**	**0.0%**	G	**614.8**	**676.4**	**61.6**	**0.1%**	G	**648.3**	**28.1**
Direct Commissioning												
Specialised Commissioning	89.9	(276.5)	(366.3)	(3.8%)	R	119.8	(172.0)	(291.9)	(2.2%)	R	(107.8)	(64.2)
Armed Forces	0.0	0.8	0.8	2.9%	G	0.0	1.5	1.5	3.6%	G	0.7	0.8
Health & Justice	0.0	3.3	3.3	1.2%	G	0.0	3.2	3.2	0.8%	G	2.3	1.0
Primary Care	69.9	101.0	31.1	0.4%	G	98.3	138.4	40.1	0.4%	G	127.3	11.1
Secondary and Community Dental Care	3.6	(12.2)	(15.8)	(2.7%)	R	4.9	(14.6)	(19.4)	(2.5%)	R	(5.5)	(9.0)
Public Health	1.1	3.1	2.0	0.2%	G	1.5	4.2	2.7	0.2%	G	3.7	0.5
Other Commissioning	0.0	0.0	0.0	0.0%	G	0.0	0.0	0.0	0.0%	G	0.0	0.0
Total Direct Commissioning	**164.5**	**(180.4)**	**(344.9)**	**(1.7%)**	R	**224.6**	**(39.2)**	**(263.8)**	**(1.0%)**	R	**20.7**	**(59.9)**
NHS England Running Costs	0.0	51.1	51.1	12.2%	G	0.0	40.3	40.3	6.0%	G	39.6	0.7
Total National Commissioning	**164.5**	**(129.3)**	**(293.8)**	**(1.4%)**	R	**224.6**	**1.1**	**(223.5)**	**(0.8%)**	R	60.3	**(59.2)**
Other												
Programme costs and other	0.0	71.0	71.0	7.1%	G	0.0	24.3	24.3	1.4%	G	(20.3)	44.5
Use of drawdown	0.0	0.0	0.0	0.0%	G	(305.4)	0.0	305.4	261.0%	G	0.0	0.0
Total Other	0.0	71.0	71.0	7.1%	G	(305.4)	24.3	329.7	29.1%	G	(20.3)	44.5
SUB TOTAL	**628.4**	**406.5**	**(221.8)**	**(0.3%)**	A	**534.0**	**701.8**	**167.8**	**0.2%**	G	**688.3**	**13.5**

NHS England

Section D NHS England Organisational Health





NHS England Board Report

March 2014

THE NHS CONSTITUTION

the NHS belongs to us all

Workforce Reporting - Overview

NHS England continues to improve the quality of workforce data, reporting and analysis. The majority of data for analytical purposes relies upon the analysis of information held within the Electronic Staff Record (ESR).

Recognising the opportunity inherent in exploiting technology to reduce manual processes and increase efficiency, as well as recognising feedback raised via the staff barometer, NHS England committed to an ambitious programme of rolling out ESR Employee Self Service (ESS) functionality during quarter 3. This functionality gives individual members of staff direct ownership over and the ability to amend their personal data held on the system, for example in respect of next of kin information and contact telephone numbers. In addition to creating greater ownership of personal data, within a clear information governance framework, this expansion in our use of technology has been an extremely successful means with which to engage staff in updating the equality and diversity information that NHS England holds about its workforce. By January 2014, through the roll out of this technology, 85 per cent of staff had up to date equality and diversity data fields, with work continuing to encourage the remaining 15 per cent of staff to update their records.

Following the success of the roll out of ESS functionality, during quarter 4, NHS England has commenced arrangements to pilot Manager Self-Service (MSS) functionality contained within ESR. This pilot will enable us to assess the broader benefits and applicability of electronically enabling a range of key processes, such as the approval of annual leave, as well as providing managers with ready access to key workforce information about members of their teams, such as absence records. MSS functionality will also enable the release of a suite of standard workforce reports to every manager via their electronic desktop. The intent behind such use of technology is to further remove obstacles to people being able to do great jobs, but also to enable managers to become more self-sufficient and in possession of key workforce information in 'real time'.

Generated through the improvements to the ESR data we hold, this Board report identifies the following key issues:

- 95.34 per cent of the total budgeted WTE posts within NHS England were filled as at 31 January 2014. This represents a slight improvement compared to 93.41 per cent of posts filled as at 31 October 2013.
- Lost working time due to sickness absence, has shown a slight decrease from 2.39 per cent in October 2013 to 2.35 per cent as at 31 January 2014.
- The rate of voluntary turnover of staff has slightly reduced at an organisational level from 9.12 per cent in October 2013, when last reported to the Board, to 8.79 per cent as at 31 January 2014. However this overall rate of turnover masks the increase identified in all Directorates and Regions, with the exception of PCS.

NHS England

Core organisational structure – January 2014 data

SUMMARY OF CURRENT BUDGETED ESTABLISHMENT, WORKFORCE NUMBERS AND VACANCIES			
All numbers are Whole Time Equivalent (WTE)	Budgeted Establishment (WTE)	Staff on Payroll (WTE)	Vacancies (WTE)
Core Staffing Structure	4,195.93	3,609.72	586.21
"Lift and Shift" Functions	1636.19	1,622.45	13.74
TOTAL	5,832.12	5,232.17	599.95
Temporary Staff on Payroll	0.00	376.80	0.00
TOTAL	5,832.12	5,608.97	223.15

Commentary:

The budgeted establishment WTE figures are based on the current NHS England structures, as well as the posts that transferred to NHS England on a 'lift and shift' basis with the respective budget. The "Lift and Shift" functions incorporate those groups of staff that were transferred into NHS England on 1 April 2013 in an unchanged state from their sending organisations, with an explicit requirement to reconfigure these functions and achieve running cost savings post transfer

The total employed level of staff within NHS England, i.e. number of staff on payroll is currently 5608.97 WTE, with a headcount of 6157. This includes both the staff recurrently on payroll and those temporary staff on payroll which includes appointees covering budgeted posts on fixed-term contracts and staff employed on a non-recurrent basis through programme funding or Directorate underspends.

NHS England

Absence analysis – year to date analysis

ORGANISATIONAL STRUCTURE		ABSENCE PERCENTAGE		
National Support Centre / Region	**Directorate / Team**	**% Absence to 31st October 2013**	**% Absence to 31 January 2014**	**Trend Arrow (down equals improvement)**
National Support Centre	Policy	2.52%	2.14%	↓
	Nursing	4.52%	3.71%	↓
	Corporate Operations	1.84%	1.79%	↓
	Patients and Information	1.28%	1.34%	↑
	Medical	1.57%	1.48%	↓
	Commissioning Development	1.99%	1.87%	↓
	Human Resources and Organisation Development	0.79%	0.67%	↓
	Finance	0.55%	0.72%	↑
	NHS Improving Quality	1.42%	1.04%	↓
National Support Centre Total		**2.27%**	**1.64%**	↓
North Regional and Area Teams		2.68%	2.80%	↑
Midlands & East Regional and Area Teams		1.86%	1.78%	↓
London Region		2.10%	1.93%	↓
South Regional and Area Teams		3.29%	3.20%	↓
Regional Total		**2.54%**	**2.43%**	↓
PCS		2.71%	2.71%	↔
NHS England Total		**2.39%**	**2.35%**	↓

Commentary:

Sickness absence levels have remained broadly consistent, with a slight decrease from 2.39 per cent in October 2013, when last reported to the Board, to 2.35 per cent as at 31 January 2014. Absence rates are noted to have risen however in Patients and Information, Finance and in the North Regional and Area Teams. NHS England's reported level of lost working time due to sickness absence remains low, compared to the 2012 Government Services benchmark average figure of 4.5 per cent.

The primary reasons recorded for absence are coughs, colds, flu and gastrointestinal problems.

NHS England

Turnover analysis – Year to date

ORGANISATIONAL STRUCTURE		TURNOVER PERCENTAGE		
National Support Centre / Region	**Directorate**	**% Turnover to 31 October 2013**	**% Turnover to 31 January 2014**	**Trend (improvement equals down)**
National Support Centre	Policy	1.71%	5.84%	↑
	Nursing	3.31%	5.88%	↑
	Corporate Operations	6.20%	11.93%	↑
	Patients and Information	4.60%	5.83%	↑
	Medical	0.04%	8.80%	↑
	Commissioning Development	3.03%	4.51%	↑
	Human Resources and Organisation Development	9%	14.69%	↑
	Finance	3.25%	5.81%	↑
	NHS Improving Quality	3.15%	6.49%	↑
National Support Centre Total		**3.77%**	**6.97%**	↑
North Regional and Area Teams		2.48%	5.29%	↑
Midlands & East Regional and Area Teams		5.66%	8.07%	↑
London Region		5.40%	8.18%	↑
South Regional and Area Teams		3.56%	6.02%	↑
Regional and Area Teams Total		**3.97%**	**6.58%**	↑
PCS		18.01%	10.73%	↓
NHS England Total		**9.12%**	**9.64%**	↑

Commentary:

Turnover information incorporates details of both voluntary and compulsory turnover, i.e. resignations, retirements and terminations of employment: conduct, capability and redundancy. Turnover information is reported from the ESR system and is calculated as a percentage of the total headcount, i.e. actual headcount number of people, employed in each directorate or region. The NHS England turnover continues to exceed the 2012 Governments Services benchmark average of 6.8 per cent at present, with all Directorates showing an increase in turnover rates, with the exception of PCS. Turnover rates were expected to increase as NHS England settled into business as usual operation, given that a significant proportion of staff were matched to roles within the new organisation and subsequently have sought roles that are more fully aligned to their experience and skill sets.

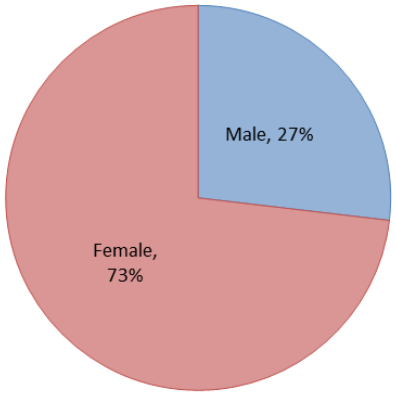
The primary reasons for leaving are currently voluntary resignation (due to promotion, relocation, and work life balance), retirements (all types), end of fixed term contract.

NHS England

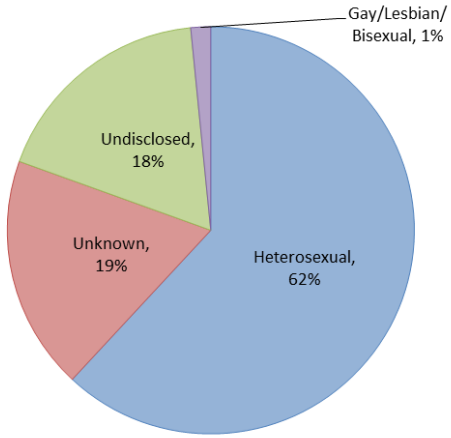
Workforce Equality and Diversity Profile – January 2014

Commentary:
The following slide provides a high level overview of some of the key equality and diversity characteristics relating to our workforce. The Equality and Diversity Strategy Group has received more detailed analysis of this information and we will continue to expand this section in future Board reports.

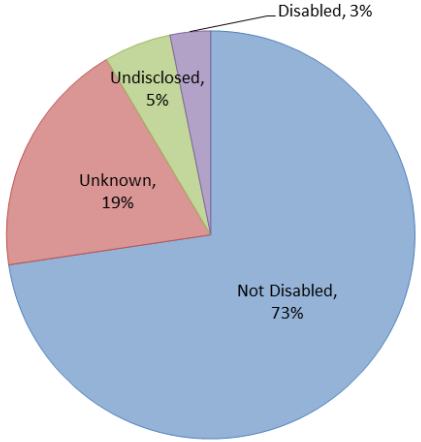
Workforce distribution by gender



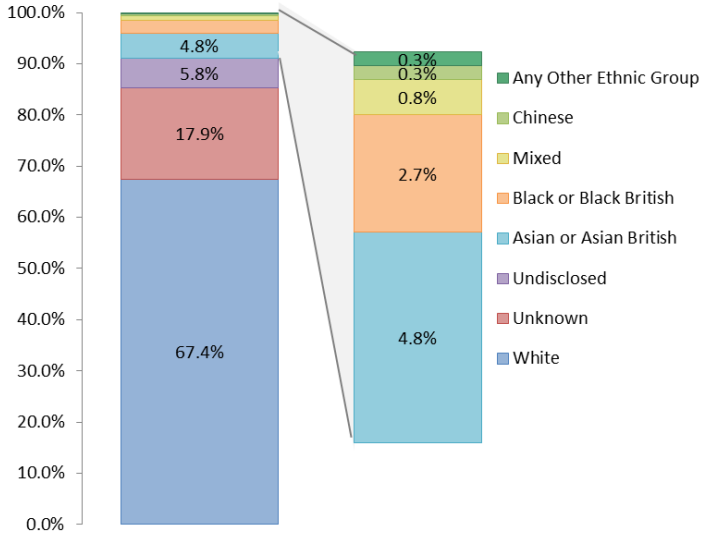
Workforce distribution by sexual orientation



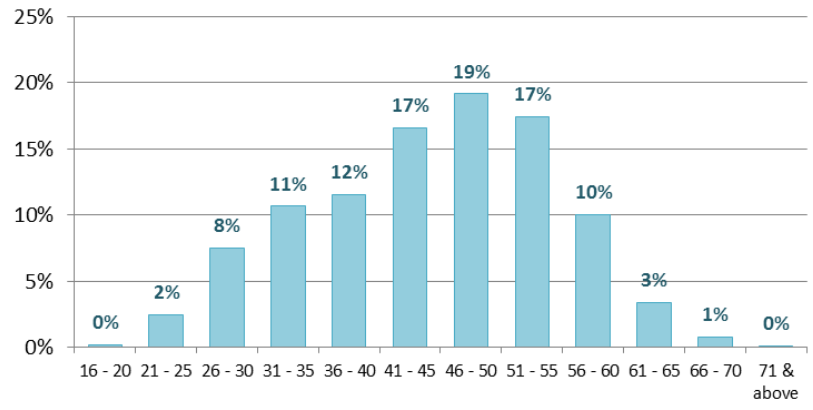
Workforce distribution by disability



Workforce distribution by ethnicity



Workforce distribution by age



NHS England

Customer Contact - Q3 2013/14

Summary
Performance has continued to steadily improve during Q3. In particular there have been a marked improvement in response times for Freedom of Information requests. The volume of 'live' complaints has been steadily reduced in the Quarter from 3,581 at the end of Q2 to 2,370 at the end of Q3. This involved clearing some older complaints which is reflected in the longer resolution times.

Overall
- 84% of phone calls to the contact centre answered within 45 seconds (77% YTD)
- 73% of calls creating a new general enquiry resolved at first point of contact (77% YTD)

Method of contact- Quarter 3
- 61% telephone
- 32% e-mail
- 7% letter

General enquiries
- 25,446 new enquiries were received in the quarter (72,525 YTD)
- 89% of new enquiries were resolved within 3 working days (85% YTD)

Freedom of Information (FOI) requests
- 696 Freedom of Information requests were received in Quarter 3 (2,077 YTD)
- 89% of requests were responded to within 20 working days (71% YTD)
- The average response time for all FOI requests is 11 working days (20 working days YTD)

NHS England

Customer Contact – Q3 2013/14

Complaints

- 3,265 complaints were received in the quarter (12,065 YTD)
- 2,370 'live' complaints at the end of Q3 (down from 3,581 at the end of Q2)
- Complaints resolved in Q3 took on average 46 working days (YTD 42 days)
- Continued progress has been made on clearing the legacy complaints received from PCTs. There were 65 live legacy complaints at the end of Q3 (down from 236 at the end of Q2)

A more detailed report on complaints and customer contact is compiled each quarter and will be considered as part of NHS England's Learning from Complaints Strategy.

Customer satisfaction

- 57% of customers were satisfied with the outcome of their enquiry or complaint (59% YTD)
- 71% of customers were satisfied with the time it took NHS England to respond (68% YTD)
- 71% of customers were satisfied with the quality of service they received (71% YTD)
- 77% of customers would recommend our service to Friends and Family (73% YTD)

NHS England Running Costs - December 2013

	Year to Date					Forecast Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Forecast £m	Var £m	Var %	RAG	Previous Month £m	Change £m
Medical	10.6	9.7	0.9	8.9%	G	14.2	14.0	0.2	1.2%	G	0.2	0.0
Chief Nursing	7.3	6.6	0.8	10.6%	G	11.5	11.5	0.0	0.0%	G	0.0	0.0
Chief Operating Officer	240.5	227.9	12.6	5.3%	G	353.7	345.9	7.8	2.2%	G	9.2	(1.5)
Commissioning Development	4.2	1.8	2.3	56.3%	G	10.7	10.6	0.1	0.9%	G	0.1	0.0
Patients & Information	15.4	10.8	4.6	29.9%	G	20.5	16.2	4.3	20.9%	G	3.5	0.8
Finance	32.9	28.9	3.9	12.0%	G	42.2	40.5	1.6	3.9%	G	0.3	1.4
Policy	59.7	50.4	9.3	15.6%	G	73.5	72.4	1.1	1.5%	G	1.1	0.0
Human Resources	4.5	4.2	0.3	7.6%	G	7.4	6.7	0.7	9.5%	G	0.7	0.0
Reserves / transition costs	26.2	16.4	9.9	37.7%	G	110.6	91.0	19.6	17.8%	G	19.6	0.0
Other	8.3	2.3	6.0	72.6%	G	11.0	11.0	0.0	0.0%	G	0.0	0.0
Total NHS England Running Costs	**409.7**	**358.9**	**50.8**	**12.4%**	G	**655.4**	**620.0**	**35.4**	**5.4%**	G	**34.7**	**0.7**
IQ (Clinical Improvement)	10.0	9.7	0.3	3.3%	G	13.4	8.4	4.9	36.9%	G	4.9	0.0
TOTAL	**419.8**	**368.6**	**51.1**	**12.2%**	G	**668.8**	**628.5**	**40.3**	**6.0%**	G	**39.6**	**0.8**

NHS England - Programme Costs - December 2013

	Year to Date					Forecast Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Forecast £m	Var £m	Var %	RAG	Previous Month £m	Change £m
Innovation Health & Wellbeing	49.1	42.9	6.2	**12.6%**	G	74.8	71.1	3.6	**4.9%**	G	3.6	0.0
IQ (Clinical Improvement)	40.1	8.7	31.4	**78.3%**	G	53.5	32.3	21.2	**39.7%**	G	21.2	0.0
Medical (other)	25.8	23.3	2.5	**9.7%**	G	44.7	41.1	3.6	**8.1%**	G	0.6	3.0
Nursing	1.4	0.6	0.8	**56.0%**	G	4.3	4.2	0.2	**3.9%**	G	0.0	0.2
Chief Operating Officer	56.1	37.1	19.0	**33.9%**	G	100.0	91.9	8.1	**8.1%**	G	7.9	0.3
Commissioning Development	3.4	3.2	0.2	**6.4%**	G	5.0	4.8	0.2	**4.2%**	G	0.0	0.2
Patients & Information	50.5	39.5	11.0	**21.8%**	G	85.6	79.7	5.9	**6.9%**	G	6.1	(0.2)
NHS Direct/111	27.2	26.5	0.7	**2.7%**	G	27.4	27.4	0.0	**0.0%**	G	0.0	0.0
Finance	0.8	0.9	(0.1)	**(90.0%)**	R	1.0	1.0	0.0	**0.0%**	G	(0.1)	0.1
Leadership Academy	39.7	39.1	0.6	**1.6%**	G	46.7	46.7	0.0	**0.0%**	G	0.0	0.0
Clinical Excellence Awards	27.5	27.5	0.0	**0.0%**	G	174.0	182.0	(8.0)	**(4.6%)**	R	(8.0)	0.0
Provider Support	153.0	202.1	(49.1)	**(32.1%)**	R	204.0	326.0	(122.0)	**(59.8%)**	R	(122.0)	0.0
Policy Programme	0.0	0.2	(0.2)	**(11.6%)**	R	0.0	0.0	0.0	**0.0%**	G	0.0	0.0
Other budgets	8.8	10.6	(1.9)	**(11.6%)**	R	46.4	39.9	6.5	**14.0%**	G	4.0	2.5
Other Reserves	0.0	0.0	0.0	**0.0%**	G	6.4	0.0	6.4	**100.0%**	G	6.4	0.0
Contingency	30.8	0.0	30.8	**100.0%**	G	99.9	40.0	59.9	**60.0%**	G	59.9	0.0
Total NHS England Programme Costs	**514.2**	**462.1**	**52.1**	**10.1%**	G	**973.7**	**988.1**	**(14.3)**	**(1.5%)**	R	**(20.3)**	**5.9**