

## Monthly performance statistics, March 2016

Performance statistics for March 2016 were released at 9.30am on Thursday 12 May 2016 covering the following:

- the NHS 111 service;
- ambulance quality indicators;
- A&E attendances and emergency admissions;
- waiting times for diagnostic tests, referral to treatment for consultant-led elective care, cancer services;
- delayed transfers of care; and
- early intervention in psychosis.

This document provides an overview of those results. More detail can be found within each individual release.

The long-term trend is one of greater volumes of both urgent and emergency care and elective activity, with the number of Category A ambulances arriving on the scene up 6.8% year-on-year, while emergency admissions are up 2.9%, diagnostic tests up 6.1% and consultant-led treatment up 4.2%. A&E attendances are up 2.3%.

In the case of urgent and emergency care in March 2016, the NHS constitution standards were not met for A&E waiting times or for the ambulance standards.

In the case of elective care, the standards were met for seven of the eight cancer standards, but not for referral to consultant-led treatment within 18 weeks, diagnostic tests and 62-day wait from urgent GP referral to treatment for cancer.

This is the second time experimental data on early intervention in psychosis (EIP) has been published. More detail can be found in the mental health section of this document and in the EIP statistical release.

## Urgent and Emergency Care

### NHS 111

- There were 1,515,031 calls offered to the NHS 111 service in England in March 2016, considerably higher than the 1,137,856 offered in March 2015.
- The proportion of calls abandoned after waiting longer than 30 seconds was 8.4%, higher than the 1.7% recorded in March 2015.
- Of calls answered by NHS 111, 70.7% were answered within 60 seconds, down on the 79.7% reported in the previous month.

- Of calls answered, 13.9% were offered a call back in March 2016. The total number of callers offered a call back was the highest monthly figure recorded at 180,855
- Of call backs offered, 35.6% were within 10 minutes in March 2016, a large drop on the 42.3% in the previous March. However the 64,454 callers receiving a call back within 10 minutes was the highest number recorded in any month since the service began.
- Of calls answered, 21.0% were transferred to a clinical advisor in March 2016 slightly down on the 21.6% in February 2016. The number of calls transferred to a clinical advisor was 272,753 the highest number since recording began in August 2010.
- The number of calls resolved by the 111 service giving health advice was the highest ever recorded in March 2016. This was for both calls that were triaged and subsequently given health advice (16,027) and calls that were resolved without triage and given health advice (8,459).
- Of calls transferred, the proportion live transferred was 32.9% in March 2016. This has dropped in each of the last 5 months and is the lowest proportion reported since the service started in August 2010.
- The number of calls where the caller terminated the call was the highest ever recorded in March 2016 at 55,361; this also gave a highest daily average of 1,786.
- Of calls which were not recommended to any service, the proportion recommended home care was 5.4% in March, the lowest proportion since the service started in August 2010.

### **Ambulance response times**

- 66.5% of Red 1 calls were responded to within 8 minutes, the tenth month in a row in which the standard of 75% has not been met.
- 58.0% of Red 2 calls were responded to within 8 minutes. This standard has not been met since January 2014. This is the lowest proportion recorded since the data collection began in June 2012.
- 88.0% of Category A calls received an ambulance response within 19 minutes, the tenth month in 2015-16 in which the standard of 95% has not been met. This is the lowest proportion recorded since the data collection began in April 2011.
- There were 319,990 Category A calls that resulted in a fully-equipped ambulance vehicle arriving at the scene of the incident in March 2016, this equates to 10.3 thousand per day, the highest figure since records began.
- There were 594,863 emergency calls that received a face-to-face response from the ambulance service in March 2016, an average of 19.2 thousand per day. This is the highest number recorded since this data collection began.

### **A&E attendances**

- There were 2,088,674 attendances at A&E in March 2016, 7.5% more than in March 2015. This is the highest number of attendances in any single month since monthly data became available in August 2010. Attendances over the latest twelve months are higher than levels in the preceding twelve month period (an increase of 2.3%).
- 87.3% of patients were admitted, transferred or discharged from A&E within four hours of arrival, below the 95% standard. This is the lowest performance since monthly data became available in August 2010.

### **Emergency admissions**

- There were 494,076 emergency admissions in March 2016, 4.0% more than in March 2015. This is the highest number of admissions in any single month since monthly data became available in August 2010. Emergency admissions over the last twelve months are up 2.9% on the preceding twelve month period.

## **Elective Care**

### **Diagnostic tests**

- A total of 1,724,926 diagnostic tests were undertaken in March 2016, an increase of 5.9% from March 2015 (adjusted for working days). The number of tests conducted over the last twelve months is up 6.1% on the preceding twelve month period.
- 1.7% of the patients waiting at the end of the month had been waiting six weeks or longer from referral for one of the 15 key diagnostic tests, higher than the standard of 1%. The 1% operational standard was last met in November 2013.

### **Referral to treatment for consultant-led elective care**

- 1,251,312 patients started consultant-led treatment in March 2016. The figure for the latest twelve months is up 4.2% on the preceding twelve month period (including estimates for trusts not submitting information and taking account of working days).
- 91.5% of patients on the waiting list at the end of March 2016 had been waiting less than 18 weeks, thus not meeting the 92% standard. This is the lowest recorded performance since the standard was introduced in April 2012.
- 865 patients were waiting more than 52 weeks at the end of March 2016.

### **Cancer services**

- Seven of the eight cancer standards were met.

- The 85% standard for 62 day cancer waiting times was not met, with 84.0% of patients beginning a first definitive treatment within 62 days from an urgent GP referral for suspected cancer.

### **Delayed transfers of care**

- There were 169,928 delayed days in March 2016, compared to 140,390 in March 2015, the highest number of delayed days in a month since monthly data was first collected in August 2010.
- There were 5,703 patients delayed at midnight on the last Thursday of March 2016.

### **Mental Health**

- The EIP access and waiting time standard requires that, from 1 April 2016, more than 50% of people experiencing First Episode Psychosis (FEP) are treated with a NICE-recommended package of care within two weeks of referral. The data summarised here relates to the waiting time element of the standard.
- 64.4% of patients started treatment within two weeks in March 2016 (720 out of 1,118 patients started treatment within two weeks)
- The number of patients waiting to start treatment (incomplete pathways) was 1,325 at the end of March 2016. Of these 934 were waiting for more than two weeks.
- Providers are continuing to work on data quality, and issues identified by them may ultimately impact on performance against the standard – single month's data should therefore be treated with caution.
- This collection of data via Unify2 is an interim measure and is intended to continue until data collected by HSCIC via the Mental Health Services Dataset is considered to be robust.

### **Further information**

More detail can be found within each individual release, available at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/>.

We welcome feedback on the content of this summary. If you have any comments or further information about the published statistics, please contact us at:

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