

BOARD PAPER - NHS ENGLAND

Title: Integrated performance report

Clearance: Tim Kelsey, National Director for Patient and Information

Purpose of paper:

- To provide a first report on NHS England performance, focusing on the delivery of the Business Plan, *Putting Patients First*.

Key issues and recommendations:

This is the first report to the NHS England Board, building on the NHS England Business Plan. The Board is asked to consider both the format and contents of this first report to assist in the design of subsequent quarterly Reports to the Board.

Actions required by Board Members:

- To agree any changes to the format and contents of future Reports; and
- To agree any actions arising from the contents of this Report.

Integrated performance report

Summary

1. This is the first Report to the NHS England Board setting out progress against the Business Plan, *Putting Patients First*, and more fundamentally, against our key objective of high quality care for all, now and for future generations.

Putting Patients First: The NHS England business plan for 2013/2014 – 2015/2016

2. Building on the planning guidance for commissioners, *Everyone Counts: Planning for Patients 2013/14*, the NHS England Business Plan set out in detail how we will support commissioners to use their valuable public resources to improve quality and secure the best possible outcomes for people.
3. The plan also affirmed our commitment to transparency, and sets out how we will assess our own progress and be accountable for our actions. In particular, it set out a new 11-Point Scorecard reflecting our core priorities against which we will measure performance. This 11-Point Scorecard forms a key element of this Report.

Contents and coverage

4. On 1 April 2013, NHS England took on its full range of new powers and this is the first report to the NHS England Board in its new form. The Table below sets out the main sections of the Board Report, with this paper providing the summary narrative around the Report.

Board Report contents

Section	Contents
A. The 11-Point Scorecard	Indicators in the 11-Point Scorecard for which we have data for the period after 1 April 2013. Given the timing of this Report this is necessarily limited.
B. Business Plan deliverables	Covering the actions due for delivery from 1 April to 7 June 2013
C. NHS Performance and Finance	Further detail on current NHS performance and finance, focusing on recent performance and issues.
D. Organisational Health	Further detail on the organisational health of NHS England, including an analysis of complaints received by NHS England since 1 April.
E. Historic data and Placeholders on the 11-Point Scorecard	For much of the 11-Point Scorecard we only have data referring to periods before April 2013. This data is collected here and also identifies where new data collections are in train.

5. Presented separately, the Board Assurance Framework covers the strategic risks faced by NHS England, where strategic risks impact broad areas of performance. These are covered separately in this first report to the Board to

allow for sufficient focus on both. In future these will be presented together in this Report.

Timing

6. NHS England took over its expanded role on 1 April 2013. However, data on many indicators in the 11-Point Scorecard are not yet available for the period from 1 April. For some significant areas – especially population outcomes data – there is often a time lag before data becomes available. We are exploring ways to shorten this gap (though most data is not generated by NHS England) or develop other ways to provide a more timely assessment to the Board. For completeness, Section D presents available historic data on Scorecard Priorities.

Key issues in this Report

Business Plan actions and deliverables

7. Nine deliverables in the Business Plan were due to be completed in this reporting period. Further details are presented in Section B. Of these nine, three have been completed as planned; four (vision statements on outcome domains) have been incorporated into the strategy process; and two are nearing completion.
8. Key achievements in this reporting period include:
 - The publication of a common purpose framework with national partners on integrated care, and two actions relating to the establishment and support of Quality Surveillance Groups;
 - The Friends and Family Test was introduced for all acute inpatients and A&E patients from 1 April. All Trusts have been contacted directly, with a focus on sharing response rate best practice and mutual support and the top response trusts invited to share good practice;
 - A National Clinical Director for Maternity and Women's Health has been appointed to lead the agenda on maternity services;
 - Early progress has been made in the drive towards strengthening the local autonomy of clinical commissioning groups, health and wellbeing boards and local providers of service. Work includes the publication of a strategy for commissioning support services, the development of a partnership protocol with the Association of Chief Executives of Voluntary Organisations and Commissioning Support Units and the launch of a commissioning support website and Choice Application;

- A web based GP assurance framework has been launched to provide a portal for primary care data accessible to GP practice staff and primary care commissioners;
- The Leadership Academy came into force on 1 April to deliver core leadership programmes to 2000 NHS staff, with an aim to improve compassion and the quality of care for patients;
- NHS England and Monitor jointly produced, “How can the NHS payment system do more for patients?”;
- Work to set up a Civil Society Assembly has started, which will be a key forum for public, patient and carer participation and involvement; and
- Consultant Treatment Outcomes detailing mortality rates for individual hospital consultants in ten specialties have been published online for the first time.

9. The incomplete actions relate to:

- Establishment of Academic Health Science Networks: announcement has been made of the 15 Networks and formal establishment is underway; and
- Establishing partnership agreements with seven key national partners: six of these are in place and the last (with Health Education England) is in hand.

11-Point Scorecard

10. As noted, current data on the 11-point Scorecard is limited but will expand over time. This section also covers NHS111. Of note in Quarter 1 2013-14 are set out below; further information is provided in section C.

Urgent Care, A&E and Ambulances

11. The NHS is committed to provide patients with convenient, easy access to services within a maximum waiting time set out in the NHS Constitution. For A&E, the pledge to patients is a maximum four-hour wait in A&E from arrival to admission, transfer or discharge. The operational standard by which we judge success is that 95% patients should have a maximum wait of 4 hours, because there are some patients where there clinical reasons for them to remain longer in A&E. This is a key measure for patients and the NHS makes every effort to ensure that patients wait no longer than necessary.
12. After a period to April when the A&E standard was not achieved, the standard is currently met in aggregate across the country and we have a comprehensive programme of work with the NHS and our partners to address

the on-going sustainability of issues, and to prepare for the additional pressures of the winter months.

13. Another key group of pledges, are those around ambulance response times to ensure that an ambulances respond to 75 per cent of red emergency calls (the most serious and life threatening) calls within eight minutes and 95 per cent of other calls within 19 minutes of a request being made for a fully equipped ambulance vehicle (car or ambulance) able to transport the patient in a clinically safe manner.
14. Again, these standards are being achieved in aggregate across the country although anecdotally there are reports of handover delays from ambulance crews to A&E staff. We are working with our partners to address this and minimise the numbers of patients waiting for admission.

NHS 111

15. The introduction of the NHS 111 service improves patient and public experience of the urgent and emergency care system, by offering a free-to-call, easy-to-remember number to access urgent NHS services. NHS 111 is intended to reduce inappropriate demand on emergency services, by giving patients an alternative route into NHS services. The service has been launched across the majority of the country, with 90% coverage.
16. Although, some of the sites did have initial problems, these were quickly addressed and NHS 111 is now the principal entry route for access to the urgent care system with almost 600,000 patients accessing the service in May. NHS England continues to work with commissioners and providers to stabilise performance and ensure quality, and to ensure all future NHS 111 launches are suitable and sustainable.

Elective Care, 18 weeks referral to treatment times, cancer waits and diagnostic waits

17. The NHS Constitution includes the right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. This is an important right for patients because it means that patients are seen quickly. The right is measured by performance against the three operational standards that commit that 90% of patients on an admitted pathways are treated in 18 weeks; 95% of non-admitted pathways treated in 18 weeks; and 92% of incomplete pathways to wait less than 18 weeks. Performance against these standards is broadly stable.
18. Prompt treatment for cancer patients is important for their clinical outcomes and for their own peace of mind. The NHS Constitution includes a right and a number of pledges on cancer waits to ensure that patients are treated promptly. They include the right to be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected; and maximum waits for initial referral and treatment and

subsequent referral and treatment. Across the country all the cancer waits operational standards are being met.

19. Prompt access to diagnostics, is another important aspect of access for patients so that they can quickly know what is wrong and the NHS Constitution includes a pledge that patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral. This pledge has an operational standard of 99% and currently the NHS is just below this standard.

Activity

20. Activity levels (demand) in the NHS continues to rise, up 1.8% for both elective and non-elective activity in 2012/13 over 2011/12. Over time, continuing increases in demand place quality of care at threat as we cannot raise spending to match them. While CCGs are planning for lower emergency and elective activity in 2013/14, data for April shows continued increases overall. Work is in hand to understand the capacity and financial consequences of this now and as we move into the winter period.

Finance

21. The 2013/2014 plans are due to be finalised in week commencing 7 July 2013. This has been a complex process given the need to map activity and finances onto the new commissioning structures, and the only significant outstanding issue for resolution is ensuring that NHS income assumed by all commissioning organisations balances to the £95.6bn Mandate funding. A number of discrepancies in individual organisations' assumptions are being worked through currently, but they can be covered within the overall plan funding.
22. Reporting for month two has been limited to expenditure comparison and is summarised at Priority 11 in Section A from month three a full suite of surplus, expenditure, QIPP and central budget reporting will be made available to the Board in addition to detailed performance information provided to the Finance and Investment Committee.
23. There are no major forecast outturn variances to be reported in month two; as would be expected at this point in the financial year, forecast outturn spend is in line with the planned expenditure included in budgets, which are only just being finalised. The variances shown in both the year to date and forecast outturn amounts relate to a small number of organisations; none is individually significant, and most are likely to be minor anomalies in reporting through the new system rather than actual under- or overspends. Reported year to date underspends are currently being analysed, but at this early stage in the year it would be premature to conclude that continuing underspends are likely.

Conclusion

24. This is the first Report to the NHS England Board on performance against the Business Plan. The Board is invited to:

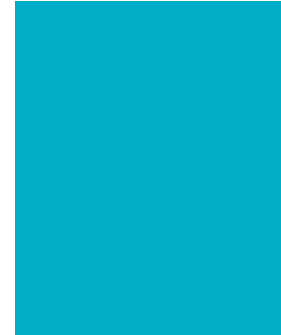
- to agree any changes to the format and contents of future reports; and
- to agree any actions arising from the contents of this report.

Tim Kelsey

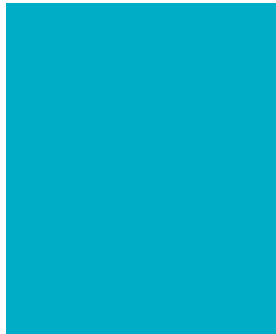
National Director for Patients and Information

July 2013

Section A: The 11-Point Scorecard



NHS England Board Report July
2013

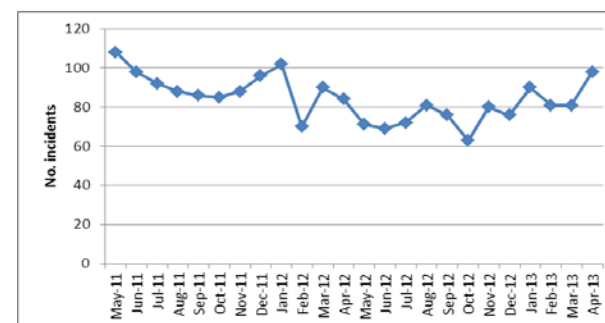


Priority 7: Treating and caring for people in a safe environment and protecting them from avoidable harm

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

		No. incidents	% Change	Direction	RAG Colour
Current Value	Apr-13	98			Red
Change on previous year	Apr-12	14	16.67%	↑	
Long term change	Apr-11	-15	-13.27%	↓	

RAG based on comparison to Operational Standard of 0

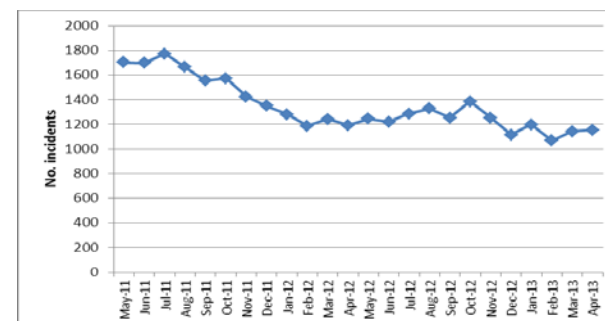


NHS Outcomes Framework, Indicator 5.2.ii: Incidence of C Difficile

		No. incidents	% Change	Direction	RAG Colour
Current Value	Apr-13	1154			
Change on previous year	Apr-12	-38	-3.19%	↓	Green
Long term change	Apr-11	-412	-26.31%	↓	Green

Desired direction: Down

RAG Rating based on changes +/- 1% from previous period

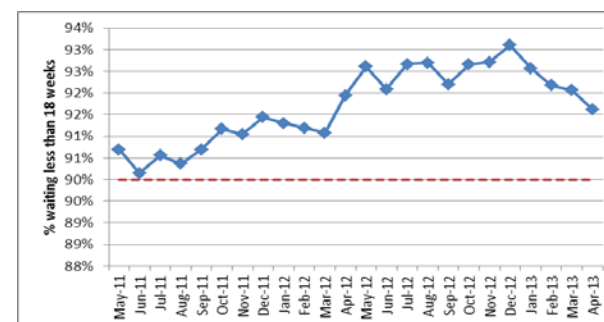


Priority 9 - NHS Constitution rights and pledges

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

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Apr-13	91.6%			Green
Change on previous year	Apr-12	-0.3%	-0.35%	↓	
Long term change	Mar-08	4.5%	5.20%	↑	

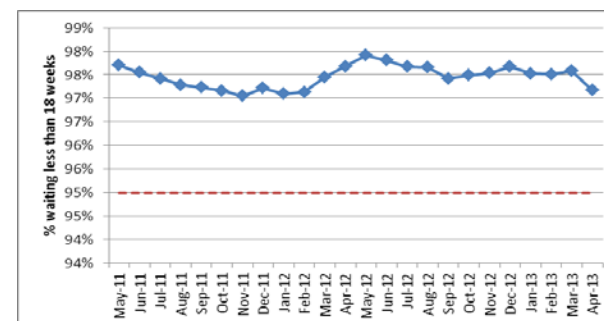
RAG based on comparison to Operational Standard of 90%.



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	Apr-13	97.2%			Green
Change on previous year	Apr-12	-0.5%	-0.52%	↓	
Long term change	Aug-07	21.0%	27.62%	↑	

RAG based on comparison to Operational Standard of 95%.

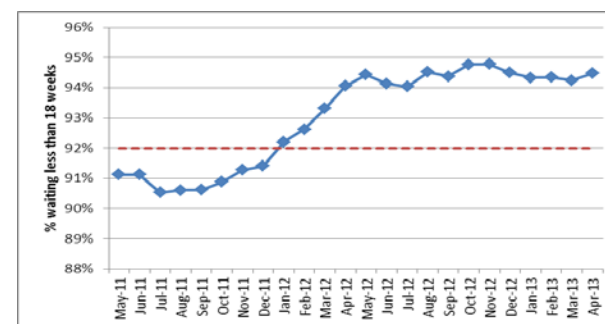


Priority 9 - NHS Constitution rights and pledges

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	Apr-13	94.5%			Green
Change on previous year	Apr-12	0.4%	0.44%	↑	
Long term change	Aug-07	37.3%	65.11%	↑	

RAG based on comparison to Operational Standard of 92%.

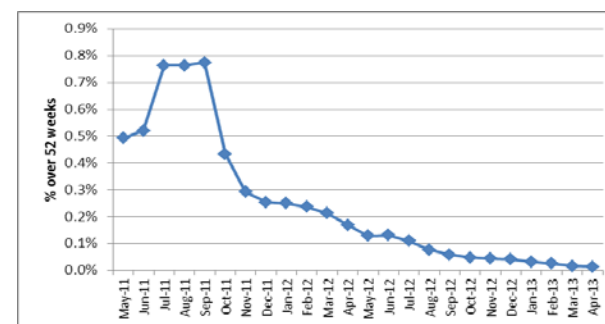


Number of patients waiting more than 52 weeks

		% over 52 weeks	% Change	Direction	RAG Colour
Current Value	Apr-13	0.01%			
Change on previous year	Apr-12	-0.2%	-91.69%	↓	Green
Long term change	Aug-07	-13.8%	-99.90%	↓	Green

Desired direction: Down

RAG Rating based on 95% confidence limits calculated on an annual basis

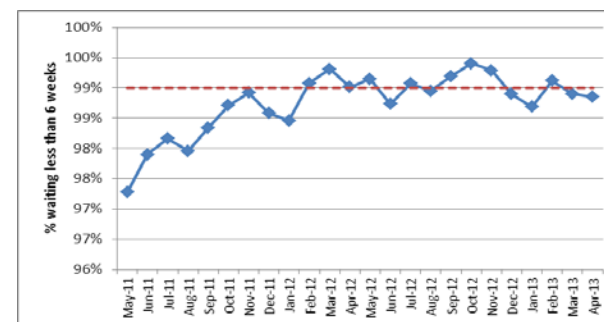


Priority 9 - NHS Constitution rights and pledges

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	Apr-13	98.8%			Red
Change on previous year	Apr-12	-0.2%	-0.16%	↓	
Long term change	Jan-06	53.7%	118.92%	↑	

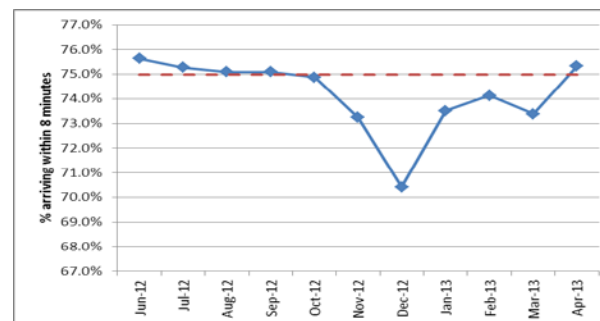
RAG based on comparison to Operational Standard of 99%



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

		% arriving within 8 minutes	% Change	Direction	RAG Colour
Current Value	Apr-13	75.3%	0.00%	0	Green
Change on previous year	N/A	N/A	N/A		0.00%
Long term change	N/A	N/A	N/A		0.00%

RAG based on comparison to Operational Standard of 75%.

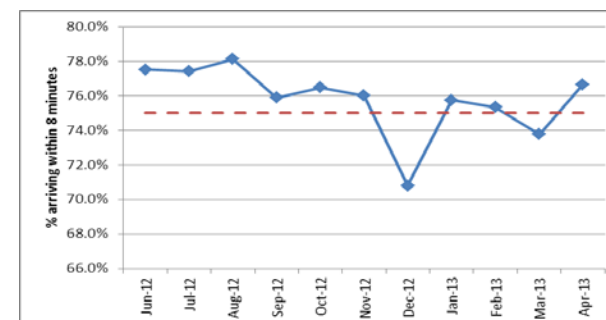


Priority 9 - NHS Constitution rights and pledges

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

		% arriving within 8 minutes	% Change	Direction	RAG Colour
Current Value	Apr-13	76.6%			Green
Change on previous year	N/A	N/A	N/A		
Long term change	N/A	N/A	N/A		

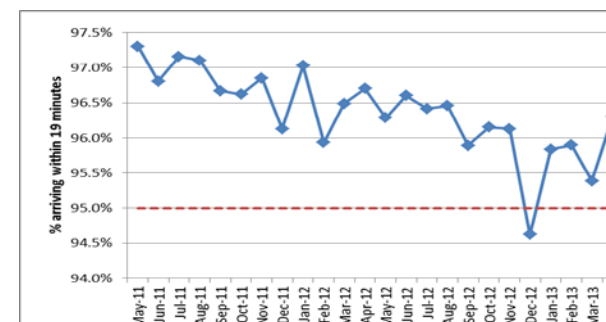
RAG based on comparison to Operational Standard of 75%.



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

		% arriving within 19 minutes	% Change	Direction	RAG Colour
Current Value	Apr-13	96.3%			Green
Change on previous year	Apr-12	-0.4%	-0.41%	↓	
Long term change	Apr-11	-1.0%	-1.02%	↓	

RAG based on comparison to Operational Standard of 95%

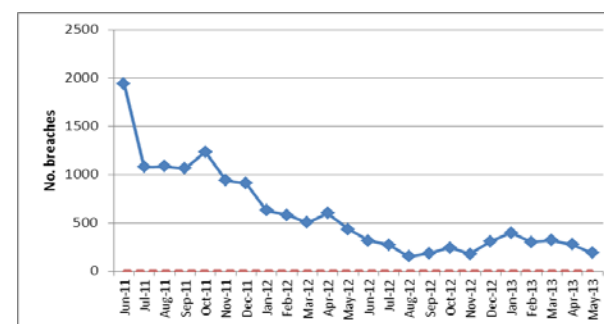


Priority 9 - NHS Constitution rights and pledges

Mixed Sex Accommodation Breaches

		No. breaches	% Change	Direction	RAG Colour
Current Value	May-13	187			Red
Change on previous year	May-12	-245	-56.71%	↓	
Long term change	Dec-10	-11615	-98.42%	↓	

RAG based on comparison to Operational Standard of 0



Priority 11 - High quality financial management

Actual spend versus budget

Data not yet available

The suite of finance indicators will increase over time, and we will supplement the 11-Point Scorecard Finance indicator with a further set of indicators. These will cover CCGs, Direct Commissioning and other Central expenditure and are set out below.

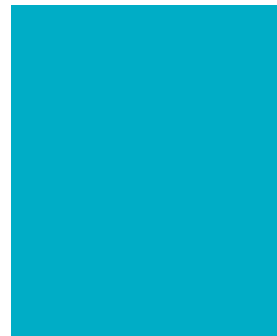
	NHS England area	Metric	RAG at month 2
1	Clinical Commissioning Groups	Surplus - Year To Date	Not assessed
2	Clinical Commissioning Groups	Surplus - Forecast Outturn	Not assessed
3	Clinical Commissioning Groups	No. of CCGs forecasting a deficit	Not assessed
4	Clinical Commissioning Groups	QIPP delivery	Not assessed
5	Clinical Commissioning Groups	Management costs within budget	Not assessed
6	Direct Commissioning	Surplus - Year To Date	Not assessed
7	Direct Commissioning	Surplus - Forecast Outturn	Not assessed
8	Direct Commissioning	QIPP delivery	Not assessed
9	Central	Programme costs within budget	Green *
10	Central	Management costs within budget	Green *
11	NHS England	Overall Surplus Forecast Outturn	Not assessed

* Rated Green based on nil forecast variance against spend.

Section B Business Plan Deliverable Status Report: 1 April 2013 - 7 June 2013

Deliverable Lead	Deliverable Ref.	Deliverable description	Baseline Deliverable Date	Business Plan Deliverables: Status	
				Deliverable Status	Rationale for deliverable RAG rating including actions to address the Red or Amber-Red Status and key activities this period:
All deliverables in this reporting period					
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	The deliverable status has been rated as Amber/Green as the objective has changed. These vision statements will now be incorporated into the strategy process to ensure coherence and alignment. Good progress is being made.
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	See narrative against key deliverable 1.1.
National Director: Policy	7.2	• We will publish a common purpose framework for integrated care with national partners by May 2013.	May-13	Complete	The Framework was published on 14 May 2013.
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	See narrative against key deliverable 1.1.
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	See narrative against key deliverable 1.1.
National Medical Director	18.2	• Quality surveillance groups (QSG) will be operational in every region from April 2013. They will bring together local commissioners regulators and other bodies to provide multi agency surveillance and response to quality and safety issues in all areas of healthcare.	Apr-13	Complete	Quality surveillance groups (QSG) are operational in every region since April 2013.
National Medical Director	21.2	• We will establish Academic Health Science Networks from April 2013 to bring together expertise in research, education, information, dissemination and implementation methods, and innovation to translate research into practice.	Apr-13	AG	Announcement has been made of the designation of 15 Academic Health Science Networks. Programme is delayed slightly but formal establishment is now underway.
National Director: Policy	22.1	• Partnership agreements have been established for seven key national partners. These will be enacted from April 2013. In addition, we will consider whether this approach would offer a sensible way forward for formalising our relationships with other strategic partners	Apr-13	AG	Six partnership agreements are in place. The agreement with Public Health England is being refreshed following publication by PHE of their national priorities, this is supported by effective working relationships between the organisations. The Health Education England agreement cannot be progressed until an executive to executive meeting has taken place. The arrangements for this meeting are in hand. By their nature partnership agreements cannot be imposed. Discussions are in place internally on capacity issues and the effective engagement of the Board and Executive team.
National Medical Director	22.2	• We will work closely with partners on key quality and safety issues through Quality Surveillance Groups (QSGs) from April 2013.	Apr-13	Complete	Quality surveillance groups (QSG) are operational in every region since April 2013 and are working with partners on key quality and safety issues.

Section C: NHS Performance and Finance



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.

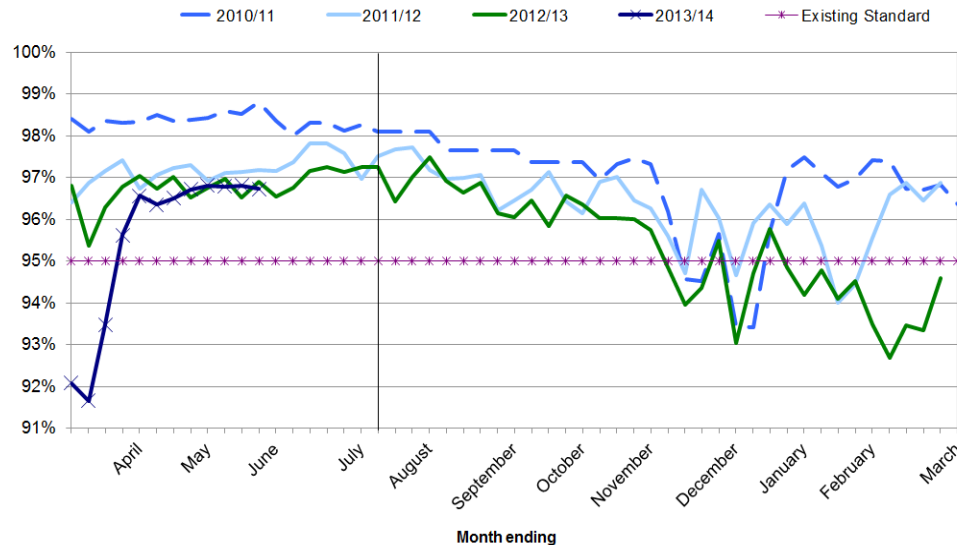
For the July 2013 Board Report it contains:

- Urgent Care
 - A&E and ambulance performance
 - Progress with 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
- Financial Performance

A&E & Ambulance Performance

After a period in March and April, when the A&E standard was not achieved, the latest data shows that the NHS is achieving the 95% A&E standard for Q1 2013/14 to date, and has been maintaining it since week ending 28 April. As at week ending 23 June, quarter to date performance is 95.5% of patients seen in under 4 hours in all A&E types.

A&E Performance - All Type



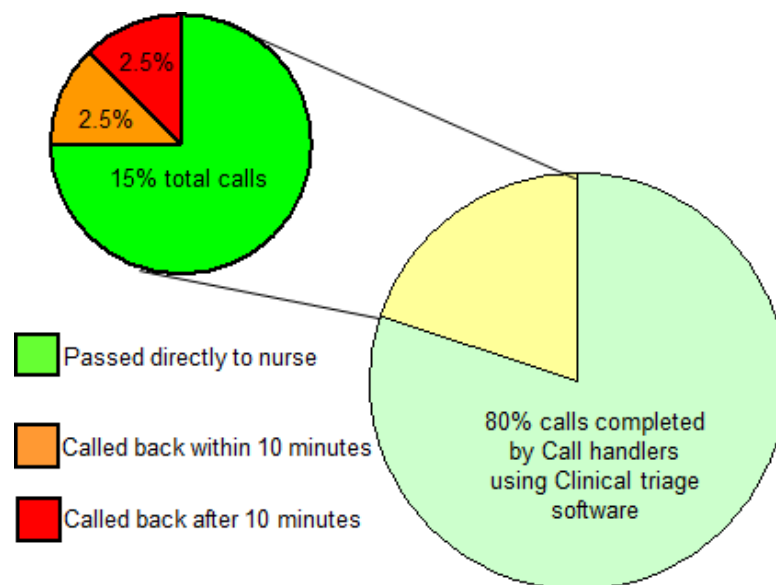
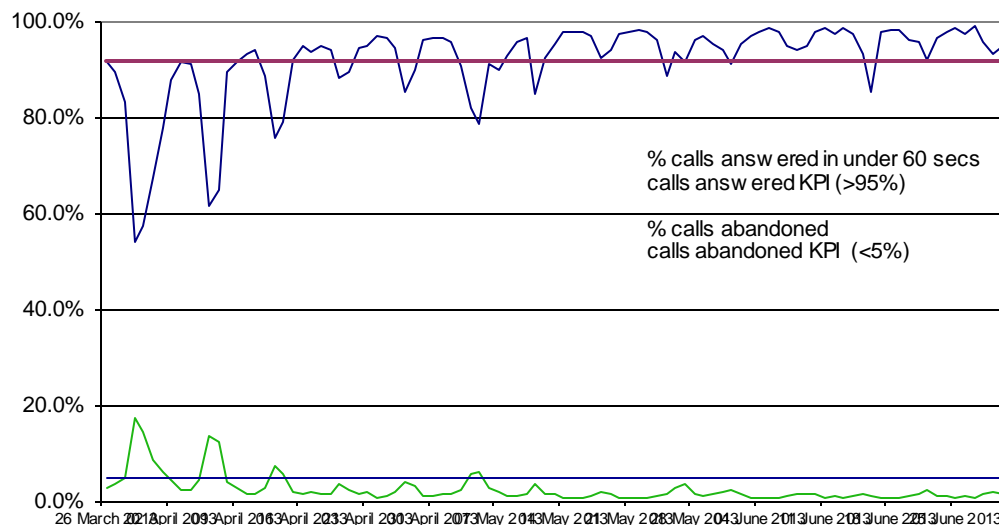
The process of assurance of the system recovery and improvement plans (SRIPs), called for under the NHS England A&E Improvement plan published 9 May 2013 is now underway with oversight by national and regional tripartite groups (including NHS England, NHS TDA and Monitor with the Association of Directors of Social Services). These plans have been developed to ensure coverage for all A&E departments under the oversight of local Urgent Care Boards.

April saw ambulance performance improve compared to the previous month, and England performance achieving all three standards. Since June 2012, response times for the Category A 8 mins standard are reported separately for Category A8 Red 1 calls and Category A8 Red 2 calls. Since this change, the NHS has struggled to stay above 75% for Cat A Red 1 calls. Nationally, performance has been below standard since October 2012, but has recovered in April 2013 to 75.3%. On CAT A8 Red 2: performance in April 2013 for this category was 76.6% and the standard was achieved in 2012/13. On Cat A 19 mins Transportation Standard the national position in April 2013 was 96.3% and the standard was achieved in 2012/13.

Sustaining and improving delivery on these standards will also be covered by the development of local system recovery and improvement plans.

June 2013 NHS 111 performance

NHS 111 performance has improved and stabilised significantly. The calls abandoned KPI (under 5%) is now being met across the country (national average 1.4%). Although some sites are still unable to meet the calls answered within 60 seconds KPI (over 95%) at peak times national average 95.8%. Recently published data from May, demonstrates the low level of calls that require further assessment by a clinician (20%), and that $\frac{3}{4}$ of these are passed to a clinician immediately with only 5% of calls requiring a call back. Half of these call backs happen within 10 minutes.



- On average, a call to NHS 111 takes just over 8 minutes
- Around 5% of callers to NHS 111 need to be called back to complete their assessment, compared to around 70% under NHS Direct
- Of those who have called NHS 111 so far, 92% are either very satisfied, or satisfied with the service they have received

NHS 111- Background and Actions taken

Background

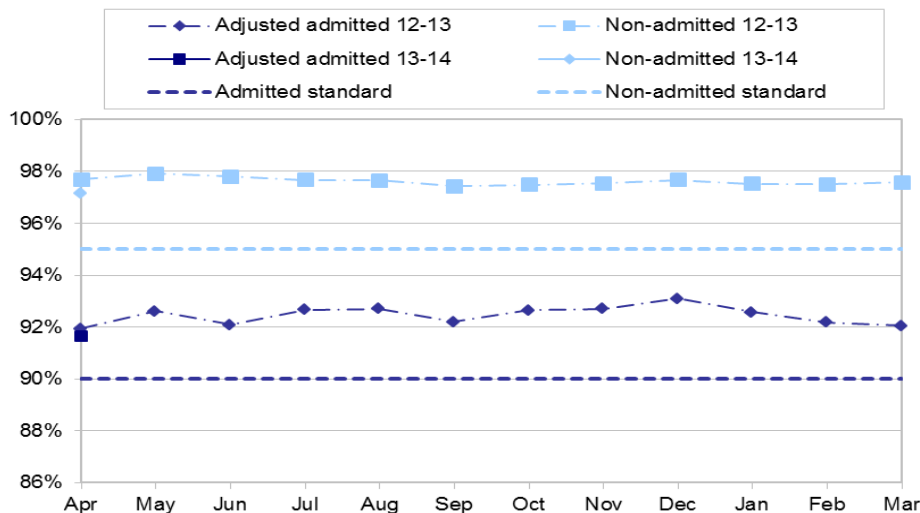
- NHS 111 is a locally commissioned service tailored to meet local circumstances but with the common core element that patients can ring a simple number if they need urgent care which is not such an emergency that requires 999.
- NHS 111 is now the principle entry route for access to the urgent care system with almost 600,000 patients accessing the service in May 2013.
- NHS 111 has been launched across the majority of the country since February, going from 20% coverage (end Feb) to 90% coverage (currently). Despite repeated assurances to local commissioners some of the new sites failed to perform as expected especially at weekends, with long delays for calls to be answered and a high rate of abandoned calls. These problems were exacerbated by the Long Easter weekend.
- NHS England quickly intervened with these issues as soon as performance concerns were reported during March 2013. At this time it was apparent that three large providers- NHS Direct, Harmoni and SEC Ambulance Trust- did not have sufficient capacity to deliver the service in some areas, despite assurances on many occasions from them that they were ready.

Actions being taken:

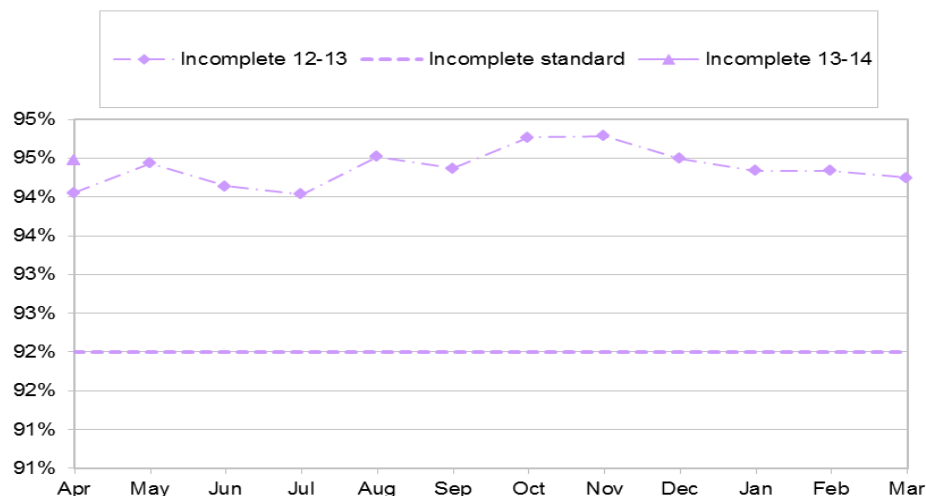
- NHS England immediately put in place a series of contingency arrangements with local commissioners as well as close monitoring of key quality and performance indicators to oversee the recovery and a national checkpoint process to assure any further roll out of the service. Performance has improved significantly and all areas are now meeting the required standards though in places through a reduced service.
- NHS England working with CCG commissioners has developed robust programme management arrangements with three workstreams to:
 - a) **stabilise** performance & ensure all future 111 launches are suitable and sustainable;
 - b) **quality and clinical safety** – to ensure NHS 111 is both safe and effective on clinical grounds, and;
 - c) **look to the future** – to consider the future strategic direction of NHS 111 in improving access to the U&EC system and potentially for enabling wider public and patient access to NHS services.
- NHS England has received updated plans from each of the 46 NHS 111 areas describing how they will grow to full capacity in the coming months, and recovery plans for those areas where there are still concerns about performance;
- NHS Direct has confirmed it is unable to fulfil the contracts it has agreed for launch in Cornwall & North Essex. NHS England is working directly with local commissioners to find alternative providers but this will result in a delayed launch. NHS England is also closely monitoring NHS Direct's ability to deliver on all its contracts.

18 weeks Referral To Treatment (RTT) times

Percentage of pathways completed within 18 weeks



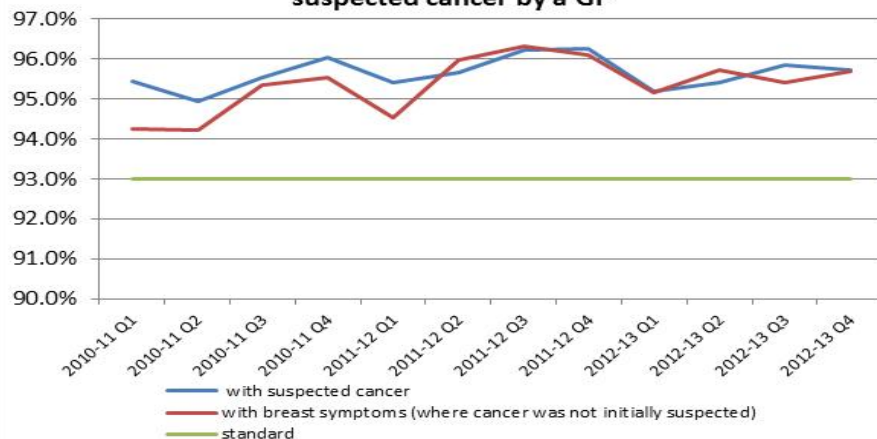
Percentage of incomplete pathways within 18 weeks



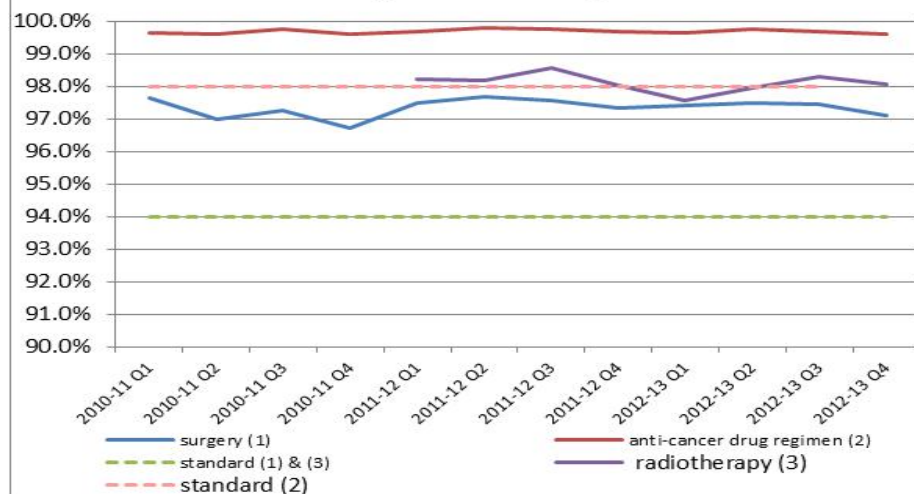
- Elective waiting times are broadly stable and NHS performance standards are being met
- Where treatment required a hospital admission (admitted patients): 91.6% started treatment within 18 weeks, compared to 91.9% in April 2012
- Where treatment did not require a hospital admission (non-admitted patients): 97.2% started treatment within 18 weeks, compared to 97.7% in April 2012
- 94.5% of patients who have yet to start treatment (incomplete pathways) had been waiting less than 18 weeks, compared with 94.1% in April 2012
- In April 2013 the waiting list size had grown to 2.75 million people, compared to 2.48 million in Apr 12
- Broadly speaking target performance is currently stable at a national level;
- The small changes in headline performance in April is at least in part due to data changes;
- However, there has been an increase in the total waiting list, which may be due to an increase in demand;
- The numbers of long waiters (> 18 weeks) have not increased but more activity may be required to cope with this demand if average waiting times are not to rise further.

Cancer Waits

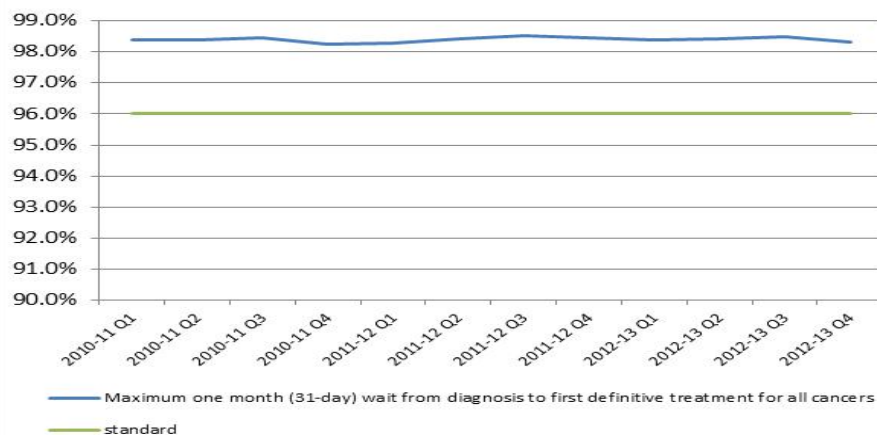
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP



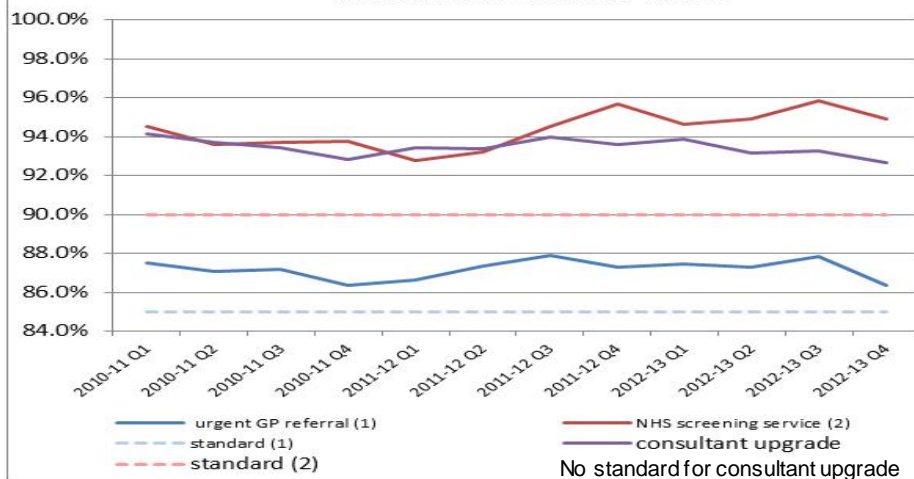
Maximum 31-day wait for subsequent treatment



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



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



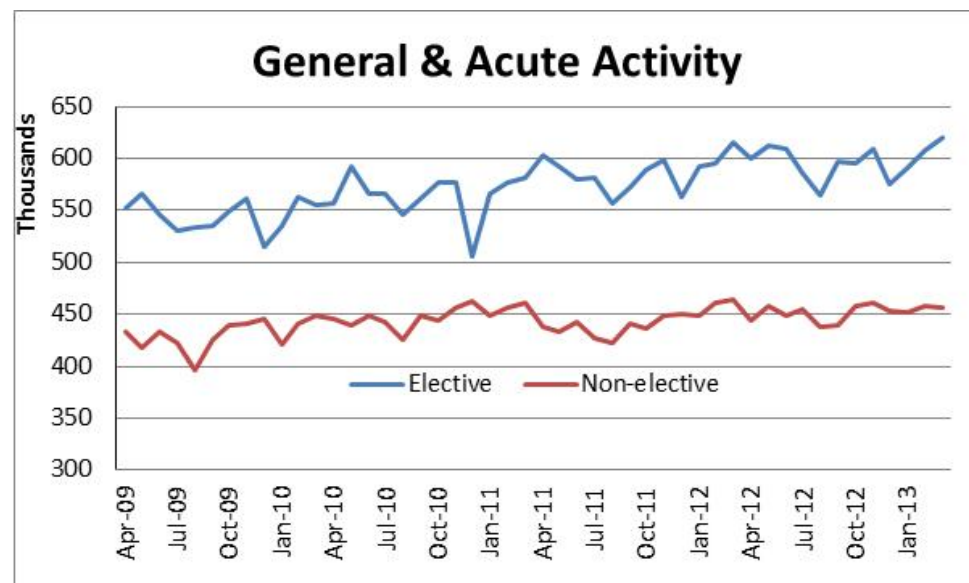
Latest data shows that the NHS continues to meet all cancer waiting time operational standards at the national level.

Activity

The NHS continues to treat more patients - activity in 2012/13 was 1.8% higher than in 2011/12. However, CCGs are planning that less patients will be treated in 2013/14, for both elective and non-elective activity. Data for April 2013 indicates, in aggregate, that activity continues to increase.

Elective admissions increased by 1.8% in 2012/13 compared to 3.6% in the previous year. Non-elective admissions also increased by 1.8% compared to a 1% reduction in the previous year.

	2010/11 % full year growth	2011/12 % full year growth	2012/13 % full year growth
GP referrals	2.4%	-0.5%	3.3%
Other referrals	5.1%	4.6%	4.1%
First OP attendances	3.7%	0.3%	2.4%
Elective admissions	3.6%	3.6%	1.8%
Non-elective admissions	4.2%	-1.0%	1.8%
Total Activity	3.9%	1.6%	1.8%
A&E attendances			1.1%



Friends and Family Test

Friends & Family Test: Background : The test is initially for all acute providers of adult NHS funded care covering services for inpatients and patients discharged from A&E (type 1 and 2). From 1st April 2013, data collection and reporting became mandatory for acute providers.

Benefits of the Friends and Family Test : The Friends and Family Test is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations. It will mean that staff from “boards to wards” have access to up-to-date patient feedback and thus will be informed and empowered to take immediate action to tackle areas of weak performance and build on success. Patients will be able to use the information to make decisions about their care and to challenge their local trusts to improve services while championing those who excel. Commissioners will have an up-to-date and comparable measure to use to benchmark providers and use in contract discussions. Tracking trends will provide validation of where targeted improvements are most effective.

Acute Inpatient and A&E Response Rates : Data on the test has been collected in April and May as part of a programme following a 12 week progressive FFT data build to publication for Acute In-Patients and A&E across England by end of July (April, May and June data). Challenges have been reported regarding the delivery of response rates for FFT in A&E however, the number of trusts that have achieved over 15% response rate has doubled in May.

Post April Data Submission actions: All Trusts contacted directly, with a focus on sharing response rate best practice and mutual support and the top response trusts invited to share good practice. Best practice also posted to website.

NHS FFT May Data Summary – Headlines:

166 of 167 trusts submitted data, with 43.1% of Trusts achieved combined minimum response rate of 15%. 80.2% of Trusts achieved Acute overnight minimum response rate of 15%. 15.3% of Trusts achieved A&E minimum response rates of 15%. 26 Trusts with significant combined improvement between month 1 and 2 (5%>). 56 Trusts with significant Acute overnight improvement between month 1 and 2 (5%>) and 25 Trusts with significant A&E improvement.

Next Steps: Continuation of best practice records and publication and site visits where required. Regional relationship managers established by delivery team. Commenced working alongside Regional Leads and challenged Trusts.

Financial Performance

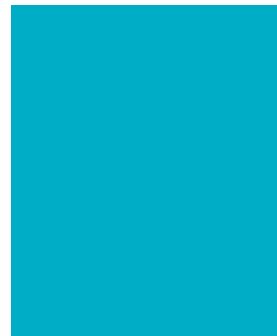
Executive Summary - Key Headlines

	Year to date expenditure					Forecast outturn expenditure before further actions				
	Plan £m	Actual £m	Variance £m	Variance %	RAG	Plan £m	Forecast £m	Forecast Variance £m	Variance %	RAG
CCGs North	3,236.6	3,221.3	15.3	0.5%		19,946.5	19,946.0	0.5	0.0%	
CCGs Midlands and East	3,067.8	3,069.4	(1.6)	(0.1%)		18,731.9	18,737.2	(5.3)	0.0%	
CCGs South	2,523.5	2,516.8	6.7	0.3%		15,726.3	15,726.3	0.0	0.0%	
CCGs London	1,660.5	1,663.3	(2.8)	(0.2%)		10,117.5	10,117.5	0.0	0.0%	
Total CCGs	10,488.4	10,470.8	17.6	0.2%		64,522.2	64,527.0	(4.8)	0.0%	
Direct Commissioning:										
Specialised	2,124.5	2,124.5	0.0	0.0%		12,821.2	12,821.0	0.2	0.0%	
Primary Care	1,833.2	1,816.4	16.8	0.9%		11,248.4	11,240.7	7.7	0.1%	
Public Health	255.7	254.7	1.0	0.4%		1,618.4	1,618.0	0.4	0.0%	
Secondary and Community Dental	119.2	120.3	(1.1)	(0.9%)		719.2	719.1	0.1	0.0%	
Health and Justice	69.0	69.0	0.0	0.0%		355.5	357.2	(1.7)	(0.5%)	
Military Health	6.4	6.4	0.0	0.0%		43.9	43.9	0.0	0.0%	
Other	6.6	6.5	0.1	1.5%		38.7	40.2	(1.5)	(3.9%)	
Total Direct Commissioning	4,414.6	4,397.8	16.8	0.4%		26,845.3	26,840.1	5.2	0.0%	
Other	325.3	325.2	0.1	0.0%		2,296.0	2,296.0	0.0	0.0%	
Social Care	143.2	143.2	0.0	0.0%		859.0	859.0	0.0	0.0%	
TOTAL	15,371.5	15,337.0	34.5	0.2%		94,522.5	94,522.1	0.4	0.0%	
Manual adjustment – to reflect in underlying budgets for month 3						(157.5)	(157.5)			
Direct Commissioning – central budgets						609.0	609.0			
Total planned expenditure						94,974.0	94,973.6			

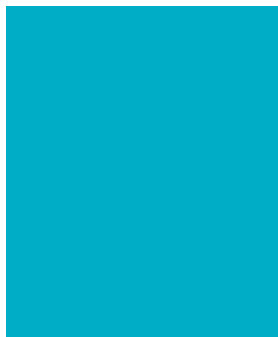
Reporting for month 2 has been limited to expenditure comparison; from month 3 a full suite of surplus, expenditure, QIPP and central budget reporting will be made available to the Board in addition to detailed performance information provided at the Finance and Investment Committee.

There are no major forecast outturn variances to be reported in month 2; as would be expected at this point in the financial year, forecast outturn spend is in line with the planned expenditure included in budgets, which have only recently been submitted. The variances shown in both the year to date and forecast outturn amounts relate to a small number of organisations; none is individually significant, and most are likely to be minor anomalies in reporting through the new system rather than actual under- or overspends. Reported underspends are currently being analysed but at this early stage in the year it would be premature to conclude that continuing underspends are likely.

Section D: Organisational Health



NHS England Board Report July
2013



Contents

This section presents latest information on a number of important areas on the organisational health and functioning of NHS England, supplementing and expanding Section 10 of the 11-Point Scorecard. As we are early in the year, some of this data will only be available for subsequent Reports.

This section also covers the performance of the NHS England Customer Contact Centre and the first analysis of complaints received by NHS England since 1 April 2013.

Becoming an excellent organisation

Workforce Status

AREA	TOTAL POSTS			FILLING OF POSTS		VACANCIES
	Total Posts in Establishment (including lift and shift)	Number of Posts in Establishment (organisational structure only)	Number of Lift and Shift Posts (post numbers based on headcount, not WTE)	Total Posts Filled to Date	Percentage of Posts Filled	Percentage Vacancy Rate
All NSC Directorates (not HRSS)	1,161	1,161	0	889	76.6%	23.4%
North Region	1,896	1,036	860	1,751	92.4%	7.6%
Midlands & East Region	1,260	913	347	1,187	94.2%	5.8%
London Region	725	460	265	699	96.4%	3.6%
South Region	1,386	820	566	1,285	92.7%	7.3%
NHS Improving Quality	308	73	235	285	92.5%	7.5%
NATIONAL	6,736	4,463	2,273	6,096	90.5%	9.5%

NOTES:

1. Of the total posts filled by ring-fenced or other recruitment approximately 81 are secondments.
2. Posts filled takes into account any leavers since 1 April 2013
3. Figures have been obtained through collation of information from local recording systems pending completion of ESR establishment data quality review.
4. The total number of posts is based on number of posts in the organisational structure, plus number of posts (headcount) that have transferred under a lift and shift arrangement.

Becoming an excellent organisation

Equality and Diversity

The Equality and Diversity Strategy Group met on 18 June 2013. The group had a robust discussion about the principles for the Equality, Diversity and Inclusion in the Workforce Strategy for NHS England. Specifically, the group challenged NHS England to seek to use a range of approaches as part of the strategy that would make a real difference in terms of changing the diversity of the workforce, at all levels, in a way that some of the more traditional actions taken by the NHS have not done so before. The group discussed a range of actions that it would seek to include in the strategy including:

- Ensuring equality, diversity and inclusion is discussed at every board meeting,
- Executive directors will all mentor someone from an underrepresented group,
- Identifying board and director champions,
- Enabling diverse networking groups to develop to assist in developing strategy,
- Develop an inclusive talent management strategy to bring through existing diversity in our workforce currently at lower pay bands,
- Undertaking an evidence based research piece of work to develop and embed a recruitment for values and behaviour strategy that encourages decision makers to value and seek out difference and diversity,
- Encouraging an applicant pool from a wide and diverse field and making NHS England an attractive excellent employer,
- Participating in external benchmarking and
- Developing effective targets at a local area and regional level following review and analysis of the workforce profile

The group also considered the first cut draft equality and diversity workforce profile and acknowledged that the data was subject to a full data cleanse and validation process over the coming months. The group felt that it was essential that a more granular level of analysis by area and regional teams was required to allow any conclusions to be drawn fully about the whether the workforce reflects the community we serve. A data validation, including a refresh of equality and diversity data, will be undertaken in the next 3 to 6 months.

The group will meet again in October and the strategy and comprehensive equality and diversity workforce profile will be presented to the board in November 2013, following effective staff and manager engagement to shape the strategy over the next 4 months.

Becoming an excellent organisation

Feasibility of Future Reporting

No	Workforce Data	Directorate / Region			Area Team		
		Q1	Q2	Q3/Q4	Q1	Q2	Q3/Q4
QUANTITATIVE DATA							
1	Staff Numbers (see slide 1)	✓	✓	✓	✓	✓	✓
2	Vacancy Rate (see slide 1)	✓	✓	✓	✗	✓	✓
3	Turnover	✗	✓	✓	✗	✓	✓
4	Absence	✗	✓	✓	✗	✓	✓
5	Mandatory Training	✗	✗	✓	✗	✗	✓
6	Equality and Diversity	✗	✓	✓	✗	✓	✓
QUALITATIVE DATA - data gathered from Staff Barometer, exit interviews, Launch Pad, Performance Development and Review							
7	Staff Experience -Motivation -Job design -Engagement -Satisfaction -Views of the organisation	✗	✓	✓	✗	✓	✓

Customer Contact Centre – Q1

Volumes

Type	Volume	% Calls answered in 45 seconds	% abandoned
Calls	26,411	75%	7%
E-mails	10,654		
Letters	1,879		
Total contacts	38,944		

Commentary

Calls answered within 45 seconds and our % abandoned remain below target for the first quarter. This reflects start-up issues around capacity and experience.

Average call duration has decreased over the quarter and after the first month performance has improved.

Of the telephone calls creating a new case, **79%** of issues were resolved within the first contact.

Customer Contact Centre – Q1

Freedom of information requests

- **402** requests were received
- **55%** responded to within 20 working days

General Enquiries

- **20,404** general enquiries received. **75%** were resolved on first contact
- **5017** enquiries could not be resolved at first contact and passed to Tier 2 of the Contact Centre*

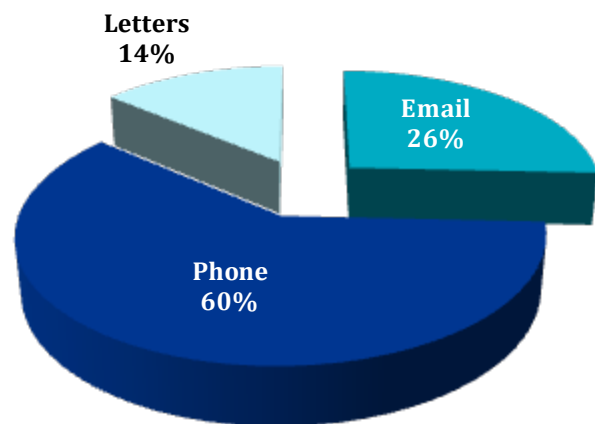
Complaints

- **4053** complaints received since the 1 April 2013
- **1874** of these have been assigned directly to Area Teams

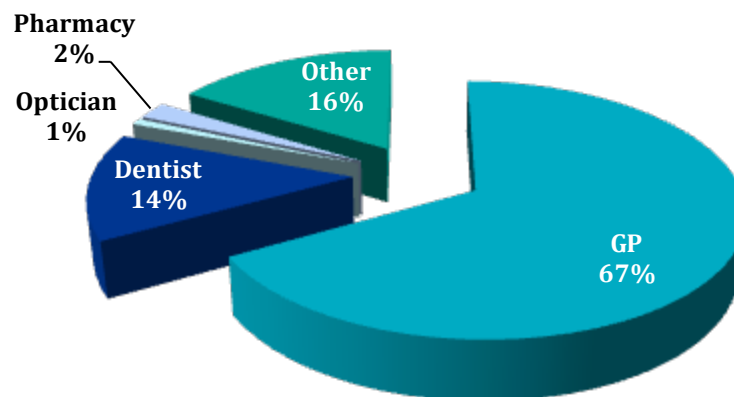
* Tier 2- Customer Contact Centre, National Support Centre.

Complaints Overview – Q1

Complaint contact method

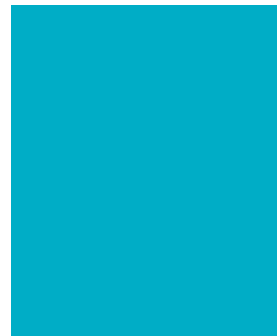


Services complained about*

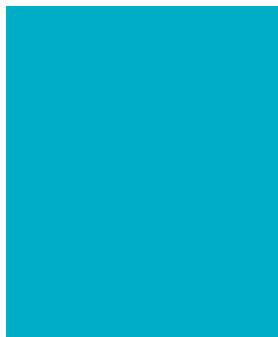


*Service provider information is based on a sample of the complaints. Further information to be provided in a fuller complaints report for Q1.

Section E: 11-Point Scorecard Historic Data and Placeholders



NHS England Board Report July
2013



Priority 1 - Satisfied Patients

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

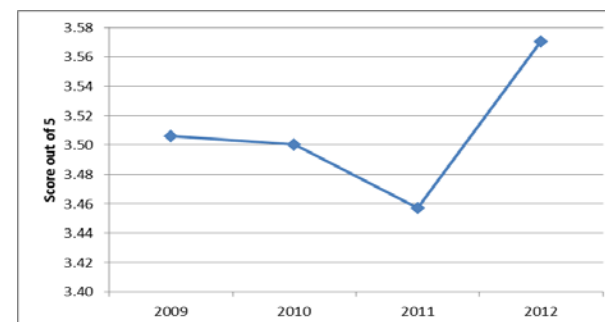
Data has just been collected and is currently being validated with a view to publishing results at the end of July.

Priority 2 - Motivated, positive NHS Staff

Staff friends and family test (Currently using "Staff recommendation of the trust as a place to work or receive treatment" average score from NHS Staff Survey as a proxy for Staff FFT)

		Score out of 5	% Change	Direction
Current Value	2012	3.57		
Change on previous year	2011	0.11	3.28%	↑
Long term change	N/A	N/A	N/A	

Desired direction: Up

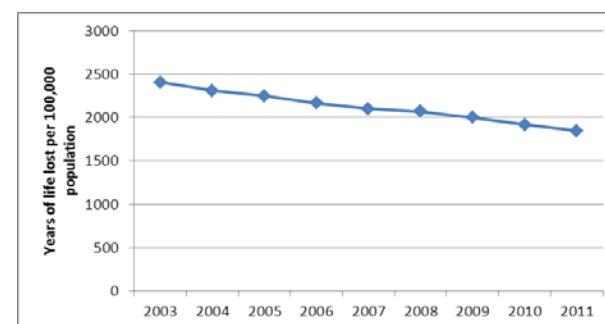


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1a.i: Potential Years of life lost from causes considered amenable to healthcare (Adults and Children – Females)

		Years of life lost per 100,000 population	% Change	Direction
Current Value	2011	1844		
Change on previous year	2010	-73	-3.78%	↓
Long term change	2003	-561	-23.32%	↓

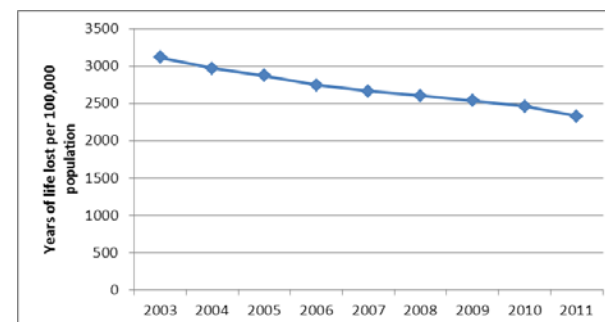
Desired direction: Down



NHS Outcomes Framework, indicator 1a.i: Potential Years of life lost from causes considered amenable to healthcare (Adults and Children – Males)

		Years of life lost per 100,000 population	% Change	Direction
Current Value	2011	2325		
Change on previous year	2010	-135	-5.49%	↓
Long term change	2003	-790	-25.35%	↓

Desired direction: Down

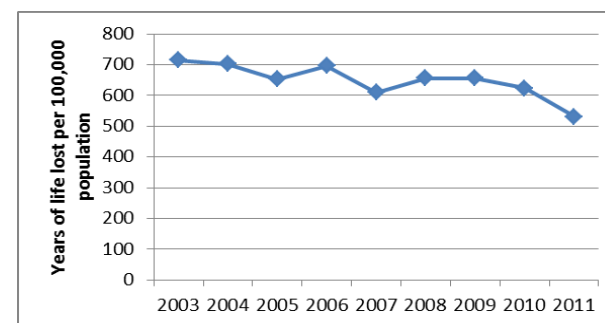


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1a.ii: Potential Years of Life Lost (PYLL) from causes considered amenable to health care (Children and Young People - Females)

		Years of life lost per 100,000 population	% Change	Direction
Current Value	2011	531		
Change on previous year	2010	-92	-14.79%	↓
Long term change	2003	-184	-25.75%	↓

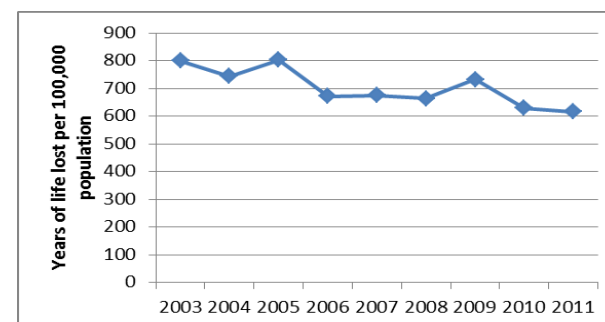
Desired direction: Down



NHS Outcomes Framework, indicator 1a.ii: Potential Years of Life Lost (PYLL) from causes considered amenable to health care (Children and Young People - Males)

		Years of life lost per 100,000 population	% Change	Direction
Current Value	2011	616		
Change on previous year	2010	-14	-2.18%	↓
Long term change	2003	-184	-22.96%	↓

Desired direction: Down

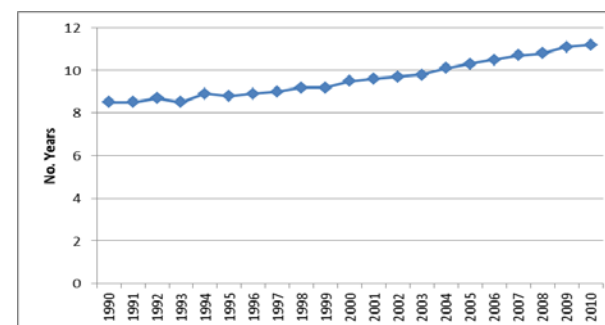


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1b.i: Life expectancy at 75 - males

		No. Years	% Change	Direction
Current Value	2010	11.2		
Change on previous year	2009	0.1	0.90%	↑
Long term change	1990	2.7	31.76%	↑

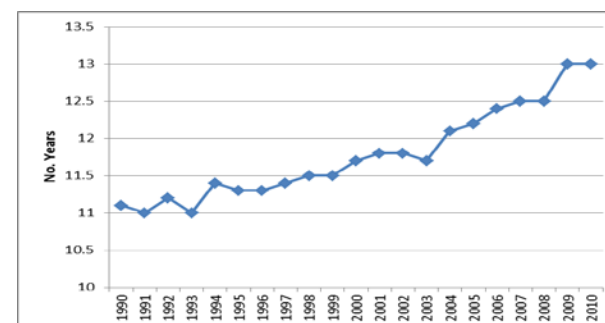
Desired direction: Up



NHS Outcomes Framework, indicator 1b.ii: Life expectancy at 75 - females

		No. Years	% Change	Direction
Current Value	2010	13.0		
Change on previous year	2009	0.0	0.00%	↔
Long term change	1990	1.9	17.12%	↑

Desired direction: Up

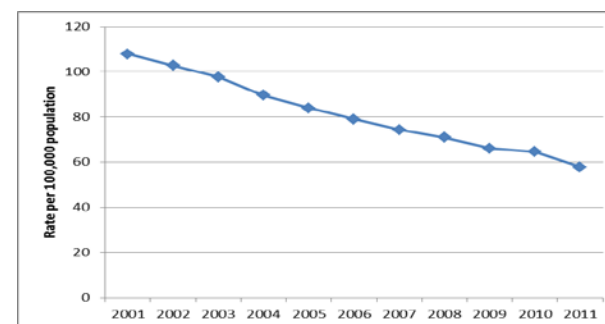


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.1: Under 75 mortality rate from cardiovascular disease

		Rate per 100,000 population	% Change	Direction
Current Value	2011	58.0		
Change on previous year	2010	-6.7	-10.36%	↓
Long term change	2001	-49.9	-46.27%	↓

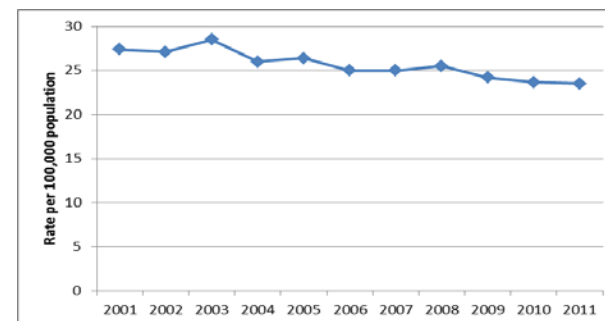
Desired direction: Down



NHS Outcomes Framework, indicator 1.2: Under 75 mortality from respiratory disease

		Rate per 100,000 population	% Change	Direction
Current Value	2011	23.5		
Change on previous year	2010	-0.1	-0.59%	↓
Long term change	2001	-3.9	-14.20%	↓

Desired direction: Down

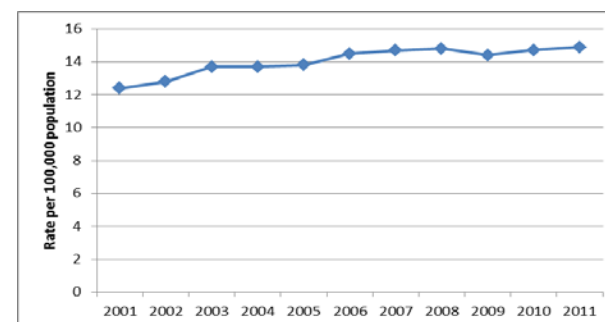


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.3: Under 75 mortality rate from liver disease

		Rate per 100,000 population	% Change	Direction
Current Value	2011	14.9		
Change on previous year	2010	0.2	1.29%	↑
Long term change	2001	2.5	20.16%	↑

Desired direction: Down



NHS Outcomes Framework, indicator 1.4.i:
One year survival from colorectal cancer

% surviving one-year

Period	2010	2011
Value	74.5%	74.4%
Change		-0.10%
% change		-0.13%

Desired direction: Up

Rating: Amber

RAG Rating based on 95% confidence limits

NHS Outcomes Framework, indicator 1.4.ii:
Five year survival from colorectal cancer

% surviving five-years

Period	2010	2011
Value	54.9%	55.3%
Change		0.4%
% change		0.73%

Desired direction: Up

Rating: Amber

RAG Rating based on 95% confidence limits

Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.4.iii: One-year survival from breast cancer

2011	% surviving 1 year	95.5%
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NHS Outcomes Framework, indicator 1.4.iv: Five-year survival from breast cancer

% surviving five-years

Period	2010	2011
Value	83.7%	84.3%
Change		0.5%
% change		0.62%

Desired direction: Up

Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.4.v:
One-year survival from lung cancer

% surviving one-year

Period	2010	2011
Value	31.0%	31.6%
Change		1.9%
% change		0.6%

Desired direction: Up

NHS Outcomes Framework, Indicator 1.4.vi:
Five-year survival from lung cancer

% surviving five-years

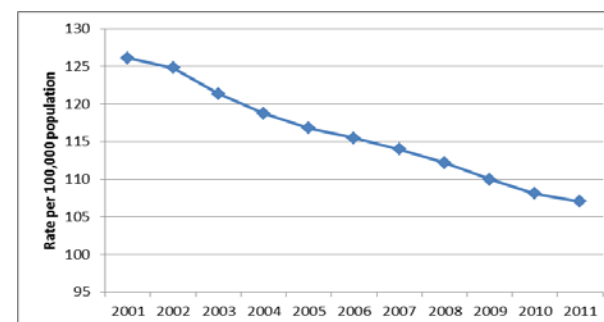
Period	2010	2011
Value	9.0%	9.8%
Change		0.8%
% change		8.9%

Desired direction: Up

NHS Outcomes Framework, indicator 1.4.vii: Under 75 mortality from cancer

		Rate per 100,000 population	% Change	Direction
Current Value	2011	107		
Change on previous year	2010	-1	-0.98%	↓
Long term change	2001	-19	-15.11%	↓

Desired direction: Down



Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.5: Excess under 75 mortality rates in adults with serious mental illness

Rate per 100,000 population

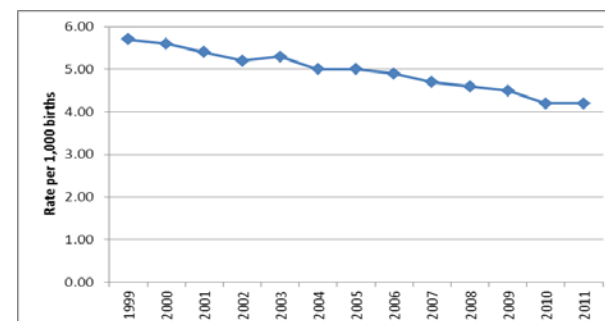
Period	2008-09	2009-10	2010-11
Value	946.6	891.30	921.2
Change		-55.30	29.9
% change		-5.8%	3.4%

Desired direction: Down

NHS Outcomes Framework, indicator 1.6.i: Infant mortality

		Rate per 1,000 births	% Change	Direction
Current Value	2011	4.2		
Change on previous year	2010	0.0	0.00%	↔
Long term change	1999	-1.5	-26.32%	↓

Desired direction: Down

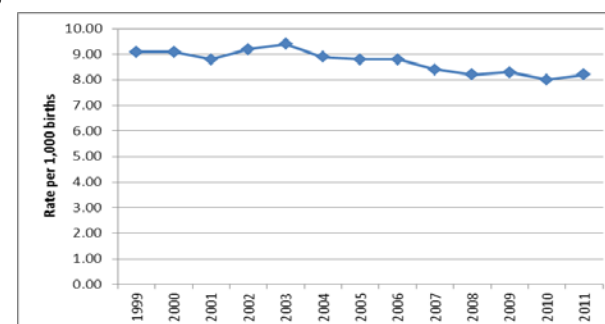


Priority 3: Preventing people from dying prematurely

NHS Outcomes Framework, indicator 1.6.ii: Neonatal mortality and still-births

		Rate per 1,000 births	% Change	Direction
Current Value	2011	8.2		
Change on previous year	2010	0.2	2.50%	↑
Long term change	1999	-0.9	-9.89%	↓

Desired direction: Down



NHS Outcomes Framework, indicator 1.6.iii: Five-year survival from all cancers in children

Indicator definition is still in development

NHS Outcomes Framework, indicator 1.7: Excess under 60 mortality in people with learning disabilities

Indicator calculation and data source still to be identified

Priority 4: Enhancing quality of life for people with long-term conditions

NHS Outcomes Framework, indicator 2: Health related quality of life for people with long-term conditions

Standardisation methodology still in development

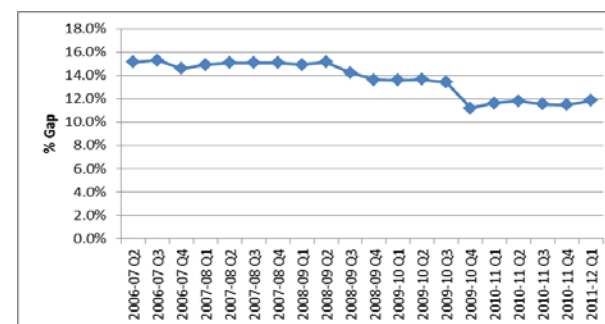
NHS Outcomes Framework, indicator 2.1: Proportion of people feeling supported to manage their own condition

Standardisation methodology still in development

NHS Outcomes Framework, indicator 2.2: Employment of people with long-term conditions

		% Gap	% Change	Direction
Current Value	2011-12 Q1	11.9%		
Change on previous year	2010-11 Q1	0.2%	2.07%	↑
Long term change	2006-07 Q2	-3.3%	-21.72%	↓

Desired direction: Down

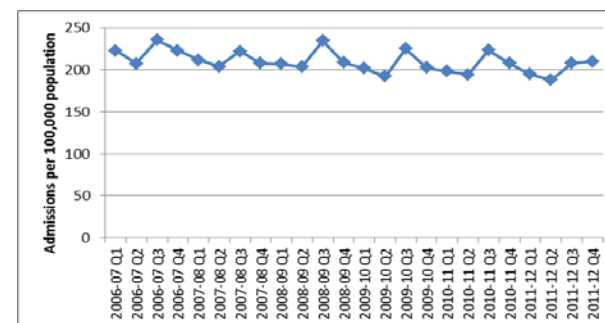


Priority 4: Enhancing quality of life for people with long-term conditions

NHS Outcomes Framework, indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)

		Admissions per 100,000 population	% Change	Direction
Current Value	2011-12 Q4	210.1		
Change on previous year	2010-11 Q4	2.3	1.11%	↑
Long term change	2003-04 Q1	-19.0	-8.29%	↓

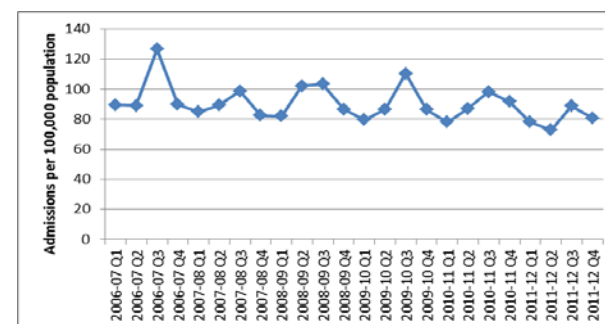
Desired direction: Down



NHS Outcomes Framework, indicator 2.3.ii: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

		Admissions per 100,000 population	% Change	Direction
Current Value	2011-12 Q4	80.7		
Change on previous year	2010-11 Q4	-10.9	-11.90%	↓
Long term change	2003-04 Q1	2.2	2.80%	↑

Desired direction: Down



Priority 4: Enhancing quality of life for people with long-term conditions

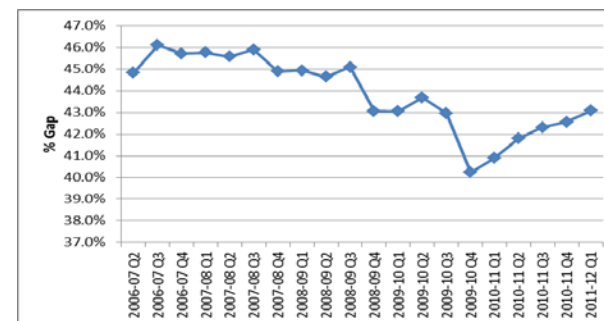
NHS Outcomes Framework, indicator 2.4: Health related quality of life for carers

Standardisation methodology still in development

NHS Outcomes Framework, indicator 2.5: Employment of people with mental illness

		% Gap	% Change	Direction
Current Value	2011-12 Q1	43.1%		
Change on previous year	2010-11 Q1	2.2%	5.33%	↑
Long term change	2006-07 Q2	-1.8%	-3.90%	↓

Desired direction: Down

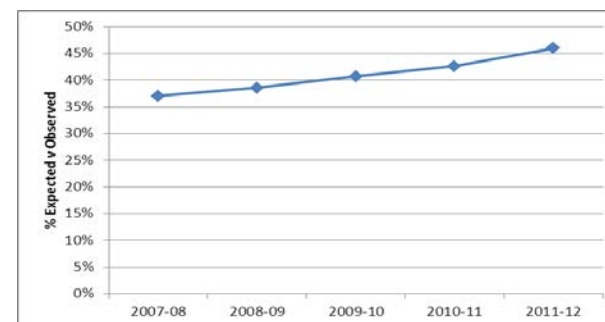


Priority 4: Enhancing quality of life for people with long-term conditions

NHS Outcomes Framework, indicator 2.6.i: Estimated diagnosis rate for people with dementia

		% Expected v Observed	% Change	Direction
Current Value	2011-12	46.0%		
Change on previous year	2010-11	3.4%	7.96%	↑
Long term change	2007-08	9.0%	24.32%	↑

Desired direction: Up



NHS Outcomes Framework, indicator 2.6.ii: A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

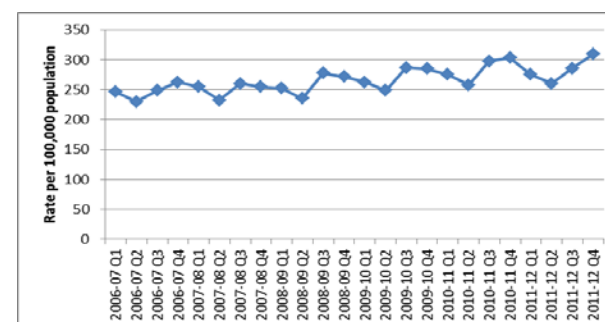
Indicator definition in development

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

NHS Outcomes Framework, indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission (all ages)

		Rate per 100,000 population	% Change	Direction
Current Value	2011-12 Q4	309.3		
Change on previous year	2010-11 Q4	6.3	2.08%	↑
Long term change	2003-04 Q1	102.2	49.35%	↑

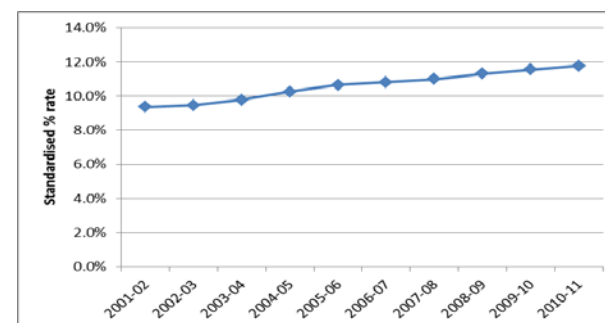
Desired direction: Down



NHS Outcomes Framework, indicator 3b: Emergency readmissions within 30 days of discharge from hospital

		Standardised % rate	% Change	Direction
Current Value	2010-11	11.8%		
Change on previous year	2009-10	0.2%	1.82%	↑
Long term change	2001-02	2.4%	25.78%	↑

Desired direction: Down



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

		EQ5D	% Change	Direction
Current Value	2010-11	0.4		
Change on previous year	2009-10	-0.01	-1.46%	↓

Desired direction: Up

NHS Outcomes Framework, indicator 3.1.iii: Total health gain as assessed by patients for elective procedures: groin hernia

		EQ5D	% Change	Direction
Current Value	2010-11	0.1		
Change on previous year	2009-10	0.003	3.66%	↑

Desired direction: Up

NHS Outcomes Framework, indicator 3.1.ii:
Total health gain as assessed by patients for elective procedures: knee replacement

		EQ5D	% Change	Direction
Current Value	2010-11	0.3		
Change on previous year	2009-10	0.004	1.36%	↑

Desired direction: Up

NHS Outcomes Framework, indicator 3.1.iv:
Total health gain as assessed by patients for elective procedures: varicose veins

		EQ5D	% Change	Direction
Current Value	2010-11	0.1		
Change on previous year	2009-10	-0.003	-3.19%	↓

Desired direction: Up

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

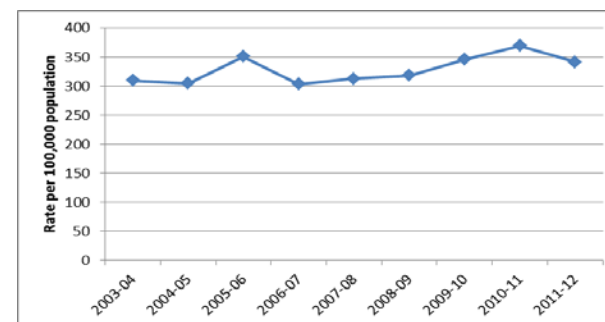
NHS Outcomes Framework, indicator 3.1.v: Total health gain as assessed by patients for elective procedures: psychological therapies

Indicator definition still in development

NHS Outcomes Framework, indicator 3.2: Emergency admissions for children with lower respiratory tract infections

		Rate per 100,000 population	% Change	Direction
Current Value	2011-12	341		
Change on previous year	2010-11	-28	-7.63%	↓
Long term change	2003-04	32	10.38%	↑

Desired direction: Down



NHS Outcomes Framework, indicator 3.3: Proportion of people who recover from major trauma

Indicator definition still in development

NHS Outcomes Framework, indicator 3.4: Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Data not yet available

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

NHS Outcomes Framework, indicator 3.5.i: The proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 30 days

2011	% recovering to previous levels of mobility/walking at 30 days	25.9%
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NHS Outcomes Framework, indicator 3.5.ii: The proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 120 days

2011	% recovering to previous levels of mobility/walking at 120 days	48.7%
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NHS Outcomes Framework, indicator 3.6.i: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

2011-12	% older people still at home 91 days after discharge from hospital	82.7%
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NHS Outcomes Framework, indicator 3.6.ii: Proportion offered rehabilitation following discharge from acute or community hospital

2011-12	% offered rehabilitation following discharge from acute or community hospital	3.2%
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Priority 6: Ensuring people have a positive experience of care

NHS Outcomes Framework, indicator 4a.i:
Patient experience of primary care – GP services

% fairly good or very good

Period	2011-12	2013-13
Value	81.9%	86.7%
Change		4.8%
% change		8.9%

Desired direction: Up

NHS Outcomes Framework, indicator 4a.ii:
Patient experience of primary care – GP Out of Hours services

% fairly good or very good

Period	2011-12	2013-13
Value	70.9%	70.2%
Change		-0.65%
% change		-0.9%

Desired direction: Up

NHS Outcomes Framework, indicator 4a.iii: Patient experience of primary care – NHS Dental Services

% fairly good or very good

Period	2011-12	2013-13
Value	83.4%	84.0%
Change		0.6%
% change		0.7%

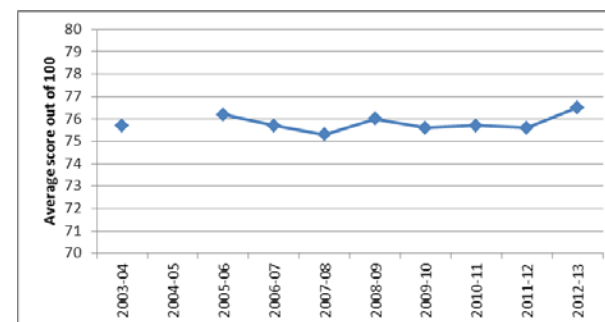
Desired direction: Up

Priority 6: Ensuring people have a positive experience of care

NHS Outcomes Framework, indicator 4b: Patient experience of hospital care

		Average score out of 100	% Change	Direction
Current Value	2012-13	76.50		
Change on previous year	2011-12	0.90	1.19%	↑
Long term change	2003-04	0.8	1.06%	↑

Desired direction: Up



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

Data has just been collected and is currently being validated with a view to publishing results at the end of July

NHS Outcomes Framework, indicator 4.1: Patient experience of outpatient services

Average score out of 100

Period	2009	2011
Value	78.6	79.5
Change		0.9

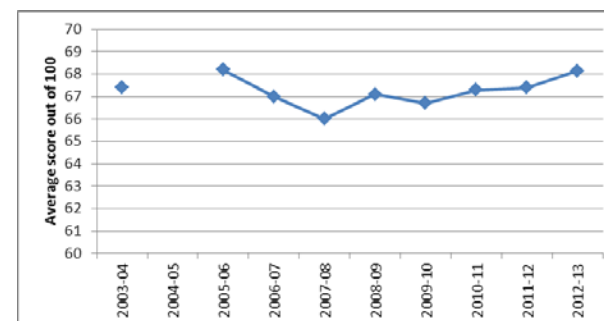
Desired direction: Up

Priority 6: Ensuring people have a positive experience of care

NHS Outcomes Framework, indicator 4.2: Responsiveness to in-patients' personal needs

		Average score out of 100	% Change	Direction
Current Value	2012-13	68.1		
Change on previous year	2011-12	0.7	1.10%	↑
Long term change	2003-04	0.7	1.10%	↑

Desired direction: Up



NHS Outcomes Framework, indicator 4.3:
Patient experience of A&E services

Average score out of 100

Period	2008	2012
Value	80.0	79.1
Change		-0.9
% change		-1.1%

Desired direction: Up

NHS Outcomes Framework, indicator 4.4.i:
Access to GP services

% fairly good or very good

Period	2011-12	2012-13
Value	79.1%	76.3%
Change		-2.8%
% change		-3.5%

Desired direction: Up

Priority 6: Ensuring people have a positive experience of care

NHS Outcomes Framework, indicator 4.4.ii Access to NHS Dental Services

% that gained an appointment in the last 2 years

Period	2011-12	2012-13
Value	94.5%	93.0%
Change		-1.6%
% change		-1.7%

Desired direction: Up

NHS Outcomes Framework, indicator 4.6: Bereaved carers' views on the quality of care In the last 3 months of life

November 2010- June 2011	% good, excellent or outstanding	76.0%
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NHS Outcomes Framework, indicator 4.5: Women's experience of maternity services

2010	Average score out of 100	77.0
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NHS Outcomes Framework, indicator 4.7: Patients experience of community mental health services

Average score out of 100

Period	2010	2011	2012
Value	87.3	86.8	86.6
Change		-0.5	-0.02
% change		-0.5%	-0.2%

Desired direction: Up

Priority 6: Ensuring people have a positive experience of care

NHS Outcomes Framework, indicator 4.8: Improving children and young people's experience of healthcare

Indicator definition still in development

NHS Outcomes Framework, indicator 4.9: Improving people's experience of integrated care

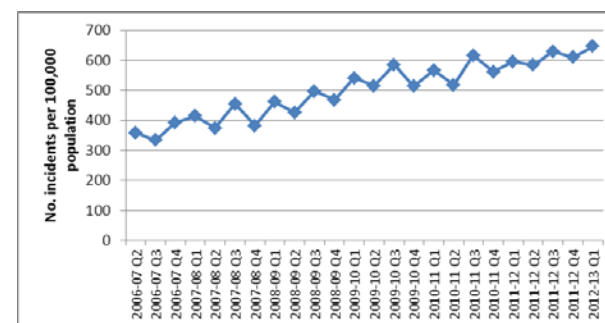
Indicator definition still in development

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

NHS Outcomes Framework, indicator 5a: Patient Safety incident reporting

		No. incidents per 100,000 population	% Change	Direction
Current Value	2012-13 Q1	646		
Change on previous year	2011-12 Q1	51	8.48%	↑
Long term change	2003-04 Q3	645	215133%	↑

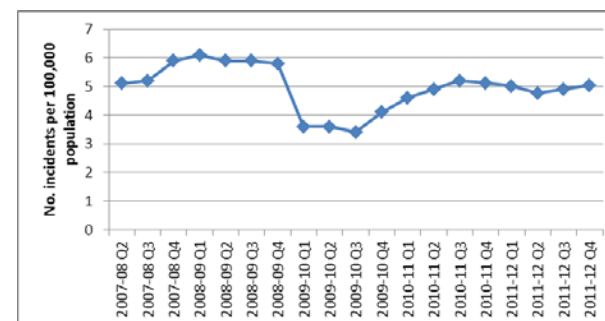
Desired direction: Up. At present the key priority is to improve the reporting of patient safety issues. This will drive this data upwards. Once this transition period is complete we will want incidents to fall.



NHS Outcomes Framework, indicator 5b: Safety incidents resulting in severe harm or death

		No. incidents per 100,000 population	% Change	Direction
Current Value	2011-12 Q4	5.0		
Change on previous year	2010-11 Q4	-0.1	-1.62%	↓
Long term change	2007-08 Q2	-0.1	-1.24%	↓

Desired direction: Down



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

NHS Outcomes Framework, Indicator 5c: Hospital deaths attributable to problems in care

Indicator definition still in development

NHS Outcomes Framework, Indicator 5.1: Incidence of hospital-related venous thromboembolism (VTE)

Technical issues with indicator still being refined

NHS Outcomes Framework, Indicator 5.3: Incidence of newly-acquired category 2, 3 and 4 pressure ulcers

Technical issues with indicator still being refined

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

NHS Outcomes Framework, Indicator 5.4: Incidence of medication errors causing serious harm

Rate per 100,000 population

Period	2008	2009	2010
Value	0.77	0.61	0.52
Change		-0.16	-0.09
% change		-20.8%	-14.8%

Desired direction: Down

NHS Outcomes Framework, Indicator 5.5: Admission of full-term babies to neonatal care:

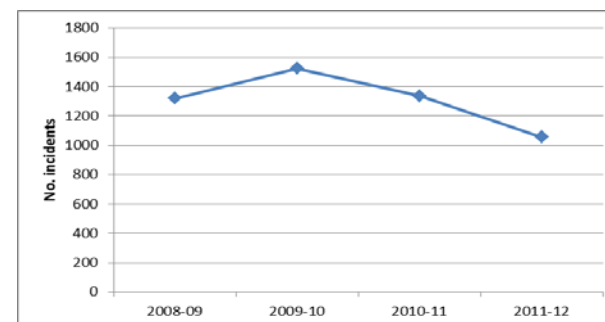
2010	Proportion of all full-term babies who were admitted to neonatal care	5.1%
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Priority 7: Treating and caring for people in a safe environment and protecting them from avoidable harm

NHS Outcomes Framework, Indicator 5.6: Incidence of harm to children due to 'failure to monitor'

		No. incidents	% Change	Direction
Current Value	2011-12	1057		
Change on previous year	2010-11	-280	-20.94%	↓
Long term change	N/A	N/A	N/A	

Desired direction: Down

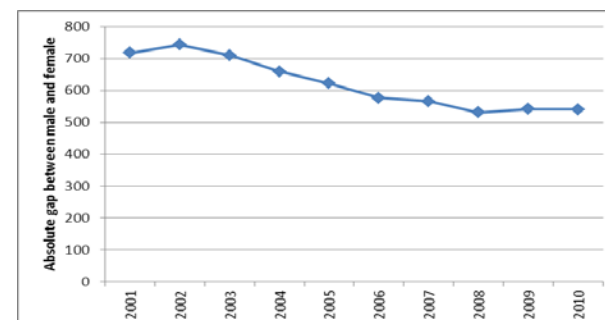


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 1a.i: Potential Years of Life Lost (PYLL) from causes considered amenable to health care (Adults and Children) - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2010	540.8		
1 Year Change	2009	-1.2	-0.23%	↓
5 Year Change	2005	-82.0	-13.17%	↓

Desired direction: Down



NHS Outcomes Framework, Indicator 1a.i: Potential Years of Life Lost (PYLL) from causes considered amenable to health care (Adults and Children) – Deprivation Analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2010-2011	-11.3%	↓
5 Year Change	2006-2011	-13.7%	↓

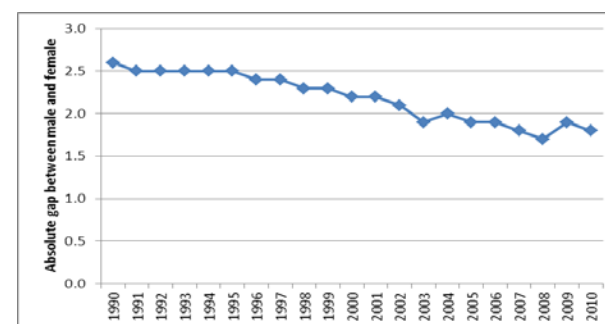
Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 1b: Life expectancy at 75 - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2010	1.8		
1 Year Change	2009	-0.1	-5.26%	↓
5 Year Change	2005	-0.1	-5.26%	↓

Desired direction: Down



NHS Outcomes Framework, Indicator 1b.i: Life expectancy at 75 (Male) - Deprivation analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2007-09 to 2008-10	-5.1%	↓
5 Year Change	2003-05 to 2008-10	5.0%	↑

Desired direction: Down

NHS Outcomes Framework, Indicator 1b.i: Life expectancy at 75 (Female) - Deprivation analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2007-09 to 2008-10	-1.5%	↓
5 Year Change	2003-05 to 2008-10	21.5%	↑

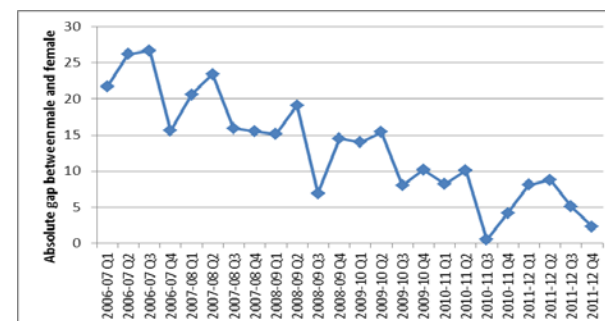
Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2011-12 Q4	2.3		
1 Year Change	2010-11 Q4	-1.9	-45.24%	↓
5 Year Change	2006-07 Q4	-13.3	-85.26%	↓

Desired direction: Down



NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - Deprivation analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2009-10 to 2010-11	7.0%	↑
5 Year Change	2005-06 to 2010-11	6.0%	↑

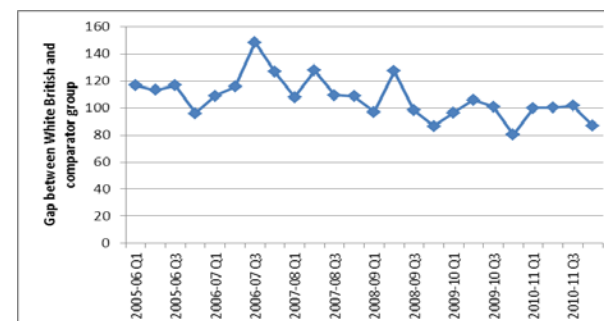
Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - White British compared to Asian or Asian British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	86.8		
1 Year Change	2009-10 Q4	6.7	8.34%	↑
5 Year Change	2005-06 Q4	-9.2	-9.59%	↓

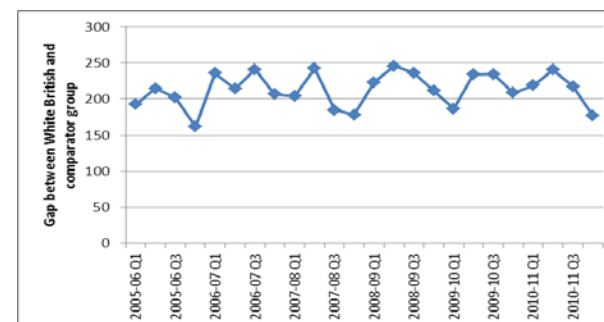
Desired direction: Down



NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - White British compared to Black or Black British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	176.6		
1 Year Change	2009-10 Q4	-31.8	-15.25%	↓
5 Year Change	2005-06 Q4	15.2	9.42%	↑

Desired direction: Down

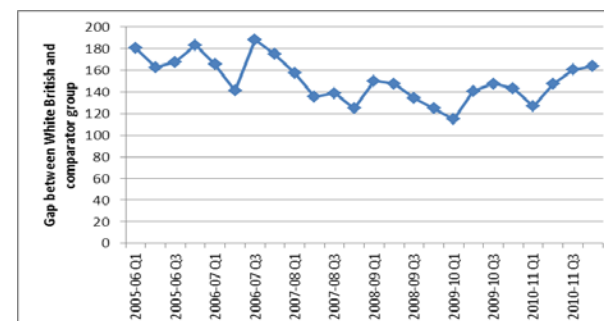


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - White British compared to Other Ethnic Group

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	163.7		
1 Year Change	2009-10 Q4	20.6	14.40%	↑
5 Year Change	2005-06 Q4	-19.3	-10.52%	↓

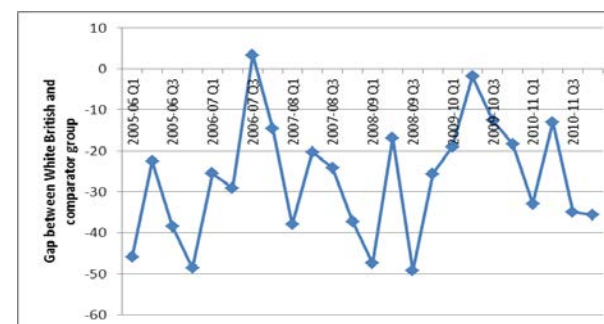
Desired direction: Down



NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - White British compared to Mixed

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	-35.7		
1 Year Change	2009-10 Q4	17.4	94.82%	↑
5 Year Change	2005-06 Q4	-12.9	-26.54%	↓

Desired direction: Down

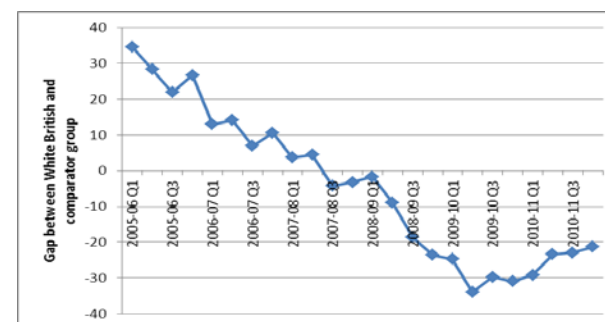


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions - White British compared to Other White ethnicity

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	-21.3		
1 Year Change	2009-10 Q4	-9.7	-31.34%	↓
5 Year Change	2005-06 Q4	-5.5	-20.56%	↓

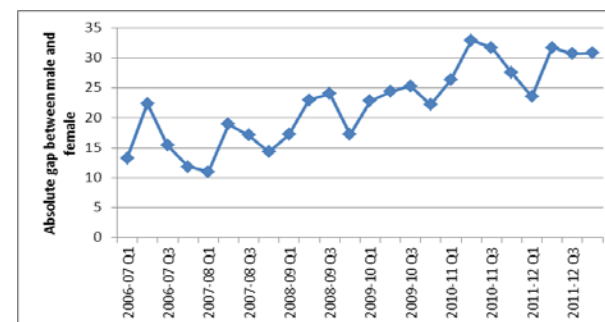
Desired direction: Down



NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2011-12 Q4	30.8		
1 Year Change	2010-11 Q4	3.3	12.00%	↑
5 Year Change	2006-07 Q4	19.0	161.02%	↑

Desired direction: Down



Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - Deprivation analysis

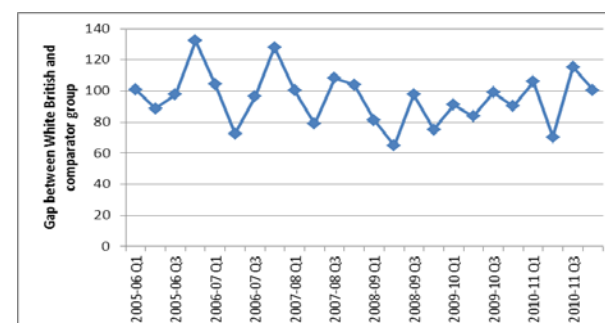
		Relative change in slope index of inequality	Direction
1 Year Change	Q4 09-10 to Q4 10-11	4.2%	↑
5 Year Change	Q4 05-06 to Q4 10-11	-1.5%	↓

Desired direction: Down

NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - White British compared to Asian or Asian British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	100.7		
1 Year Change	2009-10 Q4	10.4	11.55%	↑
5 Year Change	2005-06 Q4	-31.7	-23.92%	↓

Desired direction: Down

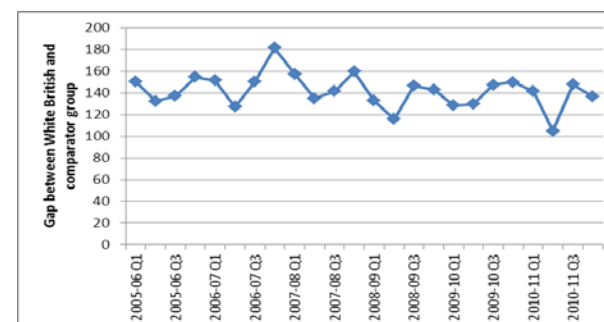


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - White British compared to Black or Black British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	136.4		
1 Year Change	2009-10 Q4	-13.4	-8.95%	↓
5 Year Change	2005-06 Q4	-18.1	-11.74%	↓

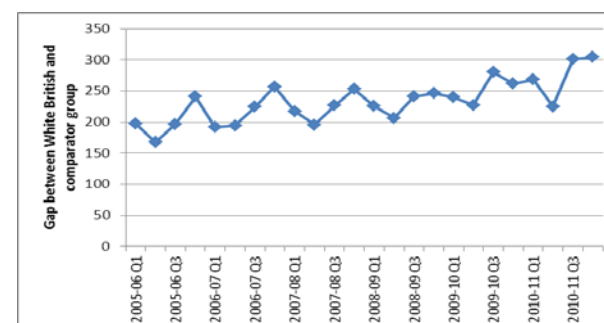
Desired direction: Down



NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - White British compared to Other Ethnic Group

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	304.6		
1 Year Change	2009-10 Q4	42.7	16.33%	↑
5 Year Change	2005-06 Q4	63.4	26.29%	↑

Desired direction: Down

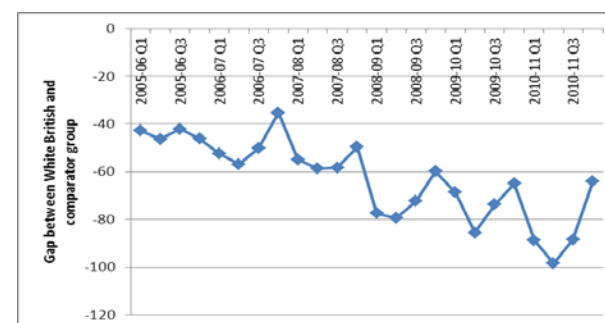


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - White British compared to Mixed

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	-63.95		
1 Year Change	2009-10 Q4	-0.95	-1.46%	↓
5 Year Change	2005-06 Q4	17.78	38.49%	↑

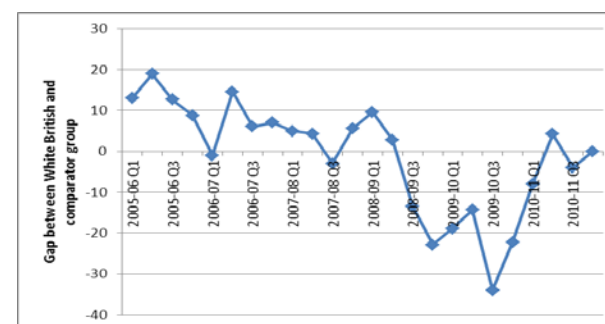
Desired direction: Down



NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission - White British compared to Other White ethnicity

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2010-11 Q4	-0.05		
1 Year Change	2009-10 Q4	-22.15	-99.77%	↓
5 Year Change	2005-06 Q4	-8.75	-99.43%	↓

Desired direction: Down

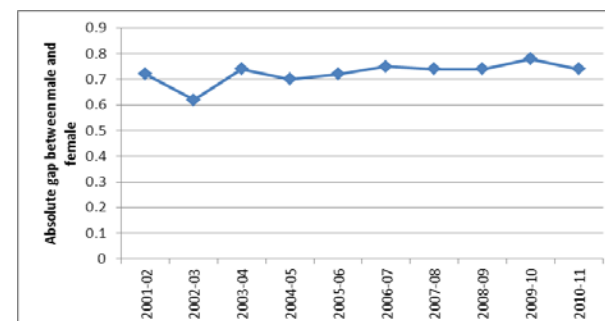


Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 3b: Emergency readmissions within 30 days of discharge from hospital - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2010-11	0.74		
1 Year Change	2009-10	-0.04	-5.13%	↓
5 Year Change	2005-06	0.02	2.78%	↑

Desired direction: Down



NHS Outcomes Framework, Indicator 3b: Emergency readmissions within 30 days of discharge from hospital - Deprivation analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2009-10 to 2010-11	6.5%	↑
5 Year Change	2005-06 to 2010-11	-1.8%	↓

Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - Gender comparison

		Absolute gap between male and female	% Change	Direction
Current Value	2012-13	1.0%		
1 Year Change	2011-12	-0.1%	-10.66%	↓
5 Year Change	N/A	N/A	N/A	

Desired direction: Down

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - Deprivation Analysis

		Relative change in slope index of inequality	Direction
1 Year Change	2011-12 to 2012-13	5.6%	↑
5 Year Change	N/A	N/A	

Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - White British compared to Asian or Asian British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2012-13	-11.0%		
1 Year Change	2011-12	-0.8%	8.27%	↑
5 Year Change	N/A	N/A	N/A	

Desired direction: Down

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - White British compared to Black or Black British

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2012-13	-0.4%		
1 Year Change	2011-12	0.0%	7.82%	↑
5 Year Change	N/A	N/A	N/A	

Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - White British compared to Other Ethnic Group

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2012-13	-4.6%		
1 Year Change	2011-12	1.4%	-23.37%	↓
5 Year Change	N/A	N/A	N/A	

Desired direction: Down

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - White British compared to Mixed

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2012-13	-6.7%		
1 Year Change	2011-12	-0.5%	8.10%	↑
5 Year Change	N/A	N/A	N/A	

Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services - White British compared to Other White ethnicity

		Gap between White British and comparator group	% Change on size of gap	Direction
Current Value	2012-13	-5.8%		
1 Year Change	2011-12	0.0%	-0.27%	↓
5 Year Change	N/A	N/A	N/A	

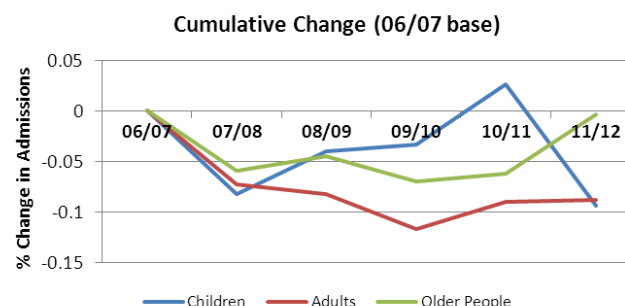
Desired direction: Down

Priority 8 - Promoting equality and reducing inequalities in health outcomes

Analysis of age has been carried out to show how the indicators for different age groups change over time. We expect utilisation to differ across age groups, therefore it is not appropriate to measure the gap between groups as we have above. Therefore this analysis shows changing inequality of resource utilisation between different age groups over time.

NHS Outcomes Framework, Indicator 2.3.i: Unplanned hospitalisation for chronic ambulatory care sensitive conditions – Age Analysis

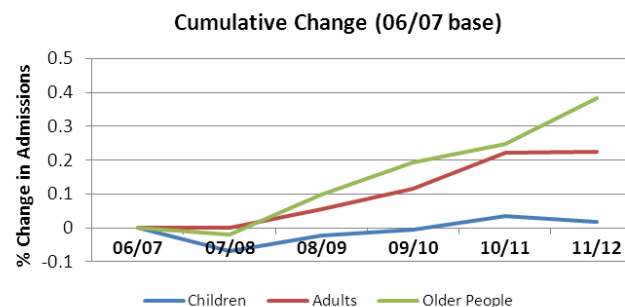
	1 Yr Change	5 Yr Change
	%	%
Children	-11.7%	-9.3%
Adults	0.2%	-8.8%
Older People	6.2%	-0.3%



Priority 8 - Promoting equality and reducing inequalities in health outcomes

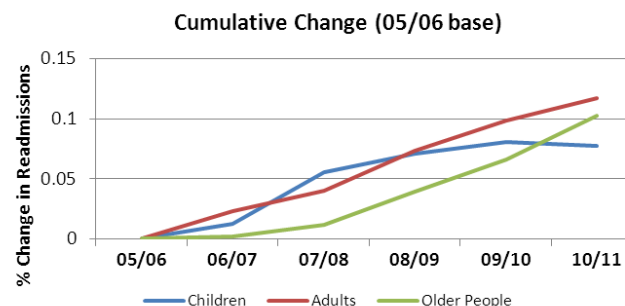
NHS Outcomes Framework, Indicator 3a: Emergency admissions for acute conditions that should not usually require hospital admission (all ages) – Age Analysis

	1 Yr Change	5 Yr Change
	%	%
Children	-1.8%	1.7%
Adults	0.4%	22.6%
Older People	10.9%	38.2%



NHS Outcomes Framework, Indicator 3b: Emergency readmissions within 30 days of discharge from hospital – Age Analysis

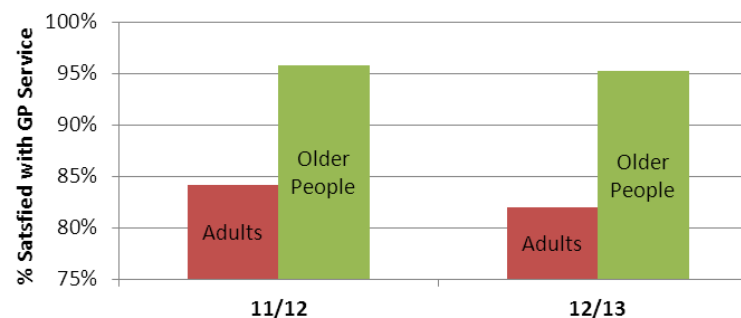
	1 Yr Change	5 Yr Change
	%	%
Children	-0.3%	7.7%
Adults	1.7%	11.7%
Older People	3.4%	10.2%



Priority 8 - Promoting equality and reducing inequalities in health outcomes

NHS Outcomes Framework, Indicator 4a.i: Patient experience of primary care - GP Services – Age Analysis

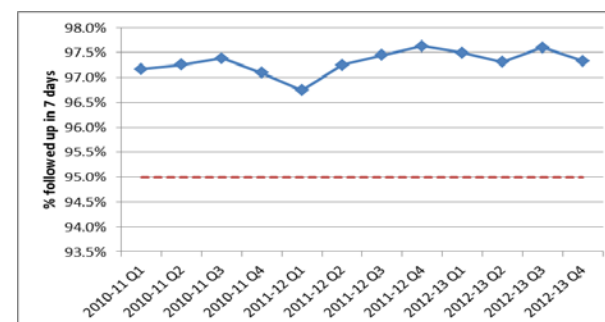
	1 Yr Change
	%
Adults	-2.5%
Older People	-0.6%



Priority 9 - NHS Constitution rights and pledges

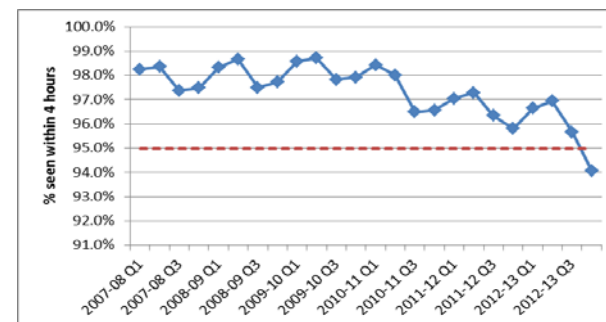
% of patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient care

		% followed up in 7 days	% Change	Direction
Current Value	2012-13 Q4	97.3%		
Change on previous year	2011-12 Q4	-0.3%	-0.30%	↓
Long term change	2010-11 Q1	0.2%	0.17%	↑



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

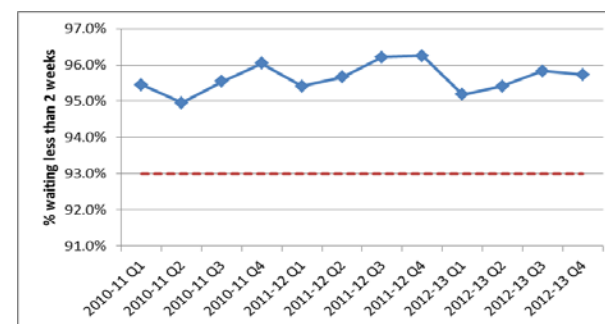
		% seen within 4 hours	% Change	Direction
Current Value	2012-13 Q4	94.1%		
Change on previous year	2011-12 Q4	-1.7%	-1.81%	↓
Long term change	2004-05 Q1	-0.6%	-0.68%	↓



Priority 9 - NHS Constitution rights and pledges

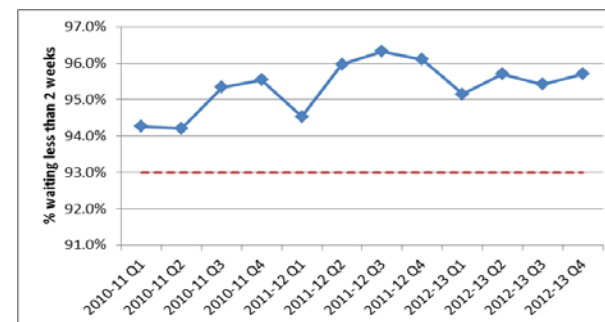
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP

		% waiting less than 2 weeks	% Change	Direction
Current Value	2012-13 Q4	95.7%		
Change on previous year	2011-12 Q4	-0.5%	-0.54%	↓
Long term change	2010-11 Q1	0.3%	0.30%	↑



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

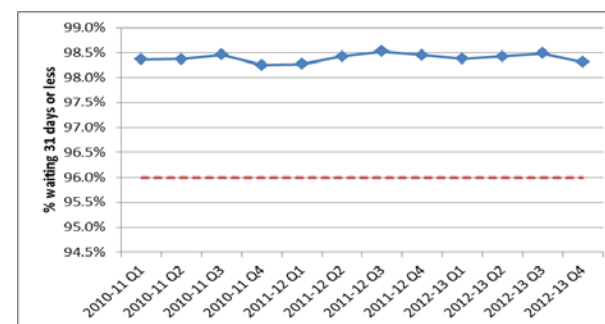
		% waiting less than 2 weeks	% Change	Direction
Current Value	2012-13 Q4	95.7%		
Change on previous year	2011-12 Q4	-0.4%	-0.42%	↓
Long term change	2010-11 Q1	1.4%	1.53%	↑



Priority 9 - NHS Constitution rights and pledges

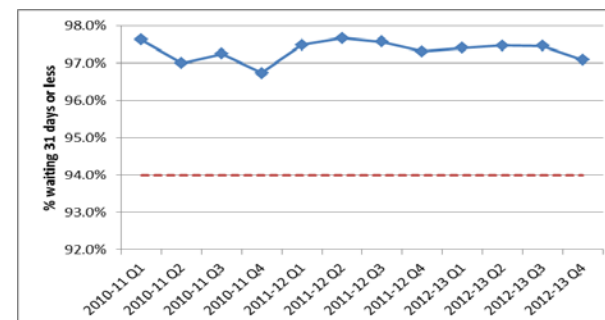
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers

		% waiting 31 days or less	% Change	Direction
Current Value	2012-13 Q4	98.3%		
Change on previous year	2011-12 Q4	-0.1%	-0.14%	↓
Long term change	2010-11 Q1	-0.1%	-0.05%	↓



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

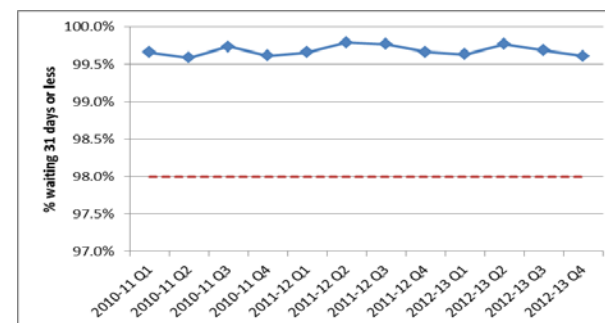
		% waiting 31 days or less	% Change	Direction
Current Value	2012-13 Q4	97.1%		
Change on previous year	2011-12 Q4	-0.2%	-0.24%	↓
Long term change	2010-11 Q1	-0.5%	-0.55%	↓



Priority 9 - NHS Constitution rights and pledges

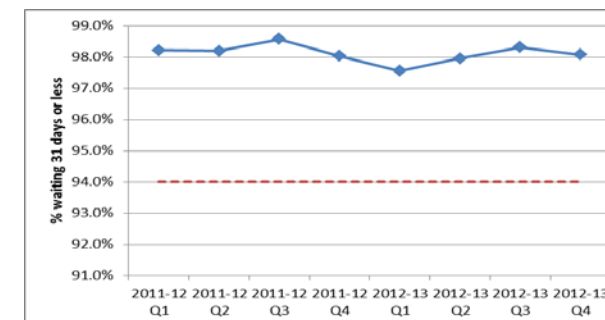
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen (Provider based data)

		% waiting 31 days or less	% Change	Direction
Current Value	2012-13 Q4	99.6%		
Change on previous year	2011-12 Q4	-0.1%	-0.05%	↓
Long term change	2010-11 Q1	0.0%	-0.05%	↓



Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy (Provider based data)

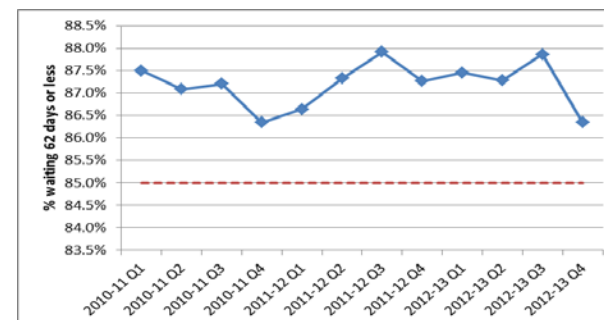
		% waiting 31 days or less	% Change	Direction
Current Value	2012-13 Q4	98.1%		
Change on previous year	2011-12 Q4	0.0%	0.05%	↑
Long term change	2011-12 Q1	-0.1%	-0.14%	↓



Priority 9 - NHS Constitution rights and pledges

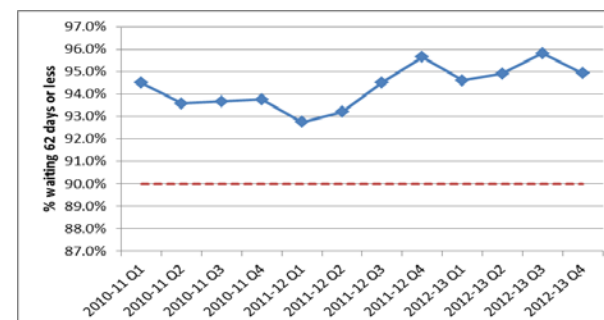
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer (Provider based data)

		% waiting 62 days or less	% Change	Direction
Current Value	2012-13 Q4	86.3%		
Change on previous year	2011-12 Q4	-0.9%	-1.06%	↓
Long term change	2010-11 Q1	-1.2%	-1.33%	↓



Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers (Provider based data)

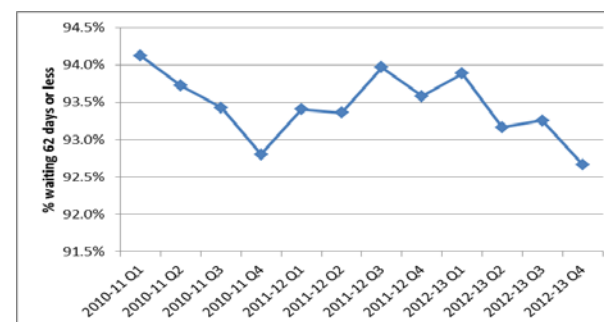
		% waiting 62 days or less	% Change	Direction
Current Value	2012-13 Q4	94.9%		
Change on previous year	2011-12 Q4	-0.7%	-0.76%	↓
Long term change	2010-11 Q1	0.4%	0.44%	↑



Priority 9 - NHS Constitution rights and pledges

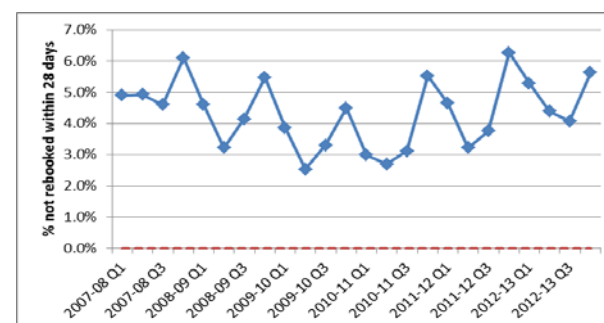
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (Provider based data)

		% waiting 62 days or less	% Change	Direction
Current Value	2012-13 Q4	92.7%		
Change on previous year	2011-12 Q4	-0.9%	-0.98%	↓
Long term change	2010-11 Q1	-1.5%	-1.55%	↓



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
Current Value	2012-13 Q4	5.6%		
Change on previous year	2011-12 Q4	-0.6%	-10.20%	↓
Long term change	1994-95 Q1	-8.0%	-58.84%	↓



Priority 10 - Becoming and excellent organisation

360 degree feedback

Data not yet available

NHS England Staff Barometer

Data has only just been collected and is currently being analysed

Priority 11 - High quality financial management

Actual spend versus budget

Data not yet available

The suite of finance indicators will increase over time, and we will supplement the 11-Point Scorecard Finance indicator with a further set of indicators. These will cover CCGs, Direct Commissioning and other Central expenditure and are set out below.

NHS England area	Metric
Clinical Commissioning Groups	Surplus - Year To Date
Clinical Commissioning Groups	Surplus - Forecast Outturn
Clinical Commissioning Groups	No. of CCGs forecasting a deficit
Clinical Commissioning Groups	QIPP delivery
Clinical Commissioning Groups	Management costs within budget
Direct Commissioning	Surplus - Year To Date
Direct Commissioning	Surplus - Forecast Outturn
Direct Commissioning	QIPP delivery
NHS England	Overall Surplus Forecast Outturn