

BOARD PAPER - NHS ENGLAND

Title: Performance report

Clearance: Bill McCarthy, National Director: Policy

Purpose of paper:

This is the third report on NHS England performance, focusing on the delivery of the Business Plan, *Putting Patients First*.

Key issues and recommendations:

This is the third comprehensive report to the NHS England Board, tracking progress against the 11-Point Scorecard and the actions and deliverables set out in the Business Plan.

Actions required by Board Members:

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

Performance report

Summary

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

Contents and summary

2. The Table below sets out the main sections of the Board Report, with this paper providing a summary.
3. Taken together this Report gives a generally positive assessment of performance to date. Of the 11-point scorecard, 22 of 32 indicators are rated 'green' and the majority of the remaining indicators are improving. None of the deliverables from the Business Plan due for the period to date are rated 'red'. In terms of organisational health, it has clearly been a challenging 7 months but the Staff Barometer provides a clear steer on where we can improve.

Board Report Annexes

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

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

Performance against the 11-Point Scorecard

5. As set out in previous Reports, we currently lack data on most outcomes indicators for the period post April 2013. We are investigating with ONS and HSCIC access to more timely data with an expected update from ONS before Christmas. Table 1 sets out summary performance against the indicators for which we have performance data now.
6. Of 9 'red' rated indicators, 4 are linked to very challenging standards where performance is stable or improving when assessed by changes over last year:
 - Priority 7: On a year-on-year measure, the number of MRSA incidents is flat (the standard is zero MRSA incidents)
 - Priority 9: On a year-on-year measure the number of people waiting for treatment for over 52 weeks continues to fall (the standard is for no-one to wait over 52 weeks);

- Priority 9: On a year-on-year measure the number of Mixed Sex Accommodation breaches has fallen (the standard is for no breaches); and
- Priority 9: The standard on cancellations is that 100% of patients who have operations cancelled, on or after the day of admission for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice. On a year-on-year measure performance has improved in the latest month but remains lower than 100%.

Table 1: summary of performance against the 11-point scorecard

Priority	Number of 11-point scorecard indicators		
	Red	Amber/not assessed	Green
1: Satisfied Patients	See below, not RAG rated		
7: Treating and caring for people in a safe environment and protecting them from avoidable harm	1	0	1
9: NHS Constitution rights and pledges	4	1*	16
10: Becoming an excellent organisation	See below, not RAG rated		
11: High quality financial management	4	2	5
Overall	9	3	22

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

7. The issues to note for this Report are:

- We have 7 months of data on the Friends and Family test for inpatients and A&E, the key over-arching indicator for Priority 1: Satisfied Patients. Responses rates continue to rise gently for the inpatient test with positive recommendations running at a stable 71-72%. In A&E the latest month positive rating rose to 55% (from 52%), although this has to be set in the context of a sharply rising response rate which has more than doubled since April. More detail is provided in Annex C;
- Results of the second Staff Barometer for NHS England are now available (Priority 10: Becoming an excellent organisation), and show a similar picture to the first with an overall 63% positive rating on a significantly higher response rate. Overall NHS England's early results compare reasonably with reported outcomes of recent NHS Staff Surveys, falling only a few percentage points (on average some 5%) short in a number of the factors, and in some instances scoring higher than NHS averages, for example on the support employees receive from their work colleagues and line managers. Even at this early stage in NHS England's life just over 50% of employees said they would recommend this as a place to work.

This compares to the average in the NHS reported in 2012 of 55%. More detail is provided in Annex D;

- Almost all NHS Constitution standards have been met except as noted above at para. 6. This includes the 95% standard for A&E in Q2 and Q3 (to date), alongside the standards on referral-to-treatment times and cancer. While two of the ambulance standards have also been met, the Red 2 standard for less urgent, but still time critical calls has been missed for the third consecutive month. More detail is provided in Annex C.

8. Priority 11 on Finance shows a more mixed picture and is covered below.

Finance Month 7

9. The 2013/2014 month 7 year to date and full year forecast of the financial outturn across NHS England and CCGs are summarised below:

	Month 7 year to date surplus				Full year forecast surplus/(deficit)			
				Variance				Variance
	Plan £m	Actual £m	Variance £m	as % allocation	Plan £m	Actual £m	Variance £m	as % allocation
CCGs	360.8	330.7	-30.1	-0.1%	614.8	630.3	15.6	0.0%
Transfer to LAs for social care	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%
Direct commissioning	127.8	-87.0	-214.9	-1.4%	224.6	37.6	-186.9	-0.7%
Other	0.0	118.9	118.9	11.0%	-305.3	1.0	306.3	16.0%
	488.6	362.5	-126.0	-0.2%	534.0	669.0	134.9	0.1%

Other is running costs, central programme costs, technical adjustments and balance of drawdown available

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

10. The full year forecast surplus before risk adjustment has increased by £73m to a full year surplus £135m (0.1%) above plan. The largest movements are reserves and potential costs moving from risk/mitigation into forecast positions: direct commissioning reserves (£98m income), and the costs of support to providers (£62m cost). The underlying position has not moved significantly other than a £25m improvement in the specialised position. Annexes C (NHS financial performance) and D (NHS England running costs and programme costs) provide more detail.
11. Key themes in the year to date and full year reported positions (which in turn give rise to the combination of differing RAG ratings in Priority 11: High quality financial management in Annex A and summarised in Table 1) are as follows:
- In aggregate, the CCG financial position is on track (leading to a green RAG rating for indicators 1 and 2), though individual CCG financial health varies significantly. 48 CCGs are forecasting a higher surplus than plan and 141 CCGs are forecasting to deliver a surplus of 1% or more. Eight of the nine CCGs with planned deficits continue to forecast deficits. One more CCG, Southend, is now forecasting a deficit, making a total 17 CCGs with unplanned deficits (reflected in the red RAG rating for indicator 11).

CCGs report that their positions are affected by a combination of activity pressures, baseline issues and QIPP delivery.

- Overspends in specialised commissioning – £(225)m or (3.1%) in year to date, and £(214)m or 1.6% in the full year (the key driver for the red RAG ratings in indicators 3 and 4). The improvement compared to year to date trend in the full year position is driven almost entirely by the application of central reserves in the second half of the year. Unaffordable growth in activity remains the key driver.
 - Underspends in primary care - £15m or 0.3% in year to date, and £38m or 0.3% in the full year, as under-spending against the 2% transformational fund, reserves and contingency, is offsetting the shortfall on QIPP.
 - Overspends in Secondary Dental - £(7m) or (1.5)% in year to date and £(12)m or (1.5)% in full year forecast, as activity growth and QIPP shortfalls cannot be covered fully by contingencies.
 - Detailed reviews with National Directors of programme budgets will not take place until early December, so we are not yet forecasting any significant release of budgets. In the full year, the most significant unbudgeted cost is additional support to providers (£122m in total), leading to the red rating for indicator 9.
 - The availability of robust activity information on which to base accruals for actual hospital costs and to identify trends for forecasting for the full year remains an issue. Whilst the certainty on positions improves every month, activity trends remain the biggest area of uncertainty.
 - QIPP delivery (84% delivered in year to date, 87% full year forecast) has remained steady from previous months (reflecting the amber ratings in indicators 6 and 7). Underperformance is mainly falling in Midlands and East CCGs, Specialised Commissioning, Public Health and Primary Care. The majority of full year underperformance relates to Transformational schemes (£187m), which has increased by £17m since Month 6.
 - The overall financial position for 2013/14 will balance, largely through the agreed drawdown of the surpluses carried forward from previous years, which is reflected in the overall green rating for indicator 5.
12. The forecast surplus has been further refined into a 'risk adjusted' forecast for the year by combining the views of the CCGs, Area Team, regional and national teams on risks and available mitigations. At month 7, this has resulted in a risk adjusted forecast that the plan will be overspent by £(39)m. This is £(84)m worse than last month.
13. Quarter 2 data, incorporating information on individual CCG and Area Team performance has been published on the NHS England website and will be made available on a quarterly basis.

Other key achievements in this reporting period

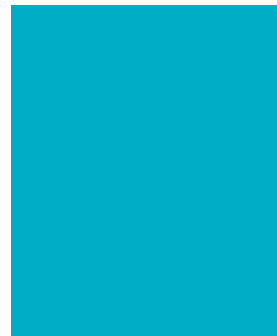
14. Annex B updates on the business plan deliverables that were expected to be delivered to date and none are currently rated 'red'. Progress in other areas since the last Report includes:
- The CCG assurance first quarterly checkpoint was successfully delivered, with the results confirmed by the Authorisation and Assurance Committee;
 - We are supporting CCGs to offer personal health budgets to anyone receiving continuing healthcare (CHC) by April 2014, and to all those with a long-term conditions who will benefit, by April 2015. 176 CCGs have signed up for the accelerated development programme and sessions have started. An accelerated programme also launched for all CHC teams. Implementation for children and young people also remains on track.
 - Work is on track to establish the Civil Society Assembly, to encourage participation in the NHS, including the views of vulnerable people, their families and carers. In preparation for the new Citizens Assembly due for launch in March 2014, a workshop has taken place with over 40 key stakeholders with a total of 275 patients and carers recruited. Also, four Patient and Carer Members have been appointed to all of the 74 Clinical Reference Groups for specialised commissioning.
 - Work to support the development of Commissioning Support Units (CSUs) is progressing, with a draft version of the CSU autonomy strategy completed. The Make/Share/Buy tool was also launched, which sets out the key steps that may be used in the decision making process to enable a CCG to be confident that they are choosing the best support.
 - Work is underway to gather comprehensive 360 degree feedback from key NHS England partners and stakeholders and this includes a CCG survey now live online with final results expected in December 2013.

Conclusion

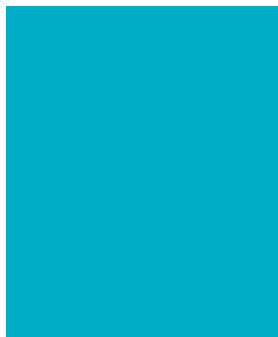
15. This is the third Report to the NHS England Board on performance against the Business Plan. The Board is invited to note this Report and agree any actions arising.

Bill McCarthy
National Director: Policy
December 2013

Section A: The 11-Point Scorecard



NHS England Board Report
December 2013



Priority 1 - Satisfied Patients

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

Inpatient FFT (Includes Independent Sector)

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
FFT Score	71	72	72	71	72	72	72
No. Responses	73,671	87,102	93,466	100,750	101,239	99,985	116,646
Response Rate	21.7%	24.4%	27.1%	27.8%	28.9%	29.4%	30.4%

Desired direction: Up

A&E FFT

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

Desired direction: Up

Unified Response Rate (Includes Independent Sector)

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

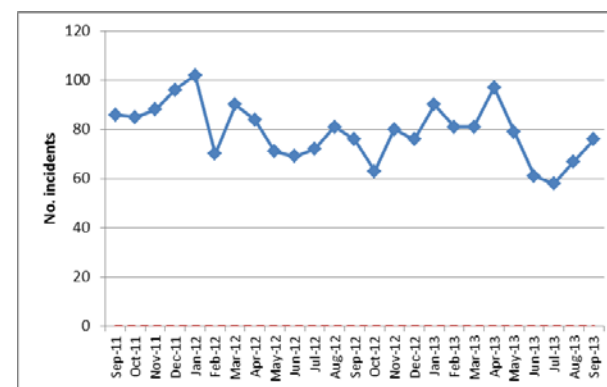
Desired direction: Up

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	Sep-13	76			Red
Change on previous year	Sep-12	0	0.00%	↔	
Long term change	Apr-11	-37	-32.74%	↓	

RAG based on comparison to Operational Standard of 0

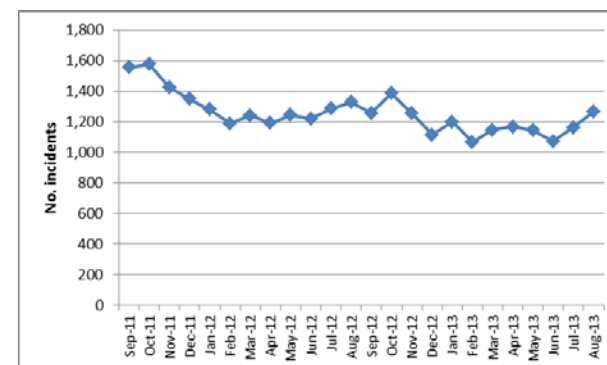


NHS Outcomes Framework, Indicator 5.2.ii: Incidence of C Difficile

		No. incidents	% Change	Direction	RAG Colour
Current Value	Sep-13	1,233			
Change on previous year	Sep-12	-23	-1.83%	↓	Green
Long term change	Apr-11	-333	-21.26%	↓	Green

Desired direction: Down

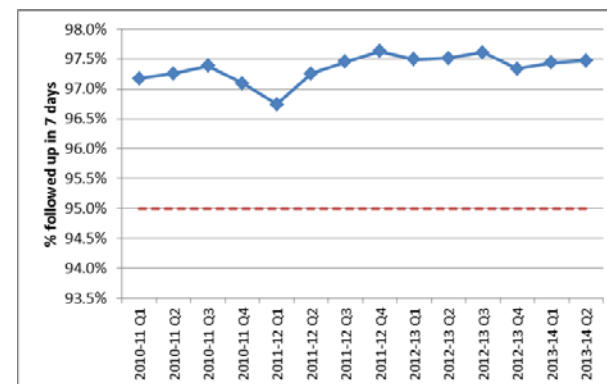
RAG Rating based on changes +/- 1% from previous period



Priority 9 - NHS Constitution rights and pledges

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

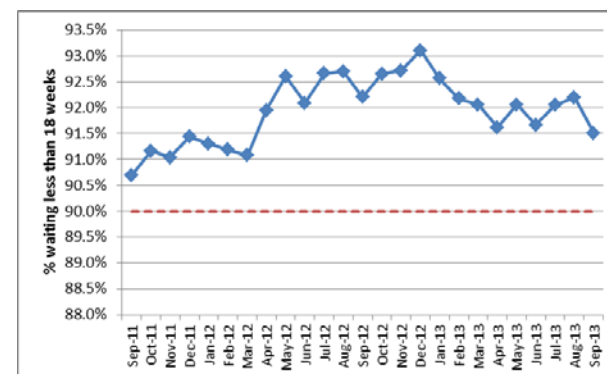
		% followed up in 7 days	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	97.5%			Green
Change on previous year	2012-13 Q2	0.0%	-0.04%	↓	
Long term change	2010-11 Q1	0.3%	0.31%	↑	



RAG based on comparison to Operational Standard of 95%

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

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Sep-13	91.5%			Green
Change on previous year	Sep-12	-0.7%	-0.75%	↓	
Long term change	Mar-08	4.4%	5.07%	↑	

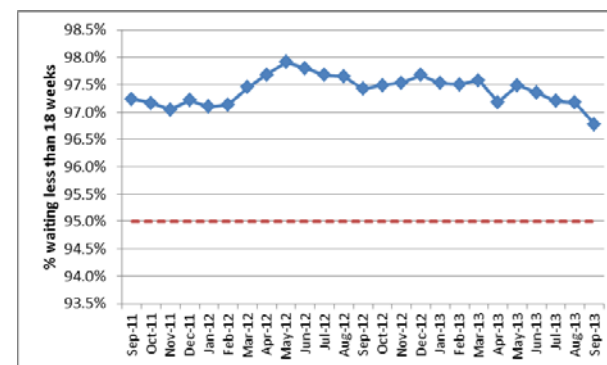


RAG based on comparison to Operational Standard of 90%.

Priority 9 - NHS Constitution rights and pledges

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

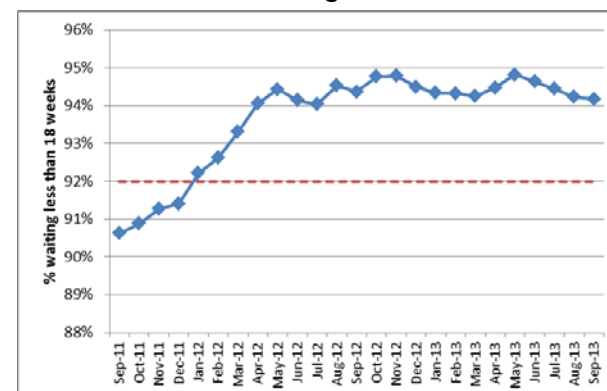
		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Sep-13	96.8%			Green
Change on previous year	Sep-12	-0.6%	-0.66%	↓	
Long term change	Aug-07	20.6%	27.11%	↑	



RAG based on comparison to Operational Standard of 95%.

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

		% waiting less than 18 weeks	% Change	Direction	RAG Colour
Current Value	Sep-13	94.2%			Green
Change on previous year	Sep-12	-0.2%	-0.21%	↓	
Long term change	Aug-07	37.0%	64.60%	↑	



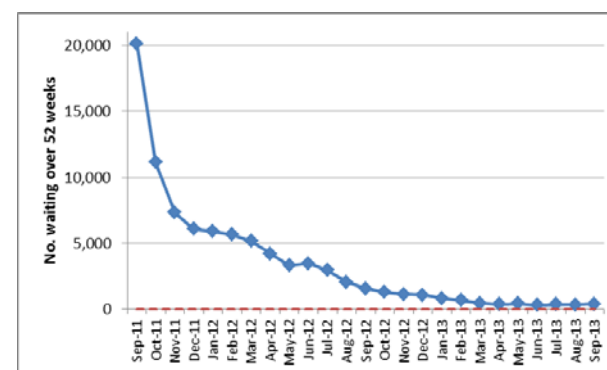
RAG based on comparison to Operational Standard of 92%.

Priority 9 - NHS Constitution rights and pledges

Number of patients waiting more than 52 weeks

		No. waiting over 52 weeks	% Change	Direction	RAG Colour
Current Value	Sep-13	386			Red
Change on previous year	Sep-12	-1184	-75.41%	↓	
Long term change	Aug-07	-578,296	-99.93%	↓	

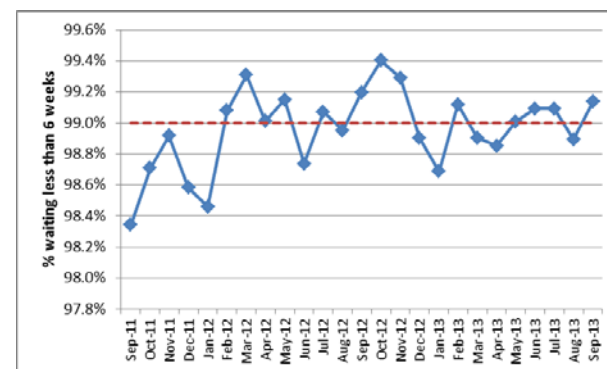
RAG based on comparison to Operational Standard of 0



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

		% waiting less than 6 weeks	% Change	Direction	RAG Colour
Current Value	Sep-13	99.1%			Green
Change on previous year	Sep-12	-0.1%	-0.06%	↓	
Long term change	Jan-06	54.0%	119.55%	↑	

RAG based on comparison to Operational Standard of 99%

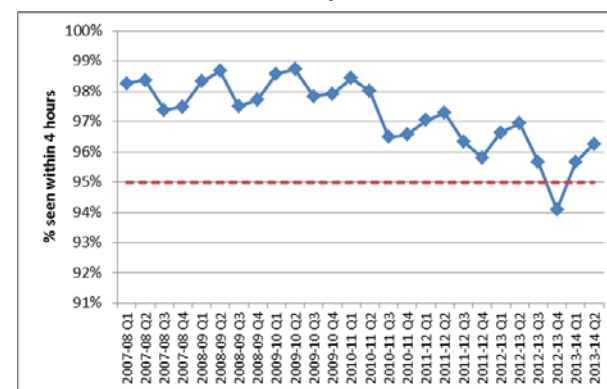


Priority 9 - NHS Constitution rights and pledges

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

		% seen within 4 hours	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	96.3%			Green
Change on previous year	2012-13 Q2	-0.7%	-0.70%	↓	
Long term change	2004-05 Q1	1.6%	1.64%	↑	

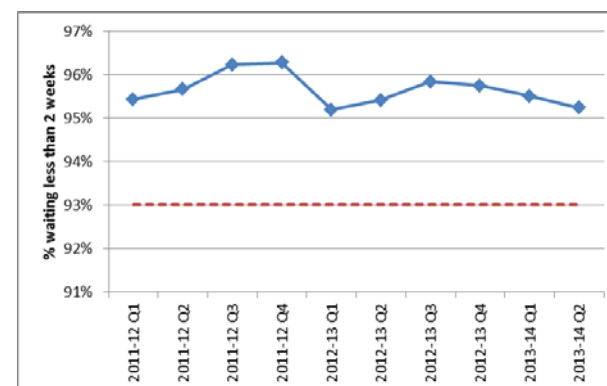
RAG based on comparison to Operational Standard of 95%



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

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

RAG based on comparison to Operational Standard of 95%

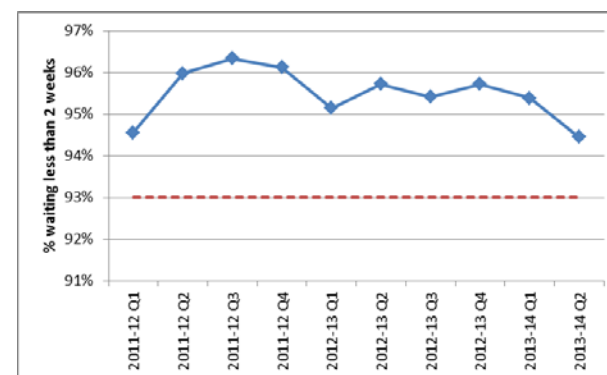


Priority 9 - NHS Constitution rights and pledges

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

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

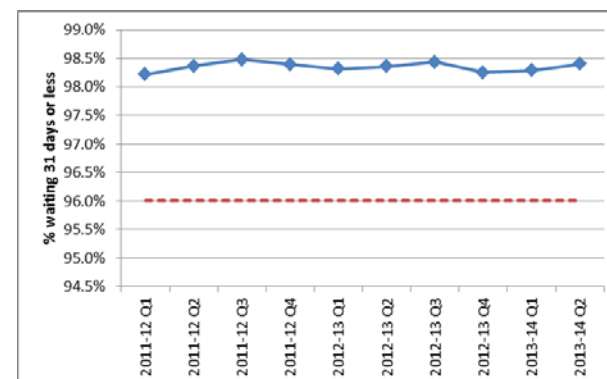
RAG based on comparison to Operational Standard of 93%



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

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

RAG based on comparison to Operational Standard of 96%

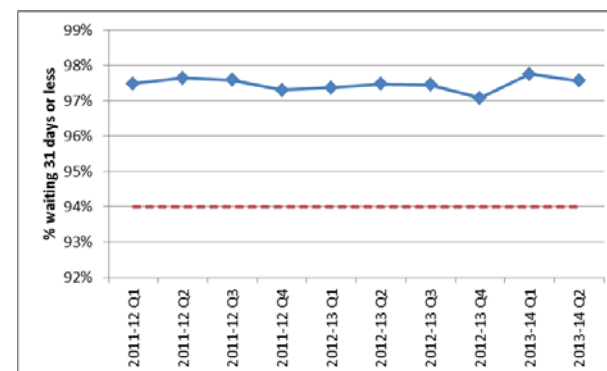


Priority 9 - NHS Constitution rights and pledges

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

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

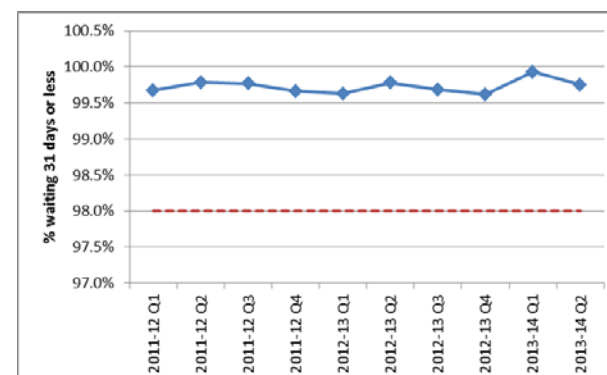
RAG based on comparison to Operational Standard of 94%



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

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

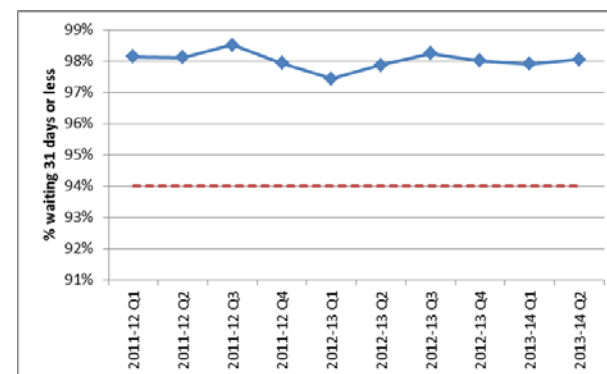
RAG based on comparison to Operational Standard of 98%



Priority 9 - NHS Constitution rights and pledges

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

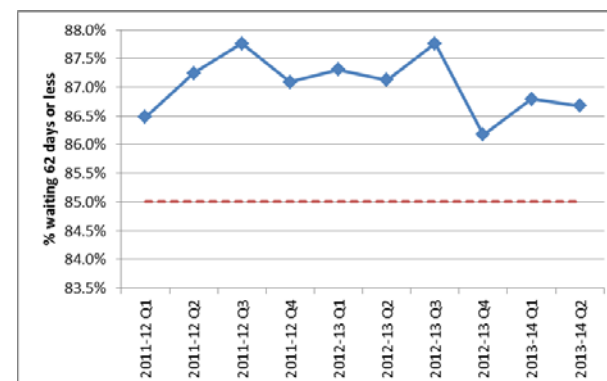
		% waiting 31 days or less	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	98.0%			Green
Change on previous year	2012-13 Q2	0.2%	0.18%	↑	
Long term change	2011-12 Q1	-0.1%	-0.09%	↓	



RAG based on comparison to Operational Standard of 94%

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

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



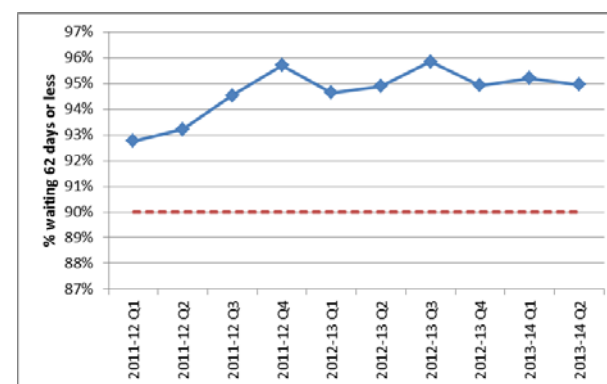
RAG based on comparison to Operational Standard of 85%

Priority 9 - NHS Constitution rights and pledges

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

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

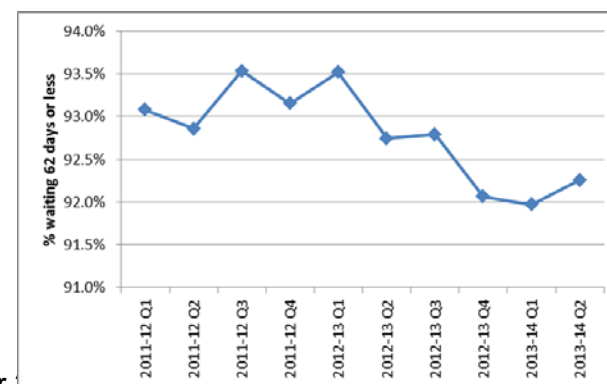
RAG based on comparison to Operational Standard of 90%



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

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

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

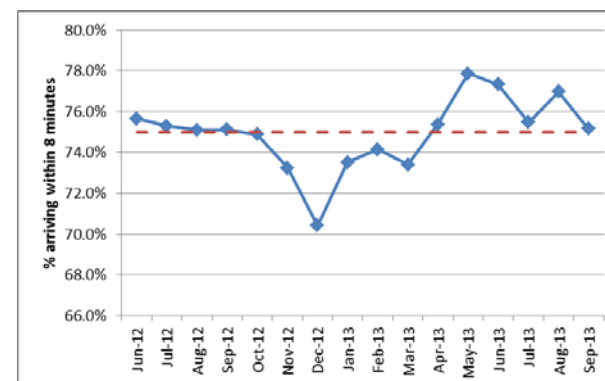


Priority 9 - NHS Constitution rights and pledges

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

		% arriving within 8	% Change	Direction	RAG Colour
Current Value	Sep-13	75.2%			Green
Change on previous year	Sep-12	0.1%	0.07%	↑	
Long term change	Jun-12	-0.5%	-0.64%	↓	

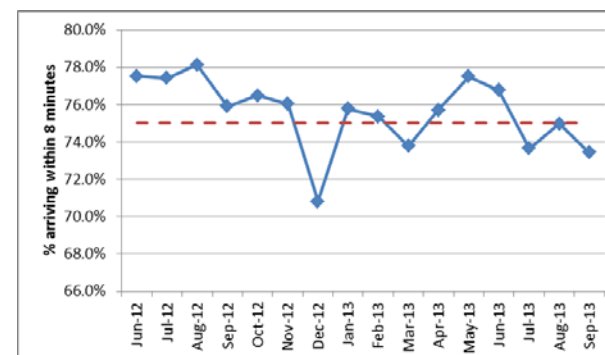
RAG based on comparison to Operational Standard of 75%.



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

		% arriving within 8	% Change	Direction	RAG Colour
Current Value	Sep-13	73.4%			Red
Change on previous year	Sep-12	-2.5%	-3.23%	↓	
Long term change	Jun-12	-4.1%	-5.27%	↓	

RAG based on comparison to Operational Standard of 75%.

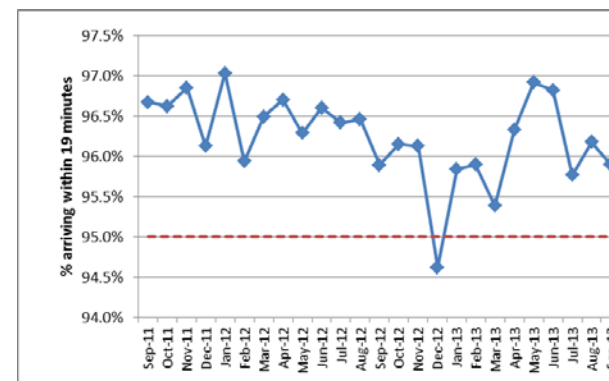


Priority 9 - NHS Constitution rights and pledges

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

		% arriving within 19	% Change	Direction	RAG Colour
Current Value	Sep-13	95.9%			Green
Change on previous year	Sep-12	0.0%	0.00%	↑	
Long term change	Apr-11	-1.4%	-1.43%	↓	

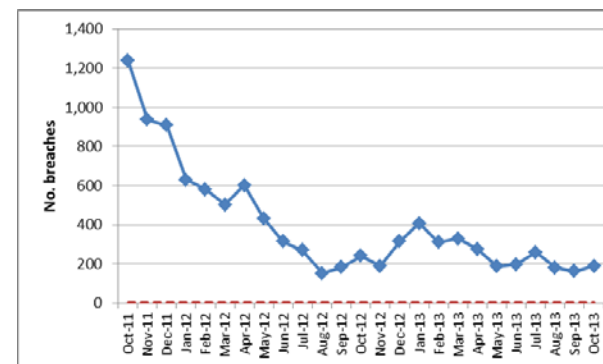
RAG based on comparison to Operational Standard of 95%



Mixed Sex Accommodation Breaches

		No. breaches	% Change	Direction	RAG Colour
Current Value	Oct-13	189			Red
Change on previous year	Oct-12	-52	-21.58%	↓	
Long term change	Dec-10	-11613	-98.40%	↓	

RAG based on comparison to Operational Standard of 0

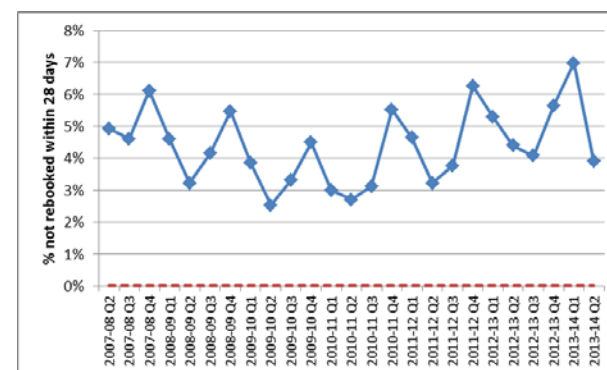


Priority 9 - NHS Constitution rights and pledges

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

		% not rebooked within 28 days	% Change	Direction	RAG Colour
Current Value	2013-14 Q2	3.9%			Red
Change on previous year	2012-13 Q2	-0.5%	-11.29%	↓	
Long term change	1994-95 Q1	-9.8%	-71.48%	↓	

RAG based on comparison to Operational Standard of 0%



Priority 10 - Becoming an excellent organisation

NHS England Staff Barometer

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

Priority 11 - High quality financial management – Month 7 Data

Surplus	Planned £m	Actual/FOT £m	Variance £m	Variance % allocation	RAG	Change on previous month
1 Clinical Commissioning Groups - year to date	360.8	330.7	(30.1)	(0.1%)	Green	
2 Clinical Commissioning Groups - full year forecast outturn	614.8	630.3	15.5	0.0%	Green	
3 Direct Commissioning - year to date	127.8	(87.0)	(214.8)	(1.4%)	Red	
4 Direct Commissioning - full year forecast outturn	224.6	37.6	(187.0)	(0.7%)	Red	
5 NHS England (total) - full year forecast outturn	534.0	669.0	135.0	0.1%	Green	

QIPP (excluding implied provider efficiencies)	Planned £m	FOT £m	Variance £m	Variance % allocation	RAG	Change on previous month
6 Clinical Commissioning Groups - full year forecast outturn delivery	1,634.9	1,445.7	(189.2)	(0.3%)	Amber	
7 Direct Commissioning - full year forecast outturn delivery	379.9	302.7	(77.2)	(0.3%)	Amber	

Costs management*	Within budget	Within budget	Variance £m	Variance % allocation	RAG	Change on previous month
8 Central - management costs	Y	Y	34.0	5.1%	Green	
9 Central - programme costs	Y	N	(33.0)	(3.4%)	Red	Deterioration from green
10 Clinical Commissioning Groups - management costs	Y	Y	20.1	1.5%	Green	2 CCGs breaching within this position

*Full year forecast outturn

Deficit reporting	Planned number	Forecast number	Variance	RAG	Change on previous month
11 Number of CCGs forecasting a deficit position	9	25	-16	Red	Remains red but an increase of 1 CCG

Section B: Business Plan Deliverable Status Report: 30 Sept 2013 - 01 Nov 2013

Deliverable Lead	Deliverable Ref.	Deliverable description	Baseline Deliverable Date	Latest Forecast date/ Actual date	Previous Deliverable Status	Business Plan Deliverables: Status	
						Current Deliverable Status	Rationale for deliverable RAG rating including actions to address the Red or Amber-Red Status and key activities this period:
Deliverables with baseline date in this reporting period and deliverables with baseline date in the past							
National Medical Director / Chief Nursing Officer	1.1	<ul style="list-style-type: none">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	AG	<p>Visions, now known as narratives, have now been produced and circulated internally and with key stakeholder groups.</p> <p>In addition webpages are now available as an online resource aimed at local commissioners (using headline material from the narratives as well as linking to the original more detailed documents) in order to share key messages and areas for action developed by domain teams. The narratives have already fed into the Case for Change and other strategy workstreams setting out the medium to longer term ambitions for improving outcomes.</p>
Chief Operating Officer	1.2	<ul style="list-style-type: none">We will produce and embed single operating models for all directly commissioned services by June 2013. These will deliver improved outcomes by driving up standards in mental and physical health service provision and address unwarranted variation in current practice. At least 80% of direct commissioning intentions delivered to time by April 2014.	Jun-13	Mar-14	AR	AR	The oversight groups have all taken place during September, all of which have a clear objective to ensure the single operating model is embedded across England.
National Medical Director	2.2	<ul style="list-style-type: none">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	AG	See rationale against key deliverable 1.1
National Medical Director	8.3	<ul style="list-style-type: none">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	AG	See rationale against key deliverable 1.1
National Director: Patients and Information	15.1	<ul style="list-style-type: none">The Friends and Family Test will be introduced for women who have used maternity services from October 2013. We will use this, and indicator 4.5 of the Outcomes Framework (improving women and their families experience of maternity services) to assess overall progress against this objective.	Oct-13	Oct-13	G	G	The Friends and Family Test went live on Maternity Services on 1st October 2013. The PMO is currently awaiting confirmation of formal closure for this deliverable.
National Medical Director	16.1	<ul style="list-style-type: none">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	AG	See rationale against key deliverable 1.1

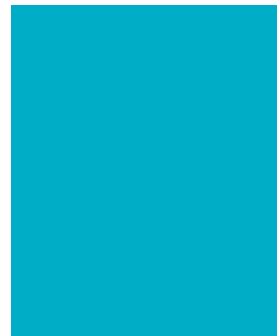
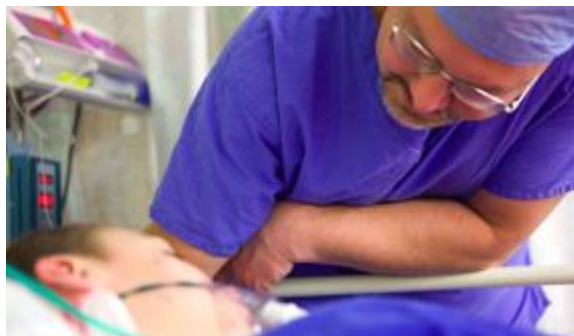
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National Director: Policy / Chief Finance Officer (Reporting by Policy)	20.1	<ul style="list-style-type: none"> A Choice and Competition framework and supporting documents will be published by July 2013. This will set out guidance for how CCGs can use choice and competition as levers to improve standards of care. This include guidance in relation to the use of Any Qualified Provider contracts. 	Jul-13		AR	AR	An NHS England Executive Team to Monitor Executive Committee meeting in September made a step towards agreeing a philosophical approach to the Framework, but publication is closely tied to Monitor publishing their Section 75 guidance. The Secretary of State has requested a communications plan from Monitor and NHS England that clarifies for the system the rules on competitively tendering services. We will use this to assist NHS England and Monitor to more rapidly re-agree common principles and a practical approach to the use and regulation of choice and competition in the NHS, as a precursor to publishing the Framework
Chief Operating Officer	22.7	We will publish an updated NHS Pandemic Influenza Guidance in preparation for the cross government Pandemic Influenza Exercise	Mar-14	Nov-13	AG	Complete	Updated Pandemic Influenza guidance has been published on the NHS England Website. This part of the programme is now complete but work will continue around NHS preparedness regarding Pandemic Influenza.
Chief Finance Officer	23.2	<ul style="list-style-type: none"> We will review NHS allocations methodology to ensure it is as fair as possible and consistent with our objectives. Interim findings will be published by July 2013 and a final report by July 2014. 	Sep-13		A	A	This deliverable status remains at Amber due to the delay in delivery from September to November 2013. This was to allow for important feedback and comments from the stakeholder engagement workshops held. The aim of the review is to make its initial findings available to influence the 2014-15 & 15-16 allocation process. It is important that we engage with CCGs, CSUs, regions and areas in order to incorporate their responses in this review of the Allocations methodology. Delaying the publication of the methodology will not have any impact on the deadline for producing NHS Allocations by December 2013 as work in this area is continuing alongside this review.
National Director: Commissioning Development	23.3	<ul style="list-style-type: none"> We will develop a range of tools and guidance to support CCGs deliver transformational change in relation to their QIPP objectives. The first tranche of six of these resources will be published by September 2013. 	Sep-13	Mar-14	AG	AG	Production of the initial resource is complete and issued to the service as part of the Call to Action. We have also agreed that an interactive tool would also be of benefit, the design of which has now commenced.
Deliverables completed prior to this reporting period							
National Director: Policy	7.2	<ul style="list-style-type: none"> We will publish a common purpose framework for integrated care with national partners by May 2013. 	May-13	May-13	Complete	Complete	Integrated Care and Support: Our Shared Commitment published on 14 May 2013, endorsed by 13 national partner organisations, setting national and local commitments to enable and encourage better person-centred coordinated care and support becoming 'the norm' over the coming years
Chief Nursing Officer	8.2	<ul style="list-style-type: none"> As part of our nursing strategy Compassion in practice we will publish a range of tools and resources aimed at supporting the nursing contribution to the dementia challenge. These resources will be published between April and July 2013. 	Jul-13	Jul-13	Complete	Complete	As part of the delivery of the nursing strategy Compassion in Practice, a range of tools and resources have been published through the 6C's hub to support the nursing contribution to the dementia challenge

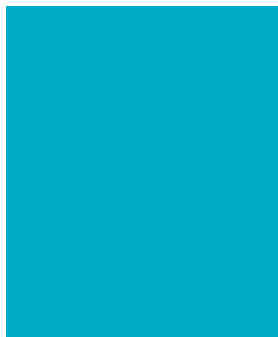
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National Director: Commissioning Development / Chief Operating Officer (Reporting by Commissioning Development)	8.5	<ul style="list-style-type: none"> Through direct commissioning of general practice, we will provide appropriate incentives and rewards for improving dementia services, including a direct enhanced service for dementia. 	Mar-14	Jul-13	Complete	Complete	A Direct Enhanced Service (DES) has been developed for dementia. The enhanced service had an effective start date of 1 April 2013. All GP practices had until end of July 2013 to declare their participation. The Quality and Outcomes Framework (QOF) includes a number of indicators to support delivery of high quality care to patients diagnosed with dementia. Achievement of the indicators results in additional payments to GP practices.
National Director: Commissioning Development	14.2	<ul style="list-style-type: none"> We will use financial incentives to reward performance in relation to the Friends and Family Test. In 2013-14, a portion of CQUIN funding will be linked specifically to the Test. 	Mar-14	Jul-13	Complete	Complete	Financial incentives to reward performance in relation to the Friends and Family Test have been developed and linked to CQUIN. CQUIN guidance was produced in January 2013. The Friends and Family Test portion of the CQUIN framework will be used by CCG commissioners to reward providers in relation to implementing the test, increasing response rate and improvement in test results.
National Medical Director	15.3	<ul style="list-style-type: none"> We will for the first time have a National Clinical Director for Maternity and Women's Health to lead on clinical service improvement, reducing variation and generating information for the public on maternity services. 		Jul-13	Complete	Complete	National Clinical Director for Maternity & Women's Health has been appointed
National Medical Director	18.2	<ul style="list-style-type: none"> 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	Complete	Quality surveillance groups (QSG) are operational in every region since April 2013 and the action is complete and closed.
Chief Operating Officer	19.1	<ul style="list-style-type: none"> 'Everyone counts' set out the framework by which we expect local health systems to plan. Our aim is to provide the freedom and support for CCGs to develop their own priorities through their input into the joint Health and Wellbeing Strategy. 			Complete	Complete	Everyone Counts was published December 2012.
Chief Operating Officer	19.2	<ul style="list-style-type: none"> We have asked each CCG to identify local priorities against which it will make progress during the year - these will form part of our assurance of each CCG and will be taken into account when determining if the CCG should be rewarded through the Quality Premium. 		Apr-13	Complete	Complete	Each CCG identified its local priorities by 31/03/13
Chief Operating Officer	22.3	<ul style="list-style-type: none"> We are facilitating joined up planning locally. 'Everyone counts' set out the requirements on CCGs and area teams to work with local partners to develop Joint Health and Wellbeing Strategy 		Apr-13	Complete	Complete	Joint Health and Wellbeing Strategies are being overseen by Local Authorities. Joint Health and Wellbeing Strategies have been developed.
National Director: Policy	22.5	<ul style="list-style-type: none"> We will continue and we worked with PHE and the LGA to issue benchmarking support packs for each health and wellbeing area – setting out performance and variation against the NHS, adult social care and public health outcomes frameworks to inform joint strategies. 			Complete	Complete	Benchmarking support packs containing high level comparative data and information in relation to outcomes frameworks for NHS, Adult Social Care and Public Health have been published and are available through the NHS England website. In addition and following feedback an interactive tool (available through the website) has been made available for exploration of the support packs. The Health and Social Care Information Centre (HSCIC) have published a schedule of on-going release dates for data and information at a CCG level. On-going updates to the data and information will be led by the HSCIC.

Section C: NHS Performance and Finance



NHS England Board
Report December 2013



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 December 2013 Board Report it contains:

- Performance and performance drivers at a glance
- Urgent Care
 - A&E
 - Ambulance performance
 - NHS111
- 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, including QIPP analysis.

At a glance – national performance against standards

Performance Area	Latest Data	Standard	Performance Against Standard	Performance in	
				Last Period	Same Period in previous year
A&E	Week ending 24th November 2013	95% of patients waiting less than four hours	95.7% (✓)	96.1%	96.0%
Ambulance	Sep-13	75% of Red 1 Cat A calls responded to within 8 minutes	75.2% (✓)	76.9%	75.1%
	Sep-13	75% of Red 2 Cat A calls responded to within 8 minutes	73.4% (✗)	74.9%	75.9%
	Sep-13	95% of Cat A calls responded to within 19 minutes	95.9% (✓)	96.1%	95.9%
RTT	Sep-13	90% of admitted patients treated within 18 weeks	91.5% (✓)	92.2%	92.2%
	Sep-13	95% of non-admitted patients treated within 18 weeks	96.8% (✓)	97.2%	97.4%
	Sep-13	92% of patients with incomplete pathways waiting less than 18 weeks	94.2% (✓)	94.2%	94.4%
Diagnostics	Sep-13	Less than 1% of patients waiting more than 6 weeks	0.9% (✓)	1.1%	0.8%
Cancer Waits	Q2 2013/14	93% of patients waiting less than two weeks to see a specialist	95.2% (✓)	95.5%	95.2%
	Q2 2013/14	96% of patients waiting less than 31 days to start first treatment	98.4% (✓)	98.3%	98.4%
	Q2 2013/14	85% of patients waiting less than 62 days to start first treatment	86.7% (✓)	86.9%	87.5%
MRSA	Sep-13	Zero tolerance to infection	76 (✗)	68	76

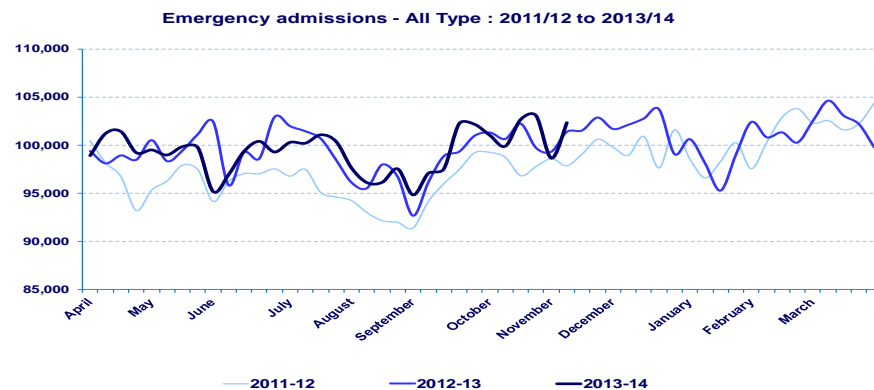
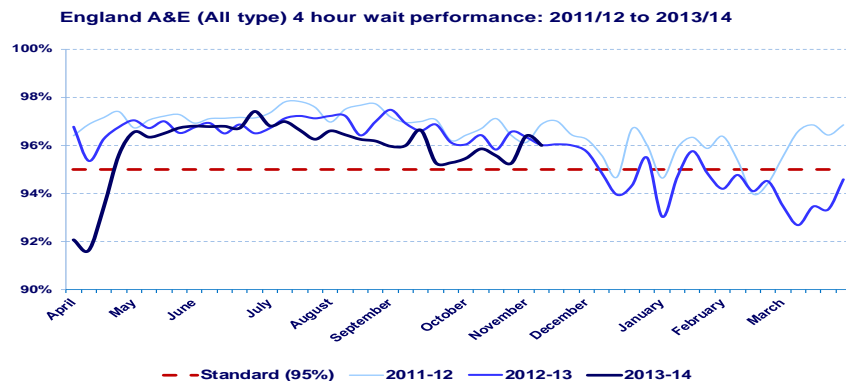
Key ✓ standard met ✗ - standard missed

At a glance – performance drivers and other indicators

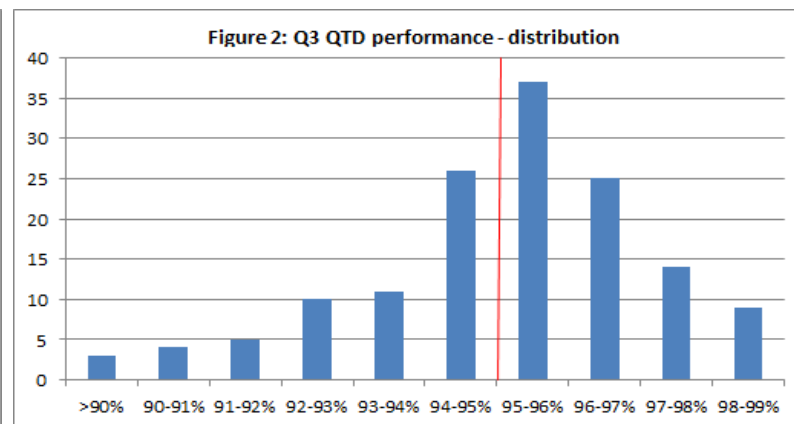
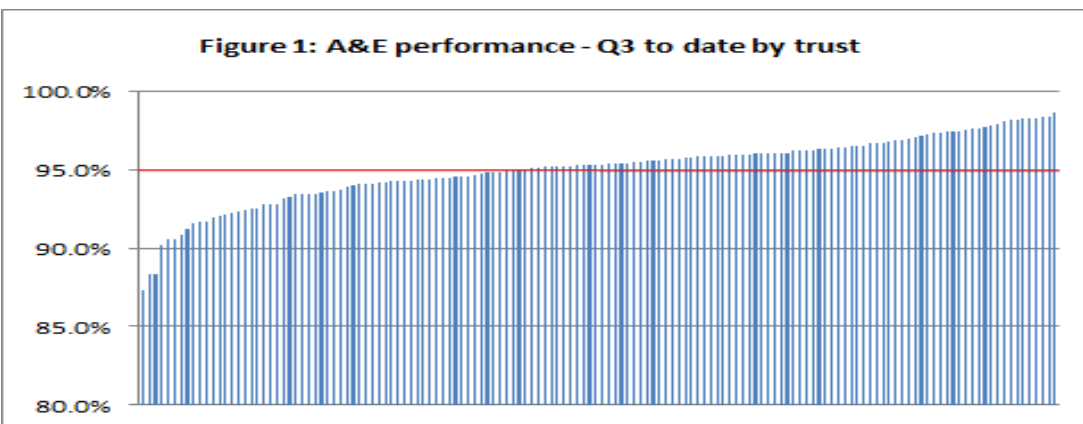
Indicator	Latest Data	Latest Data	Performance in	
			Last Period	Same Period in previous year
Emergency admissions through A&E per week	Week ending 24th November 2013	74,996	74,377	73,697
A&E attendances per week	Week ending 24th November 2013	404,377	406,114	414,435
Ambulance journeys per day	Sep-13	12,626	12,545	13,064
Number of diagnostic tests per month	Sep-13	69,497	68,586	67,492
Proportion of cancelled operations not treated within 28 days of cancellation	Q2 2013/14	3.90%	7.00%	4.40%
Average occupancy rate for all beds open overnight	Q2 2013/14	85.20%	86.50%	85.40%
Number of delayed days for NHS organisations in England	Oct-13	123,808	118,915	116,881
Mixed sex accommodation breach rate in England	Oct-13	0.1	0.1	0.2
Total number of C. Difficile infections in England	Sep-13	1,233	1,268	1,256

A&E Performance

The NHS achieved the 95% A&E standard for Q2 2013/14 and has been achieving the standard in Q3. As at week ending 24 November, the quarter to date performance is 95.8% of patients seen in under 4 hours in all A&E types.



Against the A&E standard, Q3 performance to date varies by acute provider from **87.3%** to **98.6%**, with the distribution by trust as shown in Figure 1. **59** trusts have quarter to date performance below the 95% standard, including **3** trusts below 90%, as shown in Figure 2.



Ambulance Performance

Headline performance (September 2013)

- The NHS standard for the less urgent, but time critical, ambulance calls was missed in September, for the third consecutive month.
- The Red 1 standard has been met for six consecutive months following six months of underperformance when the new standard was introduced.
- Nationally, performance against the Cat A19 standard remains strong.

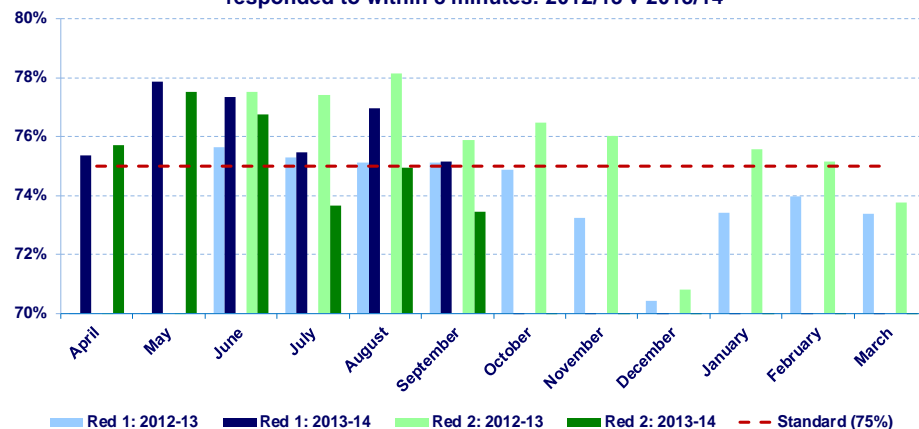
- Performance in East of England and East Midlands Ambulance service trusts is consistently low on all three standards and are not showing any signs of improvement.
- East of England have missed the Red 1 standard in 10 of the last 12 months, the Red 2 standard in 8 and the Cat A19 standard in 7. East Midlands have similar performance, having missed the standards in 8, 12 and 12 months of the last year, respectively.

Cat A calls responded to within 8 minutes				
	Standard	Sept-13	Aug-13	Sept-12
Red 1	75%	75.2% (✓)	76.9%	75.1%
Red 2	75%	73.4% (✗)	74.9%	75.9%

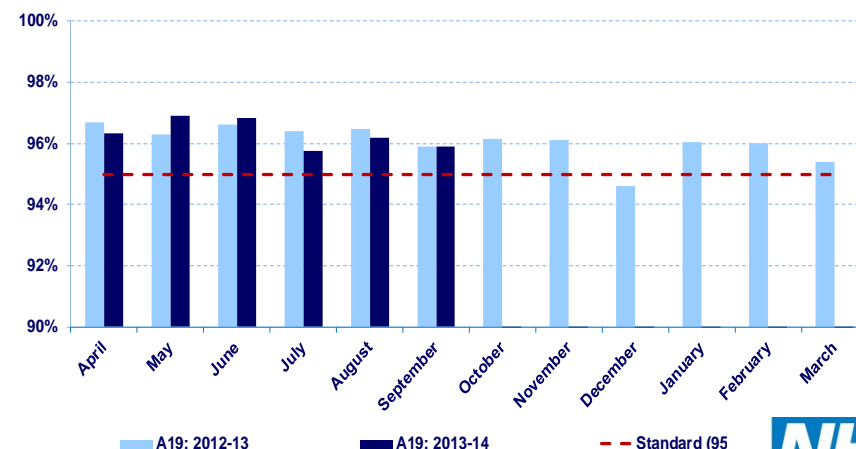
Cat A calls responded to within 19 minutes			
Standard	Sept-13	Aug-13	Sept-12
95%	95.9% (✓)	96.1%	95.9%

Ambulance journeys per day		
Sept-13	Aug-13	Sept-12
12,626	12,545	13,064
Data for 2013-14 are not directly comparable with earlier years		

Red 1 & Red 2 Ambulance performance. Percentage of category A calls responded to within 8 minutes: 2012/13 v 2013/14

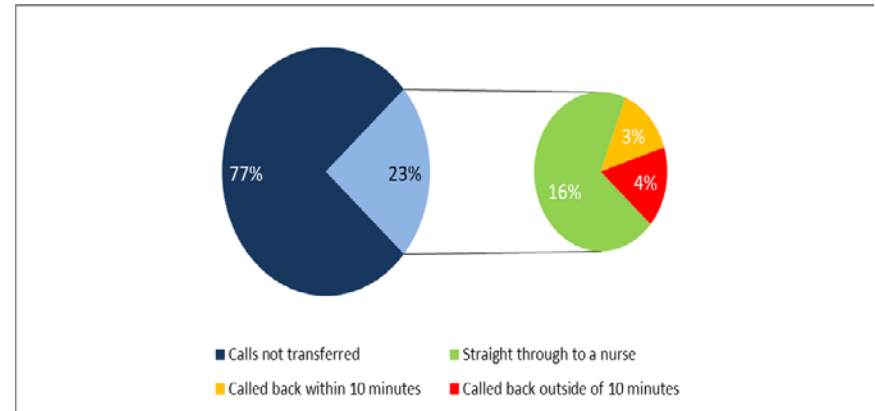
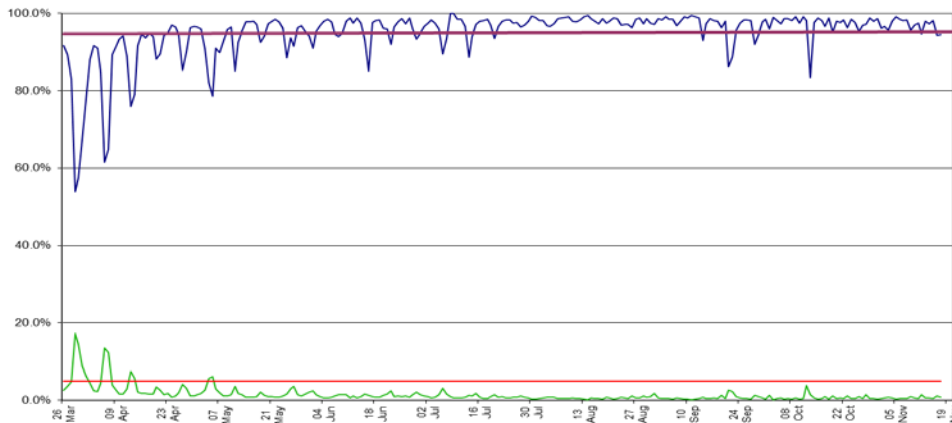


A19 Ambulance performance. Percentage of category A calls, Ambulance arriving at scene within 19 minutes: 2012/13 v 2013/14



NHS 111 Performance November 2013

NHS 111 coverage has grown from 20% (end of Feb) to over 90%. Performance is now good with key targets largely being delivered. The calls abandoned KPI (under 5%) is being met across the country (national average we 17/11/13 0.9%), although some sites are still unable to meet the calls answered within 60 seconds KPI (over 95%) at peak times (national average we 17/11/13 95.8%). Recently published data (August), demonstrates the low level of calls that require further assessment by a clinician (23%), and only 7% of calls require a call back. 45% of these call backs happen within 10 minutes.

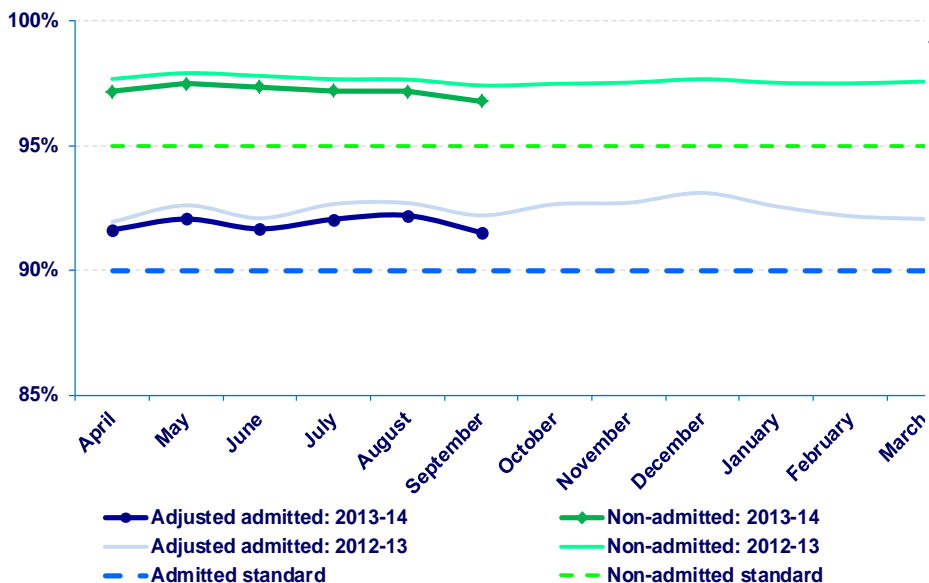


- NHS Direct has been gradually withdrawing from all of its NHS 111 contracts in a planned and managed way. These contracts have now been safely transferred to alternative providers such as ambulance trusts.
- NHS England continues to operate a national Checkpoint approval system to robustly test the quality, capacity and capability of new or changing services as they enter into the delivery of NHS 111.
- NHS England has allocated £15m to provide winter contingency for NHS 111 services. This will pay for extra clinicians and call handlers to be able to provide additional capacity as and when required over the winter period.
- NHS England has started work on the development of a revised NHS 111 specification to take into account the recommendations from its Urgent & Emergency Care Review, the NHS 111 Clinical Quality and Safety Review, and the Futures work stream of the NHS 111 programme. This specification will be finalised before further procurements for NHS 111 services take place.

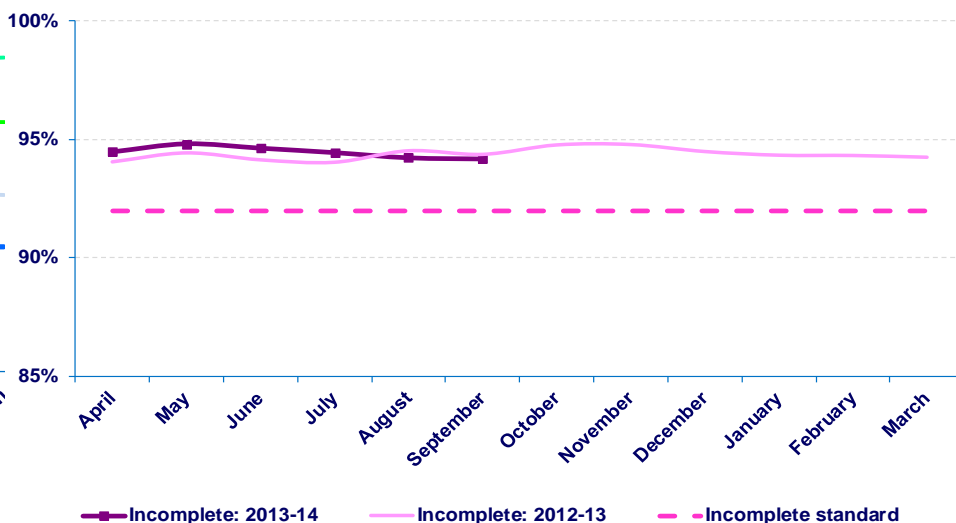
18 weeks Referral To Treatment (RTT) times

- Elective waiting times are broadly stable and NHS performance standards are being met
- Where treatment required a hospital admission (admitted patients): **91.5%** started treatment within 18 weeks, compared to **92.2%** in **September** 2012
- Where treatment did not require a hospital admission (non-admitted patients): **96.8%** started treatment within 18 weeks, compared to **97.4%** in **September** 2012
- **94.2%** of patients who have yet to start treatment (incomplete pathways) had been waiting less than 18 weeks, compared with **94.4%** in **September** 2012
- In **September** 2013 the waiting list size had grown to **2.9** million people, compared to **2.64** million in **September** 2012

Percentage of pathways completed within 18 weeks



Percentage of incomplete pathways within 18 weeks



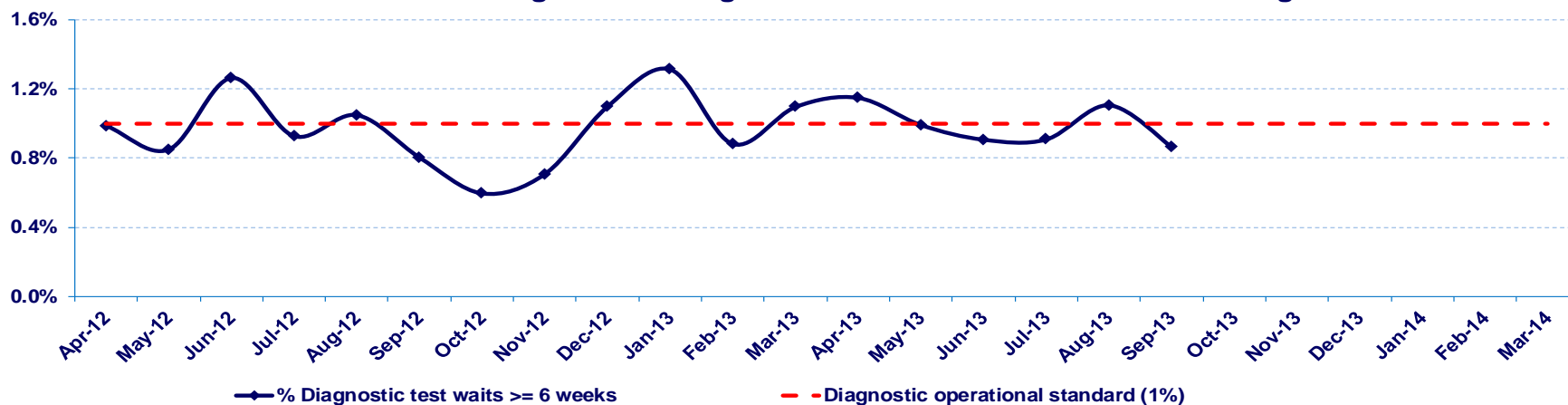
Waits over 52 weeks and Diagnostic Waits

Sep 2013: Trusts with 10 or more 52 plus week waiters

Barnet & Chase Farm Hospitals NHS Trust	182
King's College Hospital NHS FT	27
Barts Health NHS Trust	25
Heart of England NHS FT	16
Shrewsbury & Telford Hospital NHS Trust	10
East Kent Hospitals University NHS FT	10
The Royal Orthopaedic Hospital NHS FT	10

At the end of **September** 2013, there were **386** patients waiting over 52 weeks on an incomplete pathway, compared to **352** at the end of August. This all compares to a total of **1,570** patients waiting at the end of September 2012.

Percentage of total diagnostic test waits 6 weeks and over - England

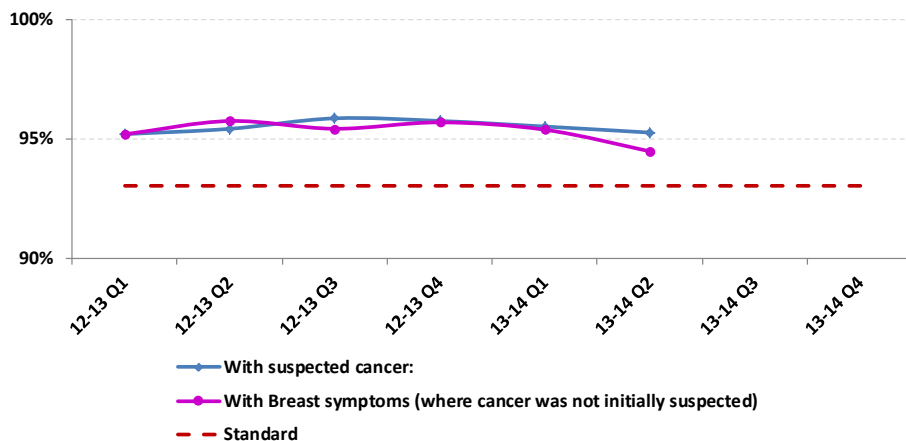


At the end of **September** 2013, the percentage of people waiting 6 weeks or more for a diagnostic test was **0.9%**, down from **1.1%** in **August** 2013

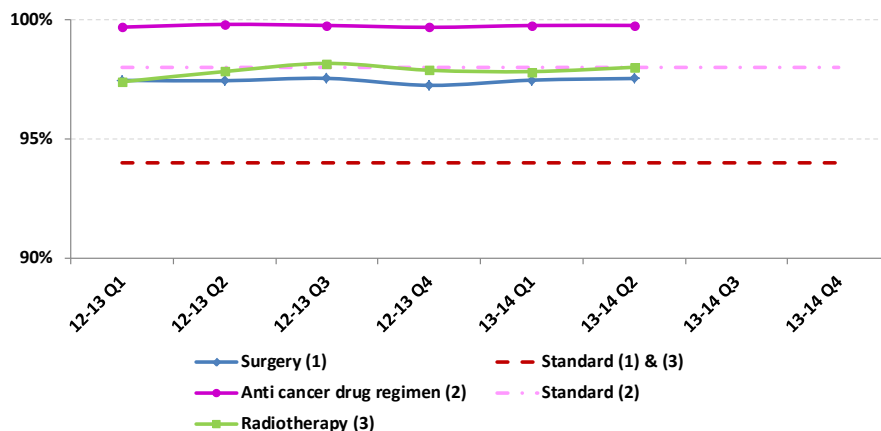
Cancer Waits

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

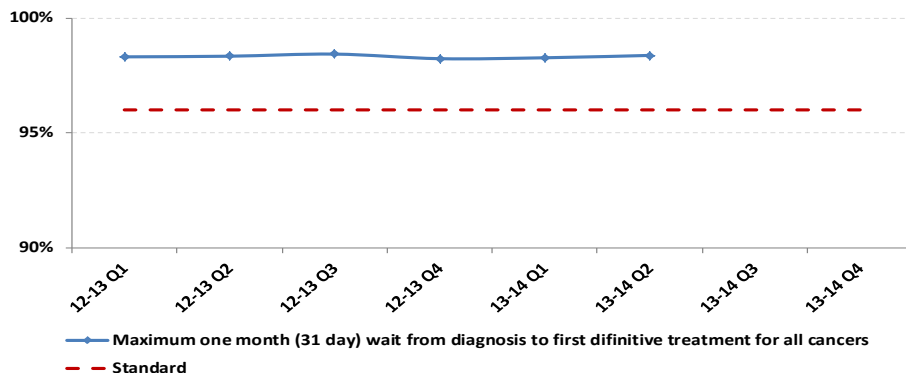
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP



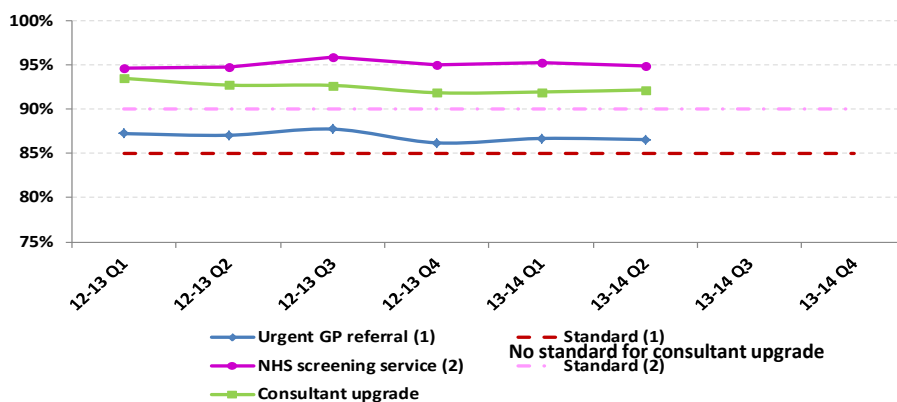
Maximum 31-day wait for subsequent treatment



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

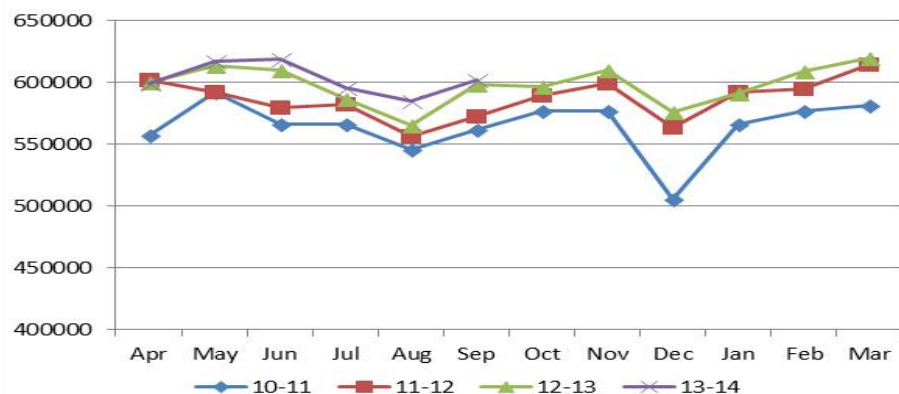


Activity

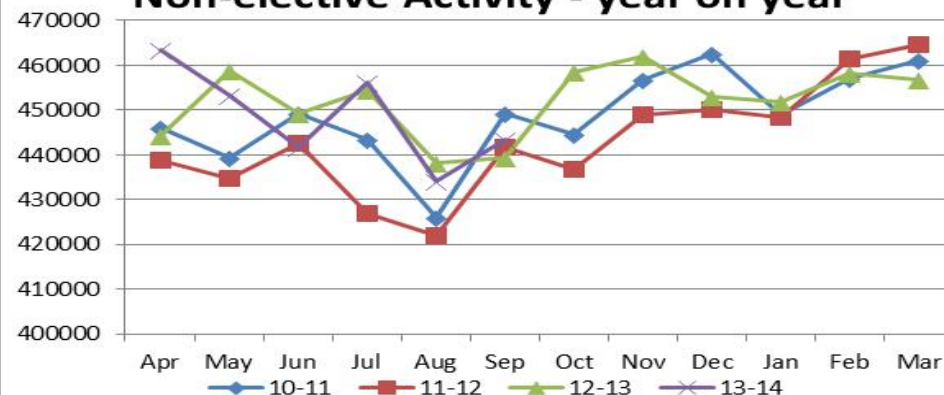
The most recent monthly return indicates that elective activity is 1.2% higher and non-elective activity is 0.3% higher in the first six months of 2013/14 as compared to the same period in 2012/13. These data are all commissioner based, and the percentage change adjusted for the number of working days in the period for each year (except for non-elective admissions). The table below shows the year to Date comparison.

	April to September 2012	April to September 2013	% change
GP referrals made (G&A)	5,575,614	5,882,595	3.0%
Other referrals made (G&A)	3,348,019	3,438,427	0.3%
GP referrals seen (G&A)	4,565,114	4,873,399	4.2%
1 st outpatient appointments seen (G&A)	8,013,878	8,221,802	0.2%
Elective G&A ordinary admissions	756,179	749,108	-3.3%
Elective G&A day case admissions	2,935,148	3,078,482	2.4%
<i>Day case rate</i>	79.5%	80.4%	-
All G&A ordinary admissions and day case admissions (elective growth)	3,691,327	3,827,590	1.2%
Non-elective admissions (G&A)	2,729,221	2,737,040	0.3%

Elective Activity - year on year



Non-elective Activity - year on year



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.

NHS FFT September Headlines:

England level scores for A&E have decreased by 4 from 56 to 52, which has had the effect of decreasing the national NHS Trust combined score from 64 to 62 overall.

The inpatient score for NHS Trusts has remained constant at 71.

During September the total number of responses for NHS Trusts was 185,256 (compared to 178,724 in August), and was 190,280 for NHS and IS organisations combined (compared to 183,464 in August).

The Friends and Family test has gathered 983,728 responses so far. The equivalent figure so far excluding IS providers is 956,824.

The overall inpatient response rate (NHS and IS providers) increased from 28.9% to 29.4% The England level A&E response rate rose from 11.3% to 13.2%

The number of wards with negative scores has fallen from 33 in August to 30 in September. There are no trusts with a negative score for inpatients in September – this is the same as June, July and August. For A&E, the number of sites with negative scores has risen from 0 to 1. No trusts have negative scores.

Inpatient

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
FFT Score	71	72	72	71	72	72
No. Responses	73671	87102	93466	100750	101239	99985
Response Rate	21.7%	24.4%	27.1%	27.8%	28.9%	29.4%

A&E

Period	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
FFT Score	49	55	54	54	56	52
No. Responses	38988	53184	71643	77783	82225	90295
Response Rate	5.6%	7.5%	10.3%	10.4%	11.3%	13.2%

Financial Performance October 2013

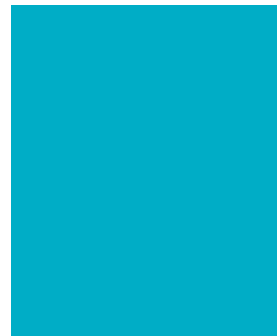
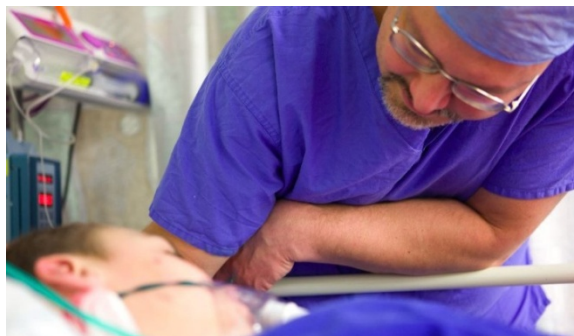
	Year to Date					Forecast Outturn Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var % of allocation	RAG	Plan £m	Forecast £m	Var £m	Var % of allocation	RAG	Previous Month £m	Change £m
Local Surplus												
North	142.5	153.4	10.9	0.1%	G	239.5	281.8	42.3	0.2%	G	279.4	2.3
Midlands & East	105.9	66.3	(39.6)	(0.4%)	A	184.3	111.7	(72.6)	(0.4%)	A	116.0	(4.4)
London	48.8	66.0	17.2	0.3%	G	88.6	142.6	54.0	0.5%	G	138.7	3.9
South	63.5	45.0	(18.6)	(0.2%)	A	102.3	94.2	(8.1)	(0.1%)	G	100.8	(6.6)
Social Care	0.0	0.0	0.0	0.0%	G	0.0	0.0	0.0	0.0%	G	0.0	0.0
Total Local Surplus	360.8	330.7	(30.1)	(0.1%)	G	614.8	630.3	15.6	0.0%	G	635.0	(4.7)
Direct Commissioning												
Specialised Commissioning	69.9	(154.6)	(224.5)	(3.1%)	R	119.8	(94.2)	(214.0)	(1.6%)	R	(216.7)	122.5
Armed Forces	0.0	0.3	0.3	1.4%	G	0.0	0.1	0.1	0.3%	G	(1.1)	1.3
Health & Justice	0.0	1.0	1.0	0.5%	G	0.0	0.9	0.9	0.2%	G	0.9	0.0
Primary Care	54.4	69.6	15.2	0.3%	G	98.3	136.2	37.9	0.3%	G	133.5	2.7
Secondary and Community Dental Care	2.7	(4.2)	(6.9)	(1.5%)	R	4.9	(6.9)	(11.8)	(1.5%)	R	(11.3)	4.4
Public Health	0.9	0.9	0.0	0.0%	G	1.5	1.5	0.0	0.0%	G	1.6	(0.0)
Other Commissioning	0.0	0.0	0.0	0.0%	G	0.0	0.0	0.0	0.0%	G	0.0	0.0
Total Direct Commissioning	127.8	(87.0)	(214.9)	(1.4%)	R	224.6	37.6	(186.9)	(0.7%)	R	(93.2)	130.8
NHS England Running Costs	0.0	46.9	46.9	14.5%	G	0.0	34.0	34.0	5.1%	G	32.8	1.2
Total National Commissioning	127.8	(40.2)	(168.0)	(1.1%)	R	224.6	71.6	(152.9)	(0.5%)	R	(60.4)	132.0
Other												
Programme costs	0.0	72.0	72.0	9.5%	G	0.0	(33.0)	(33.0)	(3.3%)	R	21.0	(54.0)
Use of draw down	0.0	0.0	0.0	0.0%	G	(305.3)	0.0	305.3	119.0%	G	0.0	0.0
Total Other	0.0	72.0	72.0	9.5%	G	(305.3)	(33.0)	272.3	21.9%	G	21.0	(54.0)
SUB TOTAL	488.6	362.5	(126.0)	(0.2%)	A	534.0	669.0	134.9	0.1%	G	595.6	73.3

QIPP Analysis as at October 2013

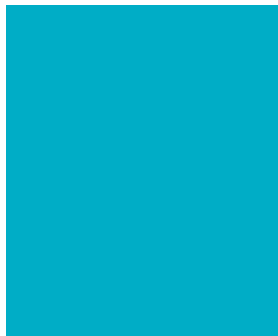
	Full Year		Year To Date					Forecast				Change in Forecast	
	QIPP Target £m	As % of Allocation	Plan £m	Actual £m	Var £m	Var %	RAG	Actual £m	Var £m	Var %	RAG	Previous Month £m	Change £m
Local QIPP													
North	368.7	1.9%	197.0	192.8	(4.2)	(2.1%)	G	353.9	(14.9)	(4.0%)	G	(10.8)	(4.1)
Midlands and East	549.0	3.0%	285.2	210.8	(74.4)	(26.1%)	A	448.4	(100.5)	(18.3%)	A	(91.1)	(9.4)
London	339.9	3.4%	179.5	161.9	(17.7)	(9.8%)	A	312.4	(27.5)	(8.1%)	A	(28.3)	0.8
South	377.4	2.4%	197.5	162.4	(35.0)	(17.7%)	A	331.0	(46.3)	(12.3%)	A	(46.7)	0.3
Total Local QIPP	1,634.9	2.6%	859.2	727.9	(131.3)	(15.3%)	A	1,445.7	(189.2)	(11.6%)	A	(176.9)	(12.4)
Direct Commissioning QIPP													
Specialised	201.9	1.9%	115.3	93.2	(22.2)	(19.2%)	A	162.3	(39.6)	(19.6%)	A	(28.9)	(10.7)
Health & Justice	6.9	1.8%	3.5	3.2	(0.4)	(10.2%)	A	6.9	(0.0)	(0.2%)	G	(1.4)	1.4
Armed Forces	-	-	0.0	0.0	-	-	G	0.0	-	-	G	-	-
Primary Care	141.5	1.4%	70.4	58.9	(11.6)	(16.5%)	A	110.7	(30.7)	(21.7%)	A	(31.7)	1.0
Secondary & Community Dental	7.6	1.2%	3.8	3.5	(0.3)	(7.4%)	A	8.1	.5	6.4%	G	(0.5)	1.0
Public Health	22.1	1.6%	12.0	8.2	(3.8)	(31.5%)	A	14.8	(7.4)	(33.2%)	A	(7.2)	(0.2)
Total DC QIPP	379.9	1.6%	205.1	166.9	(38.2)	(18.6%)	A	302.7	(77.2)	(20.3%)	A	(69.7)	(7.5)
NHS England Running Costs					-	-	G			-	G		
Total National Commissioning QIPP	379.9	1.6%	205.1	166.9	(38.2)	(18.6%)	A	302.7	(77.2)	(20.3%)	A	(69.7)	(7.5)
Other QIPP													
Other	-	-	0.0	0.0	-	-	G	0.0	-	-	G	-	-
Total Other QIPP	-	-	0.0	0.0	-	-	G	0.0	-	-	G	-	-
TOTAL QIPP	2,014.9	2.1%	1,064.3	894.8	(169.5)	(15.9%)	A	1,748.4	(266.4)	(13.2%)	A	(246.6)	(19.9)
Transactional	931.0	1.0%	546.5	488.4	(58.2)	(10.6%)	A	880.0	(51.0)	(5.5%)	A	(38.8)	(12.2)
Transformational	886.9	0.9%	429.0	330.0	(99.0)	(23.1%)	A	699.7	(187.3)	(21.1%)	A	(170.2)	(17.0)
Other	148.8	0.2%	79.8	76.5	(3.3)	(4.1%)	G	168.8	20.0	13.4%	G	18.5	1.5
Unidentified	48.1	0.1%	9.0		(9.0)	(100.0%)			(48.1)	(100.0%)		(56.0)	7.9
TOTAL QIPP	2,014.9	2.1%	1,064.3	894.8	(169.5)	(15.9%)	A	1,748.4	(266.4)	(13.2%)	A	(246.6)	(19.9)

Section D NHS England

Becoming an excellent organisation



NHS England Board Report
December 2013



Core organisational structure – October 2013 data

SUMMARY OF CURRENT BUDGETED ESTABLISHMENT, WORKFORCE NUMBERS AND VACANCIES			
All numbers are Whole Time Equivalent (WTE)	Budgeted Establishment	Staff on Payroll	Vacancies (over-establishment in brackets)
Core Staffing Structure	4,195.9	3,801.1	394.8
Lift and Shift Functions	1636.2	1,647.2	(11.0)
TOTAL	5,832.1	5,448.3	383.8

NB: The budgeted establishment WTE figures does not include any posts that have been temporarily funded through programme monies, transition funding or through directorate surpluses or any other non-recurrent funding. However, the employed staff figure does include staff that are funded in these ways. It should be noted that this does not expose the organisation to financial risk, as the effect is that vacancies are understated.

Turnover analysis – October 2013

ORGANISATIONAL STRUCTURE		TURNOVER PERCENTAGE
National Support Centre / Region	Directorate	% Turnover
National Support Centre Directorates	Policy	1.71%
	Nursing	3.31%
	Corporate Operations	6.20%
	Patients and Information	4.60%
	Medical	0.04%
	Commissioning Development	3.03%
	Human Resources and Organisation Development	9%
	Finance	3.25%
	NHS Improving Quality	3.15%
National Support Centre Total		3.77%
North Regional and Area Teams		2.48%
Midlands & East Regional and Area Teams		5.66%
London Region		5.40%
South Regional and Area Teams		3.56%
Regional and Area Teams Total		3.97%
Primary Care Support (PCS)		18.01%
NHS England Total		9.12%

Definition: Turnover information incorporates details of both voluntary and compulsory turnover, i.e. resignations, retirements, terminations of employment: conduct, capability and redundancy.

NB: Turnover information is reported from the Electronic Staff Record (ESR) and is calculated as a percentage of the total headcount, i.e. actual number of people, employed in each Directorate or Region. These figures do not include any reporting relating to off payroll workers (funded secondees into NHS England, agency workers or interim/consultancy support). It should further be noted that due to ESR system changes to assign posts and people employed in them correctly to the hierarchy and cost centre structures that a degree of over reporting is shown in some of the turnover information, e.g. in PCS. This means that the NHS England turnover exceeds the 2012 Governments Services benchmark average of 6.8% at present.

Absence analysis – April to October 2013 data

ORGANISATIONAL STRUCTURE		ABSENCE PERCENTAGE
National Support Centre / Region	Directorate / Team	% Absence
National Support Centre	Policy	2.52%
	Nursing	4.52%
	Corporate Operations	1.84%
	Patients and Information	1.28%
	Medical	1.57%
	Commissioning Development	1.99%
	HR and OD	0.79%
	Finance	0.55%
	NHS Improving Quality	1.42%
National Support Centre Total		2.27%
North Region and Area Teams		2.68%
Midlands & East Region and Area Teams		1.86%
London Region		2.10%
South Region and Area Teams		3.29%
Regional Total		2.54%
PCS/FHS		2.71%
NHS England Total		2.39%

NB: NHS England's reported level of lost working time due to sickness absence is currently low, compared to the 2012 Government Services benchmark average figure of 4.5%. However the accuracy and timeliness of absence reporting is an area to be strengthened, with recently revised guidelines being issued to absence co-ordinators within individual Directorates. The development of the Managing Attendance policy and procedure is expected to further enhance focus and reporting in this area.

Becoming an excellent organisation - staff experience

NHS England staff barometer feedback

Factors (Comprise a number of statements)	Positive Responses (strongly agree or agree)	
	June 2013	October 2013
OVERALL (based on factors 1 to 5)	62%	63%
1. Staff motivation (I look forward, am enthusiastic about work etc.)	64%	63%
2. Job design (I am clear about goals, responsibilities etc.)	58%	62%
3. Staff engagement (I have opportunities to show initiative, make suggestions, make improvements etc.)	65%	63%
4. Staff satisfaction (Support from colleagues and managers, responsibility, freedom to operate etc.)	63%	63%
5. View of NHS England (Care of patients top priority, recommend as place to work etc.)	59%	61%
6. Living our behaviours (we listen and learn, use evidence to guide decisions, open and transparent etc.)	N/A	49%
Survey responses	2,170	2,896
Response rate	36%	49%

Emerging themes from the second staff barometer

The second staff barometer ran through September and October 2013.

13 per cent more staff participated in this barometer survey, a 49 per cent uptake in comparison to 36 per cent in May 2013. The overall results are similar to those reported in the first staff barometer. On the majority of questions 63 per cent of staff report positively, 21 per cent of staff neither agree nor disagree. 51 per cent would recommend NHS England as a place to work, and 27 per cent are undecided. Overall little has changed.

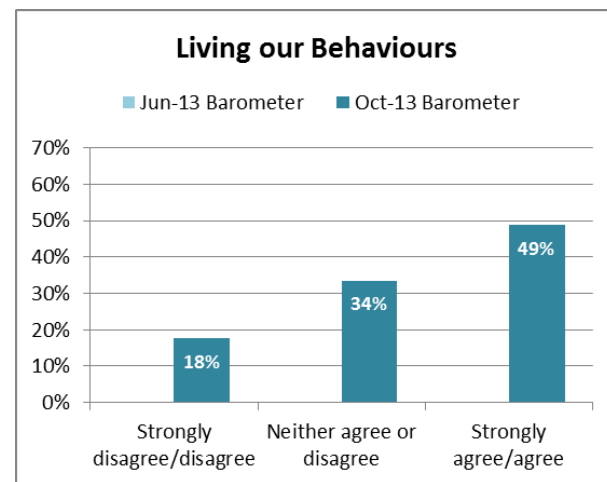
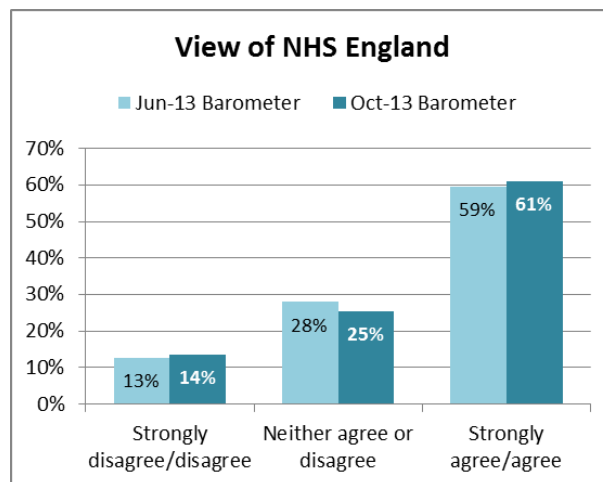
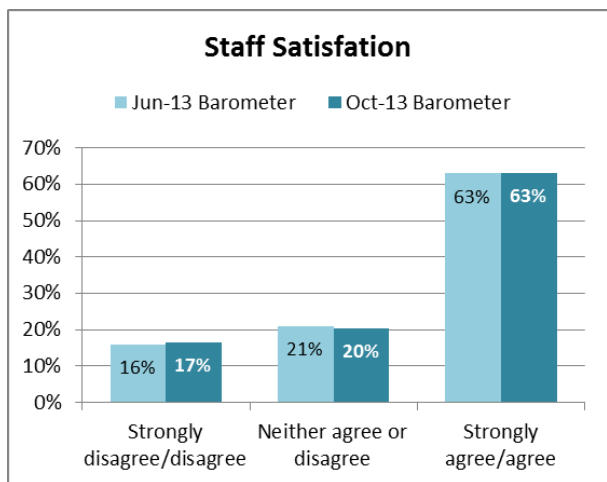
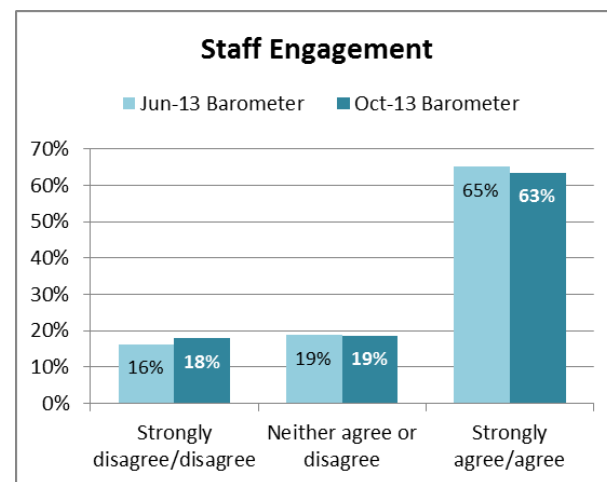
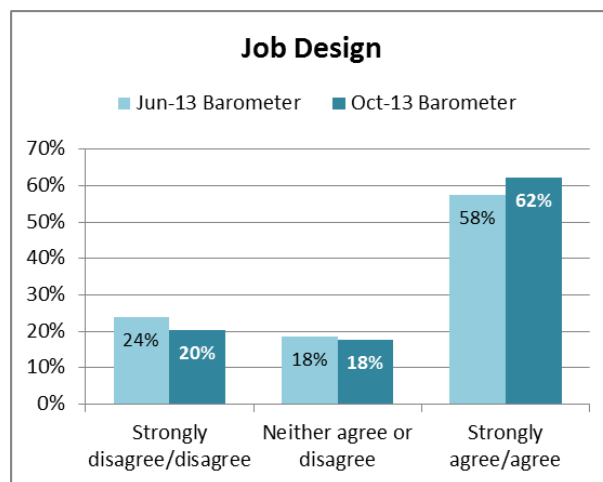
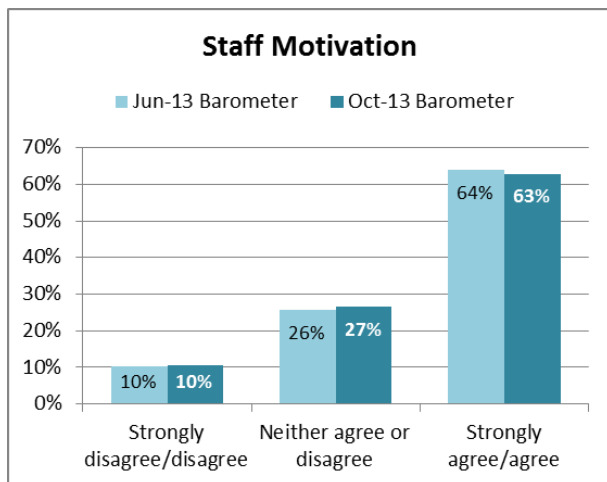
Staff continue to feel most positive about the support they receive from their work colleagues (80 per cent), and they feel trusted to do their job (77 per cent). There has been an improvement in staff reporting that they have clarity about their goals and objectives to 52 per cent, but overall this still remains the area requiring most improvement with 27 per cent continuing to disagree or strongly disagree they have the clarity they need about their goals and objectives.

The written comments provide anecdotal evidence of the different experiences of staff. There is a feeling in many parts of NHS England that teams are beginning to come together and get to grips with their work. There is a lot of appreciation of the knowledge, skills and experience of colleagues, and individuals repeatedly talk about the great people, managers and leaders they work with, and the positive attitude colleagues have to making a difference. There remains enthusiasm for the vision and values of the organisation and a desire to see these come to life in the new organisation. Some suggest that the organisation is beginning to settle down, teams are bedding in and some processes are beginning to work, things are getting better.

However there are a significant number of comments which highlight that there continue to be problems getting the basics right. Many staff report that IT issues are getting in the way of them doing a good job. Internal communication is cited as a significant issue that needs serious attention across the organisation and especially for Primary Care services (PCS) staff. Whilst more staff report clarity about roles and objectives, increasing numbers report feeling the growing pressure to deliver on high workloads, with multiple and constantly changing priorities with less resources and unrealistic timescales. This is made more difficult by what is seen as unnecessary bureaucracy and hierarchical decision making.

Becoming an excellent organisation - staff experience

Staff Barometer results



Staff Barometer – next steps

- An organisation wide report was published at the end of November 2013. Team level reports were also provided at this point to individual directors. Directors were also given access in confidence to written comments (which will have been edited to ensure they are non-attributable) for their part of the organisation. It's expected that directors will use this information to inform their conversations with staff about the action they need to take to make improvements
- Directors will share the results of the barometer with their staff and refresh their local action plan from the first barometer, with the aim of publishing this and their results on the intranet by the end of December 2013, and will be expected to provide a summary report to the excellent organisation working group.
- The results for PCS staff will be utilised by the PCS programme board to inform the action that needs to be taken to specifically support this group of staff.
- The excellent organisation working group will consider the barometer feedback at its next meeting and will agree how to respond to this through the existing programme structure it has established, agreeing a refreshed organisation wide response which will be published before Christmas.
- The excellent organisation workplace champions network will also share the results and enlist their support in identifying quick wins which will demonstrate that we are listening and committed to making change.

NHS England Running Costs October 2013

	Year to Date					Forecast Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Forecast £m	Var £m	Var %	RAG	Previous Month £m	Change £m
Medical	8.3	7.4	0.9	10.4%	G	14.2	14.0	0.2	1.1%	G	0.2	0.0
Chief Nursing	5.7	5.0	0.8	13.2%	G	11.5	11.5	0.0	0.0%	G	0.6	(0.6)
Chief Operating Officer	186.8	176.4	10.4	5.6%	G	354.5	346.0	8.4	2.4%	G	3.5	4.9
Commissioning Development	3.2	1.2	1.9	61.0%	G	10.7	10.6	0.1	0.9%	G	0.1	0.0
Patients & Information	12.0	7.5	4.5	37.7%	G	20.5	17.0	3.5	17.1%	G	3.5	0.0
Finance	26.7	22.5	4.2	15.8%	G	42.2	41.9	0.3	0.6%	G	1.8	(1.5)
Policy	42.9	44.3	(1.4)	(3.3%)	R	78.6	77.2	1.4	1.7%	G	1.4	0.0
Human Resources	3.4	3.2	0.2	6.4%	G	7.4	6.7	0.7	9.5%	G	0.7	0.0
Reserves / transition costs	20.4	0.0	20.4	100.0%	G	105.5	89.5	16.0	15.2%	G	16.1	(0.1)
Other	6.4	1.9	4.5	69.8%	G	11.0	11.0	0.0	0.0%	G	0.0	0.0
Total NHS England Running Costs	315.8	269.4	46.4	14.7%	G	656.2	625.6	30.6	4.7%	G	27.8	2.8
IQ Clinical Improvement	6.9	6.4	0.5	7.2%	G	11.9	8.4	3.5	29.1%	G	5.0	(1.5)
TOTAL	322.8	275.9	46.9	14.5%	G	668.1	634.0	34.0	5.1%	G	32.8	1.3

NHS England Programme Costs October 2013

	Year to Date					Forecast Before Further Actions					Change in Forecast	
	Plan £m	Actual £m	Var £m	Var %	RAG	Plan £m	Forecast £m	Var £m	Var %	RAG	Previous Month £m	Change £m
Innovation Health & Wellbeing	30.5	30.6	(0.1)	(0.4%)	A	49.8	46.1	3.7	7.4%	G	0.0	3.7
Improvement Body	32.1	7.2	24.9	77.5%	G	55.0	42.2	12.8	23.3%	G	11.3	1.5
Medical (other)	18.0	17.9	0.1	0.4%	G	34.9	34.5	0.4	1.2%	G	0.0	0.4
Nursing	1.4	0.5	1.0	68.2%	G	4.3	4.3	0.0	0.1%	G	0.0	0.0
Chief Operating Officer	50.7	18.5	32.2	63.5%	G	112.9	113.2	(0.3)	(0.2%)	A	(7.7)	7.5
Commissioning Development	2.5	2.4	0.1	4.5%	G	5.0	5.0	0.0	0.9%	G	0.0	0.0
Patients & Information	39.7	26.0	13.7	34.6%	G	86.4	78.9	7.5	8.7%	G	5.5	2.0
NHS Direct/111	27.1	27.1	0.0	0.0%	G	27.4	27.4	0.0	0.0%	G	5.6	(5.6)
Finance	(0.0)	0.9	(0.9)	(90.0%)	R	1.0	1.0	0.0	0.0%	G	1.5	(1.5)
Leadership Academy	39.7	39.7	0.0	0.0%	G	46.7	46.7	0.0	0.0%	G	0.0	0.0
Clinical Excellence Awards	0.0	2.1	(2.1)	0.0%	G	174.0	182.0	(8.0)	(4.6%)	R	(8.0)	0.0
Provider Support	119.0	133.5	(14.5)	(12.2%)	R	204.0	326.0	(122.0)	(59.8%)	R	(60.0)	(62.0)
Other budgets	(1.5)	11.6	(13.1)	(11.6%)	R	48.9	42.4	6.5	13.3%	G	6.5	0.0
Other Reserves	0.0	0.0	0.0	0.0%	G	31.4	25.0	6.4	20.4%	G	6.4	0.0
Contingency	30.8	0.0	30.8	100.0%	G	99.9	40.0	59.9	60.0%	G	59.9	0.0
Total NHS England Programme Costs	390.0	318.0	72.0	18.5%	G	981.7	1,014.7	(33.0)	(3.4%)	R	21.0	(54.0)