

**BOARD PAPER - NHS ENGLAND**

**Title:** NHS Performance Report

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**Purpose of paper:**

To provide an update to the NHS England Board on indicators covering:

- NHS performance on constitution standards and other commitments; and
- NHS England performance.

**Actions required by the Board:**

- To note the contents of the NHS Performance Report.
- To receive and confirm recommendations related to the board assurance framework.

## Performance report

### Introduction

1. This report provides an update to the NHS England Board on indicators covering:
  - NHS performance on constitution standards and other commitments; and,
  - NHS England performance.
2. Work is ongoing to reconfigure the more comprehensive integrated performance report around two scorecards covering NHS performance and NHS England performance respectively.

### NHS Performance

3. The NHS performance report is attached to this report.

### NHS England Performance

4. In the 31 areas outlined in the NHS England 2014-15 business plan, each area has been given two RAG ratings, the first for current progress, the second for future risk. Each of the business plan areas are assigned to one of the three sections below:
  - **High quality care for all, now.** 5 business areas have 'Amber/ Red' risk ratings:
    - Parity of esteem - due to a risk of failing to meet anticipated deadlines for programme deliverables. Robust governance arrangements are being established to ensure the programme deliverables are managed;
    - Access to elective care; and
    - Access to urgent & emergency care (both of which are covered in more detail in slide 2, given this covers NHS constitution standards);
    - Medical revalidation due to capacity constraints within NHS England. Area teams have commenced recruitment following agreement of budgets;
    - Challenged geographies – due to uncertainty both regarding the scale of the challenge and the subsequent level of leadership capacity and capability required. Monitor, the Trust Development Authority and NHS England have created a joint budget to provide additional capacity and support for commissioners and providers in 11 challenged health economies.

- **High quality care for all for the future.** There are no significant risks or issues to report here. New work is now underway on the 5 year strategic planning work, which will report in Autumn 2014.
- **Developing our organisation.** There are no issues to report in respect of delivery against plan objectives. The existing plans are being reviewed in the light of the new work emerging from the organisational review. A new programme is being established to steer and coordinate this work through to implementation, later this year.

### **Board Assurance Framework**

5. The organisational risks which form the board assurance framework (BAF) were reviewed by the executive risk management group (ERMG) on 12 June 2014 as the responsible executive group.
6. The chart on slide 6 sets out those risks, grouped as NHS-wide or NHS England, and which are largely strategic, versus operational.
7. We recommend 2 risks are removed from the BAF and monitored and managed by the appropriate business area governance arrangements:
  - Risk 6: transition to a future operating model for complaints; the original reason for having this risk on the BAF, was because of an issue with the volume of complaints. This is now mitigated, with performance at acceptable levels. The remaining risk associated with transition to a new model remains, but is not significant enough to be managed at this national level; and
  - Risk 8: NHS 111; the major risk associated with performance issues is now mitigated, and no longer needs to be raised at this level.
8. We recommend adding 3 new risks to the BAF:
  - Genomics; the risk that NHS England is not able to mobilise and deliver the required samples for the programme. We have now initiated a process for contracting with trusts to deliver samples, as a means of ensuring the required delivery.
  - Better Care Fund; this is the risk that the BCF will not deliver cashable cost savings to the acute sector, so CCGs and hospitals will not have enough funds to pay for ongoing patient services. Plans are in place to ensure funds allocated to BCF are linked to cashable benefits in the acute sector.
  - Referral-to-treatment time; this reflects a known current risk. Supplementary funding is to be released to support additional provider

activity and reduce backlog with the support of tracking activity and spend above baseline.

9. Since the last report to the Board, risk 13 (revalidation) has improved from red to amber/red reflecting the arrangements that are being put in place around resourcing to support the work.

### **Conclusion**

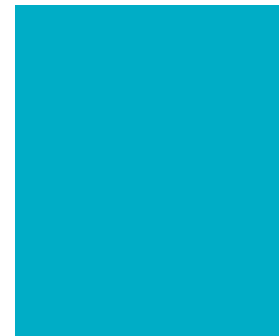
10. For NHS England performance, this report represents a reasonable status against the business plan for this position in the year, but highlights the need for work to be done to improve organisational effectiveness and business plan delivery.
11. The Board is invited to note the contents of the report and to receive and confirm recommendations related to the board assurance framework.

**Karen Wheeler**

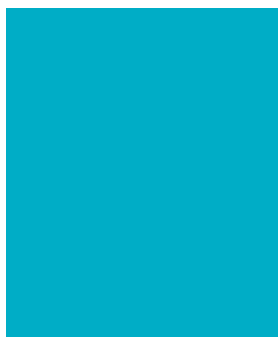
**National Director: Transformation and Corporate Operations**

**July 2014**

# NHS Performance Report



NHS England Board  
Report 3<sup>rd</sup> July 2014



# Overview: NHS Constitution Standards

What the commitment is	Data Period	Latest Performance (Arrows indicate improvement ↑, deterioration ↓ or no change ↔ since the last period)	
A&E - % of patients waiting more than 4 hours	Q1 to date (w/e 15th June)	95.0%	↑
Ambulance - Red 1 Cat A Calls	Apr-14	75.2%	↓
Ambulance - Red 2 Cat A Calls	Apr-14	73.6%	↓
Ambulance - Cat A 19 Calls	Apr-14	95.8%	↓
RTT - Admitted	Apr-14	90.0%	↑
RTT - Non-admitted	Apr-14	96.3%	↔
RTT - Incomplete	Apr-14	93.8%	↑
Number of patients waiting more than 52 weeks	Apr-14	510	↓
Diagnostics - % waiting over 6 weeks	Apr-14	2.2%	↓
Cancer - 2 week waits	Q4 2013/14	95.0%	↓
Cancer - 2 week waits (breast symptoms)	Q4 2013/14	93.9%	↓
Cancer - 31 day waits	Q4 2013/14	98.0%	↓
Cancer - 62 day waits	Q4 2013/14	84.4%	↓
Cancelled ops - readmission within 28 days	Q4 2013/14	843	↓
Mixed Sex Accommodation breaches	May-14	184	↑
The percentage of patients on Care Programme Approach who were followed within 7 days after discharge from psychiatric inpatient care	Q4 2013/14	97.40%	↑

# Overview: Mandate Commitments

What the commitment is	Latest data period	Latest Performance		Commentary
Dementia Diagnosis	The Current QoF data is from 2012/13.	48.70%	↑	Urgent attention being given to how NHSE can obtain more regular data from CCGs on diagnosis rates ahead of monthly data being available. Progress against the dementia diagnosis ambition is measured annually from QOF data. The most recent QOF data that is available is from 2012/13. From the 12/13 QOF data the actual diagnosis rate of people with dementia is 48.7% against the ambition of 66.67%. Work is ongoing with the HSCIC to obtain more timely dementia diagnosis rate data. Dementia diagnosis has been the subject of significant attention through the operational plan assurance process. The majority of CCGs have submitted plans to meet the required level of ambition and a more timely data flow will allow for much greater scrutiny on the delivery against these. Those CCGs which lack the necessary ambition are being supportively challenged to stretch their plans in order to deliver this on aggregate nationally.
Improving Access to Psychological Therapies (IAPT) programme	Q3 performance 2013	11.30%	↑	Access rates in Q3 were a slight increase on Q2 performance of 11.2%. Further stretch is required to reach the 15% access ambition by March 2015.
CYP IAPT - Programme working with services covering 60% of under 19s by end March 2015	Year three recruitment completed July 2013.		↓	Year 3 partnerships which begin training in November 2013 take the programme to working with services covering 54% of 0-19 population. Year four recruitment application closed April 2014. Interviews are currently under way and we expect to make offers in early July.
Winterbourne View	31st March 2013			The March data publication shows significant improvements in data quality and completeness but also shows that whilst there was a small improvement in the number of patients being transferred, the number of patients admitted appears to be growing at a faster rate. We have launched a six point action plan around our approach to patient transfer including a new zero tolerance approach to poor case management and a PTL based approach to list management. Ongoing improvement will be closely monitored and followed through via regional and area teams.
Friends & Family Tests	March 2014 data		↑	Programme development is progressing on track, but given the risks around capacity in the system to deliver across all sites such as GP Practices, Pharmacies etc.
Health Visitors	Latest data shows Feb position		↑	The number of HVs in post increased by 143 FTE (+1%) during the month of February. This includes: -5 FTE movement in the North region, +58 in Midlands and East, +32 in London and +58 in the South. London remains significantly behind plan at -280 FTE (-18%). All other regions remain marginally behind trajectory as follows: North – 11 FTE, M&E -9 FTE, South -32 FTE (-1%). The delivery of the health visitor numbers is receiving close operational scrutiny. A more contemporary data flow has been established to improve the timeliness of reporting and delivery is being managed against this. Additional focus is also being placed on alternative supply to increase numbers through a focus on other qualified supply and the level of attrition both from currently commissioned education places and the existing health visitor workforce.

## Mandate Commitments (2)

What the commitment is	Latest data period	Latest Performance		Commentary
IMRT - Ensure centres have capacity to deliver from April 2013	January 2014 data			The national average is 29% for the January report. Challenges with sustainability remain, particularly in sites which undertake a limited amount of activity where fluctuation in the small numbers of patients make statistical analysis difficult. Furthermore, in certain geographical areas there are issues with recruiting and retaining high end staff.
Family Nurse Partnership - The commitment to more than double the April 2011 number of places on the FNP programme to at least 16,000 by April 2015.				Progress on track. 13150 places to date.
Immunisation & Vaccination				All, but one - Men C (1) - routine childhood immunisation programmes have achieved coverage rates at or above level set out in Section 7a agreement.
Screening: Cancer programmes	Q3 performance 2013			Breast screening is meeting minimum standards in the service specification but is slightly below the key deliverables in the Section 7A agreement. Cervical screening has not changed from the previous quarter, however, is (1.3%) below the key deliverable in the 7a agreement and below the current acceptable value of ≥80% due to a general decline in uptake. The Tripartite screening Board is due to present a report to the Public Health Steering Group which will include actions to improve cancer screening average.
Screening: Non-cancer programmes	Q3 performance 2013			Delivering the standards overall
NHS 111	01 June 2014		↔	NHS 111 data for April, pulished in June, shows 93.3% of calls answered by were answered within 60 seconds. This means that the target of 95% was not met.
Online access to GP health records				The technical solutions to support GPs are on track; actions are in place to ensure practices comply with requirements but the concern is that practices may only implement the minimum requirement, thus there would not be meaningful quality improvement for patients.
Book GP appointments online				
Order repeat prescriptions online				



# Board Assurance Framework

## NHS England Board Assurance Framework Summary as at 12 June 2014

Risk Ref	Risk <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Change in Current RAG Status Since Last Report	Current Gross RAG Status	When Mitigated RAG Status	Date By Which Mitigated RAG To Be Achieved	
<b>NHS-wide</b>						
Strategic	7	Urgent care	↔	R	AR	31/03/2015
	2	Health inequalities and parity of esteem	↔	AR	A	31/03/2015
	4	Strategy and service transformation	↔	AR	A	31/03/2015
	19	Better Care Fund	NEW	AR	AG	30/09/2014

Risk Ref	Risk <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Change in Current RAG Status Since Last Report	Current Gross RAG Status	When Mitigated RAG Status	Date By Which Mitigated RAG To Be Achieved
<b>NHS England</b>					
3	Funding for policy commitments and unavoidable cost pressures	↔	R	R	31/03/2015
9	Specialised services	↔	R	AR	30/09/2014
5	Relationship with patients and the public	↔	AR	A	30/04/2015
11	Commissioning support services	↔	A	A	01/05/2015

Operational	1	Major quality problems	↔	R	AR	31/03/2015
	15	Major emergency	↔	AR	A	31/03/2015
	8	NHS 111 service	↑	A	A	12/06/2014
	12	Information and data sharing	↔	AR	A	31/03/2015
	17	Genomics	NEW	AR	AG	31/12/2014
	18	Referral-to-treatment time	NEW	R	A	31/03/2015

16	Information for contracting and performance monitoring	↔	R	AR	31/03/2015
10	Primary care support services	↔	R	A	31/03/2015
14	Organisational capacity and capability	↔	R	A	31/03/2015
6	Transition to a future operating model for complaints	↔	AR	A	30/09/2014
13	Revalidation	↑	AR	AG	31/07/2015

### Key

↔ No change in RAG status compared to last report

↓ RAG status deteriorated compared to last report

█ Risks recommended for removal

↑ RAG status improved compared to last report