

BOARD PAPER - NHS ENGLAND

Title: NHS Performance Report

From:

Dame Barbara Hakin, National Director: Commissioning Operations

Purpose of paper:

This report provides an update to the NHS England Board on NHS performance against the NHS Constitution Standards and other key commitments as well as assurance on NHS England Ebola preparedness.

Actions required by the Board:

- To note the contents of the NHS Performance report.

NHS Performance Report

1. This report provides an update on NHS performance against the NHS Constitution Standards and other commitments, as well as assurance on NHS England Ebola preparedness.

NHS Performance

2. The NHS Constitution includes the commitment that patients have the right to start their consultant-led treatment for non-urgent conditions within 18 weeks of referral. We measure our achievement by ensuring that 90% of admitted patients and 95% of non-admitted patients are treated within 18 weeks, and that 92% of those still waiting to start treatment have been waiting less than 18 weeks. The expectation is that the **referral to treatment standards** (RTT) will be met from December, following the additional treatments for patients commissioned with the £250m of additional funding that was made available. There is evidence that not all the activity NHS trusts agreed has been delivered during the months June to November when the backlog reduction was to take place. We continue to work with NHS trusts, but we have also agreed a significant range and volume of activity to be delivered by the Independent Sector over the coming months. Further action is in hand to review and re-profile additional activity in places where it has not yet been delivered, so that the standards will continue to be met on a sustainable basis.
3. Patients should have a diagnostic test within six weeks of that test being requested. Although the NHS is not currently meeting the standard that less than 1 per cent of patients should wait 6 weeks or more, performance across the NHS has improved in the most recent month on **diagnostic waiting times**. The focus remains on ensuring the trusts with the poorest performance recover their performance towards meeting the standard. We are working closely with our partners in Monitor and the NHS Trust Development Authority (TDA) to ensure that adequate activity has been commissioned by CCGs and our own direct commissioners, and that providers treat patients quickly in line with commissioning plans.
4. For **Cancer**, patients should experience a maximum two month wait from urgent GP referral to their first definitive treatment. We are seeing a significant increase in the number of patients referred with suspected cancer on the back of a number of initiatives to promote early detection. This standard is not being met and we need to increase capacity to meet the needs of these additional referrals. . Working with partners in Monitor and TDA we have focused on those trusts with the highest number of breaches. The Cancer Waits Task Force, jointly chaired by NHS England's National Clinical Director for Cancer and TDA's Medical Director, is now meeting and developing a programme of work to ensure sustainability of the standards.
5. Patients should be transferred, discharged or admitted to hospital within four hours of their arrival at **A&E**. We aim to achieve this standard for 95% of patients, since for some it is clinically appropriate for them to stay in the A&E department for longer. The A&E standard was just missed in Quarter 2 (July to September) with performance at 95%

(94.98%), but performance since then has been poor. Levels of attendance at A&E departments across the start of winter 2014/15 have been subject to fluctuation, but remain slightly higher than in the same period in 2013/14. Whilst following similar trends to the previous year, emergency admissions through early winter 2014/15 have been significantly higher than levels seen in 2013/14. This should be seen against a backdrop of a general year on year increase in emergency admissions, although at a rate which is slowing.

6. The total number of patients spending between 4 hours and 12 hours from the decision to admit to admission is also higher this year compared with last year. It is important that commissioners and providers work together to identify and take the appropriate actions to address the specific issues leading to these delays within individual trusts, supported by tripartite members and SRGs.
7. Following the recent deterioration in national performance against the A&E 95% standard, the national tripartite has implemented a rapid escalation regime to tackle areas with the most significant problems and the worst achievement against the standard, with varying levels of risk triggering an appropriate level of intervention. Systems are identified by regional tripartite panels based on both recent performance and local intelligence:
 - Systems identified as posing the highest risk to delivery of services for patients are invited for 'intervention meetings' at CEO level with NHS England and either TDA or Monitor. The purpose of these sessions is to understand drivers of poor performance and agree timeframes and actions to be taken in order to produce rapid improvements.
 - The next highest risk systems have similar intervention meetings at a regional level or are subject to regional level monitoring
8. Remaining systems are being closely observed and can be escalated into the processes described above should a decline in performance necessitate such an approach.
9. Meetings with 13 systems have taken place to date, with a further 20 planned between now and the end of January. Where a system has not given sufficient assurance that actions are planned or performance does not improve, further action will be undertaken including additional Chief Executive meetings with senior system leads.
10. The national tripartite is working closely with the Prime Minister's Implementation Unit (PMIU) to expedite deep dives into systems which have managed to bring about significant improvements in A&E performance to learn lessons and share best practice. There will also be deep dives into systems which have encountered a significant deterioration in performance, to ascertain the root causes of the problems being encountered.
11. Throughout the winter, NHS England will continue to closely monitor key metrics such as ambulance handover times, 4-12 hour and 12 hour plus breaches in A&E as well as trolley waits, to ensure that safe, high quality services for patients are maintained.

Where issues are identified, NHS England, along with tripartite partners, will take immediate action to address.

12. A total of £650m has been allocated to System Resilience Groups (SRGs) through Clinical Commissioning Groups (CCGs) on the basis of their plans to support operational resilience through the winter.
13. Three **ambulance standards** measure the time taken for ambulances to reach the patient. All three ambulance indicators remain below the relevant operational standards. Ambulance performance has deteriorated in recent months, with a number of trusts consistently missing all three response time standards. London Ambulance Service (LAS) remains of most concern, as performance has dipped the lowest over this period. Significant support has been mobilised for ambulance services through the resilience planning process, with LAS receiving over £17m of operational resilience funding alone. The main area of focus for LAS is the shortage of paramedic staff. LAS are working with both TDA and NHS England to manage/reduce the flow of paramedics out of the service and into areas such as NHS 111, as well as broader recruitment and retention concerns across the trust, alongside a plan to increase vehicle utilisation rate.
14. Winter 2014/15 has seen the total number of ambulance handover delays following a similar weekly pattern to last year so far, but with higher overall numbers. Through tripartite arrangements NHS England is supporting commissioners and providers to address trusts/systems where handover delays are of particular concern.
15. In total, through both tranches of operational resilience funding, ambulance trusts and schemes to support delivery of these services have received in excess of £48.5m.
16. **Psychological Therapies** are important treatments for patients with mental illness. NHS England is committed to improving access to these services. Recent data shows that for Quarter 1 (April to June) CCGs were behind their plan, achieving 12.4% when their ambition was for 13.5%. An action plan has been implemented to address this and work is ongoing with an Intensive Support Team supporting those CCGs identified as the highest delivery risk. We are pleased that the number of people showing recovery has increased significantly from 40,609 in Quarter 4 (January to March) to 44,379 in Quarter 1, a 9.3% increase. While encouraging, there is still considerable distance left to travel in order to meet the national ambition of 50% by the end of March 2015. The Children and Young People's improving access to psychological therapies (IAPT) programme is on track, with services available to 68% of the 0-19 population, exceeding the target of 60%.
17. Timely **dementia** diagnosis is intended to support both care planning and carers. Although dementia cannot be cured, the NHS can lead in delivering and supporting care with compassion for individuals with a condition that frequently impacts on carers. The Health and Social Care Information Centre (HSCIC) is now providing monthly dementia diagnosis rate data which is supporting a stronger handle on delivery and assurance. Timely data is enabling early identification of the CCGs failing to deliver against their planned ambition. October 2014 dementia diagnosis data shows that the current national

diagnosis rate is 55.0%, up from 53.5% in September. An additional 9,931 people have been added to dementia registers in the last month.

18. This increase falls short of the monthly increase of 2.5% which is required to ensure achievement of the national ambition of two thirds of the estimated number of people with dementia having a diagnosis and access to post diagnostic support by March 2015. A number of actions are in place to improve performance, including support in areas where diagnosis rates are the poorest.
19. A new enhanced service to fund additional costs associated with improving diagnosis rates by GPs is estimated to have reached an uptake rate of 56% of practices based on preliminary information.
20. Through the **Transforming Care Programme**, NHS England is looking to reduce the number of people with learning disabilities who are living in inappropriate accommodation and move them into more appropriate accommodation within the community. The recently published Quarter 2 data shows a national total of 2600 people in in-patient beds for mental and/or behavioural healthcare who have either learning disabilities and/or an autistic spectrum disorder (including Asperger's syndrome). Of these, 1680 have a planned discharge date to the community compared to the Quarter 1 figure of 577. 323 patients were discharged to a community setting between 30 June and 30 September 2014, compared to 261 in the previous quarter.
21. Of the total cohort of patients, we are working towards an ambition to discharge 50% of those who were in place on 1st April 2014 to a community setting. In addition to this, patients are being transferred to more appropriate in-patient settings whereby they may be moved closer to their families. Apart from where specific sections of the Mental Health Act or court orders from the Ministry of Justice apply, all remaining patients (with a stated clinical reason why they cannot be transferred) are to be considered for a Care and Treatment Review by a panel of clinical experts and experts by experience involving their carers and families. These reviews began in the past few weeks and it is anticipated that there will be a proportion where a clinical decision may be made leading to a suitable discharge.

Ebola

22. As part of the government's overarching plan, and working closely with partners in Public Health England and the Department of Health, NHS England has a comprehensive programme comprising nine key work streams:

	Work stream	Objectives
1	West Africa in country support	<ul style="list-style-type: none"> • Provide expertise to support the development of in country capability, capacity, model of care and operational policies. • Ensure that the impact of seconding NHS staff is managed.

	Work stream	Objectives
2	Repatriation	<ul style="list-style-type: none"> • Provide input and support to ensure timely and safe repatriation of cases.
3	Screening at Entry Ports	<ul style="list-style-type: none"> • Provide input and support to ensure appropriate screening and protocols are in place to identify and transfer suspected cases to agreed hospitals
4	Awareness and preparedness of staff and communications	<ul style="list-style-type: none"> • To ensure NHS staff are aware of Ebola and know what is required of them and where to go for information. • To ensure effective management of communications should cases present.
5	Handling of suspected cases	<ul style="list-style-type: none"> • To ensure NHS providers are prepared to deal with suspected cases.
6	Treatment of diagnosed cases	<ul style="list-style-type: none"> • To ensure designated surge centres are commissioned and fully prepared to deal with diagnosed cases.
7	Assurance and Governance	<ul style="list-style-type: none"> • To ensure NHS England has robust systems and process in place in order to ensure preparedness and response.
8	Clinical	<ul style="list-style-type: none"> • To provide clinical leadership and involvement in the programme.
9	Finance	<ul style="list-style-type: none"> • To ensure that the necessary services are commissioned and financial impact is managed.

23. Board members are asked to note the contents of the NHS Performance Report.

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