

**BOARD PAPER - NHS ENGLAND****Title:**

NHS Performance Report

**From:**

Dame Barbara Hakin, National Director: Commissioning Operations

**Purpose of paper:**

This report provides an update on pressures in the urgent care system. It also provides assurance on NHS England's oversight of NHS preparedness with regard to Ebola.

**Actions required by the Board:**

The Board is asked to:

- Receive assurance on the actions put in place by NHS England and tripartite partners to support the NHS during the remainder of the winter.
- Receive assurance of our oversight of preparedness with regards to Ebola.

## **Introduction**

1. The last few months have seen increasing pressures on urgent care services across England, with unprecedented numbers of patient contacts in General Practice, out-of-hours and NHS 111, and specifically in hospitals, where attendances at A&E departments and the number of urgent admissions has proved exceptionally challenging in recent weeks. Ambulance services have also experienced exceptional demand.
2. Notwithstanding this, staff in the NHS have continued to deliver high quality services to patients, with the majority of patients still receiving their care in line with national standards.
3. In its commissioning oversight role, NHS England continues to work with the following bodies in order to improve the delivery of urgent care services and their associated access and performance times:
  - Clinical Commissioning Groups (responsible for commissioning these services);
  - The NHS Trust Development Authority (TDA) and Monitor (responsible for oversight of NHS Trusts and NHS Foundation Trusts);
  - NHS Trusts and NHS Foundation Trusts (responsible for delivering hospital and ambulance services).
4. This month's performance report is focussed specifically on urgent care, describing the pressures the system is experiencing at the current time. It identifies the actions that are in place to help manage pressure over the coming months.
5. A full report on all NHS Constitution standards and other key mandate commitments will be brought to the March meeting.

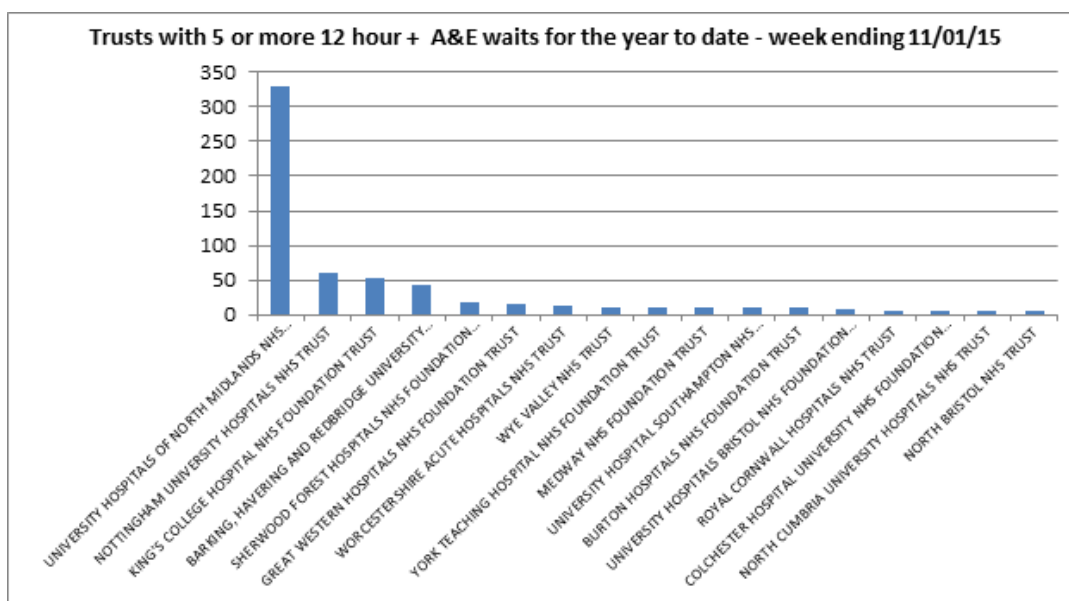
## **Background**

6. Pressures in A&E departments can be seen as a barometer of the urgent care system more widely. Most breaches of the A&E four hour standard are patients waiting to be admitted, rather than those who are subsequently discharged from A&E who tend to be seen and treated much more quickly.

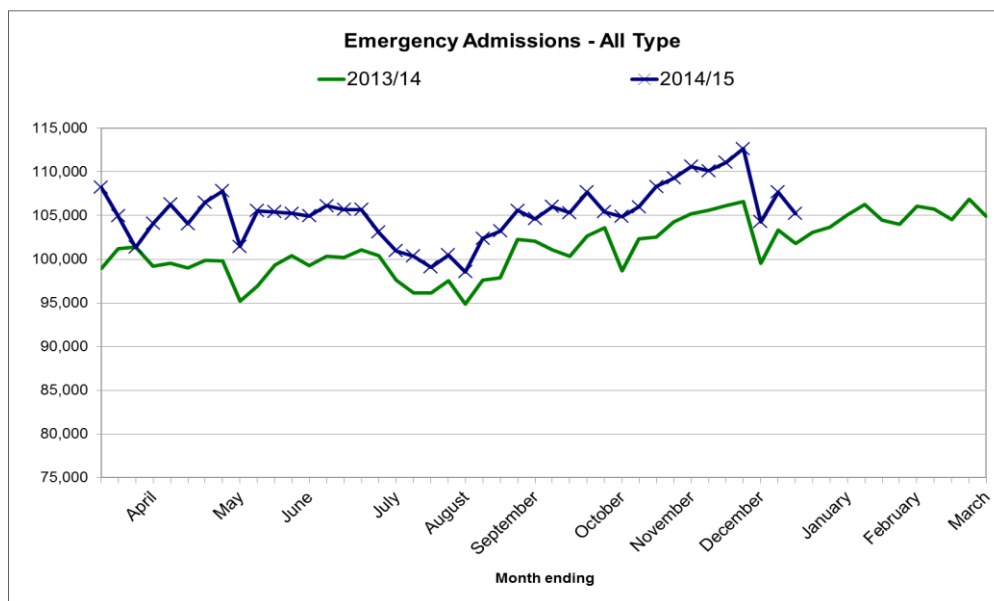
## **NHS performance – A&E**

7. Hospitals missed the A&E four hour standard in quarter 3 (October to December) with performance at 92.6% (94.98% in quarter 2). Performance fell over the Christmas and New Year period, before rebounding last week to over 92% again.
8. The total number of patients spending 12 hours from the decision to admit to admission is a significant issue particularly in a small number of Trusts. Year to date for the week ending 11 January 2015, 86 Trusts have reported no 12 hour+ A&E waits and 36 Trusts have reported fewer than five. The 18 Trusts

with 5 or more 12 hour+ A&E waits are shown below:



9. However, this performance needs to be viewed in the context of the increases in activity being experienced. Over the Christmas and New Year period, A&Es treated around 200,000 more people than in the same period last year.



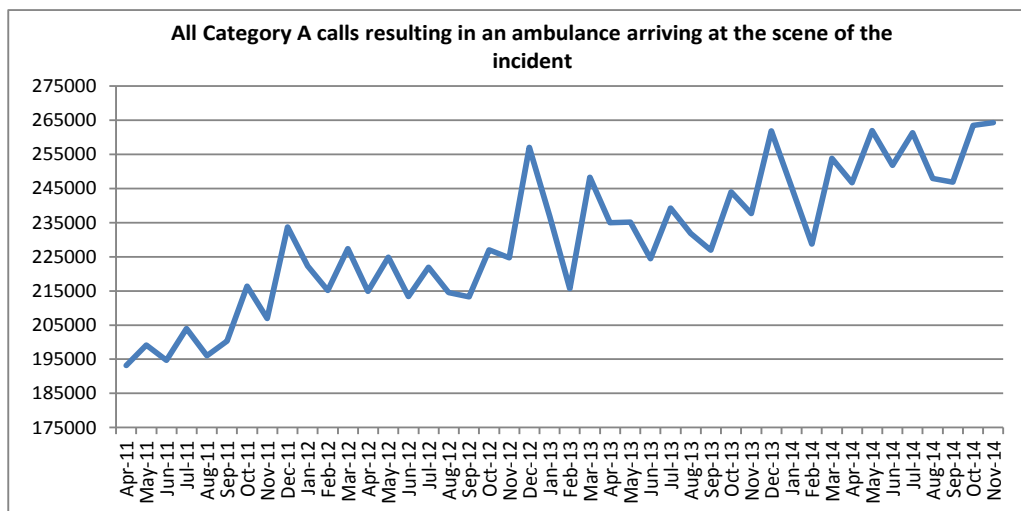
10. Performance by trust spans a wide range, with the best performers continuing to maintain the 95% standard, whilst the poorest performers achieve performance below 85%.

Q3 A&E Performance by Trust			
Best performers		Poorest Performers	
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	98.5%	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST	83.7%
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	96.4%	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	83.4%
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	96.3%	COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	83.4%
NORTHERN DEVON HEALTHCARE NHS TRUST	96.3%	NORTH BRISTOL NHS TRUST	82.7%
BEDFORD HOSPITAL NHS TRUST	95.8%	PORTSMOUTH HOSPITALS NHS TRUST	81.7%
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	95.8%	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	81.3%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	95.8%	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	80.5%
IPSWICH HOSPITAL NHS TRUST	95.7%	HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	79.1%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	95.6%	MEDWAY NHS FOUNDATION TRUST	79.0%
JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.5%	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	75.2%

- The Emergency Care Intensive Support Team (ECIST) assesses how good high performing trusts secure such good results for patients and uses these lessons in their work with poor performers.

### NHS Performance - Ambulance

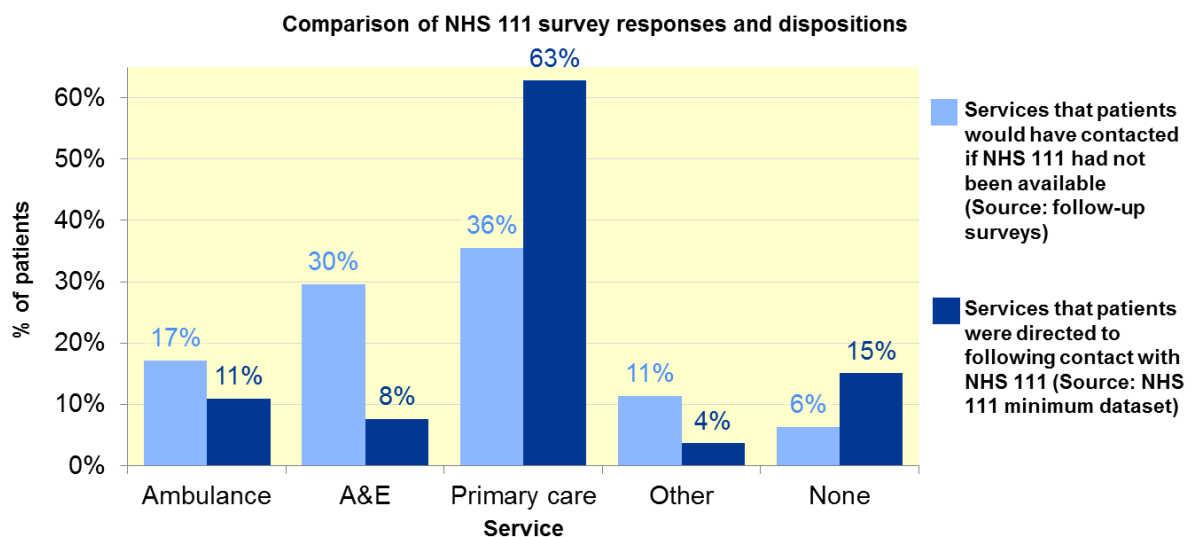
- The ambulance service has also faced exceptionally high demand. There were 264,276 Category A calls resulting in an ambulance arriving at the scene of the incident in November 2014, an 11% increase on November 2013.



### NHS Performance - 111

- NHS 111 services have also seen a huge rise in the number of callers. In the average week in 2014, NHS 111 received 230,000 calls. In the week ending 28 December 2014 there were 439,000 calls. On Saturday, 27 December 2014 123,000 calls were received. One call centre in the West Midlands experienced over 1,000 calls in one hour.
- During this exceptionally busy holiday, 66% of calls were answered within 60 seconds. Performance has since recovered and had returned to 94.2% of calls answered within 60 seconds and 1.6% of calls abandoned after 30 seconds for the week ended 11 January 2015.

15. All providers increased the number of call handlers made available over the New Year period. Despite the high levels of demand, the quality of dispositions would seem to have been maintained during the Christmas week. Ambulance dispositions dropped to 9.7% of calls triaged, down from an average of 11.3%. A&E dispositions dropped to 5.7%, down from an average of 7.6%.
16. There is also evidence that the NHS 111 service is having a positive impact on managing demand for ambulance and A&E services. In NHS 111 follow-up surveys, patients were asked which NHS service they would have contacted had NHS 111 not been available. The light blue columns in the graph below show the responses by percentage. On the same graph, the dark blue columns show the percentage of patients that NHS 111 referred to each service, for the same period.
17. As an example the graph demonstrates that, had the NHS 111 service not been available, 30% of patients would have contacted A&E about their health problem. However, only 8% of patients who used the NHS 111 service were directed to A&E.



## Reasons for Pressures on the Urgent Care System

### a. Demand

18. Growth in demand is cited by NHS leaders as the most significant contributory issue. The latest data (week ending 11<sup>th</sup> January 2015) shows that:
  - Year-on-year growth on emergency admissions is 4.5% on a 13 week rolling average (i.e. the last 13 weeks compared to same period a year ago), with the underlying trend on a rolling 52 week average at 4.6%.
  - Year-on-year growth of A&E attendances is 5.5% on a 13 week rolling average with the underlying trend over 52 weeks at 3.5%.

19. Influenza levels are also now higher than the peak of flu activity observed in the last three seasons.

#### **b. Pressures on non-hospital services**

20. Over the past decade, investment in primary and community services has not increased commensurate with geographies, and in some places there is significant difficulty in recruiting GPs and other staff. Pressures on social services have also had an impact.
21. These constraints not only lead to increased admissions, but to delays in patients being discharged. The last Thursday of the month in November 2014 saw 5,026 patients delayed at midnight, compared to 4,200 the previous year. Overall, in November 2014 there were 139,658 (94,046 acute (67%)) total delayed days during the month compared to 116,932 (73,791 acute (63%)) in November 2013.
22. Delayed discharges attributable to social care accounted for over a quarter of the total, with a further 7% attributable to both social care and the NHS. The number of delayed discharges attributable to social care has been rising over several months, reversing the previous downward trend. The largest proportional increase has been in 'patients awaiting nursing home placement or availability', followed by 'patients awaiting care package in own home'.
23. In close collaboration with the Department for Communities and Local Government (DCLG) and the Local Government Association (LGA), additional support is being directed to those communities with the biggest problem, helping them to provide additional care home beds and domiciliary packages. A further £25 million has recently been made available for care home packages and £10 million for domiciliary care.
24. In addition to the formally collected and precisely defined Delayed Transfers of Care, hospitals report significant additional numbers of patients who are medically fit for discharge. Delay in discharge can be caused by internal issues within the hospital or in the community.

#### **c. Constraints within hospital and ambulance services**

25. Capacity, mainly in terms of qualified staff, is cited as an issue. To help meet demand and improve quality, the number of clinical staff has increased compared with this time last year: the number of WTE nurses is 2% higher and the number of medical staff 1.8% higher. However, most providers are reporting partial reliance on agency and locum staff. This makes it difficult to bring additional capacity on stream, even if resources are available. And of course for some providers, physical space is a significant capacity issue with no easily identifiable area to create additional wards or beds.
26. Ambulance service paramedic numbers have risen sharply but ambulance services are seeking to recruit more. A survey of ambulance trusts reported 1,251 FTE posts they wanted to fill in July (9.5%). In 2013/14, ambulance

trusts increased their requirements by almost a thousand posts (in excess of 8%).

27. The systems and processes within hospitals are also vital. More efficient units are able to maintain a good flow for all patients, with continuous and timely assessment ensuring shorter lengths of stay and the use of ambulatory care where possible.
28. Amongst other elements of best practice, ECIST have identified early ward rounds as having a particularly positive impact, with a recommendation that wards aim to discharge patients before midday.

### **Actions to Support Urgent Care**

29. A total of £640m (£60m was allocated to support national and regional initiatives, such as: ambulance services; NHS 111 provision; specialist beds), was allocated to SRGs through Clinical Commissioning Groups (CCGs) upon assurance of plans to support operational resilience through the winter. Monthly funding submissions through winter are measuring the impact of initiatives, so we can monitor progress and performance.
30. At the time of writing, resilience monies have been used by SRGs to open an additional: 890 general ward beds; 2,715 acute/specialist beds; 1,520 step up/step down beds; and 1,285 residential/nursing home beds. To address staffing shortfalls, they have used resilience monies to employ (in terms of whole time equivalents) an additional 700 consultants, 4,345 nurses, and 2,865 additional or auxiliary staff.
31. Additionally, significant support has been mobilised for ambulance services through the resilience planning process, with London Ambulance Service (LAS) receiving over £17m of operational resilience funding alone. The main area of focus for LAS is paramedic staff.

### **Ebola**

32. NHS England continues to deliver a comprehensive programme to support the NHS in dealing with the Ebola outbreak. This includes supporting staff who volunteer to work in West Africa, providing staff and resource to support Public Health England's screening process, and ensuring the NHS is fully prepared to deal with both suspected and confirmed cases.
33. As of 31 December 2014, there have been 20,206 reported cases of Ebola virus disease, with 7,905 reported deaths. There are signs that the increase in incidence has slowed in Sierra Leone. However, the West of the country is still experiencing the most intense transmission of all affected countries. NHS England continues to actively support the international efforts to contain and eradicate this outbreak in West Africa.
34. A nurse who volunteered to work in Sierra Leone tested positive for Ebola on her return to the UK, and is now being cared for in the High Level Isolation

Unit using the Trexler system in the Royal Free Hospital in London. It is not clear at this stage how she contracted the disease, and Save the Children is conducting a review of procedures at their Kerrytown facility. The systems and processes related to returning workers are being reviewed by the Department of Health and Public Health England to ensure that safety is a priority.

35. The NHS processes for the return and subsequent care of this patient have increased our assurance about preparedness.
36. With regard to future preparation, we continue to have the High Level Isolation Unit (HLIU) at the Royal Free Hospital which has a second bed available to admit a patient using the Trexler system should there be a requirement for further isolation facilities. In the unlikely event that greater capacity is needed, NHS England has developed clear plans for additional beds. Newcastle upon Tyne Hospitals NHS Foundation Trust has one further Trexler bed and all systems and staff training associated with this means it will be ready for use before the end of January 2015. Should the UK need to treat more than three patients with confirmed Ebola at any one time, additional beds using the high level Personal Protective Equipment model as part of a safe system of work at Newcastle, Sheffield and Liverpool can be brought online.
37. Further training in the use of Personal Protective Equipment and safe systems of work have been developed and rolled out for the wider NHS. In addition, posters and leaflets have been reviewed and updated versions will be distributed to all primary and urgent care environments.

## **Conclusion**

38. The NHS is likely to remain under significant pressure in coming weeks due to a number of challenging variables, especially high levels of demand which will depend on the extent and severity of seasonal flu and cold weather.
39. Set against this, as the remaining schemes contained in local operational resilience plans come online, we would expect these to have a positive impact on performance.
40. The Board is asked to:
  - Note the reasons identified for the pressures on the urgent care system.
  - Receive assurance on the actions put in place by NHS England and tripartite partners to support the NHS during the remainder of the winter.

**Dame Barbara Hakin**  
**National Director: Commissioning Operations**