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BOARD PAPER - NHS ENGLAND

Title: NHS Performance Report
From: Dame Barbara Hakin, National Director: Commissioning Operations
Purpose of paper: To inform the Board of current NHS performance and give assurance on the actions being taken by NHS England and tripartite partners.
The Board is invited to: • Note the contents of this report and receive assurance on NHS England's actions to support NHS performance

Introduction

1. This month's performance report covers all NHS Constitution standards and other key Mandate commitments. The attached annex shows performance against all standards and commitments.

2. In its commissioning oversight role, NHS England continues to work with CCGs, NHS TDA and Monitor in order to improve the delivery of services and their associated access and performance standards.

3. The NHS continues to see high levels of urgent admissions, attendances, ambulance calls and NHS 111 calls. All of these factors suggest a system under pressure. Staff in the NHS have continued to deliver high quality services to patients with the majority receiving their treatment in line with national standards.

Urgent care and the A&E standard

4. Growth in overall demand for A&E services is often cited by NHS leaders as the most significant contributory issue and attendances and admissions remain above the levels seen in previous years for Q3. It is only in Q4 that we have seen these stabilising in line with previous years' performance. Year on year growth in emergency admissions is 2.1% on a 13 week rolling average (i.e. last 13 weeks compared to same period a year ago), with the underlying trend on a rolling 52 week average at 4.1%. Year on year growth in attendances is 1.5% on a 13 week rolling average with the underlying trend over 52 weeks at 3.1% [to week ending 8 March 2015].

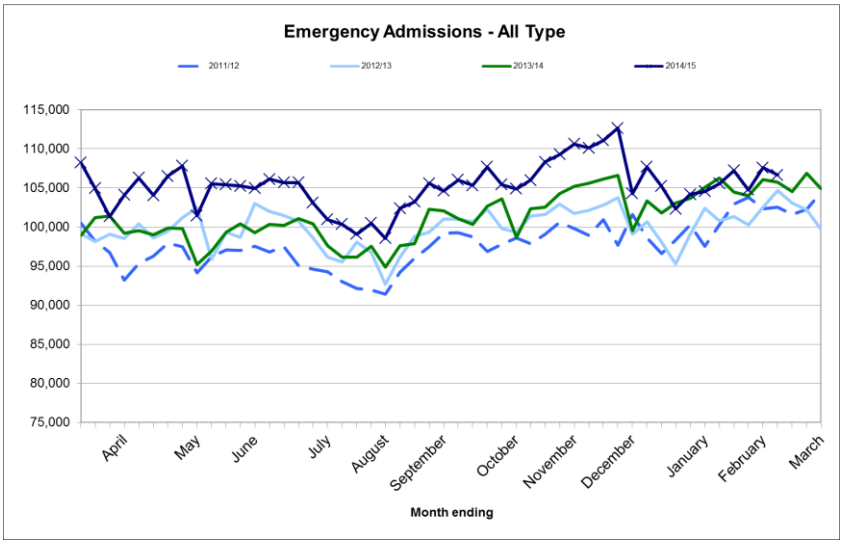

Figure 1

5. Data shows that the recent growth in A&E attendances has been stronger in older age groups. Between 2013/14 and 2014/15 there have been increases in attendances of 5.7% for those aged 65-74yrs, 5.1% for those aged 75-84yrs and 6.5% for those aged 85+, compared to a much lower rate of growth for those in younger age groups and an average of 3.1% overall.

6. Emergency admissions data shows a similar picture in that the growth in admissions has been stronger in older age groups, although not as distinctly as that for attendances. Over the same time period, there has been an increase in emergency admissions of 8.4% for those aged 65-74yrs, 7.3% for those aged 75-84yrs and 9.0% for those aged 85+, compared to an average of 7.1%.

7. However, the conversion rate (the proportion of A&E attendances that are admitted to hospital) has increased across all age groups and may also be linked to the increase seen in the number of very short lengths of stay for patients admitted through A&E. As the overall length of stay for emergency admissions has reduced only slightly (0.9% from Q2 13/14 to 14/15) this, coupled with the rise in admissions, has led to an increase in bed-days There has been on average a 1.3% increase in bed availability, but an increase in 2.1% of occupied beds. Increases in the A&E breach rate have been greater on those days where bed occupancy is higher.

8. The standard for A&E that 95% of patients should complete their time in A&E and be either admitted or discharged has been missed. Nonetheless, nine out of ten patients have been treated within this time.

A&E Performance Q4 to date			
Worst Performers		**Best performers**	
Trust		**Trust**	
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	74.1%	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	98.8%
COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST	77.6%	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	96.8%
MEDWAY NHS FOUNDATION TRUST	77.6%	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	96.2%
PORTSMOUTH HOSPITALS NHS TRUST	78.6%	BEDFORD HOSPITAL NHS TRUST	95.9%
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	79.1%	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	95.9%
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	79.1%	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	95.7%
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	79.2%	THE DUDLEY GROUP NHS FOUNDATION TRUST	95.7%
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	79.2%	SALFORD ROYAL NHS FOUNDATION TRUST	95.4%
MID ESSEX HOSPITAL SERVICES NHS TRUST	79.7%	CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	95.4%
UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	79.7%	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	95.3%

Figure 2

Ambulance Services

9. The ambulance service has also faced exceptionally high demand. The total number of emergency telephone calls presented to switchboard in December 2014 was 883,741, the highest since the series began (the previous highest was 828,194 in December 2012). However, this fell to 763,025 calls in January 2015.

10. The number of Cat A Red 1 calls resulting in an emergency response was 15,957, lower than December's 17,080 (which was the highest since June 2012).

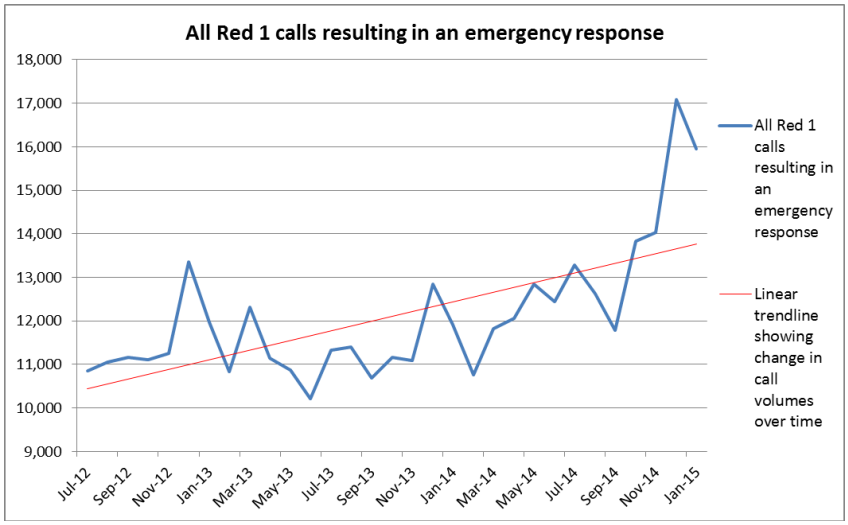

Figure 3

11. Latest published data (January 2015) for performance against the response time standards shows that the Cat A Red 1 standard (that 75% of all Category A Red 1 (the most urgent/life threatening) calls should be responded to within 8 minutes), Cat A Red 2 standard (that 75% of all Category A Red 2 calls should be responded to within 8 minutes), and Cat A 19 standard (that 95% of all Category A calls resulting in an ambulance arriving should be responded to in 19 minutes), have not been met for many months.

12. In light of the unprecedented increase in demand for ambulance services in the last two months, NHS England are running a pilot in two ambulance trusts that gives call handlers extra assessment time to make the right decision for the patient. At present, ambulance services are allowed only 60 seconds before the clock starts to decide what the right course of action is for that individual patient. This sometimes leads to ambulances being dispatched unnecessarily, so that fewer ambulances are available for patients who really do need emergency assistance. The pilot started on 10 February in two trusts London Ambulance Service (LAS) and South Western Ambulance Service (SWAS).

NHS 111

13. Calls to NHS 111 have increased significantly, with 4,624,475 more calls triaged during January to December 2014 than for the same period in 2013 (an increase of 87%). Good access standards to NHS 111 have been largely maintained.

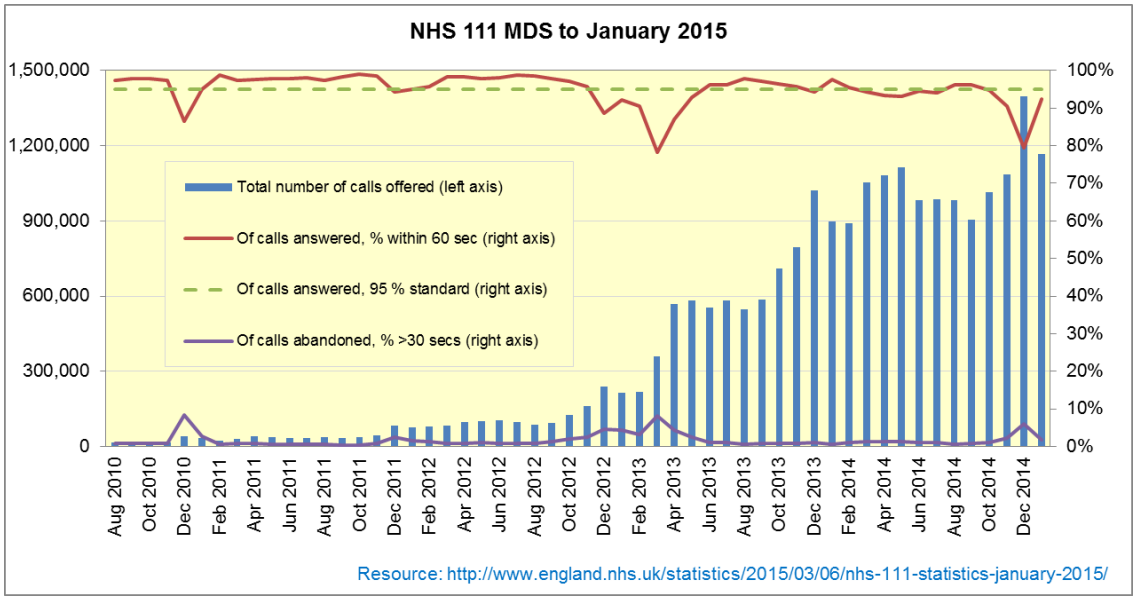

Figure 4

14. Some media commentary has suggested that NHS 111 is contributing to urgent care pressures, including an adverse impact on A&E attendances. However, data shows that 30% of callers stated they would have attended A&E if the NHS 111 service had not been available, in comparison with 8% who were advised to attend.

15. This means that 2 million people were directed away from A&E, and 600,000 were directed away from calling an ambulance.

16. The proportion of patients referred to A&E (8%), requiring an ambulance dispatch (11%), recommended to primary care (56%) and recommended for self-care (7%) has remained static from 2013/14 to 2014/15. This suggests that the increase in demand for the NHS 111 service has not affected the proportion of patients that are referred into urgent care services.

17. Whilst the available data highlights that the volume of ambulance dispatches has increased since 2012/13, the proportion of calls that result in an ambulance dispatch has fallen.

18. Quality standards in NHS 111 continue to be high. When surveyed, 90% of patients reported being very satisfied or satisfied with the service. This is a significant achievement given that the service is on course to receive 12 million calls for the year ending 31 March 2015.

Actions to Support Urgent Care

19. Working with tripartite partners, the Department of Health (DH) and the Local Government Association (LGA), we have put in place a number of measures to help alleviate pressures on hospitals and A&E departments.

    a. **Delayed transfers of care (DTOCs):** A delayed transfer of care is a formally collected statistic and occurs when a patient is fully ready to

depart from such care and is still occupying a bed. The delay is generally because out of hospital NHS services or social care services are not in place.

£37m in additional support was provided directly to local authorities to assist in the reduction of DTOC attributable to social care, with monies flowing at the end of January. This funding is being invested in additional domiciliary care packages, additional bed capacity in residential or nursing care homes, reablement and other interventions. Close working with the Independent Sector has been encouraged.

b. **Medically fit for discharge (MFFD):** DTOCs only represent a percentage (in some instances a small percentage) of patients fit for discharge but where there is a hold- up in the system preventing the discharge. The term "medically fit for discharge" is used to identify patients who no longer need acute medical care, but who are still in hospital. There is no standard definition or data collection. Examples include where patients' medicines are not ready, an internal assessment (e.g. physiotherapy or occupational therapy) has not been made, or an issue with home care is not resolved. A specific exercise with 58 trusts to reduce the number of medically fit for discharge patients (locally defined) by 50% is underway.

c. **GPs in A&E:** National and regional work has been undertaken to enable trusts to develop GP/primary care services in A&E or similar schemes, where this provision does not already exist. This is in response to the growing need to triage and treat non-emergency patients in A&E services. Best practice guidance has also been produced in conjunction with the College of Emergency Medicine, the NHS Alliance and the Primary Care Foundation, containing advice on implementation of this model, for trusts to draw upon where needed. All trusts who could benefit now have GP presence in A&E or nearby.

Actions to support NHS 111

20. NHS England continues to work with commissioners and other stakeholders to improve the NHS 111 service. Early, evidence-based work has identified how NHS 111 can improve outcomes for patients and the impact on the urgent and emergency care system. For example we have recently asked commissioners to ensure that NHS 111 services will provide earlier clinical assessment for calls that result in a lower priority ambulance response and for many A&E dispositions. The next phase of developments will include:

i. Wider use of clinicians and specialised professionals within and/or aligned to the NHS 111 service;
ii. Improvements to deliver more personalised services that better meet the diverse needs of different patient groups (i.e. Mental Health - dedicated programme of work including review of current mental health algorithms within NHS Pathways and improving Deaf and hard of hearing access - British Sign Language pilot in development)
iii. Technical and informatics enhancements that improve service integration across the health service, and;

iv. Exploring the value of real-time data and information to support effective triage and clinical decision support processes.

v. Further work is also underway to explore making NHS 111 available through on-line channels.

Preparing for the Easter Bank Holiday and April

21. The national tripartite (NHS England, NHS TDA and Monitor, working with ADASS) has written to the health and social care system confirming that extra winter capacity should remain in place during April while contracts for 2015/16 are finalised. It also announced a nationwide 'Breaking the Cycle' initiative to aid delivery of urgent and emergency care over the Easter fortnight.

22. We have already begun planning for winter 2015/16. The total additional funding of £1.98bn announced in the 2014 Autumn Statement provides certainty of funding in 2015/16, including for issues such as operational resilience that would previously have been resourced from in-year allocations. To support this work, NHS England is commissioning a quantitative and qualitative analysis of the determinants of emergency activity encompassing an assessment of both demand and supply side pressures ahead of winter 2015/16. The aim is to have evidence based priority actions for local systems to undertake focusing on developing a better quantitative understanding of demand pressures driving emergency activity; quantifying changes in supply side factors and building a better understanding of their interrelationship and impact on A&E.

Waiting times for elective treatment

23. **Referral to treatment (RTT) waiting times:** 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. We also monitor the total number of patients on the waiting list, especially those who have been waiting a long time. Measured performance appears to worsen.

24. Over the past few months we have concentrated on ensuring that patients who have, or would, wait over 18 weeks are treated as quickly as possible. Inevitably, this means that the percentage of over 18 week waiting patients being treated will rise, hence the measured performance appears to worsen. For 2015/16 the incentives and penalties in the NHS Standard Contract are being more weighted towards rewarding actions to reduce the "incomplete" pathways, i.e. prevent a build up of longer-waiting patients.

25. During January 2015, 88.7% of admitted patients and 95.0% of non-admitted patients started treatment within 18 weeks. For patients waiting to start treatment (incomplete pathways) at the end of January 2015, 92.6% were waiting up to 18 weeks.

26. 303,153 RTT patients started admitted treatment and 890,652 started non-admitted treatment during January 2015. The number of RTT patients waiting to start treatment at the end of January 2015 was just over 2.9 million patients.

27. **Diagnostics waiting times:** During January 2015, over 1.6 million diagnostic tests were carried out. This is 7.8% higher than the number of diagnostic tests carried out in January 2014. It is generally agreed that the increase in activity is positive. For example, earlier diagnosis of cancer requires more people to be tested if more cancers are to be caught earlier. Cancer screening programmes and media campaigns have contributed to a 51% increase in urgent suspected cancer referrals by GPs over the past 4 years, and a large number of those people referred will have received diagnostic tests as part of their care.

28. The standard that at least 99% of patients waiting for a diagnostic test should be waiting less than 6 weeks from referral was not met in January 2015, with performance at 97.6%.

29. A small number of trusts are accountable for a large proportion of the breaches of the diagnostics waiting times standard. Almost 40% of the 18,700 breaches of the standard across England in January 2015 were attributable to ten trusts.

Worst and best performers in January 2015 based on the number of breaches against the diagnostics waiting time standard

Worst providers	Percentage waiting more than 6 weeks	Number waiting more than 6 weeks	Best providers	Percentage waiting more than 6 weeks	Number waiting more than 6 weeks
University College London Hospitals NHS FT	11.4%	914	Royal Berkshire NHS FT	0.0%	0
Cambridge University Hospitals NHS FT	13.8%	847	Warrington And Halton Hospitals NHS FT	0.0%	0
King's College Hospital NHS FT	9.2%	831	The Hillingdon Hospitals NHS FT	0.0%	0
North Bristol NHS Trust	9.6%	783	Homerton University Hospital NHS FT	0.0%	0
Royal Free London NHS FT	4.4%	707	Chelsea And Westminster Hospital NHS FT	0.0%	0
Heart Of England NHS FT	6.5%	677	The Royal Wolverhampton NHS Trust	0.0%	0
Frimley Health NHS FT	7.3%	671	Airedale NHS FT	0.0%	0
County Durham And Darlington NHS FT	7.8%	664	Royal National Orthopaedic Hospital NHS Trust	0.0%	0
East And North Hertfordshire NHS Trust	8.7%	618	Liverpool Heart And Chest NHS FT	0.0%	0
University Hospitals Of Leicester NHS Trust	5.0%	580	Liverpool Women's NHS FT	0.0%	0

Figure 5

30. 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 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.

Cancer waiting times

31. In Q3, all but one of the cancer wait standards continued to be met.

32. As with diagnostics, 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 such as the television campaigns identifying the early symptoms of lung and kidney & bladder cancers. The numbers of patients referred have grown by 13% in Q3 compared to Q3 last year. This is excellent as it is likely to lead to earlier diagnosis but it does mean that the NHS is dealing with on average 45,000more referrals per quarter than the previous year. We are working with partners in Monitor and TDA to increase capacity to meet the needs of these additional referrals. The standard that 85% of patients should experience a maximum two-month wait from urgent GP referral to their first definitive treatment was 83.6% in Q3. This is a small improvement on the Quarter 2 position, when 83.3% of patients received their first definitive treatment within two months.

Worst and best performers in Q3 2014/15 based on performance against the 62 day urgent GP referral standard

Worst Performers Provider Name	Number waiting 62+ Days	Percentage within 62 days	Best Performers Provider Name	Number waiting 62+ Days	Percentage within 62 days
CLATTERBRIDGE CENTRE FOR ONCOLOGY NHS FOUND	54	66.0%	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDA	1	97.8%
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUN	52.5	66.9%	SOUTH TYNESIDE NHS FOUNDATION TRUST	1.5	95.8%
THE CHRISTIE NHS FOUNDATION TRUST	69	67.0%	QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	2	95.2%
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS	118	71.2%	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	8	94.8%
MID ESSEX HOSPITAL SERVICES NHS TRUST	71.5	72.0%	SALISBURY NHS FOUNDATION TRUST	8.5	94.5%
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATI	59.5	73.1%	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION	4.5	93.5%
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	87	73.9%	BOLTON NHS FOUNDATION TRUST	10	93.1%
LEWISHAM HEALTHCARE NHS TRUST	48.5	74.1%	PETERBOROUGH AND STAMFORD HOSPITALS NHS FOU	16.5	92.8%
UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	110	74.9%	TAMESIDE HOSPITAL NHS FOUNDATION TRUST	9.5	92.6%
LEEDS TEACHING HOSPITALS NHS TRUST	118.5	74.9%	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATIOI	9	92.5%

Figure 6

33. Actions to improve standards include:

    a. ensuring that the local cancer expertise of Strategic Clinical Networks is utilised to assess the robustness of the recovery action plans and trajectories put in place by trusts
    b. encouraging all trusts to engage with best practice resources in order to support improvements in cancer waiting times performance
    c. reiterating that all considerations of performance in relation to the cancer waiting times standards are based on national policy rather than any locally-based agreements and
    d. examining arrangements to expand diagnostic capacity use in local Independent Sector providers using nationally agreed tariffs.

Improving Access to Psychological Therapies and Dementia

34. NHS England is committed to improving access to psychological therapies (IAPT) and increasing the rate of dementia diagnosis and subsequent support received. 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%.

35. Latest quarterly data (Q2) shows access and recovery achievement of 12.5% and 45.0% respectively against the 15% and 50% year-end requirement. Subsequent monthly data on access rates shows continued improvement with 14.2% and 13.5% in October and November. Whilst there is usually some fluctuation in the monthly position compared to the quarterly position, we are optimistic that we are in a good position to continue to make progress as data for Q3 and Q4 becomes available.

36. The current national dementia diagnosis rate continues to increase towards the national ambition of 66.7%, with the rate of 60.1% achieved in February compared to 59.0% at end-January.

37. For both IAPT and dementia, a continued focus remains on maximising CCG uptake of key high impact actions to deliver the national ambition. This is supported by monthly communication to CCGs on current performance gap, in addition to intensive support through senior level intervention calls and continued Intensive Support Team (IST) support to CCGs identified as being at highest risk of delivery.

Other key commitments

38. **Health Visiting:** In April 2013, NHS England assumed responsibility for the Health Visiting workforce growth and service transformation, via the NHS Mandate and Section 7A agreement. This requires delivery of the new model of Health Visiting and full coverage of the healthy child programme by 2015 by all Health Visiting services. Responsibility for commissioning Health Visiting services will be transferred to Local Authorities from October 2015.

39. In January 2015, 11,828 FTE (full time equivalent) qualified health visitors were employed by England's 124 HV service providers. The health visiting programme is committed to providing 4200 additional FTE to the workforce from the May 2010 position, totalling 12,292 FTE [by end March 2015]. There was an increase in health visitors employed in England by 518 FTE reported in January compared to December. South region increased their workforce by (185 FTE), London (79 FTE), Midlands & East (154 FTE) and North (99 FTE). All regions are ahead of trajectory for the month of January apart from London who are behind trajectory by 179 FTE. We continue to work with all partners as we approach the end of the year.

40. **Transforming Care:** Through NHS England's Transforming Care Programme, people with a learning disability are now being discharged at a faster rate from in-patient settings to a more appropriate community setting. Recently

published quarter three Transforming Care data shows a national total of 2453 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, 1561 have a planned discharge date to the community compared to the Quarter 1 figure of 577 (of 2615 patients). 389 patients were discharged to a community setting between 30 September and 31 December 2014, compared to 261 in Quarter 1 and 323 in Quarter 2.

41. NHS England is working towards an initial ambition to discharge 50% of those who were in institutional inpatient care at April 2014 to a community setting. In addition to this, other people are being transferred to more appropriate in-patient settings. 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) have been considered for a Care and Treatment Review (CTR) by a panel including the patient, a clinical expert, an expert by experience, regular care-givers and family members. These reviews began in November 2014 and have shown encouraging results to date in overturning existing decisions that a patient is unfit for discharge due to clinical reasons. CTRs continue to be used to support effective patient discharges.

Conclusion

42. The Board is invited to:

- Note the contents of this report and receive assurance on NHS England's actions to support NHS performance

Dame Barbara Hakin
National Director: Commissioning Operations