BOARD PAPER - NHS ENGLAND

Title: NHS England Performance Report	
From: Karen Wheeler, National Director: Transformation and Corporate Operations	
Purpose of Paper: • To inform the Board of progress of the performance of NHS England on a range of performance indicators including delivery against the Business Plan.	
The Board is invited to: • To consider and discuss NHS England performance.	

NHS England Performance Report
NHS England Board – 23 July 2015

1.0   INTRODUCTION

1.1   The purpose of this report is to provide an overview of NHS England Performance and specifically:
    i.   How well we are establishing and managing the delivery of Business Plan priorities.
    ii.   How we are managing corporate risks.
    iii. Some aspects of our corporate performance to highlight current pressures.

2.0 DELIVERY OF BUSINESS PLAN PRIORITIES

2.1   This is the first report of progress against the priorities we set out in the NHS England Business Plan 2015-2016.

2.2   We have held stocktakes for each of the priorities to provide an initial assessment of whether the delivery work is being organised and managed effectively. We are putting formal governance and reporting to provide the Executive Team with oversight and assurance. A new Corporate Executive Group has been formed to support formal assurance arrangements.

2.3   The report includes Red-Amber-Green (RAG) ratings of overall delivery confidence, which reflects a combination of progress to plan, as well as the inherent risk to delivery. The summary overview provides our general assessment at the end of Quarter 1.

2.4   The Business Plan includes the work we need to do this year in NHS England to progress the *Five Year Forward View* - so many of our commitments are challenging. Given that, at the end of Quarter 1, it is not surprising that we have many at Amber/Red status, reflecting considerable inherent risks. However, the oversight and stocktakes have been an effective way of ensuring we have the right clarity on deliverables, focus on plans, and are organising with the right leadership and resource to deliver.

2.5   Deliverables for each area are relatively clear but we have more work to do on clarifying the outcomes associated with those deliverables, and mapping how they will be delivered and tracked. Although we are confident the Business Plan delivery aligns and supports the *Five Year Forward View*, we have more work to do to map this explicitly and demonstrate the linkages and dependencies. We also have more work to do on creating adequate plans.

2.6   As a result of the review, work is in hand to improve the capacity and capability for leading a number of the priorities, to provide additional resource and programme management skills into the programmes, and to ensure absolute clarity of how real change will happen to deliver outcomes versus deliverables.

3.0   SUMMARY OF CORPORATE RISKS

3.1   The report also includes an overview of our corporate risks. We have added risks in the last quarter about the state of General Practice, and our ability to manage the changes associated with the devolution agenda. We have developed mitigations to manage these risks which are both at the centre of management and Board discussions.

4.0 CORPORATE MANAGEMENT INFORMATION

4.1   In addition to progress against delivery, the report includes a section on corporate performance. The report focuses on a few measures which reflect some specific concerns within our organisation. It does not include finance, which is covered elsewhere.

4.2 We will be extending the scope of the report in future versions to cover wider areas of performance and provide a more "balanced" scorecard. For example, we expect to include measures of human resources and procurement service delivery.

4.3 On organisational effectiveness, our turnover and vacancy rate shows we are stabilising after the churn from the organisational change programme which completed in March. We have, though, been handling a 40% increase in accommodation required in London, largely reflecting a growth in internal teams required to run major new programmes. We are working through a range of estate options to increase short term accommodation without increasing cost pressures.

4.4 On reputation indicators, we have continued to manage a steady and continued improvement in our handling of customer contacts and complaints, though we have more work in train to achieve our self-imposed target of resolving 80% of complaints within 40 days. The newly implemented customer relationship management (CRM) system will enable better performance and learning from the complaints received.

5.0 RECOMMENDATION
5.1 To consider and discuss NHS England performance.

Author: **Karen Wheeler, National Director: Transformation & Corporate Operations**
Date: **July 2015**

Indicators of NHS England Performance

July 2015

Improving health:

(1) Cancer — Sponsor: Bruce Keogh / SRO: John Stewart

A

We have established internal governance and assurance mechanisms for the cancer programme, and worked with the cancer taskforce to ensure that there is a synergy between the strategy and our published business plan commitments for cancer. We anticipate publishing an implementation plan following the strategy, and taking into account the outcome of the comprehensive spending review setting out how we will respond to the recommendations made in the strategy.

(2) Mental health — Sponsor: Bruce Keogh / SRO: Martin McShane

A/R

Progress is being made across the priority to upgrade the quality of care and access to mental health and dementia services in particular the treatment rate for IAPT continues to improve (15.63%) although recovery rate in March was 45.2% (versus 50% goal). There are some concerns around: the data sharing available to meet delivery timelines; the need for workforce capacity across all areas; and funding arrangements for the Children and Young People work stream. Work is underway to mitigate these risks; with HSCIC to support the delivery of the required data and dataset changes; with HEE to assess supply and need with regard to workforce capacity and with internal and external partners to finalise the funding arrangements.

(3) Learning disabilities — Sponsor: Jane Cummings /SRO: Jane Cummings

A/R

Good progress is being made on: fast track closures with a report due by the end of October; establishing arrangements with key stakeholders to enable their engagement in the programme; launch of the independent review of deaths of people with learning disabilities and successful delivery of Learning Disability week (15-19 June) activities. Further work is in hand to strengthen programme management. A delivery group has been formed to support the collaborative planning of specific activity.

(4) Diabetes — Sponsor: Bruce Keogh / SRO: John Stewart

A

Additional programme governance to oversee NHS England investment and procurement has been put in place. A draft service specification and Invitation to Tender have been developed to procure for nationally available services, reviewed by the Diabetes Prevention Programme (DPP) Expert Reference Group, and are under consideration. Careful focus is needed on the rapid development of a procurement strategy, timescales for the delivery of the procurement and subsequent implementation planning to ensure delivery at pace and scale of the programme. Interim procurement and legal support is being put in place to support the rapid initiation of the procurement.

Redesigning care:

(5) Urgent and emergency care — Sponsor: Bruce Keogh / SRO Keith Willett

A

Governance arrangements for the delivery of the UEC Review's objectives have been established through a Delivery sub-group. Advice on the role and establishment of urgent and emergency care networks has been issued and networks are now in set-up. System Resilience Groups (SRGs) are expected to come together to lead clinical and operational design across their local geographies, which will be supported by commissioning from CCGs and NHS England. The delivery subgroup will drive national delivery according to an agreed timetable; successful vanguards will accelerate this.

(6) Primary care — Sponsor: Barbara Hakin / SRO Rosamond Roughton

A

37 wave 2 schemes have been announced under the Prime Minister's Challenge Fund programmes for improving access to general practice for over 10m people with evening and weekend opening. 21 schemes approved in principle for infrastructure investment across 1000 practices which will result in improvement for nearly 9m people costing just under £200 million. New induction and refresher scheme launched to support GPs who want to return to practice. This is a simplified process and offers support with the financial costs of returning to work including a bursary. A £15 million scheme to pilot the use of pharmacists in general practice was announced on 7 July. Both measures are part of delivering our 10 point GP workforce action plan, developed with HEE, RCGP and the BMA, to kick-start initiatives to address workforce pressures in general practice.

(7) Elective care — Sponsor: Barbara Hakin / SRO Sarah Pinto-Duschinsky

A/R

Programme scope has widened to include new models of elective care and business as usual operational performance. Further work is being undertaken to clarify programme structure, Terms of Reference and workstream deliverables. Plans are still required for the workstreams but actions to develop them are underway.

(8) Specialised care — Sponsor: Barbara Hakin / SRO Richard Jeavons

A/R

While there are risks impacting the operational aspects of specialised services, the key concern is to mobilise sufficient resource to deliver the agreed operating plan.Another concern is ensuring BAU impacts do not divert resources away from transformational change work. Currently the majority of deliverables and milestones are on track to be delivered to plan.

Ensuring whole system change and financial sustainability:

(9a) Whole system change — Sponsor: Ian Dodge

A — 29 multi-specialty community provider, primary and acute care system and care home vanguards have been selected and launched, with a support programme to be published by the end of July. Expressions are being sought for models of acute collaboration and urgent and emergency care vanguards by the end of July. The Integrated Personal Commissioning programme has selected nine demonstrator sites and are designing three-year pilot programmes. The New Towns and Neighbourhoods programme was officially launched on 1 July, eliciting interest in sites by the end of September. The Maternity Review is underway with a report due by the end of the year. The Workforce Race Equality Standard has been published and the first data relating to performance has now been received. This is a complex and ambitious set of different programmes and projects, which aims to achieve radical change at pace and scale. Therefore, there is inherent risk in the programme.

(9b) Financial sustainability — Sponsor: Paul Baumann

A — Governance is in place, workstreams have been mobilised to support the efficiency challenge underway, and financial levers are being developed to support allocations and tariff development. Further work is required to fully scope all the routes to maximise efficiency across the system. There are risks relating to the phasing of efficiencies and funding across the next five years, and the potential financial implications of all other priorities. In light of the upcoming Spending Review and Mandate, work is underway to quantify and mitigate these risks.

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Building the foundations for improvement:

(10a) Information revolution — Sponsor: Tim Kelsey

A

Governance has been established with work ongoing to both widen membership including CCG and Vanguard representation and identify programme dependencies across NHS England. Contributing programmes report good progress, including Patient Online and NHS E-Referrals, which went live on 15 June after an initial delay. NHS Choices live service continues to operate successfully but there are risks around future design planning. On care.data, Blackburn with Darwin pathfinder CCG has aligned testing communications with Somerset and W Hants to September 2015. The IG Commitments programme reports resource issues, with potential implications for a number of programmes. Despite these risks, business plan commitments are broadly on track for successful delivery

(10b) Capability and infrastructure — Sponsor: Karen Wheeler

A

There are four key components of work within this corporate priority, delivering outcomes on improvement and leadership and improving NHS England, supported by work to strengthen cross system regional work and oversight, and the work and engagement with our partners. All are being organised and are currently on track for delivery to target.

(10c) Science and innovation — Sponsor: Ian Dodge

A/G

Good progress is being made on: Genomics, with Wave 2 procurement activity commencing to ensure geographical coverage of England and £9 million of capital funding allocated to Wave 1 genomic medicine centres; and Small Business Research Initiative, a callout to industry for bids to be put forward for proposal to scope solutions in 3 key areas has been issued and bids are being received. There are is a risk around the genomic medicine centres capacity to achieve the required samples and the impact on sequencing to deliver the required whole genome sequencing commitment. This is being monitored through monthly performance reporting and quarterly contract meetings.

(10d) Patient and public participation — Sponsor: Tim Kelsey

A

Plans are on track to deliver this priority. A key focus has been ensuring NHS England meets its statutory duty for public participation (Section 13Q); draft participation guidance has been developed and the Task & Finish Group is developing recommendations for NHS England. The key risk is that the recommendations will not be fully implemented and owned by the wider organisation. In June the Accessible Information Standard was approved making it a requirement for healthcare providers to provide information in accessible formats to service users with a disability, impairment, or sensory loss. Work continues to involve the public through the development of NHS Citizen; while there have been some delays as we seek specific digital committee approvals we are confident of meeting this year's aims

Corporate risk register – part one (priority risks)

NHS England

NHS England Corporate Risk Register Summary - Part One (Board presentation) as at 30 June 2015

Risk Ref	Risk — *High-level potential risks that are unlikely to be fully resolved and require ongoing control*	Change in Current RAG Status Since Last Report	Current Gross RAG Status	When Mitigated RAG Status	Date By Which Mitigated RAG To Be Achieved	Risk Ref	Risk — *High-level potential risks that are unlikely to be fully resolved and require ongoing control*	Change in Current RAG Status Since Last Report	Current Gross RAG Status	When Mitigated RAG Status	Date By Which Mitigated RAG To Be Achieved
	NHS-wide (risk to NHS England)						**NHS England**				
1	**Major quality problems -** risk that there is a quality failure in services commissioned by NHS England.	↔	A	A	Jun-2015	9	**Specialised services -** risk that the full range of specialised services is not delivered in line with appropriate quality standards and the resources available.	↔	R	AR	Mar-2016
3	**Finances -** risk that a lack of funding leads to NHS England not being able to secure high quality, comprehensive services within the financial envelope.	↑	AR	A	Mar-2016	11	**Commissioning support services -** risk wethat further CSUs could become financially and commercially unviable.	↔	R	AR	Dec-2015
4	**Strategy and service transformation -** risk that the required pace to deliver the five year view is not achieved.	↔	AR	A	Jul-2015	14	**Organisational capability and capacity -** risk that changes impact capacity and capability to deliver our commitments effectively.	↔	AR	A	Mar-2016
5	**Relationship with patients and the public -** risk that patient voice and public participation is not embedded in everyday work.	↔	AR	A	Sep-2015	16	**Operational Information for managing performance -** risk that inadequate information is available to manage performance effectively.	↔	A	A	Mar-2017
7	**Urgent care -** risk that the NHS fails to meet A&E standards.	↔	R	AR	Mar-2016						
12	**Data sharing -** risk that commissioners have inadequate access to the information they need for effective commissioning.	↓	AR	A	Nov-2015						
15	**Major emergency -** risk that NHS England has not planned or prepared effectively to meet its major emergency responsibilities.	↔	A	A	Mar-2016	**Key**	↔	No change in RAG status compared to last report	↓	RAG status deteriorated compared to last report	
20	**Child Health Information Systems (CHIS) -** risk that inadequate data means some children are not supported with key health services.	↑	A	AG	Dec-2015			Risks recommended for removal	↑	RAG status improved compared to last report	
21	**Transforming Care -** risk that care is not transformed for people with learning disabilities.	↔	AR	A	Oct-2015						
22	**The state of general practice -** risk that insufficient growth in capability and capacity of primary care to deliver quality of service.	↔	R	AR	Dec-2015						
23	**Devolution -** risk that governance, assurance, funding and legal systems do not keep pace with the devolution process.	↔	R	AR	Jul-2015						

NHS England corporate operations performance

April – June 2015

NHS England

People Resource	Apr	May	Jun
Staff turnover in month	3.2%	2.1%	5.2%
Vacancies per 100 establishment full-time equivalent (FTE)	11.6	11.5	8.5

Redundancy accounted for 62.7% of the leavers in the quarter. The number of vacancies has fallen across the quarter, as we filled posts following the organisational change programme.

Estates	Quarry House & Skipton House	Regional offices
Ratio of desks to FTE staff [1]	07:10	10:10
Average cost per desk (PA)	£5,424	£4,045

We are experiencing an unexpectedly high requirement for accommodation in Skipton House, at 40% over plan. A range of options are being assessed to address this pressure. In Quarry House and Skipton House we are working to an efficient ratio of desks to staff. In regions the ratios reflect a reduction in staff through OACP but we have not yet completed our rationalisation of accommodation to deliver estates savings.

[1] Desk ratio and costs are average values across a number of sites at these locations.

Customer Contact Centre	Target	Apr	May	Jun
% of contacts fixed at first point contact (enquires)	80%	96.5%	96.3%	88.9%
% of complaints acknowledged within 3 working days	85%	88.8%	93.6%	89.7%
% of complaints resolved in 40 working days [2]	80%	61.5%		

At the end of March the Customer Contact Centre launched its new case management system, (CRM). There was a peak in the contacts resolved as "first contact" at 96%, which demonstrates the benefits of CRM. On resolution of complaints within 40 working days our performance has been continuously improving over the last year, but more needs to be done to hit the target. Work is in hand to improve performance.

[2] data to end of June to be reported in next Board performance report.

Freedom of Information (FOI) requests	Target	Apr	May	Jun
FOI requests completed within 20 working days	80%	82.1%	83.9%	

The new CRM system is being used to log and monitor FOI requests and we are maintaining performance above target.

Information Technology	Target	Apr	May	Jun
IT security incidents	n/a	5	2	2

A combined IT and IG recording and reporting system covers all forms of IT security incidents including cyber. More work is required on classification of incidents.

Information Governance: Only 2014/15 data available

Information Governance (IG) breaches	14/15 Q3	14/15 Q4
IG breaches in total [3]	17	26
Level 2 Serious Incident Requiring Investigation (SIRI)	1	0

Incident and breaches are reported in accordance with NHS England published IG policies and procedures with all incidents are reviewed by the Corporate IG team to determine nature and seriousness. All SIRI's are notified to HSCIC, DH and Information Commissioners Office (ICO).

[3] NHS England only, excludes CSUs. Q1 15/16 data to be reported in next Board performance report.