

**BOARD PAPER - NHS ENGLAND**

**Title:**

NHS England Performance Report.

**Lead Director:**

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's performance across a range of measures.

**Indicators of NHS England Performance  
NHS England Board – 24 September 2015**

**1.0 PURPOSE**

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

**2.0 PORTFOLIO OF CORPORATE PRIORITIES AND MAJOR PROGRAMMES**

- 2.1 The Executive Group has agreed to undertake a mid-year review of the Business Plan priorities and their underpinning programmes of work to assess current and planned progress, financial spend and end of year delivery confidence. The results of this stocktake will be reported to the Board.
- 2.2 Performance of the programmes that fall outside of the corporate priorities is presented within section 1B of the Annex with these organised as: the Governments Major Projects Portfolio (GMPP); informatics programmes overseen by the Informatics Portfolio Management Board (IPMB) and the remainder. Delivery confidence for these programmes is good, as most are subject to formal and rigorous assurance and are supported with effective capability.

**3.0 SUMMARY OF CORPORATE RISKS**

- 3.1 The Annex includes a summary of the Corporate Risk Register (CRR) following its review by senior management in August 2015. The Executive Group agreed to amend the Red-Amber-Green (RAG) rating for the risk of Major Emergency from Amber/Green to Green as this reflects that our emergency arrangements are now in place.
- 3.2 The Chief Risk Officer is reviewing the current process for the identification, agreement and review of the risks within the CRR. A strengthened process will be proposed and implemented from October 2015.

**4.0 CORPORATE OPERATIONS PERFORMANCE**

- 4.1 An emerging pack of corporate management information is included in the Annex to provide an overview of corporate performance and pressures. This needs further refinement to reflect specific performance issues and actions taken to address them.
- 4.2 Key issues discussed by senior management included:
- i. **Accommodation:** to explore accommodation options within London to relieve pressures.
  - ii. **Recruitment Performance:** to make improvements through the Improving NHS England programme particularly by developing a new metric to measure and track performance.
  - iii. **Customer Contact:** the Customer Contact Programme Board is working on plans to make greater progress on performance, particularly in regions.

**5.0 RECOMMENDATION**

- 5.1 To consider and discuss NHS England's performance across a range of measures.

**Author: Karen Wheeler: National Director: Transformation and Corporate Operations**  
**Date: September 2015**

# Annex: Indicators of NHS England Performance

August 2015



# Section 1: Portfolio of priorities and programmes

1A Overview of priority area delivery confidence:		2015			
Priorities by theme		June	July	Aug	Summary
Improving health	(1) Cancer	A	A	A	Work is underway defining the implementation following publication of the cancer strategy with a draft implementation developed.
	(2) Mental health	A/R	A	A	Progress is being made across this priority including Children and Young People funding now secured and the IAPT treatment rate continuing to improve.
	(3) Learning disabilities	A/R	A/R	A/R	Delivery confidence remains amber/red. The Chief Nursing Officer is developing proposals for the closure and re-provision programme.
	(4) Diabetes	A	A	A	An approach has been set out for the national procurement and investment in Demonstrator sites has been approved. There remains risks relating to procurement timescales and resources required.
Redesigning care	(5) Urgent and emergency care	A	A	A	Good progress continues to be made with the Out of Hospital Urgent Care programme now commenced. However the scale of system wide transformation required poses significant risk.
	(6) Primary care	A	A	A	Good progress continues to be made across this priority. Emerging work relating to 7 day GP access has become a key objective for this priority.
	(7) Elective care	A/R	A	A	Delivery confidence has increased with the work of this priority now better defined and coordinated.
	(8) Specialised care	A/R	A	A	Delivery confidence has increased due to delivery of collaborative commissioning milestones and the interim Prioritisation Framework coming online.
Whole system change	(9a) Whole system change	A	A	A	Good progress is being made across this priority at this early stage including announcements of eight UEC Vanguards, however the scope of this priority is significant and high profile which brings with it a number of inherent risks.
	(9b) Financial sustainability	A	A	A	Governance is now in place for this priority with further work required to fully scope all routes to maximise efficiency. There are significant risks relating to phasing of efficiencies and funding across the next five years.
Foundations for improvement	(10a) Information revolution	A	A	A	Good progress is being made across the priority however there are still challenges relating to Care.data with extensive work underway to support the pathfinder stage, public facing communications and local readiness assessments.
	(10b) Capability and infrastructure	A	A	A	Following ministerial announcements the timescales for implementing the improvement and leadership review recommendations are being re-planned which will address the overall delivery confidence for this priority.
	(10c) Science and innovation	A/G	A	A	Delivery confidence has decreased due to significant challenges for the Genomics programme relating to cancer target sample numbers.
	(10d) Patient and public participation	A	A/R	A/R	Delivery confidence reflects the risk that the programme might not deliver its ambitious objectives and further work is underway to extend and embed public participation.

## Improving health:

RAG

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

A

The Cancer Taskforce has published their report 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'. Recommendations include implementation of a new waiting time standard (a separate working group will be set up to work through how this relates to existing standards), formation of new cancer alliances, and piloting various new models, pathways and metrics through vanguard sites. An implementation plan is being developed and discussions have taken place around NHS England's implementation of the recommendations, including consideration of governance and management of the delivery within NHS England and across all the ALBs. The Cancer waiting time standard for 'patients beginning a first definitive treatment within 62 days from an urgent GP referral for suspected cancer' continues not to be met (June 2015 data). A Cancer waiting times taskforce delivery group is continuing to focus on implementation issues.

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

A

The RAG status has improved from amber red to amber as the Children and Young People (CYP) funding is now secured. Progress has been made across all parts of the priority: the majority of posts for the new team have now been filled; funding secured from the £1.25bn for child mental health and the allocation process started; distributed funds and guidance for CYP with eating disorders; secured agreement for allocation of £30m for liaison mental health in urgent and emergency care settings; and good progress has been made with the Taskforce costings project. In addition, the treatment rate for IAPT continues to improve. The data for quarter 4 2014/15 show an annualised access rate of 15.63%. This is 2.41 percentage points above that achieved in quarter 3 (13.22%). This data shows that we have met the published target of 15%. The recovery rate for quarter 4 was 45.5% a slight increase of 1.2 percentage points when compared to quarter 3 data (44.3%). We are working closely with the CCGs below 50% to support their improvement. The issues of data not being available to meet delivery timelines and workforce capacity being inadequate across all areas remain but plans are in hand to mitigate the worst of the problems.

### (3) Learning disabilities | Sponsor: Jane Cummings / SRO: Jane Cummings

A/R

A number of key milestones have been achieved in July and August: launch of draft service model; publication of output from Learning Disability medicines work, followed by 'Call to action workshop' event. In addition, cross-system programme published a progress report. We are on track to deliver the national transformation plan (including the bed closure programme) in October. Regional teams are developing delivery trajectories for commissioners implementing the Care and Treatment Review based pathway following the issuing of guidance for testing.

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

A

A procurement approach has now been set out with £3m of funding to support a national procurement and roll out for 2016/17 agreed in principle and £2.2m of Transformation Fund investment in Demonstrator sites approved. A consultation guide was issued on 7 August for provider and public consultation. In parallel with this, CCGs and Local Authority partners were written to, asking for expressions of interest in accessing these services as part of the first phase of provision. The proposed timeline has provider contracts being awarded in January 2016 with services commencing in February 2016. Views are being sought from Regional Medical Directors on the support required for implementation of the Diabetes Prevention Programme. Procurement timescales require the need to secure end-to-end commercial procurement support and internal resources available to process and evaluate procurement, consultation and expressions of interest responses. This means that posts within the directorate are being recruited into and additional support has been secured through the Project Delivery Team.

## Redesigning care:

RAG		
(5) Urgent and emergency care	Sponsor: Bruce Keogh / SRO Keith Willett	
A	<p>Progress has been made in key areas. However the scale of the organisational and system-wide ambition to transform urgent and emergency care, places risk on delivery confidence. After an intense selection process, the successful sites to become Urgent and Emergency Care (UEC) Vanguard were chosen and announced with a successful vanguard launch event held in August. The UEC Review route map for developing the actions required at regional, network and System Resilience Group level, has been finalised. However implementation will depend on ownership of the Review locally; regional road shows are currently being carried out to support this process. The Ambulance Response programme is underway and the selection process for ambulance trusts to be involved has been completed and the successful trusts have been notified. The Out of Hospital Urgent Care (OHUC) programme has been formally launched and workstreams have been developed to undertake delivery.</p>	<p><b>Out of Hospital Urgent Care</b> Sponsor - Barbara Hakin SRO - Sara Pinto-Duschinsky</p> <p>A/G</p>
(6) Primary care	Sponsor: Barbara Hakin / SRO Rosamond Roughton	
A	<p>Mobilisation is underway for the Prime Minister's Challenge Fund (PMCF) wave two pilot schemes. Nine wave two schemes are already offering services, with the majority of others becoming mobilised shortly. 100% of revenue and capital funding has been made available. The existing wave one schemes successes have led to a series of products and case studies which will allow others to implement similar work faster. Schemes also have access to an innovation support programme providing rapid policy advice, peer networking, board support for strategic planning and leadership, IT advice and facilitation for local patient engagement and service redesign. Regions are progressing with approvals of 721 Primary Care Infrastructure Fund schemes. A new GP induction and refresher scheme has been launched, as part of the GP workforce 10 point plan, with 120 GPs already registered to return to practice. A pilot scheme has been launched for clinical pharmacy in general practice, with applications due in September. Plan to deliver 5000 doctors and 5000 other professionals into general practice is under development. 149 CCGs have implemented co-commissioning arrangements in 2015/16: 63 CCGs have implemented delegated arrangements and 86 joint arrangements. Further support has been provided to commissioners implementing delegated arrangements, publishing further advice on staffing models and information sharing.</p>	<p><b>GP Workforce 10 Point Plan</b> Sponsor - Barbara Hakin SRO - Ros Roughton</p> <p>A/G</p> <p><b>Primary Care Infrastructure Fund (PCIF)</b> Sponsor - Barbara Hakin SRO - Ros Roughton</p> <p>A</p> <p><b>Seven Day GP Access (inc. PMCF)</b> Sponsor - Barbara Hakin SRO - Ros Roughton</p> <p>A</p> <p><b>Primary Care Co-Commissioning</b> Sponsor - Ian Dodge SRO - Julia Simon</p> <p>A/G</p>
(7) Elective care	Sponsor: Barbara Hakin / SRO Sarah Pinto-Duschinsky	
A	<p>Progress is dependent on a number of other priority deliverables, which could limit control over success. Work programme structure consists of five themes: i.) Transformation; delivering improvements in referral to treatment (RTT) performance and availability of patient choice; defining gaps in service and identifying long term issues; developing cancer and diagnostics strategies to improve service. ii.) National Delivery Support: Independent Sector (IS) improving diagnostic capacity combined with promotion of patient choice and embedding the use of IS in planning. iii.) Intelligence: Predicting future demand and capacity (including IS providers) and delivering electronic referrals. iv.) National Clinical Pathway Redesign: Impacting on demand management, enhanced recovery and theatre productivity via improved information sharing, patient empowerment and improvements in post operative care; Improving cancer standards performance and development new models of care. v.) Implementation: Provide the mechanisms to implement the work streams. Each work stream has a number of operational activities to deliver, which are already underway.</p>	
(8) Specialised care	Sponsor: Barbara Hakin / SRO Richard Jeavons	
A	<p>Progress has been made in the delivery of the collaborative commissioning milestones as well as bringing the interim Prioritisation Framework online. There is a risk over potential resource requirements in the Business Intelligence (BI) team. Service review workshops have taken place and the team are working with wider NHS England colleagues to develop the three year rolling programme. There are risks to delivery for some individual reviews. Collaborative commissioning committees have now been formed and are working on producing commissioning plans for this year and commissioning intentions for next year. The new Prioritisation Framework has been implemented, however there is further work needed to refine the process. All supporting analytical posts have now been appointed in the North and Midlands and East regions. NHS England's Board reviewed and agreed to the recommendations from the new Congenital Heart Disease Review (CHD). Accountability for CHD passed from Commissioning Strategy to Commissioning Operations as the attention now turns to implementation. Formal handover will be completed by the end of September.</p>	<p><b>Congenital Heart Disease</b> Sponsor - Ian Dodge SRO - John Holden</p> <p>G</p>

## Ensuring whole system change and financial sustainability:

RAG			
(9a) Whole system change	Sponsor: Ian Dodge		
A	<p>All programmes are progressing well, with the Better Care fund well established and all others now launched successfully with major risks and mitigating actions identified. The Healthy New Towns Programme launched with the publication of a prospectus and a call for Expressions of Interest in July. The New Care Models programme has announced eight Urgent and Emergency Care (UEC) Vanguard, published the Vanguard Support programme and is on track for the next selection of Vanguard around Acute Care Collaboration during September. The Maternity Review is moving forward with the first 'Birth Tank' event taking place and a series of drop-in events planned across the country over the coming weeks and Dr Matthew Jolly has been appointed as the National Clinical Director for this area.</p>	<p><b>New Care Models - (including Vanguards and Integrated Care Pioneers)</b> Sponsor - Ian Dodge SRO - Michael MacDonnell</p>	A/G
		<p><b>Maternity Services Review</b> Sponsor - Jane Cummings</p>	A/G
		<p><b>Healthy New Towns</b> Sponsor - Ian Dodge SRO - Michael MacDonnell</p>	G
		<p><b>Integrated Personalised Commissioning</b> Sponsor - Ian Dodge</p>	A
(9b) Financial sustainability	Sponsor: Paul Baumann		
A	<p>Governance for this priority is in place with mobilisation of workstreams to support the efficiency challenge underway, together with development of the financial levers available to support this through 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 possibility of additional spending commitments arising, in light of the upcoming Spending Review and Mandate. There is also a risk in the assumption of a neutral funding impact for social care.</p>	<p><b>Rightcare</b> Sponsor - Paul Baumann</p>	A

## Foundations for improvement:

RAG			
<b>(10a) Information revolution</b>   Sponsor: Tim Kelsey			
A	<p>Contributing programmes report good progress including the Patient Online 2 programme, which has developed guidance for practices on how to increase take up of online transactions. The development of patient guidance is also underway with initial drafts out to consultation with stakeholders, including the Patients Working Together Group. The team continues to work with the GPSoc programme to ensure clinical system functionality is available and practices are able to offer patients online access to their detailed coded record (DCR). Discussions are also underway with the British Medical Association, Royal College of GPs and the Information Commissioners Office on how best to support practices to offer online access to DCR. Digital Urgent &amp; Emergency Care have integrated NHS Pathways into the NHS 111 Digital Platform and the Learning and Development evaluation deliverable is now being progressed to inform future work. NHS Choices continues successful delivery of the live service, the HSCIC are developing proposals for technology enhancements to ensure this continues in the future. Care.data makes steady progress against plans; extensive work is currently underway to support the pathfinder stage including the finalisation of the practice toolkit, public facing communications and local readiness assessments. Widening Digital Participation is behind projected numbers for this stage in the year, but is on track to provide 150,000 citizens with trained digital skills by March 2016. Despite this, confidence remains that the Caldicott review recommendations will be implemented as scheduled.</p>	<p><b>Patient Online</b> Sponsor - Tim Kelsey SRO - Beverley Bryant</p>	A
	<p><b>Open Data and Transparency</b> Sponsor - Tim Kelsey SRO - Ronan O'Connor</p>	G	
	<p><b>Widening Digital Participation</b> Sponsor - Tim Kelsey SRO - Beverley Bryant</p>	A/G	
	<p><b>Choices Transformation (Online Channel)</b> Sponsor - Tim Kelsey SRO - Beverley Bryant</p>	A	
	<p><b>Digital Urgent and Emergency Care (111 Futures)</b> Sponsor - Tim Kelsey SRO - Beverley Bryant</p>	A/G	
	<p><b>Care Data</b> Sponsor - Tim Kelsey SRO - Tim Kelsey</p>	A/R	
<b>(10b) Capability and infrastructure</b>   Sponsor: Karen Wheeler			
A	<p>Following Ministerial announcements in July and in support of the review recommendations, the groups established include a combined Leadership Development and Improvement Governing Board, which will oversee the development of aligned national strategies for leadership development and improvement; a transition oversight group, led by Health Education England (HEE), to oversee the transfer of the Leadership Academy to HEE by April 2016 and a work-stream group to oversee the transfer of NHS England functions (Patient Safety, Intensive Support Teams and the NHSIQ Capability Building team) to NHS Improvement. Planning is well under way to support implementation.</p>	<p><b>Improvement and Leadership</b> Sponsor - Karen Wheeler SRO - Karen Wheeler</p>	A
	<p>Good progress continues to be made to close out the final stages of delivery of phases three and four of the Organisational Alignment &amp; Capability programme.</p>	<p><b>Improving NHS England (including OICP)</b> Sponsor - Karen Wheeler SRO - Karen Wheeler</p>	A/G
<b>(10c) Science and innovation</b>   Sponsor: Ian Dodge			
A	<p>The RAG status has changed this period from Amber Green to Amber. The Genomics programme continues to make progress with all 11 NHS Genome Medicine Centres (GMCs) now live. The NHS GMCs have also recruited, consented and delivered their first rare disease samples. However, there are significant challenges in achieving the target sample numbers. The Implementation Unit is working with NHS GMCs to understand the assumptions underpinning sample trajectories and to improve the confidence levels of delivery. The test bed programme is undertaking a series of 'matchmaking' events leading up to the formation of partnerships in the Autumn. The Small Business Research Initiative (SBRI) programme is planning to launch the latest round of competitions events and briefings in August and their annual report in September.</p>	<p><b>Genomics (Implementation of the Genomics medical centres)</b> Sponsor - Bruce Keogh SRO - Tim Kelsey</p>	A/R



## Foundations for improvement continued

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

A/R	Progress is being made towards confirming the funding sources for the NHS Citizen programme. Personal Health Budgets (PHBs) have a confirmed business plan for 2015/16. Sign up continues to a programme that helps CCGs develop their local offer for the roll out of PHBs beyond NHS Continuing Healthcare with over 130 CCGs confirmed by end August. Support continues on delivery of PHBs in NHS Continuing Healthcare via the regional networks and an online learning community.	<b>NHS Citizen</b> Sponsor - Tim Kelsey SRO - Ronan O'Connor	A/R
		<b>Personal Health Budgets</b> Sponsor - Ian Dodge	A/G

1B Overview of portfolio delivery confidence:		2015		
Priorities and constituent programmes		June	July	August
Improving health	(1) Cancer	A	A	A
	(2) Mental health	A/R	A	A
	(3) Learning disabilities	A/R	A/R	A/R
	(4) Diabetes	A	A	A
Redesigning care	(5) Urgent and emergency care Out of Hospital Urgent Care	A	A	A
		No reporting	A/G	A/G
	(6) Primary care	A	A	A
	GP Workforce 10 Point Plan	No reporting	A/G	A/G
	Primary Care Infrastructure Fund	No reporting	A	A
	Seven Day GP Access (PMCF)	No reporting	A	A
	Primary Care Co Commissioning	No reporting	A/G	A/G
	(7) Elective care	A/R	A	A
(8) Specialised care		A/R	A	A
	Congenital Heart Disease	No reporting	G	G
Whole system change	(9a) Whole system change	A	A	A
	New Care Models - (including Vanguard and Integrated Care Pioneers)	No reporting	No reporting	A/G
	Maternity Services Review	No reporting	No reporting	A/G
	Healthy New Towns	No reporting	No reporting	G
	Integrated Personalised Commissioning	No reporting	No reporting	A
	(9b) Financial sustainability	A	A	A
Foundations for improvement	Rightcare	No reporting	A/G	A
	(10a) Information revolution	A	A	A
	Patient Online	G	A	A
	Open Data and Transparency	G	G	G
	Widening Digital Participation	A/G	A/G	A/G
	Choices Transformation (Online Channel)	A/R	A	A
	Digital Urgent and Emergency Care (111 Futures)	A/G	A/G	A/G
	Care Data	A/R	A/R	A/R
	(10b) Capability and infrastructure	A	A	A
	Improvement and Leadership	No reporting	R	A
	Improving NHS England (including OICP)	No reporting	A/G	A/G
	(10c) Science and innovation	A/G	A	A
	Genomics (Implementation of the Genomics medical centres)	No reporting	A/R	A/R
	(10d) Patient and public participation	A	A/R	A/R
NHS Citizen	A/G	A/R	A/R	
Personal Health Budgets	A/G	A/G	A/G	
Additional GMPP, IPMB and other programmes		June	July	August
GMPP	Proton Beam Therapy	A/G	A	A/G
	Liaison & Diversion (phase2)	A	No reporting	A
	E Referrals & Telephone Appointment Line (e-RS & TAL)	A	A	A
	Electronic Transmission of Prescriptions (ETP)	A	A	A
	GPSoc Replacement	A	A/G	A/G
	Summary Care Record	A/G	A/G	A/G
IPMB	Child Protection Information Sharing (CPIS)	A	A	A
	Health & Justice - Information Systems (HJIS )	A/G	A/G	A/G
	Child Health Digital Strategy	G	G	A
	GP2GP	A/G	A/G	A/G
	Code 4 Health (Open Source)	A/G	A/G	A/G
	MCDS (Maternity & Children's Dataset)	A/G	A	A
Other	0-5 transfer	A/R	A	A
	Primary Care Support Services	A/G	A/G	A/G

## GMPP programmes:

RAG		
A/G	<b>Proton Beam Therapy</b> Sponsor - Karen Wheeler SRO - Karen Wheeler	Contract with suppliers has been signed. Programme is now in building/construction phase. The delivery dates for the two Proton Beam centres have been revised to reflect detailed discussions between the equipment suppliers and building contractors and remain within the Prime Ministerial Commitment to deliver the service to patients by 2018.
A	<b>Liaison &amp; Diversion (phase2) (L&amp;D)</b> Sponsor - Barbara Hakin SRO - Ros Roughton	The work commissioned by the programme to develop the market for L&D services, and to consider options for integration of health and justice services, was completed. The resultant report will influence the Full Business Case (FBC). It recommends a strategy for L&D and wider health and justice services that promotes integration and greater efficiency, and the development of effective outcome measures. The programme underwent a Gateway 3 review by Cabinet Office in August. This reinforced the need for the programme to take stock and replan, and to align the production of the FBC to the Spending Review, in order that HMT have the relevant evidence before them when considering the case for L&D.
A	<b>E Referrals &amp; Telephone Appointment Line (e-RS &amp; TAL)</b> Sponsor - Tim Kelsey SRO - Beverley Bryant	August 2015 go live date achieved for release of version 4.2. and service stability improved throughout with booking volumes returning to levels consistent with Choose and Book, albeit significant performance issues continue and work to resolve these issues is ongoing by HSCIC and partners.
A	<b>Electronic Transmission of Prescriptions (ETP)</b> Sponsor - Tim Kelsey SRO - Beverley Bryant	215 GP Practices were deployed in the last reporting period. Estimated claims made using the Electronic Prescription Service in July 2015 was 31.7% - ahead of projection of 26% - against a year end target of 33%. Delivery confidence remains Amber following the last Gateway review and approval by SRO has been given to drive the next Gateway 5 Review in October. A project plan and team is now in place to develop and deliver Phase 4.
A/G	<b>GPSoc Replacement</b> Sponsor - Tim Kelsey SRO - Tracy Watson	The number of suppliers to progress through the current GPSoc Interface Mechanism (IM) pairing process has, up to now, been limited due to delayed delivery of IM requirements. However, subsidiary suppliers are now progressing through the integration process and engagement has allowed the team to plan the next stages of activity with potential to move five or more suppliers into pairing integration assurance. Recruitment to key roles continues, with the majority of roles now scheduled to be allocated during September 2015.
A/G	<b>Summary Care Record (SCR)</b> Sponsor - Tim Kelsey SRO - Richard Jefferson	The total number of SCRs created stands at 54.8 million equating to 96% of the population. Community pharmacy implementation planning is continuing with regional teams and Pharmacy Voice. Preparation is underway for next Expert Advisory Committee meeting and a proposal to seek approval for future rollout for SCR use in scheduled care and custody suites following the proof of concepts. There is also continued work against all new settings to feed into the drafting of the SCR Phase 2 programme business case.

## IPMB programmes:

RAG		
A	<b>Child Protection Information Sharing (CPIS)</b> Sponsor - Tim Kelsey SRO - Tracey Grainger	CPIS is live within five Local Authorities with the accredited systems supplier and five NHS trusts/providers which are using a combination of integrated systems and Summary Care Record Application. There is continued engagement with Local Authorities and NHS providers and increased engagement with NHS CCGs to help promote CPIS profile with 89 trust/providers and 123 Local Authorities committed to implementation.
A/G	<b>Health &amp; Justice - Information Systems (HJIS)</b> Sponsor - Barbara Hakin SRO - Ros Roughton	Supplier tender responses, to take forward the residential estates platform, have been evaluated and moderated. The negotiation timetable has been approved and distributed to suppliers and negotiations have begun. Planning for the Best And Final Offer (BAFO) stage has commenced including updating any contract schedules where relevant. Engagement events have been completed and a report on the events has been approved by the HJIS Assurance Board. Work packages continue to be defined and project plans created in line with timescales.
A	<b>Child Health Digital Strategy</b> Sponsor - Tim Kelsey SRO - Tracey Grainger	The programme commenced in June and the business case is in the process of being developed, following confirmation of the funding stream.
A/G	<b>GP2GP</b> Sponsor - Tim Kelsey SRO - Richard Jefferson	95% deployments achieved; the number of active practices is 16.3% higher than the business case target. EMIS platform V2.2 development is progressing well. A problem with the information pathway has been resolved. Planning for a national benefits realisation survey is underway, with exploration of delivery using NHS England's communication channels.
A/G	<b>Code 4 Health (Open Source) (C4H)</b> Sponsor - Tim Kelsey SRO - Beverley Bryant	C4H Platform is currently in test and under configuration with the customer relationship management tool tested, deployed and in use by the team and the website populated with communities and supporters.
A	<b>Maternity &amp; Children's Dataset (MCDS)</b> Sponsor - Tim Kelsey SRO - Geraint Lewis (interim)	The submission window for data has now closed and a total of 71 trusts have submitted data, from a registered total of 100. The Mental Health Services Data Set (MHSDS) successfully transitioned through the Standardisation Committee for Care Information (SCCI) review process. Delivery has also been expanded to include delivery of the Early Intervention in Psychosis (EIP) indicators as the requirements for EIP will be met through an enhancement of a MCDS dataset.

## Other non informatics programmes:

A	<p><b>0-5 transfer</b>          Sponsor - Barbara Hakin          SRO - Felicity Cox</p>	<p>An independent review of the programme will take place in December. Financial allocations have been made to all Local Authorities by the DH; the final two allocations were made on 30 July. Nearly all contracts are now signed and we are progressing towards legally sealing these contracts with Local Authorities. 15 contracts have been assessed as higher risk, primarily where contracts have not been signed and are being monitored closely, with mitigation where required, for example through legal and contractual advice and support by Local Government Association (LGA). We continue to work with partners to ensure the safe close down and hand over of programme deliverables to Public Health England and LGA.</p>
A/G	<p><b>Primary Care Support Services (PCSS)</b>          Sponsor - Karen Wheeler          SRO - Morfydd Williams</p>	<p>The full business case was approved by HM Treasury and the contract with Capita has been signed. Service transfer was completed on 1 September. A joint plan with Shared Business Services, Business Services Authority and Capita is being delivered to ensure payroll transition is managed safely in readiness for Capita's first payroll run in late September. There is some residual HR data cleansing administration to finish but it should not effect any dependencies for transition which is on track to complete by the end of September. All internal NHS England processes for governance and management of the contract by the Service Management Team have been agreed and are in place. The PCSS Programme Board has approved the programme close down report and has officially recommended the programme should close.</p>

# Section 2: Corporate risk register – part one (priority risks)

NHS England Corporate Risk Register Summary - Part One as at 31 August 2015													
Risk Ref	Risk <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Risk Owner	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 <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Risk Owner	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 (risk to NHS England)</b>							<b>NHS England</b>						
1	<b>Major quality problems</b> - risk that there is a quality failure in services commissioned by NHS England.	National Medical Director / Chief Nursing Officer	↔	A	A	Sep-2015	9	<b>Specialised services</b> - risk that the full range of specialised services is not delivered in line with appropriate quality standards and within the resources available.	National Director Commissioning Operations	↔	R	AR	Mar-2016
3	<b>Finances</b> - risk that a lack of funding leads to NHS England not being able to secure high quality, comprehensive services within the financial envelope.	Chief Finance Officer	↔	AR	A	Mar-2016	11	<b>Commissioning support services</b> - risk that further CSUs could become financially and commercially unviable.	National Director Commissioning Strategy	↔	R	AR	Dec-2015
4	<b>Strategy and service transformation</b> - risk that the required pace to deliver the five year view is not achieved.	National Director Commissioning Strategy	↔	AR	A	TBC	14	<b>Organisational capability and capacity</b> - risk that changes impact capacity and capability to deliver our commitments effectively.	National Director Transformation and Corporate Operations	↔	AR	A	Mar-2016
5	<b>Relationship with patients and the public</b> - risk that patient voice and public participation is not embedded in everyday work.	National Director Patients and Information	↔	AR	A	Nov-2015	16	<b>Operational Information for managing performance</b> - risk that inadequate information is available to manage performance effectively.	Chief Financial Officer	↔	A	A	Mar-2017
7	<b>Urgent care</b> - risk that the NHS fails to deliver high quality urgent care services in line with patients' constitutional standard.	National Director Commissioning Operations	↔	R	AR	Mar-2016							
12	<b>Data sharing</b> - risk that commissioners have inadequate access to the information they need for effective commissioning.	National Director Patients and Information	↔	AR	A	Nov-2015							
15	<b>Major emergency</b> - risk that NHS England has not planned or prepared effectively to meet its major emergency responsibilities.	National Director Commissioning Operations	↑	G	G	Aug-2015							
21	<b>Transforming Care</b> - risk that care is not transformed for people with learning disabilities.	Chief Nursing Officer	↔	AR	A	Oct-2015							
22	<b>The state of general practice</b> - risk that insufficient growth in capability and capacity of primary care to deliver quality of service.	National Director Commissioning Operations	↔	R	AR	Dec-2015							
23	<b>Devolution</b> - risk that governance, assurance, funding and legal systems do not keep pace with the devolution process.	Chief Finance Officer	↑	A	AG	Nov-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

# Section 3: corporate operations performance

April – July 2015

Resources - our people					
<b>On Payroll workforce</b>	<b>April 2015</b>	<b>May 2015</b>	<b>June 2015</b>	<b>July 2015</b>	<p>There is a continued reduction in headcount and WTE, which is in line with expectations as a result of the redundancies made through organisational change.</p> <p>Of the July headcount, 377 staff are employed on fixed-term contracts.</p> <p>320 new vacancies were created in the month of July (excluding vacancies for the same role which have been re-advertised).</p> <p>There are currently 282 employees seconded in and 34 employees seconded out of NHS England as recorded on ESR.</p>
Headcount	5,876	5,768	5,771	5,594	
WTE	5,429	5,328	5,337	5,183	
<b>Starters and Leavers</b>	<b>April 2015</b>	<b>May 2015</b>	<b>June 2015</b>	<b>July 2015</b>	<p>Of the 94 new starters in July, 63 (67%) are AfC band 7 and below. 55 of the new starters are in regions, the largest number in the Midlands and East (21). Amongst the central teams, the largest number is in Commissioning Strategy (12).</p> <p>There were 83 leavers in July compared to 311 in June. Analysis shows that the majority of redundancies in June were from PCS employees leaving as a result of efficiencies being made in the service prior to transfer in September.</p>
On Payroll starters	141	85	109	94	
On Payroll leavers	192	125	311	83	
<b>Organisational Change</b>			<b>15/16 Q2</b>	<b>15/16 Q3/4</b>	<p>Of the 938 transfers of staff planned out of NHS England in Q2, 906 are primary care support services (PCSS) staff whose transfer to Capita is due to take place on 1 September.</p> <p>During Q3/4, 41 staff are expected to transfer to NHS Improvement from the intensive support team and NHS IQ, following confirmation of the destination organisation in the Secretary of State's announcements and publication of the Smith Review in July. Patient safety function (remaining 38 staff) are due to transfer to NHS Improvement from NHS England.</p>
Transfers out of NHS England			938	79	
<b>Lost working time due to ill health</b>	<b>April 2015</b>	<b>May 2015</b>	<b>June 2015</b>	<b>July 2015</b>	<p>The general trend shows a decline in lost time during Q1. The most common reason of reported absence in July was 'anxiety/stress/depression/other psychiatric illnesses' (67 episodes and 32.7% of all days lost) and 'gastrointestinal problems' (65 episodes and 6.8% of all days lost). Workforce and mental health campaigns are in place to support employees and promote health and wellbeing.</p>
	2.8%	2.6%	2.5%	2.1%	

## Reputation

Information Governance (IG) Breaches		April 2015	May 2015	June 2015			
IG breaches in total <sup>1</sup>		12	15	10	The two SIRI incidents reported in June relate to clinical services performed on behalf of CCG's by CSU's: personal health budget assessments and continuing healthcare assessments.  <sup>1</sup> NHS England and NHSIQ only, excludes CSU's as data is not available at time of writing.		
Level 2 Serious Incident Requiring Investigation (SIRI)		0	1	2			
Freedom of Information (FOI) requests		Target	April 2015	May 2015	June 2015	The total number of FOI requests received for June was 186. 7 (3.8%) were answered outside of the 20 working days target.	
FOI requested completed within 20 working days		80%	82.1%	83.9%	96.2%		
Customer Contact Centre		Target	April 2015	May 2015	June 2015	July 2015	Performance on enquiries has fallen with resources significantly reduced due to staff sickness and turnover. Actions are in place to address this poor performance including flexing resource and a recruitment drive. Resolution of complaints resolved within 40 working days increased in May from around 61% to 64% compared with the previous month. With the introduction of CRM, we have included a number of new fields to monitor the stages of the complaint and in turn, provide better information regarding any delay in the process. We are currently going through a phase of embedding the system and ensuring data completeness. The national contact team are currently undertaking an exercise to ensure the relevant data is complete. Moving forward with CRM are future reports which will include more conclusive management information regarding the 40 day target. The availability of the CRM system has been 100% since launch in March 2015.  <sup>2</sup> Cases handled by the Customer Contact Centre fall into several distinct categories, of which General Enquiries and Complaints are the largest. KPI targets relate to specific types of case: for example the resolution target for General Enquiries is 3 working days, while the resolution target for Complaints is 40 working days.
% of General Enquiries <sup>2</sup> resolved at first contact		80%	96.6%	96.3%	88.5%	85.8%	
% of General Enquires resolved within 3 working days		95%	97.8%	98.2%	97.2%	94.3%	
% of Complaints <sup>2</sup> resolved within 40 working days		90%	61.0%	63.6%	65.8%		
% of calls abandoned		<5%	12.1%	1.7%	3.2%	2.1%	
Whistleblowing						No internal whistleblowing cases have been escalated to the Corporate People team in the month of July.	