

BOARD PAPER - NHS ENGLAND

Title:

NHS Performance Report.

Lead Director:

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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 to maintain or improve standards, and
- To provide the Board with an update of the current delivery against NHS England's programmes and mitigation of corporate risks.

The Board is invited to:

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

NHS Performance Report

NHS England Board – 20 November 2015

1.0 INTRODUCTION

- 1.1 In its commissioning oversight role, NHS England continues to work with clinical commissioning groups (CCGs) and NHS Improvement to improve the delivery of services and their associated access and performance standards. This report updates the Board on current NHS performance and the actions we have taken with our partners to ensure delivery of key standards and measures. It also highlights specific areas of concern and describes our mitigating actions.

2.0 DELIVERING THE NHS CONSTITUTION STANDARDS AND OTHER COMMITMENTS

- 2.1 The latest performance data for measures relating to NHS standards and commitments are shown in Appendix A of this report.

Referral to Treatment (RTT) Waiting Times

- 2.2 The NHS Constitution includes the commitment that patients have the right to start their consultant-led treatment for non-urgent conditions within 18 weeks of referral. Since the end of June 2015, we have measured our performance for RTT against the incomplete pathway standard. The standard is that 92% of those still waiting to start treatment have been waiting less than 18 weeks. This simplified RTT standard, which covers all patients on the waiting list, means that the NHS can now focus on treating those patients who have waited the longest.
- 2.3 At the end of August 2015, the incomplete pathway standard was met with 92.6% of patients waiting less than 18 weeks. The number of RTT patients waiting to start treatment at the end of August 2015 was just over 3.3 million.
- 2.4 The number of long waiting patients treated (per working day) in the latest three months from June to August 2015 was 28% higher than the same period in 2014. Of those treated in the last three months, 7.3% were long waiters, compared with 5.9% a year earlier. This is an early sign that the move to focus on the incomplete pathway standard is having the desired effect and that trusts are focussing on treating longer waiting patients first.
- 2.5 To ensure that the incomplete pathway standard continues to be met, we are working alongside NHS Improvement to target additional and focussed support across patches that require it most. In each of these areas we are assuring that CCGs have commissioned sufficient activity and will conduct detailed analyses to assess whether trusts are delivering planned activity with the correct case mix. Where issues are identified, additional mitigating actions will be agreed and monitored throughout the year.
- 2.6 To help ensure that all available capacity across the country is fully utilised, we have put in place a dedicated project team to identify and match spare capacity (including in the independent sector) to help the NHS deliver the contracted volumes of activity for 2015/16. We are working closely with NHS Improvement to ensure these arrangements are utilised as fully as possible within the current funding climate.
- 2.7 For the trusts that we have identified as requiring additional support, we will ensure that full use is made of the capacity that has been identified through this work. We will also consider arrangements so that CCGs and GP practices can have access to the most up to date capacity information. This will enable patients to be directed, at the point of referral, to where there is identified capacity and where they can be treated more quickly. In addition, we will work with CCGs to develop more sustainable approaches to proactively managing demand and increase patient choice.

- 2.8 We have also strengthened our information reporting arrangements. On October 1 2015 we published refreshed recording and reporting guidance which consolidates and simplifies the existing guidance on the recording of RTT data and related advice. Alongside this we are continuing to work with NHS Improvement and the elective care Intensive Support Team to ensure a focus on data validation. Best practice guidance has been produced by the elective care Intensive Support Team (IST) and this is being shared with trusts, with a focus on those with the largest increase in numbers waiting.

Cancer Waiting Times

- 2.9 In the most recent reporting period (August 2015), the NHS delivered all but two of the nine cancer waiting time standards; the 62 day standard was one of the two that providers missed.
- 2.10 As identified in last month's report, a significant factor in delivering the 62 day standard is the availability of diagnostic tests, in particular endoscopy tests. To reduce the time patients are waiting for these tests, a programme management office has been established to facilitate the transfer of at least 9,000 patients to providers with available endoscopy capacity by the end of March 2016.
- 2.11 Progress continues to be made in other areas where actions are needed to improve and sustain performance on cancer waiting times. All trusts are now submitting management information which provides a summary of the number of patients waiting for treatment. Regional tripartites are completing the assessment of the robustness of the improvement plans that have been produced by the trusts with the poorest performance against the 62 day standard. Of the 57 trusts required to produce an improvement plan, 49 were assured and 8 partially assured as at 30 October 2015.
- 2.12 Work that is being undertaken at a national level includes the launch of a backstop policy for breaches over 104 days and support on demand and capacity planning from the IST. A national cancer summit will be held to focus on breach allocation, effective performance information management and the sharing of good practice in managing cancer pathways.

Ambulance Services

- 2.13 Of Category A Red 1 calls in England resulting in an emergency response, the proportion arriving within 8 minutes was 73.6% in August 2015 compared with 73.2% in August last year. Of Category A Red 2 calls in England resulting in an emergency response, the proportion arriving within 8 minutes was 69.7% in August 2015 compared with 70.9% in August last year. Category A Ambulance response in 19 minutes was 93.5% in August 2015 compared with 94.9% last year.
- 2.14 All systems have been asked to provide assurance around plans for the implementation of nine high impact interventions to support ambulance services, derived from the recently published best practice in "Safer, faster, better". The first assurance updates received showed that the majority of ambulance trusts either have implementation underway or are in the planning stages for this work. There will continue to be regular assurance updates on the implementation of these interventions, with regional follow-up where delays or other issues are identified.
- 2.15 We will continue to work closely with NHS Improvement to ensure a whole system approach is taken to supporting improvements in ambulance services.

Urgent Care, NHS 111, A&E and Winter Planning

- 2.16 The most recent data, for August 2015, shows 94.3% of patients attending A&E were either admitted, transferred or discharged within 4 hours. There were 1,863,574 attendances at A&E in August 2015, 2.5% more than in August 2014. Year on year growth on emergency attendances is -0.5% on a three month rolling average (i.e. last three months compared to same period a year ago) with the underlying trend over twelve months at 1.2%. There were 454,430 emergency admissions in August 2015. Year on year growth on emergency admissions is 2.2% on a three month rolling average, with the underlying trend over twelve months at 2.5%. Detailed planning has been undertaken across the NHS system to ensure that sufficient emergency activity has been commissioned to meet demand. For the year to August 2015 we had planned for 2.4% growth in emergency admissions. The actual growth rate observed for this period was 1.0%.
- 2.17 A clinically led Emergency Care Improvement Programme (ECIP) is offering intensive practical help and support to urgent and emergency care systems to deliver real improvements in quality, safety and patient flow. The programme will help improve care for patients, with a particular focus on improving system performance across the winter months when emergency departments are working under additional pressure. ECIP will focus on helping 28 urgent and emergency care systems across England that are under the most pressure, and will help implement evidence based tried and trusted improvements they know work. The success of ECIP will be measured against better patient outcomes and experience as well as improvements to the emergency care four hour waiting time standard.
- 2.18 The number of calls received by NHS 111 services in August 2015 was 1,061,000, an increase of 7.8% on the number of calls received in the same month last year. 93.6% of the call answered by NHS 111 services in August 2015 were answered within 60 seconds, compared with 96.3% of calls in August 2014. Meetings are taking place between NHS 111 services and commissioners to establish robust performance improvement plans.
- 2.19 Preparations for the Christmas and New Year Bank Holiday period are well underway. Providers of NHS 111 services are submitting detailed planned capacity data for this period which is being reviewed to identify areas of concern and likely mitigating actions. Regular monitoring will take place over the Christmas and New Year Bank Holiday period to enable any operational issues to be rapidly resolved. NHS 111 capacity data will be triangulated with wider SRG assurance information as part of system wide planning for the holiday period.

Delayed Transfer of Care

- 2.20 There were 145,100 total delayed days in August 2015, of which 93,100 were in acute care. This is an increase from August 2014, where there were 137,600 total delayed days, of which 90,600 were in acute care. 61.9% of all delays in August 2015 were attributable to the NHS, but, at least in part, this will be as a result of beds blocked in the non-acute sector, some of which are blocked due to factors relating to patients waiting for a social care package in their own home or residential accommodation. 30.8% were attributable to social care, and the remaining 7.3% were attributable to both NHS and Social Care. The proportion of delays attributable to Social Care has increased over the last year to 30.8% in August 2015, compared to 26.8% in August 2014.
- 2.21 NHS England has published a refresh of the Monthly Delayed Transfer of Care (DTC) Situation Reports: Definitions and Guidance. The work on refreshing the DTC guidance was identified and commissioned earlier in the year in response to a number of ongoing

operational issues and concerns from local health and social care systems. The guidance on definitions, counting and reporting is seeking to remove ambiguity and improve operational clarity, with the aim of improving partnership working and reducing disputes. The guidance now places more emphasis on local collaborative solutions to any barriers first as part of a wider picture of joint and integrated working which is embedded in the Care Act.

- 2.22 As part of a wider series of improvement products, a series of Quick Guides will be published in late October/early November focussing on practical steps that can be taken quickly to implement performance improvement in the care home and home care sectors. The Guides will include good practice examples from across the country and has been developed in collaboration with service providers, professional groups and the voluntary sector.

Dementia

- 2.23 The September data, published on 16th October, shows the diagnosis rate at 66.2% with a total of 109 CCGs (52.2% of the total number) having met or exceeded the ambition in this month. The prevalence calculation indicates that there are 426,227 patients of all ages on dementia registers within England. The September data is representative of 96.0% of practices with data capture expected to improve as the remaining practices achieve sign up to the mandatory extraction progresses, following recent reinforcing communications.

NHS England's portfolio of programmes and corporate risks

- 2.24 An overview of NHS England's performance on delivery against its portfolio of programmes and the corporate risk register, is attached as annex B.
- 2.25 For the portfolio of NHS England's programmes, current delivery progress is mixed however a stocktake of the corporate priority areas is underway and will be completed at the end of November. It has been identified that some programmes need significant additional capability to deliver successfully, especially learning disabilities, mental health and the cancer programme. Work is underway to recruit additional National Implementation Directors and programme directors to fill capability gaps.
- 2.26 A number of red risks are being managed through the Corporate Risk Register for which mitigating actions are in place:
- Risk 7 Urgent care – mitigating actions are described in paragraphs 2.16 – 2.19 of this report.
 - Risk 11 Commissioning support services – We are working on a range of risk mitigations, including how to enable Commissioning Support Units to become more autonomous, so that they can compete more effectively in future.
 - Risk 22 The state of general practice – We are implementing the 10 point GP workforce action plan to attract more doctors into general practice and improve retention, while supporting Health Education England to deliver an additional 4,900 trained GPs by 2020.
 - Risk 25 Cancer drug fund – We are utilising specialist advice to support development of the public consultation and the decision making process that will determine the outcome of the cancer drug fund reprioritisation.
 - Risk 26 Litigation – Legal advice and stakeholder input is being incorporated in the development and implementation of national policy to ensure equitable treatment and reduce the likelihood of later disputes and challenges.

3.0 RECOMMENDATION

- 3.1 The Board is asked to note the contents of this report and receive assurance on NHS England's actions to support NHS performance.

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Summary of Measures Relating to NHS Standards and Commitments

Indicator	Latest data period	Latest Performance	Change in performance from previous data period
Patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric inpatient care	Q1 2015/16	97.0%	↓
IAPT access rate	Jun-15	16.8%	↑
IAPT recovery rate	Jun-15	45.3%	↓
Dementia diagnosis rate	Aug-15	66.1%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Aug-15	93.2%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Aug-15	91.7%	↓
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Aug-15	97.6%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Aug-15	95.4%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Aug-15	99.5%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Aug-15	97.6%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Aug-15	94.4%	No change
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Aug-15	82.7%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Aug-15	89.7%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Aug-15	92.6%	↓
Number of patients waiting more than 52 weeks from referral to treatment	Aug-15	739	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	Aug-15	97.8%	↓
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Aug-15	94.3%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Aug-15	73.6%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Aug-15	69.7%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Aug-15	93.5%	↓
Mixed sex accommodation breaches	Aug-15	418	↓
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q1 2015/16	7.3%	↑

↑ improvement
↓ deterioration