

## BOARD PAPER - NHS ENGLAND

<b>Title:</b> Corporate and NHS Performance Report.
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<b>Purpose of Paper:</b> <ul style="list-style-type: none"><li>To inform the Board of progress against corporate programmes and provide assurance on the actions being taken to mitigate risks relating to the delivery of these priorities.</li></ul> <p>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.</p>
<b>The Board is invited to:</b> <ul style="list-style-type: none"><li>Note the contents of this report and receive assurance on NHS England's actions to support corporate and NHS performance.</li></ul>

## **Corporate and NHS Performance Report NHS England Board – 28 January 2016**

### **1.0 INTRODUCTION**

- 1.1 This paper informs the Board of current performance and gives assurance on the actions being taken by NHS England and tripartite partners to maintain or improve standards.
- 1.2 It is in two parts. The first part considers NHS England's performance against current corporate objectives and the corporate risk register. The second part considers the performance of the NHS against the NHS Constitution standards and other commitments.

### **2.0 Part 1 – NHS ENGLAND'S PROGRAMMES AND CORPORATE RISKS**

- 2.1 An overview of NHS England's performance on delivery against its portfolio of programmes and the corporate risk register is attached as Appendix A.
- 2.2 For the portfolio of NHS England's programmes, a mid-year stocktake of the corporate priority areas has demonstrated that significant work is underway with a number of key deliverables to be achieved this year. Some key leadership gaps have been identified and resolved in the majority of programmes with governance structures continuing to be refined on a programme-by-programme basis. All programmes will be kept under tight scrutiny by the Delivery Assurance team to ensure they are on track to deliver identified benefits and to resolve risks and issues in a timely manner. Further work is required within the programmes and across them to set delivery plans, and to identify costs and benefits, over a 3-5 year timeframe. Programme delivery plans also need to be scrutinised in the context of the Five Year Forward View in particular to highlight critical enablers outside of NHS England's control.
- 2.3 A number of the corporate priorities are currently rated as Amber/Red for delivery confidence:
- Learning disabilities – Delivery confidence reflects the complexity and scale of transformation required. Progress is being made following publication of the 'Building the right support' national plan with transforming care partnerships being supported to formulate and implement their joint transformation plans.
  - Diabetes – Delivery confidence reflects the process to procure the 1<sup>st</sup> wave of the national diabetes programme. The procurement process has now commenced and action with Public Health England to mitigate delivery risks is being taken.
  - Primary care – Whilst good progress is being made across a number of the programmes, delivery confidence reflects challenges in both implementation of the Infrastructure Fund programme and finalising the GMS contract, also involving the Department of Health. Mitigations being considered and contract negotiations are on-going.
  - Science and innovation – Delivery confidence reflects the significant challenges that remain in delivering genomics samples targets. Work is underway to aid the recruitment and consenting process, and centres which are underperforming are working with the Intensive Support Team (IST) to improve their performance.
  - Patient and public participation – Delivery confidence reflects the work required to deliver the commitments of the emerging self-care programme and the next phase of NHS Citizen. A new Director of Patient and Public Participation and Insight has been recruited to develop and lead the self-care programme.
- 2.4 A number of red risks are being managed through the Corporate Risk Register for which mitigating actions are in place:

- Urgent care – Robust winter planning arrangements including initiatives with the independent and voluntary sectors are in place. All System Resilience Groups have detailed winter capacity plans and NHS England is providing support to tripartite members to reduce risk of trusts failing A&E standards.
- Commissioning support services – We are working on a range of approaches shaped by decisions CCGs made in their procurements.
- The state of general practice – We are continuing to support Health Education England-led work to build the capacity and capability in the out-of-hospital workforce, to secure an extra 10,000 staff in this area by 2020.
- Cancer drug fund – We are making plans to build capability and processes for managing the new decision-making arrangements, which are currently subject to public consultation.
- Litigation – Increased legal advice and stakeholder input are being provided to support development and implementation of national policy to ensure equitable treatment and reduce the likelihood of later disputes and challenges.
- Five Year Forward View (FYFV) Implementation – Further work is underway to ensure FYFV national programmes and local systems have strategic delivery plans, which are aligned.

### **3.0 PART 2 - NHS PERFORMANCE**

3.1 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.

### **4.0 DELIVERING THE NHS CONSTITUTION STANDARDS AND OTHER COMMITMENTS**

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

#### **Urgent and emergency care**

##### **A&E performance**

4.2 The most recent data, for November 2015, shows 91.3% of patients attending A&E were either admitted transferred or discharged within 4 hours. There were 1,874,200 attendances at A&E in November 2015, 2.4% more than in November 2014. Attendances over the last twelve months are up 0.4% on the preceding twelve-month period.

4.3 There were 475,500 emergency admissions in November 2015, 2.4% more than in November 2014. Emergency admissions over the last twelve months are up 2.0% on the preceding twelve-month period.

##### **Delayed transfers of care**

4.4 There were 153,200 total delayed days in November 2015, of which 65.6% were in acute care. This is an increase from November 2014 when there were 140,900 total delayed days, of which 67.3% were in acute care.

## **Ambulance performance**

- 4.5 Of Category A Red 1 calls resulting in an emergency response, the proportion arriving within 8 minutes was 71.9% in November 2015 compared with 71.8% in November last year. Of Category A Red 2 calls resulting in an emergency response, the proportion arriving within 8 minutes was 67.4% in November 2015 compared with 68.4% in November 2014. Category A Ambulance response in 19 minutes was 92.6% in November 2015 compared with 93.6% in the same period last year.

## **NHS 111 performance**

- 4.6 The number of calls received by NHS 111 services in November 2015 was 1,160,300. This was an average of 38,677 calls per day, the highest daily average in 2015. This is an increase of around 7% on the 36,141 calls per day received in November 2014. 89.6% of the calls answered by NHS 111 services in November 2015 were answered within 60 seconds, which is slightly lower than the 90.6% in November 2014.

## **SRG (System Resilience Group) Assurance**

- 4.7 All systems completed comprehensive capacity returns for the Christmas/New Year holiday period, with additional assurance sought where gaps were identified. The systems focussed on ensuring there was capacity across acute, community, primary and social care settings to treat patients out of hospital and facilitate daily discharges, particularly during the Christmas and New Year period. Mitigating actions were put in place for identified capacity risks during this period.
- 4.8 The national and regional winter operations rooms (and associated processes) have been up and running since 7 December 2015, with the process formally being live since 14 December 2015. This has allowed the system to monitor all operational pressures more closely than ever before and ensure appropriate actions are being taken on those systems facing the greatest pressures and acted to provide support to these systems so that we have had no systems in long periods of escalation, unlike last year. On-call arrangements were put in place both in NHS England and NHS Improvement to ensure continued monitoring over bank holidays and weekends.
- 4.9 Data shows that overall, so far this winter the NHS has coped well, with bed occupancy generally slightly lower than last year, fewer beds closed due to D&V/norovirus and fewer trusts reporting serious operational issues. As expected in the first part of January, pressures have been building in some areas but these are being effectively contained and managed locally. NHS England, alongside NHS Improvement, continues to monitor the situation closely, and to provide support and intervention where necessary.
- 4.10 Planning has already commenced for the long Easter weekend and we plan to build on the work we undertook for the Christmas/New Year holiday in respect of out of hospital services.

## **Referral to Treatment (RTT) Waiting Times**

- 4.11 The latest data, for November 2015, shows that the Referral to Treatment (RTT) incomplete standard was met with 92.4% of patients waiting less than 18 weeks. The number of RTT patients waiting to start treatment at the end of November 2015 was just over 3.3 million.
- 4.12 The winter period has had an inevitable impact on elective care services and we are continuing to work in partnership with NHS Improvement to provide additional support to those providers that need it most. To enable trusts to treat waiting patients quicker, we are promoting the use of capacity that has been identified in other providers as well as providing administrative support.

- 4.13 We are also assuring recovery plans of those providers who are struggling to meet the RTT incomplete standard.

#### **Industrial action**

- 4.14 A total of 3,454 elective procedures scheduled for 12 January 2016 were postponed as a result of industrial action. This comprises 1,279 inpatient and 2,175 day case procedures. Nationally, 39% of the 26,000 junior doctors rostered to work that day reported for work. When consultants and other senior grades are included, 71% of the total medical workforce were at work on 12 January 2016.

#### **Cancer Waiting Times**

- 4.15 In the most recent reporting period (November 2015), the NHS delivered against all of the eight cancer waiting time measures for which operational standards have been set, with the exception of the 62 day standard. We continue to work with trusts who are not meeting the standards by assuring the delivery of recovery plans.
- 4.16 A cancer breach allocation summit was held in December 2015, attended by over 100 delegates from across England. Based on the learning from this event, a working group has been established to support the development of a breach allocation policy for implementation from April 2016.

#### **Improving Access to Psychological Therapies**

- 4.17 The NHS Mandate commits that at least 15% of people with common mental health disorders should be provided with timely access to treatment. This commitment was met in September 2015, with a rate of 15.1% being achieved. The rate of recovery was 45.8% in September 2015. NHS England is working on reducing variation in recovery rates with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates.

#### **Dementia**

- 4.18 The estimated diagnosis rate for people with dementia as at the end of November 2015 was 67.1%, an increase of 0.6% from October 2015. New prevalence calculations indicate that there were 418,580 patients of all ages on dementia registers within England at the end of November 2015. The November 2015 data is representative of 97% of practices, an increase of 0.6% on the October 2015 position. Data capture is expected to improve further in the coming months.

### **5.0 RECOMMENDATION**

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

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**Date:** January 2016

**Portfolio of priorities and programmes**

Priorities and constituent programmes	Latest reporting period	Latest delivery confidence RAG score	Change in RAG score from the previous reporting period
<b>(1) Cancer</b>	Dec-15	A	No change
<b>(2) Mental health</b>	Dec-15	A	↑
<b>(3) Learning disabilities</b>	Dec-15	A/R	No change
<b>(4) Diabetes</b>	Dec-15	A/R	No change
<b>(5) Urgent and emergency care</b>	Dec-15	A	No change
Out of Hospital Urgent Care	Dec-15	A/G	No change
<b>(6) Primary care</b>	Dec-15	A/R	↓
GP Workforce 10 Point Plan	Dec-15	A/G	No change
Primary Care Transformation Fund	Dec-15	A/R	↓
Seven Day GP Access	Dec-15	A	No change
Primary Care Co-Commissioning	Dec-15	A/G	No change
<b>(7) Elective care</b>	Dec-15	A	No change
<b>(8) Specialised care</b>	Dec-15	A	No change
<b>(9a) Whole system change</b>	Dec-15	A/G	No change
New Care Models	Dec-15	A/G	No change
Maternity Services Review	Dec-15	A/G	No change
Healthy New Towns	Dec-15	G	No change
Integrated Personalised Commissioning	Dec-15	A/G	No change
<b>(9b) Financial sustainability</b>	Dec-15	A	No change
Rightcare	Dec-15	A	No change
<b>(10a) Information revolution</b>	Dec-15	A	No change
Patient Online	Dec-15	A	No change
Open Data and Transparency	Dec-15	A	↓
Widening Digital Participation	Dec-15	A	No change
Choices Transformation (Online Channel)	Dec-15	A	No change
Digital Urgent and Emergency Care	Dec-15	A	↑
Care.Data	Dec-15	A/R	No change
<b>(10b) Capability and infrastructure</b>	Dec-15	A/G	No change
Improvement and Leadership	Dec-15	A	No change
Improving NHS England	Dec-15	A	No change
<b>(10c) Science and innovation</b>	Dec-15	A/R	No change
Genomics	Dec-15	A/R	No change
<b>(10d) Patient and public participation</b>	Dec-15	A/R	↓
NHS Citizen	Dec-15	A	↑
Personal Health Budgets	Dec-15	G	No change

## GMPP and IPMB programmes

GMPP and IPMB programmes	Latest reporting period	Latest delivery confidence RAG score	Change in RAG score from the previous reporting period
<b>GMPP</b>			
Proton Beam Therapy	Dec-15	A/G	No change
Liaison & Diversion (phase2)	Dec-15	A	No change
E Referrals & Telephone Appointment Line	Dec-15	A	No change
Electronic Transmission of Prescriptions	Dec-15	A	No change
GPSoc Replacement	Dec-15	A/G	No change
Summary Care Record	Dec-15	A/G	No change
<b>IPMB</b>			
Child Protection Information Sharing	Dec-15	A/R	No change
Health & Justice - Information Systems	Dec-15	A	No change
Child Health Digital Strategy	Dec-15	A	No change
GP2GP	Dec-15	A/G	No change
Code 4 Health	Dec-15	A/G	No change
Maternity & Children's Dataset	Dec-15	A	No change
Data Services for Commissioners	Dec-15	A	No change

Improvement in RAG	↑
Deterioration in RAG	↓





**NHS England Corporate Risk Register Summary - Part One as at 30 November 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
<b>NHS-wide (risk to 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	May-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
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	Mar-2016
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	Mar-2016
21	<b>Transforming Care</b> - risk that care is not transformed for people with learning disabilities.	Chief Nursing Officer	↔	AR	A	Dec-2016
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 Medical Director	↔	R	AR	Sep-2016
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	Mar-2016
24	<b>Cyber threats</b> - risk that NHS England is not adequately assured that commissioners and providers have appropriate safeguards in place in respect of data protection and cyber attack.	National Director Transformation and Corporate Operations	↔	AR	A	Sep-2016
27	<b>FYFV implementation</b> - risk that NHS England, working with the wider NHS coalition, does not fully implement the commitments made in the Five Year Forward View in time by 2020.	National Director Commissioning Strategy	↔	R	AR	Jul-2016

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 England</b>						
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	↔	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	Mar-2016
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
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
25	<b>Cancer drugs fund</b> - risk of challenge to the process and/or outcome of the CDF's reprioritisation exercise.	National Medical Director	↔	R	A	Jul-2016
26	<b>Litigation</b> - risk that number of disputes and litigation cases against NHS England increases significantly as the pace of financial and other decisions increases.	National Director Transformation and Corporate Operations	↔	R	A	Sep-2016

**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

Summary of Measures Relating to NHS Standards and Commitments

Indicator	Latest data period	Standard	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	Q2 2015/16	95%	96.8%	↓
IAPT access rate	Sep-15	15%	15.1%	↑
IAPT recovery rate	Sep-15	50%	45.8%	↑
Dementia diagnosis rate	Nov-15	66.6%	67.1%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Nov-15	93%	94.8%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Nov-15	93%	93.5%	↓
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Nov-15	96%	97.6%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Nov-15	94%	95.7%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Nov-15	98%	99.6%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Nov-15	94%	97.7%	no change
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Nov-15	90%	93.0%	↓
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Nov-15	85%	83.3%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Nov-15	Not set	90.2%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Nov-15	92%	92.4%	↑
Number of patients waiting more than 52 weeks from referral to treatment	Nov-15	0	834	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	Nov-15	99%	98.4%	↑
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Nov-15	95%	91.3%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Nov-15	75%	71.9%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Nov-15	75%	67.4%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Nov-15	95%	92.6%	↓
Mixed sex accommodation breaches	Nov-15	0	451	↓
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q2 2015/16	0%	5.9%	↑

