

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 in partnership with NHS Improvement to maintain or improve standards.

The Board is invited to:

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

Corporate and NHS Performance Report NHS England Board – 25 February 2016

INTRODUCTION

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.

DELIVERING THE NHS CONSTITUTION STANDARDS AND OTHER COMMITMENTS

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

Urgent and emergency care

A&E performance

3. The most recent data, for December 2015, shows 91.0% of patients attending A&E were either admitted transferred or discharged within 4 hours. This is an improvement on 89.9% in December 2014. There were 1,867,700 attendances at A&E in December 2015, 1.8% less than in December 2014. Attendances over the last twelve months have decreased by 0.2% on the preceding twelve-month period.
4. There were 487,600 emergency admissions in December 2015, 0.7% more than in December 2014. Emergency admissions over the last twelve months are up 1.7% on the preceding twelve-month period.

Delayed transfers of care

5. There were 154,060 total delayed days in December 2015, of which 65.2% were in acute care. This is an increase from December 2014 when there were 139,025 total delayed days, of which 65.3% were in acute care.

Ambulance performance

6. Of Category A Red 1 calls resulting in an emergency response, the proportion arriving within 8 minutes was 72.6% in December 2015 compared with 66.0% in December last year. Of Category A Red 2 calls resulting in an emergency response, the proportion arriving within 8 minutes was 67.2% in December 2015 compared with 61.0% in December 2014. Category A Ambulance response in 19 minutes was 92.5% in December 2015 compared with 90.1% in the same period last year.

NHS 111 performance

7. The number of calls received by NHS 111 services in December 2015 was 1,361,200, an average of 43,900 calls per day. 86.1% of the calls answered by NHS 111 services in December 2015 were answered within 60 seconds, which is higher than the 79.4% reported in December 2014.

8. NHS 111 is experiencing increased demand. In 2015, NHS 111 services handled just under 13.3 million calls, a 7.1% increase on the number of calls handled in 2014. Of the calls received in 2015, NHS 111 services offered treatment to around 2.1 million people who would have otherwise visited A&E, and a further 800,000 people who would have dialled 999 for an ambulance, reducing a significant amount of unnecessary pressure on our urgent care services.

SRG (System Resilience Group) Assurance

9. Following extensive planning for the winter period, particularly the holiday period, data shows that so far this winter the NHS has generally 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 January 2016, pressures built in some areas but these were largely contained and managed locally, with a small number of systems being escalated to ensure system-wide action was taken to manage pressures effectively. NHS England, alongside NHS Improvement, continues to monitor the situation closely, and to provide support and intervention where necessary.
10. Planning has already commenced for the long Easter weekend, based on the work undertaken for the Christmas and New Year period. We are also working with partners to develop an improvement plan for urgent and emergency care. The plan will include developing closer working between NHS 111 and out of hours' services, extending the work carried out in 2015/16 under the Emergency Care Improvement Programme, and ensuring alignment between Urgent and Emergency Care Network plans and other strategic plans.

Referral to Treatment (RTT) Waiting Times

11. The latest data for December 2015 shows that the Referral to Treatment (RTT) incomplete standard was not met with 91.8% of patients waiting less than 18 weeks. The number of RTT patients waiting to start treatment at the end of December 2015 was just under 3.3 million.
12. The winter period, coupled with industrial action, has had an inevitable impact on elective care services and subsequent performance against the RTT incomplete standard. Recovery plans have been received from trusts who are currently in breach of the standard. However, achieving the standard by the end of the financial year will be very challenging.
13. For the remainder of 2015/16 NHS England and NHS Improvement are proactively supporting trusts to reduce their backlog of waiting patients. The Elective Care Intensive Support Team is continuing to work with challenged providers, and we are strongly encouraging trusts to use the capacity that has been made available in the independent sector.
14. Looking ahead, we are also developing joint plans with NHS Improvement for 2016/17. This will ensure there is a system wide and co-ordinated approach that will enable the NHS to achieve the RTT incomplete standard on a sustainable basis.

Industrial action

15. Planned industrial action was carried out on 12th/13th January 2016 with junior doctors providing emergency care only. Full assurance was provided across the range of providers and the action passed without any significant reported issues. The planned second period of action was suspended to allow for further discussions at ACAS. Assurance of the NHS system was maintained and refreshed ahead of the most recent period of industrial action on 10th/11th February 2016 when junior doctors again provided emergency care only.
16. Oversight continues to be provided within NHS England under the Senior Responsible Officer (Professor Sir Bruce Keogh) and this oversight also informs the ongoing Cabinet Office Briefing Room (COBR) meetings.

Cancer Waiting Times

17. In the most recent reporting period (December 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 2 week wait standard for breast symptoms where cancer was not initially suspected. The 62 day standard has been met for this first time since April 2014 (85.1%). We continue to work with trusts who are not meeting the standard by assuring the delivery of their recovery plans.
18. Work is in progress to develop cancer breach allocation guidance. The aim is to support the development of local breach allocation policies where care of a cancer patient is shared between two or more providers. These policies should ensure that any cancer patient whose care is so shared should be transferred from the referring trust to the treating trust within 38 days of the referral from their GP. This guidance is aimed to be published by April 2016.

Improving Access to Psychological Therapies

19. An annualised IAPT access rate of 15% (14.9%) was achieved in Q2 2015/16, in line with the Mandate commitment of 15% which was achieved in the previous two quarters. In contrast, an annualised access rate of 16.0% was achieved in October 2015. The non-submission of data in September 2015 by one trust is thought to be a key contributor to the Q2 2015/16 position. Data submission and validation procedures are being strengthened to prevent a reoccurrence. The rate of recovery remains stable at 45.7% in October 2015. NHS England is working on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates.

Dementia

20. The estimated diagnosis rate for people with dementia as at the end of December 2015 was 67.2%, an increase of 0.1% from November 2015. New prevalence calculations indicate that there were 432,572 patients of all ages on dementia registers within England at the end of December 2015. The December 2015 data was from 96.7% of practices and data capture is expected to improve further in the coming months. NHS England has offered intensive support and recovery planning to all CCGs who require it, in order to reduce the variation in dementia diagnosis rates across the country.

RECOMMENDATION

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

Author: Richard Barker, Interim National Director: Commissioning Operations and Information

Date: February 2016

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	Q3 2015/16	95%	96.9%	↑
IAPT access rate	Oct-15	15%	16.0%	↑
IAPT recovery rate	Oct-15	50%	45.7%	↓
Dementia diagnosis rate	Dec-15	66.6%	67.2%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Dec-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)	Dec-15	93%	92.4%	↓
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Dec-15	96%	98.0%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Dec-15	94%	96.5%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Dec-15	98%	99.5%	no change
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Dec-15	94%	98.3%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Dec-15	90%	93.9%	↑
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Dec-15	85%	85.1%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Dec-15	Not set	90.5%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Dec-15	92%	91.8%	↓
Number of patients waiting more than 52 weeks from referral to treatment	Dec-15	0	755	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	Dec-15	99%	97.8%	↓
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Dec-15	95%	91.0%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Dec-15	75%	72.6%	↑
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Dec-15	75%	67.2%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Dec-15	95%	92.5%	↓
Mixed sex accommodation breaches	Dec-15	0	321	↑
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q2 2015/16	0%	5.9%	↑

Key: ↑ improvement in performance; ↓ deterioration in performance