Paper: PB.31.03.16/06

BOARD PAPER - NHS ENGLAND

Title: Corporate and NHS Performance Report
Lead Director: Karen Wheeler, National Director: Transformation and Corporate Operations Richard Barker, Interim National Director: Commissioning Operations
Purpose of Paper: 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. 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.
The Board is invited to: Note the contents of this report and receive assurance on NHS England's actions to support corporate and NHS performance.

Corporate and NHS Performance Report
NHS England Board – 31 March 2016

INTRODUCTION

1. This paper informs the Board of current performance and gives assurance on the actions being taken by NHS England and our national partners to maintain or improve standards.

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.

Part 1 – NHS ENGLAND'S PROGRAMMES AND CORPORATE RISKS

3. An overview of NHS England's performance on delivery against its portfolio of programmes and the corporate risk register is attached as Appendix A.

4. The corporate priorities are undertaking an assessment of delivery against their 2015/16 Business Plan deliverables in order to determine what has been completed and what work will continue into plans for 2016/17. The Delivery Assurance team is undertaking a 6-monthly stocktake of all programmes for presentation to Audit and Risk Assurance Committee (ARAC).

5. Following the business planning round, programme teams have begun the development of three year programme plans, a map of key enablers and interdependencies.

6. Additional detail on a number of the corporate priorities is as follows:

    - Learning disabilities – Delivery confidence reflects the challenge associated with the large scale of transformation required. The programme is projecting an 8-9% reduction in inpatient numbers by end of March. Local teams are working hard to drive performance, in parallel with work to close in-patient beds and create new community provision.

    - Diabetes prevention – the programme has completed the procurement and new service providers should be announced before the end of March. Demonstrator sites expect to refer 7,000 at risk people to the new programmes by end March, and to meet the goal of referring 10,000 people by end of Q1 2016/17.

    - Primary care – NHS England and the British Medical Association's General Practitioners Committee have reached agreement on changes to the GP contract in England to take effect from 1 April 2016. The new contract will see an investment of £220 million for 2016/17. This agreement is the start of a process for investment, support and reform in general practice which both sides are working together to deliver, with further developments to be announced soon.

- Child Protection Information Sharing (CP-IS) – Delivery confidence reflects delays in the schedule of Local Authority implementation of CP-IS. A recovery plan is being developed to address this.

Part 2 - NHS PERFORMANCE

7. 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

8. 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

9. Data for January 2016 shows that 88.7% of patients attending A&E were either admitted, transferred or discharged within 4 hours. There were 1,906,920 attendances at A&E in January 2016. Attendances over the last twelve months have increased by 0.6% on the preceding twelve-month period.

10. There were 485,000 emergency admissions in January 2016. Emergency admissions over the last twelve months are modestly up over the preceding twelve-month period.

11. The number of patients waiting more than twelve hours from decision to admit to admission in January 2016 was 158. This is a decrease of more than 75% on the number of patients waiting more than twelve hours in January 2015.

Delayed transfers of care

12. There were 159,089 total delayed days in January 2016, of which 65.1% were in acute care. This is an increase from January 2015 when there were 150,392 total delayed days, of which 68.6% were in acute care.

Ambulance performance

13. Of Category A calls resulting in an emergency response in January 2016, the proportion arriving within 8 minutes was 69.9% for Red 1 calls and 63.3% for Red 2 calls. 91.1% of Category A calls received an ambulance response within 19 minutes.

14. The number of Category A calls in January 2016 resulting in an ambulance arriving at the scene of the incident was 308,756, the highest figure since records began. The proportion of incidents managed without need for transport to an A&E department was the highest since April 2011 at 38.1%.

NHS 111 performance

15. The number of calls received by NHS 111 services in January 2016 was 1,366,000, higher than the 1,167,000 calls received in January 2015. 82.2% of the calls answered by NHS 111 services in January 2016 were answered within 60 seconds.

Preparations for Easter

16. Building on the work undertaken during the Christmas period, an intensive assurance and data collection exercise has taken place in respect of out of hospital service availability over the Easter holiday period. Further discussions are taking place with those systems where plans indicate potential risk. All SRGs are putting in place robust arrangements for walk-in centres, out of hours services, urgent care centres and other initiatives to provide services to patients over the bank holiday weekend to help meet the expected surge in activity that usually follows.

Referral to Treatment (RTT) Waiting Times

17. The data for January 2016 show a slight improvement, with the target (that 92.0% of patients waiting to start consultant-led elective treatment were waiting up to 18 weeks) essentially met. The number of patients waiting to start elective treatment at the end of January 2016 was just under 3.3 million. Of those reporting, 727 patients were waiting more than 52 weeks. During January 2016, 1,214,000 patients started consultant-led treatment.

18. Work is progressing with NHS Improvement to put in place joint oversight of elective care programmes to enable a co-ordinated approach to recovery of RTT performance in 2016/17.

Cancer Waiting Times

19. In January 2016, the NHS delivered against the cancer waiting time measures for which operational standards have been set, with the exception of the two-week wait standard for breast symptoms where cancer was not initially suspected and the 62 day standard from urgent GP referral to first definitive treatment. 81.0% of patients were given a first treatment within 62 days from an urgent GP referral for suspected cancer, against a standard of 85.0%. In conjunction with NHS Improvement we are supporting trusts that are not meeting cancer waiting times standards.

20. To encourage shorter waiting times where patients experience care in more than one provider, revised cancer breach allocation guidance has been developed and is due to be published at the end of March 2016.

Diagnostic waits

21. A total of 1,684,031 diagnostic tests were undertaken in January 2016, an increase of 7.7% from January 2015 when adjusted for working days. The number of tests conducted over the last twelve months is up 6.4% on the preceding twelve month period. 97.9% of patients waiting at the end of January 2016 had been waiting less than six weeks from referral for one of the 15 key diagnostic tests. We are working with NHS Improvement to develop plans to decrease the percentage of patients waiting more than six weeks for such tests.

Improving Access to Psychological Therapies

22. In November 2015, an annualised IAPT access rate of 16.5% was achieved which is above the Mandate commitment of 15%. This is an increase compared to the access rates noted in October 2015 (16.0%) and September 2015 (15.1%). The rate of recovery remained stable at 45.6% in November 2015. NHS England is working on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates.

Dementia

23. The estimated diagnosis rate for people with dementia as at the end of January 2016 was 67.2%. This is the third consecutive month that the NHS Mandate ambition for two-thirds of people living with dementia to receive a formal diagnosis has been met. Prevalence calculations indicate that there were 432,663 patients of all ages on dementia registers within England at the end of January 2016, an increase from the reported registers of 432,572 at the end of December 2015. 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.

Transforming Care

24. The total number of inpatients continues to reduce month on month. Most recent data shows that year to date 1,370 people have been admitted and transferred and 1,550 people have been discharged and transferred.

25. In addition, work continues to develop and assure plans from local Transforming Care Partnerships which aim to deliver the step-change in provision set out in *Building the Right Support,* supported by both transformational and capital funding to secure a significant change in the provision of care by 2018/19.

Industrial action

26. The BMA announced a further period of industrial action between 08:00 hrs on 9 March 2016 and 08:00 hrs on 11 March 2016 during which time junior doctors provided emergency care only. Assurance was sought from NHS providers prior to and during the period of industrial action. 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.

RECOMMENDATION

27. 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: **March 2016**

APPENDIX A

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
(1) Cancer	**Jan-16**	**A**	**No change**
(2) Mental health	**Jan-16**	**A**	**No change**
(3) Learning disabilities	**Jan-16**	**A/R**	**No change**
(4) Diabetes	**Jan-16**	**A/R**	**No change**
(5) Urgent and emergency care	**Jan-16**	**A**	**No change**
Out of Hospital Urgent Care	Jan-16	A/G	No change
(6) Primary care	**Jan-16**	**A/R**	**No change**
GP Workforce 10 Point Plan	Jan-16	A/G	No change
Primary Care Transformation Fund	Jan-16	A/R	No change
Seven Day GP Access	Jan-16	A	No change
Primary Care Co-Commissioning	Jan-16	A/G	No change
(7) Elective care	**Jan-16**	**A**	**No change**
(8) Specialised care	**Jan-16**	**A**	**No change**
(9a) Whole system change	**Jan-16**	**A/G**	**No change**
New Care Models	Jan-16	A/G	No change
Maternity Services Review	Jan-16	A/G	No change
Healthy New Towns	Jan-16	A	↓
Integrated Personalised Commissioning	Jan-16	A/G	No change
(9b) Financial sustainability	**Jan-16**	**A**	**No change**
Rightcare	Jan-16	A	No change
(10a) Information revolution	**Jan-16**	**A**	**No change**
Patient Online	Jan-16	A	No change
Open Data and Transparency	Jan-16	A	No change
Widening Digital Participation	Jan-16	A	No change
Choices Transformation (Online Channel)	Jan-16	A	No change
Digital Urgent and Emergency Care	Jan-16	A	No change
Care.Data	Jan-16	A/R	No change
(10b) Capability and infrastructure	**Jan-16**	**A/G**	**No change**
Improvement and Leadership	Jan-16	A	No change
Improving NHS England	Jan-16	A	No change
(10c) Science and innovation	**Jan-16**	**A/R**	**No change**
Genomics	Jan-16	A/R	No change
(10d) Patient and public participation	**Jan-16**	**A**	**No change**
NHS Citizen	Jan-16	A	No change
Personal Health Budgets	Jan-16	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
GMPP			
Proton Beam Therapy	Jan-16	A/G	No change
Liaison & Diversion (phase2)	Jan-16	A	No change
E Referrals & Telephone Appointment Line	Jan-16	A	No change
Electronic Transmission of Prescriptions	Jan-16	A	No change
GPSoC Replacement	Jan-16	A/G	No change
Summary Care Record	Jan-16	A/G	No change
IMPB			
Child Protection Information Sharing	Jan-16	A/R	No change
Health & Justice - Information Systems	Jan-16	A/R	↓
Child Health Digital Strategy	Jan-16	G	↑
GP2GP	Jan-16	A/G	No change
Code 4 Health	Jan-16	A/G	No change
Maternity & Children's Dataset	Jan-16	A	No change
Data Services for Commissioners	Jan-16	A	No change

Improvement in RAG	↑
Deterioration in RAG	↓

NHS England Corporate Risk Register summary

NHS England Corporate Risk Register Summary - Part One as at 23 February 2016

Risk Ref	Risk *High-level potential risks that are unlikely to be fully resolved and require ongoing control*	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
NHS-wide (risk to NHS England)						
1	**Major quality problems -** risk that there is a quality failure in services commissioned by NHS England.	National Medical Director / Chief Nursing Officer	↔	A	A	May-2016
3	**Finances -** risk that a lack of funding leads to NHS England not being able to secure high quality, comprehensive services within the financial envelope.	Chief Finance Officer	↔	AR	A	Dec-2016
5	**Relationship with patients and the public -** risk that patient voice and public participation is not embedded in everyday work.	National Director Transformation and Corporate Operations	↔	AR	A	TBC
7	**Urgent care** - risk that the NHS fails to deliver high quality urgent care services in line with patients' constitutional standard.	National Director Commissioning Operations	↔	R	AR	Apr-2016
12	**Data sharing -** risk that commissioners have inadequate access to the information they need for effective commissioning.	National Director Transformation and Corporate Operations	↔	AR	A	Jan-2017
21	**Transforming Care -** risk that care is not transformed for people with learning disabilities.	Chief Nursing Officer	↔	AR	A	Dec-2016
22	**The state of general practice -** risk that insufficient growth in capability and capacity of primary care to deliver quality of service.	National Medical Director	↔	R	AR	Sep-2016
23	**Devolution -** risk that governance, assurance, funding and legal systems do not keep pace with the devolution process.	Chief Finance Officer	↔	A	AG	Apr-2016
24	**Cyber threats -** 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	**FYFV implementation -** 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 *High-level potential risks that are unlikely to be fully resolved and require ongoing control*	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
NHS England						
9	**Specialised services -** risk that the full range of specialised services is not delivered in line with appropriate quality standards and within the resources available.	Director of Specialist Commissioning	↔	AR	A	Mar-2016
11	**Commissioning support services -** risk of service fragmentation leading to system destabilisation as the result of CSU failure and/or moving services to different providers.	National Director Transformation and Corporate Operations	↔	R	AR	Dec-2016
14	**Organisational capability and capacity -** risk that changes impact capacity and capability to deliver our commitments effectively.	National Director Transformation and Corporate Operations	↔	AR	A	Apr-2016
16	**Operational Information for managing performance -** risk that inadequate information is available to manage performance effectively.	Chief Financial Officer	↔	A	G	Jun-2018
25	**Cancer drugs fund** - risk of challenge to the process and/or outcome of the CDF's reprioritisation exercise.	National Medical Director	↔	R	A	Jul-2016
26	**Litigation** - 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

APPENDIX B

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	Nov-15	15%	16.5%	↑
IAPT recovery rate	Nov-15	50%	45.6%	↓
Dementia diagnosis rate	Jan-16	66.6%	67.2%	**No change**
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Jan-16	93%	93.6%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Jan-16	93%	92.4%	**No change**
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Jan-16	96%	96.9%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Jan-16	94%	94.5%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Jan-16	98%	98.5%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Jan-16	94%	96.0%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Jan-16	90%	92.6%	↓
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Jan-16	85%	81.0%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Jan-16	Not set	88.2%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Jan-16	92%	92.0%*	↑
Number of patients waiting more than 52 weeks from referral to treatment	Jan-16	0	727	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	Jan-16	99%	97.9%	↑
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Jan-16	95%	88.7%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Jan-16	75%	69.9%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Jan-16	75%	63.3%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Jan-16	95%	91.1%	↓
Mixed sex accommodation breaches	Jan-16	0	563	↓
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q3 2015/16	0%	6.0%	↓

*91.995% to 3 decimal places