

BOARD PAPER - NHS ENGLAND

<p>Title:</p> <p>Corporate and NHS Performance Report</p>
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<p>Purpose of Paper:</p> <p>To inform the Board of progress against corporate programmes.</p> <p>To provide the Board with a summary of NHS performance and give assurance on the actions being taken by NHS England and partners to maintain or improve standards.</p>
<p>The Board is invited to:</p> <p>Note the contents of this report and receive assurance on NHS England's actions to support corporate and NHS performance.</p>

Corporate and NHS Performance Report

NHS England Board – 26 May 2016

INTRODUCTION

1. This paper informs the Board of current performance and describes 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. The second part considers the performance of the NHS against the NHS Constitution standards and other commitments.

Part 1 – NHS ENGLAND'S PROGRAMMES

3. Year-end stocktakes were undertaken on NHS England's corporate priority programmes to assess whether programmes completed their 2015/16 deliverables and to provide an overview of programmes' delivery planning for 2016/17.
4. Significant work is underway within the corporate priority programmes with most deliverables successfully achieved at the end of 2015/16. Several themes for development were identified and are being addressed:
 - Different programmes are at different stages of development, and deliverables for 2016/17 will reflect this. The majority of programmes have planned well for 2016/17, and further work is being undertaken to develop more detailed plans across a 3 year timeframe.
 - There are significant challenges to delivery in 2016/17, some of which are outside of the programmes' direct control. Close working and understanding of shared accountabilities between both NHS England's national and regional teams and across ALB partners is paramount to successful delivery.
 - The successful work in 2015/16 to set up robust governance structures and processes for corporate priority programmes, and to improve NHS England's corporate functions to support them, will be continued and further developed this year.
5. Some key actions from individual stocktakes are set out below.
 - Learning Disabilities – Delivery confidence reflects the challenge associated with the large scale of transformation required. Local teams are working hard to create high quality new community provision in order to close further in-patient beds.
 - Mental Health – A new National Implementation Director, Claire Murdoch, has been appointed to oversee cross-organisational implementation of the taskforce report published in March 2016. Considerable work with partners is being undertaken to improve performance against the new access and waiting time standards for Early Intervention in Psychosis (EIP).

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

- Child Protection Information Sharing (CP-IS) – Delivery confidence reflects delays in the schedule of Local Authority implementation of CP-IS. A recovery plan has been developed to address this.
- Care.data – The publication of the National Data Guardian review by the Department of Health is awaited.

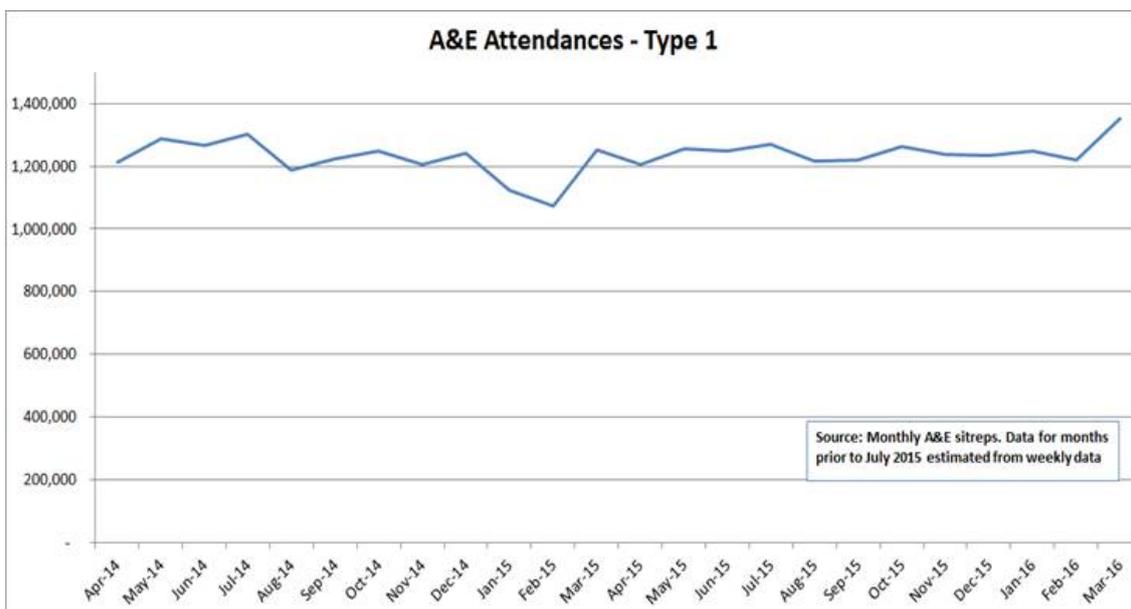
Part 2 - NHS PERFORMANCE

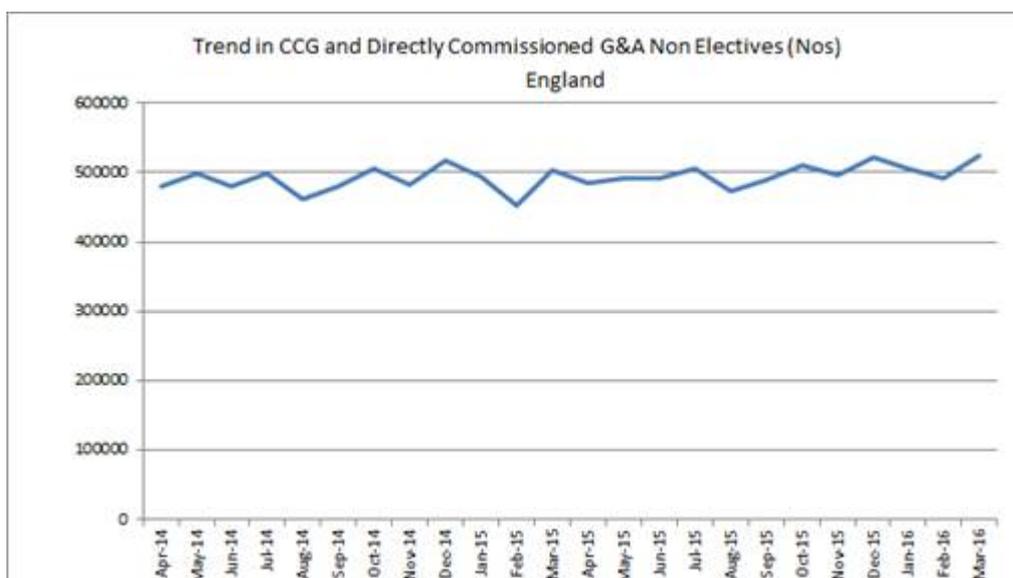
7. In its commissioning oversight role, NHS England continues to work with clinical commissioning groups (CCGs) and NHS Improvement to improve the delivery of services and their associated access and performance standards. This report provides the Board with a summary of NHS performance during 2015/16 together with an overview of the most recent performance data. The report also highlights the actions we have taken with our partners to ensure delivery of key standards and measures. 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

8. During 2015/16, 91.9% of patients attending A&E were either admitted, transferred or discharged within 4 hours. Almost 23 million patients attended A&E in 2015/16, an increase of 2.3% on the level of attendances in 2014/15. Non-elective admissions over the past twelve months are up 2% on the preceding twelve-month period. The activity trends over the last two years for A&E attendances and admissions are shown below.
9. Data for March 2016 shows that 87.3% of the 2,088,700 patients attending A&E were either admitted, transferred or discharged within 4 hours.





Delayed transfers of care

10. There were 169,900 total delayed days in March 2016, of which 61.2% were attributable to the NHS, 32.2% were attributable to social care and 6.6% attributable to both sectors. This is an increase from March 2015 when there were 140,400 total delayed days, of which 65.2% were attributable to the NHS, 26.9% were attributable to social care and 7.9% attributable to both sectors.
11. Looking at the annual position, there were 1,809,900 delayed days in 2015/16, an increase of 11.4% on the number of delayed days in 2014/15. Comparing the twelve months to March 2016 with the equivalent period in the previous year, the number of delayed days attributable to the NHS has remained at similar levels.

Ambulance performance

12. During 2015/16, the proportion of Category A Red 1 calls resulting in an emergency response within 8 minutes was 72.5%, with performance for Category A Red 2 calls at 67.2%. During the year, 92.6% of Category A calls were responded to within 19 minutes of a request for a fully equipped ambulance to transfer the patient. More than nine million calls were handled by our ambulance services during 2015/16, an increase of 4.5% on the previous year.
13. As referred to in previous reports, the Dispatch on Disposition pilots that started in February 2015 mean that national performance for emergency responses within 8 minutes to Red 2 calls and for fully-equipped ambulance vehicle responses within 19 minutes to all Category A calls (Red 1 and Red 2) are not directly comparable to previous months' data.
14. Of Category A calls resulting in an emergency response in March 2016, the proportion arriving within 8 minutes was 66.5% for Red 1 calls and 58.0% for Red 2 calls. 88.0% of Category A calls received an ambulance response within 19 minutes.
15. In March 2016, the number of Category A calls resulting in an ambulance arriving at the scene of the incident (320,000) and the number of emergency calls receiving a

face-to-face assessment from the ambulance service (594,900) were both the highest since records began. There were more than 861,000 emergency phone calls handled in March 2016 which equates to a daily average of 27,800, significantly higher than the 22,400 calls a day handled in March 2015.

NHS 111 performance

16. For the year ending 31 March 2016, NHS 111 services received over 14 million calls, an increase of almost 9% on the number of calls received in the previous year.
17. The number of calls received by NHS 111 services in March 2016 was the highest since the service began, at 1,515,000. This is a 33.1% increase on the number of received in March 2015. 70.7% of the calls answered by NHS 111 services in March 2016 were answered within 60 seconds. Of the calls triaged by NHS 111 in March 2016, just 11.2% led to an ambulance being dispatched and just 7.8% were recommended to attend A&E.

A&E improvement plan

18. NHS Improvement, with our support, is developing a plan to support recovery of A&E performance in 2016/17. The plan focuses on ensuring that all health systems adopt a standard approach to urgent and emergency care best practice as set out in the NHS England report on transforming urgent and emergency care services: *Safer, Faster, Better*, and implement a small number of key improvement interventions. This plan is being produced in the context of the wider reform of urgent and emergency care being facilitated through the Sustainability and Transformation planning process, and its implementation will be led by Pauline Philip.

Referral to Treatment (RTT) Waiting Times

19. At the end of March 2016, 91.5% of RTT patients were waiting up to 18 weeks to start treatment. The number of patients waiting to start elective treatment at the end of the month was just over 3.5 million. Of these, 865 patients were waiting more than 52 weeks for treatment. Two large trusts that were previously unable to submit data have recommenced reporting this month; this accounts for some of the increase in the waiting list figures. During March 2016, 1,251,300 patients began consultant-led treatment. The number of patients beginning consultant-led treatment in 2015/16 was up 4.2% on the previous year.
20. We have put in place joint oversight of elective care programmes with NHS Improvement that will enable a co-ordinated system approach to recovery of RTT performance in 2016/17.

Cancer waiting times

21. The NHS is helping more people survive cancer than ever before. There were 155,200 urgent referrals for suspected cancer in March 2016, compared with 150,100 in March 2015, an increase of 3.4%. During 2015/16, 1,714,000 patients were seen by the NHS with suspected cancer, compared with 1,545,400 patients in 2014/15.
22. In March 2016, the NHS delivered against the cancer waiting time measures for which operational standards have been set, with the exception of the 62 day standard from urgent GP referral to first definitive treatment. In March 2016, 84.0% of patients were

given a first treatment within 62 days from an urgent GP referral for suspected cancer, against a standard of 85%. For 2015/16, 82.4% patients received treatment within 62 days.

23. NHS England has recently published a new wide-ranging plan which takes forward the five-year cancer strategy of the Independent Cancer Taskforce. This plan will increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond cancer. From 2020, all patients with suspected cancer will be given a definitive diagnosis or the all clear within 28 days of being urgently referred by a GP.

Diagnostic waits

24. A total of 1,724,900 diagnostic tests were undertaken in March 2016, an increase of 5.9% from March 2015. The number of tests conducted over the last twelve months is up 6.1% on the preceding twelve-month period. 97.3% of patients waiting at the end of March 2016 had been waiting less than six weeks from referral for one of the 15 key diagnostic tests.

Improving Access to Psychological Therapies

25. The NHS Mandate commits that at least 15% of adults with relevant disorders will have timely access to psychological therapies. In January 2016, an annualised IAPT access rate of 16.6% was achieved, demonstrating an increase when compared to performance in December 2015 (14.1%) and November 2015 (16.5%). The rate of recovery, despite falling short of the 50% ambition, has begun to show improvement, increasing to 47.9% in January 2016. This is the highest monthly recovery rate since February 2015. NHS England continues to work on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates.
26. IAPT waiting time standards have continued to be met and surpassed in 2015/16. In January 2016, 84.3% of people completing a course of treatment entered such treatment within 6 weeks, against a standard of 75%. 96.4% of people completing treatment began this treatment within 18 weeks, against a standard of 95%.

Dementia

27. The estimated diagnosis rate for people with dementia as at the end of March 2016 was 67.5%. The NHS Mandate ambition for two-thirds of people living with dementia to receive a formal diagnosis has been met since November 2015. The dementia diagnosis rate is calculated for people aged 65 and over only. The number of people in this age group estimated to be on dementia registers at the end of March 2016 was 421,700. Prevalence calculations indicate that there were 435,200 patients of all ages on dementia registers within England at the end of March 2016, an increase from the reported registers of 433,900 at the end of February 2016.
28. The national dementia diagnosis rate continues to steadily increase, at an average rate of 0.1% per month. A specific operational focus on the group of CCGs currently not achieving the NHS Mandate ambition is resulting in improvement in diagnosis rates and provides confidence that the national diagnosis rate ambition will be sustained and further improved through 2016/17.

Transforming Care

29. The total number of inpatients continues to reduce month on month. Most recent data shows that in 2015/16 1,720 people were admitted and transferred and 1,900 people were discharged and transferred. Work is continuing 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.

RECOMMENDATION

30. 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: May 2016

APPENDIX A

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	Q4 2015/16	95%	97.2%	↑
IAPT access rate	Jan-16	15%	16.6%	↑
IAPT recovery rate	Jan-16	50%	47.9%	↑
Dementia diagnosis rate	Mar-16	66.6%	67.5%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Mar-16	93%	94.9%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Mar-16	93%	93.7%	↓
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Mar-16	96%	97.7%	no change
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Mar-16	94%	95.4%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Mar-16	98%	99.5%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Mar-16	94%	97.8%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Mar-16	90%	92.8%	↑
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Mar-16	85%	84.0%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Mar-16	Not set	90.1%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Mar-16	92%	91.5%	↓
Number of patients waiting more than 52 weeks from referral to treatment	Mar-16	0	865	↓
Patients waiting less than 6 weeks from referral for a diagnostic test	Mar-16	99%	98.3%	↓
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Mar-16	95%	87.3%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Mar-16	75%	66.5%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Mar-16	75%	58.0%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Mar-16	95%	88.0%	↓
Mixed sex accommodation breaches	Mar-16	0	744	↓
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q3 2015/16	0%	6.0%	↓