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# NHS ENGLAND – BOARD PAPER

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

# NHS England corporate and NHS performance report

## Introduction

1. This paper informs the Board of current performance and describes actions being taken by NHS England and our national partners to recover, sustain 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. A key focus for the second quarter of 2016/17 has been determining how the priority programmes will manage delivery between national teams, regional teams, with ALB partners and through sustainability and transformation plans (STPs). Mid-year stocktakes are being undertaken across the priorities to ensure that these delivery mechanisms are being put in place and that programme management controls are robust.

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

    - **Learning disabilities** – Following the acquisition by Mersey Care NHS Foundation Trust of Calderstones Partnership NHS Foundation Trust, the integration of the two trusts is now underway. A public consultation on the approach will be launched shortly. Local delivery teams across the country have further developed their plans over the summer to create more high quality community provision in order to move towards the target reduction of beds.
    - **Primary care** –Implementation of the General Practice Forward View is now underway. Since its publication, work has included agreeing proposals with the Department of Health on initial actions to protect GPs from the rising costs of indemnity and the launch of the £40 million practice resilience programme. We have made changes to the retained doctors' scheme, increasing financial incentives to support GPs who might otherwise leave the profession to remain in clinical general practice and launched the £30 million national development programme.
    - **Urgent and emergency care** –Work has progressed over the summer to accelerate and assure the roll out of Integrated Urgent Care. This includes exploring opportunities to further roll out innovative approaches being piloted as quickly as possible, and to quantify and monitor the impact of delivering Integrated Urgent Care on other parts of the system.
    - **Financial sustainability** – Metrics continue to be refined through which programmes will monitor progress against delivery of savings until they can be seen in reported financial figures. Focus over the autumn will be on working with NHS Improvement to support systems in their planning for and delivery of these savings, which will be higher next year compared to this year. RightCare delivery partners have been established over the summer to support Clinical Commissioning Groups (CCGs) in reducing variation to commission more effectively and focus is now on expansion to support the second wave of the programme from December.

- **Information technology** – Work is underway to bring the 2020 information strategy to life. Twelve hospitals have been identified to become exemplar organisations and in excess of £100m investment has been committed.

5. The following areas are also brought to the Board's attention:

- **Urgent care** – Part 2 of this report sets out continued challenges in meeting A&E constitutional standards and the development of a joint A&E improvement plan.
- **The state of general practice** – Work is underway to support Health Education England to grow and develop the out-of-hospital workforce, to secure an extra 10,000 staff in this area by 2020 and implementation of plans to support general practice.
- **Five Year Forward View (FYFV) Implementation** – Development of local health system delivery plans through 44 sustainability and transformation plans (STPs), with detailed plans being developed for the end of October 2016.
- **Primary care support services** - After a stable first few months, Capita introduced the first stage of its plans to streamline and modernise PCS services. These suffered significant problems. While progress has been made to recover the initial problems with medical records and supplies, and it appeared that steady progress was being made to recover all service issues, what has emerged over the summer are signs that the Capita team was not adequately managing service performance. Urgent recovery action is in place and Capita are being held to account via daily oversight reviews.

## Part 2 – NHS Performance

6. In its commissioning oversight role, NHS England continues to work with 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 the most recent NHS 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 B of this report.

### Urgent and emergency care

A&E performance

7. Data for July 2016 shows that 90.3% of the 2,076,000 patients attending A&E were either admitted, transferred or discharged within 4 hours. Attendances over the last twelve months have increased by 4.1% on the preceding twelve-month period.

8. There were 490,000 emergency admissions in July 2016. Emergency admissions over the last twelve months are up 3.8% on the preceding twelve-month period.

Delayed transfers of care

9. There were 184,200 total delayed days in July 2016, of which 123,800 were in acute care. This is an increase from July 2015, where there were 147,400 total delayed days, of which 95,300 were in acute care. The 184,200 delayed days this month is the highest figure since monthly data was first collected in August 2010.

Ambulance response times

10. Of Category A calls resulting in an emergency response in July 2016, the proportion arriving within 8 minutes was 67.6% for Red 1 calls and 60.3% for Red 2 calls. 89.5% of Category A calls received an ambulance response within 19 minutes. It should be noted that data on Category A calls is only available for 8 of the 11 Ambulance Trusts. South Western Ambulance Service (SWAS), Yorkshire Ambulance (YAS) service and West Midlands Ambulance Service (WMAS) are participating in the ARP Clinical Coding trial. This means that Category A performance, whilst still reported, is only available for 8 of 11 ambulance services and is no longer comparable with previous months

11. There were more than 853,493 emergency phone calls handled in July 2016, an average of around 27,500 calls per day. This is higher than the average 25,000 calls per day handled in July 2015, an increase of 9.0%.

NHS 111 performance

12. There were 1,238,972 calls offered to the NHS 111 service in England in July 2016, a 21.9% increase on the 1,016,249 in July 2015. The number of calls answered by the service was 1,141,770 in July 2016 a 17.3% increase on answered calls in July 2015. 88.1% of the calls answered by NHS 111 services were answered within 60 seconds. Of the calls triaged by NHS 111 in July 2016, 13% had ambulances dispatched and 9% were recommended to A&E.

A&E improvement plan

13. Together with NHS Improvement, we have mobilised 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.* At local level, all systems are asked to implement five mandated initiatives to improve performance:

    - Introduce primary and ambulatory care screening in the Emergency Department.
    - Increase the proportion of NHS 111 calls handled by clinicians.
    - Implement the Ambulance Response Programme (Dispatch on Disposition and Clinical Coding changes).
    - Implement SAFER and other measures to improve in-hospital flow.
    - Implement discharge best practice to reduce DToCs (Discharge to Assess, Trusted Assessor etc).

14. Regions have set up A&E Delivery Boards comprised of NHS England and NHS Improvement teams to support delivery, manage high risk systems, report progress, and deploy improvement support. These boards are aligned with the work underway on the Urgent and Emergency Care Review, and include regional primary care and NHS 111 leads. Nationally, a number of workstreams are being progressed, mainly about putting in place robust winter resilience planning, including escalation and bank holiday planning.

15. All System Resilience Groups (SRGs) have now reformed themselves into executive led Local A&E Delivery Boards, which will be more effective at implementing improvement initiatives at pace. Additionally, all Local A&E Delivery Boards are currently progressing the 5 mandated improvement initiatives which are a key part of the plan. A baseline assessment gauged early progress on this in the first half of September.

16. All Local A&E Delivery Boards are currently developing combined plans which set out:

- How they will achieve sustainable improvements for patients receiving urgent care and recovery their improvement trajectories
- Robust plans for winter preparations

17. Assurance of combined improvement/winter plans will be conducted through October. Specific winter preparation assurance will be done with all Local A&E Delivery Boards through November and December.

**Referral to treatment (RTT) waiting times**

18. At the end of July 2016, 91.3% 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 under 3.9 million. Of these, 1,076 patients were waiting more than 52 weeks for treatment. During July 2016, 1,237,737 patients began consultant-led treatment.

19. NHS England and NHS Improvement joint regional teams are supporting commissioners and providers to help recover RTT performance in 2016/17 in line with the Sustainability and Transformation Fund improvement trajectories that organisations have committed to.

20. This support is focussing activity on appropriately managing the increasing demand for elective care services, ensuring the NHS makes full use of available capacity across the country and providing intensive support to those organisations that need it most.

**Cancer waiting times**

21. In July 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 (performance of 82.2% against a standard of 85%) and the 2 week referral standard for patients with breast symptoms where cancer was not initially suspected (performance of 92.1% against a standard of 93%).

22. NHS England has recently published a new wide-ranging plan which takes forward the five-year cancer strategy of the Independent Cancer Taskforce. Work is in progress at four pilot sites to test and define cancer 28 day faster diagnosis standard, a fifth site is currently being identified. A £12 million cancer diagnostic capacity fund is also being allocated to selected providers which will demonstrate measureable outcomes to improve diagnostic capacity. The final announcement for the successful bids will be made after the investment committee meeting in September.

**Diagnostic waits**

23. A total of 1,753,221 diagnostic tests were undertaken in July 2016, an increase of 8.2% from July 2015 (adjusted for working days). The number of tests conducted over the last twelve months is up 6.1% (adjusted for working days) on the preceding twelve month period. 98.6% of patients waiting at the end of July 2016 had been waiting less than six weeks from referral for one of the 15 key diagnostic tests.

## Improving Access to Psychological Therapies (IAPT)

24. The NHS Mandate commits that at least 15% of adults with common mental health disorders will have timely access to psychological therapies. In May 2016, an annualised IAPT access rate of 15.4% was achieved.

25. The rate of recovery has continued to show improvement. In May 2016 the rate was 48.9%. NHS England continues to work on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates. In May the recovery rate was met by 108 (52%) of CCGs.

26. IAPT waiting time standards have been met since January 2015. In May 2016, 84.3% of people completing a course of treatment entered such treatment within 6 weeks, against a standard of 75%. The percentage of people completing treatment that began this treatment within 18 weeks was 97.2%, against a standard of 95%.

## Dementia

27. In July 2016 the diagnosis rate ambition of 66.7% of people living with dementia receiving a formal diagnosis, was achieved at 66.9%. This is an increase on the diagnoses rates achieved in June 2016 of 66.6% and in May 2016 of 66.2%. This ambition had been met and sustained nationally since November 2015. The dip below the two-thirds ambition can be accounted for by the annual change, which occurred in April 2016, in the estimate of dementia prevalence which is recalculated each financial year, to take account of demographic changes.

28. The dementia diagnosis rate is calculated for people aged 65 and over, for whom the current estimate on dementia registers is at 427,809, an increase of 2,253 people compared to June 2016.

29. The number of people of all ages estimated to be on the dementia registers at end of July is 441,642, which is an increase of 2, 367 from the end of June 2016.

## Early Intervention in Psychosis

30. Performance against the referral to treatment (RTT) element of the standard from the UNIFY collection published on Unify shows 74.6% of people started treatment within 2 weeks in July 2016. Nationally the median waiting time was 1.32 weeks.

31. Delivery of the 2 week RTT requirement will ultimately be measured through the HSCIC's patient-level mental health services dataset (MHSDS).

32. The second component of the EIP standard is that people should receive care in line with NICE recommendations. These NICE recommended interventions have been acknowledged as the more complex component to measure and an approach is being developed, in parallel to workforce development.

## Transforming Care

33. The total number of inpatients continues to reduce month on month and is now 2,520. Most recent data shows that in 2015/16 1,905 people were admitted and 2,060 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

34. 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.

**APPENDIX A**

## Summary of priority programme RAG ratings

| Priorities and constituent programmes | Latest reporting period | Latest delivery confidence RAG score |
|---|---|---|
| **(1) Cancer** | **Aug-16** | **A** |
| **(2) Mental health** | **Aug-16** | **A/G** |
| **(3) Learning disabilities** | **Aug-16** | **A/R** |
| **(4) Diabetes** | **Aug-16** | **A/G** |
| **(5) Primary care** | **Aug-16** | **A** |
| **(6) Urgent and emergency care** | **Aug-16** | **A/R** |
| **(7) Elective care** | **Aug-16** | **A** |
| Maternity transformation | Aug-16 | A |
| **(8) Specialised care** | **Aug-16** | **A/G** |
| **(9) Commissioning development (inc. Personalisation & choice)** | **Aug-16** | **A** |
| New Care Models | Aug-16 | **A** |
| **(10a) Financial sustainability & efficiency** | **Aug-16** | **A** |
| Right care | Aug-16 | A |
| **(10b) Science & innovation** | **Aug-16** | **A/R** |
| **(10c) Patients & the public** | **Aug-16** | **A/R** |
| Self-care | Aug-16 | A/R |
| **(10d) Information and technology** | **Aug-16** | **A** |
| **(10e) Capability & infrastructure** | **Aug-16** | **A** |

# NHS England Corporate Risk Register summary

## NHS England Corporate Risk Register Summary - Part One for August 2016

| Risk Ref | Risk<br>*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 | Apr-2017 |
| 3 | **Finances -** risk that NHS England is unable to secure high quality, comprehensive services within its 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. | Chief Nursing Officer | ↔ | AR | A | Mar-2017 |
| 7 | **Urgent care** - risk that NHS England has not planned or acted effectively to support delivery of high quality urgent care services in line with patients' NHS constitutional standard. | National Director Operations & Information | ↔ | R | AR | Mar-2017 |
| 12 | **Data sharing -** risk that commissioners have inadequate access to the information they need for effective commissioning. | National Director Transformation and Corporate Operations/National Director Operations & Information | ↔ | AR | A | Sep-2016 |
| 21 | **Transforming Care -** risk that NHS England is unable to deliver and/or is unable to demonstrate delivery of all business plan commitments to transform care for people with learning disabilities. | Chief Nursing Officer | ↔ | AR | A | Mar-2017 |
| 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 | Apr-2017 |
| 23 | **Devolution -** risk to NHS England's operating model and workforce, general capability and capacity, assurance of functions and operational processes to support policy and local devolution initiatives. | Chief Finance Officer | ↔ | A | AG | Oct-2016 |
| 24 | **Cyber threats -** risk that some commissioners and providers do not have appropriate safeguards in place to protect information from cyber attack and other information security threats. | 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 | A | Aug-2016 |

| Risk Ref | Risk<br>*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 we are unable to deliver the full range of specialised services in line with appropriate quality standards within the resources available. | Director Specialised Commissioning | ↔ | AR | A | Mar-2017 |
| 11 | **Commissioning support services -** risks of disruption to service and unfunded costs associated with transition caused by CCGs procuring and transitioning services through LPF | National Director Transformation and Corporate Operations | ↑ | AR | AR | Mar-2017 |
| 14 | **Organisation ability to deliver commitments and priorities -** risk of supporting so many initiatives and programmes to deliver sustainable system change. | National Director Transformation and Corporate Operations | ↔ | AR | A | Dec-2016 |
| 25 | **Cancer drugs fund** - risk of challenge to the process and/or outcome of the CDF's reprioritisation exercise. | Director Specialised Commissioning | ↑ | A | A | Jul-2016 |
| 28 | **Primary Care Services -** Capita have failed to deliver key aspects of operational service in support of primary care users, putting primary care service and patients at risk. | National Director Transformation and Corporate Operations | N/A | R | TBC | Mar-2017 |

**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 | Q4 2015/16 | 95% | 97.2% | ↑ |
| IAPT access rate | May-16 | 15% | 15.4% | ↓ |
| IAPT recovery rate | May-16 | 50% | 48.9% | ↑ |
| People referred to the IAPT will be treated within 6 weeks of referral | May-16 | 75% | 84.3% | ↓ |
| People referred to the IAPT will be treated within 18 weeks of referral | May-16 | 95% | 97.2% | ↑ |
| Dementia diagnosis rate | July-16 | 66.6% | 66.9% | ↑ |
| People experiencing a first episode of psychosis will be treated within two weeks of referral | July-16 | 50% | 74.6% | |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP | July-16 | 93% | 94.4 % | ↑ |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) | July-16 | 93% | 92.2% | ↑ |
| Maximum 31-day wait from diagnosis to first definitive treatment for all cancers | July-16 | 96% | 97.7% | ↑ |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery | July-16 | 94% | 96.0% | ↓ |
| Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen | July-16 | 98% | 99.4% | - |
| Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy | July-16 | 94% | 97.3% | ↓ |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers | July-16 | 90% | 90.8% | ↓ |
| Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer | July-16 | 85% | 82.1% | ↓ |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | July-16 | Not set | 88.6% | ↓ |
| Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral | July-16 | 92% | 91.3% | ↓ |
| Number of patients waiting more than 52 weeks from referral to treatment | July-16 | 0 | 1,076 | ↑ |
| Patients waiting less than 6 weeks from referral for a diagnostic test | July-16 | 99% | 98.6% | ↑ |
| Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department | July-16 | 95% | 90.3% | ↓ |
| Category A calls resulting in an emergency response arriving within 8 minutes (Red 1) | July-16 | 75% | 67.6% | ↓ |
| Category A calls resulting in an emergency response arriving within 8 minutes (Red 2) | July-16 | 75% | 60.3% | ↓ |
| Category A calls resulting in an ambulance arriving at the scene within 19 minutes | July-16 | 95% | 89.5% | ↓ |
| Mixed sex accommodation breaches | July-16 | 0 | 446 | ↓ |
| Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days | Q1 2016/17 | 0% | 8.4% | ↓ |