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Title:

Corporate and NHS Performance Report

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Purpose of Paper:

To inform the Board of progress against corporate programmes.

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.

Key Points:

December 2016 figures pulished this morning show**:**

- GPs are acting to moderate demand, with the working day adjusted three-month elective referral growth of just 1.5% being the lowest growth for a number of years. The elective referral growth rate has fallen by over two-thirds year to date compared with last year (2.4% YTD versus 4.2% last year).
- Elective activity is accelerating as the year progresses. Elective volumes in the Q3 period October to December 2016 were higher than in Q1 April to June 2016.
- A&E performance continues to be highly pressurised. Emergency medical admissions were up 2.1% in December 2016 compared with December 2015. Social care related delayed discharges are up 90% over the past two years.

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

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. Following agreement of programme and transformation funding allocations by the NHS England Board in December, national priority programmes are continuing to develop their business plan outcomes and deliverables. Work is well underway on drafting the published NHS England business plan document for approval by the end of March.

4. The national priority programmes are refining their approach for working with NHS England's regional teams to deliver transformation at a local level. The focus will be on supporting locally developed Sustainability and Transformation Plans (STPs) through the regional teams. NHS England's executive team are developing the necessary transformational plans to support this new model, and ensure that the capabilities and capacity required within NHS England are put in place to achieve this.

5. Additional detail is as follows:
    - **Learning disabilities** – The 12 week public consultation process relating to moving patients off the Mersey Care Whalley site (Calderstones) is underway and will close at the end of February. Good progress has been made on getting clarity on what needs to happen on the reduction of in-patient beds and creation of community provision and work is progressing through NHS England's regional teams to address the challenges.
    - **Science and innovation** – Within the 100,000 Genomes programme enrolment of DNA samples for rare diseases has increased as has those for cancer, though there is recognition that there remain challenges on the latter. Interventions to address performance have been implemented and additional investment and support to Genomics Medical Centres is being made available.
    - **Information technology** – The new Digital Delivery Board (DDB) has been established under the chairpersonship of Keith McNeil Chief Clinical Information Officer for Health and Social Care. The DDB has representation from NHS England (NHS E), NHS Digital (NHS D), the Department of Health (DH) and the Treasury.

      Specific programmes are now advancing rapidly with progress around consumer engagement through NHS.uk and apps; the allocation of £150million to the fifteen leading acute IT hospitals to create global digital exemplars; the commencement of a process to identify exemplars for investment in mental health; and work commencing to create a digital academy to raise information competencies across the NHS.

Between now and the end of the year, we will make further progress in aligning the IT strategy with the Five Year Forward View and the STP priorities and advance work to support urgent and emergency care, elective care, primary care and health service integration.

- **Primary Care Support services (PCS)**
  The programme has reviewed and agreed Capita's rectification plans for ophthalmic payments, customer support services, medical records and patient registration. Capita has continued to deliver generally acceptable performance on supplies, market entry and screening. More work is being done to improve recovery of the performers list service, and to address urgent additions to the national performers list together with preparing for the consequential impacts. Overall, while there continue to be issues to address, progress is being made on all aspects of the recovery plan, and we expect recovery in most key services by end March.

PART 2 – NHS PERFORMANCE

6. 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 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 November 2016 shows that 88.4% of the 1,906,784 patients attending A&E were either admitted, transferred or discharged within 4 hours. Attendances over the last twelve months have increased by 4.5% on the preceding twelve-month period.

8. There were 489,333 emergency admissions in November 2016, 2.9% more than in November 2015. Emergency admissions over the last twelve months are up 3.5% on the preceding twelve-month period.

Delayed transfers of care

9. There were 193,680 total delayed days in November 2016. This is an increase from October 2015, where there were 153,155 total delayed days

Ambulance response times

10. Of Category A calls resulting in an emergency response in November 2016, the proportion arriving within 8 minutes was 67.8% for Red 1 calls and 63.4% for Red 2 calls. 90.3% of Category A calls received an ambulance response within 19 minutes. It should be noted that data on Category A calls are 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 performanceis not comparable with previous months.

11. There were 819,120 emergency phone calls handled in November 2016, an average of 27,300 calls per day. This is higher than the average 26,100 calls per day handled in November 2015, an increase of 4.6%.

NHS 111 performance

12. There were 1,170,452 calls offered to the NHS 111 service in England in November 2016, a 1% increase on the 1,160,300 in November 2015. The number of calls answered by the service was 1,089,761 in November 2016, which is similar to the 1,094,236 in November 2015. 88.2% of the calls answered by NHS 111 services were answered within 60 seconds; similar to the 88.5% in October 2016, but less than 89.6% in November 2015. Of the calls triaged by NHS 111 in November 2016, 14% had ambulances dispatched and 9% were recommended to attend A&E.

A&E improvement plan

13. Compared with the 5 initiatives of the A&E Improvement Plan (see Appendix C below) good progress was being made against streaming and flow initiatives, but that there was still work to do to for all systems to be in full compliance with the best practice. The progress against the initiatives targeting improved discharge practices was slowest, due to a combination of the scale of changes required, funding and workforce challenges, as well as complex relationships across multiple organisations/agencies involved. There will be renewed focus on progress in the spring.

14. The immediate focus is on stabilising and improving A&E performance following heightened pressure at the end of December 2016 and beginning of January 2017. The majority of systems in England have come under considerable strain. From the beginning of January 2017, NHS England and NHS Improvement regional directors are collaboratively leading on the implementation of urgent plans for the most fragile systems to stabilise and improve, as well as ensuring all necessary resources are prioritised across all systems to ensure clinical outcomes and patient safety are maintained. Preparation for flu, as well as cold weather snaps, are also being prioritised and preparations accelerated where needed.

15. The central support team which is composed of acute trust CEOs, CCG Accountable Officers and senior ADASS personnel is now in place. Visits to the 12 systems identified have started and the team plan to have completed all visits by the end of January 2017.

16. The A&E Improvement Plan asks local areas to ensure they have proven good practices in place, including measurement of the stranded-patient metric, comprehensive geriatric assessment, discharge-to-assess, trusted assessor and focussing on simple discharges. There is a need to continue to focus on the implementation of these improvement elements in order to see a decline in the number of people who experience delays to be discharged from hospital.

Referral to treatment (RTT) waiting times

17. At the end of November 2016, 90.5% 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 3.7 million. Of these, 1,236 patients were waiting more than 52 weeks for treatment. During November 2016, 1,096,517 patients began consultant-led treatment.

18. It will not be easy to recover RTT performance in the short term. Commissioners and providers are working to appropriately reduce demand as well as to ensure that there is alternative capacity in place to treat patients who might breach maximum waiting times.

Cancer waiting times

19. In November 2016, the NHS delivered against the cancer waiting time operational standards, with the exception of the 62 day standard from urgent GP referral to first definitive treatment (performance of 82.3% against a standard of 85%).

20. Work is in progress at five pilot sites across the four regions to test and define the new cancer 28 day faster diagnosis standard. The cancer diagnostic capacity fund has also been allocated to selected providers to demonstrate measureable outcomes to improve diagnostic capacity.

Diagnostic waits

21. A total of 1,846,729 diagnostic tests were undertaken in November 2016, an increase of 117,400 from November 2015. The number of tests conducted over the last twelve months is up 4.3% (adjusted for working days) on the preceding twelve month period. 98.9% of patients waiting at the end of November 2016 had been waiting less than six weeks from referral for one of the 15 key diagnostic tests. Data indicates continued improvement in endoscopy performance in the past 12 months.

Improving Access to Psychological Therapies

22. The NHS Mandate commits that at least 15% of adults with common mental health disorders will have timely access to psychological therapies. In September 2016, an annualised IAPT access rate of 15.5% was achieved, an increase when compared to performance in August 2016 (15.2%) and July 2016 (14.9%).

23. The rate of recovery has continued to show improvement towards the 50% ambition. In September 2016 the rate was 48.4%. NHS England continues to work on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates.

24. IAPT waiting time standards have been met since January 2015. In September 2016, 87.8% 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 98.3%, against a standard of 95%.

Dementia

25. In December 2016, the ambition of two-thirds of people living with dementia receiving a formal diagnosis was achieved at 67.8%. This is 0.2% lower than the end-November rate of 68%. This ambition has been met and sustained nationally since July 2016.

26. The dementia diagnosis rate is calculated for people aged 65 and over, for whom the end-December 2016 estimate on dementia registers is at 433,322, a decrease of 915 people compared to November 2016.

27. The number of people of all ages estimated to be on the dementia registers at end of December is 447,480, which is a decrease of 858 from the end of November 2016.

Early Intervention in Psychosis

28. Performance against the referral to treatment (RTT) element of the standard from the UNIFY collection published on Unify shows 77.6% of people started treatment within 2 weeks in November 2016. Nationally the median waiting time was 1.30 weeks.

29. Delivery of the 2 week RTT requirement is intended to be measured through the NHS Digital's patient-level mental health services dataset (MHSDS) in the near future following work on data quality to ensure the data is robust.

30. 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 for people with learning disabilities

31. The Transforming Care Programme, delivered through local Transforming Care Partnerships (TCPs) has made progress in reducing the numbers of inpatients in acute settings. Month on month reductions continue and the current inpatient count is 2,520 patients at latest data (November 2016). This is a 7.5% reduction (205 patients) this year and an 11.5% reduction (330 patients) overall since March 2015.

32. Work continues to ensure that planned discharges take place and to reduce the number of admissions into mental health and learning disabilities in patient care. NHS England are also carefully tracking the delivery of local transformation plans to secure a permanent change as we increase community capacity and reduce the reliance on inpatient care in future. There is a particular strategic focus on patients in hospital for over 5 years. Work is in progress to increase discharges and provide suitable person centred services to meet the needs of this population with an intensive focus between the programme and regional teams on strategic resettlement to accelerate progress.

33. Work is continuing as part of the wider operational planning round to assure the inpatient reduction trajectories 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 and permanent 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.

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Date: **January 2017**

APPENDIX A

Summary of priority programme RAG ratings

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

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	Q2 2016/17	95%	96.8%	↑
IAPT access rate	Sep-16	15%	15.5%	↑
IAPT recovery rate	Sep-16	50%	48.4%	-
People referred to the IAPT will be treated within 6 weeks of referral	Sep-16	75%	87.8%	↑
People referred to the IAPT will be treated within 18 weeks of referral	Sep-16	95%	98.3%	↑
Dementia diagnosis rate	Dec-16	66.7%	67.8%	↓
People experiencing a first episode of psychosis will be treated within two weeks of referral	Nov-16	50%	77.6%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Nov-16	93%	95.1%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Nov-16	93%	96.1%	-
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Nov-16	96%	97.3%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Nov-16	94%	94.6%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Nov-16	98%	99.5%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Nov-16	94%	97.8%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Nov-16	90%	92.5%	↑
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Nov-16	85%	82.3%	↑
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Nov-16	Not set	90.5%	↑
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Nov-16	92%	90.5%	↓
Number of patients waiting more than 52 weeks from referral to treatment	Nov-16	0	1,236	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	Nov-16	99%	98.9%	↑
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Nov-16	95%	88.4%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Nov-16	75%	67.8%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Nov-16	75%	63.4%	↑
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Nov-16	95%	90.3%	↓
Mixed sex accommodation breaches	Oct-16	0	770	↑
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q2 2016/17	0%	6.3%	↓

APPENDIX C

Accident and Emergency Improvement Plan Initiatives

1. **Streaming at the front door – to ambulatory and primary care**.
   This will reduce waits and improve flow through emergency departments by allowing staff in the main department to focus on patients with more complex conditions.

2. **NHS 111 – increasing clinical call handler capacity in advance of winter.** This will decrease call transfers to ambulance services and reduce A&E attendances.

3. **Ambulances – DoD and code review pilots; HEE increasing workforce.**
   This will help the system move towards the best model to enhance patient outcomes by ensuring all those who contact the ambulance service receive an appropriate and timely clinician and transport response. The aim is for a decrease in conveyance and an increase in 'hear and treat' and 'see and treat' to divert patients away from the ED.

4. **Improved flow – 'must do's that each Trust should implement to enhance patient flow.**
   This will reduce inpatient bed occupancy, reduce length of stay, and implementation of the 'SAFER' bundle will facilitate clinicians working collaboratively in the best interests of patients.

5. **Discharge – mandating 'Discharge to Assess' and 'trusted assessor' type models.**
   All systems moving to a 'Discharge to Assess' model will greatly reduce delays in discharging and points to home as the first port of call if clinically appropriate. This will require close working with local authorities on social care to ensure successful implementation for the whole health and care system.