

NHS ENGLAND BOARD MEETING

Title:

NHS England Corporate and NHS Performance Report

Lead Director:

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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.

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 PERFORMANCE – JANUARY 2017

3. 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 A of this report.

Urgent and emergency care

A&E performance

4. Attendances have increased by 3.3% over the financial year to date, 1.7% over the past three months. The actual number of attendances in January 2017 decreased by just under 1% when compared to January 2016. This is the first time there has been a month on month fall since April 2016.
5. Of the patients receiving urgent and emergency care in January, around one third of them attended a type three urgent treatment centre, walk-in centre or minor injuries unit. 99.4% of these patients were seen, treated and discharged with 4 hours, showing the importance of helping people find the right service for their needs.
6. There were 492,000 emergency admissions in January 2017, 1.5% more than in January 2016. Emergency admissions over the last twelve months are up 3.3% on the preceding twelve-month period.

Delayed transfers of care

7. There was a small increase in bed days lost due to delayed transfers in January 2017 of 1,768 to 197,054. This is an average of 6,356 beds lost from appropriate NHS use, per day in January. Over the 12 months to January 2017, this is an increase of 23% on the previous twelve months. Of this growth there has been an increase of 191,000 bed days lost to NHS delays (17.5% increase) and 209,000 bed days lost to social care delays (39.2% increase).
8. In the coming year it is important that the NHS focus on eliminating its delays through better discharge management, better use of continuing health care packages and better integration between primary and community care. It is also crucial that the

additional funding for social care announced in the budget is used in part to ensure that all patients stuck in hospital due to an absence of social care support are cared for in a more appropriate venue.

Ambulance response times

9. There were 840,302 emergency phone calls handled in January 2017, an average of 27,100 calls per day. This is fewer than in December 2016 but similar to October and November 2016.

NHS 111 performance

10. There were 1,378,117 calls offered to the NHS 111 service in England January 2017, a 1% increase on 1,366,094 in January 2016. The number of calls answered by the service was 1,270,066 in January 2017, greater than the 1,225,247 in January 2016.
11. In January 2017, of calls answered by NHS 111, 88.1% were answered within 60 seconds; an improvement on 86.0% in December 2016 and 82.2% in January 2016. Of calls triaged in January 2017, 13% had ambulances dispatched, 8% were recommended to A&E, 60% were recommended to primary care, 5% were recommended to another service and 14% were not recommended to attend another service.

Action to get A&E performance back on track

12. NHSE and NHSI wrote to the NHS on 9 March 2017 describing the key actions that now need to be taken to get A&E performance back on track. This letter asks the NHS to take action on three key fronts :

Freeing up hospital bed capacity

- *Ensure that the extra £1 billion the Chancellor has made available for social care is in part used to free-up in the region of 2000-3000 acute hospital beds.*

Managing A&E demand

- *Ensure every hospital implements a comprehensive front-door streaming model by October 2017*
- *Strengthen support to Care Homes so as to ensure that they have direct access to clinical advice, including where appropriate on-site assessment.*
- *Proceed with the standardisation of Walk-In-Centres, Minor Injury Units and Urgent Care Centres, so that the current confusing array of options is replaced with a single type of centre which offers patients a consistent, high quality service.*
- *Increase the number of 111 calls receiving clinical assessment by a third by March 2018, so that only patients who genuinely need to attend A&E, or use the ambulance service, are advised to do this.*

Aligned national support and oversight

- *The focus is now on recovering performance so that in or before September, it is above 90%, and then sustained, returning to 95% by March 2018. In order to ensure complete alignment between NHS England and NHS Improvement in supporting and overseeing urgent implementation of the above actions, Pauline Philip has been appointed as the single national leader and NHS England and*

NHS Improvement regional directors are collaboratively taking personal ownership over a group of STPs to lead on intervention and support.

- *Regions are developing implementation plans for Easter and Winter 2017 and 2018.*

Referral to treatment (RTT) waiting times

13. At the end of January 2017, 90% 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 3.6 million patients. Of these, 1,433 patients were waiting more than 52 weeks for treatment. During January 2017, 1,040,902 patients began consultant-led treatment.

Cancer waiting times

14. 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. There are nineteen cancer alliances across England who are now in process to develop two year local plans to support cancer strategy initiatives and cancer performance.

Diagnostic waits

15. A total of 1,826,900 diagnostic tests were undertaken in January 2017, an increase of 140,900 from January 2016. In the last twelve months activity has continued to increase with an average monthly increase of 0.7%.

Improving Access to Psychological Therapies

16. The NHS Mandate commits that at least 15% of adults with common mental health disorders will have timely access to psychological therapies. In November 2016, an annualised IAPT access rate of 17.3% was achieved. This continues the upwards trajectory since July 2016.
17. The rate of recovery in November 2016 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.
18. IAPT waiting time standards have been met since January 2015. In November 2016, 88.8% 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 98.5%, against a standard of 95%.

Dementia

19. In February 2017, the ambition of two-thirds of people living with dementia receiving a formal diagnosis was achieved at 67.3%. This ambition has been met and sustained nationally since July 2016.

20. The dementia diagnosis rate is calculated for people aged 65 and over. When comparing end-February 2017 with the end-February 2016 estimates, the number of dementia diagnoses has increased by 10,495.

Early Intervention in Psychosis

21. Performance against the referral to treatment (RTT) element of the standard from the UNIFY collection published on Unify shows 76.2% of people started treatment within 2 weeks in January 2017.

Transforming Care for people with learning disabilities

22. The Transforming Care Programme delivered through regional teams and TCPs have made progress in reducing the numbers of inpatients. The total number of in-patients at January 2017 is 2,530. This equates to an inpatient reduction of 285 patients (10%) from March 2015.

PART 2 – OTHER NHS ENGLAND PROGRAMMES

23. Work is underway to ensure all the national priority programmes are more closely integrated and aligned to support STPs and NHS transformation, through the regional teams.
24. All programmes are prioritising front line delivery which will have greatest impact on operational performance.
25. Given this work, the end of year stocktakes will be scheduled for Q2 of 2017/18 so the changes are embedded.
26. Appendix B provides a summary of the NHS England corporate priorities and corporate risk register.
27. Additional detail on these is as follows:
- **Learning disabilities** – significant progress has been made to meet expected numbers of people currently in in-patient beds able to live in more appropriate settings. The public consultation relating to the future of Calderstones hospital closed at the end of February with a public decision to be made shortly.
 - **Urgent and emergency care** – The UEC plan has been focused on the critical changes all local systems need to manage demand and improve operational performance. The changes are being managed through an integrated regional structure between NHS England and NHS Improvement.
 - **Elective care** – The Elective care programme will prioritise work on speciality based transformation, high referring practices and diversion of inappropriate referrals.
 - **Primary Care Support England** - The recovery of primary care support services, provided for us by Capita, continues. We expect significant improvements in most key services by end March.

RECOMMENDATION

28. The Board is asked to note the contents of this report.

APPENDIX A

Summary of Measures Relating to NHS Standards

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 2016/17	95%	96.7%	↓
IAPT access rate	Nov-16	15%	17.3%	↑
IAPT recovery rate	Nov-16	50%	48.9%	↑
People referred to the IAPT will be treated within 6 weeks of referral	Nov-16	75%	88.8%	↑
People referred to the IAPT will be treated within 18 weeks of referral	Nov-16	95%	98.5%	↑
Dementia diagnosis rate	Dec-16	66.7%	67.4%	↓
People experiencing a first episode of psychosis will be treated within two weeks of referral	Jan-17	50%	76.2%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	Jan-17	93%	94.0%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	Jan-17	93%	93.8%	↓
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	Jan-17	96%	96.6%	↓
Maximum 31-day wait for subsequent treatment where that treatment is surgery	Jan-17	94%	94.1%	↓
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	Jan-17	98%	98.9%	↓
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	Jan-17	94%	96.2%	↓
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	Jan-17	90%	90.6%	↓
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	Jan-17	85%	79.7%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Jan-17	Not set	87.8%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Jan-17	92%	89.9%	↓
Number of patients waiting more than 52 weeks from referral to treatment	Jan-17	0	1,586	↓
Patients waiting less than 6 weeks from referral for a diagnostic test	Jan-17	99%	98.3%	↓
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Jan-17	95%	85.1%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	Jan-17	75%	66.7%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	Jan-17	75%	58.5%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	Jan-17	95%	87.6%	↓
Mixed sex accommodation breaches	Jan-17	0	1040	↑
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q3 2016/17	0%	7.3%	↑

NHS England's Corporate Priorities and Risk Register Summary

Priorities and constituent programmes	Latest reporting period	Latest delivery confidence RAG score
(1) Cancer	Jan-17	A
(2) Mental health	Jan-17	A
(3) Learning disabilities	Jan-17	A/R
(4) Diabetes	Jan-17	A/G
(5) Primary care	Jan-17	A
(6) Urgent and emergency care	Jan-17	A/R
(7) Elective care	Jan-17	A/R
Maternity transformation	Jan-17	A
(8) Specialised care	Jan-17	A
(9) Commissioning development (inc. Personalisation & choice)	Jan-17	A
New Care Models	Jan-17	A
(10a) Financial sustainability & efficiency	Jan-17	A
Right care	Jan-17	A
Continuing Healthcare	Jan-17	A/R
(10b) Science & innovation	Jan-17	A/R
(10c) Patients & the public	Jan-17	A
Self-care	Jan-17	A/R
(10d) Information and technology	Jan-17	A
(10e) Capability & infrastructure inc INHSE	Jan-17	A/G

	Strategic Challenges	Principal Risk	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017		Post-Mitigation RAG and date
NHS England focussed	Strategic Challenge 1: Delivering our core business <i>The challenge of delivering our core business and discharging all legal and statutory obligations</i>	1. Quality	A	A	A	AR	AR	AR		April-2017
		2. Finance	AR	AR	AR	AR	AR	AR		March-2017
		3. Urgent and Emergency Care performance	N/A	N/A	N/A	N/A	R	R		March-2017
		4. Waiting time operational performance (RTT)	N/A	N/A	N/A	N/A	AR	AR		March-2017
		5. Protecting NHS information	N/A	N/A	N/A	N/A	AR	AR		March-2017
		6. Primary Care Support Services	R	R	R	R	R	AR		March-2017
		7. NHS England Staff Engagement	N/A	N/A	A	A	A	AG		November-2017
NHS wide (NHS England's role as a leader to drive transformation)	Strategic Challenge 2: Delivering transformational change <i>The challenge of delivering transformational change in a busy and complex operating environment, not only delivering our business as usual, but also sowing the seeds and seeing some early delivery of our transformation plans</i>	8. Transforming Primary Care	N/A	N/A	R	R	R	AR		March-2017
		9. NHS England National Transformation Programmes	AR	AR	A	A	A	A		March-2018
	Strategic Challenge 3: Workforce, capability and capacity <i>The challenge of ensuring the right workforce, capability and capacity – is our workforce motivated to address the agenda we have? We need to have teams who can deliver our operational must-dos without detracting from implementing longer term, cross system changes</i>	10. Supporting STPs to transform Local Health Economies	R	R	AR	AR	AR	AR		March-2017
		11. System Leadership and Workforce	N/A	N/A	AR	AR	AR	AR		March-2017
Strategic Challenge 4: System financial sustainability <i>The challenge of ensuring financial sustainability</i>	12. System Efficiency Savings	N/A	N/A	R	R	R	R		June-2017	