

To: The Board

For meeting on: 28 July 2016

Agenda item: 5

Report by: Elizabeth O'Mahony, Director of Finance
Iain Wallen, Director of Informatics and Analytics

Report on: Performance of the NHS provider sector at 31 May 2016

Summary

1. This report provides a high-level summary of performance at Month 2 2016/17 of 240 providers operating during this period. This includes 156 NHS licensed Foundation Trusts (NHSFTs) and 84 NHS Trusts operating during this period.
2. The attached report at Appendix 2 focuses largely on provider performance against national standards for month 2. However, as providers continued to sign up to their control totals there has been a subsequent plan resubmission process that has delayed the reporting of Month 2 financial performance.
3. All performance included in this report is based on the combined performance of NHS trusts and NHSFTs, unless otherwise stated.

Operational performance

4. Sustained operational challenges continued to adversely affect the performance of the NHS provider sector. This is despite concerted efforts by providers to meet the rising demand for care. The provider sector as a whole continued to underperform against a number of key national healthcare standards. A summary of the performance position is detailed at Appendix 1.
5. The demand for hospital based emergency and urgent care continued to grow in Month 2. Attendances increased to c.1.88m, a rise of over 11% from the previous month. The majority of providers had difficulty in meeting the increased demand, and only 89.31% of A&E patients were treated, admitted or discharged within four hours. Although performance in Month 2 was well below the national target of 95%, it was a slight improvement on performance from the previous month (88.99%).

6. The number of patients (38,193) who waited longer than four hours on a trolley for a bed in May increased by over 60% compared to the same period in 2015. The significant rise in trolley waits is largely due to sustained high levels of emergency admissions and a lack of available beds to meet demand.
7. NHS providers continued to struggle to meet the cancer 62 days (urgent GP referral) wait for first treatment standard. The target of 85% was missed for a fifth consecutive month in May with a performance of 81.42%.
8. Ambulance services also had difficulty in responding to urgent and emergency calls within the target time, as the volume of calls requiring an ambulance being despatched rose during the month. Time critical (Category A Red 1) and life threatening (Category A Red 2) calls increased by 5.70% and 15.36% respectively compared to the same period last year. Ambulance services in aggregate failed to achieve all key response time targets against Red 1, Red 2 and Category A calls. It should also be noted that the rollout of a dispatch-on-disposition pilot, which allows call handlers extra time to triage calls, has affected the performance against Red 2 and Category A calls.
9. More positively, performance against key national elective care targets are either stabilising or improving despite not meeting the required standards:
 - a) Although providers continued to underperform against the 92% referral to treatment incomplete target with a performance of 91.56% in May 2016, performance on the whole improved despite the sector's waiting list reaching a record level of 3.48m at the end of May.
 - b) The percentage of patients waiting longer than six weeks for a diagnostic test improved from 1.76% in April to 1.41% in May 2016, though not meeting the 1% target. This improvement was due in part to the work carried out by a national programme team, which led to a reduction in the number of patients waiting longer than six weeks for endoscopy procedures.

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Public Sector Equality Duty:

NHS Improvement has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In drafting this report consideration has been given to the impact that the issues dealt with might have on these requirements and on the nine protected groups identified by this Act. It is anticipated that the issues dealt with in this this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Act because this paper is primarily provided for information rather than for decision.

Exempt information:

None of this report is exempt under the Freedom of Information Act 2000.

Appendix 1

Operational performance summary

The table below provides a summary of how well foundation trusts and NHS trusts performed against key operational targets during May 2016.

| Metrics | Target | Foundation trusts | NHS trusts | Combined performance |
|--|--------|-------------------|------------|----------------------|
| Referral to treatment (RTT) | | | | |
| 18 weeks incomplete (%) – May 2016 | 92% | 91.98% | 90.84% | 91.56% |
| 52 week waits (number) – at 31 May 2016 | - | 402 | 594 | 996 |
| Accident & emergency | | | | |
| A&E attendances | - | 1,094,805 | 783,148 | 1,877,953 |
| Performance – All A&E types (%) | 95% | 91.13% | 86.78% | 89.31% |
| Performance – Acute trusts only (%) | 95% | 90.27% | 85.87% | 88.39% |
| Type 1 performance (%) | 95% | 88.01% | 81.77% | 85.44% |
| Cancer | | | | |
| 2 week GP referral to 1st outpatient, cancer (%) | 93% | 94.27% | 93.66% | 94.02% |
| 2 week referral to 1st outpatient - breast symptoms (%) | 93% | 91.74% | 92.35% | 92.00% |
| 31 day wait from diagnosis to first treatment (%) | 96% | 97.94% | 97.21% | 97.66% |
| 62 day urgent GP referral to treatment for all cancers (%) | 85% | 82.67% | 79.48% | 81.42% |
| 62 day referral from screening services | 90% | 92.03% | 88.79% | 90.79% |
| Diagnostic | | | | |
| Number of diagnostic tests waiting 6 weeks+ (%) – May 2016 | 1% | 1.46% | 1.34% | 1.41% |
| Ambulance | | | | |
| Red 1 Calls (%) | 75% | 71.30% | 69.74% | 70.47% |
| Red 2 Calls (%) | 75% | 68.08% | 62.89% | 64.97% |
| Category A Call - ambulance arrive within 19 mins (%) | 95% | 94.10% | 91.12% | 92.33% |
| Infection control | | | | |
| C. Difficile (Total cases) | - | 220 | 170 | 390 |

Appendix 2: Performance of the NHS provider sector as at 31 May 2016



1.0 Operational performance

- 1.1 Accident & emergency
- 1.2 Diagnostic waiting times
- 1.3 Elective waiting times
- 1.4 Cancer waiting times
- 1.5 Ambulance response times
- 1.6 Infection control

2.0 Finance update

- 2.1 Finance update on plan process month 2

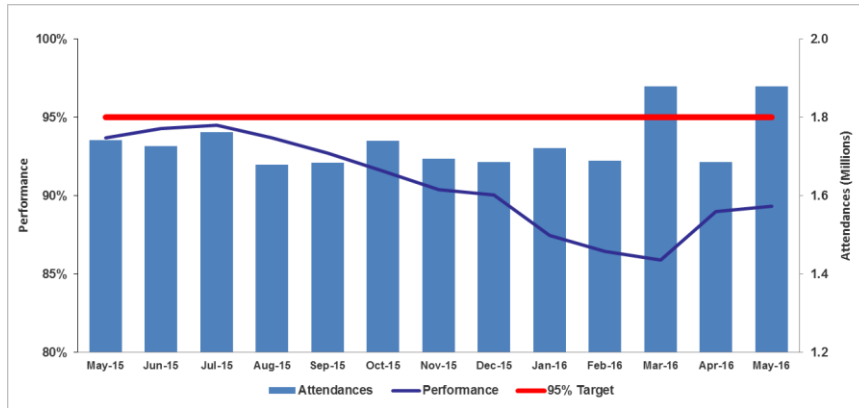
3.0 Glossary and end notes

- 4.1 End notes
 - 4.2 Glossary
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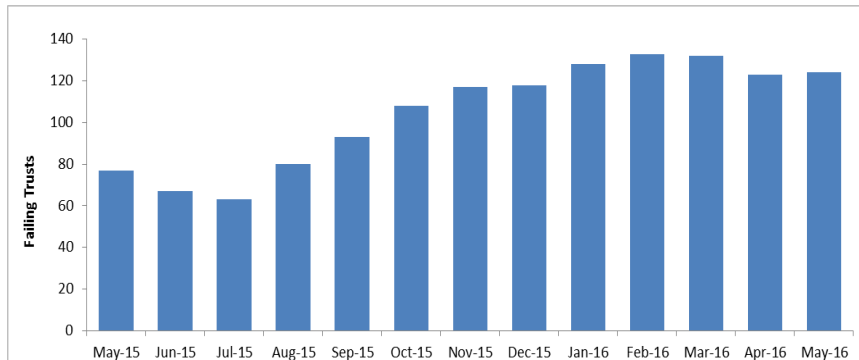
1.0 Operational performance

1.1 Accident & emergency

Percentage of A&E all type patients seen within 4 hours



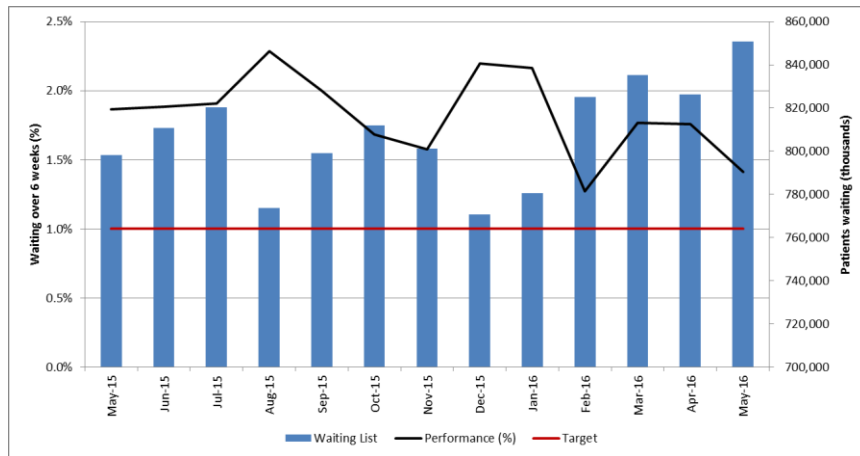
Number of Trusts failing the 4 hour A&E target by month



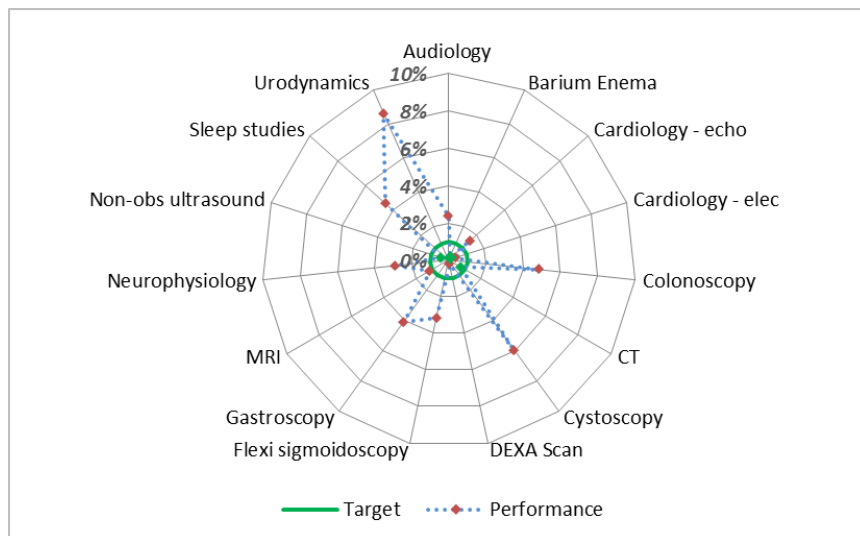
- NHS providers have struggled to meet the national A&E target to treat, admit or discharge 95% of patients within four hours of arriving at an A&E department in recent years, performance hit the lowest level in March 2016. However, in April and May 2016, performance started to show signs of recovery. Performance in May 2016 was 89.31% compared to 88.99% in April. Despite the improvement, performances for April and May remained significantly below the level achieved in the same months last year (92.51% and 93.68% respectively) and well below the 95% standard.
- Increasing demand coupled with bed constraints have amplified the pressure on A&E departments.
- In May 2016, there were c.1.88m attendances at NHS A&E departments, an increase of 10.38% from April and 8.38% compared to the same month last year.
- A rising number of patients requiring emergency admissions also added to the operational pressure on A&E departments. In May 2016, the number of patients attending a major (type 1) A&E department and requiring admitted care reached 359,307, a rise of 5.81% from the same month last year. However, continued bed capacity constraints due to high occupancy rates and delayed transfers of care resulted in patients waiting significantly longer in A&E departments for emergency admissions. In May 2016, 38,193 patients waited longer than four hours on a trolley for a bed, 62.08% more than a year ago.
- The national Emergency Care Improvement Programme (ECIP) will extend its support to 40 of the most challenged local health systems and work alongside providers to help them meet the four hour target. We are also working with our partners to reduce demand by giving patients alternative access to the most appropriate services.

1.2 Diagnostic waiting times

Percentage of diagnostic patients waiting over 6 weeks



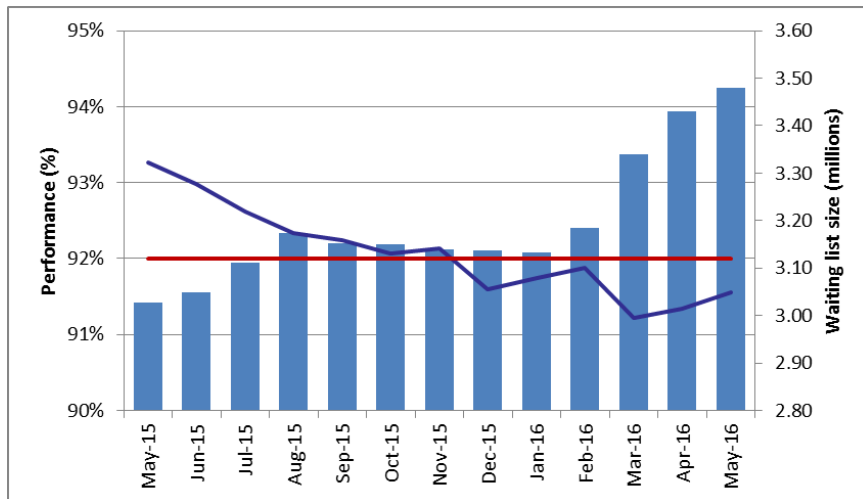
Diagnostic performance by procedures – May 2016



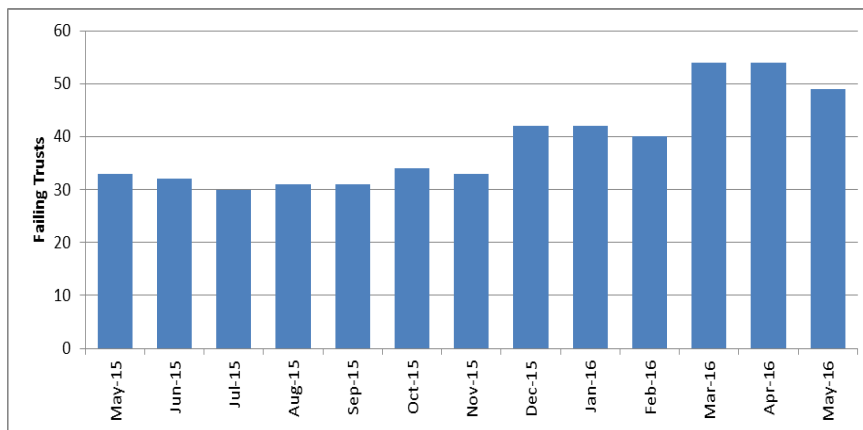
- Diagnostic waiting times are a key part of the delivery of the referral to treatment (RTT) target as the majority of patients will need a diagnostic test. The national waiting time target for diagnostics states that less than 1% of patients should wait six weeks or more for a test.
- At the end of May 2016, 850,817 patients were waiting for a diagnostic test, an increase of 2.97% compared to April 2016. Despite the increase in the waiting list, fewer patients were waiting longer than six weeks, as diagnostic waiting time performance improved from 1.76% in the previous month to 1.41% this month.
- Although providers in aggregate failed to achieve the waiting time standard for 10 of the 15 key diagnostic test, performance improved in 11 tests this month.
- The overall improvement in diagnostics performance was largely due to a reduction in waiting times for endoscopy tests, as 37.6% of the patients waiting longer than six weeks were for an endoscopy test. A national programme team has been working with providers to address endoscopy performance and capacity issues since the start of last year. In May 2016, 4.45% of patients waited over six weeks for an endoscopy test compared to 5.51% a month ago.
- While non-obstetric ultrasound had the largest waiting list of all tests (36.2% of the total diagnostics waiting list), only 0.47% of patients were waiting over six weeks at the end of the month.
- NHS Improvement is progressing the replacement of ageing equipment by working in partnership with the Department of Health to develop a mechanism of procuring new equipment. We are also planning on how to strengthen our work with the independent sector to increase capacity.

1.3 Elective waiting times

RTT 18 week performance and size of waiting list by month



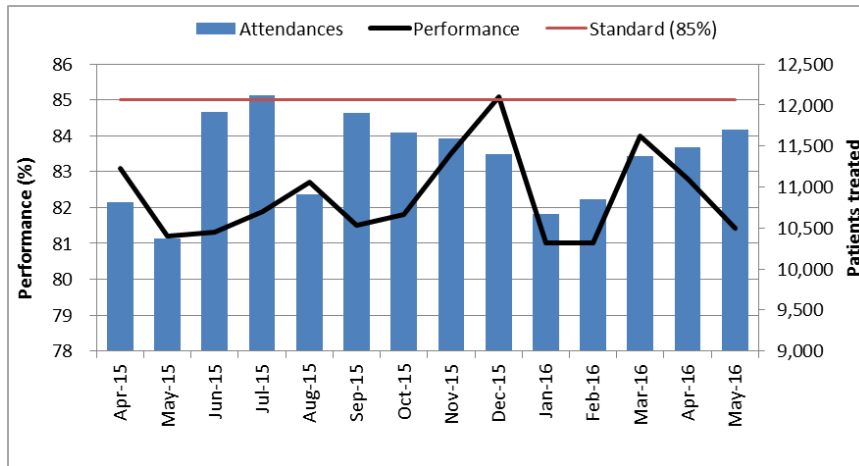
Number of trusts failing RTT 18 week incomplete target by month



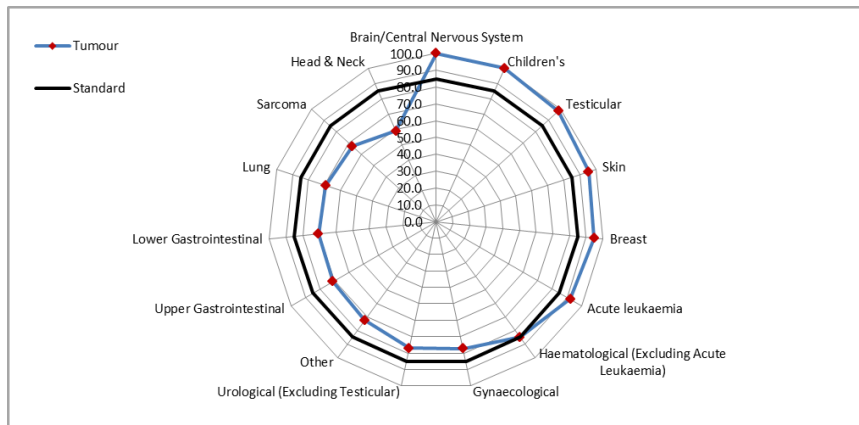
- Following Sir Bruce Keogh's review of waiting time standards, the RTT standard for incomplete pathways has become the sole measure of elective waiting time performance.
- The elective waiting list reached a record level of 3.48 million in May 2016, an 11.73% increase compared to a year ago (excluding providers which have re-commenced reporting this year) and 1.4% compared to the previous month.
- Although the sector failed to achieve the national RTT incomplete standard target of 92%, the sector's overall performance has steadily improved since the start of this financial year from 91.34% in April 2016 to 91.56% in May.
- The median waiting time for patients on an incomplete pathway decreased slightly from 6.64 weeks in April 2016 to 6.48 weeks in May 2016.
- The number of patients waiting over 52 weeks for treatment increased by 133 to 996. Most of the increase was due to The Royal Wolverhampton NHS Trust reporting 132 additional over 52 week waiters this month. King's College Hospital NHS Foundation Trust (196) and University Hospitals of Leicester NHS Trust (134) reported the largest number of over 52 week waiters. There were eight providers which did not report incomplete RTT performance in May 2016, so the actual number of 52 week waiters could be significantly higher.
- Nationally, NHS Improvement and NHS England are working collaboratively to deliver programmes which will reduce waiting lists by better aligning demand and capacity. In addition we are working with the Department of Health to support the most challenged providers by improving processes and data quality.

1.4 Cancer waiting times

62 day (urgent GP referral) wait for first treatment by month



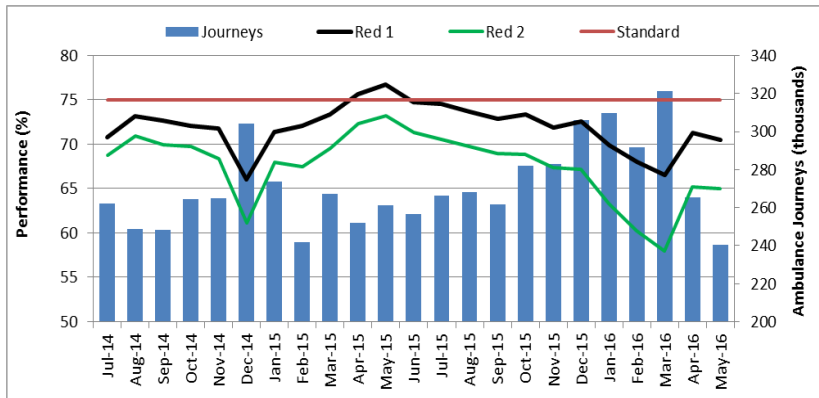
62 day (urgent GP referral) wait for first treatment specialty split – May 2016



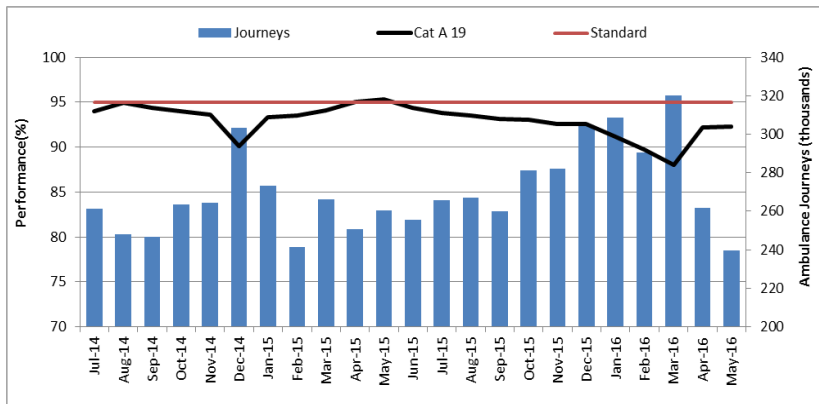
- Providers failed to achieve two national cancer waiting time standards in May 2016: Two week wait for breast symptoms (where cancer was not initially suspected) and 62 day (urgent GP referral) wait for first treatment.
- Two week wait for breast symptoms failed the 93% performance standard with an overall performance of 92.00% during the month, which was a slight improvement from the previous month's performance of 91.53%.
- For the fifth consecutive month, providers in aggregate also failed to achieve the 62-day cancer waiting time target reporting a performance of 81.42% in May 2016. However, the number of patients beginning their cancer treatment saw an 12.78% increase from the same month last year and reached 11,695 during the month.
- The specialties that contributed most to the underperformance in May 2016 were Urological (excluding testicular), Lower Gastrointestinal and Lung. These specialties accounted for only 41.7% of activity, but contributed to more than half of the reported breaches (58.3%) reported.
- NHS Improvement has been working with partners to improve cancer performance by focussing on reducing diagnostic delays. We have begun working with the national Cancer Taskforce to reduce delays by increasing capacity for specific tumour groups at the most challenged trusts. We have also supported NHS providers to access additional endoscopy capacity in the independent sector which has reduced endoscopy waiting times. We expect that these initiatives will, over time, help to reduce waits to begin treatment and improve performance against the cancer 62-day target.
- Providers continued to achieve all other cancer waiting time standards in May 2016.

1.5 Ambulance response times

Category A red 1 and red 2 performance and volume of journeys



Category A19 performance and volume of journeys



- The national standard sets out that 75% of time critical and life threatening Category A (i.e. Red 1 and Red 2) calls should receive an emergency response within eight minutes, and 95% of all Category A calls should receive an emergency response within 19 minutes.
- For the twelfth consecutive month, ambulance services failed Red 1, Red 2 and Category A response time targets with performances of 70.47%, 64.97% and 92.33% respectively. During May 2016, only one of the nine ambulance services* which submitted data achieved the Red 1 standard, another service achieved the Red 2 standard and two achieved the Category A19 standard**.
- Ambulance services saw a rise in time critical and life threatening calls during the month. 11,534 Red 1 calls were responded to by ambulance services in May 2016, an increase of 5.70% from May 2015. The number of Red 2 calls also saw a 15.36% increase compared to the same period last year***.
- Due to the introduction of Dispatch-on-Disposition pilots at a number of ambulance services, a direct like-for-like performance comparison between May 2016 and May 2015 for the Red 2 and Category A standards cannot be made. The pilots allow call handlers extra time to triage Red 2 calls and results in different clock start times.
- In February 2015, London Ambulance Service and South Western Ambulance Service NHS Foundation Trust implemented the pilot and in October 2015, the pilot was introduced at four more ambulance trusts.

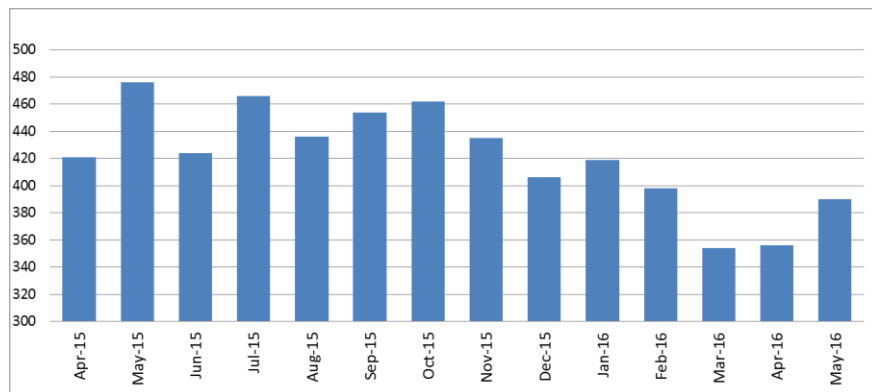
* 11 ambulance services include 10 ambulance trusts as well as Isle of Wight NHS Trust.

** Red 1, Red 2 and Cat A data was not available for South Western Ambulance Service and Yorkshire Ambulance Service in May 2016 due to the introduction of a Clinical Coding Review at those services.

*** Comparisons exclude South Western Ambulance Service and Yorkshire Ambulance Service activity in May 2015.

1.6 Infection control

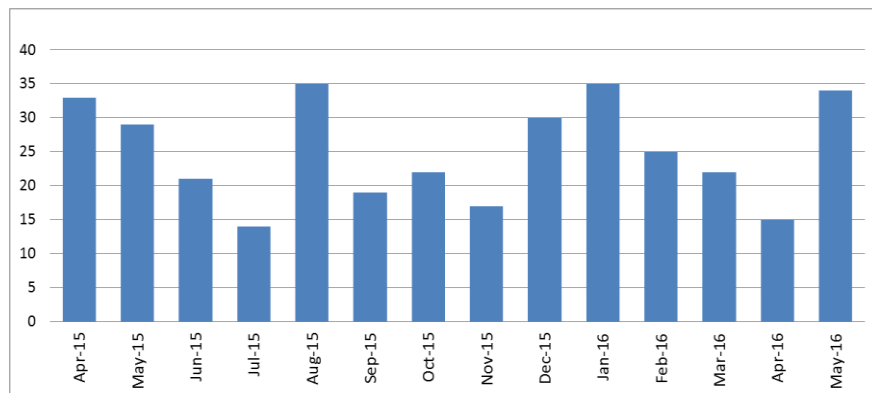
Number of Clostridium Difficile cases



Clostridium Difficile (C. Diff)

- The number of trust apportioned C. Diff cases reported in May 2016-17 was 390 compared to 476 in the corresponding period last year. This was a decrease of 18.07% from the same month last year.
- This was an increase of 9.55% (34 cases) from April 2016.
- For the year, 2016-17, there have been 746 C. Diff cases reported, showing a reduction of 16.83% i.e. 151 cases from the same period last year.

Number of Meticillin-resistant Staphylococcus Aureus cases reported



Meticillin-resistant Staphylococcus Aureus (MRSA)

- 34 MRSA cases were reported in May 2016. This is compared to 29 in the corresponding period last year.
- This was also an increase of 126.67% (19 cases) from April 2016.
- So far in 2016/17, there have been 49 MRSA cases reported, a reduction of 20.97% (13 cases) from the same period last year.

2.0 Finance update

2.1 Finance Update on Plan Resubmission

- As a result of a material number of the changes after the April planning process, it was agreed that a final plan resubmission process was required. This process was undertaken in June and revised plans have since been submitted to NHSI. Whilst this has delayed the national in-year reporting process individual Trust Boards have continued to received a financial update at month 2
- Final plan confirms 214 provider have accepted a control total (24 rejected). This compares to 142 trusts who accepted a control total earlier in the year
- The aggregate net deficit for 2016/17 has been confirmed at £580 million after full receipt of the £1.8 billion Sustainability and Transformation Fund (STF)
- Details of the criteria to access the Sustainability and Transformation Fund have been shared with NHS providers. This guidance has been supplemented by an FAQ and this will enable providers to adopt a consistent approach to the financial reporting treatment of the STF going forward
- The Quarter 1 Performance Report will include full details on finance and performance. The report will reflect the recent final plan position and also include a position statement on the Sustainability & Transformation Fund

3.0 Glossary and end notes

3.1 End notes

- 1 167 trusts (NHS Foundation Trusts and NHS Trusts) report performance against the A&E target.
- 2 Trusts are deemed to have breached a waiting time target if they fail to achieve the performance standard in any month in the quarter. 185 reported against incomplete pathway targets. The admitted and non-admitted targets were removed in September 2015.
- 3 130 trusts (NHS Foundation Trusts and NHS Trusts) report performance against the breast cancer: 2 week wait target
151 trusts (NHS Foundation Trusts and NHS Trusts) report performance against the GP referral: 62 day wait target
151 trusts (NHS Foundation Trusts and NHS Trusts) report performance against the all cancers: 2 week wait target

3.2 Glossary

| | |
|-----------------------------|--|
| A&E | Accident and Emergency departments offer a 24 hour, 7 day a week service to assess and treat patients with serious injuries or illnesses. |
| A&E standard | This is the objective that any patient attending an A&E department is seen and transferred, admitted or discharged within 4 hours of arrival. The objective performance against this target is 95% of patients. If a trust falls below this performance level, it is deemed to have breached the target. |
| Ambulance standard | Red 1 calls - These are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 2 calls - These are serious but less immediately time-critical and cover conditions such as stroke and fits. Cat A calls - The number of Category A calls (Red 1 and Red 2) resulting in an ambulance arriving at the scene of the incident within 19 minutes. |
| Admitted patient | A patient who is formally admitted to a hospital for treatment. This includes admission that is not overnight i.e. day cases. |
| Cancer waiting time targets | This refers to a series of objective waiting times for patients referred for cancer diagnosis and treatment. Each target has a different objective performance. The waiting times for cancer patients are much stricter than the RTT targets, but the RTT targets include cancer patients. |
| CCG | Clinical Commissioning Group |
| DH | Department of Health, the government department responsible for the NHS. |
| DToC | A delayed transfer of care (DToC) occurs when a patient is considered ready to leave their current care (acute or non-acute) for home or another form of care but are still occupying a bed. |
| Elective patient | Elective surgery or procedure is scheduled in advance because it does not involve a medical emergency. |
| Non-admitted patient | A patient on a pathway that does or did not include treatment without admission to a hospital, also known as an outpatient |
| Non-elective patient | A patient who is admitted for treatment on an unplanned or emergency basis. Such patients are not relevant to referral to treatment (waiting time targets). |
| Pathways | A Pathway describes the journey of a patient through an outpatient appointment, diagnostic tests, further outpatient appointments to a potential inpatient appointment (e.g., for surgery). |
| Waiting times | The time a patient has to wait before treatment, this is termed RTT (referral to treatment) in the NHS. |