

## NHS England and NHS Improvement Board meetings held in common

<b>Paper Title:</b>	Operational performance report
<b>Agenda item:</b>	4 (Public session)
<b>Report by:</b>	Amanda Pritchard, Chief Operating Officer
<b>Paper type:</b>	For discussion

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### **Summary/recommendation:**

This paper provides a summary of the already published data covering the period to December 2019. The Boards are asked to note the content of this report.

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### **Urgent and emergency care**

1. Four-hour A&E performance for December 2019 was 79.8%. Comparing December 2019 to December 2018 shows a growth of 6.5% in total A&E attendances, with 2.18 million attendances in December 2019 versus 2.04 million in December 2018. Attendances have been over 2 million per month for every month of 2019/20. There has been a growth of 2.9% in total emergency admissions, equating to 561,000 in December 2019 versus 545,000 in December 2018. Over 2019, 19,556,673 people were assessed, treated and admitted or discharged within four hours in A&E, up almost 150,000 on last year – an extra 410 people every day. NHS A&E departments saw 1.2 million more patients in 2019 than in 2018.
2. Patients continue to access a wider range of services. There are now 143 UTCs designated; of these, 112 are able to accept directly booked appointments from Integrated Urgent Care services (NHS 111 controlled centres). A further 44 are planned to designate during 2020.
3. Currently, booked appointments do not count against the A&E four-hour performance, so the number of attendances that are completed in less than four hours is now underestimated. Data suggest this could be an additional 37,000 people receiving pre-booked urgent care in November 2019 than in November 2018.
4. There is a continued successful drive to increase same day emergency care (SDEC) provision and Acute Frailty services in every acute hospital with a Type 1 A&E. At December 2019, 90% of providers were on track to have SDEC available for at least 12 hours per day, 7 days a week by the end of 2019. This is an increase of 15% when compared to March 2019. This increase in provision is reflected in the year-to-date (April – November 2019) growth figure for patients with a zero-day length of stay of 7.3%, compared to the same period last year. In comparison, those with a length of stay of one day or more grew by only 1.2%. In conjunction with this, 72% of hospitals were on track to

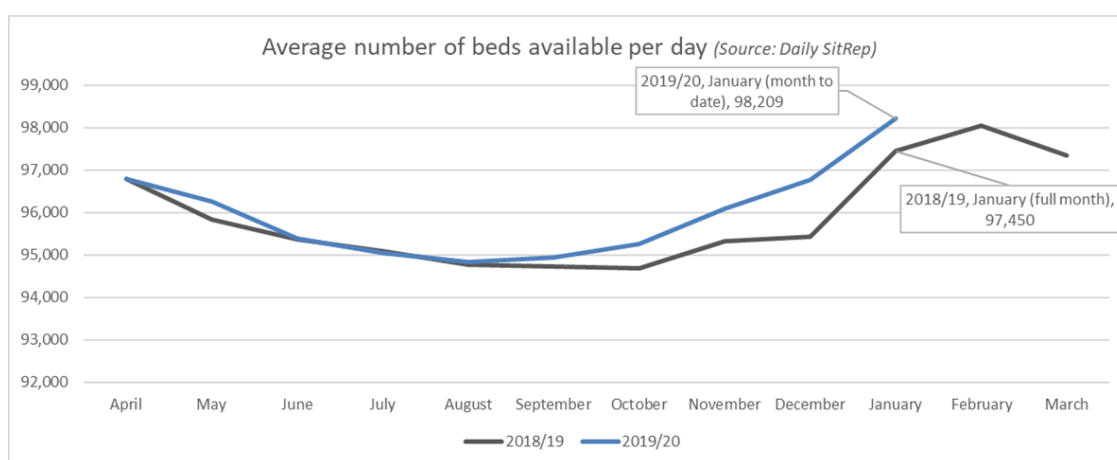
**NHS England and NHS Improvement**



deliver expansion of same-day acute frailty services at least 70 hours a week by the end of 2019, up from 56% in March 2019.

5. More than 11.2m people have received a flu vaccination as at the middle of January 2020. 200,000 more people over 65 have been vaccinated in comparison to this point last year. Latest data on healthcare worker flu vaccination shows that nearly 50,000 more healthcare workers have been vaccinated than at the same time last year.
6. Numbers of emergency (999) calls answered continue to grow, with 853,532 answered in December 2019, which is an increase of over 88,000 calls compared to December 2018. In the year-to-date (April – December 2019) there were over 398,000 more calls answered than for the same period last year, showing increased demand on the service.
7. Despite an increase in the number of incidents (6.6 million for the financial year to December 2019 compared to 6.2 million incidents in the same period in 2018), we have seen similar performance delivery in the ambulance sector in category C1, with mean response times and 90th percentile times only slightly higher than the same period in 2018. National performance against the Category 1 mean was 7 minutes and 35 seconds in December 2019.
8. Partly as a result of successful implementation of the ambulance reform programme, the proportion of ambulance callouts that led to a conveyance to an A&E department was 2.0% lower for December 2019 than December 2018, at 56.8%. This equates to 16,079 fewer people conveyed to A&E than had the proportion remained at the 2018 level.
9. In December 2019, the NHS offered 1.8 million NHS 111 calls, and in the year-to-date (April – December 2019) there were over 856,000 more calls than the same period last year. Clinical advice was provided in 50.6% of triaged calls (1.4m) in December 2019, above the target of 50%. Almost 67,000 online triages were completed per week in December 2019, this is more than double the activity seen in April 2019. Between 2% and 3% of triages are referred to an NHS111 provider for a clinical call back, this equated to 1,600 per week in December 2019.
10. NHS Community Pharmacist Consultation Service (CPCS) went live on 29 October 2019 and has seen 85,700 patients with minor illnesses or who need an urgent medicines supply directed from NHS 111 to a same-day appointment with their local pharmacist. These are patients that would have otherwise been directed to alternative primary care and GP-led services.
11. To support delivery of the reducing length of stay ambition, a triumvirate clinical leadership programme has been developed, in conjunction with ACT Academy and Emergency Care Intensive Support Team (ECIST). This will support senior leadership to drive change in their organisations. Programme delivery has taken place in the North, Midlands and East regions. Delivery of the programme for the remaining regions will take place in February 2020.

12. As in previous years, local services have been supported by regional and national teams 24/7, to ensure that patients can continue to receive safe care at times of challenge. The National Ambulance Coordination Centre (NACC) plays a key role in this – hosted by West Midlands Ambulance Service, this allows real time monitoring of ambulances, to act as an early warning system enabling (regionally-led) intervention to de-escalate pressures.
13. Additional capital and revenue funding was made available to systems and trusts to support staff and bed capacity throughout the winter. This has allowed trusts to increase bed numbers and facilities to support better flow – these schemes were primarily focused on expanding/enabling Same Day Emergency Care (SDEC) services, as well as ensuring 1,000 more beds are open this winter than the same time last year.



\*To note, the graph above compares January 2020 to date with the full month figure for January 2019

14. Throughout the majority of 2019, regional teams have led direct oversight of the most challenged trusts in the system. From early 2020, oversight of challenged providers will move to a more rapid support model, based on regular monitoring.

## Referral To Treatment

15. GPs continue to moderate elective demand growth as evidenced by modest GP referral growth of only -0.8% Year to Date. Performance against the Referral to Treatment (RTT) waiting time standard saw 84.4% of patients waiting less than 18 weeks in November 2019. The total waiting list (excluding non-reporting organisations) decreased by 31,000 from October 2019, to 4.4 million in November 2019. In the financial year-to-date to November 2019, there were just over 5.94 million total elective admissions, 117,477 or 2.0% more than in the previous year.
16. The NHS is treating more patients than ever before, with a total of 16.6m patients having completed RTT pathways in the twelve months to November 2019. Having taken account of trusts not submitting data, the total number of completed RTT pathways in this period is estimated to be 17.1m, an increase

of 2.9% on the number of patients completing pathways in the preceding twelve months.

17. The NHS remains committed to eradicating the number of patients inappropriately waiting 52 or more weeks. There has been a reduction of 60% in the number of patients waiting 52 weeks or more for treatment, from a peak last year in June 2018 (3,517), to the published November 2019 position of 1,398.
18. In line with the commitments in the NHS Long Term Plan (LTP), we are making progress to drive the re-design of outpatient care through a combination of delivering services outside hospital settings, increasing use of telephone or video consultation to cut down on patient travel, and removing appointments of limited clinical value.
19. In parallel to the formal set-up of a major programme to support this re-design of outpatient care, practical change and improvement work is taking place in 2019/20 and we are already working with over 40 trusts across the country to drive the uptake of video consultation capabilities.
20. The elective care transformation programme continues. Capacity alerts, which aim to spread demand so that patients are seen and treated quickly, have been rolled out to 19 sites with a further 67 under review. First Contact Practitioner Services, which support patients with Musculoskeletal (MSK) conditions to be seen directly by a physiotherapist in primary care (without the need to see a GP or an onward referral for a hospital outpatient appointment) are being rolled out and are projected to achieve over 18% coverage across the country by March 2020, exceeding the 15% ambition.
21. A national specification for Advice and Guidance services is being developed for publication in Q4 2019/20. This will enable GPs to access specialist advice in primary care without the need for a referral to hospital.
22. The NHS Long Term Plan affirmed and extended the NHS commitment to patient choice. Progress is now being made to ensure patients are given the additional option of an alternative provider at 26 weeks.

## Cancer

23. The NHS continues successfully to expand investigation of suspected cancer. Referrals have increased in the 12 months to November 2019 by 10.6% compared to the same period a year ago – equating to 217,948 more people.
24. The 62-day measure for November 2019 was 77.4%, with 163,170 (2.9%) more treatments being provided to patients in the 12 months to November 2019 on the 62-day pathway than the same period last year.
25. In April 2020, the Faster Diagnosis Standard will be introduced as a new standard covering cancer services. Most patients referred urgently to a trust for investigation of cancer will wait a maximum of 28 days to communication of a

definitive cancer / not cancer diagnosis (including those with breast symptoms) and from NHS cancer screening.

26. The Targeted Lung Health Check programme is increasing the number of lung cancers diagnosed at an early stage, when curative treatment is available. The project at Halton and Knowsley CCGs started seeing patients in October 2019. Further rollout will continue in early 2020.
27. Cancer Alliances are leading the establishment of Rapid Diagnostic Centres (RDCs) to improve access and experience of diagnostic testing and create a new referral route for people with serious but non-specific symptoms. Plans are in place for at least 40 RDC pathways across the country, with 13 RDCs already seeing patients.
28. The HPV test has been implemented as part of the National Cervical Screening programme, achieving full geographic coverage in December 2019. There has been a 29.1% resultant improvement in turnaround time within 14 days from April to September 2019. Improvement will continue following the consolidation of services.
29. A new Quality of Life metric will, for the first time, measure quality of life outcomes alongside survival so that we can understand how well patients are living and drive service improvements to ensure appropriate treatment and follow-up support is in place. The pilot phase is complete and the approach for national launch agreed. 3,500 patients have responded to the survey since March 2018. The first national survey will be delivered in summer 2020.
30. Alliances have worked with their constituent ICSs and STPs to develop five-year plans for delivery of the NHS Long Term Plan. Each Alliance has set a local trajectory for improving one-year survival and the proportion of cancers diagnosed early.

## Primary Care and System Transformation

31. In the NHS Long Term Plan (LTP) Primary Care Networks (PCNs) were identified as an essential building block of every Integrated Care System. More than 99% of general practices have come together to form more than 1,200 PCNs nationwide. This has been supported by a comprehensive programme of national and regional engagement with local healthcare systems.
32. Following PCN establishment and the launch of the PCN Development Guidance and Prospectus in August 2019, regional colleagues continue to work with local systems to understand how PCNs are progressing and how ongoing development can best be supported. Work is also taking place over Quarter 4 to start designing the PCN Development programme for 2020/21 and will be informed by the outcome of the current round of contract negotiations.
33. The current Network Contract DES allows PCNs to claim reimbursement towards guaranteed funding for up to an estimated 20,000 additional staff by 2023/24. The Government has committed to 6,000 more doctors in general

practice and 6,000 more primary care professionals, such as physiotherapists and pharmacists. This is on top of the 20,000 primary care professionals already being funded through the GP Contract. Contract negotiations for 2020/21 are ongoing and further detail to support delivery is due to be set out in the NHS People Plan later this year.

### **Integrating Care Locally**

34. NHS England and NHS Improvement continue to support systems to meet the LTP ambition that ICSs will cover the whole of England by 2021. The System Diagnostic, a self-assessment against the attributes described in the ICS Maturity Matrix, is supporting this process. To date, 85% of systems have submitted self-assessments with all systems having a good understanding of their trajectory to becoming an ICS.
35. NHS England and NHS Improvement have intensified and broadened their support to all local systems taking part in wave one of the 2019/20 ICS Accelerator Programme, aimed to support systems to boost their readiness towards becoming an ICS. Delivery for the programme started in September 2019 and some regional teams have begun nominating systems for subsequent cohorts.
36. NHS England and NHS Improvement and Public Health England are supporting twelve systems as part of wave 2 of the national development programme for Population Health Management. By the end of 2019/20, sixteen ICSs and STPs will have been supported to develop and embed population health management infrastructure and capability.

### **Mental Health**

37. Delivery of the mental health priorities and spending commitments set out in the NHS Long Term Plan and Mental Health Implementation Plan 2019/20-2023/24 continues to progress.
38. All CCGs are now reporting they are on track to achieve the Mental Health Investment Standard in 2019/20.
39. The 19% IAPT access rate target was achieved in 2018/19. Work is ongoing to ensure sufficient workforce expansion to meet the 25% access rate by 2020/21. The 50% recovery rate has continuously been exceeded since Q1 2017/18, reaching 51.8% in October 2019. Access and waiting time standards for IAPT have all been achieved. 87.3% of people entered treatment having waited less than six weeks (against a standard of 75%) and 98.5% of people entered treatment having waited less than 18 weeks (against a standard of 95%) in October 2019. The national team have strengthened the IAPT Long Term Condition 2019/20 support offer through higher engagement with regional colleagues. The aim is to replicate best practice models and ensure coverage across England.

40. Every STP in England has an operational community perinatal mental health service. An additional 13,000 women were seen in 2018/19, exceeding the annual target of 9,000 additional women.
41. NHS Digital has published a bespoke data collection in July 2019 for access to children and young people's mental health services. The collection demonstrated that 377,866 children and young people accessed mental health services in 2018/19. NHS England and NHS Improvement analysis indicates that an access rate of 36.1% was achieved in 2018/19, meaning NHS services exceeded the required trajectory of 32%.
42. Q2 2019/20 data shows the programme for children and young people accessing treatment for eating disorders to be on track to achieve a 95% standard, with 86% of patients accessing treatment within four weeks (routine) and 75.1% within one week (urgent).
43. The national standard for 56% of people to start treatment for Early Intervention in Psychosis (EIP) within two weeks was exceeded in October 2019, with performance of 74.1%. Ongoing improvement work is underway to enhance patients' access to the full range of NICE-recommended treatment in line with our commitments outlined in the Five Year Forward View for Mental Health.
44. As with last year, mental health funding is being used for schemes that support efforts to reduce out of area placements and A&E pressures, could be implemented quickly and could demonstrate impact using short-term funding.
45. It is an ambition that a minimum of two-thirds (66.7%) of people aged 65 and over living with dementia receive a formal diagnosis. This standard has been consistently achieved since July 2016 and stands at 67.8% at the end of December 2019.

## **People with a learning disability, autism or both**

46. The number of people in an inpatient setting has reduced by 24% from 2,890 in March 2015 to 2,190 in November 2019. While this reduction represents unprecedented progress, further effort is required to deliver the commitment to reduce the number of adults in an inpatient setting to 30 adults per million adults and 12-15 children and young people in an inpatient setting per million children by March 2024.
47. Over £20m is being invested to support delivery of these inpatient reduction commitments, which will help local areas to improve the capacity and skills of community services. A 'Care Room' approach is now in operation in all 7 regions to focus upon timely discharge. National support, resources and assurance has been made available to the three regions with the furthest to go to achieve the required reduction in inpatient numbers.
48. The number of C(E)TRs undertaken continues to grow year on year. Since April 2016, more than 4,905 community reviews have taken place, including more

than 1,720 for children. Over 13,415 inpatient reviews have been undertaken since April 2016, of which over 2,280 were for children and young people. The proportion of current inpatients recorded as never having had a C(E)TR fell to 4% in November 2019.

49. A programme of independent C(E)TRs of people in inpatient settings who are in long-term segregation or prolonged seclusion began in November 2019 and will continue. Each review has an independent chair as well as an independent clinician and expert by experience.
50. There were 3,000 LeDeR notifications made between November 2018 and November 2019. £5m investment has been allocated across the regions and CSUs to complete around 2000 reviews notified to LeDeR on or before 31st December 2018 and to improve overall LeDeR performance with a target of 90% completion within 6 months.
51. A quality taskforce has been established to focus on CAHMs Tier 4 inpatient care for children and young people. Chaired by Anne Longfield, Children's Commissioner for England, the Taskforce will deliver improvements in care over the next 18 months and make recommendations for next steps.
52. Every person in an out of area inpatient setting will be visited regularly by the commissioner of their care (at least every 8 weeks for adults and at least every 6 weeks for children and young people). Work is ongoing to test a 'host commissioner' arrangement to provide additional quality oversight by CCGs of the hospitals in their area.
53. We have been working with Health Education England to develop an autism training programme for providers of inpatient care for children and young people. Delivery of this training will commence in Q4 2019/20. In November 2019, the Department of Health and Social Care published its response to the consultation on mandatory training on autism and learning disability for health and social care staff and work has begun to develop and implement pilot sites to test the training.
54. Q1 2019/20 data shows that 156,140 annual health checks were conducted over the previous 12 months for people with a learning difficulty who are 14 years or older. This is an increase of 7,941 checks compared to the same period last year.