Paper: PB.28.07.2016/07

NHS ENGLAND – BOARD PAPER

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 maintain 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 maintain 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. In the first quarter of 2016/17, the corporate priority programmes have been mobilising for delivery and implementation. Programmes have been working on their governance and how they manage delivery between national teams, regional teams, with ALB partners and through sustainability and transformation plans (STPs).

4. Additional detail on a number of the corporate priorities is as follows:
    - **Learning disabilities** – An important milestone has been achieved in the commitment to close in-patient places, as the Mersey Care NHS Foundation Trust completed the acquisition of Calderstones Partnership NHS Foundation Trust. Progress on reduction of total number of beds will not meet target without more high quality community provision being created. This continues to be a focus for local delivery teams.
    - **Financial sustainability** - Programmes need to achieve significant savings required in 2017/18 compared with 2016/17. Metrics are being agreed through which programmes will monitor progress against delivery of savings until they can be seen in reported financial figures. Metrics have been agreed with Urgent and Emergency Care (now being piloted with Vanguards). New Care Models are already piloting metrics and those for Right Care are about to be finalised.
    - **100,000 Genomes (Science and Innovation priority)** – Due to the complexity of sample collection, and changed requests about the types of samples, an options appraisal to identify strategies for increasing sample collection (particularly with the Cancer cohort) was undertaken and a plan for immediate, short and medium term solutions is to be initiated. Sample collection is currently likely to be more backdated. In addition the NHS England Genomics Implementation Unit and Genomics England will continue to provide targeted support to NHS Genomic Medicine Centres (GMCs) alongside robust performance monitoring.
    - **Child Protection Information Sharing (Information and technology portfolio)** – Delivery confidence reflects delays in the schedule of Local Authority implementation of Child Protection Information Sharing. A recovery plan is being implemented to address this, and a Gateway review will be undertaken in the autumn to assure delivery.
    - **Care.data, (Information and technology portfolio)** – In light of recommendations from the National Data Guardian Review, the decision has

been taken to close the care.data programme. We are working closely with the DH to do so.

- **The Information and Technology portfolio,** which includes Widening Digital participation programme, have been reviewed and restructured into 10 Domains to better support and align with the 'Paperless 2020' portfolio. Governance arrangements and funding allocations to the Domains and programmes are being finalised. The current informatics portfolio is subject to assurance and review through the Department of Health led Informatics Portfolio Management Board (IPMB). This will transition to an NHS England chaired Digital Delivery Board, led by Matthew Swindells and the new NHS Chief Clinical Information Officer (NHS CCIO) later in the summer.

5. The following corporate risks are 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.
    - **General practice** – Work is underway to support Health Education England led work 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 sustainability and transformation plans (STPs) with detailed plans being reviewed.

6. NHS England's new Risk Framework will result in a refresh of risk management at all levels of the organisation, with better alignment between strategic and operational risk reporting. Through this work a new summary of the CRR will be presented as part of the Corporate and NHS Performance Report in due course.

PART 2 – NHS PERFORMANCE

7. 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

8. Data for May 2016 shows that 90.2% of the 2,061,609 patients attending A&E were either admitted, transferred or discharged within 4 hours. Attendances over the last twelve months have increased by 3.0% on the preceding twelve-month period.

Delayed transfers of care

9. There were 171,452 total delayed days in May 2016 This is an increase from May 2015 when there were 137,115 total delayed days

Ambulance response times

10. Of Category A calls resulting in an emergency response in May 2016, the proportion arriving within 8 minutes was 70.5% for Red 1 calls and 65.0% for Red 2 calls. 92.3% of Category A calls received an ambulance response within 19 minutes. There were more than 806,000 emergency phone calls handled in May 2016, an average of around 26,000 calls per day. This is higher than the 23,900 calls per day handled in May 2015.

NHS 111 performance

11. The number of calls received by NHS 111 services in May 2016 was 1,306,199. This is a 10.3% increase on the number of calls received in May 2015. 88.2% of the calls answered by NHS 111 services in May 2016 were answered within 60 seconds, an improvement on the 87.1% reported in April 2016. Of the calls triaged by NHS 111 in May 2016, 11.8% led to an ambulance being dispatched and 8.6% were recommended to attend A&E.

A&E improvement plan

12. Together with NHS Improvement we are mobilising 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 improved Clinical Coding).
    - Implement SAFER and other measures to improve in-hospital flow.
    - Implement Discharge best practice to reduce DToCs (Discharge to Assess, Trusted Assessor etc).

13. Regions are to 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 will need to be aligned with the work underway on the Urgent and Emergency Care Review, and will include regional primary care and NHS 111 leads. Nationally, a number of workstreams are being progressed, broadly falling under two categories. These are (i) improving metrics measuring urgent and emergency care activity and performance, including a comprehensive dashboard to monitor progress and (ii) putting in place robust winter resilience planning, including escalation and bank holiday planning.

Referral to treatment (RTT) waiting times

14. At the end of May 2016, 91.8% of patients waiting to start treatment had been waiting no more than 18 weeks. The number of patients waiting to start elective treatment at the end of the month was just under 3.7 million. Of these, 1,003 patients were waiting more than 52 weeks for treatment. During May 2016, 1,271,549 patients began consultant-led treatment.

15. 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.

16. It will be challenging to recover RTT performance in the short term. The joint national oversight and programme arrangements that are now in place are being used to mobilise action through regional teams in a co-ordinated way.

Cancer waiting times

17. In May 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 81.4% 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%).

18. NHS England has recently published a new wide-ranging plan which takes forward the five-year cancer strategy of the Independent Cancer Taskforce. This plan will increase prevention, speed up diagnosis, improve the experience of patients and help people living with and beyond cancer. From 2020, all patients with suspected cancer will be given a definitive diagnosis or the all clear within 28 days of being urgently referred by a GP. The team has identified 5 pilot sites for the cancer 28day faster diagnosis standard which will begin testing various cancer pathways from September 2016 onwards.

Diagnostic waits

19. A total of 1,740,100 diagnostic tests were undertaken in May 2016. This is a 4.2% increase on the number of tests undertaken in May 2015. 98.6% of patients waiting at the end of May 2016 had been waiting less than six weeks from referral for one of the 15 key diagnostic tests.

Improving Access to Psychological Therapies

20. The NHS Mandate commits that at least 15% of adults with common mental health disorders will have timely access to psychological therapies. In March 2016, an annualised IAPT access rate of 17.1% was achieved, an increase when compared to performance in February 2016 (16.6%) and January 2016 (16.6%).

21. The rate of recovery, despite falling short of the 50% ambition, has begun to show improvement. In March 2016 the rate was 47.9%, a slight decrease from 48.8% in

February 2016 and matching the rate of 47.9% in January 2016. NHS England continues to work on reducing variation, with intensive support focussed on the lowest-performing IAPT providers to improve their recovery rates. In March the recovery rate was met by 111 (53%) of CCGs.

22. IAPT waiting time standards have been met since January 2015. In March 2016, 83.6% 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 96.7%, against a standard of 95%.

Dementia

23. In May and April 2016 the diagnosis rate for dementia was 66.4% and 66.2% respectively.

24. Each financial year, the prevalence estimate is recalculated to take account of demographic changes. The April 2016 data (where the diagnosis rate was 66.4%) was the first set using prevalence estimates based on ONS population projection for 2016 rather than 2015.The dementia diagnosis rate is calculated for people aged 65 and over, for whom current estimate on dementia registers is at 422,873, a decrease of 1,300 people compared to April 2016. When the prevalence calculations changed in April, there was an initial increase of 2,488 people aged 65 and over on these registers compared to March 2016.

Transforming Care

25. The total number of inpatients continues to reduce month on month and is now 2,575. Most recent data shows that in 2015/16 1,840 people were admitted and 2,015 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

26. 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: July 2016

APPENDIX A

Summary of priority programme RAG ratings

Priorities and constituent programmes	Latest reporting period	Latest delivery confidence RAG score
(1) Cancer	**May-16**	**A**
(2) Mental health	**May-16**	**A**
(3) Learning disabilities	**May-16**	**A/R**
(4) Diabetes	**May-16**	**A**
(5) Primary care	**May-16**	**A**
(6) Urgent and emergency care	**May-16**	**A/R**
(7) Elective care	**May-16**	**A**
Maternity Transformation	May-16	A
(8) Specialised care	**May-16**	**A/G**
Proton Beam Therapy	May-16	A/G
(9a) New Care Models	**May-16**	**A**
(9b) Personalisation & Choice	**May-16**	**A**
(9c) Commissioning Development	**May-16**	**A/G**
(10a) Financial sustainability & efficiency	**May-16**	**A**
Right Care	May-16	A
(10b) Science & Innovation	**May-16**	**A/R**
100,000 genomes	May-16	A/R
(10c) Patients & the Public	**May-16**	**A/R**
Self-care	May-16	A/R
(10d) Information and technology	**May-16**	**A**
Child Protection Information Sharing	May-16	R
Widening Digital Participation	May-16	R
(10e) Capability & Infrastructure inc INHSE	**May-16**	**A**
GMPP Programmes (not covered under the current Business Plan priorities)		
Liaison and Diversion	May-16	A

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	Mar-16	15%	17.1%	↑
IAPT recovery rate	Mar-16	50%	47.9%	↓
Dementia diagnosis rate	May-16	66.6%	66.2%	↓
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	May-16	93%	94.0%	↑
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	May-16	93%	92.1%	↑
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	May-16	96%	97.7%	↑
Maximum 31-day wait for subsequent treatment where that treatment is surgery	May-16	94%	94.8%	↑
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	May-16	98%	99.5%	↑
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	May-16	94%	97.5%	↑
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	May-16	90%	90.8%	↓
Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer	May-16	85%	81.4%	↓
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	May-16	Not set	88.1%	↓
Patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	May-16	92%	91.8%	↑
Number of patients waiting more than 52 weeks from referral to treatment	May-16	0	1,003	↑
Patients waiting less than 6 weeks from referral for a diagnostic test	May-16	99%	98.6%	↑
Patients admitted, transferred or discharged within 4 hours of their arrival at an A&E department	May-16	95%	90.2%	↑
Category A calls resulting in an emergency response arriving within 8 minutes (Red 1)	May-16	75%	70.5%	↓
Category A calls resulting in an emergency response arriving within 8 minutes (Red 2)	May-16	75%	65.0%	↓
Category A calls resulting in an ambulance arriving at the scene within 19 minutes	May-16	95%	92.3%	↑
Mixed sex accommodation breaches	May-16	0	467	↓
Operations cancelled for non-clinical reasons on or after the day of admission not rescheduled within 28 days	Q4 2015/16	0%	8.0%	↓