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NHS ENGLAND – Board Paper

Title: NHS Performance and NHS England Corporate Report
Lead Director: Matthew Swindells, National Director: Operations and Information Paul Baumann, Chief Financial Officer
Purpose of Paper: 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. To inform the Board of progress against NHS England's corporate objectives.
The Board is invited to: Note the contents of this report and receive assurance on NHS England's actions to support NHS performance and progress against NHS England's corporate objectives.

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.

2. It is in two parts. The first part considers the performance of the NHS against the NHS Constitution standards and other commitments. The second part considers NHS England's performance against current corporate objectives.

PART 1 – NHS PERFORMANCE

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. .

Urgent and emergency care

A&E performance

4. Data for May 2017 shows that 89.7% attending A&E were either admitted, transferred or discharged within 4 hours. The total number of attendances in May 2017 was 2,069,000, a decrease of 0.1% on the same month last year. Of these, attendances at type 1 A&E departments were 0.4% lower. Looking at the pattern over slightly longer time periods, attendances in the last 3 months showed a 0.1% increase when compared to the same 3 months last year but activity in the last 12 months increased by 2.0%.

5. There were 508,000 emergency admissions in May 2017, 3.0% more than in May 2016. Emergency admissions over the last twelve months are up 2.7% on the preceding twelve month period.

6. Jointly with NHS Improvement, we wrote to the NHS and LAs on preparing for winter, describing our priorities for the next few months and setting out the actions that have already been taken to build resilience ahead of next winter, including £100m capital funds to support improvements in Emergency Departments and publishing the national standards for Urgent Treatment centres. That letter is attached Appendix A

Delayed transfers of care

7. There were 178,400 total delayed days in May 2017, of which 115,600 were in acute care. This is a small increase from May 2016, where there were 172,300 total delayed days, of which 115,500 were in acute care. The 178,400 total delayed days in May 2017 is equivalent to 5,755 daily DTOC beds. This compares to 5,905 in April 2017 and 5,558 in May 2016.

8. The Next Steps on the FYFV set out an expectation that the NHS and social care will collectively 'free up' 2,000-3,000 beds and this will be one of the key determinants of quality and performance this year. The government announced in early July that councils will be expected to deliver half (targets have been set that mean LAs and CCGs will each free-up around 1,300 beds by reducing DTOCs) of the national ambition to reduce DTOCs, drawing on the money allocated in March's budget for the purposes of meeting adult social care needs, reducing pressures on the NHS and stabilising the care provider market. They also stated that, where individual LAs are performing poorly against this ambition, they will consider reviewing 18/19 BCF funding allocations in November 2017

9. Reducing delays must, however, be a shared endeavour. CCGs, community trusts, mental health trusts and acute trusts will need to work together deliver the NHS's half of this ambition. CCGs are in the process of agreeing targets with their regional teams. Provisional targets for both CCGs and local authorities will be submitted on 21 July, and confirmed as part of locally agreed BCF plans to be submitted by 11 September. These plans will be assured by the beginning of October.

Ambulance response times

10. Of Category A calls resulting in an emergency response in May 2017, the proportion arriving within 8 minutes was 70.5% for Red 1 calls 90.8% of Category A calls received an ambulance response within 19 minutes. In May 2017, of Category A Red 2 calls in England resulting in an emergency response, the proportion arriving within 8 minutes was 63.5%.

11. However, it should be noted that these data are not comparable to previous periods, due to the ongoing Ambulance Response Programme (see para 14).

12. There were 594,692 emergency calls that received a face-to-face response from the ambulance service in May 2017.

13. On 13 July 2017, Sir Bruce Keogh's recommendations to fundamentally re-design the ambulance service's operating model were published. These recommendations have been accepted by the Secretary of State for Health. Key components of this re-design are:
    - Quicker identification of life-threatening conditions using a pre-triage system;
    - Introduction of new response times standards which cover every single patient, not just those in immediate need;
    - A new dispatch model, giving staff more time to identify patients' needs; and
    - A change to the rules around what "stops the clock", so standards can only be met by doing the right thing for the patient.

14. This redesign will be live in all trusts by this winter and we expect it to bring significant clinical benefits for patients.

NHS 111 performance

15. There were 1,306,997 calls offered to the NHS 111 service in May 2017, an average of 42.2 thousand per day, very similar to 1,306,199 in May 2016. The year to date number is 2.69m, up from 2.5m in the previous year.

16. In May 2017, of calls answered by NHS 111, 89.2% were answered within 60 seconds, less than 91.4% in April 2017, but more than 88.2% in May 2016.

17. Of calls triaged in May 2017, 12% had ambulances dispatched, 9% were recommended to attend A&E, 60% were recommended to attend primary care, 5% were advised to attend another service, and 14% were not recommended to attend another service.

Referral to treatment (RTT) waiting times

18. At the end of May 2017, 90.4% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard. The number of RTT patients waiting to start treatment at the end of May 2017 was 3.81 million patients. Of those, 1,651 patients were waiting more than 52 weeks.

Cancer waiting times

19. In May 2017, hospitals delivered against six of the eight cancer waiting time operational standards, with the exception of the two week standard for patients urgently referred for breast symptoms (cancer not initially suspected) (performance of 90.5% against a standard of 93%) and the 62 day standard from urgent GP referral to first definitive treatment (performance of 81.0% against a standard of 85%). The two week standard for patients seeing a specialist for suspected cancer following an urgent GP referral recovered from missing the 93% standard last month to performance of 94% this month.

20. Regional teams, alongside local systems are implementing a series of key actions to help recover the 62 day standard. These include; implementing 10 High Impact Actions, deploying intensive support teams in trusts with the most breaches, and implementing optimal pathways across lung, prostate and upper and lower GI pathways. Additional medium to longer term actions include phased development of Rapid Diagnostic and Assessment Centres and implementing digital diagnostic services and networks across alliance geographies.

Diagnostic waits

21. The total number of patients waiting 6 weeks or longer from referral for one of the 15 key diagnostic tests at the end of May 2017 was 17,300. This was 1.9% of the total number of patients waiting at the end of the month.

22. A total of 1,864,300 diagnostic tests were undertaken in May 2017. This is an increase of 124,000 from May 2016. In the last twelve months activity has continued to increase with an average monthly increase of 0.6% (0.2% adjusted for working days).

Improving Access to Psychological Therapies

23. The monthly annualised access rate for March 2017 was 17.3%, this is an increase from February 2017 which had an access rate of 15.5%.

24. During March 2017, the monthly IAPT recovery standard was achieved with a rate of 51.7%, this is an increase compared to the February figure 51.1%. The recovery standard was met by 148 CCGs, an increase from 132 CCGs in February 2017.

25. Reliable improvement which measures whether there has been a reduction in symptoms was 66.3%, a slight increase from the February figure 66.2%.

26. The waiting times performance was above the standard of 75% of people completing a course of treatment having received their first treatment appointment within 6 weeks of referral, with performance of 89.4% for March 2017. Similarly the standard of 95% of people completing a course of treatment having received their first treatment appointment within 18 weeks of referral was achieved at 98.9%. This continues to show fluctuations as seen in previous months, however both standards have been met nationally since being introduced in January 2015.

Dementia

27. At the end of May 2017 the estimated diagnosis rate for dementia was 67.8%, above the ambition of the NHS Mandate that two-thirds (66.7%) of people living with dementia receive a formal diagnosis. This is 0.1% lower than end-April 2017 and an increase of 303 recorded diagnoses from end-April 2017. The dementia diagnosis rate is calculated for people aged 65 and over only.

28. Out of 7,293 participating GP practices, data was collected for 7,213 in May 2017; equating to 98.9% coverage. This represents a coverage increase of 1.6% from April 2017.

Early Intervention in Psychosis

29. Performance against the referral to treatment (RTT) element of the standard from the UNIFY collection shows 78.0% of people started treatment within 2 weeks in May 2017. The number of incomplete pathways (patients waiting) at the end of May 2017 was 1,111, of these 583 were waiting for more than two weeks.

Transforming Care for people with learning disabilities

30. The Transforming Care Programme delivered through regional teams and TCPs have made progress in reducing the numbers of inpatients. As at May 2017 the total number of inpatient is 2,500, a reduction of 65 patients since March 2017 year end position of 2,565. This equates to a reduction of 265 patients (9.6%) since March 2016 and a reduction of 340 patients (12%) since March 2015.

PART 2 – NHS ENGLAND'S PROGRAMMES

31. NHS England's delivery against the 2016/17 Mandate objectives is shown at Appendix B.

32. The *Next Steps on the NHS Five Year Forward View,* published in April 2017, sets a new structure for how what were previously called our 'corporate priorities' are to be managed, and this will be reflected in Board reporting going forward. Through the Transforming NHS England programme we are looking at governance, reporting, and

other aspects of how NHS England processes will be affected by the various stages of change.

33. Additional detail relating to individual programmes and corporate risks are as follows:

- **Elective care** - The elective care programme is taking action to make improvements to NHS delivery against the RTT standard, although NHS England's mandate for 2017/18 made clear that these improvements will need to be phased. In particular, we will expect all CCGs to expand their Rightcare programme and implement best practice on MSK Triage and clinical peer review.

- **Learning disabilities** – To support work on the creation of community provision and reduction of in-patient beds, refreshed plans have been received by exception from local Transforming Care Partnerships (TCPs) and challenged by regional teams where neccessary. Regional teams are working with TCPs to ensure that plans remain on track.

- **Proton Beam Therapy** - Progress is on plan at the Christie site for the first patient to be treated in the UK in 2018 with delivery of the cyclotron completed on time in June. Excavation activities at the UCLH site are materially complete with a revised first patient treatment date of 2020. Oversight of PBT moved into specialised commissioning from 1 July.

- **Cyber risk** – The corporate risk for Protecting NHS Information has been split into Data Sharing and Cyber Security. Measures on prevention and contingency planning are being further strengthened.

- **Financial sustainability risk** – Plans for 17/18 include challenging efficiency targets and a level of risk remains, but we have provided additional support to CCGs to develop QIPP plans further, as well as continuing our work with local health economies through the Capped Expenditure Process, in order to both consolidate and strengthen CCG efficiency plans for the year. The FYFV next steps document has brought a system-wide perspective to efficiency through the 10 point-plan, and has encouraged closer working with partners (including NHSI) which should act as mitigation to some of the delivery challenges on the ground**.**

RECOMMENDATION

34. The Board is asked to note the contents of this report and receive assurance on NHS England's actions to support both NHS performance and progress against NHS England's corporate objectives.

APPENDIX A

To: Local A&E Delivery Board Chairs

CC: CCG Clinical Leaders
CCG Accountable Officers
Acute Trust Chief Executive Officers
Ambulance Trust Chief Executive Officers
Mental Health Trust Chief Executive Officers
Community Trust Chief Executive Officers
Local Authority Chief Executive Officers

14 July 2017 Gateway Reference Number: 06969

Dear colleague,

Preparation for winter 2017/18

Last winter was a challenging period for the NHS. Thanks to the huge efforts of frontline staff, patients continued to receive safe care during this period. Over 85 in 100 patients were admitted, transferred or discharged from A&E within four hours, and this figure has since recovered to 90 out of 100 patients. However it is clear that the system remains under pressure, and in order to meet the challenges of this winter we need to learn from the experiences of last year. I am writing to you today to describe our priorities for the next few months, together with actions that have already been taken to build resilience ahead of next winter.

1. Ensuring there is enough capacity to meet the pressures of winter

Reducing delayed transfers of care

DTOCs remain a significant barrier to improving patient care on emergency care pathways and performance against the four hour standard. Since the standard was last met, the NHS has lost the equivalent of 2,500 beds to DTOCs, which has increased occupancy and left systems less resilient to operational pressures. Last winter the NHS actually opened more beds than in the previous year. However it lost almost twice as many to DTOCs, leading to occupancy hitting its highest-ever levels and the system struggling to respond to periods of high demand.

Our ability to collectively free up 2,000-3,000 beds will be one of the key determinants of quality and performance this year. The government announced last week that councils will be expected to deliver half of this national ambition to reduce DTOCs, drawing on the £1bn allocated in the Spring Budget 2017 for the purposes of meeting adult social care needs; reducing pressures on the NHS including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

Each Local Authority will need to agree their plan for meeting those goals in line with expectations set by government. The Government will take stock of progress in

November and consider reviewing 2018/19 allocations of the social care funding provided in the Spring Budget 2017 for any areas that remain performing poorly. This funding will all remain with Local Government and will be used for adult social care.

Reducing delays must, however, be a shared endeavour. CCGs, Community Trusts, Mental Health Trusts and Acute Trusts will need to work together to deliver the NHS's half of this ambition. Some of the NHS-related DTOCs are driven by internal process issues and poorly managed handoffs between acute and community health services, and some by suboptimal CCG assessment processes for NHS Continuing Healthcare. Target reductions in NHS-related DTOCs are in the process of being agreed between the NHS locally via CCGs with our regional teams.

In addition, the Government has asked CQC to review 12 areas to identify how well people move through the health and social care system, with a particular focus on the interface, and what improvements could be made. Their findings should provide a solid basis for rapid improvement in performance in the poorest performing areas.

The BCF planning process this year will reflect these developments. BCF plans and associated funds transfer will only be approved if the relevant LA and CCG(s) have agreed health and social care-related DTOC reduction targets and a credible plan to deliver them, having consulted the relevant local Trust(s).These target DTOC reductions need to be consistent with the expectations set by Ministers and NHS England. Provisional trajectories must be submitted by 21 July. Indicative targets and guidance for all Local Authorities and CCG areas can be found in Appendices 1 and 2.

Graduation from the BCF will also be conditional on sufficient progress against agreed targets. Any areas approved for graduation in 2017/18 could still have their IBCF allocations reviewed if they do not achieve the required DTOC reduction.

Reducing variation in best practice

To provide support to Trusts to reduce delays as outlined above, NHS Improvement has published on its website a good practice guide*: Focus on Improving Patient Flow.* The guide has been written in collaboration with a wide range of stakeholders and outlines priorities that should be implemented systematically and comprehensively to improve flow. All NHS Trusts should review the guidance and confirm their plans to adopt best practice in the context of the development of their winter plans by early September.

Primary Care streaming

£100m was made available in the March budget to support improvements in Emergency Departments; specifically, for all systems to implement a robust primary care streaming model. The first tranche was allocated on 21 April 2017, when 63 Trusts received a total of £55m. The allocation of the second tranche was confirmed in June 2017 and 27 Trusts received a total of £21m.

This funding is conditional on implementation of agreed actions by the end of October 2017, to deliver improved services in time for winter 2017/18. This service

improvement is a national priority over the coming few months. Operational guidance to support primary care streaming was issued on 7 July 2017 and we are happy to discuss any queries that you may have on proposed operating models.

2. Reforming and redesigning the wider Urgent and Emergency Care system

Urgent Treatment Centres

The *Next Steps on the Five Year Forward View* document published in March described a process to end the confusing array of Urgent Care Centres, Minor Injury Units, Walk-In-Centres and other forms of urgent care provision outside of A&Es. We are creating a more standardised offer for patients, which will be known as Urgent Treatment Centres (UTCs). UTCs will provide a more standardised, consistent offer, including:

- A service open 12 hours a day, seven days a week, integrated with local urgent care services;
- Treatment by clinicians with access to diagnostic facilities that will usually include an X-ray machine; and
- Appointments that will be bookable through 111 as well as GP referral.

We expect to designate the first 150 facilities by December 2017. We have today published the national standards which UTCs will need to meet, together with FAQs. These can be accessed here. In addition, a pro-forma will be made available shortly to assist local areas in reviewing their current facilities.

Support for regions and local areas to implement the UTC standards will be provided through our national urgent and emergency care delivery PMO and regional PMOs.

The Ambulance Response Programme

There have long been concerns about the way in which the ambulance service currently operates – including inefficient 'multiple dispatching', long-waits for 'non-urgent' patients, and significant disparities between urban and rural response times. These issues are more acute during the winter period and can impact on the quality and safety of patient care.

The Secretary of State for Health has accepted Sir Bruce Keogh's recommendations to fundamentally re-design the service's operating model. Key components of this re-design are:

- Quicker identification of life-threatening conditions using a pre-triage system;
- Introduction of new response times standards which cover every single patient, not just those in immediate need;
- A new dispatch model, giving staff more time to identify patients' needs; and
- A change to the rules around what "stops the clock", so standards can only be met by doing the right thing for the patient.

This new operating model will be live in all Trusts by this winter and bring significant clinical benefits for patients.

3. Flu planning

The National Flu Immunisation Programme was launched by Public Health England on 20 March 2017, and all systems should be working to ensure that comprehensive immunisation programmes are delivered and that all high risk groups are targeted to the maximum extent possible.

Full details of the programme and associated guidance can be found here.

In addition, a CQUIN will remain in place for Trusts to ensure high uptake of flu vaccinations amongst their workforce. Vaccination rates last year increased by over 30%, equivalent to an additional 120,000 staff. Building on this excellent progress will benefit both our staff and our patients.

4. National support and winter planning

NHS England and NHS Improvement will be more aligned to better support local systems through the winter months. For the first time, 2017/18 will see formal winter planning starting in July, with final local plans to be submitted in early September as per the timetable below. To ensure local systems have sufficient time for proper planning and discussion with partners, we are setting out the key planning and assurance dates for the entire winter period, with general resilience plans right up to Easter.

In developing their overarching winter plans, Local A&E Delivery Boards should prioritise the following:

- Demand and capacity plans
- Front door processes and primary care streaming
- Flow through the UEC pathway
- Effective discharge processes
- Planning for peaks in demand over weekends and bank holidays
- Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow.*

The key actions and dates are set out below, with more detail in Appendix 2.

Action	Description	Deadline
Overall winter plans submitted	Local A&E Delivery Boards to submit final winter plans covering resilience arrangements from the start of December up to Easter. More information on what these plans should cover is given in the annex.	Submitted to NHS E/I regional teams on Friday 8 September 2017
Late December/Early January plans submitted	Local A&E Delivery Boards to submit more detailed plans setting out what resilience arrangements are in place to get them through the Christmas/New Year bank holiday and highly pressured early January period.	Submitted to UNIFY on Friday 1 December 2017

Easter bank holiday plans submitted	Local A&E Delivery Boards to submit plans to ensure system resilience during and immediately after the Easter bank holiday	Submitted to NHS E/I regional teams on Friday 2 March 2018

Summary

During my time in this role I have visited almost a third of A&Es in England, and I am constantly aware of how much time and effort you are all investing in improving your local urgent and emergency care services. Whilst the system remains under pressure, the extra investment this year in Social Care and streaming facilities in particular give us a real opportunity to improve performance.

Thank you for your leadership and to your staff for their enormous efforts. I look forward to working together to ensure this opportunity is realised.

Yours sincerely,

Pauline Philip

National Urgent & Emergency Care Director
NHS England and NHS Improvement

APPENDIX B

Year end reporting on 2016-17 NHS England Mandate Deliverables deliverables

Objective 1.1 - CCG assessment	RAG
1.1a) By June, publish results of the CCG assessment framework for 2015-16, which provides CCGs with an aggregated Ofsted style assessment of performance and allows them to benchmark against other CCGs and informs whether NHS England intervention is needed.	G
1.1b) Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure progress on priorities set out in the mandate and the NHS planning guidance including overall Ofsted-style assessment for each of cancer, dementia, maternity, mental health, learning disabilities and diabetes, as well as metrics on efficiency, core performance, technology and prevention.	G
1.1c) By the end of Q1 of 2016-17, publish the first overall assessment for each of the six clinical areas above.	G

Objective 2.1 - Avoidable Deaths and 7-day Services	RAG
2.1a) Publish avoidable deaths per trust annually and support NHS Improvement to help trusts to implement programme to improve from March 2016 baseline.	G
2.1b) Rollout of four clinical priority standards in all relevant specialties to 25% of population.	G
2.1c) Implement agreed recommendations of the National Maternity Review in relation to safety, and support progress on delivering Sign up to Safety.	A/G
2.1d) Support the Government's goal to establish global and UK baseline and ambition for antimicrobial prescribing and resistance rates.	G

Objective 2.2 - Patient experience	RAG
2.2a) Produce a plan with specific milestones for improving patient choice by 2020, particularly in maternity, end-of-life care (including to ensure more people are able to achieve their preferred place of care and death), and personal health budgets.	A/G
2.2b) Building on the FFT, develop proposals about how feedback, particularly in maternity services, could be enhanced to drive improvements to services at clinical and ward levels.	A/G

Objective 2.3 - Cancer access	RAG
2.3a) Achieve 62-day cancer waiting time standard.	R
2.3b) Support NHS Improvement to achieve measurable progress towards the national diagnostic standard of patients waiting no more than 6 weeks from referral to test.	A/R
2.3c) Agree trajectory for increases in diagnostic capacity required to 2020 and achieve it for year one. [Note: DH has agreed with NHS England that activity rather than capacity should be measured. Please refer to deliverable 2.3b for progress.]	
2.3d) Invest £340m in providing cancer treatments not routinely provided on the NHS through the Cancer Drugs Fund, and ensure effective transition to the agreed operating model to improve its effectiveness within its existing budget.	G

Objective 3.1 - Balancing the NHS budget	RAG
3.1a) With NHS Improvement ensure the NHS balances its budget, with commissioners and providers living within their budgets, and support NHS Improvement in achieving provider efficiencies.	G
	G
3.1c) Measurable improvement in primary care productivity, including through supporting community pharmacy reform.	A/G
3.1d) Work with CCGs to support Government's goal to increase NHS cost recovery up to £500m by 2017-18 from overseas patients.	A/G
3.1e) Ensure CCGs' local estates strategies support the overall goal of releasing £2bn and land for 26,000 homes by 2020.	A/G

Objective 4.1 - Obesity and diabetes	RAG
4.1a) Contribute to the agreed child obesity implementation plan, including wider action to achieve year on year improvement trajectory for the percentage of children who are overweight or obese.	G
4.1b) 10,000 people referred to the Diabetes Prevention Programme.	G

Objective 4.2 - Dementia	RAG
4.2a) Maintain a minimum of two thirds diagnosis rates for people with dementia.	G
4.2b) Work with National Institute for Health Research on location of Dementia Institute. [Note: DH no longer requires NHS England to work with the National Institute for Health Research on the location of Dementia Institute. Therefore, DH is not measuring progress against this objective.]	
4.2c) Agree an affordable implementation plan for the Prime Minister's challenge on dementia 2020, including to improve the quality of post-diagnosis treatment and support.	A/G

Objective 5.1 - A&E, Ambulances and Referral to Treatment (RTT)	RAG
5.1a) With NHS Improvement, agree improvement trajectory and deliver the plan for year one for A&E.	R
5.1b) Implement Urgent and Emergency Care Networks in 20% of the country designated as transformation areas, including clear steps towards a single point of contact.	G
5.1c) With NHS Improvement, agree improvement trajectory and deliver the plan for year one for ambulance responses; complete Red 2 pilots and decide on full roll-out.	A/R
5.1d) With NHS Improvement, meet the 18-week referral-to-treatment standard, including implementing patient choice in line with the NHS Constitution; and reduce unwarranted variation between CCG referral rates to better manage demand.	A/R

Objective 6.1 - New models of care and General Practice	RAG
6.1a) New models of care covering the 20% of the population designated as being in a transformation area to: Provide access to enhanced GP services, including evening and weekend access and same-day GP appointments for all over 75s who need them.	A/G
6.1b) New models of care covering the 20% of the population designated as being in a transformation area to: Make progress on integration of health and social care, integrated urgent and emergency care, and electronic record sharing.	A/G
6.1c) Publish practice-level metrics on quality of and access to GP services and, with the Health and Social Care Information Centre, provide GPs with benchmarking information for named patient lists.	G
6.1d) Develop new voluntary contract for GPs (Multidisciplinary Community Provider contract) ready for implementation in 2017-18.	A/G

Objective 6.2 - Health and social care integration	RAG
6.2a) Implement the Better Care Fund (BCF) in line with the BCF Policy Framework for 2016-17.	A/G
6.2b) Every area to have an agreed plan by March 2017 for better integrating health and social care.	
6.2c) Working with partners, achieve accelerated implementation of health and social care integration in the 20% of the country designated as transformation areas, by sharing electronic health records and making measurable progress towards integrated assessment and provision.	G
6.2d) Work with the Department of Health, other national partners and local areas to agree and support implementation of local devolution deals.	G
6.2e) Agree a system-wide plan for reducing delayed transfers of care with overall goal and trajectory for improvement, and with local government and NHS partners implement year one of this plan.	A/G

Objective 6.3 - Mental health, learning disabilities and autism	RAG
6.3a) 50% of people experiencing first episode of psychosis to access treatment within two weeks.	G
6.3b) 75% of people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks.	G
6.3c) Increase in people with learning disabilities/autism being cared for by community not inpatient services, including implementing the 2016-17 actions for Transforming Care.	G
6.3d)Agree and implement a plan to improve crisis care for all ages, including investing in places of safety.	G
6.3e) Oversee the implementation of locally led transformation plans for children and young people's mental health, which improve prevention and early intervention activity, and be on track to deliver national coverage of the children and young people's Improving Access to Psychological Therapies (IAPT) programme by 2018.	A/G
6.3f) Implement agreed actions from the Mental Health Taskforce.	G

Objective 7.1 - Research and growth	RAG
(2020 Goal) Implement research proposals and initiatives in the NHS England research plan (2020 goal)	A/G
(2020 Goal) To assure and monitor NHS Genomic Medicine Centre performance to deliver the 100,000 genomes commitment	A/R
7.1a) Implement the agreed recommendations of the Accelerated Access Review including developing ambition and trajectory on NHS uptake of affordable and cost-effective new innovations. [Note: The Accelerated Access Review was published on 24 October and is awaiting a formal government response.]	

Objective 7.2 - Technology	RAG
7.2a) Minimum of 10% of patients actively accessing primary care services online or through apps, and set trajectory and plan for achieving a significant increase by 2020.	G
7.2b) Ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available from April 2016. [Note: This deliverable is owned by NHS Digital]	
7.2c) Robust data security standards in place and being enforced for patient confidential data.	A/G
7.2d) Make progress in delivering new consent-based data services to enable effective data sharing for commissioning and other purposes for the benefit of health and care.	A/G
7.2e) Significant increase in patient access to and use of the electronic health record.	G

Objective 7.3 - Health and work	RAG
7.3a) Continue to deliver and evaluate NHS England's plan to improve the health and wellbeing of the NHS workforce.	G
7.3b) Work with Government to develop proposals to expand and trial promising interventions to support people with long-term health conditions and disabilities back into employment.	G

APPENDIX C

NHS England Corporate Risk Register summary

	Strategic Challenges	Principal Risk	Jan 2017	Feb 2017	March 2017	April 2017	May 2017	June 2017	Post-Mitigation RAG and date
NHS England Focussed	**Strategic Challenge 1: Delivering Our Core Business** *The challenge of delivering our core business and discharging all legal and statutory obligations*	1. Quality	AR	AR	AR	AR	AR	AR	July 2017
		2. Finance	AR	AR	AR	AR	R	R	June 2017
		3. Urgent and Emergency Care Performance		R	R	R	R	R	March 2018
		4. Waiting Time Operational Performance (RTT)		AR	R	R	R	R	March 2018
		5. Data Sharing (formerly Protecting NHS Information)		AR	AR	A	A	A	December 2017
		6. Cyber Security						R	March 2018
		7. Primary Care Support Services	R	R	AR	AR	AR	AR	October 2017
		8. NHS England Organisational Alignment	A	A	AG	A	A	A	June 2017
NHS Wide (NHS England's Role As A Leader To Drive Transformation)	**Strategic Challenge 2: Delivering Transformational Change** *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*	9. Transforming Primary Care	R	AR	AR	AR	AR	AR	March 2018
		10. National Programmes Delivery	A	A	A	A	A	A	June 2017
		11. Supporting STPs to Transform Local Health Economies	AR	AR	AR	AR	AR	AR	May 2017
	Strategic Challenge 3: Workforce, Capability and Capacity *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*	12. System Leadership and Workforce	AR	AR	AR	AR	AR	AR	July 2017
	Strategic Challenge 4: System Financial Sustainability *The challenge of ensuring financial sustainability*	13. System Efficiency Savings	R	R	R	R	R	AR	July 2017