

How is the health and social care system performing?

Quarterly monitoring report

January 2014

January 2014

The King's Fund published its first *Quarterly monitoring report* in April 2011 as part of its work to track, analyse and comment on the changes and challenges the health and social care system is facing. This is the 10th report and aims to take stock of what has happened over the past quarter and assess the state of the health and social care system more than halfway through the £20 billion Nicholson Challenge. It provides an update on how the NHS is coping as it continues to grapple with this productivity challenge under continued

financial pressure and gauges early views about the potential impact of the Better Care Fund (formerly the Integration Transformation Fund).

The *Quarterly monitoring report* combines publicly available data on selected NHS performance measures with views from NHS trust finance directors, clinical commissioning group (CCG) finance leads, and local authority directors of adult social services (see box below).

SURVEY OF NHS TRUST FINANCE DIRECTORS, CCG FINANCE LEADS AND LOCAL AUTHORITY DIRECTORS OF ADULT SOCIAL SERVICES

This report details the results of an online survey of NHS trust finance directors carried out between 22 November 2013 and 6 December 2013. We contacted 230 trust finance directors to take part and 79 responded (34 per cent response rate).

In addition, 195 clinical commissioning group (CCG) finance leads were contacted and 58

responded (30 per cent response rate). Between them these finance leads covered 72 CCGs.

The online survey of directors of adult social services was carried out over the same period. Of the 152 directors contacted, 47 responded (31 per cent response rate).

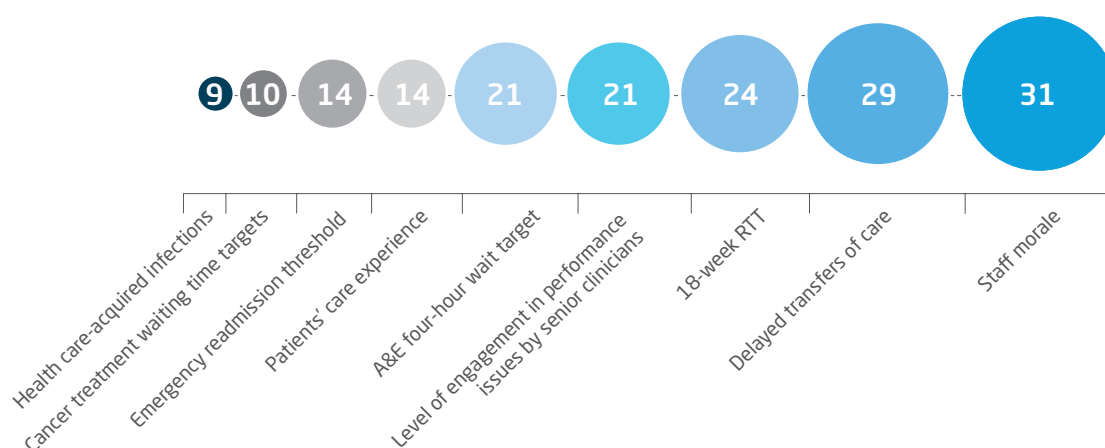
Overview

- Our latest survey of NHS trust finance directors, clinical commissioning group (CCG) finance leads, and directors of adult social services contains some good news, but also a worrying rise in pessimism.
- Despite the ongoing financial squeeze, to date most NHS finance directors and directors of adult social services believe quality of care in the NHS has stayed stable or improved and indeed trusts are more confident about quality of care in December 2013 than they were a year previously. This suggests a service holding up well, which official data generally confirms. However, equally striking is the rapid growth in concern about staff morale and a wave of pessimism about delivering further savings and productivity gains in the future, as well as concern about the overall financial health of the wider health and social care system over the next year. If this growing pessimism proves correct, then the feasibility of achieving a balancing act between quality and finance may finally be coming to an end.
- Optimistically, and especially given the problems with accident and emergency (A&E) waiting times experienced early last year, official data suggests that up to the end of December, A&E waiting times were generally within target. The number of health care-acquired infections has also remained at historically low levels.
- More importantly perhaps, for those at the front line in hospitals, the four-hour A&E waiting time target is no longer trust finance directors' main concern (see figure 1). In our last three reports this target had topped the list of worries. Management focus, hard work by clinical and other staff, the media spotlight, a great deal of political pressure (plus relatively benign weather) has – so far – combined to ensure better performance this quarter.
- As to whether the additional winter pressure monies have or will make a difference there were some mixed views. Nearly 30 per cent of NHS trust finance directors thought the impact of the extra money would be marginal. According to trust finance directors, improved care outside hospital in order

to reduce preventable attendances at A&E, and reductions in delayed transfers elsewhere in their hospitals would make the most difference to pressures faced by A&E departments.

- Past experience shows that the emergency care system will be under more pressure over January through to March. And, for CCG finance leads, the A&E target remains a top concern. It is also worth bearing in mind that while the target was met in aggregate in the quarter to December, slightly more than one in four trusts breached the target over this period.

Figure 1: Which aspects of your organisation's performance are giving you most cause for concern at the moment? Please select top three
NHS trust finance directors

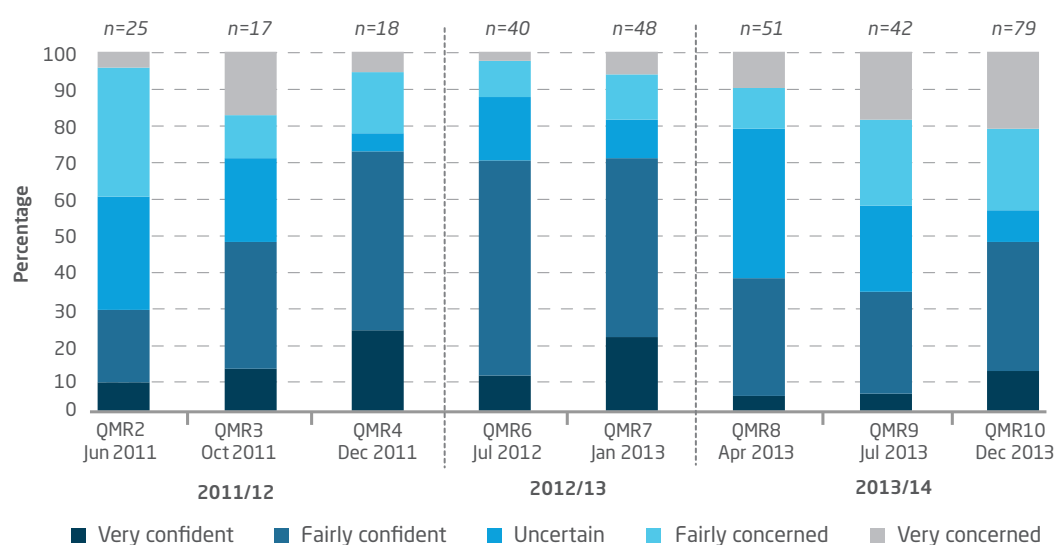


- More pessimistically, as figure 1 shows, for the first time the most important worry for trust finance directors is the morale of staff. As NHS England has recently noted, staff satisfaction is an important indicator of quality; as the latest planning framework for 2014/15 to 2018/19 states, '...happy, well-motivated staff deliver better care and... their patients have better outcomes' (NHS England 2013a). The Point of Care Foundation has recently emphasised the importance of staff morale and patient care in: *Staff care: how to engage staff in the NHS and why it matters* (Point of Care Foundation 2014). While it is hard to see the pressure on staff from organisational and service change and general financial exigencies abating, addressing morale problems needs to be a priority.
- Despite generally continuing good performance on the 18-week referral-to-treatment time (RTT) target, this continues to be a concern for trusts – perhaps reflecting that maintaining

relatively good performance has not been easy and could become increasingly difficult.

- On the question of financial pressures, evidence of a deteriorating position is clear: more than one in five trusts and one in eight CCGs report a possible overspend by the end of this financial year. The NHS Trust Development Authority has reported that around 30 per cent (of 102) non-foundation trusts are planning a deficit for this financial year (NHS Trust Development Authority 2013) and Monitor reports that around 11 per cent (of 147) foundation trusts are forecasting a similar position (Monitor 2013). Taken together the total proportion of provider organisations forecasting a deficit is around 19 per cent - very similar to the results of our survey.
- Monitor's second quarter performance report suggests some deterioration in foundation trusts' financial position, with a number of organisations reporting deficits for the first time (Monitor 2013).
- For directors of adult social services the position is even worse: a third forecast an overspend of more than 1 per cent of their budgets. This suggests that the tough financial settlement for local government is beginning to bite and reflect the mounting pressures on social care reported in the ADASS 2013 Budget Survey. The forecast end-of-year

Figure 2: How confident are you of achieving your CIP target?
Trends: NHS trust finance directors



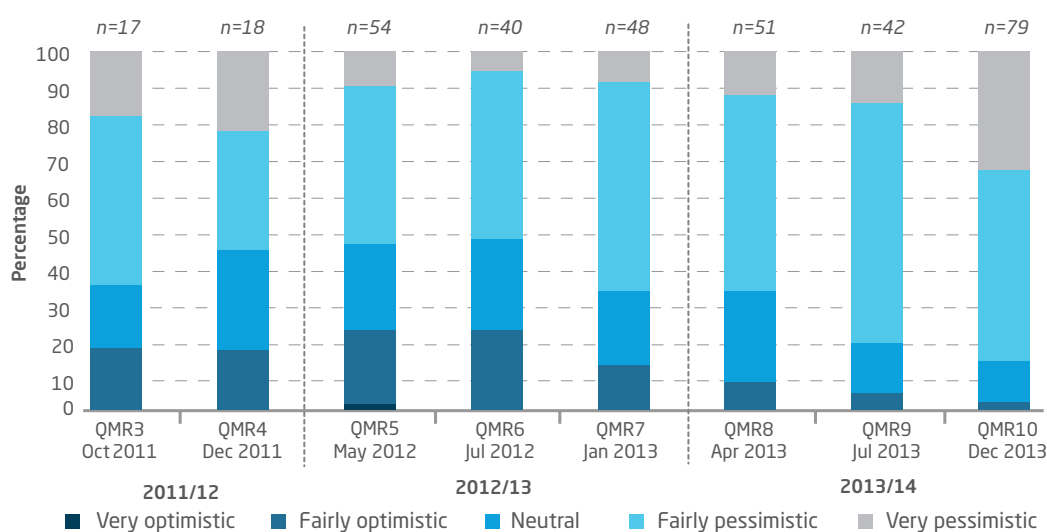
Note: QMR1 and QMR5 excluded as wording from responses not compatible with other quarters' data.

financial positions for CCGs and trusts are the worst since March 2011, when we began monitoring performance.

- Trusts' financial situation depends on achieving savings through their cost improvement programmes. As in previous quarters, trusts are aiming to make savings of around 4.8 per cent of turnover by the end of this financial year. How confident finance directors feel in achieving plans varies, and compared with previous surveys the proportion who are very or fairly concerned about their CIP plans now stands at more than 44 per cent - slightly higher than our last survey in July 2013 and the highest proportion recorded in our surveys to date (see figure 2).
- Looking forward - in time, if not in anticipation - this quarter's survey found finance directors more depressed than ever about the financial state of their local health and care economies. Eighty-six per cent of trust directors were fairly or very pessimistic about the next year financially, as were 65 per cent of CCG finance leads and 63 per cent of directors of adult social services. Nearly a third of trust finance directors say they are very pessimistic - the highest proportion since we began monitoring (see figure 3).

Figure 3: Overall, what do you feel about the financial state of the whole health and care economy in your local area over the next 12 months?

Trends: NHS trust finance directors



Note: Question was not asked before QMR3.

- Beyond the next financial year and into 2015/16, the financial situation for the NHS looks even more difficult. While overall real allocations remain flat, the NHS will increase the amount of money to local authorities via the jointly managed Better Care Fund (formerly the Integration Transformation Fund) - bringing the total transfer to nearly £4 billion.
- A summary from our own work and other research about which approaches are likely to achieve maximum impact for the Better Care Fund in a way that will benefit both the NHS and social care has recently been published by The King's Fund (Bennett and Humphries 2014). However, NHS and local authority views on whether this fund will help or hinder work to maintain or indeed improve performance in areas such as the four-hour A&E target or delayed transfers are mixed. While many do not know what will happen, only 12 per cent of trust finance directors thought the Better Care Fund would be a help and nearly half thought it would be a hindrance. Views from directors of adult social services on the other hand were directly reversed, with 55 per cent saying the fund would help and only 9 per cent saying that it would be a hindrance.
- It is hard not to feel the relevance today of Enver Hoxha's New Year message to the Albanian people in 1967: 'This year will be harder than last year. On the other hand, it will be easier than next year.'
- More detailed results of the surveys and the performance dashboard results are set out in the next two sections of this report.

Health and social care surveys

This quarter's report is based on an online survey of 79 finance directors of NHS trusts, 58 finance leads of clinical commissioning groups (CCGs) and 47 responses from directors of adult social services.

The panel were asked about the financial situation of their organisation and local health economies over the past financial year; the state of patient care in their area; the likely impact of the Better Care Fund (formerly the Integration Transformation Fund) on performance of key areas (such as the four-hour A&E standard and delayed transfers of care); and their assessment of the key current concerns for their organisation.

Given the level of interest and importance of winter pressures, we took the opportunity to ask trust finance directors about the likely impact of the additional winter funding and about changes required to reduce pressures on A&E departments.

END-OF-YEAR FINANCIAL SITUATION AND COST IMPROVEMENT/QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMMES

Projected end-of-year financial balance (2013/14)

The NHS is more than two-and-a-half years through the most significant period of financial constraint in its history, with the prospects beyond 2015 looking even more challenging.

At the aggregate level, the NHS seems to be managing reasonably well, in large part due to continued pay restraint and reductions in the tariff. However, this masks growing pressures within the system, with 22 per cent of trusts now predicting a deficit in 2013/14. This is the highest since we began reporting on the financial state of the NHS in 2011.

Figure 4 : What is your organisation's likely end-of-year (2013/14) financial situation?
NHS trust finance directors

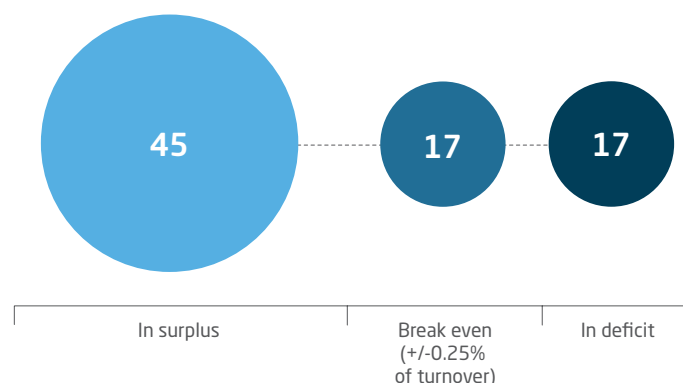
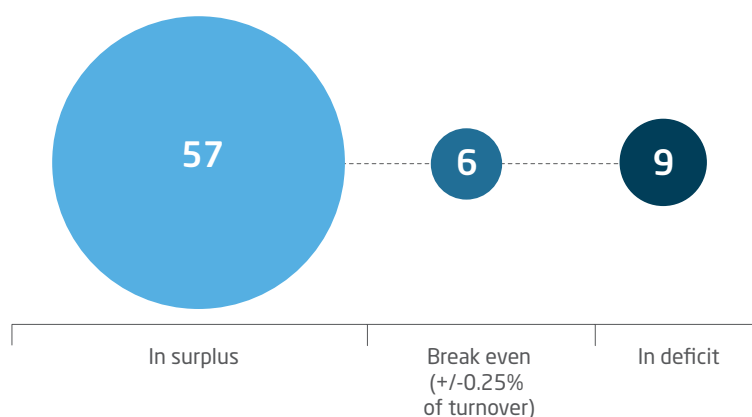


Figure 5: What is your organisation's likely end-of-year (2013/14) financial situation?
Clinical commissioning groups



Note: 58 CCG finance leads answered this question for the 72 CCGs they cover collectively.

Figure 6: What is your organisation's likely end-of-year (2013/14) financial situation?
Directors of adult social services

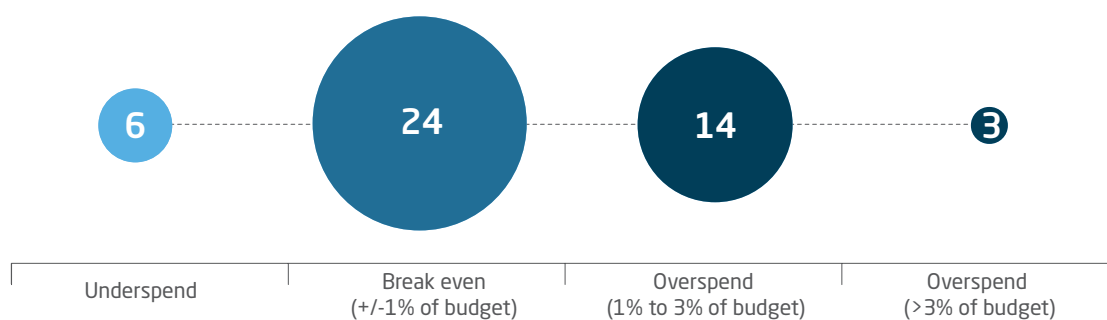
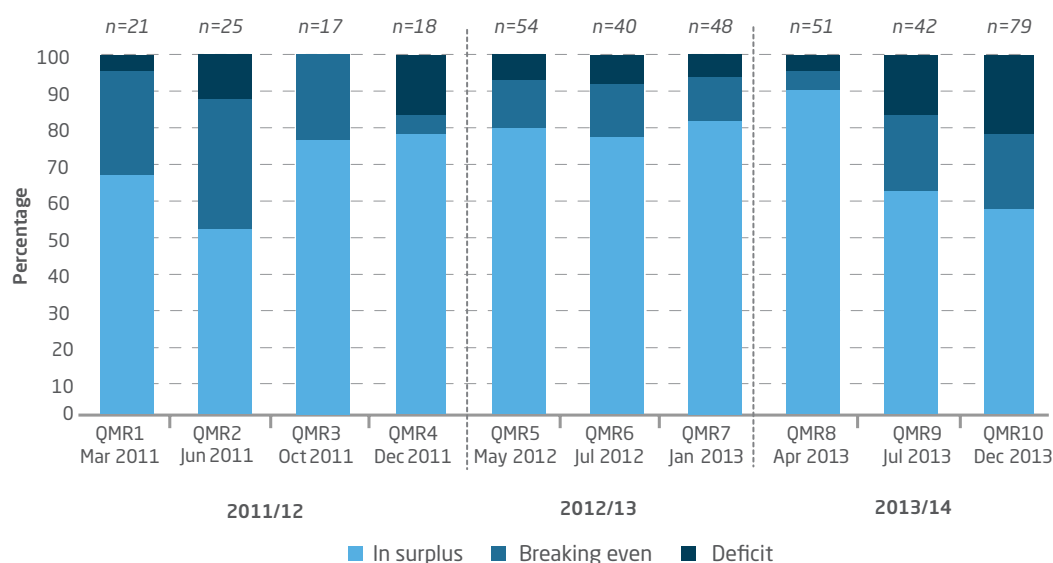


Figure 7: What is your organisation's likely end-of-year financial situation?
Trends: NHS trust finance directors



Cost improvement programmes

2012/13 was the second full year of the four-year £20 billion productivity challenge. Now, part way into the third year of the productivity challenge, how are NHS organisations faring?

The average cost improvement programme (CIP) target for trusts this financial year is again 4.8 per cent, representing between 3 per cent and 7.5 per cent of turnover.

Since the beginning of this financial year there has been a reduction in uncertainty regarding the achievement of planned CIPs expressed by trust finance directors and now around 45 per cent are very or fairly confident of achieving their plans.

Figure 8: What is your organisation's CIP target for this financial year (2013/14) as a percentage of turnover/allocation?

NHS trust finance directors

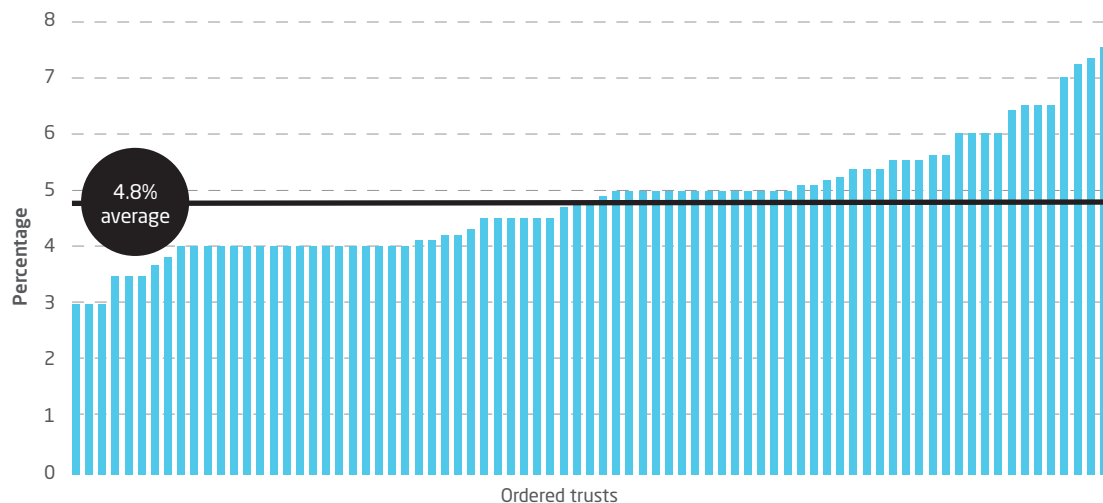
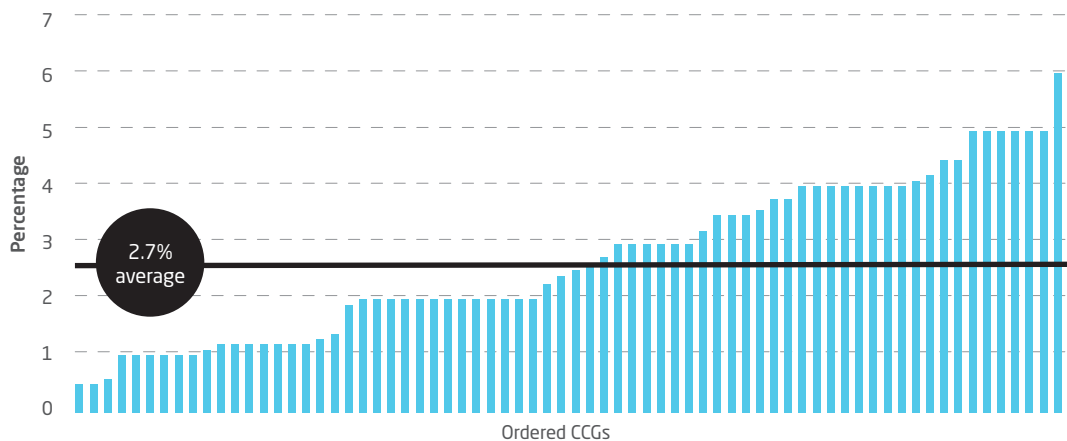


Figure 9: What is your organisation's QIPP target for this financial year (2013/14) as a percentage of turnover/allocation?

Clinical commissioning groups



Note: 58 CCG finance leads answered this question for the 72 CCGs they cover collectively.

However, a similar proportion (45 per cent) are either fairly or very concerned about the achievement of their organisation's CIP plans – the largest proportion since the summer of 2011 (figure 10 and figure 12).

CCG finance leads are slightly more optimistic about achieving their Quality, Innovation, Productivity and Prevention (QIPP) plans, with more than 61 per cent fairly or very confident (figure 11).

Figure 10: How confident are you of achieving your CIP target in 2013/14?
NHS trust finance directors

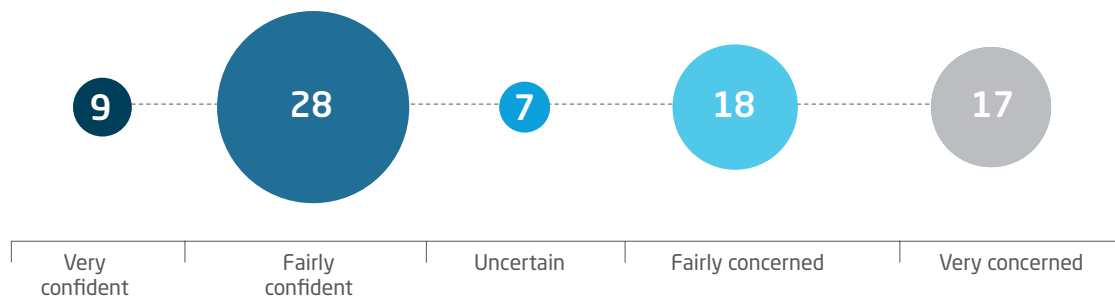
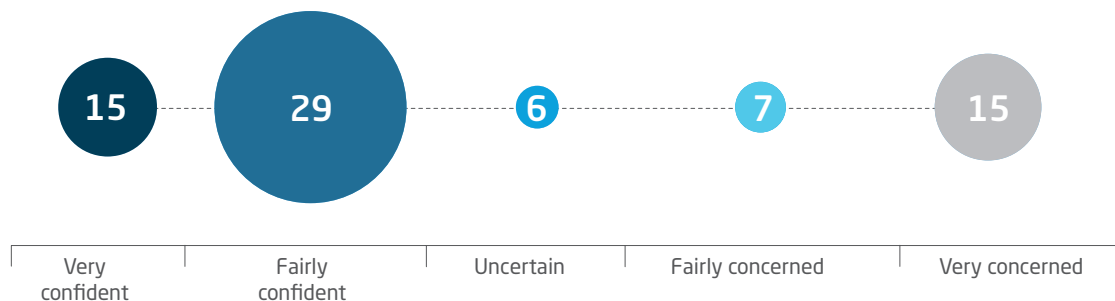


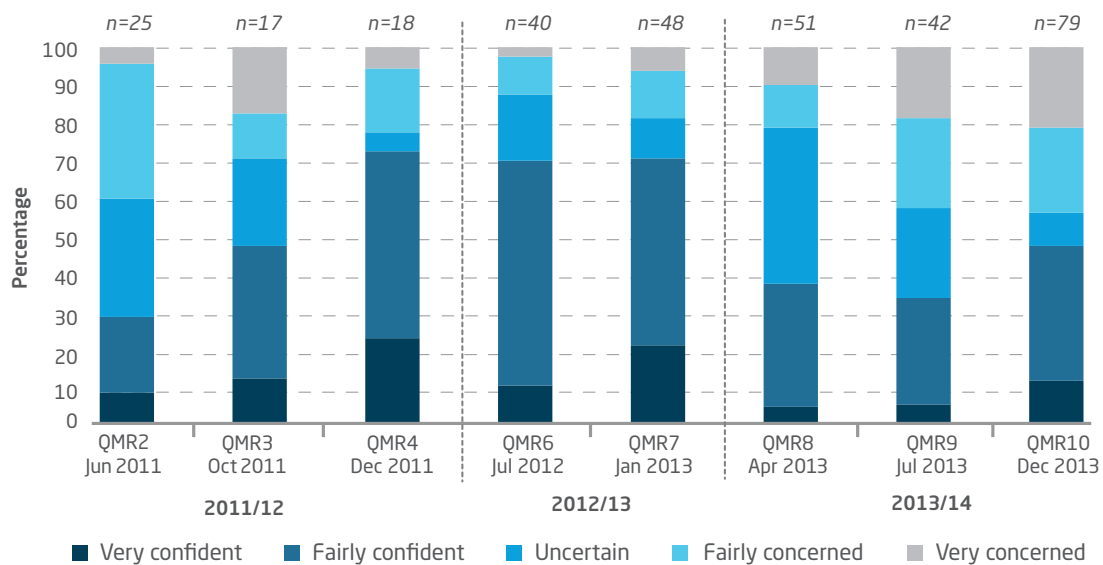
Figure 11: How confident are you of achieving your QIPP target in 2013/14?
Clinical commissioning groups



Note: 58 CCG finance leads answered this question for the 72 CCGs they cover collectively.

Figure 12: How confident are you of achieving your CIP target?

Trends: NHS trust finance directors



Note: QMR1 and QMR5 excluded as wording of responses not compatible with other quarters' data.

The £20 billion productivity challenge

Our previous reports show that NHS organisations appear to have made good progress in meeting productivity targets during the first two years of the Nicholson Challenge (Appleby *et al* 2013, 2012).

However, as we approach 2014/15, just under two-thirds of trust finance directors rated the risk of failure to meet the challenge as high or very high (figure 13).

CCG finance leads were again slightly more optimistic, but still six out of ten thought there was a high or very high risk of failure (figure 14).

Figure 13: The NHS is now halfway through the so-called Nicholson Challenge. What is your estimate of the risk involved in achieving productivity gains of the value of £20 billion by 2014/15?

NHS trust finance directors

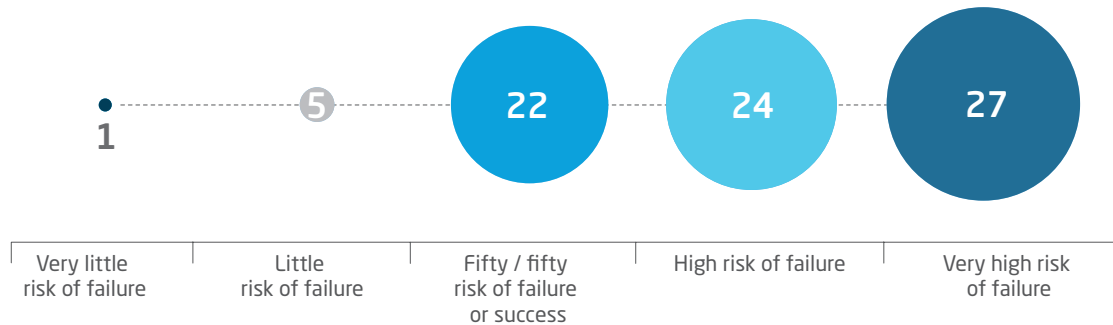


Figure 14: The NHS is now halfway through the so-called Nicholson Challenge. What is your estimate of the risk involved in achieving productivity gains of the value of £20 billion by 2014/15?

Clinical commissioning groups

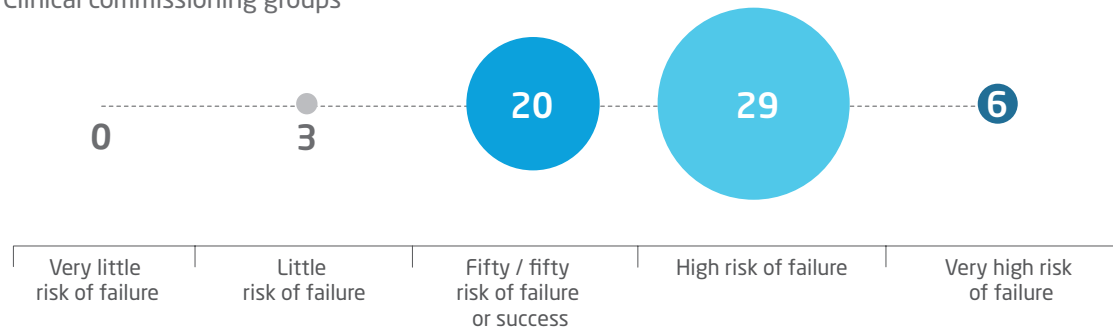
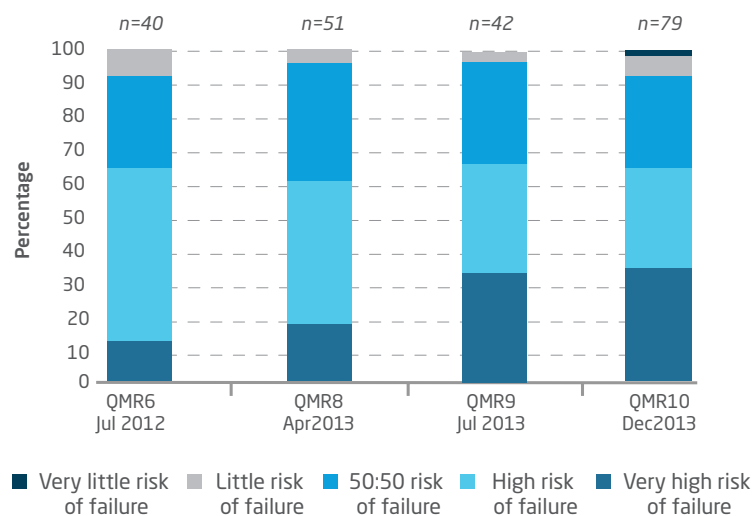


Figure 15: The NHS is now halfway through the so-called Nicholson Challenge. What is your estimate of the risk involved in achieving productivity gains of the value of £20 billion by 2014/15?

Trends: NHS trust finance directors



Note: Question not asked before QMR6 or in QMR7.

THE STATE OF PATIENT CARE

The driving ambition underlying the challenge to deliver greater productivity and a stable financial position is not only to maintain the quality of services to patients, but to improve it. This emphasis on improving quality of care was underlined in three high-profile reports in 2013 (Francis 2013, Berwick 2013, Keogh 2013).

When asked about the state of patient care in the past 12 months, the majority of respondents felt that patient care had stayed the same (figures 16, 17 and 18).

Nevertheless, around one in five trust finance directors and CCG finance leads felt care in their local area had got worse over the past year – an improvement on previous survey results, but of concern nonetheless (figure 19).

Figure 16: Thinking about the NHS in your local area, in the past 12 months, do you think it has got better, worse, or stayed the same in terms of patient care?

NHS trust finance directors

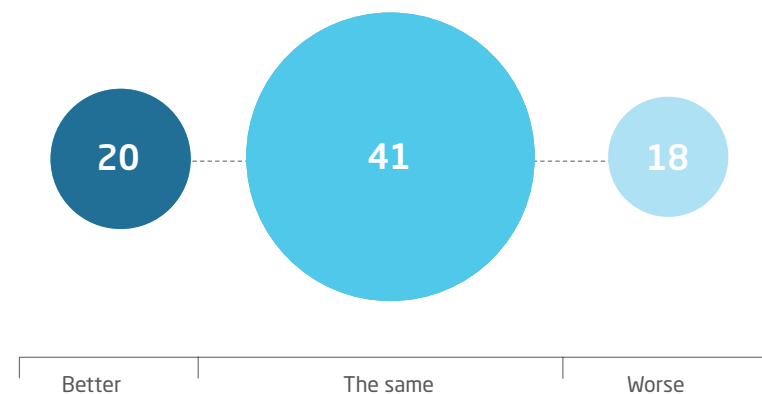


Figure 17: Thinking about the NHS in your local area, in the past 12 months, do you think it has got better, worse, or stayed the same in terms of patient care?

Clinical commissioning groups

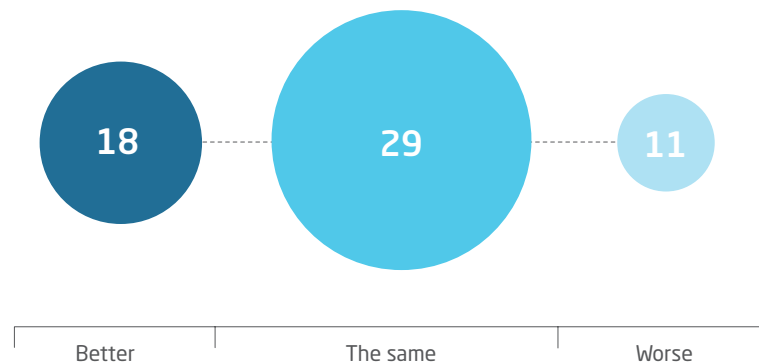


Figure 18: Thinking about the NHS in your local area, in the past 12 months, do you think it has got better, worse, or stayed the same in terms of patient care?
Directors of adult social services

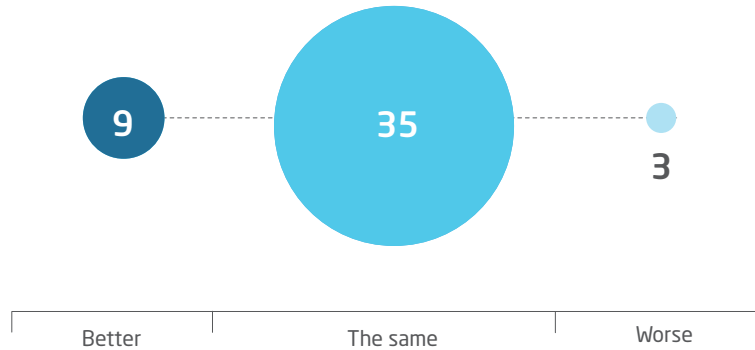
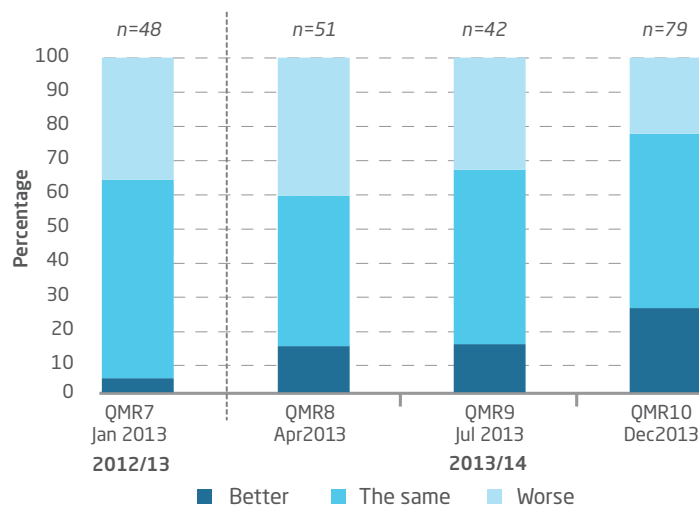


Figure 19: Thinking about the NHS in your local area, in the past 12 months, do you think it has got better, worse, or stayed the same in terms of patient care?
Trends: NHS trust finance directors



Note: Question not asked before QMR6.

ORGANISATIONAL CHALLENGES

The scale of the current system reform, overlaid on an unprecedentedly tough financial settlement and the associated and equally unprecedented productivity target, continue to present a challenging environment for NHS organisations. This is exacerbated by a tough financial settlement for local government and evidence that local authority spending on adult social care continues to fall.

To understand how this was affecting them, trust finance directors and CCG finance leads were asked to state the three aspects of their organisation's (or organisations they contract with) performance that were giving them most concern at the moment.

CCG finance leads continue to be concerned about A&E four-hour wait targets, while the level of staff morale is the top concern for trust finance directors. This is the first time since we began asking this question that levels of staff morale has been listed as a top concern (figures 20 and 21).

Figure 20: Which aspects of your organisation's performance are giving you most cause for concern at the moment? Please select top three
NHS trust finance directors

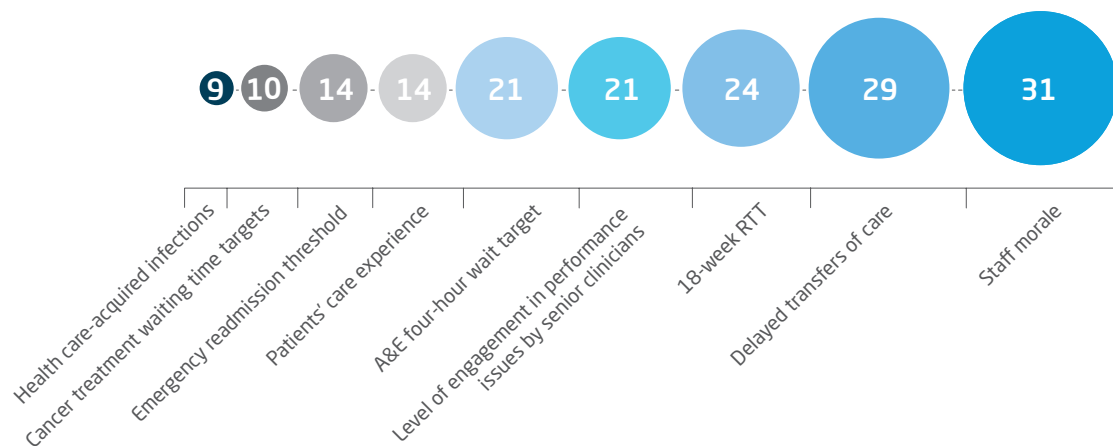
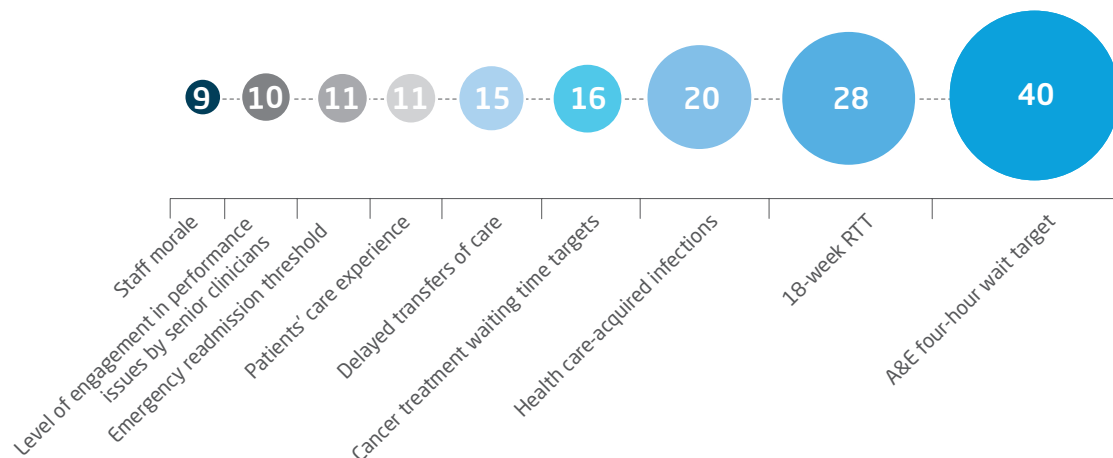


Figure 21: Which aspects of your organisation's performance are giving you most cause for concern at the moment? Please select top three
Clinical commissioning groups



WINTER PRESSURES ON A&E DEPARTMENTS

Analysis of data for the final quarter of 2012/13 showed that nearly 6 per cent of patients waited four hours or longer in A&E departments, the highest level since 2004.

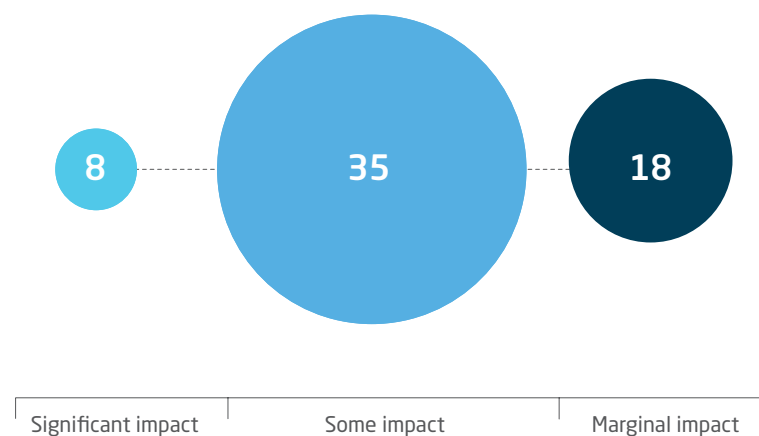
Since then, there has been sustained pressure on the system to prepare and plan for winter 2013/14. Part of the planning was the distribution of £250 million to help A&E departments prepare for winter 2013/14, announced in June 2013 (Prime Minister's Office 2013), and a further £150 million announced in November 2013 (NHS England 2013b).

Only 13 per cent of respondents felt this additional funding would have a significant impact on the pressures their organisations were likely to face over the winter months (figure 22).

As for the top three actions that would help with pressures on A&E departments, finance directors noted improvements in care outside hospital to reduce preventable admissions to A&E, reductions in delayed transfers of care elsewhere in the hospital to help with patient flow out of emergency departments and front-door triaging by senior doctors to direct patients to the most appropriate care for their condition (figure 23).

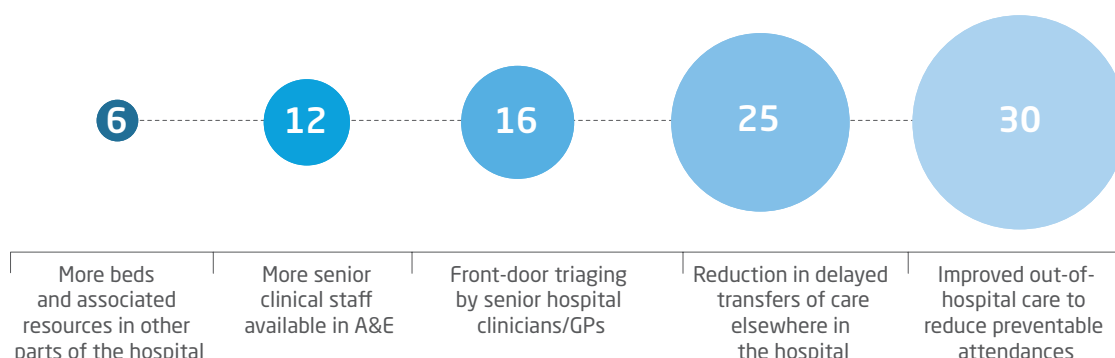
Figure 22: If you have received, or plan to apply for, any additional winter pressure funding, what impact will this have on the pressures your organisation is facing this winter?

NHS trust finance directors



Note: Question only applicable to those organisations that applied for additional funding (61).

Figure 23: Which of the following would have the most impact in reducing the pressures on your A&E department? NHS trust finance directors



Note: Respondents asked to choose top two actions.

THE BETTER CARE FUND

Preventing unnecessary use of A&E services and ensuring delays in discharge from hospital are minimised will, of course, be two priorities for the Better Care Fund, which will be established mainly from top-sliced NHS funding in 2015/16 and administered jointly by the NHS and local authorities.

When asked if the Better Care Fund is likely help or hinder work to maintain performance in key priority areas such as delayed transfers of care, slightly more than half of directors of adult social services thought it would, but more than a third did not know (figure 26), perhaps reflecting that discussions about the fund were at an early stage.

CCGs' views about the Better Care Fund were more mixed – 38 per cent thought it would help (figure 25), and trust finance directors were the least optimistic with only 12 per cent saying it would help (figure 24).

Figure 24: On balance, do you think the Integration Transformation Fund, will help or hinder your work maintaining/improving performance in key areas such as the four-hour A&E target and delayed transfers of care? NHS trust finance directors

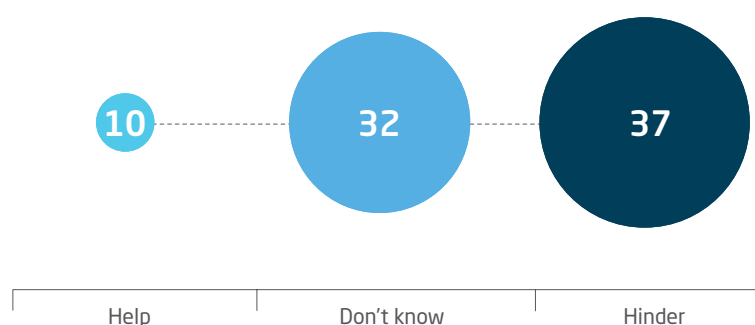


Figure 25: On balance, do you think the Integration Transformation Fund, will help or hinder your work maintaining/improving performance in key areas such as the four-hour A&E target and delayed transfers of care?
Clinical commissioning groups

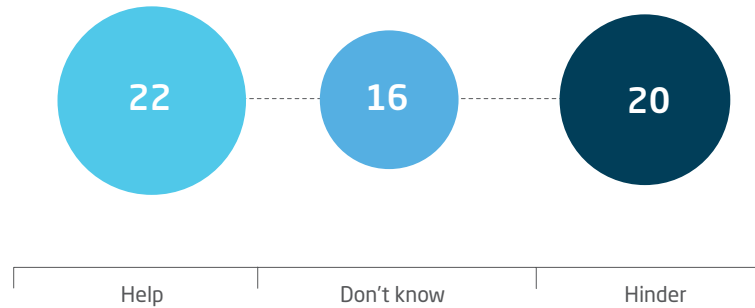
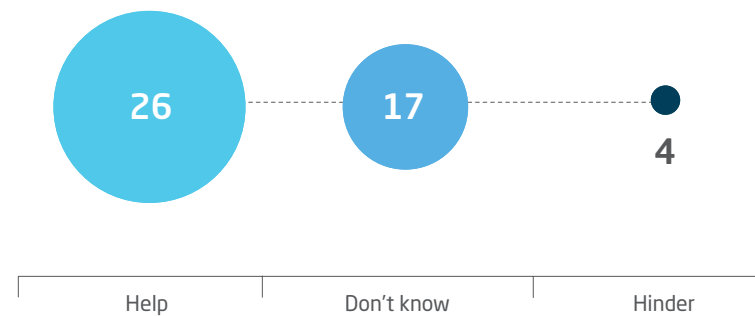


Figure 26: On balance, do you think the Integration Transformation Fund, will help or hinder your work maintaining/improving performance in key areas such as the four-hour A&E target and delayed transfers of care?
Directors of adult social services



THE FINANCIAL STATE OF LOCAL HEALTH AND CARE ECONOMIES OVER THE NEXT YEAR

When asked how they felt about the financial state of their local health and care economy – not just their own organisations – over the next 12 months, nearly 9 out of 10 trust finance directors were fairly or very pessimistic. These are the most pessimistic views of the future since we began our surveys (figures 27 and 30).

Around two-thirds of CCG finance leads and directors of adult social services were also very or fairly pessimistic about the future financial state of their local health economies (figures 28 and 29).

Figure 27: Overall, what do you feel about the financial state of the wider health (and care) economy in your area over the next year?
NHS trust finance directors

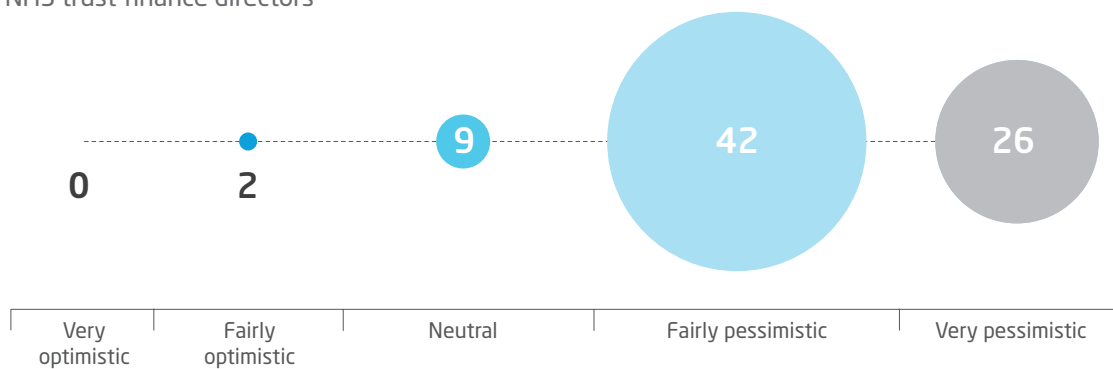


Figure 28: Overall, what do you feel about the financial state of the wider health (and care) economy in your area over the next year?
Clinical commissioning groups

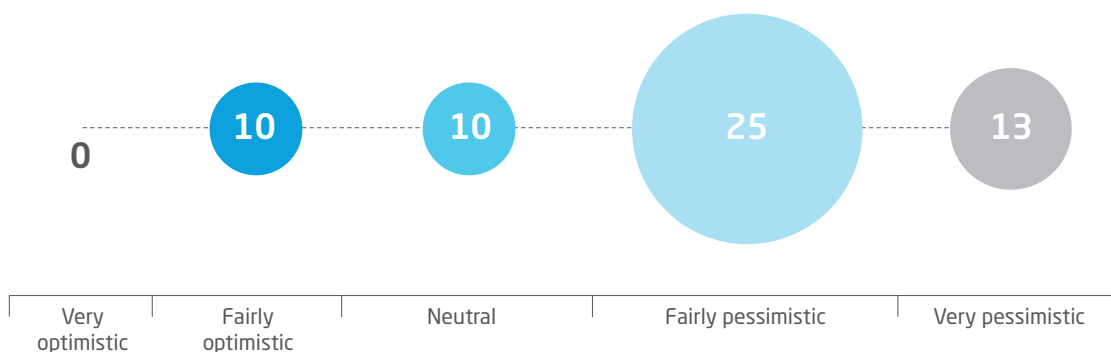


Figure 29: Overall, what do you feel about the financial state of the wider health (and care) economy in your area over the next year?
Directors of adult social services

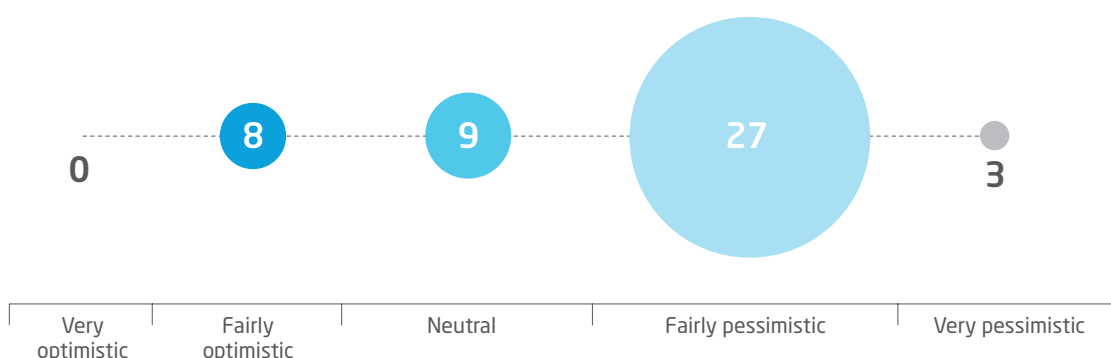
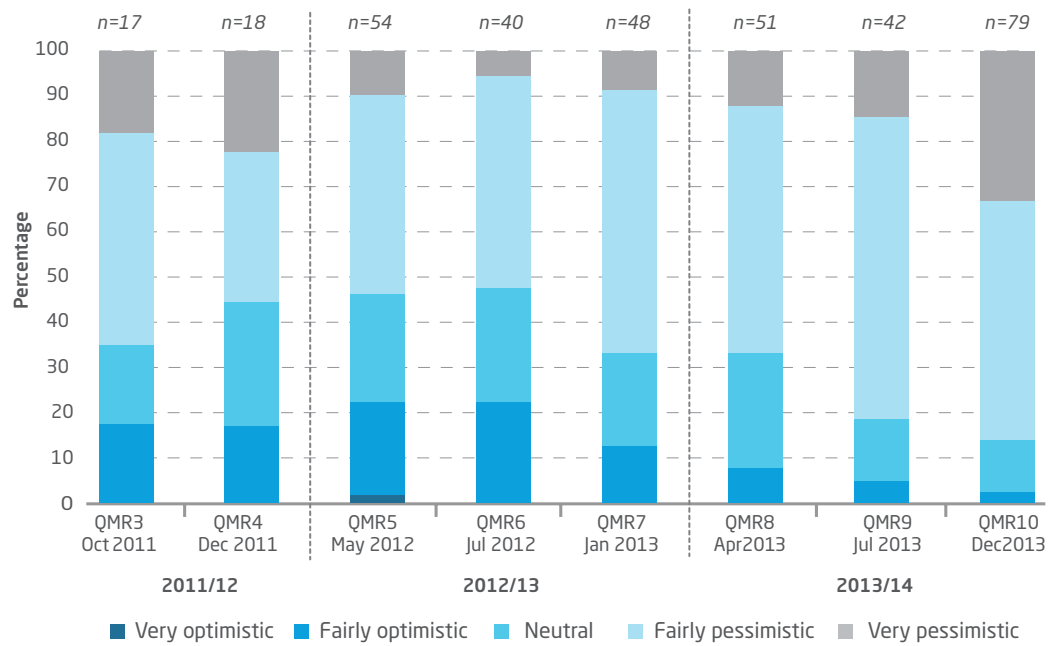


Figure 30: Overall, what do you feel about the financial state of the wider health (and care) economy in your area over the next year?

Trends: NHS trust finance directors



Note: Question not asked before QMR3.

NHS performance dashboard

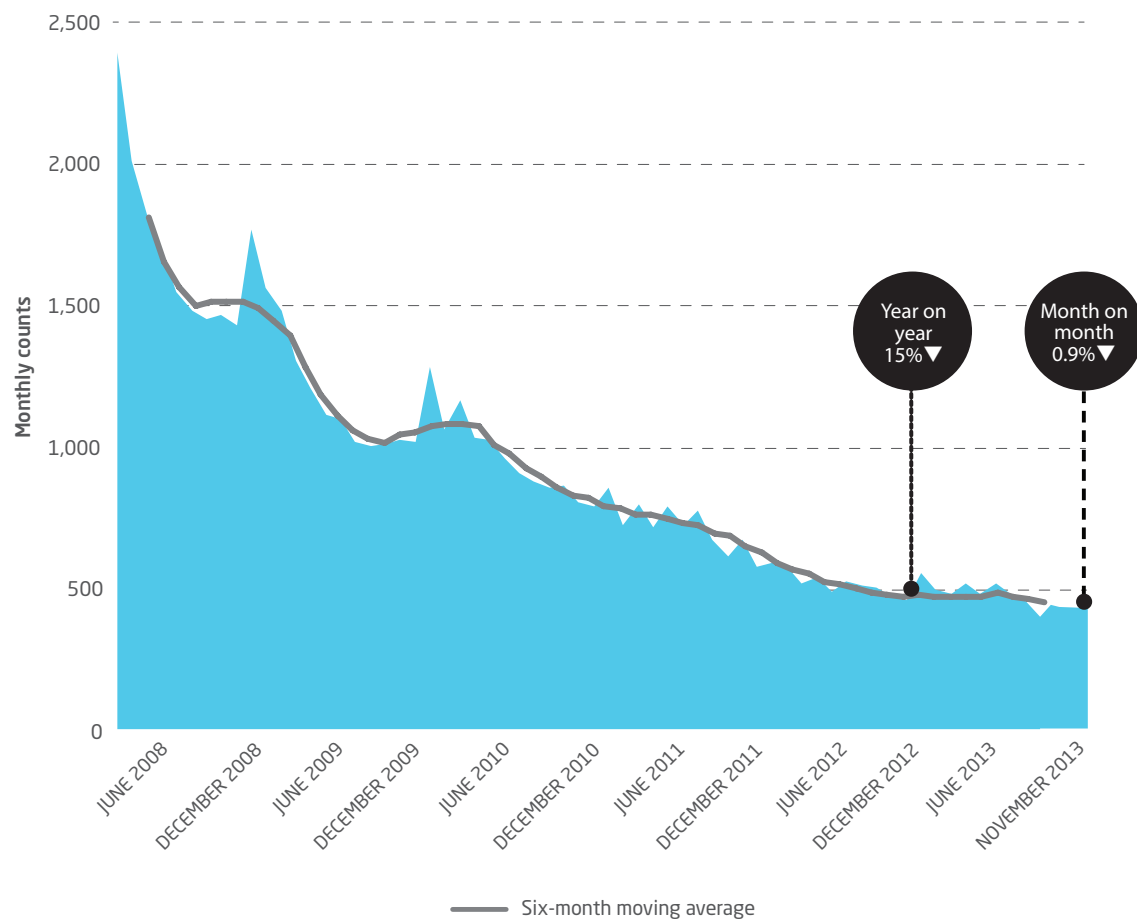
HEALTH CARE-ACQUIRED INFECTIONS

C difficile and MRSA

The recent downward trend in reported cases of *C difficile* continued in the latest figures for November 2013. The 420 cases reported in that month were 15 per cent fewer than at the same time last year and around 1 per cent down on the previous month (figure 31).

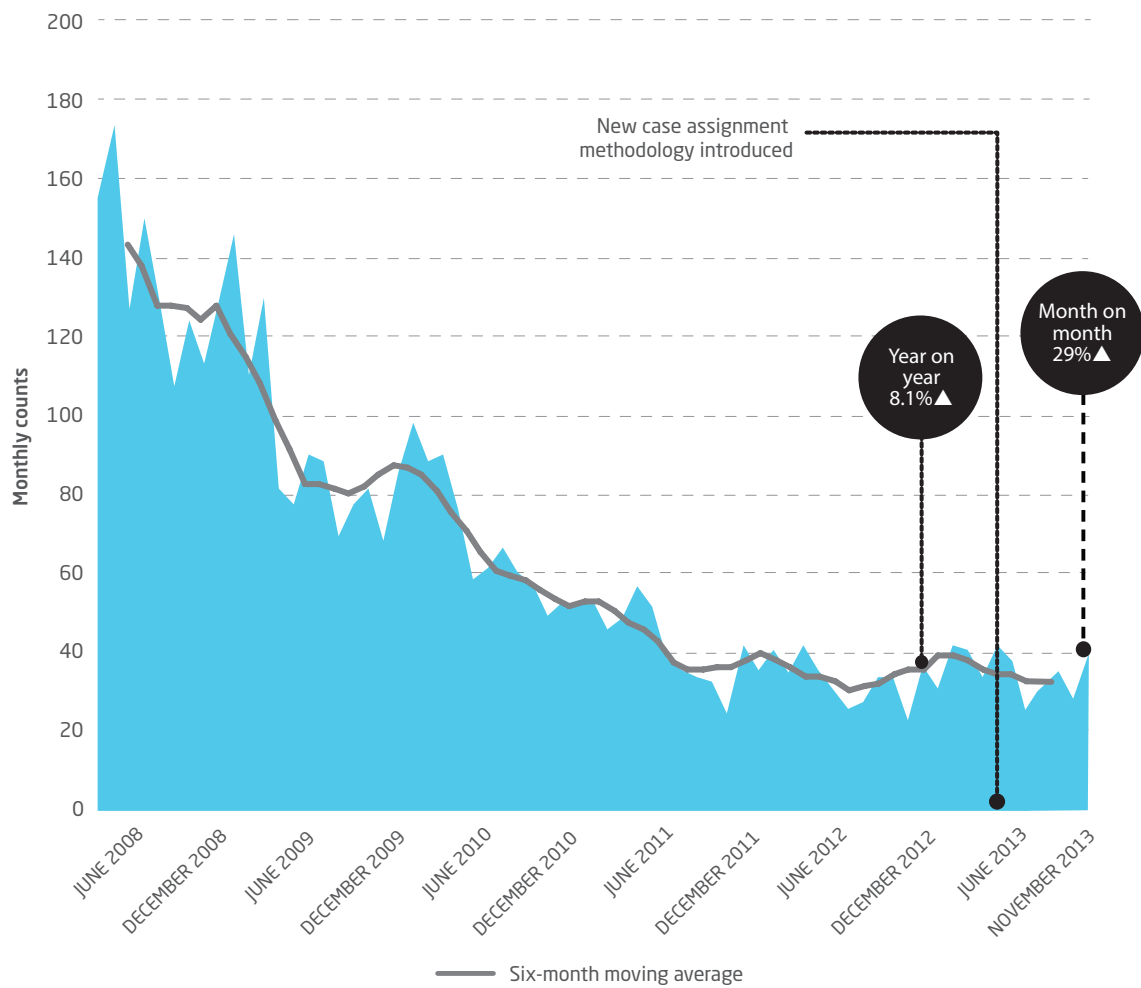
Though monthly counts of MRSA in November 2013 were 29 per cent higher than the previous month and more than 8 per cent higher than a year ago, absolute numbers remain small – 40 in November 2013 – and month-on-month variations unpredictable (figure 32).

Figure 31: Monthly counts of *C difficile*



Data source: Trust-apportioned monthly counts of *C difficile* infection www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510678961

Figure 32: Monthly counts of MRSA



Note: It is not known what impact the change in recording MRSA cases has had on the comparability of data pre- and post-April 2013

Data source: Post-infection review assigned monthly counts of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia
www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510675444

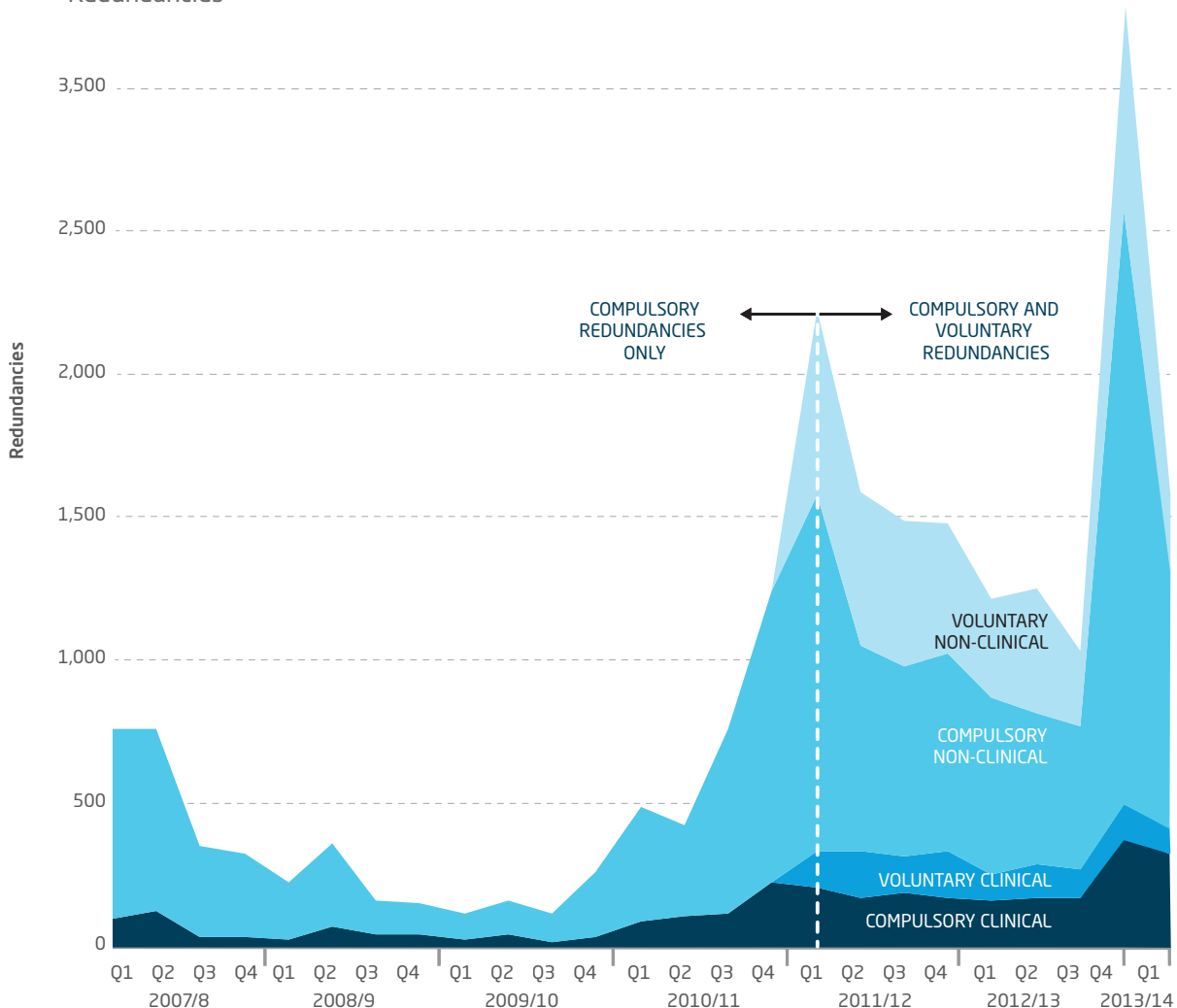
WORKFORCE

Redundancies and staff numbers

Redundancies for clinical and non-clinical posts fell in quarter 1 2013/14: there were a total of 1,612 compulsory and voluntary redundancies compared to more than 3,200 in the previous quarter (figure 33).

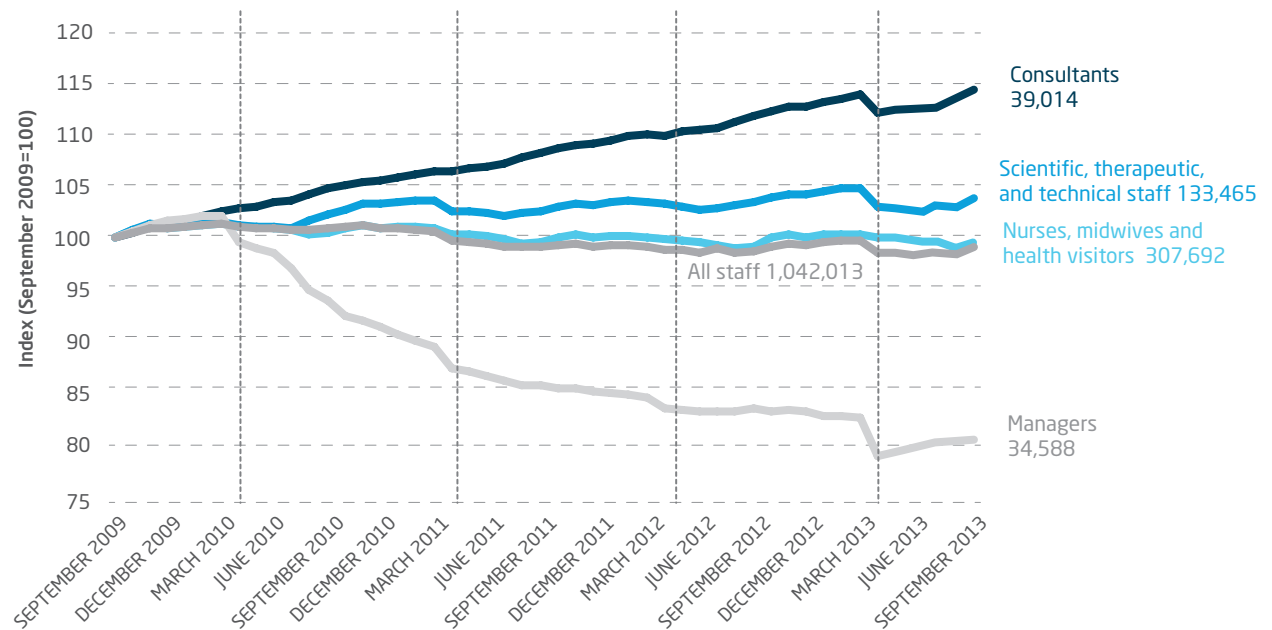
The total number of hospital and community health services staff rose in September 2013 by 7,540. The large reductions in management staff since March 2010 have been slightly reversed over the six months since the beginning of the financial year (figure 34).

Figure 33: Compulsory and voluntary clinical and non-clinical redundancies: Headcount Redundancies



Data source: Quarterly head counts of compulsory and voluntary redundancies www.hscic.gov.uk/article/2021/Website-Search?q=Monthly+NHS+Hospital+and+Community+Health+Service+%28HCHS%29+Workforce+Statistics+in+England&go=Go&area=both

Figure 34: Index change in NHS full-time equivalent staff:
September 2009 - September 2013



Note: Most recent dip in figures for April 2013 due to usual seasonal variation in voluntary and compulsory redundancies (though these increased in 2013), in addition to an increase in the number of fixed-term contracts finishing with the advent of the new NHS environment and a continued policy to reduce management layers following the White Paper: *Liberating the NHS* (Department of Health 2010).

Data source: Monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England - September 2013, Provisional statistics www.hscic.gov.uk/article/2021/Website-Search?q=Monthly+NHS+Hospital+and+Community+Health+Service+%28HCHS%29+Workforce+Statistics+in+England&go=Go&area=both

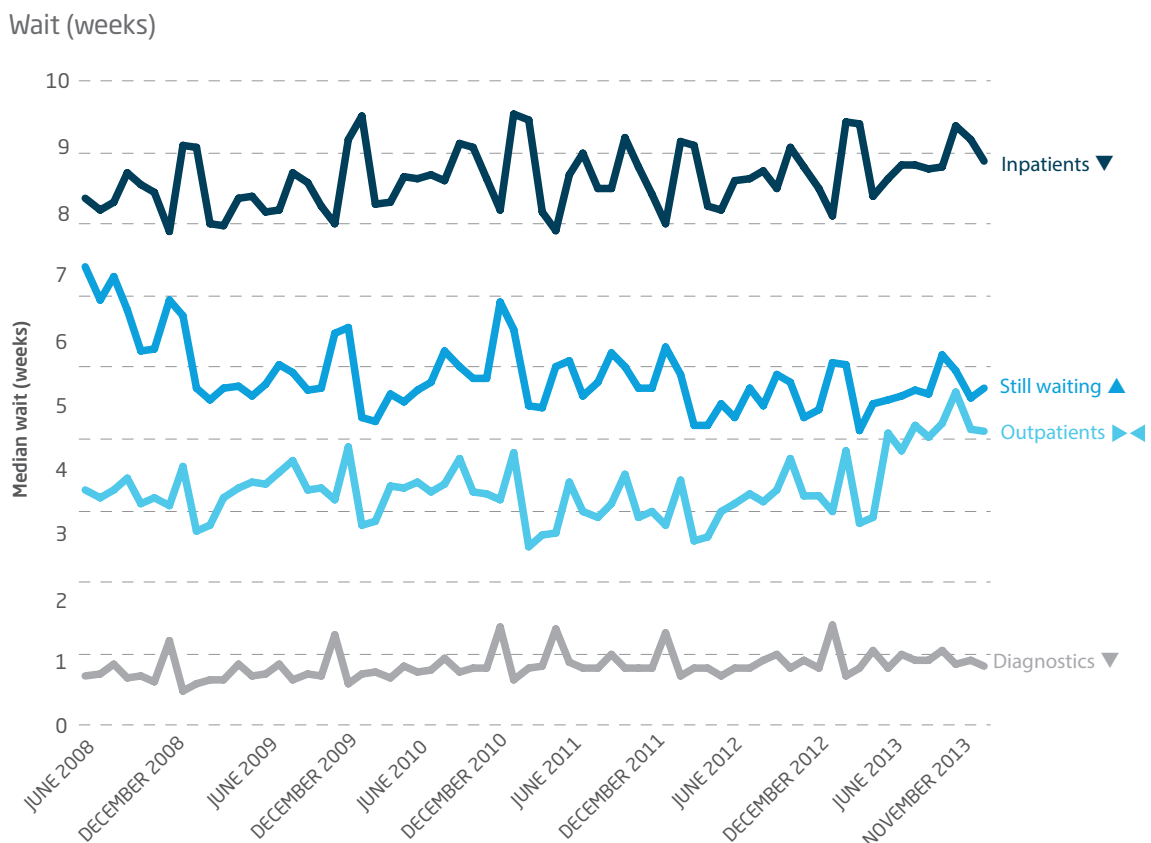
WAITING TIMES

Inpatients, outpatients and diagnostics

Median waits in November 2013 reduced for inpatients and diagnostics, remained the same for outpatients and increased for those still on waiting lists. These changes are in line with previous seasonal patterns (figure 35).

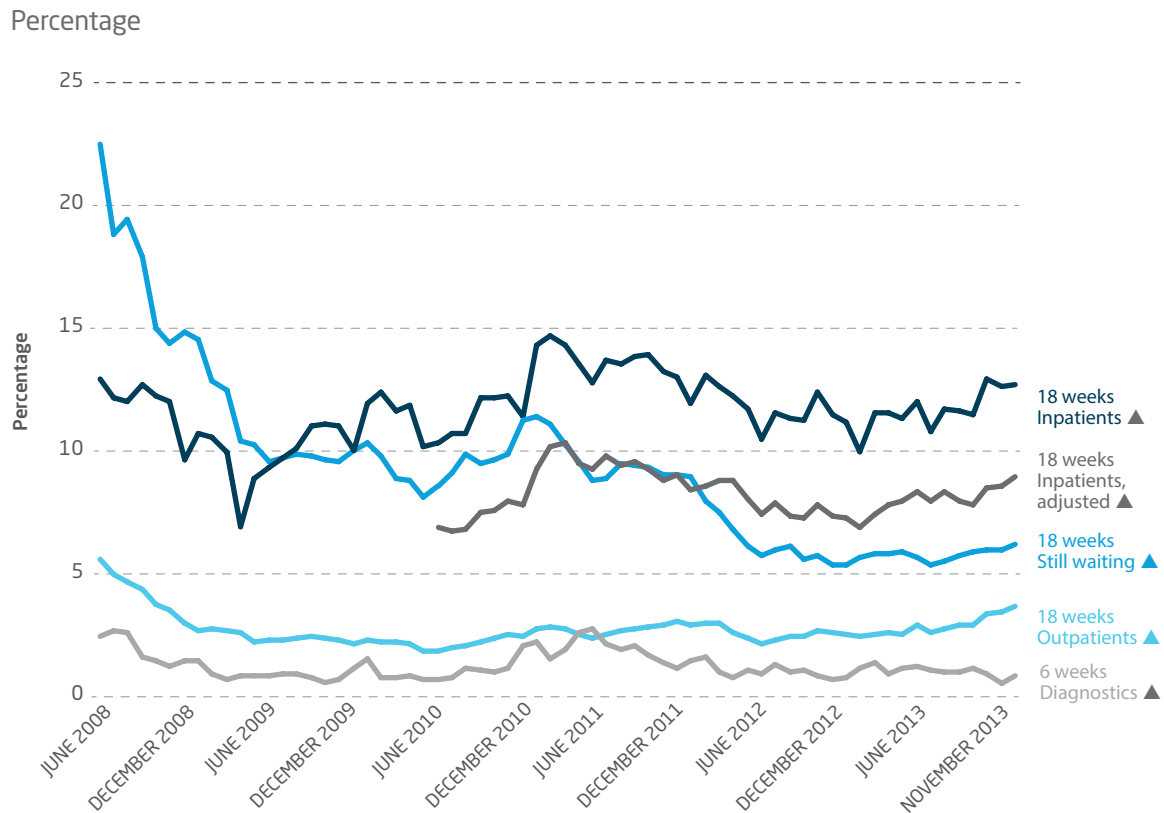
In November 2013 the proportion of patients waiting longer than 18 weeks for treatment (6 weeks for diagnostics) were up for all waiting lists (figure 36). This broadly follows seasonal variations for this month. However, the percentage waiting longer than 18 weeks for outpatient treatment is now at its highest since October 2008. The adjusted inpatient wait (the target measure) is at its highest level since November 2011.

Figure 35: Waiting times: Median wait (weeks)



Data source: Consultant-led referral-to-treatment waiting times data www.england.nhs.uk/statistics/rtt-waiting-times

Figure 36: Waiting times: Percentage still waiting/having waited more than 18 weeks (more than 6 weeks for diagnostics)



Data source: Diagnostic waiting times statistics www.england.nhs.uk/statistics/diagnostics-waiting-times-and-activity

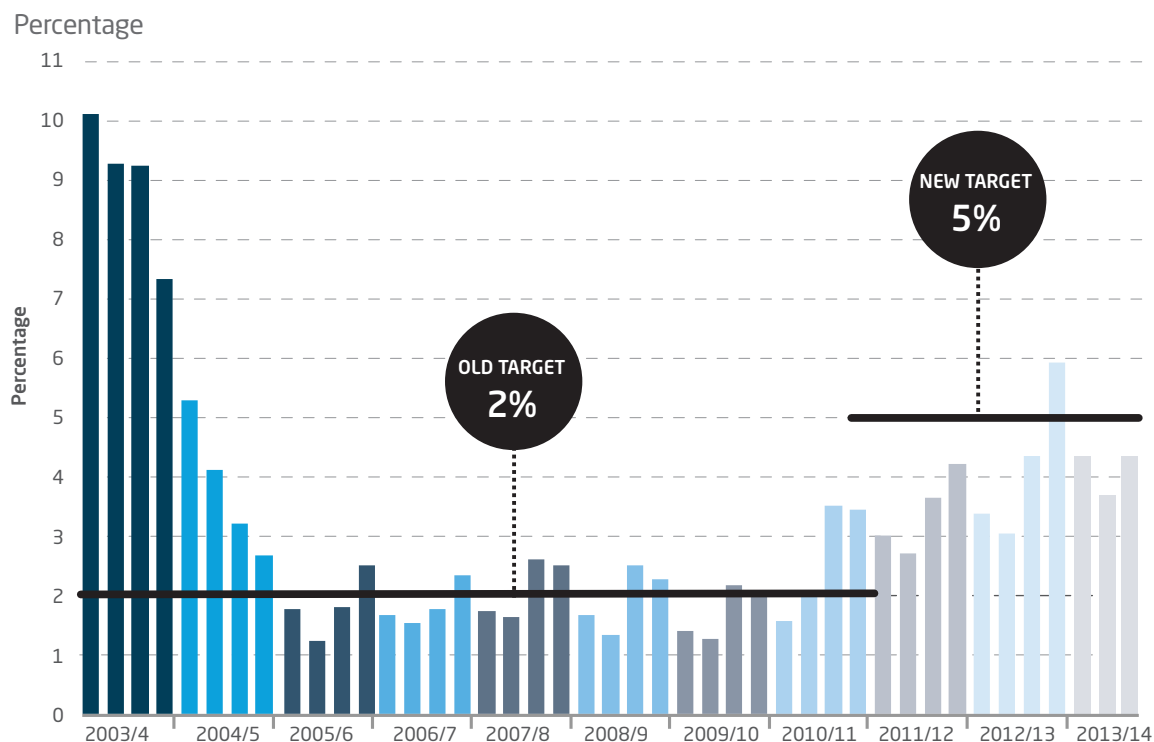
Accident and emergency

In quarter 3 2013/14 the proportion of patients waiting longer than four hours from arrival to admission, transfer or discharge increased to 4.4 per cent. This is an increase on the quarter 1 and 2 figures from this year, but performance against the 95 per cent target has been maintained (figure 37).

The weekly A&E has been highly variable, though only 2 out of the previous 13 weeks that make up quarter 3 breached the 95 per cent target. The latest data point, one week (5 January 2014) after the end of quarter 3 is above the 95 per cent threshold however, at 5.7 per cent (figure 38).

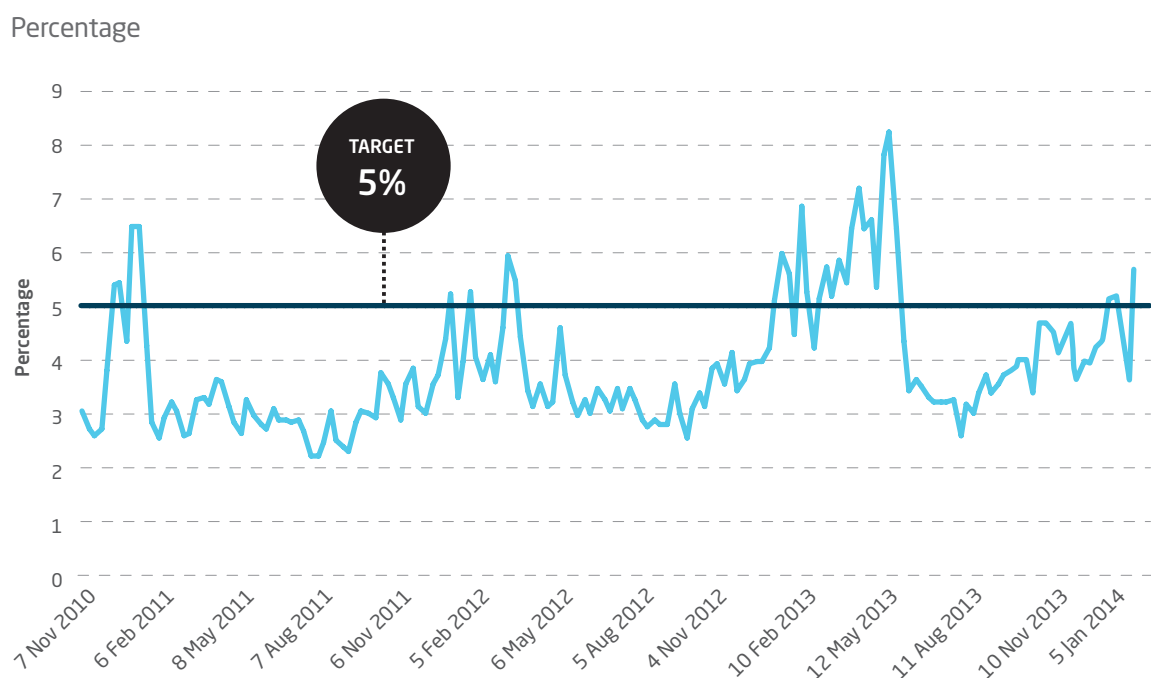
More than a quarter (26 per cent) of hospitals breached the four-hour standard in quarter 3 of 2013/14. This is an increase on both the previous quarters in 2013/14 and the highest proportion seen in quarter 3 over the past three years (figure 39).

Figure 37: Waiting times: Percentage waiting more than four hours in A&E from arrival to admission, transfer or discharge



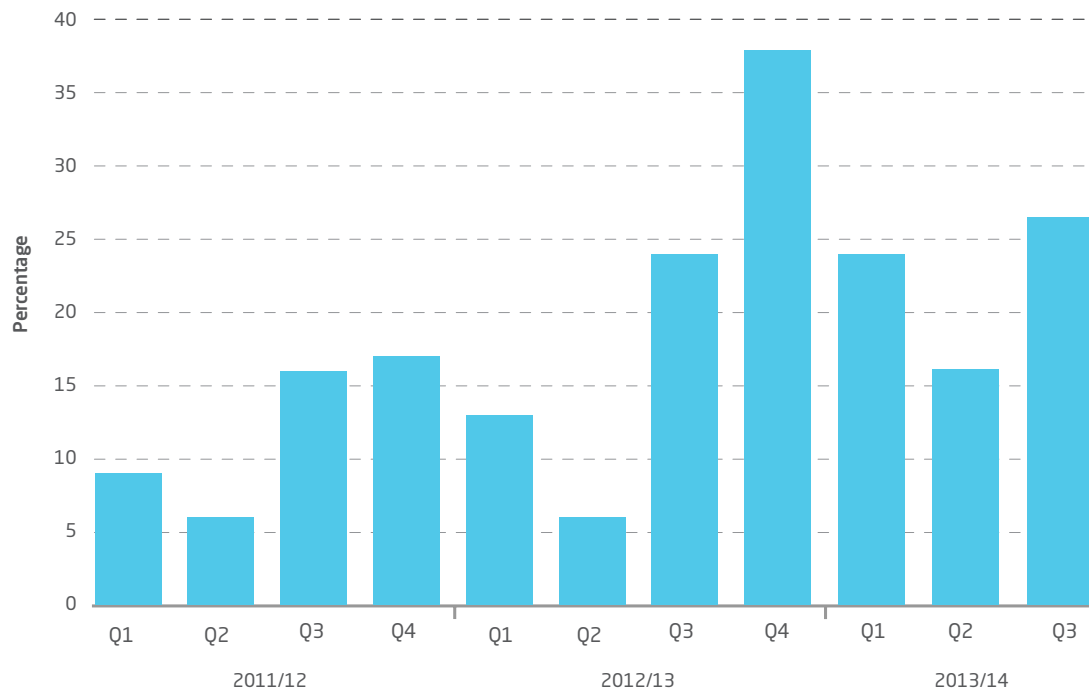
Data source: Weekly A&E SitReps 2013-14 www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14

Figure 38: Percentage waiting more than four hours in A&E from arrival to admission, transfer or discharge. Weekly data: November 2010 – January 2014



Data source: Weekly A&E SitReps 2013-14 www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14

Figure 39: Percentage of providers reporting more than 5 per cent of patients waiting longer than four hours in A&E departments from arrival to admission, transfer or discharge

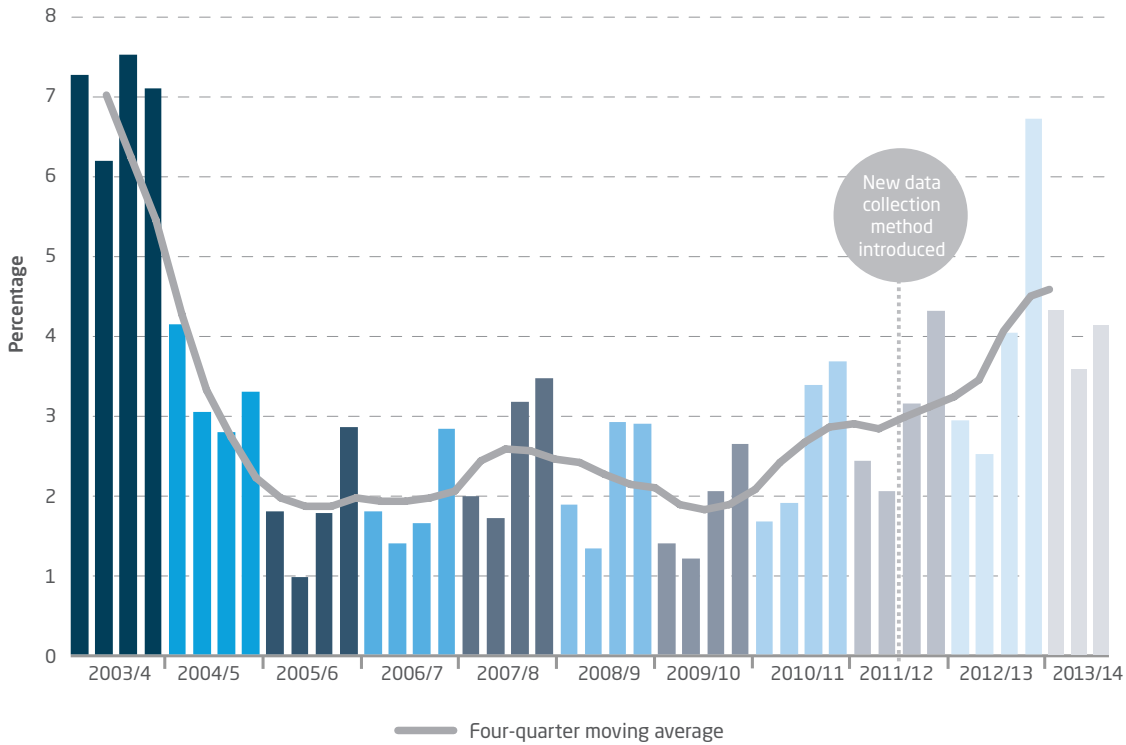


Data source: Weekly A&E SitReps 2013-14 www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14

'Trolley waits' (those patients delayed for more than four hours in type 1 (major) A&E departments from decision to admit to admission) were up to 4.2 per cent in the latest quarter. This is 0.7 percentage points higher than the previous quarter but down on quarter one, and similar to figures at the same time last year (figure 40).

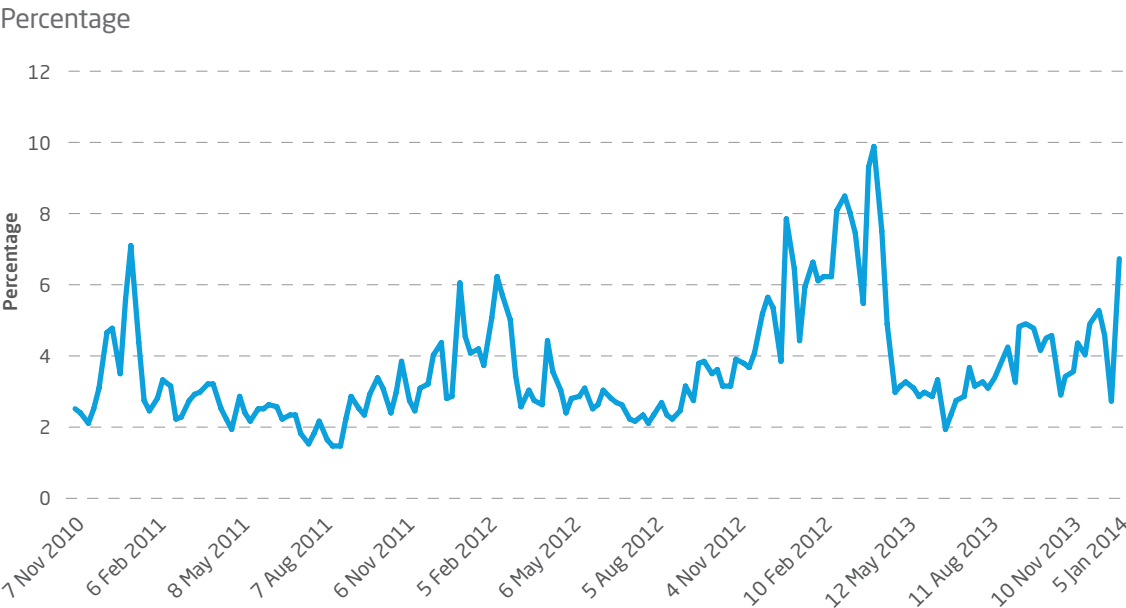
Weekly data shows high variation in the figures for trolley waits, with some identifiable seasonal variation. From August through to December 2013 there has been an increase in the proportion of patients experiencing long trolley waits, which is a similar pattern to recent years (figure 41).

Figure 40: 'Trolley waits': The proportion of patients spending more than four hours in major A&E departments from decision to admit to admission into hospital



Data source: Weekly A&E SitReps 2013-14 www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14

Figure 41: 'Trolley waits': The proportion of patients spending more than four hours in major A&E departments from decision to admit to admission into hospital. Weekly data: November 2010 to January 2014



Data source: Weekly A&E SitReps 2013-14 www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2013-14

DELAYED TRANSFERS OF CARE

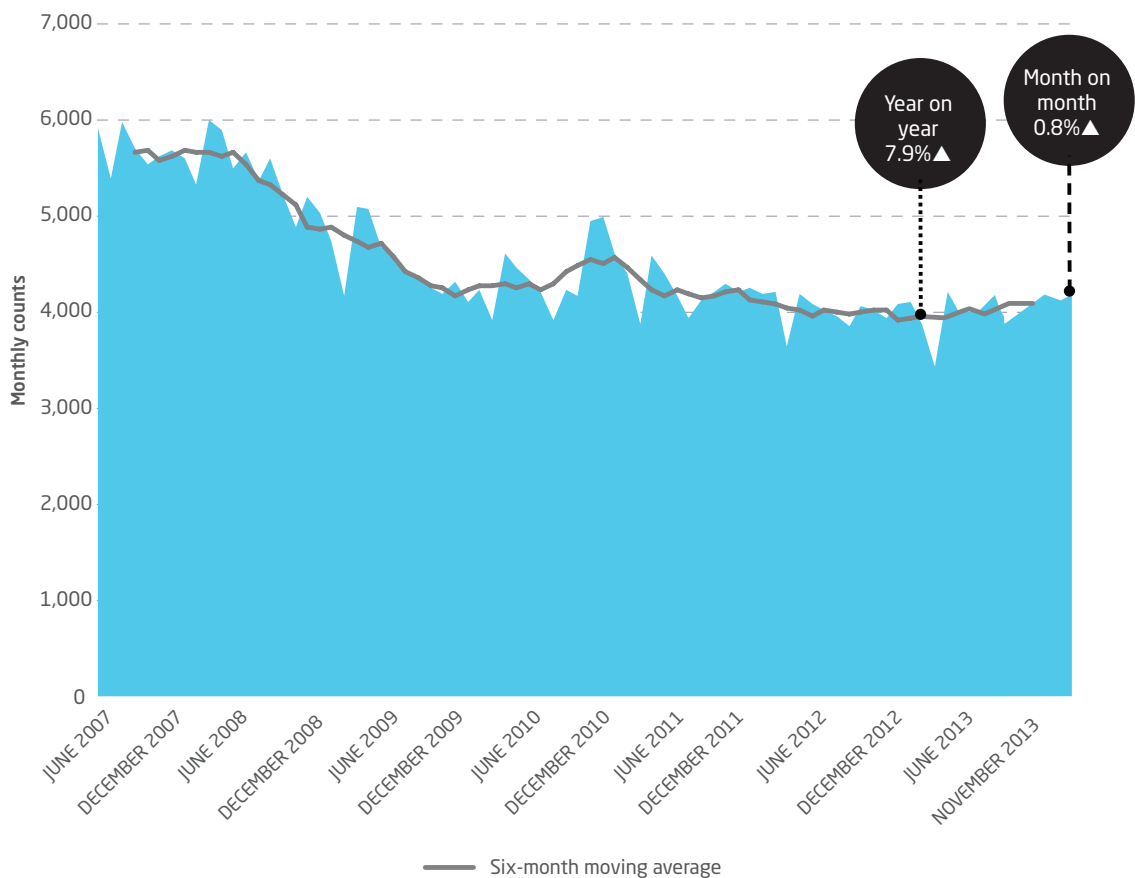
The average number of patients delayed per day was up in November 2013 compared to the previous month and to the same month last year. This is roughly in line with previous seasonal trends, though the long-term trend remains relatively flat (figure 42).

Comparing the total number of days delayed with the average daily number of patients delayed shows that both metrics follow a similar pattern. The number of days delayed shows high monthly variation but has remained relatively stable over the past four years (figure 43).

Closer analysis of the sources of delays suggests that reasons attributable to the NHS have risen from around 60 per cent in 2010/11 to 70 per cent in 2013/14 while those attributable to social services have fallen from 35 per cent to 25 per cent of total delayed days.

Figure 42: Delayed transfers of care: Monthly counts of patients

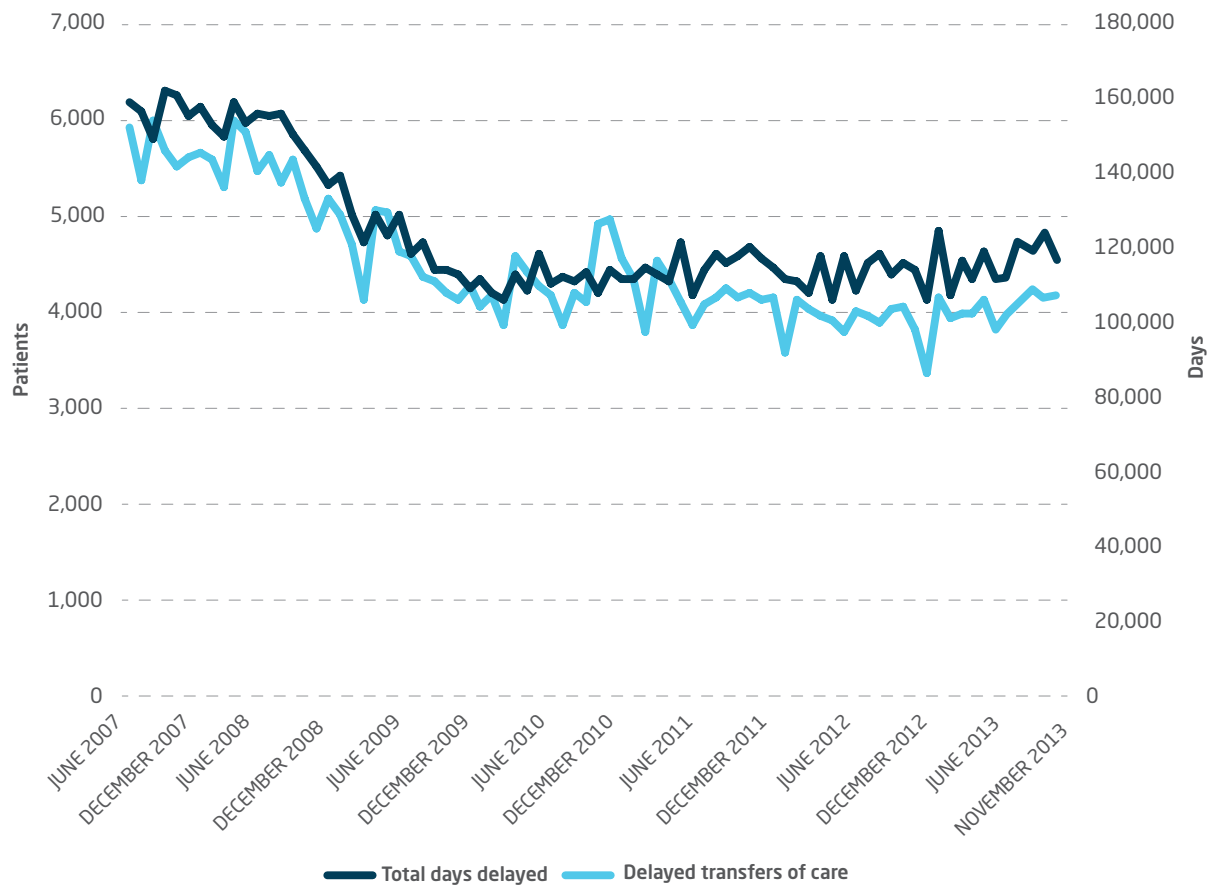
Monthly count



Data source: Acute and non-acute delayed transfers of care, patient snapshot, 2013/14

www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14

Figure 43: Delayed transfers of care: Patients and days delayed



Data source: Acute and non-acute delayed transfers of care, patient snapshot and total days delayed, 2013/14
www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14

References

- Appleby J, Thompson J, Humphries R, Jabbal J, Galea A (2013). *Quarterly monitoring report, September 2013*. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/how-health-and-social-care-system-performing-september-2013 (accessed on 13 January 2014).
- Appleby J, Thompson J, Galea A (2012). *Quarterly monitoring report, September 2012*. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/how-nhs-performing-september-2012 (accessed on 13 January 2014).
- Association of Directors of Adult Social Services (2013). 'ADASS budget survey 2013'. ADASS website. Available at: www.adass.org.uk/index.php?option=com_content&view=article&id=914:social-care-funding-bleak-outlook-bleaker&catid=160:press-releases-2013&Itemid=489 (accessed on 14 January 2014).
- Bennett L, Humphries R (2014). *Making best use of the Better Care Fund: Spending to save?* London: The King's Fund. Available at: www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-best-use-of-the-better-care-fund-kingsfund-jan14.pdf
- Berwick D (2013). *A promise to learn - a commitment to act: improving the safety of patients in England*. London: The Stationery Office. Available at: www.gov.uk/government/publications/berwick-review-into-patient-safety (accessed on 14 January 2014).
- Department of Health (2010). *Equity and Excellence: Liberating the NHS*. London: Department of Health. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf (accessed on 21 January 2014).
- Francis R (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Chaired by Robert Francis QC. London: The Stationery Office. Available at: www.midstaffspublicinquiry.com/report (accessed 14 January 2014).
- Keogh B (2013). *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*. London: NHS England. Available at: www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf (accessed on 14 January 2014).
- Monitor (2013). *NHS foundation trusts: review of six months to 30 September 2013*. London: Monitor. Available at: www.monitor-nhsft.gov.uk/performance (accessed on 13 January 2014).
- NHS England (2013a). *Everyone counts: planning for patients 2014/15-2018/19*. London: NHS England. Available at: www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (accessed on 13 January 2014).
- NHS England (2013b). 'Extra £150 million to ease winter pressures'. News article. NHS England website. Available at: www.england.nhs.uk/2013/11/22/150mill-wntr-press/ (accessed on 13 January 2014).

- NHS Trust Development Authority (2013). *Summer report for the period 1 April to 31 July 2013*. London: NHS TDA. Available at: www.ntda.nhs.uk/wp-content/uploads/2013/09/NTDA_summer_report_FINAL.pdf (accessed on 13 January 2014).
- Point of Care Foundation (2014). *Staff care: How to engage staff in the NHS and why it matters*. London: Point of Care Foundation. Available at: www.pointofcarefoundation.org.uk/Downloads/Staff-Report-2014.pdf (accessed on 17 January 2014).
- Prime Minister's Office (2013). 'Prime Minister announces £500 million to relieve pressures on A&E'. London: 10 Downing Street/Department of Health. Available at: www.gov.uk/government/news/prime-minister-announces-500-million-to-relieve-pressures-on-ae (accessed on 13 January 2014).

