



How is the health and social care system performing?

Quarterly monitoring report

February 2013

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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 care system is facing. This is the seventh report and provides an update on how the NHS is coping as it continues to grapple with the £20 billion productivity challenge while implementing the government's NHS reforms.

The *Quarterly Monitoring Report* combines publicly available data on selected NHS performance measures with views from NHS finance directors on the key issues their organisations are facing. This quarter we also surveyed directors of adult social services to obtain a local authority perspective on care services and the financial pressures currently facing local authorities (see box below).

NHS FINANCE DIRECTORS' AND DIRECTORS OF ADULT SOCIAL SERVICES' SURVEYS

This quarter we carried out an online survey between 7 December 2012 and 4 January 2013. One hundred and forty three finance directors were contacted to take part and 48 were available to give their views (a response rate of around 34 per cent). Around two-thirds of finance directors work in acute or combined acute and community trusts. Others work in mental health, ambulance and specialist trusts. No responses were received from primary care trust clusters.

Alongside our regular survey of NHS finance directors, for the first time we also surveyed directors of adult social services in 152 English local authorities. Fifty eight directors replied - a response rate of 38 per cent. Just over a third were from unitary bodies, a further third from shire counties and metropolitan districts, and the remainder from London boroughs or unspecified.

Overview

HEADLINES

- This quarter's surveys suggest the financial squeeze is beginning to bite hard, with two-thirds of NHS finance directors and nearly three-quarters of directors of adult social services (DASSs) pessimistic about the financial outlook across their local health and social care system in 2013.
- Nearly a third of DASSs predicted an overspend on their adult social care budgets. Although councils have a good track record of delivering efficiencies, making further savings without directly cutting services or affecting quality is now much more difficult.
- This overspend is set to have a significant impact on access to social care services, with more than a third of DASSs anticipating having to reduce services over the next year. Few councils are planning to raise their eligibility criteria but most already restrict help to those with 'substantial' needs. Better joint working and money transferred from the NHS has helped many councils to manage the service pressures and improve the co-ordination of care.
- Concerns about the quality of health and social care are growing; a third of finance directors report that the quality of NHS care in their area has deteriorated over the past 12 months, compared with only about one in six in our last survey. Almost half of directors of adult social services thought that the quality of services they commissioned had worsened in the past year.
- Most finance directors are confident of delivering on planned cost improvement targets of, on average, just over 5 per cent. And nearly all NHS organisations surveyed also felt confident of ending this year in surplus or at break even.
- Despite remaining a key concern among NHS finance directors, in broad terms and with some fluctuations over the past two years, the NHS has so far managed to maintain the historic reductions in waiting times it achieved by the middle of 2009, as well as continuing impressive reductions in health care-acquired infection rates.

- Delayed transfers of care are a concern for many NHS organisations. Further investigation is needed of the dissonance between the relatively stable picture on delays conveyed by official statistics and the views of finance directors.
- There is also growing pressure on emergency care, with the proportion of patients waiting longer than four hours in accident and emergency (A&E) departments at its highest level for this quarter since 2003/4 and a quarter of all providers recording breaches of the target in the quarter to December 2012. In addition, there is a possible emerging upward trend, beginning in the middle of 2009/10, in the proportion of patients waiting more than four hours to be admitted to hospital via A&E - so-called 'trolley waits'. In the latest quarter, 'trolley waits' were at their highest rate since the same period in 2003/4.

Summary

Overall, despite small changes at the margin, NHS funding for this financial year (2012/13) remains very tight, especially for sections of the NHS – such as hospital trusts – subject to tariff and other pressures. Social services and local government in general, as we note below, face an even tougher financial situation as a result of the government's deficit reduction strategy.

Our latest survey of 48 NHS finance directors reports a degree of optimism about the forecast outturn position for March 2013. The vast majority (45) forecast a surplus or breakeven position, with just three suggesting possible deficits. While this year's real reduction in tariffs of almost 2 per cent (following a real overall cut of around 1.5 per cent last year) has created extra pressure on providers to reduce costs, the national pay freeze has, to a large extent, attenuated cost inflation for providers.

There is a comparatively optimistic view on the key task for the NHS over the medium term – meeting productivity and cost improvement targets this year. Cost improvement targets may remain tough – averaging around 5.1 per cent for the year – but around seven out of ten finance directors remain very or fairly confident of meeting their targets.

Nevertheless, while a majority believes there has been either no change (26) or an improvement (6) in the quality of patient care in their area over the past year, around a third (16) felt quality had got worse. Challenges currently being faced include the meeting of key waiting times targets in accident and emergency and the 18-week referral-to-treatment target. In addition, two-thirds of finance directors said that delayed transfers of care in their area or trust had got worse over the past year.

It is notable that these views appear counter to the national aggregate picture on delayed transfers of care conveyed by official statistics; these show a relatively flat trend over the past few years – albeit with some fluctuations from month to month. This contrary picture is explored in more detail in a web data blog associated with this report (www.kingsfund.org.uk/delay).

Pessimism about the future expressed in previous surveys is again confirmed (and reinforced) in this quarter's responses. Such pessimism is also reflected in views about the quality of local patient care services. The view that, while the NHS locally and nationally has coped well up to now, things will get much more difficult on a number of fronts next year is evident: two-thirds (up from around a half in our September 2012 survey) were fairly or very pessimistic about the state of their local health economy's finances

over the next year compared to just six who felt fairly optimistic. No one was 'very optimistic'.

Although local government has not faced the challenges of complex organisational change that the NHS is grappling with, it faces even tougher challenges in managing the gap between rising demand for services and its funding position – with a 27.4 per cent real reduction in financial support from central government over four years. In the 2010 Spending Review the government allocated an additional £2 billion a year for adult social care over the four years to 2014/15 – including around £1 billion a year from the NHS (HM Treasury 2010). Not all of this money is ringfenced and a further 2 per cent reduction in financial support for local authorities in 2014/15 has since been announced in the Chancellor's Autumn Statement (HM Treasury 2012).

Local authorities have sought to protect social care budgets, but on average these are 36 per cent of their controllable spending. Net expenditure on adult social care has fallen in real terms for the past two years. The number of people receiving publicly funded social care through local authorities has also continued to fall – by 7 per cent in 2011/12 and by 17 per cent since 2006/7 (NHS Information Centre 2012). Over the same period, the number of people aged 85 years and over has soared by more than 20 per cent. More people are funding their own care; a record high of 57 per cent of older people in care homes are meeting the costs in full or in part from their own or their family's resources (Laing and Buisson 2013).

Our survey confirms previous evidence that the transferred NHS money is being used to promote the closer integration of care and in specific services, such as re-ablement, that benefit both the NHS and social care systems. But in many cases it is being used to offset general service pressures and councils are finding it much harder to find savings that do not impact on the quality or quantity of care. So it is not surprising that many NHS finance directors report that local authority budget settlement is having an impact on their organisations. Conversely, some DASSs have highlighted how collaboration with the NHS is made harder when acute trusts are under serious financial pressure. There is no shortage of commitment or goodwill towards joint working, but as the financial and service pressures tighten, this is becoming much more difficult and may explain some of the pessimism shared by NHS finance directors and DASSs.

Progress on maintaining or improving performance across a selected range of official measures broadly looks good – although there may be some signs of pressure and continuing variation in performance at a local level.

While the latest month-on-month change (October to November 2012) in counts of methicillin-resistant *Staphylococcus aureus* (MRSA) rose by nearly 61 per cent, this partly reflects the low numbers involved. It also represents a year-on-year fall of nearly 12 per cent. Meanwhile, counts of *Clostridium difficile* (*C difficile*) fell month-on-month by nearly 10 per cent and year-on-year by 13.5 per cent.

Although waiting times were seen as a potential barometer of the financial and organisational pressures facing the NHS, in broad terms the service has so far managed to maintain the historic reductions in waiting times it achieved by the middle of 2009. Since June 2010, when the coalition government relaxed the central performance management of the 18-week referral-to-treatment waiting time targets waiting times rose to a peak around the winter of 2010, but have since declined to levels similar to June 2010. Notably, the proportion of patients still on lists who are waiting more than 18 weeks has fallen from a peak of around 11 per cent in January 2011 to just over 5 per cent in November this year.

However, the proportion of patients waiting more than four hours from arrival in A&E to admission, transfer or discharge in the third quarter of 2012/13 (October to December) rose by 21 per cent over the previous year and 38 per cent on the previous quarter. Nevertheless, overall, the NHS remained within target on this waiting times measure – although around a quarter (65) of providers recorded breaching the target during this quarter (affecting more than 232,000 patients).

Some evidence of system pressure is also evident perhaps from another aspect of patients' waiting time experience – waits of more than four hours to be admitted from A&E into a hospital bed (so-called 'trolley waits'). Fluctuations from quarter to quarter aside, from quarter 1 in 2009/10, there has been a general upward trend in the proportion of patients waiting more than four hours prior to admission to hospital via A&E: from 1.4 per cent in 2009/10 to just over 4 per cent in the last quarter.

I am anxious about getting through winter and continuing to hit our CIP targets.
Acute foundation trust

Currently forecasting to be around £1.5 million below plan which would deliver £11 million surplus. Expect to improve, but plan delivery will be tight due to impact of Olympics on elective and ambulatory work and late start of elective work.
Acute trust

[CIPs plan is] £16m (7 per cent). We have made good progress and will maybe get to 5 per cent (£12.5m) but target was unrealistic.
Acute trust

NHS finance directors' survey

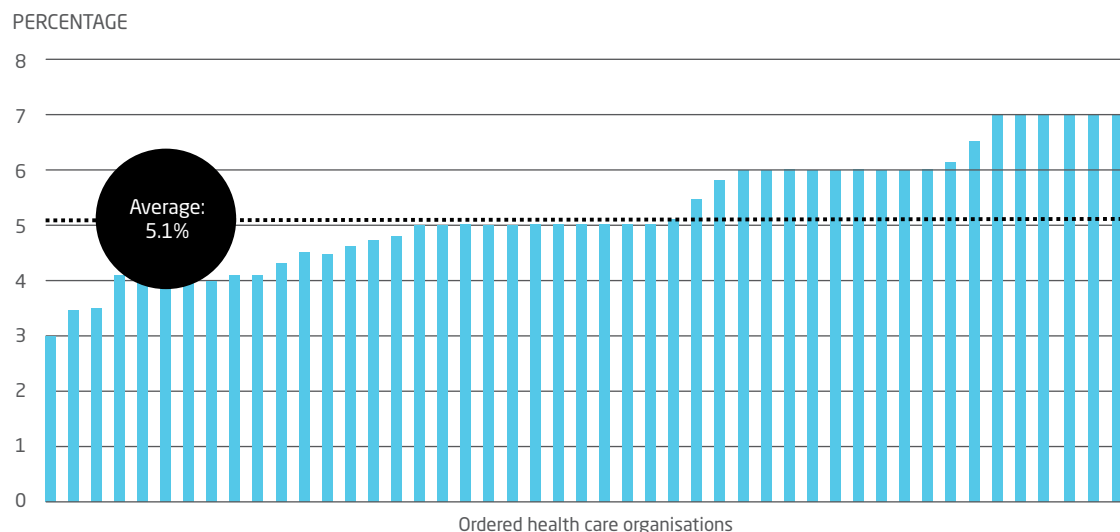
This quarter's report is based on an online survey of 48 finance directors. The panel were asked about the financial situation of their organisations and local health economies, the state of the care in their area, their views about delayed transfers of care, whether their local authorities' funding settlement is affecting them and their assessment of key current concerns for their organisation.

COST IMPROVEMENT PROGRAMMES AND END-OF-YEAR FINANCIAL SITUATION

In the last survey, carried out half way into the current financial year, NHS organisations aimed to achieve cost improvement programmes (CIPs) in 2012/13 amounting to 4.8 per cent on average. In the current survey the average CIP target reported for 2012/13 was 5.1 per cent, ranging from 3 per cent to 7 per cent (see figure below). This is a broadly similar target as reported last September.

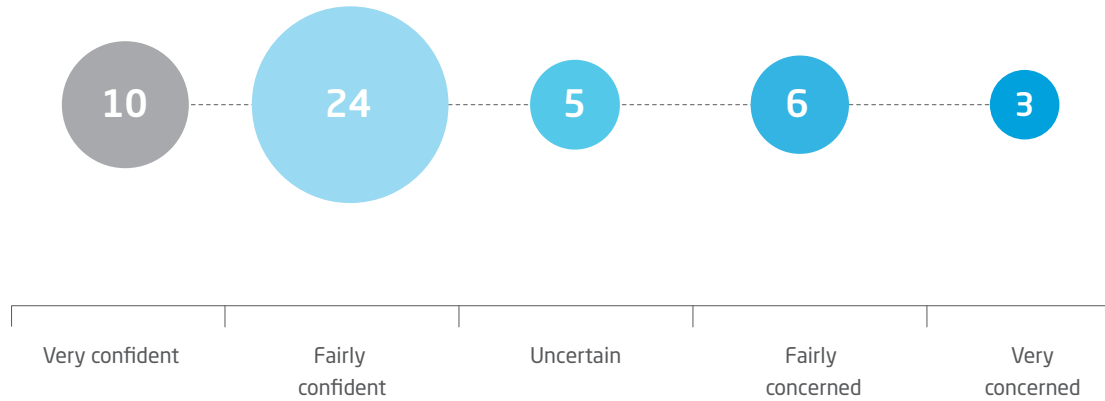
Half (24) of finance directors reported a CIP target of 4 to 5 per cent, 3 a target of less than 4 per cent, 12 a target of 5 to 6 per cent and 8 a target of more than 6 per cent. (No response was received from one respondent.)

What is your organisation's cost improvement programme (CIP) target for 2012/13 as a percentage of turnover?



Confidence in meeting plans remains high – almost three-quarters (34) were very or fairly confident of meeting their targets. However, nine finance directors were very or fairly concerned that they would not achieve plans, and five were uncertain (see figure below).

How confident are you of achieving your CIP target in 2012/13?

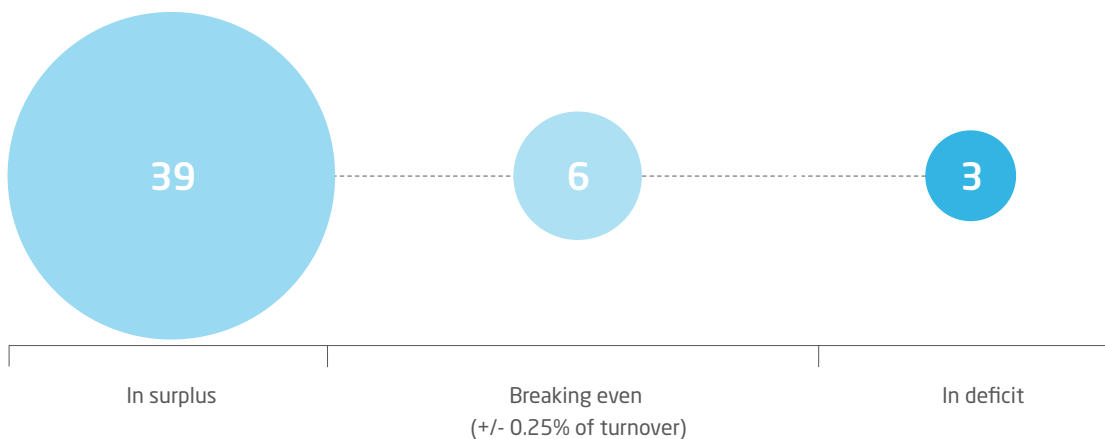


While I am confident that we will deliver our financial plan, the result is being propped up by non-recurrent funding – the first time ever we have had to resort to this
Acute trust

Moreover, as the National Audit Office (NAO) has recently pointed out, reporting of efficiency savings can be inconsistent, with no distinction between one-off and recurrent gains, for example (NAO 2012). And further, the NAO have indicated that while the first two years of the productivity challenge have benefited from the public sector pay freeze, a number of one-off savings in centrally held budgets and local gains made in perhaps easier areas, keeping up the momentum will become increasingly difficult.

From last September's survey, only 3 out of 45 finance directors projected a deficit at year end. The current survey suggests a similar level of optimism and is in line with NHS trust forecasts published in December by the Department of Health (2012b). Around 80 per cent (39) of those surveyed forecast a surplus, six a breakeven position and three a deficit (with two organisations indicating that this is a planned deficit).

What is your organisation's likely end-of-year (2012/13) financial situation?



Despite the excellent progress on CIPs, cost pressures are another challenge – medical and nursing agency costs, burns activity, drugs and medical and surgical consumables.

Acute trust

...service investment failing to keep pace with rising demand and levels of service user complexity and inpatient acuity. The mental health commissioners fail to realise that the tariff/price reduction isn't being retained by them to fund these demographic issues. Instead it gets 'lost' within the system – to prop up acute activity! When we ask commissioners why they won't consider any reinvestment in mental health we are told, 'You don't get us onto the front page of the local papers with bad news, but our bankrupt NHS general hospital does.'

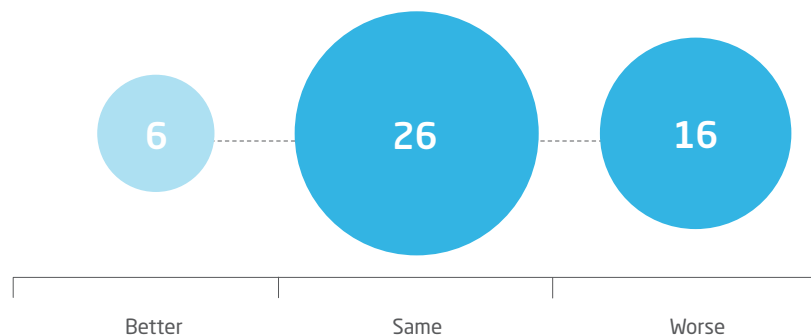
Mental health foundation trust

THE STATE OF PATIENT CARE

Meeting cost improvement targets and ensuring financial balance are absolutely key objectives for the NHS this year. But 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.

When asked about the state of patient care in their area, 32 (of 48) finance directors expressed the view that it had improved or stayed the same over the past 12 months. Sixteen stated it had improved (see figure below). Comparisons between our surveys need to be treated with caution as the respondents vary from survey to survey (the overlap between this and the last survey is around 36 per cent). However, it is worth noting that the current survey represents a more pessimistic outlook than that expressed in our last survey (September 2012), in which seven (of 45) finance directors reported that quality of care had got worse.

What has happened to the quality of patient care in your local area over the past 12 months?



Comments from finance directors suggest a variety of organisational and financial factors underlying these results. For example, changes in the commissioning structure and a high turnover in executive teams together with the authorisation process for clinical commissioning groups has in some areas led to 'planning blight' and to an extent distracted attention from the core business of the NHS. While this is perhaps an inevitable consequence of any major reform, it is of concern nonetheless, especially as demands on the NHS continue unabated. Some directors report continuing pressures on acute services in general, and accident and emergency in particular, along with rising emergency admissions and increased demand on out-of-hours services.

Management of the growing pressure on adult acute mental health inpatient services with no additional resource.

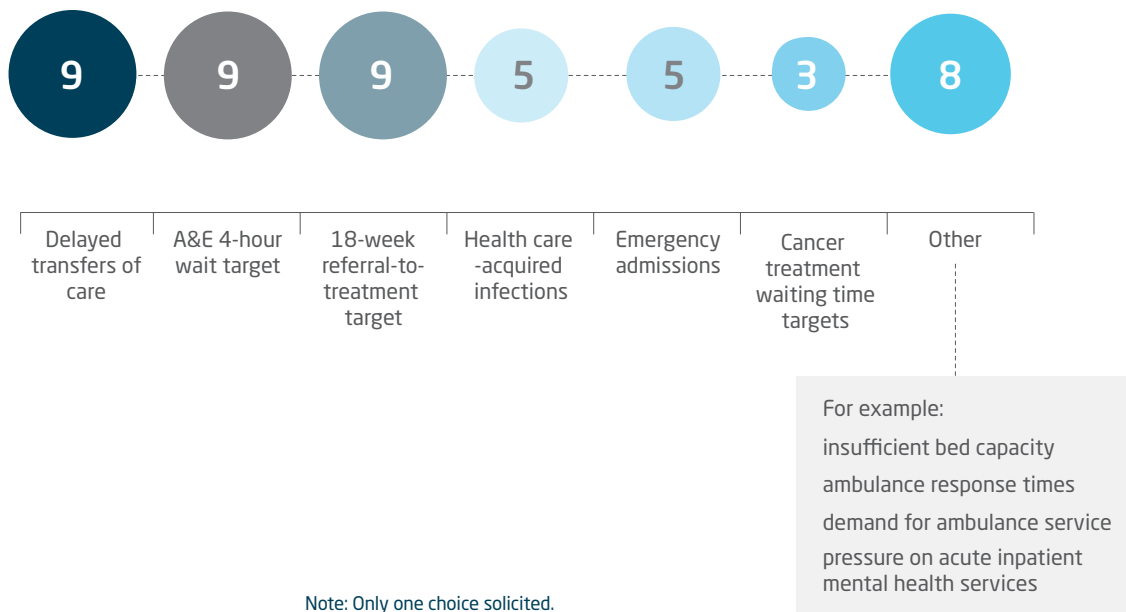
Mental health trust

ORGANISATIONAL CHALLENGES

There has probably never been a time in the history of the NHS when NHS organisations have not faced one organisational challenge or another. But clearly, the scale of the current system reform, overlaid on an unprecedentedly parsimonious financial settlement and the associated and equally unprecedented productivity target add up to a particularly challenging set of circumstances.

To understand how this environment was affecting NHS organisations, finance directors were asked to state just one aspect of their organisation’s performance that was giving them most concern at the moment. While no one particular issue dominated, the top concerns included meeting the waiting time target in accident and emergency (A&E) departments, the 18-week referral-to-treatment (RTT) target and delayed transfers of care – all three issues mentioned by nine finance directors (see figure below).

Which single aspect of your organisation’s performance is giving you concern at the moment?



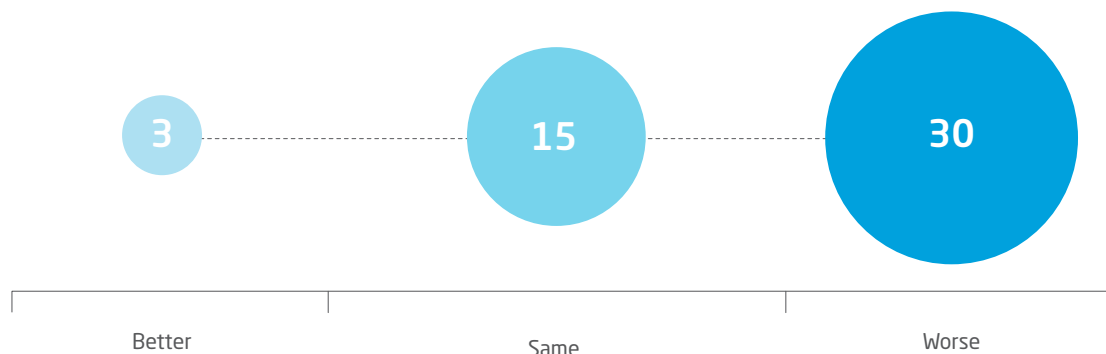
DELAYED TRANSFERS OF CARE

Although the most recent official figures on delayed transfers of care suggest little change in the numbers of patients or days delayed over the past year (see pp 29–30), anecdotally some NHS trusts have expressed worries about delays in discharging or transferring patients. In this survey, therefore, we sought finance directors’ views on this.

Around 15 per cent of beds occupied by medically fit patients.
Acute trust

We asked finance directors what was happening to delays in their local area and 30 (of 48) stated that they had got worse over the past year. Fifteen stated that there had been no change and three that they had got better.

What has happened to delayed transfers of care in your trust/local area over the past year?



No certainty about 13/14 allocations, leading to no certainty around income for the trust. Pushback to the local LAT [NHS Commissioning Board local authority team] who are only committed to supporting large-scale strategic change.
Acute trust

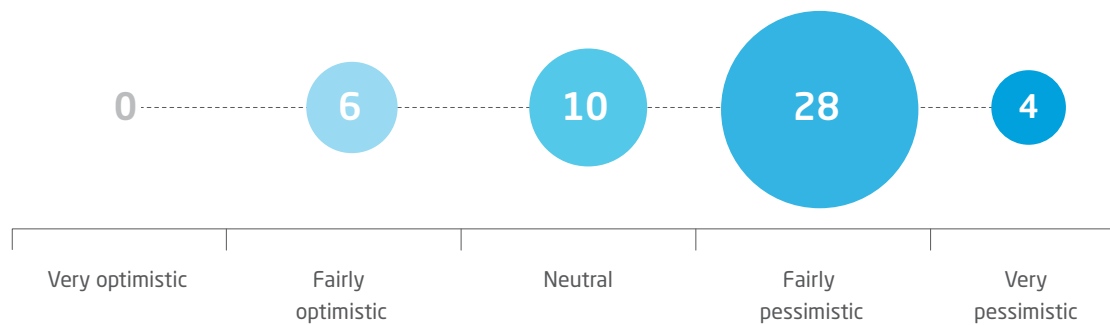
This appears to contradict official delayed transfer data, but may in part be explained by the vagaries of the reporting system. As one director noted, 'The situation has got worse, although the mysteries of the counting methodology don't always reflect this.' Comments from finance directors suggest a mix of reasons as to why delays are seen to have become a problem with some attributing them to problems associated with the NHS and others suggesting problems with social services and a lack of nursing home places.

We take a closer look at the divergence between finance directors' views and official statistics in a data blog published alongside this report (www.kingsfund.org.uk/delay).

THE FINANCIAL STATE OF LOCAL HEALTH AND CARE ECONOMIES

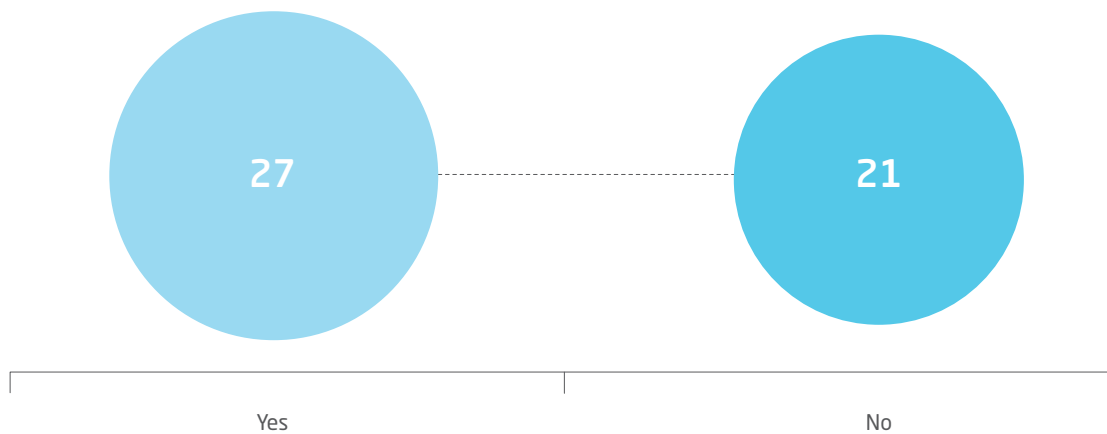
More broadly, when asked how they felt in general about the financial state of their local health economy – not just their own organisation – over the next 12 months, around two-thirds (32) were fairly or very pessimistic. Bearing in mind our caution about comparing results between surveys, it is still worth noting that this is higher than our previous survey in September, when around half (23) expressed a fairly or very pessimistic view about the financial state of their local health economy over the next year.

Overall, how do you feel about the financial state of the whole health and care economy in your area over the next 12 months?



NHS finance directors were also asked whether there had been any impact on their trust as a consequence of the funding settlement for, or spending by, local authorities in this financial year. As the figure shows, more than half (27) said there had been an impact.

Has there been any impact on your trust of your local authorities' funding settlement/ spending so far this financial year?



As the comments from directors in the box (p 14) suggest, the practical consequences of a severe squeeze on local authority budgets include: difficulties with accessing care packages; withdrawal, in some instances, of social work support services leading to problems with discharge arrangements; and, for mental health trusts, a reduction in grant funding for services following the removal of the ring fencing arrangements (such as the child and adolescent mental health services grant – a situation reported by The King's Fund and others in 2011 (Jonas 2011)).

COMMENTS FROM FINANCE DIRECTORS: IMPACT ON NHS TRUSTS OF LOCAL AUTHORITIES' FUNDING/SPENDING IN 2012/13

- Lack of social care workers, to the extent that my acute trust has invested in a social worker in order to help the delayed discharge problems.
- Less social care support and more difficulty in ensuring patients get funded care packages.
- Becoming increasingly difficult to access social care packages despite significant support of social care by the primary care trust.
- Delayed discharges and social worker support issues.
- No demonstrable health benefit from diverted NHS funds.
- Less in the system for shared patients.
- Signs of cost shunting and the NHS being the 'provider of last resort'.
- Funding constraints reduce placements causing a back-up in the system.
- Local authority discharge co-ordinators being withdrawn.
- Increased difficulty in discharging patients/ increase in patients waiting for assessment.
- This year a cut in children's mental health services, next year the full grant is being cut that will decimate the service.
- We are experiencing a continuing decline in services provided by local authorities. This usually takes the form of reductions in social worker input into teams, closure of day services and reduction in grant funding for services following the removal of the ring fencing arrangements, eg, child and adolescent mental health services grant.

Directors of adult social services' survey

This quarter we have also surveyed directors of adult social services to obtain a local authority perspective on care services and the financial pressures they currently face.

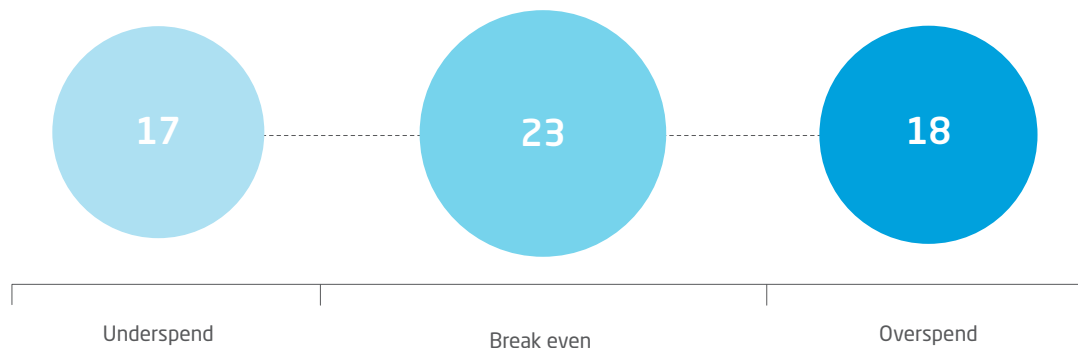
The topic areas were broadly similar to those covered by the NHS finance directors' survey and included their financial situation, efficiency savings, the quality of care they commission, the state of their local health and care economy and the measures they are planning to manage their budgets over the next 12 months.

EFFICIENCY SAVINGS PROGRAMME AND END-OF-YEAR FINANCIAL SITUATION

This is a planned and managed underspend and includes early realisation of future years savings linked to the council's medium term financial plan.
Director of Adult Social Services

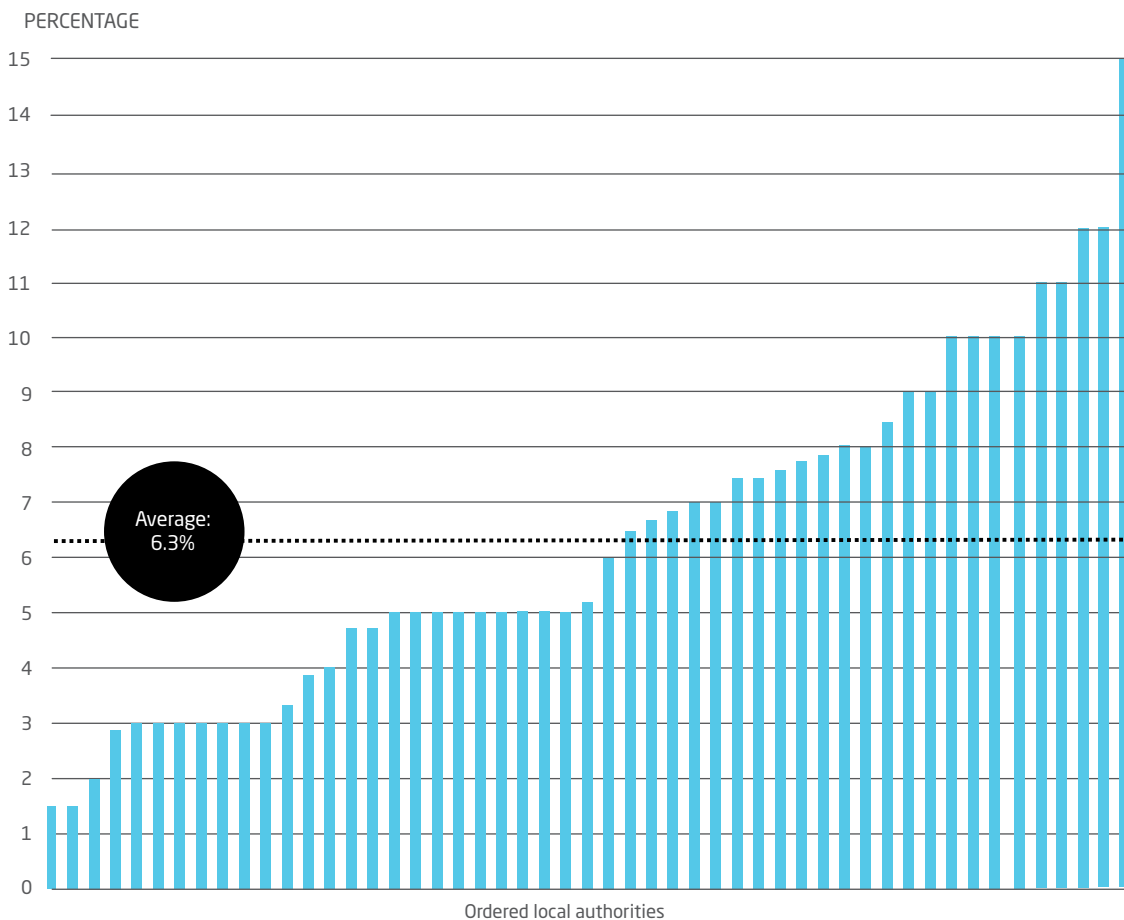
In somewhat stark contrast to forecasts made by NHS finance directors for their health care organisations, almost a third (18) of directors of adult social services anticipated that their budgets would be overspent, 40 per cent (23) that they would break even and 29 per cent (17) that they would underspend. This latter figure should be treated with caution. The financial regime for local authorities is generally more flexible than the national arrangements applying to NHS organisations. For example, some directors had been given savings targets this year in order to offset deeper cuts in subsequent years. As one director put it, 'we will have delivered early savings to meet the targets for 2013/14. I am reluctant to call these an underspend'. Others had used transferred NHS money or accrued surpluses from the previous year to help manage budget pressures. So the underlying position in councils predicting an underspend or breakeven may be worse than these figures suggest.

What is the likely end-of-year (2012/13) financial situation for your council's adult social care budget?



Although local government does not have the equivalent of a national NHS Quality, Improvement, Productivity and Prevention (QIPP) programme, the pressures to achieve improvements in productivity and efficiency are no less. Each local authority sets its own targets and our survey shows that target efficiency savings ranged from 1.5 per cent to 15 per cent, with an average target of 6.3 per cent.

What is your target efficiency savings (including service redesign) this year as a percentage of the total budget?



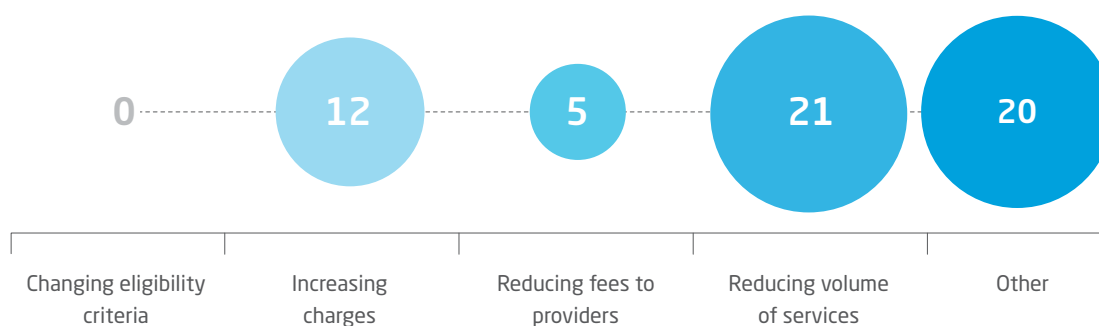
Some parts of the service have improved significantly, eg, a joined-up approach with health to rehabilitation and re-ablement is beginning to reduce the number of 'hand offs' for people, improve outcomes and reduce costs.

Director of Adult Social Services

As the numbers of people needing care and support continues to grow, we asked what steps directors were planning in order to manage the demands on budgets and services. A recent National Audit Office (NAO) survey of 52 local authority finance directors found that most were planning to make savings through service reductions (NAO 2013). In our survey, slightly more than a third expected to reduce the volume of services available. In addition, around a fifth planned to increase charges. Slightly more than a third intended to use other measures, notably service redesign and further efficiency savings. Examples included:

- further efficiencies and reduced services through investments in telecare, re-ablement and preventive services
- reconfiguring and redesigning services
- recommissioning services and renegotiating existing contracts, using new providers to save money
- paying below-inflation fee increases to providers
- reviewing and reducing in-house provision
- better demand management and diversion from formal services
- integration of services with the NHS.

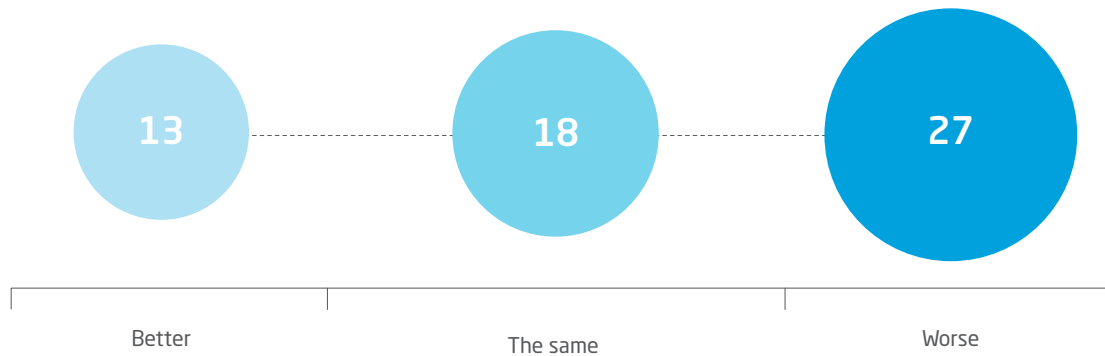
Do you anticipate taking any of the following steps in the next 12 months?



QUALITY OF SERVICES

Local authorities are responsible for ensuring that the services they commission are of appropriate quality to meet the assessed needs of people with care and support needs. Twenty seven directors (46 per cent) thought that the quality of the services they commissioned had got worse in the past 12 months. A fifth thought it had got better, with just under a third reporting no change. This is a very mixed picture, reflecting the interplay of different and often complex local factors, such as the level of resources available, quality of commissioning and the historical baseline of service quality.

Thinking about the care and support commissioned by your local council, in the past 12 months, do you think it has got better, got worse or stayed the same in terms of the quality of services?



As adult care is such a large percentage of the council's budget the cuts will inevitably impact on the amount and quality of care we can purchase for people.
Director of Adult Social Services

I take heart in local partnership initiatives to shift money from acute care into the community, but I don't think that will be sufficient to cope with the impact of social care reductions.
Director of Adult Social Services

We are seeking to develop a whole system transformation with the NHS. If this doesn't happen we will struggle - in social care and the system as a whole.
Director of Adult Social Services

Examples of improvements included: the decommissioning of poor providers; greater awareness of quality issues; the introduction of quality improvement programmes and greater personalisation; and joint work with NHS on integrated commissioning and care pathways.

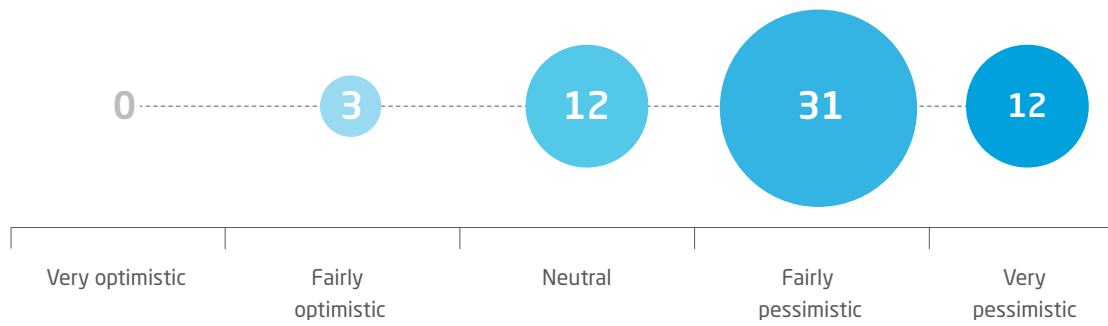
Several comments suggested that where the quality of care had improved or remained the same, there had been a trade-off with the volume of care, with fewer people receiving a service. Some referred to the negative impact of organisational change on corporate memory, especially where this was happening simultaneously in the NHS and local authority.

THE FINANCIAL STATE OF THE LOCAL HEALTH AND CARE ECONOMY

Directors were asked to express a general view about the financial prospects for their local health and care economy – not just their local authority or the social care part of the system – over the next 12 months. Nearly three-quarters were either very or fairly pessimistic compared to around two-thirds of NHS finance directors asked the same question.

Despite the overall pessimism, there was a generally positive view about collaboration and partnerships with the local NHS and the difference that the transferred NHS money was making. Several comments reflected significant uncertainty about developments in the local NHS, particularly where the commissioning intentions of clinical commissioning groups were unclear and acute trusts were in financial difficulty.

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



NHS PERFORMANCE DASHBOARD

The second part of our report highlights data on selected NHS performance measures. There are thousands of possible statistics available to measure the performance of the NHS. Here, we have selected a small group that reflect key issues of concern to the public and patients as well as providing some indicative measures of the impact of tackling the productivity and reform challenges confronting the NHS. In particular, we report on trends in health care-acquired infections (*C difficile* and MRSA); redundancies and workforce numbers; waiting times for inpatients, outpatients, diagnostics, those still on lists and accident and emergency; and delayed transfers of care.

Health care-acquired infections

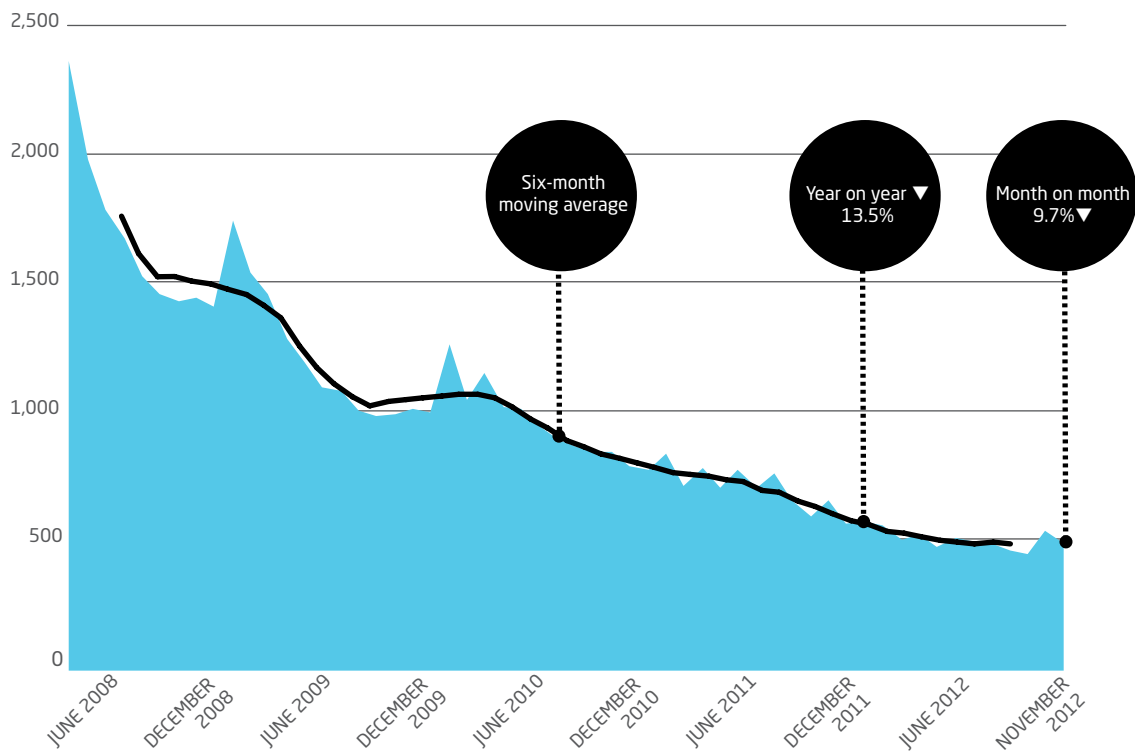
Health care-acquired infections, including *Clostridium difficile* (*C difficile*) and methicillin-resistant *Staphylococcus aureus* (MRSA), can be seen as a specific measure of the quality of patient care, and potentially sensitive to financial pressures.

C DIFFICILE

Monthly counts of *C difficile* infection have fallen substantially since April 2008 – from more than 2,350 to 494 cases per month in November 2012. Counts for November 2012 show a decrease on the previous month of nearly 10 per cent and a drop year-on-year of 13.5 per cent.

The 2012/13 NHS Operating Framework (Department of Health 2011) set an objective annual reduction in *C difficile* cases of 26 per cent (measured as April to March 2012/2013 compared with October to September 2010/11). On current trends (April to November 2012 projected to March 2013) the full year reduction for 2012/13 over the baseline period is likely to be around 34 per cent, easily meeting the national objective.

Monthly counts: *C difficile*



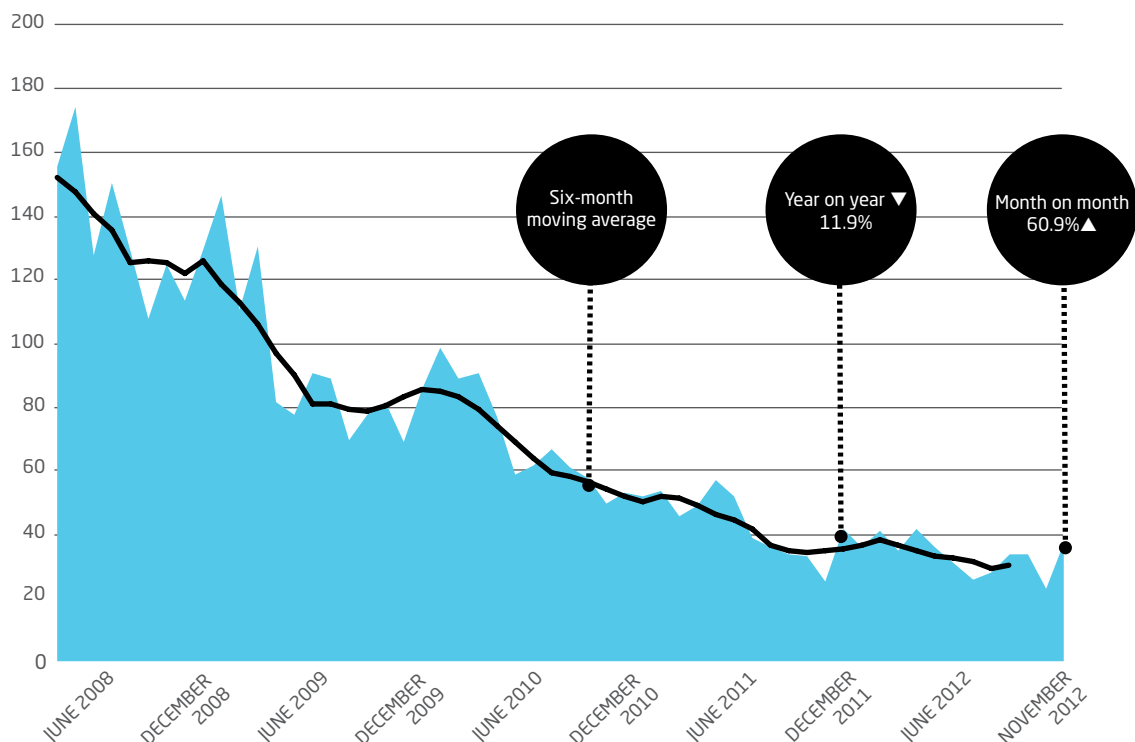
Data source: Trust-apportioned monthly counts of *C difficile* infection
www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510678961

MRSA

The general trend in the numbers of patients with methicillin-resistant *Staphylococcus aureus* (MRSA) infection has been falling over the past three years. The count of 23 in October 2012 was 8 per cent less than a year previously and a fall of more than 30 per cent month on month. Although the latest November count is 37 (a 61 per cent month-on-month increase) it is still a year-on-year decrease of nearly 12 per cent. Current annual rates of MRSA are now running at around 403 cases, around one-third of the cases in a similar period in 2009.

The 2012/13 NHS Operating Framework (Department of Health 2011) set an objective annual reduction in MRSA cases of 38 per cent (measured as April to March 2012/13 compared with October to September 2010/11). On current trends (April to November 2012 projected to March 2013) this target could be missed. However, numbers of cases per month are now very low and fluctuations from month to month are high, so projections need to be treated with caution.

Monthly counts: MRSA



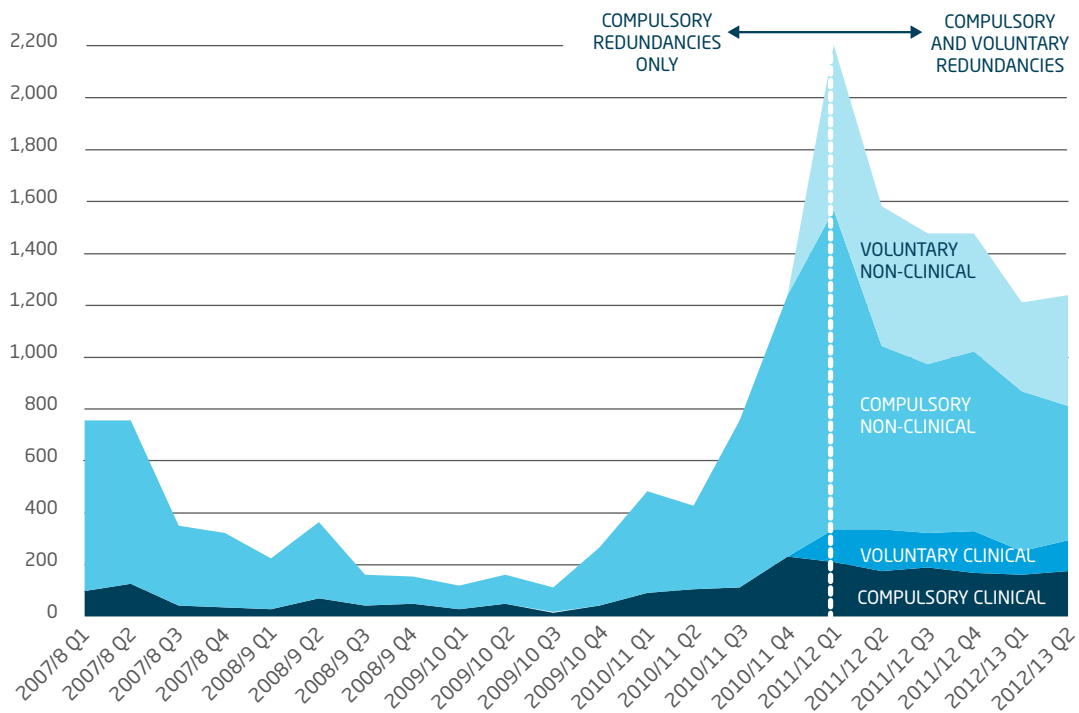
Data source: Monthly counts of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia
www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1254510675444

Workforce

REDUNDANCIES

The latest NHS redundancy data report on voluntary redundancies and compulsory redundancies. In quarter 2 2012/13 there were a total of 297 clinical redundancies, of which 176 (59 per cent) were compulsory and 121 (41 per cent) voluntary. There were 958 total non-clinical redundancies in the same period, of which 527 (55 per cent) were compulsory and 431 (45 per cent) voluntary. The figures include data from strategic health authorities, primary care trusts, trusts and foundation trusts.

Compulsory clinical and non-clinical redundancies: Headcount



Data source: : Quarterly head counts of compulsory redundancies
www.ic.nhs.uk/searchcatalogue?productid=10364&returnid=1907

STAFF NUMBERS

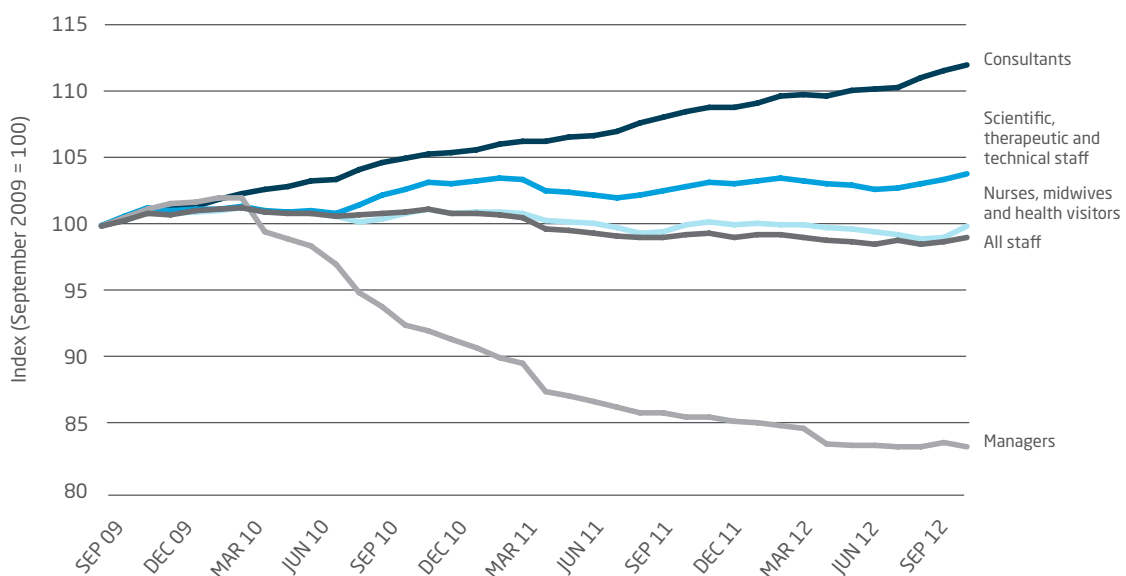
The trend in employment for all staff groups in the NHS increased by around 1.4 per cent between September 2009 and March 2010, but has since fallen by 2.3 percentage points – a reduction of 24,313 full-time posts. Changes have varied for different NHS staff groups.

Following an increase of around 1.3 per cent between September 2009 and March 2010, the number of qualified nurses, midwives and health visitors has fallen back to a fraction under the September 2009 level – a reduction of 4,243 compared to March 2010.

However, the number of consultant staff has risen continuously since September 2009 – from 34,156 to 38,343 in October 2012, a 12.3 per cent rise. The number of scientific, therapeutic and technical staff has also increased by 3.9 per cent since September 2009.

The impact of the decision in the coalition government's White Paper *Equity and Excellence: Liberating the NHS* (Department of Health 2010) to reduce management costs by more than 45 per cent over four years are clearly evident from the trends in the number of managers (both senior managers and managers). Over the two years since March 2010 there has been a decrease in managers of around 18.5 per cent – from 43,608 to 35,533.

Index change in NHS full-time equivalent staff: September 2009–October 2012



Data source: www.ic.nhs.uk/searchcatalogue?productid=10364&returnid=1907

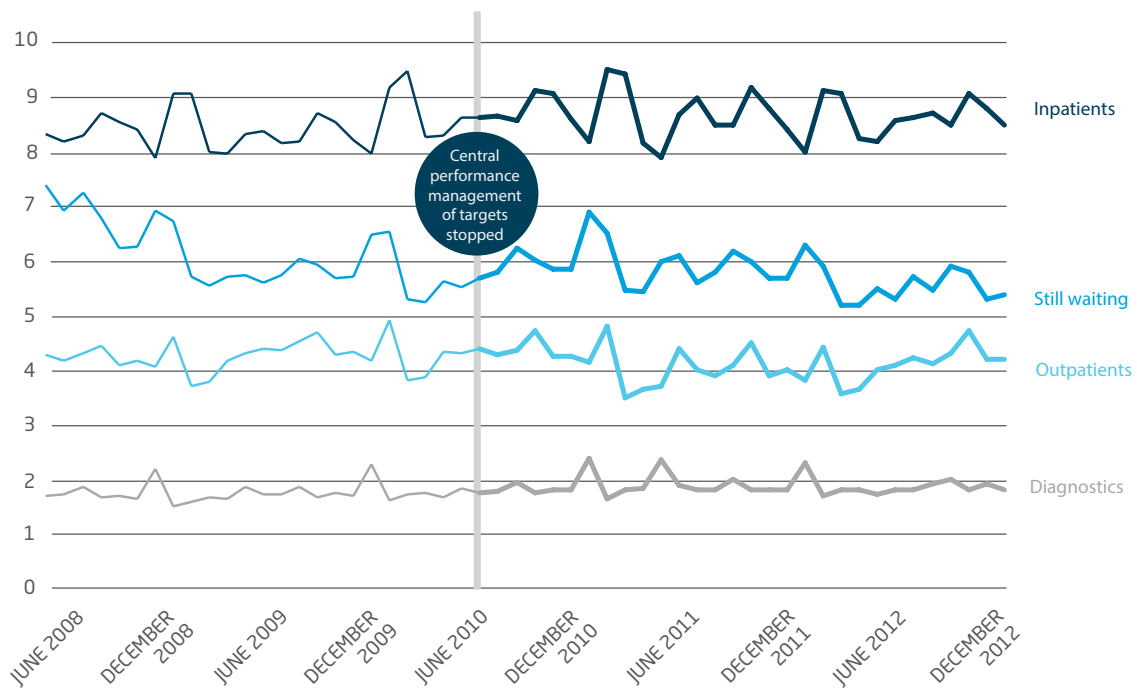
Waiting times

MEDIAN WAITS

Compared to October 2012, median waiting times fell in November for inpatients and diagnostics, increased for those still waiting and remained constant for outpatients. These changes are broadly in line with seasonal variations.

Overall, trends over the past four years in waiting times for diagnostics, outpatients and inpatients remain generally constant despite fluctuations.

Median wait (weeks)



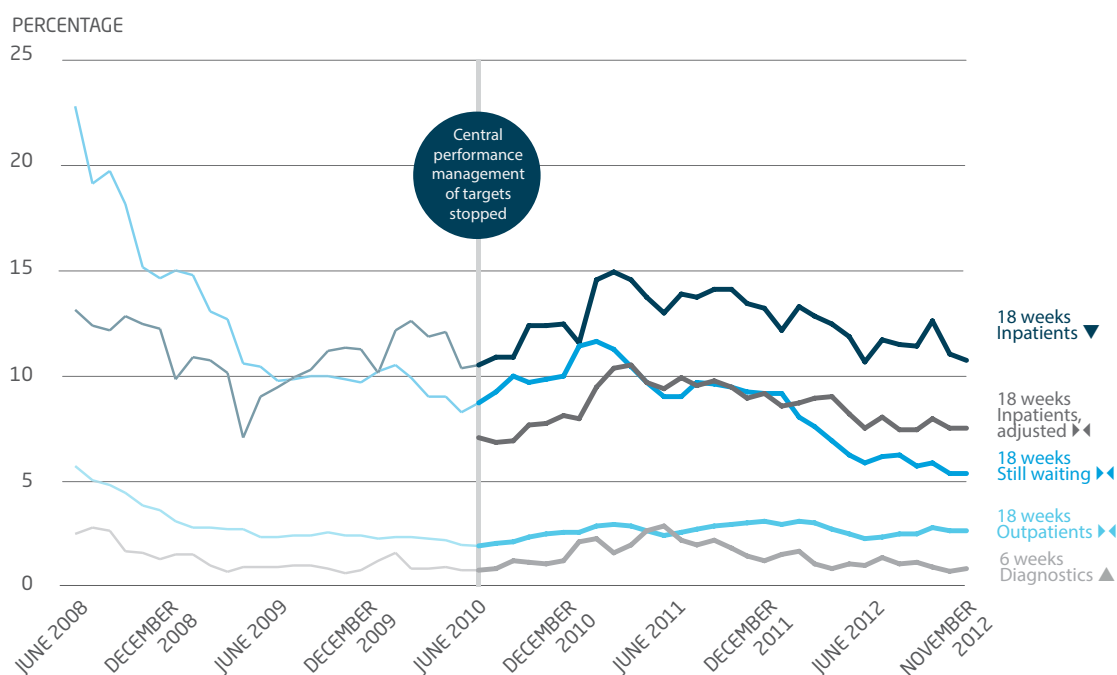
Data source: Referral-to-treatment waiting times statistics <http://transparency.dh.gov.uk/2012/06/29/rtt-data-2012-13/>
Diagnostic waiting times statistics <http://transparency.dh.gov.uk/2012/07/03/monthly-diagnostics-data-2012-13/>

REFERRAL-TO-TREATMENT TARGET WAITS

Since April 2012 the proportions of patients waiting longer than the operational standards (as defined by the 2012/13 NHS Operating Framework (Department of Health 2011) and NHS Constitution (Department of Health 2012a)) have increased slightly for outpatients and reduced for all other waiting lists.

Over the longer term – from June 2010, when the coalition government relaxed the central performance management of waiting time targets – general trends for inpatients, those still waiting, outpatients and diagnostics were increasing around January to May 2011, before trending downwards in all cases (notably for those still on waiting lists), except for outpatients which remained broadly level.

Percentage still waiting/having waited more than 18 weeks (more than 6 weeks for diagnostics)



Data sources: Referral-to-treatment waiting times statistics <http://transparency.dh.gov.uk/2012/06/29/rtt-data-2012-13/>
Diagnostic waiting times statistics <http://transparency.dh.gov.uk/2012/07/03/monthly-diagnostics-data-2012-13/>

A&E

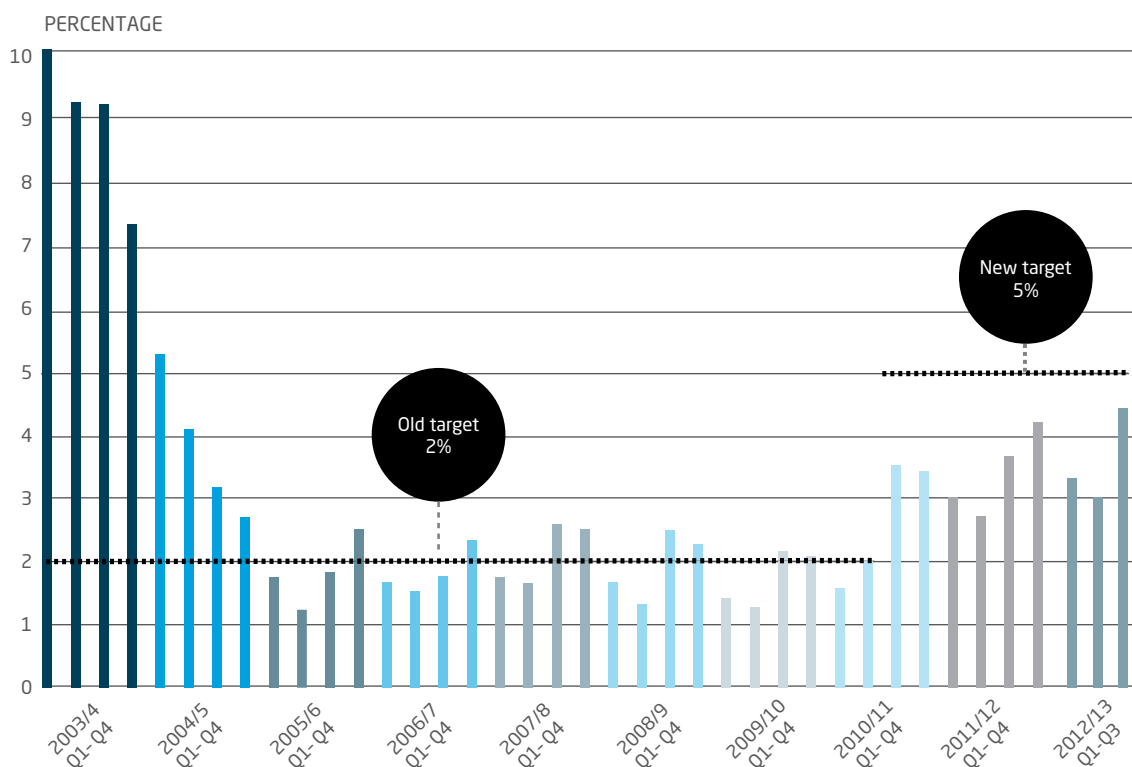
The latest data for four-hour A&E waits (quarter 3, 2012/13) shows an increase in the proportion of patients waiting longer than four hours in A&E compared to quarter 2 2012/13. This is in line with previous seasonal patterns. At 4.34 per cent this is also within the 5 per cent target set out in the 2012/13 NHS Operating Framework (Department of Health 2011); however, compared with previous quarter 3 figures, this is the highest proportion since 2003/4.

While this increase will in part simply be a response to the change in the target it is the number of breaches of the target that is important.

In total 232,004 patients waited more than four hours in A&E in quarter 3 of 2012/13 – an increase of 38 per cent over the previous quarter, and a 21 per cent increase over quarter 3 in 2011/12.

National figures tend to mask variations between hospitals. For example, at an organisational level, in quarter 3 2012/13, 65 providers (26 per cent) reported breaches in the proportion of patients waiting longer than the four-hour target.

Percentage waiting more than four hours in A&E from arrival to admission, transfer or discharge

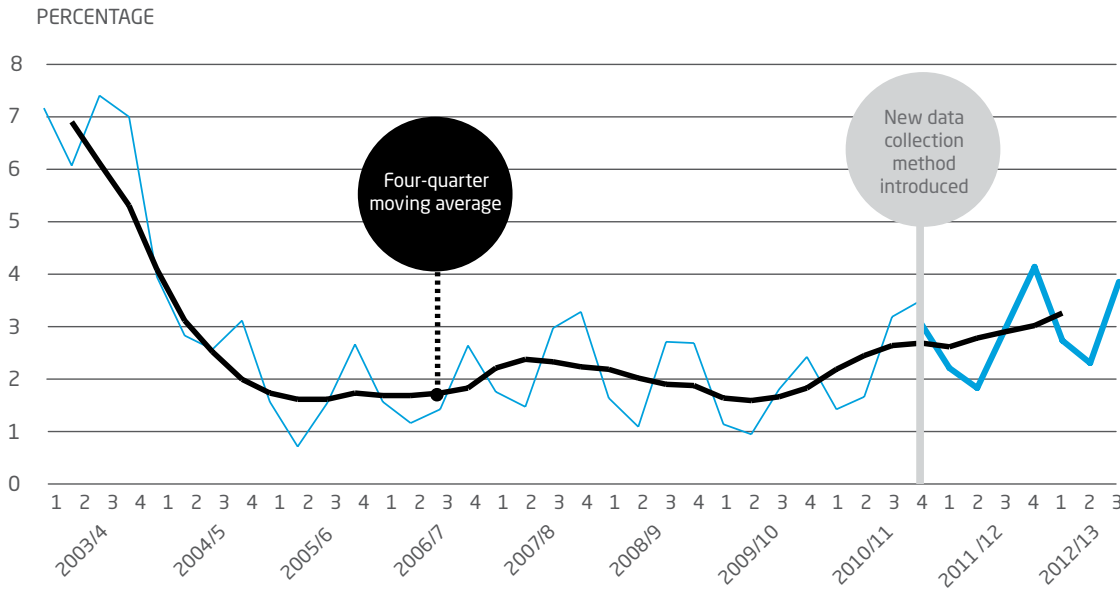


Data source: Weekly A&E SitReps 2012-13
<http://transparency.dh.gov.uk/2012/06/14/weekly-ae-sitreps-2012-13/>

While most patients who attend A&E departments are treated within the department and then sent home, some need to be admitted into hospital. A potential indicator of pressures in hospitals is the time these patients wait to be admitted – so-called ‘trolley waits’.

Latest figures covering quarter 3 2012/13 show that the proportion of patients waiting four hours or more for admission to hospital continues to vary from quarter to quarter, with a tendency for quarter 3 figures to show an increase over the previous quarter. However, quarterly fluctuations aside, from quarter 1 2009/10, there is the emergence of a possible upward trend; the proportion of patients waiting more than four hours for admission has risen from 1.4 per cent in 2009/10 to just under 4.1 per cent in the latest quarter. This increase is in part explained by the easing of the total time in A&E target from no more than 2 per cent to 5 per cent waiting longer than four hours in June 2010. Nevertheless, it may also be indicative of pressures on the system.

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

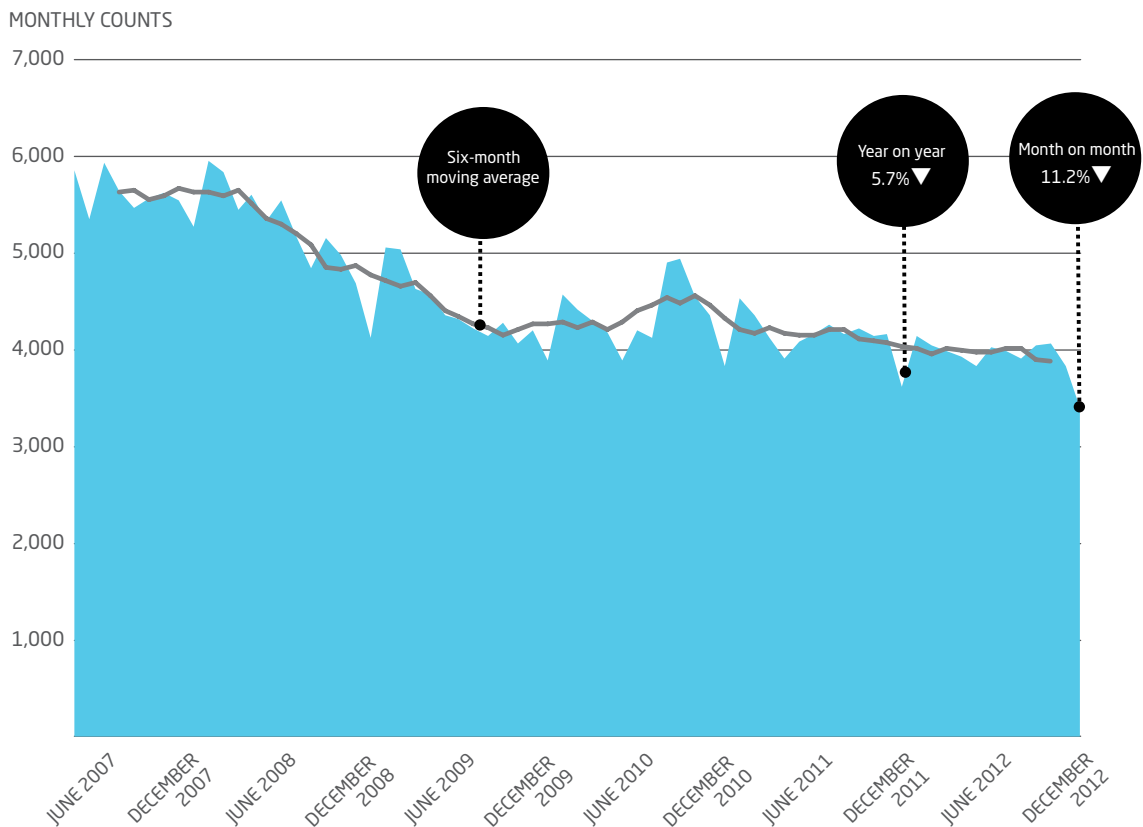


Data source: Emergency admissions through accident and emergency
<http://transparency.dh.gov.uk/2012/06/14/weekly-ae-sitreps-2012-13/>
www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performanceandstatistics/AccidentandEmergency/DH_087977

Delayed transfers of care

The most recent data shows that the total number of acute and non-acute delayed transfers of care for December 2012 decreased on the previous month by 11.2 per cent, following similar seasonal trends for this month. Nevertheless, the number of delays was also down compared to December 2011 (5.7 per cent). The six-month moving average continues to show a steady decline; indeed, in the previous year there were around 4,125 patients per day facing a delay in any one month while, so far, in 2012/13 this has reduced to approximately 3,944.

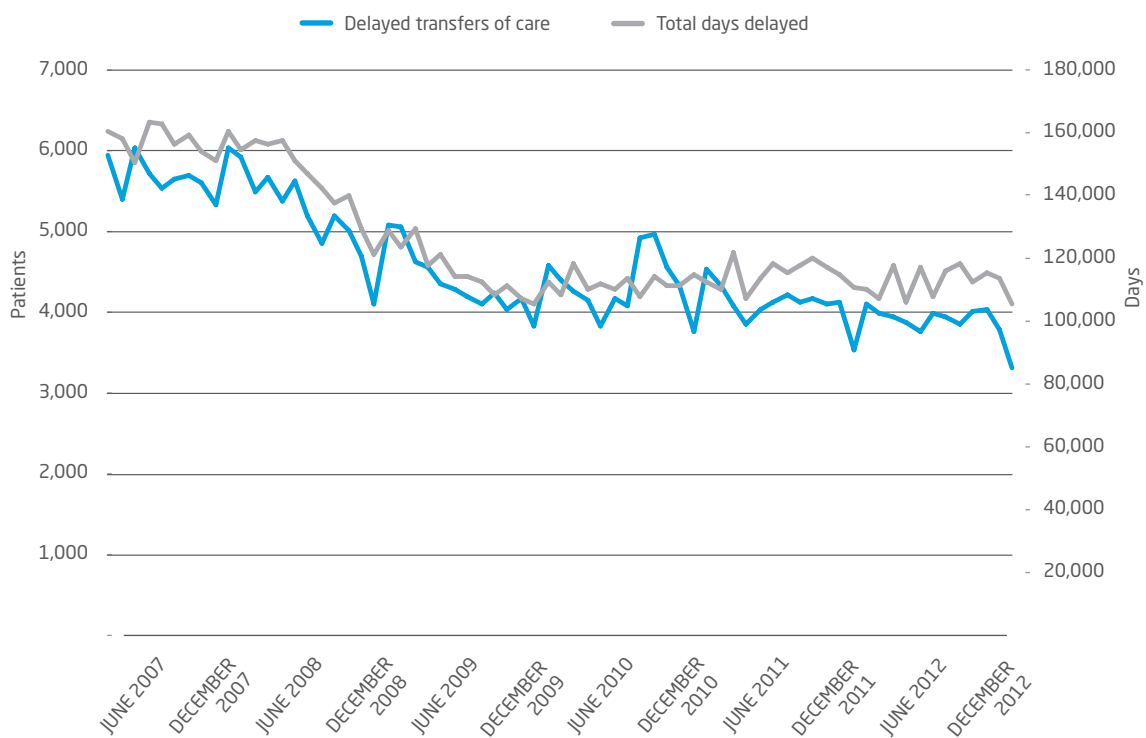
Delayed discharges: Monthly counts of patients



Data source: Acute and non-acute delayed transfers of care, patient snapshot
<http://transparency.dh.gov.uk/2012/07/11/delayed-transfers-of-care-2012-13/>

Another way of viewing delays is by the number of bed days accounted for by patients whose transfer is delayed; although the count of patients can remain stable, bed days may change depending on how long each patient is actually delayed. The figure below shows the number of days associated with delayed discharges as well as the number of patients delayed. The latest figures reveal large degrees of monthly variation, with a notable seasonal decrease in December. The month-on-month reductions in November and December 2012 have reduced both the number of patients and total days delayed to the lowest levels in recent times.

Delayed discharges: Patients and days delayed



Data source: Acute and non-acute delayed transfers of care, patient snapshot
<http://transparency.dh.gov.uk/2012/07/11/delayed-transfers-of-care-2012-13/>

As noted earlier, while these statistics suggest little or no change in delays, from the survey of finance directors this is clearly not the experience or perception for many trusts. This discrepancy suggests a need to review the validity of current delayed transfer data.

References

- Association of Directors of Adult Social Services (2012). ADASS Budget Survey. Available at: www.adass.org.uk/images/stories/Press12/ADASS_BudgetSurvey2012Summary.pdf (accessed on 4 February 2013).
- Department of Health (2012a). *The NHS Constitution for England*. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961 (accessed on 4 February 2013).
- Department of Health (2012b). *The Quarter. Q2 2012/13* [online]. Available at: www.dh.gov.uk/health/files/2012/12/The-Quarter-2-2012_13_FINAL1.pdf (accessed on 4 February 2013).
- Department of Health (2011). *The Operating Framework for the NHS in England 2012/13*. London: Department of Health. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf (accessed on 4 February 2013).
- Department of Health (2010). *Equity and Excellence: Liberating the NHS*. Cm 7881. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 (accessed on 4 February 2013).
- HM Treasury (2012). *Autumn Statement 2012*. Available at: www.hm-treasury.gov.uk/as2012_documents.htm (accessed on 4 February 2013).
- HM Treasury (2010). *Spending Review 2010*. Cm 7942. Available at: http://cdn.hm-treasury.gov.uk/sr2010_completereport.pdf (accessed on 4 February 2013).
- Jonas S (2011). 'Who's paying for mental health services for young people?' The King's Fund website. Available at: www.kingsfund.org.uk/blog/2011/09/whos-paying-mental-health-services-young-people (accessed on 4 February 2013).
- Laing and Buisson (2013). 'Councils rely on a "hidden tax" on older care home residents'. Press release, 15 January. Laing and Buisson website. Available at: www.laingbuisson.co.uk/MediaCentre/PressReleases/CareofElderly201213PressRelease.aspx (accessed on 4 February 2013).
- National Audit Office (2013). *Financial Sustainability of Local Authorities*. HC 888, Session 2012-13. Available at: www.nao.org.uk/publications/1213/local_authority_sustainability.aspx (accessed on 4 February 2013).
- National Audit Office (2012). *Progress in Making NHS Efficiency Savings*. HC 686, Session 2012-13. Available at: www.nao.org.uk/publications/1213/nhs_efficiency_savings.aspx (accessed on 4 February 2013).
- NHS Information Centre (2012). *Community Care Statistics: Social services activity, England, 2011/12 provisional release*. Available at: www.ic.nhs.uk/catalogue/PUB07304 (accessed on 4 February 2013).

