

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

**Paper Title:** Operational performance update

**Agenda item:** 4 (Public session)

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**Paper type:** For discussion

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### Organisation Objective:

NHS Mandate from Government	<input checked="" type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

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### Action required:

Board members are asked to note the content of this report.

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### Executive summary:

This paper provides a summary of operational performance based on published data and work to restore services.

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## COVID-19 response and Long COVID

1. Following a peak of just over 17,100 inpatients in early January 2022, the number of patients in hospital with COVID-19 declined to around 8,300 at the end of February 2022. Numbers then rose again to 16,600 in early April 2022, before subsequently falling to just under 9,000 by early May 2022.
2. 90 specialist Long-COVID services are now operational around England, focusing on assessment, diagnosis and treatment or rehabilitation. In addition, there are 14 paediatric hubs providing specialist expertise and advice to local services treating children and young people with Long COVID. During March 2022 around 1,200 people were being referred to Long-COVID services each week, an increase of 100 referrals per week from December 2021.
3. Waiting times continue to be a focus for improvement. In March 2022, 36% of patients received a specialist assessment within 6 weeks, and 45% within 8 weeks of referral, demonstrating a slight deterioration from the December 2021 position. The proportion of patients waiting longer than 15 weeks has increased to 36%.

## Elective Care

4. The NHS is maintaining a consistent national focus on long waiters, ensuring that no one will wait longer than two years for elective care, apart from those who choose to wait longer, and in a small number of specific highly specialized

and complex areas and patients. Work with the most challenged providers is leading to significant progress on reducing the number of long-waiting patients. Since April 2021, the NHS has treated over 400,000 patients who, if not treated, would have been waiting over two years by the end of March 2022.

5. The elective waiting list for February 2022 stood at just under 6.2 million, with 299,478 patients waiting 52 weeks or longer for treatment, representing a decrease of around 12,000 compared to the number of patients waiting 52 weeks or longer in January 2022. There are now 23,281 patients who have been waiting 104 weeks or longer for treatment, a decrease from 23,778 in January 2022. Published management information shows that at the end of March, the number of patients waiting over 104 weeks in acute providers had reduced to below 15,000. Median waits in February 2022 were 13.1 weeks, up from 13.0 weeks in January 2022.
6. Work with regions has commenced on bids for the Targeted Investment Fund (capital investment) for 2022-2025, with a number of proposals focused on establishing or expanding surgical hubs. The objective of the fund is to ensure greater separation of elective and emergency activity to increase the resilience and efficiency of elective services.
7. A broader personalised outpatient model, has been developed based on learning from four in-depth pilot trusts. This includes existing good practice and strong clinical engagement with a wide range of stakeholders. Work is being undertaken to ensure there is necessary capacity to support elective recovery. For example, an Investment and Innovation Fund (IIF) indicator has been introduced to resource Primary Care Networks for the use of pre-referral specialist advice (in twelve specialties) prior to moving on to secondary care. Systems will continue to be supported through a national dashboard and other tools and resources, including guidance tailored to specific specialties.
8. The approach to inclusive elective recovery includes set actions and identified risks for the potential to exacerbate healthcare inequalities in access, experience and outcomes with a concerted systematic effort to ensure waiting lists are consistently reviewed by ethnicity and deprivation. Progress has been made in promoting and supporting an inclusive elective recovery, with an advisory note for systems to support with drafting operational planning returns and recovery plans. This is alongside an additional £200M secured for health inequalities core allocations which can be spent in line with health inequalities priorities, such as ensuring an inclusive elective recovery.

### Urgent and Emergency Care

9. In March 2022 there were just under 2.2 million patients seen across A&E departments in England, representing a 29% year-on year-increase. Performance against the 4 hour standard was 71.6% in March 2022, compared to 86.1% in March 2021.
10. NHS 111 demand continues on a general upward trend, with higher volumes of calls than were experienced pre-pandemic. Just under 1.6 million calls were received in February 2022 (equating to around 56,000 per day), with volumes

slightly lower than those experienced in the previous month.

11. Ambulance services are still experiencing high pressures, with 999 responding to just over 960,000 calls in March 2022 (an average of 30,995 calls per day and an increase of 46.2% from the March 2021 position). National performance against the Category 1 mean was 9 minutes and 35 seconds. The national standard sets out that all ambulance trusts must respond to Category 1 calls in 7 minutes on average, and respond to 90% of Category 1 calls in 15 minutes.
12. Hospital handover delays continue to present a key challenge to ambulance performance. Work continues with acute sites, regions and ICSs in England facing the greatest challenges with the aim to support the implementation of the most impactful interventions, along with the development of plans agreed by Integrated Care Systems. This is to ensure a joined up approach to manage handover delays, possible risks at system level and improve overall ambulance performance.
13. In terms of health inequalities, A&E attendances have recovered at a slightly faster pace for the most deprived quintile (98%) compared to the least deprived quintile (96%) for activity in Q3 2021-22 compared to Q3 2019-20. A&E attendance and non-elective admissions for more deprived groups are proportionately higher than for the least deprived patients.
14. As set out in the UEC recovery plan, there has been progress from a wide range of stakeholders to develop guidance for systems on a best practice UEC pathway for homeless and rough-sleeping patients attending A&E.

## Diagnosics

15. 1.86 million of the 15 key diagnostic tests were performed in February 2022, significantly above February 2021 levels. With continued high volumes of pre-existing and new demand, 24% of patients waiting were over 6 weeks for a diagnostic test in February 2022. The elective recovery plan aims to see this reduced to 5% by March 2025.
16. Following the Treasury's approval of the business case to support the digitisation of diagnostic care, this funding will enable labs to share patient results, tests and scans more easily and will enable quicker diagnosis and help tackle waiting lists.

## Cancer

17. Urgent cancer referrals have been at record levels for the past year, at 116% of pre-pandemic levels in February 2022. Our case-finding initiatives and public awareness campaigns are paying off – GPs are referring more people for urgent cancer checks than ever before with 11,000 patients seen each working day in February 2022, the second highest level on record.
18. We delivered a prostate cancer risk awareness campaign with Prostate Cancer UK (PCUK) to encourage people to come forward and to locate the people who have not started prostate cancer treatment that we would have expected to.

Over half a million people completed PCUK's clinically-approved risk checker, 80% of whom were at a higher risk due to ethnicity, age and/or a family history of prostate cancer.

19. Our Targeted Lung Health Check programme is focused across areas with high lung cancer mortality and, typically, high levels of deprivation. A full year of the nine year life expectancy gap between the richest and poorest areas is attributable to lung cancer, and another year of that gap is attributable to other respiratory diseases which will also be addressed as a result of the TLHC programme.
20. First treatments for cancer were at 102% of pre-pandemic levels in January and February 2022. We are expanding diagnostic and treatment capacity through pathway transformation and additional capital investment to increase activity levels and reduce cancer waiting times.

### Primary care

21. General practice continues to be incredibly active, with 30.1m total appointments, including 415,000 for COVID-19 vaccinations, delivered by general practice in March 2022.
22. Updated GP Contract financial information, Network Contract Direct Enhanced Service and arrangements for the Quality and Outcomes Framework for 2022/23 were published on 31 March 2022. These will support commissioners and practices in implementing the changes to the GP contract for 2022/23. In addition, legal regulations that underpin further changes to the contract on pay transparency, deceased patient records and COVID-19 medical exemption certification will come into force in July.
23. Latest general practice workforce statistics show that as at 31st March 2022, there were 35,988 full time equivalent doctors working in general practice (45,280 headcount) in England. There has been an increase overall of 1,462 (4.2%) FTE against the 6,000 FTE manifesto commitment baseline of 31 March 2019.
24. Negotiations are ongoing with the Pharmaceutical Services Negotiating Committee (PSNC) to agree terms of the Community Pharmacy Contractual Framework for 22/23, and with the British Dental Association (BDA) to finalise proposals on dental system reform ahead of cross government clearance.

### Discharge and Community Services

25. As health and social care systems have stepped up arrangements to manage the impact of the Omicron COVID-19 variant, with particular pressures on social care capacity driving discharge challenges, there has been a renewed focus on the discharge arrangements in place to ensure systems can maintain flow and bed capacity under periods of pressure.
26. A national discharge taskforce, supported by the Government, has been initiated to provide strategic oversight of hospital discharge initiatives. This has

included the development of a number of distinct but interrelated workstreams across health and care, underpinned by identification of a number of systems of focus. These areas have been identified through regional and national discussions and to identify key actions to support further improvements.

27. The community support services continue rollout of the two-hour crisis response standard for support at home, as first announced in the NHS Long Term Plan. Rollout is ahead of schedule with 40 ICSs having full geographic coverage 7 days a week from 8am to 8pm. Discussions are ongoing with the remaining ICSs to achieve full roll-out as soon as possible in 2022/23.

## Mental Health

28. Delivery continues at pace but pressures on mental health services remain high, resulting from the higher prevalence, complexity and rising acuity across a range of services.
29. Pressures are continuing to impact urgent and emergency mental health pathways, and inpatient capacity. Adult acute mental health bed occupancy has continued to be very high and consistently above 85%, while inappropriate out of area placements are at 61,245 in January 2022.
30. Funding was secured in the spending review settlement for 2022/23-2024/25 which we will use to ensure all areas of the country have mental health ambulances in operation, and to support adequate local system capacity to treat people close to home and in the least restrictive setting. This will take pressure off the urgent and emergency care pathway and reducing out of area placements.
31. The number of children and young people (CYP) accessing mental health support continues to rise (649,295 in January 2022), with an expectation that the trajectory will be recovered by year end. Demand on CYP Eating Disorder services remains much higher than pre-pandemic level (3,109 patients accepted for treatment in Q3 2021/22), which continues to prevent recovery of the CYP Eating Disorders Waiting Times Standards.
32. The number of patients accessing Improving Access to Psychological Therapies (IAPT) services increased from December (107,093 in January 2022) as did the IAPT recovery rate (49.7% in January 2022). This is below plans as a consequence of increased complexity in patients, the skill-mix of the IAPT workforce and increased pressures of the Omicron wave. For 2022/23 we are further incentivising workforce expansion by offering 100% salary support for an expansion post that reduces the historic shortfall in workforce expansion.
33. A key action for tackling health inequalities for people with Serious Mental Illness (SMI), and a priority for ICSs, is the delivery of physical health checks. In the 12 months to December 2021 around 184,000 people with SMI received a physical health check.
34. Workforce remains the biggest risk to service delivery, responding to operational pressures, and delivery of the Long Term Plan. NHS England & NHS Improvement and Health Education England (HEE) have set up a Task

and Finish group for workforce retention to support systems to reduce leaver-rates. The work on HEE's Long Term Strategic Framework has also commenced.

35. The Government has published its call for evidence for its 10-year Mental Health and Wellbeing Plan which focuses on society-wide actions. The call for evidence closes on 7 July 2022.

### Learning Disabilities and Autism

36. At the end of February 2022, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,040 (1,850 adults and 190 children and young people - a 860 decrease from the March 2015 total). Further work is required to meet the NHS Long Term Plan commitments to reduce reliance on inpatient care, particularly for adults. There are now 27 areas that have a pilot or early adopter keyworker services for children and young people.
37. We continue work to address health inequalities experienced by people with a learning disability and autistic people including through learning disability annual health checks. By the end of February 2022, 58.4% of annual health checks had been completed for eligible patients aged 14 and above within the year; this compared with 40.5% by the end of Q3 in 2021 and GPs and practices have been working hard to ensure the most vulnerable in society are supported.
38. Systems continue to deliver LeDeR (learning from lives and deaths) reviews in challenging circumstances with many staff still being redeployed on COVID-19 work. LeDeR reviewers will be trained in intersectionality specifically race, religion and culture as part of LeDeR reviewer training by Q4 2022/23.

### Screening and Immunisations

39. The NHS Breast screening backlog has fallen considerably since October 2020. More women are currently in the process of being screened than at any time since the pandemic began. Targeted support is in place to support the few remaining challenged providers.
40. The NHS bowel cancer screening programme continues to deliver over the 65% uptake target due to the adoption of Faecal Immunochemical Test (FIT). The programme is ensuring that colonoscopy capacity is maximised and coordinated with any changes made in the symptomatic programme. The age extension to 56-year-olds has continued as planned and the extension to 58-year-olds commenced at the end of April 2022.
41. Additional colposcopy capacity continues to be arranged for the NHS cervical screening programme to address the fact there are a small number of colposcopy providers with waiting times for low grade referrals exceeding 10 weeks, compared to the programme standard of 6 weeks.

42. We are working to increase uptake across all vaccination programmes to achieve optimum coverage levels and reduce regional variation in uptake. A Measles, Mumps and Rubella (MMR) campaign will commence in the next 3 months.
43. We are near completion with our preparations for the 22/23 flu season. The annual flu letter announcing cohorts for this year was published on 24<sup>th</sup> April. We are near completion with our preparations for the 22/23 flu season.
44. Opportunities for alignment and co-administration including catch up across all our vaccination programmes continues and the development of a long-term NHS Vaccination service has commenced.
45. All central directorates are working together to identify suitable data sources for use in the Core20Plus5 methodology in screening and immunisations to identify and address deprivation and ethnicity inequalities in uptake and coverage.

### COVID-19 vaccination programme

46. As of 03 May 2022, over 122.7 million covid-19 vaccinations were administered in England. This consisted of over 44.7 million first doses, 41.8 million second doses, 32.7 million booster/3rd doses and 3.4 million booster/4th doses. There remains good capacity across the network through all delivery models.
47. On our operational priorities, excellent progress continues to be made on the spring booster programme with over half of all those that will become eligible by the end of the programme now vaccinated (2.7 million). We continue to deploy a 'non urgent' offer, in line with JCVI advice to all non at risk 5-11-year olds through existing delivery models. We have now invited all parents of this cohort.
48. Our priorities for the rest of the year include significant work to progress future covid-19 planning in anticipation of interim JCVI advice. We are taking a clinically led collaborative approach working with regions and systems and alongside equalities leads, Public Health Directors and wider health colleagues to improve future deployment.
49. Work continues to increase uptake of the vaccination offer by pregnant women, non-age based high risk cohorts and ongoing work on increasing confidence in under-served communities like African and Black Caribbean as well as Pakistani communities to maximise uptake.
50. For the longer term, we are working alongside colleagues across the NHSEI public health commissioning and operations teams and with colleagues in NHSX and NHS Digital to design a vision and a future operating model that works across covid-19, flu and wider routine immunisations.

### COVID-19 testing

51. Over 45.7 million PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which over 4.4 million are staff (including index cases) PCR

tests. Turnaround times remain stable with 97% of pillar 1 NHS laboratory tests being reported within 24 hours.

52. The NHS remain at a steady state in the provision of PCR testing as commissioned by the UKHSA, with pillar 1 PCR testing committed capacity reported at 136,700 tests per day within the NHS.

## Headline Financial Position

### 2022/23 Financial Plans

53. We are finalising plans for 22/23 with systems and providers. They will need to balance excepting the much higher inflation costs that have materialised since the Autumn Spending Review and December planning guidance.
54. The work with the NHS has identified that those excess costs total £1.5 billion. Table 1 sets out the core elements of those additional costs and we will fund additional costs through increased allocations to systems to cover these pressures.

Table 1: inflation costs in excess of December planning assumptions

	£m	
Energy	485	
Care Market	350	linked to increases in local authority funded prices
PFI contracts	110	costs tied to RPI
Other RPI-linked contracts	125	
Other	280	
Ambulance service	150	Flowers settlement, fuel + service pressures
<b>Total</b>	<b>1500</b>	

55. Systems will be required to agree to a number of conditions in return for the additional funding, including re-asserting controls over agency and bank spending, and consultancy costs. Elements of transformation and capital funding will also be dependent on finalising balanced financial plans.
56. Capital plans are already largely balanced and we have received HM Treasury approval for the programme business cases for EPR, diagnostic and elective capacity and so will be rapidly finalising the individual cases with systems for implementation.

### 21/22 Financial Position

57. This report shows an aggregated financial position for commissioners and providers based on current reporting practices. The commissioner figures are presented on a non-ringfenced RDEL basis and include NHS England and Improvement central and corporate budgets. The provider figures are reported using Generally Accepted Accounting Principles on an adjusted financial position basis.



58. The figures in this report are based on the draft accounts position and are therefore subject to adjustment during the external audit period.
59. Table 1 sets out the expenditure position to the end of March 2022 and shows a combined expenditure position of £149.6bn. The mandate of £150.9bn includes receipt of additional funding of £6.2bn largely in relation to the Elective Recovery Fund (ERF), the COVID vaccination programme and other ring-fenced COVID budgets. Overall, the mandate total includes £6.1bn of ring-fenced COVID budgets.
60. Compared to plan, the aggregate provider and commissioner position shows expenditure to be below plan by £1,219m (0.8%) of which £604m relates to ring-fenced COVID budgets, and £430m to technical adjustments. Overall systems have generated a surplus of £394m against allocated budgets.

Table 1: Financial position at month 12

Expenditure Basis	In year allocation £m	Outturn			
		Plan £m	Actual £m	Under/(over) spend £m	%
<b>Commissioning Sector</b>					
Clinical Commissioning Groups	115,006.1	115,016.4	114,907.7	108.7	0.1%
<b>CCG Total</b>	<b>115,006.1</b>	<b>115,016.4</b>	<b>114,907.7</b>	<b>108.7</b>	<b>0.1%</b>
Direct Commissioning	29,166.0	29,182.1	28,885.9	296.1	1.0%
Central Costs	5,802.7	5,726.9	5,715.2	11.7	0.2%
Provider Top Up	1,019.4	1,019.4	991.5	27.9	2.7%
Technical & ringfenced adjustments	(129.4)	(129.4)	(287.3)	157.9	122.1%
<b>Commissioner Total - non-ringfenced RDEL</b>	<b>150,864.9</b>	<b>150,815.3</b>	<b>150,213.0</b>	<b>602.3</b>	<b>0.4%</b>
<b>Provider Sector</b>					
Income including reimbursement		(109,254.5)	(114,858.5)	5,604.0	5.1%
Pay		68,388.4	71,821.3	(3,432.8)	(5.0%)
Non Pay		39,068.4	40,912.4	(1,844.0)	(4.7%)
Non Operating Items		1,832.0	1,808.4	23.5	1.3%
<b>Providers Total - Adjusted Financial Performance</b>		<b>34.3</b>	<b>(316.5)</b>	<b>350.7</b>	<b>1,023.7%</b>
Adjustments for system performance (gains on disposals)		15.4	21.3	(5.9)	(38.0%)
<b>Providers Total - System level performance</b>		<b>49.7</b>	<b>(295.2)</b>	<b>344.9</b>	<b>694.2%</b>
Technical adjustments			(272.0)	272.0	
<b>Providers total - Sector reported performance</b>		<b>49.7</b>	<b>(567.2)</b>	<b>616.9</b>	<b>0.6%</b>
<b>Total combined position against Plan</b>	<b>150,864.9</b>	<b>150,865.0</b>	<b>149,645.9</b>	<b>1,219.2</b>	<b>0.8%</b>

61. £430 million of the underspend is presentational and is driven by technical adjustments against both CCGs (£158m) and Providers (£272 million). These adjustments relate to accounting issues such as donated assets and the different accounting rules around departmental expenditure limits (DEL) and Annually Managed Expenditure (AME). These technical adjustments are larger than normal due to COVID.

### Performance against COVID ring-fenced budgets

62. £6.1 billion of the mandate related to ring-fenced budgets as part of the funding settlement agreed by HMT. Overall ring-fenced budgets have underspent by £604 million. The largest element of this underspend relates to the COVID vaccination programme. Final funding for the programme in 2021/22 was agreed during the Omicron wave and included prudent estimates for costs in December and January for accelerated roll out of the programme. These costs were lower than originally forecast resulting in the reported underspend.

## Capital expenditure

63. Providers spent £6,829 million on capital schemes in 2021/22. The DHSC provider capital budget for 2021/22 is £6,873 million meaning providers underspent against budget by just £44 million or 0.6%.