

NHS England and NHS Improvement Board meetings held in common

Paper Title: Operational performance update

Agenda item: 3 (Public session)

Report by: Mark Cubbon, Interim Chief Operating Officer
Pauline Philip, National Director for Emergency and Elective Care
Julian Kelly, Chief Financial Officer

Paper type: For discussion

Organisation Objective:

| | | | |
|-----------------------------|-------------------------------------|----------------|--------------------------|
| NHS Mandate from Government | <input 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"/> | | |

Action required:

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

Executive summary:

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

COVID-19 response

1. The NHS continues to manage a significant number of patients with COVID-19, with around 5,000 people with COVID currently being cared for in hospital. Critical care pressures have also increased and at a relatively higher rate than in previous peaks. Although COVID-19 activity remains well below previous peaks, infection prevention and control measures continue to result in a decrease in bed stock and the NHS is concurrently managing higher levels of non-COVID demand than earlier in the pandemic. Overall pressure on the service therefore remains very high.
2. The NHS remains at an EPRR level 3 incident (regional command, control and coordination but with national oversight). The situation is being monitored closely and incident coordination functions remain in place. We continue to build on lessons identified from the pandemic response to date in anticipation of managing COVID alongside winter pressures and recovery of NHS services over coming months.
3. Implementation of robust infection prevention and control measures continues to be crucial. COVID pathways are in place to support safe care for both COVID and non-COVID patients. In the community, the use of remote monitoring with home oximetry ("COVID Oximetry @home") and virtual wards

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continue to support safe, monitored care at home for people who do not need to be in hospital.

Urgent and Emergency Care & Winter Planning

4. The summer months saw far greater pressures on UEC than any previous winter; COVID is still significantly impacting EDs – there are around 5,000 inpatients compared to 500 last summer, and enhanced IPC measures mean that the additional time required for each attendance / admission has increased.
5. Ambulance services have been under significant pressure, delivering the highest numbers of 999 calls answered per day during July 2021 (32,400) and August 2021 (29,700) – far exceeding both July and August 2019; and also exceeding the COVID peak of 27,900 calls answered per day in March 2020. Demand on the 111 service remains high, with call volumes around 39% higher for 2021/22 compared to the same period for 2019/2020. NHS 111 providers have been challenged to meet demand mainly due to staff absences due to COVID and self-isolation.
6. In August 2021, there were just over 2 million patients seen in accident and emergency (A&E) departments; representing a 60% increase since February 2021 and at 96% of 2019 levels illustrating the rising demand now being seen in A&E departments. Performance against the 4-hour standard was 77% in August 2021, compared to 86% in August 2019.
7. Over the summer we have been working with our regional teams and all key system partners to develop a comprehensive plan to ensure UEC services are prepared for the busy winter period; this includes a demand and capacity assessment across all parts of the system including; 111, 999, acute trusts, community and primary care, mental health providers and vaccination programmes.
8. We are also working closely with the Royal Medical Colleges, patient representative groups and voluntary sector partners to develop targeted communication campaigns so that patients are clear on when and where services will be available during the winter period and to help direct them to the most appropriate ones. Winter plans are now being mobilised and will be used to inform NHS operational management arrangements across systems and within services.

Discharge and Community Services

9. An update to the government's Hospital Discharge and Community Support policy was published on 5 July 2021, which places further emphasis on the pathways approach which is fundamental to the Discharge to Assess model. Under this model, people are discharged via four pathways dependent on intermediate care needs and assessments for longer-term care take place after discharge which, in most cases, will be in the familiar settings of people's homes. The resulting reduction in the length of stay for individuals is underpinning an increase in hospital capacity for elective care.

10. The community support services rollout of the two-hour crisis response standard for support at home, as first announced in the NHS Long Term Plan, is being accelerated and all parts of England will be offering this service to patients 8am-8pm 7 days a week by April 2022. This is the first standard of its type in the NHS.
11. Seven accelerator sites will reach full rollout by October 2021 and an evaluation programme is being put in place to capture the benefits for patients and families.

Elective Care

12. The elective waiting list for July 2021 stood at 5.6 million with 293,000 patients waiting 52 weeks or longer for treatment. There are now 8,000 patients who have been waiting 104+ weeks for treatment and this number is growing. At the same time median waits have declined year-on-year from over 19 weeks in July 2020 to 11 weeks in July 2021, with 68.3% of patients waiting less than 18 weeks to start treatment at the end of July 2021. Total elective activity for July 2021 was at 90% of 2019 activity levels, up from 79% in June 2021 and 55% in April 2020.
13. During 2021/22 the ambition is to maximise the levels of activity that can be delivered; a structured elective recovery programme is in place with a focus on several high impact actions to manage demand and waiting lists effectively, optimise use of existing capacity and also increase capacity.
14. We have already seen good progress in key areas:
 - i. An Independent Sector workstream is delivering activity at over 110% of the benchmark level from 2019 for overnight elective work.
 - ii. 'Accelerator systems' have been funded and are developing innovative approaches to increase elective activity
 - iii. 17 early adopter Community diagnostic hubs are delivering activity to support elective recovery with further sites due to come on stream in Q3.
 - iv. The clinically led Evidence Based Intervention programme identifies procedures or interventions with limited clinical value and is on track to deliver 700k prevented interventions in 2021/22.

Diagnostics

15. In total, 1.9 million of the 15 key diagnostic tests were performed during July 2021, representing 93% of pre-pandemic activity levels. Although activity levels have recovered well, growth in demand for diagnostics has resulted in monthly increases to waiting list numbers over the last 6 months as elective referral rates recover.
16. Additional diagnostic capacity has been created through approval of 36 "Early Adopter" Community Diagnostic Hubs which will provide additional capacity for 610,000 tests in 2021/22 and a full year effect of over 813,000 additional diagnostic tests. The first cohort of Early Adopter Community Diagnostic Hubs became operational in July 2021 with the remainder coming on stream between August and October. At the end of August 2021, 97% of wave 1 and 86% of

wave 2 diagnostic equipment identified for replacement as part of the £200m programme announced in September 2019 has been installed.

Cancer

17. Cancer has been prioritised throughout the pandemic and over 408,500 people have started treatment for cancer since March 2021, 95% of whom did so within 31 days of a decision to treat. Urgent cancer referrals have been at record levels since April 2021, with over 10 000 patients seen each working day. The Help Us Help You campaign is raising awareness of lung, abdominal and urological cancer symptoms between August and November, and backing from Stephen Fry and Dr Hilary Jones has extended its reach.
18. The NHS is implementing innovative approaches to recover services and diagnose cancers earlier and faster. An additional £20 million has been invested through Cancer Alliances to manage high volumes of referrals and speed up diagnosis. Targeted Lung Health Checks now being offered in 21 places across England with some of the highest lung cancer mortality rates, and new Rapid Diagnostic Centre (RDC) pathways are being rolled out to speed up diagnosis and make the most of available diagnostic capacity.

Screening and Immunisations

19. The NHS Breast Screening programme is working to recover invitation backlogs by the end of March 2022. NHS Bowel Cancer Screening is now at rates over 100% of pre-COVID levels in some areas. All laboratories for the NHS Cervical Screening Programme report volumes of samples received from primary care and sexual health services continue to be above pre-COVID levels.
20. Catch-up plans are in place for school aged vaccinations for the 2019/20 cohort to be vaccinated, and they will continue into the 2021/22 academic year. The 2020/21 flu vaccination programme was the most successful on record with uptake rates in those aged 65 years and over the highest ever recorded. Uptake in 2 and 3-year-old children and for individuals aged under 65 years and in a clinical at-risk group were also the highest achieved in recent seasons. The flu vaccination programme for 2021/22 officially started on 1 September and will ramp up over the coming weeks.

Primary care

21. General practice is incredibly busy. In July it delivered 27.9 million appointments, 8% more activity than July 2019, including 2.1 million COVID vaccination appointments (the majority delivered by PCNs)
22. We have secured funding from central government and agreed and confirmed service expectations for managing the health needs of citizens arriving in England from Afghanistan while housed in temporary bridging accommodation. This includes robust enhanced health assessment to identify and address initial health needs, including trauma/mental health needs, and support for full GP registration.

23. On 23 August, NHS England and Improvement published contractual arrangements for Primary Care Networks (PCNs) for the remainder of 2021/22 and 2022/23. This includes a gradual introduction of four new PCN services, and a comprehensive financial incentive scheme for PCNs which will be worth £225 million in 2022/23. To further support PCN Clinical Directors we have also introduced a PCN leadership and management payment worth £43 million in 2021/22.
24. Latest primary care workforce statistics show that as at 30 June 2021, there were 34,726 FTE doctors working in general practice (44,386 headcount) in England. This represents an increase of 1,397 FTE (4.2%) over the last year and an increase of 560 FTE compared to the 6,000 FTE manifesto commitment baseline of 31 March 2019. To further bolster workforce numbers PCNs are entitled to recruit staff from 14 roles under the Additional Roles Reimbursement Scheme. Latest official workforce statistics show that we are on track to deliver the 26,000 manifesto commitment.
25. Blood pressure checks for the over 40s are being introduced in pharmacies in an effort to save thousands more lives, support from pharmacies to stop smoking on discharge from hospital is being rolled out and pharmacies will be supporting more patients starting to take new medicines to get the most benefit from them. The Pharmacy Quality Scheme includes safe use of anticoagulants and antibiotics, better management of respiratory disease and referral to weight management services.
26. The recovery of dental services remains underway, with IPC guidance continuing to limit activity. Healthwatch published a report in May 2021 setting out the significant challenges that this has created for patients needing to access care.

Mental Health

27. Programme delivery against core access, recovery and waiting time standards remain strong. Improving Access to Psychological Therapies' referral to treatment times are being met with 91.9% of people being seen within 6 weeks and 98.4% being seen within 18 weeks in May 2021, against a target of 75% and 95% respectively. The 2020/21 CYP access target of 35% was exceeded, with 39.6% at year-end. The target is based on the prevalence rates available when it was set.
28. Adult acute bed occupancy has been above the optimal safe levels since June 2020. Above these levels, surge demand cannot be met, the likelihood of safety incidents increases, as does reliance on Out of Area Placements.
29. Workforce remains the biggest risk to delivering the LTP targets and managing COVID pressures; and limits further expansion. To mitigate against this risk, all regions have put in place dedicated mental health workforce expansion plans for 2021/22.

Learning Disabilities and Autism

30. Reducing reliance on mental health inpatient services remains a key priority and we continue to make progress in reducing the number of people with a learning disability, autism, or both, in an inpatient setting albeit reductions have slowed during the last year as a result of the pandemic and increased demand for mental health services. By the end of June 2021, the number of adult inpatients had fallen to 1,865, and the number of children and young people inpatients was 185. We are also focusing on improving the quality of inpatient care including publication of guidance on Host Commissioner arrangements and Commissioner Oversight Visits.

COVID Vaccination Programme

31. The Programme continues to make strong progress. As of 26 September 2021 over 78.4 million total vaccinations in England have been administered, including over 40.9 million first doses and 37.5 million second doses. For the most at-risk cohorts (1-9) 90.3% have received a vaccine. In line with JCVI guidance, everyone aged 16 and above is now able to book/ receive a vaccination through a walk-in centre. As of 13 September, the UK CMOs have advised that all children aged 12 to 15 across the UK will be offered one dose of the Pfizer-BioNTech COVID jab.
32. Roll-out of the booster vaccination programme started on 16 September. People will be invited for vaccination when they become eligible which JCVI has advised is a minimum of 6 months after their second dose. JCVI guidance for immunosuppressed third dose was published on 1 September and vaccinations commenced on 13 September.
33. The universal 12-15 year-olds programme started via schools using school aged immunisation services (SAIS) the week commencing 20 September. In addition, the at-risk 12-15 year-olds programme has been expanded to include more children and these vaccinations will largely be administered by Primary Care Networks (PCNs) where the children will be well known. We remain committed to an evergreen offer for those who haven't yet come forward for their vaccination when offered.

Financial update M4

34. Table 1 sets out the expenditure position to the end of July 2021 and shows a combined YTD net expenditure position of £48.7 billion and a forecast outturn of £147.8 billion. In total, the aggregate provider and commissioner position shows expenditure above plan of £58 million or 0.04%.

Table 1: Financial position at month 4¹

| Net expenditure basis | In year allocation | Year to Date | | | | Forecast Outcome | | | |
|---|--------------------|-----------------|-----------------|------------------|---------------|------------------|------------------|------------------|---------------|
| | | Plan | Actual | Variance to plan | | Plan | FOT | Variance to plan | |
| | | £m | £m | £m | % | £m | £m | £m | % |
| Commissioning Sector | | | | | | | | | |
| Clinical Commissioning Groups | 106,588.4 | 37,104.3 | 37,075.2 | 29.0 | 0.1% | 106,589.1 | 106,569.0 | 20.1 | 0.0% |
| CCG Total | 106,588.4 | 37,104.3 | 37,075.2 | 29.0 | 0.1% | 106,589.1 | 106,569.0 | 20.1 | 0.0% |
| Direct Commissioning | 28,642.3 | 9,426.5 | 9,348.4 | 78.1 | 0.8% | 28,679.6 | 28,670.6 | 9.0 | 0.0% |
| Central Costs | 5,572.1 | 1,724.3 | 1,675.5 | 48.9 | 2.8% | 5,572.1 | 5,596.9 | (24.7) | (0.4%) |
| Transformation & Reserves | 5,894.5 | 59.4 | - | 59.4 | 100.0% | 5,920.0 | 6,028.8 | (108.8) | (1.8%) |
| Provider Top Up | 1,087.5 | 793.1 | 793.1 | - | 0.0% | 1,087.5 | 1,087.5 | - | 0.0% |
| Technical & ringfenced adjustments | (40.0) | (10.1) | 2.6 | (12.7) | (125.2%) | (40.0) | 25.0 | (65.0) | (162.5%) |
| Commissioner Total - non-ringfenced RDEL | 147,744.7 | 49,097.4 | 48,894.7 | 202.7 | 0.4% | 147,808.3 | 147,977.7 | (169.4) | (0.1%) |
| Provider Sector | | | | | | | | | |
| Income including reimbursement | | (35,866.9) | (35,952.2) | 85.3 | 0.2% | (53,896.5) | (53,961.1) | 64.6 | 0.1% |
| Pay | | 22,224.3 | 22,113.4 | 110.8 | 0.5% | 33,393.7 | 33,384.2 | 9.5 | 0.0% |
| Non Pay | | 12,934.9 | 13,004.5 | (69.6) | (0.5%) | 19,500.4 | 19,567.1 | (66.7) | (0.3%) |
| Non Operating Items | | 618.7 | 615.9 | 2.9 | 0.5% | 932.0 | 922.4 | 9.5 | 1.0% |
| Providers Total - Adjusted Financial Performance | | (89.1) | (218.4) | 129.4 | 145.3% | (70.5) | (87.3) | 16.9 | 24.0% |
| Technical adjustments | | 6.9 | (25.6) | 32.5 | | 6.9 | (87.8) | 94.8 | |
| Providers total - Sector reported performance | | (82.1) | (244.0) | 161.9 | 0.5% | (63.5) | (175.2) | 111.7 | 0.2% |
| Total combined position against Plan | 147,744.7 | 49,015.3 | 48,650.7 | 364.6 | 0.7% | 147,744.7 | 147,802.5 | (57.8) | (0.0%) |

35. Organisations are broadly on plan at month 4 with small positive variances shown against both CCGs and providers. Additional Elective Recovery Fund (ERF) income in providers is being largely matched by additional expenditure, reflecting the successful restoration of elective activity in Q1 in particular.
36. Pressures shown here against the transformation and reserves line reflect the priority we have attached to funding for elective recovery and the decision to supplement ring-fenced ERF funding made available by the Government.

Capital expenditure

37. Providers have spent £1,136 million on capital schemes to month 4. Capital expenditure is generally slower at the beginning of the year as providers establish their capital programmes. The DHSC provider capital budget for 2021/22 is set at £6.149 billion against which providers are currently forecasting an underspend of £32 million.

¹ In table 1, commissioning stream figures are presented on a full year basis, but because funding has not yet been confirmed for the second half of the year the expenditure appears skewed to the first half year. The provider reporting reflects income and expenditure for the first six months only.