

NHS England and NHS Improvement Board meetings held in common

Paper Title: Operational performance update

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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 and long COVID

1. The NHS remains at an EPRR level 3 incident (regional command, control and coordination but with national oversight). Following a slight decline, the number of inpatients with COVID in England climbed to around 7,000 in early November and have since fallen back in recent days (at 11 November). Although below previous peaks, this sustained level of COVID occupancy is being managed alongside significantly higher levels of non-COVID demand than earlier in the pandemic.
2. Demand for urgent and emergency care services has returned to close to pre-pandemic levels, and above for ambulance and 111 services. While these services remained open and available throughout the pandemic, the demand was lower during previous peaks in covid-19 admissions. Available bed stock is further limited by infection prevention and control measures and staffing challenges, and delays discharging patients because of pressure on social care. Overall bed occupancy therefore remains very high, affecting flow from emergency departments into hospitals, and therefore resulting in delays for ambulances handing over to emergency departments.
3. COVID continues to put pressure on critical care units and complex elective activity that requires critical care, with significant additional 'surge' capacity being deployed in some units. The national Critical Care Capacity Panel continues to review capacity and support coordination across regions, though

with pressures across all regions the opportunities to provide mutual aid is limited.

4. The situation continues to be monitored closely and incident coordination functions remain in place across the NHS. Looking ahead, the Government modelling group has advised that public behaviour and the rate at which vaccine-acquired immunity wanes remain the two main sources of uncertainty determining epidemic trajectories to March 2022. Overall pressure on the NHS is expected to remain high.
5. Good progress has been made on the Long Covid plan with 90 specialist post COVID clinics now established around England and 14 paediatric hubs to provide expert support to local services. The purpose of the clinics is to help people recover following an episode of COVID-19 and so the focus is on tailored rehabilitation following diagnostic tests to rule out organ damage. At least 93% of GPs have taken up the Enhanced Service for Long COVID to help them with training, data collection and ensuring equality of access to NHS services. We hope to begin collecting evidence of improved outcomes and patient experience for the patients benefitting from them.

Elective Care

6. The elective waiting list for July 2021 stood at 5.8 million with 300,500 patients waiting 52 weeks or longer for treatment. There are now 12,500 patients who have been waiting 104+ weeks for treatment and this number is growing. At the same time median waits have remained in line year-on-year at 12 weeks in both September 2020 and September 2021, with 66.5% of patients waiting less than 18 weeks to start treatment at the end of September 2021. Total elective activity for September 2021 was at 82.5% of 2019 activity levels, down from 85.3% in June 2021 and up from 54% in April 2020.
7. During 2021/22 we are working with systems to maximise the levels of activity that can be delivered; through the operational planning process, systems are developing plans to: eliminate waits of over 104 weeks by March 2022 wherever possible; hold or where possible reduce the number of patients waiting over 52 weeks; and stabilise waiting lists around the level seen at the end of September 2021
8. An additional £1 billion revenue and £500 million capital funding has been made available in the second half of 2021/22 to support recovery of elective activity and cancer services. This includes a £700 million targeted investment fund (including the additional £500 million capital funding).
9. An Elective Recovery Strategy will be published shortly which sets out in detail the work we are doing to support elective care and reduce waits for patients.

Urgent and Emergency Care & Winter Planning

10. The UEC system experienced greater pressures during the summer than previous winters. As the winter period approaches it will also have to cope with increasing winter and COVID demand, enhanced Infection Prevention Control

(IPC) measures and greater fragility in the social care system. A 10 point recovery plan for UEC services was published in September focussed on improving flow and removing bottlenecks across the entirety of the UEC pathway. Actions from the plan are now urgently being implemented across the country.

11. Demand on the 111 service remains high, with over 2 million calls received in October (67,000 per day) and volumes around 44% higher for 2021/22 compared to the same period for 2019/2020. 111 typically increases during winter as the prevalence of minor communicable illnesses increases.
12. Ambulance services have been under significant pressure, answering over a million 999 calls in October 2021 (An average of 32,700 calls per day and 3.5% more than in September 2021) leading to extended call answer delays. For all categories C1-C4, response times in October 2021 were the longest since the categories were introduced in 2017. We have also seen an increasing number of ambulances experiencing delays outside A&E departments. Our recovery focus is on reducing avoidable harm through all parts of the ambulance pathway.
13. General and acute bed occupancy remains high at 93%, recently driven by a 45% monthly (~2000 bed) increase in beds occupied by COVID patients as well as the general increase in demand for emergency care we have seen.
14. In October 2021, there were just under 2.2 million patients seen in A&E departments, representing a 69.6% increase since February 2021 and 3% higher than in October 2019. Performance against the 4-hour standard was 73.9% in October 2021 compared to 83.6% in October 2019.

Diagnosics

15. Diagnostic activity levels have recovered well, and were at 98% of pre-pandemic levels in September 2021, with 1.9 million key diagnostic tests performed. The waiting list size however, has grown to exceed 1.4 million, as the recovery of activity levels has not kept up with the increasing demand linked to the recovery of elective referral rates.
16. Additional diagnostic capacity has been created through 37 “Early Adopter” Community Diagnostic Centres (CDCs), all of which are now live and expected to provide additional capacity for a full year effect of over 813,000 additional diagnostic tests. In October 2021 it was announced that 40 Year 1 CDCs would be established by 31st March 2022. A further 4 CDCs have subsequently been approved.
17. HM Treasury have approved the £248 million business case, which supports the digitisation of diagnostic care, using the latest technology. Funding will enable labs to share patient results, tests and scans more easily and will enable quicker diagnosis and tackle waiting lists.

Cancer

18. Cancer has continued to be prioritised throughout the pandemic and 461,714 people have started treatment for cancer since March 2021, 95% of whom did so within 31 days of a decision to treat. Our Help Us Help You campaigns have encouraged people to come forward with possible symptoms, with urgent cancer referrals at record levels since April 2021, and over 10,000 patients seen each working day. This increase in demand is important in getting people into the system who may not have come forward during the pandemic and gives a clear line of sight to prioritise based on clinical need, but wider pressures on the NHS mean some patients are having to wait longer than usual.
19. We have also delivered on two of our Long Term Plan commitments: the first cancer quality of life survey data were published in October, with responses from more than 34,000 patients with breast, prostate or colorectal cancer. It found that eighteen months on from a cancer diagnosis, patients rate their quality of life quite highly (75.2/100), but slightly lower than the general population (81.8/100). This October we also published the first ever Under 16s Cancer Patient Experience Survey report. These first results show that 95% of children with cancer aged between eight and 15 felt they were looked after well by NHS staff during 2020 and 92% of parents/carers rated the overall experience of their child's care as 8 or more out of 10.

Primary care

20. General practice continues to be incredibly busy. In September it delivered a total of 29.2 million appointments, 5.5% more activity than September 2019, including 553,000 COVID vaccination appointments delivered by Primary Care Networks (PCNs) (around 25,000 per working day).
21. Latest provisional primary care workforce statistics show that as at 30 September 2021, there were 36,275 FTE doctors working in general practice (45,681 headcount) in England. This represents an increase of 1,119 FTE (3.2%) over the last year and an increase of 2,108 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 15 roles under the Additional Roles Reimbursement Scheme.
22. Implementation of the year 3 deal agreed in the Summer is progressing and 3,140 community pharmacies have signed up to provide blood pressure checks for the over 40s since the introduction of the service in October.
23. The recovery of dental services remains underway, with IPC guidance continuing to limit activity. Access to care remains our most pressing challenge. Minimum performance requirements for income protection have been increased from 60 to 65% of contracted Units of Dental Activity (UDAs) for Q3. Q4 requirements will be determined when revised IPC guidance has been published.

24. Work is also ongoing to support the primary care needs of vulnerable populations temporarily housed in Home Office commissioned hotel accommodation (c. 11,000 individuals from Afghanistan in 74 hotels and c. 19,000 destitute asylum seekers in 160 hotels) including full GP registration and undertaking robust initial health assessments to identify and manage immediate health and care requirements. Funding support for additional capacity/services is available to mitigate the impacts in those areas. In the case of Afghanistan relocation, as of 1 November, GP Registration was reported as completed for all guests in 66 hotels (89%) and initial health assessments completed for all guests in 47 (64%) hotels.

Discharge and Community Services

25. The Discharge to Assess (D2A) programme has continued to support implementation of the D2A model, including supporting systems to align winter planning with discharge activities. Social care services remain under significant pressure, and this has had an impact on the time it takes to discharge patients who need these services. Working closely with social care bodies and Government departments, a senior level National Oversight Group has been established to provide action on current and emerging issues of concern for national resolution.
26. Further Government funding of £478 million has been secured to support continuation of the hospital discharge fund for the second half of 2021-22, to continue to provide support for new or additional care needs on discharge from hospital. In August 2021 a series of roundtable events were held with a range of national stakeholders to agree and develop a set of priorities and a 3-year programme action plan for further embedding of D2A within Integrated Care System (ICS) areas.
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 on track with 25 ICSs having full geographic coverage 7 days a week 8am to 8pm. Full roll out to the rest of England is on track to be complete by April 2022. This is the first standard of its type in the NHS.
28. All seven accelerator sites have reached full geographic rollout as planned, five out of the seven reaching 80% of patients under two hours and the others improving. Several of the sites are working on local evaluations with patients and a national evaluation is currently being scoped and commissioned to capture the benefits for patients and families.

Mental Health

29. Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis referral to treatment time targets continue to be met, and the 50% IAPT recovery standard is also being achieved (51% as of July 2021). The number of children and young people being able to access mental health services continues to increase (an increase of 101,554 CYP as of July 2021) and confidence in delivering the commitment of seeing an additional 186,500 CYP by year-end is high.

30. Referrals have risen above pre-COVID levels and there is a subsequent backlog and an increase in demand for services. Rising acuity and complexity has been evident in the increased number of crisis and CYP eating disorder presentations. There has been a 74% increase in referrals to NHS mental health crisis services post-pandemic. A surge in demand for CYP ED treatment has led to more patients being treated (~3,400 in Q1 2021/22 vs 1,900 in Q1 2019/20). Due to this significant increase in the number of CYP now being treated for an Eating Disorder, delivery of the CYP eating disorder waiting times targets remains challenging (Q1 2021/22 data shows 61% of urgent cases entered treatment within target timeframes, and 72.7% of routine cases entered treatment within target timeframes, against 95% standards).
31. Adult acute bed occupancy remains above the recommended safe levels of 85%. Above the safe levels, surge demand cannot be met, the likelihood of safety incidents increases, as does reliance on Out of Area Placements. The NHS is flowing a further £29 million in the second half of 2021/22 to support timely discharge and will be used to reduce long lengths of stay, out of area placements and Urgent and Emergency Care pressures.
32. Workforce remains the biggest risk to delivering the LTP, managing COVID pressures and limits further expansion, however concerted efforts are delivering results. As of March 2021, 18,000 additional WTEs were employed directly by the NHS above 2016 baseline of 111,120 staff in post. In order to deliver the LTP, it is estimated an additional 27,000 WTE are required by 2023/24. Systems are being encouraged to make use of innovative new roles to transform mental health service delivery. The risk of insufficient workforce supply for future years remains, with the need for multi-year HEE funding to bolster the supply chain remaining unresolved.
33. All CCGs are currently on track to achieve the mental health investment standard in 2021/22.

Learning Disabilities and Autism

34. By the end of September 2021, the number of adult inpatients had risen to 1,875 from 1,850 as reported at the end of August, and the number of children and young people inpatients has risen to 210 from 190. The September 2021 inpatient count of 2,085 is a decrease of 28% from the March 2015 total of 2,895. There is still some distance to travel to achieve a 50% reduction from March 2015 by March 2023/24 and work continues to develop community support services and reduce reliance on inpatient care.

Screening and Immunisations

35. The NHS Breast Screening programme continues to focus on supporting the recovery of services by the end of March 2022. NHS Bowel Cancer Screening is now inviting people at rates over 100% of pre-COVID levels in some areas. Services are continuing to operate throughout the pathway for the NHS Cervical Screening Programme and there is no backlog of patients waiting to be invited to participate in the Programme.

36. School aged immunisations providers are now focusing on delivery of the expanded annual flu and childhood COVID-19 vaccinations. Routine vaccinations, including backlogs from the 2019/2020 and 2020/2021 cohorts, will resume in 2022, alongside the current school cohort (2021/2022) once flu delivery is completed.

COVID and flu vaccination programme

37. COVID: The Programme continues to make strong progress. As of 19 November 2021, over 93.1 million total vaccinations in England have been administered, including over 42 million first doses, 38.6 million second doses and 11.9 million booster/third doses.
38. Roll-out of the booster vaccination programme started on 16 September. People will be eligible at least six months after their second dose in line with current JCVI guidance. Booster doses as of 19 November are available to; people aged 50 or over, people who live and work in care homes or frontline health/ social care workers, people aged 16 and over who are at high risk of becoming seriously ill from COVID-19 or lives with someone who may be who has a health condition putting them at high risk of becoming seriously ill. JCVI guidance for immunosuppressed third dose was published on the 1 September and vaccinations commenced on the 13 September, roll out is ongoing.
39. JCVI updated the guidance on 15 November to include people aged 40 to 49 getting a booster, as well as recommending a second dose for 16 and 17-year-olds 12 weeks after receiving their first dose. The NBS will open up for these cohorts from 22 November.
40. The universal 12-15 year-olds programme started via schools using school aged immunisation services (SAIS) the week commencing 20 September. An out of school offer is now also live, primarily in vaccination centres. This enables children aged 12 to 15 who have not yet been vaccinated at school – including those who are home educated – to book an appointment online or via 119.
41. Maternity communications and engagement material have been produced in partnership with the Royal College of Midwives, Royal College of Obstetricians and Gynaecologist, British Islamic Medical Association, Caribbean and African Health Network and others. Material produced include FAQs for staff and patients, staff handbooks, videos, social media collateral and webinars. In addition, a pregnancy toolkit has also been developed.
42. Flu: This year the NHS will again deliver an expanded flu vaccination programme, with flu vaccinations being offered to year 8-11 school aged children, 50-64 year olds, in addition to the usual eligible cohorts (clinically at risk, pregnant women, healthy children from age 2 years to school year 7, those aged 65 years and over, and frontline health care workers). In addition, the complementary offer of a free NHS vaccination for social care workers who are not offered an employer led occupational health vaccination is being repeated this season. This season NHSEI have developed an enhanced operational data system allowing for much more granular data to be collected and analysed on a

daily basis. Early indications show that as of the start of November 2021 uptake from most cohorts is ahead of or comparable to last season which was the biggest flu vaccination programme with the highest uptake to date.

Financial update

43. Table 1 sets out the expenditure position to the end of September 2021 and shows a combined YTD net expenditure position of £73.3 billion and a forecast outturn of £153.5 billion. This includes the additional funding recently announced by government for the second half of the year. In total, the aggregate provider and commissioner position shows a forecast surplus of £25.6 million or 0.02%.

44. Table 1: Financial position at month 61

Expenditure Basis	In year allocation	Year to Date				Forecast Outturn			
		Plan £m	Actual £m	Under/(over) spend £m	%	Plan £m	FOT £m	Under/(over) spend £m	%
Commissioning Sector									
Clinical Commissioning Groups	110,774.0	56,322.1	56,292.5	29.6	0.1%	110,774.0	110,744.4	29.6	0.0%
CCG Total	110,774.0	56,322.1	56,292.5	29.6	0.1%	110,774.0	110,744.4	29.6	0.0%
Direct Commissioning	28,597.2	14,088.5	14,065.0	23.6	0.2%	28,634.5	28,624.2	10.3	0.0%
Central Costs	5,690.8	2,676.5	2,559.0	117.4	4.4%	5,690.8	5,671.6	19.3	0.3%
Transformation & Reserves	7,957.2	25.5	-	25.5	100.0%	7,982.7	8,039.1	(56.4)	(0.7%)
Provider Top Up	554.2	554.2	548.5	5.7	1.0%	554.2	548.5	5.7	1.0%
Technical & ringfenced adjustments	(52.5)	(22.0)	(4.5)	(17.4)	(79.4%)	(52.5)	65.0	(117.5)	(223.8%)
Commissioner Total - non-ringfenced RDEL	153,521.0	73,644.8	73,460.4	184.3	0.3%	153,583.8	153,692.8	(109.0)	(0.1%)
Provider Sector									
Income including reimbursement		(53,896.5)	(54,698.6)	802.1	1.5%	(53,896.5)	(54,698.6)	802.1	1.5%
Pay		33,393.7	34,020.9	(627.2)	(1.9%)	33,393.7	34,020.9	(627.2)	(1.9%)
Non Pay		19,500.4	19,601.9	(101.5)	(0.5%)	19,500.4	19,601.9	(101.5)	(0.5%)
Non Operating Items		932.0	933.3	(1.3)	(0.1%)	932.0	933.3	(1.3)	(0.1%)
Providers Total - Adjusted Financial Performance		(70.5)	(142.6)	72.1	102.4%	(70.5)	(142.6)	72.1	102.4%
Technical adjustments		6.9	(55.6)	62.5		6.9	(55.6)	62.5	
Providers total - Sector reported performance		(63.5)	(198.2)	134.6	0.2%	(63.5)	(198.2)	134.6	0.2%
Total combined position against Plan	153,521.0	73,581.2	73,262.3	319.0	0.4%	153,520.3	153,494.6	25.6	0.0%

45. Organisations are broadly on plan at month 6 with small positive variances shown against both commissioning organisations and providers. Variances against income and pay lines within the provider position are largely driven by the impact of the pay award that has now been recognised in month 6 actuals but was not included in plans at the start of the year.

46. Pressures shown here against the Transformation and reserves line reflect the priority attached to funding for elective recovery and the decision to supplement ring-fenced Elective Recovery Fund (ERF) funding made available by the Government.

Capital expenditure

47. Providers have spent £1,876 million on capital schemes to month 6 which is £870 million below planned spend at this stage of the year. The DHSC provider capital budget for 2021/22 is set at £6.149 billion against which providers are currently forecasting an underspend of £161 million.