

NHS England and NHS Improvement Board meetings held in common

Paper Title: Operational performance update

Agenda item: 3 (Public session)

Report by: Mark Cubbon, Chief Delivery Officer
David Sloman, Chief Operating Officer
Julian Kelly, Chief Financial Officer
Pauline Philip, National Director of Emergency and Elective Care

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. In response to the emergence of the Omicron variant, a level 4 national incident was declared on 13 December 2021. This means the NHS has moved from a regionally-managed but nationally-supported incident under level 3, to one that is coordinated nationally. A review of national incident management arrangements has taken place and a number of specialist incident 'cells' have been reactivated to support the response, adding to the core cells that have remained in operation throughout the pandemic.
2. Systems and NHS organisations were asked to review their incident management arrangements, test surge plans and maximise capacity across acute and community setting to prepare for a potential increase in COVID-19 demand. Measures have included a focus on enabling safe and quick discharge of medically-fit patients from hospital and expanding coverage of remote monitoring pathways. In addition, Nightingale 'surge hubs' are being mobilised to be used where existing capacity may be exceeded and trusts have identified further potential surge capacity. The wellbeing of staff remains critical and a number of initiatives are in place to support NHS staff to stay well and maximise workforce capacity.
3. Key uncertainties remain due to the rapidly evolving nature of the Omicron wave. At 11 January 2022, there are approximately 17,000 patients with

COVID-19 in NHS beds, an increase from a base position of approximately 6,000 patients in mid-December. The proportion of patients who have COVID-19 as a secondary problem is higher than in previous waves. To date, critical care has not seen an increase in COVID-19 patients in line with general admissions, although COVID-19 continues to place significant additional pressure on units.

4. Staff absences remain a significant operational issue. The situation is being monitored daily and, where appropriate, military assistance is being considered among other support options.

Elective Care

5. Following increases since the beginning of the pandemic, the elective waiting list for November 2021 stood at just under 6.0 million with 307,000 patients waiting 52 weeks or longer for treatment. There are now 18,500 patients who have been waiting 104+ weeks for treatment. At the same time median waits are at 11.5 weeks in November 2021, down from 12 weeks in October 2021, with 65.5% of patients waiting less than 18 weeks to start treatment at the end of November 2021. Total elective activity for November 2021 was at 89.2% of 2019 activity levels, down from 91.8% in October 2021 but up from 54% in April 2020.
6. Good progress was being made before Omicron to maintain activity levels near to usual levels, despite increased Infection Prevention and Control measures, staff absence and bed capacity constraints. In light of the Omicron variant we have taken further steps to protect elective services: through systematic clinical prioritisation, we are ensuring that high priority elective activity (including cancer) continues to be prioritised; that cancellations are minimised and that all available capacity, including the independent sector, is utilised. The current surge in COVID-19 demand will inevitably impact our elective recovery efforts, however, we are preparing the system to respond rapidly as COVID-19 demand diminishes.

Urgent and Emergency Care & Winter Planning

7. In December 2021, there were just under 1.92 million patients seen in A&E departments, representing a 27.3% year-on-year increase. Performance against the 4-hour standard was 73.3% in December 2021 compared to 79.8% in December 2019 (pre-COVID).
8. Demand on the 111 service remains high, with just under 2 million calls received in November 2021 (64,000 per day). Volumes are around 20% higher for 2021/22 compared to the same period in 2019/2020.
9. Ambulance services have been under significant pressure, responding to just under 1 million 999 calls in December 2021 (an average of 29,800 calls per day and a 5.2% increase on November 2021). They also included 82,000 category 1 calls – higher than any other month on record. The biggest driver of ambulance pressures is due to delays handing patients over to hospitals outside A&E departments, with significant pressures in hospital due to COVID-

related IPC and discharge challenges, which means ambulance crews are unable to respond to new incidents. This has inevitably led to further pressure with all categories C1-C4 response times in December 2021 remaining among the longest since the categories were introduced in 2017.

10. We have continued to take urgent action, as part of our winter recovery plan, to support these challenges. So far, an additional 1,800 call handlers and clinicians have been recruited for NHS111 since September 2021 (a 15% net increase). An additional 400 call handlers have been recruited to 999 services enabling the system to achieve the aim of reaching 2,300 999 call handlers in post by the end of 2021. We have targeted capital investment at the most challenged trusts with ambulance handover delays to ensure ambulance crews are released quickly. Same Day Emergency Care capacity has also been increased to reduce reliance on inpatient beds, whilst there is ongoing implementation of actions to discharge patients who are fit to leave hospital in order to free up capacity.

Diagnostics

11. In total, just over 2 million of the 15 key diagnostic tests were performed during November 2021, in line with 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.
12. There are currently 67 Community Diagnostic Centres (CDC). Through this additional capacity an extra 365,000 tests have been carried out since the first CDC became operational in July 2021.
13. Following the Treasury's approval of the £248 million business case to support the digitisation of diagnostic care, 302 memoranda of understanding have been issued to enable systems to access funding. Funding will enable labs to share patient results, tests and scans more easily and will enable quicker diagnosis and help tackle waiting lists.

Cancer

14. Cancer has been a priority throughout the pandemic and between March 2020 and November 2021, GPs referred over 4 million people with suspected cancer and over 514,000 people started cancer treatment, 95% of whom started treatment within a month of a decision to treat. The NHS continues to prioritise maintenance of cancer services as we manage the Omicron wave, with additional funding and capacity for elective recovery continuing to be available to support cancer activity.
15. The clear message to the public remains that anyone with possible cancer symptoms should contact their GP without delay. This message has been getting through, and urgent suspected cancer referrals reached a record level in November 2021 of 117% of pre-pandemic levels. This continues nine months of record referrals, with 10,000 patients seen per working day since March 2021 (and over 11,000 per working day in November 2021). First treatments

following an urgent GP referral in November 2021 were at 101% of usual levels. Ongoing high referrals are helping to get people into the NHS system where they can be clinically prioritised, but alongside wider pressures on the NHS, this does mean some people are having to wait longer than usual and addressing this is a continued focus.

Primary care

16. General practice continues to be incredibly busy. In November 2021 it delivered a total of 34.6 million appointments, 20.3% more activity than November 2019, including 4.1 million COVID-19 vaccination appointments delivered by Primary Care Networks (PCNs) (around 187,000 per working day).
17. A range of temporary measures has been taken to support general practice capacity for the delivery of COVID-19 booster vaccinations, including the temporary income protection of the Quality and Outcomes Framework (QOF) for the remainder of 2021/22, suspension of most of the PCN Investment and Impact Fund (IIF) and the temporary relaxation of requirements for GPs to provide fit notes. A set of contractual measures have also been put in place to support community pharmacies, including extending the deadline to meet 2021/22 Pharmacy Quality Scheme requirements, and the waiving of national and local clinical audit requirements.
18. Latest provisional primary care workforce statistics show that as at 30 November 2021, there were 35,991 FTE doctors working in general practice (45,303 headcount) in England. This represents an increase of 1,825 FTE compared to the 6,000 FTE manifesto commitment baseline of 31 March 2019.
19. Work continues on wider targeted efforts to retain GPs in the workforce, with a specific focus on working with systems to embed and communicate the enhanced package of GP retention initiatives in 'Investment and evolution: updates to the GP Contract 2020/21 to 2023/24'. To further bolster workforce numbers, PCNs are entitled to recruit staff from 15 roles under the Additional Roles Reimbursement Scheme. As at 30 September 2021 data shows a total of 10,452 additional WTE recruited towards the 26,000 manifesto commitment against the baseline of 31 March 2019. Recognising the pressure that primary care teams are facing, the expanded 'Looking After You' services continue to offer rapid access to individual and team coaching to encourage psychological wellbeing and resilience.
20. Implementation of year 3 of the Community Pharmacy Contractual Framework agreed in the Summer is progressing and as at 31 December 2021 3,938 community pharmacies have signed up to provide blood pressure checks for the over 40s since the introduction of the service in October 2021.
21. The recovery of dental services remains underway and access to care remains our most pressing challenge. For Q4 IPC guidance changes removing the need for fallow time have allowed us to increase the minimum performance requirements for income protection from 65% to 85% of contracted Units of Dental Activity (UDAs) for Q4 (the threshold for Q1 and Q2 was 60%).

Discharge and Community Services

22. As health and social care systems have stepped up arrangements to manage the impact of the Omicron COVID-19 variant, there has been a renewed focus on discharge arrangements to ensure systems can maintain flow and bed capacity under periods of pressure. Guidance on priority actions for winter in relation to hospital discharge was developed across national health and care organisations and issued in November 2021.
23. Following the letter to the NHS on 13 December 2021 and DHSC letter to Local Authorities, further letters were issued 22 December 2021 focusing on the actions being asked of systems, NHS and social care providers to support efforts to reduce the number of people delayed from leaving acute hospitals to meet pressures caused by the Omicron variant.
24. The asks include improving support for domiciliary care, maximising the numbers given an alternative to be admitted to acute care and increasing the bed capacity in care centres, and also looking at actions acute hospitals can take to appropriately discharge more people per day. ICSs have provided an initial indication of the new community capacity that they plan to create to support hospital discharge, with ongoing work to refine and revise these estimates. During January 2022 the Emergency Care Intensive Support Team have provided a range of assistance to a large number of trusts to accelerate discharge of people who require no further support and are waiting to return to their usual place of residence.
25. The response and governance structures to support systems have been further strengthened through daily operational calls with ICSs, regions, and national stakeholders. In addition, a national taskforce, supported by the Government, has been initiated to provide strategic oversight of hospital discharge initiatives.
26. 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 27 ICSs having full geographic coverage 7 days a week from 8am to 8pm. Roll out of this standard to the rest of England, the first of its type in the NHS, is on track to be complete by April 2022.

Mental Health

27. As systems and providers work tirelessly to minimise and address the spread of the Omicron variant, the NHS is mindful of the impact previous waves of the pandemic had on people with mental health needs and is asking services to maintain service provision and face to face contact where possible. As an example of these efforts, people with serious mental illness have been vaccinated at a similar rate as the wider population. This is particularly pertinent given the impact of previous waves of the pandemic on mental health prevalence and as we continue with Long Term Plan implementation.
28. Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis referral to treatment time targets continue to be met (91.2% referral

to treatment within 6 weeks, and 98.7% referral to treatment within 18 weeks as of September 2021), whilst the 50% IAPT recovery standard is very close to being met (49.9% in September 2021). The number of children and young people being able to access mental health services continues to increase and is on track to achieve the 2021/22 target.

29. The Urgent and Emergency Mental Health pathway continues to be under significant pressure meeting the level of patient need. Bed occupancy remains very high (over 85%, which in turn impacts out-of-area placements), detentions under the Mental Health Act have increased by 4.5% between 2019/20 and 2020/21 (compared with an annual increase of around 2% previously), and similarly crisis referrals have increased (a 30% increase compared to 2019, and a 74% increase compared to 2017). It is crucial that the focus on discharge remains strong. Despite this, the NHS is managing to prevent more people presenting in A&E with Mental Health needs.
30. The NHS is committed to investing at least enough funding to maintain mental health spend as a share of NHS spending in 2024/25. Increasing mental health prevalence, acuity and complexity will create further challenges to reducing the treatment gap.
31. Workforce remains the biggest risk to service delivery and responding to current operational pressures as well as delivering the Long Term Plan and expanding mental health services to meet the growing need. This is especially true in the current context of responding to the Level 4 incident.
32. The NHS remains committed to supporting the wellbeing of its workforce. 40 system-wide mental health and wellbeing hubs have now been established for health and social care staff in partnership with occupational health programmes, enabling rapid access to assessment and local evidence-based mental health services, and support for colleagues where needed.

Learning Disabilities and Autism

33. At the end of November 2021, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,085 (1,885 adults and 200 children and young people - a 810 decrease from the March 2015 total). There is more progress to be made to meet the Long Term Plan commitments to reduce reliance on inpatient care, particularly for adults.
34. By the end of November 2021, 35.1% of annual health checks had been completed for eligible patients aged 14 and above within the year; this compared with 39.2% by the end of Q3 in 2020. Despite the best efforts of GPs in ensuring the most vulnerable in society are supported, the primary care response to Omicron, together with staff illness and isolation, is likely to impact adversely on the delivery of annual health checks over the last quarter of the year.

Screening and Immunisations

35. Mammogram activity is now running at pre-pandemic levels. NHS Breast Screening providers making the least progress have been identified and provided with special assistance. For bowel cancer, 50 of 64 NHS screening centres are now inviting within the +/- 6 week standard, with pre-pandemic performance now restored. For NHS cervical screening, the latest national 14-day turnaround time performance (October 2021) was 88.8%. Waiting times for some colposcopy providers for low grade referrals are exceeding 10 weeks, against a standard of 6 weeks.
36. School-aged immunisation providers are continuing their focus on delivery of the expanded annual flu vaccination until the end of January 2022, alongside the delivery of childhood COVID-19 vaccinations. Routine vaccinations, including backlogs from the 2019/2020 and 2020/2021 cohorts will resume in 2022, together with the current school cohort (2021/2022), once delivery of flu vaccinations is completed. This will be managed alongside any additional children's COVID-19 vaccinations/boosters that the providers will be required to deliver.
37. Delivery of vaccinations for the 2021/22 flu season is drawing to a close. Overall, the number of vaccinations administered has already exceeded last year's total. Vaccinations for those aged 65 years and above is at the highest level since the flu vaccination programme was first introduced, and far above the uptake target suggested by the World Health Organisation. Vaccinations for most other cohorts are either slightly ahead or slightly behind last season's uptake rates but still ahead of pre-pandemic levels. Further communications campaigns and call and recall mechanisms are planned for January 2022 focusing mainly on children and pregnant women where uptake is traditionally poorer than in other cohorts. The co-administration of flu vaccinations alongside the COVID-19 vaccination programme has proved effective in reaching the housebound and some care homes, and co-promotion has been successful at ensuring eligible people are fully aware of the benefits of receiving both vaccines this winter.

COVID-19 vaccination programme

38. The COVID-19 vaccination programme continues to make strong progress. As at 20 January 2022, over 112.7 million total vaccinations in England have been administered, including over 43.5 million first doses, 39.9 million second doses and 29.2 million booster/third doses.
39. In a bid to combat the Omicron variant the programme ensured all adults received an offer of a booster by 31 December 2021. The National Booking System opened to all adults (cohorts 1-12) eligible for a booster at a three month interval on 15 December 2021. Over the period 12 December to 31 December 2021 the programme delivered over 8.8m booster doses and achieved a number of record-breaking days over this period, with 79% of the eligible population having received a booster by 5 January 2022.

40. The universal 12-15 year-olds programme which began in schools in September 2021 is ongoing. Offers for second doses for eligible 12-15 year-olds went live on 20 December 2021 for appointments out of school, with in-school offers beginning on 10 January 2022.
41. Following JCVI advice published on 22 December 2021, the programme will be launching the offer of booster doses to eligible 12-15s at risk and severely immunosuppressed, to 16-17 year olds and also first doses to 5-11 year olds at risk.
42. Ensuring that the uptake of the evergreen offer of a primary course and a booster is increased in communities that remain unvaccinated or have not taken up the offer of a vaccine remains a priority. This will be achieved through the launch of a national communication strategy alongside local system communications, and a wide range of local outreach and engagement initiatives.

COVID testing

43. Over 39.1 million PCR tests have been reported by NHS and UK Health Security Agency (UKHSA) pillar 1 laboratories, as of 4 January 2022, of which over 3.9 million are NHS staff PCR tests (including index cases). Around 97% of pillar 1 NHS laboratories are reporting their turnaround times within 24 hours.
44. The NHS has reached 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. Further rapid testing capability has been mobilised across all type 1 Emergency Departments.

Financial update

45. Table 1 sets out the expenditure position to the end of November 2021 and shows a combined YTD net expenditure position of £98.4 billion and a forecast outturn of £152.4 billion. The reported in-year allocation figure of £153.7 billion assumes receipt of additional mandate of up to £8.9 billion largely in relation to ERF, the COVID vaccination programme and the H2 settlement. In total, the aggregate provider and commissioner position shows a forecast surplus of £1.3 billion or 0.9%.

Table 1: Financial position at month 8

Expenditure Basis	In year allocation	Year to Date				Forecast Outturn			
		Plan £m	Actual £m	Under/(over) £m	spend %	Plan £m	RAFOT £m	Under/(over) £m	spend %
Commissioning Sector									
Clinical Commissioning Groups	113,469.4	75,209.7	75,164.2	45.4	0.1%	113,479.6	113,239.8	239.8	0.2%
CCG Total	113,469.4	75,209.7	75,164.2	45.4	0.1%	113,479.6	113,239.8	239.8	0.2%
Direct Commissioning	29,299.7	19,357.7	19,270.1	87.6	0.5%	29,315.8	29,026.8	289.0	1.0%
Central Costs	6,237.5	3,684.4	3,486.1	198.3	5.4%	6,237.5	5,954.5	283.0	4.5%
Transformation & Reserves	3,600.0	(11.2)	-	(11.2)	(100.0%)	3,523.9	3,224.0	300.0	8.5%
Provider Top Up	1,203.3	691.3	691.3	-	0.0%	1,203.3	1,198.4	4.9	0.4%
Technical & ringfenced adjustments	(63.4)	(36.7)	(16.3)	(20.4)	(55.7%)	(63.4)	31.6	(95.0)	149.8%
Commissioner Total	153,746.4	98,895.2	98,595.4	299.8	0.3%	153,696.7	152,675.1	1,021.6	0.7%
Provider Sector									
Income including reimbursement		(72,318.0)	(73,153.7)	835.7	1.2%	(109,254.5)	(110,173.6)	919.1	0.8%
Pay		45,059.5	45,459.2	(399.7)	(0.9%)	68,388.4	68,751.8	(363.4)	(0.5%)
Non Pay		26,001.1	26,316.6	(315.5)	(1.2%)	39,068.4	39,492.5	(424.1)	(1.1%)
Non Operating Items		1,225.6	1,225.5	0.1	0.0%	1,832.0	1,898.0	(66.0)	(3.6%)
Providers Total - Adjusted Financial Performance (local accountability measure)		(31.8)	(152.4)	120.6	378.7%	34.3	(31.3)	65.6	191.5%
Adjustments for system performance (gains on disposals)		8.1	12.5	(4.4)	(53.4%)	15.4	16.3	(0.9)	(5.9%)
Providers Total - System level performance		(23.7)	(139.9)	116.2	490.5%	49.7	(15.0)	64.7	130.2%
Technical adjustments			(26.2)	26.2			(230.0)	230.0	
Providers total - Sector reported performance		(23.7)	(243.1)	219.4	0.3%	49.7	(245.0)	294.7	0.3%
Total combined position against Plan	153,746.4	98,871.5	98,352.3	519.1	0.5%	153,746.4	152,430.0	1,316.3	0.9%

46. Clinical commissioning groups and direct commissioners are expected to deliver underspends against plan, principally as cost control measures and efficiency plans begin to bite. The forecast underspend against Central Costs is due to vacancies and deferrals on programmes resulting from operational pressures, offset to an extent by additional covid costs. The forecast underspend against Transformation & Reserves reflects the impact of the omicron variant and other pressures on front line services, which are impacting on our ability to deliver investments in other areas.
47. Provider costs are marginally below plan in aggregate relative to income leading to a small positive variance to plan, and an actual forecast surplus of £31 million before technical adjustments. Significant variances against income and pay lines are predominantly driven by the impact of the pay award that was recognised in month 6 but was not however included in plans. Provider technical adjustments principally reflects the expected impact of donated assets.

Capital expenditure

48. Providers have spent £2,697 million on capital schemes to month 8 which is 39% of the 2021/22 budget, in line with year to date spend at Month 8 in previous years. The Department of Health and Social Care provider capital budget for 2021/22 is set at £6.854 billion against which providers are currently forecasting an underspend of £504 million.