

NHS England and NHS Improvement Board meetings held in common

Paper Title: Operational performance update

Agenda item: 3 (Public session)

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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"/>		

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. Following a peak of around 17,000 inpatients in early January 2022, the number of patients in hospital with COVID-19 declined to around 8,500 at the end of February 2022. Numbers have since increased, with around 9,200 patients in hospital with COVID-19 as at 10th March 2022.
2. New variants of the COVID-19 virus will continue to emerge. It is therefore important that the NHS maintains readiness to respond to potential future waves of COVID-19 in the event of a variant of concern and we continue to learn from the ongoing Omicron response going forward.
3. In February 2022, the Government announced its plan for 'Living with COVID-19' which removes most remaining restrictions, including the requirement to self-isolate. Following this announcement, NHS England and NHS Improvement communicated initial arrangements to the NHS, confirming that there would be no immediate changes to NHS testing and IPC protocols. We are working closely with the UK Health Security Agency on the review of measures as appropriate to ensure the safety of the most vulnerable patients that the NHS looks after. The wellbeing of staff remains critical and a number of initiatives are in place to support NHS staff to stay well in the context of the pandemic.

Long COVID

4. 90 specialist post-COVID services around England have been put in place to focus on assessment, diagnosis and treatment or rehabilitation. In addition, 14 paediatric hubs provide specialist expertise and advice to local paediatric services treating children and young people with Long COVID. Latest data (for the two-week period ending 16th January 2022) shows that on average 1,100 people are being referred to Post COVID services each week.
5. Waiting times for these services continue to be a focus, with 48% within 8 weeks of referral for the period ending 16th January 2022. This represents an improvement on performance from the previous period.

Elective Care

6. The elective waiting list for January 2022 stood just over 6.1 million with 311,528 patients waiting 52 weeks or longer for treatment. There are now 23,778 patients who have been waiting 104 weeks or longer for treatment. At the same time, median waits in January 2022 were 13.0 weeks, up from 12.5 weeks in December 2021. 62.8% of patients were waiting less than 18 weeks to start treatment at the end of January 2022. Total elective activity for January 2022 was at 91.1% of 2019 activity levels, up from 82.2% in December 2021, which is the highest since October 2021.
7. The 'Delivery plan for tackling the COVID-19 backlog of elective care' was published in February 2022 setting out robust delivery mechanisms and measures. Despite the ongoing Omicron wave, recovery and transformation has progressed, including learning from previous peaks, which therefore has shown less impact on elective activity than previous waves.
8. Independent sector utilisation has reached 120% of usual levels, further community diagnostic centres have launched, and over 870 targeted investment schemes have been supported to renew local services and provide better care.
9. In relation to long waits, we are maintaining a consistent national focus on the first milestone in the delivery plan: that by July 2022, no one will wait longer than two years for elective care, apart from those who choose to wait longer, and a small number of specific highly specialised areas.
10. We are initially targeting support to the longest waiting patients and "super specialist waits", for example through the use of mutual aid, and offering choice of alternative providers, including the Independent Sector. We have made significant progress since April 2021, treating almost 400,000 patients who, if not treated, would have been waiting over two years by the end of March 2022.
11. The personalised outpatient model is a key measure that better meets individual patient needs. It is anticipated this will focus clinical time on waiting patients with the greatest needs, such as those needing a diagnosis to start a clinical pathway.

Urgent and Emergency Care

12. In February 2022 there were just over 1.8 million patients seen across A&E departments in England, representing a 43% year-on year-increase. Performance against the 4 hour standard was 73.3% in February 2022, compared to 84.4% in February 2019.
13. 111 demand remains high, with just under 1.8 million calls received in January 2022 (equating to around 64,000 per day). Volumes were around 22% higher in January 2022 compared to those in January 2020.
14. 999 call volumes were 6% higher in February 2022 than in 2020, whilst incidents have decreased by 7%. Performance on call response times has significantly improved since December 2021 as the impact of recruitment has taken effect, with national mean performance in February 2022 of 22 seconds.
15. Ambulance services are still experiencing significant pressures, with 999 responding to just under 800,000 calls in February 2022 (an average of 28,600 calls per day). This includes 68,000 category 1 calls.
16. Hospital handover delays remain one of the biggest performance challenges for ambulance services, meaning ambulance crews are unable to respond to new incidents. As a direct result, services are routinely carrying more calls on the 'stack' than they have resources available to deploy – which means that patients are left waiting in the community before a resource can be deployed. Intensive improvement work, as part of the wider UEC Recovery Plan, is taking place with the 35 trusts responsible for the majority of handover delays. A jointly-signed, targeted, letter was issued with CQC in February 2022 asking systems to come together and tackle risks related to handover delays, with a national focus on working with Regions and systems to identify and drive forward cross-system actions.

Diagnostics

17. 1.89 million of the 15 key diagnostic tests were performed in January 2022, significantly above January 2021 levels. The total waiting list has remained stable for the last two months, however continued high volumes of pre-existing and new demand has led to a rise in the proportion of patients waiting over 6 weeks for a diagnostic test to 30%. The elective recovery plan aims to see this reduced to 5% by March 2025.
18. As of February 2022, CDCs have reached the milestone of over 580,000 additional tests since the first centre became operational in mid-July 2021.
19. Following the Treasury's approval of the £248 million business case to support the digitisation of diagnostic care, 390 memoranda of understanding have been issued to enable systems to access funding. This will enable labs to share patient results, tests and scans more easily and will enable quicker diagnosis and help tackle waiting lists.

Cancer

20. Cancer remains a high priority and data shows that urgent cancer referrals and treatments have been maintained throughout the ongoing Omicron wave. Referrals have now been at record levels for eleven months, at 116% of pre-pandemic levels in January 2022, with over 2.4 million people with suspected cancer referred for checks and over 290,000 people starting cancer treatment between March 2021 and January 2022.
21. Despite these high referral levels, there is still a deficit of people who did not come forward during the pandemic, meaning it remains essential to increase referral levels still. We continue to focus strongly on cancer awareness campaigns and encouraging people to come forward, with the Help Us Help You campaign to tackle the fear of cancer, and a prostate cancer campaign delivered in partnership with Prostate Cancer UK urging people to 'check their risk' and seek help where necessary.
22. Record referrals are helping to get people into the NHS, where they can be clinically prioritised, but this extra demand does mean some people are having to wait longer than usual. Reducing the number of long waiters is the key focus of the Elective Recovery Programme, with additional funding to boost diagnostic and treatment capacity.

Primary care

23. General practice continues to be incredibly busy. In January 2022 it delivered a total of 26.9 million appointments, 6.4% more activity than January 2020, including 1.3 million COVID-19 vaccination appointments delivered by Primary Care Networks (PCNs) (around 63,000 per working day).
24. A letter was published on 1 March 2022 setting out the GP contract arrangements for 2022/23, including changes to the core GP Contract and the Network Contract Directed Enhanced Service (DES). The letter also describes the arrangements for the Quality and Outcomes Framework (QOF) in 2022/23 along with minor changes to Vaccinations and Immunisations.
25. A range of temporary measures has been taken to support general practice, including the temporary income protection of QOF for the remainder of 2021/22 and suspension of most of the PCN Investment and Impact Fund (IIF). The IIF and QoF will be reinstated in April 2022. 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.
26. Latest general practice workforce statistics show that as at 31 January 2022, there were 36,009 FTE doctors working in general practice (45,295 headcount) in England. This represents a decrease of 182 FTE over the previous month. There has been an increase of 1,483 FTE compared to the additional 6,000 FTE doctors working in general practice Manifesto commitment baseline of 31 March 2019.

27. Work continues on wider targeted efforts to retain GPs in the workforce, with a specific focus on working with systems to communicate and adopt 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 31 December 2021 data suggests over 16,000 FTE additional roles had been recruited towards the Manifesto commitment of recruiting 26,000 additional roles against the 31 March 2019 baseline. 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.
28. Following the Prime Minister's announcement that free mass testing for COVID-19 will cease from 1 April 2022, the Pharmacy Collect service, providing Lateral Flow Tests to the public, will end on 31 March 2022. After the legal duty for people to self-isolate expired on 24 February 2022, the Government ceased all support measures for self-isolating patients including the Medicine Delivery Service. Existing self-isolating patients were able to access the service until 5th March 2022.
29. An additional £50m of non-recurrent funding for NHS Dental care provision has been made available until 31 March 2022 to support patients with urgent care needs outside of existing NHS contracted capacity.

Discharge and Community Services

30. 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 the discharge arrangements in place to ensure systems can maintain flow and bed capacity under periods of pressure.
31. 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.
32. Work is ongoing with DHSC and other national partners to finalise revised discharge guidance, aligned to the Health and Care Bill, that will support systems to continue to mature hospital discharge and community provision to enable people to be discharged when clinically appropriate and to a setting that best meets their needs.
33. 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 31 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

34. Delivery continues at pace but pressures on mental health services remain high. Work continues to recover from the post-pandemic pressures in terms of increased prevalence, acuity and complexity, winter and consequences of the Omicron wave.
35. Improving Access to Psychological Therapies (IAPT) referral to treatment time targets continue to be met. In December 2021 performance against the IAPT recovery standard was 48.6%. In Q3 2021/22, IAPT access delivered 77% of access trajectory. The number of children and young people (CYP) able to access mental health services continues to increase (630,673 in November 2021). However, the surge in demand continues to affect achievement of the CYP Eating Disorders Waiting Times Standard.
36. The Urgent and Emergency Mental Health pathway continues to be under significant pressure responding to a high level of patient need. Bed occupancy remains very high (over the maximum safe levels of 85%) and similarly crisis referrals have increased (a 30% increase compared to 2019, or a 74% increase compared to 2017), which is impacting the Out of Area Placements position.
37. A strong delivery focus on mental health with sufficient workforce and funding will be crucial to ensure that delivery and transformation continues at pace and the treatment gap between mental health and physical health does not widen.

Learning Disabilities and Autism

38. At the end of January 2022, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,030 (1,855 adults and 175 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.
39. By the end of December 2021, 40.5% 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. GPs and practices have been working hard to ensure the most vulnerable in society are supported. With the suspension of the QoF in December 2021 in response to Omicron, together with staff illness and isolation, it is expected that the delivery of annual health checks over the last quarter of the year will be adversely impacted.

Maternity

40. Last month, ONS published the latest data on child and infant mortality. This data confirmed that the 2020 ambitions to reduce stillbirth and neonatal mortality rates have been met. The stillbirth rate has reduced by 25.2% from 5.1 per 1000 births in 2010 to 3.8 per 1000 births, equivalent of 752 fewer stillbirths in 2020. The neonatal mortality rate has reduced by 36.0% from 2.0

per 1000 live births in 2010 to 1.3 per 1000 live births, equivalent to 412 fewer neonatal deaths in 2020.

41. Trusts reported earlier this month on compliance with actions from the first Ockenden report in December 2020. All Trusts reported being either fully compliant or partially compliant with each one of the twelve clinical priorities across the seven Immediate and Essential Actions (IEAs) from the report. For some Trusts, being fully compliant against every one of these actions will take time as they have required additional workforce and service reconfiguration at the same time as managing the pandemic. 31 out of 123 Trusts with maternity services (25%) reported that they are fully compliant with all twelve clinical priorities across the seven IEAs."

Screening and Immunisations

42. The NHS breast screening backlog continues to fall, despite a small seasonal rise in January 2022, due to the increased activity being delivered by our NHS providers. 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 struggling providers, and this is being led by our regional public health commissioning teams.
43. The NHS bowel cancer screening programme continues to meet its target of at least 65% uptake. It is ensuring that colonoscopy capacity is maximised and coordinated with any changes made in the symptomatic programme. The age extension to 56-year olds is continuing as planned for 2021/22, with the extension to 58-year olds scheduled to commence in April 2022.
44. Additional colposcopy capacity is being put in place 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 (the programme standard is 6 weeks).
45. We are working to increase uptake across all vaccination programmes to achieve optimum coverage levels and reduce regional variation in uptake. NHS school-aged immunisations providers continue to catch up with all adolescent immunisations from the 2019/20 and 2020/21 cohorts alongside vaccinating the 2021/22 cohorts now that operational delivery of the seasonal flu vaccination programme has concluded.
46. We delivered a further expanded flu vaccination programme in 2021/22, adding more cohorts, following a previous cohort expansion in 2020/21. The vaccination rates and volumes administered have been the highest we have ever achieved in the history of the flu vaccination programme which commenced in the late 1960s.

COVID-19 vaccination programme

47. The Programme continues to make strong progress. As of 11 March 2022, over 117.6 million covid-19 vaccinations were administered in England. This consisted of over 44.3 million first doses, 41.2 million second doses and 32

million booster/3rd doses. UKHSA analysis estimates that over 100,000 hospitalisations have been avoided because of these efforts.

48. The programme continues to focus on delivering a number of priority deployment areas including (but not limited to); 4th doses (boosters) for those identified as severely immunosuppressed; the 2nd dose in school and out of school offer for 12-15s; Boosters for 16 to 17 year olds and 12 to 15 at risk. The current data shows that; 1.6million (57.4%) of 12-15 had received a 1st dose and over 843k (29.7%) of 12-15 had received a 2nd dose.
49. Following JCVI guidance published on 16 Feb 2022, work is underway to prepare systems to vaccinate 5-11 non at-risk children.
50. Following JCVI guidance published on 21 Feb 2022, a spring booster will be offered to adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed, as defined by the Green Book.
51. In order to maximise uptake across the population, the programme continues to focus intensively on increasing confidence in under-served communities working alongside local leaders and trusted voices.

COVID-19 testing

52. Over 43.3m PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which over 4.3m are staff (including index cases) PCR tests. Turnaround times have improved with 98% of pillar 1 NHS laboratory tests being reported within 24 hours.
53. 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.

Headline Financial Position

54. Table sets out the expenditure position to the end of January 2022 and shows a combined YTD net expenditure position of £123.5 billion and a forecast outturn of £150.3 billion. The reported in-year allocation figure of £150.9 billion assumes receipt of additional mandate of £6.2 billion largely in relation to ERF, the COVID vaccination programme and the H2 settlement. Around £6 billion of the total funding approved for the year is ringfenced, with any underspends against this being returnable to HMT. In total, the aggregate provider and commissioner position shows a forecast surplus of £640 million or 0.4%.

Table 1: Financial position at month 10

Net expenditure basis	In year allocation	Year to Date				Forecast Outturn			
		Plan £m	Actual £m	Under/(over) £m	spend %	Plan £m	FOT £m	Under/(over) £m	spend %
Commissioning Sector									
Clinical Commissioning Groups	114,459.5	94,733.5	94,632.4	101.2	0.1%	114,469.7	114,363.4	106.3	0.1%
CCG Total	114,459.5	94,733.5	94,632.4	101.2	0.1%	114,469.7	114,363.4	106.3	0.1%
Direct Commissioning	28,932.2	24,130.4	23,981.6	148.9	0.6%	28,948.3	28,912.3	36.0	0.1%
Central Costs	5,849.1	4,720.8	4,428.5	292.3	6.2%	5,849.1	5,841.8	7.2	0.1%
Transformation & Reserves	605.1	(56.8)	-	(56.8)	(100.0%)	529.1	534.8	(5.7)	(1.1%)
Provider Top Up	1,104.9	894.9	870.2	24.7	2.8%	1,104.9	1,104.2	0.7	0.1%
Technical & ringfenced adjustments	(85.7)	(59.6)	(44.4)	(15.2)	(25.6%)	(85.7)	(30.6)	(55.1)	(64.3%)
Commissioner Total - non-ringfenced RDEL	150,865.0	124,363.2	123,868.2	495.0	0.4%	150,815.3	150,725.9	89.5	0.1%
Provider Sector									
Income including reimbursement		(90,738.1)	(92,027.5)	1,289.4	1.4%	(109,254.5)	(110,861.8)	1,607.3	1.5%
Pay		56,708.3	57,149.1	(440.8)	(0.8%)	68,388.4	68,909.5	(521.1)	(0.8%)
Non Pay		32,533.2	33,122.6	(589.4)	(1.8%)	39,068.4	39,823.9	(755.5)	(1.9%)
Non Operating Items		1,531.3	1,514.9	16.4	1.1%	1,832.0	1,850.3	(18.3)	(1.0%)
Providers Total - Adjusted Financial Performance		34.7	(240.9)	275.6	793.6%	34.3	(278.1)	312.3	911.6%
Adjustments for system performance (gains on disposals)		8.9	17.4	(8.5)	(95.6%)	15.4	19.6	(4.2)	(27.2%)
Providers Total - System level performance		43.6	(223.5)	267.1	612.4%	49.7	(258.4)	308.1	620.2%
Technical adjustments			(151.8)	151.8			(242.4)	242.4	
Providers total - Sector reported performance		43.6	(375.3)	418.9	0.5%	49.7	(500.9)	550.6	0.5%
Total combined position against Plan	150,865.0	124,406.8	123,492.9	913.9	0.7%	150,865.0	150,225.0	640.0	0.4%

55. Clinical commissioning groups and direct commissioners are expected to deliver small underspends against plan, principally as a result of cost control measures and efficiency plans. Other areas of commissioning are currently forecast to deliver broadly in line with plan.
56. Provider costs are below plan in aggregate relative to income leading to a positive variance to plan, and an actual forecast surplus of £308 million before technical adjustments. Significant variances against income and pay lines are predominantly driven by the impact of the pay award, the cost of which was recognised in month 6, but was not included in plans. Provider technical adjustments principally reflects the expected impact of donated assets.

Capital expenditure

57. Providers have spent £3,645 million on capital schemes to Month 10, which is 54% of the 2021/22 budget, and in line with previous years' year-to-date spend at Month 10. The DHSC provider capital budget for 2021/22 is set at £6,763 million against which providers are currently forecasting an underspend of £55 million.

Budgeting for 2022/23

58. The NHS budget for 2022/23 will primarily be determined by the Spending Review settlement published in October 2021. We are currently finalising our financial strategy and arrangements with the DHSC ahead of the financial year. This includes a request to identify several hundred million pounds to contribute to the costs of the continued testing regime set out in the Government's Living with Covid strategy. This is in addition to the other financial risks we face including increased price inflation.