NHS England Board meeting

Paper Title: Operational performance update

Agenda item: 4 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	☒	Statutory item	☐
NHS Long Term Plan	☒	Governance	☐
NHS People Plan	☐		

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 just over 17,100 inpatients in early January 2022, the number of patients in hospital with COVID-19 declined to 3,800 by 1st June 2022. There has since been an upturn, with numbers rising to just over 5,720 on 20th June 2022.

2. Areas of immediate focus for the NHS and partner organisations are to deliver timely urgency and emergency care and discharge, provide more routine elective and cancer tests and treatments and improve patient experience by implementing the updated UK Health Security Agency Infection Prevention and Control (IPC) guidance and transitioning back to pre-pandemic inpatient visiting policies.

Elective Care

3. The NHS is maintaining a focus on reducing long waits for patients, and we are aiming to ensure that no one will wait longer than two years for elective care by the end of July 2022 (apart from those who choose to wait longer, and for a small number of complex patients and specialties). Continued work with the most challenged providers is leading to significant progress: the latest figures show there are now 12,735 patients who have been waiting two years or longer for treatment, a decrease of 4,061 from March 2022. Since April 2021, the NHS

has treated half a million patients who, if not treated, would have been waiting over two years by the end of June 2022.

4. The elective waiting list for April 2022 stood at 6.5 million. There were 323,093 patients waiting 52 weeks or over and 63,639 patients waiting 78 weeks or over for treatment. These have both shown reductions since the same time last year.

5. For patients waiting to start treatment at the end of April 2022, the median waiting time was 12.6 weeks.

6. We have asked providers to make sure they are reviewing, validating and clinically prioritising their patient lists. Applying these operational good practices will help ensure patient safety and prioritise access to elective care.

7. Elective activity has historically reduced over the winter, however, systems will be ensuring elective activity is protected, as far as possible in the winter plans they will be developing over the coming months.

8. The next milestones in the elective recovery delivery plan are to return the number of people waiting more than 62 days from an urgent cancer referral back to pre-pandemic levels by March 2023 and to eliminate waits of over 18 months by April 2023. This will include focused work with the most challenged providers, a back to basics support offer for all providers to ensure good waiting list management and a number of transformation initiatives to drive efficiency and capacity.

9. A conference took place in May 2022 with chief executives of trusts performing well on addressing inequalities in the waiting lists (for example ethnicity and deprivation), alongside national health inequalities and elective recovery programme leaders. On top of existing initiatives, actions emerging include development of a set of case studies and a webinar series to facilitate learning and practice.

Urgent and Emergency Care

10. In May 2022 there were just under 2.2 million patients seen across A&E departments in England, representing a 5.5% increase since May 2021, and making it the busiest ever May and the second busiest ever month. Data is being analysed to understand the impact of services on different socio-economic groups. Initial exploratory analysis suggests that A&E attendances have been slightly higher for the more deprived groups in the last quarter of 2021/22; this is being particularly driven by high rates of use of type 3 services, for example Urgent Treatment Centres.

11. Nationally, performance against the 4-hour standard for May 2022 was 73.0%, which compares to 72.3% for April 2022 and 83.7% for May 2021.

12. NHS 111 demand continues on an upward trend, with higher volumes of calls than were experienced pre-pandemic. Daily call volumes received were over 62,000 in April 2022 (almost 1.9 million over the month), up 6.1% on March 2022.

13. Ambulance services are still experiencing high pressures, with 999 responding to 853,065 calls in May 2022, or 27,518 per day, which was 7% more than in May 2021.. In England, for May 2022, none of the six ambulance response time standards were met. The mean response time for Category C1, the most urgent incidents, was 8 minutes 36 seconds and for C2 the England mean average response time in May 2022 was 39 minutes 58 seconds, both showing improvements since April 2022.

14. Hospital handover delays remain a challenge across the system. There is continued work and support with ICSs, regions and acute sites in England that are facing the biggest challenges. The UEC programme are supporting implementation of development plans, which have agreed by the integrated care system, with the most impactful interventions.

Diagnostics

15. 1.85 million of the 15 key diagnostic tests were performed in April 2022. Continued high volumes of pre-existing and new demand meant 28.4% of patients waited over 6 weeks for a diagnostic test in April 2022. The elective recovery plan aims to see this reduced to 5% by March 2025.

16. As of May 2022, Community Diagnostic Centres, aimed at increasing access and diagnostic capacity, have reached the target milestone delivering over one million diagnostic tests since the first centre became operational in July 2021.

17. Health inequalities metrics for diagnostics are in development, and the location of CDCs is aimed specifically to reduce regional inequalities. The digitisation of diagnostic care will ensure that patients from across the country are diagnosed faster and treatment plans implemented in a shorter time, reducing anxiety and uncertainty.

Cancer

18. Urgent suspected cancer referrals continued at very high levels in April 2022 (113% of pre-pandemic levels), and they now make up almost 1 in every 4 GP referrals. The deficit in referrals that arose during the pandemic has now been overtaken by the subsequent increase in referral numbers, driven by greatly expanded campaigning and case-finding work.

19. The positive high referral volumes continue to put pressure on diagnostic and treatment capacity, impacting on performance standards. In April 2022, 70.8% of patients were told they had cancer or cancer was definitively excluded within 28 days and 65.2% of patients were treated within 62 days of an urgent referral, both below standards.

20. An NHS-Galleri trail is looking to access the clinical utility of a new multi-cancer early detection blood test developed by GRAIL. To date over 111,000 participants have been recruited into the asymptomatic screening trial. There is evidence of good representation within recruitment amongst minority groups and at all levels of socioeconomic deprivation. If the trial proves successful, these tests will be rapidly rolled out to patients in 2024.

21. Colon Capsule Endoscopy is being piloted to power symptomatic and surveillance evaluations and support colonoscopy capacity for those at highest risk of cancer. So far over 2,700 patients have had the procedure, of whom approximately 70% did not need to undergo a colonoscopy. Sites are now starting to use prucalopride, a drug which has the potential to improve procedure completion rates by up to 20% and further reduce onward referrals.

22. Cytosponge is an innovative diagnostic tool that is able to support access to upper GI endoscopy for patients most at risk of Barret's oesophagus and oesophago-gastric cancer. A pilot is being implemented in secondary care across 30 NHS hospital trusts for patients on routine referral for endoscopy with reflux symptoms and those on Barrett's surveillance.

Primary care

23. General practice continues to demonstrate increased activity, with 25.3m total appointments, including 1.3m for COVID-19 vaccinations, delivered by general practice in April 2022.

24. Latest general practice workforce statistics show that, as at 30 April 2022, there were 35,855 FTE doctors working in general practice (45,113 headcount) in England. There has been an increase of 1,329 (3.8%) FTE compared to the baseline of 31 March 2019.

25. In May 2022 NHS Digital published a new primary workforce data set reflecting a more accurate picture of recruitment to Direct Patient Care (clinical staff who are not GPs or nurses) roles in general practice. The figures show that, as at 31 March 2022, there were 29,542 FTE Direct Patient Care roles working in General Practice in England. This is an increase of 18,221 FTE compared to the baseline of 31 March 2019.

26. The Fuller Stocktake was recently published which set out next steps for integrating primary care in May 2022. NHS England and NHSE Improvement will support colleagues across the system to take forward the recommendations of this report.

27. Negotiations are ongoing with the Pharmaceutical Services Negotiating Committee (PSNC) to agree terms of the Community Pharmacy Contractual Framework for 2022/23, and with the British Dental Association (BDA) to finalise proposals on dental system reform ahead of cross-Government clearance.

Discharge and Community Services

28. Throughout the first quarter of 2022, the focus has been on supporting systems to recover from the impact of winter pressures and embed local discharge arrangements. Pressures on social care and NHS community capacity continue to drive discharge challenges, although there remains a clear focus on optimising discharge arrangements to support flow across systems and enable an increased proportion of elective activity.

29. A national discharge taskforce, supported by the Government, has been initiated to provide strategic oversight of 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. A series of visits by regional and national executives and subject matter experts have taken place in systems of focus. Five areas have also been identified within community health provision as best practice sites and will share learning to support peers. A number of practical toolkits have also been produced through the workstreams to enable system processes to be reviewed.

30. The programme is focussed on ensuring discharge guidance and changes to legislation in the Health and Care Act supports those in CORE20PLUS5 groups (this being the national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level), with a specific focus on older people, carers and those experiencing homelessness.

31. 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 41 ICSs having full geographic coverage 7 days a week from 8am to 8pm. Urgent Community Response performance nationally is at 78%, ahead of the goal of 70% set in Planning Guidance. Data is being collected on health inequalities which includes deprivation and ethnicity. As data quality and completeness improves this will be used to understand access to Urgent Community Response teams.

Personalisation

32. The number of individuals benefitting from personalised care now stands at 3.3 million against the LTP target of 2.5 million by 2023/24. Additionally, just under 1,000,000 social prescribing referrals have now been made, exceeding the LTP commitment of 900,000 by April 2024. At the same time 125,000 Personal Health Budgets have been made meaning the NHS is on track to meet the LTP commitment of 200,000.

33. The Personalised Care programme remains on track to achieve the majority of LTP commitments and has significantly exceeded some as much as two years early. The Secretary of State has announced personalised care as one of the three priorities for his “Road to Recovery”. As a result, work is ongoing to raise the ambition for the number of people benefitting from personalised care and Personal Health Budgets.

Mental Health

34. Mental Health delivery and transformation continues at pace with many LTP commitments remaining on track, but pressures on services remain high. Work continues across the system to manage post-pandemic pressures in terms of increased prevalence, acuity and complexity.

35. Improving Access to Psychological Therapies (IAPT) referral to treatment time targets continue to be met, and the 50% IAPT recovery standard is also being met (51% in March 2022). The number of people accessing IAPT services has increased by more than 11,600 increase compared to February 2022. The number of children and young people aged 0-18 accessing mental health services continues to increase (674,485 in March 2022). Tackling the inequitable experience young people often experience upon turning 18 when moving between children's and adult's services will significantly improve experience and access for young adults. The LTP ambition will ensure that by the end of 2023/24 no age-based thresholds are in operation, and instead care is adapted using a person-centred approach to support the move to adult services for those that need it.

36. Although demand continues to affect achievement of the Children and Young Persons (CYP) Eating Disorders Waiting Times Standard, more CYP than ever before are receiving evidenced based treatment (2,168 more CYP started treatment in the first 3 quarters of 2021/22 when compared with the same period in 2020/21). CYP in active treatment in Q4 2021/22 is 2,986 slightly down from 3,109 in Q3 2021/22. Data shows 61.9% of urgent cases and 64.1% of routine cases entered treatment within the target timeframe.

37. The Urgent and Emergency Mental Health pathway continues to be under pressure, experiencing high bed occupancy (nationally at 96.4%, above recommended occupancy levels of 85%). This is caused in part by challenges securing social care and housing support for patients. As of March 2022, 17% of acute admissions with no prior contact are from Black, Asian and Minority Ethnic backgrounds compared with 12% from White British backgrounds. Providing more accessible and culturally-appropriate 'upstream' care is a core element of the community mental health transformation programme and the Patient and Carers Race Equality Framework currently being piloted in parts of the country. With the continued expansion of services, which will be increasingly tailored to the cultural needs of BAME communities, we aim to reduce this gap further.

38. The national roll out of Community mental health transformation exceeded the annual trajectory target of 126,000 people being supported through new integrated models of care, and providing person centred care for people with SMI in 2021/22. 19,000 people accessed Individual Placement Support in 2021/22.

39. A key action for tackling health inequalities is delivering physical health checks for people with a severe mental illness (SMI) due to the higher rates of mortality among people with SMI. Data shows that in the 12 months to March 2022, 226,000 people with SMI received a physical health check. The concerted efforts of systems across the country has resulted in a 23% increase on the previous quarter. Nationally, the IAPT recovery rate for Q4 2021/22 shows the gap between white British and ethnic minority patients is 3.6 percentage points nationally, an increase of 2.3 percentage points from Q3 2021/22. The difference is due to the recovery rate for white-British patients improving, whilst our BAME population is not improving at the same rate.

Systems and Providers are being encouraged to implement the BAME Positive Practice Guide including using a self-auditing toolkit to help make improvements for this population.

40. Workforce remains a risk to service delivery and to responding to current operational pressures, delivering the Long Term Plan and expanding Mental Health services to meet the growing need. The government is currently consulting on its 10-year mental health and wellbeing plan, which should align with the LTP.

Learning Disabilities and Autism

41. At the end of May 2022, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,010 (1,810 adults and 190 under 18s); a decrease of 31**%** from the March 2015 total of 2,900. 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.

42. 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 March 2022, 71.3% of annual health checks had been completed for eligible patients aged 14 and above within the year, compared with 74% by the end of March 2020, and a March 2024 target of 75%. GP practices have been working hard to ensure the most vulnerable in society are supported.

43. Systems continue to deliver LeDeR (learning from lives and deaths) reviews of people with a learning disability and autistic people 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 - by Q4 2022/23.

Screening and Immunisations

44. The NHS Breast screening backlog has fallen considerably since December 2021 and most screening providers will soon not have a backlog. The focus is now on helping those providers making slower progress.

45. The Bowel Cancer screening programme continues to exceed the 65% uptake target, helped by the adoption of Faecal Immunochemical Test (FIT). The age extension to 56-year-olds has continued as planned. In April 2022, the extension to 58-year-olds commenced. The outcomes of a national publicity campaign run in February and March 2022 to encourage uptake of cervical screening will be evaluated.

46. The NHS is working to increase uptake across all vaccination programmes with specific focus on MMR and School Aged Immunisations. Preparations are near completion for the 22/23 flu season with the annual flu letter announcing cohorts for this year published on 22 April 2022.

COVID-19 vaccination programme

47. As of 15 June 2022, over 124.9 million covid-19 vaccinations were administered in England. This consisted of over 45 million first doses, over 42 million second doses, over 33.1 million booster/3rd doses and over 4.7 million booster/4th doses. There remains good capacity across the network through all delivery models.

48. We are continuing the spring booster programme for adults 75+, older adult care home residents and the immunosuppressed, with the campaign coming to an end at the end of June and an offer extended over summer for those who become eligible because of a change in their immunosuppressed status.

COVID-19 testing

49. Over 49.9m PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which over 4.6m are staff (including index cases) PCR tests. Turnaround times remain stable with 98% of pillar 1 NHS laboratory tests being reported within 24 hours.

50. 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.

Update on 22/23 Operational Planning

Overview

51. Final plans were received from systems on 20 June. These plans reflected the additional £1.5bn provided to systems to cover much higher non-pay inflation than assumed at the time of last year's Spending Review and extra support for ambulance services.

52. Final returns show 37 out of 42 systems with plans to deliver a balanced budget as the NHS recovers services across all care settings and deals with unseasonally high emergency demand and increasing covid numbers. The final plan position shows an aggregate deficit of **£100m** in 5 systems. We will continue to work with those 5 systems to set out deliver plans to break even by the end of the year.

53. Overall this reflects the excellent and challenging work being done by providers and commissioners as total NHS funding is, with higher inflation, reducing by 1.8% in real terms (£2.7bn) and systems are targeting savings of over £5.5bn (around 5% of total system allocations). It is therefore not credible to assume any further savings or efficiencies to deal with any new pressures (pay, inflation, new service demands). New pressures will require cuts in planned services or new investments.

54. The key risks to the plan position are:

    a. delivery of efficiency plans. The SR settlement was predicated on low levels of covid equivalent to those seen last summer and being able to

reduce ‘covid costs’ by £2.8bn. Rising covid levels (inpatient numbers are over 9,000 compared to under 1,000 at the same point last year) are driving higher sickness absence and will increase pressure on temporary staffing costs and infection control arrangements making plans more challenging;

b. rising emergency demand which will put pressure on ambulance services, emergency and planned care and therefore the delivery of performance goals.

c. pay - it is right that the essential work of frontline NHS staff tackling the pandemic and recovering services is properly recognised and rewarded. It is also an operational necessity if we are to retain the staff needed to make further inroads into long waits and unmet need and continue to respond significant operational demands. The NHS was funded for a 3% pay settlement this year for Agenda for Change staff and doctors not covered by current multi-year agreements. For illustrative purposes an increase of 1% in the final settlement creates a pressure of £800m-£1bn. Given the unprecedented level of efficiencies already required, without additional funding an increase at this level would need to be absorbed through service cuts (e.g. planned elective care) or reduction in investment to improve services (e.g. to ensure a basic level of technology in providers) or capital to maintain essential services.

d. There are a range of service pressures and demands including providing medical care for Ukrainian refugees, proposals to expand the flu vaccination programme and shifts in budget responsibility from the DHSC to the NHS as part of finalising new financial directions for NHSE.

55. These are material risks and we will continue to discuss with the Government the choices required to manage risks as they materialise.

Month 2 2022/23 financial position

56. Table 1 sets out the expenditure position to the end of May 2022 and shows a YTD combined expenditure position of £24.5bn. The mandate total of £153.9bn includes full year TDA and Monitor budgets and assumes receipt of additional funding of £1.1bn in relation to the COVID vaccination programme and COVID testing budgets.

57. 2022/23 plans were not final at the time of month 2 reporting and the forecast figures largely reflect subsequent plan submissions. A robust full year forecast will be done for the end of the first quarter.

58. Compared to the April plan submission, the combined YTD position shows expenditure to be below plan by £25m (0.1%) and a forecast overspend of £11m (0.0%).

Expenditure Basis	In year allocation	Year to Date				Forecast Outturn			
		Plan	Actual	Under/(over) spend		Plan	FOT	Under/(over) spend	
		£m	£m	£m	%	£m	£m	£m	%
Systems	110,792.4	18,806.9	18,895.4	(88.5)	(0.5%)	110,891.5	110,891.5	-	0.0%
ICB Net Expenditure		*18,247.6*	*18,240.1*	*7.5*	*0.0%*	*110,504.3*	*110,504.3*	-	*0.0%*
Provider Expenditure		*18,976.9*	*19,128.9*	*(152.0)*	*(0.8%)*	*113,238.0*	*113,238.0*	-	*0.0%*
Provider Income		*(18,417.6)*	*(18,473.5)*	*56.0*	*(0.3%)*	*(112,850.8)*	*(112,850.8)*	-	*0.0%*
Specialised Commissioning	22,792.1	3,633.6	3,634.5	(0.9)	(0.0%)	22,808.6	22,808.6	0.0	0.0%
Other Direct Commissioning	7,653.7	1,252.3	1,251.8	0.4	0.0%	7,654.6	7,654.5	0.1	0.0%
Central Costs	6,920.5	764.3	709.3	55.0	7.2%	6,920.5	6,933.9	(13.4)	(0.2%)
Transformation & Reserves	5,742.2	-	-	-		5,742.2	5,742.2	0.0	0.0%
Technical & ringfenced adjustments	(5.2)	(1.6)	10.8	(12.5)	765.7%	(5.2)	(7.2)	2.0	(38.8%)
Total - non-ringfenced RDEL	**153,895.7**	**24,455.5**	**24,502.0**	**(46.5)**	**(0.2%)**	**154,012.2**	**154,023.5**	**(11.3)**	**(0.0%)**
Technical adjustments to sector reported position		-	(21.4)	21.4		-	-	-	
Total combined position against Plan	**153,895.7**	**24,455.5**	**24,480.5**	**(25.0)**	**(0.1%)**	**154,012.2**	**154,023.5**	**(11.3)**	**(0.0%)**

59. Against draft plans systems report a YTD overspend of £89m at month 2 though budget numbers do not yet reflect additional allocations for inflation.

Capital expenditure

60. Providers have spent £494 million on capital schemes to Month 2 (excluding IFRS 16 expenditure), representing 8% of their full year forecast which is in line with spending at the same stage of prior year. The DHSC provider capital budget for 2022/23 is set at £8,061 million against which providers are currently forecasting an overspend of £220 million.