

## NHS England Board meeting

**Paper Title:** Operational performance update

**Agenda item:** 4.1 (Public session)

**Report by:** David Sloman, Chief Operating Officer

**Paper type:** For discussion

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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"/>		

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### Action required:

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

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### Executive summary:

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

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### 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 1<sup>st</sup> June 2022. There has since been an upturn in recent weeks.

### Elective Care

2. The NHS met the first target of the Delivery Plan of virtually eliminating waits longer than two years for elective care.
3. More than 22,500 people who had been waiting two years or more at the start of the year, and a further 51,000 who would have breached two years by the end of July have now been treated.
4. Building on the success of previous approaches, we have determined joint 'tiers' for Elective and Cancer for the next stage of elective recovery. To support waiting list management, he visits from the Elective Intensive Support team (IST) to new Tier 1 trusts have commenced and we have launched our 'excellence in basics' programme.
5. An 'outpatients action fortnight' is commencing on 26 September known as 'Super September'. Our objective is to support local change in as many acute providers as possible. Providers are being asked to accelerate current and new outpatient initiatives to focus on their longest waiters in the most impactful way. Focus will include adapting routine follow up arrangements to free up time for

clinicians to focus on priority, long waiting patients, spending time clinically validating their waiting list and/or testing other innovative ideas to reduce long waits.

6. The elective waiting list for July 2022 stood at 6.8 million. There were 377,689 patients waiting 52 weeks or over and 51,838 patients waiting 78 weeks or over for treatment. These have both shown reductions since the same time last year.
7. For patients waiting to start treatment at the end of July 2022, the median waiting time was 13.3 weeks.

### **Elective Care Bounce Back**

8. At the start of the pandemic, the number of referrals for elective care significantly decreased as fewer patients came forward and, although referrals recovered through 2021, they have remained below pre-pandemic levels. The timing and scale of the bounce back of lost referral demand was a key uncertainty in our understanding of the future elective recovery challenge.
9. In the 'Delivery plan for tackling the Covid-19 backlog of elective care' we stated that: "While the level of this demand that will return – and how this will impact elective services – is hard to know, we will work with stakeholders and researchers to understand this better over the coming months "
10. Earlier in the year a programme of work, with a set of structured work streams, was mobilised to understand what may happen to demand for elective care and what level of activity might be expected to return.
11. This involved a review of existing evidence in relation to lost elective demand, ongoing analysis which included testing out key assumptions and findings with stakeholders and survey research with the public and GPs, alongside related qualitative research.
12. Given the ongoing impact of Covid-19 levels in the community, with the UK Covid-19 Alert Level not reduced to Level 2 until 31<sup>st</sup> August 2022, there is still considerable uncertainty about how public health-seeking behaviour will change over the coming months and years.
13. The programme of work is now focusing on bringing together the insights so far to inform future understanding of elective care. There are a number of planned actions to further understand and communicate the findings. At the next Board meeting, we will share the next steps and emerging findings for this piece of work.

### **Urgent and Emergency Care**

14. In August 2022 there were just under 2 million patients seen across A&E departments in England. Occupancy levels have been consistently higher than pre-pandemic levels, at around 95% for the last year.

15. 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.
16. The number of 111 calls received in August 2022 was 1,538,957 this is down from 1,915,777 in August 2021. The year to date proportion of call abandoned is in line with the last financial year's at 13.9% (-0.3% down) however published stats for July and August suggest improvement compared to previous year.
17. An NHS England letter to the system on 12 August 2022 set out next steps to increase capacity and operational resilience in UEC services ahead of winter. This is based on plans by local areas, and sets out the plan to significantly increase bed capacity, increase numbers of call handlers in 999 and 111, and support access in primary care and mental health. This includes a Board Assurance Framework to support local delivery of ICS plans. Working with ICBs we identified 6 key metrics to monitor over winter which are essential to the provision of safe and effective Urgent and Emergency Care.
18. To aid recovery and support winter pressures, we will introduce regional call networking which will allow calls to be answered by providers other than the provider responsible for the patients call location, within a regional footprint, if the call could be answered quicker elsewhere.
19. Ambulance services are still experiencing high pressures, with 999 responding to 843,676 calls in August 2022. The mean call answer times for August 2022 is 42 seconds improving by 22 seconds from July 2022.
20. In England, for August 2022, the mean response time for Category C1, the most urgent incidents, was 9 minutes 8 seconds; 4 services met the 90th percentile for C1. For C2 the England mean average response time in August 2022 was 42 minutes 44 seconds, a reduction from July but still higher than the national standard.
21. 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. Additional funding has been allocated to the top 10 acute hospitals with the highest handover delays. The UEC programme are supporting implementation of development plans, which have been agreed by the integrated care system, with the most impactful interventions.
22. As part of the Assurance Framework for next steps on increasing capacity and operational resilience in UEC ahead of winter, a core objective is to increase capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards and improvements elsewhere in the pathway.

## Diagnosics

23. 1.94 million of the 15 key diagnostic tests were performed in July 2022. Continued high volumes of pre-existing and new demand meant 27.9% of

patients waited over 6 weeks for a diagnostic test in July 2022. The national team is developing its support offer for the most challenged Trusts, to focus investment on elective and cancer recovery wherever possible and to provide support for improving performance.

24. As of September 2022, Community Diagnostic Centres, aimed at increasing access and diagnostic capacity, have reached the target milestone delivering over 1.8 million diagnostic tests since the first centre became operational in July 2021.

## Cancer

25. Urgent Suspected Cancer referrals have continued at record levels (118% of pre-pandemic levels) which is the third highest level ever.
26. During the pandemic, the greatest threat to cancer outcomes came from reduced patient presentation and reduced urgent referrals for suspected cancer. Throughout the pandemic and recovery period, the NHS has delivered public awareness campaigns and actively encouraged people to come forward, which has worked to quickly reverse the shortfall in referrals.
27. Real progress has been made. During the first two waves of the pandemic 370,000 fewer people were referred to hospital for urgent suspected cancer checks. Since this point, we have now seen 400,000 more of those referrals than in an equivalent year pre-pandemic, eliminating the COVID-19 referral shortfall. In July, results of the 2021 National Cancer Patient Experience Survey were published, with cancer patients giving the highest rating on record for overall experience.
28. Over 1,000 lung cancers have been diagnosed through the Targeted Lung Health Checks programme, with 77% diagnosed at stage 1 or 2.
29. 4,330 Cytosponges have been completed to date, and over 3,200 patients have had Colon Capsule Endoscopy (CCE), reducing the need for 70% of these patients to have a colonoscopy, freeing up patient time.
30. Since September 2020, we have published analysis on the recovery of urgent cancer referrals and first treatments by age, sex, ethnicity and deprivation. This data has been used to tailor national 'Help us help you' campaigns successfully encouraging people to come forward with cancer symptoms. In March 2022, urgent referrals continued to track at or above pre-pandemic levels in each deprivation quintile, as well as gender, age and ethnic group, for the thirteenth month in a row.

## Primary care

31. General practice continues to demonstrate increased activity, with 344.5m total appointments, including 21.6m for COVID-19 vaccinations, delivered by general practice between August 2021 and July 2022.
32. Latest primary care workforce data show that, as of 31 July 2022, there were 35,257 full time equivalent doctors working in general practice (44,446

headcount) in England. This is an additional 731 FTE doctors in general practice compared to the manifesto commitment baseline of 31 March 2019. In addition, as at 30 June 2022, there were 30,626 FTE direct patient care roles (clinical staff who are not GPs or Nurses) working in General Practice in England. This is an additional 19,305 more direct patient care roles in primary care than the March 2019 baseline, with performance on track to meet the manifesto commitment of 26,000 additional roles by March 2024.

33. Community Pharmacies are a key part of the NHS raising awareness for people to have their blood pressure checked and our latest figures show that between October 2021 and 1 August 2022 the NHS Community Pharmacy Blood Pressure Check Service has delivered over 346,000 blood pressure and ambulatory blood pressure monitoring checks to people aged 40 and over helping identify health issues earlier. Community pharmacy participated in the Know Your Numbers week (5-11 September) raising the importance of getting your blood pressure checked.
34. On dentistry, a letter was issued in July 2022 setting out a package of initial reforms to the NHS dental contract which seek to address the challenges associated with delivering care to higher needs patients and make it easier for patients to access NHS care.

## Discharge

35. All 42 ICSs reporting full 2-hour Urgent Community Response (UCR) coverage 8am-8pm, 7 days a week as of 11 July 2022.
36. All ICS are delivering against trajectories agreed with the national programme to deliver Virtual Wards beds. The most significant challenges to achieving this ambition relate to having enough workforce supply to enable staff recruitment to run the VWs planned, building clinical leadership, and developing financially sustainable models to maintain service delivery locally.
37. Discharge delays remain a key issue driven largely by capacity challenges in adult social care. National improvement support is ongoing. The 100 Day Challenge was launched to drive improvement in discharge, using the 10 best practice initiatives identified by the Discharge Taskforce, to improve in-hospital discharge processes, alongside wider BAU and performance activities. These 10 initiatives were informed following intensive work with 16 of the most challenged trusts.
38. All trusts and system have been tasked to implement these and to have plans and governance in place to monitor implementation.

## Personalisation

39. The Personalised Care programme remains on track to achieve its Long Term Plan (LTP) commitments and has significantly exceeded total number of interventions.
40. The number of individuals benefitting from personalised care now stands at 3.7 million (June 2022 data). This is a marked increase against the LTP target of 2.5

million by 2023/24. Also, 1.2 million (June 2022 data) social prescribing referrals have now been made, exceeding the LTP commitment of 900,000 by April 2024.

41. Supported by the Health Inequalities Improvement team, we are embedding Core20PLUS5 approaches into personalised care support offers to facilitate integrated working in systems and deliver improvements in population health outcomes.
42. Mental Health delivery and transformation continues at pace with LTP commitments remaining on track, however pressures on services remain high. Performance reflects significant progress in certain areas of delivery coupled with areas of challenge. This highlights the operational pressures services are experiencing, which reflects the increased prevalence of mental health need and increased acuity when people are seen by services.
43. NHS England has been working with stakeholders, systems, clinicians and people with lived experience to reflect on these challenges.
44. Workforce remains the biggest risk to service delivery. NHS England and Health Education England have brought in a number of new roles specifically supporting earlier intervention including training of Children Wellbeing Practitioners and Educational Mental Health Practitioners to support the Mental Health Schools Teams expansion. There is a large focus on increasing the Peer Support Worker workforce as part of the transformation of Adult community services, as well as increasing mental health roles in primary care.
45. Several initiatives are underway to improve retention, reduce early attrition and enhance the quality of care delivered, for example through the provision of role modelling. 57 trusts have access to the Maslov's Restorative fund, set up to support staff wellbeing.
46. The Improving Access to Psychological Therapies (IAPT) referral to treatment time target and the 50% recovery standard continue to be met. IAPT access has increased from 96,515 (April 2022) to 110,327 (May 2022). The number of children and young people (CYP) aged 0-18 accessing mental health services continues to increase and whilst it is currently behind trajectory, confidence in delivering the LTP aim by 2023/24 remains high. Although demand continues to affect achievement of the CYP Eating Disorders Waiting Times Standard, more CYP than ever before are receiving evidenced-based treatment. This highlights that current capacity is unable to meet the increase in demand that started during the pandemic, which is creating a further backlog.
47. The Urgent and Emergency Mental Health pathway continues to be under significant pressure, experiencing high bed occupancy at 95.6% on 20 July 2022, above the safe levels of 85%. This is caused in part by challenges securing social care and housing support for patients and is resulting in patients being sent far from home to access hospital care.
48. Q4 2021/22 data indicates good progress in the national roll out of community mental health transformation with 182,915 adults and older adults receiving 2 or more contacts with a transformed model, surpassing the 2021/22 target of

126,000. 44,004 women accessed either a perinatal mental health or a maternal mental health service in the 12 months to April 2022, and systems are working to support further expansion in 2022/23.

49. A key action for tackling health inequalities is delivering physical health checks for people with a severe mental illness (SMI) due to these people experiencing higher rates of mortality.
50. Winter Planning has commenced with £10m of programme funding being made available to ease seasonal pressures. Systems are being asked to undertake capacity and demand planning to support this work.

### **Learning Disabilities and Autism**

51. Work to address the health inequalities experienced by people with a learning disability and autistic people remains a priority area for NHS England working co-productively with people with lived experience. The NHS LTP commitment is that 75% of people aged 14 and over on a GP Learning Disability Register will have an annual health check. As at June 2022, 11.5% of eligible people have had an annual health check which is an increase compared to 7.6% compared to June 2021.
52. In the coming months, we will continue to support primary care to remove barriers to people with a learning disability accessing healthcare. We will promote the take up of COVID-19 autumn booster vaccination and flu vaccination as well as the delivery of annual health checks.
53. We continue to support local areas to deliver the Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) programme.
54. We continue work to reduce reliance on mental health inpatient care. At the end of July 2022, the number of people in a mental health inpatient setting was 1,990 (1,790 adults and 205 under 18s). This represents a decrease of 32% from the March 2015 total of 2,900. We continue to collaborate with partners through the Building the Right Support (BtRS) Delivery Board to support commitments to reduce reliance on mental health inpatient care and to develop the community alternatives.
55. Good work continues to produce positive outcomes for children, young people, and families through pilot, early adopter and Wave 3 'keyworker' sites across all regions. Services will continue to roll out across the country to meet the commitment to provide a keyworker service in every local area by March 2023.

### **Screening and Immunisations**

56. Most of the NHS breast screening services have now recovered.
57. The NHS bowel cancer screening programme continues to exceed the 65% uptake target with extension to 58-year-olds having commenced from April 2022.

58. Work continues to encourage uptake of the NHS cervical screening programme across eligible age groups.
59. The NHS diabetic eye and Abdominal Aortic Aneurysm screening programmes are making good progress in recovering from disruption caused by the pandemic. In addition, the three NHS ante natal and three NHS newborn screening programmes continue to achieve high levels of coverage and uptake.
60. The NHS is working to increase uptake across all vaccination programmes with a specific focus on MMR and school-aged immunisations. A "Starting school" routine vaccination communications pack was shared with GPs and wider stakeholders ahead of the start of the new school year, to remind parents and carers to check their children are up to date with their routine vaccinations and come forward to book their appointments.
61. DHSC announced on 15th July 2022 that 50-64 year olds (not clinically at risk), and some secondary school aged children would be included in our NHS seasonal flu programme which was a change to the cohorts announced in the Annual Tripartite Flu letter (24th April 2022) and work has been completed to ensure we achieve this change.
62. Following the detection of polio virus in sewage samples in some London boroughs, NHS London has responded to this outbreak by delivering an immunisation catch up for the under 5s and a booster campaign inviting 1–9-year-olds who are not fully vaccinated for a booster.
63. The NHS continues to deliver an outbreak immunisation service to those at highest risk of contracting monkeypox offering targeted and opportunistic appointments across the country.

### COVID-19 vaccination programme

64. As of 16 September 2022, over 127.6 million COVID-19 vaccinations (over 45.2 million first doses, 42.6 million second doses, over 33.5 million booster/3rd doses and over 5.4 million 4th spring booster doses) have been recorded in England. There remains good capacity across the network through all delivery models
65. The autumn booster campaign had a strong start with 1.4m seasonal boosters administered to date since go live on the 5th of September. The campaign opened to over 75s, care home residents, health and social care workers and severely immunosuppressed on the 5th of September.

### COVID-19 testing

66. Over 51.4m PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which, 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.



67. 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.

### Long COVID

68. 90 specialist Long-COVID services are now operational around England, focusing on assessment, diagnosis and treatment or rehabilitation. In addition, there are 14 paediatric hubs providing specialist expertise and advice to local services treating children and young people with Long-COVID. During June and July 2022 around 1,248 people were being referred to Long-COVID services each week, a slight decrease from May 2022.

69. Waiting times continue to be a focus for improvement. In the 8-week period to 31 July 2022, 35% of patients received a specialist assessment within 6 weeks, and 45% within 8 weeks of referral, demonstrating a slight decrease from the July 2022 position.

### Update on 2022/23 Operational Planning for COVID-19

70. To date, in England: Over 104,000 COVID-19 treatments have been provided for hospitalised patients and over 69,000 treatments provided for non-hospitalised patients through COVID-19 Medicine Delivery Units (CMDUs) established in December 2021.

71. COVID-19 treatments are available to admitted and non-admitted patients eligible under Chief Medical Officer (CMO) approved clinical access policies, developed by NHS England's national specialised commissioning clinical policy team on behalf of the UK, as part of pandemic specific governance arrangements.

72. Eligible 'highest risk' groups for community-based treatments are determined by the CMO, following consideration of independent clinical advice.

73. The National Institute for Health and Care Excellence (NICE) is expected to publish its recommendations on future access to COVID-19 therapeutics as part of a multiple technology appraisal (MTA), due for completion in early 2023.

### Children and Young People (CYP)

74. The Children and Young People's Transformation Programme is on track to achieve its LTP commitments:

75. The LTP committed to treat 1,000 children a year for severe complications related to their obesity by the end of 2022/23. 21 new Complications from Excess Weight (CEW) clinics have been opened and all are now treating patients.

76. The first national bundle of care for CYP with asthma was published in September 2021, setting out standards of care to be implemented by all ICBs by 2024/25. ICBs have now appointed clinical leads for CYP asthma and the

implementation of the bundle is now underway. A national pilot has also been established to embed asthma clinicians in ICBs to provide support to primary care colleagues in delivering the asthma bundle.

77. A set of national priorities to improve care and outcomes for CYP with diabetes and for CYP with epilepsy have been agreed. Each region has now appointed a clinical lead for both diabetes and epilepsy and governance is in place to drive forward the development and implementation of delivery plans through regions and systems. 15 sites are also taking part in a pilot to improve transition for young adults with diabetes.
78. 14 pilot sites have been appointed to test and develop new ways of working to integrate care across systems and across health, children's social care and education, with an aim to provide learning for ICBs and ICPs.
79. A national paediatric NHS111 pilot has been established to evaluate the feasibility and impact of a paediatric NHS111 Clinical Assessment Service.
80. The CYP Transformation Programme is working closely with regional teams to support ICBs and ensure children and young people are a priority for all integrated care boards and in the integrated care plans currently being drafted.
81. The National Elective Recovery Programme and the CYP Transformation team are working together to drive the recovery of paediatric services. A national CYP Elective Recovery Delivery Group has been established as part of Elective Recovery Programme governance to strengthen accountability and oversight of CYP elective recovery.
82. The CYP Transformation Programme is working with the National Healthcare Inequalities Improvement Programme to develop Core20PLUS5 - the national framework to support the reduction of health inequalities at both national and system level - for Children and Young People. This is due to be published before the end of 2022.

## CVD

83. Thrombectomy activity has increased from 1.5% in April 2019 to 3.2% (June 2022). This is in part due to strategic leadership from the Thrombectomy Implementation Group and the 20 Integrated Stroke Delivery Networks (ISDNs) focussing on pathway optimisation, workforce and funding challenges. The LTP target is that by 2029, 10% of stroke patients will receive thrombectomy.
84. Thrombolysis rates had plateaued over the last 6 years at around 11%, and there was a decrease during the pandemic to an average of 10.2%. Rates have since recovered, reaching 11.1% in June 2022. The LTP target is to increase thrombolysis rates to 20% by 2029. Artificial Intelligence decision support tools are now implemented in 77% stroke pathways, an increase from 6% in April 2020. NHS England is piloting video-triage technologies in 8 ISDNs and ambulance services to support rapid review, so patients are conveyed to the most appropriate centre.

85. Following a healthy recovery post pandemic, the percentage of patients accessing cardiac rehabilitation has slightly reduced over the last reporting period to 53.2%. NHS England is working with local cardiac networks to understand why some patients do not take up this offer and implement system level improvement plans to increase access and reduce inequalities.
86. Survival at 30 days following an out-of-hospital cardiac arrest for Utstein patients (an internationally recognised patient subgroup, where timely and effective emergency care can particularly improve survival) has been increasing since December 2021 from 20.1% to 26.4% in April 2022. NHS England have partnered with St John Ambulance to increase CPR training and the use of defibrillators, targeting areas with high levels of inequalities. 133 community advocates have been recruited to date.
87. The national CVDPREVENT audit offers a data and improvement tool which enables GPs and healthcare professionals to understand unwarranted variation in management of CVD risk factors and identify potential improvement opportunities. A key finding is that 78.5% of patients with hypertension had their blood pressure checked in the last 12 months. That is 10.2% lower than the pre-pandemic baseline but an increase from 63.5% in March 2021.
88. Community pharmacy, in collaboration with other providers, has been contracted to offer blood pressure checks to people aged 40 years or older to help detect hypertension to refer them to general practice to start appropriate management. 346,290 checks have been undertaken by July 2022.
89. In April 2023, a new incentive was introduced as part of the Primary Care Network (PCN) Impact and Investment Fund (IIF) to address over-prescribing of short acting beta agonist (SABA) or reliever inhalers. This over-prescribing is associated with poor patient outcomes, is disproportionately higher in areas of deprivation and is a significant contributor to the NHS carbon footprint. Early indications show the scheme is having a positive impact with a small reduction in SABA prescribing and a larger reduction in mean carbon impact.
90. A new programme of work to support restoration and improvement of pulmonary rehabilitation (PR) services is underway, with a tool developed to support case finding and referral to PR services. A key focus is increasing access from deprived and disadvantaged communities, and support is being provided to systems through respiratory clinical networks.