

NHS England Board meeting

Paper Title: Operational performance update

Agenda item: 4.1 (Public session)

Report by: David Sloman, Chief Operating Officer
Mark Cubbon, Chief Delivery Officer
Julian Kelly, Chief Financial Officer

Paper type: For discussion

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 recent operational performance.

Executive summary

1. In recent months, the NHS has faced many difficult challenges, including pressures on urgent care, the impact of high numbers of flu and COVID-19 cases, and a number of days of industrial action.
2. The NHS has managed five waves of COVID-19 in 2022 and the number of COVID-19 inpatients has fluctuated between 3,800 and 17,100. Around a third of these were admitted primarily for COVID-19 which is an overall reduction thanks to the success of the vaccine campaign. In recent months, there have been two additional infectious diseases adding pressure on the system with high numbers of patients with influenza and scarlet fever. All three diseases appear to be past their peak of infections but continue to impact the NHS.
3. Although the NHS continues to make good progress on the next Elective Recovery Plan milestone to virtually eliminate waits of longer than 78+ weeks by April 2023, urgent and emergency care pressures and industrial action are making this more challenging. On 12 January, we asked every organisation to book appointments for all of their 78 week cohort (patients who will otherwise breach by April) by the end of January, with outpatient appointments and treatments completed before the end of March. The most recent data (from November 2022) shows a reduction in total list size for 78-week waiters, 52-week waiters, and also median waiting time. In December 2022, the government set up an Elective Recovery Taskforce with a focus on the use of the independent sector bringing together a range of healthcare experts. To continue improving the elective position and following 'Super

September' earlier in the year, the NHS ran a second *Action on Outpatients* initiative, focussed on referral optimisation and pre-referral advice and guidance. The next *Action on Outpatients* will focus on reducing the number of patients who do not attend appointments (DNA) and how we can make best use of clinical capacity.

4. Occupancy in acute beds remains high, and occupancy over Christmas has been higher than previous years. The number of beds available in December 2022 also remained higher than in previous years; however, patient flow through hospitals remained a key challenge due to the number of beds occupied by patients who are medically fit to be discharged. Discharge challenges are predominantly directly or indirectly linked to capacity challenges in the adult social care sector.
5. To ensure care is delivered in the optimal setting, safely avoid admissions, and facilitate earlier discharge in the community, all 42 Integrated Care Boards (ICBs) now have full coverage at a minimum of 8am to 8pm coverage of 2-hour urgent care response, 7-days-a-week. In line with national guidance, systems continue to work towards providing a standard UCR offer that covers all 9 clinical conditions. The national expectation of 70% was exceeded where the latest data shows that nationally 80% of patients were seen within the 2-hour standard. All ICBs continue to deliver towards the ambition of 40-50 virtual wards per 100,000 population.
6. Demand for cancer treatment continued at record levels in November with the number of urgent suspected cancer referrals at 125% of pre-pandemic levels – the highest recorded figure on record for both referrals and treatments. To address high demand, treatment for people waiting over 62 days is also at record levels and we saw a reduction of the 62-day cancer backlog.
7. For diagnostics, we have seen focused work aimed at increasing community access and overall activity, and reducing waiting lists. Community Diagnostic Centres have been steadily increasing their capacity and activity since being established 18 months ago. The number of key diagnostic tests delivered in November hit a record for the month at 2.17 million. However, the 6-weeks wait standard, and the total waiting list, continue to be challenged due to high numbers of referrals, and an increase in the number of tests required to support non-elective pathways.
8. Mental health services are also under pressure. The Urgent and Emergency Mental Health pathway continues to be under significant pressure and is experiencing high bed occupancy, and there has been an increase in inappropriate out-of-area placement (OAP) days during Q2 2022/23. Workforce remains the biggest challenge with continuous work undertaken to share good practice across systems.
9. There were 346.3m total appointments delivered by general practice in the year December 2021 - November 2022, including 18.7m for COVID-19 vaccinations. Excluding COVID-19 vaccinations, overall activity is 12.7% above pre-pandemic baseline. There were 36,640 FTE doctors working in general practice in October 2022, over 6.1% more above the March 2019 baseline. Retention of the qualified GP workforce, particularly GP partners, remains a priority to achieve further expansion.

Infectious Diseases

10. Following the peak of inpatient cases (just over 17,100) of the Omicron variant of COVID-19 in early January 2022, there have been several subsequent waves of infection. The latest peaked on the 29 December 2022 and bed occupancy has decreased 19% in the first two weeks of January. Pressure on critical care has been lower in recent waves and there has been no evidence of more severe disease resulting from infection. A new Omicron variant, XBB.1.5, was identified in January 2023 and is being monitored.
11. Influenza cases also peaked on 29 December and have seen a rapid decline in the first fortnight of the New Year with a 46% decrease in beds occupied. 20% more NHS bed-days were occupied by patients with Covid in 2022 than in 2021 and December 2022 also saw a small 3% increase in bed-days occupied when compared to the previous year. Both COVID-19 and Influenza cases peaking at the same time, between Christmas and New Year, put significant strain on urgent and emergency services.
12. There has been an early winter wave of infections in November-December with Group-A Streptococcus (GAS) with 37,060 notifications of Scarlet fever, the highest observed since the 1950's. The more severe, invasive (iGAS) cases have also had a high and early winter peak with a total of 1,667 iGAS cases reported this season with 196 deaths. The case fatality rate is 13.1% which is within the normal range for this severe disease. The supply chain was maintained, and demand is now returning towards normal level.

Industrial Action

13. RCN members at 51 organisations took industrial action on 15 and 20 December 2022, and RCN members across 55 organisations took strike action on 18 and 19 January 2023. Members of Unison, GMB and Unite from nine of ten ambulance services in England took industrial action on 21 December 2022 and GMB and Unison on 11 January 2023. The East of England Ambulance Service was the only one not to take industrial action. A further ambulance industrial action took place on 23 January 2023, with Union members at NWS taking action on 24 January 2023. There are additional strikes planned across a variety of Unions and NHS systems.
14. The Chartered Society of Physiotherapists has confirmed industrial action at 30 Trusts for 26 January and 9 February 2023. The BMA has commenced its ballot of Junior Doctors with early indications that they will strike for 72 hours in March, if the mandate is met.

Elective Care

15. The most recent data (November 2022) shows a reduction in total waiting list size, median waiting time, 78+ and 52+ week waiters since the previous month. Additionally, there is continued reduction of the 78-week cohort (those patients who will have been waiting longer than 78 weeks by March). The elective waiting list for November 2022 (including estimates for missing data) stood at 7.2 million, down by just over 27,000 since the previous month.

16. There were 407,000 patients waiting 52+ weeks and 49,000 patients waiting 78+ weeks for treatment, with the number of patients waiting 78+ weeks showing a reduction since the same time last year (87,000 in November 2021). For patients waiting to start treatment at the end of November 2022, the median waiting time was 13.6 weeks which is a decrease from 13.9 weeks in October 2022.
17. NHS England is actively working with providers, particularly those that are most challenged, to ensure the focus of local interventions is to tackle the entire 78-week cohort, rather than just addressing patients whose wait has already exceeded 78 weeks. Providers are receiving different levels of support and oversight from national and regional teams; we will continue to review which providers receive this based on the performance progress that is being made.
18. Although the NHS continue to make good progress on the next Elective Recovery Plan milestone to virtually eliminate waits of longer than 78+ weeks by April 2023, the current context of UEC pressures and industrial action is very challenging. [A letter has been issued to systems setting out some key and achievable actions](#), including utilising staff groups less affected by the industrial action. These are focussed on patients who have already waited longer than 78 weeks and are mainly concentrated in outpatient and diagnostic services.
19. To support the treatment of long waiting patients, the NHS have launched a digital mutual aid solution (DMAS) which allows providers to flag situations where they may need mutual aid support that cannot be found within the system and region. This supports increased choice for long waiting patients.
20. At the Board Meeting of NHSE in December 2022, we shared details of the first *Action on Outpatients*, named 'Super September'. In December 2022, we took a number of interventions as part of the second *Action on Outpatients*, focussed on referral optimisation and pre-referral advice and guidance. Outpatients make up 80% of the NHS referral to treatment waiting list, so it is necessary to accelerate referral optimisation initiatives where clinically appropriate and safe to do so. Through this initiative, we developed a series of sharing and learning forums to help support local service design. The next *Action on Outpatients* will focus on reducing the number of patients who do not attend appointments (DNA) and how to make best use of clinical capacity.
21. In December 2022, the government set up an Elective Recovery Taskforce with a focus on the use of the independent sector to help the NHS deliver on waiting list targets. The taskforce has met twice to date and a delivery plan has been established to maximise the use of all additional capacity to support and treat patients as quickly as possible.

Urgent and Emergency Care

22. Urgent and Emergency care has faced continued increased challenges across the system including the additional winter pressures and industrial action.
23. A&E 4hr performance has been predominantly below 70% since October 2022 and declined to 65.0% in December 2022 (49.6% A&E Type 1) before some recent recovery into January 2023.

24. The total number of attendances in December 2022 was 2,283,196 - an increase of 21.8% on December 2021. This is the highest reported attendances since the collection began.
25. There were 517,437 total emergency admissions in the month which is just under 0.5% higher than the previous month and 3.7% higher than December 2021. Emergency admissions via A&E reported at 385,704 for the same period which is 2.4% higher than the previous month, and 1.5% higher than December 2021
26. Industrial action in ambulance services took place on 21 December 2022 and 11 January 2023, and we published a letter to systems on 16 December 2022 identifying three essential actions to support local planning to ensure the safety of patients and staff, specifically:
 - 'Ensure measures are in place to enable all ambulances to handover patients no later than 15 minutes after arrival.
 - Free up maximum bed capacity by safely discharging patients, working closely with system partners, in advance of industrial action.
 - Confirm system-level operational plans for the days of ambulance industrial action with NHS England regional teams by 4pm Monday 19 December 2022 to allow for any additional support to be considered and arranged. These plans must include how Emergency Departments will ensure the release of all ambulances within 15 minutes.'
27. Demand for the NHS 111 service was very high throughout December - the provisional number of calls received in December 2022 was 2,920,085, averaging at over 94,000 per day. This is the highest volume of calls received by NHS 111 since the peak of the COVID-19 pandemic during March 2020.
28. After the initial surge in demand at the start of the pandemic, NHS 111 has seen a fundamental change to its demand profile. Call volumes have increased overall compared to pre-pandemic levels with additional demand seen on weekdays.
29. The year-to-date proportion of calls abandoned is at 18.7% - this is 1.0% lower than in 2021. Published statistics for October and November 2022 continue to suggest improvements compared to the previous year.
30. Ambulance Services answered over 1 million calls in England in December 2022, or 32,725 per day - each the highest on record. The average call answer time was also the highest on record at 1 minute 28 seconds; the previous largest monthly average was 1 minute and 4 seconds in July 2022.
31. The mean average response time across England for the most urgent Category (C1) was 10 minutes and 57 seconds, and the 90th centile was 19 minutes and 25 seconds. These are the longest since the category was introduced in 2017. The C2 average was just under 1 hour 33 minutes and the 90th centile was just under 3 hours and 42 minutes. There have been improvements since early January with both categories showing positive signs of recovery.
32. Recruitment continues for 111 and 999 call handlers; there are currently 2,422 WTE 999 call handlers in post (including trained and bank staff/overtime) as of the week commencing 26th December 2022. This is an increase of 19% since September 2021

33. 111 call handler numbers at the end of December 2022 were 4,458 WTE (including overtime and use of bank and agency staff). This is an increase of 544 (14%) since September 2021. Call handler numbers are projected to rise to 4,699 by the end of February 2023.

Diagnostics

34. 2.17 million of the 15 key diagnostic tests were performed in November 2022. Despite the continued high volumes of demand (from pre-existing and new referrals), the percentage of patients waiting for less than six weeks increased from 70.2% in September 2022 to 73.1% in November 2022. The national team, working with regional counterparts, is continuing to support the most challenged (Tier 1 & 2) trusts to deliver elective and cancer recovery.
35. As of the first week of January 2023, Community Diagnostic Centres (CDCs), have delivered nearly 2.8 million diagnostic tests since their establishment in July 2021, of which nearly 2m were delivered this financial year. CDC activity is 9% ahead of plan in 2023-23 year to date.

Cancer

36. In November 2022, the NHS delivered more appointments and treatments than ever before with more than 260,000 patients seen following an urgent suspected cancer referral and over 29,000 patients starting their treatment. For the first time, more than 12,000 patients were seen per working day.
37. The level of urgent suspected cancer referrals also continued to be high, at 125% of pre-pandemic levels, which suggests that the 'referral gap' identified since the beginning of the pandemic has been eradicated and people are continuing to come forward when they have concerning symptoms.
38. Referrals for lung cancer are above the levels seen pre-pandemic and we are rapidly expanding our Targeted Lung Health Checks programme to find more cancers at an earlier stage.
39. A programme to provide genetic testing for BRCA for people in England with Jewish ancestry who are at an increased risk of carrying a mutation will have a soft launch in January 2023 with full roll out from April 2023.
40. Another phase of our 'Help Us Help You' campaign to tackle fear of cancer as a barrier to seeking help launched in January 2023 with initiatives to encourage participation in the NHS bowel cancer screening programme beginning in February 2023. This campaign will have a particular focus on reaching people from more deprived communities, people of Black and South Asian heritage, and people aged towards the lower end of the bowel screening eligible cohort as evidence suggests take up in these groups is lower.

Primary care

41. General practice continues to demonstrate increased activity with 346.3 million GP appointments in the 12 months up to and including November 2022, including

18.7 million COVID-19 vaccinations. This is 39 million appointments (13.6%) above the March 2019 baseline. However, it is 11 million below the target of an additional 50 million appointments by March 2024.

42. The latest primary care workforce data show that, as of 31 October 2022, there were 36,854 full time equivalent (FTE) doctors working in general practice (46,113 headcount) in England. This is an additional 6.7% compared to the manifesto commitment baseline of 31 March 2019 and reflects the continued increase in GP training places. The number of fully qualified GPs has reduced by 3.5% over the same period. As of 30 September 2022, there were 21,228 more FTE direct patient care roles (clinical staff who are not GPs or nurses) in England. This is strong progress towards the target of 26,000 additional direct patient care staff by March 2024.
43. In dentistry, we have seen a greater movement towards recovery to pre-pandemic levels in the proportion of contracted Units of Dental Activity (UDAs) delivered. To support a return to business-as-usual delivery levels, we are completing mid-year reviews for those practices delivering 30% or less of their year-to-date contracted activity.
44. We are continuing to work with DHSC on dental reform and the first set of regulatory changes were in place by the end of November 2022, including changes to the FP17 forms, band 2 clinical data changes and NICE recall guidance with further to follow early in 2023.
45. The NHS Community Pharmacy Blood Pressure Check service addresses health inequalities by identifying gaps in hypertension case - finding and blood pressure optimisation. Over 8,600 pharmacies have signed up to deliver this service targeting those within the top 20% most deprived areas. 28% of these pharmacies are in the two most deprived deciles, and nearly 30% of checks were delivered in the two most deprived deciles since the service was launched in October 2021.

Discharges

46. Discharge delays remain a key issue which is being driven largely by capacity challenges in the adult social care sector. The NHS Discharge Board oversees all NHS discharge activity and feeds into the National Health and Social Care Discharge Taskforce. Key areas of focus are:
 - The 100-Day Challenge ran from June to September 2022 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.
 - The 100 Day Challenge approach has been extended from December 2022 to community and mental health trusts to ensure people who are clinically ready to leave a hospital bed in a community and mental health inpatient service setting are not being delayed.
 - Intensive support continues to be given to challenged Trusts and systems, in conjunction with DHSC's SRO for social care discharge to cover all aspects of

flow across all stakeholder organisations. Additional work to take place with further system visits planned in January and February.

- A proposed ICB-led integrated programme to test discharge innovations across systems named 'Discharge integration Frontrunners' was announced on Monday 9 January 2023 and work is underway to support the six ICBs with a view to identifying initial learning by the end of February 23.
- The £500m Adult Social Care Discharge Fund is to be used with local authority colleagues through ICBs to ensure the fund is spent to best effect. Local areas have now submitted specific spending plans.
- £200m additional NHS discharge fund is seeing local areas purchasing step down beds in care homes and other settings to help discharge more patients who are fit to leave hospital and free up hospital beds for those that need them. ICBs have received a letter on 13 January 2023 to support this as well as guidance outlining how to access the fund.

Maternity

47. The overriding purpose of the maternity and neonatal programme is to provide safer, more personalised and equitable care for women and their babies.
48. The Care Quality Commission (CQC) published the results of the NHS Maternity Survey 2022 on 11 January 2023.
49. There is evidence of improvement in a number of areas since the height of the pandemic, including women being given enough time to ask questions or discuss their pregnancy and specifically around support for mental health during pregnancy. However, there are also a number of results that showed further decline between 2021 and 2022. This includes results about staff being available to help when women need it, which appear to be linked to the continuing pandemic and a workforce related effect.
50. A number of results around kindness, compassion and listening, which are some of the key themes from Ockenden and East Kent reports, showed a decline or little improvement in 2022. Deterioration in areas that are closely linked to staff availability and capacity reinforces the need for a continued focus on improving workforce capacity and capability in maternity services.
51. We have carried out extensive engagement on the Single Delivery Plan for Maternity and Neonatal Services, this includes a public survey which closed on 27th November for which we received over 2000 responses. The single delivery plan team has held various stakeholder events and have now engaged with over 1000 people including frontline workforce, service users, charities, and other external stakeholders.
52. We will publish a refreshed delivery plan for maternity and neonatal services bringing together actions required following the report on East Kent, the reports on Shrewsbury and Telford, and NHS Long-Term Plan and Better Births deliverables, considering advice from the Independent Maternity Working Group. We have carried out extensive engagement on the Single Delivery Plan for Maternity and

Neonatal Services which includes a public survey which closed on 27th November where we received over 2000 responses. We have held various stakeholder events and have now engaged with over 1000 people including frontline workforce, service users, charities, and other external stakeholders. Ongoing support is in place for both East Kent & Shrewsbury and Telford through the Recovery Support and Maternity Safety Support Programmes.

Mental Health

53. Pressures on services remain extremely high in the context of record demand. Despite this, access to and transformation of services continue to improve - progress has been significant in some areas, however others are experiencing challenges in meeting the LTP trajectories. This reflects the operational challenges services are experiencing, due to the continued increased prevalence, acuity, and pressures areas of the NHS which intersect with mental health services.
54. The 2023/24 operational planning guidance reinforces the need to continue delivery against LTP commitments to ensure strong foundations are in place to support addressing the treatment gap and unmet need. NHS England is working closely with key stakeholders, including patients and families, to agree the most impactful improvements to ensure mental health and learning disability and autism patients receive safe and high-quality care through the new Quality Transformation Programme.
55. Transformation of Children and Young People (CYP) services continues to progress; and we remain on course to meet the overall access ambition to support an additional 345,000 CYP aged 0-25 by 2023/24. Furthermore, the number of children and young people starting treatment for an eating disorder on the NHS increased by over 55% between 2019/20 to 2021/22. Due to the continued high demand, service performance is worsening against waiting time standards.
56. The LTP committed to rolling out Mental Health Support Teams (MHSTs) to 20-25% of the country by December 2023. Progress is ahead of trajectory, with 26% of the school-age population (2.4 million CYP) currently covered by 287 operational MHSTs, meeting the coverage ambition a year earlier than planned. There has also been an improvement in accurate MHSTs data flowing to the Mental Health Services Dataset.
57. The Improving Access to Psychological Therapies (IAPT) referral to treatment time target and recovery standards continue to be met. In October 2022, IAPT services delivered access for around 102,000 people. In the 12 months to July 2022, community mental health services provided access for around 504,000 people - this is an increase of 5.8% since 2020/21.
58. A record number of physical health checks (over 239,370) were delivered for people with severe mental illness (SMI) in Q2 2022/23 - a 5% increase on Q1 2022/23. Physical health checks for people with SMI is a key focus area to tackle health inequalities and premature mortality.
59. The Urgent and Emergency Mental Health pathway continues to be under significant pressure, experiencing higher bed occupancy (96.0% as of 10 January 2023) than the recommended levels of 85%. This continues to be caused in part

by challenges securing social care and housing support for patients, resulting in patients being sent far away from home to access hospital care. There has been an increase in inappropriate out of area placement days during Q2 2022/23. To address this several initiatives have been put in place including a focus on reducing delayed discharges and long lengths of stay in acute mental health inpatient settings. A discharge challenge for mental health was launched in December 2022 with 10 key initiatives suggested to help drive improvements this winter.

60. Workforce remains the biggest risk to service delivery, expansion, and transformation. There has been a focus on identifying and sharing good practice across systems, as well as understanding challenges contributing to shortages.

Communities & Personalisation

61. Community Health Services have attained 100% coverage of 2-hour Urgent Care Response 8am-8pm, 7 days a week at a minimum, across all ICBs. In line with national guidance, systems continue to work towards providing a standard UCR offer that covers all nine agreed common clinical conditions or conditions. The national expectation is for at least 70% of patients to be seen within two hours of referral to UCR by the end of December 2022. This has been exceeded early - the latest data from October 2022 shows that nationally 80% of patients were seen within the two-hour standard, subject to some data variability.
62. The ambition of the national programme virtual ward is to deliver 40-50 virtual ward beds per 100,000 population. ICBs continue to deliver against these trajectories with a 45% increase in capacity from May to December 2022. The key challenges to achieving this ambition remain recruiting staff to run the virtual wards; building clinical leadership; and developing financially sustainable models to maintain service delivery locally.
63. ICBs are also working to set up community-based falls response services for people who have fallen at home, including care homes, with full geographic coverage as set out in the Going Further on Winter Resilience letter. The services will be available as a minimum 8am-8pm 7 days per week for levels 1 and 2 (i.e., non-injurious and minor injury falls). Early data is emerging which will provide a picture of progress as well as what support systems may require. This will feature in a future performance update.
64. Notably, we have now doubled our LTP commitment for people benefitting from personalised care, with over five million individuals having received a personalised care intervention. Also, there are currently 2,237 social prescribing link workers employed by a PCN/GP practice and since April 2019 they have seen over 1.4m patients. Currently 76% of PCNs have access to a social prescribing link worker.
65. The NHS@Home programme continues to deliver support to patients in the place they call home and help ease system pressures. In the 12 months to October 2022, nearly 1.5m blood pressure readings were submitted by patients and recorded by GP practices. This helps to improve health inequalities and is one of the five clinical areas of focus in the Core20PLUS5 approach.

66. NHS England is also on track to meet the LTP commitment of 200,000 people receiving a personal health budget (PHB) by 2023/24, with almost 125,000 PHBs received by the end of 2021/22 and the estimate being 156,600 by the end of 2022/23.

Learning Disabilities and Autism

67. The NHS is making good progress in increasing the number of annual health checks (AHC) for people aged 14 and over on a GP learning disability register and we are confident in reaching our LTP ambition of 75% eligible people having an AHC by March 2024. In the 8-month period between April and November 2022, 42% of people had received an AHC, an improvement of 9% on the equivalent period in the previous year. Work continues to improve the accuracy of GP learning disability register in relation to the identification and coding of patients, particularly for underrepresented groups such as CYP and ethnic minorities.
68. The LeDeR (Learning from the Lives and Deaths of People with a Learning Disability and Autistic People) programme continues to work to understand and tackle the causes of premature mortality. The programme has rolled out intersectionality training to the LeDeR workforce through December 2022 which considers people's overlapping identities and experiences (such as race and gender) to understand the complexity of prejudices they face. All people from minority ethnic communities and autistic adults continue to receive a focused LeDeR review.
69. Data published in December 2022 shows over 125,100 patients have an open referral for 'suspected autism', a 40% increase from September 2021. NHS England is developing all-age autism diagnostic guidance framework for commissioners, providers, and clinicians, as well as supporting data quality improvements across systems. The investment in growth and retention of a specialist autism workforce to meet existing demand remains a challenge and therefore a priority for the programme.
70. The Oliver McGowan mandatory training on learning disability and autism launched in November 2022 and has been trialled with over 8,300 health and care staff. This programme, which has been co-produced with those with lived experience, has been developed in response to a requirement in the Health and Care Act 2022 that regulated service providers ensure their staff receive training on learning disability and autism that is appropriate to the person's role.
71. Reducing reliance on mental health inpatient care for people with a learning disability and autistic people remains a key priority. At the end of November 2022, the number of people in a mental health inpatient setting was 2,005. This represents a decrease of 31% in all inpatients since March 2015. Whilst adult inpatient numbers are decreasing, an improved rate of reduction is required to deliver against March 2023 operational plans. A relatively small reduction is required in under 18 inpatients to reach March 2023 operational plans and confidence therefore remains high in achieving this target.
72. Key quality improvements in place to aid admission avoidance and timely discharge include Senior Interveners in systems supporting the removal of barriers to discharge and the implementation of HOPE(S) - a person-centred clinical model

to reducing long-term segregation. The forthcoming combined Care Education and Treatment Review and Dynamic Support Register policy will place an increased focus on quality oversight and assurance, supporting admission avoidance and discharges on a timely basis.

73. The growth and retention of the learning disability and autism workforce to provide care and support remains a significant risk. A detailed workforce baseline collection has been completed in collaboration with ICBs and HEE to provide a better understanding of the workforce caring for, and supporting, autistic people and people with a learning disability, and associated vacancy levels.

Diabetes

74. Over 1.2 million referrals have been made into the NHS Diabetes Prevention Programme to date. A recent independent evaluation found that completers of the programme reduce their risk of developing type-2 diabetes by 37%, and the programme resulted in a 7% reduction in population level incidence in areas where the programme was delivered between 2016 - 2018.
75. The NHS Low Calorie Diet Programme is currently available in 50% of the country (equating to 21 of the ICBs). To date over 7,000 eligible referrals have been made to the programme. Data up to July 2022 showed a mean weight change in line with outcomes seen in trials upon which this programme is based, which demonstrated improved diabetes control, reduced need for medication and in around 50% of cases, remission.
76. Between January 2022 and June 2022, 13.4% of people with type 1 diabetes and 19.5% of people with type 2 or other diabetes received all eight routine diabetes care processes in England. This is a 27.4% and 27.9% percentage increase respectively comparing to the time period January 2021 to June 2021. Data for January 2019 to June 2019 is unavailable for comparison to pre-COVID levels of activity.
77. People from the most deprived quintile were less likely to receive all eight care processes compared to people from the least deprived quintile, with the gap standing at a percentage difference of -20.8% for type 1 diabetes and -15.0% for type 2 diabetes during January 2021 and March 2022.

Screening and Immunisations

78. Most of the NHS breast screening services have now removed the backlog caused by the pandemic.
79. The NHS bowel cancer screening programme continues to well exceed the 65% uptake target with extension to 58-year-olds having commenced from April 2022 in addition to the completed extension to 56-year-olds that was rolled out in 2021/22.
80. Work continues to encourage uptake of the NHS cervical screening programme across eligible age groups.

81. The NHS diabetic eye screening programme reported full recovery from the disruption caused by the pandemic in September 2022 and Abdominal Aortic Aneurysm screening programmes reported full recovery in December 2022.
82. The three NHS antenatal and three NHS new-born screening programmes continue to achieve continuous high levels of coverage and uptake.
83. The NHS is working to increase uptake across all vaccination programmes with a specific focus on MMR and school-aged immunisations catch up. Ahead of the start of the new school year in September 2022, a "Starting school" routine vaccination communications pack was shared with general practices and wider stakeholders to remind parents and carers to check whether their children are up to date with their routine vaccinations and come forward to book their appointments. The MMR call and recall initiative rolled out as planned at the end of September 2022 for 1- to 6-year-olds, with a digital first approach using text messaging to call around 790,000 children eligible across England, followed up with an invitation letter a week later. The second call took place in December 2022.
84. In our NHS seasonal flu programme 2022/23, 20.2m people were vaccinated by 10 January 2023. The programme is delivering at pace and on target to at least equal last season's uptake levels. This is being facilitated by increased levels of co-promotion and co-administration of flu with COVID-19 vaccinations.
85. In the NHS seasonal flu programme 2022/23, 50–64-year-olds (not clinically at risk) and some secondary school aged children were included as eligible cohorts for vaccination later this season; this was a change announced by DHSC in July 2022 as additional to those cohorts announced in the Annual Tripartite Flu letter (24 April 2022). There are targeted communication campaigns to ensure uptake in eligible cohorts in place.
86. 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. A further targeted approach is planned to continue to immunise those not fully vaccinated against polio.
87. 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 testing

88. Over 55.4m PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which, 4.7m are staff (including index cases) PCR tests. Turnaround times remain stable with 97% of pillar 1 NHS laboratory tests being reported within 24 hours.
89. The NHS remains at a steady state in the provision of PCR testing as commissioned by the UKHSA, with pillar 1 PCR testing committed capacity reported at 134,700 tests per day within the NHS.

Long COVID

90. There are currently 90 specialist post COVID services are operational in England, focusing on assessment, diagnosis and treatment rehabilitation and appropriate referral to onward services. 14 specialist paediatric hubs providing specialist expertise and advice to local services treating children and young people with long COVID are also in place.
91. In the 8-week period between 26 September and 20 November 2022, a total of 7,934 people were referred to a post COVID service, averaging nearly 1,000 each week.
92. Waiting times for people that have been referred to post COVID services have improved. Of those who had their initial specialist assessment during the 8-week period, 42% were seen within 6 weeks, 54% within 8 weeks and 23% of people waited longer than 14 weeks.
93. Waiting times broken down into 4-week periods show that between 26 September –23rd October, 36% of referrals were seen for an initial assessment within 6 weeks and 28% waited longer than 14 weeks; while between 24th October – 20th November 2022, 49% were seen within 6 weeks and 23% of people waited longer than 14 weeks.
94. Since 5th April 2021 114,215 referrals have been made to the post Covid service. Out of these 100,856 referrals were accepted by services and 85,134 specialist assessments were undertaken. The current assessment rate stands at 91.1% of all referrals.
95. Post COVID services are accessed by a high proportion of females who are white and between the ages of 45-64. 21% of people accessing the service live in areas classified as in the highest quintile of deprivation based on the Index for Multiple Deprivation (IMD).

Children and Young People (CYP)

96. Incidences of Scarlet fever and invasive group A streptococcus (iGAS) in England continue to be higher than normal for this point in the season. Latest surveillance data from UK Health Security Agency (as of 12 January 2023) shows that a total of 4,622 notifications of Scarlet fever were received from 12 September 2022 to 14 November 2022 in England. This compares to an average of 1,294 for the same period over the previous 5 years. Laboratory notifications of iGAS for the same period in 2022 report 509 instances of iGAS disease in England in comparison to an average of 248 over the previous 5 years.
97. Paediatric services continue to experience significant pressures in emergency departments and paediatric intensive care units. These are alongside long-standing challenges and capacity constraints, including insufficient paediatric bed availability, limited resilience of transport services, and the impact of winter surges on elective and diagnostic services. National critical care panel meetings continue to monitor pressures and support mutual aid arrangements, and a national incident management team has been established to manage paediatric pressures, with a focus on iGAS response.

Genomics

98. NHS Chief Executive Amanda Pritchard launched the first NHS Genomics Strategy, Accelerating Genomic Medicine in the NHS, at the inaugural NHS Genomics Healthcare Summit on 12 October 2022. The strategy outlines the vision for embedding genomics in the NHS over the next 5 years through four priorities areas to; embed genomics in the NHS through a world-leading, innovative service model; deliver equitable genomic testing for improved outcomes in cancer, rare, inherited, and common diseases; enable genomics to be at the forefront of the data and digital revolution; and evolve the service through cutting-edge science, research, and innovation.
99. On 12 October 2022, the NHS launched a world's first national rapid whole genome sequencing service for acutely unwell babies and children a national media story ran on the world's first national rapid Whole Genome Sequencing service for acutely unwell babies and children. The service, based at the NHS South West Genomic Laboratory Hub (GLH), will benefit up to 1200 babies and children in intensive care where there is a suspected genetic cause of their illness.
100. The National Genomic Test Directory was updated in October 2022. Key changes included new clinical indications for: patients receiving solid organ transplantation; Pulmonary Alveolar Microlithiasis, a rare lung condition, and solid tumour tumours for NTRK 1/2/3 testing by FISH; new whole genome sequencing additions for Cancer of Unknown Primary in both adult and paediatric populations.
101. NHS England commissions seventeen NHS Clinical Genomic Services (NHS CGSs). They deliver a comprehensive clinical genomic and counselling service that directs the diagnosis, risk assessment and lifelong clinical management of patients of all ages and their families who have, or are at risk of having, a rare genetic or genomic condition, including, inherited cancer. Given at least 80% of rare diseases have a genetic origin, the NHS CGSs have a key role in providing care and coordinating care being provided by other clinical specialties to patients and their families.
102. Following a public consultation NHS England will publish an updated Clinical Genomics Service Specification in 2023 which will define the standards of care expected from NHS CGSs. Following publication NHS England will be working with all providers to ensure NHS CGSs meet the standards set out within the revised service specification, including equity of access.
103. NHS England National Director of Health Inequalities visited the East NHS GMS Alliance in December 2022 to see an example of the transformation activity underway to embed genomics in the NHS. This is the ongoing work of the United Against Prostate Cancer project which aims to raise awareness of prostate cancer among men of Black African and Caribbean heritage and to show the benefits of genomic testing to identify if they or their family are at greater risk.

Recovery Support Programme

104. Recovery Support Programme (RSP) provides national mandated intensive support to trusts and ICBs in NHS Oversight Framework segment 4 and have complex, deep-seated concerns around leadership, governance, finance, patient

safety or quality. Since the last update, Royal Devon University Healthcare NHS Foundation Trust and Torbay and South Devon NHS Foundation Trust (South West) have entered the RSP. Intensive support packages, improvement plans, exit criteria and indicative exit dates are being agreed in collaboration with the ICB, region and National Intensive Support team.

105. King's College Hospital NHS Foundation Trust (London) and the Cambridgeshire and Peterborough ICB (East of England) have exited the RSP. There are now 18 trusts (6 legacy special measures) and 4 ICBs in the programme.
106. 18 RSP Review Meetings chaired by Sir Andrew Morris, with National Executives in attendance, have been held in between March 2021 and December 2022 to stress test the trusts improvement plans, progress against their exit criteria, acknowledge improvements made following exit and where there has been national or regional concern about lack of progress. There are a further 9 meetings planned between January 2023 and March 2023.