

NHS England Board meeting

Paper Title: Operational performance update

Agenda item: 4.1 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government Statutory item
NHS LTP 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.

Executive summary

1. There have been significant pressures on the NHS in recent months with high demand on urgent care including due to COVID-19 and a protracted series of industrial action. Overall emergency care performance has nonetheless improved in January and February, relative to December. The first COVID-19 wave of 2023 peaked on 23 February with 8,107 beds occupied, but inpatient numbers have not dropped below 5,600 all year and are now back above 8,000. The NHS has now treated one million patients with COVID-19.
2. On elective activity, the most recent published data broadly shows a stabilisation of total waiting list size and median waiting time with a reduction in 104+, 78+ and 52+ week waiters. The NHS has made significant progress on 78 week waits, where the number of people waiting is down more than 80% from its peak.
3. Occupancy in acute beds remains high with patient flow through hospitals remaining a key challenge due to patients who are medically fit not being discharged. Discharge challenges are predominantly linked to capacity challenges outside of acute care, and the NHS is working with partners across local systems—including social care—to support people to leave hospital once they no longer need to be there.
4. The NHS has continued to make progress on better support outside hospital. Urgent Community Response helps avoid hospital admissions by providing

urgent care to people in their homes. ICBs now have full coverage (at a minimum of 8am to 8pm) for 2-hour urgent care response, 7-days-a-week. The latest data shows that nationally 80% of patients were seen within the 2-hour standard, exceeding the 70% target in Planning Guidance.

5. Demand for cancer care continued at record levels in January with the number of urgent suspected cancer referrals at 125% of pre-pandemic levels. To address high demand, treatment is also at record levels and there has been a reduction of the 62-day cancer backlog as a result, with the backlog reducing by 15,000 people. These efforts have also seen early diagnosis rates exceed pre-pandemic levels, and so people are being diagnosed faster than ever before.
6. For diagnostics, we have seen focused work aimed at increasing community access and overall activity levels. Community Diagnostic Centres have steadily increased their capacity and activity in the last 18 months. The overall number of key diagnostic tests delivered in January 2023 hit a record 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 emergency care.
7. The Urgent and Emergency Mental Health pathway continues to be under significant pressure, including high rates of bed occupancy. There has been an increase in inappropriate out-of-area placement days. Workforce remains the biggest challenge with continuous work undertaken to share good practice across systems and better support the workforce.
8. Good progress continues to be made in activity levels in general practice. There were 344.2m total appointments delivered by general practice between February 2022 - January 2023, including 11.2m for COVID-19 vaccinations. There were 36,424 FTE doctors working in general practice in January 2023, over 5.5% more above the March 2019 baseline. Retention of the qualified GP workforce, particularly GP partners, remains a priority to achieve further expansion. We are planning to publish a Recovery Plan shortly which will set out the next steps in recovering access in primary care.

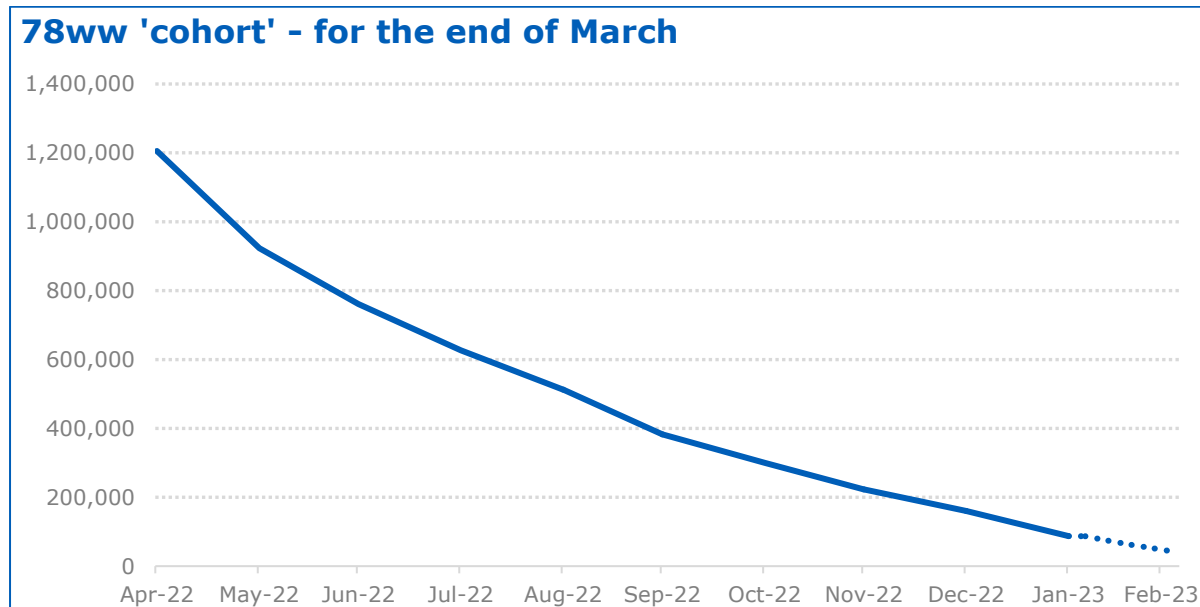
Elective recovery

A year ago, in February 2022, the NHS published its *Delivery plan for tackling the COVID-19 backlog of elective care*.

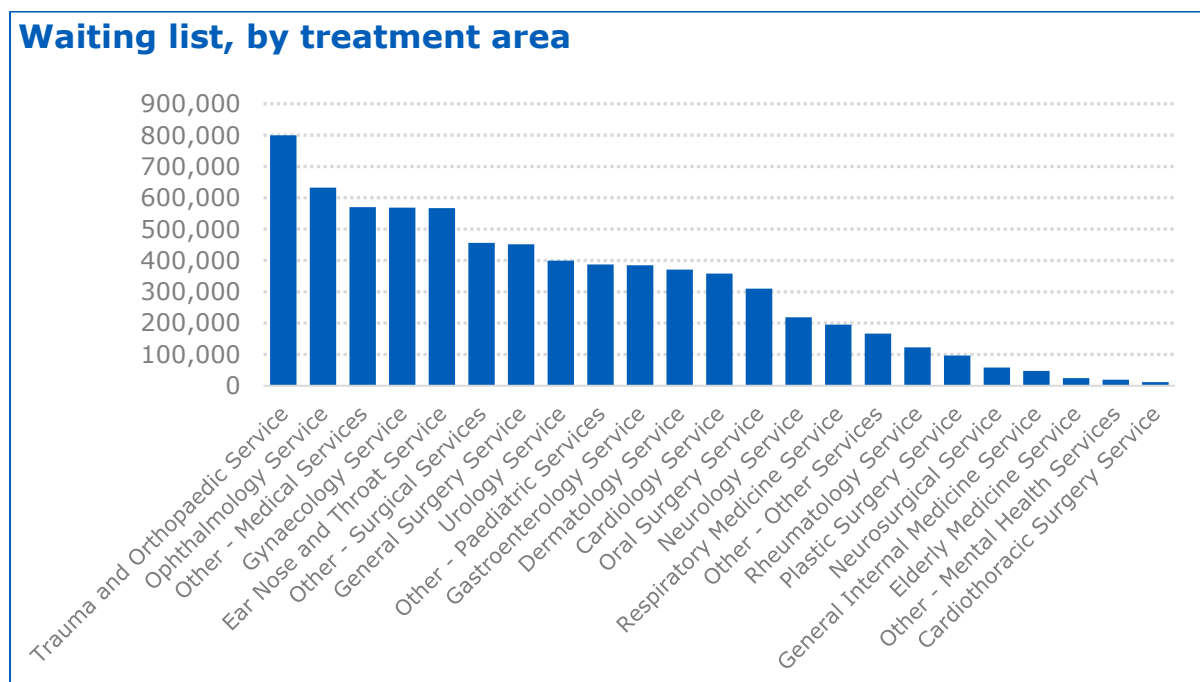
Since then, the NHS has made significant progress on reducing the number of people waiting the longest for care, with a drop in 104+, 78+ and 52+ week waiters, while at the same time looking to stabilise the overall waiting list – this currently stands at around 7.2 million. The average waiting time for elective surgery is now 14.6 weeks, down from a peak of 19.6 weeks in July 2020.

Overall 78 week wait numbers are now down 80% since the peak. In the week ending 26 February 2023, there were 33,158 patients waiting over 78 weeks. This fell by over 13,000 to just 20,101 patients by the week ending 19 March 2023.

The number of people who would be waiting more than 78 weeks by now (the end of March), if they were not treated by then, has fallen from just over 1.2m in April 2022 to 24,440 in the latest data. The NHS is working to treat these patients over March and April, except when not possible due to patient choice or complexity, in line with the Elective Recovery Plan's ambition to virtually eliminate 78 week waiters. The biggest risk remains industrial action.



There are 10 specialities which make up 90% of the total waiting list. Of these, trauma and orthopaedics, ophthalmology, and gynaecology have the most patients waiting for care. It is worth noting that while the trauma is non-elective and is not included in an active waiting list, procedures are performed by the same clinicians and patients waiting for trauma surgery are included in the overall numbers.



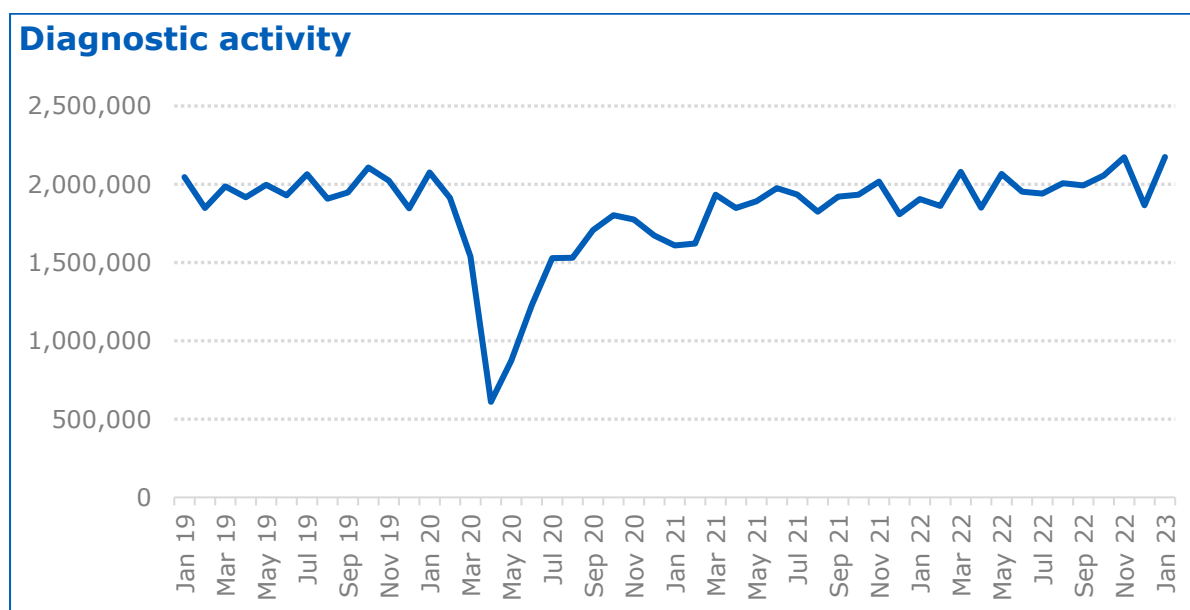
Diagnosics

Our delivery plan included the establishment of 160 Community Diagnostic Centres (CDCs) by March 2025 with the ambition of delivering nine million annual checks.

This funding has supported focused work aimed at increasing community access, and overall diagnostic activity. Around 2.2 million key diagnostic tests were conducted in January 2023, the highest volume on record. This is 14.1% above January 2022 levels.

The percentage of patients waiting for less than six weeks for a diagnostic test has improved from 68.7% in December 2022 to 69.2% in January 2023. However due to high numbers of referrals and an increase in the number of tests required to support non-elective pathways, the 6-week wait standard and the total waiting list continue to be challenged.

CDCs have steadily increased their capacity and activity in the last 18 months. Since July 2021, 3.31 million tests have been delivered by CDCs, above original plans. Systems are being supported to build on this improvement during a 'Focus on Diagnostics' month in March 2023, to drive action to consistently reduce backlogs for the major test types.



Urgent and emergency care

In the last decade attendances at A&E have increased year-on-year, partly as a consequence of our ageing population, leading to rising volumes and complexity of cases, many of which involve frail and elderly patients.

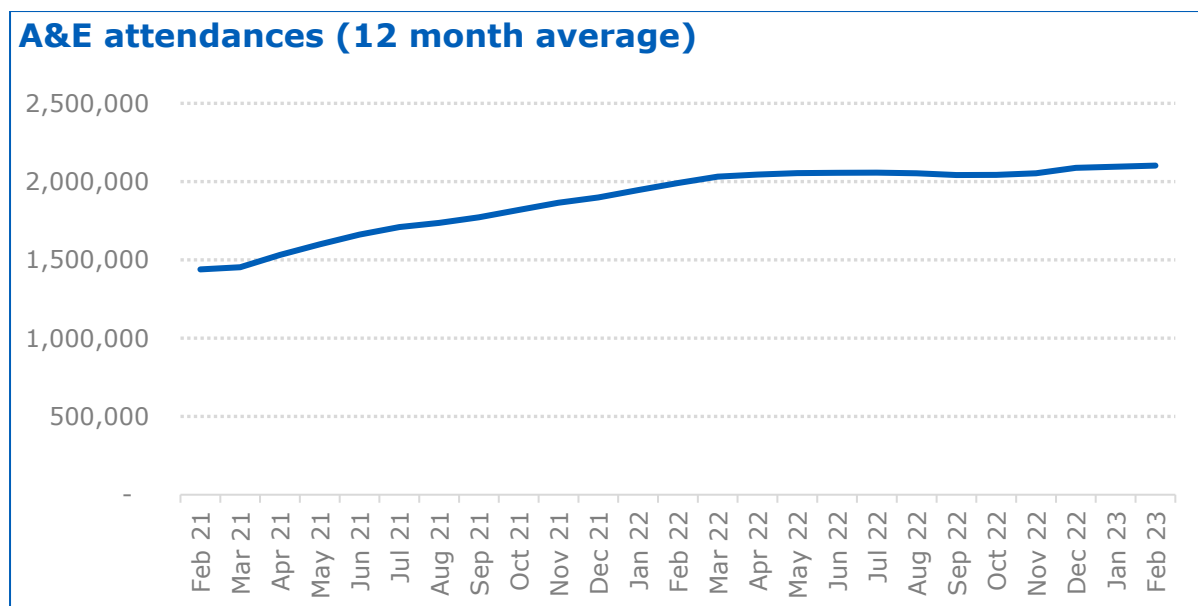
This financial year alone the NHS has managed five successive waves of COVID. The number of inpatients with COVID has fluctuated between 3,800 and 16,600. The first COVID-19 wave of 2023 peaked on 23 February with 8,107 beds occupied, but

inpatient numbers have not dropped below 5,600 all year and are now back above 8,000 in the latest published data.

This winter, an increase in flu and norovirus added to the pressures, with the number of beds occupied by patients with laboratory confirmed influenza peaking at 6,504 on the 30 December 2022.

In January 2023 the NHS published the *Delivery plan for recovering urgent and emergency care services* backed by a £1bn dedicated fund. This plan sets out how the NHS will improve waiting times and patient experience over the next year, building on what has worked well this year.

Annual attendances and emergency admissions were both higher in the last 12 months than in the preceding 12-month period, increasing by 5.6% and 2% respectively. In February 2023 there were 1.91m attendances in A&E, 4.8% higher than in February 2022. There were also 473,000 emergency admissions, 2.8% higher than in February 2022.

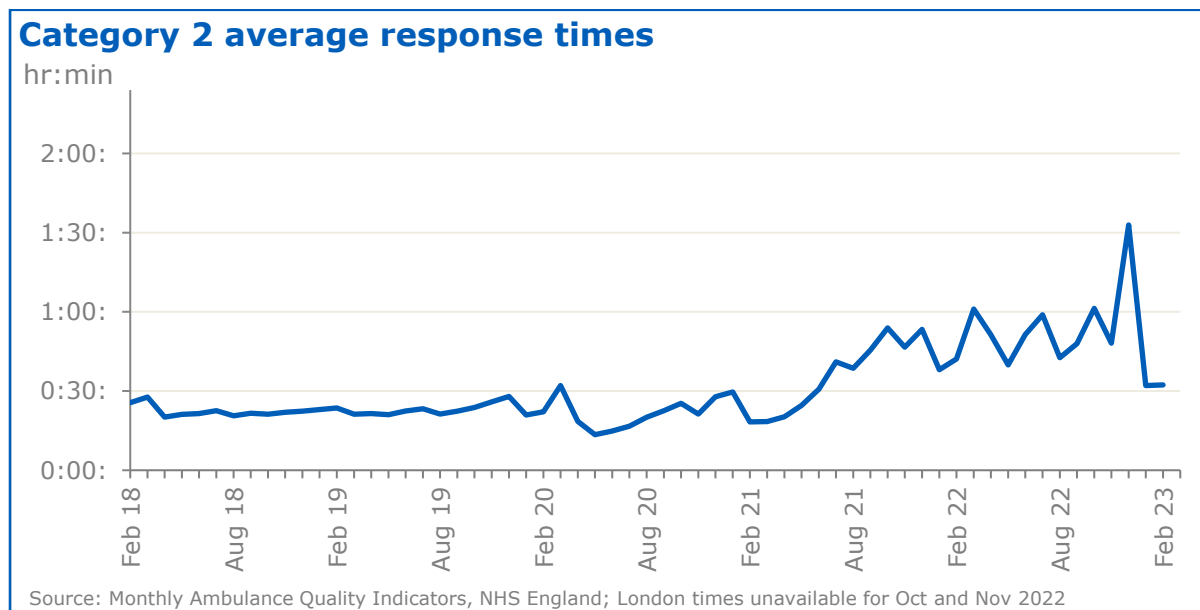


The proportion of patients who spent less than four hours in A&E in February 2023 as 71.5%, equal to 1.2m patients. This is a 2.5% improvement from February 2022.

Many of the challenges in emergency care are not caused just by demand but by 'flow' through hospitals, which is made harder by a high percentage of beds being occupied. Bed occupancy has consistently been above the recommended maximum level of 92%. Occupancy in acute beds remains high this year, with patient flow through hospitals remaining a key challenge due to patients who are medically fit not being discharged.

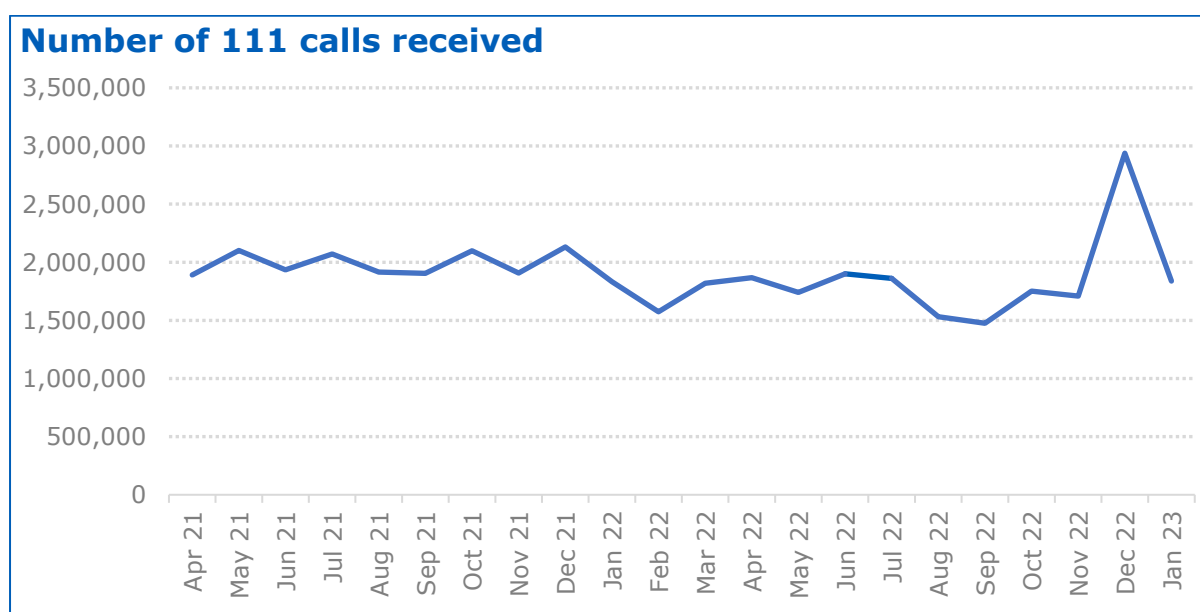
Many discharge challenges are linked to capacity challenges outside of acute trusts, in the adult social care and community care sectors. The proportion of acute adult general and acute beds occupied by patients who no longer meet the Criteria to Reside but remain in hospital has remained consistently above 10%.

Category 2 ambulance response times (for serious, but not immediate life-threatening, conditions) fell to just over 32 minutes in both January and February 2023, an improvement of over an hour compared to December 2022.



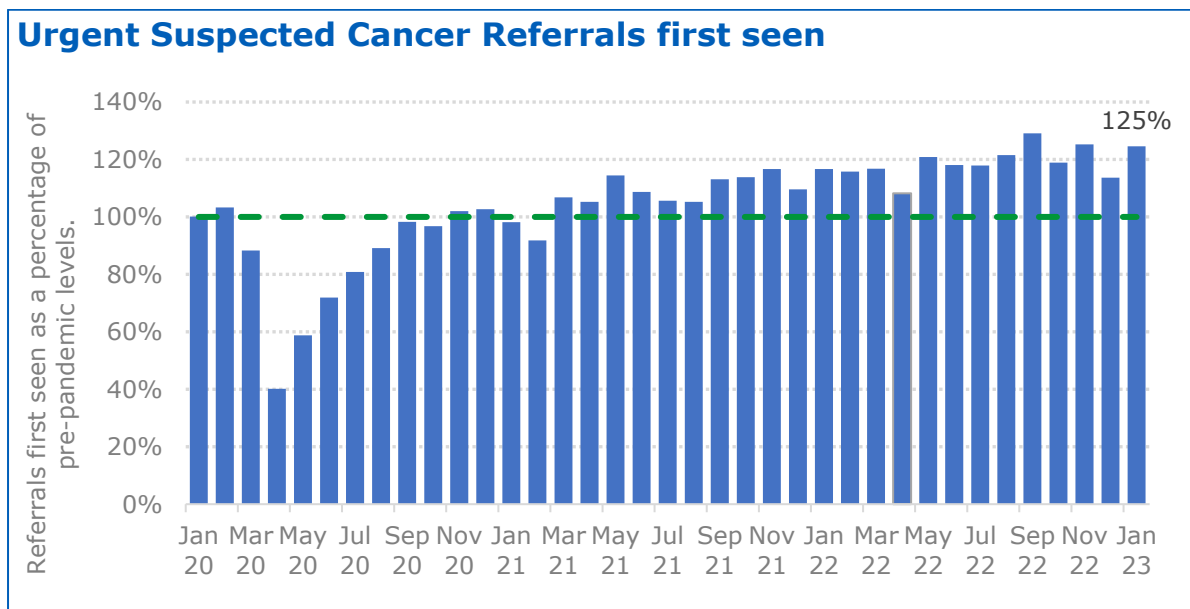
We know that for some non-emergency care, patients are best calling NHS 111. In 2022 the NHS invested funding to boost NHS 111 call-taking capacity. There were 22m calls in the 12 months up to and including January 2023. There were 1.8m calls received in England in January 2023. This was an average of 59 thousand calls per day.

Call volumes peaked in December due to concerns surrounding Strep A. Of calls answered by NHS 111 in January 2023, 59.4% were answered within 60 seconds, an increase from 52.2% in January 2022.



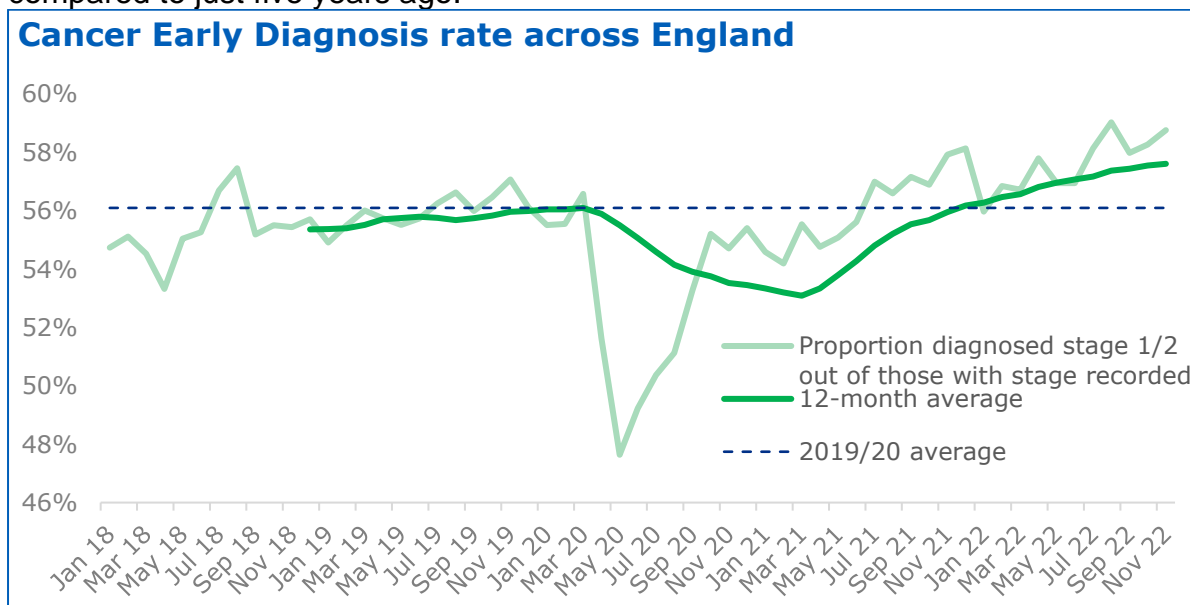
Cancer

Demand for cancer services continued at record levels in January with the number of urgent suspected cancer referrals at 125% of pre-pandemic levels. To meet high demand, treatment is also at record levels and there has been a reduction in the 62-day cancer backlog as a result.



Over 320,000 people received treatment for cancer over the last year between November 2021 and October 2022 – the highest year on record, and up by more than 8,000 on the same period pre-pandemic. GPs have been referring people for urgent cancer checks in record numbers since March 2021. Since then, NHS staff have seen over 670,000 more people than in the same period prior to the pandemic.

The increase in referrals has contributed to the NHS diagnosing more cancer at an early stage than ever before. Early diagnosis rates have risen for the first time in a decade. Survival is also at an all-time high. In 2023, the Annals of Oncology published findings showing that cancer deaths are around 10% lower in the UK compared to just five years ago.



The NHS is working hard to keep up with this increase in demand. It has been accelerating the installation of new diagnostic capacity, much of it in Community Diagnostic Centres. The backlog has already reduced by 15,000 people, and NHS staff remain focused on ensuring that people who have been waiting longest or who need care most urgently are seen first.

Trend in patients waiting more than 62 days

