

Summary of NHS England and NHS Improvement board meeting – 19 May 2022

Full papers can be found [here](#).

Chief executive's update

- Amanda Pritchard (AP) formally welcomed Richard Meddings to his role as chairman and announced two senior appointments; Chris Hopson as chief strategy officer and Dr Amanda Doyle will shortly begin her new role as national director for primary care and community services
- As part of the Spring booster campaign 3m top-up doses were delivered to the highest risk groups
- COVID-19 medicine delivery units have delivered antiviral and antibody treatment to 140,000 of those people at highest clinical risk
- AP has taken decision to reclassify the NHS incident level to level 3 regional oversight, effective immediately. AP and David Sloman wrote to local leaders advising them of the change. The letter contains no new objectives but asks that the latest IPC guidance and visitor access is implemented
- Looking to 'step across' systems and redirect resource and time focused on COVID-19 response to recovery priorities. Focus on key patient access, quality measures, reform and building for the future with integrated care systems (ICSs) at the centre
- Cancer services are a key recovery challenge. More people than ever are coming forward for cancer checks and there were 250,000 urgent referrals in March alone
- AP commended Deborah James's work and said that in the week commencing 16 May, 82,000 extra visits to the NHS bowel cancer webpage were recorded
- April was the busiest month on record for ambulance services and the second busiest month for A&E. Local leaders are calling for increased capacity in social care but barriers such as physical capacity and workforce pressures remain. Systems need to do everything possible to collectively relieve pressure on UEC
- March data shows continued progress towards the first milestone of the elective recovery plan; eliminating two year waits by July
- UKHSA has issued updates on monkey pox and NHSE&I colleagues are working closely with AXA on contact tracing for identified cases and securing vaccines for exposed staff.

Operational performance update

COVID-19 response and long COVID

- After a peak of 17,100 inpatients in early January 2022, numbers were just under 9,000 by early May

- 90 specialist long-COVID services and 14 paediatric hubs are now operational around England.

Elective care

- The elective waiting list for February 2022 stood at just under 6.2 million, with 299,478 patients waiting 52 weeks or longer, a decrease of 12,000 from January 2022. There are 23,281 patients who have been waiting 104 weeks or longer for treatment, a decrease from 23,778 in January 2022
- Work has commenced on bids for the targeted investment fund for 2022-25, with many proposals focused on establishing or expanding surgical hubs
- The approach to inclusive elective recovery includes understanding the risk of exacerbating healthcare inequalities and adopting a concerted systematic effort to ensure waiting lists are consistently reviewed by ethnicity and deprivation.

Urgent and emergency care

- In March 2022 there were just under 2.2 million patients seen across A&E departments in England. Performance against the 4-hour standard was 71.6% in March 2022, compared to 86.1% in March 2021
- NHS 111 demand continues to increase, just under 1.6 million calls were received in February 2022
- Ambulance services responded to just over 960,000 999 calls in March 2022
- In terms of health inequalities, A&E attendances have recovered slightly faster for the most deprived quintile (98%) compared to the least deprived quintile (96%) for activity in Q3 2021-22 compared to Q3 2019-20

Diagnostics

- 1.86 million of the 15 key diagnostic tests were performed in February 2022
- New funding will enable labs to share results, tests and scans more easily and will enable quicker diagnosis to help tackle waiting lists.

Cancer

- Urgent cancer referrals were at 116% of pre-pandemic levels in February 2022. GPs are referring more people for urgent cancer checks than ever before
- First treatments for cancer were at 102% of pre-pandemic levels in January and February 2022.

Primary care

- General practice delivered 30.1m appointments, including 415,000 for COVID-19 vaccinations in March 2022
- Updated GP contract financial information, including the quality and outcomes framework for 2022/23, were published on 31 March 2022

- Latest workforce statistics show that as of 31 March 2022, there were 35,988 full time equivalent doctors working in general practice (45,280 headcount) in England.

Discharge and community services

- A national discharge taskforce has been initiated to provide strategic oversight of hospital discharge initiatives
- Community support services continue rollout of the two-hour crisis response standard. Rollout is ahead of schedule with 40 ICSs having full geographic coverage 7 days from 8am to 8pm.

Mental health

- Pressures on mental health services remain high and continue to impact urgent and emergency mental health pathways, and inpatient capacity. Adult acute mental health bed occupancy is consistently above 85%, while inappropriate out of area placements are at 61,245 in January 2022
- The number of children and young people (CYP) accessing support continues to rise (649,295 in January 2022). Demand on CYP eating disorder services remains higher than pre-pandemic levels
- A key action for tackling health inequalities for people with serious mental illness (SMI), and a priority for ICSs, is the delivery of physical health checks.

Learning disabilities and autism

- At the end of February 2022, the number of people with a learning disability, autism or both in a mental health inpatient setting was 2,040
- Work to address health inequalities experienced by people with a learning disability and autistic people continues including through annual health checks.

Screening and immunisations

- The NHS breast screening backlog has fallen considerably since October 2020 and the NHS bowel cancer screening programme continues to deliver over the 65% uptake
- Additional colposcopy capacity continues to be arranged for the NHS cervical screening programme.

COVID-19 vaccination programme

- As of 3 May 2022, over 122.7 million COVID-19 vaccinations were administered in England. This included over 44.7m first doses, 41.8m second doses, 32.7m 3rd doses and 3.4m 4th doses.

COVID-19 testing

- Over 45.7 million PCR tests have been reported by NHS and PHE pillar 1 laboratories, of which over 4.4 million are staff PCR tests

Headline financial position: 2022/23 financial plans

- Plans are being finalised for 22/23 with systems and providers, taking into account higher inflation costs. Work with the NHS has identified that excess costs total £1.5 billion
- Capital plans are already largely balanced and NHSE&I has received HM Treasury (HMT) approval for the programme business cases for EPR, diagnostic and elective capacity

21/22 financial position

- The end of March 2022 shows a combined expenditure position of £149.6 billion. The mandate of £150.9 billion includes receipt of additional funding of £6.2 billion
- The aggregate provider and commissioner position shows expenditure to be below plan by £1,219 million (0.8%). Overall systems have generated a surplus of £394 million
- £430 million of the underspend is presentational and is driven by technical adjustments against both CCGs (£158 million) and providers (£272 million).

Performance against COVID-19 ring-fenced budgets

- £6.1 billion of the mandate related to ring-fenced budgets as part of the funding settlement agreed by HMT. Overall ring-fenced budgets have underspent by £604 million.

Capital expenditure

- Providers spent £6,829 million on capital schemes in 2021/22. The DHSC provider capital budget for 2021/22 is £6,873 million so providers underspent against budget by just £44 million or 0.6%.

Maternity and neonatal services update

Background

- The vision is to deliver safer and more personalised care alongside the ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths, and serious intrapartum brain injuries from a 2010 baseline by 2025, with a 20% reduction by 2020, which was achieved.

Oversight and assurance

- NHSE&I has introduced a maternity board assurance tool for trusts, strengthened regional oversight, and strengthened national governance to include perinatal surveillance, early intervention, and improvement support.

Leadership and culture

- To support boards, NHSE&I are funding an evidence-based programme to support a culture of safety and a new 18-month development programme for frontline leaders will start this autumn.

Investment and workforce

- National investment of £95m to increase establishment to +1692 FTE for midwifery and +181 FTE for obstetric roles. Support workers in maternity services have also increased by 226 FTE. International recruitment of midwives is underway with 450 appointed since 1 October 2021
- In 2021/22, £5.1m was invested through the LTP, with new education and workforce lead nurses introduced. In 2022/23 a further £24m has been allocated to recruit over 500 new neonatal nurses
- In March a further investment of £127m for 2022/23 was announced.

Transforming women's experience

- NHSE&I has committed to establishing midwifery continuity of carer as the default model of care alongside meeting safe minimum staffing levels.

Next steps

- NHSE&I will lead development of a refreshed delivery plan for maternity and neonatal services by the end of 2022. The plan will be informed by a new working group, led by the Royal Colleges.

Mental health and adult backlog update

- Plan to invest £3bn in 2022-24 to help millions more young people
- The LTP supports increased access to mental health services which is backed by an additional £2.3bn per annum by 2023/24
- The pandemic allowed some services to be implemented faster than expected. For example, 24/7 crisis lines were fast tracked during the pandemic, taking 2000 calls a month
- NHSE&I achieved one of the five year forward view targets during COVID-19 which was to grow the workforce by 19,000. This was achieved by designing new roles and focusing on retention and training.

Children and young people (CYP) mental health services

- Number of CYP who need mental health care has increased. New referrals continue to be higher than pre-pandemic levels and the number of CYP needing urgent eating disorder treatment has almost doubled in 2020/21 compared to the previous year
- NHS is on track concerning the expansion of CYP mental health services set out in the LTP. 640,000 CYP accessed mental health services between Jan-Dec 2021 compared to 555,000 between Mar 2019 - Mar 2020

Adult mental health services

- Proportion of adults experiencing depression has doubled since pre-pandemic with 48% reporting that the pandemic affected their wellbeing. Open access freephone mental health helplines are managing approx. 180,000 to 200,000 calls per month
- Core mental health referrals increased by 20% and eating disorder referrals increased by 28% since the start of the LTP
- Referrals to IAPT services are consistently above pre-pandemic levels however the number is still lower than the access targets
- There were 443,061 referrals in Quarter 3: an increase of 1.6% compared to the number of referrals received in Quarter 2 (436,187)
- The NHS is off-track to meet the target of 302,000 people with severe mental illness (SMI) receiving a full health check (at 184,000 in Q3 - 61% of the target to be achieved by year end). Disrupted referral routes and reduced capacity in primary care have significantly impacted delivery of this commitment through the pandemic. This means that the current treatment gap for people with SMI is ~80% of people on the GP-SMI register not receiving a preventative health-check
- Adult acute inpatient capacity remains very high (95% on 22 March), resulting in people being sent out of area to receive general acute and psychiatric intensive care.

Further action

- Adult secure, CYP and adult eating disorder NHS-led provider collaboratives are live. Over 30 local systems are developing mental health provider collaboratives covering the whole mental health pathway
- Remained focus on digitally enabled transformation
- Key inequalities metrics have been introduced to ensure that through expansion, those who have the worst access to, outcomes and experience of care are reached. These include:
 - Increase IAPT access for older adults
 - 50% IAPT recovery rate to be achieved for all ethnicities
 - Improving pathways for all ethnicities within integrated primary and community care for adults with SMI
 - Improve therapeutic offer to improve outcomes and experience of care and reduce length of stay for people of all ages (by 2023/24)
- Workforce remains NHSE&I biggest risk to service delivery with high rates of staff absences causing pressures. NHSE&I are exploring ways to solve this:
 - Local systems were able to submit multi-year workforce plans for the first time as part of the 2022/23 operational planning process, supporting a longer-term focus on workforce demand, supply, recruitment, and retention.
 - From 2022/23 onwards the national mental health team is devolving more resource to regional teams to increase regional capacity to focus on mental health workforce
 - NHSE/I are also working with HEE to launch a new mental health and wellbeing practitioner (MHWP) role for community mental health teams, with around 200 trainees starting posts in March 2022, with plans to increase to 560 posts in 2022/23.

National guardian's office and updated priorities for 2022/23

Funding

- The national guardian's offices are now funded by CQC and NHSE&I
- The national guardian office has an annual budget of £1.66 million which covers April 2019 – March 2023.

Highlights of progress since March 2021 report

- The national guardian offices published its strategic framework in July 2021, outlining the four pillars of work to support improving speak up culture across the NHS: workers, freedom to speak up (FTSU) guardians, leadership, and healthcare systems.
- There are now over 820 trained FTSU guardians in the national guardian office's network with NHS trusts and foundation trusts, primary care providers and independent providers of healthcare and hospices expanding their networks
- Cases dealt with by FTSU guardians has increased in trusts and foundation trusts, from 16,199 in 2019/20 to 20,388 in 2020/21
- Key figures within the data collected include:
 - a third of cases involve an element of bullying and harassment
 - a fifth involve an element of patient safety
 - a steady increase in the proportion of cases where detriment for speaking up is indicated – up from 2.7% before the pandemic to 4.7% in Q3 2021/22.
- National guardian's office is implementing a new approach to case reviews called speak up reviews. Case reviews were typically triggered by individual referrals, speak up reviews seek to give workers a voice in what we decide to review.

Universal principles of advance care planning

- The national guardian's office was allocated lead responsible body for the recommendation in the CQC report 'protect, respect, connect – decisions about living and dying well during COVID-19'.

Training

- A training programme based on the national guidance developed by HEE has been launched
- Speak up training for workers was launched in December 2020, listen up training for managers was launched in January 2021 and follow up training for senior leaders was launched in April 2022 with many organisations incorporating these courses into their mandatory training packages.

Adult social care

- The FTSU guardians' route is currently not available to those working in adult social care. The department of health and social care have made a commitment, in the white paper on adult social care in December 2021, to work with the national guardian office to understand how the freedom to speak

up guardian role can be implemented in adult social care. Funding needs to be confirmed before work can be started.

Reflections

- Despite progress in work to implement the FTSU guardian role and the wider work on culture and behaviours in the NHS, workers do not consistently feel safe to speak up or that the right actions will be taken consequently. Positively, many guardians who responded to NHSE&I's survey thought that speaking up culture had improved in the healthcare sector (72.8%)
- However, findings in the 2022 NHS staff survey revealed the proportion of staff who said they felt safe speaking up about anything that concerns them in their organisation fell to 62.0%, down more than three percentage points (2020: 65.6%)

Next steps

- There will be continued work to develop and support the FTSU guardians through revising training for new guardians, refresher training for existing guardians and introducing new mentor roles to help guardians conduct their roles more effectively
- Work with NHSE&I and CQC to help implement new guidelines and policies surrounding developing the role of ICSs in the speak up culture
- National guardians' office is looking to continue development of knowledge of primary medical services including improving classification system for organisations with guardians and creating an engagement strategy with guardians and leaders in primary care
- Further work to strengthen consistency in responses from national bodies and regulators when workers speak up to them through the speak up partnership group
- Strengthening national guardian office governance, including developing an integrated speaking policy and process with feedback mechanisms.