Summary of NHS England board meeting – 1 February 2024

For more detail on any of the items outlined in this summary, please find the full agenda and papers here.

Chief executive officer update

- As anticipated, industrial action on either side of Christmas was expected to be a challenge. NHS England (NHSE) was thankful to NHS staff for maintaining services in difficult circumstances
- Continuing industrial action in the NHS has had a significant impact on patients. Since the strikes began in December 2022, more than 1.3 million appointments have been rescheduled
- Emergency care plans had contributed to improvements in performance and successes in the delivery of services
- Pressures on NHS staff has been significant across both mental and physical health services.
- The measles outbreak was noted, particularly in the Midlands and was a cause of concern
- There has been progress made against the *NHS Long Term Work Force Plan*.

Operational performance

- In November 2023, 31.9 million GP appointments took place. 42.6% took place on the same day of booking and 67.9% were carried out face to face.

Urgent and emergency care

- Pressure has continued in emergency departments across the country, with more than 2.1 million A&E attendances and over 547,000 emergency admissions in December 2023
- Ongoing demand for emergency care, a rise in winter viruses, and a combination of industrial action and bank holidays all placed pressure on urgent and emergency care (UEC) services in December
- There were 2,179,232 attendances in A&Es across England, an average of 70,298 per day
- In December, ambulance services answered 889,389 calls to 999, or 28,690 per day, which was 4.2% more than in November. Ambulance services handled 760,589 incidents. 380,793 of incidents were conveyed to A&E, equivalent to 12,284 per day

- The average response time for a category two call was 45 minutes and 57 seconds. This was considered to be 46 minutes and 58 seconds faster compared to same month last year (the average response time for a category two call was 1 hour 32 minutes and 55 seconds in December 2022)
- 69.4% of patients attending A&E were admitted, transferred or discharged within four hours, which is 4.2% higher than in December 2022
- Despite pressures, the NHS remained resilient by stepping up capacity and treating more people at home and in the community
- Urgent community response services help avoid hospital admissions by providing urgent care to people in their homes. The latest provisional data shows that nationally 84% of patients were seen within the two-hour standard in November, with every region exceeding or meeting the 70% target.

Elective recovery

- The NHS made progress in reducing the waiting list and long waits for patients in November. This is a month in which no industrial action took place
- At the end of November, 94,563 (1.2%) patients were waiting more than 65 weeks for treatment. This is down by 12% from October and is a significant reduction of 74,962 (44%) compared to the same month last year (159,440 patients were waiting more than 65 weeks for treatment in November 2022)
- 355,412 (4.7%) patients were waiting more than 52 weeks for treatment. This is down from 377,618 in October and down by 13% compared to the same month last year (406,799 patients were waiting more than 52 weeks for treatment in November 2022)
- For the first time in a year, the total waiting list number dropped for a second consecutive month. At the end of November, there were 7.61 million waits for care and an estimated 6.39 million unique patients on the elective waiting list. This is a reduction of 95,598 compared to October
- 1,625,895 patients started treatment in November, an increase of 4.6% from October 2023 and an increase of 10% compared to November 2019. 1,033,575 started treatment within 18 weeks of referral.

Cancer

- Demand for cancer services continued at record levels in November with the number of urgent suspected cancer referrals at 126% 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 336,000 people received treatment for cancer between December 2022 and November 2023
- GPs have been referring people for urgent cancer checks in record numbers since March 2021. Since then, NHS staff have seen over a million 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. Services are diagnosing a higher proportion of cancers at an early stage now than ever before. This is considered to be 2% higher than before the pandemic
- 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, including installation of new diagnostic capacity, much of it in community diagnostic centres
- The backlog has reduced by 14,000 people since its peak last summer.

Mental health

- More people are receiving NHS support for their mental health, with five million patients accessing care in 2022/23, an increase of more than one million across five years
- The *NHS Long Term Plan* committed to increasing access to NHS mental health services for children and young people (CYP) so that by 2023/24 an additional 345,000 of 0-25-year-olds would receive support.
- The number of CYP receiving at least one contact in the 12 months to November 2023 increased to 739,751 from 732,121 in the previous month, which is a rise of over 36,000 since August 2023
- The number of new monthly referrals for children under 18 increased in November 2023 to 126,111 from 116,764 in October 2023
- Since November 2023, NHSE has reported on longest waits for referrals to adult and CYP community mental health services. This includes people waiting for support for their mental health, as well as neurodevelopmental needs such as autism or attention deficit hyperactivity disorder (ADHD).

Financial performance

- The forecast outturn for systems at year end is an overspend against plan of over £1 billion, an overspend of £4,370 million with an income of £3,305 million.
- In total, providers are forecast to overspend by nearly £2 billion more than they receive in income by year end, £127,240 million expenditure compared to £125,258 income.

- NHSE states that further action must be taken to support systems to be able to meet their financial targets for the year
- NHSE have confirmed that continued strike action to the end of January is expected to have a direct cost (e.g. additional staff cover) of around £1.5 billion and an equivalent indirect cost (e.g. lost elective activity)
- It is clear that the pandemic was a massive shock to the system and it will take some time to recover productivity as a result. There are a number of factors acting as barriers to improving productivity. There is evidence to suggest NHS is seeing increased frailty, due to the number of patients presenting with more complex care needs and the impact of Covid on patients and staff (e.g. staff sickness rates are higher)
- Providers have only spent £2.9 billion on capital scheme to the end of November, 39% of their full year budget with forecast suggesting providers will underspend their total budget
- The NHSE merger is expected to generate £300 million of recurrent savings in 2023/24.

Winter planning and delivery

Capacity expansion and progress on high impact initiatives

- By January 2024, an additional 5,000 general and acute beds were delivered, supported in part by an investment of £250 million over 2023/34 in capital schemes
- There are more than 300 new double crewed ambulances operating
- Throughout December 2023, improved handovers between ambulances and hospitals meant a 38% reduction in hours lost (from handovers taking longer than 30 minutes compared to the previous year)
- 11,805 virtual ward beds were delivered in December, a growth of 141% since May 2022, exceeding the 10,000 target
- In December, 10,300 patients were discharged from hospitals, a 12.5% growth since the same period last year.

Support for systems

- All systems over August to December 2023 had access to a universal support offer from NHSE, which focused on 10 hight impact, evidence-based interventions across UEC
- Additional operational oversight and support has been supported by a new Operational Pressures Escalation Levels (OPEL) framework, that enables escalation conversations to happen on a consistent evidence basis

- Bespoke and intensive support has been provided to organisations in the NHSE tiering programme, with tier 1 systems showing improvement in performance due to this approach
- Phase 1 of tiering has shown that each system will have differing challenges and opportunities and therefore it is important to create a solution that is fit for purpose and this will be further evolved going forward.

Next steps

- In the week commencing 22 January, NHSE wrote to systems to reinforce delivery of winter plans to ensure all elements of capacity in plans are implemented
- This would be done by including; reinforcing daily grip and oversight of plan delivery, ensuring patients don't come into hospital if not required and ensuring best practice operations of the emergency department itself.

Mental health, learning disability and autism inpatient quality transformation

- Following on from the BBC Panorama 'Undercover Hospital: Patients at Risk,' NHSE wrote to all Mental Health providers requesting that each organisation urgently review safeguarding of care, recognising the inherent risk factors of certain bed-based provision
- Action plans published by providers were then used to inform the scope of NHSE's *Quality Transformation* programme.

Localise and redesign inpatient services- objective one

- The programme aims to support local systems to redesign the current model of inpatient care to mitigate the inherent risk factors
- The changes to care must focus on
    - care being delivered close to people's homes and communities
    - having least restrictive models of inpatient care and
    - models that promote the therapeutic relationship through continuity of care
- The guidance provides a clear and shared understanding of 'what good looks like.'
- NHSE has proposed that ICBs will be supported with £42 million investment to aid development of local innovative services in line with the inpatient framework

- NHSE have also proposed £15 million that will be invested in 2024/25 and 2025/26 to learn from models of 24/7 community care which enables a more responsive acute care offer to mental health patients in crisis.

Culture and reducing restrictive practices – objectives two and three

- The collective ambition is for all services to foster a culture where everybody, patients and staff, can flourish
- A 'task-oriented' care approach caused by increased oversight and regulation, has restricted providing therapeutic support to people in their most vulnerable state
- The culture change improvement programme launched in January 2024, has been established as a universal support offer for 60 providers of NHS commissioned mental health, learning disability and autism inpatient services and will be centred on supporting 300 teams to achieve a culture of care which is focused on therapeutic relationships
- There will be six interventions delivered to the 60 providers over the next two years which include quality improvement coaching and supporting executive teams and boards to achieve culture standards.

Support systems and providers facing immediate challenges – objectives three and four

- There is a focus on people and families who are at risk of being cared for in unsafe and poor-quality settings now, while transformation is underway
- NHSE has developed a methodology to identify units and wards more likely to be at risk of developing a closed culture
- The programme is developing evidence-based early warning signs and agreeing roles and responsibilities for proactive action
- Updating the NHS oversight framework with sentinel metrics that are aligned with risk factors will improve the ability to identify quality and safety concerns.

Interdependencies and wider considerations

- NHSE are seeking to address the root causes that have created poor quality and unsafe mental health inpatient care
- Workforce growth, retention and recruitment and addressing quality issues with the physical estate are the two remaining limiting factors systems are working to overcome.

The Pharmacy First service

Pharmacy First was introduced from 31 January 2024 with the aim to help people access the right NHS treatment and advice for minor illnesses, whilst freeing up general practice time for those with more complex needs. Further information from NHSE is provided here.

Transformation and innovation delivery

NHSE considered there to be five key enablers that can help facilitate digital delivery and transformation in the NHS:

Digitalised health and care records to capture all care events on a patient's journey.

Shared care records to place the relevant information about a person's care history in the hands of all clinicians and patients when they need it to provide safer consistent care.

A federated data platform to transform the way we use data to improve operational processes, providing effective tools for our staff to aid collaboration across health and care teams and improving flow of care pathways for patients.

Research secure data environments to provide secure access to anonymised data for research and innovation, enabling patients and people to gain faster access for innovative treatments (medicines, med-tech, bio-tech, AI, vaccines and pharmacogenomics).

The NHS App to provide "mobile first" capability which enables citizens to access, navigate and interact with health and care services, support themselves through digitally enabled prevention and early intervention and to access new and more convenient models of care.

Further information on progress and next steps of these transformation and innovation developments can be accessed here.