

# NHS England board meeting summary 25 July 2024

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

## Chief executive update

- Amanda Pritchard opened the board meeting by welcoming the positive engagement with the new secretary of state, which is a good signal of his interest in working together.
- She welcomed Lord Darzi's independent review of NHS performance, which will feed into the development of the 10 year health plan. Engagement is already beginning with colleagues across the NHS.
- The three shifts the government mentioned in the run up to the election were particularly encouraging as they are key priorities for NHS England (NHSE):
  - Shifting from treatment to prevention
  - Moving people out of hospital and into community and primary care
  - Shifting from analogy to digital technology
- Early policies from the government include a pledge to step up elective activity which NHSE planned in the run up to the election and is now in the finalising.
- NHSE has written to General Practitioners (GPs) to assess the NHS's readiness if industrial action was taken by GPs. This would have a knock on effect on secondary and elective care.
- Winter planning has begun, with NHSE building on the urgent and emergency care (UEC) recovery plan and health inequalities interventions by making sure patient safety and experience is at the heart of every intervention.
- The new NHSE restructure allows a refocus on how the organisation works with regions, system and trusts.

## Operational performance update

### UEC

#### June 2024

- 74.6% of patients attending A&E were admitted, transferred or discharged within four hours. This compares to 74% in May 2024 and 73.4% in June 2023.

- A&E attendances increased to 2,294,065, an average of 76,469 per day. This is 1.9% lower than May's average and 3.1% higher than June 2023.
- Ambulance services answered 800,388 999 calls, an average of 26,676 per day. This is 1% higher than June 2023.
- The average ambulance response time for a category 2 call was 34 minutes and 38 seconds, compared to the 18 minute standard.
- Bed numbers are not currently reported as there has been a change in how the data is collected and not all organisations have been able to submit.

## Elective recovery

### May 2024

- As of the end of May, there were 7.61 million waits for procedures and appointments and an estimated 6.38 million people waiting for care.
- The number of patients waiting more than 65 weeks for treatment was 55,955 at the end of May, compared to 96,802 at the end of May 2023.
- The number of patients waiting more than 78 weeks for treatment has decreased from 11,446 at the end of May 2023 to 4,597 at the end of May 2024.

## Mental health

### April 2024

- As of April 2024, 10% of those still waiting for a second contact in adult community mental health (CMH) services had been waiting at least 116 weeks, an increase from 100 weeks in December 2023.
- In autumn 2024, NHS England will publish the full CMH metrics, which will show the percentage of people receiving meaningful help within 4 weeks of referral in adult CMH.
- NHSE expect the data quality improvement in 2024/25 will lead to more accurate data from April 2025 onwards.

## Financial performance update

### 2024/25 planning update

- 31 out of 42 systems have submitted deficit plans for the 2024/25 financial year, amounting to an aggregate deficit of £2.2bn. NHSE has confirmed they will cover this overspend centrally, however, this will leave very little flexibility to cover any further pressures.

- NHSE has revised financial framework to provide further incentives for systems to achieve financial balance, and consequences for those systems with larger deficits.
- Systems that have submitted deficit plans will be supported with a strengthened oversight regime, including tightening of spending controls, enhanced oversight and reporting.

## Month 2 financial position 2024/25

- At Month 2 (M2), systems are currently £237m off plan – this is partially driven by provider expenditure being £502m above plan. The NHS as a whole is currently c.£200m off plan.
- NHSE has also shared that systems with the 'riskiest' plans are engaging with external support to accelerate their efficiency plan delivery, tighten spending controls and reduce their rates of spend. This refers to 9-10 ICSs who are now working with external management consultants.
- In his verbal update, Julian Kelly shared that the aggregated level of efficiency savings needing to be found this year works out at roughly £9bn (5-6% average across systems).
- Julian did highlight that progress is being made around reducing staff costs, with the aim being that total staff costs (about 70% of the NHS' cost base) needs to come down by about 1.5%. This would predominantly be centred around reducing the NHS' reliance on temporary staff spending. On agency staff spending, the current forecast is that the NHS will cut the agency staff bill by about £500m by year end – total forecast spend is £2.5bn (23/24: £3bn, 22/23: £3.5bn)
- **Pay award:** NHSE has funding to cover a 2% increase in pay for 2024/25. NHSE is still waiting for the recommendations from the pay review bodies and government's response.
- **Productivity:** the new government is still equally committed to improving NHS productivity as it's an important component to improving wider economic productivity. Julian Kelly thinks the government recognises that investment is needed, especially in technology, to achieve goals around productivity, make the NHS financially sustainable and deliver improved care for patients.
- **Capital:** providers have currently spent £596m on capital items to the end of M2, slightly up from the equivalent period in 2023/24. The total department of health and social care provider and commissioning capital budget for 24/25 is £8.8bn – NHSE is currently forecasting a very small overspend of £46m.

## Autumn/winter 2024 seasonal vaccination

### NHS vaccination strategy

- At the end of 2023, the NHS vaccination strategy was published with aims to improve uptake and the experience of users of vaccination programmes by:

- creating a high quality offer that is tailored to the needs of local people, and can respond to outbreaks and future pandemics,
- having targeted outreach services to increase uptake in underserved populations, and
- joining up services through integrated teams across the NHS to improve patient experience and value for money.
- This will be achieved through changes such as:
  - Building on the National Booking Service, established during the pandemic, to create a simple and efficient access to vaccinations.
  - Develop multidisciplinary teams to deliver vaccinations in the place people need them.
  - Giving local teams more power to decide how to deliver vaccination services to their local population.
- These principles have been embedded in the autumn/winter preparations.

## Covid-19

- A new procurement process for Covid-19 vaccinations has been put in place under the new Provider Selection Regime, with contracts running from 1 September 2024 to 31 March 2026.
- The new procurement process should help secure sufficient capacity, coverage and a convenient offer for local communities and support provider stability.
- It will also help local teams to commission tailored services for specific communities through a new outreach service specification.
- NHSE has not yet received advice on what will be required of a possible Covid-19 vaccination programme beyond 31 August 2024 however they have asked providers to plan on the basis of any programme started alongside the adult flu programme in early October.

## Flu

- This year's flu programme includes over 65s, those in clinical risk groups, care home residents and carers and children aged 2 up to 17.
- Planning is underway for a 1 September 2024 start for pregnant women and children followed by all other adults in from early October.
- Despite high overall uptake, vaccine uptake varies among different groups and communities. Improvements to the booking system, campaign timings and proactive outreach aim to address these challenges and support co-administration of Covid and flu vaccines before winter.

## Cancer diagnosis and treatment

England has historically had lower cancer survival rates than other comparable countries due to late diagnoses. Over the past decade, the NHS has promoted earlier referrals and optimised screening programs, leading to a 10% annual increase in referrals. This has strained diagnostic services, worsening wait times until recent investments began to improve capacity. However, treatment capacity still needs to increase to meet the 62 day standard.

## Improving operational performance

- The three core measures for performance for cancer are:
  - 28 day Faster Diagnosis Standard (75% target)
  - 62 day referral to treatment standard (85% target)
  - 31 day decision to treatment standard (96% target)
- In May 2024, the NHS met the 28-day Faster Diagnosis Standard (76.4%) but did not meet the 62-day standard (65.8%) or the 31-day standard (91.8%).
- To improve operational performance, the NHS Cancer Programme has been leading a strategy with three main strands:
  - Prioritising cancer within a £2.3 billion capital investment in diagnostic capacity.
  - Providing expertise and support for trusts facing the biggest challenges through a tiering approach.
  - National action to improve the productivity of cancer pathways facing the biggest challenges – for example, the use of faecal immunochemical test in primary care so fewer people will require an invasive colonoscopy.

## Improving early cancer diagnosis

- The NHS Long Term Plan set an ambition to diagnose 75% of cancers at stage one or two by 2028, which will in turn support 55,000 more people each year to survive for five or more years after their diagnosis.
- Early diagnosis rates are now 2.4% points above pre-pandemic levels. This is a good foundation but there is still a long way to go.
- To meet the challenge of rising demand the NHS is focusing on:
  - improving access to, and managing demand for, cancer pathways,
  - modernising diagnostic and treatment capacity to improve the timeliness of treatment and maximise productivity, and
  - targeting resources to people at risk.
- An investment in the cancer workforce is also needed to ensure a successful delivery of improvements.

## Innovation

- Innovations will be core to NHSE's cancer approach.
- Technical innovations already being funded include:
  - DERM (Skin Analytics) – an AI tool used to diagnose or rule out skin cancers.
  - Endoscope-i – an adapter that can turn an iPhone into diagnostic equipment for head and neck cancers.
- In 2024/25, the NHS is using circulating DNA testing to 10,000 patients with non-small cell lung cancer. The aim is to detect DNA shed from cancerous cells in the blood, which can support the rapid diagnosis of, and treatment planning for, cancers.
- The Targeted Lung Health Check programme helps find cancers in those most at risk by offering checks in the local community. Since April 2019 more than 1.5 million people have been invited for a check and over 4,000 lung cancers have been diagnosed – 76% at stage one or two when cure is possible, compared with 29% of all lung cancers in 2020.
  - The biggest increases have been achieved for people from the most disadvantaged communities, with early diagnosis rates increasing 8.6% in the most deprived quintile since 2019/20 compared to between 6.4% and 7.3% for the other four quintiles.

## National Guardian's Office update and priorities for 2024/25

### Strategy

- In July 2024, the National Guardians Office (the NGO) announced the refreshed strategy which focuses on improving workplace culture.
- The three to five year vision seeks to ensure that workers are confident to speak up. Part of this change encourages workers to speak up, as well as welcoming it when they do, and taking appropriate action in response.
- Strategic goals to achieve the vision include:
  - Improving resources and offer to freedom to speak up (FTSU) guardians.
  - Developing additional support and guidance for organisational leaders.
  - Challenge the healthcare system by raising awareness of issues which affect workers' confidence to speak up.
  - Using the insight gathered by the NGO to drive recommendations to improve speak up measures and culture.

## Highlights of progress since May 2023

- As of May 2024, there are 1231 FTSU guardians who have handled over 133,00 speak up cases.
- The number of cases raised through the FTSU guardian route has increased by 27%.
- Issues brought out to guardians include worker safety and wellbeing, patient safety, bullying and harassment and other inappropriate attitudes and behaviours.
- Key findings from the NHS Staff Survey include:
  - 'I would feel secure raising concerns about unsafe clinical practice' is at a five-year low.
  - Questions about 'any' concerns have stabilised and are starting to show improvements, 62.3% of respondents said they felt safe to speak up about anything.
  - Overall, the FTSU sub-score is stable, with marginal improvement from 2022 to 2023.

## Speak up reviews

- Speak up reviews were implemented in 2022/23. They seek to identify learning, recognise innovation, and support improvement, and, ultimately, improve the experience of workers, patients, and the public.

## Ambulance review

- Speaking up culture in ambulance trusts tended to be more challenged compared to other trusts.
- A report by the NGO with four recommendations for ambulance trusts including a review into broader cultural matters in ambulance trusts and make speaking up in ambulance trusts business as usual was published in February 2023.
- In February 2024, the government published their independent cultural review of ambulance trust which acknowledged the NGOs findings and developed pragmatic solutions for improvement
- The NGO will publish a report in August with a one-year update on progress made.

## Overseas trained workers

- In March 2024/25, the NGO announced its second Speak Up review, looking into the experience of overseas-trained workers. The aims of the review are to:
  - enhance the understanding of the Speak Up culture among overseas-trained workers in the NHS
  - identify and address barriers that prevent these workers from speaking up
  - recognise and disseminate examples of good practice in supporting an open and safe environment for speaking up, and
  - develop actionable recommendations to improve policies and practices, fostering a more inclusive and supportive speak up culture.
- The review will be published before the end of 2024.

# Annual report on NHSE's work on health inequalities and the NHS Race and Health Observatory

## Delivery and impact of work to date

### Strategic framework for action on health inequalities

- NHSE focuses action on areas within the NHS's direct influence that are major contributors to inequalities in life expectancies, such as:
  - The big killers- cancer, respiratory disease, smoking.
  - Long Term Plan priorities where stark inequalities are evident- maternity, severe mental illness, diabetes.
- These provide a strategic framework for NHS action on health inequalities.

### Expansion of networks to create a delivery infrastructure

- The Core20PLUS connectors programme addresses inequalities through community collaboration. The programme now has 30 sites across all seven NHS regions with over 540 connectors and more than 70 partner organisations.
- The Core20PLUS Ambassadors programme helps healthcare workers develop their skills to drive targeted action on healthcare inequalities. This year, 245 new ambassadors were recruited, 140 more than in the first wave.
- NHSE, the seven Core20PLUS accelerator sites and the Institute for Healthcare Improvement have collaborated to improve quality improvement capabilities to address healthcare inequalities.
- These initiatives have equipped all integrated care boards (ICBs) and trusts to effectively deliver their local approach to tackling health inequalities.

### Strategic partnerships

NHSE is enhancing system capability to tackle health inequalities through a series of strategic partnerships, including:

- A healthcare inequalities education programme with the Royal Society of Medicine. An annual summit will be held each January.
- The National Institute for Health and Care Research have launched a £50m research call into maternity health inequalities to improve care and outcomes.



- Partnering with Accelerated Access Collaborative to deliver the innovation for healthcare inequalities programme, investing £3.9m across 39 ICBs to reduce healthcare inequalities by improving access to the latest health technologies and medicine.
- NHSE worked with The Health Foundation and NHS Providers to deliver an improving equitably programme to support provider collaboratives to use quality improvement approaches to tackle health inequalities.

## Publication of resources

A set of resources has been developed to guide system action on the five strategic priorities including:

- [Framework for NHS action on inclusion health](#) – to help drive focus on good access and experience of healthcare among socially excluded groups.
- [Inclusive digital healthcare: a framework for NHS action on digital inclusion](#) – to help ensure the growing use of technology in the NHS does not widen healthcare inequities.
- [Operational planning guidance for 24/25](#) – which includes health inequality requirements in NHS priorities.

## National action to tackle particular healthcare inequalities

Following the publication of the all party parliamentary group's report on sickle cell and thalassaemia, [No One's Listening](#) which highlights the inequalities in access to healthcare, racial inequity and stigmatisation, NHSE has established a programme of work to improve clinical pathways and care.

The programme has also delivered:

- Sickle Cell symptom awareness and prescriptions campaigns.
- Emergency department bypass pilots, and
- funding for blood group genotyping to reduce adverse reactions to blood transfusions in people with sickle cell.

## The NHS Race and Health Observatory

- To better understand and address the stark health inequalities experienced by Black and minority ethnic communities, NHS England established the [NHS Race and Health Observatory](#).
- Activities over the last 12 months include:
  - Published its [Manifesto for Race and Health](#), outlining seven priorities for the incoming government.
  - Supported Martha's Rule by providing strategic input on ethnic inequalities in raising worries and concerns, and continued to support Donna Ockenden in her maternity reviews.

- Launched its landmark **Learning Action Network (LAN) programme**, in collaboration with the Institute for Healthcare Improvement. The LAN brings together 8 ICSs to develop anti-racism practice to tackle ethnic inequalities in maternal and neonatal outcomes.
- Planned actions for the next three to six months include:
  - Launch its new strategy and work programme for the 2024-2027 period.
  - Publish its anti-racism implementation and improvement model, designed to be adopted by organisations across the healthcare system.
  - Progress its work programme on maternal and neonatal health including through its learning and action network, with a focus on evaluation, scale and spread of replicable good practice.

## Internal freedom to speak up update

### Assessment of issues, including themes and trends

- Following the merger of NHSE, NHS Digital and Health Education England, a team dedicated to the redesign of the internal FTSU was created. The new service was launched in June 2024.
- There are 30 guardians, of which:
  - 66% are female and 34% male,
  - 30% are white and 57% BME, and
  - 10% disabled and 80% non-disabled.
- Any gaps in percentages adding up to 100% are made up of 'other' or 'unknown'
- The unified service, and strategy, are based on engagement and feedback from Guardians, staff networks, trade unions and HR, as well as reflections from experiences of staff speaking up to-date.
- The strategy has five pillars:
  - Improving awareness and understanding of FTSU.
  - Providing support for our Guardians.
  - All staff have a good experience of our FTSU service.
  - Improving leaders' engagement in FTSU in a way that can be seen and felt (for instance, all executive directors committing to their part in making FTSU effective).
  - A systematic and open approach to learning and improvement.
- The new FTSU service, features provision for completely anonymous reporting, better thematic and performance data, more information about how FTSU works on the intranet.
- NHSE received a lower number of cases in 2023/24 with 201 compared to 208 in 2022/23. However, a lower number does not mean staff have less concerns.
- NHSE's latest staff survey results show that only 53% of staff feeling safe to speak up about anything that concerns them compared to the national average across NHS is 62%.

- NHSE will look to the trust with the highest scores for this question and see what they can learn from them.
- The strongest themes raised in 2023/24 relate to:
  - bullying and harassment
  - cultural leadership
  - worker safety and wellbeing.
- Over the next six months NHSE will focus on:
  - establishing a more systematic approach for addressing (and preventing) detriment that is sometimes reported when staff speak up,
  - working with the equality diversity and inclusion team and establishing ways of working with staff networks, and
  - rolling out training and development programme for guardians.