

Summary of NHS England board meeting – 28 March 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

- Amanda Pritchard, chief executive officer at NHS England (NHSE), welcomed the chancellor's budget announcement of an extra £2.5bn for the NHS but acknowledged how financially challenging the year will still be.
- The significant capital announcement within the budget will allow NHSE to roll out their technology and digital services, which have the potential to be transformational for patients and staff.
- The planning guidance has given NHSE the opportunity to look back at the last year and see the progress the NHS has made in delivering key priorities while facing the pressures of industrial action and high demand.
- The aging population demands further investment in estates and social care, and an ambitious approach to prevention.
- The [British Social Attitudes survey findings](#) are an insight into how the public is feeling and are a reminder that the NHS is still recovering from the impact of Covid-19 as well as dealing with the knock-on impacts of industrial action.
- Amanda was sorry to hear about the Princess of Wales' cancer diagnosis and highlighted how her bravery in speaking out inspired 2840 visits to cancer information pages within the 24 hours following the announcement, a 372% rise.
- Amanda also reflected on several NHS England achievements, including:
 - The opening of the 15th national gambling clinic, providing specialised treatment for gambling addictions. Five years ago, there was only one.
 - For the first time since 2009, apart from during the first year of the pandemic, four-hour A&E performance has improved.
 - Four in 10 schools now have access to mental health support teams.

Operational performance

Urgent and emergency care – February 2024

Bed availability

- General and acute bed availability improved, with 103,408 available, up from 101,902 in February last year.
- Core bed numbers also improved to 99,917, up from 99,529 in January 2024.

A&E

- There were 2,152,361 A&E attendances across England, With an average of 74,219 per day which is 3.4% higher than January's daily average.
- Of these, 70.9% of patients were admitted, transferred, or discharged within four hours, compared to 70.3% in January.

Ambulance

- Ambulance services answered 763,141 calls to 999 or 26,315 per day: an increase of 12% compared to February 2023.
- The average category two response time was 36 minutes and 20 seconds, 3 minutes and 46 seconds faster compared to January 2024.

Elective recovery

Waiting lists

- At the end of January, 92,213 patients were waiting more than 65 weeks for treatment, compared to 98,374 at the end of December.
- There were 321,394 patients waiting more than 52 weeks for treatment, down from 337,450 in December.
- At the end of January there were a total of 7.56 million waits for procedures and appointments and an estimated 6.32 million individuals waiting.

Treatment

- In January, 1,570,55 patients started treatment, an increase of 3.3% compared to January 2020.
- For the last seven months more patients have started treatment per working day than before the pandemic.
- Community diagnostic centres have delivered over seven million tests.

Cancer

- In January, the number of urgent suspected cancer referrals were at 128% of pre-pandemic levels.
- More than 338,000 people received treatment for cancer between February 2023 and January 2024, the highest year on record.
- Record numbers of referrals have contributed to diagnosis of a higher proportion of cancers at an early stage than ever before.
- The backlog has reduced by over 10,000 people since its peak last summer.

Mental health

- Almost five million patients were in contact with NHS services for support for their mental health in 2022/23, an increase of more than one million compared to 2016/17. Including:
 - 1.1 million children and young people,
 - 1.3 million adults in contact with core community mental health services,
 - 1.2 million adults in contact with NHS talking therapies services, and
 - 85,000 people in contact with specialist perinatal mental health services.

Data

- Smaller voluntary care and social enterprise (VCSE) partners now submit data which is critical in recognising and demonstrating the value they provide to patients.
- There are now 364 submitters to the Mental Health Services Dataset compared to 298 in January 2021.
- Mental health data is now available two months after month end rather than three, enabling quicker, more reliable availability of NHS mental health care data in England.
- The Data Quality Maturity Index gives an overall percentage score for the quality of data in national mental health databases:
 - In November 2023, NHS trusts submitting mental health data scored 89%, up from 83% in November 2022.
 - The NHS Talking Therapies dataset has the highest score of 98%. This is a significant step in achieving data parity of esteem.

Financial performance

System position

- The forecast outturn for systems at year end is an overspend of £1.1bn.

- NHSE anticipates that underspends against central costs (vacancies, increased expenditure controls and managed underspends on transformation, drugs and devices budgets) will offset the system overspend and ensure NHSE meets its financial targets for the year.

Provider position

- Providers are forecast to be £4.9bn above plan, which is partially offset by provider income being £3.3bn better than plan.
- This forecast position has deteriorated by about £900m since M9.

Financial impact of inflation and industrial action

- NHSE still calculates the unfunded pressure of inflation in 2023/24 as £1.7bn. This will remain a concern in 2024/25 as inflation is forecast to be about double what the NHS planned for.
- The impact of strikes through to the end of February 2024 was a financial cost of over £1.2bn plus an equivalent indirect cost, for example lost elective activity. This has been slightly revised down from NHSE's previous assessment of £1.5bn plus an equivalent indirect cost.
- Julian Kelly, deputy chief executive and chief financial officer at NHSE, referenced the previously allocated £1.2bn to manage these pressures, as well as flexibility on previously ringfenced funds.

Productivity

- NHSE flagged improvements in productivity across the NHS over 2023/24 – in particular once strike action is taken into account.
- Providers need to review where extra resource (funding and workforce) has been used and ensure they are getting best value for money. This relates to the planning guidance steer to systems to review workforce productivity.

Capital

- Providers have spent £3.9bn on capital schemes to M10 – this represents 52% of their full year budget.
- NHSE is forecasting that providers will underspend on their total capital budget of £7.4bn by £32m.

Planning guidance and budget

- NHSE released the [operational planning guidance 2024/25](#) on 27 March.

2024/25 Priorities

- Recovery of core services including improving ambulance wait times, reducing elective long waits and making it easier for people to access community and primary care services.
- Recovering productivity and meeting planned efficiency requirements.
- Transforming the way the NHS delivers care and creating stronger foundations, including the implementation of the Federated Data Platform (FDP).

2024/25 budget and allocations

- Core government funding for NHSE rises 0.2% in real terms between 2023/24 and 2024/25.
- Total funding is £179 bn.
- Savings are being created through reductions in NHSE's corporate costs and integrated care boards' (ICBs') admin costs.
- A 2% pay increase is likely in 2024/25. The final decision will follow the pay review body process
- Spending on mental health will increase through the Mental Health Investment Standard for ICBs.

See our [on the day briefing](#) for more information on the 2024/25 planning guidance.

Attention Deficit Hyperactivity Disorder (ADHD) programme update

Background

- In December 2023, NHSE initiated a project to understand the size and nature of the issues and the underlying causes of ADHD in England.
- Data available is varied in terms of completeness and coverage. Therefore, it is likely to underrepresent the number people seeking, waiting for and with an ADHD diagnosis.
- The topics for discussion by the clinical reference group set up as part of the project to undertake a series of deep dives, were:
 - 'Right person, right pathway, right support'
 - 'Converging spaces'
 - 'Paradox of care'.

Initial findings

- A joined-up approach across health, care, education and the justice system is needed.

- The lack of good ADHD data sources mean it is difficult to fully understand the size of the problem.
- There needs to be an understanding of the different service models being used (including non-NHS providers).
- A variety of care pathways need to exist, including therapeutic and non-clinical interventions.
- Waiting lists are one of the biggest issues with people waiting too long and often being referred to private practices.
- Some populations are at increased risk of experiencing inequalities in access, experience, and outcomes. At risk cohorts include both victims and perpetrators of crime, those facing social and economic deprivation, and those from marginalised groups.

Next steps

- NHSE are establishing a task force with experts from within the NHS and wider system partners, supported by public and patient engagement.
- The taskforce will be expected to engage widely with service providers, ICBs and integrated care partnerships and will report their findings later this year.
- NHSE will also work with shareholders to:
 - Develop a national ADHD data improvement plan,
 - Conduct more detailed work to understand the provider and commissioning landscape, and
 - Capture examples from ICBs who are trialling innovative ways of delivering ADHD services to ensure best practice is captured and shared.

Specialised Commissioning- update on specialised services for delegation

- NHSE is the accountable commissioner for approximately 150 specialised services.
- To support delegation of specialised services commissioning to ICBs, the NHSE board approved 59 services that were suitable and ready for joint commissioning from April 2023 and to be delegated to ICBs from April 2024.
- The NHSE board in December 2023 agreed to move forward with supporting full delegation of these 59 services to ICBs in the East of England, Midlands and the North West regions from 1 April 2024. With the remaining ICBs continuing with joint commissioning arrangements with NHSE, before moving to full delegation in April 2025.

- There will be clarity for all prescribed specialised services as to whether they will be delegated or retained from April 2025. Of the 57 services initially deemed not suitable for delegation, 25 service lines will be delegated and 32 service lines will be retained by NHSE.
- The services that will be delegated from April 2025, include mental health specialised services such as some adult secure, children and young people's inpatient, and adult specialist eating disorder services.
- See [here](#) for the full list services to be delegated and those to be retained from April 2025.