Summary of NHS England board meeting – 16 May 2024

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

Chief executive officer report

- Implementation of the operational planning guidance for 2024/25 is a priority for NHS England (NHSE), and meetings are underway with providers and integrated care boards (ICBs).
- The board welcomed the news of the government and junior doctors agreeing to take forward independently mediated talks in regard to pay.
- NHSE also welcomed the announcement of Professor Anita Thapar and Joanna Killian being confirmed as chairs for the attention deficit hyperactivity disorder (ADHD) taskforce.

Operational performance

Urgent and emergency care

- Urgent and emergency (UEC) care services faced higher demand than usual in April 2024. Respiratory illnesses caused by winter viruses at the start of the month brought additional pressures, as did the early Easter bank holiday. The NHS nevertheless managed to sustain improvements across the two main ambitions from the UEC delivery plan.
- There were 2,230,414 attendances in A&Es across England in April 2024. This is 9.9% higher than April 2023. 74.4% of patients attending A&E were admitted, transferred or discharged within four hours in April 2024, which fairs marginally better than the previous month.
- Ambulance services answered 732,239 calls to 999 in April 2024, an increase of 3% compared to April 2023. The average ambulance response time for a Category 2 call was 30 minutes and 22 seconds. This is three minutes and 28 seconds faster compared to March and is the first time in a year that the average was below 31 minutes.
- NHS 111 received 2,011,994 calls (around 64.9 thousand per day) in March. Demand was 3.7% higher than the previous year and 11.9% above volumes received in February 2024.

Elective recovery

- Long waits reduced in March despite disruption from seasonal demand and an early Easter bank holiday. At the end of March, there were 7.54m waits for procedures and appointments and an estimated 6.29m people waiting for care – the same as at the end of February.
- This month's statistics reflect recent changes to the reporting requirements of community pathways, where community paediatrics and medicine would be recorded within community datasets (rather than the referral to treatment data). Analysis indicates about 36,000 of these pathways were excluded from February's figures and most of the remaining 7,000 pathways were excluded from March's figures.
- The number of patients waiting more than 65 weeks for treatment was 48,968 at the end of March, down from 75,004 in February.

Cancer

- Levels of urgent suspected cancer referrals reached the highest on record in March 2024. 12,554 patients were seen per working day, exceeding the previous record of 12,376 patients in July 2023.
- To meet this high demand, treatment activity was recorded at its highest level with over 1,400 patients starting cancer treatment per working day. There has subsequently been a reduction in the 62-day cancer backlog and improvements in all cancer waiting times standards, compared to the same month last year.
- Almost 340,000 people received their first treatment for cancer between April 2023 and March 2024 – the highest year on record. This is 27,000 treatments higher on the same period pre-pandemic.
- Performance against the Faster Diagnosis Standard in March was 77.3%. This is the second month in a row that the 75% standard was met. Given the progress made, the NHS now has a view to raise this standard to 80% in two years.
- The NHS also succeeded in meeting the target to reduce the backlog to pre-pandemic levels. The backlog reducing to 14,916 at the end of March (4,000 patients lower than the national ambition of 18,755 patients).
- Focus will now shift to the 62-day combined Urgent Referral to First Treatment 62 day Standard. In March, performance against this increased to 68.7%, which was 1.2% higher than at the same point last year.

Mental health

- Mental health urgent care pathway bed occupancy remains high and the proportion of adult length of stay over 60 days or 90 days for older adults was 24.5% in February 2024. Challenges remain with system flow, meaning that out of area placements (OAPs) remain high with 760 active OAPs in January 2024. Targets have been set to improve flow and work towards eliminating inappropriate out of area placements.
- In the 12 months to February 2024, the number of children and young people (CYP) accessing mental health services increased to 780,963. Performance is still behind trajectory.
- Access to specialist community perinatal mental health and maternal mental health services has been increasing since July 2023. In the 12 months to February 2024, 57,170 women accessed such services, an increase by 55,873 in the 12 months to January 2024.
- More people are now in contact with NHS services for supporting their mental health, with almost 5m patients in contact with services in 2022/23, an increase of more than 1m patients compared to 2016/17.
- The number of patients accessing taking therapies as of March 2024 was 98,268 (accounting for 62% of the access target of 158,333). Progress towards the target trajectory has varied significantly across the country with 82% being achieved in the East of England.

Recovery support programme

- The programme now has 22 trusts (5 legacy special measures) and 3 ICBs enrolled. Since the last update in March 2024, there have been 2 new entries and no exits from the from the RSP.

For an exhaustive breakdown of operational performance including primary and community care, CYP and learning disabilities, please click on the link provided here.

Financial performance

Month 12 financial outturn 2023/24

- Total expenditure for the NHS in 2023/24 was £171bn, which is £30m (0.01%) under plan. There has been significant disruption to the plans set at the start of 2023/24 including:
    - industrial action, with government injecting £1.7bn to cover financial impacts
    - pay settlements averaging 5.5% for doctors and nurses, which cost £2.9bn
    - higher than planned inflation which cost £1.4bn compared to plans.
- In such a context, systems are over 1% adverse to the plans originally agreed at the start of the year.

Capital expenditure

- Providers spent £7,263m on capital schemes in 2023/24 (excluding IFRS16 expenditure relating to lease assets), representing 99.9% of their full year budget (compared to 99.0% at the same stage last year). The Department of Health and Social Care (DHSC) provider capital budget for 2023/24 (excluding funding for leases) is set at £7,267m against which providers underspent by £4m.
- IFRS16 capital expenditure by providers in the year to 31 March 2024 was £729m against a DHSC budget of £837m, an underspend of £107m.

NHS productivity

NHSE published its best estimates of acute sector productivity, which show that productivity has dropped by around 11% compared with pre-pandemic levels (or 8% once adjusted for industrial action). The drivers considered in the data are complex, but include the following key factors:

- Reduced resilience going into the pandemic, with very little spare capacity to absorb shocks.
- Population needs are more complex and acute, in part due to the impact of Covid-19.
- Reduced flow through the UEC pathway and across the system. Longer lengths of stay combined with constrained capacity (in and out of hospitals) means lower throughput.
- Post-pandemic turnover in experienced leadership and management alongside a necessary increase in staff coming through junior grades.
- Staff burnout, lower engagement and industrial action. Sickness absence rates have reduced from the high point during Covid-19, but are still higher than 2019 levels. Temporary staffing costs are now higher than pre-pandemic levels.
- The increase in depreciation and cost of capital charges as the NHS is recapitalised after real terms reductions in investment in the prior decade.

Despite these challenges, NHSE highlighted that implied productivity in the acute sector is 1.2% higher than 2022/23 (M11 YTD), with output (cost weighted activity) being 5.8% higher. Spending on agency has reduced from £3.5bn in 2022/23 to £3bn in 2023/24, which represents a 13% reduction.
NHSE is now looking to focus on: delivering the benefits of investment, improving staff engagement and attendance, reducing agency costs and improving flow through hospitals and working with all partners in ICSs to ensure there is the right capacity in the right place to care for patients effectively.

NHSE is developing a short, medium and long-term productivity plan to meet the national 1.9% growth target from 2025/26-2029/30, which will be published this summer.

Update on the maternity and neonatal three-year delivery plan

- NHSE set out progress on the maternity services delivery plan published in March 2023, across the four themes of; listening to women, workforce, culture and standards.
- While it is too early to see a demonstrable impact on all outcomes, there have been some positive indications, including recruitment and retention initiatives supporting maternity and neonatal workforce growth.
- The very recent publication of the APPG into Birth Trauma and the Sands and Tommys joint policy unit report on Saving Babies' lives, acted as a reminder of why improving maternity and neonatal care remain a high priority for the NHS.
- The 2023 Care Quality Commission (CQC) maternity survey published in February 2024 showed significant improvements since 2022 in seven out of 10 key measures of women's experience. While this is a positive improvement, only one of these measures has returned to its pre-pandemic 2019 level with little change in the other two measures.
- NHSE reiterated its commitment to tackling inequalities for women and babies from ethnic minorities and those living in the most deprived areas. Systems were asked to develop and publish equity and equality plans setting out local action. 41 out of 42 systems have done this so far, with the remaining ICS to publish their plan next month.
- A targeted intervention to support the most vulnerable women and babies is considered to be the model of enhanced midwifery continuity of carer by NHSE. This is where women receive care from a known team of midwives throughout their maternity pathway. Preliminary data indicates it may serve to improve outcomes, particularly for vulnerable groups. There are 34 teams currently operational and funding allocations for 2024/25 provide for up to 210 teams, which rely on increases in the maternity workforce.
- Priorities for 2024/25 include: delivering the maternity outcomes signal system, progressing the pilot of maternity and neonatal independent senior advocates; completing delivery of the perinatal culture and leadership programme and expanding support for systems and delivering quality improvement programmes including the *Avoiding Brain Injury in Childbirth Project*.

Review of internal NHSE progress on delivering equality objectives and requirements

NHSE outlined its internal progress and performance across multiple equality objectives and its expectations in taking priorities forward. For further information on this, including the implications for ICBs, please click on the link provided here.

Research within the NHS

With a view to support systems to exercise their duties in relation to research, NHSE has published guidance for ICBs, which recommends each system developing a research strategy, with a board representative being responsible for this remit. To date, three ICBs have published final strategies with two published in draft. Research activity is currently being driven by providers rather than ICBs. NHSE recently published a best practice guide for managing research finances and supporting growth of research capability and capacity. For the full board paper, please click on the link provided here.

Proposals for a new approach to NHS oversight and assessment prior to formal consultation

Two years on from the last update to the NHS oversight and assessment framework, NHSE has undertaken engagement sessions (including through NHS Providers) to get feedback on new proposed changes prior to formal consultation. NHSE also worked closely with the CQC to ensure the assessment framework is aligned and not duplicative to reviewing the performance of ICSs. This engagement has shown strong support for greater clarity of roles and responsibilities, use of a broader range of short and medium-term outcome measures, less subjectivity in measuring success, and a focus on mature relationships in supporting organisations to improve.

In response, three pillars of work are being taken forward:

- Oversight and accountability; updating the framework to reward improvement, clarify roles of all parts of the system and focus on priorities facing our communities. This includes a clear expectation of how NHSE will determine the support segmentation of providers and ICBs.
- Developing leadership; giving leaders tools that help them lead their organisations and systems and equipping them with the necessary skills and leadership competencies.
- Delivering improvement; ensuring that NHSE's approach to improvement and support underpins this work through NHS Impact.

NHSE proposes the assessment of ICBs will include the consideration of an:

- Annual capability assessment on a 4 point scale, based on how well an ICB has performed against the six core capabilities and discharged key activities with input from ICB's themselves, key stakeholders, NHSE regional and national teams.
- Quarterly delivery score on a 4 point scale, based on how well the ICB has uniquely contributed to and delivered against system priorities and targets with metrics across 4 domains (improving access and outcomes, reducing health inequalities, enhancing productivity and value for money, and supporting wider social and economic development).

The combination of an annual capability assessment and quarterly delivery scores will be combined to give an overall rating.

Trusts will also receive a quarterly delivery segmentation (on a 4 point scale). As with ICBs, the metrics for providers will reflect their contribution to delivery across the same 4 domains and will reflect their specific role in achieving those aims. Capability assessments for trusts will be based on their most recent CQC well-led rating, the board's self-certification on the organisation's capability and any relevant information from third parties relating to the provider's governance and capability. Similar to the assessment of ICBs, these two assessments will be combined to give an overall rating.

While ICBs and providers are assessed on their delivery segments separately, NHSE will consider the aggregate system performance on UEC, elective and cancer waits, financial performance, and mental health through a "double lock" which moderates an individual organisation's rating. NHSE is considering the addition of a metric in primary care to retain focus on the whole care pathway.

The assessment of how well an ICB is discharging its functions will inform its role in the oversight of trusts. The proposed NHS provider oversight model is that NHSE will work 'with' or 'through' ICBs. Subsequently, ICBs will look to oversee providers in the first instance, based on the level of risk (determined by provider segmentation) and the board's own capability. This will include NHSE working with ICBs on how to oversee, support and drive transformation of primary care in their area.

For a full breakdown of proposed changes to the NHS oversight and assessment framework, please click on the link provider here.

Next steps

NHSE plans to run a short period of public consultation from 20 May based on a draft version of the updated NHS oversight and assessment framework. Following evaluation of the consultation responses, the board will be asked to approve the final framework before it is launched in July 2024. In support of the framework, NHSE will publish an insightful board series which will set out a larger range of metrics that well governed boards should be considering through their governance arrangements.