

Summary of NHS England board meeting – 6 February 2025

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

Chief executive officer update

- NHS England's (NHSE) chief executive officer, Amada Pritchard began the meeting by sending thoughts to the families and loved ones of Valdo Calocane's victims, expressing full apologies for the failings of the NHS in this case.
- She revealed NHSE has written to all systems, urging them to read [the report](#) released on 5 February and to develop their own action plans for working with local partners to better manage risks with patients with severe mental illness.
- Amanda announced that following the publication of the [2025/26 priorities and operational planning guidance](#), NHSE will be looking into its size, function and the value it adds to the front line as part of yearly planning. NHSE is aiming to make £100m of non-pay resource savings and reduce staffing costs by another £75m.
- Amanda finished by highlighting two innovative NHS projects bringing real benefits to patients. First, the NHS Jewish BRCA testing programme, which offers genetic tests to those with Jewish ancestry who are more likely to carry a genetic fault that can increase their risk of developing some cancers. The programme has now processed over 11,000 at home tests, with positive results allowing people early access to screening and preventive options. Amanda also highlighted a deal to make a gene editing treatment available for people with a severe type of sickle cell disease. Gene editing treatment provides a functional cure for 96% of patients.

Operational performance update

Urgent and emergency care

There were 27.42 million attendances at A&E departments across England in 2024, making it the busiest year on record.

- The average daily A&E attendances in December 2024 reached 75,675, 1.8% lower than November 2024 and 7.4% higher than December 2023.

- In total 71.4% of patients were admitted, transferred or discharged within four hours in December 2024; up from 69.5% in December 2023 but below the constitutional standard of 95%.
- Ambulance services answered over 30,000 999 calls per day, a 2% increase compared to December 2023.
- The average response time for category two calls was 47 minutes and 26 seconds, higher than 2024's target of 30 minutes and the constitutional standard of 18 minutes.

Elective recovery

- At the end of November 2024, there were a total of 7.48 million waits for procedures and appointments and an estimated 6.28 million people waiting for care.
- There were 221,889 waits of more than 52 weeks, down 37% compared to 355,712 at the end of November 2023. There were 16,904 waits of more than 65 weeks, down 82.1% compared to 94,681 at the end of November 2023.
- There has also been a reduction in the longest waits for care; 2,051 patient were waiting more than 78 weeks for treatment at the end of November 2024, a decrease of 81.7% compared to 11,215 at the end of November 2023.

Cancer

- In November 2024, levels of urgent suspected cancer referrals remained high, with 12,145 referrals per working day. This is 27% more referrals than before the pandemic.
- There were 1,400 patients starting cancer treatment per working day in November 2024, 12% above pre-pandemic levels.
- Performance against the 28 day faster diagnosis standard was 77.4%, which is an increase of 5.6% compared to November 2023, and higher than the NHS constitutional standard of 75%.
- Performance against the 62 day urgent referral to first treatment standard was 69.4%, 3.9% higher than November 2023. A new ambition has been set to improve this to 70% by March 2025 as a step towards recovering performance to the NHS constitutional standard of 85%.

Primary care and community health services

- Between November 2023 and November 2024, there were 378.5 million GP appointments.
- In November 2024, 50% of all practice appointments took place on the same day or the day after booking, a 0.6% decrease from November 2023. 80.7% of practice bookings took place within 14 days.

- There were also 1,055,712 referrals waiting for a first treatment from community health services. The largest waiting lists were for adult musculoskeletal service, and children and young people's (CYP) community paediatric services.
 - 28% of CYP referred to community paediatric services are waiting over 52 weeks to be seen.

Mental health

- Access to community mental health services is increasing. At the end of November 2024, more than 640,000 people had received two or more contacts from community mental health services, a 9% increase compared to November 2023.
- In the year to November 2024, 455,592 people completed an NHS talking therapies course of treatment. Of these people, 47.6% achieved reliable recovery and 67.4% achieved reliable improvement.

Financial performance update

- At month nine, systems are currently £1.03bn off plan. This is a better position compared to month nine in 2023/24, when systems were £1.2bn off plan.
- This is primarily driven by overspends at provider level including slippage against efficiency plans and headcount being higher than plan. Integrated care boards (ICBs) have also overspent by almost £150m.
- In order to deliver on plan this year, systems will have to deliver £9.3bn of efficiency savings, 6.2% of total allocation, and an aggregate reduction in whole-time equivalent staffing of 1.2% compared to 2023/24.
- At month nine, systems have delivered £5.7bn of savings, £400m lower than plan but £0.9bn higher than savings delivered at month nine 2023/24.
- Over the final three months of 2024/25, £3.6bn of efficiency savings will need to be delivered in order for the aggregate system position to breakeven.
- Workforce levels have fallen by 0.6% in 2024/25. Agency spending continues to fall and is forecast to be £2.1bn for 2024/25, a reduction of £1.4bn (38%) from 2022/23.
- NHSE expects it will end the year in balance. However, NHSE anticipates underspends across NHSE as a result of tighter financial controls. NHSE will be able to offset any projected deficit across the system position.
- Providers have spent £2.9bn on capital schemes at month eight, this is a similar amount to 2023/24. NHSE currently forecasting a £108m underspend of the 2024/25 capital budget.

NHS Productivity update

Acute sector productivity

- Acute sector productivity is estimated to have grown by 2.4% over the first seven months of 2024/25.
- Overall, productivity is now estimated to be around 8% below the level it was in 2019/20. However, acute sector productivity growth has averaged about 2% for the last three years.
- Output growth:
 - Elective spells – 8.8%
 - Outpatients – 5.8%
 - Non-electives – 4.5%
 - A&E attendances – 5%
 - Other - 7.8%
- Input growth
 - Non-pay – 6%
 - Total pay – 2.2%
 - o/w Substantive – 4.5%
 - o/w Bank - -5.2%
 - o/w Agency - -36%

Non-acute productivity

- NHSE is continuing to develop measures for community, mental health and ambulance services and is testing these with providers to assess the initial outputs and methodology. Initial outputs of this work suggest non-acute productivity growth is slightly higher than the 2.4% acute sector productivity growth.
 - NHSE plans to release these estimates later this year but acknowledges they will require careful interpretation due to data quality issues.

Drivers of improved productivity

- The following factors are contributing to improved productivity:
 - Increasing the proportion of elective procedures with a same-day discharge. This was 84.2% in October 2024, compared to 81.4% in October 2019.
 - The average length of stay of overnight non-elective admissions has been reduced by 2.3%.
 - Agency spending has been reduced from £3.5bn in 2022/23 to £3bn in 2023/24.
 - A reduction in leaver and sickness/absence rates. In November 2024, the leaver rate was 6.8% which is below the long term workforce plan target range for 2023/24.

- Continuing investment in technology and digital transformations, with the aim for 92% of secondary care trusts to have electronic patient records by March 2025.

Priorities and operational planning guidance for 2025/26

- The [2025/26 priorities and operational planning guidance](#) sets out the aim is to deliver 4% year on year improvement in productivity and efficiency to deliver the mandate from government.
- Key areas of focus include:
 - reducing agency spending by 30%,
 - reducing bank spending by 10%,
 - reducing length of stay by improving processes and optimising system capacity,
 - reducing the amount of low value activity undertaken,
 - maximising the use of same day acute services, and
 - harnessing improvements driven by technology.

CYP update

Background

NHSE's children and young people (CYP) transformation programme is responsible for delivering work to improve services for CYP and has strategic oversight of policies relating to CYP across NHSE, including for mental health and urgent and emergency care. Different programmes are brought together via the NHSE CYP board which works collaboratively across NHSE to ensure delivery of key priorities for CYP.

Key areas of focus for the CYP people board include:

- improving care and outcomes for CYP with long term conditions,
- equitable elective recovery, and
- improving access to community services.

Key challenges for CYP's services

- Health and care needs of children are becoming more complex, the number of children with eight or more chronic conditions nearly doubled from 7.6% in 2012/13 to 14.0% in 2018/19.
- Five million children in England are affected by excess weight or obesity, with children from the most deprived decile being 2.1 times more likely to be obese in reception than those in the least deprived decile.

- In 2023, around one in five CYP between the ages of eight and sixteen had a probable mental disorder compared to one in nine in 2017.
- The uptake of the childhood vaccinations has declined over the last decade, with coverage decreasing for all 14 vaccine coverage measures in 2023/24.

Current programme priorities

Reducing elective waiting times

- Over the last two years, the CYP transformation, elective recovery and getting it right first time (GIRFT) programmes have set up dedicated governance through a national CYP elective recovery delivery group to drive elective recovery for this group.
- The CYP transformation, elective recovery and GIRFT programmes have published a national CYP elective recovery [toolkit](#) and a [GIRFT closing the gap](#) guidance to share existing good practice, set out minimum expectations and improve the quality of CYP data.
- The [reforming elective care for patients plan](#), published on 6 January, includes:
 - A commitment that NHSE will publish a suite of adult and children's elective performance metrics to be used by NHS staff and the public.
 - An ask that ICBs and providers undertake quarterly reviews of local CYP waiting list data, embedding waiting list prioritisation tools for CYP.

Community and mental health services waiting times

- The ADHD programme and ADHD taskforce are exploring what an effective pathway for ADHD assessment should look like.
- NHSE is working with the Department for Education to provide in-school offers to better meet children's needs and improve early intervention.
- A metric for measuring waiting times in CYP's community mental health services has been developed by NHSE. Systems implemented this metric in 2024/5 and focused on data quality to address waiting lists and the longest waits.

From hospital to community care

- The CYP transformation programme is working with ICBs to support the creation of community based multidisciplinary teams for CYP to embed paediatric expertise into the community.
- The NHS 111 paediatric clinical assessment service is embedding paediatric clinicians within the NHS 111 clinical assessment service.

From treating sickness to prevention

- The CYP transformation programme is currently piloting 'complications from excess weight clinics' that aim to identify people early and treat a range of complications associated with obesity, such as type 2 diabetes and mental health conditions. Over 3,500 patients have been seen in the clinics so far. The national institute of health and research is evaluating the pilot with the findings expected by March 2026.
- The programme has developed a **national paediatric early warning system (NPEWS)** that facilitates a method of tracking and detecting the deteriorating child, linking with Martha's Rule. All hospitals with a paediatric inpatient setting are transitioning to the NPEWS with rapid uptake since it launched in November 2023.
- The programme has also developed standards, recommendations and key actions for ICBs to improve outcomes and deliver high quality care for CYP living with common long-term conditions, including asthma, epilepsy and diabetes.
- The Core20PLUS5 approach is continuously embedded throughout the programme and supports systems to deliver targeted action to reduce health inequalities.

Next steps

- The CYP transformation programme is working with the Department of Health and Social Care as well as other national NHSE programmes to support engagement and develop options to inform strategic direction through the upcoming 10-Year Plan for Health.
- The board agreed that CYP needs 'enormous emphasis' within the 10-Year Plan for Health. The board also considered bringing a CYP perspective into every board paper.
- It was also noted in the meeting that the paper does include CYP dentistry, one of the biggest reasons for CYP hospital admissions.