NHS England

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Dear Dame Meg

**Seventy-third report of Session 2022-23, Access to urgent and emergency care – follow up letter.**

I am writing further to the oral evidence session of the Public Accounts Committee (PAC) on access to urgent and unplanned care where NHS England committed to writing to the panel, as part of its Treasury Minute response, setting out the causes of variation in performance, and the specific initiatives it takes responsibility for to bring the worst-performing organisations closer to the standards being achieved by the best. NHS England also committed to writing to the panel on its understanding of the causes of the fall in NHS productivity after COVID-19 and how it will address them, in addition to providing an update on progress with reducing staff shortfalls and improving retention rates.

## Variation

Structural issues vary between NHS trusts and systems and continue to impact urgent and emergency care (UEC) performance, affecting their ability to deliver against improvement objectives.

Structural issues can include geographical constraints, and as previously set out by NHS Providers, the delivery of care in remote and rural areas can pose significant difficulties to populations that present with frail and complex comorbidities. Geographical constraints can also make the recruitment and retention of healthcare staff more challenging, in turn increasing pressure on organisational financial efficiency and stability due to increased agency spending.

Many organisations with challenged UEC performance experience severely constrained estates challenges, where capacity is frequently impacted or has been indefinitely reduced due to poor estate, including the removal or mitigation of reinforced autoclaved aerated concrete (RAAC). As outlined in the Public Accounts Committee report on The New Hospital Programme, working in out of date buildings represents a challenge to NHS organisations attempting to recover performance standards. Comparative challenges exist for investment in digital capacity, including electronic patient records and electronic bed management systems. Additional drivers of performance variation include trust and system leadership, culture, and governance issues.

NHS England is working to tackle unwarranted variation in performance across secondary, primary and community care, and, alongside colleagues in DHSC, in the interfaces between health and social care, facilitating improvements to Emergency Departments and ambulance response times. In

recognition of this, the Urgent and Emergency Care tiering support offer is carried out at the system level to enable an integrated, whole-system approach.

For the most challenged systems, a bespoke level of support has been provided, coordinated by the national UEC team for Tier 1 systems, and by regional teams for Tier 2 systems. Tiered systems have seen notable improvements in key performance indicators since their inclusion in the programme, including: reduced ambulance handover delays and proportion of beds occupied by patients with a length of stay (LoS) over 14 days, as well as improved A&E performance, with 4-hour performance improving on average by 3.5 percentage points in tier 1 systems, compared to 1.5 percentage points in tier 3 systems between April 2023 and mid-January 2024.

Additional initiatives to reduce variation that NHS England takes responsibility for include:

**Regular performance oversight** – through the NHSE operating framework, significant progress has been made to align a single set of UEC priorities, with consistent data and analytics insights, to enable productive performance oversight conversations that have facilitated improvements.

**Real-time operational risk management** via OPEL (Operational Pressures Escalation Levels) – enabling regional and national colleagues to proactively intervene in live time to manage operational risks, helping to keep patients and services safe across the winter, in addition to more effective management of performance through challenged periods, including industrial action.

**Discharge support** – dedicated support to systems with significant discharge challenges, aligned to UEC tiering. DHSC allocated £40m of discharge funding in October 2023 to local authorities in UEC Tier 1 and Tier 2 geographies.

**Universal support offer** – provision of taught modules available to all systems to support enhancement of knowledge and skills, facilitating the implementation of the high impact interventions in alignment with the Urgent and Emergency Care (UEC) recovery plan.

The Urgent and Emergency Care (UEC) recovery plan aims to improve and standardise processes to reduce unwarranted variation within the in-hospital UEC pathway. Specifically, NHS England is working with systems to increase direct referrals to specialist care and Same Day Emergency Care (SDEC), with a focus on equitable access and consistency of delivery. Reducing variation in NHS estate capacity is being supported via targeted investment through the Additional Capacity Targeted Investment Fund (ACTIF).

The Urgent and Emergency Care (UEC) recovery plan sets out the actions that systems should continue to focus on in 2024/25, in order to meet the two headline ambitions; improving A&E waiting times and improving category 2 ambulance response times.

## Retention

NHS organisations experienced higher leaver rates and levels of staff sickness in the years following the pandemic compared with the pre-pandemic period. The NHS National Retention Programme was established in April 2020, providing an evidence-based programme to support trusts and Integrated Care Systems (ICSs) to increase workforce capacity by improving staff experience and generate retention improvements.

Over the past two years, the People Promise Exemplar programme has supported 23 NHS organisations across England to deliver a suite of interventions that reflect the needs of local staff groups, and these sites continue to achieve successful outcomes, including improved retention rates.

The 2023 National Staff Survey (NSS) results showed that the Staff Engagement theme score has increased across all trust types from 2022 to 2023. Significantly, there has been positive progress in improved morale, driven by a reduction in staff saying they were thinking of leaving the NHS. The

sites in cohort 1 of the People Promise Exemplar Programme have, on average, experienced more rapid improvements.

The retention programme is part of the NHS Long Term Workforce Plan (LTWP) ambition to retain up to 128,000 more staff over the next 15 years; the plan also aims to train record numbers of doctors, nurses and other healthcare professionals. The LTWP is the first ever comprehensive long term workforce plan, funded up until 2028/29, that will enable the NHS to take local, regional and national actions to address the gaps we have in the current workforce and meet the challenge of a growing and ageing population. For nursing and midwifery, the NHS delivered early on the government's 2019 manifesto commitment to secure 50,000 more nurses by 31 March 2024.

NHS England is rolling out the People Promise Exemplar Programme across the country, with 116 organisations now engaged. We continue to see the positive impact of retention interventions across the country; the national all-staff leaver rate has fallen from a peak of 9.2% in April 2022 to 7.1% in February 2024, with the rate now stabilising at pre-pandemic levels.[1] This is greater progress than the leaver rate assumptions made in the LTWP, although it is still too early in the 15-year modelling period to draw definitive conclusions. NHS England has committed to updating the LTWP at least every two years and will make a full assessment as part of that update.

As set out in the 2024/25 priorities and operational planning guidance, this year systems are asked to continue to improve the working lives of all staff and increase staff retention and attendance through the systematic implementation of all elements of the People Promise retention interventions. NHS organisations are additionally asked to provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS LTWP.

**Productivity**

The Covid-19 pandemic was a major shock to both the NHS and international healthcare systems. The fall in NHS productivity after Covid is caused by a complex set of factors, some of which will have enduring and structural impact on the health service. The causes include:

- Reduced resilience going into the pandemic: the NHS operated as a very lean system pre-pandemic, with very little spare capacity to absorb shocks such as Covid, compared to other countries. Real terms reductions in capital investment had meant a growing backlog of maintenance and increasing technology debt.
- Population needs are more complex and acute. Data analysis from The Health Foundation shows a marked increase in complexity in admitted patients in acute hospitals. Longer lengths of stay combined with constrained capacity has resulted in lower throughput in the acute sector, although length of stay is now reducing.
- NHS organisations are also experiencing higher levels of staff sickness absence when compared with the pre-pandemic period. The NHS in England saw an average sickness absence rate of 5.6% in 2022, compared to 4.3% in 2019 (Nuffield Trust analysis). NHS England previously wrote to the Committee with details of the main contributors to staff absence, and the initiatives in place to support NHS staff to stay well and work and return to work from sickness.
- The years following the Covid-19 pandemic have also been characterised by repeated periods of industrial action, which has further hindered the ability of the NHS to progress its recovery aims. The NHS is estimated to have lost elective activity equivalent to around 6% of the elective target activity and incurred around £1.7 billion of additional cost in 2023-24.

The NHS is making progress in its recovery, although current data does not completely capture new ways of working that have been implemented to increase capacity and productivity. Work is

[1] The national all staff leaver rate cited here is aligned to the NHS Long Term Workforce Plan (LTWP) definition, which differs from the official published statistics (NHS workforce statistics - NHS England Digital). Official Statistics count those who move from a substantive role to inactive status (including maternity leave and career breaks) as a leaver, whilst the LTWP definition does not. Furthermore, Official Statistics include medical and dental staff whilst the LTWP does not (due to junior doctor rotations affecting the overall rate). The LTWP-aligned leaver statistics will be published to supplement the current published data.

underway to improve methodologies to enable improved measurement and quantification of productivity. This includes methods to capture the expansion of services such as Same Day Emergency Care, Virtual Wards and Diagnostics that have occurred in recent years.

Despite the significant challenges faced by the NHS, it has continued to increase activity in 2023-24 compared to 2022-23. For example, despite record attendances, March 2024 saw 74.2% of patients in A&E admitted, transferred or discharged within 4 hours, an improvement on 71.5% reported in March 2023. This is the first time that annual performance has been better than the previous year since 2009-10 (excluding the first year of the Covid-19 pandemic).

In 2023-34, the NHS has focused on supporting operational enhancements in provider organisations, which has enabled improvements day case rates, theatre utilisation and length of stay. This will be a continued area of focus for 2024-25. The NHS is treating more people than before the pandemic, with 25,256 more elective appointments and procedures carried out in September 2023 compared with the same month in 2019. Outpatient attendances with a procedure have more than doubled (to over 30 million in 2022-23). The activity is also delivered more productively, with the Day case rate (BADCS rate) now at 81% compared to 78% pre-Covid, and capped theatre utilisation at 78% compared to 75-76% pre-Covid.

As set out in the 2024/25 priorities and operational planning guidance, this year will see a relentless focus on improvement, including reducing delays and unnecessary processes to deliver on the priorities of patients and balancing system finances. Key priorities include reducing temporary staffing spend and removing off-framework agency use; reducing the delay for patients who are still in hospital beyond their discharge ready date; and improving the adoption of and compliance with best value frameworks and contracts.

The planning guidance additionally outlines that this year will see an investment in technological enablers to support long-term sustainable change. NHS England will continue to develop the NHS App as the digital front door to the NHS, will roll out the Federated Data Platform (FDP) to support recovery, and will continue to prioritise digitising the frontline to enable NHS systems to make the best use of Electronic Patient Record (EPR) systems.

NHS England has agreed a £3.4 billion capital investment as part of the 2024 Spring Budget, which will enable longer-term investment in AI, digital and technology priorities to support productivity growth by 2030. NHS England will set out further details of this planned investment in the summer.

I hope that members of the committee find this information helpful.

Yours sincerely,

**Sarah-Jane Marsh**
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Deputy Chief Operating Officer