

NHS England board meeting summary – 27 March 2025

For more detail on any of the items outlined in this summary, please find the full agenda and papers [here](#). Please note, this summary was written on 27 March 2025, before changes to the leadership team at NHS England (NHSE).

Chief executive update

- NHSE chief executive officer, Amanada Pritchard began the meeting by thanking colleagues who will be leaving NHSE following the reorganisation, taking place from 1 April 2025.
- Amanda acknowledged that colleagues within NHSE may be feeling unsettled about the news that NHSE will be abolished and the lack of clarity they have about their roles. However, she reassured them that Sir Jim Mackey, incoming chief executive officer, and Penny Dash, incoming chair, will bring new energy and expertise.
- Amanda supports the creation of a smaller centre and for the Department of Health and Social Care (DHSC), NHSE and other parts of the centre to work better together to reduce duplication, drive priorities more effectively and give local teams in the NHS the support to innovate and support patients.
- Amanda reflected on some of NHSE's achievements in the past year, including supporting providers to: eliminate the longest waits, halve those waiting more than a year for treatment, and increase acute sector productivity by 2.7%.
- Amanda also reflected on some of the longer-term reforms such as mental health teams in schools, virtual wards and Martha's Rule. She described Martha's Rule as the most important patient safety intervention seen in the NHS, and a move that is putting power in the hand of patients and families.
- Amanda closed the meeting by highlighting the ambition to eliminate cervical cancer by 2040 through HPV vaccinations and cervical screening, and announced the publication of the [delivery plan](#) as a way to achieve this.

Penny Dash and Jim Mackey update

- Penny Dash outlined three priorities she will be focusing on with Sir Jim Mackey:
 - changes to the health care system through the 10-Year Plan for Health,

- changes to integrated care boards (ICBs), including by working with ICBs, regions and providers to think about how they collectively work together to deliver the changes, and
- integration planning for NHSE and DHSC.
- Sir Jim Mackey thanked the current NHS leaders for their part in putting together plans for the next year.
- He also described meeting with NHSE staff in Leeds and acknowledged their concerns around the uncertainty of the transition and the need for his team to work with pace, but also fairness, giving clarity as quickly as possible, and learning from previous national reorganisations.

Operational performance

Urgent and emergency care

- In February there were over 2 million attendances at A&E departments across England. Average daily attendances were 74,353, 3.9% higher than January 2025 and 0.1% lower than February 2024.
- Patients admitted, transferred or discharged within four hours increased to 73.4% compared to 73% in January. This is still below the constitutional standard of 95%.
- Ambulance services answered 734,310 calls to 999, a decrease of 0.4% compared to January 2025 and a decrease of 2% compared to February 2024.
- The average response time for category two calls was 31 minutes and 22 seconds, an improvement from 35 minutes and 40 seconds in January 2024, and 36 minutes and 20 seconds in February 2024.
- Since March 2024, 15% of all ambulance calls across England were handled by 'Hear and Treat' clinical teams that can treat patients over the phone rather than sending an ambulance.

Elective recovery

- As of the end of January, there were 7.43 million waits for treatments and an estimated 6.25 million people waiting for care.
- The [elective reform plan](#) was launched in January. A key aim within the plan is to ensure that 92% of patients on the waiting list wait no longer than 18 weeks from referral to treatment by March 2029. The current position is 58.9%.
- There were 198,868 waits of more than 52 weeks for treatment at the end of January 2025, compared to 321,394 at the end of January 2024.
- There were 14,975 waits of more than 65 weeks at the end of January, compared to 92,213 at the end of January 2024.

- More than 2.5 million diagnostic tests were delivered in January 2025, 5% higher than January 2024.

Cancer

- There were 11,598 urgent suspected cancer referrals per working day in January 2025. This represents a 33% increase in referrals compared to before the pandemic.
- Performance against the 28-day faster diagnosis standard to reduce time between referral and diagnosis of cancer was 73.4% in January 2025. This is below the constitutional standard of 75%, and 78.1% in December 2024.

Learning disability and autism

- There are currently 2,065 people with a learning disability and autism in a mental health inpatient settings, compared to 2,910 in March 2015. This represents a decrease of 29% against the commitment to reduce inpatient numbers by 50% by March 2024.
- There has been a 57% reduction in the number of people who have a learning disability but no autism diagnosis in hospital since March 2017.
- For people who have a learning disability and also have an autism diagnosis there has been a 40% reduction in the number of people in hospital since March 2017.
- The number of people with an autism diagnosis in hospital inpatient settings has increased by 81% since March 2017.
- This increase may be due to the increase in the number of people recorded as having an autism diagnosis, as well as the higher prevalence of mental ill-health among people with an autism diagnosis.
- [2025/26 priorities and operational planning guidance](#), published in January 2025, asked integrated care boards to deliver a minimum 10% reduction in people with learning difficulties and autism in mental health inpatient care during 2025/26.

Financial performance

Month 11 revenue position 2024/25

- The overall system position, which includes ICBs and provider positions, is projected to be a £604m overspend.
- This is a notable improvement from the £1.4bn system deficit reported in 2023/24.
- Key variances in the £604m system deficit include:

- delivery of elective activity attracting additional planned income through the elective recovery scheme,
- shortfalls in efficiency plans of £539m, including provider workforce increases above planned levels, and
- pressures on continuing healthcare and prescribing within ICB positions.

Efficiencies

- Systems planned to deliver £9.3bn in efficiency savings and a reduction in whole time equivalent staffing and pay bills of 1.2% compared to 2023/24.
- At month 11, systems are forecasting £8.7bn of savings, a 21% increase from £7.2bn in 2023/24.

Workforce

- Workforce levels have increased by 0.1% since the prior financial year, 2.6% higher than planned for 2024/25.
- While the monthly pay bill has fallen by 0.7%, showing the benefit of switching temporary staffing for substantive staff.
- Agency spending has significantly reduced over the last two years and continues to fall in 2024/25. Forecasted cash spending on agency staff is £2.1bn for 2024/25, a 38% reduction from 2022/23.

Reduction in central costs

- A 35% reduction in NHSE's size has delivered savings of £490m, and further savings of £306m have been made through the financial management of NHSE central costs.
- NHSE has been able to reinvest £500m into frontline services and offset overspending.

Month 10 capital position

- By month 10, providers had spent £3.9bn on capital schemes, which is 55% of their full year budget, and up from 52% at the same time last year.
- The DHSC capital budget for 2024/25 is £8.6bn, with a forecast underspend of £142m.
- In 2024/25, systems will have completed various capital projects including 10 new community diagnostic centres, 25 surgical hub schemes, RAAC eradication at 9 sites and electronic patient records (EPRs) in 2 trusts.

Looking ahead

- 2025/26 planning is underway, with financial plans expected to be within £200-300m of allocations. 36 systems are expected to submit balanced plans.
- NHSE continues to work with trusts and systems where there are issues submitting plans by the end of April.
- All funding streams have been agreed with the government and 25 systems are within the tolerance for fair shares funding, +/- 2.5% of target. Those that are under or over will require further adjustments.
- The pay settlement agreed by government represents a risk for the next financial year. The NHS is currently funded for pay settlements of 2.8% and there is no additional funding in place for pay settlements above that level.

NHS productivity

Latest productivity position

- NHSE has been developing new productivity metrics for the NHS. These metrics are intended to provide more timely information and will include both acute and non-acute settings.
- The latest acute productivity figures from month nine show:
 - Productivity growth is estimated to be 2.7% compared to 2024/25, and
 - Output (cost-weighted activity) have grown by 5.8%, while inputs (spending growth) have grown by 3%.
- Estimates for non-acute services productivity growth from 2023/24 month eight to 2024/25 month eight are:
 - Mental health – 2.7%
 - Community – 3%
 - Ambulance – 1.9%
- The estimates for each sector include all trusts that primarily provide those services, for example if a trust provides mainly mental health services the figures will capture its mental health productivity, but not its community productivity. These figures exclude providers where there are concerns about their data quality, and minor and extreme outliers.

The Office for National Statistics productivity

- The Office for National Statistics (ONS) released their annual publication on public services productivity. This includes English NHS productivity performance up to the end of 2022/23.
- The ONS figures show by the end of 2022/23, NHS productivity was 5.4% below the level it was in 2019/20. The NHS has delivered sustained improvement since then.

Improving productivity

Productivity in 2024/25

Improvement in NHS productivity during 2024/25 has been supported by a number of measures, in particular:

- Reforming care delivery – In October 2024, 84% of patients receiving elective procedures were discharged on the same day, compared to 81.4% in October 2019.
- Reducing hospital stays – The average length of stay for overnight non-electives has decreased by 2.3% in 2024/25.
- Tackling agency spend – Agency spending has reduced from £3.5bn in 2022/23 to £3bn in 2023/24, with a forecast reduction to £2.1bn by the end of 2024/25.
- Retention of experienced staff – In November 2024, the leaver rate was 6.8%.
- Technology and digital transformation – 92% of secondary care trusts are on track to have an EPR system by March 2025.

Plans for 2025/26

The NHS has committed plans to improving annual productivity growth by 2% for 2025/26. Key measures for the next year are:

- Improving clinical and operational productivity – including training 20,000 clinical and operational managers and investing in clinically-led hospital improvement teams to support trusts in reducing length of stay and improving elective productivity.
- Tech and digital investment – investing in the roll out of EPR systems, increasing coverage of the federated data platform and the development of the NHS app.
- Supporting the workforce – continuing to invest in improved staff retention through the national retention programme and reducing agency spend by a minimum of 30%.
- Improving commercial arrangements – in 2023/24, NHSE used its commercial capabilities to release almost £500m in medicine savings and has set ambitions to save £1bn by 2029.

Improving measurement and reporting

Improving measurement

- NHSE's revised in-year productivity methodology for the acute sector provides a robust assessment which aligns with ONS method.
- ONS has been involved in developing non-acute productivity reporting.

- The new measure means that activity better reflects difference in patient complexity and is in line with ONS methodology on the categorisation of outputs.
- The NHSE measure has been adjusted to take account of lower cost services in certain acute settings, for example day cases instead of overnight stays. This ensures the measure reflects improvements when the same outcome for a patient is delivered in a lower cost setting.
- More work is needed to reflect the impact of moving care from acute to non-acute settings.
- ONS and NHSE are working to ensure productivity measures are understood and can be used appropriately by stakeholders.

Future reporting

- The productivity measures for acute providers are currently available on a monthly basis.
- NHSE's intention is to begin reporting and releasing this information to non-acute providers for their April 2025 data, which will be available around the end of Q1 2025/26.
- All acute and non-acute providers have been given an initial view of their productivity numbers in the productivity and efficiency opportunity packs which were released as part of planning.
- NHSE is planning to publish the new measure of productivity on a regular, potentially monthly, basis.

NHS performance and assessment framework 2025/26

At this board meeting, a substantially revised regulatory oversight framework for 2025/26 was approved for consultation.

Now called the NHS performance assessment framework, this iteration reflects feedback from engagement with trusts and ICBs about the previous draft as well as the changing external context.

Please see our [next day briefing](#) for more information.