Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
6th December 2017

TITLE	**Assurance Report**
EXECUTIVE SUMMARY	The Assurance report gives an overview of some of the key areas of internal focus for the Trust and areas of performance in terms of quality, operations and finance. The report seeks to provide assurance that activities within the Trust are focused on the delivery of excellent care and achievement of the constitutional standards.
The Council is asked to:	Note and review the report.
Submitted by:	Suzanne Rankin, Chief Executive
Date:	December 2017
Decision	For assurance

1 INTERNAL FOCUS

1.1 #Right Culture

Winter is always a challenging time in our hospitals and patient demand has really ramped up throughout November. We've had to deal with a Norovirus outbreak across our hospitals, resulting in the closure of bays on five wards at St. Peter's Hospital. Apart from the horrible experience for our patients, losing these beds brings obvious challenges in terms of managing our patient flow and this, inevitably, has an impact on our A&E performance.

Managing a Norovirus outbreak also brings other challenges and certainly adds to the workload of our staff; we've had to limit the number of staff moving between wards, introduce extra infection control measures and be very vigilant with visitors, ensuring they wash their hands with soap and water on entering and leaving the ward.

Rising to these challenges when colleagues are already working at full capacity is difficult; so I'm very proud of the way Team ASPH has come together to help. I've seen colleagues from right across the Trust – infection control, nursing, medical, pathology, therapies, imaging, theatres, service managers, discharge team and many other support functions – step up and do what needs to be done to continue providing safe and high quality care for our patients whilst creating capacity and flow.

I think the way we are working with our local health partners – other hospitals, ambulance service, community services, mental health, adult social care, commissioners and GPs – across Surrey also feels different this year. There is a real focus and energy around working together to cope with winter pressures; to understand the challenges each other face and find innovative ways of overcoming these.

So whilst we know the colder months will be tough, I have every confidence in Team ASPH and our colleagues across Surrey to rise to the challenge. We are certainly all unified in wanting to provide the best possible care to every patient who needs our services this winter.

1.2 Best Outcomes

Trust Performance

It's been well reported across the media that the NHS is under pressure, with performance against some of the waiting time targets becoming increasingly challenging. In statistics published by the BBC in October, we came ahead of the national average for three of the key waiting targets – the A&E four hour waiting target; the 62 day cancer target; and the 18 week target for planned operations and care.

Whilst we, of course, acknowledge that we not quite meeting some of the national targets, our position is both improving and bucking the national trend, which is a positive direction to be moving in.

Domain	Standard	Target	National performance	Ashford & St Peter's Hospitals
A&E	No patient waiting more than 4 hours from arrival to admission/transfer or discharge	95%	89.7%	91.5% (42 out of 134 Trusts nationally)

Cancer	62 day wait for first treatment	85%	82.6%	83.2% (Latest report for September has seen performance rise to 88.8%)
Planned operations and care	No more than 18 weeks from point of referral to treatment	92%	89.4%	92.8% (27 out of 131 Trusts nationally)

I think our improving trajectory over the last year is down to many positive initiatives and hard work, taking place both on the front line and behind the scenes. Our Urgent Care Centre and Ambulatory Care Unit are working well and taking pressure away from our main A&E department; we have introduced an Integrated Care Bureau (a partnership with social care and community services helping to get patients home more quickly) and will shortly begin GP streaming in A&E.

New Prostate Biopsy Procedure

Our urology department has recently introduced a new prostate biopsy procedure – known as 'template biopsy' – to provide more accurate detection of prostate cancer in men.

Whilst traditional biopsies are still an effective way of diagnosing prostate cancer for the majority of men, it only samples a small area of the prostate and can provide a 'false negative' for up to 30% of patients – meaning their cancer is not diagnosed. Those patients will continue to be monitored through Prostate-specific Antigen (PSA) tests and if those raise concern, another biopsy performed, but it can all lead to a delay in diagnosis.

The new procedure enables more thorough assessment and precise mapping of the prostate through the use of a simple template. The template divides the prostate area into very small sections and a biopsy is methodically taken through the holes of the template in each area. Each biopsy is sampled individually and tracked – so if cancer is detected consultants know which area of the prostate is affected and are able to stage the cancer more accurately.
This is a really positive development for our urology patients and great that we are now able to provide this procedure here – meaning they no longer have to travel to another hospital.

1.3 Excellent Experience

Visit by Brian Dolan

Back in October we were delighted to host a visit by Professor Brian Dolan – who is Director of an organisation called 'Health Service 360', has a background in emergency and mental health nursing and is an inspirational speaker on the subject of patient care. Brian is the originator of the fantastic #endPJParalysis campaign which I've spoken about previously and we are a part of so successfully at ASPH.

Brian joined us to deliver his 'TODAY' programme; the principle being 'patients' time is the most important currency in healthcare', and no more so than when they are nearing the last 1000 days of life. Essentially making time and doing things today will help a patient get out of hospital and home, or to the place they want to be, more quickly.

It was a very inspirational session and really made me think about our interactions with patients and how we need to make each one count. A large number of patients who get 'stuck' in our healthcare system are in the last 1000 days of their life, and the very people who do not have

time to waste.

In a practical sense it's refocusing on the things we already know – making sure patients flow through our hospitals with clear discharge plans, reducing the number of 'red' days (where patients are just waiting) to 'green' days (with positive interventions to speed up their stay) and getting patients out of their pyjamas - #endPJParalysis – a visible sign that says you're unwell, into clothes which signify you're getting better, an unconscious bias towards recovery.

Neonatal Intensive Care Unit

Our Neonatal Intensive Care Unit provides some incredible care for sick and premature babies across the region and a couple of activities in the unit recently have caught my attention.

Firstly the launch of a new snack bar for parents. The idea came from Mum Debbie Thwaites who spent time in the unit after giving birth prematurely to both of her children. Debbie noticed a gap for parents who spend long periods of time in the unit and found it difficult to get away for something to eat. So she sourced a stand and held fundraising events asking for snack contributions – it's been such a success that she is now rolling out the initiative to other hospitals. It's always uplifting to hear stories such as these – patients and families grateful for the excellent care they have received and seeking a way to give back.

Secondly, Friday 17th November was World Prematurity Day and the team were, once again, out in force to raise awareness and funds for our Little Roo Neonatal Fund. We were joined by the Mayor of Runnymede, a firm supporter of our hospitals, and I enjoyed seeing some lovely photos of him holding one of our tiny patients – baby Marshall Thorp-Lee born at 28 weeks and 6 days gestation. The team and Thorp-Lee family embraced the purple theme – the colour of prematurity – and even Abbey Wing (our building housing maternity services and NICU) was lit in bright purple for all to see. A fabulous effort by the team and with one in every 13 babies in the UK born prematurely, a good reminder of the impact this has on families and the amazing work carried out by neonatal units worldwide.

1.4 Skilled, Motivated Teams

Health and Wellbeing Strategy

Following the launch of our Wheel of Wellbeing, which I described last month, our Health and Wellbeing steering group continue to do some great work. It really feels like this important element of supporting our staff is gaining momentum, with lots happening and more 'buy in' from colleagues across the organisation than perhaps we've seen previously.

Specifically throughout November and December there will be a pop quiz, 'financial wellbeing' week, results from our photo competition (which had some incredible entries and choosing my three favourite photos from the gallery was really tough), decorate-a-door in a Christmas theme competition and the launch of our new ASPH Staff Social page on Facebook. We hope this will help staff to connect, sharing ideas for local social events, helping each other out and generally just chatting and getting to know other colleagues.

Seasonal Influenza Vaccinations

Our annual flu vaccination campaign began mid-October and we have now vaccinated over 54% of all frontline staff, which is a great achievement but we still have more to do. Our aim of vaccinating as many staff of possible remains a priority for us. We know a harsh winter is likely on its way and the flu jab is the best way to protect ourselves, each other, our patients and our families.

The 'flu fighting' team have been doing some great work in spreading the message and dispelling myths about the vaccine; alongside our Peer Vaccinators – front line staff who are taking the vaccine directly to their colleagues. There has also been a more innovative and eye catching campaign to promote the flu jab this year. So overall it's been a good effort but we need to keep the momentum going throughout December and January.

Recruitment of 20 new midwives

The challenges of recruitment in the NHS are widely publicised, so it was fantastic news that we were able to welcome 20 newly qualified midwives to the Trust earlier this month. Around ten had trained with us throughout their degree at University of Surrey, so were already familiar with our maternity service; we welcomed two from Italy and the remaining eight are mostly local and have many different work and personal connections with our Trust. I know they have received a very warm welcome to Team ASPH and I wish them all the very best in their new roles.

Congratulations to Dr Fowle and Mr Scott

Dr Adrian Fowle, Consultant Clinical Neurophysiologist, was recently elected President of the British Society for Clinical Neurophysiology. He was appointed to this prestigious position in recognition of his expertise in designing and delivering efficient services, patient-centred care and education.

Also, Professor Humphrey Scott, Consultant Colorectal Surgeon, was elected President of Coloproctology at the Royal Society of Medicine. Humphrey has been a consultant at ASPH for 21 years and is well known for his expertise in colorectal surgery and being passionate about education and training the new generation of surgeons.

Congratulations to both Adrian and Humphrey on these very much deserved appointments.

1.5 Top Productivity

Launch of BadgerNet

We have recently launched a new electronic medical record system for our maternity services known as BadgerNet. This will replace the traditional folder of handheld notes used by pregnant women and mean all the information is securely stored electronically and available at the touch of a button.

The BadgerNet system can be accessed by computer or mobile app, by both the woman and healthcare professionals looking after her at any time. It also means that notes are consistently legible, as not reliant on handwriting, and everything can be automatically duplicated (onto test forms etc.) so midwives don't have to write the same information out several times. It is initially being used in November by the community midwifery team, for women in the early stages of pregnancy booking their antenatal care and will be gradually rolled out to other services (labour, post-natal care etc.) in the coming months. The new system is part of a wider project to join up maternity services across the local area as part of the Surrey Heartlands Health and Care Partnership.

West Site Planning Application

In partnership with Surrey and Borders Partnership NHS Foundation Trust and Optivo, we have now submitted a planning application to Runnymede Borough Council for the redevelopment of surplus land on the St Peter's campus. The application includes plans for affordable housing for NHS staff; open-market housing; a multi-storey car park; and an extension to St Peter's main reception to provide an improved customer café and retail offering. The plans largely focus on

surplus land on the western part of the campus (the West Site). The intention is to secure permission for the redevelopment of the land for housing and sell it to directly fund improved local healthcare facilities and enable improvements to staff accommodation which will help the hospital attract and retain staff.

The funds raised will enable the redevelopment of urgent and emergency care facilities on the St Peter's site, support the refurbishment and redevelopment of mental health facilities and community services which serve people in north-west, mid and east Surrey and provide much-needed homes in the local borough (Runnymede) which has a significant shortage of affordable housing and housing land.

Surrey Heartlands Health and Care Partnership

I've already highlighted the enormous amount of partnership working that is going on across the local system to support winter plans and this has now been expanded across the whole Surrey Heartlands Health and Care Partnership. Through additional transformation funding, received directly into the local system via our Devolution agreement, we have been able to invest directly in a number of winter initiatives across Surrey Heartlands including targeted communications activity.

More locally we continue to work with local partners on our plans to develop an Accountable Care System/Alliance across North West Surrey, exploring new ways of working together to support population health and care pathways that truly focus on patient need.

1.6 Other Items of Interest

Communications Plan Update

Governors have recently suggested that there might be more we could do to improve our public profile, particularly compared to some of our neighbouring Trusts.

With this in mind, I thought it would be helpful to update the Council of Governors on our current external communications activity and planning, how that supports local reputation management and our communication plans moving forward.

Clearly a key objective within our wider communications and engagement strategy is to maintain and improve our public reputation using a variety of channels and talking to a range of audiences. This includes, but is not limited to, local media (broadcast and print), social media activity, presenting to external audiences (for example local borough councils) and public events (openings and so on). It's important to note that in today's changing news environment we need to take much more account of alternative news channels, in particular our social media reach, as traditional newspaper sales continue to decline and people access their news in different and often more targeted ways.

Recent media activity

The following table gives a broad indication of recent media coverage for ASPH including print and social media activity. The majority of coverage results from positive media stories/social media posts, but also includes stories initiated by media enquiries, reporting of public inquests and so on. Media monitoring is undertaken by the comms team in-house so should not be viewed as absolutely conclusive.

ASPH recent media coverage - Sept – November 2017				
Week ending:	**ASPH**	**Local media outlets**	**Twitter activity**	**Facebook* (corporate profile)**
3 Sept	1 x positive 1 x neutral	Surrey Ad/Get Surrey Surrey Ad/Get Surrey	5,229 tweets, (+16) 3,347 followers (+7)	1,088 likes (+9)
10 Sept	2 x positive	Surrey Ad/Get Surrey Heathrow Villager	5,249 tweets, (+20) 3,354 followers (+7)	1,099 likes (+11)
17 Sept	2 x positive 1 x negative	Surrey Ad/Get Surrey Surrey Ad/Get Surrey	5,265 tweets, (+16) 3,376 followers (+22)	1,110 likes (+11)
24 Sept	2 x positive 1 x neutral	Heathrow Villager; Surrey Ad Woking News & Mail	5,275 tweets, (+10) 3,394 followers (+18)	1,119 likes (+9)
1 Oct	1 x positive 1 x neutral 1 x negative	Woking News & Mail Surrey Ad/Get Surrey Surrey Ad/Get Surrey	5,289 tweets, (+14) 3,419 followers (+25)	1,125 likes (+6)
8 Oct	1 x positive 1 x negative	Woking News & Mail Surrey Ad/Get Surrey	5,298 tweets, (+10) 3,427 followers (+8)	1,127 likes (+2)
15 Oct	1 x positive 1 x neutral 1 x negative	Woking News & Mail Surrey Ad/Get Surrey Daily Mail	5,309 tweets, (+11) 3,437 followers (+10)	1,133 likes (+6)
22 Oct	1 x positive	Surrey Ad/Get Surrey	5,319 tweets, (+10) 3,445 followers (+8)	1,136 likes (+3)
29 Oct	2 x positive 1 x negative	Daily Mail; Health Business.net Daily Mail	5,337 tweets, (+18) 3,452 followers (+7)	1,141 likes (+5)
5 Nov	5 x positive	Woking News & Mail (2); Surrey Ad/Get Surrey (2); Heathrow Villager (1)	5,360 tweets, (+23) 3,472 followers (+20)	1,146 likes (+5)
12 Nov	2 x positive 1 x neutral	Woking News & Mail Surrey Ad/Get Surrey	5,380 tweets, (+20) 3,491 followers (+19)	1,160 likes (+14)
TOTAL	**20 x positive 4 x neutral 5 x negative**		**168 tweets 3,491 followers**	**135 likes**

Neutral = neutral coverage (neither good nor bad)
Positive = positive coverage
Negative = negative coverage

Media releases: Over this same period we issued **26** positive media releases to local media compared to **12** across the same time period last year.

Twitter activity: We continue to use Twitter to post short messages, links to articles and engage in dialogue with members of the public. Our Twitter following now stands at nearly 3,500 people and, whilst lower than some of our peers (e.g. Royal Surrey has 5,000 followers), is growing steadily.

In addition, the use of Twitter by other members of the team increases our reach substantially, particularly on the national platform. For example, my own Twitter profile (@SuzRankin) now has over 1,100 followers including a number of national colleagues and organisations helping to push ASPH out onto the national platform.

Facebook activity: We have recently increased our use of Facebook as a positive news channel, with 11 stories posted via our corporate Facebook account during November alone. Sharing these stories has the potential to reach large audiences, for example our recent post on the new snack bar in NICU reached over 6,700 people (source: Facebook Insights). Online posts also allow readers to comment and engage in more meaningful dialogue than simply reading a more traditional newspaper article.

YouTube: ASPH also has its own YouTube account and we continue to use film as an alternative communications channel externally and internally. For example our short film 'Children's Surgery at St Peter's Hospital' has had an incredible 250,000 views, and a film promoting nursing and midwifery opportunities at the Trust almost 2,000 views. The team is currently auditing performance and will be putting a strategy in place to make sure we are targeting film in the best way.

Comparing ourselves to others across our local catchment area

The following table gives a breakdown of how we have compared against some of our peers across the same media (NB: this only includes media covering the **local ASPH catchment**).

Week ending:	**ASPH**	**RSCH**	**SABP**
3 Sept	1 x positive 1 x neutral	1 x positive 2 x negative	
10 Sept	2 x positive	1 x positive	
17 Sept	2 x positive 1 x negative	1 x positive	1 x positive
24 Sept	2 x positive 1 x neutral	1 x positive	
1 Oct	1 x positive 1 x neutral 1 x negative	2 x negative	
8 Oct	1 x positive 1 x negative	1 x negative	
15 Oct	1 x positive 1 x neutral	2 x positive	
22 Oct	1 x positive	3 x positive 1 x negative	
29 Oct	1 x positive	1 x positive	1 x positive
5 Nov	5 x positive	1 x negative	

12 Nov	2 x positive 1 x neutral	1 x positive 2 x negative	
TOTAL	**19 x positive** **5 x neutral** **3 x negative**	**11 x positive** **9 x negative**	**2 x positive**

Media releases issued by a wider group of peers across the same time period:

ASPH: 26
RSCH (Royal Surrey: 8
FHP (Frimley Health): 33
SABP (Surrey & Borders): 16
Epsom & St Helier: 9

The value of internal communications

We should also not under-estimate the value of our internal communications activity in terms of positive messaging; staff are one of our greatest ambassadors and have a large reach out into the community: "Every member of staff has 10-15 people they can influence –and they are believed because they are from the NHS and because they are in the close social and family circle of the people they are influencing." ('Top 10 Rules for Winning' by John McTernan, published by NHS England, 2017).

Building on what we are doing

Our external communications strategy will continue to focus on researching and promoting positive stories across local media – analysing the data from the last three months shows that while we have had fair and positive representation across local printed media, there is more we could do in relation to broadcast media, particularly radio. The team continues to measure which stories have more success in order to target activity further.

In terms of social media recent activity, particularly across Facebook, has demonstrated the power of targeting stories to people's individual social media feeds to increase reach including the creation of a two-way dialogue. We need to make sure we are using the most appropriate channels and will also be exploring the use of LinkedIn (a more corporate, business focus including recruitment) and Instagram (an easy pictorial way to get simple messages across, particularly with staff). The team continues to audit how these different channels perform and will take action accordingly.

We are also putting plans in place to present to local Borough Councils in the New Year as we have done in previous years which Governors have also attended in their relevant areas.
We would seek Governors' proactive support in helping us spread our positive messaging and would suggest the following ideas for further thought:

1. Following ASPH twitter and Facebook activities, sharing and re-tweeting to increase reach;
2. Feeding back to the communications team when you come across areas of good practice, examples of great work that from a layman's perspective you feel worthy of further research;
3. Supporting the communications team (particularly in relation to our Members' Matters magazine) in researching and writing articles from a Governor's perspective.

2 EXTERNAL OUTLOOK

2.1 NHS facts and figures: the NHS at the heart of our national life – NHS Providers

This short overview establishes why the NHS is important, the scale and scope of its work (including international comparisons, patient experience, its delivery track record) and the challenges it faces.

Please see overview at the end of this paper.

3 PERFORMANCE

3.1 Details of our operational performance including A&E are included in the separate report – Paper 6.2.

3.2 2017/18 Financial Position - Month 7

The month 7 financial position showed that the Trust delivered a surplus of £5.3m which was behind plan. The £5.3m surplus derives from a £2.6m operational surplus plus £2.7m of Sustainability and Transformation funding. The table below out the key metrics:

Finance Scorecard					
	Annual Plan (Incl STF)	Forecast (Incl STF)	YTD Plan (Incl STF)	YTD Actual (Incl STF)	YTD Variance (Incl STF)
Use of Resources Score (UOR)	1	1	1	1	
Total income excluding interest (£000)	£300,132	£300,799	£174,740	£172,747	(£1,993)
Total expenditure (£000)	£272,845	£273,423	£159,355	£159,716	(£361)
EBITDA (£000)	£27,287	£27,376	£15,385	£13,031	(£2,354)
I&E net operational surplus/Deficit (£000)	£13,424	£14,033	£7,387	£5,347	(£2,040)
Month end cash balance (£000)	£22,788	£24,215	£15,216	£8,098	(£7,118)
Capital Expenditure Purchased (£000)	£8,712	£8,312	£6,409	£4,094	(£2,315)
CIP Savings achieved (£000)	£10,541	£10,528	£5,789	£6,080	£290
STF Funding within income £000)	£7,672	£7,672	£3,452	£2,685	(£767)
CQUINs (£000)	£4,367	£4,367	£2,170	£2,934	£763
Joint Delivery Plan with CCG (Income Only)	£8,000	£8,000	£3,346	£3,346	£0

NHS Improvement "Use of Resources Score (UOR)"					
	Weighting	Current	Current Score	Forecast (incl STF)	Forecast Score (incl STF)
Capital Service Cover	20%	3.10x	1	3.67x	1
Liquidity	20%	3.0	1	12.5	1
I&E Margin	20%	3.12%	1	4.67%	1
I&E Margin Variance From Plan	20%	-1.27%	3	0.00%	2
Agency	20%	-12.00%	1	-9.85%	1
Use of Resources Score Rating (UOR)			**1**		**1**

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activity was £1.0m behind plan mainly in critical care and maternity. Other income streams (non-NHS activity and other income) were also £1.0m behind plan, mainly due to not achieving the month 7 STF of £0.8m;

- Pay costs are £1.2m under plan at month 7 with temporary staffing costs at £14.3m which is £0.9m lower that at the same point last year. There has been a £2.3m year-on-year reduction in agency costs and the Trust is now £0.8m under the agency spend cap set by NHSI;

- Non-pay costs were £1.5m above plan, mainly in drugs (£0.6m), premises (£0.4m) and outsourcing (£0.6m);

- Sustainability and Transformation funding (STF) of £7.7m is available to the Trust in 2017/18 on a phased quarterly basis. The trigger to accessing the funds is by meeting the year to date financial control total each quarter which generates a 70% payment. In 2017/18 there has been a change to the other 30% payment which is now all attributable to A&E (15% for performance and 15% for implementing A&E GP streaming). At the end of quarter 2 the Trust had met the relevant criteria and STF of £2.7m is expected, of which £1.2m has been received. The Trust is not expecting to meet its Q3 STF control total target so has not accrued any income for month 7;

- Cost improvement plans are currently ahead of plan by £0.3m with delays to some schemes offset by over-recovery on others;

- Capital is currently behind plan by 36% (£2.4m) mainly due to delays in scheme business cases and approvals and some slippage in some schemes. The % variance to budget is reducing each month;

- Cash is behind target - the slippage on the capital programme is partially offset by 2016/17 over-performance not paid (£1.2m paid by NHSE in November) but is also impacted by the current trading position; and

- Overall performance shows that a surplus of £5.3m has been delivered to date. The £5.3m surplus includes £2.7m of STF with operational budgets delivering £2.6m. This is £2.0m behind plan. This financial performance delivers a Use of Resources (UoR) metric of 1 at month 7, against a plan of 1.

Forecast

Cost saving targets, which are budgeted at £10.5m for the full year, are currently projected to come in on plan with additional savings delivered to meet project shortfalls...

The capital programme is now forecast to be £1.0m behind plan at the end of the year, with forecast slippage on two large schemes unlikely to be recovered.

At the end of month 7 the Trust is holding its full year forecast at the NHSI control total plan of £14.0m. This includes £7.7m of STF. This target would deliver a UoR of 1.

When the Trust set its budget of £13.4m for 2017/18 (£14.0m on a control total basis) it was

recognised that it was a challenging target. That remains the case and the Trust is doing what it can to ensure that it achieves the operational budget target of £6.3m for the full year.

NHS Providers

THE NHS AT THE HEART OF OUR NATIONAL LIFE

THE NHS PLAYS A FUNDAMENTAL ROLE IN SOCIETY AND IS A CENTRAL PILLAR OF OUR ECONOMIC STRENGTH AND STABILITY

The NHS in England...

- Provides **55 million citizens** with care free at the point of need
- Provides jobs for **1.3 million people**, making it the country's largest employer
- Provided education and training opportunities for over **38,000 nurses**, scientists, and therapists and over **50,000 doctors and dentists** last year

The NHS also plays a key role in maintaining the global competitiveness of the UK's life sciences sector, which:

- Generates around **£64 billion** annually
- Provides more than **233,000 UK jobs**

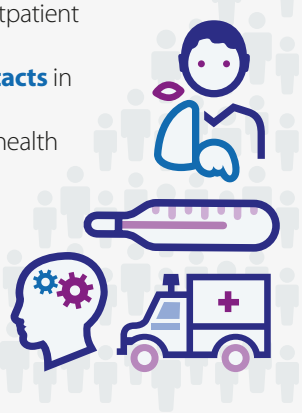
THE NHS DELIVERS WORLD CLASS SERVICES

The NHS is an international leader...

- The Commonwealth Fund ranks the NHS as **the world's best healthcare system**, ahead of comparable systems on measures including safety and affordability
- The NHS provides **good value for money**; the UK spends $4,193 per person on healthcare each year compared to $4,600 in France and $5,551 in Germany
- **69% of the public in England** report they get good healthcare, compared with **57% in France** and **59% in Germany**

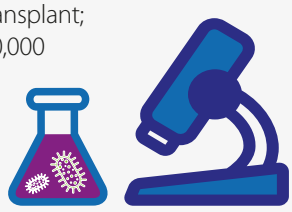
...providing comprehensive care to millions...

- Every year, NHS trusts:
  - manage **21 million A&E attendances** and almost 118 million outpatient appointments
  - provide **100 million contacts** in community services
  - provide specialist mental health and learning disabilities services for **over 1.8 million people**
- In 2014, the first NHS national **waiting times targets for mental health services** were introduced

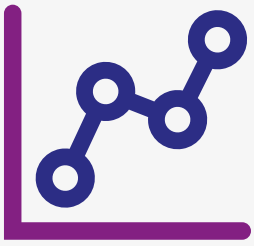


...and has a strong track record of improving care quality and our global competitiveness

- The NHS is **a world leading research organisation**, **with billions invested** in NHS research every year. The service has been **at the forefront of key medical breakthroughs**, such as pioneering the first combined heart, lung and liver transplant; introducing CT scans; and the 100,000 genomes project. The NHS also helps make the UK a global hub for the medicines and health technologies industries



- Given the right resources, NHS foundation trusts and trusts have shown that they can make **huge gains in improving care quality and outcomes**, including heart attack and cancer survival rates, reducing infections and saving money. In **2016/17 alone, NHS trusts made £3.1 billion of cost improvement gains**



For data sources, please visit www.nhsproviders.org

NHS Providers

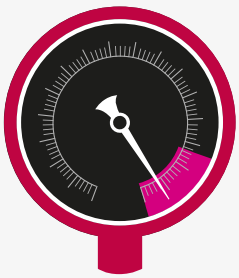
NHS CHALLENGES
INVESTMENT AND SUPPORT NEEDED

BUT OVER THE COURSE OF THE NEXT PARLIAMENT, THE NHS FACES MAJOR, UNPRECEDENTED CHALLENGES

Demand is rising...

- The **over-85s population** has increased by almost a third since 2005 to 1.3 million and **will double in the next 20 years**
- The prevalence of long-term conditions such as diabetes, arthritis and hypertension is rising, with people with **long-term conditions accounting for 77%** of inpatient bed days
- **One in four people** will experience a **mental health** issue each year
- GPs delivered an estimated 370 million consultations in 2016, an increase of **70 million in 5 years**
- Calls to the **ambulance** switchboard are increasing, with staff in June 2017 **handling 7% more calls** than in June 2016

...so putting pressure on frontline services...



- **Performance** against key standards **is deteriorating**:
  - in 2016/17, **an average of 89% people** were seen within 4 hours at **A&E**, compared to the 95% standard
- the 92% 18-week **elective surgery target has not been met** since February 2016

...at a time when funding is not keeping pace...

- **Demand for NHS services is rising by 4%** each year just as spending per person on health services is falling
- Demand for ambulance services is **growing on average by 5%** a year
- An **extra £10 billion of investment in NHS buildings** and equipment is needed to support current plans to improve local health services
- Reductions to social care budgets mean that around **400,000 fewer people over 65** now receive social care than in 2010
- A lack of funding, reductions in capacity and staff shortages have seen **significant reductions in the numbers of beds and other services** in the community

...and strain on the NHS workforce

- All trusts report **difficulties in recruiting and retaining** staff
- There are **persistent shortages across key staff groups** including nurses, paramedics, mental health support workers and A&E doctors
- There remains **uncertainty about the future rights and status of the 167,500 EU nationals** working in health and social care in England after the UK leaves the EU

Public concern about the future of the NHS is the highest it's been since June 2002: 57% think the NHS's ability to deliver care and services has been getting worse and will continue to decline.

To sustainably meet the changing needs of our growing and ageing population, the NHS has to transform, offering more personalised care closer to home. This will take time and will also need investment and political support.

For data sources, please visit www.nhsproviders.org