Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
7th March 2018

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:	March 2018
Decision	For assurance

1 INTERNAL FOCUS

1.1 Our hospitals have been really busy over the winter period and demand peaked at the start of this year, just after the Christmas break. This isn't uncommon and we put robust plans in place, along with our local healthcare partners, to respond to increased A&E attendances and admissions. Across the system we were probably better prepared than we have ever been before. Nevertheless even with the best plans when unusually high numbers of patients attend A&E and our beds are filling up quickly, surges of activity create a very challenging scenario for our teams. Continuing to provide high quality care for patients under these circumstances can be very demanding and requires a real team effort – both inside ASPH and with our health and social care partners who ensure the right arrangements are in place for patients to be safely discharged home.

I took a period of annual leave over Christmas whilst Valerie Bartlett, Deputy Chief Executive, Louise McKenzie, Director of Workforce Transformation and my other executive colleagues provided highly capable and effective leadership to the whole team. I would like to thank them and every member of team ASPH for their supreme efforts. Walking round our hospitals, we have all seen first-hand how colleagues are genuinely living out our values; the compassion, care and commitment Team ASPH has given has been genuinely humbling to see.

In order to provide some time for reflection and sharing of experiences we focused our Schwartz Round in January on the impact of responding to winter pressures, giving colleagues the opportunity to share and consider the emotional impact in a safe and protected environment.

We saw an increasing number of flu cases in our hospitals during January which was obviously concerning and required us to put extra infection control measures in place including encouraging as many staff as possible to protect themselves in the best possible way - by taking up the flu vaccination. You can read more about this later in the report.

1.2 Best Outcomes

CQC Report

On 10th January our latest Care Quality Commission (CQC) report was published. This followed an unannounced focused visit back in September, where inspectors came onto some our medical wards at St Peter's Hospital to look at aspects of our nursing care.

There was lots of positive feedback, which is excellent and testament to Team ASPH. I was delighted to read the inspectors use words like 'caring' to describe our nursing colleagues and that patients reported being treated with kindness and having their privacy and dignity well respected. They also recognised the excellent work we've done around the prevention and management of pressure ulcers and noted that we had sufficient nursing staff on duty, with temporary staff well inducted and patient records completed appropriately.

The main areas for improvement identified by the inspectors were fire safety and exits, the safe storage of medicine, ensuring emergency equipment is regularly checked and staff mandatory training. Reassuringly these were issues only noted on one or two wards and not widespread problems across our hospitals.

Where the CQC alerted us to issues – such as a blocked fire exit and unlocked medicine cupboard – we took immediate action. Since the visit, which took place in September, we have also piloted an innovative 'e-checklist' solution, known as 'Perfect Ward'. This is an innovative 'e-checklist', piloted on some of wards, which prompts the daily senior nurse leader to complete a series of simple checks, such as:

1. Are the fire exits clear?
2. Is the medicine fridge temperature correct?
3. Has the resus trolley equipment been checked?

These are all simple things but on a busy ward environment an extra reminder is always helpful.

The app has been really successful and going into this year we are looking at the best way of sharing this good practice across our other wards. We are also looking at ways of making our mandatory training more accessible to try and get closer to our ambitious target of 90% of staff being fully up-to-date with all required courses.

'Bumps and Pumps'

Our diabetes team started an excellent support group for mums, or mums-to-be, who have Type 1 Diabetes and use an insulin pump. The group was established with Diabetes and Insulin Pump Specialist Nurse, Jo McBride, and is held in our specialist Stephanie Marks Diabetes Resource Centre bi-monthly.

Jo explained that many mums with Type 1 Diabetes didn't know others in a similar situation and that pregnancy / childbirth can feel challenging already, without the added worry of managing a serious diabetes condition. Pregnancy can make it even more difficult with some women having to test their blood glucose levels up to ten times a day to control it well. It can feel like a stressful and lonely place to be and the group helps women come together, share experiences and offer support.

1.3 Excellent Experience

Opening of new Ophthalmology Suite

Our Chairman, Andy Field, visited Ashford Hospital at the end of November to open a new Ophthalmology Suite. This was a culmination of a year of hard work by the team, who undertook an experienced based co-design project, working in partnership with patients to make improvements to the services we provide to those with Age-Related Macular Degeneration. It's an approach we are using increasingly at our Trust and one I am wholly supportive of; getting patients involved in the evaluation of our services and working with them to identify ways of making meaningful improvements.

Well done to Ophthalmology Clinical Lead, Dr Heidi Chittenden, Deputy Divisional Chief Nurse for TASCC, Dawn Gantley and all the team on a successful outcome.

Launch of Virtual Urology Clinics

Our urology team started a new way of working, known as virtual clinics. For many patients this will mean a quicker service and also avoiding an unnecessary trip to hospital.

Traditionally, patients would physically attend their clinic appointment; often just as a follow-up to previous treatment or for reassurance following stable test results. However, if everything is normal there is no real need for them to make a special trip to hospital – which may mean taking time off work, arranging a lift from a relative or friend or paying to park.

The virtual clinics mean that the case will still be reviewed by a consultant and a quick phone call or letter will be used to update the patient instead. We are already using this model in some of our other services – such as our fracture clinic – and it's proving to be successful and popular with patients. Each year, our outpatient numbers grow and it's important to find innovative ways

to provide the same quality of service whilst keeping up with demand.

Changes in our Care of the Elderly Team

In a similar way to our Ophthalmology team, our Care of the Elderly team have been working on a number of co-design projects with their patients, staff, relatives / carers and stakeholders, over the last few months.

One important change is the decision to change their name from 'Care of the Elderly' to the 'Senior Adult Medical Services' (SAMS). This followed feedback from a questionnaire, where some patients found the term 'elderly' to be derogatory and preferred the new name.

The team are also part of a high-profile end-of-life care project called 'Living Well to the Very End', in partnership with The Point of Care Foundation. This began in May 2017 and has helped make some tangible improvements on Holly and Swift Wards in providing individual and compassionate care at the end of a patient's life.

Another development is the introduction of the 'What Matters to you?' concept – helping staff to identify the small things that matter most to patients during their time in hospital.

It's fantastic to see this team's enthusiasm and the dedication they are giving to provide the best possible care for our older patients.

'Adopt-a-Grandparent' wins FAB NHS Award

I'd like to congratulate our volunteers and 'Adopt-a-Grandparent' team for their success in winning an Academy of Fabulous NHS Stuff (FAB) 'Tiny Noticeable Things' (TNT) Award back in November. Following its launch in February 2016 this successful scheme aims to provide social interaction and communication to our older patients, by asking staff to volunteer half an hour of their time each week to sit and chat. It's brilliant to see this initiative receive such worthy recognition.

1.4 Skilled, Motivated Teams

Flu Vaccination

We continued our campaign to encourage all staff to take up the seasonal flu vaccination over the winter period. With the brilliant efforts of our "flu fighting team" including Occupational Health, our Project Management Office and all of our Peer Vaccinators; who volunteered to take the jab to their colleagues on the wards; the Trust achieved its CQUIN target of 70% of frontline staff receiving the flu vaccination.

Photo Competition

Our Health and Wellbeing Group held an all staff photography competition which proved extremely popular. Colleagues were then invited to vote for their favourite photos before the top twelve were chosen and made into a calendar for teams to display across our hospitals. I have to say that choosing my top three photos from all the fabulous entries was really tough – we obviously have some very creative and talented people working for us at ASPH! Congratulations to all the winners and thank you to the Health and Wellbeing team for organising this fun competition.

Numeracy Campaign

As part of the 'keep learning' branch of our wheel of wellbeing, our Learning and Development

team have kick-started the year with a new numeracy campaign. They are partnering with National Numeracy to support staff across the Trust wanting to improve their everyday maths skills, helping them both inside and outside work. This is just one of a number of initiatives our Organisational Development team have planned for the year and I look forward to finding out more.

1.5 Top Productivity

Handi App

I am delighted to say that we launched a new paediatric app in collaboration with North West Surrey CCG – 'HANDi' for families, parents and carers living locally. The aim of the app is to empower parents / carers with knowledge to recognise when their child is unwell but can be looked after at home or when they need to see a GP or seek help elsewhere.

It includes illness-specific home assessment for six common childhood illnesses:

- Diarrhoea and vomiting
- High temperature
- Chesty baby (Bronchiolitis)
- Chesty child (Wheeze and Asthma)
- Abdominal pain
- Common new-born problems

HANDi app can be downloaded from Google Play for Android phones or the Apple App Store for iPhones by searching 'HANDi app', and then selecting Ashford and St Peter's Hospitals NHS Foundation Trust.

The plan is that this app will be cascaded throughout Surrey Heartlands.

Surrey Heartlands Health and Care Partnership

Our partnership work through Surrey Heartlands continues, and has been particularly strong during the winter period. 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. Surrey Heartlands continues to engage local stakeholders through quarterly Stakeholder meetings and more information on the partnership can be found at www.surreyheartlands.uk where you can also sign up to the monthly newsletters.

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

2 EXTERNAL OUTLOOK

2.1 NHS Providers - Cavendish Coalition publish Brexit impact feedback from NHS employers

NHS Providers, NHS Employers and The Shelford Group, under the umbrella of the Cavendish Coalition, have published the views of NHS trusts about the impact of Brexit on staffing leading up the outlined agreement between the UK and the EU on citizen's rights in December.

Since the referendum result, the Coalition has been tracking the views of NHS trusts about how the UK's withdrawal from the European Union will affect their ability to hire and retain staff

through its quarterly Brexit impact survey.

The group have conducted four surveys since the referendum result in June 2016 and will be continuing to run these surveys throughout 2018.

An infographic published on 9th February 2018 (please see at the end of this report), which records feedback up until June 2017 highlights a growing concern that Brexit will have a negative impact on their ability to hire staff. More NHS trusts are also changing their recruitment plans to meet their workforce supply needs.

However, since the most recent set of data, the UK and the EU have reached an outline agreement on the future of EU citizens rights published in December. The agreement in principle means that EU citizens living lawfully in the UK by 29 March 2019 will be able to stay with broadly the same level of rights and benefits they currently have.

The Cavendish Coalition has welcomed the outlined agreement as an important step in addressing the uncertainty of NHS trusts in its ability to continue to recruit from and retain staff from the EU.

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 10 Position

The Trust reported a year to date position that was £0.2m ahead of plan with a £11.1m surplus against a planned surplus of £10.9m, however this is £0.2m behind the NHSI Control Total. The Trust has forecast to achieve its full year Control Total, so STF of £5.9m has been accrued YTD. 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)
NHSI Finance Score Rating	1	1	1	1	
Total income excluding interest (£000)	£300,137	£301,762	£249,800	£250,526	£726
Total expenditure (£000)	£272,850	£274,368	£227,470	£228,385	(£916)
EBITDA (£000)	£27,287	£27,393	£22,331	£22,141	(£189)
I&E net operational surplus/Deficit (£000)	£13,424	£14,033	£10,851	£11,066	£215
Month end cash balance (£000)	£22,788	£21,718	£17,866	£8,473	(£9,393)
Capital Expenditure Purchased (£000)	£8,712	£7,812	£7,869	£5,694	(£2,175)
CIP Savings achieved (£000)	£10,541	£10,791	£8,687	£9,059	£372
STF Funding within income £000)	£7,672	£7,672	£5,882	£5,882	£0
CQUINs (£000)	£4,367	£3,731	£3,488	£3,109	(£379)
Joint Delivery Plan with CCG (Income Only)	£8,000	£4,000	£5,560	£3,925	(£1,635)

NHS Improvement "Finance Score Rating "					
	Weighting	Current	Current Score	Forecast (incl STF)	Forecast Score (incl STF)
Capital Service Cover	20%	3.62x	1	3.67x	1
Liquidity	20%	10.6	1	13.2	1
I&E Margin	20%	4.44%	1	4.65%	1
I&E Margin Variance From Plan	20%	-0.09%	2	-0.02%	2
Agency	20%	-11.87%	1	-11.50%	1
Finance Score Rating			1		1

Year to Date

The key points are: -

- Clinical income from CCG's, NHS England and Local Authorities (GUM) activity was £1.6m behind plan mainly in elective surgery, critical care and maternity. Other income streams (non-NHS activity and other income) were £2.3m ahead of plan, mainly due the receipt of STP funds and NHSE winter monies of £3.0m which offset a shortfall in private patient income;

- Pay costs are £2.0m under plan at month 10 with temporary staffing costs (bank, locum and agency) at £20.7m, which is £1.6m lower that at the same point last year. There has been a £3.7m year-on-year reduction in agency costs and the Trust is now £1.1m under the agency spend cap set by NHSI;

- Non-pay costs were £2.9m above plan, mainly in drugs (£0.9m), premises (£0.5m) and outsourcing (£1.7m);

- 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 3 the Trust had met the relevant criteria and STF of £5.0m is expected, of which £2.7m has been received to date. The Trust has forecast to achieve its full year financial Control Total, so STF of £5.9m has been accounted for YTD in line with NHSI guidance;

- Cost improvement plans are currently ahead of plan by £0.4m with delays to some schemes offset by over-recovery on others;

- Capital is currently behind plan by 28% (£2.2m) mainly due to delays in scheme business cases and approvals and slippage in some schemes. The % variance to budget is reducing each month;

- Cash balances (including STF) were £9.4m lower than planned in January. The slippage on the capital programme is offset by the accrued income within the current trading position, including over-performance. The Trust is seeking to obtain cash for the accrued income, including interim payments for activity over-performance; and

- Overall performance shows that a surplus of £11.1m has been delivered to date with the £11.1m surplus including £5.9m of STF income. This is £0.2m ahead of plan and the performance delivers a Finance Score Rating (FSR) metric of 1 at month 10, 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 £0.3m ahead of plan with additional savings delivered to meet project shortfalls.

The capital programme is now forecast to be £0.9m behind plan at the end of the year, with forecast slippage on two large schemes unlikely to be recovered.

At the end of month 10 the Trust is holding its full year forecast at the NHSI Control Total plan of £14.0m, which includes £7.7m of STF. This target would deliver an FSR of 1.

When the Trust set its budget 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.

Please see attached NHS Providers briefing on 2017 Qtr 3 finances and performance.

BREXIT – one year on

What's the impact on the NHS workforce?

Since the UK voted to leave the European Union (EU), we have regularly surveyed NHS trusts to find out the impact on the EU workforce. These are the results, one year on.

More NHS trusts feel that Brexit will..... impact on their workforce:

In 2016
73%
were unsure of the impact

In 2017
49%
were unsure of the impact

and the impact of Brexit will be negative:

In 2016
19%
said the impact would be negative

In 2017
41%
said the impact would be negative

More than double the number of NHS trusts now feel the decision to leave the EU will have a negative impact on their workforce. **Why?** Anecdotal decline in the numbers of EU nationals wanting to come to the UK and increasing numbers of experienced staff leaving the UK.
Any indication that the UK is becoming a less attractive place to work is alarming for future workforce supply.

NHS trusts continue to report incidents of bullying/harassment linked to racism or xenophobia:

In July 2016
25%
reported incidents

In July 2017
21%
reported incidents

The fact that 21% of NHS trusts reported instances of bullying or harassment linked to racism or xenophobia **is not acceptable**.

Fewer NHS trusts have plans to recruit from the EU:

In 2016
49%
had an overseas recruitment strategy

In 2017
35%
have an overseas recruitment strategy

Why?
NHS trusts say this is due to the uncertain future for EU nationals working in the UK.*

The number of NHS trusts changing their plans to recruit from the EU has increased:

In 2016
6%
changed their recruitment plans

In 2017
18%
changed their recruitment plans

Recruitment from the EU has been an important element of the workforce strategy of many trusts. It will be challenging for trusts to meet their workforce supply requirements without continuing to access labour and skills from outside of the UK.

Results are based on data collected from two surveys of NHS trusts, covering the period July – September 2016 (response rate of 79 employers) and April - June 2017 (response rate of 80 employers).

80 trusts responded to the survey last quarter representing over a third of total NHS trusts (34%).

** Figure is based on the comparison between October – December 2016 versus April - June 2017.*

2017 Quarter 3 finances and performance

Today NHS Improvement (NHSI) released the quarter three (Q3) finance and operational performance figures for the provider sector. These figures cover the nine month period ending 31 December 2017. This briefing summarises the key headlines from those figures as well as press release issued in response.

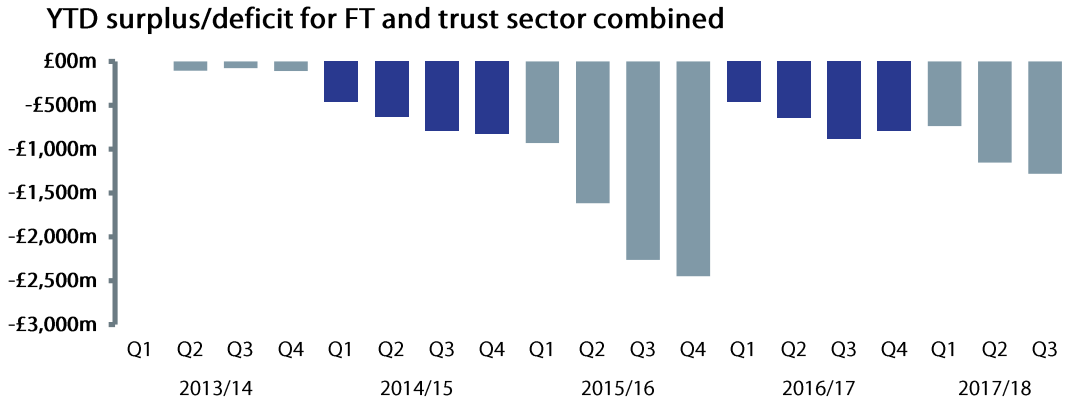
If you have any feedback or questions regarding any of the content in this briefing please contact: Adam.Wright@nhsproviders.org

Key points

- The 2018/19 net deficit forecast for the sector is now £931m, compared to the £791m deficit reported at year end in 2016/17 (figure 1). This forecast position has deteriorated by around £308m on the £623m forecast reported at Q2.
- At Q3, the year to date (YTD) deficit is now £1.28bn, which is a £130m deterioration from the £1.15bn YTD deficit recorded at Q2.
- Within the overall sector position there is now £601m worth of uncommitted sustainability and transformation (STF) funding which has not yet been received by providers. This is almost double the amount reported during the same period last year (£356m).
- For the first time, NHS Improvement has published vacancy figures, based on provider returns. This reports that there are 100,159 vacancies across the NHS provider sector, 8.7% of the total workforce. This includes 39,000 nursing vacancies and 10,000 medical vacancies.

FIGURE 1

Year to date surplus/deficit for NHS provider sector (£m)

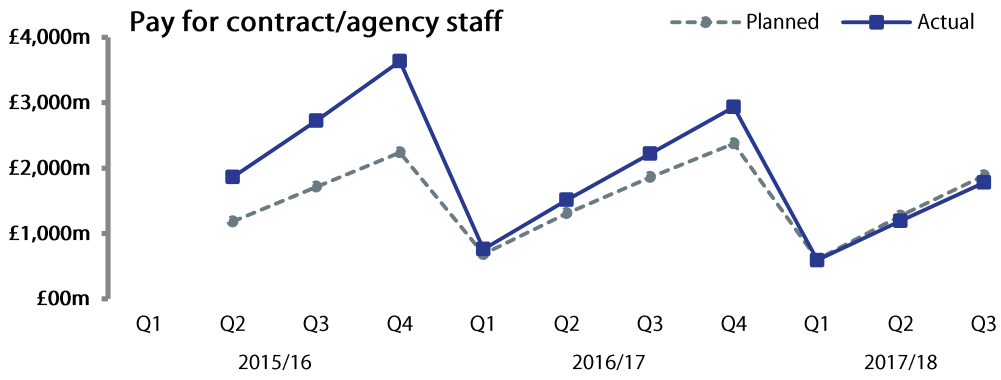


Headlines

- The forecast deficit position at Q3 was £435m over plan. This compares to a challenging financial position for CCGs too, which was £471m over plan by the end of December.
- 109 providers reported an adverse variance against plan at Q3, up from 87 at Q2; these were largely concentrated in the acute sector. This includes 20 trusts who reported adverse variance of more than £10m. The overall net adverse variance was largely driven by:
  - Under delivery of planned efficiency savings. In the first nine months of the year providers delivered £2.14bn worth of cost improvement plans (CIPs), however these are still £329m or 13% behind plan with pay cost savings being the largest area of under-delivery.
  - Continued growth in emergency demand. A&E attendances were up 4.7% and admissions up 5.4% compared to the same period last year.
  - Overspend on employee costs. At month nine employee pay costs were £701m over plan, with overspends reported across all regions. This was largely driven by a £460m overspend on medical staff, as well as a £201m overspend on nursing staff. Despite this, progress continues to be made on agency spend with trusts reducing their overall agency spend to 4.6% of total pay costs, a reduction in 20% compared to this period last year (figure 2).
  - Overspend on non-pay costs. At Q3 expenditure on non pay costs increased to £292m (1.3%), with the biggest overspend being in the purchase of healthcare from other providers (16.4% above plan). Providers reported less income than planned for elective work over the period, with income £174m less than planned at Q3.

FIGURE 2

Year to date agency staff spend

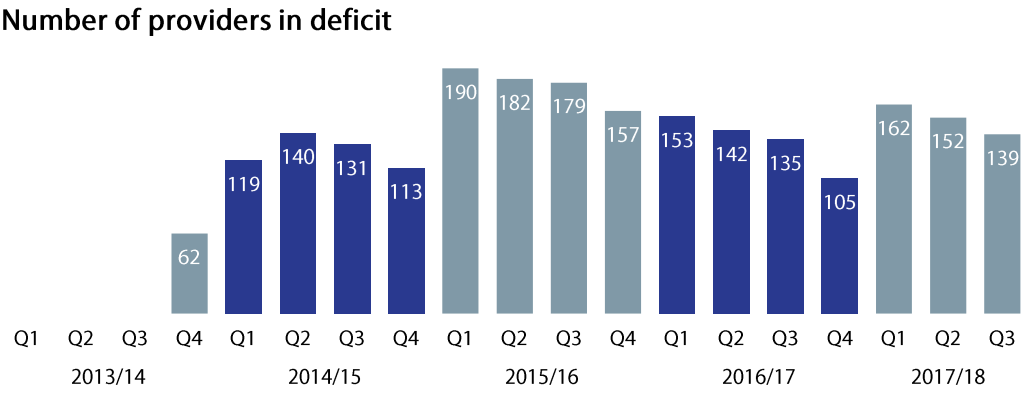


- 139 (59%) of 234 trusts reported a deficit, compared to 135 (58%) at the same point in 2016/17 (figure 3).
  - Overall, 124 trusts are forecasting a year-end deficit in 2017/18.
  - 211 trusts have now accepted their control totals, up five from Q2. 22 trusts are not signed up and consequently do not have access to the STF.
  - Based on year to date performance, trusts included £569m STF in their year to date positions.

- Forecast positions reported at Q3 included around 70% of the £337m funding announced by the government in the November 2017 budget.

FIGURE 3

Number of providers in deficit



Other key finance data at Q3

- Capital expenditure (capex) was £1.8bn by the end of month nine, £1.2bn below plan. The current forecast capex for year end is £3.4bn, which is £958m below plan.

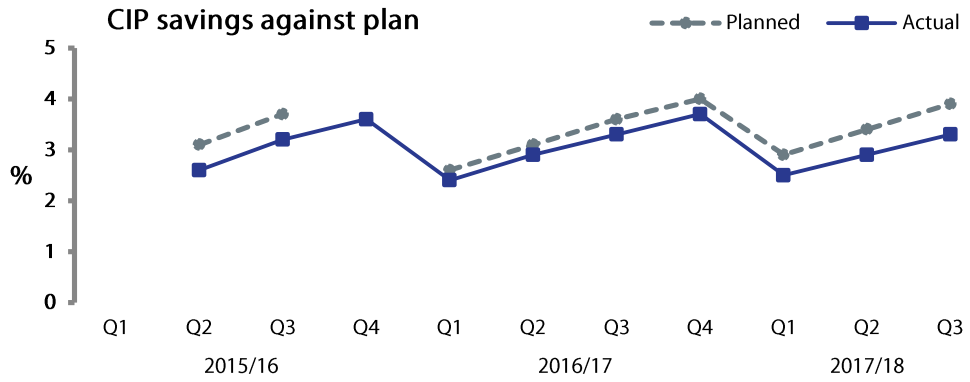
- Total CIP delivery was £2.14bn (figure 4). However, total savings are now £329m behind plan, which is a symptom of the very ambitious savings plans the provider sector planned this year. The specific efficiency savings linked to Lord Carter's productivity themes in workforce productivity, resource optimisation and benchmarking are estimated to be worth around £974m.

- The implied productivity for the first nine months of 2017/18 was 1.8%, with improvements largely being driven by significant efficiencies in non pay spend. This is significantly higher than current UK whole economy productivity levels.

- Financial sanctions continue to fall with providers forecasting fines worth £56m. This is a significant reduction on the £99m received last year and is in response to the pausing of sanctions for trusts signing up to control totals. However year to date trusts have lost out on around £232m worth of income from the marginal rate emergency tariff (MRET). Only around £9m of MRET money has been reinvested so far this year.

FIGURE 4

Forecast CIP savings against plan



Key performance information for quarter 3

The figures published today also include the latest on operational performance, within Q3:

- 16.53m patients attended A&E departments during the first nine months of the year. NHS England data shows trusts managed to treat, admit and discharge 87.99% of A&E patients within four hours, although NHS Improvement's data shows performance at 86.98%.
- At Q3 there were 4.68m non elective admissions, which is 2.2% above plan and 3.1% more than in the same period as last year.
- The elective waiting list remains at 4m at the end of the quarter, a 15% increase compared to a year ago. Referral-to-treatment (RTT) performance was 88.17%, down from 89.1% at Q2 and 89.7% at Q3 last year.
- Ambulance services continue to be under pressure. Using the new ambulance response time standards, category 1 calls achieved a mean time of 8:52 (against the new 7:00 minute standard). Category 2 calls achieved a meantime time of 29:41 (against 18:00 minute standard).

Press release

Q3 figures show warning signs for NHS in plain sight

Commenting on today's NHS quarter 3 performance and financial results, Saffron Cordery, NHS Providers director of policy and strategy said:

"These figures show how the NHS has been pushed to the limit. Despite working at full stretch with around 100,000 vacancies and a real risk of staff burnout, and despite treating six per cent more emergency patients year on year in December, trusts can not close the gap between what they are being asked to deliver and the funding available.

"The figures confirm, once again, three key problems the whole NHS provider sector is facing - increases in demand for treatment continue to significantly outstrip increases in NHS funding; trust savings targets remain too ambitious; and there are serious ongoing workforce shortages.

"There is an increasing feeling amongst frontline trust leaders of 'we cannot carry on like this'. The NHS has shown extraordinary resilience in sustaining performance in the midst of an unprecedented financial squeeze. We have managed to keep the show on the road. But the warning signs are now clear and in plain sight. The time to act is now.

Demand increasing much faster than funding

"Today's figures show that demand is rising much faster than funding. Trusts are not only having to treat larger numbers of patients but more of those patients have serious, complex, illnesses. As a result, trusts have faced a financial triple whammy – less than full funding for many emergency admissions, higher costs than planned to meet the extra demand, and lost income from cancelled planned operations.

"We should therefore commend the way trusts have held performance against the four hour A&E target but, equally, shouldn't be surprised that, despite best efforts, their finances have taken a significant hit. Demand is also outstripping funding in the mental health, community service and ambulance sectors as well. As the figures clearly show, these issues are affecting all types of trusts in different ways.

Overambitious savings targets

"Today's figures show that NHS trusts continue to generate significant productivity gains – 1.8 per cent so far this year, which is nine times more than the UK whole economy and nearly twice the NHS' historical average. In the first nine months of the year NHS trusts have realised more than £2.1 billion of savings – which is 3.3 per cent of total spend and around £100 million more than last year. But plans required them to save four per cent. If trusts are asked to deliver the impossible, it's not surprising there's slippage against plan during the year.

Workforce shortages

"Today's consolidated vacancy figures shine a spotlight on the size of workforce shortage NHS trusts are having to cope with. Trust leaders tell us that having one in eleven posts vacant makes it much more

difficult to provide high quality care. It also means the continued progress trusts are making in reducing the amount of money they are spending on agency staff looks even more impressive."

What next

Trust leaders have said they need five things, all of which NHS Providers has highlighted over the last few months:

- a review of Winter performance, with full trust involvement, that honestly assesses the size of the current gap in NHS staff and treatment capacity and seeks to fill that gap before next Winter;
- ensuring that the 2018/19 NHS financial plan reflects the true end of year position, given that this position will clearly now be significantly worse than planned with results from a difficult fourth quarter still to come;
- acknowledgement that, as set out in the recent Kirkup report, overambitious cost improvement targets of above four per cent harm the quality of care and trusts therefore need a realistic and sensible dialogue with NHS Improvement on what they can deliver in their 2018/19 control totals;
- follow through on the recent workforce strategy, with a particular focus on what immediate and short term support trusts need to address current staffing shortages;
- a clear statement of intent and a plan to address – without delay - the long term funding of health and social care.

Contact: Adam Wright, policy officer Adam.Wright@nhsproviders.org