CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – FEBRUARY 2019

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Trust Board paper D

Executive Summary

Context

The Chief Executive's monthly update report to the Trust Board for February 2019 is attached. It includes:-

(a) the Quality and Performance Dashboard for December 2018 attached at appendix 1 (the full month 9 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) key issues relating to our Strategic Objectives and Annual Priorities.

Questions

1. Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

1. The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding content of this month's report to the Board.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [March 2019 Trust Board]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **7 FEBRUARY 2019**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – FEBRUARY 2019**

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1 Introduction

1.1 My monthly update report this month focuses on:-

(a) the Board Quality and Performance Dashboard attached at **appendix 1**;

(b) the Board Assurance Framework (BAF) and Organisational Risk Register;

(c) key issues relating to our Annual Priorities, and

(d) a range of other issues which I think it is important to highlight to the Trust Board.

1.2 I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2 Quality and Performance Dashboard – December 2018

2.1 The Quality and Performance Dashboard for December 2018 is appended to this report **at appendix 1**.

2.2 The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3 The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The month 9 quality and performance report is published on the Trust's website.

Good News:

2.4 **Mortality** – the latest published SHMI (period July 2017 to June 2018) is 96 and is within the threshold, but now very close to "below expected". **Diagnostic 6 week wait –** standard achieved for 4 consecutive months. **52+ weeks wait –** has been compliant for 6 consecutive months. **Referral to Treatment –** our performance was below the national standard however we achieved the NHS Improvement trajectory (which is the key performance measure for 2018/19). **Delayed transfers of care** - remain within the tolerance. However, there are a range of other delays that do not

appear in the count. **12 hour trolley wait** 0 in December. **MRSA –** 0 cases reported this month. **Pressure Ulcers** - 0 **Grade 4** reported during December. **Grade 2 and 3** were also below threshold for the month. **CAS alerts** – compliant in December. **Inpatient and Day Case Patient Satisfaction (FFT)** achieved the Quality Commitment of 97%. **Fractured Neck Of Femur** – 73.8% in December. **Cancelled operations** and **Patients rebooked within 28 days** – we continue to show improvement with our elective cancellations. **Annual Appraisal** is at 92.5% (rising trend).

Bad News:

2.5 **UHL ED 4 hour performance** – was 73.5% for December, system performance (including LLR UCCs) was 79.9%. **C DIFF –** 6 cases reported in December. **Single Sex Accommodation Breaches** – 1 reported in December. **Moderate harms and above** – November (reported 1 month in arrears) was above threshold. **Cancer Two Week Wait** was 90% in November. **Cancer 31 day** and **62 day treatment** were not achieved in November – further detail of recovery actions in is the cancer recovery report submitted to the People Process and Performance Committee. **Ambulance Handover 60+ minutes (CAD+)** – performance at 7%. **TIA (high risk patients)** – 52.3% reported in December. **Statutory and Mandatory Training** reported from HELM is at 86%.

3 Board Assurance Framework (BAF) and Organisational Risk Register

3.1 The Board Assurance Framework (BAF) and organisational risk register have been kept under review and a detailed BAF and an extract from the risk register are included in the integrated risk and assurance paper featuring elsewhere on today's Board agenda.

Board Assurance Framework

3.2 The BAF remains a dynamic document and all principal risks have been updated by their lead Directors (to report performance for December) and have been reviewed by their relevant Executive Boards during January 2019, where they have been scrutinised ahead of the final version to Board today.

3.3 There have been no new principal risks entered on the BAF during this reporting period and other changes during this period include an increase to the current rating for Strategy principal risk 7, which has returned to a rating of 16 (high) and a reduction to the current score for IM&T principal risk 5, reduced to 12 (moderate).

3.4 The three highest rated principal risks on the BAF, all rated at 20 (high), are in relation to staffing levels, the emergency care pathway and delivery of the financial control total.

Organisational Risk Register

3.5 The Trust's risk register has been kept under review by the Executive Performance Board and across all CMGs during January 2019 and displays 245 risks, including 1

rated extreme, 83 rated as high (i.e. with a current risk score of 15 and above), 155 rated moderate and six rated low.

3.6 Thematic analysis of the organisational risk register shows the most common risk causation theme is workforce shortages. Thematic findings from the risk register are reflective of our highest rated principal risks captured on our BAF.

3.7 A new risk around potential service disruption which may be caused from a no deal EU-exit, rated as 12 (moderate), has been approved by the Executive Team in January. Further details about the Trust's preparations for no deal EU-exit are included on the Board agenda today.

4 Emergency Care

4.1 Our performance against the four hour standard for December 2018 was 73.5% and 79.9% for Leicester, Leicestershire and Rutland as a whole.

4.2 Christmas/ New Year 2018/19 have been one of our busiest Christmas/ New Year periods, but we had done a lot to prepare. We have been lucky that the weather has been kinder this year and we have not had to cancel all our electives like last year, but we have had some good plans that have been executed well. Teams did well getting people home before Christmas. We met our target of getting "stranded patients" out of hospital and below the target number (146) which helped to put us in a good position. All planned escalation capacity was ready and used appropriately, all emergency work continued, and there were no bed related cancer cancellations. Plans from partners also helped.

4.3 Staffing has also improved whilst recognising that it is still very challenged in some areas, but plans are in place to continue to make improvements.

4.4 There is no doubt, however, that January, February and March 2019 will be our most challenging months.

4.5 We continue to see high attendances in ED, increased ambulance attendances and a responsive approach from our staff which is ensuring our patients are safe and receive the best possible care. However, there have regrettably been some days where we have been so busy that patients have waited on the back of ambulances longer than should have been the case. We need to change this. Rebecca Brown, Chief Operating Officer and her team are working on a plan to address this due to the risk this presents not just to our patients, but also East Midlands Ambulance Service.

4.6 We have opened 12 beds on ward 7 which is functioning as an extension of AMU and the additional ward at Glenfield Hospital has also opened.

4.7 Details of the Trust's emergency care performance continue to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee. Details of the Committee's most recent consideration of

the position are set out in the summary of that meeting which features elsewhere on this Board agenda.

5. The NHS Long Term Plan

5.1 On 7th January 2019, NHS England published The NHS Long Term Plan. This followed last June's announcement of a £20.5 billion annual real terms uplift for the NHS by 2023/2024.

5.2 The Plan sets out ambitions for ensuring the NHS is fit for the future and covers a 10 year window. A consultant and engagement period will now begin on the Plan, running until the summer.

5.3 I have attached at appendix 2 to this paper a copy of NHS Providers' briefing, summarising the key content included in each chapter of the Plan: a new service model, action on prevention and health inequalities, progress on care quality and outcomes, the NHS workforce, digitally enabled care, value for money and the next steps in implementing the Plan. It also includes NHS Providers' view and press statement.

6. Conclusion

6.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive

31st January 2019

Appendix 1

Quality & Performance

		YTD Plan	YTD Actual	Dec-18 Plan	Dec-18 Actual	Trend*	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	179	<=12	17	●	Dec-19
	S2: Serious Incidents	<37	25	3	1	●	
	S10: Never events	0	6	0	0	●	
	S11: Clostridium Difficile	61	50	5	6	●	See Note 2
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	●	
	S13: MRSA (Avoidable)	0	1	0	0	●	
	S14: MRSA (All)	0	1	0	0	●	
	S23: Falls per 1,000 bed days for patients > 65 years (1 month in arrears)	<5.6	6.3	<5.6	5.9	●	
	S24: Avoidable Pressure Ulcers Grade 4	0	0	0	0	●	
	S25: Avoidable Pressure Ulcers Grade 3	<27	6	<=3	3	●	
	S26: Avoidable Pressure Ulcers Grade 2	<84	46	<=7	5	●	
Caring	C3: Inpatient and Day Case friends & family - % positive	97%	97%	97%	97%	●	
	C6: A&E friends and family - % positive	97%	95%	97%	94%	●	
	C10: Single Sex Accommodation Breaches (patients affected)	0	41	0	1	●	See Note 1
Well Led	W13: % of Staff with Annual Appraisal	95%	92.5%	95%	92.5%	●	
	W14: Statutory and Mandatory Training	95%	86%	95%	86%	●	Mar-19
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 3	28%	29.0%	28%	29.0%	●	
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 3	28%	16%	28%	16%	●	Dec-23
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.0%	<8.5%	8.8%	●	See Note 1
	E2: Mortality Published SHMI (Jul 17 - Jun 18)	99	96	99	96	●	
	E6: # Neck Femurs operated on 0-35hrs	72%	72.6%	72%	73.8%	●	
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	84.6%	80%	82.4%	●	
Responsive	**R1: ED 4hr Waits UHL**	95%	78.0%	95%	73.5%	●	See Note 1
	R2: ED 4 Hour Waits UHL + LLR UCC (Type 3)	95%	83.8%	95%	79.9%	●	See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	85.3%	92%	85.3%	●	See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	1.0%	<1%	1.0%	●	
	R12: Operations cancelled (UHL + Alliance)	0.8%	1.1%	0.8%	1.0%	●	Jun-19
	R14: Delayed transfers of care	3.5%	1.5%	3.5%	1.8%	●	
	R15: % Ambulance Handover >60 Mins (CAD+)	TBC	3%	TBC	7%	●	See Note 1
	R16: % Ambulance handover >30mins & <60mins (CAD+)	TBC	7%	TBC	10%	●	See Note 1
	RC9: Cancer waiting 104+ days	0	15	0	15	●	Apr-19

		YTD Plan	YTD Actual	Nov-18 Plan	Nov-18 Actual	Trend*	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	93.3%	93%	90.0%	●	Apr-19
	RC3: 31 day target - All Cancers	96%	95.6%	96%	95.1%	●	Jul-19
	RC7: 62 day target - All Cancers	85%	75.1%	85%	74.2%	●	Mar-19

Enablers

		YTD Plan	YTD Actual	Qtr3 18/19 Plan	Qtr3 18/19 Actual
People	W7: Staff recommend as a place to work (from Pulse Check)		60.7%		60.0%
	C10: Staff recommend as a place for treatment (from Pulse Check)		70.2%		65.0%

		YTD Plan	YTD Actual	Dec-18 Plan	Dec-18 Actual	Trend*
Finance	Surplus/(deficit) £m	(7.7)	(50.9)	(1.4)	(6.3)	●
	Cashflow balance (as a measure of liquidity) £m	1.0	15.1	1.0	15.1	●
	CIP £m	27.7	25.4	4.5	4.5	●
	Capex £m	24.4	15.5	3.0	2.9	●

		YTD Plan	YTD Actual	Dec-18 Plan	Dec-18 Actual	Trend*
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	96%	98%	95%	●
	Average cleanliness audit score -high risk areas	95%	93%	95%	95%	●
	Average cleanliness audit score - significant risk areas	85%	93%	85%	94%	●

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

Please note: Quality Commitment Indicators are highlighted in bold. The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.

The NHS long term plan

The *NHS long term plan* has been published, following last June's announcement of a £20.5bn annual real terms uplift for the NHS by 2023/24. The *Plan* sets out ambitions for ensuring the NHS is fit for the future and covers a ten year window. A consultation and engagement period will now begin on the *Plan*, running until the summer.

This briefing summarises key content included in each chapter of the *Plan*: a new service model, action on prevention and health inequalities, progress on care quality and outcomes, the NHS workforce, digitally-enabled care, value for money and the next steps in implementing the plan. It also includes NHS Providers' view and press statement. For any questions on this briefing or our work in this area please contact Amber Jabbal, head of policy, amber.jabbal@nhsproviders.org.

Chapter 1: A new service model for the 21st century

The *Plan* includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

1. Improving out-of-hospital care (primary and community services)
2. Reducing pressure on emergency hospital services
3. Delivering person-centred care
4. Digitally enabled primary and outpatient care (this is considered by Chapter 5)
5. A focus on population health and local partnerships through ICSs

Boosting out-of-hospital care and joining up primary and community services

Additional national investment, worth £4.5bn a year in real terms by 2023/24 will be invested in primary medical and community health services (and supplemented by further funding from CCGs and ICSs), to stem the pressure of high demand, expand the workforce and fund new services. Key measures include:

- A new NHS offer of urgent community response and recovery support: Within five years, all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver services within two hours of referral, in line with NICE guidelines, including delivering re-ablement care within two days of referral
- Primary care networks of local GP practices and community teams: Funding will cover expanded community multi disciplinary teams aligned with new "primary care networks" covering 30-50,000 people. From 2019, NHS111 will start booking patients directly into GP practices, as well

as referring to pharmacies. A shared savings scheme will be offered to primary care networks so they can benefit from their improvements

- Guaranteed NHS support for people living in care homes: There will be an upgrade in NHS support for care home residents with care homes supported by a team of healthcare professionals, including named GP support. The new primary care networks will work with emergency services while care home staff will have access to NHSmail to allow a greater of information to NHS staff
- Supporting people to age well: From 2020/21 the new primary care networks will assess local population risk and reduce hospital admissions through an increased use of preventative measures such as digital health records, population health management tools and new home-based or wearable monitoring equipment

Reducing pressure on emergency hospital services

The *Plan* aims to reduce the number of hospital admissions but importantly states that that the financial assumptions underpinning the *Plan* allow for hospital capacity to follow existing trends for the next three years. Key measures include:

- Pre-hospital urgent care: To support patients to choose the correct 'channel' of care, a single multidisciplinary Clinical Assessment Service as part of a fully integrated NHS 111 will be embedded. The Urgent Treatment Centre model will be fully implemented by autumn 2020, so all localities have a consistent offer for out-of-hospital urgent care. The plan is vague on how ambulance services form part of pre-hospital urgent care, but capital investment will target fleet upgrades and NHS England (NHSE) will set out a new national framework to overcome fragmentation in how services are locally commissioned
- Reforms to hospital emergency care – Same Day Emergency Care (SDEC): Every acute hospital with a type 1 A&E department will move to a comprehensive model of SDEC by 19/20 in both medical and surgical specialties, increasing acute admissions discharged on the day of attendance from a fifth to a third
- Cutting delays to discharge: An average delayed transfer of care figure of 4000 or fewer delays will be achieved through enhanced primary and community services as well as the introduction of an agreed clinical care plan within 14 hours of admission including an expected date of discharge, implementation of the SAFER patient flow bundle and MDT reviews on hospital wards.

Personalised care

The NHS will support and help train staff to help patients make the right decisions for them, increase support for people to manage their own health and roll out the NHS Personalised Care model. This will include social prescribing, personalised health budgets and targeted training to NHS staff to improve care planning for those in their last year of life.

A focus on population health via ICSs

Integrated Care Systems (ICSs) are central to the delivery of the LTP, with ICSs and expected to cover the country by April 2021:

- ICSs will have a key role in working with Local Authorities at place level
- Commissioners will make shared decisions with providers on how to use resources, design services and improve population health but CCGs will continue to make some decisions independently, for example in relation to procurement and contract award. There will be a single, leaner more strategic CCG for each ICS area
- Every ICS will have:
    - A partnership board drawn from commissioners, trusts, primary care networks, local authorities, voluntary and community sector and others
    - A non-executive chair locally appointed and approved by NHSE and NHSI
    - Full engagement with primary care through a named accountable clinical director of each primary care network
- All providers with an ICS will be required to contribute to ICS performance, underpinned by:
    - potential new licence conditions supporting providers to take responsibility with system partners, for wider objectives on resource use and population health
    - longer-term NHS contracts with all providers including care requirements to collaborate to achieve system objectives
    - Changes to align clinical leadership with ICSs including ensuring Cancer Alliances and Clinical Senates align with one or more ICS
- NHSI will take a more proactive role in supporting collaborative approaches between trusts, including supporting trusts to explore formal mergers
- A new Integrated Care Provider contract will be made available for use from 2019 to be held by public statutory providers
- A new ICS accountability and performance framework will provide a consistent and comparable set of performance measures, including a new 'integration index'
- ICSs will agree system wide objectives with the relevant NHSE/I regional director and be accountable for their performance against these objectives
- NHSE/I will support CCGs and local authorities to blend health and social care budgets.

Chapter 2: More NHS action on prevention and health inequalities

To address the growing demand for healthcare created by a growing and ageing population, the *Plan* sets out an aim to target the top five causes of premature death in England.

Priority areas

- Smoking: while smoking rates have fallen significantly, 6.1 million people in the UK still smoke, and nearly a quarter of women smoke during pregnancy. The *Plan* makes a commitment to offering all people admitted to hospital NHS-funded tobacco treatment services by 2023/24, with an adapted model for expectant mothers and their partners. A universal smoking cessation offer will be introduced for long-term users of specialist mental health and learning disability services.
- Obesity: nearly two thirds of adults in England, and a third of children leaving primary school, are overweight or obese. The government has pledged to halve childhood obesity. The existing

national diabetes prevention programme, which has benefited over 100,000 people, will be doubled over the next five years, with a new digital option. All trusts will be required to deliver against the standards set out by the next version of hospital food standards, including substantial restrictions on high fat, salt and sugar food. The *Plan* sets out an ambition to work with professional bodies to improve the quality of nutrition training within medical courses.

- Alcohol: over five years hospitals with the highest rates of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams (ACTs) using the health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services. Hospitals which have introduced ACTs have seen a significant reduction in A&E attendances, bed days, readmissions and ambulance call outs.
- Air pollution: almost a third of preventable deaths are due to causes related to air pollution. In 2017 3.5% of road travel was attributable to the NHS. The *Plan* sets out plans to ensure 90% of the NHS fleet will use low emissions engines by 2028, and heating from coal and oil fuel sources in NHS buildings will be fully phased out.
- Antimicrobial resistance: the *Plan* identifies a need for further progress on reductions in antimicrobial prescribing in primary care, and the health service will continue to support the delivery of the government's five year action plan on antimicrobial resistance, supporting system-wide improvement, surveillance, infection prevention and control, and antimicrobial stewardship, with resources for clinical expertise and senior leadership.

Stronger action on health inequalities

The *Plan* outlines some actions to tackle such health inequalities, including:

- Targeting a higher share of funding towards areas with high levels of health inequality than would be ordinarily allocated using the core needs formulae.
- The NHS will set out specific and measurable goals for narrowing inequalities through the service improvements outlined elsewhere in the *Long term plan*. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29.
- The NHS will accelerate the Learning disabilities mortality review programme and do more to keep people with learning disabilities and autism to stay well with proactive care in the community.
- An investment of £30m to meet the needs of rough sleepers, ensuring that areas most affected by rough sleeping have access to specialist homelessness mental health support.
- Identifying and supporting unpaid carers to who are twice as likely to experience poor health, including quality marks for carer-friendly GP practices.
- Rolling out specialist clinics for people with serious gambling problems.

Chapter 3: Further progress on care quality and outcomes

For all major conditions, the quality of care and the outcomes for patients are now measurably better than a decade ago. However, the *Plan* looks at both physical and mental health and outlines a range of condition specific proposals.

A strong start in life for children and young people

Services for children and young people have seen some improvement in recent years, and the *Plan* outlines a push to build on these and broaden the focus of the NHS in this area in the next five and 10 years.

Maternity and neonatal services

- The NHS will accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- By March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams.
- The Saving Babies Lives Care Bundle (SBLCB) will be rolled out across every maternity unit in England, including a focus on preventing pre-term birth and the development of specialist pre-term birth clinics.
- Access to evidence-based care for women with moderate to severe perinatal
- Mental health difficulties and a personality disorder diagnosis will increase, to benefit an additional 24,000 women per year by 2023/24.

Children and young people's mental health services

- The Long term plan sets out a goal that over the coming decade 100% of children and young people who need specialist mental health care will be able to access it.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based MH Support Teams.
- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

Learning disability and autism

- The NHS will tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so that at least 75% of those eligible have a health check each year.
- The STOMP-STAMP programmes will be expanded to stop the overmedication of people with a learning disability, autism or both.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

Children and young people with cancer

- The *Plan* identifies the need to improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.
- From 2019, whole genome sequencing will be offered to all children with cancer, to enable more comprehensive and precise diagnosis, and access to more personalised treatments.
- From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases.
- Over the next five years NHSE will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children's palliative and end of life care services (this should more than double the NHS support, from £11m up to a combined total of £25m a year by 2023/24).

Redesigning other health services for children and young people

The *Plan* recognises that the needs of children are diverse and complex, and their profile should be raised at a national level.

- A children and young people's transformation programme will be created to oversee the delivery of the children and young people's commitments in the plan.
- Improvements in childhood immunisation will be prioritised.
- By 2028 the NHS will move towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need.

Better care for major health conditions

The *Plan* focuses on tackling the top five causes of early death for the people of England: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm.

Cancer

The *Plan* sets a new ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. The plan aims to increase awareness of symptoms, lower the threshold for referrals by GPs, improve screening, accelerate access to diagnosis and treatment, roll out personalised care plans, and expand screening of family members:

- Review the current cancer screening programmes and diagnostic capacity.
- Negotiate a capital settlement in the 2019 Spending Review, in part to invest in new equipment, including CT and MRI scanners, which can deliver faster and safer tests.
- Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.
- Extend the use of molecular diagnostics and, over the next ten years, routinely offer genomic testing to cancer patients where clinically appropriate.

Milestones for cancer

- From 2019 we will start to roll out new Rapid Diagnostic Centres across the country.
- In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

Cardiovascular disease

The *Plan* proposes improvement in early detection, the NHS Health Check, treatment, support of primary care multidisciplinary teams. Proposals include:

- Increase the identification of Familia Hypercholesterolaemia from 7% to 25% in the next five years through the genomics project.
- Create a national cardiovascular disease prevention audit for primary care.
- A national network of community first responders and defibrillators will help save up to 4,000 lives each year by 2028.

Milestones for cardiovascular disease

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- We will work with our partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

Stroke care

A specific aim of the plan is to modernise the stroke workforce with a focus on cross-specialty and in some cases cross-profession accreditation of particular competencies. The plan says further implementation and development of higher intensity care models for stroke rehabilitation are expected to show significant savings. The existing national stroke audit (SSNAP) will be updated to provide a comprehensive dataset.

Milestones for stroke care

- In 2019 we will, working with the Royal Colleges, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.

- By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of the Plan
- By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025 we will have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

Diabetes

The *Plan* proposes that the NHS will:

- Provide structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2.
- Ensure patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- Double the fund of the NHS Diabetes Prevention Programme over the next five years.

Respiratory disease

The *Plan* proposes to do more to detect and diagnose respiratory problems earlier, support the right use of medication, expand pulmonary rehabilitee and improve the response to pneumonia, particularly over winter. And from 2019, the existing NHS RightCare programme will be extended to reduce variation in the quality of spirometry testing across the country.

Adult mental health services

The long term plan builds on the *Mental health five year forward view*. The *Plan* proposes to increase the budget for mental health, in real terms, by a further £2.3 billion a year by 2023/24. Specific waiting times targets for emergency mental health services will take effect from 2020.

It sets out an expansion of talking therapies, new integrated primary care and community provision, a reduction in the average inpatient length of stay to 32 days and an upgrade of the physical environment for inpatient psychiatric care. Over the next 10 years, NHS 111 will be established as the single point of contact for those experiencing a mental health crisis. There will also be a new Mental Health Safety Improvement Programme, with a focus on suicide prevention.

Milestones for mental health services for adults

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.

- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24, we will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

Short waits for planned care

Under the *Plan*, the local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list. The *Plan* reinforces that patients should have a wide choice of options for quick elective care, including making use of available Independent Sector capacity.

In relation to elective care the NHS National Medical Director's Clinical Standards Review will consider the 'stop the clock' rules. But meanwhile, there with be the reintroduction of the incentive system under which hospitals and CCGs will both be fined for any patient who breaches 12 months.

Research and innovation to drive future outcomes improvement

The *Plan* sets out the important role the NHS will plan in driving forwards research and innovation. It states that it will become easier to share innovation between organisations, innovation accelerated through a new Medtech funding mandate, and UK-led innovations that are proven as 'ready for spread', will be rolled out through Healthcare UK. We will also form an NHS Export Collaborative with Healthcare UK by 2021, working with selected trusts to export NHS innovations.

The *Plan* also states that the NHS will play a key role in genomics with the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.

The NHS will also aim to increase the number of people registering to participate in health research to one million by 2023/24. Furthermore, to expand the NHS infrastructure for real world testing, there will be an expansion of the current NHSE 'test beds' through regional Test Bed Clusters from 2020/21.

Chapter 4: NHS staff will get the backing they need

The *Plan* does not obscure the scale of the challenges facing NHS trusts and staff with NHSE acknowledging that workforce growth "has not kept up with need" while staff have been inadequately

supported to meet the changing requirements of patients over the past decade. However while some tangible goals and new programmes have been outlined in the *Plan*, most of the requisite detail has been delayed until the publication of "the comprehensive workforce implementation plan", due to be published later in 2019. We expect this replaces the long awaited national workforce strategy.

Workforce implementation plan 2019

- The workforce implementation plan will be overseen by NHS Improvement (NHSI), with a national workforce group established by NHSI, NHSE and Health Education England (HEE) to ensure the delivery of its actions. The aim of the plan "is to ensure a sustainable overall balance between supply and demand across all staff groups"
- The national workforce group will include the new NHS Chief People Officer, the NHS National Medical Director, the Chief Nursing Officer; and other chief professions officers. It will also be made up of representation from staff side organisations, the Social Partnership Forum, Royal Colleges, The King's Fund, Health Foundation and Nuffield Trust.
- The *Plan* does not contain a complete list of priorities for the workforce implementation plan, but specifically notes a number of areas of focus, including:
    - shaping a modern, flexible and supportive employment culture within the NHS;
    - a "new deal" for staff to tackle bullying and harassment;
    - improving staff health and wellbeing, and ability to move between NHS employers;
    - options to improve the NHS leadership pipeline, building on the Kerr and Kark reviews; and
    - domestic recruitment and training.
- The NHS national nursing supply strategy will centre on increasing the number of undergraduate training places, with a pledge to fund an additional 5,000 places from 2019/20 (a 25% increase) and reduce the nursing vacancy rate to 5% by 2028.
- A new online nursing degree will be established, "linked to guaranteed placements at NHS trusts and primary care". The government hopes the degree will be launched in 2020 at a "substantially" lower cost than the £9,250-a-year for current students.
- The *Plan* points to an increased scrutiny on professional registration and entry standards, saying it is "paradoxical that many thousands of highly motivated and well-qualified applicants who want to join the health service are being turned away".
- The *Plan* also promises every nurse or midwife graduating a five-year NHS job guarantee every nurse or midwife graduating within the region they qualify.
- 4,000 more mental health and learning disability nurses will be in training by 2023/24, supported by enhanced 'earn and learn' measures, particularly earned at mature students lacking financial support.
- The *Plan* offers very little detail on medical education and training, leaving the specifics around the recruitment and retention of doctors to be established in the implementation plan. It does however emphasise its overarching strategy to shift the balance of training away from focusing on highly specialised skills to support the development of more balanced generalist roles.

International recruitment

- The *Plan* promised a "step change" in the recruitment of international nurses to work in the NHS. NHSE acknowledges the need to rely on migrant workers in the coming years given the lead time in training new domestic workforce entrants, saying that the NHS can expect national measures will "increase nurse supplies by several thousand each year."
- The workforce implementation plan will set out new national arrangements to support NHS organisations in recruiting overseas, recognising the difficulties faced by some trusts seeking to do this independently.
- Overall, the *Plan* gives very little new detail on how any "step change" will take place, noting that further discussions with the government will need to take place over new rules recently introduced in the immigration white paper.

Apprenticeships

- NHS trusts are asked to "take on the lead employer model" to improve the uptake of apprenticeships. The government also expects employers to offer all entry-level jobs as apprenticeships before considering other recruitment options.
- The *Plan* specifically promises a continuation of investment in nursing apprenticeships, saying that over 7,500 new nursing associates will begin employment in 2019: a 50% increase from 2018.
- The document point towards current difficulties with the apprenticeship system for NHS trusts, saying that the terms of the levy may have to change. The plan indicates that changes may not be fully considered until the government's review of the levy in 2020.

Staff experience and diversity

- NHSI will extend its retention collaborative to all trusts, as part of efforts to improve staff retention by at least 2% by 2025. This equates to a goal of retaining an additional 12,400 nurses.
- The *Plan* notes investment in current workforce development as a key priority saying it "expects HEE to increase investment in continue professional development over the next five years".
- Workforce diversity has been outlined as a key feature of the NHS long term plan, with the document outlining an additional £1 million to extend NHSE's work on the Workforce Race Equality Standard until 2025.
- Furthermore, the document says that each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22.

Other key points

- The *Plan* underlines the government's commitment to national workforce planning in the NHS, saying it has been "disjointed at a national and local level" for too long. Annual recruitment

campaigns will be developed for roles facing the most acute shortages, in conjunction with royal colleges and trade unions.

- The government is pledging to create a "new compact with NHS leaders" to be enshrined in a new NHS leadership code setting out cultural values and leadership behaviours within the NHS.
- The document also underlines the need for greater flexibility in the workforce, and an improved use of technology: By 2021, NHSI will provide support to NHS trusts to deploy electronic rosters or e-job plans. A review of NHS workforce data will also be commissioned.
- The *Plan* re-introduces the potential for a professional registration scheme for senior NHS leaders to be introduces, while pledging to expand the NHS graduate training scheme.
- The *Plan* outlines a goal to double the number of NHS volunteers over the next three years, in part by committing an additional £2.3 million to the NHS Helpforce programme.

Chapter 5: Digitally-enabled care will go mainstream across the NHS

The *Plan* commits the NHS to be "digital first" in ten year's time. Particular attention has been given to digitally-enabled primary and outpatient care, primarily via a digital NHS front door in the form of the NHS App.

- Primary care: NHSE will create a new framework for digital suppliers to offer solutions to primary care networks, with the aim of offering every patient the right to switch to a new digital GP provider. By 2023/24 every patient will have access to a 'digital first' primary care provider.
- Outpatients: There will be push towards more non face-to-face outpatient care, with the intention to reduce face to face appointments by a third. This will remove around 30 million outpatient visits a year and will be driven by the increased use of telemedicine and mobile technologies. Where appropriate, every patient will be able to opt for a 'virtual' outpatient appointment.

The intention is that in 10 year's time, primary and outpatient care will be based on a model of tiered escalation depending on need. This new focus will also mean senior clinicians will be more reliant on digital technology, and less on junior staff and trainees, who will be freed up to learn and support services in other ways. This will also support the plan's other priorities, namely: supporting people to stay well, allowing patients to manage their own health, and allowing patients to stay at home.

In terms of digital health more broadly, the *Plan* describes four ways in which 'mainstreaming' digitally-enabled care will improve services:

- Improving patient experience: a number of benefits will be realised by empowering patients and carers. To support this, the NHS App will continue to be developed so that it becomes the 'standard online way' for people to access the NHS. There will also be a focus on improving interoperability and increasing the uptake of mobile monitoring devices. Personal health records will become more advanced, with patients and authorised carers being able to add information themselves

- Supporting the NHS workforce: new digital technology will also support staff working in trusts. For example, over the next three years there is an intention for all staff working in community services to have access to mobile digital services, including patients' care records and plans. Renewed focus will also be given to digital leadership in the NHS, including a new commitment for informatics representation on the board of every NHS organisation
- Quality clinical care: much of this work will also require the NHS to rethink the way patients interact with services. In addition to the changes to primary and outpatient services, all providers will be expected to advance to a 'core level of digitisation' by 2024. This will include accelerating the roll out of electronic patient records, improving IT hosting, storage and networks, and building resilient cyber security. The plan states central funding will be made available to trusts to help them achieve minimum standards
- Population health: NHSE will deploy population management solution to ICSs during 2019. This work will also involve the increased use of de-personalised data taken from local records.

The *Plan* recognises that this will only be achieved by creating the right environment and infrastructure. This will involve, among other things, creating a digitally literate workforce, making NHS solutions available as 'open source' to developers, and requiring NHS suppliers to comply with open standards and interoperability requirements.

Milestones for digitally-enabled care

- Introducing controls to ensure new systems procured by the NHS comply with new agreed standards
- By 2020, five geographies (to be confirmed) will deliver a longitudinal health and care record linking NHS and local authority organisations. Three more areas will follow in 2021
- By 2020/21, every patient will have access to their care plan on the NHS app, as well as communications from their carer professionals
- There will be 100% compliance with mandated cyber security standards by 2021.
- In 2021/22, every local NHS organisation will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board
- By 2024 there will be universal coverage of regional local health and care records.

Chapter 6: Taxpayers' investment will be used to maximum effect

The *Plan* outlines how the NHS will continue to become more efficient over the coming decade. It restates the following five tests set out by the government in the 2018 budget, and sets out how the NHS will meet them:

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention

4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

Returning to financial balance

The *Plan* gives a revised timetable for the NHS to return to financial balance: the aggregate provider deficit should reduce each year, and the provider sector as a whole should balance by 2020/21. This is two years later than the aspiration set out in the 2018/19 planning guidance, for the sector to be back in the black by the end of the current financial year. Meanwhile, the number of trusts and commissioners in deficit should also decrease. The number of trusts reporting a deficit in 2019/20 is expected to halve, and all NHS organisations should be in balance by 2023/24.

Previously-trailed policy changes for 2019/20 are restated, with little additional detail. These include moving away from activity based payment systems, and aligning commissioner and provider financial incentives.

NHSI will introduce an "accelerated turnaround process" for the "30 worst financially performing trusts", whose combined shortfall is equal to the overall provider sector deficit. However no detail is given on what that process will involve, or how the trusts that will be subject to it have been identified.

Separately, a new Financial Recovery Fund (FRF) will be created to enable services to become sustainable. No details are given on the size of the fund or when it will begin. It will be accessible "for trusts where deficit control totals indicate a risk to financial sustainability and continuity of services". In return, trusts must draw up a multi-year financial recovery plan with NHSE and NHSI's joint regional team, and a rate of efficiency of at least 1.6% - 0.5% above the national minimum of 1.1%. The recovery plan will set out the actions needed to make services sustainable at both trust and system level, and the agreed responsibilities within the ICS or STP. It will be expected that trusts will implement national initiatives such as Getting It Right First Time and redesigning outpatient services. The *Plan* says the FRF will mean the end of the control total and Provider Sustainability Fund (PSF) regimes for trusts which deliver on their recovery plans. It does not say what the future of the PSF and control total regimes will be for trusts which are not eligible for the FRF.

Improving efficiency and reducing waste

The plan indicates there will be a "strengthened efficiency and productivity programme". Although it does not give detail on how the programme will run, it does set out ten familiar priority areas for efficiency and productivity:

1. Improving the availability and deployment of the clinical workforce using e-rostering
2. Saving money through standardising and scaling-up procurement of consumables
3. Developing pathology and imaging networks
4. Making community, mental health and primary care services more efficient, in line with recent reviews by Lord Carter

5. Improving value from medicines spend
6. Reducing administration costs. This includes a commitment to save £700m by 2023/24, of which £400m should come from providers. The plan does not state how those figures have calculated, where the reductions in spending will come from or whether they are recurrent or cumulative savings
7. Improving the way the NHS uses land, buildings and equipment, and will dispose of surplus assets to enable reinvestment
8. Reducing the use of less effective procedures
9. Improving patient safety
10. Continuing to tackle fraud.

Capital

The *Plan* says the NHS has invested less in recent years in infrastructure than it has done in the past, and at a lower rate than other western countries. It states that meeting its future aspirations will require digital capability and diagnostic equipment will be enhanced significantly.

The capital settlement for the *Plan* period will be set out in this year's Spending Review. At the same time, a number of reforms will be set out to the regime for accessing capital. These will "remove the existing fragmentation of funding sources, short-termism of capital decision making and uncertainty for local health economies".

Next steps

With 2019/20 positioned as a transition year, the next steps for implementing the *Plan* are:

- Local health systems receiving five-year indicative financial allocations for 2019/20 to 2023/24, and being asked to produce plans for implementing the *Plan's* commitments. Those local plans will then be brought together in a national implementation programme in the autumn
- The Clinical Standards Review and the national implementation framework being published in the spring, to be implemented in October following testing and evaluation of any new and revised standards
- The NHS Assembly being established in early 2019. The Assembly – its members comprising third sector stakeholders, the NHS arm's length bodies and frontline NHS and local authority leaders – will advise the boards of NHSE and NHSI and oversee progress on the *Plan*
- The spending review (expected in the autumn) setting out allocations for NHS capital, education and training as well as public health and adult social care

In support of these steps, the *Plan* commits to automating and standardising the generation and storage of data to reduce the burden on frontline services and reduce duplication. It also undertakes to set out a single list of "essential interventions" (including effective e-rostering and e-job planning and processes for standardising and aggregating procurement demand for products and services) to maximise value. The

national bodies will also work with the Health Foundation to increase the number of ICSs building their improvement capabilities.

National operating model

NHSE and NHSI will implement a new shared operating model, with shared regional teams accountable for managing local systems and the providers within them, and ensuring systems secure the best value from their combined resources. To deliver this, the *Plan* commits to:

- A move from relying on regulation and performance management to supporting service improvement and transformation
- Strong governance and accountability mechanisms in place for systems
- A reinforcement of accountability at board, governing body and local system ICS level for adopting standards of best practice and contributing to national improvement programmes, on a comply or explain basis
- Making better use and improving the quality of frontline data and information

Approach to local systems

The *Plan* commits to "balance[ing] national direction with local autonomy to secure the best outcomes for patients". As part of that approach, it sets out:

- An ambition for ICSs to cover England by April 2021. Local systems will be supported in producing and implementing development plans, including intensive support programme for the most challenged systems with peer support from more developed systems.
- The intention to support organisations to take on greater collaborative responsibility. As well as providing "high-quality care and financial stewardship from an institutional perspective", organisations will be expected to take on responsibility "for wider objectives in relation to the use of NHS resources and population health". System oversight will look at organisational and system objectives alongside organisational performance.
- Successful organisations will be asked to support their neighbours in developing capability and resilience, forming part of a 'duty to collaborate' for providers and CCGs.

Legislation

A "provisional list of potential legislative changes" which the national bodies would seek from government includes:

- Giving CCGs and providers **shared new duties** to promote the 'triple aim' of better health for everyone, better care for all patients, and local and national NHS sustainability
- Removing specific impediments to **'place-based' NHS commissioning**, including how CCGs can collaborate with NHSE and NHSE being able to integrate its public health functions within the Mandate
- Allowing trusts and CCGs to **exercise functions and make decisions jointly**. This would mean foundation trusts could create joint committees (strictly speaking NHS trusts already have legal flexibility to develop joint arrangements with other bodies), and allow (with certain areas where

there may be a conflict reserved to one party) the creation of a joint commissioner/provider committee in every ICS, which could operate as a transparent and publicly accountable partnership board

- Supporting the creation of **NHS integrated care trusts**. This would better enable creation of new NHS integrated care providers (ICPs) and make organisational mergers easier to progress
- Removing the **Competition and Markets Authority's (CMA) duties** to intervene in NHS provider mergers, and its powers in relation to NHS pricing and NHS provider licence condition decisions. Monitor's 2012 Act competition roles would also be removed
- Allowing NHS commissioners to decide the circumstances in which they should use **procurement processes**, subject to a 'best value' test, and removing the wholesale NHS' inclusion in the Public Contract Regulations. Patient choice and control would be protected and strengthened
- Increasing flexibility in the **NHS pricing regime**, in order to move away from activity-based tariffs where appropriate, facilitate integration and reduce fragmentation in public health commissioning.
- Making it easier for **NHSE and NHSI** to work together, including being able to establish a joint committee and subcommittees, with corresponding streamlining of non-executive and executive functions.

NHS Providers view

A crucial next step will be the implementation of the plan which will require ruthless prioritisation of the key investment areas which will require continued engagement from trust leaders. In addition, the key interdependencies for the success of the *Plan* will be the national workforce implementation plan, along with training and education funding, capital investment, and a sustainable solution for social care funding. Some of these issues lie outside of NHSE/I's control and will be addressed in separate publications. In addition, the *Plan's* approach to addressing the wider determinants of health, will be heavily reliant on local authority support despite radical cuts to public health budgets in recent years.

Part 2 of the planning guidance is still due to be published later this week, which we expect will set out further detail on the operational and financial performance expectations for 2019/20. The trajectory to operational performance recovery against key constitutional targets is not included within the plan, however the clinical review of standards is expected to be published in spring 2019.

The importance of the local autonomy and the accountability of provider boards is mentioned within the *Plan*, although the role of the national bodies in ensuring consistency, value for money and support are equally at the forefront of the intended revised approach. The roll out of ICSs across the country by 2021, and the enhancements of the role of system working through the revised financial framework and in relation to commissioning structures, regulation and performance management are significant. We will be working closely with the national bodies, and providers, to unpack and help shape their implementation.

NHS Providers will continue to engage in the development of the detail underpinning the *Plan* and its implementation. We will also provide further analysis to members on what the *Plan* means for them and look forward to engaging members in our ongoing work in this area.

NHS Providers press statement

NHS long term plan - trusts are committed to creating world class services

Responding to the publication of the *NHS long term plan*, the chief executive of NHS Providers, Chris Hopson said:

"There will be strong support across the NHS for the vision and ambition set out in the document. Trusts and their staff are strongly committed to creating world class services and continuously improving patient outcomes. They also recognise the need to transform the way they provide care to reflect 21st century health and care needs.

"There is a huge amount to do across a wide range of areas. Successful delivery will depend on four key factors.

"First, ruthless prioritisation and effective implementation. To plan is to choose. We now need a detailed implementation plan that sets out exactly what will be delivered when. This must clearly match the priorities for each year to the available money and staff, ensuring that the trusts who have to deliver the plan are actually able to do so.

"Second, a rapid solution to current workforce shortages. This plan cannot be delivered whilst trusts still have 100,000 workforce vacancies. We need urgent action to solve what trust leaders current describe as their biggest problem. It's a major concern that we will have to wait longer to get the comprehensive plan that is needed here.

"Third, a clear path to recovering performance in areas like urgent and emergency care and routine surgery. Despite trusts working flat out, the NHS has fallen behind where it needs to be, missing all its key performance targets over the last four years. Whilst trusts are ready to look at updating these targets, we mustn't lose the enormous gains trusts made in cutting waiting lists and improving care in the early 2000s.

"Fourth, there are a range of other issues central to the success of the NHS that must be satisfactorily resolved through the spending review – social care, public health and NHS training budgets.

"The ambition and vision are welcome. But they need to be delivered.

"We welcome the commitment to an open and consultative process in developing a detailed implementation plan over the next few months. It is vital that the expertise and concerns of NHS trusts are central to those discussions. We look forward to making a full and positive contribution."

ENDS.