

# State of the Provider Sector 2021

## Key findings

- 1** A large majority (87%) of trust leaders said they were extremely concerned about the impact of seasonal pressures over winter on their trust and local area.
- 2** Trust leaders also highlighted strategies to prepare for winter (e.g. staff recruitment, capacity management and expansion, promotion of vaccination programmes, and working collaboratively across systems).
- 3** Trust leaders highlighted staff availability leading to workforce shortages as one of the biggest risks to services over winter. Almost all (94%) trust leaders were extremely or moderately concerned about the current level of burnout across their workforce.
- 4** 84% of trust leaders were very worried or worried about their trust having the capacity to meet demand for services.
- 5** Just over half (51%) of trust leaders rated the current quality of healthcare provided by their local area as very high or high.
- 6** Trust leaders reported their greatest concern in relation to their trust's finances over the next year was insufficient funds (N.B. this piece of work did take place prior to the comprehensive spending review). Responses also reflected mixed confidence levels about the ability of Integrate Care Systems (ICSs) to successfully manage the allocation and distribution of funds to providers in 2022/23.
- 7** A large number (85%) of trust leaders were very worried or worried about sufficient investment being made in social care in their local area. Over half (57%) of trust leaders were very worried or worried about whether sufficient investment is being made in public health and prevention in their local area. 22% of trust leaders were confident or very confident that support and infrastructure is in place locally to enable a more integrated service between primary care and secondary care.
- 8** 43% of trust leaders were confident or very confident that plans to embed system working, via statutory ICSs, will support better collaboration between local partners and improve mutual aid. 41% were confident or very confident that these plans will support better outcomes for patients.
- 9** Over half (52%) of trust leaders were very worried or worried about the national NHS leadership's (Department of Health and Social Care and its arms-length bodies, including NHS England and NHS Improvement and its regional teams) support for the delivery of a sustainable service in their area. This is a slight improvement from 56% last year.
- 10** The majority (78%) of respondents agreed or strongly agreed that tackling climate change and promoting sustainability in how they work is a priority for their trust in the next year.

## Background

In recent years we have established an annual survey of trusts which has become the authoritative voice on the challenges facing the sector. Each year the survey looks at the past year's policy developments and provides commentary on the sector's contributions.

This year, the survey included some tracker questions from previous annual surveys, as well as a focus on winter 2021/22, mandatory vaccinations and environmental sustainability. This survey asked for trust leaders' views across several areas such as capacity to meet rising demand, quality of care, workforce priorities, NHS funding and system working. We reflected trust leaders' views on proposals to make COVID-19 and flu vaccination mandatory for NHS staff in our recent [consultation response](#). We discuss the findings around environmental sustainability in this [blog](#).

The survey was open during September and was sent to all chairs and executive directors of trust boards. 172 trust leaders from 114 unique trusts responded to the survey, accounting for 54% of the provider sector. All regions and trust types were represented in the survey.

This briefing sets out the results of the survey which highlight concerns about winter and rising demand for services and staffing challenges including shortages and burnout. The results emphasise the strong sense amongst NHS leaders that the health and care system is entering an unpredictable time in which colleagues will need to navigate seasonal winter pressures, COVID-19, workforce burnout and staff shortages.

## Survey results

### Sample of respondents

172 trust leaders from 114 trusts responded to the survey, accounting for 54% of the provider sector. All trust types were represented in the survey. 47% of trust leaders were in acute trusts, while 1% were in ambulance trusts. All regions were represented in the sample.

FIGURE 1. NUMBER OF RESPONDENTS AND NUMBER OF UNIQUE TRUSTS BY TRUST TYPE

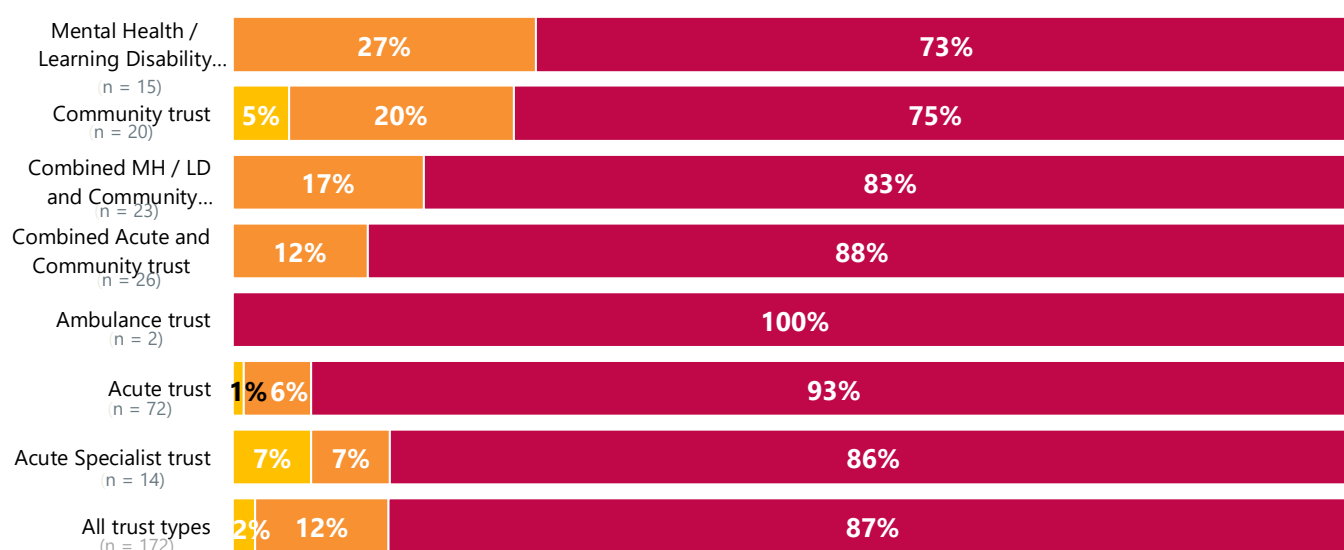
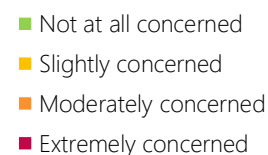
Trust type	Count of respondents	% of sample	Count of unique trusts	% of sample
Acute specialist trust	14	8%	10	8%
Acute trust	72	47%	49	43%
Ambulance trust	2	1%	2	2%
Combined acute and community trust	26	15%	20	18%
Combined mental health / learning disability and community trust	23	13%	13	11%
Community trust	20	12%	10	9%
Mental health / learning disability trust	15	9%	10	9%
Total	172	100%	114	100%

## Winter 2021/22

### Concern about the impact of seasonal pressures over winter on your trust and local area

FIGURE 2

**How concerned are you about the impact of seasonal pressures over winter on your trust and local area?**



- A large majority (87%) of trust leaders across all trust types said they were extremely concerned about the impact of seasonal pressures over winter on their trust and local area. 12% said they were moderately concerned and 2% said they were slightly concerned. Last year, 56% of trust leaders were extremely concerned.
- Across different trust types, most trust leaders said they were extremely concerned. Both ambulance trust respondents reported they were extremely concerned (100%), followed by acute trusts (93%) and acute specialist trusts (86%).

### What is your trust/local area doing to ensure you are in the best position you can be going into this year's usual seasonal pressures?

Trust leaders highlighted several strategies that their trusts/local areas are implementing to be in the best position possible going into this year's usual seasonal pressures. The two major themes were winter planning and working collaboratively as a system. While these themes have been separated, many responses combined both strategies. Some respondents also noted a focus on staff wellbeing.

“Detailed winter plans are in place both as a system and as a trust, with primary and secondary care providers working together to minimise the potential impact of winter on the system...” (Combined acute and community trust, South East)

Trust leaders detailed the plans in place for the upcoming winter surge in demand. These plans mainly included recruiting additional staff, expanding and managing capacity, and promoting the flu and COVID-19 vaccination programmes.

“System wide winter planning underway - early; promoting uptake of flu and booster vaccination programme; supporting H&WB [health and wellbeing] of staff.”  
(Combined mental health / learning disability and community trust, North East and Yorkshire)

Trust leaders also emphasised the importance of working together as a system to manage demand through the winter season. This included sharing capacity, joint meetings, shared data and collaboration when planning.

“Collaboration between trusts has strengthened and both in acute and community/mental health service (MHS) plans are in place to help with known and expected pressures. For mental health this is primarily in children and young people (CYP) and adult acute services where beds are being shared to avoid out of area placements and to ensure adult acute resources such as *paediatric intensive care units* (PICU) are shared when needed. In community services some bed contingency is there but workforce is a major concern.”  
(Combined mental health/learning disability and community trust, London)

## Over winter 2021/22 what do you see as the biggest risks to the services that you, or those in your local area, provide?

- The biggest risk to services highlighted by trust leaders was staff availability, leading to workforce shortages. Some respondents attributed staff shortages to a short-term lack of availability due to sickness. However, many trust leaders reported long-term staff shortages as a result of burnout, lack of morale, and retention issues.

“Lack of available staff... Tired and demoralised workforce... Impact of seasonal illness and COVID-19 spikes on patient numbers and staff.” (Combined mental health/learning disability and community trust, South West)

- Trust leaders also expressed concerns regarding increased demand and lack of capacity. The largest contributing factor reported by respondents to a potential surge in demand was the overwhelming presentation of COVID-19 and flu in addition to the need to provide elective care. Other trust leaders attributed additional demand to increased referrals and wider pressures across the health and care system, for example in primary care. Furthermore, respondents from mental health related trusts highlighted the increased demands on mental health services.

“Overwhelming pressure on the front door will significantly reduce elective capacity against a backdrop of the longest waits we have seen for some time...”  
(Acute trust, East of England)

- The largest contributing factor reported by trust leaders to a lack of capacity was a concern over social care leading to an inability to discharge patients.

“Increased patients who are medically fit for discharge with a package of care but no residential or care home available.” (Community trust, South East)

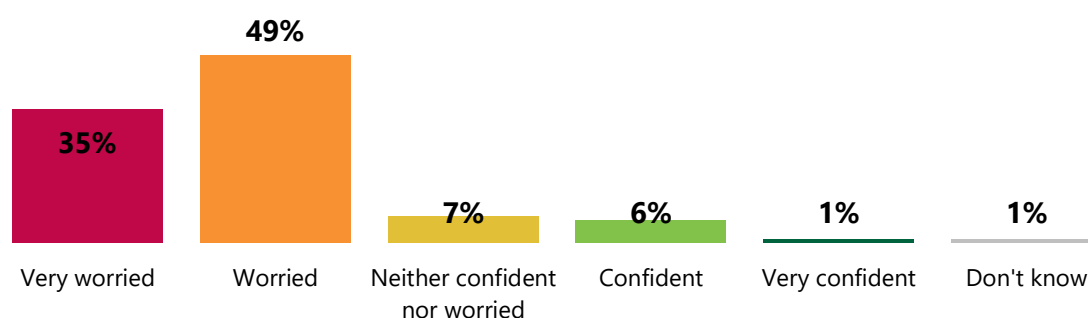
“High demand for acute care, increasing delayed transfers of care due to reduced capacity in the adult social care system, high staff absence, attrition of staff numbers, reduced willingness of staff to do overtime/other forms of additional work.”  
(Combined acute and community trust, North East and Yorkshire)

## State of the sector

### Capacity to meet demand

FIGURE 3

**How confident are you that your trust has the capacity to meet demand for services?** (n=161)



- 84% of trust leaders were very worried (35%) or worried (49%) about their trusts having the capacity to meet demand for services. 7% were neither confident nor worried, 6% were confident, 1% were very confident and 1% did not know. Last year, 64% of trust leaders were very worried (11%) or worried (53%).
- Across different trust types, the two trust leaders from ambulance trusts (100%) were very worried their trust has the capacity to meet demand for services. All (100%) trust leaders from mental health/learning disability trusts were very worried (47%) or worried (53%). The more confident trust type leaders were in acute specialist trusts, of which 58% of their leaders were very worried or worried.

In the comments, trust leaders expressed concerns regarding increasing demand in the urgent and emergency care pathway, staff shortages and the impact of COVID-19 in providing elective care.

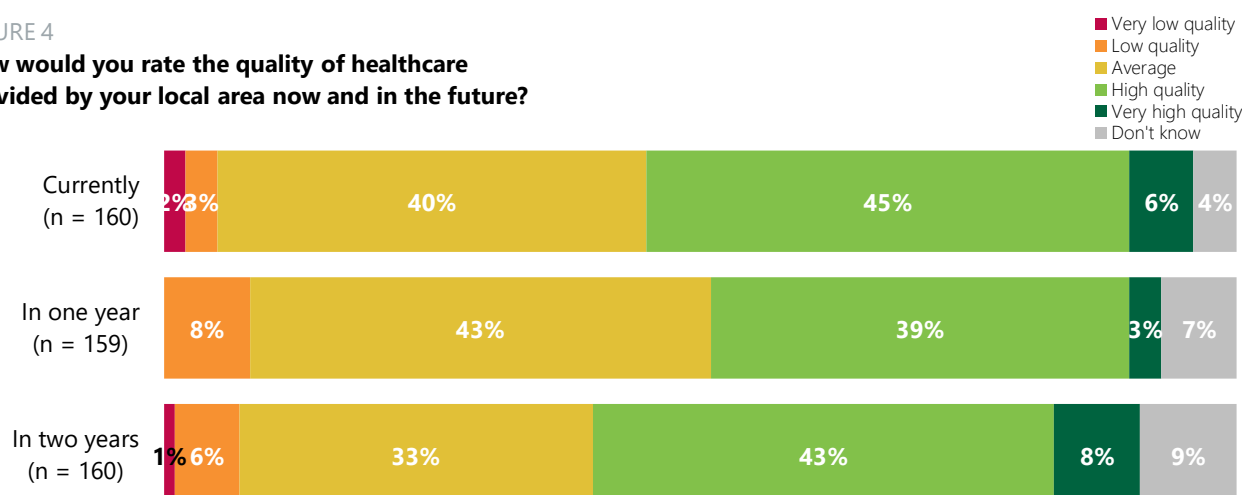
“We are experiencing an unprecedented demand in the urgent and emergency care pathway. This is not sustainable with the current staffing model. A revised staffing model is not achievable in the current funding model.” (Acute trust, South East)

“Worried about capacity to meet emergency and critical care activity and ongoing impact that has on workforce and ability to deliver elective programme.” (Acute trust, Midlands)

## Quality of healthcare provided by your local area now and in the future

FIGURE 4

**How would you rate the quality of healthcare provided by your local area now and in the future?**



- Just over half (51%) of trust leaders rated the current quality of healthcare provided by their local area as very high (6%) or high (45%). 40% rated it as average, 3% as low quality and 2% as very low quality. 4% did not know.
- Under half (42%) of trust leaders predicted that the quality of healthcare provided by their local area in the coming year would be very high (3%) or high (39%). 43% said it would be average and 8% low quality. 7% did not know.
- Just over half (51%) of trust leaders predicted that the quality of healthcare provided by their local area in the coming two years would be very high (8%) or high (43%). 33% rated it as average, 6% as low and 1% as very low. 9% did not know.

In the comments, trust leaders had mixed views when rating the quality of healthcare provided in their local area now and in the future. Some were unsure, stating it was dependent on the type of service and that too many variables were involved. Respondents who believed the quality of healthcare would decline raised concerns around staffing issues. Those who believed it would remain the same highlighted how they were striving to deliver high quality care, and issues with capacity rather than quality. Respondents also relayed concerns over the high waiting lists for elective care.

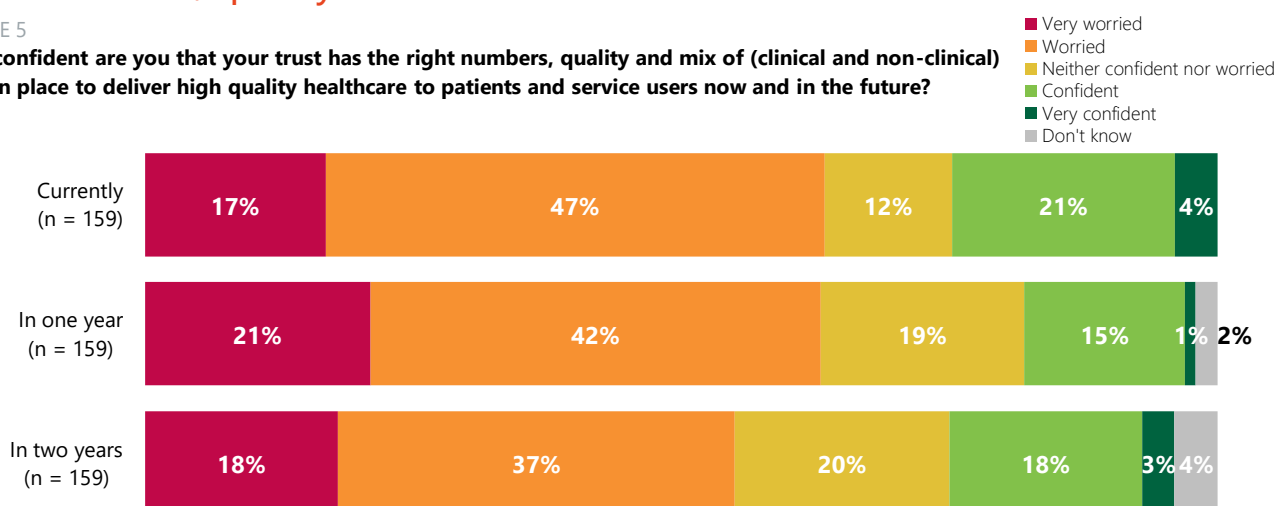


“We will continue to deliver high quality care. We know that the quality isn't currently as good as we would like it to be and we are working hard to improve this. The capacity is the issue, not the quality.” (Combined acute and community trust, London)

## Right numbers, quality and mix of staff

FIGURE 5

**How confident are you that your trust has the right numbers, quality and mix of (clinical and non-clinical) staff in place to deliver high quality healthcare to patients and service users now and in the future?**



- 64% of trust leaders were very worried (17%) or worried (47%) regarding their trust having the right numbers, quality and mix of staff to deliver high quality healthcare currently. 12% were neither confident nor worried, 21% were confident and 4% were very confident.
- 63% of trust leaders were very worried (21%) or worried (42%) regarding their trust having the right numbers, quality and mix of staff to deliver high quality healthcare in the coming year. 19% were neither confident nor worried, 15% were confident, 1% were very confident and 2% did not know.
- 55% of trust leaders were very worried (18%) or worried (37%) regarding their trust having the right numbers, quality and mix of staff to delivery high quality healthcare in the coming two years. 20% were neither confident nor worried, 18% were confident, 3% were very confident and 4% did not know.

## Burnout across workforce

- Almost all (94%) trust leaders were extremely (56%) or moderately (38%) concerned about the current level of burnout across their workforce. 6% were slightly concerned.
- Across different trust types, most trust leaders were extremely or moderately concerned, particularly in the one ambulance trust which responded (100% extremely concerned), mental health trusts (73%

extremely concerned and 27% moderately concerned) and acute trusts (61% extremely concerned and 32% moderately concerned).

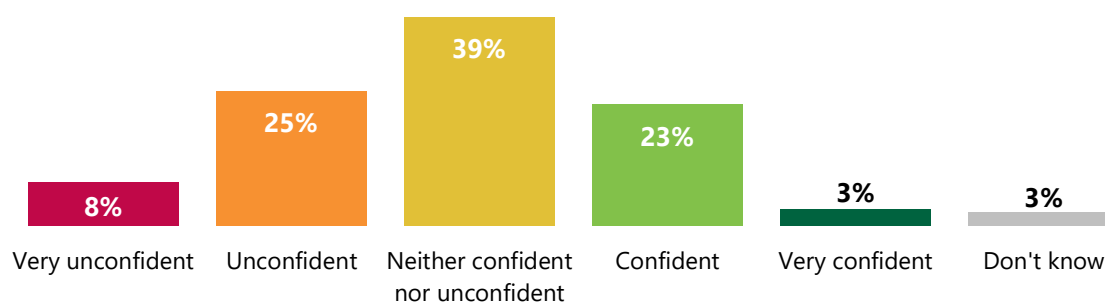
The biggest concern among trust leaders was the low level of staff morale, this was reported across respondents who were both extremely and moderately concerned. Respondents also highlighted the concern of workforce shortages.

“Staff in our organisation are at their lowest point through the pandemic. Increased demands from COVID-19, alongside pressure to increase activity and reduce waiting lists, means we lack the ability to transfer staff to support most pressurised areas (as we try to do everything), meaning it is harder now than at any time during the COVID-19 waves. Staff are suffering burnout and morale is extremely low.” (Acute trust, South East)

## ICS(s) management of the allocation and distribution of funds to providers in 2022/23

FIGURE 6

**How confident are you that your ICS(s) will be able to successfully manage the allocation and distribution of funds to providers in 2022/23?** (n=160)



- There was a mix of confidence levels regarding the ability of ICS(s) to successfully manage the allocation and distribution of funds to providers in 2022/23. A third (33%) of trust leaders were very unconfident (8%) or unconfident (25%) their ICS will be able to successfully manage the allocation and distribution of funds. 29% were neither confident nor unconfident, 23% felt confident, 3% felt very confident and 3% did not know.

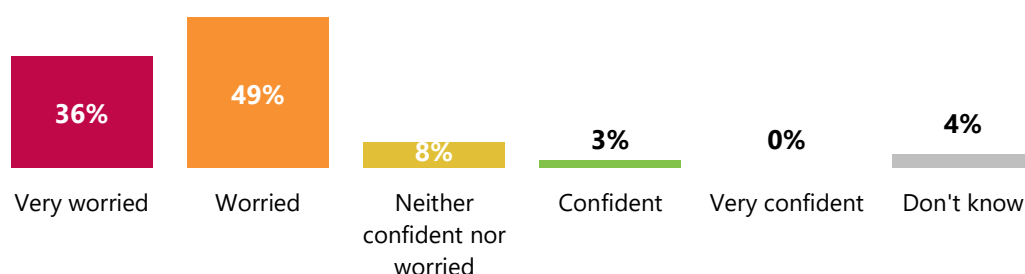
Thinking about the funding available to the NHS in 2022/23 and the continued move to ICS-led financial management, what is your biggest concern in relation to your trust’s finances over the next 12 months?

- Trust leaders reported their greatest concern in relation to their trust's finances over the next year is insufficient funds. It should be noted that this piece of work took place prior to the comprehensive spending review. Other respondents highlighted the uncertainty around the budget, which hinders their ability to plan accordingly.

## Investment in social care in your local area

FIGURE 7

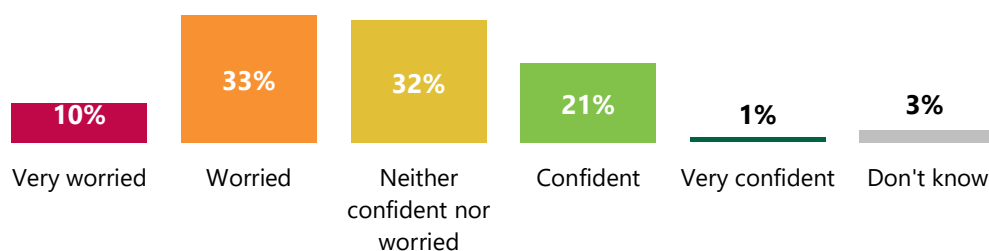
**How confident are you that sufficient investment is being made in social care in your local area? (This could include direct investment by the trust, by the system and its partners) (n=158)**



- A large number (85%) of trust leaders were very worried (36%) or worried (49%) that sufficient investment is being made in social care in their local area. 8% were neither confident nor worried, 3% felt confident and 4% did not know.

FIGURE 8

**How confident are you that support and infrastructure is in place locally to enable a more integrated service between primary care and secondary care? (n=155)**



## Support and infrastructure

- 43% of trust leaders were very worried (10%) or worried (33%) about the support and infrastructure in place locally to enable a more integrated service between primary and secondary care. 32% were neither confident nor worried, 21% were confident and 1% were very confident. 3% did not know.

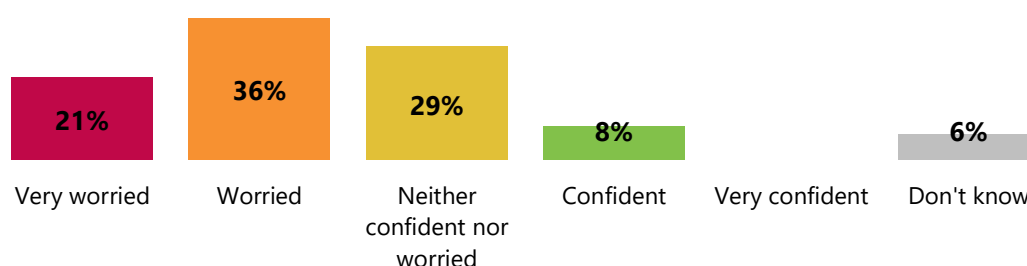
Some respondents felt confident about the support and infrastructure in place to enable a more integrated service between primary care and secondary care. The most common theme among these respondents was that they can see the effects starting to work.

Trust leaders who felt worried, extremely worried, or neither worried nor confident, highlighted the extreme pressures which primary care services are under. Another common theme was that integration takes time and therefore the effects are not evident yet.

## Investment in public health

FIGURE 9

**How confident are you that sufficient investment is being made in public health and prevention in your local area? (This could include direct investment by the trust, by the system and its partners) (n=154)**



- When asked about their confidence that sufficient investment is being made in public health and prevention in their local area, over half (57%) of trust leaders were very worried (21%) or worried (36%). 29% were neither confident nor worried, 8% were confident and 6% did not know.

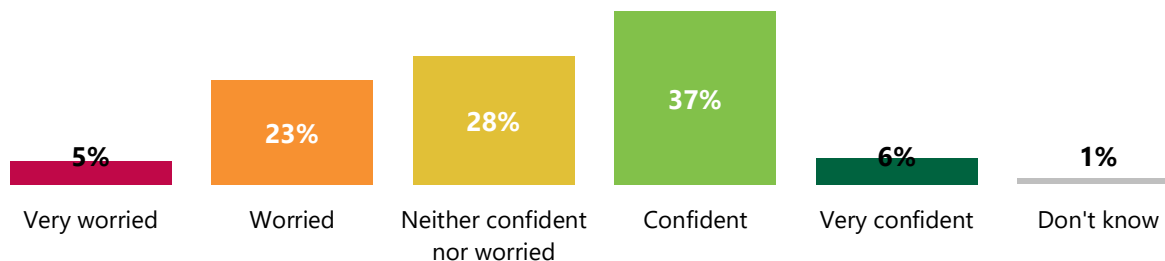
## Plans to embed system working

### Better collaboration

FIGURE 10

**How confident are you that plans to embed system working, via statutory ICSs from April 2022, will support better collaboration between local partners and improve mutual aid?**

(n=155)

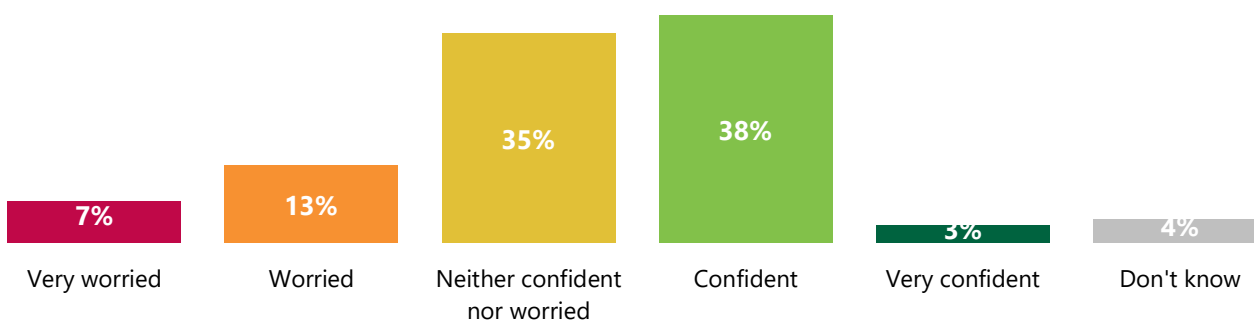


- When asked about how confident trust leaders were that plans to embed system working, via statutory ICSs from April 2022, will support better collaboration between local partners and improve mutual aid, 43% were confident (37%) or very confident (6%). 28% were neither confident nor worried, 23% were worried and 5% were very worried. 1% did not know.

## Better outcomes for patients

FIGURE 11

**How confident are you that plans to embed system working, via statutory ICSs from April 2022, will ultimately support better outcomes for patients?** (n=154)



- When asked about how confident trust leaders were that plans to embed system working, via statutory ICSs from April 2022, will support better outcomes for patients, 41% were confident (38%) or very confident (3%). 35% were neither confident nor worried, 13% were worried and 7% were very worried. 4% did not know.

## What key challenges and opportunities do you feel provider collaboration presents?

Opportunities highlighted by trust leaders focused on the chance to share resources, systems, and workforce, leading to increased productivity and a higher quality of care.

“We have already embarked on a provider collaboration which is working well and has certainly enhanced the patient experience and improved communication and understanding between partners.” (Acute trust, South East)

“There is clearly opportunity for collaborative efforts and re-distribution of resource to support system-wide performance. However, the challenges are similar across the ICS so a problem shared will not be a problem halved, merely the same problem on a bigger scale.” (Acute trust, South East)

“An opportunity to reimagine the approach to healthcare is an exciting and invigorating one, but the context of continued pressure and limited capacity in the workforce and management of services makes the likelihood of successful transformation a real concern.” (Combined mental health/learning disability and community trust, South West)

“Opportunities for addressing health inequalities and access, and for developing more joint working between teams across different sectors. Challenges that central NHS bureaucracy will get in the way of local decision making/implementation.” (Acute trust, Midlands)

Respondents also provided a range of challenges that provider collaboration presents, including disputes over fundings, conflicting personalities, and a concern it could lead to bureaucracy.

## What key challenges and opportunities do you feel the development of place based working arrangements present?

- The most prevalent opportunity that trust leaders raised regarding the development of place-based working was the ability to focus on and improve healthcare in local areas.

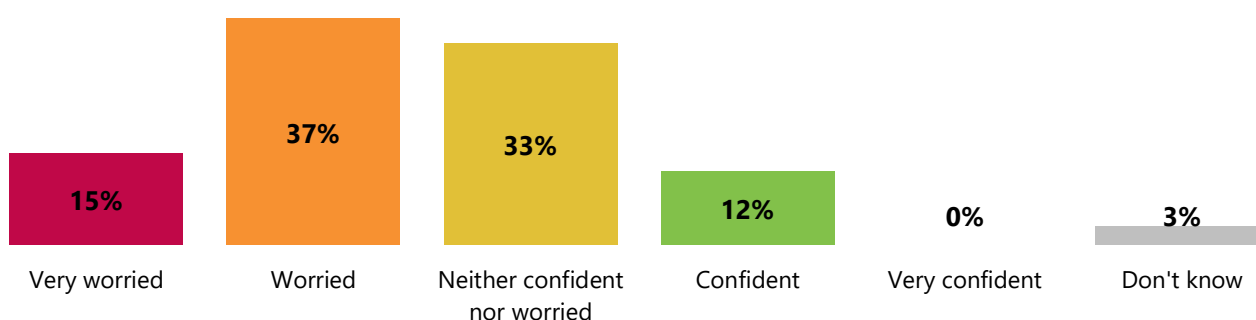
“Working with a focus on place will hopefully allow a greater level of detail to be given to local measures that will improve health outcomes for people close to their homes, reducing dependency on healthcare.” (Combined acute and community trust, South East)

- The challenges that concerned respondents varied greatly, the most common ones relating to financial issues, a lack of resources, working across different systems, and the potential for added bureaucracy.

## Plans and activities from the national NHS leadership to effectively support the delivery of a sustainable service

FIGURE 12

**How confident are you that plans and activities from the national NHS leadership (the Department of Health and Social Care and its arms-length bodies, including NHS England/NHS Improvement and its regional teams) are effectively supporting the d**



- Over half (52%) of trust leaders were very worried (15%) or worried (27%) about the national NHS leadership’s (the Department of Health and Social Care and its arms-length bodies, including NHS England and NHS Improvement and its regional teams) support for the delivery of a sustainable service in their area. 33% were neither confident nor worried, 12% were confident and 3% did not know.

Trust leaders identified various concerns with how national leaders in the Department of Health and Social Care, NHS England and NHS Improvement and regulators are effectively supporting the delivery of a sustainable service in their area. Their reasons tended to focus around finance – not enough funding, how funding will be allocated, and leadership being driven by financial targets. Other respondents were concerned that command and control is no longer needed at a local level, that the workforce shortages present a large uncertainty and questioned the Care Quality Commission’s approach during the pandemic.

## Innovative examples within trusts or systems

Trust leaders also identified the following examples of innovation and good practice which are supporting them and their partners to tackle pressures and provide better services for patients:

- *Patient First* improvement programme: an approach built on proven improvement techniques leading to transformations for both patients and staff
- *#Call Me*: approach allowing patients to request their preferred name and title while in hospital, providing comfort and reassurance that their identity is respected
- Clinical assessment service for care homes: nursing and residential care homes direct and priority access to a dedicated clinical assessment service in the aid of reducing avoidable and unnecessary hospital admissions
- BSL (British sign language) app which provides timely information for deaf patients
- *Team Up*: place-based collaborative approach (community, GP, mental healthcare, adult social care, etc) to care for those who are housebound
- Sustainability campaigns such as *Dare to Care* and *Care without Carbon*: delivering health services that care for the environment as well as people.

## Conclusion

In response to an unpredictable external environment and forthcoming winter months, trust leaders expressed significant concerns about seasonal pressures, COVID-19, workforce burnout and staff shortages. Trust leaders also noted how their trusts and local areas are preparing for this year's seasonal pressures, particularly with winter planning and collaborative working as a system. The survey results emphasise the significant pressures trusts are under and some of the concerns ahead of winter, and highlight some of the achievements and innovations trusts and their partners in local systems have led so successfully over the past year.