NHS England

PUTTING PATIENTS FIRST

Business plan
2014-15 to 2016-17

THE NHS CONSTITUTION
the NHS belongs to us all

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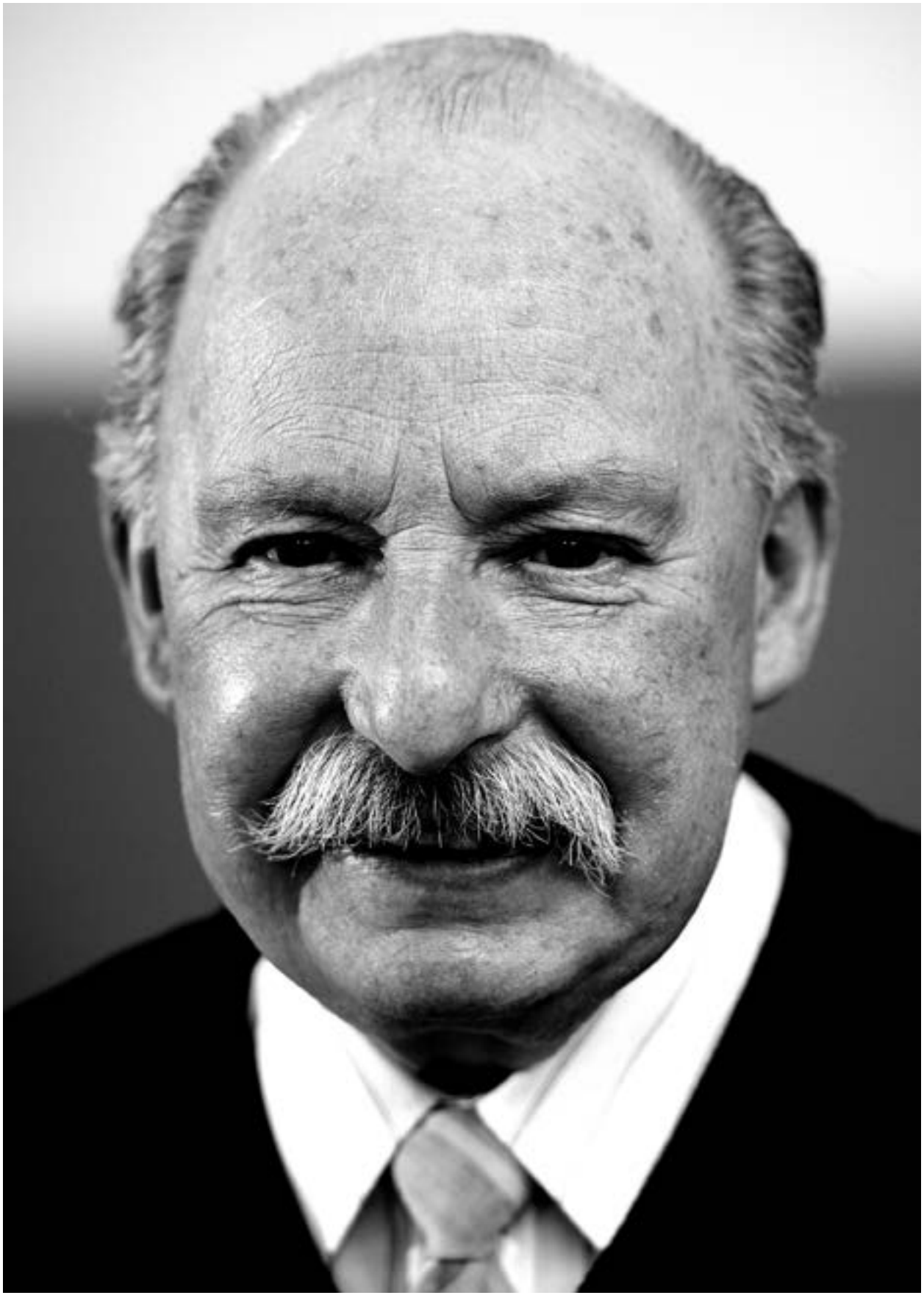
Putting Patients First: The NHS England business plan for 2014/15 – 2016/17



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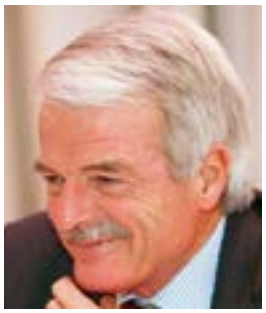
Foreword



It is now widely recognised that the NHS needs transformational change to frontline care, in order to deliver better outcomes for patients and to ensure that we live within our means. We at NHS England have the responsibility to create the conditions for this change to happen.

One year ago we published our first business plan as a new organisation: *Putting Patients First 2013/14-2015/16*. It set out our ambitions and commitment in ensuring high quality care for all, now and for future generations.

A great deal has been achieved, and we have learned many lessons, which we have taken into account in preparing this refreshed, updated and revised edition. In particular, in December last year, drawing on our *Call to Action* strategy process, we set out six characteristics of a high quality, sustainable NHS:

- Citizen participation and empowerment
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised centres concentrated in centres of excellence.

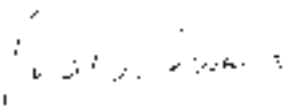
High quality care for all in the future will be built around these commitments.

We have a unique and exciting opportunity, as well as a profound responsibility, to take action and to support leaders throughout the health and care services – in clinical commissioning groups, in general practice and other primary care settings, in mental health and community trusts, in local government and in acute trusts – to make the changes required to drive continuous improvement in the quality of care provided by the NHS, more closely attuned to the needs of patients and the public.

We should not underestimate the scale of ambition and challenge in this business plan, and that means it carries with it some significant risks:

- there is no question that we have pushed our resources to the limit in committing to the plan's deliverables. There is no scope for any further demands without further resources.
- for our part we shall need to demonstrate organisational agility and flexibility through the year as we harness teams across all of our directorates and geographies in collaboration to deliver our corporate objectives.
- many of our deliverables will depend on an aligned effort from our national and local partners. We shall place great importance on the quality and effectiveness of these relationships.

But our ambitions are worth the risks, for the prize is great: high quality care for all, now and for future generations.



Professor Sir Malcolm Grant
Chair

1. About NHS England

1.1 NHS England exists to serve the people. Our goal is high quality care for all, now and for future generations.

1.2 Everything we do is geared towards this goal, and this business plan sets out the work programme we have put in place to deliver it, both as a direct commissioner of healthcare services, and as the leader, partner and enabler of the NHS commissioning system.

1.3 We describe how we will deliver high quality care now, through our focus on continuous improvement against the five domains of the *Outcomes Framework*; through our absolute commitment to uphold the rights of patients as set out in the NHS Constitution; and through our work to transform patient and public engagement in the NHS so that we focus on what really matters. Equality lies at the heart of the NHS; its values, its processes and its behaviours. Everybody has the right to high quality services, irrespective of who they are, where they live, or what condition they have. We will place particular emphasis on equality and tackling health inequalities, and our aim is to narrow the gap between the best off and the worst off across the *Outcomes Framework*.

1.4 We also describe how we will deliver high quality care and secure the NHS for future generations. We are committed to protecting the founding principles on which the NHS was established. We recognise that the NHS needs to evolve, working across traditional boundaries, to deliver sustainable high quality services in an era of rising need, rising expectations and lower financial settlements. The *Call to Action*, launched last year, began the debate about the future shape of healthcare services, and *Everyone Counts, Planning for Patients 2014/15 to 2018/19* sets the challenge for commissioners to develop medium term strategies for transformation and sustainability, including plans for service integration.

2. Citizens and communities

2.1 Our most important relationships are with those we serve. We want to demonstrate this in practical ways. That is why we are committed to involving patients and the public directly in the development of our plans; encouraging and supporting active participation in improving care and services; and promoting openness and transparency both in the way we work and information about the work we do. This is reflected in all our business areas.

3. Our partnerships

3.1 We will only achieve these ambitions by working closely with our partners nationally and locally. Our aim is to be an excellent organisation to work with. During 2013/14, we have developed strong foundations with our key partners, and this year we will be reviewing and refreshing these agreements, so that they are focused on the right priorities going forward. We have sought feedback on our partnership working to date, and will use the learning from this to continue to improve as an organisation. We will also broaden our partnerships, looking beyond traditional partners, to take advantage of wider opportunities for driving change and improvement. We are committed to co-production with our partners, harnessing expertise and experience from the whole system in the work that we do.

3.2 At a local level, NHS England is working in partnership with Clinical Commissioning Groups (CCGs) and local authorities to develop shared strategies for patient-centred services and we are committed to working collaboratively across the commissioning system. The Commissioning Assembly is an invaluable mechanism for learning, testing and sharing ideas, and we will continue to use it and the views of CCG leaders to ensure that commissioners are provided with the best possible support to enable them to focus on the issues that matter most to patients.

3.3 The Government Mandate sets out the strategic objectives for NHS England, and we will continue to build on our close partnership with the Department of Health (DH) to work together to support healthcare systems to pursue these objectives, including the delivery of any pre-existing commitments set by government prior to the publication of the Mandate.

4. How we will work – the delivery model

4.1 We have developed a delivery model (figure 1), based on the NHS change model, which sets out a systematic approach to the way that we will work. Each aspect of our work will be underpinned by the seven components of the delivery model, specifically:

- **Leadership for change:** We will harness clinical leadership and the best available research and evidence to inform our decisions. We will communicate openly and transparently our intent.
- **Engagement to mobilise:** We will increase patient experience and engagement and participation. We will work to ensure alignment with our partners on shared objectives.
- **Spread of innovation:** We will work systematically with leading edge health systems and organisations to back success and advance learning for the NHS as a whole. We will support and encourage healthcare systems to learn from the best and we will learn from our mistakes.
- **Improvement methodology:** We will support the development of the NHS commissioning system. We will provide tools, resources and guidance to support best practice.
- **Rigorous delivery:** We will adopt a clear approach to delivery of our business within NHS England and all of our work will be managed consistently. We will provide rigorous and proportionate assurance and oversight of the commissioning system.
- **Transparent measurement:** We will significantly increase the information available to patients and the public on quality and variation in services. Our Board will act openly and transparently.
- **System drivers:** We will work collaboratively with local and national partners to develop system rules, standards and incentives that create the conditions for improving services and outcomes.

4.2 Of course, not all the components of the delivery model will apply equally to each aspect of our work. It is not a one size fits all model, and we confidently expect that applying the delivery model to our business areas will throw up some challenges to the way we currently work, and provoke a debate about the changes we need to make, keeping us focused on how we work as well as what we need to achieve.

Figure 1 – Our Delivery Model

5. Our organisation

5.1 NHS England is a single organisation comprising over 6,000 staff and spread over multiple sites. As this business plan sets out, the scope of our work is vast, and we can only achieve our aims if our employees are supportive, supported, positive and motivated. We will continue to gather and publish feedback via staff and 360 degree surveys to ensure we are creating the right environment, values and culture for our staff to thrive.

6. Our business areas

6.1 We have identified **31 business areas** that, together, encompass all of our planned activity. These are structured under three overarching objectives:

- delivering high quality care for all now
- delivering high quality care for all, for the future
- developing our organisation.

6.2 We recognise, of course, that the categories above are not mutually exclusive, and in particular there is a direct flow from 'high quality care now' to 'high quality care for the future'. Indeed one test of plans for short-term delivery will be how they contribute to future ambitions.

High quality care for all, now

6.3 Our plans to deliver **high quality care for all now** are encapsulated in 18 of these business areas. Within these 18 areas, we have described our work as direct commissioners, as assurers of CCG commissioning, and as a key player within the wider health and social care system. These 18 areas build on the achievements of our first year as a fully operational organisation. They contribute to the delivery of the Mandate and encompass our plans to embed quality and equality at the heart of everything that we do.

High quality care for all, for the future

6.4 Our plans to deliver **high quality care for all, for the future** are set out in eight of the business areas, all of which contribute to developing and delivering the future shape of our health care system. These eight areas will be taken forward in collaboration with our partners, working across traditional boundaries to put the patient at the centre of the future NHS.

Developing our organisation

6.5 To deliver the scale of ambition in this business plan, it is vital we are an excellent organisation. Our plans for **developing our organisation** comprise the remaining five business areas, which explain the actions we are taking.

6.6 **Figure 2** sets out the specific business areas under each heading. Taken together, these 31 business areas describe our organisational focus and outline how we will deliver the vision of high quality care for all, now and for future generations. In many of the areas there is already good progress being made and in most cases we have established programmes of work already in train. However, by aligning these areas with our overall goal and our three objectives, with a consistent approach to delivery and a strong emphasis on explicit, well understood deliverables, we will build on success to date and increase momentum and pace of delivery.

6.7 **Annex A** describes these 31 business areas in more detail and sets out the things we are committed to deliver.

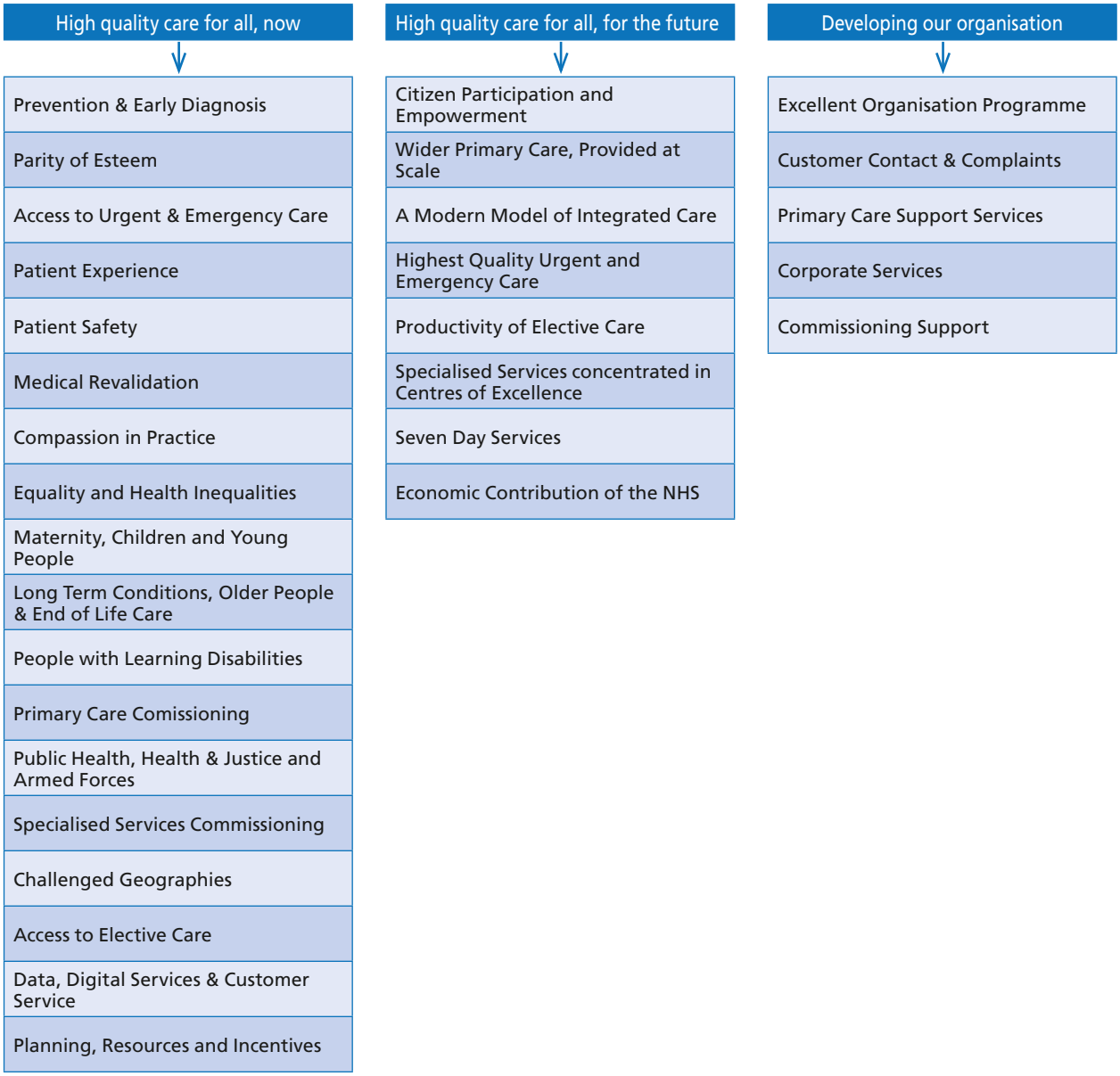
6.8 The Health and Social Care Act (2012) sets out a range of legal duties for NHS England, and our business plan areas support the delivery of these duties.

6.9 The Mandate we have been given by Government for 2014/15 (published in November 2013) sets out 25 objectives that we must seek to achieve as a system leader and direct commissioner of care. Many of these objectives span several of our business areas. For ease of reference we have listed these Mandate objectives, and the actions we will take to deliver them, in a separate supporting document which we will publish on our website along with this plan.

6.10 The budget and resources required to deliver all of our business areas are presented in **Annex B**.

6.11 Ultimately, everything we do is aimed at improving outcomes for patients. **Annex C** describes the key measurables we will monitor throughout the year to see whether the work we do is having an impact.

Figure 2 – Our business areas



7. Risks

7.1 This is an ambitious and demanding agenda. There are significant risks to delivery:

a. Resources – efficiency requirements within running costs and programme budgets are extremely challenging and therefore our ability to ensure delivery is stretched to the limit.

b. Complexity – we are doing pioneering work in a number of areas, such as the roll out of Improving Access to Psychological Therapies (IAPT), diagnosis of dementia, ensuring all citizens are able to participate in decisions about healthcare if they wish, and making routine services available seven days a week. There is no instruction manual; we need to innovate and learn as we go.

c. Dependencies – we depend on our national and local partners for delivery. Success will require alignment and co-ordinated effort with the Department of Health, our partners in arms length bodies and local government colleagues.

7.2 We have taken on the challenge despite these risks because the benefits to patients of delivering this work will be substantial. We shall manage our business areas and the risks to delivery through our assurance processes.

8. Conclusion

8.1 It has been a remarkable first twelve months for NHS England. We have grown into our new role, addressing many significant challenges along the way. We have only been able to take on these challenges (and those described in this business plan) because of the quality and commitment of our staff. It is the dedication of our staff, and staff across the health and care system that gives us confidence of delivery in the years ahead.

Annex A – Index to business areas

1. Prevention and early diagnosis

Responsible National Director	Bruce Keogh

Scope of the business area	The purpose of this business area is to prevent people from dying prematurely and to improve outcomes for patients as set out in domain one of the *Outcomes Framework*. Our aspiration is for England to become one of the most successful countries in Europe at preventing premature deaths, and the objective set out in our Mandate is to lead the system to avoid an additional 30,000 premature deaths per year by 2020.
Objectives of the business area	We will do this by: • **supporting CCGs and Strategic Clinical Networks to identify their own clinical priorities** to address unwarranted geographical variations in premature mortality and to set and deliver on levels of ambition on reducing premature mortality • **focusing attention on high-risk groups**, such as those with serious mental illness[1] and learning disabilities for whom life expectancy is currently significantly lower than the general population. Developing commissioning guidance, tools and levers to drive change. This includes establishing a learning disability premature mortality review function[2] • **driving the provision of high quality, innovative patient-centred scientific services** to support accurate and timely diagnosis which is integrated across all delivery sectors with influential scientific leaders, aspirational providers and informed commissioners • **developing a more holistic and unified approach to preventing ill-health across public health and healthcare**, working jointly with Public Health England (PHE), to address risk factors leading to preventable disease (e.g. tobacco, alcohol, poor diet) and supporting healthcare professionals to maximise their contribution to the prevention agenda by making every contact count. We will particularly focus on addressing the significant rise in alcohol misuse, which is contributing to increasing mortality from liver disease – the only big killer for which mortality outcomes are not improving.

[1] Deliverables are included in the Parity of Esteem business area
[2] Deliverables are included in the People with Learning Disabilities business area

Key deliverables
Provide clinical advice and support for CCGs in setting and delivering their levels of ambition for reducing premature mortality throughout the year to March 2015.
Provide support to PHE on four cancer and two other symptom awareness campaigns by March 2015.
Produce an action plan to improve patient management following an NHS Health Check by March 2015.
Produce an action plan to improve the NHS contribution to prevention through 'making every contact count' by March 2015.
Publish comparative composite quality marker scores on ten clinical services by March 2015.
Ensure more than 70% of all scientific and diagnostic services are part of accreditation programmes and demonstrate robust quality assurance measures by end of March 2015.
Increase the percentage of CCGs with confirmed access to scientific and diagnostic commissioning information to 75% by March 2015.
Scope a programme of work, in conjunction with PHE, to address alcohol misuse by June 2014.

2. Parity of esteem – valuing mental and physical health equally

Responsible National Director	**Bruce Keogh**

Scope of the business area	The purpose of this business area is to improve outcomes and tackle the inequalities faced by people with mental health problems. Our aim is to make measurable progress towards achieving true parity of esteem where everyone who needs it has timely access to evidence-based services and choice of provider. Of equal importance is addressing the health gap between people with mental health problems and the population as a whole. This business area includes improving services for people with dementia. Work to improve services for people with learning disabilities is set out in a separate, but closely linked, business area.
Objectives of the business area	The focus of our activity in this business area, in order to make measurable progress toward true parity, will be across the following areas: • **data, information and intelligence** – improving the availability and flow of data to support commissioners in service improvement • **developing the commissioning system** – supporting commissioners to make best use of commissioning and financial tools and levers through the co-production of evidence based guidance and toolkits as well as developing leadership and commissioning competencies for mental health. We will continue to work closely with CCGs to assure ourselves that the requirements set out in the planning guidance are reflected in local plans with a particular focus on the national ambitions for Improving Access to Psychological Therapies (IAPT) and dementia diagnosis rates and post diagnostic support • **improving physical health of people with serious mental illness** – supported by the development of commissioning guidance, tools and levers including implementation of the new CQUIN • **improving clinical services** – supporting commissioners to focus on improving clinical services and to ensure that they are effectively co-ordinated and are holistic in meeting both physical and mental health needs. Included in this area is the introduction of the right to choice of provider in mental health services and supporting the continued roll out of IAPT. In the adult programme, this will enable us to meet the national 15% access and 50% recovery ambitions. Improving the delivery of mental health services for children and young people through a transformation programme in Child and Adolescent Mental Health Service (CAMHS). This includes improving the commissioning of inpatient (Tier 4) services in order to reduce the placement of children on adult psychiatric wards, or non-psychiatric paediatric wards, and moving towards ensuring that access to local and specialist beds is sufficient. We will also focus on improving the transition between children and adult mental health services and continue to support the delivery of the national ambition for two-thirds of the estimated number of people with dementia in England to have a diagnosis and appropriate post-diagnosis support by March 2015

	• **improving crisis care and waiting times** – support the delivery of the crisis concordat so that we are working towards ensuring that access to crisis services, for an individual, are at all times as accessible, responsive and as high quality as other health emergency services. This includes ensuring the provision of adequate liaison psychiatry services in emergency departments and developing and implementing an access/ waiting time standard for mental health services • **creating a system to support safety and learning** from mental health homicides reviews.

Key deliverables
Publish a parity of esteem dashboard by November 2014 to track the delivery of the business area.
Jointly launch with Public Health England the National Mental Health Intelligence Network (NMHIN) in June 2014.
Extend the Friends and Family Test (FFT) to people using mental health services by December 2014.
Publish a series of commissioning for value packs by December 2014.
Publish a baseline State of the Nation (parity of esteem) report in April 2014.
Deliver a Mental Health Leadership programme for CCG leads by March 2015.
Support achievement of 60% coverage of the 0-19 population through the Children and Young People (CYP) IAPT programme by the end of March 2015.
Continue to monitor progress across the system of the national IAPT 15% access and 50% recovery ambitions and provide intensive support in 2014/15 for services that are struggling to meet these.
Build on the outputs of the IAPT development programme to agree by March 2015 the extension and enhancement of IAPT for people with: • long term physical health conditions and/or medically unexplained symptoms. • severe mental illness or personality disorder.
Continue to pilot the development of an outcomes based payment system for adult IAPT in 2014/15.
Support both DH and Department of Work and Pensions (DWP) in 2014/15 in the design and implementation of a range of mental health and employment pilot proposals and in parallel support DWP in implementation of the Health & Work Service.
Publish service specifications for transition from CAMHS to adult services or other services, and for Tier 2 and 3 CAMHS by December 2014.
Further develop the content and functionality of the dementia prevalence calculator to improve the data available to support the delivery of the national ambition of 67% diagnosis rate by March 2015.
Support the Alzheimer's Society prevalence review to agree a consensus on dementia prevalence rates and agree next steps by August 2014.
Work with PHE and DH to define what good post diagnostic care for dementia looks like and co-produce commissioning guidance and indicators to measure progress by March 2015.
With the right to choice of provider in mental health services introduced from April 2014 we will work with commissioners, providers and patients to fully embed the right by 2015.
Work with DH to develop fully costed waiting times options for mental health services by June 2014. Initial standard(s) to be implemented from April 2015 with a plan for further development produced at the same time.
Continue to work with PHE during 2014/15 to increase access to the NHS Health Check programme especially for disadvantaged groups and to support commissioners in ensuring that appropriate follow up is provided.

Work with system partners to agree and deliver actions to address the crisis concordat in 2014/15 (group to be brought together by DH in April 2014) including playing our part in reducing the use of police cells as places of safety.
Develop and deliver a programme of support for commissioners to improve crises care over 2014/15.
Put in place a standard operating model for mental health homicide inquiries, aligned with the serious untoward incident guidance, by September 2014.
Assure that CCG plans for moving towards parity of esteem are credible, including consideration of financial settlements by September 2014.

3. Access to urgent and emergency care, including winter and resilience planning

Responsible National Director	Barbara Hakin

Scope of the business area	The purpose of this business area is to ensure access to urgent and emergency care, including winter and resilience planning.
Objectives of the business area	Ensure that the full range of urgent and emergency care services is commissioned in a way to deliver the NHS Constitution standards and quality services. This includes winter and resilience planning, emergency preparedness, resilience and response (EPRR) planning and high quality NHS 111 services.

Key deliverables
Delivery of all NHS Constitution standards for urgent and emergency care services: • **Four hour A&E standard** – patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – 95% • **no waits from decision to admit to admission** (trolley waits) over 12 hours • **ambulance standards** – Category A Red 1 standard 75% within 8 minutes, Category A Red 2 standard 75% within 8 minutes, Category A 19 minute transportation standard 95% within 19 minutes • **all handovers between ambulances and A&E** must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour. Continue to monitor and publish data on a weekly (A&E) and monthly (ambulance) basis.
The requirements for local resilience planning, through the development of refreshed plans by Urgent Care Working Groups will be set out in guidance published by April 2014 with first cut of locally agreed plans developed by June 2014.
An evaluation of the 'Under the Weather' campaign by August 2014 to inform the winter 2014/15 campaign.
Work alongside the public to launch and promote behaviour change campaigns to aim to reduce the number of people requiring emergency admissions through urgent and emergency care services. The size and scope of a winter marketing campaign for 2014/15 will be determined based on evaluation of the 'Under the Weather' campaign and any local campaigns.
Stabilize existing NHS 111 provider contracts and ensure inappropriate variation is identified and addressed, and enhanced in line with the Urgent and Emergency Care review (see also Highest Quality Urgent and Emergency Care business area). Ensure adequate assurance is in place to support NHS 111 re-provision throughout 2014/15.
Pilots for an NHS 111 enhanced service, in line with the findings of the Urgent and Emergency Care Review, undertaken by September 2014.
EPRR assurance reviews that ensure compliance with core standards completed by March 2015.
Tripartite working with Monitor and the Trust Development Authority (TDA) to address concerns about A&E performance: these arrangements will remain in place through 2014/15 and will include the Association of Directors of Adult Social Services.

4. Patient experience

Responsible National Director	**Tim Kelsey and Jane Cummings**

Scope of the business area	The purpose of this business area is to make sure that public, patient and carer voices are at the centre of our healthcare services from planning to delivery and that patients are satisfied with their care. We also want to continue to support improvement in patient experience through the further roll-out of the Friends and Family Test (FFT) and effective utilisation of other data sets including the annual surveys. We also want commissioners to be informed by insightful methods of listening to those who use and care about services. NHS England is responsible for driving and securing continuous improvements in the quality and consistency of care that people experience, measured against the *Outcomes Framework* and Mandate. Last year, *Everyone Counts, Planning for Patients* set the priority to make rapid progress in measuring and understanding experiences of care. This year, the focus will be on achieving improvements in the quality of patient experience.
Objectives of the business area	The objectives in this business area are to: • **place patients and the public at the heart of everything we do** • **ensure that all patients are supported to provide feedback** on their experience and use people's feedback to enable the NHS to become a world class customer service • **ensure further roll-out of the FFT** to deliver our Mandate commitment around improving patient experience • **act on feedback from the FFT** to improve patient experience for all • **ensure that decisions taken by CCGs** and NHS England are evidence based and that decision makers are equipped with the skills, knowledge and resource to do this • **listen to the views of staff working in the NHS** to understand whether they have faith in the service they are contributing to; • **promote and develop patients' understanding of their rights** and responsibilities under the NHS Constitution • **act on the Francis and Winterbourne View reports** to ensure that we understand the experiences of vulnerable patients and act to improve the quality of care they receive • **commission care which achieves a standard consistent with patients' rights** • **use patients' rights to drive up quality of experience**, for example around the implementation of the Accessible Information Standard • **make NHS Constitution rights more tangible** in care settings, to facilitate real-time redress for problems rather than reliance on formal complaints procedures • **firm up patients' rights** in contexts where care may be falling short of expected standards, as evidenced by the FFT • **firm up rights of carers** in certain settings, consistent with the wishes of patients • **establish an agenda for promoting patients' responsibilities** for the sustainable use of NHS resources.

Key deliverables
All NHS services will provide real-time feedback on the FFT by the end of March 2015.
GP, Community and Mental Health services will provide real-time feedback on the FFT by the end of December 2014.
The newly developed Patient Centred Outcome Measures tool for specialised services will be designed and implemented by March 2015.
A programme to promote the NHS Constitution through co-design of exercisable rights to be established by November 2014.
A programme designed to promote and support patient leaders playing a prominent role in defining, assessing and improving patient experience will be initiated by September 2014.
With sign up from system partners, a final version of the joint three year strategy to promote and embed the NHS Constitution will be published in May 2015.
An NHS Constitution behaviour change campaign aimed at staff system-wide launched in August 2014.
An NHS Constitution behaviour change campaign aimed at the public and patients launched in May 2015.
The Survey Programme will have been reviewed and adapted to ensure that the most valuable feedback is gained from patients and used to drive improvement.
An Insight Strategy will be developed in 2014 providing commissioners with practical approaches in how to gain insight from their patients.
Publish NHS England's commitments to carers by May 2014, through which we will improve the recognition and support carers receive.
Consult on an Accessible Information Standard, begin its implementation and make progress in extending Patient Led Assessments of the Care Environment (PLACE) assessments to cover disability issues by March 2015 as part of a programme to consistently deliver disabled people's rights.
Publish with our partners a system-wide approach to improving patient experience by September 2014 which focuses on the main drivers of positive experience, including proposals for Always Events.
Introduce the staff FFT in April 2014 and support it with a programme of evidence-based interventions to improve patient experience through staff experience, such as Schwartz Rounds by September 2014.
Develop a strategy to address improvements in nutrition and hydration for patients by March 2015.
150,000 citizens trained in basic online skills to boost health literacy by the end of March 2015 and an additional 200,000 by the end of March 2016.
Update and refresh the NHS identity guidelines and create an NHS Constitution Values and Standards hub to ensure the NHS Constitution values are reflected, amplified and promoted through the national NHS identity.

5. Patient safety

Responsible National Director	**Jane Cummings**

Scope of the business area	The purpose of this business area is to drive system-wide change that ensures people are treated and cared for in a safe environment and protected from avoidable harm in line with the *Outcomes Framework*. Our ambition is to make the NHS the safest healthcare system in the world and we are introducing a number of approaches to improve patient safety and reduce avoidable harm. This includes delivering our contribution to the wide ranging improvements recommended in the Francis report. There are many other risks that may impact on vulnerable children and adults and we are committed to playing our part in making sure that the whole system protects these individuals. A key aspect of this is ensuring that lessons are learned when things go wrong and action is taken to prevent a recurrence.
Objectives of the business area	The objectives in this business area are to: • **get a better understanding of what goes wrong in healthcare** including through improving completeness of reporting to the National Reporting and Learning System (NRLS), developing a new national patient safety incident reporting system, developing patient safety thermometers, and creating the first ever direct national measures of patient safety using retrospective case note review • **enhance the capability and capacity of the NHS** to deliver patient safety improvements as per the recommendations in the *Berwick Report* including through the Patient Safety Collaborative programme, recognising Patient Safety Fellows and further developing our investigations capability • **tackle key patient safety priorities** – pressure ulcers, medication and devices error, venous thromboembolism (VTE), failure to monitor children, neonatal admissions, healthcare acquired infections (HCAI), transition, handover, deterioration, anti-microbial resistance implementation, deaths and restraint whilst in custody, acute kidney injury, sepsis, discharge, falls, nutrition and hydration, older people, mental health, offender health, learning disabilities, primary care (Increase GP Reporting) and never events • **support the government response to Francis set out in *Hard Truths**: The Journey to Putting Patients First* by delivering the NHS England actions including the delivery of an NHS Safety website, continued delivery of the National Patient Safety Alerting System (NaPSAS) and the alignment and consistent interpretation of patient safety data across NHS commissioning and regulatory organisations • **maintain clinical review of all incidents** reported to the National Reporting and Learning System (NRLS) involving death or severe harm to identify and act on potential national and local safety concerns • **ensure NHS England adheres to its statutory functions** with regards to safeguarding children, young people and vulnerable adults.

Key deliverables
A national measure for preventable deaths in hospital will be implemented by March 2015.
NHS Patient Safety Thermometer tools and applications to be developed to facilitate collection and analysis of frontline data in new areas such as maternity care, mental health care and medication safety by March 2015.
Patient safety data publication to begin on the single NHS safety website by June 2014.
15 Patient Safety Collaboratives to be established by July 2014.
Patient Safety Fellowship programme to be launched by December 2014 with 200 accredited patient safety fellows by March 2015.
Monthly reporting and publication of never events data by April 2014 as per the action within *Hard Truths: The Journey to Putting Patients First*.
Activity to tackle all the key patient safety priority issues, as stated within the objectives, through programmes of work delivered by March 2015, which will contribute to further reduction in the risk of harm in each area.
30 national clinical audits will be delivered to support priorities across the clinical directorates by March 2015.
NRLS interactive reporting tool allowing improved access to NRLS reports for all reporting organisations by June 2014.
Business case with detailed options for a new national patient safety incident reporting system by March 2015.
A young patient/parent participation package that would include work on the evidence base and a framework for how to best participate in safer care by March 2015.
A formal review of current NHS approaches to root cause analysis by March 2015.
Make progress in implementing the national report on child sexual exploitation and recommendations in the female genital mutilation inter-collegiate guidelines within 2014/15.
Support the Department of Health and Home Office to take forward the PREVENT programme in 2014/15.
Make progress in implementing the House of Lords Inquiry into the Mental Capacity Act during 2014/15.
Continue to work with system partners during 2014/15 to ensure that assessments of mental capacity are undertaken as appropriate, and that the act is being supported by commissioners.
The first wave of the child protection information sharing system will be implemented in May 2014.

6. Medical revalidation

Responsible National Director	Bruce Keogh

Scope of the business area	The purpose of this business area is to deliver our legal duty to provide assurance that every doctor in England is working within a managed system in which their safety, quality and fitness to practise is monitored continuously.
Objectives of the business area	• **provide assurance to the public**, to Ministers, to the service and to the medical profession that every doctor in England is working within a managed system in which their continued safety, quality and fitness to practise is monitored continuously • **ensure a high quality, consistent and nationally standardised medical appraisal process** is operating in every organisation employing or contracting with the 162,000 doctors in England • **ensure all doctors are linked to a Responsible Officer** who is mandated to make a recommendation to the General Medical Council (GMC) as to their fitness to practise or otherwise • **ensure there is a robust and consistent system for responding to concerns about doctors' practice**. The performance and behaviour of all doctors will be monitored to nationally agreed standards. Any concerns arising will be tackled as soon as the concern is identified, thereby preventing further harm to patients.

Key deliverables
Roll out a framework for quality assurance and tools to enable responsible officers to monitor progress on providing assurance on doctors' safety and fitness to practice. Commence first quarterly returns in April 2014 producing a national report by August 2014.
An annual statement will be provided to Ministers showing metrics, confirming implementation of the Responsible Officer Regulations throughout England by October 2014.
Medical appraisals to be completed by NHS England on 700 responsible officers and 42,000 GPs and by all designated bodies for 162,000 doctors by the end of March 2016.
NHS England and all designated bodies to undertake revalidation recommendations for 40% of doctors (c65,000) between April 2014 and the end of March 2015.
Respond to any concerns arising (43,000 doctors connected to NHS England) in accordance with NHS England policies. Develop a nationally agreed approach for thresholds for intervention and calibrate processes via the establishment of case investigator and case manager networks that will be in place across England by April 2015.
Run regular responsible officer and appraiser networks in every region during 2014/15 at which the approach, decision-making and thresholds for intervention are calibrated, with the aim of achieving consistency.
Hold a national conference in June 2014 for all responsible officers in England to improve calibration decision making and processes across all designated bodies in England.

7. Compassion in practice

Responsible National Director	**Jane Cummings**

Scope of the business area	The purpose of this business area is to deliver Compassion in Practice; a system wide cross cutting programme for nurses, midwives and care staff to deliver high quality, compassionate care and to achieve excellent mental and physical health and wellbeing outcomes. It is built upon the concept of the 6C's – Care, Compassion, Competence, Communication, Courage and Commitment – which underpin the way care is delivered. It is the mechanism for delivery for a number of Mandate commitments, for work across the domain programme work and is a critical delivery vehicle for *Hard Truths: The Journey to Putting Patients First* commitments.
Objectives of the business area	The objectives of this business area are to achieve the ambitions of the published Compassion in Practice implementation plans to: • **help people to stay independent, maximising wellbeing and improving health outcomes** through making every contact count, maximising the public health role of the nursing and midwifery workforce and working with providers in social care settings to embed Compassion in Practice • **work with people to provide a positive experience of care** seeking the views of the most vulnerable groups, using strong patient experience measures that can be used between sectors and settings, and acting on feedback to ensure the patient voice is heard • **deliver high quality care and measuring the impact through roll out of the Open and Honest care programme**, developing the safety thermometer for wider settings and building on human factors work to support safety, behaviour and culture change • **build and strengthen leadership** through developing cohorts of compassionate leaders, developing a set of tools to measure culture, supporting providers to review their culture and publishing the results • **ensure the right staff with the right skills in the right place** with a focus on developing a tool for staffing levels in all settings, reviewing supervisory status for ward managers/team leaders and embedding the 6Cs into recruitment in all nursing and midwifery university education programmes • **support a positive staff experience** through making explicit the link between good staff experience and quality outcomes for patients, staff reporting concerns and improving the workplace experience with employers • **provide support, guidance and training for Caremakers** in line with the national agenda and embedding the Caremaker process with a move towards self-sustainability ensuring a geographical, diverse and care sector spread • ***Hard Truths: The Journey to Putting Patients First*** – provide guidance to providers on the requirements of the staffing data reporting on wards, to trust boards, trust and national websites.

Key deliverables
Measurement of the effectiveness of the NICE Guidelines for public health outcomes for nurses and midwives by August 2014.
Use existing networks to embed the 6Cs into discussions with vulnerable groups and ensure information captured is used effectively to improve focus and attention to needs by November 2014.
Increase the number of cohort organisations participating in the Open and Honest care programme by March 2015.
Encourage provider boards to use available tools and resources to shape a positive culture within the organisation by December 2014.
Development of NICE approved tools for staffing levels in mental health, learning disability and community nursing by September 2014.
All Higher Education Institutions (HEI) to incorporate Compassion in Practice values and behaviours into recruitment of Nursing and Midwifery education and training by March 2015.
Strengthen the delivery of the NHS Constitution pledges to staff by December 2014.
Retention of a cohort of 1000 active care makers who drive and champion high quality health and care services at local and direct care level by March 2015.
Ward level staffing numbers to be published by all trusts in accordance with NICE accredited tools and guidance to demonstrate safe staffing levels by June 2014.

8. Equality and health inequalities

Responsible National Director	Bill McCarthy

Scope of the business area	The purpose of this business area is to ensure a robust approach to tackling unwarranted variation in access, outcomes and experience of healthcare. We will promote equality and tackle health inequalities in our capacity as a system leader, in collaboration with other parts of the health and care system, through the effective discharge of commissioning functions and as an employer.
Objectives of the business area	NHS England's approach to promoting equality and tackling health inequalities reflects the values and pledges of the NHS Constitution, our legal duties with regard equality and health inequalities, and requirements of the Mandate. We will: • **support the Equality and Diversity Council** to provide robust and visible leadership on advancing equality and tackling health inequalities • **support NHS organisations to improve equality performance** and to meet the public sector Equality Duty • **support the availability of robust data** to measure equality and health inequalities and drive improvements • **create an NHS workforce and leadership** that is reflective of the communities served, and working environments that are free from discrimination • **embed the criterion of reduced inequalities** in health outcomes into allocations methodology • **incentivise and prioritise improvements in primary care** in order to tackle inequalities in diagnosis, care and outcomes • **embed equality and tackling health inequalities** in the NHS England/ CCG assurance regime. Reduce mental health illness inequalities for people with mental health problems through the parity of esteem programme • **remove derogations within specialised commissioning** which permit geographic variations in care standards.

Key deliverables
Supporting the management and work of the Equality and Diversity Council from 2014/15 and onwards.
Supporting NHS organisations to improve equality performance and meet the public sector Equality Duty; including by overseeing the implementation of Equality Delivery System (EDS2), so that there is a minimum of 95% implementation across the NHS by March 2016.
Embedding the criterion of reduced inequalities in health outcomes into allocations methodology by March 2015.
Incentivise and prioritise improvements in primary care towards communities and groups who experience inequalities in healthcare and outcomes through a review which will reduce unwarranted variations through primary care allocations, General medical service (GMS) funding formula and Personal medical service (PMS) contract reviews by March 2016[3].
Derogations within specialised commissioning which permit geographic variations in care standards to be removed by June 2015.
Embed equality and tackling health inequalities in the NHS England / CCG assurance regime from April 2014, and develop an appropriate indicator for use within the assurance dashboard.
Premature mortality reduction commitment for serious mental illness to be established and implemented through the Parity of Esteem programme from April 2014 onwards.

[3] This deliverable has been updated post-publication. Previously it stated contract reviews by March 2015.

9. Maternity, children and young people

Responsible National Director	**Jane Cummings**

Scope of the business area	The purpose of this business area is to deliver improvements in outcomes, standards of care and experience for pregnant women and children and young people (CYP). As this covers a specific client group this business area does not capture all improvement work and most notably children's mental health service improvement is included in the parity of esteem business area and maternity and children's safety issues are covered in the patient safety business area. Additionally, a number of areas of work do not fall within the remit of NHS England (e.g. the review of the pathway payment by results (PbR) system for maternity) and we will work with our partner organisations to ensure that appropriate clinical insight and leadership is provided in these areas.

Objectives of the business area	Specific objectives for this business area are to:
	• **implement the nursing and midwifery contribution**, aligned to Compassion in Practice and the 6Cs, to national government and policy recommendations for maternity and children and young people
	• **deliver the Mandate commitment for maternity** of support for postnatal depression, choice for women and all or most of the care delivered by a named midwife
	• **deliver NHS England commitments** in key national reports on maternity and children's services. This includes recommendations from children's plans, the National Audit Office (NAO) report into Maternity Services Value for Money and the Care Quality Commission (CQC) report into Women's Experience of Maternity Care
	• **deliver an additional 4200 health visitors** nationally by 2015 to provide vital support for families including transformation of the service and safe transition to local authority commissioning from 2015
	• **deliver improvements in outcomes for maternity**, women's health and CYP including:
	  • developing and delivering a Maternity and Perinatal National Clinical Audit
	  • developing a Maternity Peer Review programme
	  • reducing premature and stillbirths
	  • reviewing the evidence and developing leadership to reduce stillbirths
	• **support the implementation plan for the CYP Pledge** agreed by NHS England; and
	• **work with CCGs to support the joint commissioning** of services to ensure children with special educational needs (SEN) have access to services in their care plan based on a single assessment across health, social care and education[4]. This will include supporting CCGs in line with actions and outcomes identified from the current series of national events.

[4] Deliverables on personal budgets for Children with SEN are covered in Data, Digital Services and Customer Service

Key deliverables
Delivery of an additional 4,200 health visitors nationally by April 2015 including transformation of the service and safe transition to local authority commissioning from 2015.
Delivery of 16,000 Family Nurse Partnership places by March 2015.
NHS England will set up a Women and Children's programme board to oversee the work of the Mandate. The first meeting will take place in April 2014.
New maternity commissioning guidance for CCGs will be produced by September 2015. This will include the NICE definition of a named midwife and support CCGs in offering choice where appropriate. All women booking for maternity care from March 2015 will have access to a named midwife.
Best practice guidance to support the implementation of the suite of recommendations from reviews across maternity and children & young people services produced by April 2015.
Development and delivery of a pathway to support women with postnatal mental health problems by March 2015.
A model for integrated care from pregnancy through to the transition into adult healthcare produced by March 2016.
Professional nursing & midwifery guidance to support high quality commissioning for maternity services produced by September 2014.
A leadership model for clinical frontline staff which ensures high quality decision making to reduce stillbirths and minimise negligence in maternity services developed by June 2014 and fully delivered by October 2015.
Develop guidance for CCGs to ensure children with SEN have access to services in their care plan based on a single assessment across health, social care and education by March 2015.
Identify gaps in delivery of the transfer of responsibility for special educational needs commissioning from the current series of national events and develop support for CCGs by March 2015.
Development of a Maternity and Perinatal National Clinical Audit ensuring the chosen option has adequate detail to support specification development with the commissioning process beginning in July 2014 and the contract awarded and work underway by May 2015.
Review and collate evidence for best practice models for preventing still births and publish guidance with key partners by March 2015.
Develop an implementation plan for the Children and Young People Pledge and implement key aspects of the Pledge on behalf of the organisation by March 2015.
Review existing guidance on providing care for acutely ill children by June 2014.
Implementation of the maternity and child health datasets.

10. Long term conditions, older people and end of life care

Responsible National Director	**Bruce Keogh**

Scope of the business area	The purpose of this business area is to improve the quality of life of the 15+ million people with one or more long term conditions (domain 2 of the *Outcomes Framework*), including older people with complex care needs or at risk of frailty and those at the end of life. Our aim is to make the NHS the best in Europe at supporting people with long-term health conditions, and their carers, to live healthily and independently, with much better control over the care they receive. This business area has strong links with the business areas on wider primary care delivered at scale, a modern model of integrated care and citizen participation and empowerment.
Objectives of the business area	The objectives of this business area are to: • **support the delivery of person-centred co-ordinated care** using the House of Care framework • **improve the recognition, diagnosis and support for older people** with complex care needs and frailty through improved information management, commissioning support, empowering self-care, and the new GP enhanced service for primary care (delivered through wider primary care delivered at scale business area) • **improve the lives of 3 million people** through the use of technology enabled care services (telehealth and telecare) by 2017, supporting people with long term conditions to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital • **improve the care and support for people** at the end of their lives by ensuring the commissioning of consistent high quality care across the system; implementing the agreed response to the independent review of the Liverpool Care Pathway • **supporting the national roll out of electronic palliative care co-ordination systems** and ongoing development of the new palliative care funding system • **develop and implement a single operating model for Continuing Healthcare (CHC)** including the assurance framework; improved patient and carer experience; developing the competency and capability of the CHC team; and supporting the roll out of personal health budgets[5].

[5] Deliverables on personal health budgets are covered in the business area on "Citizen Participation and Empowerment"

Key deliverables
Publish a web-based dynamic toolkit and a long term condition (LTC) dashboard to support the implementation of the House of Care including national guidance, evidence and local examples by June 2014.
Set out NHS England's commitments to support carers by May 2014 and implement actions throughout 2014/15.
Develop practical tools and commissioning guidance to support the delivery of the Mandate commitment for everyone with a long term condition being offered a personalised care plan by April 2015.
Continue to support the testing and development of the LTC Year of Care Commissioning model for people with multi morbidities in 2014/15.
Co-produce with patients and carers a supported self-management guide for people with complex care needs and frailty by June 2014.
Work with Health and Social Care Information Centre (HSCIC) and other partners, to develop a tiered approach to coding for frailty to support primary and secondary care to understand the impact of frailty as a diagnosis supporting targeted and supported self-management by March 2015.
Deliver a series of roadshows across the country to support the Technology Enabled Care Services Implementation Plan (3 Million Lives), in partnership with social care, housing, public health, industry and the third sector by the end of March 2015.
Establish a Technology Enabled Care Services Implementation Group to support delivery and implementation of the recommendations within the Technology Enabled Care Services Improvement Plan 2014/17.
Implement a single operating model and assurance framework for Continuing Healthcare by March 2015.
Publish a refreshed End of Life Care Strategy in line with the agreed actions from the independent review of the Liverpool Care Pathway (LCP) with a final response expected in May 2014 and publication of the strategy planned for June 2014.

11. People with learning disabilities

Responsible National Director	**Jane Cummings**

Scope of the business area	The purpose of this business area is to ensure that people with a learning disability or autism receive safe, appropriate care in a safe environment and they are protected from avoidable harm (in line with domain 5 of the *Outcomes Framework*). A key aspect of this is ensuring that lessons are learned when things go wrong and action is taken to prevent a recurrence.

Objectives of the business area	• **delivery of the NHS England actions within the Winterbourne View Concordat** – in particular completing reviews of care and treatment for the 48 ex-Winterbourne View residents and 'others of concern', with recommendations for improvements where necessary
	• **development and delivery against** the key areas identified in the Winterbourne View action plan including:
	  • reviewing the use of commissioning to drive change more effectively
	  • reviewing the use of patient data and evidence to provide greater transparency
	  • developing mechanisms (including clinical guidelines) to support and challenge commissioners to ensure sustained transformation of care
	  • reviewing the use of financial incentives to support best practice
	  • establishing routes to deliver greater engagement with families, patients, carers and stakeholders.
	• **supporting commissioners to commission person-centred packages of care** for those with behaviour that challenges or other complex needs, with a view to reducing the reliance on in-patient care
	• **the establishment of a learning disability premature mortality review** function as recommended by the *National Confidential Inquiry*.

Key deliverables
Ensuring delivery of the NHS England Winterbourne View commitments, including delivery of the Improving Lives review plan published as part of the Joint Improvement Board work plan by March 2015. This includes publishing the segmentation of people currently using the services, agreeing the numbers that can be moved to a more appropriate setting and setting a date by which these moves will be completed.
Undertaking quarterly data collections to demonstrate reductions in hospital-based accommodation for people with learning disabilities and complex needs, throughout 2014/15.
Establishing a learning disability premature mortality review function by March 2015, in response to the *National Confidential Inquiry* response.
Developing clinical guidelines to support commissioners to ensure rigorous assessments and discharge plans are in place at point of admission by April 2014.
Reviewing the financial systems and incentives in place and how these can be best used to support the model of care, including review of current use of CQUINs by commissioners as well as working with DH to explore options for using capital funds to support change by March 2015.

12. Primary care commissioning

Responsible National Director	Barbara Hakin and Rosamond Roughton

Scope of the business area	The purpose of this business area is the commissioning of all of primary care services including medical, dental, ophthalmic and pharmaceutical.

Objectives of the business area	Our key objectives are to:
	• **improve patient access to services**
	• **commission high quality services across primary care**
	• **ensure delivery of NHS England's statutory responsibilities** for primary care commissioning within the resources available (£12bn)
	• **develop more integrated out of hospital services** that help people stay healthy and provide proactive, coordinated support
	• **to support CCGs and Local Professional Networks (LPN)** to work collaboratively with local communities to:
	  • develop joint strategies for commissioning primary care and wider community services
	  • develop strategies for dental, community pharmacy and eye care as part of an integrated out of hospital strategy.
	• **ensure that the commissioning of primary care services** is undertaken within a primary care commissioning single operating model.

Key deliverables
Production of commissioning, legal and contracting tools and resources in order to provide assurance that NHS England is commissioning and contracting within a national framework, throughout 2014/15.
Introduce a development programme of bespoke training guidance documents and sharing of best practice through technology, throughout 2014/15.
Implement the changes to the GMS contract from April 2014
Complete reviews of PMS funding within two years (by March 2016), with the aim of ensuring that premium elements of funding support local strategies for out-of-hospital care[6].
Develop, implement and socialise new policies as necessary and consult and review existing policies by June 2014, ensuring they are all underpinned within the legal framework.
A programme that aims to eliminate variation between area teams by reviewing contractor frameworks for functions such as translation services, the provision of occupational health services and disposal of clinical waste by October 2014.
A primary care performers' framework to assure the standards of contractors on the national performers' list, and to include a training programme ensuring better management of patient concerns and improved support to GP revalidation officers, developed and implemented by December 2014.
A system that provides automated reporting for controlled drug accountable officers to be introduced by August 2014.
A single operating model for Local Professional Networks to build clinical leadership for non-medical professionals within Primary Care to be implemented by December 2014.
Implement the ambition for dental services as set out in *Securing Excellence in Commissioning NHS Dental Services* through a review of the current pathways and production guides for a number of specialty dental pathways, throughout 2014/15.

[6] This deliverable has been updated post-publication. Previously it stated PMS contract reviews by March 2017 and has been reworded.

Reformed care pathways for dental services which deliver high quality patient care and best value for money, reviewed and implemented by December 2014[7].
A review of Alternative Provider Medical Services (APMS) contracts providing walk-in and list based services completed by March 2015.
A national strategic plan for primary care premises changes, to support development and delivery of local primary care strategy and primary care transformation, published by January 2015.
An enhanced GP assurance web tool, to enable consistent contract monitoring for general practice and other primary care providers, developed by November 2014[8].
Actions that respond to the outputs of the Strategic Framework for commissioning of primary care services, due to be published by October 2014, identified by March 2015[9].
Following publication of the forthcoming *No-One Left Alone* document, we will ensure and monitor delivery of agreed products and incentives including: intensive support team; guidance; implementation tools; and patient surveys.

[7] This deliverable has been updated post-publication. It has been reworded for clarity.
[8] This deliverable has been updated post-publication. It has been reworded for clarity.
[9] This deliverable has been updated post-publication. It has been reworded for clarity.

13. Public health, health and justice and Armed Forces

Responsible National Director	**Barbara Hakin**

Scope of the business area	The purpose of this business area is to deliver services for members of the armed forces and their families, those in detained settings as well as a range of public health services.
Objectives of the business area	Our key objectives are to: • **deliver the ambitions contained in the Section 7a agreement** • **implement the specific changes to public health functions** as set out in the NHS public health functions agreement 2014/15, from April 2014 • **ensure equitable access to effective treatments** for the health and justice patient cohort across England • **continue to promote continuity of care from custody to community** • **ensure equitable access to effective treatments** and ensure that armed forces patients 'suffer no disadvantage' as laid out in the *Armed Forces Covenant*.

Key deliverables
Public Health
Delivery of all commitments within the Section 7a agreement.
A detailed stocktake of compliance with, and capacity to deliver, the standard service specifications for public health, completed by October 2014. This stocktake will report against screening and immunisations in April 2014, sexual assault referral centres (SARCs) and health and public health for people in secure settings and places of detention in June 2014 and 0-5 Healthy Child in October 2014.
The screening and immunisation priorities contained in the NHS Public Health functions agreements 2013/14 and 2014/15 implemented by March 2015.
Support to transition of 0-5 year old healthcare commissioning (excluding Child Health Information Systems – CHIS) to local authorities in 2014/15, working alongside the DH, with full transition by October 2015.
Actions plans to address area of low performance against set 'performance floors' developed by March 2015.
Health and Justice
Compliance with service specifications, making changes to service provision where standards cannot be met through an assessment of provider compliance by October 2014.
By April 2014, a standard performance management framework is rolled out across the secure estate providing a consistent quality measuring tool offering commissioners transparency across delivery outcomes.
A two year programme of Quality, Innovation, Productivity and Prevention (QIPP) activity to deliver quality and efficiency improvements within health and justice services, with schemes identified and implementation completed by March 2016.
Transfer of the responsibility from Home Office to NHS England for the commissioning of Healthcare in Immigration Removal Centres to have been completed by September 2014.

Health needs assessments for all individuals in detained settings, which are current and up to date, completed by October 2014.
The programme for liaison and diversion services at police custody suites and criminal courts implemented, with incremental growth in service cover to 100% by April 2016.
A review of health services currently commissioned across the secure estate to ensure it meets the patient population needs of the reconfigured estate as part of ongoing health needs assessment delivery in train with the transforming rehabilitation timetable, starting in October 2014.
A 'Through The Gate' recovery programme implemented across the secure estate with a particular emphasis on the patient care of those individuals who misuse and are dependent upon harmful substances.
A strategic plan for health and justice services developed and published by September 2014.
Armed Forces
Deliver the *Armed Forces Covenant* which sets out the relationship between the nation, the government and the armed forces.
Work closely and collaboratively with CCGs to ensure that services, including those for veterans and reservists are locally integrated and that armed forces networks are in place throughout England by March 2015.
Review and refresh the *Armed Forces National Partnership Agreement*, setting out our collaborative working arrangements with the Defence Medical Services, by September 2014.
A common service specification for the improvement of veterans mental health services developed and implemented by December 2014.
The single operating model contained within *Securing excellence for the armed force and their families* reviewed by October 2014.

14. Specialised services commissioning

Responsible National Director	Barbara Hakin

Scope of the business area	The purpose of this business area is the effective commissioning of 143 prescribed specialised services with an annual budget of £13bn.

Objectives of the business area	Our key objectives are to:
	• **ensure equitable access to effective treatments** for patients in England in line with service specifications and clinical policies
	• **maintain compliance with service specifications** making changes to service provision where standards cannot be met
	• **provide transparency in service quality** with continued development of service level quality dashboards
	• **deliver financial balance by commissioning specialised** services within the resources available
	• **ensure that the full range of elective care services is commissioned** in a way to deliver the NHS Constitution standards for these services. This includes services for routine elective care, diagnostic, cancer services and a range of other quality markers
	• **ensure that all objectives are:**
	  • underpinned by an exemplary approach to patient and public engagement
	  • underpinned by a comprehensive performance management framework for specialised services.

Key deliverables
Full implementation of the direct commissioning assurance framework by September 2014.
Implement a clear rules based approach to in year management of contracts by May 2014.
Explore innovative approaches to commissioning including a prime contractor model and co-commissioning with CCGs by October 2014.
Respond to the outputs of the specialised services strategy due to be published in October 2014.
Undertake a rolling programme of assessments of compliance with service specifications making changes to service provision where standards cannot be met undertaken by March 2015.
Systematic market review for all specialised services including development of a procurement work plan undertaken by March 2015.
Two-year programme of QIPP activity to deliver quality and efficiency improvements within specialised services, with schemes identified and implementation completed by March 2015 and March 2016.
Deliver financial balance by commissioning specialised services within the resources available by March 2015.
Ensure that the 24% of eligible patients are able to access intensity-modulated radiation therapy (IMRT) services.
Continue to administer the Cancer Drugs Fund for commissioning, within the resources available throughout 2014/15.
To review the operating model by June 2014.

15. Challenged geographies

Responsible National Director	**Paul Baumann and Barbara Hakin**

Scope of the business area	The purpose of this business area is to enable commissioners and their partners in the most challenged health economies to deliver transformational change and improve outcomes for patients specifically through: • providing support to 11 local health economies facing the most significant challenge in building and/or delivering strategic and operational plans that meet finance and quality standards. This will cover: i) diagnosis of supply and demand ii) solutions development and options analysis iii) plan development iv) implementation. • managing any service change requirements arising from strategic plans • exploring potential for support to other economies where issues are evident following quarter 1 assurance.
Objectives of the business area	• **intensive support to be provided to the identified 11 most challenged economies** between April and July 2014 to support them to develop robust 5 year strategic plans • **provide support to external providers** and facilitate discussions between commissioners and providers where there are difficulties • **quarter 1 and quarter 2 plan assurance process** to review progress of the existing 11 against their plans • **identify and manage the pipeline of any service change** requirements arising from strategic plans, implemented from 2015/16 onwards • **explore with partners the potential for phase 2 of the support project** which would be aimed at providing support to other challenged health economies to support them to deliver their 5 year strategic plans.

Key deliverables
External support will be provided to the 11 identified health economies between April-July 2014.
Quarter 1 and quarter 2 assurance carried out on the strategic plans of the 11 identified economies to determine progress by the end of September 2014.
A pipeline of strategic service change requirements arising from 5 year plans will be identified by the end of September 2014.
Phase 2 intensive support proposal to be considered by the executive team in July 2014 in light of outputs from phase 1 and conclusions from the internal assurance of strategic plans.

16. Access to elective care

Responsible National Director	**Barbara Hakin**

Scope of the business area	The purpose of this business area is to ensure access to elective care services, including the NHS Constitution standards for these services.
Objectives of the business area	**Ensure that the full range of elective care services is commissioned in a way to deliver the NHS Constitution standards and quality for these services.** This includes services for routine elective care, diagnostic, cancer services and a range of other quality markers.

Key deliverables

Delivery of all NHS Constitution standards for elective care services throughout 2014/15. These are:

- admitted patients to start treatment within a maximum of 18 weeks from referral – 90%
- non-admitted patients to start treatment within a maximum of 18 weeks from referral – 95%
- patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral – 92%
- patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – 99%
- maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – 93%
- maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – 93%
- maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – 96%
- maximum 31-day wait for subsequent treatment where that treatment is surgery – 94%
- maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98%
- maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – 94%
- maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – 85%
- maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90%
- maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set
- all patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice
- minimise Mixed Sex Accommodation breaches
- mental health Care Programme Approach (CPA): the proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period – 95%
- zero tolerance of over 52 week waiters
- no urgent operation to be cancelled for a second time.

Ensure we continue to report publicly performance on each of the above measures.

17. Data, digital and customer services

Responsible National Director	Tim Kelsey

Scope of the business area	The purpose of this business area is to: • develop a modern data service in health and care that supports improvement and transparency of patient outcomes, the design and commissioning of services and of new treatments and medicines • realise the digital information needs of the NHS and to stimulate the development of new innovative information technology and information services to benefit patients and the public and those who serve them • empower citizens and patients to take more control of their health and care when and where they want to.
Objectives of the business area	• **implement a modern data service** (care.data) which will provide timely, accurate data linked across the different components of the patient journey and the outcomes resulting from their treatment and care • **lead design and delivery of a data service** for commissioners which will enable accurate activity and quality reporting on behalf of patients • **support publication of more clinician and unit level data** to support transparency of outcomes and improvement in services, through the NHS Choices digital channel • **create a seamless and intuitive digital transactional interface** between the various customer access points to improve patient experience such as prescription ordering, referral management, appointment booking and test results • **enable and support people to access and interact with their individual health records online**, if they wish to do so • **use the Health and Social Care Digital Service** to provide the digital front door into health, public health and social care services • **ensure the NHS Number is used as the primary identifier** in all clinical correspondence enabling safe information • **facilitate the widespread adoption of modern, safe standards of record keeping**, ensuring that electronic records are built in a way that allows interoperability and integration across care settings • **analyse and act on customer insight** drawn from social media and other community channels to inform commissioning, future design of services and patient and public participation.

Key deliverables
E-referrals will be available for patients and health professionals for all secondary care referrals by the end of January 2015 and, 100% of secondary care outpatient referrals will use the e-referrals service by September 2017.
Patients are able to order repeat prescriptions online, book appointments online and have online access to GP records in 95% of GP practices from March 2015.
Social care data on 10,000 care homes to be available as open data on NHS Choices by September 2014.
A suitable metric for monitoring the delivery of e-prescribing in hospitals will be reported out of the Clinical Digital Maturity Index by September 2014.
A suitable metric for monitoring the delivery of interoperable records within hospitals will be reported out of the Clinical Digital Maturity Index by September 2014.
£100m of Nursing Technology Fund money allocated to secondary care trusts on value for money IT projects by the end of March 2015.
One third of accident & emergency departments, NHS 111 providers and ambulance trusts to have access to primary care records by December 2014.
95% of trusts to be using the NHS number as primary identifier in clinical correspondence by the end of January 2015, with the NHS number to be used in every patient dataset submitted within 5 years.
GP practices will be providing data extracts to care.data from the autumn of 2014, with 90% doing so by January 2015. 5% of GP practices will have their data linked with hospital data by end of January 2015 with 90% of GP practices linked by September 2015 and 100% of GP practices within three years. By the end of March 2015, trusts will have in place plans to facilitate hospital data extraction with 30% of trusts enabling data extraction by March 2016 and 100% within three years.
Design and development of a Data Service for Commissioners, including a short term review to support invoice reconciliation, to be completed by the end of March 2015. The Integrated Intelligence Tool (IIT) to deliver all data services, providing a single version of data on performance across the health system will be provided by March 2015.
By the end of March 2015 data will be published on initial non-surgical clinical service areas, followed by an increase in the range of individual and unit level clinical outcomes published.
Consultant level outcome data will be published in 13 specialities by October 2014.
Develop and deliver a service delivery excellence framework to improve patient and public experience.

18. Planning, resources and incentives

Responsible National Director	**Paul Baumann and Barbara Hakin**

Scope of the business area	The purpose of this business area is to provide the framework for NHS planning supported by effective resource allocations and incentives to support the delivery of transformational change. Specifically, our aims are to: • build, assure and agree commissioning plans in terms of performance, finance and quality against our planning framework set out in *Everyone Counts: Planning for Patients 2014/15 to 2018/19* specifically two year operational and five year strategic plans and the Better Care Fund plans • further develop our strategic approach to resource allocation for CCGs and NHS England and in 2014/15 to specifically consider the issues of unmet need, rurality and further development of the allocation formulae • continue to develop and implement NHS England's strategic approach to pricing and incentives • develop NHS England's strategic approach to choice and competition.
Objectives of the business area	• **operational plans for 2014/15 and 2015/16** are assured and approved • **five year strategic plans reflect the six characteristics** for transformational change and are assured and approved • **approval of plans for the Better Care Fund** • **CCGs have the support and guidance** for a refresh of the two year plans for 2015/16 • **further develop our strategic approach** to resource allocation for CCGs and NHS England giving consideration to addressing the unmet need, rurality and to further develop our allocations formulae • **together with Monitor develop a long term pricing strategy** • **together with Monitor develop and implement options** which support commissioners to implement their strategies in 2015/16 • **to review NHS England's approach to incentives** to inform development of incentives for 2015/16 • **to enable commissioners and partners in the delivery** of their strategic plans through developing and implementing effective strategies on choice and competition to make outcomes and patients the focus • **work to embed patients' rights to make choices about their care** and extended choice where no legal right yet exists by the end of 2015 • **support the DH on the Visitor and Migrant cost recovery programme**, facilitating collaboration between DH and the wider NHS system and enabling NHS expertise to be appropriately fed into the programme.

Key deliverables
Operational plans for 2014/15 and 2015/16 to be approved by April 2014.
Better Care Fund Plans to be approved by May 2014.
Five year strategic plans to be approved by June 2014.
Guidance for the refresh of 2014/15 plans to be published by December 2014.
Publish updated strategic approaches to unmet need and rurality and allocations formulae by December 2014.
Work in partnership with Monitor to develop a long term pricing strategy for NHS England by June 2014.
National tariff for 2015/16 developed with Monitor and published for consultation in September 2014.
Working with Monitor, deliver a joint programme of practical workshops on choice and competition and good procurement practice for commissioners by March 2015.
Working with Monitor and DH, develop and implement a policy research programme by March 2015 to strengthen the evidence base on the introduction of choice and competition in healthcare services; supporting the implementation of the *Fair Playing Field Review*; and assessing how well choice is working across the country.

19. Citizen participation and empowerment

Responsible National Director	**Tim Kelsey**

Scope of the business area	The purpose of this business area is to empower citizens to be fully engaged in making positive choices about their own health and lifestyles, for example, through access to personal health budgets (PHB) and personal care plans and to encourage active and influential citizen participation in the shaping and development of health and care services. We also want to ensure they are well served by access to transparent and accessible data and advice about health and services.
Objectives of the business area	• **putting patients in control** and promoting self-care and self-management to enable people to live as independently as possible, with improved quality of life and minimal recourse to formal health services • **public participation through active citizen involvement** that allows the public to influence, inform and engage in the design of every part of our health and care system to ensure that the NHS is shaped and improved by involving those who use and care about our services • **supporting active citizen participation** in the commissioning of health and care services and the development of NHS England policy and strategy.

Key deliverables
From April 2014 there will be a 'right to ask for' and by October 2014 there will be a 'right to have' a PHB for people with continuing healthcare needs, including children and young people.
From April 2015 all CCGs will have the systems and processes in place to be able to offer PHBs to adults, young people and children who would benefit from having one.
Personalised care plans will be offered to all patients with long term conditions by the end of March 2015.
A model for the NHS Citizen Assembly will be developed and implemented by April 2015.
A participation academy will be scoped, designed and implemented by April 2015.
The participation awards programme will be implemented by April 2015.
The people bank infrastructure will be designed.

20. Wider primary care provided at scale

Responsible National Director	Rosamond Roughton

Scope of the business area	The purpose of this business area is to lead, develop and deliver the national process, tools and enablers within NHS England to support the development of wider primary care – delivered at scale – particularly for people with long term conditions, including mental health conditions.

Objectives of the business area	• **enable general practice, community pharmacy services, dental services and primary eye health services** to play a much stronger role, at the heart of a more integrated system of community-based services, in improving health outcomes and reducing inequalities
	• **develop new models of wider primary care** that provide:
	  • proactive co-ordinated care
	  • holistic, person-centred care
	  • fast, responsive access to care
	  • health-promoting care
	  • consistently high quality care.
	• **enable general practice to work at greater scale** and in closer collaboration with other health and care organisations, whilst retaining personal continuity of care and strong links with local communities
	• **oversee development of national contracts and contractual frameworks** for general practice services, community pharmacy services, primary dental services and NHS eye care services
	• **to improve the experience and outcomes for wheelchair users** by supporting the implementation of the action plan from the national Wheelchair Summit; piloting the wheelchair tariff and supporting improved commissioning.

Key deliverables
A strategic framework for commissioning primary care published in October 2014 which will inform future service models, setting out the action we are taking at a national level to support commissioners in developing joint local strategies for primary care.
A suite of national enablers to be published by March 2015 covering: • descriptions of potential new service models • investment and incentives for primary care • joint commissioning and innovative contracting • managing the provider landscape • workforce development.
To further develop the national contracts and contractual frameworks for the four contractor groups by December 2014, taking account of the Calls to Action.
Evaluation of Prime Minister Challenge Fund pilots by March 2015 that provide evidence on how to improve access to general practice services and develop more innovative and sustainable models of primary care.
Develop an outcomes based specification for wheelchair services by December 2014.
To model the financial impact of wider primary care at scale as part of the overall assessment of the financial impact of high quality care for all, for the future by October 2014.

21. A modern model of integrated care

Responsible National Director	**Bill McCarthy**

Scope of the business area	The purpose of this business area is to enable the delivery of a wholly integrated approach to health and care by 2018, built around the needs of individuals, their carers and families. In particular, a model of integrated care will be developed for the circa 5% of the population with multiple, often complex, mental or physical long-term conditions, with a senior clinician taking responsibility (through an individual relationship) for active co-ordination of the full range of support from lifestyle help to acute care.
Objectives of the business area	The key objectives of this business area are: • **delivering the overall Integration Programme** – we will fulfil NHS England's statutory duty to promote integration through leading its contribution to the national collaboration on integrated care and support. We will ensure effective stakeholder engagement to support policy development and ensure effective implementation of the better care fund • **planning and delivery of the Better Care Fund (BCF)** in line with Ministerial requirements and the wider strategic and operational planning process • **supporting the Integration Pioneers.** We will provide pioneers with a bespoke support plan to meet their needs and prioritise the support they require. We will provide access on a timely basis to shared learning across all 14 pioneers and distil lessons from the pioneers to influence the broader development of strategy and supporting wider dissemination across localities in the rest of England • **developing new models of care.** We will identify leading edge/early adopters of integrated care – working alongside the Accelerated Learning and Adoption Network programme • **enabling better integrated care through breaking down national system barriers.** There will be a virtual centre of excellence supporting pioneers, with contributions from key system partners, to break down barriers in areas such as pricing system and incentives, competition and procurement, information sharing, measurement and evaluation of integrated care, workforce and leadership • **supporting CCGs' Strategic Planning** to set out their five-year ambition and plans for delivering a modern model of integrated care by providing planning guidance and support to CCGs. We will ensure that products of the five workstreams above are made available to inform these plans and develop an assurance process to ensure that plans are robust.

Key deliverables
A complete set of BCF plans submitted by April 2014.
Assurance of BCF plans completed by May 2014.
Targeted support packages in place for areas struggling with BCF plans by June 2014.
CCG five-year plans for integrated care completed and assured by June 2014, as part of overall strategic plans.
Delivering the BCF programme including performance payments and accelerated learning and adoption networks by March 2015.
Measurable improvement across the agreed BCF measures by the integration pioneers by March 2015.
The Year of Care tariff including national Long Term Conditions year of care currencies and shadow national prices implemented by March 2015. Followed by national Long Term Conditions year of care prices by March 2016.
BCF performance payments allocated – with conditions where required – by April 2015.
Feedback from all pioneers by December 2014 on the support provided to them, with the target of at least 75% of them giving positive feedback.
Measurable progress made on unblocking barriers to integrated care by December 2014.
Support 6 leading edge health systems to be early implementers of the 6 strategic characteristics of a high quality, sustainable health system throughout 2014/15.
To model the overall financial impact of implementing high quality care for all, for the future by October 2014.

22. Highest quality urgent and emergency care

Responsible National Director	Bruce Keogh

Scope of the business area	The purpose of this business area is to improve access to and the quality of urgent and emergency care services, helping people to recover from episodes of ill-health or following injury (domain 3 of the *Outcomes Framework*) so that: • people with urgent but non-life threatening needs receive highly responsive, effective and personalised services outside of hospital in or as close to their homes as possible, minimising disruption and inconvenience for patients and their families • people with more serious or life threatening emergency needs are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.
Objectives of the business area	The new system of urgent and emergency care will: • **provide better support for people to self-care** • **help people with urgent care needs to get the right advice** in the right place, first time • **provide highly responsive urgent care services** outside of hospital so people no longer choose to queue in A&E • **ensure that those people with more serious or life threatening emergency needs** receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery, by conducting the enabling work necessary to realise the vision of between 40 and 70 emergency centres, supported by other emergency centres and urgent care facilities • **ensure that the urgent and emergency care system** becomes more than just the sum of its parts through the creation of urgent care networks. In addition, we will seek to: • **promote the reconfiguration of stroke services** across the country, building on the evidence-based model developed in London • **exploit the learning from the establishment of Major Trauma Networks** and implement a refreshed model of peer review for these networks, building on the successes of the existing process.

Key deliverables
Provide an update on progress with the Urgent and Emergency Care Review by September 2014.
Release guidance and standards for commissioners regarding Urgent Care Networks, Urgent Care Centres, Emergency Centres and Major Emergency Centres by March 2015.
Issue guidance for commissioners regarding clinical models for ambulance services by March 2015.
Ensure 100% of Major Trauma Networks are taking part in the refreshed peer review process by the end of March 2015.
Develop a specific case for acute stroke service reconfigurations in two geographical locations by April 2015.
To model the financial impact of moving to the vision for high quality urgent and emergency care as part of the overall assessment of the financial impact of high quality care for all, for the future by October 2014.
To develop currencies and prices to support delivery of the high quality urgent and emergency care vision by October 2014.

23. Productivity of elective care

Responsible National Director	Bruce Keogh

Scope of the business area	The purpose of this business area is to improve the productivity and efficiency of elective care, whilst maximising the quality of treatment for patients. We will ensure access to services for routine planned elective care is managed from start to finish, to remove error and achieve a major step-change in productivity, delivering high quality treatment, treating adequate numbers to be expert and with the most modern equipment available.
Objectives of the business area	• **Develop an evidence base**, drawing on experience and evidence from England and overseas to identify the best ways to achieve a significant change in the productivity and consistency of elective care. • **Following the outcome of the evidence review**, to adapt as necessary existing guidance for routine planned admissions, including the Enhanced Recovery Programme, and seek to establish appropriate deliverables, data and metrics for use by commissioners and providers to assess outcomes.

Key deliverables
To scope the programme of work required and develop a set of initiatives to take forward by the end of May 2014, refreshing the objectives and deliverables of this business area after this.

24. Specialised services concentrated in centres of excellence

Responsible National Director	**Bruce Keogh**

Scope of the business area	The purpose of this business area is to maximise quality, effectiveness and efficiency by working at volume and connecting actively to research and teaching. We will set out our approach through a five-year strategy for specialised services which will drive forward the promotion of equity and excellence in the commissioning of specialised services. The strategy will be built on the planning guidance statement: "*For those who need them, specialised services for less common disorders need to be concentrated in centres of excellence where we know that the highest quality can be delivered.*" This business area also includes the current review of congenital heart disease services. The strategy will include over-arching statements of direction for specialised services (the mission and vision), together with plans describing the objectives at individual clinical services (the Service Level Plans). It will incorporate NHS England's detailed response to the UK Strategy for Rare Disease. The strategy will then be integrated into the annual commissioning process.
Objectives of the business area	**A. Concentration of Services** • **identify which services should operate in high-volume centres**, outlining the potential clinical and financial benefits; conversely identify services that should be commissioned on a more distributed model • **produce predictive modelling** for the top spend services within specialised services • **consider how many specialised centres** will be required in future and how they should be geographically distributed to maintain access • **delivery of an assessment of the evidence** (clinical and financial) supporting the consolidation of specialised services • **identify key 'cornerstone' services** that form the bedrock of the specialised centre of excellence • **identify which services should operate in high-volume centres** • **define bundles of related specialised services** and service interdependencies • **produce clinical service level strategic plans**, incorporating innovative ideas for improving services (A3 proposals) • **produce a toolkit to help each service move towards a successful reconfiguration**, in line with the Mission and Vision and planning guidance • **build a 'guiding coalition' across stakeholders.**

	B. Maximising quality, effectiveness and efficiency • **future development of service specific specifications** • **programme of clinical policy development** • **measurement of service level quality** • **national-level assurance systems** of service level quality • **development of information systems** to secure provider productivity • **programme for service re-design** at scale • **reducing the number of service** derogations. **C. Connecting actively to research and teaching** • **building the role of Academic Health Science Networks** (AHSNs) and Academic Health Science Centres (AHSCs) in the development of whole pathway change for specialised services • **develop a model for the identification of specialised providers** and enable their collaboration • **programme for national scale evaluation** (Commissioning through Evaluation) and research (Public Value Trials) for specialised services. **D. Congenital heart services** • **undertaking the national review of congenital heart services** for children and adults considering the whole lifetime pathway of care. Including developing standards for and making recommendations about the function, form and capacity of services needed to meet that demand and meet quality standards, taking account of accessibility and health impact. **E. Proton beam therapy** • **establish clinical policies for proton beam therapy** for routine commissioning • **establish commissioning through evaluation** for planned commissioned capacity.

Key deliverables
A five-year strategy and a set of service level plans for specialised services launched for public consultation by end July 2014. Board approval of final strategy November 2014.
Response to the UK Strategy for Rare Diseases including assumption of responsibility for specific commitments from the statement of intent published in March 2014. The delivery will be integrated within the final strategy for specialised services for Board approval of final strategy November 2014.
Congenital heart services review – launch consultation on the new standards with the public by September 2014. Then within our role as direct commissioners of specialised services it will be our intention to commission against these standards within 2015/16.
Quality measurement system (dashboards) produced for 40 specialised services with half published in the public domain in 2014/15. Associated quality assurance policies and procedures published by September 2014.
Reduction of service derogations to 5% of all contracted services by March 2015.
Publication of Proton Beam Therapy (PBT) clinical access policies for routine commissioning by December 2014.
Establishment of proposal for PBT Commissioning through Evaluation by December 2014.
Provider level productivity measurement and programmes of at scale service re-design, delivered by March 2015.
Published programme of national scale evaluative commissioning with the formation of 'Public Value Trials' unit for specialised services by January 2015.

25. Seven day services

Responsible National Director	Bruce Keogh

Scope of the business area	The purpose of this business area is to ensure that the NHS provides high quality, affordable care at weekends as well as during the week. We will support the NHS in the move towards routine services being available seven days a week, with an initial focus on urgent and emergency medicine and surgery, followed by development of proposals on improved weekend integration and alignment of primary, community (including mental health), acute and social care services.
Objectives of the business area	• **support the NHS to transform** the way it delivers services for patients at weekends • **ensure adoption of clinical standards** that patients should expect to receive on every day of the week • **make proposals about better alignment of different care services** at weekends.

Key deliverables
Support full implementation of seven day clinical standards for urgent and emergency care services in acute settings by the end of 2016/17, ensuring that by: • March 2015 – local contracts include an Action Plan to deliver the clinical standards within the Service Development and Improvement Plan Section. • March 2016 – those clinical standards which will have the greatest impact are incorporated into the national quality requirements section of the NHS Standard Contract. • March 2017 – all clinical standards are incorporated within the quality requirements section of the NHS Standard Contract with appropriate contractual sanctions in place for non-compliance.
Develop metrics to measure delivery of the clinical standards in acute settings by December 2014.
By December 2014, supported by the NHS Services Seven Days a Week Forum, provide further insight, evidence and proposals for how primary, community and acute health services and social care systems can be better integrated at weekends to improve outcomes.
To model the financial impact of moving towards seven day services as part of the overall assessment of the financial impact of high quality care for all, for the future by October 2014.

26. Economic contribution of the NHS

Responsible National Director	**Bruce Keogh and Tim Kelsey**

Scope of the business area	The purpose of this business area is to improve patient outcomes through research, innovation and scientific advances. Our aim is to ensure that the new commissioning system promotes and supports participation in research including ensuring the payment of excess treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations. It also sets out the NHS England contribution to *Innovation Health and Wealth: accelerating adoption and diffusion in the NHS* which sets out the improvements needed to fully embrace and embed innovation in the NHS and improve outcomes and quality for patients and the NHS and drive growth for the UK.
Objectives of the business area	Providing leadership (including clinical) on research, innovation and scientific advances creating an environment that: • **maximises the benefits from research, innovation and scientific advances** into healthcare practice and patient outcomes • **stimulates the NHS as the 'go to' market** for new and emerging, efficacious and cost effective interventions that deliver quality of health outcomes and economic value • **develops Academic Health Science Networks (AHSNs)**, the link between the NHS, academia and industry, to drive the adoption and spread of research and innovation and contribute to the growth of local economies • **takes advantage of the Pharmaceutical Pricing Regulation Scheme** (PPRS) to improve uptake of clinically and cost effective medicines and increased utilisation of innovative technologies • **ensures delivery of the NHS England contribution to the 100K Genome Programme** including clinical advocacy and support, assessment and improvement of clinical data capability, clinician and patient feedback mechanisms, contributing to stakeholder and public engagement and identification, collection and supply of appropriate DNA samples of sufficient quality and quantity • **ensures delivery of the Research and Development Strategy.**

Key deliverables

AHSNs

- assurance and quarterly reporting of progress in the delivery of AHSN business plans during 2014/15
- support AHSNs to develop their capability and capacity through delivery of the AHSN organisational development plan by March 2015
- development of a strategic engagement plan by June 2014
- develop an economic model to measure the AHSN contribution to wealth creation including a set of wealth creation metrics by September 2014.

Pharmaceutical pricing regulation scheme

- We will work with Industry to identify mechanisms to support the NHS to take advantage of the PPRS agreement through 2014/15, including embedding the principles of medicines optimisation, delivering *Innovation, Health and Wealth: accelerating adoption and diffusion in the NHS* and specialised commissioning whilst supporting clinical change.

Genomics

- Delivery of NHS England's actions as agreed in the DH Genomics Steering Group during 2014/15.

Research

- publication of a research and development strategy for NHS England, by September 2014, and the development of a programme plan for delivery
- a year on year increase in organisations, and patients, participating in research trials, both commercial and non-commercial. Currently establishing a baseline
- publication of Standard Operating procedures and the outcomes of the work of the Commissioning Assembly Research Working Group concerning the commissioners' approach to the payment of Excess treatment costs by May 2014
- an increase in the focus on applied research to support commissioning policy development. This will be expressed through the work which is promoted by NHS England to the DH and National Institute for Health Research (NIHR) where appropriate
- an increase in the use of evidence to support the development and implementation of commissioning for improving patient outcomes. This will be reflected in the outcomes of the current Delphi study within NHS England which will be widened to include CCGs in 2014.

Innovation

- establish an Industry Council and sector board by April 2014, that will meet throughout 2014/15 to work in partnerships to increase economic growth through joint work programmes between industry and NHS England
- identify, recognise and reward NHS innovators through the Innovation Challenge Prizes with a year-long competitive round and the prizes awarded by February 2015
- launch NHS Exchange, a national innovation web portal by July 2014 with 10,000 registered users by March 2015
- roll out usage of NHS Connect, a mechanism for UK industry and innovators to seek advice, funding, dissemination and support, with at least 200 enquiries supported during 2014/15
- supporting the Small Business Research Initiative to support companies to deliver innovations which will solve identified healthcare challenges as well as bringing economic value to the UK economy
- fund and lead Healthcare UK, the single export body for UK plc healthcare excellence to internal commercial markets, with a commitment to increase NHS involvement and revenue in excess of our annual investment in 2014/15
- continue to increase year on year uptake and investment in NICE Technology Appraisal drugs, devices and interventional procedures in 2014/15
- publish the Innovation scorecard on a quarterly basis throughout 2014/15, expanding the range of NICE Technology Appraisals included within it, and improving the usability and presentation of data (heat maps)
- delivery of NHS Expo in March 2015 to share, inspire and showcase innovation, research and renewal of the NHS.

27. Excellent organisation

Responsible National Director	Karen Wheeler

Scope of the business area	The purpose of this business area is to improve staff experience of working in NHS England day-to-day, making sure they are listened to and that senior leaders are seen to be responding to what they are hearing.
Objectives of the business area	• **accelerating implementation** of the values based performance and development review. • **challenging our traditional ways of working** and introducing new approaches. • **embedding new approaches to leadership** across the organisation. • **encouraging personal responsibility** for staff to maintain their health and wellbeing. • **removing the obstacles to staff** being able to do a good job, including better use of data. • **using personal development review** to create a positive culture, embedding our values. • **ensuring we work collectively across the organisation**, harnessing the skills of staff. • **creating a network of 'champions'** across the organisation to focus on improving staff experience of work. • **continuing to implement 'Ways of Working'** principles agreed with NHS Clinical Commissioners. • **creating the climate and conditions for success** in the commissioning sector through our work with the Commissioning Assembly and CCG leaders.

Key deliverables
Put in place an integrated values-based performance development review scheme for NHS England staff by April 2015.
Implement a development programme for NHS England's leadership community by March 2015.
Implement a development programme to enhance team working within NHS England by March 2015.
Agree a plan for the roll out of agile working so that it is mainstreamed into NHS England's business as usual by September 2014.
Develop and implement an NHS England strategy for 'healthier workplace, healthier people' by September 2014.
Deliver a support and development programme for NHS England's excellent organisation champions by March 2015.
Develop an integrated approach to human capital management, improving the focus on workforce productivity and efficiency, by the end of September 2014.

28. Customer contact and complaints

Responsible National Director	**Jane Cummings**

Scope of the business area	The purpose of this business area is to provide a high-quality, patient-centered customer contact service that resolves patient requests, concerns and complaints at the earliest opportunity and uses patient feedback effectively to improve services.
Objectives of the business area	• **measuring and improving the experience of complaining** so that it contributes towards rebuilding trust and confidence in the NHS amongst complainants • **learning from concerns and complaints** in order to improve the consistency with which the NHS provides experiences of care for patients, especially those who are vulnerable • **developing the customer contact centre** • **acting on the Clywd/Hart review and Ombudsman** cases to learn lessons on complaints • **providing leadership towards improvement** and alignment of the wider NHS complaints system.

Key deliverables
Deliver NHS England's customer contact improvement plan by April 2015.
Develop and implement the customer contact centre future state service model by April 2016.
Develop and implement systems, processes and partnerships by September 2014 to enable insight and learning from patient complaints and feedback to have a demonstrable impact on service delivery and commissioning of services.
Procurement and implementation of a customer relationship management (CRM) system by December 2014.
Develop a set of standards for customer contact and complaints, publish good practice and embed these into contracts through incentives and commissioning levers by March 2015.

29. Primary care support services

Responsible National Director	**Barbara Hakin**

Scope of the business area	The purpose of this business area is the provision of Primary Care Support Services (PCSS).
Objectives of the business area	**Working with staff to deliver a standard range of centrally funded core primary care support services** with best practice levels of quality and safety by September 2014, with complete reconfiguration of the service completed by March 2015.

Key deliverables
A business case for the options on the future of the PCSS by May 2014.
A comprehensive workforce transition plan and full engagement with staff and their representatives (including unions). Initial plan developed in 2013/14. Refreshed monthly until implementation is complete – March 2015.
A comprehensive internal and external communications strategy, including engagement with key stakeholders. Initial plan developed in 2013/14. Refreshed monthly until implementation is complete – March 2015.
The safe and timely implementation of the proposal agreed by the Board by March 2015.
Best possible reduction to running costs, whilst maintaining safe services.
Best possible return on investment to be achieved by the end of year two, whilst maintaining safe services.

30. Corporate services

Responsible National Director	**Paul Baumann and Karen Wheeler**

Scope of the business area	The purpose of this business area is to ensure we have a strong corporate infrastructure in place that allows us to meet the mandatory business needs of NHS England.
Objectives of the business area	• **provide expert legal advice** • **ensure compliance with Information Governance legislation** • **support formal processes for corporate governance** • **support and assure business plan delivery** • **provide expert programme and project management support** • **provide formal accountability to DH and Parliament** • **prepare our internal business plan** • **provide a safe and functional working environment** • **embed the values and principles of corporate social responsibility** • **provide a robust and reliable ICT service** • **ensure effective systems are in place for business continuity** • **prepare financial statements** • **allocate resources to deliver our organisational objectives** • **ensure favourable acquisition of goods and services** • **provide financial information to drive decision making** • **ensure our workforce is maintained and appropriately skilled** • **enhance the skills of our workforce** • **ensure we inform our staff of anything important to them.**

Key deliverables
A balanced budget (inclusive of efficiency savings) delivered by the end of March 2015.
All commissioning support units, regional and area teams to have produced business continuity plans by September 2014.
Complete the national Information Governance toolkit with a level 2 rating maintained or higher rating achieved by March 2015.
A refreshed estate strategy and plan for the core estate accommodation of NHS England produced by September 2014.
A corporate social responsibility strategy and plan for NHS England published by March 2015.
A Human Resource and Organisational Development Customer Charter published by September 2014. Complete roll-out of all HR policies by March 2015.
Participation in the annual Stonewall workplace equality index and completion of the Equality Delivery System 2 self-assessment by March 2015.
A People and Organisational Development Strategy and associated work implemented by March 2015.
Delivery of the Equality, Diversity and Inclusion in the Workplace Strategy action plan by March 2015.
A ‘directory of services’ for all corporate functions published on the intranet by March 2015.

31. Commissioning support

Responsible National Director	**Rosamond Roughton**

Scope of the business area	The purpose of this business area is to improve patient outcomes and value for money by ensuring NHS commissioners have access to high quality and affordable commissioning support services. To ensure that Commissioning Support Units (CSUs) are effective, accountable and properly governed with the ability to thrive autonomously in a commercial environment.
Objectives of the business area	**Developing providers of commissioning support** • develop the wider commissioning support sector to ensure there is a varied market place for commissioners to have choice of providers • support CSUs to develop into the best in class deliverers of commissioning support • hold CSUs to account to ensure financial management of the £760million spent by CSUs ensuring all financial targets are delivered, governance arrangements are in place and that expenditure represents good value for money • support CSUs to move towards autonomy, supported by a development programme to reduce costs and become more sustainable in the market place. **Developing customers of commissioning support** • support CCGs to choose the best services to meet their needs. **Developing effective market mechanisms** • enable commissioners to secure services from a cohort of high quality affordable providers supporting innovative approaches to commissioning and contracting.

Key deliverables
Developing providers of commissioning support
Interim guidance developed by June 2014 which will set out the approach to implementation and CSUs consulting with key stakeholders on autonomy options.
Final guidance and local implementation strategy for CSU autonomy published by November 2014.
Guidance published by November 2014 that sets out the final options, applications process and timescales for CSUs to move towards more autonomous forms.
Ensuring that CSUs remain financially & commercially viable throughout 2014/15.
Sustainable hosting arrangements for overseeing performance, assurance and risk of NHS CSUs will continue during 2014/15.
Deliver development support to CSUs in 2014/15 defined by need that enables them to become strong, commercially sound and customer facing organisations and maximises their ability to secure a place on the Lead Provider Framework.
Developing customers of commissioning support
A suite of tools published by November 2014 that will support CCGs to become informed, confident customers of commissioning support and step by step guidance to call off from the lead provider framework.
Developing effective market mechanisms
A lead provider framework launched by January 2015 which will enable all commissioners to secure services from a cohort of high quality affordable providers.
Support in 2014/15 that enables CSUs to explore and put in place innovative partnership arrangements with a range of organisations to improve and enrich their offer to customers.
An effective CSS market oversight function developed by November 2014 for approval by the CSU committee which will inform future policy and market development.

Annex B – Budgets and resources

Securing value for money

NHS England has a £98.4bn commissioning budget. We are responsible for using this money wisely and fairly to secure the best possible outcomes for both patients and the taxpayer. It is vital that we use our limited resources to deliver maximum patient benefits and to get the greatest value out of every pound we spend.

The challenge of securing better services for people at a lower cost to taxpayers will continue over the period of this operational plan. By the end of 2014/15, we aim to have completed delivery of the NHS's first QIPP (Quality, Innovation, Productivity and Prevention) challenge. From 2015/16, the same focus on driving quality improvements within a tight financial envelope will be required, and the need to create the financial resources for the Better Care Fund to be introduced in 2015/16 will place significant additional demands on the NHS. We have an overarching duty to stay within our budget and demonstrate transparency in its deployment by publishing our financial position.

Resources

The Government's Mandate allocated the sum of £98,419m to fund NHS England's operations and priorities in 2014/15, and in December 2013, the board of NHS England approved the distribution of these resources to the commissioning system as set out below.

Table 1 – Analysis of Mandate distribution 2014/2015

	£m	£m
CCG programme allocations	64,336	
CCG running cost allowance	1,345	
Quality Premium	200	
Subtotal CCG allocations		**65,881**
Social Care		**1,100**
Primary Care	12,292	
Specialised Services	13,525	
Public Health (section 7a agreement)	1,929	
Other Direct Commissioning	372	
Subtotal Direct Commissioning		**28,118**
Running costs	526	
Central programmes	935	
Subtotal NHS England Running Costs/Central Programmes		**1,461**
Winter funding		250
Technical allocations		660
Carry Forward from 13/14		867
Other		82
Total Mandate sum 2014/15		**98,419**

The information in this annex deals with the proposed utilisation of NHS England's running costs (£526m) and central programme costs (£935m).

NHS England budgets

Budget setting for NHS England's running and central programme costs has been carried out as part of the overall business planning process, with the guiding principles that resources must be used to support our strategic and operational priorities and that we must derive maximum advantage from matrix working across NHS England and its hosted bodies.

The financial envelope for NHS England (and CCG) running costs in 2014/15 has been frozen in the Mandate at 2013/14 levels and, unlike 2013/14, makes no allowance for non-recurrent transition costs. We are planning efficiency savings in excess of 7% in our core running costs in order to accommodate within flat cash budgets a number of functions which have either been delegated to NHS England since its establishment or which were omitted/underestimated in our original organisational design.

Programme cost and discretionary running costs have been structured around the NHS England business plan and in particular the 31 business areas grouped under the three overarching ambitions: high quality care for all *now*; high quality care for all for the *future*; and *developing our organisation*. The overall level of central programme budgets has been set at 4% lower than the budgets set for 2013/14 in order to maximise the resource available for commissioning frontline services.

In addition to core running and central programme budgets funded in the Mandate, we have identified £76m of cost in relation to the rationalisation of Primary Care Support Services, which has been delayed from the original implementation date of March 2013 to later in 2014/15 in order to enable successful completion of consultation and implementation planning in relation to this mission-critical service. The funding of these additional costs is currently being clarified with the Department of Health.

The budgets for 2014/15 are summarised in the following tables:

- **Table 2** shows the planned core running costs, discretionary investments and central programme costs split by the areas as defined in the business plan. An exercise to analyse our core running costs by activity is currently underway and this table will be updated in due course with the outcome of that analysis.
- **Table 3** provides greater detail on running costs by directorate and a comparison with 2013/14 expenditure.
- **Table 4** provides further information on a number of significant programme budgets which we hold on behalf of the wider NHS system within the overall allocation of £935m.
- **Table 5** shows the overall allocation of running and central programme costs by accountable directorate.

Table 2 – NHS England budgets analysed across business plan activities

Business Area	Core Running Cost Budgets £m	Discretionary Investments £m	Total Running Costs £m	Programme Costs £m	Total Budget £m
Prevention & Early Diagnosis		–	–	4.1	**4.1**
Parity of Esteem		–	–	36.7	**36.7**
Access to Urgent & Emergency Care		–	–	67.1	**67.1**
Patient Experience		–	–	15.1	**15.1**
Patient Safety		0.6	0.6	29.2	**29.8**
Medical Revalidation		–	–	3.9	**3.9**
Compassion in Practice		–	–	4.1	**4.1**
Equality & Health Inequalities		0.2	0.2	1.9	**2.1**
Maternity, Children & Young People		–	–	4.9	**4.9**
Long Term Conditions, Older People & End of Life Care		–	–	6.6	**6.6**
People with Learning Disabilities		–	–	2.7	**2.7**
Primary Care Commissioning		–	–	7.0	**7.0**
Public Health, Health & Justice and Armed Forces		–	–	10.9	**10.9**
Specialised Services Commissioning		–	–	18.5	**18.5**
Challenged Geographies		12.0	12.0	2.0	**14.0**
Access to Elective Care		0.2	0.2	0.3	**0.5**
Data, Digital Services & Customer Service		1.4	1.4	22.8	**24.2**
Planning, Resource and Incentives		3.5	3.5	1.1	**4.6**
High quality care for all, now	**–**	**17.9**	**17.9**	**238.9**	**256.8**
Citizen Participation & Empowerment		1.3	1.3	10.7	**12.0**
Wider Primary Care, Provided at Scale		0.2	0.2	5.0	**5.2**
A Modern Model of Integrated Care		0.5	0.5	4.6	**5.1**
Highest Quality Urgent and Emergency Care		–	–	1.1	**1.1**
Productivity of Elective Care		–	–	–	**–**
Specialised Services concentrated in Centres of Excellence		–	–	–	**–**
Seven Day Services		0.5	0.5	4.4	**4.9**
Economic Contribution of the NHS		–	–	26.5	**26.5**
High quality care for all, for the future	**–**	**2.5**	**2.5**	**52.3**	**54.8**
Excellent Organisation Programme		3.2	3.2	–	**3.2**
Customer Contact & Complaints		–	–	–	**–**
Primary Care Support Services		–	–	–	**–**
Corporate Services		–	–	–	**–**
Commissioning Support		0.6	0.6	–	**0.6**
Developing our organisation	**–**	**3.8**	**3.8**	**–**	**3.8**
AHSNs				53.6	**53.6**
Clinical Networks and Senates			–	32.1	**32.1**
Capability for change			–	4.8	**4.8**
Developing & Supporting CCGs		3.8	3.8	5.2	**9.0**
Information Governance & Standards		0.5	0.5	2.5	**3.0**
Functional Leadership		0.7	0.7	1.1	**1.8**
Other		0.9	0.9	0.2	**1.1**

Business Area	Core Running Cost Budgets £m	Discretionary Investments £m	Total Running Costs £m	Programme Costs £m	Total Budget £m
General Delivery Vehicles & Enablers	**–**	**5.9**	**5.9**	**99.5**	**105.4**
Total	**–**	**30.2**	**30.2**	**390.7**	**420.9**
Directorate / Corporate Budgets (see Table 3)	403.9		403.9		**403.9**
Other Programme Budgets (see Table 4)			–	496.8	**496.8**
Inflation Reserve	8.9		8.9		**8.9**
Contingency	10.0		10.0	47.5	**57.5**
Ring-fenced Depreciation	13.0		13.0		**13.0**
Sub total excluding Primary Care Services	**435.8**	**30.2**	**466.0**	**935.0**	**1,401.0**
Primary Care Services Recurrent	60.0		60.0		**60.0**
Total NHS England budget	**495.8**	**30.2**	**526.0**	**935.0**	**1,461.0**
Primary Care Services Non-recurrent	75.7		75.7		**75.7**
Total including Non-Recurrent Primary Care Services	**571.5**	**30.2**	**601.7**	**935.0**	**1,536.7**

Table 3 – Directorate/corporate running cost budgets

	2013/14 Budget £m	2013/14 Forecast Outturn (Month 9) £m	2014/15 Budget £m
Medical	13.9	13.8	**15.6**
NHS Improving Quality (NHS IQ)	13.4	8.4	**12.1**
Nursing	8.7	8.5	**11.7**
Chief Operating Officer	227.8	222.5	**219.4**
Commissioning Development	6.3	6.3	**6.1**
Patients & Information	14.5	12.9	**16.8**
Finance	36.7	35.5	**36.4**
Policy	60.9	60.9	**69.7**
Human Resources	5.7	3.8	**5.1**
Clinical Liabilities Insurance			**9.2**
Training			**1.8**
Directorates Total	**387.9**	**372.8**	**403.9**
Primary Care Services Recurrent	60.0	58.6	**60.0**
Discretionary Investments	34.6	30.4	**30.2**
Pay & Contract Inflation Reserves	15.4	15.4	**8.9**
Contingency	18.2	18.2	**10.0**
Depreciation	11.0	11.0	**13.0**
Total Directorate/Corporate Running Costs	**527.1**	**506.3**	**526.0**

Note: Training for 2013/14 was allocated to Directorates and is within their baseline and forecast positions

Table 4 – Other programme budgets

	2013/14 Budget £m	2013/14 Forecast Outturn (Month 9) £m	2014/15 Budget £m
Provider Support	264.0	326.0	**204.0**
Clinical Excellence Awards	174.0	182.0	**174.0**
Leadership Academy	46.7	54.7	**67.7**
IT Programmes (South)	50.0	50.0	**40.1**
Children's Hospices	10.7	10.7	**11.0**
Total Other Programme Budgets	**545.5**	**623.5**	**496.8**

Table 5 – 2014/15 Budgets analysed by director accountability

Directorate budgets	2014/15 Running Cost £m	2014/15 Programme Costs £m	2014/15 Budget £m
Medical	15.6	52.3	68.0
Innovation Health & Wealth	–	79.4	79.4
NHS Improving Quality (NHS IQ)	12.1	34.2	46.3
Nursing	12.3	23.0	35.3
Chief Operating Officer (incl. Primary care Svcs recurrent)	286.9	80.0	366.9
Commissioning Development	8.0	10.0	18.0
Patients & Information	18.1	60.0	78.1
NHS 111	–	46.8	46.8
Finance	58.7	2.0	60.7
Policy	71.9	3.0	74.9
Human Resources	10.6		10.6
Total Directorate Budgets	**494.1**	**390.7**	**884.8**
Provider Support	–	204.0	204.0
Clinical Excellence Awards	–	174.0	174.0
Leadership Academy	–	67.7	67.7
IT Programmes (South)	–	40.1	40.1
Children's Hospices	–	11.0	11.0
Total Other budgets	–	496.8	496.8
Corporate reserves	8.9		8.9
Contingency	10.0	47.5	57.5
Depreciation	13.0		13.0
Total NHS England	**526.0**	**935.0**	**1,461.0**
Primary Care Services Non Recurrent	75.7	0.0	75.7
Total incl Non-Recurrent Primary Care Services	**601.7**	**935.0**	**1,536.7**

Annex C – Key measurables

	Priority	Description	Scorecard Measurement
1	Satisfied patients	Establishing the Friends and Family Test for patients, updated and published monthly	Net score of positive versus negative feedback (scale –100/+100)
2	Motivated, positive NHS staff	Establishing the Friends and Family Test for NHS staff, updated and published monthly	Net score of positive versus negative feedback (scale –100/+100)
3	Outcomes framework – Domain 1	Preventing people from dying prematurely	Progress against Improvement areas 1.1 – 1.7 of the Outcomes Framework
4	Outcomes framework – Domain 2	Enhancing quality of life for people with long term conditions	Progress against Improvement areas 2.1 – 2.6
5	Outcomes framework – Domain 3	Helping to recover from episodes of ill-health or following injury	Progress against Improvement areas 3.1 – 3.6
6	Outcomes framework – Domain 4	Ensuring that people have a positive experience of care	Progress against Improvement areas 4.1 – 4.9
7	Outcomes framework – Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Progress against Improvement areas 5.1 – 5.6
8	Promoting equality and reducing inequalities in health outcomes	Promoting equality and inclusion through NHS services. Highlighting and reducing inequalities in health outcomes across all Outcome domains. This will include parity of esteem for people with mental health issues	Progress in reducing identified health inequalities on all indicators for which data are available
9	NHS Constitution rights and pledges, including delivery of key service standards	Direct commissioning and support and assurance of CCG processes will ensure continued delivery of the NHS Constitution rights and pledges. Carrying out work to embed the NHS Constitution in everything we do.	The proportion of people for whom NHS England meets NHS Constitution standards
10	Becoming an excellent organisation	Ensuring the staff of NHS England understand their role, are properly supported and are well motivated. Seeking comprehensive 360 degree feedback from local and national partners.	Staff survey results 360 degree feedback
11	High quality financial management	Living within our means whilst delivering our priorities	Actual spend versus budget