APPENDICES

Appendix 1: How we have delivered against the Government's mandate to the NHS

The Government mandate to NHS England sets out the Government's priorities for the NHS, the contribution NHS England is expected to make as well as the budget allocated to achieve this. In its mandate to NHS England for 2016/17, the Government set us seven objectives to 2020 with associated deliverables to be achieved in 2016/17. We have made good progress against the mandate objectives in 2016/17 under challenging circumstances.

The preceding sections of this annual report set out NHS England's achievements against our corporate priorities. Our work in all these areas contributes to progress against the seven objectives in the Government's mandate.

This annex highlights some of the progress we have made against the specific mandate deliverables, the challenges we have faced and how we have worked to address them this year.

Objective 1: Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.

- Good progress has been made with the development of the CCG Improvement and Assessment Framework. The framework has been published and an overall assessment for 2016/17 will be published in June 2017. Assessments for each of the six clinical areas have been made and published as planned.

Objective 2: To help create the safest, highest quality health and social care service

- Good progress is being made on the rollout of the four clinical priority standards for seven day services. The maternity transformation programme is up and running, and progress in relation to maternity safety is being made through a dedicated work stream which has invested £8 million in a maternity safety fund. Work to support the Government's ambitions in relation to anti-microbial resistance and prescribing is on track with the development of new commissioning incentives and indicators to measure progress.

- Work streams to deliver personal health budgets and increase patient choice in relation to maternity and end of life care are making good progress. More than 12,000 people are now in receipt of personal health budgets and seven maternity pioneers have been launched to deepen and widen the choices available to pregnant women.

- As the NHS continued to expand access to cancer services so as to improve early diagnosis, patient volumes increased and performance against the 62 day standard from urgent GP referral to first definitive treatment was 81.9% in January 2017 against a standard of 85%. March 2017 figures showed 1.1% of patients waiting six weeks or more from referral for a diagnostic test, this is an improvement from 1.7% in March 2016. NHS England is working closely with NHS Improvement to support Trusts to improve and progress is being made from a very challenging position. For example endoscopy test performance has improved significantly over the last year. The redesigned Cancer Drugs Fund is being delivered on budget and a new approach to the Fund has been successfully launched.

Objective 3: To balance the NHS budget and improve efficiency and productivity

- The financial position of the NHS continues to be very challenging. Despite these challenges NHS England has managed to deliver financial balance in the commissioning system in line with plans for this year. In addition a £902 million managed underspend in the commissioning system was used to support the financial position in the provider sector. This compares with a goal of producing £800 million managed underspend so representing strong financial performance by NHS England. NHS England continues to work collaboratively with NHSI in relation to efficiency savings, trust deficit reduction plans and reducing spend on agency staff.

- Good progress has been made on rolling out the RightCare programme to all CCGs, NHS England has ensured that all CCGs have a local estate strategy in place.

Objective 4: To lead a step change in the NHS in preventing ill health and supporting people to live better lives

- NHS England continues to work with the DH and other partners to support implementation of the Government's child obesity action plan. To support these aims NHS England has included a childhood obesity indicator in the CCG Improvement and Assessment Framework.

- The Diabetes Prevention Programme, the most ambitious programme of its type in the world, has far exceeded the mandate target of 10,000 referrals with more than 30,000 people having been referred to the programme. NHS England has also consulted on approaches to reduce the prevalence of sugar sweetened drinks in NHS premises.

- Dementia remains a big challenge for the NHS and society as a whole. The aim of maintaining a minimum diagnosis rate of two-thirds for people with dementia is being met, and an evidence-based treatment pathway guide has been published to support clinicians.

Objective 5: To maintain and improve performance against core standards

- As noted above waiting times have been under pressure for a number of years and these continued to intensify in 2016/17, in the context of increasing demand and the tough financial position the NHS currently faces. At February 2017, 90% of patient pathways were completed within 18 weeks, which is below the 92% standard, as delayed emergency patient discharges affected hospitals ability to further expand their routine surgery during 2016/17. However progress is being made in reducing demand growth from GP referrals and this has seen a significant reduction in their growth rate in 2016/17, by around two-thirds compared with 2015/16.

- The ambulance response programme has made considerable progress and full roll out of the new system will happen soon. Urgent and Emergency networks have been implemented and now cover 100% of England.

Objective 6: To improve out-of-hospital care

- Over 17 million patients (30% of the registered population) are benefitting from extended access through the GP access fund. GP practice-level data on quality and access to services has been published on My NHS and will continue to be updated.

- Greater integration of health and social care is a key priority for NHS England. Implementation of Better Care Fund plans has taken place across the country and NHS England has worked closely with a number of areas to develop health proposals as part of their devolution plans.

- Delayed transfers of care continue to be a challenge for both the NHS and social care services which are facing unprecedented financial constraints. A programme has been established to support activity to reduce delayed transfers of care, and assessment of progress is being carried out, with further targeted support planned for the most challenged areas.

- Good progress is being made against all of the mental health deliverables set out in the mandate. This includes improving access to treatment for psychosis, to talking therapies and the quality of crisis care. At January 2017, 76.2% of people starting treatment with an early intervention in psychosis service did so within two weeks of referral. In December 2016, 89.4% of people completed a course of talking therapies treatment in six weeks and 98.5% within 18 weeks. Good progress is being made on implementation of the mental health taskforce recommendations. In relation to learning disabilities there has been an increase in the number of people being cared for in the community rather than in-patient services. The total number of people in in-patient units between January 2016 and March 2017 has reduced from 2,800 to 2,510. There have been 1,670 discharges from in-patient care to community settings in 2016/17.

Objective 7: To support research, innovation and growth

- Progress has been made in setting up an NHS England Research team and a research plan has been published. The 100,000 genomes project is making progress with over 25,000 rare disease samples and over 4,000 cancer samples collected. However the programme faces challenges in relation to meeting the 2020 target of delivery of 90,000 genome sequences. The flow of cancer samples from Genomics Medicine Centres remains below trajectory. NHS England and Genomics England are working with the Genomic Medicine centres to increase patient recruitment.

- Good progress is being made in relation to the rollout of new technologies in the NHS. There has been an increase in patients actively accessing NHS services online, with over 15% of the patient population now registered for online services. There has also been a significant increase in the number of patients accessing and using their electronic health record. Over half a million patients are now signed up to access their detailed health record.

- NHS England continues to support the Government's ambition to reduce the impact of ill health and disability on people's ability to work. NHS England has worked with the Government to pilot health led employment trials which are testing new ways of delivering interventions in various care settings to support people back to work. NHS England is also working to improve the health of the NHS workforce through the healthy workforce programme and the general practice forward view. This has included an indicator on improving staff health and wellbeing in the national CQUIN indicators, providing a financial incentive to improve staff wellbeing within hospital trusts, and piloting staff wellbeing initiatives in a number of demonstrator sites across the NHS.

Appendix 2: Our customer contact and complaints report

Overview

Throughout 2016/17 we have undertaken the following activities to improve complaint handling and learning from customer feedback:

- Focused on ensuring that we deliver against our key performance indicators relating to complaints made direct to NHS England. We are now looking to balance timeliness with the quality of our response, and ensure consistency of approach across the organisation. We have developed a Quality Framework for Complaints, and have also started to roll out an internal peer review process. We are working in partnership with local advocacy providers and Health Watch to review complaints handled in each of our regions with the view to identify good practice and continuously improve the quality and timeliness of response.

- Worked with The Parliamentary and Health Service Ombudsman (PHSO) and Picker Institute to develop a model survey of complainants which can be used in all healthcare settings. This approach will help those using the survey to better understand the complainants' experience of making a complaint. The survey is being piloted in a number of provider settings across England and should be available for wider roll out later in 2017.

- Learning from complaints and customer feedback. One of the themes identified relates to the way in which patients are removed from GP practice lists. NHS England regional teams have been working to help practices better understand the relevant contractual rules and ensure that they are applying appropriate processes.

- Developed a free training programme on complaints for dental practices in England, which has been developed and run in partnership with the Dental Protection Society. The aim is to increase awareness of good practice in this area, increase confidence in the handling of complaints and ensure that patients and the public have access to a quality complaints service should they need to raise concerns about their care, treatment or services provided.

In 2017/18 we will be:

- Building on our work in 2016/17 with both the General Dental and Medical Councils to encourage local resolution in primary care complaints handling
- Working with the Medical Protection Society and Medical Defence Union to co-design and co-deliver complaints training for GP practices
- Continuing to implement our learning programme to ensure that information from complaints and other forms of feedback help inform local and national policies and procedures, and also working in conjunction with other stakeholders to identify themes and trends from customer feedback.

KPI performance

Case Volume and Associated KPI Measures 2016/17

	2015/16	Q1	Q2	Q3	Q4	2016/17
General Enquiries						
No. of cases received	110,839	24,703	25,351	25,767	25,195	101,016
Resolved within 3 working days (Target 95%)	95.9%	96.2%	96.2%	97.2%	95.8%	96.4%
Freedom of Information requests						
No. of cases received	2,681	644	622	657	699	2,622
Resolved within 20 working days (Target 80%)	88.6%	84.6%	84.2%	84.6%	81.4%	83.7%
Concerns[1]						
No. of cases received	6,043	1,774	1,457	1,250	3,743	8,224
Resolved within 10 working days (Target 80%)	86.9%	90.1%	82.4%	82.4%	85.1%	85.3%
Complaints						
No. of cases received	5,913	1,611	1,655	1,732	1,498	6,496
Acknowledged within 3 working days (Target 100%)	94.2%	95.3%	94.7%	96.3%	93.9%	95.1%
Resolved within 40 working days (Target 90%)	46.9%	48.7%	52.2%	48.0%	60.2%	52.1%
Admin Closures[2]						
No. of cases received	12,607	3,708	4,053	4,014	3,061	14,836

1. A concern is defined as an expression of dissatisfaction which has not been handled as a complaint.
2. Admin closure is where a case does not reach a conclusion such as where a complainant does not consent to an investigation or an investigation is not permitted under NHS policy.

Headlines by contact type

General enquiry cases

- We received 101,016 General Enquiries in 2016/17, down from 110,839 (-8.9%) in 2015/16.
- 96.4% of enquiries were resolved within 3 working days, up from 95.9% the previous year.

Freedom of Information (FoI) requests

- 2,621 Freedom of Information requests were received, down from 2,681 (-2.2%) in 2015/16.
- We responded to 83.7% of requests within the target of 20 working days in 2016/17, down from 88.6% the previous year but exceeding our target of 80%.

Complaints

- We recorded 6,496 complaints in 2016/17, up from 5,913 (+9.9%) the previous year.
- In 2016/17, 95.1% of complaints were acknowledged within the target 3 working days, and 52.1% resolved within the target 40 days. This was up from 94.2% and 46.9% respectively in 2015/16.

The table below shows activity relating to complaints managed by NHS England which were reported to the PHSO between 1 April 2016 and 31 March 2017. Some of these complaints will have been received by NHS England prior to 1 April 2016 (but will have progressed to the PHSO after 1 April 2016 hence included in these figures).

All recommendations relating to partially upheld or upheld complaints were accepted and implemented.

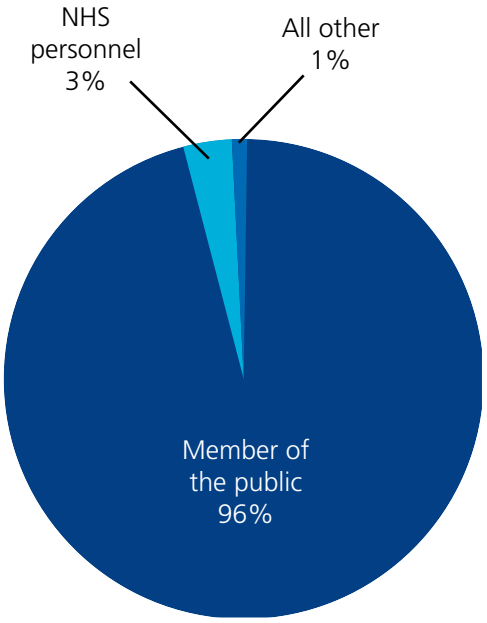
9% of the NHS England complaints considered by the PHSO in 2016/17 were upheld, 13% were partially upheld, 36% were not upheld and the remainder were discontinued or withdrawn.

Region	Upheld	Not Upheld	Partially Upheld	Discontinued Or Other	Total Cases
Midlands & East	2	18	5	18	43
South	2	10	7	7	26
London	3	6	3	7	19
North	6	15	2	17	40
Greater Manchester	1	3	2	4	10
National	0	3	1	10	14
Total	**14**	**55**	**20**	**63**	**152**

Who contacted us?

The majority of contacts came directly from members of the public (96%). NHS staff made up the second largest single group (3%), often making enquiries about NHS England or requesting information.

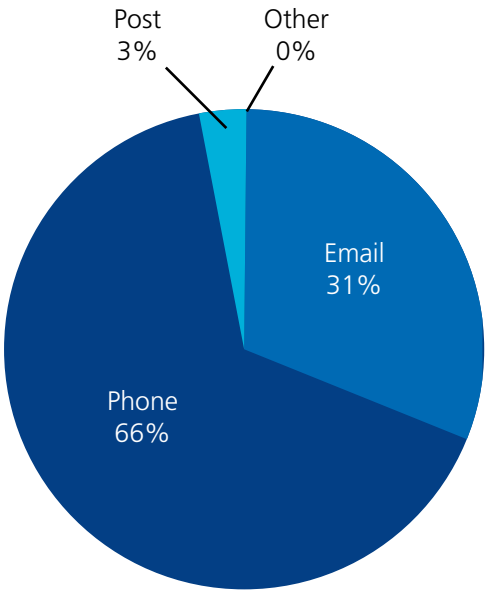
A small percentage (1%) of contact was made from other callers such as MPs/ parliamentary staff, Her Majesty's Prison Service personnel, journalists and people who did not wish to identify themselves.



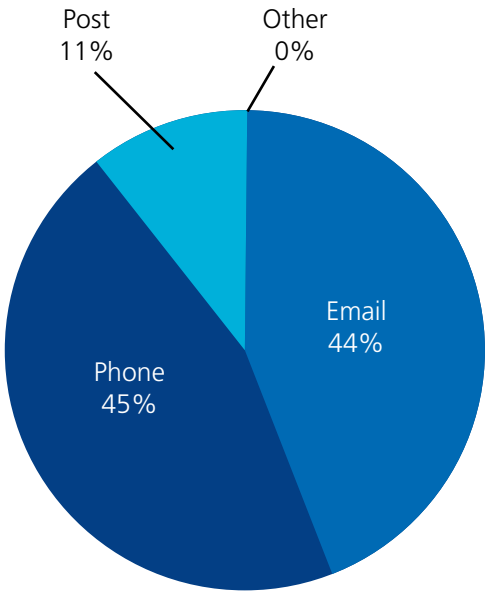
Caller type, 2016/17

Contact method

Two-thirds of all cases were received by telephone in 2016/17. A further 31% by email, and 3% post. For complaints, fewer than half were received by telephone; with 55% either by email or post.



Access channel (all case types), 2016/17

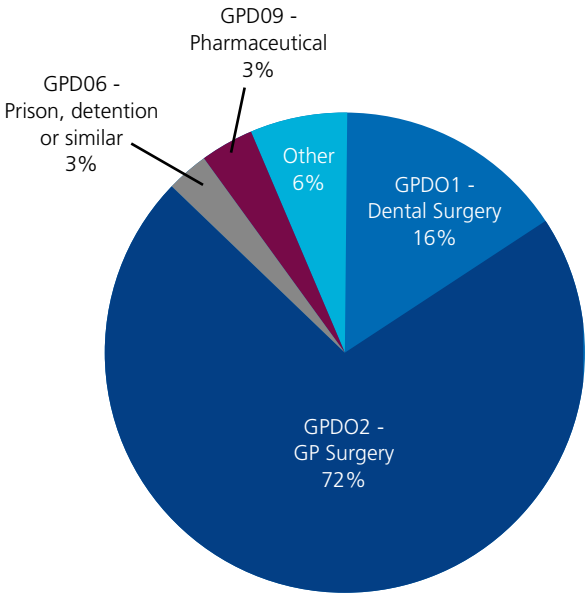


Access channel (complaints), 2016/17

Complaints by service area

In 2016/17, changes to the complaints categorisation were introduced. This was to improve the quality of statistics and provide context for the figures. However it also means that consistent comparisons between 2016/17 and previous years are not possible.

In 2016/17 nearly three quarters of complaints (72%) concerned GP surgeries, with a further 16% about dental surgeries. A smaller proportion was about pharmacies and prisons/detention centres (both 3%).



Service (complaints), 2016/17

Customer satisfaction

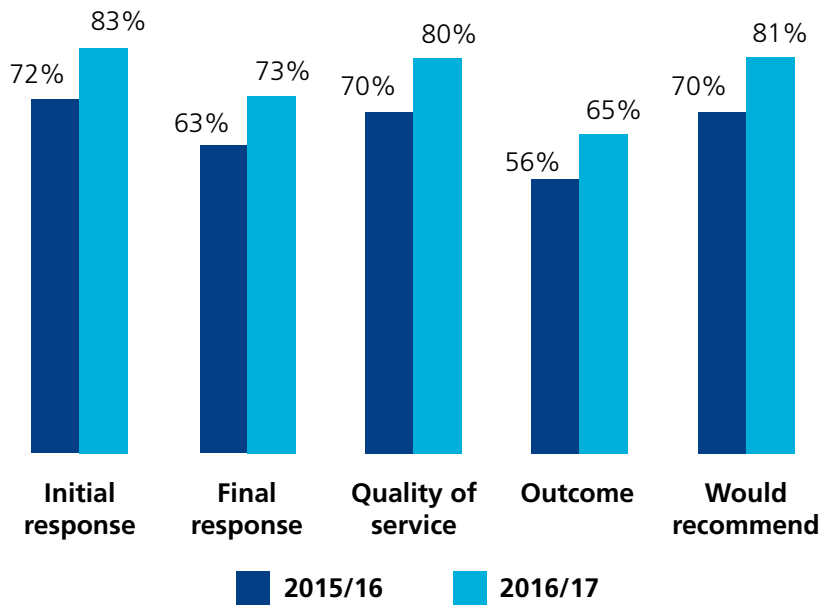
The Customer Contact Centre conducts an ongoing satisfaction survey among a sample of our customers. Customers are asked about their experience of using the service. Over the course of 2016/17, we interviewed 4,420 people about their experience.

All measures of satisfaction increased between 2015/16 and 2016/17.

Satisfaction with the length of time taken to receive an initial response was highest at 83%, compared with 72% the previous year. The lowest reported satisfaction was with the outcome of the case (65% compared with 56% the previous year).

As an overall measure of satisfaction with the service, customers are asked whether or not they would recommend it to friends or family with a similar issue. Again, satisfaction increased compared with the previous year, from 70% to 81%.

Comparison of survey results: 2016/17 with 2015/16



Appendix 3: How we have acted to involve patients and the public in 2016/17

Supporting commissioners to embed participation

We made significant progress in 2016/17 to embed patient and public participation in the work of NHS England under the umbrella of the NHS Citizen programme. Key successes during the year included the launch of our new online Involvement Hub (https://www.england.nhs.uk/participation) in September 2016 which attracted over 30,000 unique page views in its first three months.

New measures were introduced as part of the latest business planning round to ensure our priorities and programmes are well informed by the needs and wishes of patients and the public.

We refreshed our Policy for Patient and Public Participation (https://www.england.nhs.uk/publication/patient-and-public-participation-policy) and published updated Transforming Participation in Health and Care guidance (https://www.england.nhs.uk/participation/involvementguidance).

We have developed patient and public participation frameworks in collaboration with partners for each area of direct commissioning. The frameworks show the most effective ways to involve relevant communities in planning, buying and monitoring health services, and include sources of insight, case studies and good practice. The frameworks are available at: www.england.nhs.uk/participation/resources/docs/.

Progress on developing People Bank, a user-friendly way for people to register their interest in working with NHS England to improve health services, continued to be made in 2016/17, with a pilot successfully evaluated in October 2016. People Bank is now being developed further.

Opportunities to get involved in NHS England's work are promoted to patients and the public through a number of networks and a twice-monthly e-newsletter, 'In touch'.

Alongside People Bank, the support we offer to patient and public voice (PPV) partners who work with NHS England has been reviewed. Around 850 PPV partners work with us on a regular basis. In order to improve the experience and impact of PPV partners, we developed a new recruitment and welcome pack, along with an enhanced support package of training, coaching and mentoring opportunities. Responses to a survey of our PPV partners in December 2016 indicated that 54% thought that patient and public participation was valued by their group / committee to a great extent and a further 40% to some extent.

"We are a very active group and have not only been allowed but encouraged to be involved and input at the highest level. Our lived experience is very valued by the whole team."

"My views are always sought and listened to by other panel members and I feel I am influential in decision making. Bringing a non-clinical perspective has been enthusiastically received."

Looking forward to 2017/18, we will further develop internal reporting and assurance of participation, and seek greater consistency in participation practice. We will continue to strengthen our support offer to seek to enable anyone who wants to work with us to do so in a range of ways, including via social media, contributing to a consultation, attending a workshop or becoming a member of one of our groups, boards or committees.

NHS England is committed to fulfilling its duty under section 13Q of the NHS Act (as amended) to involve the public in relevant commissioning decisions. No successful legal proceedings were made against NHS England in respect of its section 13Q duty in 2016/17.

Supporting participation in Sustainability and Transformation Partnerships (STPs)

The development of STPs has highlighted the need for an effective place-based approach to health and care commissioning, with organisations joining together to engage with and seek to understand and meet the needs of their local populations. In September 2016, we published guidance for STPs to support this process and have subsequently developed a package of tailored support for STPs.

New care models

Over 2016/17 we have worked with the 50 vanguards to ensure that enabling people to manage their own long-term conditions and working in partnership with communities to promote healthy living and wellbeing are central within the design, implementation and spread of new care models. Our approaches have been embedded in the frameworks for multispecialty community providers (MCP), primary and acute care systems (PACS) and enhanced healthcare in care homes (EHCH) care models. We have also delivered three Masterclass events focusing on the 'how to' aspect of developing approaches that support people and communities to be empowered in managing their health and wellbeing.

We have initiated work with a network of 15 vanguards (nine MCP, six PACS) around a programme of accelerated support and learning. The network meets on a quarterly basis to share learning and receives tailored support to ensure effective partnership working with communities, and support for people with long-term conditions to self care. The network will share learning and best practice across the health and care system.

Outreach: working with networks and partner organisations

NHS England continues to support the successful operation of various networks to bring the patient voice into policy-making and commissioning. These include the Voluntary and Community Sector (VCS) Strategic Partners, who ensure that NHS England can hear from a wide range of VCS organisations, and the network of Patient and Public Involvement (PPI) lay members of CCGs.

The PPI Lay Members' Network works collaboratively with NHS Clinical Commissioners and CCG Audit and Finance lay member networks to support lay members in their roles. The lay networks have worked with non-executive directors to identify emerging good practice in STPs and to develop guidance for lay members, STPs, CCGs and NHS England.

The Youth Forum has gone from strength to strength in 2016/17, focussing on issues including young people's mental health and in December 2016 the Older People's Sounding Board was launched to voice the specific needs of this community.

We supported 15 community organisations to showcase the impact of public involvement on health services through our innovative community grant programme in 2016/17. The Involvement Hub includes resources produced by the community groups that received grants. Successful projects include a film from Healthwatch Norfolk about how it worked with partners to engage armed forces veterans, and a film from Rethink Mental Illness about how it has worked with mental health service users to develop improved care planning tools.

Self care

The self care programme is a Patient Supported Self-Management programme targeted at patients with long-term conditions to include peer support, care planning and self-management.

In 2016/17 we developed a national Commissioning for Quality and Innovation (CQUIN) incentive for community care providers to identify patients who would benefit from Personalised Care and Support Planning (PCSP), train staff to have conversations about PCSP, implement those conversations and measure the impact of the actions taken from the resulting personalised care and support plans.

In March 2017 we published a Patient Activation Measure (PAM) good practice guide which outlines the support offered from NHS England to sites using this tool to increase patients' knowledge, skills and confidence in managing their own health and care. We have secured 1.8 million licenses for the PAM and 1.3 million have been allocated to over 50 sites including local authorities and CCGs.

Community partnerships

The NHS Citizens' Active Communities Alliance now has a membership of over 400 organisations and individuals. It has become a source of networking and support for people and organisations interested in involving communities in health and care, especially around increasing volunteering opportunities.

In December 2016, the Department of Culture, Media and Sport and the NHS Confederation came together to deliver a £1.2 million programme of support to increase volunteering in the NHS. Working across ambulance trusts initially, and then spreading to other areas of the health service, the programme will support STP areas to increase volunteering activity that supports self care.

In addition to the Active Communities Alliance, a National Social Prescribing Network is now in place, supported by NHS England and led by the University of Westminster. The Network is specifically supporting organisations within health and care to build and develop social prescribing programmes. Social prescribing involves empowering individuals to improve their health and wellbeing and social welfare by connecting them to non-medical and community support services.

Insight and feedback from patients and staff

The Friends and Family Test (FFT) continuous feedback tool continued to attract a strong response with more than 13 million people rating their experience of care and treatment across the NHS during the year. On average, nine out of ten people said they would recommend the service to other people. This feedback, often coupled with comments from patients to explain their rating, highlights what is working well and what needs to be improved and it is helping to drive both large and small developments across many services.

Some of these benefits were showcased in the first national FFT Awards in Spring 2016 and shared across the NHS through a series of short films and case studies. Following that success, NHS England committed to continuing to recognise good practice in future years by creating several new FFT and Insight for Improvement categories under the umbrella of the annual national awards scheme operated by the non-profit Patient Experience Network.

The Maternity Challenge Fund was launched, providing £100,000 of funding for two projects – at University Hospitals of Morecambe Bay and Kingston Hospital NHS Foundation Trust - to explore the use of feedback to enhance the clinical and ward level experiences of women and their families. The initiative aligns with the Maternity Transformation Programme, which aims to make care safer and give women greater control and more choices. It also fits with NHS England's ongoing agenda to ensure that the NHS makes better use of insight information to give patients a say in decisions about their services. Following the success of the projects, a second round of the fund was launched in October 2016.

During the year, a national insight network was established to encourage greater use and sharing of patient and staff insight data as a foundation for service improvement work by providers and commissioners. By March 2017, there were more than 1,000 members, with monthly e-briefings introduced from December 2016. One of the initiatives delivered was the creation of a set of bite-size guides to insight. The first five were published during the year and were well received.

The Insight and Feedback Team also oversees a range of national surveys to help commissioners, providers and regulators understand the experiences of patients and NHS staff. These are broken down to trust and practice level, allowing comparisons between organisations and also tracking of progress over time.

In July 2016, the team published findings of the GP Patient Survey. It is the largest primary care survey in the world, in which more than two million people are invited to give detailed feedback on key issues like ease of making appointments, waiting times and quality of service. The 2016/17 survey results showed that patients' overall experience of their GP surgery (85.2% good) and overall experience of making an appointment at the surgery (73.4% good) have improved in the last year, arresting a decline from 2011/12 to 2014/15. Whilst these figures support recent policies focussing on improved access, there is evidently still room for improvement. The Cancer Patient Experience Survey was also published in July and the VOICES Survey of Bereaved People in April. The experience of cancer patients in England is generally positive. Asked to rate their overall care on a scale of 0 (very poor) to 10 (very good), 94% of respondents gave a rating of 7 or higher. For the majority of questions, including the overall rating of care, males were more positive about their experiences than females. White respondents were more positive about their experiences than other ethnic groups for the majority of questions, including overall rating of care. In 2015, three out of four bereaved people (75%) rated the overall quality of end of life care for their relative as outstanding, excellent or good; one out of 10 (10%) rated care as poor.

Seven out of 10 people (69%) rated hospital care as outstanding, excellent or good which is significantly lower compared with care homes (82%), hospice care (79%) or care at home (79%). In partnership with the Care Quality Commission, the team also contributed to delivery of the Adult Inpatients Survey in June and the Community Mental Health Survey in November.

In March 2017, the team announced findings from the largest ever survey of NHS staff across England, with more than 423,000 employees responding; about a third of the workforce and an increase of 124,000 on the previous year.

The team also carried out a review of PROMs (Patient Reported Outcome Measures), which assess how patients perceive their benefits from of a range of elective surgeries such as hip and knee replacements. The review is likely to bring some changes to how PROMs is carried out in future and these will be announced in 2017/18.

Increasing uptake of immunisation through engagement – Public Health Commissioning, Peterborough and Cambridgeshire

In Peterborough and Cambridgeshire, screening and immunisation rates were lower than the national average therefore commissioners wanted to understand the reasons so that they could take steps to improve uptake.

The commissioners worked in partnership with Public Health England, local authorities, Healthwatch, charities and CCGs to engage with local people and other stakeholders, including general practice, to find out more about why rates were low and what barriers might exist.

In Cambridgeshire, Healthwatch and charities such as Jo's Cervical Cancer Trust gathered public views on screening, using social media, outreach at existing events, and an online survey.

The information was analysed alongside other national and local data and on the basis of the findings, the partners secured funding to deliver a range of new actions. These included screening and immunisation awareness training for health professionals and community connectors, a cervical screening poster campaign and changes to how families are invited for immunisation. Uptake for the prenatal pertussis vaccine has increased from 47% to 79% with midwives rather than GPs offering the vaccine.

Embedding Patient Voice in the West Yorkshire Prisons Procurement Project

NHS England's health and justice commissioning team (North) is working with partners including WY-FI, a local third sector organisation, to engage with service users in the procurement of health services.

The project covered services in a high security prison, two adult male prisons, two female prisons, a young offenders' institution and a secure children's home. In addition to the benefits of developing partnerships between organisations, the project helped to break down the barriers between patients and professionals and to support patients to gain greater control of their own care. As 'experts by experience', service users contributed to an effective service level agreement between all parties and a procurement training pack for future use by experts by experience. There was a clear impact on project outputs from service user engagement such as scoring of the bid evaluations, specification design and healthcare models to meet the needs of the different groups of service users.

There were also benefits for the experts by experience themselves, who fed back that the process was empowering, confidence building, interesting and enjoyable. They also felt that their role had 'made a difference'.

Appendix 4: How we have acted to reduce health inequalities in 2016/17

Health inequalities cost lives, decrease the quality of life for many people and have financial consequences for the NHS. NHS England has continued to make reasonable progress to reduce health inequalities during 2016/17, but recognises that more still needs to be done and the reduction of health inequalities will remain a high priority through the implementation of the Next Steps on the NHS Five Year Forward View. This appendix presents a summary of how we have met our legal duties with regard to health inequalities during 2016/17, against criteria set by the Secretary of State for Health.

Criterion 1: An evidence-based strategic approach to reducing health inequalities based on sound governance, accountability and good partnership working.

Our strategic approach is to embed health inequalities considerations in our priority programmes and policies, build insight into the impact of inequalities upon health and healthcare and support a coordinated, evidence-based approach to reducing health inequalities in both access to and experience of NHS services and health outcomes. This is underpinned by the governance and accountability arrangements that NHS England has in place for its major programmes of work, and our planning and assurance frameworks as detailed under Criterion 6. A core aspect of our work on inequality reduction is ensuring fairer distribution of NHS funding. In 2016/17 we used the primary care, local CCG services and specialised services funding allocations provisions to substantially improve equality of resource allocation across the NHS.

Our Programme Board for Equality and Health Inequalities provides leadership for this agenda, overseeing a programme of work which supports policy makers and managers across the organisation to consider, measure and reduce the impact of health inequalities.

The Equality and Health Inequalities Unit (EHIU) provides comprehensive advice, guidance and tools to assist policy makers, commissioners and managers to meet the legal duties for health inequalities and works to support and embed a systematic approach to reducing health inequalities across the organisation.

Throughout 2016/17 we achieved this through delivering a package of initiatives, including:

- Publication of new Equality and Health Inequalities (EHIA) screening and assessment tools which are embedded in NHS England's Policy Support Toolkit
- A programme of 16 webinars involving over 500 NHS England and CCG staff, focussing on specific programme areas (e.g. diabetes) as well as on data, intelligence and interventions to promote equality and tackle health inequalities
- Rollout of the Capability Building Training programme to over 142 staff to improve knowledge of our legal duties and capability in conducting EHIAs. Bespoke and customised training sessions were piloted by specialised commissioning teams in March 2017
- A programme of face-to-face surgeries were piloted in February and March 2017 to provide advice and support to managers, commissioners and policy officers who are conducting EHIAs and build an equality and health inequalities focus into their areas of work.

Criterion 2: Systematic focussed action to reduce inequalities in access, outcomes and experience based on a defined and evolving set of metrics.

The NHS Outcomes Framework, Indicators for Health Inequalities Assessment (DH, 2015) set out 11 indicators identified for health inequalities assessment which have been used to guide reporting in 2016/17 using data available on NHS Digital's website. Analysis and data on the indicators can be found here, together with some analysis on IAPT services:

https://www.england.nhs.uk/about/gov/equality-hub/nhs-outcome-framework-health-inequalities-indicators/

https://www.england.nhs.uk/about/equality/equality-hub/increasing-access-to-psychological-therapies-services-analysis/.

A 'community of practice' for policy leads and analysts was established in March 2017 to support a robust and coherent approach to reporting.

NHS England leads wider work on data monitoring and information standards in partnership with the DH and other key stakeholder organisations, overseen by a subgroup of the Equality and Diversity Council (EDC). During the year, we commissioned and supported the development of an Information Standard on sexual orientation which is due to be published in Summer 2017. Our published Equality Objectives (2016-20) support and strengthen this work. Objective 5 commits to improve the mapping, quality and extent of equality information collected.

The 2016/17 CCG IAF include two health inequalities indicators. Mirrored in the NHS Outcomes Framework, these are designed to help CCGs monitor and plan improvements in NHS equity performance, using the markers of unplanned hospitalisation for chronic ambulatory care sensitive conditions and emergency admissions for urgent care sensitive conditions.

In October 2016, our resource pack Challenging Health Inequalities: Support for CCGs set out how to use these indicators to identify and tackle inequalities in the rate of avoidable hospital admissions and unplanned hospitalisation for urgent care-sensitive conditions between most and least deprived areas, locally and nationally. Interactive heat maps to visually explore this data can be viewed at: ccgtools.england.nhs.uk/inequalities/CCGEmergencyAdmissions/atlas.

Our development of data and tools is helping CCGs to identify priority neighbourhoods in which inequalities need to be addressed, consider appropriate interventions and actions to tackle unwarranted variation and deliver improved healthcare for local populations. Further information on interventions around social prescribing, self-management and integrated care, alongside case studies detailing their successful application by CCGs can be found in the RightCare Long Term Conditions Packs at www.england.nhs.uk/rightcare/. Work is underway to develop a RightCare Pack with a focus upon the intersectionality between health inequalities and protected and disadvantaged groups. This highlights approaches and interventions that have the potential to better address the needs of groups of people who share a protected characteristic.

In 2017/18, we will increase the use of data and information to shape policy, drive improvement and assess progress in reducing health inequalities. We will continue to collaborate with the DH and Public Health England to measure progress, and develop and implement evidence-based interventions.

Criterion 3: Utilise and develop the evidence of effective interventions to reduce health inequalities.

In August 2016, data was launched on the My NHS website (www.nhs.uk/service-search/scorecard/results/1172?metricGroupId=605&radiusInMile=0&recordsPerPage=10) highlighting the social inequalities in hospital admissions – which means far more poor people end up in hospital for preventable conditions than more affluent people – charting significant variation across England.

Data compiled by the University of York for NHS England highlighted that the performance of a CCG in tackling the social divide in these preventable hospital admissions, whilst indexed to deprivation, is also an indicator of how well the NHS is succeeding in delivering out-of-hospital services to deprived patients with complex long-term conditions.

The launch of these equity indicators is a key achievement which will help improve the coordination of care, reduce preventable hospitalisation and costly health emergencies associated with social deprivation. The EHIU and its analysts have built on this and commenced a programme of work with the University of York and wider stakeholders to invite, develop and gather evidence on equality and health inequality interventions, implemented in different localities and communities. Our Equality and Health Inequalities Resource Hub can be accessed at: www.england.nhs.uk/about/equality/equality-hub/resources/.

Criterion 4: Improve prevention, access and effective use of services for Inclusion Health groups.

During 2016/17, NHS England worked through the NHS Equality and Diversity Council (EDC) Inclusion Health/ Lived Experience sub group, along with the DH, Public Health England and key stakeholders from the community and voluntary sector. In March 2017, the sub group co-produced and published leaflets, complementing existing guidance for GP practices for registering patients. The aim was to make it easier for patients from Inclusion Health Groups to overcome barriers when accessing the healthcare they are entitled to. The leaflet is available on the NHS Choices website: http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/NHSGPs.aspx#register.

There are many good practice examples of commissioners tackling health inequalities for Inclusion Health Groups. In London, NHS England and CCGs established a pan-London programme to deliver 'Once for London' work to assist CCGs to plan for the needs of people who are homeless within their localities. They produced 'My right to access' healthcare cards, with 30,000 cards distributed across London. Details of the London Homeless Health Programme's work can be found at: www.healthylondon.org/homeless.

Further details of how we have acted to improve prevention, access and effective use of services for Inclusion Health Groups is set out in this annual report from page 70.

Criterion 5: Continue its leadership of the health system to reduce inequalities, including assessing and publishing on whether CCGs fulfil and report on their health inequalities duties in commissioning plans and annual reports.

As set out under Criterion 2, the 2016/17 CCG IAF includes two health inequalities indicators to help CCGs set priorities for tackling inequalities. These inform the headline assessment of CCGs together with 58 other indicators. CCG year end annual assessments will be published on NHS England's website and on the MyNHS site.

The links are:

https://www.england.nhs.uk/commissioning/ccg-assess/
https://www.nhs.uk/Service-Search/performance/search.

Further detail on the CCG IAF is set out from page 134 of this annual report.

The Five Year Forward View set out the need to address the health and wellbeing gap in all CCGs, narrowing – or at least preventing any further widening of – health inequalities. The Healthy Hastings and Rother programme is a good example of how one CCG is taking steps to tackle health inequalities. A summary of their activities can be found at:
www.hastingsandrotherccg.nhs.uk/about-us/plans-and-strategies/healthyhastingsandrother/.

In preparing their annual reports, CCGs are required to make an assessment of how they have met their legal duties for health inequalities. NHS England requires all CCG annual reports to be reviewed by NHS England regional teams prior to submission, and this includes consideration of how well CCGs have met this reporting duty.

Criterion 6: Continue to take action to reduce health inequalities as part of work to deliver, with partners, the Five Year Forward View and the mandate to NHS England.

The Government's mandate to NHS England for 2016/17 set a specific long term objective on tackling health inequalities by 2020 as set out in Appendix 1 underpinned by specific deliverables to be achieved in year. The EHIU has assisted with delivering this commitment, providing expert support to staff in NHS England and CCGs and through developing a suite of resources in 2016/17.

The NHS Operational Planning and Contracting Guidance 2017/19 set out nine 'must do's, including mental health, primary care and cancer care as well as clear expectations on the role to be played by STPs.

All 44 STPs have outlined strategies for achieving the 'triple aim' set out in the FYFV and are in the process of developing delivery plans for the ambitions outlined. NHS England's EHIU have contributed to the development of an 'offer' to STPs, to be delivered in 2017/18, which builds upon the Unit's expert input in late 2016 to a series of workshops for STP leads on the legal duties. The EHIU has also worked with the EDC to produce a blog highlighting the need to consider equality and health inequalities when developing and implementing STPs. This can be viewed at: www.england.nhs.uk/2016/12/lucy-wilkinson/.

Independent analysis of a number of STPs across the country was presented to the EDC in January 2017, highlighting good practice in relation to equality and health inequalities:

- **North East London (NEL) STP** A comprehensive EHIA is in place for the STP plan, easily accessed from the STP website
- **Greater Manchester Transformation** A community organisation undertook an EHIA which was informed by a series of engagement meetings with people with experience of stark inequalities, and from protected and inclusion health groups and independently assured by a multi-agency Equality Advisory Group.

NHS England Business Plan for 2016/17

An analysis of how NHS England has delivered against our corporate priorities for 2016/17 is set out in our Performance Report. Much progress has been made to embed health inequalities considerations across these priority areas, examples of which are set out below. Information on where to find further information on each priority area is set out from page 13 of this annual report.

- **Diabetes** A pilot is being undertaken to enable providers to target individuals at risk of developing Type 2 diabetes, focusing on communities likely to be under-represented in accessing health services including BME communities who have a higher prevalence of Type 2 diabetes than the rest of the population. Through a further pilot, providers are adjusting their course content so that it meets the needs of people with learning disabilities.

- **The Maternity Transformation Programme** is working closely with Public Health England to ensure that prevention is embedded across the Programme. Public Health England will also deliver packages of evidence for application to drive improvements and reduce inequalities on priority topics for 2017/18, including smoking in pregnancy, drinking alcohol in pregnancy and perinatal and infant mental health. A key achievement has been additional support, secured to implement interventions recommended by NICE guidance for the 26 CCGs identified as having the highest rates of maternal smoking.

- **Primary Care** NHS England's planning and contracting guidance for 2017-2019 sets out funding and the trajectory to deliver improved access across England by March 2019. The guidance sets seven core requirements for commissioners and includes a specific requirement to address issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve, put in place. To help understand the impact this could have on the inequalities agenda for patients, a work stream has been established as part of the Improving Access to General Practice Services Programme. NHS England has commissioned the production of an inequalities resource for general practice access, aimed at general practice providers and commissioners which will be available shortly on NHS England's website.

- **Vanguards** The vanguards are helping to tackle health inequalities in a number of ways, aiming to improve the physical, mental and social health and wellbeing of their local population. For example, Harrogate and rural district CCG is tackling health inequalities with the Warm and Well scheme which provides practical and financial support to alleviate the effects of cold homes and fuel poverty on the health and wellbeing of their most vulnerable patients. People supported by the project include the over-65s, people on low incomes, those receiving benefits, people with asthma or COPD or other long-term health conditions and disabilities including mental health.

- **Integrated Urgent Care** Steps have been taken this year to further improve the NHS 111 service for the deaf community by introducing Interpreter Now. Deaf people can go online and use Interpreter Now to call NHS 111 where they will be connected to a fully qualified interpreter who will relay the conversation. Deaf people can telephone NHS 111 in two ways. Firstly, via the NHS Choices website and secondly, by using the Interpreter Now App or via their website.

- **Cancer** Research evidence drawn from the Cancer Patient Experience Survey (CPES) has identified that people from BME communities are still experiencing a significantly poorer experience of care when using cancer services. NHS England undertook work in 2016/17 to identify approaches to reduce this inequality, including through commissioning. This has included a project to look at equality and health inequalities in cancer care for BME communities, the first face-to-face meeting of which was held and supported by the Patient Experience team in November 2016 with representatives from six CCGs. The meeting afforded opportunities to focus on the gaps that the CCGs had identified regarding the experience of the BME community and cancer care, to agree shared goals and promote experiential learning.

The focus that NHS England has placed in 2016/17 upon identifying inequalities with targeted attention on reducing inequalities in access to, experience of and outcomes from healthcare services will support NHS England and the wider system to achieve sustainable and measurable reductions in health inequalities by 2020.

Appendix 5: Our sustainability report

NHS England continues to develop our approach to sustainable development and this year published our first Sustainable Development Management Plan. The Sustainable Development Management Plan sets out our ambitions for the coming year, whilst we develop a longer-term Sustainable Development Management Plan to take us forward.

This appendix covers NHS England and CSUs only. CCGs report on sustainability within their individual annual reports which are published on their websites. A list of CCGs, and links to their websites, can be found on the NHS England website at: www.england.nhs.uk/ccg-details/.

Reporting for multi-occupancy buildings

Within this report NHS England and CSUs will report on their proportion of occupied buildings.

Where NHS England is a tenant of DH, energy, waste and water information will be reported within their annual report. This will be published on their website at: www.gov.uk/government/organisations/department-of-health.

Where NHS England is a tenant of the Department of Work and Pensions, energy, waste and water information will be reported within their annual report. This will be published on their website at: www.gov.uk/government/organisations/department-for-work-pensions.

Provision of data

NHS Property Services Ltd (NHS PS) is the landlord for the majority of NHS England and CSU offices and we are reliant on them for the provision of utilities and waste data. Recognising that they are not in a position to provide accurate, actual data NHS PS has made the following statement for inclusion in this report:

"NHS Property Services Ltd (NHS PS) recognises the importance of being able to provide building-related information to those who occupy its buildings. Over the last 12 months NHS PS has been working hard to better understand the energy consumption and waste arising from the buildings for which it is landlord. This has included undertaking one of the largest hard and soft Facilities Management rationalisation programmes ever seen in England which has significantly reduced the number of contractors and which going forward will make data collection and management easier. NHS PS has also recently completed a full country-wide asset and condition survey of its entire estate which will provide the foundation for improved data collection and reporting over the coming year. We are currently evaluating the huge amounts of data that these surveys have produced and developing robust and complete consumption records will be a priority. To support this work NHS PS has commenced the process of recruiting additional resource to support our customers going forward."

For the purpose of reporting on energy, water and waste where data is not available, NHS England has used a methodology utilised by other arm's length bodies to make the best estimation possible. The method used for each estimate is included within the relevant section of this report. For consistency, we have applied this formula to both NHS England and CSUs, including previously reported figures which were based on partial data.

Due to the use of estimated figures, it's difficult to draw any conclusions about our performance in this area. However, due to estates rationalisation over recent financial years, we would expect to see a reduction in scope 2 emissions. Our Sustainable Development Management Plan outlines our intention to set a baseline and targets for ongoing reductions, when data becomes available from NHS PS. Scope 3 emissions are explored further in the Business Travel section on page 270.

Greenhouse Gas Emissions

NHS England *estimated

			2016/17	2015/16	2014/15
Scope 1 emissions[3]	Non-financial indicators (tCO2e)	Emissions from organisation-owned fleet vehicles	1	27	65
	Total Scope 1 (tCO2e)		**1**	**27**	**65**
	Financial indicators	Expenditure on official business travel	£419	£15,422	£35,003
Scope 2 emissions[4]	Non-financial indicators (tCO2e)	Electricity Gas	1,468* 1,112*	1,665* 1,261*	1,741* 1,319*
	Total Scope 2 (tCO2e)		**2,580***	**2,926***	**3,060***
	Related use (Kwh)	Electricity Gas	3,267,060* 2,475,819*	3,704,820* 2,807,559*	3,874,676* 2,936,278*
Scope 3 emissions[5]	Non-financial indicators (tCO2e)	Car travel Rail travel Air travel (domestic only)	1,356 1,475 25	1,498 1,470 26	1,428 1,122 38
	Total Scope 3 (tCO2e)		**2,856**	**2,995**	**2,588**
TOTAL (tCO2e)			**5,438***	**5,948***	**5,713***

3. Scope 1 emissions arise from organisation owned and operated vehicles, plant and machinery.
4. Scope 2 emissions arise from the consumption of purchased electricity, heat, steam and cooling. To estimate scope 2 emissions in the section, we have used a formula based on the typical usage figures from the Chartered Institute of Building Services Engineers (CIBSE) and the Net Internal Area (NIA) of space occupied.
5. Scope 3 emissions arise from official business travel by vehicles not owned by the organisation

CSUs *estimated

			2016/17	2015/16	2014/15
Scope 1 emissions	Non-financial indicators (tCO2e)	Emissions from organisation-owned fleet vehicles	35	87	1
	Total Scope 1 (tCO2e)		**35**	**87**	**190**
	Financial indicators	Expenditure on official business travel	£50,629	£113,512	£247,219
Scope 2 emissions	Non-financial indicators (tCO2e)	Electricity Gas	3,103* 2,351*	5,084* 3,852*	4,274* 3,239*
	Total Scope 2 (tCO2e)		**5,454 ***	**8,936***	**7,513***
	Related use (Kwh)	Electricity Gas	6,905,907* 5,233,383*	11,313,818* 8,573,753*	9,512,198* 7,208,463*
Scope 3 emissions	Non-financial indicators (tCO2e)	Car travel Rail travel Air travel (domestic only)	2,282 45 0	2,131 134 4	3,355 101 7
	Total Scope 3 (tCO2e)		**2,328**	**2,270**	**3,462**
TOTAL (tCO2e)			**7,817***	**11,292***	**11,164***

Total (NHS England and CSUs) *estimated

			2016/17	2015/16	2014/15
Scope 1 emissions	Non-financial indicators (tCO2e)	Emissions from organisation-owned fleet vehicles	36	114	255
	Total Scope 1 (tCO2e)		**36**	**114**	**255**
	Financial indicators	Expenditure on official business travel	£51,047	£128,934	£282,223
Scope 2 emissions	Non-financial indicators (tCO2e)	Electricity Gas	4,571* 3,464*	6,748* 5,114*	6,015* 4,558*
	Total Scope 2 (tCO2e)		**8,035***	**11,862***	**10,573***
	Related use (Kwh)	Electricity Gas	10,172,968* 7,709,202*	15,018,639* 11,381,312*	13,386,875* 10,144,741*
Scope 3 emissions	Non-financial indicators (tCO2e)	Car travel Rail travel Air travel (domestic only)	3,638 1,520 26	3,630 1,605 30	4,781 1,223 4
	Total Scope 3 (tCO2e)		**5,184**	**5,264**	**6,050**
TOTAL (tCO2e)			**13,255***	**17,240***	**16,877***

Water consumption

To estimate the figures for water consumption, we have used the Construction Industry Research and Information Association (CIRIA) figure for average water consumption per m^2 of Net Internal Area (NIA) of office space occupied.

NHS England *estimated

		2016/17	2015/16	2014/15
Non-financial indicators (m3)	Water used	16,709*	17,575*	18,380*
Financial indicators (cost of purchase of water)	Cost of water used	£60,631*	£63,771*	£66,695*

CSUs *estimated

		2016/17	2015/16	2014/15
Non-financial indicators (m3)	Water used	32,760*	53,670*	45,123*
Financial indicators (cost of purchase of water)	Cost of water used	£118,871*	£194,745*	£163,733*

NHS England *estimated

		2016/17	2015/16	2014/15
Non-financial indicators (m3)	Water used	49,469*	71,245*	63,504*
Financial indicators (cost of purchase of water)	Cost of water used	£179,503*	£258,515*	£230,428*

Waste

The waste figures have been estimated using the averages from partial data provided by NHS PS in 2015/16, multiplied by the NIA of space occupied.

CSUs *estimated

		2016/17	2015/16	2014/15
Non-financial indicators (tonnes)	Total waste	327*	535*	450*
	Waste sent to landfill	191*	313*	263*
	Waste recycled/reused	129*	211*	177*
	Waste incinerated	7*	12*	10*
Financial indicators (cost of waste disposal)	Total waste	£86,058*	£140,988*	£118,537*
	Waste sent to landfill	£34,692*	£56,836*	£47,785*
	Waste recycled/reused	£47,420*	£77,687*	£65,316*
	Waste incinerated	£3,946*	£6,465*	£5,436*

Total *estimated

		2016/17	2015/16	2014/15
Non-financial indicators (tonnes)	Total waste	493*	710*	633*
	Waste sent to landfill	288*	415*	370*
	Waste recycled/reused	194*	280*	250*
	Waste incinerated	11*	15*	14*
Financial indicators (cost of waste disposal)	Total waste	£129,953*	£187,155*	£166,821*
	Waste sent to landfill	£52,387*	£75,447*	£67,250*
	Waste recycled/reused	£71,607*	£103,126*	£91,921*
	Waste incinerated	£5,959 *	£8,582*	£7,650*

NHS England business travel

		2016/17	2015/16	2014/15
Miles	Rail	20,343,565	20,274,544	14,713,705
	Car use (scope 1 and 2)	4,564,382	4,974,652	4,759,417
	Domestic flights	100,068	103,051	151,535
	Non-domestic flights	144,930	235,446	400,569
	Total	**25,567,889**	**25,587,693**	**20,025,226**
tCO2e	Rail	1,475	1,470	1,122
	Car use (scope 1 and 2)	1,357	1,525	1,493
	Domestic flights	25	26	38
	Non-domestic flights	21	31	58
	Total	**2,878**	**3,053**	**2,710**

This year we have seen a small decrease in the amount of carbon emissions from business travel. This can be attributed mostly to a large decrease in the amount of carbon as result of non-domestic air travel. There was also a small decrease in carbon emissions from domestic air travel and business travel by car. Carbon emissions from rail travel remain the same as last year, as opposed to increases seen in previous years.

NHS England has a sustainable travel and expenses policy, which prioritises the use of technology to hold virtual meetings, followed by the use of public transport instead of more environmentally harmful modes of transport. We continue to develop IT, increasing the possibilities for colleagues to meet virtually (internally and externally) and we also encourage and support colleagues to cycle where possible, through the cycle to work scheme and cycle mileage rate.

Our Sustainable Development Management Plan sets out an ambitious aspiration to further reduce domestic air travel by 10% per FTE in the next financial year, and reduce overall carbon emissions from business travel by 10% per FTE against 2016/17 baseline figures.

Sustainable procurement

All commercial and procurement staff have received training on environmental, ethical and labour issues in procurement. Sustainability features in the recruitment of commercial employees, forms a key part of our induction for new entrants to the Commercial team and will be integrated into the commercial team members' personal development process.

Our Business Case approval process now includes a question on Social Value which must be considered before the budget for a proposed procurement is approved. This question is supported by explanatory narrative, which makes direct references to specific sustainability issues. Key contracts undergo an assessment of the sustainability risks that they may pose to NHS England with the view to implement relevant and proportionate mitigating actions, as necessary.

Our supplier registration process includes mandatory supplier classification questions, which capture the nature and ownership of new suppliers e.g. SMEs, Third Sector Organisations etc. This will help us understand how diverse our supply base is, to better target our efforts on increasing the proportion of under-represented supplier groups. Our next steps include consolidating our supplier engagement approach and sharing our ambition and objectives with key suppliers.

Sustainability is embedded within our commercial reporting framework (the Commercial Balanced Scorecard). Our Sustainable Procurement Programme is aligned with the Flexible Framework.

Climate change adaptation

Sustainable Development Unit (SDU) is jointly hosted by NHS England and Public Health England. The SDU Health Check 2017 was published on 26 January 2017. The health check demonstrated that overall organisations are cutting their carbon footprint and saving money through reducing energy use, but having less success in addressing water use and the increased costs from waste disposal. Progress in sustainable approaches to commissioning, procurement and across the social care sector is more difficult to measure and more needs to be done in this area. Sustainable development is increasingly becoming a core part of work. More organisations have board approved Sustainable Development Management Plans and are reporting annually on their work.

In partnership with PHE and others, we produce a national Heatwave Plan and Cold Weather Plan for England each year. The purpose of these plans is to reduce the number of deaths and illness by raising public awareness and triggering actions in health, social care and other organisations to support people who have health, housing or economic circumstances that increase their vulnerability to extreme weather. The plans, and associated alerts, can be viewed on our website at: www.england.nhs.uk/ourwork/eprr/sw/.

Action has been taken to ensure that those policies with long term implications are robust in the face of changing weather, extreme events and sea-level rise from climate change.

Appendix 6: Disclosure of personal data-related incidents

As at 31 March 2017, a total of 18 Serious Incidents Requiring Investigation (SIRI) had occurred relating to the loss of personal sensitive data in NHS England and CSUs. All incidents are logged and a full investigation undertaken. Unless otherwise stated in the tables below, remedial actions were implemented for all incidents and the Information Commissioner's Office (ICO) were kept informed as appropriate.

All IG incidents are assessed and managed according to NHS Digital's Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security SIRI. NHS England continues to promote IG good practice through annual training and regular communications. Lessons learnt are disseminated to staff and where appropriate key themes / messages are incorporated into the NHS England's IG training module.

Details of any incidents occurring in CCGs can be found within individual CCG annual reports which are published on CCG websites. A list of CCGs, and links to their websites, can be found at: www.england.nhs.uk/ccg-details/.

NHS England

Date of incident	Nature of incident	Paper	Electronic	Number of people potentially affected	Comments
Sept 2016	A team received what was believed to be a blank dataset template. This email which contained personal sensitive data (patient) was forwarded to a team in an external organisation in error.		√	288	Incident closed. Remedial actions implemented and ICO confirmed no further action required.
Jan 2017	Personal sensitive data (patient) sent to a third party in error.	√		3	Incident closed. Remedial actions implemented and ICO confirmed no further action required.
Feb 2017	A document was uploaded to the NHS England website in error; this was a summary of pharmacy alerts that had occurred during a month period and contained personal sensitive data (patient).		√	1	Incident closed. Remedial actions implemented and ICO confirmed no further action required.

Primary Care Support England

The contract for providing primary care support services was awarded to Primary Care Support England (Capita) on behalf of NHS England in September 2015. Changes to this service have been implemented to move this to a nationally delivered solution instead of locally managed. 12 of the 18 incidents have occurred within the primary care service and a full rectification plan is in place which is monitored by NHS England.

Date of incident	Nature of incident	Paper	Electronic	Number of people potentially affected	Comments
April 2016	A summary record was found outside and returned to the local Medical Practice	√		1	Incident closed. Remedial actions implemented and the ICO confirmed no further action required.
Sept 2016	A bag of medical records, sealed individually in tamper-proof bags, was left outside a medical practice. The dispatching medical practice opened the bag to verify the contents.	√		Unknown quantity	Incident closed. Remedial actions implemented and the ICO confirmed no further action required.
Oct 2016	A medical record, sealed in a tamper-proof bag, was left outside a medical practice. The dispatching medical practice opened the bag to verify the contents.	√		1	Incident closed. Investigation underway as at end of March 2017 and the ICO did not investigate on this occasion.
Oct 2016	Medical record was sent to an incorrect individual.	√		1	Incident closed. Remedial actions implemented and the ICO confirmed no further action required.
Oct 2016	A bag of medical records individually sealed in tamper proof bags was incorrectly delivered to another medical practice. The practice opened the bag to verify the contents.	√		600	Incident closed. Remedial actions implemented and the ICO confirmed no further action required.

Date of incident	Nature of incident	Paper	Electronic	Number of people potentially affected	Comments
Oct 2016	PCSE was notified that a medical record in a sealed tamper proof bag was found outside a hospital. The hospital opened the bag to verify the contents.	√		1	Incident closed. Remedial actions implemented and the ICO confirmed no further action required.
Jan 2017	A medical record, sealed in a tamper-proof bag, was left outside a medical practice. The dispatching medical practice opened the bag to verify the contents.	√		1	Incident closed. Remedial actions being implemented and ICO confirmed no further action required.
Jan 2017	A medical record, sealed in a tamper-proof bag, was left outside a medical practice. The dispatching medical practice opened the bag to verify the contents.	√		1	Incident closed. Remedial actions being implemented and ICO confirmed no further action required.
Feb 2017	A bag of medical records individually sealed in tamper proof bags was incorrectly delivered to another medical practice. The practice opened the bag to verify the contents.	√		50	Incident closed. Remedial actions being implemented and ICO confirmed no further action required.
March 2017	A medical record sealed in a tamper-proof bag was found outside a medical practice and returned unopened to the practice.	√		1	Incident closed Remedial actions being implemented and ICO confirmed no further action required.
March 2017	A bag of medical records, individually sealed in tamper proof bags was incorrectly delivered to a pharmacy reception located within the same building as the intended medical practice. The Pharmacy opened the bag to verify the contents.	√		26	Incident closed. Remedial actions being implemented and ICO confirmed no further action required.
March 2017	Medical record was sent to an incorrect recipient, a third party organisation.	√		1	Incident closed. Remedial actions being implemented and ICO confirmed no further action required.

Commissioning Support Units

Date of incident	Nature of incident	Paper	Electronic	Number of people potentially affected	Comments
June 2016	Letter containing personal sensitive data (patient) was sent to an incorrect recipient.	√		10	Remedial actions implemented and the ICO confirmed no further action required.
July 2016	A CSU breached the contract in place with HSCIC for Hospital Episode Statistic (HES) record level data by sharing with a 3rd party.		√	100,000	Incident closed. Remedial actions implemented and the ICO did not investigate on this occasion.
Oct 2016	Following a Continuing Healthcare assessment, an outcome letter was sent to a patient's relative. The relative had not been involved in the assessment and does not have Lasting Power of Attorney (Health & Welfare).	√		1	Incident closed. Incident has been reported by the CCG as the responsible data controller.

Appendix 7: UK Corporate Governance Code Assessment

NHS England's arrangements generally comply with the best practice described in the UK Corporate Governance Code (2016). As part of implementing best practice, whilst it is not mandatory, an assessment of compliance against both the UK Corporate Governance Code and Corporate Governance in Central Government Departments: Code of Good Practice 2011 is undertaken each year.

A number of the provisions are not applicable, and others have required interpretation for the context in which NHS England operates. Set out below is a summary of the provisions which are not applicable, those against which there is an exception and those where improvement is planned.

Compliance with the UK Corporate Governance Code (2016)

Provisions against which there are exceptions:

Ref	Code provision	Exception
A.4.1	The board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairman and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to shareholders if they have concerns which contact through the normal channels of chairman, chief executive or other executive directors has failed to resolve or for which such contact is inappropriate.	The appointment of a senior independent director is not a mandatory appointment. Currently NHS England has determined that this is not a requirement for our board.
B.3.1	For the appointment of a chairman, the nomination committee should prepare a job specification, including an assessment of the time commitment expected, recognising the need for availability in the event of crises. A chairman's other significant commitments should be disclosed to the board before appointment and included in the annual report. Changes to such commitments should be reported to the board as they arise, and their impact explained in the next annual report.	Under the NHS Act 2006 (as amended) the Secretary of State appoints the Chair. Other elements of this provision are met.
B.4.2	The chairman should regularly review and agree with each director their training and development needs.	The Chairman is only required to conduct regular appraisals of the non-executive directors. The Chief Executive performs this role for the other executives.

Ref	Code provision	Exception
B.5.2	All directors should have access to the advice and services of the company secretary, who is responsible to the board for ensuring that board procedures are complied with. Both the appointment and removal of the company secretary should be a matter for the board as a whole.	The appointment and removal of the board secretary is not reserved to the board but is undertaken by executive management.
D.2.1	The board should establish a remuneration committee of at least three, or in the case of smaller companies two, independent non-executive directors. In addition the company chairman may also be a member of, but not chair, the committee if he or she was considered independent on appointment as chairman. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board. Where remuneration consultants are appointed, they should be identified in the annual report and a statement made as to whether they have any other connection with the company.	The Chair of the Strategic HR and Remuneration Committee is also the Chair of the Board. The other elements of the provision are compliant.

Provisions against which there are exceptions:

B.2.1, B.2.2, B.2.3, B.2.4, B.3.2, B.3.3, B.6.2, B.7.1, B.7.2, C.3.7, D.1.1, D.1.2, D.1.3, D.2.3, D.2.4, E.1.1, E.1.2, E.2.1, E.2.2, E.2.3, E.2.4

Assessment against the Corporate Governance in Central Government Departments: Code of Good Practice 2011 Compliance Checklist

Provisions against which there are exceptions:

Ref	Code provision	Exception
3.5e	Non-executive Board members form a Nominations and Governance Committee.	NHS England does not have a Nominations Committee as appointments of the executive and non-executive members are managed as required by the National Health Service Act 2006 (as amended). Governance issues are delegated to the Audit and Risk Assurance Committee.
4.7	The terms of reference for the Nominations and Governance Committee include at least the four central elements.	There is no Nominations and Governance Committee (see above). The specific code provisions a-d are handled by the Strategic Human Resources and Remuneration Committee.
4.10	Through the Board Secretariat, the Department provides the necessary resources for developing the knowledge and capabilities of board members, including access to its operations and staff.	This responsibility is shared between the Chair, Chief Executive's Office and Board Secretary.
4.14f	The Board Secretary's responsibilities include: f. arranging induction and professional development of board members	This responsibility is shared between the Chair, Chief Executive's Office and Board Secretary.
5.7	The Head of Internal Audit is periodically invited to attend board meetings, where key issues are discussed relating to governance, risk management, or control issues across the department and its ALBs.	The Head of Internal Audit routinely attends meetings of the Audit and Risk Assurance Committee.

Provisions which are not applicable:

Section 1, 2.4, 2.5, 2.8d (Results Focus), 2.25,3.4a, 3.4b, 3.4c, 3.5h, 3.6, 3.7, 3.12, 3.17, 4.9, 4.12, 4.15, 4.16, 4.17, 5.10, 5.11 and 6.

Provisions against which improvement is planned for 2017/18:

4.1f – formal evaluation of Board, Committees and Board member performance – in view of the changes in non-executive members of the board during 2016/17 it was agreed to defer the formal evaluation of the board until 2017/18.

Appendix 8: List of acronyms used in our annual report

	Acronym used	Meaning
A	A&E	Accident and Emergency
	ARAC	Audit and Risk Assurance Committee
B	BME	Black, minority, ethnic
	BECS	Dental Benefit Eligibility Checking Service
C	CCG(s)	Clinical Commissioning Group(s)
	CETV	Cash Equivalent Transfer Value
	CSU(s)	Commissioning support unit(s)
	CTR	Care Treatment Reviews
	CQC	Care Quality Commission
D	DH	Department of Health
	DfE	Department for Education
E	EDC	Equality Delivery Council
	EDS2	Equality Delivery System 2
	EPRR	Emergency preparedness, resilience and response
	ESR	Electronic Staff Record
	ESM	Executive Senior Manager
F	FYFV	Five Year Forward View
	FFT	Friends and Family Test
G	GP	General Practice / General Practitioner
H	HEE	Health Education England
	HR	Human Resources
	HSCIC	Health and Social Care Information Centre
I	IAF	Improvement and Assessment Framework
	IAPT	Improving access to psychological therapies
	ICT	Information and communications technology
	IG	Information governance
	IPC	Integrated personal commissioning
	ISFE	Integrated Single Financial Environment

	Acronym used	Meaning
L	LGA	Local Government Association
N	NAO	National Audit Office
	NHS	National Health Service
	NHS BSA	NHS Business Services Authority
	NHS SBS	NHS Shared Business Services
	NICE	National Institute for Health and Care Excellence
P	PCS	Primary Care Service
	PECS	Prescription Eligibility Checking Service
	PHE	Public Health England
R	RDEL	Revenue Departmental Expenditure Limit
	RCGP	Royal College of General Practitioners
S	SFI	Standing Financial Instructions
	SIRI	Serious Incidents Requiring Investigation
	SIRO	Senior Information Risk Owner
	STP	Sustainability and Transformation Partnerships
T	TCP(s)	Transforming Care Partnerships
U	UEC	Urgent and emergency care
W	WRES	Workforce Race Equality Standard