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 and the contribution NHS England is expected to make within its allocated budget.

The NHS has continued to respond to rising levels of demand for its services during 2017/18. The recent winter period has been one of the most demanding on record for the NHS, and standards such as 'referral to treatment' and 'four hour A&E waits' continue to face significant pressure. However, through the skill and dedication of its staff and in the context of a very constrained funding growth the NHS has managed to deliver the overwhelming majority of what it was mandated by government to achieve in 2017/18. Of the 71 deliverables set out in our mandate, 68 (96%) are assessed as on track. This represents real progress, with tangible benefits to patients, including more than 50% of patients now benefitting from extended GP access and cancer survival at its highest, with over 2000 additional patients surviving cancer one year on.

The mandate sets out deliverables against seven overarching objectives, linked to the 2020 mandate goals. The following summarises progress against each of these objectives in 2017/18:

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

- By July 2017, NHS England published the results of the CCG improvement and assessment framework for 2016/17, including independent assessments for cancer, dementia, and mental health. Following the publication of CCG operational plans, the tracking of these plans has been picked up within key priority programmes.

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. Additionally, all Trusts have published a Learning from Deaths policy to support the reduction of genuinely avoidable deaths in hospitals.
- Work is underway to deliver the Maternity Transformation Programme. There are 44 Local Maternity Systems established that are aligned with STP footprints. All locations have plans through which they are implementing the Better Births recommendations locally.
- Workstreams to deliver personal health budgets and increase patient choice in relation to end of life care are also making good progress. In 2017/18, in England, 28,040 people had a personal health budget. The NHS is on track to deliver against the NHS mandate commitment that 50,000-100,000 people should be benefitting from personal health budgets by 2020/21.
- The NHS has continued to expand patient access to cancer services including early diagnosis, more treatments and more support to trusts and CCGs. Performance against the 62 day standard from urgent GP referral to first definitive treatment was 84.7% in March 2018 against a standard of 85%.

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

- The financial position of the NHS continues to be very challenging. Despite this, NHS England has managed to deliver financial balance in the commissioning system in line with plans for this year. Additionally, NHS England contributed a £970 million managed underspend to support financial balance across the NHS, including delivery of the risk reserve. NHS England continues to work collaboratively with NHS Improvement in relation to efficiency savings, trust deficit reduction plans and reducing spend on agency staff.
- Good progress has been made on rolling out NHS RightCare to a regional operating model, with staff attached to regional teams directly supporting CCGs and STPs to implement the programme.
- Additionally, all STPs are working with Strategic Estates Advisers to develop estates strategies, with drafts shared on the 31 March 2018.

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 DHSC and other partners to implement the government's child obesity action plan.
- To support these aims, NHS England is undertaking pioneering work through the Healthy New Towns Programme to reshape the built environment and achieve a step change in prevention. NHS England is also creating a model environment in NHS institutions, including by taking action to reduce sales of sugar-sweetened drinks on NHS premises.
- The Diabetes Prevention Programme is the most ambitious programme of its type in the world. Current referrals into the programme stand at 167,789, with 125,011 referrals received from April 1st 2017. This exceeds the mandate target of 60,000.
- 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. To support the 'dying well' ambitions within the Well Pathway for Dementia, a resource for Dementia Advance Care Planning has been developed to assist practitioners, providers and health and social care commissioners create opportunities for people living with dementia to develop an Advance Care Plan.

Objective 5: To maintain and improve performance against core standards

- Waiting times have been under pressure for a number of years, and this has continued to intensify in the context of increasing demand and the tough financial position the NHS currently faces. At March 2018 87.2% of patient pathways were completed within 18 weeks, compared with the 92% standard, as delayed emergency patient discharges affected hospitals' ability to further expand their routine surgery during 2017/18. Until winter, in-year RTT performance had fallen only 0.7% to November 2017, with 52 week waiters slightly improving from 1,528 in March 2017 to 1,452 in November 2017. However, the impact of flu and norovirus resulted in 2,000 more patients occupying beds than the previous year. RTT performance worsened by 1% over the following four months. Factoring in estimates for current non-reporters for March 2018, the waiting list size is 4,093,767 and the number of 52+ week waiters is 3,005. Whilst the September 2017 A&E performance target of 90% was met, year-end performance was 88.4% compared with the 95% standard, as the NHS tackled a challenging winter period. However, the providers saw more patients within four hours compared to last year.
- Good progress is being made on the staged rollout of integrated urgent care, testing new ambulance service performance metrics and developing and implementing plans to moderate avoidable growth in demand for elective services.
- 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 with further targeted support for the most challenged areas. As a result, delayed transfers fell substantially over winter 2017/18.

Objective 6: To improve out-of-hospital care

- NHS England has met the target set out in the Five Year Forward View Next Steps for 50% of the registered population to have access to extended GP hours. This exceeds the mandate target for 40% of the population to benefit from extended access to GP appointments at evenings and weekends.
- The New Care Models programme has demonstrated positive impact. Per capita emergency admissions growth was lower in PACS and MCPs than for the rest of England: PACS 2.6% and MCP 0.9% compared to the rest of England 6.3%.
- 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 progress health proposals as part of their devolution plans.
- Good progress is being made against all the mental health mandate deliverables. At March 2018, 74% of people starting treatment with an earlier intervention in psychosis service did so within two weeks of referral. In February 2018, 89.5% of people finished treatment having waited less than six weeks to enter treatment and 98.7% of people finished treatment having waited less than 18 weeks to enter treatment.
- In relation to learning disabilities there has been an increase in the number of people being cared for in the community rather than inpatient services, and the total number of people in inpatient units fell by 18% from March 2015 to March 2018.

Objective 7: To support research, innovation and growth

- NHS England and DHSC have agreed a proposal for managing excess treatment costs, a consultation was published, and a response has been published. Work is also underway to increase local commissioner and STP/ICS input into identification of research needs of the NHS.
- NHS England, with Genomics England and other partners, launched the procurement to establish a national genomic testing service of up to seven genomic laboratory hubs. NHS England has begun work to align efforts to support genomics to be embedded into routine care.
- Good progress is being made in relation to the rollout of new technologies in the NHS. There has also been a strong focus on improving areas of IT vulnerability, supported by capital investment.
- In February 2018, the number of general practices to have at least 10% of patients registered for one or more online services was 88.3%. Additionally, almost 14 million patients (24% of patients in England) are now registered for one or more online services, an increase of 42% from February 2017.
- 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, with partners, has developed two health-led employment trials involving a total of 11,300 people that will go live in 2018/19.

Appendix 2: Our customer contact and complaints report

Overview

Throughout 2017/18 we have undertaken the following activities to improve complaint handling and learning from customer feedback:

Key Achievements 2017/18

- We have implemented an independent review of our own complaints handling, working with partners from local Healthwatch and complaints advocacy services, to help identify good practice and to continuously improve the quality of our responses.
- As well as driving up the quality of our responses we have also improved our performance against the existing Key Performance Indicators of acknowledging complaints within three working days and responding within 40 working days.
- We have strengthened our link to the Cross Government Complaints Forum in order to learn from other public sector bodies and share good practice.
- Working with providers we have piloted The Picker Institute's model survey to measure complainants' experiences across health and social care bodies, building on the Parliamentary and Health Service Ombudsman's (PHSO) 'My Expectations', and also the suite of tools to support the use of the survey. This will be published on our website, alongside case studies from pilot sites to enable providers to measure the complainant's experience.
- We have developed our learning programme to allow NHS England to better provide assurance of quality, learning and improvement. We have also produced a report based on themes and trends identified through complaints which have progressed to the PHSO. This has been shared with local and national commissioning leads, and has led to increased collaboration with the PHSO on insight.
- People with a learning disability, autism (or both) and their families often face additional difficulties in raising concerns or making complaints about health, education and social care services. NHS England is working with individuals, carers, families, providers and other key stakeholders to help remove some of the barriers to complaining.
- We have worked closely with NHS Improvement and the PHSO on determining our role in supporting local NHS providers and CCGs to conduct and learn from serious incident investigations, including those that are multi organisation and cross boundary, and to use that learning to inform change and foster a culture of improvement.

In 2018/19 we will:

- Continue to collaborate with stakeholders to share intelligence and insights we hold from customer contact and complaints to ensure that information from complaints and other forms of feedback help inform local and national policies and procedures.
- Use the survey of complainants in order to continuously improve our services.
- Continue to deliver our training for GPs, dentists, and practice managers in good complaints handling.
- We will be working to improve overall performance against complaints and concern handling targets.

Headlines by contact type

General enquiry cases

- We received 105,880 General Enquiries in 2017/18, up from 101,161 (+4.7%) in 2016/17.
- 98.4% of enquiries were resolved within 3 working days, up from 96.4% the previous year.

Freedom of Information (FOI) requests

- 2,372 Freedom of Information requests were received in 2017/18, down from 2,624 (-9.6%) the previous year.
- We responded to 85.9% of requests within the target of 20 working days, up from 83.7% in 2016/17.

Concerns

- 10,351 concerns were recorded in 2017/18, up from 8,257 (+25.4%) in 2016/17.
- We responded to 77.6% of concerns within the target of 10 working days, down from 84.9% last year and slightly below the 80% target.

Complaints

- We recorded 6,432 complaints in 2017/18, down from 6,480 the previous year (-0.7%).
- 94.6% of complaints were acknowledged within the target 3 working days, and 59.3% resolved within the target 40 days. This compared with 95.3% and 52.0% respectively in 2016/17. We will focus on further improvement towards the respective targets in 2018/19.

Parliamentary and Health Service Ombudsman

The table below shows activity relating to complaints managed by NHS England which were closed by the PHSO between 1 April 2017 and 31 March 2018. 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 inclusion within these figures).

All recommendations relating to Partially Upheld or Upheld complaints were accepted and implemented.

	Upheld	Partially Upheld	Not Upheld	Discontinued or Other	Total Cases
Region					
Midlands & East	0	1	12	8	21
South	1	0	0	6	7
London	3	1	2	9	15
North	5	7	7	10	29
Greater Manchester	1	0	1	4	6
National	0	1	1	4	6
	10	**10**	**23**	**41**	**84**

KPI performance

Case volume and associated KPI measures 2017/18

			2017/18				
	Target	2016/17	Q1	Q2	Q3	Q4	2017/18
General enquiries							
No. of cases received	-	101,161	24,064	28,316	25,550	27,951	105,880
Resolved within 3 working days	95%	96.4%	98.3%	99.2%	98.0%	98.0%	98.4%
FOI							
No. of cases received	-	2,624	580	544	587	661	2,372
Resolved within 20 working days	80%	83.5%	81.9%	89.5%	86.0%	86.3%	85.2%
Concerns							
No. of cases received	-	8,257	2,984	2,556	2,150	2,661	10,351
Resolved within 10 working days	80%	84.9%	80.3%	86.2%	84.2%	60.9%	77.6%
Complaints							
No. of cases received	-	6,480	1,384	1,622	1,690	1,736	6,432
Acknowledged within 3 working days	100%	95.3%	93.9%	98.0%	96.5%	90.2%	94.6%
Resolved within 40 working days	90%	52.0%	60.5%	58.6%	61.3%	57.2%	59.3%
Median response time (working days)	< 40	40	39	39	39	40	39
Admin Closures[1]							
No. of cases received		14,739	2,858	2,719	2,519	2,782	10,878

1 An 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

Who contacted us?

The table below shows the groups of people who made contact with us:

	2016/17	2017/18
Caller type		
Member of the public	96%	95%
NHS Staff	3%	4%
Other	1%	1%

'Other' includes MPs/Parliament, Her Majesty's Prisons personnel, journalists and people who did not wish to identify themselves.

Contact method

The table below shows the ways people contacted us:

	2016/17	2017/18
All Cases		
Phone	66%	74%
Email	31%	25%
Post	3%	1%
Complaints		
Phone	45%	43%
Email	44%	48%
Post	11%	9%

Complaints by service area

The table below shows the proportion of complaints concerning each service:

	2016/17	2017/18
Service area		
GP Surgery	72%	71%
Dental Surgery	16%	15%
Pharmacy	3%	4%
Other	9%	10%

Service areas attracting 1% or less of the total number of complaints have been grouped as 'other'. This includes ophthalmic services, services in the detained estate, specialised services and complaints about NHS England.

Appendix 3: Our prescribed person whistleblowing report for 2017/18

In April 2016, NHS England became a Prescribed Person under the Public Interest Disclosure Order 1999. This means that primary care service staff working in GP surgeries, opticians, pharmacies and dental practices, can raise concerns to us (often known as 'whistleblowing') about inappropriate activity.

Whistleblower protection

Under the statutory protection afforded to workers who raise such concerns, whistleblowing is the term used when a worker provides information to their employer or a prescribed person concerning wrongdoing. To gain the statutory protection under the legislation, the worker making the disclosure must reasonably believe:

- That the disclosure is in the public interest; and
- It falls into one of the following categories:
  - Criminal offence.
  - Breach of any legal obligation.
  - Miscarriage of justice.
  - Endangering of someone's health and safety.
  - Damage to the environment.
  - Covering up wrongdoing in the above categories.

Where the worker raises their concerns directly with a Prescribed Person, such as NHS England, the worker must also reasonably believe that the fault falls within the remit of the prescribed person in question.

Workers have the right not to be subjected to any detriment on the ground that they have made such a "protected disclosure" to their employer or a prescribed person.

NHS England's role as a Prescribed Person

NHS England's remit, in relation to its role as a Prescribed Person, relates to the arrangements for contracting and commissioning of GP, dental, ophthalmic and pharmaceutical services.

Where concerns are raised to us by primary care workers about these issues, we are required to produce annual reports of the disclosures of information made to us, but without identifying the workers concerned or their employers.

In addition, NHS England is committed to assigning any concerns raised for further investigation and providing support to individuals that have suffered fiscal or professional detriment as a result of whistleblowing. This includes signposting whistleblowers to the correct organisation responsible for dealing with their concerns.

Qualifying disclosures received by NHS England during 2017/18 and action taken

Between 1 April 2017 and 31 March 2018, 66 whistleblowing disclosures were made to us relating to primary care organisations.

The table below summarises how we dealt with the disclosures:

Signposted to an alternative body	Investigated – no remedial action required	Investigated and action taken during 2017/18	Under investigation	No investigation required
3	7	7	43	6

As a result of those investigations, we have agreed changes with primary care providers designed to improve services delivered to patients. These actions include:

- Staff required to undertake additional training to address issues which have become apparent as a result of the concerns raised to NHS England and the subsequent investigation.
- GP practice merged with a neighbouring surgery to ensure that there is sufficient access for patients.
- Additional performance monitoring regimes implemented.
- Improvements to the management of controlled drugs.
- Decision made to cancel the NHS contract for the practice.

In addition, following a period of consultation with staff working in primary care, we have issued Freedom to Speak Up guidance for primary care providers. Key measures in the guidance include:

- Each NHS primary care provider should name an individual, who is independent of the line management chain and is not the direct employer, as the Freedom to Speak Up Guardian. They are expected to raise awareness of how staff can share a concern and offer support to staff who do so.
- NHS primary care providers should be proactive in preventing any inappropriate behaviour, such as bullying or harassment, towards staff who raise a concern.
- All NHS primary care providers were required to review and update their local policies and procedures by September 2017, to align with the new guidance.

Appendix 4: How we have involved patients and the public in 2017/18

We made significant progress in 2017/18 to further embed public participation in the work of NHS England and remained committed to fulfilling our duty under section 13 of the NHS Act 2006 (as amended) to involve the public in commissioning.

During 2017/18, the Empowering People and Communities Task Force have developed an innovative 'Public Participation Dashboard' which provides a high-level overview or 'snapshot' of public participation in practice. This enables participation to be tracked and improvements to be made.

Included below are three examples of ways in which we have worked in partnership with people and communities during 2017/18. The dashboard is available as part of papers for NHS England's July 2018 Board meeting[2]. Further information about our public participation approaches, activities and opportunities can be found on our Information Hub[3].

Engaging families in Learning from Deaths

In December 2016, the CQC published 'Learning, candour and accountability - A review of the way NHS trusts review and investigate the deaths of patients in England'. The report concluded that many families and carers are treated poorly by the NHS following the death of a loved one in unexpected, accidental, or untoward circumstances. Often they experience a lack of openness and transparency; and as a result, the opportunities for the system to learn from deaths that potentially could have been prevented are missed.

In response, the National Quality Board (NQB) established a 'Learning from Deaths Programme Board', involving NHS England alongside other system partners. One of the workstreams - on bereavement support and communication with families - has been tasked to produce guidance, with NHS England leading on its development.

As an early step, NHS England established a Steering Group including AvMA (Action against Medical Accidents), NHS Improvement and family members with lived experience as Patient and Public Voice (PPV) Partners. The Steering Group have strongly advocated that the guidance cannot be produced in isolation, and that the 'real experts' are those who have suffered the untoward death of a loved one whilst in NHS care. NHS England is therefore now working with a large group of family members, carers, advocate groups and health professionals to co-produce guidance aimed at family members and NHS trusts.

2 https://www.england.nhs.uk/publication/nhs-england-board-meeting-papers-04-july-2018/
3 https://www.england.nhs.uk/participation/

Key participation activities led by NHS England as part of the programme to date include:

- A two-day event in November 2017, involving approximately 75 family members and a similar number of people from NHS Trusts. The event was also webcast with a live chat-function, enabling others across the country to take part.
- A smaller one-day event in December 2017, attended by the Secretary of State, involving Trust staff and approximately 25 family members. The event was preceded by two webinars in which family members discussed and agreed the key issues and questions to be raised. The Programme Board family members also gave a powerful presentation, based on a thematic summary of the November event comments.
- An online community to support coproduction of the guidance, with opportunities to develop content through commenting via an online space, via email, or in person. There is also ongoing social media engagement, especially through Twitter and the use of #learningfromdeaths.

Co-production with children and young people: self-care everywhere event

"It was an event organised by young people for young people – health professionals facilitated the process, and they respected us and worked with our ideas without giving us the answers." Young volunteer.

In 2017, NHS England worked with young people and partners in Bradford to showcase the power and potential of partnership working, co-design and co-production. Bradford was chosen as the host city due to the commitment of the three local CCG's, the close involvement of the local voluntary and community sector in the STPs and the city's relatively young population (Bradford is set to be the 'youngest' city in Europe by 2020).

Young people were involved from the event's inception, discussing ideas and themes with youth groups and friends, and planning and preparing workshops. The event was heavily reliant on volunteers of all ages and backgrounds, who were supported by Bradford People's Board.

The event focused on 'self-care' and encompassed a range of related health and care topics. It took place on Saturday 8 July 2017 across three main venues within Bradford city centre. On the day, people and organisations came together to make best use of their skills and networks to ensure the event was a success. Workshops were run by experienced health professionals and by young people who had been given the opportunity for the first time. Approximately 200 young people attended alongside senior CCG, local authority and STP leaders.

Key outcomes from the event included empowering, supporting and connecting young people into wider NHS and social care activities, including young people's direct involvement in:

- Research as part of the NHS England Widening Digital Participation programme - through which people who are using counselling and/or mental health services share their experiences of using the internet / online spaces to seek support.
- Developing a campaign for the University of Bradford to tackle street harassment and raise awareness of the impact this has on young people. Young people took part in the design workshops and informed the campaign #freeourstreet which the University launched in November 2017.
- Workshops on: digital wellbeing tools; sports and activity; and the link to mental wellbeing and confidence, led by young people in partnership with commissioners.

Following the event, the #selfcareeverywhere young volunteers were funded by Bradford Council to undertake a four day Catalyst Leadership programme course in October 2017. The young people were also supported and mentored by staff from the local CCGs and other NHS organisations. As a result of the leadership course, the social action project chosen by the young people is to promote Bradford as a City of Youth which invests in health and wellbeing on young people. The young people have 'pitched' to the Council and NHS to garner their support. The young people who took part in the leadership course have also initiated a campaign to raise awareness of bullying #bfdbeatsbullying and led workshops at the 2018 Learning and Innovation in Health and Social Care event on power and leadership.

A number of young people that were part of the event have also been invited to attend, participate and lead on key discussions, including at the Health and Care Innovation Expo, focusing on the benefit of co-design in developing services for the future, specifically focusing on the work of STPs.

Recovery and outcome conference 2017 – developing a recovery charter in secure mental health services

NHS England commissioned Rethink Mental Illness to support and develop a Recovery and Outcomes Network for Secure Mental Health Services. There are nine Recovery and Outcome Networks across the country, bringing together service users, providers and commissioners to further develop secure services, ensuring that service users are at the centre of developments. As part of this network there is an annual Recovery and Outcomes Conference. In 2017, the event, jointly led by NHS England and Rethink, included over 400 people, with at least 200 of the participants currently detained in secure mental health services.

The conference theme in previous years has included developing service user defined outcomes and working with the Secure Carer Programme to explore the support people require to stay out of secure services. The theme of the 2017 event was 'it's about me' and focussed on identifying important considerations for people in secure services to support their recovery and move on from secure services. This day was the start of a conversation and the development of a 'HOPE Charter' (the name people chose for the Recovery Charter on the day – 'Hope on Personal Expectations'). The idea of the charter was to clearly identify key factors for people in secure services and what providers need to do to support people around these identified areas.

Top of the 'most important list' was 'friends and family'. People identified that they need help to stay in touch with their friends and family while they are in secure accommodation and made suggestions about how this can be supported. Participants also shared ideas and made specific requests about the help they need to find accommodation, stay healthy, and participate in civic society through joining groups, volunteering or moving into employment. The day was co-facilitated by NHS England, Experts by Experience and Rethink staff and included creative workshops such as art and music, ensuring everyone could contribute. A senior officer from the Mental Health Act Review team also attended, so that participants could begin to help shape the independent review of mental health services which began that month.

The HOPE Charter will continue to be developed in the Regional Recovery and Outcome Groups.

Appendix 5: How we have reduced health inequalities in 2017/18

During 2017/18, NHS England has continued to focus on a range of work programmes with the aim of addressing health inequalities in line with the objectives set out in the Next Steps on the NHS Five Year Forward View and the criteria set by the Secretary of State. Progress has been made in a number of the priority areas and this appendix presents a summary of how we have met our legal duties with regard to health inequalities during 2017/18.

Recently the NHS Outcome Framework indicators showed a statistically significant narrowing of health inequalities (related to deprivation) for two indicators, and a statistically significant widening for one. Seven other changes were not statistically significant. Further information on the indicators for 2017/18 will be set out on the NHS England website in July.

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 an understanding of the need to reduce health inequalities through our priority programmes and policies to build insight into the impact of inequalities upon health and healthcare and support a coordinated, evidence-based approach in access to, and experience of, NHS services and health outcomes.

Partnership working is achieved in a number of ways, including the development of RightCare Packs to support the work of CCGs and through the work of the Equality and Diversity Council (EDC). Further work to develop the evidence on interventions that successfully address health inequalities at a CCG level is planned during 2018. This will also focus on sharing good practice across the system, including engagement with STPs.

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 (DHSC, 2015) set out 11 indicators identified for health inequalities assessment which have been used to guide reporting in 2017/18 using data available on NHS Digital's website. Information and data on the indicators will be published on our website in July 2018.

NHS England leads wider work on data monitoring and information standards in partnership with the DHSC and other key stakeholder organisations. In October the Information Standard on sexual orientation monitoring was published, with 25 NHS Trusts agreeing to pilot the Standard to help inform implementation.

To support commissioners and providers in CCGs better understand inequalities in access, NHS England developed a practical resource "Improving Access for all: reducing inequalities in access to general practice services" in July 2017. This was recently refreshed in February 2018. In addition, the Equality and Health Inequalities Analysis (EHIA) for the improving access to general practice services policy was published on NHS England's website in April. Assurance is monitored through CCGs completing monthly GP Forward View (GPFV) monitoring surveys.

The 2017/18 indicator 106a (for chronic ambulatory care sensitive conditions) and 106b (for urgent care sensitive conditions) in the CCG Improvement and Assessment Framework were combined into a new indicator (106a) for chronic ambulatory care sensitive and urgent care sensitive conditions. This combined indicator on health inequalities is designed to help CCGs monitor and plan improvements in NHS equity performance.

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

Analysts at NHS England have been looking closely at the approaches some of the new care model vanguards have taken to identify patients at risk in their communities. The term used for this is 'risk stratification'. Tower Hamlets, Sunderland, North East Hants and Farnham, Erewash and Morecambe Bay vanguards have introduced the 'building blocks' of an effective risk stratification process.

In 2017/18, we have continued to increase the use of data and information to shape policy, drive improvement and assess progress in reducing health inequalities in cancer. In conjunction with DHSC, PHE, academics, charities and other stakeholders we have scoped unanswered and understudied questions on health inequalities. We took evidence of effectiveness of interventions into account as a step to devise policies aimed at reducing those health inequalities. We will be developing this work further in 2018/19.

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

To deliver improvements in prevention and access, we published information which aimed to make it easier for patients from Inclusion Health Groups to overcome barriers when accessing the healthcare. The information is available on the NHS Choices website.

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. During 2017/18 we continued to support commissioners and providers to implement good homeless health practice; develop and promote clinical engagement in relation to homeless health and promote good homeless health practice to stakeholders and professional groups in London.

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

Working with its leadership role NHS England included in the 2017/18 CCG IAF a composite to help CCGs set priorities for tackling inequalities. This informs the headline assessment of CCGs together with a number of other indicators. CCG year end annual assessments will be published on NHS England's website and on the MyNHS website.

Analysis of CCG IAF indicator 106a inequality in unplanned hospital admissions for chronic ambulatory care, sensitive, and urgent care sensitive conditions[4], showed a statistically significant narrowing of health inequalities for the 12 month period ending 2017/18 Q2, compared to the previous year.

4 https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/

The Quality Premium (QP) scheme is about rewarding CCGs for improvements in the quality of the services they commission, a key element of the scheme being to reduce relevant inequalities. There are five national measures and in total these are worth 85% of the QP. They include early cancer diagnosis; GP access and experience; continuing health care; mental health; and bloodstream infections. CCGs can select one local indicator which is worth 15% of the QP.

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 2017/18 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 2017/18. The Next Steps on the NHS Five Year Forward View published in March 2017 together with associated documentation, formally constituted NHS England's 2017/18 Business Plan.

Progress has also been made to embed health inequalities considerations across our corporate priority areas, some examples of which are set out below:

- In Cancer, NHS England worked on the recommendations set out in the Cancer Strategy (2015) to ensure that patient experience is on a par with clinical effectiveness and safety. One of the specific areas is to increase BME representation in the Cancer Patient Experience Survey. As BME people report a poorer experience of care for six out of the seven indicators in the cancer dashboard, a programme of projects was created – Equalities Cancer 2020 - to look at the actions that can be taken to address this.
- NHS England has engaged with 10 CCGs / CSUs and has been working with them to ensure that they have the best access to data to begin to address this issue.
- In mental health, addressing equalities and health inequalities is one of the cross-cutting themes of the Five Year Forward View for Mental Health and a number of initiatives are underway to improve equitable access to services for groups with protected characteristics and people vulnerable to poor mental health. This includes equality issues in perinatal mental health service development, design, delivery and evaluation in order to meet the needs of underserved women and communities and the needs of BME groups within wider mental health programmes. The Young Minds Children and Young People participation programme is designed to support young people have their voices heard throughout the system. The focus for 2017/18 was vulnerable groups. As part of this programme, 'Trailblazer' sites were selected from a range of Local Authorities, NHS Services and voluntary groups. Projects within the Trailblazers were focussed on gender and identity, looked after children, those living with neurodevelopmental issues, the needs of BAME Children and Young People and Children and Young People in the justice system. NHS England has also been working with NHS Digital to ensure that all relevant data reports are broken down by protected characteristics.

Appendix 6: Our sustainability report

NHS England continues to develop our approach to sustainable development, as evidenced by the delivery of our Sustainable Development Management Plan (SDMP)[5]. Our Plan for 2018-2020 demonstrates our commitment to go beyond our statutory obligations wherever possible to:

- operate as a socially responsible employer;
- create equal opportunity and create an inclusive and supportive environment for our staff;
- take action to positively impact the wider community; and
- promote sustainable business practices, for the benefit of the environment.

NHS England and PHE jointly fund the Sustainable Development Unit (SDU). The SDU leads the sustainable development strategy for the NHS, public health and social care system. Incorporating prevention into all service design and healthcare delivery helps create healthier places, economies and communities. Supporting a healthier population is essential to create a more efficient health and care system that needs to able to provide high quality care for all, for now and for future generations. The SDU's strategy sets a vision and goals to aim for by 2020 to support sustainable development, reduce emissions, save money and improve the health and resilience of people and communities and can be viewed on the SDU's website[6].

More health and care organisations have board approved SDMPs and are reporting annually on their progress. The new Sustainable Development Assessment Tool is ensuring that as these organisational plans are developed they are aligned with the UN Sustainable Development Goals and cover the breadth of positive influence on population health that we can have in local communities.

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[7].

Reporting for multi-occupancy buildings

Within this report, NHS England and CSUs will report on their proportion of occupied buildings and, where NHS England is a tenant of DHSC, energy usage, waste and water information will be reported within their annual report. This will be published on the DHSC's website[8].

Where NHS England is a tenant of the Department of Work and Pensions (DWP), energy, waste and water information will be reported within their annual report. This will be published on their website[9].

5 The Sustainable Development Management Plan: https://www.england.nhs.uk/publication/sustainable-development-management-plan-for-nhs-england-2016-18/
6 The SDU website: https://www.sduhealth.org.uk/policy-strategy
7 NHS England Website: www.england.nhs.uk/ccg-details
8 The DHSC's website: www.gov.uk/government/organisations/department-of-health
9 The Department for Work and Pensions: www.gov.uk/government/organisations/department-for-work-pensions

Provision of data

NHS Property Services 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. NHS PS have been able to provide data for electricity, gas and water consumption and cost for each site during 2017/18. Where accurate data has not been available they have made an estimation based on the building size and the performance of other properties occupied by NHS England and the CSUs. As with previous years, we have estimated waste data using the average values available from partial figures, which were provided to us by NHS PS in 2015/16. NHS PS has been unable to provide estimated waste data because it has not been provided to them by the national provider. They are looking to re-procure the provider in the next year, and a reporting requirement will be included in the tender.

Due to the use of estimated figures in previous years and partial estimates for this financial year, it is not possible to draw any definitive conclusions about our performance in this area. However, due to estates rationalisation over recent financial years, we would expect to see a reduction in actual scope 2 emissions. Our SDMP outlines our intention to set a baseline and targets for ongoing reductions, when full data becomes available from NHS PS.
Scope 3 emissions are explored further in the Business Travel section.

Greenhouse gas emissions[10]

Total (NHS England and CSUs)

			2015/16	2016/17	2017/18
Scope 1 emissions[11]	Non-financial indicators (tCO2e)	Emissions from organisation-owned fleet vehicles	203	173	177
	Total Scope 1 (tCO2e)		203	173	177
	Financial indicators	Expenditure on official business travel	£269,777	£244,063	£237,732
Scope 2 emissions[12]	Non-financial indicators[13 14] (tCO2e)	Electricity	6,886*	4,638*	3,957*
		Gas	2,095*	1,439*	1,753*
	Total Scope 2 (tCO2e)		8,981*	6,077*	5,710*
	Related use (kWh)	Electricity	15,018,639*	10,428,527*	10,081,220*
		Gas	11,381,312*	7,709,202*	9,732,430*
Scope 3 emissions[15]	Non-financial indicators (tCO2e)	Car travel	3,540	3,501	2,934
		Rail Travel	1,605	1,520	1,926
		Air Travel (domestic only)	30	34	34
	Total Scope 3 (tCO2e)		5,175	5,055	4,894
		Total (tCO2e)	14,359*	11,305*	10,781*

*estimated data fields. Please see the relevant footnotes for further details.

10 For the following Greenhouse Gas Emissions table, the following conditions apply:
11 Scope 1 emissions arise from organisation owned and operated vehicles, plant and machinery.
12 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.
13 The figures published in 2016/17 used the incorrect conversion factor for the years 2015/16 and 2016/17. They have been updated with the correct figures.
14 2016/17 figures have also been adjusted to acknowledge that NHS England vacated Southside in November 2016. The figures previously reported included Southside occupancy for 12 months.
15 Scope 3 emissions arise from official business travel by vehicles not owned by the organisation

Water consumption

To estimate the figures for water consumption in 2015/16 and 2016/17, we have used the Construction Industry Research and Information Association (CIRIA) figure for average water consumption per m2 of Net Internal Area (NIA) of office space occupied. NHS PS provided water data, as described above, for 2017/18. Because previous years have been estimated using the CIRIA figure for average water usage and the current year has been based on actual data provided by NHS PS, it is not possible to draw any comparisons or conclusions about our performance over the years.

Total (NHS England and CSUs)

		2015/16	2016/17	2017/18
Non-financial indicators (m3)	**Water used**	71,245*	49,469*	61,580*
Financial indicators (cost of purchase of water)	**Cost of water used**	£258,515*	£179,503*	£113,605*

* estimated data fields.

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.

Total (NHS England and CSUs)

		2015/16	2016/17	2017/18
Non-financial indicators (tonnes)	**Total waste**	710*	493*	515*
	Waste sent to landfill	415*	288*	301*
	Waste recycled/ reused	280*	194*	203*
	Waste incinerated	15*	11*	11*
Financial indicators (cost of waste disposal)	**Total waste**	£187,155*	£129,953*	£135,586*
	Waste sent to landfill	£75,447*	£52,387*	£54,658*
	Waste recycled/ reused	£103,126*	£71,607*	£74,710*
	Waste incinerated	£8,582*	£5,959*	£6,217*

*estimated data fields.

NHS England business travel

This year we have seen a small increase in the amount of carbon emissions from business travel. This is partly due to an increase in FTE staff working across NHS England, and the increased need for our staff to work more closely with local health and care systems. We continue to be committed to reducing carbon emissions from business travel and have seen a decrease of 5% in carbon emissions from business travel per FTE. We remain focussed on achieving further reductions through our current and future SDMP and supporting our smarter working practices.

This data is for NHS England business travel only. Requests for information relating to CSU business travel should be made directly to the CSUs. Contact details for CSUs can be found on our website[16].

		2015/16	2016/17	2017/18
Miles	**Rail**	20,274,544	20,343,565	21,716,790
	Car use (scope 1 and 2)	4,974,652	4,979,326	4,777,511
	Domestic air	103,051	100,068	125,126
	Non-domestic flights	235,446	144,930	194,841
	Total	**25,587,693**	**25,567,889**	**26,814,268**
	Total per FTE	**4,669**	**4,749**	**4,628**
tCO2e	**Rail**	1,470	1,475	1,707
	Car use (scope 1 and 2)	1,525	1,480	1,366
	Domestic air	26	25	30
	Non-domestic flights	31	21	27
	Total	**3,053**	**3,001**	**3,130**
	Total per FTE	**0.585**	**0.583**	**0.552**

NHS England has a Business 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 increase opportunities for colleagues to meet virtually (internally and externally) and we also encourage and support colleagues to cycle where possible, through our cycle to work scheme and cycle mileage rate.

16 https://www.england.nhs.uk/commissioning/supporting/commissioners/csu/

Sustainable procurement

Sustainable procurement training, which includes environmental, ethical and labour issues, continues to be a requirement for all new entrants to the NHS England commercial team. Sustainability also features in the recruitment of commercial team members.

We apply our Sustainability Risk Assessment methodology to all procurements over £150K. This helps us to identify and address the sustainability impacts and opportunities presented by our commercial decisions. We are also driving added Social Value out of procurements, as appropriate, making the health pound go further. For example, we recently awarded a professional services contract, which secured best value for the NHS and included an additional commitment from the supplier to offer a set amount of pro bono consultancy days to help two Voluntary, Community and Social Enterprise Sector (VCSE) organisations scale up their delivery models. This will help them reach more patients and improve more lives. The two candidate VCSEs identified serve economically disadvantaged communities, and their main objective is to deliver health and care to those who face the greatest health inequalities. We are looking to scale up this model of driving added Social Value through our suppliers, to maximise benefits for society. This is an area where we believe NHS England can set a high benchmark.

In addition, we are finalising our Code of Conduct which we plan to launch with strategic suppliers in summer 2018. Over the last year, NHS England supported collaborative SME engagement activity in the North of England. We will continue to look for similar capacity building opportunities to support.

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

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. This is in order to to support people who have health, housing or economic circumstances which increase their vulnerability to extreme weather. The plans, and associated alerts, can be viewed on our website[17].

We are also working alongside DHSC and PHE to develop actions for the next National Adaptation Programme, which sets out what the Government, businesses and society are doing to become more climate ready.

17 http://www.england.nhs.uk/ourwork/eprr/sw

Appendix 7: Disclosure of personal data-related incidents

As at 31 March 2018, a total of 37 Serious Incidents Requiring Investigation (SIRI) had occurred relating to the loss of personal sensitive data in NHS England and Commissioning Support Units (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) kept informed as appropriate.

Summary of incident	Date of incident	Number of incidents	Status	Organisation	Breach type	Number of people affected	Format	Comments
Complaint information/ response sent to incorrect person/organisation with patient identifiable data	July 2017 -March 2018	8	4 Open 4 Closed	NHS England	Disclosed in error	8	Paper	Investigation underway. - 4 Incident Closed - 3 Confirmed no action from the ICO - 1
Information relating to 307 patients sent to Clinical Commissioning Group (CCG) in error by East Midlands Specialised Commissioning team.	March 2018	1	Open	NHS England	Disclosed in error	307	Digital	Incident open. Awaiting report from relevant service line.
Medical record sent to applicant. However, on receipt of the record it was identified that the record also consisted of clinical correspondence relating to other patients.	October 2017 – February 2018	3	Open	NHS England	Disclosed in error	8	Paper	Incident open. Investigation underway - 3
Email containing personal confidential data (PCD) was received in error from a Trust and was subsequently shared within NHSE.	November 2017	1	Closed	NHS England	Disclosed in error	21	Digital	Incident closed. The ICO has confirmed that formal enforcement action is not appropriate.
Copy of verbal complaint sent to the incorrect complainant via email.	November 2017	1	Closed	NHS England	Disclosed in error	2	Digital	Incident closed. The ICO has confirmed that formal enforcement action is not appropriate.
A spreadsheet containing personal confidential data (PCD) was disclosed in error via email to external organisations	July 2017 - November 2017	2	Closed	NHS England	Disclosed in error	363	Digital	Incident closed. The ICO has confirmed that formal enforcement action is not appropriate - 1 Incident closed. Remedial actions implemented - 1
Reports regarding two serious incidents were sent to the incorrect provider.	October 2017	1	Closed	NHS England	Disclosed in error	2	Digital	Incident closed. The ICO has confirmed that formal enforcement action is not appropriate.
Sensitive clinical correspondence delivered to incorrect location.	July 2017	1	Closed	NHS England	Digital	3	Paper	Incident closed. Remedial actions implemented, confirmed no action from the ICO.

Summary of incident	Date of incident	Number of incidents	Status	Organisation	Breach type	Number of people affected	Format	Comments
Email sent in error containing names of Black, Asian, and Minority Ethnic (BAME) staff and their talent assessment.	July 2017	1	Closed	NHS England	Disclosed in error	16	Digital	Incident closed. Remedial actions implemented, confirmed no action from the ICO.
A parcel of medical records individually sealed in tamper proof bags was incorrectly delivered to another medical practice. The practice opened the bags to verify the contents.	June 2017 - March 2018	14	Closed	PCSE	Disclosed in error	420	Paper	Incident closed. Remedial actions implemented and the ICO has been engaged - 5 Incident closed. Remedial actions implemented and the ICO has confirmed no further action required – 9
Notification of performer conditions were sent to an existing list of approved organisations, which pre-dated an updated list being issued.	June 2017	1	Closed	PCSE	Disclosed in error	50	Paper	Incident closed. The ICO suggested measures to be applied. Remedial actions implemented.
Information relating to staff disclosed by Arden and Greater East Midlands CSU in error to a CCG.	February 2018	1	Closed	CSU	Disclosed in error	47	Digital	Incident closed. Remedial actions implemented and the ICO has confirmed no further action required.
North of England CSU - Medicines Optimisation team advised that appropriate user access controls were not in place for sub-folders containing personal data.	January 2018	1	Closed	CSU	Unauthorised access/ disclosure unauthorised access/	1000	Digital	Incident closed. Remedial actions implemented.
Immunisation invitation letter issued to the wrong address with patient information.	November 2017	1	Closed	CSU	Disclosed in error	1	Paper	Incident closed. Remedial actions implemented and the ICO has been engaged.

NHS England

All IG incidents are assessed and managed according to NHS Digital's Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security. 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 NHS England's IG training module.

PCSE

The contract for providing primary care support services was awarded to Primary Care Support England (Capita) (PCSE) on behalf of NHS England in September 2015. As part of this contract, PCSE is responsible for moving paper medical records, when patients register with new GP practices – moving around 6 million records annually / 115,000 per week. During 2017, NHS England worked with PCSE and its stakeholders to roll out a new process for the delivery of patient records to GP Practices and archive. As part of the transformed service, records are sealed individually before they are moved, and we are now able to record and track the movement of records between practices. This service was introduced in phases and is now fully rolled out. NHS England and PCSE continue to work closely together to ensure that any learning from incidents is used to identify potential future enhancements to the service.

For records deliveries, every GP practice has been allocated a Stop ID – a unique code which the courier uses to identify practices. Delivery errors to date have in the most part been due to similarities with Stop IDs. As a further measure to address these learnings, additional information has been added to the containers the courier uses to deliver records to practices. This is aimed at significantly reducing delivery errors caused by similar Stop IDs, by providing greater clarity to both couriers and practice recipients.

PCSE has enhanced IG and Security practices during this financial year, including introducing a dedicated and experienced full time Information Governance and Security Team. Strategic enhancements have resulted in continued Information Governance and Security improvements being realised, which have been successfully validated by an independent auditor as part of the NHS IG Toolkit compliance obligations.

CSUs

As of 31 March 2018, there have been three SIRIs reported to NHS England by a CSU. NHS England continues to work with its CSUs to ensure lessons learned.

CCGs

Details of any incidents occurring in CCGs can be found within individual CCG annual reports which were published on CCG websites in June 2018. A list of CCGs and links to their websites can be found on the CCG pages of the NHS England website[18].

18 https://www.england.nhs.uk/ccg-details/

Appendix 8: Assessment against the Corporate Governance in Central Government Departments: Code of Good Practice 2017

Provisions against which there are the following exceptions:

Ref	Code provision	Exception
3.6	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 NHS Act 2006 (as amended). Governance issues are delegated to the Audit and Risk Assurance Committee.
4.3 **4.4** **4.5**	Terms of reference for the Nominations Committee.	There is no Nominations Committee (see above). The specific code provisions are handled by the Strategic Human Resources and Remuneration Committee.
4.7	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.
4.11	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.
5.5	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:

Sections 1, 2.3, 2.11, 3.3a, 3.3b, 3.3c, 3.6e, 3.7, 3.8, 3.9, 3.14, 3.19, 4.9, 4.12, 4.13, 4.14, 5.7, 5.8 and 6.

Appendix 9: List of acronyms used in our annual report

	Acronym used	Meaning
A	AAA	Abnormal Aortic Aneurysm
	AAC	Accelerated Access Collaborative
	A&E	Accident and Emergency
	AHSN	Academic Health Science Networks
	AME	Annually Managed Expenditure
	ARAC	Audit and Risk Assurance Committee
B	BCF	Better Care Fund
	BCS	British Computer Society
	BEIS	Business, Energy and Industrial Strategy
	BME	Black, Minority, Ethnic
C	CareCERT	Care Computer Emergency Response Team
	CCG	Clinical Commissioning Group
	CCIO	Chief Clinical Information Officer
	CETR	Care, Education and Treatment Review
	CETV	Cash Equivalent Transfer Value
	CHC	Continuing Healthcare
	CIO	Chief Information Officer
	COPD	Chronic Obstructive Pulmonary Disease
	CPAG	Clinical Priorities Advisory Group
	CQC	Care Quality Commission
	CSOPS	Civil Servant and Other Pension Scheme
	CSU	Commissioning Support Unit
	CTR	Care Treatment Reviews
D	DAWN	Disability and Wellbeing Network
	DCO	Director of Commissioning Operations
	DfE	Department for Education
	DHSC	Department for Health and Social Care
	DToC	Delayed Transfer of Care
	DWP	Department of Work and Pensions
E	e-RS	e-referral system
	ECDR	Elective Care Development Collaborative
	EDC	Equality and Diversity Council
	EHIA	Equality and Health Inequalities Analysis
	EPRR	Emergency Preparedness, Resilience and Response
	ERMG	Executive Risk Management Group
	ESM	Executive Senior Manager
	ESR	Electronic Staff Record

	Acronym used	Meaning
F	FOI	Freedom of Information
	FReM	Financial Reporting Manual
	FTE	Full Time Equivalent
	FTSU	Freedom to Speak Up
	FYFV	Five Year Forward View
	FYFV MH	Five Year Forward View for Mental Health
G	GAM	Group Accounting Manual
	GDPR	General Data Protection Regulation
	GPFV	General Practice Forward View
H	HMRC	HM Revenue and Customs
	HMT	HM Treasury
	HQIP	Health Quality Improvement Partnership
	HR	Human Resources
I	IAF	Improvement and Assessment Framework
	IAPT	Improving access to psychological therapies
	ICO	Information Commissioners Office
	ICT	Information and Communications Technology
	ICS	Integrated Care System
	IFR	Individual Funding Requests
	IG	Information Governance
	ISA	International Standards on Auditing
	ISFE	Integrated Single Financial Environment
	ITT	Innovation and Technology Tariff
L	LGBT+	Lesbian, Gay, Bisexual, Trans +
	LMDP	Line Management Development Programme
	LMS	Local Maternity Systems
M	MHFA	Mental Health First Aider
	MSK	Musculoskeletal
N	NAO	National Audit Office
	NHS	National Health Service
	NHSCFA	NHS Counter Fraud Authority
	NHS IMAS	NHS Interim Management and Support
	NHS BSA	NHS Business Services Authority
	NHS PS	NHS Property Services
	NHS SBS	NHS Shared Business Services
	NICE	National Institute for Health and Care Excellence
	NQB	National Quality Board
O	OGSCR	Oversight Group for Service Change and Recognition
	OPW	Off-Payroll Workers

	Acronym used	Meaning
P	PAC	Public Accounts Committee
	PCSE	Primary Care Support England
	PCSPS	Principal Civil Service Pension Scheme
	PHB	Personal Health Budget
	PHE	Public Health England
	PHSO	Parliamentary and Health Service Ombudsman
	PMCB	Personal Maternity Care Budget
	PPV	Patient and Public Voice
	PRP	Performance Related Pay
	PSED	Public Sector Equality Duty
Q	QAG	Quality Assurance Group
	QP	Quality Premium
	QSG	Quality Surveillance Group
R	RDEL	Revenue Department Expenditure Limit
	RTT	Referral to Treatment Time
S	SBLCB	Saving Babies Lives Care Bundle
	SCOG	Specialised Commissioning Oversight Group
	SCID –	Severe Combined Immunodeficiency
	SDMP	Sustainable Development Management Plan
	SDU	Sustainable Development Unit
	SFI	Standing Financial Instructions
	SIRI	Serious Incident Requiring Investigation
	SMEs	Small and Medium-sized Enterprises
	STP	Sustainability Transformation Programmes
U	UTC	Urgent Treatment Centres
V	VAT	Value Added Tax
	VSM	Very Senior Manager
W	WRES	Workforce Race Equality Standard

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978-1-5286-0547-2