

Appendices

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

The Government mandate to NHS England sets the strategic direction for NHS England, describes the Government's healthcare priorities and the contribution NHS England is expected to make within its allocated budget. It also helps to ensure the NHS is held accountable to Parliament and the public.

The 2018/19 mandate maintained the approach set out in the 2017/18 mandate and maintained the direction and deliverables of the NHS Five Year Forward View.

Against the backdrop of continued rising levels of demand and a growing ageing population, NHS England managed to deliver the overwhelming majority of what it was mandated by the Government to achieve in 2018/19. Given the challenges faced, this demonstrates the dedication of NHS staff and increased NHS productivity to continue to deliver in many priority areas.

We will continue to respond to and confront these challenges in 2019/20 as NHS England and NHS Improvement drive forward implementation and delivery of the first year of the NHS Long Term Plan and the Clinical Review of Standards. For the first time in 2019/20 the Government's mandate forms part of the Accountability Framework which sets a single, common set of 2019/20 objectives for NHS England and NHS Improvement.

The progress and achievement in delivering the mandate in 2018/19 provides a good basis for meeting the ambitions set in next year's Accountability Framework.

The 2018/19 mandate set out deliverables against seven overarching objectives. Of the 62 deliverables set out in our mandate, 55 (89%) are assessed as on track. The following summarises progress against each of these objectives in 2018/19:

Objective 1: Through better commissioning, improve local and national health outcomes, and reduce health inequalities

- In July 2018, NHS England published the results of the CCG improvement and assessment framework for 2017/18. Independent assessments of CCG performance were also published on indicators relating to cancer, maternity, dementia, mental health, learning disabilities and diabetes. CCG performance is regularly updated and published on the MyNHS website including for these clinical priority areas. In 2018/19 we treated more patients than ever before within 18 weeks of referral – with 14.3 million patients surpassing the previous record set in 2016/17 by 84,952
- During 2018/19 we made good progress to embed health inequalities considerations across our corporate priority areas including cancer, mental health, diabetes and learning disabilities.

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

- In primary care there has been continued reductions in antibiotic prescribing with all 195 CCGs beginning to deliver reductions towards the 2020/21 target.
- Through the Maternity Transformation Programme, Local Maternity Systems (LMS) are delivering their plans for safer and more personalised maternity care, in line with the Better Births vision and in order to meet national safety ambitions. In 2018/19, all LMS worked towards full implementation of the Saving Babies' Lives Care Bundle. Stillbirths fell by a fifth at the maternity units where implementation was evaluated. A second iteration of the Care Bundle was published in March 2019 including an additional element to reduce pre-term births. LMS began to implement continuity of carer, with the aim that one fifth of women had the same midwife or small team of midwives caring for them during pregnancy, birth and postnatally by March 2019. LMS are ensuring all women have personalised care plans by 2021 and can make choices about their maternity care. This is supported by learning from the Maternity Pioneers, who implemented initiatives to improve choice and deliver personalised care to over 96,000 women by March 2019.
- We have supported CCGs to deliver over 925,000 personalised care interventions, including 54,143 Personal Health Budgets, meeting the commitment of 50-100,000 two years early.
- The NHS has made considerable progress in delivering world class cancer care. We have seen an exceptional increase in demand in referrals made for suspected cancer; the service has responded well with significant growth in activity including an 8.5% increase in the number of patients starting treatment within 62 days of urgent referral. Furthermore 53.7% of all cancers were diagnosed at an early stage and, as the commitments of the NHS Long Term Plan are delivered, we expect to see a continued increase.
- We recognise the challenge we have in meeting cancer waiting times standards due to increased demand and are providing nearly £134 million funding in 2019/20 to our 19 Cancer Alliances to prioritise activity on earlier diagnosis and increased survival, and to improve and sustain operational service performance for patients. Through the Clinically-led Review of Standards, we are ensuring cancer waiting times standards are fit-for-purpose and support the achievement of our longer-term ambitions on diagnosis and survival.

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

- The NHS set out to deliver a breakeven financial position overall across the commissioner and provider sectors for 2018/19. We worked with NHS Improvement to achieve a balanced plan and agreed a joint programme of actions to achieve this.
- NHS England has delivered an additional managed underspend of £651 million above the planned £265 million underspend resulting in a total resource underspend for the commissioning sector of £916 million.
- As the implementation of a new operating model for joint working between NHS Improvement and NHS England progressed, we worked together to balance the position, led by strong aligned governance arrangements at executive and non-executive level.

- In 2018/19 NHS England and CCGs delivered £3 billion of productivity and efficiency improvements, changing the way that we commission services, procure drugs and medical devices, and drive productivity in order to help meet the additional demands for health care at the front line. This included approximately £600 million of savings delivered through the RightCare programme.

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

- We have continued to develop and invest in a series of prevention programmes. Significant examples include diabetes and tuberculosis as well as focussed work in areas such as cardiovascular disease and Atrial Fibrillation.
- We have exceeded our mandate commitment to have up to 80,000 people on the Diabetes Prevention Programme during 2018/19, with almost 105,000 having received an initial assessment. This means we have also delivered a year early on the NHS Five Year Forward View target of 100,000 people on the programme by 2019/20.
- Our action has reduced the sale of sugar-sweetened beverages across the NHS, from 15.6% in July 2017, to 7.4% in June 2018.
- The Healthy New Towns programme has worked with 10 housing developments involving over 50,000 homes to develop 10 principles, first published in 2018, for integrating health into the design, development and management of new places. The full learning from the programme will be published in the coming months.
- 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 has been met each month since July 2016.

Objective 5: To maintain and improve performance against core standards

- Against continued growth in demand, attendances and admissions there has been improved performance in some areas.
- The winter period saw an increase of over 464,000 patients (5.0%) for November 2018 to March 2019. Despite this increased demand, 380,000 more patients were seen within four hours, with performance at 85.4% compared to 85.0% last winter.
- In elective care the number of patients waiting more than 52 weeks has decreased by 58% to 1,154 in March 2019 from March 2018, thereby achieving the 2018/19 mandate commitment.
- In 2018/19 we treated more patients than ever before within 18 weeks of referral – with 14.3 million patients surpassing the previous record set in 2016/17 by 84,952.
- The number of patients in hospital with long lengths of stay (21 days or more) has reduced, releasing 2,012 beds as at March 2019 compared to the 2017/18 baseline. In 2018/19 delayed transfers of care reduced by 15.9%.
- Ambulance trust performance has improved in 2018/19 against all six new response time standards introduced by the Ambulance Response Programme. All ambulance trusts now regularly achieve the category 1 standards for those patients needing the most urgent care with an average national improvement of 1 minute (12.3%) against last year's performance.

Objective 6: To improve out-of-hospital care

- NHS England has met the mandate requirement on access to enhanced GP services – we are offering evening and weekend appointments across the country seven days a week including bank holidays
- Good progress is being made against all the mental health mandate deliverables. Latest data shows that all CCGs met the Mental Health Investment Standard in 2018/19, marking the first time this has been met everywhere in the country. We are on track to meet all access and waiting time standards for mental health services, with work ongoing to ensure the NHS Five Year Forward View ambitions are met in 2020/21. Almost 70% of people in England experiencing a first episode in psychosis were treated with NICE approved care package within two weeks of referral in January 2019.
- We have increased the number of people with learning disabilities, autism or both being cared for in the community rather than specialist inpatient services. The total number of people in inpatient units fell by 22% from March 2015 to March 2019. This includes 765 people who had previously been in hospital for over five years, resulting in over 570 beds being decommissioned. As part of the NHS Long Term Plan, we have committed to reducing the number by 50% by March 2024.

Objective 7: To support research, innovation and growth and to support the Government's implementation of EU Exit in regards to health and care.

- NHS England is working with Genomics England and other partners to align efforts to support genomics to be embedded into routine care as part of the NHS Long Term Plan.
- Good progress is being made in relation to the rollout of new technologies in the NHS. The NHS App continues to be tested and rolled-out to GP practices with plans for full coverage in 2019.
- 16.2 million patients (27% of patients in England) are now registered for one or more online services. National data also shows the number of general practices to have at least 10% of patients registered for one or more online services is 93%. In March 2019, 1.2 million transactions for appointment booking/cancelling occurred and there were 3.2 million online repeat prescription transactions.
- 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 which went live in May 2018 and had involved more than 4,300 people by March 2019.
- NHS England and NHS Improvement established a single EU Exit function, working closely with DHSC to prepare the NHS for EU Exit under any scenario. We jointly issued Operational Readiness Guidance for local NHS organisations in December 2018. NHS England and NHS Improvement have held regional events to support local preparations and have continued to publish a wide range of system-facing communications. We have set up National Co-ordination Centre, Regional Coordination Centre and Commercial and Procurement Cell structures to gather intelligence from and disseminate information to the health system. We continue to test Government planning assumptions to ensure that national plans take account of the needs of the health and care sector and so that local leaders have the information they need to prepare for EU Exit under any scenario.

Appendix 2: Equality

Meeting our Public Sector Equality Duty (PSED)

NHS England has continued to prioritise action to meet the PSED and the associated equality duties. Our latest comprehensive report¹ describes the action being taken across NHS England to support compliance with the Equality Act 2010 and progress against our PSED. Our equality objectives are supported by key targets, and progress is set out in our latest update².

Our equality objectives for 2016 to 2020, set out below, address our role as an NHS system leader and our own role as an employer:

- 1: To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the PSED and duties to reduce health inequalities set out in the Health and Social Care Act 2012.
- 2: To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.
- 3: To improve the experience of Lesbian, Gay, Bisexual and Transgender People (LGBT) patients and improve LGBT staff representation.
- 4: To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS, with specific reference to identifying how to address issues in relation to health inequalities and patient safety.
- 5: To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the PSED in relation to patients, service-users and service delivery.
- 6: To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.

In January 2019, we published the NHS Long Term Plan and an associated Equality and Health Inequalities Impact Assessment. NHS England's second gender pay report³ was published in March 2019. Further information can be found on page 110 of our Staff Report.

1 NHS England response to the specific equality duties of the Equality Act 2010: April 2018 - March 2019

2 <https://www.england.nhs.uk/about/equality/objectives-16-20/>

3 <https://www.england.nhs.uk/publication/nhs-england-gender-pay-report/>

Appendix 3: Reducing health inequalities

During 2018/19 NHS England has undertaken a range of work to address health inequalities, in line with the objectives set out in the Next Steps on the NHS Five Year Forward View, and more recently in the NHS Long Term Plan, and the criteria set by the Secretary of State.

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 many ways, including the development and implementation of the Equality and Health Inequalities RightCare Packs⁴ to support the work of CCGs and through the work of the NHS Equality and Diversity Council (EDC).

We have also established with the DHSC and PHE an oversight group that meets regularly to review progress, understand developments, and bring challenge on health inequalities.

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 2018/19 using NHS Digital's data. Information and data on the indicators will be published on the NHS England website in July 2019. The framework supports our work with national clinical programmes in developing health inequalities measures within each work area to measure impact on health inequalities.

NHS England leads wider work on data monitoring and information standards in partnership with the DHSC and other key stakeholder organisations. In October 2018, the Information Standard on sexual orientation monitoring (SOM) was published, with 25 NHS Trusts agreeing to pilot the Standard to help inform implementation.

To support commissioners and providers to better understand inequalities in access, NHS England supported the refresh of the practical resource "Improving Access for all: reducing inequalities in access to general practice services". 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 and is tracked by CCGs.

The health inequalities indicator 106 for chronic ambulatory care sensitive conditions and urgent care sensitive conditions in the CCG IAF continues to help CCGs monitor and plan improvements in NHS equity performance and forms the basis of the EHI Right Care Packs. The EHI Right Care Packs support local healthcare systems to take systematic focused action on reducing health inequalities for their local diverse populations.

4 Equality and Health Inequality RightCare Packs - <https://www.england.nhs.uk/rightcare/products/ccg-data-packs/equality-and-health-inequality-nhs-rightcare-packs/>

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'. In 2018/19, we have also 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 the 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 2019/20.

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

To deliver improvements in prevention and access to primary care medical services we published information that aims to make it easier for patients from Inclusion Health Groups to overcome the barriers to accessing healthcare.

In London, for example, 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 2018/19 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. The impact of this work is being evaluated locally to inform ongoing gap analysis and further work commissioners need to address in improving health access and outcomes for homeless people and rough sleepers.

Other work is being progressed in relation to other inclusion groups such as the appointment of an LGBT advisor and issues relating to access in conjunction with Gypsy and Roma communities.

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

NHS England included in the 2018/19 CCG IAF a composite measure to help CCGs set priorities for tackling inequalities. This informs the headline national assessment of CCGs together with several other indicators.

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

Progress has been made to embed health inequalities considerations across our corporate priority areas, 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 Black, Asian and Minority Ethnic (BAME) representation in the Cancer Patient Experience Survey. As BAME 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.

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 several 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 to meet the needs of underserved women and communities and the needs of BAME groups within wider mental health programmes.

In Learning Disabilities and Autism, we commissioned the LeDeR Programme. Through the learning from LeDeR reviews NHS RightCare has committed to reflecting the needs of people with a learning disability in the optimal pathways it produces.

In Diabetes, we are routinely monitoring take up and retention rates of the prevention programme, with analysis now being undertaken relating to the link between outcomes in BAME groups and social deprivation.

Appendix 4: List of acronyms used in our annual report

	Acronym used	Meaning
A	A&E	Accident and Emergency
	AHSN	Academic Health Science Networks
	ADASS	Association of Directors of Adult Social Services
	ALB	Arm's Length Body
	AF	Atrial Fibrillation
	ALL	Acute Lymphoblastic Leukaemia
	AME	Annually Managed Expenditure
	ARAC	Audit and Risk Assurance Committee
	ARP	Ambulance Response Programme
B	BAME	Black, Asian and Minority Ethnicities
	CareCERT	Care Computer Emergency Response Team
	CAR-T	Chimeric Antigen Receptor T Cell Therapy
	CEO	Chief Executive Officer
	CCG	Clinical Commissioning Group
	CETV	Cash Equivalent Transfer Value
	CHC	Continuing Healthcare
	CIO	Chief Information Officer
	COO	Chief Operating Officer
	CPAG	Clinical Priorities Advisory Group
C	CPI	Consumer Price Index
	CQC	Care Quality Commission
	CQRS	Calculating Quality Report Service
	CQUIN	Commissioning for Quality and Innovation
	CRHTT's	Crisis Resolution and Home Treatment Teams
	CSOPS	Civil Servant and Other Pension Scheme
	CRR	Corporate Risk Register
	CSU	Commissioning Support Unit
	DAWN	Disability and Wellbeing Network
	DCO	Director of Commissioning Operations
	DCEO	Deputy Chief Executive Officer
	DHSC	Department of Health and Social Care
	DIL	Diversity and Inclusion Leadership
	DSC	Data Security Centre
	DSP	Data Security and Protection
DSPT	Data Security Protection Toolkit	
D	DWP	Department of Work and Pensions

	Acronym used	Meaning
	e-RS	e-referral system
	ECDC	Elective Care Development Collaborative
	EDC	Equality and Diversity Council
	ECG	Electrocardiogram
	EHIA	Equality and Health Inequalities Analysis
E	EPRR	Emergency Preparedness, Resilience and Response
	ERMG	Executive Risk Management Group
	ESCAPE	Enabling Self-management and Coping with Arthritic Pain through Exercise
	ESM	Executive Senior Manager
	ESR	Electronic Staff Record
	EU	European Union
	FCP	First Contact Practitioner
	FF	Fast Followers
	FIT	Faecal Immunochemical Tests
	FOI	Freedom of Information
F	FReM	Financial Reporting Manual
	FRF	Financial Recovery Fund
	FSAVC	Free Standing Additional Voluntary Contributions
	FTE	Full Time Equivalent
	FTSU	Freedom to Speak Up
	GAM	Group Accounting Manual
	GDPR	General Data Protection Regulation
G	GIRFT	Getting It Right First Time
	GPFV	General Practice Forward View
	GPPCF	General Practice Payment Calculation Futures
	GPSoC	GP Systems of Choice
	HCID	High Consequence Infectious Disease
	HII	High Impact Intervention
H	HMRC	HM Revenue and Customs
	HQIP	Health Quality Improvement Partnership
	HR	Human Resources
	IAF	Improvement and Assessment Framework
	ICO	Information Commissioners Office
	ICP	Integrated Care Provider
	ICS	Integrated Care System
I	IFRS	International Financial Reporting Standards
	IG	Information Governance
	ILM	Institute of Leadership Management
	ISA	International Standards on Auditing
	ISFE	Integrated Single Financial Environment
	ISN	Information Standards Notice
	LeDeR	Learning Disabilities Mortality Review
	LGA	Local Government Associations
L	LGBT+	Lesbian, Gay, Bisexual, Trans +
	LHCR	Local Health Care Record
	LMDP	Line Management Development Programme
	LMS	Local Maternity Systems

	Acronym used	Meaning
M	MHFA	Mental Health First Aider
	MHRA	Medicines and Healthcare Products Regulator Agency
	MoD	Ministry of Defence
	MSK	Musculoskeletal
N	NAO	National Audit Office
	NARU	National Ambulance Resilience Unit
	NCC	National Co-Ordination Centre
	NGD	National Data Guardian
	NHS	National Health Service
	NHSCFA	NHS Counter Fraud Authority
	NHS DPP	The NHS Diabetes Prevention Programme
	NHS IMAS	NHS Interim Management and Support
	NHS BSA	NHS Business Services Authority
	NHS PS	NHS Property Services
	NHS SBS	NHS Shared Business Services
	NIA	National Innovation Accelerator
	NICE	National Institute for Health and Care Excellence
	NIHR	National Institute for Health Research
	OD	Organisational Development
	O	OGSCR
ONS		The Office of National Statistics
OPW		Off-Payroll Workers
PCN		Primary Care Network
P	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
	PPV	Patient and Public Voice
	PRP	Performance Related Pay
	PSED	Public Sector Equality Duty
	PSF	Provider Sustainability Fund
	Q	QAG
QNFMS		Quality Network for Forensic Mental Health Services
RDEL		Revenue Department Expenditure Limit
R	RPI	Retail Prices Index
	RTT	Referral to Treatment Time

	Acronym used	Meaning
	SBLCB	Saving Babies Lives Care Bundle
	SBRI	Small Business Research Initiative
	SCOG	Specialised Commissioning Oversight Group
	SDEC	Same Day Emergency Care Services
	SDMP	Sustainable Development Management Plan
S	SDU	Sustainable Development Unit
	SFI	Standing Financial Instructions
	SOM	Sexual Orientation Monitoring
	SROs	Senior Responsible Officers
	SSNAP	Sentinel Stroke National Audit Programme
	STP	Sustainability Transformation Partnership
T	TU	Trade Union
U	UTC	Urgent Treatment Centres
V	VAT	Value Added Tax
	VCSE	Voluntary, Community and Social Enterprise
W	WRES	Workforce Race Equality Standard
	WTE	Whole Time Equivalent

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