

# Performance Report



Simon Stevens  
Accounting Officer  
3 July 2019

# Chief Executive's overview

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In July 2018 the NHS marked its 70th anniversary. At its best our National Health Service is the practical expression of a shared commitment – across our nation, and across the generations. It is a remarkable testament to the care and professionalism of the 1.3 million staff of the NHS that public support for our health service is in fact even stronger now than at its founding.

But seventy years ago Aneurin Bevan predicted that the Health Service “must always be changing, growing and evolving” so that “it must always appear to be inadequate”. As the Chair's report on page 7 and the performance report from page 17 set out, the past year has continued to see both progress and pressure across the frontline of NHS care.

We have, for example, seen cancer outcomes continuing to improve, with breast cancer death rates down nearly a fifth over the last five years. Mental health services have continued to expand, with the male suicide rate now at a 31 year low. Better joint working between hospitals, and community and social care has helped patients get back home and freed up inpatient beds across England - equivalent to opening four new fully-staffed hospitals.

But we have also seen workforce pressures intensify – with an estimated 100,000 vacancies across the NHS – matched by continuing increases in the number of patients needing emergency and planned care. And while the ONS report that NHS productivity has been rising three times faster than the rest of the economy, investment in modern buildings and equipment has been tightly constrained; the value of capital investment per staff member having fallen 17% since the start of the decade.

It is against that backdrop that the importance of the NHS's five year funding settlement announced last summer should be seen. Covering the period 2019/20 to 2023/24, it is only the second time in the NHS's history that we have multiyear funding certainty.

It has enabled us to chart a practical, phased and widely supported plan for the decade ahead. The NHS Long Term Plan published in January 2019 is now being developed into detailed local implementation programmes, that will see comprehensive gains in the big 'killers and disablers' affecting people's health, as well as further action in every part of the country to redesign and integrate care.

As we do so, a number of challenges confront us in the year ahead. We need to intensify work across the NHS to increase staff availability and better support our current workforce including nursing and primary care. Trusts and CCGs are being called on to manage day-to-day performance while also mobilising for wider service improvement. And the NHS must continue to play its part in contingency arrangements for Brexit, recognising our principal dependency on the effectiveness of the Government's work to secure transport and supply logistics.

At the same time we are bringing NHS England and NHS Improvement together under shared leadership, and asking our staff to save a further 20% of our organisational cost. We are reshaping our support and intervention model relative to frontline NHS organisations, promoting a culture of improvement as well as performance. And we need to agree with Government the investment in important areas not covered in the NHS's five year revenue settlement which will be critical contributors to the success of the NHS Long Term Plan.

Finally, while our core role is of course leadership and stewardship of the NHS itself, we also recognise our responsibility to contribute to some of the wider issues facing our country. Whether that be action to reduce air pollution, address youth violence, cut health inequalities or tackle childhood obesity, in the year ahead the NHS commits once again to fully play our part.



**Simon Stevens**

*CEO of NHS England, and Accounting Officer*

# How we measure performance

The NHS Constitution sets out the rights of patients, public and staff. NHS England measures and monitors performance against a wide range of core constitutional performance standards to track delivery; for example, on waiting times for diagnostic tests and treatment. Where performance is found to be off track, NHS England works through its local teams to provide the necessary support to local organisations to deliver the best and improving care for patients. We publish statistics relating to these core constitutional standards on the NHS England website<sup>6</sup> every month.

NHS England also routinely monitors performance and delivery of the key commitments detailed in the NHS Five Year Forward View. In addition, we have a statutory obligation to assess the performance of CCGs using a range of measures to create a balanced judgement of their effectiveness. The table below shows the number of CCGs receiving each rating in 2018/19 compared to 2017/18<sup>6a</sup>. Further detail is provided in the 'Assurance of the commissioning system' section on page 92.

	2018/19	2017/18
Outstanding	24	20
Good	102	100
Requires Improvement	58	69
Inadequate	11	18
<b>TOTAL<sup>6b</sup></b>	<b>195</b>	<b>207</b>

As the NHS moves to a more systems-based approach to delivering care through the functions of STPs and ICSs, the way that we measure and monitor performance is evolving. During 2018/19, NHS England and NHS Improvement have worked to bring together its data and insights into a single platform, the Population Health and Performance Management Dashboard. This incorporates data from monthly reporting, RightCare, Model Hospital, Getting It Right First Time (GIRFT) and many other sources to give a single source of information about the performance of a Region, an STP, a CCG or a hospital, creating clarity about where the opportunities for improvement lie. This approach has been piloted in a small number of health systems and, as stated in the NHS Long Term Plan, will be rolled out to all ICSs and STPs during 2019/20.

6 <https://www.england.nhs.uk/statistics/statistical-work-areas/combined-performance-summary/>

6a The full data set is available at <https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/>

6b In April 2018, 18 CCGs merged, forming six CCGs

# Performance Analysis: Next Steps on the NHS Five Year Forward View priorities

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The commitments set out in the NHS Five Year Forward View, are now beginning to bear fruit and this, as well as the practical experience of how to bring about large scale change, has informed the NHS Long Term Plan. This report provides analysis on the following priority areas: Urgent and emergency care page 17, Primary care page 19 Cancer page 20, Mental health page 22 and integrating care locally page 24, and includes other major work programmes designed to address the country's health and care needs. These additional priorities concentrate on Learning disabilities page 25, Diabetes page 27, Maternity page 28, Elective care page 31 and Digital transformation page 41. Together, our work programmes encapsulate the objectives set out in the Government's mandate to us for 2018/19 and are underpinned by work on funding and efficiency, strengthening our workforce and patient safety, all of which are addressed throughout this document.

Further information on our performance against the mandate is available on page 192.

## Urgent and emergency care

During 2018/19, delivering the urgent and emergency care reform agenda has enabled the service to respond to demand by improving access to advice for patients, outside of hospital, improve care pathways within hospitals, and enabled timely discharge into the community.

NHS 111 received 5.1% more calls in 2018/19, and answered 1.7% additional calls within 60 seconds against the previous year, with 52.7% of all calls receiving clinical advice up from 48.4% in 2017/18. NHS 111 online is now available across the country, online<sup>7</sup> or via the mobile app.

Evening and weekend appointments are now available across the country seven days a week including bank holidays. We have increased the number of Urgent Treatment Centres (UTCs) and there are now 113 locations across England, with appointments bookable through NHS 111.

The expansion in same day emergency care services (SDEC) has supported an 11.9% increase in emergency patients being treated and returning home on the same day during 2018/19.

£145 million capital investment was provided to 81 schemes across the country, delivering upgrades to emergency departments and improved facilities to support the delivery of new care models such as SDEC.

In 2018/19 there has been a particular focus on supporting long stay patients (21 days or more), who are often frail and elderly, to safely leave hospital. This reduces the risk of harm and helps to free up beds, allowing other patients to be admitted. The number of patients in hospital with long lengths of stay (21 days or more) has reduced, releasing 2,111 beds. In addition, delayed transfers of care have reduced by 15.9% compared to last year. This was supported by the investment from Government of £240 million to local authorities for adult social care to help reduce pressure on the NHS by enabling patients to be discharged in to the community or back into their own homes.

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7 <https://111.nhs.uk/>

Demand for urgent and emergency care services increased in comparison to the previous year with nearly 25 million A&E attendances in 2018/19 (4.1%). Emergency admissions via A&E also increased compared to the previous year with nearly 300,000 more admissions (6.8%).

The four hour A&E performance metric was 88% and slightly below the 88.3% performance achieved in 2017/18, against the 95% target. The summer of 2018 was the joint hottest on record, with the Government issuing hot weather warnings in May, June and July. The heat contributed to increased demand, impacting upon performance. Despite lower overall performance, 780,000 more people were treated *within* four hours compared to last year.

The winter period, always the most challenging for the NHS, with outbreaks of flu, respiratory and gastrointestinal illnesses, saw an increase of over 400,000 attendances (5.1%). Despite this increased demand, 380,000 more patients were seen within four hours, with improved performance at 85.4% compared to 85% last winter.

Whilst there was an increase in ambulance arrivals, ambulance services worked with hospitals to significantly reduce ambulance handover delays, with winter 2018/19 data showing 10% and 22% reductions in 30 minute and 60 minute handover delays respectively, as compared to winter 2017/18.

Ambulance trust performance has improved in 2018/19 against all six new response time standards introduced by the Ambulance Response Programme (ARP). 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.

Action for the year ahead includes:

- Expanding SDEC with the aim of delivering 30% of non-elective admissions via SDEC by March 2020.
- Undertaking a clinically-led Clinical Standards Review.
- Raising the ambition to further reduce long stay bed occupancy to 40%, hereby reducing the risk of harm to patients and ensuring better outcomes and increased capacity within the system.
- Continuing the roll out and designation of UTCs.
- Continuing to deliver Integrated Urgent Care by further developing our Clinical Assessment Service, improving patient triage.
- A stronger focus on effective use of data through daily reporting of the Emergency Care Data Set

For further information please see the urgent and emergency care pages of the NHS England website<sup>8</sup>.

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8 <https://www.england.nhs.uk/urgent-emergency-care/>

## Primary care

The Primary Care Programme continues to support the delivery of the General Practice Forward View (GPFV). The programme increases investment in primary care services, and the number of people working in primary care, and supports improvements to access, services and premises. Responses to the GP Patient Survey give a patient's view on how primary care is performing. In 2018, responses to the survey (published in August) remained positive overall, with 83.8% rating their experiences as good, or very good.

We remain on track to deliver an additional £2.4 billion investment by 2021, investing £12 billion per annum in general practice, as set out in the GPFV. Investing in upgrading primary care facilities has continued, with 133 schemes completed in 2018/19 in addition to the 974 schemes completed over the last two years. There are currently a further 712 active schemes which are on track to be completed.

Since 1 October 2018, everyone across the country has been able to access general practice appointments in the evenings and weekends. This means that patients can see a doctor, nurse or other member of the practice team at a time that is convenient to them - providing an estimated nine million additional appointments per year. This was delivered ahead of the March 2019 commitment.

We have made progress with developing Primary Care Networks (PCNs), with groups of GP practices coming together with community multidisciplinary teams to deliver integrated primary care. We have achieved substantial PCN coverage and from April 2019, CCGs will be required to commit £1.50 per head of population to develop and maintain PCNs. We also remain committed to improving the working environment for GPs. Support for practices to implement at least two of the high impact 'Time for Care' actions continues. This has allowed for over 475,000 hours of GP and administrative time to be released for more productive use.

Recruitment of young UK doctors into GP training reached a record high. Recruitment of GPs from overseas has been stepped up, but is affected by the relatively limited pool of suitably qualified EEA doctors with sufficient language skills; competition from other countries worldwide that are actively recruiting and working to retain healthcare professionals; and uncertainty about the UK's exit from the European Union (EU). We are looking at countries where qualifications and experience are most closely equivalent to the UK. We have a pipeline of over 300 doctors who are currently working through our Induction and Refresher scheme; this scheme supports and assesses all new international doctors joining the NHS for the first time, those returning from overseas who trained or worked here previously, and domestic doctors who wish to return to work in general practice.

We have also made significant progress in expanding the number of non-GP staff working within the wider general practice workforce. The target growth for the wider workforce in general practice is 5,000 by September 2020 which has now been exceeded, having grown by over 5,321 Full Time Equivalents (FTEs) at the end of September 2018.

The largest increase has been seen in staff with direct patient care responsibilities, including clinical pharmacists and paramedics.

## Cancer

Considerable progress has been made in delivering world class cancer care as set out in Next Steps on the NHS Five Year Forward View. Cancer survival is the highest it has ever been, with the most recent one year survival at 72.8%, over 10 percentage points higher than in 2001.

We aim to save more lives by increasing public awareness of cancer, driving earlier and faster diagnosis and providing access to the best treatments. In 2018/19, 53.7% of all cancers were diagnosed at an early stage, when patients have a greater chance of curative treatment, and patients reported a high level of satisfaction with their experience of treatment and care through the National Cancer Patient Experience Survey – the highest on record.

2018/19 saw intentionally steep increases in the number of referrals made for suspected cancer across all tumour types, with a 14.1% increase in the number of referrals seen within two weeks compared to the previous year. Across the year, both May and September 2018 saw historic monthly rates of growth of over 20%. This significant growth in demand helps move us towards delivery of the 75% early diagnosis target in the NHS Long Term Plan. The NHS responded well, with significant growth in activity and an 8.5% increase in the number of patients starting treatment within 62 days of urgent referral: in 2018/19 we saw more patients within 62 days of urgent referral than ever before. However, rising demand has made it challenging to meet cancer waiting time standards and work is underway to ensure diagnostic capacity and associated staffing is in place to meet additional demand.

We invested over £200 million in the transformation of cancer services, led by Cancer Alliances, in 2017/18 and 2018/19. Alliances have implemented models for earlier and faster diagnosis, including timed diagnostic pathways for lung, prostate and colorectal cancer; multidisciplinary diagnostic centres for people with vague symptoms; targeted lung health check pilots and the use of faecal immunochemical tests (FIT) to improve the early detection of colorectal cancer.

Cancer Alliances also led the roll out of personalised care for people with cancer, including follow up pathways for breast cancer patients that have been designed to meet individual needs. Patients are empowered to manage their care, with follow-up that suits their needs and direct access to specialist advice whenever required rather than attending multiple follow up clinic appointments. More patients are receiving holistic assessments and care planning and support workers were introduced in many Trusts to support clinical staff and patients.

The £130 million Radiotherapy Modernisation Programme was completed this year, providing funding for over 80 new or upgraded radiotherapy machines, plus new treatment planning systems across England. New radiotherapy service specifications were published, which will establish eleven Radiotherapy Networks across the country by 2020, ensuring everyone has access to high-quality, modern treatment.



New treatments with promising results are being made available on the NHS. In December, the first patient received Proton Beam Therapy at the Christie in Manchester. We also began delivering Chimeric Antigen Receptor T Cell (CAR-T) Therapy treatment to children and young people up to 25 years old with B cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant, or in second or later relapse. NHS cancer patients are amongst the first in Europe to benefit from this revolutionary treatment.

Action for the year ahead includes:

- Modernise cancer screening and increase uptake, starting with the implementation of more effective and accessible tests for bowel and cervical cancer screening from summer 2019 and 2020 respectively. Take forward the recommendations from Professor Sir Mike Richards' independent review of cancer screening, due in Summer 2019.
- Offer all boys aged 12–13 vaccination against Human papillomavirus (HPV)-related diseases from September 2019.
- Prepare for full implementation of the new 28-day faster diagnosis standard, to be monitored from April 2020, to ensure patients receive their diagnosis or “all clear” within 28 days of urgent referral for suspected cancer.
- Begin establishment of Rapid Diagnostic Centres, which will bring together diagnostic kit and expertise in one place for faster access to tests and results for patients, starting with one Centre in each Cancer Alliance by 2020.
- Establish 11 Radiotherapy networks to ensure equal access to the best treatment planning regardless of where patients live by 2020.
- Ensure all patients who finish breast cancer treatment move to a personalised follow up pathway from 2020 and continue to make personalised follow up available for people with colorectal and prostate cancers.
- Begin offering whole genome sequencing to all children with cancer from 2019.
- Complete testing of a world-first Quality of Life Metric, to track and respond to the long-term impact of cancer, and begin roll out.

The NHS Long Term Plan sets ambitious commitments to further improve survival and quality of care for everyone with cancer. Over the next ten years we will continue to transform cancer outcomes, so that from 2028 an extra 55,000 people each year will survive for five years or more following their cancer diagnosis and 75% of cancers will be diagnosed at an early stage.

## Mental health

Putting mental health on an equal footing with physical health is at the heart of NHS England's plans to transform mental health services. To reinforce this, NHS England published updated requirements in 2018/19, requiring CCGs to ensure their investment in mental health rises at a faster rate than overall health funding. 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.

Significant progress has been made on the recommendations included in the Five Year Forward View for Mental Health, published in February 2016. Access to mental health services for people requiring psychological therapies, for children and young people with eating disorders, and for individuals requiring Early Intervention in Psychosis has improved. All access, recovery and referral to treatment time (RTT) targets are either being met or are on track to be achieved as expected by 2020/21.

We have also invested in a range of mental health services to further improve the service offering, including:

- Investing £170 million in children and young people's mental health services, with the programme on track to ensure an extra 35,000 children and young people can access services this year, with all STPs planning to achieve the commitment to see 70,000 more children and young people nationally by 2020/21.
- By year end, NHS England had opened 224 new children and young people's Tier 4 inpatient beds, making good progress on delivering improvements in local access, reducing travel distances, out of area placements and overall a more efficient distribution of the inpatient capacity nationally. The net position is an additional 109 new beds against the original baseline when taking into account beds which have closed.
- Opening 109 new beds since July 2017 for children and young people's Tier 4 inpatient mental health services in areas of greatest geographical challenge, which will help to minimise hospital stays and eliminate inappropriate use of beds in paediatric and adult wards. There are also plans for a further 40 new beds in 2019.
- Investing £42.7 million to enable new and expectant mothers experiencing mental health difficulties to access specialist perinatal mental health community services in every part of the country by April 2019. Across Quarter 1 and 2 this year, 4,450 additional women had accessed services. We are on track to support an additional 30,000 women each year to access specialist perinatal care by 2020/21.
- Investing in four new, eight-bedded Mother and Baby Units (MBUs) to provide specialist perinatal care in areas with particular access issues, and the number of beds in existing MBUs is increasing as well.
- Further progress has been made in 2018/19 to reduce inappropriate Out of Area Placements, and local areas have trajectories in place to eliminate them by 2020/21. This has been supported by a cumulative gross investment of £26 million in Crisis Resolution and Home Treatment Teams (CRHTTs), enabling intensive home treatment to be offered as an alternative to an acute inpatient admission.

- We remain on track to deliver our commitment that half of A&Es will achieve 'Core 24' standards including mental health liaison teams by 2020/21, supported by an investment of £13 million.
- Investing £4.8 million with 21 local areas for Individual Placement and Support services, £3.6 million with eight STPs for suicide prevention and reduction initiatives, and £3.3 million with three areas for piloting Specialist Community Forensic Teams.

We are also rolling out a programme to provide psychological therapies for people with Long Term Conditions, after pilot areas demonstrated a reduction in the need for hospitals, GPs and A&E.

The national standard for dementia diagnosis rate has been consistently achieved since July 2016. Across England, it reached 67.9% at the end of October 2018, achieving the ambition that at least two-thirds (66.7%) of people living with dementia receive a formal diagnosis.

Our seven most digitally advanced Mental Health Trusts (known as Global Digital Exemplars) are partnering with other Mental Health Trusts to share their approach to digitising mental health services, including record sharing, online therapy, and electronic patient medicines administration.

Action for the year ahead includes:

- Further progress towards achieving the 2020/21 access and RTT ambitions for children and young people (including eating disorders), adults with common mental illness and perinatal mental health services.
- Mobilising the system to deliver service expansions outlined in the NHS Long Term Plan.
- Supporting further partnership development as the system transitions to more integrated ways of working.

For further information, please see the mental health pages of the NHS England website<sup>9</sup>.

9 <https://www.england.nhs.uk/mental-health/>

## Integrating care locally

ICSs are local collaborations for improving access and outcomes, and for reducing health inequalities, within a defined share of NHS resources. Their purpose is twofold:

- To implement integrated care models that address the wider determinants of health and that provide more proactive and joined up care for people with complex needs;
- To create shared local responsibility for improving services, for managing the total available NHS resources more efficiently and effectively, and for implementing system-wide changes that are needed to achieve these goals.

There have been two waves of ICSs. The first group of ten included two systems with devolution agreements and were announced in June 2017: Bedfordshire, Luton and Milton Keynes; Berkshire West; Buckinghamshire; Dorset; Frimley; Greater Manchester (devolution deal), Lancashire and South Cumbria; South Yorkshire and Bassetlaw; Nottinghamshire and; Surrey Heartlands (devolution deal). This grew to 14 in May 2018, with the addition of: Gloucestershire, Suffolk and North East Essex, North Cumbria and West Yorkshire and Harrogate.

Building on the learning from the new care models programme which supported fifty vanguards to test whole population approaches to delivering care, the ICSs have begun to design and implement integrated service models, which meet the needs of their populations. They have also spread PCNs, enabling integrated multidisciplinary neighbourhood teams of primary care, community care, secondary care, social care, mental health and voluntary sector staff to come together to deliver a wider range of preventative, personalised care and support. For people with urgent medical needs, systems have increased access to same-day appointments by more flexibly deploying nurses, pharmacists, therapists and other staff.

In systems like North Cumbria, South Yorkshire and Bassetlaw, and Dorset, primary and community hubs are already providing enhanced services for people who would otherwise require a hospital stay. In York, for example, a programme of proactive community-based health coaching has resulted in significant reductions in acute emergency hospital admissions (-18%), hospital bed days (-20%) and A&E visits (-26%), for patients accessing the new service. In West Berkshire, patients who have a range of pain symptoms were being referred to outpatient clinics, waiting between seven and nine months. Now they are being seen in four weeks because GPs, consultants, radiologists, physiotherapists and psychologists have come together to better assess patients and direct them to the most appropriate care setting first time.

This collaboration between hospitals, GP practices, community and local government services are enabling care closer to home and reductions in avoidable trips to hospital. Increasingly, these collaborations are widening to include other agencies such as fire services, housing associations and voluntary organisations. By broadening their partnerships, ICSs are also beginning to tackle the wider determinants of health and wellbeing. For example, the 'Run-a-Mile Challenge' in which children, teachers and others commit to run a mile a day regularly, and community-led creative activities which connect people back into their communities, are helping to reduce social isolation.

Action for the year ahead includes:

- ICSs and STPs will continue with the roll out and develop PCNs, bringing together GP practices and community teams to create expanded multi-disciplinary teams. Each PCN will appoint a named accountable Clinical Director.
- As one of the cornerstones of the NHS Long Term Plan, more STPs will graduate to become ICSs and achieve the goal of full ICS coverage across the whole of England by 2021.
- Each ICS/STP will create a partnership board, drawn from and representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners; and appoint a non-executive chair.
- ICSs and STPs will develop system implementation plans for their delivery of the NHS Long Term Plan, engaging all system partners, including health, patients, local government and the voluntary sector.

## Learning disabilities and/or autism

In 2015 NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) published Building the Right Support, a national plan to reduce the number of people with learning disabilities, autism or both living in long stay specialist hospitals by 35-50% and ensure they received the right care in the right setting, close to home.

The number of people with learning disabilities, autism or both living in these facilities as at April 2019 was 2,245; this is a decrease of 22% from the March 2015 total of 2,890. There have been over 6,760 discharges to the community since March 2015, including 745 people who had previously been in hospital for over five years, resulting in over 500 beds being decommissioned.

We have also been working to prevent avoidable admissions, and the number of people receiving community / pre-admission Care (Education) and Treatment Reviews (C(E)TRs) continues to increase. In total, 1,600 pre-admission C(E)TRs were undertaken in 2018/19, with 82% of these leading to a decision not to admit into inpatient care. There was a 56% increase in the number of pre-admission C(E)TRs conducted between 2016/17 and 2017/18, and a further 46% increase in 2018/19. Whilst continuing to support people to live in the community, those people that need specialist inpatient care must receive the best possible care and treatment, with the least use of seclusion, long-term segregation and restraint practice.

During 2018/19, we invested a further £22 million to accelerate progress; this included additional investment in crisis and community teams, as well as targeted work with children and young people. In addition, as part of the reconfiguration of services now underway, in 2018/19 NHS England transferred £53 million to support local commissioners to invest more in community-based initiatives.

Commissioned by Healthcare Quality Improvement Partnership (HQIP) and led by the University of Bristol, the Learning Disabilities Mortality Review (LeDeR) Programme continued to roll out a review process for the deaths of people with learning disabilities. 1,540 reviews have been completed up to March 2019.

People with learning disabilities often have poorer physical and mental health than other people and die 15-20 years younger compared to those without a learning disability. Annual Health Checks can identify undiagnosed health conditions early, ensure the appropriateness of ongoing treatments, promote and improve uptake of preventative care (e.g. through screening and immunisation), and establish trust and continuity of care. The NHS is committed to ensure more people with a learning disability receive an Annual Health Check. The STOMP project (Stop Over Medicating People) tackles inappropriate prescribing of psychotropic medication. Now over 340 organisations who support people with learning disabilities, autism, or both have signed a STOMP Pledge, supporting thousands of people. In 2018/19 the STOMP programme was expanded to Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP). The initiative aims to make sure that children and young people with a learning disability, autism or both are only prescribed the right medication, at the right time and for the right reasons.

In October 2018, NHS England led a call on health, education and social care organisations to adopt a new scheme to ask, listen to and act on concerns raised by people with learning disabilities and autism to help address health inequalities.

'Ask Listen Do'<sup>10</sup> supports organisations to learn from and improve the experiences of people with a learning disability, autism or both, their families and carers when giving feedback, raising a concern or making a complaint. It also makes it easier for people, families and paid carers to give feedback, raise concerns and complain.

2018/19 has been an important year of sustained progress with continued commitment to achieving what needs to be done if we are to help people to lead longer, happier, healthier lives. The NHS Long Term Plan commits to reducing the number of people in specialist inpatient hospitals by 50% by March 2024, so for every million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. For children and young people, no more than 12 to 15 children with a learning disability, autism, or both per million, will be cared for in an inpatient facility. This will be supported by increased investment in community services for autistic people and people with a learning disability.

Action for the years ahead includes:

Over the next five years NHS England and NHS Improvement will:

- Work with partners to bring hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools.
- Introduce keyworkers for children and young people with the most complex needs.
- Test and implement the most effective ways to reduce autism diagnosis waiting times.
- Introduce a 'digital flag' in patient records to support staff in making (reasonable) adjustments to care for people with a learning disability or autism, improving patient experience.

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10 <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>

## Diabetes

Diabetes is a leading cause of premature mortality, resulting in over 22,000 additional deaths each year. Having diabetes doubles an individual's risk of cardiovascular disease (heart attacks, heart failure, angina, strokes). There are also significant inequalities in the incidence of Diabetes, with people from south Asian and black ethnic groups having up to a six-fold greater chance of developing Type 2 diabetes than people from white ethnic groups.

The NHS Diabetes Prevention Programme (NHS DPP) is the world's first nationwide Type 2 diabetes prevention programme. We have exceeded our mandate commitment to have up to 80,000 people on active programmes during 2018/19, with 104,939 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.

A significant development was the appointment of the new NHS DPP Provider Framework; a key project enabling us to improve our service offer and continue delivering the NHS DPP for three more years. Under this new Provider Framework, we will enable digital routes of access to the NHS DPP for the first time, widening access for participants, and further supporting our work to target the present inequalities in Type 2 diabetes.

We have delivered a wide range of projects to target variation and drive improvement in the management and care of people living with diabetes. To support this, across the NHS, we have recruited 500 additional staff, covering a range of roles, including: diabetes specialist nurses, podiatrists, consultants and support staff. Recruitment challenges have led to local teams looking at alternative ways to resource projects, for instance by upskilling their existing workforce. Further, whilst offers of education for people with diabetes remain high, we believe levels of uptake can be improved. Therefore we also funded digital services, widening access and choice, which will also be of benefit to working age populations.

During 2018/19 we delivered:

- 41 new or expanded multidisciplinary footcare teams, reducing the risk of people with ulcers or other diabetes foot disease from having an amputation;
- 30 new or expanded diabetes inpatient specialist nurse teams, reducing the length of hospital stays for people with diabetes by helping to reduce medication errors and advising on effective treatment;
- 133 CCGs offering expanded numbers of structured education places to support people newly diagnosed with diabetes to understand how to look after themselves well; and
- 108 CCGs supporting GPs, practice nurses and people with diabetes to understand how to increase the number of people who achieve the diabetes treatment targets (Hba1c, blood pressure and cholesterol) and so reduce the risks of complications.

Action for the year ahead includes:

- Commence roll out of digital diabetes prevention services to widen access, providing coverage of up to 45% of England this year.
- Increase capacity of the NHS DPP as we work towards supporting up to 200,000 individuals per annum by 2023/24.
- Complete in-service testing of Healthy Living for People with Diabetes (HeLP Diabetes), a digital self-management service for people living with Type 2 diabetes, and commence early phases of national roll-out.
- Ensure patients with Type 1 diabetes, who meet certain clinical guidelines, will have access to flash glucose monitoring devices.

## Maternity

Our work to implement The National Maternity Review: Better Births<sup>11</sup> has continued to make good progress into its third year.

All 44 Local Maternity Systems (LMS) are implementing local plans to improve maternity care, bringing together providers, commissioners, Maternity Voice Partnerships and others to transform maternity care across STP footprints.

We continue to make progress towards the ambition to reduce stillbirths, neonatal deaths, maternal deaths and brain injuries at birth by 20% by 2020 and by 50% by 2025. One of several initiatives supporting this aim is the Saving Babies' Lives Care Bundle (SBLCB)<sup>12</sup>. The second version, published in March 2019, includes a new element to support a reduction in pre-term births. An independent evaluation<sup>13</sup> of the SBLCB showed that stillbirths fell by a fifth at the maternity units where implementation was evaluated. The 2019/20 NHS Planning Guidance and Standard Contract require providers to fully implement it.

Another key initiative to drive safer, more personalised care is continuity of carer. Over 10,500 women were placed on to continuity of carer pathways by March 2019, where they can expect to have the same midwife or small team of midwives providing their care throughout the whole maternity journey - pregnancy, birth and postnatally, which evidence shows improves outcomes.

100 Community Hubs have been established around England. They act as a one-stop shop, enabling women and families to access services under one roof. There are also now over 100 Maternity Voices Partnerships bringing together women and families, along with midwives, obstetricians, and local commissioners who work together to review and co-design maternity services.

Perinatal mental health services have continued to improve. By March 2019, there were specialist perinatal mental health community services in every STP area of England supported by £60 million investment, four new Mother and Baby units with an overall total of 19 units across England and over 400 new specialist staff recruited for community services. Over 13,000 additional women were cared for by these services in 2018/19.

11 <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/>

12 <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

13 <https://www.mamaacademy.org.uk/wp-content/uploads/2018/07/Evaluation-of-the-implementation-of-the-Saving-Babies-Lives-Care-Bundle-....pdf>



We continue our goal of ensuring maternity is at the forefront of a digital NHS. 40,000 women were offered access to their maternity digital care record, following investment in 21 pilot sites across England. We have redesigned the Maternity Services Dataset, which is now live and a new Maternity Services Dashboard went live in August 2018, enabling every maternity provider to monitor and benchmark their performance to improve care.

Action for the year ahead includes:

- LMSs will produce plans to meet the maternity and neonatal elements<sup>14</sup> of the NHS Long Term Plan by the autumn.
- We will continue to roll out continuity of carer, so that 35% of women are placed on to continuity of carer pathways by March 2020 and most women receive it by 2021.
- New national guidance on postnatal care will be made available to LMSs, to support their improvement plans.
- The Maternity Transformation Workforce Strategy will be implemented, including increasing midwifery training places by 650 in 2019/20 and up to 1,000 places for a period of three years thereafter, while also improving the supply of the obstetrics and gynaecology consultant workforce and supporting the Neonatal Critical Care Review.

## Stroke

The 2007 ten-year National Stroke Strategy ran until 2017. To continue to build on the success of the Strategy, and following engagement with the voluntary sector and clinical and patient experts, we established the National Stroke Programme Board in spring 2018, co-chaired by the chief executive of the Stroke Association. The board developed strategic objectives which have been the foundation for the focus on stroke as a clinical priority area for the NHS Long Term Plan. These support improvements in workforce and rehabilitative care alongside service integration and reconfiguration to improve patient outcomes. This board has now become the National Stroke Programme Delivery board reporting to the CVD-Respiratory Programme.

The National Stroke Programme was launched in January 2019. It included key milestones for improvement in stroke care over the next decade. Early action to March 2019 has included:

- Analytical work to identify the first new sites to carry out mechanical thrombectomy.
- Developing a new Commissioning for Quality and Innovation (CQUIN) scheme to improve access to six month post-stroke reviews, which is now in place.
- Establishing service development funding to implement an Atrial Fibrillation (AF) patient optimisation demonstrator programme focused on areas with the greatest health inequalities which will support primary care to increase rates of anticoagulation in people with AF to reduce their risk of stroke. It is forecast that by 2020 this programme will save up to 200 lives and prevent almost 700 strokes across 21 selected CCGs.

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14 <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/maternity-and-neonatal-services/>

We continue to fund the Sentinel Stroke National Audit Programme (SSNAP), and are establishing an expert group to review its provision, to ensure it supports programme delivery, including a renewed focus on stroke rehabilitation. From the latest SSNAP data (to December 2018) we can see marked improvement in processes of care over the NHS Five Year Forward View period.

- Brain scans initiated within one hour of hospital arrival are up from 47% to 55%.
- Timely swallow screening has increased from 72% to 77%.
- In hospital, 85% of patients are cared for primarily on a specialist unit.
- Delivery of Early Supported Discharge is up from 33% to 38%.
- On discharge 95% of patients are now receiving a joint health and social care plan, up from 88%.

Thrombectomy continues to be rolled out nationally through specialised commissioning teams with the focus being to develop sustainable safe services to deliver annually increasing numbers of thrombectomies to more people. Working from the baseline in 2016/17 with 450 thrombectomy procedures being recorded (mostly through research), we have commenced a development and implementation plan to increase access to thrombectomy for people who suffer an ischaemic stroke. In 2018/19 circa 1,100 thrombectomies were performed representing an increase of 59% from 2016/17. In 2019/20 we anticipate this number increasing to 2,000 thrombectomies being offered, with more in the subsequent years.

The major limiting factor in the implementation of thrombectomy services has been the lack of trained Interventional Neuroradiologists. To address the shortage of these specialists NHS England has embarked on a collaborative programme that will offer training to clinicians from other specialties. This is being done through a credential programme and is being jointly produced and endorsed by the Royal College of Radiologists, Health Education England, the General Medical Council and NHS England.

Further roll out of thrombectomy is focussing on those geographical areas where patients suffering a stroke will not be able to access a service within the six hour window from onset of symptoms. The implementation of these solutions will ensure equitable access across the country.

Thrombolysis rates have improved from 11% to 12%, and six month follow-up reviews have increased from 29% to 31%. New initiatives designed this year aim to accelerate future improvement in these areas to improve rates to the target levels. To this end we have engaged with ICSs and STPs throughout the year, to ensure that an evidence-based strategic approach is taken to developing reconfigured services in the form of Integrated Stroke Delivery Networks. These draw together patient care from the pre-hospital phase through to early supported discharge and beyond into the community.

Action for the year ahead includes:

- Deliver a suite of supporting guidance/tools to optimise delivery of Integrated Stroke Delivery Networks and linked service improvements from identification of stroke to ongoing rehabilitation.
- Support and monitor the implementation and impact of the community CQUIN for six month post stroke reviews.
- Develop criteria, evaluation processes and subsequently confirm Rehabilitation pilot sites to maximise the quality of impact evidence that can be secured from go live in 2020.
- Transfer hosting of the stroke educational framework to HEE and commence significant development work to underpin staff skills development and sustainable recruitment.

## Elective care

The Elective Care Transformation Programme is supporting local clinicians and commissioners to change how patients are referred into services, to increase access and improve the quality of care provided.

The Elective Care Development Collaborative (ECDC) supports frontline delivery by spreading knowledge and expertise and helping to improve system capability through published products such as handbooks. Initial work in gastroenterology and musculoskeletal (MSK) has broadened out to include dermatology, ophthalmology, cardiology, urology, ENT, gynaecology, respiratory, general surgery, general medicine, radiology, neurology and endoscopy.

First Contact Practitioner (FCP) provides direct access for patients with back pain, arthritis and other MSK conditions, to physiotherapists with enhanced skills based in GP practices. This was piloted in 41 of 42 STPs and interim findings showed that: 97% of patients were likely or very likely to recommend FCPs to friends or family; 69% received advice on self-care or exercise; and, the number of blood tests and medication prescriptions dropped. FCPs are being rolled out more widely, with a minimum of three mobilised sites per STP next year.

The Elective Care Community of Practice is a key resource for CCGs/ICCs/STPs and providers, and had more than 1,000 members at the end of March 2019. It supports the creation, expansion and exchange of knowledge about elective care practice.

The Consultant to Consultant Good Practice Guide supports health economies to manage the increasing number of consultant to consultant referrals in elective care and reduce waiting times.

Capacity alerts help providers to move demand between neighbouring trusts, so that it is more evenly shared, reducing longer waiting times. 19 sites went live with the rollout of capacity alerts via the NHS e-Referral System. Initial evaluation results show that pilot sites showed a reduction in referrals to providers with the longest waiting times, by up to 38%. Further development of the framework will support continued mobilisation of capacity alerts and patient choice in future.

High Impact Intervention (HII) for Ophthalmology was implemented nationally, delivering timely assessment and follow-up of those most at risk of sight loss due to chronic eye conditions. By March 2019, 84% of hospital eye services had started or completed implementation, and 81% of CCGs had begun a review of eye health service capacity within their area.

Partly as a result of the work described above, during 2018/19, the number of GP referrals for elective care decreased by 0.4%. This reduction against anticipated demand represents a significant achievement in redesigning pathways across primary and secondary care and implementing interventions across the elective care pathway, reducing avoidable demand and ensuring that patients are referred to the most appropriate healthcare setting, first time.

The NHS England mandate for 2018/19 was to contain the size of the waiting list at the March 2018 level and to halve the number of over 52-week waiters. Rapid growth in both areas during the first half of the year was followed by a steady decrease achieved during the latter part of the year. The total size of the waiting list increased from 4.1 million in March 2018 to 4.33 million in March 2019.

Several areas of focus are supporting elective performance:

- Ongoing productivity improvements in outpatients.
- Intensive support for waiting list management in providers, and appropriate demand and capacity planning.
- Demand management work to constrain clock starts and referral growth.
- Appropriate targeted usage of the Independent Sector.

The number of patients waiting more than 52 weeks has decreased from a peak of 3,517 in June 2018 to the latest published figure of 1,154 for March 2019 and is a reduction of 58.11% on the position at March 2018, thereby achieving the 2018/19 mandate commitment.

Action for the year ahead include:

- Aim to ensure that no patient will wait more than 52 weeks for treatment, and actions taken on waiting lists growth.
- Ensure that patients waiting six months or longer are offered the option of care at an alternative provider.
- Implement agreed standards as set out in the Clinical Standards Review to be published in spring 2019.
- Ensure that no more than 1% of patients should wait six weeks or more for a diagnostic test.
- Ensure patients will have direct access to MSK First Contact Practitioners, with roll out to three mobilised sites in every STP.
- Continued mobilisation of Capacity Alerts as a demand management tool to support GPs and patients with choice at point of referral.
- Provide patients with the choice of a virtual outpatient appointment, where this is clinically appropriate, helping to reduce the long-term growth of outpatient attendances and avoid up to 30 million hospital visits a year within five years.

# How we supported the wider NHS

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## Emergency Preparedness, Resilience and Response (EPRR)

NHS England responded to a range of potential threats to patient and public safety during the year, drawing on its considerable experience and expertise in EPRR.

The EPRR team mobilised a comprehensive health response to the nerve agent attack in Salisbury and subsequent incident in Amesbury. For a number of weeks there was significant focus and expert support provided to Salisbury Hospital. Tragically there was one fatality, but all other affected patients were successfully treated for exposure to the nerve agent Novichok. The NHS was able to draw on the skills and experiences acquired during the initial incident to deal with the second. Learning from these events is being incorporated into national guidance.

Extreme weather featured in the work of the EPRR team during 2018/19, with the extreme cold bringing the 'Beast from the East'. We saw a number of organisations experience difficulty getting staff into work, and transporting patients. NHS England worked with the Ministry of Defence (MoD) to provide assistance for some staff to get to work and to mobilise district nursing staff, and help to get essential medicines into pharmacies and patients homes. This was followed in the summer by soaring temperatures, triggering a national heatwave.

In July 2018, NHS England was made aware of an issue relating to the management of NHS clinical waste in the North of England. The Environment Agency confirmed that a company holding contracts with 53 NHS Trusts (and a small number of primary care organisations) was significantly over its permitted waste storage levels at the majority of its sites in England. With the likelihood of Environment Agency action being taken against this company, the NHS had to prepare for a possible disruption to collections of clinical waste, which in turn could have impacted on patient services. Working alongside colleagues in NHS Improvement and the affected sites, NHS England established an EPRR incident management team which managed the successful implementation of contingency measures and transfer of waste services to alternative providers. This meant NHS patient services were protected without interruption during this period. In December 2018, NHS organisations moved to new waste management contractors.

In September 2018, the national EPRR team supported the response to the first two (unrelated) cases of Monkeypox diagnosed in the UK. Building on the previous work of our High Consequence Infectious Disease (HCID) Programme Board, those affected were successfully treated at HCID units across the NHS. The learning from these cases has informed our ongoing work to develop the UK's health response to outbreaks of infectious diseases posing a high threat.

The EPRR team worked to support the NHS through several other NHS supplier related issues which had the potential to impact NHS services for patients, including the sale of a national provider of domiciliary care and a temporary national shortage of Epipen adrenalin injectors.

The outcomes of the EPRR annual assurance demonstrate substantial compliance with the Core Standards for EPRR, providing assurance that NHS England and the NHS in England is prepared to respond to an emergency, and has resilience in relation to the continued provision of safe patient care.

## EPRR and Exiting the European Union

This work has included developing contingency plans for a No Deal scenario and contributing to workstreams that will implement any changes resulting from a deal between the UK and EU.

In preparation for EU Exit, we established an EU Exit team, working on behalf of NHS England and NHS Improvement to provide operational advice, specialist expertise and information to inform Government and NHS preparations for a range of scenarios including a No Deal scenario. Following changes to Government planning assumptions in December 2018, the joint NHS team has focussed on preparations for a No Deal EU Exit, under a single EU Exit Strategic Commander and EU Exit Executive Group.

Our programme followed four phases of work:

1. Testing DHSC and Government planning assumptions: We have supported DHSC specialist workstreams focusing on diagnosing NHS-specific impacts and contributing to contingency plans and guidance to inform local planning.
2. Make ready the health and care system: NHS England with NHS Improvement helped shape and disseminate the EU Exit Operational Readiness Guidance which was published by the DHSC in December 2018. Since then we have published a wide range of system-facing communications and guidance which can be found on our webpage<sup>15</sup>. We have delivered a series of regional events outlining national preparedness and local actions required plus other stakeholder events with independent providers, STP/ICS leads, Royal Colleges and key partners of the NHS.
3. Assurance of system preparation: Regional teams conducted local temperature check and Board assurance exercises to ensure that actions set out in the operational readiness guidance have been completed including identification of EU Exit Senior Responsible Officers (SROs) and supporting teams in place in each of the circa 400 NHS organisations.
4. Transition to incident(s) response: The NHS EU Exit response has been organised alongside existing EPRR processes and procedures. We developed our National Co-ordination Centre (NCC) working closely with regional EU Exit leads to gather intelligence from and disseminate information to the system. Part of the NCC is a Commercial Procurement Cell based in NHS Improvement to support the commercial, legal and contractual aspects of supplier changes as required in NHS organisations. The NCC was receiving situation reports from trusts and commissioners and was ready to extend operational hours to run multiple shifts and provide weekend cover as necessary. In addition, for each of the workstreams with a clinical interface we have established and tested Shortage Response Groups of subject matter experts and clinicians to advise on incident handling. Following the further extension to the Article 50 period, to 31 October 2019, necessary preparations for all EU Exit scenarios have been continuing, though with adjusted timescales. In the event of No Deal, notwithstanding NHS preparations, the impact will critically depend on the adequacy of the continuing transport infrastructure, which is not itself under NHS or DHSC control.

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15 <https://www.england.nhs.uk/eu-exit/>

## Life sciences and innovation

Innovation and research are core to the NHS. Research active organisations often provide higher quality care for all patients, not only those involved in research. In 2018/19 our work on research focused on two areas: i) increasing the efficiency of research undertaken in the NHS to ensure the maximum number of people in England can participate in research studies, and ii) ensuring the research undertaken in the NHS answers questions that are important to patients and NHS staff.

This year, we therefore implemented two programmes to improve the efficiency of research - one to provide an equitable approach to non-commercial research that incurs excess treatment costs across the country and the other to improve efficiency of commercial contract research through standardising the study costing across the country. Less than a year after these policies were first proposed in our “12 actions to support research in the NHS”<sup>16</sup>, we have undertaken a public consultation which supported these policies, implemented the new excess treatment costs process in full and field tested the new approach to commercial contract research.

In terms of ensuring the research undertaken in the NHS meets the needs of the NHS, we have for the first time this year worked with clinicians and managers within NHS England and the broader NHS to describe the areas in which we seek further research and innovation and published these on the NHS England website. We collaborated with National Institute for Health Research (NIHR) to develop 11 new research projects to start addressing our highest priority research needs in areas (such as depression in the over 65s in acute care, digital 111 and digital technologies in diabetes management).

On innovation, our work aims to increase the pipeline of proven innovations that meet the NHS' needs and to increase uptake and spread of these innovations across the NHS. In 2018/19 we worked with 484 innovators through our Clinical Entrepreneurs, Small Business Research Initiative (SBRI), Test Beds and National Innovation Accelerator (NIA) programmes, who together are developing or testing 442 products and have attracted £222 million of inward investment. On supporting uptake and spread of innovation, over 300,000 patients have had access to new innovations this year ranging from digital tools to reduce medication errors to heart scans that reduce the need for interventional procedures (through the Academic Health Science Network (AHSN) national programmes and Innovation and Technology Payment). For example, 39,160 patients have benefitted during 2018/19 from the use of Endocuff, a device that improves detection rates in patients undergoing bowel cancer tests (up from 656 patients in 2017/18), through support from the Innovation and Technology Payment programme. Additionally, AHSNs have supported 4,770 NHS organisations to use mobile Electrocardiogram (ECG) devices to improve detection of AF and 109 centres to provide 'ESCAPE-Pain programmes (Enabling Self-management and Coping with Arthritic Pain through Exercise)' to manage joint pain, reduce medications, surgery and improve quality of life.

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16 <https://www.england.nhs.uk/publication/12-actions-to-support-and-apply-research-in-the-nhs/>

Action for the year ahead includes:

- Launching the national umbrella organisation for health innovation, The Accelerated Access Collaborative (AAC), within NHS England and NHS Improvement. This will build a simpler single innovation system that will apply across England, bringing together horizon scanning, national and regional advice to innovators and a simplified set of national innovation programmes.
- Development of a funding mandate for cost-saving devices, diagnostics and digital products by March 2020.
- Enabling people to register their interest in participating in research on the NHS App by 2020.

## Personalised care

Providing people with choice and control over their care, treatment and support can improve outcomes and experience. Personalised Care can also deliver efficiency savings through approaches that support people to stay well and manage their own conditions better. Over the last 12 months we have expanded the rollout of the Comprehensive Model for Personalised Care to deliver on our commitment to supporting people to manage their own health in a way that matters to them.

The Comprehensive Model has been co-produced with people with lived experience and a wide range of stakeholders and brings together six evidence-based and inter-linked components, each of which is defined by a standard, replicable delivery model.

The components are:

- Shared decision making.
- Personalised care and support planning.
- Enabling choice, including legal rights to choice.
- Social prescribing and community-based support.
- Supported self-management.
- Personal Health Budgets (PHBs) and integrated health and social care personal budgets.

Building on the work already taking place in the Integrated Personal Commissioning demonstrator sites, we extended the programme in 2018/19 to cover a third of the country. We have supported CCGs to deliver over 925,000 personalised care interventions, including 54,143 PHBs, meeting the Mandate commitment of 50-100,000 two years early. We have agreed that PHBs should be the default for people receiving homebased Continuing Healthcare (CHC), expanding the model to other groups, and increasing the number of joint budgets with social care. We have consulted on expanding the legal right to have a PHB to further groups. Further rights for Section 117 aftercare<sup>17</sup> and for people who access wheelchair services will be tabled by Government at the next appropriate legislative opportunity in 2019/20.

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<sup>17</sup> Section 117: Some people who have been in hospital under certain sections of the 1983 Mental Health Act can get free aftercare when they leave hospital. This is known as Section 117 aftercare, and is provided to help prevent people's mental health conditions from deteriorating and avoid re-admittance to hospital. For more information, see: <https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/mental-health-aftercare/>



We also delivered over 89,000 Personal Maternity Care Budgets (PMCBs), which is significantly above our 2018/19 commitment.

More than 260,000 personalised care and support plans have been created by people with long term conditions and over 138,000 patient activation measurement assessments have been completed.

We have supported CCGs to assess their approach against our Patient Choice framework resulting in 100% completed assessments. 87% reported compliance against the nine minimum legal and contractual standards of choice, and 13% put in place improvement plans. As part of the Comprehensive Model, we have also scaled up our approach to shared decision making and social prescribing.

We have worked with our NHS, Local Government and Voluntary Sector partners during the year to continue to bring about improvements in end of life care through improved identification, planning and service design.

Action for the year ahead includes:

- Continue the work to increase personal health budget numbers, including supporting CCGs to prepare for the introduction of new legal rights.
- Support PCNs to increase the number of Social Prescribing link workers and set up the social prescribing academy.
- Continue to embed the personalised care model in more areas with continued support from the best performing ICSs as part of our demonstrator programme.

See our website for more information on Universal Personalised Care.<sup>18</sup>

## Public and patient contact and complaints

It is important that the NHS listens to our patients, carers and the public, and makes the experience of complaining and providing feedback as easy as possible, in order to make improvements to services.

Throughout 2018/19 we have undertaken the following activities to improve complaint handling and learning from customer feedback:

- We provided complaints handling training to around 1,100 dentists, GPs and practice managers across primary care.
- Having worked with the Picker Institute during the design phase, and following a wide-reaching pilot, we published a model survey to measure complainants' experiences across health and social care, building on the Parliamentary and Health Service Ombudsman (PHSO) 'My Expectations'. A toolkit supporting the survey was published on the NHS England website and we have since started to survey our own complainants.
- We completed a peer review process of all our complaints teams, working in conjunction with local Healthwatch and complaints advocacy services, to help identify good practice and where improvements could be made to our complaints handling.

18 Universal Personalised Care: Implementing the Comprehensive Model (2019): <https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf> .

- We continue to improve the way we identify and share learning from complaints at both a national and local level. We identified the themes and trends from complaints which have progressed to the PHSO and fed this information back to relevant teams in NHS England.
- 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 continues to work with individuals, carers, families, key stakeholders (including our own complaints team), and providers to help remove some of the barriers to complaining, by applying and embedding the principles of Ask Listen Do.
- We worked with partners, most notable the General Dental Council, on a number of initiatives to promote effective complaints handling in primary dental care.

Action for the year ahead includes:

- We will continue to use intelligence from patient and public feedback and complaints to ensure that we continuously improve our services and share this information at both a national and local level;
- We will continue to deliver our complaints handling training for GPs, dentists, and practice managers, and;
- We will work to deliver a high quality and timely complaints service in line with the new system architecture as set out in the NHS Long Term Plan.

## Headlines by contact type

General enquiry cases:

- 122,021 General Enquiries received in 2018/19.
- 91.22% of enquiries were resolved within three working days.

Freedom of Information (FOI) requests:

- 2,326 FOI requests were received in 2018/19.
- 81.21% of requests were responded to within the target of 20 working days.

Concerns:

- 7,967 concerns were recorded in 2018/19.
- 86.16% of concerns were responded to within the target of 10 working days.

Complaints:

- We recorded 6,395 complaints in 2018/19.
- 88.3% of complaints were acknowledged within the target of three working days, and 54.95% were resolved within the target 40 days.

## 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 2018 and 31 March 2019. Some of these complaints will have been received by NHS England prior to 1 April 2018 (but have since progressed to the Parliamentary and Health Service Ombudsman after 1 April 2018 hence included in 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
<b>Number of Cases</b>	1	12	15	53	81

## KPI performance

	Target	2017/18	Q1	Q2	Q3	Q4	2018/19
<b>General enquiries</b>							
No. of cases received		103,919	30,824	31,529	28,807	30,861	122,021
Resolved within 3 working days	95%	98.24%	88.57%	88.52%	93.3%	94.1%	91.2%
<b>FOI</b>							
No. of cases received	-	2,772	555	585	572	614	2,326
Resolved within 20 working days	80%	85.38%	83.42%	80.34%	76.57%	84.34%	81.2%
<b>Concerns</b>							
No. of cases received		9,585	1,686	2,214	1,840	2,227	7,967
Resolved within 10 working days	80%	79.7%	75.6%	88.2%	91.7%	87.5%	86.2%
<b>Complaints</b>							
No. of cases received		6,432	1,706	1,531	1,557	1,710	6,511
Acknowledged within 3 working days	100%	94.6%	83.2%	86.9%	92.9%	90.1%	88.3%
Resolved within 40 working days	90%	59.3%	53.6%	51.0%	58.3%	56.8%	55.0%
Median response time (working days)	< 40	39	40	40	40	40	40
<b>Admin Closures<sup>18</sup></b>							
No. of cases received		10,878	2,475	2,329	1,945	2,374	9,122

## Who contacted us

The table below shows the types of people who contacted us:

	2017/18	2018/19
<b>Caller type</b>		
Member of the public	95%	94%
NHS Staff	4%	5%
Other	1%	1%

'Other' includes MPs/Parliament, HM Prisons and Probation service personnel, journalists and people who did not wish to identify themselves.

## Contact method

The table below shows the ways people contacted us:

	2017/18	2018/19
<b>All Cases</b>		
Phone	74%	67%
Email	25%	31%
Post	1%	2%
<b>Complaints</b>		
Phone	43%	39%
Email	48%	51%
Post	9%	10%

## Complaints by service area

The table below shows proportion of complaints concerning each service:

	2017/18	2018/19
<b>Service area</b>		
GP Surgery	71%	73%
Dental Surgery	15%	16%
Pharmacy	4%	4%
Commissioning		2%
Prison or Detention		1%
Other	11%	4%

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.

## Delivering value for money

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 driving 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, which works to ensure all CCGs commission in line with the highest-performing areas. For example, some CCGs have reformed CVD services to increase the detection and management of AF and/or hypertension to reduce the risk of stroke and heart disease within the population.

Working alongside the DHSC, NHS England agreed a new voluntary medicines pricing scheme with the pharmaceutical industry that is estimated will save £744 million from the NHS medicines bill in England in 2019. The scheme is designed to ensure that the branded medicines bill stays within affordable limits, whilst also supporting innovation, delivering growth in branded medicines spend as well as faster access and uptake of the best new medicines.

During 2018/19 NHS England led the development of an innovative procurement process for alternatives to the NHS's most costly drug, Adalimumab, used to treat serious conditions such as rheumatoid arthritis, inflammatory bowel disease and psoriasis. The deal with a range of manufacturers has helped deliver £100 million of savings since rollout commenced in December 2018 and we expect to save a further £230 million in 2019/20 as increasing numbers of Adalimumab prescriptions are replaced with biosimilar equivalents. More broadly, across the whole range of complex medications where biosimilar alternatives are available, we have saved £440 million in 2018/19 by ensuring that, where clinically appropriate, clinicians are prescribing the optimal drug.

In 2018/19 NHS England has laid the groundwork for reducing the number of clinically inappropriate procedures undertaken through the Evidence Based Interventions programme. As a consequence of reducing clinically ineffective or inappropriate and harmful procedures, we have saved circa £25 million in 2018/19 and expect to save £120 million per annum by 2021. In addition, we have continued to focus on driving down spending on areas of low priority prescribing, and during the year spend on these products has reduced by over £50 million.

## Digital transformation

Progress on the digital strategy for the NHS has continued. The major programmes are digitising the provision of health and care services; giving people the tools they need to help manage their own health more effectively; integrating the datasets each different part of the NHS creates; and providing a platform that supports greater innovation in the use of digital technology and data across the service.

### Provider Digitisation

The first cohort of providers have made significant progress and we expect them to pass through the accreditation process towards the end of 2019. Our Global Digital Exemplars (GDEs) have demonstrated that they can use technology to reduce avoidable patient harm such as medication errors, sepsis and falls.

The GDEs and 'Fast Followers' (FF) have also continued the development of "blueprints" and the first tranche of these was published in January 2019. More than 60 individual blueprints are now available for a range of digital capabilities, clinical processes and settings. By describing the key challenges and lessons learnt from the exemplars, they are helping other organisations replicate the GDEs successes more quickly and cost effectively. To date, GDEs and FFs have benefited from £214 million of central investment.

To support wider investment across the rest of the country we also launched the Health Systems Led Investment (HSLI) programme in July 2018. Over the next three years this will give STPs access to central funding to help deliver their digital strategies. Proposals for the 2018/19 allocation were completed by each STP/ICS in September 2018 and, following a final assurance process, £89 million was distributed to support these local projects by the end of March 2019. Alongside this the Carter programme led by NHS Improvement awarded to 13 Trusts (11 Acute, 2 Mental Health) to deploy ePrescribing systems. This amounted to £16 million in 2018/19

and is helping ensure that all providers have digital systems in place to improve the safety of medicines prescribing and administration, which is a major source of avoidable patient harm and unnecessary cost across the country.

### **Local Health and Care Records**

The Local Health and Care Record (LHCR) programme is working with five regional programmes to integrate health and social care datasets and create a single end-to-end view of their population's healthcare records and needs. Each one comprises multiple STPs and ICSs and together they cover around 40% of the population in England. The programmes are delivered at a local level whilst enabling the economies of scale associated with doing things once in a single region. To date, £18 million has been distributed between the five regional programmes and a second wave of investment is currently underway.

LHCRs will form a core part of the technology and data infrastructure required to develop successful STPs and ICSs. They will make sure clinicians and healthcare professionals have access to a full and accurate record of their patient's history, helping them to deliver better care and avoid unnecessary repetition of key information. By bringing together a range of datasets from primary and secondary care providers as well as social care information they will also form the basis of new models of proactive care and population health management, which is an essential part of our wider ICS strategy. Doing so will help the NHS and care services direct their resources towards people who need it most before they become unwell, or as soon as possible at the onset of a specific condition such as diabetes or heart disease.

### **Digital Primary Care**

The GP Connect project is enabling better access to and sharing of GP data, to agreed standards, for direct care. It has continued to make progress on developing a set of national standards and APIs (interfaces) for exchange of information primarily between GP Systems. The project is collaborating with the main GP clinical system suppliers and key NHS stakeholders to define and implement standards. Viewing and accessing records and appointment management was available to the NHS from two GP system suppliers from June 2019.

GP IT Futures is replacing the current GP Systems of Choice (GPSoC) contract and will facilitate the delivery of new technologies that support the GPFV and NHS Long Term Plan. It is supporting new entrants to the GP IT marketplace to drive greater competition and encouraging a wider range of solutions from small-to-medium sized organisations. Between January and April 2019 the new catalogue was developed and launched as a beta release, and the new framework will launch formally in July.

The GP Data for Secondary Uses Programme addresses how the health system collects information about patients from primary care to improve care. The programme is developing a new GP dataset standard and has been working closely with clinical stakeholder groups within the profession to define what data should be made available for secondary uses. The new standard is formally defined by an Information Standards Notice (ISN). Pre-testing of ISN materials and wider stakeholder engagement is underway.

The GP Payments Calculation Futures programme is simplifying the general practice payment system and reducing the administrative burden upon practices. It is focused on the Calculating Quality Reporting Service (CQRS) contract, managed by NHS Digital on NHS England's behalf. NHS England has invoked the CQRS contract extension option to secure service from July 2018 to August 2020.

### **Empower the Person**

2018/19 saw progress in how we use digital services to empower people to manage their own health and care. This included redesigning and re-platforming the NHS website (retiring the old NHS Choices name) to make it more accessible on mobile devices, lowering the reading age, making content more action-orientated and introducing new services such as a pharmacy finder. Visits to the site increased to between 40 and 50 million a month.

We delivered against the commitment to launch an NHS App to provide a consistent universal digital offer across the country. Over a third of GP practices were connected by March 2019. Alongside the NHS App, NHS login also went live, providing safe and secure online patient identity verification, and we began including other digital services. NHS 111 Online was provided across 100% of all CCGs by January, and the NHS Apps Library had its millionth visitor in March 2019. To provide better digital access for people and staff, free public NHS WiFi was installed across virtually the entire NHS primary and secondary care estate (over 90% by end of March 2019). Our widening digital participation programme had 14 live pathfinders across the country piloting different ways to embed digital into healthcare; one of which has led to a 13% increase in first time attendance for breast screening through social media platforms. For more information on how we are empowering people, visit [nhs.uk/transformation](https://nhs.uk/transformation)

### **NHSX**

NHSX will launch formally in July 2019. NHSX is bringing together expertise from across NHS England, NHS Digital NHS Improvement and DHSC to drive forward the digital transformation described in the NHS Long Term Plan. It provides a welcome opportunity to improve the clarity of leadership, coordination and decision making across national bodies, with consequent benefits for timely decision making and programme delivery.

# Involving patients and the public

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During 2018/19, we continued to take steps to ensure that the views and experiences of patients, carers and members of the public informed our work, involving a wide range of people as part of events and focus groups, as Patient and Public Voice (PPV) Partner members of our committees, and capturing views through surveys and social media.

We also continued to support our established forums, providing a way for groups which may otherwise be 'seldom heard' to input into our decision making, including the NHS Youth Forum and Older People's Sounding Board, and to progress with the NHS Citizen programme. We have also continued to use our relationships with the Voluntary, Community and Social Enterprise (VCSE) sector to reach diverse communities and capture different voices.

These activities support our established processes to ensure and assure consideration of our section 13Q duty (NHS Act 2006) to involve the public in commissioning, through our Patient and Public Participation Policy<sup>19</sup> and frameworks<sup>20</sup> for each area of direct commissioning responsibility. In Autumn 2019, we will again publish a 'Public Participation Dashboard' which provides a 'snapshot' of practice across six indicators, including legal duties, feedback and good practice. This includes commentary from each of our direct commissioning Oversight Groups on the section 13Q duty specifically.

A focus for our public participation during the latter part of this year has been to ensure people were able to influence the development of the NHS Long Term Plan<sup>21</sup>. This work will continue into 2019/20 and beyond, particularly focusing on supporting STPs and ICSs to involve communities in local implementation. During autumn / winter 2018 we worked with our established networks, and undertook additional targeted engagement with 'seldom heard' groups and those that experience health inequalities, in addition to events with stakeholders and an online survey available to the public. For further information about engagement in the NHS Long Term Plan visit the 'Developing the NHS Long Term Plan' webpage<sup>22</sup>.

Information about our public participation approaches, opportunities and support is available on our Involvement Hub<sup>23</sup>.

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19 <https://www.england.nhs.uk/publication/patient-and-public-participation-policy/>

20 <https://www.england.nhs.uk/participation/resources/docs/>

21 <https://www.longtermplan.nhs.uk/>

22 <https://www.longtermplan.nhs.uk/about/helping-develop-the-nhs-long-term-plan/>

23 <https://www.england.nhs.uk/participation/>



## **Empowering People and Communities Taskforce**

In early 2018 the Empowering People and Communities Taskforce was established for a year, with one of its key objectives being to ensure patient and public participation within the work of all our priority areas, and with a particular focus on seldom heard voices and health inequalities. As well as leading on the Public Participation Dashboard (see above) and principles for engagement with the VCSE sector (see below), during 2018, detailed workshops took place with a wide group of internal and external stakeholders looking at several NHS England priority areas including cancer, mental health, personalisation, and frailty. Recommendations on each topic were made to the NHS England Board, directly influencing content within the NHS Long Term Plan and changing the way programmes are delivered.

## **Engaging children and young people in the NHS Long Term Plan**

2018/19 has been another eventful year for the NHS Youth Forum, with one of the highlights being members' active engagement in the development of the NHS Long Term Plan, through discussions at the Health and Care Innovation EXPO and two dedicated webinars in September 2018.

This engagement was complemented by additional engagement with 'seldom heard' young people led by the British Youth Council (who also host the NHS Youth Forum on behalf of NHS England). Young people were engaged during five face-to-face sessions in the Midlands and the South West and surveys were completed by young people aged 12 to 25. Respondents included young people who had experience of the criminal justice system, the care system, exclusion from school, and/or drug/alcohol misuse, and those who were carers, refugees or asylum seekers, and with a learning disability. Findings were shared with workstream leads, enabling young people's views to directly influence the NHS Long Term Plan.

The NHS Youth Forum were invited to present their findings at a Developing Integrated Care for Children and Young People event in October 2018 in London, with a significant number of high profile delegates.

Since the publication of the NHS Long Term Plan, the British Youth Council and NHS England continue to work closely with the NHS Youth Forum to support the development of the key objectives outlined and ensure children and young people's voices continue to be embedded in taking forward this work.

## **NHS England Older People's Sounding Board**

NHS England has continued its partnership with Age UK delivering the NHS England Sounding Board. This group of older people have diverse experiences and backgrounds. Work during 2018/19 has included directly influencing NHS England's actions on dementia care planning, transport to hospital, frailty and the Integrated Care Provider (ICP) contract consultation, and informing the cancer programme's engagement strategies, as well as a number of agenda items to inform collaborative work with NHS Digital.

The group also contributed to the NHS Long Term Plan, with discussion focused on three key areas: ageing well, mental health, and primary care. Cross-cutting themes included: a strong voice for ensuring a continued focus on holistic care; the value of carers to the health and care system; the role of communities and the voluntary sector; and the continued importance of integrating health and care across organisational boundaries.

## **NHS Citizen – engaging families in the Learning from Deaths programme**

Throughout 2018/19, NHS England has continued to work with bereaved families to develop guidance for NHS Trusts on how to engage with families following the death of a loved one. A wide range of stakeholders, including family members, carers, voluntary sector organisations and health professionals were involved in this work, and their collective insights, experiences and feedback shaped the guidance. Coproduction of the guidance was overseen by a steering group that included bereaved family members and voluntary sector representation. The guidance, along with complementary information for bereaved families, was published in July 2018 with the endorsement of NHS England, NHS Improvement and the Care Quality Commission (CQC).

## **Toolkit for carers of people in secure services**

Coproduced with carers, and developed in response to their experiences of involvement in secure services, in Spring 2018 we launched Carers Support and Involvement in Secure Mental Health Services – a Toolkit<sup>24</sup>. It was developed in partnership with the National Specialised Mental Health team, carers, service users and staff working in specialised mental health services. Implementation of the toolkit is being driven by inclusion in the Secure Mental Health Service Specification and is being supported by the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services (QNFMHS) through their standards and peer review process.

## **Engagement with the VCSE Sector**

Recognising the importance of good engagement with VCSE organisations, in November 2018, the NHS England Board approved new principles<sup>25</sup> which outline a more inclusive approach to working with the sector and our expectations from organisations that engage with us.

Building on these principles, we continue to work closely with the VCSE Health and Wellbeing Alliance (HW Alliance), the partnership between VCSE organisations and the health and care system, supported by the DHSC, Public Health England (PHE) and NHS England, to provide a voice and improve health and wellbeing for all communities.

This year, the HW Alliance has continued to have a significant role in contributing the voice of those who face the greatest health inequalities to inform national policy and decision-making, particularly through engagement on the NHS Long Term Plan. Between July-September 2018, the HW Alliance ran twelve engagement events, either on a national or regional level, reaching over 150 VCSE organisations.

A list of the HW Alliance partners and further information can be found on the NHS England website<sup>26</sup>.

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24 <https://www.england.nhs.uk/publication/carer-support-and-involvement-in-secure-mental-health-services/>  
25 <https://www.england.nhs.uk/wp-content/uploads/2018/11/09-pb-28-11-2018-third-progress-report-from-the-empowering-people-communities-taskforce.pdf#page=15>  
26 <https://www.england.nhs.uk/hwalliance/>

## NHS Assembly

The NHS Long Term Plan made the commitment that: “We will build on the open and consultative process that this plan is built on, and strengthen the ability of patients, professionals and the public to contribute, by establishing an NHS Assembly in early 2019.”

Following a national campaign to recruit members of the Assembly, Dr Clare Gerada and Professor Sir Chris Ham were appointed as co-chairs (one clinical and one non-clinical).

The nationally advertised opportunity to join the Assembly resulted in almost 500 people registering their interest in becoming a member. The result is a diverse membership of 56 individuals drawn from across the health and care sectors, who serve as a “guiding coalition” supporting the successful implementation of the Long Term Plan. The membership, who are connected into their local communities either as frontline staff, patient activists, or clinical and system leaders, bring a breadth and depth of experience, demonstrating what can be achieved through innovative ways of working and helping to think through policy challenges in order to make real the big-ticket improvements we want to see delivered.

The NHS Assembly first came together in April 2019 and will meet four times a year. The Assembly will be informed by wider engagement, including with existing networks whose role it is to promote the voices and views of patients, staff, clinicians and others, which will bring greater insight to support Assembly discussions.

# Sustainability

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The NHS Long Term Plan describes the importance of ensuring that the NHS leads by example by reducing its impact on the environment, and recognises that the NHS faces a significant challenge to deliver the Climate Change Act 2008 target of 34% by 2020 and 51% by 2025. To support this, and sustainability more broadly, we continue to deliver on the commitments set out in our Sustainable Development Management Plan (SDMP) (2018-2020)<sup>27</sup>, to reduce emissions, air pollution and waste, and thereby support sustainable development.

Our primary landlord, NHS Property Services (NHS PS), is making progress with the availability and accuracy of their data, moving us closer to a position to be able to baseline energy use across the majority of our sites. We continue to see good progress regarding paper usage, seeing a 17% reduction in pages printed and copied per Whole Time Equivalent (WTE) over 12 months.

Our sustainability performance is summarised below.

## Sustainability Report

### Scope

The reporting of greenhouse gas emissions, water and waste in this sustainability report 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<sup>28</sup>.

### Reporting for multi-occupancy buildings

Within this report NHS England and CSUs report on their proportion of occupied buildings. Where NHS England is a tenant of DHSC or 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 respective websites<sup>29,30</sup>.

### Provision of data

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. This year NHS PS have been able to provide data for electricity, gas and water consumption and cost for each site during 2018/19. 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. Sites have been estimated based on historic performance for that site or based on averages calculated for that type of property. For the purposes of the table below, all scope 2 emissions have been wholly or partially estimated.

NHS PS has also been able to provide partial data for waste collected from our sites; estimates have not been made where data is unavailable. NHS PS are working to improve their data collection ability.

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27 <https://www.england.nhs.uk/about/sustainable-development/>

28 [www.england.nhs.uk/ccg-details](http://www.england.nhs.uk/ccg-details)

29 <https://www.gov.uk/Government/organisations/department-of-health-and-social-care>

30 [www.gov.uk/Government/organisations/department-for-work-pensions](http://www.gov.uk/Government/organisations/department-for-work-pensions)

## Greenhouse Gas Emissions

Figures for scope 2 emissions in 2016/17 were estimated using the formula for typical usage based on the Chartered Institute of Building Services Engineers in the absence of any actual data. Figures for 2017/18 and 2018/19 have been calculated using actual and estimated data from our landlord, NHS PS. Due to the different methods used to collate the data, it is not possible to draw any conclusions between 2016/17 and the other two financial years. The reduction in scope 2 emissions between this year and last year is due to a reduction in the amount of office space occupied.

			2016/17	2017/18	2018/19
Scope 1 emissions <sup>31</sup>	Non-financial indicators (tCO <sub>2</sub> e)	Emissions from organisation-owned fleet vehicles	173	177	151
	<b>Total Scope 1 (tCO<sub>2</sub>e)</b>		173	177	151
	Financial indicators	Expenditure on official business travel	£244,063	£237,732	£219,618
Scope 2 emissions <sup>32</sup>	Non-financial indicators <sup>33</sup> (tCO <sub>2</sub> e)	Electricity	4,638	5,764*	4,972
		Gas	1,439	2,284*	1,748
	<b>Total Scope 2 (tCO<sub>2</sub>e)</b>		6,077	8,048*	6,720
	Related use (kWh) <sup>34</sup>	Electricity	10,428,527	14,992,535*	9,330,438
		Gas	7,709,202	12,401,131*	9,502,588
Scope 3 emissions <sup>35</sup>	Non-financial indicators (tCO <sub>2</sub> e)	Car travel	3,501	2,934	3,735
		Rail Travel	1,520	1,926	1,651
		Air Travel (domestic only)	28* <sup>36</sup>	34	45
	<b>Total Scope 3 (tCO<sub>2</sub>e)</b>		5,049* <sup>37</sup>	4,894	5,431
<b>Total (tCO<sub>2</sub>e)</b>			<b>11,299*<sup>38</sup></b>	<b>13,118*</b>	<b>12,303</b>

\*Figures have been re-stated.

31 Scope 1 emissions arise from organisation owned and operated vehicles, plant and machinery.

32 Scope 2 emissions arise from the consumption of purchased electricity, heat, steam and cooling.

33 The figures for 2017/18 have been restated to reflect both an error in the calculation formula used and some discrepancies in the area of space occupied at several buildings which have come to light since publication of the original report.

34 The figures for 2017/18 have been restated for the reasons described in the above note.

35 Scope 3 emissions arise from official business travel by vehicles not owned by the organisation. Per person, the figures are lower than the previous year.

36 This figure was previously reported incorrectly and has been restated accurately.

37 Total has been updated to reflect the change in footnote 43.

38 Total has been updated to reflect the change in footnote 43.

## Water

To estimate the figures for water consumption in 2016/17, we used the Construction Industry Research and Information Association figure for average water consumption per m<sup>2</sup> of 'net internal area' of office space occupied. Since 2017/18, NHS PS has provided water data, as described above. Because the 2016/17 figures have been estimated using a different method, it is not possible to compare it with most recent years. The reduction in consumption during 2018/19 is due to the reduction of office space we occupied, compared with 2017/18.

		2016/17	2017/18	2018/19
<b>Non-financial indicators (m<sup>3</sup>)</b>	<b>Water used</b>	49,469	61,580	54,024
<b>Financial indicators (cost of purchase of water)</b>	<b>Cost of water used</b>	£179,503	£283,192*	£295,860

\*Figure has been restated from the 2017/18 Sustainability Report

## Waste

Figures for previous years were calculated using estimations from the best data available at the time. Figures for this financial year have been provided by NHS PS and estimations have been made using the data available. It is not possible to make any meaningful comparisons between this year and previous years.

It should be noted that no data was available for 60 of the 117 sites NHS PS reported against. This is because they do not manage the waste arrangements on these sites and are not provided with any data. Therefore, the data presented below, for 2018/19, is based only on the data available.

		2016/17	2017/18	2018/19
<b>Non-financial indicators (tonnes)</b>	<b>Total waste</b>	493	515	365
	<b>Waste sent to landfill<sup>39</sup></b>	288	301	12
	<b>Waste recycled/reused</b>	194	203	305
	<b>Waste incinerated</b>	11	11	48
<b>Financial indicators (cost of waste disposal)</b>	<b>Total waste</b>	£129,953	£135,585	£250,582
	<b>Waste sent to landfill</b>	£52,387	£54,658	-
	<b>Waste recycled/reused</b>	£71,607	£74,710	-
	<b>Waste incinerated</b>	£5,959	£6,217	-

39 Previous years report the figure for general waste in this category whereas this year, NHS PS were able to identify the amount of general waste diverted from landfill.

The data NHS PS receives from their waste management providers contains a category for 'general waste'. In 2018/19 their providers were able to report that 96% of 'general waste' was diverted away from landfill. In previous years, the 'general waste' category didn't provide any further detail. For our annual reports, general waste has previously been categorised as 'waste sent to landfill'. This difference in reporting between the two years means that the amount of waste in each category appears significantly different.

The total cost of waste removal was £250,582 although we are no longer provided with a breakdown of costs associated with each waste stream.

**ICT waste**

As part of the roll-out of new technology during this financial year, we had a significant amount of ICT waste. This was all recycled or reused using corporate schemes who commit zero waste to landfill.

**NHS England emissions from business travel per WTE**

	2016/17	2017/18	2018/2019
tCO2e per WTE	0.583	0.552	0.515

The NHS Long Term Plan commits the NHS to cutting business miles and fleet air pollutant emissions by 20% by 2023/24. Accordingly, this is an area of continued focus for NHS England. Further information on conversion factors for greenhouse gas reporting can be found on the Government's website<sup>40</sup>.

**Sustainable procurement**

We continue to place great emphasis on investing in our commercial experts. All new entrants to the Commercial and Procurement team undergo training and awareness on sustainable procurement. Thematically-focused awareness sessions are also offered to internal and Arm's Length Body (ALB) procurement colleagues, as per need.

All new procurements with an expected contract value over £150K are subject to our Sustainability Impact Assessment, which is embedded into our Commercial Value Risk Matrix and allows us to identify and manage sustainability risk alongside commercial risk.

As committed to in last year's report, we launched our Supplier Code of Conduct which aims to consolidate commercial, sustainability and social value expectations of our suppliers and introduce a system of regular reporting. The Code is applicable to all new contracts that are expected to exceed £150K in value and 12 months in duration. Building on the established relationships with our existing strategic suppliers, we have started negotiating the Supplier Code of Conduct to be retrospectively included in six supplier relationships representing about one fifth of our strategic spend.

40 <https://www.gov.uk/Government/publications/greenhouse-gas-reporting-conversion-factors-2018>

As we continue to roll out the implementation of our Third Party Assurance Framework, we will transfer knowledge, visibility and management of sustainability impacts to the rest of the organisation, which will share the responsibility and help establish a better understanding of our opportunities. As our commercial processes mature, our ability to manage risk and ensure resilience across our supply chain increases.

Our sustainable procurement programme is aligned with the Government's Flexible Framework for sustainable procurement.

### **Climate change adaptation**

With PHE and others, we continue to produce a national Heatwave Plan<sup>41</sup> each year. This is intended to protect the population from heat-related harm to health. We also contribute to the Cold Weather Plan<sup>42</sup>, which gives advice to help prevent the major avoidable effects on health during periods of cold weather in England.

We also contributed to the second National Adaptation Programme (2018-2023)<sup>43</sup>, which sets out what the Government and others will be doing over the next five years to be ready for the challenges of climate change.

### **The Sustainable Development Unit (SDU)**

The SDU plays a pivotal role in embedding the principles of sustainable development into the way in which the NHS, public health and social care system in England works; delivering high quality care for this and future generations. The Unit is jointly funded by NHS England and PHE.

A significant proportion of our health and wellbeing is determined by the quality of the environment we live in. The SDU supports the NHS to lead by example, in reducing its own impacts on the environment. This work is currently focussed on tackling air pollution, plastics, waste and the delivery of the UK's targets on carbon reduction.

During this year, the SDU has contributed to the NHS Long Term Plan, re-stating the NHS' commitment to delivering carbon targets in line with the UK Government Climate Change Act 2008.

This year the SDU published a Natural Resources Footprint for the health and care system. The report shows that the health and social care system has reduced its carbon emissions by 19% since 2007, despite a 27% increase in activity. Since 2010 the sector has cut its water footprint by 21% and only 15% of NHS waste now goes directly to landfill, with 23% of waste recycled.

This year saw the first year of the Sustainable Health and Care Campaign, commissioned on behalf of the sector by the SDU, including a national sustainability week, and in November an awards programme to recognise best practice.

The SDU is actively engaged with partner organisations, establishing board-approved plans and ensuring alignment with the United Nations' Sustainable Development Goals.

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41 [https://assets.publishing.service.gov.uk/Government/uploads/system/uploads/attachment\\_data/file/711503/Heatwave\\_plan\\_for\\_England\\_2018.pdf](https://assets.publishing.service.gov.uk/Government/uploads/system/uploads/attachment_data/file/711503/Heatwave_plan_for_England_2018.pdf)

42 [https://assets.publishing.service.gov.uk/Government/uploads/system/uploads/attachment\\_data/file/748492/the\\_cold\\_weather\\_plan\\_for\\_england\\_2018.pdf](https://assets.publishing.service.gov.uk/Government/uploads/system/uploads/attachment_data/file/748492/the_cold_weather_plan_for_england_2018.pdf)

43 <https://www.gov.uk/Government/publications/climate-change-second-national-adaptation->



# Chief Financial Officer's Report

The financial statements for the year ending 31 March 2019 are presented later in this document and show the performance of both the consolidated group - covering the whole of the commissioning system - and NHS England as the parent of the group. The group comprises NHS England and 195 CCGs.

NHS England was required to limit its revenue spending to £114,087 million in 2018/19. We are responsible for using this money wisely and fairly to secure the best outcomes for both patients and taxpayers. As shown later in this report, the group has again fulfilled all of the financial requirements set out in its mandate from central government, covering revenue spending, administration costs and capital expenditure.

## Operational performance

Compared to its plan for the year, the NHS England group has delivered a managed underspend of £651 million (0.6% as a percentage of allocation)<sup>44</sup>. This is in addition to a £265 million planned underspend intended to offset anticipated deficits in the provider sector, giving an overall managed underspend for the NHS England group of £916 million.

## Financial performance - Revenue Department Expenditure Limit (RDEL) general (non-ring-fenced)

Financial performance	2018/19		2017/18		2016/17		2015/16		2014/15		2013/14			
	Expenditure		Under/ (over) spend against plan		Under/ (over) spend against plan		Under/ (over) spend against plan		Under/ (over) spend against plan		Under/ (over) spend against plan			
	Plan	Actual	£m	%	£m	%	£m	%	£m	%	£m	%		
CCGs	84,384	84,534	(150)	(0.2)%	(213)	(0.3)%	154	0.2%	(15)	(0.0)%	70	0.1%	89	0.1%
Direct Commissioning	24,791	24,481	310	1.3%	223	0.9%	296	1.2%	82	0.3%	(12)	(0.0)%	(365)	(1.4)%
NHS England Admin/ Central Progs/ Other	4,446	3,690	756	17.0%	960	23.2%	452	13%	532	28.5%	226	13.5%	602	30.5%
<b>Total</b>	<b>113,621</b>	<b>112,705</b>	<b>916</b>	<b>0.8%</b>	<b>970</b>	<b>0.9%</b>	<b>902</b>	<b>0.9%</b>	<b>599</b>	<b>0.6%</b>	<b>285</b>	<b>0.3%</b>	<b>326</b>	<b>0.3%</b>

Note 1: Historic CHC claims administered on behalf of CCGs included in "other"

44 The core measure for the financial performance of NHS commissioners included here is the non-ring-fenced Revenue Departmental Expenditure Limit (RDEL), or general RDEL.

CCGs have continued to manage their finances well. Collectively they have taken appropriate action to absorb a number of unanticipated cost pressures outside of their control, including those arising from GP pay awards and generic drug prices. Despite these pressures, CCGs as a group have delivered efficiency savings of 2.9% of their allocations, and significantly fewer CCGs have ended the year with an overspend (33 in 2018/19 compared to 75 in 2017/18).

Most of the underspend in Direct Commissioning comes from Specialised Commissioning, reflecting improvements in financial management over the last three years.

NHS England took action early in 2018/19 to make savings in central spending to cover the emerging overspends in NHS providers. Underspends against central budgets include savings from vacancy control and income from GP rates rebates and counter fraud receipts. In addition, during the year NHS England held back investment that could otherwise have been deployed to fund transformation.

## Performance against wider financial metrics

Within the Mandate, the DHSC sets a number of technical financial targets for the NHS England Group, including the core operational limit (general RDEL) described above. These limits are ringfenced, which means that underspends on the other revenue limits cannot be used to support core patient services covered by the general RDEL limit.

### 2018/19 Performance against key financial performance duties

Revenue Limits	Target				
	Mandate Limit £m	Actual £m	Underspend £m	Target met	Underspend as % of Mandate
RDEL - general	113,621	112,705	916	✓	0.8%
RDEL - ring-fenced for depreciation and operational impairment	166	132	34	✓	20.5%
Annually Managed Expenditure limit for provision movements and other impairments	100	(19)	119	✓	119.0%
Technical accounting limit (e.g. for capital grants)	200	48	152	✓	76.0%
<b>Total Revenue Expenditure</b>	<b>114,087</b>	<b>112,866</b>	<b>1,221</b>		<b>1.1%</b>

### Administration costs (within overall revenue limits above)

<b>Total administration costs</b>	<b>1,821</b>	<b>1,588</b>	<b>233</b>	✓	<b>12.8%</b>
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### Capital limit

<b>Capital expenditure contained within our Capital Resource Limited (CRL)</b>	<b>254</b>	<b>221</b>	<b>33</b>	✓	<b>13.0%</b>
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## Allocations

NHS England has responsibility for allocating NHS funding agreed with the DHSC as part of our Mandate. We are required to operate a transparent allocation process to ensure equal access for equal need. The Health and Social Care Act 2012 also requires NHS England to have regard to reducing inequalities in access to and outcomes from healthcare. Consistent with these duties, significant improvements to the formulae through which resources are distributed to CCGs were implemented in 2019/20, on the basis of recommendations from the independent Advisory Committee on Resource Allocation.

In June 2018 the Government announced a long-term revenue funding settlement for the NHS, to increase the NHS annual budget by £20.5 billion in real terms by 2023/24. The Government also committed to provide additional recurrent funding until 2023/24 to meet the anticipated cost pressure to the NHS in England resulting from increases to the employer contribution rate for the NHS England Pension scheme.

This revenue funding settlement has given NHS England the opportunity to set allocations for the health system over an extended period, providing greater planning certainty and allowing local systems to develop more robust and sustainable plans to implement the NHS Long Term Plan.

In January 2019, the NHS England Board approved allocations for the five years from 2019/20 to 2023/24. These were comprised of firm allocations for the first three years and indicative allocations for the final two.

Our approach to the distribution of funding was based upon the following key considerations:

- Funding a realistic and sustainable level of activity.
- Appropriately funding price pressures, including the impact of pay awards and changes in tariff prices.
- Protecting funding for the implementation of existing NHS Five Year Forward View commitments, particularly in respect of mental health, primary care and cancer services.
- Reducing running costs, whilst also prioritising funding for transformation and service development.
- Ensuring that CCGs have access to sufficient resources to meet the NHS Long Term Plan commitments that spending on mental health, and on primary medical and community health services, will grow as a share of overall NHS revenue spending.

## Future financial sustainability

Putting the NHS back onto a sustainable financial path is a key priority and is essential to allowing the NHS to deliver the service improvements set out in the NHS Long Term Plan, which set out five key tests and the approach to meeting them:

1. The NHS (including providers) will return to financial balance.
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care.
3. The NHS will reduce the growth in demand for care through better integration and prevention.
4. The NHS will reduce variation across the health system, improving providers' financial and operational performance.
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

To support delivery of these tests we have made a number of changes to the NHS financial framework. We have updated the Market Forces Factor. We are increasingly moving away from activity-based payments through the progressive rollout of the blended payment model. The control total regime and the Provider Sustainability Fund will be abolished, with future financial support being allocated on the basis of delivery against agreed, multi-year recovery plans, showing significant year-on-year improvements in sustainability and financial performance. Further reforms to the financial framework will support the further development of ICSs, where commissioners and providers will make shared decisions about both financial sustainability and service transformation.



**Matthew Style**

*Acting Chief Financial Officer*

## Our priorities for 2019/20

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Building on the foundation established by the NHS Five Year Forward View, the NHS Long Term Plan, published in January 2019, states how increased funding, announced in June 2018, will be used over the next 10 years.

Our focus for 2019/20 was set out in the Annual Planning Guidance to the NHS<sup>45</sup> and supported by the Government's Mandate to NHS England and NHS Improvement for 2019/20.

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45 <https://www.england.nhs.uk/publication/preparing-for-2019-20-operational-planning-and-contracting/>

