

2020 Objectives

July 2016



About NHS Improvement

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

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Introduction

The provider sector has proved in recent decades that it can rise to ambitious challenges, with achievements like reducing waiting times, transforming infection control and moving mental healthcare into the community. In recent years it has also shown resilience in maintaining services at a time of increasing demand (for example due to an ageing population) and slowed growth in the NHS budget.

After many years of financial pressure the provider sector is now in an unprecedented financial situation, standards for A&E and other waiting times are not being routinely met, and care quality levels are in some cases below what patients deserve.

The government's commitment to an extra £8.4 billion of real-terms investment in the NHS by 2020 means that providers now have an opportunity – and an obligation – to stabilise finances, deliver expected levels of quality and recover operational performance. At the same time the NHS needs to begin to transform local health and care services to ensure their long-term sustainability, in line with the *Five Year Forward View*.¹

This provider task, as we said in *Implementing the Forward View*,² is extremely stretching and ambitious. Our role is to support providers and local health systems to improve, helping them to deliver that task. We will build improvement capability, harness expertise in the sector, create a 'can-do' collaborative culture at every level and stimulate sector-led improvement, so providers are well placed to help themselves and each other.

We will significantly enhance our collaboration with partners such as NHS England and the Care Quality Commission (CQC), working together as a matter of routine to create the environment in which providers and local health systems can succeed, and to give them the support they need at all levels. We aim to ensure that collectively we give consistent messages to the sector, and will align our approaches and resources where it is most effective to do so.

Purpose and scope of this document

This document gives NHS Improvement's objectives to 2020. They are stretching but achievable: we are confident that the sector will deliver, with our support. We will not be able to deliver these objectives on our own: our role is, alongside partners, to work with providers and local health systems to help them, individually and as a sector, deliver the improvements the NHS needs.

In addition to the areas covered in our 2020 objectives, where NHS Improvement

¹ www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

² <https://improvement.nhs.uk/resources/implementing-forward-view-supporting-providers-deliver/>

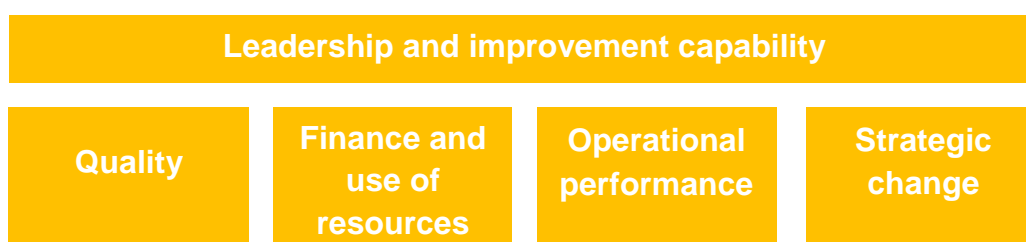
provides system leadership, we will continue to support partners to deliver areas in which they are system leaders, for example by providing significant input to:

- Health Education England on current and future workforce development
- Academic Health Science Networks on innovation
- National Information Board on the digital by default agenda.

In addition to the areas covered in this document, we have an internal programme of work, set out in our [2016/17 business plan](#),³ to develop NHS Improvement as a high performing organisation.

The five themes of our 2020 objectives

NHS Improvement will support providers to attain and/or maintain a CQC ‘good’ or ‘outstanding’ rating.⁴ We will do this by focusing on five themes, which we set out in *Implementing the Forward View*:



Each theme is important and all are interconnected; wherever possible none should be prioritised over another. Quality, finance and use of resources and operational performance relate directly to sector outcomes; strategic change and leadership and improvement capability are important enablers to ensure these outcomes are sustainable.

We will work with CQC to align our approaches more fully as we move towards a single combined assessment of quality and use of resources.

In this document, for each theme we give our overarching aim for the sector. Each of these aims is supported by specific 2020 objectives, where our role is either to support the sector to deliver sector-wide objectives, or to deliver specific objectives ourselves.

Our objectives apply to the sector as a whole rather than to individual providers. However, we will support the sector by giving and co-ordinating tailored support to

³ <https://improvement.nhs.uk/about-us/corporate-publications/business-plan-and-objectives>

⁴ CQC asks five key questions of all care services: are they safe, are they effective, are they caring, are they responsive to people’s needs, are they well-led? These questions will be supplemented by a forthcoming assessment of the use of resources.

individual providers and local health systems, informed by our Single Oversight Framework. We will also support the sector through shaping the provider environment, working with our partners.

Quality objectives

Our aim for the sector is for it to **continuously improve care quality, helping to create the safest, highest quality health and care service**. People deserve consistently high quality healthcare that is personal, effective and safe, that respects their dignity and that is delivered with compassion.

We will **support the sector to deliver** the following 2020 objectives:

Objective 1: Reduce to zero the number of providers in **special measures**.

Special measures indicate unacceptable quality and a failure of leadership. It should be an exceptional situation, and one which is as short lived as possible. We will prioritise rapid quality improvement by all providers in special measures, with tailored intensive support to help them to exit special measures quickly and sustainably. We will also work intensively with providers at risk of special measures, to help them avoid any further quality deterioration.

Objective 2: Two-thirds of inspected providers will be operating at **CQC 'good' or 'outstanding'** levels of quality.

We will relentlessly focus on ensuring continuous improvement and will expect all providers to share this objective. We will provide practical support to help providers improve their care quality, for example through our activities supporting objectives 3, 4 and 13. Our single oversight framework, based on the principle of earned autonomy, will incentivise providers to continuously improve their care quality, using a definition of quality shared with CQC.

In describing objectives 1 and 2 we are assuming CQC maintains its current ratings standards; were CQC to amend these we would amend our objectives accordingly.

Objective 3: Support providers in the roll out of seven-day hospital services, working with NHS England.

We will support 100% roll out of the four priority standards for seven-day hospital services.

We will **directly deliver** the following 2020 objectives:

Objective 4: Implement **patient safety** initiatives in priority areas.

There is good evidence for the effectiveness of targeted safety initiatives in materially reducing harm, as well as the financial benefit of this. As the sector leader for patient safety we will develop these initiatives in a small number of

priority areas, supporting providers to make a visible difference. We will give more detail on this objective as we develop our approach.

Objective 5: Deliver guidance and tools for providers to make **safe staffing** decisions.

We will work with our partners to ensure providers are supported and enabled to deliver high quality and efficient care within the available staffing resource. Activities that fall under this objective will link closely to our wider activities to support the workforce, generating improvement capability at every level. We will give more detail on this objective as we develop our approach.

Finance and use of resources objectives

Our aim for the provider sector is for it to **balance its finances and improve its productivity**. In line with the Five Year Forward View, we need to place the NHS on a secure and sustainable financial footing by closing the finance and efficiency gap. We will work closely with our partners in doing this.

We will **support the sector to deliver** the following 2020 objectives:

Objective 6: Achieve and maintain sustainable **financial balance** for the provider sector from 2017/18.

Deficit reduction is the single biggest challenge of this Parliament. The NHS received a relatively generous front-loaded financial settlement and must show financial discipline and credibility by returning to financial balance. This will give the sector the room for manoeuvre to meet the other challenges we need to address through to 2020. We are the sector leader for supporting improvement and oversight of the aggregate finances of the provider sector. For financial balance to be sustainable, it must not be achieved at the expense of investment in the maintenance and development of infrastructure; we will look to manage this risk.

Objective 7: Deliver with providers a **2% efficiency** improvement year on year, including through the implementation of the Carter Review⁵ recommendations.

The Five Year Forward View states that to sustain a comprehensive high quality NHS, action is needed on efficiency (as well as funding and activity levels). The spending review settlement assumes 2% annual productivity improvements by providers. We are the sector leader for working with providers to deliver these improvements. Implementation of the recommendations in the Carter Review,

⁵ Operational productivity and performance in English NHS acute hospitals: Unwarranted variations www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf

among other actions, will significantly contribute to achieving these efficiency savings, for example by optimising the use of the clinical workforce and using information technology to make efficiencies.

Operational performance objectives

Our aim for the sector is for it to **maintain and improve performance against core standards**. People deserve access to services wherever and whenever they need them. We will support providers to routinely meet standards in the NHS Constitution, with capacity to meet increased demand such as during winter months.

We will **support the sector to deliver** the following 2020 objectives:

Objective 8: Consistently meet **NHS Constitution standards** over the period, with a particular focus on the aggregate A&E standard, while improving quality and efficiency.

We will support providers to achieve NHS Constitution standards, including A&E waiting times, referral to treatment times, diagnostic waiting times, cancer waiting times, ambulance response times and patient choice.

We will focus on the A&E target (95% of patients seen and discharged or admitted within four hours). As well as being an important clinical measure in its own right, this target is a significant indicator of operational performance and patient flow within providers and across local health and care systems. To address A&E performance providers and their local health and care systems will need to take actions to improve patient flows and performance against the range of constitutional standards.

Objective 9: Deliver **mental health waiting standards** in aggregate every year (currently defined as 50% of people experiencing a first episode of psychosis seen within two weeks; 95% of people referred to improving access to talking therapies treated within 18 weeks).

The introduction of these mental health access standards from 2015/16 represents a significant opportunity to improve outcomes and is a government priority. This objective demonstrates our commitment to parity of esteem for mental health.

Strategic change objectives

Our aim for the sector is for it to **ensure every area has a clinically, operationally and financially sustainable pattern of care**. In line with the Five Year Forward View, we will support providers to design and deliver services systemically within their local health systems to best meet the needs of the communities they serve.

We will **support the sector to deliver** the following 2020 objectives:

Objective 10: Implement **new care models**, including chains.

New care models, described in the Five Year Forward View, are designed to break down barriers between primary and secondary care, between physical and mental health, and between health and social care; to improve population health; and to promote more efficient use of resources, including reducing avoidable demand on services. We jointly lead, with NHS England, on the overall new care models programme, and specifically lead on acute care collaborations (including chains). We expect that once the new care models can be widely accessed, their roll out will accelerate. To deliver this objective, all areas will need to have, and be delivering on, high quality Sustainability and Transformation Plans.

Objective 11: Change to a sustainable pattern of care in the most challenged health economies.

In challenged health economies, as well as supporting new care models, we will support other transformations to deliver high quality services and improve patient outcomes. This may include reconfigurations and integration or closer working initiatives (including with social care), depending on local circumstances. To deliver this objective these health economies will need to have, and be delivering on, high quality Sustainability and Transformation Plans.

We will work particularly closely with NHS England and other partners to deliver these objectives, supporting providers to work in a systemic way with clinical commissioning groups and other organisations in their local health and care systems.

Leadership and improvement capability objectives

Our aim for the sector is for it to **build provider leadership and improvement capability to deliver sustainable services**. Strong leadership and an improvement culture are fundamental to delivering the other objectives set out here. We aim to support providers to build their capability and capacity to continuously improve, foresee and tackle issues early, and make well-informed decisions. We will work with our partners to make the NHS the world's largest learning organisation, harnessing the good practice in the sector.

We will **support the sector to deliver** the following 2020 objectives:

Objective 12: Develop, maintain and enhance effective boards: both people and ways of working.

One of our fundamental purposes is to help build leadership – board executives and non-executives – so that providers are empowered and equipped with the skills, behaviours, systems and information they need to be effective – as shown by good board effectiveness ratings. We will develop professional leadership capability across the sector, and support providers to deliver on the well-led framework. We will also develop and maintain a pipeline of high quality candidates

for executive and non-executive roles, with a particular focus on the chief executive pipeline.

Objective 13: Expect every provider board to **reflect the diversity of the people it serves**, including gender-balanced boards.

Diversity and inclusiveness are at the heart of everything we do. Diverse boards help ensure services reflect the needs and experiences of the people they serve, leading to more effective decision-making. We expect provider boards to reflect the people they serve and be diverse, including as to gender.

Objective 14: Expect every provider to implement effectively a recognised **continuous improvement approach**.

This objective is fundamental to what it means to be NHS Improvement: supporting providers to help themselves to continuously improve and innovate. We will work with providers to help them embed improvement cultures using recognised improvement approaches. Significant and sustained improvement by providers can only be achieved if improvement skills and cultures are clinically led, and the whole workforce is engaged and equipped to conduct systematic improvement activity.

We will **directly deliver** the following 2020 objectives:

Objective 15: Decision-makers in providers have access to **high quality information** (including income and expenditure information and benchmarks, such as those proposed by the Carter Review recommendations).

Equipping providers with the information they need to make high quality decisions is crucial to building their capability. This includes providers having high quality data on their income and expenditure, enabled by information technology. We will lead on the development and provision of appropriate data such as benchmarks.

Objective 16: Focus on **high value interactions with providers**, minimising any low value or disproportionate regulatory burden.

We will ensure oversight and regulatory engagement and reporting requirements for providers are proportionate, and no more onerous than necessary for us to comply with our statutory and strategic objectives. We will work with our partners to rationalise the way we collect data and information from providers.

We are developing our approach to working with the sector to deliver these objectives. We will work alongside providers and local systems to support them to improve, based on principles including transparency, capability-building, trust and valuing staff internally and in the sector, and we will collaborate with our partners as a matter of routine. We will share further details in due course.

Appendix: Summary of NHS Improvement's 2020 objectives

Quality	Finance and use of resources	Operational performance	Strategic change	Leadership and improvement capability
<i>Continuously improving care quality, helping to create the safest, highest quality health and care service</i>	<i>Balancing the provider sector finances and improving provider productivity</i>	<i>Maintaining and improving performance against core standards</i>	<i>Ensuring every area has a clinically, operationally and financially sustainable pattern of care</i>	<i>Building provider leadership and improvement capability to deliver sustainable services</i>
<ol style="list-style-type: none"> 1) Reduce to zero the number of providers in special measures 2) Two-thirds of inspected providers will be operating at CQC 'good' or 'outstanding' levels of quality 3) Support providers in the roll out of seven-day hospital services, working with NHS England 4) Implement patient safety initiatives in priority areas 5) Deliver guidance and tools for providers to make safe staffing decisions 	<ol style="list-style-type: none"> 6) Achieve and maintain sustainable financial balance for the provider sector from 2017/18 7) Deliver with providers a 2% efficiency improvement year on year, including through implementation of the Carter Review recommendations 	<ol style="list-style-type: none"> 8) Consistently meet NHS Constitution standards over the period, with a particular focus on the aggregate A&E standard, while improving quality and efficiency 9) Deliver mental health waiting standards in aggregate every year 	<ol style="list-style-type: none"> 10) Implement new care models, including chains 11) Change to a sustainable pattern of care in the most challenged health economies 	<ol style="list-style-type: none"> 12) Develop, maintain and enhance effective boards: both people and ways of working 13) Expect every provider board to reflect the diversity of the people it serves, including gender-balanced boards 14) Expect every provider to implement effectively a recognised continuous improvement approach 15) Decision-makers in providers have access to high quality information (including on income and expenditure and benchmarks such as from the Carter Review recommendations) 16) Focus on high value interactions with providers, minimising any low value or disproportionate regulatory burden



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