



Improvement



NHS Improvement: 2017/18 highlights

collaboration

trust

respect

innovation

courage

compassion

We **support** providers to give patients **safe, high quality, compassionate care** within local health systems that are **financially sustainable**.

Introduction

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.

“The NHS is a dynamic institution that has constantly evolved over the last 70 years. If we continue to face the challenges the way the NHS’s original founders did, we will succeed. NHS Improvement has a crucial part to perform in this.”



Baroness Dido Harding
Chair

“The NHS faced continued pressure from rising demand for its services in 2017/18, but its staff met the challenge with dedication and resilience. The proportion of trusts that the Care Quality Commission rated as ‘good’ rose from 39% to 45%.”



Ian Dalton
Chief Executive

This short report gives you an insight into what we have done in 2017/18 towards achieving our 2020 objectives.

It is organised around some of our main work programmes: quality improvement; financial control and turnaround; operational performance; provider productivity; strategic change; workforce, leadership and improvement. Each is equally important, and all are interconnected.

Read our full Annual report and accounts 2017/18

With NHS England we published updated **NHS planning guidance** in February 2018. This explained how the extra £1.6 billion revenue funding for the NHS in the November 2017 Budget and the additional £540 million from the Department of Health and Social Care for core frontline services would be distributed. It reinforced our intention to move further towards system working through sustainability and transformation partnerships in 2018/19.

The **Single Oversight Framework**, introduced in 2016, identifies how we can help trusts improve patient services. It is designed to increase the number of trusts achieving 'good' or 'outstanding' Care Quality Commission (CQC) ratings, and is closely aligned with CQC's approach. We assign trusts to one of four 'segments' depending on the level of support they need. We updated the framework in November 2017 based on feedback and lessons from its first year of operation.

Quality improvement

We define quality in the NHS in terms of patient safety, clinical effectiveness and patient experience. Quality improvement and particularly the improvement of patient safety become ever more important when pressure in the system increases as the NHS responds to growing demand. We provide clinical and managerial leadership and improvement expertise to support trusts' care quality, including patient safety. Much of what we achieve can only be done in partnership with others.

With help from nine trusts, we created a **national mental health improvement model**. We involved people who use services, their families and carers throughout.

We set up a support team with NHS England to help local health systems **eliminate inappropriate out-of-area placements** for acute mental health inpatient care by April 2021.

We completed our **falls improvement collaborative** begun in early 2017, which encouraged 19 trusts to reduce fall rates by 5%. After two

months, one ward had reduced falls by 30%, while another went 20 days without a fall; previously it had only managed six days.

Our **criteria-led discharge improvement collaborative** involved 13 trusts tackling delays in discharging patients who are well enough to leave hospital.

Our national **Stop the Pressure** programme aims to eliminate avoidable pressure ulcers: 172 trusts submitted improvement plans to eliminate pressure ulcers.

- The percentage of trusts rated 'good' by CQC rose from 39.1% to 44.8%, and the percentage rated 'outstanding' rose from 6.0% to 6.5%.
- A total of 20 trusts improved from 'inadequate' or 'requires improvement' to 'good' or 'outstanding', against our own target of 17.
- We published the first of our patient safety review and response reports, six-monthly summaries of how we reviewed and responded to issues reported to us.

Focusing on patient experience

Our Board agreed a statement of intent to embed the patient, public and carer voice in our work. We co-designed and commissioned a learning network for heads of patient experience, which 153 trusts joined. And we provided bespoke leadership development focused on patient experience to 18 trusts.

National maternal and neonatal health safety collaborative

Every maternity unit in England is taking part in our three-year collaborative, launched last year, to reduce maternal deaths, stillbirths and neonatal deaths and brain injuries by 20% by 2020 and 50% by 2030. Trusts in the first wave developed 176 improvement projects in areas such as smoke-free pregnancies, stabilising the very pre-term infant, and recognising and managing deterioration in mother or baby. Learning will be shared through local learning systems that support local maternity systems.

Financial control and turnaround

We are committed to restoring trusts to financial balance and improving their use of resources while delivering continuous improvements in the quality of patient care, as well as securing long-term clinical and financial sustainability.

We introduced **Use of Resources assessments** in autumn 2017. They are designed to help providers, national bodies and the public understand how effectively trusts are using their resources. We developed them with CQC, which will combine our ratings with its own in an overall trust-level quality rating.

Spending on agency staff has continued to decrease since we introduced controls, falling by a third since 2015/16. Trusts spent £90 million less than planned in 2017/18 and £520 million less than last year.

The ongoing cost of **private finance initiative (PFI)** schemes is significant for many trusts. We therefore set up a working group to help ensure the NHS gets the best possible value from PFI deals – for example, by improving the way trusts manage PFI contracts. And we carried out a survey of how trusts manage these contracts.

We closely track trusts' performance to help them address financial and operational issues.

- 212 out of 234 trusts accepted their financial control totals; almost 64% either met or exceeded them.
- Trusts closed the year with a deficit of £960 million, compared to £791 million in 2016/17.
- Despite this, the year-end financial position represents continued progress by the trust sector towards financial sustainability.

Financial Improvement Programme

Eighteen trusts volunteered for Wave 2 of our Financial Improvement Programme, which matches ambitious management teams with external experts to enhance cost improvement programmes. It focuses on transferring skills and expertise to trust staff. Wave 2 built on the learning from Wave 1.

Patient-level costing

We made excellent progress towards the NHS being able to calculate precisely the cost of care for every single patient – not only drugs, tests and appliances but the time doctors and nurses devote to their care and treatment. In 2017, 70 acute, mental health and ambulance trusts implemented patient-level costing and sent us data on £21 billion of costs. After consultation, we decided that all acute trusts should record the costs of their activity at a patient level from 2018/19.

Operational performance

Our aim is that NHS providers maintain and improve performance against the standards in the NHS Constitution. We support them to do so, to cope with increased demand – for instance, during winter months – and to have sustainable strategies to maintain their performance.

Throughout the year, the NHS experienced rising demand and high levels of bed occupancy. We therefore made **planning for winter** – when these trends reach a peak – a priority. For the first time, formal winter planning began in July.

In the 12 months to February 2018, numbers attending **accident and emergency** departments increased by 1.8% and emergency hospital admissions by 3.7%. The NHS treated 160,000 more A&E patients within four hours over the winter compared to the previous year.

To increase the use of **criteria-led discharge**, our nursing directorate published evidence-based principles and ran collaboratives involving 3,000 patients, gaining international interest.

Our **emergency flow improvement tool** helps trusts identify bottlenecks and stress points. Since its launch in September 2017, over 500 staff from 122 acute hospitals have used the tool.

We took part in the national response to several major incidents:

- We advised trusts on action to combat the WannaCry ransomware cyberattack.
- After the Grenfell Tower fire, we ensured all trusts identified any risks to their buildings and took necessary action.
- When Carillion declared insolvency, we had already drawn up plans to maintain patient services without interruption at the 14 trusts affected.

Using technology to increase bed capacity

A key part of our role is to help trusts develop new ways of working to improve care and meet demand.

Five trusts are piloting patient flow system technology, which enables hospital staff to see real-time data on available beds so they can allocate patients to the most appropriate ward first time.

They can also locate equipment and housekeeping or portering staff available to clean a bed or transport a patient.

At the first pilot site, The Royal Wolverhampton NHS Trust:

- patients were three times more likely to be allocated to an appropriate ward
- operations cancelled due to bed unavailability reduced by 60%
- length of stay fell by 11%.

Provider productivity

To help providers improve the quality of care and meet financial objectives, we make sure they deploy staff productively, manage the NHS estate efficiently and get the best deal on supplies. Lord Carter's review of NHS productivity in acute trusts found that reducing unwarranted variation could save the NHS at least £5 billion by 2020/21. Our provider productivity programme is now supporting all trusts to reduce variation, make savings and efficiencies and improve services.

The **Model Hospital** is a digital information service to help all trusts identify opportunities to improve their productivity. By the end of 2017/18 it had more than 8,000 registered users in NHS provider organisations.

We worked with 23 trusts as part of our review of productivity and performance in **mental health and community health services**, collecting key data we will use to develop an 'optimal model' NHS community or mental health trust.

Using the '**top 10 medicines list**' in the Model Hospital, trusts identified high cost branded medicines for which safe and equally effective biosimilar and generic versions could be prescribed instead. This saved the NHS more than £324 million in 2017/18.

Our **Nationally Contracted Products Programme** buys specific everyday hospital products on behalf of the whole NHS. From the first 20 products in the programme, the NHS is on course to save £18 million a year.

- Bedford Hospital NHS Trust used the Model Hospital benchmarks for pathology to negotiate an improved deal with its pathology service provider, reducing costs by over £700,000.
- Our research found unwarranted variation among the NHS's 105 pathology services, so we are helping them form 29 pathology networks.
- We provided corporate services benchmarking reports to all trust finance directors – an important tool for tackling unwarranted variation.

Purchase price index and benchmarking tool

By using our PPIB, Plymouth Hospitals NHS Trust negotiated lower prices and now saves 13% a day on the products it buys. King's College Hospital NHS Foundation Trust had ordered £1.9 million of goods direct with suppliers, unaware that the same products were available at lower prices from NHS Supply Chain. By using PPIB, it compared prices paid by other trusts and negotiated a cost reduction of 10%.

Getting It Right First Time

GIRFT – a partnership with the Royal National Orthopaedic Hospital NHS Trust, and led by frontline clinicians – aims to improve care quality by

identifying and reducing unwarranted variations in service and practice. It found that implementing networks of specialist vascular units could save 100 lives a year and save up to £16 million, with a further £6.5 million procurement savings.

GIRFT also found that if more acute hospitals introduced consultant-led surgical assessments, the NHS could reduce unnecessary emergency admissions for general surgery by 30% – one of 20 ways to improve patient outcomes that together could save £160 million a year.

Strategic change

We want to ensure that every local area has health and care services that are clinically, operationally and financially sustainable. We support providers to design and implement services that best meet the needs of their communities.

Throughout the year our national and regional teams supported **sustainability and transformation partnerships** (STPs) as they moved from planning to implementation and began to play a more prominent role in managing system-wide efforts to improve services.

With NHS England we set up a development programme for the most mature STPs to evolve into **integrated care systems**. We envisage that all STPs will evolve over time into integrated care systems.

We offer bespoke support to trusts considering or proceeding with **mergers**, helping ensure clarity about the intended benefits. Where the Competition and Markets Authority (CMA) reviews a proposed transaction, we support the trusts in developing their case and advise the CMA about the likely benefits for patients.

We worked on three high-profile mergers in Manchester, Birmingham and Derby that have since been cleared by the CMA.

- We used our Integrated Support and Assurance Process, co-designed with NHS England, to engage with 10 local health systems that were planning new contracting arrangements.
- We worked with Greater Manchester Health and Social Care Partnership to identify a preferred long-term solution for Pennine Acute Hospitals NHS Trust.
- We published revised transaction guidance for trusts that included lessons learned from previous mergers and acquisitions.

How one STP is integrating services

Frimley STP's North East Hampshire and Farnham vanguard brought together primary, community, acute, mental health and social care service teams.

Closer working stimulated new services and initiatives that help people manage their own health and care more effectively and receive more care and support in the community rather than hospital. For example, GP practices and other services created 'urgent care hubs' offering same-day appointments with an interdisciplinary team of GPs, nurse practitioners, orthopaedic practitioners, paramedic practitioners and other professionals.

GP practices are informed of all A&E attendances so they can direct appropriate information and advice to patients, helping them access care more locally in future. Bringing together resources has meant a better service for patients and a more efficient service that has reduced hospital admissions.

Workforce, leadership and improvement

We help providers take a strategic and multiprofessional approach to safe staffing. We want trusts to build strong leadership and the capability to continuously improve their services so they are sustainable for the future. We aim to improve the working environment for NHS leaders and revitalise the systems of talent management and leadership development.

We launched a major **workforce retention programme**. We provide targeted, clinically led support for the trusts taking part to develop retention improvement plans.

The consultation document, *Facing the facts, shaping the future*, which we helped shape, will lead to the first national health and care **workforce strategy** for 25 years.

With the Faculty of Medical Leadership and Management and NHS Providers, we identified eight actions all trusts could take quickly to **improve junior doctors' working environment** and morale.

We launched Phase 2 of our **culture programme**, developed with The King's Fund and three pilot trusts. It is based on national and international evidence identifying elements needed for high quality care cultures.

Staff from more than 46% of all NHS organisations attended our **demand and capacity training**.

- Two cohorts of our aspiring chief executive programme graduated in 2017; 11 of the 27 participants became chief executives by the end of 2017/18.
- We launched the aspiring medical directors programme.
- We commissioned a survey on current senior professional leadership for allied health professionals (AHPs) to show how AHP leadership arrangements affect quality and productivity.

Appointing chairs and non-executives

Our Provider Leadership Committee and subcommittees made 320 NHS trust chair and non-executive appointments. This included 115 new appointments: 14 were chairs, and 205 were reappointments or extensions, of which 35 were chairs.

Supporting chairs and spotting talent

We held 12 regional chair networks led by executive regional managing directors, where provider chairs share best practice and discuss current challenges and regional issues.

We grew a talent database of board-ready people across the country interested in non-executive roles in the NHS.

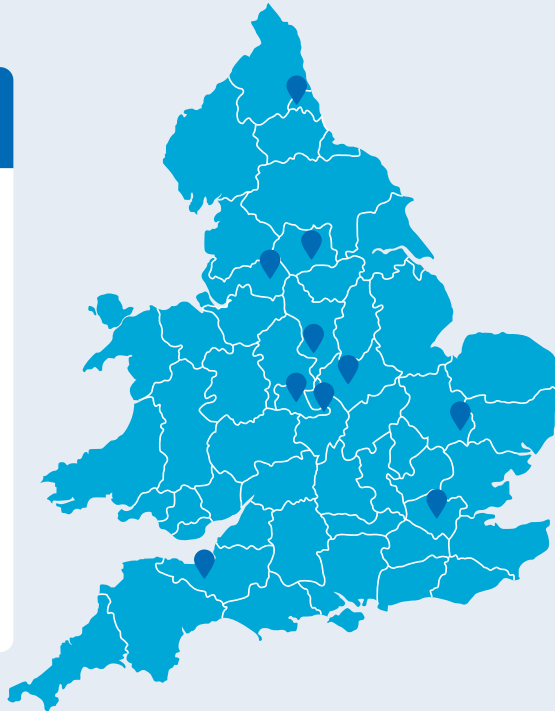
NExT Director scheme

Our NExT Director scheme is designed to help find and support a diverse next generation of talented people to become non-executive directors. Nearly 50 placements have been taken up by women and people from black, Asian and minority ethnic communities across our London and Midlands and East regions.

Our people

ELEVEN SITES ACROSS ENGLAND:

- ◆ Birmingham
- ◆ Cambridge
- ◆ Coventry
- ◆ Derby
- ◆ Leeds
- ◆ Leicester
- ◆ Manchester
- ◆ Newcastle
- ◆ London (2)
- ◆ Taunton

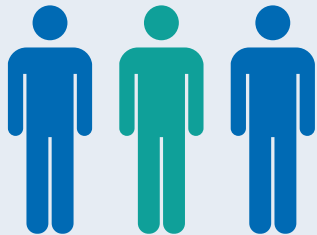


CENTRAL TEAM AND FOUR REGIONAL TEAMS:

- London
- North
- Midlands and East
- South - divided into South East and South West, and jointly managed with NHS England

Our people

**1,369
STAFF**



EIGHT DIRECTORATES



Medical



Nursing



Improvement



Operational
Productivity



Strategy



Resources



Regulation



Communications

1,046 people responded to the annual staff survey in November 2017 (**83%**)



87%

said "my line manager treats me with respect"

83%

care about the future of NHS Improvement

82%

understand the aims of NHS Improvement

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