



Improvement

NHS Improvement business plan 2017–19

June 2017

Delivering better healthcare by
inspiring and supporting everyone we
work with, and challenging ourselves
and others to help improve outcomes
for all.

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1. Introduction

Our 2017–19 business plan sets out how we will make progress towards achieving our 2020 objectives and support providers.

When we were established in 2016, we developed our 2020 objectives across five key themes:

- quality
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability.

We also set out a sixth area focused on developing NHS Improvement to be an organisation that ensures the effective and efficient delivery of strategic leadership, oversight and practical support to the sector.

Work on our 2017–19 business plan began by reviewing the challenges for providers across these five themes and reassessing where best to focus our existing resources and future efforts. We also drew on an assessment of the strategic risks facing NHS Improvement as well as the lessons learned so far from the impact of our work on providers and the wider sector.

This analysis shaped the development of the work programmes in this business plan. Our business planning was carried out alongside our budget setting to ensure all work can be done within the resources available and we continue to invest in the skills and capabilities required to deliver our objectives.

In setting out our two-year business plan, we show how NHS Improvement will support providers to deliver their two-year operational plans and local health economies to deliver their sustainability and transformation plans.

2. Context

The challenges facing the health sector require the NHS to deliver more than ever before. Under significant pressure, providers have largely maintained service quality but there are signs of increasing fragility, and there have been instances of serious failings in the most challenged providers. The most recent State of Care Report from the Care Quality Commission (CQC) expresses concern about quality of care.

In 2016/17, the provider sector experienced one of the most difficult winters on record. Exceptionally high numbers attended A&E departments, with record attendance levels of 60,000 on each of 5 and 27 December 2016. In December 2016, acute providers had to open an average of 2,600 escalation beds per day with no extra funding for these, to cope with this level of emergency demand. High emergency admissions led to planned elective work being displaced or cancelled. This has affected patient treatment and resulted in the loss of elective income.

A lack of beds because of high occupancy rates and delayed transfers of care (DToC) resulted in many patients requiring admission waiting significantly longer in A&E departments for a bed. In Q3 2016/17, 164,555 patients waited longer than four hours for a bed, 66.6% more than a year ago. There were also 390,392 bed days lost due to DToC in acute hospitals, an increase of 28.1% from 2015/16.

Workforce pressures persist, with providers often unable to recruit to certain specialties, exacerbated by the high costs of agency staff. Providers have gone to great lengths to reduce agency expenditure, and figures published in February 2017 show that agency controls have saved the NHS £1 billion since they were introduced in October 2015. But more needs to be done, particularly in tackling expenditure on medical locums.

The financial sustainability of the NHS, the progress of sustainability and transformation partnerships (STPs) and the operational pressures that providers faced over winter 2016/17 were debated at the Public Accounts Committee and the House of Lords ad hoc Select Committee, set up to consider the long-term sustainability of the NHS.

The focus of our support for providers

In the light of all this, since our launch we have focused on reducing deficits and restoring financial discipline, helping providers to make quality improvements and tackling core operational priorities. For 2017–19 we will continue to support providers to improve performance in these three areas.

To do so, providers will need to make a step change in productivity improvement. We have therefore made the implementation of Lord Carter's recommendations for improving productivity, in terms of both reducing input costs (eg through continued action on agency prices and procurement) and increasing outputs (eg service redesign and improvement), a central part of our business plan.

Progress in reducing growth in demand for services and in acute activity has so far been limited, contributing to escalating staffing costs and extra pressure on operational performance, including A&E and elective care. This highlights how important it is that we work even more closely with NHS England and other partners to accelerate progress in managing demand, with a focus on strengthening and improving access to primary care and community services.

STPs focus on developing a clinically, operationally and financially sustainable pattern of care and implementing strategic changes. They will require providers to transform services in line with the Five Year Forward View, making use of new care models and new models of accountable care.

We continue to work with partners on the enablers for high quality services, including workforce development, leadership, improvement capability and digital innovation.

Providers tell us they need a joined-up approach and increased partnership between national bodies. We are committed to working more closely with CQC, NHS England and other partners at national, regional and local levels. For example, we will work with NHS England towards parity of esteem for mental and physical health and in partnership with CQC to introduce the new Use of Resources assessment this year as part of the quality rating of providers.

3. Business plan for 2017–19

Our business plan contains eight main work programmes:

- quality improvement
- financial control and turnaround
- operational performance
- provider productivity
- strategic change
- workforce, leadership and improvement
- oversight and support
- developing NHS Improvement and supporting our business.

The programme sections below set out how we will assess progress towards achieving our 2020 objectives and what we will do to support delivery during 2017–19.

3.1. Quality improvement

Our aim for the sector is to achieve continuous improvements in the quality of care. People deserve consistently high quality healthcare that is personal, effective and safe, that respects their dignity and is delivered with compassion.

How we will assess progress: our 2020 objectives

Objective 1: Reduce to zero the number of NHS providers in special measures for quality

Objective 2: Two-thirds of inspected NHS providers will have CQC ‘good’ or ‘outstanding’ levels of quality

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

Objective 4: Implement patient safety initiatives in priority areas

Objective 5: Deliver guidance and tools to help providers make safe staffing decisions

What we will do during 2017–19 to support delivery

Special measures and challenged trusts We will prioritise rapid quality improvement by all providers in special measures, with dedicated support to address their specific challenges, including embedded improvement directors, funding for improvement programmes, monitoring of robust improvement plans, building leadership capacity, facilitating change and providing, where indicated, intensive bespoke support on patient experience.

We will also work intensively with providers at risk of special measures to help them improve quality. Our quality improvement package uses a collaborative improvement approach and we tailor part of our wider patient experience offer to address the needs of different trusts at risk, as well as any trust experiencing deteriorating patient experience results.

Seven day services By 2020/21 all acute trusts must ensure at least 90% of patients have access to acute hospital services that meet the four priority clinical standards in all relevant specialties on every day of the week. We are working with NHS England to roll out the four standards to 50% of the population by April 2018 and, for five specialist services (acute stroke, paediatric intensive care, STEMI heart attack centres, major trauma centres and emergency vascular services), to the whole population by November 2017.

We will help providers meet the priority clinical standards, co-ordinating support from the NHS England Sustainable Improvement Team. We will ensure the work on seven day services is embedded in STP plans and optimises the opportunities they present to build stronger, more resilient health networks.

Our work will include supporting trusts to realise the improved patient experience and flow from seven day services, and the potential to positively impact on emergency department performance and facilitate efficient use of resources every day of the week.

Patient safety We will fulfil our statutory patient safety duties: to collect and analyse information about what goes wrong in the NHS; and to provide advice and guidance on reducing the risks to patients. We will help providers better understand what goes wrong in care, support increased transparency around patient safety data and lead on setting and maintaining relevant patient safety policies.

Our support to local systems will include advice and guidance on improving safety through issuing Patient Safety Alerts. We will continue to fulfil commitments from national reports and recommendations, such as the Berwick review into patient safety, by leading the Patient Safety Collaboratives programme, which will include work to support good practice in reducing patient falls.

We will help to improve patient safety outcomes by supporting the government's Maternity Transformation Programme. We will implement the national Maternity

Transformation workstream and lead the National Maternal and Neonatal Health Safety Collaborative.

We will refresh the serious incident framework and never events framework, and work with the Healthcare Safety Investigation Branch to support improvements in the quality of investigations. As the national leader for patient safety we will align the patient safety work of other arm's length bodies and regional teams. Our priority areas will remain reducing the incidence of falls and pressure ulcers.

We have a new lead responsibility for ensuring there is a plan to tackle the rise of infections and are already working to help the NHS improve how it protects patients and reduces the rate of preventable infections. Working with Public Health England (PHE), NHS England, other national partners and the Department of Health (DH), we will support providers, staff and patients to reduce the numbers acquiring a healthcare-associated infection, to halve the number of healthcare-associated Gram-negative bloodstream infections by 2021 and reverse the rise in antibiotic resistance.

In tackling patient safety priorities and removing obstacles to improvement, we will develop a new patient safety incident management system to replace the National Reporting and Learning System and the patient safety elements of the Strategic Executive Information System. We will also build capability to identify, prioritise and work on up to five significant patient safety issues each year.

Mental health and learning disability services We will launch a joint improvement and support offer with NHS England for delivery of the Five Year Forward View for Mental Health. This will include joint improvement plans with CQC, mental health data analytics and plans to reduce premature mortality from severe mental illness, such as suicide prevention measures in mental health and acute providers.

We will work towards parity of esteem for mental and physical health, to support acute, community and specialist mental health providers to ensure the mental health needs of all their patients are met. This will involve supporting acute and community providers to develop plans identifying mental health needs and outcomes, to ensure they allocate resources specifically to deliver the mental health outcomes in the Five Year Forward View for Mental Health, and helping them to negotiate access to resources as set out in STP plans.

For learning disability services, we will carry out policy and stakeholder work with partners, support providers to meet the national mandate to improve these services, and develop our expert advisor support and improvement guides and a learning disability 'improvement exchange'.

Clinical quality programmes: cancer, end of life care and maternity We will support specific clinical quality programmes for cancer, end of life care and maternity.

We will co-ordinate support for providers, working with cancer alliances and other stakeholders to deliver objectives of the National Cancer Strategy, including faster diagnosis, better patient experience and longer-term quality of life. We will continue to support providers to consistently deliver the 62-day standard. Specific proposals in the five-year strategy are a new 28-day diagnostic standard and an additional 30,000 patients per year surviving cancer for 10 years or more by 2020, of which almost 11,000 will do so through earlier diagnosis.

We will continue to work with providers, NHS England and third sector partners to improve the quality of care patients receive at the end of life, and the patient, family and carer experience. CQC rates end of life care as a specific area and we will support providers to improve their individual and overall end of life care ratings. We can make a real difference to patients, carers and staff by improving end of life care.

In addition to our work on the national Maternity Transformation workstream, we will continue to deliver the quality improvement maternity and neonatal programme over the next three years.

Clinical advice, leadership and engagement We will provide clinical input across a wide range of NHS Improvement priorities, including the implementation of STP plans and new care models, improving A&E performance and achieving sustainable financial balance.

We will continue to enhance clinical workforce capability by, for example, supporting implementation of the junior doctor contract, providing aspiring medical directors with a developmental toolkit and mentoring schemes, and co-ordinating the development of a support package for newly appointed medical directors.

We will continue to provide a range of support to chief nurses in special measure trusts or who move to help a provider in difficulty, and a framework for deputy chief nurses acting up to chief nursing roles.

3.2. Financial control and turnaround

We are committed to working with NHS England to deliver a balanced financial position across NHS commissioners and providers in each year. To reduce the overall provider deficit, we will support strengthened financial discipline, and reward ambition and success.

How we will assess progress: our 2020 objectives

Objective 6: Achieve and maintain a sustainable financial balance for the provider sector

What we will do during 2017–19 to support delivery

Financial planning, reporting and control We will focus on:

- **Operational financial planning:** We will ensure the delivery of clear, consistent operational financial planning guidance to providers jointly with NHS England, including modelling and data collection support.
- **Benchmarking:** We will provide a tool to identify potential areas for financial improvement by taking the nationally published reference cost data and producing an individual file for each provider (except ambulance trusts) that analyses where the organisation's costs exceed peer, national average or upper quartile costs.
- **Capital and cash:** We will continue to support the capital regime for all providers, enabling delivery of the capital departmental expenditure limit, assisting the review and prioritisation of capital resources to support STP plans, and doing cash reviews to both investigate cash management and advise providers on how to improve.
- **Strategic finance:** We will improve our ability to forecast performance and better identify forward risk by developing a suite of financial modelling tools, as well as providing ongoing financial and analytical input into relevant policy and strategic decisions.
- **Sector financial reporting:** We will continue to develop systems for the collection and reporting of financial performance of individual providers, supported by a new finance collection system to improve timeliness and consistency.
- **Health economy intelligence:** To help systems transform and deliver long-term financial sustainability, we will continue to produce operational and financial information at an STP level, and develop and analyse STP financial plan templates and models.

Financial improvement and turnaround When providers are in difficulty, rapid action is needed to diagnose the underlying issues, establish the baseline position, define a clear medium-term financial plan, respond to the activity and capacity challenges and develop short to medium-term recovery actions. We aim to enable the most financially challenged providers to deliver recurrent savings that materially improve their financial position and the financial position of the sector. Specific actions during 2017–19 will include the following programmes:

- **Financial special measures:** We will provide intensive support to deliver improvements in the short-term financial position and meet control totals.
- **Financial improvement programme:** We will implement the financial improvement programme in specific providers, including scoping, procuring and overseeing external suppliers to deliver rapid financial improvement.

Pricing and costing Financial stability in the NHS relies on a set of prices and rules to regulate how hospitals and other providers are paid for the care they give patients. We continue to support payment system reform based on new care models and consistent improvements to currency design, inputs to pricing and the method for setting prices. Specific programmes during 2017–19 include:

- **National tariff review:** We will continue working with NHS England on reforming the structure of the tariff. This will include work on currency specification, payment approaches and the scope of the current payment system.
- **Pricing regulation and tariff policy:** We will continue with our statutory responsibilities to understand the use and impact of the tariff, improving the methodology and implementing changes in a way that encourages overall sector financial stability and local flexibility.
- **Price setting:** We will review and rebuild the tariff-setting process, ensuring the impact of any possible changes is well understood.
- **Costing:** We will continue implementing patient-level costing (PLICS) across providers to support operational efficiency, service improvement and future price setting. Improving the quality of the cost data will ensure care is delivered in the most efficient and cost-effective way.

Measuring the delivery of efficiency gains We will develop tools to track the productivity and efficiency gains in the provider sector and measure the benefits from major improvement programmes. Importantly this will include the delivery of those benefits identified by major initiatives such as the Carter review and the engagement of clinicians through the Getting It Right First Time (GIRFT) programme.

3.3. Operational performance

A priority for providers is to improve performance against NHS Constitution access standards, including mental health access and waiting time standards. Given the deterioration in elements of operational performance during 2016/17, this represents a major challenge for the NHS as a whole.

Our ambition is for all patients to receive care in line with each of the access standards in the NHS Constitution and for providers to have sustainable strategies to maintain this performance. Improvements in meeting access standards will need to be accompanied by improvements in the quality of patient care in a way that is financially sustainable.

How we will assess progress: our 2020 objectives

Objective 8: Restore performance against NHS Constitution standards over the period, with a focus on the aggregate A&E standard, while improving quality and efficiency

Objective 9: Deliver mental health waiting standards in aggregate each year (currently defined as 50% of people experiencing a first episode of psychosis seen within two weeks; NICE-concordant care; 75% within six weeks; 95% of people referred to improving access to talking therapies treated within 18 weeks; 50% recovery)

What we will do during 2017–19 to support delivery

Emergency care We will implement the agreed A&E recovery plan with NHS England and deliver aggregate A&E performance in England above 90% in September 2017, with the majority of trusts meeting the 95% standard in March 2018. This will involve:

- making A&E streaming mandatory throughout the system
- ensuring all care home residents at risk of admission to hospital are first seen by a GP or managed according to the ambulance ‘see and treat’ model
- implementing the agreed process to address hospital bed capacity issues
- changing ambulance and NHS111 delivery models to reduce the rate of growth in demand for A&E services.

Our Emergency Care Improvement Programme supports the stabilisation and reversal of decline in the performance of challenged systems, the creation of viable improvement programmes, improvements in patient flow, safety and performance and the spread of good practice. Health and social care systems in need of short and medium-term support are identified by the NHS Improvement regional teams and enrolled in the programme. These systems receive expert knowledge, improvement expertise, engagement with clinicians and managers, and robust challenge. This work will be supported with input from other clinical areas in NHS Improvement.

Elective care Using modelling and analysis from evidence-based assessments, we will continue to deliver intensive support to providers and regions facing the greatest challenges, as well as extending our support offer to a larger number of providers.

Other operational standards We will support providers in improving and sustaining performance against other core standards, including the eight cancer waiting time standards and the diagnostic test waiting time standard.

Mental health We will support providers to achieve the new standards for early intervention in psychosis and for access to psychological therapies or ‘talking therapies’.

Modelling, analytical, digital and communications support We will continue to build our modelling and analysis skills to understand the drivers of operational performance and support improvement programmes. This will include the use of digital technology to mobilise and sustain sector-wide performance and communications support to providers. We will support health and social care systems to use measurement for improvement methodology and will create a community of practice around this.

3.4. Provider productivity

Operational productivity and performance in English NHS acute hospitals: unwarranted variations (the Carter review)

The Carter review identified significant unwarranted variation in efficiency and productivity between acute providers. We will help all providers implement the 87 recommendations to reduce this variation, potentially saving the NHS at least £5 billion by 2020/21.

How we will assess progress: our 2020 objectives

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

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)

What we will do during 2017–19 to support delivery

Workforce and clinical productivity We will seek to optimise the productivity, management and practice of the three key clinical staff groups: doctors, nurses and allied health professionals (AHPs). We will focus on job planning, rostering, people development and the provision of performance benchmarks to allow provider comparisons and identification of best practice, defining what good looks like.

We will also focus on better people management capability within organisations, to improve retention and enrolment, and reduce absences due to sickness.

The pathology services programme will continue to provide comprehensive analysis and consolidation support and solutions for pathology service rationalisation across the country.

The hospital pharmacy and medicines optimisation programme will seek to ensure that all chief pharmacists and their teams spend a higher proportion of their time with patients, identify opportunities to increase the use of biosimilars and promote collaboration on stock holdings.

Estates and facilities management The NHS will focus on ensuring the provision of a clean, safe and suitable estate and patient environment within the healthcare system. We will design the system, set policy and ensure accountability for delivery of efficient and effective estates and facilities functions and services. We will ensure that providers design and implement strategic plans to maximise their efficient use of NHS floor space.

Corporate services and procurement The corporate services programme will improve the efficiency of provider corporate services by supporting providers and STPs to identify opportunities to work collaboratively through consolidation. We will work in partnership with four STP pathfinders, providing intense support and exploring consolidation solutions. We will share the learning from this workstream with all providers as they develop their consolidation plans.

The procurement programme will refine and develop the NHS purchasing price index, working with several providers and the NHS Supply Chain, as part of our commitment to the NHS Procurement Transformation Programme (PTP). This allows providers to identify opportunities to switch to products that are better value for money. Our aim is that all providers commit to the Nationally Contracted Products programme to take full advantage of the buying power of the NHS and increase the transparency of prices paid.

Model Hospital and analytical support We will continue to develop the Model Hospital and the underlying metrics to identify 'what good looks like'. The Model Hospital portal will reflect the breadth of provider operations, and will provide a single source of nationally available data, benchmarks and good practice guidance specifically developed for each project lead.

Mental health, community, ambulance and specialist acute services We will expand the scope of the 2016 Carter review by assessing the operational productivity of mental health, community, ambulance and specialist services, to identify how it can be increased.

Reducing agency costs We will build on our success in reducing NHS agency costs. By continuing to target and co-ordinate our tested approach we will further reduce providers' dependency on agency staff in 2017–19. We will focus on reducing expenditure on medical staff, giving bespoke support to the 30 providers with the highest medical agency spend, as well as an agency toolkit and diagnostic tool, and good practice advice gleaned from providers that are successfully reducing their medical agency spend. We will enable regional collaboration on reducing medical agency spend, for example through encouraging local staff bank arrangements and

greater transparency over spending on high earning agency staff. We will look at those services that are most reliant on agency spend to understand and then tackle the reasons providers employ agency staff, and work with the sector to make the take up of substantive posts more attractive.

Digital improvement and digital architecture The Carter review identified the need to harness digital technology to improve quality and efficiency. We will play our part to establish the right digital environment for the flow of information between providers and arm's length bodies, as well as providing technical support to deliver integrated systems that improve quality and efficiency. This will include delivering the nursing ambition of 'Leading change, adding value'. Our programme to use digital technology to reshape the delivery of outpatient care will help providers develop patient-centred services that tackle problems with appointment bookings and access to medical information, as well as communicating with patients.

Cost recovery from overseas visitors We will continue work to ensure providers can recover their costs of treating overseas visitors in line with the national implementation programme and will take on overall responsibility in December 2017 for monitoring provider performance.

Get It Right First Time (GIRFT) The GIRFT programme, hosted by the Royal National Orthopaedic Hospital and managed by NHS Improvement, will set best practice standards for over 30 specialties. Each specialty review is clinically led. The programme drives clinical quality, productivity and efficiency improvements across the patient pathway and therefore the whole health economy.

3.5. Strategic change

We are working closely with NHS England and other arm's length bodies to streamline support for local health economies as they become STPs and work collaboratively to deliver improved resource utilisation, quality of care and population health outcomes, with the most mature health economies becoming accountable care systems (ACSs). We will continue to support the development of new models of care, including foundation groups that support quality improvement across the provider sector, and integrated models of care that bring together general practice, community, mental health, adult social care and (in some cases) acute services.

How we will assess progress: our 2020 objectives

Objective 10: Implement new care models, including chains

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

What we will do during 2017–19 to support delivery

Transforming local health and care systems for the longer term STPs, and increasingly ACSs, have a crucial role in implementing the NHS's priorities. As STPs move from planning to implementation, we will support the bringing together of their partners to jointly develop and deliver solutions to the issues they collectively face. Where real or perceived barriers to change exist, we will support leaders to overcome them, or seek to transform the system to remove them.

In line with the commitments set out in the *Next steps on the Five Year Forward View* we will develop a joint offer for STPs that want to become ACSs and are willing to take collective responsibility for their local health economy – and can demonstrate they have the right leadership, culture and processes in place for effective collective decision-making.

We will continue to support providers to develop new care models for their local health and care systems. We will support those seeking to become accountable care organisations (ACOs). ACOs will, in their fullest form, manage an integrated budget for primary, community, mental health and acute care, and potentially adult social care, and be responsible for spending that budget to improve health outcomes for a defined population. With NHS England we will ensure that providers are overseen by a single, coherent regime; are incentivised to work in the best interests of their population; are supported as they adapt to the changing environment; and are supported to share best practice.

We will also support local partners in the development and implementation of agreed devolution agreements.

Enabling integrated care and improving demand management With NHS England and other arm's length bodies we will develop a shared view of the most efficient and effective ways of managing demand for elective care, meeting urgent and emergency care needs, improving support for people with long-term conditions or complex needs, reducing rates of emergency admissions and reducing length of stay. This will involve analysis and modelling in relation to drivers of demand and likely impact on activity and costs. An improvement collaborative will support 20 organisations to develop and deliver criteria-led discharge in elective and emergency pathways.

Supporting strategic solutions for providers and health economies With partners we will help the most challenged providers/systems develop appropriate strategic solutions to complex and material transactions. We will advise and support, negotiate funding solutions, work on strategic planning and undertake economic analysis of proposals to identify their likely benefits and risks. Our aim is to accelerate those mergers or transactions that are fully supported by their STP.

Assuring strategic solutions, transactions and foundation trust authorisations

We will ensure strategic solutions, transactions and foundation trust authorisations are sustainable and deliver benefits for patients. We will do this by risk rating and approving statutory transactions, and running the foundation trust authorisation process, the accreditation process for foundation group leaders and the joint assurance process with NHS England on complex and novel contracts to support new models of care.

3.6. Workforce, leadership and improvement

We appreciate that providers will want to take a strategic and holistic approach to safe staffing. Their approach should be based on the needs of their local population. We will support them to make strategic decisions that ensure care is safe and efficient by providing appropriate improvement resources.

We will continue to develop a clear multiprofessional approach to safe staffing, considering what needs to be done across all clinical staff groups and providing improvement resources for more areas of clinical practice.

With Health Education England (HEE) we will lead the transformation of the ambulance workforce, including by delivering the national agreement to pay banding for paramedics. This links to the transformation capability and productivity required to deliver the urgent and emergency care agenda.

Our aim within leadership development is to build provider capability to deliver sustainable services through improving the working environment for staff and revitalising the talent management and leadership development systems. Our aim is an increased supply of capable leaders, along with improved leadership and management capability.

We will help build the capacity and capability for improvement across the NHS by continuing to advise providers on, and supporting them to use, quality improvement approaches and methods. We will work with challenged providers across all regions to help them tackle their workforce issues.

How we will assess progress: our 2020 objectives

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

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

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

What we will do during 2017–19 to support delivery

Support for workforce development, recruitment, retention and succession planning Working with NHS England, HEE and DH we will develop improvement programmes to support providers, including the ‘next generation’ programme; the retention improvement collaborative; the development and promotion of Black, Asian and minority ethnic nursing and midwifery staff; and the delivery of the national workforce improvement workstream for ambulance services.

We will support the development of the extended and unregistered workforce by rolling out the nursing associate role and supporting the development of new roles such as the advanced care practitioner.

The retention improvement collaborative, developed alongside NHS Employers, focuses on nursing and support staff across all sectors, but particularly mental health settings. Retention masterclasses are in place for all trusts to learn about people management and retention best practice. The nurse retention collaborative will work with those providers with significant variation in workforce retention (encompassing sickness absence, turnover and vacancies) and will be supported by a retention improvement publication.

We will support the ‘Top 200’ succession planning scheme and commission a ‘senior systems leader’ scheme as part of the nationally co-ordinated talent management programme to support the most senior leaders.

As part of the DH-led workforce strategy, we will work with HEE and NHS England to provide system guidance, analysis and assurance for workforce planning. This will provide a baseline for joint arm’s length body workforce modelling and projects. Specifically we will support providers in the delivery of a safe, sustainable and productive workforce for effective care and operational outcomes.

Trust appointments and remuneration We will deliver our statutory responsibilities on trust appointments, remuneration and moves and/or terminations of executive directors, and offer structured guidance and advice to trusts.

Support for leadership development We will provide leadership development programmes tailored to different groups. The Transformational Change through System Leadership programme helps leaders of large-scale, cross-system transformation to gain the confidence and skills necessary to create sustainable change capability within their system. By developing strategies for talent management, culture and leadership, we will continue to provide board and non-executive development, support boards to identify strong candidates, manage aspiring chief executive programmes and support medical, nursing and midwifery leaders.

We will continue to engage and support directors of nursing, and work to develop chief nurses, starting at ward sister level, as part of the approach to professional

nursing within our leadership and talent management framework. We will develop a ward sister's handbook. We will commission and co-facilitate the aspirant executive nurse and aspirant deputy executive nurse courses. With NHS England we will co-lead and develop the national nursing talent management scheme.

Developing and implementing the new well-led framework with CQC With CQC we have updated the well-led framework to reflect changes in the operating environment and key policy developments, including the new approach to assessing financial/resource governance. We will support providers to meet the main aspects of the well-led framework, such as quality governance, engagement, board capability and continuous improvement.

Support for developing improvement capability Our programmes to develop improvement capability include:

- the Virginia Mason Institute programme – supports selected providers to develop a sustainable method of continuous improvement and share learning with the wider system
- the Q Initiative – connects people with improvement expertise
- the Quality, Service Improvement and Redesign programmes – a suite of improvement science programmes designed to educate about the design and implementation of more efficient and productive services
- Developing people – improving care – the first iteration of a national framework to guide local, regional and national action on capability building in improvement skills and leadership development.

Our work on 'measurement for improvement' will provide analytical support for improvement skills, knowledge for stakeholders, an approach to assess and build measurement for improvement capacity in providers, regions and systems, and develop tools using measurement for improvement techniques. We will deliver a range of improvement projects with NHS England, CQC, HEE and PHE in support of joint objectives.

3.7. Oversight, regulation and support

Our oversight, regulation and support enables the delivery of our 2020 objectives, including helping more providers achieve CQC 'good' or 'outstanding' ratings, reducing the number of trusts in special measures and achieving aggregate financial balance from 2017/18, as well as meeting NHS Constitution standards.

The Single Oversight Framework sets out how we identify where providers may benefit from or require improvement support across a range of areas, and informs how we intend to work with each provider. We will continue to use this framework to segment providers according to how much support they need.

How we will assess progress: our 2020 objectives

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

What we will do during 2017–19 to support delivery

Developing regulatory policy, including the Single Oversight Framework, special measures and partnership working with other national bodies We will lead work to adapt the oversight of providers to better target support, reduce the burden of oversight and reflect the move to new models of care outlined in the 5YFV. We will continue to review our oversight approach to ensure parity of treatment across acute, mental health and community services.

We will further develop our special measures regime, working with CQC where appropriate, to ensure it continues to provide the intense and focused support these providers need to improve.

We will align our approach where appropriate with those of other arm's length bodies, including CQC and NHS England, and support streamlined reporting practices across the provider sector.

Licensing and monitoring of independent providers We will continue to carry out our statutory functions to ensure independent NHS provider licence holders provide essential services as identified by commissioners.

Providing high quality information to the sector

- **Single information platform:** This will ensure accurate and secure data is collected, aggregated and made available as soon as possible, ensuring the sector has access to high quality analytics for all our strategic priority areas. Our focus in the next 12 months is developing our capability to support the delivery of the productivity benefits identified in the Carter review.
- **Informatics and analytics:** We will deliver coherent digital information and analytics strategies to effectively manage data and information assets, but with a minimal data burden on providers. We will maximise the use of advanced analytics, embedding mature analytics governance practices along with policies and standards to ensure consistency in how we develop, manage and use information assets. For example, we will improve the operational service capability of the 'analytics hub', and provide ongoing support to national programmes and a framework to manage performance indicators.

3.8. Developing NHS Improvement and supporting our business

We will continue to develop our core capabilities and combine our team skills and expertise to build a cohesive and effective organisation that provides the NHS with strategic leadership and practical support.

What we will do during 2017–19 to support this development

Organisational culture, communications and engagement We are using the results of our first staff survey to strengthen our organisational culture, with a focus on increasing high quality communications, collaborative working across the organisation (for improved productivity and ease of navigation for providers) and staff engagement, so that NHS Improvement is recognised as a great place to work. We want our staff to understand and identify with our objectives, feel well informed about our progress and have a shared sense of values and purpose.

Human resources We will develop our systems to ensure effective and efficient recruitment, retention, human resources policy, occupational health and payroll services.

Estates We will work with stakeholders, other arm's length bodies and DH to ensure our estate meets all environmental standards, is utilised efficiently, and provides flexible working locations that enable our staff to be productive and meet changing business needs.

Technology We will work to ensure our staff are connected and supported for mobile working and have access to the necessary technology for working and collaborating across offices. We need to roll out one the two systems we inherited from Monitor and the NHS Trust Development Authority, and where possible ensure any legacy systems or practices are upgraded and streamlined.

Business planning, performance and risk management We will continue to develop our approach to business planning, track progress against organisational objectives and ensure strategic and directorate risk management provides assurance to the executive team and board.

Internal finance and procurement We will continue to provide a legally compliant, effective and efficient procurement service that ensures the best supplier for each project is selected and value for money is maximised. We will provide cost-effective financial support to the organisation.

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