Appendices

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

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

For 2019/20, in line with the NHS Long Term Plan and ever closer joint working between our organisations, the NHS England mandate and NHS Improvement remit letter have been combined into a single Accountability Framework. The 2019/20 Accountability Framework set out deliverables against two overarching objectives – ensuring the effective delivery of the NHS Long Term Plan and supporting Government in managing the efforts of EU exit on health and care. 68 specific deliverables were set out alongside these overarching objectives in an annex to the mandate.

Towards the end of the reporting year, the Level 4 National Incident, declared as a result of COVID-19, fundamentally transformed the way in which the NHS operated. As such, a number of deliverables from the Accountability Framework were reprioritised and, in some cases, updated or redefined as part of the COVID-19 response. Despite this, the NHS response to the emergency has continued to demonstrate the dedication and resilience of the NHS and its staff to continue to deliver in many priority areas. Across the country, thousands of staff offered to return to the NHS to support with the COVID-19 frontline response. Actions taken by the NHS to increase capacity meant there have been enough beds and respiratory support to respond to demand.

This assessment of performance against the Accountability Framework therefore captures our broad assessment of performance before the incident was declared, using assessments made during the year, and agreed between NHS England and NHS Improvement policy teams and their counterparts in DHSC.

In summary, NHS England and NHS Improvement were on track to deliver 90% of its commitments in the 2019/20 Accountability Framework with 4% considered to be off track. The remaining deliverables were either superseded by other commitments in-year or it has not been possible to assess performance because of the response to COVID-19.

Objective 1: Ensure the effective delivery of the NHS Long Term Plan

1a) Laying the foundations for successful implementation of the NHS Long Term Plan

- In June 2019, NHS England and NHS Improvement published both the Interim People Plan and the NHS Long Term Plan Implementation Framework, which marked the first phase in the development of an NHS workforce implementation strategy. Following publication, NHS England and NHS Improvement oversaw strategic planning within each STP and ICS across England. Each system produced a locally-owned, clinically-led NHS Long Term

Plan implementation plan which specified their approach to meet all NHS Long Term Plan commitments and meet the Government's five financial tests. The overarching National Implementation Plan was halted as a result of COVID-19, but locally-owned, clinically led plans will be crucial when planning the recovery from the pandemic.

- NHS England and NHS Improvement worked closely with the Government to develop the National Implementation Plan and the NHS People Plan. The significant amount of work undertaken by NHS England and NHS Improvement, Health Education England and the DHSC prior to the COVID-19 incident allowed a number of the anticipated People Plan commitments to be accelerated to grow and transform the workforce and potentially capture long lasting cultural change. Specific elements that have been accelerated include:
  - An enhanced staff health and wellbeing offer, including targeted support for our BAME and most vulnerable staff, and opportunities for flexible and remote working (as outlined in the 'Making the NHS the best place to work' chapter);
  - Enhanced and expanded roles to allow staff to work beyond traditional boundaries e.g. to support critical care units (as outlined in the 'Accelerating workforce redesign' chapter); and
  - Digital transformation of outpatient appointments (as set out in the 'Releasing time for care' chapter).

  These principles will underpin effective COVID-19 recovery planning while helping deliver longer term service goals.

1b) Achieving financial balance

- The NHS has started to put down the foundations of financial sustainability, with the number of NHS providers reporting a deficit falling by half. We welcome the Government's announcement of a clean slate for trusts, writing off £13.4 billion in debts.
- NHS England and NHS Improvement were on course to deliver against their responsibilities to achieve financial balance across the system at mid-year including delivery of cash-releasing productivity gains of 1.1%. However, the impact of COVID-19 meant that reporting on cash-releasing productivity was suspended.
- The impact of COVID-19 has significantly impacted our ability to accurately assess delivery of cash releasing productivity gains and we are working with the department to assess how this should be captured.
- As the whole health and care system mobilised to respond to the challenge of COVID-19, this gave rise to a financial impact in the final months of 2019/20.
- Assessment for the reporting period pre-COVID-19, provides assurance that NHS England and NHS Improvement met their responsibility to achieve broad financial balance in the NHS over the reporting period and was within funding limits.
- NHS England and NHS Improvement have maintained their commitment to the Better Care Fund. Planning requirements were published in July 2019 along with allocations of the £3.84 billion NHS contribution. Plans from local areas were submitted at the end of September followed by an assurance process.

1c) Maintaining and improving performance, and improving the quality and safety of services

- 2019/20 was the start of the transition towards outcomes set out in the interim report on the clinically-led review of NHS access standards (published in March 2019). However, in light of continued increase in demand, meeting all core standards has been challenging. By January 2020, demand for A&E increased by 4% to reach 21,515,736 compared to 2019. More people were seen for urgent investigation of possible cancer (2,161,761 compared to 2,025,491 in 2019). Despite this the NHS managed to reduce the proportion of people waiting more than 52 weeks for treatment by 24% reaching 1,643 in January 2020 (compared to 2,169 in January 2019).
- COVID-19 had an unprecedented impact towards the end of the reporting year. The pandemic reversed progress on people waiting 52+ weeks for treatment, with 3,097 people waiting for treatment by the end of March 2020, mainly due to the postponement of non-urgent elective activity. By March 2020, the total number of people treated in A&E reached 1,531,800, a 29% reduction compared to the previous year. 181,873 people were referred for urgent investigation of possible cancer which represented a 7% reduction compared to March 2019.
- NHS England and NHS Improvement are working with DHSC to address these issues and will review performance measures through the Clinical Review of Standards to reflect the impact COVID-19 has had.
- The Clinical Review of Standards was commissioned to review NHS England's performance standards and recommend any updates and improvements to these standards. Following the publication of its interim report, NHS England and NHS Improvement began testing across all standards and progress was made in understanding the impact of the proposals to help determine possible approaches for national implementation. However, the COVID-19 response has meant plans for the publication of the findings so far and further consultation are currently postponed. This will consequently lead to an extraordinary increase in demand and the Clinical Review of Standards will need revisiting to ensure they reflect the transformation of the system.
- The COVID-19 response has disrupted our delivery but has also fast-tracked the re-design of outpatient care. Our hospitals have transformed, and we have accelerated the use of technology in GP surgeries, mental health services and hospital clinics. General practice has made changes on a remarkable scale in response to COVID-19, from a system which carried out most of its work face-to-face to providing most services remotely. Video consultations are now available in 99% of practices (from only 5% pre-COVID-19), covering 99% of the population – this is based on data from suppliers combined with intelligence gathered from practices and clinicians. The availability of online consultations in general practice grew very rapidly in 2020 in response to the COVID-19 pandemic. Online consultations are now available in more than 90% of practices, a rise from approximately 40% in March 2020. As part of the second phase of COVID-19 recovery, we are working with systems to resume non-COVID-19 urgent services. Our focus will remain on improving patient flow so that patients are seen, treated and discharged safely and quickly.

1d) Establishing a joint NHS England and NHS Improvement operating model to deliver integrated system leadership of the NHS

- NHS England and NHS Improvement have successfully been brought more closely together to deliver a new model of joint working strengthening their ability to support the NHS and improving its focus on the delivery of the NHS Long Term Plan.
- The implementation of the new operating model, with seven integrated regional teams, has started to deliver improvements. These seven integrated regions now have a "single conversation" with commissioners and providers – hitherto organisations sometimes received different messages. This has enabled regions to take a more holistic view of the use of NHS resources and of the support required to improve quality of care and health outcomes.
- In turn, this has helped local health and care organisations to work together and to develop integrated care systems, which now cover half of the country by population and provide more joined up care for service users – working across the NHS, local government and the voluntary sector – with a stronger focus on improving the health of populations. This partnership approach to delivering care, preventing illness and improving health has accelerated during the COVID-19 pandemic, with staff working across institutional and professional boundaries to provide services to their communities.

Objective 2: Support Government in managing the effects of EU Exit on health and care

- NHS England and NHS Improvement effectively prepared for EU Exit, with a particular focus on readying the system for a 'no deal' EU Exit. The NHS was in a good position of readiness, despite many factors being out of our control and the reliance on contingency plans being put in place by other government departments.
- NHS England and NHS Improvement have regularly input into the DHSC preparations for EU Exit, focussing on the following key areas:
  - Testing and contributing to DHSC contingency plans to consider NHS-specific impacts
  - Making ready the health and care system by increasing alignment of the National Coordination Centre (NCC) and the National Supply Disruption Response (NSDR), and extensively engaging with the NHS.
  - Assurance of high level of system preparation by revising "baseline" assurance exercise to re-assess levels of organisational preparedness.
  - Transition to incident response with hours of operation extended, daily data reporting and a new tiered escalation model of clinical advice with seven 'shortage response groups' of subject matter experts and clinicians in place.

Appendix 2: Public and patient contact and complaints

It is important that the NHS listens to our patients, carers and customers in order to make improvements to services. It is important that we make the experience of complaining and providing feedback as easy as possible and that the experience is a positive one.

Throughout 2019/20 we have undertaken the following activities to improve our own and the wider NHS' complaint handling and learning from customer feedback:

- We provided complaints handling training to around 450 dentists, GPs and practice managers across primary care in locations throughout England to universally positive feedback.
- Following the publication of a toolkit for surveying complainants in the previous year, the survey was rolled out across NHS England. Regular thematic reports identifying learning from the surveys have been shared with our regional teams to help them understand where our service could be improved.
- The peer review process for all regions was completed and an external review of the process was undertaken. The feedback was very positive, and we are using that information to undertake another round of reviews throughout 2020/21.
- We continue to learn from complaints. We have completed a national and local review of complaints to help identify themes and trends from the complaints NHS England has handled. This information has then been shared internally and with CCGs. The aim of this work is to use the information from complaints to influence our policy and commissioning decisions and help drive improvements.
- We have worked with the professional regulators on a number of initiatives to improve the quality of complaints handling.

Action for the year ahead includes:

- Providing more complaints training to GPs, dentists and practice staff.
- Expanding and developing our learning from complaints work, through working with appropriate stakeholders.
- Work with the Parliamentary and Health Service Ombudsman as they develop their Complaints Standard Framework, supporting primary care and our own regional complaints teams to assess the impact of the Framework on complaints handling.
- Following successful testing of a live web chat service, in 2020/21 our Customer Contact Centre will roll this out further, providing improved accessibility through this convenient way to make contact.

Parliamentary and Health Service Ombudsman

The table below shows activity relating to complaints managed by NHS England which were closed by the Parliamentary and Health Service Ombudsman between 1 April 2019 and 31 March 2020. Some of these complaints will have been received by NHS England prior to 1 April 2019, but have since progressed to the Parliamentary and Health Service Ombudsman (after 1 April 2019), hence are 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
Number of cases	**3**	**4**	**18**	**25**	**50**

KPI performance

	Target	2018/19	Q1	Q2	Q3	Q4	2019/20
General Enquiries							
No. of cases received		122,021	29,808	33,272	33,839	43,184	140,103
Resolved within 3 working days	95%	91.2%	94.9%	93.2%	98.6%	96.6%	96.0%
FOI							
No. of cases received		2,326	553	525	661	719	2,458
Resolved within 20 working days	80%	81.2%	82.1%	79.4%	82.0%	75.1%	79.5%
Concerns							
No. of cases received		7,967	1,467	1,303	1,446	893	5,109
Resolved within 10 working days	80%	86.2%	91.9%	92.3%	92.4%	92.6%	92.2%
Complaints							
No. of cases received		6,511	2,005	2,092	1,936	1,809	7,842
Acknowledged within 3 working days	100%	88.3%	88.0%	89.8%	84.2%	86.8%	87.3%
Resolved within 40 working days	90%	55.0%	52.0%	45.4%	49.2%	35.4%	45.7%
Median response time (working days)	<= 40	40	40	44	42	60	45
Admin Closures[1]							
No. of cases received		9,122	2,563	2,528	2,778	2,409	10,278

1 An admin closure is where a case does not reach a conclusion, such as where a complainant does not consent to an investigation or an investigation is not permitted under NHS policy.

Who contacted us?

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

Caller Type	2018/19	2019/20
Member of the public	94%	95%
NHS Staff	5%	3%
Other	1%	2%

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

Contact method

The table below shows the ways people contacted us

	2018/19	2019/20
All Cases		
Phone	67%	65%
Email	31%	32%
Post	2%	2%
Other (Facebook, Webchat, etc)	0%	1%
Complaints		
Phone	39%	38%
Email	51%	53%
Post	10%	5%
Other (Facebook, Webchat, etc)	0%	4%

Complaints by service area

The table below shows proportion of complaints concerning each service

	2018/19	2019/20
Service Area		
GP Surgery	73%	71%
Dental Surgery	16%	17%
Pharmacy	4%	4%
Commissioning	2%	2%
Prison or Detention	1%	3%
Other	4%	3%

Service areas attracting 1% or less of the total number of complaints have been grouped as 'other'. This includes ophthalmic services, specialised services and complaints about NHS England.

Appendix 3: Meeting our Public Sector Equality Duty

Advancing equality and the NHS Long Term Plan and developing the NHS People Plan

By addressing our health inequalities duties, in conjunction with our Public Sector Equality Duty (PSED), NHS England and NHS Improvement have taken a strategic approach to addressing both sets of legal duties. A central focus during the COVID-19 pandemic and the recovery phase is on reducing health inequalities and advancing equality within the context of COVID-19.

In January 2019, NHS England published the NHS Long Term Plan and an Equalities and Health Inequalities Impact Assessment[2] (EHIA). NHS England and NHS Improvement have worked in partnership to ensure that the commitments set out in the NHS Long Term Plan in relation to advancing equality of opportunity are effectively delivered. In June 2019, NHS England and NHS Improvement published the NHS Long Term Plan Implementation Framework together with a range of resources that support equalities and the PSED[3].

During 2019/20, NHS England and NHS Improvement worked together, with a wide range of partners, to develop the Interim People Plan. The Interim People Plan, published in June 2019[4], made a commitment to the development of a full EHIA.

In view of the COVID-19 pandemic, the Equality and Human Rights Commission (EHRC) and the Government Equalities Office (GEO) decided to suspend the requirement for annual publication of various information. This means the next statutory publication timetable will not be until after March 2021.

Equality objectives for 2016/17 – 2020/21

NHS England's equality objectives for 2016 – 2020 addressed our role as an NHS system leader, commissioner and our own role as an employer. Each equality objective was supported by a number of targets[5]. The six overall objectives were:

1. To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the PSED and duties to reduce health inequalities set out in the NHS Act 2006 (as amended).
2. To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.
3. To improve the experience of Lesbian, Gay, Bisexual and Transgender People (LGBT+) patients and improve LGBT+ staff representation.
4. To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS, with specific reference to identifying how to address issues in relation to health inequalities and patient safety.

2 https://www.england.nhs.uk/wp-content/uploads/2019/01/ehia-long-term-plan.pdf
3 https://www.longtermplan.nhs.uk/implementation-framework/
4 https://improvement.nhs.uk/resources/interim-nhs-people-plan/
5 https://www.england.nhs.uk/about/equality/objectives-16-20/

5. To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the PSED in relation to patients, service-users and service delivery.
6. To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.

NHS England and NHS Improvement recognise the far reaching and adverse nature of the COVID-19 pandemic's impact on equalities and health inequalities. In light of the COVID-19 pandemic NHS England and NHS Improvement will add an additional objective to the equality objectives agreed for 2016-20, which will also be extended by a further year to cover 2020/21.

This additional equality objective is set out below.

7. To ensure that the equality and health inequality impacts of the COVID-19 are fully considered and that clear strategies are developed and implemented for the NHS workforce and patients. To ensure that the NHS People Plan and patient focused strategies reflect this and make an effective contribution to advancing equality for all protected characteristics and to reducing associated health inequalities.

Workforce Race Equality Standard

Since 2015, NHS England has been leading the strategic approach to workforce race equality across the NHS. The Workforce Race Equality Standard (WRES)[6] supports NHS organisations to identify and close the gaps in workplace experience between BAME and white staff. Annual WRES data reports show year-on-year improvements across several WRES indicators. In 2019/20, the national WRES team published two key strategies: (i) the Model Employer[7] strategy to increase BAME representation across the NHS workforce pipeline and at leadership levels, and (ii) A Fair Experience for All[8] framework to support NHS organisations in closing the ethnicity gap in the application of disciplinary action between staff groups. The 2019 WRES report[9] was published in February 2020. The report is the fifth publication, since the WRES was mandated and covers all nine indicators. It also compares data against previous years. Following publication, NHS England and NHS Improvement pledged actions to achieve a target of 19% BAME representation within the joint organisation by 2025.

Workforce Disability Equality Standard

In June 2019, NHS England published the final set of metrics[10] for the Workforce Disability Equality Standard (WDES) and NHS trusts have been reporting on progress against these metrics. The first Annual WDES report was published in March 2020[11]. The report provides the first national review of the NHS workforce that relates to the workplace representation and career experiences of Disabled staff.

6 https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
7 https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf
8 https://www.england.nhs.uk/wp-content/uploads/2019/07/closing-the-ethnicity-gap.pdf
9 https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-2019/
10 https://www.england.nhs.uk/publication/nhs-workforce-disability-equality-standard-technical-guidance/
11 https://www.england.nhs.uk/publication/wdes-annual-report-2019/

National Advisor for LGBT+ Health

In 2019, NHS England appointed a National Advisor for LGBT+ Health, as part of the Government Equalities Office LGBT+ Action Plan. The National Advisor is working on a number of priorities to reduce health inequalities for LGBT+ people and improve their experience of health and social care services.

This includes working to improve monitoring of sexual orientation, gender identity and trans status in healthcare services and ensuring professionals understand the benefits of collecting this information to improve patient care. The National Advisor has also been working across the system to improve education and training on understanding and addressing LGBT+ health inequalities; supporting the delivery of services which are more inclusive of LGBT+ individuals and addressing the inequalities of experience of the LGBT+ NHS workforce.

Appendix 4: Reducing health inequalities

During 2019/20, NHS England and NHS Improvement have focused on a range of work programmes with the aim of addressing and reducing health inequalities in line with the commitments set out in the NHS Long Term Plan (2019)[12], NHS Long Term Plan Implementation Framework[13] and the criteria set by the Secretary of State.

Criterion 1: An evidence-based strategic approach to reducing health inequalities based on sound governance, accountability and good partnership working

The implementation of the NHS Long Term Plan has demonstrated a strong focus on areas where healthcare intervention can make the biggest difference:

- Prevention: Smoking, alcohol and obesity (top five risk factors for premature deaths);
- Clinically: On cancer, stroke and heart disease (50% of health inequality gap);
- Multiple morbidities: Through investment in personalisation and across all programmes. Health inequalities is now central to everything we do and a range of goals are being designed to incorporate a stronger measurable focus on narrowing and reducing health inequalities.

Over the last year, in partnership with PHE, Local Government Association (LGA), Healthcare systems (ICS/STP/CCGs and NHS Providers), health and well-being, and voluntary and community sector partners, we have worked to accelerate action nationally, regionally and locally so that the NHS and healthcare systems have the tools and resources they need to address health inequalities, segment and target disadvantaged communities according to deprivation, protected group and inclusion health group.

The following have been published:

- The Health Inequalities Menu of Evidence Based Interventions and Approaches[14]
- Equality and Health Inequalities NHS RightCare packs[15]
- PHE, LGA and the Association of Directors of Public Health published their Place Based Approaches for Reducing Health Inequalities[16]
- Population Health Management (PHM) and Reducing health Inequalities sections on the National Population Health Management Academy[17]

Criterion 2: Systematic focussed action to reduce inequalities in access, outcomes and experience, based on a defined and evolving set of metrics

The NHS Outcomes Framework Indicators for Health Inequalities Assessment (DHSC, 2015) set out 11 indicators identified for health inequalities assessment which have been used to guide reporting in 2019/20 using data available on the NHS Digital's website. Information and data on the indicators will be published on the NHS England website in July 2020.

12 NHS Long Term Plan – Chapter 2: Prevention and Health Inequalities - https://www.longtermplan.nhs.uk/
13 https://www.longtermplan.nhs.uk/implementation-framework/
14 https://www.england.nhs.uk/ltphimenu/
15 https://www.england.nhs.uk/rightcare/products/ccg-data-packs/equality-and-health-inequality-nhs-rightcare-packs/
16 https://www.england.nhs.uk/ltphimenu/placed-based-approaches-to-reducing-health-inequalities/
17 https://future.nhs.uk/connect.ti/populationhealth/groupHome

Where data is sufficiently powered, key NHS Long Term Plan programmes are developing Health Inequalities Indicators (HIIs) at England and CCG level by deprivation and protected characteristics. Once finalised HIIs will be placed on the National Performance and Population Health Dashboard (NPPHD), allowing each CCG and healthcare system to review its health inequalities data collected locally. This information will be used to inform local commissioning decisions, segment to areas of deprivation, protected groups and inclusion health groups with poorest health outcomes, isolate key clinical areas of target, and set local metrics and measure reductions in health inequalities.

The health inequalities indicator 106 for chronic ambulatory care sensitive conditions and urgent care sensitive conditions in the CCG Improvement and Assessment Framework continues to help CCGs monitor and plan improvements in NHS equity performance and forms the basis of the Equality and Health Inequalities (EHI) Right Care Packs.

Criterion 3: Utilise and develop the evidence of effective interventions to reduce health inequalities

The Health Inequalities Menu of Evidence Based Interventions and Approaches provides a catalogue of interventions and approaches that local healthcare systems and commissioners, working with partners across the system, can draw upon to take effective action at neighbourhood, place and system-level to reduce health inequalities, through their local improvement plans. The Menu complements the content of the Place Based Approaches for Reducing Health Inequalities (PBA), published by PHE. The Menu is being developed through a phased approach, which will run through the life of the NHS Long Term Plan. The Menu will also enable us to identify where there are gaps in evidence and to develop further or commission work to fill these gaps.

Interventions in the Menu:

- Relate specifically to priorities and commitments already signalled in the NHS Long Term Plan;
- Specifically address the gap in health access and outcomes experienced between the least and most deprived populations, and other population groups such as inclusion health and protected characteristic groups most likely to experience health inequalities, and as a key enabler, this will include levelling-up access to high quality primary and community care;
- Enable local areas to identify the specific factors which are driving health inequalities in their area, including not just clinical risk, but behaviours and the underlying causes of health inequalities, also known as the wider determinants of health.

Some of these evidence-based solutions are already being implemented by local systems. For instance, Greater Manchester and other systems are implementing the targeted and enhanced midwifery led Continuity of Carer model which significantly improves outcomes for women from ethnic minority groups and women living in deprived areas.

We have continued to review available data and information to help shape policy, drive improvement and assess progress in reducing health inequalities in all major national clinical programmes such as cancer, mental health, cardiovascular disease and stroke, respiratory care, diabetes, maternity, child health and primary care.

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

During 2019/20 we have continued to support programmes focusing on prevention and access to primary care medical services, and we published information and resources that aims to make it easier for patients from inclusion health groups to overcome barriers when accessing the healthcare. We have developed a new Primary Care Access Card that will replace the current provision of a leaflet supporting and empowering inclusion health groups to register with GP services without facing discrimination of access to timely healthcare services.

We have published a range of 'how to guides' to accompany the Menu of Interventions. The guides will help local health systems to work with, and design targeted solutions for, specific vulnerable groups including Gypsy, Roma and Traveller communities, LGBT+ groups, vulnerable migrants, BAME communities, rough sleepers and offenders, and religious, spiritual and faith-based groups. In partnership with PHE and the Ministry of Housing, Communities and Local Government, we have continued the implementation of the Rough Sleepers Strategy, to ensure system compliance with the Homeless Reduction Act and the implementation of the Duty to Refer on NHS providers.

We continue to review and implement the recommendations outlined in the Ministerial - Women and Equalities Select Committee Report[18] on tackling inequalities faced by Gypsy, Roma and Traveller communities. We continue with the ongoing scoping exercise identifying the equality monitoring data gathered across major NHS data sets and propose what equality data should be gathered and how.

We have worked with the Gypsy, Roma and Traveller partners to develop health inequalities learning resources which support the PCNs, STP/ICSs to address health inequalities for all inclusion health groups and in particular Gypsy, Roma and Traveller groups. The Voluntary Community and Social Enterprise (VCSE) Inclusion Health Audit Tool aims to help STPs, ICSs and local healthcare systems to identify and engage with local inclusion health groups[19].

We have recommended that CCGs report on their use of the existing inequalities adjustment and also commissioned the Advisory Committee of Resource Allocations (ACRA) to review the existing adjustment; they will need to consider a range of issues such as how the adjustment to financial allocations is used to meet objectives in this area, including the issues raised in relation to Gypsy, Roma and Traveller communities. ACRA will report in 2021.

All of our local healthcare systems are working to implement an enhanced and targeted continuity of carer model to help improve outcomes for the most vulnerable mothers and babies living in our most deprived areas.

18 https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/360/full-report.html
19 https://www.inclusion-health.org/

Criterion 5: Continue its leadership of the health system to reduce inequalities, including assessing whether CCGs fulfil and report on their health inequalities duties in commissioning plans and annual reports

Working with its leadership role NHS England included in the 2019/2020 CCG Improvement and Assessment Framework (IAF) a composite to help CCGs set priorities for tackling inequalities. This informs the headline assessment of CCGs together with a number of other indicators.

Local healthcare systems are prioritising action on health inequalities and have been tasked to set measurable goals with specific interventions to narrow health inequalities.

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

Following the launch of the NHS Long Term Plan we are making good progress with our national programmes and local systems through the development of HIIs and interventions to reduce health inequalities, which are also segmented to key groups – such as those people living in deprived areas, people from protected groups and inclusion health groups.

Further information regarding meeting our PSED is given from page 172.

Appendix 5: Working in partnership with people and communities

During 2019/20, we have enhanced and evolved our own approaches to working in partnership with people and communities (also known as 'patient and public involvement'), whilst also providing support and leadership for the wider health and care system.

Our NHS Citizen programme, which seeks to ensure that we hear directly from the public, has developed, with a reconstituted Advisory Group bringing together representatives from all of our public voice forums, including the NHS Youth Forum, Older People's Sounding Board and National Cancer Programme Patient and Public Voices Forum.

We have ensured that patients, carers and members of the public are able to influence our work through a range of consultations, events and surveys, informing a wide range of programmes and initiatives, including implementation of NHS Long Term Plan commitments. Many of these activities have been supported by VCSE partners, and we continue to strive to include groups who may be termed 'seldom heard', in particular 'inclusion health' groups and marginalised communities.

We have undertaken a refresh of our Patient and Public Participation Policy this year, and will be completing further work on this, related policies, and the associated frameworks for each of our direct commissioning responsibilities during 2020/21. The Policy and frameworks form part of our established process for ensuring and assuring consideration of NHS England's duty to involve the public in commissioning (section 13Q of the NHS Act 2006) as well as the duties of CCGs. In September, the Board again considered the 'Public Participation Dashboard' which offers an overview of practice including commentary on the section 13Q duty. A copy of the dashboard is available as part of meeting papers.

This year we have had a particular focus on supporting the development of PCNs, seeking to ensure that they work alongside their local communities from the outset (see below).

Information about our public participation approaches, opportunities and support is available on our Involvement Hub.

NHS Citizen including 'citizens on the margins'

During 2019/20, we have co-hosted four events with 'WE Communities', a community group formed of people from marginalised communities. These bespoke events ensure that we hear from people who experience significant barriers to accessing health services, and poorer health outcomes, including Gypsies, Roma and Traveller people, and people with experience of sex work, drug use, homelessness, and domestic violence. This year, the events have focused primarily on primary care and the development of PCNs, exploring how they can improve services with and for marginalised communities, how to ensure digital inclusion for those who may experience barriers, and how to improve access in all forms. These have been an opportunity for professionals to hear directly from people with real, often traumatic, experiences, and to work towards practical and innovative solutions together. A report of each event has been produced and shared, ensuring that the insight is available to professionals working locally and nationally on developing PCNs.

Children and young people's participation

2019/20 has been an extraordinary year for increasing the voice and impact of young people in our decision making. Our NHS Youth Forum has gone from strength-to-strength, and we have introduced a 'Youth Expert Advisor' role to explore how we can benefit from the experience and connections of alumni members.

Significant achievements include the NHS Youth Voice Summit held in April 2019, which was co-designed and co-produced with young people. The event brought together over 200 children and young people, youth support workers and senior leaders, including members of our Joint Boards, to discuss how the NHS Long Term Plan goals can be achieved in the context of youth volunteering and social action. Outcomes from the summit include young people joining the National Children and Young People's Board, direct connections between young people and our Chairs, and a pilot reverse mentoring programme between a Youth Forum Member and our Chief People Officer, with plans to expand this over the coming year.

Going forwards, we will continue to ensure young people can shape our work. The Youth Social Action and volunteering programmes[20] were launched. This includes partnership working with St John Ambulance and NHS trusts on the NHS Cadets Programme that aims to enable 10,000 young people to develop their skills in First Aid, Mental Health and other core skills.

Young people's inpatient mental health services

Over the last year we have been working in partnership with parents, carers, Young Minds, Rollercoaster Family Support and the Royal College of Psychiatrists' Quality Network for Inpatient Child and Adolescent Mental Health Services (QNIC) to develop a resource for parents of young people in inpatient mental health units (including secure units). This is often a distressing time for parents, being separated from a child who is often at crisis point.

We have held co-design events with parents to understand their information and support needs, especially during the critical first 24-hour period. Parents explained that they often had practical questions which went unanswered and it was agreed that a '24-hour card' setting out key questions would be a useful aid, prompting staff to sit down with parents to complete the card together. This would help to build trust between parents and staff and promote parents' involvement at all stages of inpatient care. The '24-hour card' is in the final stages of development and will be launched, alongside an online information resource for parents at different points in their journey, early in 2020/21.

The implementation of the resource will be supported through relevant service specifications and through the inclusion of the resource in QNIC's standards, which will then form part of peer reviews. It is hoped that this resource will not only support parents to have the right information at the right time but also support a cultural shift towards parents being central to their child's mental health treatment. We will continue to work with parents, families and young people with experience of inpatient mental health services during the coming year.

20 See https://www.england.nhs.uk/participation/get-involved/how/forums/nhs-youth-forum/ for more information.

Primary Care Networks

First announced in the NHS Long Term Plan, by July, nearly all GP practices across England had signed up to a PCN. PCNs are local networks of primary and community health and care services with collective responsibility for the health and wellbeing of a defined population, usually 30-50,000 people.

In our system leadership role, we have been rolling out a support offer to PCNs to support them to work in partnership with people and communities from their inception and to establish routes for ongoing dialogue. Resources to support PCNs in assessing their own development and accessing support have made clear that to progress PCNs need to work increasingly with and empower the people they serve.

We have delivered over 15 webinars, reaching more than 1000 people directly, on topics including co-production, asset-based approaches, Patient Participation Groups, and digital inclusion. Meetings of 'inclusion health' practices and practices serving deprived communities have also been convened, as well as leading sessions at a range of events. We have supported innovative practice locally, including around access for marginalised communities and embedding coproduction, ensuring the learning can be shared nationally.

Over the coming year, we will continue to support PCNs to work in partnership with people and communities, including through training and development, professional networks and spreading good practice.

Co-production of maternity services with service users

Co-producing safe and personal maternity care is fundamental to how we work – with service user representatives at national, regional and local level

Fifteen national Public and Patient Voice (PPV) Partners were appointed in 2019/20, meaning that each of our maternity care transformation workstreams includes service user voice. Seven PPV Partners also support co-production in every region, ensuring effective arrangements are in place to hear parents' voices and acting as members of regional Maternity Transformation Programme boards.

At a local level, 123 user-led Maternity Voices Partnerships (MVPs) have been established across England. MVPs include those using services, those providing services (maternity and neonatal staff) and those who commission services. MVPs review maternity care and co-produce improvements, so women and families are at the heart of all that we do. Examples include MVPs using the 15 Steps for Maternity Toolkit and co-producing information for people about local maternity services. MVPs are supported by National Maternity Voices who, as well as providing resources, host a series of webinars, for example on how to ensure MVPs represent the ethnic diversity of their local areas.

Engagement with the VCSE sectors

The VCSE sectors are critical partners in health and care, and we continue to take proactive steps to ensure they are meaningfully engaged. We have worked to embed and promote our 'principles for VCSE engagement' and have extended our programme of investment and support to STPs and ICSs to enhance the integration of the sector as a strategic voice and delivery partner.

In partnership with the DHSC and PHE, we have provided grant funding to 23 organisations to support the spread and scale of programmes supporting children and young people's mental health. We have also continued to support the VCSE Health and Wellbeing Alliance, which aims to provide a voice and improve health and wellbeing for all communities. This year, the Alliance has been involved in co-designing and delivering a range of national policies and programmes including the 'menu of evidence-based interventions to reduce health inequalities', the development of PCNs, and Population Health Management approaches.

Appendix 6: Sustainability

This year we launched the Greener NHS programme and began work to develop a Net Zero Plan for the NHS, demonstrating the commitment we have to tackling climate change as a health emergency. Tangible actions continue to take place across the NHS to cut carbon, air pollutants and avoidable single-use plastics. Delivery over this year has already seen more than 100 NHS trusts pledge to cut single-use plastic used in canteens.

Within NHS England and NHS Improvement, we are committed to long-term sustainable development and acknowledge the potential impact that our activities may have on the environment. We will ensure that sustainable development continues to be an integral part of our work and our net-zero carbon ambitions as part of our Green Plan.

A complete set of sustainability reporting data for this year will be published in our next annual report.

Some key activities from this year include:

- Participating in the Government consumer single-use plastic (CSUP) elimination scheme, working to remove CSUP from our offices over the course of this year.
- Continuing to see the benefits of ICT investment and digital ways of working with a reduction in tCO^2e from business travel of 19% across NHS England, NHS Improvement and CSUs.
- Reducing paper use by a further 25%.
- Continuing to work in collaboration with NHS Property Services to progress the sustainability agenda in the non-Departmental buildings we occupy. This includes conducting energy audits across the estate, moving to renewable energy tariffs and diverting 99% of waste from landfill.

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, and wider health system in England works. It supports the NHS to lead by example, in reducing its own impacts on the environment including air pollutants, plastics and carbon emissions from medicines and clinical services. The unit is jointly funded by NHS England and NHS Improvement, and PHE.

In 2019/20 the NHS launched the 'For a Greener NHS' campaign and the 'Net Zero Call for evidence' to build on the work the SDU has driven for the last twelve years. The Greener NHS campaign is engaging NHS staff in reducing the NHS' contribution to climate change. The 'Net Zero Call for evidence' has generated over 600 responses with case studies and proposals, to help shape the route to a Net Zero NHS.

An expert panel has been set up, chaired by Dr Nick Watts from the Lancet Countdown, to look at how and when the NHS could get to Net Zero. The panel will explore changes the NHS can make in its own activities, in its supply chain, and through wider partnerships, to contributing to the government's overall target for the UK.

Actions that will help cut carbon have been included in the NHS Standard Contract with trusts and the GP contract, including measures to encourage GPs to offer to lower carbon inhalers where it is clinically safe to do so; the reduction of desflurane use in general surgery; ensuring all NHS organisations have a 'Green Plan'; and ensuring all leased and purchased vehicles are low or zero emission.

The SDU has also been developing reports on the NHS contribution to delivery of the UN Sustainable Development Goals, and the level of preparedness and resilience across the health and care system for the impacts of climate change.

Appendix 7: Glossary

	Acronym used	Meaning
	A&E	Accident and Emergency
	ACRA	Advisory Committee of Resource Allocations
	ALB	Arm's Length Body
A	AME	Annually Managed Expenditure
	ARAC	Audit and Risk Assurance Committee
	ARP	Ambulance Response Programme
	ATP	Advanced Threat Protection
B	BAME	Black, Asian and Minority Ethnicities
	CEO	Chief Executive Officer
	CCG	Clinical Commissioning Group
	CETV	Cash Equivalent Transfer Value
	CHC	Continuing Healthcare
	CIO	Chief Information Officer
	CMD	Commercial Medicines Directorate
	COO	Chief Operating Officer
	CPAG	Clinical Priorities Advisory Group
G	CPI	Consumer Price Index
	CQC	Care Quality Commission
	CQRS	Calculating Quality Report Service
	CQUIN	Commissioning for Quality and Innovation
	CSOPS	Civil Servant and Other Pension Scheme
	CSUP	Consumer Single Use Plastic
	CRR	Corporate Risk Register
	CSU	Commissioning Support Unit
	CVD	Cardiovascular Disease
	DAWN	Disability and Wellbeing Network
	DCO	Director of Commissioning Operations
	DCEO	Deputy Chief Executive Officer
	DEFRA	Department for Environment, Food and Rural Affairs
	DES	Directed Enhanced Service
D	DHSC	Department of Health and Social Care
	DIL	Diversity and Inclusion Leadership
	DSC	Data Security Centre
	DSP	Data Security and Protection
	DSPT	Data Security Protection Toolkit
	DWP	Department of Work and Pensions

	Acronym used	Meaning
E	EDC	Equality and Diversity Council
	EHCH	Enhancing Health in Care Homes
	EHIA	Equality and Health Inequalities Analysis
	EHRC	Equality and Human Rights Commission
	EIP	Early Intervention in Psychosis
	EPRR	Emergency Preparedness, Resilience and Response
	EQG	Executive Quality Group
	ERMG	Executive Risk Management Group
	ESM	Executive Senior Manager
	ESR	Electronic Staff Record
	EU	European Union
F	FOI	Freedom of Information
	FReM	Financial Reporting Manual
	FRF	Financial Recovery Fund
	FSAVC	Free Standing Additional Voluntary Contributions
	FTE	Full Time Equivalent
	FTSU	Freedom to Speak Up
G	GAM	Group Accounting Manual
	GDPR	General Data Protection Regulation
	GEO	Government Equalities Office
	GIRFT	Getting It Right First Time
H	HCID	High Consequence Infectious Disease
	HII	High Impact Intervention
	HIIs	Health Inequalities Indicators
	HMRC	HM Revenue and Customs
	HPV	Human Papillomavirus
	HR	Human Resources
	HSIB	Healthcare Safety Investigation Branch
I	IAF	Improvement and Assessment Framework
	IAPT	Improving Access to Psychological Therapies
	ICO	Information Commissioners Office
	ICP	Integrated Care Provider
	ICS	Integrated Care System
	IFRS	International Financial Reporting Standards
	IG	Information Governance
	ISA	International Standards on Auditing
	ISFE	Integrated Single Financial Environment
	ISN	Information Standards Notice
J	JCRR	Joint Corporate Risk Register
	JERMG	Joint Executive Risk Management Group
L	LeDeR	Learning Disabilities Mortality Review
	LGA	Local Government Associations
	LGBT+	Lesbian, Gay, Bisexual, Trans +
	LHCR	Local Health Care Record
	LMDP	Line Management Development Programme
	LMS	Local Maternity Systems
	LPP	Low Priority Prescribing

	Acronym used	Meaning
M	MHFA	Mental Health First Aider
	MHRA	Medicines and Healthcare Products Regulator Agency
	MoD	Ministry of Defence
	MSK	Musculoskeletal
N	NAO	National Audit Office
	NARU	National Ambulance Resilience Unit
	NCC	National Co-Ordination Centre
	NCSC	National Cyber Security Centre
	NGD	National Data Guardian
	NHS	National Health Service
	NHSCFA	NHS Counter Fraud Authority
	NHS DPP	The NHS Diabetes Prevention Programme
	NHS IMAS	NHS Interim Management and Support
	NHS BSA	NHS Business Services Authority
	NHS PS	NHS Property Services
	NHS SBS	NHS Shared Business Services
	NICE	National Institute for Health and Care Excellence
	NIHR	National Institute for Health Research
	NIS	Network and Information Systems
	NPPHD	National Performance and Population Health Dashboard
	NSDR	National Supply Disruption Response
O	OD	Organisational Development
	ONS	The Office of National Statistics
	OPW	Off-Payroll Workers
P	PCN	Primary Care Network
	PCSE	Primary Care Support England
	PCSPS	Principal Civil Service Pension Scheme
	PHB	Personal Health Budget
	PHE	Public Health England
	PHM	Population Health Management
	PHSO	Parliamentary and Health Service Ombudsman
	PPE	Personal Protect Equipment
	PPV	Patient and Public Voice
	PRP	Performance Related Pay
	PSED	Public Sector Equality Duty
	PSF	Provider Sustainability Fund
Q	QAG	Quality Assurance Group
	QNIC	Quality Network for Inpatient Child and Adolescent Mental Health Services
R	RDC	Rapid Diagnostic Centres
	RDEL	Revenue Department Expenditure Limit
	RPI	Retail Prices Index

	Acronym used	Meaning
S	SCHJDG	Specialised Commissioning and Health and Justice Delivery Group
	SCHJSPG	Specialised Commissioning and Health and Justice Strategy and Policy Group
	SDEC	Same Day Emergency Care Services
	SDU	Sustainable Development Unit
	SFI	Standing Financial Instructions
	SRO	Senior Responsible Officer
	STP	Sustainability Transformation Partnership
T	TU	Trade Union
V	VAT	Value Added Tax
	VCSE	Voluntary, Community and Social Enterprise
W	WDES	Workforce Disability Equality Standard
	WRES	Workforce Race Equality Standard
	WTE	Whole Time Equivalent