Assessment of NHS England (the NHS Commissioning Board) 2019 to 2020

January 2021

From:

Rt Hon Matthew Hancock MP
Secretary of State for Health and Care
39 Victoria Street
London
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To:

Lord David Prior and Baroness Dido Harding
Chairs, NHS England and NHS Improvement
Skipton House
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Dear David and Dido,

I am writing to set out my assessment of performance for NHS England and NHS Improvement (NHSE/I) over the past financial year 2019 to 2020.

I would like to begin by giving my utmost thanks and appreciation to all colleagues throughout the NHS for their response to COVID-19 and place on record my gratitude to all involved in delivering against this overriding new objective for the NHS following the announcement of the level 4 emergency on 30 January 2020.

The virus has presented an unprecedented challenge, the scale of which the NHS has not seen in its 72-year history. Health and social

care workers across the system have faced this challenge head on, demonstrating their courage, commitment and compassion in responding to an unprecedented global health emergency. The virus has impacted on all our lives. It has separated us from our friends and loved ones, it has affected jobs and livelihoods, and most regrettably, it has had a severe effect on the health and wellbeing of those infected, leading unfortunately to a greater number of fatalities than we could have foreseen. However grave the situation became, the collective response by the general public to stay home, save lives and protect the NHS, was driven in part by their understanding and admiration for the huge personal sacrifices made by NHS staff to keep us safe.

The past months have shown us first-hand how people operate under crisis conditions when there is a novel and acute need to deliver. We must learn from how the NHS and social care worked during the peak of the virus, reflecting on the positives of what has been achieved, and on what needs to change long-term. I want to ensure that we know what works and what matters to patients as we look to implement the NHS Long Term Plan and wider government commitments. We have already identified over 50 different reforms, introduced during the pandemic, that we want to keep for the future and will continue to reflect on how we can improve the system moving forwards.
In order to reflect the seismic impact COVID-19 has had on the health service, my assessment distinguishes between performance before the pandemic took hold and the subsequent impact managing the virus has had on delivery. Performance pre-COVID-19 is defined by the period April 2019 to end January 2020. Evidence from this period has been used to make a reasonable assessment of where performance would have been had COVID-19 not happened and is the focus of the annex to this letter which shows compliance ratings for each deliverable in the 2019 to 2020 Accountability Framework where applicable. Reflections are then provided on the impact COVID-19 has had on specific deliverables to provide a view of activity in the final quarter of the financial year.

In order to arrive at a consistent and accurate interpretation of organisational performance, I have assessed progress against the deliverables in the 2019 to 2020 Accountability Framework that contained the annual mandate for NHSE/I. I have reviewed NHSE/I's annual report and accounts for 2019 to 2020, prior to their publication

later this year, alongside additional information to support first year delivery of the NHS Long Term Plan and the 5 financial tests. I have reflected on both my own and the wider ministerial team's interactions with NHSE/I over the past year and sought views from stakeholders both within and outside government. I have consulted Healthwatch England on NHSE/I's duty to secure public involvement under section 13Q of the 2006 NHS Act and I have also considered how the organisation has fulfilled its duty to reduce health inequalities, and on improvement in quality of services. I have reflected in my assessment below how NHSE/I has fulfilled each of these duties.

Key elements of delivery pre-COVID-19

2019 to 2020 signified the first year of the historic NHS Long Term Plan that provided the NHS with an increased funding settlement of £33.9 billion a year in cash terms by 2023 to 2024. I am confident that NHSE/I has started to lay the foundations of the plan and has been working closely with local health systems during the first year to develop robust system and local-level implementation plans that are clinically led. In 2020 to 2021 these plans will need to be revised to reflect possible new and longer-term demands caused by COVID-19 and to account for the government's 2019 manifesto commitments. Ensuring rigorous and disciplined financial management across all organisations to guarantee the NHS achieves financial balance was one of the key financial tests in the NHS Long Term Plan. I am therefore pleased to see the majority of NHS providers, 177 (78%) continue to report a year-end position that is equal to or better than their agreed control totals, with 53 (23%) trusts reporting a financial deficit compared to 107 (46%) in 2018 to 2019 subject to several providers undergoing formal audit. I was assured by the publication of the Better Care Fund planning requirements, along with allocations of the £3.84 billion NHS contributions that will be vital for ensuring that spending on adult social care grows in line with overall NHS revenue funding.

Central to achieving improved levels of performance is the clinically-led review of NHS access standards. Throughout 2019 to 2020, NHSE/I continued to field test proposals in urgent and emergency care, routine elective care, cancer and adult and children's

mental health. During this process, it has been positive to see NHSE/I working closely with Healthwatch England and others to ensure any proposed new targets drive genuine improvement in patient experience, in particular in A&E. Although publication of the evaluation report and final recommendations have been delayed due to COVID-19, new metrics were agreed and published on time. Work to develop the trajectories has been more challenging, even more so in the context of understanding the impact of COVID-19, and I expect NHSE/I to work openly with the department, wider government and local NHS organisations to produce evidence-based approaches. COVID-19 has further highlighted the need for reform in Urgent and Emergency Care to ensure that the new ways of working are integrated into the future model.

Pre-COVID-19, increase in demand for services meant that performance targets on NHS Constitutional standards were not on track to be met by the end of the year. Between April 2019 and January 2020, demand for urgent investigation of possible cancer and emergency admissions via A&E increased by 8% and 3.5%, respectively, compared to the same period last year, making it harder for the NHS to treat patients within the agreed targets. Key to managing demand in the system is ensuring a steady flow of patients through to the point at which they can be safely discharged. Despite great efforts in both health and social care, the average delayed transfer of care (DTOC) figure of 4,000 or fewer delays remains challenging and the trajectory up until January 2020 was 5,128, leaving a cumulative target of 1,182 beds to be delivered. Since April 2020, DTOC collections have been suspended in response to COVID-19 with a new discharge to access model being implemented to streamline and expedite the discharge process. Healthwatch England have gathered feedback on the experiences of the discharge process during the COVID-19 period and this was published in October 2020. Despite improvements in eliminating 52 week waits (24% reduction from 2018 to 2019), there were still a core of 1,643 patients in January 2020 concentrated in a small number of providers and specialties. Prior to COVID-19 striking, the NHS operational planning guidance for 2020 to 2021 sets a clear expectation to the system that all waits of 52 weeks or more should be eradicated including freeing up capacity through the reduction of face to face outpatient appointments.

Another key corner stone for successful implementation of the NHS Long Term Plan is ensuring we have a multidisciplinary workforce that

is properly supported to deliver the highest levels of care both now and in the future. I was assured by the publication in June 2019 of NHSE/I's Interim People Plan that set out the NHS model for recruiting, retaining and rewarding its staff in order to make the NHS a better place to work. I am obviously delighted that the document 'We are the NHS: People Plan for 2020/21 – action for us all' has been published to ensure staff continue to be supported through the pressures of winter and any further peak of COVID-19. However, the publication of the overarching NHS People Plan will need to account for new workforce demands and costs due to the pandemic. Workforce shortages remain a critical risk to service recovery. It is critically important that we have rigorous plans in place to deliver the additional 50,000 nurse places that the government promised to deliver in this Parliament.

In 2019 to 2020 I was pleased to see that the NHS had met its commitments to provide world class maternity services. The rollout of the Saving Babies' Lives Care Bundle across every maternity unit has resulted in the 44 local maternity systems outlining their quantifiable ambitions for the Better Births Vision, a position strengthened by the decision to introduce a new mental health check for new mothers at 6 weeks, actioned following an engagement exercise by Healthwatch England. By spring 2019, 100% of trusts were taking part in the National Maternity and Neonatal Safety Collaborative, the NHS was on track to ensure 20% of pregnant women are offered the same midwife throughout their pregnancy and postnatal care and outperformed its target to offer maternity digital care records to 100,000 women by the end of 2019 to 2020.

To help improve and speed up diagnosis of illnesses, I was assured to see NHSE/I was on track to roll out 40 rapid diagnostic centres across the country, establish 10 projects to deploy mobile CT scanners, and start data collection from all patients' new faster diagnosis standards. NHSE/I have also had success in introducing an innovative quality of life metric to track and respond to the long-term impacts of cancer. This has seen over 2,500 patients taking part in a quality of life survey as part of the initial pilot programme and working with Public Health England, NHSE/I was on track to introduce the metric across the whole NHS, with patients with colorectal, breast and prostate cancers the first to be surveyed. A commitment that it is critical to progress in 2020 to 2021 is the rollout of whole genome sequencing to children and adults with rare genetic conditions and

specific cancers. NHSE/I and Genomics England must continue working together to start this sequencing as soon as possible and at the very latest by the end of the calendar year 2020.

I am pleased to see NHSE/I support the government's health and social care pledges set out in the 2019 manifesto. Great progress has been made on capital in 2019 to 2020, which was underpinned by the Health Infrastructure Plan published in September 2019. The government is committed to building 40 new hospitals, and the NHS has already made significant progress in developing these plans to deliver world-class care in world-class facilities. Similarly, the NHS has pressed ahead with delivering the 20 hospital upgrades announced by the Prime Minister in August 2019. The government also provided a £1 billion capital funding boost at this time, which allowed the NHS to tackle the most urgent infrastructure projects. I am assured NHSE/I have committed to work with the government to improve public confidence in hospital food by setting out clear ambitions for delivering consistently safe, nutritious high-quality food that patients, staff and the public have a right to expect. I am also assured that NHSE/I has supported the government's manifesto commitment to abolish hospital parking fees for those patients and families in greatest need and aligned to this I would like to commend NHSE/I for commissioning a review of patient transport services to help people get to and from NHS appointments. The delivery of this commitment is paused during the COVID-19 pandemic, while the NHS focuses on providing free parking to NHS staff. Finally, I am also grateful that NHSE/I has taken the lead in supporting members of our workforce who are most vulnerable to the disease and provided an enhanced staff health and wellbeing offer, including targeted support for our BAME colleagues and, where possible, offering opportunities for flexible and remote working.

Impact of COVID-19 on delivery

Having covered my assessment of performance before COVID-19, I would now like to move on to my assessment of the impact that managing COVID-19 has had on delivery. Despite the enormous strain placed on the NHS, the system has made some remarkable achievements in responding to the pandemic.

The primary concern at the outbreak of the pandemic was the capacity of the system and its ability to deal with an unprecedented surge of unplanned admissions. I am pleased to say that the NHS met this demand. This was demonstrated at the end of April 2020 when the virus was at its peak, and yet an extra 33,000 beds were freed up across NHS hospitals to treat patients who had tested positive or were suspected to have COVID-19 – the equivalent of building 50 district general hospitals. The Bringing Back Staff Programme supported the NHS to bring in additional workforce capacity through temporary re-registration of healthcare professionals covering doctors, nurses and midwives, allied health professionals, pharmacists and pharmacy technicians. In March 2020, over 65,000 former clinicians who had been out of practice for the last 3 years were invited by professional regulators to join their temporary registers to support the NHS during the pandemic. Following this, a further call to return was made to former health care professionals who had left their professional register in the last 6 years. I was encouraged to read in 'We are the NHS: People Plan for 2020/21 – action for us all', that this action had resulted in 15,245 professionals completing pre-employment checks, 8,755 being deployed to acute services for employment and 2,140 being employed across NHS 111, NHS Test and Trace, acute trusts and social care. We are all grateful for the selfless actions of these professionals and their role in supporting the system to manage the pandemic. The rapid need to increase capacity in the system also required a mobilisation of the existing workforce to align with worst case scenario planning. A key lesson learned from this exercise, and one we must consider in the face of a second wave of the virus, is that engagement with employers and staff needs to be regular, consistent and positive to ensure that if called upon, these valued professionals are ready and willing to return.

The impact of COVID-19 has also underlined the need for action on preventable ill health, highlighted in the NHS Long Term Plan alongside health inequalities, with a clear role for the NHS in partnership with local and national government. This includes the commitments in the NHS Long Term Plan for investment in specific evidence-based programmes; acting on secondary prevention including preventing cases of heart attack, stroke, diabetes and dementia, and maximising the positive opportunities from more than 1 million daily contacts to help people improve their health. I welcome NHSE/I's work to date to develop infrastructure and

capability to support an increasing focus on population health management approaches and will very much be looking to the NHS to build on this with its renewed prevention programme and support for more proactive and tailored interventions.

Another challenge the system faced on an epic scale was to ensure a steady supply of personal protective equipment (PPE). I was impressed by the contribution made by NHSE/I's staff to the parallel supply chain, the government's multi-organisational rapid response established to source and then distribute over 2 billion items of PPE that were needed to protect our colleagues fighting the virus on the frontline. Roles and responsibilities for PPE in 2021 to 2022 will be something that needs to be worked through shortly.

As I set out in my July 2020 speech to the Royal College of Physicians on the future of healthcare, the pandemic has shone a light on how the NHS responds in times of crisis and on the opportunities and barriers to improving the way the system responds to the needs of patients and staff. Looking forward, I am assured that this experience will help drive improvements in the system and support my post-COVID-19 aspirations for the system around directing more decision-making power to local NHS organisations, cutting back unnecessary bureaucracy and ensuring closer integration between health and social care.

To maintain system continuity and resilience during the pandemic, the NHS has had to innovate, and this has seen the acceleration of some areas of the NHS Long Term Plan. I was pleased to see the rapid availability of technology to support outpatient services with an estimated 86% of GP surgeries now offering online consultations and 93% of surgeries offering patients video consultations with medical professionals. This feat is even more remarkable as it was estimated that just 3% of practices had video capability before the pandemic. I would encourage continued engagement with patients on the use of technology to ensure that the changes actioned in this area meet their needs. I was also pleased to see the further rollout and embedding of a single multi-disciplinary clinical assessment service within NHS 111, ambulance dispatch and GP out-of-hours services. This saw an increase of 7% to around 7.4 million calls in 2019 to 2020 receiving clinical input thus helping relieve pressures by signposting and triaging patients to the relevant services and away from A&E.

However, the pandemic has also brought to light the burden placed on the NHS by the lack of interoperability between systems and by the need for more effective information sharing between care settings and organisations, as well as between professionals and the public, to enhance health outcomes and quality of care. I am therefore eager to see the implementation of the technology standards set out in The Future of Healthcare to better integrate information flows. I am assured NHSE/I will utilise the learning from this rapid adoption of technology and new integrated ways of multidisciplinary working in their planning for COVID-19 recovery in order to cut down on patient travel and minimise appointments of limited clinical value.

Towards the end of the year, the pandemic had a significant impact on service delivery with non-urgent elective activity postponed due to safety concerns. As we move into the recovery phase, I am assured by the work NHSE/I did in May 2020 to publish the NHS roadmap to safely bring back routine operations. This demonstrates a measured approach to helping hospitals plan for increases in elective activity, while also reserving the necessary capacity and capability to treat future COVID-19 patients. Building on this work I am keen to ensure that NHSE/I continue to take account of feedback from patients, improving how they are kept informed about impacts on their care, and increasing the focus on interim support for those who may have to wait longer. Addressing challenges around access standards remains a high priority for patients, staff and the public and so I eagerly await the publication of the final report of the clinically-led review of NHS access standards. This document will constitute a plan to build on existing standards in order to deliver the ambitions of the NHS Long Term Plan and further improve access to high quality care.

Public safety remains the government's top priority and the Chancellor has been clear from the outset that the NHS will get whatever funding it needs to respond to the coronavirus pandemic. £31.9 billion of support for healthcare was set out in the summer economic update. This includes over £15 billion for PPE, £10 billion for Test, Trace, Contain and Enable, and more than £1 billion for ventilators and associated critical care equipment. It also includes a further £5.5 billion of health service funding for various COVID-19 related measures, such as the purchasing of capacity from the independent sector, delivering medicines to those who are vulnerable and shielding, keeping open GP practices and pharmacies open during bank holidays, and domestic vaccine research and manufacture. The

government has also confirmed a further package of £3 billion for the NHS as part of the COVID-19 recovery strategy, covering support for winter. This funding will allow the NHS to continue to use capacity from the independent sector and maintain the Nightingale Hospitals until the end of March.

Levelling up on health inequalities remains a priority for this government. It is essential that the health and care sector makes a significant contribution to this work. The NHS Outcomes Framework and Public Health Outcomes Framework reflect large gaps in health outcomes between people living in the most deprived areas and the least deprived areas. With the exception of premature mortality due to cancer, where we have seen a narrowing of inequality between 2013 and 2018, data shows that health inequalities either remain static or have widened. As we discussed recently, it is clear that more needs to be done across government including in the health and care sector to halt and reverse the trend of widening inequalities, in recognition of the urgent action needed the NHS has outlined how it plans to implement phase 3 of its COVID-19 response to address health inequalities through 8 action areas.

COVID-19 has shone a stark light on the existing health inequalities that exist in this country at present. We need the NHS to continue to drive and accelerate ambitious improvements in health outcomes for all – especially those with the worst outcomes, those living in deprived communities, inclusion health groups and also BAME communities. In particular, as set out in the NHS Long Term Plan, NHSE/I will publish clear metrics for health inequalities across all programmes, including a health inequality measure, so that progress on closing the gap between different communities and population groups can be properly measured and assessed.

As we look forward, I am also assured that the NHS is prepared to grasp the opportunities that the coming year brings. Working with partners from across healthcare and wider government, NHSE/I is helping prepare for the end of the transition period from the UK leaving the European Union. Likewise, I am also confident that the changes brought about in the NHS Long Term Plan to allow greater freedom for the operational and financial performance of services to be directed to local care systems, and that the NHS will continue to facilitate integrated care systems (ICS) in order to meet the target of full ICS coverage across England by April 2021. This is reflected at a

national level by the organisational change NHSE/I undertook over the last year to move from a central to a more regionally focused joint operating model. This was a significant change programme for the organisation to go through and I am pleased to see it is starting to demonstrate benefits by allowing the system to speak with one voice.

Finally, I would like to acknowledge again the hard work and dedication from all NHSE/I staff over the last reporting period. The last year has seen historic changes for the NHS, most notably due to COVID-19 and the UK's exit from the European Union. Despite these challenges, NHSE/I has achieved a great deal in stewarding the system to ensure the NHS remains one of the most efficient and outcomes focused health services in the world.

Thank you,

Rt Hon Matthew Hancock MP

Secretary of State for Health and Care

Annex A

Assessment of performance against the government's mandate objectives for NHS England for the year 2019 to 2020

I am required by section 13U(5) of the National Health Service Act 2006 to assess, in particular, the extent to which NHS England and NHS Improvement has met its mandate and business plan objectives and requirements and fulfilled its duties to improve the quality of services, reduce inequalities and secure public involvement (section 13U(2) (a) to (c)). These are set out in more detail in the assessment letter.

Where appropriate, my assessment sets out where relevant objectives are contained within the government's mandate to NHS England and NHS Improvement for 2019 to 2020.

RAG rating scale

Deliverable description	Rating
The deliverable has been achieved.	Green
Evidence that the deliverable may not be achieved, that appropriate plans and actions have been taken to address performance and these will bring performance back within the next quarter.	Amber/green
Evidence that the deliverable is not on track to be achieved, that appropriate actions and plans are underway to address performance and there remains a risk these will not bring performance back within the next quarter.	Amber/red
External events outside of NHSE/I's control have impacted delivery and a reassessment is required going into the following year to make a fair appraisal of performance.	Amber
Evidence that the deliverable is not on track to be achieved, that actions and plans are underway to address performance, but these will not bring performance back within the next quarter.	Red

Deliverable description	Rating
Deliverable is no longer rated, as the measurement of performance has changed or is no longer viable.	Grey

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
1	New and unforeseen risks and pressures within that financial settlement, such as service commitments, changes to population forecasts or activity growth projections, will be managed within the NHS 5-year settlement through effective risk management and contingency planning, and if necessary, by adjusting its plans (para 4.4).	Green
2	The government has committed to ensure that adult social care places no additional pressure on the NHS. Local government funding for adult social care will be agreed through the 2019 Spending Review. The NHS will also ensure no new pressures arise in other non-DHSC government budgets as a result of delivering the NHS Long Term Plan (para 4.4).	Green
3	NHS England and NHS Improvement must lead a robust process of system and local-level implementation planning – including ensuring plans are clinically led and locally supported – and provide clarity on expectations for delivering the NHS Long Term Plan and meeting the government's financial tests (para 4.4)	Amber/green
4	NHS England and NHS Improvement have committed to the publication of an implementation framework in spring 2019, alongside an interim workforce implementation plan (para 4.5).	Green
5	The NHS will therefore need to develop detailed, costed annual milestones and trajectories for key commitments and reforms to deliver the NHS Long Term Plan, both at a national and local level. The NHS and government will work together to agree further details of the approach to implementation, delivery and assurance, including for which commitments delivery trajectories will be defined locally rather than nationally (para 4.5).	Amber
6	The NHS England and NHS Improvement Boards must fully assure themselves that the national implementation programme is affordable, realistic and deliverable as well as within the agreed financial settlement (para 4.5).	Green
7	The implementation framework and interim workforce plan will be further refined and, together with local system plans, will be brought together into a final national implementation programme by the end of 2019.	Amber/green
8	Ensure that current financial pressures are the first call on funds (para 4.8).	Green
9	Ensure overall financial balance in 2019-20 (para 4.8).	Green
10	Ensure at least 1.1% cash-releasing productivity gains (para 4.8)	Grey
11	We also expect NHS England to continue its commitment to the Better Care Fund in 2019-20 by implementing the policy framework with a minimum CCG allocation of £3.84 billion, ensuring that spending on adult social care via the Fund grows in	Green

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
	line with overall NHS revenue funding growth, and consulting the government before approving Better Care Fund Plans or exercising any powers in relation to failure to meet specific Fund conditions (para 4.9).	
12	With the agreement of government, NHS England and NHS Improvement will field test potential future changes to access standards following publication of the interim report of the Clinical Review of Standards and implement any new standards (4.11).	Amber/green
13	In 2019-20, NHS England and NHS Improvement will continue the ongoing service improvement work so that performance is maintained and improved for cancer treatment and A&E, to the point at which any new standards, proposed by the Clinical Review and accepted by government, are implemented (4.11).	Red
14	During 2019 to 2020, the major redesign of outpatients should commence, as described in the NHS Long Term Plan, and during this major change NHS England and NHS Improvement should ensure that there is an increase in the volume of elective activity and that the size of the elective waiting list is reduced (Para 4.11).	Amber/red
15	52+ week waits to be eliminated (para 4.11)	Amber
16	To deliver the ambitions in the NHS Long Term Plan in a way that fully reflects the views and needs of patients and the public, and takes account of their feedback on implementation of the NHS Long Term Plan, we will expect NHS England and NHS Improvement to work together to ensure a number of core functions and key issues are well managed (para 4.12) – DHSC text: NHS England and NHS Improvement to work together to ensure their new shared operating model provides adequate management of both national and regional risks and ensures that the core functions and key issues that the organisation addresses are well managed.	Green
17	This should include closer working with Health Education England, nationally and regionally, to oversee and deliver workforce planning in support of the NHS Long Term Plan. (para 4.12)	Green
18	NHS England and NHS Improvement will continue to work together with DHSC, government, and wider system partners to mitigate and manage any adverse impacts of EU Exit, as well as identifying and making a success of opportunities that may emerge. (4.13)	Green
19	From 2019, NHS 111 will start direct booking into GP practices across the country, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management.	Green
20	In 2019 we will also undertake a fundamental review of GP vaccinations and immunisation standards, funding and procurement	Green
21	From 2019-20, embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours	Green

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
22	Over the next two years, in conjunction with local government, achieve and maintain an average Delayed Transfer of Care figure of 4,000 or fewer delays.	Amber
23	The Same Day Emergency Care (SDEC) model should be embedded in every hospital, in both medical and surgical specialties during 2019-20.	Amber/green
24	In 2019 England will be covered by a 24/7 Integrated Urgent Care Service, accessible via NHS 111 or online.	Green
25	All hospitals with major A&E departments will provide SDEC services at least 12 hours a day, 7 days a week by the end of 2019-20.	Amber/green
26	All hospitals with major A&E departments will aim to record 100% of patient activity in A&E, Urgent Treatment Centres and SDEC via ECDS by March 2020	Amber/green
27	Subject to agreement with the government all hospitals with major A&E departments will test and begin implementing the new emergency and urgent care standards arising from the Clinical Standards Review from October 2019, ahead of full implementation in April 2020.	Grey
28	During 2019, we will deploy population health management solutions to support Integrated Care Systems to understand the areas of greatest health need and match NHS services to meet them.	Green
29	A new Integrated Care Provider contract will be made available for use from 2019, following public and provider consultation.	Green
30	The next version of hospital food standards will be published in 2019, strengthening these requirements and pushing further in securing healthy food for our staff and patients.	Amber/green
31	NHS England will introduce from April 2019 more accurate assessment of need for community health and mental health services, as well as ensuring the allocations formulae are more responsive to the greatest health inequalities and unmet need in areas such as Blackpool. Furthermore, no area will be more than 5% below its new target funding share effective from April 2019.	Green
32	Local health systems to set out in 2019 how they will reduce health inequalities by 2023-24 and 2028-29.	Amber/green
33	From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases including oral, throat, anal cancer.	Green
34	Roll out the Saving Babies Lives Care Bundle (SBLCB) across every maternity unit in England in 2019.	Green
35	Publish SBLCB expansion in 2019, with a focus on prevention of pre-term births.	Green
36	By Spring 2019, every trust with maternity service to take part in National Maternity and Neonatal Safety Collaborative.	Green

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
37	All maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019-20.	Amber/green
38	From 2019-20, clinical networks will be rolled out to ensure we improve the quality of care for children with long term conditions such as asthma, epilepsy and diabetes.	Green
39	Continue to develop and launch continuity of carer teams – with the aim that in 2019, 20% of pregnant women will be offered the opportunity to have the same midwife caring for them throughout their pregnancy, during birth and postnatally.	Green
40	Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by the end of 2019-20.	Green
41	From April 2019, ensure that, in line with clinical guidelines, patients with Type 1 diabetes benefit from life-changing flash glucose monitors.	Green
42	During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.	Amber
43	From 2019, begin to introduce an innovative quality of life metric to track and respond to the long-term impact of cancer.	Amber/green
44	In 2019, stratified follow-up approach established in all trusts for breast cancer.	Amber/green
45	Build on work already undertaken to ensure patients have direct access to MSK First Contact Practitioners.	Green
46	From 2019, build on Right Care programme to reduce variation in quality of spirometry testing across the country.	Amber/green
47	From 2019, start rollout of new Rapid Diagnostic Centres across country.	Green
48	From 2019, we will deploy more mobile lung CT scanners – taking the support to people in supermarket car parks – starting in parts of the country with the lowest lung cancer survival rates.	Green
49	Data collection for all patients will start in 2019 for the new faster diagnosis standard, with full monitoring against the standard beginning in April 2020, and performance ramping up as additional diagnostic capacity comes online.	Green
50	We will invest up to £2 million a year from 2019/20 in programmes to reduce violence, bullying and harassment for our staff.	Green
51	Do more to nurture next generation of leaders – a systematic regional and local approach for identifying, assessing, developing, deploying and supporting talent, to be place from early 2019.	Amber/green

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
52	Nursing applicants – clinical placements for an extra 5,000 places will be funded from 2019/20 for use by Higher Education Institutions from 19/20	Grey
53	Continue to invest in growth of nursing apprenticeships starting in 2019, with 7,500 new nursing associates starting in 2019, a 50% increase on 2018.	Grey
54	Invest over half of the £200 million apprenticeship levy back into the NHS in 2019-20.	Grey
55	In 2019 we will work with Royal Colleges to pilot a new credentialing programme for hospital consultants to offer mechanical thrombectomy.	Green
56	Publish a workforce implementation plan later in 2019.	Amber/green
57	In 2019/20, 100,000 women will be able to access their maternity record digitally.	Green
58	Develop and expand the successful Diabetes Prevention Programme to offer digital access from 2019.	Green
59	During 2019, we will begin work to roll out technology standards, as described in The Future of Healthcare, to ensure data is interoperable and accessible.	Green
60	During 2019-20, ensure that each NHS organisation delivers its agreed financial position and that the NHS budget overall is balanced.	Green
61	Reducing year-on-year the number of trusts and CCGs individually in deficit, so that all NHS organisations are in balance by 2023/24, with an expectation that the number of trusts reporting a deficit in 19/20 will be reduced by more than half.	Amber/green
62	Start to phase in an updated Market Forces Factor over the next 5 years, applying it to payment arrangements and allocations for 2019-20.	Green
63	The Getting It Right First Time programme has already started work in mental health and will be extended across to community health services and primary care from April 2019.	Grey
64	Improving patient safety will reduce patient harm and the substantial costs associated with it through a new 10-year national strategy, to be published in 2019.	Amber/green
65	Existing commitments in the Five Year Forward View and national strategies for cancer, mental health, learning disability, general practice and maternity will all continue to be implemented in 2019-20 and 2020-21 as originally planned.	Amber/green
66	Establish an NHS Assembly in early 2019.	Green
67	In spring 2019, set out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment.	Green

Number	Deliverable description (section in 2019 to 2020 mandate)	RAG rating
68	In 2019-20 work with the government to develop a Healthy New Towns standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing.	