Improvement in the NHS

How improvement will support delivery of NHS medium term priorities (2026/27 – 2028/29)

Annexes

NHS England Board

Annex A

Model for Improvement

The new operating model presents an opportunity to shape the NHS into a learning system.

Nationally designed, regionally supported, locally delivered

Role of each level	Key functions
Provider / ICBs: • Local teams translate best practice standards to reflect local contexts / needs. • Work together at organisation and place to deliver service and pathway improvement	• Improvement is a core provider responsibility with the Board providing visible and decisive leadership • Design and deliver impactful improvement programme(s) for the size and complexity of challenges aligned to the boards strategic objectives that addresses national and local priorities • Ensure organisational capacity and capability to deliver required improvements across clinical and support teams focussing on operational understanding and improvement methodologies • Provider to provider support including buddying, Learning and Improvement Network engagement • Place based pathway improvement, taking leadership role in collaborative work across Primary Care, Social Care, third sector • Working with NHSE, NHS Confederation/Providers to evaluate and share best practice
	• Strategic commissioning for improvement through use of proportionate contracting levers including Modern Service Frameworks • Convene to share and spread best practice
Region: • Convenes regional health ecosystem to share best practice. • Feeds best practice into centre to inform operating environment.	• Provider oversight that increases in intensity as required aligned to the NOF • Identify areas for improvement and agree with providers • Convene organisations to share best practice and deliver in-year improvements through the hosting and facilitation of Learning and Improvement Networks • Support local delivery of nationally designed and structured improvement programmes to support the delivery of multi-year national priority areas for large scale change • Leadership talent management and assurance of leadership capability • Coordinate and oversee the deployment of NHSE targeted improvement resource • Ensure that comprehensive Cancer and Imaging Networks are in place to drive improvement and collaboration
Centre: • Sets the strategy, framework and best practice standards.	• Maintain a transparent, rules-based framework (NOF) supporting local autonomy and minimum national intervention. • Provide national clinical leadership to set out minimum service standards • Set out strategic priorities through 10 Year Health Plan and Medium-Term Planning Framework to set multi-year objectives • Align policy, funding and incentives for change • Build and share best practice and design new models of care • Design approaches to mobilise improvement and achieve improvement ambitions • Single source for data and insights to identify variation and opportunities for improvement • Support Leadership and Management development to drive improvement • Lead a national learning system • Support most challenged organisations

This new approach will be aligned to the NOF, setting out the role of providers in improvement, and the support available to them - increasing with need.

Providers are expected to lead their required improvement to deliver expectations stated in MTPF. Where organisations are performing strongly, as indicated by the NOF, they will be required to support more challenged organisations. The centre and regions will enable improvement across all providers through universal improvement offers. NHSE will maintain targeted time-limited, support for the most challenged organisations.

	Description	How NHSE drives improvement	The organisation's role in improvement / NHS learning system	Which part of the NHS drives improvement
NOF 1	Consistently high-performing across all domains.	• No specific support or intervention needs are identified. The organisation has access to NHSE's universal offers. • Incentivised to further improve through Advanced FT programme and other incentives.	• The organisation is expected to take a leadership role in developing and sharing best practice and improvement initiatives that it excels in. • Leaders may be LIN CEO Leads • Leadership role in improvement collaboratives.	• The **organisation** plays a lead role in supporting its own improvement – able to draw on a nationally-held universal improvement offer.
NOF 2	Good performance across most domains. Specific issues exist.	• The organisation can diagnose and clearly explain its support needs, which are predominantly met locally. • Access to NHSE's universal offers. • Minimal targeted support for specific issues is provided where appropriate. • Participation in improvement collaboratives.	• The organisations works with NHSE to support the development of best practice in areas it shows high performance in and is expected to lead on its own improvement, making use of NHSE's universal support offer where helpful. • Leaders may be LIN CEO Leads • Leading / participating role in improvement collaboratives	• The **organisation** plays a lead role in supporting its own improvement – able to draw on a nationally-held universal improvement offer. • **Region** may offer some targeted support, aligned to challenged performance areas
NOF 3	The organisation is off-track in a range of domains or in financial deficit.	• Full participation in improvement collaboratives with targeted support alongside – prime audience for collaboratives. • Support is also delivered through local offers, defined national programmes and bespoke regional interventions – targeted at delivering improvement in the challenged performance and capability areas.	• Full engagement in improvement collaboratives, including sharing examples of good practice or breakthrough improvements in specific areas. • Sharing improvement learning with peer organisations in similar NOF segments.	• **Region** are likely to provide some targeted support, aligned to challenged performance areas.
NOF 4	The organisation is significantly off-track in a range of domains.			
NOF 5	Most challenged providers in the country, low performance across a range of domains and low capability.	• Enrolled in the centre's mandated intensive improvement offer, the National Provider Improvement Programme (NPIP) – to support it to build the conditions for sustainable improvement.	• Sharing improvement practices and examples as the organisation prepares to exit NOF 5, after NPIP assessment and associated support.	• **Region** are likely to provide some targeted support, aligned to challenged performance areas. • **National** will deliver the NPIP.

NHSE's role in the learning system would consist of four key value-adding elements – focused on creating the conditions for locally-led, regionally supported improvement.

This framework would be applied across NHSE priorities to ensure a consistent approach, in line with the new operating model.

	How NHSE adds value	Core activities
Universal	1. Setting strategy, priorities and codified standards	○ Direction setting through 10 Year Plan and Medium-Term Planning Framework. ○ Provide high quality data and insights to identify variation and opportunities for improvement. ○ Provide national clinical leadership to set out codified standards, including via Modern Service Frameworks.
Universal	2. Renewing and strengthening leadership and management	○ Build capability to lead for improvement through management and leadership training. ○ Build capacity to lead for improvement through talent management programmes. ○ Ensure the right leadership is in the right roles for delivery through an assurance mechanism.
Universal	3. Improvement approaches – nationally designed, regional supported and locally delivered	○ Support sharing of best practice via Learning and Improvement Networks, reducing variation and supporting in-year improvement against key metrics – using data, clinical leadership and provider collaboration. ○ Large scale improvement across four national priority areas through structured collaboratives where MDTs are taken through a structured supportive approach to improve – Learning Improvement Networks will support and oversee.
Targeted	4. Expert time-limited support to the most challenged providers	○ Clinically-led support through GIRFT to support challenged providers, with deployment predominantly led by regional teams. ○ Small operational HIT team through GIRFT for rapid deployment and stabilisation where organisations have a real time issue. ○ Support the most challenged organisations [approx. 15] through the National Provider Improvement Programme.

This paper focuses primarily on areas 2, 3, and 4 - highlighted in red.

Annex B

Structured improvement collaboratives

Improvement approaches: For the small number of national priorities, all providers would participate in structured improvement collaboratives targeted at specific changes

- **Structured improvement collaboratives offer an effective vehicle to support improvement at scale**. As we design our approach, we will learn from best practice evidence and successful NHS improvement efforts from previous years, including the Modernisation Agency's Emergency Services Collaborative.
- We are proposing that improvement collaboratives are established for key areas of improvement in outpatients, UEC and frailty.

The key components to drive improvement at scale on national priorities
Improvement collaboratives and other components

Key vehicle: Structured improvement collaboratives

- Large numbers of MDTs from different organisations brought together to drive improvement in complex areas using structured learning and testing cycles.
- Specific topic focus, facilitated by clinical and improvement experts – a vehicle to share both codified best practice and standards, and bottom-up improvements.
- Provides key change interventions for participating teams with tailoring to local context and needs, collecting data overtime to measure the impact of changes.
- 'All-in' approach with phased rollout across NHS, targeting 'middle of the pack'.
- Patient and carer involvement and engagement.

Wider components to support improvement at scale

- Comparative data to identify variation and opportunities for improvement.
- Codifying best practice, standards and 'how to' guides – showing optimal pathways in high performing providers.
- Robust infrastructure to support improvement and peer to peer learning – e.g. LINs.
- Capacity and expertise to enable rapid testing and spread, with skilled support.
- Aligned leadership behaviours to encourage and coach use of improvement.
- Wider levers and interventions aligned – financial incentives, policy, oversight etc.

The combination of these vehicles & components will support improvement at scale.

Case study: The Emergency Services Collaborative
NHS Modernisation Agency: 2002 - 2005

The problem:

- Overcrowding in emergency departments; long waiting times; inefficient workflows and bottlenecks during the 1990s and early 2000s.

Aims of the programme:

- Improved patient throughput; reduction waiting times; achieve the 98% 4-hour target without compromising patient safety.

Approach and method(s):

- Six waves of rollout, 30-35 sites per wave, NHS-wide participation.
- All Trusts allocated resources to test and implement changes.
- Improvements derived from both individual organisations and departments, and from national programmes of the Modernisation Agency, through the Ideal Design of Emergency Access programme.
- Process mapping, analysis of delays and constraints, guided re-engineering of patient assessment and management pathways.

Impact:

- The NHS hit 98% on 4-hours by Q2 2005/06 and maintained strong performance throughout the rest of the 2000s and early 2010s.
- Significant improvements in flow; reduced waiting times. Long waits in ED were declared 'a thing of the past' in the late 2000s.