Department of Health

The Mandate

A mandate from the Government to NHS England: April 2014 to March 2015

November 2013

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Foreword

Since 1948, our NHS has been there whenever we have needed it. We have world-class doctors, nurses and other professionals who take on huge challenges with great ability, determination and courage to provide the best possible care and treatment.

However, the challenges which faced the NHS over the years have changed significantly compared with today. This means we now need to look at how we can ensure that long into the future, the NHS will be here, providing high quality, compassionate and joined-up care.

One of the biggest challenges facing the NHS today is an ageing population. People over 75 make up around 30 per cent of emergency hospital admissions, and because they can be the most vulnerable, this can be distressing for them and their families. It also puts undue strain on A&E and hospitals. And already one quarter of the population is living with a long-term condition, which may require extra attention because their needs are complex.

This is why this updated Mandate reflects the Government's priority to transform the way the NHS provides care for older people and those with complex needs – from a system which is largely reactive, responding when something goes wrong to a proactive service, which is centred around the needs of each individual patient.

To achieve this, we have set our ambition for GPs to be responsible for coordinating this patient-centred care, with mental health conditions being treated with the same importance as physical health, by making sure to involve patients and their carers in any decision about their treatment and care plans.

And above all, patients should expect to be cared for with dignity, compassion and respect.

Over the past year, we have had to confront tragedies and major failings in care at Mid Staffordshire, Morecambe Bay and Winterbourne View. In his report on Mid Staffordshire, Robert Francis QC said we need a 'real change in culture of all who work in the NHS – from top to bottom of the system – putting the patient first'.

The NHS must focus on compassionate care, where patients are put first. I have profound admiration for NHS and social care staff who have already started this culture shift. This mandate now challenges the NHS to build on all the great work it has already done to put patients at the heart of everything it does in order to be recognised globally as having the highest standards of care.

I am immensely proud of the NHS, its ability to face up to adversity and its ability to innovate and evolve. As Health Secretary, I will continue to challenge the NHS to transform how it cares, both in practice and in value. This will ensure that long into the future, the NHS will be here for us all.

Jeremy Hunt
Secretary of State for Health

Introduction

The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of most basic human need, when care and compassion matter most. The NHS is founded on a set of common principles and values that bind together the communities and people it serves – patients and the public – and the staff who work for it.

The NHS Constitution

1. As a nation, we are proud of what the NHS has achieved and the values it stands for. But public expectations of good healthcare do not stand still. So on behalf of the people of England, patients and those who care for them, this mandate to NHS England[1] sets out our ambitions for how the NHS needs to improve. This Mandate covers the period from April 2014 to the end of March 2015 and carries forward all the existing objectives in the first Mandate to NHS England.[2]

2. It is the Government's privilege to serve as guardian of the NHS and its founding values. We will safeguard, uphold and promote the NHS Constitution; and this is also required of NHS England.

3. The NHS is there for everyone, irrespective of background. The Government will continue to promote the NHS as a comprehensive and universal service, free at the point of delivery and available to all based on clinical need, not ability to pay. We will increase health spending in real terms in each year of this Parliament. We will not introduce new patient charges.

4. The creation of an independent NHS England, and their mandate from the Government, mark a new model of leadership for the NHS in England, in which Ministers are more transparent about their objectives while giving local healthcare professionals independence over how to meet them.

5. The NHS budget is entrusted to NHS England, which shares with the Secretary of State for Health the legal duty to promote a comprehensive health service. NHS England oversees the delivery of NHS services, including continuous improvement of the quality of treatment and care, through healthcare professionals making decisions about services based on the needs of their communities. NHS England is subject to a wide range of statutory duties, and is accountable to the Secretary of State and the public for how well it performs these.

1 Legally known as the National Health Service Commissioning Board

2 https://www.gov.uk/government/publications/the-nhs-mandate

6. This mandate plays a vital role in setting out the strategic direction for NHS England and ensuring it is democratically accountable. It is the main basis of Ministerial instruction to the NHS, which must be operationally independent and clinically-led. Other than in exceptional circumstances, including a general election, it cannot be changed in the course of the year without the agreement of NHS England. The Mandate is therefore intended to provide the NHS with much greater stability to plan ahead.

7. NHS England is legally required to pursue the objectives in this document.[3] However it will only succeed through releasing the energy, ideas and enthusiasm of frontline staff and organisations. The importance of this principle is reflected in the legal duties on the Secretary of State and NHS England as to promoting the autonomy of local clinical commissioners and others.

8. The scale of what we ask will take many years to achieve, but if NHS England is successful, by March 2015 improvement across the NHS will be clear. By then, patients will see real and positive change in how they use health services, and how different organisations work together to support them.

9. The Government's ambition for excellent care is not just for those services or groups of patients mentioned in this document, but for everyone regardless of income, location, age, gender, ethnicity or any other characteristic. Yet across these groups there are still too many longstanding and unjustifiable inequalities in access to services, in the quality of care, and in health outcomes for patients. The NHS is a universal service for the people of England, and NHS England is under specific legal duties in relation to tackling health inequalities and advancing equality. The Government will hold NHS England to account for how well it discharges these duties.

10. The objectives in this Mandate focus on those areas identified as being of greatest importance to people. They include transforming how well the NHS performs by:

    - preventing ill-health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease, so that more of us can enjoy the prospect of a long and healthy old age (see section 1);
    - managing ongoing physical and mental health conditions such as dementia, diabetes and depression – so that we, our families and our carers can experience a better quality of life; and so that care feels much more joined up, right across GP surgeries, district nurses and midwives, care homes and hospitals (see section 2);
    - helping us recover from episodes of ill health such as stroke or following injury (see section 3);
    - making sure we experience better care, not just better treatment, so that we can expect to be treated with compassion, dignity and respect (see section 4);
    - providing safe care – so that we are treated in a clean and safe environment and have a lower risk of the NHS giving us infections, blood clots or bed sores (see section 5).

[3] See section 13A(2) of the National Health Service Act 2006, as inserted by the Health and Social Care Act

11. These areas correspond to the five parts of the NHS Outcomes Framework, which are listed in this document and will be used to measure progress. The framework will be kept up to date to reflect changing public and professional priorities, and balanced to reduce distortion or perverse incentives from focusing inappropriately on some areas at the expense of others. In order to allow space for local innovation at the front line, both the Government and NHS England will seek to ensure that local NHS organisations are held to account through outcome rather than process objectives. As one of its **objectives**, NHS England will need to demonstrate progress against the five parts and all of the outcome indicators in the framework – including, where possible, by comparing our services and outcomes with the best in the world.

12. In this Mandate, we are challenging NHS England to make greater progress towards transforming patient care and safety and in tackling the growing pressures and demand on NHS services. Significant improvements are expected by:

    - taking forward the relevant actions set out in the further response to the Robert Francis QC public inquiry into the lessons from Mid Staffordshire NHS Foundation Trust;
    - taking forward the actions set out in the vulnerable older people's plan which will set out the Government's ambition for improved health for the whole population, starting with the most elderly and vulnerable in society; and
    - taking forward actions to deliver a service that values mental and physical health equally.

13. These build on the following priority areas where the Government is expecting particular progress to be made:

    i. improving standards of care and not just treatment, especially for older people and at the end of people's lives;

    ii. the diagnosis, treatment and care of people with dementia;

    iii. supporting people with multiple long-term physical and mental health conditions, particularly by embracing opportunities created by technology;

    iv. preventing premature deaths from the biggest killers;

    v. furthering economic growth, including supporting people with health conditions to remain in or find work. NHS England is also expected to play a full role in supporting public service reform.

14. These priorities reflect the Government's absolute commitment to high quality healthcare for all, while highlighting the important additional role the NHS can play in supporting economic recovery.

15. The Mandate is not exhaustive. As part of the changes in the relationship between the Government and the NHS, NHS England agreed to play its full part in fulfilling pre-existing Government commitments not specifically mentioned in the Mandate. For its part, the Government will exercise discipline by not seeking to introduce new objectives for NHS England between one mandate and the next.

16. In all it does, whether in the Mandate or not, whether supporting local commissioners or commissioning services itself, NHS England is legally bound to pursue the goal of continuous improvement in the quality of health services.

1. Preventing people from dying prematurely

1.1 We want people to live longer, and with a better quality of life. Too many people die too soon from illnesses that can be prevented or treated. From cancer, liver and lung disease – and for babies and young children, England's rates of premature mortality are worse than those in many other European countries. There are also persistent inequalities in life expectancy and healthy life expectancy between communities and groups, which need to be urgently addressed by NHS England.

1.2 Our ambition is for England to become one of the most successful countries in Europe at preventing premature deaths, and our **objective** for NHS England, working with CCGs, is to develop their contribution to the new system-wide ambition of avoiding an additional 30,000 premature deaths per year by 2020.

1.3 National and local government, NHS England, Public Health England and others will all need to take action, with each organisation having the same goal. All will need to invest time now in developing strong partnerships, so that rapid progress can be made.

1.4 Only after many years of sustained effort and innovation will this ambition be realised. Along the way, NHS England's **objective** is to make significant progress:

- in supporting the earlier diagnosis of illness, particularly through appropriate use of primary care, and tackling risk factors such as high blood pressure and cholesterol. This includes working with Public Health England to support local government in the roll out of NHS Health Checks;
- in ensuring people have access to the right treatment when they need it, including drugs and treatments recommended by the National Institute for Health and Care Excellence (taking account of the Pharmaceutical Price Regulation Scheme agreement), and services for children and adults with mental health problems;
- in reducing unjustified variation between hospitals in avoidable deaths, so that standards in all hospitals are closer to those of the best. The NHS should measure and publish outcome data for all major services by 2015, broken down by local clinical commissioning groups (CCGs) where patient numbers are adequate, as well as by those teams and organisations providing care. To support this, the Government will strengthen quality accounts, which all providers are legally required to publish to account for the quality of their services;
- in focusing the NHS on preventing illness, with staff using every contact they have with people as an opportunity to help people stay in good health – by not smoking,

eating healthily, drinking less alcohol, and exercising more. As the country's largest employer, the NHS should also make an important contribution by promoting the mental and physical health and wellbeing of its own workforce.

Preventing people from dying prematurely: Key areas where progress will be expected *(Part one of the NHS Outcomes Framework)*
Overarching indicators
1a Potential Years of Life Lost (PYLL) from causes considered amenable to health care *(This is a measure of premature deaths that can be avoided through timely and effective healthcare.)* **i** Adults **ii** Children and young people
1b Life expectancy at 75, **i** males **ii** females
Improvement areas:
Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease
1.2 Under 75 mortality rate from respiratory disease
1.3 Under 75 mortality rate from liver disease
1.4 Under 75 mortality from cancer **i** One- and **ii** Five-year survival from all cancers **iii** One- and **iv** Five-year survival from breast, lung and colorectal cancer
Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness
Reducing deaths in babies and young children
1.6.i Infant mortality
1.6.ii Neonatal mortality and stillbirths
1.6.iii Five-year survival from all cancers in children
Reducing premature death in people with a learning disability
1.7 Excess under 60 mortality in adults with learning disabilities

2. Enhancing quality of life for people with long-term conditions

2.1 We want to empower and support the increasing number of people living with long-term conditions. One in three people are living with at least one chronic condition, such as hypertension, diabetes or depression. By 2018 nearly three million people, mainly older people, will have three or more conditions all at once.

2.2 Too many people with ongoing health problems are treated as a collection of symptoms not a person. Simple things like getting a repeat prescription or making an appointment need to be much easier. People should expect the right support to help them manage their long-term conditions so that they do not end up in hospital needlessly or find that they can no longer work because of mental or physical illness. We need the NHS to do much better for people with long-term conditions or disabilities in the future. To stay relevant to our changing needs, different parts of the NHS have to work more effectively with each other and with other organisations, such as social services, to drive joined-up care.

2.3 To address these challenges, NHS England's **objective** is to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

2.4 There are increasing pressures on the health and care service in England, which will become increasingly difficult to meet without the successful transformation of the way the health and care services provide for the population. This must be particularly true for those who are the oldest and most vulnerable. This requires primary care, especially general practice, to proactively support patients who are most at risk; keep them out of hospital wherever possible and; help people to live well and maintain their independence. Care for vulnerable older people cannot be provided through general practice alone, so we are asking NHS England to explore how better integrated out of hospital care can improve care for this group, and the wider population. As part of this objective, NHS England should take forward the actions and the ambitions of the vulnerable older people's plan (which is subject to agreement on affordability with NHS England), with rapid progress to be made from April 2014.

2.5 In 2013, the new 111 phoneline was introduced for non-emergency care. By March 2015, we expect NHS England to have made particular progress in four key areas: (i) involving people in their own care; (ii) the use of technology; (iii) better integration of services; and (iv) the diagnosis, treatment and care of those with dementia.

2.6 NHS England's **objective** is to ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment. For all the hours that most people spend with a doctor or nurse, they spend thousands more looking after themselves or a loved one. Achieving this objective would mean that by 2015:

- far more people will have developed the knowledge, skills and confidence to manage their own health, so they can live their lives to the full;
- everyone with long-term conditions, including people with mental health problems, will be offered a personalised care plan that reflects their preferences and agreed decisions;
- patients who could benefit will have the option to hold their own personal health budget as a way to have even more control over their care;
- the five million carers looking after friends and family members will routinely have access to information and advice about the support available – including respite care.

2.7 In a digital age, it is crucial that the NHS not only operates at the limits of medical science, but also increasingly at the forefront of new technologies. NHS England's **objective** is to achieve a significant increase in the use of technology to help people manage their health and care. In particular, the Government expects that by March 2015:

- everyone who wishes will be able to get online access to their own health records held by their GP. NHS England should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;
- clear plans will be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;
- clear plans will be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;
- everyone will be able to book GP appointments and order repeat prescriptions online;
- everyone will be able to have secure electronic communication with their GP practice, with the option of e-consultations becoming much more widely available;
- significant progress will be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

2.8 As a leader of the health system, NHS England is uniquely placed to coordinate a major drive for better integration of care across different services, to enable local implementation at scale and with pace from April 2013.

2.9 The focus should be on what we are achieving for individuals rather than for organisations – in other words care which feels more joined-up to the users of services, with the aim of maintaining their health and wellbeing and preventing their condition deteriorating, so far as is possible. We want to see improvements in the way that care:

- is coordinated around the needs, convenience and choices of patients, their carers and families – rather than the interests of organisations that provide care;
- centres on the person as a whole, rather than on specific conditions;
- ensures people experience smooth transitions between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services, and health and social care – thereby helping to reduce health inequalities;
- empowers service users so that they are better equipped to manage their own care, as far as they want and are able to.

2.10 In taking forward this **objective**, we are asking NHS England to work with local Government and other key partners to take forward their commitments in Integrated Care and Support: Our Shared Commitment.[4] This includes supporting the integration pioneers who are exploring different approaches to providing better care and breaking down the barriers that prevent transformational change happening at scale and pace. The challenge is to tackle practical barriers that stop services working together effectively, and for national organisations to provide help and expertise where this will be needed, rather than to design and impose a blueprint. Local commissioners have the vital role of stimulating the development of innovative integrated provision – for example, across primary, secondary and social care, or for frail elderly patients. In responding to the barriers revealed by their work, further national action will be needed in a number of areas, including: better measurement of user experience of seamless care; better use of technology to share information; open and fair procurement practice; and new models of contracting and pricing which reward value-based, integrated care that keeps people as healthy and independent as possible.

2.11 To support the ambition that each area moves to a wholly integrated approach to health and care by 2018, the Government has created the health and social care Integration Transformation Fund.[5] For 2015/16, this fund will make available £3.8bn to support health and care services to work more closely together. This will improve outcomes for people and deliver better value for money. NHS England needs to deliver the best possible foundation for the Fund's implementation, working in partnership with local authorities and local health and wellbeing boards.

2.12 Dementia is the illness most feared by people in England over the age of 55, yet in the past it has not received the attention it needs. This has inspired the Prime Minister's Challenge on Dementia, which was launched in March 2012. The Government's goal

4 https://www.gov.uk/government/publications/integrated-care

5 http://www.england.nhs.uk/2013/10/18/ccgs-issue-44-181013/#itf

is that the diagnosis, treatment and care of people with dementia in England should be among the best in Europe.

2.13 The **objective** for NHS England is to make measurable progress towards achieving this by March 2015, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers.

2.14 NHS England have agreed a national ambition for diagnosis rates that by 2015 two-thirds of the estimated number of people with dementia in England should have a diagnosis, with appropriate post-diagnosis support. Better dementia diagnosis will improve the lives of people with the condition and give them, their carers and professionals the confidence that they are getting the care and treatment they need. NHS England should work with CCGs to support local proposals for making the best treatment available across the country.

Enhancing quality of life for people with long-term conditions: Key areas where progress will be expected *(Part two of the NHS Outcomes Framework)*
Overarching indicator
2 Health-related quality of life for people with long-term conditions
Improvement areas:
Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition
Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions
Reducing time spent in hospital by people with long-term conditions
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) *(Chronic ambulatory care sensitive conditions are those where the right treatment and support in the community can help prevent people needing to be admitted to hospital.)*
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
Enhancing quality of life for carers
2.4 Health-related quality of life for carers
Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness
Enhancing quality of life for people with dementia
2.6.i Estimated diagnosis rate for people with dementia
2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

3. Helping people to recover from episodes of ill health or following injury

3.1 Every year, millions of people rely on the NHS to help them recover after an illness or rehabilitate after injury. It does so not only through effective treatment but also through ongoing help in recovering quickly and regaining independence – whether from a planned operation such as a hip or knee replacement, an injury from a fall or other accident, a respiratory infection in a young child, or a major emergency like a stroke. Helping people get back as quickly or as much as possible to their everyday lives is not something the NHS can achieve alone, but requires better partnership with patients, families and carers, social services and other agencies.

3.2 Many parts of the NHS are world-leading in helping people to recover from ill health or injury. Because standards are high overall, most people assume all NHS services are equally good. Yet there are huge and unwarranted differences in quality and results between services across the country – even between different teams in the same hospital, or GP practices in the same vicinity.

3.3 An **objective** for NHS England is to shine a light on variation and unacceptable practice, to inspire and help people to learn from the best. We want a revolution in transparency – so that the NHS leads the world in the availability of information about the quality of services. This means:

- reporting results at the level of local councils, clinical commissioning groups, providers of care and consultant-led teams;
- the systematic development of clinical audit and patient-reported outcome and experience measures;
- real consideration of how to make it easy for patients and carers to give feedback on their care and see reviews by other people, so that timely, easy-to-review feedback on NHS services becomes the norm.

3.4 Better information may expose the need for change. For example, stroke services in London have been brought together to provide rapid access to highly specialised emergency treatment, significantly reducing mortality rates. Priority should be given to changes to services which improve outcomes whilst also maintaining access. Where local clinicians are proposing significant change to services, we want to see better informed local decision-making about services, in which the public are fully consulted and involved. NHS England's **objective** is to ensure that proposed changes meet four tests: (i) strong public and patient engagement; ii) consistency with current and

prospective need for patient choice; iii) a clear clinical evidence base; and iv) support for proposals from clinical commissioners.

3.5 Treating mental and physical health conditions in a coordinated way, and with equal priority, is essential to supporting recovery. Yet people with mental health problems have worse outcomes for their physical healthcare, and those with physical conditions often have mental health needs that go unrecognised. NHS England's **objective** is to put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole.

3.6 By March 2015, we expect measurable progress towards achieving true parity of esteem, where everyone who needs it has timely access to evidence-based services. Recent reports have highlighted a particular challenge around mental health crisis intervention. Only by working with key partners, including the police, can we ensure that people with mental health problems get the care they need in the most appropriate setting. To bring about the transformational change necessary, we expect NHS England to make rapid progress, working with CCGs and other commissioners, to help deliver on our shared goal to have crisis services that, for an individual, are at all times as accessible, responsive and high quality as other health emergency services. This includes ensuring there are adequate liaison psychiatry services. We expect every community to have plans to ensure no one in crisis will be turned away, based on the principles set out in the soon to be published Mental Health Crisis Care Concordat.

3.7 This will also involve extending and ensuring more open access to the Improving Access to Psychological Therapies (IAPT) programme, in particular for children and young people, and for those out of work. NHS England has agreed to play its full part in delivering the commitments that at least 15% of adults with relevant disorders will have timely access to services, with a recovery rate of 50%. They will also begin planning for country wide service transformation of children and young people's IAPT. NHS England will work with stakeholders to ensure implementation is at all times in line with the best available evidence.

3.8 Too often, access to services for people with mental health problems is more restricted and waiting times are longer than for other services, with no robust system of measurement in place even to quantify the scale of the problem. The Department of Health and NHS England are committed to ending this and believe that implementing new access and/or waiting time standards is vital in order to have true parity of esteem. We expect NHS England to work with the Department of Health and other stakeholders to develop a range of costed options in order to implement these standards starting from April 2015, with a phased approach depending on affordability.

Helping people to recover from episodes of ill health or following injury: Key areas where progress will be expected *(Part three of the NHS Outcomes Framework)*
Overarching indicators
3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital
Improvement areas:
Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
3.1.i Hip **ii** Knee replacement **iii** Groin Hernia **iv** Varicose veins **v** Psychological therapies *(These indicators will measure the number of people accessing particular treatments and whether patients report that they are effective.)*
Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with lower respiratory tract infections (LRTI)
Improving recovery from injuries and trauma
3.3 Survival from major trauma
Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months (The Modified Rankin Scale is commonly used to measure the degree of disability or dependence following a stroke.)
Improving recovery from fragility fractures
3.5 The proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at **i** 30 days and **ii** 120 days
Helping older people to recover their independence after illness or injury
3.6.i Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital

4. Ensuring that people have a positive experience of care

4.1 The NHS is not there just to offer excellent treatment and support. It is there to care for us. Quality of care is as important as quality of treatment, but the public are less confident about consistency in care provision than they are about treatment.

4.2 No one going in to hospital should have to worry about being left in pain, unable to eat or drink, or go to the toilet. And those who have relatives or friends who need support should have peace of mind that they will be treated with compassion, respect and dignity – whether at home or in residential care.

4.3 While most people receive excellent care, we have all been shocked by incidents of major failings in care. It is frequently those who are very old or vulnerable who bear the brunt – those with complex conditions, who are unlikely or unable to complain, and who in some instances no longer have friends or family members who can fight for them. As a society, as a health and care system, and as a Government, we all find such failings abhorrent and intolerable. The Government is clear that, where serious failures of care and treatment have occurred, managers in both the NHS and social care sector will be better held to account.

4.4 The Government's response to the Francis Inquiry will seek to ensure that the commissioning, delivery, monitoring and regulation of healthcare brings about a transformational change that focuses on achieving reliably safe and high quality care, that puts patients at its heart and where compassionate care and patient experience are as important as clinical outcomes. NHS England's **objective** is to take forward the actions they have agreed in this response, working closely with its partners to achieve change with significant progress expected in 2014/15.

4.5 The Government has now issued a full and detailed response to the appalling abuse that was witnessed at Winterbourne View private hospital. NHS England's **objective** is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. This includes NHS England taking forward those actions which they signed up to in the final report and concordat.[6] The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.

[6] Winterbourne View Review Concordat: Programme of Action – Published December 2012
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf
Transforming care: A national response to Winterbourne View Hospital. Department of Health: Final Report
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf

4.6 Our ambition stretches beyond ensuring that all parts of the health and care system will satisfy minimum standards of care. NHS England's **objective** is to pursue the long-term aim of the NHS being recognised globally as having the highest standards of caring, particularly for older people and at the end of people's lives.

4.7 The quality of care is closely related to how well organisations engage, manage and support their own staff. The NHS Constitution includes important pledges to staff who provide NHS care, and NHS England is required to promote the NHS Constitution in carrying out its functions. NHS England also has a statutory duty as to promoting education and training, to support an effective system for its planning and delivery. They should support Health Education England in ensuring that the health workforce has the right values, skills and training to enable excellent care.

4.8 The Government also expects to see NHS England make significant progress by March 2015 in two principal areas. The first **objective** is to make rapid progress in measuring and understanding how people really feel about the care they receive and taking action to address poor performance. The NHS staff survey provides important information about organisations' health, and it already asks whether staff would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care (the 'friends and family test'). However, staff are only asked this question annually, and NHS England should ensure that much more regular feedback on the 'friends and family test' becomes the norm.

4.9 Part of this objective is for NHS England to introduce the 'friends and family' test for patients across the country: for all acute hospital inpatients and Accident and Emergency patients from April 2013; for women who have used maternity services from October 2013; general practice and community and mental health services by the end of December 2014; and the rest of NHS funded services by the end of March 2015. Hospitals with good scores on the 'friends and family' test will be financially rewarded.

4.10 We want to boost professional and public pride in all the caring professions, and to empower patients to demand improvements where care is not as good as it could be. By 2015, a further part of this objective is to increase the proportion of people, across all areas of care, who rate their experience as excellent or very good.

4.11 The second **objective** for NHS England, which will require joined-up care between the NHS and local authorities across health, education and social services, is to improve the standards of care and experience for women and families during pregnancy and in the early years for their children. As part of this, we want NHS England to work with partner organisations to ensure that the NHS:

- takes forward the pledges they signed up to in Better health outcomes for children and young people: Our pledge,[7] to improve the physical and mental health outcomes for all children and young people;
- offers women the greatest possible choice of providers;

[7] https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths

- ensures every woman has a named midwife who is responsible for ensuring she has personalised, one-to-one care throughout pregnancy, childbirth and during the postnatal period, including additional support for those who have a maternal health concern;
- reduces the incidence and impact of postnatal depression through earlier diagnosis, and better intervention and support.

4.12 Our ambition is to help give children the best start in life, and promote their health and resilience as they grow up; and the Government's commitment to an additional 4,200 health visitors by 2015 will help to ensure this vital support for new families. We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs. We welcome NHS England's commitment to its full participation in local safeguarding arrangements for vulnerable children and adults. We will work with NHS England, and Healthwatch England, to consider how best to ensure that the views of children, especially those with specific healthcare needs, are listened to.

4.13 One area where there is a particular need for improvement, working in partnership across different services, is in supporting children and young people with special educational needs or disabilities. NHS England's **objective** is to ensure that they have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education.

4.14 Timely access to services is a critical part of our experience of care. The NHS should be there for people when they need it; this means providing equally good care seven days of the week, not just Monday to Friday. More generally, over the last decade, the NHS has made enormous improvements in reducing waiting times for services. The people of England expect all parts of the NHS to comply with the rights, and fulfil the commitments set down in the NHS Constitution, including to maintain high levels of performance in access to care. NHS England's **objective** is to uphold these rights and commitments, and where possible to improve the levels of performance in access to care.

Ensuring that people have a positive experience of care: Key areas where progress will be expected *(Part four of the NHS Outcomes Framework)*
Overarching indicators
4a Patient experience of primary care **i** GP services **ii** GP out-of-hours services **iii** NHS Dental Services
4b Patient experience of hospital care
4c Friends and Family test
Improvement areas:
Improving people's experience of outpatient care
4.1 Patient experience of outpatient services
Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs
Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services
Improving access to primary care services
4.4 Access to **i** GP services and **ii** NHS dental services
Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services
Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life
Improving the experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services
Improving children and young people's experience of healthcare
4.8 Children and young people's experience of outpatient services
Improving people's experience of integrated care
4.9 People's experience of integrated care

5. Treating and caring for people in a safe environment and protecting them from avoidable harm

5.1 As indicated in the NHS Constitution, patients should be able to expect to be treated in a safe and clean environment and to be protected from avoidable harm. In recent years the NHS has made progress in developing a culture of patient safety in the NHS, through the introduction of stronger clinical governance within organisations. But much remains to be done, as highlighted by the Berwick Review on patient safety.[8]

5.2 Improving patient safety involves many things: treating patients with dignity and respect; high quality nursing care; creating systems that prevent both error and harm; and creating a culture of learning from patient safety incidents, particularly events that should never happen, such as wrong site surgery, to prevent them from happening again.

5.3 NHS England's **objective** is to continue to reduce avoidable harm and make measurable progress by 2015 to embed a culture of patient safety in the NHS including through improved reporting of incidents.

5.4 It is also important for the NHS to take action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. NHS England will need to work with clinical commissioning groups to ensure that providers of mental health services take all reasonable steps to reduce the number of suicides and incidents of serious self-harm or harm to others, including effective crisis response.

8 https://www.gov.uk/government/publications/berwick-review-into-patient-safety

Treating and caring for people in a safe environment and protecting them from avoidable harm: Key areas where progress will be expected *(Part five of the NHS Outcomes Framework)*
Overarching indicators
5a Patient safety incident reporting
5b Safety incidents resulting in severe harm or death
5c Hospital deaths attributable to problems in care
Improvement areas:
Reducing the incidence of avoidable harm
5.1 Deaths from venous thromboembolism (VTE) related events
5.2 Incidence of healthcare associated infection (HCAI) **i** Incidence of MRSA **ii** Incidence of C. difficile
5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm
Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care
Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

6. Freeing the NHS to innovate

6.1 The Government and NHS England are of one mind in recognising that the scale of the ambitions in this mandate cannot be achieved through a culture of command and control. Only by freeing up local organisations and professionals, and engaging the commitment of all staff to improve and innovate, can the NHS achieve the best health outcomes in the world. This mandate, together with new legal duties that relate to promoting autonomy, demands a new style of leadership from Ministers and from NHS England which is about empowering individuals and organisations at the front line of the NHS. We welcome NHS England's commitment to support improved outcomes, including by understanding and responding to the needs and preferences of patients and communities locally.

6.2 NHS England's **objective** is to get the best health outcomes for patients by strengthening the local autonomy of clinical commissioning groups, health and wellbeing boards, and local providers of services. The Government will hold NHS England to account for achieving this; and it will be supported by a process of comprehensive feedback for assessing their performance.

6.3 The establishment of CCGs and health and wellbeing boards is a critical part of the process of decentralising power, as is the progression of NHS trusts through the pipeline to Foundation Trust status under the leadership of the NHS Trust Development Authority. Following the CCG authorisation process, NHS England has a vital role in ensuring that CCGs meet any conditions placed on them and assuring themselves of compliance with those terms.

6.4 The objectives in this mandate can only be realised through local empowerment. NHS England's role in the new system will require it to consider how best to balance different ways of enabling local and national delivery. These may include:

- the power of its expertise and its professional leadership, working with partners such as the Royal Colleges;
- its ability to bring NHS organisations together across larger geographical areas, not as the manager of the system, but as its convener;
- its ability to work in partnership with local authorities and commissioners, particularly through health and wellbeing boards;
- its duties and capabilities for engaging and mobilising patients, professionals and communities in shaping local health services;

- its duties to promote research and innovation – the invention, diffusion and adoption of good practice;
- the transformative effect of information and transparency, enabling patients to make fully informed decisions, and encouraging competition between peers for better quality;
- its control over incentives such as improving the basis of payment by results, introducing the quality premium for CCGs, and the quality and outcomes framework in the GP contract;
- leading the continued drive for efficiency savings, while maintaining quality, through the Quality Innovation Productivity and Prevention (QIPP) programme; and
- by spreading better commissioning practice, including redesigning services, open procurement and contracting for outcomes, to ensure consistently high standards across all areas of commissioning.

6.5 To support the NHS to become more responsive and innovative, NHS England's **objective** by 2015 is to have:

- fully embedded all patients' legal rights to make choices about their care, and extended choice in areas where no legal right yet exists. This includes offering the choice of any qualified provider in community and mental health services, in line with local circumstances. The Government has published a Choice Framework,[9] following consultation, to help patients understand the choices they can expect to have, and NHS England is working further with Monitor on how choice can best be used to improve outcomes for patients;
- working with Monitor to support the creation of a fair playing field,[10] so that care can be given by the best providers, whether from the public, independent or voluntary sector. This calls for NHS England to lead major improvements in how the NHS undertakes procurement, so that it is more open and fair, and allows providers of all sizes and from all sectors to contribute, supporting innovation and the interests of patients;
- made significant improvements in extending and improving the system of prices paid to providers, so that it is transparent, and rewards people for doing the right thing.

6.6 The previous administration commissioned an independent evaluation of the impact of many of its policies on the NHS. Similarly, this Government is commissioning an evaluation to assess the extent to which our vision and underlying policies of the 2012 Health and Social Care Act have been implemented, and what their effects have been. The Health Reforms Evaluation Programme is a long term project that will start in summer 2014 and complete by summer 2017.

9 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216981/2012-13-Choice-Framework.pdf

10 http://www.monitor-nhsft.gov.uk/fpfr

7. The broader role of the NHS in society

7.1. The NHS is the biggest public service in the country, accounting for eight per cent of national income. It contributes to the growth of the economy: not only by addressing the health needs of the population, thereby enabling more people to be economically active; but also through supporting the life sciences industry, via the Strategy for UK Life Sciences;[11] by adopting and spreading new technologies; and through exporting innovation and expertise internationally. NHS England is committed to delivering the recommendations in the Innovation, Health and Wealth Report[12] to improve outcomes for individuals, carers and families.

7.2. NHS England's **objective** is to ensure that the new commissioning system promotes and supports participation by NHS organisations and NHS patients in research funded by both commercial and non-commercial organisations, most importantly to improve patient outcomes, but also to contribute to economic growth. This includes ensuring payment of treatment costs for NHS patients taking part in research funded by Government and Research Charity partner organisations.

7.3. The NHS and its public sector partners need to work together to help one another to achieve their objectives. This is a core part of what the NHS does and not an optional extra, whether it is working with local councils, schools, job centres, housing associations, universities, prisons, the police or criminal justice agencies such as Police and Crime Commissioners and Community Safety Partnerships. NHS England's **objective** is to make partnership a success. This includes, in particular, demonstrating progress against the Government's priorities of:

- continuing to improve services for both disabled children and adults;
- continuing to improve safeguarding practice in the NHS;
- contributing to multi-agency family support services for vulnerable and troubled families;
- upholding the Government's obligations under the Armed Forces Covenant;
- contributing to reducing violence, in particular by improving the way the NHS shares information about violent assaults with partners, and supports victims of crime;

[11] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32457/11-1429-strategy-for-uk-life-sciences.pdf

[12] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213204/Creating-Change-IHW-One-Year-On-FINAL.pdf

- improving services through the translation of scientific developments into benefits for patients;
- helping people experiencing ill health, whether mental or physical, to remain in or return to work, and avoid homelessness;
- developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services;
- championing the Time to Change campaign to raise awareness of mental health issues and reduce stigma, including in the NHS workforce.

8. Finance

8.1 NHS England's revenue budget for 2014/15 is £97,952 million (of which £1,929 million is for delivery of the section 7A agreement with the Secretary of State) and its capital budget is £320 million.[13, 14] The indicative revenue budget for 2015/16 is £99,909 million and its indicative capital budget is £220 million. At a time of great pressure on the public finances, it is vital to deliver this mandate within available resources, both in the current spending review period and beyond. Therefore, NHS's England's **objective** is to ensure good financial management and unprecedented improvements in value for money across the NHS, including ensuring the delivery of its contribution, and that of CCGs, to the QIPP programme. It is in this context that the Government is committed to ensuring the development of a fair and transparent identification and payment system for overseas visitors and migrants accessing the NHS. We will, therefore, continue to work with providers and NHS England to identify cost-effective ways of maximising the recovery of costs incurred through the treatment of chargeable patients (as to be defined by the forthcoming legislation). NHS England will also need to comply with the financial directions made under the NHS Act 2006 and published alongside this mandate, which set out further technical limits, including spending on administration. Like any other public body it will be covered by all relevant government guidance on the management of public finances, which are summarised in the Framework Agreement between the Department of Health and NHS England.

8.2 NHS England is responsible for allocating the budgets for commissioning NHS services. This will prevent any perception of political interference in the way that money is distributed between different parts of the country. The Government expects the principle of ensuring equal access for equal need to be at the heart of NHS England's approach to allocating budgets. This process will also need to be transparent, and to ensure that changes in allocations do not result in the destabilising of local health economies.

13 See section 223D of the NHS Act 2006 (financial duties of the Board); the revenue and capital budgets are the amounts specified as the limits on total resource use under subsections (2) and (3).

14 NHS England is responsible for carrying out some specific public health functions on behalf of the Secretary of State for Health. These functions, and further details of the funding granted to support them, are set out in an agreement made under section 7A of the NHS Act 2006 which can be found at: https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-from-2013

9. Assessing progress and providing stability

9.1 The Government is formally setting NHS England the objectives in this document under section 13A of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.[15] We will assess annually the success of NHS England against the progress it makes against this mandate, and in carrying out other legal duties and functions.

9.2 NHS England directly commissions NHS services provided by GPs, dentists, community pharmacists and community opticians; specialised care; health services for people in custody; and military health. This offers a great opportunity to improve standards and national consistency, for example in services for people with rare conditions. NHS England has an important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care plays in supporting delivery of the objectives across this mandate.

9.3 The Department of Health will hold NHS England to account for the quality of its direct commissioning, and how well it is working with clinical commissioners, health and wellbeing boards, and local healthcare professionals. An **objective** is to ensure that, whether NHS care is commissioned nationally by NHS England or locally by clinical commissioning groups, the results – the quality and value of the services – should be measured and published in a similar way, including against the relevant areas of the NHS Outcomes Framework. Success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

9.4 Every year, NHS England must report on its progress, and the Government will publish an annual assessment of NHS England's performance. To ensure that our assessment is fair, the Government will invite feedback from CCGs, local councils, patients and any other people and organisations that have a view. This will mean successes can be recognised, and areas for improvement can be acted on.

9.5 This mandate provides democratic legitimacy for the work of NHS England. It will be updated annually and laid before Parliament. The Government will maintain constancy of purpose, and strive to keep changes between mandates to the minimum necessary. In this way the Mandate will help provide greater stability for the NHS to plan ahead, innovate and excel to bring the greatest benefit to all those who use it.

[15] The Secretary of State also has power to use the Mandate to set any "requirements" that he thinks are necessary for the purpose of achieving the objectives; these must be backed up by regulations. This mandate does not include any requirements.

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