



Department
of Health &
Social Care

The Government's revised 2021-22 mandate to NHS England and NHS Improvement

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The Government's revised 2021-22 mandate to NHS England and NHS Improvement

This document replaces the mandate which was originally laid before Parliament on 25 March 2021 pursuant to Section 13A of the National Health Service Act 2006.

Presented to Parliament pursuant to Section 13B(5)(b) of the National Health Service Act 2006.

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Contents

Foreword from the Secretary of State for Health and Social Care	5
1. Mandate objectives	7
2. Funding	15
Annex A - NHS Long Term Plan and manifesto priority commitments.....	17

Foreword from the Secretary of State for Health and Social Care

In 2020-21, the NHS has risen to the biggest challenge in its 72 year history, responding with courage and professionalism to the threat presented by Covid-19. The NHS has truly been there for all of us when it has mattered, and continues to be there for all of us as it leads roll out of the Covid-19 vaccination programme alongside the biggest influenza vaccination programme in history. The Government is incredibly grateful to the dedicated NHS staff who have worked, and continue to work, tirelessly through the intense pressure of the pandemic to keep all of us safe. We understand too well the impact that this has had on them, and on their families. As we move forward, the need to support their health and wellbeing, will be uppermost in our minds.

Thanks to the Covid-19 vaccination programme, I am confident that we will once again be able to look forward to the future, and to the ambitious programme of service transformation that the NHS had already embarked on through its Long Term Plan. But there is still a long road to travel: for 2021-22, continuing to manage the pandemic response - including through roll-out of this world first programme, remains the first priority.

We and the NHS have learned a vast amount from Covid-19 about what is achievable. Under NHS England and NHS Improvement's leadership, health services throughout England have transformed faster than envisaged in many areas of the NHS Long Term Plan, accelerating progress towards important deliverables and outcomes. This includes on access to primary care where the rapid availability of technology means that an estimated 86% of GP surgeries are now offering online consultations and 93% are offering video consultations with health professionals, helping to maintain continuity of services whilst keeping patients and staff safe. Through the early work of Healthwatch England we have also gathered valuable insights which are helping the NHS to ensure that roll-out of these new remote services meet the needs of everyone.

The changes brought about as part of the pandemic response have not only been vital in keeping non-Covid services running as far as possible during this difficult time, but are also crucial to supporting the NHS's longer term recovery. Our second priority is therefore to press ahead with further embedding beneficial changes, including through reducing bureaucracy, and to continue implementing the major transformative elements of the NHS Long Term Plan as well as delivering on our manifesto commitments. Delivery of wider NHS Long Term Plan commitments will continue alongside, reflecting this context.

Building on the substantial support the Government has already made available in 2020-21 for the pandemic response, and the further £6.3 billion increase in NHS funding for 2021-22 already confirmed as part of its Funding Settlement to 2023-24, we are providing a further £3 billion in 2021-22 to support NHS recovery from the impact of Covid-19. This

includes £1 billion to support hospitals to begin tackling backlogs in elective care, addressing the most urgent cases and particularly those who have been waiting for more than 52 weeks for treatment. Around £500 million will be used to improve waiting times for mental health services, to give more people the mental health support they need, and to invest in the NHS workforce. The remainder will help ease existing pressures in the NHS caused by Covid-19. The Government remains committed to ensuring that the NHS has the certainty it needs to plan and will agree further funding for operationally necessary costs resulting from the pandemic in the financial year 2021-22. An additional £6.6 billion for the first half of the year has already been announced.

This last difficult year has reminded us that we truly have an NHS to be proud of, and I know that the determination it has shown over the last difficult months have made it stronger, more resilient, and more innovative than ever. Covid-19 has also given us an opportunity to restate the social contract between the public and the NHS, and to dramatically change how people manage their own health and access health services. In parallel with boosted funding, this will help to create an NHS that is ready - once Covid is under control - to tackle our wider challenges with renewed vigour, inspiring public trust and confidence in its future.

A handwritten signature in blue ink that reads "Matt". The signature is written in a cursive, slightly slanted style.

Rt Hon Matt Hancock MP

Secretary of State for Health and Social Care

1. Mandate objectives

- 1.1 There are five objectives on which we have consulted NHS England and NHS Improvement, along with Healthwatch England, as required by the NHS Act 2006. In seeking to meet these objectives, NHS England and NHS Improvement will need to comply with their delegated responsibilities as set out in Managing Public Money. They will also need to comply with their Framework Agreements with the Department of Health and Social Care, which are published on gov.uk and set out how they and the Government will work together, including to ensure appropriate accountability for public funds as set out in Managing Public Money. Their statutory obligations set out in the NHS Act 2006 and other legislation also apply.
- 1.2 Except where specific deliverables are listed under the objectives, NHS England and NHS Improvement's progress will be assessed on the basis of the headline commitments and associated metrics at Annex A which encompass the NHS Long Term Plan and additional 2019 manifesto priorities for health.
- 1.3 The Secretary of State has a legal duty to keep progress in meeting mandate objectives under review. Where goals and trajectories are not currently defined for the headline commitments and metrics in Annex A, the Government, NHS England and NHS Improvement will endeavour to agree them for 2021-2022 by July 2021, and those for future years by Autumn 2021. They will then be subject to appropriate governance processes. This will include regular reviewing of reports from NHS England and NHS Improvement on the headline metrics and agreeing appropriate courses of action where delivery is at risk.
- 1.4 Progress on some of the metrics, including for example in relation to commitments on 50,000 more nurses, 50 million more general practice appointments a year, and building 40 new hospitals, will rely on wider contributions from across the health and care system and from Government itself.
- 1.5 The Government, NHS England and NHS Improvement will also continue to monitor delivery of all the wider commitments that were included in the NHS Long Term Plan and manifesto, which NHS England and NHS Improvement remain committed to achieving. This includes commitments such as: the NHS will help to prevent up to 150,000 heart attacks, strokes and dementia cases over the next ten years; the NHS has set an ambition to reduce the NHS carbon footprint by 80% by 2028 to 2032; the NHS, working with local Government, will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital; NHS 111 will become the single, universal point of access for people experiencing mental health crisis; the proportion of acute admissions discharged on the same day of attendance will increase from a fifth to a third; up to

200,000 people will benefit from a Personal Health Budget; and that all providers will be expected to advance to a core level of digitisation.

Objective 1: Continue to lead the NHS response to Covid-19

1.6 The NHS remains central to efforts to manage Covid-19 in England, supporting the global response and contributing to recovering the economy. The first objective on supporting the Government by leading the NHS response to Covid-19 will therefore be the main priority for 2021-22. It is important to note that the scale of the response required to meet this objective will impact on the ability of the NHS to deliver on the other objectives, although all attempts will be made to avoid negative impact where possible. NHS England and NHS Improvement will continue to lead the NHS in providing effective care to patients with Covid-19 both inside and outside hospital, supporting research and innovation in Covid-19 treatments to improve patient outcomes, and supporting the health and wellbeing of NHS staff. Mitigating the further impact of the pandemic through rolling out the national vaccination programme, prioritising those at most risk is vital. It is also essential that NHS organisations communicate effectively with patients and the public on the continuing Covid response and as they recover wider NHS services. The deliverables against which progress will be assessed are:

- to ensure that all Covid patients and those with "long Covid" continue to be treated in accordance with emerging best practice, underpinned by effective infection prevention and control measures to minimise the risks of cross-infection in healthcare settings so that non-Covid services can be safely recovered and maintained;
- to ensure that Covid vaccinations are rolled out at maximum pace consistent with the Joint Committee on Vaccination and Immunisation's recommendations on priorities, vaccine supply, operational and clinical safety, and working with Government to achieve the highest possible uptake; and
- to ensure that commissioners and providers are meeting the Accessible Information Standard (which relates to the communication needs of people with a disability, impairment or sensory loss) in their communications with patients and the public.

Objective 2: Continue to implement the NHS Long Term Plan, focusing on transformation of services, to support NHS resilience, and continue to inspire public confidence

- 1.7 The NHS Long Term Plan sets out a far-reaching programme of transformation that will ensure the NHS can continue to sustainably provide the highest quality and safest care to everyone in England, whilst improving health outcomes and reducing the health inequalities that have been highlighted by Covid-19.
- 1.8 Understandably, the pandemic impacted on progress towards implementing many elements of the overall Plan in 2020, and will continue to do so during 2021-22. We therefore expect NHS England and NHS Improvement to focus in 2021-22 first on minimising the further adverse impact of the pandemic, and then on recovering delivery against the commitments made in the Plan, including on work to support the further expansion of NHS programmes and services, and on embedding the positive changes brought about by the pandemic. As part of this, we expect the NHS to focus particularly on minimising the further decline in performance where Covid-19 has led to backlogs and to start the process of recovery as quickly as possible, for example in elective surgery waiting times.
- 1.9 We expect NHS England and NHS Improvement to continue to deliver against the NHS Long Term Plan and additional 2019 manifesto commitments for the NHS. We have worked with them to agree 13 priority commitments and underpinning metrics for 2021-22. The commitments are listed below and Annex A provides further detail on the underpinning metrics:
- There will be 50,000 more nurses working in the NHS;
 - There will be 50 million more appointments in general practice a year;
 - We will build 40 new hospitals;
 - NHS performance will improve over time, once impacts of the pandemic are factored in - bringing down operating waiting times and improving A&E performance;
 - The NHS will continue to contribute towards levelling-up, through its work to tackle health inequalities;
 - The NHS will continue to improve access to primary and community care;
 - The NHS will continue to treat mental health with the same urgency as physical health;

- The NHS will better embrace technology to improve patient experience;
- The NHS will invest in prevention to improve health outcomes;
- The NHS will continue to improve outcomes for major diseases and long-term conditions;
- The NHS will accelerate action on reducing stillbirth, maternal mortality, neonatal mortality and serious brain injury;
- The NHS will continue to support its workforce; and
- The NHS will manage its finances to ensure overall financial balance in each and every year.

1.10 This does not reflect everything we expect NHS England and NHS Improvement to deliver on in the Plan and in respect of the manifesto, but does capture the Government's headline priorities for the NHS within the context of the continuing Covid-19 response. This includes core health policy manifesto commitments that were developed subsequent to the NHS Long Term Plan (see objective 3 below). Additionally, Government and NHS England and NHS Improvement will agree particular goals for mental health NHS Long Term Plan commitments, considering the impact of Covid-19, to take account of the £500m of additional funding announced at the 2020 Spending Review for mental health service waiting times.

1.11 Progress on this objective will be formally assessed primarily on the basis of relevant metrics at Annex A, and any relevant information on progress against other NHS Long Term Plan and manifesto commitments. All five financial tests set by Government for the NHS Long Term Plan will also be tracked separately, as will wider delivery of the NHS People Plan and delivery of the NHS Patient Safety Strategy. This ten-year strategy, which sits alongside the Long Term Plan and sets out the steps that the NHS has committed to take to improve patient safety across all services, will bring about a reduction in patient harm.

1.12 Improving the public's confidence in the NHS remains a priority for the Government. Delivering against the NHS Long Term Plan and the Government's manifesto commitments will contribute towards this, but we also expect NHS England and NHS Improvement to continue working with Government to grow confidence in the NHS through other means, including through engaging the public and building awareness of improvement at both a local and national level. We will develop metrics for tracking improvements to public confidence in the NHS later in 2021, and in the meantime monitor performance in this area through assessing the relevant metrics at Annex A.

Objective 3: With support from Government, deliver the manifesto priorities that will enhance delivery of the NHS Long Term Plan

- 1.13 The Government's 2019 manifesto set out a number of commitments which NHS England and NHS Improvement will continue to take forward alongside their response to the pandemic. As referenced in the priority commitments listed in paragraph 1.9 under objective 2, the manifesto commits to having 50,000 more nurses working in the NHS and 50 million more appointments in general practice a year. It also commits to building forty new hospitals over the next 10 years, overseen by a joint Department of Health and Social Care, NHS England and NHS Improvement programme board, and to reducing health inequalities, reflecting the Government's wider levelling-up agenda. In 2021-22 NHS England and NHS Improvement should continue to work with the Government to support delivery of these commitments, as well as wider manifesto commitments.
- 1.14 The Government will also be bringing forward a long-term solution for adult social care. To ensure that patients can move seamlessly between health and social care services in accordance with their needs and in a way that helps embed improvements in hospital discharge, NHS England will need to continue to ensure that Clinical Commissioning Groups work effectively with local authorities in 2021-22 to deliver the jointly managed Better Care Fund in accordance with the Better Care Fund policy framework. Responding to the Government's wider manifesto commitments in relation to EU Exit, NHS England and NHS Improvement will also continue to support Government and work with wider partners to effectively manage any impact on the NHS and patients from the end of the transition period, and to make the most of future opportunities arising from new trading arrangements as they emerge.
- 1.15 Progress on this objective will be assessed on the basis of the relevant metrics at Annex A, though the NHS will also need to deliver against further relevant manifesto commitments such as: improving hospital food, ending unfair hospital car parking charges, rolling out cancer diagnostic machines, increasing the number of NHS gambling clinics, extending the Cancer Drugs Fund into an Innovative Medicines Fund, and helping patients with multiple conditions to have simplified and more joined-up access to the NHS. Adherence to the national conditions for the Better Care Fund will also be tracked, in particular that:
- The NHS will contribute at least £4.26bn towards the Better Care Fund in 2021-22;

- NHS England will consult the Government before approving Better Care Fund Plans or exercising any powers in relation to CCG failure to meet specific Fund conditions.

Objective 4: Improving prevention of ill health and delivery of NHS public health services

- 1.16 Covid-19 has underlined the need for the Government and the NHS to take broader action on preventable ill health as set out in the Long Term Plan, with a clear role for Integrated Care Systems to embed a focus on population health. This includes investment in evidence-based programmes on smoking, alcohol and secondary prevention of heart attacks, stroke, diabetes and dementia.
- 1.17 Progress on this objective will take account of the metrics on prevention set out in Annex A and the additional expectations below:
- in addition to the roll-out of Covid-19 vaccination (as part of objective 1), deliver timely, high influenza vaccination coverage in accordance with the annual influenza letter, ensuring providers comply with guidance on specific influenza vaccines to use;
 - maximise efforts to recover NHS public health services that were paused or had reduced uptake due to the pandemic, particularly school-aged vaccination such as for meningitis and routine childhood immunisations such as MMR; shingles vaccination, and NHS cancer and non-cancer screening programmes;
 - ensure all areas take meaningful action in line with the UK measles and rubella elimination strategy to achieve 95% MMR coverage, and improve coverage of polio-containing vaccines to maintain polio transmission risk status;
 - commence the first stage roll-out of the age extension of the NHS bowel cancer screening programme, which uses Faecal Immunochemical Testing, to eventually achieve a starting age of 50 years, and ensure safe decommissioning of bowel scope services;
 - in addition to the NHS Long Term Plan commitments, NHS England and NHS Improvement will: (a) deliver an increase in the number accessing digital lifestyle weight management services, including services targeted at NHS staff (270,000); (b) develop a recovery plan for specialist weight management services and bariatric surgeries; and (c) support people to be referred to the services, including incentivising GP referrals to weight management services

for eligible patients, whilst recognising the pressures on primary care and the high degree of uncertainty around the level of demand for a new service in the current context.

- ensure that national and local plans include measurable ambition setting out how inequalities are to be tackled, both in relation to access to NHS services, and to health outcomes, bearing in mind the wider underlying causes of health inequalities and the dependency of the NHS on other sectors to contribute.

1.18 NHS England should also ensure effective provision of other national public health services under functions delegated by the Secretary of State through section 7A of the NHS Act 2006.

Objective 5: maintain and improve information sharing

1.19 Recovery and transformation of NHS services rely on the effective use and sharing of information to ensure that all organisations responsible for commissioning or delivering care can improve their services and planning. Information and actionable insights are important enablers for local health systems to understand and respond effectively to the needs of their local communities, and those of individual patients and their families through population health management approaches.

1.20 NHS England and NHS Improvement will therefore continue to embed a culture of transparency and openness through the NHS, reducing barriers to information sharing (including between providers of services) to ensure that patients receive high quality, safe and integrated care, whatever service they are using. At the same time, they will continue to work with Government and wider NHS partners to improve data collection processes, reducing unnecessary administrative burdens on frontline organisations so that they can focus on what matters most. Key deliverables on information sharing within the system are:

- to make as much data publicly available as possible, and take a proportionate approach to data protection and information governance so that there are no unnecessary barriers to sharing data and information that will improve the service to patients, including demographic data to support work to address inequalities; and
- to contribute to the Data Alliance Partnership, including by committing to seek approval from the Partnership for national and regional data collections commissioned by NHS England and NHS Improvement, actively addressing the burden whilst improving the quality of information and seeking similar commitments from Clinical Commissioning Groups.

1.21 NHS England and NHS Improvement will also continue to work in partnership with Government to support effective accountability for delivery of the priorities that have been set for the NHS through this mandate, to identify and rise to opportunities for further improvements in services for patients, and to support wider strategic decision making for health and care. They will therefore:

- Report at regular agreed intervals on deliverables set out beneath mandate objectives, including the metrics set out at Annex A. On wider Long Term Plan commitments, reporting will be through existing mechanisms for sharing information with Government, including through sharing of Board Papers, and reporting by exception on notable departures from expected delivery timetables.
- Respond to all other reasonable information requests made by or on behalf of the Secretary of State in as timely and a practicable a manner as possible to support NHS accountability to Ministers, Parliament and the public, and to underpin effective policy making for health and care.

2. Funding

- 2.1 In accordance with Section 13A of the NHS Act 2006, NHS England's revenue and capital resource limits for 2021-22 are set out in this section, along with limits for previous and future years covered by the NHS Funding Settlement. These are further explained in financial directions to NHS England published alongside the mandate. NHS England capital funding figures and NHS Improvement revenue and capital figures are provided to 2021-22 only: figures for later years are subject to future funding decisions.
- 2.2 The capital and revenue resource limits reflect the NHS Funding Settlement and at this stage include £1.5 billion of the additional £3 billion to support NHS recovery from the impact of Covid-19 agreed at the Spending Review 2020. There is further work to do with HMT on agreeing plans for deploying the remainder of the £3 billion including £1 billion for elective recovery. The mandate includes the £6.6 billion already announced to support NHS England and NHS Improvement with ongoing Covid-19 costs for the first six months of the financial year. We expect NHS England and NHS Improvement to share data and provide timely updates on both capital and revenue spending plans including data on capital deployment and outcomes that are delivered.
- 2.3 Even in the current exceptional circumstances, it remains essential that public money continues to be spent with care, which includes ensuring that financial risk to the health and care system as a whole is robustly managed and that financial interventions in respect of Covid-19 are targeted, timely, and time-limited.

NHS England

Revenue budget (£m, cash terms)	2019-20	2020-21	2021-22	2022-23	2023-24
NHS Long Term Plan Settlement	120,807	127,007	133,283	139,990	148,467
Total budget (including net transfers post-settlement)	123,377	149,473	150,614	152,595	157,403

Capital budget (£m, cash terms)	2019-20	2020-21	2021-22
Total budget	260	365	337

- 2.4 Adjustments included in NHS England's total revenue budget set out above relate to additional funding for increased employer contributions to the NHS pension

scheme as well as GP indemnity, NHS Supply Chain and transfers with public health bodies.

NHS Improvement

Revenue budget (£m, cash terms)	2019-20	2020-21	2021-22
	232	258	251

Capital budget (£m, cash terms)	2019-20	2020-21	2021-22
	6	7	7

- 2.5 NHS Improvement's revenue budget set out above includes transfers from NHS England and the transfer of the Leadership Academy to NHSE Improvement in 20/21 but excludes funding for the Graduate Management Training Scheme expansion provided in 20/21. NHS Improvement's revenue budget is indicative and subject to business planning.
- 2.6 The Government has set five financial tests against which the implementation of the NHS Long Term Plan will be assessed. As progress against these tests is critical for putting the NHS back onto a sustainable financial path, the Government remains committed to the tests. Two of these tests (on financial balance and productivity growth) are reflected in the metrics at Annex A, supporting the commitment that the NHS will make ever better use of its resources, and achieve overall financial balance in each and every year. Headline metrics for the third, fourth and fifth financial tests will be agreed by July 2021. Progress against all five tests will be tracked, with trajectories taking account of the impact of the pandemic. NHSEI will also set out and agree with DHSC/HMT the work it is doing to develop the financial framework and controls for the NHS consistent with the development of Integrated Care Systems.

Annex A - NHS Long Term Plan and manifesto priority commitments

This annex sets out the headline commitments and the associated underpinning metrics which are being used to measure progress on implementation of the NHS Long Term Plan over time.

The pandemic has disrupted progress. Goals and associated trajectories against these metrics, where they have not already been agreed, are subject to the future progression of the pandemic. As set out in paragraph 1.3 of the mandate, the Government, NHS England and NHS Improvement will endeavour to agree trajectories for 2021-22 by July 2021, and trajectories for future years by Autumn 2021.

1: There will be 50,000 more nurses working in the NHS

- Number of nurses in the NHS.

2: There will be 50 million more appointments in general practice a year

- Number of additional appointments in general practice.

3. We will build 40 new hospitals

- Number of new hospitals under construction.

4. NHS performance will improve over time, once impacts of the pandemic are factored in - bringing down operating waiting times and improving A&E performance

- A&E performance.
- Performance against 18-week Referral to Treatment waiting time standard.
- Number of patients on the Referral to Treatment pathway who have been waiting for 52 weeks or more.
- Referral to Treatment pathway waiting list size.

- Public confidence in the NHS.

5. The NHS will continue to contribute towards levelling-up, through its work to tackle health inequalities

- Covid-19 vaccination uptake for Black, Asian and Minority Ethnic groups compared to the national average.
- Difference in the percentage of respondents in the most deprived neighbourhoods reporting being seen in general practice at a time they wanted or sooner compared to those in the least deprived neighbourhoods.
- Year on year reductions in the difference in the stillbirth and neonatal mortality rate per 1,000 births between that for Black, Asian and Minority Ethnic women and the national average.
- Year on year reductions in the gap between the best and worst CCGs for all-cancer survival.

A number of other headline metrics captured in this Annex will also measure contributions towards tackling health inequalities.

6. The NHS will continue to improve access to primary and community care

- Number of doctors in general practice.
- Number of primary care professionals in general practice.
- Patient reported experience in general practice.
- Number of personalised care interventions.
- Number of social prescribing referrals.
- Primary medical and community services real terms expenditure growth.
- Roll out of 2-hour/2-day community rapid response.
- Reducing reliance on specialist inpatient care for adults and children with Learning Disability and Autism.

- Number of people with a Learning Disability on the GP register receiving an annual health check.

7. The NHS will continue to treat mental health with the same urgency as physical health

- Number of people accessing Improving Access to Psychological Therapies services.
- Number of children and young people accessing NHS-funded mental health services.
- Mental health services real terms expenditure growth.

8. The NHS will better embrace technology to improve patient experience

- Percentage of general practices offering digital appointments.
- Number of face-to-face outpatient appointments avoided through the outpatient transformation programme.
- Proportion of the population registered to use the NHS App.
- Number of whole genomes sequenced.
- Proportion of A&E attendances that are unheralded.

9. The NHS will invest in prevention to improve health outcomes

- Number of people supported via the NHS diabetes prevention programme - reflecting the NHS's contribution to wider government action to reduce obesity prevalence.
- Number of trusts delivering smoking cessation services - reflecting the NHS's contribution to wider government action to reduce smoking prevalence.
- Roll-out of alcohol care teams to hospitals with the highest rate of alcohol dependence-related admissions.
- Population coverage of the two doses of MMR vaccine (at 5 years of age).
- Number of people receiving flu vaccination.

- Number of people receiving Covid-19 vaccination.

10. The NHS will continue to improve outcomes for major diseases and long-term conditions

- Bowel screening coverage (for agreed age ranges, screened within the last 30 months).
- Breast screening coverage (females aged 50-70, screened within the last 36 months).
- Cervical screening coverage (females aged 25-64, attending screening within the target period).
- Proportion of cancers diagnosed at stages 1 or 2.
- Urgent two-week cancer referral performance - potentially (subject to Government agreement) to be replaced by the 28-day faster diagnosis standard during 2021-22.
- Percentage of patients starting cancer treatment within 62 days of GP referral.
- One year cancer survival.
- Percentage of eligible patients accessing cardiac rehabilitation.
- Percentage of patients receiving a thrombectomy following a stroke.

11. The NHS will accelerate action on reducing stillbirth, maternal mortality, neonatal mortality and serious brain injury

- Number of stillbirths per 1,000 total births.
- Number of neonatal deaths per 1,000 live births.
- Number of serious brain injury cases per 1,000 live births.
- Number of maternal mortalities per 100,000 maternities.

12. The NHS will continue to support its workforce

- Proportion of providers and general practices with an outstanding or good rating from the CQC for the "well led" domain.

- Proportion of staff who answer "Never" to "In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from a) managers; b) other colleagues; or c) patients/service users, their relatives or other members of the public?".
- Proportion of staff in senior leadership roles who are a) from a Black, Asian and Minority Ethnic background and b) women.
- Staff engagement rate.
- Proportion of staff who answer "Yes, definitely" to "Does your organisation take positive action on health and wellbeing?".
- Sickness absence rate.

13. The NHS will manage its finances to ensure overall financial balance in each and every year.

- A balanced overall NHS position.
- Number of NHS organisations in financial balance.
- Number of NHS systems in financial balance.
- NHS productivity growth rate.

Metrics for the third, fourth and fifth financial tests will be agreed by July 2021.