

Departmental Improvement Plan

Department of Health
April 2014



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April 2014

Foreword by the Permanent Secretary

Two years on from the last Capability Review, it's time to reflect on achievements and look ahead to the next phase of improvement for the Department of Health. In the spring of 2012 we were planning for transition to the new health and care system, the largest ever change to the Department itself and to the management infrastructure of the NHS and public health. With a huge effort of leadership and co-ordinated action, the transition was delivered successfully and safely, on time, well within budget and with a minimum of disruption. Inside the Department itself, much has been achieved through our internal change programme 'Our DH', which brings together the Civil Service Reform agenda with revisions to the Department's structure, role and purpose to make it fit for the new system.



Over the same period, further reports of inquiries into serious failings in care were published: the first on Winterbourne View and the second on the Mid Staffordshire NHS Foundation Trust. Both rightly called for changes: greater transparency; more explicit professional and organisational accountability; and a renewed culture of compassionate care.

The Inquiries set out some profound challenges for the DH. We must face some hard truths about how the DH's action and inaction can affect the context within which care is delivered many miles away from London and Leeds. Two things have become clearer than ever before - we must continue to improve our core skills as civil servants yet we can never forget that we are responsible for the health and care system. DH therefore has a profound duty to be knowledgeable about the system and to be informed and in touch with the current realities of health, need, illness and care. The Departmental Board believes it essential that the Department pays heed to the lessons of these inquiries – hence the actions linked to this Improvement Plan focus on improvement both as a department of state – enhancing core civil service capability – and as a department of **health**, particularly important in these early days of the Department's new role.

Turning to the Department's role, in the course of developing this plan, many people said they would value greater clarity on what the DH does, post April 2013, now that it works with and through 15 partner organisations (ALBs) and alongside local government. The word "stewardship" is often used as shorthand to describe DH's role, but it is a broad term and not yet well understood. It is also true to say that other players, not least NHS England, Public Health England, Monitor and the NHS Trust Development Authority undertake some stewardship activities on behalf of the system as a whole. In the action plan therefore, we have broken down the term "stewardship" into seven elements, identified what the DH does, and used this as the basis for action in making us a better health department. In doing so, we have drawn on a good practice framework for national health ministries developed by the World Health Organisation.

In terms of the Department's role within government, all elements of the Civil Service Reform agenda are relevant to DH. Stronger capability as civil servants and a better run department all help provide better support to ministers and fulfilment of Parliamentary and public accountability. But more than that, as a department of state, our connections to other government departments in England, the UK and internationally really matter, whether it is planning for emergencies, or leading the global efforts for better health, such as research on dementia and galvanising support to combat international threats to health such as microbial resistance to antibiotics.

This Departmental Improvement Plan therefore comes at a good time. One year into the DH's new role, we now have experience of how we shape, influence and hold the new system to account. There is clear evidence of progress as well as plenty of scope for improvement. And there is a compelling reason to act. The Department has commitments and reforms to deliver right up to spring 2015 and these must remain our top priority. And as civil servants we also have a duty to the future – this means ensuring that our skills, our ways of working, and how we operate as a department, are in good shape to lead change in health and care, whatever the context, to the end of the decade and beyond.

A handwritten signature in black ink, reading 'Una O'Brien'.

Una O'Brien
Permanent Secretary
April 2014

Foreword by the Non-Executive Director Lead for the Departmental Improvement Plan

As Non-Executive members of the Board, our role in the development of the Departmental Improvement Plan has been to ensure that the Department has undertaken a thorough process to redefine its strategic purpose and agree the consequent improvements needed in performance. This plan identifies both DH's achievements in addressing change over the last couple of years and the scale of the strategic challenges ahead. It has provided a focus for considering the Department's health and care stewardship role and identifying how future challenges need to be addressed on a timely and effective basis.



We have provided constructive challenge through the process, encouraging the Department to prioritise rigorously and remain outcome-focused in framing the way it measures improvement. We will continue to use our role on the Board to ensure that the Department is held to account.

A handwritten signature in black ink that reads "Catherine Bell".

Dr Catherine Bell, Non-Executive Member of the Departmental Board

April 2014

Summary: purpose, priorities, improvement goals

We work at the Department of Health to help people stay in good health and live independent lives

We lead the health and care system to ensure people experience a service that protects and promotes health and provides safe, effective and compassionate care

We have three goals for the future

Living and ageing well –
helping people live healthier lives, making this country the best place in the world in which to grow old

In 2014, our priorities are preventing disease and poor health, improving care for people over 75, reforming social care, integrating health and care, and improving care for people with dementia

Caring better –
raising standards in health and care, ensuring everyone is treated with compassion and respect

In 2014, our priorities are improving the quality of care and the use of technology, encouraging greater openness and taking significant steps towards parity of esteem between mental and physical health

Preparing for the future –
making the right decisions today so that the health and care system can meet the needs of people in the future

In 2014, our priorities are ensuring the long-term sustainability of the system by maintaining quality, access and financial performance, working more efficiently and investing in research and innovation

We will improve our work to achieve these goals

Leading confidently –
being an effective steward of the health and care system by providing strategic direction, building partnerships and being accountable and connected to patients and the public

Building capability –
improving leadership and change management, programme and project management, and increasing digital skills

Improving policy making –
ensuring we have the knowledge and strategic capability to address our major policy challenges

Increasing openness –
having clearer priorities, reducing bureaucracy and providing the public with more accessible information on the performance of services

1. Assessment

The challenges faced by the Department, and the health and care system that it co-ordinates, fall into three overlapping time-frames: this year, the next two years bridging the General Election, and the longer term period to the end of the decade and beyond. Our task is to balance the imperatives of delivering against immediate priorities while setting a foundation for a sustainable future. For this calendar year, the overwhelming priority is to maintain good performance across the system as a whole, ensuring that one year on from the Francis report, quality and safety problems are being confronted and addressed and, at the same time, the tight financial situation is well managed. The Department has a significant leadership role in ensuring that the system as a whole responds collectively to these challenges.

Looking to the future, it is now clear that, over time, there needs to be a fundamental shift in focus from curing illness to sustaining good health, and from seeing mental and social health as 'separate' from physical health, to having regard for the needs of the whole person. This will mean changes in what gets done, where and how. In practice we would expect to see a health and care system that prioritises staying well, earlier detection of health problems and earlier intervention; one that is proactive, offering care that is more integrated and more likely to be delivered in or close to a person's home. When there is an urgent or emergency care need, the system in future will have a wide range of easy to use services, with no need to default to A&E. And when hospital is the right place to be it will be reliably safe, of high quality, with transparency about performance at every level.

It makes sense to highlight the longer term challenges first as they will be more manageable if the right actions are taken in the short and nearer term. Looking to 2020, the end of this decade, and beyond these include:

- improving the evidence on how to prevent and detect ill health
- making the most of improvements in digital capability, including harnessing self-care and benefits from people's on-line access to their personal records
- responding to demographic change such as the increase in the proportion of the population aged over 85 years
- meeting the needs of the increasing number of people with long term illnesses, with multiple conditions and with mental health conditions
- engaging with public expectations for better quality, easier access, greater involvement and control of where and how care is delivered
- considering scope for effective action to tackle the prevalence of obesity (7 in 10 adults in England), increasing physical activity, and addressing health damaging behaviours while maintaining efforts in health protection
- delivering change in a climate of continuing fiscal challenge and constraint on public spending

And within the next two years, the Department will focus on:

- fulfilling the Coalition's priorities for health and care up to May 2015 including specific commitments on health visitors and increase in access to psychological therapies
- ensuring performance on quality, access and finance is maintained through the winter of 2014/15
- implementing the social care reforms set out in the Care Bill, subject to the completion of its passage through parliament
- publishing a plan to support more personalised care for vulnerable older people, including:
 - updating the legislative framework to enable GP contract changes including plans for a named GP for over 75s

- providing stewardship and support to organisations leading work to develop better models of out of hospital care especially NHS England and Health Education England
- enabling the behavioral and cultural change recommended by the Francis Report
- ensuring the reformed system works in localities; senior managers across the system need to lead this change and demonstrate new ways of working
- preparing for the spending review of summer 2015 and, as the election approaches, for a renewed policy agenda after the General Election
- developing an increasingly mature view of the DH's role of stewardship in practice, ensuring the new system is working effectively

These are daunting challenges. The health and care system must serve the needs of the present whilst delivering change and improvement for the future. And, both now and in the future, the Department has a role in ensuring that the rights of patients and services users are upheld, and that their needs remain at the centre of everything that the system does. In terms of capability, the Department needs a broad base of traditional civil service skills including highly developed policy and analytical skills and effective relationship management skills. It is also vital that DH civil servants understand the realities of the frontline of health and care and have an operational grasp of service delivery. The Department's workforce plans and career development policies will reflect the need for a balance of skills and be explicit about the expectation of movement between the DH, the civil service and the wider health and care system.

Assessment of Progress between 2012 and 2014

The Department's Capability Action Plan (CAP) of March 2012 highlighted three main areas for improvement:

- building common purpose and sustaining a strong sense of ownership of the change agenda
- working differently to achieve more
- having the right people, in the right place, with the right skills

The improvements made following the Capability Action Plan helped the Department to manage successfully through an historically unprecedented set of changes. Since then notable achievements include:

Transition to the new health and care system

The NAO report 'Managing the Transition to the Reformed Health System' of July 2013 stated "The transition to the reformed health system was successfully implemented in that the new organisations were ready to start functioning on 1 April 2013, although not all were operating as intended. Given the scale of the challenge that the Department and the NHS faced, this was a considerable achievement. It could not have been accomplished without the commitment and effort of many NHS staff, supported by the Department's effective programme management and monitoring."

Taking on a substantially new role

The new health and care system came fully into force from April 2013, requiring significant changes to the role of the Department itself. The Department has become leaner (for example, the number of DGs has dropped from 12 to six) and more balanced between its responsibilities, and able to look at health and care in the round.

The Department is no longer the headquarters of the NHS and there has been a notable change in the way it interacts managerially with the NHS. Working with and through new bodies (NHS England, the NHS Trust Development Authority, Health Education England, Public Health England) and others whose role has changed significantly (Monitor and the CQC) has meant significant changes in the DH's operating model. We have prioritised building strong boards in each of these organisations and put significant effort into constructive working relationships between senior players. In the key areas of communications, finance, strategy, responding to the Francis Inquiry, and winter planning, we have examples of strong collaboration and joint working between DH and Arm's Length Body partners.

Making changes within the DH after the Francis Inquiry Report

Robert Francis directed a number of his recommendations directly to the DH – they included the following:

- the need for proper public impact and risk assessment before major change
- the DH's critical task to take a lead on shaping the values and fundamental standards of the whole system
- ensuring senior clinical involvement in policy-making
- raising the expectation that civil servants have frontline experience
- promoting greater openness in policy making and in performance

All recommendations relating to the Department have now either been implemented or are underway. Most significantly, in June 2013, the 'Connecting' initiative was launched. It sets an expectation that all DH Senior civil servants will spend around four weeks a year connecting with the front line of health and care. In the first eight months, over 1,500 days were devoted to connecting – this has included, for example, civil servants shadowing clinicians in many different settings; accompanying inspection visits; spending time with people on the receiving end of services; and partnering with professional colleagues in the NHS and the care sector. This major commitment, unique in Whitehall in its impact on every senior leader in the Department, is seeing shifts in learning and understanding, and leading to improvements in the quality of policy advice going to Ministers. Further groups of civil servants in the Department will be included in the initiative in the next phases.

The Department also led the national, system-wide response to the Francis Inquiry: the initial response *Patients First and Foremost* was published in March 2013, with a fuller response *Hard Truths: the journey to putting patients first* published in November 2013 answering all 290 recommendations made by the Inquiry. The Department coordinates the on-going programme of implementation.

Strengthening social care, public health and inspection

The Care Bill, currently in Parliament, will help to ensure that the people who need protection and support are able to access it, that people's rights and those of carers are protected, and that care costs are capped.

Public Health England (PHE) took on its full range of responsibilities on 1 April 2013 and the transfer of local public health responsibilities to local government proceeded as planned, with no significant national service delivery issues. PHE has made early progress with national health promotion campaigns such as 'Stoptober', a 28 Day Stop Smoking Challenge, whilst picking up significant national health protection responsibilities.

Care Quality Commission (CQC), the national inspectorate for health and social care has been strengthened - three Chief Inspectors were appointed in 2013 and a new system of professional inspections and ratings is due to be implemented.

Promoting integrated care

As part of a programme to accelerate change so that health and care is more integrated around the needs of individuals, the Department in 2013 launched (a) the 'pioneers' project, funding schemes in 14 areas of England to test different models of integrated care and (b) the Better Care Fund that will create £3.8 billion worth of pooled budgets between local authorities and Clinical Commissioning Groups to support the commissioning of more joined up care for local populations (notably, both initiatives reflect strong joint working between DH and DCLG).

Health's contribution towards economic growth

Examples of recent action include:

- Championing UK strengths in technology and life sciences: e.g. through the delivery of the joint NHS/DH Strategy for UK Life Sciences; through securing a new pricing settlement for drugs alongside agreement to the evolution of the NICE process that offers price certainty and supports innovation while capping growth of the drugs bill.
- Establishing Genomics England Ltd to take forward the sequencing of 100,000 whole genomes over the next 3-5 years.
- Reducing direct costs to taxpayers caused by ill health: the Department is piloting new approaches to promote health and work, for instance through the development, piloting and evaluation of integrated psychological therapy and employment services, to bolster employment of people with mental health problems.

The DH's international role

In the last two years, notable successes include: securing international support to bring a Resolution to the 2014 WHO World Health Assembly on antibiotic microbial resistance, co-produced by the UK and Sweden; and the recent Dementia Summit, held as the last event of the UK's G8 presidency.

In partnership with NHS England and UK Trade & Investment (UKTI), we set up Healthcare UK to deliver an international trade and marketing focus for aligning UK organisations and institutions, both NHS and independent, with healthcare opportunities across the globe.

Improved governance and assurance

The Health and Care System Leaders' Forum, chaired by the Permanent Secretary, was established in 2013 and meets monthly. It brings together, with leaders in the DH, the Chief Executives of the eight Arm's Length Bodies (ALBs) which provide national leadership to the system: NHS England, Monitor, the NHS Trust Development Authority, the Care Quality Commission, Health Education England, NICE, Public Health England and the Health and Social Care Information Centre. As well as providing a mechanism for near term problem resolution, the forum allows for development of shared context and direction. It also oversees and assures progress in other joint, cross-cutting groups on workforce, informatics, quality and finance.

The Department has established 15 dedicated sponsor teams, one for each of its ALBs. Over sixty ALB accountability meetings took place between April 2013 and January 2014 (14 of which involved Ministers). There is a programme of professional development and improvement for the sponsor teams.

Internal assurance arrangements have been strengthened by the introduction of formal Quarterly Core Accountability Reviews (QCARs), whereby each DG is held to account by the Permanent Secretary for delivery of objectives across all areas of the business. All senior civil servants contribute to the QCAR process.

The Departmental Board and the Executive Board have developed their respective roles over the course of the last year or so, strengthening oversight of the system, and providing insightful challenge and support to the Department's senior leaders in improving their collective stewardship.

Effectiveness as a Department of State

Even during the transition, the Department maintained its high performance in serving Ministers and the public, answering 98% of correspondence and 100% of Freedom of Information requests within 20 days, and continuing to be placed at the top of the parliamentary question performance table (currently answering 99% of parliamentary questions within the agreed time). Coordinating the response to the Francis Inquiry, and ensuring its 290 recommendations were addressed in a timely fashion, is another example of the Department demonstrating its responsiveness and agility.

Staff engagement

Engagement levels of DH staff dipped slightly in 2012, but on the whole have held up through all the change. Recent data for autumn 2013 shows improvement with the engagement index rising from 53% in 2012 to 57% in 2013 and there were positive responses across many domains. The staff survey results are always used to target further improvements at corporate level, and teams across the Department have used the results to inform local action plans. The priority area over the coming year will be to improve the clarity of organisational objectives and purpose.

Stakeholder perceptions

In the DH annual stakeholder survey of July 2013 the percentage of stakeholders responding positively to the statement 'DH is a good organisation to do business with' rose to 78% from 57% in 2009. Stakeholders hold the Department's civil servants in high regard, praising their professionalism, work ethic and commitment, particularly whilst the challenges of transition were worked through. However, feedback pointed towards the Department needing to embed stakeholder engagement more firmly within its culture, practices and communications. Stakeholders also asked for a clearer explanation of the DH's unique role in the new system.

Departmental Board effectiveness

The Board effectiveness review carried out in November 2013 concluded that the Departmental Board has made good progress and the effectiveness of the Department's governance had increased. In particular the quality of the quarterly performance data pack had improved significantly. This puts the Board in a good position to focus more on the wider health and care system, develop its relationships with Arm's Length Bodies (ALBs) and collaborate more with wider Government agendas. The Board agreed an action plan the key elements of which are incorporated into this Plan. Learning from this process is also being fed into the development of the Boards of our ALBs.

Combining evidence from: these assessments, the staff and stakeholder surveys and the Departmental Board effectiveness report, and linking them to evidence from the workshops and discussions underpinning this plan, there are strong emerging themes about where the department needs to make improvements – they are as follows:

- ensuring a clear understanding of strategic challenges and priorities
- putting sustained effort into direction setting and achieving strategic alignment between the key national players in the health and care system for which the DH has responsibility
- being clearer about the Department's role and purpose and communicating this effectively
- improving the visibility, influence and effectiveness of the Departmental Board
- developing effective long term relationships and sponsorship mechanisms
- ensuring that there are effective mechanisms to champion stakeholder and the public voice
- creating better alignment and oversight across the health and care system
- improving strategic communications
- ensuring robust and open accountability is in place
- focussing more on staff – their skills and capabilities – as well as on talent management and succession planning.

The broad conclusion from this exercise is that DH's improvement action now needs to focus on three things – becoming a better health department; becoming a better department of state; and building the skills and resilience of staff – all of which are reflected in the following action plan.

2. Improvement Plan

This **Departmental Improvement Plan** sets out the priority areas for improvement that the Department will address over the coming two years, so that it can become a better health department and a better department of state; and build the skills and resilience of staff.

The Department is pursuing actively the **Civil Service Reform** (CSR) agenda, contributing to the creation of a civil service that is fit for the 21st century. For DH this means focussing improvement on the key CSR initiatives which will make a significant difference to the way we work: improved capability; more project based working; a more modern workplace; more digital ways of working; more sharing of 'back office' services; more open policy making; and a focus on values and behaviours.

The actions set out in the Departmental Improvement Plan are structured around the seven functions of **stewardship**, and the four themes of civil service reform (more digital, more skilled, better policy making, unified open and accountable).

This plan sits alongside the **Our DH Programme**, which is the principle improvement programme in the Department, designed to ensure that DH:

- is unified, open, and flexible and less bureaucratic so that staff can get things done efficiently and effectively with clear accountability;
- has the right capability to discharge its functions as a Department of State and steward of the health and care system.

This improvement plan is in two parts. First, the actions we will take in 2014/15 to get better at our role as a leader of the health and care system, explaining in greater detail than before what is meant by "stewardship". Second, the actions we will take in 2014/15 on our internal efficiency, capability and skills development. In the chapter which follows, we set out the metrics that we will use to measure improvement.

What this means for me as a Civil Servant in the Department of Health

This means that each of us should be able to:

- understand and articulate the role and purpose of the Department;;
- ensure that we are in touch with the experience of patient and services, and understand the role of our partners in the health and care system;
- explain how our own work fits in to the purpose and business objectives of the Department
- strengthen our skills as policy makers, producing policy of a high standard that is open, professional, and reflects the realities of people's experience of health and care;
- use digital skills so that we work effectively and efficiently; and
- take personal responsibility to develop the skills that are essential to the civil service of the future.

Becoming a better health department

The Department is in the process of establishing its role as steward of a new health and care system at a time when the health and care system itself is changing and budgets are getting tighter. To help to answer the question “what does the DH do?”, we have adapted a model of stewardship developed for health departments by the World Health Organisation. This will be used as a basis for promoting a better understanding of DH’s role in the system, and will serve as a model to help focus improvement actions. The following actions are categorised under our seven functions of stewardship:

- the **generation of intelligence and formulation of strategic policy** so the effectiveness of the health and care system and current and future needs of patients and service users are understood and can be responded to
- **securing and allocating money and resources** so that the right services can be made available and priorities met
- **ensuring tools for implementation and building coalitions and partnerships** so that the system works together effectively, remaining focussed on patients and services users
- **ensuring alignment between objectives, structure and culture and ensuring accountability** so that there is assurance that the needs of patients and services users are being met effectively and that both the architecture of the system, and the culture displayed by people within it, work to this end

BECOMING A BETTER HEALTH DEPARTMENT

1. Generation of intelligence

The analysis of trends in health, health system performance, and context. Examination of evidence and international experience of how other countries are tackling similar health issues.

How are we doing?

The Department regularly undertakes horizon scanning of emerging health issues and trends and is involved in international collaborations with OECD, the WHO and the European Observatory on Health Systems and Policies. The Department also commissions independent research and evaluation of significant policies and health reforms to inform future policy making.

The trends that will affect health in the longer term are well understood but there is a need to update evidence on how the English system performs, what needs to change, and how change can best be delivered.

Action 2014/15

Complete a comprehensive programme of strategic projects (working with ALBs), looking to 2020 and beyond.

Take a leading role in the Government Oversight of Scanning the Horizon (GOSH) group.

Review our international collaborations to ensure they achieve value for money whilst giving policy teams access to learning from international comparisons and best practice.

2. Formulating strategic policy

Articulation of goals and objectives for the health and care system, and definition of roles. Setting strategic direction and guidance on priorities.

How are we doing?

Ministers have identified clear priorities for 2014/15, but the Board's strategic vision could be clarified and communicated more strongly.

The Department has three outcome frameworks in place for NHS, public health and adult social care, and clear mandates are in place for NHS England and Health Education England. However, more needs to be done to achieve significant alignment across the system, particularly with Public Health England and with regulators and providers.

People Survey results demonstrate improvements in the understanding of the Department's role and purpose but there is work to be done to articulate this more clearly and communicate it both within and outside the Department, particularly amongst ALBs and partner organisations.

Action 2014/15

Develop and articulate a clearer vision of the health and care system in 2020 and beyond, building on outputs from the strategy work programme.

Increase alignment between the outcome frameworks and ensure they are refreshed to reflect current priorities.

Implement a new communication campaign on DH role and purpose, with a particular focus on external stakeholders.

3. Securing and allocating money and resources

Securing and allocating resources to meet health and care priorities and ensure delivery of services.

How are we doing?

The Department has continued to secure and allocate resources, and now sets priorities through annual business plans for ALBs.

There is system wide work underway on ensuring financial sustainability.

Action 2014/15

Improve our modelling capabilities to support macro level decision making on funding and allocation of resources.

Review all central budgets to maximise resources for frontline services.

Provide rigorous assurance of progress on delivering SR13 savings, and explain how DH action on centrally led saving will help alleviate pressure in 2015/16.

Work with the DH Arm's Length Bodies to manage system wide financial risks.

4. Ensuring tools for implementation

Setting rules, incentives and sanctions, and addressing mismatches in roles and responsibilities. Defining and protecting the rights and responsibilities of the public in relation to health and care

How are we doing?

The transition to the new health and care system has meant changes to rules, incentives and sanctions are required. The effectiveness of these will need to be monitored as the system matures and action will need to be taken to address any imbalances.

The NHS Constitution clearly sets out people's rights and responsibilities for healthcare and all organisations are legally required to take these into account.

Action 2014/15

Put in place a programme to evaluate the impact of the 2012 Act.

Ensure healthcare providers have the right incentives by:

- reviewing the operation of the failure and special measures regimes to ensure that they work effectively
- working with Monitor and NHS England to ensure payments for providers encourage sustainability
- completing a review of capital funding with Monitor to ensure that it supports the right investment in the right places at the right time

Implement the recommendations of the Informatics Governance and Accountabilities Review. Establish statutory and operational measures to facilitate secure data sharing across the health and care system, with HSCIC providing the lead.

Support preparation for the use of the Better Care Fund in 2015/16, ensuring that the payment by results incentives will aid effective implementation.

Commission from the Local Government Association a tailored support and improvement programme for local government in relation to their public health responsibilities.

The Department will hold system partners to account for ensuring the NHS Constitution is embedded in how they operate. Embedding will result in better informed patients, who will know about their rights and be able to challenge poor care, so that their experience is improved.

5. Building coalitions and partnerships

Forming the partnerships that are necessary for the health and care system to be effective.

How are we doing?

DH has established strong early relationships with its ALBs. System leaders meet regularly. Cross-system partnerships and joint-working could be enhanced by promoting the interchange of staff between organisations.

Relationships with a wide range of stakeholders are generally positive but action is required to clarify the role of DH and to involve stakeholders more systematically in our work.

Action 2014/15

Develop a future programme for the Health and Care System Leaders Forum and for the groups it sponsors, bringing together system leaders to address issues of common purpose and to secure stronger alignment

Conduct an audit of the Department's sponsorship arrangements and then address any weaknesses and build on strengths.

Make secondments and other exchanges between staff in the Department and other partners in the health and care system easier and more common.

Conduct a survey of external stakeholders and implement findings to improve the way we involve stakeholders in our work.

6. Ensuring alignment between objectives and structure & culture

Ensuring clear lines of communication and reporting. Ensuring that overall system architecture fits with current policy objectives, and the creation of a culture that fosters innovation and improvement.

How are we doing?

The DH focus is shifting from handling the legacy of transition towards developing a leadership and management culture that fosters innovation and builds capacity. There are greater opportunities for open and constructive dialogue, support and challenge between system leaders.

The recent Communications Capability Review concluded that the DH had one of the best communications operations in Whitehall but made recommendations for action in areas of long term strategic communications, improving links between stakeholder engagement activity and communications, and encouraging more integrated working with ALBs.

Action 2014/15

Review and revise the web presence of DH and its ALBs to ensure there is greater clarity over who does what.

Organise seminars and other events for Chairs and Non Execs of DH and ALBs to support their development and allow best practice to be shared.

Schedule visits of the Departmental Board to local health and care economies to see how organisations are working together and responding to DH policy in practice.

7. Ensuring accountability

Ensuring accountability, openness and responding to public scrutiny

How are we doing?

The Department reports regularly on performance and has published progress against the Departmental Business Plan, Structural Reform Plan, and spending data. Since 2010, the Department has produced three Outcome Frameworks relating to adult social care, public health, and the NHS. The Department's Mandate to NHS England is also published annually, setting our ambitions for the health service and promoting accountability.

Ministers are committed to greater transparency and have made more information available about health outcomes and the quality of local services. Examples of initiatives promoting the transparency agenda include: the publication of consultant level outcomes data for a number of surgical specialties; the extension of the 'Friends and Family' test; and the publication of data on Public Health England's 'Longer Lives' website.

The NAO, since 2010, has produced 19 value for money reports on DH, and 22 cross-Government and general reports with relevance to DH. Twenty more reports are scheduled, including cross-Government reports. Further scrutiny is provided by the Health Select Committee.

The Department maintains high levels of performance on responding to PQs, FOIs and other correspondence, and supporting parliamentary business.

Action 2014/15

To be transparent, DH will publish:

- Outcomes Frameworks and regular data on the indicators contained within them
- National mandates for NHS England and Health Education England
- Revised framework agreements, setting out ways of working and specific accountabilities
- Minutes of formal Ministerial Accountability meetings with ALBs
- Secretary of State's Annual Report
- Information required to meet cross-government transparency requirements.

Review and refresh the Outcomes Frameworks, and expand the availability of data to support the assessment of equalities and inequalities.

Respond constructively to Public Accounts Committee and Health Select Committee inquiries on a wide range of issues including hospital waiting times, out of hours services, social care, maternity services and emergency admissions.

Becoming a better department of state, and building the skills and resilience of staff

The Department needs to ensure that it is fit for purpose now, and fit for the future. It needs to build on the strengths of all the improvement work up to and since the transition, but also take into account the feedback received whilst preparing this new improvement plan. The actions the Department will take to become a better part of Government and of the civil service fall under the themes of Civil Service Reform:

- More digital
- More skilled
- Better policy making
- Unified, open and accountable

BECOMING A BETTER DEPARTMENT OF STATE , AND BUILDING THE SKILLS AND RESILIENCE OF STAFF

- 1. More digital:** People expect high quality, effective digital services with public services delivered online. To deliver this, DH civil servants need to have the right digital skills and need to be led by example.

How are we doing?

The Department's digital strategy is well established and sets out a 'digital first' approach that can save time and money whilst improving the quality of service. The Department is seen as an exemplar and leader across Government in this area. Further progress will help ensure future resilience and flexibility and assist with the drive towards new and innovative ways of working.

Action 2014/15

Implement the Department's digital strategy, specifically:

- Deliver the Digital Capability Plan
- Roll out the DH 'Digital Champions' programme to an initial group of 70 members of staff, and empower them in turn to train a significant further number of staff on basic digital skills and the Digital by Default agenda during 2014-15.
- Deliver a programme of digital leadership masterclasses
- Establish an internal Digital Services team in 2014, bringing digital expertise in house, enabling core digital products and services to be delivered and supported within the department.

2. More skilled: The Department needs to continue to build its capability and skills base even further to meet the challenges of the future.

How are we doing?

The Department has been building on work to deliver a more skilled and capable workforce. As part of the Civil Service Capabilities Plan, the departmental change programme, and using outputs from the Annual Skills Review, the Department has initiated a 'Growing Capability' project which includes nine strands including leading and managing change, programme and project management, people management etc. Skills gaps have been identified in some areas and actions to strengthen capabilities to address these gaps are underway.

Since January 2014, the e-induction and corporate induction event have been refreshed and re-launched; 230 Grade 6 / 7s have attended the Future Engage Deliver workshops; 705 people have attended performance management sessions with 671 attending bespoke performance management workshops; 7 managers have gained places on the Future Leaders and Senior Leaders high potential development schemes; all line managers have taken on board 6 core people management commitments as a personal objective with the aim of ensuring everyone experiences excellent line management; every person has been given 5 days for development every year.

Action 2014/15

Deliver actions set out in the 'Growing Capability' project, including:-

- follow-up development session for all Grade 6s/7s on leading and managing change;
- introduction of a finance mentoring scheme;
- more flexible deployment of analysts, including work with ALBs.

Refresh the Annual Skills Review and use outputs to shape the 'Growing Capability' project.

Embed the 6 core people management commitments so that this approach becomes routine.

Deliver a campaign to promote Civil Service Learning.

Work with Learning and Development Ambassadors and Union Learning Reps to develop a culture of self-led learning.

3. Better Policy Making: Policy making is a key skill in the Department as it is in the wider civil service. The Department needs to continue to take action to professionalise its policy making.

How are we doing?

Actions to improve the professionalism and openness of policy making are underway, based on the cross-civil service initiative *Twelve actions to Professionalise Policy making*. DH is focusing on introducing policy tests to increase consistency in the quality of policy making and developing a skills and knowledge curriculum.

DH is also implementing steps to ensure advice is grounded in the realities of patient and service users' experience of health and care.

Action 2014/15

Introduce and embed DH policy tests.

Run the first week-long DH Policy School.

Re-tender for the positively evaluated 2-year MSc Health policy course

Expand the roll-out of the DH 'connecting' initiative to all policy teams.

Implement new processes for conducting Impact Assessments and implement the recommendations of the Macpherson Review

4. Unified, open and accountable: The Department needs to become more open and less bureaucratic so that its civil servants can get things done efficiently and effectively with clear accountability.

How are we doing?

DH established the “Connecting Programme” to ensure that staff are connected to the health and social care system – helping to shape the values and behaviours and improve policy making. Senior civil servants in DH have already spent over 1,000 days connecting with front line services.

We have also implemented a robust governance structure which ensures our decision making forums are visible in the DH. This includes examination of cross-system performance which is reviewed regularly by the Executive Board and Departmental Board, and includes cross-system leadership forums covering informatics, workforce, quality and finance.

Action 2014/15

Increase the number of organisations involved in the ‘Connecting Programme’ and include policy makers from all grades as well as SCS.

Develop a new operating model based on flexible resourcing of policy work that will enable the Department to be more agile, to respond efficiently to ministerial priorities and work within the administration cost envelope

Manage staff transition into the new operating model by March 2015

Engagement and communication plan to support the introduction of the new operating model.

3. Metrics to Measure Improvement

The following table summarises the improvements the Department intends to make, how progress will be monitored, and the action that will be taken should it appear that progress becomes delayed or impeded.

Improvement being made	Metric used to measure progress	Date to review metric & details of who undertakes review	Trigger that will signal mitigating action needs to be taken
Ensuring that the Department is a high performing health department			
1. Generation of intelligence			
Better understanding of long term trends	<p>Complete a comprehensive programme of strategic projects (working with ALBs), looking to 2020 and beyond.</p> <p>Take a leading role in the Government Oversight of Scanning the Horizon (GOSH) group.</p> <p>Review our international collaborations to ensure they achieve value for money whilst giving policy teams access to learning from international comparisons and best practice.</p>	<p>First outputs presented to the Departmental Board by July 2014</p> <p>Determined by meeting schedule</p> <p>Review in Summer 2014</p>	<p>Slippage against agreed milestones</p> <p>Relevant meetings not attended</p> <p>Slippage against review milestones</p>

2. Formulating strategic policy

<p>A more fully developed vision for the health and care system in 2020 and beyond, and clearer articulation and communication of the Department's role, purpose and vision</p> <p>Increased alignment between the outcome frameworks.</p>	<p>Develop and articulate a clearer vision of the health and care system in 2020 and beyond, building on outputs from the strategy work programme.</p> <p>Implement a new communication campaign on DH role and purpose, with a particular focus on external stakeholders.</p> <p>Increase alignment between the outcome frameworks and ensure they are refreshed to reflect current priorities.</p>	<p>Measured in July and October as part of the Department's pulse and people surveys.</p> <p>Feedback from the annual stakeholder survey (results expected by December 2014).</p> <p>Review at the point of the annual refresh in November 2014.</p>	<p>Survey results and feedback indicating that understanding of the Department's role, purpose and vision is not increasing.</p> <p>Survey results do not improve</p> <p>Number of shared indicators do not increase</p>
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3. Securing and allocating money and resources

<p>Continued controlled expenditure and greater assurance of sustainability.</p>	<p>Improve our modelling capabilities to support macro level decision making on funding and allocation of resources.</p> <p>Review all central budgets to maximise resources for frontline services.</p> <p>Provide rigorous assurance of progress on delivering SR13 savings, and explain how DH action on centrally led saving will help alleviate pressure in 2015/16.</p> <p>Work with the DH Arm's Length Bodies to manage system wide financial risks.</p>	<p>Feasibility study on models to support macro level decision making to be completed by July 2014</p> <p>Review undertaken by the Department and its Arm's Length Bodies, to be complete by autumn 2014 to inform budget setting for 2015-16</p> <p>Progress assessed regularly through to 2015-16 with assurance led by Ministers</p> <p>Progress assessed regularly through to 2015-16 with assurance led by Ministers</p>	<p>Action will be informed by outcomes of the feasibility study.</p> <p>Review not on track to deliver results to inform budget setting for 2015-16, including for NHS England in the mandate</p> <p>Efficiency savings not on track to deliver required level of savings required in 2014-15 and 2015-16</p> <p>Failure collectively to manage financial risks in the system, leading to risks of overspending or inefficient use of resources</p>
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4. Ensuring tools for implementation

<p>Assurance of the effectiveness of the operation of the system one year on from full operation</p>	<p>Put in place a programme to evaluate the impact of the 2012 Act.</p> <p>Ensure healthcare providers have the right incentives by:</p> <ul style="list-style-type: none"> • reviewing the operation of the failure and special measures regimes to ensure that they work effectively • working with Monitor and NHSE to ensure payments for providers encourage sustainability • completing a review of capital funding with Monitor to ensure that it supports the right investment in the right places at the right time <p>Implement the recommendations of the Informatics Governance and Accountabilities Review. Establish statutory and operational measures to facilitate secure data sharing across the health and care system, with HSCIC providing the lead.</p> <p>Support preparation for the use of the Better Care Fund in 2015/16, ensuring that the payment by results incentives will aid effective implementation.</p>	<p>Programme commissioned by summer 2014</p> <p>June 2014</p> <p>September 2014</p> <p>September 2014</p> <p>Progress against milestones reported weekly to senior Informatics Accountable Officer</p> <p>Metrics will be regularly reviewed over the course of 2014/15 and then from 2015/16 onwards once the Better Care Fund goes live. Progress will be reviewed by the Better Care Fund Steering</p>	<p>Programme not commissioned</p> <p>Reviews and assessments not undertaken</p> <p>Slippage against critical path</p> <p>Determined by the trajectory of progress against targets for metrics</p>
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	<p>Commission from the Local Government Association a tailored support and improvement programme for local government in relation to their public health responsibilities.</p> <p>The Department will hold system partners to account for ensuring the NHS Constitution is embedded in how they operate. Embedding will result in better informed patients, who will know about their rights and be able to challenge poor care, so that their experience is improved.</p>	<p>Group</p> <p>Programme will be in place from 1st April 2014 (continuing delivery of the 2013/14 programme)</p> <p>Progress assessed regularly through to 2015/16 via assurance processes</p>	<p>Delay in the commissioning of the programme at the start of 14/15 business year.</p> <p>Assurance of progress not received from system partners</p>
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5. Building coalitions and partnerships

<p>Stronger cross-system partnerships and joint-working, including development and implementation of an external stakeholder strategy, informed by an independent stakeholder survey.</p>	<p>Develop a future programme for the Health and Care System Leaders Forum and for the groups it sponsors, bringing together system leaders to address issues of common purpose and to secure stronger alignment</p> <p>Conduct an audit of the Department's sponsorship arrangements and then address any weaknesses and build on strengths.</p> <p>Make secondments and other exchanges between staff in the Department and other partners in the health and care system easier and more common.</p> <p>Conduct a survey of external stakeholders and implement findings to improve the way we involve stakeholders in our work.</p>	<p>On-going self-evaluation by members, and review of effectiveness by DH</p> <p>Internal Audit review to be undertaken, beginning in Q4, to provide assurance that sponsorship is embedded and that sponsors are meeting standards set</p> <p>Complete the review of the effectiveness of the cross system development programme by October 2014.</p> <p>December 2014: qualitative and quantitative results from an independent stakeholder survey presented to DH Executive Board.</p>	<p>Fewer members attending meetings, and same issues being discussed periodically without improvement in the service being seen</p> <p>Review will indicate whether sponsors are meeting standards and remedial action will be put in place</p> <p>Levels of secondees into and out of the Department not maintained.</p> <p>December 2015: no reported improvement in engaging stakeholders identified through the qualitative feedback, or no improvement / a fall in the percentage of people responding positively to the quantitative questions.</p>
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6. Ensuring alignment between objectives and structure & culture

<p>Development of, and greater co-working between, system leaders</p>	<p>Review and revise the web presence of DH and its ALBs to ensure there is greater clarity over who does what.</p> <p>Organise seminars and other events for Chairs and Non Execs of DH and ALBs to support their development and allow best practice to be shared.</p> <p>Schedule visits of the Departmental Board to local health and care economies to see how organisations are working together and responding to DH policy in practice.</p>	<p>On-going self-evaluation by members and review effectiveness of DH</p> <p>Quarterly throughout 2014-15</p> <p>October 2014</p>	<p>Fewer members attending meetings, and same issues being discussed periodically without improvement in the service being seen</p> <p>Feedback indicates that events are not meeting Chair / NED requirements.</p> <p>Feedback indicates that expectations are not met.</p>
<p>Increased clarity of roles of, and communication channels between, DH and its Arm's Length Bodies</p>	<p>Measurement of DH and its Arm's Length Bodies' digital services against the government's digital by default service standard.</p> <p>New or redesigned services will be assessed and given permission to proceed, or be asked to do further work.</p>	<p>A digital panel will make recommendations to the DH Digital Leader. Data will be published by the Government Digital Service and results will be reported quarterly by DH.</p>	<p>Failure to achieve the criteria in the digital by default service standard.</p>

Improving the Department as a Government Department

1. More digital

Implementation of the Department's digital strategy

Implement the Department's digital strategy, specifically:

- Deliver the Digital Capability Plan
- Roll out the DH 'Digital Champions' programme to an initial group of 70 members of staff, and empower them in turn to train a significant further number of staff on basic digital skills and the Digital by Default agenda during 2014-15.
- Deliver a programme of digital leadership masterclasses
- Establish an internal Digital Services team in 2014, bringing digital expertise in house, enabling core digital products and services to be delivered and supported within the department.

Review implementation of digital strategy according to milestones set out (Phase 1 – March 2014, Phase 2 – March 2015).

Milestones set out in strategy not met.

2. More skilled

Improved capability	Delivery of actions set out in the 'growing capability' programme, including a leading and managing change programme for all G6s/G7s	Capability measured using indicators from the annual skills review (August), DH pulse (July) and people (October) surveys.	Indicators show that capability is not improving.
Improved analytical capability	Completion of a review of the analytical capability and capability in the Department.	Review to be progressed according to agreed timescales	Review not progressed according to agreed timescales.

3. Better policy making

<p>More professionalised policy making by policy makers who are better connected to the experience of patients and service users</p>	<p>Introduce and embed DH policy tests.</p> <p>Run the first week-long DH Policy School.</p> <p>Re-tender for the positively evaluated 2-year MSc Health policy course</p> <p>Expand the roll-out of the DH 'connecting' initiative to all policy teams.</p>	<p>Policy tests to be launched by April 2014. Review by the DH Policy Improvement Team (March 2015) and cross-Government Policy Profession Board (April 2015). DH policy school is run and positively evaluated (September 2014). Successful re-tendering of the MSc in Health Policy course (May 2014).</p> <p>Number of days policy makers spend 'connecting' as part of the DH 'Connecting' programme and assessment of connection from DH pulse (July) and people (October) survey. Feedback from annual stakeholder survey (results expected by December 2014).</p>	<p>Assessment by Policy Improvement Team / cross-Government Policy Profession Board that activities are not increasing policy skills or improving policy advice.</p> <p>Perceptions that the connection between policy makers and patient and service user experience is not increasing.</p>
<p>Improved processes for analytical work</p>	<p>Implementation of new processes for conducting Impact Assessments (IAs).</p> <p>Implementation of the recommendations of the Macpherson Review</p>	<p>Analysts trained and using new IA process by Q2 2014</p> <p>All business critical models assessed and new modelling Quality Assurance (QA) in place Q2 2014</p>	<p>Continue to have majority of IAs red rated by the Regulatory Policy Committee (RPC)</p> <p>Models fail to meet standards</p>

4. Unified open and accountable

<p>Improve staff's understanding of front line services</p>	<p>Increase the number of organisations involved in the 'Connecting Programme' and include staff from all grades as well as SCS.</p>	<p>All details of initiative regularly monitored</p>	<p>Expectations not achieved</p>
<p>Efficient and agile operating model</p>	<p>Develop a new operating model based on flexible resourcing of policy work that will enable the Department to be more agile, to respond efficiently to ministerial priorities and work within the administration cost envelope</p> <p>Manage staff transition into the new operating model by March 2015</p> <p>Engagement and communication plan to ensure that staff are involved through the journey</p>	<p>Set of design principles agreed by DHLT by May 2014</p> <p>First set of Directorates moved into new operating model – Dec 2014</p> <p>Engagement plan in place in advance of first moves</p>	<p>Implementation of the new operating model delayed</p> <p>Delay in moving to new model</p> <p>Delay to plan</p>
<p>Continue to embed a quarterly accountability review process through which all teams are formally held to account up to perm sec level for each metric's performance</p>	<p>QCARs held every quarter</p>	<p>Review annually</p>	<p>One review missed for a directorate.</p>

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