1. Balancing the NHS budget and improving efficiency and productivity, ensuring that the NHS lives within its means and achieves the improvements needed for the NHS to be financially sustainable throughout this Parliament and beyond.

In 2016/17 NHS Improvement will **deliver**:

- Support to the provider sector to create a trajectory to cut the combined provider deficit not more than £580m, with a stretch target of £250m, in 2016/17 through effective deployment of the Sustainability and Transformation Fund and delivery of year one trust deficit reduction plans;
 - o agreeing financial control totals with individual trusts, which represent the minimum level of financial performance, against which their boards, governing bodies and chief executives must deliver in 2016/17, and for which they will be held directly accountable;
 - o introducing a new intervention regime of finance special measures which will be applied to trusts that are not meeting their financial commitments.
- A minimum of 2% improvement in NHS efficiency and productivity in collaboration with the Department of Health and NHS England, through measures that include implementing Lord Carter's recommendations and reducing agency spend by at least £1bn, with a stretch target of £1.2bn.

In 2016/17 NHS Improvement will **support**:

• NHS England initiatives to reduce appropriately growth in demand for secondary care services in 2016/17 from 2015/16 levels.

Between now and 2020 NHS Improvement will:

- Achieve and maintain sustainable, aggregate, financial balance within the provider sector from 2017/18;
- Implement the recommendations of the Carter Review and hold the provider sector accountable for delivering specific organisation-level efficiency gains;
- Deliver improvements in NHS provider workforce efficiency, in particular the use of agency staff;
- Improve property and estates utilisation and value for money across the NHS provider sector;
- Contribute to the DH-led programme to release £2bn in land sales and build 26,000 homes for key NHS staff;
- Increase NHS income, including capital receipts and income from charges for overseas visitors achieving up to £500m income from secondary care;
- Gear the payment system to optimise incentives for provider and commissioner efficiency improvements in 2016/17 and beyond.
- 2. The creation of the safest, highest quality health and care services, ensuring that all patients receive the same high standards of care, seven days a week. NHS Improvement

will have a key role in supporting the NHS to become the world's largest learning organisation, utilising all available sources continually to improve services and quality of care.

In 2016/17 NHS Improvement will **deliver**:

- An overall reduction in the number of providers in special measures for quality;
- An overall increase in the number of providers achieving a CQC Good or Outstanding quality rating;
- The first elements (pressure ulcers and falls) of a patient safety improvement programme to ensure that best practice and successful initiatives in NHS providers are shared and implemented by all;
- Assurance that rules governing patient choice operate to incentivise system behaviours in the interests of patients and work to ensure high quality patient care;
- Improvement resources to help equip providers to make safe staffing decisions.

In 2016/17 NHS Improvement will **support**:

• Implementation of agreed recommendations of the National Maternity Review in relation to safety and support progress on delivering Sign up to Safety.

Between now and 2020 NHS Improvement will:

- Support the rollout of the four clinical priority standards for 7-day services in all relevant specialities for 25% of the population by March 2017, 50% by March 2018 and 100% by March 2020;
- Support providers to improve patient safety and create an effective learning culture among providers;
- Support providers in undertaking technological and digital transformation, in order to improve safety and quality of care and improve productivity;
- Encourage and incentivise a stronger culture of research within the provider sector to realise financial and quality benefits;
- Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps leading to measureable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care:
- Support trusts to achieve a significant reduction in avoidable deaths, through improvements in recording of avoidable deaths and in governance and clinical leadership to achieve measurable reduction;
- A patient safety improvement programme to ensure that best practice and successful initiatives in NHS providers are shared and implemented by all.
- 3. Maintain and improve operational performance ensuring the NHS has the capacity and capability to continue to perform well during this Parliament and is

able to deal with any rises in demand such as over the winter months.

In 2016/17 NHS Improvement will **deliver**:

- A substantial overall improvement in winter performance against the four hour operational standard;
- Support for providers in achieving the new standards for early intervention in psychosis and for access to psychological therapies or 'talking therapies';
- Support for providers in improving performance against waiting time standards which are not being met and sustaining performance against all other core standards, including the referral to treatment (RTT) standard, the eight cancer waiting time standards, the diagnostic test waiting time standard and ambulance response time standards.

Between now and 2020 NHS Improvement will:

- Reduce inequalities in access, in line with NHS Constitution standards;
- Ensure that at least 95% of people attending A&E departments are assessed and discharged or admitted within four hours;
- Ensure that 92% of patients on incomplete non-emergency pathways to have been waiting no more than 18 weeks from referral and that no-one waits more than 52 weeks.
- **4. Strategic change aligned with the Five Year Forward View** ensuring greater integration across the provider sector, including working with communities to develop new models of care that are tailored to meet local needs, and effective proportionate access to urgent care 24 hours a day, seven days a week.

In 2016/17 NHS Improvement will **deliver**:

 As part of the New Care Models programme an approach to accredit foundation groups/ hospital chains to support quality and productivity improvements across the sector, including enabling strong providers to extend their successful operating models more widely, without detracting from meeting agreed trajectories for national standards.

In 2016/17 NHS Improvement will **support**:

- The creation of the new models of care set out in the Five Year Forward View, including breaking down barriers between GPs and hospitals, physical and mental health, and health and social care, and to reducing inequalities in access and outcomes:
- Work with NHS England and other NHS partners to develop and implement city and county-wide devolution deals;
- Work across the system to ensure parity of esteem between mental and physical

health;

- Providers to deliver the national plan to transform care for people with learning disabilities;
- Progress in health and social care integration in every area of England;
- Providers in building capability when considering strategic change for effective engagement with patients and local communities, particularly from diverse or disadvantaged communities.

Between now and 2020 NHS Improvement will:

- Support the offer for all providers in enhancing their contribution to preventing ill health, improving population health outcomes and reducing health inequalities, including in their role as employers.
- 5. Leadership and improvement capability ensuring NHS providers are able to recruit and retain high quality individuals and building NHS Improvement as a support organisation for NHS providers that can effectively drive the sharing of best practice and ensures providers are implementing methods of continuous improvement.

In 2016/17 NHS Improvement will **deliver**:

- Improvements in the collection and use of cost data through further roll out of
 patient-level costing in line with the Carter recommendations, including working
 with providers on standards supporting patient-level costing, expanding the
 current patient-level cost collection, and feeding back benchmark data to
 providers;
- Improved controls and benchmarked pay ranges for Very Senior Manager pay;
- Guidance to Trusts and Foundation Trusts on off-payroll office holders;
- The publication and ongoing delivery of actions from the National Leadership Development and Improvement Board's strategic framework for leadership development and improvement, including specific actions to ensure NHS organisations have up to date and robust succession plans, supported by regional and national talent boards

In 2016/17 NHS Improvement will **support**:

- Providers, in conjunction with Health Education England to ensure sufficient staff numbers within the NHS provider workforce;
- The implementation of relevant recommendations made by both the Lord Rose and Smith reviews;
- The Department to develop a framework to govern/ guide VSM pay in all NHS Trusts and Foundation Trusts.

Between now and 2020 NHS Improvement will:

• Deliver an increase in the average tenure of NHS provider CEOs, and improve the pipeline of CEO Director of Finance and Chief Operating Officer applicants

through proven talent management approaches and succession planning;

- Develop metrics in partnership with Health Education England and the Care Quality Commission, to assess NHS leadership capacity in line with the measures set out in the Single Oversight Framework;
- Deliver improvements to leadership and senior management capacity in the provider sector, such that operational and organisational challenges are matched to talent, experience and merit;
- Implement the national VSM pay framework to ensure better control of VSM pay in NHS Trusts and Foundation Trusts and support the Department in delivering existing and future Government policy on executive pay in the public sector.