Our health and care system requires radical, far-reaching change to ensure we continue to provide high quality, affordable services, free to people at the time and point of need.

Given the context - no significant growth in resources and major system change – we need an integrated, systematic approach to large scale change. Improvement services are a critical component in the mix, but four additional components are necessary to:

1. Build on and strengthen everything we have learnt in the past 15 years about how to successfully deliver change across the whole system.
2. Make better use of existing resources, teams and organisations that support improvement at a national level, to generate savings where possible and build alignment between local and national action.
3. Coordinate improvement resources at a national level to align for the first time with the key strategic priorities identified by the NHS Outcomes Framework and NHS England, and ensure that improvement resources have the greatest possible impact.
4. Redevelop and reposition improvement services, reflecting the radically changing context, to create an improvement resource for the health and care system that is world class and sustainable in the long term.

From 1 April 2013, NHS Improving Quality (NHS IQ), as part of NHS England, will be the driving force for improvement across the NHS.

In establishing NHS IQ, we have taken on board the lessons of history and the experience of previous national improvement teams. We recognise that for the new organisation to succeed it must been seen as distinct from all that has gone before, building on the legacy of successful work but signalling a new approach that reflects the current challenges facing the NHS.

NHS IQ brings together a wealth of knowledge, expertise and experience, while establishing a new vision and re-shaping the healthcare improvement landscape.

I hope we can work together to seize this new opportunity and help transform the NHS into a healthcare system that every single patient and member of staff can be proud of.

Julian Hartley, Managing Director
About us

Our purpose is a straightforward one – to provide improvement and change expertise to support the health outcomes for people across the NHS in England.

Our aims

We aim to:

• Support the delivery of the NHS Outcomes Framework by designing and commissioning improvement programmes, focusing on its five domains:
  1. Preventing premature deaths
  2. Long term conditions
  3. Acute care
  4. Experience of care
  5. Safety.

• Ensure that NHS England has a single improvement methodology to enable it to continuously improve its own processes and be the most effective commissioner of health care services.

• Support the regional and area teams of NHS England in driving improvement and transforming local health systems.

• Ensure that the improvement requirements of Clinical Commissioning Groups, Commissioning Support Units and Strategic Clinical Networks are met.

• Support the wider NHS system in particular the NHS Trust Development Authority and Academic Health Science Networks in delivering improvement goals to support transformation.

Our strategic priorities

We have two overarching priorities:

1. To drive the implementation of the NHS Outcomes Framework through effective improvement programmes.
2. To build improvement capacity and capability across the whole of NHS England.

To achieve these priorities, we have identified the following key programmes of work. Further details of specific work programmes for 2013/14 can be found in Appendix 1.

Table 1: Our improvement programmes

| Domain 1: | 1. NHS Health Check - a risk assessment available to all eligible adults in England in primary care and community settings |
|          | 2. Improved public awareness and early diagnosis |
|          | 3. GP engagement in the big killers (cancer, heart disease, stroke, respiratory, liver disease) |

| Domain 2: | 4. Long term conditions evidence based tools |
|          | 5. Day and night integrated person centred care pathways for the frail elderly, mental health, dementia and end of life care (seven day services) |

| Domain 3: | 6. Optimising primary care, assessment and diagnosis, enhanced recovery, reablement and rehabilitation for all scheduled and unscheduled care (seven day services) |
|          | 7. Rural and remote review to improve access to care and support for those living in rural areas (including Accident and Emergency [A&E]) |
|          | 8. Children and young people’s transition to adulthood services |

| Domain 4: | 9. Experience of care – to ensure that it is central to commissioning and care delivery |

| Domain 5: | 10. Safety design and application - developing a new improvement system for safety across the NHS |

| 11. Transformational capability building within Clinical Commissioning Groups |
| 12. Capability building for primary healthcare providers |
| 13. Transformational capability building within NHS England |
| 14. Whole system transformational capability building |
Our values

Our core values at a national and regional level are aligned with the NHS Constitution and our pride in what we do, working for current and future patients and the public in England. We fully commit to promote and uphold the values of the NHS Constitution in all that we do, which are:

- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts.

NHS IQ will set an example by being an excellent employer in our own right. As an organisation committed to each and every one of our employees, we seek to promote and support the NHS Constitution pledges to staff, which are:

- To provide all staff with clear roles and responsibilities and providing rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- To provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.
- To provide support and opportunities for staff to maintain their health, well-being and safety.
- To engage staff in decisions that affect them and the services they provide individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

We support NHS England by equipping its staff with the skills and capabilities linked to the NHS Change Model and a single improvement methodology for commissioners, to lead transformational change and apply it in their roles every day. This will be achieved through initiatives as part of NHS England:

- In 2013/14 every senior leader of NHS England will be offered the opportunity to be a role model of transformational leadership by undertaking an accredited improvement capability building programme and demonstrating skills and knowledge. This process will involve one-to-one coaching, access to industry experts and the undertaking of an improvement assignment to apply and demonstrate skills in improvement and innovation.
- All NHS England area teams will be offered the opportunity to build capability for transformational change. This will focus at both an individual and team level through senior team coaching, development of communities of transformational leaders, master classes, assessed improvement projects and action learning sets.
- All NHS England staff will have access to a foundation level, e-learning programme to ensure everyone who works for NHS England has basic capability in the NHS Change Model and improvement methodology for commissioners.
How we work

Our operating model

NHS IQ has been established under the terms of a three year agreement between the Department of Health and NHS England, who will host the organisation and employ our staff.

For the first time the NHS will have an improvement body fully aligned to its commissioning priorities as expressed through the NHS Outcomes Framework. The operating model of NHS IQ is different to previous improvement organisations in that we:

• Are fully aligned to and hosted by NHS England and designed to identify and respond to its improvement requirements.
• Are a smaller organisation than previous improvement bodies, consisting of approximately 70 staff with a focus on designing improvement interventions and commissioning these through a range of delivery partners.
• Have a whole system responsibility as described in the Memorandum of Understanding with the Department of Health, including offering improvement support to NHS organisations and networks.
• Bring together the key stages of the improvement cycle; creating a forward view, proof of concept and testing, designing for delivery, and delivery and deployment that is done through a range of delivery partners.
• Have geographical reach to support NHS England regional and area teams and Clinical Commissioning Groups (CCGs).
• Support challenged NHS organisations through NHS Interim Management and Support (NHS IMAS), which forms part of NHS IQ.

Our improvement cycle

We use an improvement cycle consisting of five key components which reflect our focus and core capabilities:

• Creating a forward view - acting as a resource for the whole system, providing compelling insights into new ways of thinking and doing things and translating and synthesising them for the NHS system, directing attention to issues that matter.
• Proof-of-concept - testing and validating innovative concepts to transform service delivery at scale, co-creating new approaches with clinical and managerial leaders, clinical teams, service users, NHS partners and the design community.
• Designing for delivery at scale - rapid cycle times of improvement products, programmes, methodologies, skills and tools in ways that deliver maximum improvement at lowest cost, aligning all the key components of change outlined in the NHS Change Model.
• Delivery and deployment at scale - through and with delivery partners drawn from the NHS, the voluntary and independent sectors, providing a conduit for NHS organisations to identify and access high-quality, cost effective support for innovation and improvement.
• Rapid sharing and spread of improvement knowledge and expertise, both implicit and explicit, through networks, web-enabled platforms, good practice databases, social media, traditional publication routes, dissemination measurement, validation and accreditation.
Our delivery partners

We will establish a range of delivery partners, commissioned by NHS IQ to support NHS organisations in delivering improvement - one of which is our Delivery Team.

Set up to ensure that the necessary capacity exists from 1 April 2013 to deliver results, the Delivery Team comprises approximately 200 staff skilled in improvement from across our predecessor legacy organisations, which are:

- National Cancer Action Team
- National End of Life Care Programme
- NHS Diabetes and Kidney Care
- NHS Improvement
- NHS Institute for Innovation and Improvement

The Delivery Team is hosted by NHS England, which will employ the staff until 31 March 2014.

In addition to our identified improvement and capability key programmes of work previously mentioned, the Delivery Team is also completing existing work commitments initiated by our predecessor legacy organisations. Table 3 lists the eight pieces of work which have been identified as guaranteed to realise significant benefits within the next 12/18 months:

Table 3: Completion of existing commitments

<table>
<thead>
<tr>
<th>Work area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventional radiology</td>
<td>All acute trauma sites will have clear plans in place to deliver 24/7 services moving from red/amber to green</td>
</tr>
<tr>
<td>Endoscopy: reducing waiting times</td>
<td>20% increase in capacity across 20 acute sites for the increased demand for bowel screening producing Productive Endoscopy series for commissioner and/or providers across England</td>
</tr>
<tr>
<td>C-PORT and R-PORT</td>
<td>Global commercialisation of the chemotherapy and radiotherapy capacity planning tools with the potential for significant income for the NHS over a 10 year period</td>
</tr>
<tr>
<td>Children and young peoples’ survivorship</td>
<td>Complete roll out of three pathways, defined models of aftercare and 10 recommendations across 19 paediatric and 13 teenage and young adult centres</td>
</tr>
<tr>
<td>End of life care: EPaCCS</td>
<td>By 2015 there will be 70% rollout of Electronic Palliative Care Coordination Systems (EPaCCS) across England (baseline 15%)</td>
</tr>
<tr>
<td>End of life care: Transforming acute hospitals</td>
<td>By 2014 rollout to 80% acute trusts, to increase deaths in usual place of residence from 39% to 47% by 2015</td>
</tr>
<tr>
<td>Children and young peoples’ IAPT</td>
<td>Children and young peoples’ improving access to psychological therapies (CYP IAPT) project aims to include services covering 60% of 0-19 population by 2015</td>
</tr>
<tr>
<td>Peer review</td>
<td>Continuation of existing team focussed on cancer peer review and paediatric diabetes across England</td>
</tr>
</tbody>
</table>
Table 4 identifies the special projects that the Delivery Team is undertaking which are likely to be 3-6 months in duration. These are bespoke areas of work which require a review, recommendations and plans for the future.

<table>
<thead>
<tr>
<th>Work area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Clinical Network/senate support</td>
<td>Support for the establishment and alignment of four new Strategic Clinical Networks/senates across England to the improvement agenda</td>
</tr>
<tr>
<td>Future Delivery Team options appraisal</td>
<td>Completion of an options appraisal to identify and recommend the future options for the improvement Delivery Team with specific reference to regional based teams and the operations directorate</td>
</tr>
<tr>
<td>Peer review</td>
<td>To review the future options and recommendations for Cancer Peer Review, looking at its response to the findings of the Robert Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust</td>
</tr>
<tr>
<td>Innovation Health and Wealth</td>
<td>Specific work around High Impact Innovation and support to the Innovation Team</td>
</tr>
<tr>
<td>International work</td>
<td>A review of the current international improvement activity and delivery model for the future - specific reference to NHS Global and NHS England’s international agenda</td>
</tr>
<tr>
<td>Multidisciplinary team (MDT) toolkit</td>
<td>National roll out of MDT-FIT self-assessment tool for MDT’s as a website resource</td>
</tr>
</tbody>
</table>

In addition, NHS IQ hosts:

- NHS Interim Management and Support (IMAS)
- Adult Improving Access to Psychological Therapies (development team)
- Children and Young People’s Improving Access to Psychological Therapies.

As our work evolves during 2013/14, we will develop further delivery partners that may include, for example, Academic Health Science Networks, voluntary, policy, academic and commercial organisations, Royal Colleges and charities, as well as NHS organisations and alliances.

We will also establish a regional focus and coordinate activity in alignment with each of the four NHS England regional areas to ensure that local and regional requirements for improvement initiatives are being met.
Our Ambition

Drivers for change

The NHS is going through perhaps the most significant and wide-reaching changes in its history since being created in 1948. It needs to adapt to the needs of the people it serves, recognising that while we are living longer, we are doing so with increasingly complex health requirements.

With financial constraints and no growth in resources, we need to radically change and improve the way we do things. We need to deliver wholesale improvement and high quality services at scale and pace to meet people’s needs and exceed their expectations.

This is no more apparent than in the wake of the Robert Francis Inquiry report highlighting the extensive failings at Mid-Staffordshire NHS Foundation Trust. No longer can poor quality care go unchecked.

We know from previous improvement work that the ability to drive change exists. What we now need to do is to coordinate, amplify and reinforce our change efforts in order to achieve significant benefits across the entire NHS. This is what we commit to doing.

Integrating work across care boundaries and sectors, we are using the NHS Change Model to ensure that improvements are sustainable and deliver real benefits, in line with the NHS Outcomes Framework and NHS England’s strategic plan ‘Everyone Counts: Planning for Patients’.

What success looks like

We will know we are on the right track when we see established methodologies in place locally, regionally and nationally to deliver change and implement, measure and evaluate improvements for people using NHS services.

There will be a published evidence base showing successful improvements and interventions which have demonstrably changed service models and clinical practice, in addition to identified improved experience of care.

With engagement across services and sectors, greater integration will offer individuals and their carers a seamless experience of care. Clinical networks and delivery partners will play a key role in driving service improvements, and improved health outcomes and experience.

There will be Board level commitment to service improvement and redesign, as well as evidence of return on investment and the achievement of major change at minimal cost.

Crucially however, improvements will be spread and sustained, quickly being adopted as normal practice through commissioning standards.
## Appendix 1: Our work programmes for 2013/14

### a) Improvement programmes

<table>
<thead>
<tr>
<th>Improvement programmes 2013/14 Programme</th>
<th>Domain</th>
<th>Domain Links</th>
<th>Expected outcome</th>
</tr>
</thead>
</table>
| 1. NHS Health Check - a risk assessment available to all eligible adults in England in primary care and community settings | 1      | 2, 3         | • 100% roll out of health checks with all eligible people being offered it  
• Measurable improvement in primary care prevention services  
• In collaboration with Public Health England review of progress and good practice completed, with good practice models shared nationally and plans in place to target struggling communities |
| 2. Improved public awareness and early diagnosis | 1      | 2, 3         | • Reducing premature mortality  
• Case finding, risk management and access to care  
• New models ready for spread and commissioning |
| 3. GP engagement in the big killers (cancer, heart disease, stroke, respiratory, liver disease) | 1      | 2, 3         | • Improved management of risk and chronic disease across 8,200 GP practices  
• New audit tools in atrial fibrillation, heart failure, liver, COPD, diabetes, learning difficulties  
• GP and CCG engagement strategy in place |
| 4. Long term conditions evidence based tools | 2      | 1, 3, 4, 5   | • New models implemented  
• Specific interventions: care plans, care coordination, technology, risk stratification, self-care, role of carers. Evidence collated best practice costed and spread plans in place |
| 5. Day and night integrated person centred care pathways for the frail elderly, mental health, dementia and end of life care (seven day services) | 2      | 1, 3, 4, 5   | • To develop new integrated model of care to enhance the quality of life for individuals and their carers and make measurable progress to deliver evidence based long term condition services  
• Evidence and best practise assimilated for integrated care model and pathways ready for testing, proof of concept  
• Improvement support for Winterbourne View review |
| 6. Optimising primary care, assessment and diagnosis, enhanced recovery, reablement and rehabilitation for all scheduled and unscheduled care | 3      | 1, 2, 4, 5   | • Standardised pathways across England for all acute care  
• Commissioning right care  
• Up to 19 elective procedures with revised pathways  
• Proof of concept completed for unscheduled care in identified sites  
• Focused support identified and in place for challenged sites  
• Seven day service programme including diagnostics |
| 7. Rural and remote review to improve access to care and support for those living in rural areas | 3      | 1, 2, 4      | • Costed models identified  
• Prepare case for commissioning  
• Review of A&E services |
| 8. Children and young people’s transition to adulthood services | 3      | 1, 2, 4, 5   | • New models of service developed ready for dissemination and commissioning  
• Engagement of 19 specialist and 13 teenage cancer centres in proof of concept of new transition pathways |
a) Improvement programmes (continued)

<table>
<thead>
<tr>
<th>Programme</th>
<th>Domain</th>
<th>Domain Links</th>
<th>Expected outcome</th>
</tr>
</thead>
</table>
| 9. Patient experience – to ensure that it is central to commissioning and care delivery | 4      | 1, 2, 3, 5   | • Design and testing of an improvement framework for engaging, involving and improving experience of care  
• Capability building programme for commissioners and providers       
• Specific interventions: Friends and Family test, primary care online, shared decision making, personal health budgets |
| 10. Safety design and application - developing a new improvement system for safety across the NHS | 5      | 1, 2, 3, 4   | • New system for safety developed                                                                          
• Evidence of impact by 2015 to reduce avoidable harm and make measurable progress  
• Embed a culture of safety in the NHS                                    
• Improvement support for the findings of the Robert Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust |

b) Building improvement capacity and capability

The capacity and capability programme seeks to equip the commissioning system with capabilities which will enable them to effectively respond and meet emergent priorities and challenges.

The programme provides underpinning support to the delivery of all five domains of the NHS Outcomes Framework, as capability within NHS England and across the system is an essential enabler of outcome delivery. A single improvement methodology including the NHS Change Model is being rolled out across NHS England including senior leaders and regional area teams, Clinical Commissioning Groups (CCG) and primary medical care.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Domain Links</th>
<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. CCG transformational capability</td>
<td>1 - 5</td>
<td>• Support the building of CCG capability to lead transformation, improvement and innovation in their local system</td>
</tr>
</tbody>
</table>
| 12. Capability building for primary healthcare provider        | 1 - 5        | • Proof of concept roll out of facilitated modular learning programme for improvement and innovation at practice level  
• New improvement and coaching training programme for primary care trainees |
| 13. Transformational capability building within NHS England   | 1 - 5        | • To increase the skills of the workforce of NHS England with the NHS Change Model and the improvement methodology for commissioners |
| 14. Whole system transformational capability building         | 1 - 5        | • An improvement system for transformational capacity building established, involving all part of the new improvement landscape e.g. Local Education and Training Boards, Academic Health Science Networks, Commissioning Support Units and Strategic Clinical Networks |