

Appendix 1 to [AIMS Campaigns Team article ‘Making Modern Service Frameworks: methodology, methods and transparency - a view from maternity’](#) By Catherine Williams, on behalf of the AIMS Campaigns Team.

Extract from *Fit for the Future* – the 10-year health plan for England (2025)
<https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf> (pp.13 - 14, 90 - 92)

“A new transparency and quality of care

The NHS’ history is blighted by examples of systematic and avoidable harm. The commonality in these tragedies has been a fundamental lack of transparency. We will make the NHS the most transparent healthcare system in the world. From this foundation, we will reintroduce a new, rigorous focus on high-quality care for all.

Specifically, we will:

- [...6 bullet points...]
- reform the National Quality Board (NQB) with all other bodies, including Royal Colleges, feeding into it. We will task it with developing a new quality strategy as well as the development of modern 13 service frameworks. Early priorities will include cardiovascular disease, mental health, frailty and dementia.
- [...3 further bullet points in section...]

“Clearer accountability and stronger incentives for high quality of care

Everyone in the NHS is responsible for delivering high-quality care. The first responsibility lies with the individual clinician, accountable to their professional regulators and their employer. Clinical teams have collective responsibility for the quality of care they provide. And those who lead organisations are responsible for the quality of care provided by each of their services.

The last comprehensive strategy to improve quality was High Quality Care for All¹⁹⁶, published in 2008. We urgently need a refreshed strategy, fit for the next 10 years. To deliver this, we will revitalise the National Quality Board (NQB) and task it with developing a new quality strategy by March 2026. Whereas today the quality landscape has become crowded and unclear, the NQB will provide a single and authoritative determination of quality. All other bodies, including Royal Colleges, will feed into the NQB.

The NQB will bring together senior clinical and managerial leaders from the NHS and regulatory bodies, along with patients and patient representatives. It will be responsible for the oversight of quality measurement, transparency and improvement. The government supports the more detailed recommendations in Dr Penny Dash’s forthcoming report¹⁹⁷ on patient safety across the health and care landscape,

including on the role and responsibilities of a revitalised NQB, and on the importance of clinical leadership in driving quality improvement.

The NQB will also be responsible for developing a range of clinically credible outcome measures to better assess clinical quality. While in some branches of medicine, outcome measures are the norm, others still rely on measures of activity and input as the basis for assessing performance. This is not compatible with the focus on population outcomes we outlined in chapter 5. Over time, outcome measures will become the norm across all clinical practice and will be part of our approach to earned autonomy.

As well as an overall quality strategy, the NQB will, working with clinicians and patients, oversee the development of a new series of service frameworks to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity. Between 1997 and 2010, National Service Frameworks¹⁹⁸ were a clinically led and authoritative tool that supported sustained improvement in major condition outcomes, including by narrowing inequality and reducing unwarranted variation.

We will reintroduce and modernise this approach, publishing a first wave of ‘Modern Service Frameworks’ in 2026, which are accessible and transparent to all. Early priorities will include CVD, mental health (including severe and enduring mental illness), and - informed by phase one of the independent commission into adult social care led by Baroness Casey - the first ever service framework for frailty and dementia. These Modern Service Frameworks will:

- define an aspirational, long-term outcome goal
- identify the best evidenced interventions that would support progress towards this goal, with a focus on those with the best means to drive up value and equity
- set standards on how those interventions should be used, alongside a clear strategy to support and oversee uptake by clinicians and providers
- above and beyond the scope of original national service frameworks, set out ‘challenge areas’, where we anticipate significant progress being possible, but where innovative ideas and products are needed
- alongside a plan to partner with the wider eco-system, support the creation, adoption and spread of novel new ideas.

Boards must take ultimate accountability for the quality of care provided by their organisations on a day-to-day basis and for when things go wrong. It is their responsibility to make sure they actively measure and manage the quality of care that is provided by their organisation to patients. It is only through continuous measurement and an open culture that these responsibilities can be fulfilled.

We believe it is important to recognise and reward high quality care – and to take decisive action where it is not good enough. In chapter 9, we describe how we will hand

power over to patients by trialling new Patient Power Payments. For the first time in the NHS, these will give patients the power to recognise and reward high quality care - or hold back payment when care has not been good enough.

We believe that it is important to recognise and incentivise improvements in care in clinical teams and that NHS providers should be able to reward clinical teams that provide high quality care. We will therefore ensure that all providers have new flexibilities to make additional financial payments to clinical teams that have consistently high clinical outcomes and excellent patient feedback or are significantly improving care. NHS providers will have the ability to make these payments starting in 2027 in the parts of the country that have the highest health need. They will become the norm across the country by 2030.

Commissioners are responsible for acting on quality of care. In communities with high levels of health need, poor performance has been tolerated for too long. A new approach is needed. Persistently poor-quality care should result in the decommissioning or contract termination of services or providers no matter the setting; no matter whether the provider is in the NHS or independent sector; and no matter whether they are a GP practice or an individual NHS Trust.

As such, in line with our new operating model, poor performance will carry consequences. It is unacceptable that poor quality care is allowed to persist when the contractual levers exist for commissioners to act - including, by bringing in a new provider or leadership team. We will task, within the next 12 months, ICBs and NHS Regions with assessing where such action is needed across all services.”

End of extract. Please check back to the original publication if wishing to cite this text.