

Summary of board papers – statutory bodies

Care Quality Commission – 15 November 2017

For more detail on any of the items outlined in this summary, the board papers for this meeting are available [here](#).

Chief Executive's report

- CQC published a phase one [report on children's and young people's mental health services](#) (CAMHS) in October.
 - A second report will be published in March 2018, focusing on cross-agency working in ten local systems.
 - Our [briefing](#) explains how the report highlights service users' difficulties in accessing CAMHS services.
- Professor Sir Simon Wessely is leading the [independent review into the Mental Health Act \(MHA\)](#).
 - Rising detentions and the overrepresentation of Black Ethnic Minority groups are priority areas in the review.
 - An interim report will be published in early 2018 and a final report with recommendations by autumn 2018.

National Guardian Update – Presentation of Annual Report

- The National Guardian's Office (NGO) has published a [survey](#) quantifying how the guardian role has been implemented and is starting to publish data on speak up cases that are raised by guardians.
- The NGO is working with CQC as it widens the scope of its safeguarding committee to provide a transparent oversight mechanism to ensure those who speak up are supported.
- NHSI are developing guidance on the relationship of boards and guardians, and governance arrangements.
- The NGO has published its [annual report](#) and first [case review report](#).

Healthwatch England Update

- [Healthwatch England's annual report](#) paints a mixed picture of good care but variation in quality and access.
 - The majority of people's comments on mental health care reflect a negative experience and suggest many of the changes to the way care is delivered are yet to translate into tangible differences.
- Healthwatch are [continuing to engage on their future strategy](#) and have published two [social care reports on home care services](#), a [discharge report](#) and some [readmissions analysis](#).

Q2 Corporate Performance report

- CQC published its [Annual State of Care Report](#) (see our [briefing](#) for a summary) and its [response](#) to its second consultation on the next phase of regulation in October 2017.
- CQC is meeting most of its re-inspection commitments but increased risk and more complex enforcement mean inspectors are not always returning to lower risk locations in line with targets for timelines.
- In line with the 'Next Phase' plan to increase inspection activity, there was an increase in activity in September when 182 hospital 'units' of inspection were undertaken (a unit is equivalent to a core service).
 - However, this represents 57% of the planned activity set at the start of the year and 76% of average monthly target productivity.
- There are issues to be agreed between CQC and NHS Improvement (NHSI) with regard to resourcing and conducting use of resources assessments in line with CQC's inspection schedule.
 - CQC and NHSI are currently [consulting](#) on how to combine and aggregate the use of resources rating with CQC's existing five trust-level ratings (please contact [Ella](#) with any feedback).

NHS England Board meeting – 30 November

For more detail on any of the issues outlined in this summary, the board papers for this meeting are available [here](#).

Chief Executive's Report

- Simon Steven's short remarks focused on winter preparation. He welcomed the extra £335m announced in the budget, and confirmed Pauline Philip will be working with providers and partners over the next 10 days to agree how best to deploy this extra funding.

Autumn budget - 2018/19 planning and next steps

- A [paper has been published](#) setting out the 5 principles NHSE will adhere to in their discussions with government and other arms length bodies over the next four months about priorities and trade offs.
 - Deal with the current CCG and provider deficits this year that will need funding going into next year. NHSE estimates CCGs are funding around £500m more patient care this year than is currently budgeted for.
 - Setting realistic activity plans for growth in urgent and emergency care.
 - Protecting planned investment in mental health, cancer and primary care.
 - Realistic expectations regarding the remaining available funds. This is really focused on workforce – staff are already being asked to 'go the extra mile' and so unfunded expectations will need to undergo more scrutiny. NHS England has also warned waiting time standards "will not be fully funded and met".
 - Ensure that where government sets pay rises above the currently budgeted 1% cap these are separately funded.
- Improvements and opportunities were discussed. In terms of productivity, the NHS has made gains averaging 1.7% per annum. This is important to consider when dispelling the 'black hole' hypothesis. On care integration there was a discussion about the need to engage staff in ACS/STPs work and 'aggressively accelerate' integration programmes. For every £1 spent in the NHS, approximately 2p is spent on administrative costs. This compares with 5p in Germany and 6p in France. But the board accepted it was not as low as it could be and by reducing competition NHSE hopes to release management costs that can be spent instead in patient care.
- Whilst the extra revenue the budget allocated is welcome, age-weighted NHS revenue growth per person (which factors in the growing and ageing population) will be 0.9% in 2018/19 and -0.4% in 2019/20.

Financial report paper (month seven)

Net Expenditure	Year to Date				Forecast Outturn			
	Plan £m	Actual £m	Under/(over) spend		Plan £m	FOT £m	Under/(over) spend	
			£m	%			£m	%
CCGs	46,602.3	46,869.6	(267.3)	(0.6%)	80,501.0	80,663.5	(162.5)	(0.2%)
Direct Commissioning	13,992.4	13,967.1	25.3	0.2%	24,564.2	24,548.1	16.1	0.1%
NHSE Running & central programme costs (excl. depreciation)	1,048.3	854.3	194.0	18.5%	4,204.8	3,997.6	207.2	4.9%
Other including technical and ringfenced adjustments	12.3	18.0	(5.7)		11.9	54.1	(42.2)	
Total non-ringfenced RDEL under/(over) spend	61,655.3	61,709.0	(53.7)	(0.1%)	109,281.9	109,263.3	18.6	0.0%

- At month seven, NHSE is reporting a YTD overspend of £537m, which is largely being driven by the £267.3m CCG sector overspend. 49 CCGs are currently reporting an overspend that is greater than 1% adverse to their plan. At month seven £385m worth of net risk remains unmitigated.
- The paper asks to the Board to note that CCGs are likely to end the year with a deficit in excess of £500m. It states "regular monitoring of risks and mitigations indicates further net risks of £550m, most of which are highly likely to crystallise over the course of the final months of the year".

NHS Improvement – 30 November 2017

For more detail on any of the items outlined in this summary, the board papers for this meeting are available [here](#).

Chief executive's report

- Outgoing chief executive Jim Mackey highlighted NHSI's concerns about capacity in and demand on the system coming into winter. NHSI's efforts to get on top of this include targeted support to the most pressurised systems, operational management, and contingency planning to manage expected peaks in demand.
 - NHSI has identified two risks to delivery which need to be mitigated: capacity to manage pressures and maintain patient flow, and the risk of flu and/or extreme cold weather.
- Jim urged the board, under the direction of incoming CEO Ian Dalton, to ensure the move towards a sustainable phase of "earned autonomy" is high on NHSI's agenda for 2018.
- Jim highlighted the challenges around implementing the proposed approach to use of resources with the CQC.
- NHSI is evaluating its approach to joint working with NHSE in the South West and South East of England regions.

Q2 Performance of the NHS provider sector

- Recently published [Q2 operational performance figures](#) showed that NHS providers have succeeded in treating more patients within key operating standards and sustaining efficiency levels despite an extremely challenging operating environment. However, trusts continue to struggle to meet the national standards.
 - A&E performance was 90.2% against the 95% standard, thereby meeting the national ambition of recovering 90% by September 2017.
 - RTT performance was 89.1% treatment against the 92% standard. The waiting list now exceeds 4.1 million.
 - All the cancer waiting-time standards were achieved except for 62 day (urgent GP referral) waiting time target for first treatment. This standard has not been delivered for the quarter since Q3 2013/14.
 - Ambulance services continue to struggle to meet the Red 1, Red 2 and 19 minutes response-time targets with performance of 67.96%, 60.30% and 89.49% respectively. Changes made by NHSE to performance targets for the ambulance service will apply to all 999 calls by winter 2017.
 - DTOCs accounted for 5% of all beds, missing the ambition of less than 3.5% by September 2017.
- At Q2, the year-to-date provider deficit was £1,151m, which is £143m above plan. Based on Q2 results, providers forecast that the aggregate full year deficit will be £623m, which is £127m worse than planned.
 - This performance indicates implied efficiency above 2016/17 levels, but there was still a shortfall of £169m against the level of cost improvements planned to date.
 - The sector is on track to live within the agency expenditure ceiling of £2.5bn in 2017/18.
 - 90% of trusts have accepted a control total and 73% at Q2 are forecasting to be at or above plan at year end.

Deregulation and data duplication

- The board received an update on NHSI's efforts to address regulatory burden and data duplication, following the Department of Health's 2016 burden reduction challenge panel on information requests and data collection.
- NHSI reports that the transition to the new electronic Sitrep for A&E is reducing burden and increasing the value of information for improvement purposes.
 - NHSI are forecasting to have 100 providers live by Christmas and 75% of providers by January 2018.
 - Once the A&E automation project has gone live with the majority of acute trusts, NHSI will meet with the ALBs to review the benefits and transferable nature of this development to other national data collections.
- Regarding agency data, NHSI has discontinued the weekly collection of the 'maximum wage rate' and developed a temporary staffing module of the Model Hospital to enable trusts to benchmark agency and bank spend data.