

## Summary of board papers – statutory bodies

### Joint NHS England and NHS Improvement board meeting

NHS England (NHSE) and NHS Improvement (NHSI) have for the first time held a board meeting in common as part of their move to closer organisational working. The board papers for this meeting are available [here](#).

### Next steps on aligning the work of NHS England NHS Improvement

NHSI and NHSE have published a board paper which sets out the detail of how NHSI intends to shift its primary focus from regulating the trust sector to supporting improvement and how the two organisations will work together to provide more joined-up, effective, leadership to the NHS. NHS Providers has produced an on the day briefing that provides a brief overview and our view on the proposals which are a combination of changes to how NHSI will operate and how NHSI and NHSE work together.

### Operational planning refresh for 2018/19

- The board received an update on the operational planning refresh for 2018/19. The plans submitted by commissioners and providers are currently under review and summaries of these plans will soon be published.
- Provider plans are currently being reviewed to ensure all appropriate seasonal trends in workforce, activity and beds are planned for, ensure that changes in staffing are aligned with activity and financial plans, ensure that provider cost improvement plans (CIPs) “take up the opportunities” of operational productivity, assure the impact of the plans on the quality of patient care (including CIPs), and ensure that provider plans are internally consistent between activity, finance and workforce plans.
- The review of commissioner plans will ensure that the mental health investment standard will be met by each CCG, cancer services and primary care are being appropriately funded in order to transform services, and that the level and profile of expenditure and efficiency savings has been set realistically.

### Next steps on development of integrated care systems

- NHSE and NHSI have confirmed four new integrated care systems:
  - Gloucestershire STP
  - Suffolk and North East Essex STP
  - West, North and East Cumbria STP
  - West Yorkshire and Harrogate STP
- The paper also provides an update and short overview of the 10 existing systems. It accepts there isn't a strict binary distinction between STPs and integrated care systems: “it is more a progression or evolutionary journey”.
- A financial regime for ICSs in 2018/19 is being finalised, and details will be confirmed with the existing 10 systems in the next few weeks.

## NHS England board meeting – 24 May 2018

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

### Chief executive's verbal update

- Simon Stevens said it's clear that accelerating the move to joined up integrated care is what future proofing the NHS will require. He spoke of the creation of an NHS Assembly, drawing together local leaders including doctors, nurses, staff and patients,, that will co-design and take forward the future NHS 10 year plan. This will of course be underpinned by the closer alignment of NHSE and NHSI.

### Health inequalities

- NHSE will be setting out a strategy for health inequalities that will form part of the 'all-encompassing' longer term strategy (i.e. settlement) being developed in partnership with the Government. An **action plan** has also been developed for the next twelve to eighteen months. In terms of next steps, NHSE will look to develop and enhance data collection and detail how progress will be measured.

### Increasing the impact of Academic Health Science Networks

- The board confirmed that the funding for AHSNs will increased from £41.7m in 2018/19 to £84.6m in 19/20. This funding primarily comes from the Office of Life Sciences.
- The AHSNs have been relicensed with a new contract and governance arrangements. A new legal agreement is being drawn up to cover a five year period.

### Financial report (month twelve)

- CCGs finished the year £251m overspent. This position includes the £440m risk reserve, as well as the £71m unearned quality premium. The underlying deficit for the CCG sector is therefore £761m. This is despite CCGs delivering efficiencies worth 3.1% of their allocations. At month eleven the year to date overspend was £624m, however this did not take into account unspent risk reserve. Last year the CCG sector finished £150.3m underspent, therefore 2017/18 represents the first overspend in the sector since 2015/16. The position is offset by underspends in direct commissioning (£227.9m) but more even more so in NHSE running and central programme costs (£891m).

Net Expenditure	Month 12 Outturn				System Risk Reserve	Exc Risk Reserve	
	Plan	Actual	Under/(over) spend			Under/(over) spend	
	£m	£m	£m	%	£m	£m	%
CCGs	80,995.9	81,246.4	(250.5)	(0.3%)	440.0	(690.5)	(0.9%)
Direct Commissioning	24,485.8	24,257.9	227.9	0.9%	0.0	227.9	0.9%
NHSE Running & central programme costs (excl. depreciation)	4,064.6	3,173.6	891.0	21.9%	200.0	691.0	17.0%
Other including technical and ringfenced adjustments	(10.3)	(97.2)	86.9		0.0	86.9	
<b>Total non-ringfenced RDEL under/(over) spend</b>	<b>109,536.0</b>	<b>108,580.7</b>	<b>955.3</b>	<b>0.9%</b>	<b>640.0</b>	<b>315.3</b>	<b>0.3%</b>

## NHS Improvement board meeting – 24 May 2018

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

### Chief executive's report

- In response to Dr Kirkup's recommendations, NHSI will, among other things:
  - be more proactive in supporting providers to improve clinical and financial sustainability
  - support trusts to produce credible but realistic plans
  - strengthen their role in helping the NHS use its estates and clinical support services more effectively
  - play a stronger role in recruiting, retaining and developing today's workforce, and supporting talent management, leadership development and succession planning.
- The NHS is still behind where it was this time last year in terms of national performance on the 4-hour standard. NHSI will publish its review of winter in the coming weeks.
- NHSI is reviewing final plans for 2018/19 that were submitted on 30 April. To support the credibility of these plans, NHSI will have a major focus on reducing the length of stay at hospital of the longest stay patients.

### Kirkup update

- The board received an update on the actions taken by NHSI in response to Dr Kirkup's recommendations, including:
  - a greater role for NHSI in talent management and a review of their role in board appointments
  - developing scenarios by which to stress test NHSI's current oversight approach
  - a rapid review by the regional teams of the level of risk and experience in community trusts, where in the vast majority of cases no significant issues were raised. NHSI proposes to undertake a more in-depth review which should inform changes to the oversight and support model for community trusts.

### Quality dashboard

- More trusts (127) are rated good or outstanding than inadequate or requires improvement (115) by CQC. This is the first time this has been the case.
- NHSI is at the vanguard of designing the outputs the NHS needs from the new Community Services Data Set (CSDS). The southern regions are bringing together providers and commissioners to discuss this. The first priority is wound care. NHSI is considering including measures for the CSDS in the Single Oversight Framework for 2019.

### Improvement report

- NHSI is working on benchmarking outpatient RTT across 120 trusts, and is looking at digital flow.

### Lord Carter's review into mental health and community health services

- The report identifies unwarranted variations in workforce productivity and utilisation, and the efficient use of resources for non-pay goods and services. Improvements to these areas should release up to £1bn. The review makes 16 recommendations to NHSI, trusts and other national bodies.

## Care Quality Commission board meeting – 16 May 2018

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

### Performance report Q4 and end of year

- The board received a summary of the Annual Provider Survey results, which CQC describe as pleasing overall, but says there is room for improvement in areas including how CQC encourages services to improve, coordinates with others and accommodates new and complex care models.
- Most respondents agreed that inspection judgements are fair and evidence-based (73% strongly agreed or agreed) and CQC inspections and reports help services to improve (63%). However, one of the top 3 impacts for those rated Requires Improvement or Inadequate was a demotivation of staff.
- There was varying awareness of CQC publications (ranging from 30% to 57%).
- The survey results supported the National Audit Office finding that some stakeholders are concerned about CQC's consistency (25% disagreed or strongly disagreed CQC is consistent across inspections).
- CQC continues to marginally improve its performance against its inspection reports target for hospitals (to publish 90% within 50 working days, or 65 days for reports with 3 or more core services). At the end of the year this stood at 30% within 50 days and 49% within 65 days.
- CQC has undertaken 86% of its target 1,311 Mental Health Act monitoring visits this year.
- The [finance report](#) shows that CQC underspent against budget by £6.3m in 2017/18.

### Chief Executive's report – May 2018

- CQC will publish a briefing on *Sharing best practice on safely managing demand in emergency departments* in late May.
- While enforcement of the General Data Protection Regulation is the role of the Information Commissioner's Office, CQC will continue to monitor how trusts assure themselves that they are meeting their obligations to protect data and the privacy and dignity of people who use their services.

### Healthwatch England update and business plan

- Healthwatch continues to work with the Department for Health and Social Care to review progress against existing NHS Mandate commitments, such as the NHS doing more to demonstrate what it has learnt from complaints and feedback. The government has confirmed they are now actively working with NHSE to bring back 'emergency readmissions' as a key measure of how well health and care services are doing.
- Healthwatch have called for the introduction of a new metric that tracks the progress of each STP in engaging their communities, and highlighted the need for independent STP board chairs to be appointed to overcome vested interests in the STP process.

## Health Education England – 15 May 2018

For more detail on any of the items outlined in this summary, the full agenda and papers are [available here](#).

### Q4 performance report

- The latest performance report confirmed more nurses are being attracted back into the NHS workforce through the Return to Nursing Practice programme – 1,115 were commissioned against a 983 target.
- Fill rates for medical specialty posts are higher for the new cycle recruitment, compared to the same period last year.
- There are only 3 business practice domains (out of 67) in which HEE is facing challenges. The deliverables include:
  - Train 200 clinical **endoscopists** by December 2018 – only around 105 individuals have completed or are currently in training.
  - Publish a careers in **mental health** narrative from support staff to consultants – expected delivery is now March 2019.
  - Further develop the **physician associate** (PA) role in general practice towards 1,000 PAs in primary care by 2020. HEE is however commissioning PA training programmes of 2 year duration and some publicity work is also being undertaken.
- Investment and training update
  - Medical Fill Rates – medical recruitment rates remain strong with further recruitment for Round 1B planned in a variety of specialties. Round 2 – ST3/ST4 recruitment posts are starting from August 2019.
  - Nursing Associates – development around the establishment of the apprenticeship route continues. To date, 4,100 trainee places have been identified and three new test site applications have been received.

### Governance and Board Effectiveness Review

- Despite the changes in the Local Education and Training Boards (LETBs) – primarily a reduction in their numbers from 13 to 4 – the review has not identified any diminution in the quality of oversight and reporting.
- You can access the full report [here](#).

### The Commission on Wellbeing and Mental Health of Staff and Learners

- A paper was submitted to the Board on progress made with the Wellbeing and Mental Health of Staff and Learners Commission. This programme was announced alongside the publication of the draft workforce strategy in December 2017.
- There are 3 phases to this work. Phase 1 is focused on scoping parameters and reviewing the evidence. This will be followed by a panel review and finally a review launch and implementation of the recommendations from January 2019 onwards.