

Summary of board papers - statutory bodies

MONITOR AND NHS TDA JOINT BOARD MEETING – 25 FEBRUARY

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

QUARTERLY REPORT ON THE PERFORMANCE OF THE NHS PROVIDER SECTOR: 9 MONTHS ENDED 31 DECEMBER 2015

- In Q3, almost 5.12 million patients attended an A&E department, of which 90.66% were treated or admitted within four hours.
- Over 98,568 patients of almost 1.04m requiring admission had to wait for longer than 4-hours for a bed due to DToC.
- The key ambulance response time targets were not met during the quarter
- As the elective waiting list reached 3.14m, the provider sector for the first time failed to meet the 92% RTT standard with a performance of 91.59% in December 2015/16
- Providers treated 83.5% cancer patients referred by GPs within 62 days of referral in Q3 2015/16
- For NHS Providers' summary of Q3 financial performance, please see our [briefing](#).

EXECUTIVE REPORT

- NHS Improvement (NHSI) has appointed its executive team and is working on detailed directorate structures
- The chief executive has established an advisory group of 22 CEOs of NHS trusts and foundation trusts, which met this week to discuss the financial position and controls in 2015/16 and 2016/17; operational performance and STPs
- The chief executive wrote to all trusts last week to request consistent implementation of the junior doctor contract
- In the short term, the scale of financial and operational challenges means NHS Improvement will need to take a more directive approach. As the sector returns to balance, they will adopt a longer term oversight model in which they will support first and only intervene when absolutely necessary
- NHSI will support the whole sector in building proficiency in sharing and developing improvement tools and techniques
- NHSI also announced the establishment of a clinically-led Improvement Faculty which will support it in driving an 'Improvement Movement' across the whole NHS
- NHSI has agreed to appoint a Chief Technology Officer jointly with NHS England, and recruitment to that post is underway.

STRATEGIC AND OPERATIONAL PLANNING 2016/17 – 2020/21

- **Patient activity plans:** Demand and capacity planning to be seen as a core business skill
- The national bodies have commissioned work to improve demand and capacity training across the NHS
- Providers and commissioners are required to produce a joint 'open-book' activity plan
- **Quality improvement:** providers have been asked to set out a quality improvement plan for the year
- Providers should plan to make progress in affordably implementing seven day services
- **Workforce plans:** plans for 2016/17 will need to demonstrate safe and affordable staffing levels with reduced agency use.

Financial and performance framework for 2016/17

- Access to the Sustainability and Transformation Fund is dependent on the NHS provider sector breaking even in 2016/17 after application of the fund. To ensure this, every NHS trust and foundation trust will have to deliver an agreed financial control total for 2016/17 and agreed performance trajectories including for core access standards. Local STPs must also be agreed.
- As a condition of the overall fund being approved, the NHS has to demonstrate tangible progress towards a credible plan for achieving seven day services across the country by 2020.

Joint assurance process between NHS Improvement and NHS England

- The joint assurance approach focuses on supporting organisations to deliver operational plans which demonstrate how the following requirements will be met:
 - Agreement of robust demand and capacity plans;

- Finance and activity projections supported by deliverable planning assumptions;
- Coherence with other planning and output assumptions;
- Identification of risks outside the direct control of the organisation, and how to mitigate, considering the shared understanding across the local health community
- For the 2016/17 operational planning round, commissioners and providers will participate in three joint data collections to support alignment of plans.

Strategic plans 2016/17 to 2020/21

- The STPs are to be based on local geographies bringing together commissioners, providers and local authorities
- The development of new care models is expected to feature prominently STPs. In 2016/17 expressions of interest have been invited to trial two new approaches with local volunteers:
 - secondary mental health providers managing care budgets for tertiary mental health services; and
 - the reinvention of the acute medical model in small district general hospitals
- STPs will become the single process for being accepted onto programmes with transformational funding from 2017/18
- The approach to STPs at the planning 'footprint' level must be clearly linked to provider five year financial and activity plans.

Timetable	Date
Publish planning guidance	22 December 2015
Publish 2016/17 indicative prices	By 22 December 2015
Issue commissioner allocations, and technical annexes to planning guidance	Early January 2016
Launch consultation on standard contract, announce CQUIN and	January 2016
Issue further process guidance on STPs	January 2016
Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs	By 29 January 2016
First submission of full draft 16/17 Operational Plans	8 February 2016
National Tariff S118 consultation	February 2016
Publish National Tariff	March 2016
Boards of providers and commissioners approve budgets and final plans	By 31 March 2016
National deadline for signing of contracts	31 March 2016
Submission of final 16/17 Operational Plans, aligned with contracts	11 April 2016
Submission of full STPs	End June 2016
Assessment and Review of STPs	End July 2016

Next steps

- While recognising the statutory differences between NHS trusts and FTs, NHS Improvement will seek to assess all operational plans on shared criteria and match its responses to common risk and plan characteristics
- The key next steps in relation to strategic planning for 2016/17 to 2020/21 include:
 - agreeing the conditions for accessing the sustainability and transformation fund in future years;
 - developing the support arrangements for the strategic planning process;
 - working with potential exemplar LHEs to develop the approach to strategic planning.

PRICING UPDATE

- The Pricing team published the 2016/17 Section 118 Consultation Notice on 11 February 2016. The closing date is 10 March 2016 at 23:59. *NHS Providers will respond – to contribute please contact Phillippa.hentsch@nhsproviders.org*
- Subject to any objection to the tariff, the timetable for the release of the s118 Consultation Notice should allow providers and commissioners to finalise contracts by 15 March
- Together with NHS England Monitor/TDA have drafted an initial plan for the delivery of the 2017/18 tariff which aims to:
 - Publish the Tariff Engagement Document by 30 June 2016
 - Publish the s118 by 14 October 2016
 - Publish the National Tariff Document by 15 December 2016.

OTHER ITEMS

- The board received a [joint corporate report](#) from Monitor and the TDA comprising minutes of committee meetings.

NHS ENGLAND BOARD MEETING – 25 FEBRUARY

For more detail on any of the issues outlined in this summary, the board papers for this meeting are available [here](#). At the time of writing the chief executive's report had not yet been published.

CANCER DRUGS FUND

- A 12 week consultation on proposals for reforming the Cancer Drugs Fund (CDF) closed on 11 February
- The annual budget for the CDF increased from £200m in 2011/12 to £340m in 2015/16. The CDF routinely exceeds its budget
- The National Audit Office, Public Accounts Committee and independent Cancer Taskforce all support changing the CDF
- NHS England proposes a managed transition to a new operating model from 1 July 2016, including a new managed access fund with clear entry and exit criteria and an overall budget of £340m
- Existing CDF drug indications would receive transitional funding until NICE completes its appraisal or reconsideration
- Patients in receipt of existing CDF drugs will continue to receive them even if they are removed
- NHS England received 286 responses in total. There was significant support for change and a managed access process.

REPORT OF THE MENTAL HEALTH TASKFORCE

- *The five year forward view for mental health*, published 12 February, sets out a new five year mental health strategy for the NHS as the start of a ten year journey.
- The strategy includes 60 recommendations of which 25 fall to NHS England to deliver. A full list of the recommendations was included in the [board paper](#).

FINANCE AND PERFORMANCE REPORT

- 91% of patients attending A&E were admitted, transferred or discharged within 4 hours
- There were 154,060 total delayed days in December 2015, 65.2% were in acute care – up from 139,025 in December 2014
- NHS 111 services received an average of 43,900 calls per day in December 2015. 86.1% answered within 60 seconds
- The RTT incomplete standard was not met, with 91.8% of patients waiting less than 18 weeks
- An annualised IAPT access rate of 15% (14.9%) was achieved in Q2 2015/16, in line with the Mandate commitment of 15%
- 45 CCGs are reporting year to date overspends. 27 CCGs are forecasting a position worse than their annual plan.

	Net expenditure							
	Plan £m	YTD £m	Under/(over) spend		Plan £m	FOT £m	Under/(over) spend	
			£m	%			£m	%
CCGs	54,020.1	54,087.3	(67.2)	(0.1%)	72,416.4	72,438.5	(22.1)	(0.0%)
Direct Commissioning	19,818.9	19,836.1	(17.2)	(0.1%)	26,796.9	26,752.9	44.0	0.2%
Running, programme costs and other	1,086.2	899.7	186.5	17.2%	1,857.4	1,589.4	268.0	14.4%
Total before Technical Adjustments	74,925.2	74,823.1	102.1	0.1%	101,070.7	100,780.8	289.9	0.3%
Technical and Ring fenced adjustments					(188.2)	(192.9)	4.7	
Total non-ring fenced RDEL under/(over) spend					100,882.5	100,587.9	294.6	0.3%

COMMISSIONING COMMITTEE BOARD REPORT

- Efforts towards CSU autonomy are on hold while CSUs focus on becoming accredited under the Lead Provider Framework and securing contracts over multiple years
- CCG assessment framework: an Assessment Framework National Development Group has been established to oversee and drive this work. An independent external chair will oversee the agreement of indicators for six key priority clinical areas
- An 'Atlas of Variation Opportunities Locator tool' has been developed, which illustrates to every CCG what opportunity they have to improve performance, what the population health gain would be, and what national experts advise to effect the required changes.

OTHER ITEMS

- The board also received a report from the Investment Committee.

CQC BOARD MEETING – 24 FEBRUARY

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

CHIEF EXECUTIVE REPORT

Performance report

- The hospitals directorate has now rated: 91% acute non-specialist NHS Trusts/FTs; 56% acute specialist trusts/FTs; 72% standalone community health trusts; 30% ambulance trusts; 75% mental health trusts
- In total, 193 NHS trusts/FTs have been rated: 23 inadequate, 118 requires improvement, 49 good and three outstanding.

Quarterly accountability review with the Department of Health

- Peter Wyman and David Behan attended on 16 February. Every other meeting will be chaired by the Parliamentary Under Secretary for Care Quality, Ben Gummer. The meeting covered:
 - CQC's performance in respect of inspections, ratings and published reports
 - The revised arrangements for Healthwatch England and the creation of the National Freedom to Speak Up Guardian
 - The importance of embracing digital technology
 - Progress of the approach to assess and rate how the NHS uses resources working with NHS Improvement.

Update from the hospitals directorate

- Since the last board meeting, CQC has published 19 inspection reports: three inadequate, nine requires improvement and seven good.

Other items

- The Expert by Experience procurement is still current. David Behan provided an update to the private meeting of the Board.
- Two reports have been published on mental health:
 - *Old problems, new solutions* from the Commission on Acute Adult Psychiatric Care, chaired by Lord Crisp
 - *The Five year forward view for mental health* – a report from the Independent Mental Health Taskforce
- Both documents make recommendations to CQC either directly or indirectly which will be considered further
- CQC submitted the report on its Data Security Review to the Secretary of State at the end of January
- A [letter](#) has been sent to local health and care systems to explain more about the Sustainability and Transformation Plans
- The audit and corporate governance committee gave a [report](#) to the board.

ANNUAL PROVIDER SURVEYS REPORT

- The report summarises the key results from the 2015 Annual Provider Survey (November 2015) and findings from the Post-Inspection Survey, which covers the period from January to June 2015. An [engagement plan](#) was also provided
- To follow up on issues raised, CQC plans to conduct a series of one off events and ongoing sentiment testing during 2016
- There were 4740 responses in total to the provider survey, with 133 from NHS trusts (35%)
- Hospital providers are generally very positive on the impact of CQC's work; however, they are less positive around their experience of inspection and continue to have a negative view of CQC inspection teams
- Hospital providers' rating of CQC inspection teams' understanding of the care they provide has grown more negative year on year since 2012. This is particularly marked for NHS Trusts and in the post-inspection survey their positivity decreased by 36%
- Hospital providers are broadly positive when asked whether their inspection or inspection report helped with improvement
- The board also received an update on the 2015 staff survey results and a [list](#) of recommended actions.

Q3 STRATEGIC MEASURES REPORT

- Sets out four key priorities: Deliver the new approach to regulation; Shaping the future (CQC five year strategy); Build an effective CQC; Demonstrate the difference CQC makes (including managing resources effectively)
- The board also received the corporate performance and finance report and CQC strategic and operational risk register.
- The NAO and PAC combined action plan sets out how CQC will address issues identified in the NAO and PAC reports on the capacity and capability of CQC 2015. This includes reviewing the usefulness of its intelligent monitoring, efficiency targets and measures of effectiveness, embedding a learning culture and improving initial draft inspection reports.

HEALTH EDUCATION ENGLAND BOARD MEETING – 16 FEBRUARY

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

MINUTE TO APPROVE FROM THE MEETING HELD ON 15 DECEMBER 2015

- Ian Cumming, HEE chief executive, gave a summary of the spending review at the December meeting:
“the overall settlement for the NHS was positive and provided a strong platform from which the NHS could respond to the 5 Year Forward View and the scale of the challenges ahead”.
- In terms of HEE’s running costs, over the next four years HEE needs to make reductions in the range of 25%-30%, although 10% of this had already been made. In terms of tuition fees and bursaries, there will be a tapered reduction over three years to HEE’s budget, meaning there will be around a £1.2bn reduction by 2019/20.

COMMISSIONING AND INVESTMENT PLAN 2016/17

- The HEE board considered Commissioning and investment plan in a private session of its December 2015 meeting.
- HEE has prioritised investment in several areas by decommissioning in a number of areas where future supply is more secure.
- The priority investment areas are: adult nursing, general practice and primary care, mental health workforce, emergency medicine and paramedics, cancer and diagnostics.
- HEE will publish the Workforce plan for England for 2016/17 at the end of March 2016.
- The Workforce plan will confirm the education and training commissions set out in the Commissioning and investment plan and also set out HEE’s work to help develop the existing workforce and initiatives such as return to practice for nurses.

PERFORMANCE REPORT

- The report notes “Relatively good performance overall against our business plan and mandate commitments and in our portfolio of key projects.”
- Although medical fill rates for first year specialist and core training for post-graduate doctors are good, fill rates for third and fourth year specialist training are significantly lower and there is some variation across the country.

NAO REVIEW: MANAGING THE SUPPLY OF NHS CLINICAL STAFF IN ENGLAND

- The HEE Board received the key findings for HEE and will debate the report in full at its next meeting in March.
- The NAO concluded that “the current arrangements for managing the supply of NHS clinical staff do not represent value for money”, having identified the following shortcomings:
 - “more regional or national coordination and oversight, coupled with ensuring priorities and incentives are aligned, would benefit the NHS as a whole.”
 - “The process for developing the national long-term workforce plan could be made more robust. Local plans are unlikely to be a reliable forecast of staffing need [...] Overall, there is limited assurance that the number and type of training places being commissioned is appropriate.”
 - “The way that current shortfalls in staffing are being addressed is, at times, costly and inefficient, putting pressure on providers’ financial position.”

OTHER ITEMS

- The board received a [presentation](#) summarising what HEE is doing to ensure supply of and develop the mental health workforce up to 2020/21.