5 April 2016

Summary of board papers - statutory bodies

MONITOR AND NHS TDA JOINT BOARD MEETING – 22 MARCH

For more detail on any of the issues outlined in this summary, the board papers for this meeting are available here.
The chief executive's update was given in private session this month and the usual board paper therefore was not published.

PRICING UPDATE

- The consultation on the 2016/17 national tariff ended on 10 March with 235 responses and 37 objections. The objection threshold was not met and the tariff was therefore published as planned. *NHS Providers responded to the consultation.*
- The draft delivery plan for the 2017/18 national tariff is as follows:
    - Publish the TED by 30 June 2016
    - Publish the section 118 consultation notice by 14 October 2016
    - Publish the national tariff document by 15 December 2016
- The team continues to build sector readiness for changes to mental health payment in 2017/18.
- The team aims to scale up bespoke support to a small number of PACS and MCP vanguards to enable shadow testing of population based payment approaches by July 2017. The team also aims to shadow test a three-part payment approach for UEC vanguards during 2016/17 and implement it for some services from April 2017 on a voluntary basis.
- The costing transformation programme will put a £5.9m business case to the DH to fund a central cost collection system.

NHS IMPROVEMENT GOVERNANCE FRAMEWORK

- Monitor and the TDA will continue to have their own boards, but they will have identical membership and will meet as one board (regulations were passed in October 2015 to enable non executives to be appointed to both boards).
- From May 2016 the board will meet formally every other month, supported by regular board development workshops.
- The board will establish four committees: audit and risk assurance, nomination and remuneration, appointments and remuneration (to consider external matters for NHS trusts) and technology and data assurance.
- Monitor and the TDA will continue to publish separate as well as joint aggregated annual reports and accounts.
- Monitor is accountable to parliament, the Secretary of State (SoS) for Health and the Department of Health's permanent secretary. The TDA is accountable to the SoS for Health and must act according to directions from the office holder. NHS Improvement will be reviewed by the Health Select Committee and provide evidence to the Public Accounts Committee.
- The full rules of procedure, committee terms of reference, governance structures and meetings schedule are annexed to the board paper.

REPORT ON THE NHS PARTNERSHIP WITH VIRGINIA MASON INSTITUTE

- The partnership is due to run for five years from its start date in July 2015. The trusts involved are Barking, Havering and Redbridge University Hospitals NHS Trust, Leeds Teaching Hospitals NHS Trust, Surrey and Sussex Healthcare NHS Trust, Shrewsbury and Telford Hospital NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust.
- Trusts will eventually be able to train their own staff, build a sustainable culture of continuous improvement, and spread learning across the system.
- This partnership is well aligned with the key elements of the provider roadmap – delivering the provider task to 2020, building capability, developing a new oversight model and the right relationships, and fostering openness and transparency
- To aid the transition of the program into NHS Improvement the aim is to ensure close involvement from senior leaders in NHSI, foster understanding from NHSI NEDs and transplant the compact between the TDA and the trusts into NHSI.

OTHER ITEMS

- The joint corporate report included minutes of the Monitor Technology Assurance Committee, TDA Investment Committee and TDA Finance and Procurement and Controls Committee.
- The board will also receive a paper on NHS Improvement's standing financial instructions and associated policies.

CQC BOARD MEETING – 23 MARCH

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

Update on business planning and budget position

- As the budget for 2016/17 has not yet been finalised with DH, the business plan will be presented at the April board meeting.
- A verbal update was provided on fees – the fees scheme was due to be published on 24 March, but was finally published on 30 March. The CQC recommended a two year trajectory to full cost recovery in light of the spending review settlement.

Inspections

- The CQC delivered the NHS acute programme to target of March 2016. The target for the remaining trust sectors is June 2016.
- Since the last board meeting, seven new reports have been published. Five trusts were rated 'requires improvement' (Homerton University Hospital NHS FT, The Royal Bournemouth and Christchurch NHS FT, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT, Wirral University Teaching Hospital NHS FT and Norfolk and Norwich University Hospitals NHS FT) and two trusts were rated 'good' (Gateshead Health NHS FT and Nottingham University Hospitals NHS Trust).
- In January performance on publishing reports within 50 days was at 63%. Work is underway to improve this.

Review into the investigation of deaths in NHS trusts

- The Secretary of State has asked the CQC to undertake a review into the investigation of deaths in a sample of all types of NHS trusts in different parts of the country. Many trusts and commissioners are unclear on how to determine which deaths require investigation and how these should be conducted, and learning embedded across the organisation.
- The CQC therefore proposes a three-part approach including a review of current practice, sharing best practice and working with partners (including NHS Improvement and NHS England) so the system supports improvement.
- The CQC intends to take a co-production approach to ensure the work is open and inclusive.

Other items

- Registration: currently registration teams deal with applications from across all directorates. The CQC now plans to create sector specific registration teams to make registration more robust, and ensure better-skilled and knowledgeable inspectors and managers in specific sectors and service types. The changes are expected to go live from end April 2016.
- Freedom to speak up: on 4 March, Dame Eileen Sills resigned as national guardian, feeling that she could not do justice to both her roles. The CQC is continuing to set up the office of the national guardian and will recruit again to the post.
- The National Maternity Review was published on 23 February. The Review, and the CQC's national maternity survey findings, both highlight improvements in women's experience of NHS maternity services in recent years, but also show some variation in the quality of services. Further information is available on the CQC's website.
- The board also received the CQC's monthly performance and finance report and the report of the regulatory governance committee, which considered findings in mental health.

HOMERTON MATERNITY REVIEW

- The Homerton University NHS Foundation Trust underwent a comprehensive inspection in February 2014. The trust was rated overall as good and its maternity services were rated as good for all key questions.
- In response to a cluster of maternal deaths and concerns from the CCG a responsive inspection of the maternity services was undertaken in March 2015. This rated the maternity services as requires improvement overall, but inadequate for safety.
- To understand why the findings differed, the CQC reviewed the evidence and discussed the findings with inspection chairs.
- As a result of the March 2015 focused inspection the trust was issued three warning notices. A further unannounced focused inspection in October and November 2015 resulted in a rating of requires improvement for safety and overall.
- CQC has incorporated learning from this review in plans for a more risk-based hospitals inspection process going forward.

HEALTHWATCH ENGLAND DRAFT HIGH LEVEL BUSINESS PLAN 2016-17

- The budget for Healthwatch England for 2016/17 is £3.3m. A five year strategy will be developed once the new chair and national director are in place later in the year. This year Healthwatch England plans to consolidate its support to local Healthwatch in light of their feedback. The main focus will be on how it uses the voices of their communities to influence.

NHS ENGLAND BOARD MEETING – 31 MARCH

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 Stevens believes the rise of A&E admissions becoming more "constrained" (up 1.5 per cent over the year) is in part due to better working between trusts and out of hospital care. Hospital inpatient bed days are also approximately flat-to-negative (+0.1 per cent for the 12 months to Jan 2016), although there are still big problems with flow in some areas. For 2015/16 elective day cases are up 4.7 per cent, but elective inpatients down 1.9 per cent, meaning complex cases may impact RTT.
- The 2016/17 business plan was based around the following three principles: Retaining constancy of purpose and priorities; coherent national support for locally led improvement and "Solve today's issues by accelerating tomorrow's solutions".

PERFORMANCE UPDATE AND FINANCE REPORT – MONTH 10

- In January 2016 88.7 per cent of patients attending A&E were admitted, transferred or discharged within four hours. There were 1,906,920 attendances and 485,000 emergency admissions. A&E attendances increased by 0.6 per cent over the year.
- There were 159,089 total delayed days in January 2016, 65 per cent in acute care.
- The RTT 18 week target was met in January 2016. Just under 3.3.m patients were waiting to start elective treatment at the end of January 2016.

	Net expenditure							
	Plan	YTD	Under/(over) spend		Plan	FOT	Under/(over) spend	
	£m	£m	£m	%	£m	£m	£m	%
CCGs	60,080.3	60,133.0	(52.7)	(0.1%)	72,475.0	72,496.0	(21.0)	(0.0%)
Direct Commissioning	21,992.4	22,023.0	(30.6)	(0.1%)	26,763.8	26,699.1	64.7	0.2%
Running, programme costs and other	1,181.3	948.4	232.9	19.7%	1,832.4	1,459.8	372.6	20.3%
Total before Technical Adjustments	83,254.0	83,104.4	149.6	0.2%	101,071.2	100,654.9	416.3	0.4%
Technical and Ringfenced adjustments					(188.8)	(211.8)	23.0	
Total non-ringfenced RDEL under/(over) spend					**100,882.4**	**100,443.1**	**439.3**	**0.4%**

MANCHESTER DEVOLUTION

- Sir Howard Bernstein gave a "one year on" presentation following the signing of an MoU by the bodies involved in Greater Manchester (GM) devolution in February 2015. In a key development the GM strategic plan links together ten smaller locality plans already on-going in GM, which has become a prototype for STP requirements. This plan was the basis of GM's submission to the CSR, which resulted in GM receiving its £450m transformation funding.
- Another paper was presented that formally delegated power to GM. In short this means greater control of its budget and commissioning decisions, including some specialised commissioning. The power is formally delegated to a chief officer of the Greater Manchester devolution project – now named as Jon Rouse, who will still formally sit in NHS England.

CONFLICTS OF INTEREST

- The following policies for CCGs were confirmed:
- Conflicts of Interest (COI) Guardians to be in all CCGs and who should
    - act as a conduit for members of the public who have any concerns with regards to COI;
    - be a safe point of contact for whistleblowing;
    - Support application and provide advice and judgment on COI principles and policies.
- CCGs to have at least three lay members on each governing body to better COI and mandating commissioners to have "robust" processes for managing breaches in their COI policy – and to publish any breaches on their website.
- A cross system group will be established to develop a full set of rules to be used right across the healthcare system – covering suppliers to the NHS, national NHS organisations, local commissioners and providers. It will develop proposals for consultation in the summer. NHS England's internal conflict of interest policy will also be strengthened to match best practice.

NHSE 2016/17 BUSINESS PLAN

- The 2016/17 business plan is based around ten corporate priorities consistent with those laid out in the 2015/16 business plan, which are themselves structured around the three themes aligned with the Five Year Forward View 'gaps': Improving Health, Transforming Care and Controlling costs. The Business Plan describes what NHSE will do to deliver each of the priorities, and also describes some key areas of focus internally for the organisation for 2016/17, namely improving how it efficiently it runs the organisation and improves how it looks after its staff.