

Paper NHSE13101

BOARD PAPER - NHS ENGLAND

Title: Chief Executive's report

Clearance: Sir David Nicholson, Chief Executive

Purpose of paper:

- This report highlights a number of significant events that have taken place since the last meeting of the Board and are not covered elsewhere on the agenda. It also records urgent action taken since the last Board meeting.

Key issues and recommendations:

The two months since the last Board meeting have seen a great deal of progress and a number of significant developments. We have followed up the 'Call to Action' with a significant programme of work. We have held a successful annual meeting of the NHS Commissioning Assembly.

Actions required by Board Members:

- The Board is asked to note the report.

Chief Executive's report

Introduction

1. This report highlights a number of significant events that have taken place since the last meeting of the Board and are not covered elsewhere on the agenda. It also records urgent action taken since the last Board meeting.

The 'Call to Action'

2. To mark the 65th anniversary of the NHS in July, NHS England published 'The NHS Belongs to Us All: A Call to Action'. This document demonstrated why the health service must be transformed to survive. Since the launch of the Call to Action, NHS England has been working on two key strands that will take the challenges identified in a Call to Action into the strategic planning round for 2014/2015 – 2018/2019.
3. The first strand is creating the space for local debate and discussion. A key component of this is the primary care engagement strand. 'Improving general practice – A call to action' was launched in August and describes the case for change and our underlying objectives for general practice together with an evidence pack about current general practice and health needs. It also identifies a number of questions about how NHS England can best support these local changes. We have created an online survey to collect views and this is open until 10 November 2013. An accelerated learning event on this topic was held on 15 October 2013 to bring together colleagues from across NHS England alongside (clinical commissioning group) CCG clinical leaders and primary care stakeholders to input into the emerging workstream groups that are developing elements of the strategic framework for commissioning primary care.
4. We expect to publish a call to action for community pharmacy in November 2013 and we are also developing similar frameworks to stimulate debate about our strategic approach to primary care dental services which will be published during winter.
5. The second key strand has been to develop a series of 'thought leadership' products. These thought leadership products will be released in time to influence the development of the strategic plans due to be submitted in summer 2014. The first in the series will focus on prevention and early diagnosis, based on research and case studies, together with contributions from the first national Call to Action event held in Birmingham on 7 October. The second event in the series will be an 'NHS Futures Summit'. This is being delivered in partnership with Monitor and the NHS Trust Development Authority. The summit will bring together national leaders and thinkers to consider how the provider sector will need to change in response to shifts in commissioning intentions driven by the Call to Action and wider NHS Strategy programme.
6. In addition, NHS England is developing a product called 'Any Town CCG'. This is report based on quantitative and qualitative modelling that demonstrates for three types of typical CCG what the challenges and opportunities could look like. This

report will describe a selection of interventions that would make a contribution to meeting the challenges of improving health outcomes whilst living within our financial means.

NHS Commissioning Assembly

7. Our success as NHS commissioners in improving outcomes for patients is determined to a large extent by the relationships which are formed between CCGs and NHS England at a national and local level. By working together there is greater opportunity for improving the quality and commissioning outcomes for patients.
8. The NHS Commissioning Assembly was established in Autumn 2012, as the community of leaders for NHS commissioning - the 'one team' which will deliver better outcomes for patients. It comprises the clinical leader from every CCG in England and NHS England Directors (area team, support centre and national clinical directors).
9. The NHS Commissioning Assembly aims to:
 - create shared leadership at national and local level across all clinical commissioners, fostering the sense of 'one team' with joint responsibility for ensuring that clinically-led commissioning develops and flourishes;
 - be the infrastructure through which CCGs and NHS England can co-produce national strategy and direction;
 - be the mechanism through which commissioners can agree principles, build consensus and have a common voice on key issues;
 - be a learning network through which leaders of NHS England and CCGs can develop commissioning to be the best it can be; and
 - connect the leaders of the clinical commissioning system at a national level.
10. The NHS Commissioning Assembly has an established programme of work to deliver its ambitions, with members contributing via themed working groups, digital members networking and an annual event.
11. In its first year the NHS Commissioning Assembly has played a key role in in the commissioning system. The NHS Commissioning Assembly membership have influenced key policy and strategy development, such as Call to Action, provided views on hot topics, such as NHS 111 and produced practical help to support all commissioners, including the 'Transforming Participation' Guide, a review of how we can improve the ability of NHS England and CCGs to commission for the same population, the directory of CCG development support ; a quality tool to support commissioners in identifying intervention which can contribute to reducing premature mortality .
12. Members of the NHS Commissioning Assembly came together for the 2013 annual event in late September to review progress to date, consider the key issues and themes we must work on together if we are to have the biggest impact on outcomes for patients and agree action for the future.

13. The event is a key point in the calendar to give assembly members a voice and influence. Immediate impact has included:
 - inclusion of quantifiable ambitions for each NHS Outcome Framework domain in our future focus;
 - earlier indication of the approach to planning in 2014/2015 and beyond (David Nicholson letter 10/10/13)
 - feedback to the CEO recruitment process on hot issues, and
 - increase in shared learning and networking via the new NHS Commissioning Assembly website, launched at the event.
14. Over the longer term the commissioning assembly work programme will incorporate the output of the four key themes discussed on the day; patients and the public; improving quality; service transformation and major service change, and ways of working in shared commissioning . Each has tangible deliverables aligned to the aims of the Assembly.
15. The NHS Commissioning Assembly Annual Report will be produced in Winter 2013/2014.

NHS England Mandate refresh

16. Productive discussions have taken place with the Secretary of State and Department of Health officials over the autumn regarding the Mandate for NHS England for 2014/2015. We anticipate that the Department of Health will publish the refreshed Mandate on 8 November. Professor Sir Malcolm Grant intends to write to the Secretary of State following the publication of the Mandate to set out commitments to improving outcomes for patients and some of our specific priorities for achieving them.

Medical revalidation

17. Following a successful Health Gateway Review, the role of Senior Responsible Owner for revalidation will pass from the Department of Health to NHS England. Dr Mike Bewick, Deputy Medical Director, with responsibility for medical revalidation will take on the role from 24 October 2013 and will chair the England Revalidation Implementation Board (ERIB) to oversee the implementation and standardisation of revalidation across some 160,000 doctors employed by around 700 designated bodies in England.
18. The annual report (2012/2013) on the implementation of medical revalidation was published on 25 October (http://www.revalidationsupport.nhs.uk/news_media.php). Whilst progress remains broadly on track in primary care, the report highlights an unacceptably low medical appraisal rate in secondary care. On the basis of this report, concern has been raised about the commitment of boards to the implementation of the necessary systems and processes. Sir Bruce Keogh has subsequently written to all responsible officers of acute sector NHS hospital trusts and foundation trusts.

19. The General Medical Council, the Care Quality Commission and Monitor will also be writing to Chairs, Chief Executives and Responsible Officers of all UK designated bodies drawing their attention to their statutory responsibilities to ensure that doctors are up to date and fit to practise, setting out an expectation that the frequency and quality of medical appraisals will be monitored and reported.

Urgent actions taken since the last meeting of the Board

20. I would like to report two urgent actions taken since the last meeting.
- Approval of a letter of commissioner support for the Phase 1 PFI Redevelopment of the Royal National Orthopaedic Hospital, Stanmore.
 - Children and Young People's Improving Access to Psychological Therapies: approval of MOU with HEE North Central and East London.
21. Further details of both urgent actions are contained in annex A.

Sir David Nicholson
Chief Executive
October 2013

Annex A: NHS England urgent action

Name of urgent action	Lead National Director(s)	Overview	Details	Board members approved	Date to be reported to Board
Royal National Orthopaedic Hospital	Barbara Hakin/Paul Baumann	Approval of a letter of commissioner support for the Phase 1 PFI Redevelopment of the Royal National Orthopaedic Hospital, Stanmore.	<p>Business case reviewed by the Finance and Investment committee at its meeting on the 2nd of September.</p> <p>NHS England's function in relation to this business case is to confirm support for the income assumption and the Trust's long term financial model. This is not a commitment to any payment or guaranteed income levels and such this decision does not have a financial consequence for NHS England.</p> <p>Urgent decision agreed for the Chief Financial Officer to issue to the Trust a letter to confirm commissioner support.</p>	Finance and Investment Committee members including Paul Baumann, Bill McCarthy, Moira Gibb and Ed Smith	8 November 2013
Children and Young People's Improving Access to Psychological Therapies programme MOU	Sir Bruce Keogh	Approval of MOU with HEE North Central and East London	<p>The CYP IAPT Programme arranged for HEE NCEL to commission all training from pre-existing providers previously commissioned by SHAs for the academic year starting November 2013</p> <p>HEE NCEL required a signed MOU and PO in place before issuing Service Level Agreements to all providers.</p> <p>The MOU required Board approval</p>	Professor Sir Malcolm Grant (Chair) Ed Smith (Non-executive Director) Lord Victor Adewale (Non-Executive Director)	8 November 2013

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			Finalisation of MOU precluded Board review at September Meeting It was agreed to proceed with the MOU.		