

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. NHS England has taken important steps to increase transparency in the NHS and to improve services for patients.

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.

NHS England strategy programme

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. Not only have health needs changed, with patients with multiple long-term conditions representing the majority of demand and £7 out of every £10 spent on health. We also anticipate a funding gap of about £30bn by 2020/21 based on current projections. I am determined that we begin building support now for the transformation that is needed.
3. I recently chaired the first meeting of our newly established Strategy Programme Board. One of the key items discussed was the 'Call to Action' - a nationwide programme of engagement aimed at staff, patients and the public. In part this will be done virtually, using a digital platform that we have launched on NHS Choices. But we will also be holding two types of events around the country.
4. The first, led by clinical commissioning groups (CCGs), Health and Wellbeing Boards (HWBs) and their local partners, will spark conversations at the local level. We have been working with a group of volunteer areas over the month of August to co-design supporting materials that will be launched in September as the full campaign gets underway. The first of these events was held in Hull on 13 August with twenty delegates helping to create material to assist other areas. We have also received a first version of plans from NHS England's Area Teams illustrating how they will embed the 'Call to Action' in their local activities and discussions.
5. The second will involve a series of national events, conducted in partnership with national patient groups, charities and other arms-length bodies. The first of these events is planned for late September on the theme of prevention and is being developed in partnership with Public Health England, members of the Richmond Group and others. Run as 'health juries', these national events will focus on some of the knottiest issues and trade-offs the NHS faces. I hope to attend some of these events, as will our domain leads and national clinical directors. I would also be delighted to see our non-executive directors join us if they can, and we will circulate details as soon as they are available.
6. One of the key areas that CCGs and Area Teams are already looking at with local communities is how they can transform general practice services and wider primary care services to help meet the challenges facing the NHS. As part of our nationwide engagement, we recently published a 'Call to Action for General Practice' to help further stimulate debate about the best ways to develop general

practice for the future. We want general practice to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

7. General practice and wider primary care services are facing increasing pressures, linked to an ageing population, increasing numbers of people with multiple long term conditions, declining patient satisfaction with access to services, and problems with recruitment and retention in some areas. We know that many CCGs are working with their member practices to look at how they can transform the way they provide services so that they can better meet these challenges. In supporting the reform of primary care services, we will need to build on the many strengths of existing general practice - including its system of registered patient lists, its generalist skills and its central role in the management of long term conditions.
8. We are also developing our strategic approach to commissioning primary dental, pharmacy and eye care services and are planning related engagement exercises for each of these.
9. The Call to Action will run into the New Year. In the meanwhile, we will be working together with our partners across the health and social care system to develop a single and more ambitious planning process that will support local areas in implementing strategic change from the next financial year.

NHS England Mandate refresh

10. The Government consulted on proposed changes to its mandate to NHS England in early July, with a view to publishing a revised mandate in early November. The proposed changes were discussed at the NHS England Public Board meeting on 18 July and since then Board members have had an opportunity to inform our response to the consultation.
11. The consultation response highlights three general issues with the consultation document: the importance of clarity and a focus on outcomes, the importance of providing constancy of purpose for commissioners, and the affordability of the proposals. The response also raises specific concerns about some of the policy proposals set out in the consultation document. We are continuing to work closely with the Department of Health as it works to firm up the policy proposals and provide a financial analysis. The consultation closes at the end of September, and the Board will have an opportunity to consider a draft of the final refreshed mandate by correspondence in early October.
12. As part of the mandate refresh, we are also working closely with the Department of Health as it updates the NHS Outcomes Framework. This work is primarily around addressing placeholder indicators and improving calculation methodologies to ensure that the Outcomes Framework is based on the best available information.

Publication of the first results from the NHS Friends and Family test

13. At the end of July we published the first results from the NHS Friends and Family survey, which asks patients whether they would recommend A&E and inpatient wards to their nearest and dearest based on their own experience. The survey, which will grow into the most comprehensive ever undertaken, covers around 4,500 NHS wards and 144 A&E services. It allows hospital trusts to gain real time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality.
14. The test was first announced by the Prime Minister in January 2012 and means that patients will now have a real voice in deciding whether their care is good enough or not – and hospitals will be able to take swift action to make any necessary improvements.
15. The Friends and Family Test is based on one simple question, ‘How likely are you to recommend our ward/A&E department to your friends and family if they needed similar care or treatment?’ Patients are presented with six responses ranging from ‘extremely likely’ through to ‘extremely unlikely’. Organisations are encouraged to ask follow-up questions at the same time to find out more details that can help drive improvements. The number and wording of the follow-up questions is determined locally but tend to be similar to “Please can you tell us the main reason for the score you have given?”
16. The Friends and Family Test was introduced across the country in April this year (following a pilot in the Midlands and east region) and the information we have published covers the first three months of the survey. There are wide variations in numbers of respondents which affect overall scores but highlights include:
 - Over the first three months, over 400,000 NHS patients completed the survey.
 - Specialist hospitals tended to have higher scores for inpatient services.
 - The Friends and Family Test scores are available at Trust, hospital, specialty and ward level. FFT scores can range between +100 (most positive) and -100 (least positive).
 - In June, 36 wards out of 4,500 across the country scored an overall negative figure, down from 66 in April.
 - For A&E in June, just one service received a negative score.
 - Inpatient data was submitted by all 157 Acute NHS trusts as well as Independent sector providers, and A&E data by all 144 providers of relevant A&E services.
 - A&E service scores ranged from 100 to minus 13, with the top ten Trusts landing between 100 and 79.
 - The scores for inpatients ranged from 100 to 43.
 - There has been a steady increase in the numbers of respondents each month, increasing from 108,000 in April to 160,000 in June, with a total of 404,657 responses gathered for the quarter April to June 2013.

- The Care Quality Commission will also use the data as part of its new surveillance system when assessing risks at hospitals, together with other data such as mortality rates and never events.
- The England-wide response rate for both inpatient and A&E surveys was 13.1 per cent.
- Public and patients can find easily searchable data for the Friends and Family Test on the NHS Choices website.

17. This is a bold move to promote real openness in the NHS and to concentrate our focus on improvement in care. However, it is important that this early data is treated carefully. Low response rates can have a dramatically disproportionate impact on scores. As more and more patients respond, the data will become more and more robust.

Publication of Berwick report on patient safety

18. Professor Don Berwick, a renowned international expert in patient safety, was asked by the Prime Minister to carry out a review of NHS patient safety following the publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals.
19. Professor Berwick's report was published at the beginning of August. His report makes recommendations for the NHS, its regulators and the government in building a robust nationwide system for patient safety rooted in a culture of transparency, openness and continual learning with patients firmly at its heart.
20. I warmly welcome the report's focus on growing a culture which puts patients first, engages and empowers patients and carers, supports transparency and learning and takes responsibility for poor care.
21. We will work with our national partners across the health and social care system to assess and implement the recommendations. We will examine the recommendations in detail to establish how they can be implemented across the NHS, in the context of existing projects and other key recent reports about the safety and quality of patient care.
22. A paper providing further information about the Berwick report and our plans for implementing its recommendations will be presented to the next public meeting of the board.

Urgent actions taken since the last meeting of the Board

23. I would like to report two urgent actions taken since the last meeting. The Chair and I have confirmed NHS England's Finance & Investment Committee's recommendations regarding the Nottingham Independent Sector Treatment Centre.
24. We have also confirmed the Finance & Investment Committee's recommendation that NHS England should approve four transaction agreements associated with the dissolution of South London Healthcare NHS Trust and commit associated

funds where required. Delegated authority to make sign the final agreements has been given to the Regional director for London.

25. Further details are contained in annex A.

Sir David Nicholson
Chief Executive
September 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
Nottingham ISTC (Independent Sector Treatment Centre)	Barbara Hakin/Paul Baumann	Approval of end of contract settlement payment and signing of deeds of variation.	<ul style="list-style-type: none"> The Nottingham ISTC contract legally novated to NHS England from the DH on 1 April 2013. This contract expired in July 2013 and NHS England was required to sign the associated legal deeds relating to the lease (Deed of Variation) and make the settlement payment to the provider in accordance with the previously agreed contractual terms. Payment was approved to Nations Healthcare (Nottingham) Ltd of £41,421,197, equating to the residual value of the property, in line with previously agreed contractual settlement terms. It was agreed to issue a letter to the preferred bidder provider of future services to allow their continued occupation of the site to ensure uninterrupted provision of patient care whilst work is undertaken to establish a new sublease. 	<p>Finance and Investment Committee approval : Dame Moira Gibb (chair) Ed Smith (non-executive director) Bill McCarthy Paul Baumann Barbara Hakin</p> <p>Agreed as an urgent action by: Sir David Nicholson Professor Sir Malcolm Grant</p>	September 2013

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South London Healthcare NHS Trust	Paul Baumann	Approval of four transaction agreements and associated funding.	<ul style="list-style-type: none"> • The Trust Special Administrator (TSA) appointed by the Secretary of State recommended that South London Healthcare NHS Trust should be dissolved. • The TSA recommended four transactions, which require approval of a number of parties, including NHS England. • NHS England investment is required to support these transactions. • That the Regional Director for London is given the delegated power to sign the four transaction agreements in accordance with the conditions and funding arrangements agreed. 	<p>Finance and Investment Committee approval : Dame Moira Gibb (chair) Ed Smith (non-executive director) Paul Baumann Barbara Hakin</p> <p>Agreed as an urgent action by: Sir David Nicholson Professor Sir Malcolm Grant</p>	September 2013