

BOARD PAPER - NHS ENGLAND

Title: Chief Executive's report

By: Simon Stevens, CEO

Purpose of paper:

- Update on the work of the Chief Executive over the last two months.
- Provide information on a number of NHS England priorities not covered elsewhere on the agenda.

Actions required by Board Members:

- To note, and to discuss various items referred to herein.

NHS ENGLAND CEO's REPORT TO THE BOARD

NHS Five Year Forward View

1. The NHS Five Year Forward View was published on 23 October, jointly with Monitor, NTDA, the Care Quality Commission, Public Health England and Health Education England. It has been well received across the NHS, by patient and citizen groups and by wider stakeholders, as well as by the political parties and the media. This affirms one of the central arguments of the FYFV that there is in fact quite a wide consensus on why health care needs to be transformed in this country, and how we can do so. Our job - with our national and local partners - is now to get going on that journey, and we expect to make significant strides on this over the next six months and beyond. (The Forward View is the subject of a separate item on this Board meeting agenda.)

NHS performance

2. NHS providers have been contracted to deliver the extra elective activity they said they could undertake to treat long waiting patients by November 30 - so as to cut waiting times, create headroom for winter, and ensure they meet their contracted RTT standards for the remainder of the year. It is vital that hospitals now use this opportunity created by the extra £250m of funding for elective activity to get back on track.
3. On urgent and emergency care, TDA, Monitor and NHS England are working closely together with local providers and CCGs to ensure needed extra winter capacity is brought online using the earmarked funding available. This needs to be matched by rigorous cross-system working in each health community. Where necessary, David Bennett, David Flory and I are personally meeting with chief executives of CCGs, providers and local authorities. We will be ensuring that the combined impact of our three organisations supports local leaders in making the needed improvements in service performance.
4. Since the last board meeting we have published, jointly with the Department of Health, a set of important new commitments for mental health services ('Achieving Better Access to Mental Health Services by 2020'). For the first time NHS patients will benefit from access standards for mental health services, beginning on a phased basis from next year. In the meantime we want to see further progress this year on delivering the Crisis Concordat in every part of the country as well as our shared IAPT and dementia goals.

External engagements

5. Together with TDA and Monitor I have just held four regional meetings across the country for local NHS and local authority chief executives to clarify our shared priorities for the balance of the year. In addition the NHS Commissioning Assembly brought together all CCGs and NHS England commissioners to agree shared direction for 2015/16 on topics such as primary care co-commissioning and specialised commissioning.
6. In the past few weeks I have given evidence to the Health Select Committee on the Forward View, and to the Public Accounts Committee on NHS resource allocation. Paul Baumann and I were able to describe the rigorous and transparent work undertaken by this Board to make allocations to CCGs for 14/15 and 15/16. Asked about future allocations, we indicated that our aspiration would be to move all under target CCGs to within 5% of their target allocations within two years, depending on the overall resourcing available.
7. Since the last Board meeting I have continued to visit, meet and speak to a wide range of individuals, groups and communities. These include meeting young carers to discuss how they can better be supported by the NHS, discussing maternity services with the Womens Institute, and a further discussion on employment opportunities for people with learning disabilities. I also met Sir Robert Francis, Sir David Dalton, and Lord Stuart Rose to discuss their respective forthcoming reports. I gave speeches to the NAPC, RCGP, Queens Nursing Institute, Mary Seacole Awards, and the CNO's BME Annual Conference, amongst others. In the interest of transparency I publish details of my external non-public sector meetings on our website at: www.england.nhs.uk/about/whos-who/declarations/

Contingency planning

8. *Ebola*. The UK continues to maintain a state of preparedness in the event a patient presents with Ebola-like symptoms. NHS England Area Teams are actively coordinating with Public Health England and Local Health Resilience Partnerships to ensure that robust response arrangements are in place for suspected or confirmed cases. We are working with the High Level Isolation Unit at the Royal Free Hospital in London, and surge centres at Newcastle, Sheffield and Liverpool, to support the delivery of specialist care. NHS England was central to the rapid development, co-ordination and implementation of a national level Ebola exercise.
9. *Industrial action*. Contingency arrangements to date are reported to have worked satisfactorily, and ambulances services and acute trusts continued to provide a good level of response. Unions have a mandate to strike with 7 days' notice therefore NHS England is maintaining a watching brief and has in

place an operational plan to support our continued response during this period of industrial action. The Department of Health is in the lead on pay matters.

10. I will elaborate on these and other matters at the Board meeting.

Simon Stevens

CEO, NHS England