NHS Oversight Framework 2019/20

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NHS England and NHS Improvement

NHS Oversight Framework 2019/20

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Prepared by: Oversight and Assessment team

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Introduction

1. In recent years it has become increasingly clear that the best way to manage the NHS's resources to deliver high quality, sustainable care is to focus on organising health at both system and organisational level. NHS England and NHS Improvement are aligning their operating models to support system working. 2019/20 will be a transitional year, with our regional teams coming together to support local systems.

2. A new approach to oversight will set out how regional teams review performance and identify support needs across sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). This framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21.

3. Changes to oversight will be characterised by several key principles:

   - NHS England and NHS Improvement teams speaking with a **single voice**, setting consistent expectations of systems and their constituent organisations
   - a greater emphasis on **system performance**, alongside the contribution of individual healthcare providers and commissioners to system goals
   - working **with and through system leaders**, wherever possible, to tackle problems
   - matching **accountability for results** with improvement support, as appropriate
   - **greater autonomy** for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities.

Oversight in 2019/20

4. The existing statutory roles and responsibilities of NHS Improvement and NHS England in relation to providers and commissioners remain unchanged and are set out in the mandated support section of this document. The key change is the context in which they are applied, which will now reflect the principles set out above. This will serve to identify and address both:

- performance issues in organisations directly affecting system delivery
- development issues which may, if not addressed, threaten future performance.

5. In addition, leadership and culture at organisations and systems will form a core part of our oversight conversations as part of our commitment to making the NHS a better place to work.

6. Regional directors and their teams will lead on system oversight, working closely with organisations and systems and drawing on the expertise and advice of national colleagues. Existing tools – licence breach, powers of direction, special measures – will continue to be used where necessary to address organisational issues and support system delivery.

7. We are supporting ICSs to take on greater collaborative responsibility for use of NHS resources, quality of care and population health. In line with the move to greater autonomy for better performing local systems, oversight arrangements will reflect both the performance and relative maturity of ICSs. In 2019/20 it will be for regional teams to determine the level of oversight that best meets their assurance needs. Regions have been testing new ways of working and arrangements already in place will continue.

8. Oversight will incorporate:

   - System review meetings: discussions between the regional team and system leaders, drawing on corporate and national expertise as necessary, informed by a shared set of information and covering:
     – performance against a core set of national requirements at system and/or organisational level. These will include: quality of care, population health, financial performance and sustainability, and delivery of national standards
     – any emerging organisational health issues that may need addressing
     – implementation of transformation objectives in the NHS Long Term Plan.

     In the absence of material concerns, the default frequency for these meetings will be quarterly, but regional teams will engage more frequently where system or organisational issues make it necessary.

- Focused engagement with the system and the relevant organisations where specific issues emerge outside these meetings.

9. Organisational-level information flows will remain to ensure we can better understand drivers of system performance and identify situations where good system-level performance is masking underperformance at a local level. During 2019/20 we will make our reporting and dashboards, integrated performance data on activity and quality standards, available to organisations, systems, regional and national teams to enable performance discussions to use a 'single version of the truth'.

10. The specific dataset for 2019/20 broadly reflects existing provider and commissioner oversight and assessment priorities. These metrics are provided in Appendix 1 and split by their alignment to priority areas in the NHS Long Term Plan. Where appropriate these will be aggregated across system level and are likely to be complemented by purpose-built system metrics.

11. From 2020/21, the metrics for oversight and assessment purposes will include the headline measures described in the NHS Long Term Plan Implementation Framework against which the success of the NHS will be assessed. These Long Term Plan measures will be used as the cornerstone of the mandate and planning guidance for the NHS for the next five years.

Identifying support needs and organisation segmentation

12. Regional teams will use data from the metrics in Appendix 1 as well as local information and insight to identify where commissioners and providers may need support.

13. Where a clinical commissioning group (CCG) and/or provider is triggering a concern and a potential support need is identified, the regional team will consider why the trigger has arisen and whether a support need exists. The regional team will involve system leads in this process – both to identify the factors behind the issues and whether local support is available and appropriate.

14. Teams will use judgement to assess the seriousness, scale and complexity of the issues the CCG and/or provider is facing, based on information gathered, existing relationship knowledge, discussions with other organisations in the

system, information from partners and evidence from formal or informal investigations.

15. From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system. NHS England and NHS Improvement are developing a maturity matrix for systems that will determine the relative responsibilities and freedoms at each stage of system maturity – and associated support available. When working with systems, regional teams will take into account the maturity of the system and this will determine the extent to which the system is expected to support or lead on the improvement activity.

16. Practically, regional teams – with system leaders where appropriate – will consider:

    - the extent to which the CCG and/or provider is triggering a concern under leadership capacity and capability, quality of care, financial management, and/or operational performance
    - any associated circumstances the CCG and/or provider is facing
    - the degree to which the CCG and/or provider understands what is driving the issue
    - views of system leadership and governance
    - the CCG's and/or provider's capability and the credibility of plans to address the issue
    - the extent to which the CCG and/or provider is delivering against a recovery trajectory.

17. Based on this assessment, teams will identify whether a CCG and/or provider has a support need and, if so, what level of support is required.

18. Having assessed a CCG and/or provider's support needs, it is up to regional teams to allocate them to a support 'segment' or category. For ICSs, support decisions should be taken having regard to the views of system leadership governance. The segment or category in which an organisation is placed is determined by the level of support teams have decided is appropriate (universal, targeted or mandated). It does not necessarily mirror the annual assessment for CCGs or the most recent Care Quality Commission (CQC) inspection rating for providers.

19. The relationship between a CCG and/or provider's identified support needs, and the type of support made available is summarised in Table 1. This support may come from system partners or other organisations.

20. Teams monitor and engage with CCGs and providers on an ongoing basis and where in-year, annual or exceptional monitoring flags a potential support need the organisation's situation may need to be reviewed. This will consider whether the level of interaction needs to change to monitor the issue and the organisation's response to it, and whether there is a need to change its allocated segment or category.

21. This integrated approach enables regional teams to look at the support requirements for CCGs and providers in parallel so that support and intervention are mutually reinforcing. Intervention should be proportionate and based on the organisation's performance and the capability of the system to deal with any issues in the first instance.

22. The regional team will determine how frequently they will review CCGs and providers' support needs and segmentation based on their performance against the metrics in the assessment framework.

Table 1: Provider and CCG support needs and level of support offered

	Providers		CCGs	
Segment/ category	**Description of support needs**	**Level of support offered**	**Description of support needs**	**Level of support offered**
1 (Maximum autonomy)	No actual support needs identified across the five themes described in the provider annex. Maximum autonomy and lowest level of oversight appropriate. Expectation that provider supports providers in other segments.	**Universal (voluntary)**	No actual support needs identified across. Maximum autonomy and lowest level of oversight appropriate.	**Universal (voluntary)**
2 (Targeted support)	Support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not considered needed.	**Universal + targeted** (not mandatory) support as agreed with the provider to address issues identified and help move the provider to segment 1.	Support needed but mandated action is not considered needed.	**Universal + targeted** support as agreed with the CCG to address issues identified and help move the provider to segment 1
3 (Mandated support)	The provider has significant support needs and is in actual or suspected breach of the licence (or equivalent for NHS trusts) but is not in special measures.	**Universal targeted + mandated** support as determined by the regional team to address specific issues and help move the provider to segment 2 or 1.	The CCG has significant support needs and is placed in the dedicated support regime.	**Universal targeted + mandated** support as determined by the regional team to address specific issues and help move the CCG to segment 2 or 1
4 (Special measures for providers; legal directions for CCGs)	The provider is in actual or suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean it is in special measures.	**Universal targeted + mandated** support as determined to minimise the time the provider is in special measures.	The CCG is failing or at risk of failure with very serious/ complex issues that mean it is placed under legal directions.	**Universal targeted + mandated** support as determined to minimise the time the CCG is under legal direction.

Mandated support

24. Support for CCGs includes:

    - dedicated support regime for CCGs that need additional and tailored support
    - statutory powers of direction where NHS England is satisfied that either a CCG is failing or is at risk of failing to discharge its functions (as laid out in s.14Z21 of the NHS Act 2006 (as amended)).

25. Where mandated support is required for an NHS foundation trust the regional teams may call on the powers in the Health and Social Care Act 2012, using powers under the National Health Service Act 2006. In particular, teams may seek to agree enforcement undertakings with the provider. These include:

    - to direct a foundation trust to do, or stop doing, actions which render it in breach of its licence (s.105)
    - where a foundation trust in breach of its licence proposes actions (an undertaking) to address the breach, NHS Improvement can hold the foundation trust to account for the delivery of these actions (s.106) and take steps to penalise trusts if these are not delivered
    - where governance issues at a trust are causing a breach, or likely breach, of the licence, removing, suspending or disqualifying directors or governors and replacing them with interims. NHS Improvement can also add conditions to the foundation trust's licence to address the governance issue (s.111).

26. For NHS trusts, NHS Improvement has statutory powers of direction that include the appointment and removal of board directors and in any other area in regard to the exercise of the trust's functions that NHS Improvement deems appropriate (as described in the NHS Trust Development Authority Directions 2013).

Annual assessment of CCGs

31. As required by law, the annual assessment of CCGs by NHS England will continue in 2019/20. It is a judgement, reached by considering a CCG's performance in each of the indicator areas over the full year and balanced

against the financial management and qualitative assessment of the leadership of the CCG. Formally NHS England will continue to assess how CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients.

32. CCG assessment gives primacy to tasks in common over formal organisational boundaries and has not solely used metrics that only report on data within a CCG's control. Metrics have already been incorporated from NHS Improvement's provider oversight approach. Therefore, CCGs are expected to focus on the strength and effectiveness of their system relationships, using all the levers and incentives available to them, to make progress.

Developing a new oversight framework for 2020 onwards

33. The approach in this document combines current approaches to overseeing commissioners and providers. As teams come together and start working with systems and organisations, we will use 2019/20 to develop proposals for a new framework.

34. The specific metrics that will be used for oversight and assessment will include the measures identified in the NHS Long Term Plan Implementation Framework.

35. We will involve partners at key stages of the design work, which will consider:

    - the purpose of the framework – what it is to be used for and the relative roles of performance management and sector development
    - the scope of the framework and the approach to oversight at organisational and/or system level
    - standard and transparent methodologies for monitoring, escalation and taking formal or informal action with organisations.

36. The framework will incorporate the commitments in the People Plan (see the Interim People Plan) to develop a leadership compact. This compact will be an important component of future oversight and will set out how the regional, national and local teams commit to behave towards each other.

37. The framework will also consider the balance between organisational and system oversight, and how system maturity will affect this.

Appendix 1: Oversight metrics

New metrics for 2019/20 are highlighted in bold. Metrics are aligned to priority areas in the NHS Long Term Plan. There are full definitions in the accompanying provider and CCG technical annexes.

Metrics introduced in 2020/21, including system metrics, will include the measures described in the NHS Long Term Plan Implementation Framework.

1. New service models		**Oversight**
	Integrated primary care and community health services	
1	Patient experience of GP services	CCGs
2	Patient experience of booking a GP appointment	CCGs
3	Emergency admissions for urgent care sensitive conditions	CCGs
	Acute emergency care and transfers of care	
4	Percentage of patients admitted, transferred or discharged from A&E within four hours	CCGs and providers
5	Achievement of clinical standards in the delivery of 7-day services	CCGs and providers
6	Delayed transfers of care per 100,000 population	CCGs
7	Population use of hospital beds following emergency admission	CCGs
8	Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting	CCGs
	Personalisation and patient choice	
9	Personal health budgets	CCGs
10	Use of the NHS e-referral service to enable choice at first routine elective referral	CCGs

2. Preventing ill health and reducing inequalities		
	Smoking	
11	Maternal smoking at delivery	CCGs
	Obesity	
12	Percentage of children aged 10-11 classified as overweight or obese	CCGs
	Falls	
13	Injuries from falls in people aged 65 and over	CCGs
	Antimicrobial resistance	
14	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	CCGs
15	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	CCGs
	Health inequalities	
16	Proportion of people on GP severe mental illness register receiving physical health checks in primary care	CCGs
17	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions	CCGs
3. Quality of care and outcomes		
	General	
18	Provision of high-quality care: hospitals	CCGs and providers
19	Quality of Care metrics: a set of quality proxies to identify any emerging quality concerns at acute, mental health, ambulance and community trusts – **see Annex 2: Provider oversight: metrics**	Providers
20	Provision of high-quality care: primary medical services	CCGs
21	Evidence that sepsis awareness raising among healthcare professionals has been prioritised by CCGs	CCGs

22	**Evidence-based interventions**	**CCGs**
	Maternity services	
23	Neonatal mortality and stillbirths	CCGs
24	Women's experience of maternity services	CCGs
25	Choices in maternity services	CCGs
	Cancer services	
26	Cancers diagnosed at an early stage	CCGs
27	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	CCGs and providers
28	One-year survival from all cancers	CCGs
29	Cancer patient experience	CCGs
	Mental health	
30	Improving Access to Psychological Therapies – recovery	CCGs and providers
31	Improving Access to Psychological Therapies – access	CCGs and providers
32	People with first episode of psychosis starting treatment with a National Institute for Health and Care Excellence (NICE)-recommended package of care treated within two weeks of referral	CCGs and providers
33	Mental health out-of-area placements	CCGs and providers
34	Quality of mental health data submitted to NHS Digital (DQMI)	CCGs and providers
	Learning disability and autism	
35	Reliance on specialist inpatient care for people with a learning disability and/or autism	CCGs

36	Proportion of people with a learning disability on the GP register receiving an annual health check	CCGs
37	Completeness of the GP learning disability register	CCGs
38	**Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification**	**CCGs**
	Diabetes	
39	Diabetes patients that have achieved all the NICE recommended treatment targets: three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children	CCGs
40	People with diabetes diagnosed less than a year who attend a structured education course	CCGs
	People with long term conditions and complex needs	
41	Estimated diagnosis rate for people with dementia	CCGs
42	Dementia care planning and post-diagnostic support	CCGs
43	The proportion of carers with a long-term condition who feel supported to manage their condition	CCGs
44	Percentage of deaths with three or more emergency admissions in last three months of life	CCGs
	Planned care	
45	Patients waiting 18 weeks or less from referral to hospital treatment	CCGs and providers
46	**Overall size of the waiting list**	**CCGs**
47	**Patients waiting over 52 weeks for treatment**	**CCGs**
48	Patients waiting six weeks or more for a diagnostic test	CCGs and providers
4. Leadership and workforce		
49	Quality of leadership	CCGs and providers

50	Probity and corporate governance	CCGs and providers
51	Effectiveness of working relationships in the local system	CCGs and providers
52	Compliance with statutory guidance on patient and public participation in commissioning health and care	CCGs
53	Primary care workforce	CCGs
54	Staff engagement index	CCGs
55	Progress against the Workforce Race Equality Standard	CCGs and providers
56	Effectiveness of shared objective-setting and teamworking	Providers
57	Providing equal opportunities and eliminating discrimination	Providers
58	Black and minority ethnic (BME) leadership ambition for executive appointments	Providers
59	Reducing/eliminating bullying and harassment from managers and other staff	Providers
5. Finance and use of resources		
60	In-year financial performance	CCGs and providers
61	Delivery of the mental health investment standard	CCGs
62	**Children and Young People and Eating Disorders investment as a percentage of total mental health spend**	**CCGs**
63	Expenditure in areas with identified scope for improvement	CCGs
64	Children and young people's mental health services transformation	CCGs
65	**Reducing the rate of low priority prescribing**	**CCGs**

Contact us:

NHS England
This publication can be made available in a number of other formats on request.
Please call 0300 311 22 33 or email england.contactus@nhs.net.

NHS Improvement
0300 123 2257
enquiries@improvement.nhs.uk
improvement.nhs.uk

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