

## Summary of board papers – statutory bodies

### Care Quality Commission board meeting – 17 January 2018

For more detail on any of the items outlined in this summary, the board papers for this meeting are available [here](#).

#### Chief Executive's report

- CQC decided to reschedule some routine inspections of NHS acute services, GP practices and urgent care services planned for January. This was in response to increased pressure on the health and social care system as services coped with additional demand driven in part by a rise in respiratory illness and flu.
  - Inspections scheduled in response to concerns about quality or safety will go ahead as planned, including those that are in response to new information and those following up on previously identified concerns.
  - A normal inspection schedule is expected to resume in February but this will be subject to review.
  - CQC will contact providers directly about any changes to planned inspections.
- The Department of Health and Social Care (DHSC) published the [outcome to its consultation into broadening CQC powers to rate independent healthcare providers](#) on 3 January 2018.
  - It confirms that its proposals have been accepted and that the type of healthcare services for which CQC awards ratings has been extended to a final group of more than 800 additional providers, including independent GPs and digital doctors, sexual health services and termination of pregnancy services.
  - Providers affected by these changes will be required to publicly display their rating.
  - CQC is now developing an approach for how it rates these additional services and will launch a public consultation on this topic at the end of January (see below item).
- Over the next four weeks CQC will publish the end of programme report into Independent Acute Hospitals and annual assessment of the Mental Health Act. CQC will also publish the local system reviews for East Sussex, Oxfordshire and Plymouth.
- CQC has released a publication called *Developing People – Improving Care: One Year On* which highlights the steps health and social care leaders are taking to create systems of compassion, inclusion and improvement.

#### Independent health consultation

- CQC plans to publish a consultation on 26 January 2018 on its proposals for regulating independent healthcare (care that is provided by organisations that are not NHS trusts or GP services) in the next phase of inspections.
  - In the [draft consultation](#), CQC proposes to rate them in the same way that it rates other services: including rating on a four point scale (outstanding to inadequate), for the five key questions and using the published ratings characteristics and aggregation principles.
  - CQC will take a phased approach to introducing its Insight tool for independent healthcare due to the mixed level of availability and quality of information across different services. CQC aims to introduce a provider information collection for independent healthcare from 2019/20.
  - DHSC is in the process of amending the performance assessment regulations to enable CQC to rate most independent healthcare services.
  - For some of the larger providers, such as the Community Interest Companies (CICs) that provide a range of NHS funded services, where it is appropriate, CQC may inspect them in the same way as NHS trusts.
  - CQC plans to publish its consultation response and begin to rate those types of services in June 2018.

## NHS Improvement board meeting – 24 January 2018

For more detail on any of the items outlined in this summary, the board papers for this meeting are available [here](#).

### Chair's report

- The chair summarised developments in the closer alignment of the work of NHS England (NHSE) and NHS Improvement (NHSI), including one initiative to have cross representation on each other's boards.
  - The NHSI board has appointed David Roberts (deputy chairman, NHSE) as a non-voting associate NED on a two year term from February. Richard Douglas (NED, NHSI) will join the NHSE board in a similar capacity.
  - Richard and David will co-chair the NHSE/NHSI Joint Finance Committee to ensure that both organisations have a common understanding of the financial targets and performance of the health system as a whole.
  - NHSI and NHSE intend to have two joint board meetings in 2018, which are planned for May and September.

### Update on winter 2017/18

- A&E performance for December was 85.1%, the same level as January 2016. This was driven by high bed occupancy (over 95%) and an increase in demand pressures from flu (this is the most significant flu season since the winter of 2010/11) and respiratory conditions, as well as more emergency admissions (5.9% more than December 2016), with some evidence of more complex case mix and increased ambulance arrivals.
  - NHS 111 managed record call volumes (13.5% more per day in December 2017 than December 2016).
- However, management information for January suggests an improvement and the system is performing better than at the same point last year.
  - The historic year on year decline of A&E performance seems to have halted. Year to date performance is 89.5%, which remains on par with last year at 89.6%.
  - Delayed transfers of care continue to come down. In November 2017, there were 155,059 delayed days, compared with 193,206 in November 2016.
  - The system is seeing more patients within 4 hours compared to the same month the previous year (2.4%).
  - There are early signs that flu swab positivity levels in primary and secondary care are stabilising.
- The new National Emergency Pressures Panel has met twice over the holiday period to discuss system pressures.
  - On 20 December, the panel agreed that a planned postponement of elective procedures should apply to inpatient work, except cancer, urgent and time critical care.
  - At the meeting on 2 January, this recommendation was extended to 31 January. The panel also agreed that local systems might need to suspend sanctions on mixed sex accommodation.

### Corporate report

- NHSI is informing DHSC that there is insufficient funding for the Paperless 2020 programme. This situation has been exacerbated by the requirement to fund cybersecurity investment from the programme's budget.
- Negotiations are ongoing between DHSC and HM Treasury on [funding for cybersecurity spending](#).
  - Implementing the first recommendation of NHS England's WannaCry review would cost £1bn.
  - It was suggested that funding allocated to the Paperless 2020 programme should be used for this purpose.

### Improvement report

- Publication of [Developing People – Improving Care: Together](#) (case studies on healthcare leadership and improvement), and [Challenges and Solutions](#) (good practice in relation to seven day hospital services).
- A provisional publication date of 31 January 2018 is set for staffing improvement resources for the following adult inpatient, maternity, community (district nursing), mental health, and learning disability services.