

## NHS Oversight Framework for 2019/20

NHS England and NHS Improvement (NHSE/I) have published the new **NHS Oversight Framework for 2019/20**. It outlines the joint approach the two organisations will take to oversee organisational performance and identify where providers and commissioners may need support. The NHS Oversight Framework has replaced the NHS single oversight framework (SOF) for providers and improvement and assessment framework (IAF) for clinical commissioning groups (CCGs).

Alongside the NHS Oversight Framework NHSE/I have published a document outlining the **provider oversight approach** in detail and a document setting out the **metrics** used to monitor and assess provider performance.

### Key points

- NHSE/I are aligning their operating models to support system working. 2019/20 will be a transitional year, with NHSE/I regional teams coming together to support local systems. The existing statutory roles and responsibilities of NHSE/I in relation to providers and commissioners remain unchanged. However these roles and responsibilities will be carried out by working with and through system leaders where possible.
- Four metrics have been added to the set used to identify issues at providers. These are based on the annual NHS Staff Survey and cover bullying and harassment, teamwork and inclusivity. This aspect will be developed over the course of 2019/20, and will include exploring metrics beyond the staff survey. Those organisations that most need it will begin to receive support via NHSE/I's culture and leadership programme.
- Regional directors (RDs) and their teams will lead on system oversight, working closely with organisations and systems and drawing on the expertise and advice of national colleagues.
- 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.
- The specific dataset for 2019/20 set out in the Oversight Framework (see Appendix 1) broadly reflects existing provider and commissioner oversight and assessment priorities. They are 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.
- Regional teams will use data from these metrics as well as local information and insight to identify where commissioners and providers may need support. The regional team will involve system leads in

the process of considering why the trigger has arisen and whether a support need exists. It is up to regional teams to allocate providers/CCGs to a support 'segment' or category. For ICSs, support decisions should be taken having regard to the views of system leadership governance.

- From 2019/20, ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system.

## Oversight in 2019/20

- The existing statutory duties and responsibilities of NHSE/I have not changed. However they will now be applied in the context of several key principles:
  - NHSE/I 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 will seek to identify and address both performance issues in organisations directly affecting system delivery and development issues which may, if not addressed, threaten future performance.
- Leadership and culture at organisations and systems will form a core part of oversight conversations
- Regional directors and their teams will lead on system oversight, drawing on the expertise and advice of national colleagues. Existing tools such as licence breach, powers of direction, special measures, will continue to be used where necessary
- ICSs will be supported to take on greater collaborative responsibility for use of resources, quality of care and population health. Oversight arrangements will reflect the performance and relative maturity of ICSs. The level of oversight will be determined by regional teams, depending on their assurance needs. Arrangements already in place in regions will continue.
- Oversight will incorporate:
  - System review meetings – discussion between the regional team and system leaders, covering:
    - Performance against a core set of national requirements at system and/or organisational level
    - 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, these meetings will be held quarterly, but regional teams will engage more frequently where necessary. They will also engage with the system and relevant organisations where specific issues emerge outside these meetings.
- During 2019/20, NHSE/I will make their reporting and dashboards, integrated performance data on activity and quality standards, available to organisations, regional and national teams.
- The specific dataset for 2019/20 (see Appendix 1) broadly reflects existing provider and commissioner oversight and assessment priorities and are 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. 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 measures will be used as the cornerstone of the mandate and planning guidance for the NHS for the next five years.

- Four metrics have been added to the 2019/20 set used to identify issues at providers, based on the annual NHS Staff Survey and covering bullying and harassment, teamwork and inclusivity. This will be developed throughout 2019/20, and will include exploring metrics beyond the staff survey. Those organisations that most need it can begin to receive NHSE/I's culture and leadership programme.

## Identifying support needs and organisational segmentation

- Regional teams will use data from the metrics and local information and insight to identify where organisations need support. Where a CCG or provider is triggering concern, the regional team will consider why the trigger has arisen and whether a support need exists. System leads will be involved in this process, both to identify the factors behind the issue and whether local support is available.
- From 2019/20 ICSs and emerging ICSs will be increasingly involved in the oversight process and support of organisations in their system. NHSE/I are developing a maturity matrix for systems that will determine the relative responsibilities and freedoms at each stage of system maturity, and the support available. Regional teams will take the maturity of the system into account when determining the extent to which the system is expected to support or lead on improvement activity.
- Regional teams 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 or the degree to which the CCG and/or provider understands what is driving the issue
  - views of system leadership and governance of 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.
- Regional teams will allocate CCGs/providers to a support 'segment' or category, 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.
- The relationship between a CCG and/or provider's identified support needs, and the type of support made available is summarised in the oversight framework document. For providers, the categories reflect the existing categories in the SOF:
  - 1 maximum autonomy (no actual support needs)
  - 2 targeted support (support needed in one or more of the five themes, but not in breach of licence)
  - 3 mandated support (significant support needs and in actual or suspected breach of licence but not in special measures)
  - 4 special measures (in actual or suspected breach of licence with very serious/complex issues)

## Developing a new oversight framework for 2020 onwards

- NHSE/I intend to use 2019/20 to develop proposals for a new framework. The specific metrics that will be used for oversight and assessment will include the measures identified in the [NHS long term plan implementation framework](#). NHSE/I say they will involve partners at key stages of the design work, to consider the purpose of the framework, its scope and the methodologies for monitoring, escalation and taking formal or informal action with organisations.
- The framework will incorporate the commitments in the NSH People Plan to develop a leadership compact; this will be an important component of future oversight and will set out how the regional, rational and local teams commit to behave towards each other.
- The framework will also consider the balance between organisational and system oversight, and how system maturity will affect this.

## NHS Providers view

We welcome the publication of the new NHS Oversight Framework and the steps NHSE/I are taking to bring together their approaches to reflect the move to system working and priorities in the long term plan. Trust leaders have told us for some time that they would like greater collaboration between the two bodies.

Trusts are already working with commissioners and partners in local systems, and have been concerned that the regulatory framework is not keeping pace with developments on the ground. This framework should help to support collaboration and ensure there are consistent messages and approaches from the national bodies.

However, much will depend on ways of working and the development of positive relationships, particularly between frontline organisations, system leaders and NHSE/I's new regional teams.

It is also important that the framework continues to recognise the statutory responsibilities and accountabilities of trust boards and that sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) derive their authority from the individual organisations that comprise them. There are issues that still need to be worked through, including the potential conflict of interest arising from a situation in which STPs/ICSs, which derive their decision making powers from the statutory bodies which comprise them, is holding those organisations to account.

It is vital that the next phase of work to further develop the framework for 2020/21 is done with the full involvement of providers and commissioners. This is something we have raised with NHSE/I and we look forward to working with the national bodies to shape and support the engagement process.

## Appendix 1: Oversight metrics

New metrics for 2019/20 are highlighted in bold.

1. New service models		
	<b>Integrated primary care and community health services</b>	
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
	<b>Acute emergency care and transfers of care</b>	
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
	<b>Personalisation and patient choice</b>	
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		
	<b>Smoking</b>	
11	Maternal smoking at delivery	CCGs
	<b>Obesity</b>	
12	Percentage of children aged 10-11 classified as overweight or obese	CCGs
	<b>Falls</b>	
13	Injuries from falls in people aged 65 and over	CCGs and providers
	<b>Antimicrobial resistance</b>	
14	Antimicrobial resistance: appropriate prescribing of antibiotics in primary care	CCGs
15	Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care	CCGs
	<b>Health inequalities</b>	
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		
	<b>General</b>	
18	Provision of high-quality care: hospitals	CCGs and providers
19	Quality of Care metrics: a set of 30 quality proxies to identify any emerging	Providers



	quality concerns at acute, mental health, ambulance and community trusts – see Provider annex for more details	
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	<b>Evidence-based interventions</b>	CCGs
	<b>Maternity services</b>	
23	Neonatal mortality and stillbirths	CCGs
24	Women's experience of maternity services	CCGs
25	Choices in maternity services	CCGs
	<b>Cancer services</b>	
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
	<b>Mental health</b>	
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
	<b>Learning disability and autism</b>	
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	<b>Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification</b>	
	<b>Diabetes</b>	
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
41	Estimated diagnosis rate for people with dementia	Providers
42	Dementia care planning and post-diagnostic support	CCGs
43	The proportion of carers with a long-term condition who feel supported to	CCGs

	manage their condition	
44	Percentage of deaths with three or more emergency admissions in last three months of life	CCGs
	<b>Planned care</b>	
45	Patients waiting 18 weeks or less from referral to hospital treatment	CCGs and providers
46	<b>Overall size of the waiting list</b>	CCGs
47	<b>Patients waiting over 52 weeks for treatment</b>	CCGs
48	Patients waiting six weeks or more for a diagnostic test	CCGs and providers
<b>4. Leadership and workforce</b>		
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
<b>5 Finance and use of resources</b>		
60	In-year financial performance	CCGs and providers
61	Delivery of the mental health investment standard	CCGs
62	<b>Children and Young People and Eating Disorders investment as a percentage of total mental health spend</b>	CCGs
63	Expenditure in areas with identified scope for improvement	CCGs
64	Children and young people's mental health services transformation	CCGs
65	<b>Reducing the rate of low priority prescribing</b>	CCGs

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