Single Oversight Framework: update July 2018

In November 2017, NHS Improvement published an updated version of the Single Oversight Framework (SOF) to reflect changes in national priorities and standards, and clarify certain processes and definitions in the policy document. We are now making some minor updates and corrections to the Framework to ensure it is consistent with:

• recent changes to our oversight approach for certain NHS-controlled providers
• the access standards for people with a first episode of psychosis set out in the Five Year Forward View for Mental Health
• our approach to monitoring progress against the ambition to eliminate out of area placements for adult mental health services
• the revised timetable for implementing new operational performance standards for ambulance services.

Single Oversight Framework to apply to certain NHS-controlled providers

Last September, we ran a consultation on proposals for organisations controlled by NHS providers and delivering significant amounts of services for the NHS to be overseen in the same way as NHS trusts and NHS foundation trusts.

Following consultation, we introduced a new set of standard licence conditions for NHS-controlled providers which contain all the licence conditions that apply to all licence holders and which mirror as far as possible the more specific licence conditions for NHS foundation trusts. Given these changes, certain NHS-controlled providers delivering significant amounts of services for the NHS will now be overseen in the same way as NHS trusts and NHS foundation trusts, and will be monitored under the SOF.

More information on our oversight of NHS-controlled providers and the full NHS-controlled provider licence conditions can be found here.
Update on operational performance standards for mental health and ambulance providers

Inappropriate out-of-area placements for adult mental health services

The Five Year Forward View for Mental Health set out a national priority to eliminate inappropriate adult out-of-area placements (OAPs) by 2021. In the 2017 SOF update we added an indicator on reducing OAPs to the SOF to help us understand the progress being made to meet this ambition. From September 2018 onwards we will be monitoring providers’ progress against the trajectories they submitted to STPs in January. Substantial variation against a provider’s trajectory will trigger a discussion to determine:

- whether support is required (if OAPs are substantially higher than predicted by the trajectory)
- whether quality and safety are being maintained (if OAPs are substantially lower than predicted by the trajectory, e.g. sudden reductions in OAPs can result in unintended consequences such as increased pressure on EDs).

In the period until September, discussions will be triggered if substantial increases or decreases in OAPs are noted from one month to another. We are committed to supporting providers to eliminate inappropriate OAPs by 2021 whilst ensuring safe care. NHS Improvement and NHS England have a joint OAPs team that can provide expert clinical input to support providers and local systems in their work relating to this high priority indicator.

First episode psychosis

In line with the trajectory set out in Implementing The Five Year Forward View for Mental Health, we will be updating the access standard in the SOF for people with a first episode of psychosis beginning treatment with a NICE-recommended care package within two weeks of referral from 50% to 53% for 2018/19.

Ambulance response time standards

In order to align with the national Ambulance Response Programme, we will be extending the transition period for ambulance providers to meet the new operational performance standards added to the SOF in 2017. Ambulance providers will have until October 2018 to implement the new requirements. During this period providers will be expected to demonstrate progress towards the full implementation of the new standards, following an agreed plan and trajectory.

If you have any questions on the above updates to the SOF, please contact

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