

NHS England

Minutes of the Board meeting held in public on 12 April 2013

Present

- Professor Malcolm Grant (chair)
- Sir David Nicholson – Chief Executive
- Lord Victor Adebowale – Non-Executive Director
- Ms Margaret Casely-Hayford – Non-Executive Director
- Mr Ciaran Devane – Non-Executive Director
- Dame Moira Gibb – Non-Executive Director
- Mr Naguib Kheraj – Non-Executive Director
- Mr Ed Smith – Non-Executive Director
- Mr Paul Baumann – Chief Financial Officer
- Ms Jane Cummings – Chief Nursing Officer
- Sir Bruce Keogh – National Medical Director
- Mr Ian Dalton – Chief Operating Officer/Deputy Chief Executive
- Dame Barbara Hakin – National Director: Commissioning Development
- Mr Bill McCarthy – National Director: Policy
- Ms Jo-Anne Wass – National Director: HR

Apologies

- Mr Tim Kelsey – National Director: Patients and Information

In attendance

- Mr Jon Schick – Head of Governance and Board Secretary

The Chair welcomed everyone, especially members of the public. This would be the first meeting of the NHS England Board following the organisation taking on full powers from 1 April 2013. It was noted that the legal title for the organisation remained NHS Commissioning Board however it had been agreed with the Secretary of State that the organisation would be known as NHS England. The Chair confirmed that the organisational responsibilities were unchanged, and NHS England would work in partnership with others, focused strongly on the needs of patients to secure the transformation needed in the NHS. The organisation carried enormous responsibility and this meeting would set out what it proposed to do and how the delivery of those responsibilities would be tracked in public.

Item	
1	Declarations of interest in matters on the agenda
	There were no declarations of interest in matters on the agenda.

2	<p>Minutes of the previous meeting</p>
	<p>The minutes of the meeting held on 28 February 2013 were accepted as an accurate record.</p> <p><u>Matters arising – Chairs action</u></p> <p>The Chair reported that following the proposal to delegate authority for signing service level agreements (SLAs) for directly commissioned services agreed at the previous meeting, they had been handled differently following further discussion with the Chair, Chief Executive and members of the Audit Committee. As a result, SLAs had been signed by regional and area teams within the existing financial parameters and agreements.</p>
3	<p>Chief Executive report</p>
	<p>Sir David Nicholson updated the Board on three key areas:</p> <p><u>NHS England taking on full powers from 1 April 2013</u></p> <p>Sir David confirmed that whilst there had been a change of name, there had been no change in the responsibilities conferred on the organisation from 1 April 2013. The executive team committed to meet all staff during April to talk about the business plan, the mission of the organisation and its vision and values. Hundreds of staff had already taken part, and had been very keen to take this work forward; the name change had been well received, and enabled a clearer connection to the values and principles enshrined in the NHS Constitution.</p> <p><u>Government and NHS England response to the Francis Report</u></p> <p>The Board were advised that all constituent organisations had signed a statement of common purpose in response to the Francis Report. It was essential that organisations continued to work together collectively, as patients would expect. NHS England would have a major part to play, heralded in Everyone Counts and further developed in the Business Plan. A particular role would be to inspire and motivate NHS staff in order to take the NHS forward, as well as ensuring patients had more power and clout.</p> <p><u>Organisation response to NHS 111 set up</u></p> <p>The Board's attention was drawn to significant operational issues experienced in relation to call handling. Decisive action had been taken to put in place a set of contingencies to enable improvements in the service, although there were a small number of areas where issues remained. Although performance was improving on a daily basis, there was need to reflect on some of the failures where providers had not delivered the service required and think longer term both about the service desired and on what could have been done better with NHS 111 implementation. A further report would be brought back to the Board at a future date.</p> <p>In response to follow-up questions the rationale for establishing the 111 number was described. It was confirmed that PCTs had originally been responsible for commissioning the service; this had transferred to CCGs from</p>

1 April 2013. As a result, there had been 46 different contracts across England, with a number of different providers. NHS England's responsibility was to support CCGs, although it was not directly responsible for its commissioning. In light of the concerns raised, a National Group had been established to provide oversight and support. In many instances, providers had failed to provide the services that had been commissioned and needed to be held to account. Three key questions emerged: was the design of the service correct, was it commissioned appropriately and what should be done about the providers who had not provided what was commissioned?

Leeds Children's Heart Surgery

Sir David Nicholson commended the work undertaken by Sir Bruce Keogh in response to a range of concerns raised regarding the quality of services provided at the paediatric cardiac surgery unit at Leeds General Infirmary. Following a meeting with the Trust shortly before Easter, the Trust had agreed to suspend operations for an interim period.

A robust process had been followed to rapidly investigate the concerns that had been raised. The methodology recommended by the National Quality Board was used for this exercise. A central feature of the process was the convening of a multi-agency risk summit. Throughout the investigation, the focus for NHS England had been to assure the safety of children at the unit. Following the investigation, it was concluded that although more work was still required, particularly with regard to data quality, the investigation had provided adequate assurance that it was appropriate to recommence surgery at the Trust. There was now an opportunity to stand back, reflect and learn lessons.

Sir Bruce outlined the factors that had precipitated the decision to suspend surgery. First, staffing: one of the unit surgeons had been taken off surgical duties, a second was on leave, and many operations were being undertaken by locums. Second, concerns raised by surgeons in Newcastle regarding patient access and the quality of advice being given. Third, preliminary data that indicated that the unit had a mortality rate significantly higher than the national average. Taken together, these factors made it essential for the Trust to take action to suspend services pending an investigation.

Sir Bruce Keogh explained the complex nature of paediatric cardiac services, with younger babies now being treated and more complex post-operative care now available. This had generated a broad consensus that expertise should be concentrated in a smaller number of larger units. This had led to the establishment of the Safe and Sustainable programme. Sir Bruce emphasised that he had no involvement in this programme.

In response to follow-up questions, Sir Bruce reiterated that the decision to pause services had been made by the Trust; at the time the investigation started he had been both NHS Medical Director and NHS England's Medical Director.

Concerns were raised regarding the level of communication with the public and patients during the period of investigation; it was agreed that this would be reviewed as part of a look back at the whole process.

The Board debated the need for accurate and timely data in order for patients

	<p>to make informed choices; Sir Bruce reported that new software was being put in place within heart units to enable day by day comparisons to be made. It was further noted that discussions were taking place with regard to the collection of data for national audits.</p> <p>In summary, the Board’s central focus was on outcomes for patients. It was important to look at data, soft intelligence and claims from whistle-blowers, all of which provided important information. NHS England would need to take a precautionary stance but it was acknowledged that these sorts of interventions took place in an emotionally charged arena. Patients needed to be kept well-informed of the reasons for the decisions, purpose for interventions and the associated processes involved.</p>
4	<p>Prioritising patients in every decision we make</p>
	<p>In Tim Kelsey’s absence, Bill McCarthy presented an update to the Board on the work being undertaken to ensure patients are prioritised in every decision made. The Board’s attention was drawn to two key areas:</p> <p>Patient and public involvement in specialist commissioning. It was acknowledged that a rapid process had been undertaken to ensure preparations were in place; however there had been fair challenge regarding the level of public involvement and more comprehensive arrangements would be established for the coming year.</p> <p>The second point was around widening digital participation, where Bill outlined the arrangements being developed to ensure that digital channels were available to as many parts of the community as possible; in particular a project had been established to provide access to areas of the community who may be particularly disadvantaged.</p> <p>Lord Victor Adebawale updated the Board on work he had been leading with Ciaran Devane to build a civil community engagement programme. Progress had been made through the adoption of respectful enquiry techniques, with a steering group drawing support from key partner organisations to ensure the design of the programme was right. This design work would be critical to describe a health and social care movement with processes that are honest, transparent and carefully-managed.</p> <p>The Board debated the implementation of the Friends and Family test and acknowledged the importance of staff involvement and morale to ensure key objectives could be achieved. Linked to this, Lord Adebawale noted the energy around the six C’s and the sense of possibility from the NHS Change day – these helped to create conditions to work with staff and patients.</p> <p>Sir David Nicholson thanked the Board for their comments and drew attention to the key objectives in the NHS England Business Plan which was to be presented, especially given the evidence that satisfied staff can have a beneficial impact on mortality rates.</p> <p>The Board received and noted the report.</p>

5	NHS England Business Plan 2013/14 – 2015/16: ‘Putting patients first’
	<p>Bill McCarthy introduced a short film to capture the essence of the Business Plan. In subsequent presentation of the full report, Bill explained this was an ambitious response to the aspirations of patients and communities, the Francis Report and expectations for cultural change. He drew the Board’s attention to three key areas:</p> <ul style="list-style-type: none"> • Delivery – an 11 point scorecard would measure progress against the objectives in the plan. The annex to the plan set out how NHS England would deliver the objectives of the Mandate; • Fairness – the plan reflected the emphasis placed on promoting equality and tackling inequalities, so that all citizens could expect high quality services regardless of location or individual circumstances. In particular, the Board were asked to support the interim equality objectives established in the plan; and • Values and approach – Mr McCarthy highlighted that two of the measures within the scorecard took precedence above the others and would be the touchstone of NHS England’s success – satisfied patients and satisfied staff. In addition, clinical leadership was of central importance and NHS England would stand alongside local clinical leaders within the CCGs, who worked closest to patients and understood the changes that matter most to local communities. <p>Bill concluded his introductory comments by reiterating the Board’s commitment to openness and transparency, as well as the importance of the duty of partnership and maintenance of excellent working relationships with other parts of the health and social care system to support delivery of the business plan objectives.</p> <p>Board members fully endorsed the principles outlined in the plan, and:</p> <ul style="list-style-type: none"> • noted the objectives were evolutionary and suggested there should be incremental benchmarks to ensure delivery was on track; • Agreed the importance of linking the revised Board Assurance Framework and reporting processes to the objectives of the Business Plan, with a risk-based approach to support delivery. <p>In summing up, the Chair commended the team for the production of the Business Plan which spelt out the challenge for NHS England.</p> <p>The Board approved the plan and the interim equality objectives.</p>
6	Corporate Governance Framework
	<p>Bill McCarthy invited the Board to adopt the revised Corporate Governance Framework; the framework underpinned the decision making process within NHS England and was part of the formal mechanism for delivery of the Business Plan.</p>

	<p>He thanked Ed Smith and Margaret Casely-Hayford for their support and input during the revision of the standing orders, standing financial instructions and scheme of delegation. The Board's attention was also drawn to the proposed revised committee structure.</p> <p>In response to follow up comments by the Board members it was agreed that the terms of reference for the remuneration committee would be revised to reflect an overview of HR policies and role in succession planning and capability review for senior staff. In addition it was agreed that the scheme of delegation should clarify the authorisation of senior appointments.</p> <p>The Board approved the revised corporate governance framework.</p>
Actions	<p>Jo-Anne Wass and Jon Schick to revise the terms of reference for the remuneration committee.</p> <p>Jon Schick to ensure that the published corporate governance framework was clear on authorisation of senior appointments.</p>
7	Feedback from Board sub-committees
	<p><u>CCG</u></p> <p>Lord Adebowale reported that the focus of the Committee was moving from authorisation to development of the 211 CCGs and support for those which had not achieved full authorisation. He took the opportunity to thank staff for their hard work in ensuring the timely authorisation of CCGs.</p> <p><u>CSU</u></p> <p>The Committee had not met since the last Board meeting.</p> <p><u>Quality and clinical risk</u></p> <p>Sir Bruce Keogh was working with Jane Cummings to establish this committee, which would be dealing with clinical risk in a highly diverse system.</p> <p>The terms of reference for the committee would be reported to the next meeting of the Board and particular consideration was being given to the membership of the Committee and the involvement of external experts, including potentially an independent experienced clinical chair.</p>
Actions	Sir Bruce Keogh and Jane Cummings to prepare terms of reference for the Quality and clinical risk committee for the May meeting of the Board
8	Any other business
	<p>The Chair acknowledged that this would be Ian Dalton's last Board meeting. He took the opportunity to thank Ian, on behalf of the Board, for his contribution to establishing the organisation and to wish him well in his future career.</p>

Date of next meeting	3 May 2013, Quarry House, Leeds, 10:30