

NHS England

Minutes of the Board meeting held in public on 18 July 2013

Present

- Professor Sir Malcolm Grant (Chair)
- Sir David Nicholson – Chief Executive
- Lord Victor Adebowale – 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
- Mr Tim Kelsey – National Director for Patients and Information
- Sir Bruce Keogh – National Medical Director
- Dame Barbara Hakin – Interim Chief Operating Officer/Deputy Chief Executive
- Mr Bill McCarthy – National Director: Policy
- Ms Jo-Anne Wass – National Director: HR
- Ms Rosamond Roughton – Interim National Director: Commissioning Development

Apologies

- Ms Margaret Casely-Hayford – Non-Executive Director

In attendance

- Mr Jon Schick – Head of Governance and Board Secretary

The Chair welcomed everyone, especially members of the public and explained the Board's commitment to operating openly and transparently in an arena of complex decision making. He reported that the Board undertook early shaping work in development sessions in order for detailed papers to be brought to the Board for discussion in public.

Item	
1	Declarations of interest in matters on the agenda
	Sir David Nicholson declared an interest in item 13 – New review of congenital heart services, and confirmed that he would withdraw from the meeting during the discussions.
2	Minutes of the previous meeting
	The minutes of the meeting held on 3 May 2013 were accepted as an accurate record.

	<p><u>Matters arising – Corporate governance items</u></p> <p>The Board noted the action log circulated with the agenda.</p>
3	<p>Chief Executive report</p>
	<p>Sir David Nicholson presented the report highlighting the significant events which had taken place since the last Board meeting. In particular he drew the Board's attention to the following:</p> <p><u>Professor Sir Bruce Keogh's review of mortality outliers</u></p> <p>It was noted that the review of 14 hospital Trusts had been commissioned by the Secretary of State. Whilst this had not been an NHS England issue, staff had played an enormous role in assisting Sir Bruce. Sir David highlighted that the review had raised important issues which needed to be tackled. The review signalled a major turning point to enable the NHS to review itself and move forwards.</p> <p>Sir Bruce commented on the design of the review which had set new standards for the future in terms of methodology, transparency and the response to issues raised.</p> <p>The reviews had drawn support from those who knew best how hospitals worked; senior and junior doctors and nurses, and patient and public representatives. There had been a series of announced and unannounced visits at various times during the day and night. In addition valuable insight had been drawn from focus groups with members of the public.</p> <p>The review had used complex and diverse data to drive the key lines of enquiry. The data reviewed together with video recorded evidence presented to the risk summits and the action plans developed in response, were made publicly available via the NHS Choices website.</p> <p>Sir Bruce confirmed that through the risk summits, attended by representatives from the regulators, Trust Development Authority, NHS England, Public Health England, Clinical Commissioning Groups and the provider trust, improvement plans had been developed and agreed. The review had uncovered uncomfortable issues for both individual organisations and the NHS as a whole. The overarching report highlighted eight ambitions for the NHS based on the findings; if applied this would represent a significant shift in quality of care.</p> <p>Sir David echoed Sir Bruce's comments, noting that the new Chief Inspector of Hospitals, Professor Sir Mike Richards, had adopted the methodology for future hospital inspections.</p> <p><u>Public spending review</u></p> <p>Sir David noted that the spending review proposed a significant change in how resources would be allocated in the future. It presented an opportunity to accelerate the development of integrated services across England. Further discussion regarding the review was scheduled for later in the agenda.</p>

	<p><u>Video – putting patients first</u></p> <p>Sir David introduced the video highlighting examples of recent developments in the following key areas of business:</p> <ul style="list-style-type: none"> • 111 service; • Urgent and emergency care review; • CCGs ; • Surgeons outcome data; and • Call to action.
4	<p>Strategy: Call to action</p> <p>Bill McCarthy presented the report providing the Board with an update on the strategy process announced in June 2013. The ‘Call to Action’ was published on 11 July 2013. Mr McCarthy drew the Board’s attention to four areas:</p> <ul style="list-style-type: none"> • The message at the heart of the strategy was that ‘do nothing’ was not an option. There was a need to identify the right changes to be made in the interests of patients and the community. Options to reduce entitlement; reduce standards or increase cost were not acceptable; • There would be open and honest engagement on the strategy, with the launch on 11 July being just the beginning. There would be a process of engagement with Health and Wellbeing Boards, charitable and voluntary groups in order to share views, with the clear intent to respond swiftly; • It was noted that there was support nationally for the strategy; NHS England was supported by Monitor, the NHS Trust Development Authority, National Institute for Health and Care Excellence (NICE), Public Health England, Health and Social Care Information centre (HSCIC), Health Education England (HEE), Clinical Commissioning Groups (CCGs) and the Local Government Association in this undertaking; • There was a commitment that the strategy must result in real plans for delivering change. As part of this, NHS England would look at how primary care and specialised services were commissioned and how best to respond to patient and community needs in the future. <p>The Chair welcomed the engagement of frontline staff and clinicians to deliver the strategy.</p> <p>In response to questions from the Board, Mr McCarthy confirmed that in comparative analysis of international health systems by the Washington based Commonwealth Foundation; the NHS was consistently in the top two. He reported that a symposium would be held in the Autumn which would bring together international experts to describe what ‘great’ would look like for the NHS in 10 years. He confirmed that the planning process would identify incremental decisions required in the context of five and 10 year plans.</p> <p>The Board noted the publication and supported the process for involvement and engagement going forward.</p>
Actions	<p>Bring updates on this item of central importance regularly to future Board meetings, as this is work in which all Board members need to be fully engaged.</p>

	Patient insight
5	Patient and public voice
	<p>Tim Kelsey presented the paper updating the Board on progress across NHS England in the field of patient and public voice. Mr Kelsey drew the Board's attention to the following areas:</p> <p><u>Publication of surgeon outcome data</u></p> <p>It was noted that data in relation to ten surgical specialties had been published; work was under way to make this data more accessible in the future to inform patient choice and discussion regarding treatment options.</p> <p><u>Friends and family test</u></p> <p>All trusts had signed up to publish data from the Friends and Family test on the NHS Choices website from July 2013. The data were currently being made available for hospital in-patients and those attending accident and emergency departments, but would be rolled out across all NHS funded services in the future.</p> <p><u>Participation in specialist commissioning</u></p> <p>The Board received an update on action being taken to actively engage patients and the public in specialist commissioning, to enable NHS England to become an exemplar through its directly commissioned services activities.</p> <p><u>Development of a Civil Society Assembly</u></p> <p>Lord Adebowale reported that he and Ciaran Devane had attended a development day held with invited organisations and charities, currently referred to as the Civil Society Assembly, to explore how the concept could be developed further to hold the organisation to account. Mr Devane acknowledged the importance of ensuring that we listen and act on what we hear, noting the connections to the Call to Action.</p> <p>The Chair welcomed the move to transparency and the use of data acknowledging the need to ensure we use data to identify trends and areas where further focus was required.</p> <p>The Board welcomed the progress report and were keen to support NHS England's ongoing work to be an exemplar in this area.</p>
6	<p>Petitions log</p> <p>Tim Kelsey reported three petitions had been lodged with NHS England, largely regarding local issues. The Board encouraged the use of petitions and sought assurance those received had been appropriately followed up.</p>
Actions	To ensure appropriate responses were issued to the petition originator wherever possible.

	<p>Performance and assurance</p>
<p>7</p>	<p>Integrated performance report Tim Kelsey presented the integrated performance report, inviting views from Board members regarding the content and format of the report. The report provided data on a range of measures drawn from the business plan objectives, the mandate and commissioning activity.</p> <p>Dame Barbara Hakin drew the Board's attention to the following key performance indicators:</p> <ul style="list-style-type: none"> • Accident and emergency –there had been a significant dip in performance against the 95% target; whilst this had been anticipated over winter, on this occasion there had been a more prolonged period of reduced performance. However, improvements had now been maintained for several weeks, following concerted effort by all parties; • Ambulance attendance – performance was now on target; • The Board were also advised that performance was stable in relation to Cancer waiting times and referral to treatment within 18 weeks. <p>In response to questions from the Board, Dame Barbara confirmed that data are available at local and regional level and confirmed the information was monitored regularly with the NHS Trust Development Authority.</p> <p>Performance in handling 111 calls had significantly improved. Members were advised that lay call handlers worked to an approved algorithm; 80% of calls were dealt with by the call handler, the remaining 20% were referred on for clinical input. Of these, only 5% required a call back to the caller. Dame Barbara confirmed that a full programme board was in place to review all clinical and quality aspects of the service and to manage the future roll out.</p> <p>It was noted that NHS Direct had reported that they would not provide the 111 service in Cornwall and Essex; NHS England would be supporting CCGs in these areas to seek an alternative provider.</p> <p>Paul Baumann presented the financial performance data acknowledging the hard work undertaken by the teams in NHS England and CCGs in closing down the previous system of accounting for 2012-2013.</p> <p>The Board noted the financial performance for the first two months of the year, acknowledging the information was reliant on one month's solid data. Mr Baumann confirmed there were no significant outliers in the data. The Board were advised that more detailed information would be available in future months.</p> <p>In response to questions from Board members, Mr Baumann confirmed that the financial position was in line with expectations at this point. The Board were assured that establishment costs by directorate would be available in future reports.</p>

	<p>The Chair acknowledged it was a major step forward. The Board were assured that, as the report developed, measures would be included to capture and measure parity of esteem for mental health services and inequality measures.</p>
Action	<p>Future reports to provide succinct information on the dispersion/extent of the distribution of performance</p> <p>Consider reporting on regional variation as the report currently is kept at national level</p> <p>Future finance reporting to separate out the costs of the services which NHS England directly manages</p> <p>Need to ensure that at an appropriate point, work is undertaken (including by internal audit) on data quality assurance for the information contained within the report</p> <p>As the data and information develop, there is a need to build in measures of inequality and of parity of esteem for mental health</p> <p>Information on scale and absolute numbers to be incorporated in some of the future reports (or pointers to the information available on line)</p>
8	<p>Board Assurance framework</p> <p>Bill McCarthy presented the Board Assurance Framework capturing the 25 strategic risks to the delivery of NHS England objectives. The risks incorporated obstacles to delivery of objectives and also external risks such as the financial environment. Mr McCarthy explained that a process had been established to keep the risks under review, to identify new risks and to escalate through the organisation. It was noted that the majority of identified risks were outward-facing, whilst seven related to organisational challenges.</p> <p>Ed Smith drew the Board's attention to the National Audit Office report which had commented on NHS England's positive approach to publishing the framework during the period of transition. He acknowledged that the framework would only be as good as how it was used by the organisation.</p> <p>The Board approved the Board assurance framework</p>
Action	<p>Consider whether the BAF adequately reflects risks around the whole system - for example whether other partners may have impacts that could work against achievement of key objectives for NHS England</p>
9	<p>Annual report and accounts 1 October 2012 to 31 March 2013</p> <p>Paul Baumann confirmed that the Annual Report and accounts for 1 October 2012 to 31 March 2013 had been laid before Parliament within the required timescales. It was noted that the documents were available on the NHS England website.</p>

	<p>Board Committee feedback</p>
10	<p>Audit Committee</p> <p>Ed Smith presented the report and committee minutes drawing the Board's attention to the following:</p> <ul style="list-style-type: none"> • Issues list – an important tool to highlight high risk and urgent matters which the Committee wished to draw to the attention of the Board; • Board assurance framework; • Internal audit plan for 2013-2014; • Process for 2013-2014 annual report and annual accounts; and • Effectiveness of new structures in relation to financial reporting. <p>It was noted that a further report regarding those risks would be brought to a future Board meeting.</p> <p>Commissioning support committee</p> <p>Dame Moira Gibb presented the report and minutes updating the Board on the discussions and actions following the Commissioning support committee held in June 2013.</p> <p>Procurement controls committee</p> <p>Paul Baumann presented the report of the Procurement controls committee. It was noted that the committee currently met on a weekly basis in order to review the build-up of cases. It was agreed that future reports would include the financial value of the cases under consideration.</p> <p>Finance and investment committee</p> <p>Dame Moira Gibb presented the report providing a brief summary of the two committee meetings held.</p> <p>The Chair observed the considerable amount of work undertaken through the committees; he commented that it was important to receive summaries of that work rather than rework through the Board.</p>
Actions	Future Procurement controls committee reports to provide information on values agreed as well as numbers of cases considered
	<p>Planning and strategy</p>
11	<p>Government consultation on the Mandate</p> <p>Bill McCarthy presented the update on the consultation on the Mandate, providing an overview of the changes in the document. It was noted that the Government had published the consultation document on 5 July 2013.</p> <p>Mr McCarthy took the Board through the proposed changes; whilst supporting a number of the objectives, the Board would want to consider</p>

	<p>whether others signalled a move into a more prescribed process rather than focussing on outcomes. It was noted that although the proposals may impose additional financial pressures on the NHS, it was unlikely that any additional funding over and above that already agreed would be made available.</p> <p>It was noted that there had been a constructive discussion regarding the original mandate; the Board felt that it was important that there was a constructive relationship with Government to ensure the clarity of approach enshrined in the original document was maintained.</p> <p>Board members debated the consultation document and expressed concerns that too much focus was on process rather than outcomes. It was further noted that significant changes seemed premature; the original mandate was intended as a two year document and had been in effect for only 15 weeks so far.</p> <p>In response to questions, Mr McCarthy confirmed that the Government were required to consult on the mandate; he anticipated that there would be a period of formal dialogue and negotiation.</p>
<p>Actions</p>	<p>That response which would be in the public domain, would:</p> <ul style="list-style-type: none"> • Pursue simplicity and clarity as to the specified objectives and their measurement • Be clear about the respective roles of the Department of Health and Board and their respective lines of accountability • Concentrate on outcomes • Be clear about costings.”
<p>12</p>	<p>Outcome of 2015/2016 spending round for NHS England</p> <p>Paul Baumann presented the report to update the Board on the outcome of the 2015-2016 spending round and the outline funding settlement for NHS England.</p> <p>It was noted that, whilst it had been announced that NHS funding would grow in real terms, the settlement required that £3.8bn of the NHS budget should be pooled with the Department for Communities and Local Government for investment in the integration of health and social care. This represented an additional £2.1bn to be found from savings in the NHS, mostly in 2015-2016.</p> <p>Mr Baumann highlighted two significant questions, how the pooled resources would be spent to deliver real change and how the additional savings would be generated; this level of saving could not be achieved through business as usual. The Board acknowledged that planning needed to start now to deliver savings in 2015-2016. Mr Baumann drew the Board’s attention to the requirement to also make a £300m reduction in administration spend between 2014-2015 and 2015-2016.</p> <p>The Board noted the report and the implications of the required savings.</p>

Actions	Request transparency from DH on the risk assessment around proposed administrative cost reductions, as well as their assessments around what the £3.8bn to be transferred to social care will mean in practice.
	Policy
13	<p>Review of congenital heart services</p> <p>Bill McCarthy took the Board through the context of the new review reiterating the ambition to ensure that services for people with congenital heart disease (CHD) are provided in a way that achieves the highest possible quality, within available resources, consistently across the country. It was noted that the judicial review and the Independent Reconfiguration Panel (IRP) had identified flaws in the previous review process. As a result, NHS England had been asked to take the matter forward. Mr McCarthy highlighted that neither the judicial review nor the IRP had questioned the need for change.</p> <p>It was noted that the new review had been established to consider the whole lifetime pathway of care for people with congenital heart disease (CHD), to ensure that services are provided in a way that achieves the highest possible quality within available resources.</p> <p>Mr McCarthy took the Board through the proposed governance arrangements for the review.</p> <p>Sir Bruce Keogh outlined to the Board the complexity of the service and the array of surgical interventions that were available.</p> <p>The Board supported the proposed approach to the review.</p>
14	<p>Handling major projects</p> <p>Bill McCarthy reported that an independent review had been commissioned into lessons to be learned for NHS England from the introduction of the NHS 111 service. The Board noted Peter Garland's report and the key messages arising from it. In response, a proposed set of actions had been developed to ensure these lessons were addressed under the following headings:</p> <ul style="list-style-type: none"> • Risk identification and management; • Identification and processes for oversight of the largest and most complex programmes; • Robust procurement processes, including the use of pilots; and • Joint ownership with local commissioners. <p>It was agreed that a 'Major Programme Oversight Group' would be established by the executive team; the projects to be reviewed through this group would be agreed outside the meeting.</p> <p>In response to comments from the Board it was agreed that risks that needed to be highlighted to the Board would be escalated into the Board Assurance Framework.</p>
Actions	Undertake systematic briefing for staff involved in major projects currently and agree a training programme going forwards

15	<p>CCG development framework</p> <p>Rosamond Roughton presented the report to update the Board on the work being undertaken with Clinical Commissioning Groups to support and develop the commissioning framework. It was noted that the framework had been developed in conjunction with 160 CCGs and would continue to develop over time.</p> <p>The Board heard that CCGs had been given an opportunity to share views of how the relationships worked at a national level. It was noted that relationships were developed at a local level with the Area Teams.</p> <p>The Board noted and agreed the framework approach.</p>
16	<p>NHS England genomics strategy board</p> <p>Sir Bruce Keogh presented the report to update the Board on the progress and outcomes from the Genomics Strategy Board and the genetics lab reconfiguration.</p> <p>It was noted that the Strategy Board, hosted by NHS England, had been tasked with providing guidelines on the delivery of the Prime Minister's ambition on genomics to deliver the procurement of 100k genomes.</p> <p>Sir Bruce outlined the background of whole genome sequencing technology for the Board's information.</p> <p>The Board noted the update and:</p> <ul style="list-style-type: none"> • Approved the work undertaken to date to support the procurement of 100k genomes; • Noted the progress of outcomes from the Genomics Strategy Board; and • Approved the establishment of a project to determine the options and deliver rationalisation of the genetic testing facilities in England by the national specialised commissioning team.
	<p>For information</p>
17	<p>6 C's live! Website</p> <p>Jane Cummings took the Board through a presentation of the 6 C's website highlighting the key areas of development. It was noted that the website had been live for 13 days; over 1700 people had signed up to the pledges and there were 310 champions in place.</p> <p>It was noted that the website was available to the public and provided a forum for promoting and sharing good practice.</p>
18	<p>Any other business</p>

	No additional items of business were raised.
Date of next meeting	13 September 2013 – NHS Southside, 105 Victoria Street, London, SW1E 6QT