

NHS England

Minutes of the Board meeting held in public on Friday 13 September

Present

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

Apologies

No apologies were received

In attendance

- Mr Jon Schick – Head of Governance and Board Secretary

The Chair welcomed members of the public and reiterated the Board's commitment to operating openly and transparently in an arena of complex decision-making. He explained that the Board undertook early shaping work in development sessions, informing the preparation of proposals then brought to the Board for discussion and decision in public. The Chair also reflected upon the first Annual General Meeting (AGM) of NHS England, held the previous evening. This had been held in public with five very successful patient-led workshops preceding the formal business of the AGM. These had offered valuable insights into the work of the NHS and the Chair wished to thank everyone who had participated.

Item	
1	Declarations of interest in matters on the agenda
	No declarations of interest were received.
2	Minutes of the previous meeting
	The minutes of the meeting held on 18 th July were accepted as an accurate

	<p>record and the Board noted the action log circulated with the agenda.</p> <p><u>Matters arising</u></p> <ul style="list-style-type: none"> • 2015/2016 proposed administrative cost reductions – the response to a request for DH’s risk assessment of these proposals was awaited. • Academic Health Science Networks – actions relating to peer review and consideration of the involvement of entrepreneurs and SMEs were all in hand.
3	<p>Chief Executive’s report</p> <p>Sir David Nicholson highlighted some of the significant events since the last Board meeting, in particular drawing the Board’s attention to the following:</p> <ul style="list-style-type: none"> • There had been numerous developments related to the <i>Call to Action</i> including the Urgent and Emergency Care Review and in August the publication of the Primary Care Strategy. The AGM and a series of events run by CCGs and nationally formed part of a wide-ranging communications and involvement plan, with the overall approach being to develop a single and more ambitious planning processes extending beyond the immediate two-year operational period. • The Mandate which formalises the relationship between NHS England and government was currently undergoing a period of consultation and refresh, with continued close work between NHS England and DH to firm up the proposals. • The Friends and Family Test was a significant piece of work for the NHS, supporting a concentration of focus on improving the quality of care and demonstrating the service was listening to patients, with a move to treat them well as customers of the service. • The publication of the Berwick Report was warmly welcomed and would be followed by NHS England’s plans to implement the recommendations, these to be brought to the Board at its next meeting. In response to a question in follow-up discussion, the Chief Executive confirmed he was confident that the planned actions would leave a long term beneficial impact embedded across the system as a whole. The system would produce a collective response to patient safety supported by a coalition of leadership across the NHS. <p>The Board received and noted the report from the Chief Executive.</p>
	<p>Patient Insight</p>
4	<p>Patient and Public Voice</p> <p>Tim Kelsey highlighted some of the key messages from the AGM including the importance of listening properly to those whom we serve. He outlined a number of initiatives currently deployed or being piloted including:</p> <ul style="list-style-type: none"> • The Friends and Family Test launched in July. Already, half a million patients had given their views through the test, with an encouraging and growing 15% response rate. In response to a follow-up question, Tim Kelsey clarified that while the question asked was specified by

	<p>NHS England, the data collection methodology was agreed locally.</p> <ul style="list-style-type: none"> • Care Connect, which uses social media to feed back to clinicians about comments or complaints from their patients. Currently the method was being piloted but would be rolled out as a national offer. • Patient Centred Outcome Measures, where 20 pilots were about to begin across the five programmes of care in specialised services, setting out systems to understand the outcomes people want and create the ways in which these can be shared and understood. <p>In follow-up discussion:</p> <ul style="list-style-type: none"> • Tim Kelsey confirmed the Friends and Family Test would not remain focused purely within the acute hospital sector, and would be rolled out in December to primary care, with the whole of the NHS would be covered by 2015. The test and these initiatives were fundamental to driving social justice and in the designing of the health inequalities and equalities strategy. • Bill McCarthy and Sir David Nicholson highlighted the importance of hearing patients' voices in the mental health setting, noting that Care Connect specifically could change clinicians' jobs and therefore the power of these initiatives was incredibly significant. • Tim Kelsey confirmed that a paper on the Patient Assembly would be brought to the next meeting of the Board. • Tim Kelsey described the new online 'Patient Insight Dashboard' which would be presented to the Board over coming months. He confirmed the data were being collected at hospital level, that they were considered to be an official statistic and, therefore, they must be collected in line with legal requirements for national official statistics. It was also confirmed the cost of this data collection was very slight as the majority of online collection tools were being provided for free. • Jane Cummings confirmed that a pilot of 35 organisations in the North of England was underway linking falls and pressure ulcer data to patient experience. Monthly results were being presented in a transparent fashion and as a result, actions were being taken to improve patient experience. <p>The Chair commended the work of Tim Kelsey and his team and the Board noted and supported this work which would be critical to the understanding of its impact and providing the necessary assurance of patient experience. These data and the focus on patient experience were essential to drive improvement across the system.</p>
Actions	Tim Kelsey to provide a paper on the Patient Assembly to the next meeting of the Board.
5.	<p>Publication of Directions to Health and Social Care Information Centre (HSCIC) for the collection of primary care data</p> <p>Tim Kelsey introduced this proposal which would transform the use of key health-related data in England. The programme would allow routine access to anonymised primary care data, extracted by the HSCIC and shared with those progressing the development of care and service innovation. Under no</p>

	<p>circumstances would patient identifiable data be available.</p> <p>The Board confirmed their support and understanding that this would be the starting point of a powerful shift in innovation in the health service. Tim Kelsey confirmed that the priority was to safeguard patient confidentiality and that the legal rights of patients to object to their data being used for this purpose was to be upheld. Patients would retain their right to decide what would happen to their personal data.</p> <p>Tim Kelsey confirmed that GPs had been fully engaged with the project through working with the Royal College of General Practitioners and the British Medical Association, in addition to a large scale involvement and engagement project with the profession. He also confirmed that the management of the data would sit within the HSCIC and not with individual GPs or their practices. The Care Quality Commission would inspect the quality of the data and the Information Commissioner would inspect the upholding of data protection regulations.</p> <p>Tim Kelsey concluded by stating that without the data, NHS England would not be able to fully exploit technology to support high quality care for all.</p> <p>The Board were supportive of this programme of work and they approved the publication of Directions to the Health and Social Care Information Centre for the publication of primary care data.</p>
	<p>Clinical Quality and Safety</p>
<p>6</p>	<p>Implementing recommendations of the Francis Report and Winterbourne View Report</p> <p>Bill McCarthy presented this item in conjunction with Jane Cummings. Bill explained that the reporting of Francis and Winterbourne had been deliberately brought together into a single item as the primary lesson from both was around cultural change. As a result of both reports and NHS England's subsequent actions and planning, strong links with local government had been prioritised, supported also by political leadership which had been strengthened by Norman Lamb MP's involvement.</p> <p>Bill McCarthy confirmed that while the message for the Board in relation to activity and progress was a reassuring one, there was still much to do. The NHS needed to adopt a fundamental change in the way in which it approached and provided care whilst living the values it expressed.</p> <p>Jane Cummings added that implementation of 'Compassion in Practice' and the 'six C's' across the system would support the addressing of fallings in care highlighted by both reports. A deep dive into the detailed work of what had resulted from the reports was now needed and a detailed response in conjunction with key partners would be forthcoming.</p> <p>The Chair asked for assurance that vulnerable patients were getting a high standard of care. Jane Cummings confirmed that her team were putting significant resource into thinking around this subject area. Feedback on staff experience coupled with patient experience would present an overall picture to help measure improvement.</p>

	<p>Bill McCarthy confirmed that there were 13,000 inpatient beds for learning disability patients and there was a risk these patients were in danger of being out of sight and out of mind. Maintaining their visibility through keeping an ongoing relationship with the patients and their carers was key to ensuring the system would never be complacent again.</p> <p>In follow-up discussion:</p> <ul style="list-style-type: none"> • A question was raised over how we would communicate with people with dementia or learning disabilities and what we were doing to work with voluntary organisations who communicated well with these groups. Jane Cummings confirmed that a recent appointment had been made within the Nursing Directorate to the Head of Mental Health and Learning Disabilities and that teams were spending a significant amount of time engaging with the not for profit sector. • Tim Kelsey outlined briefly work around engagement, including a citizen's assembly and guidance being published imminently on engagement requirements for arm's length bodies. The guidance would describe standards in relation to engagement and participation and cover partnership working. He also confirmed NHS England have a duty to seek assurance that all CCGs are actively engaging their patients and community. <p>The Board noted the actions that had been taken in respect of the two reviews and noted the planned next steps outlined in the report. They were assured that progress was being made and agreed the importance of achieving a cultural change which would impact fundamentally on the need to put patients at the centre of everything that we do.</p>
Action	Jane Cummings and Tim Kelsey to consider how to further build a more joined up approach with other organisations and sectors in order to communicate and engage in the most effective and collaborative ways with the most vulnerable members of society.
7	<p>Planning and reporting on health and social care system resilience ahead of winter 2013/14</p> <p>Barbara Hakin outlined plans to ensure the system was well prepared ahead of the winter period to ensure patients can get swift access to safe services. She drew attention to the links with the Urgent and Emergency Care Review and Vulnerable Older People's Plan, as well as the role of the (renamed) Urgent Care Working Groups.</p> <p>The Government had granted an additional £250m non-recurrently and it was planned that this money would be used to provide targeted support to those areas judged most likely to struggle with additional winter pressures; this equated to 53 sites identified by the NHS Trust Development Authority and Monitor. £15m of the money had been assigned to support NHS 111 to handle an additional anticipated 20,000 calls over this period.</p> <p>In discussion, a question was raised as to whether some of the funds could</p>

	<p>be used to allow for more prevention work and in messaging around appropriate use of A&E services. Dame Barbara Hakin confirmed that messaging jointly with Public Health England and NHS England was being worked on and a major campaign for winter would be underway shortly.</p> <p>The Chief Executive confirmed that the funds outlined would be arriving with organisations early to allow for planning and quick deployment of additional resource. It would also be important to note that no other additional funds would be available for winter pressures.</p> <p>The Board approved the overall approach and received assurance that plans were in place to support NHS resilience during the winter period. They noted that updates would be included within the performance report, and agreed that the renaming of Urgent Care Boards to Urgent Care Working Groups would better describe their role.</p>
	<p>Board Committee Feedback</p>
<p>8</p>	<p>Authorisation and Assurance</p> <p>Lord Victor Adebowale confirmed that the committee's terms of reference had been amended to allow for delegated authority for intervention in the ongoing assurance of CCGs. The Board noted the report from the Committee.</p> <p>Directly Commissioned Services</p> <p>The Chair confirmed the inaugural meeting of the committee had taken place in August. The committee would deal with individual funding requests for treatment and the Board agreed that this committee would be responsible for NHS England's response to these requests.</p> <p>Finance and Investment</p> <p>The Board received and noted the submitted report.</p> <p>Procurement Controls</p> <p>The Board received and noted the submitted report, noting in particular the extensive workload of this committee.</p>
	<p>Performance and Assurance</p>
<p>9</p>	<p>Performance Report</p> <p>Tim Kelsey confirmed the report now included data from the Friends and Family Test as well as cancer waiting time data. He highlighted significant improvement in NHS 111 coverage, which had moved from 20% (in February 2013) to 90% of the country.</p> <p>Bill McCarthy outlined the Business Plan performance slides, noting the completion of one of the deliverables following publication of a range of tools and resources aimed at supporting the nursing contribution to the dementia challenge. He also drew attention to the good progress on a range of other</p>

	<p>deliverables described in the report.</p> <p>Jo-Anne Wass drew attention to the staff barometer feedback, informed by returns completed by over 2,100 staff. Although the feedback suggested there was a good positive platform to build upon, it also provided an indication of some of the frustrations of working in an organisation during transition. The barometer was an important indicator of organisational health, and each directorate and regional area team would be expected to complete an action plan following this feedback, demonstrating to staff that their views would be taken seriously. She confirmed that the next iteration would happen imminently with much being done to ensure a high participation rate.</p> <p>Paul Baumann introduced the finance section of the report, explaining there were no unanticipated adverse variances highlighted by CCGs but also cautioning that transformational savings for CCGs would be the most difficult to achieve. For direct commissioning, pressures were more difficult to meet and priority was being given to activity control. In summary while the overall financial position at month 4 NHS England was positive, there were significant financial challenges ahead.</p> <p>Bill McCarthy outlined the Board Assurance Framework and confirmed the inception of the Executive Risk Management Group. He drew attention to new risks added to the framework, in particular the potential for lack of alignment between partner organisations as discussed at the previous Board meeting. He also noted that the Quality and Clinical risk committee had met for the first time in the previous week, this committee being an important provider of assurance to the Board in key areas of its operation.</p> <p>The Board received and noted the report.</p>
	For Information
10	<p>Financial Plans 2013/14</p> <p>Paul Baumann introduced this report which was the formal culmination of the process previously discussed at the Board. The Board formally approved the 2013/2014 plans.</p>
11.	<p>Any other business</p> <p>No additional items of business were raised.</p>
Date of next meeting	8 th November 2013 – Rivergate House, Newbury Business Park, Berkshire, RG14 2PZ

Signed: _____ Professor Sir Malcolm Grant

Dated: _____