NHS England

Minutes of the Board meeting held in public on 24 January 2014 at NHS England, Southside, 105 Victoria Street, London

Present

- Professor Sir 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 Ed Smith – Non-Executive Director
- Mr Paul Baumann – Chief Financial Officer
- Ms Jane Cummings – Chief Nursing Officer
- Dame Barbara Hakin – Interim Chief Operating Officer/Deputy Chief Executive
- Mr Tim Kelsey – National Director: Patients and Information
- Sir Bruce Keogh – National Medical Director
- Mr Bill McCarthy – National Director: Policy
- Ms Rosamond Roughton – Interim National Director: Commissioning Development
- Ms Jo-Anne Wass – National Director: HR and Organisational Development

In attendance

- Mr Jon Schick – Head of Governance and Board Secretary

The Chair welcomed everyone, especially members of the public, joining the meeting either in person or via the live stream of the meeting.

Item	
01/14	**Declarations of interest in matters on the agenda**
	No member declared an interest in the items to be discussed.
02/14	**Minutes of the previous meeting**
	The minutes of the meeting held on 17 December 2013 were accepted as an accurate record. There were no matters arising from the minutes.
03/14	**Chief Executive report**
	Sir David Nicholson presented his report reflecting on the significant documents discussed at the Board meeting in December 2013. This had been the first time that the allocation of over £200bn to the NHS for the next two years had been discussed and agreed in an open and transparent way, marking a major change in how this fundamental matter had been dealt with.

	Sir David drew the Board's attention to the following areas of his report: <u>Strategy</u> Sir David highlighted that NHS England had provided the opportunity to develop a consistency of purpose over a significant period of time. The Board noted the six characteristics of a high quality, sustainable health and social care system set out in the planning guidance which would be the basis of much of the strategy programme for 2014 with local plans being developed to deliver these ambitions. In response to questions from members, Sir David confirmed that there needed to be a whole organisation commitment to these characteristics. He confirmed that a further report regarding the business plan would be brought to the March Board meeting. It was noted that analysis for 'Anytown CCG' had been published to help develop local services. Sir David confirmed that the analysis quantified the quality and financial gap by different types of CCG, urban, suburban and rural, and identified a package of interventions that could help to improve services within the finances available. <u>NHS Expo</u> Sir David invited Tim Kelsey to update the Board on the NHS Expo 2014. Mr Kelsey reported that this event in March 2014 would be the largest such event in the history of the NHS and would provide an opportunity to bring together leaders from across health and social care to inspire change and improvement in NHS and care services. Mr Kelsey outlined the three parts of the event: • Pop-up university – this would provide workshops and seminars for staff; • Exhibitions – to showcase latest innovations; and • Camp Expo – an opportunity for anyone to present examples of where they are already making improvements. <u>Children's takeover day</u> Further to the previous report to the Board, Sir David reiterated the commitment for the NHS to connect with young people. He outlined proposals for sponsoring young people to volunteer in the NHS. **The Board received and thanked the Chief Executive for his report.**
Action	**Business Plan to be brought to the March Board meeting – Bill McCarthy.**
04/14	**Developing commissioning support – the future for commissioning support units**
	Rosamond Roughton presented the report outlining the background to the development of the commissioning support units (CSUs). It was noted that CSUs were not statutory bodies or legal entities in their own right. CSUs

	operate at scale to provide vital support functions to commissioners. The Board noted the rationale behind the original decision for CSUs to be hosted by NHS England, working in support of clinical commissioning groups (CCGs) which had been designed as lean and agile organisations, with clinicians at the heart of leading commissioning for improvements in care for patients. Ms Roughton advised that CCGs and NHS England were free to choose where to purchase these support services – in-house provision, CSUs or from other sectors. The Board were advised that without the autonomy to change and respond rapidly to customers' needs, CSUs would not be sustainable in the future, and there was therefore a risk of both lack of excellent affordable support for commissioners, and financial liabilities to the system as a whole. The Board were asked to consider four potential organisational forms which would offer CSUs the core freedoms needed to optimise the benefits to patients and taxpayers, accelerate the development of an excellent commissioning system, and be safe and sustainable. It was noted that the options had been developed through a period of engagement with interested parties. The four preferred organisational forms were: a) Social enterprise; b) Staff mutual; c) Customer controlled social enterprise; or d) Joint venture. The Board were assured that staff employment would be protected in each of the above options. Ms Roughton took the Board through the consideration of five other possible models and why they had been excluded. With regard to process and next steps, Ms Roughton said that staff side representatives were seeking a national consultation process about the potential options. It was noted that the CSU committee members had considered the options for consulting at length. The preferred option was to have one round of consultation, led locally by individual CSUs working within national guidance. Ms Roughton confirmed that there would be continued engagement with staff side and trade union representatives throughout the process. Ms Roughton sought the Board's approval to develop a national framework around the four preferred organisational forms and to proceed with local consultation with national oversight and assurance. In discussion, Board members confirmed that the proposed four organisational forms would provide an appropriate balance between providing freedom to provide an excellent service to commissioning organisations whilst protecting the public interest. The Chairman took Board members through the other five possible models and confirmed that members were content that these should not be pursued. It was noted that each of the preferred models had different strengths, which would be set out in the guidance. Ms Roughton confirmed that none of the options would preclude CSUs from working with partners in the future. It was noted that the national guidance would support CSUs in considering

	which model would suit their local needs. Ms Roughton confirmed that there would be a phased approach to implementation, with an expectation that all CSUs would become autonomous during 2016. The Board were assured that here would be a robust, central assurance process. **The Board approved:** • **A national framework comprising the four alternative organisational structures for autonomous CSUs, which will be set out in guidance;** • **That guidance would be agreed with the CSU Committee; and** • **A locally led approach to developing autonomous CSUs, assured by NHS England.**
	Patient insight
05/14	**Patient and Public Voice** Tim Kelsey presented the update to the Board drawing attention to the following areas: <u>Care.data</u> The Board were advised that a leaflet was being delivered to every household in England explaining how the NHS uses information about patients to help improve care for everyone. It was noted that there had been some concerns regarding how this information would be used. Mr Kelsey assured the Board work had been undertaken with the BMA, RCGP and the Information Commissioner to ensure that all action had been taken to safeguard patient privacy and confidentiality. Mr Kelsey confirmed that the leaflet made it clear that people could opt out of having any information which identifies them being shared outside their GP practice. The Board were assured that no information was being sold to third parties. It was anticipated that the research industry may make a case for controlled access to data in the future. Mr Kelsey undertook to bring a Research Strategy to the May meeting of the Board. In response to questions from members, Mr Kelsey outlined the three classes of information: • Anonymised, aggregated data – available to anyone; • Psuedonomised – de-indentified information available to NHS organisations. This information was at individual level but with identifiers removed. Mr Kelsey confirmed that any attempt to triangulate this data to identify an individual would constitute a criminal and civil offence; and • Identifiable information – only available under Parliamentary order. Having regard to the public concerns regarding use of data, the Board requested an Annual Report setting out what information has been collected, what it was used for, what where the benefits and whether there have been any issues to report.

	NHS Change Day The Board were reminded that NHS Change Day had been established for staff to volunteer to do things differently. It was hoped that 500 thousand staff members would sign up. Citizens Assembly Mr Kelsey thanked Ciaran Devane and Lord Adebowale for their involvement in establishing the Citizens Assembly to enable citizens to participate in decisions about their healthcare. NHS Expo Further to the information provided earlier in the meeting, Jane Cummings reported that the Dr Kate Grainger compassionate care awards would be launched at the Expo. It was hoped that Dr Grainger would be able to attend to talk about her own experience of healthcare and to present the awards. Mr Kelsey confirmed that the Participation Awards would also be presented at Expo. **The Board received and noted the update.**
Actions	**Tim Kelsey to bring the Research Strategy to the May 2014 Board meeting.** **Tim Kelsey to bring an Annual Report on data usage to a future Board meeting**
	Clinical quality
06/14	**Patient safety collaborative proposals** Jane Cummings presented proposals to establish a network of Patient Safety Collaboratives (PSCs). It was noted that the proposals were in response to the recommendations of the Don Berwick report. Ms Cummings explained that there were two major strands to the proposals: • The formation of 15 PSCs, enabled to create and nurture sustainable local continual learning environments, with national overview. This fundamental focus on continual learning systems would encourage the kind of organisation and system-wide patient safety culture that can deliver definitive improvements in specific patient safety issues and build local capability and energy for change. • Development of system-wide capability for patient safety improvement. This would involve a number of initiatives including a systematic programme of training to deliver improved capability for organisations and existing NHS leaders at all levels, plus a national system of NHS Improvement Fellowships and the technology and structures to support them – thereby building a vibrant set of connected safety improvement leaders and experts, all skilled in

	improvement at an advanced level and supporting others to grow within and outside their organisations. Ms Cummings advised that there would initially be two core clinical priorities for PSCs: pressure ulcers and medication errors, together with locally identified priority areas. There would also be two core capability priorities: Leadership for Patient Safety and Measurement for Patient Safety. Ms Cummings drew the Board's attention to Appendix one of the report to confirm that mental health needs and people with learning disabilities were included in the patient safety priority topics. In response to questions, Ms Cummings confirmed that the proposals had been developed in liaison with the CQC and confirmed that there would not be any overlap of responsibility. The Board noted that the outcomes of initiatives would be published through the Patient Safety Dashboard which would be available later in the year. **The Board supported the proposals and requested an update on development later in the year.**
Action	**Jane Cummings to provide an update report to a future Board meeting.**
	Board committee feedback
07/14 **08/14** **09/14** **10/14**	**Directly Commissioned Services Committee** The Chairman reported that an urgent decision had been taken to accept operational responsibility for Liaison and Diversion Services. It was noted that services would be commissioned through 10 Area Teams. The Chairman confirmed that the decision would be subject to final review by the programme board. **Efficiency Controls** The Board noted the report submitted by Paul Baumann. **Finance and investment** The Board noted the report submitted by Dame Moira Gibb. **Business Planning** The Chairman drew the Board's attention to the four key areas for prioritisation: • demonstrating that the priorities will fulfil our strategic ambitions and help to develop five-year strategic plans 'on the ground'; • areas where current pressures have been identified within 2013/14 which require rectification • areas that clearly demonstrate a measurable impact against the 11 point scorecard;

	• areas that have been mandated by government. **New congenital heart disease review board task and finish group** The Chairman presented the formal minutes of the meeting held in December 2013. Ed Smith confirmed that a further meeting had been held on 7 January 2014. The group had supported the progress being made on establishing standards. Mr Smith confirmed that the group were pushing hard on the timetable ensuring that wherever possible actions would be delivered in parallel. It was noted that Sir Michael Rawlins would be chairing the clinical advisory panel, and that the Chairman had been invited to attend a future panel meeting.
	Performance and assurance
08/14	**Finance report** Paul Baumann presented the update report drawing the Board's attention to the detailed analysis in appendix two. It was noted that there had been little change in the position since the last report to the Board. Mr Baumann highlighted that there had been an improvement in the projected CCG performance and that there was a continued underspend in relation to running and programme costs for NHS England. Mr Baumann confirmed that a detailed report for month nine would be made to the next meeting. **The Board noted the update**
09/14	**Board assurance framework (BAF)** Bill McCarthy presented the report highlighting four areas: • The Board were advised that the additional mitigating actions were an active part of the management process to manage risks to the delivery of better outcomes for patients; • The risks in relation to NHS111 had been reduced as a result of actions taken; • Eight of the summary risks in the BAF formed substantial discussion at the Board, showing that the agenda was concentrating upon some of the most significant issues facing the organisation; and • The format of the BAF was being simplified to make it more accessible in the future. **The Board noted the update and that the 2014/15 Board Assurance Framework would be in the revised format**.
10/14	**Winter planning update**

	Dame Barbara Hakin updated the Board on actions being taken to manage services during the winter period. The Board were assured that patients were continuing to be seen in a timely manner during this difficult period. Dame Barbara drew the Board's attention to the details of how the additional funding was impacting on service delivery. The Board noted that there had been an increase in both attendance at A&E and admissions during the winter period, and that work was on-going to reduce admissions wherever possible, including working with the independent and voluntary sector. Dame Barbara confirmed that patients were receiving a good response from 111 services and that there were high levels of satisfaction. The Board thanked staff for their hard work over the winter period and received assurances that in future years there would be earlier planning for winter. In response to questions from members, Dame Barbara undertook to find out whether there were seasonal variations in demand for mental health services. **The Board noted the report and requested a further report to a future meeting.**
Action	**Dame Barbara Hakin to brief the Board regarding seasonal variation in demand for mental health services;** **Dame Barbara Hakin to bring a further report to a future meeting**
	Planning and Strategy
11/14	**Urgent and emergency care review** Sir Bruce Keogh presented the report to inform the Board of progress with the Urgent and Emergency Care Review. The Board were reminded that the engagement phase of the review had published a report in November 2013, the review was now moving into delivery stage. The Board were advised that currently: • the national average time for patients to be seen in A&E is 50 minutes; • the majority of patient episodes in A&E are completed within four hours; • up to 50% of 999 calls could be managed at the scene; • 40% of A&E patients are discharged requiring no treatment; • Up to one million emergency admissions were avoidable last year; and • There have been significant changes in medical science since the model of A&E departments in district general hospitals. The end of phase report on the review set out changes needed to deliver a better urgent and emergency care system: • Firstly, for people with urgent but non-life threatening needs there

	must be highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible; • Secondly, people with more serious or life threatening emergency needs should be treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery. Sir Bruce drew the Board's attention to the five key changes identified to deliver changes to the care system: • Providing better support for people to self-care, particularly for patients with long term conditions; • Helping people with urgent care needs to get the right advice in the right place, first time; • Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E. this would include more extensive use of pharmacists and paramedics; • Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery; and • Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts. The Board noted that this would be a major undertaking. Sir Bruce acknowledged that the proposals had been well received professionally and that there had been high quality reporting through the media. The Board noted that an urgent and emergency care review delivery group had been established with wide ranging membership. The group were focussing on eight areas of work: • Consistent payment system; • Primary and community care access to services; • Improving NHS 111 services; • Information and data sharing; • Community pharmacist role; • Major emergency centres; • Improving the role of paramedics; and • Workforce In response to questions from members, Sir Bruce acknowledged that there was disparity with ambulance response times and the response times for mental health crisis teams. The Board were assured that the systems were being tested to measure how the most vulnerable citizens were dealt with and also to look at the different needs of urban and rural communities. **The Board noted the update and requested a further update to a future meeting.**

Actions	Sir Bruce Keogh to provide an update report on the urgent and emergency care review to a future meeting
11/14	**Any other business** No additional items of business were raised.
Date of next meeting	6 March 2014, Leeds