

NHS England

Minutes of the Board meeting held in public on 3 July 2014 at 58 Edgbaston Park Road, Edgbaston, Birmingham, B15 2RT

Present

- Professor Sir Malcolm Grant – Chairman
- Mr Ed Smith – Deputy Chairman
- Mr Simon Stevens – 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 Noel Gordon - Non-Executive Director
- Mr Paul Baumann – Chief Financial Officer
- Ms Jane Cummings – Chief Nursing Officer
- Sir Bruce Keogh – National Medical Director
- Dame Barbara Hakin – National Director: Commissioning Operations
- Mr Tim Kelsey – National Director: Patients and Information
- Ms Rosamond Roughton – Interim National Director: Commissioning Strategy

Apologies

- Ms Karen Wheeler – National Director: Transformation and Corporate Operations
- Professor Sir John Burn - Non-Executive Director
- David Roberts - Non-Executive Director

In attendance

- Mr Jon Schick – Head of Governance and Board Secretary

The Chairman thanked the University of Birmingham for hosting the Board meeting, and welcomed members of the public in attendance, those watching live via webcast and those who would view the subsequent recording.

Item	
48/14	Welcome and introductions
	<p>The Chairman began by noting the exceptional work to consolidate accounts of all 211 CCGs with those of NHS England. He drew attention to the appointment of three new Non-Executive Directors: Professor Sir John Burn, Mr Noel Gordon and Mr David Roberts. The Board agreed the following Committee appointments:</p> <ul style="list-style-type: none">• Quality and clinical risk committee - Professor Sir John Burn;• Audit and risk assurance committee - Noel Gordon and David Roberts;• Finance and investment committee - Noel Gordon.

49/14	<p>Declarations of interest in matters on the agenda</p>
	<p>The Chairman declared an interest in relation to Item 9, Genomics: NHS Preparedness for Delivery of the 100k Genomes Programme (as a Director of Genomics England Ltd, a company wholly owned by the Department of Health) and Lord Victor Adebawale, declared an interest in relation to Item 8, Winterbourne View (as CEO of Turning Point).</p> <p>Given the nature of the interests declared, neither the Chairman nor Lord Adebawale needed to be recused from these respective discussions.</p>
50/14	<p>Minutes of the previous meeting</p>
	<p>Minutes of the 15 May 2014 meeting were accepted as an accurate record.</p>
51/14	<p>Chief Executive report</p>
	<p>Simon Stevens reported on current performance of the National Health Service (NHS) through the services that NHS England and the CCGs are commissioning, drawing attention to the following areas:</p> <p>Accident and Emergency (A&E) and Emergency Admissions</p> <p>Although the 4 hour standard was currently being met, performance remained under pressure with increasing numbers of people attending A&E. Work was underway in hospitals experiencing pressure to ensure, through their own action and working with local CCGs, they were able to meet the 4 hour standard consistently.</p> <p>Emergency admissions appeared to be increasing at a faster rate than previous years, although half of patients admitted to hospital as an emergency stayed for only a short period. Work was under way to better understand these trends including any associated changes to the support available in community health services, general practice and social care services.</p> <p>Action taken by NHS England to address emerging A&E and emergency admission pressures included earlier allocation of an additional £400m for the Urgent and Emergency Care system on a geographical “fair shares” basis. It would be for individual health economies to agree where best to invest these funds, and provide robust plans to demonstrate how they would support improvement. For future years a fundamental redesign of the funding flows for urgent and emergency care, including outpatients, A&E, out of hours care and ambulance services, would aim to support a more integrated approach, connecting different elements of the care pathway.</p>

Waiting times for Planned Surgery

Performance on average continued to be strong although pressures had built as a result of increased new referrals. A further allocation of £250m had been made to ensure extra procedures could be funded over coming months and before the Winter. In the short term, work to clear the backlog of longest-waiting patients was likely to result in an increase in the measured average waits of patients admitted for operations.

Better Care Fund

Constructive conversations had been held with national and local government about what the Fund would deliver and how it would create value and reduce pressure in both the NHS and local government. Dame Barbara Hakin would serve as Senior Responsible Officer (SRO) for the programme and Andrew Ridley from the North and East London Commissioning Support Unit (CSU) would act as Project Director. At least £1 billion from the fund would need to be used either to reduce emergency admissions or be made available for NHS-commissioned services.

NHS England

Work continued on the organisational redesign of NHS England. Changes had been made to the National Director structure and discussions were under way with a number of national partners to agree the potential transfer of some existing functions currently held by NHS England. The Board were updated on the recent appointments of Dr Mahiben Maruthappu, Ian Dodge and Jo Lenaghan.

Dame Moira Gibb recognised the priorities facing the organisation and the imperative for change but asked about the impact on staff. Mr Stevens cited results from NHS England's staff survey and feedback from external stakeholders which both pointed to the need to improve the way NHS England worked. As with other parts of the NHS, NHS England was also facing a required substantial further reduction in administration costs. It was important to provide certainty as soon as possible and work to identify potential savings would be undertaken by the Autumn.

Transparency and Openness

Mr Stevens thanked Tim Kelsey and Jane Cummings for their work on the online publication of nurse staffing levels, patient safety information and NHS England's participation with others in the Sign Up to Safety campaign. He also reminded the Board that at their last meeting, it had been agreed that NHS England would publish details of external meetings by the National Directors with non-public sector organisations on a quarterly basis. This information would be posted on the NHS England website the day after this Board meeting.

The Board noted the report.

52/14	2014/15 Commissioning round update
	<p>For the most part CCG plans had been agreed with local providers and contracts were now set. An initial review indicated that CCGs were planning sensible activity levels and that there had been focus on securing parity of esteem, with investment in mental health services to support delivery of standards in service areas for patients with mental health problems such as dementia or those needing psychological therapies. The second 'cut' of CCG plans were shortly to be reviewed.</p> <p>Building on the achievements of the urgent care working groups (UCWGs) over the last year, their scope had been broadened to include elective care, and the Board were asked to note the associated name change from UCWGs to System Resilience Groups (SRGs).</p> <p>The 2014/15 commissioning round for specialised commissioning had been very challenging. A dedicated turnaround project and team were in place, bringing together all individuals involved in specialised commissioning who had previously been based in several directorates. Paul Watson, Regional Director (Midlands and East) was leading the taskforce and had put in place an interim senior management team to tackle the key issues. Dame Barbara Hakin reported a largely balanced plan for specialised commissioning although the Board were asked to note substantial risks remaining. Most of the contracts for specialised commissioning had been signed; however, uniquely there remained one contract for a large London Trust where there was a gap of £75m that needed urgent resolution.</p> <p>The Better Care Fund presented a chance for health and social care (particularly out of hospital health care) to work together to make sure patients who do not need to be in hospital can be looked after at home. The programme required rigorous governance and programme management arrangements; work would be undertaken with local authorities, CCGs and Health and Wellbeing Boards.</p> <p>In response to a question from Dame Moira Gibb, Dame Barbara confirmed UCLH was the trust with a £75m gap and that NHS England and the regional team were working with them to resolve the matter. The issues still to be resolved were no different to those facing many other large specialist providers regarding the impact of QIPP ambition, CQIN agreements and Project Diamond. The Chairman noted he had received a letter from the Chairman of UCLH and Dame Barbara said that negotiations would continue to resolve the matter. This had been the most difficult year for balancing the plan and some of the risks discussed in relation to specialised commissioning remained very significant.</p> <p>The Board noted the report and the stated exposures to risk across the areas discussed.</p>

53/14	Consolidated 2014/15 Financial Report - Month 2
	<p>Paul Baumann presented the Month 2 Financial Report, updating the Board on the current status of 2014/15 financial plans and budgets and the financial results for the first two months of the year. Planned resources of £98bn were set out in the Mandate for 2014/15 agreed with the Department of Health. This included £867m of historical surpluses, of which £400m could be drawn down to support 2014/15 spending non-recurrently, resulting in a minimum cumulative surplus as at 31 March 2015 of £467m. This year all of that £400m had been allocated to specialised commissioning.</p> <p>As reported by Dame Barbara, significant progress had been made across all areas of commissioning in agreeing, assuring and approving plans. There remained, however, some outstanding work to finalise plans within the current expenditure limit before final presentation to Board for approval.</p> <p>CCG plans had been subject to an extensive assurance process, and the larger concern continued to be around the £100m stretch in specialised commissioning. Ed Smith reported that the Finance and Investment Committee had concerns about both the greater levels of risk in this area and the lower level of contingency available.</p> <p>Mr Baumann also drew attention to the information covering the first two months, noting that the emerging trend in emergency activity would need to be understood to determine whether this was an ongoing significant risk area.</p> <p>In follow up discussion, given the challenging operating environment, the Board questioned whether sufficient transformational change was happening, at the required pace in NHS care delivery, and whether there was sufficient local or national capacity to create this change. Given the unsustainability of the current position, they agreed that in order to support the required transformation, NHS England and its national partners would need to accelerate significant change.</p> <p>The Board noted the current status of the 2014/15 plans and authorised the Finance and Investment Committee to approve finalised plans. They noted the current financial position and serious challenges that had been outlined in the report and discussion.</p>
54/14	NHS performance report
	<p>Dame Barbara Hakin presented this report on behalf of Karen Wheeler. Members were asked to note the new report format. Work continued to reconfigure the more comprehensive integrated performance report around two scorecards for future presentation to the Board, covering NHS performance and NHS England's performance respectively.</p> <p>Dame Barbara drew the Board's attention to concerns around the 6 week diagnostic target; NHS England was working with the Trust Development</p>

	<p>Authority (TDA) to address these, especially around the 62 day maximum wait target for cancer services. The work of the System Resilience Groups (SRGs) would also be important in addressing these concerns.</p> <p>The Board were asked to note two risks on the Board Assurance Framework (BAF) that had reduced: Complaints Management Performance and Medical Revalidation, and three risks that had been added: Genomics, the Better Care Fund and Referral to Treatment times.</p> <p>Margaret Casely-Hayford questioned the Red Amber Green (RAG) status assigned to NHS 111 performance on abandoned calls. It was agreed that the high number of abandoned calls did require further review, but also acknowledged that the vast majority of patients were having their calls answered.</p> <p>The Board noted the report and confirmed the recommendations related to the Board Assurance Framework.</p>
55/14	<p>Primary care co-commissioning</p>
	<p>Simon Stevens and Dame Barbara Hakin explained anticipated benefits from co-commissioning, through integration and removal of historic silos between services, and building on the local knowledge at CCG level. Making better use of this local leadership and understanding through co-commissioning was also expected to assist with work to improve quality – including of GP services - and address inequalities. The paper outlined a process for the assessment, approval and assurance of proposals received from CCGs. The process for seeking expressions of interest had been designed to be permissive and locally flexible. CCGs had been asked to submit expressions of interest (EOI) to NHS England by 20 June 2014, indicating the form they would like co-commissioning to take and how they would like it to evolve.</p> <p>NHS England had received a very enthusiastic response, with a significant number (196) of EOIs under three broad categories of interest: (i) greater CCG involvement in influencing primary medical care decisions made by NHS England (19 EOIs), (ii) establishment of joint commissioning arrangements (110 EOIs), and (iii) formal delegation of primary medical care commissioning to CCGs (74 EOIs). Area Teams were now providing individual assessments on each proposal. Proposals were also under development to provide assurance that any conflicts of interest could be appropriately handled. The CCG Assurance and Development Committee would oversee next steps. Work would also be undertaken to ensure learning was shared to avoid unnecessary duplication of developmental work across the country.</p> <p>In discussion, the Board supported the proposed actions, including the future potential for co-commissioning to enable CCGs to provide more input and direction to some areas of specialised commissioning. The proposals were congruent with the direction of travel to move towards unified, population-based budgets. A further update would be reported to the Board in the Autumn.</p> <p>The Board noted and agreed the recommendations of the report.</p>

56/14	Winterbourne View
	<p>Jane Cummings introduced this update on delivering the “Transforming Care” Concordat. She drew attention to slippage and concerns related to the implementation of the Concordat, and to recent work focused on improving delivery against the commitments made. Although some progress had been made to plan discharge of some patients, this had not been rapid enough and further work was required to avoid admission where possible and to better promote early discharge.</p> <p>Third Sector organisations had offered their ideas and it was proposed that a strategic group be established in partnership with Third Sector and other organisations who were experts in this field, aimed at achieving a step change in progress. Ms Cummings reported that Sir Stephen Bubb, Chief Executive of The Association of Chief Executives of Voluntary Organisations (ACEVO) had agreed to chair this group, which would involve key partners and stakeholders.</p> <p>In discussion the Board:</p> <ul style="list-style-type: none"> • Received assurance that strengthened advocacy would form part of the arrangements going forward, including the offer of access to an independent second opinion service to every individual affected by the programme. Further costed details would be available in coming weeks; • Recognised the significant role Local Authorities should play and the need for them to be represented on the proposed Strategic Steering Group; • Agreed the need to achieve bespoke local outcomes tailored to the needs of individuals but as part of a national approach; • Noted plans to collect a simpler data set that could be reported on a monthly basis. <p>The Board noted the report and endorsed the creation of the proposed strategic steering group in partnership with the Third Sector.</p>
57/14	Genomics: NHS Preparedness for Delivery of the 100k Genomes Programme
	<p>Tim Kelsey and Sir Bruce Keogh introduced this discussion, noting the significant clinical benefits expected from genomic science. The paper explained that an immediate priority was to launch a process for selecting NHS Genomic Medicine Centres as part of the response to the Prime Minister’s challenge for the NHS to sequence 100,000 genomes by 2017. Trusts would be asked to partner with NHS England on the delivery of samples from patients with their consent, and the aim was to make an announcement on selected Trusts (“NHS Genomic Medicine Centres) by October 2014. The work was progressing well in partnership with the Department of Health and Genomics England Ltd.</p>

	<p>Mr Kelsey outlined the governance arrangements. Overall accountability rested with the Department of Health, who chaired an Assurance Board with NHS England representation. The Chairman of NHS England was a Director of Genomics England. An internal programme board had been established within NHS England, with cross-directorate membership, and Sir Bruce Keogh would be chairing a new Genomics Clinical Advisory Group.</p> <p>The Board were introduced to the enormous potential clinical benefit to patients from the genomics programme and also reminded of some of the uncertainties associated with working at the cutting edge of science.</p> <p>The Chairman drew attention to support for the programme from others including the National Institute for Health Research and Wellcome Trust. He also outlined the opportunities that would come in future stages from sequencing at a population level.</p> <p>In discussion the Board:</p> <ul style="list-style-type: none"> • Agreed this was an important development which should be strongly supported; • Received assurance that a robust procurement process was being followed by NHS England, with an open and competitive process for Trusts to apply to be part of the programme to select Genomic Medicine Centres; • Noted there would be costs for counselling patients that participate in the study from whom consent is obtained. This would be a complex process. <p>The Board</p> <ul style="list-style-type: none"> • Noted NHS England’s role in delivery of the 100,000 Genome Project and the supporting governance arrangements that have been put in place; • Agreed the timetable and process for selecting ‘NHS Genomic Medicine Centres’; • Approved the Prospectus document for publication; and • Asked to receive a paper at a future meeting on the role of NHS England in realising a new era of personalised, genomic medicine, beyond the 100,000 Genomes Project.
58/14	Board Committee feedback
	<p><u>Board Committee Feedback</u></p> <p>Feedback from recent meetings was received by the Board from the Chairs of the following committees:</p> <ul style="list-style-type: none"> • Audit and Risk Assurance Committee; • Authorisation and Assurance Committee; • Commissioning Support Committee; • Efficiency Controls Committee; • Finance and Investment Committee;

	<ul style="list-style-type: none"> • Directly Commissioned Services Committee; • Quality and Clinical Risk Committee; • CHD Task and Finish Group. <p>The Board noted these reports and agreed to a proposal from the Directly Commissioned Services Committee to delegate authority to oversight groups to approve specified recommendations from the Clinical Priorities Advisory Group.</p> <p><u>Board Committee Annual Reports</u></p> <p>The Board received Committee Annual Reports providing assurance that Committees had fulfilled their duties delegated by the Board over the course of 2013-2014. The Board:</p> <ul style="list-style-type: none"> • Approved certain minor revisions to committee Terms of Reference; • Noted that in September the Board would be asked to consider recommendations to reshape and streamline the Board Committee structure. <p>The Board noted the reports, agreed the proposed revisions to the Terms of Reference and noted the September meeting of the Board would consider recommendations to reshape and streamline the Board Committee structure.</p>
59/14	Any other business
	No further matters of business were raised
Date of next meeting	19 September 2014, London

Representatives of the press and members of the public were asked to withdraw from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1 (2) Public Bodies Admission to Meetings Act 1960)