

NHS England

Minutes of the Board meeting held in public on 29 January 2015

Present:

Professor Sir Malcolm Grant	Chairman
Simon Stevens	Chief Executive
Ed Smith	Non-Executive Director and Deputy Chairman
Lord Victor Adebawale	Non-Executive Director
Professor Sir John Burn	Non-Executive Director
Margaret Casely-Hayford	Non-Executive Director
Dame Moira Gibb	Non-Executive Director
Noel Gordon	Non-Executive Director
David Roberts	Non-Executive Director
Paul Baumann	Chief Financial Officer
Jane Cummings	Chief Nursing Officer
Ian Dodge	National Director: Commissioning Strategy
Sir Bruce Keogh	National Medical Director
Dame Barbara Hakin	National Director: Commissioning Operations
Tim Kelsey	National Director for Patients and Information
Karen Wheeler	National Director: Transformation & Corporate Operations

Apologies:

Ciaran Devane	Non-Executive Director
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In Attendance:

Tom Easterling	Director of the Chair and Chief Executive's Office
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Secretariat:

Fiona Barr	Head of Corporate Governance and Board Secretary
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1.0	Declarations of Interest in Matters on the Agenda
1.1	Declarations of interest: <ul style="list-style-type: none"> • Malcolm Grant – family member works for Cancer Research UK • Moira Gibb – Chair of Skills for Care • Victor Adebawale – Chief Executive of Turning Point, provider of services to the NHS for people with learning difficulties • John Burn - Chairman of Quantum DX
2.0	Minutes of the Previous Meeting
2.1	The minutes of the meeting held on the 17.12.14 were approved as an accurate record. There were no matters arising.
3.0	Chief Executive's Report
3.1	Simon Stevens drew the Board's attention to the following key items in his report some of which would be discussed later in the meeting: <ol style="list-style-type: none"> i. January 2015: The Board gave thanks to frontline staff for continuing to provide high quality, safe and responsive care to patients during a winter period that had seen a high demand for urgent and emergency care services. ii. NHS Performance: This increase in demand underlined the need for the transformation of NHS services as set out in the <i>Five Year</i>

	<p><i>Forward View (FYFV)</i> and resilience would be strengthened for next winter through:</p> <ol style="list-style-type: none"> a. Investment in capacity across all services in health, community and social care. b. Better care co-ordination between all services. c. Continuing best practice improvements in clinical and operational processes within hospitals. d. Simplifying and re-designing the urgent care ‘front door’ to the NHS. <p>iii. NHS England’s Role Leading Service Improvement: The British Social Attitudes survey results showed that levels of satisfaction with the NHS were at the second highest level ever, and that dissatisfaction was at its lowest level ever. The results showed improvements in satisfaction with out-patient services and a rise in levels of satisfaction with A&E.</p> <p>iv. Five Year Forward View: Work was underway to implement key elements of the <i>FYFV</i>.</p>
3.2	The Board received the report.
4.0	Five Year Forward View: Overview and Update
4.1	<p>Ian Dodge gave a progress report on the <i>FYFV</i> in which he emphasised:</p> <ol style="list-style-type: none"> i. Building strong partnerships with the six national bodies that co-authored the <i>FYFV</i>. ii. Making a number of key appointments in NHS England to take forward the new initiatives. iii. The energy and enthusiasm in the NHS to embrace the changes outlined in the <i>FYFV</i> and developing new models of care.
4.2	<p>In further discussion, the Board sought and received assurance as to how the <i>FYFV</i> would be delivered through:</p> <ol style="list-style-type: none"> i. A coalition with national partners, Monitor and NHS TDA. ii. Building capacity and capability to support the changes required. iii. Learning from previous initiatives and the use of pilots. iv. Taking a wide view of services across health, community and social care and building models which could be replicated elsewhere and were not unique to one setting. v. Developing the workforce across the whole of health and social care.
4.3	The Board asked to receive regular updates on the delivery of the <i>FYFV</i> . It also resolved to receive a report on the outcome of the review into the NHS Improving Quality and NHS Leadership Academy, particularly in respect of 4.2 (ii) and (v) above.
ACTION PB.29.01.15 /11	To receive a report on the outcome of the review into NHS Improving Quality and the NHS Leadership Academy. LEAD: Karen Wheeler
5.0	NHS Five Year Forward View: Strategy towards New Relationships with Patients and Communities
5.1	Tim Kelsey introduced the report, the purpose of which was to update the Board on a range of activities to commitments set out in the <i>FYFV</i> to develop new relationships with patients and communities.
5.2	He announced that an on-line platform to give patients a voice in NHS England’s decision-making had been launched that morning and encouraged Board members to visit the new site at: http://www.nhscitizen.org.uk/ .

5.3	Victor Adebowale welcomed the new initiative and updated the Board on the Task & Finish group established to deliver the NHS Citizen programme. Margaret Casely-Hayford and Professor Sir John Burn agreed to join the Task & Finish group.
5.4	Tim Kelsey drew the Board's attention to the success of the Friends & Family Test (FFT), noting that in excess of five million FFT ratings on local services had been made. He explained how this helped to deliver positive, real time service change as a result of direct patient feedback, giving some examples.
5.5	The Board welcomed the Memorandum of Understanding (MoU) with Healthwatch England (HWE) to set out the relationship between the two organisations, though asked that it reflected HWE's role at a national and local level.
5.6	The Board received and took assurance from the report and approved the MoU with HWE subject to the requested minor amendments.
6.0	NHS Performance Report
6.1	Barbara Hakin presented the performance report which provided an update on pressures in the urgent care system and gave assurance on the NHS England's oversight of NHS preparedness to manage an Ebola outbreak.
6.2	The last few months had seen increasing pressures on urgent care services across England with unprecedented number of patients attending General Practice (GP) and using out of hours, NHS 111, ambulance and A&E services though it was unclear why there had been a spike in demand though this was being investigated.
6.3	performance against the four hour target had improved since the beginning of January 2015. The total number of patients spending 12 hours from "decision to admit" to "admission" was a particular issue in a small number of hospitals and action was being taken by Monitor and TDA at a local level. There had been a huge rise in the number of call to NHS 111 and satisfaction rates had increased. Work was underway to increase clinical and GP support to the NHS 111 service.
6.4	The Board considered the differences in performance between hospitals and noted that a key part of improving performance was having effective systems and processes to support patient admission, flow and discharge. The Board reflected on the role of the Emergency Care Intensive Support Team to share best practice amongst trusts and support those that were under-performing hospitals to establish better arrangements to improve patient throughput.
6.5	The Board discussed the report and was assured that NHS England was continuing to deliver a comprehensive programme to support the NHS in dealing with an Ebola outbreak, offering thanks to all NHS staff who had volunteered to work in Africa treating Ebola patients. The Board also re-confirmed it's thanks to frontline staff for their hard work over the Christmas and New Year period.
6.6	The Board received and took assurance from the report.
7.0	Consolidated 2014/15 Financial Report (month 8)
7.1	Paul Baumann presented the paper which set out the financial results for the first eight months of 2014/15.
7.2	The report showed that the financial performance of NHS commissioners was gradually converging towards delivery of the budgeted level of expenditure for the year and that the forecast gap was narrowing.
7.3	Most Clinical Commissioning Groups (CCGs) remained within their financial

	allocations, though a small number – concentrated in the Midlands & East and South regions – were getting into financial difficulty but were being closely managed.
7.4	He flagged an overspend on Specialised Commissioning – the majority of which related to the Cancer Drugs Fund – and reminded the Board of the actions being taken to target drugs with the best clinical and cost effectiveness. The budget for Specialised Commissioning included £400m of non-recurrent drawdown funding meaning there was significant underlying deficit to rectify in 2015/16.
7.5	Internal work being done to review of expenditure on NHS England administration and central programme costs.
7.6	The Board considered the planned announcement by Monitor of the results of their consultation on the 2015/16 tariff: while only a minority of providers and CCGs responded negatively, the relevant response threshold by market share was reached. As the overall NHS funding totals for 2015/16 had now been agreed, any changes to the proposed tariff would potentially mean less investment in other hospitals, mental health or GP and community services.
7.7	In the interim, the current tariff would roll forward as set out in the Health and Social Care Act 2012 but to ensure NHS finances remained in balance, before the new tariff took effect, there may need to be reductions to CQUIN and other supplementary payments. The proposed increases to the emergency marginal rate from 30 – 50 per cent would also not take effect with rollover tariff.
7.8	Monitor and NHS England would update the sector with more detail on next steps shortly but in the meantime CCGs and providers were to assume that the 2015/16 planning round would proceed on the agreed timetable and within the funding and overall efficiency envelope set out in the joint planning guidance issued just before Christmas.
7.9	The Board received and took assurance from the report.
8.0	<i>Transforming Care – Next Steps</i>
8.1	<p>Jane Cummings updated the Board on activities to transform care for people with learning disabilities following Sir Stephen Bubb’s report. She drew the Board’s attention to the following key areas:</p> <ol style="list-style-type: none"> i. NHS England would chair a new delivery board, comprising senior responsible officers from the Department of Health, Local Government Association, Association of Directors of Adult Social Services, Care Quality Commission (CQC) and Health Education England (HEE) which would strengthen the <i>Transforming Care</i> delivery programme. ii. There would be further work over the coming months to co-design and co-produce the programme in partnership with people with learning disabilities, their families, clinicians, commissioners, providers and a range of other stakeholder organisations. iii. A range of measures to strengthen people’s rights in the health and care system to patients, carers and their families. iv. Improvements in the admission process to ensure patients received the right care in the right setting. v. Plans to refine the CQC’s inspection methodology for mental health and learning disabilities hospital services to ensure that regulatory action was taken where necessary. vi. Developing a workforce which provides person-centred care and support for people with learning disabilities that is needs-led, local and

	accessible.
8.2	The Board welcomed the report and the breadth of the work programme and requested regular updates on its delivery
Action PB.29.01.15 /12	To provide regular updates on the implementation of the <i>Transforming Care</i> delivery programme. LEAD Jane Cummings
9.0	NHS England and Health & Social Care Information Centre
9.1	Tim Kelsey introduced the paper which outlined NHS England's partnership with the Health & Social Care Information Centre (HSCIC) and highlighted: <ul style="list-style-type: none"> i. The new governance arrangements for informatics. ii. The development of the Memorandum of Understanding (MoU) between NHS England and HSCIC. iii. The establishment of the Operational Information for Commissioning Programme (OICP) and the Data Services for Commissioners (DSfC) Programme. iv. The development of a future data strategy for NHS England and health and care more widely, as an important initiative for the National Information Board.
9.2	In discussion, the Board: <ul style="list-style-type: none"> i. endorsed the need to improve national and local data flows ii. agreed that the MoU with the HSCIC was an important and significant step forward but suggested that the MoU should reference a commitment to adhere to the Code of Practice for national statistics iii. supported the establishment of an NHS England Data Board.
9.3	The Board noted and took assurance from the report and: <ul style="list-style-type: none"> i. Agreed to sign the MoU subject to inclusion of a reference to Code of Practice for national statistics; ii. Approved the establishment of an NHS England Data Board.
10.0	Transforming Primary Care Support Services
10.1	Karen Wheeler updated the Board on progress on the procurement of Primary Care Support Services (PCSS). Following the launch of the procurement in November 2014, three providers had been shortlisted and final bids were to be submitted in February 2015. The Board noted that the timetable for the award of contract would probably be not before May 2015. It also noted that the operational management for the service would be by the National Director: Transformation & Corporate Operations Director, not the regional teams.
10.2	The Board received and took assurance from the report
11.0	Board Committee Feedback
11.1	The Board noted the reports from the following Committees:- Finance & Investment Committee held on 2.12.14 and the Investment Committee held on 12.01.15. Audit & Risk Assurance Committee held on 15.12.14.
11.2	David Roberts updated the Board on the Commissioning Committee which had held its initial kick-off meeting on 28.01.15. The Committee had agreed priorities and ways of working and that key tasks included understanding how the commissioning processes support the implementation of FYFV and deliver quality. The next meeting would be in March.

12.0	Any Other Business
12.1	There were no items of any other business and the Chair closed the meeting at 12:55.

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).