

NHS England
DRAFT Minutes of the Board Meeting held in Public
23 July 2015 at 10:30
Room 401-405

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
Sir Ciaran Devane	Non-Executive Director
Dame Moira Gibb	Non-Executive Director
Noel Gordon	Non-Executive Director
Paul Baumann	Chief Financial Officer
Jane Cummings	Chief Nursing Officer
Sir Bruce Keogh	National Medical Director
Ian Dodge	National Director: Commissioning Strategy
Dame Barbara Hakin	National Director: Commissioning Operations
Tim Kelsey	National Director for Patients and Information
Karen Wheeler	National Director: Transformation and Corporate Operations

Apologies:

David Roberts	Non-Executive Director
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Secretariat:

Fiona Barr	Head of Corporate Governance and Board Secretary
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1.0	Welcome and Introduction
1.1	The Chairman welcomed everyone to the meeting and reminded members of the public and press that although the Board was meeting in public, it was not a public meeting. It would be followed by a meeting in private to consider business of a confidential nature.
1.2	He invited members of the Board to declare any interests. In relation to the paper on the Congenital Heart Disease Review, the Chairman advised the Board that he had previously as President and Provost of UCL been a Board member of UCL Partners, and had been involved in the setting up of the National Institute for Cardiovascular Outcomes Research (NICOR), though had had no further involvement with either since his retirement. The National Medical Director, Sir Bruce Keogh, advised the Board that he had set up the National Institute for Cardiovascular Outcomes Research (NICOR) whilst at UCL. Professor Sir John Burn advised that he had a long-standing relationship with the Freeman Hospital and with teams working on paediatric cardiology but had had no involvement in the production of the report.
1.3	The Chairman noted apologies from David Roberts who was attending the Nationwide Annual General Meeting at which he would be declared the new Chairman of the Nationwide.
1.4	Before formally declaring the meeting open, the Chairman took the opportunity to record his gratitude and appreciation for Dame Barbara Hakin who would be retiring at the end of the year after a career of over forty years in the NHS. He also congratulated: <ul style="list-style-type: none"> i. NED Ed Smith, on his appointment as Chairman of NHS Improvement. ii. NED Sir Ciaran Devane who had been knighted in the New Year's Honours and Richard Jeavons who was awarded a CBE. iii. Chief Executive Simon Stevens and NEDs Ed Smith and Victor Adebawale

	upon the conferment of them receiving honorary degrees from the University of Birmingham.
2.0	Minutes of the Previous Meeting
2.1	The minutes of the meeting held on 28.05.15 were accepted as an accurate record. There were no matters arising.
3.0	Chief Executive's Report
3.1	Simon Stevens introduced his report and focused on: <ul style="list-style-type: none"> i. The successful production of NHS England's Annual Report & Accounts 2014-15 which had been laid before Parliament that week. He particularly thanked the Chief Financial Officer, Paul Baumann, the National Director: Transformation and Corporate Operations, Karen Wheeler, and Audit & Risk Assurance Committee (ARAC) Chairman, Ed Smith, for their leadership. ii. The substantial work underway between NHS England, Monitor and the NHS Trust Development Authority (TDA) to manage the financial position of the NHS – including managing expenditure on temporary staffing and management consultancy. iii. The forthcoming Spending Review which would conclude on 25.11.15 and the work with the other Arm's Length Bodies (ALBs) and the wider NHS to set out the composition and phasing of plans to deliver efficiency alongside the extra investment. iv. Seven day services and distinguishing the problems which needed to be solved: a) excess in-patient mortality in hospitals at weekends; b) the need for integrated urgent and emergency out of hospital services throughout the week; and c) the desirability in principle of convenient routine access to primary care. v. The announcement later that week of the Urgent & Emergency Care Vanguard which would operate in eight parts of the country and fast forward the implementation of the recommendations of the recent review into Urgent & Emergency Care services.
3.2	The Chairman thanked the CEO for his update and the Board received the report.
4.0	National Support Programme for the Vanguards and New Models of Care
4.1	The National Director: Commissioning Strategy, Ian Dodge, updated the Board on the national package of support for the New Care Models Vanguards, which had been devised following recent visits to each Vanguard to understand their aims in more detail. It would be published at the end of July 2015 and was endorsed by all the ALB partners.
4.2	The support package covered eight key enablers: <ul style="list-style-type: none"> i. designing new care models; ii. evaluation and metrics; iii. integrated commissioning and provision; iv. empowering patients and communities; v. harnessing technology; vi. workforce redesign; vii. local leadership and delivery; viii. communications and engagement.
4.3	It was predicated on four key principles: <ul style="list-style-type: none"> i. working jointly at each site at a national and local level to solve problems together; ii. creating simple, replicable frameworks which could be adapted and tailored by others – to ease the spread of good practice; iii. encouraging and supporting radical innovation; iv. working at the pace of fastest Vanguards.
4.4	The Board welcomed the co-creation of the support package. It also noted that, whilst the Vanguards would be held to account for delivery, equally a great deal was also required at a national level to enable the Vanguards to make significant transformative changes. To this end, the ALB partners and Department of Health

	(DH) may have to examine their processes to ensure the necessary changes could happen speedily.
4.5	The National Director: Commissioning Strategy confirmed that he would ensure the Board remained fully sighted of progress and any barriers to progress. The Chairman thanked him for his report and stressed the importance of the Vanguards and New Models of Care to the delivery of the ambition of the <i>Five Year Forward View</i> .
5.0	New Congenital Heart Disease Review: Final Report
5.1	The National Director: Commissioning Strategy explained that this had been a comprehensive and complex review, the origins of which stretched back over 15 years. He highlighted the openness and rigour that had characterised the new review. The review set out a model for service delivery, based on standards and service specifications derived from the best available evidence supplemented by expert views on what would be desirable wherever possible.
5.2	It was noted that there was broad consensus on the new approach for the service which aimed to: <ul style="list-style-type: none"> i. eliminate occasional practice; ii. move to co-location in adult and children's services wherever possible; iii. support early diagnosis; iv. provide better support, information and communication; v. improve palliative and end-of-life care; as well as the transition from children's into adult cardiac services.
5.3	Analysis indicated that the proposals were affordable; providers were working on models, with plans to implement the recommendations from April 2016. The Board commended the work of Chris Hopson, Chief Executive of NHS Providers, in facilitating this process. Where and if necessary, the option of full procurement of these new service standards and service specifications was a consideration.
5.4	The National Medical Director, Sir Bruce Keogh, reminded the Board of the history behind the review and confirmed that the standards were not just high but were to achieve the very best care possible. He concurred that there was huge support for the majority of standards but that, for a small number, there still remained a lack of consensus which needed to be worked through. It was noted that this might be difficult and might require some pragmatism but it was essential now to get to a point of decision, as many stakeholders were frustrated by the years of review.
5.5	The Board welcomed the report and briefly discussed the availability of performance data, preparations for a procurement process for congenital heart services, should this be required, and managing co-location of children and adult services. It also agreed that it was keen to see a national standard and specification applied with few derogations, if any.
5.6	The Board welcomed the update and: <ul style="list-style-type: none"> i. agreed the proposed model of care, and desirable standards and service specifications; ii. agreed the proposals for earlier diagnosis and improvements in information; iii. noted the analysis of the required service capacity; and iv. agreed the proposals for commissioning the service and for implementation, including monitoring and management of adherence to the standards.
6.0	Transforming Care for People with Learning Disabilities including Update on New Service Model and Framework
6.1	The Chief Nursing Officer, Jane Cummings, led the Board through the report which set out the progress being made by the NHS England Learning Disability Programme to transform care for people with a learning disability.
6.2	Good progress was being made against the key commitment for 2015-16 to improve the health and wellbeing of patients with learning disabilities by conducting both a Care and Treatment Review (CTR) - to manage discharge and prevent inappropriate admissions - and an Annual Health Check to support the physical health of learning disabilities patients.

6.3	A new service model and national framework would be published on 27.07.15 which would help to close inappropriate facilities and commission more appropriate local and community based alternatives. A number of “Fast Track” areas had been identified. These would receive extra support to draw up service transformation plans and provide the dual benefit of achieving real change at a quicker pace in these areas as well as helping to build the national team’s understanding of transformation so that it could better refine its approach and support.
6.4	The recent Learning Disability Awareness week had been both powerful and informative and the three NHS England staff with learning disabilities were settling into their roles and would soon be joined by a fourth member of staff.
6.4	The Board welcomed the report and progress being made – and looked forward to the impact of the new service model on care provision. As a number of bed closures were planned for October 2015, the Board resolved to receive a report about this at its November 2015 meeting.
ACTION PB.23.07.15/14	Update the Board on the closure of beds for patients with learning disabilities at the 20.11.15 meeting. LEAD: Jane Cummings, Chief Nursing Officer
7.0	Report of the Independent Taskforce: <i>Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020</i>
7.1	The National Medical Director, Sir Bruce Keogh, outlined the key recommendations from the newly published report of the independent Cancer Taskforce, <i>Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-20</i> , noting that whilst cancer touches every family and 50% of people will expect to suffer from cancer, the current cancer survival rate is less than the European average and this had to be improved.
7.2	The report set out six strategic priorities, covering a range of actions from prevention and earlier diagnosis to improving patient experience and changing how services were supported and commissioned.
7.3	The Board discussed the importance of getting good data about the geographic and demographic incidence of cancer to inform how services were improved and targeted.
7.4	The Chairman thanked Harpal Kumar, who chaired the independent Cancer Taskforce, and all those who served on it. Within the <i>Five Year Forward View</i> , cancer had been identified as a key clinical priority and the new report set out a number of clear recommendations to deliver improvement. The Board resolved to receive further reports on next steps and progress.
ACTION PB.23.07.15/15	Provide further reports on the progress of implementing the recommendations of <i>Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-20</i>. LEAD: Sir Bruce Keogh, National Medical Director.
8.0	Future Delivery of the Cancer Drugs Fund
8.1	The National Medical Director, Sir Bruce Keogh, advised the Board that, since its inception in 2010, the Cancer Drugs Fund (CDF) had provided access to treatment for patients whose individual circumstances indicated that they would benefit from drugs that had not been adopted for routine use in the NHS. This included drugs which: <ul style="list-style-type: none"> i. had not been approved by the National Institute for Health and Care Excellence (NICE) ii. were for rare cancer licensed drug indications not selected for NICE appraisal iii. were planned to be used off-label.
8.2	Though the CDF budget was initially set at £200m, this has been increased twice, most recently to £340m for 2015-16. The CDF had helped to unlock access to new treatments for a large number of patients though its implementation under the current model did not enable access to innovative drugs in a smart or sustainable way. This had resulted in an increasing share of the allocation to treatments that are less cost-effective and towards the end of life.
8.3	He explained that representatives from NHS England, cancer charities, the

	pharmaceutical industry, NICE and DH had been working on a new operating model for CDF to be introduced from April 2016 – with the aim of identifying potential solutions for a more sustainable way of evaluating and commissioning cancer drugs, and supporting the recommendations on the CDF made in the independent Cancer Taskforce’s report, <i>Achieving World Class Cancer Outcomes: A Strategy for England 2015-20</i> .
8.4	However public consultation on the future delivery of the CDF was required in September 2015 to allow sufficient time for responses to be analysed, orderly transition from the existing scheme to be implemented and the new CDF to be operational from 1 April 2016.
8.5	The Board welcomed the proposals though recognised the importance of co-designing the new CDF with strong input from stakeholders – both to enable the budget in the CDF to be more effectively managed and to understand the impact on patients of funding decisions.
8.6	To enable the work on the new CDF to continue at pace, the Board agreed to delegate authority to the Chair and to the Chief Executive, who may act jointly and or individually (where either of them is unavailable), for approval of the public consultation document on the proposals for future delivery of the CDF and the future process post-consultation.
9.0	NHS Performance Report
9.1	The National Director: Commissioning Operations, Dame Barbara Hakin, drew the Board’s attention to: <ul style="list-style-type: none"> i. the outcome of the recent planning and contracting round which showed validated plans for 2015-16 for 6.8m spells of elective care (in-patient and day case) which was 2.7% greater than for 2014-15 and 5.6m spells of non-elective care (a growth of 2.3% from 2014-15 levels); ii. plans to implement the <i>Better Care Fund</i> which would be reviewed throughout the year; iii. work underway to secure additional capacity where required, including from the independent sector, and a nation-wide capacity surveillance monitoring system; iv. provider under-performance on the 62 day cancer performance standard, though nine out of the ten other cancer standards were being achieved.
9.2	Exercise Strong Tower had recently tested the resilience of the NHS and other emergency services to a marauding terror attack on London. Initial feedback on the exercise had been positive.
9.3	There was a brief discussion about staffing capacity in the ambulance service and the extent to which ambulance staff were trained in mental health issues. The National Director: Commissioning Operations agreed to respond to these queries by correspondence.
9.4	The Board received the report and commended the National Director: Commissioning Operations on its conciseness and focus.
10.0	Consolidated Month 2 of 2015-16 Financial Report
10.1	The Chief Financial Officer, Paul Baumann opened the item by confirming that the 2014-15 Annual Report & Accounts had been published that week.
10.2	NHS England had agreed a balanced plan overall with clinical commissioning groups (CCGs) and direct commissioning teams. The resource total available for 2015-16 was just over £101bn and NHS England was working with Monitor and the TDA to ensure that provider plans reflected both the increase in activity and the cost control measures previously announced. This was especially important as the May 2015 submission from providers showed a significant deterioration in the total bottom line of the provider sector.
10.3	Looking forward, an overspend in the CDF was likely (though new arrangements were planned from April 2016) and the performance of the CCGs and the direct commissioning teams would be closely monitored over the coming months as the financial position was tight.

10.4	The Board received the report.
11.0 NHS England Performance Report	
11.1	The National Director, Transformation and Corporate Operations, Karen Wheeler, explained that the revised NHS England Performance Report tracked performance against each of the ten Business Plan priorities which were aligned to the <i>Five Year Forward View</i> . Regular stocktakes were used to monitor progress and to date, all priorities remained on track though risks and mitigations were regularly reviewed.
11.2	The Board welcomed the new format of the report including the overview of corporate operations and the response rate of the Customer Contact Centre was praised. Karen Wheeler agreed to provide further information about security arrangements (eg IT and cyber security) in future reports.
ACTION PB.23.07.15/16	Provide further information about security arrangements (eg IT and cyber security) in the NHS England Performance Report. LEAD: Karen Wheeler, National Director: Transformation and Corporate Operations
12.0 Reports from Board Committees	
12.1	The reports from the Investment Committee on ARAC on 22.06.15 and 06.07.15, the Commissioning Committee on 27.05.15 and 24.06.15 and the Investment Committee on 08.06.15 were taken as read. NED and Chairman of the newly established Specialised Services Commissioning Committee (SSCC) Noel Gordon advised that the Committee was developing the strategy on Specialised Commissioning, supported by rolling service reviews and a clear investment portfolio. In June 2015, the Committee had made the prioritisation decisions for Specialised Commissioning in 2015-16, which supported the recommendations received. Two would be re-considered following reviews by NICE later in the financial year. The amended terms of reference for the SSCC were approved by the Board.
13.0 Any Other Business	
13.1	There were no items of any other business and at 12:56, the Board resolved to exclude representatives of the media and members of the public from the remainder of the meeting due to the confidential nature of the business to be transacted.
Date of Next Meeting: Thursday 24 September 2015, Southside, London	

Agreed as an accurate record of the meeting	
Date:	
Signature:	
Name:	Professor Sir Malcolm Grant
Title:	NHS England Chairman