NHS England

Minutes of the Board Meeting held in Public
24 September 2015
Rooms 401 – 405, Southside, London

Present:

Professor Sir Malcolm Grant	Chairman
Simon Stevens	Chief Executive
Ed Smith	Non-Executive Director and Deputy Chairman
Lord Victor Adebowale	Non-Executive Director
Professor Sir John Burn	Non-Executive Director
Sir Ciaran Devane	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
Sir Bruce Keogh	National Medical Director
Ian Dodge	National Director: Commissioning Strategy
Dame Barbara Hakin	National Director: Commissioning Operations
Karen Wheeler	National Director: Transformation and Corporate Operations

Apologies:

Margaret Casely-Hayford	Non-Executive Director
Tim Kelsey	National Director for Patients and Information

Secretariat:

Fiona Barr	Head of Corporate Governance and Board Secretary

Ref	Minute
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.
1.2	The Chairman advised the Board that Tim Kelsey would be stepping down from his role as National Director for Patients and Information. The Chairman recorded the Board's thanks and appreciation for the work he had done during his tenure with NHS England. Following a review of the roles and responsibilities of National Directors, and NHS England's future needs, a recruitment process would commence for succession. Tim Kelsey and Dame Barbara Hakin, National Director: Commissioning Operations, would both be leaving at the end of December 2015.
1.3	The Chairman also noted that this would be the last meeting for Non-Executive Director and Deputy Chairman Ed Smith, who had also been NHS England's Audit & Risk Assurance Committee (ARAC) Chairman from the outset. In the interim, Non-Executive Director David Roberts would step in as temporary ARAC Chairman.
1.4	The Chairman advised the Board that Sir Ciaran Devane would also step down at the end of December 2015 on the expiry of his appointment. Whilst the Non-Executive Directors were appointments made by the Secretary of State, NHS England was working closely with the Department of Health to replace the two departing Non-Executive Directors.
1.5	Apologies were received from Tim Kelsey and Margaret Casely-Hayford, who was chairing a meeting of Actionaid.

1.6	The Chairman invited members of the Board to declare any interests in respect of specific items on this meeting's agenda; none were made.
2.0	**Minutes of Previous Meetings**
2.1	The minutes of the meeting held on 23.07.15 were accepted as an accurate record. There were no matters arising.
3.0	**Chief Executive's Report**
3.1	The Chief Executive, Simon Stevens, introduced his report and focused on the following: i. The recent NHS Expo event which had been a major success and presented both an important showcase for good work underway in the NHS as well as an opportunity for dialogue. He thanked the NHS England team who had organised it, at no cost to the NHS or taxpayer. ii. New Success Regimes which were now up and running. iii. A forthcoming announcement about the new Acute Care Collaborations. iv. Work underway to prepare for the Government's Spending Review in November 2015.
3.2	The Chairman thanked the Chief Executive for his update, also noting the success of NHS Expo.
3.3	The Board received the report.
4.0	**Devolution – Proposed Principles and Decision Criteria**
4.1	The National Director: Commissioning Strategy, Ian Dodge, introduced the paper reminding the Board that the *Five Year Forward View* (FYFV) had committed NHS England to empowering patients and local communities.
4.2	Through a number of complementary approaches, NHS England was joining up the commissioning system and budgets at a local level for the better delivery of healthcare. He explained that a number of organisations were interested in the local devolution of NHS England's functions but decisions to proceed with individual cases had to be made with formal authority of the Board, and it was proposed this was done through the Commissioning Committee.
4.3	A number of principles would be considered when reviewing applications – many of which were already reflected in the Greater Manchester Memorandum of Understanding. These included a commitment to remain part of the NHS, have clear and appropriate accountability arrangements for services and public expenditure to be devolved, and robust plans for clinical and financial sustainability.
4.4	Decision criteria to assess applications would be wide-ranging and include clarity of vision about the benefits devolution would bring to the health and care of local people, an applicant's ability to evidence good governance arrangements and strong leadership and local relationships, as well clear and demonstrable support from the public, patients and stakeholders.
4.5	The Board was advised that the principles and decision criteria had been discussed with local authorities and were supported. However different parts of the country were proposing different models so each application would be handled on a case by case basis. To be successful, it was necessary for each applicant to clearly articulate how it met the principles and decision criteria set out in paragraphs 3.3 and 3.4 of the paper.
4.6	In summing up the discussion, the Chairman reminded the Board that underpinning each of the applications was the clear objective of improving outcomes for patients.
4.7	The Board received the report and: i. Signalled its support for the principles and decision criteria to determine future calls for the devolution of NHS England functions; and ii. Recognised the role of the Commissioning Committee in considering the proposals and making decisions on behalf of the Board.

5.0	**Personalised Medicine Strategy**
5.1	Sir Bruce Keogh, National Medical Director, explained the potential of personalised medicine to improve patient outcomes and produce significant benefits for the NHS.
5.2	The high level and vision of personalised medicine in the NHS was based on four overarching principles: i. Prediction and prevention of disease. ii. More precise diagnoses. iii. Targeted and personalised interventions. iv. A more participatory role for patients.
5.3	To date, the main focus of the NHS had been on contributing to the 100,000 Genomes project and embedding genomic technologies into clinical pathways.
5.4	However the NHS also had a key role to play as a system leader and a commissioning organisation. The planned re-procurement of the regional genetics laboratories would create a new genomic laboratory infrastructure for the NHS in England, underpinned by clinical commissioning group (CCG) and specialised commissioning, resulting in one comprehensive genomic diagnostic testing service for the NHS.
5.5	Board approval was sought for the development of a five year strategy for personalised medicine. This was agreed and the National Medical Director confirmed he would present proposals for further Board consideration to a future meeting.
ACTION: PB.24.09.15/17	**Develop a five year strategy for personalised medicine for presentation to the Board at a future meeting.** **LEAD: Sir Bruce Keogh, National Medical Director**
5.6	The Board discussed the implications and benefits of a personalised medicine strategy for the NHS and raised the following points: i. From the initial design, ensure that personalised medicine allowed for equality of access – across gender, age and ethnicity. ii. Consider how Academic Health Science Networks (AHSNs) could contribute given their unique position to align education, clinical research, informatics, innovation, training and education and share best practice and innovation. iii. Use “Test and Learn” and “Fail Fast” techniques. iv. Involve the Medical Directors of NHS Improvement in the development of the strategy.
5.7	The Chairman commended the paper to the Board. In closing, he noted that the Board should expect a strategy for personalised medicine to bring beneficial changes in both culture and the practice of medicine as well as significant improvements for patient outcomes and the wider NHS.
6.0	**A Healthy NHS Workforce: Report on the Programme Launch**
6.1	The National Director: Commissioning Strategy, Ian Dodge, explained that a key tenet of the FYFV was the focus on prevention. The FYFV also set out a commitment to ensure that the NHS, as an employer, set a national example in the support it offered to its own staff to stay healthy.
6.2	In line with this, a new initiative had been developed with three main strands: i. Improving NHS staff health, spearheaded by a group of NHS organisations. ii. Providing a nationally specified occupational health service for General Practitioners (GPs) suffering from stress. iii. Working with catering contractors and Public Finance Initiative providers to raise the standards of food and nutrition.
6.3	The Board supported the initiative, particularly its wider roll-out to other sectors and using it to spearhead a national conversation about the role of the workplace in providing a healthy environment for people.
6.4	The Board also learned about the arrangements in place for staff at NHS England and welcomed the report.

7.0	**NHS Performance Report**
7.1	Dame Barbara Hakin, National Director: Commissioning Operations, introduced the report and explained that, for the first time, the report also provided an overview of performance against the NHS Outcomes Framework.
7.2	She drew the Board's attention to the Referral to Treatment (RTT) standard which aimed to provide treatment to 92% of patients in 18 weeks or less. Whilst most patients received their treatment in less than 18 weeks, those patients with more complex needs often had to undergo a number of tests before their definitive treatment was agreed and delivered. The Board was assured that the standard was currently being achieved though would keep it under close review in the coming months as activity was increasing.
7.3	Improving ambulance response times was still challenging although early indications from two "dispatch on disposition" trials, which gave call handlers an extra 120 seconds to evaluate the caller's needs, were delivering encouraging results in operational performance, clinical outcomes and patient safety. There were plans to roll this out to more sites.
7.4	Good progress was reported on all but one of the cancer waiting time standards. Underperformance on the "62 Day – Urgent Referral to First Treatment" standard was attributed to a number of factors including the age and availability of equipment, increased public awareness of cancer and therefore greater activity (especially for cancers requiring endoscopic services) and the time between first outpatient appointment to diagnosis. To address this, a large-scale review of capacity, both in the NHS and the independent sectors, had been undertaken so that demand could be matched with supply.
7.5	The Board noted that further work was needed to consistently meet the Mandate commitment to improve access to psychological therapies.
7.6	The Board discussed the patient experience indicators in section 3 of the report (NHS Outcomes Framework) and considered the reasons for a consistent performance of around 75% for patient satisfaction. The Board asked for a comprehensive briefing session to allow it to more fully understand the indicators which underpin performance against the NHS Outcomes Framework where and why there are differences in performance.
ACTION: PB.24.09.15/18	**Arrange a Board briefing session about the NHS Outcomes Framework. LEAD: Sir Bruce Keogh, National Medical Director**
7.7	The Board received the report.
8.0	**Consolidated Month 4, 2015-16 Financial Report**
8.1	The Chief Financial Officer, Paul Baumann, presented the report which set out a reasonably positive financial position. However he advised the Board to treat the figures with caution as he was expecting Month 5 figures the following day which may present a less favourable position.
8.2	On the basis of the Month 5 figures, he planned to conduct a rigorous stocktake to assess the in-year and forecast end of year position. A great deal of time had been spent earlier in the year scrutinising and testing operating plans to ensure they correlated closely with activity forecasts, given the financial position for 2015-16 was tight. However the financial resilience of some CCGs had deteriorated.
8.3	He advised that there were no major variances at Month 4, except the mismatch in the depreciation budget and the £70m overspend on the Cancer Drugs Fund which had previously been reported to the Board and would be tackled in part through the re-prioritisation process.
8.4	The Board noted that emergency activity growth in the first four months of 2015-16 had been more modest than expected (0.7% compared to 2.3%) which was welcomed.
8.5	The Board received the report.
9.0	**NHS England Performance Report**
9.1	The National Director: Transformation and Corporate Operations, Karen Wheeler,

	introduced the paper, the purpose of which was to inform the Board of progress that NHS England was making across a range of indicators, including delivery against the Business Plan.
9.2	She reported greater confidence on the delivery of the corporate priorities through the application of more robust assurance processes. More stocktakes were planned for October and November 2015 to thoroughly review the status of each corporate priority and remedial action would be agreed where necessary.
9.3	An error in section 3 of the report was highlighted: performance on managing Freedom of Information (FOI) requests for June 2015 was 84.9% though this was still above the target of completing 80% of FOI requests in 20 working days.
9.4	The Board discussed performance and expressed concern with the amber and red status of some of the programmes. Karen Wheeler advised that these were complex programmes which required significant capability and leadership. She was in the process of appointing new Senior Responsible Owners (SROs) and experienced programme directors to strengthen arrangements in these areas; she expected to see improvements in the coming months.
9.5	The Board reflected on the transfer of the Primary Care Support Services to Capita which was completed on 01.09.15. The Board recorded its thanks to Karen Wheeler and the Programme Board for the safe initial transfer of this important service.
9.6	The Board received the report.
10.0	**Reports from the Committees**
10.1	David Roberts, the Chairman of the Commissioning Committee highlighted a number of matters discussed at the meeting on 22.09.14, advising that a full report would be presented to the Board in November 2015: i. It was proposed that healthcare in police custody was transferred to NHS England. ii. Good work had been done to produce commissioning standards for integrated urgent care which would bring together NHS 111, GP out of hours care and clinical advice under a single commissioning framework. iii. The Committee received a report on the annual assessment of CCG assurance, in line NHS England's statutory duty to conduct an annual performance assessment on each CCG.
10.1	The reports from the Investment Committee on 07.07.15 and the Specialised Services Commissioning Committee (SSCC) on 08.09.15 were received.
11.0	**Annual General Meeting 2015**
11.1	The Chairman introduced the paper, reminding the Board that the Annual General (AGM) meeting was the formal opportunity to present the Annual Report & Accounts at a public meeting. This year, the AGM would also engage with a wide variety of stakeholders to consider progress with the FYFV. It was open to the public and he encouraged all to attend.
12.0	**Any Other Business**
12.1	Simon Stevens highlighted a number of forthcoming announcements: i. Learning Disability Bed Closure and Transition Plan. ii. Plans for Seven Day Services (to address higher mortality at weekends). iii. NHS-wide action on Agency Staffing. iv. Winter Resilience and Planning. v. Key appointments in Primary Care, Specialised Commissioning, Cancer Services and to replace Dame Barbara Hakin and Tim Kelsey. vi. Forthcoming report of the Maternity Taskforce.
12.2	The Chairman advised that his four-year term of office was due to expire at the end of October 2015. The Secretary of State had invited him to serve for a further three year term, and he had accepted the invitation.
12.3	The Chairman formally thanked Ed Smith for his service to the Board – as a Non-

	Executive Director, Deputy Chairman and ARAC Chairman – recognising his professionalism, expertise, engagement across the system as well as his enormous generosity and values. In response, Ed Smith confirmed it had been a privilege and pleasure to serve on the Board for four years. He also added that he was delighted that Sir Malcolm Grant had been offered and had accepted a further term of office as NHS England Chairman.
12.4	With no further items of any other business, the meeting closed at 12:25.
Date of Next Meeting: 20 November 2015, Southside, London	

Agreed as an Accurate Record of the Meeting	
Date:	
Signature:	
Name:	Professor Sir Malcolm Grant
Title:	NHS England Chairman