

NHS England

**DRAFT Minutes of the Board Meeting held in Public
28 January 2016
Rooms 401 – 405, Southside, London**

Present:

Professor Sir Malcolm Grant	Chairman
Simon Stevens	Chief Executive
Lord Victor Adebowale	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
Professor Sir Bruce Keogh	National Medical Director
Ian Dodge	National Director: Commissioning Strategy
Richard Barker	Interim National Director: Commissioning Operations
Karen Wheeler	National Director: Transformation and Corporate Operations

Apologies:

Jane Cummings	Chief Nursing Officer
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Secretariat:

Lesley Tillotson	Deputy Board Secretary
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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	Apologies were received from Jane Cummings, Chief Nursing Officer. The Chairman introduced Neil Churchill, who would speak to Item 4 on the agenda (Freedom to Speak Up recommendations) and Cally Palmer, who would speak to Item 5 on the agenda (update on the implementation of the recommendations of the cancer taskforce) The Chairman also welcomed Richard Barker to his first Board meeting as Interim National Director: Commissioning Operations.
1.3	Board members were invited to declare any interests in respect of specific items on this meeting's agenda: No declarations were made, outside those previously recorded in the public register of interests. The Board approved the appointment of Moira Gibb to the Strategic HR and Remuneration Committee, and the appointment of David Roberts as Vice Chairman.

2.0	Minutes of Previous Meetings
2.1	The minutes of the meeting held on 17 December 2015 were accepted as an accurate record. There were no matters arising.
3.0	Chief Executive's Report
3.1	<p>The Chief Executive updated the Board, focussing on the following areas:</p> <ul style="list-style-type: none"> i. To place on record thanks to all staff across the NHS for their hard work over the Christmas and New Year period. ii. The NHS is working hard to improve its 2015-1016 year end position, and work continues to ensure that commissioning arrangements for 2016-2017 are successfully concluded. iii. The Chief Executive highlighted four specific areas where work is ongoing: <ul style="list-style-type: none"> a. NHS England is highly cognisant of the pressures on general practice and is working closely with both the Royal College of General Practitioners and the General Practitioners Committee of the British Medical Association on a comprehensive package of support. Additionally, work is well advanced on the 2016-17 GP Contract b. NHS England's independent Mental Health taskforce set out some of its core recommendations earlier this month. The Taskforce's final report is expected to be published within the next month. c. Baroness Julia Cumberledge and her independent panel will be launching their maternity services taskforce report by the end of February, setting out a range of measures to improve the quality and responsiveness of maternity care. d. The Government is finalising its national childhood obesity strategy. NHS England is helping lead on the contribution the NHS can make, including an NHS "sugar tax", restrictions on junk food, improved support for patients and parents, and changes to the food environment for staff, visitors and inpatients. iv. Whilst NHS Employers and the Department of Health have responsibility for the Junior Doctors' pay negotiations, under the Civil Contingencies Act and the NHS Health and Social Care Act NHS England has a statutory responsibility to assume operational command of the NHS at times of industrial action or other major service disruption. The Chief Executive thanked Professor Sir Bruce Keogh and Anne Rainsberry for their leadership on this issue. He welcomed the fact that Sir David Dalton has been assigned the role of lead negotiator in the ongoing discussions, and the importance of both sides taking this renewed opportunity to reach a workable solution. v. The Chief Executive congratulated the NHS England staff and partners who were recognised within the New Years' Honours List.
3.2	The Chairman thanked the Chief Executive for his report and confirmed that he has written formally on behalf of the Board to the NHS England staff who were recognised in the New Year's Honours List.

3.3	The Board received the Chief Executive's report, including the Urgent Action contained therein.
4.0	Implementation of the Freedom to Speak Up recommendations
4.1	<p>The Chairman introduced the report, inviting Neil Churchill to present the report in Jane Cummings' absence.</p> <p>Karen Wheeler reminded the Board that, as a result of a number of distressing and high profile whistleblowing cases, Sir Robert Francis had been invited to conduct a review into whistleblowing within the NHS. The recent appointment of Dame Eileen Sims as national guardian as a result of these recommendations has been actioned by CQC. Ms Wheeler confirmed that she will be the lead NHS England director, and is overseeing the implementation of relevant recommendations.</p>
4.2	<p>Neil Churchill reminded the Board that whistleblowing has a broader influence on NHS staff attitudes, with around 70% staff feeling they would be confident in raising a concern around patient safety – but conversely 30% do not – which is a missed opportunity. In particular, staff working in primary care had been identified as employed in smaller organisations who might have less internal support.</p> <p>As part of the designation of Prescribed Person, the Board will receive an annual report (the first to cover the period 1 April 2016 to 31 March 2017) detailing the engagement with NHS whistleblowers from primary care. Although the regulations governing the reporting requirements have not yet been published, it is expected that the information to be published will include the number of concerns raised with NHS England, the actions taken and the numbers of disclosures that have been referred to other bodies. It is proposed to include this information within the annual report that is already published on patient complaints.</p>
4.3	Following discussion, the Board noted the content of the report.
5.0	Update on the Implementation of the Recommendations of the Cancer Taskforce
5.1	<p>The Chairman introduced this report, inviting Sir Bruce Keogh to introduce the report.</p> <p>Sir Bruce reminded the Board that Sir Harpal Kumar recently chaired an independent taskforce to develop a new five-year strategy for cancer services in England, and welcomed Cally Palmer, Chief Executive of the Royal Marsden, who has recently been appointed as National Cancer Director to lead the implementation of the Taskforce strategy.</p> <p>Ms Palmer informed the Board that the 96 recommendations within the Taskforce report have been grouped into six strategic priorities, with workstreams currently in development against each of these. Ms Palmer stressed that successful implementation of the Cancer Taskforce Strategy will require a unified programme structure across NHS England and the other Arms' Length Bodies (ALBs).</p> <p>A national cancer transformation board has been established, which will report to the Five Year Forward View Board, and will determine the shape</p>

	and scope of the implementation plan for the Taskforce Report. Alongside the transformation board, an independent national cancer advisory group made up of representatives from charities, royal colleges, professionals and patients has been established. The transformation board and the advisory group have agreed to come together to produce an annual report on progress of implementation of the Taskforce strategy for the Five Year Forward View Board of Chief Executives.
5.2	<p>After some discussion, the Board noted the update provided, noting in particular the essential elements of the programme outlined for 2016-17:</p> <ol style="list-style-type: none"> i. To achieve national coverage of Cancer Alliances to drive implementation of the strategy locally; ii. To test innovative collaborative models of commissioning and provision through the “cancer vanguards”; iii. To unlock additional diagnostics capacity to achieve earlier diagnosis, including testing multi-disciplinary diagnostic centres and the new four-weeks-to-diagnosis standard; and iv. To embed patient experience and quality of life outcomes achievement as central to quality cancer services.
6.0	NHS Performance Report
6.1	Karen Wheeler presented the NHS England corporate performance report. Ms Wheeler also noted that the business planning process is well underway for the next three years, which will allow NHS England to feed into and help inform the work that is also underway with health economies in term of developing their own Sustainability and Transformation Plans.
6.2	<p>Richard Barker led the Board through the NHS performance report, highlighting the following key areas:</p> <ul style="list-style-type: none"> • An update on the performance of the NHS. On Urgent and Emergency Care, there has been an improved position across the NHS this winter • On referral to treatment waiting times, the position was maintained in November but the position is expected to reduce in December, as hospitals free up beds for emergency patients. • On cancer waiting times, the NHS continues to achieve eight of the nine operational standards.
	<p>John Burn, Non-Executive Director, raised a question around diagnosis of sepsis and the additional issue of antibiotic resistance.</p> <p>Professor Sir Bruce Keogh responded, firstly expressing the Board’s sadness and sympathy following the death of a child due to sepsis. Sir Bruce brought to the Board’s attention the recent publication of a new action plan, developed by NHS England, the Royal Colleges, the UK Sepsis Trust and others, to help support healthcare professionals to recognise and treat sepsis promptly. The document focusses on how the identification of sepsis can be improved in both primary and secondary care.</p> <p>Additionally the use of antibiotics is important, due to the overuse in clinical, agricultural and other settings around the world promoting resistance. Work continues on this issue, alongside Dame Sally Davies (Chief Medical Officer) and her team, the Chief Pharmaceutical Officer, and the Royal Colleges.</p>

6.3	The Board noted the report, and the comments around sepsis and antibiotic resistance, and received assurance on NHS England's actions to support NHS Performance.
7.0	Consolidated Month 8, 2015-16 Finance Report
7.1	Paul Baumann, Chief Finance officer, presented this report to the Board. He explained that NHS England is neither responsible for, nor able directly to control spending levels by NHS providers, or by the Department of Health. Nevertheless, NHS England was on course to control its own budget, and in fact to use all available means to contribute an NHS England underspend to help offset overspends elsewhere in 2015-16.
	The Board noted the report.
8.0	Reports from the Committees
8.1	The Board noted the report of the meeting of the Commissioning Committee held on 14 December 2015, and approved the revised Terms of Reference.
8.2	The Board noted the report of the meeting of the Investment Committee held by correspondence in December 2015.
8.3	The Board noted the report of the meeting of the Specialised Services Committee held on 3 November 2015.
8.4	The Board noted the report of the meeting of the Audit and Risk Assurance Committee held on 14 December 2015, giving approval for a pilot of the use of government procurement cards, discussed at the Committee, to proceed. The Board also delegated authority to the Committee to roll out the use of the procurement card should the pilot prove successful, in line with the Standing Financial Instructions.
9.0	Any Other Business
9.1	With no further items of business, 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.
	The meeting closed at 12:26.
Date of Next Meeting: 24 February 2016, Southside, London	

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