

NHS England

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

Present:

Simon Stevens	Chief Executive
David Roberts	Vice-Chair (Chair of meeting)
Lord Victor Adebowale	Non-Executive Director
Professor Sir John Burn	Non-Executive Director
Dame Moira Gibb	Non-Executive Director
Noel Gordon	Non-Executive Director
Paul Baumann	Chief Financial Officer
Jane Cummings	Chief Nursing 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:

Professor Sir Malcolm Grant	Chairman
Margaret Casely-Hayford	Non-Executive Director

Secretariat:

Lesley Tillotson	Deputy Board Secretary
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Ref	Minute
1.0	Welcome and Introduction
1.1	The Vice 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 Professor Sir Malcolm Grant and Margaret Casely-Hayford.
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.
2.0	Minutes of Previous Meetings
2.1	The minutes of the meeting held on 28 January 2016 were accepted as an accurate record. There were no matters arising.
3.0	Chief Executive's Report
3.1	The Chief Executive updated the Board, focussing on the following areas: i. The Mental Health Taskforce report was launched recently, and will be discussed later in the meeting. Simon placed on record his thanks to the taskforce for their work:

	<p>ii. Similarly, the independent maternity review has also published its report – Simon thanked the group, who have done an outstanding job to bring together a diverse range of stakeholders, including the Royal College of Obstetricians and the Royal College of Midwives, alongside numerous groups representing mothers and children.</p> <p>iii. Simon also recorded his thanks to Stephen Bubb for his work on the recent review of Learning Disabilities.</p> <p>iv. Simon went on to note the constructive and successful way in which the 2016-17 negotiation on the GP Contract was concluded with the BMA. A comprehensive package of further support for GPs, developed in partnership with the British Medical Association and the Royal College of GPs, will be launched within the next six to eight weeks.</p> <p>v. Finally, Simon referred the Board to recently published results of the NHS staff survey for 2015. 299,000 members of staff across the NHS took part. 80% of respondents said they feel able to do their job to a standard they are personally pleased with, and 73% of staff said that patient care is their organisation’s top priority. However, there are still too many members of staff reporting feeling unsupported or on the receiving end of bullying and harassment.</p>
	<p>Karen Wheeler confirmed that there a number of actions underway across NHS England itself to improve staff engagement. These include revised recruitment processes and timescales and strengthening of internal procurement processes. NHS England has also recently launched its “respect at work” policy.</p>
3.3	<p>The Board received the Chief Executive’s report.</p>
4.0	New Cancer Drugs Fund – outcome of consultation
4.1	<p>Professor Sir Bruce Keogh introduced the paper. He reminded the Board that improving cancer care is a key priority for NHS England, because it touches the lives of so many people and their families. He reminded the Board that, since they discussed the issue in 2015 there have been reports by the National Audit Office report, the Public Accounts Committee and the Cancer taskforce, all of which suggested the need to improve the CDF.</p> <p>A formal consultation was, therefore, launched in November 2015, which closed on 11 Feb. There had been 286 responses, from the pharmacy industry, patient groups and charities, people working within the NHS and from individuals. Three main themes have emerged from the consultation:</p> <ul style="list-style-type: none"> • Firstly, there was significant support for change, including specifically a move to a managed access process; • Secondly, further work was in hand to develop the operational process for the new CDF; and, • Thirdly, respondents were keen to understand more about the transition between the old and new operating models. <p>Sir Bruce further outlined the proposal, aspects of which had been amended in the light of consultation, as follows:</p> <ul style="list-style-type: none"> • The CDF becomes a new managed access fund with clear entry

	<p>and exit criteria, in line with the proposals set out in the consultation document;</p> <ul style="list-style-type: none"> • The new scheme will 'go live' from 1 July 2016, at which point new drugs will enter the CDF under the terms of the new scheme; • The operational detail of the new scheme will be developed over the coming months, informed by further detailed analysis and consideration of the consultation responses received, with a new Standard Operating Procedure to be published by June; • On 1 April 2016 the current CDF list will be rolled over but will remain closed to new drugs pending the start of the new scheme in July 2016. All existing CDF drugs will continue to receive funding until the point that NICE has been able to appraise/re-consider them. Off-label drugs will also continue to receive funding until such time as a routine funding decision can be taken; • Any existing CDF drug that is not recommended for continued use within the new CDF or for routine commissioning as a consequence of this appraisal/re-consideration process will be given a notice period. However, patients in receipt of those drugs will continue to receive them. This period of notice will not be given any earlier than 1 July 2016. Ahead of these appraisals/re-considerations, relevant companies will be given, where clinically appropriate, the opportunity to review their pricing levels with a view to their product either continuing to receive CDF funding or being approved for "routine commissioning" by NICE; • In preparation for the operational start of the new scheme, NICE will begin using their proposed new methodology for appraisals from 1 April 2016, subject to consideration and approval by the NICE Board; and • The fixed financial limit of £340m for the CDF will fund both new and transitional CDF drugs. Should the need arise, the same financial control mechanisms will be applied to both new drugs and existing CDF drugs awaiting appraisal/re-consideration. Acceptance of those controls will be made a condition of existing drugs awaiting appraisal/re-consideration remaining in the CDF after 1 July 2016.
4.3	Following discussion, the Board approved the proposal.
5.0	Implementation of Mental Health Taskforce Report
5.1	<p>Sir Bruce Keogh introduced this paper by reiterating the Chief Executive's thanks to the work that the Mental Health Taskforce have produced.</p> <p>Sir Bruce outlined that the report's recommendations fall broadly into three very important areas:</p> <ol style="list-style-type: none"> 1. To create a 7 day NHS that supports people experiencing a mental

	<p>health crisis</p> <ol style="list-style-type: none"> 2. To establish a truly integrated mental and physical health service 3. To promote good mental health – helping people lead better lives <p>Responsibility for many of the recommendations will fall to NHS England, but a number also fall to other government bodies, and an overarching group will be established to provide oversight of the implementation of these.</p>
5.2	After some discussion, the Board noted the update provided.
6.0	NHS Performance Report
6.1	<p>Richard Barker presented the performance report, informing the Board that the data for December has confirmed that performance has improved on the same period in 2014. However, there were signs that pressure had intensified in January and February.</p> <p>Richard also informed the Board that, working continues, alongside colleagues in NHS Improvement, on the operational planning round to ensure that each system has a good trajectory on a number of targets and can demonstrate through their plans how they will deliver.</p>
6.2	The Board noted the report and received assurance on NHS England's actions to support NHS Performance.
7.0	Consolidated Month 9, 2015-16 Finance Report
7.1	<p>Paul Baumann, Chief Finance officer, firstly informed the Board of the details of an Urgent Action that has been taken by the Chairman, Chief Executive and two Non-Executive Directors since the last Board meeting.</p> <p>It has been agreed to bring Monitor and the NHS Trust Development Authority (NTDA) together to create a new organisation to be known as NHS Improvement. Following a number of discussions between officials in the Department of Health and their associated arms' length bodies, and on advice from DH lawyers, it is proposed that NHS England's s13R duty under the NHS Act 2006 (information on safety of services provided by the health service in respect of patient safety should be exercised by NTDA (and hence become part of NHS Improvement's portfolio of responsibilities) from 1 April 2016.</p> <p>In order to effect the "lift and shift", the Secretary of State will direct NTDA to exercise NHS England's section 13R duty. DH lawyers are currently drafting Regulations which will contain the direction to the TDA to exercise this duty. Those Regulations will transfer the staff, property and liabilities associated with the exercise of the s13R duty with effect from 1 April 2016.</p> <p>The Urgent Action, taken by the Chairman, Chief Executive and two Non-Executive Directors, provided Board approval to progress this transfer agreement, which will be entered into between NHS England, TDA and Imperial College Healthcare NHS Trust (as the current provider of the National Reporting and Learning System) (Transfer Agreement). The Transfer Agreement will ensure clarity over which staff, assets, rights and liabilities are to be subject to the Regulations and the contractual basis of that transfer. The Transfer Agreement will be referred to in the Regulations.</p>

	Paul then informed the Board that the Commissioning Committee have recently taken on responsibility for oversight of financial delivery and had spent time reviewing the detail of the finance report.
	The Board noted the detail of the Urgent Action and noted the content of the finance report.
8.0	Reports from the Committees
8.1	The Board noted the report of the meeting of the Commissioning Committee held on 27 January 2015.
8.2	The Board noted the report of the meeting of the Investment Committee held on 14 January 2015.
8.3	<p>Noel Gordon provided a verbal update following the specialised commissioning meeting held on 25 January 2016 and highlighted:</p> <ul style="list-style-type: none"> • The committee had discussed the assurance process with regard to the Cancer Drugs Fund. • The decision-making methodology on specialised services prioritisation is due to go to public consultation in April 2016, following work undertaken by Sheffield University to compile a large amount of research, including methodologies in use around the world. The consultation, will be subject to a short period of testing through the Clinical Priorities Advisory Group initially. • Work is underway to look more closely at an area known as specialised devices. <p>The Board noted the update from the meeting of the Specialised Services Committee.</p>
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 15:40
Date of Next Meeting: 31 March 2016, Southside, London	

Agreed as an Accurate Record of the Meeting	
Date:	
Signature:	
Name:	David Roberts
Title:	NHS England Vice-Chairman