

## **NHS COMMISSIONING BOARD AUTHORITY**

### **Minutes of the Board Meeting Held in Public on 19 July 2012**

**Present** Professor Malcolm Grant – Chair  
Sir David Nicholson – Chief Executive  
Lord Victor Adebawale – Non-Executive Director  
Mr Ciaran Devane – Non-Executive Director  
Dame Moria Gibb – Non-Executive Director  
Mr Naguib Kheraj – Non-Executive Director  
Mr Ed Smith – Non-Executive Director  
Mr Paul Baumann – Chief Financial Officer  
Mrs Jane Cummings – Chief Nursing Officer  
Mr Ian Dalton – Chief Operating Officer/ Deputy Chief Executive  
Mr Jim Easton – National Director: Transformation  
Dame Barbara Hakin – National Director: Commissioning  
Development  
Tim Kelsey – National Director for Patients and Information  
Mr Bill McCarthy – National Director: Policy  
Ms Jo-Anne Wass – National Director: HR  
Ms Lorraine Middlemas – Board Secretariat

**Apologies:** Ms Margaret Casely-Hayford – Non-Executive Director  
Sir Bruce Keogh – National Medical Director

### **MINUTES OF MEETING – 31 MAY 2012**

#### **Item 1 - Minutes of previous meeting**

1. The minutes of the previous meeting, held on 31 May 2012, were approved. It was also noted that all actions on the log had either been completed or were on track.

#### **Item 2 – NHS Commissioning Board – overarching programme update**

2. This paper provided an update on delivery of the NHS Commissioning Board's (NHS CB's) development and implementation programme. It also published the Board's assurance framework setting out the main risks to achieving the critical success factors set out in the Board Authority's business plan.
3. Board members asked for an update on clinical senates and clinical networks. A letter on clinical senates had been sent out which confirmed the geographies of the senates, with a further letter on clinical networks to follow shortly.
4. Clarification was sought on Tim Kelsey's role. It was confirmed that Tim Kelsey was responsible for the organisation's relationship with the

public and patients, the information strategy, the technology strategy and communications.

5. The Board resolved to note progress on the NHS CB's development and implementation programme.

### **Item 3 – Recruitment strategy**

6. The Board received a stocktake on progress with the recruitment strategy, identifying associated risks and mitigating actions being undertaken. Reasonable progress had been made, with the high-level design of the organisation. However the following was noted:
  - the Very Senior Management (VSM) recruitment had taken longer than anticipated;
  - the work on building the Local Area Teams had impacted on the timetable; and
  - job evaluations had taken longer than anticipated to complete.
7. As a consequence the risk on the recruitment strategy had moved to red and the Board emphasised the need to manage closely the process moving forwards. It noted that progress had been made in a number of areas including the production of a “people tracker” that was being used to keep up-to-date with progress on recruitment within both sending and receiving organisations. However, given the importance of successful implementation of the recruitment strategy, the Board requested that:
  - a recruitment timetable be agreed with each directorate;
  - a robust contingency plan be put in place to support the recruitment strategy;
  - additional Human Resource (HR) capacity should be secured, alongside a streamlining of the recruitment processes, working in partnership with staff side; and
  - this risk continue to be closely managed, with the recruitment strategy being placed on the agenda for the September Board meeting.

#### **Action: Jo-Anne Wass to:**

- **agree a recruitment timetable for all directorates;**
  - **develop a contingency plan on recruitment;**
  - **address issues on capacity and streamline the recruitment process, continuing to work with Trade Unions; and**
  - **prepare an update on the recruitment strategy for the September Board meeting.**
8. During further discussion of recruitment as the organisation goes through transition, the Board agreed the importance of maintaining an

overview of key metrics, particularly on the diversity of the workforce, as well as paying attention to a set of similar issues related to CSS recruitment.

9. The Board was also briefed on actions being undertaken to ensure that the right culture was being developed as VSMs were recruited into the organisation. It was noted that:
  - everyone coming into the organisation would have a 1:2:1 meeting with their line manager (corporate material was available to guide the conversation);
  - a leadership forum had been established, where everybody would come together once a month to problem solve; and
  - a narrative was being developed for new employees, which articulated a clear sense of shared purpose and would contribute to building the organisation's culture.
10. As the organisation went through transition, it needed to keep an eye on the metrics, particularly the diversity of the workforce.

**Action: Jo-Anne Wass to monitor the metrics, particularly regarding the diversity of the workforce.**

11. In response to concerns expressed by the Board, executives agreed the importance of ensuring there would be no compromise on the capability of staff whilst trying to meet recruitment demands. It was also recognised that, although the number currently recruited was relatively small, there would be a multiplying effect as new tiers of people were recruited, as well as some significant transfers in from other organisations.
12. The Board resolved to note the progress to-date and endorsed proposed arrangements for monthly progress reports, to include number of staff recruited and the number still to be recruited. Board members requested that actions were taken to ensure comprehensive coverage of the key risks.

**Action: Jo-Anne Wass to provide monthly progress reports on the recruitment position.**

#### **Item 4 – Clinical Commissioning Groups – authorisation progress update**

13. This paper provided an update on the key governance issues remaining to complete the authorisation process and requested approval for the proposed approach. The Board was reminded of the agreed process before site visits that was being followed for each of the 212 proposed CCGs, working across four waves and using six assessment domains informed by feedback from a variety of sources.

14. Board members had committed to observing site visits in order to inform their own learning before authorisation decisions are made. They were asked to confirm which dates they could make for site visits, with the first visit taking place in September.

**Action: Board members to inform Barbara Hakin of dates for site visits.**

15. The Board was informed that the assessment panels would include lay assessors with experience of patient and public engagement, clinicians, commissioning experts and local authority colleagues. Board members would sit on the panels as observers.
16. The issue of consistency across assessments and across panels was of fundamental importance, and had informed a proposal to establish a moderation panel. This would be supplemented by a panel to agree specific conditions that needed to be applied to individual CCGs before authorisation. The Board agreed to both of these proposed panels.
17. The Board were also informed of a proposal to establish a sub-committee to consider applications for authorisation once the moderation and conditions panel processes had taken place, noting that this proposal would come back for further discussion at the September meeting.
18. Board members were encouraged by the developmental nature of the authorisation process, which was intended to support the learning both of the CCGs and of the NHS CB, including the transfer of learning across CCGs. It was important to play back to the public lessons learned as part of this process. The process would enable CCGs to have their own tailored development plan.

**Action: Barbara Hakin to ensure the “lessons learned” on the authorisation process would be communicated to the public.**

19. The Board noted progress on the authorisation process and commended the team for their work. The Board also noted the interdependency with the recruitment issues described under the previous item – an important consideration given the authorisation process would require a considerable amount of detailed work to be undertaken at pace from October 2012 to February 2013.

**Item 5 – The Mandate**

20. This paper sought the Board’s view on the draft Mandate that had recently been published for consultation. It also sought the Board’s view on how best to respond to the draft Mandate, as part of the consultation process.
21. The Board believed that the Mandate was an important opportunity to set out a vision for the NHS focused on improving outcomes for

patients, tackling inequalities, empowering patients and local communities, and creating space for local clinical leadership. Members were concerned that the current draft risked missing that opportunity if it landed as a managerial document with a wide range of process measures. Executives agreed to continue discussions with DH officials to reflect this view; and to prepare a formal response on the consultation for September.

**Action: NHS CBA colleagues to work closely with DH colleagues on the response to the Mandate.**

### **Item 6 – Progress on Partnership Agreements**

22. This paper provided the Board with assurance that appropriate actions were being taken to ensure that partnership agreements were in place. The document, once finalised, would be presented to the Board for sign-off.
23. The Board:
- supported the current series of top team to top team meetings aimed at working towards a common purpose with partners, focused on outcomes and supported by underpinning behaviours and values. Meetings with CQC and DH had already been very successful in building these relationships;
  - considered there were significant advantages to be gained from establishing a common dataset and supported the work now underway to develop the Health and Social Care Information Centre, which would bring harmonisation of data infrastructure, and for which the NHS CB would be lead commissioner;
  - heard that organisational development leads from each organisation were working closely with each other to ensure their programmes aligned to underpin partnership work;
  - agreed the need for partnership work to be established throughout the organisational structure, not just at national level.
  - asked whether there was value to be had from greater non-executive to non-executive contact between partner organisations, reflecting shared responsibility for the aggregate performance in the NHS; and
  - agreed the importance of building on the developing good relationships with local government to provide leadership across the health and wellbeing system.
24. The Board noted that good progress has been made with the development of a strategic approach to the NHS CB's partnerships and asked to be kept informed of progress as the partnerships develop.

### **Item 7 – Accounts 2011/2012 and annual report 2011/2012**

25. This paper updated the Board on the status of the NHS CBA's annual accounts 2011/12 and annual report 2011/12, since they were presented to the Board on 31 May 2012.
26. The 2011/2012 Accounts had been approved by the National Audit Office and signed by the NHS CBA's Chief Executive. They would be laid before Parliament and published on the NHS CBA's website shortly.
27. The next step would be to "close-off" the half-year accounts and this item would appear on the agenda for the November Board meeting.

**Action: The Board Secretariat, in liaison with Paul Baumann, to ensure this item is on the agenda for the November Board meeting.**

28. The Board resolved to note the current status of the annual accounts for 2011/12 and annual report 2011/12.

### **Item 8 – Finance and procurement controls committee – Actions of meeting**

29. This paper informed the Board of decisions made by the Finance and Procurement Controls Committee since it was established at the 13 April 2012 Board meeting.
30. The committee had fulfilled the requirements of the efficiency controls across government.
31. The Board resolved to note the actions taken by the Finance and Procurement Controls Committee on behalf of the Board.

### **Item 9 – Any other business**

32. There was no other business.
33. The next Board meeting would be held on 20 September. However, there would be a further Board meeting on 1 October. This would be a meeting of the new Board and would effectively cover the translation of policies, practices and procedures of the Board into the new structure.
34. The Board was informed that Naguib Kheraj and Moria Gibb had been appointed to the NHS CBA's Audit Committee.