

**Minutes of the Board Meeting held in Public
31 March 2016
Rooms 401-404, Southside, London**

Present:

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| Professor Sir Malcolm Grant | Chairman |
| Simon Stevens | Chief Executive Officer (CEO) |
| Lord Victor Adebawale | Non-Executive Director |
| Wendy Becker | Non-Executive Director |
| Professor Sir John Burn | Non-Executive Director |
| Margaret Casely-Hayford | Non-Executive Director |
| Dame Moira Gibb | Non-Executive Director and Investment Committee Chairman |
| Noel Gordon | Non-Executive Director and Specialised Services Commissioning Committee Chairman |
| Michelle Mitchell | Non-Executive Director |
| David Roberts | Non-Executive Director and Interim Audit & Risk Assurance and Commissioning Committee Chairman |
| Paul Baumann | Chief Financial Officer (CFO) |
| Jane Cummings | Chief Nursing Officer (CNO) |
| Ian Dodge | National Director: Commissioning Strategy (ND:CS) |
| Professor Sir Bruce Keogh | National Medical Director (NMD) |
| Karen Wheeler | National Director: Transformation and Corporate Operations (ND:TCO) |

Apologies:

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| Richard Barker | Interim National Director: Commissioning Operations (ND: CO) |
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Secretariat:

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| Lesley Tillotson | Deputy Board Secretary |
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| 1.0 | Welcome and Introduction |
| 1.1 | The Chairman welcomed everyone to the meeting, reminding members of the public and press that, although the Board meeting was held in public, it was not a public meeting. |
| 1.2 | Apologies for absence were received from Richard Barker, Interim National Director: Commissioning Operations. |
| 1.3 | Board Members were invited to declare any interests in respect of specific items on the agenda for this meeting. Lord Victor Adebawale remarked that Turning Point provides services for patients in Greater Manchester. Additionally, Lord Adebawale declared that he is Chairman of Collaborate, who has been working with the Greater Manchester System. There were no further declarations made. |
| 1.4 | The Chairman welcomed two new Non-Executive Directors to the Board – Michelle Mitchell, previously with Age UK and now as Chief Executive of the MS Society; and Wendy Becker who has had an extensive commercial career and who is Deputy Chair of Cancer Research UK. |

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| | The Chairman informed the Board that Sir Howard Bernstein, Chief Executive of Manchester City Council, accompanied by Carol Cully, Deputy City Treasurer, had joined the meeting and would speak to the arrangements in Greater Manchester. |
| 2.0 | Minutes of the Previous Meeting |
| 2.1 | The minutes of the meeting held on 25 February 2016 were approved as a true record. There were no matters arising. |
| 3.0 | <p>Chief Executive's Report</p> <p>The Chief Executive updated the Board, focussing on the following areas:</p> <ul style="list-style-type: none"> • An acknowledgement of the hard work that has gone on throughout the health service during 2015-16. • A look to the year ahead, including the publication of the Business Plan following today's meeting, and the continued work with other national bodies – including NHS Improvement, Health Education England and Public Health England to work locally to support improvement. • He welcomed the action taken on childhood obesity in the form of the Budget's proposed fiscal incentives to reformulate and reduce consumption of sugary fizzy drinks. • His report detailing use of the corporate seal over the last year, included as an annex. |
| 3.2 | The Board received the Chief Executive's report, and noted the content of the annex. |
| 4.0 | NHS England Business Plan 2016-17 |
| 4.1 | <p>Karen Wheeler introduced the paper and informed the Board that the business plan for 2016-17 was now published on the NHS England website. The Plan reflects Mandate accountabilities, NHS England's priorities and details the implementation of the Five Year Forward View (5YFV).</p> <p>The document is intended to be clear and accessible, in particular for NHS England's own staff, so that they can see where their work programmes fit into the overall plan for the organisation.</p> <p>The plan has been through a detailed review with NHS England Board members, and with stakeholders, including the Department of Health, and so is a good reflection of views and comments.</p> <p>The ten priorities within the Plan largely reflect those of the last year, to give continuity and to ensure they are about delivery, and the plan aligns to the three gaps as identified in the 5YFV – the health gap, the care gap and the finance and efficiency gap.</p> <p>The Plan sets out how resources have been allocated according to the priorities, and the team will be tracking delivery to ensure that, as far as possible, the commitments laid out in the plan will be achieved.</p> |
| 4.2 | The Board approved the NHS England Business Plan for 2016-17. |
| 5.0 | Transforming Maternity Services – Implementing the National Maternity Review |

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| <p>5.1</p> | <p>Jane Cummings introduced this paper, which sets out the findings and recommendations of the National Review along with a high level approach to taking forward implementation.</p> <p>The Board were reminded that NHS England commissioned Baroness Cumberledge to undertake a review of maternity services in March 2015 – the results of which were published on 23 February 2016. The Review was undertaken on behalf of all Arms’ Length Bodies and, although NHS England will take the lead, it is vital that we work with partners to deliver the recommendations.</p> <p>The review found that maternity services in England are safer than ever and that satisfaction continues to grow. However the quality assessment of maternity services, led by Bill Kirkup, did reveal unwarranted variation – and one of the key priorities for NHS England now is to improve that variation.</p> <p>The recommendations for the future shape of maternity services are set out in seven themes, each of which is developing detailed implementation plans.</p> |
| <p>5.2</p> | <p>After discussion, the Board noted the recommendations and gave endorsement to the high level proposals. Additionally, the Board requested an update on how the implementation has been worked through in twelve months’ time.</p> |
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| <p>6.0</p> | <p>NHS England Corporate and NHS Performance Report</p> |
| <p>6.1</p> | <p>Karen Wheeler presented this report, and reminded the Board that progress against NHS England’s corporate priorities has been tracked vigorously throughout the year. The report reflects the January position, and a stocktake of the year end outcomes is planned. The report demonstrates good progress.</p> <p>Karen then moved on to present the NHS Performance report, and informed the Board that performance in December was somewhat better than the year before, although in January the pressures have begun to emerge, with a particular impact on the A&E four hour standard.</p> <p>On the referral to treatment waiting time standard, performance has been maintained, and work continues with colleagues in NHS Improvement to try to maintain this.</p> <p>Finally, Karen noted the continued positive progress on MH delivery targets, on dementia targets and on improving access to psychological therapies.</p> |
| <p>6.2</p> | <p>After discussion, the Board noted the Performance Report.</p> |
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| <p>7.0</p> | <p>NHS England Finance Report</p> |
| <p>7.1</p> | <p>Paul Baumann reminded the Board that in his report on the Month 9 figures at the meeting in February he had reported a projected managed underspend of £413m and had said that efforts would continue to increase this. As a result of those efforts, figures show the forecast underspend has now risen to £494m.</p> <p>Paul reminded the Board that these figures were the result of concerted action, but arise from a number of non-recurrent factors, so this money will not</p> |

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| | <p>be available in 2016-17.</p> <p>Paul informed the Board the planning process, across both commissioning and provider sectors, is underway – and an update will be available for the Board at the next meeting.</p> |
| 7.2 | The Board noted the finance report. |
| 8.0 | Internal Delegation Arrangements for Greater Manchester Devolution |
| 8.1 | <p>The Chairman invited Sir Howard Bernstein and Carol Cally to speak to this item, thanking Sir Howard for his leadership, alongside Paul Baumann.</p> <p>Sir Howard thanked Simon Stevens and Paul Baumann for their leadership, and informed the Board that parts of the Memorandum of Understanding (MoU) that was signed in February 2015 created a central role for a devolution programme board, which is chaired by Simon and Sir Howard.</p> <p>The centrepiece of the work arising from the MoU has been the development of the GM strategic plan, which provides a robust framework for long-term health and social care reform and which will direct the application of the transformation funding to help towards creating a sustainable and successful health and social care system in GM by 2020-21.</p> |
| 8.2 | The Board discussed the journey so far and expressed their admiration for the work to date and the leadership and commitment to take this forward as the first health and social care system nationally to begin working under devolved arrangements. They noted the paper provided by Sir Howard, and requested that a report be provided in twelve months' time to provide further updates. |
| 8.3 | <p>Paul Baumann then turned to the formal business of enacting the delegation arrangements, which will underpin the form of devolution which will enable GM to continue with all that Sir Howard had previously discussed.</p> <p>This will take the form of a GM Chief Officer, with a newly formed team, undertaking the business which NHS England currently undertakes, but with formal accountability to NHS England as is necessary given the functions that will be exercised, through Paul on behalf of the Board, supplemented by accountability to the local strategic partnership board, and to Sir Howard and to other local leaders, and a joint commissioning board.</p> <p>Paul confirmed that there has been a thorough review as to the readiness of GM to take on this devolution, using a specific assessment framework, with the conclusions being positive and fully supported by the NHS England Commissioning Committee.</p> |
| 8.4 | The Board approved the proposed summary list of NHS England functions to be internally delegated to the GM Chief Officer, and approved the proposed changes to the NHS England Reservation of Powers and Delegation of Functions (Scheme of Delegation) and Standing Financial Instructions. |
| 8.5 | The Chairman again thanked Sir Howard for attending the Board today, noted that was a historic moment as this is the first time such significant powers have been delegated, and reminded the Board that there is now a precedent for devolution when specific conditions are met. |

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| <p>9.0</p> | <p>Managing Conflicts of Interest</p> |
| <p>9.1</p> | <p>Ian Dodge informed the Board that the purpose of this paper was to safeguard tax-payers and patients, and strengthen public confidence, through clear rules and transparency governing the management of conflicts of interest within the healthcare system.</p> <p>There were three high level proposals to be considered:</p> <ul style="list-style-type: none"> • Statutory guidance for CCGs will be strengthened to set out more clearly how Conflicts of Interest within CCGs should be managed; • A cross-system task and finish group will be established, to develop a full set of rules that can be adopted right across the healthcare system; and • The NHS England internal conflicts of interest policy will be strengthened to bring in line with best practice, particularly in respect of outside interests and specialised commissioning. <p>In December 2014, NHS England developed and published strengthened statutory guidance to support the delegation of primary care commissioning to CCGs from 1 April 2015. An audit of conflicts of interest management in ten co-commissioning arrangements was undertaken in 2015/16, at NHS England's requested, by the National Audit Office, and today a summary of that report, along with management responses, had been published.</p> <p>The Board accepted the recommendations arising from the Audit report, and agreed to a new set of requirements that have been developed in consultation with senior leaders in CCGs, internal audit colleagues and others, including:</p> <ul style="list-style-type: none"> • A new minimum number of lay members for CCGs; • The appointment of a Conflicts of Interest guardian in CCG, with the proposal that this is the Chair of the CCG Audit Committee; • An annual audit of conflicts of interest as part of CCG audit plans; and • Clearer rules on hospitality, gifts and conflicts of interest <p>This revised statutory guidance will be subject to consultation with CCGs during April 2016.</p> <p>Ian explained further that the ambition with regard to the wider healthcare sector is not to set back appropriate partnership working, but to bring transparency and clarity to what is and what is not acceptable behaviour. To help with this, which will relate to all national bodies, it is proposed that NHS England helps convene and lead a system wide group to take this issue, to establish a clear set of principles, rules, and a system of monitoring these. The Chief Executives of the Arms' Length Bodies have considered and welcomed this proposal.</p> <p>Finally, Ian informed the Board that NHS England will also be seeking to embed these principles within its own internal processes.</p> |
| <p>9.2</p> | <p>The Board welcomed the proposals and</p> <ul style="list-style-type: none"> • Approved the CCG statutory guidance for public consultation; • Approved the establishment of a cross-NHS task and finish group, to |

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| | <p>be chaired by Sir Malcolm Grant; and</p> <ul style="list-style-type: none"> Agreed that NHS England's internal conflicts of interest policy should be strengthened to bring it in line with best practice. |
| 10.0 | Delegation of Primary Medical Services Functions |
| 10.1 | <p>Ian Dodge reminded the Board that in May 201, CCGs were invited to take on greater responsibilities for the commissioning of general practice. In 2015-16, 63 CCGs took forward full delegation of primary medical care services with a further 87 CCGs implementing joint arrangements with their local NHS England team. A further 51 CCGs have been recommended to be approved to take on full delegation of primary medical care services from 1 April 2016, bringing the total to 114 CCGs will full delegation in 2016-17.</p> |
| 10.2 | <p>The Board approved the delegation of primary medical services functions to additional CCGs for 2016-17.</p> |
| 11.0 | Emergency Preparedness, Resilience and Response |
| 11.1 | <p>Professor Sir Bruce Keogh reminded the Board that under the Civil Contingencies Act (2004) and the Health and Social Care Act as amended (2012) NHS England has responsibility for the NHS response in the face of severe disruption. This paper provides assurance that this is being prepared for and undertaken under efficiently.</p> <p>Sir Bruce brought six additional issues to the Board's attention:</p> <ol style="list-style-type: none"> 1. NHS England recently participated in a large scale planning exercise.. The exercise had over 1800 casualties, and three other countries also participated. Health services stood up well in this. 2. There have been two events in the wake of the Paris attacks, with the intention of learning lessons and sharing good practice in respect of the master plan for health response in the wake of similar attacks in the UK. 3. During the course of 2015-16 the NHS has responded to the global Ebola epidemic. Sir Bruce paid tribute to the remarkable selfless professionalism of staff working in the NHS who demonstrably put their own health at risk to support others. The EPRR team is doing all it can to ensure that learning is incorporated with future planning around highly infectious diseases, and Sir Mike Jacobs of the Royal Free has been asked to distil and embed that learning nationally. 4. Pandemic Flu remains on the national risk register as a significant potential concern. The Department of Health will be conducting an exercise later this year to look at how best to deal with this. 5. There is further industrial action scheduled for 48 hours in the next week by Junior Doctors. The early indication from data collection is that the impact is not expected to be materially different to previous periods of action – however on this occasion the action coincides with the placement changeover of around 20% of Junior Doctors across England. Working closely with Health Education England, plans are in place to ensure that those doctors changing institutions and who might be on call the weekend immediately following the industrial action are properly inducted. 6. Finally, there is further action planned for later in the month of April, |

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| | <p>which will elevate the risk to the NHS to a level not seen so far, as on that occasion the Junior Doctors will be withdrawing cover for emergency services as well. Sir Bruce informed the Board that it is proposed to initiate the assurance process immediately after the action taken at the beginning of the month to understand the implications of the later action. The analysis will then be shared with the British Medical Association ahead of the planned action so that agreed protocols can be enacted to ensure that the risk to the NHS and to patients is minimised to the greatest possible degree.</p> |
| 11.2 | The Board noted the report, and endorsed Sir Bruce's comments in regard to the Ebola response. |
| 12.0 | Reports from Board Committees |
| 12.1 | The Board noted the report of the meeting of the Commissioning Committee held on 25 February 2016. |
| 12.2 | The Board noted the report of the meeting of the Investment Committee held on 8 February 2016. |
| 12.3 | The Board noted the report of the Audit and Risk Assurance Committee held on 26 February 2016. |
| 13.0 | Any Other Business |
| 13.1 | The Chairman recorded that the Board had made some awards the previous day to celebrate outstanding performance by NHS England staff who had been identified by line managers as going the extra mile in the course of their work. A ceremony and lunch had been hosted by Board members. |
| 13.2 | The Chairman also recorded the thanks of the Board to Margaret Casely-Hayford, who has been a Non-Executive member of this NHS England Board since its inception. Sir Malcolm expressed appreciation for all that Margaret has done as a member of the Board, and wished her well in her new role as Chair of Action Aid. |
| | The meeting closed at 12:40. |
| Date of Next Meeting: 26 May 2016, Southside, London | |

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