BOARD MEETING HELD IN PUBLIC



Date/Time Thursday, 28 July 2016 – 10:30

Location Rooms 401-404, Southside, 105 Victoria Street, London, SW1E 6QT

MINUTES

RECORD OF MEETING

Welcome, Introductions & Apologies

- I. The Chairman welcomed everyone to the meeting, noting that the Board is committed to openness and transparency. The meeting was held in public, but it was not a public meeting.
- II. Apologies for absence were received from Michelle Mitchell, Non-Executive Member.
- III. Board Members were invited to declare any interests in respect of specific items on the agenda for this meeting.

Lord Victor Adebowale mentioned, as a point of clarification, that Turning Point runs both Learning Disability Services and Primary Care Services

- IV. The Chairman welcomed Matthew Swindells to his first Board meeting, and sought the Board's approval to reversing the order on the agenda for the items on MCP emerging care model and contract framework, and General Practice Services.
- V. The Chairman reported on the Development session of the previous day, where the Board had considered Sustainability and Transformation Plans outcomes and next steps; dementia; and Healthy New Towns. Additionally, he reported on the awards ceremony for staff, who had been nominated by their peers had having "gone the extra mile": Angela Medd, Patients and Partnerships Project Manager; Paul Jackson, Business Support Assistant, Health and Justice commissioning; Siobhan Clibbens, Programme Officer, Vicky McEvoy, Delivery Project Officer; Susan Cahill, Management Accountant; Beckie Burn, Strategy Advisor; Siobhan Cambridge, Contract Officer; and Anita Kromer, Personal Health Budgets Senior Manager.

The Board recorded their thanks to these members of staff.

VI. The Chairman reported on the recent changes within the Ministerial ranks, noting that the following Ministers has moved on from the Department of Health: The Right Honourable Alistair Burt MP, formerly Minister of State for Care and Support (who had announced his intention to stand down from office prior to the recent change in Prime Minister); The Right Honourable Ben Gummer MP, formerly Parliamentary Undersecretary of State for Health Services, who has moved into the role of Minister for the Cabinet Office Paymaster General; Jane Ellison MP, formerly Parliamentary Under-Secretary of State for Public Health, who has moved to the role of Financial Secretary to the Treasury; and George Freeman, formerly Parliamentary Under Secretary of State for the Board, thanked each of these Ministers, as well as Nick Seddon, who had been special adviser on health to the former Prime Minister, for their cooperation in the past and recorded good wishes for their future roles.

The Chairman then welcomed the new Ministerial line-up, which include Philip Dunne MP as Minister of State for Health; Nicola Blackwood MP as Parliamentary Under-Secretary of

State for Health Services; David Mowat MP, as Parliamentary Under-Secretary of State for Care and Support; as well as The Right Honourable Lord Prior of Brampton, who remains in the Department of Health and Parliamentary Under-Secretary of State for Health covering all aspects for the House of Lords.

The Chairman noted that, despite the change in Prime Minister and Front Benches, the Government's Manifesto Commitment to the implement of the Five Year Forward View remains unchanged and will continue to provide a framework for discussions with the new Ministerial team.

The Chairman noted the recent publication of the Annual Report and Accounts for 2015-16 and recorded thanks on behalf of the Board to all those who made this possible.

The Chairman reported on the recent accountability meeting with the Secretary of State, where discussions had focussed on both looking back at 2015-16 as well as forward to 2016-17 and beyond, as well as reviewing the Sustainability and Transformation package.

VII. Finally, the Chairman congratulated Lord Victor Adebowale on the recent conferment of an honorary degree from the University of York, noted the appointment of David Roberts to the financial services EU taskforce, and finally expressed the sympathies of the Board to the family of the President of the Association of Directors of Adult Social Services, Harold Bodmer, who had recently died during a meeting of the health and social care executive of Norfolk Council.

1. Review of the minutes from the meeting held on 26 May 2016

1.1 The minutes of the meeting held on 26 May 2016 were approved. There were no matters arising.

2. Chief Executive's Report

- 2.1 The Chief Executive updated the Board, focussing on the following areas:
 - Together with NHS Improvement, a number of "reset" controls had been published to support improved operational and financial performance by trusts and CCGs in 2016-17. This includes much tighter oversight on the use of interim managers.
 - Collectively, the NHS has been meeting with local NHS and Local Authority leaders around the country to discuss Sustainability and Transformation plans (STPs). There had been substantial progress over the last two months, with the aim being to have robust financial propositions in September allowing most STPs to be agreed by the end of October 2016.
 - NHS England has continued to make good on the commitment to shift the focus of its work from strategy to implementation, and has this month published a detailed implementation plan for mental health.
- 2.2 The Board received and noted the Chief Executive's Report.

3. Multi-Speciality Community Provider (MCP) Emerging Care Model and Contract Framework

- 3.1 Ian Dodge introduced this item, informing the Board that the development and publication of the MCP Framework was a significant milestone in the new care models programme and the implementation of the Five Year Forward View.
- 3.2 The purpose of the paper was to define the MCP model and the emerging approach to

contracting, based on what the fourteen vanguards have been doing. The paper also summarised the support and challenges that NHS England is providing to the MCP Vanguards.

3.3 The Board discussed the update and noted the key elements of the model as outlined. Further, the Board endorsed the publication of the MCP framework documents. Finally, the Board confirmed its support for the ongoing work with Vanguards and delivery partners to implement the MCP model, both among the Vanguards and through subsequent spread.

4. General Practice Services

4.1 The Chairman invited Dr Arvind Madan, Director of Primary Care, to present this paper to the Board.

Dr Madan observed that the purpose of the paper was to inform the Board on the progress made to date as well as to outline the next steps in implementing the General Practice Forward View.

- 4.2 Dr Madan reminded the Board that general practice is the bedrock of the NHS, but that it is under considerable pressure from rising demand. The General Practice Forward View (GPFV), published in April, set out specific actions in five areas investment, workforce, workload, infrastructure and care redesign to support sustainable transformation of primary care for the future.
- 4.3 Dr Madan reminded the Board that the GPFV is a five year programme, but that NHS England recognised that delivery this year was important to help practices with the pressures they are facing. He outlined the key next steps, that were focussed on:
 - the new general practice resilience programme;
 - the new general practice development programme;
 - proposals to reform indemnity in general practice;
 - increasing the allowances payable under the Retained Doctors Scheme;
 - the National Association of Primary Care's Primary Care at Home initiative;
 - the new voluntary contract covering GPs and community health services;
 - Multi-Speciality Community Provider Contract; and
 - strengthened work on international recruitment, led by Health Education England.
- 4.4 The Board discussed the paper, and noted the update provided.

5. Transforming Care for People with a Learning Disability and/or Autism

- 5.1 Jane Cummings reminded the Board that a national plan to transform care for people with a learning disability and/or autism *Building the right support* had been published in October 2015.
- 5.2 In just over six months, 48 transforming care partnerships (TCPs) had submitted transformation plans a significant milestone for the programme. Those plans, when aggregated, estimate that TCPs will deliver inpatient reductions by March 2019 in line with the planning assumptions that were set out in *Building the right support*. "Confirm and challenge" sessions, undertaken by the NHS England regional teams, suggest that the estimates are ambitious, with delivery seen as a significant challenge. To support implementation, a four point delivery plan has been developed and is being taken forward

over the summer. A further review will then take place by the end of September 2016, when the impact of the delivery plan and the strengthened milestones will be in place.

- 5.3 Jane informed the Board that, in recent weeks, she had spent time with people who have been recently discharged and their families, and the difference that patients who have been in hospital, sometimes for 20 years, have seen has been huge now that they are living in their own homes with carers an important context for this work.
- 5.4 The Board noted the progress made since publishing the national plan *Building the right support* and the review timetable for the TCP plans. Additionally, the Board supported the four point delivery plan as set out.

6. NHS England Corporate and NHS Performance Report

- 6.1 Matthew Swindells introduced this report. He reported on work enhancing ambulance and NHS 111 services, the close links with social care, and the new technology to help create a sustainable NHS.
- 6.2 Matthew reported that emergency demand remained broadly on track with what had been expected, although delayed transfers of care continue to be an increasingly significant issue for the NHS, particularly when they are due to patients waiting for social care packages.
- 6.3 Referral to treatment waiting times had improved slightly in April, and work is ongoing with NHS Improvement on specific actions to raise performance in hospitals, as well as work to ensure that GPs have the necessary support.
- 6.4 Karen Wheeler provided the Board with assurance that NHS England delivery against national programmes continues to be in line with plans.
- 6.5 The Board noted the report.

7. NHS England Finance Report

- 7.1 Paul Baumann introduced this report, highlighting that it comprised four elements a summary of the final outcome of planning for 2016-17 within the commissioning system, the financial position at month 3 2016-17, highlighting the risk for the NHS as a whole as well as for the commissioning system, and the finance "reset" document.
- 7.2 He observed that the year to date headline expenditure is £22m (0.1%) above plan, explaining that this is mostly technical in nature.
- 7.3 The level of net risk in the system is of concern, with a need to watch activity trends closely although he explained that this is a risk assessment rather than a forecast, and reminded the Board that both NHS England and CCGs remain committed to delivering within their resources.
- 7.4 Paul outlined the shared plan with NHS Improvement, the commissioning sector and the provider sector at large, stressing that it will be essential that every part of the system delivers its share of that plan.
- 7.5 Finally, Paul highlighted an element of procedural business for Board approval, in connection with the "reset" the allocation of the additional £1.8bn sustainability and transformation funding (STF) to providers is contingent on them achieving their allocated control totals, and will be allocated as appropriate on a rolling basis throughout the year. The Board had agreed the allocation in December, and the rules of operation had been published by NHS Improvement, with NHS England agreement. Paul requested Board approval to delegate the allocation to the Chief Executive and Chief Financial Officer to transact.

7.6 The Board noted the update, and approved the delegation of the STF allocation to the Chief Executive and the Chief Financial Officer, but strictly on the basis that no allocation would be made whilst the provider concerned having met all of the prescribed conditions.

8. NHS England Annual Report and Accounts

- 8.1 Karen Wheeler informed the Board that, in line with legislation, NHS England and all clinical commissioning groups must produce an annual report and accounts, including a governance statement. The structure and content of the annual report follows requirements as set by HM Treasury. CCG annual reports were published via their individual websites in June 2016.
- 8.2 Karen reminded the Board that they had reviewed the draft 2015-16 annual report and accounts for NHS England at their meeting on 26 May, and at that stage had confirmed approval to delegate authority to the Audit and Risk Assurance Committee to undertake a final detailed review and recommend them for signature by the Accounting Officer/Chief Executive.
- 8.3 The Annual Report and Accounts 2015-16 were now presented to the Board subsequent to signature by the Accounting Officer (on 8 July) and certification by the National Audit Office (on 12 July). In addition, Board members were asked to note that the Comptroller and Auditor General had used his reporting powers on the health group this year (the Department), for Trusts (Consolidated Foundation Trust Statement) and for commissioning (NHS England).
- 8.4 Finally, Karen informed the Board that the NHS England Annual Report and Accounts 2015-16 were laid in Parliament on 21 July and are now available on the NHS England website. The Annual Review will take place via the Annual General Meeting on Tuesday 25 October 2016.
- 8.5 The Board noted the content of the NHS England Annual Report and Accounts 2015-16.

9. NHS England Customer Contact and Complaints Annual Report 2015-16

- 9.1 Karen Wheeler informed the Board that NHS England is required to publish an annual report on the complaints it receives and its performance in both resolving and responding to them. The report had been published in this format for the last three years, although in future it was intended to include this as part of the NHS England Annual Report.
- 9.2 Karen highlighted that, as a result of some changes to the system and processes around complaints management, a separate reporting category "concerns" had been introduced. This had resulted in a significant change in the numbers of formal complaints. Karen explained that a "concern" was an expression of dissatisfaction that had not been handled as a complaint. As a result, including these in the complaints performance data does not provide an accurate reflection of performance. The data included within the report does reflect an accurate position on complaints received, but is significantly reduced (by 54%) from the previous year's numbers. However, in addition the team has handled over 18,000 concerns.
- 9.3 The Board considered the Customer Contact and Complains Annual Report and approved the report for publication.

10. Governance Manual Approvals

10.1 Karen Wheeler reminded the Board that arrangements have been put in place to hold monthly business meetings, chaired by the Director of Governance, involving colleagues from corporate governance, finance and the legal team to ensure that decisions made are reflected in the NHS England Standing Financial Instructions (SFIs), Standing Orders (SOs)

and Scheme of Delegation (SoD) in a timely manner.

- 10.2 The report presented to the Board provided a consolidation of the many pieces of governance work that have been undertaken. The Audit and Risk Assurance Committee have reviewed these and recommend that the Board approves the changes outlined.
- 10.3 The Board approved the changes to the governance manual documents, as outlined within the report.

11. Board Committee Annual Reports

- 11.1 Karen Wheeler informed the Board that the purpose of this paper was to report on the work of the four Board Committees, providing assurance they have met their duties delegated by the Board, proposing minor amendments to some Committee terms of reference and informing the Board of Committee work programmes in place for 2015/16. The committees covered by this report are:
 - Audit and Risk Assurance Committee (ARAC)
 - Commissioning Committee
 - Specialised Services Commissioning Committee
 - Investment Committee
- 11.2 The Board noted the reports, and approved the proposed revisions to the Terms of Reference of the ARAC, Commissioning Committee and Specialised Services Commissioning Committee.

12. Reports from Board Committees

- 12.1 The Board noted the update from the Audit and Risk Assurance Committee meetings held on 10 May 2016 and on 29 June 2016
- 12.2 The Board noted the update from the Commissioning Committee meetings held on 25 May 2016 and 29 June 2016.
- 12.3 The Board noted the update from the Specialised Commissioning Committee meeting held on 27 June 2016.
- 12.4 The Board noted the update from the Investment Committee papers circulated by correspondence in April 2016, and the meetings held in May and June 2016.

13. Any Other Business

- 13.1 The Chairman reminded the Board that the Annual General Meeting will be held on 25 October 2016, when the Annual Report and Accounts will be reviewed.
- 13.2 Jane Cummings paid tribute to Dr Kate Grainger, who had passed away the previous Saturday, noting that Dr Grainger had left a considerable legacy following her "*Hello, my name is…*" campaign. Jane outlined the significant impact Dr Grainger had made on the health and care systems, breaking down the barriers of living with a terminal illness a truly inspirational life. Jane expressed condolences to Dr Grainger's husband, Chris, on behalf of the wider NHS system.
- 13.3 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) and the meeting was closed.

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

Members:

Chairman
Vice Chairman
Chief Executive Officer (CEO)
Non-Executive Member
Non-Executive Member
Non-Executive Member
Non-Executive Member and Investment Committee Chairman
Non-Executive Member and Specialised Services Commissioning
Committee Chairman
Chief Financial Officer (CFO)
Chief Nursing Officer (CNO)
National Medical Director (NMD)
National Director: Commissioning Strategy (ND:CS)
National Director: Operations & Information (ND:O&I)
National Director: Transformation and Corporate Operations
(ND:TCO)
Non-Executive Member
Board Secretary