

BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 29 September 2016 – 10:45 to 12:30

Location Rooms 102A & 124A, Skipton House, London

MINUTES

RECORD OF MEETING

Welcome, Introduction & 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. There were no apologies for absence.
- iii. Board Members were invited to declare any interests in respect of specific items on the agenda for this meeting. There were no declarations over and above those already recorded.
- iv. The Chairman reported on the Development session of the previous day, where the Board had considered Sustainability and Transformation Plans and Patient and Public Involvement and Engagement.

1. Minutes of the Previous Meeting

- 1.1 The minutes of the meeting held on 28 July 2016 were approved. There were no matters arising.

2. Chairman's Report

- 2.1 The Chairman informed the Board of the appointment of a new Chair for the Audit and Risk Assurance Committee. Joanne Shaw, who will formally take up the role as Non-Executive Director on 1 October 2016, has significant experience within the NHS and with the National Audit Office. The Chairman welcomed Joanne as an informal observer to the meeting.
- 2.2 The Chairman reported that the Board meeting formed part of a cycle of meetings: the Specialised Services Commissioning Committee had met on Tuesday, and a report will be brought to the Board as part of this meeting. Similarly, the Commissioning Committee had looked at issues around Urgent and Emergency Care, financial planning for 2017-18 and beyond, and at building future commissioning capacity. The Chairman remarked that these meetings all help to inform the Board, ensuring a strong "line of sight" and governance throughout the organisation for all of its activities. Similarly, at the Board Development Session the previous day, all members of the Board discussed some of the strategic issues that NHS England is faced with.
- 2.3 The Chairman informed the Board that a consultation paper has recently been launched on the issue of Conflicts of Interest across the NHS. He reminded the Board that, at their meeting in June, they had approved a pan-NHS Task and Finish group, chaired by him, on Conflicts of Interest. He was pleased that this group had attracted representatives, not only from the other Arms' Length Bodies and the Department of Health, but also critical partners for this work, including the British Medical Association, the British Medical Journal, the Association of British Pharmaceutical Industries, the Association of British

Healthcare Industries, the General Medical Council and others. All members were combined in their view that what is currently in place is fragmented and that there is a need to understand what interests should be declared as well as understanding how to avoid a potential conflict becoming an actual conflict.

- 2.4 He remarked that the taskforce was also cognisant of the changing world of the NHS, where people were now being asked to work across different institutions, highlighting the STP process and the new models of care. As such the group were keen to ensure that there was a consistent set of principles that could be applied to assist staff, both in protecting public expenditure and ensuring it isn't distorted by conflicts of interest, but also to protect those taking the decisions, to ensure that there can be no suspicion of false motive.
- 2.5 Finally, he stated that the taskforce proposals on private practice were just one possible approach to what was a complex area, and that responses were being sought on how the approach could be modified and improved.
- 2.6 The taskforce will be reviewing all responses in November 2016, which will allow comprehensive statutory guidance to be drawn up and issued to the wider NHS.

3. Chief Executive's Report

- 3.1 The Chief Executive updated the Board, focussing on the following areas:
- Simon thanked the NHS England Communications team for another excellent NHS Expo event, which demonstrated the significant change that is happening in many parts of the NHS.
 - Simon reported that he had recently spoken to the Queen's Nursing Institute, to leaders of Ambulance Trusts and at the HSJ Summit. He had also attended a Public Accounts Committee meeting, discussing the financial position of the NHS. While the NHS had not received the amount that had been requested for the next three years, the upcoming two year planning round and sustainability and transformation (STP) processes were designed to ensure the NHS locally did all it could do continue to improve care and better integrate services. On 18 October, he will appear before the Health Select Committee, and again in the House of Lords just before Christmas.
 - The Public Accounts Committee had also reviewed the collapse of the Uniting Care Contract in Cambridgeshire. This had revealed 'disconnects' in the decision making processes between different trusts, the CCG, the role of the external advisers and the regional supervisory regimes. In light of the recently published National Audit Office report, along with the two external investigations which NHS England had commissioned, a set of tests that should be considered before further such schemes are initiated will be published shortly.
 - Progress is being made on the implementation of the Mental Health taskforce report, and we will shortly be publishing the "one year on" report from the Cancer Taskforce, which will also set out tangible next steps on the upgrade of radiotherapy equipment and linear accelerators.
 - An announcement will be made shortly in regard to investment decisions in GP premises upgrades across the country, following good proposals of development received from CCGs.
 - In light of the STP proposals decisions would be made on the national spread of some of the New Care Models.

- Simon concluded by highlighting the fact that the latest figures on adult smoking had been published since the last Board meeting – which had shown that one million fewer people are smoking now than five years ago. He reminded the Board that, together with action on obesity, the reduction in smoking rates was considered to be as important as anything else due to be discussed at the meeting in terms of the impact on the nation's health.

3.2 The Board received and noted the Chief Executive's report.

4. NHS operational planning and contracting guidance for 2017-2019

- 4.1 Matthew Swindells introduced this item, on operational planning and contracting guidance for 2017-2019 published on 22 September 2016. He thanked colleagues within NHS Improvement, who had developed the guidance in partnership, and to other partners for their part in the work.
- 4.2 Planning and contracting processes had been changed to support health systems to plan together to support the sustainability and transformation plans and the financial reset.
- 4.3 The two year tariff and standard contract had also been issued for consultation, alongside the detail of two-year CQUIN and CCG quality premium schemes. Additionally, for the first time, a single oversight process had been introduced jointly with NHS Improvement.
- 4.4 He explained that bringing forward the contracting process allowed alignment to STP plans. To that end control totals have been created across health economies.
- 4.5 The Board welcomed the new guidance and the action now being taken.

5. New care models – frameworks for Primary and Acute Care Systems (PACS) and Enhanced Health in Care Homes (EHCH)

- 5.1 Ian Dodge introduced this item, reminding the Board that, at their meeting in July, they had approved the Multi-Specialty Community Provider care model. The equivalent frameworks for PACs and EHCH bring together the constituent ingredients of reform from the work of the vanguard systems, and, whilst not set in stone, do now define the models.
- 5.2 He reported that almost all STP areas were looking to develop some form of "accountable care provision" whether in the form of an MCP or PACS, and these frameworks help to illustrate what this means, with examples of what the vanguards are doing. He also reported strong interest across the country in improving the health in care homes.
- 5.3 Ian reported that the emerging results are promising and informed the Board that NHS England is now developing a plan for rapid wider spread.
- 5.4 The Board noted the content of the paper and endorsed the content of the Primary and Acute Care Systems, and the Enhanced Care in Care Homes framework documents.

6. New care models in Tertiary Mental Health Services

- 6.1 Bruce Keogh introduced this item, and welcomed both Clare Murdoch, National Director of Mental Health, and Stephen Firn, Programme Lead for the New Care Models in Tertiary Mental Health.
- 6.2 Claire informed the Board that her team had been working with STPS on ensuring that the Mental Health Implementation Plan is manifest in their proposals and welcomed the inclusion of this within the operational planning

and contracting guidance.

- 6.3 Stephen Firn informed the Board that, following an application and selection process, six first wave sites have been selected, in which local mental health providers are able to manage tertiary service budgets and patient flows. These cover the North, Midlands, South of England and London, and included partnerships between NHS providers, independent sector and charitable organisations. They would reduce out of area placements and ensure patients using mental health services have access to more convenient local care.
- 6.4 The Board noted the update provided.

7. Improving the quality of customer insight through NHS Citizen

- 7.1 Jane Cummings introduced this item, informing the Board that the paper summarised the changes that were proposed to NHS Citizen, which have been developed over the last few months following a review. The objective was to improve the quality of patient insight within the NHS England business plan priority areas.
- 7.2 The review found that the “brand” of NHS Citizen was valued, and recommended that this was retained; it did recommend that implementation could be different in the future, and the recommendation included looking at a wider range of sources, including surveys and social media as well as face to face conversations.
- 7.3 Feedback from a citizen assembly event confirmed support for the refresh of NHS Citizen and for working with system partners. Ensuring that the programme reaches a diverse range of communities and works with a range of partners and networks will continue to be important.
- 7.4 After discussion, the Board confirmed support for the new approach to NHS Citizen.

8. NHS England Corporate and NHS Performance Report

- 8.1 Matthew Swindells introduced this item and reviewed the latest activity and performance data. He noted further increases in the numbers of delayed transfers of care.
- 8.2 He updated the Board on the Urgent and Emergency Care redesign work intended to ensure patients can access the right services at the right time, and in the right place for the most appropriate treatment.
- 8.3 Karen Wheeler provided the Board with assurance that NHS England continues to deliver against national programme plans.
- 8.4 The Board noted the report.

9. NHS Finance Report

- 9.1 Paul Baumann updated the Board on the latest financial data for the commissioning system, outlining that an in-depth stocktake is underway and NHS England’s regional teams are testing the robustness of the balanced forecast position as set out within the report, to understand the interventions underway across the country given a higher level of risk than had been seen in recent years.
- 9.2 He highlighted the importance of setting the right starting point for operating plans, which would require both commissioner and provider sectors together, and individually, to be in financial balance next year.
- 9.3 Paul outlined that colleagues in NHS Improvement continue to work with

Trusts to ensure that the actions that had been signalled in July, in the NHS Reset document, have the maximum possible impact in securing, and possibly improving, the recovery plan that had been set.

9.4 He went on to point out that there was still a lot of work to do in conjunction with STPs and the operating planning process to secure the financial position.

9.5 The Board noted the reported.

10. Use of NHS England Seal

10.1 The Board noted the report on the use of the NHS England seal.

11. Reports from Board Committees

11.1 The Board noted the update from the Commissioning Committee meeting held on 27 July.

11.2 David Roberts informed the Board that the Committee meeting held the previous day had discussed the finance report in some detail. Additionally, in line with the Committee's rolling programme of considering the major business priorities, the majority of that meeting had focussed on Urgent and Emergency Care and Self Care, both of which were considered key to addressing some of the challenges that the NHS faces. The Committee had also spent some time discussing planning and the STPs observed good progress on Urgent and Emergency Care, with still more to do.

11.3 The Board noted the update from the Investment Committee meeting held on 19 August 2016.

11.4 Dame Moira Gibb informed the Board that a subsequent meeting of the Investment Committee had considered the Dorset Clinical Services Review in further detail, and subject to some further work, had agreed this for publication consultation. Dame Moira commended the work that colleagues in Dorset had undertaken on this.

11.5 The Board noted the update from the Specialised Services Committee Meeting held on 27 September 2016.

11.6 Noel Gordon highlighted NHS England's success in the High Court which has now rejected a claim for Judicial Review regarding NHS England's management of new Hepatitis C treatments. The Judge had ruled that NHS England had acted appropriately and reasonably, and had also awarded costs to NHS England.

11.7 The Board noted the update from the Audit and Risk Assurance Committee meeting held on 22 September 2016.

11.8 David highlighted the significant amount of work that has been undertaken to remedy the situation in relation to both PCS and the challenges with SBS in relation to data processing. He provided assurance that the ARAC will continue to monitor these issues closely.

11.9 The Board also formally approved the changes to the Governance Manual as follows:

- To the Standing Financial Instructions which:
 - Make changes to the establishment approval process;
 - Bring SFIs in line with changes to delegated limits for service reconfiguration, as previously agreed at the Investment Committee; and
 - Delegate powers to Devolution Programme Chief Officers and Finance and Investment Leads, in respect of capital expenditure approval from

NHS England funding.

- To the Scheme of Delegation which identifies “nominated employees”.

12. Any other business

- 12.1 The Chairman reminded Board members of the Annual General Meeting on Tuesday 25 October 2016, at 1630. This will be held at the Royal College of Obstetricians and Gynaecologists.
- 12.2 The Chairman extended his thanks to David Roberts, for his interim Chairmanship of the Audit and Risk Assurance Committee over recent months, and again welcomed Joanne Shaw to the NHS England Board in the role of Chairman of the Audit and Risk Assurance Committee.
- 12.3 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:

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

Secretariat:

Lesley Tillotson

Board Secretary