BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 30 November 2017 – 10:45 to 13:45

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

MINUTES

RECORD OF MEETING

1. Welcome, Introduction & Apologies

1.1 The Chairman welcomed everyone to the meeting, noting the commitment of the Board to openness and transparency, and that the Board transacted its business in public, including through the live-streaming, though it was not a public meeting.

1.2 There were no apologies for absence.

1.3 The Chairman noted that Professor Sir Bruce Keogh and Professor Sir John Burn would leave the meeting for the discussion in relation to Item 6 due to their forthcoming appointments as Chairman of Birmingham Women's and Children's Hospital NHS Foundation Trust and Newcastle upon Tyne NHS Foundation Trust respectively.

1.4 Additionally, Professor Sir John Burn reported that, as Chief Investigator on a national trial involving the major academic centres, he had an interest in Item 8. It was confirmed that this was not a disqualifying interest.

2. Minutes of the Previous Meeting

2.1 The minutes of the meeting held on 28 September 2017 were approved as an accurate record. There were no matters arising.

3. Chairman's Report

3.1 The Chairman welcomed Emily Lawson to her first formal Board meeting as National Director for Transformation and Corporate Operations; and acknowledged the great contribution made by Professor Sir Bruce Keogh, who would be retiring from his role as National Medical Director.

3.2 He further reported:

3.2.1 On the recent appointment of Professor Stephen Powis as Sir Bruce's successor as National Medical Director, who will take up post on 22 January 2018;

3.2.2 On the appointment of Professor Sir John Burn to be Chairman of the Newcastle upon Tyne NHS Foundation Trust;

3.2.3 That, as a consequence, Sir John will stand down from membership of the Specialised Services Commissioning Committee due to the potential conflict of interest with his new role, and will instead join the Audit and Risk Assurance Committee;

3.2.4 On visits he had made to King's College Hospital, London, York Hospital, and to the STPs in Surrey and elsewhere;

3.2.5 On a speaking engagement to the Local Government Association and Association of Directors of Adult Social Services, where the joint responsibility for reducing delayed transfers of care had been discussed; and

3.2.6 That, along with Sir Bruce, he had attended a meeting with the Academy of Medical Royal Colleges, to ensure a close alignment.

3.3 He also welcomed the new Chair and Chief Executive of NHS Improvement, Baroness Dido Harding and Ian Dalton to their roles, remarking that the Board looked forward to working very closely with both of them and their Board in their joint determination to bring the two bodies closer together.

3.4 The Board received and noted the Chairman's report.

4. Chief Executive's Report

4.1 The Chief Executive:

4.1.1 Reported on the preparations underway across the NHS in preparation for winter, including the additional £337m announced in the recent Budget, informing the Board that Pauline Philip, Joint National Director for Urgent and Emergency Care, is working with partners to determine how best to deploy this; and

4.1.2 Reminded both members of the public and NHS staff of the importance of the 'flu vaccination programme, reporting that uptake this year was higher than at the same point in the previous year. He further stated that NHS England was making available additional funding to ensure that staff who work in Care Homes could receive the 'flu vaccination, ensuring that not only were they protected personally but that those for whom they care were also protected.

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

5. NHS planning for 2018-19

5.1 The Chief Executive reported that the primary aim was to ensure that the best possible health services were provided for the public of England with the money that was available for 2018-19, whilst reminding the Board that it would be necessary to make some difficult decisions with partners, other bodies in the NHS and the Department of Health.

5.2 The Chief Executive asked that the Board consider and endorse the following five considerations, underpinned by the NHS England commitment to patient and public involvement, to reducing inequalities and to improving the quality of NHS care for everyone:

5.2.1 Deal with current levels of unfunded care that require funding going into 2018-19;

5.2.2 Set realistic activity plans for growth in emergency care;

5.2.3 Recommend that planned investment in mental health, cancer and primary care for 2018-19 is protected;

5.2.4 Recognise that there will be judgement calls to be made around what, amongst many other competing priorities, can realistically be delivered – whilst recognising that unfair or unattainable goals should not be set for frontline staff, who are already working under great pressure; and

5.2.5 Welcome the announcement of additional Government funding for NHS pay under Agenda for Change, whilst recognising that there may be other medical pay pressures that must be taken into account by Government, depending on recommendations of the NHS Pay Review Bodies.

5.3 The Board noted the Budget increase for 2018-19, endorsed the actions proposed to moderate budget pressures, and agreed to the principles outlined above which would guide discussions with partners between now and March 2018 in regard to priorities for the year ahead.

6. Items which should not be routinely prescribed in primary care – findings of consultation and next steps

6.1 Professor Sir Bruce Keogh reported that:

6.1.1 The *Next Steps* document, published in March 2017, had included a commitment, as part of the NHS 10 Point Efficiency Plan to review the appropriateness of aspects of NHS GP Prescribing, including products deemed to be of "low clinical value" and/or available to the public over the counter;

6.1.2 NHS England had been approached by NHS Clinical Commissioners (NHSCC), acting in response to calls from GPs and Clinical Commissioning Groups, to help them draw up guidance to reduce duplication and unwarranted variation across the country. As a result, at their meeting in July 2017, the Board had approved consultation on a set of proposals to limit the prescription of 18 products, at a total cost of £141m per annum, which it was felt should not be routinely prescribed in primary care;

6.1.3 Whilst most aspects of the final guidance remain unchanged from the draft guidance shared in July, in the light of consultation the joint clinical working group had recommended that some important refinements and clarifications be made in respect of some items, as outlined the full Board paper;

6.1.4 Whilst CCGs would be expected to take the published guidance into account in formulating local policies, and prescribers should reflect these local policies in their prescribing practice, the guidance would not remove the clinical discretion of the prescriber in accordance with their professional duties.

6.1.5 In addition, 26 minor conditions had been identified where medicines can be purchased over the counter from a pharmacy or other outlets and approval was requested to move to develop formal and more detailed guidance for CCGs.

6.2 The Board discussed the findings of the public consultation in relation to the 18 items and approved the final recommendations for these items and approved the publication and dissemination of final guidance to CCGs.

6.3 The Board also noted the findings of the public consultation in respect of the principles of limiting prescribing of products available over the counter and noted the intention to engage with patient groups and social care colleagues ahead of formal public consultation on this.

7. Congenital heart disease services for adults and children: future commissioning arrangements

7.1 Professor Sir Bruce Keogh reminded the Board that the origins of the recent review stem from the publication, in 2001, of the public inquiry into concerns about the care of children receiving complex cardiac surgery at Bristol Royal Infirmary. There had been further reviews since that time, but Sir Bruce stressed that outcomes for CHD in England are now very good. He stated that the solution is not about the past or about the present, but was about future-proofing CHD services for babies who had not yet been born.

7.2 At this point in the meeting, Professor Sir Bruce Keogh and Professor Sir John Burn left the room.

7.3 John Stewart reported that:

7.3.1 There is both the scope to secure further improvements and, crucially, the opportunity to make some further adjustments that will ensure services for CHD respond to future clinical, technological and scientific advances, and in doing so maintain their world leading status.

7.3.2 The review adopted a standards based approach – as requested by patients,

their families, and their clinicians; and so, working with them, standards for both adults and children CHD services had been developed which describe what excellent care looks like. Importantly, patients stated that these standards would only matter if they were met.

7.3.3 NHS England, therefore, had set out proposals to implement the standards, and requested views in full formal public consultation running between February and July 2017.

7.3.4 The review found that the vast majority of standards can be met at every hospital currently providing level 1 services with the right focus, attention and, in some cases, local investment. However, there were two very important areas covered by the standards that have proved more challenging for some hospitals to meet; namely the standards relating to surgical activity and the paediatric co-location standard.

7.4 Professor Huon Gray explained the importance of these standards from a clinical perspective:

7.4.1 Surgery for CHD is varied and many operations are not alike. All surgeons in a team require adequate experience – with the standard being 125 operations per surgeon per year (approximately 3 each week). The standard was reached following wide consultation with patients, patient interest groups and professionals, and the figure is supported by surgeons themselves.

7.4.2 The issue of paediatric co-location is important as children who suffer from CHD often have complex needs and require other specialist input. This standard is supported by the Royal College of Paediatrics and Child Health.

7.5 John Stewart reported that:

7.5.1 Having assessed all existing level 1 providers against the standards, four Trusts had been identified as being unlikely to meet the standards in the required timeframes, and were the focus of the proposals for change and formal consultation.

7.5.2 A detailed independent analysis of the consultation responses had informed the recommendations under consideration and as noted within the paper.

7.6 The Board:

7.6.1 discussed the proposals in detail;

7.6.2 noted the assurances that due process had been followed and that it may appropriately proceed to take decisions;

7.6.3 agreed the recommendations for changes to the provision of level 1 and level 2 adult and paediatric CHD services and the associated implementation schedules;

7.6.4 agreed the proposals for full implementation of all the standards, and in particular confirmed its support for the recommendations relating to better information, formal CHD networks and peer review; and

7.6.5 requested continued close oversight of the pursuit of the various conditions that were proposed to be imposed.

8. National Guardian for the NHS – Annual Report 2017

8.1 Dr Henrietta Hughes joined the Board to present this item.

8.2 Professor Sir Bruce Keogh and Professor Sir John Burn re-joined the meeting.

8.3 Emily Lawson remarked that the ability for staff to raise issues through a number of channels is very important, and that NHS Freedom to Speak Up (FTSU) Guardians were one avenue for members of staff to raise concerns if other avenues are closed. Simon Stevens had recently announced that NHS England

should increase the number of its FTSU Guardians from one to fifteen, of whom at least one third should be staff from a BME background.

8.4 Dr Hughes reported on:

8.4.1 Her vision for the NHS to be a global leader in creating a positive speaking up culture, which would improve patient safety and staff experience by enhancing leadership, driving continuous improvement and reconnecting the leadership to the front line.

8.4.2 The establishment of a network of individuals as Freedom to Speak Up Guardians across all trusts/foundation trusts in England, supported by regional networks;

8.4.3 Private providers and leadership organisations, such as NHS England have also appointed Guardians;

8.4.4 Guardians come from a wide range of professional backgrounds and seniorities, work differently to many other groups within the NHS, with an enthusiasm to share and learn across organisational, geographical and professional boundaries with a common purpose to make speaking up business as usual in the NHS; and

8.4.5 The results from the first Freedom to Speak Up Guardian Survey have led to ten principles that are recommended be followed when implementing the Guardian role.

8.5 The Board thanked Dr Hughes for her presentation to the Board, endorsed the National Guardian's Annual Report and endorsed the increase in the number of Freedom to Speak Up Guardians across NHS England and CSUs.

9. Supporting and applying research in the NHS

9.1 Ian Dodge was joined by Professor Chris Whitty to present the report.

9.2 Chris Whitty stated that:

9.2.1 Research is essential to both the current and the future NHS, and it is known that patients who are involved in research have better outcomes;

9.2.2 The NHS is a powerhouse in research – a fact that is not widely recognised, with a significant number of GP practices being actively involved in research;

9.2.3 But some parts of the system still make research unnecessarily difficult and cumbersome.

9.3 Ian Dodge outlined that, working with NIHR in particular, a list of 12 actions had been developed, with five main objectives:

9.3.1 To simplify the processes for initiating and undertaking research in the NHS;

9.3.2 To provide a clear articulation of the research priorities for the NHS;

9.3.3 To provide an enhanced data infrastructure that will support research;

9.3.4 To provide specific support for advanced research into leading edge technologies; and

9.3.5 An improved and simplified system for the adoption of innovation into practice.

9.4 The Board considered the report provided and

9.4.1 Approved the joint statement with NIHR describing 12 actions that will be taken to support and apply research in the NHS; and

9.4.2 Approved the launch of a consultation proposing improvements for managing Excess Treatment Costs and multi-site trials.

10. NHS performance and progress on the implementation of *Next Steps on the Five Year Forward View*

10.1 Matthew Swindells advised the Board:

10.1.1 That performance remains stable, with lots of work underway in the redesign and preparations for winter;

10.1.2 That almost 40% of those who call 111 were now triaged through a clinician, up from 22% a year ago;

10.1.3 That 104 Urgent Treatment Centres will be designated against the standards in time for the Christmas period and linked directly to 111 to book appointments directly;

10.2 Matthew asked for the public's support in preparing for and managing winter well and stressed the importance of 'flu vaccinations.

10.3 He further advised the Board:

10.3.1 That NHS England continues to increase investment in GP services, with total GP investment at £81m above the planned additional investment;

10.3.2 Over 50% of England is on track for extended access in GP surgeries this year;

10.3.3 Performance against the cancer 62 day referral-to-treatment standard continued to improve and was now at 82% against the standard of 85%. In addition to the improvement in performance against target, the number of patients waiting over 62 days for their treatment had fallen by 2,287 since May 2017 – a reduction of almost 25%.

10.4 The Board noted the report.

11. Consolidated Month 7 2017-18 Financial Report

11.1 Paul Baumann informed the Board:

11.1.1 The net risk reported by CCGs alongside their core forecast remains at just over £550m, even after all of the mitigating actions discussed at the previous meeting;

11.1.2 Of the emergence of a significant unbudgeted pressure on the reimbursement of drugs to the community pharmacy sector, driven by supply issues in the generic drug market. Work is underway by the Department of Health to bring this spend back in line as soon as possible.

11.1.3 That finance colleagues were making progress with identifying largely one-off savings in central budgets to allow the delivery of financial balance across NHS England in 2017-18, but it was still a work in progress.

11.2 The Board noted the report.

12. Board Committee Reports

12.1 The Board noted the report on the Commissioning Committee meeting held on 25 October 2017 and agreed to delegate authority to the Commissioning Committee to agree which CCGs should be supported to take on full delegated commissioning of primary medical services from 1 April 2018. A written update on this would be provided to the Board for ratification.

12.2 The Board noted the report from the Investment Committee papers circulated by correspondence in September 2017 and of the meetings held on 4 October 2017 and 3 November 2017.

12.3 The Board noted the report from the Specialised Services Committee meeting held on 25 October 2017, and endorsed the revised Terms of reference.

12.4 The Board noted the report from the Audit and Risk Assurance Committee held

on 21 September 2017.

13. Any Other Business

13.1 The Chairman thanked Professor Sir Bruce Keogh for his service as National Medical Director, and wished him well for the future.

13.2 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 and Chair of Commissioning Committee
Simon Stevens	Chief Executive Officer (CEO)
Lord Victor Adebowale	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
Joanne Shaw	Non-Executive Member and Chair of Audit and Risk Assurance Committee
Paul Baumann	Chief Financial Officer (CFO)
Professor Jane Cummings	Chief Nursing Officer (CNO)
Sir Bruce Keogh	National Medical Director (NMD)
Ian Dodge	National Director: Strategy and Innovation (ND:CS)
Emily Lawson	National Director: Transformation and Corporate Operations (ND:TCO)
Matthew Swindells	National Director: Operations and Information (ND:O&I)

Apologies:

Secretariat:

Lesley Tillotson	Board Secretary