

BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 08 February 2018 – 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 Apologies for absence were noted from Lord Victor Adebawale and Dame Moira Gibb.
- 1.3 The Chairman welcomed Professor Stephen Powis in his role as National Medical Director.

2. Minutes of the Previous Meeting

- 2.1 The minutes of the meeting held on 30 November 2017 were approved as an accurate record. There were no matters arising.

3. Chair's Report

- 3.1 The Chair expressed congratulations, on behalf of the NHS England, to the recipients of New Year Honours, drawing attention in particular to the award of CBE to Paul Baumann.
- 3.2 He drew attention to two further items in his written report:
 - 3.2.1 That he and Baroness Dido Harding, Chair of NHS Improvement, were committed to developing significantly closer working relationships between the two organisations, to improve national leadership for the benefit of the NHS as a whole. As a first step, agreement had been made that there should be cross appointment of a Non-Executive Director from each of the Boards to the other. David Roberts had now been appointed as an associate (non-voting) non-executive director on the NHS Improvement Board.
 - 3.2.2 The Chair invited the Board to approve reciprocally the appointment of Richard Douglas, Chair of the NHS Improvement Audit Committee, as associate (non-voting) non-executive director to the NHS England Board.
 - 3.2.3 The Board approved this appointment.
- 3.3 The Board approved the Chair's proposals for a number of Board Committee realignments as outlined within the written report, noting that Wendy Becker would take on the role of Chair of the Commissioning Committee with effect from 1 April 2018.
- 3.4 The Board received and noted the Chairman's report.

4. Chief Executive's Report

- 4.1 The Chief Executive drew attention to the work that had taken place, across the NHS, over the very busy winter period, highlighting the well documented pressures that had been experienced, in particular noting this was in the context of the worst 'flu season since the pandemic seven years previously, and the fact that

hospitalisation rates for 'flu had been three times higher than the previous year;

4.2 He further noted that the figures published that morning had shown that hospitals managed better A&E performance in January 2018 than in December 2017 or in January 2017.

4.3 He went on to place on record thanks to staff who had gone the extra mile across the health and social care system, over the winter months in particular.

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

5. NHS planning for 2018-19

5.1 The Chief Executive reported on the publication of the planning guidance jointly with NHS Improvement, in line with the Board approved two year set of deliverables from the *Next Steps* document and in accordance with the principles discussed publicly at the end of November 2017.

5.2 He informed the Board that, since the post-Budget Board meeting, the Government had confirmed that 2018-19 revenue for NHS England would grow by £2.14bn over the 2015 Spending Review figure – comprising the £1.6bn announced in the autumn budget and a further £540m that the Department of Health and Social Care (DHSC) had subsequently agreed to make available.

5.3 He outlined how the Planning Guidance Refresh, which had also been agreed with Government, gives effect to the five principles agreed by the Board in November:

5.3.1 Ensuring that an additional £1.05 billion next year will be allocated, subject to Board approval, to both Trusts and CCGs to support unfunded costs of care that is already being delivered.

5.3.2 A shared ambition with NHS Improvement that CCGs and trusts agree realistic plans for next year's emergency activity;

5.3.3 That planned investment in mental health, cancer and primary care services has been protected, including every CCG being required to ensure that its own investment in Mental Health services goes up faster than its overall funding growth. CCGs would be subject to independent audit on this.

5.3.4 Funding a bigger increase in elective activity next year than the past year, and therefore asking CCGs and Trusts to plan for stabilising, and where possible reducing, the size of the waiting list, while at least halving nationally the number of patients waiting 52 weeks.

5.3.5 The government has accepted the principle set out in November that any NHS pay rises about the currently budgeted 1% cap would be separately funded.

5.4 Work was now required locally across the NHS to refresh the two year plans already in place in time for the new financial year in April 2018.

5.5 Paul Baumann highlighted the key points and decisions required to allow the NHS to do so, line with the priorities that had been set.

5.5.1 He reminded the Board that £111.8bn in resource had been distributed in the funding decisions taken in December 2015, so the decisions to be taken on this occasion were in respect of the additional £2.14bn outlined by the Chief Executive.

5.6 The Board:

5.6.1 Noted the publication of the planning guidance refresh;

5.6.2 Approved the release of the system reserve requirement and the allocation of £600m to CCGs on a fair shares basis;

5.6.3 Approved the establishment of a £400m Commissioner Sustainability Fund;

5.6.4 Approved the increased allocation of a further £650m for the Provider

Sustainability Fund and the modifications to the rules of operation in relation ICSs;

5.6.5 Approved the full set of allocations, as set out in Table 2 of the Board paper; and

5.6.6 Approved the methodology around changes to the operation of incentives, as set out in the Planning Guidance Refresh document, and delegated to the Chief Executive and the Chair of the Commissioning Committee the final sign off of the full guidance on these revised incentive schemes.

6. Progress report from the Empowering People and Communities Taskforce

6.1 Professor Jane Cummings and Neil Churchill reported on the Empowering People and Communities Taskforce.

6.2 Michelle Mitchell thanked the many patients, citizens, carers and family members and clinicians who had taken part in the Taskforce's work, which focussed on the Cancer Strategy.

6.3 She set out the core components of the work of the taskforce, based on participation, engagement and coproduction and how it can help improve future delivery of services. NHS England can partner with community and voluntary sector to add value to future service delivery and to add value to the Five Year Forward View programmes.

6.4 Michelle went on to inform the Board:

6.4.1 of an innovative dashboard currently under development, which will allow NHS England to assess its work on patient engagement;

6.4.2 that the Taskforce wished to ensure a focus on inequalities and to ensure that seldom heard voices were brought to the table;

6.4.3 that the Taskforce had been impressed by the impact of the cancer strategy on patient experience, in particular the pioneering development of a Quality of Life metric for life with and beyond cancer;

6.4.4 drew attention to the focus and discussions about groups who were potentially being left behind, in particular raising issues about the clinical outcomes experienced by certain of those groups, specifically BME groups and younger people. Cally Palmer, the National Director of the Cancer Programme, would be writing back to the Taskforce about her plans to address that issue, including her advice on the best way to involve patients and citizens in the Cancer Alliances to ensure that the good work on the development of the Cancer Strategy continued into the delivery of those plans.

6.5 Simon Stevens thanked colleagues for the work and pointed out that tackling inequalities in cancer outcomes would substantially drive the overall improvement in cancer survival rates and reported that:

6.5.1 the National Cancer Programme would be using its national investments to target specific groups and areas of the country and they had been asked to provide an update on this at a future Board meeting.

6.5.2 as part of the sign off process of CCG plans, national improvement trajectories would be broken down to target faster improvements in those parts of the country where inequalities were greatest.

6.5.3 a paper describing the impact of the NHS England National Programmes on reducing/tackling health inequalities would be brought to the Board meeting in March.

6.6 The Board:

6.6.1 Noted the update on the work of the Taskforce;

- 6.6.2 Agreed to publication of the Public Participation Dashboard on an annual basis;
- 6.6.3 Endorsed the recommendations on the future work plan, including the improvement objectives; and
- 6.6.4 Agreed that relevant NHS England Board papers should show how public participation and involvement had been engaged in their development.

7. Lessons learnt from Wannacry Ransomware Cyber Attack

- 7.1 Matthew Swindells reminded the Board that, on 12 May 2017, there had been a global ransomware attack which had hit many countries and many industries, including the NHS.
- 7.2 He reported that the Department of Health and Social Care's Data Security Leadership Board had commissioned the Chief Information Officer for the health and social care system in England to carry out a review following this attack, the objectives of which were to:
 - 7.2.1 Analyse key lessons learned from the WannaCry cyber-attack;
 - 7.2.2 Assess actions required to mitigate the risk and impact of a future cyber-attack, looking in particular at infrastructure, incident response and resilience; and
 - 7.2.3 Ensure this learning was shared widely across the health and social care system.
- 7.3 The Board noted the update and the 22 recommendations set out in the CIO review.
- 7.4 The Board expressed their thanks for the assurance provided by the CIO review and requested updates over the course of the next year.

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

- 8.1 Matthew Swindells advised the Board:
 - 8.1.1 That updated official statistics had been published that morning, with updated data published online alongside the Board papers.
 - 8.1.2 Despite the enormous pressure that hospitals, A&E and primary care have experienced over the winter months, performance had improved to 85.3% in January – an improvement on both December 2017 and January 2017.
 - 8.1.3 That Delayed Transfers of Care (DToC) had shown a further reduction since November 2017 and that NHS DToC were now in the best position they had been for four years
- 8.2 Matthew further advised the Board:
 - 8.2.1 That GP referrals into hospitals were down by 1.3% year to date, a sign of the NHS working together to ensure patients are receiving appropriate care in the most appropriate setting;
 - 8.2.2 That performance against the cancer 62 day referral-to-treatment standard continued to improve but that further work was still required; and
 - 8.2.3 That, as plans are made for the coming year, it was key that plans for activity continue to be realistic to ensure that the NHS continues to manage demand and productivity.
- 8.3 The Board noted the report.

9. Consolidated Month 9 2017-18 Financial Report

- 9.1 Paul Baumann informed the Board:
 - 9.1.1 The report confirmed the trends discussed at greater length at the November

Board meeting;

9.1.2 The Commissioning Committee had spent time reviewing the position in detail at their meeting the previous day; and

9.1.3 The headline forecast remained roughly balanced at £18m on a budget of £110bn and the level of risk to delivering that position had halved from £385m to £189m as the strategy to identify non-recurrent savings in NHS England budgets continued.

9.2 He outlined that the CCG position remained unchanged overall, reflecting in roughly equal measure the underlying pressures discussed previously, and the specific factors arising from issues in the generic drug market.

9.3 The Board noted the financial position for month 9, and in particular the implications for 2018/19 of the underlying deficit in the CCG sector.

10. Board Committee Reports

10.1 The Board noted the reports on the Commissioning Committee meeting held on 29 November 2017 and on 15 December 2017, ratifying the approval of 14 applications for the formal delegation of the commissioning of primary medical services from 1 April 2018, (noting one application had been withdrawn since the paper had been finalised).

10.2 The Board noted the report from the Specialised Services Committee meeting held on 13 December 2017.

10.3 The Board noted the report from the Audit and Risk Assurance Committee held on 11 December 2017.

11. Any Other Business

11.1 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)
Wendy Becker	Non-Executive Member
Professor Sir John Burn	Non-Executive Member
Noel Gordon	Non-Executive Member and Chair of Specialised Services

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Michelle Mitchell	Commissioning Committee
Joanne Shaw	Non-Executive Member
	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: Commissioning Strategy (ND:CS)
Matthew Swindells	National Director: Operations & Information (ND:O&I)

Apologies:

Lord Victor Adebawale	Non-Executive Member
Dame Moira Gibb	Non-Executive Member and Chair of Investment Committee

Secretariat:

Lesley Tillotson	Board Secretary
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