

BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 29 March 2018 – 10:45 to 12:45
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 formal business in public, including through live-streaming of the meeting, though it was not a public meeting.
- 1.2 Apologies for absence were received from Noel Gordon, Wendy Becker and Richard Douglas.
- 1.3 There were no declarations of interest over and above those recorded for members.

2. Minutes of the Previous Meeting

- 2.1 The minutes of the meeting held on 6 February 2018 were approved as an accurate record, subject to one amendment. Professor Steve Powis had been present at the meeting in succession to Sir Bruce Keogh as National Medical Director. There were no matters arising.

3. Chair's Report

- 3.1 The Chair expressed his gratitude to David Roberts who had been Acting Chair during the Chair's period of leave.
- 3.2 He observed that both NHS England and NHS Improvement were committed to developing closer working relationships between the two organisations.
- 3.3 The Board received and noted the Chairman's report.

4. Chief Executive's Report

- 4.1 The Chief Executive reported that he had undertaken a number of recent visits across the health service, local government and the voluntary sector. He had appeared before the Health Select Committee and was a speaker at a recent Freedom to Speak Up event. He spoke at the Ambulance Leadership Forum and is committed to support front line staff to develop the changes which are required within the Ambulance Service.
- 4.2 He further noted that the recent results from the NHS Staff survey show that a third of ambulance staff had been a victim of assault, and work was taking place to ensure that prosecutions are brought where appropriate.
- 4.3 He went on to note that various other meetings have taken place, including with trade unions regarding the AFC pay deal.
- 4.4 He thanked the staff of the NHS for their continued support over the winter period.
- 4.5 Finally, he welcomed the recent announcement from the Prime Minister, that the government were committed to supporting the NHS to develop a long term plan for the next five and ten years.
- 4.6 The Board received and noted the Chief Executive's report.

5. NHS England Mandate and NHS Improvement Remit Letter for 2018/19

5.1 Ian Dodge reported on the Mandate for NHS England and the Remit Letter for NHS Improvement which both had been published on 21 March 2018.

5.2 The Board noted the publication.

6. NHS England Funding and Resource 2018/19: Supporting 'Next Steps for the NHS Five Year Forward View'

6.1 Paul Baumann reported that NHS England is required to publish a business plan prior to the commencement of each financial year.

6.2 He outlined that:

6.2.1 this reconfirms the two year allocations made for programme and transformation budgets;

6.2.2 it includes the running cost allocations for 2018/19 which highlights the requirement to absorb inflationary and other pressures to ensure spending remains within budget; and

6.2.3 minor adjustments to all budgets would continue to reflect emerging pressures and opportunities.

6.3 The Board:

6.3.1 Approved the document for publication, noting the 2018/19 refresh of previously set two-year allocations for NHS England central programme, administration and transformation funding; and

6.3.2 Delegated to the Chief Executive and Chief Financial Officer jointly authority to make any further updates that may be required before final NHS England budgets are communicated for 2018/19.

7. Update on draft contract for Accountable Care Organisations (ACOs)

7.1 Ian Dodge reported that:

7.1.1 NHS England would be publishing a draft ACO contract for consultation in due course;

7.1.2 in response to requests from the NHS, a number of FAQs had been developed;

7.1.3 this would be a voluntary contract to support some local health systems; and

7.1.4 the contract would allow service integration within the NHS through collaborative approaches.

7.2 He reiterated that health care would of course remain free and accessible to all.

7.3 The Board noted the paper.

8. Proposals on delivering joint working between NHS England and NHS Improvement

8.1 Simon Stevens outlined that NHS England continued to work with NHS Improvement to develop proposals for the two national leadership bodies to work in a more integrated way.

8.2 Emily Lawson further advised the Board:

8.2.1 That evidence supported that joint working results in improved care for patients. Work was taking place to establish integrated teams regionally which would be led by a single Regional Director. The intention was that there would be seven regions across England, with geographic and operational responsibility to be determined;

8.2.2 Detailed organisational design of roles and any changes required to support this were currently being worked through. The leadership model, culture and

governance processes were being reviewed in-line with existing change policies; and

8.2.3 There was a shared commitment from NHS England and NHS Improvement to support this direction of travel, noting that this was complex, that statutory responsibilities were to be respected but also that work was underway to determine what both organisations could do better together.

8.3 The Board reviewed and approved the proposals for joint working.

9. Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: findings of consultation and next steps

9.1 Steve Powis informed the Board:

9.1.1 In November 2017, the NHS England Board had agreed to consult on national guidance for CCGs to restrict the routine prescribing of OTC products for 33 minor and/or self-limiting conditions, plus vitamins/minerals and probiotics;

9.1.2 NHS England, jointly with NHS Clinical Commissioners, had consulted on the proposals which resulted in minor amendments to the proposed guidance;

9.1.3 Where it was considered that patients would not be able to access medicines due to 'social vulnerability', these patients would continue to have the option for medication to be prescribed through their GP;

9.1.4 This guidance does not remove the ability for an individual GP to prescribe where they feel necessary; and

9.1.5 This is a positive step to help individuals support their own health needs as over the counter products would not routinely be prescribed by their GP.

9.2 The Board:

9.2.1 Noted the findings of the public consultation;

9.2.2 Approved the final recommendations; and

9.2.3 Approved the publication and dissemination of final guidance to CCGs.

10. 'Scene Setter' on Health Inequalities

10.1 Steve Powis outlined NHS England's continuing work to address and tackle health inequalities as part of future health planning.

10.2 The Board:

10.2.1 Welcomed the report and confirmed their commitment to next steps including the development of a short and long term plan to make improvements;

10.2.2 Agreed that, in order to effectively tackle health inequalities, there was a requirement for system leaders to work together to determine implementation and delivery on the Five Year Forward View Priorities. This would be supported by integration within STPs and National Programmes; and

10.2.3 Approved the paper.

11. NHS England's responsibility for quality

11.1 Steve Powis outlined the need to drive forward the quality agenda and strengthen capabilities across the NHS. This would be supported by the proposed closer integration of NHS England and NHS Improvement.

11.2 Jane Cummings reported on collaboration with NHS Improvement to bring about a shift towards improvement and learning for service quality; and on the work to improve handling of statutory functions around quality and to improve governance and ensure consistency.

11.3 The Board:

- 11.3.1 Noted the functions, processes and governance in place across the organisation, and how we work across NHS England in order to take action; and
- 11.3.2 Noted the work with NHSI and other ALBs to strengthen improvement capabilities across the NHS.

12. NHS performance and progress on implementation of 'Next Steps on the NHS Five Year Forward View'

- 12.1 Matthew Swindells reported that:
- 12.1.1 The NHS had seen the highest number of flu cases in six years with an additional 2,000 beds required to care for patient suffering from flu. There had also been a spike in norovirus;
- 12.1.2 He thanked staff across the sector for their work over the extended winter period;
- 12.1.3 Despite the continued high number of attendances at A&E, nine in ten patients continued to be seen within 4 hours, with 90% of hospitals having front door streaming in place;
- 12.1.4 Agreement had been reached regarding the GP contract. 55% of the country now has extended access to primary care services, with research showing that there has been a 10% reduction in the number of minor attendances at A&E;
- 12.1.5 Performance against the 62 day cancer target was at 81%, following additional investment;
- 12.1.6 There has been an increased investment across the NHS on mental health services;
- 12.1.7 The reported elective waiting time performance for January is 88%; and
- 12.1.8 Work continues, with social care colleagues, to reduce the number of Delayed Transfers of Care (DTC).
- 12.2 The Board noted the content of the report and assurances on actions to support NHS performance and progress with the implementation of 'Next Steps'.

13. Consolidated Month 11 2017/18 Financial Report

- 13.1 Paul Baumann reported that:
- 13.1.1 2017-18 had been a challenging year for the NHS;
- 13.1.2 The latest forecast CCG position was a £687m overspend excluding the impact of lower Quality Premiums. This was attributable to the price concessions agreed by the Department of Health and Social Care on Category M drugs in response to market issues during the year; and
- 13.1.3 NHS England had nevertheless fulfilled its commitment to achieve financial balance across the commissioning system and delivered the required system reserve of £560m.
- 13.2 The Board noted the financial position for month 11.

14. Slavery and Human Trafficking Statement 2017/18

- 14.1 Jane Cummings presented the Slavery and Human Trafficking Statement for 2017/18.
- 14.2 The Board approved the Statement

15. Emergency Preparedness, Resilience and Response (EPRR)

- 15.1 Matthew Swindells reported that this area requires continuous improvement and learning; that an internal audit had taken place, providing a favourable

response, and that additional resources had been made available to support this important area of work;

15.2 The Board noted the positive responses made by the EPRR team to a number of incidents that had taken place over the last 12 months, and expressed their gratitude to NHS staff for their work during these incidents; and

15.3 Matthew reported that, following the Manchester Arena Bombing, the Kerslake report had outlined eight recommendations for health which the EPRR team were working through.

15.4 The Board:

15.4.1 Noted the progress made on the EPRR programme and the incidents successfully responded to; and

15.4.2 Received assurance that the NHS in England was properly prepared.

16. Report to the Board on the use of the NHS England Seal

16.1 Paul Baumann presented the report on the use of the NHS England Seal, informing the Board that the majority of cases related to properties previously used for patients with Learning Disabilities, and which were no longer fit for purpose.

16.2 The Board received and noted the report

17. Reports from Board Committees

17.1 The Board noted the report from the Commissioning Committee meeting held on 7 February 2018.

17.2 The Board noted the report from the Investment Committee meeting held on 18 January 2018 and the papers circulated by correspondence February 2018.

17.3 The Board noted the update from the Specialised Services Commissioning Committee meetings held on 28 February 2018.

17.4 The Board noted the update from the Audit and Risk Assurance Committee held on 27 February 2018 and ratified the updated Standing Financial Instructions.

18. Any other business

18.1 There were no further items of business.

18.2 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
Lord Victor Adebowale	Non-Executive Member
Professor Sir John Burn	Non-Executive Member
Dame Moira Gibb	Non-Executive Member and Chair of Investment Committee
Michelle Mitchell	Non-Executive Member
Joanne Shaw	Non-Executive Member and Chair of Audit and Risk Assurance Committee
Paul Baumann	Chief Financial Officer
Professor Jane Cummings	Chief Nursing Officer
Ian Dodge	National Director: Commissioning Strategy
Emily Lawson	National Director: Transformation & Corporate Operations
Professor Steve Powis	National Medical Director
Matthew Swindells	National Director: Operations & Information

Apologies:

Wendy Becker	Non-Executive Member
Noel Gordon	Non-Executive Member and Chair of Specialised Services Commissioning Committee
Richard Douglas	Associate Non-Executive Member

Secretariat:

Gemma Reed	Deputy Board Secretary
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