BOARD MEETING HELD IN PUBLIC

Date/Time Thursday, 09 February 2017 – 10:45 to 12:45

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

MINUTES

RECORD OF MEETING

1. 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. Apologies for absence were received from Lord Victor Adebowale.

iii. Board Members were invited to declare any interests in respect of specific items on the agenda for this meeting:

iv. Joanne Shaw remarked that she could be perceived to have an interest in Item 5 on the agenda, Conflictions of Interest in the NHS, given her role as Deputy Chair of Nuffield Health, as many of the consultants who provide care for the patients at Nuffield Health hospitals also have contracts with the NHS.

v. Professor Sir John Burn reminded the Board of his role as Chairman of Quantum DX Group, which is involved in Warfarin genotyping development, which could prove relevant to the Rightcare discussion at Item 6.

vi. The Board agreed that neither declaration would exclude participation in the relevant discussion.

vii. The Chairman welcomed Professor Sir Muir Gray and Professor Tim Briggs, who were in attendance to help the Board understand the benefits of the work undertaken through the Rightcare and Getting it Right First Time (GIRFT) initiatives.

2. Minutes of the Previous Meeting

2.1 The minutes of the meeting held on 15 December 2016 were approved. There were no matters arising.

3. Chairman's Report

3.1 The Chairman informed the Board that he had recently accepted an interim appointment to a Transition Board in light of the recent government proposal to set up a new property company which will be merging the existing services under NHS Property Services and CHP and superimposing across it a strategic estates capability. He remarked that this would allow NHS England's interests in the new model to be represented.

3.2 He reported that had also accepted a short-term appointment to Chair a Commission on London's roads and streets, which is being led by the Centre for London. He reported that he had a particular interest in this, not only in terms of urban planning and layout but also around health, air pollution, exercise etc.

3.3 He further reported that he had attended a number of meetings with NHS Improvement and elsewhere across the Arm's Length Bodies, many jointly with the Chief Executive.

3.4 Finally, he reported that he had also been working closely as a member of the Board of Genomics England Ltd as they developed the next phase of development

of whole genome sequencing.

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

4. Chief Executive's Report

4.1 The Chief Executive updated the Board, focussing on the following areas:

- He noted the NHS performance figures, published at 0930 that morning, and acknowledged the great pressure that hospitals have experienced throughout November and December, placing on record his thanks and appreciation for the work that all NHS staff were doing in the face of increased emergency admissions, whilst also continuing to manage the issue of the significant increase in the numbers of social care related delayed discharges. Simon also noted that GPs were successfully acting to moderate the demand growth for elective admissions, with the referral growth rate being at its lowest level for a number years, whilst also pointing out that, at the same time, elective activity is accelerating as the year proceeds, with more NHS-funded operations in October, November and December 2016 than in April, May and June 2016; again an increase on the previous year.
- He reported that NHS England had reached agreement with the GP Committee of the British Medical Association on the GP contract for 2017-18.
- He also reported that NHS England continued to have conversations with a number of Local Authorities, in particularly discussions with the Mayor of London around the next phase of the London Devolution Agreement.
- Finally, he reported that the Five Year Forward View Delivery Plan, which would also incorporate the NHS England Business Plan and would provide deliverables for the next two years and beyond, would be published towards the end of March.

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

4.3 The Board also agreed that finalisation of the Five Year Forward View Delivery Plan, incorporating the NHS England Business Plan, would be signed off by the Chief Executive, Chair and Vice-Chair, following continued discussion around content with all members of the Board through a variety of fora ahead of publication.

5. Conflicts of Interest in the NHS

5.1 Bruce Keogh reminded the Board that NHS England had, in 2015, set out guidance for commissioners on Conflicts of Interest, and in March 2016 had agreed to extend that to a much wider audience across the NHS. He remarked that this had been driven by a number of influences, including the United States' Sunshine Act, which had driven changes within both the pharmaceutical and medical devices industries, as well as growing media interest in conflicts of interest and because of issues related to procurement rules and transparency.

5.2 He remarked that this guidance provided a set of rules which would underpin a set of behaviours designed to protect both organisations and individuals from imputation of false motive.

5.3 Ian Dodge outlined that the guidance was designed with four motives in mind: to protect the tax payers' interest; to maintain public trust; to support NHS employers; and to protect staff themselves.

5.4 The Chairman remarked that it had been unusual to have such coterminosity of views across the NHS, and acknowledged the support of all those involved in the design.

5.5 The Board noted the update and endorsed the publication of the new guidance,

but requested a clear audit trail to ensure that the guidance did bring about the effect it was designed to deliver.

6. NHS Rightcare and the shift to valued-based healthcare

6.1 Paul Baumann reminded the Board of the dual role of the Rightcare programme, in creating major improvements in outcomes whilst at the same time delivering a very efficiency gains.

6.2 He commented that both Rightcare and the "getting it right first time" or GIRFT, programme would be key to the success of STPs going forward, not least because in most places STPs were best placed to oversee the resulting reallocation of capacity, which was one of the biggest challenges but also a major opportunity, particularly in the context of operational pressures.

6.3 Paul remarked that both programmes were at a crucial point, where the great opportunities were now required to translate into effective implementation on the ground if the potential benefits – both clinical and financial – were to be realised; stressing that the critical question was how those opportunities could be captured at the pace required by the challenges the NHS faced over the coming months and years.

6.4 He welcomed Professor Sir Muir Gray (for NHS Rightcare) and Professor Tim Briggs (for GIRFT) to the meeting, who provided the Board with an overview of their work to date.

6.5 The Board received and noted the update provided and thanked both Sir Muir and Tim, and their teams, for the work on both of these programmes.

7. NHS England Corporate and NHS Performance Report

7.1 Karen Wheeler provided the Board with further assurance that NHS England continues to deliver against national programme plans. She reported the continued focus on holding Capita to account for improving the delivery of primary care support services, noting the continued commitment from Capita to deliver within the recovery timeframes.

7.2 Matthew Swindells reviewed the latest activity and performance data. He noted further increases in the numbers of delayed transfers of care, with the number of patients waiting for social care packages now being one third higher than previously, the reduction in A&E performance and the continued pressure on access to services due to the increased pressure on beds.

7.3 He acknowledged the hard work by all NHS staff over the winter period, including those in primary care for the ways in which they have stepped up to help relieve pressure both within A&E departments and by extending GP hours to ensure that access was available.

7.4 He reported that in elective services, there had been more admitted and non-admitted waiting list pathways completed within December 2016 than in 2015, with an acceleration of operations

7.5 The Board received and noted the report.

8. NHS Finance Report

8.1 Paul Baumann updated the Board on the latest financial data for the commissioning system, noting that the data presented reflected the position at the end of December.

8.2 He reflected that this had been a year of considerable challenges for the NHS as a whole, with CCGs in particular facing significant challenge whilst creating the majority share of the £800m system reserve required to cover the risks across both the commissioning and provider sectors.