

## NHS England Accountability Meeting

Tuesday 24 March 2015

16:00-17:00

### MINUTES

<b>Department of Health</b>
Earl Howe, Parliamentary Under Secretary of State for Quality (Chair)
Una O'Brien CB, Permanent Secretary
Richard Douglas, Director General, Finance and NHS
Ben Dyson, Director, NHS Group
Joint Heads of NHS England Sponsorship team
Policy Lead, NHS England Performance Assurance, NHS England Sponsorship team
NHS England Sponsorship team member (Secretary)
Private Secretary, Parliamentary Under Secretary of State for Quality
<b>NHS England</b>
Professor Sir Malcolm Grant, Chair
Simon Stevens, Chief Executive
Jane Cummings, Chief Nursing Officer
Professor Sir Bruce Keogh, National Medical Director
Ian Dodge, National Director, Commissioning Strategy
Tom Easterling, Director of the Chair and Chief Executive's Office
Mandate Assurance and Partnerships team member

#### Agenda item 1: matters arising

1. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY asked NHS England to give an update on the practical implementation of the Five Year Forward View vanguard sites.
2. The NATIONAL DIRECTOR FOR COMMISSIONING STRATEGY explained that NHS England had received 269 expressions of interest, which had been narrowed down to the 29 vanguard sites. NHS England would be developing a range of national support and guidance products, whilst encouraging innovation at a local level, and that these products will also be made available to those not selected as vanguard sites.
3. The PERMANENT SECRETARY noted the importance of working jointly with residential and domiciliary care providers to implement the new models of care outlined in the Five Year Forward View. The NATIONAL DIRECTOR FOR COMMISSIONING STRATEGY noted that six of the proposals shortlisted include plans for working with residential and domiciliary care providers.

### Agenda item 2: winter planning

4. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY noted the importance of having plans in place to deal with the oncoming winter effectively. He noted that discussions were ongoing between the Department, NHS England and other partners in the system on winter planning for 2015/16. It was essential that the system had the capability to deal with demand and had the appropriate data to do so, including for out of hospital care. THE DIRECTOR GENERAL FOR FINANCE AND NHS asked NHS England for a frank assessment of the expectations for next winter.
5. The CHIEF EXECUTIVE OF NHS ENGLAND outlined the key elements of NHS England's approach to strengthening resilience for winter 2015/16, which would be further discussed on 30 March. He noted that CCG commissioning plans, which would give an indication of capacity and inform preparations for winter 2015/16, were being finalised over the next four to six weeks.

### Agenda item 3: mandate assurance: Francis and quality

6. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY stated that this was an appropriate time to review progress, given the recent publication of "Culture Change in the NHS: Applying the Lessons of the Francis Inquiries", the report of the Morecambe Bay investigation and the report on lessons learned from the investigations into Jimmy Savile.
7. The NATIONAL MEDICAL DIRECTOR noted that NHS England held a number of legal duties in relation to quality, which encompassed patient safety. He emphasised the importance of a system-wide approach to quality, including through the National Quality Board, as well as the accountability of individual providers in patient safety.
8. The PERMANENT SECRETARY thanked NHS England for its leadership in patient safety over the past two years, noted the Department of Health's proposed transfer of safety functions to a single national body, and asked NHS England how it will maintain its commitment to patient safety. The CHIEF NURSING OFFICER gave assurance of NHS England's ongoing commitment to patient safety, should national leadership be transferred to another organisation. In particular, NHS England's ongoing activities would relate to embedding patient safety through commissioning, and in continuing joint-working with Monitor, the TDA and the CQC. Until a decision had been made on any such transfer, NHS England would continue to fulfil its existing leadership role.
9. The NATIONAL DIRECTOR FOR COMMISSIONING STRATEGY explained that NHS England was taking steps to ensure patient safety and quality more widely were central to the new models of care being developed in the Five Year Forward View vanguard sites.
10. The PERMANENT SECRETARY noted the necessity of an effective NHS complaints system, which enabled resolution at local level where possible. She commended NHS England for its action in setting up a review of the commissioning of maternity services, following the findings of the Morecambe Bay investigation. The

PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY asked that NHS England work closely with the Department in the system-wide response to the investigation report.

Agenda Item 4: finance

11. There was a discussion about the financial position for 2014/15 and the necessity for NHS England to deliver its forecast position.
12. The CHIEF EXECUTIVE OF NHS ENGLAND confirmed operational plans for 2015/16 would be finalised in April and early May and that contingency arrangements were in place where commissioners and providers were unable to align their plans by the end of March.
13. THE DIRECTOR GENERAL FOR FINANCE AND NHS asked NHS England to consider an open book policy with trust finance directors to build in transparency about financial distribution across the system. The CHIEF EXECUTIVE OF NHS ENGLAND noted that NHS England and CCGs were engaging providers in a series of conversations on finance for 2015/16. The CHIEF EXECUTIVE OF NHS ENGLAND would be presenting a candid assessment of the situation to the incoming government in May.

Agenda Item 5: AOB

14. The PARLIAMENTARY UNDER SECRETARY OF STATE FOR QUALITY emphasised the need for NHS England to work closely with the Department on commissioning developments and announcements, following the recently announced plans for health and social care in Manchester.