NHS England
NHS Improvement

MINUTES OF A MEETING OF THE SHADOW DELIVERY AND PERFORMANCE COMMITTEES IN COMMON HELD ON 30 JANUARY 2019 AT 1.30pm AT SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH

Present for NHS Improvement:

Baroness Dido Harding, Chair
Lord Patrick Carter, Non-Executive Director
Ian Dalton, Chief Executive
Richard Douglas, Deputy Chair
Tim Ferris, Non-Executive Director
Wol Kolade, Non-Executive Director
Emily Lawson, National Director: Transformation & Corporate Development
Ruth May, Chief Nursing Officer
Elizabeth O'Mahony, Chief Financial Officer

In attendance for NHS Improvement
Jessica Dahlstrom, Head of Governance
Pauline Philip, National Director of Urgent and Emergency Care
Laura Wade-Gery, Non-Executive Director, NHS Improvement

Present for NHS England:

Lord David Prior, Chair
Wendy Becker, Non-Executive Member
David Roberts, Vice Chair
Simon Stevens, Chief Executive
Ian Dodge, National Director: Strategy & Innovation
Emily Lawson, National Director: Transformation & Corporate Development
Ruth May, Chief Nursing Officer
Stephen Powis, National Medical Director
Matthew Style, Interim Chief Financial Officer
Matthew Swindells, Deputy Chief Executive

In attendance for NHS England
Joanne Shaw, Non-Executive Member
Pauline Philip, National Director of Urgent and Emergency Care

1. Welcome and apologies

1.1. No apologies for absence had been received.

2. Declarations of interest

2.1. No interests were declared over and above those held on record.

3. Terms of Reference (DPC/19/01)

3.1. Comments on the Terms of Reference for the Delivery and Performance Committee (the Committee) would be provided in writing to the Head of Governance. It was noted that the NHS England and NHS Improvement Terms of Reference should be aligned where possible.

4. Annual planning process (DPC/19/03)

4.1. The Interim Chief Financial Officer, NHS England, set out progress made on the annual planning process. Important aspects of the LTP had been incorporated into the 2019/20 planning guidance. The planning guidance had been published and had been considered a helpful starting point for this year's planning round. There was a stronger emphasis on system planning and local partners had been asked to work together to achieve close alignment at health economy level.

4.2. Commissioner allocations for the period had been included in the planning guidance and would be confirmed at the NHS England public Board meeting in January. Reactions had been positive. There had been significant changes

proposed in some control totals and in the payment regime, and explanations had been provided to any questions received in relation to these matters.

4.3. Teams were now working ensuring signed contracts by the end of March 2019. There was a commitment to delivering a credible plan without gaps between commissioners and providers on activity assumptions. Triangulation was required between activity required to meet operational performance requirements, funding and workforce and capacity.

4.4. Delivery of plans would be managed at regional level with support from national teams as appropriate. An aggregation tool had been developed at Integrated Care System (ICS) level to enable ongoing analysis of the position.

4.5. Committee members noted a shift in the to 2019/20 financial approach. There was a significantly smaller financial contingency available next year as all funding had been made available to commissioners and providers upfront. By allocating an extra £1bn up front to providers, the commissioning sector would not therefore be holding any 2019/20 pressure to offset non-delivery of trust sector aggregate financial balance. The communications strategy around this was discussed. The provider accountability regime would be discussed at the next meeting of the Joint Financial Advisory Group.

4.6. Consideration was given to the system capital control total and its role in achieving financial balance this year.

5. Month 8 2018/19 Provider and Commissioner Financial Report (DPC/19/05)

5.1. The interim Chief Financial Officer, NHS Improvement set out month 8 financial performance. The run rate and forecast outturn were outlined and a discussion took place on specific issues which had arisen at month 9 for two providers. Capital spend forecasts were considered.

5.2. Joint performance would be reviewed at future meetings of the Committee

ACTION: MS, EO

6. Winter 2018/19 (DPC/19/04)

6.1. The Committee discussed performance of the service during December 2018 and the National Director of Urgent and Emergency Care provided an overview of performance to date in January 2019. Although performance in December 2018 had been better than the previous year, in January 2019 it had been more pressurised.

6.2. The results of the UEC transformation programme, which had continued to be a focus this year, were now becoming apparent including in relation to clinical input into 111 calls. The extra funding for social care and capital had also produced improvements.

6.3. The focus was currently on developing plans at regional level to improve operational performance for the remainder of the winter period. An overview was provided of elective performance. The role that the centre, and particularly digital initiatives, could play to support the service was discussed.

6.4. A discussion took place on the worst performers and Committee members noted that performance in these organisations had generally improved more than the rest of the service, although there were a small number of providers who remained a particular concern.

6.5. Committee members asked for data expressed on a population basis, not just an institutional basis.

ACTION: PP, MS

6.6. An update was provided on those providers which were currently not reporting their performance against the Referral To Treatment. Plans to improve this position were outlined.

6.7. The Committee received an update on diagnostic waiting times. The importance of following through diagnostic pathways in detail was highlighted. In relation to cancer waits, an increase in referrals had resulted in a longer waits although more people had been seen within target than ever before. Addressing the backlog would result in a further dip in measured performance given the way the statistics were captured before an improvement in reported performance would be seen.

7. EU Exit (DPC/19/07)

7.1. Professor Keith Willett, EU Exit Strategic Commander and Medical Director forAcute Care & Emergency Preparedness, attended the meeting for consideration of this item.

7.2. The Deputy Chief Executive, NHS England, introduced the paper on EU Exit and set out the work programme which had been put in place. Leads had been appointed for various aspects on the programme.

7.3. An overview was provided of plans in place for medicines and medical supplies to United Kingdom. Prevention of stockpiling was highlighted, and a discussion took place on the need for a clear regional view of stock management. Consideration was given to the role of provider boards in facilitating an appropriate approach to preparing for EU Exit. The longer term impact on workforce and the life sciences industry was also discussed.

7.4. The consequences on working capital including cash and currency were discussed and the Committee would be updated on this in due course.

ACTION: EO

7.5. The need for an internal programme to train senior staff for various EU Exit scenarios was highlighted, and the Committee asked for the EU Exit Strategic Commander to return with an update at the next meeting.

ACTION: KW

8. NHSE/NHSI Joint working update (DPC/19/07)

8.1. The Committee thanked the National Director: Transformation and Corporate Development for her work.

8.2. The second phase of the restructuring had commenced in January 2019 and there was now a period during which challenges could be raised. There were a small number of slot-in roles and roles with limited ring fences, and one wide ringfence for the remaining senior roles.

8.3. An in-person question and answer session had been facilitated and had been welcomed by senior staff. The need for communication with all staff soon about the next steps was highlighted.

8.4. A plan had been developed for transition and handover. This included a programme of handover interviews, formal templates for handover of legal responsibilities and meetings to transfer local knowledge. Where possible, all functions would transition on 1 April 2019 and work-arounds had been identified for those areas where this was not possible, such as the website and Electronic Staff Records.

8.5. The current timetable envisaged for the restructuring affecting all staff finished in December 2019 at the latest, but work was underway to seek to bring this forward to the Autumn. Some aspects of the process, such as consultation, could not be compressed. Process aspects which could be compressed were outlined and Committee members highlighted the importance of certainty for staff going into winter 2019/20.

ACTION: EL

8.6. A discussion took place on linking the restructuring process to LTP implementation. The importance of employee engagement was highlighted. Consideration would need to be given to activities which the combined organisation could appropriately cease doing.

8.7. The new Executive Group was due to discuss this subject on 6 February 2019 and several key principles had already been established regarding regional and national working, reduced duplication between NHS England and NHS Improvement, and autonomy for local systems.

8.8. The effective interaction between regional and corporate directors would be a key success factor and a degree of regional standardisation and coordination would be required to deliver some of the work programmes set out in the LTP. This would be iterated over coming weeks.

8.9. Committee members requested further information on the operating model and ways of working and a discussion would take place on how the boards could facilitate these new ways of working.

ACTION: EL, JD, ID, SS

9. Implementation of LTP (DPC/19/02)

9.1. The Chief Executive, NHS England, provided an overview of progress made on LTP implementation. Detail was provided of proposals to bring together digital functions across NHS Digital, NHS England and NHS Improvement in the new 'NHSX' operating unit within NHSE/I.

9.2. In relation to the efficiency and improvement agenda, the focus was on identifying effective delivery mechanisms through the National Director of Improvement, the Chief Commercial Officer and other senior leaders. Proposed changes to the service model for primary care were described and would be announced on 31 January 2019.

The importance of tracking progress was highlighted. A distinction should be made between those initiatives which needed to be delivered with national support, and those that the NHS locally could be asked to shape.

9.3. Committee members discussed the need to define performance measures for NHS England and NHS Improvement as organisations. It was noted that the delivery of the LTP was a core aspect of NHS England and NHS Improvement's role, although there were other operational matters which also required the attention of senior staff. It was noted that the programme would be closely linked to the regions and to the transition programme.

ACTION: ID, SS

10. Any other business

10.1. There was no other business.

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