

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND  
NHS IMPROVEMENT HELD ON THURSDAY 28 MARCH 2019 AT 14.00 AT  
SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

**Members:**

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**NHS Improvement**

Baroness Dido Harding	Chair
Ian Dalton	Chief Executive
Lord Patrick Carter of Coles	Non-Executive Director and Senior Independent Director
Professor Lord Ara Darzi of Denham	Non-Executive Director
Richard Douglas	Vice Chair
Dr Tim Ferris	Non-Executive Director
Stephen Hay	Executive Director of Regulation/Deputy Chief Executive
Ruth May	Executive Director of Nursing
Sir Andrew Morris	Non-Executive Director
Laura Wade-Gery	Non-Executive Director

**NHS England**

David Prior	Chair
Simon Stevens	Chief Executive Officer
Ian Dodge	National Director for Strategy & Innovation
Noel Gordon	Non-Executive Member
Emily Lawson	National Director for Transformation & Corporate Development
Ruth May	Chief Nursing Officer
Michelle Mitchell	Non-Executive Member
Professor Stephen Powis	National Medical Director
David Roberts	Vice Chair
Joanne Shaw	Non-Executive Member
Matthew Style	Interim Chief Financial Officer
Matthew Swindells	Deputy Chief Executive

**In attendance:**

Jessica Dahlstrom	Head of Governance
Julian Kelly	Chief Financial Officer from 1 April 2019

**1. Welcome and apologies**

- 1.1. Apologies for absence had been received from Wendy Becker (Non-Executive Member), Professor Dame Glynis Breakwell (Non-Executive Director), Wol Kolade (Non-Executive Director), Elizabeth O'Mahony (Chief Financial Officer, NHS Improvement), and Professor Sir Munir Pirmohamed (Non-Executive Member).

## **2. Declarations of interest**

- 2.1. No interests were declared over and above those held on record.
- 2.2. The Boards thanked Professor Dame Glynis Breakwell (Non-Executive Director), Stephen Hay (Executive Director of Regulation/Deputy CEO) and Kathy McLean (Executive Medical Director/Deputy COO), who were leaving the NHS Improvement Board, for their hard work. The Boards welcomed Julian Kelly as the new Chief Financial Officer and thanked Matthew Style for filling the role of Interim Chief Financial Officer.

## **3. Minutes and matters arising from the meeting held on 28 February 2019**

- 3.1. The minutes from the meeting held on 28 February 2019 were approved.

## **4. Chair's report**

- 4.1. The Board ratified the Chair and Chief Executive's approval of the recommendation of the Audit and Risk Assurance Committee to approve to amendments to the Standing Orders and Scheme of Delegation ahead of the new operating model effective 1 April 2019.
- 4.2. The Chairs of NHS England and NHS Improvement outlined their recent visits and activities and provided an overview of recent meetings in which they had participated. The importance of a continued focus on relationships and on culture change in the NHS was highlighted.

## **5. Chief Executive's report**

- 5.1. The Chief Executive Officer of NHS England thanked all NHS England and NHS Improvement colleagues for their hard work on the transition to bringing the organisations together. The changing timetable for EU Exit was noted and staff across the NHS were thanked for their continued work and flexibility to ensure the NHS was well-prepared for all scenarios.
- 5.2. Work was currently ongoing on 2019/20 planning for the service which would be finalised by the end of May 2019. An update was provided on the development of the Long Term Plan (LTP) implementation framework.
- 5.3. The Chief Executive of Officer of NHS Improvement provided an update on the merger of South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust which was now near completion.

## **6. NHS performance and finance update**

- 6.1. The National Director of Urgent and Emergency Care introduced the paper and thanked all clinical and managerial staff at all levels in the NHS for their work over

the winter period. Performance this winter had been better than last winter which was a great achievement. An overview was provided of the key data associated with activity and performance.

- 6.2. The increased use of 111 and the proportion of calls which had received clinical input was a key success factor. An NHS app had been rolled out and efforts were being made to ensure more GP practices were connected to it. There had been an improvement in ambulance handover times, and a decrease in long waits in emergency departments.
  - 6.3. A discussion took place on the impact of 'flu and the Boards noted that the vaccine had been a good match for the virus this year. However, the impact on hospitals had still been significant. An update on vaccination uptake was provided. The Boards discussed key elective data including waiting lists.
  - 6.4. In relation to cancer, the Boards received an update on performance against targets and noted that a pilot had been started to implement the first of the LTP actions in this area. There had been significant growth in cancer check-ups and tests, which was a positive development in the context of enabling earlier diagnosis and treatment of cancer.
  - 6.5. Board members received an overview on GP workforce developments including recruitment and retention. GP trainee numbers were now at a record high. On mental health, the standards in the Five Year Forward View had been met which was a significant achievement. There had been a one fifth reduction in children and adults with learning disabilities in inpatient facilities, but significant further efforts were needed in this area.
  - 6.6. An update was provided on Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) and the support currently being provided to the regions. Board members discussed the improvement in breast cancer outcomes which had been set out in a recently published study.
  - 6.7. A discussion took place on the login to the NHS app and ways of simplifying both the login process and the user interface for making appointments. Consumer feedback was being gathered. Board members also noted the growth and change of focus of 111 and discussed plans in place to ensure growth in this service could continue.
  - 6.8. Consideration was given to hospital admission data for February, which had been higher than expected. The data was affected to some extent by the transformation in services such as same day treatments, however a report on the full causes would be presented to a future Board meeting or committee.
- ACTION: PP**
- 6.9. The Board noted the month 10 financial performance. A risk-adjusted forecast outturn was presented, and the Board noted the detailed work which was ongoing to understand any deviations from plan.

## **7. 2019-20 NHS England and NHS Improvement funding and resources**

- 7.1. The Board noted the paper and its attachment, and was asked to approve publication of the document, to note the allocations and to delegate any in-year adjustments to the Chief Executive Officer and the Chief Financial Officer. An updated position would be reported to the Delivery, Quality and Performance Committee in May 2019.
- 7.2. A discussion took place on life expectancy and recent developments were noted. It would be important to look at life expectancy from the perspective of health inequalities.

### **RESOLVED:**

- 7.3. The Board resolved to approve the recommendations set out in the paper.

## **8. Workforce implementation plan**

- 8.1. Julian Hartley, Interim Workforce Plan SRO, attending the meeting for consideration of this item.
- 8.2. The Interim Workforce Plan SRO provided an overview of the objectives of the workforce implementation plan and outlined the engagement which had taken place so far.
- 8.3. Key themes from the engagement exercise were 'making the NHS a better place to work', flexible working, more support on health and wellbeing, different generational needs, importance of portfolio careers, ongoing staff engagement and leadership culture. In this context, it would be important for central bodies to exhibit the desired leadership style. Challenges for the nursing workforce would need to be addressed urgently.
- 8.4. Board members welcomed the work now taking place on workforce. The Interim Report would provide a platform for further action. It would set out a more detailed vision of the workforce component of the LTP and set out the further work required to develop the Final Report. Promoting workforce onto commissioner and provider board agendas was very important. The need to equip clinical staff to take on managerial roles would form a part of the plan. The importance of supporting challenged trusts in relation to their workforce issues was highlighted.

## **9. Integrated care systems development**

- 9.1. The Deputy Chief Executive, NHS England, introduced the paper and reminded Board members of the purpose of ICSs, which were designed to integrate care around patients for the benefit of all patients and particularly those who were vulnerable and/or those with long term conditions. Local decision making was needed to support the delivery of ICSs.

9.2. There were now eight ICSs set up with six operating in shadow form. A further 28 were planned and all were currently on a journey towards delivering patient based care. A discussion took place on the challenges associated with coordinating multiple services being delivered to a patient. The role that data could play was considered.

## **10. The NHS Assembly**

10.1. Neil Churchill, Director of Experience, Participation & Equalities, attended the meeting for consideration of this item.

10.2. The Director of Experience, Participation & Equalities presented the paper which set out the proposed membership of the NHS Assembly. Over 500 applications had been received and there had been a focus on achieving a diverse group.

10.3. Board welcomed the paper and the members of the NHS Assembly.

## **11. Final update from the Empowering People and Communities Taskforce**

11.1. The Board received a final update from the Empowering People and Communities Taskforce and noted that the Taskforce had been involved in the design and delivery of the NHS Assembly.

11.2. The Taskforce had also contributed to the LTP and it was pleased to see the LTP's focus on health inequalities. In terms of next steps, much of the work of the Taskforce would be passed to the NHS Assembly. The Taskforce recommended on ongoing focus on public and patient involvement, reducing health inequalities and engagement with the voluntary sector.

11.3. The Board thanked those involved in the Taskforce and in the establishment of the NHS Assembly.

## **12. NHS England and NHS Improvement's Standards of Business Conduct**

12.1. The Board noted the paper which brought NHS England and NHS Improvement's Standards of Business Conduct into line particularly in relation to the categories of staff who were required to declare their interests on a regular basis. Systems would be provided to ensure this was not an onerous exercise.

12.2. Board members suggested that the social media policy should also be brought into line, and that there should be clarity on the policy regarding post-employment obligations for NHS England and NHS Improvement staff.

### **RESOLVED:**

12.3. The Board resolved to approve the policy attached to the paper.

### **13. NHS England's human trafficking and modern slavery statement for 2018-19**

13.1. The Board approved the publication of the Slavery and Human Trafficking Statement for 2018/19.

### **14. NHS England's EPPR Annual Assurance Report**

14.1. Stephen Groves, National Head of Emergency Preparedness, Resilience and Response (EPPR), attended the meeting for consideration of this item.

14.2. The Board received the EPPR Annual Assurance Report which set out NHS England's responsibility in relation to emergency responsiveness. An overview was provided of the incidents which had arisen in the past year. The purpose and review process of the Annual Assurance Report was noted and substantial compliance against core standards had been achieved. A work programme for the year ahead had been developed based on the recommendations received.

14.3. Board members commented that greater cybersecurity awareness would be required as NHS services became better connected digitally.

### **15. Report on the use of the NHS England Seal**

15.1. The Board noted the report and thanked Lesley Tillotson, who was leaving her role as Board Secretary, for her hard work.

### **16. Any other business**

16.1. The outgoing Executive Director of Regulation/Deputy CEO and Executive Medical Director/Deputy COO of NHS Improvement provided the Board with some reflections on their time at NHS Improvement and wished NHS England and NHS Improvement colleagues well for the future.

**Close**