

**MINUTES OF A MEETING OF THE NHS IMPROVEMENT BOARD
MEETING HELD ON THURSDAY 26 JULY 2018 AT 15.30 AT
WELLINGTON HOUSE, WATERLOO ROAD, LONDON SE1 8UG – SUBJECT TO
APPROVAL AT THE MEETING OF THE BOARD ON 27 SEPTEMBER 2018**

Present:

Baroness Dido Harding, Chair
Professor Dame Glynis Breakwell, Non-Executive Director/Senior Independent Director
Lord Patrick Carter, Non-Executive Director
Ian Dalton, Chief Executive
Lord Ara Darzi, Non-Executive Director
Richard Douglas, Non-Executive Director
Sarah Harkness, Non-Executive Director
Stephen Hay, Executive Director of Regulation/Deputy Chief Executive
Ruth May, Executive Director of Nursing
Kathy McLean, Executive Medical Director/Chief Operating Officer
David Roberts, Associate Non-Executive Director

In attendance:

Jessica Dahlstrom, Head of Governance
Kate Moore, General Counsel

1. Welcome and apologies (oral item)

- 1.1. Apologies for absence had been received from Elizabeth O'Mahoney (Chief Financial Officer).
- 1.2. There were no requests to unstar any of the starred items on the Board agenda. In the context of the agenda item related to the Independent review into Liverpool Community Health NHS Trust, the Board noted that Sarah Harkness had previously been a Non-Executive Director of the NHS North of England Strategic Health Authority and a member of the NHS Trust Development Authority Board.

2. Minutes and matters arising from the meeting held on Thursday, 24 May 2018 (BM/18/42)

- 2.1. The minutes from the meeting held on Thursday 24 May 2018 were approved and matters arising were noted. In follow-up to the report from the Freedom to Speak Up (FTSU) Guardians which had been considered by the Board in May, it was noted that NHS Improvement should improve its demonstration and communication of how lessons are learned from FTSU matters. This would be taken forward by executive colleagues.

3. Chair's report (BM/18/43)

- 3.1. The Chair introduced her report and provided the Board with an overview of her recent experience shadowing staff at Maidstone and Tunbridge Wells NHS Trust. She thanked staff at the hospital for their hard work and for the opportunity to see the NHS at the front line.
- 3.2. The Board noted the new Non-Executive Director appointments which had been announced and expressed its thanks to Sigurd Reinton, whose second term ended in June 2018, and Sarah Harkness, whose second term comes to an end in September 2018. Lord Patrick Carter and Lord Ara Darzi were thanked for serving a second term. It was noted that the new Non-Executive Directors would start their term of office on 1 August 2018 and would join the Board dinner and Board development session later that month.
- 3.3. An overview was provided of the review being conducted by Tom Kark QC for the Department of Health and Social Care (DHSC) into the Fit and Proper Person Test. The Board noted the importance of the review and that a more effective mechanism for assessing the suitability of senior leaders for NHS roles was an essential component of improving the leadership and culture of the NHS.

4. Chief Executive's report (BM/18/44)

- 4.1. The Chief Executive presented his report which highlighted the celebrations which has taken place for the NHS on its 70th birthday. He outlined the links between the new five year funding settlement and the long term plan for the NHS which the NHS leadership team had been commissioned to prepare. The Board noted the key financial tests which the NHS had been asked to meet which included the achievement of financial balance as well as addressing provider deficits. As part of the long term plan, a new financial architecture would be designed for the NHS and views would be presented on how NHS should be organised.
- 4.2. The development of the long term plan was a joint programme of work between NHS England and NHS Improvement and a great opportunity to build on the achievements of the NHS. The importance of moving from separate and sometimes fragmented leadership to cohesive leadership of the service was highlighted. The programme of joint work between NHS England and NHS Improvement was progressing and the Chief Executive thanked senior NHS Improvement staff for their professionalism in dedicating time to the integration while continuing to deliver their day jobs.
- 4.3. The Board was provided with an update on providers exiting and entering special measures. East Sussex Healthcare NHS Trust exited special measures for quality reasons, following a Care Quality Commission (CQC) inspection in March 2018 but remained in special measures for finance due to its deficit. Brighton and Sussex University Hospitals NHS Trust exited special measures

for financial reasons in July 2018. Norfolk and Norwich University Hospitals NHS Foundation Trust entered special measures on 18 June 2018 on grounds of quality and work was currently ongoing to ensure the concerns raised were addressed and the Trust received the support it needed from NHS Improvement.

- 4.4. The Chief Executive paid tribute to the staff and leadership of Salisbury NHS Foundation Trust. The recent challenges which the Trust had faced in treating patients exposed to a military grade nerve agent were significant and the fact that the Trust had been able to do so while continuing to function effectively for its local population was a testament to its staff and to the NHS. The Board also praised local ambulance staff and NHS Improvement staff who had provided support to the local healthcare providers.
- 4.5. It was noted that an exercise was currently underway to ensure that lessons were learned from this achievement. Good communication and engagement had been a key part of the successful outcome. Board members commented that as part of the lessons learned strategy, it would be useful to understand if the bioterrorism strategy developed ahead of London hosting the Olympics was still in place.
- 4.6. A discussion took place on the links between the ten year long term plan and vision and the five year delivery plan for the NHS. The need for a long term clinical vision setting out the improvements required for the population was highlighted and the Board noted that this would need to be backed by a solid financial plan. Planning constraints were discussed and it was noted that the need to deliver against key financial tests was a key constraint. Legislation, tariff, workforce structure and capital were all potential enablers for the delivery of the long term plan.
- 4.7. The Board discussed the likely priorities of the new Secretary of State for Health and Social Care. There would be a continued focus on ensuring that the NHS workforce was engaged, motivated and effective. Leadership and culture were important factors in this respect, and it was key to maintain the momentum in relation to cohesive leadership for the service.
- 4.8. The Executive Medical Director/Chief Operating Officer provided an update on the work NHS Improvement was doing with NHS providers in relation to the Gosport hospital deaths.

5. Update on actions taken in response to Independent review into Liverpool Community Health NHS Trust (BM/18/45)

- 5.1. The Executive Medical Director/Chief Operating Officer presented a paper which provided an update on each of the actions related to the Independent Review into Liverpool Community Health NHS Trust (LCH), approved by the Board in March 2018.

- 5.2. Progress had been made in the five key areas outlined in the paper which were trust appointments and talent management, assessing the risks facing trusts, joint working between oversight organisations, reviewing the handling of LCH incidents and reviewing the safety and effectiveness of former LCH services. The Board noted that the recruitment of a Chief People Officer would be a significant step forward.
- 5.3. The assessment of risk in trusts, and community trusts in particular, had been an area of focus and each region had conducted a rapid review. Work was now ongoing on scenario testing and the development of soft intelligence indicators of risk. A report on this would be brought back to the Board in September. Board members commented that the new lens of Freedom to Speak Up Guardians was helpful and encouraged executives to learn lessons from the approach taken in the commercial sector. Board members offered to provide input into the development of the scenario testing work and it was noted that this would be facilitated in correspondence ahead of the September Board meeting.

ACTION: KMcL / JD

- 5.4. A discussion took place on the Quality Impact Assessments of Cost Improvement Programmes (CIPs) and the Board highlighted the importance of ensuring that Quality, Innovation, Productivity and Prevention (QIPP) programmes were also quality assessed. Board members also commented that NHS Improvement, CQC and other Arm's Length Bodies should have a common view of risk and it was noted that further work was required to ensure this was the case. The role of the Joint Strategic Oversight Group was noted and Board members highlighted the importance of moving to intelligent regulation based on data analytics.
- 5.5. The Board discussed the investigation conducted by and the report of Susan Newton to clarify the circumstances under which roles were found or facilitated for individuals identified in the Kirkup report as bearing some responsibility for the failings of LCH. It was noted that the findings of the investigation indicated that the steps NHS Improvement was currently taking under the trust appointments and talent management workstream were the right ones. The report also concluded that the NHS Trust Development Authority executives involved acted in line with guidelines and accepted practice at the time, and that their decisions were made in the best interests of the Trust and its patients. The importance of shifting custom and practice in relation to performance management was emphasised.
- 5.6. Board members discussed the role of provider boards and their prime responsibility in monitoring and managing risk. Boards must be empowered and board members should be encouraged to be present within NHS providers, visiting wards and talking to staff, as well as receiving appropriate risk information through board reporting.

6. Update on maternity transformation programme (BM/18/46)

- 6.1. The Executive Director of Nursing presented a report providing an update on NHS Improvement's maternity programme which comprised three main components: the delivery of the 'promoting good practice for safer care' workstream within the national Maternity Transformation Programme, the delivery of support to trusts on the Maternity Safety Support List established by the former Secretary of State and professional midwifery leadership.
- 6.2. An update was provided on each of the components of the programme and it was noted that the support had been very well received by trusts. The programme was only funded until the end of March 2019 and would need to be revisited at that point.
- 6.3. Board members welcomed the paper and commented that the programme was well structured as it contained a vision and an evidence based delivery plan. Lessons could be learned from the programme for the development of the ten year long term plan and the five year delivery plan.
- 6.4. A discussion took place on the number of vacant posts highlighted in the paper and on the leadership development programme which had been effective in filling a number of these vacancies. The Board also noted the intention of the Healthcare Safety Investigation Branch (HSIB) to conduct a significant number of independent maternity-related investigations in the coming year and to help NHS staff conduct effective in-house investigations going forward.

7. Questions and comments from the public

- 7.1. A member of the public thanked Sarah Harkness for her engagement and her hard work in her Non-Executive Director role at the NHS Trust Development Authority and NHS Improvement. He also commented on the Chair's report, encouraging NHS Improvement to involve community groups and to approach matters through the lens of health and social inequalities. The Chair welcomed the comments and provided an overview of the volunteering initiative which would be created for NHS Improvement and NHS England staff.

8. Private session – resolution (oral item)

- 8.1. The Chair moved a resolution to move into private session to consider private items of business.

9. Chief Executive's update (oral item)

- 9.1. The Chief Executive updated the Board on the workstreams for the long term plan for the NHS, which included five clinical areas each led by an Senior Responsible Owner.
- 9.2. An overview of the process for Board engagement was provided and it was noted that there would be a working session to discuss the emerging themes in

the plan at the August Board development session, with a further presentation to take place at the Board meeting in common with NHS England in September. There was an invitation for Board members to become involved in individual workstreams where relevant. The overall timeline was considered and the Board noted that a well-developed five year delivery plan would need to be in place by mid-September with the ten year long term plan due in November.

- 9.3. Board members commented on the importance of achieving success in the prevention workstream and encouraged executive colleagues to approach the academic community for assistance in this and other workstreams. NHS England and NHS Improvement would need to work closely with a large number of stakeholders in developing and delivering the plans. The importance of engaging with the service was highlighted and Board members indicated there was an urgent need to work on the plan from the bottom up as well as from the top down. Clinicians, patients and the public must be engaged at an early stage to ensure ownership and success of the plan. The name and brand of the plan should also be considered.
- 9.4. The Chief Executive provided an update on the outcome of a governance review which had taken place in relation to Barking, Havering and Redbridge NHS University Hospitals Trust. The Board noted the report on the review would be published soon. In the context of the report, the Deputy Chair had reflected upon the roles played by the Trust's former Director of Finance who, after a brief period as Acting Chief Executive at the Trust, had become Operational Regional Director of Finance at NHS Improvement. It was noted that no evidence had been found that professional lines had been crossed in either the reporting of the Trust's financial position or in the Trust's former Director of Finance's briefings to the Trust Board, and that the Operational Regional Director of Finance would continue in his role at NHS Improvement.
- 9.5. The Board discussed ways to refine the Chief Executive's private report and requested that going forward the CEO give his perspective on a set of key performance indicators to enable the Board to get an overview of overall performance.

ACTION: ID

10. M2 financial and operational performance of providers (BM/18/51(P))

- 10.1. The Board received a report which set out the financial and operational performance of the provider sector for the two months ended 31 May 2018. The report also covered the further work being undertaken by NHS Improvement to ensure the 2018/19 plans for the sector are robust.
- 10.2. An overview was provided of the aggregate financial position for the system as whole, considering NHS England's data on the performance of commissioners. Board members noted the risk currently contained in the plans in light of the requirement to reach a break even position at the end of the 2018/19 financial

year. The Joint Financial Advisory Group, which had been established to advise the NHS England and NHS Improvement Boards, was due to meet in September to discuss in detail how the risk could be reduced. Board members commented that providers and commissioners should not let the annual timetable act as a deterrent for identifying recurrent savings where and when possible. The importance of quality assessing all CIPs was also highlighted.

10.3. It was noted that the Q1 report would be presented to the Board and published in August.

11. Winter planning update (BM/18/52(P))

11.1. Martin Wilson (Director of Strategy, Emergency and Elective Care) attended the meeting for consideration of this item.

11.2. The Board considered a paper which summarised the actions being taken to optimise NHS service delivery leading up to and during the coming winter. In relation to the transformation workstream, it was noted that there had been an increase in same day emergency care which was an important component of the transformation plans. It was the intention that same day emergency care would be made available throughout the year on all days of the week. In relation to staff vaccination, there had been an increase in the uptake of vaccinations in the past winter, but variation was still high and work was ongoing to improve the uptake. Work was also ongoing to close the capacity gap ahead of the next winter. Bed occupancy remained high and would be monitored closely. Board members commented that demand had remained high and analysis would need to be undertaken to establish the causes for this.

11.3. A discussion took place on the challenges associated with meeting the Referral To Treatment target and the impact that use of the independent sector had on NHS finances. Board members also discussed transitions of care and it was considered that significant improvements could be made in ways of working to improve handovers within a specialty, between specialties and to community or social care. Medical and nursing leadership support would be required to achieve improvements.

12. Update on joint working with NHS England (BM/18/50(P))

12.1. Emily Lawson (National Director, Transformation and Corporate Operations) attended the meeting for consideration of this item.

12.2. The National Director, Transformation and Corporate Operations, presented a programme update summarising progress made on joint working between NHS Improvement and NHS England. The Board noted that a leadership group meeting had taken place the previous day and a number of workshops with staff had been held. Staff generally had common goals for the joint working programme however the uncertainty was almost inevitably causing concerns particularly with more senior colleagues whose roles are more directly affected.

The Board emphasised how important it is to keep communicating, listening and engaging with all staff as we progress forward with the proposed changes.

- 12.3. The Board noted the proposed timelines for the appointments into new roles and the approval process was discussed. It was noted that an overview of how the new senior management structure and roles would operate together would be presented to the Board by the Chief Executive at the August Board development meeting.

ACTION: ID

13. Business case: National PSC Programme (BM/18/54(P))

- 13.1. The Board received a paper which provided an update on the Patient Safety Collaborative (PSC) programme and its structures, governance and assurance arrangements. The paper requested approval for programme spend associated with the financial year 2018/19.

- 13.2. The Executive Medical Director set out the background and history of the PSC programme and the Board noted that a review was currently underway of the governance and the value delivered by the programme. The Board agreed to approve the funding for the financial year 2018/19 but requested a presentation in the autumn on the findings of this review. It was noted that a new National Director of Patient Safety had been appointed and that he would be invited to the Board to be present for this discussion.

ACTION: KMcl/JD

RESOLVED:

- 13.3. The Board resolved to approve the total programme spend for the PSC programme for 2018/19.

14. NHS Improvement's workforce race equality (BM/18/53(P))

- 14.1. Yvonne Coghill (Director - WRES Implementation Team), Dr Habib Naqvi, (Policy Lead) and Owen Chinembiri (Senior Analyst) attended the meeting for consideration of this item.

- 14.2. The Board received a presentation which outlined the strategic approach to workforce race equality in the NHS. It highlighted the latest Workforce Race Equality Standard (WRES) data for NHS Improvement, and for NHS trusts, and made a series of recommendations. The recommendations covered areas including leadership, identification and development of visible role models, monitoring ethnicity and actions to be taken in relation to recruitment and staff development. The importance of NHS Improvement leaders demonstrating their commitment to the race agenda through visible leadership was highlighted.

14.3. In relation to the actions on recruitment and staff development, it was noted that further investigation of the data was needed whilst at the same time it was possible to take some immediate steps to improve appointment processes, specifically through using diverse panels and pooling appointments wherever possible.

14.4. The WRES team offered to assist NHS Improvement with this exercise.

ACTION: KM

15. Any other business

15.1. There was no other business.

Close