

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND  
NHS IMPROVEMENT HELD ON THURSDAY 30 JANUARY 2020 AT 12.30 AT  
SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

**Members:**

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**NHS Improvement**

Baroness Dido Harding	Chair
Sir David Behan	Associate Non-Executive Director
Lord Patrick Carter	Non-Executive Director
Lord Ara Darzi	Non-Executive Director
Ian Dodge	National Director for Strategy & Innovation
Richard Douglas	Vice Chair
Dr Tim Ferris	Non-Executive Director (by telephone)
Julian Kelly	Chief Financial Officer
Wol Kolade	Non-Executive Director
Emily Lawson	National Director of Transformation and Corporate Development
Ruth May	Chief Nursing Officer
Professor Stephen Powis	National Medical Director
Amanda Pritchard	Chief Executive Officer and Chief Operating Officer

**NHS England**

Lord David Prior	Chair
Sir Simon Stevens	NHS CEO
Ian Dodge	National Director for Strategy & Innovation
Noel Gordon	Non-Executive Member
Julian Kelly	Chief Financial Officer
Emily Lawson	National Director of Transformation and Corporate Development
Ruth May	Chief Nursing Officer
Michelle Mitchell	Non-Executive Member
Professor Stephen Powis	National Medical Director
Professor Sir Munir Pirmohamed	Non-Executive Member
Amanda Pritchard	Chief Operating Officer
David Roberts	Vice Chair
Joanne Shaw	Non-Executive Member

**In attendance:**

Jessica Dahlstrom	Head of Governance
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**1. Welcome and apologies**

- 1.1. Apologies for absence had been received from Noel Gordon (Non-Executive Director) and Sir Andrew Morris (Non-Executive Director).

**2. Declarations of interest**

- 2.1. The Boards noted that the item related to specialised cardiac respiratory and cancer services would be considered by NHS England Board members only, and



that the Chief Operating Officer would not participate in the discussion or decision making on this item due to a conflict of interest with her substantive post as Chief Executive Officer at Guys' and St Thomas' Hospital NHS Foundation Trust.

- 2.2. The Boards also noted that Richard Douglas had been appointed as Chair Designate of the South-East London Integrated Care System. As he was a member of the NHS Improvement Board he would also not participate in the discussion.

### **3. Minutes and matters arising from the meeting held on 28 November 2019 (BM/20/01(Pu))**

- 3.1. The minutes from the meeting held on 28 November 2019 were approved and matters arising were noted.

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

- 4.1. The Chair of NHS Improvement provided an overview of her visits, which included shadowing clinicians in primary and secondary care as well as visiting the catering team in Nottingham.

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

- 5.1. The NHS CEO provided an overview of actions taken to prepare for a potential coronavirus outbreak in the UK. He also announced the appointment of Emily Lawson as the Chief Commercial Officer for the NHS and outlined resulting changes which would be made to the internal structure of NHS England and NHS Improvement as a result. The Boards congratulated Emily Lawson.

### **6. Update on financial and operational performance (BM/20/02(Pu))**

- 6.1. The Boards received a paper which provided a summary of the already published operational performance data covering the period to December 2019. The Chief Operating Officer welcomed the progress that had been made in the provision of mental health services. She thanked Anthony Marsh, Chair of the Association of Ambulance Trust Chief Executives for his work on ambulance coordination and thanked all NHS staff for their efforts in opening additional bed capacity to help with winter pressures. Focus would continue on improving services for those with learning disabilities and on the 52 week elective waiting list target.
- 6.2. The Boards were provided with a summary of the financial position across the NHS, and the commissioner and provider sectors as at month 9 2019/20. It was noted that current performance was in line with expectations and the amount of risk in the plans had been reduced.
- 6.3. The benefits achieved as a result of administrative savings made by NHS England and NHS Improvement were outlined, and the Chief Financial Officer provided an update on the position in relation to capital spend and capital approval processes.
- 6.4. The National Director of Urgent and Emergency Care outlined key performance data for emergency departments and the increase in zero length of stay services provided by hospitals was noted. An overview was provided of the improvements

made in the 111 services where an increased proportion of patients were able to access clinical advice through the 'phone service. Ambulance performance data and staff vaccination data was also discussed.

- 6.5. An overview was provided of elective care performance. Progress had been made and there had been a significant decrease in the number of patients waiting for more than 52 weeks for treatment. Board members discussed demand and supply including the fact that the UK had fewer clinicians and beds per member of the population compared to international benchmarks. As well as considering whether supply should be increased, there should be a discussion on where care should be offered to patients, and the extent to which this could be offered out of hospital where appropriate.
- 6.6. Consideration was given to the work of all clinical and non-clinical staff in the NHS and the Boards thanked them for their efforts. It was noted that there were more nurses now than at this time last year, and a discussion took place on improving both retention and undergraduate supply. The efforts of those working in emergency departments had meant that more patients had been seen within the four-hour A&E target compared to this period last year.
- 6.7. Board members discussed the reasons for the reduction in GP referrals to hospital and it was noted that this was a sign of the transformation programmes working effectively and patients being able to access appropriate services elsewhere. There had however been an increase in cancer referrals which was considered a positive development in the context of ensuring earlier diagnosis of cancer.
- 6.8. The Boards considered the data available on primary and community services and noted that work was underway to improve this dataset.
- 6.9. The role of the People Plan in ensuring that staff had a good experience working for the NHS was outlined. Looking after staff, their well-being and the environments in which they were working was of key importance, as was increasing staff numbers to reduce pressure on existing staff.
- 6.10. A discussion took place on the numbers of people now using community pharmacies for treatment and it was noted that this was a great achievement in the context of a new workstream. However, there was potential to expand this number in future. The role of digital products in empowering patients to look after their own health was noted, and personalised care and health budgets were discussed.

## **7. NHS Operational Planning and Contracting Guidance 2020/21 (BM/20/03(Pu))**

- 7.1. A report was presented which provided a summary of the proposed NHS Operational Planning and Contracting Guidance 2020/21.
- 7.2. Board members welcomed the 'one team' approach to the development of this guidance. Key features of the guidance were its focus on capacity and bed occupancy, and the commitment to investment in primary, community and mental health care services. The guidance also flagged some changes to the financial architecture to remove the reliance of trusts on loans and to incentivise the achievement of systemwide financial balance. Cash flow issues would also be

addressed by the provision of funding upfront and work was ongoing with the Government on the approach to capital spending.

- 7.3. The 'system by default' model set out in the guidance was highlighted and Board members welcomed the opportunities created for transformational change. It was noted that the guidance had been built on the Long Term Plan (LTP). In relation to core delivery, the bed occupancy reduction requirements contained in the guidance were of key importance, as was outpatient transformation and flexible use of capacity within systems.
- 7.4. The importance of workforce and financial stability in delivering the LTP was emphasised, and Board members noted that investment in infrastructure was also planned. A discussion took place on the management and leadership capabilities which would be required to enable system working, with aligned accountabilities in each system.
- 7.5. Board members welcomed the proposed changes to the financial architecture and the granularity of the plan. The additional funding for Continuing Professional Development was also welcomed.

**RESOLVED:**

- 7.6. The Boards resolved to approve publication of the NHS Operational Planning and Contracting Guidance 2020/21.

**8. National Guardian Office and Freedom to Speak Up (BM/20/04(Pu))**

- 8.1. Henrietta Hughes (National Guardian) and Kate Milton (Experience of Care Lead: Staff Experience and Whistleblowing) joined the meeting for consideration of this item.
- 8.2. The Boards received a note summarising progress made by the National Guardian's Office during the current financial year, and priorities for the next financial year. A paper setting out a proposed Internal Freedom to Speak Up Policy was also presented.
- 8.3. Consideration was given to feedback from a survey of Guardians and it was noted that a critical component was giving Guardians ringfenced time to do their work. An independent advice telephone number would also be made available to support Guardians.
- 8.4. The National Guardian outlined a new metric which had been created to measure how supported Guardians felt within their organisation and praised those trusts where significant improvement had been made in the past year.
- 8.5. A discussion took place on the importance of ensuring Black and Minority Ethnic (BME) representation among Guardians and ways to improve the proportion of Guardians from a BME background were discussed. Consideration was given to having dedicated Guardians for maternity wards and it was noted that giving existing Guardians enough time to access and support all areas of their Trusts was important. Further mechanisms for measuring progress would be developed.

Parallels were drawn with other sectors and lessons which could be learned from, and shared with, other sectors, were discussed.

- 8.6. The National Medical Director outlined the key aspects of the Internal Freedom to Speak Up policy which outlined the support which would be provided to NHS England and NHS Improvement Guardians. The importance of empowering Guardians was highlighted, and it was noted that ringfenced time should be made available to NHS England and NHS Improvement Guardians as per the National Guardian's recommendation.
- 8.7. A session would be organized for the Board to listen to NHS England and NHS Improvement's Guardians.

**ACTION: SP, JD**

**RESOLVED:**

- 8.8. The Boards resolved to approve the Internal Freedom to Speak Up Policy.

**9. Clinical review of standards progress report (BM/20/05(Pu))**

- 9.1. An overview was provided of the progress to date and the latest learning from the Clinically led Review of NHS Access Standards. The paper presented to the Boards set out the learning so far and the intended approach to concluding the review for each of four pathways of care: mental health, cancer, urgent and emergency care, and elective care.
- 9.2. The National Medical Director thanked the sites involved in testing standards for their work. The timing of the testing cycles was noted. For cancer and urgent and emergency care, the review would report final recommendations in the spring of 2020. For mental health and elective care, where a longer period of testing was required, the review would report final recommendations by April 2021.
- 9.3. For each pathway, implementation would be planned and supported by the learning gathered during testing. In all cases, changes to data systems would need to be supported through working with NHS Digital and system suppliers. Where the introduction of new standards required resulting changes to legislation and the NHS Constitution, NHS England and Improvement would work with the Department of Health and Social Care to progress the necessary public engagement and consultation. The engagement which had already taken place was outlined.

**10. Kirkup Recommendation 6.8 – Report on regional response (BM/20/06(Pu))**

- 10.1. Bill McCarthy (North West Regional Director) joined the meeting for consideration of this item.
- 10.2. The Boards considered a paper which provided a report on Recommendation 6.8 of the 2018 Independent Review by Dr. Bill Kirkup into Liverpool Community Health NHS Trust (LCH). The recommendation stated that all LCH services that

transferred to other providers should be reviewed twelve months post transfer to ensure they are safe and effective. The paper provided an overview of the process undertaken to assess safety and effectiveness of each of the nine organisations receiving LCH services.

10.3. The overall conclusion was that both safety and effectiveness of services had improved. However, risks remained and Mersey Care NHS Foundation Trust, which took on many transferring staff, had faced the greatest challenges. Future overview and scrutiny of these organisations would be undertaken by the associated Clinical Commissioning Groups (CCGs) and NHS England and Improvement's regional quality team through the usual Regional Quality Surveillance Group process.

10.4. Board members noted that the other recommendations from the Kirkup Review were also being progressed.

**RESOLVED:**

10.5. The Boards agreed that no further reporting to the Boards was required on this specific recommendation.

**11. Update on Specialised Cardiac Respiratory and Cancer Services (BM/20/07(Pu))**

11.1. John Stewart (National Director Specialised Commissioning), David Sloman (London Regional Director) and Professor Mike Richards attended the meeting for consideration of this item.

11.2. It was noted that this was an NHS England Board item only. NHS Improvement Board members would not take part in the discussion or decision making, and neither would the Chief Operating Officer who had declared a conflict of interest.

11.3. The paper presented provided an update to the NHS England Board and set out proposed approaches on cardio-respiratory Services in London and the children's cancer service consultation.

11.4. The proposals for cardio-respiratory services included support for North West London (NWL) finalising its clinical strategy and developing business cases to provide fit for purpose facilities at St Mary's, Hammersmith and Charing Cross, backed as needed by access to public capital investment. They also included moving Congenital Heart Disease (CHD) services from Sydney Street to Westminster Bridge, and compliance with the new paediatric CHD service standards, after the necessary estate developments have been completed including expansion of Evelina London. Thirdly, the proposals included a merger between Royal Brompton & Harefield NHS Foundation Trust (RBHT) and Guys' and St Thomas' NHS Foundation Trust to secure a sustainable future for RBHT and continued delivery of world-class care and finally the establishment a Clinical Transition Board to guarantee continuing support for secondary and tertiary provision at other NWL providers.

11.5. The Board supported the proposed direction of travel, and thanked the NHS CEO for his role in their development.

11.6. In relation to children's cancer services, whilst no serious incidents related to two site working had been recorded in recent years, the conclusion of Sir Mike Richards' review was that from now on, all Principal Treatment Centres (PTCs) must be co-located with a Paediatric Intensive Care Unit (PICU) and other specialised children's services. The implications for hospitals in London were discussed and it was noted that commissioners would decide on where such services would be co-located. Board members discussed the advantages and disadvantages of moving cancer services away from their current sites including implications for academic research and noted the next steps.

11.7. An update was provided on children's gender identify services and the Board noted that a working group had been set up to examine the service specification.

**RESOLVED:**

11.8. The NHS England Board resolved to approve the next steps set out in the paper in relation to cardio-respiratory services and children's cancer services.

**12. Any other business**

12.1. There was no other business.

**Close**