

MINUTES OF A PUBLIC MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND NHS IMPROVEMENT HELD ON THURSDAY 26 MARCH 2020 AT 3.30 PM AT SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH

Members:

NHS Improvement

Baroness Dido Harding	Chair
Sir David Behan	Associate Non-Executive Director (by VC)
Lord Patrick Carter	Non-Executive Director (by VC)
Lord Ara Darzi	Non-Executive Director (by VC)
Richard Douglas	Vice Chair (by VC)
Dr Tim Ferris	Non-Executive Director (by VC)
Andrew Morris	Non-Executive Director (by VC)
Wol Kolade	Non-Executive Director (by VC)
Professor Stephen Powis	National Medical Director
Amanda Pritchard	Chief Executive Officer and Chief Operating Officer

NHS England

Lord David Prior	Chair
Sir Simon Stevens	Chief Executive Officer (by VC)
Noel Gordon	Non-Executive Director (by VC)
Professor Stephen Powis	National Medical Director
Amanda Pritchard	Chief Operating Officer
David Roberts	Vice Chair (by VC)
Joanne Shaw	Non-Executive Director (by VC)

In attendance:

Sofia Bernsand	Head of Governance
Prof Keith Willett	Strategic Incident Director

1. Welcome and apologies

- 1.1. Apologies for absence had been received from Professor Sir Munir Pirmohamed (Non-Executive Director, NHS England), Ian Dodge (National Director for Strategy & Innovation), Julian Kelly (Chief Financial Officer), Emily Lawson (National Director of Transformation and Corporate Development) and Ruth May (Chief Nursing Officer).
- 1.2. The Chair of NHS Improvement noted that this was Richard Douglas' last meeting as a Non-Executive Director of NHS Improvement and thanked him for his tremendous contributions to the organisations and the NHS. Michelle Mitchell had also stepped down as a Non-Executive Director of NHS England and her dedication and contribution was also acknowledged.

2. Minutes from the meetings held on 30 January 2020 (BM/08/(Pu))

- 2.1. The minutes from the meetings held on 30 January 2020 were approved.

3. Update on COVID-19

- 3.1. The Chair of NHS Improvement introduced the item and on behalf of the Chairs and all the Non-Executive Board members thanked the Chief Executive personally and his senior team for their effective leadership of the successful NHS response to date. They also thanked NHS England/NHS Improvement staff, staff within the wider NHS and the social care sector and members of the public and other organisations for their contribution and support during these extraordinary difficult set of circumstances.
- 3.2. The Board was reminded that on 30 January NHSEI had declared COVID-19 a level 4 National Incident, and the World Health Organisation had gone on to declare the outbreak a pandemic on 11 March. The Government had subsequently announced a succession of measures to control and reduce the spread of the infection rate. The importance of everyone adhering to these measures was emphasised, especially as international experience showed that it would be impossible for any health system to manage an unmitigated increase in COVID-19 cases. Indeed SAGE/Imperial demand forecasts - on which NHSE/I had been asked to base the NHS response - implied a significant risk that Covid19 emergency admissions in England, and in London in the first case, would substantially and rapidly exceed available hospital capacity with loss of life as seen in Northern Italy and elsewhere.
- 3.3. To prepare for the surge of the virus, hospitals therefore had no choice but to take immediate action to free up capacity, including by postponing routine elective care and ensuring that medically fit patients who did not need to be in hospital were able to leave. The pace at which these changes had taken place and the extraordinary mobilisation at national, regional and local level to accommodate the changes was highlighted.
- 3.4. In discussion the Boards noted that the Department of Health and Social Care was leading complementary work with MHCLG, PHE and local authorities to prepare the social care sector. DHSC was also leading work to ensure availability of PPE, as well as setting testing priorities for patients, staff and the public which the NHS would implement accordingly. It was noted that Public Health England had expanded testing to include 40 NHS labs, but its testing capacity was still significantly constrained.
- 3.5. The Chief Operating Officer provided an update on the establishment of the NHS Nightingale Hospital London and commended the number of staff and other civilians who had volunteered to work at the new hospital site.
- 3.6. A summary of the work that had taken place with the Government to support and protect the initially identified 1.5 million clinically vulnerable people who had been advised to stay at home for 12 weeks and be shielded from the virus was provided.
- 3.7. On behalf of entire executive leadership team, the Chief Executive and the Chief Operating Officer thanked NHS staff and partners for the astonishing response that was taking place across the NHS and the wider community.

4. Update on financial and operational performance (BM/20/09(Pu))

- 4.1. The Chief Operating Officer provided a summary of operational performance data covering the period to February 2020. The increase in patients attending A&E compared to the same period last year was highlighted. This increase in demand had resulted in a slight decrease in performance against the four-hour target but there were now a range of other ways patients were able to access urgent care, including through the 111 services and urgent care centres, and these routes were not included in the four-hour performance target.
- 4.2. An overview of elective care performance was provided. There had been a slight deterioration in the number of people waiting over 18 weeks for elective care but nevertheless there had been a significant increase in the number of people treated throughout the year. Particular focus had been given to patients waiting up to a year and from a peak in June 2018 there has been a 53% reduction in the number of patients waiting 52 weeks or more for treatment.
- 4.3. An update was provided on cancer referral and treatment activity. The number of people referred through the two-week wait urgent pathway had grown from 1 million in 2010/11 to 2.2 million in 2018/19 but progress was being made and an estimated 2.4 million people would be referred in this financial year. It was noted that although providers had been asked to reduce non-urgent elective care during the COVID-19 response, treatment of cancer and other critical illnesses should be maintained.
- 4.4. The continued progress being made in primary care, mental health and with people with a learning disability, autism or both was noted.
- 4.5. The Chief Executive provided a high level summary of the financial position across the NHS. The number of trusts reporting their financial position worse to plan had halved compared to the same period last year. The impact that COVID-19 would have on the financial position in 2020/21 was considered. The Government had issued a revised mandate to NHS England/NHS Improvement assuring that resources to address the pandemic would be available as needed.

5. Any other business

- 5.1. There was no other business.

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