

MINUTES OF A PUBLIC MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND NHS IMPROVEMENT HELD ON THURSDAY 25 JUNE 2020 AT 3.40 PM BY VIDEO CONFERENCE

Members:

NHS Improvement

Baroness Dido Harding	Chair
Laura Wade-Gery	Deputy Chair
Sir David Behan	Associate Non-Executive Director
Lord Patrick Carter	Non-Executive Director
Dr Tim Ferris	Non-Executive Director
Julian Kelly	Chief Financial Officer
Wol Kolade	Non-Executive Director
Ruth May	Chief Nursing Officer
Sir Andrew Morris	Non-Executive Director
Prof. 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
Lord Ara Darzi	Non-Executive Director
Ian Dodge	National Director for Strategy & Innovation
Noel Gordon	Non-Executive Director
Julian Kelly	Chief Financial Officer
Emily Lawson	Chief Commercial Officer
Ruth May	Chief Nursing Officer
Prof. Stephen Powis	National Medical Director
Sir Munir Pirmohamed	Non-Executive Director
Amanda Pritchard	Chief Operating Officer
David Roberts	Vice Chair
Joanne Shaw	Non-Executive Director

In attendance:

Sofia Bernsand	Head of Governance
Prerana Issar	Chief People Officer
Ninjeri Pandit	Director, Office of the NHS Chairs, CEO and COO
Pauline Philip	National Urgent and Emergency Care Director

1. Welcome and apologies

1.1. There were no apologies for absence.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes from the meetings held on 26 March 2020 (BM/11/(Pu))

3.1. The minutes from the meetings held on 26 March 2020 were approved.

NHS England and NHS Improvement



4. Chair's reports (verbal update)

- 4.1. The Chair of NHS England highlighted the healthcare challenges that were facing the country and on behalf of both Chairs thanked NHS staff for the extraordinary work that was being done across the NHS.

5. Chief Executive's Report (verbal update)

- 5.1. The Chief Executive, Simon Stevens, noted the enormous amount of work that had taken place across the NHS since the last public Board meeting on 26th March. Since the start of the pandemic every patient requiring treatment for COVID-19 in England had received hospital care. On 26th March there had been approximately 5,300 coronavirus positive patients in hospitals in England but a fortnight later this number had reached almost 19,000. The number of coronavirus patients in critical care had also almost tripled. On behalf of the Boards, he paid tribute to NHS staff across the country who under enormous pressure had displayed extraordinary dedication, skill and agility in treating over 100,000 COVID-19 positive in patients, most of whom were older and vulnerable people.
- 5.2. It was noted that Sunday 5th July marked the 72 anniversary of the NHS. On the Saturday, people across the country would be remembering those who had sadly lost their life in the pandemic. On Sunday, 5 July a final country-wide "clap of thanks" would take place, where NHS workers would also pay tribute to everyone in the country who had helped the NHS in turn help them.
- 5.3. Looking ahead, the Chief Executive highlighted the enormous task that the NHS now faced in restarting those services that inevitably had to be deferred whilst dealing with the huge increase coronavirus cases. Consideration was therefore being given to how this could be done in a continuing era of COVID-19. Plans for the NHS Phase 3 response covering the period July – March 2021 were envisaged to be published in July.
- 5.4. It was noted that since the 30 January, the NHS had been operating on a level 4 National Incident Level. This was the longest sustained national emergency response in the history of the NHS. Provided there was a continued steady reduction in coronavirus cases during July the intention was for the NHS to stepdown probably to a level 3 National Incident Level at the end of July.
- 5.5. Since the start of the pandemic many other aspects of the health service had continued, and the Chief Executive thanked General Practitioners (GPs) for their work and noted that 98% of GPs had joined the new primary network contracts. He also thanked trusts and Clinical Commissioning Groups across the country for the financial discipline that had been shown during 19/20. Accounts would be laid before Parliament in due course but as audit work was coming to a conclusion it was apparent that the NHS would one again successfully deliver a revenue break even position, and the number of trusts reporting a deficit had halved, successfully meeting the target set at the start of the financial year. Once again the Mental Health Investment Standard had also been met, and in fact exceeded by over £200m.

5.6. As services were restarted it would be important that the NHS retain the innovative ways of working that had been introduced since the start of the pandemic. These included giving the go-ahead to national SABR radiotherapy rollout, approval of the second groundbreaking tumour-agnostic cancer therapy, use of at-home oximeters and spirometers and rapid RCTs to identify COVID treatments. As COVID-19 had also exposed health and social care inequalities addressing this would also be an important part in the redesign the new NHS.

6. Ongoing COVID-19 response and NHS recovery (BM/20/12(Pu))

6.1. The Chief Operating Officer introduced the report and provided a summary of ongoing COVID response and NHS recovery work.

6.2. An update on urgent and emergency care was provided. There had been a significant decrease in the number of people attending A&E, however in April by a ratio of 14:1 this was more minor conditions that 'stayed away'. Although the level of critical care had returned to pre-COVID-19 levels overall attendance had not. The 111 services had played an important part in supporting this reduction and they had effectively redirected non urgent cases to alternative services where appropriate.

6.3. Urgent surgery had bene prioritised, with postponement of non-urgent elective care. There had also been a reduction in referrals.

6.4. Substantial progress had been made in redesigning outpatient care and there had been significant increase in the use of video and telephone consultations. While overall patient activity had been reduced, 46% of services delivered in March and April had been done virtually and the importance to maintaining this approach was noted.

6.5. The introduction of the NHS's 'Help Us To Help You' campaign launched in April had encouraged members of the public to come forward if they displayed worrying symptoms including for cancer, and the Chief Operating Officer reiterated the importance of not delaying seeking care when appropriate.

6.6. The scaling back of diagnostic activity had resulted in an increase in the number of patients waiting for a test. The challenge was to re-introduce capacity in a safe way whilst COVID-19 was still present. New infection prevention and control measures and Personal Protective Equipment (PPE) procedures had been introduced in line with PHE guidance to protect patients and staff, meaning it was therefore proving challenging to provide the same level of services as provided pre COVID-19.

6.7. Remote triage modelling had been introduced for primary care and new services had been introduced in all the other areas as well.

6.8. It was noted that work on mental health priorities and spending commitments set out in the NHS Long Term Plan had continued throughout the pandemic and together with partner organisations future mental health requirements were also being considered.

- 6.9. In line with pre-COVID-19 plans, there had been an increase in discharges from specialist inpatient care in relation to people with learning disability and autism. A significant amount of work had also taken place to ensure that discharged patients received appropriate community support.
- 6.10. Considerable work was being undertaken with the regions to ensure clear restoration plans were developed across all the services. At a national NHS level, an incident cell structure had been introduced to support regions and systems in a number of key service areas. National clinical expertise had also been deployed to design, develop and implement best practices.
- 6.11. The Director of Urgent and Emergency Care also expressed gratitude to the ambulance services for their outstanding work and noted that they had recently met all six national standards.
- 6.12. The Chief Nursing Officer provided an overview of challenges encountered by nurses and midwives since the start of the pandemic and expressed appreciation for the work of all nurses, midwives and care workers across the NHS.
- 6.13. The National Medical Director also paid tribute to his colleagues, doctors, clinical and non-clinical staff in providing and maintaining high level COVID-19 services to every patient who required treatment for the virus. He noted that although the NHS was now in a transition period there were still several thousand patients in hospital requiring treatment for COVID-19 and as the virus was anticipated to be present for the foreseeable future stressed the importance that everyone worked together to restarting services whilst balancing protection of patients and staff through good infection prevention and control.
- 6.14. An update on the RECOVERY trial (the randomised evaluation of COVID-19 therapy) was provided, which involved identifying beneficial treatments for people hospitalised with suspected or confirmed COVID-19. The trial, which involved 170 trusts around the country, was showing the benefits of a coordinated and joined up health system, as data was regularly being released and used by clinicians to identify alternative ways to treat patients. Considerable work was also taking place across the globe to develop a COVID-19 vaccine. Under the direction of PHE and NIHR, academic research studies were also taking place on testing strategies to better understand who to test and what a positive antibody test means in terms of immunity.
- 6.15. The Chief People Officer provided an update on work to support staff in a safe, confidential and accessible way.
- 6.16. The Boards thanked the Executives and their teams for their dedication and hard work and the success of the NHS COVID response.
- 7. Progress update on work programme addressing impact of COVID-19 on black, Asian and minority ethnic (BAME) staff and health inequalities (BM/20/13Pu)**

- 7.1. The Chief People Officer provided a summary of how work to address the increasingly apparent disproportionate impact of COVID-19 on people from a Black, Asian and Minority Ethnic (BAME) background.
- 7.2. On 15th April, Simon Stevens had convened a meeting of leaders in healthcare and representative bodies to discuss the emerging evidence and consider stakeholders' plans of action to address the impact. Subsequently, a programme with five work streams had been developed. On 2 June Public Health England (PHE) published a review 'Disparities in the risk and outcomes of COVID-19' and two weeks later, PHE had issued a follow up report.
- 7.3. The Chief People Officer provided an overview of initiatives to protect BAME staff. A Local NHS employers were risk-assessing all staff at potentially greater risk. Local human resources directors had been offered support on how to undertake the risk assessment, potential mitigating actions. Other local initiatives included enhanced and targeted staff testing in line with PHE advice and a customised microsite which assisted organisations to educate their staff on areas such the appropriate use of PPE, hand hygiene and social distancing.
- 7.4. A joint letter from the National Guardians Office and Workforce Racial Equality Standards (WRES) team had been sent to organisations reinforcing the support to staff speaking out. An increased number of Freedom To Speak Up Guardians from BAME backgrounds were also being recruited to ensure more diverse representation. A tailored counselling service for the Filipino staff community had also been established.
- 7.5. A letter from the Chair of NHS Improvement and the Chief People Officer had been sent to all NHS organisations requesting that they focus on the implementation of the Workforce Race Equality Standards and continue to report against the WRES and the Disability Equality Standards (DES).
- 7.6. To ensure direct engagement with staff, BAME networks had been established and a number of webinars had been organised. The Chief People Officer thanked both Executive and Non-Executive Board members for their involvement in these sessions with BAME staff. She also thanked those members of staff who had taken time to share their experiences with Board members.
- 7.7. Work was also taking place to ensure issues highlighted by COVID-19 were adequately, appropriately and assertively reflected in the refreshed NHS People Plan.
- 7.8. The National Director for Strategy & Innovation provided an overview of work to address race-related health inequalities as part of the implementation of the Long Term Plan. Under the leadership of Owen Williams, the chief executive of Calderdale and Huddersfield NHS Foundation Trust, a task and finish group had been established to accelerate this work, and this Group was looking at what practical changes could, working with partners, be achieved in the next six to nine months.
- 7.9. The Board noted their full support and thanked the Chief People Officer and National Director for Strategy & Innovation and their teams for their work to date.

The importance that outcomes were measured and visible improvements were made in the near future was emphasised.

8. Report on the use of NHS England seal (BM/20/12(Pu))

- 8.1. The Boards noted the report which sets out details of all documents that have been authorised and sealed with the NHS England seal between 2 September 2019 to 31 May 2020.

9. Any other business

- 9.1. The Chair of NHS Improvement explained that the Deputy Chair of NHS Improvement would be assuming some of her duties while she was leading the Government's Test and Trace programme at the Department of Health and Social Care.

Close