MINUTES OF A PUBLIC MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND NHS IMPROVEMENT HELD ON TUESDAY 28 JULY 2020 AT 4.05 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
Wol Kolade	Non-Executive Director
Sir Andrew Morris	Non-Executive Director

NHS England

Lord David Prior	Chair
Sir Simon Stevens	Chief Executive Officer
Ian Dodge	National Director for Strategy & Innovation
Noel Gordon	Non-Executive Director
Emily Lawson	Chief Commercial Officer
Sir Munir Pirmohamed	Non-Executive Director
David Roberts	Vice Chair
Joanne Shaw	Non-Executive Director

Joint members:

Ruth May	Chief Nursing Officer
Prof. Stephen Powis	National Medical Director
Amanda Pritchard	Chief Operating Officer and Chief Executive Officer of NHS Improvement

In attendance:

Sofia Bernsand	Head of Governance
Prerana Issar	Chief People Officer
Pauline Philip	National Urgent and Emergency Care Director
Matthew Style	Director of Strategic Finance

1. Welcome and apologies

1.1. Apologies for absence had been received from Dr Tim Ferris (Non-Executive Director, NHS Improvement), Lord Ara Darzi (Non-Executive Director, NHS England and Julian Kelly (Chief Financial Officer).

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes from the meetings held on 25 June 2020 (BM/15/(Pu))

3.1. The minutes from the meetings held on 25 June 2020 were approved.

4. Chief Executive's Report (verbal update)

4.1. The Chief Executive, Sir Simon Stevens, provided an update on the latest position on COVID-19 infection rates across England. He noted that the number of hospital inpatients being treated for COVID-19 had been steadily reducing and now stood at 933 people. Consideration would therefore be given at the end of July as to whether the NHS could stepdown its National Incident Level from level 4 (national) to level 3 (regional), mirroring he changes the Government had made to the overall COVID Alert level on 19th June.

4.2. He reported that following consultation with national patient groups, Integrated Care Systems (ICSs), providers and Clinical Commissioning Groups (CCGs), a letter to the NHS outlining expectations for the remainder of the financial year - the phase 3 of the NHS response to COVID-19 - would be issued shortly.

4.3. The Chief Executive also noted that the debate on COVID-19 and lessons learnt had raised wider social questions that urgently needed to be addressed, including the need to strengthen social care, tackle obesity, and improve health and inequalities. Marie Gabriel had been appointed chair of the NHS Race and Health Observatory, which was being funded by NHS England and hosted by the NHS Confederation. A number of other appointments had also been made to build on work to address health and inequalities within the NHS.

4.4. The 2020/21 version of the People Plan would be published shortly and the Chief Executive thanked Prerana Issar, the Chief People Officer, and her team for their work in developing this plan. The 2019 Arm's Length Body Workforce Race Equality Standards report would be published imminently, as would new proposals on a WRES for the medical profession.

4.5. The Department of Health and Social Care was coordinating a cross sectoral response to Baroness Cumberledge's Independent Medicines and Medical Devices Safety Review, and an update on NHS England/Improvement's response to this review would therefore be provided at a future meeting.

ACTION: SP, SB

5. Operational performance and finance update (BM/20/16(Pu)

5.1. The Chief Operating Officer introduced the report. An update on urgent and emergency care was provided, noting a steady increase in emergency attendance back towards pre-COVID levels. The number of calls being made to NHS 111 continued to be significant. There had been a decline in the number of elective referrals but constricted diagnostic and elective capacity was putting pressure on waits. A discussion took place on actions to encourage members of the public to come forward for care if needed and guide patients to the most appropriate services.

5.2. The NHS's 'Help Us To Help You' campaign continued, encouraging members of the public to come forward if they displayed worrying symptoms including those for cancer. 30,000 more urgent referrals were made in May 2020 compared to previous month. Work undertaken by the cancer alliances, regional teams and commissioning teams working together, had resulted in the establishment of hubs

for cancer surgery being operational in all 21 Cancer Alliance area, so enabling continued urgent and essential cancer treatment.

5.3. There had been an increase in primary care appointments, both face-to-face, telephone and virtual appointments, with a major shift to digital ways of providing care.

5.4. An update on mental health and people with learning disability and/or autism was provided. The Boards were reminded that work on mental health priorities and spending commitments set out in the NHS Long Term Plan had continued throughout the pandemic, and the rapid enhancements in the use of digital and remote support technology had resulted in acceleration of some of the ambitions originally planned to be launched in 2023/24. The fourth annual Leder report had been published in July, with action continuing to drive change in these services.

5.5. The Director of Strategic Finance noted that in April a simplified financial framework had been introduced, comprising nationally-set block contracts between NHS providers and commissioners to cover the pre-COVID cost base and with prospective and retrospective top-up funding issued by NHS England/Improvement to ensure resources were available in a timely manner for the NHS to respond to the demands of the pandemic.

5.6. The financial position as of month two (April and May 2020) showed that the NHS had incurred £3 billion of additional COVID related costs, resulting in net increase in expenditure on a year to date basis of £2.6 billion beyond the pre-COVID budget. In line with the commitment made by the Chancellor, these costs would be underwritten by the Government. This spend did not include some costs borne separately and nationally by the Department of Health and Social Care, including costs in relation to DHSC's procurement and management of Personal Protective Equipment and the 'Test and Trace' programme.

5.7. It was noted that referral rates had not yet returned to pre-COVID levels. A discussion took place on actions to encourage members of the public to come forward for care if needed and guide patients to the most appropriate services.

6. Next phase of COVID-19 response and NHS recovery (BM/20/17(Pu)

6.1. The Chief Operating Officer introduced the report, which provided an update on ongoing COVID response and NHS recovery work.

6.2. A summary of the forthcoming phase 3 of the NHS response to COVID-19 communication was provided, and discussed.

6.3. Main priorities for the remainder of the financial year included recovering diagnostic and elective activity, addressing health inequalities, mental health services, cancer services and primary care and community services. Work to support community services included continued Government funding to provide care for the first six weeks following discharge. Considerable efforts would also be given to preparing for winter and an expanded seasonal flu vaccination programme.

6.4. A discussion took place on cancer and diagnostics services, and the nationally contracted independent sector and NHS Nightingale capacity. The Boards welcomed the creative and innovative approach taken to dealing with challenges in many of the areas. Productivity and the variation in outcomes would be important priorities as the NHS emerged from COVID. The Chief Nursing Officer also provided an update on work to expand the number of nurses, and noted the positive increase in the number of registered nurses.

7. The future of Urgent and Emergency Care (UEC) services (BM/20/18(Pu)

7.1. The National Director of Emergency and Elective Care introduced the report. The strategic approach to the transformation was based on five pillars, including building UEC capacity, new access routes to UEC services and managing hospital occupancy, aimed at improving the quality of services and enhancing patient experience whilst managing the COVID-related risks of A&E overcrowding and nosocomial infections.

7.2. To help improve UEC capacity the Government had recently announced additional capital funding for Emergency Departments. The introduction of '111 First' encouraging people to phone NHS 111 before attending A&E would help direct patients to the service that best met their needs. An enhanced ambulance service model had been introduced. This involved more clinical support in managing 999 calls, and more cases being dealt with by a paramedic at site reducing unnecessary conveyances to A&E. This approach had been fully embraced by the ambulance services, and for the second consecutive month they had met all six ambulance response time standards.

7.3. The National Medical Director provided a summary of progress made in relation to his clinically led review of NHS Access Standards and noted that the review was likely to result in more wide-ranging set of measures being introduced for urgent and emergency care in England.

7.4. The Boards welcomed the work to transform UEC and highlighted the benefits this could bring for patients and the quality of care.

8. Clinical innovations during COVID-19 (BM/20/19(Pu))

8.1. The National Medical Director introduced the report and noted that the response to the pandemic had instigated changes to healthcare delivery in England and accelerated many of the clinical innovations proposed in the NHS Long Term Plan. A summary of some of the clinical innovations was provided, including 111 First, online and video GP consultations, electronic GP prescription services and the RECOVERY clinical trial. The Boards endorsed work to embed and accelerate clinical innovations introduced since the start of the pandemic, many of which would also unlock significant productivity gains across the NHS.

9. NHS Improvement Board Item only - Shrewsbury and Telford NHS Hospital Trust (BM/20/20(Pu)

9.1. Given NHSI's provider regulatory responsibilities, the Chair of NHS Improvement introduced the item and expressed sincere sympathy to the families who have

been affected by the failure of care at Shrewsbury and Telford NHS Hospital Trust (the Trust).

9.2. The NHSI Board noted the independent maternity review being carried out by Donna Ockenden (the Review) and the wider actions taken by the Care Quality Commission (CQC) and NHS Improvement to address a number of quality concerns at the Trust.

9.3. Baroness Harding had recently chaired the NHSI oversight meeting with the Shrewsbury and Telford Trust to review their action to ensure safe care, the Ockenden Review and the more recent CQC inspection that had resulted in the Trust being rated “inadequate”. A discussion took place on NHS Improvement’s oversight work. It was noted that Trust’s board, and the fairly recently appointed chief executive, acknowledged the scale of the challenge and the need to address the issues. NHS Improvement had assigned a team to assist with implementing these improvements, and was considering what additional support the Trust would require from another trust in order to make sustainable long-term improvements.

10. Any other business

10.1. There was no other business.

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