

**MINUTES OF A CALL WITH NHS ENGLAND AND NHS IMPROVEMENT NON-EXECUTIVE DIRECTORS HELD ON TUESDAY 10 MARCH 2020 AT 5.30 PM AT SKIPTON HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

**Members:**

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**NHS Improvement**

Baroness Dido Harding	Chair
Lord Patrick Carter	Non-Executive Director (by telephone)
Lord Ara Darzi	Non-Executive Director (by telephone)
Richard Douglas	Vice Chair (by telephone)
Laura Wade-Gery	Non-Executive Director (by telephone) (from agenda item 3.5)
Andrew Morris	Non-Executive Director (by telephone)
Professor Stephen Powis	National Medical Director (to agenda item 3.4)

**NHS England**

Lord David Prior	Chair
Simon Stevens	NHS CEO
Noel Gordon	Non-Executive Director (by telephone)
Prof Sir Munir Pirmohamed	Non-Executive Director (by telephone)
Professor Stephen Powis	National Medical Director (to agenda item 3.4)
David Roberts	Vice Chair (by telephone)
Joanne Shaw	Non-Executive Member (by telephone)

**In attendance:**

Sofia Bernsand	Head of Governance
Ninjeri Pandit	Director of the office of the NHS Chairs, CEO and COO

**1. Welcome and apologies**

- 1.1. Apologies for absence had been received from Wol Kolade and (Non-Executive Director, NHS Improvement) and David Behan (Associate Non-Executive Director, NHS Improvement)

**2. Declarations of interest**

- 2.1. There were no declarations of interests.

**3. Update on the Coronavirus (COVID-19)**

- 3.1. The Chief Executive provided an update on recent developments and noted that in response to the increase number of COVID-19 cases the approach to the clinical model for hospital admissions had been reviewed and the in-hospital surveillance mechanism had been expanded.
- 3.2. A discussion took place on additional measures undertaken by the NHS, including the procurement of additional ventilators, increasing testing facilities and work on flexible staffing models. The plans for expansion of coronavirus testing were discussed as well as constraints in the supply chain.



- 3.3. Capacity and demand for ventilators was considered. Until the actual infection rate was better understood it would be difficult to predict the number of ventilators required but considerable efforts were being made to secure both as many ventilators and intensive care beds as possible. This was all being carefully managed to minimize any trade offs with other critical illnesses.
- 3.4. A discussion took place on workforce capacity expansion. Arm's-length bodies were working closely together on a resilience model and various options were being explored, including bringing in nearly qualified nurses and third-year undergraduate nurses and doctors as well as other healthcare professionals. The NHS England Vice Chair shared some of the measures that companies he was involved with had undertaken in preparation for the peak of the virus outbreak and the Boards asked that he shared some of these measures with the Chief People Officer. The need to also consider testing home working arrangements was highlighted.
- 3.5. An update on ongoing work to establish what national and regional business as usual and other activity could be put on hold was provided and the impact the outbreak had on regional capacity was highlighted.
- 3.6. The need to carefully consider communications to staff to ensure both the tone and the messages were compassionate and understanding of the extra pressure this was having on staff.

#### **4. Any other business**

- 4.1. There was no other business.