

**MINUTES OF A CALL WITH NHS ENGLAND AND NHS IMPROVEMENT NON-EXECUTIVE DIRECTORS HELD ON TUESDAY 3 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
Laura Wade-Gery	Non-Executive Director (by telephone)
Wol Kolade	Non-Executive Director (by telephone)
Andrew Morris	Non-Executive Director (by telephone)
Professor Stephen Powis	National Medical Director

**NHS England**

Lord David Prior	Chair
Simon Stevens	NHS CEO
Professor Stephen Powis	National Medical Director
David Roberts	Vice Chair (by telephone)
Joanne Shaw	Non-Executive Member (by telephone)

**In attendance:**

Sofia Bernsand	Deputy 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 Noel Gordon (Non-Executive Director, NHS England) and Professor Sir Munir Pirmohamed (Non-Executive Director, NHS England).

**2. Declarations of interest**

- 2.1. The Chair of NHS Improvement noted that she was a director of The Jockey Club and would not participate in any discussions involving recommendations to cancel public horse racing events.

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

- 3.1. The Chief Executive introduced the discussion and noted that the Government had published the Coronavirus Action Plan. The Board considered the worst-case scenario modelling and it was noted that the theoretical maximum was an infection rate of up to 80% of the UK population.
- 3.2. Hospitalisation rates and clinical management of the COVID-19 infection was considered. The expected peak of the virus was discussed and although at this stage it was difficult to predict. Measures to delay and flatten the peak were being considered by Government. A balance needed to be reached between ensuring



social interventions were not introduced too early and for the peak not to be delayed too late so it coincided with next winter<sup>1</sup>. Current surveillance mechanisms were discussed, which at this point they involved with general practices and monitoring of ICU pneumonia cases.

- 3.3. The flow between 111, testing, labs, results, and treatment was discussed. The 111 service had been enhanced nationally in light of the increase in calls and involved three options: the standard 111 service; redirection to Public Health England's advice line if you required information about the virus; and if you had symptoms of the virus you would be transferred to a call operator who, using a detailed script, would determine whether or not a test would be required. People were also being directed to the online service. The merit in an algorithmic online system was discussed and acknowledged but given that the current testing facilities were stretched, and would need to be increased to cope with the rising number of tests required, the preferred option at this stage was for online and voice modalities combined. The approach to testing would be reevaluated during the different response phases.
- 3.4. A discussion took place on internal resources and programmes that could be deployed to support the management of the outbreak, and it was agreed that the management should take whatever action was needed to ensure our staff had the tools needed, including in the Incident Support Centre. The importance of also considering what national business as usual and other activity could be put on hold and how the service would return to business as usual after the pandemic was emphasised.
- 3.5. There was a discussion on the proposal for recent retirees to return to the service and it was noted that work on emergency legislation to re-register individuals was underway.
- 3.6. Board members thanked everyone involved for their excellent work to date. The importance of ensuring that staff were supported during this incredibly challenging time was highlighted and it was noted that the Chief People Officer was leading a number of initiatives to ensure additional support was introduced.

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

- 4.1. There was no other business.

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<sup>1</sup>Sage Papers:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/88749/S0380\\_Twelfth\\_SAGE\\_Meeting\\_on\\_Wuhan\\_Coronavirus\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/88749/S0380_Twelfth_SAGE_Meeting_on_Wuhan_Coronavirus_.pdf)

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/88754/01-spi-m-o-consensus-statement-on-2019-novel-coronavirus-covid-19\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/88754/01-spi-m-o-consensus-statement-on-2019-novel-coronavirus-covid-19_.pdf)