

**MINUTES OF A MEETING IN COMMON OF THE BOARDS OF NHS ENGLAND AND
NHS IMPROVEMENT HELD ON THURSDAY 27 JUNE 2019 AT 15.45 AT SKIPTON
HOUSE, 80 LONDON ROAD, LONDON SE1 6LH**

Members:

NHS Improvement

Baroness Dido Harding

Chair

Ian Dalton

Chief Executive

Lord Patrick Carter of Coles

Non-Executive Director and Senior
Independent Director

Richard Douglas

Vice Chair

Dr Tim Ferris

Non-Executive Director

Julian Kelly

Chief Financial Officer

Emily Lawson

National Director for Transformation &
Corporate Development

Ruth May

Executive Director of Nursing

Sir Andrew Morris

Non-Executive Director

Professor Stephen Powis

National Medical Director

NHS England

Lord David Prior

Chair

Simon Stevens

Chief Executive Officer

Ian Dodge

National Director for Strategy & Innovation

Noel Gordon

Non-Executive Member

Julian Kelly

Chief Financial Officer

Emily Lawson

National Director for Transformation &
Corporate Development

Ruth May

Chief Nursing Officer

Michelle Mitchell

Non-Executive Member

Professor Stephen Powis

National Medical Director

David Roberts

Vice Chair

Joanne Shaw

Non-Executive Member

Matthew Swindells

Deputy Chief Executive

In attendance:

Jessica Dahlstrom

Head of Governance

1. Welcome and apologies

- 1.1. Apologies for absence had been received from Wendy Becker (Non-Executive Member, NHS England), Lord Ara Darzi (Non-Executive Director, NHS Improvement), Wol Kolade (Non-Executive Director, NHS Improvement) and Laura Wade-Gery (Non-Executive Director, NHS Improvement).

2. Declarations of interest

2.1. No interests were declared over and above those held on record.

3. Minutes and matters arising from the private meeting held on 28 March 2019 (BM/19/01)

3.1. The minutes from the private meeting held on 28 March 2019 were approved.

4. Patient safety strategy (BM/19/08(P))

4.1. Aidan Fowler, National Patient Safety Director, joined the meeting for consideration of this item, which was discussed ahead of publication of the refreshed National Patient Safety Strategy.

4.2. A consultation document had been produced alongside the LTP and feedback had been received from stakeholders. The revised strategy as presented to the Board had an increased focus on supportive system working and making best use of information available nationally to support the service locally. Patient involvement and reducing variation had also been key areas of focus.

4.3. Board members welcomed the paper which set the right direction of travel and was well aligned with the work of the Improvement function. Progress had already been made in relation to several initiatives. The inclusion of the independent sector in the strategy was welcomed.

4.4. A discussion took place on ensuring best value for money for each patient safety initiative including review of deaths. Consideration was given to measuring success including success in achieving cultural change and any resulting financial savings.

4.5. The proposed patient safety team structure was discussed, and it was noted that the key objective was to have points of contact in each organisation with specific patient safety expertise. Board members discussed the use of the term 'avoidable' and it was noted that care should be taken when using this term given the importance of moving away from blame for safety incidents. The opportunity to use data collected by NHS Resolution was highlighted and should be pursued. A meeting would be arranged with NHS Resolution to discuss.

ACTION: DH, NG

RESOLVED:

4.6. The Board resolved to approve the patient safety strategy for publication.

5. Challenged providers report (BM/19/09(P))

5.1. Sue Holden (Improvement Director) joined the meeting for consideration of this item.

- 5.2. The Boards received a paper setting out the support which was being provided to challenged providers. Board members noted that work was ongoing with regional colleagues to make sure that the support offer was coordinated. A discussion took place on the nature of the support offered. This should not be limited to challenge and assurance meetings, but should be focused on supporting improvement.
- 5.3. An overview was provided of the work undertaken by NHS England and NHS Improvement in relation to chair competencies and supporting boards more generally. The approach to NHS foundation trusts was different from the approach to NHS trusts due to the role governors played for NHS foundation trusts.
- 5.4. A discussion took place on the accountabilities of the regions and the Improvement directorate in relation to challenged providers. It was noted that the National Director of Improvement would be invited to discuss this area of work at the next meeting of the Delivery, Quality and Performance Committee.

ACTION: JD

6. NHS England and NHS Improvement Joint Work Programme / Business Plan 2019/20 (BM/19/10(P))

- 6.1. The Board received a paper which set out progress made on the development of the Business Plan for 2019/20. This had been presented to the Delivery, Quality and Performance Committee in May, and since then individual directorate plans had been combined and mapped against overarching objections. The Business Plan had also been expanded to include a methodology for measuring progress made.
- 6.2. The Board welcomed the progress made. Links should be made with the key performance indicators which had been agreed to measure progress in implementing the LTP and in future years the Business Plan should result in a management tool for regular tracking of performance against key performance indicators.
- 6.3. The interdependencies with other organisations were noted and a reference to these should be included at the start of the document.

7. Memorandum of Understanding on co-operation between NHS England and NHS Improvement (BM/19/11(P))

- 7.1. The National Director of Transformation and Corporate Development presented a paper which set out the Memorandum of Understanding on co-operation between NHS England and NHS Improvement.
- 7.2. It was noted that the statement in relation to the appointment of internal auditors would be adjusted to reflect the current position. The paragraph in relation to National Audit Office liaison officers would be removed.
- 7.3. Further work was being undertaken on culture, values and common purpose, which would be progressed alongside the Memorandum of understanding. The

Memorandum of Understanding would be amended accordingly and sent to the two Chairs of the Audit, Risk and Assurance Committees for approval.

8. Items circulated in correspondence (BM/19/12(P))

8.1. The Board noted the report.

9. Cervical screening update

9.1. The Board received a paper providing an overview of an incident related to cervical screening. The action plan and potential impact were noted.

10. Any other business

10.1. It was noted that a letter would be sent to Sustainability and Transformation Partnership (STP) leaders regarding the capital plans which had been received from systems. The plans received exceeded capital available and a process for prioritisation would need to be designed.

11. NHS Improvement Board: Board evaluation survey results

11.1. The NHS Improvement Board noted the Board evaluation survey results.

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